

APPEAL OF FRCR PART 2A EXAMINATION RESULT

Candidate: [REDACTED]

[REDACTED]

Examination Date: November 2025

Result: Failed by 1 mark (153/240, pass mark 154)

Date of Appeal: December 2025

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EXECUTIVE SUMMARY

GROUND FOR APPEAL:

"Failure due to unaccommodated disability adjustments caused by policy barriers which violate Equality Act 2010 (a policy that a disabled candidate cannot comply with, regardless of their disability status, is indirect discrimination under Section 19, Equality Act 2010^[1]). This appeal is submitted under the grounds of '*matters of equivalent or more serious nature*' as defined in RCR's Appeal Policy^[3], as the systemic denial of legally-entitled accommodations constitutes a fundamental procedural irregularity."

OVERVIEW OF CASE:

I am appealing the failure of my FRCR Part 2A examination (November 2025) on the grounds that I was denied legally-entitled disability accommodations due to systemic procedural barriers, resulting in a 1-mark failure ($153/240 = 0.4\%$ below pass mark). This denial constitutes multiple violations of the Equality Act 2010^[1].

DISABILITY STATUS:

- Diagnosed with ADHD by Consultant Psychiatrist (Pakistan, 2023) (*Evidence provided*)
- Currently medicated with Methylphenidate 20mg daily (minimum adult dose); requires increase to 60mg daily during exams and high-pressure situations, demonstrating substantial impact on timed assessment performance (*evidence provided*)
- Moved to UK September 2024, commenced ST3 Clinical Radiology training
- Referred to CARE ADHD (NHS Right to Choose) in July 2025 for UK assessment - ongoing with significant delays (NHS waiting times up to 4 years as confirmed by UK GP) (*Evidence provided*)
- Meet Section 6^[1] definition of disability under Equality Act 2010: *physical or mental impairment with substantial and long-term adverse effect on ability to carry out normal day-to-day activities* (including timed assessments)

SYSTEMIC BARRIERS TO ACCOMMODATIONS:

- RCR policy^[2] requires: *corroborating evidence from appropriate medical practitioner (GP/Consultant) and it must specify the amount of additional time the expert believes should be applied*
- Called RCR exam teams in July 2025 to request reasonable accommodations for my documented ADHD. RCR confirmed three mandatory requirements:
 1. Must have GP/consultant letter specifying not only the amount of additional time but all accommodations needed
 2. Must be submitted before exam booking closing date
 3. Failure to meet these requirements = no accommodations provided

- This *specify time amount* requirement is more restrictive than many peer Royal Colleges (RCP^[6], RCGP^[5], RCVS^[4]) which accept diagnostic evidence without requiring practitioners to specify exact time amounts
- I had diagnostic evidence available (2023 diagnosis, ongoing medication, NHS referral) - but RCR's restrictive *specify time* requirement created the barriers (*Evidence provided*)
- UK GPs refused to specify UK exam time requirements, stating it was *out of scope of practice* without completed UK assessment (*Evidence provided*)
- International psychiatrist unable to specify UK exam time requirements (*Evidence provided*)
- NHS assessment pending with significant delays (NHS waiting times up to 4 years as confirmed by UK GP, referred July 2025) (*Evidence provided*)
- The only other option was to pay £1,500-2,500 for private assessment to satisfy RCR's policy requirements. As the sole earner for my family, having moved to the UK last year with childcare responsibilities, this created an unlawful financial barrier under Section 20(7)^[1].
- After receiving my result, I contacted RCR again on 1 December 2025 to confirm for appeal purposes whether the evidence I possessed would have satisfied policy requirements. RCR reiterated that I would *most definitely need an adjustments letter* from a GP specifying exact time amounts, confirming the barriers were insurmountable and no alternative pathway existed.
- Result: Unable to access legally-entitled accommodations despite having documented disability diagnosis

KEY FACTS:

- Borderline Failure: 153/240 marks (1 mark short, 0.4% below pass) – the minimum possible margin with high confidence that accommodations would have enabled me to pass. Educational and Clinical Supervisors share this sentiment (*letters attached*)
- Accommodations not provided: Sat exam without 25% extra time (generally accepted standard ADHD accommodation)
- Procedural Block: Legally entitled to accommodations under the Equality Act 2010 but access was blocked by RCR policy barriers
- Contacted RCR exam teams both before (July 2025) and after (December 2025) exam: Confirmed policy requirements and barriers on both occasions

SECTION 1: TIMELINE OF EVENTS

Date	Event
2023	ADHD Diagnosis (Pakistan). Diagnosed by Consultant Psychiatrist. Prescribed medication: Methylphenidate 20mg daily. (Evidence provided)
September 2024	Moved to UK. Commenced ST3 Clinical Radiology training.
July 2025	NHS Referral. Began UK neurodiversity assessment via NHS Right to Choose (CARE ADHD). Delays confirmed as ongoing (NHS waiting times up to 4 years). (Evidence provided)
July 2025	ARCP Disclosure. Openly disclosed ADHD diagnosis at Annual Review of Competence Progression. Panel acknowledged disclosure and referred to support services (PSW, coaching, Health & Wellbeing). Portfolio praised as excellent. No clinical concerns noted - difficulties acknowledged as examination-specific. (Evidence provided)
July 2025	RCR Contact. Called RCR Exams Office via telephone to inquire about reasonable accommodations process for my documented ADHD. RCR staff confirmed three mandatory requirements: (1) Must have GP/consultant letter specifying not only the amount of additional time but all accommodations needed, (2) Must be submitted before exam booking closing date, (3) Failure to meet these requirements = no accommodations provided.
Pre-Exam 2025	Evidence Barriers. Attempted to obtain accommodation letter. UK GPs refused to provide specific recommendations without a UK assessment, stating it was out of their scope of practice to recommend adjustments based on an international diagnosis. International psychiatrist unable to specify UK exam time requirements. (Evidence provided)
November 2025	FRCR Part 2A Examination. Sat the examination WITHOUT entitled adjustments (no extra time, no noise-cancelling headphones, no breaks). Required increased medication dosage (60mg daily) for exam conditions.
November 2025	Result Received. FAILED by 1 mark (153/154). (Evidence provided)
1 December 2025	RCR Contact (9:14 AM). Contacted RCR Exams Office via telephone at 9:14 AM to confirm for appeal purposes whether my available evidence (Pakistan diagnosis, ongoing NHS assessment, GP letters) would satisfy policy requirements for reasonable adjustments. RCR staff confirmed that I would "most definitely need an adjustments letter from a GP or consultant specifying exact time amounts" and that this was a mandatory requirement. This confirmed the barriers were insurmountable and no alternative pathway existed. RCR can verify this call via their phone records/recordings at this timestamp.

SECTION 2: DETAILED LEGAL VIOLATIONS — EQUALITY ACT 2010

The Royal College of Radiologists (RCR) has violated multiple sections of the Equality Act 2010^[1]:

2.1. VIOLATION OF SECTION 19: Indirect Discrimination

Legal Requirement	Application to My Case
Section 19(1)^[1]: <i>A person (A) discriminates against another (B) if A applies to B a provision, criterion or practice which is discriminatory in relation to a relevant protected characteristic of B's.</i>	The Discriminatory PCP: RCR applied the PCP ^[2] requiring: <i>corroborating evidence from appropriate medical practitioner (GP/Consultant) and it must specify the amount of additional time the expert believes should be applied</i>
Section 19(2)(b) & (c)^[1]: <i>The PCP is discriminatory if it puts persons with that characteristic at a particular disadvantage when compared with others, and it puts B at that disadvantage.</i>	I Was Put at a Disadvantage: This PCP disadvantages candidates with documented disabilities but facing waiting times beyond their control. My international practitioner unable to specify UK exam time requirements; UK GPs refused, citing <i>out of scope of practice</i> without UK assessment; NHS waiting times up to 4 years (<i>Evidence provided</i>)

DETAILED PROPORTIONALITY ANALYSIS — SECTION 19(2)(d)

Legal Requirement: Section 19(2)(d)^[1] states the PCP *cannot be shown to be a proportionate means of achieving a legitimate aim.*

Application to My Case:

RCR expects candidates like me to either pay thousands of pounds for private assessment or wait up to 4 years for NHS assessment, while many peer professional bodies have more inclusive policies that accept diagnostic evidence without requiring practitioners to specify exact time amounts.

Peer Professional Bodies — More inclusive Alternatives:

Royal College of Veterinary Surgeons (RCVS)^[4]:

RCVS provides particularly clear guidance demonstrating best practice in two critical respects:

(a) Waiting Period Protection: RCVS explicitly states: '**Under section 20 of the Equality Act 2010, institutions must provide reasonable adjustments for students with disabilities, including those waiting for a diagnosis or disability assessment.**' This directly addresses my situation—I have a documented diagnosis (2023) and I am waiting for UK assessment (NHS referral July 2025). RCVS recognises that waiting periods should not be barriers to adjustments.

(b) Methods vs Competence Standards: RCVS guidance directly addresses the question RCR might raise about exam integrity: '*Methods of assessment, by which we mean the manner or mode in which a student's level of knowledge or understanding or ability to complete a task is tested, will rarely, if ever, amount to a competence standard. They will therefore rarely, if ever, be outside the duty to make reasonable adjustments.*' This confirms that exam time limits and testing conditions are

methods of assessment, not competence standards themselves, and therefore must be subject to reasonable adjustments.

Royal College of General Practitioners (RCGP)^[5]:

RCGP has an MRCGP Disability Advisor (a practicing GP and MRCGP examiner) who assesses each case and determines appropriate accommodations. For ADHD, candidates only need to provide '*assessment by a psychologist or Psychiatrist or a letter from the GP confirming the diagnosis.*' The College's own expert determines what adjustments are reasonable, removing the burden from external practitioners. This is the exact system RCR should have implemented.

Royal College of Physicians (RCP)^[6]:

RCP requires '*supporting documentary evidence*' and '*report from disability assessor/suitable professional.*' There is no requirement for practitioners to specify exact time amounts upfront. If RCP needs clarification, they contact the assessor themselves rather than requiring upfront specification from candidates.

Joint Council for Qualifications (JCQ)^[7]:

JCQ provides standardised access arrangements for GCSEs and A-levels, including 25% extra time for ADHD, without requiring practitioners to specify exact time amounts. They apply standard accommodations based on condition type. This demonstrates that UK education already has proven systems for ADHD accommodations that do not require the practitioner specification that RCR demands.

RCR's Own Guidance on Neurodiversity (2025)^[11]:

In 2025, RCR published guidance on creating neuro-inclusive departments, stating: '*Employers have a legal duty under the Equality Act (2010) to consider and put in place reasonable adjustments to ensure that their neurodivergent staff are not substantially disadvantaged when doing their jobs. Genuine inclusion, though, goes beyond making the legally required adjustments.*'

RCR further acknowledges: '*the very act of having to fight for reasonable adjustments reduces the feeling of inclusivity and acceptance and creates an additional barrier for neurodivergent doctors to seek to overcome*' and that '*services cannot afford not to support their neurodivergent doctors.*'

RCR publicly advocates for these principles while operating an exam accommodation policy that creates the barriers its own guidance condemns. I was unable to access adjustments, left with no choice but to attempt private assessment (£1,500-2,500), and ultimately sat the exam unaccommodated—precisely the situation RCR's guidance identifies as problematic for neurodivergent doctors.

RCR's Own 2025-28 EDI Workplan Demonstrates Awareness of Systemic Barriers

In 2025, RCR published an EDI Workplan 2025-28^[12] which includes specific commitments to neurodiversity, explicitly stating they will:

- "Provide training for examiners in written exams on best practice with respect to ND candidates"
- "Carry out an assessment of the question bank with an ND lens to understand the extent of any issues"
- "Review the pass-rates for the reformed CR2B exam for candidates with adjustments to look at their effectiveness"
- "**Publish an analysis of the performance of different groups for each part of FRCR examination, including those with adjustments as a category"**

This demonstrates RCR is aware that:

- There ARE issues with how ND candidates are currently accommodated
- Their exam processes NEED reviewing through an ND lens
- Adjustments' effectiveness IS uncertain and requires investigation
- They recognize the need to monitor whether adjustments actually work

Yet despite publishing this acknowledgment of systemic issues in 2025, RCR simultaneously maintained the restrictive policy that prevented me from accessing adjustments in November 2025. RCR cannot credibly claim their policy is proportionate while simultaneously publishing an EDI plan that identifies the very problems I experienced.

The workplan confirms RCR recognizes barriers exist for ND candidates but has not yet reformed the policies creating those barriers. I experienced discrimination precisely during this gap between acknowledgment and action.

Conclusion on Proportionality:

While verifying disability and need for adjustment is a legitimate aim, RCR's requirement that practitioners specify exact time amounts—when those practitioners refuse to do so without UK assessment, and UK assessment has multi-year delays—creates a catch-22 that is disproportionate to the legitimate aim. Many peer professional bodies (JCQ, RCP, RCGP, RCVS) successfully verify disability and implement accommodations without this restrictive requirement. Less discriminatory alternatives clearly exist and are proven to work in UK medical and educational settings.

2.2. VIOLATION OF SECTION 20 & 53: Failure to Make Reasonable Adjustments

Legal Requirement	Application to My Case
Section 53(6)^[1]: <i>A duty to make reasonable adjustments applies to a qualifications body.</i>	RCR is a Qualifications Body under Section 53, making the duty mandatory. RCR failed to provide auxiliary aids (extra time, breaks, noise-cancelling headphones)—standard ADHD accommodations.
Section 20(3)^[1]: <i>The duty requires taking such steps as it is reasonable to take to avoid the disadvantage.</i>	
Section 53(1)(c)^[1]: <i>A qualifications body must not discriminate by not conferring a relevant qualification on B.</i>	By placing me in the position of sitting unaccommodated (leading to 1-mark failure) and maintaining this result, RCR would perpetuate discrimination by not conferring

	the qualification I would have achieved with lawful accommodations.
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2.3. VIOLATION OF SECTION 20(7) & 21: Prohibition on Cost

Legal Requirement	Application to My Case
<p>Section 20(7)^[1]: <i>An organisation is not entitled to require a disabled person to pay to any extent the costs of complying with the duty.</i></p> <p>Section 21^[1]: <i>A discriminates against a disabled person if A fails to comply with that duty.</i></p>	<p>Unlawful Financial Barrier: By not accepting the existing evidence (international diagnosis + NHS referral), I was effectively required to pay £1,500-2,500 for private assessment. As sole earner with childcare responsibilities, this created unlawful financial barrier to statutory entitlement.</p> <p>Failure to Adjust: RCR's failure to comply with Section 20 duty, resulting in denied accommodations, constitutes direct disability discrimination.</p>

2.4. SUPPORTING GUIDANCE FROM EQUALITY AND HUMAN RIGHTS COMMISSION (EHRC)

EHRC Guidance	Application to My Case
<p>Effect of Impairment^[12]: <i>There is no need for a person to establish a medically diagnosed cause for their impairment. What is important to consider is the effect of the impairment, not the cause.</i></p>	Effect of my ADHD on timed assessments is documented through: <ul style="list-style-type: none"> 3X medication requirement during exams (20mg → 60mg) 1-mark borderline failure despite medication RCR's own 2025 guidance^[11] confirming ADHD substantially affects concentration and sustained focus in exam conditions
<p>Standard Accommodation^[7,12]: <i>Extra time is often recommended at 25% of the prescribed examination time for candidates with conditions like ADHD.</i></p>	25% extra time is an established, evidence-based standard—yet RCR's policy required my GP to specify an exact amount, creating an unnecessary barrier when the standard accommodation is already well-established.

SECTION 3: APPEAL CRITERIA UNDER RCR POLICY

This appeal satisfies RCR's published appeal criteria^[3]:

RCR Appeal Policy, Section 7, Outcome 4

RCR Policy states^[3]:

"The appeal is upheld as it meets the following two criteria: (1) that a procedural irregularity occurred, which affected the candidate's score/result (2) as the candidate is deemed a borderline fail, there is high confidence that the candidate would have attained the required standard at the exam had the procedural irregularity not occurred. The candidate's result will be changed to a pass and a revised result letter will be issued within five working days."

Outcome 4 Criteria	My Case Satisfies
<p>Criterion 1: <i>A procedural irregularity occurred, which</i></p>	<p>Procedural irregularity: Systemic policy barriers prevented access to legally-entitled</p>

<p><i>affected the candidate's score/result</i></p>	<p>accommodations</p> <p>Affected score: Placed in position of sitting without entitled adjustments (no extra time, no breaks)</p> <p>Impact documented: 3X medication requirement (20mg → 60mg) during exams demonstrates ADHD's substantial effect on timed assessment performance (<i>Evidence provided</i>)</p>
<p>Criterion 2: <i>Candidate is deemed a borderline fail + high confidence would have attained required standard</i></p>	<p>Borderline fail: 153/154 marks = 0.4% below pass (minimum possible margin)</p> <p>High confidence: 25% extra time (standard ADHD accommodation^[7]) would have provided 6 additional minutes. Given:</p> <ul style="list-style-type: none"> • Only 1 mark needed (~2 questions) • Documented time-pressure impact (3X medication) • Educational and Clinical Supervisors confirm high confidence (<i>letters attached</i>) • 25% extra time is proven effective ADHD accommodation^[7,12]

SECTION 4: REMEDY REQUESTED

I respectfully request that this appeal be upheld under Section 7, Outcome 4 of the RCR Appeal Policy^[3], and that my result be changed to PASS.

Nullifying this attempt would acknowledge the procedural irregularity but would not rectify the discrimination already experienced, rather prolong the barrier. RCR's Appeal Policy, Section 7, Outcome 4^[3] explicitly provides for changing results to PASS in cases where: (1) a procedural irregularity affected the result, and (2) there is high confidence the candidate would have passed without the irregularity. My case satisfies both criteria. Changing the result to PASS is the appropriate remedy under RCR's own policy.

Changing the result to PASS is the only remedy that rectifies the substantial disadvantage and discrimination, fulfilling RCR's legal obligations under the Equality Act 2010^[1] and aligning with the policy's own provisions for borderline fails affected by procedural irregularities.

REFERENCES

- [1] Equality Act 2010, Sections 6, 19, 20, 21, 53. Available at:
<https://www.legislation.gov.uk/ukpga/2010/15/contents>
- [2] RCR Exam Adjustments Procedure. Available at: <https://www.rcr.ac.uk/exams-training/rcr-exams/exam-regulations-policies/exam-adjustments-procedure/>
- [3] RCR Appeal Policy and Procedure for FRCR and DDMFR Exams. Available at:
<https://www.rcr.ac.uk/exams-training/rcr-exams/exam-regulations-policies/appeal-policy-and-procedure-for-frcr-and-ddmfr-exams/>
- [4] RCVS Reasonable Adjustments Policy. Available at:
<https://www.rcvs.org.uk/registration/examinations-assessments/reasonable-adjustments/>
- [5] RCGP Reasonable Adjustments Policy. Available at: <https://www.rcgp.org.uk/mrcgp-exams/exam-support/reasonable-adjustments>
- [6] RCP Reasonable Adjustments Information. Available at:
<https://www.rcplondon.ac.uk/education-practice/exams>
- [7] JCQ Access Arrangements and Reasonable Adjustments 2024-2025. Available at:
<https://www.jcq.org.uk/exams-office/access-arrangements-and-special-consideration/>
- [8] ADHD UK: Support for Additional Exam Time. Available at: <https://adhd.uk.co.uk/support-for-additional-exam-time/>
- [9] ACAS: Disability Discrimination. Available at: <https://www.acas.org.uk/discrimination-because-of-disability>
- [10] Equality and Human Rights Commission: What is the Equality Act? Available at:
<https://www.equalityhumanrights.com/en/equality-act-2010/what-equality-act>
- [11] RCR: Creating Neuro-Inclusive Departments (2025). Available at:
<https://www.rcr.ac.uk/career-development/support-wellbeing/neuro-inclusive-departments/>
- [12] Royal College of Radiologists. EDI Workplan 2025-28 - Neurodiversity Focus. Available at:
<https://www.rcr.ac.uk/about-us/governance/equity-diversity-and-inclusion/edi-workplan-2025-28/>

DOCUMENTS/EVIDENCE ATTACHED

1. Pakistan ADHD Diagnosis and Prescription - [REDACTED]
2. Pakistan Consultant Psychiatrist Letter - [REDACTED]
3. UK General Practitioner Letter - [REDACTED]
[REDACTED]
4. Annual Review of Competence Progression (ARCP) Outcome Documentation
5. NHS Care ADHD Referral and Delay Confirmation Email Chain
6. Clinical Supervisor Support Letter - [REDACTED]
7. Educational Supervisor Support Letter - [REDACTED]
8. Exam Support TPD Letter - [REDACTED]
9. ST3 Training Programme Director Letter - [REDACTED]



Dr. Huma Aslam Clinic

Dr. Huma Aslam

MBBS, MCPS
Consultant Psychiatrist
Department of Psychiatry
Jinnah Hospital, Lahore

Date: 04/10/23

[REDACTED]

[REDACTED]

→ TAB RITALIN 10mg

W/C 16 Oct 2023

ΔF90

ΔF41.1

F/U

→ TAB SENEGAL

W/C 13 Oct

F/U after 1 month

Dr Huma

Follow Up: 05/11/23

No improvement with Atomoxetine +
Bupropion
Plan to shift on Methylphenidate

House No. 2, Street 1, DHA Phase 8, Ex - Air Avenue Lahore.

Cell: 0344-4000231, 0331-4946155

E-mail: dochuma.aimc@gmail.com

Timing: 6 pm to 10 pm Monday to Saturday

Youtube: Dr. Huma Aslam / Facebook: Dr. Huma Aslam

Not Valid for Court

To Whom It May Concern

I am writing regarding [REDACTED] whom I diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) in 2023 while he was practicing in Pakistan. I commenced him on Methylphenidate 10 mg twice daily at that time, to which he responded well.

[REDACTED] relocated to the United Kingdom in September 2024 to pursue postgraduate medical training. He had asked me to provide a current medical letter specifying exam accommodation recommendations for UK professional examinations.

I must respectfully clarify that I am unable to provide such recommendations for the following reasons:

1. Remote Assessment Limitations: Providing specific exam accommodation recommendations would require comprehensive in-person reassessment. Remote consultation is not appropriate for determining precise accommodations such as additional time requirements and environmental modifications for high-stakes professional examinations.

2. Current Clinical Status: [REDACTED] has not been under my direct clinical care since September 2024. I cannot assess his current symptom severity, functional impairment, or medication efficacy, all of which are necessary for evidence-based accommodation recommendations.

I understand [REDACTED] has been referred to UK ADHD services for ongoing assessment and management. Accommodation recommendations should come from clinicians involved in his current care within the UK healthcare system.

I confirm my 2023 diagnosis of ADHD and his positive response to Methylphenidate treatment during his time in Pakistan. However, I cannot provide the current accommodation recommendations required for UK professional examinations due to the limitations outlined above.

If further clarification regarding his historical diagnosis is required, I remain available.

Yours sincerely,



Dr. Huma Aslam
Consultant Psychiatrist
Lahore, Pakistan

Date: 3 December 2025

Dr M Gill MBCHB DRCOG MRCGP
Dr M M Chowdhury MBBS MRCGP DFSRH
ROMAN ROAD HEALTH CENTRE
Fishmoor Drive, Blackburn BB2 3UY
Tel: 01254 282777 Fax: 01254 282794



4 December 2025

To Whom It May Concern

Dear Sir/Madam

[REDACTED] **Date of Birth: 26-Jul-1990**

I am writing in my capacity as a Physician Associate, the above-named patient, who has a confirmed diagnosis of attention deficit hyperactivity disorder (ADHD). He was formally diagnosed in Pakistan, where he was initially commenced on Methylphenidate Hydrochloride 10 mg twice daily, which he continues to take with good effect.

During high-stress examination periods, his dose requires temporary increase to 60mg daily to adequately manage symptoms, demonstrating the substantial impact of ADHD on his performance in timed assessment conditions.

Since arriving in the UK, he has been appropriately referred to local ADHD services for ongoing assessment, monitoring, and management. However, as you will be aware, current NHS ADHD pathways are experiencing significant delays, with waiting times often extending up to four years before specialist review is completed.

ADHD can significantly affect concentration, processing speed, working memory, and executive functioning. These difficulties may be particularly evident in academic and examination settings. I also acknowledge that this patient is currently appealing the outcome of his Radiology exam, and his symptoms together with sitting for the exam without reasonable accommodation may reasonably have affected his examination performance and contributed to the result.

While making specific recommendations without a formal assessment beyond the scope of our practice, I would be thankful if you can provide reasonable adjustments for such candidate.

If you require any further information or supporting documentation, please do not hesitate to contact me.

Yours sincerely,

Habeeba Shah
Physician Associate

Madiha Chowdhury *Madiha*
GP



care adhd



Compose



Inbox

504

I hope you're well. We spoke a few months ago regarding pursuing an ADHD assessment via the NHS Right to Choose pathway. I'll update and attach the **Care ADHD GP Referral Form** for your completion.

Starred

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Sent

Drafts

Purchases

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Could you please:

1. Complete the attached form with the necessary clinical information.
2. Submit the referral to **Care ADHD** via the NHS e-Referral Service (e-RS) under the Right to Choose route for ADHD asse appropriate, treatment).
3. Let me know once it has been sent, or if you need any additional information from me.

My details:

- [REDACTED]

If any patient-consent wording is required for sharing my medical records with Care ADHD, please accept this email as confirmation of the referral and to the sharing of relevant medical information for assessment and ongoing care.

Thank you very much for your help and for our earlier discussion. I appreciate your support.

Kind regards,



① Upgrade



Enable desktop notifications for Gmail. [OK](#) [No thanks](#)

☰  Gmail

🔍 care adhd

X 

?

Compose



Inbox

504

Welcome to CARE ADHD: Next Steps Inbox x

Starred

Care ADHD <no-reply@drdoctor.co.uk>
to me

Thu, Aug 14, 9:00 AM

Snoozed

Sent

Drafts

Purchases

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Welcome to CARE ADHD: Next Steps



Hi [REDACTED] welcome to CARE ADHD! Before we can book your first medication appointment, please complete the steps in our patient portal: <https://my.drdoctor.co.uk/forms>

Once you've completed all the steps in the portal we'll be in touch to book you in.

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Enable desktop notifications for Gmail.

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Inbox

504

Care ADHD - Update Inbox x

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Sharon Wilson <sharon.wilson@careadhd.co.uk>
to me

Mon, Dec 1, 12:52 PM (6 days ago)

Hi [REDACTED]

Thank you for your telephone call. I completely understand how difficult it can be to wait at this stage, especially with no clear timeline that your case is active within our system and you haven't been forgotten.

You are in our **Review Revalidation** pathway which means that you are awaiting triage by our Clinical Care team. This triage step of the process. It ensures every patient's case is reviewed safely and prioritised appropriately before titration begins. Once your review you'll receive an email from us.

Labels

At the moment, titration waiting times are longer than usual due to exceptionally high national demand for ADHD services. However temporary and we are actively increasing capacity, expanding clinical resources, and streamlining internal processes to bring these improvements are already making a difference, and we expect waiting times to continue improving over the coming weeks.

While I can't provide an exact date for your titration start just yet, please rest assured that your place in the queue is secure and we automatically as soon as your case moves to the next stage.

Thank you so much for your patience and understanding during this period. We know this part of the journey can feel slow, but you much in progress, and we'll be in touch as soon as there's an update.

① Upgrade

Enable desktop notifications for Gmail. [OK](#) [No thanks](#)

To: RCR Appeals Panel

Re: FRCR Part 2A Appeal - [REDACTED]

Dear Panel Members,

I am writing in my capacity as Clinical Supervisor for [REDACTED] since August 2025 to support his appeal of the FRCR Part 2A examination result from November 29, 2025.

[REDACTED] achieved 153 out of 154 passing marks, falling one mark (0.4%) short. [REDACTED] has informed me that he has documented ADHD and was unfortunately unable to access appropriate exam accommodations. Had he been given access to appropriate exam support during the examination (including extra time, breaks, and noise management), I am confident that he would have attained the required standard and progressed to ST4. The 1-mark deficit is consistent with the impact of unaccommodated ADHD in an unadapted timed examination setting. I am pleased to report that [REDACTED] is performing very well clinically in his training. I observe his clinical work regularly and his performance meets the expected standards for his training stage. This result does not reflect his clinical competence. [REDACTED] does not require additional training time to develop his clinical skills. I fully support this appeal.

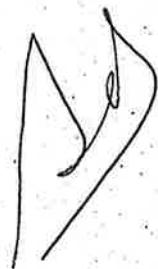
Yours sincerely,

Dr. Mohammad Saeed Kilani

Consultant Radiologist, LTHTR

GMC Number: [9477738]

Date: 3rd December 2025



To: RCR Appeals Panel

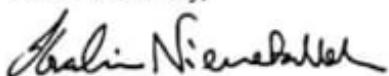
Re: FRCR Part 2A Appeal - [REDACTED]

Dear Panel Members,

I am writing in my capacity as Educational Supervisor for [REDACTED] ST3 Clinical Radiology trainee, to support his appeal of the FRCR Part 2A examination result from November, 2025. [REDACTED] achieved 153 out of 154 passing marks, falling one mark (0.4%) short. [REDACTED] has documented ADHD from Pakistan in 2023 and was unable to access appropriate exam accommodations. Had he been given access to appropriate exam support during the examination (including extra time, breaks, and noise management), I have high confidence that he would have attained the required standard and progressed to ST4. I believe the 1-mark deficit is consistent with the impact of unaccommodated ADHD in a timed examination setting.

I am pleased to report that [REDACTED] clinical performance has been more than satisfactory throughout his training. He has successfully achieved all required ST3 clinical competencies within 10 months of arrival in the UK, demonstrating strong knowledge base and clinical skills. This result does not reflect his clinical competence, which I observe in clinical practice and being reviewed by his clinical supervisors as well. I fully support this appeal.

Yours sincerely,



Dr. Ibrahim Niematallah

Consultant Radiologist, LTHTR

GMC Number: 6155002

Date: 1st December 2025

RADIOLOGY DEPARTMENT

Aintree Site

Lower Lane
Liverpool
L9 7AL

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7th^h Dec 2025

To whom it may concern at the RCR examination department

I am writing in my capacity as North West School of Radiology TPD for Exam Support

I would be grateful if you could consider [REDACTED] request for the FRCR 2A appeal

He has participated in all the dedicated FRCR 2A teaching activities and demonstrated enthusiasm and eagerness to learn.

Kind Regards



Dr Haseeb Chaudhary
Consultant Musculoskeletal and General Radiologist
TPD for Exam Support North West School of Radiology
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08/12/2025

To: RCR Appeals Panel

Re: FRCR Part 2A Appeal - [REDACTED]

Dear Panel Members,

I am writing in my capacity as Training Programme Director for ST3 trainees in the North West School of Radiology.

[REDACTED] disclosed his ADHD diagnosis to our ARCP panel on 17 July 2025. At that time, he informed us he was pursuing assessment through the NHS Right to Choose pathway via CARE ADHD, and was awaiting UK-based assessment due to ongoing NHS delays.

[REDACTED] showed full cooperation with all support measures recommended by the panel, including referral to Professional Support Worker, coaching services, and exam support sessions. He has engaged positively with all interventions offered.

I understand that [REDACTED] has failed his FRCR Part 2A examination by one mark (153/154), and that he was unable to access exam accommodations on this occasion whilst awaiting NHS assessment.

I would like to respectfully request that you give full consideration to his appeal. Please don't hesitate to reach out to me if you would like any further information. I am more than happy to be contacted.

Yours sincerely,

Dr. David Gendy

Training Programme Director (ST3)
Consultant Radiologist
North West School of Radiology
GMC Number: 7457575

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