



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 November 2025 at 11:30am – 13:30pm via MS Teams

**Professor Sarah Coupland  
Registrar**

<b>Present:</b>	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
	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
<b>In attendance:</b>	Shelaine Kissoon	Governance and Committee Services Officer ( <i>minutes</i> )
<b>Apologies</b>	Dr Srinivas Annavarapu	Immediate Past Chair Ex-Officio
	Dr Dawn Penman	Paediatric Forensic Pathology, Scotland
<b>Absent:</b>	Dr Jo McPartland	Past Chair Ex-Officio

**PPP.15/25 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.16/25 2. Minutes of the last meeting**

- 2.1 The minutes of the meeting held on 15 May 2025 were reviewed and approved as a correct record.
- 2.2 Matters Arising

**a) Paediatric and perinatal pathology workforce report**

The SAC received and noted the forthcoming paediatric and perinatal pathology workforce report, which is embargoed until Monday, 24 November 2025. The Chair highlighted that the report identifies ongoing challenges across the UK, including significant consultant shortages, high workloads, and suboptimal service configuration. Current data indicate approximately 52–54 consultants in post, with only 3% of respondents considering staffing levels sufficient for long term sustainability. The report recommends increasing recruitment and training posts and provides evidence to support requests for additional funding where needed. A press release is planned for Monday, 24 November 2025, beginning with *The Times*, followed by other outlets. The



College will coordinate communications centrally to prevent individual departments from being overwhelmed.

The SAC held a discussion, and the following points were noted:

- Recruitment for 2024–2025 has improved significantly. Expressions of interest for February 2025 posts in England may exceed current establishment, with 13 posts currently in place, rising to 16 with incoming starters. Additional posts may be required. Trainees from Wales have expressed interest in posts across England and Scotland, highlighting the need for coordinated planning.
- Capacity is at or near current limits. The report emphasises the need for strategic planning over the next 5–10 years to address retirements and build departmental capacity.
- NHS digital infrastructure currently limits communication between departments, which constrains the development of effective service networks. Improvements are required to support efficient service delivery.

The SAC noted that departments should prepare for the report's release in coordination with the College communications team, and trainees should be directed to the appropriate contacts to facilitate training and placement arrangements.

#### **b) RCPATH responses to NHSE 10-year plan**

The SAC received and noted *The Royal College of Pathologists' Response to the NHS 10-Year Workforce Plan: Call for Evidence*. The Chair highlighted that the College has an opportunity to contribute to and respond to NHS England's 10-Year Plan, particularly in relation to pathology services.

The Chair raised concerns based on observations from forensic and paediatric postmortem practice, noting that Dr Penman had reported an increasing number of cases involving preventable child deaths associated with social deprivation, neglect, and failures in social care. Specific examples included children removed from child protection registers who subsequently died, children with learning disabilities whose needs were overlooked, and households living in extreme neglect despite prior notifications to social services. Dr Batra provided additional context, noting that Scotland employs a multi-agency approach to death reviews, led by the Procurator Fiscal, and suggested that national data could be collated to inform the College's submission more promptly. She also highlighted the potential for engagement with advocacy groups, legal experts, and organisations focused on child welfare.

The discussion noted that these observations present an opportunity for the College to emphasise the critical role of paediatric and perinatal pathology, the societal factors contributing to preventable child deaths, and the workforce pressures affecting the specialty. Workforce shortages and ongoing remuneration concerns were also acknowledged as key issues to include in the response. The SAC agreed that next steps would include gathering further data from Dr Penman, collating supporting information and contacts, and preparing a coordinated submission to the College to ensure that preventable child deaths, social determinants of health, and workforce challenges are clearly represented in College's response to NHS England's 10-Year Plan.

***Action: Chair to follow up with Dr Penman and gather the necessary information/contacts.***

#### **c) Feedback from Cellular Pathology Subspecialty Advisors Annual Meeting**

The Chair informed that she attended the Cellular Pathology Subspecialty Advisors annual meeting. The process involves Subspecialty Advisors submitting a report with

updates on activities and developments within their respective specialty areas, which are then discussed at the meeting.

The Chair advised that her report covered staffing and training issues, upcoming exam changes, and data sets. She noted that it is unclear how much of this input is actively discussed at the SAC itself; however, the process provides a valuable mechanism for capturing subspecialty perspectives within the SAC framework.

**d) Feedback from meeting with MPs**

The Chair informed that she attended a meeting on 11 November 2025 with Professor Cohen and Dr Bernie Croal, together with several MPs, at the House of Commons. The meeting was convened by Sarah Hall MP in response to a constituent complaint regarding delays in receiving a postmortem report for their baby. Although broader parliamentary attendance had been expected, only a few MPs were present. The Chair noted that the meeting provided an opportunity to highlight the significant staffing shortages and workload pressures affecting paediatric pathology services.

The discussion focused on the need for political and financial support to address these challenges, including the provision of training posts and consultant positions essential to maintaining and improving service delivery. Sarah Hall MP indicated that she would take forward the issues raised and seek support from her colleagues. A follow up meeting is expected in the 2026 to review progress and next steps. Overall, the meeting with MPs was considered a valuable opportunity to brief parliamentarians on the challenges facing paediatric pathology and to seek both political engagement and financial support for essential staffing and training initiatives.

Dr Hook mentioned that she had been contacted by a journalist from the parliamentary *House Magazine* regarding a potential feature on postmortems. It was noted that such coverage could raise awareness of the pressures on paediatric pathology services across the parliamentary estate and complement ongoing preparations by the College in response to the forthcoming workforce report. Dr Hook agreed to forward the email to the Chair.

**e) Curriculum update**

Dr Cheesman noted that it was likely too early for formal curriculum updates but that it was useful to keep the item on the agenda. He explained that the CSTC is reviewing the 2021 histopathology curricula, with the focus expected to be predominantly on histopathology rather than paediatrics. The involvement of the curriculum review group is to ensure paediatric interests are protected, particularly in relation to potential ST1 level recruitment for paediatric and perinatal pathology.

The Chair suggested drafting a preliminary plan or template to share with Catherine Horsfield as a way of “planting the seed.” Dr Hook emphasised the importance of calculating workforce numbers to ensure posts are available at ST3 for trainees entering at ST1 and highlighted the challenge of assessing applicants’ genuine interest in paediatric pathology rather than using the pathway solely to secure an ST1 placement. Dr McDowell observed that, while an ST1 run through technically does not change the curriculum, it aligns with trainee preferences, as many registrars would choose a paediatric focused route. Dr Bamber reinforced the importance of maintaining multiple entry routes to maximise recruitment and exposure to paediatric pathology, noting that both undergraduate and postgraduate specialty exposure are key to encouraging interest in the field.

The SAC agreed to continue monitoring developments and to prepare a draft plan for discussion at future meetings, ensuring any changes support paediatric recruitment while remaining aligned with the broader histopathology curriculum review process.

**f) The Green Toolkit**

The SAC discussed the College Green Toolkit, noting that many recommendations reflect common sense, such as avoiding unnecessary tests and specimen requests. Dr McDowell described the Alder Hey “Green Theatre” project, which found that in certain circumstances specimens, including stoma reversals and PUJs, provided no clinical value, and reducing them saved carbon, costs, and staff time. The Chair highlighted a gastrointestinal biopsy audit in which reviewing protocols and reducing spare slides led to approximately a 90% reduction in slide use without affecting patient care. The potential to operate ultra-low temperature freezers at -60°C instead of -80°C was raised, with tissue preservation to be assessed before any change. Overall, the SAC applauded the principles of the toolkit, noting that encouraging clinicians to consider the clinical necessity of specimens and tests could improve efficiency, reduce environmental impact, and maintain patient care.

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

**a) Update on discussions with BRIPPA regarding coronial autopsies**

Dr Cheeseman advised that updates on BRIPPA and coronial autopsies had fallen behind over the summer but would shortly be circulated through secretarial support. He sought guidance on whether the update should be sent to entire departments or directly to individual BRIPPA members. The Chair suggested that individual circulation would be preferable and recommended including an option for respondents outside coronial jurisdiction to provide a more complete overview. Dr Bamber agreed, noting that extensive cross cover between departments could lead to confusion or duplication of data and emphasised that responses should reflect individual practice rather than representing entire departments. Dr Cheeseman concluded that the update would be sent individually, with flexibility to adjust as needed, and confirmed that further updates would be provided once the circulation had occurred.

**b) Update on BMS placenta reporting**

Dr Annavarapu sent his apologies for the meeting and advised that he would provide an update on BMS placenta reporting at the next SAC meeting.

**c) Further service developments and mutual aid updates**

The Chair reported that NHSE had recently held discussions with CEOs, Medical Directors and other stakeholders regarding mutual aid for perinatal and paediatric postmortem services and potential future service configurations. The slides from this meeting, which were shared with the SAC, summarised current activity across the 17 units undertaking perinatal pathology, existing mutual aid arrangements, coronial PM provision, and the proportion of cases utilising less invasive techniques.

Significant discussion followed on the proposed NHSE network models and the following key points were noted:

- Proposed NHSE network models were considered overly simplistic and primarily geographically based, without accounting for workforce capacity, service sustainability, or subspecialty expertise.
- Networks cannot function effectively if constituent centres remain critically understaffed; the presence of a single staffed centre does not make a wider network viable.
- NHSE’s proposals focus solely on perinatal PMs, without acknowledging the interdependence with paediatric surgical pathology performed by the same workforce.
- Mutual aid has stabilised services in some regions but is not a permanent solution.
- Some trusts continue to receive core perinatal PM funding despite not providing the service, while NHSE separately funds mutual aid, reducing incentives for local service recovery.

- NHSE expects trusts to develop network proposals by April 2027, with aligned funding by April 2026, but many trusts have yet to address the underlying causes of service collapse.
- Trusts should either produce credible recovery plans with clear timelines or formally collapse their PM services to allow funding redistribution.
- National engagement, including via the College, is required to ensure network models are realistic and workforce led.
- Concerns regarding training arrangements in some centres are being followed up through appropriate national channels.

The Chair informed that she would provide the SAC feedback to Katie Cusick.

### **PPP.17/25 3. Specialty Training**

Dr Hook provided an update on specialty training, recruitment, and workforce planning. She reported that the first training course, delivered in September 2025, was very well received, with highly positive feedback. Building on this, Birmingham Children's Hospital has engaged strongly and will host the next training course in Spring 2026, with dates to be confirmed. She highlighted significant senior management engagement, including the allocation of a senior board member to lead this work. Discussions are ongoing to develop a support package for doctors taking up their first consultant posts, with Birmingham identified as a practical and attractive location for several trainees, representing a clear recruitment opportunity. Dr Hook confirmed that her engagement had been directly with Birmingham Children's Hospital, rather than via University Hospitals Birmingham, which she considered more effective, though coordination may be required to avoid parallel planning.

Recruitment is progressing well, with services now needing to exceed current establishment. Dr Hook cautioned that this expansion would primarily address retirements and would not significantly increase overall capacity or resolve uneven staffing across centres.

She also updated the SAC on recent examination changes, noting that she had held individual discussions with resident doctors to support appropriate exam timing during the transition. A proposal has been submitted to all Deans in England to establish a national ARCP, enabling consistent and structured workforce planning.

### **PPP.18/25 4. Examinations**

The Chair provided an update on the exam changes, noting that they had been fully approved and are scheduled to go live in Spring 2027; a video presentation outlining the changes was circulated and received positively by recipients. Dr Hook formally acknowledged the significant effort involved in securing GMC approval and thanked the Chair for her work. The Chair emphasised that it was a collaborative effort and noted that the changes address a long-standing need.

In relation to the recent examinations, discussion on specific exam results had been deferred until they are reviewed at the upcoming Exam Panel meeting. It was noted that some specialties experienced technical issues with the new digital exam platform during Part 1 exams, including candidates being locked out, exams timing out, and answers not being recorded. Histopathology Part 1 was largely unaffected, having been scheduled on the third day after most issues were resolved. Consequently, the College will run an additional set of exams in Spring 2026 for the affected specialties.

Pass rates for Histopathology were reported as approximately 70% for Part 1, consistent with previous sittings, and approximately 37% for Part 2, which remains low but improved compared to the previous sitting. The Exam Panel Chair had not provided further comment, and the situation will be reviewed in more detail at the Exam Panel meeting.

**PPP.19/25 5. Trainee report**

Dr McDowell began by acknowledging recent contributions to trainee education. She expressed thanks to the Chair for delivering a summer exam preparation session, which had been well received and considered useful by trainees. Appreciation was also extended to Dr Hook for organising the teaching days in Cambridge, which provided valuable educational opportunities and facilitated social and professional networking among trainees who are geographically dispersed. On the topic of training opportunities, Dr McDowell noted that trainees are now able to arrange placements at other institutions, with funding support available. She also highlighted the availability of a Home Office Criminal Justice course, noting that some trainees had been invited while others were on a waitlist. Dr Hook added that the national ARCP process would support trainees by documenting training needs and recommendations for specific attachments, such as medical liver or renal placements. This documentation could assist trainees in negotiations with their Deaneries.

Discussion then moved to examination updates. Dr McDowell reported that there is potential for trainees to sit both the previous and new exam formats, and general feedback on the new format has been positive. A concern was raised regarding the portfolio element of the postmortem exam, as there has been limited guidance on what the portfolio should contain. The Chair clarified that guidance had already been provided via a video and is available on the College website, including formatting instructions for the portfolio logbook. Additionally, she plans to organise a Spring 2026 revision session, separate from the BCH course, which will include mock exams and further portfolio guidance. Professor Cohen offered to share her forensic logbook as a reference to assist in portfolio preparation. Finally, Dr McDowell noted a small number of trainees with parental responsibilities had raised concerns about the requirement to attend two separate exam sessions. This was acknowledged as manageable and not insurmountable.

**PPP.20/25 6. British and Irish Paediatric Pathology Association (BRIPPA)**

Dr Cheesman reported that there were no further updates from BRIPPA beyond matters discussed at the summer meeting, which included:

- An update on the new Part 2 examination
- Ongoing staffing challenges
- Review of the international recruitment programme, which has not been successful
- Discussion of the placenta project in relation to BMS reporting
- Educational sessions and trainee presentations

Professor Cohen reported that she will be organising a symposium for the Pathological Society (PathSoc) on 23 June next year in Manchester to improve pathology representation. She stated that PathSoc funding covers expenses for European speakers, but additional costs for overseas speakers may require support. She advised that she had contacted BRIPPA and PathSoc representatives to explore partnership and potential funding assistance. The symposium is confirmed to proceed and is hoped to become a regular event.

**PPP.21/25 7. Regional reports**

None reported.

**PPP.22/25 8. Academic activities**

The SAC received and noted the list of the webinar series “Challenges and Novelties in Paediatric Pathology”, prepared by Professor Cohen. The series comprised six webinars organised in collaboration with ESP, IPPA, and Virchows Archiv, aligned with the first official release of the WHO Classification of Paediatric Tumours, and attracted around 160–180 participants from numerous countries worldwide.

**PPP.23/25 9. Any other business**

- 9.1 Dr Bamber highlighted recent concerns about coroners in England requesting adult pathologists to perform paediatric postmortems where trained paediatric specialists are unavailable. He emphasised that paediatric postmortems should only be undertaken by appropriately trained specialists, noting that adult pathologists may not follow the required paediatric datasets or guidelines. Following discussion, it was acknowledged that an interim option involving a diploma or training pathway for adult pathologists to handle simpler cases could be explored.
- 9.2 The Chair raised a question regarding delays in body release and postmortem reporting, noting media interest in turnaround times for final reports. Dr Bamber explained that delays are primarily due to the difficulty in finding available trained pathologists, rather than coroners. He described cases where babies waited two to three weeks before postmortems could be completed, with additional time required for transport and body release. Professor Cohen reported similar experiences, including cases delayed by several months for specialised examinations, and noted that protocol variations are within routine practice.
- 9.3 Professor Cohen provided an update on upcoming postmortem microbiology webinars, which will cover bacterial and viral infections. The sessions, organised with infectious disease and laboratory specialists, will address laboratory procedures and sepsis biology, and are intended to support both paediatric and forensic pathologists. The webinars are now likely to take place on 2nd January.

**PPP.24/25 10. Meeting dates for 2026:**

- Thursday 21 May, 14:00 – 16:00
- Thursday 19 November, 14:00 – 16:00