



Examiners' comments – Feedback to Candidates

June 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 June 2019 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 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](#) on the Faculty website (particularly the section that deals with preparing for the Part A examination) and pay particular attention to the examination syllabus.

*For further details on this standard setting process – please see the information available on the FPH website via this [link](#).

Summary statistics for the June 2019 sitting are also published on the [FPH website](#)

Paper I

Question 1

This question asked candidates to identify and comment on the strengths and weaknesses of a particular type of epidemiological study. In general, candidates performed well in this question, demonstrating good knowledge of study design. However, candidates should note that they need not restrict the number of appropriate examples they provide unless the question specifically asks for a specified number. Where no limit is specified, candidates may get credit for offering a full range of relevant responses.

Question 2

In the question, candidates were asked to describe the key features of two common procedures in epidemiology and public health research, and then provide a relevant public health example. While most candidates could define and explain the procedures, fewer could identify an obvious and clear-cut public health example, without which it was not possible to score highly. In addition, some candidates spent a long time explaining the process of how these procedures would be undertaken in practice rather than describing the key features, and this did not attract credit.

Question 3

Candidates were asked to describe the links between a key aspect of non-health policy and the health of the population in this question, tailoring their answers to the different contexts provided in the question. Most candidates answered this question well, particularly those who used a structured approach to ensure they took a very broad view and covered all aspects of the topic (including both positive and negative impacts on health). The candidates who scored less well answered this question in a more limited and narrow way.

Question 4

This question asked candidates to consider the epidemiology of a common health condition that carries a high burden of morbidity and mortality as well as the opportunities for public health interventions. Some candidates scored poorly by recounting a great deal of clinical information and detail rather than focusing on the epidemiology of the condition. Similarly, some candidates took a very narrow view of public health interventions, addressing only personal lifestyle issues, and these candidates also scored less well.

Question 5

In this question, candidates were asked to consider a rapidly growing issue and to discuss its implications for public health practice and population health along with appropriate examples. Candidates who scored highly provided well-structured and logically argued responses, and could illustrate these with clear examples. More limited answers focused only on the individual patient and clinician perspective and failed to consider the issue and its potential impacts from a population perspective. These answers did not score highly.

Question 6

In this question, candidates were asked to describe an important construct that is commonly used in health information, and then describe its applications and limitations. Most candidates knew something about this topic, but many struggled to describe all of its key features and elaborate on its uses and limitations. Candidates should ensure they have a good understanding of principles and applications of classification frameworks relevant to public health.

Question 7

This question asked candidates to consider a key health economic concept in a specific context relevant to public health. Some candidates produced clear, succinct and well-structured answers that demonstrated their understanding and scored highly without being overly long. Candidates who struggled had only limited health economic knowledge and were unable to apply this to the specific context of the question. Candidates should ensure they can define and explain all the economic concepts listed in the syllabus.

Question 8

Candidates were asked to describe the epidemiology of an important public health issue and then use sociological concepts to explore how the issue is patterned within society and how this impacts on the opportunities for public health interventions. In general, candidates performed well, with the strongest candidates citing relevant sociological theory and models. Some candidates appeared to have misread the question, describing sources of information available on the issue rather than how information could be used. Candidates are reminded to carefully read and answer the specific question that is asked.

Question 9

This question on a current issue in health service organisation and funding was generally answered well, with some candidates scoring extremely highly. Better candidates were able to both describe and justify the benefits and challenges of this topic in a mature and thoughtful way. Candidates performed less well if they simply described strategies for implementation rather than describing the benefits and challenges that were asked for in the question. A small minority of candidates did not appear to understand the question or had not come across the issue in practice, giving vague, poorly structured and unclear answers.

Question 10

This question asked candidates to consider two key concepts in health system funding, as well as identify their strengths, weakness and relevance to public health (with an appropriate example). Candidates who scored well were able to demonstrate their knowledge of a wide range of methods for funding allocation, and compare and contrast these in a critical manner. However, candidates who wrote a great deal of additional or irrelevant material did not gain additional credit.

Paper IIA

In general, many candidates performed well on this paper. The candidates who scored highly gave practical consideration to the published paper's findings, were able to put these findings into a wider public health context, showed insight into the political sensitivities that this topic would raise and considered how this would need to be managed in a real-world situation.

For question 1, candidates who scored highly had structured their answers and provided a thoughtful narrative about the paper and its relevance and implications for public health practice. However, some candidates wrote very formulaic answers based unthinkingly on a generic critical appraisal framework and did not really address the 'so what' element of the question (the key messages and implications for public health).

Question 2 was answered well by most candidates, but those who did less well commented only on one aspect of the methodological issue that was raised. Candidates need to think broadly about the practicalities of research and study design.

Question 3 was answered less well, with many candidates giving quite generic answers rather than considering the specific context of the question and the real-world issues and challenges that would arise.

Similarly, many candidates failed to score highly on question 4. Candidates should be aware that opportunities to communicate to the public via media channels also gives the opportunity to promote wider public health messages. Candidates need to think broadly and identify clear, understandable, brief and relevant points that they would like to see communicated to a wider audience.

Paper IIB

In general, Paper IIB questions were reasonably answered, but candidates should remember to carefully read each question to ensure they provide a specific answer to what is asked, be careful not to miss out sections from within individual questions, and use relevant questions as an opportunity to demonstrate wider public health knowledge, linking this to the specific scenario or dataset provided. Some candidates also appeared to run out of time in the final question. Finally, candidates should ensure they can define key research, methodological and statistical terms, and remember also to include workings and intermediate steps in calculations to ensure credit is given for this

Chair of Examiners' Comments

In general, pass rates and marks for this sitting of Paper I and Paper II were in line with historic averages. However, a number of candidates who failed Paper I did so because they failed to pass sufficient individual questions and demonstrate their knowledge across the breadth of the syllabus.

Candidates are reminded to consider their exam technique; to ensure they have understood and answer the actual question asked, and to consider their time management so that they are able to provide an adequate response to all questions rather than concentrating time and energy on some very long answers in detriment to other answers. 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 several questions, candidates were asked to provide examples of public health relevance, and scored poorly if they could not do this.

Again, several examiners commented on candidates' handwriting this sitting – and as such, I have repeated the comments made after the January 2019 sitting as follows:

“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.”

Note from the FPH Education and Training Team - August 2019

Please note that the exam has now been rebranded from Part A to the Faculty of Public Health Diplomate Examination (DFPH). The Part B exam has been rebranded to the Faculty of Public Health Final Membership Examination (MFPH). The new titles reflect a rebranding of the exams only. The syllabus for the exams remains the same and as such, successfully passing the Part A and Part B exams will be accepted as the same as passing the DFPH and MFPH exams.