

Alexander Allen
Vice Chair of the SRC
Speciality Registrar Committee

Chair of Part A Examiners
Faculty of Public Health
4 St Andrews Place
London
NW1 4LB

18th February 2019

Dear Professor Holland,

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 January 2019. I requested feedback from all registrars who sat the exam, via their regional SRC representatives, and in total there were 18 respondents. Their feedback was collated and is presented below.

Practicalities and organisation of the exam

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

A few candidates felt it would be helpful to know whether additional items would be permitted in the exam room, such as food and drink, or cough sweets. It was also commented on that it would be useful for additional information for those with reasonable adjustments to be sent, as it wasn't clear that they would be in a room alone until the day of the exam.

A few candidates had issues with the payment for the exam, but these were resolved swiftly.

Venue

Overall most candidates thought the venue was appropriate, with good facilities, easy to find and well located, within easy access of hotels and food venues.

Multiple candidate commented on the size of the desks being too small, particularly given the large number of sheets of papers candidates are expected to produce and organise.

A significant portion of candidates raised the possibility of the exam being held outside London, or possibly alternating between London and other locations, both for issues in equity, and as a potential for reducing the cost of the exam. Both Birmingham and Loughborough were mentioned as possible locations.

Other issues raised included:

- The chairs provided were not very ergonomic, and this caused discomfort for a candidate who had requested reasonable adjustments for back and hip problems

- The blinds for the windows let the sun through in the afternoon sessions, causing a distraction for some candidates
- The large clock at the front of the exam room was a great help for ensuring timings were kept to

Invigilation

Most candidates agreed the exam was professionally and pragmatically invigilated.

A few candidates raised some issues:

- On the morning of the paper 1, the chief invigilator spoke past the start time of 9:45, which caused some issues for candidates recalculating the timings of their questions
- The microphone was left on in one session, which then amplified ambient sound during the exam
- In some cases, the 5 minutes candidates had to organise their papers at the end of the exam went on for considerably longer, reducing the break for lunch between morning and afternoon sessions

Preparation

It was felt by multiple candidates that, given the recent changes to paper 1, that it would be useful to have more samples of the new style of question available, to allow practice of writing answers to multiple sub-section questions.

Similarly, given the recent change in the wording of the part 2a critical appraisal, to include public health significance as a separate heading, and the general trend in longer papers, the majority of candidates felt the need for more example part 2a papers, including questions and papers that reflect these changes

As in previous years it was remarked on by a significant proportion of the candidate that the practice paper 2b questions on the FPH website are not an accurate representation of the questions in the actual exam.

Paper 1 feedback

Overall candidates appreciated the change in format, breaking down the question into small subsections meant that many felt it was easier to structure their answers. However some candidates thought that the sub-sections were so broad as to comprise questions in and of themselves, somewhat defeating their purpose, particularly when questions could have up to four sub-sections.

Paper 1a was generally found to be fair, albeit time pressured, however paper 1b was thought to focus on relatively small areas of the syllabus and have vague wording that made difficult to work out what the examiner was looking for

Specific issues raised:

- The sub-sections on the question of health determinants were too similar, and meant the candidate felt they were repeating material
- The question on [REDACTED] was thought to be slightly unfair given its lack of prominence in the syllabus
- The health economics question was thought to be vaguely worded

- The questions on organisation and management (Qus 9 & 10) were thought to be very different to previous past papers, focusing on very specific topics, and in particular, question 9 was thought to be vague and unclear what part of the syllabus this was focusing on

Paper 2a feedback

Multiple candidates commented on the length of the paper adding additional time pressure to an already tough exam.

Most candidates reported a change in the format for the critical appraisal portion of paper 2a, including the inclusion of “public health significance” as a discrete heading and the general decrease in the proportion of marks allocated to the appraisal, at odds with the past papers available. However, several candidates also commented that having a mark breakdown was useful in guiding how much to write for each section of the critical appraisal.

The majority of candidates also mentioned that the last question of paper 2a, on the rolling out of a screening programme [REDACTED], felt more like a paper 1 question. It was felt it was a vague question on whether a specific action plan, a scoping exercise or strategy were required. In addition, this question was felt to differ from past papers where more practical documents (letters, press release, agendas) would be asked for.

Paper 2b feedback

The overall sentiment from candidates was that this paper was very difficult, with almost all candidates mentioning this was compounded by the extreme time pressure. Multiple candidates raised the point that this is not a realistic representation of how statistics and data interpretation is carried out in public health practice, with several going as far to say they believed this paper was an out-dated way of assessing statistical skills and data interpretation, primarily due to the number question needed to be answered in the time allowed.

Specific issues that candidates raised:

- Questions 4 and 5 felt confusing and vague, with it being unclear what the sub-questions were asking from the candidate
- The graph in question 5 [REDACTED] was noted as a rare form of graph that several candidates had never seen before.
- The [REDACTED] question was poorly worded, so it was difficult to work out what data they referred to when mentioning the “previous year”.
- The time spend hand-drawing a [REDACTED] in question 1 was thought to be out of proportion to the marks assigned to it
- The calculators were lacking in an easy to use memory function

Comments on any other issues

Several candidates raised the issue of a shift to a computer-based system to help with the fatigue and clarity of handwriting.

Multiple candidates also raised the possibility of a shift to MCQ/EMQ format in paper 1, to more adequately cover the very broad syllabus, and reduce the element of luck that having only 10 questions could have.

There was also wide-spread concern about the cost of the exam (and the recent increases in fees), particularly as this exam may have to be re-sat.

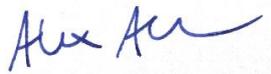
As with previous years, there was in general high praise for the overall running of the exam, and the changes to paper 1 have generally been appreciated and have improved the candidates' experience.

Both parts of paper 2 drew a higher level of dissatisfaction, with common themes being insufficient time to demonstrate the knowledge candidates had, and a lack of past papers and questions that accurately reflected the current format of the exam. This mirrors feedback received from the last sitting, although the issue of the change in type of the final question in paper 2a appears to be new.

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.

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

Yours sincerely,



Alexander Allen

Vice Chair of the SRC
On behalf of the SRC