



Celtic Nations Summit report

3 February 2026

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Foreword

The Royal College of Pathologists (RCPATH) hosted its first Celtic Nations Summit in August 2024. This was a face-to-face meeting to allow direct interaction and discussion among representatives of the 3 nations and College officers and staff. Representatives from pathology services and the respective governments joined the President, honorary officers and the senior management team of the College in a full day of collaborative and useful discussions.

This report is for the second Summit held online in February 2026, with a similar invite list. The topics for discussion included updates from the 3 nations and a focus on currently relevant issues.

The next summit will be an in-person meeting, location to be determined, in 2027, chaired by the new College president.

Dr Bernie Croal

President

Chair's report

The Chair provided a brief overview of the College's activities since the previous meeting, focusing on areas of relevance to the 3 nations.

Workforce strategy

Substantial progress had been made in advancing the [College's workforce strategy](#), supported by extensive engagement across the UK. This work had generated a significant increase in available data, insight and feedback from a wide range of stakeholders. The Chair noted that this intelligence had been drawn from multiple sources, including the College's most recent census, and had informed the publication of a series of [Workforce census spotlights](#), which provided valuable and actionable evidence.

Examinations and assessment

The Chair reported that much of the College's recent focus had been on ensuring that examinations remained fit for purpose and were delivered effectively, despite technical challenges arising from some of the autumn 2025 examination sitting. The considerable



efforts of the College team in responding to these issues was commended, and while the situation was now improving, there remained a substantial programme of work to be completed. It was further noted that recent similar incidents had led several royal colleges to reconsider their delivery models, with a move back towards the use of test centres.

Corporate and external engagement

The Chair reported positively on progress in strengthening relationships with corporate members and industry partners. Corporate membership had increased, and the College had engaged in a wide range of collaborative activities, including meetings, webinars, full-day events and joint advocacy initiatives in support of pathology services. As a specific example, the [Pathology Solutions parliamentary event](#) was held in 2025, forming part of a broader programme of engagement aimed at raising the profile of pathology and influencing policy discussions.

Key issues discussed at the Celtic Nations Summit 2026

The future of pathology services

Participants noted that pathology services across the UK were subject to multiple planning and review processes, including activity underway within each of the devolved nations. The Carter Review was highlighted as a significant and unexpected development, with its announcement and pace causing concern across professional groups. These concerns related to perceptions of a rushed process, limited transparency and reliance on a narrow, potentially flawed dataset.

Despite these challenges, it was recognised that engagement with the review was important to influence its direction and outputs. Members acknowledged that non-participation would reduce opportunities to shape recommendations that may ultimately influence national policy.

Engagement with the Carter Review

An update was provided on professional engagement with the Carter Review to date. It was reported that involvement had been limited, with few opportunities to review draft materials or substantive outputs. As a result, there remained uncertainty about the content and emphasis of the final report, which was expected to be published in March.



From a professional perspective, it was emphasised that pathology services were fragile and under significant pressure. Members stressed that any future strategy should prioritise investment in workforce planning, digital systems and information technology infrastructure. It was suggested that structural change should only be considered once these fundamental issues have been addressed. The view was expressed that there is no single model for pathology service delivery and that approaches may include collaboration, distributed services or consolidation, depending on local and regional needs.

Devolved nations' perspectives

Representatives from Northern Ireland, Wales and Scotland outlined their respective positions regarding the Carter Review. It was reiterated that health is a devolved matter and that engagement with the review had varied across administrations. In several cases, there had been limited formal contact and insufficient time to provide input through established governance processes.

Each administration indicated that it would await publication of the final report before determining its response. It was agreed that recommendations deemed relevant and helpful could be considered, while those not aligned with devolved health priorities would not be progressed. There was no expectation of automatic adoption of the report's findings outside England.

Risks and future considerations

Members discussed the potential risks associated with a review that may place disproportionate emphasis on cost reduction and consolidation. It was noted that such an approach could divert attention away from the need for investment and long-term sustainability of pathology services. Concerns were raised that pathology could be positioned as an area requiring efficiency savings, rather than as a critical service requiring support and development.

The importance of preparedness and collaboration was emphasised. Members highlighted the value of cross-organisational and cross-national dialogue in developing a coordinated response once the report is published. It was suggested that this group could reconvene following publication to review the outputs and consider next steps collectively.

The discussion highlighted widespread concern regarding the process and potential implications of the Carter Review, alongside a shared commitment to constructive



engagement. While uncertainty remains regarding the final recommendations, members agreed on the importance of maintaining a collaborative and professional approach in responding to the report, with a focus on safeguarding the future sustainability and effectiveness of pathology services.

Workforce

Workforce challenges and strategic context

Workforce pressures were identified as a major and escalating challenge for pathology and laboratory medicine services. Members noted increasing demand driven by demographic change, rising disease burden and expanding diagnostic expectations, particularly in cancer services. Forthcoming national performance targets were expected to further intensify pressure on already constrained services.

The discussion highlighted the absence of coherent and effective workforce planning mechanisms, particularly in England, with limited data and poor alignment between service need and training capacity. Significant concern was expressed regarding insufficient training numbers, especially in histopathology, where funded training posts have reduced in recent years. Members noted that vacancy levels in some specialties, including paediatric and perinatal pathology, were already impacting service resilience.

While mitigations such as digital pathology, automation, artificial intelligence and expanded scientific roles were acknowledged as important, there was agreement that these measures alone would not address the scale of the projected workforce deficit. The workforce crisis was recognised as global in nature, reinforcing the importance of strengthening UK training and retention strategies.

College workforce data, reporting and advocacy

The College outlined its ongoing investment in workforce data collection, analytical capability and reporting. Members acknowledged that workforce data remains difficult to obtain, but available evidence consistently demonstrates a significant shortfall across medical, scientific and support staff groups. The impact of under-investment in laboratory infrastructure, technology, administrative support and IT was also identified as a contributing factor to inefficiency and workforce strain.

The publication of College spotlight reports on response rates, morale and wellbeing, and trainees, alongside in-depth specialty workforce reports, was recognised as a key



development. These outputs were viewed as valuable tools for supporting members, informing policymakers and strengthening advocacy. The College confirmed its intention to continue producing specialty-by-specialty analyses to support evidence-based discussions at national and devolved levels.

Service models, outsourcing and workload distribution

The increasing role of outsourced pathology services and private providers was discussed in the context of workforce shortages. Concerns were raised that outsourcing does not resolve underlying capacity issues and may, in some cases, exacerbate pressures through unsustainable workloads and fragmented service delivery.

Members emphasised the importance of improved system-level organisation, including better workload distribution, interoperability of laboratory systems and learning from more integrated models operating in devolved administrations. While improved coordination could mitigate some pressures, it was agreed that this would not substitute for adequate workforce numbers.

Workforce modelling and use of data across the UK

There was strong support for moving away from traditional workforce planning approaches towards service-based workforce modelling. Members agreed that future planning should be informed by geography, burden of disease, patient pathways and technological change. The College was recognised as being well positioned to act as an authoritative source of workforce and service data.

The discussion highlighted opportunities for closer collaboration between the College and devolved governments to improve data integration and support service planning. Members agreed that future work should better integrate medical and scientific workforce data and reflect whole-service delivery models. Further offline discussions were proposed to explore data sharing and collaborative modelling approaches.

Training pathways, retention and portfolio routes

The importance of workforce retention was emphasised, particularly at transition points during training and early career stages. Members noted variation in retention across the UK and highlighted the need to better understand factors influencing career location and sustainability.



The [Portfolio Pathway](#) was identified as a growing and significant contributor to workforce supply, particularly in histopathology. Application volumes have increased substantially in recent years, and it was confirmed that the pathway is robust, with standards equivalent to conventional training routes. Members agreed that Portfolio Pathway data should be fully incorporated into future workforce analyses and modelling.

Next steps

The discussion confirmed that workforce pressures across pathology and laboratory medicine remain severe, complex and multifactorial. The College's ongoing programme of workforce data collection, analysis and reporting was strongly supported. Members emphasised the importance of closer collaboration with national and devolved bodies to strengthen evidence-based workforce and service modelling.

Robust, high-quality data was identified as essential to informing future planning, advocacy and policy development. Further engagement between the College and the 4 UK nations will be progressed outside the meeting to support these objectives.

Election priorities for Scotland and Wales

The meeting reviewed the election priorities documents for Scotland and Wales, which had been circulated in advance. It was confirmed that both documents were largely final. In relation to Wales, it was noted that the document would be shared with the newly appointed Wales Regional Chair for a final review; however, no significant changes were anticipated. The intention is to publish the documents in good time to enable meaningful engagement ahead of the pre-election period commencing in April.

Discussion focused in particular on the Scotland election priorities document. It was suggested that the workforce section could be strengthened to better reflect the full range of the workforce represented by the College. Members noted that the audience for the document may not fully understand the distinction and interdependence between the medical and scientific workforce. It was suggested that explicitly setting out these components before integrating them within the context of service delivery would strengthen the document, particularly given the existence of separate funding streams and the current drive to maximise the effective use of available resources.

While it was acknowledged that significant restructuring of the document may be constrained by governance and sign-off processes through the Scotland Regional Council,



it was agreed that there should be scope to enhance the workforce content. The College Communications Directorate agreed to explore this further.

Engagement with parliamentarians following elections

The meeting discussed potential opportunities to engage with newly elected parliamentarians in Scotland and Wales following upcoming elections. Building on experience from the Pathology Solutions event held at the House of Commons, there was interest in exploring similar but smaller-scale events tailored to the devolved administrations.

The purpose of such events would be to engage early with new parliamentary intakes and raise awareness of pathology priorities. It was noted that any future events would need to be adapted to reflect national policy contexts rather than being aligned to the NHS England 10-Year Health Plan. Potential themes discussed included bringing care closer to home, regional service delivery models and point-of-care testing, particularly in rural and island settings. There was general support for joint working between the College and national teams to shape and deliver such engagement.

In Wales, support was expressed for exploring the feasibility of an event in the Senedd. It was noted that securing parliamentary time can be challenging and typically requires significant advance planning, although the post-election period may provide some flexibility. It was agreed that discussions should begin offline to explore timing, with consideration given to whether an event later in the year or once post-election arrangements have settled, might be more appropriate.

In Scotland, strong support was expressed for hosting an engagement event, with a preference for early engagement following the formation of a new government. It was agreed that early contact between teams would be beneficial to facilitate planning and maximise impact.

Quality and patient safety

Pathology quality and accreditation

Pathology quality was discussed in 2 main areas – the first being accreditation through the United Kingdom Accreditation Service (UKAS). UKAS accreditation was reported to continue to present significant challenges, particularly in relation to cost, scope and



perceived value. There was widespread dissatisfaction with the ability of the current accreditation model to assess aspects of practice considered critical by the profession.

The transition to ISO 15189:2022 was intended to introduce a more clinically focused accreditation approach. However, it was noted that UKAS has faced substantial difficulty in delivering this, primarily due to challenges in recruiting sufficient medical assessors. This limitation has restricted the extent to which clinical practice can be meaningfully assessed, despite the intent of the revised standard.

While there have been occasional suggestions that a profession-led accreditation system could be reintroduced, it was recognised that such an approach is no longer realistic. Responsibility for accreditation had previously been transferred to UKAS specifically to remove professional self-assessment. As a result, UKAS remains the only viable accreditation body. The discussion therefore emphasised the need for the College to continue engaging proactively with UKAS to improve relevance, scope and proportionality, while also supporting the sustainability of the assessor volunteer model, which is under increasing strain.

External quality assessment and governance

The second major component of pathology quality discussed was external quality assessment (EQA). Members were informed that oversight of persistent poor laboratory performance by College-associated committees had been withdrawn in the preceding month. This decision was attributed to a combination of insufficient funding, lack of formal governance arrangements, absence of indemnity cover, and increasing pressure on volunteers undertaking complex and demanding oversight roles.

It was noted that these committees had increasingly become the final mechanism for challenging manufacturer-related issues, in addition to monitoring laboratory performance. This was exemplified by the recent problems with one haemoglobin A1c method that had led to many misdiagnoses of diabetes across England. This exposed any investigation to the risk of legal challenge from the manufacturer, to which any indemnity status was unclear. These events highlighted the vulnerability of the existing oversight model and precipitated a broader reassessment of how EQA governance should be structured in future.



Manufacturer performance and post-market surveillance

Emerging discussions regarding manufacturer oversight were outlined. It was reported that the MHRA has indicated a willingness to establish a post-market surveillance system to assess manufacturer performance following product launch. This work would align with the developing NHS England quality framework and is expected to involve professional bodies. However, the proposals remain at an early stage, with limited detail currently available.

Concerns were raised regarding communication and engagement across the 4 UK nations. While the MHRA operates on a UK-wide basis, NHS England structures do not extend to all nations. Particular differences were noted for Northern Ireland, where EU legislation continues to apply to new products entering the market. It was agreed that existing 4-nation MHRA engagement mechanisms should be used to raise these issues, and that the College should encourage NHS England to ensure appropriate cross-nation discussion and inclusion.

Oversight of persistent poor laboratory performance

The absence of any current mechanism to oversee persistent poor laboratory performance identified through numerical technical EQA was identified as a significant gap. Concerns were expressed about the lack of standardisation across EQA schemes and the theoretical risk that laboratories could move between schemes to avoid prolonged scrutiny. While this was considered unlikely in most public sector settings, the potential risk was acknowledged.

There was agreement that this issue requires escalation to an appropriate level, potentially involving the 4 UK health departments. Although it was recognised that previous oversight arrangements could potentially be re-established if funding and indemnity issues were resolved, there were no active proposals in place at the time of reporting.

College role in quality oversight

Within the College, the discussion acknowledged that the withdrawal of previous quality oversight structures has created a gap in relation to pathology quality. Work is underway to consider how the College can develop a more sustainable approach to quality issues,



including accreditation, EQA and broader system concerns. Further proposals will be developed internally and brought forward in due course.

Update on pathology service structures in Northern Ireland, Scotland and Wales

Healthcare is essentially devolved to the 3 Celtic nations, although the level of autonomy is variable. Pathology services inevitably follow this devolved oversight and delivery of services. While there are clearly common desires such as a sustainable and resilient workforce, new innovation introduction, standardisation of pathology messaging, digital pathology and AI, focus and prioritisation across the 3 nations remains distinct and at variable levels.

Northern Ireland

Report from Professor Ian Young, Chief Scientific Adviser, Department of Health, Northern Ireland

An update was provided on the ongoing redesign and restructuring of pathology services in Northern Ireland, referred to as the Pathology Blueprint Programme. Historically, pathology services in Northern Ireland were delivered through 10 hospital-based laboratories alongside the Northern Ireland Blood Transfusion Service. The original ambition of the Pathology Blueprint Programme was to establish a new regional pathology service management structure within a 2- to 3-year timeframe, delivered in parallel with the implementation of an independent laboratory information management system (LIMS) and a number of complementary regional initiatives designed to address service pressures.

While the LIMS programme has been successfully delivered, progress towards the establishment of a new regional management structure has been slower than originally anticipated. The programme is overseen by the Department of Health, with the Chief Medical Officer acting as Senior Responsible Officer. Governance arrangements include a Pathology Network Board and a Department of Health Pathology Steering Group, both of which provide strategic oversight and include representation from the Head of Profession and Chief Scientific Advisor.



Design principles and intended outcomes

The Pathology Blueprint Programme was developed on the basis of co-design, with extensive engagement across a wide range of stakeholders, including professional pathology bodies and other interested parties. A core principle underpinning the programme is standardisation, viewed as essential to achieving equity of access and consistency of service delivery across Northern Ireland.

The intended end state includes a single LIMS operating across the entire laboratory network, standardised laboratory methodologies, and universally applied guidance and standard operating procedures covering pre-analytical, analytical and post-analytical phases. The overarching objective is to ensure that all patients have access to the same tests, delivered to the same standards and within the same timescales, regardless of geography or the trust or primary care setting they attend. Early work undertaken in spring 2023 identified a range of non-financial benefits supporting this approach, including enhanced capacity, improved risk management, increased resilience and greater ability to respond to changes in clinical service demand.

Current position and direction of travel

It was reported that a Northern Ireland Pathology Network is well established and provides a forum for coordinated regional decision-making. The Network, chaired by the Chief Executive of the Blood Transfusion Service, includes representation from all acute trusts and is tasked with driving further standardisation of pathology services in the context of the newly implemented LIMS.

The agreed strategic direction is to move from the current networked model, in which staff remain employed by individual trusts, towards the creation of a Health and Social Care Northern Ireland Pathology Special Agency. This proposed agency would bring together pathology services and the Blood Transfusion Service into a single organisation, while retaining laboratory facilities within trusts where required. Under this model, laboratories would be operationally managed by the new agency rather than by individual trusts.

Workforce, financial considerations and risks

The proposed Pathology Special Agency would have its own organisational identity and would become the employer for the majority of staff delivering pathology services. This would involve large-scale staff transfers under Transfer of Undertakings (Protection of



Employment) (TUPE) arrangements, with the intention of preserving existing employment rights and safeguarding future terms and conditions. However, a number of workforce-related issues remain unresolved. In particular, proposals allowing some clinical practitioners to retain employment with their host trusts, while others transfer to the new agency, have led to concerns among some staff groups regarding perceived inequity. These matters are subject to ongoing consultation with professional bodies and trade unions, and no final position has yet been agreed.

In parallel, the business case for the proposed agency is under revision, with a strong focus on affordability, costs and benefits, reflecting the significant financial pressures currently facing the Northern Ireland Health and Social Care system. The Department of Health has not yet agreed the business case for the establishment of the Pathology Special Agency. As a result of both financial uncertainty and the ongoing workforce consultations, planned timelines for implementation have slipped and there is currently no finalised delivery date.

Related developments and stakeholder engagement

An update was also provided on participation in the Institute of Biomedical Science (IBMS) Carter Review. The Pathology Network has agreed to take part in the review; however, data collection was still ongoing at the end of January and had not yet been submitted, and the associated memorandum of understanding had not yet been finalised.

During discussion, the current service model was characterised as collaborative and distributive rather than consolidated. It was acknowledged that further standardisation could be achieved within this existing model, although the earlier options appraisal identified the special agency as the preferred long-term solution. It was confirmed that there are no immediate plans to reduce the number of laboratories, although there is potential for future consolidation of non-acute testing across sites.

Stakeholder engagement was described as constructive and ongoing. Representatives emphasised their intention to continue engaging positively with the Pathology Blueprint Programme team and the Department of Health, while clearly articulating concerns where they arise. This approach was welcomed, and the importance of open and robust dialogue as the programme develops was reaffirmed.



Scotland

Report from Professor Catherine Ross, Scotland Chief Scientific Officer

NHS Scotland currently operates through 14 territorial health boards, many of which serve remote and rural populations. While this geography presents opportunities for innovation, it also creates significant challenges for the consistent and sustainable delivery of pathology and laboratory services. It was emphasised that existing models of service delivery may no longer be sufficient to meet current and future population needs and that improvement must be achieved within existing financial resources.

The need for transformation is underpinned by population health trends, including rising levels of multimorbidity and increasing prevalence of cancer, cardiovascular disease and neurological conditions. These trends are expected to place substantial additional demand on diagnostic and pathology services and therefore require a more sustainable and future-focused approach to service delivery.

Key national policy documents

Professor Catherine Ross highlighted 3 major national policy documents published within the previous 18 months that frame Scotland's approach to health service transformation. The Operational Improvement Plan focuses on short-term stabilisation of services and immediate actions to support operational resilience. The Population Health Framework sets out the evidence base for longer-term transformation, describing health as a whole-system issue that intersects with education, workforce and economic factors. The Service Renewal Framework provides a structured roadmap of short, medium and long-term actions designed to deliver a sustainable, future-focused health service for Scotland.

The Service Renewal Framework was identified as the central strategic document, effectively functioning as Scotland's long-term plan for health service delivery. It places a strong emphasis on prevention, particularly a shift towards primary prevention, alongside more integrated and place-based models of care. These models include care delivered in acute settings, community and primary care environments, and increasingly within patients' homes, supported by appropriate digital infrastructure.

Implications for pathology and diagnostic services

Within the Service Renewal Framework, consideration is being given to how pathology and diagnostic services are best organised to meet population need. Professor Catherine



Ross noted that service configuration decisions will be informed by evidence rather than organisational boundaries, with a focus on quality, safety and equitable access.

A high-level implementation timeline was outlined. In the first year, NHS Scotland has commissioned a population-level strategic needs assessment covering all diagnostic services. This assessment will examine population requirements, geographical factors, current models of service delivery, technological developments and projected future demand. The findings will provide the evidence base to support future service transformation.

This work aligns with emerging sub-national planning arrangements, which are moving away from planning solely at the level of individual territorial boards towards East and West sub-national structures. These arrangements are intended to support population-based planning while retaining sensitivity to local needs. Professor Ross also referenced ongoing work through the Strategic Diagnostics Network and the Diagnostics Transformation Plan, including the development of target operating models, which are now transitioning from policy development into operational delivery.

Workforce strategy and development

Professor Ross described a significant programme of work underway to support the healthcare science workforce, aligned to the Service Renewal Framework. Two national workforce documents have been published, focusing on sustainability, education and skills development. A key priority is reviewing current education provision, which largely mirrors the English model, and exploring enhanced collaboration with Scottish universities and medical schools to strengthen local training pathways.

A national commission to NHS Education for Scotland (NES) is developing a comprehensive skills and competency framework across all scientific professions. This framework spans roles of all levels of practice across all specialisms and will define the skills and competencies required at each level. The framework will inform future workforce modelling and education commissioning, enabling workforce investment to be aligned more closely with future service needs.

Further work is underway to strengthen workforce data, leadership and visibility for the scientific workforce. This includes a national programme to standardise workforce coding across NHS Scotland, providing a single, consistent approach to identifying roles,



locations and skill levels. This will support detailed workforce modelling and long-term planning. Professor Ross emphasised the importance of ensuring that scientific workforce leaders are represented alongside medical colleagues in board-level discussions to support cohesive and integrated clinical service planning.

Discussion on planning and delivery

Professor Ross advised that NHS Scotland is now moving from policy development into delivery following the publication of the Diagnostics Transformation Plan and target operating models. A Chief Executive, Ross McGuffey, has been appointed to lead delivery across the system, working with the East and West sub-national Chief Executives. It was noted that implementation is expected to follow a phased and consultative approach over the coming months, rather than rapid, large-scale change.

Professor Ross highlighted that remote and rural provision, alongside equality of access, is a core component of the population-level strategic needs assessment. She emphasised that service planning is being driven by population need rather than organisational preference and that geographical challenges, including island and remote communities, are explicitly considered. It was reaffirmed that the aim of the programme is to ensure equitable access, quality and safety of services for all patients in Scotland, regardless of location.

Conclusion

The presentation and discussion highlighted the scale of change underway within NHS Scotland and the central role of pathology and diagnostic services in supporting future models of care. Significant work is in progress to develop evidence-based service configurations, strengthen workforce capability, and address the challenges of geography and inequality. The population-level strategic needs assessment and phased implementation of the Diagnostics Transformation Plan were identified as key next steps in translating national policy into operational delivery.



Wales

Report from Ms Victoria Heath, Chief Healthcare Science Officer, Wales

Pathology services in Wales are delivered through 7 regional health boards, 6 of which directly provide pathology services. The remaining, most rural region commissions pathology services from neighbouring health boards. Microbiology services for most of Wales are delivered by Public Health Wales as a single employer, while genomics services are provided through a single national service, Genomics Partnership Wales, based outside Cardiff.

National diagnostic programmes are supported through NHS Performance and Improvement, which holds responsibility for the National Pathology Programme alongside national imaging, endoscopy and allied health professional programmes. A separate healthcare science programme is hosted by Health Education and Improvement Wales, while Genomics Partnership Wales is hosted by Cardiff and Vale University Health Board. NHS Performance and Improvement is currently undergoing organisational restructuring, and the senior post overseeing all diagnostic programmes is vacant, with potential implications for programme oversight and prioritisation.

Welsh Government structures and policy context

Significant changes within Welsh Government were outlined. A new Chief Medical Officer was appointed in April 2025, with a background in public health and diagnostics, and pathology and healthcare science leadership roles have been realigned within the new Chief Medical Officer Division. The role of Chief Healthcare Science Officer has been established as the professional lead for healthcare science, while the Chief Scientific Adviser for Health post remains vacant.

Additional clinical scientific capacity has been introduced within government, including leadership spanning pathology and imaging. These developments were viewed positively from a diagnostics and pathology perspective. However, forthcoming Senedd elections and the transition into the pre-election period were highlighted as creating uncertainty around future health policy direction, with a strong likelihood of a change in government or coalition and associated shifts in priorities.



Service transformation and models of care

Current policy emphasis in Wales includes improving access to rural healthcare while also progressing regional diagnostic service models. Pathology service consolidation is being explored in areas with high patient volumes, particularly in south-east and south-west Wales, where estate challenges have been identified. While some staff and services may need to relocate, these changes are expected to improve service quality and sustainability for both patients and the workforce.

In parallel, work is underway to expand pathology services into community and primary care settings through point-of-care testing. This approach aims to support access in rural areas and is being taken forward through the National Pathology Programme to ensure appropriate scientific governance, quality assurance and oversight by pathology professionals.

Digital pathology and informatics developments

Progress has been made on digital infrastructure across Welsh pathology services. A national single LIMS has been implemented, with the replacement rollout commencing in November 2025. Public Health Wales was scheduled to go live in January 2026, and further implementation across organisations is ongoing.

Significant progress has also been achieved on digital cellular pathology; 5 of the 6 health boards providing pathology services have agreed a business case to proceed with digitisation, with work continuing to address concerns from the remaining board. It was noted that approval will require Welsh Government support and funding, and, given the timing of elections, consideration by a new government is likely. A realistic expectation is that a business case could be approved during 2026, with phased implementation potentially achieved by around 2028, subject to workforce and infrastructure capacity.

Workforce development and education

The National Pathology Academy is progressing and is now hosted on a national learning platform, supported by funding through the IBMS. Training priorities are being informed by learning needs analysis undertaken through the National Pathology Programme.

In addition, the Healthcare Science Looking Forward Framework, a 10-year workforce strategy running to 2028, is under early review. This review will assess delivery against objectives, evaluate key performance indicators, and gather input from the healthcare



science workforce, universities and trainees. The aim is to inform the development of a successor framework with clearer and more measurable outcomes, to be ready in advance of the current framework's conclusion.

External reviews and policy considerations

Awareness was raised of national review activity relevant to pathology services. While the Welsh Government did not formally endorse participation in the IBMS Carter review, Freedom of Information requests have been issued to health boards, and some engagement with review teams has been possible at organisational level.

A further issue highlighted was a recent petition and parliamentary discussion relating to patient consent and the storage of tissue following brain biopsies. While no policy change has been taken forward at present, the matter has been debated in both the Senedd and Westminster, and there is potential for future review of relevant legislation. This was flagged for awareness, as it may re-emerge and have implications for pathology practice.

Discussion and key points raised

During discussion, questions were raised regarding tissue handling in brain tumours and the legal framework for consent, as well as the anticipated timescale for full implementation of digital pathology across Wales. The importance of interoperability between laboratory information systems and digital pathology platforms across the UK nations was emphasised, particularly to support specialist referral and reporting across borders.

In closing remarks, it was observed that the Welsh pathology model is characterised by a collaborative, distributed approach rather than large-scale centralisation. Continued emphasis on the healthcare science workforce was noted, as discussed during the meeting.

Summary and next steps

In summary, workforce shortages were reaffirmed as the most critical challenge facing pathology services across all nations. Workforce shortages in both medical and scientific staff were highlighted, with particular concern for histopathology services but also extending across blood sciences and other disciplines. Linked to this, the need for



sustained investment in equipment, automation, laboratory infrastructure and buildings was emphasised.

Future service development was described as requiring improved interoperability, standardisation of reporting and coding, and flexible service models that reflect regional needs. A single, highly centralised model was not supported. Instead, a mixed approach incorporating collaboration, distributed services and selective consolidation was supported.

Quality was reiterated as a central priority, with significant gaps identified in both accreditation and EQA oversight. The College confirmed its intention to continue working with UKAS and other partners and to pursue more sustainable arrangements for EQA governance, manufacturer performance oversight and laboratory performance assurance.

Conclusion

The discussion highlighted substantial and interconnected challenges in pathology quality, accreditation, workforce and service sustainability. While several potential developments are emerging, particularly in relation to manufacturer oversight, many remain at an early stage. The College committed to continued engagement across the UK nations and to maintaining a strong focus on quality, workforce and service development as priorities going forward.

It was agreed that a factual report would be prepared for information with contributions from those present.

Arrangements would be made to develop further Celtic Nations meetings in future years to ensure that collaborative discussion and workstreams could be developed.

