Witness Name: Emma Watson
Statement No: NES-00083

Dated: 17 March 2026

ELJAMEL INQUIRY WRITTEN STATEMENT OF EMMA WATSON

I, Emma Watson, will say as follows:

Part A- Roles and Responsibilities

1. **Please set out your qualifications. If there is more than one contributor to the statement, please set out the qualifications of each, with a description of which part(s) of the statement each one contributed and why.**

    1.1. I hold an MBChB and an MSc in Public Health and Health Services Research, and I am a Fellow of both the Royal College of Pathologists (FRCPath) and the Royal College of Physicians, FRCPath Medical Microbiology.

2. **Please explain your professional/ occupational background, in particular focussing on roles and the responsibilities which you held/ hold relevant to or potentially relevant to the neurosurgical department of Ninewells Hospital or Mr Eljamel. If you wish, you may exhibit a CV/ CVs with your statement.**

    2.1. I am the Executive Medical Director of NHS Education for Scotland, acting in this context solely in that capacity and representing NHS Education for Scotland, and not in relation to any other roles I have held. I was appointed to this role in April 2022. In addition, I am a Consultant Medical Microbiologist and have previously held a number of senior leadership and advisory positions within NHS Scotland and the Scottish Government. These include serving as a Harkness Fellow, Deputy Medical Director, and Associate Medical Director at NHS Highland; Senior Medical Officer within the Scottish Government Health Workforce Directorate; Director of Medical

Education at NHS Highland; and National Lead for Patient Safety for the Scottish Government. A copy of my CV has been provided to the Inquiry [NES-00026].

Part B- Structures and Individuals

3. **Please provide an overview as to the role, function and responsibilities of NES and its predecessor bodies over the relevant period, in particular with regard to functions of relevance to the provision of neurosurgical care at Ninewells Hospital, and in other hospitals under the control of NHS Tayside providing neurosurgical services. Please highlight any significant differences in the role and remit of these various bodies in that regard.**

3.1. The Scottish Council for Postgraduate Medical and Dental Education (SCPMDE) was established in April 1993 to meet the growing need for structured postgraduate medical and dental education and ensure the quality of programmes across Scotland met the regulatory standards of the General Medical Council (GMC). SCPMDE was a national Health Board with statutory responsibilities for providing, co-ordinating, developing, funding, and advising on education, training, and workforce development for NHS Scotland. SCPMDE was dissolved in 2002.

3.2. Upon its institution in 2002 NHS Education for Scotland (NES) assumed SCPMDE's overarching responsibilities. NHS Education for Scotland (NES) is a national health board with statutory functions for providing, co-ordinating, developing, funding and advising on education, training and workforce planning for the NHS and in partnership with Scottish Social Services Council (SSSC) for social care staff. NES is a national organisation with a significant regional presence in Scotland. The NHS Education for Scotland Framework document has been provided to the Inquiry [NES-00034] which outlines NES' remit, role and function. We do not have access to any documentation from predecessor bodies.

3.3. NES is a leader in educational design, delivery and quality assurance. Each UK nation has its own statutory education body (SEB), which is responsible for ensuring the right numbers and mix of skills within the medical workforce. The SEB must ensure the delivery of standards and requirements of postgraduate medical education as defined by section 34H of the Medical Act 1983 (as amended). It is also responsible for ensuring the security of supply of the healthcare and public health workforce.

3.4. NES also utilises technology enabled learning, organisational and leadership development, workforce and learning analytics and digital development, across the entire health and social care workforce and in every community in Scotland, NES helps to facilitate staff to be supported, skilled, capable, digitally enabled and motivated to deliver improved outcomes.

3.5. NES leads national programmes such as the NHS Scotland Academy and NHS Scotland Youth Academy (with NHS Golden Jubilee), the National Centre for Remote and Rural Health and Social Care, and the Centre for Workforce Supply. NES also leads national-level quality improvement development programmes and is leading on the development of the national digital platform and a wide range of digital technology solutions. The NES National Digital Programme (NDP), is a Scottish initiative led by NES to create a shared, cloud-based technology foundation to build new digital health & care services, enabling easier access, data sharing, and innovative apps for patients and staff, supporting the "Digital Front Door" vision for better care.

3.6. In contrast, NHS Tayside, as a regional Health Board, is responsible for the direct management and delivery of healthcare services, including neurosurgical services. This includes the day-to-day management and supervision of resident doctors in training at Ninewells Hospital and other facilities under its control. While NES (and its predecessor) supports the educational and training framework, NHS Tayside oversaw operational aspects and patient care delivery.

3.7. NES is directly responsible to the Scottish Government for commissioning and arranging the delivery of postgraduate medical education as would its predecessor body – Scottish Council for Postgraduate Medical and Dental Education. The Scotland Deanery is an integral part of NES and has operational responsibility for ensuring that that all aspects of postgraduate medical education, from Foundation to Specialty Training, are delivered to the highest standards. NES works in partnership with Health Boards and university employers to provide education, training and support for Resident Doctors in Training from graduation to completion of their specialist training. It is responsible for commissioning, arranging, and quality managing the delivery of Postgraduate Medical Education and

Training to meet the standards required by the regulatory body: The General Medical Council (GMC).

3.8. The Service Level Agreement between NES and the Health Boards stipulate that the Health Board will recognise that supervised training is a core responsibility, essential for the development of the medical workforce to provide for future service needs. The Health Board will develop a local strategy for medical education and training that is fully integrated with local service requirements.

3.9. The Health Board will ensure that there are arrangements for the governance of medical education and training, that meets regulatory standards. The Health Board will act as a local education and training provide (LEP) and will be responsible for the quality control of the postgraduate medical education and training provided, consistent with GMC standards. The Heath Board is responsible with NES for Resident Doctors in Training. The Health Board is also responsible for those who supervise the doctors in training, who are within the Board's employment and who hold paid or honorary contracts with the Board.

3.10. NES is not responsible for the provision of neurosurgical care at Ninewells Hospital or other hospitals under the control of NHS Tayside providing neurosurgical services. This responsibility sits with NHS Tayside.

4. **When and why did the body with responsibility for medical education and training in Scotland change as it did over the relevant period?**

4.1. Scottish Council for Postgraduate Medical and Dental Education (SCPMDE) was established in 1993 and abolished on 1st April 2002 by The NHS Education for Scotland Order 2002.

4.2. In 2002, under section 2 of the National Health Service (Scotland) Act 1978 (the 1978 Act), the NHS Education for Scotland Statutory Order (2002, no. 103) was established.

4.3. The body changed as the Scottish Government sought to bring 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.

4.4. It is NES' understanding that the main goal was to centralise healthcare workforce training and unify postgraduate medical and dental education in Scotland. This would create a single body responsible for all NHS education, training, and workforce development, ensuring an efficient, high-quality system responsive to future needs rather than maintaining a fragmented approach

5. **What were the key structural differences in the way in which each of these bodies was able to play a function in medical education and training in Scotland? How did these differences impact on the ability of these bodies to play a meaningful role in the provision of neurosurgical care at Ninewells Hospital, Dundee and in other hospitals under the control of NHS Tayside providing neurosurgical services?**

5.1. Both NES and its predecessor organisations shared a core mission rather than structural differences, each playing an essential role in medical education and training throughout Scotland. They were responsible for organising training programme management and ensuring that the delivery of training aligned with the requisite curriculum and competency frameworks. Commitment to regulatory standards was demonstrated through the continual application of best practices and a focus on ongoing improvement.

5.2. There were no structural differences identified between these bodies. However, if the Inquiry are referring to differences in staff structure: from 1995 to 2005, the Chief Executive of both NES and its predecessor organisations directly line-managed the Regional Postgraduate Deans, as there was no Medical Director at that time. In 2005, a Medical Director was appointed; following this change, the Regional Postgraduate Deans were managed by the Medical Director, who in turn reported to the Chief Executive.

5.3. Quality management visits are a key element of NES's work. NES's Quality Management Team 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. I am not aware of the systems in relation to arranging visits during the relevant period due to the retention policy [NES-00018] and change in staff personnel. Documentation for the 2014 Neurosurgical visit has been provided to the Inquiry [NES-00009].

5.4. From 2016 to 2024, each Speciality Quality Management Group (QMG) within the Quality Management Team at NES were required to hold an annual Quality Review Panel (QRP). This system was changed due to a reorganisation within the Medical Directorate to ensure alignment with the new structure. The Specialty Quality Management Groups maintain the same roles and responsibilities as before, but the creation of three groups promotes greater consistency across SQMGs compared to the previous arrangement. A Terms of Reference has been provided to the Inquiry [NES-00029]. A Standard Operating Procedure for Quality Review Panels has been provided to the Inquiry [NES-00038]. In 2024, in order to make the process more agile, NES introduced a second all RDiT Scottish Training Survey point in January which allowed RDiT to flag any issues earlier in their training year. As such NES changed the process and introduced two review points: a mid-point review in March and a further review in August/September – Speciality QMG Data Review. At the review, information relating to the quality of every training post across Scotland, within the specialities for which they are responsible, is scrutinised at both review points. The documentation would consistently change depending on the data available at the review points. This information includes data from the GMC national trainee and trainers' surveys, the NES Scottish trainee survey, the annual review of competence outcomes, written reports from the relevant training programme directors and directors of medical education, and local knowledge provided by panel members. All this intelligence is reviewed and discussed to enable the review panel to decide whether a quality management visit to a local education provider is indicated, and if so, within what timescale. The comprehensive quality procedures currently established within NES have developed over time and were not present to this extent in earlier organisations.

5.5. NHS Tayside, as a territorial health board, is responsible for delivering and managing local neurosurgical services to the public at Ninewells Hospital in Dundee, as well as at other hospitals under its control that provide neurosurgical care. This is not the remit of NES or its predecessor bodies.

5.6. NES are responsible for commissioning, arranging, and quality managing the delivery of Postgraduate Medical Education and Training to meet the standards required by the regulatory body: The General Medical Council (GMC). The Health Board is responsible for delivering the training. (Copy of Service Level Agreement between NES and NHS Tayside provided to the Inquiry) [NES-00041].

6. **Please explain the extent to which NES retains legal or regulatory responsibility for the actions of its predecessor bodies which performed similar roles over the relevant period. To the extent that does not retain such responsibility, please explain what bodies do retain such legal or regulatory responsibility.**

6.1. NES assumed responsibility for the statutory functions and obligations transferred from its predecessor bodies at the time of its establishment in 2002. NES retained certain legal or regulatory responsibilities for actions or decisions taken by those earlier organisations, particularly in relation to education and training within NHS Scotland, to the extent that those responsibilities were explicitly transferred under the relevant legislation.

7. **Please explain the extent to which NES retains access to documents held by or on behalf of its predecessor bodies, with relevance or potential relevance to the matters covered by the Inquiry's Terms of Reference and List of Issues. If possible, please explain (a) whether any other bodies have access to or are likely to have access to any such documents.**

7.1. NES have adopted the Scottish Government Records Management Health and Social Care Code of Practice (Scotland) 2020 [NES-00018], which lays out retention decisions for record types created by NHS Boards in Scotland. NES have allocated retention periods for those records and documents to be retained and disposed of in accordance with the Retention Schedule.

7.2. NES follows a structured process to retain training records of RDiT and documents as stipulated in the Scottish Government Records Management Health and Social Care Code of Practice (Scotland) 2020 [NES-00018] and categorising them, applying retention schedules, securely storing and reviewing them, and finally disposing of or archiving them as appropriate all while maintaining proper documentation and compliance with guidelines.

7.3. Consequently, documents from predecessor bodies are no longer accessible as their designated retention periods have expired and they have been disposed of in line with the relevant policy. This systematic approach ensures records are only held for as long as necessary, in compliance with statutory and organisational requirements.

7.4. NES are not aware of any other bodies having access to, or likely to have access to, such documents.

7b) to the extent that such documents are not retained, any reasons why they have not been.

7.5. As explained in response to (a) above, NES follows the Scottish Government Records Management Health and Social Care Code of Practice (Scotland) 2020 and follows the established Retention Schedule [NES-00018].

8. **Please provide an explanation of the areas related to the care of Mr Eljamel's neurosurgical patients in which NES or its predecessor bodies (a) had exclusive responsibility; and**

8.1. NES and its predecessor bodies did not bear exclusive responsibility for any aspects of the care of Mr Eljamel's neurosurgical patients. Issues involving direct patient care and clinical decision-making are beyond our remit; as such, NES are not responsible for them.

8.2. NES is responsible for commissioning, arranging, and quality managing the delivery of Postgraduate Medical Education and Training to meet the standards required by the regulatory body: The General Medical Council (GMC). The Health Board is responsible for delivering the training. A copy of the Service Level Agreement between NES and NHS Tayside has been provided [NES-00041].

8 (b) had shared competence with other government departments, agencies, public or private bodies over the relevant period for systems relating to the provision of neurosurgical care at Ninewells Hospital, Dundee and in other hospitals under the control of NHS Tayside providing neurosurgical services. As regards (b) please set out how NES or its predecessor bodies' responsibilities overlapped or interacted with the responsibilities of those other bodies in that regard.

8.3. NES and its predecessor bodies did not possess any remit or shared competence regarding the systems for the provision of neurosurgical care at Ninewells Hospital, Dundee, or other hospitals under NHS Tayside's control. The responsibilities for direct patient care, clinical decision-making, and the organisation of neurosurgical services were outside their remit. Consequently, responsibilities did not overlap or interact with those of other government departments, agencies, or public or private bodies in these areas.

8.4. NHS Tayside has a core responsibility to provide supervised training which is essential for the development of the medical workforce to provide for future service needs. NHS Tayside will have developed a local strategy for medical education and training that is fully integrated with local service requirements.

8.5. NHS Tayside will ensure that there are arrangements for the governance of medical education and training, that meets regulatory standards. They will act as a local education and training provider (LEP) and will be responsible for the quality control of the postgraduate medical education and training provided, consistent with GMC standards. Local education providers (LEPs), specifically the leadership at the Board level or equivalent, provide the learning environment and culture. They are accountable for how they use the resources they receive to support medical education and training. They are responsible for acting when concerns are raised that impact on patient safety. They work with postgraduate deaneries, local education and training boards (LETBs) and medical schools in recognising and rewarding trainers [NES-00082].

9. **Please provide a high-level overview of the structure of and its predecessor bodies and a list of key individuals and their roles within NES and its predecessor bodies over the relevant period, insofar as relevant to the neurosurgical service provided by it and the matters covered by the Inquiry's Terms of Reference and List of Issues by way of organogram, if necessary.**

9.1. Please see summary below of key roles and personnel over time.

Scottish Council for Postgraduate Medical and Dental Education/
NHS Education for Scotland
Chief Executive Officers:
Graham Buckley (Pre 1995 - until 2004)
Malcolm Wright (2004-2015)
Caroline Lamb (2015-2019)
Stewart Irvine (Interim) (2019-2021) *
Karen Reid (2021 – present)
Executive Medical Directors (report to CEO)
The first Medical Director appointed was Mike Watson in 2005. There was no Medical Director post prior to this time.
Mike Watson (2005 – 2012)
Stewart Irvine (2012 – 2022) *
Rowan Park (interim) (2020- 2022)
Emma Watson (2022 – present)
Postgraduate Dean (East Region of Scotland)
Ronnie Harden (Pre 1995 – until 1997)
Ray Newton (1997 – 2003) (deceased 28.11.2022)
Philip Cachia (2004 – 2015)
Clare McKenzie (2015-2023)

10. **Please explain how the role of NES and its predecessor bodies over the relevant period fitted with the role/ remit of the following key organisations which did or could have had a role in the oversight of aspects of the professional practice of Mr Eljamel: (a) NHS Tayside or its predecessor organisations.**

10.1. NES and its predecessor bodies would work in partnership with all Health Boards in Scotland, including NHS Tayside, to manage the education and training of Resident Doctors in Training (RDiT). NES' primary responsibility is to ensure that medical training being delivered by the health boards meets the regulatory standards set by the GMC and that RDiT progress appropriately throughout their training. The Service Level Agreement between NES and NHS Tayside has been provided to the Inquiry [NES-00041].

10.2. NES did not engage with NHS Tayside regarding Mr Eljamel or his professional practice, as NES were never made aware of any concerns by RDiT, trainers or NHS Tayside.

10(b) The Scottish Executive/ Scottish Government.

10.3. NES was established as a Special Health Board in 2002. It exercises functions on behalf of the Scottish Ministers and is responsible to them through the Scottish Government Health and Social Care Directorates.

10.4. For policy/administrative purposes, NES is a non-departmental Public Body (NDPB) classified as a Health Body. NES contributes to the achievements of the Scottish Government's purpose, which is to:

- Create a more successful country
- Give opportunities to all people living in Scotland
- Increase the well-being of people living in Scotland
- Create sustainable and inclusive growth
- Reduce inequalities and give equal importance to economic, environmental and social progress.

10(c) Insofar as relevant to the provision of healthcare over the relevant period, the UK Government.

10.5. NES exercises functions on behalf of the Scottish Ministers and is responsible to them through the Scottish Government Health and Social Care Directorates therefore does not report to UK government directly. NES, however, works closely with the four devolved nations of the UK. NES works with the 4 nations on the delivery of quality assured medical workforce, i.e. UK wide recruitment for RDiT, COPMeD - Conference of Postgraduate Medical Deans, 4 nation agreement over curricular for postgraduate training. NHS Education for Scotland Framework document has been provided to the Inquiry [NES-00034].

10(d) Healthcare Improvement Scotland and its predecessor organisations.

10.6. NES collaborates closely and effectively with Healthcare Improvement Scotland (HIS), which aims to ensure that people in Scotland receive the highest-quality health and care services.

10.7. In 2013, a public inquiry (Francis) about a serious failure of a healthcare system in England made a number of recommendations. One of these was to improve

intelligence sharing within and between national agencies. This is to allow earlier identification of, and response to, the signs of a potentially serious system failure. In response to this, the Sharing Intelligence for Health and Care Group was established in 2014 which has resulted in much better sharing and consideration of key pieces of data and information by the Scotland-wide agencies involved. These agencies are now better prepared to take additional action, when this is required. The Sharing Intelligence for Health and Care Group inaugural report – May 2016 has been provided to the Inquiry [NES-00040].

10.8. NES and HIS co-lead the Sharing Intelligence for Health and Care network. This is a network of organisations working in health and social care to connect, share insights, and develop best practices in the use of data and intelligence. Its primary aim is to enhance the quality, safety, and effectiveness of health and care services by promoting informed decision-making through better access to and understanding of data. The Sharing Intelligence for Health and Care Group inaugural report – May 2016 has been provided to the Inquiry [NES-00040].

10.9. By co-leading the Sharing Health and Care Intelligence Network, NES and HIS are helping to create a more connected, informed, and effective health and care system through the power of shared intelligence and collaboration.

10.10. NES would have had no interaction with HIS regarding Mr Eljamel or his professional practice as NES had not been made aware of any concerns regarding Mr Eljamel or his professional practice.

10(e) The Department for Medical Education.

10.11. The Lead Dean Directors (Postgraduate Deans) liaise closely with the Director of Medical Education (DME) in NHS Tayside (as they do with all DMEs). DMEs were first appointed in 2009 by Health Boards in Scotland. NES meets regularly with the DMEs both as a group and the local liaison Dean would have meetings with the relevant DME to discuss local education and delivery issues.

10(f) The University of Dundee.

10.12. The Lead Dean Director for Academic collaborates with all Universities with medical schools (including the University of Dundee). The Pharmacy Dean is the NES lead

for the strategic partnership with NES and the University of Dundee. This is a new relationship agreed in June 2024. Professor Andrew Sturrock is the Pharmacy Dean. Prior to the signing of the 'Letter of Intent' [NES-00037] between NES and UoD, discussions had taken place between NES and UoD at corporate level to explore the desirability and potential benefits of such an arrangement.

10.13. The Letter of Intent between NES and UoD [NES-00037] to work strategically was an administrative one as the joint paper was about exploring areas of mutual benefit and collaborative opportunities. This was in the furtherance of the NES corporate strategy with similar arrangement being put in place between NES and other universities.

10.14. The NES Pharmacy Dean is the NES lead for the strategic partnership with NES and University of Dundee. This partnership reflects NES corporate strategy, and similar arrangements are in place with other Higher Education Institutions and organisations in Scotland and at UK level. Initial areas of collaboration agreed as part of this partnership include (1) clinical academic careers for NMAHP; (2) Realistic Medicine; (3) Undergraduate medicine recruitment. Discussions around further areas of collaboration are ongoing. This is set out in the signed Letter of Intent [NES-00037] and demonstrated in the NES/UoD Partnership Agenda and Minutes dated 09 September 2025 [NES-00035] and [NES-00036].

10(g) The Royal College of Surgeons (Edinburgh).

10.15. NES works closely with all Royal Colleges including Edinburgh, as they are key stakeholders. The relevant Royal Colleges provide curricula approved by the GMC for the specialities that resident doctors follow named the Intercollegiate Surgical Curriculum for Neurosurgery 2010 [NES-00043]. In matters around education and standards, NES have Royal College representatives on a number of internal NHS groups, for example on the Specialty Training Board Group. There would be a Royal college representative on the various Specialty Training Board (STB) Groups, but they would be representing their relevant Royal College depending on the specialty of the group and not NHS Tayside. Since appointment of the current Medical Director of NHS Tayside the Responsible Officer of NES or a deputy have been invited to attend NHS Tayside's Responsible Officer Advisory Group.

10.16. NES would have had no interaction with the Royal College of Surgeons (Edinburgh) regarding Mr Eljamel or his professional practice as it is not within NES remit to discuss consultants as they are employed by territorial health boards.

10(h) The Royal College of Surgeons;

10.17. As above, NES works closely with all Colleges, as they are key stakeholders. The relevant Colleges provide curricula approved by the GMC for the specialities that resident doctors follow [NES-00043].

10.18. NES would have had no interaction with the Royal College of Surgeons regarding Mr Eljamel or his professional practice as it is not within NES remit to discuss consultants as they are employed by territorial health boards.

10(i) The General Medial Council;

10.19. The General Medical Council (GMC) is responsible for regulating doctors, anaesthesia associates (AAs), and physician associates (PAs) within the United Kingdom. The GMC establishes standards, maintains a professional register, assures the quality of medical education, and investigates complaints. NES is required to ensure that educational programmes comply with the GMC's regulatory standards, and NES collaborate closely with the GMC to achieve this objective. Furthermore, NES work closely with the GMC regarding any ongoing concerns or investigations of Resident Doctors in Training and Enhanced Monitoring sites. For example, NES would notify the GMC of concerns about a RDiT. However, the GMC could reach out to NES for information if they have received a complaint from say the public in relation to a RDiT [NES-00030].

10.20. NES would have had no remit with the GMC in relation to Mr Eljamel, as NES had no oversight of his professional practice and any concerns that may have been raised. In addition, NES were not Mr Elajmel's employer. To the best of my knowledge NES was not made aware of any concerns relating to Mr Eljamel and therefore would have no reason to notify the GMC. I am not aware of the GMC reaching out to NES for information relating to Mr Eljamel if they had received a complaint, noting however that NES was not Mr Eljamel’s employer.

10(j) The British Medical Association.

10.21. NES and the British Medical Association (BMA) maintain a collaborative relationship focused on the shared goal of supporting and advancing medical education, training, and professional standards in Scotland. Ongoing dialogue helps ensure that the interests of doctors and the needs of the healthcare system are effectively balanced. Interaction between NES and the BMA often occurs through formal committees, working groups, and consultation processes. Both organisations regularly attend joint meetings, contribute to national forums, and share updates relevant to medical education and workforce issues. Regular communication ensures that doctors' views are considered in NES's planning and delivery of training programmes. There has been no communication between NES and the BMA regarding Mr Eljamel.

10(k) The Health and Safety Executive; and

10.22. The interaction between NES and the Health and Safety Executive (HSE) centres on regulatory compliance, training, incident reporting, and collaborative efforts to promote health and safety. NES relies on the HSE's expertise and regulatory framework to ensure a secure learning and working environment for its staff. The Health & Safety Regulation – A Short Guide has been provided to the Inquiry [NES-00033].

10(l) Any other bodies which held a remit relevant to matters falling with the Inquiry's Terms of Reference.

10.23. NES is not aware of any other bodies which held a remit relevant to Terms of Reference.

11. **Please explain the main principles of policies and practices governing the role of NES and its predecessor bodies, including how and these evolved over the relevant period, insofar as they were relevant or potentially relevant to the practice of Mr Eljamel, relating to:**

11(a) Appointments of consultants over the relevant period, including but not limited to the process by which consultants' professional qualifications and competence are verified (ToR 1);

11.1. The responsibility for appointing consultants within NHS Tayside during the relevant period- including the verification of consultants' professional qualifications and competence- rested solely with NHS Tayside. Consequently, NES and its predecessor bodies were not involved in these processes.

11(b) Broad systems of clinical governance, in place over the relevant period and how they evolved, including corporate governance, professional governance and whistleblowing (ToR 3);

11.2. Clinical governance is a framework that holds Health Boards, in this case NHS Tayside, responsible for consistently enhancing service quality and maintaining high standards of care. It aims to foster an environment where excellent clinical care can thrive by overseeing systems and processes that ensure patient safety and overall quality throughout the organisation. Clinical Governance falls within the remit of NHS Tayside, not NES.

11.3. The General Medical Council introduced a new single set of standards for medical education and training, set out in *Promoting excellence: standards for medical education and training*, which were approved in July 2015 and came into force on 1 January 2016 [NES-00082]. These standards explicitly incorporate educational governance- alongside clinical governance as a fundamental mechanism to protect patient safety and trainee safety throughout undergraduate and postgraduate training.

11.4. NES does not have a role in Health Boards corporate or professional governance.

11.5. In relation to whistleblowing, the National Whistleblowing Standards came into force on 1 April 2021. From that date onwards, all NHS providers delivering services on behalf of the NHS in Scotland must have a whistleblowing policy and procedure in place that complies with the Standards [NES-00017]. All NHS Scotland Boards now have dedicated Non-Executive Whistleblowing Champion (NWC) roles in place. The current NWC is Gillian Mawdsley.

11(c) Broad systems and rules about work patterns within the NHS, balancing work between the NHS and the private sector (ToR 2/ 3);

11.6. This is not within the scope or knowledge of NES.

11(d) Broad systems and rules about supervision/ training of junior medical staff, including the rules surrounding bullying or intimidation of junior medial staff in training (ToR 2);

11.7. The day-to-day supervision of junior neurosurgical staff is primarily a matter for the territorial Health Board in which they work.

11.8. In 2012, the GMC issued guidelines regarding the Recognition of Trainers, [NES-00044] to ensure that trainers in the 'named' roles not only had sufficient training for their educational role, but also sufficient time in which to perform that role. The Recognition of Trainers in Scotland [NES-00020] came into effect in July 2016.

11.9. The requirements for Recognition of Trainers in Scotland were developed by the Education Organisers (Eos), NES in partnership with the five Scottish Medical Schools and in conjunction with the territorial Health Boards, via the Directors of Medical Education (DME) group. These are built around the Academy of Medical Educators' (AoME) competency framework, [NES-00046] adopted by the GMC for this purpose and adopt a once-for-Scotland approach, so that a trainer is recognised once for all "named" roles requiring recognition by the GMC.

11.10. Before the formal Recognition of Trainers (RoT), training was guided by general professional standards and local arrangements, with trainers fulfilling educational roles, but without the unified national framework, competency-based criteria (such as the AoME framework), and specific time/training requirements mandated by the GMC that the RoT system brought in. Essentially, there was less formal, centrally managed recognition for trainers in "named" roles, relying more on existing medical education structures and individual health boards.

11.11. Below is a summary of the structure in place now and during the relevant period (1995-2015). The main changes over time have been the process of a consultant taking up the role of a supervisor, but the role remains the same. Since 2016 all

"named trainer" roles require formal recognition in keeping with the GMC Recognition of Trainers Policy which has been provided to the Inquiry [NES-00020].

11.12. Each Resident Doctor has a named Clinical Supervisor who oversees the clinical work and provides constructive feedback during training placements.

11.13. NES provides the training course which enables a Consultant to become a Clinical Supervisor (see ROT requirements to become a supervisor – Recognitions on Trainers (ROT) [NES-00020].

11.14. **Clinical Supervisors** have been appropriately trained to teach, provide feedback and undertake competence assessment for trainees. The Clinical Supervisor is responsible and accountable overall for the care of the patient and the Resident Doctor in Training (RDiT). The Health Boards are responsible for vetting and selecting individuals to serve as Clinical or Educational Supervisors. Once new Supervisors have been appointed, the Health Board provides NES with a list, and this data is subsequently uploaded to Turas, a digital platform designed to support public sector health and care professionals. Prior to the implementation of Turas in 2014, Pinnace was the digital system used; however, it has since been decommissioned and is no longer accessible.

11.15. Clinical Supervisors need to ensure the (RDiT): [NES-00025]

- Is fully trained in the specific area of clinical care
- Understands their direct responsibilities for the safety of patients in their care
- Only performs tasks without direct supervision when competent to do so
- Is trained in equality and diversity and in best practice in human rights.

11.16. The Clinical Supervisor tailors the level of supervision to the individual trainee's competence and experience. This ensures that no trainee is required to assume responsibility for, or perform, clinical, operative, or other techniques for which they have insufficient experience and expertise. In accordance with the requirements of the GMC: Good Medical Practice [NES-00032], the ultimate responsibility for the quality of patient care and the quality of training lies with the supervisor. The level of supervision will change in line with the trainee's progression through the stages of the curriculum, enabling trainees to develop independent learning. Trainees will work at a level commensurate with their experience and competence, and this should be explicitly set down by the assigned Educational Supervisor in the

Learning Agreement [NES-00024]). The Intercollegiate Surgical Curriculum Programme provides information for Supervisors [NES-00042].

11.17. Educational Supervisors are responsible for the overall supervision and management of an individual RDiT's educational progress during a training placement. Health Boards employ and approve Educational Supervisors for the role an ensure they have time in their job plan to fulfil the role. All RDiTs are allocated an Educational Supervisor who offers educational supervision, undertakes appraisal and provides regular, ongoing feedback. Educational Supervisors are responsible for ensuring that the RDiT whom they supervise maintain and develop their specialty learning NES E-portfolio and participate in the relevant specialty assessment process [NES-00027 and NES-00028].

11.18. Educational Supervisors conduct the structured Annual Review of Competence Progression (ARCP) for RDiT, which is a detailed review and synopsis of the RDiT's learning portfolio.

11.19. Educational Supervisors provide RDiT with support, advice and access to career management.

11.20. For any patient safety concerns, RDiT should use the clinical governance framework in the Health Board they are working with to highlight a risk as soon as they become aware of it. All Boards will have policies for incident and near-miss reporting, risk management and clinical governance. They will also have guidelines for bullying and harassment, staff conduct, and capability.

11.21. In addition, RDiT can raise concerns in other ways, such as via the Notification of Concerns [NES-00045] and the GMC National Training Survey (GMC NTS). RDiT provides feedback through the NTS and Free-text comments. Scottish Training Survey (STS): The STS, started in 2013, captures data for each training post, and NES publish the results on our website. Free-text comments related to patient safety and undermining are reviewed and shared with the relevant Director of Medical Education via the Responsible Officer in their Health Board or NES, or via their Clinical or Educational Supervisor or Training Programme Director. The Free-text comments would be collated and shared with the relevant Health Board.

11.22. NES has an escalation policy [NES-00019] in place and will action each concern as and when it is received. All concerns are considered on an individual basis.

11(e) Complaints and feedback systems within the NHS (ToRs 4 and 5);

11.23. NES adheres to the NHS Scotland Complaints Handling Procedure. Document submitted to the Inquiry for information [NES-00016].

11(f) Internal and external information sharing systems, candour, including with the GMC (ToRs 7 and 13);

11.24. The Medical Profession (Responsible Officers) Regulations 2010/2013 [NES-00015] place a duty on the Responsible Officer and their deputies to share information about doctors confidentially if they have a concern with the GMC or with other ROs.

11(g) Rules and practices relating to clinical supervision, suspension, dismissal and removal of the name of a neurosurgeon from the GMC medical register (ToRs 8 to 11);

11.25. The Clinical Supervisor is responsible and accountable for both patient care and the oversight of the Resident Doctor in Training (RDiT). A Health Board such as NHS Tayside is required to verify the competency of any Consultant assuming this role and to escalate concerns to NES regarding the RDiT without delay should any issues arise. Additionally, a Health Board serves as the employer for all Clinical and Educational Supervisors within its hospitals.

11.26. NES does not serve as the Consultant's employer and is not involved in the processes of suspension, dismissal, or removal of a consultant’s name from the GMC medical register.

11(h) Investigations undertaken into the professional practice of consultants in the NHS in Scotland over the relevant period, such as those covered by ToR 12;

11.27. The territorial health boards are the employers of Consultants in NHS Scotland and, as such, are responsible for investigating any undertakings regarding their professional practice. NES would not have any involvement.

11(i) The creation and maintenance of effective document management systems within health boards such as NHS Tayside over the relevant period and subsequently (ToR 14); or

11.28. This is not within NES' remit, and I am unable to comment on the creation and maintenance of effective document management systems within health boards such as NHS Tayside.

11(j) Any other matters falling within the ambit of the Inquiry's Terms of Reference or provisional List of Issues.

11.29. At this time, NES is not aware of any others matters.

Part C- Involvement of NES or its predecessor bodies with the professional practice of Mr Eljamel

12. **How might concerns regarding Mr Eljamel's professional practice have been brought to the attention of NES or its predecessor bodies?**

12.1. NES have no knowledge of any concerns relating to Mr Elajamel's professional practice being brought to the attention of NES or its predecessor bodies.

12.2. Concerns, however, could potentially be raised via several routes: Resident Doctors in Training raising concerns via their Training Programme Director, and or directly contacting the Responsible Officer of NES, or the East of Scotland Postgraduate Dean or staff. There is no documentation available covering the specific time period.

12.3. During the relevant period the Inquiry are concerned with, a RDiT would have attended for their annual review Annual Review of Competence Progression (ARCP) [NES-00031] (prior to 2007 it was known as a RITA - Record of In-Training Assessment) [NES-00039] in person and would have met with an ARCP panel consisting of their Training Programme Director and other senior clinicians. RDiT would have had the opportunity to discuss any concerns at the annual review. Also, they would have had regular face to face meetings with the Educational Supervisors throughout the training year and could have reached out to their Training

Programme Director. They could have also reached out to their Postgraduate Dean and would have a named administrative person for the specialty based in NES. Due to the passage of time, I am unable to confirm who the administrative personnel were prior to 2013.

13. **Please set out a broad chronology of the involvement of NES or its predecessor bodies with or their knowledge of the professional practice of Mr Eljamel, including: (a) The nature and timing of any intimation to them of matters relating to the professional practice of Mr Eljamel or any other matter falling within the ambit of the Inquiry's Terms of Reference or provisional List of Issues;**

13.1. NES have no knowledge of NES or its predecessor bodies being involved with, or aware of, the professional practice of Mr Eljamel. To the best of our knowledge, Mr Eljamel would have held Supervisor roles and would have needed to complete the required training. Due to our record retention policy [NES-00018] we no longer hold any documentation in relation to any training undertaken by Mr Eljamel. We know he stepped down in July 2012 but cannot confirm when he commenced these roles.

13(b) The nature and timing of any meetings attended by or correspondence involving any representatives of NES or its predecessor bodies relating to the professional practice of Mr Eljamel or any other matters falling within the ambit of the Inquiry's Terms of Reference or provisional List of Issues;

13.2. NES and its predecessor bodies did not attend any meetings or engage in correspondence regarding Mr Eljamel's professional practice. This would not be within the remit of NES. Mr Eljamel would have required to have undertaken some training in order to assume the Supervisory roles. We have no documentation to confirm this due to the time elapsed and our retention policy [NES-00018].

13(c)The process leading to any appointment of Mr Eljamel to any roles within NHS Tayside covered by ToR 1;

13.3. NES would not have been involved in the appointment of any roles Mr Eljamel undertook within NHS Tayside nor his appointment as a Clinical or Educational Supervisor which is made by the employing Health Board.

13(d) Any of the investigations relating to Mr Eljamel or systems relating to his professional practice in NHS Tayside covered by ToR 12;

13.4. This would not be part of the remit of NES and its predecessor bodies. These investigations would be the responsibility of NHS Tayside as the employer of Mr Eljamel.

13(e) The document management systems within NHS Tayside relating to the professional practice of Mr Eljamel over the relevant period or subsequently (as covered by ToR 14); or

13.5. Such activities do not fall within the scope of NES or its predecessor bodies, nor would they have authorisation to access any document management systems associated with NHS Tayside pertaining to the professional conduct of Mr Eljamel.

13(f) Any action or decisions taken by or involving NES or its predecessor bodies relating to the professional practice of Mr Eljamel or any other matter falling within the ambit of the Inquiry's Terms of Reference or provisional List of Issues, including the reasons for any such action or decisions. In setting out the chronology requested above, please identify any key individuals within NES or its predecessor bodies involved in any of the listed matters and the nature of their involvement.

13.6. This would not be part of the remit of NES and its predecessor bodies. This would be the responsibility of NHS Tayside as the employer.

14. **To what extent could NES or its predecessor bodies have become involved in matters relating to the professional practice of Mr Eljamel? What actions could any such bodies have taken in terms of their legal and regulatory responsibilities?**

14.1. This would not be part of the remit of NES and its predecessor bodies. This would be the responsibility of NHS Tayside as the employer. Mr Eljamel would have been appointed to this role as Clinical Supervisor by NHS Tayside with no involvement by NES or its predecessor body in this appointment. There would not normally be a need for NES to be involved with the Clinical Supervisor as we are not their employer.

Part D – Complaints and Concerns

15. **To what extent, on what grounds and by whom could complaints or concerns about the professional practice of a consultant neurosurgeon, such as Mr Eljamel, have been raised with NES or its predecessor bodies over the relevant period or subsequently? In particular: (a) What action or censure was NES empowered to take with regard to such issues?**

15.1. NES have no knowledge of any concerns relating to Mr Elajamel's professional practice being brought to the attention of NES or its predecessor bodies. I took up post in April 2022, and I am not aware of any concerns being brought to the attention of NES or its predecessor body and no documentation has been identified.

15.2. Any concerns regarding the professional conduct of a consultant that may have affected the training or progression of a Resident Doctor in Training would generally have been communicated to NES or its predecessor organisations. Typically, the Training Programme Director would have raised this with the local Postgraduate Dean, or the Responsible Officer of the Health Board would liaise directly with the Responsible Officer at NES. In addition, the RDiT could have raised concerns. I am not aware of any documentation from that time period.

15.3. As detailed in the response to question 12, RDiT could have also contacted their Training Programme Director who is employed as a consultant by the health board however would hold a Service Level Agreement with NES and receive payment for this role. Training Programme Directors are not employed by NES but NES do pay a sessional payment via the health board.

15.4. Also as stated before, the RDiT would have regular contact with the admin for their specialty and have access to the Associate Postgraduate Dean and PG Dean should they have wished to discuss anything with them. It is normal practice for the senior team to meet with RDiT if this was requested to discuss any concerns or issues directly with NES staff.

15.5. NES or its predecessor bodies would have investigated any issues or concerns, offered support to the RDiT and worked closely with NHS Tayside on any internal investigations they may have had in relation to the concern.

15(b) Were any such systems of raising complaints or concerns available to members of the public, including patients?

15.6. The public and patients can use the NHS Scotland Complaints Handling Procedure [NES-00016] or, previously, NHS Tayside's own complaints process. Concerns can also be raised directly with the General Medical Council.

15(c) What whistleblowing opportunities/ mechanisms did NES provide for other surgeons regarding the performance or conduct of neurosurgical consultants, like Mr Eljamel?

15.7. As of 01 April 2021, NES adopted the National Whistleblowing Standards [NES-00017]. Under the Standards, all staff and anyone working with us have access to 'Confidential Contacts'. Their role is to provide a "safe space" to discuss any concerns.

15.8. NES is not the employer of neurosurgical consultants; they are employed by the Health Board. As such, there would have been mechanisms in place within NHS Tayside for Consultants to raise concerns in a confidential manner within their own Board management regarding the performance of Mr Eljamel. I am not aware of any documented process at the time in question but if another surgeon had concerns about the provision of training by Mr Eljamel or his role as a Supervisor, in addition to notifying Mr Eljamel's employer NHS Tayside, they could raise a concern with the Training Programme Director or contact the local Postgraduate Dean or Medical Director of NES.

16. **Were any such complaints or concerns raised? If so, (a) By whom?**

16.1. NES are not aware of any concerns, and no complaints were raised with NES. As stated above, I took up post in April 2022, and I am not aware of any concerns being brought to the attention of NES or its predecessor body and no documentation has been identified.

16(b) When?

16.2. N/A

16(c) What was the nature of the complaint or concern?

16.3. N/A

16(d) What process or investigation took place?

16.4. N/A

16(e) What was the outcome/ how were the complaints or concerns resolved?

16.5. N/A

Part E- Documents

17. **Please set out the broad locations of where documents thought to be relevant to the requests made in this rule 8 request were stored, including hard copy or electronic systems, and the identity of the party who or which controls or administers such systems.**

17.1. NES records, emails and email accounts are retained for the duration set out in the Retention Schedule [NES-00018].

17.2. Emails containing the name Eljamel were identified and stored on individual staff accounts. Some documents were stored in our SharePoint folder that contained the word Eljamel.

18. **As far as the searches for documents undertaken by NES as per the request made in Appendix C below are concerned, as regards of the categories of documents which has been requested:(a) Please indicate what searches for documents have been undertaken for each category, including where such searches were undertaken and why these searches were thought to be comprehensive as regards the documents sought in each category, including details of search terms used on electronic systems of document storage);**

18.1. NES records, emails and email accounts are retained for the duration set out in the Retention Schedule [NES-00018].

18.2. NES Digital conducted a review of all current staff email accounts to determine whether any emails relevant to the Rule 8 request, containing the name Eljamel, existed within the specified time frame (1995–2015). A broader search was conducted by NES Digital of emails containing the words Neurosurgery, NHS Tayside, Tayside, Ninewells Hospital, and any relevant documentation relevant to the Inquiry's Terms of Reference during the specified time frame (1995-2015) have been provided to the Inquiry [NES-00047- NES-00081].

18.3. Additionally, staff in both the Medical Directorate and the Chief Executive's Office were instructed to conduct a comprehensive review of documents to determine whether any materials mentioning Eljamel existed that would be relevant to the Rule 8 request for the period from 1995 to 2015. In addition, a search was undertaken in our SharePoint folder for Medicine to identify any documents containing the name Eljamel. A broader search was carried out of our Medical Directorate SharePoint folders for documentation relating to the neurosurgery service at Ninewells Hospital, as relevant to the Inquiry's Terms of Reference and nothing further was identified.

18.4. A search of the quality visit files was undertaken to determine whether there were any visit reports for Neurosurgery at Ninewells Hospital for the specific period (1995 to 2015). The search identified documentation in relation to a Quality visit to Neurosurgery at Ninewells Hospital in 2014 which have been provided to the Inquiry [NES-00009]. The Quality team were asked to search their Quality files which are stored on SharePoint.

18(b) If there are significant classes of documents which were thought to have existed at some point relevant to a search category which no longer exist or are no longer held by, on behalf of or under the control of NES, please identify what these are;

18.5. Not aware of any documents meeting this description.

18(c) If there are significant classes of documents which were thought to have existed at some point relevant to a search category which no longer exist or are no longer held by, on behalf of or under the control of NES, please identify broadly what has happened to them (including whether they have been lost or destroyed and, if so, when and why); and

18.6. Not aware of any documents.

18(d) If there are significant classes of documents which were thought to have existed at some point relevant to a search category which no longer exist or are no longer held by, on behalf of or under the control of NES and NES is aware of these being held by or on behalf of another party, please indicate the nature of these documents and by whom NES believes them to be held.

18.7. Not aware of any documents

19. **Please certify that the documents which have been produced in response to this rule 8 request are, to the best of NES's knowledge and belief, all documents held by NES, on its behalf or under its control.**

19.1. I certify that the documents which have been produced in response to this rule 8 request are, to the best of my knowledge and belief, all documents held by NES, on its behalf or under its control.

Part F- Conclusions

20. **Please state what the NES considers the key challenges were, its understanding of the reason for those challenges, what went well and what did not (either as was apparent at the time or in hindsight), and whether NES or its predecessor bodies identified (at the time or subsequently) things that could or should have been done differently in the way that systems which existed to promote the best interests the former patients of Mr Eljamel over the relevant period or subsequently.**

20.1. To the best of our knowledge, NES and its predecessor bodies were not informed of any concerns or challenges regarding Mr Eljamel's professional conduct from Resident Doctors in Training, Educators, NHS staff, or NHS Tayside. Established protocols existed at the time for reporting such matters, and NES would have responded appropriately had any issues been brought to its attention.

20.2. In 2009, Health Boards in Scotland were contacted by NHS Education for Scotland (NES) to identify Consultants capable of facilitating local Educational Supervisor courses provided by NES. NHS Tayside recommended Mr Eljamel as a facilitator to run the course. Subsequently, he served as a facilitator for this course during the period 2009-2010. Unfortunately, due to the NES retention policy [NES-00018] there is no documentation available in relation to this. It would have been our expectation that NHS Tayside had no reservations regarding his role in delivering this course and would have escalated any concerns to us if they had arisen. No concerns were ever raised regarding the delivery of these courses by Mr Eljamel and others.

20.3. The separate role of an Educational Supervisor (ES) guides and manages a trainee's overall educational progress, acting as a mentor who supports development, provides regular feedback, oversees learning plans, and assesses competency for career progression. They ensure trainees meet curriculum goals, use portfolios effectively, navigate challenges, and plan careers, bridging learning with practical application.

20.4. As explained earlier in this statement, anyone wishing to become a supervisor would undergo training but before formal Recognition of Trainers (RoT) in NHS Scotland (starting 2016), training roles relied more on established practices, local arrangements, and potentially the GMC's general guidance

20.5. Mr Eljamel served as an approved Educational and Clinical Supervisor for Resident Doctors in Training with NHS Tayside until July 2012. Accordingly, it was expected that NHS Tayside would verify his competency for this position and promptly escalate any concerns to NES should they arise. No concerns were ever raised with NES. NES do not hold any documentation in relation to this appointment as the appointment would have been made by Mr Eljamel's employer

20.6. Mr Eljamel stopped being a Supervisor in 2012. NES are not aware if this was due to suspension or not. As explained above, NES do not assign the supervisors to the RDiT as this is managed by the Health Board.

20.7. It would be inappropriate for a suspended doctor to continue in any capacity as a clinical or educational supervisor.

21. **What lessons, if any, has NES or its predecessor bodies learned from its/ their involvement in the systems which existed to promote the best interests the former patients of Mr Eljamel over the relevant period.**

21.1. NES established in 2024 an escalation policy [NES-00019] and robust supporting systems to ensure concerns are addressed promptly and appropriately. The policy establishes a clear path way for escalating any issues or concerns. It outlines the principles and methods for raising matters related to the quality of education and training. This approach ensures that issues are communicated and escalated promptly and appropriately, supporting effective clinical and educational governance.

21.2. NES plan to regularly verify how well our escalation processes work, which will allow NES to evaluate whether our current mechanisms function as intended and identify areas for improvement. This ongoing review supports our commitment to resolving issues effectively.

21.3. NES intends to conduct a thorough review of its escalation policy, which was originally established in 2024. The plan involves engaging with key stakeholders during 2026 to assess the effectiveness of the current policy. This evaluation will focus on identifying aspects that have worked well, as well as areas where improvements or changes could be made. As part of this process, NES will also examine the data that has been escalated under the existing policy. This review will

help to determine the outcomes of the escalation procedures and inform future adjustments to ensure the policy remains robust and effective.

21.4. Our commitment to continuous improvement is further strengthened through ongoing collaboration with all Health Boards. NES regularly meets with all the Medical Directors in Scotland and Directors of Medical Education throughout the year to share best practice, for example the escalation policy. At the next meeting due in January 2026 an agenda items it to discuss quality processes.

21.5. This collective approach ensures that best practices are shared and that systems are aligned across the health sector. In addition, NES work closely with HIS. NES and HIS are united in their commitment to building a more integrated, informed, and effective health and care system, achieved through the power of shared intelligence and collaboration.

22. **Please refer to anything else NES or its predecessor bodies considers/ consider may be of substantial interest to the Inquiry in relation to the systems which existed to promote the best interests the former patients of Mr Eljamel over the relevant period. In addition, please identify any key areas/ systems/ practices which NES or its predecessor bodies considers/ consider worked well, and any key areas in which you/ they consider there were issues, obstacles or missed opportunities.**

22.1. No further comment at this time.

23. **Please set out what, if anything, NES or its predecessor bodies considers/ consider can be done to improve systems which existed to promote the best interests of the former patients of Mr Eljamel over the relevant period for the benefit of future patients like the former patients of Mr Eljamel in which NES or its predecessor bodies played a part/ of which it has knowledge.**

23.1. NES feels consideration could be given to the broader issue of further integration of education and safety systems across NHS Scotland to improve early detection and response to clinical risk. The identification of this issue by NES arises from the recognition that the 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 the training and education of RDIT are monitored to ensure they are 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.

Statement of Truth

I believe that the facts stated in this written statement are true.

Signed 

…….

Date……18/3/26……