



Dr Alexander Allen
Vice Chair of the SRC
Speciality Registrar Committee

FACULTY OF
PUBLIC HEALTH

5th May 2020

Dear Dr Allen

Re: SpR feedback letter on Diplomate Exam, January 2020

Again, thank you for your letter summarising the experiences and comments received from trainees sitting the Diplomate examination in January 2020. As expected, there is rightly a great deal of concern expressed about the venue and the noise disruption that occurred on both days. This was addressed in the communication sent by James Gore to all candidates on 2nd March 2020, so I will not deal with this further in my reply. I was really pleased to hear the positive comments made by candidates about the organisation of the examination. However, in response to the issue raised by one candidate around reasonable adjustments, the policy and process for these is clearly shown on the Faculty website, but if you feel this is potentially unfair in particular circumstances, I would very much like to hear more about the specific case in order to determine whether any changes might be warranted.

For Paper 1, I was pleased to note that candidates felt that the structure of the questions was regarded positively and that candidates generally felt this helped in structuring their answers. I also note that some felt that multiple sub-sections could sometimes lead to very brief answers and/or repetition. Paper Ib questions 9 and 10 were given as examples of this, though in both cases, the sub-sections served to lead the candidate through a topic in a logically ordered fashion. As emphasised in the examiners' comments published after every exam sitting, candidates should be guided on the amount of detail needed by carefully reading the question phrasing and noting the proportion of marks allocated to any one sub-section; as in all papers, there are clear examples of where both brief and in-depth answers are required and candidates should allocate their efforts and time accordingly. Finally, we do not accept that question 4 focused on a rare topic – indeed, this issue is frequently encountered and presents a challenge to Public Health systems in all parts of the world.

For Paper IIA, we believe the article was a good example of the type of published evidence that those working in Public Health need to be able to critique and draw meaning from. In addition, the follow up questions addressed activities that we believe are core to Public Health practice. As such, the Paper was a fair test of the skills required when working in Public Health. However, we are currently working on releasing some additional example Paper IIA questions to further support those preparing for the examination.

For Paper IIB, we are sorry that one question had to be removed after review. This action is only taken after careful review of all psychometric data, markers' comments, and consultation with our external

educational consultant and the full Board of Examiners. In doing this, we always ensure that no candidate is disadvantaged. From your letter, this question clearly attracted a lot of comment from candidates and we agree that it was overly complex and on reflection contained elements of double jeopardy. However, I would take issue with the comment that the formula required did not agree with that normally taught. I would emphasise that it is much more important to fully understand the concept being tested than memorise one particular way of describing a formula. Similarly, I was sorry to hear that some trainees felt that questions in this paper did not cover enough of the syllabus and that they felt the way in which data were displayed was unclear or almost designed to 'trick' candidates. Any paper inevitably only samples from a syllabus and we are careful to ensure coverage is achieved over time. In addition, there are multiple quality assurance steps and checks between drafting a question and it being used in a sitting to ensure what is presented is readable, clear and understandable. Finally, I understand that some trainees feel that this paper is too time pressured given the skills being tested, and is therefore not reflective of real life public health practice. This is an issue we can take forward at the Diplomate Development Committee and it will be good to air trainees' views and discuss this further.

Your final points relate to the possibility of computer-based testing, more specific and detailed feedback, availability of specimen papers and the cost of the examination. We have responded extensively to computer-based testing in the past, and I would refer trainees to previous responses on this topic. Our closed bank of questions does not allow us to discuss individual question content feedback and examiners' comments, but as described above, I am pleased that we will soon be expanding the amount of specimen materials available on the Faculty website. Finally, regarding cost, the two papers constitute a single assessment, and as such, one fee is payable. The Diplomate examination is run on a cost-neutral basis and as most of the costs are fixed, they do not depend on the number of papers an individual candidate needs to sit.

Yours sincerely,



Dr Derek Ward

Chair of Examiners