



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

January 2018 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 January 2018 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 January 2018 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.

*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.

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](#)

Paper I

Question 1

This question asked candidates to identify a study type, comment on its strengths and weaknesses, then interpret some results and explain how those could be further explored. Most candidates were able to demonstrate sufficient knowledge of the research design but applying that knowledge to the example (both in terms of the study design and in terms of the results shown) proved more challenging to candidates. As a result, less than half of candidates passed this question.

Question 2

This question was on a different form of research design. In general, this was answered somewhat better than question 1, with almost 2/3 of candidates providing passing answers. In this case candidates were better able to explain the challenges of the research design than articulate why this research design was appropriate in the example given.

General points relevant to questions 1&2: candidates are encouraged wherever possible to provide specific (and not general) answers, referring repeatedly to the scenario provided in the question, where such a scenario is given.

Question 3

This question examined candidates' knowledge of a key environmental determinant of health and its potential health impacts. The second part of the question explored methods to control or limit the health impacts described. Overall, the majority of candidates (>70%) performed reasonably well and passed this question. Better scoring candidates had more comprehensive knowledge of the environmental determinant in question, described short and long term health impacts, targeted their actions to key elements of this environmental determinant of health, and considered a range of responses including legislative, fiscal, etc. Less well scoring candidates struggled to identify specific health impacts.

Question 4

This question focussed on a key health promotion concept and why it proves difficult to employ with reference to a common public health problem. In general, candidates performed very well at this question. A variety of approaches to the concept were provided, both well established, and newer models. Generally, these were well described. Better scoring candidates did not just describe a model, but also explained the circumstances under which it was most likely to be relevant.

Question 5

This question considered an important aspect of data indicators for public health purposes. Candidates then had to give examples, with strengths and weaknesses. Candidates tended to perform extremely well at this question with many high scoring answers provided. Very few candidates struggled on this question.

Question 6

This question explored knowledge of definitions and understanding of key population summary statistics, and an explanation of what a low value implied and its effect on the population. Again, this question was very well answered, with many good answers provided, though fewer candidates passed this question than question 5. Some candidates struggled with the definitions, or did not provide sufficient precision in their definitions.

Question 7

This question asked candidates to describe the main characteristics of an important concept in health sociology. Candidates were then asked to explore arguments around how health practice is professionally organised. This proved a particularly difficult question, with few candidates demonstrating sufficient knowledge to pass. Candidates struggled to define the terms used in the question. Examiners noted that planning answers more thoroughly would have helped candidates structure their responses more clearly.

Question 8

This question asked candidates to define and describe three core concepts in health economic analysis, with application to relevant public health interventions. Generally this was better answered than question 7, with more knowledge shown, and just over half of candidates exceeded the pass mark. Better candidates structured their answers and demonstrated thoughtful understanding of the question posed. Some candidates illustrated their examples with graphs, and explained these correctly within their answers, helping them to score well. Several candidates failed to note that the last question was weighted more highly than the two previous sections (40% vs 30% and 30%) as there was more content to be described than in elements (a) and (b).

Question 9

Candidates were asked to consider a topical and key aspect of healthcare management within a healthcare organisation, explaining its importance, and how to improve its delivery. This was a very well answered question that almost all candidates passed. Many good answers were provided.

Question 10

This question asked candidates to describe various common management terms or tools for identifying personal or team attributes/roles. Again this was a well answered question with the majority of candidates demonstrating good, or very good, knowledge.

Paper IIA

In general, this paper was answered well overall. Almost all candidates did well in keeping their first answer within the word limit imposed.

Whilst most candidates handled the time allocation well, some appeared to have spent too much time on Q1 and 2 and then did not allow enough time for Q4. Indeed, some candidates wrote two pages on question 2 (worth 5 marks) which almost certainly put pressure on their answers to questions 3 and 4.

Candidates generally displayed a good understanding of critical appraisal and a very good understanding of the statistical concept explored. In terms of critical appraisal some candidates focused too much on strengths, and insufficiently on weaknesses.

Questions 3 and 4, which investigated the public health application of the topic, were generally answered considerably less well than questions 1 and 2. As in previous years, candidates struggled to identify relevant wider public health messages which could be conveyed, or to describe wider challenges faced in this specific area.

Question 4 involved the press, where the ability to be clear and succinct is particularly important. This inevitably needs some planning when answering, in order to score well.

Good candidates considered the issue in the context of its cost, benefits, limitations, and health equity, but also considered broader issues of lifestyle, etc.

Paper IIB

With the exception of question 5 (which was removed), most questions were answered reasonably well. Whilst most candidates could complete the questions within the time allocated it was clear that some were rushing towards the end. Good time management is critical, as each question (i.e. 1 to 5) is equally weighted. Calculation questions seemed to cause particular challenge. Examiners advise candidates to write concisely, and avoid providing unnecessary detail where that is not requested (you should be strongly guided on the amount of detail required by the breakdown of the marks to be awarded).

Chair and Deputy Chair of Examiners' Comments

Overall, many candidates performed well at this examination with good overall pass rates observed.

Many examiners commented on the importance of candidates recognising the relative weighting of marks between questions. Better candidates answer with the breakdown of marks in mind.

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.

As always, 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 (often beyond those narrowly described by the paper's authors) to a variety of audiences, is required for a pass.

Candidates should also bear in mind that their scripts need to be read by examiners, and so should take care over their handwriting. Examiners make great efforts to read candidates scripts, but helping them by writing clearly is sensible. Writing for up to (or beyond for those with extra time) 2.5 hours is tiring both mentally and physically. It is well worth preparing for that through timed practice exam opportunities (either formal or informal). Finally, candidates are also advised not to write below the final line of the answer-booklets, as these are photocopied before being marked, and that final space relies on good positioning of booklets when they are photocopied.