

BY EMAIL: [REDACTED]

East London Coroner's Court,
Queens Road,
Walthamstow,
E17 8QP

14 October 2024

Dear Dr Radcliffe,

RE: Regulation 28 Report to Prevent Future Deaths Report

I write in response to your Regulation 28 Report to Prevent Future Deaths (the Report) dated 20 August 2024 in respect of the inquest into the death of Miss Hannah Eniola Angela Ayomipo Jacobs.

This is a tragic case, and it is the great sadness that I learnt of Hannah's death. I extend my sincere condolences to Hannah's family and loved ones.

I note that you have expressed concern in relation to the circumstances that arose when Hannah attended at a dental surgery on 8 February 2023. Hannah began to show symptoms of excessive salivation in the dentist's room, which, in hindsight, was not recognised by dental staff as the early symptoms of an anaphylactic reaction brought on by an inability to swallow. Hannah refused treatment and was rushed to the pharmacist by her mother.

I have carefully considered the standards that we set and guidance that the General Dental Council (GDC) provides for the dental team as relevant to these events, and whether further or different standards or guidance are required or whether there is any further action which the GDC should consider.

The Role of the GDC

The GDC is the UK-wide statutory regulator of dentists and dental care professionals. Our overarching objective is the protection of the public. To achieve this, we register qualified dental professionals, quality assure the standards of dental education, set standards and issue guidance for the dental team and investigate complaints about dental professionals' fitness to practise.

Although we have some regulatory responsibility for how businesses that practise dentistry is constituted, dental premises are regulated by the Care Quality Commission.

The GDC sets standards and issues guidance that are relevant to how dentists are prepared for and respond to medical emergencies when they arise. The GDC also endorse the standards and guidance set by other organisations that are applicable to dental professionals. The framework of standards and guidance that is applicable to the events that took place on 8 February 2023 is set out below.

GDC standards and requirements

The GDC sets requirements, [Preparing for Practice](#), for the learning outcomes which UK training courses must achieve where the resulting qualification is the basis for allowing people to register as dental professionals. It sets a general requirement that “Students must be trained in accordance with appropriate requirements in relation to dealing with medical emergencies.” There is also a specific requirement for each of the dental professional groups, with dentists required to be able to “identify, assess and manage medical emergencies.”

The GDC also set standards for registered dental professionals, [Standards for the Dental Team](#). These are standards that set out the conduct, performance and ethics that are expected of the dental team.

The following standards are relevant to how dentists are prepared for and respond to medical emergencies.

Standard 1.5 sets out “You must treat patients in a hygienic and safe environment” and requires the dental team to follow the guidance on medical emergencies and training updates issued by the Resuscitation Council (UK) (Standard 1.5.3).

Standard 7.1 obliges dental professionals to provide good quality care based on current evidence and authoritative guidance, including an obligation to find out about current evidence and best practice that affects their work, premises, equipment and business and follow them (Standard 7.1.1). This standard also obliges dental professionals who have not followed established practice and guidance to explain why (Standard 7.1.2).

The effect of the Standards

The effect of Standard 1.5 is that members of the dental team are obliged to follow the Resuscitation Council UK guidance on medical emergencies and training updates (the RCG). If they do not, and a concern was raised with the GDC, this might result in regulatory proceedings to examine their fitness to practise dentistry.

Any concerns raised with the GDC are considered carefully in accordance with our Fitness to Practise Rules and regulatory framework.

The RCG sets out the quality standards that apply to healthcare organisations. This includes an obligation to provide a high-quality resuscitation service and ensure that staff are trained and updated regularly to a level of proficiency appropriate to everyone’s expected role. The RCG includes a list of primary care equipment that must be available. The list includes adrenaline.

The GDC also provides further guidance to registrants on our website which is linked [here](#). This page provides a link to the RCG and additionally sets out an obligation on all registrants that they must be trained in dealing with medical emergencies and possess up to date evidence of capability within the scope of their role.

As part of the guidance, we signpost further guidance provided by the National Institute for Health and Care Excellence (NICE) for dental professionals. This includes a list of medication that must be included in an emergency drugs kit in a dental practice set out in the British National Formulary. This list contains adrenaline/epinephrine. NICE also provides guidance to dental professionals on the management of common medical emergencies.

There is specific guidance from NICE regarding how dental professionals should deal with anaphylactic reactions. It provides information about how anaphylactic reactions may arise, outlines that they may be associated with additives and excipients in food and lists the common symptoms and signs of anaphylaxis. The list of symptoms does not, however, include excessive salivation. This was the symptom displayed by Hannah on the premises. The guidance goes on to inform dental professionals that the first line treatment for anaphylaxis is the administration of intramuscular adrenaline/epinephrine.

The effect of Standard 7.1 is that dental professionals are obliged by the GDC to provide good quality care based on current evidence and authoritative guidance and follow best practice or explain why they have not done so, if required. Current guidance includes the NICE guidelines which are specifically referenced within the GDC guidance on our website, as set out above.

In addition, [the GDC recommends](#) that dental professionals complete at least 10 hours of continuing professional development in relation to medical emergencies, in each five-year CPD cycle and at least two hours of this type of activity every year.

Other Standards

The Care Quality Commission (CQC) regulates dental premises, and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 are applicable. The CQC requires that a provider must have arrangements in place to take appropriate action if there is a medical emergency (Regulation 12(2)(b)) and that providers must have sufficient medication available in case of emergencies (Regulation 12(2)(f)).

Further action

I have carefully considered the applicable guidance and standards and whether different or additional guidance or standards are required.

The current framework of standards and guidance sets out clear obligations for dental professionals to have appropriate training and keep medication on their premises to use in the event of a medical emergency. I think that it is appropriate to continue to require adherence to the RCG as set out at Standard 1.5 and other appropriate guidance, including the NICE guidance as set out in Standard 7.1.

Whilst I note your concern that dental professionals did not recognise the early symptoms of anaphylaxis, I also note that the symptom of excessive salivation is not listed as a potential symptom in the NICE guidance. We will write to NICE to highlight this, and to ask them to consider reviewing the listed symptoms of anaphylaxis and their guidance to dental professionals more broadly.

We are currently in the process of reviewing our CPD requirements, and we will consider whether we should propose changes to the recommendations regarding medical emergencies as part of the review. The review is expected to conclude in 2025, but some potential changes would require legislative changes, the timing of which is not under our control.

Should you require any further information in respect of the role of the GDC, our Standards, requirements for Continuing Professional Development or our Fitness to Practise processes, please do not hesitate to contact me.

Yours faithfully,

A large black rectangular box redacting the signature of the Chief Executive & Registrar.

Chief Executive & Registrar