

Differential Attainment Case Series

Case 4: Recognising Neurodiversity in a Resident doctor with Time Management Difficulties

A postgraduate resident doctor in internal medicine was experiencing persistent difficulty meeting progression benchmarks. Clinical examination scores were below expectation, and the resident doctor struggled with time management during ward rounds and written tasks.

Importantly, the resident doctor remained engaged in clinical duties and demonstrated solid clinical reasoning. However, chronic organisational challenges, missed workplace-based assessments (WBAs), and increasing stress prompted supervisors to explore underlying contributors.

A formal neurodiversity assessment identified traits consistent with Attention-Deficit/Hyperactivity Disorder (ADHD), a condition often under-recognised in medical training environments.

Strengths:

Strong clinical engagement and patient interaction
Good clinical reasoning skills
High motivation to improve
Willingness to engage with assessment and support

Baseline Risk Signals:

Repeated WBA non-completion
Difficulty with organisation and time management
Below-expected exam performance
Increasing stress and reduced confidence

Response by Educational Supervisor and/or Training Programme Director:

Formal neurodiversity assessment arranged
Structured mentoring support implemented

Task chunking and organisational scaffolding introduced

Extra time provided for assessments where appropriate

Regular supervisory feedback and check-ins

Outcomes:

Improved task completion and organisation

Greater clarity in learning goals

Increased engagement and confidence

WBA completion increased to 95%

ARCP outcomes stabilised

Exam performance improved with targeted adjustments

System Learning:

Unrecognised neurodiversity can contribute to differential outcomes despite strong clinical capability.

Early assessment, structured mentoring, and task-specific adjustments can stabilise progression and prevent unnecessary remediation.

Performance difficulties may reflect a mismatch between training structures and neurodiverse working styles, rather than lack of ability.