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A Full CIRCLE: Inclusion of Autistic Doctors in the Royal College of Psychiatrists’ Values and Equality Action Plan

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With the recent publication of the Equality Action Plan 2021-2023, we welcome the promotion of equality, diversity and inclusion. Members of the College aspire to a values-based approach known by the acronym ‘CIRCLE’: Courage, Innovation, Respect, Collaboration, Learning and Excellence. Whilst the College welcomes the whole workforce within its Equality Action Plan and CIRCLE values, we ask for autistic doctors to be acknowledged and included, seeking collaboration regarding specific support. We are aware that doctors with other forms of neurodivergence may also wish to highlight their own needs. The College is well placed to lead the way on neurodiversity and would seemingly be the first Royal College to formally recognise and support neurodivergent doctors within policy. A diverse workforce is a well-rounded workforce and a full CIRCLE.

In surveys regarding identifying and supporting autism in patients, 1% of general practitioners and 1.1% of psychiatrists identified as autistic ¹. Alongside general UK population figures of 1.1%, at least 3000 UK doctors may be autistic. It is likely to be far more however, given that medicine, and psychiatry within it, selects for many autistic strengths ², and that non stereotypical profiles are still under-recognised by individuals and clinicians. It seems a relatively new belief that autistic doctors even exist and can be good clinicians, supervisors, and educators, yet we have been here all along doing just that, with or without the diagnostic label. In the peer support group Autistic Doctors International, 13% of members were psychiatrists in the last poll, second only to general practitioners ³.

Autism is already subject to employment law regarding associated disabilities but we know from peer support groups that we, and many other neurodivergent doctors, are too often not achieving potential due to misunderstanding, stigma, under-recognition or lack of reasonable accommodations. Psychiatrists may remain cautious when considering disclosing autism, with the real risk that professional credibility may be questioned. Promoting open discussion and a culture of acceptance may encourage disclosure and better access to workplace-based adjustments, which are likely to improve wellbeing, resilience, and retention. These are all priorities for our NHS workforce.

It should be noted that issues faced by autistic doctors are mostly non-clinical. Challenges more often relate to the largely non-autistic workplace set-up and to what can, at times, be confusing communication with colleagues or management. Autistics tend to communicate better with other autistics and non-autistics with non-autistics. When the two neurotypes communicate with each other, misunderstandings are more likely to occur, so both need to make effort and not solely the autistic person. Most of us are not ‘doctors in difficulty’ and do not fulfil autistic stereotypes. This risks autistic strengths and successes going unseen, fostering a deficit-based view and facilitating the ‘tragedy narrative’ that too often surrounds a diagnosis. The neurodiversity paradigm fits our experience of autism as a different neurotype with many strengths, rather than pure disability or disorder, and challenges stigma, which remains pervasive throughout healthcare. The narrative we project about neurodiversity within the workforce is mirrored in our interactions with patients and their families which can profoundly and positively influence their own perceptions and outcomes.
Specifically acknowledging and supporting us within the Equality Action Plan also sets the expectation that we should consistently experience the College Values in the same good faith in which we practise them. Many autistic attributes are naturally aligned with these CIRCLE and Core Values (in italics).

We have demonstrated the **Courage** to continue as doctors despite feeling somehow ‘different’ from an early age. We have sustained self-belief, resilience, and a growth mindset, despite the pain of our credibility and worth often being subtly or overtly challenged. We have an empathic **Respect** for others, often grounded in our own experiences of being outsiders. We **Collaborate**, finding ways to work with others to further shared goals, tenaciously **Learning and Innovating** as we have had to copy, analyse, and then experiment with social communication since childhood, changing variables until success is achieved. We tend to ‘think outside the box’ and instinctively aim for **Excellence** as we hyperfocus on intense interests, which usually include our work. Our autistic strengths include self-motivation, curiosity, pattern recognition, attention to detail and problem solving.

Contrary to outdated stereotypes, many of us have increased **empathy** and, as such, have tended to gravitate towards the caring professions. We are aware of our position of **trust** and as a group have a tendency to speak out and strive for social justice — for example, unsafe patient care or staff mistreatment. Such actions are grounded in our prevailing sense of **honesty** and **fairness**. However, this comes with a risk of being misunderstood and marginalised. As we often precisely and literally follow policies on raising issues, we risk being misunderstood as trouble-making, lacking team skills and confronted for being unprofessional, without seniors considering that unspoken non-autistic rules of finding another way may not have ever been made clear. There is an autistic tendency to value all people equally, sometimes speaking plainly and without hierarchical restriction, which should not be mistaken for lack of **humility**. We strive to uphold the **dignity** of our autistic patients and colleagues. This can be a difficult path to tread as recognition and understanding of autism is still evolving for many professionals. However, we embrace opportunities to inform education and training with lived experience and challenge stigma through the positive promotion of neurodiversity. In the workplace, as in life, autistic people are different, not less. We **respect** that our non-autistic colleagues communicate differently and ask for reciprocity regarding our different communication style.

The Foreword to the Equality Action Plan states that ‘discrimination and prejudice, based on any of the protected characteristics, is inherently wrong, even if they occur inadvertently, and can lead to profound distress and unhappiness, which negatively affects mental wellbeing’. We certainly agree with this and note that ‘camouflaging’ or ‘masking’ (hiding autistic features) is associated with increased anxiety, depression, and suicidality. With high rates of burnout, mental illness, and suicide in both doctors and autistic adults, the consideration and support of hidden autistic doctors is vital. For those of us who managed to facilitate accommodations without knowing why, this has typically been at our own expense, often accompanied by unnecessary shame and low self-esteem, alongside potential adverse impact on health and earnings. Specialist assessment may be helpful to recommend a range of adjustments that we cannot always identify ourselves. Equity is a better approach than equality, as different people need different supports. We do not all need ear plugs, for example. However, some may not manage a working day without them.
Undiagnosed and unsupported colleagues may sometimes present as ‘doctors in difficulty’. It is, therefore, worth considering whether students and doctors with a variety of challenges might be unknowingly autistic. These might not be well recognised autistic challenges but may include areas such as unfulfilled potential, spikey profiles (a large differential between strengths and challenge areas), communication issues with colleagues, time management (which could instead be transition issues), a perception of not being ‘flexible’, not sustaining work without repeated absences, and not benefitting as much as expected from the usual support offered. As supervisors or mentors, the College asks us to help colleagues to fulfil their full potential in carrying out their clinical and other responsibilities at work. Many are already on the way to achieving some of this naturally, in a person-centred manner, without realising that they are interacting with autistic doctors. However, understanding of autism and consistency in approach is needed for all autistic doctors. Whilst respecting differences, appropriately experienced support should be sought, including signposting to peer support, such as that offered throughAutistic Doctors International (ADI) ³.

Perceptions that autistic doctors are automatically unsuited to their careers still occur in various specialities, alongside adverse feedback without relevant help or workable, specific suggestions. One member who disclosed was simply told in writing that autism is incompatible with being a doctor ⁵. Support from ADI, such as letters or attending fitness to practice meetings, has changed outcomes by informing, explaining, and challenging out-of-date beliefs. Once implemented, we have seen examples within ADI of autistic doctors continuing their careers and thriving. The real risk of losing one’s credibility and job is why many experienced and successful autistic doctors may not seek or disclose a diagnosis and fear requesting reasonable accommodations. One of our authors is using a pseudonym for these reasons. It is therefore vital that we are specifically included in the Equality Action Plan.

The Royal College of Psychiatrists continues to champion diversity, inclusion and equality and is well placed to lead the way with neurodiversity. A CIRCLE of values needs to encompass its whole workforce and we ask for autistic doctors to be acknowledged, valued, and supported. We welcome discussion and collaboration, and trust that psychiatrists and the College are more than up to the task in this great speciality in which we are all privileged to practise.

Summary/Abstract

Autistic psychiatrists bring strengths and values to the workforce and ask to be acknowledged and supported as part of the Royal College of Psychiatrist’s CIRCLE Values and Equality Action Plan. Courage and collaboration are required to jointly learn and innovate, promoting wellbeing, resilience and excellence for autistic doctors.

References


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Declaration of Interest:
All authors are members of the peer support and advocacy group Autistic Doctors International (ADI)

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