ACCREDITATION OF ADVANCED FIELD EPIDEMIOLOGY TRAINING PROGRAMS

ELIGIBILITY REQUIREMENTS FOR ADVANCED-LEVEL ACCREDITATION

All Advanced Accreditation documents use the word *residents* to describe individuals enrolled in the program. A program may refer to these individuals as *participants, trainees, fellows, students,* or another term.

Program Duration:

- The program is equal to or greater than 21 months.

Completed Cohorts:

- At least two cohorts of residents have completed the program within the past five years, and at least 75% of the total residents who started it also completed it within the required time frame.

Predominance of Field Work:

- The majority of participants' time is spent in field work. It is documented that the majority of the residents' time (68 weeks) is spent in field work.

Guidelines for Defining Field Work

Use these guidelines to determine which activities should be considered as FIELD WORK while filling out the Certification of Eligibility.

The majority of the FETP residents' time during the two years should be spent in practical epidemiologic (field) work. Programs should work to assure that all residents have sufficient opportunities to acquire the required competencies through epidemiologic practice. The **absolute minimum time** of field work is **68 weeks**.

INCLUDED in field work (epidemiologic practice):

- Epidemiological investigations
    - Outbreaks or epidemics
    - Response to emergency inquiries (e.g., refugees, crowds, civil or regional conflicts, and environmental issues, problems, or concerns)
    - Investigations of clusters
    - Assessment of natural or man-made disasters
    - Urgent surveys
    - Participation in humanitarian response during disasters
    - Applied public health research (e.g., serosurveys, vaccine coverage, vaccine efficacy, etc.)
- Conducting surveillance, including regular surveillance meetings
- Conducting special studies (surveys, program/surveillance evaluation)
- Data management and analysis*
- Scientific writing* (includes epi bulletins, outbreak reports, brief reports, and other technical reports)
- Literature search in support of scientific writing and epidemiologic practice*
- Preparing for and presenting at scientific conferences
- Consultation with policy makers
- Media interviews
- Laboratory bench work in support of epidemiologic practice
- Teaching and supervision of another resident/s or field epidemiologists (ToT: Training of Trainers)
- Developing and/or delivering epidemiology and biostatistics training for the public health workforce

- Consulting with local public health officials on their issues, providing advice, and determining if further investigation/action is needed

*When this work is in support of or in response to MOH needs; do not include these activities if they are largely to fulfill academic requirements or if during this time the residents are not at their field sites and available for public health responses (i.e., having protected time at a university).

Note: For time not engaged in these specific activities, the FETP residents need to be assigned or working in a field site – meaning that epidemiologic practice including surveillance and response are an integral part of the work of that unit. This is particularly important for programs where residents are returning to their workplace between didactic sessions (i.e. part time participation). This is also true if residents are assigned to a rotation with WHO or a similar organization. The work of the site and their role should remain primarily related to epidemiologic practice.

NOT INCLUDED in field work**:**

- Didactic/formal course work
- Training feedback and evaluation
- Performance feedback and evaluation including aptitude tests
- Exams, thesis defense
- Reviewing/studying/revision for exams
- Attendance at scientific meetings/conferences if not presenting field work
- Hosting scientific meetings/conferences
- Computer and other information technology tutorial including Epi-Info
- Visits to institutions of learning
- Vacation, sick time, or any other paid or unpaid leave of absence

ACCREDITATION OF ADVANCED FETPs
MINIMUM INDICATORS AND STANDARDS

DOMAIN 1: MANAGEMENT, INFRASTRUCTURE, AND OPERATIONS			
Standard	**Justification**	**Description**	**Documentation and Validation Required**
Key Indicator: 1a) Governance			
<u>Standard 1a.1:</u> 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 relevant stakeholders; 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. The advisory board meets at least annually and produces minutes of its meetings.	Yes/No 1. Description of oversight mechanism. 2. List of advisory board members and affiliations. VALIDATION: Minutes of most recent meeting OR Interview with at least one member of the advisory board (or similar oversight committee).
<u>Standard 1a.2:</u> 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 capacity for the MOH(s), the	Evidence exists that the programs: 1. Are 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	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.

	country, or region's health system(s).	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.	OR 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. VALIDATION: Interviews with MOH or public health institution officials.
Key indicator: 1b) Infrastructure			
<u>Standard 1b.1:</u> 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)
<u>Standard 1b.2:</u> Residents have regular access to relevant public health learning resources.	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 comprise the core of FETP learning. Quality of FETP services and products is greatly influenced by access to and use of scientific literature.	Program assures access to core FETP learning resources for residents and technical staff, such as public health literature, journals, videos, tutorials, e-learning resources, etc. Program informs and provides guidelines to residents and technical staff about how to access and use scientific publications.	Yes/No VALIDATION: Survey of residents.

Standard 1b.3: The program has access to laboratory testing for outbreak investigations, epidemiology studies, or ongoing public health interventions, as required by country standards and capacity.	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 laboratories is paramount to supporting public health emergencies and outbreak investigations and in conducting systematic public health activities or studies.	The program has access to 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 seeks to receive results in time to support that investigation or intervention. At least 50% of outbreak investigations or epidemiologic studies that required laboratory confirmation, per the country standards, 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 available to all residents and staff.	The adoption and use of SOPs to develop FETP core competencies and provide essential public health services allow FETPs to achieve consistent and high-quality products and services, as long as program participants follow the steps described in the documents.	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: 1. Recruitment and selection procedures/criteria for residents and staff who supervise/mentor. 2. Duration of training. 3. Field placement selection and assignment. 4. Evaluation criteria for residents and staff who supervise/mentor. 5. FETP curriculum, core competencies of the program, and associated activities/deliverables.

			6. Resident graduation requirements.
Key Indicator: 1d) Orientation Manual			
Standard 1d.1: Within one month of starting the program each resident receives an orientation to the program.	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.	Within one 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.	Yes/No VALIDATION: Resident survey.
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, make decisions based on sound objective science and evidence, and contribute to sound, effective, and ethical public health practice.	The program provides information to all residents, supervisors, 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

DOMAIN 2: INTEGRATION WITH THE PUBLIC HEALTH SERVICE			
Key Indicator: 2a) Government (or other institution) Support			
Standard 2a.1: Government, public health authority, or other mandated institution provides financial or human resource support (note: regional programs may be hosted by another country's government).	Government financial or human resource support of the program contributes resources to build capacity for the country's (countries') public health system(s), demonstrates commitment to program goals and objectives, and contributes to the institutionalization, and strengthening of the public health system infrastructure. Increasing government financial support of programs initiated with external funding strengthens public health infrastructure and capacity.	At a minimum, the government, public health authority or 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 1. Description of current resource investment of the government or other institution directly supporting the FETP.
Key Indicator: 2b) Field Placements			
Standard 2b.1: The field placements are in service to the country's public health system(s) and allow residents to acquire the core competencies of the program.	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 epidemic response and surveillance during public health emergencies while enabling	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.	1. Description of how the program ensures the field placements allow residents to acquire their core competencies. Documentation that supports the selection and assessment of field placements e.g. assessment tools, application processes, memoranda of agreement, etc.

	residents to acquire core competencies of the program.		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 newsletter 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.

DOMAIN 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 provides leadership and oversight to the program.	Effective leadership and oversight of the program are cardinal to its success. The leadership and dedication of a senior, recognized, and respected public health professional is critical for the	The program has a dedicated director and/or coordinator who provide(s) leadership and oversight to the program. The designated program director or coordinator is a regular, salaried employee of the host public health institution.	1. Name of program director and/or coordinator. 2. Description of the roles and responsibilities of the program director and/or coordinator.

	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.		VALIDATION: interviews with program director and/or coordinator.
Standard 3a.2: The program has qualified technical staff to perform programmatic training functions.	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/ 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.	The program has qualified technical staff to train, oversee, and support residents' orientation, classroom training, field assignments, and monitoring and evaluation. Technical staff are qualified for their job if they have experience in one 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) experience in supervising public health professionals.	1. List of FETP technical staff: name, title, and description of role(s) performed. VALIDATION: interviews with program staff.
Standard 3a.3: The program has technical staff that oversee field activities, support residents' work, and provide timely feedback.	Competency-based training programs' ability to train epidemiologists and provide essential public health services substantially depends on residents	Technical staff are consistently involved with the residents' training projects and products, including planning and conducting activities, analysis, and reporting.	1. Evidence of supervisors' timely feedback to residents (e.g., e-mails, documents with comments, etc.)

	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.	They provide regular and timely feedback to residents, including sound technical advice to guide and improve service and products.	2. List of FETP field supervisors: name, title, and description of role(s) performed. VALIDATION: Interview with residents AND Residents survey
Standard 3a.4: The technical supervisors/staff are given orientation in order to provide technical assistance and supervision to residents in the field.	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.	The program has guidelines describing the role of technical supervisors/staff and minimum standards of practice, and provides an annual orientation orally and/or in writing to confirm their understanding and agreement to perform their role of tracking and evaluating residents' progress toward graduation.	1. Documentation of technical supervisors/staff receiving orientation. VALIDATION: Interview with supervisors

DOMAIN 4: SELECTION AND TRAINING OF RESIDENTS			
Key Indicator: 4a) Selection of Residents			
Standard 4a.1: Residents are selected based on documented criteria.	Well-defined criteria for recruitment and selection of candidates into the program: ● Secures the enrollment of highly motivated, qualified professionals into the program. ● Contributes to transparency of program operations, program credibility, and recognition of FETP graduates.	The program has documented resident selection criteria that include: 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 (e.g. high degree of motivation, being self-directed, inquisitive, self-studious, able to work in teams, and willing to train/educate others) 4) Professional experience in public health or field of education	1. Description of FETP recruitment and selection criteria. 2. Document showing profiles of current residents (active cohort, not the completed cohorts that were documented in the Certification of Eligibility).
Key Indicator: 4b) Defined Core Competencies and Associated Activities			
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 technical supervisors.	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. Clear definition of standards and requirements for each of the training products and services to be delivered and completed.	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	1. Document that aligns core competencies to the curriculum (didactic and field activities).

	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.	➢ Scientific Communication Activities/deliverables should include at a minimum: ● A report of a public health intervention or surveillance system development or evaluation. ● A report of an outbreak investigation. ● A presentation or publication. A report from the resident detailing work completed toward each core competency.	
Key Indicator: 4c) Residents are Completing Requirements of the Program			
Standard 4c.1: Program provides regular monitoring (at minimum every six months), evaluation, and tracking with timely feedback of resident activities and experiences toward completion of program requirements (core competencies).	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.	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.	1. Description of resident performance evaluation process. 2. Description of process used to review the quality of deliverables. VALIDATION: Review random sample (n=5) of resident progress reports from the past two cohorts. AND Resident survey AND Interview with residents
Standard 4c.2: Residents who complete the program have met all required core competencies.	To increase public health functional capacity with highly trained residents, programs need to ensure each graduate has acquired the core	All of the residents who complete the program have met all of the required core competencies.	1. Number of graduates in the past two cohorts who demonstrated achievement of all core competencies.

	competencies around which the program curriculum is developed.		VALIDATION: Review random sample (n=5) of summary reports, portfolios, or bodies of work from the past two cohorts. 2. Program must describe the metrics, tools, evaluation process or procedures it uses to determine whether residents have met all required core competencies.
Standard 4c.3: A minimum of 75% of residents complete the program within the expected time frame as defined by the program.	Field epidemiology 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 program by majority of 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.	75% of the past two cohorts have completed the program within the expected time frame. This calculation is performed by adding the number completed in the past two cohorts, and dividing that by the sum of the residents who started. There is one percentage capturing both cohorts, not two separate percentages.	1. The number of residents who started each of the past two cohorts. 2. The number of residents who completed each of the past two cohorts. VALIDATION: Review of the enrollment and completion records of the past two completed cohorts 3. [If an additional cohort has completed between time of application and time of site visit, that cohort will not be included in this calculation.]
DOMAIN 5: CONTINUOUS QUALITY IMPROVEMENT			
Key Indicator: 5a) The program makes a continuous, ongoing effort to achieve measurable improvements in program performance, accountability, and outcomes.			
Standard 5a.1: The program has a quality improvement process.	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.	The program systematically obtains information from residents, supervisors, staff, and other stakeholders. The program reviews this information and other program	Description of the quality improvement process used, including how feedback is sought and received and what program data is reviewed.

		data to evaluate and improve program operations.	VALIDATION: Interviews with program staff and supervisors AND Resident survey
<u>Standard 5a.2:</u> The program has implemented quality improvement activities.	The actual implementation of plans for quality improvement demonstrates the program's commitment to improving quality.	Quality improvement activities could include: ● Continuous training of supervisors ● Improving technical supervision and feedback ● Improving the overall management of the program ● Improving training quality ● Enhancing field placement opportunities and addressing challenges ● Expanding graduate placement opportunities ● Undergoing a monitoring and evaluation process Regular review of curriculum and training materials, with updates as needed	Evidence of at least two examples within the past five years documenting the results and actions taken from this process. VALIDATION: Interviews with program staff and supervisors AND Resident survey

Key Terms Used in this Document

Key terms defined below, and more are listed in the glossary of the Accreditation Manual.

Term	Definition
Advanced	This is the highest level of FETP training, and is the third and highest tier in the Pyramid FETP Model. It typically refers to two-year training programs. These two years do not include time spent training in the lower tiers of the pyramid.
FETP Director/ Coordinator	A public health professional who provides leadership and oversight to the program, such as the performance and operation of its technical components (field and didactic training), administrative activities (short and long term financial planning and reporting), and the overall supervision of program staff and residents. He/she is a full-time member of the host public health authority and 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.
Field Site or Work Site	This refers to the location/unit/division, etc. where the residents conduct their day-to-day work with the MOH or other public health agency. Especially for intermediate-level participants, this is where the field component takes place. Source: Score Card: Matrix Tool for FETP Assessment: Definitions and Clarifications, Centers for Disease Control and Prevention.
Field Training	Field training specifically refers to in-service training that is carried out as part of routine duty or actually being completed in the field such as an outbreak investigation, surveillance data analysis, surveillance system set-up/evaluation, intervention, epidemiological research, etc. (See Field Work)
Hosting Institution	Institution or organization that provides logistics/human resource facilities for conduct of FETP.
Partner	An institution or organization (not an individual) outside of the MOH (or as defined above) although it may be other governmental organizations or ministries, or other NGOs, universities, other private entities that has a relationship with the program and has some shared/united objectives or activities. They may be involved in technical or advocacy work/support. Source: Score Card: Matrix Tool for FETP Assessment: Definitions and Clarifications, Centers for Disease Control and Prevention.

Public Health Authority	Public health authority is defined as the agency that is responsible for preventing disease, promoting wellness, protecting the country's health and safety, and providing information to enhance health decisions. It is often, but not always, the same entity as described in the MOH definition above. Source: www.cdcfoundation.org/content/what-public-health.
(FETP) Standard operating procedure/manual	Document(s) describing the program organization and guidance to operate it, including recruitment and selection procedures/criteria for supervisors and residents, duration and content of the training, core learning competencies, field assignments and investigations, field placement selection and assignment, classroom training, and expected products from residents including written reports of surveillance evaluations, outbreaks, and related field investigations, evaluation criteria for residents, and technical supervisors, and resident graduation requirements.
Technical Supervisor/Staff	Technical supervisors/staff include field supervisors, mentors, and staff at the MOH, public health institute, university, or public health community providing guidance and supervision for residents' in-service training projects and products, including planning, conduct, analysis, and reporting, and feedback to improve service and products that relate to the program's core competencies. (*This does not include professors of university courses that do not provide supervision in the field.*)
Timely Feedback	Feedback that occurs at a suitable and opportune time to enable quick corrective action.