



The Royal College of Pathologists
Pathology: the science behind the cure

The Royal College of Pathologists

**Workforce census
spotlight 1: response
rate, retirements and
working patterns**

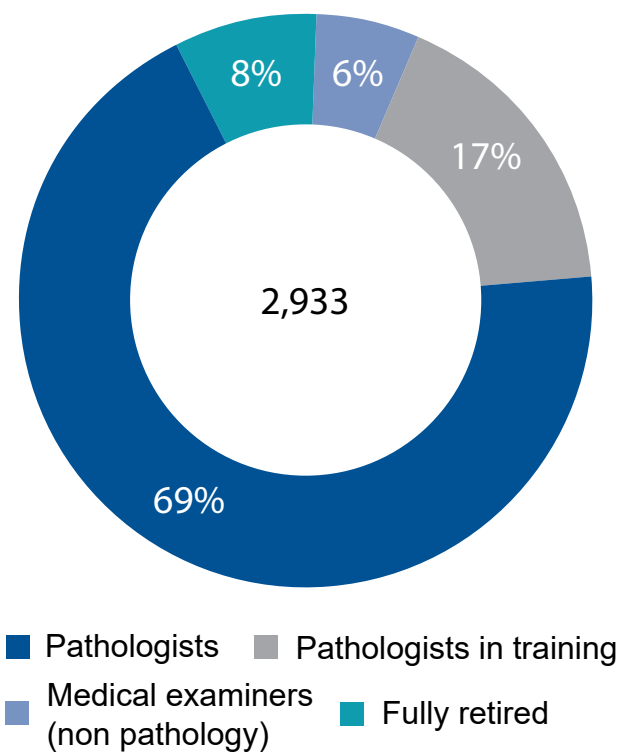
Introduction

The 2025 RCPATH Workforce Census provides a vital snapshot of the current state of the pathology workforce across the UK.

This first spotlight highlights several emerging challenges: a significant proportion of pathologists are working beyond their contracted hours; there are looming retirement cliff edges among consultants; and widespread concern remains about the profession’s ability to sustain services in the face of persistent workforce shortages.

These insights, drawn from robust data, demonstrate the significant and growing pressures facing the pathology workforce across the UK.

Response rate by group



Response rate

9,539 UK members were invited to take part in the census. 2,933 responded, representing a response rate of 31%. Of those that responded:

- 69% were pathologists
- 17% were pathologists in training
- 8% were fully retired
- 6% were medical examiners not working in a pathology specialty.



Response rate by specialty

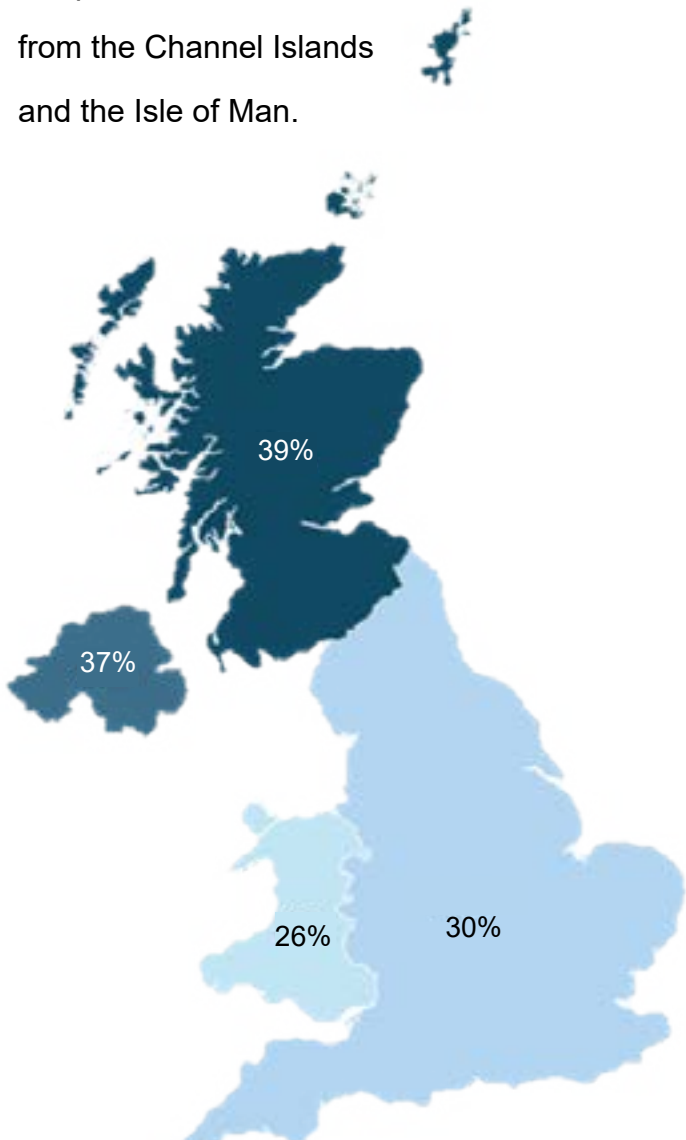
Primary specialty	Response
Cellular pathology	33%
Clinical biochemistry	43%
Forensic pathology	81%
Genomics & genetics	29%
Haematology	19%
Histocompatibility & immunogenetics	63%
Immunology	44%
Microbiology	31%
Molecular pathology	56%
Neuropathology	47%
Oral and maxillofacial pathology	44%
Paediatric & perinatal pathology	73%
Reproductive science	16%
Toxicology	55%
Transfusion medicine	49%
Veterinary pathology	29%
Virology	46%
Medical examiner (non pathology)	21%

Response rate by nation

England had a response rate of 30% and made up 82% of total responses.

The region in England with the highest proportion of responses came from London (23%), with the lowest coming from the East Midlands and the North East (6%).

Responses were also received from the Channel Islands and the Isle of Man.



Retirements

With a large proportion of the pathology workforce aged 50 and over, a retiring workforce is set to become a major pressure point in the coming years. This section explores when pathologists intend to retire, what’s influencing those decisions, and how retirement intentions are changing in the face of workforce pressures.

63

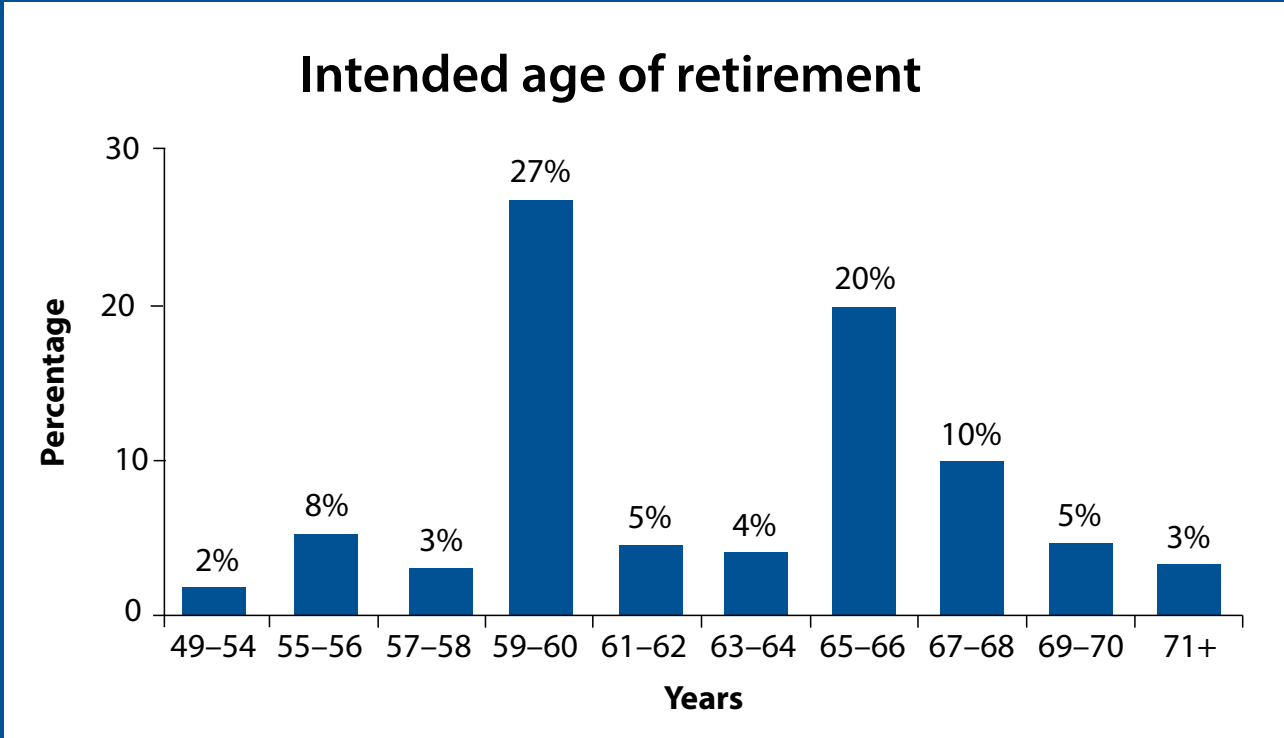


is the average age of retirement and the average intended retirement age for pathologists.

Pathologists were asked what age they intended to retire, with the average intended retirement age being 63. However, the average intended retirement age is lower in the devolved nations by 1 year (62).

The most selected intended retirement age was 60, suggesting a larger proportion of pathologists intend to retire earlier than 63.

43% of pathologists in Wales said they intend to retire by, if not before reaching, 60.



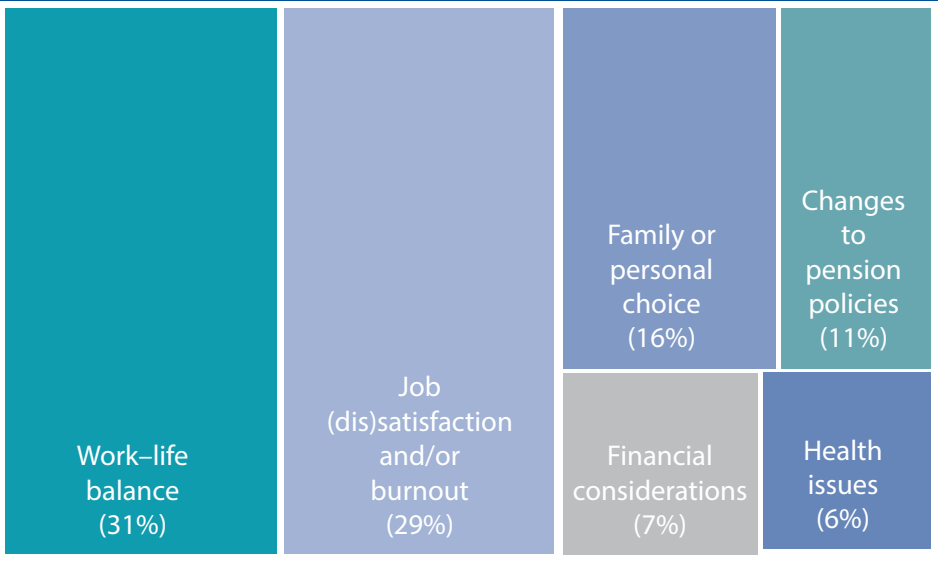
Changes to retirement intentions

We asked our members if, in the last year, they had changed their intended retirement age. While 72% of said they had not, 23% stated they now intend to retire earlier than planned.

Factors influencing changes to retirement intentions

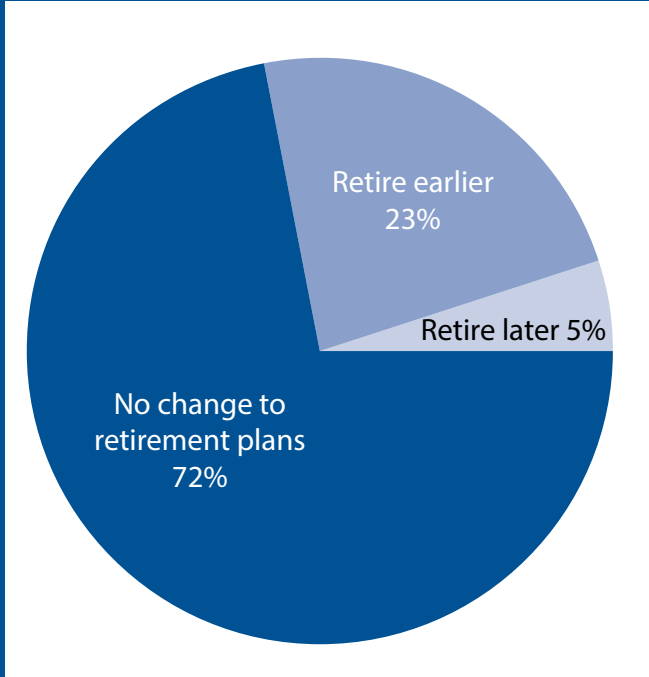
The most commonly selected reason for intending to retire earlier was work–life balance (31%), closely followed by feelings of job dissatisfaction and/or burnout (29%).

Barriers to flexible working arrangements in the lead up to retirement remains a key obstacle in retaining later-career pathologists. These barriers include changes to pension policies, with 11% selecting this as a significant driver in choosing earlier retirement.



47%

of pathologists are aged 50 and over, suggesting a potential retirement cliff edge within the next decade.



Managing clinical demand

As pathology services face increasing clinical demand, the current workforce is absorbing pressures by routinely working beyond their contracted hours, with much of this driven by professional goodwill.

Respondents outlined how excess clinical demand is being managed within their service and expressed concerns about their departments' capacity to meet future demand with the current staffing establishments. With a significant proportion intending to reduce their hours or retire in the near future, these findings point to growing strain across the system and raise critical questions about the long-term sustainability of pathology services.

11 PAs

is the average number of contracted PAs for a full-time consultant across the UK.

The average number of PAs for UK part-time consultants is 6.6 PAs.

Across the UK, consultants work an average of 8.2 DCCs, 1.8 SPAs, 0.7 APAs and 0.3 EPAs.

Those in Scotland are more likely to have EPAs integrated into their contract than in England, Wales and Northern Ireland.

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Programmed activities (PAs) are 4-hour blocks of time allocated within a consultant or SAS doctor's job plan for duties, in standard working hours. A full-time job plan is 10 PAs per week, including DCCs and SPAs. PAs can include:

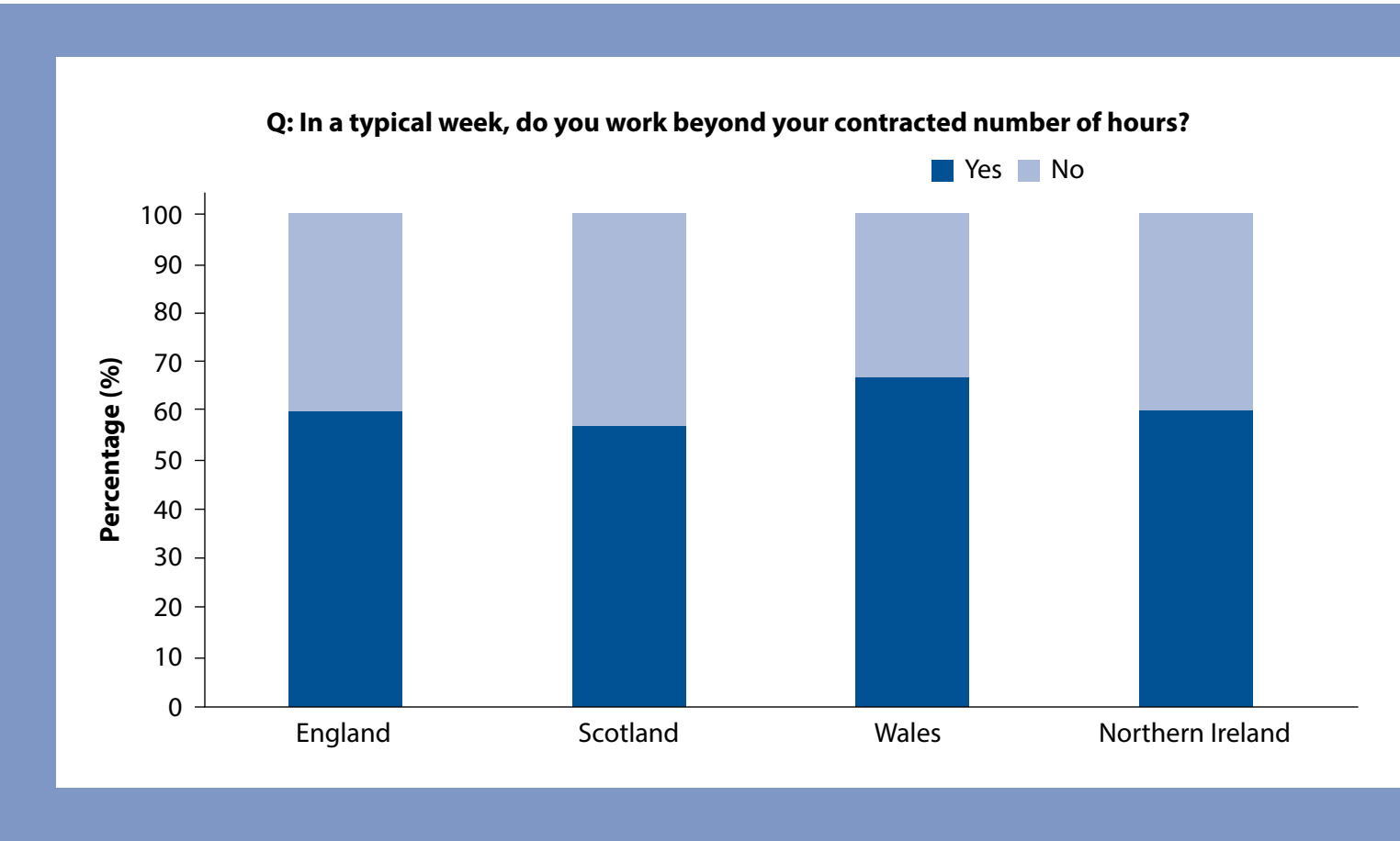
- direct clinical care (DCC) – sessions allocated to clinical duties
- supporting professional activities (SPAs) – activities that underpin the delivery of safe and effective clinical care but are not directly related to clinical duties (e.g. educating and training, appraisals, quality improvement activities, research and development)
- extra programmed activities (EPAs) – additional sessions agreed over and above the standard 10 PAs per week, mostly to deliver clinical service
- additional programmed activities (APAs) – additional activities performed outside core NHS duties (e.g. for external organisations or working for a university or deanery).

60%

of UK-wide consultants say that in a typical week they work beyond the number of hours stated in their contract.

This rises to 77% in Northern Ireland when solely considering hours and not PAs.

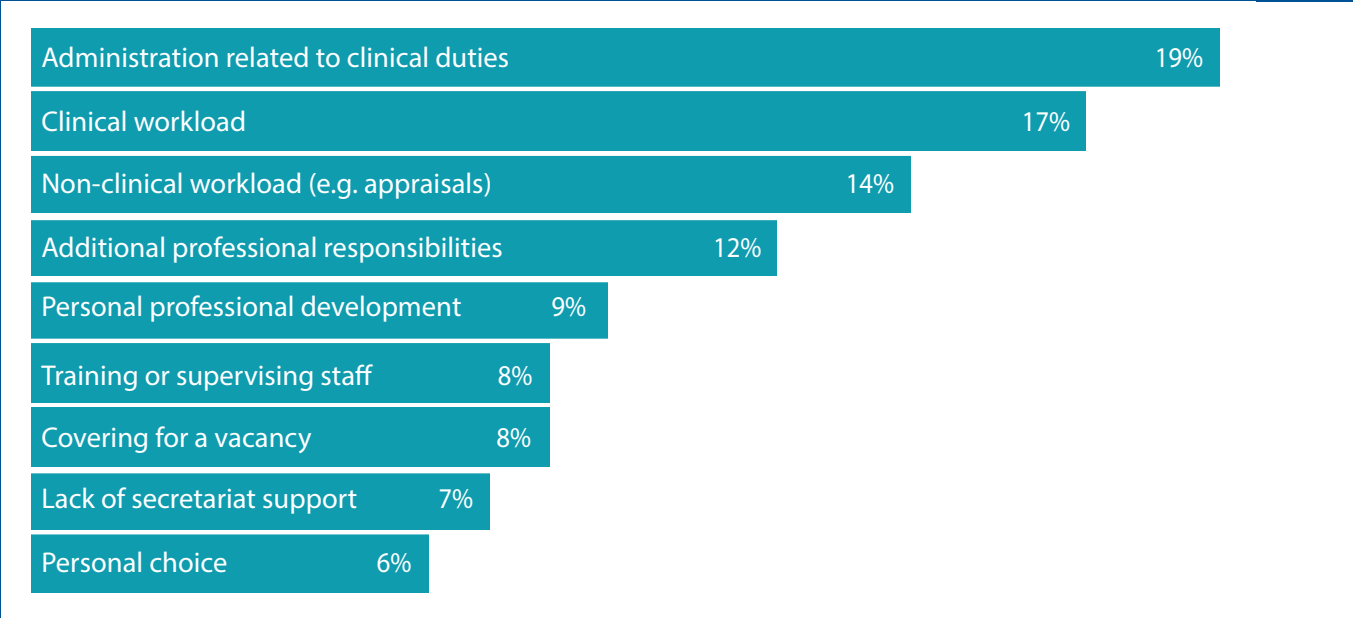




Reasons for working beyond contracted hours

Administrative workload related to clinical duties was the most selected reason for pathologists working beyond contracted hours (19%), closely followed by clinical duties (17%).

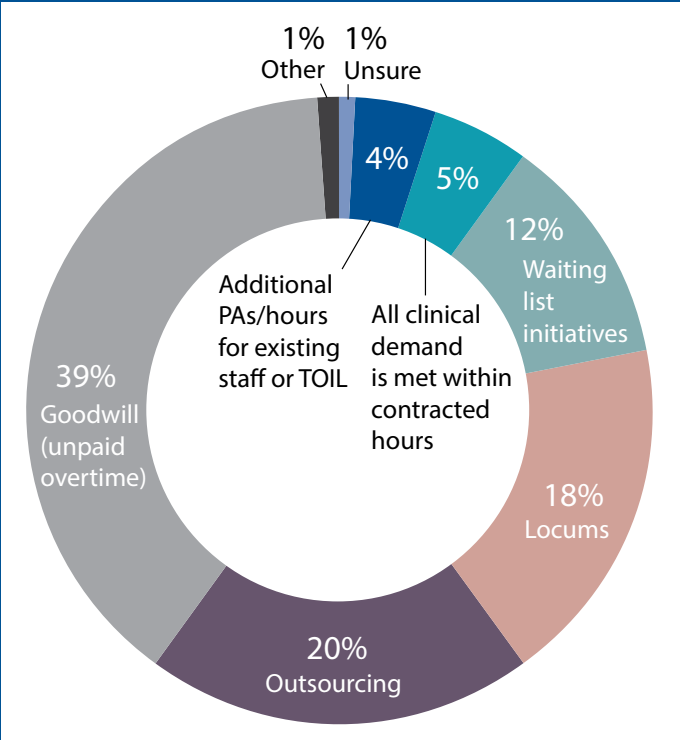
15% work beyond their contracted hours due to not having enough secretarial support staff or needing to cover for staff vacancies.



Managing excess clinical demand

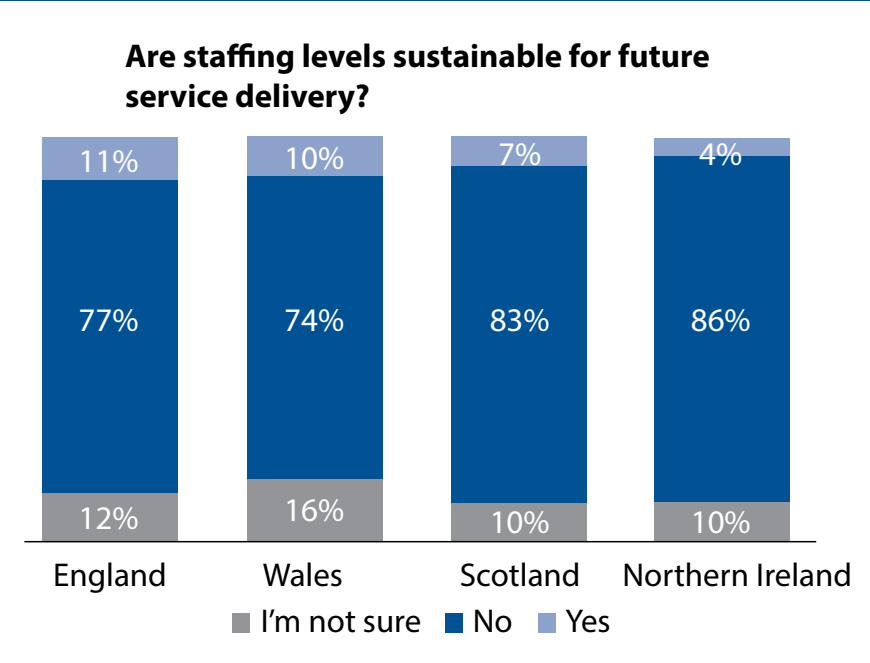
Goodwill (unpaid overtime) is the highest reported method for managing excess clinical demand across UK pathology services.

While outsourcing is the second most selected method in England, Scotland and Wales, Northern Ireland reported a stronger reliance on locums and waiting list initiatives over outsourcing to manage demand.



Future service delivery

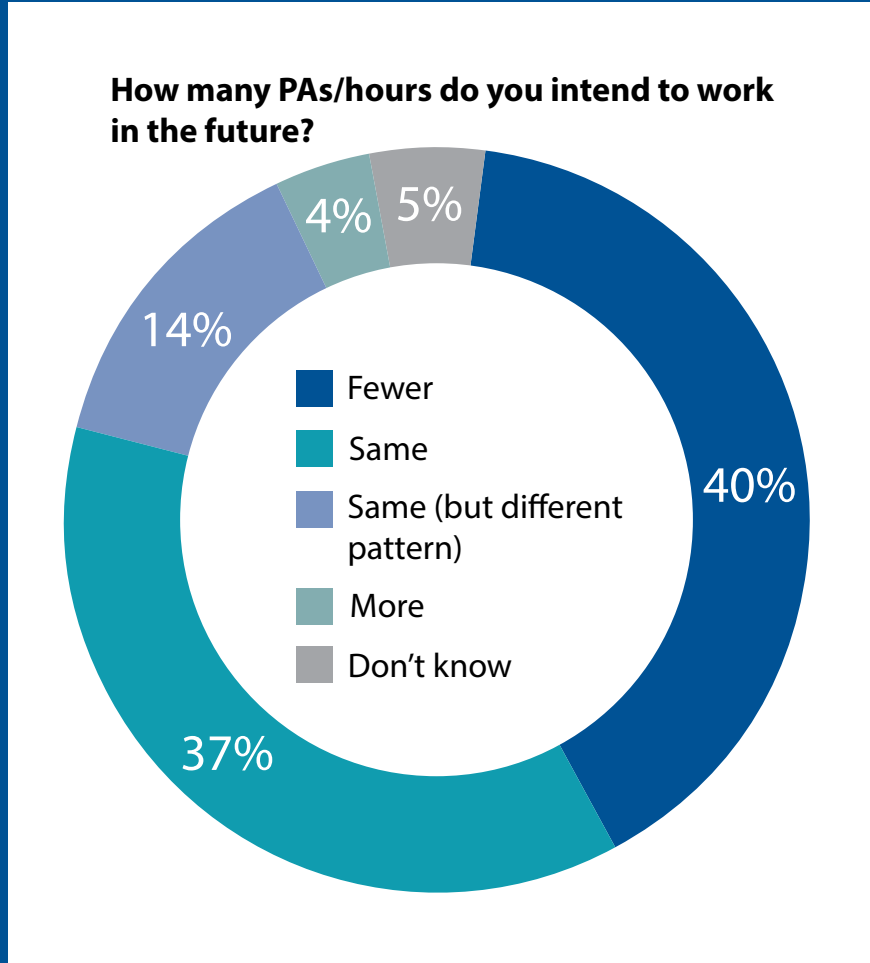
The majority of pathologists do not believe current staffing levels are adequate to ensure long-term stability of pathology services and to meet growing clinical demand across the UK.



The next 5 years

We asked pathologists whether they wish to work fewer, more or the same number of PAs/ hours over the next 5 years. 40% said they wish to work fewer hours than their current contract in the next 5 years. This will compound the impact of retirements.

51% plan to work the same as their current contract, and 14% wish to shift to a different work pattern.





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