



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 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 June 2018 sitting, and therefore covers all papers and questions. Comments from the Deputy Chair of Examiners are also included. These indicate general points to support candidates preparing for future sittings.

All questions included in the June 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 (for further details, please see the [FPH website](#)).

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 information on the structure of the Part A examination and advice on preparation available on the [FPH website](#). Candidates should pay particular attention to the Part A syllabus.

[Summary statistics](#) for the sitting of the Part A examination are also included on the FPH website.

Paper I

Question 1

This question asked candidates to interpret numerical information and comment on the measurement of an issue of public health importance. Candidates generally performed well on this question, with more focussed answers scoring particularly highly. Extraneous details that were not requested and repetition of information already provided in the question did not attract credit.

Question 2

Again, this question was generally well answered, with candidates asked to provide information on some key statistical tests and their application. As for other questions, the highest scoring answers included examples with clear public health relevance. Where candidates were unsure, and listed several (sometimes contradictory) test assumptions, credit was not given.

Question 3

This question examined candidates' knowledge of a key health protection issue and the principles of preventing harm. Some candidates scored poorly through providing incorrect information, however the majority performed adequately. Good candidates were able to discuss measures to protect the public at a variety of levels, including high level oversight and governance arrangements in addition to the technical aspects of health protection practice.

Question 4

Candidates performed very well in this question, which required them to describe the epidemiology and prevention of a disease of public health importance. Better scoring candidates were able to describe prevention measures at multiple levels in a structured way, as well as link these to socioeconomic inequalities.

Question 5

This question asked candidates to consider the use of two data sources in the context of a specified common public health activity; a number of candidates focused on how they would perform the activity and not the data sources (as they were asked to do), and hence scored poorly. Good candidates were able to show detailed knowledge of these data sources and explicit about how they would be used in this application. Missing this last step was a common reason why some candidates scored less well.

Question 6

This question asked candidates to consider a particular data source that is frequently used for public health purposes, describe how the data are generated, and identify key limitations to its use. In general candidates scored well, particularly those who could confidently address all the points asked, but some did not clearly allocate their time in proportion to the split of marks between the different sub-sections of this question.

Question 7

This question asked candidates to describe and provide examples for some fundamental sociological concepts. Overall, this question was reasonably answered by candidates, but some could not articulate clear definitions or provide convincing examples relevant to public health.

Question 8

Candidates generally performed well in this question, the majority could clearly define the concept being discussed, and many linked this to relevant theory. In addition, most candidates could offer a range of plausible ways the impact of the concept on health could be mitigated.

Question 9

This appeared to be a straightforward question for candidates to answer; it asked for a description and discussion of a common management technique. Some candidates appeared to spend a long time providing information on potentially related management theory or application, but this did not always address the specific question being asked, so did not attract credit. Focused, succinct answers generally scored better.

Question 10

This question asked candidates to consider approaches to addressing an important public health issue. Well-structured answers scored well and emphasised the importance of taking a broad approach that reached well beyond health services. Answers that suggested management tools or techniques that were not well fitted to the task, or were very generic and superficial, did not score well.

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 and it appeared that most candidates had allocated their time appropriately between questions.

Candidates generally displayed good skills in the critical appraisal of the paper, though some were presented as a simple checklist rather than providing a clear discussion of strengths, weaknesses and findings; these candidates scored less well. Similarly, repeating information from the paper without further critical thought did not attract credit.

Question 2 was not well answered, and many candidates appeared not to have sufficient statistical knowledge to respond.

Questions 3 and 4, which investigated the public health application of the topic, were also generally answered less well than question 1. Question 3 considered what further local data collection and analyses might be possible, and many candidates made unrealistic or greatly overambitious suggestions, or failed to consider which stakeholders to engage. Poorer candidates simply repeated information from the paper or their appraisal in their response to question 4, which did not address the question being asked. Good candidates showed an appreciation of the format in which the information should be presented in order to have the desired impact, and were also able to draw on broader knowledge to identify the relevant wider public health messages that could be conveyed.

Paper IIB

Most questions were answered reasonably well in this paper, and it appeared that most allocated their time appropriately, so were able to provide adequate answers to all five questions; good time management is critical, as each question is equally weighted. Some candidates lost marks through not addressing the specific question being asked, not being able to perform standard calculations, or not showing the steps taken to arrive at a numerical answer.

Chair and Deputy Chair of Examiners' Comments

Overall, many candidates performed well at this examination, particularly in Paper I.

As for most sittings of this exam, candidates who did well adopted a clear structure in their answers and focussed their responses; they carefully read and responded to the specific questions being asked; and they provided realistic and appropriate real-world examples relevant to public health practice.

Some candidates could not define common terminology and concepts from all parts of the syllabus, and some 'hedged their bets' in responses, listing everything they knew on a topic but not addressing the specific question being asked. These responses did not score well.

Applying knowledge and skills in a public health context is an important aspect of this exam, particularly so 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 (going beyond what is included in the paper) to a variety of audiences, is usually required for a pass. Candidates should think carefully about responding in an appropriate format, adapting this to address the question and get their message across.