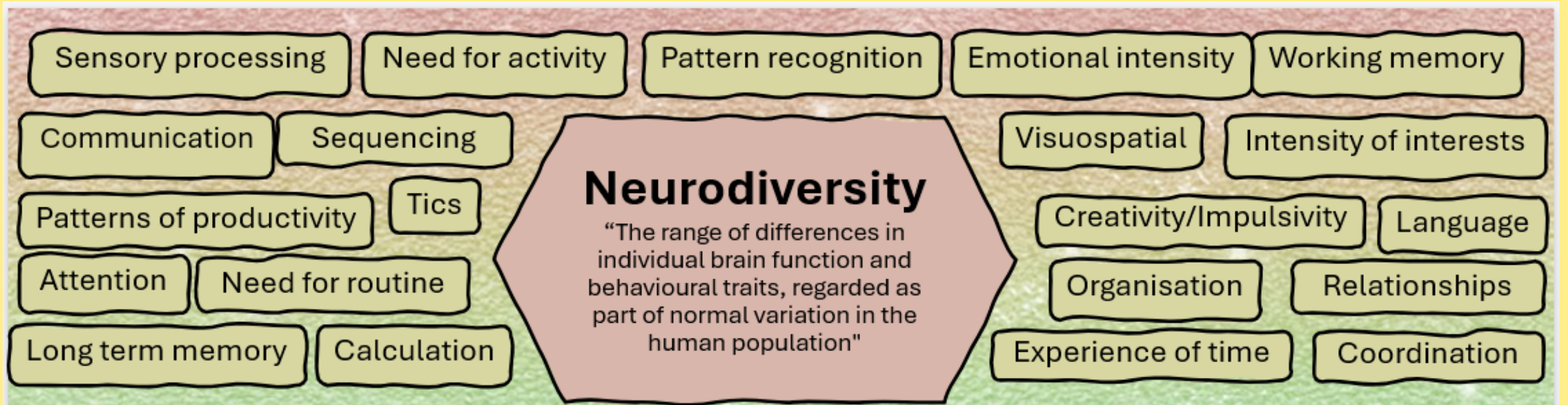


Supervising Neurodivergent Resident Doctors

Dr Mhairi Hepburn and Dr Mary Barrett



Everyone's different in this neurodiverse world, but here are some common categories or conditions...

Neurotypical
 The current majority, everything in moderation

Tourette Syndrome
 Motor and vocal tics, variable attention, obsessions, compulsions, intense emotions

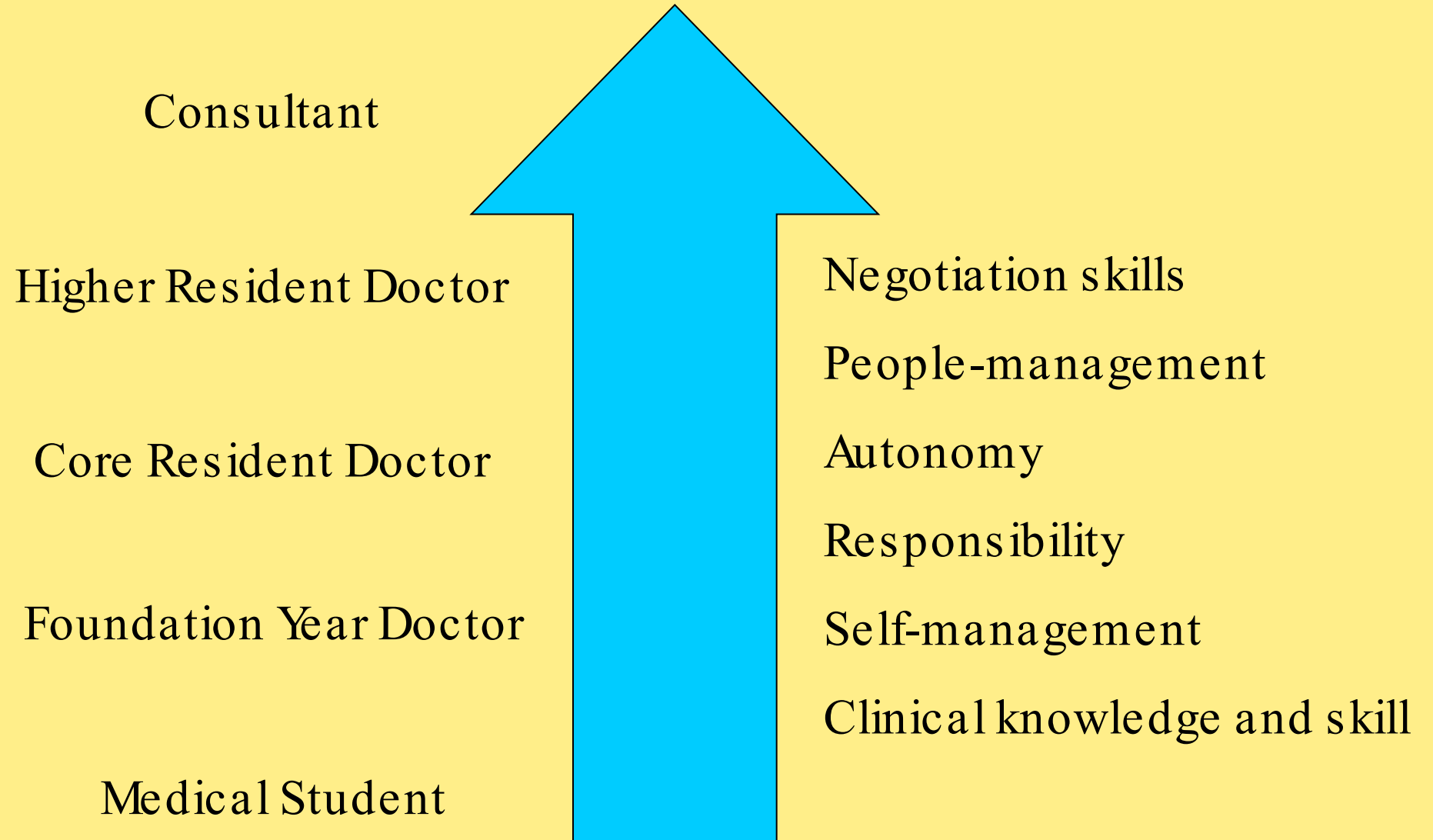
Dyslexia
 Language processing differences, 3D visuospatial skills, pattern recognition

Autism
 Communication differences, intense interests, sensory processing differences, routine and repetition

ADHD
 Variable attention, high need for activity, creativity/impulsivity, intense emotions

Dyspraxia
 Motor and coordination difficulties, sequencing and planning differences, problem solving

Entrustability and the training journey



Effective psychiatric supervision

- Allow additional time for role
- Be clear on your role: supervisor or not psychiatrist
- Consider timing and purpose/focus of supervision meetings & WPBA
- Agree clear, specific outcomes for tasks, with timescale if needed
- Portfolio: review PSPDP development and progress
- Positive focus
 - Build on strengths
 - Encourage problem-solving skills
 - Reflective discussion
- Ensure early formal recording of issues and concerns
 - Avoid 'corridor conversation' pitfall
 - Patient safety = bottom line
- Back up discussions with clear written communication

Effective educational supervision

- Joined-up approach between PS and ES is key
- Ensure handover between placements
- Plan transitions
 - Ask what is needed, don't assume
 - Timetable
 - Reasonable adjustments
- Communicate with TPD
 - Avoid surprises at ARCP (for everyone)
- Remember fitness to train may be different from fitness to work
 - Role of Specialist Occupational Health


The placement journey

- Induction meeting
 - Review portfolio (PS report(s) and ARCP)
 - Agree specific training needs for placement and link these to HLOs/KCs
 - Clearly document any aims/outcomes
- Midpoint review
 - Check in with PS prior to meeting
 - Review portfolio and progress
 - Agree plan to address any concerns
- Pre-ARCP
 - Check in with PS prior to meeting
 - Review portfolio and progress with plan
 - Clearly record strengths and positives
 - Agree focus for next placement

Key RCPsych Resources

Reasonable Adjustments Form

Reasonable Adjustments Form



Trainee name:	Current grade:
Current Employing Trust:	
Is Occupational Health (OH) involved?	Choose an item.
Is the Professional Support and Wellbeing (PSW) / Professional Support Unit (PU) / Trainee Development and Wellbeing Service (TDWS) involved?	Choose an item.
Is Access to Work involved?	Choose an item.
Consent obtained for information about health / disability to be shared with all clinical supervisors?	Choose an item.


Work pattern / Rota		CS / Line Manager agreement: Choose an item.
OH recommended adjustments		Trust HR: Choose an item.
Access to Work recommended adjustments		Trust HR: Choose an item.
Other adjustments (please see guidance notes)		Trust HR: Choose an item.

Additional Information

CS / Line Manager name:	Signature:	Date:
ES / TPD name:	Signature:	Date:
Review date:		

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A Fair Exam



Eligibility Criteria and Regulations

for

MRCPsych Written Papers and Clinical Assessment of Skills and Competencies (CASC)

March 2023