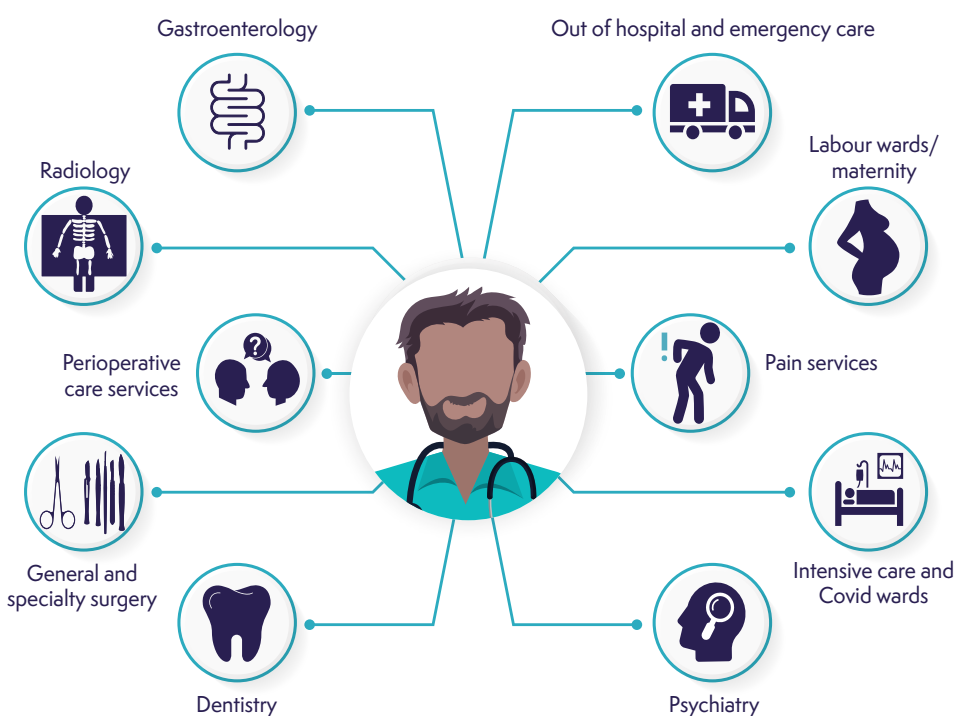


Anaesthetist shortages and the NHS backlog

The Royal College of Anaesthetists has recently published [The Anaesthetic Workforce 2024: UK State of the Nation Report](#). Here is a summary of the key findings.

- Anaesthetists are vital to addressing the NHS waiting list crisis because most operations cannot take place without an anaesthetist.
- There are around 10,500 consultant and SAS (specialists, associate specialists and specialty doctors) anaesthetists working in NHS services across the UK. However, this number is around 1,900 (15%) short of what is needed.
- The shortfall is preventing around 1.4 million operations and procedures from taking place per year and increasing expenditure on expensive agency locum staff.
- Supply of anaesthetists is constrained by inadequate numbers of training places and poor retention.
- With only 14.23 anaesthetists per 100,000 people, the UK falls behind other high-income European nations such as Germany (37.37) and even some lower-income European nations like Moldova (16.12).
- Unless urgent action is taken, the NHS could have a shortfall of 11,000 anaesthetists by 2040, which could prevent 8.25 million operations and procedures from taking place per year.
- Addressing these issues requires more funded anaesthetic training places and measures to improve retention.

Anaesthetists are critical to a wide range of hospital functions



Anaesthetists are the largest specialty group of doctors in NHS hospitals and are critical to the ability of the health service to function.

Anaesthetists need to be present for most surgeries – and work across a wide range of other parts of the health service.

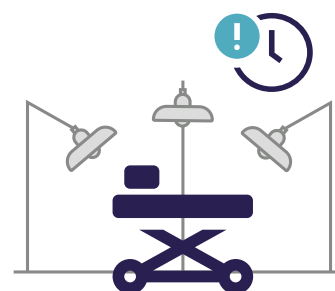
From administering epidurals to preparing patients for surgery, anaesthetists play an indispensable role.

Impact of current anaesthetic workforce shortages

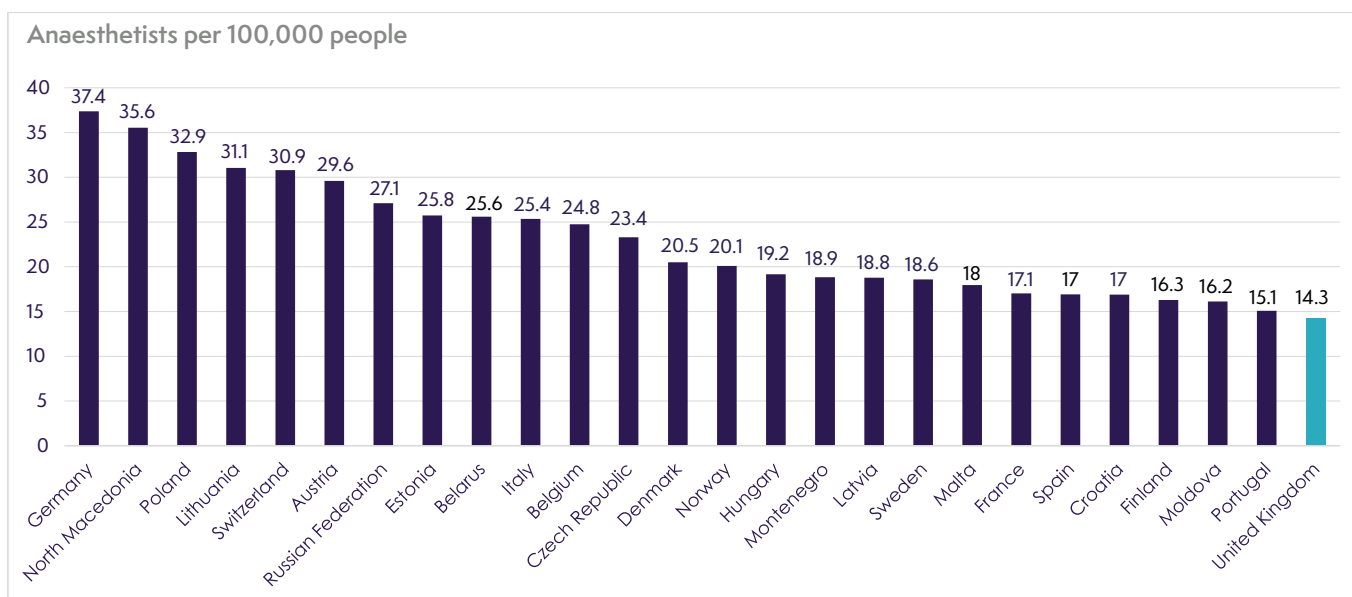
Across England, 7.6 million people are currently waiting for NHS treatment. According to our latest survey work,² the NHS has a shortfall of 1,900 anaesthetists, 15% below what is needed to meet demand. We estimate that this is preventing roughly 1.4 million operations and procedures from taking place per year. At a time of a waiting list crisis, it is vital that this is addressed. Although a commitment to number of higher anaesthetic training posts was made in 2022, including 70 extra in England,³ these numbers are considerably below what is needed.



The current shortfall of **1,900 anaesthetists** could result in **1.4 million operations and procedures** being delayed every year



The UK also has poor anaesthetic staffing levels compared to other high-income nations, with only 14.23 anaesthetists per 100,000 people.⁴ This is lower than Germany (37.37), Italy (25.34), and France (17.02), and even many lower-income European nations such as Moldova (16.12). Overall, the UK's level of anaesthetists per 100,000 people is 26th in Europe, and 34th in the world.



As a result of staffing shortages, many trusts are placing greater reliance on expensive agency locum staff to plug gaps. Our 2022 workforce survey showed that there were 399 locum consultants working in NHS trusts across the UK, a rise of 1.8% since 2020. Although locums are a useful resource to draw on to offer short-term cover, the chronic nature of the anaesthetic workforce shortfall means that they may be needed for long periods of time.

The cost of a locum can vary; however, we have heard from NHS trusts that considerable amounts are being paid for agency locums – sometimes as much as £1,760 per day. One trust of which we are aware spent £316,800 for a single agency locum to work for 180 days. This is much higher than for a permanent consultant.

CASE STUDIES

from our network of Clinical Directors (anaesthesia)



We have had one agency locum working four days per week for about a year. Assuming he took some annual leave, he has probably worked about 180 days over the last 12 months, costing £316,800.



We used locum consultant anaesthetists for 321 days from April 2020 until April 2021 and 96 days from April 2021 until August 2021 – estimated cost £733,920.

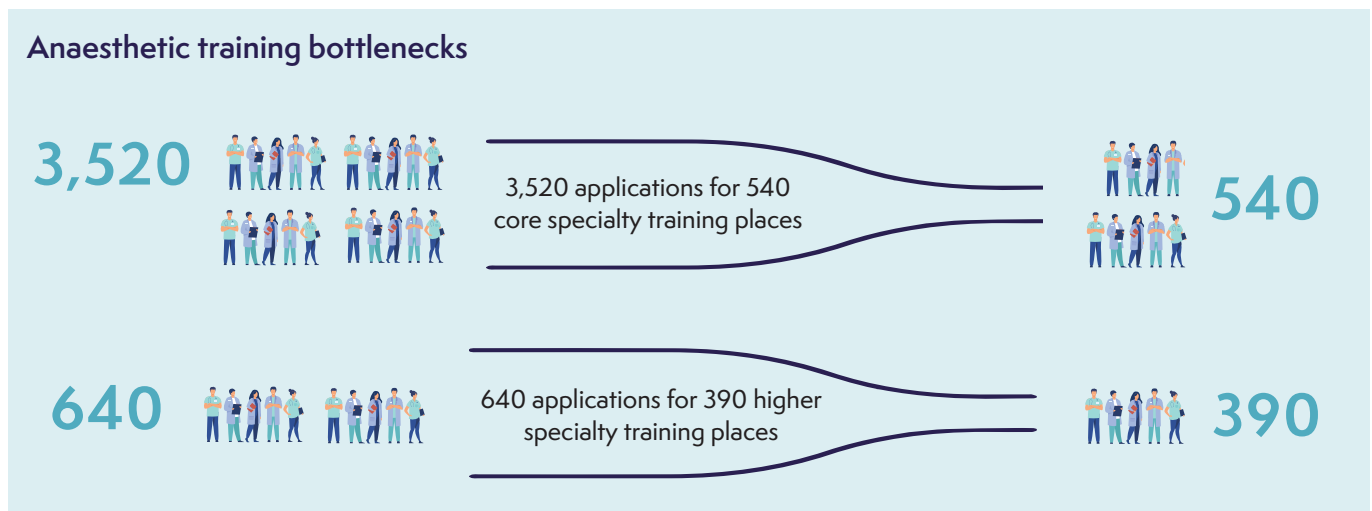


Training numbers

There are not enough anaesthetic training places to provide the NHS with the number of anaesthetists that it needs either now or in the future. Across the entire medical training system, there is a huge bottleneck between foundation and core training. In 2024, there were 54,012 applications (from 26,138 unique applicants) for just 9,341 specialty training places.

This affects anaesthesia at least as much as other specialties. In 2024, there were 3,520 applications for an available 540 core anaesthetic training places - a competition ratio of 6.5:1.

Between core and higher anaesthetics training, there were 640 applications for 390 places in 2024 – a competition ratio of over 1.6:1.



Poor retention

Retention is challenging. The anaesthetic workforce is ageing and factors such as inflexible contracts and a lack of facilities remain problematic. Our retention survey work in 2021 showed that one in four consultants and one in five SAS anaesthetists plan to leave the NHS within five years.⁵

Sometimes SAS doctors, despite their experience in the specialty, feel that they are not recognised or valued for their work. Survey work from the General Medical Council (GMC) shows that 35.8% of SAS doctors do not feel that they are always treated fairly.⁶

Until recently, pension taxation was a major factor affecting the anaesthetic workforce. In 2020, our census data showed that 14.4% of consultant anaesthetists were reducing their working hours due to pension taxation. However, after the changes to pension taxation rules in April 2023, many of these issues did seem to be resolved. It is, therefore, important that these measures, or other measures that equally protect doctors, are maintained.

The Anaesthetic Workforce 2024: UK State of the Nation Report



Rising demand

Demand for healthcare services, in particular surgery, is set to increase due to factors such as the growing and ageing UK population. Modelling work that we commissioned, in consultation with the NHS and Health Education England (now part of NHS England), showed that, at the current insufficient growth rate, the NHS could have a shortfall of 11,000 anaesthetists by 2040. If a gap of this size occurs, we estimate that 8.25 million operations and procedures per year may not be able to take place.



What is needed:

- An increase of 59 extra core and 81 higher anaesthetic training places, on top of the additional places already granted. These should be funded immediately and secured for the long term. Although far more additional anaesthetic staff than this are needed, this target is what we believe the training system can currently cope with.
- Maintenance of the 2023 reforms to pension taxation or provision of a clear alternative solution that achieves the same ends.
- All NHS bodies must make efforts to promote and support the SAS role.
- Government and health service leaders must do all that they can to boost levels of wellbeing and good mental health and minimise burnout.
- Better communication around career progression and more flexibility in job plans to improve work-life balance and to support anaesthetists of all grades to stay in work as long and as healthily as possible.

The Anaesthetic Workforce 2024: UK State of the Nation Report

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- 1 [NHS referral to treatment \(RTT\) waiting times data August 2024](#), NHS England, 2024.
- 2 P. Kunzmann and A. Wallwork, [The Anaesthetic Workforce 2024: UK State of the Nation](#), RCoA, 2024.
- 3 [RCoA response to HEE training places](#), RCoA, 2022.
- 4 T. J. Law *et al.* The global anaesthesia workforce survey: updates and trends in anaesthesia workforce, *Anesthesia & Analgesia*, vol. 139, no. 1, pp. 15-24, 2024.
- 5 [Respected, valued, retained](#). RCoA, 2021.
- 6 Speciality, associate specialist, and locally employed doctors workplace experiences survey: initial findings report, GMC, 2021.

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