



For doctors preparing for the Royal College of Psychiatrists postgraduate membership examinations



MRCPsych Preparation Guide

North West School of Psychiatry | Exam Support Team

Navigating your MRCPsych exam journey

Exams accompany us throughout a medical career, and for psychiatrists in training the MRCPsych examinations are among the most significant milestones of all. If you are reading this, you are somewhere along that road. Perhaps you are just setting out. Perhaps you are returning for another attempt. Wherever you stand, I want you to know that this guide was written with you in mind.

Many of us have always been capable at exams, yet almost everyone meets a wall at some point. The study habits that carried you through medical school can suddenly feel as though they have stopped working, and that is both unsettling and dispiriting. When an examination becomes the thing standing between you and the career you have chosen, it can weigh heavily. I have sat alongside many doctors in exactly that place, and I want to say something plainly: a difficult result is not a verdict on you as a doctor. It is a hurdle, and hurdles can be cleared.

If you have not passed this exam, I would gently encourage you to hold on to one small but powerful word: yet. You have not passed it yet. That single word keeps the door open. It turns a full stop into a comma, and it reminds us that ability grows with time, practice and the right support around us.

What follows is a blend of practical strategy and quiet encouragement. Some of it will simply affirm what you already do well. Some of it may offer a fresh way of thinking about your preparation. My hope is that it helps you show the examiners what you already know, and that it reminds you to look after yourself along the way.

In my experience, success in these examinations tends to rest on a handful of things: a revision plan that suits both the material and you; an honest awareness of how life events affect your preparation; thoughtful timing of when you sit; a dependable support system; an understanding of your own learning style; the protection of your wellbeing; and a calm, ready mindset on the day.

And if your path takes an unexpected turn, that is entirely acceptable too. Careers rarely run in a straight line. Some doors we plan for; others open when we least expect them and lead us somewhere richer. Wherever this journey takes you, I hope these pages give you a steadier footing.

With warm wishes,

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How to use this guide

You do not need to read this from cover to cover. Dip into the section you need, use the checklists to find your gaps, and come back to the wellbeing and CASC pages as your exam approaches. Throughout, the message is the same: prepare steadily, ask for help early, and be kind to yourself.

Introduction

This guide is here to support you as you prepare for the MRCPsych examinations: Paper A, Paper B and the CASC, which stands for the Clinical Assessment of Skills and Competencies. It is meant to be practical and friendly, a place to help you build a solid revision plan, develop study habits that last, and manage your time with a little more confidence.

How the MRCPsych examination fits together

The Membership of the Royal College of Psychiatrists examination has three parts: two written papers, Paper A and Paper B, followed by the CASC, which is a practical clinical examination. The two written papers can be taken in either order. To sit the CASC you must first have passed both Paper A and Paper B and have the minimum required experience in the specialty.

Paper A tests the scientific and theoretical foundations of psychiatry. Paper B tests clinical psychiatry together with critical review, which is the skill of appraising evidence. Each written paper carries 150 questions over three hours, and the CASC is a circuit of clinical stations. We will look at each in turn.

Throughout your preparation, the Royal College website is your single most reliable source of truth. The structure, syllabus, dates, fees, eligibility and frequently asked questions are all kept current there, and they do change from time to time, so always check before you plan. Three pages are worth bookmarking:

- The **exams hub** for dates, fees and eligibility: rcpsych.ac.uk/training/exams
- The **Preparing for exams** page, which holds the syllabi for each paper: rcpsych.ac.uk/training/exams/preparing-for-exams
- The new **MRCPsych eLearning hub**, which maps learning to each paper and offers modules and practice papers: elearninghub.rcpsych.ac.uk

When the exams usually run

- **Paper A:** three sittings a year, usually around spring (April), summer (July) and autumn (November).
- **Paper B:** three sittings a year, usually around winter (February), late spring (May) and autumn (October).
- **CASC:** two sittings a year, usually in January and September.

These months are a guide only. Confirm the exact dates and application windows each year on the RCPsych exams pages before you commit to a sitting.

Sitting the written papers abroad

If you have family or other support overseas, it may be worth checking whether you can sit Paper A and Paper B at an international exam centre, as this can make the lead up to the exam easier for some doctors. Always confirm the current position with the Royal College before you plan around it, as the available centres and the rules can change.

Please note that UK resident doctors must sit the CASC at a UK centre and cannot take it abroad.

Exam support is for everyone

Whatever stage you are at, first attempt or fifth, on a training scheme or locally employed, there is a structured exam support offer behind you in the North West. It runs from universal resources open to all, through to targeted and individual support if you need more. You do not have to wait until things feel difficult to use it. The full offer is set out in [Appendix 1](#).

Common features of Papers A and B

Paper A and Paper B follow the same format, so once you are comfortable with one, the other will feel familiar. Here is what they have in common.

Duration	Three hours each.
Length	150 questions, carrying 150 marks.
Question types	Roughly two thirds multiple choice questions, the MCQs, and one third extended matching items, the EMIs. Each MCQ asks for the single best answer from five options.
Negative marking	There is none. You are not penalised for a wrong answer, so never leave a blank and always attempt the tricky ones. A considered guess can only help you.
Pass mark	Set by the modified Angoff method, so the exact mark varies a little between sittings rather than being a fixed percentage.
Format	Both papers are available in person at a test centre and online with remote invigilation.

Two habits that protect your marks

- 1 Answer every question.** With no negative marking, a blank is a wasted opportunity. If a question defeats you, narrow the options, make your best choice, flag it, and move on. You can return if time allows.
- 2 Keep a steady rhythm.** Three hours for 150 questions is about 72 seconds each. Commit to an answer and keep moving rather than dwelling on any single item.

PAPER A | the scientific and theoretical basis of psychiatry

Behavioural and social psychiatry
about 17%, ~25 Qs

Human development
about 17%, ~25 Qs

Basic neurosciences
25%, ~37 Qs

Clinical psychopharmacology
25%, ~37 Qs

Classification and assessment
about 17%, ~25 Qs

Paper A is the foundations paper. It tests the science that sits beneath everyday psychiatry: how the brain works, how medicines act, how we develop across the lifespan, and how we classify and measure mental illness. Almost half of the paper falls under neurosciences and psychopharmacology, so it rewards a confident grasp of mechanisms rather than memorised facts. The five areas below, with their approximate weightings, follow the Royal College syllabus on the Preparing for exams page.

What to cover, with a rough weighting

1. Behavioural science and sociocultural psychiatry (about 17%, ~25 questions)

How psychology and society shape mental health and our response to it.

- Social determinants of health and health inequalities
- Cultural influences on mental health
- Psychological theories, learning and motivation
- Models of therapy and behaviour change
- Stigma, attitudes and the social context of illness

2. Human development (about 17%, ~25 questions)

How we grow and change across the whole lifespan.

- Childhood development and developmental milestones
- Attachment, temperament and adolescent psychology
- Adult development and ageing
- The impact of life events and transitions on mental health

3. Basic neurosciences (25%, ~37 to 38 questions)

One of the two biggest areas, so plan generous time for it.

- Neuroanatomy and the structures involved in mental health
- Neurophysiology and neurochemistry
- Neurotransmitters and their roles
- Genetics and neurodevelopment
- How substances act on the brain

4. Clinical psychopharmacology (25%, ~37 to 38 questions)

The other big area, and a strong overlap with daily clinical work.

- Mechanisms of action of psychotropic medicines
- Pharmacokinetics and pharmacodynamics
- Side effects, interactions and contraindications
- Safe and rational prescribing

5. Classification and assessment in psychiatry (about 17%, ~25 questions)

How we describe, measure and organise what we see.

- Diagnostic criteria and the major classification systems
- Principles of psychiatric assessment
- Rating scales and structured tools
- The strengths and limits of classification

PAPER B | two thirds clinical topics, one third critical review

General adult psychiatry
about 25% of clinical

Old age
about 12.5%

Child and adolescent
about 12.5%

Substance misuse
about 12.5%

Forensic
about 12.5%

Intellectual disability
about 8%

Psychotherapy
about 8%

Liaison
about 8%

CRITICAL REVIEW
one third of Paper B, about 50 questions

Paper B has two halves. About two thirds is clinical: the everyday psychiatry you practise on the wards and in clinic, with a strong emphasis on General Adult. The remaining one third is Critical Review, also called critical appraisal: research methods, statistics and the skill of judging whether a piece of evidence is trustworthy and what it really means. Many doctors underestimate this part, so build it into your plan from the very start rather than leaving it to the end.

Clinical topics to cover

1. General adult psychiatry (about 25% of the clinical questions)

- Mood disorders, including depression and bipolar disorder
- Anxiety and stress related disorders
- Psychotic disorders
- Personality disorders
- Management, treatment and the major guidelines

2. Old age psychiatry (about 12.5%)

- The dementias, including Alzheimer's, vascular and Lewy body
- Late onset psychosis and depression
- Delirium
- Prescribing safely in older adults

3. Child and adolescent psychiatry (about 12.5%)

- Neurodevelopmental conditions such as ADHD and autism
- Emotional and behavioural disorders
- Early onset psychosis
- Safeguarding children

4. Substance misuse and addictions (about 12.5%)

- Alcohol dependence and withdrawal
- Drug misuse and dependence
- Dual diagnosis
- Treatment approaches and harm reduction

5. Forensic psychiatry (about 12.5%)

- Mental health legislation
- Risk assessment and management
- Forensic settings and services
- Medico legal aspects of psychiatry

6. Intellectual disability (about 8%)

- Assessment and diagnosis
- Psychiatric conditions occurring alongside it
- Behaviours that challenge
- How services are provided

7. Psychotherapy (about 8%)

- The main therapeutic models, such as CBT, psychodynamic and family therapy
- The evidence behind each approach
- When each is and is not indicated
- The therapeutic relationship

8. Liaison psychiatry (about 8%)

- Psychiatric presentations in medical settings
- Medically unexplained symptoms
- The psychological side of physical illness
- Assessment of self harm and suicide risk

Anchor your reading in the Royal College resources

It is easy to drown in too many books and question banks. The most reliable starting point is the official material: the syllabus for each paper on the Preparing for exams page, the suggested reading list, and the new MRCPsych eLearning hub, which maps modules and practice papers to Paper A and Paper B. Build your wider reading and question practice around that core rather than the other way round.

Paper B: critical review in detail

A quick note on names: the Royal College calls this section Critical Review, and it assesses your critical appraisal skills. The two terms are often used to mean the same thing.

This is the part of Paper B that doctors most often tell me caught them out, and it is the one third of the paper that rewards steady, early practice. It is genuinely learnable, and a little work on the numbers goes a long way. The questions ask whether you can read a study, judge its quality, and work out what the results actually mean. Treat it as a clinical skill: practise it regularly, ideally with real papers in journal club, so it becomes second nature long before the exam.

- **Study design:** randomised trials, cohort, case control, cross sectional and qualitative designs, and the strengths and weaknesses of each
- **Research methodology:** sampling, randomisation, blinding, allocation concealment and analysis by intention to treat
- **Descriptive statistics:** mean, median, mode, range, standard deviation and the shape of distributions
- **Inferential statistics:** p values, confidence intervals, types of error and choosing the right test
- **Measures of effect:** relative risk, odds ratio, hazard ratio, absolute risk reduction and the number needed to treat
- **Diagnostic test statistics:** sensitivity, specificity, positive and negative predictive value and likelihood ratios
- **Bias and confounding:** how to spot them and how good studies try to control for them
- **Validity and reliability** of measures and rating scales
- **Systematic reviews and meta analysis:** forest plots, heterogeneity and publication bias
- **Putting evidence into practice:** the hierarchy of evidence, how guidelines such as NICE and BAP are built, and applying findings to a single patient

Practise it the way you will be tested

Critical appraisal is a skill of habit. The more papers you appraise out loud, the more natural the language and the numbers become. Three things help enormously.

- **Take part in journal club.** Actively join in the journal club presentations and discussions in your local teaching programme, and treat each one as live exam practice. Walking a room through a paper, its design, its statistics and its limitations, or questioning a colleague who does, is exactly the reasoning the exam rewards
- **Use the CASP resources.** The Critical Appraisal Skills Programme (CASP) offers free checklists (casp-uk.net/casp-tools-checklists) for the common study types, such as randomised trials, cohort and case control studies, systematic reviews and qualitative research. Working through a CASP checklist for each paper gives you a structured, repeatable way to judge quality and spot bias
- **Know your formulae and when to use them.** Be comfortable calculating and interpreting the core measures, and recognise the occasion each one belongs to: sensitivity, specificity and predictive values for diagnostic tests; relative risk and odds ratio for association; absolute risk reduction and the number needed to treat for treatment effect; and likelihood ratios for how a test shifts probability. Practise the calculations until they are quick and automatic

Key measures at a glance

Measure	What it tells you	When you use it
Sensitivity	Of those with the condition, the proportion the test correctly identifies	A negative result helps to rule it out
Specificity	Of those without the condition, the proportion correctly identified	A positive result helps to rule it in
PPV	Of those who test positive, the proportion who truly have it	Reading a positive result in a given population
NPV	Of those who test negative, the proportion who truly do not	Reading a negative result
Relative risk	How many times more likely the outcome is with exposure	Cohort studies and trials
Odds ratio	The odds of exposure with the outcome against without it	Case control studies
ARR	The absolute difference in risk between the two groups	Judging the real benefit in practice
NNT	How many you treat for one to benefit, that is 1 divided by the ARR	Communicating the value of a treatment

Rate yourself, then act

Using the syllabus as a checklist, score yourself from 0, meaning low, to 5, meaning high, on how confident you feel with each topic across both papers. For anything that scores low, make a plan: raise it in supervision, pair up with a study partner, work through the relevant modules and practice papers on the MRCPsych eLearning hub, make flashcards, attend a tutorial, listen to a podcast, or read more deeply. Confidence grows where attention goes.

Key differences between the papers

The two papers share a format, but they ask different things of you. Knowing the difference helps you revise each one in the way that suits it.

	Paper A	Paper B
Focus	Basic sciences and theory	Clinical practice, management and critical appraisal
Question style	More knowledge based	More scenario based, with data to interpret
Content	Foundational concepts	Specialty knowledge plus research methods
Order	Often sat first	Often sat second, though either order is fine
Pass rates	Roughly 47 to 52% overall	Roughly 45 to 50% overall

Pass rates vary from one sitting to the next, and the College publishes the figures after each diet, so treat any single number as a rough guide rather than a fixed target. A good deal of work in recent years has gone into raising overall pass rates across the membership examinations.

Preparing for Paper A

- Aim to understand the science, not memorise it
- Give neurosciences and psychopharmacology real time, as together they are half the paper
- Study developmental psychology and classification
- Learn the key theories in behavioural science

Preparing for Paper B

- Know the current guidelines well, such as NICE, the Maudsley guidelines and BAP
- Focus on treatment algorithms grounded in evidence
- Practise clinical reasoning and management decisions
- Drill critical review and statistics every week
- Give General Adult extra attention

Building your study plan

A good plan turns a mountain into a set of steps. Start from your exam date and work backwards, so you always know how many weeks you have and what each week is for. The aim is a realistic, written plan you will actually keep, not a perfect one you abandon by the second week.

- **Fix your date first.** Choose the sitting you are aiming for and count the weeks back from it. Four to six months is comfortable for a written paper
- **Audit the syllabus.** Work through the official syllabus and score yourself from 0 to 5 on each topic, so your plan targets your real gaps rather than your favourites
- **Block the big rocks first.** Put the heaviest, highest yield areas into your calendar before anything else: neurosciences and psychopharmacology for Paper A, and critical review for Paper B
- **Build a weekly timetable.** Give each week a small number of topics, and protect specific study slots around your shifts as if they were fixed appointments
- **Mix your methods.** Pair reading with active recall, flashcards and questions, and use the eLearning hub modules and practice papers that map to each paper
- **Use spaced repetition.** Revisit each topic more than once, with growing gaps between, so it settles into long term memory rather than fading within a week
- **Plan review and mocks.** Schedule regular review sessions and timed practice papers, and keep the final two to three weeks for consolidation rather than new material
- **Leave buffer weeks.** Build in slack for the weeks when work or life takes over, so one difficult fortnight does not derail the whole plan
- **Track and adjust.** Review your plan every week, tick off what you have done, and reshape what is left. A plan that flexes is a plan you will finish

Book early, and remember fit to sit

- Apply in good time. Sittings can be oversubscribed, so book the exam, your study leave, your leave for the exam day and any revision course as early as you can.
- Tell your training programme director and college tutor when you plan to sit and how it goes. They can connect you with others who are revising.
- Look at your rota months ahead to arrange leave and shift swaps, and try to avoid nights in the run up to the exam.
- Fit to sit: if you turn up and sit, you are deemed fit to do so. If you are unwell or have extenuating circumstances, do not sit, and check the College's current policy first.

Four questions to shape your plan

It helps to ask yourself, or to talk through with a colleague:

1

What is my revision plan between now and the exam?

2

What might get in my way?

3

How will I overcome those barriers?

4

What resources, people or tools could help me?

A smart study approach

- Give yourself room to breathe. Four to six months is ideal and helps you avoid a last minute scramble
- Treat the Royal College material as gold dust: use the official syllabus, the suggested reading list, the eLearning hub modules and the sample papers
- Question banks are excellent for technique, but remember that most questions on the day will be new, so aim to understand rather than memorise
- Vary how you learn: mind maps for visual thinking, podcasts for the commute, flashcards for quick recall, and deeper reading for the tricky areas
- Make your clinical work count. Discussing exam topics in supervision and on the ward brings dry material to life
- Make your own flashcards, one fact or question per card, mixing words with quick sketches and mnemonics. The effort of making them is part of the learning
- Beware the illusion of competence: ask whether you truly know an answer or only recognise it when you see it. Testing yourself reveals the difference

Managing your time

- Be realistic about what a single week can hold. Little and often beats heroic cramming
- Give extra attention to the topics that make you groan. We all have them
- Shorter, regular sessions tend to stick better than occasional marathons
- Start broad, then zoom into the detail as the exam approaches
- Protect your revision time as you would a clinic. Treat it as a fixed appointment, not an optional extra
- Work in short blocks. Concentration tends to fade after about 40 minutes, so several focused sessions with breaks beat one long slog

- Spend most time on your weak areas, not the topics you already enjoy. It is tempting to revise what feels good, but the marks are in the gaps

Practice makes progress

- The exam hall feeling can be daunting, so recreate it with timed practice runs and full practice papers
- Do not simply mark answers right or wrong. Always work out why you missed a question
- Build your own mental checklist for tackling each style of question
- Use the practice papers on the eLearning hub to rehearse pace as well as content

An example revision week

Day	A suggested focus (an example only)
Monday	A high yield topic, then a set of practice questions on it
Tuesday	A study buddy or peer group session, then review the answers together
Wednesday	A weaker topic, using active recall rather than re reading
Thursday	Critical appraisal and a little statistics practice
Friday	Flashcards and a quick self test across the week's topics
Weekend	A timed practice paper, then rest and a light review

Exam technique: making every mark count

Good technique can lift a borderline score into a clear pass. None of this replaces knowing your material, but it helps you show what you know when the pressure is on.

In the written papers

- **Read the whole stem**, then the lead in line with care. Words such as single best, most likely or least likely change the answer completely
- **For single best answer questions**, decide your answer before you read the options, then find the closest match
- **For extended matching items**, read the theme and lead in first, then match each item to the one best option from the list
- **Eliminate the clearly wrong options first**. Even removing two improves your odds on the rest
- **Keep your rhythm**. Aim for roughly 50 questions an hour, and glance at the clock at each block
- **Flag and move on**. Never sink more than about 90 seconds into one item; return to it with fresh eyes
- **Answer everything**. With no negative marking, a considered guess always beats a blank
- **Change an answer only for a clear reason**, not a vague feeling. Your first read is often right
- **Leave a few minutes** at the end for your flagged questions, and check that nothing is unanswered
- **Try the cover test on MCQs**. Read the stem with the options hidden and see if you can answer it. If your answer is in the list, it is usually right
- **Check for slips**. A quick scan for misread questions and mismarked answers often rescues easy marks

Common pitfalls to avoid

- Leaning on a question bank alone and neglecting the official syllabus
- Leaving critical review until the final few weeks
- Misreading the lead in, especially negatives such as least likely
- Spending too long on hard items and running short at the end
- Cramming the night before instead of resting and arriving calm

A game plan to beat procrastination

Most of us put off the work we find hardest, and revision is fertile ground for it. The ideas below borrow from a simple productivity philosophy often summed up as eat the frog: if the first thing you do each day is the task you least want to face, everything afterwards feels lighter. Here are eight ways to put that into action.

8 ways to beat exam procrastination

1 Study your hardest topic first, eat the frog

2 Block protected revision time around your shifts

3 Use the 80 / 20 rule, focus on high yield topics

4 Break big subjects into small chunks

5 Set a deadline for each goal

6 Eliminate distractions, silence your phone

7 Take regular breaks and rest well

8 Review and quiz yourself regularly

How each step works in everyday revision

- **Eat the frog first.** Start each study session with your hardest or least favourite topic, while your energy and focus are at their freshest
- **Prioritise honestly.** Sort your tasks into what is essential, what is important, what is merely nice to do, what can wait and what you can drop altogether. Spend your best hours on the essential
- **Apply the 80 / 20 rule.** A small part of the syllabus carries a large part of the marks. Identify the high yield topics and give them the lion's share of your attention
- **Break it down.** A whole syllabus is daunting; a single subtopic is not. Slice big subjects into small, finishable pieces, and tick them off as you go
- **Set your own deadlines.** A clear, self imposed deadline for each topic creates gentle pressure and keeps you moving
- **Block your time.** Set aside specific slots for specific subjects, and guard them. A plan on paper is far easier to follow than a vague intention
- **Minimise distractions.** Silence notifications, agree some quiet with those around you, and create a dedicated study space. Even a tidy corner helps

- **Take action despite the resistance.** Waiting to feel motivated rarely works. Beginning, even badly, is what generates momentum. Discomfort is part of growth
- **Review and adjust.** Look back each week at what worked and what did not, and reshape your plan. A plan that flexes is a plan you will keep

Choose your frog with the ABCDE method

When you plan, sort your tasks into five groups and start at the top:

- A** **Must do:** the high impact topics with the biggest consequences for your result
- B** **Should do:** important but less urgent
- C** **Nice to do:** pleasant, but with no real consequence if left
- D** **Delegate or share:** learn it with a study partner, or teach it to cement it
- E** **Eliminate:** the time wasters that do not move you forward

Before you choose your frog, weigh the consequences. Think about the impact of each task, then start with the one that matters most.

One small win a day

Finishing a hard task early releases a quiet sense of achievement that makes the next one easier. Over weeks, those small daily wins build the momentum, and the confidence, that carry you into the exam.

Your countdown and wellbeing

A simple countdown plan

- **Six months out:** map your journey and get familiar with the territory
- **Three to four months out:** go deeper, and notice where you are swimming confidently and where you are struggling
- **One to two months out:** target your weaker areas and increase your practice questions
- **Final weeks:** refine your technique, focus on the high yield topics, and trust your preparation

Looking after yourself

- Find study partners who lift you up, because shared struggles feel lighter
- Sleep matters more than one more hour of revision
- A little batch cooking at the weekend can save your weekday sanity
- If home is full of distractions, try arriving at work early or using your local library
- If you need exam adjustments, arrange them early, because it removes a whole layer of stress
- Keep something in your week that is just for you. Rest is part of the work

On the day

- Pack everything the night before, so there is one less thing to think about
- Allow plenty of travel time, because exam nerves and transport delays are a poor mix
- Keep the steady rhythm of roughly 72 seconds a question, and keep moving
- When your mind fogs, a brief rest for your eyes and a sip of water work wonders
- Remember there is no negative marking, so answer everything, even the questions you are unsure of
- If you hit any technical difficulty with the exam system, log it with the College straight away and let your training programme director know

The night before

- Check the location, the start time and how long the journey takes, including likely delays.
- Lay out your ID, a bottle of water, snacks and anything else you need.
- Eat a meal you enjoy, and avoid alcohol.
- Do something that relaxes you, then get to bed in good time and set an alarm.

"Success is not final, failure is not fatal: it is the courage to continue that counts."

Winston Churchill

The clinical examination: the CASC

The CASC, the Clinical Assessment of Skills and Competencies, is the practical examination, and for many people it is the part that feels most exposing, because there is nowhere to hide behind a multiple choice option. The reassuring truth is that it tests skills you already use every day. With the right preparation and mindset, you can walk in feeling ready.

How the CASC is structured

The CASC is a circuit of **16 individual stations, each lasting 7 minutes**, split into two sets of eight:

- **8 stations in the morning**, each with **4 minutes of reading time** before you go in
- **8 stations in the afternoon**, each with **90 seconds of reading time**

It runs twice a year, usually in January and September. You may sit it only once you have passed both written papers and have the required experience. Always check the current format, dates and guidance on the RCPsych exams pages.

MORNING
8 stations
7 minutes each
4 minutes reading

AFTERNOON
8 stations
7 minutes each
90 seconds reading

Each station presents a focused clinical task: taking a history, assessing risk, performing part of a mental state examination, explaining a diagnosis or treatment, or speaking with a relative or colleague. The examiner observes against a clear set of competencies, chiefly communication, clinical reasoning and professionalism.

The mental state examination at a glance

Domain	What to observe and describe
Appearance and behaviour	Dress and self care, psychomotor activity, rapport and eye contact
Speech	Rate, rhythm, volume and tone
Mood and affect	Mood in their own words and as you observe it, and the range and congruence of affect
Thought	Form, meaning the flow and structure, and content, such as preoccupations or delusions
Perception	Hallucinations and other disturbances, in any sense
Cognition	Orientation, attention and memory, with a brief screen
Insight	Their understanding of the difficulty and their attitude to help
Risk	To self, to others, from others, and of neglect

Preparing for the CASC

1. Understand the format

- Know the structure inside out: 16 single stations of 7 minutes, in two sets of eight, with the reading times described above
- Study the CASC blueprint so you understand the competencies being tested
- Learn the marking criteria, so you know what the examiner is looking for
- Practise station transitions, treating each station as a clean, fresh start

2. Build core clinical skills

- **History taking:** use a clear structure that flows from the presenting complaint through the relevant history
- **Mental state examination:** practise observing and describing appearance, behaviour, speech, mood, thought, perception, cognition and insight
- **Risk assessment:** be thorough about risk to self, to others and of neglect, and always move to a clear management plan
- **Explaining diagnoses and treatments:** use plain, kind language and tailor it to the person in front of you
- **Use frameworks:** simple structures such as ideas, concerns and expectations, or a structured approach to breaking difficult news, keep you organised under pressure

3. Practise role play

- Simulate real situations with peers or mentors: history taking, risk and explanation tasks
- Rotate roles, taking turns as the candidate, the patient and the examiner, to see it from every angle
- Ask for specific, constructive feedback and act on it
- Record yourself on video. Step away, then watch it back after about 24 hours: with fresh eyes you will see how you come across, the nervous habits that surface under pressure, and the things you already do well

4. Attend mock circuits

- Join mock CASC circuits to rehearse under timed, exam like conditions
- Seek feedback from experienced examiners, who can see the blind spots you cannot
- Practise finishing each task within the time, so the clock stops being the enemy

5. Focus on communication

- **Be natural and be yourself.** Speak to the actor as you would to a real patient. Learn from others, but build your own style
- **Explain complex things simply.** Practise turning jargon into everyday language, and use analogies
- **Watch how others communicate.** Notice how the wider team explains things to patients and families
- **Use empathy and active listening.** Name the person's concerns and show that you have understood
- **Say what you notice.** In the mental state and physical examination, comment conversationally on what you observe so the examiner sees your thinking, but keep it a conversation, for example 'I noticed that you are...'
- **Read the Royal College patient leaflets.** They model the plain, considerate language that works well in explanation stations
- **Mind your body language.** Presence and compassion naturally improve your tone, eye contact and posture
- **Remember the interview is therapeutic.** Actors give you more when they feel listened to and trust you

6. Use workplace assessments and progress tests

- Use workplace based assessments to rehearse clinical skills in real settings. They are practice, not just paperwork
- Workplace based assessments and the clinical tests you do in preparation are a rich source of feedback on how you communicate and come across, alongside demonstrating your professional knowledge, skills and expertise
- In clinic, ask patients for feedback on the appointment. They are the people you most want to help, so their view is invaluable. A polite way to ask is: "Thank you for seeing me today. I am always trying to improve how I support people, so is there anything that worked well, or anything I could do differently next time?"
- Use progress tests to find your strengths and gaps and to track your improvement over time

7. Moving between stations

- Adopt a focused mindset. You already move between tasks all day at work, so use that skill here
- If a station goes badly, let it go. The next one is a clean opportunity and a fresh set of marks
- Use your notepad well. Jot the task at the start, and re read it when the bell goes, so you answer the question that was actually asked
- Summarise, pause and reflect. A few seconds to gather yourself is time well spent

8. Manage anxiety

- **Accept that some anxiety is normal.** A little arousal sharpens performance. The aim is the right level, not no nerves at all
- **Channel it.** That alert energy can keep you focused through a long exam day
- **Turn your focus outward.** Concentrate on helping the patient in front of you rather than on your own performance, which genuinely calms the nerves
- **Picture calm.** Close your eyes, breathe, and see yourself handling each station with ease

9. Cultivate a positive mindset

- **Presence and compassion.** Approaching each station this way lowers anxiety and lifts your communication
- **Set aside self judgement.** If the thought I will fail because I forgot that detail appears, pause, breathe, and shift to I can still do well by focusing on the next task
- **Use affirmations.** A simple I am capable and prepared steadies the mind and moves you from doubt to belief
- **Find a smile.** A light moment before you go in releases a little tension and leaves you calmer than you might expect

10. Address limiting beliefs

- **Notice them.** Thoughts such as I am no good at exams or I always freeze are opinions, not facts
- **Challenge them.** Look for the evidence against them: the stations you have handled well and the patients you have helped
- **Replace them.** Remind yourself of your strengths each day, through affirmations, journalling or reflection, until that becomes your default

11. Practical strategies for success

- **Start early.** Practise presence and focus during your revision, so it feels natural on the day

- **Practise consistently.** Rehearse shifting your focus in mock sessions and in clinical work, such as on calls, until it is second nature
- **Set realistic expectations.** No one is perfectly prepared. Aim to be good enough, not flawless

"Believe in yourself and all that you are. Know that there is something inside you that is greater than any obstacle."

Christian D. Larson

Reasonable adjustments and neurodiversity

Exams should test your psychiatry, not how fast you write or how well you cope with a noisy room. If you have a disability, a long term health condition, or you are neurodivergent, whether or not you have a formal diagnosis, you may be entitled to adjustments for both your revision and the exam itself. This is about fair access and the removal of barriers, not about fixing anything in you.

How to go about it

- Raise it early in supervision, ideally a sitting or two ahead, because some adjustments take time to arrange
- Many workplace adjustments can be put in place without a formal diagnosis or report, and a diagnosis should never be pushed simply to fit a process
- Your clinical and educational supervisors and your training programme director can help, and the School can signpost assessment and the Professional Support and Wellbeing service, known as PSW
- For exam adjustments such as extra time, apply to the Royal College through their access arrangements process, and check the exams pages for the current route and the evidence required
- Your supervisors do not hold the exam adjustment forms. Apply to the College directly, and note that you may be asked to obtain specific recommendations from the Professional Support and Wellbeing service, known as PSW, even where you already have a diagnosis, depending on what the College currently requires

Examples of adjustments that can help

- Extra time, rest breaks, or a quieter exam environment
- Materials that are friendly for dyslexia, coloured overlays, or software that reads text aloud or types from speech, often funded through Access to Work
- Coaching for neurodivergent doctors, with strategies for organisation, reading and memory
- Flexibility in revision time and a realistic, personalised study plan

If you wonder whether dyslexia might be affecting you

Some doctors reach the MRCPsych without ever having been screened for a specific learning difficulty, and only notice in timed written exams that reading and processing speed is holding them back. If that resonates, the short screening checklist in Appendix 2 is a gentle first step. It is not a diagnosis. It simply helps you decide whether to have a conversation with your supervisor or the School about a fuller assessment.

A final word

This is a defining chapter in your journey as a psychiatrist: a chance to grow, to test yourself, and to show what you are capable of. The MRCPsych examinations are not merely tests. They are an opportunity to demonstrate your dedication, your knowledge and your care for your patients.

Success here is not about being the cleverest person in the room. It is about turning up, doing the work, and trusting that you can rise to the challenge. Every hour of preparation, every mock and every moment you push through doubt is building something real. If you have faced setbacks, you are in good company. Many excellent psychiatrists needed more than one attempt, and each one left them stronger and better prepared. Use the experience to learn, to refine your approach, and to keep moving forward. It is not about how quickly you arrive.

These examinations are demanding, but so are you. With determination, thoughtful preparation and the support of your colleagues, you can clear any hurdle, whether you pass at the first attempt or need a few. Every step forward is a step toward growth, resilience and mastery.

Believe in yourself, trust the process, and embrace this journey. The knowledge and skills you build now will serve you for a lifetime, shaping not only your career but the care you give to the people who need it most. Psychiatry needs your voice, your compassion and your expertise. You can do this, and you are not doing it alone.

With you every step of the way

The North West School of Psychiatry Exam Support Team is here for every doctor. Reach out early and use what is on offer. The full support offer is set out in [Appendix 1](#).

One last practical thing

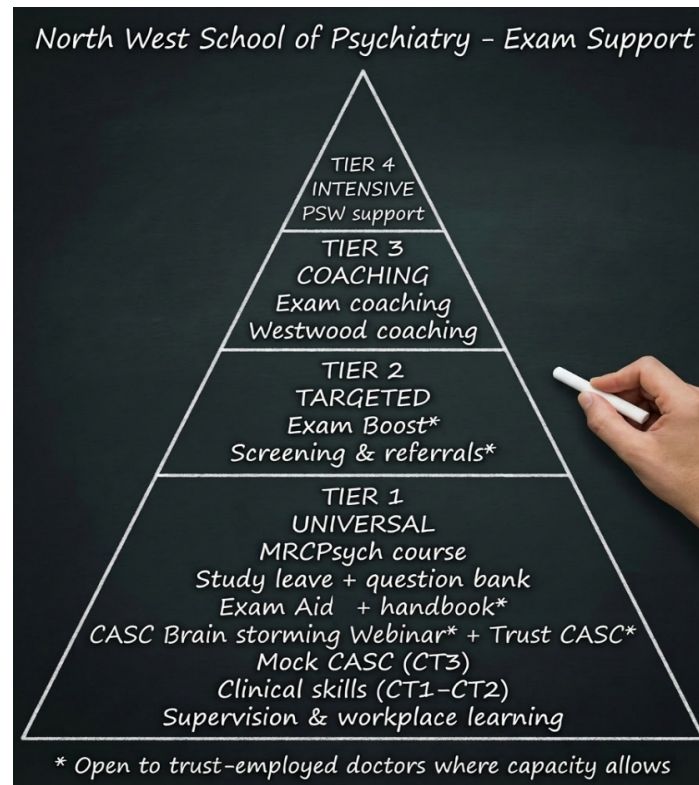
When you pass, remember to upload your result and certificate to your portfolio. And talk to colleagues who have sat the exam recently, as their advice on resources and timing is often worth more than any single book.



The road is long, but every step counts.

Appendix 1: the trainee exam support offer

The North West School of Psychiatry provides a structured, tiered exam support offer for doctors preparing for the postgraduate psychiatry examinations. It is designed to meet you wherever you are and to respond to your individual needs, recognising that you are preparing alongside a clinical job. It is meant to complement, never to replace, the peer support and local efforts already happening in your workplace. Many of these offers are also open to trust employed doctors, where capacity allows, as well as to those on training schemes.



Tier One: universal support, for everyone

- **MRCPsych course:** regional teaching with exam preparation woven throughout, supported by trust based core teaching and practice questions
- **Study budget and leave:** funding for one question bank per exam, plus study leave days for independent preparation
-  **Exam Aid workshop:** a half day course, twice a year, on the generic skills of postgraduate exam preparation, such as organisation, time management and revision strategy
- **Exam preparation handbook:** a comprehensive handbook (this guide), shared at the School induction and available on the School webpage, covering preparing for exams, the support services available, and navigating the transition to postgraduate study. This is a separate universal offer to the Exam Aid workshop
- **CASC and clinical skills preparation:** clinical skills workshops for CT1 and CT2 doctors, a School CASC brainstorming webinar, a School mock CASC (piloting) aimed at CT3, and locally funded CASC courses
- **Everyday learning:** bringing exam topics to supervision, linking clinical work to theory, and using supervision to identify any reasonable adjustments, including for neurodiversity

Tier Two: targeted support

-  **Exam Boost:** the core of Tier Two for the written papers. It runs in the ten weeks before each sitting, every second week, online through Microsoft Teams, with separate streams for Paper A and Paper B covering key topics, exam technique and question practice. It is led by trainees, and senior trainees, SAS doctors and consultants who can help are warmly invited
- **WhatsApp community:** for finding study partners, asking questions and sharing support, joined by a QR code
- **SEED (Supervisor Exam Exploration and Discussion):** a structured supervisor discussion using the RAG rating tool, usually after one unsuccessful attempt. It explores any underlying factors affecting exam performance, such as specific learning differences, agrees clear actions, and can be uploaded to your portfolio



Scan to join the Exam Boost WhatsApp community

Tier Three: coaching

- **Exam coaching:** individualised, structured coaching with the Exam Support training programme directors for the written and clinical exams, exploring barriers, refining strategy and building a personal plan. Requested via the Exam Coaching Referral form ([form](#)) or by email to the TPDs, Roshelle Ramkisson and Amit Sindhi
- **Westwood coaching:** accessed through the Professional Support and Wellbeing (PSW) service, offering targeted support around time management and organisation, where these are the key areas

Tier Four: intensive support

- **Deanery and Professional Support and Wellbeing:** holistic, tailored support for doctors with three or more unsuccessful attempts, covering learning styles, pastoral and professional support, case management, neurodiversity and wellbeing

This tiered model means every doctor has access to high quality, proportionate support, with more structure and individual attention as needs become more complex. Trust employed doctors and those on training schemes are equally valued members of our psychiatric community in the North West.

Appendix 2: a dyslexia screening checklist

Please read first

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, so ask the School for the current route.

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	Some-times	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.	☐	☐	☐

Appendix 2: scoring and what to do next

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.

Score	What it suggests	Suggested next step
0 to 9	Few indicators	A specific learning difficulty is unlikely to be the main issue. If exams still feel harder than they should, your supervisor can help you look at study technique and wellbeing.
10 to 18	Some indicators	It is worth a conversation. Raise it with your educational supervisor or training programme director, who can look at reasonable adjustments for revision and consider 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 service, known as PSW, for assessment and support, and to put suitable adjustments in place for your revision and your exam.

A gentle reminder

Whatever your score, this checklist is only a prompt for a conversation, not a label. A specific learning difficulty is common, it is nothing to be embarrassed about, and identifying it can unlock genuinely helpful support for both your revision and your exam. The most important next step is simply to talk to someone: your supervisor, your training programme director, or the School.

About this resource

This guide was developed by the North West School of Psychiatry Exam Support Team to support doctors across the region. We are happy for it to be shared within the region for this purpose.

Reproduction or use outside this context requires permission from the team.

Always confirm the current exam structure, dates, fees and guidance on the Royal College of Psychiatrists website: rcpsych.ac.uk/training/exams

Roshelle Ramkisson | Exam Support Joint Training Programme Director | Updated June 2026