

ACCREDITATION OF FETPs

MINIMUM INDICATORS AND STANDARDS



REVISED JUNE 2016



Introduction

The Accreditation of FETPs Minimum Indicators and Standards table is the framework developed by TEPHINET programs to recognize the minimum attributes of an FETP. The indicators and standards are now the official accreditation standards.

The 2014 version of the standards was reviewed by the Accreditation Working Group, and presented to the Program Directors meeting in 2016, following the completion of the first cycle of accreditation of FETPs. No changes were made to any of the standards except for the incorporation of Standard 4d1 that refers to overall quality improvement and incorporates a standard that previously referred only to obtaining feedback from residents and using it to improve training. The 2016 revised version of the standards also eliminated excess documentation requirements for several indicators and provided more detailed guidance to gather and present supporting documentation.

The table is organized in two sections; the first lists the three basic accreditation eligibility requirements and the second corresponds to the accreditation indicators and standards which are grouped in four domains that define program infrastructure, management, resources and training of residents. The domains are organized by major indicators which in turn might have one or several standards.

Taxonomy

Domain (example – **Domain 1. Management, Infrastructure, and Operations**)

Indicator (example – **Key Indicators:** 1a) Governance)

Standards (example – **Standard 1a.1:** An advisory board, expert committee, or similar formal mechanism provides general guidance or oversight on the program's goals and operations.)

Documentation

The table is organized in four columns; the first is the number and name of the indicator, the second its justification, the third offers a description of the main elements that define the indicators, and the fourth corresponds to the documentation and validation required for the standard. The later succinctly explains the documentation that is required to be submitted together with the accreditation application and how the information provided by the program will be validated by the accreditation reviewers during the site visit.

The description of the standard gives clear indication of the minimum elements that define it. This description serves as a measure to determine how aligned is the program with respect to that standard, what elements are consider essential to be included in the description the program is asked to provide and when required the type of documentation that is needed to support the program's statement of alignment with the standard. Programs shall carefully consider the standard description and requirements when preparing the application.

Using the Table to Select Documentation

Several standards require a description of a resource, process, or activity. This description need to make reference to official names of program processes or documents to demonstrate conformity with the standard. When relevant, the specific section(s) of the documents that addresses the measure must be identified.

Documentation must directly address the measure.

Documentation is limited to the most relevant to meet the documentation requirement.

All documentation used to demonstrate alignment with standards refers to two time periods: 1) the period of time when the last two completed cohorts graduated having satisfied ALL the requirements of the project and 2) the period of time BEFORE the application in which the current cohort(s) enrolled in the program.

The terms used in the table and acronyms are defined in the Definition of Terms included in the accreditation manual

ACCREDITATION OF FETPs MINIMUM INDICATORS AND STANDARDS

BASIC (ELIGIBILITY) REQUIREMENTS		
Requirement	Criteria to Fully Meet the Requirement	Written Documentation Required
Program duration: The program is equal to or greater than 21 months .	As evidenced by the curriculum, field experience required to graduate, and progress documentation on recent graduates, the program requires at least 21 months or more to complete.	✓ What is the start date and completion date of your program for the most recent cohort of graduates? <ul style="list-style-type: none"> • See Table 1 of the Letter of Intent
Evidence of Completed Cohorts: At least 2 cohorts of residents have completed the Program within the past 5 years.	As evidenced by the number of residents that have been accepted to the program and completed the program, at least two cohorts have completed the program before the program applied to the accreditation process.	✓ The number of residents that completed the program for the past 2 cohorts (include start and end date of each cohort) <ul style="list-style-type: none"> • See Table 2 of the Letter of Intent
Predominance of field work: It is documented that the majority of the residents' time (68 weeks) is spent in field work (defined in Appendix).	Program residents must spend a minimum of 68 weeks engaged in epidemiologic practice (field work defined in Appendix).	✓ Provide the annual calendar for the program that shows the periods reserved for field work. <ul style="list-style-type: none"> • See Table 3 of the Letter of Intent AND <ul style="list-style-type: none"> ✓ Complete "field work duration" table <ul style="list-style-type: none"> • See Table 4 of the Letter of Intent <p style="text-align: center;">Validation at site visit</p>

1) MANAGEMENT, INFRASTRUCTURE, AND OPERATIONS			
Standard	Justification	Description	Documentation and Validation Required
Key Indicators: 1a) Governance			
Standard 1a.1: An advisory board, expert committee, or similar formal mechanism provides general guidance or oversight on the program's goals and operations.	An advisory board, expert committee, or similar formal mechanism enables an FETP to systematically report and receive expert feedback and guidance.	An FETP advisory board, expert committee, or similar formal mechanism is in place to provide oversight of the FETP. It includes representatives from the host institution, key public health authorities, and counterparts; the members may be internal or external to the hosting organization, but the majority of the members should not be involved in the day-to-day activities of the FETP. It meets at least annually, records its meetings and recommendations, and the program reports the outcomes.	Yes/No 1. Description of oversight mechanism. VALIDATION: Minutes of most recent meeting OR Interview with at least one member of the advisory board (or similar oversight committee).
Standard 1a.2: The program is officially recognized as a component of the MOH(s) or public health institution(s).	FETPs functionally integrated with the MOH(s) and/or hosting public health institution(s) that align with the country/regions public health priorities and objectives contribute to build public health and systems	Evidence exist that the programs: 1. Are among first line of response to disease outbreaks and disasters, being frequently deployed by the MOHs or public health institution(s)	1. Copies of five most recent invitation(s) to the program and/or engagement of the program in outbreak investigations, emergency response activities, and/or surveillance. OR

1) MANAGEMENT, INFRASTRUCTURE, AND OPERATIONS			
Standard	Justification	Description	Documentation and Validation Required
-Continued	capacity for the MOH(s), the country, or region's health system(s).	<p>2. Residents are assigned to expanding surveillance activities, identifying surveillance needs, and establishing new systems</p> <p>3. Residents are invited by the MOH(S) or host institution(s) to conduct evaluations of disease and risk factor control programs and interventions.</p>	<p>2. Five most recent examples of - residents' reports of participation in investigations and/or surveillance with recommendations made to national, state, or local health authorities.</p> <p>VALIDATION: Interviews with MOH or public health institution officials.</p>
Key indicator: 1b) Infrastructure			
Standard 1b.1: The program has office space, supplies, and equipment.	Office space, computers, and communication services are critical for FETPs to maintain routine supervision and management of program activities, staff, and residents.	The program has available space within a public health institution where program staff and technical supervisors can meet and work with residents and access basic office supplies for program purposes.	Yes/No VALIDATION: Site visit (check list)
Standard 1b.2: Residents have access to current public health or medical literature.	Access to up-to-date epidemiology and public health scientific publications is central to the understanding and the creative application of epidemiologic and public health principles and methods that	<p>Program assures access to core FETP learning textbooks, journals, etc. for residents and technical staff.</p> <p>Program informs and provides guidelines to residents and technical staff about how to access and use scientific publications.</p>	Yes/No VALIDATION: Survey of residents.

1) MANAGEMENT, INFRASTRUCTURE, AND OPERATIONS

Standard	Justification	Description	Documentation and Validation Required
-Continued	comprise the core of FETP learning. Quality of FETP services and products is greatly influenced by access to and use of scientific literature.		
Standard 1b.3: The program has access to laboratory testing for outbreak investigations.	Laboratory services are integral components of contemporary disease surveillance, prevention, and control strategies and programs. Quality and timely access to the different levels of a national/regional/global network of public health laboratories is paramount to support public health emergencies and outbreak investigations and in conducting systematic public health activities or studies.	The program has access to public health laboratory services and is able to request services and send study specimens from the field for testing in the event of an outbreak, epidemiology study, or ongoing public health intervention. The program receives results in time to support that investigation or intervention. At least 50% of outbreak investigations that required laboratory confirmation had laboratory testing performed.	1. A table listing the ten most recent outbreak investigations, the disease/syndrome being investigated, and laboratory test(s) performed. VALIDATION: Review of the outbreak investigation reports AND Current residents interview
Key Indicator: 1c) Operational Guidelines and Procedures			
Standard 1c.1: The program has documented standard operating procedure/manual or similar guidance that is - Continued	The adoption and use of SOP to develop FETP core competencies and provide essential public health services allow FETPs to achieve	Documents describing the program organization and guidance to operate it, including duration and content of the training, core learning competencies, field assignments	Copies of documents describing: 1. Recruitment and selection procedures/criteria for supervisors and residents.



1) MANAGEMENT, INFRASTRUCTURE, AND OPERATIONS

Standard	Justification	Description	Documentation and Validation Required
<p>- available to all residents, staff, and technical supervisors.</p>	<p>consistent and high-quality products and services, as long as program participants follow the steps described in the documents.</p>	<p>and investigations, classroom training, and expected products from residents including written reports of surveillance evaluations, outbreaks, and related field investigations.</p>	<ol style="list-style-type: none"> 2. Duration of training. 3. Field placement selection and assignment. 4. Evaluation criteria for residents, and technical supervisors. 5. FETP curriculum, core competencies of the program, and associated activities/deliverables. 6. Resident graduation requirements.
<p>Key Indicator: 1d) Orientation Manual</p>			
<p>Standard 1d.1: Within one month of starting the program each resident receives an orientation to the program.</p>	<p>The resident orientation outlines training programs' operation and is designed to assist residents in achieving consistent, high-quality training and public health service results by providing instructions to guide their field placement and investigation activities, evaluate their progress, access resources, and receive supervision and technical assistance.</p>	<p>Within 1 month of entry into the program, each resident receives an orientation (document, manual, or oral presentation). The orientation describes program components: core FETP competencies and associated activities, deliverables to be completed by residents for graduation, resident performance evaluation measures, and feedback to the program.</p>	<p>Yes/No</p> <p>VALIDATION: Resident survey.</p>



1) MANAGEMENT, INFRASTRUCTURE, AND OPERATIONS

Standard	Justification	Description	Documentation and Validation Required
Key Indicator: 1e) Scientific Integrity			
Standard 1e.1: The program promotes scientific integrity standards.	Scientific integrity in public health is the set of principles and behaviors to maintain scientific quality and objectivity of public health investigations, research studies, and service activities, making decisions based on sound objective science and evidence, contributing to sound, effective, and ethical public health practice.	The program provides information to residents and staff on basic principles and behaviors of scientific integrity in public health practice.	Yes/No VALIDATION: Survey of residents AND Interview of technical supervisors

2) INTEGRATION WITH THE PUBLIC HEALTH SERVICE

Standard	Justification	Description	Documentation and Validation Required
<p>Standard 2a.1: Government or public health authority provides financial or human resource support (note: regional programs may be hosted by another country's government).</p>	<p>Government financial or human resource support of the program contributes resources to build capacity for the country(ies) public health system(s), demonstrates commitment to program goals and objectives, contributes to institutionalization, and strengthening of the public health system infrastructure.</p> <p>Increasing government financial support of programs initiated with external funding strengthens public health infrastructure and capacity.</p>	<p>At a minimum, the government or a mandated institution contributes funding for program costs (e.g.: staff salaries, program space, communications equipment, utilities etc.) and/or human resource support (e.g. staff time, guest faculty etc.).</p>	<p>Yes/No</p> <ol style="list-style-type: none"> 1. Description of current resource investment of the government or mandated institution directly supporting the FETP.
<p>Key Indicator: 2b) Field Placements</p>			
<p>Standard 2b.1: The field placements are in service to the country's public health system(s) and allow residents to meet the core competencies of the program.</p>	<p>Field placement of residents, with clearly defined service expectations, within public health surveillance, disease prevention and control, and public health response units, provide the opportunity to increase the depth of analysis of public health data, and expand</p>	<p>The program coordinates residents' field placements with functional units of the country's MOH(s) or public health system(s). Field placements have defined objectives, time tables, and description of expected investigations and reports to be produced by residents during their</p>	<ol style="list-style-type: none"> 1. Describe how the program ensures the field placements allow residents to acquire their core competencies. 2. Provide documentation that supports the selection and assessment of field placements e.g. assessment tools, application processes,

2) INTEGRATION WITH THE PUBLIC HEALTH SERVICE			
Standard	Justification	Description	Documentation and Validation Required
-Continued	-epidemic response and surveillance during public health emergencies while enabling residents to acquire core competencies of the program.	- assignment. Orientation to the assignment, supervision, and technical assistance are coordinated by the program and placement unit.	- memorandums of agreement, etc. VALIDATION: Interview with supervisors and residents
Key Indicator: 2c) Engagement with Public Health Authorities			
Standard 2c.1 Residents develop investigations and reports addressing the country's public health priorities and routinely present results from their activities to the MOH(s) or public health authority.	A key component of FETP training is learning how to effectively communicate and disseminate the results of public health surveillance analysis reports, evaluations of public health programs and interventions, and outbreak and other field investigations to technical audiences, decision-makers and the public, with the objective of impacting change within the public health system and the health status of the population.	FETP coordinates and disseminates residents' investigations and reports via: - Updates to supervisors and personnel involved in the issue under investigation. - Updates to public health authorities. - Routine submission of residents' reports to public health newsletters or epidemiology bulletins.	1. Description of how resident outputs are routinely provided to public health authorities. 2. Are all outbreak investigations shared with public health authorities? VALIDATION: interviews with MOH / public health authority.

3) STAFFING AND SUPERVISION (The following standards do not necessarily indicate that there are separate individuals performing each of these functions)

Key Indicator: 3a) Program Staffing

Standard	Justification	Description	Documentation and Validation Required
Standard 3a.1: The program has a director and/or coordinator who provide leadership and oversight to the program.	Effective leadership and oversight of the program are cardinal to its success. The leadership and time dedication of a senior, recognized, and respected public health professional is critical for the effective operation of the program. The program director oversees sustained and well-organized FETP collaborations at all levels of the public health system(s), which is indispensable for the training of residents and delivery of public health services.	The program has a director and/or coordinator who provide leadership and oversight to the program. The designated program director or coordinator is a full-time member of the host public health institution.	<ol style="list-style-type: none"> 1. Name of program director and/or coordinator. 2. Description of the roles and responsibilities of the program director and/or coordinator. <p>VALIDATION: interviews with program director and/or coordinator.</p>
Standard 3a.2: The program has qualified public health staff who perform programmatic training functions such as oversight of residents' orientation, classroom training, field assignments, etc.	Effective monitoring and evaluation of technical assistance and supervision of FETP residents' activities (monitoring of field placement activities and products, planning, delivery and evaluation of classroom-based training, and coordination/	The program has technical staff to train and oversee residents' orientation, classroom training, field assignments, and monitoring and evaluation, and that support technical supervisors evaluations of residents performance. Supervisors are qualified for their job if they have experience in one	<ol style="list-style-type: none"> 1. List of FETP technical staff: name, title, and description of role(s) performed. <p>VALIDATION: interviews with program staff.</p>

3) STAFFING AND SUPERVISION (The following standards do not necessarily indicate that there are separate individuals performing each of these functions)

Standard	Justification	Description	Documentation and Validation Required
-Continued	support of outbreak and emergency response) demand considerable time and effort from dedicated technical staff. The core of the FETP is supervised public health practice. Residents must be supervised in their public health practice by qualified supervisors	or more of these areas: 1) management, design, and analysis of public health surveillance systems; 2) outbreak and other epidemiology investigations; 3) disease prevention and control strategies; 4) epidemiology of injury and disease; and 5) experience in supervising public health professionals.	
Standard 3a.3: The program has technical supervisors that provide supervision of field activities, are involved with residents' work, and provide timely feedback.	Competency-based training programs' ability to train epidemiologists and provide essential public health services substantially depends on residents working under consistent guidance and supervision of experienced epidemiologists and/or public health scientists who work within the public health service systems and units where residents have their field assignments.	Supervisors are consistently involved with the residents' in-service training projects and products including planning, conduction, analysis, and reporting. They provide regular and timely feedback to residents including sound technical advice to guide and improve service and products.	1. Evidence of supervisors' timely feedback to residents (e.g., e-mails, documents with comments, etc.). VALIDATION: Interview with residents AND Residents survey

3) STAFFING AND SUPERVISION (The following standards do not necessarily indicate that there are separate individuals performing each of these functions)

Standard	Justification	Description	Documentation and Validation Required
<p>Standard 3a.4: The program supervisors are given orientation in order to provide technical assistance and supervision to residents in the field.</p>	<p>To provide standard quality of training, supervision, and technical advice to residents in accordance to core FETP competencies, programs need to develop technical guidelines and standards to orient supervisors to their roles, supervising field activities and supporting them in implementing standards of supervision.</p>	<p>The program has guidelines describing the role of technical supervisors and minimum standards of practice, provides an annual orientation orally and/or in writing to confirming their understanding and agreement to perform their role of tracking and evaluating residents' progress toward graduation.</p>	<p>1. Documentation of supervisors receiving orientation.</p> <p>VALIDATION: Interview with supervisors</p>

4) SELECTION AND TRAINING OF RESIDENTS			
Standard	Justification	Description	Documentation and Validation Required
Key Indicator: 4a) Selection of Residents			
<p>Standard 4a.1: Residents are selected based on documented criteria.</p>	<p>Well-defined criteria for recruitment and selection of candidates into the program:</p> <ul style="list-style-type: none"> • Secures the enrollment of highly motivated, qualified professionals into the program. • Contributes to transparency of program operations, program credibility, and recognition of FETP graduates. 	<p>The program has documented resident selection criteria that include:</p> <ol style="list-style-type: none"> 1) Education (e.g. successful completion of undergraduate education in biological sciences, social sciences, mathematics) 2) Knowledge and Experience (e.g. experience in public health or field of education) 3) Personal Suitability <p>High degree of motivation, being self-directed, inquisitive, self-studious, able to work in teams, and willingness to train/educate others</p> <p>- Professional experience in public health or field of education</p>	<ol style="list-style-type: none"> 1. Description of FETP recruitment and selection criteria.
Key Indicator: 4b) Defined Core Competencies and Associated Activities			
<p>Standard 4b.1: The program has well-defined, documented core competencies (around which the curriculum was developed) that include associated activities and deliverables that are explicit for all residents and supervisors.</p>	<p>To attain uniform and high quality FETP training and increase public health functional capacity, programs need to develop and implement a well-defined, documented list of core competencies around which the program curriculum is developed.</p> <p>Clear definition of standards and</p>	<p>The program has a well-defined, documented list of core competencies around which the curriculum was developed with activities and deliverables that are explicit to all residents and supervisors. At a minimum, the curriculum includes:</p> <ul style="list-style-type: none"> ➤ Epidemiology methods ➤ Public health surveillance ➤ Outbreak investigation ➤ Scientific Communication 	<ol style="list-style-type: none"> 1. Document that aligns core competencies to the curriculum (didactic and field activities).

4) SELECTION AND TRAINING OF RESIDENTS			
Standard	Justification	Description	Documentation and Validation Required
- Continued	<p>requirements for each of the training products and services to be delivered and completed.</p> <p>Residents further enhance the program's ability to assess individual and group progression towards completion of graduation requirements, identify challenges, and evaluate the impact of curriculum changes.</p>	<p>Activities/deliverables should include at a minimum:</p> <ul style="list-style-type: none"> • A report of a public health intervention or surveillance system development or evaluation. • Report of an outbreak investigation. • Presentation or publication. <p>A report from the resident detailing work completed toward each core competency.</p>	
Key Indicator: 4c) Residents are Completing Requirements of the Program			
<p>Standard 4c.1: Program provides regular monitoring (at minimum every 6 months), evaluation, and tracking with timely feedback of resident activities and experiences toward completion of program requirements (core competencies).</p>	<p>To assure that residents achieve core competencies over the expected time period, programs need to track and monitor the resident activities as well as provide clear feedback on their strengths and weaknesses. Supervisory/coordination activities involve regular performance evaluations and tracking.</p>	<p>Programs provide regular, timely feedback of the quality and completeness of the residents' projects and products to guide, track, and report on their progress. Programs monitor and document residents' activities and progress toward completion of their graduation requirements and contribute to their annual or semi-annual performance evaluations by providing oral and written feedback about their progress and performance.</p>	<p>1. Description of resident performance evaluation process. VALIDATION: Review random sample (n=5) of resident progress reports from the past two cohorts. AND Resident survey AND Interview with residents</p>



4) SELECTION AND TRAINING OF RESIDENTS

Standard	Justification	Description	Documentation and Validation Required
<p>Standard 4c.2: Residents who complete the program have met all required core competencies.</p>	<p>To increase public health functional capacity with highly trained residents, programs need to ensure each graduate has acquired the core competencies around which the program curriculum is developed.</p>	<p>All of the residents who complete the program have met all of the required core competencies.</p>	<p>1. Number of graduates in the past two cohorts who demonstrated achievement of all core competencies.</p> <p>VALIDATION: Review random sample (n=5) of summary reports, portfolios, or bodies of work from the past two cohorts.</p>
<p>Standard 4c.3: A minimum of 75% of residents complete the program within the expected time frame as defined by the program.</p>	<p>FETP training programs demand a considerable amount of economic investment and dedication of highly qualified professionals who provide essential public health services. Timely completion of the majority of program residents allows the program to sustain regular cycles of training and the cost of its products and services to be justified and predictable. Timely completion favorably impacts program credibility and accountability to funding agencies.</p>	<p>75% of the past two cohorts have completed the program within the expected time frame.</p>	<p>1. The number of residents who started each of the past two cohorts.</p> <p>2. The number of residents who completed each of the past two cohorts.</p> <p>VALIDATION: Review of the enrollment and completion records of the past two completed cohorts</p>

4) SELECTION AND TRAINING OF RESIDENTS

Standard	Justification	Description	Documentation and Validation Required
Key Indicator: 4d) Quality Improvement of the Program			
<p>Standard 4d.1: The program has a quality improvement process and has implemented quality improvement activities.</p>	<p>Quality improvement is a continuous ongoing effort to achieve measurable improvements in program performance, accountability, and outcomes. To improve the quality of the training and public service, the program needs to have a systematic process to obtain, analyze, and use feedback and other mechanisms in order to implement appropriate changes.</p>	<p>The program systematically obtains information from residents, supervisors, staff, MOH and other stakeholders. The program reviews this information and other program data to evaluate and improve program operations, including the areas of training quality, field placement opportunities and challenges, technical supervision and feedback, and graduate placements.</p>	<ol style="list-style-type: none"> 1. Description of the quality improvement process used, including how feedback is sought and received and what program data is reviewed. 2. Evidence of at least 2 examples within the past 5 years documenting the results and actions taken from this process. <p>VALIDATION: Interviews with program staff and supervisors AND Resident survey</p>