

Disability and Neurodivergence Survey

Interim findings

August 2025

In May 2025, the BMA held a UK-wide survey of doctors and medical students who are disabled and/or neurodivergent and/or have a long-term health condition/s.¹

The survey had 801 respondents. The key findings, following an initial analysis of responses, are set out below.

A full report with all findings, as well as recommendations will be published this autumn, following consultation with stakeholders, including the BMA's DLN (Disability, Long-Term Conditions and Neurodiversity) Network for Elected Members.

Key interim findings:

- **There is a widespread belief that ableism is a problem in the medical profession.**
- Ableism refers to systems and attitudes which prioritise the needs of non-disabled people and assume that the “normal” way to live is as a non-disabled and neurotypical person.
- 70% of respondents thought ableism was an issue in their place of work/study and over half of respondents (56%) thought ableism was more of an issue in the medical profession than in wider society.

“Medicine is often not a welcoming place to individuals with additional support needs, those of us with disabilities and long term health problems are often made to feel we are the problem.” (Consultant)

- **Workplaces and medical schools need to do more to ensure disabled and neurodivergent doctors and students feel comfortable disclosing their disability and/or neurodivergence and that they receive support when they do disclose.**
- Two-thirds of respondents (67%) said they had notified their current place of work/study about being disabled/neurodivergent/having a long-term health condition. Just 34% of these respondents said that telling their place of work/study had led to improved support.
- **Many disabled doctors and medical students struggle to get the adjustments they need and are legally entitled to.**
- Three-quarters of respondents that needed reasonable adjustments (73%) said they hadn't received all of the adjustments they need.

¹ A note on terminology: we recognise people have different preferences about how they choose to describe themselves. We know that some neurodivergent people consider themselves disabled and some don't. The survey asked about terminology and we will be including analysis and information about this in the full report.

- Many respondents described battling with reasonable adjustment processes that were unclear and slow-moving, time-consuming, and left them feeling exhausted and stigmatised.
 - 80% of respondents were not satisfied with the time it took for their reasonable adjustments to be implemented (including 57% who were strongly dissatisfied).
 - 43% of respondents said they had had to use their money to pay for reasonable adjustments they needed at their place of work/study.

“I was being made to jump through hoops to get anything.” (Resident doctor)

- A third of respondents (34%) said they had experienced bullying or harassment related to their being disabled/neurodivergent/having a long-term health condition in their current or more recent place of work/study.
- Workplace processes and policies are insufficiently supportive.
 - Half of respondent doctors (50%) said they had used annual leave to attend appointments related to being disabled/neurodivergent/having a long-term health condition.
 - 42% of respondents didn't think their workplace culture was disability and neurodiversity inclusive.
- Lack of support impacts health and wellbeing and career and study progression.
 - Two-thirds (63%) of respondents said they thought that lack of support for being disabled/neurodivergent/having a long-term health condition had been a barrier to their study and career progression.
- o Half of respondents (53%) said that, in the past two years, they had left a job or considered leaving the medical profession due to lack of support for being disabled/neurodivergent/having a long-term health condition.

“I always feel on the back foot... It is lonely and exhausting and so wrong to have to consider leaving training because of the burden created by fighting stereotypes, bias and discrimination when I know I am completely capable of doing my job well if I had appropriate support.” (Resident doctor)

Next steps:

Ahead of the publication of the full report this autumn, we are encouraging medical schools and employers to begin discussing these findings amongst senior leadership and with disabled and neurodivergent doctors and medical students.

We believe that early reflection on how these insights might apply locally will help drive meaningful and informed change after the full report is published.

For more information about the survey, you can email the Equality, Inclusion and Culture policy team at info.eic@bma.org.uk