



NHS anaesthetic workforce briefing September 2022

The Association of Anaesthetists is calling for urgent action to address the growing anaesthesia workforce shortages. In a five-year period, gaps in workforce numbers have doubled and the reliance on an older workforce has continued to grow. The impact of the COVID-19 pandemic on the anaesthesia workforce cannot be overstated, bringing to the fore issues surrounding recruitment and retention, early retirement and fatigue.

The Association is the professional membership organisation for over 10,000 anaesthetists in the UK, Republic of Ireland and internationally. The Association exists to promote patient care and safety.

The NHS has a mountainous backlog of elective care to address and anaesthetists have a vital role in play in addressing this. Extra funding from the Government is welcome, but the backlog will have to be tackled by a workforce that has already experienced unrelenting pressure since the Covid-19 pandemic first took hold.

The Statistics

Royal College of Anaesthetists (RCoA) workforce census data from January 2020 states that there are 7959 consultant, at least 2098 SAS / Trust doctors, and approximately 4,300 trainee anaesthetists working in the NHS.¹ The survey also reports:

- Just over 90% of departments had at least one consultant vacancy. There were 680 vacant consultant posts and 243 vacant SAS doctor posts in the UK
- The funded workforce gap in the consultant workforce continues to rise from 4.4% in 2015, 5.4% in 2017, 6.9% in 2018 to 8% in 2020
- More consultants are now working beyond the age of 60 years, up from 5% in 2015 to 7% in 2020. The 50 plus age group is now 39% of the workforce, compared with 31% in 2007.
- Many of these doctors will soon be approaching sixty and plan to retire;

Recruitment

There has been a steady decline in the number of newly qualified anaesthesia consultants from 569 in 2013 to 373 in 2019, a 34% reduction.² The supply of consultant anaesthetists has not kept pace with demand for several reasons, including:

- Insufficient national training numbers
- Development of dual training programmes attracting trainees to other specialities
- Attractive training and work/life balance prospects in other regions of the world fuelling out of programme experience and emigration
- Visa restrictions on foreign doctors joining the workforce

Retention

Retention of anaesthetists is crucial and depends upon attractive employment prospects and a good work/life balance. In its Medical Workforce Census Report 2020, the RCoA found that 333 consultants (4.2% of the consultant workforce) and 45 SAS doctors (2.8%) retired in the year preceding the census, both higher figures than in 2015.³ It is felt that this may reflect decisions by higher earners to retire early as a result of changes to the annual allowance and taxation on pension contributions. In addition, a British Medical Association survey on consultant pensions found that 60% of UK consultants plan to retire before 60, citing work-life balance and pension issues as reasons for early retirement.⁴ The Association has produced a guideline about the older anaesthetists and the ways that better workforce planning can help keep them in their roles for longer.

¹ Royal College of Anaesthetists, [Medical Workforce Census Report](#), 2020.

² CCT Recommendations. Data provided by the RCoA Training Department, 2020.

³ Royal College of Anaesthetists, [Medical Workforce Census Report](#), 2020.

⁴ BMA, [Consultants Pension Survey](#), 2019.



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Trainee posts

In 2021 there were many more applicants for specialist training in anaesthesia than in previous years. A recent estimate found there were around 350 jobs for approximately 1,050 candidates, leaving up to 700 trainee anaesthetists without a suitable training post. The increase in applicants resulted from a number of factors:

- a new curriculum with many wanting to obtain a training post before the regulations change
- the impact of the COVID-19 pandemic on the number of trainees who may previously have chosen to take a year abroad
- the difficulty in achieving educational targets while re-deployed during surges
- a desire to complete training without any further interruptions after the unprecedented pressures and challenges of the pandemic

The Association is urging the UK and devolved governments to tackle the workforce shortage by funding a very significant increase in the number of training posts (ST3), from approximately 350 to 700, and for numbers to remain at that level for the subsequent two years.

SAS / Trust Doctor posts

Anaesthesia employs a number of doctors who are neither consultants nor in a recognised training programme. Specialty Doctor, Specialist, Staff and Associate Specialist 'SAS' roles provide an alternative pathway for a career in medicine. Many Anaesthetists entering the UK from other countries will do so via a SAS or Trust Doctor role, either temporarily or permanently. However, inappropriate contract use and lack of development opportunities currently prevents this pathway from being all it could be. Some of these doctors may seek to enter into formal trainee posts, and will also be likewise affected by the shortfall of trainee numbers highlighted above. Some SAS doctors may alternatively seek to become consultants by obtaining a Certificate of Eligibility for Specialist Registration (CESR), which carries a considerable logistical burden. Many of these doctors may wish to progress to the new senior SAS "Specialist" contract, allowing them to work autonomously. These routes provide a currently underutilised means to retain and expand the workforce.

Potential solutions

Improving the working environment in the NHS is an extremely important part of efforts to increase retention and attract new people. Improvements include: providing flexible working arrangements, creating a healthy work/life balance and instilling a sense of wellbeing among the workforce.

Tackling fatigue and disillusionment must also be a priority. In a survey on fatigue conducted by the RCoA and the Association of Anaesthetists 57% of respondents said they have had an accident or a near-miss when driving home after a night shift, 84% have felt too tired to drive home after a night shift and only 64% have access to rest facilities in their hospital.

The Association's [#FightFatigue](#) campaign sets out practical changes – such as access to rest facilities and coffee break rooms - which can be made in every hospital. More work also needs to be done to improve wellbeing by providing mental health and suicide prevention support.

Developing the anaesthesia team

In the context of the significant shortages in the anaesthesia workforce, the Association recognises that Anaesthesia Associates, working within a regulated framework as part of a multidisciplinary consultant-led anaesthesia team, could add to workforce capacity. The experience and medical understanding of a fully trained consultant anaesthetist is vital for patient safety.

The Association of Anaesthetists, Association of Anaesthesia Associates and RCoA are working together to ensure anaesthesia associates become further integrated within the perioperative care team. Anaesthesia associates can help improve the training capacity of their departments and the Association will work to support this aspect of their role.⁵

Fuelling the supply chain – numbers and recruitment

⁵ Association of Anaesthetists, [Joint Statement on the statutory regulation of Anaesthesia Associates](#), 2019.



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A new recruitment strategy is needed especially in light of Brexit and the complex issues related to overseas recruitment. The possibility that more health and social care workers from the European Economic Area (EEA) may leave the UK due to Brexit could seriously impact a workforce already stretched to the limit.⁶

Recruiting healthcare professionals from low and middle-income countries is not a long-term solution to workforce shortages and it is ethically wrong to do this to compensate for a shortage of doctors trained in the UK. As the majority of doctors recruited in this way are likely to do so as SAS doctors, being an SAS doctor needs to be a more viable long-term career option, or they may choose another country's healthcare system in any case. It would also be advantageous to support more of these doctors into formal UK training programmes in anaesthesia, and to better support SAS career development, including CESR as a route for these doctors to become consultants. The Association thinks that lasting change will come through a much better understanding of the *true* future needs of healthcare professionals. And importantly, we want to encourage the training of more doctors in the UK and offering of more medical school places.

The Association's call for action

Urgent action is needed to prevent the workforce crisis. The Association is calling for:

- More staff and funding to tackle current and future shortages
- Medical school places to be increased further to strengthen the pipeline of 'home-grown' doctors
- Expansion of national training numbers in anaesthesia
- The pension issue to be resolved
- Retention of older doctors to be improved
- Retention of all doctors to be improved by addressing culture, facilities and wellbeing issues including fatigue, particularly in the wake of the COVID-19 pandemic
- Mitigation of a potential loss of workforce due to Brexit, by speeding up promised government action

How you can help

- Meet with us to learn more about the above issues
- Write to the Secretary of State for Health and Social Care, asking for progress and action on any of these topics
- Write to Health Education England to ask what more they can do to improve recruitment and retention
- Contact your local hospital to find out the state of their rest facilities. The Association is happy to help draft letters
- Ask Parliamentary Questions on any of these topics (the Association is happy to help draft questions)
- Become a #FightFatigue campaign backer

For any queries or further information, please contact jennygowen@anaesthetists.org or liamjackson@anaesthetists.org

⁶ NHS, [Interim People Plan](#), 2019.