Examiners' comments – Feedback to Candidates

January 2020 DFPH Examination

This feedback gives general points to support candidates preparing for each section of the exam in the future. Comments are intended to provide helpful guidance rather than be prescriptive. Feedback is based on comments received from all the examiners who marked the January 2020 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 the exam in future sittings.

All questions included in the January 2020 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. The use of 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 DFPH 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 January 2020 sitting are also published on the FPH website

Paper I

Question 1

In general, most candidates answered this question adequately, but there were few very good answers. Candidates were asked to interpret the results of simple statistical testing in a health research scenario, but some could not define straightforward terms and many struggled to explain the results in plain English. Candidates should ensure that they can define all research and statistical terms in common usage and ensure they can explain the key concepts that underpin them.

Question 2

This question asked candidates to describe the key aspects of a particular set of research methods and explain their strengths and weaknesses in relation to the scenario described. While most did reasonably well, few candidates demonstrated that they had a real in-depth understanding of the research methods and some did not clearly relate their answers to the scenario provided.

Question 3

This question asked candidates to consider the implications of particular forms of health testing for public health and healthcare services. Most candidates did well on this question, and those who scored particularly highly were able to draw on appropriate examples from real-world practice to illustrate their answers.

Question 4

Overall, this question was not answered well, with few candidates able to score highly. Candidates were asked to describe the key features and epidemiology of a condition of public health importance and describe the public health actions required in responding to an initial report. Candidates need to have a clear understanding of conditions important to public health practice and be able to adapt generic response templates to the particular situation described in the question.

Question 5

This question asked candidates to consider aspects of information governance and relate these to a particular scenario. All candidates should be able to describe the principles that underpin the collection and use of health information and then relate these to a defined situation; this is a core aspect of public health practice in all settings.

Question 6

In this question, candidates were asked to consider the importance of one element of information that is commonly collected by health and other public services. The rationale for data collection and then its use in public health practice was reasonably well described by most candidates.

Question 7

This was a straightforward question asking candidates to discuss a number of relevant sociological concepts, and most answered well. However, the examiners noted that those who scored highly were able to draw from an in-depth understanding of sociological theory and had planned their response, so that their text was logically ordered and well-structured. They had also related their answers to specific examples from real-world public health practice.

Question 8

This question was also answered well by most candidates, who were able to explain and discuss key health economic concepts. Candidates who scored particularly well were also able to articulate the key limitations to the approaches being discussed, and candidates should always consider both strengths and weaknesses in their responses unless directed otherwise.

Question 9

This question asked candidates to identify and describe an appropriate model from management theory, apply it to a defined scenario, and consider the difficulties that could arise in implementation. Candidates who made their choice of model explicit and those who adopted a structured approach to their answer generally scored well, while those who could not identify an appropriate model (or chose a model from a different and irrelevant area of management theory) did not score well.

Question 10

In this question, candidates were asked to consider an aspect leadership and management within a healthcare setting, and most managed to score reasonably well, mentioning an appropriate model in constructing their answers. However, some answers remained very general and did not address the specific context asked for in the question. Candidates must carefully read the question to ensure they are answering the question 'as asked' rather than relying on a very generic response to a topic.

Paper IIA

In this paper, the candidates who scored well had planned and structured their responses, making appropriate use of subheadings as necessary. In addition, they avoided simplistic 'checklist' type responses and fully addressed the questions being asked by demonstrating knowledge of application to public health practice as well as a theoretical understanding of the issues. Candidates should remember that in critically appraising the paper provided, they are asked to identifying the key implications for public health practice as well as the key findings and the most relevant strengths and weaknesses. Failing to do this inevitably meant

that some candidates scored poorly. In addition, candidates need to be familiar with and understand the principles of media communication. This is a critical skill for public health practice and frequently tested as part of Paper IIA.

Paper IIB

While many candidates scored well in Paper IIB*, a significant number struggled, apparently because of basic issues such as a failure to answer the question being asked, poor knowledge of basic epidemiological and statistical formulae, a lack of appreciation of key public health concepts, and in some cases, poor handwriting that examiners could not read. Candidates should ensure that they are familiar with and understand all skills listed in the syllabus and read each question carefully, addressing only what is specifically asked in order to gain credit.

* after removal of question1 (this decision was taken by the Board of Examiners following a review of performance and advice from an external educational consultant, who noted that the question was potentially unclear and contained elements of double jeopardy).

Chair of Examiners' Comments

This examination sitting was unfortunately disrupted by extremely intrusive noise, which I know greatly affected many candidates. However, some candidates did manage to score very well across all papers, and their answers were typically well-structured, demonstrated broad knowledge across the syllabus, and directly addressed the question being asked (adapting and amending more general template responses to the specific situation). Too often in this sitting, it was evident that some candidates had not read the question carefully and gave generic responses that did not address the scenario or did not demonstrate application to public health practice. Finally, we recognise that candidates may well be unfamiliar with writing by hand for such an intense period, but please remember that if an examiner cannot read the script, then no credit can be given for the answer.