Witness Name: Mark Egan
Statement No: RCSE-00228

Dated: 20 March 2026

ELJAMEL INQUIRY WRITTEN STATEMENT OF MARK EGAN

I, Mark Egan, will say as follows: -

PART A – Qualifications, 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 am Mark Egan, currently serving as Chief Executive Officer at the Royal College of Surgeons of Edinburgh (RCSEd). I was appointed Chief Executive in June 2023 following a period as Interim CEO from December 2022 to June 2023 and have overall responsibility for the College's governance, strategic leadership, and oversight of professional standards.

1.2. My qualifications include extensive experience in parliamentary governance, oversight of law drafting, and digital transformation within public institutions. While my role does not involve direct clinical practice, I have significant experience in professional regulation, policy development, and organisational leadership, which are relevant to the Inquiry's focus on governance and oversight.

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

2.1. I have over 25 years of experience in senior roles within parliamentary and public sector organisations, with a strong emphasis on governance, accountability, and professional standards. Prior to my time as Chief Executive Officer for RCSEd, I have undertaken the following roles:

2.1.1. Greffier of the States, States Assembly, Jersey (Dec 2015 – Apr 2022)

- I was the Greffier of the States for Jersey's elected parliament. As Chief Officer, I managed an annual budget of £6 million and led the administration of the Assembly and its committees. My responsibilities included providing procedural advice to Members and Ministers, overseeing law drafting, and developing policy on electoral law and referenda. I also led digital transformation initiatives, modernising voter registration and legislative processes.

2.1.2. Senior Roles in the UK Parliament (1997 – 2015) including:

- As Deputy Head of the Table Office (2014–2015), I led the team responsible for tabling parliamentary questions and motions, advised Members and Government on parliamentary rules, and managed preparations in Parliament for the 2015 general election.
- As Fast Stream Talent Manager (2015), I oversaw recruitment and training for the House of Commons' graduate scheme, introducing reforms to improve diversity and securing stakeholder approval for new processes.
- As Leader of the Parliamentary Digital Service Preparation Team (2014), I directed a cross-House team to establish the Parliamentary Digital Service, defining governance structures, drafting senior job descriptions, and leading change management processes.
- Earlier, as Clerk to Select Committees (2010–2014), I managed busy committees, developed strategies for public engagement, and introduced innovations such as social media use and digital tools to enhance parliamentary scrutiny.
- In previous roles, I served as Clerk in charge of Private Members' Bills and of Private Bills, Private Secretary to the Clerk of the House, and Secretary to the Commons Management Board and Audit Committees.

2.2. Throughout my career, I have gained experience in governance, accountability frameworks, and organisational leadership as skills relevant to examining systemic issues in clinical governance and oversight within healthcare settings.

2.3. In my role as Chief Executive Officer for RCSEd, I steer the College's strategic direction and operations, encompassing surgical training, examinations, and international fellowship programmes. I oversee standards and regulatory frameworks to ensure patient safety, professional integrity, and public confidence, while implementing models to support global exam delivery.

PART B – Structures and Key Individuals

3. Please provide an overview as to the role, function and responsibilities of RCSE 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.

Role, Function and Responsibilities of RCSEd

3.1. The Royal College of Surgeons of Edinburgh (RCSEd) is a Royal Surgical College, a registered charity in Scotland, and a membership organisation. None of RCSEd's functions were directly relevant to the provision of clinical care at Ninewells Hospital, Dundee, or any other hospitals under the control of NHS Tayside. RCSEd does not have a regulatory or operational role in patient care, clinical governance, or hospital management. RCSEd does not regulate clinical practice, but its functions influence the NHS indirectly through training frameworks, examinations, and professional development standards, rather than direct involvement in patient care or hospital operations. We occasionally nominate consultants to sit on the committees which appoint consultants.

3.2. RCSEd's objectives are to:

- promote education and training for medical and surgical practice; and
- promote and encourage the maintenance of high standards of professional competence and conduct.

3.3. RCSEd is the oldest Surgical College in the world and has a network of over 33,000 professionals in more than 140 countries. The College is headquartered in Edinburgh, with a Birmingham office opened in 2014 and an office in Malaysia opened in 2018 to support its growing international membership.

3.4. The main campus in Edinburgh hosts a dedicated skills laboratory for training courses, the Surgeons' Hall Museums, and the College Library. The Museum, originally established as a medical teaching resource, now serves the public and contains one of the largest and most historic collections of surgical pathology in the world, including bone and tissue specimens, artefacts, and works of art. The College Library provides access to a comprehensive medical and surgical collection, including modern texts, journals, electronic resources, and historical stock dating from the 15th century to the present.

3.5. RCSEd has six Faculties:

- Faculty of Dental Surgery (FDS)
- Faculty of Surgical Trainers (FST)
- Faculty of Dental Trainers (FDT)
- Faculty of Perioperative Care (FPC)
- Faculty of Pre-Hospital Care (FPHC)
- Faculty of Remote, Rural and Humanitarian Healthcare (FRRHH)

3.6. These Faculties enable RCSEd to drive development and advancement in key areas across the healthcare spectrum, supported by experts within each specialty.

3.7. RCSEd offers a diverse range of examinations and educational courses for healthcare professionals across various surgical specialties and dentistry.

3.8. RCSEd was not involved in the provision of neurosurgical care at Ninewells Hospital, Dundee, or in other hospitals under the control of NHS Tayside providing neurosurgical services during the relevant period.

Education

3.9. RCSEd offers a wide range of educational opportunities, including hands-on workshops, online learning, CPD-accredited training, and leadership programmes designed to develop skills, enhance knowledge, and support professional growth. These courses cater to every stage of a surgical career and all dental specialties, delivered across the UK and internationally.

3.10. Most courses offered by RCSEd are associated with an individual's own continued professional development (CPD). Some courses have been mandated (for example, by the GMC). For example, the ISCP Core Training Curriculum, approved by the GMC, required that all surgical trainees undertake the Advanced Trauma Life Support (ATLS) course as part of their surgical training; in the future, the requirement will be that all surgical trainees undertake the ATLS or an equivalent training course. In addition to its own courses, RCSEd provides two separate quality assurance services:

- RCSEd CPD Approval
- RCSEd Accreditation of external educational activities, fellowships, and external centres.

3.11. The RCSEd Accreditation mark demonstrates that an educational activity meets the same rigorous internal quality assurance processes as those within RCSEd's educational portfolio or teaching spaces within the College. RCSEd accredits externally led education courses and fellowships to ensure they meet RCSEd's standards. Lists of currently accredited courses and fellowships are available on the RCSEd website.

3.12. RCSEd also accredits a 12-month blended learning programme, the Future Leaders Programme for Surgeons (FLP), which is open to general surgeons, ENT, urology, OMFS, breast, vascular, cardiothoracic, neuro, paediatric, and plastic surgeons. It supports surgeons (ST8, SAS or in the first years of consultancy) by equipping them with advanced leadership skills needed to excel in their specialty.

3.13. For surgical education, RCSEd independently decides which training courses to offer, based on advice from its Dean of Education and the various Surgical Specialty Boards within RCSEd. Education courses will often be offered that align with the GMC Capabilities in Practice Framework or the specific Curriculum Outcomes.

3.14. RCSEd also hosts educational webinars and podcasts related to professional development and wellbeing, including an annual Wellbeing Week for surgical trainees and trainers.

Examinations

3.15. RCSEd runs an extensive range of globally recognised postgraduate examinations for surgical, dental, and pre-hospital professionals in the UK and internationally. These include both required and voluntary examinations.

3.16. Voluntary examinations tend to be offered by RCSEd Faculties (e.g., Dental Surgery), while surgical examinations such as MRCS and FRCS are mandatory for career progression. The GMC controls entry to the specialist register based on the curriculum set by the Colleges and agreed with them. For surgery, the MRCS and FRCS are examinations which are required for admission to the register. Ultimately, the decision to admit to the register is made by the GMC based on the recommendation of the Specialty Advisory Committee (SAC) for the defined surgical speciality. Success in the intercollegiate examinations is required by the GMC as a condition of admission to the specialist register. The doctor then elects which College they wish to affiliate with, and they award them the Fellowship.

3.17. Doctors who haven't completed a GMC approved programme of training but can show knowledge, skills and experience of an eligible specialist in the UK can now pursue entry on a specialist register through the Portfolio Pathway programme instead of examination.

Membership of the Royal College of Surgeons (MRCS)

3.18. The MRCS exam is a key postgraduate diploma required by the GMC for surgical training progression, offered across the UK, Ireland, and internationally.

3.19. It is intercollegiate, common to all four surgical Royal Colleges (Edinburgh, England, Glasgow, and Ireland) and overseen by the Intercollegiate Committee for Basic Surgical Examinations (ICBSE). The RCS England runs the ICBSE and would hold the paperwork from that time.

3.20. The MRCS was first developed in 2004 and is mapped to GMC's *Good Medical Practice*.

3.21. It consists of two parts:

3.21.1. Part A: A five-hour MCQ exam assessing applied basic science and principles of surgery.

3.21.2. Part B: An OSCE assessing clinical application, anatomy, surgical pathology, critical care, procedural skills, and communication.

3.22. Passing both parts is mandatory for progression to specialty training and for membership of a surgical Royal College.

3.23. RCSEd delivers MRCS exams across the UK and internationally, including centres in the Middle East, South Asia, and Africa.

3.24. Examiners are appointed through recommendation to Council and ratification by ICBSE [RCSE-00102].

Fellowship of the Royal College of Surgeons (FRCS)

3.25. Passing the Intercollegiate Specialty Fellowship Examination is mandatory for the award of a Certificate of Completion of Training (CCT) or Portfolio Pathway by the GMC.

3.26. The exam is managed and administered by the Joint Committee on Intercollegiate Examinations (JCIE). Following success in the examination, surgeons typically affiliate with the College where they undertook MRCS, which then awards the post-nominal of that College and specialty.

3.27. JCIE is the intercollegiate body responsible, in line with the statutory requirements of the GMC, on behalf of the four surgical Royal Colleges of Great Britain and Ireland, for the supervision of standards, policies, regulations and professional conduct of the Specialty Fellowship Examinations.

3.28. There are ten Specialty Fellowship Examinations: Cardiothoracic Surgery, General Surgery, Neurosurgery, Oral & Maxillofacial Surgery, Otolaryngology, Paediatric Surgery, Plastic Surgery, Trauma & Orthopaedic Surgery, Urology, and Vascular Surgery.

3.29. These examinations are internationally recognised and regarded as benchmarks of surgical competence.

3.30. RCSEd also accredits examinations in other countries and provides quality assurance for external exams.

4. Please provide an explanation of the areas related to the care of Mr Eljamel's neurosurgical patients in which RCSE (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.

4.1. RCSEd had no exclusive responsibility related to the care of Mr Eljamel's neurosurgical patients.

4.2. RCSEd also had no shared competence related to the care of Mr Eljamel's neurosurgical patients 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.

4.3. RCSEd's remit during the relevant period was educational and advisory, not regulatory or clinical. Through its intercollegiate activities, RCSEd contributed to the development of the neurosurgery curriculum for trainees and, via the Joint Committee on Intercollegiate Examinations (JCIE), administered the neurosurgery specialty examination. RCSEd also provided educational courses relevant to surgical training. RCSEd had no role in clinical governance, patient care, or operational systems within NHS Tayside. None of the education materials provided by RCSEd are mandatory and none relate to the direct provision of neurosurgical care in hospitals. Any such material is designed to inform surgeons of best clinical practice and research [RCSE-00188; RCSE-00189; RCSE-00190].

5. Please provide a high-level overview of the structure of RCSE and a list of key individuals and their roles within RCSE 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. RCSEd operates under its own governance arrangements, with charitable status in Scotland (Charity No. SC005317) and is registered as a Royal Charter company (Company No. RC000466) [RCSE-00113]. It maintains its principal headquarters in Edinburgh and operates additional offices in Birmingham and Kuala Lumpur, Malaysia.

5.2. During the relevant period and until 2 September 2025, the governing body of the College was the Council, which comprised the President, two Vice-Presidents, an Honorary Secretary, a Treasurer, and 15 elected Fellows. The collective term Office Bearers refers to the President, two Vice-Presidents, the Secretary, and the Treasurer. The President and Vice-Presidents were elected by Council, while the Secretary and Treasurer were appointed from the College membership.

5.3. From 2 September 2025, the College is governed by a Board of Trustees, and the Council is responsible for matters of the profession.

5.4. The Board of Trustees and Council is led by an elected President, supported by five Vice Presidents, who serve a three-year term. In addition, there are four Appointed Lay Trustees and two Member Trustees from Council.

5.5. A full list of Office Bearers and their terms of office during the relevant period is provided in the attached Council list [RCSE-00116].

Honorary Secretary and CEO

5.6. The Honorary Secretary presided over College elections, worked with the CEO to ensure good governance, oversaw the Annual Meeting of Fellows, advised Council on College Laws, chaired the Awards Committee, and acted as Clerk to disciplinary hearings under College Laws.

5.7. The College first appointed a Chief Executive Officer (CEO) in 1999; the following two CEOs served during the relevant period:

- Jim Foster 1999 - 2008
- Alison Rooney - 2008 – 2019

Key Clinical and Volunteer Roles

5.8. In addition to Council, RCSEd appointed individuals to roles that supported education, examinations, and professional standards. These included:

5.8.1. Convener of Education (formerly known as the Director of Education; now known as Dean of Education): Provided clinical guidance to ensure RCSEd remained at the forefront of surgical education.

5.8.2. Associate Directors of Education: Supported specialty boards and advised on educational policy and resources.

5.8.3. Convener of Examinations (now known as Dean of Examinations): Chaired the Examinations Operational Committee and advised Council on all matters relating to examinations, including governance and quality standards. Represented RCSEd on the Intercollegiate Committee for Basic Surgical Examinations (ICBSE), oversaw examiner appointments, and reviewed appeals and complaints.

5.8.4. Deputy Convener of Examinations: Supported the Convener in these duties.

5.8.5. Director of Standards (later Chair of the Professional Standards Committee): Provided advice on professional standards, oversaw the Patient Safety Board, National Audit Day, and CPD policy.

5.8.6. Convener of CPD: Developed RCSEd's CPD strategy and oversaw implementation.

5.8.7. Professor of Anatomy and Surgical Simulation: Led curricular development and simulation strategy across UK deaneries.

5.8.8. Faculty of Surgical Trainers (FST): Launched in 2013 to promote and enhance surgical training and develop GMC-compliant standards for surgical trainers.

5.8.9. Other roles: Surgical Adviser – eLearning, Surgical Director of Advisory Network, Associate Director of Advisory Network, Caldicott Guardian.

5.9. A detailed list of these roles and their holders during the relevant period is provided in the attached governance records [RCSE-00114].

Council and Committee Decision-Making

5.10. Strategic decisions were made by majority agreement at Council, with detailed work delegated to committees, many of which included external experts. Significant discussions take place prior to formal decisions. Before 2010, these were typically conducted during formal Council meetings. Around 2010, RCSEd introduced Council Development Sessions, which provided shorter, focused slots for presentations and debates. This change reduced the need for extensive discussion during formal Council meetings.

5.11. Committees and groups reporting to Council during 2002–2015 included:

- Awards Committee
- Board of Education, Assessment, Standards and Training
- Education Strategy Group
- Examinations Operational Committee
- Faculty of Surgical Trainers
- Patient Safety Group
- Policy Committee
- Professional Activities Board
- Standards Committee
- Surgical Specialty Groups
- Research Committee
- International Strategy Committee and Group
- Lay Advisors Group
- Recertification Implementation Group
- Scottish Academy Revalidation Group
- Simulation Group
- Trainees Committee
- Development Committee

6. **Please explain how the role of RCSE 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:**

6.1. RCSEd's role was primarily educational and advisory, interacting with other bodies through training frameworks, curricula approval, and intercollegiate structures, rather than direct clinical governance.

6.2. RCSEd interacts with NHS bodies and regulators primarily through policy, standards, and education rather than direct clinical governance. Key aspects include:

6.2.1. Policy and Advocacy: RCSEd engages with regulators, NHS inspectors, Trusts and Health Boards, and policy makers through its Policy and Public Affairs work. It issues statements, campaigns, and responds to consultations from bodies such as the GMC, Department of Health, Scottish Government, and NICE: [RCSE-00104]. Examples

include contributions to GMC revalidation standards (2007–2012), responses to the Tooke Report on Modernising Medical Careers, and input into the NHS Next Stage Review (Darzi Review). RCSEd also contributed to revisions of GMC sanctions guidance and specialty standards for recertification.

6.2.2. Professional Standards and Guidance: RCSEd provides resources to support high standards of practice. Since 2017, it has launched initiatives such as the #LetsRemoveIt campaign against bullying and undermining, later expanded to address sexual misconduct in surgery.

6.2.3. Educational and Quality Assurance Role: RCSEd develops curricula and assessments approved by the GMC, ensuring alignment with national standards. It also accredits external courses and fellowships and offers CPD programmes.

6.2.4. Support for NHS Recruitment and Training: The Royal College of Surgeons of England nominates specialists, who may be RCSEd Fellows, for Advisory Appointment Committees (AACs) in England. NHS trusts are required to follow the relevant legislation when making appointments, whereas Foundation Trusts may adopt their own processes. Foundation trusts may therefore make appointments using AACs or their own alternate systems. RCSEd can also be asked to take part in those alternate systems and may be asked for advice on suitable members who could sit on the appointment committee. In Scotland, Health Boards must also follow the relevant legislation; however, the Scottish legislation does not mandate a role for RCSEd (or any other surgical college) in the appointment process. Through its International Postgraduate Deanery (IPD), RCSEd assists NHS Trusts and Health Boards in training and supporting International Medical Graduates (IMGs), including pastoral care, GMC registration sponsorship, visa support, and induction programmes.

NHS Tayside or its predecessor organisations

6.3. While members of the College Council may have been employed by NHS Tayside during the relevant period, this did not give RCSEd any formal role in relation to Mr Eljamel's professional practice. The RCSEd had no role with NHS Tayside in relation to Mr Eljamel.

6.4. In 2013, RCSEd began offering invited reviews to support NHS Trusts and Health Boards in addressing concerns about surgical practice. The Invited Review process is discussed in more detail at 7.7.

6.5. RCSEd understands that NHS Tayside asked the Royal College of Surgeons of England to carry out the Invited Review.

6.6. While RCSEd plays a role in education, standards, and advocacy, it does not have a remit for clinical governance or direct oversight of patient care within NHS hospitals.

The Scottish Executive/Scottish Government

6.7. The RCSEd had no role with the Scottish Executive/Scottish Government in relation to Mr Eljamel.

6.8. The RCSEd will from time to time respond to consultations issued by the Scottish Government. For example, the RCSEd Standards Office also provided comment on the Scottish Government response to Professor Sir John Tooke's report on Modernising Medical Careers (MMC) "Aspiring to Excellence" on 8 January 2008; the report suggested a reworking of many aspects of postgraduate medical education (PGME) [RCSE-00216; RCSE-00217; RCSE-00223; RCSE-00224].

6.9. The RCSEd alongside other Royal Colleges was involved in supporting the peer review of the Scottish Advisory Committee on Distinction Awards, a committee which acts on behalf of the Scottish Ministers. Mr Eljamel applied for such an award in 2009/2010. Supporting documentation for Mr Eljamel's application for a Distinction Award in 2009/2010 is held by RCSEd [RCSE-00006]. We do not believe we hold any information regarding whether Mr Eljamel was awarded a Distinction Award. We understand the Scottish Government was the body responsible for administering Distinction awards. Distinction awards are discussed in greater detail at 8.10.

The UK Government

6.10. At a government level, RCSEd's President and Office Bearers engage with senior figures such as the Secretary of State for Scotland, Cabinet Secretaries, Chief Medical Officers, and other health officials across the UK. RCSEd's Policy Team leads advocacy for members and patients, responding to parliamentary consultations and GMC consultations (e.g., updates to Good Medical Practice), and engaging with parliamentary committees such as House of Commons Select Committees and Scottish Parliament committees when required.

6.11. RCSEd and its Faculties also provide clinical experts and spokespeople for interviews and commentary on professional and clinical topics.

Healthcare Improvement Scotland and its predecessor organisations

6.12. RCSEd had interaction with Healthcare Improvement Scotland during the relevant period, which was limited and primarily advisory. This included engagement with:

6.12.1. Information Services Division (ISD) Scotland: A representative of ISD Scotland attended meetings of the RCSEd Standards Office to seek advice on the development of NSS Discovery, a data platform for NHS Scotland.

6.12.2. NHS Quality Improvement Scotland: A representative attended the RCSEd Standards Committee when it was initiated in 2013, reflecting RCSEd's advisory role in discussions about quality improvement.

6.13. John Orr, President of RCSEd between 2006 to 2009, was a member of the NHS Quality Improvement Scotland, Clinical Governance & Quality Assurance Committee during 2009.

6.14. The RCSEd had no role with Healthcare Improvement Scotland in relation to Mr Eljamel or the provision of healthcare over the relevant period.

NHS Education for Scotland and its predecessor organisations

6.15. The RCSEd had general links with NHS Education for Scotland through surgical education initiatives, and members of RCSEd Council were involved in NHS Education for Scotland more broadly. NES is responsible for education and training of doctors in Scotland; RCSEd works closely with NES at a strategic level, and there may be overlap in roles, as some RCSEd Council members and Office Bearers have held formal NES positions.

6.16. Royal Colleges are represented on NES Specialty Boards, which advise on commissioning and delivering Foundation, Core, and Specialty training. RCSEd collaborates with NES on educational projects such as Team-Based Quality Reviews (TBQR) and supports NES Clinical Leadership Fellows as a host organisation. RCSEd collaborates with NES on an ad hoc basis.

6.17. None of these links was specific to Mr Eljamel. RCSEd is not aware of having any specific links to NHS Education for Scotland or its predecessor organisations regarding the provision of neurosurgical care at Ninewells Hospital.

The Department for Medical Education

6.18. The RCSEd had no direct role with the Department for Medical Education at the University of Dundee in relation to Mr Eljamel.

The University of Dundee

6.19. The RCSEd had operational links with the University of Dundee through its Surgical Skills Centre during the relevant period, as it is understood that the College's Convenor of Education, Professor David Smith, at the time worked for the University in addition to being a surgeon at Ninewells Hospital. We also understand Professor David Rowley, RCSEd Director of Education, was a surgeon at Ninewells Hospital and associated with the University of Dundee during the relevant period. Members of Council also worked for the University of Dundee. In recent years, Dundee Institute for Healthcare Simulation at Ninewells Hospital and Medical School has been accredited by RCSEd as an Accredited Centre for the period 2022 to 2027. Having a centre accredited by the RCSEd shows that it meets the same internal quality assurance processes as teaching space within the RCSEd. The Accredited Centre in Dundee was not accredited by the RCSEd during the relevant period. In September 2018, RCSEd undertook an accreditation visit and recommendation process for the Accredited Centre in Dundee. At that time, the centre was recommended for accreditation for a period of 36 months, subject to the submission of further evidence regarding its internal educational review processes [RCSE-00150; RCSE-00151; RCSE-00152; RCSE-00153].

6.20. The links with the University of Dundee were educational and not related to oversight of Mr Eljamel's clinical practice. From the point in which RCSEd engaged with the University on the Accredited Centre, the University of Dundee indicated a general willingness to collaborate with RCSEd on surgical education in the context of the Accredited Centre. Minutes of the Surgical Advisory Board in Surgical Neurology from 1996 contain no reference to Dundee, Ninewells, or any neurosurgery-related collaboration. RCSEd has identified links to general surgical education activity in Dundee, such as Basic Surgical Skills courses, advanced surgical skills courses, anatomy teaching, and engagement with the Dundee Surgical Skills Centre, but none of these materials relate specifically to neurosurgery, neurosurgery-specific training, or involvement of the neurosurgical department. No records have been identified of neurosurgery-specific courses

accredited by RCSEd, jointly delivered programmes, or any formal or informal educational links with the neurosurgical department.

The Royal College of Surgeons and other Royal Colleges

6.21. The RCSEd works alongside the Royal College of Surgeons of England and other sister Colleges on an intercollegiate basis through the Joint Surgical Colleges Meeting (JSCM), the Joint Committee on Surgical Training (JCST), and associated bodies such as the Intercollegiate Surgical Curriculum Programme (ISCP), the Intercollegiate Committee for Basic Surgical Examinations (ICBSE), the Joint Committee on Intercollegiate Examinations (JCIE), and the Joint Surgical Colleges Fellowship Examination (JSCFE). These collaborations related to surgical training and examinations.

6.22. The Intercollegiate Surgical Curriculum Programme (ISCP) was launched in 2007, providing the GMC-approved framework for UK surgical training and the curriculum for specialty training in the Republic of Ireland. The parent body of the ISCP is the JCST, which works on behalf of the four surgical Royal Colleges of the UK and Ireland to develop, promote, and ensure the highest possible standards of surgical training. The ISCP provides the platform, the framework and the tools to train surgeons to this high standard. Before the launch of the ISCP in 2007, UK surgical training underwent two major reforms that shaped the development of a structured curriculum and competency-based progression. Between 1995 and 2007, surgical training was governed initially by the Calman reforms and later by Modernising Medical Careers (MMC). The Calman Report, Hospital Doctors: Training for the Future (1993–1995), introduced a more organised national training structure that replaced the previous apprenticeship-style model. It established a single training grade to replace career and senior registrar roles, required each specialty to develop a formal curriculum, and introduced structured training pathways overseen by postgraduate deaneries. Progression was no longer based on time served but on an Annual Review of Competence Progression (ARCP), overseen by an ARCP panel and supported by members of the Specialty Advisory Committee. The Calman reforms also created National Training Numbers (NTNs), exit examinations, and the Certificate of Completion of Training (CCT) as the definitive end point of training. In the early 2000s, MMC further reshaped postgraduate medical training by introducing a national two-year Foundation Programme followed by defined specialty training pathways, including surgery. This reform signalled a further shift toward competency-based training and clearer progression routes. To support and standardise the curriculum and assessment requirements for surgical specialties under MMC, the four surgical Royal Colleges established the Intercollegiate Surgical Curriculum Project, which formally launched as the ISCP in 2007. Together, the Calman reforms and MMC created

the structural and regulatory foundations on which the ISCP was built, culminating in the phased introduction of Foundation Training, Core Training and Specialty (ST3+) surgical training aligned to a unified intercollegiate curriculum.

6.23. The ICBSE governs the operation, regulation and development of the MRCS and MRCS (ENT) examinations.

6.24. RCSEd works closely with the other Royal Surgical Colleges of Great Britain and Ireland:

- Royal College of Surgeons of England (RCSEng)
- Royal College of Physicians and Surgeons of Glasgow (RCPSG)
- Royal College of Surgeons in Ireland (RCSI)

6.25. In 1987, these Colleges agreed to establish an intercollegiate method for assessing specialist training in surgery, ensuring a unified approach to standards, training, education, and assessment across the UK and Ireland. This collaboration is managed through the Joint Surgical Colleges Meeting (JSCM), which promotes an intercollegiate approach to surgical education and professional standards.

6.26. JSCM oversees and directs the following intercollegiate bodies and committees:

6.26.1. Joint Committee on Surgical Training (JCST):

- Works on behalf of all four Colleges to support surgical training across the UK and Ireland.
- Advises on all matters related to surgical training and is the parent body for:
  - Ten Specialty Advisory Committees (SACs)
  - Core Surgical Training Advisory Committee (CSTAC)
  - Training Interface Groups (TIGs)
  - Intercollegiate Surgical Curriculum Programme (ISCP)
  - Collaborates closely with Surgical Specialty Associations.

6.26.2. Intercollegiate Surgical Curriculum Programme (ISCP):

- Launched in 2007, providing the GMC-approved framework for UK surgical training and the curriculum for specialty training in Ireland.
- Offers the platform, framework, and tools to train surgeons to the highest standards.

6.26.3. Intercollegiate Committee for Basic Surgical Examinations (ICBSE):

- Governs the MRCS and MRCS(ENT) examinations.
- Responsibilities include maintaining quality and standards, delivering service improvements, and developing examinations to meet internal and external requirements.

6.26.4. Joint Committee on Intercollegiate Examinations (JCIE):

- Oversees the Intercollegiate Specialty Fellowship Examinations (FRCS), which are mandatory for the award of a Certificate of Completion of Training (CCT) in the UK or Certificate of Completion of Specialist Training (CCST) in Ireland.
- Operates under GMC statutory requirements and reports to the Presidents and Councils of the four Colleges.
- Governance of JCIE and Intercollegiate Specialty Boards is through RCSEd.
- Success in an Intercollegiate Specialty Examination is recognised by the GMC and Medical Council in Ireland as the approved test of knowledge within the surgical curricula.

6.26.5. Joint Surgical Colleges Fellowship Examination (JSCFE):

- Administered by JCIE on behalf of the four Colleges.
- Runs in parallel with UK/Ireland Intercollegiate Specialty Fellowship Examinations but is not GMC-regulated.

6.26.6. Other intercollegiate groups include:

- Planning and Review Group (PRG)
- Intercollegiate Surgical Education Committee for SAS/LED doctors
- Extended Surgical Team Board
- Cosmetic Surgery Board
- Global Surgery Interest Group

6.27. The links with other Royal Colleges were not related to oversight of Mr Eljamel's clinical practice.

The Surgical Forum of Great Britain and Ireland

6.28. This forum brings together the Presidents and Vice Presidents of the four Colleges and the Presidents of the ten GMC-recognised surgical specialties to discuss cross-cutting issues. Outcomes are published as discussion papers on College and Specialty Association websites.

6.29. The links with the Surgical Forum of Great Britain and Ireland were not related to oversight of Mr Eljamel's clinical practice.

Scottish Academy of Medical Royal Colleges and Faculties

6.30. RCSEd is also a member of the Scottish Academy, which provides a collective voice on clinical and professional issues in Scotland. The Academy coordinates the work of the Medical Royal Colleges and Faculties and engages with the Scottish Government and regulators.

6.31. In 2013, the Scottish Academy agreed to offer support to NHS Boards through External Clinical Advisory Teams (ECATs) where performance concerns arose, in consultation with the Scottish Government Health Department. RCSEd is not aware of any equivalent or predecessor team to ECATs; however, RCSEd would not oversee this. Rather the Scottish Academy would be the relevant organisation for this process.

6.32. Mr Eljamel had already passed his Fellowship Examination with the Royal College of Surgeons in Ireland (RCSI) in 1986, so the RCSEd and other Colleges were not involved in assessing his competency through these examination processes during the relevant period. This is discussed in more detail at paragraph 8.2.

6.33. Mr Eljamel served as an Examiner for the JCIE Intercollegiate Specialty Examination in Neurosurgery for 10 years and applied to be an Examiner for the ICBSE Intercollegiate MRCS Examination in 2012, being appointed in 2013 but not participating in any examinations. This is discussed in more detail at paragraph 8.6.

The General Medical Council (GMC)

6.34. The GMC is the statutory regulator for doctors in the UK. It has two key roles relevant to RCSEd's remit:

- Approval of Postgraduate Curricula and Assessments
- Regulation of Professional Conduct

6.35. Curriculum and Assessment Approval:

6.35.1. The GMC approves postgraduate curricula and assessments for surgical training in the UK. RCSEd adheres to these standards when designing examinations aligned to the surgical curriculum through the Intercollegiate Surgical Curriculum Programme (ISCP).

6.35.2. Royal Colleges must obtain GMC approval for any changes to a curriculum or assessment. For surgery, RCSEd works on an intercollegiate basis with the Royal College of Surgeons of England, the Royal College of Surgeons in Ireland, and the Royal College of Physicians and Surgeons of Glasgow to produce curricula, including the Neurosurgery curriculum.

6.35.3. The ISCP provides the approved UK framework for surgical training from completion of the foundation years through to consultant level. It sets out, via a syllabus, the standards of specialty-based knowledge (e.g., neurosurgery), clinical judgment, technical and operative skills, and professional behaviours required at each stage of training.

6.35.4. The Joint Committee on Surgical Training (JCST) acts as an advisory body to the four surgical Royal Colleges for all matters related to surgical training. JCST is the parent body for:

The ISCP

- Ten Specialty Advisory Committees (SACs), one for each surgical specialty
- The Intercollegiate Core Surgical Training Committee (CSTC)

6.35.5. Each SAC plays a key role in developing and improving postgraduate surgical training in the UK and Ireland. SACs are responsible for the development of the syllabus and curriculum for their specialty, as recorded in ISCP.

6.35.6. The JCST website provides detailed information on surgical training pathways and entry to the Specialist Register, which is maintained by the GMC.

6.36. Professional Conduct and Fitness to Practise:

6.36.1. The GMC regulates doctors' fitness to practise through the Medical Practitioners Tribunal Service (MPTS), which conducts independent hearings. Where a doctor's fitness to practise is found to be impaired, MPTS may impose conditions on registration, suspend the doctor, or erase them from the medical register.

6.36.2. The GMC shares with RCSEd a monthly GMC Decisions Circular Overview, listing investigation and hearing decisions affecting doctors' registration or practice. RCSEd uses this circular to identify Fellows and Members who have been suspended or erased by the GMC. RCSEd obtained access to the circular system in 2020. Before 2020, the GMC would send decision circulars on an ad-hoc basis but usually at least once a quarter. The circulars were initially in paper format, moving to electronic circular; RCSEd does not hold information confirming when this move occurred. On receipt of circulars, RCSEd would check the database for Fellows or Members who were erased or suspended, and the information would be passed from the CEO to the Honorary Secretary for any action. Warnings were not acted on unless the Fellow or Member was later suspended or erased. If a Fellow or Member was suspended, RCSEd would take note to check the next circular to see if any further action, namely erasure, by the GMC had taken place, so the Fellow or Member would be contacted. The membership team would be informed that the Fellow or Member had been contacted to say their Fellowship/Membership had been withdrawn and then an alert would be put on their profile to say not to correspond with the Fellow or Member.

6.36.3. Where appropriate, RCSEd may invoke its disciplinary powers under College Laws [RCSE-00113]. These powers allow RCSEd to take action such as censure, suspension, or removal of Fellowship, but only in relation to College membership—not clinical practice. The disciplinary powers and process have been in place since 2006.

The British Medical Association (BMA)

6.37. RCSEd had no role with the British Medical Association in relation to Mr Eljamel.

The Health and Safety Executive

6.38. RCSEd had no role with the Health and Safety Executive in relation to Mr Eljamel or in the provision of healthcare over the relevant period.

Any other bodies

6.39. RCSEd is an independent body but also part of the Academy of Medical Royal Colleges (AoMRC) which represents 22 medical Royal Colleges and faculties across the UK and Ireland. The Academy often acts as a collective voice in engaging with the GMC, healthcare bodies, and government at a national level. These links were not related to oversight of Mr Eljamel's clinical practice.

6.40. In addition to the Royal Colleges, surgical specialties are represented by Specialty Associations (SAs), such as the Society of British Neurological Surgeons for neurosurgery. These associations advocate for specialty-specific needs. The Federation of Surgical Specialty Associations (FSSA) coordinates the views and policies of the ten surgical specialty associations recognised by the GMC. RCSEd Council meets annually with FSSA Chairs to discuss strategic issues affecting surgery. These discussions are generally strategic in nature and regarded about the issues facing the profession rather than discussing specific at a local level; RCSEd is not aware of the neurosurgical department as Ninewells Hospital being a topic of discussion or a matter relevant to FSSA discussions. These links were not related to oversight of Mr Eljamel's clinical practice. RCSEd is not aware of any specific links to FSSA regarding the provision of neurosurgical care at Ninewells Hospital.

6.41. The RCSEd is not aware of any other bodies with which it had a role relevant to the oversight of Mr Eljamel's professional practice.

7. Please explain the main principles of policies and practices governing the role of RCSE, 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:

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

7.1.1. The RCSEd has no direct role in the appointment of consultants to positions within the NHS or universities. This includes Mr Eljamel's appointments as Consultant Neurosurgeon at Ninewells Hospital in October 1995, Head of Department/Section for Surgical Neurology at the University of Dundee in around 1996, and Lead Clinician for Neurosurgery and Pain at Ninewells Hospital in around 1998.

7.1.2. Consultant appointments in Scotland during the relevant period were governed by the National Health Service (Appointment of Consultants) (Scotland) Regulations 1993, led by the Scottish Executive (now Scottish Government) Health Department. Under these regulations, the appointing authority was required to constitute an Advisory Appointments Committee (AAC) to make recommendations on appointments. The AAC was drawn from a National Panel List and was responsible for ensuring that applicants were sufficiently near completion of their training to judge their suitability for the post. The AAC then made a recommendation to the appointing body, which made the final decision.

7.1.3. RCSEd's role in this process was limited to nominating individuals to the National Panel of Specialists who could participate in AACs. RCSEd did not lead the process, hold AAC records, or verify candidates' qualifications beyond its own membership and examination processes. There are no relevant College Laws governing consultant appointments, as RCSEd is not directly involved in these decisions. RCSEd is not aware of any nomination of Mr Eljamel to the National Panel of Specialists and did not make any nomination of Mr Eljamel. RCSEd does not believe it holds any records regarding Mr Eljamel in relation to any nomination to the National Panel of Specialists.

7.1.4. Beyond this, the RCSEd's role is limited to education and professional development. It sets and delivers examinations for surgical qualifications and provides continuing professional development opportunities. These processes ensure that surgeons meet the standards required for Fellowship and membership, but the College does not verify competence for NHS appointments, participate in recruitment panels, or monitor compliance with CPD.

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

7.2.1. The RCSEd had no direct role in clinical governance or risk management processes, including whistleblowing mechanisms, within NHS Tayside or other health boards. However, RCSEd has taken steps to support professional governance and promote a culture of safety and openness within surgery. Key initiatives and actions include:

7.2.2. Whistleblowing and Raising Concerns:

- In July 2013, RCSEd established a Short Life Working Group (SLWG) on Raising Concerns and Whistleblowing, chaired by a Council member [RCSE-00140].
- In September 2013, Council agreed to support SLWG recommendations and include a webpage on raising concerns on the College website [RCSE-00140].
- In October 2013, RCSEd responded to the Department for Business Innovation and Skills' whistleblowing framework consultation, encouraging members and fellows to provide evidence [RCSE-00129].
- In 2019, RCSEd commented through its Patient Safety Group on proposals for an Independent National Whistleblowing Officer (INO) in Scotland [RCSE-00162].

7.2.3. Professional Standards and Culture:

- RCSEd enforces an Examiner Code of Conduct [RCSE-00191; RCSE-00192; RCSE-00211].
- In 2014, the Professional Standards Office created the *Changing the Culture: Reducing Adverse Events in Surgery* [RCSE-00165].
- In 2017, RCSEd launched the #LetsRemoveIt campaign to tackle bullying and undermining in surgery, later expanded to address sexual misconduct in 2024.
- RCSEd introduced a Code of Conduct in 2024 and published resources in 2025 on improving behaviour and culture within perioperative teams [RCSE-00138].
- Resources include self-assessment tools (namely, *Is My Behaviour Affecting the Team?*), case studies on oppressive behaviour, and guidance on assertiveness without bullying [RCSE-00201; RCSE-00194; RCSE-00193].

7.2.4. Wellbeing and Education:

- RCSEd provides webinars and podcasts on workplace culture and mental health, including sessions such as *Improving the Workplace* and *Can We Change the Surgeon Personality?* [RCSE-00202 RCSE-00199].

7.2.5. Tools and Guidance:

- RCSEd leads the Pan-Surgical eLogbook, developed with Specialty Associations to support appraisal, CPD, and revalidation.

- RCSEd offers CPD guidance and produces practical tools such as the SHINE Surgical Ward Round Toolkit [RCSE-00195].

7.2.6. Whistleblowing Policy:

- RCSEd maintains an internal whistleblowing policy for staff [RCSE-00128].

7.2.7. The RCSEd's role is to promote high standards of surgical practice through education, examinations, and professional guidance. It collaborates with other Royal Colleges and the GMC to maintain standards in surgical training. While the College encourages adherence to professional standards, it does not operate governance systems for clinical practice.

7.2.8. RCSEd does not provide formal whistleblowing mechanisms for surgeons to raise concerns about the performance or conduct of colleagues. Such concerns should be raised with the relevant employer or the GMC.

7.3. Broad systems and rules about work patterns within the NHS, balancing work between the NHS and the private sector (ToR 2/ 3) and about supervision/ training of junior colleagues (ToR 2):

7.3.1. RCSEd does not set or enforce rules about work patterns within the NHS or the balance between NHS and private practice. It also does not directly supervise trainees. However, RCSEd plays a role in surgical training frameworks through its intercollegiate activities and educational initiatives:

7.3.2. Intercollegiate Surgical Curriculum Programme (ISCP):

- RCSEd, alongside the other surgical Royal Colleges, develops and maintains the GMC-approved surgical curriculum through ISCP. This framework sets out the standards of knowledge, clinical judgment, technical skills, and professional behaviours required at each stage of training [RCSE-00133]. The ISCP was launched in 2007. It applied only from that point onwards during the relevant period. For more information on the ISCP, please refer to paragraph 6.22.

7.3.3. Joint Committee on Surgical Training (JCST):

- JCST advises on surgical training and oversees Specialty Advisory Committees (SACs), which develop curricula for each surgical specialty. JCST and the SACs are subject to the oversight of the Royal College of Surgeons of England; RCSEd is not aware of, and does not believe it holds any records of, Mr Eljamel ever sitting on an SAC. It would not expect to have been made aware of such

participation given this falls within the oversight of the Royal College of Surgeons of England.

7.3.4. Faculty of Surgical Trainers (FST):

- RCSEd launched the FST in 2013, following a pilot year in 2012, to support and enhance the role of surgical trainers. It provides standards and resources to improve training quality and ensure compliance with GMC trainer approval requirements [RCSE-00200]. The FST developed a set of specific Standards for Surgical Trainers [RCSE-00149]. The FST standards contain an explicit set of surgical trainer behaviours derived from a framework devised by the Academy of Medical Educators; this will enable surgical trainers to comply with the GMC approval process. Those who meet the required standards can apply for Fellowship or Membership of the FST. There was no equivalent faculty or predecessor group to FST in place before 2012. FST is a body that is the first of its kind in the UK and supports and develops surgeons in their role as surgical trainers. The FST aims to increase the profile and recognition of surgical education and training and to disseminate the message that excellent surgical training means excellent and safe patient care. The FST sits within the governance of RCSEd.

7.3.5. Supervision in Practice:

- In UK surgical training programmes, trainees are allocated an Assigned Educational Supervisor, who oversees their progress and ensures appropriate training. Supervisors and Training Programme Directors (TPDs) are appointed by Deaneries (in Scotland, NHS Education for Scotland). TPDs report to Postgraduate Deans and manage specialty training programmes regionally. RCSEd does not appoint Assigned Educational Supervisors and understands that NHS England or NES in Scotland may be responsible for their appointment; RCSEd does not know whether Mr Eljamel was ever allocated to a trainee as an Assigned Educational Supervisor as RCSEd does not have any oversight over Assigned Education Supervisors or any related records.

7.3.6. eLogbook:

- RCSEd is the lead College for the Pan-Surgical eLogbook, which records operative experience and supports appraisals, CPD, and revalidation.

7.3.7. Trainees Committee:

- RCSEd maintains a Trainees Committee to provide insight into trainee experiences, shaping policy, exams, and education offerings. This Committee held its first meeting in summer 2012. Prior to that, RCSEd had a Trainees Advisory Board between 2001 and 2008; this board had the same function as the current Trainees Committee.

- While RCSEd influences training standards and supports trainers, it does not directly supervise trainees or regulate work patterns.

7.3.8. These frameworks govern the training and supervision of junior surgeons but do not extend to regulating consultants' work patterns.

7.4. Complaints and feedback systems within the NHS (ToRs 4 and 5):

7.4.1. The RCSEd does not participate in NHS complaints or feedback systems.

7.4.2. RCSEd does not operate NHS complaints systems but has internal processes for handling complaints about Fellows. Complaints are overseen by the Honorary Secretary on behalf of Council. The internal complaint process was previously managed by the Membership department; it then moved to the Governance Team when that was created around 2015, but the process remained the same. The process, which is not consolidated or set out in any documentation, is as follows:

- The GMC sends circulars to the College, the membership team check these against the list of Fellows on its records.
- An informal triage process between the Honorary Secretary, Head of Governance, Risk & Compliance, and the CEO determines whether a complaint meets the threshold for a disciplinary hearing. The threshold for a disciplinary hearing is based on the Laws and by reference to whether the Fellow has been erased, suspended, or had a criminal conviction. Personal and professional misconduct is also measured against the Code of Conduct and where it does not meet the threshold for disciplinary action, the RCSEd may still take action, such as seeking a discussion.
- If the matter falls under College Laws (e.g., GMC erasure), RCSEd initiates its disciplinary process [RCSE-00112]. The Honorary Secretary requires approval from Council to establish a disciplinary hearing.

- External complaints outside RCSEd's remit are signposted to the appropriate authority (e.g., GMC, employer, or Police).

7.4.3. RCSEd does not interact with employer processes. It relies on GMC notifications and circulars to identify Fellows subject to regulatory action. RCSEd typically learns of serious issues only after GMC investigations conclude or through media reports.

7.4.4. RCSEd has recognised limitations in its disciplinary framework and introduced enhancements through creating a Code of Conduct [RCSE-00138] to clarify expected behaviours under College Laws. The Code, introduced in 2024, is not intended to be exhaustive; it is intended to provide a clear set of expectations and guiding principles as to how members of the RCSEd College Community are expected to conduct themselves as representatives of RCSEd. The Code was introduced to acknowledge that the College Laws made reference to acts of 'professional or personal misconduct' as triggers for escalation to a disciplinary hearing, but there were no explicit standards against which conduct could be measured. The Code builds on existing standards of conduct, performance, and ethics for healthcare professionals such as guidance published by employing organisations, the GMC, General Dental Council and the Seven Principles of Public Life. Through the Laws and Regulations of the College, RCSEd Council approves and oversees a disciplinary framework in terms of which conduct complaints are now assessed against this Code. Further reforms are planned for 2026. We anticipate these may relate to the disciplinary process, including providing for the immediate suspension or removal of Fellows based on regulatory decisions and clearer communication with the public and profession. Future reforms are not yet agreed.

7.5. Internal and external information sharing systems, candour, including with professional bodies and the GMC (ToRs 7 and 13):

7.5.1. RCSEd promotes transparency and professionalism through:

- Resources on candour available via its website and incorporated into training courses [RCSE-00203].
- The College Code of Conduct (2024), which emphasises integrity and professionalism [RCSE-00138].
- Educational materials and webinars addressing openness and communication in surgical teams.

7.5.2. The RCSEd also works within a framework of professional transparency when collaborating with other Royal Colleges and the GMC on surgical training and examinations. The GMC approves curricula and assessments, and the RCSEd must seek GMC approval for any changes. Information sharing with the GMC is limited to matters relating to education and training, not clinical governance or patient care.

7.5.3. RCSEd does not operate NHS candour systems.

7.6. 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):

7.6.1. RCSEd's disciplinary powers are set out in the College Laws. These allow RCSEd to take action such as censure, suspension, or removal of Fellowship, typically following regulatory findings or criminal convictions. RCSEd had disciplinary powers under the College Laws which came into effect in 2006. Any sanction imposed by RCSEd, or any College, has no effect on a surgeon's entitlement to continue practising, as this is determined solely by their registration status with the GMC. A surgeon can practise surgery in the UK without being a Fellow of any Royal College; a surgeon may never join a College, and others may leave either voluntarily, through non-payment of fees, or because their Fellowship is withdrawn due to reputational concerns. Losing the FRCS title does however remove the right to use the FRCS post-nominals in professional settings. Because the FRCS is an internationally recognised mark of specialist surgical expertise, its removal represents a significant professional loss. It may also reduce private practice opportunities, where the FRCS is regarded as a strong indicator of professional standing. This is particularly true in some international contexts.

7.6.2. As of September 2025, the College Laws were amended to strengthen governance in response to concerns that the existing disciplinary framework had become outdated, inflexible, and inconsistent with contemporary professional standards. RCSEd intends to redesign its disciplinary process fully in 2026 to make it more proactive and robust. This intention was set through an internal review with the Governance, Risk and Compliance team and the Honorary Secretary. There was also a Short Life Working Group on conduct matters. In September 2025, the RCSEd Council agreed that a set of initial recommendations should be taken forward into the redesign of the College's new disciplinary process. The recommendations included creating a triage subgroup to review allegations efficiently and to determine whether a hearing is necessary, introducing an accelerated removal process for Members or Fellows already erased by

a regulator to avoid unnecessary hearings, and establishing clear procedures for suspension and reinstatement so that the College can act proportionately and in line with external regulatory decisions. Collectively, these measures aim to modernise the system, ensure consistency with the College's Code of Conduct and improve the fairness, clarity and efficiency of disciplinary decision-making. The redesign is in progress and the recommended changes from September 2025 have not yet been formally adopted [RCSE-00163; RCSE-00164].

7.6.3. RCSEd does not have statutory powers to restrict clinical practice; its remit is limited to membership status.

7.7. Investigations undertaken into the professional practice of consultants in the NHS in Scotland over the relevant period, such as those covered by ToR 12:

7.7.1. RCSEd did not conduct any investigation into Mr Eljamel's professional practice. However, RCSEd has an Invited Review process, which was formalised following a Short Life Working Group through its Standards Office in 2013. Before 2013 and throughout the relevant period, there was no Invited Review process or equivalent process. An Invited Review is an advisory process in terms of which a healthcare organisation asks the Royal College of Surgeons of Edinburgh (RCSEd) to examine aspects of its surgical services. Reviews may focus on individual surgeons, whole services, or specific clinical records. RCSEd has no statutory or regulatory authority; the purpose is to support learning, best practice, and patient safety. The process is as follows:

- Request to RCSEd: The request to RCSEd is made formally by the Chief Executive or Medical/Nursing Director of a healthcare organisation.
- Determining Scope: RCSEd's Professional Standards Office then contacts the organisation to gather detailed information about the issues through a proforma, followed by a preliminary discussion to clarify expectations, risks, and the scope of the review.
- Appointing the Review Team: If the review is viable, RCSEd appoints a review team by selecting appropriately trained, experienced, and GMC-registered clinicians with expertise relevant to the matters under review.
- Formal Proposal: RCSEd then submits a formal proposal to the healthcare organisation, setting out the purpose of the review, the methodology, the

information required, the review team members, the indicative timescales, and the associated fees.

- Terms of Reference: Once the proposal is accepted, RCSEd drafts bespoke Terms of Reference, which serve as the formal agreement between RCSEd and the healthcare organisation.
- Conducting the Review: RCSEd conducts the review by analysing documents, interviewing key individuals during a site visit, providing preliminary findings orally, issuing a draft written report within approximately 12 weeks, and delivering a final report followed by a presentation of the findings.

In May 2025, Council subsequently agreed to review this process to ensure it takes account of best practice in this area given it had not been reviewed since its inception ; Council agreed that the review and implementation of revised processes would form part of the College 2026 business plan, so this work has only just commenced.

7.7.2. RCSEd did not conduct any Invited Reviews during the relevant period.

7.7.3. RCSEd has since conducted five Invited Reviews on the following:

- 2019 - Review of case notes related to the death of an infant at Belfast HSC;
- 2020 - Review of Oral and Maxillofacial Surgery Head and Neck Cancer Services, Worcestershire Acute Hospitals NHS Trust;
- 2022 - Review of use of TMJ implants at NHS Tayside;
- 2023 - Review of General Surgery services, NHS Lanarkshire, review of a Foot & Ankle surgeon in NHS Lanarkshire;
- 2024 - Review of Vascular Surgeon in Cardiff & Vale UHB.

7.7.4. Key features of the Invited Review process:

- Reviews can assess how clinical services are organised, benchmark service quality, and appraise the performance of surgical teams or individual surgeons.
- The process helps resolve concerns around safety, team dynamics, service reconfiguration, and compliance with standards.
- Each review is confidential, tailored to the organisation’s needs, and followed up to ensure clarity and provide alternative recommendations if necessary.
- RCSEd offers specialist clinical expertise, knowledge of service delivery and regulatory requirements, and quality assurance.

- The service is provided on a not-for-profit basis, with fees covering only the cost of undertaking the work.

7.7.5. RCSEd understands that the Invited Review in relation to Mr Eljamel was carried out by the Royal College of Surgeons of England.

7.8. The creation and maintenance of effective document management systems within health boards such as NHS Tayside over the relevant period and subsequently (ToR 14):

7.8.1. RCSEd had no involvement in the creation or maintenance of document management systems within health boards as this is not part of its remit.

7.8.2. Internally, RCSEd is in the process of completing its formal Records Retention Policy. This is being done as part of a broader Information and Records Management project to implement consistent procedures. Historically, practices have varied between departments, and RCSEd has tended to retain information rather than delete it.

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

7.9.1. RCSEd's role throughout the relevant period was educational and advisory, not regulatory. It worked collaboratively with other Royal Colleges and the GMC to maintain high standards of surgical training and assessment. The College did not have a remit for clinical governance, consultant appointments, or patient safety systems within the NHS.

7.9.2. Before 2006, the College Laws from 1995 to 2006 did not include a disciplinary process; the 2006 College Laws introduced the disciplinary process. Between 2006 and 2015, there were no significant changes to RCSEd's governance, disciplinary procedures, or educational standards. The disciplinary provisions in the College Laws from 2006 and 2010 remained consistent and are still in force today [RCSE-00102; RCSE-00174; RCSE-00175; RCSE-00176; RCSE-00182; RCSE-00196; RCSE-00212; RCSE-00213; RCSE-00220; RCSE-00225; RCSE-00227].

7.9.3. Recent developments include:

- 2021: Removal of step-by-step hearing procedures from Regulations (process unchanged).

- 2025: Amendments to College Laws and Regulations introduced new powers (ability to suspend Fellows during investigations (previously unavailable) and permission to hold hearings virtually, expediting disciplinary processes).
- 2026: Planned comprehensive review and redesign of disciplinary procedures, led by a Vice President.

7.9.4. Future changes under consideration include immediate suspension or removal of Fellows based on regulatory body decisions. RCSEd has also completed a four-year governance project, which underpins these reforms and aims to modernise disciplinary processes to align with best practice.

Part C – Mr Eljamel's links to RCSE

8. Please set out any affiliations which Mr Eljamel has or had to RCSE and the nature and duration of them, as well as the same information of which RCSE is aware regarding Mr Eljamel's links with any other professional organisations, including Royal Colleges.

8.1. Mr Eljamel's links to RCSEd were through Fellowship and examiner roles; he did not hold governance positions or committee memberships.

Fellowship at RCSEd

8.2. Mr Eljamel was elected to Fellowship of the Royal College of Surgeons of Edinburgh without Examination on 28 February 2003. Mr Eljamel's Fellowship record is confirmed in the RCSEd membership database [RCSE-00001]. He was eligible to apply for Fellowship without Examination based on his Fellowship of the Royal College of Surgeons in Ireland (RCSI), awarded in 1986 [RCSE-00005]. RCSI is recognised as a sister College of RCSEd, and the College Laws permit "Fellows of sister Colleges" to apply for Fellowship without Examination. The process for Fellowship without Examination is set out in College Laws [RCSE-00112]. Fellows shall be (i) such persons as are admitted by examination; or (ii) medical or dental practitioners or other persons as prescribed by Council to be elected without examination. Fellowship is a mark of professional affiliation to the College conferring the right to use the postnominal FRCS and to participate in College activities. Fellowship does not confer any right to practise medicine or surgery, which is regulated solely by the GMC.

8.3. Mr Eljamel's application was nominated by the Medical Director of Tayside University Hospitals and supported by five RCSEd Fellows, all of whom were based in Dundee [RCSE-00004].

8.4. Mr Eljamel was suspended from Fellowship in 2015 for non-payment of subscriptions. His fellowship was never reinstated.

Links with Other Professional Organisations

8.5. Mr Eljamel was originally awarded Fellowship by RCSI in 1986. He also engaged with other Royal Colleges through intercollegiate examination roles (see below).

Examiner Roles

8.6. As a Fellow of RCSEd and RCSI, Mr Eljamel was eligible to serve as an Examiner for RCSEd examinations. Examiners are assessed at every exam diet by external independent assessors from other Colleges to ensure consistent standards of examining across all the intercollegiate diets and also to highlight any specific examiner deficiencies.

8.7. He was an Examiner for the RCSEd Membership (MRCS) Ophthalmology and Fellowship (FRCS) Ophthalmology examinations between May 2003 and February 2013. An end date for both panels was recorded in 2014, but no reason was noted. Records confirm Mr Eljamel's role as an Examiner for MRCS and FRCS Ophthalmology examinations [RCSE-00082].

8.8. He was also an Examiner for the Joint Committee on Intercollegiate Examinations (JCIE) Intercollegiate Specialty Examination in Neurosurgery from 2003 to 2013 [RCSE-00044]. It is usual for an Examiner to serve for 10 years.

8.9. In 2012, Mr Eljamel applied to become an Intercollegiate MRCS Examiner through the Intercollegiate Committee for Basic Surgical Examinations (ICBSE) and attended the required training course in 2013 [RCSE-00022; RCSE-00018; RCSE-00019; RCSE-00020 and RCSE-00021]. However, this appointment did not progress further, and he did not participate in any examinations under this role. RCSEd does not believe it holds any records explaining why the appointment did not progress; RCSEd would assume he opted not to progress his appointment. Not everyone who applies will progress to become an examiner. It is a voluntary role and a failure to progress does not suggest concern.

Scottish Advisory Committee on Distinction Awards

8.10. In 2009/2010, Mr Eljamel applied for a Distinction Award through the Scottish Advisory Committee on Distinction Awards [RCSE-00006]. These awards formed part of the Scottish Clinical Excellence Awards scheme operated by the Scottish Government to recognise and reward NHS consultants who perform over and above the standard expected of their role. This process involved peer review facilitated through the Royal Colleges, with employer and lay input, and required consultants to submit evidence via their curriculum vitae. RCSEd scored his award application. A freeze on the Distinction Awards was put in place in 2010; this decision was communicated to Mr Eljamel [RCSE-00025]. The freeze in 2010 was a decision taken by the Scottish Government and RCSEd was not involved in this decision-making process; however, RCSEd understands it was postponed due to funding cuts.

8.11 Mr Eljamel applied in 2007 to be elected to Council but was not successful: [RCSE-00050]. He was unsuccessful because he did not receive enough votes.

9. What professional accreditations, awards or achievements were granted to Mr Eljamel by RCSE, including their nature and timing, as well as the same information of which RCSE is aware regarding Mr Eljamel's accreditations, awards or achievements granted to Mr Eljamel by any other professional organisations, including Royal Colleges.

9.1. Mr Eljamel was awarded Fellowship without Examination by RCSEd in August 2002 and formally elected in 2003.

9.2. He provided copies of his CV to RCSEd when applying for election to Council, which listed accreditations, awards, and achievements granted by other professional organisations. Copies of Mr Eljamel's CV submitted to RCSEd are retained [RCSE-00051]. RCSEd has no direct knowledge of awards or achievements granted to Mr Eljamel by other organisations beyond what was stated in his CV.

10. Was Mr Eljamel ever a member of any RCSE body or committee? If so, please provide details.

10.1. Mr Eljamel was not a member of any RCSEd body or committee. His only professional role within RCSEd was as an Examiner.

10.2. He applied in 2007 to be elected to Council but was not successful [RCSE-00049 and RCSE-00050).

10.3. He applied in 2009 to become a member of the RCSEd Specialty Advisory Board (SAB) in Neurosurgery but was not appointed [RCSE-00052]. RCSEd does not hold information explaining why his application was unsuccessful.

10.4. In 2010, Mr Eljamel expressed interest in becoming a Regional Surgical Adviser for RCSEd and was sent an application form in June 2010 [RCSE-00053]. It does not appear that he was appointed, and it is unclear whether a completed application was submitted.

11. With regard to any affiliation, accreditation, membership, award or achievement with or granted by the RCSE:

11.1. What steps were taken to determine Mr Eljamel's suitability or qualification for these?

11.1.1. A Fellow of a sister College who has passed the Fellowship Examination may apply for Fellowship of RCSEd without Examination. The process requires submission of an application, a copy of the applicant's CV, and signatures of support from five RCSEd Fellows. The process for Fellowship without Examination is set out in College Laws [RCSE-00112].

11.1.2. Applications are reviewed by the relevant Specialty Advisory Board (SAB), which makes a recommendation to Council. In Mr Eljamel's case, the SAB in Neurosurgery recommended acceptance, and Council approved the recommendation in August 2002 [RCSE-00001]. He was elected in 2003.

11.1.3. The election process for fellows or members of RCSEd involves the following steps:

- Candidates who are elected to membership or fellowship following success in an eligible examination are listed on the College's Ballot. Some candidates are issued a Roll Number. Other routes to membership and fellowship (such as Fellowship without Examination) may appear on the Ballot for information only and do not receive a roll number. Mr Eljamel received a roll number.
- The Ballot is a list of candidates who have passed the examination and submitted valid petitions. The Ballot includes the name and qualifications of each candidate and the date those qualifications were obtained.

- This list is presented to Council and voted on either at formal meetings or by electronic means.

11.2. What were the reasons these were awarded to Mr Eljamel?

11.2.1. Mr Eljamel had passed a Fellowship Examination with a sister College (RCSI), which entitled him to apply for Fellowship of RCSEd without Examination under the College Laws.

11.3. By whom were these decisions made?

11.3.1. Decisions are made by Council, based on the recommendation of the SAB and the support of five RCSEd Fellows.

11.4. What entitlement(s) or rights flowed from these?

11.4.1. Election to Fellowship confers the right to use the postnominal FRCS, access all rights, privileges, and benefits of College membership, and receive annual corporate gifts such as the College diary. Mr Eljamel's CV demonstrates use of the FRCS postnominal [RCSE-00012 and RCSE-00051].

12. What professional training, if any, did Mr Eljamel deliver or complete with the RCSE?

12.1. During the relevant period, Mr Eljamel undertook roles as an Examiner and completed associated training requirements.

12.2. First, he served as an Examiner for the Joint Committee on Surgical Examinations (JCIE) for the Intercollegiate Specialty Examination in Neurosurgery from 2003 to 2013. A letter from the JCIE Board Chair confirms Mr Eljamel's tenure as Examiner [RCSE-00044]. The JCIE an intercollegiate body and is responsible, in line with the statutory requirements of the GMC, to the four surgical Royal Colleges of Great Britain and Ireland, for the supervision of standards, policies, Regulations and professional conduct of the Specialty Fellowship Examinations. The role of Examiner involved assessing candidates for the Fellowship examination in neurosurgery across the UK and Ireland. It is standard practice for JCIE Examiners to serve for ten years, and Mr Eljamel's tenure was consistent with this expectation.

12.3. Mr Eljamel was an Examiner for the RCSEd Membership (MRCS) and Fellowship (FRCS) Ophthalmology examinations between May 2003 and February 2013. Records indicate that an end date for both panels was added in 2014 [RCSE-00082].

12.4. Finally, Mr Eljamel applied in 2012 to become an Intercollegiate MRCS Examiner through the Intercollegiate Committee for Basic Surgical Examinations (ICBSE) [RCSE-00019]. As part of this process, he attended the mandatory ICBSE Examiner Training course, which is a prerequisite for appointment [RCSE-00022]. Although he completed the training, the appointment did not progress further, and he did not examine under this role.

12.5. Our searches of electronic files and mailboxes do not indicate that Mr Eljamel acted as a Course Convenor or a member of Course Faculty for any RCSEd training events. Additionally, a review of Mr Eljamel's TIMS record (RCSEd's electronic system for course bookings) shows no bookings associated with him [RCSE-00148]. This suggests that he did not attend voluntary RCSEd courses during the relevant period.

13. What involvement did RCSE have in any research projects in which Mr Eljamel was involved, including any funding provided? In this regard:

a) Please set out the nature and timing of the research.

b) Please set out the nature of any involvement on the part of RCSE in any such research project.

c) By whom and how were any applications made to RCSE by Mr Eljamel relating to research determined?

13.1. RCSEd offers a wide range of funding opportunities through its portfolio of research fellowships, travelling fellowships, grants, scholarships, and bursaries. These are designed to support Affiliates, Members, and Fellows in the UK and internationally in both research and the pursuit of education and training.

13.2. RCSEd collaborates with over 100 organisations, donors, charities, and educational institutions worldwide to provide funding, recognition, training, and educational opportunities. In addition to financial support, RCSEd celebrates and recognises contributions to surgery and dentistry through an extensive portfolio of medals, lectureships, prizes, professorships, and awards. Annually, over 60 medals are awarded at College diploma ceremonies and specialty events to commemorate examination success and significant contributions to the profession.

13.3. Academic Publishing

13.3.1. In 2003, RCSEd, alongside the Royal College of Surgeons of Ireland (RCSI), established The Surgeon, a peer-reviewed academic journal for the global surgical and dental communities. The journal provides insight into new surgical techniques and technology and serves as a forum for debate and discussion. It is offered as a membership benefit and focuses on postgraduate development, publishing expanded review articles by leaders in their fields.

13.3.2. A search of the journal archives indicates that Mr Eljamel submitted a book review in 2009 for Principles and Practice of Stereotactic Radiosurgery (LS Chin, WF Regine, Springer Science-Business Media LLC, ISBN 978-0-3877-1069-3), published on ScienceDirect.

13.4. Funding and Records

13.4.1. RCSEd has no record of Mr Eljamel receiving funding for research projects through RCSEd. Similarly, there is no evidence of him being awarded any RCSEd research grants, fellowships, or bursaries during the relevant period.

14. What (a) reports were made to the RCSE (by Mr Eljamel or others) and (b) assessment, if any, was undertaken by the RCSE of Mr Eljamel relating to the following:

a) Mr Eljamel's technical surgical skills;

b) Mr Eljamel's patient care, including communication with patients; or

c) Mr Eljamel's workload management, including his commitment to private practice.

14.1. RCSEd did not assess Mr Eljamel's surgical skills, patient care, including communication with patients, or workload management, including his commitment to private practice. These matters do not fall within the remit of the RCSEd's role. He applied for Fellowship without Examination based on his Fellowship of the Royal College of Surgeons in Ireland (RCSI), awarded in 1986. RCSI is recognised as a sister College of RCSEd, and the College Laws permit "Fellows of sister Colleges" to apply for Fellowship without Examination. The process for Fellowship without Examination is set out in College Laws [RCSE-00112].

15. Was any report made to the RCSE by Mr Eljamel or others (including but not limited to NHS Tayside or other surgeons) of any adverse events occurring in or issues related to the care of his patients? If so, please set out details. What role could RCSE have played in handling or advising on any such adverse events or issues?

15.1. RCSEd did not receive any reports from Mr Eljamel or others regarding adverse events or issues related to patient care.

15.2. On 20 May 2014, RCSEd's Communications Team received notification of an article in the Herald newspaper stating that Mr Eljamel had been suspended due to an operating error under investigation by the GMC [RCSE-00092]. This article was shared internally with senior staff, including the then CEO, Ms Alison Rooney, Director of Membership and Marketing, Sarah Allen, Executive Officer, Callum MacInnes, Honorary Secretary, Graham Layer, and Membership Manager, Fiona Sinclair [RCSE-00091 and RCSE-00011].

15.3. Following the publication of media reports in May 2014 regarding Mr Eljamel's suspension from Ninewells Hospital, RCSEd became aware of the situation through press coverage rather than direct notification from the employer. This prompted an internal email exchange between the Membership Manager, Fiona Sinclair, and the Honorary Secretary, Graham Layer, who had responsibility for Fellowship matters [RCSE-00091 and RCSE-00011].

15.4. There is no record of any disciplinary hearing conducted by RCSEd under College Laws in relation to Mr Eljamel. A review of Council minutes from 2012 to 2015, including meetings around May 2014 when the issue became public, shows no discussion specific to this case. While other disciplinary matters were noted during this period, none related to Mr Eljamel.

15.5. At the time, Mr Eljamel was under investigation by the GMC, but no action had been taken against him by the regulator. RCSEd's usual practice is to await the outcome of GMC proceedings before initiating its own disciplinary process, as College powers are limited and generally rely on regulatory findings.

15.6. On 22 May 2014, the President of RCSEd wrote to Mr Eljamel offering pastoral support following his suspension [RCSE-00090].

15.7. In 2015, Mr Eljamel was suspended from Fellowship for non-payment of subscriptions, which meant he was no longer a Fellow of the College [RCSE-00015]. Under the College Laws in force

at that time, RCSEd could not proceed with disciplinary action against individuals who were not in good standing as Fellows. This limited further action.

16. Please set out the identify of key individuals within RCSE who had engagement with Mr Eljamel and the nature and timing of that engagement.

16.1. As an Examiner, Mr Eljamel would have engaged with numerous fellow Examiners over a ten-year period across three different examinations. It is not possible to identify all individuals involved.

16.2. RCSEd had a formal complaints and appeals policy for examinations.

16.2.1. A complaint was defined as a specific concern about the provision, administration, or conduct of an examination (including examiner behaviour). To RCSEd's knowledge, no complaints were received regarding Mr Eljamel's conduct as an Examiner. Had a complaint been raised, it would have escalated to the Conveners of the Examinations Committee. A review of mailboxes and electronic systems found no record of formal engagement between the Conveners of Examinations and Mr Eljamel. The Conveners during the relevant period were:

- Ken Hosie (2011–2014)
- Peter McCollum (from 2014)

[RCSE-00101]

16.2.2. A candidate for an Intercollegiate Specialty Board in Neurosurgery exam in Birmingham raised an appeal in the conduct of examination where Mr Eljamel was a co-examiner in 2007 [RCSE-00043].

16.3. In May 2014, the Honorary Secretary and Membership Manager corresponded internally regarding Mr Eljamel's suspension. On 22 May 2014, the President wrote to Mr Eljamel offering pastoral support [RCSE-00090].

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

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

17.1. RCSEd could have become aware of concerns through several potential routes, including:

- Direct reports from NHS employers or other surgeons regarding professional conduct or patient safety.
- Notifications from the General Medical Council (GMC), such as suspension or erasure notices, typically received via monthly GMC Decisions Circulars.
- Public sources, including media coverage of high-profile cases.
- Direct reports through his role as an Examiner, if concerns had arisen during examinations.
- Referral by third parties, such as members of the public or colleagues acting on a "moral compass." These allegations can sometimes be hearsay, making investigation and escalation challenging under RCSEd's existing processes.
- Referral by Police authorities during formal investigations.
- Self-declaration by the individual of regulatory or legal action.

17.2. Typically, RCSEd becomes aware of most concerns through:

- Press coverage of high-profile cases.
- GMC circulars listing disciplinary actions.
- Occasional referrals from external parties or law enforcement.
- Internal checks when processing membership or Fellowship renewals.

17.3. RCSEd does not operate a formal whistleblowing mechanism for clinical concerns, and its disciplinary processes generally rely on findings by regulators or employers before action can be taken.

17.4. In practice, RCSEd first became aware of concerns in May 2014 through a public article in the Herald newspaper reporting that Mr Eljamel had been suspended from Ninewells Hospital following an operating error under investigation by the GMC [RCSE-00092]. This article was circulated internally to senior staff, including the then Chief Executive Officer, Director of Membership and Marketing, Executive Officer, Honorary Secretary, and Membership Manager [RCSE-00011 and RCSE-00091].

18. Please set out a broad chronology of the involvement of RCSE with 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 RCSE 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) The process leading to any appointment of Mr Eljamel to any roles within NHS Tayside covered by ToR 1;

d) Mr Eljamel's clinical supervision, suspension, resignation from NHS Tayside or his removal from the GMC register (ToRs 8 to 11);

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

f) 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

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

18.1. Chronology

- 1986: Mr Eljamel awarded Fellowship of the Royal College of Surgeons in Ireland (RCSI). This qualification later enabled his application for Fellowship without Examination at RCSEd;

- August 2002: RCSEd Council approved Mr Eljamel's application for Fellowship without Examination, following recommendation by the Specialty Advisory Board in Neurosurgery;

- 28 February 2003: Mr Eljamel formally elected as a Fellow of RCSEd. May 2003 – February 2013: Mr Eljamel served as Examiner for RCSEd Membership (MRCS) Ophthalmology and Fellowship (FRCS) Ophthalmology examinations. (End date recorded in 2014 without explanation.*);*

- 2003 – 2013: Mr Eljamel served as Examiner for the JCIE Intercollegiate Specialty Examination in Neurosurgery (standard tenure of 10 years);

- 2007: Mr Eljamel applied for election to RCSEd Council (unsuccessful);

- 2009: Mr Eljamel applied to join RCSEd Specialty Advisory Board (SAB) in Neurosurgery (unsuccessful);

- 2009/2010: Mr Eljamel applied for a Scottish Advisory Committee on Distinction Award. RCSEd participated in peer review process for these awards until their freeze in 2010;

- June 2010: Mr Eljamel expressed interest in becoming a Regional Surgical Adviser for RCSEd and sent application form;

- 2012: Mr Eljamel applied to become an Intercollegiate MRCS Examiner through ICBSE;

- 2013: Mr Eljamel attended mandatory ICBSE Examiner Training course;

- 2014: RCSEd first became aware of concerns about Mr Eljamel's professional practice through a public article in the Herald newspaper. The article reported that Mr Eljamel had been suspended from Ninewells Hospital following an operating error under investigation by the GMC [RCSE-00092]. This article was circulated internally to senior staff, including the then Chief Executive Officer, Director of Membership and Marketing, Executive Officer, Honorary Secretary, and Membership Manager [RCSE-00011 and RCSE-00091].

  Following this, an internal email exchange took place between the Membership Manager and the Honorary Secretary, who had responsibility for Fellowship matters [RCSE-00011 and RCSE-00091]. There is no record of any disciplinary hearing being initiated under the College Laws.

- 22 May 2014, the President of RCSEd wrote to Mr Eljamel offering pastoral support following his suspension [RCSE-00090];

- 2017: A member of the public contacted RCSEd, reportedly on advice from the Scottish Government, requesting information about Mr Eljamel's Fellowship without Examination and statistics on how many other surgeons had been awarded Fellowship in this way [RCSE-

00010]. The inquiry did not mention concerns about patient care. RCSEd responded by providing the requested information;

- 2019: Police Scotland contacted RCSEd seeking information relating to the investigation carried out by the Royal College of Surgeons of England. RCSEd provided the information it held relevant to this request [RCSE-00094 and RCSE-00098];

- 2021: Police Scotland contacted RCSEd again requesting information about the independent investigation into Mr Eljamel and records of patients who had complained directly to RCSEd. RCSEd confirmed that it did not hold any such information [RCSE-00095].

18.2. 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:

18.2.1. RCSEd first became aware of concerns in May 2014 through a public article in the Herald newspaper reporting that Mr Eljamel had been suspended from Ninewells Hospital following an operating error under investigation by the GMC. This article was circulated internally to senior staff, including the then Chief Executive Officer, Director of Membership and Marketing, Executive Officer, Honorary Secretary, and Membership Manager. There subsequently have been several other press enquiries since 2014.

18.3. The nature and timing of any meetings attended by or correspondence involving any representatives of RCSE 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:

18.3.1. RCSEd did not attend any meetings or engage in correspondence relating to Mr Eljamel's professional practice beyond the internal email exchange in May 2014 and the pastoral letter sent by the President on 22 May 2014 offering support following his suspension.

18.4. The process leading to any appointment of Mr Eljamel to any roles within NHS Tayside covered by ToR 1:

18.4.1. RCSEd was not involved in the process leading to Mr Eljamel's appointment to any roles within NHS Tayside.

18.5. Mr Eljamel's clinical supervision, suspension, resignation from NHS Tayside or his removal from the GMC register (ToRs 8 to 11):

18.5.1. RCSEd was not involved in any aspect of Mr Eljamel's clinical supervision, suspension, resignation, or removal from the GMC register.

18.6. Any of the investigations relating to Mr Eljamel or systems relating to his professional practice in NHS Tayside covered by ToR 12:

18.6.1. RCSEd did not conduct any investigations into Mr Eljamel's professional practice. The Invited Review commissioned in 2013 was carried out by the Royal College of Surgeons of England.

18.7. 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):

18.7.1. RCSEd has no knowledge of document management systems within NHS Tayside.

18.8. Any action or decisions taken by or involving RCSE 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:

18.8.1. RCSEd did not take any action or decisions relating to Mr Eljamel's professional practice. The only recorded action was the suspension of his Fellowship in 2015 for non-payment of subscriptions.

19. To what extent could RCSE have become involved in matters the professional practice of Mr Eljamel? What actions could RCSE have taken in terms of their legal and regulatory responsibilities?

19.1. RCSEd could have been asked to conduct an Invited Review into Mr Eljamel's professional practice. RCSEd does undertake such reviews when requested, but in this case, the review was carried out by the Royal College of Surgeons of England.

19.2. Had Mr Eljamel remained a Fellow in good standing, RCSEd could have considered disciplinary action under its College Laws. Grounds for such action include conviction for a criminal offence involving dishonesty or violence, disciplinary action by the GMC, or allegations of personal or professional misconduct. Sanctions available under the College Laws include censure, suspension, or removal of Fellowship.

19.3. RCSEd has no statutory regulatory responsibilities for the professional practice of surgeons. Its remit is educational and advisory, not regulatory.

Part E – complaints and concerns

20. 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 RCSE over the relevant period or subsequently? In particular:

a) What action or censure was RCSE 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 RCSE provide for other surgeons regarding the performance or conduct of neurosurgical consultants, like Mr Eljamel?

20.1. Complaints Process with RCSEd

20.1.1. Complaints or concerns about the professional practice of a consultant neurosurgeon could have been raised with RCSEd by patients, members of the public, or other surgeons. However, RCSEd is not a regulatory body and does not have a statutory role in investigating clinical practice. Its remit is educational and professional, not regulatory.

20.1.2. If such concerns were raised, RCSEd's usual practice would be to advise the complainant to contact the surgeon's employer and/or the GMC, as these bodies have responsibility for regulating medical professionals and investigating clinical concerns.

20.1.3. Under the College Laws, RCSEd has the power to conduct a disciplinary hearing in certain circumstances, usually after a regulatory body or employer has completed its own investigation. Grounds for disciplinary action include conviction for a criminal offence involving dishonesty or violence, disciplinary action by the GMC, or allegations of personal or professional misconduct. Sanctions available under the College Laws

include censure, suspension, revocation of Fellowship, or denial of election for the Fellow.

20.2. What action or censure was RCSE empowered to take with regard to such issues?

20.2.1. RCSEd could take disciplinary action under its College Laws, which may include censure, suspension, or removal of Fellowship. These actions are typically considered after findings by a regulator or employer. RCSEd does not have powers to restrict clinical practice or impose sanctions beyond its own membership. Disciplinary powers under College Laws [RCSE-00113].

20.2.2. These actions typically follow regulatory findings or criminal convictions. RCSEd does not have statutory powers to restrict clinical practice.

20.2.3. Recent changes recommended to the Council in September 2025 include:

20.2.3.1. Suspend Fellows during investigations (previously unavailable).

20.2.3.2. Hold hearings virtually to expedite processes.

20.2.4. Further reforms planned for 2026 include immediate suspension or removal of Fellows based on regulatory body decisions.

20.3. Were any such systems of raising complaints or concerns available to members of the public, including patients?

20.3.1. RCSEd does not operate a publicised system for raising complaints or concerns, as it has no regulatory function. Patients and members of the public occasionally contact RCSEd because a surgeon uses the postnominal FRCS, indicating Fellowship of the College. In such cases, RCSEd signposts individuals to the surgeon's employer and/or the GMC. RCSEd may take note of the individual of concern and consider any other action if appropriate.

20.4. What whistleblowing opportunities/ mechanisms did RCSE provide for other surgeons regarding the performance or conduct of neurosurgical consultants, like Mr Eljamel?

20.4.1. RCSEd does not provide formal whistleblowing mechanisms for surgeons to raise concerns about the performance or conduct of colleagues. Such concerns should be raised with the relevant employer or the GMC.

21. 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?

21.1. RCSEd did not receive any whistleblowing concerns or complaints about Mr Eljamel. The only inquiries received were:

21.1.1. In 2017, a member of the public requested information about Mr Eljamel's Fellowship without Examination and statistics on similar awards. This inquiry did not mention concerns about patient care.

21.1.2. In 2019 and 2021, Police Scotland contacted RCSEd seeking information about investigations into Mr Eljamel. RCSEd confirmed it did not hold patient complaint records.

Part F – documents

22. 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.

22.1. Documents relevant to this Rule 8 request were located across a combination of secure electronic systems and physical archives maintained by RCSEd. These include:

22.1.1. Membership Database (Unit-E): Core membership records, including Fellowship details, managed by the Membership Department.

22.1.2. Departmental Electronic Filing Systems: Examination-related materials and governance records stored on departmental file servers.

22.1.3. Off-site Physical Archives: Historical hard copy records retained by RCSEd.

22.1.4. Email Systems: Corporate email service established around 1999 using on-premises Microsoft Exchange. Supplemented by an Email Compliance Archive Service from 2012. Migrated to Microsoft Exchange Online (M365) in 2020.

22.2. RCSEd is in the process of introducing a Records Retention Policy. The College is undertaking an Information and Records Management project to implement consistent procedures. Historically, practices have varied between departments, and RCSEd has tended to retain information rather than delete it, which is one reason for the current review. Current practices include:

22.3. Email Management:

22.3.1. Mailboxes are deleted approximately three months after a user's departure unless an exception is requested.

22.3.2. Network accounts are disabled on the day of departure and deprovisioned within a week.

22.4. Historical Email Access:

22.4.1. Mailboxes from early 2000s to 2015 are not accessible.

22.4.2. Email data from December 2012 may be retrieved from the Compliance Archive, although retrieval can be time-consuming.

22.5. Backup and Retention:

22.5.1. File Server: End-of-month backups retained for five years; end-of-year backups kept indefinitely (currently under review).

22.5.2. MS Teams Chat: Retention currently five years; will reduce to three months from 2026.

22.5.3. MS Teams Channel Posts: Retention seven years.

22.5.4. MS SharePoint Sites: Retention seven years.

22.5.5. Backup Systems: RCSEd retains approximately 13 years of data and is reviewing departmental and system retention schedules.

22.6. RCSEd began using corporate email around 1999 with an on-premises MS Exchange service. A Compliance Archive was introduced in 2012, and the College migrated to MS Exchange Online in 2020. These changes, combined with mailbox deletion policies and legacy backup systems, mean that older emails and mailboxes may not be recoverable.

22.7. RCSEd cannot provide a list of everyone who had a college email inbox between 2002 and 2015 or confirm whether those accounts are active or inactive.

22.8. The only known incident affecting data was in 1998 when a departing staff member deliberately deleted several thousand files from their computer. RCSEd was able to resolve this incident. RCSEd is not aware of any floods, cyber-attacks, or other significant events that caused loss of records.

23. As far as the searches for documents undertaken by RCSE as per the request made in Appendix C below are concerned, as regards of the categories of documents which has been requested:

23.1. 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):

23.1.1. RCSEd undertook comprehensive searches across membership, examinations, and governance systems, including hard copy archives and electronic platforms. Searches were conducted using name-based queries, namely using the search string of “eljamel”.

- RCSEd searched its hard copy records held off-site and obtained a copy of Mr Eljamel’s Fellowship without Examination application.

- The RCSEd IT Department conducted a thorough system search of RCSEd SharePoint, MS Teams, and on-premises file servers to locate any files referring to Mr Eljamel.

- Searches of MS Exchange Online were also undertaken, initially targeting 30 mailboxes and then extending to all active mailboxes. This resulted in the creation of 324 PST files.

- On-premises searches used the term “eljamel” across departmental file repositories, including JCIE, Professional Business, and Professional Activities folders.

- Online searches covered 1,515 SharePoint/Teams sites and Teams Chat files.

23.1.2. These searches were considered comprehensive because they covered all known repositories where relevant information could reasonably be expected to be stored.

23.2. 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 RCSE, please identify what these are:

23.2.1. RCSEd does not believe there are significant classes of documents which were thought to have existed but no longer exist or are no longer held beyond any documents no longer retained as noted under paragraph 22.

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

23.3.1. RCSEd does not believe there are significant classes of documents which were thought to have existed but no longer exist or are no longer held any documents no longer retained as noted under paragraph 22.

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

23.4.1. RCSEd does not believe there are significant classes of documents which were thought to have existed and are now held by another party any documents no longer retained as noted under paragraph 22.

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

24.1. RCSEd confirms that all documents retrieved from searches conducted by its teams and IT Department have been provided to its legal representatives for review and disclosure.

24.2. RCSEd has however identified a number of boxes held off site by the PA to the President and CEO team. As part of a College-wide records management project, RCSEd is in the process of cataloguing them. Based on the available descriptions, RCSEd does not believe it proportionate to review every box, as most do not appear relevant to the scope of the Inquiry. However, those boxes identified as potentially relevant to the Inquiry are being retrieved and will be reviewed promptly. Any documents of relevance identified will be disclosed.

<u>Part G – Conclusions</u>

25. Please state what the RCSE 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 RCSE identified (at the time or subsequently) things that could or should have been done differently in the way that systems which existed to promote the best interests the former patients of Mr Eljamel over the relevant period or subsequently.

25.1. RCSEd's role during the relevant period was educational and advisory, not regulatory. The College did not have a remit for clinical governance or patient safety systems within the NHS. At the time, RCSEd acted within its remit and cooperated fully with inquiries. RCSEd considers

that clearer communication about its role and earlier engagement with other involved entities might have helped reduce misunderstanding. Better communication between employees, statutory education bodies, and our regulators would be welcome to raise concerns about clinicians at an earlier stage. RCSEd welcomes this Inquiry as an opportunity to identify any areas where improvements could be made.

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

26.1. The College recognises that there were limitations in its governance and disciplinary framework and has taken significant steps since 2015 to strengthen its policies and practices. RCSEd welcomes this Inquiry as an opportunity to reflect on lessons learned and demonstrate its commitment to continuous improvement.

26.2. Key Lessons and Changes Implemented Since 2015:

26.2.1. Recognition of Gaps in Disciplinary Framework (2015):

- In April 2015, Council noted the need for greater transparency and formal policies regarding the involvement of doctors under investigation by the GMC in College activities.
- Intercollegiate discussions began, and legal advice was sought to ensure compliance and clarity.
- Council agreed that a formal policy was required and tasked the four CEOs of the surgical Royal Colleges to develop an intercollegiate approach: [RCSE-00100]

26.2.2. Limitations of College Laws During the Relevant Period:

26.2.2.1. The Laws in force until September 2025 applied only to Fellows who had paid their subscriptions. If a Fellow opted not to pay, RCSEd could not conduct a disciplinary hearing against them.

26.2.2.2. This was an anomaly that RCSEd addressed during its governance review (2022–2025) and rewrite of its Royal Charter, Laws, and Regulations: [RCSE-00172 and RCSE-00173].

26.2.2.3. RCSEd also recognised that removal of Fellowship did not restrict a surgeon's ability to practise, as professional regulation rests with statutory bodies such as the GMC.

26.2.3. Introduction of Good Standing Requirements:

- Historically, "good standing" meant only that subscriptions were paid.
- From September 2025, Regulations [RCSE-00168] define good standing as:
  - ♦ No arrears in subscriptions or fees; and
  - ♦ No restrictions on practice imposed by a regulatory body.
- Fellows and Members must now inform RCSEd immediately if any restrictions are placed on their practice by their employer or regulator.

26.2.4. Code of Conduct and Expanded Disciplinary Powers:

- Previously, College Laws referenced only acts of violence or dishonesty as grounds for disciplinary action.
- In 2024, RCSEd introduced a Code of Conduct that explicitly addresses professional and personal misconduct and sets clear expectations for behaviour [RCSE-00138].
- Law 95 now provides that the Board of Trustees shall determine by Regulations a Code of Conduct for Members and Fellows, including a disciplinary process.
- The disciplinary process has been moved from the Laws into Regulations for flexibility and clarity.

26.2.5. Governance Review and Recommendations (2022–2025):

- A Short Life Working Group [RCSE-00204; RCSE-00205; RCSE-00206; RCSE-00207; RCSE-00208; RCSE-00209 and RCSE-00210] led by the Honorary Secretary reviewed the Laws and disciplinary processes and made key recommendations, including:
  - ♦ Formal routes for raising complaints and concerns within the College.
  - ♦ Expedited processes for cases where regulatory findings already exist.
  - ♦ Removal of the requirement for in-person hearings to allow virtual hearings and faster resolution.
  - ♦ Ability to suspend a Fellow while an investigation is ongoing, with clear reinstatement options.

- ♦ Improved communication with the public and profession about disciplinary outcomes. Previously, RCSEd could only confirm that an individual was not a Fellow; new Regulations allow RCSEd to disclose reasons for suspension or removal where necessary for public safety.

26.2.6. Approval and Implementation of New Laws and Regulations:

- Revised Laws were presented to the Privy Council in August 2023, approved by the Membership in November 2024, and came into effect in September 2025 [RCSE-00197].
- RCSEd is now implementing outstanding recommendations from the governance review as an organisational priority for 2026.

26.2.7. Future Priorities:

- RCSEd plans to further strengthen its disciplinary framework, including immediate suspension or removal of Fellows based on regulatory decisions.
- Work is ongoing to ensure transparency and public confidence in RCSEd's processes.

26.2.8. Examiner Vetting and Fellowship Oversight: While specific details on changes to examiner vetting since 2015 require confirmation from the Examinations Department, RCSEd anticipates that improvements have been made in line with broader governance reforms. This includes enhanced oversight of examiners and clearer standards for eligibility and conduct.

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

27.1. RCSEd considers that certain systems worked well during the relevant period, while others presented challenges and opportunities for improvement.

27.2. What Worked Well:

27.2.1. Intercollegiate Collaboration: The intercollegiate structures, including the Joint Committee on Surgical Training (JCST), the Intercollegiate Surgical Curriculum Programme (ISCP), and the Joint Committee on Intercollegiate Examinations (JCIE), functioned effectively to maintain high standards of surgical training and assessment.

27.2.2. GMC-Approved Curricula: The GMC-approved surgical curricula provided a robust framework for postgraduate surgical education and ensured consistency in training standards across the UK and Ireland.

27.3. Issues, Obstacles, and Missed Opportunities:

27.3.1. Reliance on External Bodies for Disciplinary Action:

- RCSEd identified that its disciplinary processes were heavily dependent on outcomes from regulatory bodies such as the GMC or employers. This reliance created delays and risks, as individuals erased from a regulatory body could remain College members for some time. RCSEd typically learns of regulatory decisions through monthly GMC circulars, which are issued after action has been taken—sometimes months or years after concerns first arose.
- Employers within the NHS or private sector do not routinely share information with RCSEd when a surgeon is suspended or removed from their role.
- Police enquiries to RCSEd often lack context, meaning the College cannot act until a conviction is confirmed publicly.

27.3.2. Limited Information Sharing: RCSEd does not routinely receive early notification of investigations or interim orders imposed by regulators. For example, RCSEd may know that a Fellow is subject to an Interim Orders Tribunal but not the underlying reasons, as these are rarely published during an ongoing investigation. This lack of timely information makes it difficult for RCSEd to take proactive action and limits its ability to protect public confidence in the profession.

27.3.3. Systemic Gaps in Fellowship Oversight: Historically, RCSEd's definition of "good standing" focused solely on payment of subscriptions. There was no explicit requirement for Fellows or Members to be in good standing with a statutory regulator. This gap meant that individuals under investigation or subject to restrictions could technically remain in good standing with RCSEd.

27.4. Steps Taken to Address These Issues:

27.4.1. RCSEd has introduced significant reforms through its governance review (2022–2025), including:

- A Code of Conduct (implemented in 2024) requiring Fellows and Members to maintain good standing with their regulator and to notify RCSEd of any restrictions on their practice.
- Revised Laws and Regulations (effective September 2025) defining good standing as both payment of subscriptions and absence of regulatory restrictions.
- New provisions allowing RCSEd to suspend Fellows during investigations and to disclose disciplinary outcomes where necessary for public safety.
- Formal routes for raising complaints and concerns within the College, expedited processes for cases with regulatory findings, and virtual hearings to improve efficiency.

27.5. Future Opportunities:

27.5.1. RCSEd would welcome improved collaboration and routine information sharing with regulators and employers to enable earlier intervention and better alignment of disciplinary processes.

27.5.2. RCSEd is prioritising further enhancements to its disciplinary framework in 2026, including immediate suspension or removal of Fellows based on regulatory decisions and clearer communication with the public and profession.

28. Please set out what, if anything, RCSE considers/ consider can be done to improve systems which existed to promote the best interests 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 RCSE played a part/ of which it has knowledge.

28.1. RCSEd welcomes this Inquiry as an opportunity to identify any areas where improvements could be made. RCSEd intends to contribute to GMC guidance in relation to Good Medical Practice and raising concerns.

Statement of Truth

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

Signed… 

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Date…23/03/2026……..