



## FACULTY OF PUBLIC HEALTH

Dr Alexander Allen  
Vice Chair of the SRC  
Speciality Registrar Committee

23<sup>rd</sup> August 2019

Dear Dr Allen

### **Re: SpR feedback letter on Part A, June 2019**

Thank you for your carefully considered letter that provides a clear and comprehensive snapshot of trainees views on the June 2019 sitting of the Part A MFPH examination. I am pleased to say we were able to consider the points raised in some detail during the Board of Examiners' meeting on the 19<sup>th</sup> July 2019, and this response is a summary of that discussion and subsequent discussion with examiners and Faculty officers.

I was really pleased to note your comments on communications from the Faculty, the organisation of the exam and positive aspects of the venue. We will consider issues relating to the desks, answer booklets and your later comment on calculators, though any changes would depend on costings, however the waiting area is a feature of the venue and not something we can control.

Regarding a multi-site examination and your later points on computer-based testing, in common with the response to comments on previous exam sittings, this is a live issue that is being taken forward by the Part A Development Committee. However, as things stand we have not been able to find a cost-effective way of progressing this and all scenarios explored so far resulted in a large increase in exam costs that would have to be met by increasing the exam fees. The exam has to be run on a cost-return/cost neutral basis for the Faculty (you mention the fee level later on) and the fees need to reflect the real cost of administering and delivering the exam (note that the examiners do not receive a fee for their time).

It was pleasing to note your comments on the structure of Paper 1 questions and their alignment with the syllabus. Inevitably when sampling across the whole syllabus, topics will come up that are less frequently encountered, and it is important that all candidates consider the full breadth of topics that could be asked when preparing for the exam. As commented in the response to previous exam sittings, wherever possible we have deliberately moved to increasing the number of Paper 1 questions that are split into subsections (in contrast to a question that just asks candidates to 'discuss' a topic, where the expectation of examiners is not made explicit). This is 'deliberate' because we are aware that this improves clarity of the question, reducing the tendency for candidates to misunderstand and answer questions in a way that was not intended. It also helps with standard setting and question marking.

We will continue to review the availability of past papers and preparation materials as part of the Part A Development Committee. We did review the specific Paper I issues you raised and do not agree that the questions were ambiguous; indeed I can reassure you that where candidates interpret a question differently from how the examiners expected, they still receive credit if the interpretation is reasonable. This is one of the key reasons that experienced and current Public Health professionals set and mark the exam. As for the final bullet point, questions will be phrased slightly differently depending on the topic, and candidates must carefully read each question to ensure they are answering the question 'as asked'. However, we do appreciate this comment and will consider further sub-item break down where will feel that would advantage candidates in future.

Regarding Paper IIA, we believe that the published paper provided is similar in length to recent papers and is of a core study design that many working in public health will have to appraise regularly. The division of marks in question 1 was an attempt to make the allocation of marks explicit as the marking criteria have always included both the strengths and weaknesses/appraisal of the paper, and the public health importance/relevance of the paper and its findings. I am sorry to hear that some candidates felt that the subsequent questions and marking allocations differed significantly from previous sittings. I am afraid we do not accept this; the pattern of questions and mark allocations was a fairly standard one and did not deviate from normal practice. Indeed, we specifically made efforts to help candidates by guiding them in their timing by splitting both question 1, as noted above (in to 8 marks and 12 marks) and question 3 (into 10 marks and 5 marks). This is very much in line with our practice elsewhere in the exam, which has been repeatedly welcomed by candidates. We therefore find it a little odd that a similar approach is criticised here.

We consider that there is the opportunity to demonstrate knowledge across the breadth of the syllabus in all papers – no topic is restricted to just one paper – but I believe the comment about the questions appearing more like Paper I questions and then that the publication was not linked to later questions aligns with comments received from examiners; i.e. that many candidates provided generic responses to the follow on questions and did not necessarily put their answers into the context of the scenario presented and real-world public health practice.

In contrast to the comments you received, marks for Paper IIB were similar to Paper IIA, and candidates actually performed very well on the question highlighted in your first bullet point. As you note, Paper IIB includes both data manipulation and interpretation (usually requiring a few short sentences), but the examiners do not feel this particular question set was slanted more towards one than the other. We are aware this is a time pressured exam for some candidates, and work hard to reduce the amount of reading required (and eliminate any unnecessary text), and we will review these questions as usual, but also in the light of your comments. Similarly, we do not recognise the comments on repeating material or calculations across different questions within the same paper and believe this may be a confusion on the part of some candidates. We do keep the preparation materials on the website under review and hope to expand on this.

I am afraid the Faculty cannot recommend any particular revision aids or materials. Please remember that all those involved in setting and marking the exam are experienced Public Health professionals working currently in one of a wide range of service or (less commonly) academic roles, and so the questions reflect their current concerns, priorities and thinking. As mentioned before, there is no need to 'second guess' what examiners are thinking. We always endeavour to ensure the questions are be phrased in a way that makes it clear what is expected. To achieve this, our questions go through several cycles of internal and external review prior to their use in an examination. Nevertheless, as mentioned before, examiners will give credit for what they regard as

any reasonable interpretation of the question. I feel it is inevitable that the syllabus will be phrased in different levels of detail and specificity across different broad topic areas. However, questions are always clearly and explicitly linked to one or more points in the syllabus. The Faculty currently plan a revision to the training curriculum and once this is complete, we will consider carefully whether the syllabus needs to be changed to reflect this.

Note that I was not clear about the point raised in respect of banking rules. The most recent change has been to relax these, so that candidates do not need to take the exam again at the immediate next sitting, and I would appreciate some more detail on this point.

Yours sincerely,

A handwritten signature in black ink that reads "D. J. Ward". The letters are cursive and slightly slanted to the right.

Dr Derek Ward

Chair of Examiners