Examiners' comments – Feedback to Candidates

January 2019 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 2019 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.

Summary statistics for the sitting are included on the FPH website

Paper I

Question 1

This question asked candidates to explain findings in a dataset, and potential reasons for those findings and how you could explore the findings further. Whilst this was a straightforward question and most candidates passed, several candidates struggled to link the data presented in the question with their answers. Many candidates missed the most obvious finding that was visible across all the data shown in the table, by instantly focusing on findings within the table on a line-by-line basis. Candidates are advised always to 'stand back' to observe data as a whole presented to them, before 'drilling down' in to the detail.

Question 2

This question explored a key question considered in any epidemiological study with reference to a recent health problem. Performance was below expected compared to other elements of this paper with particular issues around the application of the topic to the health problem specified. Candidates are advised, wherever appropriate, to use specific epidemiological terms/language such as 'risk factor', or 'exposure' and 'outcome' when constructing their answers.

Question 3

This question examined candidates' knowledge of the effect of a specific development and its potential health impacts. It was well answered by candidates with almost all passing, though few scored very high marks. The main area for improvement was for candidates to describe specific hazards, whilst also always considering the 'bigger picture' when addressing this type of question. Equally, candidates should avoid repeating answers between a question's sub-sections.

Question 4

This question examined a growing health concern and proved straightforward for most candidates. Again, candidates should take care not to repeat points between a question's sub-sections. Candidates should also ensure that key terms used in a question are fully explored/explained in their answers where that is prompted (as it was in this question).

Question 5

This question considered key health outcomes/indicators used for public health purposes. Candidates performed very well at this question. Very few candidates struggled on this question, but those that did were not clear about the detail of the outcomes' definition/calculation. It is very important that all candidates understand the difference between numerators and denominators.

Question 6

This question explored a topical screening topic. Despite its topicality, candidates performed somewhat less well than question 5 and some appeared to simply regurgitate answers from previous papers. Despite this, the pass rate on this question was high. Candidates should always consider wider, practical public health issues when answering questions on

practice/monitoring and should avoid sweeping statements. Candidates should also understand the impact of changes in prevalence on positive predictive values.

Question 7

This sociological question asked candidates about a key concept concerning society. Candidates performed reasonably well, with the majority passing and many including sociological theory, which was good. However, despite one component of this question attracting half the marks, few structured their answers well. Candidates who do include sociological theory (which is very positive) should always link their answers to the specifics of the question.

Question 8

This question asked candidates about a key health economic measure. This proved to be the hardest (least well answered) question in this paper, despite the topic being central to public health practice. Whilst most candidates could describe how the measure was calculated, far fewer could describe its use in practice, specifically linked to the area specified in the question.

Question 9

This management question was very well answered, with most candidates scoring very highly, and thus had a very high pass rate. Best performing candidates structured their questions well with good clear description given. A small minority of candidates gave vague, poorly structured, unclear answers which did not link to the examples in the question.

Question 10

This health system question was also answered extremely well, with generally high marks and a very high pass rate. Examiners stressed the importance of using clear examples to link answers to, which most candidates managed well. Some candidates drifted beyond the topic area that the question was focused on and this did not attract additional marks.

Paper IIA

In general, candidates found providing high quality answers to this paper on a screening intervention to be difficult. Questions were often answered in a very generic format as if following an answer framework, but not giving thought to the specific question and paper being appraised. So whilst candidates demonstrated knowledge of RCTs, and knowledge of screening, many struggled to bring those areas of knowledge together in respect to the paper presented. In particular, few seemed to comment on the very large size of this study and the persistent intervention effectiveness which have informed public health practice in a very significant way (the intervention is being implemented). The examiners commented that candidates should be encouraged regularly to read and critique public health studies in study groups – applying their skills to the papers they read – using the strengths and limitations sections (and any letter responses to the paper) to help check their own skill development, whilst also broadening their public health knowledge.

Qu. 2: Statistical methods question – was answered reasonably, though many answers were extremely brief, despite the high number of marks awarded to this section (10). Examiners encouraged candidates to be able to define a statistical term as a good starting point for their learning and understanding.

Qu. 3 of this paper was removed. Note: many candidates wrote a letter in response to this question, which was not asked for. Candidates are strongly advised to read each question carefully.

Qu. 4: again this question was not answered well, with many candidates spending too little time focusing on the specific issue raised within this question and instead spent too much time describing how to undertake a needs assessment (which was not prompted within the question), and/or setting up/constitution of a relevant working group (which was fine but in this case did not require huge detail e.g. inclusion of terms of reference) as opposed to how the programme described in the question was to be carried out.

Paper IIB

With the exception of question 4, 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.

Chair and Deputy Chair of Examiners' Comments

Overall, many candidates performed well in Paper 1 and Paper 2B. Overall pass rates were reasonable at this sit.

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 well. In this particular sitting, candidates struggled with paper 2A, where they often did not apply their knowledge of critical appraisal techniques and screening to the specific article examined. Formulaic approaches to appraisal are not sufficient in the context of this exam where we are seeking application of knowledge to the practice of public health.

This sitting several examiners commented on candidates' handwriting. Examiners make great efforts to read candidates' scripts, but helping them by writing clearly is sensible. We do understand that writing for up to 2.5 hours (or beyond for those with extra time) is tiring both mentally and physically. Therefore, it is well worth preparing for that through timed practice exam opportunities (either formal or informal). Finally, candidates are also reminded 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.