

THE ELJAMEL INQUIRY

OPENING STATEMENT FOR THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH

1 Introduction

- 1.1 This opening statement is made on behalf of the Royal College of Surgeons of Edinburgh.
- 1.2 The Royal College dates from 1505 and was formally established by Royal Charter in 1851.
- 1.3 It is one of four independent Royal Colleges of Surgeons in the United Kingdom and Ireland. It collaborates with, but is separate from, the Royal College of Surgeons of England, the Royal College of Physicians and Surgeons of Glasgow and the Royal College of Surgeons in Ireland. It is a charity registered with the Office of the Scottish Charity Regulator.
- 1.4 The College is a global network of over 34,000 professionals, comprising Fellows, Members, Associates, and Affiliates. The majority are surgeons, but the College also contains sizeable faculties of dental surgeons and of pre-hospital care professionals including paramedics and emergency care practitioners. Membership includes people at every stage of their career, from medical students through to trainees, consultants and those who have retired from practice.

2 The Royal College's interest and participation in the Inquiry's work

- 2.1 A key objective of the Royal College of Surgeons of Edinburgh is the promotion of high standards of clinical competence and conduct among surgical professionals. In pursuing that objective, the Royal College is an integral part of the healthcare system within the UK and internationally.
- 2.2 It promotes high standards in a variety of ways including through providing education and training to surgeons throughout their careers and by setting and assessing postgraduate surgical examinations. It offers surgical and dental courses for surgeons at all stages of their careers in relation to clinical and other aspects of their practice.
- 2.3 The College has five Vice-Presidents, each with a specific portfolio of responsibilities. One of those portfolios is to oversee the College's work on clinical standards and quality assurance. The College has for some years had a Professional Standards Committee to oversee standards

issues but this has very recently been disbanded as part of wider governance changes within the College. A Quality Assurance Committee is in the process of being set up to replace the former Professional Standards Committee and to support the work of the Vice-President in this area.

- 2.4 In addition, the Royal College has a Patient Safety Group whose role is to ensure that the Royal College's core professional standards, training and educational activities are focused on continuously improving patient safety and reducing harm. The PSG is a multidisciplinary group whose membership is drawn from all faculties of the College and includes representatives from both the wider surgical team and patients with lived experience. It is engaged in a wide range of activities in support of patient safety including providing members and fellows with expertise and advice on patient safety issues, promoting good practice and co-ordinating training and increasing awareness of clinical human factors to improve the safety of surgical care. The Group also works with medical educators, NHS bodies, and other Royal Colleges. It is engaged in work to improve the surgical workplace environment by supporting surgical teams and helping to address conflict within those teams. It also provides resources to support surgical teams when adverse outcomes or errors happen in surgery.
- 2.5 The Royal College of Surgeons has a particular interest in paragraph 6 of the Inquiry's Terms of Reference which concerns the role of any other bodies which played or could have played a role in the care provided by Mr Eljamel to his former NHS patients. It is keen to understand whether and to what extent there were deficiencies in regulation across the healthcare system that caused or contributed to patient harm.

3 Assistance to the Inquiry

- 3.1 In making this opening statement the Royal College has had regard to the Guidance for Core Participants issued in respect of opening statements. There are a number of matters in respect of which the Chair invited submissions that the Royal College does not address because of the very limited direct engagement that the Royal College had with Mr Eljamel and his patients.
- 3.2 While Mr Eljamel was a Surgical Fellow of the Royal College between 2003 and 2015 (and acted as an examiner in certain examinations during that time) the Royal College did not receive (to the knowledge of the current management team) any complaints about Mr Eljamel's practice while he was a Fellow. The Royal College does not regulate surgeons' "licence" or fitness to practise in the way that statutory regulators such as the General Medical Council regulate. While the Royal College has a code of conduct and disciplinary scheme for members, Mr Eljamel was not subject to any disciplinary action by the Royal College. The Royal College of Surgeons of Edinburgh was not involved in the clinical review that was carried out by the Royal College of

Surgeons of England and was not made aware of the findings of that review (other than by way of media reporting).

- 3.3 At this stage of the Inquiry's work the Royal College does not have access to detailed information about Mr Eljamel's clinical failings or the response of his employers, colleagues and regulators to those failings. The Royal College is keen to listen to, and understand, the evidence that will be given to the Inquiry about the failings in Mr Eljamel's practice and the response of the wider medical community to those failings.
- 3.4 The Royal College does carry out invited reviews of surgical services and of individual surgeons' practice and supports Scottish Health Boards in conducting what are known as Annex B and C reviews (by reference to the annexes of Scottish Home and Health Department NHS Circular No 1990 (PCS) 8). It has also recently agreed to provide Healthcare Improvement Scotland with access to experts to help them assess concerns about service provision raised with them. The Royal College therefore wants to learn from the work of the Inquiry with a view to providing better support to the NHS in respect of these areas of work.
- 3.5 The Chair has, however, invited Core Participants to indicate where they think that they can contribute to the work of the Inquiry and where they might be of most assistance to the Inquiry.
- 3.6 The Royal College of Surgeons of Edinburgh can assist the Inquiry in providing its perspective on matters of good professional and clinical practice. In particular it can provide evidence on what constitutes good practice in the training and supervision of junior staff (Terms of Reference paragraph 2) and on the Duty of Candour (Terms of Reference paragraph 7) the issue of candour that is dealt with in the Terms of Reference. The Royal College has already sought to assist the Inquiry by reviewing and commenting on the draft expert letter of instruction in relation to the Clinical Review. More generally, the Royal College can provide evidence about its role in setting and maintaining high standards of surgical practice.
- 3.7 The Royal College will seek to assist the Inquiry in any other ways the Inquiry considers appropriate.

Christine O'Neill KC

19 November 2025