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

Prenatal, Perinatal and Paediatric Pathology SAC

A meeting of the Prenatal, Perinatal and Paediatric Pathology SAC will be held on Thursday 15 May 2025 at 11:30m – 13:30pm hosted by the Royal College of Pathologists via MS Teams

Professor Sarah Coupland
Registrar

Present:	Dr Clair Evans	Chair / Chair of Panel of Examiners
	Dr Srinivas Annavarapu	Immediate Past Chair Ex-Officio
	Dr Jo McPartland	Past Chair Ex-Officio
	Dr Ed Cheesman	Chair Cellular Pathology CSTC, BRIPPA representative
	Dr Liz Hook	England National TPD
	Dr Dawn Penman	Paediatric Forensic Pathology, Scotland
	Dr Gauri Batra	Representative for Professional Advisory Group for national Child mortality
	Dr Andrew Bamber	Regional representative for Wales
	Dr Francesca McDowell	Trainee Representative
	Ms Amy Johnson	RCPath Workforce
	Ms Felicity Kenn	RCPath Workforce administrator
Apologies:	Prof Marta Cohen	Academic Lead / Vice President for Learning RCPath

1. Welcome, declaration of conflicts of interests and apologies for absence

1.1 The Chair welcomed all members to the meeting and thanks Dr Annavarapu for his service as Chair of the PPP SAC.

1.2 Professor Cohen sent apologies.

1.3 There were no declarations of conflict of interest.

2. Minutes of the last meeting

2.1 The minutes of the meeting held on 22 October 2024 were reviewed and approved.

2.2 Matters arising – SA was invited to give an update on the progress of the BMS placenta reporting project. A joint board Chaired by Sarah May from the IBMS and Srinivas Annavarapu from the RCPath is overseeing the pathway for BMS reporting of placentas. A curriculum has been developed with the intention of training an advanced practitioner over 2-3 years to trim and report placentas. The BMS will be required to sit an examination of placenta reporting at the same level as the FRCPath part 2 Paediatric Pathology Examination.

The full scope of BMS placenta reporting has yet to be finalised and has not yet been determined if this will encompass all placentas or placentas from a limited pool of clinical presentations. This will require further consultation via BRIPPA before a final decision is made. Two, possibly three pilot sites have been identified for training the BMSs (Cambridge, Alderhey, Sheffield +/- Manchester). No set timeline for this project has been identified. Possible start dates include January or Autumn 2026 but this will depend on the feedback from the BRIPPA membership.

LH highlighted aspects of this project that required safeguards to be integrated: Graduate BMSs must work in a department where there is appropriate consultant support and where a second opinion of cases can be easily obtained. The supervising consultant should regularly report placentas. A graduate BMS should NOT be allowed to work in a

department where there are no pathologists undertaking perinatal pathology. All members of the committee agreed with JMcP's points.

Linked digital pathology may help in seekeing second opinions however, a fully linked digital pathology network has yet to be fully established.
Action: SA to consult BRIPPA and report back to the PPP SAC with an update.

2.3 Action log – It was noted that we have a trainee representative on the committee. The Chair indicated to the updated terms of reference which has removed some of the historical representation (Clinical Genetics) on the committee as it was no longer required. TOR would need formal ratification by college Council.

3. Workforce report

AJ and FK attended the meeting and gave an overview of the College's workforce group in relation to Paediatric and Perinatal Pathology. It has been prioritised by the RCPath as an area of concern and the RCPath is intending to publish a workforce report in July / August 2025. Using FOI requests, AJ's team have collated the current complement of consultants and trainees across the UK. AJ highlighted that there is a current aspirational number of consultants required of 82 across the UK which leave a current shortfall of around 30 consultant posts. CE highlighted that aspirational posts need to take into consideration the increased number of residents and consultants working LTFT and add this to the aspirational objective. AB pointed out that workload demand is very often driven by the quality of the service. In departments where there is good access to paediatric and perinatal pathologists the workload, particularly for postmortems is higher.

The workforce group requires information for the completion of their report including circulating a questionnaire to all Paediatric Pathologists in the UK, Case studies / illustrative journeys of the work and effect of Paediatric and Perinatal Pathology in patient care and confirmation of the aspirational gap for consultant staffing. Members of the SAC provided contacts for AJ and FK for stakeholder input such as SANDS, Cot Death Trust, Scottish Cot Death Trust, Lullaby Trust, R Wish, SUDC and Social media influencers.
Action: PPP SAC members to complete questionnaire and return to AJ/FK. PPP SAC members to contact AJ with links to social media resources.

4. Conversion fellowship update

EC, SA and LH reported that the recruitment round for the conversion fellowship had closed. The funding for these fellowships comes from specialised commissioning in NHSE. Fellowship posts will be offered where there are definite unfilled CCT specialty training posts and currently those posts will be in Sheffield, Manchester and Oxford. Funding for the fellowships is for 3 years. Concern from the SAC regarding the initial outcome of the fellowship was raised regarding retaining the fellows in the NHS once they had completed the programme. A clause for graduates to stay working in the NHS for a specified period of time should be included in the contract.

5. Specialty training update

LH and EC indicated that there was a vacant training post in Manchester. CE indicated that a Scottish training post would be advertised in the Spring 2026 recruitment cycle ready for Aug 2026 start. LH is identifying further training posts and there are possible locations identified in London, Cambridge and Southampton. Since the funding stream for specialty training was changed in England so that NHS Trusts have to contribute 50% of the funding with Deaneries funding the other 50%, the trusts are unwilling to support training. The SAC noted that this could have a severe impact on training. LH reported that there was not a willingness on behalf of Deaneries to fully fund posts in critical shortage specialties as other training programmes would want the same.

LH reported that a centre was trying to create an ST3 post in paediatric and perinatal pathology without sufficient onsite consultant supervision (only 2 out of 5 days per week). The SAC agreed that this was not a satisfactory or safe post without appropriate consultant supervision.

There was discussion of the funding of the IPPA course for residents as it appears patchy and inconsistent across the UK. Residents are limited by study budgets and some Deaneries will not fully fund oversees courses.

EC said that the College was about to embark on curriculum updates for the cellular pathology specialties. A question regarding the perinatal postmortem part of the Histopathology curriculum had been raised by a TPD at the CSTC, to ask whether it was necessary. The PPP SAC were unanimous in support for the paediatric and perinatal pathology components of the curriculum to remain in ICPT and that there were a number of centres willing to offer placements to trainees in programmes where perinatal postmortem experience could not be obtained locally. CE highlighted that many TPDs at the CSTC were incorrectly quoting specialty placements from the 2015 rather than the 2021 curriculum.

LH reported that there is a residential training week for the PPP residents in September. CE asked if there was a mechanism for the residents not based in England to attend as well.
Actions: EC to feedback to the CSTC that centres are willing to offer external placements for paediatric and perinatal pathology experience.
LH to update on future available training posts in England. Discuss with CE regarding September residential trainee teaching.

6. Examinations

CE indicated to the examinations update presentation that had been circulated to the committee. The new examination format is likely to start in Spring 2027 rather than Autumn 2026 as the GMC had yet to sign off the changes to the exam and curriculum update. CE will present the examination update to the BRIPPA membership on the 22nd May 2025 so that residents will have an opportunity to start preparing postmortem logbooks.

No specific report for the recent examination diet was given as there was a conflict of interest with the trainee representative on the committee on this occasion.

7. Trainee report

FMcD offered congratulations on behalf of the trainee body to new consultants and new paediatric pathology trainees. The trainees / Residents had feedback a number of points:

- Pathology Portal. Happy with content.
- Placements and travel to other centres to cover curriculum requirements – the trainees request some guidance / assistance. LH stated that Lead Dean (Gary Wares) had agreed to support funding for this.
- Numbers based competency in the curriculum. LH and CE highlighted that the reporting numbers in the syllabus are an indicative guide and ARCP panels review portfolios on the basis of merit. CE highlighted that straightforward cases are more suitable for developing independent reporting logbooks and should not be used purely to pad out reporting numbers. The SAC members highlighted that residents seeing a good number of cases were better prepared for the exam and for future consultant practice.
- BRIPPA teaching had been well received. Would like it to continue. LH said that she will have a conversation with Dr Stenton about this.
- Golden handshake withdrawal – The funding for the golden handshake for new trainees recruited to posts in England has stopped.
- Examination and Marking – FMcD asked if the marking for the PPP exam was the same as Histopathology. CE explained that there are differences as the cases have weighted marking according to complexity. CE stated that she can run further examination familiarity sessions with trainees.

8. Paediatric and perinatal death investigation guidelines (Including forensics)

8.1 Review current PM guidance with reference to practice and update regarding infectious diseases - CE had forwarded the letter sent to the college president regarding testing for infectious diseases at postmortem and explained that a working group had been set up between the RCPath and RCOG. The initial driver was failure to detect cases of syphilis and other stakeholders had noticed that testing for infections had not been stated in RCPath autopsy guidance for stillbirth. AB highlighted that microbiology labs in different NHS trusts had different infectious diseases screening protocols for perinatal cases and what would be useful would be guidance to medical microbiology for a more consistent approach. The SAC also highlighted that not every stillbirth case warranted infection screening clinically so any guidance would have to be discretionary.

8.2 Query regarding postmortem CSF sampling (SUDI)

The RCPath had received a query regarding CSF sampling for coronial cases. The SAC response stated that:

If a child dies and a paediatrician attempts to sample CSF, they should only make a single attempt and only via a lumbar puncture. It should be documented clearly in the notes. No attempt should be made to undertake a cisterna magna puncture.

The paediatric pathologists take CSF at postmortem as part of the "Kennedy Protocol".

8.3 Medico-legal postmortem provision

The chair invited comment on the provision of paediatric medico-legal postmortems. The panel responded with a number of insights:

- A number of centres cap the number of Coronial postmortems that they undertake a week.
- Some centres have Coronial postmortems built into consultant job plans, whereas others undertake these as separate, non-NHS work.
- There is significant variance in how much centres charge for Coroner's Paediatric Postmortems and Coroner's officers who are aware of this will preferentially target centres that charge less per case.
- There are insufficient numbers of Anatomical Pathology Technicians (APTs) to fully support the service in many areas. This significantly impacts on the delivery of the service.
- Radiology staffing also affects the ability undertake these cases as sufficient radiographers and reporting radiologists are required.
- The Fee structure for these postmortems does not reflect the complexity of the work, investigations required and consultant and APT time.
- Undertaking Coronial / Procurator Fiscal postmortems can negatively affect turn-around times of other cases in the departments (perinatal postmortems, placenta reporting and surgical pathology reporting).

Action: EC to request BRIPPA forensic group to audit, cost and agree on baseline costs for Coronial postmortems.

9. British and Irish Paediatric Pathology Association (BRIPPA) update

EC said that there was no specific update to give in addition to the items already discussed. The annual BRIPPA meeting is being held next week (22nd May).

10. Regional reports

AB working in Cardiff and covering some South West work. No further specific reports in addition to those noted above in the minutes.

11. Academic Activities

Prof Cohen had sent a list of conferences / webinars that she is in the process of organising. All encouraged to support and attend.

12. Committee membership

12.1 To note the updated SAC terms of reference and membership ***(paper)*** All noted

13. Any other business

13.1 Death Investigation Committee representative *(volunteer required)*. The Chair asked if any members of the SAC would be willing to represent the PPP SAC at the DIC meetings. SA had attended in the past. AB kindly volunteered and will co-ordinate with SA if a deputy is required.

13.2 GB requested to step down from the PPP SAC. A volunteer to take over from her on the Professional Advisory Group is required.

Action all: Volunteer required, please contact GB directly.

13.3 JMcP mentioned that a consensus exercise for Perinatal PM imaging has been completed by NHSE. The results have not yet been published. It is possible that micro CT and MRI based post mortem investigations may become more widely available in the future, subject to staffing and funding.

14. Date of next meeting

Thursday, 20 November 2025 at 11:30am to 1:30pm All to note