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

Prenatal, Perinatal and Paediatric Pathology SAC Minutes (SAC)

A meeting of the Prenatal, Perinatal and Paediatric Pathology SAC was held on Thursday 20 May 2026 at 14:00am – 16:00pm via MS Teams

Professor Sarah Coupland
Registrar

Present:	Dr Clair Evans	Chair
	Professor Marta Cohen	Academic Lead/RCPath Vice President for Learning
	Dr Gauri Batra	Representative for Professional Advisory Group for national Child mortality *(observer)*
	Dr Andrew Bamber	Regional representative, Wales
	Dr Edmund Cheesman	Chair Cellular Pathology CSTC, BRIPPA representative
	Dr Liz Hook	England National TPD
	Dr Francesca McDowell	RCPath trainee representative
	Ms Katie Cusick	NHS England, Head of Acute Programmes *(observer)*
	Dr Srinivas Annavarapu	Immediate Past Chair Ex-Officio
In attendance:	Shelaine Kissoon	Governance and Committee Services Officer *(minutes)*
	Felicity Kenn	RCPath Workforce Policy Officer
Absent:	Dr Jo McPartland	Past Chair Ex-Officio
	Dr Dawn Penman	Paediatric Forensic Pathology, Scotland

PPP.01/26 1. Welcome, declaration of conflicts of interests and apologies for absence

1.1 The Chair welcomed all members to the meeting.
1.2 Apologies for absence were received and noted above.
1.3 There were no declarations of conflict of interests.

PPP.02/26 2. Minutes of the last meeting

2.1 The minutes of the meeting held on 20 November 2025 were reviewed and approved as a correct record.
2.2 Matters Arising

a) <u>Update on national Maternity and Neonatal Investigation – Stillbirth postmortems</u>

An update was provided on the College's contribution to the national maternity and neonatal investigation led by Baroness Amos. It was noted that the Chair, President Bernie Croal, and Dame Suzy Lishman had been invited to present the College's perspective; and feedback was submitted through an interview process and aligned with input provided by NHS England. Significant concerns were raised regarding proposals for universal post-mortem examinations for stillbirths and an increase in coroner referrals. Particular emphasis was placed on workforce shortages, limited-service capacity, and existing delays within perinatal and coronial post-mortem

services. It was noted that any additional demand could place unsustainable pressure on an already stretched system. Consistent messaging had been communicated through both professional and policy channels. No response had yet been received from the investigation team. It was further noted that any outcomes from the investigation would take the form of recommendations for government consideration, with implementation arrangements remaining unclear at this stage.

b) NHSE national request forms for perinatal post-mortems and placentas

The SAC reviewed the draft *NHS England/Department of Health (DoH) Perinatal Post-Mortem Examination Request Form* and *NHS England/Department of Health (DoH) Perinatal Post-Mortem Examination Consent Form*. Members discussed a number of amendments to improve clarity, consistency and applicability within the proposed networked service model. Amendments arising from the discussion were noted live by the Chair and will be incorporated into revised drafts for further review.

c) Paediatric Pathology Workforce report (due to be released later this month)

Ms Kenn provided an update on workforce activities since publication of the Workforce Report in November 2025. She informed that the report had been widely disseminated to politicians, government departments, NHS England and other stakeholders, and had received positive recognition in both the media and among the membership. The report had supported discussions with NHS England and parliamentary groups and had helped raise awareness of the workforce challenges facing the specialty. She advised that the 2026 workforce census had been completed and had achieved a particularly high response rate from paediatric and perinatal pathologists. The resulting data would be analysed later in the year and used to refresh workforce messaging and assess any changes since publication of the report.

The Chair reported that engagement with MPs and the relevant All-Party Parliamentary Group remained ongoing. Despite current political uncertainty, there continued to be recognition of the workforce crisis and support for efforts to improve recruitment, training, retention and service sustainability.

Prof Cohen informed the SAC that the BBC had visited Sheffield to film a feature on the shortage of paediatric pathologists. The programme included coverage of the services provided to bereaved families and interviews with affected families. Members noted that the forthcoming broadcast would help raise public awareness of the specialty and its workforce challenges.

The SAC thanked Ms Kenn and the RCPath Workforce Team for their continued work in promoting the workforce agenda and noted the importance of maintaining momentum in workforce advocacy to support appropriate funding, recruitment and service provision.

d) RCPath responses to NHSE 10-year plan

It was noted that the NHSE10-Year Plan had been discussed at length at the previous SAC meeting, and that members' comments had been forwarded to the RCPath.

e) Feedback from Cellular Pathology Subspecialty Advisors Annual Meeting

It was noted that feedback from the Cellular Pathology Subspecialty Advisors Annual meetings was provided at the last SAC meeting.

f) Feedback from meeting with MPs (11.11.25)

It was noted that feedback from the meeting with MPs was provided at the last SAC meeting.

g) Curriculum update Dr Cheesman

Update covered below under item PPP.04/26 (4).

h) The green toolkit

It was noted that discussions on the green toolkit were covered at the last SAC meeting.

i) Workload scoring for paediatric and perinatal pathology

The SAC discussed the current workload scoring guidance document, originally developed by Dr Neil Sebire and Professor Gordon Vujanic, and agreed that an updated version is required to reflect contemporary practice. Members noted that many departments have adapted the guidance locally and are currently using a range of modified versions.

Several areas requiring revision or clarification were identified. In particular, members considered that the existing tumour categories do not adequately reflect the increasing complexity of diagnostic practice, particularly the additional workload associated with molecular investigations. It was suggested that greater recognition should be given to cases requiring multiple molecular tests and the review and amendment of reports over extended periods. Members also highlighted the growing administrative burden associated with reporting practice, noting that reductions in secretarial support in some departments have resulted in consultants undertaking a greater proportion of administrative tasks; and consideration should therefore be given to how this workload is recognised within any accompanying guidance.

Members further noted that the current scoring categories for gastrointestinal biopsy specimens may not fully reflect the complexity of cases involving large numbers of specimen parts. The potential for greater flexibility within these categories was discussed. Concern was also raised regarding local practices where workload points are assigned at specimen booking and cannot subsequently be amended. Members agreed that revised guidance should consider allowing scores to be adjusted to better reflect the actual complexity of the reported case.

Members discussed the post-mortem workload scoring and the need to recognise different categories of post-mortem examination, including minimally invasive investigations using MRI and micro-CT. The inclusion of placental examination within post-mortem workload scoring was also considered. Members agreed that placental examination forms part of the overall post-mortem assessment and noted that the current guidance contains potentially overlapping placental categories that may benefit from clarification in any revised version.

The Chair agreed to incorporate the points raised into a revised draft and circulate the updated guidance to members for further comment.

2.3 The actions were reviewed, and the following updates were noted:

a) Update on discussions with BRIPPA regarding coronial autopsies

Dr Cheesman will provide an update on discussions with BRIPPA regarding coronial autopsies at the next SAC meeting.

b) Update on BMS placenta reporting

Ms Cusick reported that NHSE funding had been secured for the RCPath/IBMS Advanced Specialist Diploma (ASD) in Placental Histopathology Reporting for an initial three-year period, including provision for 50% backfill funding for participating Biomedical Scientists (BMSs). Funding was therefore not considered a barrier to implementation.

Dr Annavarapu reported that the curriculum and eligibility criteria had been developed and circulated. The proposed ASD would comprise a three-year training pathway for eligible Band 7 BMSs, incorporating supervised training, self-directed learning and case-based reporting. Trainees would be expected to gain experience of approximately

1,000 placental pathology cases before final assessment. Participating centres would be required to ensure adequate case volumes and supervisory capacity, while maintaining training opportunities for existing histopathology trainees.

The SAC noted that Cambridge would not participate in the initial pilot phase owing to concerns regarding case volumes and existing trainee commitments. Successful completion of the programme would lead to qualification within the placental pathology reporting framework, with progression to Band 8A/8B roles anticipated.

c) Further service developments and mutual aid updates

Ms Cusick informed the SAC of the recent resignations of two consultants at Guy's and St Thomas' NHS Foundation Trust and outlined the potential implications for the national perinatal pathology mutual aid system. It was noted that services were already operating close to capacity and that the loss of staff was likely to result in an increase in cases requiring referral through the mutual aid process. Consequently, there was concern that not all requests could be accommodated.

Ms Cusick advised that NHS England was developing prioritisation criteria for mutual aid referrals to support clinically informed decision-making where demand exceeded available capacity. She advised that the SAC would be invited to review and comment on a draft of the criteria in due course. It was noted that the approach could potentially be adopted more widely within the future network model, and that formal NHS England endorsement of the prioritisation process would be required.

PPP.03/26 3. Specialty Training

Dr Hook provided an update on recruitment and training, noting that the recent recruitment round had been successful. Subject to all appointees taking up their posts, the number of residents in training in England would increase from 16 to 21. Two further posts may become available for recruitment: an unfilled Yorkshire and Humber post and an additional Oxford post approved for a February 2027 start.

Training capacity remained under pressure, with several centres accommodating residents above their usual allocation to support provision in areas where capacity was limited. Workforce pressures and staffing changes continued to affect training delivery, and there was limited scope for further expansion of training posts until current residents progressed through the programme.

Resident feedback remained positive overall. Recent training courses had received excellent evaluations, and the resident event held at Birmingham Children's Hospital had been particularly well received. The hospital's strong commitment to training and workforce development was noted, including active engagement from senior leadership and a willingness to explore measures to support future recruitment and resident wellbeing. Funding had also been secured to support an additional training course in Cambridge in September.

The Chair thanked Dr Hook for her continued work in supporting the training programme.

PPP.04/26 4. Examinations

Dr Cheesman reported that he had been unable to attend recent curriculum meetings due to scheduling conflicts. The Chair advised that current curriculum discussions were focused on reviewing SLEs, workplace-based assessments and revisions to the Capabilities in Practice. No draft documentation had yet been circulated. Dr Cheesman agreed to seek further information and provide an update following the June 2026 curriculum meeting.

In relation to the examinations, the Chair reported that no candidates had sat the Spring 2026 examination and that approximately seven candidates were expected to sit the Autumn 2026 examination, which would be the final sitting under the current format. To accommodate candidate numbers, practical modules would be delivered across two centres before candidates convened in Cambridge for the remainder of the examination. An Examination Panel meeting would be held to finalise arrangements. No further examination updates were reported.

PPP.05/26 5. Trainee report

Dr McDowell echoed the positive comments already provided regarding the recent recruitment round and noted that the new recruits appeared to have a diverse range of backgrounds. She reported positive feedback from the Birmingham Teaching event and advised that several trainees had expressed an interest in Birmingham as a future training location. She formally recognised Dr Hook's contribution to the successful delivery of the National Teaching Programme, noting that feedback from attendees had been very positive.

An update was provided regarding the portfolio requirements for the post-mortem examination. Some trainees had expressed uncertainty about the evidence required and had requested worked examples. Dr Hook confirmed that support would be provided through the national ARCP process and that an online drop-in session would be arranged to allow trainees to discuss examples and receive guidance. It was noted that this matter was in hand.

Dr McDowell informed that she would be commencing maternity leave in or around October 2026. She advised that she intended to continue in her role as Trainee Representative during her leave but was unlikely to be able to attend the next SAC meeting. She further indicated that, following her return from maternity leave, she would seek to identify a successor to the role. The SAC congratulated Dr McDowell and thanked her for her continued contribution as Trainee Representative.

PPP.06/26 6. British and Irish Paediatric Pathology Association (BRIPPA)

Dr Cheesman advised that the next BRIPPA meeting was due to take place the following week and was expected to cover a number of topics similar to those discussed at the current meeting. He noted that the programme would also include educational lectures.

Prof Cohen reported that, for the first time, a paediatric symposium had been added to the BRIPPA programme in collaboration with the RCPath. It was agreed that this should be promoted at the forthcoming BRIPPA meeting.

Prof Cohen also advised that the British Division of the International Academy of Pathology (BDIAP) was interested in organising sessions or conferences with smaller societies. It was suggested that BDIAP be put in contact with BRIPPA to explore opportunities for collaboration and mutual support. Dr Cheesman indicated that either he or Will Simmons would be appropriate points of contact.

Dr Cheesman further noted that the BRIPPA Committee had discussed the future role of BRIPPA, including whether it should expand its activities and undertake additional educational initiatives.

PPP.07/26 7. Regional reports

Wales

Dr Bamber reported that there were no significant updates for Wales and the South West beyond matters discussed at previous meetings. He advised that an advertisement for a consultant post had been issued and an application had been received; however, interviews had not yet taken place. Subject to a successful

recruitment process, it was anticipated that the successful candidate could take up post later in the year. It was noted that the appointment would likely involve a consultant moving from another region, resulting in a redistribution of workforce capacity rather than an increase in overall consultant numbers. Members acknowledged that such movement could help to balance service provision across regions.

Scotland

The Chair reported that there were no specific policy or service developments to report from Scotland. Ongoing funding constraints continued to limit access to certain genetic testing services despite local availability of testing infrastructure. It was noted that financial pressures remained a challenge across the healthcare system. However, no specific issues requiring escalation were identified.

An update was provided on trainee recruitment and workforce planning. There were currently three residents in training within the programme, with one expected to complete training shortly. It was anticipated that the trainee would be well placed to take up a consultant post in Aberdeen, subject to local recruitment arrangements. Due to an unfilled training post in the most recent recruitment round, it was anticipated that the next recruitment opportunity would be deferred until the following February 2027 rather than August 2026. This approach would allow existing team members additional time to establish working arrangements. Following these changes, there would be one resident in Edinburgh and two residents in Glasgow, meaning that training capacity in Scotland remained close to full.

PPP.08/26 8. Academic activities

Professor Cohen reported that two webinars had been held during the year, covering viruses at post-mortem and bacteria at post-mortem. Through her role on the RCPath International Team, she had promoted the webinars via Country and Regional Advisers, as well as relevant professional organisations. Approximately 600 people registered for the webinars, with around 300 attending live from 50 countries. Recordings of the webinars are available online for those unable to attend.

Professor Cohen also reported on the work of the Post-Mortem Microbiology Working Group, which she currently chairs. Following discussions with representatives of the hepatitis group, plans are being developed for two webinars on hepatitis, with potential contributions from colleagues with expertise in liver pathology. She noted that these activities continue to strengthen international engagement and raise the profile of paediatric pathology.

Professor Cohen advised the SAC of upcoming educational activities being organised through the European Society of Pathology (ESP) and suggested that there may be opportunities for collaboration between the ESP Paediatric and Perinatal Pathology Working Group and the UK group. She proposed exploring the development of joint webinars and educational events, noting that many members are active in both organisations. The proposal was welcomed, and Professor Cohen agreed to contact the relevant ESP representatives to explore possibilities further.

PPP.09/26 9. Any other business

Dr Cheesman suggested that digital pathology be included as a standing agenda item for future meetings, noting that many centres appeared to be facing similar challenges and that progress remained limited. Members discussed ongoing difficulties with implementation, including funding constraints, infrastructure requirements, digital platform provision and LIMS compatibility. It was agreed that these issues are being experienced across multiple organisations and have implications for future networked working and case sharing. The Children's Alliance was identified as a potential forum for wider discussion of these challenges.

Action: *Shelaine Kissoon to add digital pathology as a standing agenda item for future meetings.*

PPP.10/26 10. Meeting dates for 2026:

The next meeting is scheduled for Thursday, 19 November at 14:00pm – 16:00pm