

The UK's anaesthetic workforce: information from the Royal College of Anaesthetists

About the Royal College of Anaesthetists



With a combined membership of nearly **23,000** fellows and members, representing the three specialties of anaesthesia, intensive care and pain medicine, the Royal College of Anaesthetists (RCoA) is the third largest Medical Royal College by UK membership.



Two in three of all hospital inpatients patients will receive care from an anaesthetist and **99%** of these patients would recommend their hospital's anaesthesia service to family and friends.



Anaesthesia is the single largest hospital specialty in the NHS. Around **one in six** of all hospital consultants working in the NHS are anaesthetists.



How many doctors do we have working in anaesthetics?

The RCoA published its most recent census in 2015 which remains the most comprehensive record of the number of consultant and staff and associate specialist grade (SAS) anaesthetists working across the UK. Based on information provided by 100% of UK anaesthetic departments the census recorded that in 2015;

There were
2,033

anaesthetic SAS and trust-grade doctors in the UK.

There were
7,422

anaesthetic consultants in the UK.



Where are the gaps in staffing of anaesthetic services?

Data collected in 2018 from clinical directors across 86% of anaesthetic departments in the UK found that;



1 Overall, **75%** of anaesthetic departments across the UK have at least one unfilled consultant post.



2 Around half (**48%**) of departments have advertised a consultant post that they have been unable to fill.



3 The most common reasons for anaesthetic departments reporting that they could not fill consultant posts were a lack of applicants (**34%**) and a lack of qualified applicants (**35%**).



4 There is a consultant anaesthetist gap of **7%** in England.

5 There is an SAS anaesthetist gap of **19.8%** in England.

6 The percentage of consultant anaesthetists employed as locums is **4.5%** in England.

There has been an increase in the consultant workforce gap in UK anaesthetic departments in recent years. It has risen from **4.4%** in 2015 to **5.2%** in 2017 and then **6.9%** in 2018.



In addition, between 2010 and 2015 there has been a **28%** increase in the number of consultant anaesthetists aged between 50 and 59 years, indicating an ageing of the consultant population. Overall, **95%** of anaesthetists retire by the age of 60.



How many anaesthetists do we need to be trained to meet future demand in the UK?

Between 2012 and 2018 the number of doctors in training in the anaesthetic specialty programme has **declined by 6.5%** (from 2,844 to 2,660).

Based on assumed service demand, the College calculates that there will need to be a pipeline supply of between **430 to 650 new anaesthetists** joining the workforce each year.

However, over the **last five years**, the numbers beginning specialty training (ST3) in anaesthetics has **averaged at 340**.



A significant proportion of service provision is delivered by doctors that trained in the European Economic Area (EEA):



For the specialties of anaesthetics and intensive care **12.6%** of doctors on the UK Specialist Register are EEA graduates.



Of the College's SAS grade doctors, **14%** gained their Primary Medical Qualification in the European Union.

Developing anaesthetists as 'perioperative physicians' to improve patient care and outcomes

Anaesthetists are involved in the care of two-thirds of all hospital inpatients and so are in a unique position to engage with patients to support long term, positive changes to their health and lifestyle. This can happen from the moment that surgery is contemplated, through to a full recovery. This is the concept of perioperative medicine that presents an opportunity for anaesthetists to play a transformational role as a hospital's 'perioperative physicians'.

Initiatives in perioperative medicine, established across the NHS, demonstrate the benefits that are already being realised by this approach.



The concept of perioperative medicine closely aligns with the integrated care systems evolving across the NHS in England and National Medical Director, Professor Stephen Powis, notes that:

"The most expensive, ineffective and inefficient care is poor care. An optimised perioperative approach is good for patients, good for the NHS and good for the wider economy as well."

Royal College of Anaesthetists

Churchill House, 35 Red Lion Square, London WC1R 4SG
020 7092 1500 | workforce@rcoa.ac.uk | www.rcoa.ac.uk/workforce

 @RCoANews

 RoyalCollegeofAnaesthetists

February 2019