

## THE ELJAMEL INQUIRY

### **OPENING STATEMENT**

*on behalf of*

### **NHS EDUCATION FOR SCOTLAND**

#### **Introduction**

1. NHS Education for Scotland (“**NES**”) welcomes the opportunity to participate in this Inquiry which has been established to investigate Mr Eljamel’s practice as a consultant neurosurgeon between 1995 and 2014.
2. At the outset of its opening statement, NES wishes to recognise that many of Mr Eljamel’s former patients and their families are participating in the Inquiry or watching the proceedings remotely. NES wishes to acknowledge the profound harm which has sustained by them either directly or indirectly due to Mr Eljamel’s actions. It wishes to offer its thanks to the Inquiry for being invited to be a core participant and express both its willingness to assist the Inquiry in any way that it can and its commitment to taking forward what lessons may emerge from these proceedings which relate to the work undertaken by NES.
3. NES is conscious that some of those listening to or reading this opening statement may not be familiar with the work that it does. In these opening remarks, NES wishes to explain who it is, what it does and how it can assist the Inquiry in fulfilling its Terms of Reference.

#### **NES: Background**

4. NES is a Special Health Board that provides education, training, and workforce development for those in NHS and social care sectors in Scotland. It is responsible for facilitating a skilled, capable, and well-supported health and social care workforce by developing and delivering educational programmes, leading national projects, and utilising technology-enabled learning and digital services.

5. NES focuses on education and training whereas other Health Boards (known as territorial Health Boards) are responsible for the delivery and management of local health services to the public.
6. NES was established in 2002 under the NHS Education for Scotland Order 2002. It brought together three existing bodies: the Scottish Council for Postgraduate Medical and Dental Education, the Post Qualification Education Board for Pharmacists and the National Board for Nursing, Midwifery and Health Visiting for Scotland. These bodies were originally instituted to meet the growing need for structured postgraduate medical, dental and other healthcare education and to ensure that the quality of educational programmes met the regulatory standards imposed by the relevant regulator (for example, the General Medical Council ("**GMC**")). Upon its institution, NES assumed these overarching responsibilities.
7. In April 2014 the Scotland Deanery was established which forms part of NES. Its responsibility is to manage the education and training of all Resident Doctors in Training in Scotland ("**RDIT**"), ensuring that their training meets the regulatory standards of the GMC and that they progress appropriately throughout their training pathway. Prior to the formation of the Scotland Deanery in 2014, medical education and training was managed by four separate regional Deaneries across Scotland. These regional Deaneries were: the East of Scotland Deanery; the North of Scotland Deanery; the South-East of Scotland Deanery; and the West of Scotland Deanery. NES combined these Deaneries into a single national "Scotland Deanery" in 2014 to oversee all postgraduate medical education and training programmes across the four regions. The move to merge the four regional Deaneries into the Scotland Deanery was undertaken to streamline the management of medical education and training across Scotland. By creating a single unified Deanery, the aim was to ensure greater consistency in standards, improve efficiency, and facilitate better sharing of resources and best practices across Scotland.
8. NES is responsible for the recruitment of all RDIT in Scotland. The Scotland Deanery works in partnership with territorial Health Boards, hospitals and GP Surgeries to train RDIT to be the senior clinicians that Scotland needs to treat its population in the future. To fulfil its role in achieving that purpose, NES ensures that doctors are given the right training opportunities and experiences to equip them to be effective and capable practitioners. The Scotland Deanery organises training programme management and ensures that the delivery of training aligns with the requisite curriculum and competencies. It provides opportunities for RDIT to undertake Fellowships in various

fields. These posts help develop RDIT's interests in specific areas and help shape career opportunities. NES also provides support to RDIT to allow them to attend conferences, courses and similar training opportunities.

9. NES also undertakes annual reviews of RDIT to ensure that they are gaining all competencies required by their training programme at an appropriate rate and through appropriate experience. NES serves as the Designated Body for all RDIT. A Designated Body is a UK-based organisation (normally NHS) responsible for supporting its doctors with annual appraisals and medical revalidation. It ensures that doctors have effective clinical governance systems in place and provides a Responsible Officer to evaluate their fitness to practice and make a revalidation recommendation to the GMC. NES is therefore responsible for making revalidation recommendations to the GMC and managing procedures related to any performance concerns which arise in relation to RDIT.
10. Performance concerns can be raised in several ways including via self-declarations; via the Responsible Officer in a Health Board alerting the Responsible Officer in NES to any concerns; via the RDIT's Clinical or Educational Supervisor raising concerns; or if a public complaint is received. NES has an escalation policy in place and will action each performance concern as and when it is received. All concerns are considered on an individual basis and outcomes vary. For example, a doctor could be referred for support via the Trainee Doctor Wellbeing Service or they could be referred to the GMC if required.
11. Quality management visits are also a key element of the work undertaken by NES. NES's Quality Management Team will visit an institution (for example, a GP surgery or hospital) to assess the quality of the training environment provided and assess whether it satisfactorily meets the GMC's Standards for Medical Education and Training. These visits assess training environments, not individual trainees. The quality of training is reviewed through surveys, questionnaires and interviews with staff, trainers and trainees to identify strengths and areas for improvement. The goal is to promote good practice and enhance the quality of medical education and training across Scotland.
12. Each Specialty Quality Management Group within the Quality Management Team at NES is required to hold an annual Quality Review Panel ("**QRP**"). At the QRP information relating to the quality of every training post across Scotland, within the specialties for which they are responsible, is scrutinised. This information includes data from the GMC national trainee and trainers surveys, NES Scottish trainee survey, annual review of competence outcomes, written reports from the relevant training

programme directors and directors of medical education, as well as local knowledge provided by QRP members. All this intelligence is reviewed and discussed to enable the QRP to decide whether a quality management visit to a local education provider is indicated, and if so, within what timescale.

13. The Medical Appraisal Scheme in Scotland enables doctors to participate in regular peer reviews for their professional development and revalidation. In Scotland, the doctor's appraisal process is an annual contractual obligation that serves as a cornerstone for revalidation. It involves an online system called the Scottish Online Appraisal Resource ("**SOAR**") that acts as a single platform for appraisal and revalidation documentation. SOAR is developed and maintained by NES. The doctor will gather supporting information and upload this onto SOAR and reflect on their practice. This information is discussed with a trained appraiser during a meeting, and the outcome of the appraisal is used by the Responsible Officer by the relevant Health Board to inform a recommendation to the GMC for the doctor's revalidation, usually every five years. Health Boards are responsible for employing appraisers, NES delivers training through New Appraiser courses and refresher programmes. RDIT also submit mandatory self-declarations through this platform for their Annual Review of Competence Progression ("**ARCP**"). A self-declaration on SOAR is a doctor's annual signed statement about their health, probity (honesty and integrity), complaints, and work history, which forms a core part of the appraisal and revalidation process in Scotland

#### **NES: Summary**

14. In summary, NES is different from other Health Boards because it is a national Health Board with statutory functions for providing, co-ordinating, developing, funding and advising on education, training and workforce development for the NHS, rather than the direct delivery of frontline healthcare services. Territorial Health Boards provide the day-to-day management and supervision of RDIT - including approving the named clinical and educational supervisors through the Recognition of Trainer process (which is discussed below at para.25).

#### **NES: The Future**

15. Finally, looking to the future, the Scottish Government is considering implementing a plan to merge NES with NHS National Services Scotland to create a single organisation which would continue to undertake the responsibilities of NES, in

conjunction with other statutory functions, under a new name: NHS Delivery. It is thought that this may take place in April 2026.

### **The Involvement of NES in this Inquiry**

16. At the outset, NES wishes to acknowledge that the Terms of Reference and List of Issues are thorough. NES has not identified any areas, beyond those already identified by the Inquiry, which it considers should be investigated.
17. NES seeks to comment only on those matters which fall within its remit and with which it can assist the Inquiry. NES anticipates that the Inquiry will hear submissions from the relevant core participants who are best placed to assist the Inquiry in respect of other matters arising. However, NES will keep these matters under review and will alert the Inquiry should any issues emerge which it considers it ought to bring to the attention of the Inquiry, beyond those which are addressed below, with which it can assist in the effective fulfilment of the Terms of Reference.

### **Aspects of the Inquiry's Terms of Reference and List of Issues of particular importance to NES and how it can assist the Inquiry**

18. One of the areas of investigation for the Inquiry is other bodies which played or could have played a role in the care provided by Mr Eljamel to his former patients. In particular, the roles of the Scottish Council for Postgraduate Medical and Dental Education and NES relating to the maintenance of standards in the training of doctors and surgeons (Terms of Reference, 6 (a)). This is an area which is central to NES and in respect of which NES considers it can contribute considerable knowledge and expertise. NES notes that these issues will be primarily explored in section 4 of the evidence, but may be touched upon in section 1 (as part of the evidence relating to the general background to the Inquiry).
19. The incumbent senior medical team at NES can impart knowledge of the systems currently in place for education and training and how the landscape has developed in recent years. In addition, previous NES postholders could provide relevant information relating to the education and training systems in place at the time of Mr Eljamel's practice. NES has identified the witnesses who may be able to assist the Inquiry in these matters below.
20. Another area for investigation is the identification of any lessons and implications for the future and the making of recommendations (including interim recommendations) if the Inquiry considers them to be appropriate (Terms of Reference, 18). NES notes that

these matters will be explored during section 6 of the evidence. The participation of NES in the Inquiry is not only about explaining historical processes, but also about ensuring that the education, supervision, and quality systems operated today are safe, connected and responsive. As the Special Health Board responsible for the provision of education and training in Scotland, this is an aspect of the Inquiry which NES considers to be of vital importance so as to learn from the past to strengthen Scotland's system of medical training and governance for the future.

21. NES considers that it can assist the Inquiry in identifying any areas of learning which emerge and recommendations which face the future. By drawing on the knowledge and experience it possesses, NES can contribute constructively to the Inquiry's objective of fostering a culture of continuous improvement, ensuring that lessons learned are both evidence-based and relevant to the evolving needs of the health service in relation to the training of future doctors.

Matters which the Inquiry could investigate relating to the training and supervision of junior neurosurgical staff

22. Whilst the day-to-day supervision of junior neurosurgical staff is primarily a matter for the territorial Health Board in which they work, NES considers that it can assist the Inquiry in investigating matters relating to the education of junior neurosurgical staff at a general level.
23. In keeping with current standards, it would be inappropriate for a doctor who has been suspended to continue in any capacity as a clinical or educational supervisor. The Recognition of Trainers scheme was implemented in Scotland in July 2016. The introduction of this process was aimed at ensuring that those undertaking supervisory roles are not only appropriately qualified and equipped to undertake this role but also maintain good professional standing. Its requirements were collaboratively developed by the Education Organisers - namely, NES, the five Scottish Medical Schools, and the territorial Health Boards, working through the Directors of Medical Education group. This framework is aligned with the Academy of Medical Educators' competency standards, which have been adopted by the GMC for this purpose. The system applies a unified, once-for-Scotland approach, meaning that once a trainer is recognised, this status is valid for all "named" roles requiring GMC recognition across the country.
24. NES considers that this is a system which the Inquiry may wish to consider during the evidence to understand how it operates in practice, how it facilitates the proper

supervision of junior neurosurgical staff and how this system differs to the systems in place at the time of Mr Eljamel's practice.

#### Witnesses who may assist the Inquiry

25. NES has identified above the areas with which it considers it can assist the Inquiry. Witnesses who may be able to speak to those matters are set out in the suggested List of Witnesses provided separately to the Inquiry. In relation to each witness, NES anticipates that they can comment on the system for education and training in place at the time of their tenure with NES (Terms of Reference 6 (a)). In addition, NES considers that its current senior team can assist the Inquiry with identifying any recommendations for future learning and improvement as informed by current practice (Terms of Reference, 18).

#### Documents

26. NES has identified above the particular areas with which it can assist the Inquiry. It will produce such relevant documentation as it holds and can provide for the assistance of the Inquiry in relation to those matters in line with the Rule 8 Request for Evidence which it has received from the Inquiry.

#### Learning and recommendations

27. NES considers that any specific lessons which emerge will be informed by the evidence. Thus, areas of learning are likely to be identified as the Inquiry progresses. Any recommendations which are made are likely to be framed based on that evidence and learning.
28. Whilst acknowledging that the Inquiry is still at a preliminary stage, NES respectfully suggests that consideration could be given to the broad matter of further integration of education and safety systems across NHS Scotland to improve early detection of, and response to, clinical risk.
29. The identification of this issue by NES arises from the recognition that effective integration between educational governance of RDIT (which NES is responsible for) and clinical governance of RDIT and the systems in which they work (which territorial Health Boards are responsible for) within NHS Scotland is vital for maintaining high standards of patient care. Educational governance is the process by which training and education of RDIT is monitored to ensure that it is safe, effective and fit for purpose. Clinical governance is the system through which Health Boards are accountable for

continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. It involves monitoring systems and processes to ensure patient safety and quality of care across the organisation.

30. In practice, enhanced alignment between these processes enables earlier identification of clinical risks, fosters a culture of shared learning, and ensures that any safety concerns are promptly addressed through improved communication channels. This approach also supports the ongoing professional development of clinical staff, equipping them with the necessary skills to respond to emerging risks swiftly and appropriately, thereby contributing to better patient outcomes and overall service quality. This is therefore an area which the Inquiry may wish to consider in section 6.
31. Consideration could also be given by the Inquiry as to how the further integration of education and safety systems could be reflected in the training of resident doctors so as to foster deeper understandings of risk management, encourage a culture of transparency and shared learning, and ensure that safety principles are ingrained as core professional values from the formative years of RDIT.

#### A trauma-informed approach

32. At the outset of this opening statement NES acknowledged that the subject matter of this Inquiry is likely to be traumatic for those who have been directly and indirectly affected by Mr Eljamel's actions. With that in mind, NES is committed to participating in a trauma-informed approach. NES has a clear and extensive role in the implementation of a trauma-informed approach across Scotland.
33. The National Trauma Transformation Programme is funded by the Scottish Government and delivered in partnership with COSLA, NES, the Improvement Service and the Resilience Learning Partnership. NES plays a key role in the development of a wide range of learning resources, guidance and implementation support for all sectors of the workforce to up-skill staff to the appropriate level of trauma-informed and responsive practice and, critically, to embed and sustain this model of working. NES can bring this knowledge and experience to the Inquiry.
34. NES will also carefully listen to the submissions of the Patient Group and others about how best to implement an approach to the issues in this Inquiry which is both sensitive and trauma informed. Such assistance as NES can and will provide to this Inquiry will be done so through that important lens.



## **Conclusion**

35. NES looks forward to working with and assisting the Inquiry in fulfilling its Terms of Reference. It will share any relevant knowledge and experience that it has in relation to the Inquiry's areas of investigation. NES renews its commitment to supporting the Inquiry with its work in any way that it can.

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