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Dr Shirley Radcliffe East London Coroners Court Queen's Road, Walthamstow E17 8QP

Sent by email to:

2 January 2025

Dear Dr Radcliffe,

Re: RCPCH Response to the Inquest Touching the Death of Hannah Jacobs A Regulation 28 Report – Action to Prevent Future Deaths

Thank you for sharing your report with us regarding the tragic and untimely passing of Hannah Jacobs. I was very sorry to hear of Hannah's death. I have shared your report with other senior paediatric colleagues within RCPCH, namely our Officers for Clinical Standards and Quality Improvement. We have read your report carefully and note the following RCPCH activity in relation to the matters of concern.

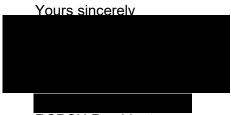
As the Royal College of Paediatrics and Child Health, we are primarily responsible for the education and training of paediatricians across the UK. We are not involved in the training of dentists and dental staff and have no role in the supply of epi-pens to pharmacies. As part of our training, we run CPD courses on child health topics that are of interest and relevance to the wider child health workforce. This includes Paediatric Allergy Training study days that focus on the practical clinical management of allergy in children and young people. These courses are suitable for all professionals seeing children with allergic disease. You can read more about these courses on our RCPCH Learning platform. We will ensure these continue to be widely promoted across the child health workforce.

Our training curriculum has the following competency which is relevant to this case: "Recognises and manages the acute presentations and after-care of anaphylaxis, prescribing and training the family to use adrenaline autoinjectors, including documenting events and producing an emergency action plan with appropriate onward referrals."

The College also has a role in providing paediatric clinical guidelines and standards. Relevant to this matter would be our <u>allergy care pathways which</u> are signposted clearly on our website.

The College will be sharing information and suggestions for local improvement from your report with our paediatric members via its <u>patient safety portal</u>. The anonymised information within your report will also be shared for discussion with the RCPCH Clinical Quality in Practice Committee, where further actions may be identified.

Thank you for seeking our views and reminding us of the importance of this work. Our sincere condolences are with Hannah's family.



RCPCH President