

Perspectives

How to do well in the OSPHE: examiner comments about candidate performances in the Faculty membership examination Part B (OSPHE)

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Introduction

During Part B examinations, a number of observations and learning points are made by the examiners, who, after many years in that role, are in a position as highly experienced public health specialists to observe trends both in competencies and in examination preparation. We have prepared a briefing, based on these observations which we hope is valuable for exam candidates, for informing the examination committee about refinements, improvements and quality control of the exam, and to assist the Education Committee and Training Programme Directors in their ongoing monitoring of educational standards.

We encourage all examination candidates and their trainers to look at the ‘top tips’ below which are all issues that we continue to see running through each examination, year on year.

Preparing

Ensure you read all the briefing material on the website and ask the Faculty officers if you have a query that the web material does not seem to answer. You may want to seek advice from current or past examiners about professional and technical skills required in the examination but always ask Faculty Officers about examination processes such as applications, special circumstances, sickness, etc. A lot of background information is available on the Faculty website.

Remember the best way to pass this exam is to know your Part A material properly, to be able to communicate real-life public health practice and to develop the core competencies being tested as part of your ongoing personal development. Although the material is carefully edited to make sure there are no English-, Scottish-, Welsh- or Northern Irish-specific scenarios, the material does broadly refer to UK examples and as such is focussed on the practice of public health within a westernized state-funded healthcare system.

If you use commercial or other exam preparation courses, be wary of their advice around how to address each scenario with a prepared introduction or responses. These can detract from your natural communication skills, often hinder you really listening to what you are being asked and are no substitute of knowing the subject and common sense communication skills.

Commentary from recent sittings

- Some candidates continue to rush into prepared introductions or ‘model answers’ rather than listening carefully to the opening questions.
- The examination is made up of questions on health protection, health promotion/well-being and healthcare public health—all with scenarios constructed to be familiar to the experience of public health trainees on UK training programmes. Some examiners have commented that some candidates more recently have seemed less familiar with healthcare public health material than they would expect. We would urge candidates and trainees to maintain their experience of healthcare data and applying public health science skills and techniques to those data. Public Health input to commissioning healthcare services remains a core function across the UK, and all trainees must ensure they take maximum advantage of such healthcare work; healthcare public health remains a requirement of the curriculum and a core aspect of the competencies tested in the Observed Structured Public Health Examination (OSPHE).
- Although the examination does not set out to test Part A knowledge, each scenario is designed so you will have to

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have good background public health science knowledge to adequately demonstrate the competencies required in the scenario. That may include being asked for an explanation of one or more basic concepts that have been woven into the scenario—especially those where a non-specialist may come across such material in their work with public health colleague (such as explaining a technical public health term to a local politician).

- The examiners have noticed an increasing trend towards candidates faced with questions where factual or experiential answers are expected, instead saying that they will ‘get back to you’. While this may be occasionally appropriate for more complex issues, most of the scenarios here are not designed to require that sort of response, so such responses are deemed to demonstrate the required competencies quite poorly.

Top tips in the examination

Do

- Simple introduction—your name and role are adequate. Don’t waste time describing (or worse-fabricating) for the examiner or actor a description of your PH department or what it does.
- Remember you have 8 minutes and can expect 5–6 questions on average. Focus carefully on exactly what is being asked and try and pace the scenario so you can get through this expected number.
- Answer the question being asked succinctly and appropriate to the scenario—the examiner can always ask you if they want more.
- If there is uncertainty (and there may well be within the question design), be explicit about this possibility and suggest how you would approach such uncertainty.
- Listen and communicate carefully—you are being tested on your ability to listen to the questions you are being asked in the context of the scenario, not give a prepared speech on a topic.
- When talking the role player/actor about a graph or table contained in the scenario briefing, make sure they can

actually see what you are describing. Some candidates either place the material at right angles/upside down to the examiner or hold it to their chest so the examiner can’t see it.

Don’t

- Don’t patronize with over-simplistic explanations in a professional scenario and don’t make it over-complex for a lay scenario.
- Don’t ask the actor or role-playing examiner what they think except as appropriate to a scenario where you need to clarify understanding—YOU are being examined. If you repeatedly say you will go away and look it up or ask someone else you will fail.
- Don’t use terms that are not appropriate to the audience—while appropriate for a lay audience, a term such as ‘value-for-money’ may not be if in discussion with a health professional where you should consider ‘cost-effectiveness’ (which is a specific health economic concept and part of the public health sciences you are demonstrating that underpins your professional work).
- Don’t waffle. If you are not sure about an answer, say what you know, admit what you don’t and stop. Don’t fill the time with content you are unsure of.
- Don’t ever argue with the examiner or demonstrate aggression or anger.

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