Witness Name: Professor Rory McCrimmon

Statement No. UNID-01436

Dated: 12 May 2026

ELJAMEL INQUIRY WRITTEN STATEMENT OF PROFESSOR RORY McCRIMMON

I, Professor Rory McCrimmon, 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 obtained a Bachelor of Medicine, Bachelor of Surgery in 1989, and a Doctor of Medicine in 1999, both at the University of Edinburgh. I completed my Certificate of Completion of Specialist Training (JCHMT London) in 2000. I am a Fellow of the Royal College of Physicians of Edinburgh 2010. I have honorary awards of Fellow of the Royal Society Edinburgh in 2020.

1.2 Gillian Stott, Senior Human Resources ("HR") Business Partner and Professor Jill Belch (Professor of Vascular Medicine) have also contributed to this statement.

1.3 Ms Stott gained her Postgraduate Diploma in Personnel Management from Dundee College in 1998. She is a Chartered Member of the Chartered Institute of Personnel and Development and has been since around 2004 having previously been an Accredited Member since 1996.

1.4 Professor Belch obtained a Bachelor of Medicine and Surgery and Doctor of Medicine at the University of Glasgow. She is also, a Fellow of the Royal College of Physicians of Edinburgh and the Royal College of Physicians. Furthermore, Professor Belch has obtained the following honorary awards of Fellow of the Royal Society of Edinburgh, Fellow of the Academy of Medical Science, Honorary Fellow of the European Society of Vascular Medicine, Honorary Fellow of the Hungarian Society of Vascular Medicine and Surgery and Honorary Fellow of the Swiss Society of Vascular Medicine. In 2016 Professor Belch was awarded an Officer of the Most Excellent Order of the British

Empire ("OBE"). In 2026, she was awarded the Commander of the Order of the British Empire ("CBE").

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 joined the University of Dundee ("UoD") in October 2009 as a Clinical Senior Lecturer in Diabetes and Endocrinology. I then became a Clinical Reader in May 2011 and Clinical Professor in June 2013.

2.2 In 2017, I became part of the UoD's Senior Executive Team when I became the Associate Dean of Research and Medicine. I held this position until 2019 when I became the Dean of Medicine. I subsequently became the Vice-Principal of Health in January 2026. As Associate Dean of Research and Medicine, I provided strategic leadership in the School of Medicine with the aim of cultivating high-quality research, boosting innovation, and enhancing research performance within the school. As Dean of Medicine, I was the senior academic leader responsible for the strategic direction, management, academic culture and performance in the Medical School overseeing all of its activities in research and education, while managing budgets and recruitment. The Dean also ensures compliance with educational standards and represents the institution internally and externally. As a recently appointed Vice-Principal for Health, my role is extended to cover the Schools of Medicine, Dentistry, Health Sciences and Psychology.

2.3 Between 2020 and 2024, I was on the NHS Tayside Board. The role of a Non-Executive Board Member in NHS Tayside is to hold the Executive to account for the delivery of strategy, ensure value for money and that risks are managed and mitigated effectively. All members have a collective responsibility for the performance of the organisation. In addition, I was Deputy Chair of the Public Health Committee whose role was to work with the Chair of the Committee in helping provide strategic leadership, governance, and oversight for public health, safety, and wellbeing initiatives. The role involved directing the committee to monitor population health strategies, ensure compliance with health standards, and advise the NHS Tayside Board on improving public health outcomes.

2.4 Ms Stott joined the UoD in November 1990 as a Clerical Assistant and remained in that role until 1993. During that time, her role was University wide assisting with recruitment and selection administration tasks within the Personnel Department. In August 1993, Ms Stott moved into a Personnel Assistant position, which she held until

August 2001 which involved data capturing on electronic systems within the Personnel Department and providing secretarial support to the Director and Personnel Officers. Having appreciated the opportunity to develop her skill set in HR within a Higher Education establishment she embarked on her Postgraduate HR Diploma from 1996, which she completed in 1998. Subsequently she held various acting up positions in a professional HR capacity within the Personnel Department of the University before moving into a permanent, substantive Personnel Officer post around 2008. During her time in this role, Ms Stott has worked across different faculties, including the Medical School and other Health Disciplines such as Nursing and Dentistry. Ms Stott has developed her knowledge and expertise and since then the role has expanded naturally from Personnel Officer, HR Officer, HR Business Partner to Senior HR Business Partner in the last few years.

2.5 In around 2010, the role of the Personnel Officer was integrated at College level and the HR Team supporting the Medical School moved to be based in the Ninewells Hospital ("the Hospital"). Prior to this, they were based on the City Campus of UoD.

2.6 Ms Stott has worked extensively with all staff categories within the UoD, and she continuously promotes the UoD's values across all areas of her work. Within the Clinical Schools she has additional knowledge of clinical academics such as Consultants and the intended interdisciplinary nature of the working relationship with NHS Tayside and the desire to enhance joint working.

2.7 Professor Belch has been employed in various roles at the UoD since joining in 1987. When she started at the UoD in 1987 she was a Senior Lecturer, then promoted to Professor of Vascular Medicine in 1995. Around 2012, she became the Co-Head of the Medical Research Institute with Professor Roldan Wolf. She held this position until August 2014 when she became the Co-Dean of Medicine along with Gary Mires until July 2015. In 2006 she was the Director of the Tayside Clinical Trials Unit ("TCTU") which dealt solely with trials performed by UoD employees.

2.8 In 2010, Professor Belch became the NHS Tayside Research & Development ("R&D") Director. This was the first dual role between NHS Tayside and the UoD and they were responsible for the Governance of all the clinical trials. As part of this role, Professor Belch was responsible for setting up the clinical trials practice which included putting in place compliance reporting, auditing, governance, systems to provide ongoing monitoring of clinical trials and setting up policies. The clinical trials may have involved NHS Tayside patients depending on the trial (for example if the trial principal investigator was an NHS Tayside employee). Professor Belch held this role, at the same time as her position as Co-Head of the Medical Research Institute

(which commenced in 2012) and then Co-Dean of Medicine (which commenced in July 2015).

2.9 After completing her tenure as R&D Director Professor Belch returned to her post of Professor of Vascular Medicine in January 2016. This remains her current post within the UoD. Professor Belch is also the Immediate Past President of the UK Section of Vascular Medicine at the Royal Society of Medicine, Immediate Past President of the European Society of Vascular Medicine, and Chair of their Clinical Guidelines Committee.

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.

Honorary Contracts at the UoD

3.1 During the period with which the Inquiry is concerned, Mr Eljamel was an employee at NHS Tayside and held various honorary contracts with the UoD. Many consultants at NHS Tayside had honorary contracts with the UoD as honorary lecturer, honorary senior lecturer or honorary reader/ professor as it was a teaching hospital. This was routine practice for any consultant that worked at NHS Tayside.

3.2 The UoD were not involved in the provision of neurological care at the Hospital and in other hospitals under the control of NHS Tayside providing neurological services.

3.3 I have had sight of the minutes of the meeting of the Tayside University Liaison Committee held on 30 October 1985. The minutes attach a Circular which was issued by the Scottish Home and Health Department dated 1 October 1985 (the minutes and a partial copy of the Circular is at UNID-00005, confirming that honorary contracts must be offered to university-employed junior clinical academic staff in Scotland if the practitioner is to provide a service to the Health Board, and that an honorary contract is appropriate where the practitioner is providing a service directly to patients or an indirect service through a support speciality which forms part of the services provided to the Health Board. For clarity, the circular is addressing university employed staff with an honorary role providing services to the Health Board, such as at NHS Tayside, rather than Mr Eljamel's position which was an NHS Tayside employee with an honorary role at the UoD.

3.4 Ms Stott has confirmed that in her roles at the UoD she would have had very limited interaction with Mr Eljamel as he was an NHS Tayside employee and interaction with those holding honorary positions at the UoD was limited. Ms Stott does not now recall any direct interactions with Mr Eljamel save for the letter terminating his honorary appointment (see paragraph 15.2). Special arrangements are needed to reflect the close working relationships with the UoD. To avoid delays, newly appointed NHS Consultants were automatically offered an Honorary appointment with the UoD commensurate with their NHS post. This appointment would be ratified by the UoD Senate.

3.5 Minutes of the UoD Senate meeting on 6 May 1998 confirm the approach to appointment of honorary positions at the UoD to NHS personnel [UNID-00089_4]. It documents that there would be an automatic appointment of the titles Honorary Clinical Teacher and Honorary Senior Clinical Teacher for Registrar graded staff and Consultant graded staff respectively. The awards of Honorary Lecturer and Honorary Senior Lecturer would be given where due commitment was shown by the individuals, respectively for Registrar grade for Honorary Lecturer and Consultant grade for Honorary Senior Lecturer. The minutes explain that personnel would inform all job candidates of the automatic award of Honorary Clinical Teacher and Honorary Senior Clinical Teacher at the outset and consideration for the lecturer roles would be done by the Faculty Promotions Committee on receipt of a letter from the candidate explaining their background supported by the Head of Department. It also documents that the process can be initiated with an appropriate letter from the Head of Department stating the case through the Faculty Promotions Committee.

3.6 The following documents relate to the UoD's honorary contract process from 2016 to date:

3.6.1 UNID-00002: UoD School of Medicine Honorary Appointment Policy & Procedure ("the Honorary Appointment Policy") dated 5 April 2016;

3.6.2 UNID-00003: Honorary Appointments Five Levels (undated);

3.6.3 UNID-00004: Honorary Appointments and Renewal Policy & Procedures for Staff dated January 2025;

3.6.4 UNID-00005: How to Apply for an Honorary Staff Contract (undated);

3.6.5 UNID-00116: Honorary appointments template letter (in use from 2013).

3.7 Documents in relation to the UoD's honorary contract process in place in relation to the relevant period of time (1995-2014), where available, have been disclosed to the Inquiry and are detailed within this statement. Attached marked UNID-00194 is the

UoD College of Medicine, Dentistry and Nursing: Medical School Honorary Appointment Policy Procedures dated August 2010. This policy provides information concerning the procedure in place, the benefits of an honorary role (i.e NHS staff are provided with a University ID card / email account and access to library services and also eligibility to staff membership rates for Institute of Sport and Exercise ("ISE") and the renewal process.

3.8 Ms Stott explained that the Honorary Appointment Policy (5 April 2016) sets out that newly appointed NHS Consultants or GP Principals will automatically be offered a three-year Honorary Senior Clinical Teacher appointment.

3.9 The position of Honorary Senior Lecturer was offered to NHS Tayside Consultants who were expected to contribute to the education of the University's undergraduate or postgraduate medical students or whose research is in line with the Medical School's Research Strategy and which has resulted in regular output of papers, co-supervision of students with university staff or grant funding. The expected process to follow to obtain such Honorary status included completing an application form that included an abbreviated and a full CV that was to be submitted to the relevant Associate Dean. The Associate Dean will then obtain references from the relevant Academic or Clinical Staff. A statement of support must be provided by either the Head of Division and/or the Associate Dean. The application is then submitted to the Dean's Office for tabling at the Medical School Executive Team ("MSET").

3.10 If the MSET approve the application, it is then sent to the Medical School Board ("MSB") for approval. Once approved, this is the sent to the UoD Senate for ratification then a letter is issued by the UoD's HR department advising the individual of this Honorary status. Those embarking on honorary posts with the UoD did not have any formal contract with the UoD, however, often documentation refers to this terminology for ease. Successfully appointed honorary roles would be provided with a letter confirming the appointment (see the template letter from 2013 at UNID-00116).

3.11 Honorary reader and professor appointments are considered on a case-by-case basis and may be conferred upon a person with involvement in the UoD that is regular and significant. There must be a substantial connection with the UoD, and the candidate must be academically qualified for the status. The candidate will be a leading national or international authority in their subject including an outstanding contribution to education and/or research.

3.12 Again, under the 2016 policy [UNID-00002], to obtain an honorary reader or professor appointment, an Honorary CV form must be completed along with a full CV which is submitted to the Associate Dean. The 2016 policy [UNID-00002] contains a template

'Honorary Appointment Request Form. Due to the passage of time, we are unable to assist further in relation to whether there was a template 'Honorary CV form'. The Associate Dean will then obtain internal and external references from Academic or Clinical Staff. A statement of support must be provided by the Head of Division and/or the Associate Dean. The application is then submitted to the Dean's Office for tabling at MSET.

3.13 Please see paragraph 3.10 for the approval process.

3.14 The 2016 policy [UNID-00002] sets out that honorary reader or professor status shall be made for a period of three years in the first instance but may be extended for a further period. A recommendation for the renewal of an existing honorary reader contract should be submitted to the Associate Dean generally not less than three months before such an appointment is due to expire for consideration by MSET.

3.15 At that time, an individual who is awarded an honorary reader or professor contract is not given any formal contractual rights or responsibilities at the UoD. It gives the individual status and recognition and is confirmed by letter only. This honorary appointment, which is unpaid, allows the individual to use facilities which are available to members of the University staff. This includes an email address and access to all computer services, as well as access to the Library.

3.16 At the time of Mr Eljamel's appointment as an NHS Consultant Neurosurgeon at the Hospital in 1995, Ms Stott cannot recall such a detailed procedure and the UoD process for honorary contracts would be less prescribed (see paragraph 3.5 above concerning the process in 1998). Unfortunately, due to the passage of time, the UoD have been unable to identify someone who would have knowledge of the procedure in 1995. The UoD would have automatically offered Mr Eljamel an Honorary Senior Lecturer contract to run concurrently with his NHS appointment.

3.17 The UoD have located a pack of Senate Minutes from meetings in [UNID-00021]. At UNID-00021_2 it shows recommendations for unpaid honorary appointments (within the clinical and paraclinical grading scheme), appointments of staff based in Dundee, and appointments to run concurrently with substantive NHS appointments. The latter category included the recommendation for Mr Eljamel to receive Honorary Senior Lecturer status. The Senatus ratified this recommendation [UNID-00021_5]. The date of ratification is not apparent from the Senate Minutes, but it appears to have taken place at the meeting immediately following that of 1 November 1995.

3.18 During my tenure as Dean, School of Medicine, I implemented the three-year review of honorary contracts which was not a formal process during the relevant period (1995-2014). However, I believe that in some instances during the period up to 2014,

individuals did submit three-yearly applications to have their honorary contracts extended even though it was not strictly necessary in line with the procedure.

3.19 The Honorary appointments process and Honorary Appointments Committee underwent substantial review in 2022. Candidates are now referred to a SharePoint site providing detailed information on the honorary role, the applications process, the composition of the honorary committee and the criteria promotion.

3.20 The Honorary Committee is chaired by the Vice-Principal/ Dean and comprises senior academic staff in the school of medicine as well as senior clinical staff from NHS Tayside as well as the Senior People partner. The committee meet twice yearly to review new applications and renewals.

3.21 Applications for Honorary status must have a nominator who is a senior member of the School of Medicine and on a substantive UoD contract. They are required to help the NHS colleague with their submission and to provide a statement of support explaining how the application aligns with the University and school's Priorities and strategic goals.

3.22 The applicant for honorary status must complete a form providing contact details, information on main employer, current role in research or teaching and how they plan to work with the university over the next 3 years in their honorary role if awarded. Applicants are also required to declare that *"I know of no issues related to my work or research which have been raised by (or are under investigation by) the General Medical Council or an equivalent professional body"*. The nominator is required to declare that *"I declare that I know of no issues related to the applicant's work or research which have been raised by or are under investigation by the General Medical Council or an equivalent professional body"* [UNID-00145] (Honorary Contract Request form in use from 2022).

3.23 The application form for renewal of the honorary status, which is required every three years, asks the applicant to describe what their on-going contribution to the University will be and both applicant and nominator are required to restate the two declarations in paragraph 3.21 [UNID-00146] (Honorary Renewal Request Form in use from 2022).

<u>Monitoring of honorary roles and review</u>

3.24 During the relevant period, there would have been an individual who acted as lead for surgical teaching in the School of Medicine and this person would have asked Mr Eljamel if he would contribute to the neurosurgical block. The Lead would ensure that the block was delivering education to undergraduate UoD students. Dr Richard Day has indicated that for most of the relevant years, 1995 to 2014, Neurosurgery was taught in Year 4 as part of a two week Neurology and Neurosurgery block which was

organised by a Neurologist. The expectation would have been that any Consultant Neurosurgeon would be expected to contribute to this by teaching tutorials, on ward rounds, clinics and in theatres. The person leading the Neurosurgery block would have changed a number of times between 1995 and 2014. Due to the passage of time, the UoD have been unable to locate any records in the searches undertaken to date, which state who the person leading the Neurosurgery block was during this period. At the end of each block, students are invited to reflect on that block and provide feedback to the UoD. I understand that this process was in place between 1995 and 2014.

3.25 If the UoD received negative feedback concerning the teaching content within a block, the UoD would speak with the Lead and ask them to address the concerns. If a behavioural issue or a concern regarding an NHS Consultant holding an honorary contract with the UoD but employed by NHS Tayside is raised, the concern will be escalated to the clinical lead for the surgical block of teaching, and an investigation would be conducted. I am not aware of any concerns having been raised in respect of Mr Eljamel. The only information that the UoD were aware of in relation to Mr Eljamel is his subsequent suspension from NHS Tayside as detailed in response to question 16. The searches undertaken by the UoD to date, have not identified any other concerns or issues raised in respect of Mr Eljamel.

3.26 If a concern is raised regarding the professional practice of an NHS Consultant employed by NHS Tayside with an honorary appointment with UoD, outside the student feedback process, this would be investigated by NHS Tayside. During the relevant period, we would have expected NHS Tayside to notify us of any concerns; however, in practice this did not always happen.

3.27 The UoD have searched for student feedback in relation to Mr Eljamel in the period of 1995 to 2014. The only feedback which has been located is from year three students between 2013 to 2014 from Nervous (Neurology) block which was saved by Dr Day. The document contains positive feedback in respect of Mr Eljamel [UNID-00134].

<u>Research and Development (Professor Belch's evidence)</u>

3.28 At the time in 2010 when Professor Belch became the R&D Director, the department took over all Governance responsibility for the clinical trials conducted by the UoD and NHS Tayside. This included any clinical trials that Mr Eljamel was carrying out on any patients of the Hospital that were part of a trial.

3.29 The R&D offices were located in premises named the Tayside Academic Science Centre ("TASC"), which is responsible for managing all aspects of clinical trials to

ensure patient safety and the collection of robust data. Before any trial commenced, TASC would assess its suitability, verify that ethical approval had been obtained, and ensure that the investigators had attended the Good Clinical Practice ("GCP") course, which outlines their responsibilities when carrying out clinical trials. TASC would also review all pre-start-up documentation, including patient logs, consent forms, data management plans, and planned statistics, whilst confirming that trial master files were correctly established and that the relevant laboratory and clinical facilities were in proper order. Throughout each trial, TASC would monitor compliance with Research Governance Policies and Standard Operating Procedures ("SOPs"), conduct periodic reviews of trial files, and report any breaches of GCP, establishing and supervising remediation plans where necessary. Upon completion of a trial, TASC would supervise its closedown and the archiving of trial documents. TASC's oversight was judged to be suitable by the Medicines and Healthcare Products Regulatory Agency ("MHRA") following an inspection in 2014. This 2014 MHRA dossier, submitted by TASC in 2014 outlines in full the governance procedures in place for Clinical Trials [UNID-00079].

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 The UoD did not have exclusive responsibility for, or shared competence in, the care of Mr Eljamel's neurosurgical patients.

4.2 The UoD would have been involved with Mr Eljamel's neurosurgical patients only through any research or clinical trials conducted. Any such research or clinical trials would have been managed through the R&D from 2010.

R&D processes (Professor Belch's evidence)

4.3 In 1995, there was a process in place for when an individual wanted to undertake research; this included undertaking supervised study and research on a topic approved by the Faculty Board of Medicine and Dentistry (with someone appointed to supervise this work) and the candidate could also be examined orally on the subject of the research if considered necessary. Due to the passage of time, we are not aware as to whether this process was documented. All relevant documentation from the

UoD's searches conducted to date has been referred to in this statement and/or disclosed to the Inquiry. In 1995, all Clinical Research Governance was handled by NHS Tayside. However, as the majority of Clinical Trials were run by UoD staff it was considered that this oversight was insufficient. Professor Belch therefore took up the position of Director of the TCTU for the UoD in around 2006. Governance procedures were introduced later and formalised in TASC as referred to in paragraph 4.9 below. The UoD underwent the first MHRA inspection in 2006/7 and were successful. The TCTU only dealt with UoD staff not NHS Tayside staff who worked through the NHS Tayside R&D Department led, at the time, by Dr Ellie Dow. Accordingly, Mr Eljamel's trials which pre-dated the creation of the joint UoD and NHS Tayside R&D unit in 2010 would have been solely under the remit of NHS Tayside.

4.4 The TCTU would meet to discuss clinical trials. An example of discussions from June 2009 is at UNID-00098. This was written by Professor Belch and is the proposed change of the structure from UoD alone model pre 2010 to the post 2010 status when the UoD joined with NHS Tayside. When Professor Belch took over R&D, it became TASC and it incorporated members of NHST R&D staff into the UoD set up. TASC was underpinned by a Heads of Agreement, signed by both institutions in July 2009 and implemented when Professor Belch took up post in 2010. It was further ratified by a Memorandum of Understanding ("MOU") between NHS Tayside and the UoD in 2013 (see the appendix to 2014 MHRA Dossier which contain copies of the Heads of Agreement and Memorandum of Understanding [UNID-00079]. The MOU is attached marked UNID-00188 in relation to TASC between the UoD and Tayside Health Board signed and dated August 2013. This MOU refers to a previous collaborative office for clinical research management under the banner of Tayside Academic health Sciences Centre signed 21 and 18 May 2010 having expired and the parties wishing to ensure into another MOU on similar terms. The MOU at UNID-00188 confirms that the Tayside Academic Health Sciences Centre is known as TASC with effect from August 2010 and the commencement date for TASC will be 1 January 2013 for a period of three years until 31 December 2015. Attached marked UNID-00198 is a TASC presentation titled Quintiles Clinical Operations Assessment Dundee dated 16 April 2013 which provides an overview of TASC and other bodies.

4.5 On1 April 2009, there was a joint funding bid between the UoD and NHS Tayside for the TCTU. The initiative was led by Dr Ellie Dow, NHS Tayside R&D Director and Professor Belch in her capacity as UoD TCTU Director. Dr Dow and Professor Belch were drafting a bid to obtain funding to create TCTU. The initiative outlined the structure, development and funding forecast and requirements in a document which can be found at UNID-00096. This is a grant application and describes processes

which in the event did not occur. In addition, the proposed infrastructure for the TCTU has been produced at UNID-00097.

4.6 The UoD and NHS Tayside had a Health Science Research Joint Initiative in place for co-sponsorship of clinical trials [UNID-00093]. A Heads of Agreement was entered into by the UoD and Tayside Health Board regarding the Co-sponsorship of Clinical Trials of Investigational Medicinal Products which indicates in the first line that it will be effective from 1 May 2009 [UNID-00093]. Whilst this document was signed in July 2009, it did not come into effect until Professor Belch was appointed as the Director for TASC in late 2009, early 2010.

4.7 In August 2009, the Research Councils UK's Policy Statement and Code of Conduct for the management of research conduct was finalised and provided to the UoD. From 1 October 2009, the guidelines and associated Code were a requirement of all grants and awards from the Research Councils. The correspondence to the UoD and the enclosed document is UNID-00094. In addition, there is also an information note relating to the same document, along with a background document and next steps UNID-00095.

4.8 As set out at paragraph 3.29, in 2010 the joint UoD and NHS Tayside R&D department (TASC) assumed responsibility for all clinical trials. The department would have only been involved with Mr Eljamel's neurosurgical patients if those patients were participating in a clinical trial.

4.9 In 2010, Professor Belch established the governance framework and oversight arrangements for clinical trials conducted by UoD and NHS Tayside. This included developing clinical trial practices and policies, compliance reporting, auditing, and monitoring. Due to the passage of time, Professor Belch's recollection of the list of processes and procedures that were put in place is limited. However, she has been able to locate the following documents to assist in response to this question:

4.9.1 UNID-00079: MHRA Inspection NHS Tayside and UoD GCP Inspection Dossier dated 2014;

4.9.2 UNID-00088: Good Clinical Practice Training Policy for Personnel involved in Clinical Research dated 1 December 2013;

4.9.3 UNID-00084: Pharmacovigilance and Safety Report dated 1 December 2013;

4.9.4 UNID-00083: GCP Monitoring Policy dated 1 December 2013;

4.9.5 UNID-00075: Guidance on Research Governance Standards and Reporting Arrangements for NHS Boards/ NHS Organisations on Assessing

Compliance with the Standards as produced by the Chief Scientist Office dated 2010;

4.9.6 UNID-00082: TASC Clinical Research Quality Management System dated 1 December 2013;

4.9.7 UNID-00078: Research Governance Structures;

4.9.8 UNID-00077: Governance Functions;

4.9.9 UNID-00179: NHS Tayside Clinical Policy for Investigating and Resolving Allegations of Misconduct in Research (TASC policy) dated September 2010.

4.10 In addition, the 2014 MHRA Dossier [UNID-00079] provides a list of policies and SOPs that were in place in 2014. Professor Belch has been able to locate a list of all the current SOPs in place at TASC which have been produced at UNID-00107.

4.11 The TASC Quality Management System comprised all processes to ensure that trials met GCP policies and SOPs**.** The system ensured high quality data collection and that clinical trials were managed in accordance with Good Clinical Practice (“GCP”) standards. Previous versions of these documents will have been superseded, and they are then removed from all documents to avoid confusion thus Professor Belch has been unable to locate any SOPs that were in place at the relevant time.

4.12 The Research Governance Structure put in place during 2010 [UNID-00079] sets out the approval process for low and medium risk and high-risk clinical trials at that time.

4.13 When a clinical trial was approved, the Senior Research Governance Manager ("RGM") who at the time was Catrina Forde, carried out an initial risk assessment based on participant involvement, study type, and insurance cover. A monitoring plan was then developed, informed by this detailed risk assessment.

4.14 The Clinical Trial Monitor ("the Monitor") was responsible for arranging monitoring visits to trial sites in accordance with the schedule specified in the Monitoring Plan [UNID-00083]. Monitoring was usually carried out on a rolling basis to ensure that the research met the study protocol, GCP guidelines and applicable regulatory requirements, and that the rights and well-being of participants were protected, and trial data was complete, accurate and verifiable.

4.15 If a clinical trial involved NHS Tayside patients (including Mr Eljamel's neurosurgical patients), the Monitor would review the raw data to ensure it met GCP standards.

4.16 Following each monitoring visit, the Monitor prepared a monitoring report listing any actions required. The Monitor worked with the research team to ensure all actions

were resolved. The Clinical Trial Operations Manager, who at the time was Annie Langston, reviewed the monitoring report, and any serious concerns were escalated to TASC senior management. An organogram of the senior management team of TASC is at UNID-00081. Over the relevant period, the Clinical Trial Operations Manager changed from Annie Langston to Keith Gillon and then Graeme Boyle. Due to the passage of time, Professor Belch is unable to recall the specific dates.

4.17 Governance meetings were held every one to two weeks, attended by Professor Belch, the governance managers and the Monitors. Any issues with clinical trials were discussed at these meetings and all start-up of trials was discussed. Professor Belch does not recall any issues with Mr Eljamel's trials being discussed during these governance meetings. Due to the passage of time, Professor Belch no longer holds copies of these minutes and the UoD have not located copies of the minutes from the searches undertaken to date.

4.18 In addition, oversight meetings were held every four months. These meetings were chaired by Margaret Smith, Dean of Nursing and Midwifery, and attended by the UoD chaplain, Fiona Douglas, Ann Brown from the UoD Research and Innovation, Professor Alex Baldaccino, NHS Fife R&D Director, and his R&D Manager Amanda Wood, a representative from Life Sciences, and the School of Dentistry, Nigel Pitts, and two senior members of NHS Tayside, one of which was Dr David Johnston, Clinical Lead Gastroenterology. Dr Johnston did have a senior position with NHS Tayside at the time but due to the passage of time Professor Belch is unable to recall the title. In attendance from the TASC were the Governance team, a representative from the clinical research centre, senior R&D manager, Keith Gillon, and Professor Belch. Any issues with clinical trials would be raised at these meetings. Professor Belch does not recall any of Mr Eljamel's trials being discussed at these meetings. Professor Belch has confirmed that, due to the passage of time, she only has copies of the minutes from these meetings from May, June, and October 2010. The minutes do not refer to Mr Eljamel. The searches undertaken by the UoD, to date, have not identified any other minutes of these meetings.

4.19 In accordance with the Good Clinical Practice Training Policy for Personnel Involved in Clinical Research dated 1 December 2013 [UNID-00088], all research staff participating in a clinical trial involving an investigational medicinal product (including Mr Eljamel) were required to attend a full day GCP training course, followed by a half day refresher course every two years. The GCP courses focused on the principles of the MHRA’s guidance concerning ‘Good Clinical Practice’ and the MHRA’s ‘Good Laboratory Practice Regulations 1997’ replaced in 1999. The current version of Good Clinical Practice is attached at UNID-00180. The MHRA will hold previous versions of

the guidance. The Clinical Research Centre employees monitored the research staff's compliance with the training. TASC would have been informed by the Clinical Research Centre employees if there were any delays in completing the training. Professor Belch confirms that Mr Eljamel's name was never raised with her so he would have completed the courses. Professor Petty has identified the following GCP course training certificates in relation to Mr Eljamel, noting that the course would have been due for renewal around the time Mr Eljamel was suspended:

4.19.1 UNID-00142: Mr Eljamel Introduction to ICH GCP course certificate dated 3 June 2009;

4.19.2 UNID-00144: Mr Eljamel Tayside GCP Online Assessment Update course certificate dated 8 December 2011.

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-00149. The list has been compiled from checking UoD resources, public searches, from my own knowledge and individuals such as Ms Stott, Professor Connell, the UoD HR and Senate Secretariat.

5.2 A chart of the UoD key individuals within the TASC and their job titles between the relevant period has been produced at UNID-00081.

5.3 Attached marked UNID-00208 is a chart showing the new School of Medicine structure as at November 2011.

5.4 In addition, attached at UNID-00150 is an organogram providing a high-level overview of the UoD hierarchy.

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;

6.1 In respect of 6(a), the UoD has a joint working relationship with NHS Tayside as it is a teaching hospital. As explained in the response to question 3 above, NHS Tayside clinical employees would automatically be granted an honorary role at the UoD.

6.2 The UoD now has a Memorandum of Understanding ("MOU") with NHS Tayside dated 17 April 2023 which sets out the framework to manage employee issues [UNID-00113]. Prior to the implementation of the MOU, there was no documented process in respect of how to manage employee issues between the UoD and NHS Tayside. The MOU provides a definition of a Clinical Academic as a clinician who has an employment contract with both the UoD and the NHS including but not limited to honorary appointments. In practice, the term is understood by the Medical School at the UoD and NHS Tayside as an individual who holds a substantive employment contract with the UoD and an honorary appointment with NHS Tayside. It would not include NHS Tayside staff who hold a substantive employment contract with NHS Tayside and an honorary appointment with the UoD.

6.3 The MOU sets an agreement between the UoD and NHS Tayside, that where there is an issue in respect of a Clinical Academic (note the comments above regarding this definition), the relevant employer will investigate. Therefore, any concerns raised regarding the professional practice of an NHS Consultant, regardless of whether they have an honorary role with the UoD, will be investigated by their employer, NHS Tayside. Depending on the concerns raised, if appropriate there is the option for a UoD representative to be included in the process but that it is expected that NHS Tayside informs the UoD of the investigation and will provide updates throughout the process in any event. At the conclusion of the investigation, the UoD would expect to be notified of any formal action taken. If the Clinical Academic holds a substantive contract of employment with the UoD and an honorary role with NHS Tayside, then the UoD would investigate the matter updating NHS Tayside. However, where the concerns occurred in a clinical setting at NHS Tayside, NHS Tayside still retain a responsibility to investigate those concerns, for example, to determine what happened and ensure that any referrals to the GMC can be made where necessary. In those circumstances, the outcome of NHS Tayside's investigation would be provided to the UoD who would then need to follow the appropriate UoD disciplinary policy and procedure. The School of Medicine at the UoD and NHS Tayside, understand that this is the process that happens in practice (and is an appropriate process in line with each organisation's obligations and duties), however, the MOU requires amendment around this area to ensure that this position is entirely clear in the document itself. This work is currently under consideration.

6.4 Before the MOU was in place, the UoD would not always be made aware of any concerns regarding the professional practice of an NHS Tayside employee that holds an honorary contract. Often the UoD would only hear once there was a conclusion to

an investigation, despite best efforts to enhance the joint working relationship from a UoD perspective.

6.5 In terms of appraisals, clinical academics with substantive UoD appointments undergo joint appraisals between NHS Tayside and the UoD (although not necessarily conducted together). (Please see the Medical Appraisal Scotland website in relation to Joint Academic and Clinical Appraisals updated 21 July 2025 at UNID-00182). In contrast, clinical academic staff who are substantively employed by NHS Tayside do not undergo an appraisal with the UoD. Accordingly, Mr Eljamel would have attended annual clinical appraisals with NHS Tayside and the UoD would not have been involved. There is no documentation in place between the UoD and NHS Tayside which records this process; however, this sets out how the two organisations would operate in respect of appraisals.

6.6 Clinical Academics on a substantive NHS contract who receive funding through Additional Cost of Teaching ("ACT"), would ordinarily undergo a joint appraisal with NHS Tayside and the UoD. I can confirm that Mr Eljamel was not ACT funded.

6.7 Furthermore, from 2010 to date, the R&D department shared clinical governance of the trials being carried out by Mr Eljamel with NHS Tayside (please see response at question 4). However, the R&D department would have only been made aware of any concerns with Mr Eljamel's clinical trials. The UoD would not be involved in the oversight of Mr Eljamel's professional practice at the Hospital as he was not their employee and the UoD had no role in how the Hospital operates.

6.8 In addition, the UoD sits on the NHS Tayside Board as a non-executive member. This was the case during the relevant period and continues to be the case to date. As set out at paragraph 2.3, I also sat on the NHS Tayside Board between 2020 and 2024. I am not aware of the identity of the UoD employee who sat on the Board between 1995 and 2014. The UoD do not hold a central record to document these appointments, however, these records should be held by NHS Tayside. Information regarding professional practice concerns and investigations was not shared in granular detail at Board level; only significant enquiries or investigations which were of a wider scale. Disciplinary statistics at a very high level may have been shared with the Board via the minutes of a sub-committee, however, in my experience they were not discussed at the Board meeting.

6 (b) The Scottish Executive/Scottish Government;

6.9 In respect of 6(b), the UoD has interactions with the Scottish Executive/Scottish Government. These interactions are limited to discussions around funding and, indirectly, through the University of Scotland, which reports to the Scottish Minister on

education. The UoD would not discuss matters relating to the clinical practice of an individual with the Scottish Executive/Scottish Government. In addition, the R&D department had an overarching connection with the Chief Scientist Office and the GMC (6(i)), only if there was a fitness to practise issue raised during a clinical trial.

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

6.10 Scotland has devolved powers in respect of education and healthcare. As such, the UoD does not have any involvement with the United Kingdom ("UK") Government (6(c)) or the Department for Medical Education (7(f)).

6 (d) Healthcare Improvement Scotland and its predecessor organisations;

6.11 The UoD indirectly works with Healthcare Improvement Scotland (6(d)), largely through the work students do on projects in improvement. The UoD would not discuss matters relating to the clinical practice of an individual with Healthcare Improvement Scotland.

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

6.12 In respect of 6(e), the UoD works directly with NHS Education for Scotland, as they provide ACT funding, and we meet with them to discuss how the funding will be spent. We also discuss undergraduate and postgraduate education. The UoD attends national meetings with NHS Education for Scotland and presents to their Board.

6.13 The UoD may discuss concerns raised regarding the clinical practice of an individual if they receive ACT funding. However, the UoD mainly discusses student issues, and if NHS Education for Scotland investigates a student, the outcome is reported to the UoD. If a student at the UoD raised concerns about the clinical practice of an NHS employee I would report it to their line manager or the Medical Director at NHS Tayside, however, it would not be relevant to NHS Education for Scotland because they are solely concerning with teaching.

6.14 A draft NHS Scotland Service Level Agreement between NHS Education for Scotland and NHS Boards dated 21 October 2009 in relation to the arrangements to support the delivery of undergraduate and postgraduate medical education and training in Scotland has been provided [UNID-00195].

6 (f) The Department for Medical Education;

6.15 The UoD are not aware of this organisation.

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

6 (h) The Royal College of Surgeons;

6.16 In respect of 6(g) and (h), the UoD does not have any direct involvement. Physicians or other members can make use of online courses. The UoD would not discuss matters relating to the clinical practice of an individual with the Royal College of Surgeons (Edinburgh) or the Royal College of Surgeons.

6 (i) The General Medical Council;

6.17 The UoD is involved with the GMC (6(i)). The GMC conducts inspections of the UoD, to monitor our progress towards implementing the relevant standards and practices. The inspections cover a review of the undergraduate curriculum and the pre-registration process for students. The GMC may provide recommendations to the UoD on how to improve the curriculum

6.18 If there are concerns about a UoD Clinical Academic's professional practice which are inconsistent with their role as a doctor in an education setting, the UoD would investigate and report any concerns to the GMC. If the concerns relate to an NHS Tayside employee, the UoD would notify the Responsible Officer ("RO") for an investigation to be conducted.

6 (j) The British Medical Association;

6.19 In respect of the British Medical Association ("BMA") (6(j)), the UoD does not have any involvement with the BMA. Clinical Academics and Students may be members of the BMA but there is no direct representation of BMA on UoD committees or vice versa.

6 (k) The Health and Safety Executive;

6.20 The UoD would not have any involvement with the Health and Safety Executive (6(k)) in relation to the professional practice of individuals such as Mr Eljamel.

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

6.21 In addition to those listed above, the UoD also has involvement with the Medical Schools Council, which is the national body that supports medical schools, however, this would not be in respect of an individual's professional practice.

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);

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. The UoD has the following policies currently in place:

7.1.1 UNID-00020: Whistleblowing Policy dated 19 July 2023;

7.1.2 UNID-00019: Complaints Handling Procedure dated February 2021;

7.1.3 UNID-00017: Grievance Procedure (undated); and

7.1.4 UNID-00016: Disciplinary Procedure (undated).

7.2 I am not aware of the details of the policies in place during the relevant period. At Annex A of a report from the meeting of the University Court on 15 December 1997 [UNID-00064] there is a code on whistleblowing which sets out the UoD recommended procedure. The UoD have contacted HR, TASC, Faculty of Medicine, Court, Senate Secretariat and the University Executive to make enquiries regarding previous versions of the policies (see the response to question 30 regarding the searches). However, the UoD have been unable to locate previous versions.

7.3 If the UoD received any whistleblowing concerns regarding an NHS Tayside Clinical Academic during the relevant period, these would be directed to NHS Tayside. NHS Tayside would have their own whistleblowing policy in place.

(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);

7.4 In respect of 7(b) to 7(e), these matters would have been dealt with by NHS Tayside as they all relate to a clinical setting. If a UoD employee has an honorary contract with

NHS Tayside, they would be given access to NHS Tayside's IT systems and would be required to follow NHS Tayside's policies and processes in respect of the areas outlined at 7(b) to 7(e).

(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;

7.5 In response to 7(f), the UoD would now be invited to be part of an investigation into the professional practice of Clinical Academics employed by the UoD in NHS Tayside (please see the response to question 6). During the relevant period, we would have expected information sharing by NHS Tayside on complaints, investigations, or the outcome of a GMC investigation, but that did not happen in practice. As referred to in the response to question 6, prior to the introduction of the MOU there was no written policy in place in this regard.

(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);

7.6 In respect of 7(g), these matters would have been dealt with by NHS Tayside. As the UoD is a further education establishment it does not have any responsibility or involvement in the creation and/or maintenance of effective document management systems within health boards. If a UoD employee has an honorary contract with NHS Tayside, they would be given access to NHS Tayside's IT systems and would be expected to follow the policy and processes in place at NHS Tayside.

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

7.7 To the best of my knowledge, there are no other matters falling within the ambit of the Inquiry's Terms of reference or provisional List of Issues which have not been addressed to the best of the UoD's ability in this statement and in the disclosure provided to the Inquiry.

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 Ms Stott has confirmed that following information provided by Strategic Intelligence at the UoD taken from historical data from the Personnel and Payroll P3 download, Mr Eljamel held the below roles at the UoD [UNID-00011]:

8.1.1 Honorary Senior Lecturer between 18 December 1995 to 2009;

8.1.2 Honorary Reader between 22 September 2009 to 19 October 2009 ; and

8.1.3 Honorary Professor between 20 October 2009 to 31 May 2014.

8.2 Document UNID-00011 contains an overlap of dates between a number of these roles which I anticipate is an admin error when being added to the system.

8.3 Mr Eljamel at all times through the relevant period was an employee of NHS Tayside and his involvement with the UoD was limited to the honorary roles granted by virtue of the position he held at NHS Tayside. As mentioned earlier, all consultants at NHS Tayside had an honorary contract with the UoD as a lecturer, senior lecturer, reader or professor.

8.4 In addition to the above roles, I understand that Mr Eljamel was a Foundation Assistantship Supervisor for year five students, and he had a role on the Medical Admissions Committee. The Foundation Assistantship between 1995 to 2014 was a four week block in the final year in which students were attached to a specific ward (e.g. Neurosurgery) and worked mainly alongside the junior doctors (Foundation doctors) but with Consultant oversight. This consisted of meeting with the student at least at the beginning and end of the four weeks and completing an end of block assessment form. There was an expectation that consultants on the ward would fulfil this role between them and Mr Eljamel is likely to have had some students each year that he was the supervisor for. From the information available to the UoD and disclosed to the Inquiry, it suggests that in 2013 to 2014 Mr Eljamel was the main supervisor for these students and this would have been agreed with the other Consultant Neurosurgeons. The Medical Admissions Committee was the group that oversaw the admissions process for prospective medical students and made decisions about the criteria upon which places would be allocated at the UoD. The UoD are unable to assist with the dates of Mr Eljamel's role on the Medical Admissions Committee, however, it is likely that he was appointed as an NHS representative.

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 The UoD did not have any involvement in the process leading to Mr Eljamel being appointed in the positions set out at 9(a) and 9(c) to (d); these were NHS appointments. In relation to the role detailed at 9(b), the UoD can find no record of Mr Eljamel holding this role save for reference in his CVs [UNID-00023, UNID-00028 and UNID-00143]. Head of Department/Section roles at the UoD would have always been held by an employee of the UoD. During the relevant time (1995-2014), to the best of our knowledge, there was a Head of Academic Surgery who was Sir Alfred Cusheri. Any neurology teaching would have sat within his department.

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 The UoD did not have any involvement in the process leading to Mr Eljamel's appointed positions at NHS Tayside. The UoD would not have necessarily been informed of any role changes that Mr Eljamel had. In relation to the role detailed at 9(b) above please see the comments at paragraph 9.1.

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 The UoD would have had limited responsibility for the teaching and research conducted by Mr Eljamel. Mr Eljamel's allotted time between clinical roles, research and anything else would be governed by his job plan with NHS Tayside.

11.2 In terms of UoD teaching timetables, the School of Medicine at the UoD was responsible for managing its own timetables in respect of placements on its in-house UNIFI system, but not for the teaching itself. The majority of Mr Eljamel's teaching

would have been conducted on site at the Hospital and the UoD would not have oversight of the nature of that teaching or its delivery. The UoD's knowledge in relation to the teaching undertaken by Mr Eljamel at the UoD is set out in the timetables exhibited at paragraph 11.5.

11.3 The UoD has made enquiries with Professor Ellie Hothersall and Dr Richard Day, Phase Convenor (at the UoD) in respect of Mr Eljamel's teaching. They have confirmed that, historically, timetabling for individual teaching blocks was not managed centrally by phase or year convenors. Instead, timetabling was undertaken by the relevant system or block convenor using a template rolled forward from the previous year.

11.4 Professor Hothersall has explained that surgery did not (and still does not) feature as a specific block of teaching in Years 1-3 but might appear in other blocks. However, there was limited clinical experiences with real patients in Years 1-3, the vast majority of the time was spent in non-clinical settings such as lectures and tutorials. As surgery was not a lead theme until after 2014 there was not a Teaching Lead in place. Surgery became a lead theme in 2016, with Bob Steele as its Teaching Lead.

11.4.1 UNID-00173: UoD, College of Medicine, Dentistry & Nursing, Systems in Practice Handbook 2014-2015;

11.4.2 UNID-00176: Themes Leads – official version for curriculum and assessment mapping updated 14 October 2013;

11.4.3 UNID-00171: Theme Leads – official version for curriculum and assessment mapping updated 2 August 2016.

11.5 In relation to neurology teaching, Professor Hothersall has confirmed that Mr Eljamel's scheduled teaching fell within the Neurology block, which at the time was coordinated by Dr Stewart, Consultant Neurologist, NHS Tayside and subsequently Dr O'Riordan, Consultant Neurologist, NHS Tayside. I understand that the UoD hold no emails or records relating to the scheduling of Mr Eljamel's teaching. Dr Day had no direct involvement in the timetabling for individual blocks such as Neurology, but the UoD has located historic timetabling (set out below) which indicates that Mr Eljamel was involved in various clinical teaching within the Neurology block all of which was undertaken on site at NHS Tayside:

11.5.1 UNID-00122: Nervous System Timetable 2009/10;

11.5.2 UNID-00123: Nervous System Timetable 2010/11;

11.5.3 UNID-00127: Nervous System Timetable 2011/12;

11.5.4 UNID-00126: Nervous System Timetable 2012/13;

11.5.5 UNID-00124: Nervous System Timetable 2013/14;

11.5.6 UNID-00125: Nervous System Timetable 2014/15;

11.5.7 UNID-00120: The UoD Faculty of Medicine, Dentistry and Nursing Phase 2, Year 3 – Nervous System Study Guide dated 2004/05

11.5.8 UNID-00121: The UoD Faculty of Medicine, Dentistry and Nursing Phase 2, Year 3 – Nervous System Study Guide dated 2005/06;

11.5.9 UNID-00118: The UoD Faculty of Medicine, Dentistry and Nursing Phase 2, Year 3 – Nervous System Study Guide dated 2006/07; and

11.5.10 UNID-00119: The UoD Faculty of Medicine, Dentistry and Nursing Phase 2, Year 3 – Nervous System Study Guide dated 2008/09.

11.6 Dr Day has explained that from the timetables, it appears that in Year 3 Mr Eljamel gave a small number of lectures and taught in small groups (about 12 students at a time) on site at the Hospital. In Year 4 Mr Eljamel would have taught in clinical settings (ward round, clinic, theatre) as well as some tutorials again at the Hospital, and in Year 5, he supervised some Foundation Assistantship students each year. There are not timetables of the Year 4 or Year 5 teaching as it was arranged at ward level (within NHS Tayside).

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 As I joined the UoD in 2009 and did not hold a position within the Senior Executive Team until 2017, I am unable to comment on the honorary contracts that Mr Eljamel held with the UoD. Please see the response at question 3 that sets out the honorary process. The extend of the information known by the UoD regarding the honorary appointment process in place between 1995 and 2014 is detailed in response to question 3.

12.2 In response to 12(e), the UoD did not have any formal induction process for those with honorary contracts. The UoD does now have an Induction Checklist, dated November 2021, which has been produced and attached to my statement marked UNID-00018. As explained earlier, the induction process currently in place includes access to a SharePoint site for all honorary appointments. In addition, for those who are appointed as Honorary Readers or Professors, they are also invited to meet with the Dean of Medicine.

12.3 The UoD have located a pack of Senate Minutes from meetings in 1995 [UNID-00021], which record the recommendation that Mr Eljamel receive an Honorary Senior Lecturer contract. The Senatus decided to endorse the recommendation, the date of ratification is not apparent, but it appears to have taken place at the meeting immediately following that of 1 November 1995. A copy of the Senate Minutes is at UNID-00021_5.

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 the response to question 12.

13.2 The UoD has located a letter dated 29 October 2004 from Mr Eljamel to Brian Burchell, the Dean of Medicine at the time. Mr Eljamel sets out that he has been an Honorary Senior Lecturer for nine years and requested that he be considered for promotion through the Promotional Committee who dealt with the appointment of honorary promotions at the time. Mr Eljamel enclosed a copy of his CV. The correspondence including the CV is at UNID-00028.

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 the response to question 12.

14.2 The UoD has located a CV that we believe Mr Eljamel submitted to request an Honorary Professor contract on 30 April 2009 [UNID-00023]. The UoD has also located an email exchange between Neale Laker, Clerk to Court, and Karen Smith, Academic Affairs on 25 September 2009 which confirms that Mr Eljamel had been approved by the Senior Management Team ("SMT") for a new honorary professorship and requested that he be added to the agenda for the next meeting of Senate on 14 October 2009 [UNID-00216].

14.3 Mr Eljamel's honorary professorship was renewed at the time of its expiry on 12 November 2012. The renewal was supported by the Deputy Dean of Medicine, Gary Mires. A copy of the recommendation for honorary professorship is at UNID-00024.

14.4 It is my understanding that the College Board made a recommendation to the Senate for the renewal of Mr Eljamel's honorary professorship on 25 September 2013. The Senate resolved to endorse the recommendation. A copy of the Senatus Academicus College of Medicine, Dentistry and Nursing Board Minutes is at UNID-00112. UNID-00213 is the report of the Senatus Academicus College of Medicine, Dentistry and Nursing Board meeting on 25 September 2013. The documents as UNID-00112 and UNID00213 are different, however, both recommend the renewal of Mr Eljamel's honorary professorship. Furthermore, attached marked UNID-00214 is the Agenda of the UoD College of Medicine, Dentistry and Nursing College Board meeting scheduled for 6 November 2013 listing the renewal of Mr Eljamel's honorary professorship as an agenda item. UNID-00207 is a document titled Communications from the Senatus Academicus at a meeting on 9 October 2013. This document confirms the renewal of Mr Eljamel's honorary professorship.

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 Ms Stott has confirmed that the UoD were notified by Andrew Russell (Medical Director) on 17 February 2014, that Mr Eljamel had retired with an effective date of 31 May 2014 [UNID-00027].

15.2 The UoD would have then administratively terminated Mr Eljamel's honorary professor role as it would have run concurrently with his NHS appointment. In order to do this, Ms Stott has explained that someone would have to had to go into the system to enter the termination date for the role. The UoD would not have needed Senate approval to do this. A standard retiral letter was sent to Mr Eljamel (the draft dated 16 April 2014 was approved on 18 April 2014) [UNID-00136].

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

16.1 Please see the response at 15.

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 John Connell (Head of the College of Medicine, Dentistry and Nursing, Vice Principal for Research) 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. From the email exchange it appears that Mr Mahboob was a post-graduate student who may or may not have been a clinician. 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 Professor Connell and Professor Belch [UNID-00115] 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. If Mr Eljamel was paid then he would have been paid by the grant from the EPSRC held by the UoD. This would not usually go to him personally but be reimbursed to NHS Tayside for his time.

16.3 The email [UNID-00115] indicates that Professor Belch initially responded seeking clarification concerning the research project and its involvement with patients and

suggested awaiting Professor Connell's advice. Professor Connell responded [UNID-00115] to explain that Mr Eljamel was an NHS Tayside employee, so they were fully responsible for his line management. He further explained that normally suspension would prevent the person from having any form of clinical contact but it was possible that he could carry out a consultancy for a research project whilst suspended but that the UoD would need HR advice so she copied Gillian Boyd (now Stott) from HR. Professor Connell 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. He confirmed that he was not aware of the reason for the suspension and suggested that Ms Stott may have more information regarding the matter or could contact NHS HR. Professor Cochran responded the same evening to explain that the project involved no contact with patients and that he would await contact from Ms Stott prior to contacting Mr Eljamel [UNID-00115].

16.4 On 20 December 2013 Ms Stott contacted NHS HR who ultimately returned her call. The email notes that Ms Stott suggested a call with Professor Connell but explained in the email that NHS Tayside would not disclose any information to the UoD at this stage, but that Mr Eljamel should have disclosed his suspension to the UoD [UNID-00115].

16.5 On 28 January 2014 Professor Connell was contacted by Ms Stott to see whether he had received any updates in relation to Mr Eljamel. Professor Connell confirmed the same day that he had not and that he would clarify with the NHS [UNID-00130].

16.6 Professor Connell 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 Professor Connell explains that he had become aware that NHS Tayside had suspended Mr Eljamel pending an inquiry into his clinical practice and he was questioning whether notification had been provided to the UoD as he 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 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]. Professor Connell 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].

16.7 On 24 February 2014 Catrina Forde, Senior Clinical Research Governance Manager emailed Mr Eljamel summarising their meeting concerning the recommended actions in respect of Mr Eljamel's studies [UNID-00181]. The spreadsheet with the recommended actions is attached at UNID-00172.

16.8 Attached to my statement marked UNID-00221 is an email exchange between Jill Belch (Co-Head of the Medical Research Institute) and Mr Eljamel dated 24 to 25 February 2014. The email contains a request by Professor Belch to Mr Eljamel to send her his CV so that she can prepare a testimonial for his General Medical Council ("GMC") Interim Order hearing. The CV Mr Eljamel provides to Professor Belch is at UNID-00222. Professor Belch's testimonial is provided to Mr Eljamel's legal representative, Douglas Jessiman, by email dated 25 February 2014 [UNID-00219].

16.9 UNID-00191 is an email from Mr Eljamel to Professor Connell dated 15 March 2014 in which Mr Eljamel confirms that he is retiring early from clinical practice. In this email, Mr Eljamel explains that he still has a desire to continue with non-clinical research and teaching and asks whether his honorary appointment with the UoD could continue beyond his retirement date. Professor Connell forwards this email to Professor Belch, Gary Mires (Head of Medical Education Institute and Deputy Dean) and Andrew Morris (Dean of Medicine) on the same day indicating that it was a tricky as Mr Eljamel had taken early retirement rather than have a GMC hearing and so teaching was a non-starter. Professor Connell stated that he suspected that NHS Tayside would not want Mr Eljamel to be involved with research within the hospital. Professor Morris responded on 15 March 2014 agreeing that a clean break would appear to be the only sensible decision and Gary Mires agreed with this on 16 March 2014 [UNID-00193].

16.10 Professor Connell emailed Professor Belch on 17 March 2014 regarding her thoughts concerning his email in respect of Mr Eljamel's proposal. In the email Professor Connell states that he feels that as Mr Eljamel had a potential GMC issue and retired, presumably with voluntary erasure, that he could not have a teaching or clinical role. Professor Connell sought Professor Belch's views in relation to non-clinical research. Professor Belch responded on the same day to confirm her agreement, albeit reluctantly, and had indicated that she had thought a joint supervision of his studentship could be allowed but would go along with Professor Connell's thoughts. Professor Connell responded to say that a role would have to be completely divorced from any clinical contact and invited Professor Belch's thoughts again. The entire email exchange is at UNID-00220.

16.11 On 21 March 2014, Professor Connell emailed Mr Eljamel in relation to his email of 15 March 2014. Professor Connell explained that given Mr Eljamel's circumstances and after discussion with colleagues, he did not believe it would be appropriate to continue his honorary contract or to allow teaching or other activities at present. Professor Connell acknowledged Mr Eljamel's very close involvement over a significant number of years with neuroscience research and explained that maintaining an informal link to some of the activity would remain appropriate without sustaining an honorary contract [UNID-00192].

16.12 On 3 April 2014 Ms Stott emailed Professor Connell regarding Mr Eljamel's retirement with effect from 31 May 2014 to ask whether Mr Eljamel's honorary contract with the UoD should be terminated at this point [UNID-00133]. Professor Connell responded the same day to explain that he 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 the NHS [UNID-00133].

16.13 There is a further email exchange dated 4 April 2014 between Professor Connell, Professor Belch, Roland Wolf (the other Co-Head of the MRI), Andrew Morris and Gary Mires [UNID-00067]. The email [UNID-00067] detailed a discussion that Professor Belch had with Professor Wolfe, Co-Head of MRI, and the MRI Executive team, Keith Matthews, Professor of Psychiatry and Director of Neuroscience, and John Hayes, Professor of Cancer Medicine, regarding Mr Eljamel's continued work with UoD. However, a decision was made that, given the GMC was investigating probity issues, he should not have any role in research. Professor Connell responded the same day to confirm that he agreed with the decision and that UoD should not renew Mr Eljamel's honorary contract [UNID-00067].

16.14 On 14 April 2014 Ms Stott emailed NHS Tayside to request confirmation of the effective date of Mr Eljamel's retirement in order to terminate his concurrent honorary appointment. NHS Tayside responded on 15 April 2014 to confirm the retirement date as 31 May 2014 [UNID-00035].

16.15 On 18 April 2014, Ms Stott emailed a proposed letter to send to Mr Eljamel confirming the termination of his honorary appointment to Professor Connell [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]. Professor Connell confirmed his approval of the letter by email the same date (18 April 2014) [UNID-00034].

16.16 Attached marked UNID-00223 is an email exchange between Roddy Isles, Head of Press at the UoD, and Niamh Burns who appears to be a member of press, on 28 April 2014. In this correspondence, Roddy Isles confirms that Mr Eljamel had not carried out any teaching at the UoD since late 2013.

Research (evidence provided by Professor Belch)

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

17.1 Professor Belch has produced a spreadsheet of research that was conducted by Mr Eljamel in conjunction with the UoD from 2010 when TASC was formed until he retired in 2014 [UNID-00076]. Although the spreadsheet details that some research commenced prior to 2010, it was not overseen by the UoD until the formation of TASC in 2010. Prior to that, it would have been overseen by NHS Tayside.

17.2 There are minutes of the meeting of the Tayside Committee on Medical Research Ethics dated 25 October 1996 [UNID-00060] which pre-dates Professor Belch's time as R&D Director. The minutes record that Mr Eljamel had proposed a trial titled 'The Role of Theatre Nurse's Preoperative Visits in Neurosurgery', however, this was not approved by the Committee as Mr Eljamel's proposal did not adequately involve the nursing staff, which was not in accordance with guidance on clinical research. As such, the research would not have proceeded in the absence of ethical approval.

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 Please see response at 17.

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 Three spreadsheets of all the medical publications in which Mr Eljamel was involved with from 1989 until he retired in 2014 has been produced from public sources:

19.1.1 UNID-00012: Scopus Publications;

19.1.2 UNID-00014: Pure Publications (external); and

19.1.3 UNID-00015: Pure Publications.

19.2 In addition, Professor Petty has located Mr Eljamel's CV updated May 2009 [UNID-00143]. The CV includes details of Mr Eljamel's publications as at that date which are outlined as follows:

19.2.1 UNID-00197 - Mr Eljamel's CV as at 15 November 2009 for a self-nominated Scottish Advisory Committee on Distinction Awards ("SACDA") which provides information about Mr Eljamel's qualifications, research activity, publications and his overall personal appraisal;

19.2.2 UNID-00210 – Mr Eljamel's CV as at 25 August 2011 providing details concerning his education, experience, research and publications

19.2.3 UNID-00240 – Mr Eljamel's CV as at 26 August 2011 providing details of his qualifications, publications and research and medico-legal work.

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;

20.1 In respect of 20(a), if the research funds were to be held by the UoD then the Research and Innovation Services ("RIS") of the UoD would have managed the funds. If the research was not funded by the UoD, then NHS Tayside would have managed the funds. Professor Belch has produced a list of clinical trials that were managed by the RIS at UNID-00080.

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

(c) Directing or monitoring that research;

20.2 In response to 20(b) to 20(c), please see response at question 4. In addition, if Mr Eljamel's clinical trial funds were managed by the UoD then he may have employed staff to work on those trials. However, Professor Belch can find no record of this which means it was likely that Mr Eljamel ran his own trials or the employees used were from NHS Tayside. Many of the trials are hosted in the TASC Clinical Trials Research Centre. Of course this was not for any surgical procedure, overseen by NHS Tayside, but for administering the trial medication. Due to the passage of time, Professor Belch cannot recollect if Mr Eljamel used these facilities**.**

(d) Ethical oversight of that research;

20.3 The ethical oversight of any research (20(d)) was carried out by the Independent Ethics Committee who would hold any documents outlining their policies and protocols in the relevant period. Any deviation from that protocol would have been a reportable breach.

(e) The engagement of patients in the research projects

20.4 If there was engagement of patients in the research projects (20(e)), then written consent would have been obtained from the patients. This would have then been

checked by UoD auditors and monitoring systems. The Principal Investigator named on the research project held responsibility for obtaining patient consent, however, this could be delegated to another competent person for example, a qualified research nurse. The UoD were not responsible for obtaining patient consent.

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 Ms Stott explains that as per the Honorary Policy of April 2016 [UNID-00002] proposals for Honorary Clinical Researcher appointments were submitted to the Dean's office for approval via TASC with a recommendation for tenure, normally to run concurrent with their NHS appointment (to ensure they are covered by clinical governance).

21.2 In her role, Professor Belch would supervise the governance of Mr Eljamel's clinical trials, and this included clinical trials that involved patients of the Hospital, in line with the processes explained in response to question 4 above. However, the UoD did not employ Mr Eljamel. Professor Belch can find no evidence that the UoD engaged any other researcher to work with Mr Eljamel (please see paragraph 20.2)

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 As mentioned earlier, the allocation of Mr Eljamel's time would have been set out in his job plan at NHS Tayside. The UoD would not have had any involvement with this and would not have had sight of the job plan. The job plan is only shared with the UoD if the individual has a separate contract of employment with the UoD.

<u>Part D – Involvement of UoD with the professional practice of Mr Eljamel</u>

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

23.1 It is our understanding that concerns regarding Mr Eljamel's professional/clinical practice would have been raised with NHS Tayside. Concerns would only be raised with the UoD if it directly relates to a UoD employee or in relation to the role undertaken by an honorary role at the UoD.

23.2 As explained above, the UoD became aware of Mr Eljamel's suspension on an informal basis on 19 December 2013 following questions raised concerning a

research project. Formal notification of the suspension and a broad description of the nature of the concerns was not provided by NHS Tayside until February 2014 following prompting. Please see the response at 15 and 16.

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 Professor Belch initially became aware of the concerns regarding Mr Eljamel's professional practice in December 2013 together with Professor Connell, although the knowledge was limited to the fact Mr Eljamel had been suspended by NHS Tayside and referred to the GMC (see the response to question 15 and 16).

24.2 As a result of these concerns, Professor Belch contacted Catrina Forde requesting a list of all clinical trials for which Mr Eljamel was the Principal Investigator ("PI") so that a decision could be made as to whether a new PI would be required or whether the trial should be closed. Professor Belch received an email from Ms Forde on 2 January 2014 in respect of Mr Eljamel's clinical trials. She responded on 4 January 2014 to explain that Mr Eljamel had been suspended from NHS Tayside but not from the UoD,

therefore contact could be made with him to discuss his trials [UNID-00109]. At the time, Professor Belch was aware that Mr Eljamel was supervising a UoD student and this had been permitted to continue by UoD HR. Ms Forde responded on 6 January 2014 [UNID-00073] to provide a spreadsheet containing Mr Eljamel's trials [UNID-00085].

24.3 At that time, Mr Eljamel was the PI for twelve projects in total. A copy of the spreadsheet dated 6 January 2014 detailing eleven projects is produced and at UNID-00085. The remaining project was with a fourth year UoD student under his honorary role with UoD (as discussed at paragraph 24.2). The eleven trials were carried out in Mr Eljamel's capacity as an NHS Tayside Consultant but under the governance of the R&D department.

24.4 On 17 January 2014 Professor Belch sent an email to Philip McLoughlin, Mr Eljamel's line manager at NHS Tayside [UNID-00066] In the email, she noted to Dr McLoughlin that it was disappointing that the R&D department had not been formally alerted to the concerns regarding Mr Eljamel's professional practice. On 23 January 2014, Professor Belch forwarded her email to Dr McLoughlin to Ms Forde, the Governance Manager at TASC, to update her [UNID-00066]. In the email to Ms Forde, Professor Belch referenced that she had spoken with Dr McLoughlin, this was casual wording and she was referring to the email she had sent on 17 January 2014. Ms Forde responded on 27 January 2014, explaining that she had discussed Mr Eljamel's eleven projects with Kathleen Whyte, Consultant Neurologist at NHS Tayside, who they had felt might be suitable to take over Mr Eljamel's projects [UNID-00066]. Ms Forde provided an updated spreadsheet of Mr Eljamel's projects with suggested actions. A copy of this spreadsheet (dated 27 January 2014) is produced at UNID-00090.

24.5 On 13 February 2014, Ms Forde met with Mr Eljamel to discuss his clinical trials. It was Ms Forde's practice to minute all of her meetings. The searches undertaken to date by the UoD have not located minutes from this meeting. On 20 February 2014, Professor Belch received an email from Ms Forde containing an exchange between herself and Keith Matthews (Professor of Psychiatry and Director of Neuroscience). The exchange detailed the steps to be taken with the projects and those involved [UNID-00068].

24.6 Following this, a further spreadsheet dated 11 April 2014 was produced detailing what action had been taken with the eleven trials. For example, whether the clinical trial had been closed out or reallocated. A copy of this spreadsheet is at UNID-00086.

24.7 Of those eleven trials, five had not started and therefore a decision was made to close these trials. Professor Belch has the following comments to make in respect of these trials:

24.7.1 Project ID 2011NF10: This was a proposed surgical trial, however, it never started;

24.7.2 Project ID 2012NH01: This was a proposed trial, but it had not received Research Ethics Committee ("REC") approval;

24.7.3 Project ID 2010NH02: This was an observational study of two different types of therapy however no patients were recruited;

24.7.4 Project ID 2012NH02: This was a proposed surgical study, no patients were recruited; and

24.7.5 Project ID 2013NF07: This was proposed, however it had not obtained R&D approval.

24.8 Of the remaining six, four began before the development of the R&D department in 2010 so they started under NHS Tayside authority. When these trials were transferred to the R&D department, they would have ensured that the appropriate REC approval had been obtained, that there was written patient consent and the appropriate GCP had been followed. They would have then monitored the trial as set out at paragraph 4.13 to 4.19 and they would have to comply with the policies and procedures at 4.9 and the SOPs at 4.10. In addition, Professor Belch has the following comments to add in respect of those trials:

24.8.1 Project ID 2008NF02: This trial began in 2008 under NHS Tayside authority, and the surgery was carried out at that time. In 2010, the R&D department were involved in the follow-up of the patient care solely to ensure trial governance procedures were followed (there would have been no direct contact with patients or a review of the clinical care provided to those patients). Following a search of the system, Professor Petty has confirmed that this trial recruited eight patients. Professor Belch has confirmed that the study was ultimately closed;

24.8.2 Project ID 2009SA06: This was a surgical trial with two patients enrolled and was multicentre led by Cambridge as such, the surgery protocol would have to be standardised. The R&D department would have been checking that GCP practices were followed before and post-surgery. The department would not have had any input into the surgical procedure as it was carried out before 2010. Following a search of the system, Professor Petty has

confirmed that this trial recruited two patients. Professor Belch has confirmed that a decision was made to close the trial;

24.8.3 Project ID 2004ON12: This was a study to look at the role of a particular type of radiotherapy in brain tumours, and the surgery would have been carried out at an NHS Tayside premises before 2010. The R&D department would have had governance oversight over trial methodology. Following a search of the system, Professor Petty has confirmed that this trial did not recruit any patients. Professor Belch has confirmed that an End of Study form was completed to close the trial prematurely; and

24.8.4 Project ID 2009SA03: The R&D department would have checked that GCP practices were followed before and post-surgery but would not have had any input into the surgical procedure as it took place before 2010. Following a search of the system, Professor Petty has confirmed that this trial did not recruit any patients; Professor Belch has confirmed that an End of Study form was completed to close the trial prematurely.

24.9 The remaining two trials were opened under the R&D governance structure as set out at paragraph 4.13 to 4.19. Professor Belch has the following comments to make:

24.9.1 Project ID 2012ON38: It would have had to comply with the R&D department governance procedures. The trial included a surgery, but it was not part of the trial, so the UoD department had no authority over it. Following a search of the system, Professor Petty has confirmed that this trial recruited one patient. Professor Belch has confirmed that ultimately the trial was closed and archived; and

24.9.2 Project ID NRS12/NE81: This was a proposed trial to study the results of a surgery. A decision was made not to proceed with the trial following news of the suspension. Following a search of the system, Professor Petty has confirmed that this trial did not recruit any patients.

24.10 Please see paragraph 16.9 which sets out Mr Eljamel's request to continue working with UoD and his honorary contract.

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 and the R&D department had limited involvement. In respect of 25(b), the R&D department would only be involved in the use of products or devices in neurosurgery on NHS patients and patient safety and care (25(f)) if these were part of a clinical trial. The extent of the details held by the UoD in relation to the clinical trials Mr Eljamel was involved with in the relevant period are set out in response to question 24.

25.2 As far as Mr Eljamel's qualifications and technical expertise (25(e)), this would be a matter for NHS Tayside. Professor Belch would have ensured that Mr Eljamel had completed the GCP training before beginning a clinical trial, and via the monitoring procedures in place ensured his trial was conducted correctly. The GCP guidelines were finalised in 1997, and they were made mandatory in 2004. In 2010, we would have ensured that Mr Eljamel had completed his GCP training and if he had not, we would have asked him to carry it out.

25.3 In relation to 25(i) (the monitoring of performance data within neurosurgical practice) the R&D department would only be aware of matter relating to Mr Eljamel's practice if it formed part of a clinical trial and would not be responsible for monitoring his performance; this would have been the responsibility of NHS Tayside.

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 During the relevant period, Mr Eljamel was an employee of NHS Tayside. Concerns unrelated to Mr Eljamel's role at the UoD are unlikely to have been raised with the UoD. The UoD would only become involved at the express invitation of NHS Tayside;

as he was NHS Tayside's employee any disciplinary action would fall to them. See the response to question 15 regarding the information shared by NHS Tayside with the UoD.

Part E – complaints and concerns

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? In 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 3.18-3.21. Any complaints or concerns regarding Mr Eljamel's professional practice would have been raised to NHS Tayside as his employer. The UoD had no oversight of Mr Eljamel's professional clinical practice or any powers to take action.

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 question 23.

Part F – documents

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.

Electronic Searches

29.1 Searches have been undertaken at TASC led by Professor Russell Petty (Director) and assisted by Dr Steve McSwiggan (Senior R&D Manager) and Liz Coote (R&D Manager). I understand that these consisted of electronic searches of the local departmental hard drives, Professor Petty's email account, PudMed, "SReDA" and enquiries to the NHS Tayside HR department.

29.2 Searches have been undertaken by Professor Belch in relation to archived emails in her UoD account.

29.3 Searches have been undertaken in the Research and Innovation Service led by Anna Grey (Director) by Michelle Swaine (Head of Researcher Development) and Martin Wilkie (Head of Contracts). Electronic searches have been carried out on their email accounts, shared departmental drives, contract management software Sophia, grant application systems "IRIS" and "Worktribe" and confidential misconduct allegations tracker document.

29.4 The School of Medicine documentation has been searched, led by Gillian Stott (Senior People Partner) and undertaken by Lisa Thompson (Executive Assistant). This included Ms Stott's email account, shared departmental drives and document management systems.

29.5 UoD Library searches conducted by Moya Fox (Library Open Research and Publishing Manager). Electronic searches have been carried out on a data repository software "Pure" and an externally hosted indexing service "Scopus".

Archive Facility – Hard copy searches

29.6 A large archive of UoD records are stored off-site at a warehouse in the local archive. This archive consists of 924 shelves, storing assorted hard copy documents. These documents were not indexed or organised but are drawn from all UoD departments over a timeframe of 1860 to 2020. Each box has been reviewed with relevant content extracted for disclosure. Further information regarding the search methodology is set out at paragraph 30.14.

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 An overview of the searches conducted for the categories of information set out in Appendix C is set out below. The UoD's current retention policy as published on the website is at UNID-00148. We have been unable to locate the retention policies which pre-date this policy. However, Professor Belch has explained that in 2014 there were not stringent regulations for retention of documentation in surgical trials. The legislation was derived from the EU Medical Devices Directive (MD 93/42/EEC), and it was implemented in the United Kingdom ("UK") by the Medical Devices Regulations 2002 (SI 2002/618). This applied regardless of commercial or non-commercial sponsorship. It mandated that:

30.1.1 Essential documents had to be kept for at least five years; and

30.1.2 Adverse event reporting, monitoring, and traceability rule applied.

30.2 There was also, Research Governance Framework for Health and Social Care (2nd edition, 2005) [UNID-00178] and Scottish Executive Health Department Research Governance Framework for Health cand Community Care (Second edition, 2006) [UNID-00177]. This was the operating governance standard for NHS research in Scotland at the time. It applied to all research in the NHS, all sponsors, including universities, charities and EU research consortia. It required appropriate long-term archiving of essential documents. It did not have a set retention period, but in practice NHS research offices in Scotland usually kept documents for ten years for device trials.

30.3 Searches were carried out at the TASC led by Professor Petty and assisted by Dr McSwiggan and Liz Coote took place on 12 November 2025. TASC was only established in 2010, limiting the range of documents that it is likely to have access to. Searches were carried out on SREDA (a national research database) with 'all studies' where CI ("Chief Investigator") and/or PI ("Principal Investigator") as Sam Eljamel or derivatives (Mr/Prof) in timeline 1 January 1997 to 31 December 2014. Archive folders for Research and Development ("R&D") paper files recovered from Iron Mountain and Claverhouse (NHS storage facilities not UoD) on 13 February 2026 and 20 February 2026 following searches of TASC archive database specifically with search criteria related to the R&D study numbers and/or Mr Eljamel as PI. Relevant SOPs and Policies were obtained through records on the Quality Management System maintained by the Quality Assurance Manager Val Godfrey. Searches were carried out on local departmental hard drives, Professor Petty's own NHS Tayside hard drive, PubMed, which is a public source was searched using the terms *"Eljamel"*, *"Sam Eljamel"* and *"SM Eljamel"* with a date range of 1 January 1995 to 1 January 2015 and enquiries were also, made to the NHS Tayside HR Department via telephone relating to whether they held a job description for the post of NHS Tayside R&D Director prior to Professor Petty's appointment to the role in 2022 and they did not. In addition, Professor Belch has undertaken a search of her archived emails, with no date restriction, using the search terms *"Eljamel"*, *"Sam"* and the names of the Mr Eljamel's clinical trials. All documentation relevant to the Inquiry has been disclosed.

30.4 Searches were carried out at the Research and Innovation Service department at the UoD. The search was led by Anna Grey and undertaken by Michelle Swaine and Martin Wilkie on 13 to 14 November 2025. The Research and Innovation Services department holds data on non-clinical trial contracts and supports the development of large research grants within UoD. They have conducted a comprehensive search of electronic files. The Research and Innovation Services department has changed in structure over the time-period searched for. The electronic files are believed to date

back at least seven years, in keeping with data retention policies. Ms Grey is unsure as to the start point of the current digital data records or what IT systems were in place at the department between 1995 to 2014. Searches were carried out using the search term *"Eljamel*" with no time period restriction on the email inboxes of current staff members (the department does not have access to former staff members inboxes), shared departmental drives which is a shared network drive, partially migrated to Microsoft OneDrive, contract management software "Sophia", grant application systems "IRIS" and "Worktribe" and confidential misconduct allegations tracker document.

30.5 Searches were undertaken by the UoD's Library department by Moya Fox between 21 to 23 November 2025. The library team manage the UoD's institutional repository and hold records relating to various areas, departments and staff at the university. They searched Mr Eljamel's internal employee record, "Pure" a data repository software and "Scopus" an externally hosted indexing service with no date restrictions for Mr Eljamel's name. Due to the nature of the system, it only requires searching for the name of the individual (for Pure as an internal former staff member and as an external co-author) and it allows associated research output metadata to be identified.

30.6 The UoD note that a large proportion of the School of Medicine's records are in physical format. Any archived records would have been captured in the warehouse search as set out at paragraph 30.14 below. Electronic searches for School of Medicine records were conducted using the date ranges of 1995 to 2014 using the search term *"Eljamel"* in the following systems:

30.6.1 Emails – The email account of Gillian Stott, HR Senior Business Partner;

30.6.2 Shared departmental drives in the School of Medicine Office. Data was migrated from the S:drive to SharePoint in May 2025. During this process the relevant individuals within the department considered what material ought to be migrated in line with the UoD retention policy.

30.6.3 Document management systems Information held by Strategic Intelligence. Data was taken from the snapshot of historic data taken from the previous HR and Payroll System, P3, before the new 1U system was installed in August 2022. This data mart was managed by Strategic Intelligence following the move to 1U. There is limited data on this system.

30.7 The UoD Head of Infrastructure, Workspace and Research Computing Digital and Technology Services, Graeme Whaley has provided information relating to the capability of the UoD systems in respect of searching employee email accounts. Mr Whaley has explained that searches of emails can be carried out using Microsoft

Purview, which allows the UoD to centrally search emails using filters including text context, subjects, keywords and attachments. The searches can be run against active accounts and against disabled or deleted accounts whilst they remain within their recoverability windows. Previously, for UoD employees and Postgraduate students, this is 150 days from the termination date, however since February 2025 accounts are held indefinitely. The UoD system also allows for a specific retention hold to be applied to an account when requested. This means that all associated data is retained and searchable until the hold is lifted, including items deleted by the employee.

30.8 The UoD does not operate a default email retention or deletion policy within Microsoft 365 ("Microsoft"). Emails are retained only whilst the mailbox exists, the account remains recoverable or a retention hold is in place. Any items that are permanently deleted by an employee are not recoverable unless a retention hold exists. The UoD does not operate email backups therefore they cannot restore emails from backup.

30.9 Any emails that have been deleted from an employee's "deleted items" folder may be recoverable for up to fourteen days. However, this is not guaranteed and depends on background processing. After this time, deleted items are permanently removed unless a retention hold has been applied.

30.10 Employees can retain access to their account for thirty days after contract termination and students for one year after completion of studies. After this time the accounts are disabled. For employees, ninety days after disablement the account is deleted and for students it is thirty days. There are exceptions for employees that are in senior roles:

30.10.1 Deans and Director accounts are deleted after six years;

30.10.2 UoD Executive Group members are deleted after twelve years; and

30.10.3 Principals are retained indefinitely.

30.11 Following deletion, the full Microsoft account including emails can be restored via the administration portal for thirty days after deletion. After this time, the data cannot be restored. Data stored outside Microsoft, for example local hard drives or People Systems is not searchable through Purview.

30.12 The UoD has conducted an email system search and all documentation relevant to the Inquiry has been disclosed. In terms of the methodology of the search, I understand that the UoD's email system was searched to identify any emails with the word 'Eljamel' between 1 January 1995 and 1 January 2015. The emails and attachments generated from this search were uploaded to RelativityOne, which is an e-discovery software platform to manage, search, analyse and produce large volumes of electronic data. During data processing, the child documents (such as email

attachment, embedded files) were extracted and allocated a unique document reference number. Of the documents identified in the search I understand that 869 files returned errors and could not be processed and 48,866 documents were identified as duplicates. In total 84,644 documents were published to the site. Upon conducting a further check I understand that 23,360 additional documents were identified as duplicates leaving 61,284 documents to review

30.13 I understand that the RelativityOne Review Center, AI-powered relevant predictions, to build a review queue for the 61,284 documents. The queue actively learns from the human coding decisions as the review progresses and ranks the documents (1-100). The queue prioritises and serves the highest ranked/predicted highly relevant documents to the reviewers. 36,701 documents were reviewed in the prioritised review queue, leaving 24,583 predicted not relevant documents unreviewed. Thereafter, a validation was conducted for the purpose of estimating the percentage of not-yet-coded documents that are relevant (elusion rate). A sample was drawn based on 95% confidence level and +/- 2.5 margin of error, and the estimate elusion rate is 2.1%. The percentage of documents estimated to be relevant across the entire population (61,284 documents) is 10.2%.

30.14 At the conclusion of the initial review of documentation, 6,170 documents were coded as Relevant or Query Relevant. The Counsel team then conducted a review of these documents and the material identified as being potentially relevant is in the process of being produced to the Inquiry.

30.15 The University Archives which is part of the UoD, is named as the place of deposit for NHS Archives under the Public Records Scotland Act 2011 which requires organisations to have a records management plan and provision for the preservation of archive material. The management and transfer of records to archive are also governed by the Scottish Government Records Management Code of Practice for Health and Social Care [UNID-00186]. The Archives relationship with NHS Tayside is outlined in a Memorandum of Understanding. The archive services of UoD and NHS Tayside has been produced and attached to my statement marked UNID-00010. The records remain under the ownership of NHS Tayside and material is transferred to the archive after consultation between both parties. If the Archive wishes to dispose of or transfer the material it must receive consent from NHS Tayside. The Archive Services have been contacted by NHS Tayside to search for relevant material to assist the Inquiry. The emails are attached at UNID-00008, UNID-00183, and UNID-00184. The outcome of those requests, and whether the material is disclosable, will be addressed by NHS Tayside.

30.16 As set out at paragraph 29.6, UoD archived paper-based records are stored at Claverhouse, a warehouse which contains documentation from all UoD departments over a timeframe of 1860 to 2020. This facility was searched over an eight-day period in January 2026 by manually looking in each box to identify whether it contained material potentially relevant to the disclosure request set out in Appendix C of the Rule 8 letter. The search was conducted in three parts. The first sift of material was conducted by CMS staff who conducted a high-level review of the content of boxes and determined whether they contained anything relevant to the request in Appendix C i.e. relevant to Mr Eljamel, the relevant time period or the areas of documentation requested within the relevant periods of time. A broad approach was taken whereby if it was unclear if something could be relevant or not, it was set aside for the second stage of the review. 159 boxes were set aside for the second stage of the review. The second stage of the review was conducted by the UoD's Legal Team who conducted a more detailed review of the content of the boxes to determine whether it was relevant to the request in Appendix C. From these six boxes of material were provided to the Counsel team to consider in line with the request for disclosure set out in Appendix C. The relevant documents within these boxes were identified by the Counsel team and have been disclosed to the Inquiry.

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 certify that the documents which have been produced in response to the Eljamel Inquiry's Rule 8 request, including the request under Appendix C, are, to the best of the UoD's knowledge and belief, all of the documents held by the UoD, on its behalf or under its control.

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 The care of patients at NHS Tayside are not within the remit of the UoD. Although the UoD and NHS Tayside have an MOU in place now, the process could be further enhanced by the introduction of a formal committee between the organisations to ensure that there is clear communication of any issues, even in circumstances where

there is no direct line management relationship. As mentioned at paragraphs 6.2-6.3 the UoD are in the process of considering amendments to the current MOU [UNID-00113] so that the description of processes more accurately reflects the shared understanding and position between the two organisations in respect of the definition of '*Clinical Academic*' and the procedures in place where there are concerns raised in a clinical setting regarding a UoD employee with an honorary role at NHS Tayside. These amendments will formalise the operational arrangements between the UoD and NHS Tayside.

32.2 The UoD have updated the honorary process as set out in response to question 3.

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 The UoD were not involved in the patients of Mr Eljamel, therefore I cannot address this question.

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 The UoD were not involved in the patients of Mr Eljamel, therefore I cannot address this question.

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 Improvements could be made at the Scottish Government level regarding the management and distribution of ACT funding through NHS Education Scotland working with their partner medical schools. In particular the contract status and line management of such ACT-funded staff could be better clarified.

35.2 Locally, a mechanism, based on the Follett principles, should be put in place and formalised to ensure that the Health Board and partner University are each aware of any staff (or student) where concerns have been raised or who are under investigation

by the NHS or University to ensure that an early, appropriate and co-ordinated approach is taken to the individual concerned. The Follet principles are attached at UNID-00175.

35.3 In addition, there needs to be a clearer understanding of the distinction between the role of a Professor and that of an Honorary Professor. These positions are often perceived as equivalent and held to the same standard, but they are fundamentally different and the criterion to be appointed as a Professor is very different to an honorary role. Mr Eljamel was never a University Professor; he was an NHS Tayside Consultant and Honorary Professor at the UoD. Recognising these differences will ensure that those holding an Honorary Professorship are not misinterpreted as having the same qualifications and experience which would be required in order to gain a substantive professorship and would avoid any misunderstandings by others unfamiliar with the routes to appointment for example, the public and patients.

Statement of Truth

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

Signed… 

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Date 12 May 2026……..