

**MFPH question template**

**MFPH TITLE**

**CANDIDATE PACK**

Candidate task

Insert text. One line each for:

* What roles the candidate and role player have.
* What the topic is.
* What the candidate has to do.

Then for all in this section:

You have eight minutes to prepare for the station. You are not required to prepare any visual aids. You will then spend eight minutes discussing the task with an actor. You may use paper notes to aid your verbal briefing.

Outline of situation

Insert text. Main body of the situation description here.

Candidate guidance

Insert text. Short summary of what is required by the candidate. Keep the guidance at high level and not too prescriptive.

### At the station

You will be greeted by a marker examiner who will take your candidate number and name, and then hand over to the actor/role player by saying:

“This is the [ ]. They will now start the station”.

Candidate Briefing Pack

Provide all necessary briefing material.

Do not include too much – two sides maximum usually.

If possible, avoid copyright problems by constructing your own data and/or graphs

DH, NICE, PHE and Royal College material doesn’t require copyright, as FPH have blanket permissions. Précised summary material from published work is usually OK but any journal cut and paste text falls under copyright. **If in doubt, indicate there may be an issue and FPH will follow up.**

**MFPH TITLE**

**MAIN MARKER**

**EXAMINER PACK**

Examiner situation

You will greet the candidate and record their candidate number and name and then hand over to the actor by saying:

“This is the [ ]. They will now start the station”.

Examiner Answer guidance

This scenario examines the candidate’s ability to:

* Xxx
* xxx

**Examiner briefing pack** (these will be inserted by the Faculty office)

Candidate pack, Actor briefing pack

**This is also the section where additional material that is needed by the examiner to mark fairly but is not being shared with the candidate will be inserted**

**SPECIFIC MARKING GUIDANCE**

The marking grid must link clearly to the scripting of the question.

Each box must specify how an average, good or poor candidate will perform:

For example, an average candidate:

* mentions the fact that the result is not significant
* is clear there is insufficient information to form a conclusion etc.

The “good” category builds on the “average” i.e. a good candidate achieves all of average, as well as what is stated in the good.

Try to avoid having a long list of criteria and stating the number a candidate has to cover to be good, average or poor

Marking is commensurate with the level of the candidate i.e. post part A not Consultant level.

Section 3 marks the candidate’s ability to elicit the key facts/conclusions to be determined form the evidence presented

Section 4 marks the candidate’s ability to expand on the data, apply conclusions to the real world, develop arguments beyond what is presented etc. e.g. identifying a finding could be due to chance/not standardised, requiring a specific action in response to an outbreak, any implementation issues that arise

Section 5 marks the candidate’s ability to demonstrate sensitivity in handling uncertainty, the unexpected, conflict OR in responding to challenging questions. It does not have to assess all four aspects.

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| **GENERAL MARKING CRITERIA FOR THE MFPH EXAMINATION** |
| **COMPETENCY** | **GRADE** | **CRITERIA** |
| **1** – The ability to demonstrate presenting communication skills (verbal and non-verbal) appropriately in typical public health settings | A(Excellent) | As B, plus demonstrates superior presentation skills: concise, articulate and persuasive. Conveys confidence and appropriate demeanour for scenario. Clearly engages with audience. |
| B(Good) | As C, plus above average presentation skills. Demonstrates confidence and understanding of the nature of the audience.  |
| **C(Satisfactory)** | **Avoids jargon – Is clear – Appropriate language for the audience – Maintains eye contact – Appropriate manner for the scenario – Demonstrates empathy and politeness.** |
| D(Not satisfactory) | Gross failure of one criterion of C or minor failure on two. Presents clearly, but fails to show empathy or demonstrate an appropriate manner for the scenario or shows empathy and appropriate manner but presentation is muddled and not clear. |
| E(Poor) | Gross failure of more than one criterion of C or minor failure on more than two. Inarticulate. Tends towards impolite or patronising. Failure to understand nature of audience. |
| **2** – The ability to demonstrate listening and comprehending skills (verbal and non-verbal) appropriately in typical public health settings. | A | As B, plus demonstrates complete understanding of questions and the situation. Anticipates further questions. |
| B | As C, plus answers totality of questions. Demonstrates understanding of concerns. |
| **C** | **Listens and responds appropriately – Manner of responses appropriate to scenario.** |
| D | Gross failure of one criterion of C or minor failure on two. Shows understanding but does not directly or appropriately answer questions. Demonstrates distraction or irritation at questions or lack of understanding for concerns. |
| E | Gross failure of more than one criterion of C. Failure to understand questions and respond appropriately. Inability to follow discussion. |
| **3** – The ability to assimilate relevant information from a variety of sources and settings and using it appropriately from a public health perspective | A | As B, plus evidence of extensive background knowledge. Demonstrates superior public health skills relevant to the scenario. |
| B | As C, plus evidence of additional and appropriate knowledge. Demonstrates additional practical public health skills relevant to the scenario and/or additional analysis of the information presented. |
| **C** | **Shows sound knowledge by assimilating the key public health facts from the data provided – Satisfactorily explains the appropriate key public health concepts – Applies relevant knowledge to the scenario.** |
| D | Gross failure of one criterion of C or minor failure on two. Shows some, but not all of the relevant knowledge and/or partial application of that knowledge. One error as defined by specific marking guidance. Candidate also demonstrates some lack of understanding of the data presented. |
| E | Gross failure of more than one criterion of C or minor failure on more than two. Serious misinterpretation of the data presented. Makes serious errors as defined by the specific marking guidance. No demonstration of the proper application of public health principles. |
| **4** – The ability to demonstrate appropriate reasoning, analytical and judgement skills, giving a balanced view within public health settings.  | A | As B, plus demonstrates superior analytical and judgement skills relevant to the scenario. Provides innovative and or local examples relevant to the scenario demonstrating superior application skills.  |
| B | As C, plus demonstrates additional practical public health skills relevant to the scenario and/or added insight based on a combination of knowledge, experience and the data presented. |
| **C** | **Demonstrates appropriate reasoning, analytical and judgement skills – Satisfactorily interprets and balances evidence – Provides clear explanations of appropriate key public health concepts – Applies relevant knowledge to the scenario.** |
| D | Gross failure of one criterion of C or minor failure on two. Shows some, but not all of the relevant knowledge and/or partial application of that knowledge. Unclear explanations. Demonstrates bias and/or limited reasoning, analytical or judgement skills. One error as defined by specific marking guidance. |
| E | Gross failure of more than one criterion of C or minor failure on more than two. Serious errors in explanations or no explanations and/or lack of understanding. Demonstrates poor/no reasoning, analytical or judgement skills. No balance in the interpretation of evidence. Makes serious errors as defined by the specific marking guidance |
| **5** – The ability to handle uncertainty, the unexpected, challenge and conflict appropriately. | A | As B, plus demonstrates confidence and empathy in responding to challenging questions. Successfully addresses or anticipates concerns that are raised. |
| B | As C, plus demonstrates sound appreciation of the concerns and difficulties involved. |
| **C** | **Responds to confrontation and challenging questions in sensitive manner appropriate to the situation – Non-confrontational – Acknowledges uncertainty – Demonstrates a balanced style.** |
| D | Gross failure of one criterion of C or minor failure on two. Demonstrates uncertainty when challenged. Fails to fully appreciate the concerns and difficulties presented by the scenario. |
| E | Gross failure of more than one criterion of C or minor failure on more than two. Candidate displays uncertainty and lack of clarity in responding to questions. Confrontational or patronising. Fails to address concerns raised. Muddled and self-contradictory responses. |

**Marking Guide for Examiners**

Specific marking guidance is carefully prepared to indicate to you when a candidate should fail (or excel) at a particular competency based on core material from the scenario. However, we recognise that we cannot anticipate all possible candidate responses. If a candidate says something that in your view merits a fail (or indicates excellence) on that competency or station that we have not explicitly included in the marking guidance, it is important that you do then mark the candidate as a fail (or indicate excellence). In that situation, you need to operate outside the specific marking guidance but please detail the issue in the examination feedback.

1. Has the candidate appropriately demonstrated presenting skills in a typical public health setting (presenting to a person or audience)?

|  |
| --- |
| DO NOT CHANGE OR ADD TO THIS SECTIONAvoids jargon. Is clear. Appropriate language for the audience. Maintains eye contact. Appropriate manner for the situation. Shows empathy. |

2. Has the candidate appropriately demonstrated listening skills in a typical public health setting (listening and responding appropriately)?

|  |
| --- |
| DO NOT CHANGE OR ADD TO THIS SECTIONEnsures actor questions are answered appropriately. Answers totality of the question. Manner of response appropriate to actor scenario. |

3. Has the candidate demonstrated ascertainment of key public health facts from the material provided and used it appropriately?

|  |
| --- |
| An average candidate:* xx
* xx etc

A good candidate:* xx
* xx etc

A poor candidate:* xx
* xx etc
 |

4. Has the candidate given a balanced view and/or explained appropriately key public health concepts in a public health setting?

|  |
| --- |
| An average candidate:* xx
* xx etc

A good candidate:* xx
* xx etc

A poor candidate:* xx
* xx etc
 |

5. Has the candidate demonstrated sensitivity in handling uncertainty, the unexpected, conflict and/or responding to challenging questions?

|  |
| --- |
| An average candidate:* xx
* xx etc

A good candidate:* xx
* xx etc

A poor candidate:* xx
* xx etc
 |

**MFPH TITLE**

**ACTOR/ROLE PLAYER BRIEFING PACK**

Station background

Usually all that is required here is to write ‘As candidate briefing’.

Actor/Role player Brief

Insert text

Determine whether an actor or examiner role player should play the part based on:

* The person portrayed
* The role they play in the scenario
* The additional information they need to have to respond to the candidate beyond what is scripted

Thus:

* A parent angry about the information they have received about a school outbreak should be an actor
* A commissioning manager who wants to know how to deal with a failing service should be an examiner role player

Some roles might suit either:

* A journalist wanting information on what to include in a story
* An inexperienced manager receiving a tutorial on an epidemiological concept

Scripts for actors in particular need to be written in lay terms, with technical explanations as appropriate.

The introduction section explains the role being played and should provide a background context for the actor/role player. It might include information not known to the candidate. It might state e.g.:

* what the role player/actor wants to get from the candidate
* what outcome they are hoping for
* the time pressure they are under to complete a task
* they have been given a job they feel unskilled in and want to avoid as much work as possible
* how happy/unhappy they are to be talking to a public health professional

The next section is the SCRIPT of the scenario.

Usually it starts with an introductory question such as

“Thank you for coming to see me. Perhaps you could explain what is going on here?”

Then up to a further five questions scripted to bring out the required facts and issues from the candidate pack that lead the candidate to be able to demonstrate the required competencies.

The questions can be ”checking “questions so that if there has been a “tell me all we know about x” question and the candidate misses a crucial area, the question can be asked “but what does data x mean”.

The questions ideally need to flow on from each other so as to mimic a real conversation as far as possible. Avoid scripting a question starting with “at the one minute warning” as this can insert an artificial timing aspect that helps neither the candidate nor the role player/actor

Some scenarios benefit from a summing up question at the end e.g. “ so can you just recap what we should be doing to improve cycling uptake and who needs to be involved?”

**Any ‘no go’ areas**

Insert text

Usually only related to technical/scientific issues

**Level of conflict**

Insert text

High medium or low

Advice might be needed about when to up the ante or back off depending on the response and designed to reflect a likely real situation.