RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

Providing Reasonable Adjustments

Essential Guidance for Mental Health Employers

August 2025

Dedication

This guidance is dedicated to **Dr Onikepe Ijete**, a driving force and member of the working group who produced this guidance. Onikepe sadly passed away in 2023.

We remember Onikepe for her lived experience that she shared, her endless energy and enthusiasm, her ability to quietly but effectively push for change that would benefit all people with disabilities, and for making our workplaces more disability friendly.

She was an accomplished mentor, guide and support for so many people, and an experienced and award-winning clinician in the forensic services in Barnet, Enfield and Haringey Mental Health Trust in London.

Our thoughts remain with her family and loved ones, especially her daughter Elohor Ijete, also a doctor, who was her main carer and best friend.

Rest in Peace, Onikepe.

Contents

Foreword

Inequities and discrimination exist widely in society and have an adverse effect on patients, carers and staff. For the affected person, this can negatively impact their mental health and their ability to reach their highest potential. For society, it can lead to loss of communal expertise and innovation.

In setting out its case for a Royal College of Psychiatrists (RCPsych) Equality Action Plan in 2021, the College acknowledged this injustice and committed to becoming a proactive anti-discrimination organisation.

Much has been done to ensure that the College's value of 'respect' is central to all we do, and so far, this has included work to tackle racial, LGBTQ+ and sex-based discrimination. However, our members with disabilities have also told us that they experience discrimination in their workplace – often compounded by intersectional factors – and this is limiting their ability to thrive.

Disabilities can have a profound impact on people if not supported. To address this issue, we formed a working group of members who openly shared their professional and personal experiences of reasonable adjustments provision – or lack of – and considered what made, or would have made, a difference to them.

It's important to remember that each of the UK's four nations has strategies and delivery plans in place to focus change efforts, which this guidance complements. These include the Workplace Disability Equality Standard (WDES) and NHS EDI Improvement Plan in England; a Fairer Scotland for Disabled People Delivery plan in Scotland; Action on Disability, The Right to Independent Living in Wales; and the New Disability Strategy in Northern Ireland.

Ensuring widespread, sustained change means putting robust systems in place, as well as supporting attitudinal and cultural shifts within organisations and individuals.

Although RCPsych is a member organisation for psychiatrists, and this document is aimed at employers of healthcare professionals, including those members, we've written this guidance in such a way that it's entirely relevant and applicable to all members of the multidisciplinary team (MDT) as well as medical students.

We encourage all mental health services and health and social care educational institutions to draw on this guidance to ensure that they're creating inclusive workplaces where not only psychiatrists, but all staff are able to draw on their strengths and achieve their true potential.

Dr Trudi Seneviratne OBE
Registrar, Royal College of Psychiatrists (June 2020-2025) and Chair, Disability Task and Finish Group

Disability inequities make it difficult for staff with disabilities to thrive at work, and they impact the quality of care that healthcare services can provide as well as the the cost of replacing staff who leave work.

Persons with disabilities face persistent inequities and discrimination, not only through overt biases but also through systems, policies, and processes that fail to consider their needs.

Equality legislation mandates reasonable adjustments to prevent workplace disadvantages, and you'll find more on this legislation in the appendices of this document. However, systemic challenges – including complex processes, poor communication and bureaucratic delays – often undermine these efforts.

Nearly a quarter of employers still fail to consistently provide the necessary adjustments for staff with disabilities, highlighting the disconnect between legislation and reality.

Inclusive workplaces that support and empower employees with disabilities see tangible benefits, including enhanced staff retention, productivity and diversity of thought. A welcoming culture that values different abilities also fosters innovation, collaboration and improved outcomes. In healthcare, this directly translates to improved patient care and enhanced service quality.

Among the NHS workforce, more than

52,000 people

(3.7%) declared a disability through the NHS Electronic Staff Record in 2021, an increase of **6,870** compared to 2020.[i]

An estimated **16.1 million people** in the UK had a disability in 2022/23 based on official records. This represents **24% of the total population**.

The prevalence of disability rises with age: around 11% of children were disabled,* compared with **23% of working age adults** and **45% of adults over State Pension age**.[ii]

There is no formal data available for the prevalence of disabilities among psychiatrists, including trainees and SAS doctors. As psychiatry is considered a more inclusive profession by many, it's possible that rates of disability could be higher than in other medical disciplines.

[i] https://www.england.nhs.uk/publication/workforce-disability-equality-standard-2021-data-analysis-report-for-nhs-trusts-and-foundation-trusts/

[ii] https://commonslibrary.parliament.uk/research-briefings/cbp-9602

We have brought together lived experience of disability and professional expertise and created 15 actionable recommendations under four strategic domains to implement reasonable adjustments.

Disability equity demands a proactive commitment to dismantling systemic barriers and promoting inclusive practices.

That's why the tools, strategies and examples you'll find in this document empower organisations to lead this change, supporting them to implement reasonable adjustments and embed equitable practices that create inclusive workplaces where people with disabilities can flourish.

The guidance emphasises systemic accountability, attitudinal change and practical workplace adjustments. It's underpinned by the Equality Act 2010 in England, Scotland and Wales, the Disability Discrimination Act 1995 and the Special Educational Needs and Disability (Northern Ireland) Order 2005.

The guidance is rooted in:

Co-production
It's been developed with and by psychiatrists with a range of disabilities, which has ensured that we can highlight the gap between existing policies and people's lived experiences of trying to access reasonable adjustments.

Fairness for All
This is one of RCPsych's six strategic priorities. Within it, we're making an intentional move from aiming for equality towards aiming for equity, where structural and institutional barriers are acknowledged and addressed.

In addition to the 15 recommendations, in this guidance you will find:

Definitions
We'll clarify the terms you'll read to ensure shared understanding of disability equity and related concepts, including use of language.

How to be a good ally
This explains how to provide meaningful sponsorship and support to people with disabilities, fostering solidarity and mutual respect.

Case studies
Throughout this guidance, you'll find real-world examples from psychiatrists with a range of disabilities, illustrating the challenges they faced and the transformative impact of inclusive practices.

Help us make workplaces more inclusive

We ask organisations to adopt these recommendations and make use of the insights you'll find in the guidance. This will improve the wellbeing of your workforce, the quality of care delivered to patients and the cost of recruitment and retention efforts. We encourage and welcome the adoption of our recommendations by other MDT colleagues and health and social care educational institutions.

Summary of recommendations for mental health employers to implement reasonable adjustments

Organisational leadership, strategy and accountability

1. Appoint a Board member and operational lead who will be accountable for organisational delivery of disabilities equity.
2. Develop a co-produced disability workforce strategy and implementation plan.
3. Set up regular monitoring and reporting to the Board.

Organisational culture

4. Create an organisational culture where staff with disabilities will thrive.
5. Ensure leaders and managers have awareness of reasonable adjustments and mitigations.
6. Facilitate the development, growth and ongoing sustainability of an effective, well-resourced staff disability network.

Addressing concerns

7. Provide an independent and confidential point of contact for staff to raise concerns.
8. Have clear, up-to-date policies and procedures for staff to report disability discrimination.
9. Have clear, up-to-date policies and procedures for line managers to respond to concerns raised.

Reasonable adjustments

10. Make it clear in all adverts that reasonable adjustments will be available for application and interview processes if requested.
11. Provide reasonable adjustments within a defined, agreed timeframe.
12. Have a clear organisational policy on funding responsibility for reasonable adjustments.
13. Ensure adequate occupational health provision, including expertise in physical disability, mental illness related disability and neurodivergence in the workplace.
14. Create a system for Reasonable Adjustment Passports for staff with disabilities.
15. Provide ALL staff with readily accessible information and signpost to sources of support and advice.

Terminology in this guidance

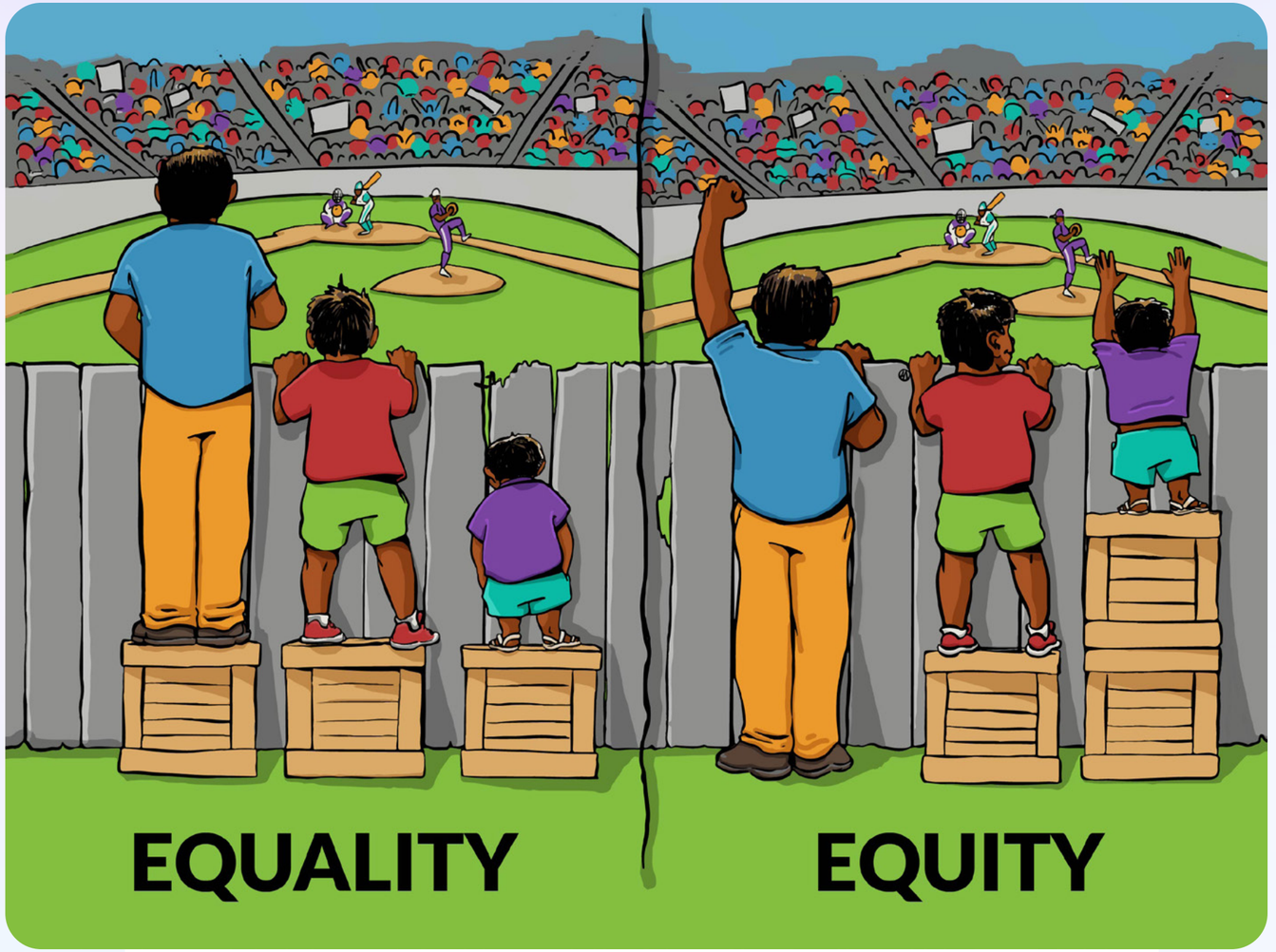
Over the next four pages we describe the following terms:

- Equality versus equity
- Disability
- Persons with disability
- Non-visible disabilities
- Neurodivergence
- Intersectionality
- Ableism
- Reasonable adjustments
- Models of disability
- Inclusion

It's worth keeping in mind that some of these terms are contentious and continually evolving.

Equality versus equity

'Equality' assumes that everyone benefits equally from the same support, while 'equity' means recognising that we don't all start from the same place, and must acknowledge and make adjustments for imbalances and barriers. The term 'equality' is used traditionally and legally, but it's also vital to understand and move towards the concept of 'equity'.



In the image on the left, equality means that everyone is getting the same support regardless of need. In the image on the right, people receive support that meets their needs, so they get the same opportunities, i.e being able to see over the fence.

Image credit: Interaction Institute for Social Change | Artist: Angus Maguire.
https://interactioninstitute.org/ and http://madewithangus.com/

Disability

Disability is a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. (Equality Act 2010).[iii]

Substantial is defined as more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task such as getting dressed.

Long-term is defined as 12 months or more, e.g. a breathing condition that develops because of a lung infection.

Fluctuating is when a condition is always present, but will vary in severity, the frequency of flare-ups and sometimes the symptoms.

Recurring is when a condition can be absent for long periods of time, but will return periodically due to an increased sensitivity to specific triggers. Examples include multiple sclerosis, arthritis, inflammatory bowel disease, depression and bipolar disorder.

Note: It's important to consider these conditions in terms of function over time, rather than blanket diagnoses with static levels of disability.

It's also important to be aware that not all disabilities are obvious to others,[iv] and when we refer to the word 'disability' in this guidance, we're referring to all visible and non-visible disabilities.

Persons with disability

Throughout this document, we'll be using the term persons with disability or staff with disabilities.

There are varying views and perspectives on this, but we've chosen to follow the UN and The European Convention of Human Rights and use a person-first approach. This means that we describe the person first and the disability second. There are two exceptions to this rule:

- **When we're directly quoting another document:** in these cases, we'll use the term as it's written in that document, but add an asterisk to indicate that it's not our preferred use of language, e.g. disabled person*.
- **In the case of autism:** as many autistic people (identity first language) prefer this description over 'persons with autism'. This is because autism is a natural variation rather than a condition – so for example, you wouldn't say 'a person who is left-handed', but you would say 'a left-handed person'.

Remember: Individuals will have different opinions on how they'd like to describe themselves or for others to describe them. It's therefore important to ask their preferences, as we describe later on in our section on Good Disability Allyship.

Non-visible disabilities

A non-visible disability is a physical, mental or neurological condition that is not visible from the outside, yet can limit or challenge a person's movements, senses, or activities.[iv]

It can defy stereotypes of what people might think persons with disabilities look like, and this can make it difficult for individuals with non-visible disabilities to access what they need.

Non-visible disabilities include, but are not limited to, a wide range of disabilities, such as:

- Mental illness, including anxiety, depression, psychosis, personality disorders, obsessive compulsive disorder and eating disorders
- Neurodivergence
- Visual impairments/restricted vision and hearing impairment/loss
- Sensory and processing difficulties
- Cognitive impairment, including dementia, traumatic brain injury, stroke and learning disabilities
- Long Covid, chronic pain and fatigue
- Endometriosis
- Menopause
- Incontinence
- Diabetes, inflammatory bowel disease and respiratory condition

ACAS states that *"In some cases it may not be obvious whether someone is considered to have a disability by law. In most situations, it's best to look at how someone's condition or impairment affects them, rather than what the condition or impairment is."*

[iii] Definition of disability under the Equality Act 2010 - GOV.UK
[iv] Living with Non-Visible Disabilities – The Disability Unit

Neurodivergence

Neurodivergence is a natural variation in neurocognitive function.

Neurodivergence is estimated to make up 15-20% of the general population.[v]

'Neurotypical' or 'neuromajority' are terms that refer to the other 80-85% of the population. Neurodivergence includes neurodevelopmental disorders such as Autism/Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Dyslexia, Dyscalculia, Dyspraxia, Tourette's Syndrome and Tics.

Being neurodivergent can lead to a disability within the scope of equality legislation, even if the person does not consider themselves to be disabled, due to their environment being tailored to the needs of neurotypical people only. This means that neurodivergent people will often need adjustments to support them to achieve their potential at work.

Ableism

Ableism refers to individual attitudes and actions that discriminate against persons with disabilities. It also refers to systems, policies and physical environments that are designed without considering people with disabilities.

Intersectionality

The concept of intersectionality originated in the black feminist movement in 1980s USA and highlighted the amplified discriminatory impact of being a Black woman, whose increased disadvantage was not seen when just looking at women's rights or just looking at Black people's rights.[vi]

Since its conception, the term has grown to include the overlap with other protected characteristics, disadvantages and marginalisation, such as other races, sexuality, gender identity and poverty. The theory and data suggest that when analysing the types of disadvantages that people experience, a broader, more flexible approach is needed – one that recognises the ways in which different identities combine and influence people's experiences.

Intersectionality describes how people become minoritised within minorities, with each additional marginalisation not simply having an additive effect on the whole, but a multiplying effect of disadvantage.

We know that disability is often excluded from discussions about intersectionality,[vii] and that intersectionality is often excluded from discussions about disability. However, a research project by Kings Fund and Disability Rights UK in 2022 demonstrated that persons with disability ask that we shouldn't view disability in isolation. Rather, it's vital to ensure other aspects of people's identities – their race, gender or sexual orientation, for example – are not forgotten.

Additional disadvantages in medicine. ***In UK medicine, we know that there are further disadvantages not just for minoritised ethnic doctors, but for those who are also International Medical Graduates (IMGs) and Specialty and Specialist (SAS) doctors, with a disability, as highlighted in the Medical Workforce Race Equality Standards (MWRES) data, England only. We know, for example, that a psychiatrist with a disability, who is also Black, female, working as a SAS doctor and who trained in West Africa will have multiple intersecting disadvantages and barriers to thriving in the workplace. Supporting her to reach her potential will require a good understanding of intersectionality by her employer at interpersonal as well as organisational levels, which will be highlighted throughout this guidance.***

[v] https://researchbriefings.files.parliament.uk/documents/POST-PN-0733/POST-PN-0733.pdf

[vi] Recommended Citation. Crenshaw, Kimberle (1989) "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics," University of Chicago Legal Forum: Vol. 1989, Article 8. Available at: https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8

[vii] https://pmc.ncbi.nlm.nih.gov/articles/PMC10449449/

Reasonable adjustments

This term refers to the adaptations you can make to the working environment to support persons with disabilities to overcome barriers and be able to function to their maximum potential.

Reasonable adjustments might include:

- Ensuring safe and easy access to buildings or rooms.
- Parking permits.
- Reduced or compressed hours.
- Work from home options.
- Reduction or exemption from on-call duties.
- Graded return to work.
- Additional breaks to manage health conditions or manage sensory overwhelm.
- Assistive technology.
- Equipment to assist with physical, mental disabilities or neurodivergence.

The Equality and Human Rights Commission advises that whether an adjustment is reasonable depends on the circumstances, including:

- Whether the adjustment will actually overcome the identified difficulty
- How practical it is to make the adjustment
- The financial and other costs involved
- The amount of disruption caused
- The money already spent on adjustments
- The availability of financial or other assistance

It won't always be possible to propose practicable adjustments that will allow a person with a particular disability to successfully fulfil a specific job role. It is for the employer to decide whether proposed adjustments are reasonable, though employees can challenge this through the legal system. The Equality Act 2010 provides that a disabled person* should never be asked to pay for the adjustments.

Models of disability

Medical model

In the medical model, disability is seen as a ‘problem of the person’ caused directly by trauma, disease or congenital disorders.

It’s often viewed as a deficit, and management of these ‘problems’ is focused on a cure or adjustment and behavioural change for the person with the disability. This may be appropriate in some situations, but it’s not always the case.

Social model

In this model, disability is viewed as a problem created by the environment rather than by the individual.

We live in environments that are largely designed for and (probably, by) able-bodied and neurotypical people. These environments have physical, attitudinal, communication and social barriers. People with an impairment become disabled because of and by these environments.

Imagine reversing the environment:

- A neurotypical person experiencing barriers with neurodivergent communication and social expectations, with the onus purely on the neurotypical person to make the effort to adapt and connect.
- A walking person in a world of wheelchair users – they are more likely to experience considerable disability from the majority (wheelchair user) environment e.g. buttons, handles and work surfaces are likely to be lower down.

In the social model of disability, solutions are more focused on removing or reducing the barriers that create the disability, thus achieving the full integration of individuals into society. It is therefore the responsibility of society, not the individual.

Addressing issues using the social model of disability can lead to improved experiences for everyone, not just person/s with disability.

Examples include:

- Flexible working hours
- Dropped curbs, which were designed for wheelchair users but have benefited people with pushchairs, shopping trolleys and so on
- Text messages, which were designed for people with hearing loss

Known as the Universal Design Principle, this approach helps organisations create an inclusive workplace.

Inclusion

This refers to extending adjustments to whole teams, so that everyone benefits.

This also reduces the spotlight on the person who needs reasonable adjustments, reducing the perception of overly favourable treatment.

Examples of inclusion:

- **Clear agendas:** with any documents circulated well in advance of meetings.
- **Hybrid meetings:** which allow face-to-face and online meeting attendance.
- **Multiple ways to contribute:** it being normal and expected to have several ways of providing thoughts and questions in online meetings e.g. chat box, verbally, camera on or off, in advance by email, follow-up queries at the end or afterwards by email.
- **Working from home:** offering everyone a half or whole day per week to work from home, with a rota of who is on site to ensure enough of the team are in.
- **Use of a quiet room:** on wards or nearby for lengthy or difficult phone calls, typing up notes or looking at results.
- **Hands-free, noise-cancelling headphones:** offered to everyone for telephone calls and online meetings.

How to be a good disability ally

An ally is often defined as someone who is not a member of a marginalised group but wants to support and take action to help people in that group. Allyship in the workplace is crucial for inclusion, equity and equality.

The most widely used definition comes from Nicole Asong Nfonoyim-Hara, the Director of the Diversity Programs at Mayo Clinic. She says: “Allyship is when a person of privilege works in solidarity and partnership with a marginalized group of people to help take down the systems that challenge that group’s basic rights, equal access, and ability to thrive in our society.”

We’ve developed this memory aid to help you remember what it means to be a good disability ally. We’ve drawn on the lists available from numerous disability charities and campaigners’ groups (on page 35), as well as the aspirations of our experts by experience in the RCPsych Disability Task & Finish group.

Image credit: Memory aid developed by Dr Amrit Sachar and designed by Dr Precious Jolugbo, January 2025

Our recommendations

Addressing the barriers faced by staff with disabilities isn't optional; it's essential for delivering equitable, high-quality care.

To support your organisation's commitment to creating a culture of inclusion and equity, safety and respect, the following 15 recommendations under four strategic domains give you practical steps to follow. Together with reference to the underpinning legislation, this guidance will help you to reduce stigma, tackle bias and eliminate microaggressions while introducing systems of accountability to measure progress.

By dismantling systemic barriers and championing a culture of fairness, we can enable all professionals, regardless of ability, to not just participate but to thrive in the workplace.

1 Recommendation:

Make a clear organisational commitment by appointing a Board member and an operational lead with responsibility for delivering an action plan to tackle disability and intersectional discrimination.

How:

- **Explicitly acknowledge the diversity of disabilities** and the potential impact of intersectional discrimination, emphasising your organisation's role in destigmatising neurodivergence and mental illness.
- **Hold the appointed Board member and an operational lead accountable** for delivering the agreed actions through an annual performance review as part of their job role.
- **Ensure the accountable operational lead facilitates the removal of barriers to implementation** and provision of reasonable adjustment caused by procedural systems delays (see Recommendation 2).
- **The accountable Board member should sponsor and support the Chair of a Disability Staff Network**. This should not be a line management relationship, but one that allows for independence of the Chair (see Recommendation 6).

2 Recommendation:

Develop a co-produced disability workforce strategy and implementation plan, for which the appointed Board member and an operational lead will be accountable.

How:

- **Set up a task and finish group** representative of people with personal experience of physical and mental health disability and neurodivergence, working with the human resources and occupational health, estates and procurement, IT, finance and communications teams.
- **This group should:**
  - Review existing evidence of staff members' personal experience, using staff surveys and national standards and strategies (such as WDES in England).
  - Commission any further research to inform the strategy, including focus groups and surveys to understand the experiences and ideas of staff with disabilities.
  - Use a robust methodology for assessing and addressing needs, such as Quality Improvement approaches.
  - Communicate the co-produced strategy and implementation plan on all organisational platforms, through recruitment resources and via staff networks.

3 Recommendation:

Set up regular monitoring and reporting to the Board on the delivery of the co-produced implementation plan on disability workforce, for which the appointed Board member and an operational lead will be accountable.

How:

- **Set up a disability workforce implementation committee,** representative of people with personal experience of physical and mental health disability and neurodivergence, as well as disability allies.
- **This committee will oversee data, including data on compliance, with timelines** about provision of reasonable adjustments and remedial actions to be taken (see Recommendation 5).
- **This committee may also advise the organisation** on emerging issues and good practice.

4 Recommendation:

Create an organisational culture where staff with disabilities will thrive and be able to contribute meaningfully to your goals.

How:

- **Encourage openness and honesty** about disability and intersectionality, at all levels within your organisation.
- **Be welcoming and inclusive of staff with disabilities**, so that they feel as supported, respected and valued as their non-disabled peers.
- **Check in with staff as needed** – help them raise concerns, support and accompany them to meetings, amplify their voice, promote their stories, acknowledge their work and achievements. You can achieve this by implementing the other recommendations in this guidance and being explicit about the actions your organisation is taking.
- **Launch a campaign or communications strategy** to highlight the work you're doing, co-produced by staff with lived experience and your Disability Staff Network (see Recommendation 6).
  - **Create highly visible statements** about the organisation's commitment to being a disability-welcoming environment.
  - **Use preferred language** – endeavour, with guidance from staff with disabilities, to use language preferred by the majority with personal experience (this can change over time).
  - **Ensure all communication is inclusive** – for example, it's clear, literal and specific, meets screen reader requirements, has ALT text added to all visuals, uses dyslexia friendly fonts and colours, and so on.
  - **Encourage staff to become allies** for colleagues with disabilities, through the campaign and through training.
- **Offer recurring training** – such as workshops and/or seminars at different levels of the organisation – about disability, the medical and social models of disability, the benefits to the organisation of welcoming disability diversity and how to support staff with disabilities to thrive in their roles.
- **Monitor this through staff surveys**, like the annual NHS staff survey in England.
- **Foster a culture of 'respectful curiosity'** among the whole workforce and being able to ask questions about disability in order to learn and not to feel that this would automatically be seen as being discriminatory. This may mean having named staff leading on these conversations e.g. from information governance or Post Graduate Medical Education (PGME) departments.

Case Study

Managing the impact of perceived special treatment

Dr A was a trainee in Psychiatry with a chronic condition that meant they could only use a computer screen for brief periods.

Appropriate accommodations with regard to laptop use, remote working and admin support were organised and Dr A was happy with their job plan. However, members of the MDT raised concerns that Dr A was getting 'special treatment'.

With Dr A's consent, the management team, which included Dr A's supervisor, met the whole team to explain their circumstances. It was agreed that the whole team should have access to filters on their computer screens, and that anyone else struggling with workload due to their personal circumstances should raise it as soon as possible with their respective line managers. The team felt reassured and were able to work well with Dr A for the remainder of their time in the post.

This case highlights the importance of inclusion. Offering reasonable adjustments to the whole team can support all members of the team to optimise their functioning and minimise resentment about 'special treatment'.

5 Recommendation:

Ensure that all leaders and managers have awareness of reasonable adjustments and mitigations for staff with disabilities and have access to expert advice if needed.

How:

- **Training:**

Introduce training that increases managers' knowledge and understanding about:

  - Their duties under the Equality Act 2010 or Disability Discrimination Act 1999.
  - The policies and procedures for assessing for and implementing reasonable adjustments and/ or how to access advice and support about this.

- **Training should help managers to appreciate:**
  - The difference between the medical and social models of disability.
  - That people with disabilities add value to the organisation in terms of diversity of thought, skills and experience.
  - That a person can have a disability regardless of what caused the impairment, and that the impairment may not affect them all the time and may change at different times.
  - That a medical diagnosis is not necessary for a person to be considered as disabled – they can still have a disability as long as they can show a substantial and long-term adverse effect on their ability to carry out day-to-day activities.
  - That they should not focus on trying to establish presence of disability, but addressing reasonable adjustments.
- **Reverse Mentoring:**
  - Consider signing up for a recognised and properly implemented reverse mentoring scheme.
- **Feedback:**
  - Consider setting up line managers' feedback to ensure feedback from staff with disabilities and reflecting on this as part of the formative learning process.

6 Recommendation:

Facilitate the development, growth and on-going sustainability of an effective, well-resourced staff network for addressing the needs, views and concerns of staff with disabilities.

How:

- **This requires adequate resource** to ensure there is a Chair with personal experience of disability, who has allocated, protected time to do this role.
- **The Chair should have adequate administrative support and a budget** to enable them to create and sustain a thriving and effective staff network.
- **The Chair should have support and sponsorship** from the Director of Human Resources or Board member who has senior officer responsibility for implementing the strategic plan (whichever is more suitable).
- **The staff network should be independent of the Board** and should act as a critical friend for the organisation, contributing to its accountability structures (see Recommendation 1).

Case Study

Prioritising practical support over discussion of principles

Dr B had Long Covid for over three years, with long-term physical and cognitive issues and deterioration over that period.

Accommodations included working four days instead of five and no on-calls due to the extent of cognitive fatigue beyond 5pm. One day midweek was worked from home to reduce the effect of travel, and an FFP3 mask was worn in all clinical areas to reduce further acute Covid risk.

There remained a need for complete rest on the three non-working days in order to manage the four that Dr B was working, but with a longer-term view of increasing work as able.

The occupational health opinion was that Dr B is “likely to be classed as having a disability under the Equality Act 2010 and therefore the need to consider reasonable adjustments is likely to apply”. They pointed out ACAS guidance that employers should focus on the reasonable adjustments they can make rather than trying to work out if an employee’s condition is a disability and further occupational health review is at least yearly.

This case example demonstrates the positive action-based approach that is expected from employers and colleagues, getting reasonable adjustments in place promptly rather than delaying and debating disability.

7 Recommendation:

Provide access to an independent and confidential point of contact to raise any concerns regarding non-provision of adjustments needed by staff.

How:

- **Ensure that this includes information for those affected by discrimination** concerning access to reasonable adjustments and career progression, or bullying, harassment, microaggressions, differential attainment and disciplinary action.
- **Ensure signposting to the Freedom to Speak Up Guardian in England, the Independent National Whistleblowing Officer (INWO) in Scotland and Designated Whistleblowing Contacts in Wales and Northern Ireland**, but also signpost to options outside the organisations, such as unions and the Royal College of Psychiatrists.
- **Promote this facility widely** and ensure visibility so that staff with disabilities and allies are aware of their options.
- **Signposting should include both practical and emotional support** to those raising concerns and signposting to a disability staff network if you have one.

8 Recommendation:

Have clear, up-to-date policies and procedures for staff to report any instances of disability discrimination that they have experienced personally or have witnessed.

How:

- **Ensure that this includes issues around access to reasonable adjustments** and career progression, or of bullying, harassment, microaggressions, differential attainment and disciplinary action.
- **Make it clear that raising these concerns is positively welcomed** and provide clear assurance that staff will not be victimised for speaking up.

9 Recommendation:

Have clear and up-to-date policies and procedures for how line managers should respond to concerns raised by staff about instances of disability discrimination.

How:

- **Ensure that this includes issues around access to reasonable adjustments** and career progression, or of bullying, harassment, microaggressions, differential attainment and disciplinary action.
- **Provide guidance and training** in the organisation's policy and procedures about how to respond to these concerns, including actions to be taken, escalation routes and reasonable timelines for responses and resolution (see Recommendation 5).
- **Include signposting** or referring the staff member for support (see Recommendation 7).

10

Recommendation:

Make it clear when advertising for all roles, including promotions, that reasonable adjustments will be made available for application and interview processes if requested.

How:

- **Make a clear statement in advertisements and interview invitations** that applications from people with disabilities are actively welcomed and that reasonable adjustments are available.
- **Create mechanisms to encourage and support staff** with lived experience of disability to apply for senior roles to improve their representation at all levels of the organisation.
- **Be clear in adverts** about how candidates can request reasonable adjustments for interviews, with a clear point of contact.
- **Provide adequate training to recruiting managers** and the Human Resources team (or equivalent) about supporting the recruitment of staff with disabilities, and providing reasonable adjustments, in order to ensure that requests for reasonable adjustments are welcomed and accommodated.
- **Ensure adverts signpost applicants to support** for communication in interviews. In England, Wales and Scotland, this is the Government "Access To Work" scheme and in Northern Ireland, it is "NI Direct" (see page 35).
- **Discuss and create reasonable adjustments for the recruitment process** collaboratively between the candidate and the recruiting lead(s). This may include providing candidates with a clear idea about the format of the interview process in advance, and having written questions in the interview for neurodivergent candidates, for example.
- **Consider making some interview/assessment questions** or topic areas available to ALL candidates before the interview.

Case Study

Using reasonable adjustments for physical disability

Dr C is a consultant psychiatrist and advocate for speciality and specialist (SAS) doctors for the NHS organisation where they work.

They have childhood post-polio paralysis and have had multiple surgeries throughout their life. They walk with two crutches all the time, with limited mobility.

They were assessed and supported to access reasonable adjustments in a timely manner in this role. Reasonable adjustments they have been provided with include a designated parking space outside the unit, staff helping to manage heavy doors and handling equipment like a laptop, having a risk assessment in place to manage challenging patients on the unit and the emergency escape. They are also able to work remotely and manage their own schedule.

This case example highlights that physical disability should not be a barrier in achieving career goals to work at full capacity with reasonable adjustments. It is vital that the right support is sought and that colleagues and leaders within the organisation understand the potential, limitation and needs of staff with disabilities.

11

Recommendation:

Set a requirement for the responsible manager to provide reasonable adjustments within a defined timeframe, e.g. assessment within two weeks of employee request and provision of required adjustments within three months of the employee request.

How:

- **Have in place co-produced policies and guidance** for line managers about how to assess for reasonable adjustments (see Recommendation 2).
- **Line managers should have collaborative, person-centred, culturally-sensitive conversations** with the staff member with a disability when assessing for reasonable adjustments. The BMA has a comprehensive guide on how to have these conversations. These assessments may need additional advice from the occupational health team.
- **Put in place adequate signposting** and information for staff with disabilities and their managers about the process for applying for Government Access to Work grants in England, Wales and Scotland and for NI Direct grants in Northern Ireland (see references).
- **Put in place a reporting mechanism to the Board,** which monitors compliance with the locally agreed timelines (see Recommendation 3).
- **Line managers should communicate any delays** beyond agreed timelines to the staff member with a disability as soon as the delay is known about. This should include an explanation about the cause of the delay and a revised schedule, along with a collaboratively agreed mitigation plan for the interim period.
- **Put a clear procedure in place for quickly addressing delays** in implementing reasonable adjustments caused by protracted organisational procurement processes. This should include escalation and support for the responsible manager to their seniors (and if required, the senior board member responsible for reasonable adjustments) in order to unblock barriers to acquiring any required equipment. (see Recommendations 1 and 9).

Case Study

Evolving support to enable gradual return to work

Dr D had a diagnosis of Long Covid for over two years.

Their organisation offered an extended graded return over a year with no loss of pay, and a locum consultant was employed to cover some duties until full-time work was achieved to optimise the chances of a successful return.

Dr D's office was moved into the building where patients were seen in order to reduce physical exertion and prevent post-exertional malaise, with provisional support for a parking permit to enable closer parking once out working with the Crisis Team again.

An FFP3 mask was recommended at all times in the inpatient unit, even if there were no Covid positive patients. Remote working was recommended in the event of a Covid outbreak on the ward.

If, after a year, Dr D had not been able to perform full-time duties, then the organisation had planned to look at adjustments to their contract and pay. Dr D felt well supported.

This example highlights good practice regarding graded return in a relatively new condition where a prolonged recovery process is common, with practical, personalised reasonable adjustments and promoting wellbeing, retention and resilience.

12 Recommendation:

Have a clear organisational policy in place about where the funding responsibility for reasonable adjustments lies.

How:

- **As an organisation**, be proactive about deciding whether funding will come from the service or from a central organisational budget. This is a common cause for delays and frustration. Creating this policy will save significant resources at organisational level if done once for the policy rather than repeated for each individual case.
- **The policy should include escalation and support** for the line manager to their seniors (and if required, the senior Board member responsible for reasonable adjustment) in order to unblock barriers to acquiring the funding (see Recommendations 1 and 9).

13 Recommendation:

Ensure adequate occupational health provision, including expertise in physical disability, mental illness related disability and neurodivergence in the workplace.

How:

- **Have access to occupational health expertise,** not just in physical disability but also mental illness and neurodivergence. If this is not available in-house, consider buying in this expertise as required.
- **Have occupational health resources available** to monitor individuals over time (for example, those with episodic or relapsing and remitting conditions).
- **Have expertise within the occupational health service** to support and advise line managers about assessment for and provision of reasonable adjustments or NI Direct and Access to Work applications, as well as if, when and where redeployment should be considered.

Case Study

The importance of Mental Health Occupational Health for recurring and relapsing conditions

Dr E is a successful consultant psychiatrist in leadership roles, who has a recurrent depressive disorder.

On the first episode within this job, they had access to a consultant psychiatrist in Occupational Health (OH) who supported six weeks of sick leave. After this, the Human Resources (HR) department advised the line manager to insist on an immediate full-time return to work.

The OH psychiatrist was able to advise HR and the line manager about the employer's obligations under the Disability Discrimination Act to provide reasonable adjustments around graded return to work. The OH psychiatrist also provided frequent CBT-type support in order to help manage return-to-work anxiety.

Several years later, another episode with associated anxiety was triggered by caring duties. Supported by the same OH psychiatrist, reasonable adjustments were made to allow full-time work from home for three months until anxiety related to caring duties reduced. On this occasion, Dr E's line manager and Clinical Director were extremely supportive and accommodating.

Dr E is now functioning well and feels much more loyal to their organisation than ever before as a direct result of this support. Despite having moved a long distance from the employer, Dr E remains in the same organisation.

This case highlights the importance of having access to a well-informed Occupational Health psychiatrist and supportive line management. Here, the same OH psychiatrist provided intervention for a recurring condition – but this case also highlights the value of a Reasonable Adjustments Passport (see Recommendation 14), which would have been invaluable if the same OH psychiatrist hadn't been available.

Case Study

Organisational strategies to support people with neurodevelopmental conditions

Dr F is a successful and well-regarded neurodivergent consultant, clinical and educational supervisor, who had childhood diagnoses of dyslexia, dyspraxia, sensory processing disorder and autism.

Dr F benefited from coaching, which was recommended via Access to Work and delivered some years ago. This helped with communication and organisational strategies, and having a coach with good understanding of neurodivergence also helped Dr F to gain confidence and advocate for themselves in the workplace.

Reasonable adjustments included having their own office, working from home when viable, a dedicated secretary and autonomy over their own timetable, including scheduling their own breaks between patients.

NB: Specific workplace neurodiversity training for colleagues/the team is usually also part of recommendations, and a neurodivergent doctor should not purely be asked to change their communication style as a one-way effort.

This case highlights that neurodevelopmental conditions should not automatically prevent someone from being an excellent doctor, and that coaching and strategies from someone with good understanding can be as important as the adjustments in the daily workplace.

14 Recommendation:

Create a system for Reasonable Adjustment Passports for staff with disabilities.

How:

- **Co-produce the template for these passports** with staff who have lived experience of disability, or use templates like the one from the Department of Work and Pensions – but ensure they are not overly burdensome to fill out.
- **Ensure that any reasonable adjustments agreement is made with the organisation,** rather than with the responsible manager. It therefore doesn't depend on who is in post as manager and can follow the person if they move roles.
- **Familiarise yourself with the General Data Protection Regulation (GDPR)** before handling any data.
- **Where individuals change roles,** the existing reasonable adjustment should constitute a valid starting point for revision or adaptation.
- **Ensure that managers are trained** on how to use these not as just a tick-box exercise, but as something that facilitates supportive conversations.

15 Recommendation:

Provide ALL staff with readily accessible information about equality and disability legislation, disability rights, rights to reasonable adjustments and signpost to sources of support and advice.

How:

- **Have this information online** as well as in induction programmes and resources within employing organisations.
- **Providing this information to ALL staff aids inclusion** and ensures that staff with undeclared or less visible disabilities will have access to it.
- **It also supports allies and active bystanders** to understand what your organisation's position is on disability rights and how to support their colleagues.
- **Ensure that there is clear information available** about the Government's Access to Work Scheme in England, Wales and Scotland, and to NI Direct in Northern Ireland.

Case Study

The need for constant vigilance as circumstances change

Dr G is now a retired consultant psychiatrist with enduring episodic mental illness after viral encephalitis. Early in their teaching hospital training, they became unwell, resulting in a three-month psychiatric hospital admission.

They returned to work and were advised not to disclose their illness. They did, however, disclose their medical status and history to Occupational Health and provided a psychiatrist's report when they moved jobs or rotated.

Despite no official reasonable adjustments, they felt supported and accepted into their peer group. However, they relapsed on rotation to a busy District General Hospital, suffering hallucinations and unable to cope, and were readmitted soon after. Once well enough, they returned to work with partial disclosure and regular follow-up with their consultant.

This helped the transition into higher training, leading to many successful years working as a consultant in a community team with support from a clinical director, mentor and peer group.

Years later, following the retirement of a colleague and lack of funding to replace them, and despite raising concerns, Dr G ended up in a role as a lone consultant with only junior staff for support. Reasonable adjustments were not applied on this occasion and Dr G retired due to burnout.

This case study highlights the challenges around disclosure of diagnosis, importance of appropriate reasonable adjustments being implemented and monitored, and the need for a Reasonable Adjustments Passport to follow staff through job moves. It demonstrates the need for continuous vigilance throughout a career, especially in fluctuating conditions, and the need for access to processes where concerns can be addressed.

Case Study

When conditions aren't openly disclosed

Like many doctors, Dr H didn't know they were neurodivergent (autistic and ADHD) until over 20 years into their career.

They had masked and sought various self-accommodations over the years, but this resulted in considerable loss of earnings, along with the reduced wellbeing/mental health issues associated with masking and the adverse effects of attitudes towards them.

In their current role, however, despite not disclosing their diagnosis, thoughtful line management has allowed them to negotiate person-centred accommodations, which include:

- Working part time in order to recover on non-working days from unknowingly masking in a workplace set up not suited to them.
- No on-call duties – daytime duties could not be sustained if also on the on-call rota.
- In-depth work with complex cases and minimal urgent interruptions – to promote hyper-focus, which is nourishing, replenishing and rewarding, and to reduce transition issues.
- Autonomy over their timetable – to pace themselves well.
- Grouping of clinic appointments or home visits together to reduce transitions.
- Consistently using the same office for predictability.
- Home working whenever possible to reduce noise, interruptions and improve productivity.

Many of these adjustments were also offered, as a result, to the rest of the team, demonstrating the value of inclusion. Inclusion reduces stigma and marginalisation and improves workforce productivity, wellbeing, resilience and retention.

While it may be easier and clearer for managers and employers to use a reasonable adjustment process and have formal recommendations, Dr H had not formally shared a diagnosis. It must be remembered that individuals need to feel safe in their working environment to disclose possible or diagnosed neurodivergence.

This case highlights the need, expectation and value of good person-centred support for all staff, whether there has been understanding of a possible diagnosis or not, as well as the value of creating a culture in which it's truly safe to share and declare conditions.

Legal obligations

Disability legislation in the four nations of the UK

The United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) was adopted by the UN General Assembly in December 2006. The UK ratified the Convention in 2009.

By following UN CRPD, the UK agrees to protect and promote the human rights of persons with disabilities, including:

- Eliminating disability discrimination.
- Enabling persons with disabilities to live independently in the community.
- Ensuring an inclusive education system.
- Ensuring persons with disabilities are protected from all forms of exploitation, violence and abuse.

The Welsh Government is committed to incorporating the UN CRDP into Welsh law, but the scope and timings of any legislative action is subject to future ministerial decisions. A Human Rights Advisory Group and Legislative Options Group are currently considering options for incorporation.

The Equality Act 2010 applies to England, Scotland and Wales, and describes the 'duty to make adjustments'.

In Northern Ireland, the relevant legislation is the Disability Discrimination Act 1995 and Special Educational Needs and Disability (Northern Ireland) Order 2005.

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations

In Wales, the Well-being of Future Generations (Wales) Act 2015 requires listed public bodies, including NHS Wales health boards and trusts, to work to improve economic, social, environmental, and cultural well-being. One of the Act's goals is to foster a more equal Wales, where everyone can achieve their full potential no matter what their background or circumstances. The Act offers the potential to improve services and support for disabled people in Wales.

Dignity at work policies

Organisations can effectively implement dignity at work policies to ensure respectful and inclusive workplaces free from bullying, harassment, and discrimination, which helps them comply with their duties as part of the equality legislation.

- **Disability is a legal definition under the Equality Act** – therefore only legal review can fully confirm this. The working criteria, however, is that an impairment must be long-term and have a substantial adverse effect on a person's ability to carry out day-to-day activities.
- **There is no need to continue to seek legal confirmation of disability**.
- **Individuals are not required to declare a condition** unless there are patient safety issues, and should not be unduly pushed to seek diagnosis or disclose purely to fit a process.
- **Occupational health professionals can only give an opinion** along the lines that 'someone is likely to be classed as having a disability under the Equality Act 2010 and therefore the need to consider reasonable adjustments is likely to apply'. A diagnosis is not needed, although it can help to prove that someone has an impairment.
- **Reasonable adjustments are a minimum legal requirement** under the Equality Act 2010 and Discrimination Act 1995 and Special Educational Needs and Disability (Northern Ireland) Order 2005.
- **Not everyone identifies as disabled** but may still require workplace adjustments.

Standards and strategies

Each jurisdiction has its own strategies and action plans:

- **England** – **Workforce Disability Equality Standard** and **NHS Equality, Diversity and Improvement (EDI) Improvement Plan**
- **Scotland** – **A Fairer Scotland for Disabled People: delivery plan - gov.scot**
- **Wales** – **Action on Disability: The Right to Independent Living Framework and Action Plan**
- **Northern Ireland** – **New Disability Strategy**

Encouraging applications from disabled people is good for business. It can help you to:

- Create a workforce that reflects the diverse range of people it serves and the community in which it is based
- Increase the number of high-quality applicants available
- Bring additional skills to the business, such as the ability to use British Sign Language (BSL).

The costs of making reasonable adjustments to accommodate staff with disabilities are often low.

The benefits of retaining an experienced, skilled employee who has acquired an impairment are usually greater than recruiting and training new staff. It is also good for the individual.

The NHS England Workforce Disability Equality Standard Report 2019 said: ***"The evidence... makes clear, too often our disabled staff face inequality in the workplace across a range of key areas when compared to non-disabled staff."*** **It goes on to say:** ***"Research commissioned by the Kings Fund highlighted that the level of reported discrimination for disabled people working in the NHS is higher than for any other protected characteristic group".***

Government support

Access to Work is a government scheme to which people with disabilities can refer themselves. It helps people with a physical or mental health condition or disability to get or stay in work. In some cases, it may be possible to get a grant to help pay for practical support. This is not a substitute for the employer's legal obligation to make reasonable adjustments or pay for them.

People living in England, Scotland and Wales can **find out more here**. For those in Northern Ireland, it's via **NI Direct** Government Services.

Acknowledgements

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https://wid.org/how-to-be-a-good-ally-to-disabled-people/

https://guidetoallyship.com/#what-is-an-ally

https://www.inclusiveemployers.co.uk/blog/quick-guide-to-allyship/?cn-reloaded=1

Scope – England, Scotland, Wales, NI

Abilitynet – England, Scotland, Wales, NI

BMA, Hospital Consultants and Specialists Association – England, Scotland, Wales, NI

WDES – England only

- Scotland – **https://www.gov.scot/publications/fairer-scotland-disabled-people-delivery-plan-2021-united-nations-convention/pages/1/**
- Wales – **https://www.gov.wales/sites/default/files/publications/2019-09/action-on-disability-the-right-to-independent-living-framework-and-action-plan.pdf**
- NI – **https://www.communities-ni.gov.uk/articles/new-disability-strategy**

ACAS – England, Scotland, Wales – **https://www.acas.org.uk/what-disability-means-by-law**

- NI equivalent to ACAS -Labour Relations Agency: **lra.org.u**

Access to work – England, Scotland, Wales

NI equivalent – **https://www.nidirect.gov.uk/articles/access-work-practical-help-work**

England

- **You can contact the National Guardians Office** about matters concerning the freedom to speak up arrangements and cultures in the NHS in England, including where cases of issues raised by workers may not have been handled in accordance with good practice.

Scotland:

- **Independent National Whistleblowing Officer (INWO):** Established to provide an independent and external review of how NHS Scotland handles whistleblowing concerns. The INWO ensures that staff can raise concerns confidently and that these are addressed appropriately. Staff can contact the INWO's advice line at 0800 0086 112 or email **INWO@spso.gov.scot**

Wales and Northern Ireland:

- **Designated Whistleblowing Contacts:** In these regions, employees are encouraged to raise concerns with the designated person within their organisation, as outlined in their employer's whistleblowing policy. This ensures that concerns are addressed internally, with procedures in place to handle them appropriately.

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