

SEED: Supervisor Exam Exploration and Discussion

North West School of Psychiatry | Examination Support

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. You can complete it on screen: type into the boxes and tick the rating boxes.

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: 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?</i> Notes and agreed actions:	☐ Red ☐ Amber ☐ Green

Area for discussion	Discussion prompts and actions	RAG rating
Work life balance and time to prepare Work life balance is critical for safe practice and successful preparation. Many psychiatry trainees have significant caring, domestic or financial responsibilities that affect the time and energy available for exam preparation.	<i>Discussion prompts and actions: 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 involvement and occupational health or wellbeing service referral as appropriate.</i> Notes and agreed actions:	☐ Red ☐ Amber ☐ Green
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”.	<i>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.</i> 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.	<i>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.</i> Notes and agreed actions:	☐ Red ☐ Amber ☐ Green

Area for discussion	Discussion prompts and actions	RAG rating
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 substantial difference to exam performance.	<i>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.</i> Notes and agreed actions:	☐ Red ☐ Amber ☐ Green
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
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: 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.</i> Notes and agreed actions:	☐ Red ☐ Amber ☐ Green

Area for discussion	Discussion prompts and actions	RAG rating
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: 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.</i> 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: 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.</i> 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: 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.</i> Notes and agreed actions:	☐ Red ☐ Amber ☐ Green
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.	<i>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.</i> Notes and agreed actions:	☐ Red ☐ Amber ☐ Green

Area for discussion	Discussion prompts and actions	RAG rating
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.	<i>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.</i> Notes and agreed actions:	☐ Red ☐ Amber ☐ Green
Organisational skills Organising revision around an on-call rota, night shifts and personal commitments is demanding.	<i>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.</i> Notes and agreed actions:	☐ Red ☐ Amber ☐ Green
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		

Area for discussion	Discussion prompts and actions	RAG rating
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 become overwhelming and markedly impair performance.	<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, 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:	☐ Red ☐ Amber ☐ Green
Understanding of data interpretation and statistics Most psychiatry written exams include questions on research methods, epidemiology, psychometrics and statistics.	<i>Discussion prompts and actions: 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.	<i>Discussion prompts and actions: 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

Area for discussion	Discussion prompts and actions	RAG rating
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.	<i>Discussion prompts and actions: 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
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: 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.</i> 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: 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.</i> 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	