COPMeD Neurodiversity Guidance

Addressing the need for equitable access to assessment and support for Postgraduate doctors in training who are or may be neurodivergent

Introduction

All Statutory Education Bodies (SEBs) or their equivalent need to ensure they are compliant with equality legislation. It is therefore crucial to develop a consistent approach for local SEB offices to ensure that Postgraduate doctors in training (PGDiT) have equity of access to assessment and support in relation to a neurodivergent condition/s. A consistent approach will reduce the risk to these organisations associated with the current variable practice across the four nations. Therefore, SEB assessment and support for neurodiverse conditions should be driven by a significant concern about progress through training. This paper and its recommendations are restricted to postgraduate medical and dental doctors in training under the Postgraduate Dean's remit and incorporate minimum acceptable standards.

The guidance is primarily aimed at supporting SEB functions around neurodivergent conditions through their Professional support and wellbeing services/Professional support units (PSWS) or equivalent services. It is hoped that future versions will be adapted to span learners across healthcare professions with commensurate operational support.

It is important to appreciate that the majority of PGDiT with neurodivergent conditions progress through training without any challenges, in fact, their neurodiversity may have a positive impact on their career path, relationship with colleagues and patient care. This guidance is directed at those PGDiT that require additional support secondary to a complicated training journey.

Definition of Scope:

The areas below seek to address key areas of action that are needed to support PGDiT with a neurodivergent condition/s. We acknowledge the varied range of conditions and associated comorbidities that this term encompasses. For the pragmatic purposes of deliverable SEB support for neurodivergent conditions will initially be targeted to dyslexia and/or dyspraxia, attention deficit hyperactivity disorder (ADHD) and autistic spectrum condition (ASC). It is important to understand that those who are already known to be neurodivergent may require tailored support depending on their circumstance, but that SEBs may not be in the position to provide support for all associated comorbidities.

The recommendations for support can be considered under the following headings:

A: Guidance on Minimum SEB standards for support

1) Guidance on criteria for triggering an assessment for a neurodivergent condition/s by SEBs
2) Guidance on the level of support provided by SEBs for PGDiT with a neurodivergent condition/s
3) The need for guidance to trainers and PGDiT with regards to their responsibilities and an expectation to ensure timely actions

4) Improving SEB access to Occupational Health physician advice in matters related to medical training

B: Provision of Services with commensurate examination of the statutory and financial implications for SEBs

1) SEBs and commissioned neurodivergent condition/s psychology/specialist assessment providers acting within prescribed time limits
2) Audit of support provided by SEBs for neurodivergent condition/s
3) Ensuring that sharing of the PGDiT data is compliant with data protection legislation
4) Timely resolution of disputes between the employer and SEBs regarding funding the costs of learning equipment which has not been covered by Access to Work
5) Current areas of risk in relation to supporting our neurodivergent PGDiT

A: Guidance on Minimum SEB standards for support:

It is important to recognise that thresholds for initiating an assessment and support for a neurodivergent condition/s may depend on the specific neurodivergent condition/s under consideration and what services are commissioned either locally or nationally. However, we recommend that all PSWS offer the following as a minimum standard. This does not limit local offices from themselves funding enhancements to the offer if within their budget to do so.

A:1 Guidance on criteria for triggering a PSWS assessment for a neurodivergent condition/s

Assessment processes differ between the neurodivergent condition/s covered by this document, as does the type of support that may be required (clinical and/or that provided by PSW commissioned services). As a minimum standard, if the request for screening and/or assessment is not driven by a significant concern about progress through training, then the PGDiT would not meet criteria for this specialist SEB support.

a) Cohort/ Population Screening:

We are aware of group screening projects for dyslexia in certain specialty schools in SEBs focussed on differential attainment. Screening of training programme cohorts is not supported by evidence and any data from current screening should be captured accepting that such studies may not have been designed to effectively address the question of whether mass screening is appropriate. Evidence for screening should reach the same evidence threshold used to assess any medical screening intervention. Population screening in a medical training context raises concerns that:

- It risks pathologising people who are neurodivergent but whose condition does not significantly impact on social or occupational functioning

- It further adds to the recognised problem with stigma associated with SEBs and PSWS support if we are mandating screening for all

- If SEBs takes responsibility to screen for and identify a condition, then SEBs may have a legal obligation to act on the results, which could pose challenges if what has been identified on screening does not pose a significant functional problem

No screening will be embarked on without consideration of what the potential required response to the results of such screening studies may be, and any necessary resource requirements that it will entail.

However, when concerns are raised specifically through SEBs mandated educational governance processes, it is expected that PSWS will have an agreed approach to screening and offering relevant assessment and support services.

b) Screening and Assessment for a neurodivergent condition/s

i. <u>Dyslexia and/or Dyspraxia</u>

PSWS may become aware of PGDiT who might have dyslexia and/or dyspraxia through:

- PGDiT who already have a diagnosis of dyslexia and/or dyspraxia made elsewhere
- PGDiT or trainer concerns about repeat exam failure
- Trainer concerns due to performance issues at work
- Self-referral from a PGDiT (where available in a local office)

We recommend that the *minimum* standard for accessing SEB assessment and support for dyslexia and/or dyspraxia is mandated by trainer/PGDiT referral after **two consecutive unsuccessful attempts at the same exam**.

Where there is a consideration of additional criteria such as trainer documented performance issues relating to training and/or occupational functioning which might indicate dyslexia and/or dyspraxia, it will be appropriate for the PSWS to make contact with the PGDiT. Following this, a supportive conversation should be held to discuss the trainer/PGDiT concerns (the cause of which may not relate to a neurodivergent condition/s) and offer PSWS support or signpost to suitable resources as appropriate. **For these additional criteria the threshold for accessing SEB dyslexia and/or dyspraxia assessment and support will be two consecutive developmental ARCP outcomes (ARCP Outcomes 2, 10.1, 3 or 10.2) and which predominantly result from the poor performance issues.**

PGDiT who have a confirmed diagnosis through another route may be offered PSW support subject to the limitations set out in Section iii) below.

ii) **<u>ADHD and ASC</u>**

It is likely that some potential cases of ADHD and ASC will arise from full specialist assessments which have been initiated for possible dyslexia and/or dyspraxia. Other potential cases may be identified through educational governance processes supporting PGDiT with additional needs whose progression through training is at risk. ADHD and ASC require clinical diagnosis (and for ADHD, possible psychopharmacological treatment) and suitable post-diagnostic

clinical support such as psychoeducation and psychological interventions e.g. Cognitive Behavioural Therapy (CBT).

We recommend the following *minimum* threshold for accessing such support through SEBs:

1) Where persistent concerns are related mainly to team working, difficulties with interpersonal communications, conduct or professionalism, organisational skills, timekeeping, **and** where PSWS coaching support has already been provided **and** the PGDiT**:**

    - **Has had two consecutive developmental ARCP outcomes**

    Or

    - **Is at risk of an outcome 4 at the next ARCP or removal of their training number by the PGD**

Or

2) Where a full assessment performed for the purposes of identifying dyslexia and/or dyspraxia has identified possible ADHD or ASC and where there is a reasonable belief that this is significantly impacting on progression through training.

A decision to refer for specialist clinical assessment should be discussed with the PGD or their representative. Preliminary recommendations on adjustments may already have been advised by an Occupational Health physician with 'physician health' experience (OHP) and local offices should, where possible, have established lines of communication to ensure referral to a commissioned assessment provider of such services (Part B, below).

PGDiT who contact PSWS directly because they think that they might have ASC or ADHD should be guided to see their GP.

iii) **Additional ND conditions**

These are beyond the scope of this initial recommendation paper. This will be reviewed in the future based on learning from initial review of practice after a time period to be agreed.

c. Neurodiversity reports which have not been commissioned through the PGDiT's local PSW

There will be some PGDiT who enter training programmes with a previous diagnosis of a neurodivergent condition/s and who share their report with an employer and/or their PSWS. Typically these may have arisen through:

- Commissioned reports at school/medical school
- Commissioned reports from a previous SEB training placement
- Privately arranged reports

Where PSWS become aware of these and continued/additional supportive action may be needed, it would be good practice to consider:

- Whether the report has been completed by an accredited provider
- Whether it would be appropriate to request a repeat report focussing on recommendations where the PGDiT circumstance might have changed or if a significant amount of time has elapsed since the report. For dyslexia and/or dyspraxia and ADHD recommendations, anything over 2 years may not be relevant to current circumstances, and may require review of recommendations by specialists.
- The recommendations and support received to date, its effectiveness, and whether further support might be indicated
- If an Access to Work assessment may be helpful for the PGDiT

Where support may not have been completed, PSWS may consider offering support subject to the limitations set out above.

Where a PGDiT has a neurodivergent condition/s report commissioned through the support service offered by a university with which they are registered for a higher degree then they should take up the support that is offered through that institution where they may be eligible to apply for a Disabled Students Allowance (DSA).

If a report commissioned elsewhere for dyslexia and/or dyspraxia suggests the possibility of ADHD/ASC, the offer of a SEB commissioned assessment and support for these additional conditions will be considered subject to the considerations listed above.

A 2: Guidance on the level of support provided by SEBs for PGDiT with a neurodivergent condition/s.

It is the SEB's responsibility to ensure that PGDiT have equity of access across all training programmes to an agreed minimum level of support interventions for neurodivergent condition/s irrespective of how these interventions are commissioned (see Part B). SEBs should be clear that while it can start the process of support for these in part lifelong conditions, it cannot take responsibility for long term clinical follow-up. It is important to remember that guidance on the level of support for a neurodivergent condition/s can change with case law and SEBs have a responsibility to ensure a continued review process is established.

For dyslexia and/or dyspraxia, PGDiT should be offered neurodivergent condition/s focussed support up to a maximum of 8 hours duration. PGDiT should be aware that there is an expectation that they would be expected to personally fund sessions in excess of this threshold unless the PGD or their representative considers that there are exceptional reasons for the PSW (or a private assessment/support provider) to offer additional sessions.

For those with ADHD, PGDiT should take up the usual support offer through NHS services. However, should the SEB have commissioned the assessment for ADHD through a private provider and timely transfer to NHS services is not available then up to a maximum of 4 sessions of clinical follow up for psychoeducation and pharmacological management (if the latter is needed) should be funded.

For those with ASC, PGDiT should take up the usual support offer through NHS services. However, should the SEB have commissioned the assessment for ASC through a private provider and timely transfer to NHS services not be available then SEBs should fund up to a maximum of 6 sessions of psychoeducation and psychological support (through adapted CBT) to assist with adjustment to their diagnosis and anxieties around social interactions.

Summary of SEB support offer for a neurodivergent condition/s

Neurodivergent condition	Approach to assessment (Trigger points) *There must be associated significant trainee progression issues	Approach to support
Dyslexia/Dyspraxia	• Two consecutive unsuccessful attempts at the same exam • Two consecutive developmental ARCP outcomes (for additional criteria which may indicate dyslexia/dyspraxia and where the ARCP outcomes are predominantly related to the identified poor performance issues)	Neurodivergent condition/s focussed support (maximum 8 hours)
Autism/ADHD	Persistent concerns: • Teamwork • Interpersonal communication • Conduct • Professionalism • Organisational skills • Timekeeping **AND** • Where PSWS support has been been accessed **AND** • Where there have been two consecutive developmental ARCP outcomes Or • There is a risk of an ARCP outcome 4 at next ARCP/training number removal	**ADHD** – treatment/support via NHS services, unless the SEB has commissioned an assessment. If so consider 4 hours of psychoeducation/ pharmacological management (if indicated) **Autism** – support via NHS services, unless the SEB has funded a private assessment. If so then consider 6 hours of psychoeducation/ psychological therapy (adapted CBT approach)

A 3: The need for guidance to trainers and PGDiT with regards to their responsibilities and an expectation to ensure timely actions

Both trainers and PGDiT would benefit from a clear understanding of neurodiversity reports but also of their responsibilities in furthering neurodivergent condition/s support after diagnosis.

It is recommended that PSWS provide separate guidance on understanding locally commissioned neurodivergent condition reports for dyslexia and/or dyspraxia, ADHD and ASC. This should go alongside targeted educator training opportunities provided through the SEBs local office educator development teams.

PSWS should signpost guidance to PGDiT on how to make an application to Access to Work. This might include the NHSE Workforce, Training & Education directorate's 'Find your way' guide and/or other useful resources.

PSWS should provide guidance to trainers and PGDiT as to their responsibilities in progressing neurodiversity support in a timely way.

As a minimum this might include:

For trainers:

- The need for an early and then regular meetings between the ES and PGDiT to check on their wellbeing and progression of training
- Encouraging the PGDiT, where appropriate, to accept a referral the OHP with their report and where recommended, to action an Access to Work if appropriate assessment in a timely way
- Check that the PGDiT understands what support has and can be actioned by PSWS/ the psychology service provider
- Arranging regular meetings with their PGDiT to ensure support is effective for its purpose
- Discussion with senior SEB educators with regards to suitable specialist OHP input (see below)
- Formal consideration and documentation of whether a pause and/or discounting of training time is warranted in accordance with Gold Guide (9th Edition) paragraphs 4.116 – 4.118 Gold Guide - 9th Edition - Conference Of Postgraduate Medical Deans (copmed.org.uk)

For PGDiT:

- Engage with PSWS and their neurodivergent condition/s assessment/support provider in a timely manner and seek any further clarification in understanding their report
- Responsibility to contact their college for additional exam time and/or other reasonable adjustments where these have been recommended

- Expectation of the PGDiT making a timely request for an Access to Work assessment where this has been recommended in a report
- Informing their local OHP in a timely way - or giving permission for their DME or TPD to inform HR and the Occupational Health Service in a timely fashion
- If no local OHP service as detailed below is available, the SEB should, where possible, have arrangements in place for regional access to such advice where necessary.

A 4: Improving SEB access to Occupational Health advice in matters related to medical training

SEBs as well as employers have a statutory duty to consider reasonable adjustments in relation to equality legislation. SEBs are required to make a consideration of adjustments which are largely described in the Gold Guide, and to make a clear, documented rationale for decisions where adjustments are deemed not possible.

Currently, most OH services are commissioned from local providers or single lead employers who may not have a full understanding of the complexities associated with medical and dental training. For PGDiT, it is strongly advisable that input should be sought from accredited Occupational Health Physicians with physician health experience.

We recommend the following OH input to support delivery of the preferred commissioned service model:

It is best practice that OHP guidance is where possible commissioned for SEBs (through local offices or employers) from an accredited specialist in Occupational Medicine who has expertise in the complexities and nuances related to medical and dental training (Physician Health Experienced Occupational Health Physicians - See GMC guidance 2019)

Such practitioners used should as a minimum:

- Have a thorough and up to date working knowledge of the Gold Guide and its provisions in terms of adjustments
- Have an understanding of the roles and responsibilities of relevant training stakeholders (e.g educational and clinical supervisors, training programme directors, heads of schools, associate postgraduate deans, directors of medical education, postgraduate deans, local PSWS, other relevant medical practitioner support services and the GMC's GMP)
- Because of their expertise be able to make appropriate recommendations as to whether a PGDiT is not only medically fit and safe to be to be at work, but also whether they are medically fit to engage and progress through their specific training programme
- Be in a position to guide SEBs on any consideration of discounting training time (in accordance Gold Guide para 4.118) where it appears that a late diagnosis of a neurodiverse condition may have impacted on the ability of the PGDiT to progress within a training programme.

OHPs are therefore best placed to provide balanced recommendations to optimise the chances of our PGDiT to successfully complete a training programme. Examples of questions that might reasonably be asked of such experts include:

- Is (the doctor) medically fit for their current role?
- If (the doctor) is not medically fit for their work task role and continued learning role can you give an indication of the likely duration of absence for both components?
- Does (the doctor) need any help to improve their capabilities to deliver their work and learning roles?
- Could you suggest any recommendations (temporary or permanent) regarding adjustments, modifications or support that they may need from their employer or learning organisation?
- Is (the doctor) medically fit to be assessed in training?
- If (the doctor) is not medically fit to be assessed in training, can you indicate whether a specific period/s of training time are likely to have been affected?
- Does (the doctor) have a disability within the meaning of the Equality Act 2010? NB This is a legal decision but OHPs give an opinion where asked.
- Could (the doctor's) health related problems be contributing to problems with observed behaviour and/or performance at work or acquiring new learning skills?
- Are there any workplace factors contributing to (the doctor's) ill health and what are they?
- Is there any other relevant information or advice you feel will help us with the current situation and assisting in getting (the doctor) back safely and consistently to work?

Provision of a high standard OH service will not only minimise the risk to SEBs associated with training decisions for those with a neurodivergent condition/s , but also those with other health conditions or a disability and where this might impact on training progress.

If not available within the employer local offices, SEBs should make arrangements to fund (through means to be decided) access to such dedicated and expert OHP advice. This may be commissioned by local PSWS with additional financial support agreed through the PGMDE budget.

B: Provision of Services with commensurate examination of the statutory and financial implications for SEBs

To support the delivery of any of the above options, we recommend the following general principles be considered:

B1: SEBs and commissioned ND assessment providers acting in a timely way

Specialist medical training is time limited and hence differs from the usual model of an employer/substantive employee relationship. Assessment providers for a neurodivergent condition/s should be aware of this model and there should be an expectation that commissioning of neurodiversity assessments and support services should stipulate provision of a report and any support for a neurodivergent condition/s within agreed time limits.

For **any** likely neurodivergent condition/s, once it has been decided that the required threshold has been reached to trigger an assessment through to the delivery of the first supportive intervention **should be no longer than 3 months**, but interim adjustments for the waiting period should be put in place.

a) Suspected Dyslexia and/or Dyspraxia

Assessment for dyslexia and/or dyspraxia is usually by referral from PSWS to their specialist commissioned services and which are funded through PSWS. Delays can occur at a number of stages and these may relate to both internal and external processes.

Specialist assessment service provider expected response times

While there should be an overriding expectation that from **referral for assessment to provision of the first supportive intervention should be a maximum of 3 months**, PSWS need to consider relevant timeframes when commissioning services which might include:

- Time from an initial screening test being completed by a PGDiT to provider completing an assessment as to whether a full neurodiversity assessment is justified
- Where a full assessment for dyslexia and/or dyspraxia is indicated, that appointment should be scheduled within a defined period
- Provider to complete report on the full dyslexia and/or dyspraxia assessment and provide to the PGDiT and PSW

SEBs administrative responsibilities through PSWS

In order to facilitate the provision of the first supportive intervention within 3 months, local PSWS should review their own internal administrative processes to ensure that there are no undue delays in communicating with the PGDiT and the provider. PSWS should ensure that a suitable internal process for review of their active dyslexia/dyspraxia caseload to minimise risk of time slippage and this should receive appropriate priority.

b) Suspected ADHD or ASC

It is recognised that the current provision of NHS services for assessment of ADHD and ASC are such that the waiting time for such assessments frequently exceeds 1-2 years. This is disadvantageous to PGDiT who may need support. Pausing training under Gold Guide 4.116/117 is unlikely to be regarded as a supportive action to mitigate such long waits nor do the provisions for additional training time easily accommodate this situation. Hence SEBs should consider commissioning and funding clinical assessments from accredited and reputable private providers in order to optimise the chances of timely progress of the PGDiT to successful completion of a training programme. This should be on a case by case basis determined by the PGD or their representative, subject to the provisions of section A1.ii and where there is a reasonable belief that the delayed progress of the PGDiT in a training programme is being significantly limited by a possible diagnosis of ADHD or ASC.

In the long term, whether this is done by local office arrangements or SEBs wish to consider commissioning a national service for this is beyond the scope of this document. Whichever commissioning model SEBs adopt, consideration will need to be given for funding equitable access to the minimum standards recommended above.

B2: Service review: Audit of support provided by SEBs for neurodiverse conditions

It is important that SEBs continually monitor the quality and effectiveness of support provided for their PGDiT with a neurodivergent condition/s. Responsibility for this will be at local office level but with an expectation that data will be shared through the COPMeD PSW group.

Data is likely to include:

- monitoring of local neurodivergent condition/s psychology providers against agreed performance criteria
- receiving PGDiT feedback on assessor and effectiveness of given support.
- monitoring of KPIs which might include areas such as successful exam pass, time to return to training (where relevant) and successful completion of a training programme.
- how SEBs working with employers, assist in the provision of a supportive training environment for those with ASC, as recommended by specialist OH advice.

B3: Ensuring that sharing of PGDiT data is compliant with the data protection legislation

Since most PGDiT will have had a SEBs commissioned neurodivergent condition/s assessment it is in the interests of the PGDiT and SEBs that the psychology report (or at least a summary of key points and recommendations) and OHP report/s are shared with PSWS, their ES and other key educators (e.g TPD, Head of School or others with a decision-making interest).

Where the PGDiT has previously received a neurodivergent condition/s report and have had effective adjustments (eg through medical school or privately commissioned) it would again be best practice for the PGDiT to share this in the same way as one commissioned through the PSWS. PSWS may or may not currently have confidentiality agreements that are signed

by the PGDiT but those expectations will be different between local offices. It seems likely that few, if any such agreements have had any legal oversight and as such represent an area of risk to SEBs. PSWS are, by nature of the work that they carry out, responsible for legitimate sharing of potentially sensitive personal information and it is important that all SEBs are compliant with data protection legislation. All trainers and PGDiT should have access to advice about GDPR and common law confidentiality.

SEBs should consider developing some standard wording on expectations of sharing a neurodivergent condition/s report with relevant trainers and have it checked from a legal perspective. This might be as part of a wider agreement on areas of data sharing within and between SEBs. The report should include, as a minimum, key points about any identified neurodivergent conditions with reasonable adjustments recommended.

Key areas to be agreed might include where and how consent to share relevant sections of the reports, what the information would be used for (in line with balancing confidentiality for the PGDiT with what is needed to provide good support) and the potential consequences, to support offered and progress through training, of the PGDiT choosing not to share the report with OH and trainers.

B4: Timely resolution of any disputes between the employer and SEBs regarding funding the costs of learning equipment which has not been covered by Access to Work

It is assumed that the employer will be responsible for the costs of learning equipment which are not covered in full by Access to Work. On occasions this results in disputes between the employer and SEBs and which can lead to unwarranted and unhelpful delays in putting in place reasonable adjustments. Any such adjustment equipment must go with the PGDiT when they rotate.

There is an increasing need to clarify whether SEBs may have some statutory responsibility to fund the costs of equipment associated with learning and if so then under what circumstances. Initial advice provided to HEE's East Midlands office in 2019 suggests that they may have some responsibility to do so.

Any agreement should be built into the Education Contract with employers. Failure to seek this clarification will mean than SEBs will remain at risk from inequitable ad-hoc decision making.

5) Current areas of risk in relation to supporting our neurodivergent PGDiT

- The challenge of long NHS delays for diagnosis of ADHD and ASC causing significant additional costs for NHSE WT&E and delays to educational progress

- The challenge of increasingly long delays for Access to Work Assessments again with cost implications for NHSE WT&E due to extensions of training time which may be needed

- The need for national data capture for our neurodivergent PGDiT in the presence of restricted administrative capacity in PSW

- Clarifying SEBs responsibilities around any responsibilities to finance learning equipment

These issues are the subject of ongoing work being undertaken by the COPMeD Neurodiversity group and may be presented to COPMeD as needed to aid further progress.

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