

# The Royal College of Pathologists' response to the NHS 10-Year Workforce Plan: Call for evidence

## Response to section 2: Modelling

November 2025

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# 1 Executive summary

The widening gap between pathology demand and workforce capacity poses a significant challenge to service delivery and must be addressed through targeted workforce planning, including pathology workload data collection to inform this planning.

Modelling for centralised workforce planning for pathology must be based on current establishments, vacancies, projected retirements, workforce attrition, less-than-full-time (LTFT) working trends, service redesign, and centrally collected and analysed pathology diagnostics data.

The pathology workforce underpins almost every aspect of healthcare. Around 95% of patient pathways rely on pathology input,<sup>1</sup> yet the workforce that delivers these services is facing unprecedented pressures. The ambitions of the NHS 10-Year Plan – to shift from hospital to community, sickness to prevention and from analogue to digital – depend on a pathology workforce that has the right resources, skills and support to delivery high quality care for patients.

More training posts are urgently needed to address the shortfall. The NHS 10-Year Plan commits to 1,000 new postgraduate places over the next 3 years. The College recommends that at least 150 of these posts should be prioritised to pathology, targeted to disciplines experiencing critical shortages. These training posts must be matched by committed funding to increased consultant posts so residents can secure employment within the NHS on completion of training.

The recommendations below focus specifically on this consultation topic – modelling assumptions. A full set of the College's recommendations across all 4 NHS England consultation papers – the 3 shifts, modelling assumptions, productivity, and culture and values – is provided at the end of each document.

## 2 College recommendations: Modelling assumptions

- Deliver a dedicated pathology workforce plan, informed by accurate data, with a focus on filling current pathology vacancies.



- Fund at least 150 additional medical training posts across all pathology specialties, aligned with population needs. Commit funding for equivalent consultant posts to ensure employment opportunities for those completing training.
- Reinstate locum appointment for training (LAT) posts to support flexible and LTFT training pathways.
- Expand the multidisciplinary workforce, including clinical scientists, biomedical scientists and bioinformaticians, as well as the medical workforce to meet the identified shift to precision medicine.
- Introduce effective incentives for recruitment in hard-to-fill specialties and underserved regions.
- Develop strategies to attract medical students and scientists into pathology, promoting the specialty as offering excellent work–life balance and career flexibility.
- Provide protected time in job plans for professional development, research, teaching, innovation and national professional contributions and ensure these are honoured in practice.
- Invest in administrative and support staff to reduce clinical burden and improve efficiency.
- Support flexible, LTFT and remote working across all pathology grades, and address pension-related disincentives for doctors approaching retirement to support retention.

### 3 The pathology workforce: An overview

Workforce shortages across pathology specialties present a significant risk to service sustainability. Current shortfalls among pathologists and scientists vary depending on specialty and region and are projected to increase by 20% over the next decade. Rising clinical demand, growing complexity and the expansion of testing are stretching services, sometimes beyond their limits. Even specialties with lower reported vacancies will face increasing gaps when combined with projected retirements and increasing demand.

The number of pathologists no longer matches the workload or complexity of care being delivered. More training posts, improved consultant capacity and targeted retention strategies are urgently needed. While expanding training numbers is essential, deanery



capacity must be considered to maintain training quality, with flexible training pathways and strong support for educators. The current matched funding approach also requires review to ensure equitable access to pathology services across all regions.

## **4 Barriers to effective workforce planning for pathology**

Workforce planning for pathology remains fragmented and reactive. The data underpinning this planning lacks consistency, accuracy and robustness, making it difficult to accurately model current capacity and forecast future need.

Pathology lacks a comprehensive, national dataset that captures diagnostic workload. NHS diagnostics and waiting times statistics exclude pathology,<sup>2</sup> despite laboratories performing over 2 billion tests annually, representing about 80% of all diagnostic interactions. The current Pathology Messaging Implementation Project (PMIP) EDIFACT reporting structure cannot capture the breadth of specialties in a structured, digital format. Complex areas such as microbiology, immunology panels, histopathology reports and genomic sequencing are often recorded in free text, preventing analysis and the ability to link workload activity to workforce metrics.

Smaller specialties such as neuropathology, immunology and paediatric and perinatal pathology can be aggregated under 'other' – obscuring both the volume and complexity of work in these areas. Emerging areas, such as genomics, are not captured in current reporting, leaving workforce projections blind to the rapid expansion in workload. This is exacerbated by the siloed approach to local and central delivery of genomic testing. These silos are replicated in data capture and analysis. Planned adoption of a new reporting system will address some gaps, but full implementation is long-term. While some centres may know locally how many samples they process, the true scale of pathology demand becomes invisible at a national level. Even then, laboratories with antiquated laboratory information management systems (LIMS) cannot always extract workload figures. NHS laboratories hold some of the richest longitudinal datasets in healthcare and strategic investment in analysing and applying these datasets will enhance service design, improve patient outcomes, and inform long-term workforce planning.



Workforce numbers themselves are inconsistently reported. For example, NHS England data reports just 1 whole-time-equivalent (WTE) paediatric and perinatal pathologist, whereas RCPATH data indicates that the true figure is significantly higher (38.7 WTEs). Such discrepancies in WTE reporting further undermine workforce planning for pathology.

## 5 NHS 10-Year plan impacts on pathology supply and demand

Despite these challenges, the College continues to collect data highlighting high vacancy rates and low trainee numbers (Table 1), and has advocated for urgent action from NHS leaders. Without robust workforce planning, gaps in staffing, training and deployment will limit the NHS's ambitions set out in the 10-Year Plan for Health. Addressing these workforce challenges: the shortages, lack of quality data and planning fragmentation that have historically undermined pathology services, now risk impacting the transformation of care envisioned over the next decade. Service redesign – such as expanded community diagnostics, digital care models and shifts toward preventative screening – will further increase demand. These shifts cannot be met by innovation alone; investment in the pathology workforce is essential to research, implement, and safely govern new technologies.

**Table 1: Consultant pathologist vacancy rates by whole-time-equivalents.**

| Specialty                          | England | Wales | Scotland | Northern Ireland | UK  | Data from <sup>i</sup> |
|------------------------------------|---------|-------|----------|------------------|-----|------------------------|
| Paediatric and perinatal pathology | 33%     | 29%   | 33%      | 100%             | 36% | 2025                   |
| Neuropathology                     | 10%     | 0%    | 17%      | 0%               | 10% | 2025                   |
| Forensic pathology <sup>ii</sup>   | 3%      |       | 19%      | 20%              | 9%  | 2025                   |
| Immunology                         | 14%     | 25%   | 60%      | 0%               | 16% | 2025                   |
| Virology                           | 14%     | 50%   | 31%      | 0%               | 16% | 2022                   |

<sup>i</sup> Data reflect reported vacancies at the time of collection and may not capture subsequent changes. Despite these limitations, it is the view of the College that there have been no significant changes to vacancy rates since the data were collected. Data are not yet available for all 17 pathology specialties, but the College continues to collect workforce data across all areas in line with its Workforce Strategy.

<sup>ii</sup> Forensic pathology vacancy rate combined for England and Wales due to service structure.



|                |     |     |    |     |     |      |
|----------------|-----|-----|----|-----|-----|------|
| Microbiology   | 17% | 13% | 3% | 22% | 16% | 2022 |
| Histopathology | 12% | 27% | 7% | 16% | 12% | 2018 |

Workforce planning must be guided by clear assumptions, including projected retirements, training capacity and the impact of service transformation. The College is reviewing what would constitute a sufficient workforce across the range of pathology specialties (select case studies below), with an appropriate skill mix of consultant scientists and medical consultants. This must be supported by investment from the government. Key assumptions that need to be considered and addressed in future workforce planning are listed below.

## 6 Workforce assumptions

### 6.1 Supply

#### 6.1.1 LTFT training

LTFT training is increasingly common and requires adaptable training and employment models. Data from the RCPATH Workforce Census 2025 ('Census') shows that 38% of medical residents and 67% of scientific pathologists in England train LTFT. Women are twice as likely as men to choose LTFT, and with women comprising over 60% of RCPATH trainee membership, workforce planning must reflect gendered working patterns.

In workforce modelling, we know that LTFT trainees will extend the standard 4–5 year pathology specialist training pathway, depending on the trainee's WTE. This lengthens their entry into the workforce and will reduce new consultant supply. Over time, these 'delays' can create bottlenecks that slow the replenishment of the consultant workforce and impact succession planning, especially in specialties already facing critical shortages. This is particularly critical in pathology, where 46% of the pathology workforce are over the age of 50, which means that incoming pathology residents will struggle to replace both existing vacancies and upcoming retirements quickly enough, leaving services vulnerable to staffing gaps.

Only 44% of resident doctors intend to work full-time as consultants. Personal wellbeing, particularly work–life balance, was the most cited factor for this choice. For workforce modelling, we know that a single LTFT post will not equate to a full WTE contribution, and



without additional funded posts, services cannot compensate for reduced capacity. Planning assumptions around LTFT training when predicting future staffing requirements must be considered.

### **6.1.2 Training attrition and career pathways**

It takes 8–10 years for a new medical graduate to complete training to become a pathologist, and modelling assumptions must therefore account for long lead times in workforce supply. Based on an estimated 12% attrition rate across the period of training,<sup>iii</sup> the supply pipeline of residents entering consultant practice is reduced. Data from our Census estimates that a further 11% of pathologists in specialty training will not enter the NHS in any capacity, as 5% plan to relocate overseas and the remaining 6% plan to take a career break, join private services or industry, or pursue non-clinical roles like research. We therefore estimate that at least 1 in 5 (20%) of those entering specialty training will not join the NHS workforce at completion of training.

Intended career pathways are also varied. While 56% of trainees intend to work solely in the NHS, others plan mixed roles – 13% combining NHS and academia, and 12% splitting time between NHS and the private sector, with a further 8% remain undecided. Retention within training regions is also variable: 68% intend to stay, 7% plan to move, and 25% are undecided.

These trends highlight the importance of modelling workforce supply beyond headline training numbers. Attrition, career diversification and regional mobility all reduce the proportion of trainees entering full-time NHS service. Without national coordination of workforce supply, the boundaries of the training pipeline remain unclear, making it difficult to determine true capacity. Currently, projections risk overestimating future workforce availability – particularly in small specialties where the loss of even 1 resident to consultant practice could have disproportionate impact on service delivery.

### **6.1.3 Training post fill rates and competition ratios**

As competition ratios for specialty training post continue to escalate, there is a growing concern that many UK-trained doctors are unable to secure a job that will allow them to continue their postgraduate medical training in the NHS (Table 2).

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<sup>iii</sup> Based on internal College data, it is estimated that 12% of the pathology workforce in training do not complete training.



**Table 2: Fill rates of pathology specialty training, 2015–2025.<sup>3, iv</sup>**

| <b>Specialty</b>                   | <b>2015</b> | <b>2017</b> | <b>2019</b> | <b>2021</b> | <b>2023</b> | <b>2025</b> |
|------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Chemical pathology                 | 0.2         | n/a         | n/a         | 0.7         | 0.9         | 1           |
| Haematology                        | 0.9         | 0.9         | 0.9         | 1           | 0.8         | 0.9         |
| Histopathology                     | 1           | 0.7         | 1           | 1           | 1           | 1           |
| Immunology                         | 0.8         | 0.8         | 0.8         | 1           | 0.9         | 0.8         |
| Combined infection training        | 0.8         | 0.8         | 0.8         | 0.9         | 1           | 1           |
| Diagnostic neuropathology          | 0.5         | 0.8         | 0.7         | 0.4         | 0.1         | 0.3         |
| Paediatric and perinatal pathology | 0.7         | 0.4         | 0.5         | 0.4         | 0.3         | n/a         |

In 2025, there were 985 applications for 104 training posts (competition ratio = 9.47) in histopathology across the UK. In England all 66 posts were accepted. Competition ratios do not provide an accurate picture of reasons for bottlenecks – which can include career breaks, increased medical graduate numbers, individual preference, and international recruitment. Nor do they explain why some medical training posts in pathology remain underfilled, particularly in neuropathology – where only 33% of posts were filled in 2025 – and paediatric and perinatal pathology – where only 33% of posts were filled in 2023. Pathology faces a dual challenge: difficulties in attracting doctors to some specialty posts, and insufficient training capacity in areas with high interest.

Low fill rates have a delayed but cumulative impact, particularly in small specialties, where even a single unfilled post represents a significant proportion of the future workforce. Over years, these shortfalls compound, creating gaps in capacity.

The loss of Locum Appointment for Training (LAT) posts in England has removed a valuable route for recognising training towards Certificate of Completion of Training (CCT), reducing flexibility and capacity in the system.

<sup>iv</sup> This table shows the fill rates of pathology training positions across selected specialties between 2015 and 2025, where 1 represents 100% of available posts filled. Chemical pathology and combined infection training have shown steady growth, reaching full fill by 2025, whereas neuropathology and paediatric & perinatal pathology have more variable or declining trends. Haematology, histopathology and immunology have maintained relatively high and stable fill rates. 'N/a' indicates data unavailable for that year.





Despite rising patient demand, the overall number of training posts in pathology has remained largely static, widening the gap between service needs and future supply. For example, the expansion of cardiometabolic medicine, to help manage rising prevalence of conditions like obesity, diabetes and cardiovascular disease, has not been matched by growth in chemical pathology training posts.

Recruitment challenges persist, especially in smaller or less well-known specialties, and must be addressed through better alignment between training and workforce planning, improved transparency, equitable access.

Similar concerns apply to scientific training. A major barrier is the lack of senior workforce to oversee training, particularly outside tertiary centres. This limits exposure to diverse clinical settings and reduces opportunities for rotation. For example, clinical scientists often work in environments with limited access to the full spectrum of infection diagnostics, and training pathways are less developed than for medical residents.

Funding constraints further hinder progress. Currently NHS organisations have to fund 100% of Higher Specialty Scientist Training (HSST) posts at Band 7, compared to receiving 50% funding for medical National Training Number (NTN) posts, making it difficult to expand scientific training in the current financial climate. Even for resident doctors, concurrently funded posts need to be coupled with real commitment. In 2023–2024, when part-funded histopathology medical training posts were made available, up to 20 could not be taken up due to difficulties in funding the NHS trust component of salaries. Trusts may not always view these posts as having an immediate beneficial impact on service provision, failing to recognise the fundamental importance of pathology within patient pathways. This approach requires urgent review to ensure patients have equity of access to pathology services across different regions.

#### **6.1.4 Attracting more pathologists to the profession**

Despite rising competition rates for specialist training posts, some pathology training posts remain unfilled. This highlights a critical issue in pathology specifically (compared to other specialties). Nationally, the College has taken steps to engage future pathologists by seeking to increase undergraduate exposure to pathology, launching the RCPATH Foundation Fellowship Scheme, and promoting clinical scientist recruitment. However, targeted local recruitment is needed, particularly in underrepresented regions outside London.



Limited visibility of pathology roles within medical and dental curricula contributes to low uptake. The decline in clinical academic posts has further reduced opportunities for students to engage with the specialty, leaving NHS consultants with insufficient time to fill this gap.

Pathology offers significant potential to attract trainees due to its importance for, and impact on, patients, and its adaptability and compatibility with family life. A pathology recruitment strategy highlighting these benefits should be actively targeted at the future workforce.

### 6.1.5 Pathology retirements and reduced working hours

The average intended pathology retirement age is 63, raising concerns about a potential wave of retirements within the next decade. Nearly half (46%) of pathologists are aged 50 or over, with 23% reporting in the Census that they plan to retire earlier than expected (Table 3). The GMC Workforce experiences report 2025 further indicates that 4% of pathologists are making hard steps to leave the UK.<sup>4</sup>

**Table 3: Estimated<sup>v</sup> consultant retirements within 2, 5 and 10 years.**

| Specialty                          | Within 2 years | Within 3–5 years | Within 6–10 years | Total within 10 years | Data from <sup>vi</sup> |
|------------------------------------|----------------|------------------|-------------------|-----------------------|-------------------------|
| Paediatric and perinatal pathology | 15%            | 10%              | 15%               | 40%                   | 2025                    |
| Neuropathology                     | 18%            | 11%              | 20%               | 49%                   | 2025                    |
| Forensic pathology                 | 12%            | 0%               | 8%                | 20%                   | 2025                    |
| Immunology                         | 15%            | 9%               | 9%                | 33%                   | 2025                    |
| Virology                           | 7%             | 6%               | 13%               | 26%                   | 2022                    |

<sup>v</sup> Estimates are based on consultants who provided an intended retirement age or a given an assumed retirement age (63, for the average intended retirement age for pathology). Data are sourced from internal RCPATH data, previous workforce reports, and department surveys.

<sup>vi</sup> The table uses the most recent workforce data for each available specialty. Because these data were collected at different times, extrapolation of retirement projections has been done for histopathology (2018), virology (2022) and microbiology (2022) to estimate retirements as of 2025. Extrapolated projections were calculated using available RCPATH membership and workforce data, applying an average retirement age of 63 and age distributions to estimate retirements within 2, 3–5, and 6–10 years. Data are not yet available for all 17 pathology specialties, but the College continues to collect workforce data across all areas in line with our Workforce Strategy.



|                |      |       |       |       |      |
|----------------|------|-------|-------|-------|------|
| Microbiology   | 10%  | 15%   | 25%   | 50%   | 2022 |
| Haematology    | 7%   | 10%   | 20%   | 37%   | 2020 |
| Histopathology | 9.7% | 13.6% | 17.1% | 40.4% | 2018 |

Consultants are also opting for LTFT roles due to NHS-related dissatisfaction, family commitments and pension-related disincentives. Census responses indicate that 40% wish to work fewer hours than their current contract within the next 5 years.

There are insufficient number of pathology trainees entering full-time NHS service to replace consultants who reduce their hours or retire, and to fill long-standing vacant posts. These trends must be factored into future workforce modelling to ensure sufficient capacity and service sustainability.

### **6.1.6 Overseas trained and non-consultant workforce**

Workforce investment must include support for overseas-trained professionals, particularly those entering via the Portfolio Pathway route. These individuals bring valuable expertise and can help address workforce shortages, especially in high demand/short-staffed specialties.

RCPATH data shows a significant rise in Portfolio Pathway applications, particularly in histopathology, with 93 successful applicants over the past 5 years – representing 74% of those reviewed. While these professionals are a valuable asset, structured support and local workforce planning are needed to ensure appropriate training and integration. The specialised nature of pathology specialties means that the model of international recruitment will not suit all disciplines, particularly as temporary solutions to long-term workforce issues. Recruiting into these roles without investment in specialised training and support risks inefficiencies. These roles should not be a replacement for UK-based specialty training pathways.

Feedback to the Census also highlights limited career progression and support for locally employed (LE) and specialty and associate specialist (SAS) doctors seeking consultant roles. Clearer pathways, educational support, and career development opportunities must be embedded in workforce planning to retain and fully utilise this group.



## **6.2 Demand**

### **6.2.1 Increased pathology demand from expanded testing**

Pathologists remain central to delivering safe, effective diagnostic services. However, pathology test data is not centrally collected, hindering accurate workforce planning.

The shift to prevention will significantly increase demand for diagnostic services. This must be reflected in workforce modelling. For example, while precise data on pathology test requests per GP is not available, NHS sources estimate that over 2 billion pathology tests are performed annually on behalf of GPs.<sup>5</sup> Any expansion of the GP workforce under the NHS 10-Year Plan must be matched by a proportional increase in pathology staffing and investment in digital technologies to account for increased referrals and population demands. As community-driven diagnostics expand, the risk of over-testing increases. Diagnostic stewardship is essential to mitigate inappropriate testing.

Broader diagnostic activity also continues to grow. Pathology is not included in the NHS diagnostic statistics but, for those diagnostics that are recorded, data demonstrates annual increases.<sup>6</sup> In radiology, consultant workforce growth (4.2%) has lagged behind the rise in CT and MRI scans (8%), highlighting similar pressures across diagnostic specialties.<sup>7</sup> The College estimates that pathology demand is increasing by approximately 10% annually, without any corresponding rise in workforce capacity.

This widening gap between demand and workforce capacity poses a significant challenge to service delivery and must be addressed through targeted workforce planning, including pathology workload data collection to inform this planning.

### **6.2.2 Increased demand in smaller at-risk specialties**

Smaller pathology specialties have been impacted by decades of insufficient funding far more strongly than others – particularly in the context of increasing demand for services. This has led to complete service collapses across the UK for some paediatric and perinatal pathology services, and worryingly brings these services close to the point where there will not be enough consultants to train a future workforce. If this point is reached across further pathology specialties, it will be catastrophic. For these specialties, the only option is for the government to invest in the training and consultant posts we have recently recommended, and in the infrastructure required to support the current workforce and retain it for the future.



### **Case study 1: Immunology demand vs workforce capacity.**

Immunology services have experienced sustained growth, with laboratory and clinical workloads increasing by an average of 11% annually over the past 5 years.<sup>8</sup> This rise has continued despite reductions in general outpatient activity during the pandemic.

In contrast, consultant workforce growth has remained static – rising by only 0–2% annually. The increasing clinical burden is driven by the allergy pandemic and a growing number of patients with immune deficiencies, often linked to expanded use of immunosuppressive therapies in cancer and autoimmune disease care. The UK currently needs at least 44% more (52 posts) immunology consultants in post in order to meet current demand.<sup>9</sup>

### **Case study 2: Paediatric and perinatal pathology workforce crisis.**

Paediatric and perinatal pathology is one of the UK's smallest medical specialties and is currently facing a severe workforce crisis. Increased demand has not been matched by adequate training and recruitment strategies, resulting in significant service shortfalls and distressing delays for bereaved families awaiting post mortems.

37% of paediatric and perinatal pathology consultant posts are vacant, and no consultants are in post in the South West or Midlands leading to total service collapse in these areas of England. 25% of the workforce is expected to retire within 5 years and insufficient numbers of trainees are entering the specialty. Currently in England, 43 (38.7 WTE) paediatric and perinatal pathology consultants are providing services to a population of over 46 million. RCPATH modelling has estimated that more than double this number of paediatric and perinatal pathology consultants are needed to provide safe and effective services.

1 in 5 families wait over 6 months for post-mortem examinations; some wait over a year. In the 5 past years there has been no growth in the number of paediatric and perinatal post-mortem examinations undertaken. This is not representative of a lack of demand – there are simply not enough consultants to undertake this work, and bereaved families are waiting longer for answers.



## 7 College recommendations

Immediate action is needed to develop a pathology workforce fit for the future. Investment in infrastructure, technology, IT, automation, digital pathology and advanced roles will enable pathology to increase productivity, reduce demand and improve patient pathway. But investment is needed first to realise these goals.

To ensure that these investments translate into sustainable improvements, centralised workforce planning for pathology is essential. This should include modelling based on current establishments, vacancies, projected retirements, workforce attrition, LTFT working, service redesign, and centrally collected and analysed pathology diagnostic data to inform workforce planning.

Responding to NHS England's 4 consultation requests – the 3 shifts, modelling assumptions, productivity and culture and values – the College makes the following recommendations.

### 7.1 Train

- Fund at least 150 additional medical training posts across all pathology specialties, aligned with population needs. Commit funding for equivalent consultant posts to ensure employment opportunities for those completing training.
- Invest in dedicated UK training pathways for pathologists and scientists to secure safe and sustainable service provision now and in the future.
- Reinstate locum appointment for training posts to support flexible and LTFT training pathways.
- Expand the multidisciplinary workforce, including clinical scientists, biomedical scientists and bioinformaticians, as well as the medical workforce to meet the identified shift to precision medicine.
- Embed genomics and AI training into STP and HSST programmes to future-proof the workforce.
- Introduce effective incentives for recruitment in hard-to-fill specialties and underserved regions.



- Fund training and resources to support implementation of genetic and molecular testing.
- Develop strategies to attract medical students and scientists into pathology, promoting the specialty as offering excellent work–life balance and career flexibility.
- Expand protected academic training posts and increase the number of academically trained senior doctors to supervise and mentor trainees to ensure that the pathology workforce is adequately resourced to research and develop new innovative ways of working.

## **7.2 Retain**

- Provide protected time in job plans for professional development, research, teaching, innovation and national professional contributions and ensure these are honoured in practice.
- Invest in administrative and support staff to reduce clinical burden and improve efficiency.
- Support flexible, LTFT and remote working across all pathology grades, and address pension-related disincentives for doctors approaching retirement to support retention.
- Develop clear career pathways for LE and SAS doctors and overseas-trained professionals entering via Portfolio Pathway.
- Correct the current exclusion of CPD funding for healthcare scientists in the 2024–2025 year to ensure equitable support in line with other regulated clinical professions.
- Formal job planning for consultant scientists should be endorsed to ensure consistent recognition of their clinical and scientific contributions and equitable access to professional development opportunities.

## **7.3 Reform**

- Deliver a dedicated pathology workforce plan, informed by accurate data, with a focus on filling current pathology vacancies.
- Modernise IT systems and laboratory infrastructure to support digital pathology and interoperability.



- Centrally fund national rollout of digital pathology, recognising the different needs and the workforce implications for each pathology specialty.
- Improve interoperability of LIMS with electronic patient records and prescribing platforms.
- Standardise training and governance for AI integration, ensuring pathologists are equipped to validate and use digital tools safely.
- Establish more digital pathology fellowships to support and develop the workforce in the digital era, enabling greater impact.
- Support flexible research opportunities, including short clinical projects and multidisciplinary programmes in collaboration with universities, improving access to statistical and research governance support to streamline approvals.
- Prioritise equitable access to training and services, especially in remote and deprived areas.
- Support culturally tailored outreach and diagnostic services to address health inequalities.
- Develop cohesive NHS England strategy for coordinating PCS and integrating DTC testing into clear clinical pathways with clear clinical governance.
- Promote PCS and community-based diagnostics only with appropriate workforce planning.
- Invest in laboratory services to support service development and innovation. Future roles must be equipped to provide clinical leadership from within laboratories, working collaboratively in multidisciplinary teams.

## **7.4 Contingency**

- Promote diagnostic stewardship to reduce unnecessary testing and improve resource use.
- Prepare for cybersecurity threats and infrastructure failures with robust contingency planning and workforce capacity.
- Support One Health initiatives, integrating veterinary and human pathology for joint surveillance and response.





- Promote international workforce collaboration to tackle global health threats and improve pandemic preparedness.
- Strengthen multidisciplinary collaboration across care pathways to support efficient diagnosis and treatment, especially in community settings.
- Continue improving pathology classifications and standards to support consistency and quality to reduce burden on the workforce.

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## 9 Contact details

This response was collated by the Workforce and Engagement team within the Professional Practice Directorate of the College, informed by feedback from Specialty Advisory Committees.

Please contact the College if you have any questions: [workforce@rcpath.org](mailto:workforce@rcpath.org).

## 10 About the Royal College of Pathologists

The Royal College of Pathologists is a professional membership organisation with more than 11,000 fellows, affiliates and trainees, of which 23% are based outside of the UK. We are committed to setting and maintaining professional standards and promoting excellence in the teaching and practice of pathology, for the benefit of patients.

Our members include medically and veterinary qualified pathologists and clinical scientists in 17 different specialties, including cellular pathology, haematology, clinical biochemistry, medical microbiology and veterinary pathology.

The College works with pathologists at every stage of their career. We set curricula, organise training and run exams, publish clinical guidelines and best practice recommendations, and provide continuing professional development. We engage a wide range of stakeholders to improve awareness and understanding of pathology and the vital role it plays in everybody's healthcare. Working with members, we run programmes to inspire the next generation to study science and join the profession.

