



Paediatric and perinatal pathology workforce

Briefing | Northern Ireland

There is a crisis facing paediatric and perinatal pathology (PPP) services in Northern Ireland. There are no consultants in post and the service has totally collapsed. Urgent action is needed to address this situation.

What do paediatric and perinatal pathologists do?

Paediatric and perinatal pathologists have a crucial role in the diagnosis and treatment of a variety of conditions in fetuses, infants and children. In many cases, diagnoses can help to screen other family members who may be affected. They also undertake post-mortem examinations which provide information about cause of death and – where relevant – give information that aids treatment in subsequent pregnancies.

Impact on families

The workforce crisis is having a significant and distressing impact on families in Northern Ireland. Northern Ireland has not had a PPP consultant in post since 2019. Post-mortem examinations are currently being carried out on an interim basis at Alder Hey Children's NHS Foundation Trust in Liverpool.

This means that if a baby or child needs a post mortem, their body must be transported by either ferry or by plane to England.

All parents should have the option to know why their baby has died, and the process of moving a baby or a child's body long distances brings significant distress for families. A lack of available consultants to recruit to the post means this 'interim' arrangement has now been in place for over 6 years.

Key findings

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There are no consultants in Northern Ireland, which has led to total collapse of service.



Recruitment is almost impossible due to a national shortage of qualified candidates across the UK.

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The 3 funded consultant posts in Northern Ireland are all vacant.

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Mutual aid – in place for Northern Ireland – relies on services being provided by an already seriously depleted workforce, or a less qualified workforce.



It is now impossible to host resident doctors in an approved specialist training programme for PPP in Northern Ireland, compounding the threat to long-term service sustainability.



Consultant recruitment and training will require significant overhaul to restore these services.

Northern Ireland recommendations

The future of high-quality and sustainable PPP services for babies, children and their families is dependent on investment in the workforce. Clear workforce strategies are needed in Northern Ireland to achieve this. The time to act is now.

For Northern Ireland the priority is to restore local service provision which – as a minimum – should restore 3 whole-time equivalent (WTE) PPP consultants to the workforce.

UK recommendations

UK-wide recommendations made in the paediatric and perinatal pathology workforce report 2025 identify strategies that are needed to enable the provision of resilient and sustainable services. These should be considered in Northern Ireland in the context of plans to attract, train and retain the workforce now and in the future.

Train



- ✓ A phased expansion of PPP training posts up to 37 (31.1 WTE) across the UK by 2030 to help manage current consultant vacancies and help ensure succession planning. Funding must be committed for consultant posts to ensure that those completing training are able to secure employment. Recruitment should focus on centres or regions with workforce gaps, ensuring that high-quality supervision and practical PPP experience can be realistically delivered; where local opportunities are limited, flexible approaches should be considered.
- ✓ Governments must commit funding and resources for continued development of Fellowship in Paediatric and Perinatal Pathology and fund 10 fellowships in the next 10 years, with committed support for training sites and a clause for graduates to stay working in the NHS for a specified period of time included in the contract.
- ✓ Continue ongoing process of curriculum review for PPP residents to improve and maintain the highest standards of PPP workforce development, so that staffing does not affect quality of training. This includes supporting access to practical PPP experiences where feasible, with flexible approaches to accommodate centre capacity and trainee needs. This requires funding and educational support from all 4 governments to substantiate curricular delivery and attract doctors into the specialty.
- ✓ Review the routes of entry for PPP and consider implementation of localised and more frequent recruitment to support local interested candidates. This includes committed funding by NHS organisations to training posts allocated by deaneries to areas that are underserved so that these posts can be taken up.
- ✓ Increased financial support through study leave budgets for residents to attend specialist meetings and training overseas, which may be the only way for PPP residents to access educational opportunities.

Retain



- ✓ Increased workforce support with dedicated biomedical scientists, anatomical pathology technicians and administrative support in each paediatric pathology unit – delivered flexibly to meet the needs of the service, together with managerial support that recognises the unique pressures facing PPP.
- ✓ Greater support for funding via study leave budgets to recognise the additional expenses of maintaining high-quality care in PPP, where education and learning opportunities are frequently outside the UK.
- ✓ Dedicated protected time for professional development to enable PPP consultants to have time to train the next generation and support their own personal development. As a minimum – consultants should be provided with 2.5 supporting professional activities (SPAs) in line with guidance from the Academy of Medical Royal Colleges.

Reform



- ✓ Create a cadre of additional workforce by upskilling biomedical science/science graduates to do a 2-year Diploma Course in Placenta Reporting (to be jointly developed by the Institute of Biomedical Science [IBMS] and RCPATH) so they can be appointed as consultant healthcare scientists, supervised by medical consultants.
- ✓ Create opportunity for histopathologists – for example gynaecological pathologists – engaged in placenta reporting to enrol in a funded short online placenta reporting course (3–6 months) with opportunities for external quality assurance (EQA) and continuing professional development (CPD) by their respective employing departments.
- ✓ National recruitment for 25 WTE paediatric and perinatal pathologists with calls to the EU, EEA and wider. Actively approach suitably trained perinatal pathologists through wider global advertising and help potential international candidates with the requisite General Medical Council (GMC) and RCPATH requirements to take up the vacant posts.
- ✓ Invest in digital pathology and research projects to aid the progress of artificial intelligence as part of transformation programmes – timely technological developments can help transform pathology services in the NHS and beyond.

- ✓ Work should continue across the UK to include clear workforce planning to determine the number of qualified paediatric and perinatal pathologists required to provide a resilient service now and in the future.

- ✓ Governments to improve and standardise data collection, commissioned across the 4 nations, to capture the extent of the backlog of paediatric and perinatal cases to inform this planning.

Contingency



- ✓ Continued development of guidance, such as the placental pathway publication, which revised the indications for placenta requiring histopathological examination, to reduce the number of referrals to where it makes the most valuable contribution to maternal care.
- ✓ Continued identification of prioritisation and hub working as effective ways of managing excess workload, such as the interim guidance from NHS England, which sets out the criteria for perinatal post-mortem investigation of fetal and neonatal deaths in England and Wales.

- ✓ Continued support for mutual aid as long as this is supported by concurrent efforts to increase the workforce more broadly.



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