



From the President – April 2026

The future of pathology services – The good, the bad and the College.

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Having spent over 30 years working in pathology – along with an exposure to services, providers, NHS leadership, government and industry that my term as President has gifted me – I feel well placed to comment on where we are, where we are going and how we can get there, including the barriers that will slow progress.

The good

I think we all have a fair idea what a good, future healthcare system should look like and the role that pathology could play in it. Recent advances in technology, innovation, digitisation, automation and AI have highlighted how pathology services could in time develop into a more efficient, productive and clinically integrated engine that powers clinical decisions and optimises patient outcomes. Couple this with advances seen in the world of pharma, with remarkable drugs and treatments being developed that have the capability of transforming chronic disease and cancer outcomes. The importance of pathology data in this is clear – blood tests, biopsy, genomics, proteomics, metabolomics are all vital to inform both clinical and therapeutic pathways.

Imagine a future healthcare model where all pathology tests are appropriately ordered at the right time, with samples efficiently processed, taking advantage of automation, digitisation and AI. Imagine that the resultant pathology data, standardised and ordered, can then seamlessly, interoperably link to other relevant data engines hosting clinical data, research evidence and therapeutic options. This then allows AI algorithms (coupled to machine learning) to direct clinical decision making in a timescale that optimises individual patient outcome – true personalised medicine. That is the art of the possible.

The roles of the pathologist and scientist in this future model will not be redundant; indeed, we will be more important than ever, albeit with different skillsets. Imagine a time when we can accurately match training numbers, curricula content and examination competencies with accurately predicted future demand for services.

All of this is possible.

The bad

The reality, of course, is very different, and there are many barriers and obstacles to achieving what we know could be the future. Pathology has not escaped decades of under investment in healthcare – the fabric of our buildings, the archaic state of our IT and a failure to properly model workforce to ensure we are training enough staff, with the right competencies, to deliver pathology services both now and in the future.

The cumulative effect on our healthcare economy as a result of the 2008 financial crisis, austerity, Brexit, the pandemic and now global conflict cannot be understated. Neither can the healthcare trends of more obesity, more chronic disease and more cancer, driven largely by an ageing population. These will all translate into much higher demands for pathology services, at a time when our capacity is unlikely to cope. Overall, the metrics used to score healthcare remain very poor – waiting times, health outcomes, corridor care, ambulance waits, public satisfaction, all show little improvement. Pathology does not escape, with significant deterioration in turnaround times and evidence of service collapse or withdrawal increasing.

Workforce remains the biggest challenge. A relative lack of workforce modelling is not new. The training pipeline is largely determined not by what we need but by a delayed response to service collapse, vacancy increases and hard lobbying. It is no wonder that pathology is facing a predictable workforce crisis in the near future, which will undermine attempts to improve clinical services across healthcare.

The long-awaited long-term workforce plan (part 2) for the NHS in England is unlikely to help pathology. We do not expect new money to increase training numbers – instead, there may be reliance on existing NHS trust budgets currently used for locally employed and Specialist, Associate Specialist and Specialty (SAS) doctors, to convert their posts into additional training numbers. The bottom line is there is no significant budget increase and no headcount increase. Pathology is unlikely to be top of the list to benefit from trust funding, given we have lost up to 20% of our histopathology training places in recent years because trusts have withdrawn their salary support. Similarly, locally employed doctor/SAS numbers in pathology are relatively low.

Advances in technology, innovation, genomics, digital and AI have also clearly outstripped the workforce and fiscal capacity of pathology and healthcare providers to implement and benefit from these advances. A reality check of what is actually feasible and affordable is needed.

What we need is honesty and planning based on what we can actually do, rather than what is ideal or what the public may want to hear.

A succession of reviews, plans and road maps have delivered minimal improvements. The 10-year Health Plan for England, workforce plans and National Cancer Plan present objectives that we can all agree with but are not accompanied by potent, fully funded implementation plans. Meanwhile, the metrics that matter for patients are scarcely improving.

Government relations with the medical workforce and the British Medical Association are severely strained, with, at time of print, much of the medical profession either planning or balloting for industrial action. While the College does not take sides in such matters, it is clear that this affects patient care both directly and as a result of knock-on financial consequences. The training posts and welfare improvements for resident doctors are much needed; significant contribution from both sides will be essential to resolve the dispute.

The College

I could have said 'the ugly', but that is only half the story and not the image I wanted to focus on. The reality is that the College, representing the profession, is now more important than ever. While there is a lot of 'bad' currently in healthcare and pathology, there is also a lot of good – we make a huge contribution to millions of patients' lives and, in doing so, we all matter hugely.

When we interact with senior NHS people, government officers, ministers and occasionally prime ministers, there is a genuine desire to make things better – it's just that other priorities and barriers get in the way. This College continues to work very hard at expressing the need to embrace pathology in healthcare decision-making, pointing out the longer-term gains and the increases in wider healthcare productivity that can be experienced when pathology works well. We don't shroud wave; it does not get you anywhere in a culture that is full of it. We would welcome rational discussions of what is feasible, rather than meaningless, populist targets that have no hope of delivery and deviate care to the detriment of patients. We can still deliver the best care we can, even if we cannot deliver the best care possible.

Our workforce strategy, launched only last year, is now paying important dividends and is allowing the College to back up its voice with good data around where we are and where we need to go. Filling out the College census is so important. Helping promote the importance of automation, advanced scientist roles, digital and AI is something we spend a lot of time on, emphasising that AI will not replace pathologists, but pathologists using AI will replace those that don't.

The importance of working with industry also needs highlighting. Our recent work and collaborations continue to amplify the voice of pathology and ensure our lobbying, expertise and innovation development continue to advance appropriately. The message to industry is simple – give us what we need, rather than what you have – and, to get there, the dialogue we have begun is so important.

The profession's voice is important. If we are silent, we will be forgotten and ignored. The potential future pathology service outlined above will not materialise and our professional wellbeing will be undermined. The College is now so important in this, and of course our impact can only be made if our membership, volunteers and staff continue to provide support.

Our College. Our profession.

Informatics, digital and artificial intelligence

This edition of the Bulletin focuses on AI and its current and potential role in pathology services in the future. Much of the focus on AI in pathology has been on the image-based solutions that can be integrated into both diagnostic histopathology and haematology. But AI solutions have the potential to revolutionise how we approach the entire pathology specimen pathway across all of our disciplines by bringing new levels of efficiency and productivity to pre-analytical, analytical and post-analytical decision-making. Most interesting is how AI can help determine the role and function of all pathology test results and integrate them within clinical decision pathways to optimise diagnosis, treatment, patient flow and patient outcomes. There are many great examples in this edition that highlight what is possible.

The College has spent the last year developing a new structure to better support this fast-changing world of informatics, interoperability, digitisation and AI. In doing so, we have recognised that, while much expertise lies within the College, there also exists a wealth of experts and groups across other pathology-based associations that we must link with and share, rather than trying to reinvent the wheel individually.

The [article in this Bulletin by Ian Hopper and Guy Hannah](#) on the new Digital Strategy Board (DSB) and how this will work, touching on the important links to the British Society of Haematology's Digital Haematology Taskforce, outlines why this is so important. Similarly, we have also developed links to the Association for Laboratory Medicine's LabMed AI and Informatics Specialist Interest Group, chaired by Ed Wilkes.

Meanwhile, the College's existing Informatics Committee and our reborn Histopathology Digital and AI Committee will join these 2 external groups and feed into the newly established DSB. After I chaired the first formal meeting of the DSB recently, it was clear that this will become a very useful and potent, informed voice for everything digital. The Board will serve the pathology profession well in the future and further cement collaborative working with other pathology organisations, industry and governments.

Other news

As stated in the recent College newsletter, I was delighted to see the election of Professor Sarah Coupland as President Elect of the College. I will work closely with her over the next 8 months to ensure smooth handover at the end of November. There are many other opportunities coming up to stand for important College positions, including 5 of our honorary officers, trustees and council members – nominations open 5 June, results by 21 August.

We are hosting another **Industry Leaders Forum** on April 27, with an array of industry leaders, College officers and staff, and important presentations from key NHS leaders and government – including Minister Dr Zubhir Ahmed, Parliamentary Under-Secretary of State for Health Innovation and Safety. We now have 9 corporate members, which allows us to deliver a range of member activities. Over 2,000 members and stakeholders attended in-person and online events delivered by the Corporate & Public Engagement team last year.

Finally, a huge thank you to the College team behind this issue of the Bulletin – great work again.

Meet the author



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