Royal College of Nursing

NURSING PRACTICE ACADEMY

Neurodiversity Guidance for Universities, Students, Practice Assessors and Supervisors

NURSING PRACTICE ACADEMY

Acknowledgements

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This publication is due for review in May 2028. To provide feedback on its contents or on your experience of using the publication, please email **publications.feedback@rcn.org.uk**

This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact **corporate.communications@rcn.org.uk**

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1. Introduction

Neurodiversity acknowledges that each person's brain is unique. Our brains work and interpret information differently and we all bring individual experience, strengths, and assets to a situation.

This guidance has been developed by RCN members with lived experience of neurodivergent conditions and neurotypical stakeholders with an interest in neurodiversity. It is intended for the health and care sector but its overarching principles will be helpful in other settings. It should be noted that many health care professionals, including those with line management responsibilities, are neurodivergent.

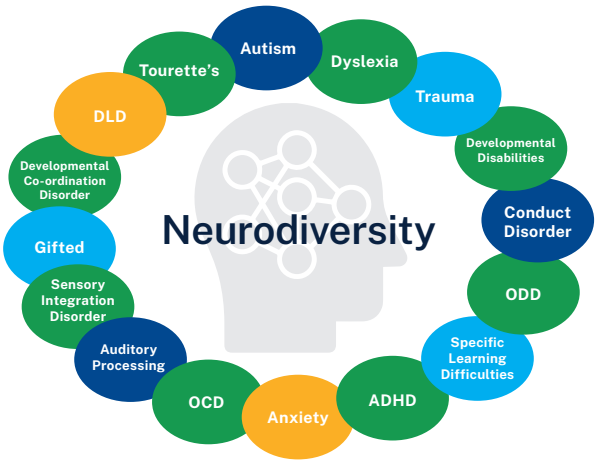
Further resources to support this publication can also be found at: **rcn.org.uk/Get-Help/Member-support-services/Peer-support-services/Neurodiversity-Guidance**

2. What is neurodiversity?

Neurodiversity refers to the variations in the way the brain functions; it can manifest in mood, behaviour and other cognitive functions.

For the purpose of this guidance, we are including those with dyslexia, dysgraphia, dyspraxia, dyscalculia, attention deficit hyperactivity disorder (ADHD), developmental language disorder (DLD), Tourette's syndrome and autism as neurodivergent but this is not an exhaustive list. Often those who are neurodivergent have more than one of these conditions.

The term 'specific learning difference' refers to a difference or difficulty that an individual has with a particular aspect of learning. The most common specific learning differences are dyslexia, dyspraxia, ADHD, dyscalculia and DLD.



Following consultation with members, autism is the term used within this guidance to include autistic spectrum condition (ASC) and Asperger's syndrome. We know that there are many terms and labels used by neurodivergent individuals, particularly in relation to autism, however we support the right of individuals to choose their own terms.

At the heart of neurodiversity is the idea that individual differences are not weaknesses, but that society imposes expectations based on a majority neurotypical population. When not met, this can lead to challenges.

By applying a social model approach, we can appreciate that individual differences are not the problem but rather external barriers. By removing these barriers, we build a more inclusive society that values individual strengths and differences.

Neurodiversity is experienced differently by different people and experiences are influenced by other factors such as race, cultural background and gender (this interplay of factors is referred to as intersectionality).

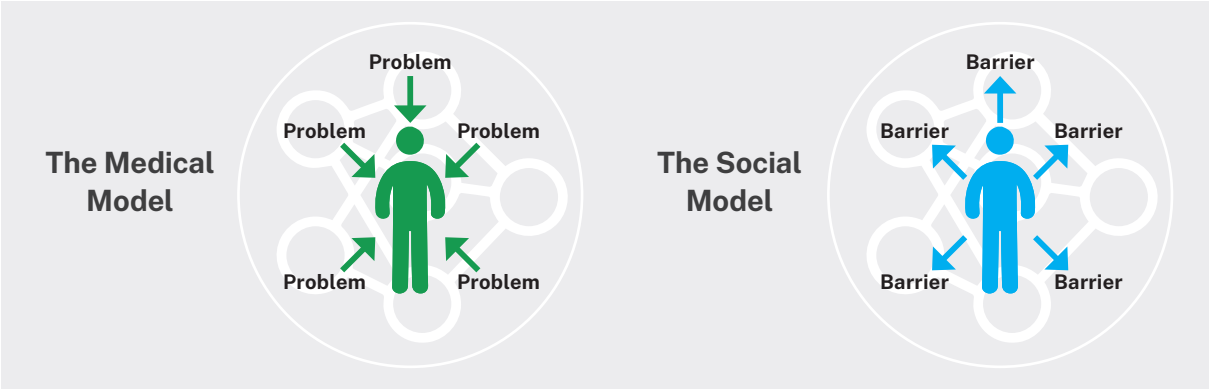


Image credit: taken from: rcn.org.uk/get-help/member-support-services/peer-support-services/health-ability-passport

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What is ADHD (Attention Deficit Hyperactivity Disorder)?

ADHD is characterised by persistent patterns of inattention, hyperactivity, and/or impulsivity. It is not linked to intelligence. Around 3-4% of adults in the UK are estimated to have ADHD (NICE, 2025).

Strengths in health care

- Creativity and innovative problem-solving.
- High energy and enthusiasm.
- Ability to hyperfocus on areas of strong interest.
- Resilience and adaptability in busy environments.

Impact in health care settings

- **Time management and organisation:** challenges with shift planning, prioritising tasks, or meeting deadlines.
- **Documentation:** may struggle with sustained focus when completing lengthy forms or reports.
- **Concentration:** difficulties focusing during teaching sessions, meetings, or when reading policies.
- **Impulsivity:** may speak quickly or act before fully considering instructions.

Gender differences in presentation

ADHD presents differently in males and females:

- males are more often diagnosed with hyperactive and impulsive presentations
- females more often present with inattentive symptoms, which can be overlooked
- females may mask difficulties, leading to later diagnosis and greater risk of anxiety and low self-esteem.

What is Autism (Autistic Spectrum Condition, ASC)?

Autism is characterised by differences in social interaction, communication, interests, and sensory processing. Autism is a spectrum, meaning it presents differently in each individual. Around 1–2% of the UK population are autistic (National Autistic Society, 2026).

Strengths in health care

- Creativity, innovation, and adaptability.
- Unique perspectives and holistic thinking.
- Resilience and determination.
- Ability to hyperfocus on specific areas of interest.

Impact in health care settings

- **Communication:** may interpret language literally; may prefer clear, direct instructions.
- **Sensory processing:** may be sensitive to noise, light, or smell in clinical areas.
- **Flexibility:** may find sudden changes in shift patterns or patient care routines difficult.
- **Social interaction:** may find large team interactions or unstructured discussions challenging.

Gender differences in presentation

Autism presents differently in males and females:

- males are often diagnosed earlier due to more visible traits
- females may mask autistic traits, using social strategies to ‘fit in’, leading to later or missed diagnosis
- women and girls may present with more subtle social communication differences and higher anxiety.

What is AuDHD (Autism and ADHD combined)?

AuDHD describes individuals who are both autistic and have ADHD. Each condition can interact, sometimes compounding challenges in executive function, attention, and sensory processing. Awareness of both is important, as traditional strategies for one may not fully address the other.

Strengths in health care

- Creativity, innovation, and adaptability.
- Unique perspectives and holistic thinking.
- Resilience and determination.
- Ability to hyperfocus on specific areas of interest.

Impact in health care settings

- **Executive function:** difficulties with organisation, planning, and attention may be amplified.
- **Sensory processing:** sensory sensitivities may combine with distractibility.
- **Communication:** may need additional time to process information, especially in noisy environments.
- **Learning:** may find traditional teaching methods difficult; benefit from flexible, multimodal approaches.

Gender differences in presentation

AuDHD is especially under-recognised in females:

- girls and women may mask both autistic and ADHD traits, leading to late or missed diagnosis
- females may present with high anxiety, fatigue, and difficulties with organisation, often hidden from others
- males are more often diagnosed in childhood, but co-occurrence may still be overlooked.

What is Dyslexia?

Dyslexia is a specific learning difficulty (SpLD) that primarily affects the skills involved in accurate and fluent word reading, spelling, and writing. It is a neurological difference that is present from birth and persists throughout life. It is not linked to intelligence. Dyslexia often runs in families and is estimated to affect around 10% of the UK population, with about 4% experiencing it severely (NHS, 2022).

In health care settings, the fast pace and high level of responsibility can make challenges associated with dyslexia more visible. These challenges need to be recognised and supported through reasonable adjustments.

Strengths in health care

Many individuals with dyslexia bring valuable strengths into clinical settings, such as:

- creative problem-solving and innovative thinking
- strong interpersonal skills and empathy
- good verbal communication and teamworking
- resilience and determination in overcoming challenges.

Impact in health care settings

- **Documentation and record-keeping**: may take longer to complete; spelling and organisation may be affected.
- **Drug calculations and numeracy:** sequencing and working memory difficulties can make calculations more challenging.
- **Shift handovers and verbal communication:** retaining and processing verbal instructions quickly may be harder; structured tools like SBAR are helpful.
- **Time management and prioritisation:** organisation can be more difficult in high-pressure environments.
- **Learning on placement:** extra time may be needed for reading policies, preparing assignments, or reflecting on practice.

Gender differences in presentation

Research suggests that dyslexia can present differently in males and females:

- males are diagnosed more often, possibly because their difficulties are more visible in early schooling
- females may mask difficulties by relying on memorisation strategies, which can delay diagnosis
- women and girls may experience greater stress, anxiety, and reduced self-esteem due to later recognition and hidden effort.

In health care, female staff and learners with dyslexia may appear to cope well but may be working much harder to compensate.

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What is Developmental Language Disorder (DLD)?

Developmental Language Disorder (DLD) is a common, lifelong neurodevelopmental disorder that affects around 7% of the population (DLD Project, 2022). DLD makes it harder for individuals to understand spoken and written language, learn new vocabulary, remember instructions, and use grammar correctly. This is not linked to intelligence; people with DLD can be highly able in other areas. DLD affects people across their whole life and in all the languages they speak.

Strengths in health care

Despite language processing barriers, nurses with DLD often bring:

- excellent practical, hands-on and visual learning skills
- strong empathy and supportive patient care
- creative approaches to problem-solving, especially non-verbal cues
- high determination and resilience from having developed coping strategies
- attentiveness to detail when time and support are provided.

Impact in health care settings

- **Verbal instructions:** difficulty following rapid or complex instructions, especially in busy or noisy environments (eg, handovers, ward rounds, emergencies).
- **Documentation:** may spend longer reading, writing and double-checking clinical notes, care plans or patient information.
- **Team communication:** hesitancy contributing in meetings, finding or using the right words, or remembering technical terminology.
- **Patient education:** may find it challenging to explain complex procedures or instructions on medication and care.
- **Learning on placement:** may require extra support with lectures, training that relies heavily on spoken or written language, and preparation for assessments or OSCEs.

Gender differences in presentation

- DLD may go unnoticed in women or people who mask their difficulties with strong social skills or compensatory strategies.
- Men may be more likely to be identified in childhood, but both genders may face barriers to diagnosis in adulthood.

What is Dyscalculia?

Dyscalculia is a specific learning difficulty (SpLD) that primarily affects the ability to acquire arithmetical skills. It involves difficulties understanding numbers, learning number facts, and performing accurate and fluent calculations. Dyscalculia is not linked to intelligence; individuals may have average or above-average ability in other areas. The British Dyslexia Association recognises dyscalculia as a lifelong condition, often first identified in education but with implications across work and daily life.

Strengths in health care

Despite these challenges, people with dyscalculia often bring strengths such as:

- strong verbal reasoning and communication skills
- creative and intuitive approaches to problem-solving
- empathy and resilience
- ability to think holistically rather than narrowly focusing on numbers.

Impact in health care settings

- **Drug calculations:** difficulty with arithmetic and sequencing can affect safe calculation of doses and infusion rates.
- **Numerical documentation:** problems with recording and interpreting numerical data (observations, fluid balance charts, weights, blood results).
- **Time management:** difficulties with sequencing and time concepts may make shift planning or prioritising tasks harder.
- **Learning on placement:** additional support may be needed for numeracy-based assessments (medication calculations, exam components).

Gender differences in presentation

The evidence on gender differences in dyscalculia is less clear than for dyslexia, but some trends have been noted:

- boys may be identified more frequently in childhood, while girls' difficulties may be overlooked until adulthood
- females may show more subtle anxiety around maths and numeracy, which can affect confidence in professional assessments
- males are more often referred for overt performance difficulties, whereas females may underperform quietly without drawing attention.

In health care settings, both men and women with dyscalculia may face challenges with calculations, but the emotional impact may differ.

What is Dyspraxia (Developmental Co-ordination Disorder)?

Dyspraxia/DCD is a specific learning difficulty (SpLD) that affects fine and/or gross motor co-ordination. It can also impact organisation, planning, sequencing, and time management. It is not related to intelligence, but it can make everyday tasks and professional skills more challenging. Estimates suggest dyspraxia affects around 5–6% of the UK population, with around 2% severely affected (University Hospitals Birmingham, 2023).

Strengths in health care

Many individuals with dyspraxia bring important strengths, such as:

- determination and resilience
- strong verbal communication and empathy
- innovative problem solving
- holistic thinking and creativity.

Impact in health care settings

- **Practical skills:** difficulties with manual dexterity (eg, cannulation, wound dressing, fine motor tasks) or gross motor coordination (moving equipment, handling patients).
- **Organisation and time management:** challenges sequencing tasks, meeting tight timeframes, or prioritising under pressure.
- **Documentation and IT use:** handwriting may be less fluent; using keyboards, touchscreens, or digital systems may take longer.
- **Learning on placement:** may need extra time to practice practical skills or to prepare for assessments.

Gender differences in presentation

Research suggests that dyspraxia can present differently in males and females (Cleaton et al., 2021):

- **diagnosis rates:** dyspraxia is diagnosed more frequently in males, possibly due to greater visibility of motor difficulties in boys. Girls may be underdiagnosed or misdiagnosed
- **presentation:**
  - males may show more noticeable co-ordination difficulties and difficulties with gross motor tasks
  - females may present with subtler coordination difficulties but greater challenges in organisation, planning, and fatigue.

- **impact:** women and girls may compensate for motor difficulties, leading to stress, anxiety, or exhaustion that is less visible to others. In health care placements, this means female students or staff with dyspraxia may appear 'organised' superficially but struggle with hidden effort, while males may be more obviously affected by co-ordination challenges.

What is Tourette's Syndrome?

Tourette's Syndrome is defined by the presence of both motor and vocal tics, lasting more than a year. Tics can range from mild to severe and may fluctuate depending on stress, fatigue, or environment. Around 1% of school-age children have Tourette's, with many continuing into adulthood (Tourette's Action (2020).

Strengths in health care

- Resilience and determination.
- Creativity and strong problem-solving skills.
- Empathy and insight into patient experiences.
- Often strong verbal or physical skills despite tics.

Impact in health care settings

- **Communication:** vocal tics may interrupt speech or patient interactions.
- **Practical skills:** motor tics may temporarily interfere with procedures requiring fine control.
- **Fatigue and stress:** tics often worsen with stress, which can affect performance in busy wards.
- **Stigma:** misunderstanding of the condition can lead to discrimination or reduced confidence.

Gender differences in presentation

- Tourette's is diagnosed more often in males than females.
- Males tend to present earlier with more visible motor and vocal tics.
- Females may present with subtler or less stereotypical tics, leading to underdiagnosis.
- Women with tourette's may experience higher rates of associated anxiety or obsessive-compulsive behaviours.

3. Hormones

Hormones like oestrogen and progesterone can change how the brain works, so they can strongly affect neurodivergent people, especially around periods and menopause. Oestrogen affects brain chemicals that control mood, memory, learning, attention and sleep. Levels are lowest during a period, highest just before ovulation, and stay high in pregnancy. Around perimenopause, oestrogen goes up and down a lot, then becomes steadily low after menopause.

Oestrogen changes several brain chemicals:

- **dopamine:** linked to reward, motivation, attention, planning and movement
- **serotonin:** helps with mood, anxiety, appetite, pain, sleep and clear thinking
- **glutamate:** supports learning, memory and cognitive function
- **noradrenaline:** linked to alertness, focus, motivation and low mood.

Progesterone affects gamma-aminobutyric acid (GABA) which can calm the brain and reduce anxiety and low mood, but progesterone levels also rise and fall during the cycle, pregnancy and menopause.

Menstrual cycle and neurodivergence

- Monthly changes in oestrogen and progesterone can alter wellbeing, mood, anxiety, sleep, memory and executive function.
- This can increase difficulties linked to ADHD, autism, dyslexia, dyspraxia and dyscalculia.
- Some people find hormone contraception worsens mood, while others feel it helps to stabilise symptoms.

Perimenopause and menopause

- Perimenopause and menopause can make existing ADHD or autistic traits feel more intense or bring new cognitive, social, emotional and sensory challenges.
- There may be more meltdowns, burnout, anxiety, depression and even suicidal thoughts, so professional help is essential.
- An understanding GP can discuss support and treatments such as hormone replacement therapy, if suitable.

Being aware of how hormones affect you can help you plan harder tasks for “better” days and allow more rest and self-care on “harder” days.

4. Masking

Masking is when an individual 'masks' or hides behaviours which may be seen as socially unacceptable. Acting in a 'socially acceptable' way to fit in and connect with others.

Masking may include:

- suppressing own wishes, views, preferences and needs
- pre-prepared social scripts
- bottling up thoughts and feelings
- hiding discomfort or distress in response to sensory stimuli
- hiding stims, fidget items or special interests
- forcing social interaction, adopting a persona
- pretending to be interested in small talk or a conversation topic
- altering tone of voice, facial expression, or forcing eye contact
- copying and practising other's responses, mannerisms and attire.

Image credit: @TheBurntoutBrain @AutisticSelfCare

The function of masking

Social camouflage
Blending in with peers reduces risk of rejection or exclusion

Professional adaptation
Masking perceived as necessary to meet expectations

Emotional protection
Containing vulnerable emotions prevents others from seeing inner struggles

Avoiding stigma
Conceal differences to avoid stereotypes or bias

The costs and benefits of masking

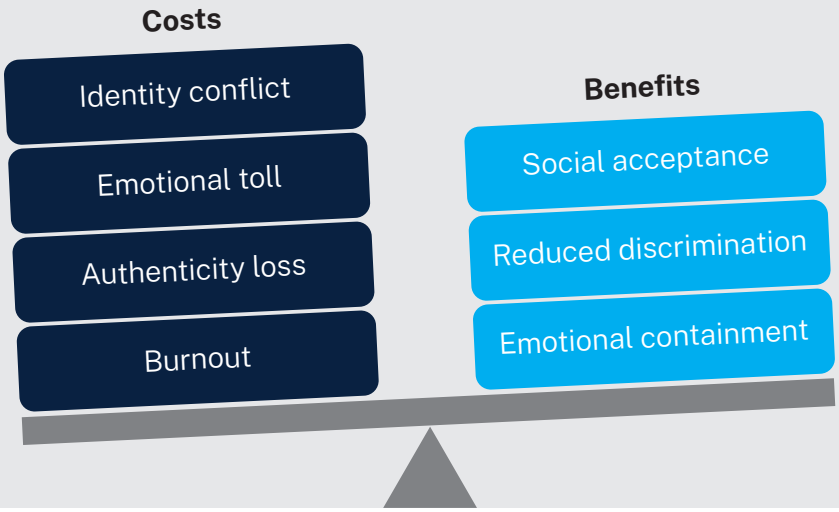


Image credit: Problem Shared

'Unmasking' is a personal choice and may be driven by self-exploration and a desire to be accepted for your neurodivergent self. As masking can be an unconscious process, it can be difficult to know when we are masking, so how can we unmask? By:

- becoming aware of when and why you are masking
- identifying which masking behaviours may be unhelpful or harmful to you
- working on emotional regulation
- experimenting with dropping masking behaviour in safe situations with safe people.

Take a moment to reflect:

Do you mask? What does it look like for you? → How does it feel? → How does it impact on relationships and life?

Disclosing your diagnosis

Educate yourself	Express your feelings and experiences	Emphasise that it is a neurological difference
Share your diagnosis journey	Be open to questions	Acknowledge perspectives

5. Burnout

Burnout is a state of chronic physical, emotional, and cognitive exhaustion caused by sustained sensory, social, and executive-function demands. This is often worsened by masking and a lack of appropriate support, leading to a marked reduction in everyday functioning and capacity to study or work.

Autistic burnout looks like:

- loss of skills: cognition, executive function, memory, speech/ communication, ability to cope, ability to do things you once could do
- increased sensitivity: to sensory stimulus, to sensory overload, to change, to social stimulus
- increased autistic behaviour (eg, stimming, speech difficulties)
- more frequent meltdowns/shutdowns
- chronic exhaustion, stress and anxiety.

Image credit: Problem Shared

Signs of burnout

Emotional

- Response to overwhelm.
- Crying.
- Shouting.
- Physical response to self, or others.
- Increased levels of anxiety/stress.
- External distress response.

Physical

- Headaches.
- Insomnia.
- Back/neck/shoulder pain.
- Digestive issues.
- Recurrent illness.
- Jaw clenching.

Preventing burnout

Energy accounting

Exploring what charges and drains our batteries. Making time for rest and relaxation

Unmasking

Having time off without the mask

Develop self-compassion

You aren't perfect; it makes you human. It's important for you to spend some time and energy on your happiness

Set boundries

When are you saying yes when you really want to say no? Communicate your views and needs within relationships

Expectations and accommodation

Allow flexibility in expectations and schedules where possible. Advocate for yourself at work and home

Energy accounting

Things that recharge my energy

Tracking your energy promotes self-awareness, mindfulness and increases self compassion

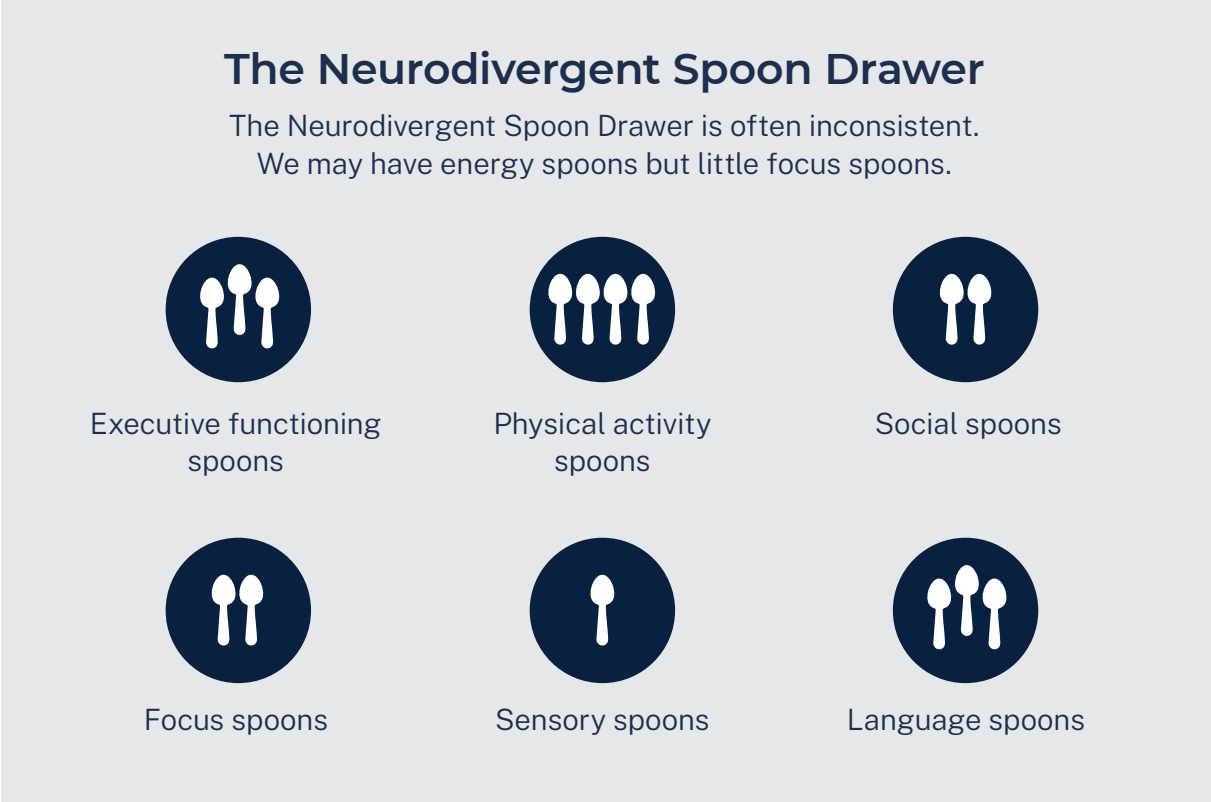
Things that use up my energy

Image credit: Problem Shared

Energy accounting: spoon theory

Imagine that each day, you have a limited number of “spoons” that represent your energy and ability to engage in activities.

For neurodivergent individuals, these “spoons” can represent cognitive resources, emotional regulation, and the capacity to manage sensory input.



Neurodivergent Spoon Theory (neurodivergentinsights.com)

Autistic self-care

- Physical wellbeing.
- Match their communication style.
- Emotional regulation/co-regulation.
- Respect boundries.
- Special interests.
- Create a sensory soothing environment.

Barriers to self-care

- Too many competing demands.
- Masking.
- Interoception differences.
- Alexithymia.
- Communicaiton & flexibility differences.
- Sensory, emotional meltdown or shut down.

Image credit: Problem Shared

6. Autistic joy

Uninhibited

Free from judgement by self – or others

Immersive

In the moment it is purely about the "self"

Self-regulation

Achieving equilibrium, people and happiness through sensory processing

Expression

Through movement, taste, touch, sound – authentic expression of 'self'

Unique

Like all autistic presentations, joy is unique to the individual

Pure comfort

Sensory balance, emotional regulation, wrapped in a moment of pure joy

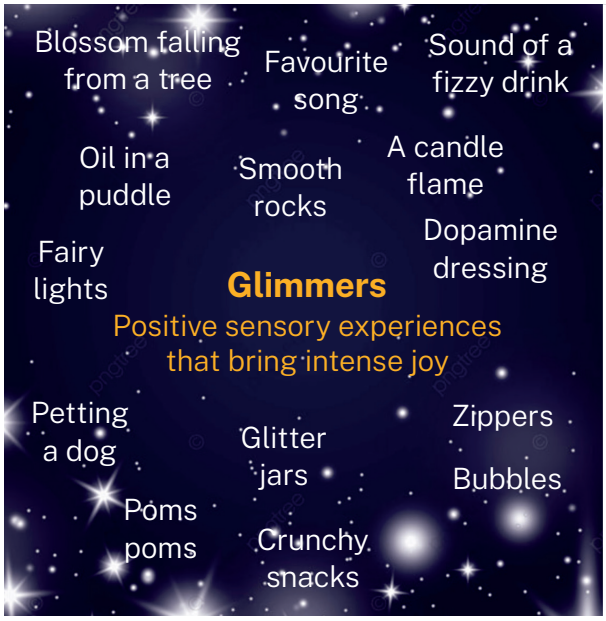


Image credits: Autistic Girls Network, AInnerglowtherapy

Keep in mind

It's perfectly fine to express joy in your own way, even if it's different from others

You will find your people who cherish and accept your true self

Your autistic joy can bring joy to others as well

You are never being 'too much' for being yourself and expressing joy authentically

Remember to take breaks and rest, even positive emotions can become overwhelming

Some questions to help you reflect on autistic joy

- What is your oldest interest?
- What is your most recent special interest?
- Which of your special interests have changed or grown over time?
- What special interest has shaped your life the most?
- What special interest do you share with someone else?
- What is something positive your special interests have brought into your life?

Unmasking Autism: Discovering the New Faces of Neurodiversity. Devon Price 2022

Image credit: Devon Price

7. Neurodivergence and university

Background and legal framework

Universities should be committed to supporting all students to succeed, including those with disabilities and neurodiverse conditions. Under the Equality Act 2010 or Disability Discrimination Act 1995 in Northern Ireland, we have a legal duty to make reasonable adjustments to remove barriers that may disadvantage disabled students compared to their peers.

The Equality and Human Rights Commission (EHRC), including the findings of the Natasha Abrahart case, has clarified that universities must take proactive steps to prevent disadvantage. However, there is also a balance: adjustments must be reasonable and must not compromise professional standards or course requirements.

All universities must have clear, well-documented processes to support students requiring adjustments and also to support the staff involved in providing support for the student across all departments.

What is a reasonable adjustment?

A reasonable adjustment is a change that helps level the playing field for a student with a disability or long-term condition. What is “reasonable” depends on context. Adjustments should take account of:

- the student’s individual circumstances
- the requirements of the course and clinical practice setting
- available resources and feasibility
- the need to protect patient safety and professional standards.

Students may share what they find difficult and what helps them. Their input is essential, but this does not mean they can demand specific adjustments. Adjustments are developed through discussion, professional advice, and careful consideration.

Sources of guidance

University staff receive guidance and recommendations from:

- occupational health
- the university’s disability and inclusion team.

These services provide professional advice, but their recommendations are not binding. Where a suggested adjustment is not considered reasonable in the clinical or academic context, the university is not obliged to implement it. However, any decision not to follow a recommendation must be evidence-based, well-documented, and strongly defensible.

All possible options to support the adjustments must be explored to exhaustion before stating that an adjustment does not meet the criteria of being a reasonable adjustment, including going back to the student to discuss alternative ways that their needs may be met.

Clinical placements

While the university can suggest adjustments to placement providers, each placement area must assess for itself what is reasonable within their specific clinical environment. For example, an adjustment that is possible in a university classroom may not be safe or practical in an intensive care unit. However, where a placement finds that it is unable to support a recommended adjustment, this must again be evidence-based, well-documented, and strongly defensible. All possible options to support the adjustments must be explored to exhaustion before stating that an adjustment does not meet the criteria of being a reasonable adjustment, including going back to the student to discuss alternative ways that their needs may be met.

Conversations with students

The nominated staff in the university (usually personal tutors or disability lead) should take the lead in the initial conversation with students who disclose a disability or request support. The aims of this conversation are to:

- set a supportive and welcoming tone
- manage expectations about the process
- emphasise that adjustments are developed through discussion and negotiation
- reinforce it is not possible to agree to adjustments that prevent students from meeting learning outcomes or professional body requirements.

This helps students understand from the outset that reasonable adjustments are about removing barriers, not lowering standards.

However, it must be remembered that once a student has disclosed to any member of staff in the university, it is deemed that the university is aware of the student's needs for additional support. All university staff need to have clear guidance on how to report to the required individual when a disclosure has been made and to signpost the student to meet with the correct nominated person in order for a more in-depth discussion to allow appropriate adjustments to be identified.

The process: student and staff responsibilities

- Students should meet with the nominated person so that the activities they find challenging can be documented and what the student finds helpful.
- From this discussion, a list of suggested adjustments should be prepared both for academic support and for support in clinical placements. There will almost never be a situation where adjustments for one area does not suggest a need for adjustments for the other.

- The Reasonable Adjustment Plan for Practice should be continuously reviewed whilst the student is in placement to ensure that it remains reasonable and meets the student's support needs.

Why this approach matters

Increasing numbers of students now require some form of reasonable adjustment plan. This process:

- ensures students receive timely, supportive conversations close to their learning environment
- helps manage expectations before adjustments are formalised
- allows specialist staff to dedicate their expertise to the most complex and time-consuming cases.

This is not about shifting work away from specialist staff but about building a collaborative process that ensures students receive consistent, high-quality support.

Key messages for staff

- Be supportive and welcoming in conversations with students.
- Listen carefully, but explain that not all requested adjustments will necessarily be reasonable.
- Use guidance from occupational health and disability support teams.

What if a student does not want to disclose to practice?

- Acknowledge the decision respectfully.
- Explain that if the challenges are not disclosed to placement, then placement will not be obliged or able to provide adjustments, which could impact on their assessment in practice.
- Explain that disclosing a need that requires reasonable adjustments will not have a negative impact on their assessment.
- Explain that using the support available to them does not prevent someone else receiving support that needs it.
- Encourage the student to discuss further with disability support teams or a trusted university team member such as their personal tutor.
- Explain that if they pose a potential risk to the safety of patients, staff, or others as a result of their challenges, this would have to be disclosed to the placement for a risk assessment despite the student withholding permission to disclose. This would be a last resort and only used in exceptional circumstances, but it would always be in the student's interests to disclose any support needs they may have.

For students

Transition to university can be challenging for any student, and arguably more so if you are neurodivergent. It may be the first time that you have been away from home, and you will have to manage studying, working in practice, shift work, as well as everyday life skills and looking after your health and wellbeing. Every student should feel welcomed to university and to nursing, and be supported and able to succeed.

Under the Equality Act 2010, all universities have a duty to make "reasonable adjustments" to help remove barriers to your learning. These adjustments are designed to give you a fair opportunity to succeed while ensuring that patient safety, professional standards, and course requirements are never compromised.

Your university should have clear guidance and processes to support you when you make a disclosure that requires adjustments or additional support.

Your university will have a disability team and it is important that you make contact with them as soon as possible so that they can help you access available support. They should be able to advise on how to obtain evidence to support reasonable adjustments and to apply for Disabled Student Allowance (not available in the Channel Islands or Isle of Man). If you are unsure how to contact them, ask your personal tutor or a member of university team that you feel comfortable talking to.

Confidentiality and disclosure

You are encouraged to share information about your support needs. This helps universities and your placement providers make adjustments where possible. You can choose to share with the university and not practice, however choosing not to disclose means placements may not be able to offer support, which could affect your experience or assessment.

Reasonable adjustments in university

A reasonable adjustment is a change to the way things are usually done, intended to reduce a disadvantage you might face compared to other students. Reasonable adjustments will be different for each person. Everyone will have different needs, but they may include:

- exam and OSCE arrangements such as extra time, separate room, use of computer, use of overlays, calculators and formula charts
- text to speech and speech software, grammar and spelling software, mind mapping software (training may be needed)
- dictaphones/voice recorders
- access to notes prior to lessons
- study skills support and mentors.

What is considered "reasonable" depends on:

- your individual needs

- the requirements of your course and profession
- what is safe and practical in the clinical setting.

Reasonable adjustments in practice

Placements are a key part of your course. Your university may share your Reasonable Adjustment Plan with placement providers (with your consent) so they can consider how to support you (each university will have different processes and practices so check with yours). You may need to take control of this process by emailing your RAP to your practice assessor or practice placement support team or uploading to the electronic PAD and letting placement assessors know it is there. The RCN Student Placement Passport guidance can also help with this process.

However:

- each placement area must decide what is safe and reasonable in their own clinical environment
- some adjustments that work well in lectures may not be possible in areas like intensive care or A&E
- if a placement cannot support a suggested adjustment, this decision must be explained to you and alternative options should be explored.

There may be times when you feel something is fair, and reasonable, but your placement area does not agree. It's important to seek support from the university as soon as possible. Speaking to your practice placement team can also be helpful.

You should be asked by your practice assessor and practice supervisor if you have any reasonable adjustments at the start of your placement.

In practice, reasonable adjustments may involve:

- a quiet area to write up notes
- use of voice recorder for handover (delete as you would for any paper copies)
- use of overlays
- adjustments to working hours and placements closer to home (within NMC requirements)
- additional time to process and answer questions
- use of a calculator
- use of apps for reminders
- use of phone or device for spellchecking/ pronunciation/reminders
- use of a notebook
- use of noise cancelling earplugs (cut out background noise whilst allowing clear communication)
- quiet areas rest breaks
- more regular check-ins.

Communicating your needs

Practice assessors and practice supervisors may not be aware of your needs for reasonable adjustments as different universities have different policies about sharing information with practice colleagues. Consider how you might want to share your strengths and reasonable adjustments in practice. The RCN *Neurodiversity Pocket Guide* and RCN *Health Ability Passport* (both available at: **rcn.org.uk/publications**) provide helpful resources. If you have a reasonable adjustment plan, please share this with your practice assessor and practice supervisor.

If your placement will cause you difficulties due to your neurodivergence, speak to your university. For example, a placement far away might make the commute so long that you will be unreasonably tired, which may exacerbate problems associated with your neurodiversity.

Financial support

Further details on disabled student allowances can be found at:

- England, Scotland or Wales: **gov.uk/disabled-students-allowance-dsa**
- Northern Ireland: **studentfinanceni.co.uk/types-of-finance/postgraduate/northern-ireland-student/extra-help/disabled-students-allowances/what-are-they**

Key messages for students

- Those working with you want you to succeed, and to support you.
- Being neurodivergent as a nurse is extremely common and no barrier to you achieving your dreams, especially with some support.
- Reasonable adjustments are developed through discussion and negotiation, not demand.
- Some recommendations may not always be possible — but your university or practice placement should always explain why and work with you on alternatives.
- Using support does not disadvantage you or anyone else; it helps you reach your potential.
- Patient safety, course requirements, and professional standards must always be maintained.

Self-care

Your course will be very demanding both in university and in practice and it is important that you look after yourself. Here are a few tips that may help:

Energy/hydration	Rest/sleep	Movement	Grounding
Remember to eat regularly to balance blood sugar	Create a soothing evening routine	Gentle stretching	5 things I can see
Hydrate regularly	Use sensory tools to create relaxation	Walk	4 things I can hear
	Value rest, as sleep is not within your control	Play with pet	3 things I can touch
		Do a rhythmic activity (cycling, one minute dance party)	2 things I can smell
			1 thing I can taste
			Deep breath

Image credit: Problem Shared

For practice assessors and supervisors

As a practice assessor or supervisor, you have a key role in supporting students in practice and this role is particularly important for neurodivergent students. Some students may find that they are less confident at discussing their neurodiversity in practice and this may be compounded by moving placements throughout their training. A supportive team and practice assessor can make this much easier.

Supporting neurodivergent students

- Ask all students at the start of their placement if they need any reasonable adjustments or additional support as a matter of routine.
- Ask again at a later stage, as they are more likely to confide in you once a rapport has been established.
- Raise awareness of neurodiversity, for example through posters, to help break the ice and show that it is an inclusive placement.
- Ask the student what helps them – they usually have a good understanding of their needs and compensatory strategies.
- Consider a plan or passport for all students.
- Ask the student if you are able to share their reasonable adjustments with colleagues so that they can also support the student.

Practical considerations

Neurodivergent students may need:

- a little bit more of your time
- explanations in different ways (videos, repetition, practice opportunities)
- help with pronouncing and spelling medical terminology and drugs
- time to process questions before you ask again
- alternative ways of being assessed or demonstrating their competence
- access to prompts for timekeeping (apps) or time out if things become overwhelming.

Remember that students are required to achieve their competencies, but that learning can be very tiring and stressful, which in many cases makes difficulties associated with neurodivergence worse. If doing assessments or observations, try to consider this early in the shift and not at the end. If you are concerned about the student, contact the university or academic assessor.

Students may need time to decompress in a quiet area, especially in an area where there are high levels of sensory input, this should not be seen as them not wanting to be part of the team, just recharging their batteries.

8. References

British Dyslexia Association (no date) *Dyscalculia (Adults) Information Sheet*. Available at: **cdn.bdadyslexia.org.uk/uploads/documents/Downloadable-Resources/Dyscalculia-FactSheet_Adults.pdf?v=1709123637#:~:text=What%20is%20Dyscalculia?,this%20is%20much%20more%20difficult** (accessed 9 March 2026).

Cleaton MA, Tal-Saban M, Hill EL and Kirby A (2021) Gender and age differences in the presentation of at-risk or probable Developmental co-ordination disorder in adults. *Research in developmental disabilities*, 115, p.104010.

DLD Project (2022) *Evidence Brief: Developmental Language Disorder*. Available at: **thedldproject.com/wp-content/uploads/2022/12/Evidence-Brief-Developmental-Language-Disorder-DLD-%E2%80%93-December-2022.pdf#:~:text=Prevalent%20and%20Lifelong%20DLD%20is%20a%20permanent%2C,children%20in%20a%20classroom%20of%2030%20students** (accessed 9 March 2026).

National Autistic Society (2026) *What is Autism?* Available at: **autism.org.uk/advice-and-guidance/what-is-autism#How%20many%20autistic%20people%20are%20there** (accessed 9 March 2026).

National Institute for Health and Care Excellence (2025) *Background information: ADHD: How common is it?* Available at: **cks.nice.org.uk/topics/attention-deficit-hyperactivity-disorder/background-information/prevalence** (accessed 9 March 2026).

NHS Conditions (2022) *Dyslexia*. Available at: **nhs.uk/conditions/dyslexia** (accessed 9 March 2026).

Tourette's Action (2020) *Tourette Syndrome in school – a parent's guide*. Available at: **tourettes-action.org.uk/storage/downloads/1600265722_ta-factsheet-ts-in-school-v3.pdf** (accessed 9 March 2026).

University Hospitals Birmingham NHS Foundation Trust (2023) *Neurodiversity Toolkit – Factsheets, Dyspraxia*. Available at: **uhb.nhs.uk/Downloads/pdf/DyspraxiaNeurodiversityToolkit.pdf** (accessed 9 March 2026).

RCN quality assurance

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

Neurodiversity acknowledges that each person's brain is unique. Our brains work and interpret information differently and we all bring individual experience, strengths, and assets to a situation. This guidance has been developed by RCN members with lived experience of neurodivergent conditions and neurotypical stakeholders with an interest in neurodiversity. It details neurodivergent conditions and how universities can support its students to succeed.

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The Nine Quality Standards

This publication has met the nine quality standards of the quality framework for RCN professional publications. For more information, or to request further details on how the nine quality standards have been met in relation to this particular professional publication, please contact **publications.feedback@rcn.org.uk**

Evaluation

The authors would value any feedback you have about this publication. Please contact **publications.feedback@rcn.org.uk** clearly stating which publication you are commenting on.

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