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### **POLICY STATEMENT ON TELENEUROPSYCHOLOGY**

**Talis Consulting Limited draws upon professional advice provided by Division of Neuropsychology (British Psychological Society) dated April 2020:**

<https://www.bps.org.uk/sites/www.bps.org.uk/files/Member%20Networks/Divisions/DON/DON%20guidelines%20on%20the%20use%20of%20tele-neuropsychology%20%28April%202020%29.pdf>

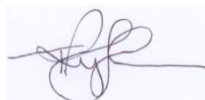
**And published guidance from the American Psychological Association specifically produced in response to the Covid-19 pandemic (teleneuropsychology has been widely used in America and Australia to date):**

<https://www.apaservices.org/practice/reimbursement/health-codes/testing/tele-assessment-covid-19>

**One test publisher has issued the following advice:**

<https://www.pearsonclinical.co.uk/information/telepractice.aspx>

**There is much to take account of to ensure that clinical practice remains safe, assessment results remain reliable such that all patients will be considered on a case by case basis.**



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## **Specific considerations for assessment by teleneuropsychology:**

### **1. Technology**

- a. Only PC / Laptop / Smart Tablet can be used – no mobile phone
- b. Equipment should have both camera and microphone
- c. Internet connection should be private and reliable
- d. Zoom software will be used, with password enabled and waiting room so only invitees can be admitted to the session
- e. Information will be GDPR compliant
- f. Neither party is permitted to record the session
- g. A practice session should be arranged beforehand to ensure that all is working as it should be

### **2. Patient**

- a. Needs to be able to give consent
- b. Needs to be comfortable and familiar with the technology being used
- c. Identity will still need to be verified
- d. Support may be needed if cognitive impairment is significant
- e. Hearing / vision / speech need to be reliable
- f. Emergency contact details should be shared beforehand

### **3. Setting**

- a. Patient needs A4 blank paper and pencil to hand for the session
- b. The room of both the patient and assessor need to be quiet, free from distractions and interruptions
- c. No-one but the patient is permitted to be in the room at the time of the assessment unless by explicit agreement and for the purposes of supporting the patient

### **4. Testing**

- a. Only tests and tools that have been researched (and results published) for use in teleneuropsychology should be used. If other tests are used then caveats should be appended to any interpretations derived from their data.
- b. Test materials should be protected at all times:
  - i. <https://www.pearsonclinical.co.uk/information/telepractice.aspx>
  - ii. [https://ptc.bps.org.uk/sites/ptc.bps.org.uk/files/guidance\\_documents/ptc15\\_courts\\_and\\_lawyers.pdf](https://ptc.bps.org.uk/sites/ptc.bps.org.uk/files/guidance_documents/ptc15_courts_and_lawyers.pdf)

Test materials should not, therefore, be sent to patients as this breaches test security.


- c. For visual materials, such as figure copy, the assessor can take a screenshot of the efforts of the patient and then ask them to rip up their response sheet on camera

- d. Measures that require physical manipulation (such as Block Design) cannot be used in this modality of assessment

## **5. Children**

- a. Assessment of children is to be decided on a case by case basis
- b. Assessment will depend upon the age, cognitive ability, attentional capacity and interpersonal skills of the child
- c. The assessment might be for the purposes of behavioural observation or formal testing of cognitive abilities
- d. If the child is under 16, parental consent is required, in writing, in advance of the scheduled session
- e. The parent or guardian may remain in the room for the assessment in the case of younger or anxious child but will be requested not to interfere with the assessment process

**These guidelines are to be reviewed regularly in line with published guidance and updated research evidence**



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