

FRCPath Part 2 Paediatric Pathology Examination Update

Examination format

It is anticipated that most trainees will sit the Paediatric Pathology Part 2 Examination after four years of training. Trainees must have completed at least 2 years training in a recognised Histopathology training programme and at least 18 months training in a recognised Paediatric Pathology training programme at Specialist Trainee or Registrar grade.

The papers for the examination are changing for the Spring 2027 examination diet onwards. Table 1 below illustrates the existing examination format and the new format.

Table 1:

Current structure of the examination	Format from Spring 2027
<ul style="list-style-type: none"> • Short Surgicals Paper • Special Techniques Paper • Macros Paper • Postmortem examination Paper • Long Cases Paper • Viva 	<p>Paediatric Surgical Pathology module:</p> <ul style="list-style-type: none"> • Short surgicals paper • Long Surgicals paper • Surgical Pathology Viva (short structured interview) <p>Perinatal pathology module:</p> <ul style="list-style-type: none"> • Postmortem logbook • Placenta Pathology Paper



	<ul style="list-style-type: none"> • Perinatal Pathology Viva (short structured interview)
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Current examination (up to and including Autumn 2026)

The existing examination takes place over at least three days. It is held in the Pathology Department of one of the major Children's or Women's Hospitals in England, Wales, Scotland or Ireland. The current exam consists of:

- **a full perinatal or paediatric autopsy**, followed by a *viva* (2–3 hours)
- **20 surgical cases** for which immunohistochemistry is not provided (3 hours); this may include anything that is not post-mortem material
- **special techniques** (2 hours); 3-4 surgical or post-mortem cases in which the candidate will be provided with the H&E slides, and relevant histochemistry, immunohistochemistry electron microscopy and molecular biology
- **2–3 long cases** (2 hours);
autopsy cases on which a report including clinico-pathological correlation will be requested
- **macroscopic examination**, which may involve surgical cut-up or fixed specimens (1 hour)
- **oral examination**, which may include all aspects of provision of a paediatric or perinatal pathology service including laboratory management, health and safety and ethics (up to 1 hour).

The candidate should reach a minimum pass mark in all sections of the examination and be able to demonstrate competence in perinatal and paediatric pathology appropriate for an independent consultant paediatric pathologist and to enter the continuing professional development and external quality assurance schemes.



Examination format from spring 2027

There will be no double running of the examination formats.

The new format of the examination divides the examination into two modules, both of which must be successfully passed in order to obtain FRCPaith Part 2 Paediatric Pathology.

Both modules will be held separately within an examination diet. A candidate sitting the Part 2 paediatric pathology examination for the first time will be expected to sit both modules within an examination diet.

Perinatal Pathology module:

- Postmortem Logbook:

The candidate will submit a logbook of 20 postmortem cases for marking prior to sitting the FRCPaith Paediatric Pathology Part 2 examination. The candidate will only be allowed to sit the remaining papers if the logbook is awarded a pass mark.

- Placenta Paper:

This will comprise a selection of 10 placenta cases (including a complex case) (2 hours)

- Viva (Short structured Interview):

The Viva in the perinatal module will focus on two cases from the candidate's postmortem logbook and other topics relating to management, quality assurance, health and safety, ethics and so forth. (1 hour)

Paediatric surgical pathology module:

- Short Surgicals Paper:

The short surgicals paper has 15 cases (2 ½ Hours) and each case is represented usually by a single H&E section.

- Long Surgicals Paper:



This paper comprises 3 long surgical pathology cases with additional special stains / immunohistochemistry and ancillary investigations. (2 Hours)

- Viva (Short Structured Interview):

The Viva for the Paediatric Surgicals module will focus on practice in paediatric surgical pathology as well as relevant professional behaviours, laboratory management, medical education, specimen handling, national and international guidance and so forth (1 hour).

Further information on the new examination format:

Candidates undertaking the FRCPa Path Part 2 Paediatric Pathology examination are expected to be at entrustment level 4 for a significant part of their practice. (Level 3 for more complex cases)

Perinatal Module:

- The postmortem logbook:

20 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.

The logbook will be required to be submitted for marking (in the second week of January for a Spring examination sitting or in the second week of July for an Autumn sitting) 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. The logbook must be appropriately referenced and listed at the end.

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.

Indicative table below:

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.	Signature of supervising consultant
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- The Perinatal Short structured Interview (Viva) examination (1 hour):

This will comprise discussion on 4 topics, one of which will be based on one case from the candidate's submitted postmortem logbook. The viva may include macroscopic pictures of placentas or museum specimens of congenital anomalies e.g cardiac malformations. Further topics may include questions about autopsy practice, medicolegal topics or mortuary management issues as per the relevant CiPs in the curriculum. Candidates will be allowed 15 minutes under supervision (exam conditions) immediately prior to the viva to make notes and prepare for the 4 topics to be discussed. Each candidate will be given any photos and a lead-in question in order to facilitate preparation. The candidate may retain their preparation notes only during the viva.

- **The placenta histology paper (2 hours):**

This will comprise 9 short cases and a long case (multiple gestation for example).

Paediatric surgical pathology module:

- **Short surgicals paper (2.5 hours)**

15 cases will be presented. Candidates are given a history for each case and are expected to write a clear microscopic description and give a diagnosis or differential diagnosis. Candidates are also expected to describe any ancillary investigations required for diagnosis and expected results and indicate (where relevant) any prognostic information for each case and relevant information for CPC.

- **Long surgicals paper (2 hours)**



3 cases will be presented selected to represent standard routine paediatric histopathology practice. These cases may include medical renal biopsies, medical liver biopsies, complex surgical cases and tumours. (If non-standard cases are included, the competency standard is based on level 3 entrustment and the candidate's approach to the case.)

Candidates are expected to interpret a given history with the microscopic findings and results of any ancillary investigations e.g. molecular genetics and give an appropriate diagnosis and information that may be required for an MDT.

- **Short structured interview (viva) (1 hour)**

Topics included in this will cover higher level capabilities in practice in areas such as professional behaviours, management, medical education, specimen handling, relevant national and international guidance relevant to paediatric surgical practice and application to practice. Macroscopic photographs may be used. A maximum of 4 topics will be discussed during the viva. The candidates will be given the lead-in questions and surgical pathology images 15 minutes prior to the viva. They may make brief notes on each to take into the viva.

