

From the President – October 2025

Welcome to the October 2025 issue of the Bulletin.

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This October edition of the Bulletin is dedicated primarily to the theme of prevention and screening, interpreted in its broadest sense. The issue explores the crucial and multifaceted contributions that pathology makes to preventative healthcare. By examining prevention from various perspectives, we aim to highlight how pathology underpins efforts to avert illness, promote public health and support early intervention strategies. The content within this edition underscores the indispensable part pathology plays in safeguarding health and shaping effective preventive measures.

The 10-Year Health Plan for England identifies prevention as one of its key shifts, offering pathology a chance to showcase how genomics, screening and prevention-focused clinical activities can enhance national healthcare.

Healthcare in the UK faces ongoing challenges. Although millions of interventions take place each week, parts of the system continue to experience congestion, which affects productivity and staff morale. Pathology can provide examples of how investment in preventive strategies may lead to improved healthcare outcomes in the future.

This issue highlights how advancements in pathology and genomics can transform complex healthcare challenges. The emphasis on vaccination within cervical cancer strategies, improved prevention measures for malaria and avian influenza, and enhanced screening protocols for prostate cancer illustrate the significant impact these fields have on disease management and outcomes.

Owing to current fiscal constraints within the UK government, new funding for the 10-Year Plan or workforce expansion is limited. Pathology is required to adopt different working practices, improve productivity and reduce unnecessary demand on services. The College will continue to advocate for investment to support pathology in achieving these goals and addressing the challenges faced by the NHS.

Quality in pathology

Quality remains essential for laboratory efficiency and patient safety. Although several components offer broad coverage, some gaps persist. The College has long hosted the Quality Assurance in Pathology Committee (QAPC) and 7 National Quality Assurance Advisory Panels (NQAAPs), which primarily review referrals from EQA schemes related to ongoing poor performance. However, they are now increasingly also addressing issues with specific assays and analysers. Several longstanding problems remain unresolved.

Governance and mandate

Professional embarrassment remains the main stick that can be wielded. Strong links to the Care Quality Commission (or equivalent), Medicines and Healthcare products Regulatory Agency or senior NHS/Department of Health and Social Care (DHSC) departments remain largely absent, despite strong recommendations to establish and strengthen them from the 2013 Quality Assurance Review and from GIRFT pathology.

Volunteers

As with many College activities, the volunteer model struggles to provide the necessary numbers and expertise to ensure that a critical mass is present to deal with the challenging and complex business being dealt with. Active inhibition by employers also continues to be a problem.

Cost

The College has in recent years been supporting the QAPC and NQAAPs from membership fees – this is not appropriate. Attempts to obtain funding for the basic support costs from DHSC, NHSE, NHSE Pathology, the United Kingdom Accreditation Service, EQA schemes and pathology providers across the UK have proven too difficult or have been actively resisted. Despite many attempts to resolve this, the College has had to take the difficult decision to remove support and stand down the QAPC and NQAAPs from January 2026 until clarity and alternative sources of funding can be established.

A stakeholder meeting is scheduled for later this year to determine whether consensus can be reached regarding the funding and support of not only administrative functions, but also data management and potential compensation for member participation. Additionally, it is essential to establish and finalise the supporting governance structure.

College advocacy – The 10-Year Workforce Plan

The College continues to discuss, highlight and lobby for the importance of pathology in various NHS plans, blueprints, reviews and policies across the 4 nations of the UK. Consultation for the 10-Year Workforce Plan in England has just been launched. This plan is said to build on the 10-Year Health Plan to set out how the NHS can deliver a new workforce model with staff who are aligned with the future direction of reform and have real hope for the future – a tall order.

The College is drawing up a response to submit and many of our officers and committee chairs are engaging directly through meetings, conversations and publications. Our recent workforce census spotlight publications and workforce reports into our specialties will explicitly highlight the challenges faced today and in the future. Meanwhile, our parliamentary event in November will showcase the solutions that pathology can bring to the 3 healthcare shifts.

While it is unlikely that any future plan will sanction significant expansion in the numbers of NHS staff, we need to demonstrate that, using technology, IT, automation, digital pathology and advanced roles will allow pathology to increase productivity, reduce demand and improve patient pathways across the 3 shifts. But, we need the investment first to realise these goals.

College activities

The newly formed New Consultants' Committee, chaired by Dr Claire Deakin, will deal with issues that mostly affect new consultants at the start of their careers. We hope it will build some succession planning for future College roles as well.

The College Industry Leaders' Forum will also convene, bringing together and strengthening important collaborative work between the profession and industry.

We will have the RCPATH Northern Ireland symposium on 22 of October. Then, into November, there will be National Pathology Week and International Pathology Day on 5 November, focusing on the workforce crisis affecting pathology services around the world.

Carter Review update

I attended the first, main meeting of selected stakeholders with Lord Carter's team in Birmingham at the Institute of Biomedical Science Congress. There was much in the way of useful discussion and a general feeling of collaboration to ensure a constructive output for pathology is achieved. The task, of course, is to establish what the future demands on pathology services will be and to weigh up what the best structure, staffing model and technology asks are to meet that demand.

From the College's perspective, we believe it vital that silo lab budgets and staffing complements are not viewed in isolation, nor the limited diagnostic productivity metric. Instead, we need to also consider the clinical impact and value our services have, both directly and indirectly to the wider NHS – more than half of our members are involved in direct patient-facing clinical work.

The emerging Government view is that the NHS is over-funded and over-staffed, with very limited available additional budget. This means that any solutions will need to largely focus on reform of what we do, reducing unnecessary demand and making difficult rationing decisions on what services are feasible to offer – this is no different from other parts of the NHS. For pathology however, investment in IT, digital, AI and automation, along with the real solutions for the 10-Year Health Plan could be largely demonstrated to pay for itself when the wider NHS benefits and outcomes are considered. This needs to be our main argument – simply shroud-waving that we don't have enough money or staff will fall on deaf ears. The exception will be our already failing services that are in need of urgent active resuscitation.

I have just been invited to join the Carter Review Partner Board, which meets later in October. I will be the sole RCPATH representative. I will be happy to take with me any views on workforce, productivity, IT, AI, consolidation or advanced roles, to any of the board meetings.

Pathology and genomics

Genomic services are increasingly important for a wide range of healthcare pathways, especially in cancer services. Many of our members work directly within genomics, both the clinical facing services and within the genomic labs. Many more incorporate and utilise genomic test output within clinical care pathways, notably not just to diagnose disease but to determine specific treatment options for patients – exemplifying this era of personalised medicine. Huge advances have been made in recent years, but the wheels are creaking – poor turnaround times and slow implementation of new technologies mean many patients are missing out on potential life-extending and lifesaving therapies.

Tensions, of course, exist over which services, tests and locations are best for these multifaced services. Centralised genomics versus wider testing locations, genomic hubs versus pathology/haematology departments, etc. What is important is that rational communication happens with informed, consulted decision-making to follow. The College is helping facilitate that communication and is bringing together the various stakeholders across pathology, genomics and industry to ensure that this discussion occurs. It is recognised that what is possible and what is best for patients may not be affordable or feasible – it is, therefore, very important to make sure that what we can do makes the biggest difference.

The College has just formed a new short life working group to convene some of these discussions and is hosting a symposium on Genomics and Cancer at the College on 24 November 2025.

Meet the author



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