

# The Royal College of Pathologists' response to the NHS 10-Year Workforce Plan: Call for evidence

## Response to section 4: Culture and values

November 2025

### Contents

|   |                                                        |    |
|---|--------------------------------------------------------|----|
| 1 | Executive summary .....                                | 2  |
| 2 | College recommendations: Culture and values .....      | 2  |
| 3 | Pressures on the pathology workforce .....             | 3  |
| 4 | Supporting and retaining the pathology workforce ..... | 3  |
| 5 | College recommendations .....                          | 9  |
| 6 | References .....                                       | 12 |
| 7 | Contact details .....                                  | 13 |
| 8 | About the Royal College of Pathologists .....          | 13 |

# 1 Executive summary

The pathology workforce faces significant pressures that threaten both service sustainability and patient care. Rising clinical demand, increasing retirements and persistent workforce shortages are placing considerable strain on staff.

Building a positive culture in pathology is essential to enable a workforce that is valued and able to develop the skills needed for safe and effective practice. Building a positive culture will also encourage more pathologists to stay in practice and inspire more to commence their training in pathology. Significant reform is needed to support pathologists to feel valued within the NHS.

The recommendations below focus specifically on this consultation topic – culture and values. A full set of the College’s recommendations across all 4 NHS England consultation papers – the 3 shifts, workforce modelling, productivity, and culture and values – is provided at the end of each document.

## 2 College recommendations: Culture and values

- Deliver a dedicated pathology workforce plan, informed by accurate data, with a focus on filling current pathology vacancies.
- Provide protected time in job plans for professional development, research, teaching, innovation and national professional contributions and ensure these are honoured in practice.
- Invest in administrative and support staff to reduce clinical burden and improve efficiency.
- Support flexible, less-than-full-time (LTFT) and remote working across all pathology grades, and address pension-related disincentives for doctors approaching retirement to support retention.
- Develop clear career pathways for locally employed (LE), specialty, associate specialists and specialist (SAS) doctors and overseas-trained professionals entering via Portfolio Pathway.
- Correct the current exclusion of CPD funding for healthcare scientists in the 2024–2025 year to ensure equitable support in line with other regulated clinical professions.



- Formal job planning for consultant scientists should be endorsed to ensure consistent recognition of their clinical and scientific contributions and equitable access to professional development opportunities.

### 3 Pressures on the pathology workforce

Evidence from the College 2025 Workforce Census highlights the scale of these challenges.<sup>1,2</sup>

- 77% of pathologists believe current staffing levels are insufficient to ensure long-term service stability or meet rising demand.
- 60% of consultants regularly work beyond contracted hours, most commonly through unpaid overtime ('goodwill').
- Excessive workload (50%) and administrative burden (45%) are cited as the top factors negatively affecting wellbeing.
- 54% say they lack sufficient time to complete their daily tasks.
- 46% stated they are not given the time needed within their working week to complete professional development activities, including necessary training and teaching.
- 37% of pathologists report decreased job satisfaction over the past year; only 15% saw an improvement.
- Across the UK, pathologists feel more supported within their departments (68%) than by their wider organisations (29%).

### 4 Supporting and retaining the pathology workforce

#### 4.1 Professional development

Pathologists require protected supporting professional activities (SPA) time in job plans to reflect their full responsibilities across appraisal, training, teaching, research and leadership. However, SPA time is increasingly being eroded and often treated by employers as optional.<sup>3</sup> The Academy of Medical Royal Colleges (AoMRC) advises a minimum of 1.5 SPAs per week for revalidation and professional development, with 2.5



SPAs recommended as a realistic allocation for consultants undertaking teaching, education and clinical governance.<sup>4</sup>

The Census found that full-time consultants in England average only 1.76 SPAs, with a further 1.2 SPAs done outside contracted hours; 46% respondents reported insufficient time for professional development. Allowing protected time for research and career diversification can support consultant's long-term retention, even if this slightly reduces their annual NHS clinical workload. This erosion of SPA time undermines innovation and development of the specialty, destabilises professional wellbeing, limits opportunities for leadership and learning, and ultimately impacts workforce retention and the quality of patient care.

## **4.2 Consultant scientific job planning**

Within the NHS, formal job planning has been a contractual requirement for medical consultants since 2003; its systematic application to the non-medical workforce – particularly consultant clinical scientists – remains limited. In alignment with national policy, including NHS England's commitment to e-job planning across all clinical professions and best practice guidance for allied health professionals, the introduction of formal job planning for consultant clinical scientists would bring parity, structure and recognition to this highly skilled workforce.

A pilot project at Imperial College Healthcare NHS Trust demonstrated the value of formal job planning for consultant scientists, highlighting the breadth of their contributions to service delivery, leadership, research and education. The pilot also identified opportunities to optimise workforce deployment, support professional development and strengthen career progression pathways.

## **4.3 Pathology estate**

A third of respondents to the census reported facilities below the standards required for safe and effective care. Many departments operate in outdated buildings that compromise staff wellbeing, hinder adoption of digital and automated technologies and prevent expansion of training opportunities. Inadequate workspace and poor infrastructure are direct barriers to service growth, as well as workforce wellbeing.

Urgent investment – particularly in mortuary, blood sciences and genomic services – is needed to safeguard staff wellbeing, support digital transformation and maintain high-



quality care. Aligning this investment with the 10-Year Plan for Health is essential to build diagnostic capacity and create sustainable workplaces.

#### **4.4 Administration support**

Excessive administrative work and bureaucracy are a major source of stress and a barrier to high-quality care. The Census found 34% of pathologists lack adequate administrative resources. Paperwork, reporting, and non-clinical tasks often consume time that should be devoted to training, research, leadership and clinical care, and are frequently completed outside contracted hours. Streamlined processes and additional support staff are urgently needed to protect wellbeing, improve retention and maintain safe, efficient pathology services.

#### **4.5 Career pathway opportunities for SAS doctors and LE doctors and scientists**

LE and SAS doctors are an essential part of the medical workforce and must be provided with the appropriate educational and career support to retain their skills and expertise. The rising number of Portfolio Pathway applications highlights this need. Feedback provided via the Census highlighted a lack of career progression and support as challenges for LE or SAS doctors seeking transition into consultant roles. Clearer opportunities to gain the required experience, along with structured educational and career support are required at all stages of their careers.

Scientists require similar provision, with many reporting limited opportunities for career progression, particularly from band 7 to band 8 posts. Many report having to work at higher grade level but without the recognition, owing to lack of funding within services.

It is particularly concerning that NHS England has excluded allocated funding for CPD for healthcare scientists for 2024–2025. Access to funded professional development is essential not only for career progression but for maintaining HCPC registration, professional competency and workforce morale. Without access to these developmental opportunities, the ability to build and sustain a future-ready scientific workforce is compromised. Dedicated appraisal processes and strategies are needed to ensure career development opportunities are available to avoid a further disenfranchised workforce.



## **4.6 Protecting vital national professional contributions**

It is widely recognised that undertaking professional roles helps with individual job satisfaction – improving both recruitment and retention – and brings benefit to the public and health services. Pathologists closer to end of their careers report that it encourages them to extend their careers.

In May 2025, a letter was sent from the 4 Chief Medical Officers, the General Medical Council, the NHS National Medical Director and the AoMRC to NHS services, asking them to look favourably on requests from doctors seeking their support to undertake national or regional work for the wider benefit of the public and of health services across the UK.<sup>5</sup>

The College welcomes this letter as a strong expression of support for the work our member volunteers undertake for the pathology profession, which reinforces its value as a crucial investment in the functioning of health systems across the UK. However, our members report that it is increasingly difficult to find time for this work due to pressures in their clinical roles.

Additional efforts should be made to ensure that NHS trusts provide time for pathologists to undertake professional activity work. This should apply across all grades of medically and scientifically trained pathologists, all doctors and scientists in training, and across all pathology specialties.

## **4.7 Wellbeing of pathologists in training**

The current workforce is operating beyond capacity, leading to burnout and limited opportunities for meaningful mentorship and trainee support. As highlighted in our response to the Medical Training Review (MTR), significant reform is needed to support resident doctors to feel valued within the NHS.<sup>6</sup> We welcome the recent publication of the MTR phase 1 report that recognises these issues.

Retention of residents hinges on their confidence in being able to secure employment upon completion of training. To support this, it is essential to address bottlenecks both at entry into specialist training and at the transition from CCT to consultant posts. Uncertainty about job prospects at either stage risks discouraging applicants from pursuing pathology specialties. Our recommendation to increase pathology training by at least 150 posts must be accompanied by a corresponding increase in consultant posts to ensure sustainable workforce progression and prevent the loss of trained pathologists.



Trainees indicated that they simply do not have enough time to study for exams and complete their assessments on top of their clinical workload. This has worsened in recent years by increasing workloads, high numbers of consultant vacancies and lack of availability of consultant workforce to provide support.

Trainees highlight the need for increased protected time to support them. Half of scientists (50%) reported that they do not receive sufficient time within their agreed working week to complete professional development, compared to 32% of resident doctors.

This indicates that scientists are less likely than their medical counterparts to be provided with dedicated time for professional development during their working week.

Study leave budgets to support doctors in approved training programmes have remained unaltered for many years – approaching 2 decades in places. This also fails to recognise that costs vary in different parts of the country, and that costs increase with distance from major cities. Additionally, in small specialties, like those in paediatric and perinatal pathology, many key learning opportunities require significant travel and accommodation costs with international conferences being common. Costs for these are rarely covered by available resources and are often met by individuals themselves. The variation in costs and availability of training in smaller specialties, or outside of major cities highlights the fact that not one size fits all when it comes to support. Different solutions are needed to meet different circumstances.

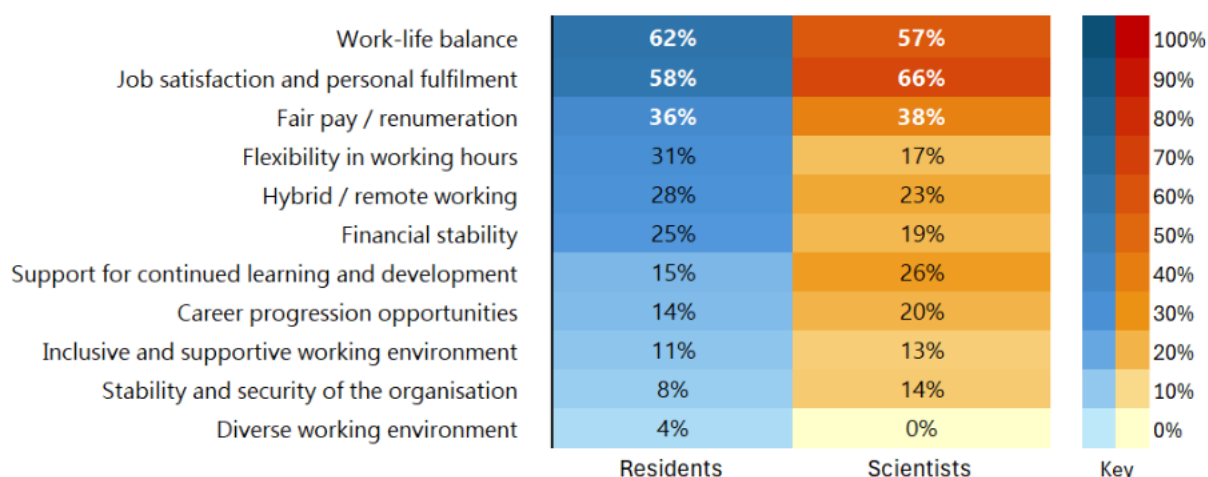
## **4.8 Remote working**

Pathologists have indicated that the opportunity for remote or hybrid working is valued for their work–life balance.

Feedback to the Census highlighted personal wellbeing as a key factor in career decisions (Figure 1). Work–life balance and job satisfaction were the most-cited priorities. Flexibility in working hours and hybrid/remote working also featured highly. Policies are needed to support remote and flexible working to maintain an engaged workforce.



**Figure 1. Top career factors selected by pathologists in training (% of respondents).**



## 4.9 Embedding a positive workplace culture

A positive workplace culture is essential to sustaining high-quality care. When healthcare professionals feel supported and valued, they are more engaged, motivated and able to contribute meaningfully to service improvement.

Key enablers of a strong culture include interorganisational collaboration, psychological safety within teams, effective people management and operational infrastructure that supports co-design with patients and staff. These elements are critical to fostering high-performing teams and driving continuous improvement across the NHS.<sup>7</sup>

Feedback to the Census found that pathologists feel more supported within their departments (68%) than by their wider organisations (29%).

Obstruction by senior management was selected by 30% of respondents in England as a factor that negatively impacts on morale and wellbeing. Key contributing factors were identified as obstruction by senior management (i.e. actions that hinder progress of effective functioning of services), attitudes of senior management, interference in departmental matters without full understanding of operational or contextual issues and lack of support.

Pathologists report that management awareness of the vital role of pathology in diagnostics, treatment and monitoring is also frequently undervalued perpetuating underinvestment. Clinician-led services are vital to creating a positive workplace culture, as well as safe and effective diagnostic pathways for patients.





## 5 College recommendations

Immediate action is needed to develop a pathology workforce fit for future. Investment in infrastructure, technology, IT, automation, digital pathology and advanced roles will enable pathology to increase productivity, reduce demand and improve patient pathway. But investment is needed first to realise these goals.

To ensure that these investments translate into sustainable improvements, centralised workforce planning for pathology is essential. This should include modelling based on current establishments, vacancies, projected retirements, workforce attrition, LTFT working, service redesign, and centrally collected and analysed pathology diagnostic data to inform workforce planning.

Responding to NHS England's 4 consultation requests – the 3 shifts, modelling assumptions, productivity and culture and values – the College makes the following recommendations.

### 5.1 Train

- Fund at least 150 additional medical training posts across all pathology specialties, aligned with population needs. Commit funding for equivalent consultant posts to ensure employment opportunities for those completing training.
- Invest in dedicated UK training pathways for pathologists and scientists to secure safe and sustainable service provision now and in the future.
- Reinstate locum appointment for training posts to support flexible and LTFT training pathways.
- Expand the multidisciplinary workforce, including clinical scientists, biomedical scientists and bioinformaticians, as well as the medical workforce to meet the identified shift to precision medicine.
- Embed genomics and AI training into Scientist Training Programme (STP) and Higher Specialist Scientist Training (HSST) programmes to future-proof the workforce.
- Introduce effective incentives for recruitment in hard-to-fill specialties and underserved regions.



- Fund training and resources to support implementation of genetic and molecular testing.
- Develop strategies to attract medical students and scientists into pathology, promoting the specialty as offering excellent work–life balance and career flexibility.
- Expand protected academic training posts and increase the number of academically trained senior doctors to supervise and mentor trainees to ensure that the pathology workforce is adequately resourced to research and develop new innovative ways of working.

## 5.2 Retain

- Provide protected time in job plans for professional development, research, teaching, innovation and national professional contributions and ensure these are honoured in practice.
- Invest in administrative and support staff to reduce clinical burden and improve efficiency.
- Support flexible, LTFT and remote working across all pathology grades, and address pension-related disincentives for doctors approaching retirement to support retention.
- Develop clear career pathways for LE and SAS doctors, and overseas-trained professionals entering via Portfolio Pathway.
- Correct the current exclusion of CPD funding for healthcare scientists in the 2024–2025 year to ensure equitable support in line with other regulated clinical professions.
- Formal job planning for consultant scientists should be endorsed to ensure consistent recognition of their clinical and scientific contributions and equitable access to professional development opportunities.

## 5.3 Reform

- Deliver a dedicated pathology workforce plan, informed by accurate data, with a focus on filling current pathology vacancies.
- Modernise IT systems and laboratory infrastructure to support digital pathology and interoperability.



- Centrally fund national rollout of digital pathology, recognising the different needs and the workforce implications for each pathology specialty.
- Improve interoperability of laboratory information management systems with electronic patient records and prescribing platforms.
- Standardise training and governance for AI integration, ensuring pathologists are equipped to validate and use digital tools safely.
- Establish more digital pathology fellowships to support and develop the workforce in the digital era, enabling greater impact.
- Support flexible research opportunities, including short clinical projects and multidisciplinary programmes in collaboration with universities, improving access to statistical and research governance support to streamline approvals.
- Prioritise equitable access to training and services, especially in remote and deprived areas.
- Support culturally tailored outreach and diagnostic services to address health inequalities.
- Develop cohesive NHS England strategy for coordinating patient-centric sampling and integrating direct-to-consumer testing into clear clinical pathways with clear clinical governance.
- Promote PCS and community-based diagnostics only with appropriate workforce planning.
- Invest in laboratory services to support service development and innovation. Future roles must be equipped to provide clinical leadership from within laboratories, working collaboratively in multidisciplinary teams.

## 5.4 Contingency

- Promote diagnostic stewardship to reduce unnecessary testing and improve resource use.
- Prepare for cybersecurity threats and infrastructure failures with robust contingency planning and workforce capacity.



- Support One Health initiatives, integrating veterinary and human pathology for joint surveillance and response.
- Promote international workforce collaboration to tackle global health threats and improve pandemic preparedness.
- Strengthen multidisciplinary collaboration across care pathways to support efficient diagnosis and treatment, especially in community settings.
- Continue improving pathology classifications and standards to support consistency and quality to reduce burden on the workforce.

## 6 References

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## 7 Contact details

This response was collated by the Workforce and Engagement team within the Professional Practice Directorate of the College, informed by feedback from Specialty Advisory Committees.

Please contact the College if you have any questions: [workforce@rcpath.org](mailto:workforce@rcpath.org).

## 8 About the Royal College of Pathologists

The Royal College of Pathologists is a professional membership organisation with more than 11,000 fellows, affiliates and trainees, of which 23% are based outside of the UK. We are committed to setting and maintaining professional standards and promoting excellence in the teaching and practice of pathology, for the benefit of patients.

Our members include medically and veterinary qualified pathologists and clinical scientists in 17 different specialties, including cellular pathology, haematology, clinical biochemistry, medical microbiology and veterinary pathology.

The College works with pathologists at every stage of their career. We set curricula, organise training and run exams, publish clinical guidelines and best practice recommendations, and provide continuing professional development. We engage a wide range of stakeholders to improve awareness and understanding of pathology and the vital role it plays in everybody's healthcare. Working with members, we run programmes to inspire the next generation to study science and join the profession.

