

Fatai Ogunlayi
Vice Chair of the
Speciality Registrar Committee



**FACULTY OF
PUBLIC HEALTH**

21st January 2022

Re: SpR Feedback on DFPH examination, October 2021

Dear Fatai

Thank you for your detailed letter received 25th November 2021 collating and summarising feedback received from your colleagues on the most recent sitting of the DFPH examination.

It was really pleasing to see the positive comments on the organisation of the exam, highlighting the work that Faculty officers do to ensure candidates receive the best possible experience, and it was also good to see that SpRs are broadly supportive of the online platform now being used for delivery. However, your letter rightly also highlights areas of concern and potential learning, and I will deal with these now in turn.

Online platform:

We are aware from the Faculty's own candidate feedback that there has been some inconsistency in the experience of invigilation. This is an important issue to ensure fairness for candidates, and for our own quality assurance, and therefore this is being taken up actively by the Faculty with the online provider. Thank you for raising this point. We will also highlight the autosaving function of the online platform to future candidates.

Exam timing:

We were a little surprised to see concerns raised over the time allocated to complete each paper; previous concerns by SpRs over the time available for Paper IIB have been addressed through additional time being added to the paper, and the switch to typing on screen as opposed to writing by hand also reflects past SpR feedback on the relative speed of each approach. This issue is monitored through the Faculty's own candidate feedback process, which has also not identified any concerns, however we will continue to keep this issue under review.

Paper I

There were several comments raised about the breadth of coverage of the syllabus and the depth of knowledge required to answer some questions. However, given that the Paper consists of ten questions only, the choice of material will always represent a very small sample of the full syllabus. The Paper is blueprinted against both the individual syllabus sections and broad Public Health topic areas, so that coverage is achieved across multiple sittings. In addition, examiners develop new questions in full knowledge of the questions asked over a number of years in order to address key gaps as necessary. In addition, it is probably inevitable in a Public Health examination that an informed member of the public would be familiar with many topic areas, However, it is important that candidates understand that addressing the mark scheme and passing the question will require knowledge and application at a specialist level, and this is also true when the questions are divided and the numbers of answers to specific sub-questions are constrained.

In response to the other feedback in this section addressing specific questions, I can confirm that the one mentioned was explicitly linked to the syllabus (as required for all questions) and there was no evidence in the marking that candidates had misunderstood the other question described as potentially 'confusing'.

Paper II

I was pleased to see that no specific issues were raised regarding Paper IIA. For Paper IIB, we are aware that one candidate raised issues regarding the online calculator, and we have confirmed with the online platform provider that this is working correctly. As you say, there are active discussions about the use of a separate formula sheet, and if agreed, the Faculty will involve you (as SpR representative) in any subsequent proposal.

Other issues raised

Similarly to the point above, the overall examination structure, and whether Paper I and Paper II should be regarded as separate assessments is being discussed by the Faculty. It is important to note that there are a number of potential downsides to this approach, including the risk of introducing additional hurdles into the training scheme that would not, I suspect, be welcomed by SpRs or Programme Directors. Again, the views of SpRs will be reflected in the ongoing discussions and any subsequent proposals.

We hope to return to the issue of Past Papers in the upcoming year with a view to reviewing the materials currently available and deciding whether additional materials can be published. We have been able to increase the number of Paper IIA and IIB questions available to view in recent years and I would hope we could do the same for Paper I in time. It must be remembered that we do make use of a bank of past questions to ensure we have sufficient coverage of the syllabus and consistency across sittings, so this will require some further discussion and agreement.

Finally, we are acutely aware of the stress that current SpRs are working under; indeed the majority of examiners also work in service-based settings and have been similarly impacted by the pandemic and the enormous strains put upon the Public Health systems in the UK. However, we must also recognise that we cannot make any change to the standards expected of those progressing through training schemes and the General Medical Council rightly require and expect a robust test of knowledge in the early phases of training. This means DFPH is inevitably a high-stakes assessment, and therefore a stressful experience for candidates, though we are happy to consider any suggestions for improvements to delivery that may alleviate this to some degree.

Thank you very much again for your helpful feedback and comments and hope that this response combined with the formal Exam feedback document prove helpful to you and your colleagues.

Yours sincerely,



Dr Derek Ward
Chair, DFPH Examiners