NEURODIVERSITY IN APPRAISAL

A practical conversation for appraisers

Two perspectives:
appraiser and lived experience

National Appraisers Conference

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PURPOSE

02

Appraisal can either amplify friction - or reduce it.

The standard remains the same. The route to demonstrating it need not be.

> By the end of this session, appraisers will be better able to recognise barriers, hold constructive conversations, and make the appraisal process more accessible.

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A SHARED LANGUAGE 03

Neurodiversity is a lens - not a diagnosis.

- It describes natural variation in how people think, process information and communicate.
- A person may identify as neurodivergent, may have a diagnosis, both, or neither.
- The appraisal conversation should focus on functional barriers and practical support - never assumptions.

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WHY APPRAISAL MATTERS 04

Appraisers influence more than the annual conversation.

PREPARATION	CONVERSATION	OUTCOME
What is requested and when	How the meeting works	How learning and support are agreed

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A USEFUL SHIFT 05

Move from “What is wrong?” to “What is getting in the way?”

PERSON	PROCESS	ENVIRONMENT
strengths, needs, preferences	forms, deadlines, evidence, conversation	time, sensory load, technology, expectations

The barrier often sits in the interaction between all three.

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TWO PERSPECTIVES 06

One professional standard. Two very different experiences.

THE APPRAISER'S VIEW

“I wanted to help - but did I understand the barrier?”

LIVED EXPERIENCE

“I met the same expectations - but the process could feel impossibly opaque.”

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A FAMILIAR FAMILY SCENE

07

One makes stuff from the tree. One hugs the tree.

Practical problem-solving

Emotional engagement

Who achieved more?

Neither - the value lies in recognising different kinds of contribution.

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THE SAME BRIEF.
TWO DIFFERENT TELLINGS.

First, Colin takes us through the structure.
Then Iain takes us through the experience.

Neither version is more valid. Both reveal something the other can miss.

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COLIN'S ROUTE

09

Start with the structure. Make the next step visible.

01	02	03	04
Name the task	Break it down	Set a realistic next step	Practise and review

For the appraiser: clear expectations, smaller pieces of work and a shared plan can turn uncertainty into progress.

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IAIN'S ROUTE

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Start with the experience.

Make room for what the task feels like.

THE DEMON OF TIME

Deadlines can feel less like a plan and more like an approaching wall.

THE WHOLE TASK

The size of the task can hide the first possible step.

For the appraiser: listen for the experience beneath the evidence.
It may change what support feels possible.

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WHAT THE CONTRAST TEACHES US

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The process can be the same; the work of getting through it may not be.

WHAT COLIN NOTICES

A process that needs structure, clarity and a sequence.

WHAT IAIN EXPERIENCES

A process that carries time pressure, emotion and uncertainty.

Appraisal needs enough structure to be navigable - and enough curiosity to be humane.

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SAME TASK. DIFFERENT STRENGTHS.

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Difference is not a ranking system.

PRACTICAL CONTRIBUTION

Seeing the structure, fixing the problem, making the thing work.

RELATIONAL CONTRIBUTION

Seeing the feeling, creating connection, making the situation bearable.

Appraisal works best when it notices the value in more than one way of thinking, communicating and contributing.

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FROM THE APPRAISER'S CHAIR 13

Good intentions are not always enough.

- We may see an incomplete portfolio, a missed deadline or a doctor who appears disorganised.
- We may not see the extra time, anxiety, compensating strategies or previous negative experiences behind it.
- Our job is not to lower expectations. It is to understand the barrier and agree a fair way forward.

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FROM LIVED EXPERIENCE 14

The hard part is often the invisible work of coping.

Time

Deadlines, duration and sequencing can become a constant source of pressure.

Organisation

Keeping track of evidence and tasks can consume capacity that others can use for reflection.

Feedback

Ambiguity or hurried feedback can be remembered long after the appraisal ends.

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PAUSE AND REFLECT

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Think of an appraisal that was harder than it needed to be.

What was the barrier: the person, the process, the environment - or their interaction?

Take 60 seconds. No sharing required.

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WHAT MAY BE HIDDEN

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Visible performance is not a reliable measure of hidden effort.

WHAT WE MAY NOTICE

- Incomplete evidence
- Late response
- Notes that seem unstructured
- Anxiety or withdrawal

WHAT MAY ALSO BE PRESENT

- Time spent decoding the task
- Fear of getting it wrong
- Multiple compensating systems
- Previous experiences of stigma

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WHERE APPRAISAL CAN CREATE FRICTION 17

The pressure points are predictable.

Before	During	After
timelines, forms, digital systems	pace, questions, sensory load	PDP wording, actions, follow-up

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MAKE THE PROCESS LEGIBLE 18

Clarity is an adjustment that often helps everyone.

- Send a concise, structured pre-appraisal outline - including what “good enough” looks like.
- Agree how information will be shared: written prompts, a short agenda, or documents in advance.
- Use clear next steps, named ownership and realistic timescales after the meeting.

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REASONABLE ADJUSTMENTS 19

They remove disadvantage; they do not remove professional standards.

> The right adjustment is individual, proportionate and focused on the barrier - not a generic response to a label.

Consider, discuss, document the rationale, and review whether it helped.

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EXAMPLES TO EXPLORE 20

Start with the barrier, then test a practical adjustment.

Preparation	Meeting	Follow-through
A staged evidence plan; prompts in advance; an earlier check-in	A quieter format; regular pauses; permission to take notes or use assistive technology	A concise written summary; actions chunked into manageable steps; agreed reminders

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THE CONVERSATION THAT OPENS DOORS 21

Ask. Listen. Agree. Review.

"Is there anything about the appraisal process that would make it harder to show your practice at its best?"

"What has helped you prepare for high-stakes professional conversations before?"

"What would a useful outcome from today look like?"

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SCENARIO 1 22

The portfolio is incomplete - and the doctor looks overwhelmed.

A doctor has repeatedly missed self-set preparation deadlines. Their evidence is present but scattered. They say:

"I know what I should do - I just cannot get it into the right order."

Discuss in pairs: What would you ask first?

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SCENARIO 1: POSSIBLE RESPONSE 23

Make the task smaller, clearer and more visible.

- Acknowledge the pressure without making assumptions about cause.
- Agree a staged evidence plan with short, observable milestones.
- Offer a brief follow-up check-in and record what support was agreed.
- Review the approach rather than judging the person if it does not work first time.

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SCENARIO 2 24

The doctor is highly capable - but appraisals leave them depleted.

A doctor brings excellent evidence and speaks fluently about their work. After appraisal, they report that the pace, ambiguity and sensory load left them unable to think clearly for the rest of the day.

Discuss: Which part of the process could change without changing the standard?

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SCENARIO 2: POSSIBLE RESPONSE

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Co-design the conditions for effective reflection.

- Share a focused agenda and key questions in advance.
- Offer a quieter setting, breaks or a different meeting format where appropriate.
- Allow time to reflect before agreeing the PDP, with a short written follow-up.
- Confirm whether the adjustment reduced the barrier - and revise if it did not.

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FIVE-MINUTE BREAKOUT

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How would you respond when a doctor is questioning whether they may be neurodivergent?

Question 1

What could help the doctor feel safe enough to speak?

Question 2

Which appraisal barriers could you explore without assuming a diagnosis?

Question 3

What would you avoid saying, and why?

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WORDCLOUDS

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Question 3

What would you avoid saying, and why?

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A NON-JUDGEMENTAL RESPONSE

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Acknowledge the uncertainty. Stay with the barrier. Leave control with the doctor.

"Thank you for saying that. We do not need to put a label on it today."

"Would it help to start with what makes the appraisal process harder to navigate?"

"You are in control of what you choose to share. We can focus on practical support."

"I cannot diagnose, but we can explore what might help and where you could get further advice."

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SAFETY AND EQUITY

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Supportive appraisal is not less rigorous appraisal.

KEEP

The professional standards, the evidence requirements and a clear record of decisions.

CHANGE

The unnecessary barriers that stop a doctor from demonstrating those standards fairly.

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KNOW THE BOUNDARIES 29

Appraisal is a place to support - not to diagnose or investigate.

- Do not try to diagnose neurodivergence from behaviour, performance or presentation style.
- Do not promise adjustments that sit outside your role or local process.
- With the doctor's agreement, signpost appropriate routes: responsible officer, employer, occupational health, wellbeing or professional support.
- Keep the focus on the appraisal process, professional development and patient care.

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SIGNPOSTING WITH CARE 30

Offer routes forward without making a decision for the doctor.

APPRAISAL SUPPORT	WORKPLACE SUPPORT	FURTHER EXPLORATION
Responsible officer, appraisal lead or local access process	Employer, occupational health or agreed workplace adjustments	GP, specialist assessment route or professional wellbeing support

The doctor chooses whether, when and how to take up support.

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FIVE PRACTICES TO TAKE INTO EVERY APPRAISAL 31

Small habits can make a large difference.

01
Plan early

02
State expectations

03
Ask open questions

04
Agree practical support

05
Review what worked

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YOUR NEXT APPRAISAL 32

Choose one change that makes the process easier to navigate.

I will make this part of appraisal more legible:

_____

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THE CLOSING THOUGHT 33

The aim is not to make every appraisal the same.

The aim is to make every appraisal a fair opportunity for a doctor to show their practice, reflect honestly and plan well.

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QUESTIONS AND DISCUSSION

What would help you make appraisal more accessible?

Thank you

Dr Colin Jamieson & Dr Iain Jamieson

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