Forensic pathology workforce report

Foreword

Professor Ralph Bouhaidar, Chair of the Royal College of Pathologists' Specialty Advisory Committee (SAC) for Forensic Pathology

For the first time, the College has undertaken a comprehensive analysis of the forensic pathology workforce – a critical step in safeguarding its future. Forensic pathology plays a vital role in investigating suspicious or unexplained deaths, yet there are concerns as to whether the current consultant workforce and training pipeline is sufficient to meet demand.

Our data shows no growth in consultant numbers over nearly a decade, even as post-mortem caseloads rise. This imbalance places increased pressure on a small, highly specialised workforce. Some services already report difficulty meeting demand, therefore ensuring a sustainable pipeline of trained consultant forensic pathologists to replace impending retirements is essential.

There are currently 3 different forensic pathology systems in the UK (England and Wales, Scotland and Northern Ireland) and the mixed model of service delivery and employment models is contributing to many workforce issues including geographic inequity in vacancies and restricted training opportunities.[i]

Previous fundamental reviews of the structure of forensic pathology arising from high-profile cases have highlighted opportunities to improve services, including the need for better communication with families such as face-to-face discussions in plain language, but this will struggle to become a reality without adequate investment in workforce. There is need for governments to revisit and complete the analysis of these reviews, in collaboration with key stakeholders, including the College. This will help to determine service, employment and training models across the UK that can assist the forensic pathology workforce in meeting demand and addressing challenges within the system.

This report sets out the challenges and risks for the forensic pathology workforce and offers solutions through investment and commitment from all 4 UK governments. The College stands ready to support clear, long-term workforce planning to deliver resilient and sustainable forensic pathology services across the UK.

I extend my sincere thanks to College members who completed the 2025 Workforce Census, the consultants who contributed to our surveys, and the Workforce and Engagement team at the College for bringing this report together.

[i] *Multiple bodies are engaged in forensic pathology provision across the UK including the Home Office and the Ministry of Justice (England and Wales), Crown Office and Procurator Fiscal Service (Scotland), Department of Justice (Northern Ireland), NHS workforce and training bodies, and professional and regulatory organisations.*

Contents

Introduction

This report highlights the current state of the consultant forensic pathology workforce across the UK. Impending retirements, combined with rising workload and increasing complexity of cases, indicates the need for clear and dedicated workforce planning to ensure that future service needs can be met.

Our findings are drawn from data gathered through our 2025 Workforce Census[ii] and forensic pathology centre data collection,[iii] supplemented by data available from the Home Office in England and Wales.[iv] Our current model of data analysis is as robust as possible, but it is recognised that there are challenges in data collection.[v]

Key findings

61

61 filled consultant forensic pathology posts across the UK comprise 62.3 whole-time equivalents (WTE) – several consultants report working more than full time.

There are 39 (39.1 WTE) filled posts in England and Wales, 17 (19.2 WTE) in Scotland and 5 (4 WTE) in Northern Ireland.

7

7 vacant forensic pathology posts in the UK, 5 of which are in Scotland.

30%

30% of forensic pathologists expected to retire within the next 10 years. The current training pipeline may not be sufficient.

44% of forensic pathologists in England, 67% in Wales, 90% in Scotland and 100% in Northern Ireland believe that current staffing levels are inadequate.

Forensic pathologists report growing workload driven by increasing complexity and demand, leading to longer waits for families and delays to legal investigations.

16

It is estimated that there is a need for 16 additional consultant forensic pathology posts across the UK to meet demand.

10 resident doctors are in approved forensic pathology training.
6 new additional training posts need funding by 2031 to fill vacant posts and help succession planning.

Clear workforce strategies are needed across all 3 forensic pathology systems in the UK (England and Wales, Scotland and Northern Ireland).

[ii] *Forensic pathology had a response rate of 81%.*

[iii] *A survey was sent to all forensic pathology services (n=11) in the UK with consultant medical posts. We received 10 responses – a 91% response rate. Aberdeen, which has no forensic department at the time of writing, did not respond. 8 out of 11 services responded with post-mortem data to capture forensic workload data.*

[iv] *The Home Office register of forensic pathologists. Available at: www.gov.uk/government/publications/home-office-register-of-forensic-pathologists-february-2013/home-office-register-of-forensic-pathologists*

[v] *The report reflects data collected for forensic pathology up to the end of December 2025 and provides a 'point in time' assessment of the current workforce. Where assumptions have been made, or where there are limitations to the data, these are clearly identified in the report.*

The role of a forensic pathologist

Forensic pathologists focus on the investigation of deaths that are sudden, unexpected or suspicious. They are also sometimes called on to interpret the injuries of live victims to assist criminal cases.

Forensic pathology operates as a key part of the medicolegal system. Forensic pathologists work with police at scenes of suspected homicide or suspicious deaths, help preserve and interpret forensic evidence, and conduct post-mortem examinations (also known as autopsy) that inform decisions about cause and manner of death. Forensic pathologists' findings guide police investigations and support coroners' inquests in England, Wales and Northern Ireland, and procurators fiscal inquiries in Scotland. Forensic pathologists may follow a case from a crime scene and provide expert opinions to coroners,[vi] police and courts, often giving evidence in trials.

[vi] *For the purpose of this report, where the text refers to the "coroner" this should be taken as applying to the equivalent systems for the whole of the UK unless differences are further explored within the text.*

The workforce

The forensic pathology workforce is made up of medically trained pathologists. It is one of the UK's most high-profile but smallest pathology specialties. There are varying service arrangements for the forensic pathology workforce across the 4 nations.

Services report varying experiences with some stating they work well, reporting no issues with workload or recruitment, while others report not having enough consultants to meet demand or to fulfil training requirements. However, overall, feedback recognises that the small and specialised nature of the forensic pathology workforce means there are workforce challenges relating to training, remuneration, variation in employment models, recruitment and differing arrangements within the 4 nations.

Shortages across the broader pathology workforce affect the ability of forensic pathologists to complete their work. Forensic pathologists are sometimes assisted by other specialist pathologists (e.g. paediatric pathologists, neuropathologists and toxicologists) depending on the nature of individual cases. For example, in the case of a suspicious death of a child, there will be a joint post-mortem examination with a paediatric pathologist and a forensic pathologist. Currently, there are critical workforce shortages in paediatric pathology and other specialist pathologists willing to take on paediatric casework.[1] This can delay forensic pathology reporting. Even if paediatric pathologists do undertake forensic work, this limits their ability to complete hospital post mortems, which adds to the strain and delays for families waiting for these services.

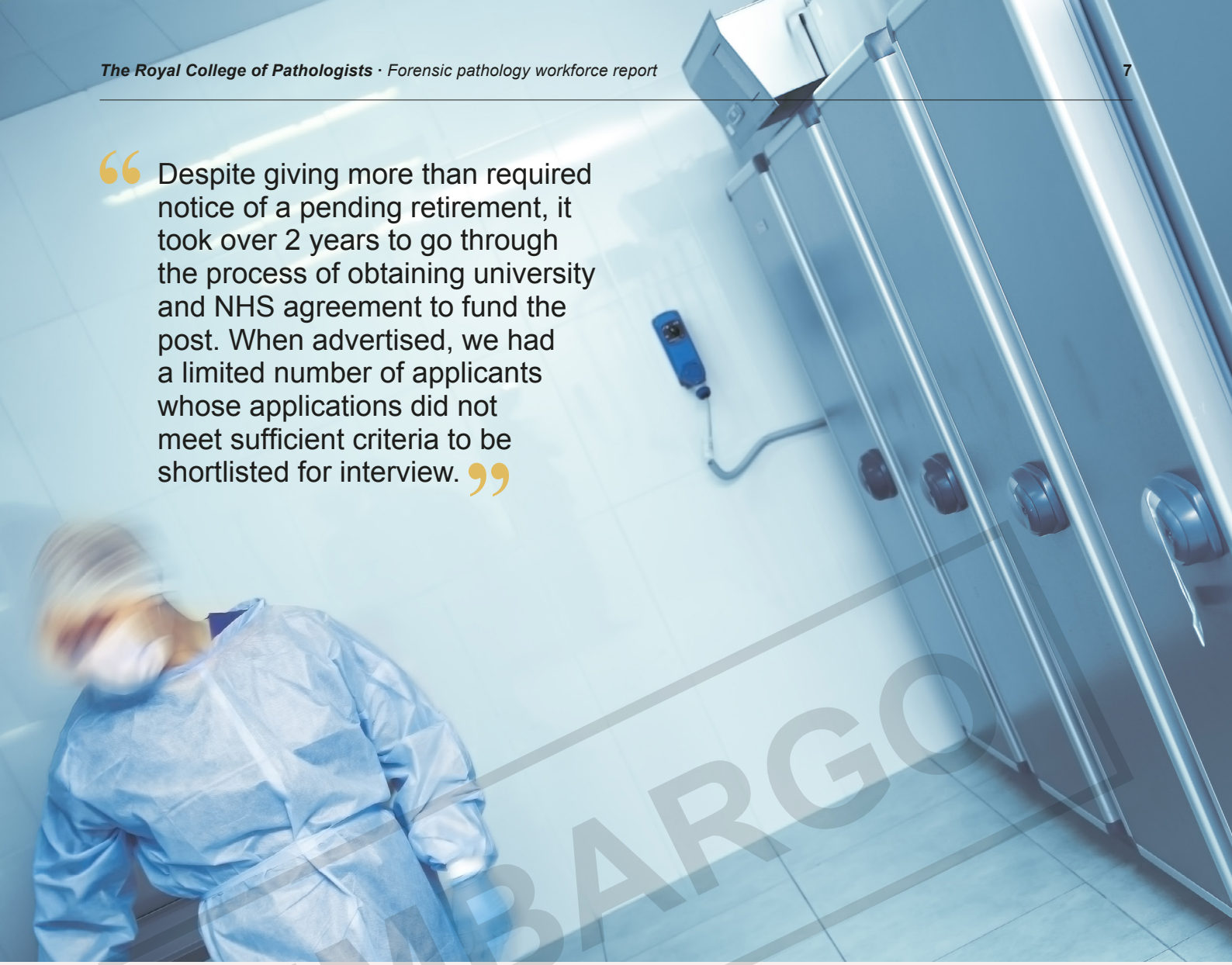
Inadequate staffing and resourcing in mortuary services, essential for forensic pathology, can further delay the work of consultant forensic pathologists. These issues are explored further in the section on the effect on bereaved families.

Headcount and vacancies

- Across the UK there are a total of 61 existing filled consultant forensic pathology posts (62.3 WTE) – of which 54 (55.6 WTE) are filled substantive posts, 7 (6.7 WTE) are filled by locums and 7 (6.9 WTE) are vacancies.[vii]
- There are no reported locally employed doctors or specialty, associate specialist and specialist (SAS) doctors employed within the forensic pathology services.
- 44% of consultant forensic pathologists in England who responded to the Census do not believe that current staffing levels are adequate to ensure the long-term sustainability of their service compared with 67% (Wales), Scotland (90%) and Northern Ireland (100%).
- Across the UK, the top 3 reasons given by forensic pathologists who reported that recruitment was a challenge include a shortage of pathologists, competition with private sector / academic institutions and budgetary constraints.

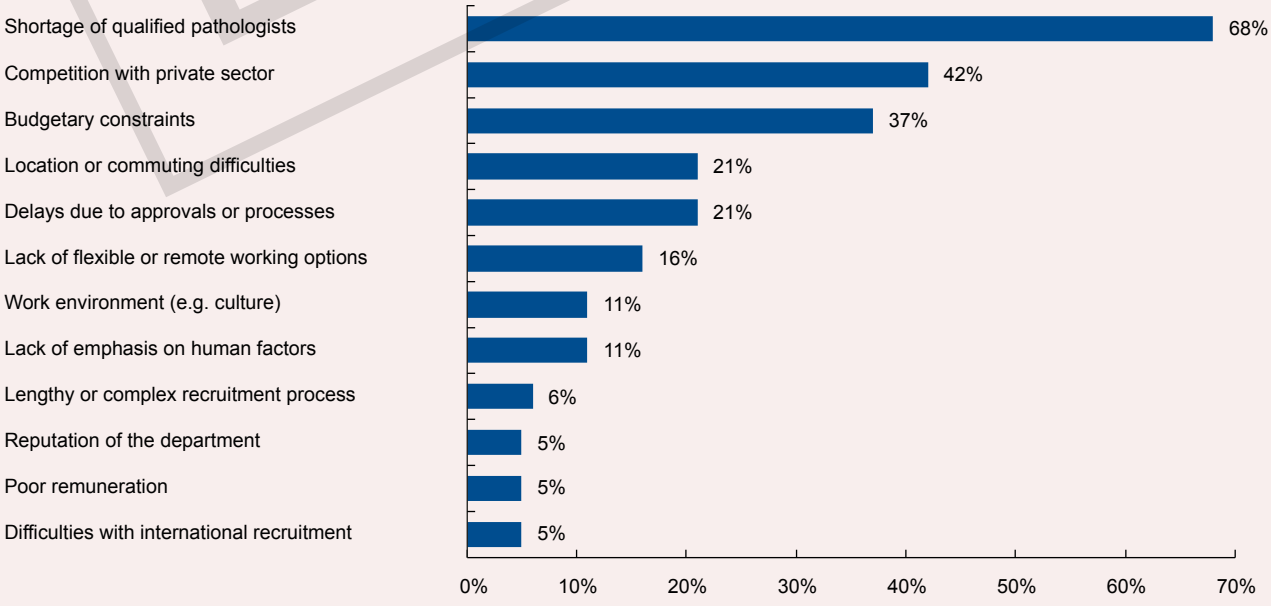
> "Our service works extremely well, we just need more staff to cope with increasing demand."

[vii] *There are challenges in obtaining accurate WTE information particularly where forensic pathologists are in self-employed practice.Variation in practice arrangements – for example on-call commitments – can impact the number of hours worked week by week. Some services have reported that forensic consultants are working more than a WTE role (e.g. 10 programmed activities [PAs]) and some are contracted less than full time (LTFT). The total number of identified posts is higher than the number of consultants owing to locum use and relief cover. Further details are provided in the by nation breakdown. This is a point in time record at December 2025 and figures are subject to change.*



> Despite giving more than required notice of a pending retirement, it took over 2 years to go through the process of obtaining university and NHS agreement to fund the post. When advertised, we had a limited number of applicants whose applications did not meet sufficient criteria to be shortlisted for interview.

Figure 1: Main barriers to recruitment for forensic pathologists.



England and Wales

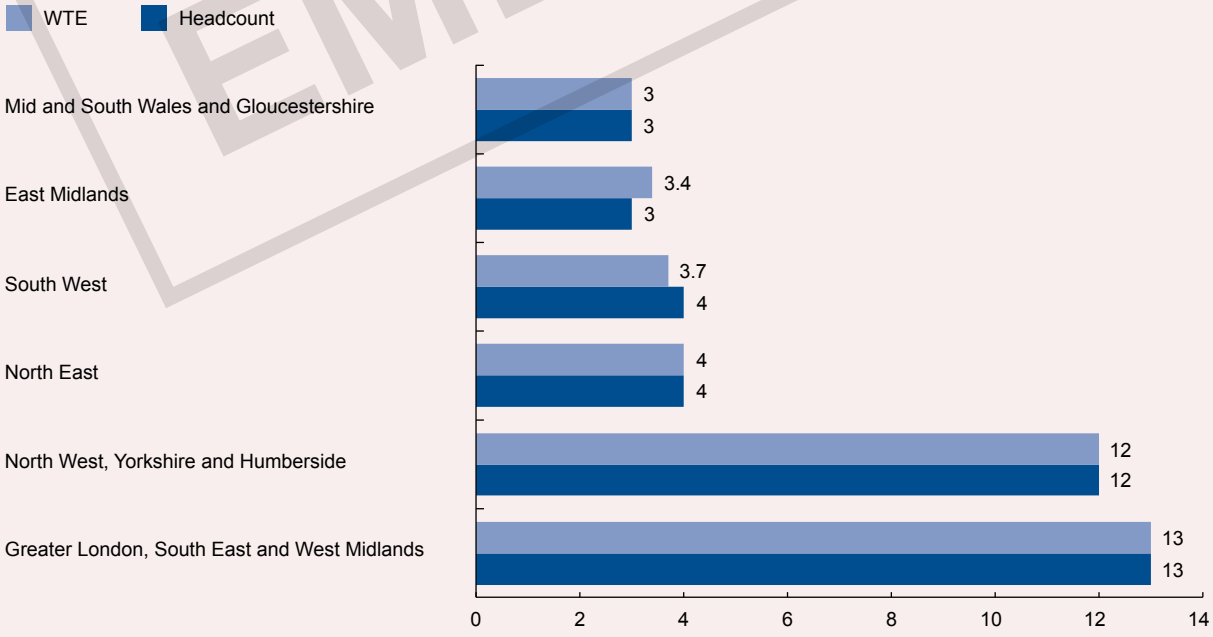
In England and Wales, there are 6 regional forensic pathology group practices supporting coroners and the police. Each group practice must consist of a minimum of 3 Home Office registered forensic pathologists. Group practices are currently structured so that pathologists working within them may be self-employed or employed by a university hospital or a hospital trust. The number of self-employed pathologists is determined by the individual group practice, which manages the workload allocated to them by coroners and police forces.

In England and Wales, forensic pathologists examine forensic cases including homicides. There is variation between areas in terms of what cases are examined. For example, in some areas, coroners classify all road traffic fatalities as forensic cases, while others only do so when police investigations are involved. In some areas, drug-related deaths are classified as forensic and, in other cases, only clear homicide cases are considered forensic.

Consultant workforce

There are currently 39 forensic pathologist consultant posts filled in England and Wales.

Figure 2: Filled forensic pathology posts (headcount and WTE) by service in England and Wales.[viii]



[viii] *The total figure of 39 is higher than the Home Office register of 38 (as at December 2025) as 1 forensic pathologist is currently working across 2 services providing relief cover, so this has been counted as 2 separate posts.*

Although vacancy rates appear low in England and Wales, there has been no recent growth in the forensic pathologist workforce. Data sourced from the Home Office register of forensic pathologists at the end of 2025 confirm there are 38 registered pathologists in England and Wales. This number has remained largely constant since this information was made publicly available in 2017.

Over 10 years there has been no growth in the number of forensic pathologists

36% of forensic pathologists in England and Wales report that recruitment is a challenge. Conversely, some services report that they have no issues with recruitment. Very few self-employed services in England and Wales report issues with recruitment. The limited number of trained forensic pathologists is reported by some services to make recruitment difficult. This variation is likely to depend on a range of factors including timing and location of the vacancy, attractiveness of the post and individual preference relating to employment models.

> “No issues with retention of medical staff in our unit, although recruiting to an employed post is extremely difficult when there are self-employed opportunities available.”

Vacancies

Figure 3: Filled, vacant and relief forensic pathology posts (WTE) by service in England and Wales.

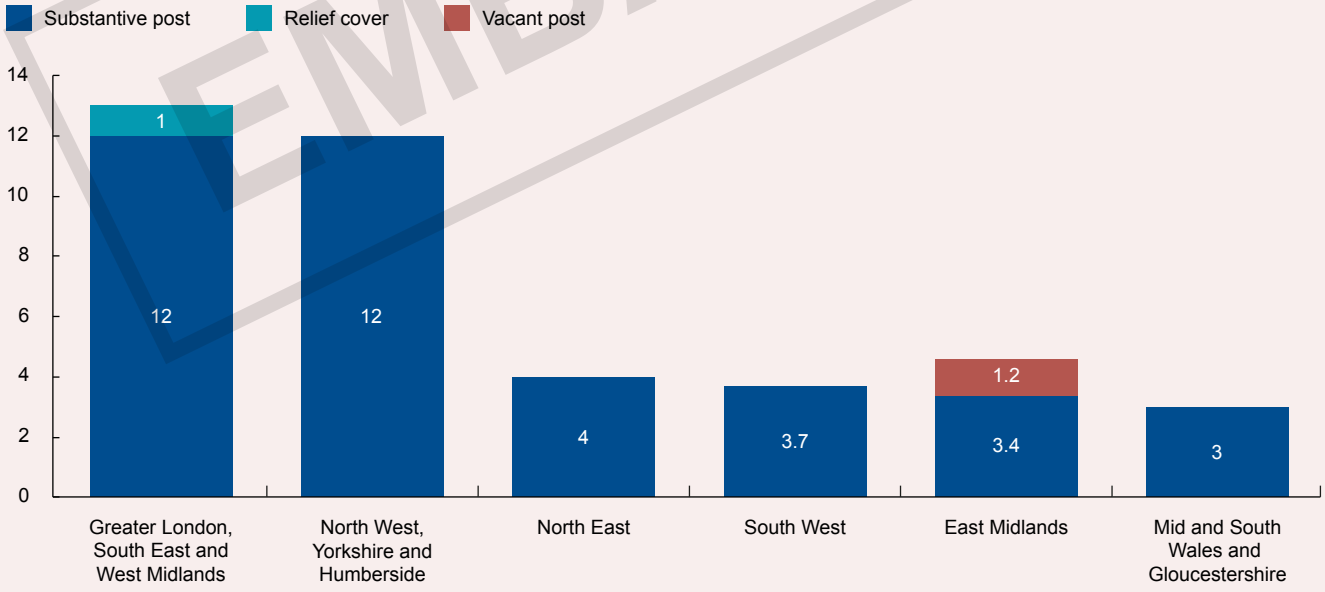
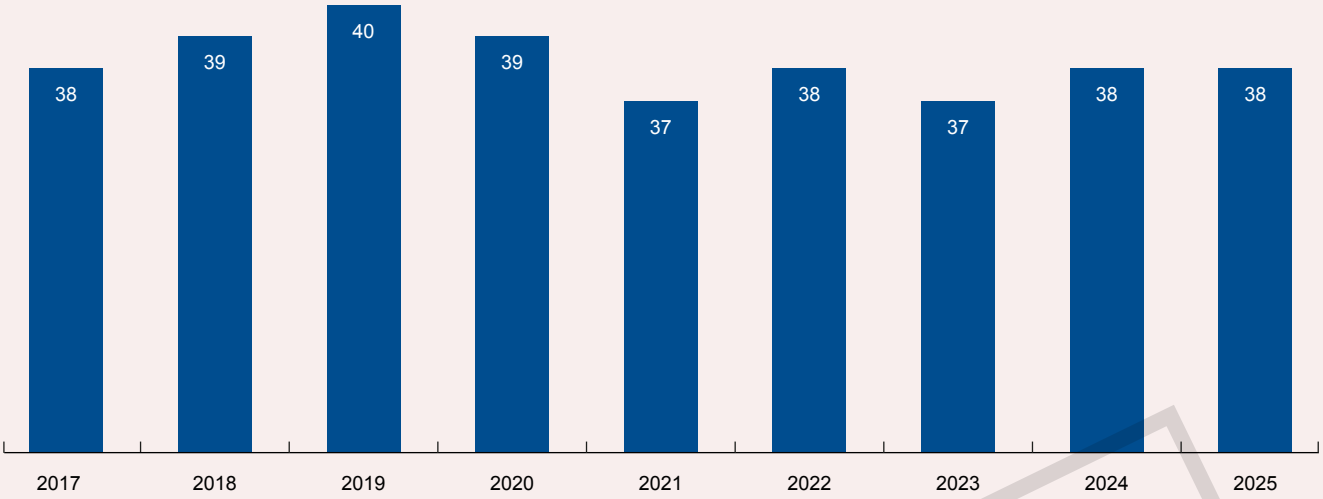


Figure 4: Forensic pathologists (headcount) 2017–2025 in England and Wales.



Source: Home Office register of forensic pathologists.[2]

Forensic pathologists in training in England and Wales

There are 6 residents currently in an approved specialist training programme for forensic pathology in England and Wales. The Independent Review of Forensic Pathology published in 2024 ('Independent review') recommended that the number of forensic pathology trainees should be reinstated to 8 from the current number of 6, and the situation kept under review.[3] This recommendation is supported by the College.

> "No local candidates. International candidates are not able to obtain General Medical Council (GMC) registration. The reduced consultant capacity means we cannot commit to training a specialist resident."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Scotland

Scotland has 4 forensic pathology centres at the University of Dundee, NHS Lothian (Edinburgh), the University of Glasgow and NHS Grampian (Aberdeen). Aberdeen currently has no substantive consultant forensic pathologists in post. Services are currently being managed by the Crown Office and Procurator Fiscal Service (COPFS) and NHS Grampian.

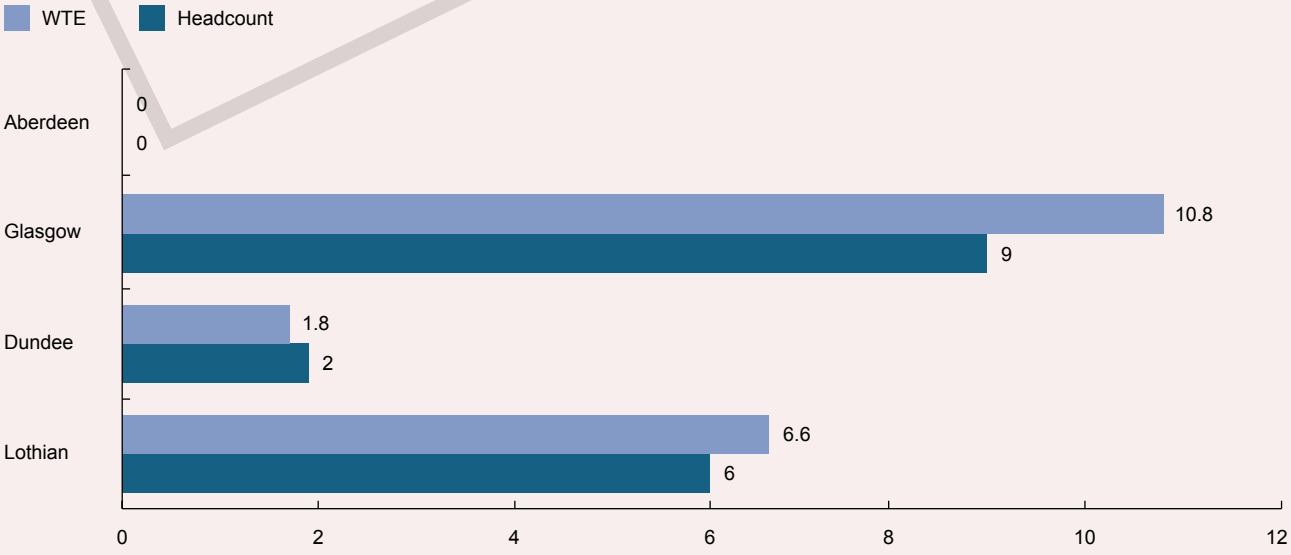
Forensic pathologists in Scotland are also contracted by their services to provide all non-forensic (or routine) post mortems, which are instructed by COPFS, although a substantial number of these may be performed by NHS histopathologists on agreed arrangements.[ix]

Many will be non-criminal, non-suspicious (e.g. found dead, suicides), while others are statutory (e.g. death in custody, industrial death, maternal death) and road traffic accidents where no legal action is pending. The law in Scotland also requires 2 pathologists to perform the post mortem in cases where criminal charges have been brought or are anticipated, although usually only one report is submitted.

Consultant workforce

There are currently 17 (19.2 WTE) forensic pathologist consultant posts filled in Scotland. In Glasgow and Lothian, services have reported that forensic pathologists are working more than a WTE role (i.e. 10 programmed activities [PAs]).

Figure 5: Filled forensic pathology posts (headcount and WTE) by service in Scotland.



[ix] *In Scotland, a histopathologist is more typically known as a pathologist.*

2 locums (working 2.2. WTE) are working in Lothian, although these posts are expected to be filled by substantive consultants during 2026. At the time of writing, the vacancy in Dundee was also being filled. In Glasgow, most consultants are working more than 1 WTE to meet service demand – putting pressure on the workforce – and there is a heavy reliance on locums to fill workforce gaps.

There has not been a substantive forensic pathologist working in Aberdeen since 2022. Previously the service employed 3 (2.5 WTE) forensic pathologists. The service is currently being covered by locums brought in from other parts of the UK, or work is being outsourced to other areas of Scotland. Local histopathology consultants who have completed the Certificate of Higher Autopsy Training (CHAT) also provide COPFS services for non-forensic post mortems.

In Scotland, 70% of respondents to the Census stated that recruitment is a challenge. Competition with posts attracting higher remuneration, particularly within self-employed services in England and Wales, are perceived as being the main reason for recruitment challenges in Scotland.

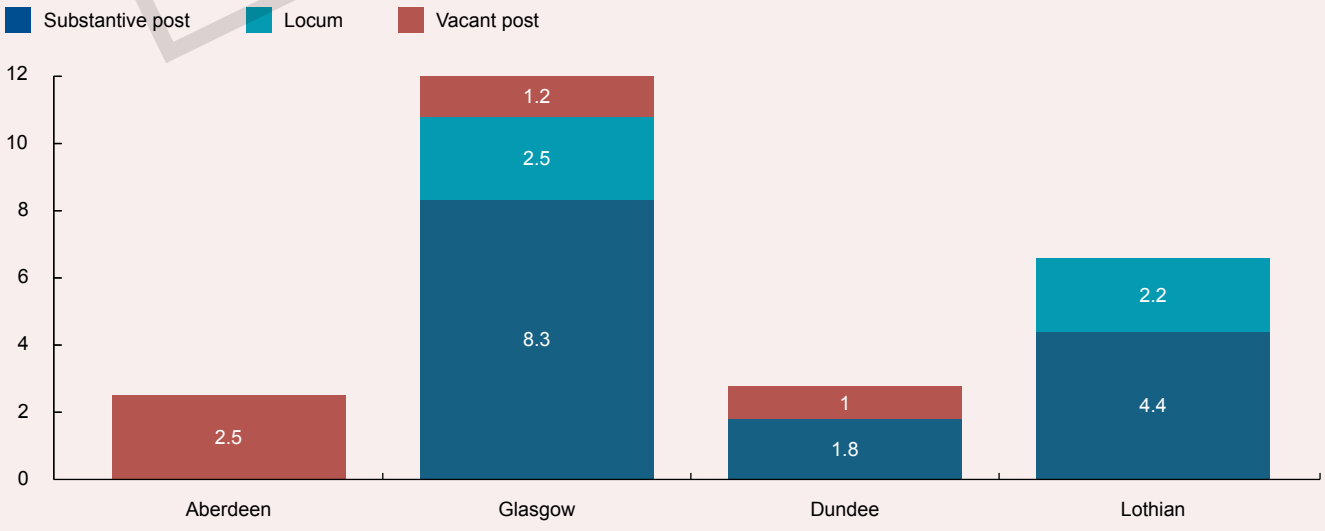
Forensic pathologists in training in Scotland

Our latest data suggests there are 3 residents in an approved specialist training programme for forensic pathology in training in Scotland – 2 in Lothian and 1 in Glasgow. There is a further funded training post in Glasgow that is expected to be filled during 2026. There was previously a post based between Aberdeen and Dundee, which should be reestablished once staffing issues are resolved.

> “Pay is the major factor in Scotland. We have people being trained in Scotland, staying briefly for experience and then leaving making long-term retention a major problem. How we fix this is not easy as money is not readily available.”

Vacancies

Figure 6: Filled, vacant and locum forensic pathology posts (WTE) by service in Scotland.



Northern Ireland

In Northern Ireland, all forensic pathology services are delivered by the State Pathologist's Department, which is sponsored by the Department of Justice. Forensic pathologists work under the authority of the Coroners Service for Northern Ireland and in line with local coroners' legislation.

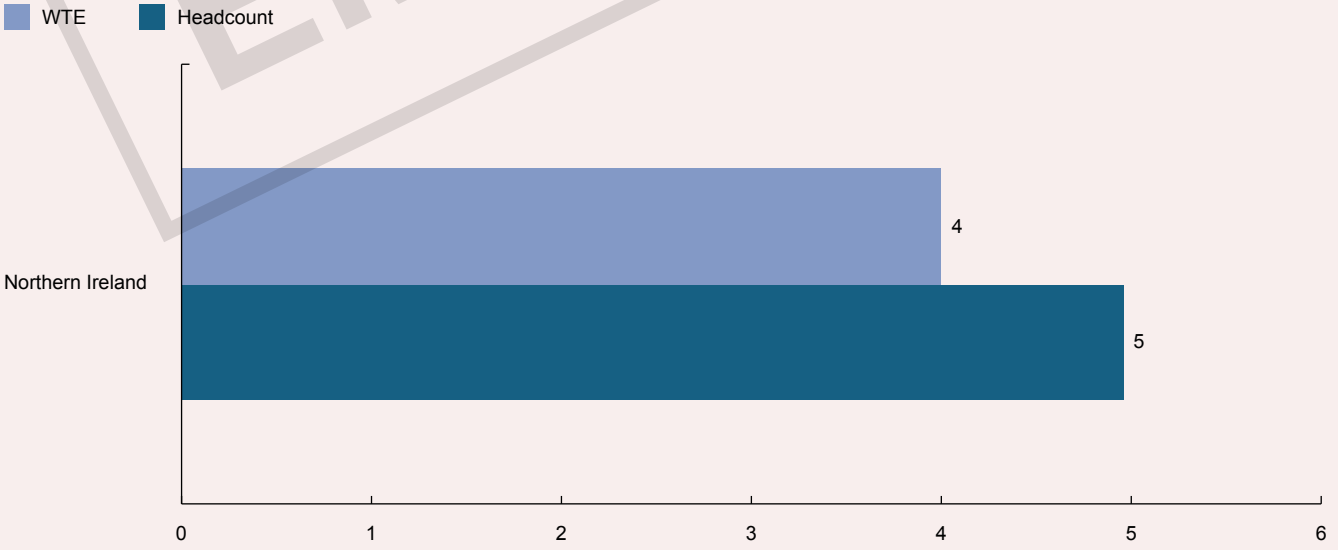
As in Scotland, forensic pathologists are contracted by their services to provide non-forensic post mortems.

2 locums are working in Northern Ireland (working 1 WTE) covering 1 vacancy. Recruitment to the 1 WTE substantive vacant post in Northern Ireland has proved difficult – with reported delays in recruitment due to a lack of qualified applicants – but the substantive consultant was scheduled to be in post from early 2026, filling this vacancy. Reflecting these challenges, all consultant forensic pathologists in Northern Ireland who responded to the Census stated that there were challenges with recruitment.

Consultant workforce

There are currently 5 (4 WTE) forensic pathologist consultant posts filled in Northern Ireland.

Figure 7: Filled forensic pathology posts (headcount and WTE) in Northern Ireland.



Forensic pathologists in training in Northern Ireland

Our latest data suggests there is 1 resident in an approved specialist training programme for forensic pathology in training in Northern Ireland.

The service in Northern Ireland has acknowledged that a well-resourced consultant workforce is necessary to allow time to train, which has been a challenge in the context of the recent consultant vacancy.

> A recruitment process had to be re-commenced to replace a recently retired substantive consultant. Previous recruitment campaigns proved unsuccessful due to a lack of qualified applicants.

Vacancies

Figure 8: Filled, vacant and locum forensic pathology posts (WTE) in Northern Ireland.

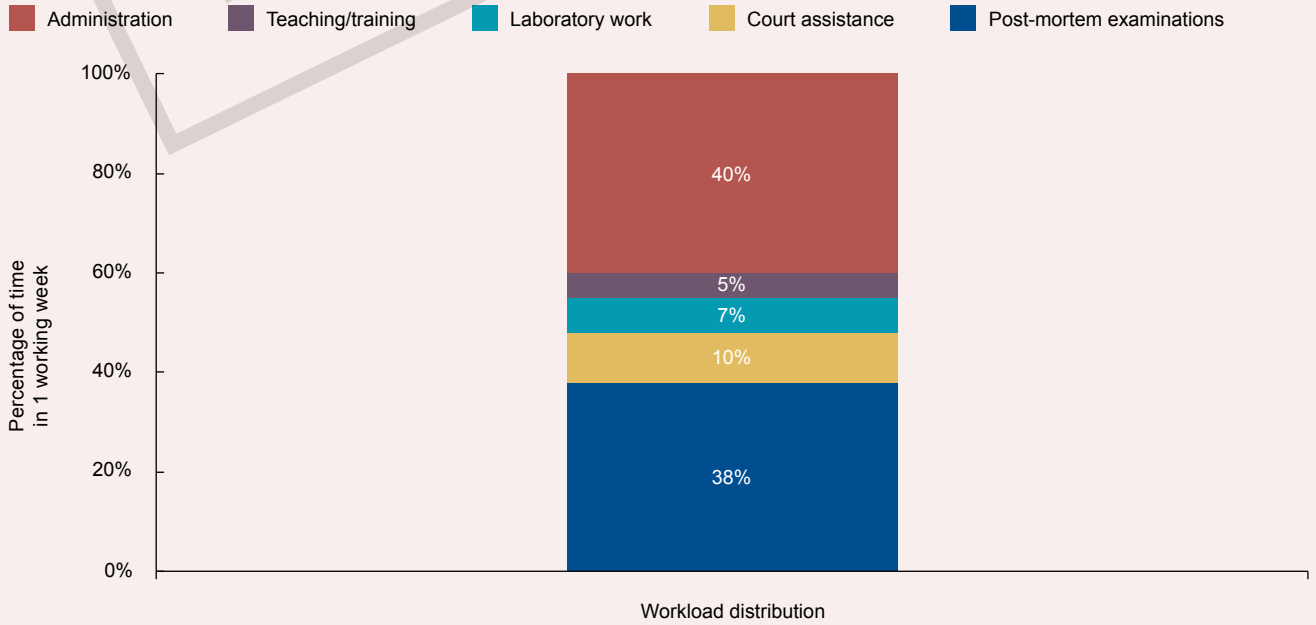
Workload allocation

Forensic pathology services were asked to estimate the number of hours spent on different activities during a typical working week. Responses indicated significant variability, reflecting the unpredictable nature of the role. Based on available data, the average working week was approximately 42.1 hours, with reported ranges between 36 and 50 hours.

The response rate to this question was low, not due to reluctance to engage, but because most forensic pathologists found it difficult to provide accurate figures given the inherent unpredictability of their workload. Of those who did report, there was little variation between countries in the UK with administration (40%) and post mortems (38%) forming most of the workload.

> “I have personally had weeks of on-call that have easily exceeded 60 hours with a mixture of callouts and court, leaving no time for administration, and other weeks where I have not exceeded 40 hours but have spent almost all of it on administrative tasks. The work is entirely unpredictable due to its very nature.”

Figure 9: Forensic pathologists’ workload distribution (UK).



Increasing demand

There are workforce and workload imbalances across the forensic pathology workforce, causing delays in medicolegal coronial proceedings in some areas.

Data collected suggests that across the UK forensic pathology services are seeing increases in demand. There are limitations to this data in that services collect workload data in different ways and not all services provided data. 8 of 11 of the services we contacted provided data.[x]

Post-mortem cases

Data was sought for the 5 financial years from 2018 to 2024 on the number of post-mortem cases the department or group received on average per year. This confirmed that the annual trends in workload have been variable.

The available data is subject to significant limitations and annual trends cannot be considered reliable. Reported figures fluctuate considerably due to factors such as the COVID-19 pandemic, changes in police standard operating procedures and the introduction of the medical examiner system, which may have had an impact on the number or type of cases referred for coronial investigation.

Inconsistency and variation in how forensic post mortems are defined and classified across the UK, both between nations and individual services, also requires that data be interpreted with caution.

Workload data in Scotland and Northern Ireland includes routine non-forensic cases as well as forensic cases, since forensic pathologists in these countries are contracted by their services to provide non-forensic post mortems.[xi]

Some forensic pathologists in England and Wales also undertake routine non-forensic post mortems but these are typically contracted outside of their recorded forensic workload, making it challenging to factor into workload calculations.

Data collection on cases that begin as routine and later escalate to forensic status revealed further inconsistencies. Only some services separately count cases that are subsequently referred to a forensic service after initially starting as a non-forensic case. Some services note that such 'upgraded' referrals can create additional workload, as previously completed steps may need to be repeated or reinvestigated.

Services were asked how many post-mortem cases are completed within the year, with the vast majority reporting that they are completed within this timeframe. No data was collected on length of time for case completion and this is a potential area for further investigation to better understand the extent of delays within the system.

In addition to our collected data, national data from England and Wales shows that 93% (75,294) of total post mortems conducted in 2024 were standard, with the remaining 7% (5,891) categorised as non-standard, which includes – but is not limited to – forensic cases. Although the overall number of deaths reported to coroners has declined since 2001, particularly following the introduction of the medical examiner system, the proportion requiring post-mortem examination has risen steadily since 2016.[4]

[x] *The 3 services for which data was not provided was the North West, Yorkshire and Humberside, Mid and South Wales and Gloucestershire, and Aberdeen.*

[xi] *A routine non-forensic case includes coronial/procurator fiscal cases, which include sudden or unnatural deaths that are non-suspicious. Forensic cases typically include homicide cases and can also include other suspicious deaths.*

England and Wales

Services in England and Wales were asked to report the total number of forensic post mortems undertaken each year. Owing to incomplete data these are reported on collectively and illustrate overall workload trends only.

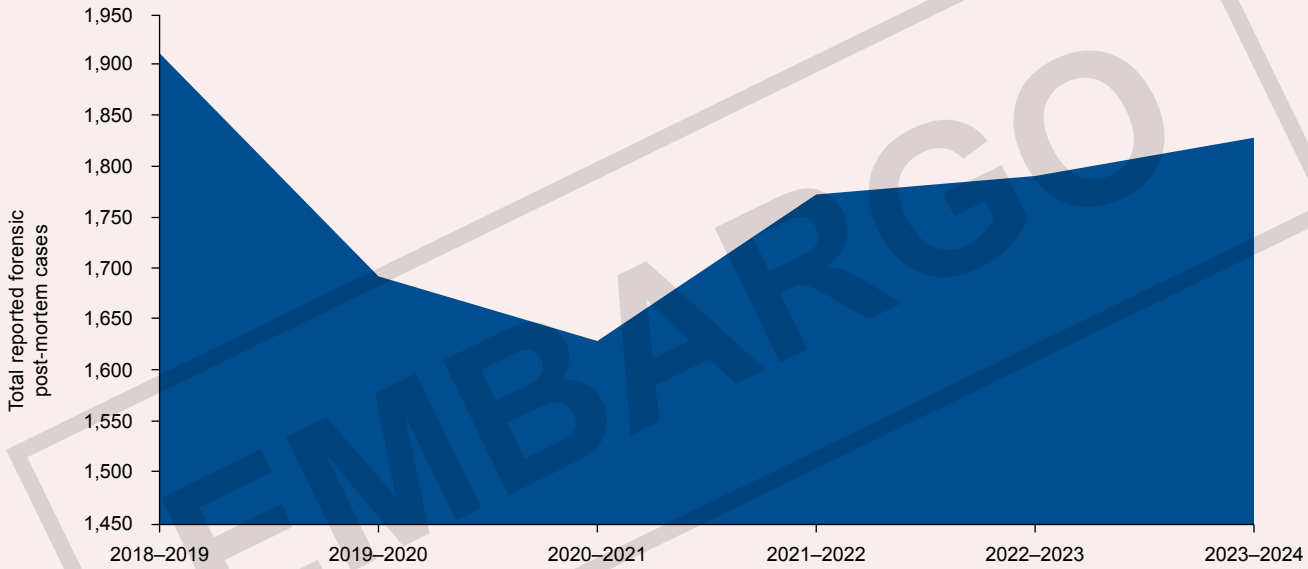
Lake Vyrnwy, Oswestry, Wales

Table 1: Total reported forensic post mortems in England and Wales 2018–2024.

Year	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023	2023–2024
Forensic post mortems	1,913 –	1,694 (-27%)	1,630 (-8%)	1,774 (+16%)	1,792 (+2%)	1,830 (+4%)

Percentages indicate the year-on-year change compared with the previous year's total.

Figure 10: Forensic pathology post-mortem cases 2018–2024 (England and Wales).



Scotland

Post-mortem rates per consultant are notably higher in Scotland than in England and Wales because reported figures include routine non-forensic cases as well as those that are purely forensic. Services were asked to state how many of these cases started as forensic and we have reported in figures 10 and 11 to illustrate this difference.

The total number of post mortems is considered a more reliable measure for workload, partly because cases with criminal charges require 2 doctor post mortems.

Edinburgh, Scotland

Table 2: Total reported post mortems in Scotland 2018–2024.

Year	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023	2023–2024
Post mortems	4,364 –	4,466 (+2%)	5,060 (+12%)	5,400 (+6%)	5,420 (0%)	4,946 (-10%)
Started as forensic	363	355	292	262	243	245

Percentages indicate the year-on-year change compared with the previous year's total.

Figure 11: Total reported post-mortem cases 2018–2024 (Scotland).

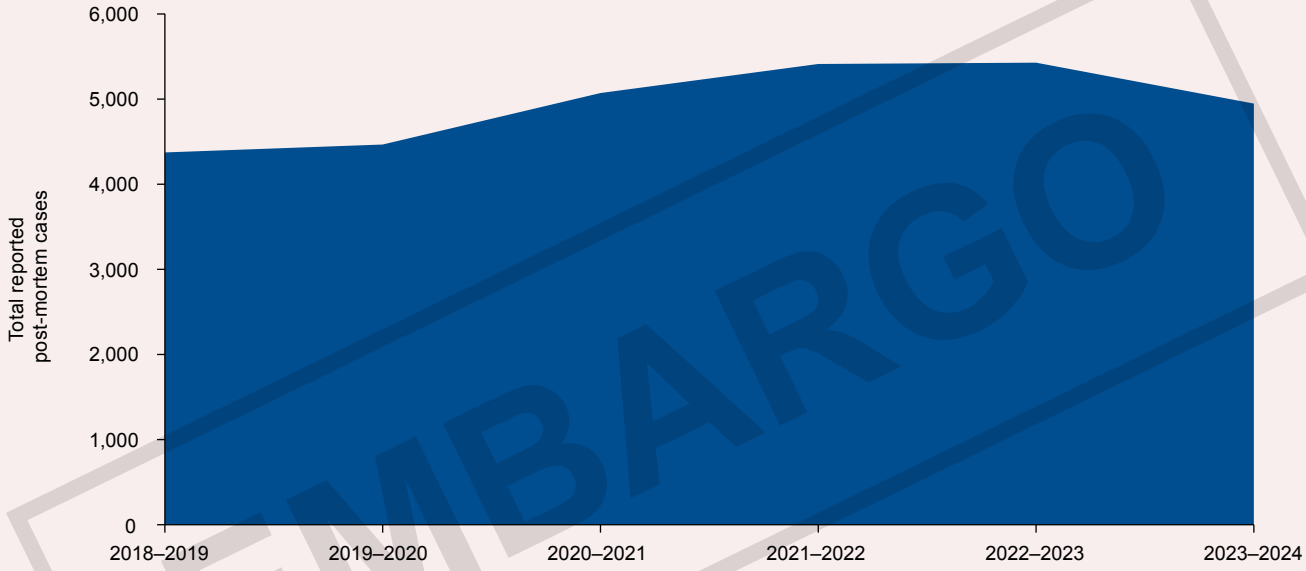
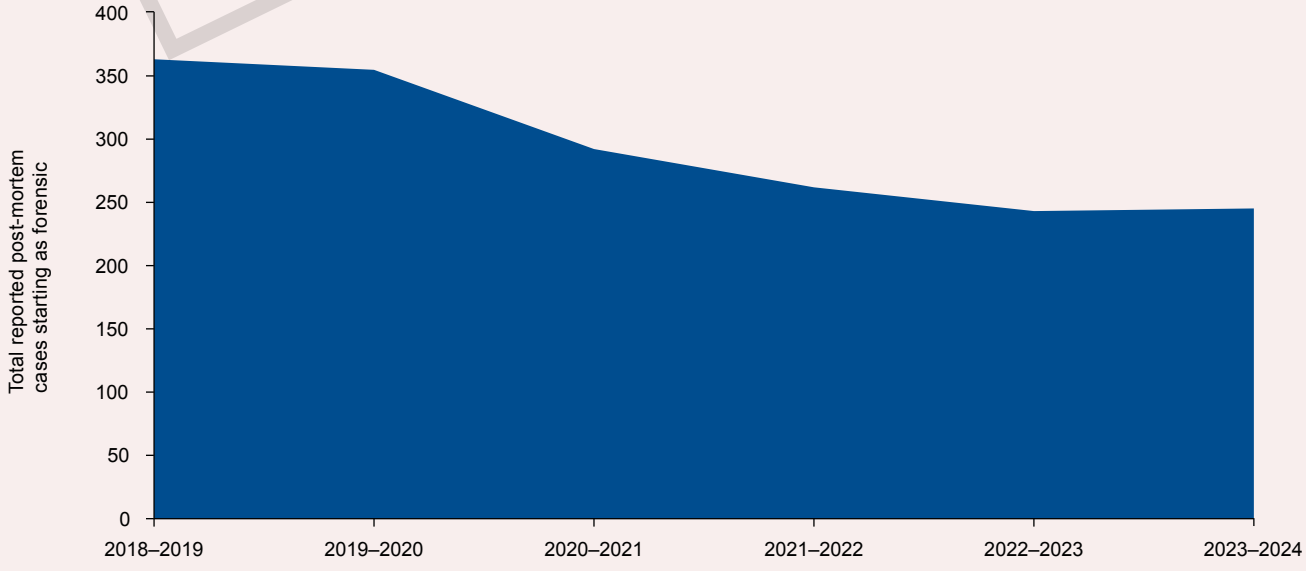


Figure 12: Total reported post-mortem cases starting as forensic 2018–2024 (Scotland).



Northern Ireland

Post-mortem rates per consultant are notably higher in Northern Ireland than in England and Wales because, as in Scotland, figures reported include routine non-forensic cases.

Table 3: Total reported post mortems in Northern Ireland 2018–2024.

Year	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023	2023–2024
Post mortems	1,241 –	1,332 (+7%)	1,275 (-4%)	1,335 (-4%)	1,413 (+6%)	1,426 (+1%)
Started as forensic	174	217	184	202	217	177

Percentages indicate the year-on-year change compared with the previous year's total.

Figure 13: Total reported post-mortem cases 2018–2024 (Northern Ireland).

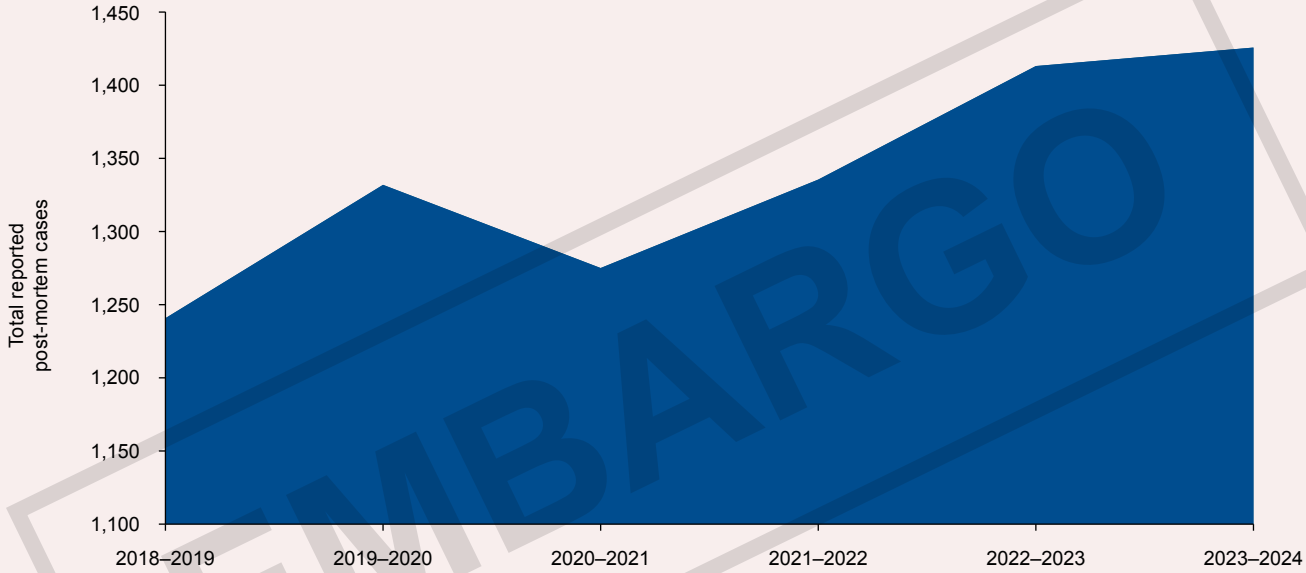
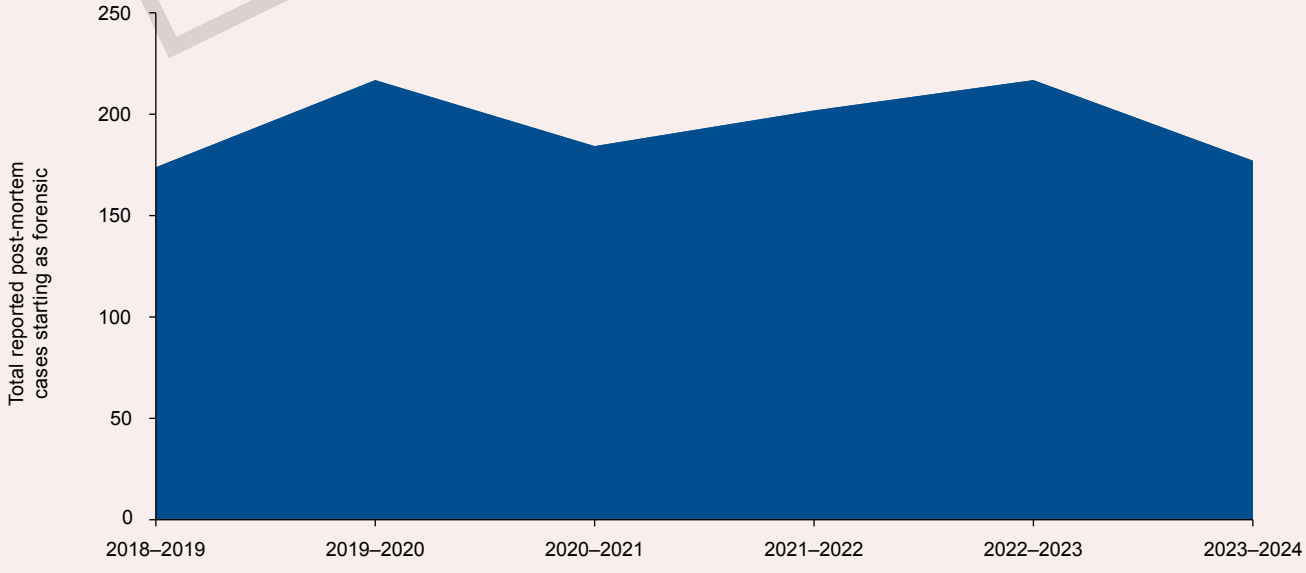


Figure 14: Total reported post-mortem cases starting as forensic 2018–2024 (Northern Ireland).



Why are workload and demand increasing in forensic pathology?

Some services indicate that an increased number of cases that may have traditionally been non-forensic cases – such as drug use or road traffic deaths – are being referred to forensic services. There are reports of a trend towards risk averseness with some cases being referred to the forensic route, possibly related to raised awareness of risks of potentially missed homicides,[5] fear around culpability, or there simply being no-one willing to undertake specific trauma cases despite a lack of apparently suspicious circumstance. This is compounded by a shortage of histopathologists generally and a reducing number trained and willing to undertake coronial cases more specifically.[xii] This is shifting a higher workload onto forensic pathologists.

Increased scrutiny in criminal justice and public inquiries and – in Scotland – fatal accident inquiries has raised expectations for forensic accuracy and transparency. Legal reforms and public expectations demand more rigorous forensic standards and documentation.

Growing complexity in caseloads such as correlation of imaging, injury interpretation, scene findings and specialist input is adding to workload. As an example in the context of disaster response, the Independent review highlighted progress in the quality and depth of reports when comparing post-mortem reports from the Hillsborough Stadium disaster and the Manchester Arena terror attack. This review also highlighted the need for better communications with families about post mortems, including the opportunity for a face-to-face meeting where the results of the post mortem are explained and the families are able to seek clarification in plain English with technical terms deciphered. These developments are welcome – but require additional consultant time to ensure that quality services are delivered.

Underinvestment in infrastructure means that many forensic departments operate in outdated facilities, limiting capacity and efficiency and contributing to increased workload per case. Mortuary services, essential for forensic pathology, are also under-resourced and can cause delays when availability of facilities and staff are lacking. Even where there are advances in digital pathology and molecular diagnostics, this requires specialised skills that need time to develop, which can initially restrict the number of cases that can be managed. The College is continuing to develop its curriculum to support these advances.

Most practices cover multiple coronial districts and both mortuary capacity constraints and coronial service reluctance to move bodies between jurisdiction may limit the group practices' ability to centralise services and improve their efficiency with growing case numbers. This limits productive working time due to the time spent travelling.

> "Locally, we have an agreement among consultants to help each other out as required. However, we have used up most of the capacity of that contingency as a result of our vacant post. We would hope that pathologists from neighbouring group practices would be willing to assist in a crisis. However, this needs to be balanced by the fact that our unit relies on the income of the employed pathologists to remain viable and therefore the utilisation of other pathologists could not be more than a very short-term agreement."

[xii] *Data from the Workforce Census 2025 found that a quarter (25%) of consultants who currently undertake autopsy work intend to give it up in the next 5 years, and fewer residents are pursuing autopsy work with 56% of histopathology residents not intending to take the Certificate in Higher Autopsy Training (CHAT). The most selected reasons for giving it up include increased overall workload/time constraints (48%), lack of interest/preference (40%) and lack of adequate remuneration/incentives (38%). Coronial pathologists frequently do not have the time to train, and trainees further report variable training experiences, which impacts on their interest in taking on this work in future.*

How is excess demand managed?

Services reported using a mixture of goodwill, additional PAs or hours for existing staff, and locums to cover increased workload. In the Census, 56% of consultant forensic pathologists reported working more hours or PAs than in their contract. It is acknowledged that self-employed services have different models that may not be reflected in these results.

The small number of forensic pathologists across the UK means there is a finite number of consultants to take on forensic cases. As cases increase in volume and complexity, the only options are for forensic pathologists to do more work, or for the work to be delayed.

Computed tomography or 'CT scanning' produces digital images that can, in some cases, be used to identify a cause of death without the need for a traditional post mortem. It is frequently cited as a way to reduce workload and improve post-mortem completion times. The College, together with the Royal College of Radiologists, have produced guidelines for use in non-forensic cases stating that imaging-based post-mortem examination should never be undertaken without a thorough external examination of the body having also been performed by an appropriately trained, GMC registered and licensed pathologist.[6] No such guidelines are available for use in forensic cases. However, advice from the Home Office outlines requirements for use in ballistic and explosive causes of death, recommendations for certain forensic scenarios and general encouragement in forensic cases.[7] The College's 'Code of practice and performance standards for forensic pathologists' also encourage use in appropriate circumstances.[8] Despite this, its use remains very much by exception and only where there is access to a scanner.

In some areas, the technique is used routinely as an adjunct but not as a replacement. However, typically, if there is any suggestion of criminal conduct or neglect leading to the death, it is likely that a full post mortem will be requested to provide the level of evidential detail required in a criminal case. A CT scan may or may not be undertaken as part of this process and its use is sometimes decided by coroners without any input from forensic pathologists. CT scanning therefore should have no significant impact on workload reduction for forensic pathologists.

> "The capabilities of post-mortem CT scans as a means of death investigation have been completely over sold and introduced in some coronial districts without any consultation with those actually involved in investigating death. As a result of CT scanning becoming the norm in some places, one section of society receives a different service to another largely based on religious grounds as opposed to what is appropriate for the case itself."

Real workforce gap

No specific assessment has been made of the adequacy of the number of qualified forensic pathology consultants required to provide a resilient service by governments across the UK.

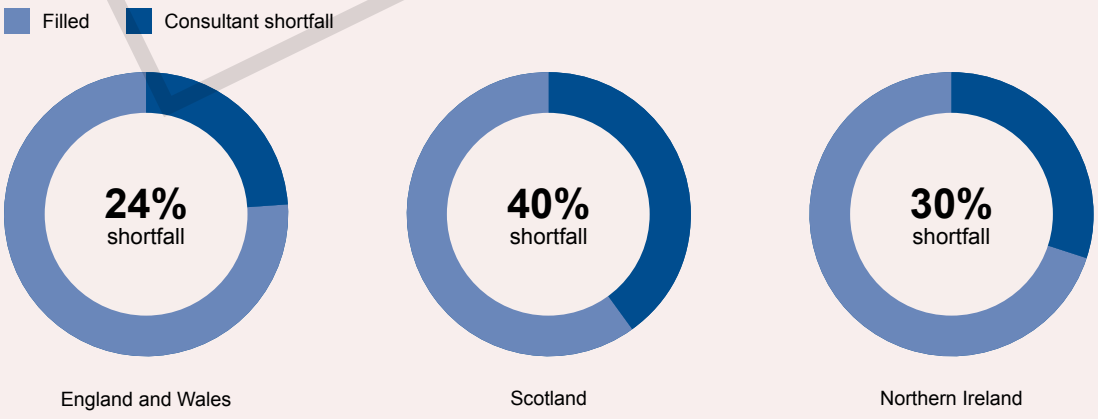
Although vacancies are low (10%), recruitment is challenging and many services report that there are not enough consultants to deliver the services required.

The College has estimated what increase in workforce would be required to meet current clinical need over and above the currently funded posts. Estimates have been made for the number of post mortems completed each year.[xiii] The required workforce has been calculated if forensic pathologists each working 1 WTE were to undertake a high-, mid- or low-level workload. Recommendations for additional consultant requirements have been estimated on a mid-level workload.

On top of filling existing vacancies, using this methodology, it is estimated that there is need for an additional 16.5 WTE consultant forensic pathology posts across the UK to allow the workforce to meet demand.[xiv]

> “Our only contingency in the face of adversity is to each do more post mortems as there is no one else to do the work.”

Figure 15: Consultant forensic pathology shortfalls across the UK.



[xiii] *The total number of post mortems undertaken per year has been estimated in England and Wales, Scotland and Northern Ireland based on data provided, and extrapolated to the current total number of consultant forensic pathology posts.*

[xiv] *These figures will vary depending on individual and system circumstances, such as experience and capacity. If rising numbers of post mortems are required owing to demand or population growth, workforce numbers will need to rise proportionally to meet this demand.*

England and Wales

We estimate that 10.9 WTE additional forensic pathologists are required in England and Wales.

Based on our data collection it is estimated that, on average, each forensic pathologist is undertaking 76 cases per year.

Anticipated annual workload is informed by the expectation that a forensic pathologist in England and Wales would undertake, on average, 60–90 coronial cases per year for suspicious and violent deaths. This is based on the Home Office suggested limits of 20–95 per year (30–60 for newly qualified forensic pathologists). If operating outside of these limits, there is scope for the Home Office to check that practice is not presenting a threat to the criminal justice system. Some consultants also undertake additional coronial (non-forensic) work outside their forensic pathology role. These cases are typically negotiated individually and are not guaranteed to be available to future practitioners. Consequently, such work cannot be factored into workforce planning unless explicitly included in an employment contract.

Figure 16: Number of WTE forensic pathologist posts filled, vacant and required to meet current service demand at 60 cases per year per consultant (England and Wales).

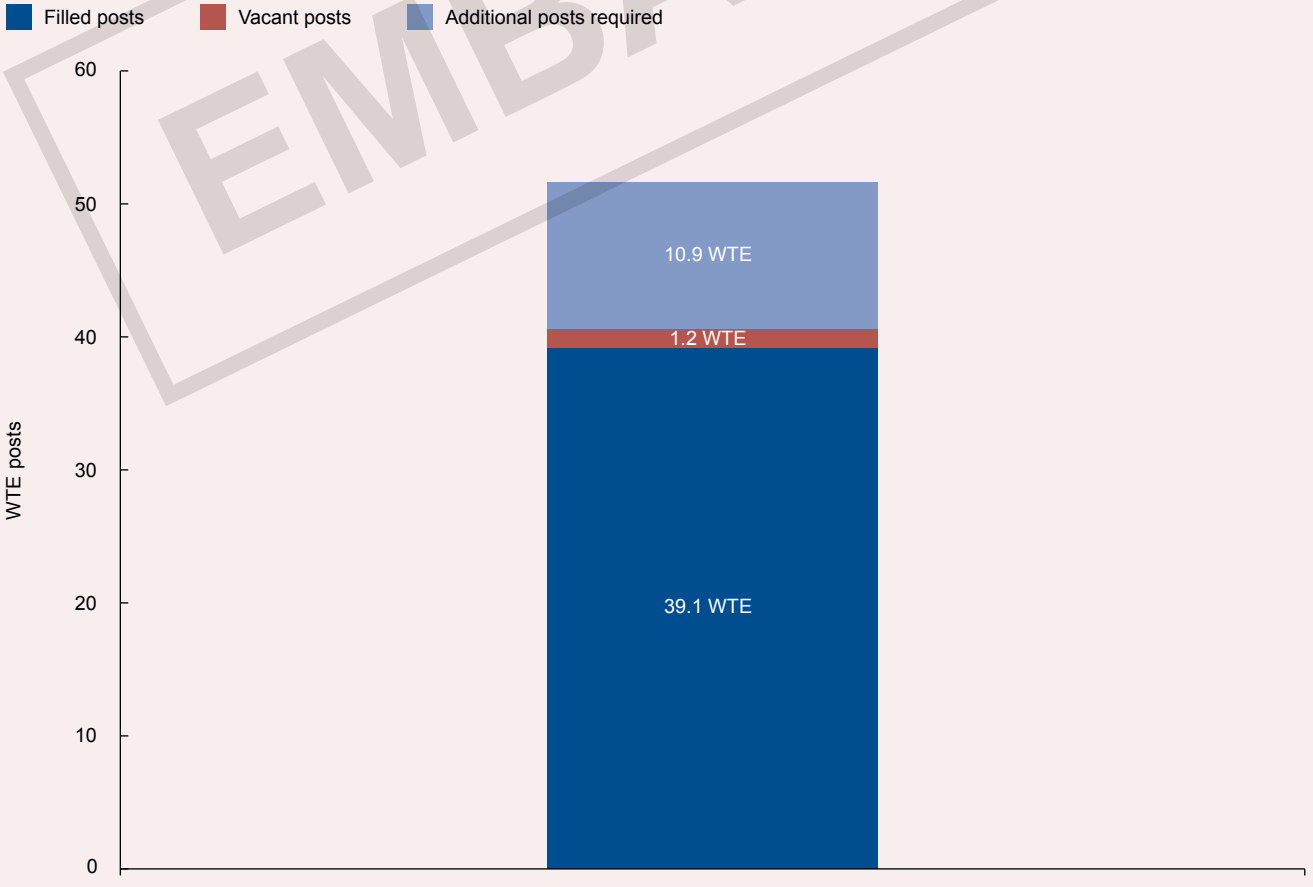


Table 4: Consultant forensic pathologist (WTE) workforce required at high-, mid- and low-level workload (England and Wales).

High-level workload (95 post mortems per year)	**Mid-level workload** (60 post mortems per year)	**Low-level workload** (20 post mortems per year)
32.3 WTE	51.2 WTE	153.6 WTE
21% consultant surplus[xv]	24% consultant shortfall	75% consultant shortfall

In England and Wales, forensic pathology operates outside a centrally managed service, limiting the ability of any organisation to control practitioner numbers or workloads. Acknowledging that the needs of the individual must be balanced against the needs of the service and families, there are many factors that impact a consultant's ability to effectively manage their caseload. Absolute caps on recommended annual case numbers per consultant would present significant challenges by restricting flexibility for sickness cover and workload fluctuations, and risk consultants ceasing work once their cap is reached. Limits would also not take into account the variations in individuals' practice such as level of administrative support, and additional commitments including teaching/training and income variation.

Financial considerations further complicate workforce expansion. Adding a new consultant reduces the case volume per consultant. Self-employed services may not be able to recruit new consultants or may not wish to as it will have financial implications where practices are paid per case undertaken. For example, if a new practitioner undertakes 30–60 cases, this could equate to a significant financial loss for the rest of the group. In employed services, financial support for salaries will be dependent on the number of cases they undertake and, in the absence of a sufficient increase in case numbers, it would be difficult for an employer to justify generating an additional salary.

Consequently, practices are reluctant to recruit unless workloads consistently exceed sustainable thresholds. Conversely, it is difficult to take on additional workloads without additional workforce.

The priority aim of increasing the workforce would not only be to allow services to take on more cases, but for these services to better meet the needs of the community – e.g. with the aim of reducing post-mortem reporting times and fostering engagement with bereaved families. Engagement with the government to discuss how this can be achieved is needed.

The Home Office advises that meaningful leverage to increase consultant numbers in England and Wales exists only where services regularly exceed the upper workload limit of 95 cases per annum. In all circumstances, adherence to College best practice guidance on managing excessive workloads is recommended.[9]

[xv] *It is unlikely that every 1 WTE of the current workforce could sustainability undertake a high-level workload of 95 cases from a safety perspective. It is also unlikely levels would ever be this high due to varying levels of experience meaning newer consultants would only undertake 30–60 per year. Any increases in demand for forensic pathology services in England and Wales would require consultants to exceed high levels over a period of time, and as such it is not appropriate that a high-level assumption is used to determine needed WTEs.*

Scotland

We estimate that 3.9 WTE additional forensic pathologists are required in Scotland.

Based on our data collection it is estimated that, on average, each forensic pathologist is undertaking 290 cases per year.

No guidance is provided on the number of post mortems that it is appropriate to undertake each year in Scotland. Based on the data received, consultants are estimated to be conducting anywhere between 200 and 400 per year.[xvi] Some consultants may currently be undertaking more cases than typical owing to vacancies, which may influence the workload estimates – anecdotally, consultants report high workloads and 17 consultants are currently working 19.2 WTE.

In Scotland, the priority should be filling existing vacancies, reducing reliance on locums, restoring the service in Aberdeen, and expanding service capability in areas where consultants are working more than 1 WTE.

Figure 17: Number of WTE forensic pathologist posts filled, vacant and required to meet current service demand at 250 cases per year per consultant (Scotland).

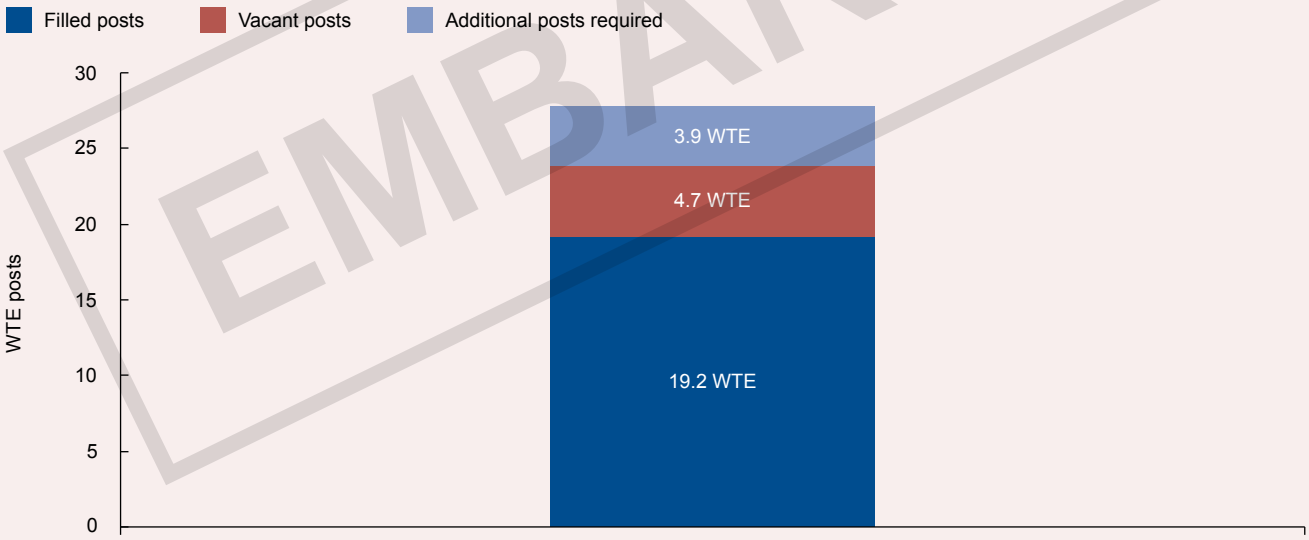


Table 5: Consultant forensic pathologist (WTE) workforce required at high-, mid- and low-level workload (Scotland).

High-level workload (300 post mortems per year)	**Mid-level workload** (250 post mortems per year)	**Low-level workload** (200 post mortems per year)
23.1 WTE	27.8 WTE	34.8 WTE
27% consultant shortfall	40% consultant shortfall	52% consultant shortfall

[xvi] *The exclusion of data from Aberdeen may mean that the number of post mortems undertaken or requested has been underestimated.*

Northern Ireland

We estimate that 1.7 WTE additional forensic pathologists are required in Northern Ireland.

Based on our data collection it is estimated that, on average, each forensic pathologist is undertaking 356 cases per year.

Case numbers are high and previous reports have found that Northern Ireland conducts more post mortems than comparable regions.[10] The primary aim of increasing workforce would be to reduce workload pressure on consultants and improve service delivery.

Figure 18: Number of WTE forensic pathologist posts filled, vacant and required to meet current service demand at 250 cases per year per consultant (Northern Ireland).

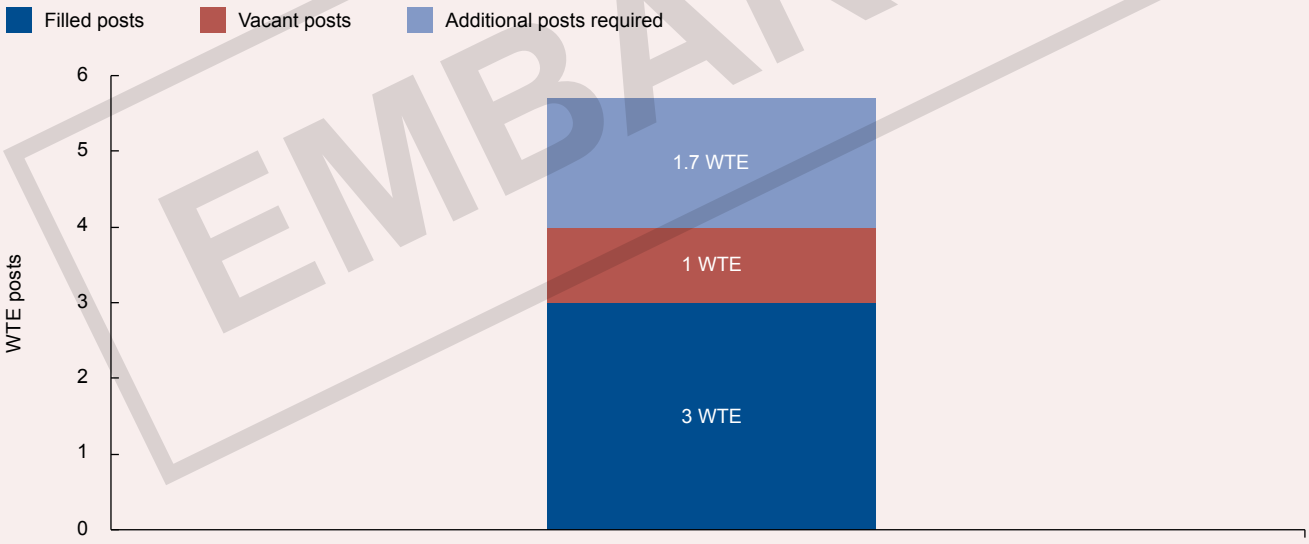


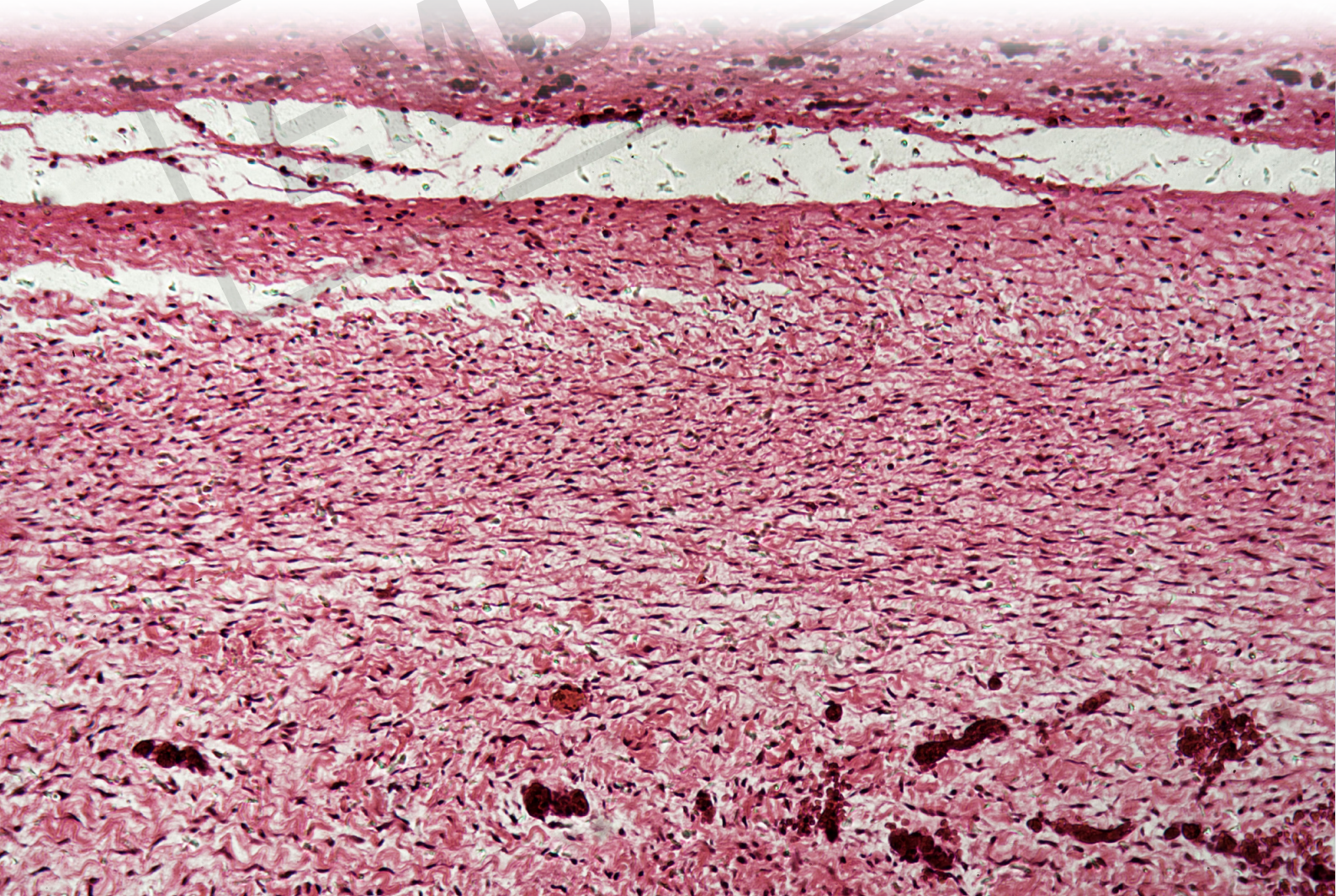
Table 6: Consultant forensic pathologist (WTE) workforce required at high-, mid- and low-level workload (Northern Ireland).

High-level workload (300 post mortems per year)	**Mid-level workload** (250 post mortems per year)	**Low-level workload** (200 post mortems per year)
4.8 WTE	5.7 WTE	7.1 WTE
17% consultant shortfall	30% consultant shortfall	44% consultant shortfall

Considerations when determining required forensic pathology workforce

Calculating the number of consultant posts required is challenging. Factors to be considered include the limited capacity of newly qualified consultants to manage high caseloads when they qualify. Less than full time (LTFT) working arrangements in forensic pathology also present unique challenges because of the unpredictable nature of court summons and reporting deadlines, which cannot be confined to fixed working days. While flexible working is possible for practitioners balancing professional and personal commitments, service models require continuous 24/7/365 on-call coverage. This obligation often makes it impractical for group practices to accommodate multiple LTFT consultants unless working patterns coincide. In most cases, practices prefer to appoint individuals who can undertake full on-call responsibilities, as partial commitments would otherwise increase workload for remaining consultants and create operational uncertainty.

In the Census, all trainees who responded indicated that they intend to work 1 or more WTE on completion of training. Accordingly, it is assumed that LTFT will not have a major impact on workforce planning or availability in the medium term. However, it is recognised that this is against the trend of most specialties and that is it likely that those entering the specialty recognise the commitments required. That said, it may deter some from entering training.



Balancing incoming workforce with retirements

Retirements

We know from the data we gather that the average age for retirement of a forensic pathologist is 63, which is consistent with the wider pathology workforce. Based on this we predict that:

- 12% of the forensic pathology consultant workforce will retire in 2 years (7 consultants)
- 14% of the forensic pathology consultant workforce will retire in the next 5 years (8 consultants)
- 30% of the forensic pathology consultant workforce will retire in the next 10 years (17 consultants).

Training

There are 10 resident doctors currently in an approved specialist training programme for forensic pathology across the UK (6 in England and Wales, 3 in Scotland and 1 in Northern Ireland).

Training numbers required to meet real workforce gap

If on average 1–2 residents qualify per year – as is expected – this may be just sufficient to meet the expected number of retirements. However, it does not allow for filling of existing vacancies or for people leaving the profession unexpectedly (e.g. illness, relocation) – or any service capacity expansion. Further, consideration needs to be given to the limited capacity of newly qualified consultants to manage high caseloads compared with highly experienced consultants who may be closer to retirement.

Our modelling of expected retirements and expected date of qualification of forensic pathologists in training in England and Wales indicates that there are likely to be periods where consultant posts will be left vacant (between 2 and 4 per year depending on the year) over the next 5 years.[xvii]

To manage the current vacancies for forensic pathology consultants, based on RCPath modelling,an additional 6 new training posts need to established across the UK by 2031 in addition to current allocated training posts. This modelling is informed by range of factors.[xviii]

To allow the UK forensic pathology workforce to meet current demand, an additional 17 forensic pathology training posts are needed within the next 10 years (by 2036).

In total, there is need for an additional 23 training posts over the next 10 years – over and above existing planned training posts – to provide a safe and effective service. It is recognised that implementation is only feasible with concurrent investment in initiatives to address current challenges in training and recruitment – including training capacity – and to ensure sufficient consultant posts with sustainable workloads are available on completion of training.

As forensic pathology residents entering the training programme at ST3 are drawn from those completing integrated cellular pathology training (ICPT), any increase in training posts will need to be supported by an equivalent increase in the number of histopathology residents undertaking ICPT at ST1 level 2 years in advance to protect other cellular pathology training programmes.

> “I want to specialise in forensic pathology but the competition for training posts is ridiculous, with only 6 posts in the country. There is no way recruitment at that level is going to ensure a sustainable service for the future.”
>
> **Histopathology resident**

[xvii] *These figures are based on a national picture only and do not factor in regional retirements, trainee distribution or attrition. Furthermore, it assumes a January to December cycle and does not account for mid-year retirements or when trainees actually complete training. Relocation potentially compounds the situation so local gaps could be even greater – as residents completing training may choose not to relocate to areas where there are vacancies.*

[xviii] *RCPath has modelled the number of additional WTE trainees needed based on existing vacancy rates, and the required workforce number to meet current demand. Figures have been adjusted to account for trainee attrition rates (including those who enter training who do not complete training, and those who, on completion of training, do not take up a substantive post). Trainee attrition rate for forensic pathology is estimated to be 4% based on internal College data and responses to the 2025 Workforce Census. The headcount number is expected to align with the WTE number as forensic trainees indicate that they will all work 1 WTE or more on completion of training. These are working numbers based on the best available data. This methodology will develop over time as our data becomes more accurate and available and will be revisited periodically to ensure it remains fit for purpose.*

Challenges in training and recruitment

Doctors currently in approved specialist training posts for forensic pathology are concerned about employment opportunities for the future on completion of training. There is high interest in forensic pathology as a specialty, but barriers remain to joining the profession that could – in the longer term – have consequences for service delivery.

Since 2012, forensic pathology has been its own specialty starting at ST3 level after integrated cellular pathology or histopathology training — with recruitment coordinated UK-wide. Applications to training continue to be high, indicating this is a popular choice.

In England and Wales, training posts are funded by the Home Office. Training posts are predominantly in the north of the country with a dearth of posts in the south. Training centres are currently in Newcastle, Leicester and Liverpool – Cardiff was previously a training centre but no longer hosts residents.

In Scotland and Northern Ireland, operational training centres are in Glasgow, Edinburgh and Belfast with posts organised collaboratively between healthcare education and the criminal justice system. There was previously a post based between Aberdeen and Dundee, which should be reinstated once staffing issues are resolved.

Investment is needed to increase the number of training posts. This needs to be matched with the necessary increase in consultant posts so that those who have undergone training are able to secure employment on completion of training. Attention needs to be paid to areas with existing vacancies, particularly in Scotland, and how filling these can be prioritised from the current group of resident doctors in training. Widening opportunities for training should also be considered. The following key issues need to be considered.

Geographic distribution

- The small number of training posts and limited geographical distribution inevitably means that some trainees will be required to move to secure a training post, potentially without a long-term intention to remain in that area.
- Of the forensic pathology residents who responded to the Census, 57% intend to work in the region where they trained, with 14% not planning to work where they trained and 29% indicating they were unsure. The small number of consultant posts available on completion of training, coupled with the limited geographical distribution, inevitably means that some newly qualified consultants will be required to relocate to secure a consultant post.

Barriers to recruitment

- Of the histopathology and integrated cellular pathology residents who responded to the Census, 6% indicated an interest in pursuing ST3+ training options in forensic pathology. Although this volume is likely to be sufficient to sustain the current allocated training posts, for many it is not viewed as a realistic option. Residents are deterred by reports of difficulties in finding suitable training posts (including in locations close to where they live), inadequate remuneration and job security on completion of training. Some are also put off by having to reapply for training posts at ST3 level, as they are already in a run through histopathology training programme.

> “There is currently a surplus of exceedingly high-quality histopathology residents looking for forensic pathology training posts. However, there are not enough consultants to provide training for more than 2 registrars at a time. With a consultant post empty and workload increasing, I am well aware that there is a real risk that teaching time and quality will suffer in order for us to meet our service demands.”

Support for training posts and opportunities

- An increasing number of consultants report that they do not have sufficient time available to train the next generation. Investment in training posts should be coupled with increased support for the consultant workforce to enable training to be delivered.
- In England and Wales, there are no funded or supported training posts in the self-employed sector.
- Equivalent training programmes supported by the portfolio pathway process and that recognise individual circumstances and experience in situations where residents are unable to relocate owing to family or other commitments should be explored.
- Residents in forensic pathology training also report that as a small specialty they would value increased learning opportunities with other residents.

Alternative training pathways

- The only training route on offer is via an approved training programme. Alternative recruitment methods other than training posts could be investigated, e.g. a funded fellowship training programme for forensic pathology for qualified histopathologists. Any consultant trained through this method would contribute to the additional required forensic pathology workforce number, but there would be need for additional equivalent histopathology training posts to mitigate losses to the histopathology workforce.

Challenges to determining how many are leaving the profession

- Retirement age is variable for forensic pathologists – respondents to the Census indicated they would retire anywhere between the age of 55 and 70. As a small specialty this makes it difficult to predict and plan for the future as there is a risk of both under and over supply depending on individual retirement age and circumstances. For example, those in employed posts with an employer pension may retire earlier. It is recognised that the methodology used to make these calculations has some limitations that may underestimate or overestimate intended retirements.[xix]
- 14% of forensic pathologists who responded to the Census indicated that they had changed their retirement plans in the last year to retire earlier – with work-life balance the primary reason given. 3% indicated they planned to retire later citing that working gave them a greater purpose.
- The Independent review highlighted that in England and Wales, the number of forensic pathologists is likely to reduce significantly in the short to medium term – possibly by as many as 6 to 8 practitioners over the next 2 or 3 years. This aligns with the findings of this report.
- Unpredictable losses due to changes in personal circumstance and health may also have significant effects in a very small profession.

> “I work in self-employed practice – I would very much like to train and create a training post, but there are so many barriers, it is not feasible (would need funding, a department, contracts, etc.). I don’t think the independent sector is best placed to have responsibility for a trainee.”

[xix] *The expected retirement age is based on our 2025 Workforce Census (which for forensic pathology had a response rate of 81%). Members are asked at what age they intend to retire, which is mapped back to their current age to get an estimate of the year they intend to retire. Those who have not responded to the Census are allocated the average intended age of retirement from the Census (63 for forensic pathologists) when they may plan to retire much earlier or later than the pathology average. As well as non-responders, there are limitations to this method as there are also some unknowns (e.g. forensic pathologists who are not members of the College). Furthermore, it does not account for any members who may reduce their hours closer to retirement.*

Pressures on the workforce

The forensic pathology workforce is under growing pressure. Increasing workloads are leaving the workforce stretched and stressed, with little time for professional development.

- The 3 biggest factors that have a negative effect on wellbeing at work of forensic pathologists who responded to the Census were reported to be administrative burden, excessive workload and staff shortages – consistent with findings across the broader pathology workforce. Inadequate remuneration and unrealistic timeframes for reporting are also cited as barriers to workplace satisfaction by services.
- Only 38% of forensic pathologists agree that they have time for continuing professional development, quality improvement, research, training and service development, which is broadly in line with the wider pathology profession findings in the Census.[11] Without investment and support, this could restrict the ability of forensic pathologists to train the next generation of consultants.The Independent review recommended that the framework for continuous professional development needs to be enhanced, which will not be possible without dedicated learning time.
- Specifically for forensic pathology, poor access to specialist forensic mortuary facilities and shortages of mortuary support staff are also major issues impacting work satisfaction and creating inefficiencies within the system.

> “Mortuary availability is not flexible for pathologists to manage their diaries along with Crown Court and Inquests.”

Systemic issues in forensic pathology

There is an interface between the legal and the forensic and coronial (procurator fiscal in Scotland) pathology systems and there have been reviews into these systems over the years. The need for reform has been recognised in England and Wales, Scotland and Northern Ireland.[10,12,13]

There are varying reports from forensic pathologists about how the system is supporting forensic pathology provision. Some services report a well-functioning service and see no need for reform. Others report challenges within the system that are impacting workforce provision.

These challenges vary across the 4 nations and between services within these countries. Bereaved families continue to experience a service that is fragmented, disjointed and inconsistent in its standards and delivery. It is vital that post-mortem services, and the accurate investigation and certification of death, are seen as part of the wider patient safety landscape. Forensic pathologists remain unconvinced that reform will happen.

> “The whole system of funding for post-mortem work needs to be reformed, however, this has been suggested as part of numerous reviews and nothing has come of it, so I don’t foresee anything changing in the near or medium term future.”

> “As a forensic pathologist I feel as though I am in a precarious position in terms of job security. I am basically at the mercy of the coroners who instruct me.”

There needs to be resilience in pathology services, and a review of the structure of forensic pathology is essential to provide consistency in delivery. As a College, we have carefully reviewed issues raised and recommendations made in the reports of independent reviews and will focus on those areas where we can support change in each country.

While practitioners seek manageable caseloads and financial stability, the current model offers little predictability or assurance for those entering the profession. Leaving workforce planning dependent on voluntary data provision and informal arrangements undermines efforts to create a sustainable and resilient service.

There are potentially multiple benefits to systemic reform – such as the introduction of national death investigation services. These benefits include:

- enhanced accountability for meeting legal and public expectations
- greater consistency in service standards across regions
- improved data collection and reporting, enabling accurate workforce modelling, training, recruitment and long-term planning.

A comprehensive report from 2012 identified options and opportunities for improving NHS facilities for forensic pathology.[14] Collectively, these measures would strengthen resilience and ensure the profession can meet future demand effectively. Managed workload and equitable distribution of work would also potentially improve recruitment and retention of staff.

The College has long supported the establishment of specialised centres of excellence where post mortems would be carried out. These centres would be funded through local authorities and the NHS, and allow for early and useful communication with families, which – together with the introduction of national death investigation services (e.g. National Coroner’s Service) – could provide consistent and high-quality services. Recent Chief Coroner’s reports in England and Wales highlight that there continue to be unnecessary delays within the coroner service as a result of chronic underfunding, the increase in the quantity and complexity of referrals, and the ongoing shortage of pathologists.[15] While this is broader than forensic pathology, it also affects the ability for services to meet current and future needs in forensic pathology.

In England and Wales, the Hutton Review of Forensic Pathology in 2015 found that forensic pathology provision was fit for purpose, high quality and serving the needs of the criminal justice system well.[16] However, looking to the future, it recognised that the model of delivery was fragile. These concerns were reiterated in the 2024 Independent review which stated: *“We can give a limited but not complete assurance that forensic pathology services will be able to meet the requirements presented by a future disaster on the scale of Hillsborough. The pipeline of available forensic pathologists is not robust. The arrangements for calling in support from pathologists in other areas are too informal.”* It further noted that the Hutton Review, published in 2015, remains unanswered years later.

It is acknowledged that there are significant challenges to delivering a national service including initial costs and longer-term financial commitments, navigating the forensic and NHS crossover, impact on coroners/COPFS, and resistance to change from current employment models. However, given that this has been recommended in numerous reviews, investigating ways to overcome these challenges is important to deliver a better service for bereaved families.

> The whole death investigation service/coronial system needs a complete overhaul as it is not really fit for purpose in the modern era. There is a complete disconnect between the investigation of suspicious death and non-suspicious death, which means the cases that fall somewhere between these categories are not appropriately investigated in many areas. Largely as a result of the way the forensic pathology service is set up in England and Wales, decisions in terms of which cases receive a forensic examination are often based on financial considerations as opposed to what is the best way to investigate the case.

The effect on bereaved families

Some families of people who have died are waiting longer for answers about the reasons for their death. Bereaved families experience a service that is fragmented, disjointed and inconsistent in its standards and delivery. Inadequate staffing and increasing demand are causing families to wait months for post-mortem results, causing distress and slowing down legal investigations. Although the situation is variable throughout the UK, many consultants report working beyond their contracted hours and still can not meet demand.

Post-mortem report turnaround time

Data is not available on post-mortem report turnaround time, although in some areas, anecdotal evidence indicates that workforce shortages in forensic pathology have led to longer turnaround times for post-mortem reports. This is causing potential delays in the criminal justice system and affecting victims and potential defendants.

Turnaround times for forensic post-mortem reports are influenced by multiple factors and cannot be reliably attributed solely to forensic pathology workforce capacity. While a lower caseload may allow practitioners more time for administrative tasks, delays are driven by dependencies on other specialist services, including toxicology, neuropathology and bone pathology. Severe shortages in these specialties – particularly paediatric and perinatal pathology and osteoarticular pathology – are creating significant bottlenecks, as these disciplines are critical for complex cases and are themselves affected by high vacancy rates and impending retirements.

Joint post-mortem examinations, such as those required in paediatric cases, often involve paediatric pathologists and organ-specific histopathologists. Limited availability of these specialists (especially in the South West and Midlands areas of England, Wales and Northern Ireland) result in prolonged delays, with some cases taking 12 months or more to complete due to outstanding specialist input. Toxicology turnaround times also present challenges, with some basic analyses previously taking up to 10 months to report, although recent improvements have been noted.

Forensic pathologists cannot finalise reports until all supporting investigations are complete. Consequently, delays should be understood in the context of systemic interdependencies rather than as a reflection of individual performance. Unrealistic expectations and pressure from external stakeholders – such as coroners – can exacerbate stress within the profession and are unhelpful. Effective communication of realistic timelines at the outset is essential to mitigate distress for bereaved families and maintain professional integrity.

There are also potential consequences for public health as delayed investigations can obscure causes of death, affecting data on drug overdoses, violence and disease trends.

These delays highlight the need for a holistic approach to workforce planning that extends beyond forensic pathology. Investment in allied pathology specialties is critical to reducing turnaround times and ensuring timely completion of forensic reports. Without addressing these systemic shortages, increasing the number of forensic pathologists alone will not resolve delays. Coordinated strategies across pathology specialties, supported by adequate funding and training pipelines, are essential to improve service resilience and meet legal and public expectations.

Support for families

The Independent review found that families of victims from the Manchester Arena bombing highly valued the opportunity to speak face to face with the pathologists who had conducted the post mortem. Workload pressures mean that it is challenging to provide this support in a timely manner, and across all forensic cases.

Coroners' Courts Support Services offer practical help to bereaved families, witnesses and others attending an inquest at coroners' courts in England, Wales and Northern Ireland. This is provided by COPFS in Scotland. These services have become more visible and essential due to growing delays in inquests, a backlog of cases and the complexity of proceedings.

Mortuary services provision

Inadequate staffing in mortuary services, essential for forensic pathology, can further delay the work of consultant forensic pathologists.

> "Sometimes there is an excessive wait time for routine post mortems, due to a combination of lack of mortuary and pathology staff."
>
> **Consultant forensic pathologist**

Family stories

In listening to both professionals and families affected, a key finding from the Independent review is that technical expertise is not enough and it is the experience of bereaved families which calls for a fresh focus. For pathologists to have the time to engage and communicate with families about post-mortem examinations, greater capacity within the workforce is required.

The following extract is from the final report of the Independent review.

Paul Price, whose partner Elaine McIver was killed in the Manchester Arena bombing, told us that he would like to seek a meeting with the pathologist responsible for the post mortem into Elaine's death. We were able to bring this about. We did so in order to meet his request. But having done so, the circumstances represent a case study on how this can be arranged and the benefits of doing so.

"I wanted to write a few sentences about meeting Mike Parsons, the pathologist who carried out Elaine's post mortem …

This was arranged in the hope it would help me with coming to terms with the death, as I was not in a position to engage with the pathology team at the time due to my injuries. I didn't know what to expect from the meeting or what questions I would ask, and as the meeting approached, I was anxious. I was so glad I agreed to meet Mike; just to put a face to the person who did the post mortem meant so much to me. Mike was lovely and treated our meeting with the utmost respect, and it gave me a lot of comfort to know that he was such a caring person who carried out this procedure; it meant the world to me.

He was able to answer all my questions and shone a light on a part of my life that is very dark with lots of gaps in my memory. I came away from the meeting not as upset as I thought I might be but feeling that a huge weight had been lifted from my shoulders. I got much more than I anticipated from the meeting. I cannot thank Mike enough for agreeing to meet me and you for suggesting and arranging it."

Family stories

"At Support After Murder and Manslaughter (SAMM) we support many bereaved people who encounter the coronial system and pathology services at the outset of a criminal investigation. These services are often among the first points of professional contact at a time of profound grief and trauma, when families are navigating unfamiliar criminal justice processes and terminology.

We hear many positive accounts of families being met with compassion, sensitivity, and care from professionals, which can make a significant difference to a grieving family.

However, the investigation of a traumatic death can conflict with the immediate, practical and cultural needs of a traumatised family. While most people understand the importance of justice, it is vital that these processes are handled with the utmost care and sensitivity and families are given clear information from the coroner's office regarding their rights around body identification, next-of-kin status, and having a medical representative at a post-mortem examination."

Timely information about rights, processes and the findings of the post-mortem report, would allow bereaved families more time and flexibility throughout the process helping build trust in the professionals they meet. This in turn greatly helps support bereaved families during an already overwhelming and distressing period.

College recommendations

The future of a high-quality and sustainable service for families and their communities is dependent on investment in the forensic pathology workforce. This requires coordinated action from multiple bodies across the UK including the Home Office and Ministry of Justice (England and Wales), Crown Office and Procurator Fiscal Service (Scotland), Department of Justice (Northern Ireland), coronial services, NHS workforce and training bodies, and professional and regulatory organisations.

Train

- A phased expansion of an additional 23 training posts over the next 10 years across the UK to help fill current vacancies, replace impending retirements, help ensure succession planning, and provide a safe and effective service. 6 of these new posts should be established in the next 5 years. This should be supported by an equivalent increase in the number of histopathology residents undertaking ICPT.
- As a priority, the Home Office in England and Wales should reinstate the number of forensic pathology trainees to 8, in line with the recommendation of the Independent Review into Forensic Pathology (2024) as part of this required expansion.
- Workforce planning and reform should ensure that those completing training are able to secure employment. Funded time must also be allocated to existing consultants to allow for time to train these additional trainees.
- Governments and deaneries – together with the College – should investigate ways that training posts can be supported in services where there is currently no training provision (e.g. south of England). This includes considering how posts could be integrated within the independent sector (e.g. private group practice) in England and Wales, and flexible approaches to enable training outside of the limited number of currently approved training centres – with support to trainers considering this as an option.
- Initiatives are needed to encourage resident doctors in forensic pathology training to stay in regions where they train – particularly in Scotland and Northern Ireland where there are existing consultant vacancies. This will help to ensure that there is an equitably distributed and resourced forensic pathology workforce throughout the UK.
- Continue the ongoing process of curriculum review for forensic pathology to improve and maintain the highest standards of workforce development.
- Increase focus on forensic pathology in undergraduate teaching to improve understanding of it as a specialty. Align this with other undergraduate learning goals, such as accurate reporting of injuries and the importance of post-mortem examination. Promote learning through the Pathology Portal or other learning platforms.
- Implement a formal government-funded fellowship training programme for histopathologists who wish to retrain in forensic pathology. This should consider the impact of removing histopathologists from the consultant workforce and the ability of the current forensic pathology workforce to deliver training to both resident doctors and these fellowship posts.

Retain

- Increased workforce support, with dedicated administrative support and adequate mortuary staffing. This includes greater flexibility in access to mortuary facilities so that this can be better managed in conjunction with other diary commitments such as court attendance and inquests.
- Address issues impacting retention including employment models, workload and financial security, with a focus on systemic reform.
- Dedicated protected time for professional development to enable forensic consultants to have time to train the next generation and support their own personal development.

Reform

- Governments to revisit and complete analysis of previous fundamental reviews of the structure of the profession of forensic pathology, in collaboration with key stakeholders including the College. This will help to determine service, employment and training models across the UK that can assist the forensic pathology workforce in meeting demand and addressing challenges within the system.
- Establishment of locally organised specialised centres of excellence where post mortems would be carried out, and the introduction of national death investigation services to provide consistent and high-quality services, allowing bereaved people to receive a quality service no matter where they live.
- Investment in dedicated forensic pathology facilities, including mortuary facilities.
- Investment in and implementation of new technology such as post-mortem CT — to be implemented only where appropriate and in line with governance and leadership from forensic pathologists.
- Encourage more appropriate and realistic time frames for reports required by courts, coroners and procurators fiscal.
- Investigate ways to increase the number of histopathologists undertaking post mortems – such as via the Certificate in Higher Autopsy Training (CHAT) – thus removing some of the pressures on the forensic pathology workforce.
- Improved centralised systems for data collection to assist with workforce planning in each nation.

Contingency

- Encourage continued mutual aid and networking between forensic pathology services as effective ways of managing excess workload, as long as this is supported by concurrent efforts to increase the workforce more broadly.
- Improve education of and engagement with primary care services and death management teams to help ensure that cases that are non-suspicious and do not require forensic investigation are not referred inappropriately to the forensic system.

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