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Objective

TEPHINET's Accreditation of Field Epidemiology Training Programs (FETPs) is an important strategy to support the quality improvement of such training programs and to increase their contributions to the health of the populations they serve.

The accreditation program results from the common framework of minimum attributes of an FETP developed by TEPHINET programs over a period of 15 years and adopted during the TEPHINET Global Scientific Conference of 2011.

The Accreditation Readiness Assessment's ultimate goal is to help determine if the program is aligned with FETP accreditation standards and to plan and prepare to apply for accreditation.

Working towards and obtaining accreditation allows programs to demonstrate their value and contributions to the development of national public health capacity and infrastructure. Programs can also use the results of their readiness assessment to advocate for the necessary resources to run, maintain, and increase the quality of field-based training and public health services they deliver.

Overview

The readiness assessment checklist details program eligibility, resources, policies, capacities, and activities that make part of the minimum indicators and standards. The checklist displays a description of each standard and the documentation required; these two elements are helpful tools for programs to determine the resources and activities needed to prepare the accreditation application.

Completing the checklist helps determine: a) that the program meets all accreditation standards and requirements and b) if all the evidence and documentation necessary for the application is available.

How to Use the Checklist

Basic Eligibility Requirements:

The first page of the checklist itemizes the three eligibility requirements, the criteria to fully meet the standard, and the documentation that is required to determine eligibility. Place a checkmark on the YES column if: 1) the program meets the eligibility criteria and 2) is able to present the documentation listed as required.

To complete page 1 of the readiness assessment, it is necessary to review the Accreditation of FETPs Indictors and Standards and to complete tables 1 to 4 of the Accreditation Letter of Intent.

If the three eligibility requirements are met, the program is eligible for accreditation.

Programs not meeting the basic eligibility requirements are encouraged to use the Accreditation Readiness Assessment checklist to get a measure of their alignment with accreditation standards and determine quality improvement areas, barriers to implement changes, and resources needed.

Definition of Field Work:

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Activities done towards achieving core competencies by the residents in the program. These include:

1. Epidemiologic investigations (outbreaks, emergencies, natural or manmade disasters, surveys, applied public health research, etc.)
2. Conducting surveillance, conducting special studies (surveys, program/surveillance evaluation)
3. Consultation with policy makers, preparing for and presenting at scientific conferences
4. Performing laboratory bench work in support of epidemiologic practice
5. Consulting with local public health officials on their perceived public health problems
6. Developing and/or delivering epidemiology and biostatistics training
7. Teaching other residents or field epidemiologists

The following additional activities may also be considered as field work when done in support of or in response to MOH needs, and **NOT** if they are largely to fulfill academic requirements, or if during this time the residents are not at field sites and not available for public health responses (i.e., having protected time at a university):

1. Data management and analysis, and

2. Writing scientific papers and technical reports, and

3. Conducting media interviews

The following activities are **NOT considered field work**:

1. Didactic/formal course work

2. Training feedback and evaluation

3. Performance feedback and evaluation including aptitude tests, exams, and thesis/dissertation defense

4. Reviewing/studying/revision for exams

5. Attendance at scientific meetings/conferences if not presenting field work

6. Hosting scientific meetings/conferences

7. Computer and other information technology/software tutorials including Epi Info

8. Visits to institutions of learning

9. Vacation, sick time, or any other paid or unpaid leave of absence

Accreditation Minimum Indicators and Standards:

The remaining pages of the checklist provide the description of each standard by Accreditation indicator and domain. Next to the description of the standard there is a list of the information and documentation that the program is asked to provide in its Accreditation application. This list helps in identifying the resources, policies, and activities that the program shall have in place to satisfy the standard's criteria. Again, place a checkmark in the YES column if: 1) the program meets the eligibility criteria and 2) if it is able to confirm the existence of the policies, resources, or activities by submitting the documentation

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required. The YES/NO columns can accommodate as many checkmarks as needed depending of the number of itemized information/documentation requirements.

The checklist can be used as many times as needed to monitor progress towards preparing for accreditation, gathering all the evidence requested, or assessing progress towards attaining the program's full alignment with each and all accreditation standards.

Please note that the program is only ready to apply if it has checked the YES column for each and all standards of the four accreditation domains and is able to gather the required documentation required.

Teaming up to develop the Readiness Assessment and Accreditation Alignment Plans:

Two additional checklists are provided to help organize the work that the FETP needs to do to respond with certitude to each of the questions in this self-assessment. The first one lists the steps suggested for bringing the FETP program staff together to learn about accreditation of FETPs, eligibility requirements, and the various tasks associated with assessing accreditation readiness. The last table shell is an example of an action plan to complete which includes the *who*, *how*, and *when* of identifying information and documentation gaps, resources needed to complete the assessment, distributing tasks, and monitoring progress towards completing the assessment.

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ACCREDITATION OF FETPs MINIMUM INDICATORS AND STANDARDS			
BASIC ELIGIBILITY REQUIREMENTS			
REQUIREMENT	**CRITERIA TO FULLY MEET THE REQUIREMENT / DOCUMENTATION REQUIRED**	**YES**	**NO**
1. 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? (See Table 1 of Accreditation Letter of Intent.)		
2. 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 (includes start and end date of each cohort) (See Table 2 of the Accreditation Letter of Intent.)		
3. 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 (see Table 3 of the Accreditation Letter of Intent). AND ✓ Complete "field work duration" table (see Table 4 of the Accreditation Letter of Intent).		

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DOMAIN 1. MANAGEMENT, INFRASTRUCTURE, AND OPERATIONS			
Key Indicators: 1a) Governance			
Accreditation Standard	**Description/Documentation Required**	**YES**	**NO**
Standard 1a1: An advisory board, expert committee, or similar formal mechanism provides general guidance or oversight on the program's goals and operations.	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 and records its meetings and recommendations. The program reports the outcomes. ✓ Yes/No ✓ Description of oversight mechanism		
Standard 1a2: The program is officially recognized as a component of the MOH(s) or public health institution(s).	Evidence exist that the program: 1. Is among the first line of response to disease outbreaks and disasters, being frequently deployed by the MOHs or public health institution(s) 2. Residents are assigned to expanding surveillance activities, identifying surveillance needs, and establishing new systems. 3. Residents are invited by the MOH(S) or host institution(s) to conduct evaluations of disease and risk factor control programs and interventions. ✓ 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** ✓ Five most recent examples of residents' reports of participation in investigations and/or surveillance with recommendations made to national, state, or local health authorities		
Standard 1b1: The program has office space, supplies, and equipment.	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		

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Key indicator: 1b) Infrastructure			
Standard 1b2: The program has access to laboratory services and testing for investigations.	Program assures access to core FETP learning textbooks, journals, etc. for residents and technical staff. Program informs and provides guidelines to residents and technical staff about how to access and use scientific publications. ✓ Yes/No		

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DOMAIN 1. MANAGEMENT, INFRASTRUCTURE, AND OPERATIONS			
Accreditation Standard	**Description/Documentation Required**	**YES**	**NO**
Standard 1b.3: The program has access to laboratory testing for outbreak investigations.	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. ✓ A table listing the ten most recent outbreak investigations, the disease/syndrome being investigated, and laboratory test(s) performed		
Key Indicator: 1c) Operational Guidelines and Procedures			
Standard 1c.1: The program has documented standard operating procedure/manual or similar guidance that is available to all residents, staff, and technical supervisors.	Documents describing the program organization and guidance to operate it, including duration and content of the training, core learning competencies, field assignments and investigations, classroom training, and expected products from residents including written reports of surveillance evaluations, outbreaks, and related field investigations. ✓ Copies of documents describing: 　- Recruitment and selection procedures/criteria for supervisors and residents 　- Duration of training 　- Field placement selection and assignment 　- Evaluation criteria for residents, and technical supervisors 　- FETP curriculum, core competencies of the program, and associated activities/deliverables 　- Resident graduation requirements		
Key Indicator: 1d) Orientation Manual			
Standard 1d.1: Within one month of starting the program each resident	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		

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receives an orientation to the program.	activities, deliverables to be completed by residents for graduation, resident performance evaluation measures, and feedback to the program. ✓ Yes/No		
Standard 1e.1: The program promotes scientific integrity standards.	**Standard 1e.1:** The program promotes scientific integrity standards. ✓ Yes/No		

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DOMAIN 2. INTEGRATION WITH THE PUBLIC HEALTH SERVICE			
Accreditation Standard	**Description/Documentation Required**	**YES**	**NO**
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).	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.). ✓ Yes/No ✓ Description of current resource investment of the government or mandated institution directly supporting the FETP		
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.	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 assignment. Orientation to the assignment, supervision, and technical assistance are coordinated by the program and placement unit. ✓ Describe how the program ensures the field placements allow residents to acquire their core competencies ✓ Provide documentation that supports the selection and assessment of field placements e.g. assessment tools, application processes, memorandums of agreement, etc.		

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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.	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. ✓ Description of how resident outputs are routinely provided to public health authorities ✓ Are all outbreak investigations shared with public health authorities?		

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DOMAIN 3. STAFFING AND SUPERVISION (The following standards do not necessarily indicate that there are separate individuals performing each of these functions)			
Accreditation Standard	**Description/Documentation Required**	**YES**	**NO**
Standard 3a.1: The program has a director and/or coordinator who provide leadership and oversight to the program.	The program has a director and/or coordinator who provide leadership and oversight to the program. The designated program director and/or coordinator is a full-time member of the host public health authority. ✓ Name of program director and/or coordinator ✓ Description of the roles and responsibilities of the program director and/or coordinator		

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DOMAIN 4. SELECTION AND TRAINING OF RESIDENTS		
Accreditation Standard	**Description/Documentation Required**	**YES** **NO**
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.	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: ➢ Epidemiology methods ➢ Public health surveillance ➢ Outbreak investigation ➢ Scientific Communication Activities/deliverables should include at a minimum: • A report of a public health intervention or surveillance system development or evaluation • Report of an outbreak investigation • Presentation or publication • A report from the resident detailing work completed toward each core competency ✓ Document that aligns core competencies to the curriculum (didactic and field activities).	
Key Indicator: 4c) Residents are Completing Requirements of the Program		
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).	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. ✓ Description of resident performance evaluation process	
Standard 4c.2: Residents who complete the program have met all required core competencies.	All of the residents who complete the program have met all of the required core competencies. ✓ Number of graduates in the past two cohorts who demonstrated achievement of all core competencies	

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Standard 4c.3: A minimum of 75% of residents complete the program within the expected time frame as defined by the program.	75% of the past two cohorts have completed the program within the expected time frame. ✓ The number of residents who started each of the past two cohorts ✓ The number of residents who completed each of the past two cohorts		

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DOMAIN 4. SELECTION AND TRAINING OF RESIDENTS			
Key Indicator: 4d) Quality Improvement of the Program			
Accreditation Standard	**Description/Documentation Required**	**YES**	**NO**
Standard 4d.1: The program has a quality improvement process and has implemented quality improvement activities.	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. ✓ Description of the quality improvement process used, including how feedback is sought and received and what program data is reviewed ✓ Evidence of at least 2 examples within the past 5 years documenting the results and actions taken from this process		

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Steps to Organize the FETP's Work to Complete the Accreditation Readiness Assessment

Suggested Steps	Who is Responsible?	Notes/Issues/ Deliverables	Timeframe for Completion
1. Review the Accreditation of FETPs Indicators and Standards Table and the Accreditation Letter of Intent			
2. Inform staff of accreditation objectives and benefits			
3. Form an accreditation readiness assessment team			
4. Draft a readiness assessment data gathering plan (using this document or other internally developed template)			
5. Identify person(s) responsible for gathering needed information to answer questions on the assessment form			
6. Develop calendar for group discussion meetings and time table for deliverables			
7. Identify checklist required documentation/evidence			
8. Distribute data-gathering tasks among group members			
9. Respond to readiness assessment questions (by Domain/ Indicator)			

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10. Determine the program's degree of alignment with accreditation standards			
11. If the program is fully aligned with ALL Accreditation standards, prepare an Accreditation Letter of Intent			
12. If the program is NOT aligned with ALL Accreditation Standards, develop an action plan to bring the program up to standards			

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Suggested Accreditation Standards Alignment Action Plan Checklist

Action Steps	Responsibilities	Resources	Timeline	Potential Barriers	Tracking Progress	Completion Deadlines
	What will be done? Who will do it?	Resources available: Personnel, time/effort, access to or existence of data, records, etc.	Period for development: Start date (day/month) and completion date (date/month)	What information is missing? How can it be obtained or developed? Additional resources needed	How is progress measured (landmarks defined)? How often is progress reported? Who is reporting? How is reporting done (meetings, memos)?	By when (day/month)?
Domain/Standard/Indicator						
Action Step 1:						
Action Step 2:						

Add as many rows as needed.