Witness Name: Professor John Connell

Statement No. UNID-01435

Dated: 7 May 2026

ELJAMEL INQUIRY WRITTEN STATEMENT OF PROFESSOR JOHN CONNELL

I, Professor John Connell, will say as follows: -

Part A - Your 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 trained in Medicine at the University of Glasgow graduating with commendation in 1977. I gained Membership of the Royal College of Physicians (UK) in 1979. In 1986 I completed my postgraduate research degree, MD, at the University of Glasgow. In 1990 I became of Fellow of the Royal College of Physicians and Surgeons of Glasgow; in 1999 I became a Fellow of the Academy of Medical Sciences and in 2002 I became a Fellow of the Royal Society of Edinburgh.

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 My clinical and research training and professional academic clinical and research practice from 1977 to 2009 was in the West of Scotland. I was the Dean of the School of Medicine and Professor of Endocrinology at the University of Dundee ("UoD") between October 2009 and January 2012. Following that, I was the Head of the College of Medicine, Dentistry and Nursing and Vice Principal for Research at the UoD between 2012 and 2015. In my role as Head of the College, I was in overall charge of Medicine, Dentistry and Nursing. As Vice Principal, I was part of the UoD Executive Team with responsibility for leading the UoD research strategy and in the run up to the national Research Evaluation Framework (REF 2013/4). I was Chair of

NHS Tayside between 2016 and 2018 and have since been retired. This was a non-executive role providing leadership to the Health Board. I have the honorary title of Emeritus Professor from the UoD (as is common practice with senior academic staff who retire).

2.2 I am a Fellow of the Academy of Medical Sciences, and a Fellow of the Royal Society of Edinburgh. I sat on the Council and then Finance Committee of the Academy of Medical Sciences (2008 to 2013); I was the Fellowship Secretary of the Royal Society of Edinburgh (2014 to 2017); Chair of the General Medical Council Education and Training Advisory Board (2015 to 2018); and Vice Chair of the British Heart Foundation Chairs and Programme Grants Committee between 2015 and 2019.

2.3 I can confirm that there was no crossover within my professional roles or responsibilities with the neurosurgical department at Ninewells Hospital ("the Hospital") or to Mr Eljamel. In particularly, there was no cross over between 2016 and 2018 when I was Chair of NHS Tayside.

Part B – Structures and key individuals

3. Please provide an overview as to the role, function and responsibilities of UoD over the relevant period, in particular with regard to functions of relevance to the provision of neurosurgical care at Ninewells Hospital, Dundee 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 Due to the passage of time, I have no recollection of Mr Eljamel's teaching. At the time, Mr Eljamel was an employee at NHS Tayside, and he held an honorary contract with the UoD. All consultants at NHS Tayside had honorary contracts with the UoD as lecturer, senior lecturer or reader/ professor. This was routine practice for any consultant that worked at NHS Tayside, and it would allow them access to the UoD medical school teaching resources and emails.

3.2 Once an honorary contract has been offered, they were usually sent to the Senate for final approval. Upon approval, the UoD would issue a formal letter confirming the honorary title for a period of three years.

3.3 Mr Eljamel would have been responsible for some clinical teaching of students at NHS Tayside. He may on occasion have given lectures at the UoD; however, I have no recollection of the details, and it would not have been part of my remit. Mr Eljamel's link with the UoD was honorary: there was no oversight of Mr Eljamel's clinical competence by the UoD.

3.4 If there were concerns about Mr Eljamel's clinical competence, NHS Tayside would have managed these. The UoD would have only been notified of any concerns if they pertained to Mr Eljamel's link to the UoD. If any action were taken to address any concerns, for example an employee with an honorary contract was suspended, dismissed or resigned from NHS Tayside then I believe the Senate would be notified. In any event, honorary contracts are renewed every three years by the Medical School Board ("the Board") and the Senate would be asked to ratify the honorary role. The Board was made up of the senior staff of the UoD's Medical School which would include the Dean, Associate Deans, Professors (UoD employees rather than those with honorary positions), and student and staff representatives. Concerns in relation to activities of honorary staff could be raised at the Board, however, to the best of my knowledge, I am not aware of any concerns of this nature relating to Mr Eljamel actually being raised at the Board during my tenure as Dean of Medicine, or as Head of College prior to December 2013.

3.5 The UoD were not made aware of any concerns regarding Mr Eljamel's professional practice until December 2013 when, following enquiries made with NHS Tayside, the UoD received formal notification of Mr Eljamel's suspension by letter dated 17 February 2014 [UNID-00027] (see response to question 16).

3.6 Mr Eljamel would have attended annual clinical appraisals with NHS Tayside like other consultant clinical employees of the hospital. If the consultant was a formal employee of the UoD, then the UoD could participate in these clinical appraisals. However, as Mr Eljamel only had an honorary contract and was not a formal employee of the UoD, there would not have been a UoD representative present during his appraisals.

3.7 In addition, there was a formal University Strategic Liaison Committee ("the Committee") that was made up of individuals from NHS Tayside, usually the NHS Medical Director and/ or the Chief Executive, the Deans of Medical, Nursing and Midwifery, Dentistry and Postgraduate from the UoD, University of St Andrews, Abertay University and Fife NHS Board. The Committee would meet three or four times a year. The purpose of the meeting was to discuss high level policies. It would have been unlikely that we would have discussed any clinical competency issues of an NHS employee.

3.8 As I understand, within the structure of the Undergraduate teaching there would have been formal bodies in place for the management and clinical teaching that would detail Mr Eljamel's involvement in neurosurgical teaching. The UoD's Medical School records should have been retained and would include any formal minutes which could reference teaching roles. I am not aware of what record keeping systems were in

place at the UoD, but the UoD Medical School secretary should be able to assist with these enquiries from School archives.

4. Please provide an explanation of the areas related to the care of Mr Eljamel's neurosurgical patients in which UoD (a) had exclusive responsibility; and (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 UoD's responsibilities overlapped or interacted with the responsibilities of those other bodies in that regard.

4.1 I can confirm that the UoD had no involvement with Mr Eljamel's neurosurgical patients.

5. Please provide a high-level overview of the structure of UoD and a list of key individuals and their roles within UoD 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.

5.1 A chart of the UoD key individuals and their job titles between the relevant period has been produced at UNID-000149. This has been prepared from recollection and input from the UoD.

6. Please explain how the role of UoD 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;

(b) The Scottish Executive/ Scottish Government;

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

(d) Healthcare Improvement Scotland and its predecessor organisations;

(e) NHS Education for Scotland and its predecessor organisations;

(f) The Department for Medical Education;

(g) The Royal College of Surgeons (Edinburgh);

(h) The Royal College of Surgeons;

(i) The General Medial Council;

(j) The British Medical Association;

(k) The Health and Safety Executive; and

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

6.1 In respect of 6(a), please see the response set out at paragraph 3.

6.2 The UoD would have had a relationship with The Scottish Executive/ Scottish Government (6(b)), NHS Education for Scotland and its predecessor organisations (6(e)) and the General Medical Council (6(i)) but this would not have extended to any aspects of an individual's professional practice.

6.3 To the best of my knowledge, the UoD did not have a role with the organisations at 6(c) to (d), (f) to (h) and (j) to (l).

7. Please explain the main principles of policies and practices governing the role of UoD, including how and when these evolved over the relevant period, insofar as they were relevant or potentially relevant to the practice of Mr Eljamel, relating to:

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

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

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

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

e) 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);

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

g) 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

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

7.1 In response to 7(a), the UoD's formal participation in the clinical governance system of the NHS would have only been in place for employees of the UoD. Any whistleblowing concerns an NHS employee had, would have been raised directly with the NHS. Due to the passage of time, I am unable to provide further information in relation to the specific policies in place at the time.

7.2 In respect of 7(b), any complaints of bullying or intimidation of junior medical staff in training should have been formally raised with the Postgraduate Medical Dean who at the time was Professor Philip Cachia, who was an employee of NHS Education for Scotland. Professor Cachia held this position throughout the relevant period.

7.3 NHS Tayside would have overall responsibility of the junior medical staff in training.

7.4 Please see paragraph 3.4 which sets out when a complaint would be made to the UoD in respect of 7(c).

7.5 In response to 7(d) to (h), these would have been dealt with by NHS Tayside.

Part C - Mr Eljamel's roles and research

Roles

8. What roles did Mr Eljamel hold with the UoD over the relevant period?

8.1 Due to the passage of time, I have no recollection of the roles Mr Eljamel held with the UoD but note that his relationship with the UoD was honorary.

9. With regard to the following roles, held by Mr Eljamel over the relevant period:

(a) Consultant Neurosurgeon, Ninewells Hospital, Dundee from around 9 October 1995;

(b) Head of Department /Section for Surgical Neurology, University of Dundee from around 1996;

(c) Lead Clinician for Neurosurgery and Pain, Ninewells Hospital, Dundee from around 1998; and

(d) The clinical lead for the neurosurgical department in Ninewells Hospital.

What involvement did UoD have in the process leading to Mr Eljamel being appointed to these positions/ the practising privileges being granted to them which were associated with them?

9.1 UoD did not have any involvement in the process leading to Mr Eljamel being appointed in the positions set out at 9(a) to (d), these were NHS appointments.

9.2 In respect of 9(b), I have no knowledge of Mr Eljamel holding the role of Head of Department/ Section for Surgical Neurology at the UoD and I do not recall there being such a role at the UoD. In any event, this post was before I joined the UoD.

10. What investigation was undertaken by NHST or UoD of the material presented in support of his applications for these positions including, in particular, any concerns which had been raised about his professional practice before his time in Tayside?

10.1 This was not relevant to the UoD. The UoD would not have necessarily been informed by NHS Tayside of any role changes that Mr Eljamel had. Please see response at 9.2 in respect of Mr Eljamel's the role of Head of Department/ Section for Surgical Neurology at the UoD.

10.2 At the time, when an application for Mr Eljamel to move to an honorary professor role in 2009 from that of honorary Reader was made a CV would have been submitted. Prior to the honorary reader position, Mr Eljamel was an honorary senior lecturer. Honorary professor or reader roles are given to consultants who do more in terms of teaching or research than the average lecturer/ senior lecturer. Usually, a case is made by the senior University staff within the medical school which is then heard by the Board. A collective decision would be made as to whether to take the application forward to Senate for approval. As I understand, there should have been electronic minutes taken of the Board meetings. If an individual already holds an honorary role, for example as an honorary reader, and then they are approved for a more senior role, for example honorary professor, then the initial appointment lapses at the time the new appointment is approved.

10.3 At the time I became the Dean of Medicine in the last quarter of 2009, Mr Eljamel already had an honorary professor contract, so I believe that this process was carried out before I was in post. The previous Dean of Medicine was Professor Martin Pippard.

11. The Inquiry understands that Mr Eljamel was actively involved in teaching and research for UoD. In this regard:

(a) What were his responsibilities in a teaching capacity at the University of Dundee over the relevant period?

(b) What systems, policies of procedures governed the allocation of time between Mr Eljamel's teaching and clinical roles?

(c) What was the division of responsibility between NHS Tayside, UoD and any private provider of healthcare by which Mr Eljamel was engaged, regarding the way in which his time was divided amongst each?

11.1 In respect of 11(a), I have no record of what Mr Eljamel's responsibilities were in a teaching capacity at the UoD. It is likely, that he would carry out limited bedside/ outpatient clinical teaching of medical students and possibly some undergraduate lectures.

11.2 In response to 11(b) and (c), this would have been determined by Mr Eljamel's job plan which would have been the responsibility of his NHS Tayside Clinical Director. The UoD would have had no formal input to these.

11.3 Due to the passage of time, I am unable to assist further with this question.

12. In particular, the Inquiry understands that between 1995 and 2005, Mr Eljamel was an honorary senior lecturer at the UoD. In this regard:

(a) On what basis was Mr Eljamel awarded this position?

(b) By whom was this awarded?

(c) What assessment, if any was done of Mr Eljamel's suitability for this role/ title?

(d) What rights and responsibilities flowed from this appointment?

(e) What induction (if any) did Mr Eljamel receive in connection with this position?

12.1 Please see response set out at 3.1 to 3.2 which sets out the extent of my knowledge about the honorary appointment process. This role predates my time at the UoD and so I am unable to provide any specific information concerning Mr Eljamel. As previously mentioned, all NHS consultants at the Hospital would be given honorary status as senior lecturer at the UoD. This status enabled NHS employees to access UoD e-mail and teaching materials.

12.2 In respect of 12(e), to the best of my knowledge, I can confirm that there was no induction to the honorary roles as it was not a position over and above what they were doing in their NHS role.

13. In particular, the Inquiry understands that between 1995 and 2005, Mr Eljamel was made an Honorary Reader in Surgical Neurology at UoD. In this regard:

(a) On what basis was Mr Eljamel awarded this position?

(b) By whom was this awarded?

(c) What assessment, if any was done of Mr Eljamel's suitability for this role/ title?

(d) What rights and responsibilities flowed from this appointment?

(e) What induction (if any) did Mr Eljamel receive in connection with this position?

13.1 Please see response set out at 3.1 to 3.2 which sets out the extent of my knowledge about the honorary appointment process. This role predates my time at the UoD, and so I am unable to provide any specific information concerning Mr Eljamel. As previously mentioned, the role of honorary Reader was entirely honorary and would carry no specific responsibilities beyond, contributing to teaching and research.

13.2 The UoD should have access to records to assist with this request. Due to the passage of time, I am unable to provide any further information.

13.3 In respect of 13(e), to the best of my knowledge, I can confirm that there was no induction to the honorary roles as it was not a position over and above what they were doing in their NHS role.

14. The Inquiry understands that on 22 September 2009, Professor Eljamel was granted the personal title of "Professor" and the position title of "Honorary Professor" from the UoD. In this regard:

(a) On what basis was Mr Eljamel awarded this title/ this position?

(b) By whom were these awarded?

(c) What assessment, if any was done of Mr Eljamel's suitability for this role/ title?

(d) What rights and responsibilities flowed from this appointment?

(e) What induction (if any) did Mr Eljamel receive in connection with this position?

14.1 Please see response set out at 3.1 to 3.2 which sets out the extent of my knowledge about the honorary appointment process. At the time I became the Dean of Medicine in 2009, Mr Eljamel already had an honorary professor contract. The UoD should have access to records to assist with this request.

14.2 Mr Eljamel would have been awarded this position based on an evaluation of his contribution to teaching and research based on his CV. The appointment would have been proposed by the Board but ratified by the UoD Senate. The proposal to Senate would need to be supported by the then Head of College/ Vice Principal Professor Irene Leigh.

14.3 The main difference between an honorary reader and professor, is that the honorary professor is entitled to use the designation of "Professor" during the period of the appointment. It also, mainly reflects greater perceived contribution to teaching and/ or research. There would be no specific rights/ responsibilities flowing from this appointment.

14.4 In respect of 14(e), to the best of my knowledge, I can confirm that there was no induction to the honorary roles as it was not a position over and above what they were doing in their NHS role.

15. When he retired from both NHS Tayside and the University of Dundee, the Inquiry understands that Mr Eljamel's title of Professor expired as it was linked to the honorary contract he had held with the University of Dundee. Is this correct? If so, why did this occur at that time?

15.1 Mr Eljamel's honorary contract came to an end when he retired from NHS Tayside (see question 16).

16. How and why did Mr Eljamel's connection with the UoD come to an end?

16.1 Please see response set out at 15.1.

16.2 On 19 December 2013 Professor Sandy Cochran (Professor and Senior Research Scientist) forwarded an email exchange between themselves and David Mowie, Consultant Neurosurgeon and Clinical Leader, at the Hospital, NHS Tayside, to myself and Jill Belch (Co-Head of the Medical research Institute ("MRI")) [UNID-00115]. The email exchange indicated that Professor Cochran had been invited to contact Mr Mowie by Mr Mahboob regarding confidential information concerning Mr Eljamel. I am not aware of who Mr Mahboob is, but from the content of the email, it appears that he may have been a clinical research trainee working with Mr Eljamel. In the exchange, Mr Mowie explained that Mr Eljamel had been suspended by NHS Tayside pending referral to the General Medical Council ("GMC"), which was a drawn-

out process likely to take 1-2 years. Mr Mowie explained that it was unlikely Mr Eljamel would be returning to work within the timeframe of Mr Mahboob's research project. Professor Cohran's email to myself and Jill Belch explained that Mr Eljamel held a formal, paid consultant position on his Engineering and Physical Sciences Research Council ("EPSRC") grant on Ultrasound in a Needle and was the MD Supervisor of Mr Mahboob, in the Clinical Research Facility on the grant. Professor Cochran was seeking advice in relation to how to deal with the situation concerning Mr Eljamel in the context of the EPSRC grant.

16.3 I do not have the details about Mr Eljamel's paid consultant position on his EPSRC grant, but it appears that he was formally named on the grant award from EPSRC. This seems to have included some funding to recognise the time that he must have committed to the project. Due to the passage of time, I am unable to assist further with this.

16.4 Professor Belch initially responded seeking clarification concerning the research project and its involvement with patients and suggested awaiting my advice [UNID-00115]. I responded to explain that Mr Eljamel was an NHS Tayside employee, so NHS Tayside were fully responsible for his line management and determining the time allocated to research projects. I explained that normally suspension would prevent the person from having any form of clinical contact, but it was possible that Mr Eljamel could carry out a consultancy for a research project whilst suspended but that we would need Human Resources ("HR") advice, so I copied Gillian Boyd (now Stott) from HR [UNID-00115]. Advice was obtained form the UoD HR as they were responsible for ensuring that honorary contracts were in place for all NHS Tayside staff who made teaching or research contributions to the UoD and for assisting to provide guidance in the circumstances the UoD found themselves in. I further explained that in terms of the MD, Mr Eljamel could supervise the academic element but not any clinical study that involved him in patient contact. I confirmed that I was not aware of the reason for the suspension and suggested that Gillian may have more information regarding the matter or could contact NHS Tayside's HR. Professor Cochran responded the same evening to explain that the project involved no contact with patients and that he would await contact from Gillian prior to contacting Mr Eljamel [UNID-00115].

16.5 On 20 December 2013 Gillian contacted NHS Tayside's HR who ultimately returned her call. Due to the passage of time, I have no knowledge of who Gillian spoke with. I do not know whether Gillian kept a record of the call. Gillian suggested a call with me but explained in the email that NHS Tayside would not disclose any information to us at this stage, but that Mr Eljamel should have disclosed his suspension to us

[UNID-00115]. Due to the passage of time, I cannot recall the details of the discussion with Gillian.

16.6 On 28 January 2014 I was contacted by Gillian to see whether I had received any updates in relation to Mr Eljamel. I confirmed the same day that I had not and that I would clarify with NHS Tayside[UNID-00130].

16.7 I sent an email to NHS Tayside's Medical Director, Dr Andrew Russell and Alan Cook, Associate Medical Director dated 4 February 2014 [UNID-00033]. In this email I explain that I have become aware that NHS Tayside had suspended Mr Eljamel pending an inquiry into his clinical practice and questioning whether notification had been provided to the UoD as I did not recall seeing information in relation to this. Dr Russell responded to confirm that it was an oversight and that he would ensure that there was formal notification in the usual way [UNID-00033]. The UoD then received a letter from Dr Russell dated 17 February 2014 [UNID-00027] confirming that NHS Tayside had suspended Mr Eljamel from practice on 10 December 2013 due to his clinical knowledge, technical skills and judgement as well as his interpersonal skills. It noted that a referral to the GMC had been made. The letter further explained that Mr Eljamel subsequently retired prior to the internal investigation being completed and the retirement was effective from 31 May 2014 [UNID-00027]. I subsequently acknowledged receipt of this letter on 25 February 2014 and confirmed that steps were in place concerning appropriate governance arrangements for Mr Eljamel's residual research studies where he has been an investigator [UNID-00022]. Due to the passage of time, I am unable to recall what the appropriate governance arrangements would have been. However, I believe it would have been to ensure that an alternative clinical supervisor would be in place to ensure that any ongoing research projects would be safely concluded.

16.8 On 3 April 2014 Gillian emailed me regarding Mr Eljamel's retirement with effect from 31 May 2014 and asking whether to end his honorary contract with the UoD at this point [UNID-00133]. I responded the same day to explain that I had discussed it with Gary Mires (Head of the Medical Education Institute and Deputy Dean) and Andrew Morris (Dean of Medicine), and the feeling was that the honorary appointment would terminate on his retiral from NHS Tayside [UNID-00133]. Whilst I do not have a full recollection of this, I believe that the default position favoured by Professor Morris at the time would be to remove the honorary contract when the individual ceased NHS employment. At this stage NHS Tayside were formally treating details of the concerns in relation to Mr Elajmel as a confidential matter and had not divulged full details to the UoD.

16.9 I have had sight of an email exchange between myself, Jill Belch, Roland Wolf (other Co-Head of the MRI), Andrew Morris and Gary Mires dated 4 April 2014 [UNID-00067]. From the email, it appears that I had asked about a request, presumably from Mr Eljamel, for him to continue with UoD research activity. Professor Belch explained in her email that she had a discussion with the MRI Directors and due to the question of probity in the GMC investigation, which was likely to continue, research could not continue until it had been resolved by the GMC. I responded to confirm my agreement and that Mr Eljamel's honorary status ought not to be renewed [UNID-00067].

16.10 On 18 April 2014, Gillian from HR emailed me a proposed letter to send to Mr Eljamel confirming the termination of his honorary appointment [UNID-00135]. The letter, dated 16 April 2014, explained that as a result of the resignation from NHS Tayside with effect from 31 May 2014, his honorary post would also end on the same date [UNID-00137]. I confirmed my approval of the letter by email the same date (19 April 2014) [UNID-00034]. I assume that the letter was then sent to Mr Eljamel.

Research

17. What research was undertaken by Mr Eljamel in conjunction with the University of Dundee over the relevant period?

17.1 Mr Eljamel's allocation of time for research would be determined by NHS Tayside in conjunction with the Tayside Academic Medical Sciences Centre (TASC; a joint body between NHS Tayside and the UoD), which was led by Professor Jill Belch and the Research Director of NHS Tayside. Mr Eljamel's research would have required Ethical Committee approval; TASC should have been aware of any research that Mr Eljamel was undertaking. Any concerns about Mr Eljamel's research conduct should have been raised via this route in the first instance. I am not aware of any concerns being raised regarding Mr Eljamel's research prior to his retirement.

17.2 I am not aware of the details of funding that Mr Eljamel received for his research.

18. Please provide a list and copies of all of the research in which Mr Eljamel was involved in conjunction with the UoD.

18.1 I do not have access to a list and copies all of the research in which Mr Eljamel was involved.

19. Please provide a list and copies of all of the medical publications in which Mr Eljamel was involved/ medical books he contributed to as well as the nature and extent of his involvement with them.

19.1 The UoD would be aware of any medical publications that Mr Eljamel was involved in; the UoD library might retain records of these.

20. Please explain the role the UoD in the research which Mr Eljamel undertook, including any systems operated by the UoD related to:

(a) Funding of that research;

(b) Staffing or the provision of facilities for that research;

(c) Directing or monitoring that research;

(d) Ethical oversight of that research; or

(e) The engagement of patients in the research projects.

20.1 The responsibility for any research directly undertaken by Mr Eljamel lay with NHS Tayside and TASC. It is my understanding that NHS Tayside formally appointed a Director of Research; however, due to the passage of time, I am unable to recall who held that role.

21. Please explain the role of the UoD in the engagement and work of honorary fellows/ research fellows attached to the Ninewells Hospital neurosurgical unit.

21.1 The UoD did not have a formal role in the engagement and work of those with honorary contracts attached to the Hospital's neurosurgical unit.

22. What role, if any, did UoD have in directing Mr Eljamel's allocation of his time amongst research, teaching/ supervision, medical writing commitments, his clinical commitments and any other commitments he had within UoD? If so, what arrangements exited for how he would divide his time over the relevant period?

22.1 The allocation of Mr Eljamel's time was managed by NHS Tayside as part of his consultant job plan. I am not aware of any mechanism that would occur for the UoD to be made aware of the content of the job plan and time allocated to different activities.

Part D – Involvement of UoD with the professional practice of Mr Eljamel

23. How might concerns regarding Mr Eljamel's professional practice have been brought to the attention of UoD?

23.1 Please see response at 3.4. This would have depended on formal notification to the UoD by the Medical Director or NHS HR to counterparts in the UoD.

23.2 Any concerns about Mr Eljamel's professional practice would have been dealt with by NHS Tayside through their appraisal process. The UoD would only be made aware if the concerns were significant and then it is unlikely that full information about the concerns would be shared.

24. Please set out a broad chronology of the involvement of UoD 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;

(b) The nature and timing of any meetings attended by or correspondence involving any representatives of UoD 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;

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

(d) 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

(e) Any action or decisions taken by or involving UoD 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 under the question above, please identify any key individuals within UoD involved in any of the listed matters and the nature of their involvement.

24.1 To the best of my recollection, the UoD had no involvement or knowledge of any concerns regarding Mr Eljamel's professional practice until they were contacted

concerning a research project in December 2013 and subsequent enquiries directly with NHS Tayside in December 2013 and February 2014 (see response at 16).

25. What role, if any, did UoD have over the relevant period in the following matters relating to the practice of Mr Eljamel:

(a) Practising privileges granted to Mr Eljamel;

(b) The use products or devices in neurosurgery on his NHS patients;

(c) The organisation of theatre lists and organisation of neurosurgical patient care;

(d) Neurosurgical patient referral to private care;

(e) Qualifications and technical expertise;

(f) Patient safety and care;

(g) Communication with neurosurgical patients;

(h) The monitoring of performance data within neurosurgical practice such as re-admission data and rates, return to theatre data, patient fatality data or waiting times; or

(i) Any other aspects of Mr Eljamel's neurosurgical practice relevant to the Inquiry's Terms of Reference or provisional List of Issues.

25.1 All aspects of Mr Eljamel's clinical/medical practice fell within NHS Tayside's remit. Any clinical research permissions would be managed jointly by NHS Tayside and TASC.

26. To what extent could UoD have become involved in matters the professional practice of Mr Eljamel? What actions could any such bodies have taken in terms of their legal and regulatory responsibilities?

26.1 The UoD would only become involved at the express invitation of NHS Tayside. Mr Eljamel was an NHS Tayside employee so any disciplinary action would fall to them.

<u>Part E – complaints and concerns</u>

27. 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 UoD over the relevant period or subsequently? particular:

(a) What action or censure was UoD empowered to take with regard to such issues?

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

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

27.1 Please see response at paragraph 3.4.

27.2 There was no formal mechanism in place to facilitate any complaints or concerns being raised with the UoD in respect of the professional practice of a consultant neurosurgeon.

27.3 Any complaints or concerns raised by a trainee would normally be raised with the Postgraduate Dean or others within the NHS Education Scotland team.

28. Were any such complaints or concerns raised? If so,

(a) By whom?

(b) When?

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

(d) What process or investigation took place?

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

28.1 Please see response at paragraphs 3.4, 3.5 and the response to question 16.

<u>Part F – documents</u>

29. 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.

29.1 I am no longer an employee of the UoD and therefore cannot address this question.

30. As far as the searches for documents undertaken by UoD 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;

(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 UoD, please identify what these are;

(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 UoD, please identify broadly what has happened to them (including whether they have been lost or destroyed and, if so, when and why); and

(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 UoD and UoD is aware of these being held by or on behalf of another party, please indicate the nature of these documents and by whom UoD believes them to be held.

30.1 Since 2016, I have not been employed by the UoD and have no access to its systems of retained minutes and records. I was, however, able to access the 'Sent Items' folder of my former UoD email account and conduct a search for "Eljamel". I have been able to access the following emails that may be relevant to Eljamel Inquiry and I produce the following:

30.1.1 UNID-00036: Email exchange between John Connell and Kathleen Fotheringham dated 18 January 2012;

30.1.2 UNID-00037: Email exchange between John Connell, Tim Hales (Professor and Director of the Division of Neuroscience and the Institute of Academic Anaesthesia at the UoD) and Sam Eljamel dated 19 March 2012;

30.1.3 UNID-00038: Email exchange between John Connell and Luc Bidaut (NHS Tayside) dated 28 May and 8 June 2012;

30.1.4 UNID-00039: Email exchange between John Connell and Sandy Cochran (UoD) dated 24 September to 21 October 2012;

30.1.5 UNID-00040: Email exchange between John Connell and NHS Liaison and Assessment Administrator (NHS Tayside) dated 13 March 2013;

30.1.6 UNID-00041: Email exchange between John Connell and HR systems (UoD) dated 8 and 9 May 2013;

30.1.7 UNID-00042: Email from John Connell to Sam Eljamel dated 21 March 2014.

30.2 In addition, I have been provided with further emails from the UoD's solicitors which have been located by the UoD which are commented on within my statement. I am not aware of the detail of the searches conducted by the UoD including the search parameters utilised or those contacted by the UoD.

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

31.1 I am not an employee of the UoD so am not in a position to provide a certification on behalf of the UoD. I have not had any involvement in the searches conducted by the UoD or ascertaining what material falls to be disclosed. I understand that this certification will be provided directly by the UoD. I have produced all material that I hold which is relevant to Mr Eljamel to the Inquiry.

Part G - Conclusions

32. Please state what the UoD 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 UoD 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 of the former patients of Mr Eljamel over the relevant period or subsequently.

32.1 Treatment of patients would have been outside the UoD's governance structure and so they would not have been involved.

33. What lessons, if any, has UoD learned from its involvement in the systems which existed to promote the best interests of the former patients of Mr Eljamel over the relevant period.

33.1 It is my belief that better information sharing between the UoD and NHS Tayside would have promoted the best interests of Mr Eljamel's patients. As I have not worked at the UoD for some time, I am not aware as to the current processes and procedures relating to information sharing.

34. Please refer to anything else UoD considers may be of substantial interest to the Inquiry in relation to the systems which existed to promote the best

interests of the former patients of Mr Eljamel over the relevant period. In addition, please identify any key areas/ systems/ practices which UoD considers worked well, and any key areas in which you consider there were issues, obstacles or missed opportunities.

34.1 I have no further comments to make.

35. Please set out what, if anything, UoD considers 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 UoD played a part/ of which it has knowledge.

35.1 I have no further comments to make.

Statement of Truth

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

Signed… CAT C ……..

Date…07 May 2026……..