

Dyslexia: an invisible disability

Medical organizations are required by the General Medical Council (2019) to perform reasonable adjustments for individuals with disabilities in line with equality legislation. Recognition and disclosure of disabilities are the two most important steps towards achieving this goal. With the perceived stigma and embarrassment associated with learning disabilities, a trainee doctor with a visible disability such as paraplegia may have no problem asking for an accommodation in the system whereas one with an invisible learning disability such as dyslexia may find this harder.

Unrecognized and unattended learning disabilities including dyslexia can potentially lead to errors in clinical practice and therefore have legal implications. As medical students and foundation trainee doctors are not formally screened for dyslexia the only formal testing offered to them generally takes place after poor performance on clinical assessments and examinations.

Dyslexia is a spectrum of varying levels of difficulty in reading, writing and spelling. Assessment should be made on an individual basis, allowing personalised support strategies to be implemented. With a significant number of doctors with dyslexia progressing through foundation training, it is important for these professionals to acknowledge their

condition without fear of stigmatization so that they can receive appropriate assistance and support to carry out their professional duties.

What is dyslexia?

Dyslexia is an extremely common learning difficulty which affects around 6% of the general population. It has been described as a specific learning difficulty, a collective term used for conditions that include dyslexia, dyspraxia and dyscalculia. It has also been included in the neurodiversity group of disorders, where dyslexia, autism spectrum disorder and attention deficit hyperactivity disorder share common features.

The Equality Act 2010 requires reasonable adjustments to be made to provide 'enabling environments' for those with disabilities to progress. During medical school training these adjustments could include support tutors and extra time during examinations, but the transition to foundation training may demand additional support in areas such as communication, prescribing and organization (British Medical Association, 2018a). Currently students and trainee doctors entering the clinical system in the UK are not legally obligated to disclose learning disabilities such as dyslexia. However, the importance of voluntarily acknowledging this information was highlighted by the General Medical Council (2014) in *Good Medical Practice* by suggesting timely disclosure to appropriate personnel of any disability that can impact on a doctor's clinical performance or professional judgement.

It has been estimated that 2% of UK medical students are dyslexic (Newlands et al, 2015). Perceived association of dyslexia with poor performance and 'help-seeking behaviour' dissuaded many dyslexic doctors from disclosing the condition and from seeking help. Anticipation of a detrimental impact on their careers and humiliation among colleagues were also among factors leading to non-disclosure of dyslexia.

Understanding dyslexia

Raising awareness among clinical staff about presentations of dyslexia, and discouraging judgment and stigmatization of doctors, are fundamental steps towards timely disclosure of the condition. A supportive and sympathetic environment where trainee doctors feel safe to voluntarily disclose their condition is only possible with continual guidance, effective communication and support from supervisors and the occupational health departments. Trainee doctors must understand that identification and assessment of dyslexia allows trainers to make appropriate adjustments to the system for them and to support and help them progress in their careers. In addition to the identification of dyslexia the assessment process provides key information regarding specific strengths and weakness of the examinees in various learning domains, thus allowing personal goal setting (London and South East Postgraduate Medical and Dental Education, 2019).

More coherent and earlier identification of dyslexia is required during medical training to identify and eliminate potential barriers. Perhaps in the future all medical trainees should undergo dyslexia screening to ensure that they all receive adequate support. The British Medical Association (2018b) outlines that, unlike medical schools, employers are not obligated to make reasonable changes to the workplace until an employee with dyslexia requests them to do so, although the duty to implement adjustments for these trainees in employment remains.

Trainee doctors with dyslexia experience reading, writing and spelling difficulties on a day-to-day basis during their training. These challenges are commonly exacerbated by time pressures and can cause stress, anxiety and a feeling of humiliation, especially when the trainee is unable to perform the expected task effectively (Health Education Wessex, 2015). The coping strategies that doctors with dyslexia need to develop to deal with difficulties at work take various forms, reflecting the continuum nature of dyslexia

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(Locke et al, 2017). Such ‘workarounds’ have a general theme of safety netting, checking work multiple times and preparing work in advance (Locke et al, 2015). A systematic review suggested that these individual strategies should provide a basis for future research into how doctors with dyslexia can be better supported in clinical practice (Locke et al, 2015).

In addition to allowing extra time to complete tasks and providing a quiet environment to focus, the use of assistive technology such as spellcheckers, Dictaphones and mobile applications may also be effective in overcoming challenges faced by doctors with dyslexia (Health Education Wessex, 2015). The role of supervisors and health administrators in providing the recommended accommodations to qualifying trainee doctors is crucial for their professional progress and success.

Conclusions

It is important for educators to move away from the notion that one size fits all regarding medical training and education. Every person learns and trains differently – doctors with dyslexia may excel at different aspects of the profession and training needs to be supported and tailored to their individual needs and requirements in order to exploit their full potential. Medical students should not have to fail exams and doctors should

not have to commit clinical errors at their workplace in order to be considered for dyslexia screening.

Collective efforts of administration and medical staff in raising awareness about dyslexia is the key to an inclusive and supportive working environment for foundation trainees. Improving the training experience of trainee doctors with dyslexia is not going to happen overnight, but now is the time to take the first steps towards converting this invisible disability into a visible ability for trainee doctors to excel in their profession without stigma and fear of judgment. **BJHM**

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KEY POINTS

- The recognition and disclosure of dyslexia in the workplace is essential in creating a supportive and safe working environment in line with equality legislation.
- It is important for both students and doctors to acknowledge their condition without the fear of stigmatization so they can receive appropriate help to carry out their professional duties.
- A greater awareness and earlier identification of dyslexia will improve the training experience of doctors and will allow them to excel in their chosen career.

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