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Speciality Registrar Committee

Chair of Part A Examiners  
Faculty of Public Health  
4 St Andrews Place  
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14th July 2019

Dear Dr Ward,

**Re: Part A feedback**

Thank you for the opportunity to feed back on the experiences and comments of registrars taking the Part A exam in June 2019. I requested feedback from all registrars who sat the exam, via their regional SRC representatives, and in total there were 16 respondents. Their feedback was collated and is presented below.

**Practicalities and organisation of the exam**

Almost without exception, every candidate thought that the communication before the exam was clear and concise, and Gareth Cooke and Laura Bland were mentioned by name by multiple candidates, and praised for quick responses, clear communication, and help and understanding in arranging for extenuating circumstances and reasonable adjustments.

Multiple candidate mentioned that it would help relive stress at the end of the exams if answer booklets came pre-stapled and numbered.

One candidate with a reasonable adjustment mentioned they were put in a room with a candidate who had a reasonable adjustment to walk around, and felt this was an added distraction.

**Venue**

The venue was, for the most part, thought to be conveniently located with good public transport links, relatively quiet despite its central location, and with good access to multiple food venues for lunch. Candidates also appreciated the big clock in the main examination hall and the flip charts with the start and end times displayed.

Some candidates fed back that the desks were small and wobbly and were inadequate given the number of papers that were required during the exam. It was also commented on that the lobby didn't have enough seats for all candidates and there was no easy access to drinking water to fill up water bottles.

Several candidates raised the issue of whether a multi-centre approach would be considered fairer, with many citing the cost (which in some cases could not be covered by the study budget) of travel and overnight accommodation in London.

## Paper 1 feedback

Generally, the feedback continues to be positive for the restructuring of the Paper 1 questions to have shorter, more numerous parts. A few candidates commented that this means that the past papers available no longer are reflective of the exam questions and should be updated. Several candidates also mentioned that they felt very time pressured on the paper, and felt that in part this was due to having practiced using the longer form questions, and felt that adjusting to this under exam conditions meant they sometimes could not fully complete all sections of a question.

Many candidates felt the majority of questions were fair and mapped to clearly defined areas of the syllabus, a significant portion of the candidates were disappointed that given the breadth of the curriculum, some questions seemed to focus on rather small or narrow topics, while entire areas of public health did not get examined, meaning some candidate felt they did not demonstrate their full knowledge, and therefore felt there was a certain element of luck in what questions came up in the exam. Candidates were surprised that [REDACTED] did not seem to be examined at all, and that there was such a heavy focus on [REDACTED].

In particular multiple candidates mentioned the question on [REDACTED] covered a very narrow area and a couple of candidates also mentioned they felt this question and the question on [REDACTED] were potentially unfair to registrars in Scotland (or indeed those training outside the UK), as [REDACTED] is not commonly used terminology in Scotland.

It was raised multiple times that given the shift towards having more sections to questions and the desire to display knowledge on a broader range of topics, that the FPH might consider moving even further in this direction, using short answer questions or even extended multiple choice questions to ensure that there is broader coverage of the syllabus.

Specific issues raised:

- It was thought it was unclear whether Q6 was asking for examples of types of use of [REDACTED] or specific research questions [REDACTED].
- It was thought that Q10 should have a clearer definition of the topic and that individual components of the final section of the question should have been split out to make it clearer whether [REDACTED] were required.
- In some cases, questions asked for multiple thing in a single question rather than splitting them into further parts [REDACTED] all as a single block of text).

## Paper 2a feedback

Several candidates felt that the fact that the paper was [REDACTED] added substantially to the amount of time required to read and synthesis the paper, and therefore felt under significant time pressure, while also being harder to appraise.

While, some appreciated the new breakdown of marks for the critical appraisal, the majority found this change unexpected this unexpected and off-putting, having been used to the past papers

format. Several candidates commented that they found the word limit unhelpful and stressful, and meant they wasted time counting words instead of continuing with the exam. This was compounded by the change in the mark breakdown, as they had practiced the tailoring of the length of their answers to the previous format

Multiple candidate commented that they felt like some of the follow-on questions to the critical appraisal felt more like Paper 1 questions rather than Paper 2a questions, and these types of questions differed significantly from those in available past papers. Some candidates also raised the issue that it was unclear what level of details they should go into when discussing findings of the paper, as this also varied on past papers examiners comments, and felt some model answers would be helpful.

Specific issues raised:

- It was felt that the general context given to the paper was then not linked to the follow up questions. It was mentioned [REDACTED]. This was followed by a series of questions which did not [REDACTED]
- It was felt that some questions were generally worded in a way that was difficult to interpret what was being asked for.
- The proportion of marks allocated to each question was different from previous years, and this led to some candidates spending time at the start working out how long to spend on each question.

### **Paper 2b feedback**

Many candidates felt this was the hardest paper in the exam, and most felt that the time pressure of this paper was an unrealistic representation of public health practice when conducting data analysis and interpretation. Several candidates also felt that overall this paper was heavily slanted in favour of interpretation and written responses rather than calculations, and that this contributed to the time pressure of the exam.

Multiple candidates complained that the calculators were too small, and only had basic functionality, slowing down their work and necessitating repeat calculations.

Similarly to the feedback for Paper 1, several candidates felt the paper only tested a relatively small section of the syllabus, and in particular had several repeat questions, [REDACTED], which meant they could not demonstrate the full breadth of their knowledge.

Many candidates also raised the issues that the example questions given on the FPH website are not representative of the questions in the exam, and requested more questions be uploaded particularly those with a heavy interpretation/written response focus, to match more closely what is seen in the exam. Candidates also asked that model answers be provided for the current specimen questions on the FPH website, with full step by step calculations and full sentence interpretations.

Specific issues raised:

- It was felt it as a bit unclear what was required to gain marks in the long question on [REDACTED].

- It was felt that the question on the [REDACTED] was out of place in Paper 2b

### **Comments on any other issues**

The changes to the banking rules was seen negatively by several candidates. While the flexibility to not having to attend every sitting of the exam was appreciated, it was felt it was unfair that previous trainees have known that once they banked a paper then they would not have to sit it again and could put all their attention on the paper they needed to pass, and that the impact to training of resitting the whole of Part A would be significant. It was suggested that the banking period should be a minimum of 2 years. An alternative suggestion was that candidates should be given the option to either have their paper banked indefinitely as previously but with the requirement of sitting at each subsequent examination or if they choose to skip a sitting then they only hold for one year.

The issue of the high cost of the exam was also raised by multiple candidates (compounded by the travel and accommodation costs in London), with candidates asking for a transparent breakdown of costs.

Several candidates brought up the issues of computerising the exam, particularly in the light of previous examiners comments on the issue of unclear handwriting, or a shift in format to MCQs/EMQs to remedy this situation.

Candidates also requested that the FPH formally recommend a textbook or other revision material. Currently candidates are using the Health Knowledge website or the Mastering Public Health textbook, and some candidates felt they were often trying to second-guess what the examiners will think is correct and what level of detail is appropriate based on key points and examiners' comments from past papers.

There were also several suggestions for updates to the syllabus:

- rebalancing the syllabus so that there is a similar amount of knowledge/understanding needed across the different sections (e.g. section 2 is huge and only a fraction of it comes up)
- updating syllabus content to take better account of current technology (especially in information and data)
- testing papers under exam conditions with some experienced public health consultants in different fields. This might show what knowledge a competent consultant actually maintains in practice, which could then be prioritised as the most important content.

As with previous years, there was in general high praise for the overall running of the exam, and the changes to paper 1 have generally been appreciated and have improved the candidates' experience.

Also, as with previous years, Paper 2b drew a higher level of dissatisfaction, with common themes being insufficient time to demonstrate the knowledge candidates had, and a general sense that this


is not a realistic representation on how data interpretation and analysis is conducted in a public health setting.

Another key theme across all papers is that, with the recent changes to the format of the exam, many of the past papers are no longer accurate representations of what is seen in the exam, and it has been requested these be reviewed and updated.

There are reiterations of feedback from previous years, much of which will have been already discussed, or is under active consideration, such as the format of the exam, and the possibility of a computer-based assessment, cost and fees, and the location of the venue, showing these are still pressing issues amongst the registrar body.

If there are any queries about the above, please don't hesitate to contact me.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Alex Allen', written over a light grey rectangular background.

Alexander Allen

Vice Chair of the SRC  
On behalf of the SRC