
Neurodevelopmental Credential Curriculum

September 2026

Purpose Statement

Overview

Recent years have seen a substantial increase in the recognition, referral and diagnosis of ADHD and autism, alongside growing awareness of neurodevelopmental (ND) conditions more broadly. This surge in demand is multifaceted, stemming from heightened public awareness, changes in diagnostic criteria and improved identification (particularly in females). The National Institute for Health and Care Excellence (NICE) guidelines CG128 (autism in young people), CG142 (autism in adults) and NG87 (ADHD) all emphasize the importance of timely and accurate assessments for neurodevelopmental conditions.

The UK faces rapidly growing waiting lists for neurodevelopmental assessments, posing significant challenges to individuals seeking diagnosis and subsequent support. For example, the waiting list for autism assessments for adults & children in England is over 227,000 & growing and there are over 959,662 open referrals for suspected ADHD.

Waiting times for neurodevelopmental assessments in both adults and children are typically over 12 months, and in some places an average of 10 years. Scotland does not have easily accessible national waiting times however it has been reported that around one third of ALL total community mental health referrals in Scotland are reported to be for either autism or ADHD. This leads to a high rate of rejected referrals. There are currently 5300 people on the waiting list for autism/ADHD assessment in Glasgow alone.

Late diagnosis or misdiagnosis adds to disease burden, delays appropriate intervention and increases the risk of mental health crisis. This issue is reflected in various policy documents, including the Ten-year health plan and the NHSE Autism National Framework which emphasize the need for improved access to timely assessments for neurodevelopmental conditions. Neurodevelopmental conditions frequently overlap and co-occur. Individuals commonly present with more than one neurodevelopmental condition alongside associated physical and mental health needs. Effective clinical practice therefore requires expertise not only in individual diagnoses, but also in developmental formulation, differential diagnosis and understanding the interaction between biological, psychological and social factors across the lifespan.

Furthermore, there is a notable shortage of neurodevelopmental specialist staff, including doctors, exacerbating the strain on the healthcare system. The NHS Long Term Workforce Plan underscores the need for workforce expansion in this area: mental health and learning disability demand is the fastest growing in the NHS at 4.4%.

At time of writing, publication of the Independent review into mental health conditions, ADHD and autism is imminent and will be a key driver in shaping the national conversation around service provision and training moving forward:

<https://www.gov.uk/government/collections/independent-review-into-mental-health-conditions-adhd-and-autism> We welcome the increasing focus on this important area, which is aligned with the purpose of the credential.

Neurodevelopmental conditions commonly overlap and co-occur and frequently present with associated physical health, mental health, communication and functional difficulties across the lifespan. Increasingly, clinicians are required to work across traditional diagnostic boundaries, recognising the interaction between neurodevelopmental conditions and associated presentations throughout the lifespan.

The Neurodevelopmental Credential has been designed to support key medical practitioners in developing advanced capability to provide this holistic care. The Credential recognises that neurodevelopmental conditions rarely occur in isolation and that clinicians increasingly require expertise in managing overlapping neurodevelopmental, physical health and mental health presentations across traditional diagnostic boundaries.

The Credential focuses on: holistic assessment, diagnosis and support provision for ADHD, autism, foetal alcohol spectrum disorder and tics; assessment and support for associated mental health conditions; understanding of the interplay between neurodevelopmental conditions, physical and mental health; recognition and signposting of wider neurodevelopmental conditions (Intellectual disability, developmental language disorder, dyspraxia, dyscalculia, dyslexia) and other co-occurring conditions e.g. gender dysphoria and functional neurological disorder; service provision, education and training.

Who is the Credential designed for?

The Neurodevelopmental Credential is designed for psychiatrists, GPs with extended role in neurodevelopmental services and paediatricians working as child mental health subspecialists.

Credentials provides a training option both pre- and post- CCT; attracting doctors in training and upskilling those in the wider medical workforce who may wish to join specialist services or return to practice, thus helping with workforce retention.

Need for the Credential

In the past there has been no clear training route for doctors seeking to become neurodevelopmental specialists.

Psychiatric training curricula in Learning Disability and Child and Adolescent Psychiatry include more detailed content on ND, however the training and experience received can vary significantly between placements and schemes. Other psychiatric subspecialties have historically not covered neurodevelopmental conditions in any depth.

General practice training recognises neurodevelopmental conditions as a core area of contemporary general practice and expects GPs to develop knowledge and skills in the recognition, assessment and ongoing management of neurodivergent patients. GP trainees are expected to understand the common neurodevelopmental conditions, and to recognise that these conditions frequently overlap and co-occur. The curriculum highlights the importance of gathering comprehensive medical, developmental and behavioural histories; recognising behavioural difficulties as possible indicators of underlying neurodivergence as well as the concept of diagnostic overshadowing. Trainees are also expected to understand the association between neurodevelopmental conditions and a range of physical health conditions, to make reasonable adjustments within consultations, coordinate multidisciplinary care, support transitions across services and deliver person-centred care throughout the lifespan.

Paediatricians carrying out subspecialty training in Community Child Health and Paediatric Neurodisability are trained in the assessment and management of ASD and ADHD, including prescribing medication for ADHD. Those going through general Paediatric training are expected to be able to provide advice and guidance across a broad range of health issues for babies, children and young people, their families and other professionals, but the General Paediatrics curriculum does not require explicit training in assessing or managing neurodevelopmental conditions.

Thus, most aspiring neurodevelopmental specialists have typically trained by taking brief courses in specific assessment tools. Although useful, these courses do not equip a clinician to fully understand the developmental process across the lifespan, the breadth of neurodevelopmental presentations, comorbidities and differential diagnoses therefore does not quite apply to these subspecialties.

The Credential builds upon these generalist capabilities by providing advanced training in neurodevelopmental assessment, formulation, cross-condition differential diagnosis, leadership and service development.

The rapid expansion of assessment provision across both NHS and independent sectors highlights the importance of recognised training standards and demonstrable clinical capability in neurodevelopmental practice.

The Royal College of Psychiatrists (RCPsych) has previously recognised the need to support development of training for this underserved population. The National Autism Training Programme for Psychiatrists, commissioned from RCPsych by NHSE W,T&E to help skill up the psychiatric workforce to meet the significant gap in specialist service provision for adults with autism, came onstream in 2023 offering two levels of training:

- Foundation offer (adults) – post certification; to equip psychiatrists working in community and inpatient settings and addiction, liaison and forensic services to effectively meet the needs of autistic people with significant co-occurring mental health problems.
- Enhanced offer (adults) – post certification; to equip specialist autism psychiatrists with the clinical skills needed to deliver enhanced autism support, including diagnosis, comorbidity and therapeutic approaches.

Both levels are significantly oversubscribed, demonstrating psychiatrists' desire to learn more about autism.

The Credential is not intended to replace existing training opportunities but to provide a recognised progression pathway for clinicians wishing to develop enhanced expertise in neurodevelopmental practice. It builds upon foundations established through the various Colleges neurodevelopmental curricula including RCGP, RCPCH, RCPsych) as well as educational initiatives such as the B4ND-AIDS (Assessment, Identification, Diagnosis and Support) programme delivered by the British Association for Neurodiversity (B4ND). The Credential extends this foundation through a structured, assessed framework that supports the development of advanced clinical capability in lifespan neurodevelopmental practice, cross-condition differential diagnosis, formulation, leadership, service development and multidisciplinary working.

Proposed route

The credential will be open to applicants who are a medical practitioner working in Psychiatry, General Practice and Paediatrics. They must currently be a Consultant, SAS doctor or equivalent or a doctor in higher training (ST4+ or equivalent).

Psychiatrists with CCT in a developmental specialty (CAMHS or Learning Disability) or who are undertaking higher subspecialty training in a developmental specialty will not be eligible to apply, as they will cover the relevant capabilities as part of their training. SAS doctors working in developmental specialties may however apply, as they may not have had the same training opportunities.

Participants must be working in a role where they have direct clinical responsibility for patients and are currently involved in or intending to develop skills in neurodevelopmental conditions.

Supervision arrangements

Supervision with an assigned mentor with a relevant CCT and working within Neurodevelopmental Services will need to be attended at least fortnightly. This can be achieved remotely or in person. A minimum of 20 hours clinical supervision should be undertaken over a period of 12 months. The mentor role will be funded at the annual PA rate, at 0.25PAs per week per applicant.

The role of the mentor will include both clinical and educational supervision. Supervision records will need to be demonstrated in a portfolio.

Framework

1. Duration of training and scope

One year in Neurodevelopmental Services with a minimum of 3 clinical sessions per week. Attendance at 6 face-to-face learning days over the year, plus case discussion groups and mentoring sessions. Completion of e-portfolio.

2. Placement

NHS Neurodevelopmental Services in the UK.

3. Supervision

Resident Doctors will continue to train under their recognised and approved clinical and educational supervisor with overall supervision from the Training Programme Director. In addition, they will engage with the mentorship system assigned for the credential.

Substantive Doctors (SAS, Consultants, GPs and Paediatricians) will engage with the mentorship system assigned for the credential.

4. Framework of training

RCPsych managed portfolio-online will be used to keep and manage all participants' portfolios. Psychiatry Resident Doctors may therefore need to run two e-portfolio systems in parallel for the duration of the Credential (i.e. 14 Fish and Portfolio Online).

5. Assessment of achievement of core capabilities

Will be demonstrated by completion of relevant RCPsych workplace-based assessment (WPBA) tools and other documentation as set out in the portfolio requirements (Appendix 1). Suitable WPBA include: Assessment of Clinical Expertise (ACE), Mini-Assessed Clinical Encounter (mini-ACE), Case Based Discussion (CBD), Direct Observation of Procedural Skills (DOPS), Multi-Source Feedback (MSF) is obtained using the Mini Peer Assessment Tool (mini-PAT), Case Based Discussion Group Assessment (CBDGA), Journal Club Presentation (JCP), Direct Observation of non-Clinical Skills (DONCS).

The completed portfolio and structured mentor's report will be reviewed by a member of the Neurodevelopmental Credential Faculty with signoff leading to award of the Credential.

6. Regulation of training

All applicants must have registration and licence to practice with the GMC and should be affiliated to RCPsych or an equivalent Royal College. They should follow the GMC's Good Medical Practice guidance / relevant Guidance from their Medical Royal College while pursuing their training. The doctor should undergo local induction with their employer and follow local policy and procedures as required including the regulations on data protection and patient confidentiality. The doctor will be regulated by relevant GMC, Medical Royal College, NHSE, Psychiatry Training Scheme (where relevant) and employing NHS Trust's regulations.

7. Funding

NHS England (NHSE) is funding the project. The mentor's salary and allowances will be paid at the standard PA rate. The funds will also cover the places of participants.

Credential Curriculum

The below table outlines the High Level Outcomes (HLOs) and Key Capabilities (KCs) to be achieved under 16 key themes. Please use this curriculum in conjunction with the credentialing handbook. The term 'neurodevelopmental conditions' is used throughout to refer to autism, ADHD, fetal alcohol spectrum disorder and tics and delegates are expected to demonstrate clinical consideration of the full range of conditions during their training year.

By the end of the credential, you will be able to:

High Level Outcome 1 (GPC 1)	Demonstrate the professional values and behaviours required of a Neurodevelopmental Specialist with reference to Good Medical Practice other relevant guidance.
Themes	Key Capabilities (KCs).
1.1 Professional Relationships	Work collaboratively with people presenting with neurodevelopmental conditions and their support networks across the lifespan, regardless of gender, ethnicity, sexual orientation, protected characteristics.
	Actively encourage mutual understanding and collaboration between those with neurodevelopmental conditions and those without.
	Assess and respond to the range of social, economic, and relational factors that shape access to care and clinical outcomes for people with neurodevelopmental conditions and their support networks, including barriers arising from disadvantage, discrimination, or complex family and social circumstances.
	Consistently demonstrate a person-centred holistic (which includes biological, psychological, and social) clinical approach to people with neurodevelopmental conditions and their support networks. Demonstrate an honest, empathic and compassionate approach which respects their dignity while maintaining therapeutic optimism and boundaries.
	Work collaboratively with professional networks, including third sector, to meet the needs of people with neurodevelopmental conditions.

1.2 Professional Standards	Demonstrate the ability to be flexible, lead, use initiative, be able to prioritise, and be adaptable, including use of new technology.
	Consistently demonstrate a positive, conscientious and timely approach to the completion of your work.
	Demonstrate a reflective approach as a clinical leader within the team and actively promote reflective practice as a means of understanding the emotional impact of the clinical work (Including managing trauma), at an individual and systemic level.
	Use supervision and reflection effectively, recognising your skills, limitations, and your duty of candour.
	Promote holistic neurodevelopmental practice as a core part of your clinical work.
	Act as an advocate for people with neurodevelopmental conditions and their support networks.
	Work collaboratively with colleagues in a way that demonstrates appropriate professional values and behaviours, including providing support, respecting difference of opinion, and using professional challenge when appropriate.
	Raise and address any issues of patient safety and quality of care in a timely manner.
	Adapt your practice to changing circumstances, new clinical models, and evolution of scientific knowledge around neurodevelopmental conditions, to provide appropriate care.
	Maintain appropriate professional standards while working clinically as a leader within your healthcare organisation.
	Develop a supportive professional and clinical network to enable you to work effectively as a specialist in neurodevelopmental conditions.
	Uphold the need for confidentiality in information sharing towards maintaining a high standard of patient care whilst allowing safety to be maintained.
	Make clear, accurate and contemporaneous records.
High Level Outcome 2.1 (GPC 2)	Demonstrate advanced communication and interpersonal skills when engaging with people with neurodevelopmental conditions, their wider community, colleagues and other professionals.
Theme	Key Capabilities (KCs).

2.1 Communication	Consistently demonstrate high level skills in empathetic and effective communication, adopting developmentally appropriate techniques in assessment, communication, and interaction. This may include the use of communication tools and technologies and relevant reasonable adjustments to meet the needs of people with neurodevelopmental conditions.
	Consistently use active listening skills, sensitive and empathic language which respects the individual, facilitates engagement, removes barriers and inequalities, ensures partnership and shared decision-making, and is clear, concise, non-discriminatory, and non-judgemental.
	Demonstrate the ability to remain calm if faced with distressed persons, adapting your communication style and making reasonable adjustments as needed, to allow you to explore their concerns in a constructive manner.
	Demonstrate skills in supporting people with neurodevelopmental conditions for whom English is not their first language, or who have limited verbal communication.
	Gather information from relevant sources, assimilate, formulate, and then agree a robust management plan with persons with neurodevelopmental conditions and their support networks. Share this information effectively with others, systemically, in a timely manner.
	Consistently demonstrate a high level of skill to help contain the anxiety and/or challenging dynamics within the clinical team and/or external stakeholders.
	Produce specialist reports that are comprehensive, timely, accurate, appropriate to context.
High Level Outcome 2.2 (GPC 2)	Demonstrate advanced skills in the assessment, formulation, diagnosis and person-centred holistic management of an appropriate range of presentations in a variety of neurodevelopmental conditions.
Theme	Key Capabilities (KCs).
2.2 Clinical Skills	ASSESSMENT
	Perform holistic neurodevelopmental assessments across the whole diagnostic spectrum and across the age range relevant to your practice. Take a full medical and psychiatric history from the person and collateral history from a range of appropriate informants.
	Expertly assess physical, psychological, and social developmental processes in people with neurodevelopmental conditions.
	Perform expert assessment of common co-morbidities in people with neurodevelopmental conditions.

	Perform expert assessment of systems around the person and of their strengths and needs when supporting someone with a neurodevelopmental condition.
	Perform expert assessment of mental capacity/incapacity and risk in people with neurodevelopmental conditions.
	Systematically enquire about the needs of carers of people with neurodevelopmental conditions and signpost / refer them to appropriate services.
	FORMULATION/ DIAGNOSIS
	Apply relevant classification systems to establish or rule out neurodevelopmental conditions and differential diagnoses. Use these in a developmental, systemic and needs-based manner.
	Establish a formulation based on the clinical presentation using an appropriate framework.
	Share formulations with people with neurodevelopmental conditions and, with consent, with their support networks.
	TREATMENT PLAN
	Act on your findings in a timely fashion, including liaison with / seeking expert advice where required, from other relevant professionals.
	Construct a management plan in collaboration with the patient, their support network and other professionals involved. This should include managing any risks identified in the risk assessment.
	Assess suitability for appropriate biopsychosocial interventions and discuss the options with the person and their network.
	Assess the effectiveness of biopsychosocial interventions.
	Provide advice and consultation to other professionals about evidence based biopsychosocial interventions.
	WORKING WITH SYSTEMS AND IN DIFFERENT SETTINGS
	Provide consultation to multiagency colleagues on the interaction between neurodevelopmental conditions, physical and mental health and the impact these have on the clinical presentation, risks and management plans.
	SUPPORTING FAMILIES AND CARERS

	Actively promote and help people with neurodevelopmental conditions and their families/carers develop self-management strategies and use help from experts by experience.
2.3 Clinical Knowledge	GENERAL PRINCIPLES Apply expert knowledge of learning and behavioural stages of human development across the age range, including knowledge of normative development as well as variations in presentations and across cultures and apply this knowledge to your clinical practice. Apply expert knowledge of the social determinants of health, and systemic factors including the “lived environment”; environmental factors, technologies, social media, and the impact these have on the aetiology and presentation of neurodevelopmental conditions. ASSESSMENT Apply expert knowledge of differences in the presentation of co-morbid physical, mental and neurodevelopmental conditions to your assessments. Demonstrate consistent consideration of diagnostic overshadowing. TREATMENT PLAN Demonstrate knowledge of evidence-based treatments available for the co-morbid conditions and how these may be adapted for people with neurodevelopmental conditions. Demonstrate knowledge of the impact of neurodevelopmental conditions on the wider system around the person and on their support network.
High Level Outcome 2.4 (GPC 2)	Apply advanced management skills in neurodevelopmental conditions in situations of uncertainty, conflict and complexity across a wide range of clinical and non-clinical contexts.
Theme	Key Capabilities (KCs).
2.4 Complexity & Uncertainty	Demonstrate an understanding of individual variation and the impact of biological, social and cultural factors, including effects of discrimination on the presentation of neurodevelopmental conditions. Acknowledge when people with neurodevelopmental conditions have had poor care and / or traumatic experiences and demonstrate commitment to addressing these. Acknowledge and explore any differences in perspective between the person with a neurodevelopmental condition, their support network / professionals and/or yourself e.g. diagnostic findings, understanding of support needs. Consider how these differences may

	impact on support provision, for example working relationships and on risk management planning and aim to achieve a consensus. Reflect your findings in your written documentation in a respectful and considered manner. Safely manage varying levels of complexity and uncertainty across the range of clinical contexts. Ensure timely review of the formulation and management of the health and care needs of patients when the outcome is not as expected or hoped for. Work within the limits of your clinical capabilities, seeking timely support and consultation. Develop a balanced response as a part of helping other professionals in managing differences of opinion and professional disagreements in complex and uncertain situations.
High Level Outcome 3.1 (GPC 3)	Apply advanced knowledge of relevant legislative frameworks across the UK to safeguard people with neurodevelopmental conditions and safely manage risk.
Theme	Key Capabilities (KCs).
3.1 Knowledge of legal and organisational frameworks in your UK jurisdiction	Apply knowledge of health and care systems, as well as national policies, priorities and national drivers linked with delivery of neurodevelopmental services across the age range and in all settings. Demonstrate knowledge, and where appropriate proficiency, in the application of current legislation in your UK jurisdiction governing the care, treatment and supporting rights of people with neurodevelopmental conditions. Apply knowledge of the legal frameworks supporting decision-making in your clinical practice. Expertly assess mental capacity/incapacity and consult relevant persons where appropriate. Demonstrate knowledge, and where appropriate proficiency, in the applicability of different laws in different age groups. Use different and appropriate frameworks of law to prepare suitable care plans in collaboration with multiagency setting for robust patient care. Balance the duty of care to the person and the protection of others within the framework of human rights when considering the use of legal powers whilst being respectful of the person's autonomy. Demonstrate expert knowledge of multiagency and employment provisions and models of care and employment for people with neurodevelopmental conditions. Apply your knowledge of legislation around reasonable adjustments to support needs being met.

	Demonstrate good understanding of your own responsibilities and accountability to different authorities such as DVLA, safeguarding and others.
High Level Outcome 3.2 (GPC 3)	Work effectively within the structure and organisation of the NHS, and the wider health and social care landscape.
Theme	Key Capabilities (KCs).
3.2 Working within NHS and organisational structures	Apply an advanced understanding of organisational policy, dynamics, and practice at a local and national level in the wider health and social care system that influences the funding and delivery of services for people with neurodevelopmental conditions.
	Apply knowledge of how healthcare governance and policy influences patient care, research, and educational activities at a local, regional and national level.
	Expert knowledge of local and regional care pathways for people with neurodevelopmental conditions.
	Provide clinical leadership and consultation regarding support for people with neurodevelopmental conditions in all settings to achieve safe transitions and optimal outcomes. Demonstrate effective working relationships with healthcare, social care and other agencies.
	Demonstrate the ability to work with different agencies such as social care and police to support people with neurodevelopmental conditions who are at risk.
	Contribute to pathway and service developments related to neurodevelopmental conditions.
High Level Outcome 4 (GPC 4)	Demonstrate leadership and advocacy in mental and physical health promotion and illness prevention for people with neurodevelopmental conditions and the wider community.
Theme	Key Capabilities (KCs).
4.1 Health promotion and illness prevention in community settings	Use knowledge of social determinants of mental health (such as inequalities, discrimination, social, economic, and cultural factors, the impact of technology and social media) to promote good mental health in people with neurodevelopmental conditions.
	Demonstrate understanding of the national health priorities in your UK jurisdiction, including ensuring effective health monitoring for people with neurodevelopmental conditions.

	Demonstrate an understanding of the benefits as well as potential harms and risks inherent in health-care interventions and apply this to working with people with neurodevelopmental conditions in different settings.
High Level Outcome 5 (GPC 5)	Demonstrate effective team working and leadership skills to work constructively and collaboratively within the complex health and social care systems that support people with neurodevelopmental conditions.
Themes	Key Capabilities (KCs).
5.1 Teamworking	Demonstrate awareness of how the individual personal qualities, emotions and behaviours of both you and your team impact on teamworking and quality of care provision. Use this awareness to model, educate and adapt your service, including conflict resolution. Identify and challenge stigma and other barriers to accessing Neurodevelopmental Services, particularly for underrepresented groups. Demonstrate collaborative leadership skills to work effectively as part of a team. Lead on multi-agency care provision for people with neurodevelopmental conditions, to achieve best clinical care depending on individual needs.
5.2 Leadership	Understand the importance of leadership and the role you hold, in the context of team and multiagency working, to deliver high quality of care in Neurodevelopmental Services. Demonstrate willingness to lead, take charge, and offer opinions and direction. Demonstrate an inclusive leadership style and awareness of the impact of hierarchy and power within relationships with both patients and colleagues. Understand your own leadership skills and behaviours and how these impact on others. Reflect on and explain decisions in a transparent manner. Demonstrate the development and application of your own leadership skills in Neurodevelopmental Services. Mentor and support colleagues working in Neurodevelopmental Services to enhance their performance and support their development. Critically appraise the performance of colleagues and know how to escalate concerns.
High Level Outcome 6 (GPC 6)	Identify, promote and lead activity to improve the safety and quality of patient care and clinical outcomes of a people with neurodevelopmental conditions.
Themes	Key Capabilities (KCs).

6.1 Patient safety	Understand and use the principles of clinical governance and the impact of 'human factors' and team dynamics to assure patient safety and quality of clinical care.
6.2 Quality improvement	Advocate for the inclusion of the 'voice' of people with neurodevelopmental conditions and their support networks as an important part of assuring patient safety and quality of services.
	Use quality improvement methodologies to identify and implement improvements within your service and reflect on the outcomes achieved. Mentor or supervise others within quality improvement processes.
	Understand the importance of involving a range of 'experts by experience' in improving care.
High Level Outcome 7 (GPC 7)	Lead on the provision of support for people with neurodevelopmental conditions who are identified as being vulnerable. Demonstrate advocacy, leadership and collaborative working around vulnerability and safeguarding for people with neurodevelopmental conditions and their support networks.
Themes	Key Capabilities (KCs).
7.1 Safeguarding	Demonstrate knowledge of the individual and systemic factors contributing to, and recognition of vulnerabilities and safeguarding concerns in, people with neurodevelopmental conditions.
	Understand the risks and impact of victimisation, exploitation, grooming and radicalisation in vulnerable groups.
	Understand the impact of trauma for people with neurodevelopmental conditions. Apply a trauma-informed approach to the care you deliver.
	Work within legislative frameworks and local processes to raise and report safeguarding concerns in a timely manner and contribute to safeguarding processes.
	Advocate, educate, support, and supervise colleagues in the recognition of safeguarding concerns, and how to act in a timely manner within relevant local protocols.
High Level Outcome 8.1 (GPC 8)	Promote and lead on the provision of effective education and training in clinical, academic and relevant multi-disciplinary settings.
Theme	Key Capabilities (KCs).
8.1 Education & Training	Demonstrate knowledge of principles and methods of learning, education, teaching and training, and apply these principles in a variety of clinical and non-clinical settings. Adapt

	your teaching, making reasonable adjustments where needed, for learners with neurodevelopmental conditions and specific learning difficulties.
	Understand your own training needs in relation to neurodevelopmental conditions and pursue your own continuing professional development.
	Demonstrate an awareness of the principles of feedback and be able to implement this knowledge in the giving and receiving of feedback related to your teaching and learning activities.
	Demonstrate the professional qualities of an effective trainer; be able to teach and guide individuals and groups at different levels (medical students, residents, MDT, and external stakeholders).
	Understand the role of experts by experience in delivering training, acknowledging that each person's lived experience does not apply universally. Proactively enquire about any reasonable adjustments needed to support training preparation and delivery and make timely arrangements for these.
High Level Outcome 8.2 (GPC 8)	Demonstrate effective supervision and mentoring skills as essential aspects of education in neurodevelopmental conditions, to promote safe and effective learning environments.
Theme	Key Capabilities (KCs).
8.2 Supervision	Actively take part in supervision/mentoring.
	Apply effective supervision/mentoring skills within your service/practice.
	Promote safe and effective learning environments.
High Level Outcome 9 (GPC 9)	Apply an up-to-date advanced knowledge of research methodology, critical appraisal and best practice guidance to clinical practice, following ethical and good governance principles.
Theme	Key Capabilities (KCs).
9.1 Undertaking research and critical appraisal	Demonstrate awareness of the importance of translating research relevant to neurodevelopmental conditions into local clinical practice. Critically evaluate data, scientific papers, reviews, and meta-analyses; and implement the findings in your practice.
	Demonstrate and maintain an understanding of evidence-based practices and methodologies, including critical appraisal of existing published research.

	Effectively communicate the evidence-base, including guidelines, in your clinical practice with people with neurodevelopmental conditions and their support network, to help them make informed treatment decisions.
	Undertake academic activity relevant to neurodevelopmental conditions.
	Demonstrate knowledge of research ethics, consent, and governance as relevant to your clinical practice in neurodevelopmental conditions.

References

The curriculum has been informed by current GMC standards, NICE guidance, NHS England policy documents, Royal College of Psychiatrists curricula, and published national and regional data relating to neurodevelopmental service provision and workforce requirements.

1. General Medical Council. *Good Medical Practice*. London: GMC; 2024.
2. General Medical Council. *Generic Professional Capabilities Framework*. London: GMC.
3. National Institute for Health and Care Excellence (NICE). *Autism spectrum disorder in under 19s: recognition, referral and diagnosis* (CG128). London: NICE.
4. National Institute for Health and Care Excellence (NICE). *Autism spectrum disorder in adults: diagnosis and management* (CG142). London: NICE.
5. National Institute for Health and Care Excellence (NICE). *Attention deficit hyperactivity disorder: diagnosis and management* (NG87). London: NICE.
6. NHS England. *National Framework to Deliver Improved Outcomes in All-Age Autism Assessment Pathways*. NHS England; 2023.
7. NHS England. *The NHS Long Term Plan*. NHS England; 2019.
8. NHS England. *NHS Long Term Workforce Plan*. NHS England; 2023.
9. Royal College of Psychiatrists. *Curricula for Psychiatry Training*. RCPsych; 2022.
10. Royal College of Psychiatrists and NHS England Workforce, Training and Education. *National Autism Training Programme*. 2023 onwards.
11. NHS England Autism Statistics publications and performance data, referenced for national autism assessment waiting list figures and waiting time estimates.
12. House of Commons Health and Social Care Committee. *The Treatment of ADHD and Autism*. HC Reports; 2023. Referenced in relation to rising demand, waiting times and workforce challenges.
13. Scottish Government and COSLA. *National Neurodevelopmental Specification for Children and Young People*. Referenced in relation to Scottish neurodevelopmental service provision.
14. NHS Greater Glasgow and Clyde neurodevelopmental service reports. Referenced regarding local waiting list data for autism and ADHD assessments.
15. Assessment, diagnosis and interventions for autism spectrum disorders (SIGN 145, 2016)

16. Autism (NICE QS51, 2014) - RCPCH formal support
17. Autism spectrum disorder in under 19s: recognition, referral and diagnosis (NICE CG128, updated 2021)
18. Autism spectrum disorder in under 19s: support and management (NICE CG170, updated 2021)
19. Attention deficit hyperactivity disorder (NICE QS39, updated 2018) - RCPCH formal support
20. Attention deficit hyperactivity disorder: diagnosis and management (NICE NG87, updated 2019)
21. Children and young people exposed prenatally to alcohol (SIGN 156, 2019)
22. Fetal alcohol spectrum disorder (NICE QS204, 2022)
23. Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care (NICE NG26, 2015)
24. Children's attachment (NICE QS133, 2016) - RCPCH formal support

Appendices

Appendix 1 – Template credential assessment and sign-off guide

Activity/Domain	HLO Key Capability Domain	Credential Requirements	Sign-off notes
Personal Development Plan (PDP)	All	Commence PDP prior to undertaking credential placement. Continue to develop as placement progresses. PDP must be set up with the credentialing mentor.	1 required for evidence portfolio.
Engagement with Learning Days	All	Evidence of attendance, participation in and reflection on Learning Days.	Engagement with the 6 Learning Days
Engagement with Mentoring process	HLO 8	Records of mentor meetings, reflecting 20 hours of mentoring, demonstrating participation in both individual and group meetings.	Supervision/mentoring reports Reflections on learning Relevant WPBA Mentor feedback report
Case histories	HLO 2	Evidence of case histories completed prior to the credential, demonstrating the delegate's breadth of clinical practice. Evidence of undertaking case histories during the credential covering the range of neurodevelopmental presentations, and across the age range appropriate to the delegate's clinical practice.	Cases to be agreed with mentor 10 required for the evidence portfolio.
Case Based Discussions (CBD)	HLO 1-7	Undertake CBDs through length of credential placement, to include: - The full range of neurodevelopmental conditions - Minimum two complex cases with co-morbidity considerations	Recommended minimum of four CBDs throughout the credential placement

Workplace Based Assessments	HLO 1-9	Undertake WPBA through length of credential placement, to demonstrate capabilities across the breadth of the curriculum: • Professional values and behaviours • Clinical skills • Legal and organisational frameworks and structures • Health promotion and illness prevention • Leadership and Teamworking • Patient Safety and Quality Improvement • Safeguarding vulnerable groups • Education and Training • Research and Scholarship If the mentor does not have opportunity to actively observe the delegate in clinical and/or colleague interactions, then the delegate must evidence HLOs 1, 2 and 5 through appropriate WPBA completed by suitably trained clinicians*.	Range of options include: Case-Based Discussions (CBDs), Case Based Discussion Group Assessment (CBDGA), Multisource feedback (Mini-PAT)*, Assessment of Clinical Expertise (ACE)*, Mini-Assessed Clinical Encounter (mini-ACE)*, Direct Observation of Non-Clinical Skills (DONCS)*, Direct Observation of Procedural Skills (DOPS)*, Journal Club Presentation (JCP). Recommended total minimum of 10 throughout the credential placement (Including 4 CBDs) At least 1 ACE completed by a senior clinician demonstrating consideration of multiple neurodevelopmental conditions.
Reflective Practice	All	Reflective reports/evidence of reflection, to include: • Learning day reflections • Mentor session reflections • Clinical and service related reflections	Required to provide evidence of reflective practice.
Mentor Feedback report	All	Required that mentor completes a feedback form covering the duration of the credential placement.	1 report required for evidence portfolio.

Appendix 2 – Template Personal Development Plan

To be completed at the start of the credential placement

Credential Specialty	
Location	
Mentor	

Credential Activities

HLO	SELECT CAPABILITY <i>Please only select a maximum of 10 capabilities per theme [will include a drop down of curricula capabilities]</i>	Planned activities To be set up with mentor at start of credential.	Evidence including WPBAs To agree WPBAs linking to HLOs and activities.	Comments from Mentor
1. Professional Values and behaviours 1.1 Professional Relationships 1.2 Professional Standards	1.1 Professional Relationships			
	1.2 Professional Standards			
2. Professional Skills 2.1 Communication Skills 2.2 Clinical Skills	2.1 Communication			
	2.2 Clinical			

2.3 Complexity and Uncertainty				
	2.3 Complexity & Uncertainty			
3. Professional Knowledge 3.1 Knowledge of legal and organisational frameworks 3.2 Working within NHS organisational structures	3.1 Professional Knowledge			
	3.2 Working within NHS Organisational Structures			
4. Health promotion and illness prevention 4.1 Health promotion and illness prevention in individuals and community	4.1 Health promotion and illness prevention			
5. Leadership and Teamworking 5.1 Teamworking 5.2 Leadership	5.1 Teamworking.			
	5.2 Leadership.			
6. Patient Safety and Quality Improvement 6.1 Patient Safety 6.2 Quality improvement	6.1 Patient Safety			
	6.2 Quality improvement			
7. Safeguarding vulnerable groups 7.1 Safeguarding.	7.1 Safeguarding			
8. Education and Training 8.1 Education and Training 8.2 Supervision	8.1 Education and Training.			
	8.2 Supervision			
9. Research and Scholarship 9.1 Conducting research and critical appraisal	9.1 Conducting research and critical appraisal			

Appendix 3 – Guidance for mentors on mentorship within credentials

To work as a mentor for a doctor aiming to gain a credential, the mentor must meet the following criteria:

- Should be a recognised trainer for higher resident doctors or have equivalent experience in supervising and supporting doctors in training or development.
- Should hold a CCT, Portfolio Pathway (formally CESR), or equivalent endorsement in the area the doctor is aiming to achieve a credential in.
- Should have been in a substantive consultant or senior SAS role for at least 3 years.
- Need NOT be in the same Trust as the doctor aiming to achieve a credential.

Roles & responsibilities of the Mentor:

- Will work with individual doctor to develop & facilitate an individual learning plan that addresses their educational needs.
- Will meet with doctor for at least an hour per fortnight (pro rota).
- Will undertake a recommended minimum of 20 hours of meeting with the credentialing participant.
- Will agree with the format for recording mentoring sessions with the doctor, so these can be included in portfolio.
- Will act as a resource for information & guidance.
- Will oversee and, on occasion, perform assessments as evidence for the portfolio.
- Has a responsibility to share with doctor any concerns about progress if this is a concern and support the development of an action plan. Should this action plan fail to address the concerns, then the mentor should share this with the credentialing lead at the RCPsych.