

FRCPath Part 2 Paediatric Pathology Postmortem Portfolio Logbook - Guidance for submission

Introduction:

The postmortem portfolio (logbook) submitted by the candidate forms the core body of evidence for competence in Perinatal and Paediatric postmortem practice. **Two** copies of the logbook should be submitted in a specified format, on time and meet a pass mark in order for the candidate to sit the remaining papers of the FRCPath Part 2 Paediatric Pathology Examination.

The individual papers of the FRCPath Part 2 Paediatric Pathology Examination from Spring 2027 are as below and have the following marking scheme:

<i>Postmortem Portfolio:</i>	<i>total 300 marks</i>
<i>Placenta paper:</i>	<i>total 200 marks</i>
<i>Perinatal Viva voce:</i>	<i>total 100 marks</i>
<i>Short surgicals paper:</i>	<i>total 350 marks</i>
<i>Long surgicals paper:</i>	<i>total 150 marks</i>
<i>Surgicals Viva voce:</i>	<i>total 100 marks</i>

The postmortem logbook forms part of the Perinatal Pathology module.

Required contents:

Twenty cases should be presented in the form of anonymised full autopsy reports including photographs of key dissection where indicated. The date that the autopsy was undertaken must be included.

Each case should be accompanied by reflective notes mapped to the curriculum and covering appropriate generic and specialty specific

Capabilities in Practice. Broad topic areas for reflection may include (not exclusively): Quality of clinical information received, comments on the autopsy procedure (postmortem / sampling / histology etc) and ancillary investigations, relevant discussion and learning points for MDT / SUDI / family meetings and interaction with colleagues outside of pathology involved with the case (if relevant). The candidate may also consider reflection on the academic, moral and service value of undertaking the case. The candidate should include a table at the end of each reflection to indicate the curriculum CiPs covered.

The anonymised autopsy report should not exceed 2500 words per case. The reflection section for each case must be a maximum of 500 words.

Indicative cases for the postmortem logbook may comprise:

- 5 medico-legal cases (Coroner / Procurator Fiscal) [observing or assisting] which should include early neonatal, neonatal, SUDI and paediatric cases.
- 7 cases of congenital anomalies of which 3 cases cardiac, 2 cases neurological and remainder other.
- 5 late stillbirth cases.
- 2 x hydrops
- 1 x mid trimester loss not otherwise specified.

Each case must be countersigned and dated by the supervising consultant or educational supervisor to indicate that the logbook is an accurate record and contains original cases undertaken by the candidate. The supervisor

must indicate the entrustment level of the candidate at the time of undertaking the postmortem examination.

The logbook should demonstrate a progression in entrustment levels over the pre-examination period of training aligned to case type.

The entrustment levels are described in the table below:

Level	Descriptor
Level 1	Entrusted to observe only – no provision of clinical care. E.g. Coronial / Procurator Fiscal / Forensic cases where the resident has just observed the consultant.
Level 2	Entrusted to act with direct supervision: Cases where supervision has been hands on the postmortem room for all or the majority of the postmortem procedure (examples may include complex congenital anomalies, intra-partum deaths etc)
Level 3	Entrusted to act with indirect supervision: Cases where the supervision is from the consultant’s office or mortuary office. A case where the consultant has only observed (for instance) the dissection of the heart in a complex case would meet this level of entrustment.
Level 4	Entrusted to act unsupervised. This would apply to cases undertaken by the resident as they are approaching the FRCPath Part 2 examination and may have signed off as part of their independent reporting portfolio. The case must still be countersigned by a consultant who has reviewed it for a perinatal mortality meeting or as part of local departmental internal quality assurance review / audit.

The logbook should be received in the following format:

FRCPATH Part 2 Paediatric Pathology Part 2 examination Postmortem
Portfolio Logbook

Case 1

Category: Fetal anomaly – Cardiac (genetic)

Diagnostic summary:

- Hydrops and cystic hygroma
- Co-arctation of the aorta
- Turner Syndrome

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Clinical History:

Brief, relevant information, anonymised

External Examination:

(description and relevant anonymised photographs)

Internal examination:

(description and relevant anonymised photographs)

Histology:

(description)

Ancillary investigations:

(summarise infection screen / genomics etc)

Clinicopathological correlation:

Reflections:

References:

CiP mapping for this case:

example

Capabilities in Practice	
<p>1</p> <p>4</p> <p>9</p>	<p>Awareness of and adherence to GMC professional requirements</p> <p>Shares information and learning across related specialties using a multidisciplinary perspective</p> <p>Works with learning supervisor and is able to identify limits of own competence</p> <p>Interpretation of reports from related clinical disciplines in the light of pathology findings, mindful of associated pitfalls</p>

Case sign off:

Date autopsy undertaken	DD/MM/YYYY
Entrustment level of the candidate at the time the postmortem was undertaken	Please circle: 1 2 3 4
I, as the supervising consultant confirm the veracity of the case and confirm that the candidate undertook the case.	Name (print)..... Signature..... Date: DD/MM/YYYY.....

Submission:

Two copies of the logbook will be required to be submitted for marking at the time of applying to sit the examination prior to the anticipated sitting of the perinatal module. The logbook must receive a pass mark from the examiners in order to proceed to sitting the exam, and candidates will receive the outcome of their logbook within 6-8 weeks. The logbook must be appropriately referenced (Harvard style) and listed at the end.

If there is any patient identifiable information in the logbook such as Hospital Number, Name, Full date of Birth, Parental Identifiers etc, then the candidate will receive a fail for the logbook. (This is in line with GMC guidance and submission of portfolio materials as evidence of medical practice.) The candidate may receive feedback regarding the requirement for data protection training.

Marking :

The logbook will be marked and the candidate will receive either a Pass or Fail for the logbook. To Pass, a candidate must get over 50% of the total marks. There is a closed marking scheme.

The portfolio should demonstrate sufficient breadth of cases and progression of experience. If cases have not been signed off (in writing) by a supervising consultant, then the candidate will fail the logbook.

A candidate who is awarded a Pass for the logbook may progress to sit the remaining papers of the examination. If a candidate fails the logbook, they

will receive feedback and will not be allowed to sit the remaining papers of the examination diet and will be required to resubmit.