The Royal College of Pathologists
Pathology: the science behind the cure

The Royal College of Pathologists' response to the Men's Health Strategy for England: call for evidence

July 2025

The pathology workforce

The pathology workforce is in demand, and demand is rising faster than the growth in trained pathologists. A recent BMA analysis in 2025 has reported insufficient diagnostics staff to meet demands[1]. Existing staff shortages are resulting in backlog, further compounding the perception and pressure of rising demand. Historical underfunding and understaffing is compounded by increased extra resourcing of other medical specialties without consideration of the potential effects on pathology.

- NHS pathology services perform over 1.12 billion tests every year at a cost of £2.5 billion, representing 4% of total NHS spend - with demand estimated to increase 10% per year[2].
- Stronger focus on men's health will expand the role of pathologists in diabetes, cancer and cardiovascular care. As outlined in the Men's health strategy introduction, men are statistically more likely to develop type 2 diabetes earlier and experience complications like cardiovascular disease. However, they're also less likely to engage with preventive healthcare services. As early detection and risk stratification strategies develop, this will represent an increased workload for pathologists.
- The pathology workforce has not increased to meet with anticipated increased workload and patient demand – the lack of pathology workforce is a severely limiting factor in addressing many of the issues impacting men's health e.g. cancer screening, monitoring diabetes and cardiovascular health.

[1] NHS diagnostics data analysis
[2] Pathology standards implementation - NHS England Digital

- Headline workforce data, available from College's **first census spotlight** published 23 June 2025 highlights that:
  - 78% of pathologists do not believe current staffing levels are adequate to ensure long-term stability of pathology services and to meet growing demand.
  - Goodwill (unpaid overtime) is the highest reported method for managing excess clinical demand across UK pathology services, with 39% of pathologists stating that this is how excess clinical demand is managed with reliance also on outsourcing (20%), locums (18%) and waiting list initiatives (12%)
  - 47% of pathologists are aged 50 and over. A focus on retaining experienced staff is vital. These consultants are critical to delivering high-quality services, supervising, teaching and training the future workforce and shaping future services.
  - These findings point to growing strain across the system and raise critical questions about the long-term sustainability of pathology services - and will be particular challenging as demand for services increase.

- The number of trainees in post is insufficient to create the numbers of fully trained pathologists that are required now and in the future. Investment in the recruitment and training of pathologists must include fully funded training places that are well distributed according to patient need and demographics. It can take up to 15 years to train a pathologist from medical school, so there is need for urgent action to address this imbalance now.
- Allocating training posts to areas that that are underserved needs to have concurrent funding commitment by trusts. As an example, in 2023–2024, when part-fund histopathology training posts were made available, up to 20 could not be taken up due to difficulties in funding the NHS trust component of salaries. Trusts may not always view these posts as having an immediate beneficial impact on service provision, but this fails to recognise the fundamental importance of pathology within the majority of patient pathways and long-term service issues created by failures to prioritise investment in pathology at the right time.
- The ability for consultants to provide services and training the next generation of pathologists is impacted by the increasing workload and diminishing pathology workforce. For example, histopathology consultant whole-time-equivalents in England has grown only 1% per annum since 2014, despite a 3% increase in training posts and laboratory requests increasing at a rate of approximately 4.5% each year. Without an increase in consultant posts, a continued increase in clinical workload will continue to severely limit the ability of consultants to provide high-quality training and services.

Challenges facing the workforce

Technological integration and digital pathology

- Digital pathology presents an opportunity to enhance efficiency e.g. the UK government has approved the use of digital pathology in cancer screening programmes with new guidance issued in 2025[3]
- Whilst digital pathology has many benefits, rollout has been patchy and many areas have not benefited from these changes. Rollout needs to be consistent across the UK to provide strong foundations for future developments in AI. In some areas outdated IT systems can compound workforce pressures.
- Also, while digital pathology can improve efficiency, in the short term it can lead to increased demand as services are ramped up and more samples are processed. Capital investment also needs additional ongoing revenue budget allocation to cover the significant running costs including image storage. Digital pathology necessitates strategic planning to ensure adequate capacity and resources.

Infrastructure and support

- Data from the 2025 census indicate that only 38% of clinical biochemists and 45% of cellular pathologists agreeing that quality of the facilities provided by their employer are sufficient to enable them to do their job properly. Only 36% of clinical biochemists and 39% of cellular pathologists agreeing that they have the right resources to deliver the administrative elements of their role.

"Departments that lack funding to provide good quality equipment and ultimately this limits diagnostic ability." - Cellular Pathology consultant

"Resourcing of transition to digital pathology is being woefully underestimated. IT support is often poor as Trust IT departments don't understand many of the issues plus the scanning providers don't understand the clinical need for urgency to fix problems. - Cellular pathology consultant

Service design

- Failure to recognise the fundamental importance of pathology within the majority of patient pathways and long-term service issues created by failures to prioritise investment in pathology at the right time is a cause of frustration among the profession. These should be addressed in the context of expanding any testing, services, or increased access and engagement with the health system. There are concerns about efficiencies within the system, and whether this is best designed to facilitate improved patient care.
- A focus on initiatives such as point of care testing (POCT) have faced challenges including a lack of funding, insufficient staff to support and poor IT connectivity that risk the introduction of unsafe and inappropriate services for patients. The general lack of governance, accreditation and alignment with professional body guidance on safe and appropriate POCTs also remains a major concern.

[3] Digital histopathology in the NHS cancer screening programmes - GOV.UK

"Pathology is always treated as the poor cousin in Trust management. The impact on pathology is never considered in any business cases for development of new clinical services. The public profile of pathology needs to be raised at the highest level." - Cellular pathology consultant

"The most demoralising aspect of my current work is the inability to deliver the best standards of care due to a combination of resource constraints including staffing shortfalls, suboptimal digital infrastructure which means lots of manual, inefficient and unsafe workarounds and ever increasing public/patient expectations." - Clinical biochemistry consultant

Increasing demands on pathology

Ageing population

- The UK population is ageing and older adults are more likely to have complex health needs or develop conditions like cancer or diabetes which require diagnosis and monitoring.
- In mid-2022 there were 1.7 million people aged 85 years and over, making up 2.5% of the population. By mid-2047, this is projected to have nearly doubled to 3.3 million, representing 4.3% of the total UK population.
- Increasing population life expectancy in men will result in the need for in more pathology tests overall.

Rising cancer incidence

- For all cancers combined, incidence rates are projected to rise by 2% in the UK between 2023-2025 and 2038-2040. There could be around 506,000 new cases of all cancers combined every year in the UK by 2038-2040, projections suggest.[4]
- The higher rates of diagnosis are in part likely to reflect work to encourage people to come forward for checks. Campaigns to detect cancer earlier – such as the recent focus on prostate cancer in men - mean more referrals, investigations, and biopsy samples, and increased workload.
- Data shows that mortality rates from cancer are continuing to reduce – in men the rate fell from 345 deaths per 100,000 people in 2011 to 299 deaths per 100,000 people in 2022. For women, the rate fell from 237 deaths per 100,000 people in 2011 to 212 deaths per 100,000 people in 2022. Now half of people diagnosed with cancer are expected to survive their disease for 10 years or more, compared to around a quarter in the early 1970s.[5] Overall death rates remain higher for men.
- Higher cancer survival rates are welcome but present an increased workload for pathologists who are involved in ongoing monitoring patients of patients in remission or

[4] Cancer incidence statistics | Cancer Research UK
[5] Cancer Research UK. Cancer in the UK: Overview 2025. Published June 2025.

who are living with cancer – as well as rising incidence requiring more pathological tests and early identification.

Expanded screening programmes

- Screening is vitally important for prevention and the early detection of preclinical disease at a stage when it can be more effectively treated. Pathology is critical as NHS initiatives such as bowel cancer screening continue to expand.
- Expansion of the bowel cancer screening programme by lowering the screening age from 60 to 50, with the Faecal Immunochemical Test (FIT) offered to individuals aged 50 to 74 aims to detect bowel cancer earlier, potentially increasing the number of samples requiring histopathological analysis. The introduction of at-home FIT kits facilitates early detection, leading to more individuals being diagnosed at earlier stages and potentially increasing the volume of biopsies and subsequent histopathological examinations.
- Participation rates in bowel cancer screening are higher among females compared to males. In 2023-24, 70.3% of females took part in the screening programme compared to only 64.9% of males. 2,240,655 men were screened out of 3,454,085 invited[6]. Ensuring that a higher proportion of men participate in screening is essential to early diagnosis and support – with a focus on those in the most deprived areas where uptake is only 55.8% compared to 75.8% in the least deprived quintile. However, the increased workload associated with this will have a significant impact on an already stretched and struggling pathology system.
- In its 2018 histopathology workforce report the College welcomed higher uptake in bowel cancer screening and testing for the benefits for earlier diagnosis. That report noted that it would increase pathology demand, both as a result of increased initial testing and because positive results lead to further testing. Despite this, workforce has not increased commensurate with this.
- Data from the bowel cancer screening programme includes polyp pathology turnaround time by year in England. Data from the year ending March 2014 to the year ending March 2024 shows national performance of this target over the last 11 years.[7] This demonstrates that pathology turnaround times are increasing and have now dipped and only 88% now processed within the targeted turnaround time, which is below the acceptable target.

[6] Bowel cancer screening standards data report 2023-24 - GOV.UK
[7] Bowel cancer screening standards data report 2023-24 - GOV.UK

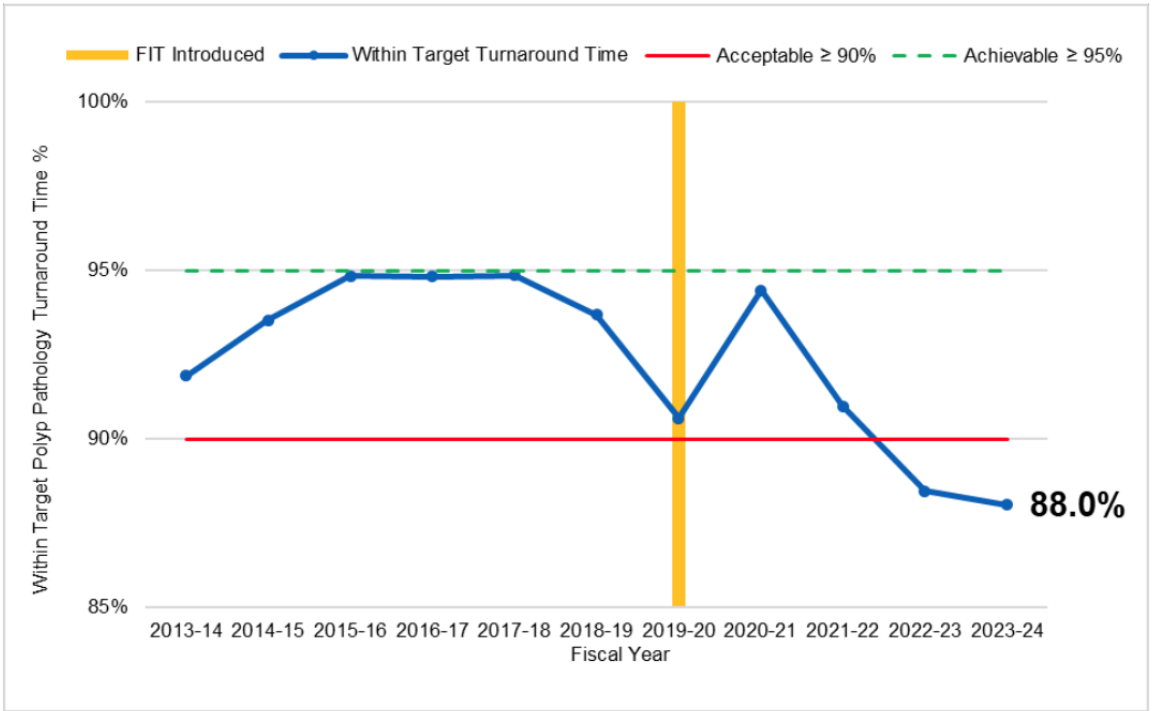


Figure 12: Polyp pathology turnaround time by year, England, screening year ending March 2014 to the year ending March 2024.

- The graph shows a drop in performance during the FIT implementation year, coinciding with the additional workload seen in pathology. The additional workload occurred not only because of the increase in test kit uptake and positivity (meaning more people attended for endoscopic tests where polyps were removed) but also the increase in pathology yield that the new FIT test brings. The FIT kits have a lower false positive rate than guaiac test kits (that is, the FIT kit refers fewer people for a diagnostic test who go on to have a 'nothing abnormal detected' outcome), meaning more polyps are found in those people attending for endoscopic tests. The graph shows some recovery in 2020-21, and but has since fallen for the last three years, coinciding with the increase in eligibility as a result of the age extension programme.
- Screening for cancer and early diagnosis are key to preventative healthcare, largely supported by pathology services. However, a shortage of pathologists and other essential diagnostic professionals is a barrier to expanding screening programs.
- A longitudinal study in the UK found that about 39% of men aged 45 to 69 underwent at least one prostate-specific antigen (PSA) test over a 10-year period, with greater testing of men living in more affluent areas[8]. This is high considering there is no formal national screening programme for prostate cancer in the UK, and this study is from 2017. Rates of testing may have increased as awareness and campaigns around prostate cancer have increased.

[8] Young GJ, Harrison S, Turner EL, Walsh EI, Oliver SE, Ben-Shlomo Y, Evans S, Lane JA, Neal DE, Hamdy FC, Donovan JL. Prostate-specific antigen (PSA) testing of men in UK general practice: a 10-year longitudinal cohort study. BMJ open. 2017 Oct 1;7(10):e017729.

- The UK National Screening Committee is undertaking a comprehensive evidence review to assess six potential approaches to targeted screening for those at higher risk of developing prostate cancer via the TRANSFORM trial. These approaches will potentially lead to more targeted and frequent screenings (particularly of those from less affluent areas), and consequently, an increase in the number of samples requiring histopathological or biochemical analysis.

Increased complexity

- A 2024 workforce report from the Royal College of Pathologists Australia suggests that increasing complexity of testing is the main driver of workforce demand. Structured reporting protocols are also contributing to increasing workload associated with complexity of testing.[9] The second key driver was the value adding role of pathologists who are increasingly responding to referrers for advice on the outcomes of pathology tests, placing additional pressure on an already stretched workforce.
- Reporting requirements and pathology work-up have increased workload per pathology case.[10] In the UK, year on year, the volume of cellular pathology requests received by laboratories has increased by an average of 4.5%. The drive to identify precancers and early stage cancers adds to the complexity of histopathological assessment, when morphology can be harder, and more time consuming to interpret.

Diagnosis standards and guidelines

- Faster Diagnosis Framework and the Faster Diagnostic Standard in the NHS are driving quicker turnaround expectations.

"There are huge expectations placed upon us to facilitate accurate and timely diagnosis of disease, while new standards and guidelines all require more work" - Cellular pathology consultant

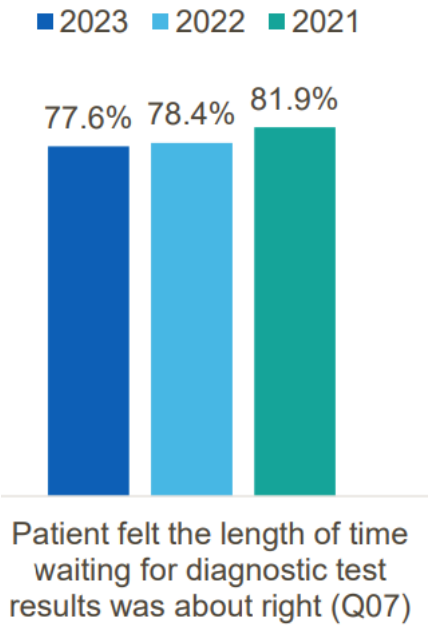
"The increasing demand of arbitrary government targets simply results in everything being urgent and time being wasted chasing one case over another. Much of my working week is hindered through having to find particular cases to report ahead of 'equally malignant' other cases that aren't on whichever monitored access pathway. There is simply not enough staff to keep up with the demand and expected rate of work."- Cellular pathology consultant

"Laboratory staff are under pressure to provide slides, which should happen within 24 hours, but regularly takes longer – in some places, up to 10 days. This directly and detrimentally impacts patient care." - Cellular pathology consultant

- In the NHS patient cancer survey, when asked how they felt about the length of time they had to wait for their test results, 77.6% felt the length of time was about right. This

[9] Final Report RCPA Australia Workforce Review 2024
[10] Evolution of anatomic pathology workload from 2011 to 2019 assessed in a regional hospital laboratory via 574,093 pathology reports - PMC

represents a decrease over the last three years[11] and was the score with the largest negative change - when satisfaction in other areas has stayed static or improved.



Conclusion

Ensuring pathology services can cope with current and future demand to meet with efforts to improve men's health is vital to improve outcomes for men. Potential solutions identified to address the shortage of pathologists in the short and longer term, include:

Train

- An additional 150 pathology training posts across all 17 specialties - distributed according to population needs, and coupled with an increase in consultant posts
- Incentives for trainees in hard-to-recruit areas
- Further development of a multidisciplinary workforce consisting of biomedical scientists and clinical scientists to support the medical workforce
- Structured support for Portfolio Pathway applicants – a valuable part of the workforce - to ensure they receive the appropriate training and support and that there is better planning locally to support their needs (*RCPath has evidence that the number of Portfolio Pathway applications, particularly in histopathology, has increased significantly over the last 5 years. In total, during that time 93 applicants were successful).*

Retain

- Increased protected time for consultants to undertake professional development including research and training

[11] Latest national results - National Cancer Patient Experience Survey 2023

- More investment in support and administrative staff to support the pathology workforce
- Improve visibility pathology of diagnostics across the health system, which is a significant barrier to increasing the workforce and key driver of poor morale in the workplace

Reform

- Capital investment to updated outdated IT systems and implement digital pathology more widely, so staff can work more efficiently and flexibly
- All UK governments to commit to pathology workforce modelling for now and in the future – based on the work to be done, the people we have and how best to deliver the service. This includes continued work to improve pathology classifications and pathology standards implementation.
- Review of effectiveness of regional pathology networks - intended to share workload across hospitals, reduce duplication, improve efficiency by consolidating certain tests in high-throughput centres and enable subspecialist access - to ensure these remain fit for purpose
- Further resources to invest in and upskill professionals to support greater use of genetic and molecular testing.

Contingency

- Improved awareness for all clinicians for appropriate test ordering to avoid unnecessary biopsies or re-testing (diagnostic stewardship).
- Closer MDT working to improve communication between pathologists, physicians, cardiologists, oncologists, radiologists, and surgeons for streamlined diagnosis, as well as GPs for referral pathways to ensure efficient investigation routes for issues impacting men’s health.

Contact details

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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.