The Royal College of Pathologists

Pathology: the science behind the cure

The Royal College of Pathologists

Workforce census spotlight 3: pathologists in training

RCPath workforce census spotlight 3

Introduction

Pathologists in training are vital to the future of pathology, forming the next generation of specialists, service providers and leaders.

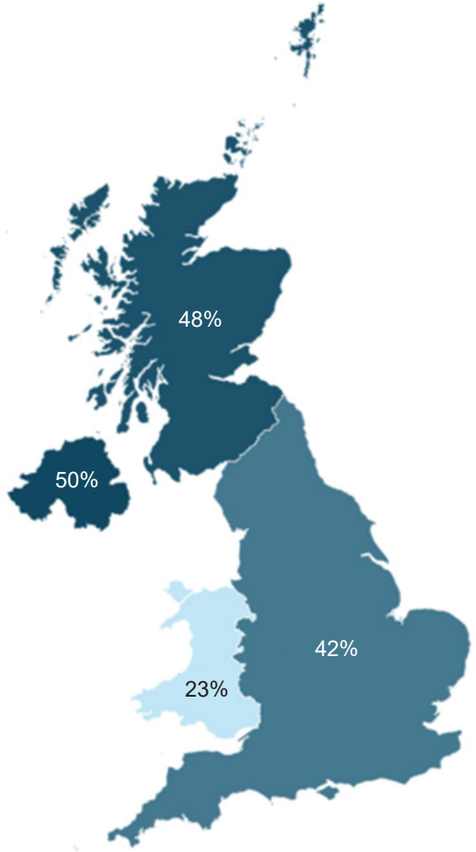
This third spotlight explores their training pathways, career intentions and wellbeing. It reveals pathologists in training are placing greater value on work–life balance and job satisfaction, with many intending to train and work less than full time (LTFT). These changing expectations have significant implications for workforce planning.

Response rate

Of the 2,933 members who responded to the 2025 Workforce Census, 17% were pathologists in training. Among all registered trainees and candidates eligible to participate, the response rate was 40%.

England, Scotland and Northern Ireland each received a robust response rate, however, the response rate from Wales was notably lower at 23%. Therefore, caution should be taken in drawing conclusions from the region.

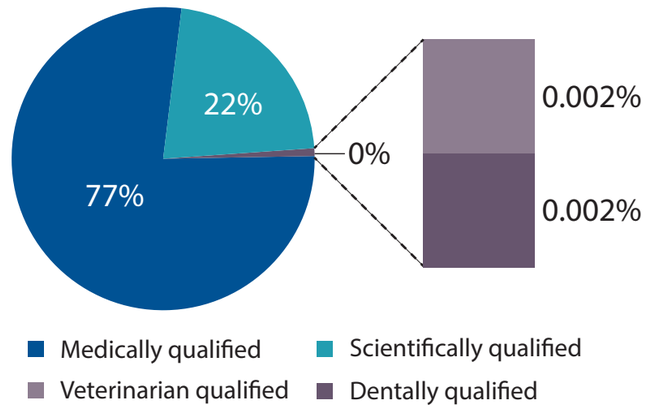
Response rate by nation



Respondent count by professional background

77% of respondents were medially qualified, with a further 22% scientifically qualified. The survey received responses from trainee veterinarians and dentists, however, due to the low respondent numbers, the sample size is too limited to be reported on.

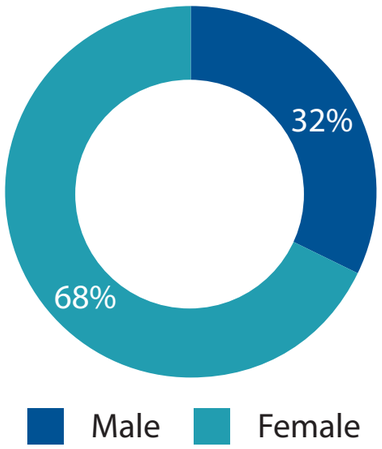
Proportion of responses by professional background



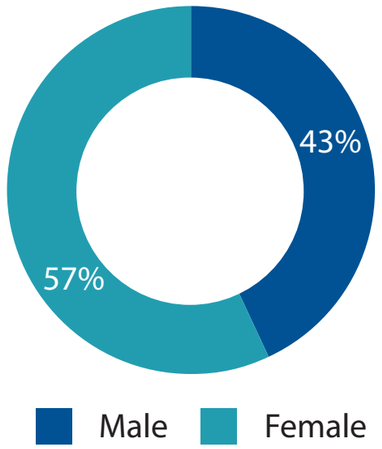
Respondent count by gender

68% of respondents were women. This largely reflects the make-up of the Royal College of Pathologists' trainee membership with 64% female, 36% male and 1% other genders.

Proportion of trainee responses by gender



Proportion of non-trainee responses by gender



Respondent count by training pathway

For resident doctors, histopathology made up the largest proportion of respondents at 50%. Responses from haematologists, and those studying medical microbiology and/or infectious diseases made up the second largest proportion of respondents, at 15%.

Of those undertaking Higher Specialty Scientific Training (HSST), clinical biochemistry made up the largest proportion of responses at 33%, with histocompatibility and immunogenetics making up the second largest proportion of response at 13%.

69% of trainee respondents reported they are currently training between years ST3–ST6.

Medical specialty training pathway – proportion of responses

Medical specialty training pathway	Response
Histopathology	50%
Haematology	15%
Medical microbiology and medical microbiology & infectious diseases	15%
Chemical pathology (clinical biochemistry)	8%
Immunology (ACLI)	4%
Paediatric and perinatal pathology	3%
Medical virology and medical virology & infectious diseases	2%
Forensic histopathology	2%
Diagnostic neuropathology	1%

Scientific training pathway – proportion of responses

Scientific training pathway (including HSST and non-HSST)	Response
Clinical biochemistry	33%
Histocompatability & immunogenetics	13%
Microbiology	11%
Molecular pathology of acquired disease	10%
Genetics	8%
Haematology clincal science	7%
Reproductive science	6%
Virology	5%
Clinical immunology	4%
Transfusion science	2%
Molecular pathology of infection	1%
Not enrolled in the HSST, but sitting Part 1/2	1%

Less than full time training

Growth in LTFT training reflects changing expectations around flexibility, wellbeing and work–life balance. Variations across professional background and gender further accentuate the need for accurate forecasting that reflects LTFT trajectories when succession planning.

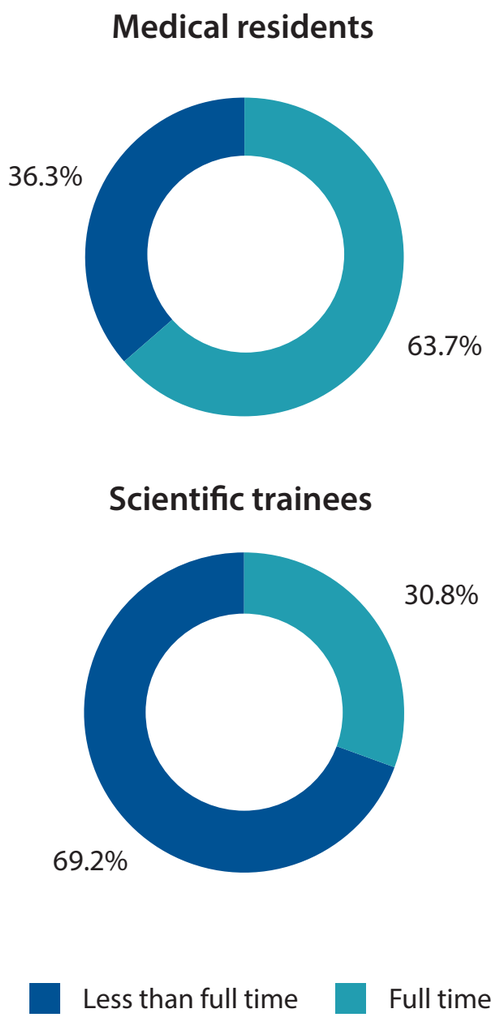
Across the UK, 44% of pathologists in training are working LTFT, although this varies by trainee group.

A clear majority of medical residents (64%) train full time, more than double the proportion of trainee scientists (31%). This disparity highlights the need to account for differing training approaches across professional backgrounds in pathology workforce planning.

Many scientific trainees are 'in service', training alongside their existing clinical scientist role. The programme allows for LTFT arrangements, which likely contributes to higher LTFT uptake among scientific trainees.

Some scientific trainees also pursue FRCPath examinations outside the HSST pathway (for example, in haematology), which supports progression to consultant-level roles, which may further contribute to variation in LTFT patterns.

These nuances call for tailored forecasting approaches that appropriately reflect the unique characteristics that each training pathway offers.



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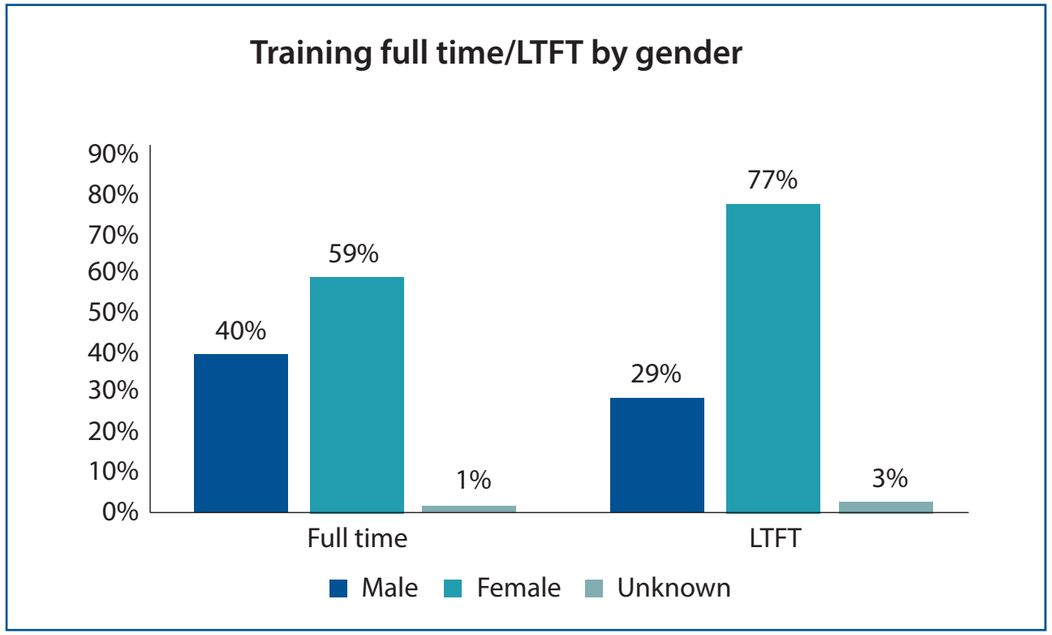
> "As a resident doctor working LTFT and having taken maternity leave, I have found the expectation to progress through exams and training as quickly as possible does not fit with the reality of actual experience gained and realistic opportunities to sit exams.
> **– ST1 resident, histopathology**

Gender versus LTFT training



Of the 44% of respondents training less than full time, 77% of LTFT trainees were women, revealing that women are twice as likely as men to choose to train less than full time.

With women making up 64% of the Royal College of Pathologists' trainee membership, it is essential that planning is inclusive of gendered working trends, particularly in specialties where women represent a growing majority.

Small reductions to training hours can add years of additional time to a training pathway, which already spans more than a decade. Without proactive planning this can lead to gaps in service provision, making it harder for organisations to meet future demand.

Workforce succession planning must include accurate forecasting that reflects LTFT trajectories, ensuring recruitment, training capacity and service models are aligned with the evolving needs of the workforce.

> **Pathology is an extremely flexible specialty, and I am grateful that I have been able to adapt my working week to allow me to continue with my childcare commitments.**
> **– ST2 resident, histopathology**

Primary career intentions

Training pathologists is essential for building future capacity, but this must be accompanied by a continued focus on retaining skilled professionals throughout their careers. As filling training posts varies between pathology specialties, and some trainees do not complete their training, understanding career intentions and factors influencing attrition is crucial.

This section examines the primary career intentions of pathologists on completion of training.

Intended career path

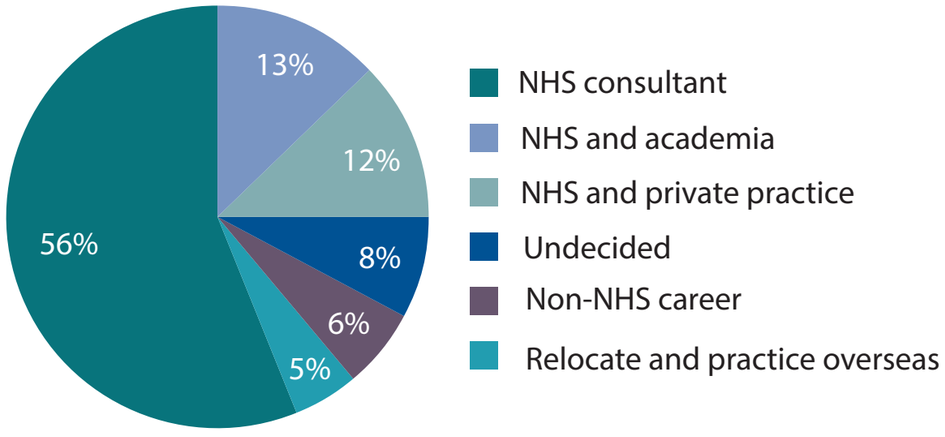
Overall, most trainees (56%) plan to work purely in the NHS/health and social care (HSC) as a substantive consultant or consultant clinical scientist on completion of training. Among those considering mixed roles, 13% intend to combine NHS work with academia, and 12% plan to split time between the NHS and the private sector.

A small proportion of trainees are uncertain about their future career (8%), and 5% plan to relocate overseas.

The remaining 6% of trainees plan to work entirely outside the NHS after training, including taking a career break, joining private/industry or pursuing non-clinical roles like research.

56%
plan to work purely in the NHS/HSC as a consultant or consultant clinical scientist

Career intentions after training (UK)



Overall, this suggests at least 11% of the future pathology workforce is unlikely to enter the NHS/HSC in any capacity after completion of training.

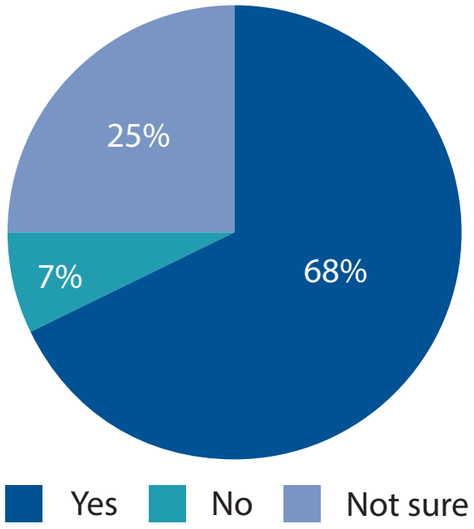
Intended work location

We asked respondents whether, once they complete their training, they intend to find a job within the same region in which they trained. Across the UK, 68% intend to stay in the same region, 7% plan to move and 25% are undecided.

When split by residents and scientists, scientists are marginally more likely than resident doctors to remain in their training region. This can be attributed to newly qualified doctors often receiving placements based on national availability, rather than personal preference, with many residents having to relocate to undertake their medical training.

Comparatively, scientists tend to train 'on the job', often through research roles they chose and applied for directly. This flexibility in choosing training location early on can result in less desire and/or requirement to move location after gaining qualifications.

Intention of trainees to remain in their training region after completion of training (UK)



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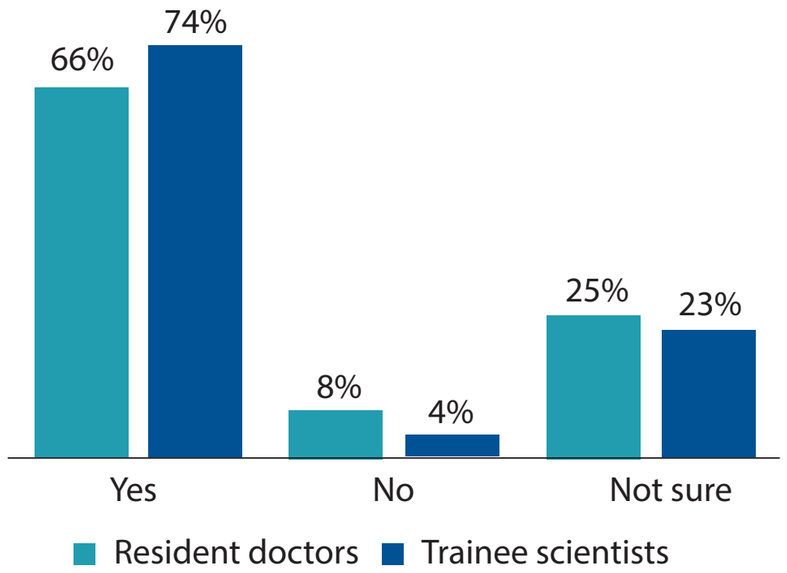
Intention to find a job in the same region in which they trained

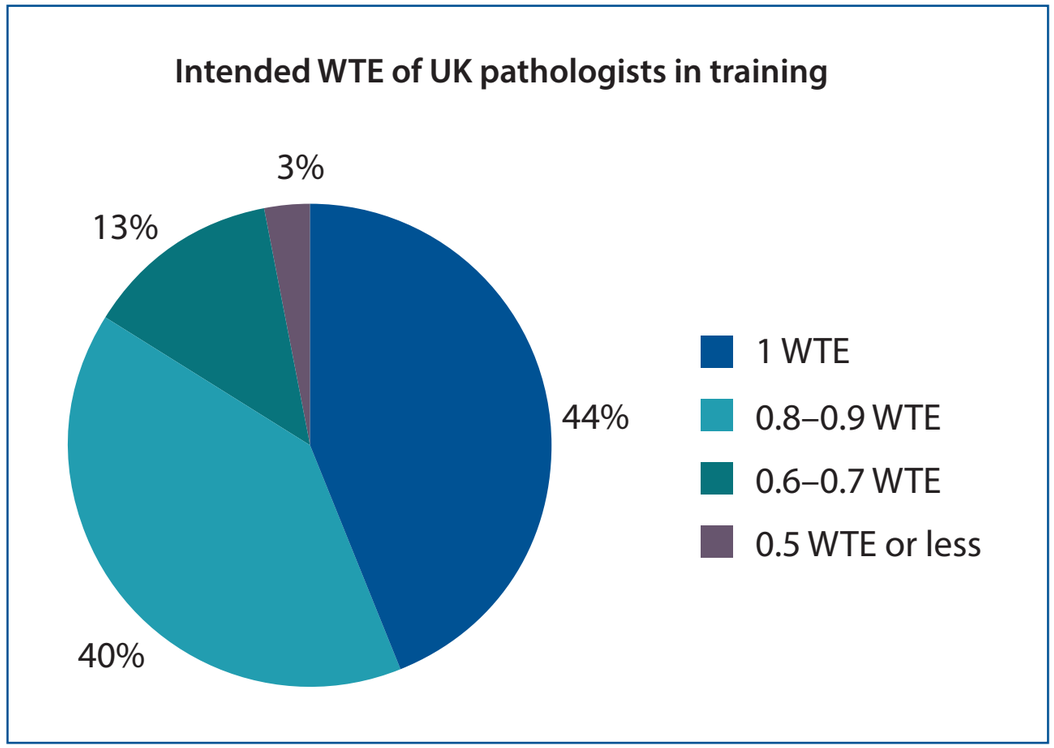


Remaining in the same region can offer benefits for workforce retention, facilitating a smoother transition into full-time consultant positions as trainees are familiar with local infrastructure, networks and community. This continuity can also enhance patient care and is particularly valuable in underserved areas, where it helps address local workforce shortages.

> **"In the 5 years of working as a resident/junior doctor, I had to move home 3 times, and have spent 2.5 years commuting long distances … It's a huge price to pay – mentally, physically and financially – and effectively imposed on me against my will (my only options are to leave training, leave medicine or leave the UK).**
> **– ST2 resident, histopathology**

Intended whole-time equivalents

We asked pathologists in training who planned to gain a consultant position what whole-time equivalent (WTE) they intend to work.



The majority of pathologists in training are intending to work LTFT once qualified as a consultant, with 56% of trainees planning to work less than 1 WTE.

Over half (61%) of residents who plan to gain a consultant position intend to work LTFT.

42% of trainee pathologists currently training full time intend to work LTFT on completion of training.

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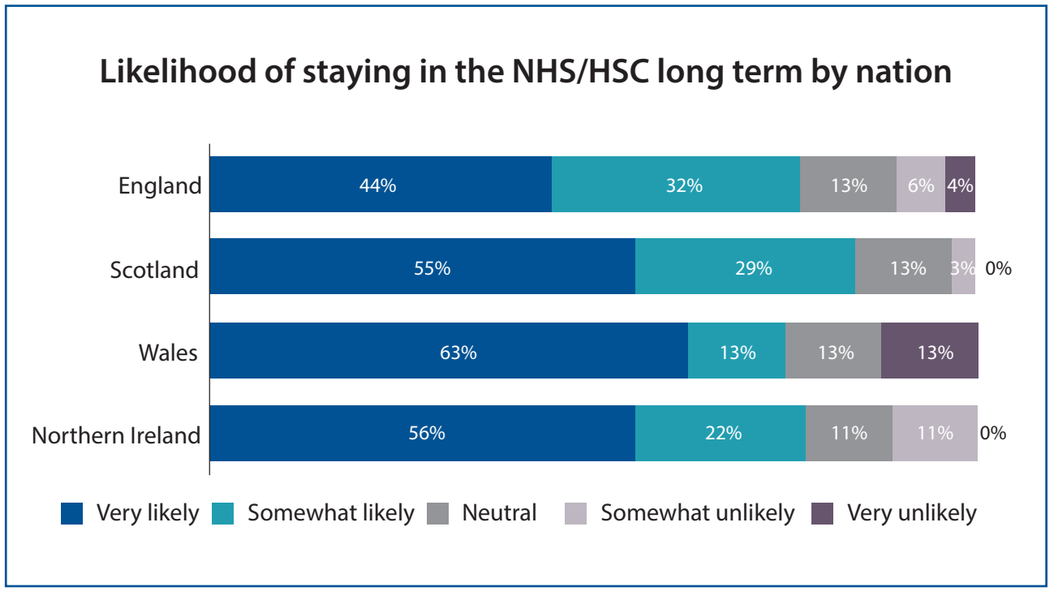
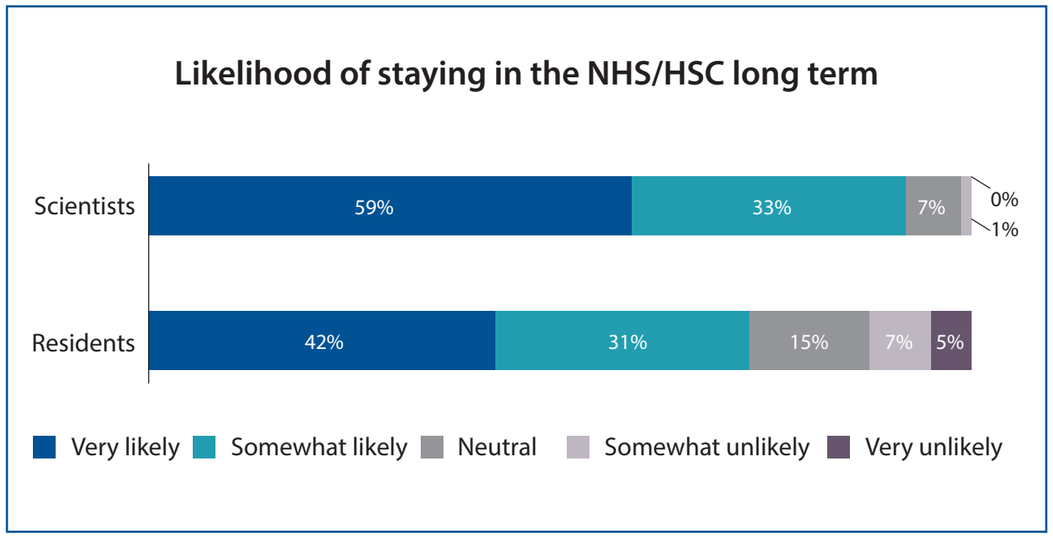
Staying within the NHS

We also asked pathologists in training about their long-term intentions to remain within the NHS, revealing differences by country and professional background.



Across the UK, most pathologists in training indicated it was likely they would stay in the NHS/HSC long term. Confidence was lowest in England, where only 44% felt ‘very likely’ to remain, and highest in Scotland, with just 3% saying ‘somewhat unlikely’ and none choosing ‘very unlikely.’ No respondents in Northern Ireland reported being ‘very unlikely’ to stay.

Scientists showed the highest intention to stay, with 92% planning a long-term NHS career, compared with 73% of resident doctors. This suggests strong workforce stability among scientists but highlights potential long-term retention challenges for doctors.



Factors influencing future career paths

We asked trainees to choose the 3 most important factors when deciding on their future career path.

Top career factors selected by pathologists in training (% of respondents)

	Residents	Scientists
Work–life balance	62%	57%
Job satisfaction and personal fulfilment	58%	66%
Fair pay/renumeration	36%	38%
Flexibility in working hours	31%	17%
Hybrid/remote working	28%	23%
Financial stability	25%	19%
Support for continued learning and development	15%	26%
Career progression opportunities	14%	20%
Inclusive and supportive working environment	11%	13%
Stability and security of the organisation	8%	14%
Diverse working environment	4%	0%

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Factors relating to personal wellbeing were ranked highest, with work–life balance (62% residents, 57% scientists) and job satisfaction (58% residents, 66% scientists) the factors most selected. Fair pay was the third most selected factor by both residents (36%) and scientists (38%). The top 5 factors were broadly similar across medical residents and scientific trainees, although scientists placed greater emphasis on support for continued learning and development, whereas medics prioritised flexibility.

These findings highlight the need to consider flexible working, professional development, and wellbeing into workforce planning to support retention and attract future pathology trainees.

Training post availability

In addition to the factors above, in many specialties, the number of available posts is limited, leading to a highly competitive process in which very qualified candidates do not secure their preferred specialty or location.

The competitive nature of these posts means that early career decisions can have long-term consequences, leading to delays in training, career redirection or leaving the profession. Sufficient support and strategic workforce planning is needed to reduce these bottlenecks within the training pipeline.

> **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.**
> **– ST3 resident, histopathology**

Morale and wellbeing of pathologists in training

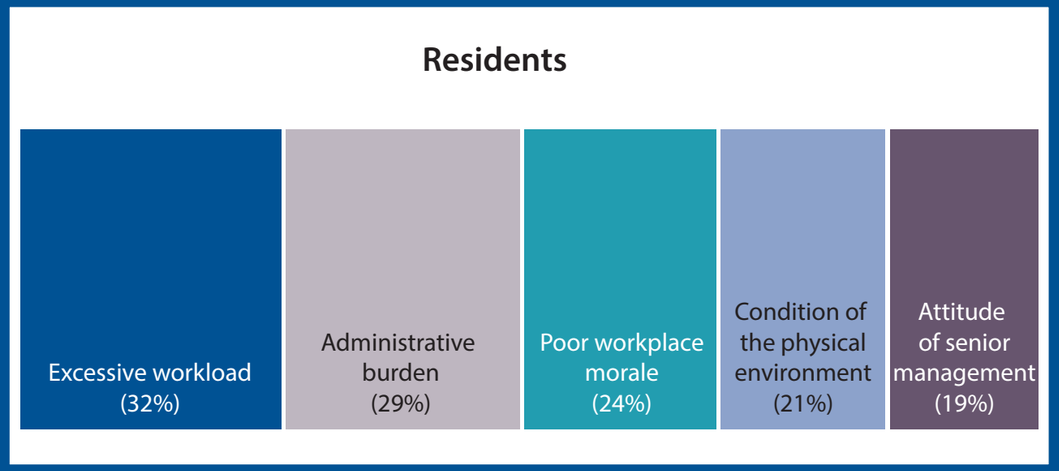
With personal wellbeing factors, particularly work–life balance and job satisfaction, being the most important considerations for the majority of trainees when choosing their future career path, this next section explores trainee's morale and wellbeing in greater depth.

Top 5 factors negatively impacting wellbeing

We asked residents to select from a range of factors that negatively impact their wellbeing at work with the option to select multiple answers.

Within the top 5 responses, both residents and scientists agreed that excessive workload (38%), administrative burden (32%), poor workplace morale (29%) and attitude of senior management (28%) were the key factors impacting their wellbeing, although their order varied.

For resident doctors, a further top factor was the 'condition of the physical environment' (22%), whereas for resident scientists, 'obstruction by senior management' (23%) was seen as a more pressing concern.



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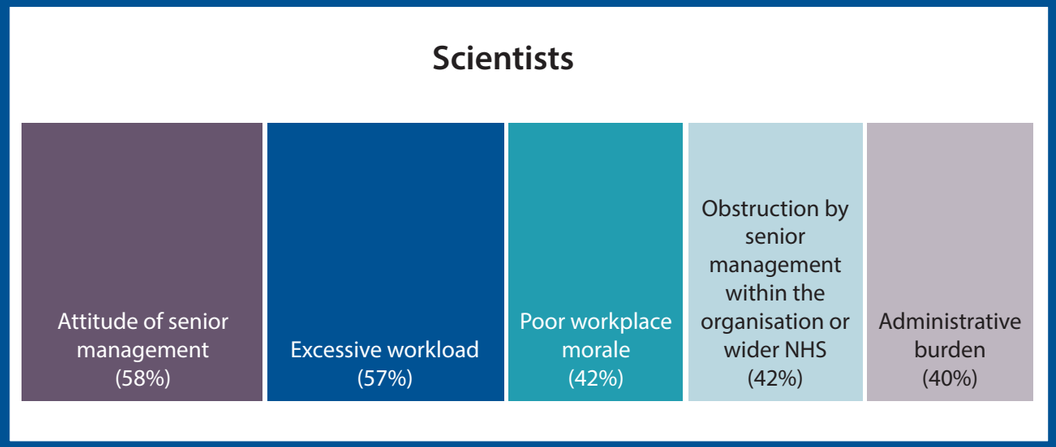
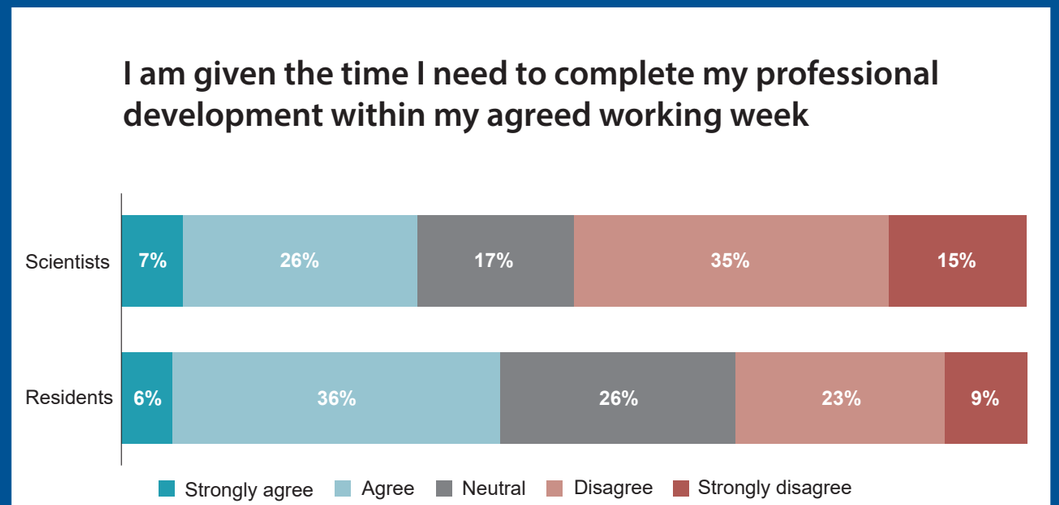


> **"(As a consequence of shortfalls in departmental staffing becoming individual's burdens, training and development opportunities, although theoretically available, are not accessible). Hyper-rotational training adds to this problem as we are only seen as temporary problems, and don't often get to forge meaningful working relationships and embed ourselves in a department to effect change.**
>
> **– ST6 resident, haematology**

Time for professional development

Support for learning and professional development is a key factor for pathologists in training, particularly for scientists, when considering their future career paths. Half of scientists (50%) report that they do not receive sufficient time within their agreed working week to complete professional development, compared with 32% of resident doctors.



Quality of diagnostic equipment

60% of pathologists in training agree that the quality of their diagnostic equipment enables them to do their job effectively. While this figure drops marginally to 54% for scientists, it still highlights the majority of trainees are being supported with the tools necessary for effective learning and skill development.

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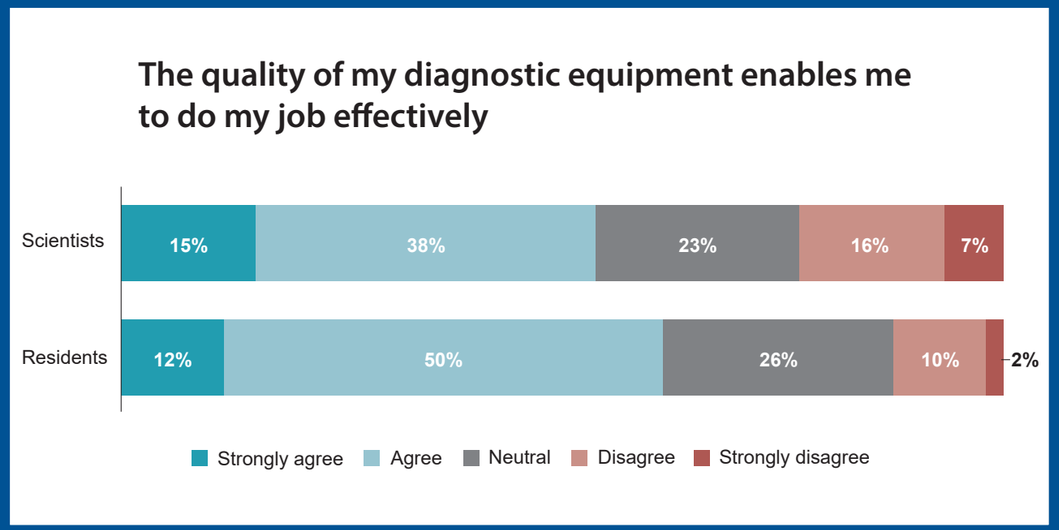
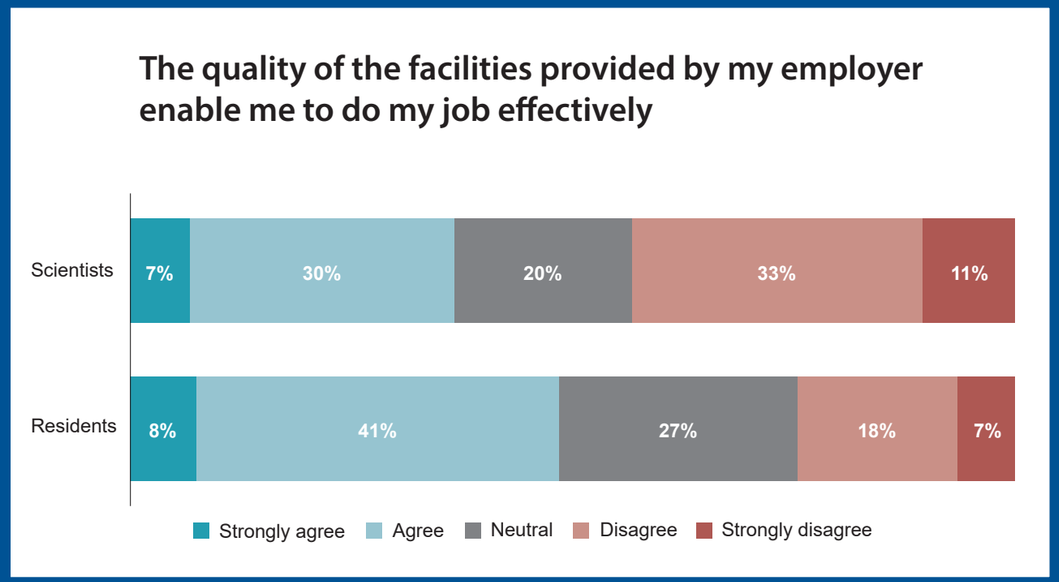


Quality of facilities

Having access to the right facilities and resources is necessary for effective work. While 49% of resident doctors feel their facilities support them; only 37% of resident scientists agree, with 43% stating the current quality of facilities are inadequate for them to do their job effectively.



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