Good practice guide: Embracing neurodiversity and supporting neurodivergent paediatricians

RCPCH
Royal College of Paediatrics and Child Health
Leading the way in Children's Health

Good practice guide to embracing neurodiversity and supporting neurodivergent paediatricians

It has been a true pleasure to lead the development of this guide as the EDI clinical lead, which celebrates neurodiversity within paediatric training. Collaborating with the college and a diverse group of paediatricians from across the country has been an enriching experience. Their invaluable lived and clinical experiences have shaped our understanding of the unique strengths that neurodivergent individuals bring to our field.

Our aim is clear: to recognise and nurture the talents of neurodivergent paediatricians, ensuring they not only thrive but also contribute to a richer, more inclusive environment for everyone. We hope this guidance and the accompanying tools serve as a framework for supporting our residents, who are the future of paediatrics.

Together, we can create a future where every voice is valued, and every perspective is celebrated.

Dr Pei Sen (Nikki) Tee,
Consultant Paediatrician and Clinical Lead for our Neurodiversity Task and Finish group, Kingston and Richmond NHS Foundation Trust

I hope this good practice guide will offer useful information for educational supervisors to support neurodivergent colleagues to thrive. Taking a person-centred, needs-led approach to supporting neurodivergent paediatricians while capitalising on inherent strengths can make a huge positive difference to performance, progression and wellbeing. Medicine needs diverse minds, and we have a moral as well as a statutory duty to make reasonable adjustments to help everyone to thrive..

Bhanu Williams,
Trustee and Assistant Registrar

Contents

What will you gain from this guide? **4**

Who is this guide for? **4**

How to use this guide? **5**

Neurodiversity in the workplace **5**

How to support neurodivergent colleagues – what helps? 6

What to do when you think someone may be neurodivergent 8

How to support someone to disclose 8

Strengths neurodivergent individuals bring to paediatrics **9**

Neurodivergent cognitive profiles 9

Challenges workplaces can cause for neurodivergent paediatricians **10**

Acknowledgements **12**

What will you gain from this guide?

An understanding of neurodiversity, how to support neurodivergent doctors and the strengths the neurodivergent workforce brings to paediatrics..

Who is this guide for?

This guide will benefit all paediatricians but was developed specifically to support neurodivergent residents. Each resident has a network of people to support their training and development during their time as a paediatric resident.[1] Here we describe the key people that can influence a resident's journey and work to embrace neurodiversity.

Educational supervisors	support residents for several years and play an important role in recognising neurodivergent residents and advocating for workplace adjustments.
Clinical supervisors	are most likely to assist residents with adjustments in their everyday workplaces.
The Deanery: Training programme directors, College Tutors and Heads of Paediatric Schools	can support resident to self refer to Professional Support Unit and can assist in the implementation of reasonable adjustments, including making changes to their training programme.
Lead Employer	should ensure that timely assessment by Occupational Health Department has been undertaken prior to residents starting work or as soon as need is identified. Work with their HR teams to understand how to put reasonable adjustments in place where needed.
Occupational Health	carry out a workplace assessment to identify what adjustments can support a neurodivergent paediatrician's needs.
Royal College of Paediatrics and Child Health	has responsibility for overseeing paediatric training. The College offer lots of reasonable adjustments across interviews and assessments. Please review the Reasonable Adjustments Policy for RCPCH Examinations for further information.

1 Welcome and Valued. GMC

How to use this guide

This guide sits alongside a series of resources:

Good practice guide to embracing neurodiversity and supporting neurodivergent paediatricians.

Neurodivergent Residents: A collection of good practice and lived experience case studies.

Supervisor Checklist for managing supportive conversations around adjustments.

Examples of workplace adjustments and accommodation

Additional resources list

Neurodiversity in the workplace

Further supported in our additional resource: **collection of lived experiences**.

Neurodiversity is used to describe all the different thinking styles or variations between human minds. Neurodivergent conditions occur naturally within this and represent a different way of processing information. It is estimated that 1 in 7 people are neurodivergent and with an increase in awareness and late diagnosis this is likely to be higher. [2]

Some examples of neurodivergent conditions:

ADHD	ADHD UK
Autism	Autistic Doctors International
Dyslexia and Dyscalculia	British Dyslexia Association
Dyspraxia	Dyspraxia UK
Stammering	Stamma
Tourette's Syndrome	Tourette's Action

2 Neurodiversity | NHS England | Workforce, training and education

Equality and Equity: Equality means each individual or group is given the same resources or opportunity where as equity recognises that each person has different circumstances and allocates the resources needed to reach an equal outcome.

Equality law and duty to make reasonable adjustments: having a neurodivergent condition is protected under the disability characteristic of Equality Legislation across the UK and there is a duty to make reasonable adjustments to avoid discrimination.

Neuro-affirming approach: recognise that neurodivergent conditions are not deficits. Challenges some neurodivergent people face in the workplace are often more to do with the environment and systems they are placed in. The goal is to empower individuals by leveraging their strengths whilst actively recognising some may need accommodations to their environment to do so.

Top recommendations to support neurodivergent staff

1. **Educate yourself and your team about neurodivergent conditions**
2. **Champion good communication practice and an inclusive workplace culture for all staff**
3. **Support identification of neurodivergent conditions and self-advocacy**
4. **Support implementation of reasonable adjustments**
5. **Recognise and challenge discrimination especially when intersectional**

Top neurodivergent strengths	Top challenges
• Understanding the needs of and advocating for neurodivergent patients and families • Connecting with others • Creative and out the box thinking • Resilience and adaptability	• Stigma and discrimination • Lack of understanding and appreciation for different communication styles • Exhaustion from the pressure to mask and self-advocate • Processes not being designed with neurodivergent brains in mind • Rotations and frequent periods transition.

How to support neurodivergent colleagues – what helps?

Implementing good communication practice will benefit all staff but is particularly important for neurodivergent clinicians. Some may not need support at all. Others may have a good idea of what support they need and those who may have been diagnosed later may require some specific support around understanding what works best for them.

Resident, FY2: On the whole, I'm quite independent, the thing I've benefited from is just my supervisor being aware and therefore being able to talk to her if I'm having any difficulties.

For more see our:

Collection of good practice from lived experience case studies

Checklist for supervisors managing supportive conversations around reasonable adjustments

Examples of adjustments and accommodations

1. Educate yourself and your team about neurodivergent conditions: listen and learn from neurodivergent paediatricians and develop your understanding by accessing additional resources.

   Kit Mcdowell, Resident: "One of my supervisors recently had the humility to have an engaged conversation with me, she spent time letting me talk about myself, my strengths and challenges, and really listened to what I said. I noticed a change in her behaviour, when we had meetings, for example, she would give me a heads up what it would be about beforehand. She educated herself outside of the time we spent together and has taken it seriously in a land where that has never happened before."

2. Champion good communication practice and an inclusive workplace culture for all staff: encourage open conversations and create safe spaces for colleagues to share honestly about strengths and challenges.

   Emma Dyer Paediatric Registrar and RCPCH Trainee Committee Chair: "Once I'm a consultant involved in supervising residents, I will be very aware that whether or not they have disclosed it, I may be supervising neurodiverse residents. Even if I'm not, adjustments for neurodivergent colleagues can benefit others as well, so either way it is important to spend time thinking about how best to implement them."

3. Support identification of neurodivergent conditions and self-advocacy: recognise and value neurodivergent differences and create environments where colleagues feel safe to disclose.

   Resident: "I think an open and honest approach is needed. Paediatrics is a speciality known for its kindness and this should be encouraged and celebrated. I had a very open conversation about my past with my line manager and that honesty has kept me well and kept patients safe."

4. Support implementation of reasonable adjustments: help colleagues understand what works for them, share relevant resources and signpost to additional support.

   C.C. Registrar out of training: "One of my Clinical Supervisors was very very helpful in actually sitting down with me when I had failed an examination and planned with me what I had to do to overcome it. That was one of the best things a Clinical Supervisor has ever done. Planning does wonders for me as well as being listened to and trusted."

5. Recognise and challenge discrimination especially when intersectional: call out stereotypes and acknowledge the impact of additional intersectional identities—such as race, gender, or sexual orientation.

   Head of School of Paediatrics: "It's looking at challenging the things in place that are there because that's the way they've always been done and thinking what will work to get the same outcome?"

What to do when you think someone may be neurodivergent

Some colleagues may not realise they have a neurodivergent condition until they come up against barriers. It is an important aspect to consider when supporting a resident who is experiencing difficulty. If you suspect this may be why someone is struggling it can be helpful to have a sensitive conversation with them and work together to bring the right adjustments into place.

Head of a School of Paediatrics: "It's important to get people the support they need quickly. Once a resident has failed exams twice, we start sending them to the professional support and wellbeing unit to check for undiagnosed neurodivergence."

Senior Resident: "I spoke to someone quite helpful at the deanery. He just said sometimes this can be because you're neurodivergent that's why you're struggling, and they arranged for a specialist teacher, and I had an assessment for dyspraxia."

How to support someone to disclose

It can be helpful if others know that a colleague is neurodivergent (e.g. college tutor, clinical supervisor and clinical team), and what they can do to support them. If the resident is happy for the rest of the team to know they're neurodivergent it's important to understand:

- How they want to tell people (if they want to talk to their colleagues themselves or for you to share the information on their behalf).
- What they do and don't want their colleagues to know.
- Use language the individual prefers around their condition.

The above will help to foster an environment of openness and tolerance where residents feel safe and empowered to discuss their requirements in relation to their neurodivergence.

FY2 Resident: "I would say be open and honest about it because if you don't talk to your employer or Deanery or college about any difficulties you may have, write down in a list things that you feel you would benefit from, before approaching occupational health, and be open to suggestions from other people with lived experiences or from the occupational health team."

Strengths neurodivergent individuals bring to paediatrics

Neurodivergent cognitive profiles

An understanding of neurodivergent cognitive profiles and how these differ from people who are not neurodivergent helps explain that whilst neurodivergent individuals are incredibly capable in some areas, in others it is useful to provide some support. Someone who is not neurodivergent will have a generally 'flatter' cognitive profile than someone who is neurodivergent. In a working context this can present as distinct areas of strengths but can also mean there are specific tasks that may be more challenging.

Use our collection of lived experiences to appreciate who this can present in practice.

Some common strengths shared with us include:

Understanding the needs of and advocating for neurodivergent patients and families: including providing excellent person-centred care for their neurodivergent patients and advocating for adapting their treatment to better suit their needs.

Resident: "Children with neurodivergence are more likely to use services and I can communicate and understand them sometimes better than my peers."

Connecting with others: being neurodivergent allows for a greater sense of openness, empathy and ability to connect with all patients and colleagues.

Resident: "Being neurodivergent helps with empathy and understanding, a lot of doctors are pretty privileged compared to most people. Having something that you've had to work through helps you see things from other people's points of view and make space for different life experiences better."

Creative and out of the box thinking: being able to look at problems from all angles to achieve better results.

C.C. Registrar: "my imagination and creativity are strengths - for both patient interactions and ward aspect, but also for finding solutions."

Resilience and adaptability: processes and systems are often not made with neurodivergent brains in mind and the lack of widespread understanding about neurodivergent conditions leads to high levels of resilience and adaptability.

Senior Resident: "We are able to see the bigger picture throughout our work. For training I use a combination of word and pictures because that's how I see it and I often get positive feedback from senior and junior staff about how clear I am."

Additional examples of strengths shared include:

Use of direct and clear communication	This is particularly useful when breaking down complex conditions for patients and their families and relating to neurodivergent patients/colleagues. Also, useful when formulating multidisciplinary plans and sharing actions.
The ability to process, analyse and memorise large volumes of information	This is an asset to learning in-depth about specific conditions, writing clear discharge summaries and digesting and sharing research papers.
Ability to hyperfocus	Means some clinicians can get large volumes of work done in a very short space of time in an area they are motivated in.
Being able to adapt quickly to lots of different situations at once	In a busy hospital environment this can really help when adapting to a rapidly changing clinical environment.
Excellent organisational skills	Despite this being a challenge recognised for some this is an area some neurodivergent individuals really excel in across many areas of work.
Conscientious and reliable	All the clinicians mentioned the care, thought and energy they put into their daily work.
Strong Leadership skills	With strong empathy and resilience, many neurodivergent clinicians shared the ability to provide a positive role model for junior colleagues.

Challenges workplaces can cause for neurodivergent paediatricians

Further supported in our additional resources: collection of lived experiences

Many colleagues with neurodivergent conditions will be thriving. However, building an awareness of challenges that can arise, actively challenging stigma and stereotypes and understanding the benefits of workplace adjustments are important.

Kit McDowell Resident: "Doctors are trained in a very particular biomedical way, right. A lot of what our training comes down to it is a pathology or it's not a pathology. I'm constantly subjected to pathologising. I'm consciously trying to tell people about my ADHD and autism because I want to be a role model for my patients.

Often colleagues say that I don't seem autistic, and they think that is a compliment, but it's not. I want to educate my colleagues, but I find it sad that I have to. Add the fact I am queer and trans too just makes it constant."

Stigma and stereotypes: despite pockets of good practice, some medical training and subsequent training offered is rooted in the medical model and focuses on stereotypes. This contributes to bias and stigma as there is a lack of understanding for what their neurodivergence and intersectional identities means.

Registrar: "I am very conscientious at work because I have to be. I work so hard to dot every i and cross every t, I double and triple check because I know that black doctors are disproportionately struck off by the GMC. It's all about the documentation and if you have dyslexia and you fear the written word and that just makes it so much harder."

Lack of recognition for different communication styles and needs: being misunderstood was a common experience shared. Instead of being offered adjustments and support, their workload and demeanour were scrutinised. For example, needing additional time to process verbal information and being assumed as incompetent or being criticised for 'appearing rude' with colleagues.

C.C. Registrar: "My colleagues could support me by judging me less on how I behave. Not telling me I look "bored" or I'm disrespectful for not giving eye contact. Also, to understand I might need to fidget in order to concentrate and it doesn't mean I am not listening."

Exhaustion of self-advocacy and the pressure to mask: many shared the pressure they subsequently felt to advocate for themselves or to just mask altogether whilst they were at work.

Susanna Greszczak: "My colleagues actually don't understand the level of energy it takes to mask and how when you mask all day, you're just burnt out after it and one thing actually can tip you over the edge. Just because I don't have an overt disability doesn't mean that I don't struggle a lot."

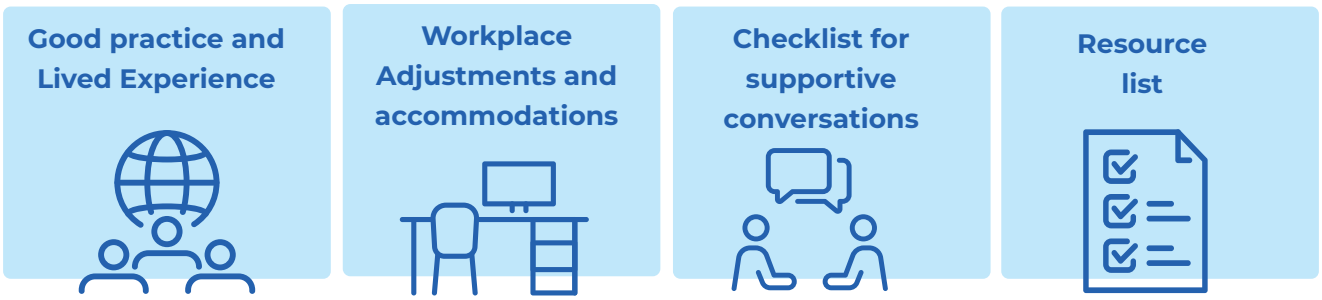
Rotations and frequent periods transition: for residents the need to process new information and learn new processes, the anxiety around needing to either disclose their conditions again or feeling the additional pressure to mask their neurodivergent traits to build new relationships are particularly exhausting.

Some examples of how this can show up:

Placement Transitions	New rotations may result in overwhelm, and someone may appear anxious, disengaged or uninterested.
Abstract language and acronyms	Statements and questions that use unclear language can result in individuals seeming confused or not giving the answer expected.
Written language	Some may read information quickly but at times inaccurately. Some may also make typos or spelling mistakes.
Examinations and assessments	Some clinicians may experience multiple exam attempts.
Administrative processes	Structuring and prioritising workloads and keeping up to date with non-clinical tasks can be difficult. Deadlines may not be met and individuals may seem disorganised.
Verbal instructions – ward rounds	Some may not retain verbal instructions alone; this may result in information not being retained and in jobs not being done.

Regulation around taking a break	Some may not take any breaks at all whilst others may seem to step away from clinical care and take more breaks than others.
Focus and concentration	Sustaining focus and concentration can be a challenge especially in loud and noisy environments. Individuals may appear distracted or unable to get their desk-related tasks done.
Time management	This can present as overrunning meetings, being late or too early and struggling to complete work on time.
Sensory needs	Bright lights, strong smells and loud noises can lead to some neurodivergent clinicians feeling exhausted or seeming overwhelmed.
Medication 'crashes'	People taking ADHD medication can experience a 'crash' at later periods of the day as medication wears off. Crashing can be experienced as a dip in energy, headaches and brain fog.

Explore our additional resources for further information:



Acknowledgements

This guide was co-produced by Georgia Bickerton, Leanne Girardi, Michaela Hunt, Dr. Zachariah Roney, Fliss Stephenson, Dr Nikki Tee and Dr Tamara Zerb, a working group of paediatric clinicians and RCPCH staff with lived or clinical experience.

The guidance was further informed by conversations with 18 neurodivergent clinicians working across different levels of the paediatric profession. This lived experience insight allowed us to explore what good practice looks like, and the strengths neurodivergent clinicians bring while exploring challenges some neurodivergent paediatricians are facing.

We have published a "collection of lived experience" as a further resource to this document. We want to acknowledge and thank all those who contributed for their time and commitment to developing the paediatrics profession.

Good practice guide:
Embracing neurodiversity and supporting neurodivergent paediatricians

RCPCH
Royal College of Paediatrics and Child Health
Leading the way in Children's Health

Published by the Royal College of Paediatrics and Child Health 2025.