

RCPATH member wellbeing

Research brief

Invitation to tender

We are seeking tenders for a research project to explore the wellbeing of College members. Invitations are invited from research organisations with suitable knowledge, skills and experience to deliver this work to a high standard.

Background to this work

In 2023 the College undertook a member workforce survey¹. 1347 (18%) members responded and highlighted concerns about department resourcing, time available to support the development of pathology and the resources available for administrative tasks.

The responses highlighted some significant concerns for our members' wellbeing, with many citing burnout and low morale. In addition, our data showed lower levels of satisfaction from members based in Wales and Wessex, and in consultant pathologists, in particular molecular pathologists.

In 2025, the College conducted a new Workforce Census to gather key quantitative workforce data, incorporating additional questions on morale and wellbeing.² The census retained questions from the 2023 Workforce survey to enable benchmarking across key areas, while also introducing new questions to capture further insights.

The 2025 Workforce Census is set to be repeated in 2026 and will include the same questions on morale and wellbeing.

¹ See appendix 3 for questions to the 2023-member workforce survey.

² See appendix 1 for questions to the 2025 workforce census.

Our requirements

Following the outcomes of the member workforce survey (2023) and the workforce census (2025), the College seeks to produce a research report that combines historic data with new insights to better understand what impact low morale and wellbeing could have on our members, pathology workforce numbers and the quality of patient care. This project also provides a strong opportunity to consider how the college can better support its members in aid of retaining the pathology workforce.

Building on the findings of our workforce surveys, we are now looking to unearth richer details in relation to the responses received. We want to:

1. Better understand how our members feel about their work, their workplace, and pathology more generally.

- Evaluate the prevalence of burnout (emotional exhaustion, de-personalisation, lack of personal achievement), conflict/bullying, support initiatives in the workplace.
- Evaluation may also consider the quality of the working environment (sunlight, breaks from sitting/standing, working in isolation vs more collaborative/patient-facing roles, ergonomic infrastructure, over-specialisation), as well as the quality of members health (hydration, sleep, over-working, dietary lifestyle, physical activity, perfectionism/ workaholism/ anxiety).
- Is there a difference in feeling across grades, specialties, regions and career stages, institution type (large hospitals vs medical laboratories) and demographics.
- Do pathologists feel things have changed? In what timeframes? With what impacts? Do they know why? Are there any policy or legislative changes that have had an impact on morale and wellbeing?



2. Unearth what the impacts are/will be on patients if things stay as they are.

- Have staff taken time off work to recover from mental health/ burnout in the workplace. How many hours/ working days have been lost to low morale and wellbeing? What is the cost of this on the workplace and on patients?
- Are those experiencing poor morale and wellbeing more likely to reduce their workload in the next 1-2 years? Are they more likely to retire earlier or change careers? Are they experiencing additional health problems as a result (e.g., Visual refraction errors/ Musculoskeletal problems / substance abuse / career regret / depression)?
- What is the impact of low morale and wellbeing on the quality of work? Are workers less focused/ experiencing attention failures? Are they slower in completing tasks /sub-optimal performance? Is there a higher prevalence of medical errors being recorded? Are resources wasted as a result? What impact may it have on the mentoring of new graduates?
- What is the impact on patient care? Is there a way to quantify the impact (re-submitted samples/re-evaluations, delays in turn-around times)?

3. Determine what the College can do to support the retention of the pathology workforce.

- What would be the benefits (and potentially financial savings)?
- What would make the biggest difference?
- What small things would have an impact?
- What has happened locally that has helped (best practice) – could we guide others to do similar / replicate this across the UK / share learning across organisations?



- What the College can do to advocate for improved retention. Direct support to members, working/collaborating with employers, supporting individuals, and influencing policy makers.
- What strategies can the College employ that support residents throughout their training journey, improve completion rates, and enhance the College's ability to attract residents into pathology

Work to be delivered

We would like to give creative control to the research team in the development of their proposals. As long as a strong case is made for how the 3 research areas set out above will be answered, we are happy to consider the team's recommendations on the approach to be taken.

We would, however, appreciate a creative and engaging approach to the publication of the findings that supports our members in understanding our commitment to their wellbeing. We anticipate this might be in the form of a full, engaging report, supported by social media collateral.

Skills and experience required

The commissioned research team will bring the following skills and experience:

- Experience of research within healthcare, preferably for a professional body or medical royal college.
- Experience of undertaking focus groups and depth interviews, being mindful of mental health and wellbeing.
- Strong evidence of engaging and creative research outputs.

Format of responses

Tender responses should provide:



- Background of the organisation's research work, particularly where relevant to this project, either by sector or topic area, or both.
- CVs for the research team, along with their proposed roles and responsibilities for this project.
- An outline of how the project will be delivered and the outputs created.
- Detailed breakdown of costs for the project and expected timelines for delivery.
- Two references from work undertaken in the past 3 years.

Expected timescales

Action	Deadline
Tender brief advertised	04 December 2025
Deadline for clarification questions	09 January 2026
Closing date for submissions	18 January 2026
Invitation to interview	23 January 2026
Interviews	W/C 02 February 2026
Successful organisation informed	W/C 09 February 2026
Timetable agreed	23 February 2026
Research report provided to RCPATH	TBD

Budget

The maximum available budget for this piece of work is £40,000 (inclusive of VAT).

Tenders are required to provide a full breakdown of costs.

Submissions

For further information please contact our Workforce Project Lead at workforceplanning@rcpath.org

The closing date for submissions is 18 January 2026.



Appendix

Appendix 1: Morale and Wellbeing questions from the 2025 Workforce Census

In our 2025 census we provided a series of questions to our members. Some questions were in a Likert scale format, while other were multiple choice. Free text boxes were also included for people to complete if they wished.

1. How often do you feel stressed at work?
2. To what extent do you agree or disagree with the following statements with regard to your workload:
 - a. I can effectively manage my workload
 - b. I have control over the workload allocated to me
 - c. There is sufficient time within each working day to get through my daily workload.
3. Over the last year, how has your satisfaction with your job changed, if at all?
4. Which factors, if any, negatively impact your wellbeing at work?
5. When thinking about your workplace, to what extent do you agree or disagree with the following statements:
 - a. The quality of my facilities provided by my employer enable me to do my job effectively.
 - b. The quality of my diagnostic equipment enables me to do my job effectively.
 - c. I am given the time I need to complete my professional development within my agreed working week.



- d. I am given the time I need to participate in the development of my profession.
 - e. I have the right resources to deliver the administrative elements of my role.
6. When thinking about the work you do within your department, to what extent do you agree or disagree with the following:
- a. I feel heard
 - b. I feel valued
 - c. I feel supported
 - d. I feel empowered
 - e. I feel trusted
7. When thinking about the work you do within your larger organisation, to what extent do you agree or disagree with the following:
- a. I feel heard
 - b. I feel valued
 - c. I feel supported
 - d. I feel empowered
 - e. I feel trusted



Appendix 2: Morale and Wellbeing findings from the 2025 Workforce Census

Survey response

The 2025 Workforce Census was open from 10 February to 31 March 2025. 2,933 members responded, which represents 31% of our UK members. In terms of country percentages:

- 30% of members from England responded
- 39% of members from Scotland responded
- 26% of members from Wales responded
- 37% of members from Northern Ireland responded.

Key findings

The College produced several Census Spotlights that provide a high-level overview of the key themes which emerged from the 2025 Workforce Census.

To read our morale and wellbeing findings, click here:

[RCPath-workforce-census-spotlight-2.pdf](#)

To read more of our workforce census findings, click here:

[Workforce census](#)



Appendix 3: Questions from the 2023 Member Workforce Survey

Our 2023 survey posed a series of statements to our members, providing a Likert scale for responses with free text boxes for people to complete if they wished:

1. The quality of the facilities provided by my employer to perform my role are adequate (e.g. building, digital services, etc.)
2. My employer provides sufficient rooms / space for staff lunch / breaks / rest
3. The quality of my diagnostic equipment is adequate
4. I feel my department is adequately resourced
5. I am given the time I need to complete my professional development within my agreed working week
6. I am given the time I need to participate in the development of my profession (e.g. volunteer roles at College, NHS oversight groups, research activities, etc.)
7. (If you have a role in delivering training) I feel that I have the capacity to train trainees
8. I have the right resources to deliver the administrative elements of my role
9. I feel heard
10. I feel valued
11. I feel supported
12. I feel empowered
13. I feel trusted



Appendix 4: Findings from the 2023 Member Workforce Survey

Survey response

The member workforce survey, the first of its kind, was open from 9 May to 31 May. 1347 members responded, which represents 17% of our UK members. In terms of country percentages:

- 16% of members from England responded.
- 24% of members from Scotland responded.
- 18% of members from Wales responded.
- 16 % of members from Northern Ireland responded.

Key findings from scores

- Top three challenges for members:
 - Department resourcing
 - Time available to support the development of pathology
 - Resources available for admin
- Geographical variation
 - Wales had lower levels of satisfaction than the other three countries in the majority of areas covered.
 - Wessex appeared to have lower levels of satisfaction in many areas covered.
- Grade / Specialty variation
 - Consultants had lower levels of satisfaction than trainees and SAS doctors in all areas covered, except in relation to wellbeing space and time for professional development.
 - Molecular pathologists generally had lower levels of satisfaction than other specialties.



Key themes from open-ended questions

Resources

- Workforce shortages were the most prevalent issue raised by members in their response to our workforce survey, with many citing significant reductions in the numbers of staff, increasing volumes and complexity of cases, and challenges recruiting and retaining staff.
- Even where things were managed well locally, members were very aware it might only be a matter of time before they were not able to continue in their roles.
- A significant number of respondents raised concerns about the conditions of their working environments.
- Members frequently mentioned leaking rooves, toilets not working, and people left without any desk space with which to deliver their jobs. Many raised how isolated labs were from hospitals and highlighted the challenges this presented to safe and effective patient care because of a loss of collaboration and ease of access to information required.
- Members frequently referenced the lack of time afforded to Supporting Professional Activities (SPA), additional responsibilities and external duties.
- The very real risk of this is that the vital contributions made during protected time which enables clinical practice to be safe and effective for patients and develop in a way which supports the health and safety of the UK population, are becoming more and more challenging, and soon, simply won't be possible to deliver. This is a ticking time bomb.

Workload pressures

(External pressures unmanageable, unrealistic expectations)



- Many members described the gradual decline in resources they have available to them over the past 20-30 years, describing the removal of transcription services and administrative support, which is now just another thing to add to their workload without anything else being taken away.
- Some described the colossal reduction in trainees and SPRs in labs which has dramatically reduced the workforce available to deliver the work and increased the pressures on consultants.
- Another issue cited by members was the lack of consideration given to pathology when other departments receive additional funding, in particular surgery

Case complexity

(Impact on time required without increased resources)

- Members mentioned the increasing case complexity in pathology, especially with the development and expansion of genomics services. This has gradually happened, with no assessment of, or support for, the impact on pathology disciplines.

Training/trainee issues

(HEE funding, RCPATH approach, lack of uptake, microbiology training)

- A significant number of comments made by members cited challenges in relation to training/trainees. Many members highlighted that there aren't enough training placements for many of the pathology specialties, and therefore not enough trainees, others noted that there has been insufficient financial support from HEE to enable departments to support the recent expansion of histopathology training posts.



IT/Digital/AI

(IT, digital, AI, LIMs)

- Many of our members reported using out of date IT systems, ineffective LIMs systems and an inertia in relation to investment of resources and support for digital pathology.
- Instead of IT working to support them, comments made suggest it's actively making their working lives more difficult and taking valuable time for patient focused activities.

Leadership

(Support in team good but not wider, leadership bad, pathology overlooked)

- Most members cited strong teamworking dynamics locally (although there were support reports of bullying and bad behaviour).
- Some noted that their employing trust was not supportive and did not listen to or act on the concerns being raised.
- Even more prevalent in member feedback was that NHS management and policy makers do not sufficiently recognise the pressure on staff and repeatedly set unrealistic expectations of them.
- Many felt that pathology is often overlooked in resource allocation and funding, and many cited burnout as a result.

Strategic decisions

(Centralisation not helpful, funding not available or poorly placed, genomic issues, networked sites don't work, outsourcing an issue, use of scientists)



- Some members raised concern with the centralisation of pathology services, indicating that they felt this negatively impacted recruitment and retention and resource availability for those labs which aren't the principal site.
- Many clinical scientists felt that they aren't valued and heard by policy makers, employers and the College.
- A significant number of members cited funding as a key issue in their ability to provide high-quality, safe services. This related to their ability to recruit and retain staff, but also ensure the appropriate equipment is sourced and maintained.

Wellbeing

(burnout, mental health issues, work/life balance, flexible working, bullying)

- Lots of our members referred to burnout and/or poor mental health as an outcome of the enormous pressures they have been facing for many years, and which only seem to be escalating.
- Some reported cultures of bullying, arising in part from these pressures, and many reported low levels of morale which left them questioning whether or not they wished to remain in the NHS.

RCPATH issues

(RCPATH workload document, advocacy (or perceived lack of/lack of impact), approach to trainees)

- Members raised concerns about the College's approach in a number of areas. Some commented that the College should pay volunteers for the time they devote to activities such as examining, guideline authorship, etc.
- Others raised concern that RCPATH workload documents are often used as tools to force pathologists to work over capacity.



- Some felt the College doesn't do enough to raise awareness of the need for funding in pathology.

Money

(Pension, regional salary variation, use of locums)

- Many members mentioned the exorbitant cost of using locums, and the challenges this brought to enabling recruitment to substantive posts.
- A small number of members raised concerns about regional salary variation creating recruitment and retention issues.

EDI

(Wales not treated fairly compared to other three countries, discriminated based on background)

- Some members raised concern about the inequity of pay for Welsh pathologists as compared to pathologists in England, Scotland and Northern Ireland.
- A few members raised concern about being discriminated against because of their background. They didn't provide any further detail.

Patient Safety

(Impact of all other issues highlighted on patients)

- Some members felt that significant lack of resources in pathology, which was only seen to be getting worse, is affecting patient care and therefore patient safety. This was of particular concern in Haematology.
- Some felt that when they raised their concerns, they were bullied for doing so.



Appendix 5 - Evaluating Criteria

Criteria	Description	Weight
Cost	<ul style="list-style-type: none"> Overall cost. Clarity and detail in cost breakdowns and assumptions. Commitment to working within budget. 	30%
Relevant research experience	<ul style="list-style-type: none"> Subject matter expertise. Quality of past publications and outputs. Evidence of impact and translation in previous work. 	20%
Methodology	<ul style="list-style-type: none"> Mechanisms for tracking progress and adapting strategy. Use of relevant research methods, tools and technologies. Suggested timeline/capacity to deliver this. 	20%
Outputs	<ul style="list-style-type: none"> Quality of deliverables outlined in proposal. Alignment with RCPATH requirements. Novelty of ideas, methods and findings. Proposed timeline for delivery. 	30%

Scoring guidance

Each criterion will be scored out of 5.

1 = No alignment with organisational priorities, with little to no evidence shown.

2 = Minimal alignment to organisational priorities, with some good evidence shown.

3 = Good alignment to organisational priorities, strong evidence, but gaps remain.

4 = Strong alignment to organisational priorities, approach is well thought through with robust evidence from a few sources.

5 = Full alignment with all organisational priorities, approach is clear and consistent with evidence of novel ideas alongside a robust, multi-source evidence base.

