

Tuesday 10 June 2025

Dear James and Barny,

I'm writing from the Royal College of Anaesthetists (RCOA) in the run up to the next iteration of the NHS Long Term Workforce Plan.

As I'm sure you're aware, anaesthetists work in a range of healthcare settings including operating theatres, maternity care, pain services, and perioperative care teams. Without their expertise, most operations could not take place; women would not receive anaesthetic (including epidurals) during childbirth; and pain services could not function; and the delivery of perioperative care would be considerably undermined.

Many of the Government's recent commitments to elective care recovery depend on the services of anaesthetists. The success of new surgical hubs, capable of delivering an additional 30,000 procedures a year, will depend on the availability of anaesthetists. The Elective Recovery Plan, published in January, will require anaesthetists to deliver pre-assessments and perioperative care designed to reduce inefficiencies and complications, shorten hospital stays and minimise readmissions.

The key message here is that sufficient numbers of anaesthetists are vital to the functioning of the NHS and the delivery of the Government's objectives. Unfortunately, as we will show, numbers of anaesthetists remain far below where they need to be in order for those objectives to be achieved.

Census and Workforce Survey Data

Via regular censuses and workforce surveys of clinical leaders in anaesthesia, we hold detailed data on the anaesthetic workforce. Our most recent [State of the Nation](#) report, published in November 2024, revealed that numbers of anaesthetists have grown moderately in recent years. Our latest figures show that the combined total of consultants and SAS doctor anaesthetists stands at 10,628, up from 10,149 in 2020, an increase of 4.7%.

However, these numbers are still way below what are needed, and demand continues to outstrip supply – likely driven by factors such as the UK's growing and aging population.

Based on what clinical leaders say they need in order to meet demand, we've calculated that across the UK there is a consultant workforce shortfall of 1,418 (14% lower than what is needed), and an SAS shortfall of 442 (19%). This gives a combined workforce gap of around 1,900 (15%).

Bottom-up approaches

Alternative methodologies have been used to estimate the size of the anaesthetic workforce gap.

A paper published in the [British Journal of Anaesthesia](#) last year estimated the workforce gap at around 2,000 by analysing the number of operating theatres in the UK and the average

number of anaesthetists needed to staff them. This estimate is remarkably similar to our own findings.

International Comparisons

If we look to our international comparators, we can see that the UK's anaesthetic workforce is proportionally much smaller than many other large high-income European nations. In 2024, the results of 'The Global Anaesthesia Workforce Survey' revealed that the UK had 14.23 anaesthetists per 100,000 people. In comparison, Germany had 37.37, Italy had 25.34, and France had 17.02. We even lag behind many lower-income European nations such as Moldova with 16.12. Overall, the UK places 26th in Europe and 34th in the world.

Unfilled vacancies

Our 2020 Census showed that over 90% of anaesthetic departments in the UK had at least one unfilled vacancy. This was primarily due to a lack of applicants or a lack of appropriately qualified applicants, revealing that we are not producing enough anaesthetists domestically. Instead, anaesthetic departments are having to rely on international recruitment to fill vacancies. Our 2022 workforce survey revealed that 257 anaesthetists entered the England workforce from abroad.

Consequences of the increasing shortfall

Given that most operations cannot take place without an anaesthetist, this shortfall is not compatible with the Government's ambitions to cut the elective waiting list and reach the NHS's constitutional targets.

Based on the caseload of the average anaesthetist (~750 patients per year), we estimate that current workforce shortages are equivalent to roughly 1.4 million operations and procedures that cannot take place each year. This covers not only elective operations, but also anaesthetic procedures in urgent and emergency care, maternity, and general pain relief services.

The future of the anaesthetic workforce

Another concern is that the anaesthetic workforce is ageing. GMC data shows that the percentage of licensed anaesthetic and intensivist consultants aged over 60 has risen from 8.2% in 2014 to 11.9% in 2022. Additionally, the percentage of those in the 50-59 age category, and therefore likely to retire within the next five to ten years, increased from 28.4% of the workforce in 2014 to 33.5% in 2022. When significant numbers of consultant anaesthetists exit the workforce in the near future, this will have a considerable impact on capacity.

Increasing demand

The UK has a growing and ageing population. By 2045 the total population of the UK is set to expand to 71 million, from 67.1 million in 2020. Furthermore, the number of people at pensionable age is set to increase by 3.3 million compared to 2020, considerably increasing healthcare demand. As a larger population requires more surgery, and an ageing population further increases healthcare demand, we expect demand for anaesthetists will rise year on year.

In addition to population factors, it is also the case that scientific, technical, and medical knowledge continue to increase. This means that new surgical procedures are developed, and more medical conditions become amenable to surgery. Although this is a positive thing, it also means more clinical staff are needed to perform these operations – and will further increase demand for anaesthetists.

The solution

The solution is to train more anaesthetists. Fortunately, we are not short of foundation doctors eager to specialise in anaesthesia. However, across the entire medical training system, there is a huge bottleneck between foundation and core training, preventing thousands of qualified doctors from progressing to the next stage. In 2024, across all specialties there were around 54,000 applications (from around 26,000 unique applicants) for approximately 9,000 specialty training places. This means around 17,000 doctors were unable to progress.

In anaesthesia this is no different, and 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 anaesthetic training there is also a bottleneck. In 2024 there were 640 applications for 390 places – a competition ratio of 1.6:1. This has reduced from a ratio of 2.7:1 in 2021 – but cannot be allowed to expand again.

In 2022, Health Education England (now part of NHS England) confirmed that 70 more higher anaesthetic training places were to be funded, with the same numbers for 2023 and 2024. We also believe these will be renewed for 2025. However, it has not yet been confirmed that these additional posts will be made permanent.

Over and above those additional places, we know that there is considerable capacity within the training system to accommodate extra posts. The interim results from our 2025 Census suggest there is capacity for around 200 additional CT1 anaesthetics post per year, and a 200 additional ST4 posts (on top of the 70 additional places already granted).

The upcoming Long Term Workforce Plan needs to make a commitment to fund these available anaesthetic training places to provide a basis for the future consultant workforce, reduce reliance on agency staff, and make headway in cutting the elective waiting list.

We would appreciate the opportunity to discuss these issues further and explore potential solutions. Could we arrange a meeting at your earliest convenience?

Many thanks,

Dr Claire Shannon

A handwritten signature in black ink, appearing to read 'C Shannon', written in a cursive style.