Helping Neurodivergent Doctors Thrive:

An Inclusion and Support Framework

Foreword

The landscape of medical education is evolving; a central tenet of education is that training should be individualised to learners' needs and strengths. In line with the general population, we have seen a significant rise in the recognition of neurodiversity within psychiatric training. As awareness and diagnosis of neurodivergent conditions increase, so too does the need for inclusive, equitable, and individualised supportive educational environments that empower both learners and educators to thrive.

The Royal College of Psychiatrists is committed to upholding principles of educational excellence and equity, aligning with its wider strategies on professional development and inclusion. We acknowledge that neurodiversity in training is an area often surrounded by myths and misunderstandings, which can create barriers for both resident doctors and supervisors. This resource seeks to address those challenges through clarity, evidence-based recommendations, and practical tools that support real-world application.

This toolkit has been developed primarily to provide practical guidance for Psychiatrists in training and those responsible for their education. Unsurprisingly, what holds true for the educational environment, also holds true for the wider workplace and again, not solely in Psychiatry. And therefore, the toolkit will be of relevance beyond the world of Psychiatric training to other branches of medicine and healthcare.

Understanding Terminology

The term neurodivergent is used throughout this toolkit as an umbrella term to describe individuals whose cognitive profiles differ from what is considered typical. This includes, but is not limited to, autism, ADHD, dyslexia, dyspraxia, and Tourette's syndrome. The language of neurodiversity continues to evolve, and we recognise that not everyone will identify with or prefer the same terminology. Our aim is to use inclusive and respectful language that reflects both current understanding and the lived experiences of neurodivergent individuals.

Foreword

Disclosure and Context

We also recognise that not everyone will have a formal diagnosis or choose to disclose their neurodivergence. In this context, disclosure refers simply to the act of sharing relevant information about one's needs or preferences to facilitate support; whether or not this is linked to a medical diagnosis. The scenarios within this toolkit are written to be relatable to a broad range of experiences, including those who identify as neurodivergent without a formal descriptor of condition or disorder attached to the experience. Supervisors should note that their role is *not to diagnose* but to *support*. Equally, resident doctors who are comfortable with informal adjustments rather than a formal diagnostic process should be respected and supported within that preference.

About the Scenarios

The scenarios presented within this resource are idealised and solutions-focused. They are not intended to represent real individuals or prescribe a single 'correct' course of action. Rather, they illustrate principles of good practice, modelling constructive approaches to complex and sensitive situations. They are designed to promote reflection, empathy, and problem solving; not blame. We acknowledge that real life situations are often more nuanced and less clear cut; however, by providing structured, solution-oriented examples, we aim to make the principles of inclusive supervision and training more tangible and actionable.

Realism, Support, and Shared Responsibility

Support, when implemented well, can significantly increase the likelihood of success for both resident doctors and supervisors. However, it does not guarantee it. This toolkit is not intended to resolve every challenge, but to empower individuals and organisations with the confidence, hope, and practical strategies needed to navigate them. Neurodiversity in psychiatry is a shared professional responsibility one that requires empathy, flexibility, and a commitment to continual learning. By fostering inclusive systems and culture, we can ensure that neurodivergent professionals are not only accommodated but valued for the perspectives and strengths they bring to the field.

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Glossary of Acronyms

ARCP — Annual Review of Competence Progression
CPD — Continuing Professional Development
DME — Director of Medical Education
EDI — Equality, Diversity and Inclusion
ES — Educational Supervisor
GMC — General Medical Council
HEE — Health Education England
HR — Human Resources
KPIs — Key Performance Indicators
LTFT — Less Than Full Time
MRCPsych — Member of the Royal College of Psychiatrists
ND — Neurodivergent / Neurodiversity
PSW — Professional Support and Wellbeing Unit
RA — Reasonable Adjustments (including RA Form / RA Passport)
RCPsych — Royal College of Psychiatrists
ST4 — Specialty Training Year 4
TPD — Training Programme Director

Neurodivergent Resident Doctor Scenarios

To get the most out of this resource, we recommend starting with the scenario to understand the context and challenges faced. Then, explore the steps taken to address those challenges; these are designed to be adaptable and collaborative. The outcome section shows the impact of inclusive practice, while the auditable outcomes offer examples of what supportive communication might look like in real settings. Use this toolkit as a conversation starter, a planning aid, or a reflective tool to strengthen your approach to neurodiversity in the workplace.

Training Scenario 1:
Supporting a Neurodivergent Resident Doctor

On Jamie's first day, he steps into the hospital feeling both eager and tense. The fluorescent lights buzz overhead, and the constant background noise makes his shoulders tighten. Rachel, the clinical supervisor, welcomes Jamie into a softly lit office with the window cracked open for fresh air. As he sips tea, Jamie shares his excitement to work on complex cases but admits feeling anxious about the crowded, noisy environment. Rachel listens closely, reassures Jamie they will build in quiet planning time and written instructions, and together they create a supportive plan using the RA form.

Over the following weeks, Rachel notices Jamie's talent for picking up subtle diagnostic clues. When Jamie looks overwhelmed during ward rounds, Rachel gives their agreed-upon signal: a gentle tap on the clipboard to pause, refocus, and tackle one task at a time. Jamie then takes a short sensory break, stepping outside for fresh air or finding a quiet corner to reset. Together, they develop a rhythm where Jamie's strengths shine.

However, one afternoon, Rachel suggests Jamie revise for an upcoming assessment by using flashcards and timed mock tests; methods she finds effective. Jamie tries but quickly feels overloaded and disoriented. The fast-paced format and lack of structure clash with his need for predictable, low-stimulation environments. After a difficult week, Jamie shares his frustration, and Rachel realises her advice didn't account for neurodivergent learning styles. She apologises and works with Jamie to co-create a revision plan using visual organisers, quiet study blocks, and regular check-ins.

Step 1: Preparation Phase

Rachel receives Jamie's profile, which he chose to complete voluntarily, and completed Reasonable Adjustments (RA) form, outlining key needs: sensory overload support, preference for written over verbal instructions, flexible scheduling to balance carer responsibilities, and structured supervision. Rachel proactively prepares by enrolling in neurodiversity training, consulting the Accessibility TPD, and reviewing institutional resources. The RA form is uploaded onto Jamie's online portfolio and informs supervisors from the outset.

Action items:

- Review Jamie's RA form to inform all preparation.
- Adjust mentorship strategies for sensory and communication needs.
- Factor in carer responsibilities upfront.

Step 2: Initial Meeting

Rachel meets Jamie in a quiet space. Jamie shares enthusiasm but also concern about the busy environment. Rachel reassures him, setting up agreements around breaks, clear written instructions, and collaborative planning, all documented in the RA form.

Step 3: Tailored Learning Plan

Jamie's strengths in diagnostics and pattern recognition are emphasised. Rachel co-develops a structured learning plan, setting clear daily and weekly goals, integrating visual aids, assistive tools, and regular check-ins.

Step 4: Real-Time Clinical Support

During ward rounds, when Jamie becomes overwhelmed, Rachel calmly redirects focus to one task at a time, reinforcing the strategies agreed in the RA form. She models adaptive supervision for the broader team.

Step 5: Reflection and Feedback

Rachel and Jamie reflect monthly on progress, celebrating diagnostic successes and adjusting support as needed. Rachel commits to ongoing learning and advocacy for neurodivergent resident doctors.

Outcome:

A confident, supported Jamie, thriving under proactive, adaptive supervision.

Auditable Outcomes:

- Reasonable Adjustments (RA) form is uploaded and visible on Jamie's portfolio (e.g. documented in portfolio audit log) Reasonable Adjustments Guidance
- Supervisor has completed ND e-learning module (certificate or LMS record).
- Evidence of monthly feedback meetings (e.g. portfolio entries, meeting logs).
- Supervisor reflective log includes notes on use of agreed non-verbal cues (e.g. clipboard signal).
- Mid-point review shows progression aligned to learning plan objectives.

Training Scenario 2:
Co-Designing an Individualised Learning Plan

Over a coffee meeting, Rachel and Jamie sit side by side, colourful sticky notes and markers spread across the table. They map out Jamie's strengths, rapid pattern recognition, keen memory for details, alongside challenges like auditory overload and balancing carer responsibilities. Jamie explains that visual timelines help keep tasks clear.

Rachel suggests integrating digital task trackers and colour-coded schedules. They laugh over which apps they've tried and agree to experiment with new ones. Together, they build a learning plan that not only meets formal requirements but empowers Jamie to manage his workload confidently.

Step 1: Rachel completes e-CPD training and reviews the Accessibility TPD's advice. Together, they use the RA framework to plan strengths-based, individualised supports.

Step 2: Open conversations cover learning styles, preferred support, and the use of technologies or quiet spaces. Adjustments are formally recorded in the RA form.

Step 3: They establish a collaborative learning plan with task management tools, visual schedules, and regular feedback loops, all tracked within the RA document.

Step 4: Rachel encourages Jamie's self-advocacy, ensuring support remain effective over time.

Outcome: A well-supported resident doctor and a confident, adaptive supervisor, both backed by institutional systems.

Auditable Outcomes:

- Signed co-produced learning plan uploaded and linked to ARCP evidence.
- RA form explicitly includes assistive tech or tools agreed (e.g. task trackers, visual timetables).
- Supervisor and resident doctor both complete learning needs and styles questionnaire (e.g. Kolb, VARK).
- Evidence of regular feedback loops (e.g. reflections, mid-rotation review).
- Supervisor logs include notes on RD-led adaptations (e.g. "Jamie trialled Trello and reports better task clarity")

Training Scenario 3:
Addressing a Concern About Performance

A few months in, Rachel notices Jamie is falling behind on admin tasks; a couple of missed deadlines, incomplete paperwork. Instead of assuming the worst, Rachel invites Jamie for a calm, non-judgmental chat. Over a relaxed lunch, they discuss the challenges.

Jamie admits he has been struggling to balance admin with family responsibilities. Together, they brainstorm visual checklists, early reminders, perhaps setting aside one protected admin hour each week. They update the RA form with these solutions. Instead of feeling blamed, Jamie leaves the conversation feeling supported. Within weeks, his admin work is back on track.

Step 1: Rachel interprets challenges as system-based needs, not individual failings, and prepares for a non-punitive discussion.

Step 2: They explore practical adjustments like visual checklists and early reminders, refining the RA form.

Step 3: An updated action plan is co-created, supported by institutional backing as needed.

Step 4: Rachel offers continuous, reflective support, drawing on her training and the Accessibility TPD as necessary.

Outcome: Improved performance and confidence, underpinned by system-level support including supervisor training.

Auditable Outcomes:

- Supervisor has completed neurodiversity awareness training (internal module, GMC/HEE course, etc.)
- Supervisor demonstrates knowledge of how to update and use the RA form proactively (not just reactively).
- Concern about performance is documented using local low-stakes flagging process (not an escalation or formal warning). Supervisory log, online e-Portfolio note marked as "developmental," not disciplinary. PSW referral is carefully considered in line with policies as a potential route to further support.
- Adjustments (e.g. visual checklists, structured admin blocks) directly linked to ND-supportive practices from training. Supervisor to reflect this in their logs or training review.
- Supervisor holds a documented follow-up within 4–6 weeks to assess impact of changes. Meeting summary, resident reflection, or updated learning plan is recorded.
- Supervisor completes a reflective entry or peer learning session discussing this case and learning. CPD log or submission to local education lead for anonymised case sharing.

Training Scenario 4:
Supporting a Resident Doctor with Additional Caring Responsibilities

Jamie rushes into supervision, apologising for arriving late after a school meeting. When Jamie's child needs a specialist appointment, Rachel works with HR to make sure the leave request process is smooth.

Rachel makes clear there is still a requirement for clear communication and an expectation of personal responsibility in relation to caring-related absences. LTFT details and flexibility needs are negotiated with the Supervisor and TPD, before being formally agreed and documented.

Step 1: Rachel signposts HR processes early so Jamie isn't scrambling last-minute, and they agree on how communication will be handled going forward.

Step 2: Formal LTFT arrangements and flexibility needs are negotiated with the Supervisor and TPD, then documented clearly. Any required formal adjustments (e.g., temporary pauses, rebalancing duties, phased return) are reviewed collaboratively and reflected in the RA form, so all governance is transparent.

Step 3: Ongoing supervision includes check-ins to review workload and support.

Outcome: Jamie progresses confidently, knowing his dual roles are understood and accommodated ES and TPD Guide

Auditable Outcomes:

- Peer support group formally launched (terms of reference, meeting minutes).
- Jamie participates in one trust-wide advocacy initiative (e.g. staff forum, ND focus group).
- Supervisor contributes to Trust Equality, Diversity, and Inclusion (EDI) review, citing this case.
- Updated RA policy reflects lessons from inter-deanery variation analysis.
- Introduction of new LTFT and Accessibility TPDs with an updated job description ready to be shared with other deaneries.

Training Scenario 5:
Supporting a Resident Doctor Applying for Higher Training

Jamie paces nervously in the break room, wondering whether to disclose his neurodivergence in an upcoming application. Rachel joins him, listens patiently, and provides balanced advice: disclosure is a personal decision, and adjustments can always be formalised after appointment if Jamie prefers.

Together, they map out a transition plan, including strategies for early advocacy and setting up support in the new post. Rachel reminds Jamie that his performance and record speak for themselves. When Jamie secures the position, he thanks Rachel for helping him navigate the process with clarity and confidence.

Step 1: They review pros, cons, and processes together, consulting the guidance and the patient safety aspect so that he can work safely. Rachel's role is to explain this clearly and reassure him.

Step 2: Jamie is reassured he can delay disclosure until post-appointment, at which point the RA form can formalise any needs.

Step 3: They co-develop a transition plan to establish support early in the new post.

Step 4: Ongoing mentorship keeps lines of communication open.

Outcome: An informed, supported transition to higher training.

Auditable Outcomes:

- Evidence of transition planning discussion (email confirmation, portfolio note, or checklist).
- Supervisor documents review of application materials (mock interview, review of personal statement).
- Decision regarding disclosure is documented confidentially and support plan drafted regardless.
- New supervisor in higher training post receives RA form within 4 weeks of Jamie starting.

Training Scenario 6:
Comparing Neurodivergent Experiences Across Deaneries

One afternoon, Jamie shares a heavy story about his friend Emily, a neurodivergent resident doctor training in another deanery. Despite presenting with a very similar profile at the start of training, Emily faced persistent barriers: requests for adjustments were denied, concerns were dismissed, and support was inconsistent. Over time, these systemic failures contributed to a markedly different outcome from Jamie's safeguarded experience.

The lack of appropriate support had serious consequences. Emily experienced significant burnout and became involved in prolonged grievance processes, which compounded her distress. At her lowest point, she engaged in self-harm and experienced suicidal ideation. Her experience reflects findings from Shaw et al. (2023), which highlight the risks associated with inadequate support and the urgent need for inclusive supervision and proactive systems within medical training.

Reflecting together, Rachel and Jamie recognise that many of these outcomes may have been avoidable with earlier, structured intervention and clear documentation of reasonable adjustments. Their discussion reinforces the importance of consistent institutional support, advocacy, and formal mechanisms such as the RA form. Motivated by Emily's experience, Jamie joins a peer advocacy group to help others navigate training more safely, while Rachel takes these insights to senior leadership, advocating for stronger and more consistent system-level support.

Step 1: They examine systemic gaps, contrasting Emily's unsupported journey with Jamie's safeguarded experience, grounded in proactive adjustments and institutional backing.

Step 2: They identify lessons, reinforcing the importance of clear support, advocacy, and formal documentation like the RA form.

Step 3: Rachel takes these insights to the leadership team, advocating for stronger systems.

Step 4: Jamie steps into a peer advocacy role, helping to create local peer networks.

Outcome: Strengthened local systems and a resident doctor-turned advocate contributing to cultural change. A consequence of this is that resident doctors seek more support in developing their advocacy skills.

Auditable Outcomes:

- Peer support group formally launched (terms of reference, meeting minutes).
- Jamie participates in one trust-wide advocacy initiative (e.g. staff forum, ND focus group).
- Supervisor contributes to Trust Equality, Diversity, and Inclusion (EDI) review, citing this case.
- Updated RA policy reflects lessons from inter-deanery variation analysis.

Training Scenario 7:
Designing Systemic Change for Neurodivergent Inclusion

At a Trust leadership retreat, Chief Medical Officer Dr. Priya Kumar stands before the senior team, holding a report from neurodivergent DME Dr. Alex Mason. Priya lays out a bold vision: embedding neurodivergent-affirmative practices across recruitment, onboarding, supervision, adjustments, and leadership development. Working groups form, each co-led by neurodivergent colleagues, driving a strategic plan.

Neurodiversity champions and visible role models spearhead the rollout, sharing their stories and normalising the upfront discussion around adjustments. The reduction in stigma has led to more disclosure and more take-up of support with progress tracked and celebrated Trust-wide. Jamie, now a peer advocate, has played a substantial role in shaping a more inclusive future.

Step 1: Leadership reviews recommendations and consults neurodivergent colleagues to shape priorities.

Step 2: A strategic plan addresses recruitment, onboarding, supervision, adjustments, and leadership development.

Step 3: Visible role models and neurodiversity champions drive the rollout, underpinned by affirmative practice and routine RA processes.

Step 4: Progress is monitored, feedback is integrated, and successes are celebrated institution-wide.

Outcome: The Trust becomes a recognised model of inclusive, neurodivergent-affirmative practice, with systemic improvements benefiting current and future resident doctors. A board level strategy was introduced, leading to the establishment of a network of accessibility champions, a new leadership role within the Trust to oversee the implementation of the strategy including the review of job roles to be re-drafted with ND inclusive language.

There has even been a noticeable increase in ND colleagues applying for roles due to the reputation of the Trust being pro-actively supportive.

Auditable Outcomes:

- Strategic ND inclusion plan ratified at Trust board level.
- KPIs tracked quarterly: number of RA forms filed, % supervisors trained, ND recruitment data.
- Visibility campaign with at least two ND role models delivering talks or media content.
- Annual staff survey includes ND-inclusion specific items (e.g. "I feel safe disclosing a disability").
- Audit of all job descriptions to ensure consistent compliance with new agreed standards.
- Reported improvements in ND doctor retention rates and time to implement Reasonable Adjustments.

Training Scenario 8:
Designing an Exam situation fit for everyone

At a regional postgraduate education forum, Associate Dean Dr. Farah Ali introduces a new initiative: embedding neurodivergent-affirmative practices into assessment preparation and supervision. She shares a case study from the Trust's Accessibility Champion, Dr. Reuben Singh, highlighting the journey of ST4 trainee Dr. Layla Noor, who is autistic and preparing for her MRCPsych exam.

Step 1: Early Disclosure and Collaborative Planning

Layla discloses her diagnosis during induction. Her supervisor, Dr. Emma Patel, initiates a Reasonable Adjustment Passport and consults the Trust's Accessibility Lead. Together, they identify Layla's needs: extra time, a quiet exam room, and pre-exam sensory regulation strategies.

Step 2: Strategic Support and Role Modelling

Dr. Patel connects Layla with peer advocate Jamie, who previously sat the exam with similar adjustments. Jamie shares coping strategies and helps Layla rehearse exam scenarios. The Trust's Accessibility Network ensures Layla's adjustments are logged and confirmed with the exam board well in advance.

Step 3: Affirmative Practice in Action

Layla's supervisor adapts supervision sessions to include visual planning tools, task chunking, and low-stimulation environments. The Trust's Exam Preparation Toolkit for Neurodivergent Trainees is piloted, co-designed by neurodivergent doctors. Layla feels empowered, supported, and confident.

Step 4: Monitoring, Feedback, and Celebration

Layla passes her exam and shares her experience at the Trust's Neurodiversity Awareness Week. Her feedback leads to improvements in the toolkit and supervisor training. The Trust celebrates her success as part of its Inclusive Training Outcomes Report.

Outcomes:

- Layla's journey becomes a model for inclusive exam preparation.
- Supervisors across the deanery receive training in neurodivergent-affirmative supervision.
- The Trust introduces a Neurodiversity in Assessment Lead role to oversee future adjustments and exam support.

Auditable Outcomes:

- RA Passport completion rate tracked quarterly.
- An agreed % of supervisors trained in neurodivergent-affirmative supervision.
- Feedback from neurodivergent trainees on exam support.
- Annual audit of exam adjustment implementation timelines.
- Visibility campaign featuring Layla and Jamie's stories.

RESOURCE SECTION

Example Role Description for Accessibility TPD (Appendix A)

- Reasonable Adjustment Form

- Introducing the Reasonable Adjustments and Beyond guidance

- BMA Advances Article – August 2025

- Supporting Neurodiverse Doctors to Thrive at work – Cambridge University Press – July 2025

Training governance, professional support services, and reasonable adjustment processes are devolved in Wales and Northern Ireland. While this resource section primarily signposts national and England-based guidance, the principles of inclusive supervision, reasonable adjustments, and neurodivergent-affirmative practice outlined in this toolkit apply across all UK nations. Readers are encouraged to consult local deanery and employer guidance for nation-specific processes.

Management & Task Tools

NHS England / NHS UK

- **https://www.london.hee.nhs.uk**
  Practical guidance on task capture, prioritisation, and adaptive workflows.

- **https://www.england.nhs.uk**
  Templates for visual planning (driver diagrams, PDSA cycles, prioritisation matrix).

- **https://www.england.nhs.uk**
  75 frameworks for planning and sustaining improvement work.

- **https://www.england.nhs.uk**
  Includes "About Me" passports, sensory adjustments, and inclusive workplace guidance.

- **https://www.england.nhs.uk**
  Communication and environmental adaptation guidance.

- **https://www.england.nhs.uk**
  Neurodiversity-affirming practice standards.

- **https://www.england.nhs.uk**
  Enables recording and sharing of individual adjustment needs across NHS systems.

British Medical Association (BMA)

- **https://www.bma.org.uk**
  Survey insights and practical advice for adjustments.

- **https://www.bma.org.uk**
  Guidance on disclosure, flexible working, and webinars.

- **https://www.bma.org.uk**
  Peer support and advocacy for neurodivergent clinicians.

- **https://www.bma.org.uk**
  Case study on environmental adaptations in clinical settings.

Scottish Government / GOV.SCOT

- **https://www.gov.scot**
  Stepped-care models and structured workflows for clinicians.

- **https://www.gov.scot**
  Inclusive language and policy design guidance.

- **https://www.gov.scot**
  Digital tools for staff wellbeing, including autism-specific options.

- **https://www.gov.scot**
  Frameworks for post-diagnostic support services.

Appendix A – Example Role Description

Training Programme Director –
Accessibility (Psychiatry)

Summary of the Role

The Accessibility Training Programme Director (TPD) works with and supports the Head of School of Psychiatry to ensure that training across the programme is inclusive, equitable, and accessible for all trainees. The post holder will champion accessibility and neurodiversity within postgraduate psychiatric education, ensuring that the educational environment enables every doctor in training to reach their potential.

This role complements existing TPD posts and may be linked with an LTFT/Flexible Training TPD role, depending on local arrangements. The post holder is accountable to the Head of School and will contribute to the implementation of the Health Education England (HEE) mandate, supporting local and national priorities on equality, diversity, inclusion, and workforce wellbeing.

Key Responsibilities
Leadership and Collaboration

● Provide visible leadership on accessibility, inclusion, and neurodiversity across the School of Psychiatry.

● Work collaboratively with the Head of School, Associate Deans, and other TPDs to integrate accessibility into all aspects of postgraduate psychiatric training.

● Forge strong working links with the Professional Support Unit (PSU) (or devolved nation equivalent), Trust-based neurodiversity and accessibility champions, wellbeing leads, and cross-specialty accessibility representatives.

● Represent the School at relevant national meetings and working groups on accessibility and wellbeing, including liaison with the Royal College of Psychiatrists and other Royal Colleges to share best practice.

● Recruit and support a Resident Doctor Accessibility Representative to facilitate peer-to-peer support in a psychologically safe space.

Education, Training, and Support

● Develop and deliver education sessions for Clinical and Educational Supervisors, and fellow TPDs, to enhance understanding of reasonable adjustments and inclusive practice.

● Provide advice, guidance, and support to trainees and supervisors regarding accessibility, inclusion, and adjustments.

● Offer one-to-one consultations with trainees and supervisors where challenges around accessibility arise.

● Ensure that supervisors are aware of their professional boundaries — recognising that supervisors do not diagnose neurodivergent conditions, but can support trainees who disclose or self-identify.

● Encourage a culture where reasonable adjustments are proactively considered and implemented.

Programme Management

● Gain and maintain a strong working knowledge of the RCPsych Reasonable Adjustments Guidance and support its rollout across the School.

● Work with TPD colleagues to ensure that ARCP panels and training reviews are inclusive and appropriately informed on accessibility issues.

● Participate in ARCP panels to provide specialist accessibility advice and ensure recommendations are consistent and fair.

● Attend School Board meetings and contribute regular updates on accessibility developments and outcomes.

● Promote best practice nationally via RCPsych and HEE networks.

● Support trainees' progression by ensuring accessibility considerations are integrated into rotation planning, OOP arrangements, LTFT transitions, and remediation processes.

Quality, Inclusion, and Improvement

- Promote the development of a high-quality, psychologically safe learning environment that values diversity.

- Contribute to the HEE Quality Framework by identifying and addressing accessibility issues that affect the educational experience.

- Gather and share intelligence on barriers to accessibility, highlighting areas for improvement and celebrating successful inclusion initiatives.

- Keep up to date with national and international developments in accessibility, neurodiversity, and wellbeing, disseminating learning across the School.

- Support the creation of resources and case studies to demonstrate good practice and continuous improvement.

Expected Outcomes

- Improved consistency and transparency in the application of reasonable adjustments across training posts.

- Increased supervisor confidence in supporting neurodivergent trainees and those requiring accessibility adjustments.

- Enhanced engagement and wellbeing among trainees.

- A strong network of accessibility advocates across psychiatry training.

Reporting Structure

The post holder is professionally and managerially accountable to the Head of School of Psychiatry and works closely with:

- Associate Deans (Wellbeing, Workforce, and Professional Support)

- Professional Support Unit (PSU) or devolved equivalent

- Other Specialty TPDs and School Administrators

- RCPsych Neurodiversity and Accessibility Working Group

Person Specification (Summary)

Criteria	Essential	Desirable
Clinical role	Consultant psychiatrist (or equivalent) within the School of Psychiatry	Experience in educational leadership or faculty development
Experience	Demonstrable leadership in training and inclusion	Experience supporting neurodivergent or disabled trainees
Skills	Excellent communication, empathy, and mediation skills	Experience designing or delivering accessibility initiatives
Knowledge	Understanding of GMC/HEE training standards and equality legislation	Familiarity with RCPsych Reasonable Adjustments guidance
Values	Commitment to equity, inclusion, and trainee wellbeing	Reflective approach and commitment to continuous learning