

**MOVING FORWARD TOGETHER:  
TRUTH AND DISCOVERY IN  
THE YEAR OF THE FIRE HORSE**

**ANA  
NEWS**

---

VOLUME 4, ISSUE 5

APRIL 2026



Asian  
Neuropsychological  
Association

# TABLE OF CONTENTS

<b>President's Message</b>	<b>3</b>
<b>Featured Neuropsychologist: Dr. Narinder Kapur</b>	<b>5</b>
<b>INS Conference Photos</b>	<b>12</b>

## **NEWSLETTER TEAM**

### **CO-EDITORS**

JESSIE LI, PSY.D.  
IVY CHO, M.A.

### **WRITERS**

JAS CHOK, M.S.  
NUMFON VILAY, M.S.

# MESSAGE FROM THE PRESIDENT

---

Dear ANA Family,

I cannot believe how fast time has flown this past year, and what an eventful year it has been! Entering into the second year of my presidency, I have been so grateful for how much ANA feels like not just a community, but a family. Thank you to all of the outgoing Steering Committee members - Chris Nguyen, Yu-Ling Chang, Laurie Chin, Julia Chen, and Vigneswaran Veeramuthu – for all of your contributions to the organization; I have no doubt that you will continue to impact the field in substantial ways. And a big welcome to all of the incoming Steering Committee members – Christina Wong, Ashley Nguyen-Martinez, Porrselvi A. P., Charlie Su, Jay Patel, and Elizabeth Choi – I look forward to working with each of you during this next year and am excited for all of the collaboration ahead of us!

My top priority from the outset of my presidency was giving back to the ANA community from which I have benefited so much, and I am proud of the ways that we have been able to support our membership this past year. Transitioning to our Steering Committee model of governance has strengthened pipelines to leadership for both trainees and professionals, improved inter-committee communication and collaboration, and allowed the organization to benefit from an increased collective of insight and experience. Supporting our



Optional Practical Training and International Liaison Task Forces to become Ad Hoc Committees has allowed for improved advocacy for our international trainee and professional members, and current projects are focusing on improving access for international students to obtain equitable training experiences and highlighting barriers to licensure and board certification for international professionals. Our Advocacy, Education, Media, Membership, Research, and Trainee Committees also continue to work on various meaningful initiatives and collaborative projects to enrich our community and our membership's clinical, research, education, and advocacy endeavors. The Board Certification Pipeline

Task Force has also added valuable programming for our membership pursuing board certification in clinical neuropsychology, and the board certification preparation program has a 100% success rate so far in preparing our inaugural cohort for their oral exams (applications for our second cohort are due Tuesday, March 31<sup>st</sup>). ANA's success continues to be a result of the passion and hard work of its members, so if you are looking for a way to contribute, please do not hesitate to reach out!

Of note, ANA has voted to endorse the Minnesota Conference Guidelines for Education and Training in Clinical Neuropsychology following a recent full Steering Committee vote on February 3, 2026. We do not believe the guidelines, nor the process behind the guidelines, has been perfect, and we empathize with all individuals who may have been negatively affected by the process along the way or feel that the final guidelines do not fully represent their vision for the future of the field. Our endorsement is reflective of our belief that the updated guidelines represent a significant step forward in the equipping of all future neuropsychologists to understand the influence of culture on brain-behavior relationships and provide culturally responsive care to an increasingly diverse population, and therefore represents a support of the underlying spirit of progress that outweighs the noted limitations. However, we also want to highlight that the field's overall endorsement of these guidelines, including the 2-year postdoctoral fellowship requirement, results in a systemic barrier to inclusivity in our workforce as international trainees have inconsistent access to obtaining a second year of postdoctoral training due to visa-related barriers. As we agree with the need for guidelines that will

uniformly result in adequate competency and consumer protection, we invite everyone to collaborate with our efforts to address these barriers at national and institutional levels so that our international trainees may have equitable opportunities for future training, employment, and board certification consistent with the spirit of the Minnesota Guidelines.

As much as ANA has been a professional home to me, I hope you will find the same supportive and inspirational community here. This year is the Year of the Horse in Chinese culture, symbolizing rapid change, passionate energy, and resilient adaptability. I hope this year that all of our membership, whether on individual and institutional levels or across our organization, will never lose our motivation to adapt to and embrace change in rapidly evolving surroundings, our passionate commitment to serving the underserved, and the strong resilience to overcome the obstacles that we are collectively facing.

Sincerely,

**Alexander Tan, Ph.D., ABPP-CN**

President, Asian Neuropsychological Association

# FEATURED NEUROPSYCHOLOGIST: DR. NARINDER KAPUR

BY JAS CHOK, M.S.

---

**Dr. Narinder Kapur** is visiting Professor of Neuropsychology at University College London, and honorary consultant neuropsychologist at Imperial College NHS Trust. He is past President of the *British Neuropsychological Society*, and he has authored/co-authored seven books, including an award-winning book, *The Paradoxical Brain*. He received a Lifetime Achievement Award from the *British Psychological Society*. He has an active clinical practice in London, and supports his colleagues in India to improve Neuropsychology services there. He is also human factors advisor to the patient safety body, CORESS ([www.coress.co.uk](http://www.coress.co.uk)), which tries to learn lessons from adverse surgical events.

## **What motivated you to be a neuropsychologist and how did you get into this career?**

When I was in school, I wasn't interested in psychology. I was mainly interested in meteorology. However, I was told you must be very good at physics to be a meteorologist, and I wasn't very good at physics. I didn't go down that route and instead studied languages. I was quite good at Latin and French, but I had to decide after my first year of university whether to continue with Latin, French, or psychology. I thought to myself, "well, there's not much of a career in Latin [and] not much of a career in French, so I may as well do psychology."

My main opportunity came in my final year of university when I was offered a summer internship at the Royal Victoria Hospital in Belfast. It was around the start of the Troubles, and penetrating missile injuries and gunshot wounds were becoming more common. I was



primarily seeing traumatic brain injury cases, and I was asked to develop tests as part of the internship. I really enjoyed it and this piqued my interest. I was then offered a scholarship for a PhD in memory at the University of Reading in England. In the first year of my PhD program, my father suddenly became blind, and he only had sight in one eye. I decided to go back to Belfast to be closer to my parents, and to help look after my father. In Belfast, I carried on with my PhD on the effects of recall tests on memory. On weekends and in the evenings, I did honorary work in the hospital and gained exposure to gunshot wounds and penetrating missile injuries. So, I did my PhD in experimental psychology and a clinical internship in my spare time. After my PhD, I obtained a one-year fellowship to study missile injuries in Belfast which really began my interest in neuropsychology.

Whilst I was doing my PhD, one day I was in the Department of Psychology walking past the notice board and saw an advertisement for a mental health fellowship. I applied and it allowed me to go for a year abroad, wherever I

# FEATURED NEUROPSYCHOLOGIST: DR. NARINDER KAPUR

(CONTINUED)

wanted to. I was advised to go to the Boston VA hospital and spent a year at the Aphasia Research Centre there. It was the most amazing year that transformed my career and my life. I worked with Dr. Nelson Butters studying Korsakoff patients for one year, and that experience was transformative. When I returned to the UK after my one-year fellowship in America, I completed a number of neuropsychology posts. Eventually, I was established as a neuropsychologist at Southampton in the UK to head the neuropsychology service. It was the work in Belfast, and the year at Boston University and the Boston VA Center that really transformed my views. I was very lucky to be influenced by top providers there.

## **What cultures do you identify with, and how have these identities influenced your professional path and approach to your work?**

I was born in India and was only three years old when I came to the UK. There's a long story behind this, but my parents settled in Northern Ireland where there was a small community of people. The two countries which influenced me were India and Ireland, because I had these two links. In many ways, there are similarities between the two countries. They both were colonies of the UK, and the Republic of Ireland got its independence first.

Mahatma Gandhi was one of the people who inspired me the most, and he was inspired by the Irish freedom struggle. I grew up as a British citizen because Northern Ireland is part of the United Kingdom, but I very much felt influenced by Irish and Indian cultures, which had some

influence on my work. The Royal Society was sponsoring fellowships abroad and I received a fellowship to go to the All India Institute of Medical Sciences for two-to-three months. In this fellowship, I met various providers and was exposed to the practice of neuropsychology in another country. This experience developed my interest in how medical care and medical research were carried out in India and I was quite fortunate to have those opportunities.

## **Looking back, how has your cross-cultural journey unfolded throughout your life and career?**

When I was at the All India Institute of Medical Sciences, I remember going into the outpatient clinic and saw a quote from Mahatma Gandhi which I later reproduced in my first book, *Memory Disorders in Clinical Practice*. The quote said, "It's not our patient who's dependent on us, but we who are dependent on him. By serving him, we are not obliging him. Rather, by giving us the privilege to serve him, he is obliging us." This quote inspired me for the rest of my life. While I got to meet people from different cultures, I always kept in touch with India. When I became president of the British Neuropsychological Society, I decided to establish a fellowship for low and middle income countries like India to help students from there come to the UK. This fellowship allowed me to collaborate with a number of my colleagues in Indian cities such as Bangalore, Calcutta, Pune, and Mumbai.

There was a student, Jwala Narayanan, completing a postgraduate course in

---

# FEATURED NEUROPSYCHOLOGIST: DR. NARINDER KAPUR

(CONTINUED)

---

neuropsychology in Glasgow who came down to see me in Cambridge when I was working at the Addenbrooke's Hospital. She later applied for the fellowship I set up, and I have many collaborations with her. She's based in Bangalore and has been one of my key collaborators in India for the last 10-15 years.

My father always supported charity work in India while he lived in Ireland and I was inspired to do the same. The funds from the books I wrote were sent to India. My brother, who is a doctor, developed close links with Arpana Hospital, a charity hospital north of Delhi that serves neighboring villages. I visited that hospital once myself, and decided to give most of my book royalties to that hospital. General healthcare and the relationships I built with neuropsychologists in India were an important part of my cross-cultural journey.

**What were your expectations for your career path when you first started? What might you consider doing differently based on what you've learned throughout your career?**

When my career path started, I was interested in both academic work and clinical practice. I managed to obtain an established clinical post in Southampton, but I also tried to keep up my academic involvement, writing articles, books, and supervising trainees. I expected to do both, but looking back, I'm not sure it was the best decision—I probably should have chosen only one path. At the time, I didn't have a huge network of support, and I did most of the work myself. I wouldn't discourage people from having joint academic and clinical responsibilities, but I would only recommend

doing so if you've got lots of support, both clinically and academically. I would certainly encourage people to try to collaborate with other people as much as possible.

I've also authored, edited or co-edited about six or seven books and I would never do that again because I was spending most of my time writing books rather than spending time with family. If I was going to write the books again, I would write them in collaboration with others. Of all the books I've written, the one I am really proud of has nothing to do with neuropsychology, and is called, *The Irish Raj*. This book covers links between India and Ireland and the stories of Indians who traveled to Ireland and vice versa.

**You've worked across many clinical environments; how have these varied experiences shaped your clinical approach?**

I've been quite fortunate to have a wide range of experience starting with penetrating head injuries in Northern Ireland which is something you very rarely see. Seeing Korsakoff patients at the Boston VA was also quite unique. Coming back to the UK, one of the most interesting cases I saw was of transient epileptic amnesia. The patient complained of long-term memory problems, yet her short-term memory was fine. She had long-term autobiographical memory symptoms and no one believed her. She turned out to have transient epileptic amnesia, and I was one of the first people to describe this accelerated long-term forgetting and began seeing a number of these patients. When I went to Cambridge I

# FEATURED NEUROPSYCHOLOGIST: DR. NARINDER KAPUR

(CONTINUED)

---

collaborated with Microsoft on SenseCam and set up a Memory AIDS clinic there; this helped to transform my clinical approach to patient care.

## **What has been your most memorable or meaningful experience in the field?**

I wrote up a range of cases, including missile injuries and Creutzfeldt-Jakob Disease patients. I spent about 20 years looking after a patient who had limbic encephalitis. She had marked memory problems as a result and she came to the Cambridge area and to the Oliver Zangwill rehabilitation centre for advice. She became the first person to get a SenseCam, and I visited her every few months to provide memory aids, voice assistance, and pill reminders. It was transformative, and after she died, she left a donation that helped continue the neurorehab work I'm still involved in today.

## **You helped pioneer tools like the SenseCam, SmartPapers, and the Coin-in-the-Hand test. What inspired these innovations, and what gaps in clinical practice were you aiming to address?**

I was at Cambridge when Microsoft had a research laboratory developing SenseCam. We used SenseCam with the patient who had encephalitis. I developed Smart Papers as a tool to help staff remember what questions to ask and how to interpret responses when diagnosing patients. I also developed the Coin-in-the-Hand test around the time I was seeing a particular case of someone who was in jail and went to court because he claimed he had dementia and needed healthcare. The Coin-in-

the-Hand test was a test he failed.

## **What has been the biggest change you have seen in relation to cultural neuropsychology? Additionally, what directions do you think the field still needs to continue working on to improve?**

I'm very pleased that organizations like the International Neuropsychological Society, the Asian Neuropsychological Association, the British Neuropsychological Society, and others have developed relationships with developing countries to encourage collaboration and support work there. There are people like you and me who have come from parents originally from other countries and we naturally have an interest in how people from these countries perform from a diagnostic and rehabilitation point of view. Continuing to develop both diagnostic and rehab tools to advance the care of indigenous populations and aid in the training of professionals will help patients and staff.

## **You have contributed extensively to NHS patient safety initiatives and human-factors committees. How can neuropsychologists play a greater role in improving healthcare systems and patient safety?**

This is where I have most of my work and satisfaction. I won't bore you with all the positive and negative things I've been through, but I went through a traumatic experience in 2010 in Cambridge. I was a

# FEATURED NEUROPSYCHOLOGIST: DR. NARINDER KAPUR

(CONTINUED)

whistleblower and I'd raised patient safety concerns 13 times in seven years. If you're in the National Health Service here and if you've got colored skin, you're quite likely to be discriminated against. If you're a whistleblower, you're quite likely to be discriminated against. If you have both colored skin and a whistleblower, you may as well say goodbye to working in some parts of the health service. I was victimized, put through a kangaroo court, and went through a horrible dismissal process and had to go to the employment tribunal. I won the case, but I never got my job back. I lost lots of money and made lots of financial sacrifices.

After 2010, I moved back from Cambridge to London. I was coming back on the train, went into the tube station in London, picked up a newspaper just lying there, and the newspaper reported an Indian origin nurse who had committed suicide after going through a horrible dismissal process. I thought to myself, "how could this ever be allowed to happen?" I eventually managed to get hold of the partner of this person and I said, "look, we must do something about this." Then, I started my campaign.

I am interested in two things: 1) General patient safety and 2) Justice and injustice in systems. I'm still working on this. There was a group called Justice for Doctors, which I joined about five years ago. It is a group of primarily doctors of color who are also whistleblowers and who've been victimized. I've been involved in other similar cases, and these cases have inspired me to do things other than neuropsychology. It's opened my eyes to how governments run and how they can be corrupt.

At the end of the day, I believe we exist for two reasons: we exist to survive, but we also exist to make the world a better place, whether that's for patients or for staff. If we have the knowledge, skills, and experience to make changes and to make life better for other people, then we've got an obligation to do something to make the world a better place.

**You have supervised a number of doctoral theses and trainee projects. What qualities do you see in trainees who go on to become strong clinicians and researchers?**

Having a broad mind, working hard, collaborating with others, reading, and being open to alternative views.

**What has been most rewarding about training and advising early-career neuropsychologists?**

Seeing them develop and progress. One of my earliest PhD students, Dr. John Evans – who went on to become President of the International Neuropsychological Society – now runs the neuropsychology course in Glasgow. To see people like him progress and develop has been quite rewarding. Seeing my colleagues in India whom I've supported also develop and progress, seeing them write articles, publish papers, and give talks, has also been quite inspiring for me.

**You have held leadership positions in the British Neuropsychological Society and the BPS Division of Neuropsychology. What leadership**

# FEATURED NEUROPSYCHOLOGIST: DR. NARINDER KAPUR

(CONTINUED)

## **lessons have shaped you the most, and what advice would you give individuals who want to engage in leadership roles?**

Being receptive to the views of other people, listening to as many people as possible, and collaborating with neighboring disciplines. For example, in the UK we've got the British Neuropsychiatry Association. Liaising with cognitive neurologists and neuropsychiatrists, having a broad mind, and trying to prioritize the relationship between staff, patient safety, and staff well-being. It is important to encourage and set up systems that support such collaboration.

## **Across your career, you have sustained an active clinical practice, scholarship, public engagement, and service. How have you balanced these responsibilities, and what advice would you give to those hoping to do similarly varied work?**

I still work 18 hours a day, seven days a week, and I'm not sure whether I would encourage people to do that! Have a balance in responsibilities. If you have a family to look after, you need to give sufficient attention to that. Keep your own physical and mental well-being in mind, because clinical and academic jobs can be stressful. If you have spare time, engage with the public. I've had involvement with media organizations and I still do. I've employed professional media organizations to help me with the work I do, and they have connections to newspapers, television, and radio. If you're doing other things, collaborate or get students to help you. Looking back, I should have done more of that and maybe try to get more grants. The problem is that writing a grant

itself is quite time-consuming, so collaborate with people who may have more expertise than you. I have put all of the Neuropsychology resources I have developed over the years on a dedicated website, and neuropsychologists/students may find it helpful – [www.neuropsychologyresources.com](http://www.neuropsychologyresources.com).

## **What are some facts your colleagues and students would be surprised to learn about you?**

When I was young, I had a marked speech defect. I still maybe have a slight stutter as well. I didn't realize that at the time. I grew up in a part of Ireland where you didn't have any services. It was a small seaside town, and there were no therapists there. Instead, my parents sent me to a nun. I think it resolved to some extent, but I've explored research papers in speech disfluency in children and how the frontal lobes and key subcortical structures are involved.

I get up about 5:30am and I spend one hour a day in the morning having both cognitive and physical stimulation. I go on a walker for about one hour, which gives me physical stimulation and physical health. At the same time, I watch a YouTube video related to my clinical or academic work. I do the same thing for one hour last thing at night before I go to bed.

I always say to myself, I'm never going to write another book, but if I do write another book, it's going to be a book about music and memory. How is memory represented in songs? One could perhaps write a book teaching people about memory and give

# FEATURED NEUROPSYCHOLOGIST: DR. NARINDER KAPUR

(CONTINUED)

---

them examples of how memory works by referring to songs that talk about memory.

## **What is the best piece of advice or perspective you have ever received?**

As I go back to Mahatma Gandhi, he said there are only two principles in life you should follow: 1) God is love, and 2) God is truth. If you think of these principles, science is about finding out about truth. Even the work I do for justice and self-well-being is about getting to the truth. Love is what we do. We try to show our love and concern for patients, colleagues, and students.

## **How can ANA support you? Are there any suggestions you would like to share with our early and mid- career readers?**

I'm grateful for the opportunity to say a few things to ANA and I would encourage those people who are in ANA to do things which will again help patient safety, patient health, and staff well-being, both in the country where you work and also other countries. Setting up fellowship opportunities that encourage people from low and middle income countries to come to the West or people from the West to spend some time in a low and middle income country, to learn how things are done there, give advice and teach. Also, it's not what happens to you that's important, it's how you take it. Keep in mind people who either have done wonderful things, who inspire you, but also maybe those who were talented and died at a tragic young age and then consider yourself quite lucky. I'm lucky. I'm 76 years of age now and I'm still mentally and physically healthy. I just have to be grateful for that.

# INS CONFERENCE 2026

PHILADELPHIA, PENNSYLVANIA  
FEBRUARY 4-7, 2026



PHOTOS COURTESY OF DR MONICA LY



# Asian Neuropsychological Association

E-mail us at [newsletter@the-ana.org](mailto:newsletter@the-ana.org)

## **Copyright Notice**

All materials contained on this publication are protected by the United States copyright law and may not be reproduced, distributed, transmitted, displayed, published, or broadcast without the prior written permission of Ivy Cho, M.A., or Jessie Li, Psy.D., or in the case of third party materials, the owner of that content. You may not alter or remove any trademark, copyright or other notice from copies of the content.