



# Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

## Examiners' comments – Feedback to Candidates

### June 2017 Part A MFPH Examination

This feedback gives general points to support candidates preparing for each section of the exam in future sittings. All comments are intended to be helpful rather than prescriptive. Feedback is based on comments received from all the examiners who marked the June 2017 sitting, and therefore covers all papers and questions. Comments from the Chair of Examiners are also included. These indicate general points to support candidates preparing for future sittings.

All questions included in the June 2017 exam were marked according to pre-agreed mark schemes. Prior to the January 2017 sitting, examiners marked to key points with a pass mark set at 50%. Typically the majority of key points were required to achieve a pass score. Since the January 2017 sitting, examiners have marked according to detailed mark schemes whilst being unaware of the pass mark for each question, which are set separately by our examiner standard setting group\*.

Candidates should be aware that mark schemes will always be used with discretion by examiners, so that answers that do not fully fit the model answer/or mark schemes are judged in terms of their relevance and overall fit with the question asked. Our double-blind marking (i.e. two examiners marking independently) allows such answers to be marked as fairly as possible.

Candidates are encouraged to review the Frequently Asked Questions (particularly Section 12 onward, which covers preparing for the Part A examination) and also the Part A Syllabus. Both are available on FPH website.

Frequently Asked Questions:

[http://www.fph.org.uk/frequently\\_asked\\_questions\\_about\\_the\\_part\\_a\\_exam](http://www.fph.org.uk/frequently_asked_questions_about_the_part_a_exam)

Part A Syllabus:

<http://www.fph.org.uk/uploads/Sept%202013%20Part%20A%20Syllabus.pdf>

\*For further details on this standard setting process – please see the information available on the FPH website here: [http://www.fph.org.uk/part\\_a\\_development](http://www.fph.org.uk/part_a_development).

## Descriptors for Papers I and IIA

Each question for Paper I is of equal value and is marked out of 10. As pass marks vary now the following is only a guide.

Mark awarded in relation to pass mark	Category
+3-4	Excellent pass
+2	Good pass
+1	Clear pass
0	Borderline pass
-1	Borderline fail
-2	Clear fail
-3	Bad fail

Paper IIA is marked out of 50.

Mark awarded above pass mark	Category
+15	Excellent pass
+5-10	Good pass
+1-4	Clear pass
0	Borderline pass
-1	Borderline fail
-2 to -4	Clear Fail
-5 to -20	Bad fail

Summary statistics for the sitting are included on the FPH website:

[http://www.fph.org.uk/part\\_a\\_results\\_and\\_feedback#results](http://www.fph.org.uk/part_a_results_and_feedback#results)

## **Paper I**

### **Question 1**

This question asked for the key features of well-known techniques used in certain study designs, and to describe an advantage of using the technique in relation to a named alternative. In general, the question was answered clearly and comprehensively. However, marks were not awarded for responses that did not directly address the question (e.g. providing detailed operational notes of how to conduct the technique in practice) and some candidates wrote superfluous detail (e.g. reciting information provided in the question), could not articulate an alternative approach (and hence an advantage), or confused different technical terms.

### **Question 2**

In this question, candidates were required to define and provide an example for key epidemiological concepts, the data required to address these concepts (and the potential difficulties inherent in these sources), and how these concepts may be relevant to public health practice. In general, the questions appeared straightforward for the majority of candidates, though some struggled to identify relevant sources of data or were not able to state their limitations. Candidates should also be careful to balance their responses to the proportion of marks allocated to each part of the question; in some cases, candidates wrote a great deal of text for just 20% of the total marks.

### **Question 3**

This question required candidates to describe the epidemiology of a condition and then outline the opportunities for its prevention. Candidates were generally strong in describing the epidemiology, with those using a clear structure scoring especially highly. Those scoring less well focussed excessively on the clinical detail of the condition, were unable to distinguish clearly between levels of prevention or missed a section out completely.

### **Question 4**

This question focussed on an environmental hazard and the preventative measures that should be included in planning to mitigate its impacts. Most candidates scored well on this question, particularly those who used a clear structure, and therefore did not miss any key issues from their answers. Poorly performing candidates focused on short-term impacts only and did not consider the importance of multiagency working.

### **Question 5**

This question considered an important aspect of data handling for public health purposes. While some candidates were able to score very highly in this question, others struggled because they failed to provide any detail on data requirements, were not able to give any clear examples from practice, or because they had confused ideas on this particular topic.

### **Question 6**

In this question, candidates were asked to consider a scenario relating to data on their locality and then offer explanations for the data findings and methods to investigate the issue further. Candidates who were able to offer detailed explanations rooted in real-life public health practice scored most highly whereas those who could only provide very general or non-specific answers did not. In addition, candidates who could not clearly describe different methods to analyse the data also struggled.

### **Question 7**

This question asked candidates to define two commonly used health economic concepts, and then describe their advantages, disadvantages and use within health services. Many of the marks could be achieved through providing straightforward and clear definitions, thereby avoiding lengthy (and sometimes partial) explanations. Candidates who scored less well typically provided answers that lacked specific and relevant detail, or were unable to clearly describe how these concepts can be applied in real-world settings.

### **Question 8**

This question asked candidates to consider health and healthcare in a specific disadvantaged setting. Answers that provided a structure or a theoretical sociological basis scored much more highly than those who simply listed issues without providing any detail, provided answers that were not specific to the setting or population, or repeated information across different sections.

### **Question 9**

Candidates were asked to consider an aspect of team working in this question, thinking about its impacts and ways in which team working could be improved. Candidates who scored well were able to draw on a number of different management models and techniques, and consider a range of different factors operating at different levels. Candidates who scored poorly did not specifically answer the questions being asked and were not able to apply their answer to a healthcare setting (as requested).

## **Question 10**

This question asked candidates to consider a topical and key aspect of management within a healthcare organisation. In general, candidates provided good answers and scored well, particularly those who considered a variety of different strategies. However, some candidates did not apply their answers to the specific setting or did not describe how techniques might be applied (in addition to just listing them), and these candidates received less credit for their responses.

## **Paper IIA**

In general, this paper was less well answered overall than Paper I. Almost all candidates did well in keeping their first answer within the word limit imposed, however many candidates used a very generic critical appraisal format and did not really focus on the key strengths and weaknesses of the paper (instead including commentary on unnecessary aspects of the study). Some candidates also lost marks as they were unable to define and explain a relevant statistical term. Separately, many candidates struggled to demonstrate practical knowledge of dealing with public health issues. In particular, some did not properly consider the broader public health aspects of the issue raised by the paper in their response to a local politician (instead focussing excessively on summarising the paper's findings) and a significant number of candidates did not demonstrate that they knew how to prepare for a media interview. Those candidates who scored well on the final section did this through identifying and emphasising the key messages that they would want to deliver to a wider audience.

## **Paper IIB**

In contrast, to Paper IIA, most candidates performed well on this paper, with most able to perform and interpret the calculations and statistical tests that were set. Some candidates produced less focussed answers that did not directly and concisely address the question(s) being asked, and these did not attract as much credit. In addition to reading and answering the question thoroughly, candidates should note the number of marks allocated to each section, and tailor their answer accordingly, ensuring that they include sufficient points to attract full credit, and show intermediate steps in calculations to ensure that they fully demonstrate their understanding. Finally, candidates should be aware that if a question asks for a specific number of examples, then listing many more examples does not attract extra marks – only the relevant number of responses may be considered by the examiners in this context.

## **Chair and Deputy Chair of Examiners' Comments**

In common with many previous sittings, candidates who did well adopted a clear structure in their answers, directly addressed the specific questions being asked, and applied their knowledge to public health practice using focussed and appropriate real-world examples. Candidates should always ensure they read each question thoroughly and note how the marks are distributed between different sections. In addition, in preparing for this exam, candidates are advised to ensure they can define common terminology and concepts from all parts of the syllabus, practice their examination skills, and be able to apply their knowledge and skills in a public health context. The latter is particularly important for Paper IIA, where being able to synthesise the key issues raised by a research paper and being able to identify and communicate key public health messages to a variety of audiences is required for a pass.