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How can I support a neurodivergent colleague?

There are ways to make workplaces feel more inclusive for neurodivergent colleagues, **Abi Rimmer** hears

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Make them feel safe

Catriona McVey, final year medical student, says, “Neurodivergent colleagues often bring unique strengths—such as attention to detail and deep focus in specialised areas—but they can also face additional challenges and barriers to success.

“Work with them to identify what they personally find difficult, and explore what accommodations can be made at work. Neurodiversity is a spectrum and something that helps an autistic colleague may not be useful for a colleague with attention deficit/hyperactivity disorder (ADHD). Likewise, some people with ADHD might prefer to work alone when they need to concentrate, whereas others find they’re more productive when they can ‘body double’ by working alongside colleagues.

“Culture is an important part of supporting neurodivergent colleagues. Neurodivergent problem solving can be unconventional, but still effective. As long as professional standards are met, focus on outcomes rather than rigid processes by being open to different approaches and communication styles. Lack of eye contact or a monotone voice doesn’t necessarily indicate disinterest, a lack of engagement, or rudeness. Being clear and precise, and avoiding ambiguity when communicating, can also be helpful.

“Our colleagues need to feel safe to disclose their neurodivergence and ask for support without fear of judgment or exclusion. Many will mask their neurodivergent traits by mirroring the behaviour of neurotypical peers. Masking increases the risk of poor performance, burnout, and mental illness. They are unlikely to feel safe to unmask and be themselves at work if they are fearful of discrimination, stigma, and a lack of support.

“We can also make our workplaces more supportive by challenging any misconceptions, biases, or discrimination we come across. For many, neurodivergence meets the legal definition of a disability. If we challenge ‘banter’ at work about other protected characteristics, we shouldn’t keep quiet when we hear jokes and misconceptions about autism, ADHD, or other neurodivergent conditions that reinforce harmful stereotypes and stigma.”

Educate yourself

Rosie Baruah, consultant in intensive care medicine and anaesthesia and honorary clinical senior lecturer, University of Edinburgh, says, “Every doctor is an individual and will have individual support needs—and so there is no one way to support a neurodivergent colleague. I’d recommend listening

to your neurodivergent colleague as a first step toward providing effective support.

“I would also advocate a three pronged approach of belief, education, and support. Many neurodivergent colleagues will be reluctant to be open about their identity in the workplace because of a fear of the stigma that still surrounds neurodivergent identities. This may be magnified for doctors, who may worry that their livelihood would be at risk as a result of disclosure. If a colleague is open about their neurodivergence with you, believe them.

“We may all have ideas of, for example, what an autistic person looks like. You may think it is supportive to say, ‘But you don’t look autistic.’ This can be invalidating and may shut down further attempts at communication. Women and people from ethnic minorities are less likely to receive a diagnosis of neurodivergent conditions such as autism and ADHD, and further invalidation from colleagues can be devastating.

“Educate yourself about neurodivergence and how this relates to doctors. This is especially important if you have educational supervisory or line managerial responsibilities. Many deaneries have online education materials you can access, and national societies set up to support neurodivergent people have websites containing a wealth of useful information.

“As doctors we may think we understand the nature and impact of neurodivergence, but in reality we may have many learning needs that we are unaware of.

“Finally, supporting neurodivergent colleagues could involve pointing them toward professional support networks such as Autistic Doctors International, deanery support, or practitioner health programmes.

“Neurodivergent conditions are lifelong and support needs can vary hugely over the course of a doctor’s career—particularly around times of increased demand on mental and emotional resources, such as professional exams or changing jobs. Doctors should be able to access the support they need when they need it.”

Get to know them as an individual

Emily Starling, Acas senior research officer, says, “About 15-20% of UK adults have some form of neurodivergence,¹ so this is likely to come up in your working life. We’ve just published a research report on practice and policy around neurodiversity at work,² which includes lots of suggestions and case studies of organisations providing good support to neurodivergent colleagues.

“Easy access to reasonable adjustments is key, ideally without requiring formal diagnosis. A lot of these are easy to implement and low cost or free (like accessibility software) and can be recorded in an inclusion passport that travels with the person through changes in role or manager. Organisations can also look at making universal accommodations for everyone, like sensory friendly workplaces.

“As a colleague, it’s important to recognise a person’s individual experience, rather than relying on their medical diagnosis (if they have one). Their neurodivergence can intersect with other identities (like their gender or caregiving responsibilities) and pose additional challenges.

“Leaders can support neurodivergent friendly workplaces with things like neurodiversity awareness campaigns and training (especially for line managers), supporting employee networks, and sharing their own experiences with neurodivergence, if applicable. Inclusion metrics (such as retention rates compared with neurotypical employees) can be incorporated into manager performance reviews to track the impact of inclusion measures.

“Leaders can also provide support through specialist career pathways—neurodivergent people are often better at specialised than generalist roles, and this provides a pathway to advance while leaning into those strengths.

“Finally, take the time to get to know your colleague and their needs as a unique individual, not just as a neurodivergent person. Try asking everyone how they prefer to work or communicate—normalise the differences between people and try to work with people’s strengths.”

Be curious and compassionate

Catherine Bell, salaried GP and equality, diversity, and inclusion fellow for neurodiversity 2022-23, The Hub Plus Derbyshire, says, “Creating an inclusive workplace culture where neurodivergent colleagues feel safe to discuss openly the impact of their neurodivergent traits on their work is key.

“I am left handed, a neurological difference affecting about 10% of the population. Thankfully, most people recognise that being a left hander in a world designed for a right handed majority can be difficult, and I am therefore offered individualised tools and support. Like left handers, neurodivergent colleagues, who account for 15-20% of the UK population,² are capable people who face additional challenges as a neurological minority.

“Reasonable adjustments can help to level the playing field—however, fuelled by recent media speculation about overdiagnosis, many neurodivergent people fear that a disclosure to colleagues will be received negatively and that adjustments may be seen by other staff as an unfair advantage. Neurodiversity awareness training can help all staff appreciate the challenges facing neurodivergent colleagues, while also celebrating the unique and varied skills that neurodivergent people bring to our teams.

“Senior clinicians, educational supervisors, and appraisers can normalise discussions about neurodiversity. By routinely sharing that you are aware of the existence of neurodivergent staff and able to provide support, for example, during induction or at a first meeting, you will benefit not only neurodivergent colleagues but all colleagues with hidden disabilities. Being open about your own neurodivergence as a senior role model is particularly powerful.

“Most importantly, ask your colleague about what they find challenging at work with curiosity and compassion. Signpost them to occupational health or the Access to Work scheme (which does not require a formal diagnosis) for advice on formal adaptations.

“Some areas have professional support units to support resident doctors to access screening and accommodations during training. Consider developing a menu of informal workplace adaptations which you could easily implement in your department, such as use of a digital scribe, an individualised rota template, or access to a quiet space to document or take a break.

“Familiarise yourself with support for neurodivergent staff, such as local staff support networks and online groups, including Autistic Doctors International,³ the Association of Neurodivergent Doctors,⁴ and the Doctors’ Inclusive Neurodivergent Group.⁵ Practitioner Health can also support neurodivergent doctors in England with mental health problems, sometimes directly related to undiagnosed neurodivergence.”

A personal perspective

Laura Haywood is a specialty registrar in public health, West Midlands. “What did you think of the MDT?”

“It was interesting. I didn’t understand John’s point at the end of the meeting.”

“Oh, John always talks like that; it’s a nightmare. He cannot read the room. Don’t worry, you’ll get used to him; we think he’s on the spectrum.”

“Oh.”

“Yeah, he’s hard work, I’m glad I’m not on his team.”

A pause.

“He is very good at statistics, though.”

“I’m autistic.”

Silence.

“I also have ADHD, and I was recently diagnosed with dyslexia. I’m gathering diagnoses at quite a pace now,” I laugh.

She laughs with me but doesn’t say anything. I can feel her acute unease. I understand—it’s difficult to change culture. I wanted to be as kind as possible in responding to her. It was also a big moment for me that I tried to wear lightly—saying it out loud for the first time, in an echoey corridor, as a new trainee to a senior consultant. “I am autistic.”

It was a relatively innocuous moment; nothing profoundly unpleasant happened, yet I recall it frequently. It prompts me to reflect on our working environment and how people are perceived. It also makes me consider how people behave at work. I think a lot about how we change culture. Understanding what we don’t know or haven’t experienced can be challenging. You may be aware of certain colleagues who struggle at work. Alternatively, you might have less insight into some situations, perhaps sensing a difference—an awkward moment that discombobulates and potentially creates tension or concern—or maybe a colleague or trainee with whom you aren’t quite sure how to proceed.

Teaching about differences, as described by neurodivergent colleagues, fosters greater understanding. A whole system approach, centred on training and education, is highly effective. At a minimum, all educational supervisors should receive strengths based neurodiversity teaching. Understanding spiky profiles can help leverage a trainee’s unique strengths and support their weaknesses. Think about language and descriptors and ask people how they perceive their identity—for example, I am autistic, I do not have autism.

I process information differently, see patterns in my surroundings, and absorb an incredible amount of data visually and audibly, which is a strength. Processing such a volume can be overwhelming, however. I benefit from clear, scaffolded instructions and the opportunity to ask many questions. A short walk outdoors at lunchtime to regulate my senses significantly enhances my day, and a conversation with a fellow neurodivergent colleague helps me feel connected.

Remembering that interaction also reminds me of how proud I am of myself. Three years of therapy—cycling through two therapists before finding one who is AuDHD [a person who is both autistic and has ADHD] and truly understood me. Two years away from work, battling autistic masking and burnout, learning about the interplay of oestrogen and dopamine, as well as the effects of sleep, food, and exercise on ADHD.

Executive coaching, developing strategies emotionally, intellectually, and sensorially. Finding a network of neurodivergent trainees and consultants, shifting specialities, and reconnecting with my core values, all enabled me to say those three words: “I am autistic.”

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- 4 Association of Neurodivergent Doctors. www.facebook.com/groups/457488331340228
- 5 Doctors' Inclusive Neurodivergent Group. www.facebook.com/groups/494247659564273