



Postgraduate Examination Support Offer

North West School of Psychiatry
June 2026

North West School of Psychiatry Exam Support

The North West School of Psychiatry provides a comprehensive and structured examination support offer for doctors preparing for postgraduate medical examinations in psychiatry. This is delivered through a clear, tiered model designed to meet learners at different stages of their preparation and to respond to individual needs. The model recognises that doctors are preparing for exams alongside clinical work and therefore emphasises practical, accessible and supportive approaches.

The examination support offer is continuously evolving, and this tiered model outlines our current work and initiatives. We are keen to encourage all forms of peer support and individualised learning within local workplaces; this offer is designed to complement, and by no means replace, existing local efforts and initiatives.

Tier One: Universal Examination Support

Tier one represents the universal offer available to all doctors in psychiatry training and locally employed doctors across the North West.

MRCPsych course

At a school level, this includes access to the MRCPsych course. While the course prepares doctors more broadly for careers in psychiatry, it has exam preparation embedded throughout, including guidance relevant to written papers and clinical examinations. In addition to the regional teaching days, Trust based core psychiatry teaching programmes complement this by offering MCQs relevant to topics covered.

Study budget and leave

Financial support is available through study leave funding. Each doctor is supported to access one question bank for one exam, funded by the School of Psychiatry. Doctors also have access to study leave days to support independent exam preparation. This is for one sitting per exam only (both written and CASC) and should be within the overall study budget allowance. This is arranged through the Accent system.



Exam Aid*

The School runs an Exam Aid workshop twice a year. This is a half day course open to all doctors, including resident doctors on the training scheme and locally employed doctors working in trusts across the North West. The workshop focuses on generic preparatory skills for postgraduate examinations, such as organisation, time management and effective revision strategies. It recognises that postgraduate exam preparation differs from previous academic experiences because doctors are typically working clinically alongside revision. The workshop also includes general guidance on navigating the transition to postgraduate study. An invitation is sent to all core trainees via the School distribution list with a QR code to register and book on. It is usually held in July and December. These months are a guide only; please confirm the exact dates and application windows each year.

CASC and clinical skills preparation

Clinical examination preparation is supported through both regional and local initiatives. Within the MRCPsych course, clinical skills workshops provide an essential opportunity for CT1 and CT2 doctors to gain exposure to clinical scenarios and receive feedback at an earlier stage of their training.

At a School level, there is a dedicated CASC brainstorming preparatory webinar*, and the School is piloting a mock CASC by the summer, which will specifically target CT3 doctors on the training scheme. Trainees are notified about the webinar by the School via email; it runs twice a year, in January and September. These months are a guide only; please confirm the exact dates and application windows each year.

Locally, individual trusts provide and fund their own CASC preparation courses*, ensuring doctors have access to practical, hands on training within their workplace. Doctors are further encouraged to use their daily clinical encounters, workplace based assessments and supervision to bridge the gap between theoretical knowledge and the practical demands of the CASC.

Learning at tier one is also embedded within everyday clinical practice. Doctors are encouraged to bring exam relevant topics to their educational and clinical supervision, to maximise learning opportunities in day to day clinical work, and to actively link clinical experience with theoretical knowledge. At a workplace level, supervision is used to explore learning needs and identify whether any reasonable adjustments

may be required for exam preparation or sitting the exam, including considerations related to neurodiversity.

Exam preparation handbook

A comprehensive handbook for doctors preparing for postgraduate psychiatry examinations, written for the School, is shared during the School induction and is available on the School webpage ([link](#)). It offers guidance on preparing for exams, the support services available, and navigating the transition to postgraduate study, and serves as a guide for all learners. This is a separate universal offer to the Exam Aid workshop.

Tier Two: Targeted Examination Support

Tier two is aimed at doctors who require additional support with exam progression. This includes doctors who have been unsuccessful in one exam attempt or who have been unable to sit an exam within two years of starting core training. While the primary focus is on resident doctors who have been unsuccessful, this support is also open to other resident doctors and locally employed doctors.



Exam Boost*

The core component of tier two is the Exam Boost programme for written examinations. Exam Boost runs in the ten weeks prior to each exam diet and is delivered every second week. Sessions are held online via Microsoft Teams on Tuesday lunchtimes, between 12.15 and 12.45pm. Separate streams are available for Paper A and Paper B. Sessions focus on key topics, exam technique and MCQ practice. Exam Boost is trainee led, and colleagues (STs, SAS doctors and consultants) willing to support sessions are encouraged to get in touch. It is accessed via the WhatsApp community, where the invites and session details are posted. The WhatsApp community also enables doctors to connect with peers, find study partners, ask questions and seek support around specific topics.

Scan the QR code below to join the Exam Boost WhatsApp community:



Exam Boost WhatsApp community

SEED – Supervisor Exam Exploration and Discussion*

Doctors who have been unsuccessful in an exam are advised to complete a SEED discussion using the RAG rating tool (see [Appendix 1](#)) with their supervisor. This structured, reflective conversation helps to identify any underlying factors that may be affecting exam performance, such as specific learning differences, and to agree clear actions. Where it highlights the need for more targeted support, this can be discussed with the Exam Support TPDs as most appropriate. The completed SEED discussion can be uploaded to the portfolio. Its output highlights key areas and actions to strengthen exam planning for future attempts.

Tier Three: Coaching



Exam coaching

Tier three is intended for doctors who have been unsuccessful in exam attempts despite accessing tier one and tier two support. This tier focuses on individualised coaching and personalised exam support. Support at this level is led by the Exam Support Training Programme Directors for written and clinical examinations. These are structured coaching discussions focused on understanding barriers to progress, refining exam strategies and developing an individualised plan for future attempts.

This is requested by email to the Exam Support TPDs:

Roshelle Ramkisson – roshelle.ramkisson2@mft.nhs.uk

Amit Sindhi – amit.sindhi@gmmh.nhs.uk

Access to coaching is requested via the Exam Coaching Referral form ([link](#)):



Scan to open the Exam Coaching Referral form

Westwood coaching

Westwood coaching can be accessed through the Professional Support and Wellbeing (PSW) service ([PSW webpage](#)). It provides targeted support around time management and organisation, where these are identified as key areas for improvement.

Tier Four: Intensive Support

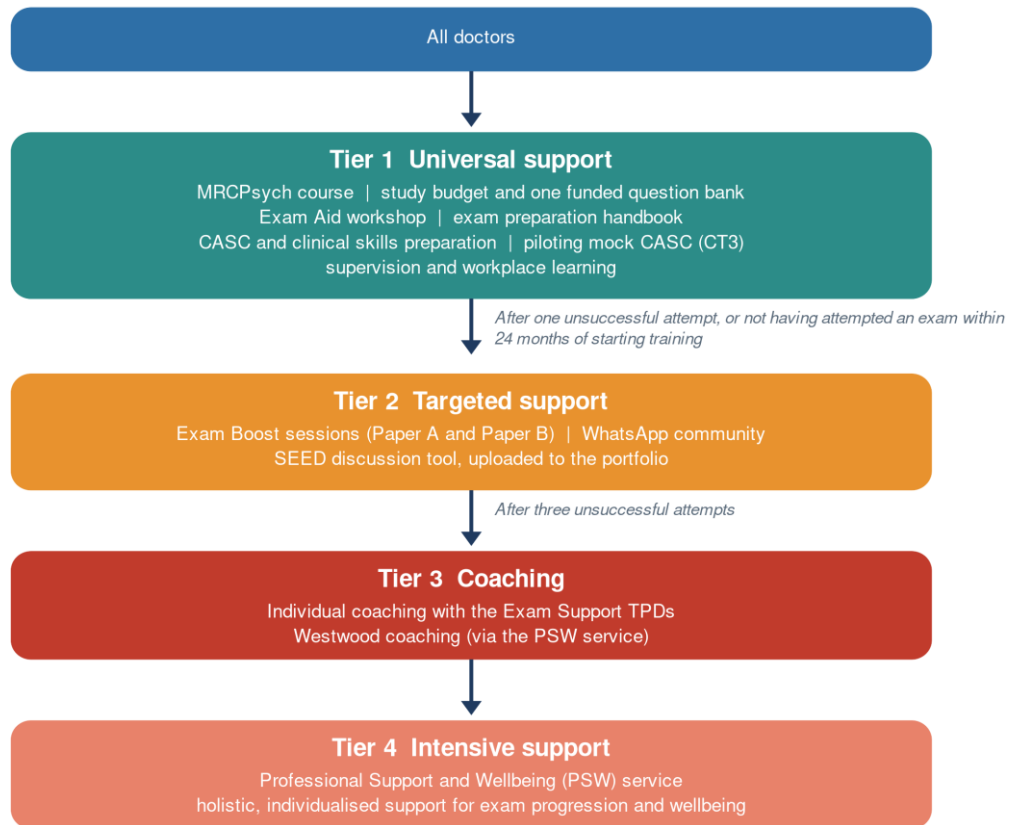
Deanery and Professional Support and Wellbeing (PSW)

The final tier sits at a deanery level and involves access to wider, holistic support services for resident doctors who have three or more unsuccessful attempts. Doctors can access the Professional Support and Wellbeing (PSW) service ([PSW webpage](#)). This tier allows for more intensive and personalised support, including consideration of individual learning styles, professional and pastoral support, case management, neurodiversity and other factors that may be affecting exam preparation and performance. Support at this level is tailored and holistic, focusing not only on examination success but also on overall wellbeing and professional development.

This tiered model ensures that all doctors have access to high quality, proportionate and responsive exam support, with increasing levels of structure and individualisation as needs become more complex. For more information, see the [PSW service webpage](#).

Footnote: We recognise that both trust employed doctors and doctors on formal training schemes in the North West are a crucial and valued part of the psychiatric workforce. Where capacity allows, exam support offers marked with an asterisk () will be open to trust employed doctors as well as those on deanery training programmes. We also acknowledge that doctors may move in and out of training pathways during their professional progression, particularly in relation to examinations, and we recognise all doctors as vital members of the psychiatric community in the North West.*

Exam Support Pathway



Contacts for any other queries

For any other queries about exam support, please contact the Exam Support Training Programme Directors:

Roshelle Ramkisson – roshelle.ramkisson2@mft.nhs.uk

Amit Sindhi – amit.sindhi@gmmh.nhs.uk

Exam Coaching Referral form: <https://forms.office.com/e/yUB0fRy6a1>

Professional Support and Wellbeing (PSW) service: <https://www.nwpgmd.nhs.uk/professional-support-and-wellbeing-psw-service>

North West School of Psychiatry webpage: <https://www.nwpgmd.nhs.uk/Psychiatry>

Appendix 1 – SEED: Supervisor Exam Exploration and Discussion

Psychiatry Exam Support: RAG Rating and Record of Discussion. This document is intended to support supervised, reflective discussions about readiness to sit postgraduate psychiatry examinations.

Name of Educator/ Clinical Supervisor	
Date this form is completed	
Name of Trainee	
Training grade and programme (e.g. CT2 General Adult Psychiatry, including extensions)	
Name of Educational Supervisor (if different)	
Percentage of full-time (WTE)	
Current expected CCT date (if applicable)	
Any significant periods of time out of training (with brief details)	
Date of most recent psychiatry exam attempt and score (if applicable)	
Scores in any previous exam attempts (with dates)	
Approximate % below or above the pass mark on the last sitting	

RAG Rating Framework for Postgraduate Psychiatry Exams

Use this section to structure a supervision or educational meeting. For each Big Six area, discuss the prompts with the trainee and agree a RAG rating: R = Red (significant concern; exam sitting not advised until addressed); A = Amber (some concerns; proceed only with a clear plan and support); G = Green (no significant concern).

Area for discussion	Discussion prompts and actions	RAG rating
BIG SIX AREA 1 – READINESS TO SIT		
Current working environment and clinical rota It is important that the current working environment provides a suitable variety of psychiatric clinical experience (e.g. acute inpatient, community, liaison, crisis, older adults, CAMHS as appropriate to stage of training) and is not so pressured that it prevents preparation for the exam.	<i>Discussion prompts and actions:</i> Review the trainee questionnaire or learning log. Are they getting sufficient breadth of cases and clinical responsibility to consolidate core psychiatric knowledge? Are admin demands, rota gaps or frequent on-calls leaving them too exhausted to revise? Do any workload or team issues need to be raised with the training programme director (TPD), college tutor or medical education department? Notes and agreed actions:	☐ Red ☐ Amber ☐ Green
Work life balance and time to prepare Work life balance is critical for safe practice and successful preparation. Many psychiatry trainees have	<i>Discussion prompts and actions:</i> Explore any work life balance issues and how they impact the trainee and their wider family or support network. Discuss whether temporary adjustments (e.g. reducing extra locum work, renegotiating domestic responsibilities, planning protected study time around on call rotas) are possible. If issues are complex or not easily addressed, consider TPD	☐ Red ☐ Amber ☐ Green

Area for discussion	Discussion prompts and actions	RAG rating
significant caring, domestic or financial responsibilities that affect the time and energy available for exam preparation.	<i>involvement and occupational health or wellbeing service referral as appropriate.</i> Notes and agreed actions:	
Confidence after a previous exam failure After a failed attempt at a high stakes exam it often takes time to regain confidence. Immediate re-sitting without reflection can be counterproductive. Trainees should avoid sitting an exam simply “to see how they will get on”.	Discussion prompts and actions: Explore how the trainee felt after any previous failures. Have they been able to talk with family, peers or supervisors about this? What support did they receive? What insight do they have into reasons for their performance (e.g. knowledge gaps, exam technique, personal circumstances, mental health, neurodiversity)? Work together to create a realistic plan for future preparation that fits their circumstances, and discuss timing of the next sitting with the TPD before they apply. Notes and agreed actions:	☐ Red ☐ Amber ☐ Green
Health, including mental health and wellbeing Physical and mental health difficulties, burnout and moral distress can all significantly affect exam preparation and performance. These should be acknowledged and supported, not ignored.	Discussion prompts and actions: Explore (only to the extent the trainee feels comfortable) any health issues that may have affected exam performance or revision. Emphasise the importance of seeking independent help via their GP, occupational health, local wellbeing services or Practitioner Health where available. Consider formal referral to occupational health or health and wellbeing services if needed. Discuss reasonable adjustments for exams where relevant and ensure the trainee knows how to apply to the relevant Royal College or exam board in good time. Notes and agreed actions:	☐ Red ☐ Amber ☐ Green
Specific learning needs (e.g. dyslexia, ADHD, other neurodiversity) Specific learning differences are common among doctors and can be associated with strengths as well as challenges. Appropriate assessment and adjustments can make a	Discussion prompts and actions: Ask sensitively about any existing or suspected specific learning difficulties. Where screening or formal assessment is available locally (e.g. via lead employer or deanery), encourage early referral so that assessment, support and notification to the exam body can be completed before the next sitting. Ensure the trainee knows how to request reasonable adjustments from the College exam department and the deadlines for doing so. Notes and agreed actions:	☐ Red ☐ Amber ☐ Green

Area for discussion	Discussion prompts and actions	RAG rating
substantial difference to exam performance.		
BIG SIX AREA 2 – KNOWLEDGE		
Global knowledge gaps Consider the trainee's broad knowledge across the psychiatry curriculum: basic sciences, clinical psychiatry across the lifespan, psychopharmacology, psychological therapies, ethics and law, safeguarding, physical health in mental illness and relevant guidelines (e.g. NICE).	<i>Discussion prompts and actions: Identify global knowledge gaps, particularly in common and high-risk conditions (e.g. psychosis, mood disorders, personality disorder, substance misuse, risk assessment, capacity and consent). Explore how the trainee currently reflects on their clinical knowledge (e.g. learning logs, PUNs and DENs, case-based discussions). Consider how they and their supervisor can plan tutorials, case presentations and targeted reading to address gaps.</i> Notes and agreed actions:	☐ Red ☐ Amber ☐ Green
Specific knowledge gaps These are focused areas where the trainee recognises they are less confident, or where assessments or supervisor feedback have identified deficits (e.g. neurodevelopmental disorders, old age psychiatry, perinatal psychiatry, psychosexual problems, eating disorders, forensic issues, neuropsychiatry).	<i>Discussion prompts and actions: Work with the trainee to list specific topics where they feel least confident. Consider how clinical exposure, tutorials, journal clubs, exam preparation courses and question banks could be targeted to these areas. Encourage the trainee to self-rate their confidence across curriculum headings and to present back new learning in supervision or small groups.</i> Notes and agreed actions:	☐ Red ☐ Amber ☐ Green
Previous clinical and life experience Prior experience (e.g. as a foundation doctor, GP trainee, physician trainee, mental health nurse or healthcare assistant) can strongly shape a trainee's knowledge base and blind spots.	<i>Discussion prompts and actions: Map the trainee's previous clinical and life experiences against the psychiatry curriculum. Identify areas where their experience is relatively limited (e.g. CAMHS, learning disability, addictions, forensic) and plan how to gain exposure through taster sessions, clinics, shadowing, or focused reading and supervision.</i> Notes and agreed actions:	☐ Red ☐ Amber ☐ Green

Area for discussion	Discussion prompts and actions	RAG rating
Understanding of applied knowledge in psychiatry Postgraduate psychiatry exams test applied knowledge: not just what the guideline says, but how it is used with a particular patient in a particular setting, considering risk, capacity, culture, trauma history and social context.	<i>Discussion prompts and actions: Ask, "What do you understand by applied knowledge in psychiatry?" Explore how the trainee links theory to practice in everyday clinical work: MDT meetings, risk assessments, prescribing decisions, liaison referrals, Mental Health Act work, and communication with families and carers. Encourage reflective discussion of recent cases to illustrate applied knowledge. Signpost to College curricula and blueprinting for their exam, and consider using practice questions as stimulus for supervision discussions.</i> Notes and agreed actions:	☐ Red ☐ Amber ☐ Green
E) Supervisor / trainer feedback Educational supervisors, clinical supervisors and trainers often see patterns that trainees do not.	<i>Discussion prompts and actions: Bring together feedback from workplace-based assessments, ARCP outcomes and informal observations. Discuss how this feedback relates to knowledge gaps or strengths. Consider how the trainee prefers to receive feedback (e.g. Johari window model) and agree concrete actions to address identified areas of development.</i> Notes and agreed actions:	☐ Red ☐ Amber ☐ Green
BIG SIX AREA 3 – PSYCHIATRY CLINICAL EXPERIENCE		
Experience of working in mental health services and the wider NHS Consider the trainee's understanding of how mental health services fit within the wider NHS and social care system (e.g. CMHTs, inpatient units, crisis and home treatment teams, liaison services, safeguarding, AMHPs, primary care, voluntary sector).	<i>Discussion prompts and actions: Explore awareness of regulatory and professional frameworks (GMC, CQC, Mental Health Act, Mental Capacity Act, safeguarding policies, local trust policies, incident reporting, prescribing policies). Identify areas where the trainee would benefit from shadowing key processes or reading local policies and national guidance.</i> Notes and agreed actions:	☐ Red ☐ Amber ☐ Green

Area for discussion	Discussion prompts and actions	RAG rating
Exposure to key psychiatric subspecialties and clinical areas Has the trainee had adequate exposure to major psychiatric subspecialties and settings relevant to their stage of training (e.g. general adult, older adult, CAMHS, learning disability, forensic, addictions, perinatal, liaison, rehabilitation, psychotherapy services)?	<i>Discussion prompts and actions:</i> Identify important areas where there has been limited clinical exposure. Consider opportunities to attend specialist clinics or MDTs, link with special interest supervisors, or undertake taster sessions. Encourage trainees to engage with the full range of tasks (including paperwork, prescribing, risk documentation and multidisciplinary communication), not just direct patient contact. Notes and agreed actions:	☐ Red ☐ Amber ☐ Green
Experience of working specifically as a psychiatry trainee Some trainees may have strong generic clinical skills but limited experience “thinking like a psychiatrist”, especially early in training or after time out of programme.	<i>Discussion prompts and actions:</i> Reflect on how the trainee has developed their identity as a psychiatry trainee. Are they able to integrate risk formulation, capacity assessment, trauma-informed care, physical health consideration and legal frameworks into day-to-day decisions? If not, discuss whether delaying an exam sitting until they have more experience would be in their best interests. Notes and agreed actions:	☐ Red ☐ Amber ☐ Green
BIG SIX AREA 4 – REVISION TECHNIQUE		
Previous preparation Explore how the trainee prepared for any previous attempts or mock exams: which resources they used, whether they worked alone or in groups, and how they balanced question banks with active learning from cases and guidelines.	<i>Discussion prompts and actions:</i> Review what worked and what did not in previous preparation. Encourage a shift towards “working smarter, not harder”: prioritising high-yield clinical topics, understanding guidelines and principles, and then using question banks to test and consolidate learning rather than as the sole strategy. Discourage over-reliance on multiple commercial courses without a clear plan. Notes and agreed actions:	☐ Red ☐ Amber ☐ Green
Revision plan A realistic, written plan helps trainees move from vague intentions to concrete, achievable actions.	<i>Discussion prompts and actions:</i> Check the trainee has estimated the total time available before the exam (considering rota, on-calls, leave and life events) and matched this against their knowledge gaps. Encourage them to plan both HOW they will study (e.g. spaced repetition, active recall, teaching others, small group work) and WHAT they will study each week. Build in time for timed practice questions nearer the exam to develop pacing and exam technique.	☐ Red ☐ Amber ☐ Green

Area for discussion	Discussion prompts and actions	RAG rating
	Notes and agreed actions:	
Awareness and use of resources Psychiatry trainees have access to a wide range of resources, including College curricula and guidance, local teaching programmes, exam textbooks, online modules, question banks and journals.	Discussion prompts and actions: Ensure the trainee knows where to find key resources (e.g. Royal College of Psychiatrists exam pages and syllabus, local deanery materials, online learning modules, trust policies, Maudsley Prescribing Guidelines, NICE guidelines, Cochrane summaries, exam textbooks, question banks). Encourage a balanced mix rather than dependence on a single resource type. Notes and agreed actions:	☐ Red ☐ Amber ☐ Green
Insight into exam blueprint (clinical content, data interpretation, organisation) Most postgraduate psychiatry exams sample across clinical psychiatry, basic sciences, statistics and research methods, and professional/organisational domains.	Discussion prompts and actions: Review the blueprint or content guide for the specific exam. Ensure the trainee understands the approximate weighting of each area and that they cannot pass if clinical psychiatry knowledge is weak. Emphasise high-yield areas such as psychopharmacology, risk assessment, capacity and consent, mood and psychotic disorders, safeguarding and physical health in severe mental illness. Notes and agreed actions:	☐ Red ☐ Amber ☐ Green
Organisational skills Organising revision around an on-call rota, night shifts and personal commitments is demanding.	Discussion prompts and actions: Explore how the trainee organises their time and tasks. Do they use study timetables, to-do lists, calendar blocking or digital tools? Have they built in rest and recovery time to prevent burnout? Discuss how supervisors and colleagues might support protected study time where feasible. Notes and agreed actions:	☐ Red ☐ Amber ☐ Green

Area for discussion	Discussion prompts and actions	RAG rating
Focus on weaker areas (“quick wins”) Maximising gains from revision often means prioritising weaker topics rather than repeatedly revising areas of strength.	<i>Discussion prompts and actions: Review mock scores, question bank analytics and supervisor feedback to identify weaker areas. Agree a concrete plan to tackle these through tutorials, targeted reading, teaching others, or focused question practice. Reassure the trainee that improving weaker areas often produces the biggest improvement in overall scores.</i> Notes and agreed actions:	☐ Red ☐ Amber ☐ Green
Use of feedback from previous exams Exam feedback and performance breakdowns offer valuable guidance on what to change next time. Discussion prompts and actions: Check that trainee and supervisor have reviewed any available feedback from the relevant exam body (e.g. domain scores, comparison with cohort, specific comments if provided). Highlight recurring weak domains that are likely to be retested in future sittings and integrate these into the revision plan.	<i>Discussion prompts and actions: Check that trainee and supervisor have reviewed any available feedback from the relevant exam body (e.g. domain scores, comparison with cohort, specific comments if provided). Highlight recurring weak domains that are likely to be retested in future sittings and integrate these into the revision plan.</i> Notes and agreed actions:	☐ Red ☐ Amber ☐ Green
BIG SIX AREA 5 – EXAM TECHNIQUE		
Maintaining wellbeing around the exam Neglecting sleep, nutrition, physical activity, relationships or breaks during preparation can impair performance and increase the risk of burnout or mental health difficulties.	<i>Discussion prompts and actions: Explore how the trainee looked after themselves during previous preparation and exam periods. Did they sleep adequately? Were they studying at very irregular hours? Did they take breaks and maintain some non-work activities? Discuss practical plans for the next attempt, including travel to the exam centre (if applicable), contingency plans, and strategies to wind down the night before.</i> Notes and agreed actions:	☐ Red ☐ Amber ☐ Green
Exam nerves and anxiety Anxiety is common in high-stakes exams; for some trainees it can	<i>Discussion prompts and actions: Explore how anxiety affected the trainee before and during previous exams. What helped, and what did not? Consider psychoeducation on performance anxiety,</i>	☐ Red ☐ Amber

Area for discussion	Discussion prompts and actions	RAG rating
become overwhelming and markedly impair performance.	<i>relaxation techniques, mindfulness and rehearsal of exam conditions. Where anxiety is severe, discuss referral to occupational health, psychological therapies or other appropriate services.</i> Notes and agreed actions:	☐ Green
Understanding of data interpretation and statistics Most psychiatry written exams include questions on research methods, epidemiology, psychometrics and statistics.	Discussion prompts and actions: <i>Explore the trainee's comfort with interpreting graphs, tables, measures of risk, diagnostic test properties, rating scales and research designs. Review their performance in related domains in previous exams or mocks. Identify resources (e.g. basic statistics texts, online modules, local teaching) and plan targeted practice.</i> Notes and agreed actions:	☐ Red ☐ Amber ☐ Green
Mathematical skills and calculations (including prescribing) Calculating doses, titration schedules, equivalence doses (e.g. antipsychotic chlorpromazine equivalents), plasma level interpretation (e.g. lithium, valproate) and basic percentage/ratio calculations can be challenging and are often tested.	Discussion prompts and actions: <i>Discuss any difficulties with mental arithmetic, unit conversions, or interpreting drug charts and plasma levels. Encourage regular practice using real or de-identified clinical data and question banks. Where difficulties are marked, consider whether additional educational support is needed.</i> Notes and agreed actions:	☐ Red ☐ Amber ☐ Green
Question reading skills – language, speed and comprehension Time pressure and complex wording can lead to misreading questions, particularly for trainees who use English as an additional language.	Discussion prompts and actions: <i>Explore how confident the trainee feels reading and processing dense text in English at speed. Do they regularly read professional material in English outside exams (e.g. journals, textbooks)? Encourage strategies such as underlining key words, summarising the stem mentally before looking at options, and practising timed question sets. Discuss whether targeted support for academic English might help.</i> Notes and agreed actions:	☐ Red ☐ Amber ☐ Green

Area for discussion	Discussion prompts and actions	RAG rating
Approach when unsure – managing doubt, flagging, review Effective exam technique includes knowing what to do when unsure, how to use flagging or review functions, and when to move on rather than perseverating on a single question.	<i>Discussion prompts and actions:</i> Ask the trainee how they currently handle uncertain questions. Discuss strategies such as the “cover test” (predicting the answer before looking at options), eliminating clearly wrong options, making the best available choice, flagging for review, and avoiding excessive second-guessing unless a clear error is noticed. Emphasise that all questions must be answered where there is no negative marking. Notes and agreed actions:	☐ Red ☐ Amber ☐ Green
BIG SIX AREA 6 – THINKING LIKE A PSYCHIATRIST		
Thinking like a psychiatrist – applied, person-centred decision making Postgraduate psychiatry exams assess the ability to integrate biological, psychological, social and cultural perspectives; to balance autonomy with risk; and to work collaboratively with patients, carers and multidisciplinary teams.	<i>Discussion prompts and actions:</i> Explore how the trainee currently approaches complex decisions such as admission versus home treatment, use of the Mental Health Act, managing self-harm risk, prescribing high-risk medications, or responding to safeguarding concerns. Encourage reflection on recent cases where guidelines, capacity, risk and patient preference needed to be balanced. Consider using practice exam questions or vignettes in supervision, with the trainee “thinking aloud” while the supervisor listens to and supports the development of clinical reasoning. Notes and agreed actions:	☐ Red ☐ Amber ☐ Green

Overall Comments (Supervisor and Trainee)

Use this space to summarise key strengths, areas for development, agreed actions and whether the current plan is to proceed to the next psychiatry exam sitting, postpone, or review after specific actions have been completed.

Agreed Actions and Follow-Up

Use this section to record agreed actions, responsible person(s) and timescales. Review at the next supervision meeting and update as needed.

Summary decision about next exam sitting (proceed / postpone / review later)	
Planned review date for this Exam discussion	

Appendix 2 – Dyslexia screening checklist

This is a short, informal screening aid, not a diagnosis. It is adapted from commonly used adult dyslexia checklists and is meant only to help you decide whether to seek a fuller assessment. A formal diagnosis can be made only by a qualified specialist. If several of these resonate, please talk to your educational supervisor or training programme director, or contact the School. The North West School of Medicine also runs an inclusive dyslexia screening process for doctors in training.

For each statement, decide how often it is true for you, and tick one box: Rarely, Sometimes or Often. There are no right or wrong answers. Just respond honestly, based on your usual experience.

#	Statement	Rarely	Sometimes	Often
1	I read more slowly than I would like, and often have to re read a paragraph to take it in.	☐	☐	☐
2	I lose my place when reading, or skip words and lines.	☐	☐	☐
3	I find it hard to read aloud, or to read fluently under time pressure.	☐	☐	☐
4	My spelling is inconsistent, and I may spell the same word two ways on one page.	☐	☐	☐
5	I confuse or reverse letters, numbers or the order of digits, for example when copying a phone number or a drug dose.	☐	☐	☐
6	I find it hard to get my ideas down on paper, even when I know the subject well.	☐	☐	☐
7	My handwriting is hard to read, or writing quickly takes real effort.	☐	☐	☐
8	I struggle to remember sequences, such as instructions, lists, the alphabet or the months in order.	☐	☐	☐
9	I find it hard to hold a string of information in mind, such as a phone number said aloud.	☐	☐	☐
10	I mix up left and right, or find map reading and directions difficult.	☐	☐	☐
11	I lose track of time and find planning, organising and meeting deadlines harder than others seem to.	☐	☐	☐
12	I find it hard to take notes and listen at the same time.	☐	☐	☐
13	I avoid reading or writing tasks where I can, or they take me much longer than expected.	☐	☐	☐
14	In timed written exams, I run out of time even when I know the material.	☐	☐	☐
15	As a child, I found learning to read, write or spell difficult, or was slow to learn these.	☐	☐	☐
16	Filling in forms is stressful, and I worry about making mistakes.	☐	☐	☐

How to score it

Give yourself 0 for each Rarely, 1 for each Sometimes, and 2 for each Often, then add up your total out of a possible 32.

- 0 to 9 – few indicators: a specific learning difficulty is unlikely to be the main issue.
- 10 to 18 – some indicators: it is worth a conversation with your educational supervisor or TPD about reasonable adjustments and whether a fuller assessment would help.
- 19 to 32 – several strong indicators: a fuller assessment is recommended. Ask your supervisor to refer you to the Professional Support and Wellbeing (PSW) service for assessment and support, and to put suitable adjustments in place.

This checklist is only a prompt for a conversation, not a label. A specific learning difficulty is common and nothing to be embarrassed about, and identifying it can unlock genuinely helpful support for both revision and the exam.