Royal College of Anaesthetists

Anaesthesia: solutions for an NHS in crisis

Manifesto 2024

The Royal College of Anaesthetists (RCoA) has 24,000 members and represents anaesthetists in the UK. We act as a voice for the profession, oversee standards for training, set exams, set clinical standards, conduct research, and develop evidence-based policy.

Executive summary

- NHS waiting lists are at crisis levels. Anaesthetists are key to addressing this, as most operations cannot take place without an anaesthetist and there is clear evidence that the UK needs more of them.
- The UK has a shortage of 1,900 anaesthetists (14%). We estimate that this prevents 1.4 million operations and procedures taking place each year.
- The NHS currently lacks a plan for training enough doctors in specialties such as anaesthesia, but such a plan is urgently needed.
- Measures must also be taken to boost retention, including better rest and refreshment facilities.
- Anaesthetists play a leading role in initiatives to boost NHS efficiency, such as turning waiting lists into preparation lists, which can reduce surgical complications and cancellations and reduce length of hospital stay.
- Start-up costs to these initiatives are a barrier. We recommend a £100 million 'NHS efficiencies transformation fund' to overcome initial financial obstacles.

The UK's waiting-list crisis

NHS patient waiting lists are at crisis levels across the UK. The latest data reveal there are 7.6 million patients waiting for hospital treatment in England,[1] 574,315 in Wales,[2] 676,747 in Scotland,[3] and 733,637 in Northern Ireland.[4]

COVID-19 is partly responsible, but is not the only cause. Waiting lists in England, for example, were already high and rising before the pandemic, hitting a then record of 4.4 million in January 2020.[5] A key driver of this was, and remains, workforce shortages.[6]

At present, only 29% of the public express satisfaction with the NHS, the lowest level since records began.[7]

Fixing the anaesthetic workforce shortage

Anaesthetists are highly trained specialist doctors, and reducing waiting lists depends on a sustainable anaesthetic workforce. Simply put: most operations cannot take place without an anaesthetist.

Despite their essential role, there is a large and growing shortfall of anaesthetists across the UK. Our 2020 medical census data revealed a UK wide shortfall of 1,400 anaesthetists,[8] which rose to at least 1,900 in 2022.[9] This is equivalent to 14% of the UK's total anaesthetic workforce.[9] We estimate that current workforce shortages prevent roughly 1.4 million operations and procedures per year.[9]

Unless urgent action is taken, we predict that the NHS will have a shortfall of 11,000 anaesthetists by 2040.[8] This deficit could prevent 8.25 million operations and procedures per year from taking place.[8]

Solutions

More training places

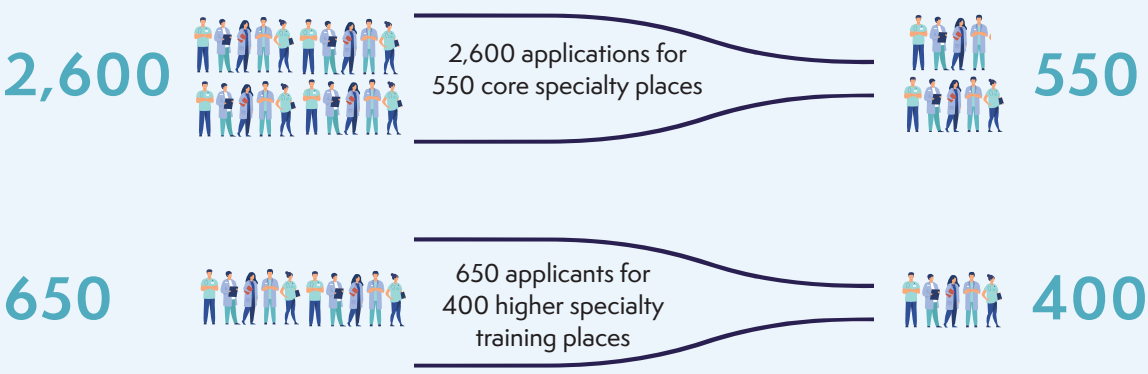
The NHS needs more doctors, especially anaesthetists – and the first part of the solution is to train more. Unless this is done, the capacity of the NHS to perform operations and procedures cannot be increased. The 2023 *NHS Long Term Workforce Plan* contained a pledge to double medical school places from 7,500 in 2023 to 15,000 in 2031/32 – however, medical school is only the first stage of the medical training pathway.[10]

Training to become a consultant anaesthetist can take more than 14 years. This involves five years at medical school, two years of general medical foundation training, three years of core anaesthetic specialty training, and four years of higher specialty anaesthetic training. This comprehensive training creates a highly skilled and highly flexible workforce, equipped to contribute their expertise to a large range of hospital services, such as operating theatres, maternity services, and emergency departments. While increasing medical school places is necessary, it is not sufficient on its own.

Medical school places must be matched with funded plans to increase the number of specialty training places. While the *NHS Long Term Workforce Plan* did mention that there would be 'commensurate' rises in specialty training places 'in the future', we cannot wait for the new medical school places to come online for this to happen – **action is needed now**.

Large numbers of doctors in training are already caught in bottlenecks between stages of the training pathway. In 2023, there were 20,000 applicants who had finished foundation training and wanted to progress, but only 8,000 specialty training places available - leaving 12,000 without such a place.[11] For anaesthesia specifically, there were around 2,600 applications for 550 core specialty places, and around 650 applicants for 400 higher specialty training places. When workforce shortages are rife, it is intolerable that so many doctors in training are unable to progress.

Anaesthetic training bottlenecks



The problem here is funding. There is capacity in the system to do extra training – but there has not yet been a specific pledge of government money to implement those places. In anaesthesia we know the system could take on a minimum of 59 extra core training places, and 81 extra higher training places immediately.[12]

It is important to note that higher training places must be the first priority and must be increased to a proportionally greater extent than core training. Doctors looking for a higher training place have already committed to anaesthesia and cannot easily change specialty. Also, if core training is increased without extra higher places, the bottleneck between core and higher will worsen, and the morale of doctors will continue to decrease.

A note on anaesthesia associates

While the *NHS Long Term Workforce Plan* did not contain specific pledges regarding training places for specialist doctors such as anaesthetists, it did include a pledge to increase the number of anaesthesia associates (AAs). AAs are not doctors and their training is shorter and narrower than that of an anaesthetist. AAs work under supervision, with one anaesthetist supervising either one or two AAs.

The health economic argument for AAs is unclear with little published evidence, but one recent paper has suggested that AAs may be less cost-effective than an anaesthetist-only model.[13]

Anaesthetists are a tried and tested solution to the workforce crisis. We therefore believe that the focus should be on boosting the number of training places for anaesthetists, particularly at higher training level.

Better retention

The second part of the solution is retention. The NHS needs to be a competitive and attractive place to work; however, at present it loses too many staff and is set to lose more. In 2021, one in five anaesthetists planned to leave the NHS within five years.[14] A number of measures to boost retention could be taken, including –

1 in 5
planned to **leave** the
NHS within five years

- **Onsite facilities and contract flexibility**: Key issues affecting the retention of anaesthetists include inflexible contracts and a lack of facilities (such as rest, refreshment and parking) on hospital sites. The *NHS Long Term Workforce Plan* urged hospital trusts to address these issues, and we have seen some action to take this work forward;[10] however, this needs to go further and faster.
- **SAS doctors**: There are also specific problems affecting doctors working on 'Specialist, Associate Specialist, and Specialty' (SAS) contracts. A GMC survey showed that 35.8% of SAS doctors do not feel they are always treated fairly.[15] The *NHS Long Term Workforce Plan* included a commitment to support SAS doctors and pledged to improve 'equitable promotion'. While this is welcome, it is only part of the issue. For example, our own work suggests that NHS trusts sometimes have different policies related to on-call work for SAS doctors and consultants.[16] It is vital that issues like these are also addressed and that SAS doctors are valued, respected, and treated fairly and consistently across the board.

- **Pension taxation**: Between 2015 and 2023 the pension taxation regime resulted in 14.4% of consultant anaesthetists reducing their hours to prevent themselves from being hit by large and hard-to-predict tax bills.[8] The 2023 budget introduced reforms that largely addressed these issues. We do not believe that the NHS can afford, or cope with, a return to the previous regime. Political parties must either pledge to maintain the 2023 reforms, or provide a clear and workable solution that achieves the same ends.
- **Pay negotiations**: As shown by the scale of industrial action over the course of the past year, pay remains a key concern for doctors. While pay negotiations are between unions and government, a resolution is sorely needed. If this issue is not resolved by the time of the general election, it must be a top priority for the next parliament.

14.4%
of consultant anaesthetists **reduced hours** to prevent being hit by large bills.

We call on all political parties to:

- urgently develop and fund a plan for specialty training, including more training places for anaesthetists. This is vital for reducing waiting lists and bolstering the existing *NHS Long Term Workforce Plan*
- prioritise, implement, and fund the retention measures proposed in the *NHS Long Term Workforce Plan*
- expand on the commitments in the *NHS Long Term Workforce Plan* to ensure SAS-grade doctors are valued, respected, and treated fairly and consistently
- maintain the 2023 reforms to pension taxation, or provide a clear alternative solution that achieves the same ends
- get around the negotiating table and arrive at a fair pay deal for doctors of all grades.

Improving NHS efficiency and patient outcomes

Anaesthetists often play a leading role in efforts to improve outcomes for patients and to boost the efficiency of the surgical pathway.

At present the NHS is faced with too many avoidable inefficiencies. Each year around 135,000 on-the-day surgical cancellations take place,[17] estimated to cost the NHS £400 million annually in lost operating-theatre time.[18] Additionally, complications occur in 10–15% of operations,[19] resulting in extended stays in hospital and unnecessary suffering for patients. 45% of hospital costs can be attributed to 3% of patients, often those with complications.[20] Reasons behind this include modifiable issues such as frailty, unhealthy lifestyles, or unmanaged co-morbid conditions. For example, patients may smoke, have poor diets, or do little exercise. They may also have unaddressed diabetes, anaemia, or anxiety. All these factors increase the likelihood that:

Within hospitals, 45% of costs can be attributed to 3% of patients – typically those experiencing complications.

- they will not be in a suitable state to have surgery on the day of their operation
- they will be at increased risk of surgical complications and prolonged inpatient stay if they proceed
- they will develop other health problems that require NHS resources in future.

Solutions

There are several solutions that could address these issues – for example, turning waiting lists into preparation lists. The healthier someone is going into surgery, the lower the risk of last-minute cancellations, surgical complications, and extended stays in hospital.

This can be achieved by pre-screening patients as they enter the surgical waiting list including, for elderly patients, a comprehensive geriatric assessment (it must be noted that 46% of adults who have elective surgery are aged over 65 years).[21] If patients have addressable issues, they should be helped, including through 'prehabilitation' programmes, which could involve support for exercise, smoking cessation, diabetes management, or other interventions. A 2020 research review found that preparation for surgery reduces complications by 30%–80% and length of hospital stays by 1–2 days.[22] This is not only of immense value to the NHS but could provide long-term benefit for patients and their families.

More details of these can be found in the manifesto of the Centre for Perioperative Care

Barriers

The NHS is already trying to introduce these measures – but the reality is that implementation is patchy. Barriers include lack of funds for the set-up costs, and lack of incentivisation in hospital inspection frameworks, to which local NHS managers are accountable.

We call on all political parties to:

- establish an NHS efficiencies transformation fund, of at least £100 million, to help NHS trusts get prehabilitation schemes and other interventions off the ground
- ensure that regulators, such as the Care Quality Commission (CQC), incentivise the implementation of surgical pathway efficiencies through their assessment frameworks.

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