

# Tackling Scottish NHS waiting lists: the role of anaesthesia

## Manifesto 2026



## Executive summary

### The anaesthetic workforce

- Anaesthetists are the largest group of hospital doctors, providing expertise across operating theatres, maternity wards, intensive care units, emergency departments and many other services.
- Critically, most operations cannot take place without anaesthetists, so they are essential to reducing NHS waiting lists.
- Unfortunately, Scotland is short of 171 anaesthetists, 16% below what is needed to meet patient demand. This is a key barrier to tackling the NHS backlog.
- We estimate that the shortage is preventing roughly 128,000 operations and procedures from taking place each year.
- To address this, the next Scottish Government must urgently fund more anaesthetic training places and fix bottlenecks in the medical training system.
- The Government must also reform funding rules for anaesthetists in training (AiTs) to allow hospitals to reinvest unused funds – such as when AiTs reduce their hours – into creating additional training posts.
- Efforts must be made to retain the current workforce, including by supporting increased flexibility in working patterns, engaging constructively with doctors on pay issues and improving rest and refreshment facilities.

### Addressing inefficiencies in the surgical pathway

- NHS Scotland also faces several inefficiencies in the surgical pathway, including avoidable surgical complications, lengthy hospital stays and on-the-day cancellations.
- Anaesthetists play a central role in delivering healthcare interventions that can address these issues, such as by transforming waiting lists into preparation lists – improving surgical outcomes and productivity.
- An example of this is prehabilitation programmes, which support patients to make lifestyle changes that improve the chances of successful surgery.
- To support the roll-out of these interventions, we recommend the following: updating digital systems; establishing an 'NHS Efficiencies Transformation Fund'; and incentivising implementation by modifying the Healthcare Improvement Scotland assessment framework.

## The Royal College of Anaesthetists

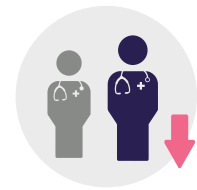
The RCoA sets the standards for anaesthesia, intensive care and pain medicine across the UK, safeguarding patient care while supporting our members. With more than 27,000 active memberships across the College and its Faculties, we act as a voice for our specialties, delivering education, examinations and professional development. This manifesto sets out our solutions to maintain and improve standards of care in Scotland.

## NHS Scotland waiting lists

NHS waiting lists in Scotland are at crisis levels. As of September 2025, nearly 630,000 people in Scotland were waiting for either tests or treatment, 1 in 9 of the population. This includes 155,000 ongoing waits for inpatient and day case treatment in hospital.<sup>1</sup> In addition, 43% of all completed inpatient or day-case patients had not been treated within the 12-week target set by Scotland's Treatment Time Guarantee.<sup>1</sup> Worryingly, over 23% of inpatient and day-case patients have currently been waiting for more than a year for treatment.<sup>1</sup>

In June 2025 the Scottish Government responded to the crisis in NHS capacity, stating its intention to deliver 150,000 additional appointments and procedures in 2025–26.<sup>2</sup> It also announced plans to make better use of its national treatment centres to reduce waiting times and tackle the growing backlog.<sup>2</sup>

However, a critical factor that has not been addressed is the chronic shortage of anaesthetists, which severely impacts surgical capacity and leads to delays in procedures.



Shortage of anaesthetists



Reduced surgical capacity



Longer waiting times

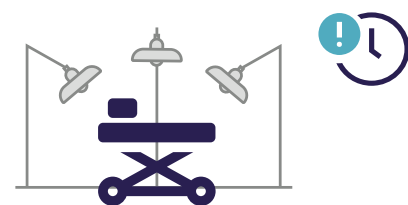
## Anaesthetic workforce shortages

Anaesthetists are the single largest group of hospital doctors and most operations cannot take place without them. They provide essential expertise in a wide range of hospital settings, including operating theatres, intensive care units and maternity wards. They are also involved in providing care across the surgical pathway, including the preparation of patients ahead of surgery. As such, they are a critical workforce needed to reduce the NHS waiting list and achieve good surgical outcomes for patients.

Our most recent workforce figures show that Scotland has 896 anaesthetists. However, this is 171 (16%) short of what is needed to meet demand.<sup>3</sup> We estimate that this is preventing over 128,000 operations and procedures from taking place each year.<sup>3</sup>



The shortfall of **171 anaesthetists** could result in **128,000 operations and procedures** being delayed every year



Despite its considerable impact on surgical capacity, the shortage of anaesthetists has yet to be meaningfully addressed by the Scottish Government. This issue needs urgent political attention in the new Parliament because it will likely worsen significantly in the future. Driven by factors such as an ageing population, the increasing need for surgical procedures and the expanding role of anaesthetists across the surgical pathway, demand for anaesthetists' expertise is only set to increase.

## Solutions

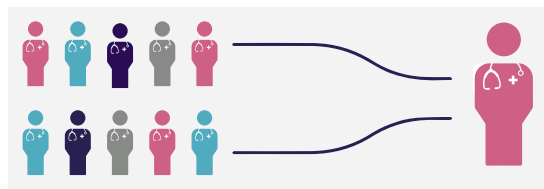
### Fund more anaesthetic training places

Training to become a consultant anaesthetist typically involves a minimum of 5 years at medical school, 2 years of general medical foundation training, 3 years of core anaesthetic training and 4 years of higher anaesthetic training.

Anaesthesia is a highly competitive area of medicine with many foundation doctors eager to specialise in the field. However, a lack of funded anaesthetic training posts has created bottlenecks between the stages of the training pathway:

In 2025, 689 doctors applied for just 67 core anaesthetic training posts in Scotland – a ratio of 10.2 applicants per place.

For higher anaesthetic training, 85 doctors applied for 49 posts – a ratio of 1.7 applicants per place.



Given the current waiting list crisis, it is deeply concerning that hundreds of eager and available doctors are prevented from progressing with their training to become the qualified anaesthetists that Scotland so desperately needs.

This issue extends far beyond anaesthesia – bottlenecks are disrupting the entire medical training system. This situation is unacceptable at a time when doctor shortages are so acute.

Scotland has the capacity to train more anaesthetists – what's needed is government funding to make it happen. As a minimum first step, we urge the next Scottish Government to fund 24 additional AiT posts annually, split evenly (12 and 12) between new intakes at core and higher levels.

We estimate that this would cost just £26.8 million, spread over five years.<sup>†</sup> Such investment would rapidly boost anaesthetic capacity and put Scotland on course to close the workforce gap. This is because AiTs are not just in training, but also provide substantial direct care to patients themselves in as little as six months after starting their training post.

## £26.8 million

investment spread **over 5 years**  
would immediately boost  
anaesthetic capacity

Increasing anaesthetic training places could be incorporated into, or supported by, the development of a new, wider, national medical workforce strategy. This should be designed to address shortages, including those related to the anaesthetic workforce, and could be guided by robust population-based needs modelling.

Although recent workforce documents from the Scottish Government have not directly addressed anaesthesia, it is imperative that the specialty be prioritised moving forward.

### Funding rules for anaesthetists-in-training

Currently, rigid funding rules for AiTs in Scotland also restrict anaesthetic capacity. Right now, if an AiT decides to work part-time instead of full-time, the unused portion of their salary cannot be re-used by the hospital – for example by taking on another AiT.

This system makes it harder for hospitals to plan and staff their anaesthetic teams effectively. In England, departments are allowed to reallocate funding when an AiT goes part-time, which gives them more flexibility to bring in additional support. We're calling on the Scottish Government to allow the same.

<sup>†</sup> This estimate is based on salary costs of £50,000 per individual AiT at core training levels (CT1-CT3), and £60,00 for higher training levels (ST4-ST7), and 38% oncosts for overtime payments and employer costs, such as national insurance and pensions. The estimate assumes that the 12 entering at core level (CT1) will progress through the full training pathway, at the same time as another 12 start at higher level (ST4). This means in years 4 and 5 there will be 24 extra ST4 posts when the core trainees progress to the next stage.

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## Pay and flexible working conditions

Keeping existing anaesthetists is as important as training new ones. For anaesthetists in Scotland, challenges around work–life balance, flexibility and pay continue to impact intentions to stay in the profession. Among those considering leaving the profession, 58% cited increased pay as a key incentive to stay, whereas 29% pointed to more flexible working hours.<sup>4</sup>

To look after experienced staff and support a sustainable workforce, future healthcare leadership must commit to engaging with doctors more constructively on pay issues and improving options for flexible working patterns, including enabling senior anaesthetists to step back from overtime and weekend work where appropriate.

Anaesthetists also need better access to rest facilities and catering during long or overnight shifts. Anaesthesia is a 24-hour specialty, with staff often working late into the night or early mornings. Yet many anaesthetists do so without access to basic amenities like food or a place to rest – making an already demanding job even harder.

Supporting anaesthetists with the resources that they need helps ensure that they can continue delivering high-quality care around the clock.



Work life balance



Pay dissatisfaction



Limited flexibility in working hours

## The next Scottish Government must do the following:

- Fund 24 additional recurrent anaesthetic training posts for 2026 onwards – 12 at core level and 12 at higher level.
- Publish a comprehensive national medical workforce strategy, which includes anaesthetic workforce needs.
- Reform funding rules for AiTs to allow departments to reinvest unused funds – such as when AiTs reduce their hours – into creating additional training posts.
- Implement measures to support staff retention by:
  - engaging constructively with doctors on pay issues
  - enabling more flexible working patterns
  - facilitating efforts for senior anaesthetists to step back from overtime and weekend work where possible
  - improving rest and refreshment facilities.

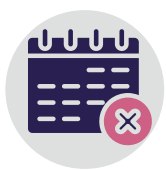


## Improving NHS efficiency in Scotland

Anaesthetists play a vital role in delivering patient care before and after surgery – known as ‘perioperative care’. Good perioperative care improves patient outcomes, reduces surgical inefficiencies and saves money for the NHS.

Currently, hospital productivity in Scotland is hindered by several avoidable inefficiencies in the surgical pathway:

- This year, around 9% of operations were cancelled the day before or on the day of surgery in Scotland.<sup>5</sup>
- Complications result in 12% of operations causing extended stays in hospital.<sup>6</sup>
- Patients often spend 1 or 2 days longer than necessary in hospital after surgery.<sup>7</sup>
- Over 11.5% of readmissions are preventable.<sup>8</sup>



Cancellations



Complications



Extended stays



Readmissions

Fortunately, perioperative interventions can help address all of these issues.

### Transforming waiting lists into preparation lists

An important change to the current surgical pathway would involve transforming waiting lists into preparation lists. This involves early screening of patients’ health status and behaviours as soon as they are referred for surgery. If patients are found to have addressable health issues, they should be offered targeted support.

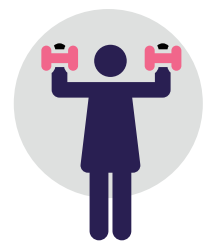
This could be through medical optimisation of issues such as anaemia or diabetes or ‘prehabilitation’ programmes, which can provide support for exercise, smoking cessation, nutrition and much more.

This has been shown to reduce complications by 50% and length of hospital stay by 1–2 days.<sup>7</sup>

It also presents a valuable moment when individuals are simultaneously in contact with a healthcare professional and motivated to improve their health.

This makes it a powerful lever in advancing Scotland’s ambition for early intervention in conditions such as obesity.

Up to 75% of patients who participate in prehabilitation programmes report lasting positive lifestyle changes.<sup>9</sup>



Complications reduced  
by up to 50%

Length of hospital stay  
reduced by 1-2 days

### Shared decision-making

Shared decision-making (SDM) between patients and clinicians on how, and whether, to proceed with surgery is hugely important. Good SDM improves patient satisfaction, reduces surgical regret and results in around 10% of patients deciding not to proceed with surgery, freeing up valuable NHS capacity.<sup>10</sup>

### Better discharge planning

Better discharge planning can free up hospital beds and has been shown to reduce readmissions by 11.5%.<sup>8</sup>

### Enhanced recovery

Supporting patients to **drink**, **eat** and **mobilise** (DrEaM) within the first 24 hours after surgery results in an average 37.5% reduction in length of hospital stay.<sup>11</sup>

### What are the challenges to implementation?

Examples of good perioperative care already exist in Scotland; however, these services are patchy and many hospitals experience several barriers to implementation.

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A clear blueprint for effective perioperative care has already been developed by Scotland's Centre for Sustainable Delivery.<sup>12</sup> Their framework identifies key opportunities for improvements across the perioperative pathway and sets out principles and guidelines to enhance surgical efficiency, such as those outlined above.

Unfortunately, the Scottish Government has yet to commit specific funding or actions to transform these plans into reality.

Barriers include the following:

- **A lack of available funding** for set up costs – many health boards are unable to implement perioperative services because no funding has been provided to get them off the ground. This is despite the substantial cost savings that these interventions will likely bring. The next Scottish Government should dedicate funding to an NHS Efficiencies Transformation Fund. This could provide money for initiatives such as turning waiting lists into preparation lists, support for SDM, adoption of procedures for better discharge planning and the roll-out of enhanced recovery measures.
- NHS Scotland operates on **outdated digital systems** that don't always communicate with each other. For example, a disconnect between primary and secondary care means that the doctors operating on a patient don't always have access to important patient data recorded by their GP. Issues like this compromise continuity of care and place unnecessary strain on clinical decision-making, leading to avoidable surgical complications for patients and inefficiency for the health service. For patient information to be stored and utilised effectively, the NHS needs to use modern, integrated technology.
- **Shortages across the healthcare workforce, including anaesthetists**, creates challenges for the staffing and management of perioperative services.
- There is currently **no assessment of perioperative care services** by Healthcare Improvement Scotland. Incorporating perioperative inputs (such as early screening) and outcomes (such as surgical complication rates) into its inspection framework could be a valuable measure of surgical efficiency and would incentivise care providers to improve provision of perioperative care.

## The next Scottish Government must do the following:

- Mandate, encourage and facilitate the adoption of surgical pathway efficiencies.
- Provide a specific pot of funding for interventions to optimise the surgical pathway, such as an NHS Efficiencies Transformation Fund.
- Update digital systems across NHS Scotland to be more integrated.
- Incorporate perioperative inputs and outcomes into the inspection framework of Healthcare Improvement Scotland.

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