



## Accreditation Readiness Assessment

### 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 in 2011.

The Accreditation Readiness Assessment checklist details program eligibility, resources, policies, capacities, and activities that make up the minimum indicators and standards. The Readiness Assessment's ultimate goal is to help determine whether the program is aligned with FETP accreditation standards and to prepare the program to apply for accreditation. Programs can also use the results of their Readiness Assessment to assess alignment with accreditation standards in order to identify areas of quality improvement, possible barriers to implement changes, and resources needed.

### How to Use the Checklist

The Accreditation Readiness Assessment is for program use only. It should not be submitted to TEPHINET.

#### Basic Eligibility Requirements:

The first page of the checklist itemizes the three Basic 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 requirement and 2) is able to present the documentation listed as required.

To complete the first page of the Readiness Assessment, it is necessary to review the Accreditation of FETPs Indicators and Standards and to complete Tables 1 to 4 of the Accreditation Certification of Eligibility.

If the three Basic Eligibility Requirements are met, the program is eligible to be considered for accreditation. Programs that do not meet the Basic Eligibility Requirements are encouraged to use the Accreditation Readiness Assessment checklist to get a measure of their degree of alignment with accreditation standards in order to identify areas of quality improvement, possible barriers to implement changes, and resources needed.

#### Definition of Field Work

The majority of the FETP resident's 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).

Of 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 Minimum Indicators and Standards

The remaining pages of the checklist provide the description of each domain (1 to 4), and per each domain, of its indicators and standards.

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. 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 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.

### Organizing your team to complete the Accreditation Readiness Assessment:

At the end of this document, two additional checklists (Table 1 and Table 2) 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. Table 1 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. Table 2 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.

## 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 <b>equal to or greater than 21 months</b> .	<p>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.</p> <p>✓ What is the start date and completion date of your program for the most recent two cohorts of graduates? (See Table 1 of the Accreditation Certification of Eligibility.)</p>		
2. Evidence of Completed Cohorts: <b>At least two cohorts</b> of residents have completed the Program <b>within the past five years</b> .	<p>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.</p> <p>✓ The number of residents that completed the program for the past two cohorts (includes start and end date of each cohort) (See Table 2 of the Accreditation Certification of Eligibility.)</p>		
3. Predominance of <b>field work</b> : It is documented that the majority of the residents' time ( <b>minimum 68 weeks</b> ) is spent in field work.	<p>Program residents must spend a minimum of 68 weeks engaged in epidemiologic practice ("field work" defined earlier in this document).</p> <p>✓ Provide the annual calendar for the program that shows the periods reserved for field work and complete the table entitled Predominance of Field Work. (See Table 3 or 4 of the Accreditation Certification of Eligibility.)</p>		

## ACCREDITATION OF FETPs MINIMUM INDICATORS AND STANDARDS

### DOMAIN 1. MANAGEMENT, INFRASTRUCTURE, AND OPERATIONS

#### Key Indicators: 1a) Governance

Accreditation Standard	Description/Documentation Required	YES	NO
<p><b>Standard 1a1:</b> An advisory board, expert committee, or similar formal mechanism provides general guidance or oversight on the program's goals and operations.</p>	<p>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.</p> <p>✓ Description of oversight mechanism</p>		
<p><b>Standard 1a2:</b> The program is officially recognized as a component of the MOH(s) or public health institution(s).</p>	<p>Evidence exist that the program:</p> <ol style="list-style-type: none"> <li>1. Is among the first line of response to disease outbreaks and disasters, being frequently deployed by the MOHs or public health institution(s)</li> <li>2. Residents are assigned to expanding surveillance activities, identifying surveillance needs, and establishing new systems.</li> <li>3. Residents are invited by the MOH(S) or host institution(s) to conduct evaluations of disease and risk factor control programs and interventions.</li> </ol> <p>✓ 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</p> <p><b>OR</b></p> <p>✓ 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>		

#### Key indicator: 1b) Infrastructure

Accreditation Standard	Description/Documentation Required	YES	NO
<p><b>Standard 1b1:</b> The program has office space, supplies, and equipment.</p>	<p>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.</p>		
<p><b>Standard 1b2:</b> Residents have access to current public health or medical literature</p>	<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>		

<b>Standard 1b.3:</b> The program has access to laboratory testing for outbreak investigations.	<p>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.</p> <p>A table listing the ten most recent outbreak investigations, the disease/syndrome being investigated, and laboratory test(s) performed</p>		
<b>Key Indicator: 1c) Operational Guidelines and Procedures</b>			
<b>Accreditation Standard</b>	<b>Description/Documentation Required</b>	<b>YES</b>	<b>NO</b>
<b>Standard 1c.1:</b> The program has documented standard operating procedure/manual or similar guidance that is available to all residents, staff, and technical supervisors.	<p>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.</p> <p>✓ Copies of documents describing:</p> <ul style="list-style-type: none"> <li>- Recruitment and selection procedures/criteria for supervisors and residents</li> <li>- Duration of training</li> <li>- Field placement selection and assignment</li> <li>- Evaluation criteria for residents, and technical supervisors</li> <li>- FETP curriculum, core competencies of the program, and associated activities/deliverables</li> <li>- Resident graduation requirements</li> </ul>		
<b>Key Indicator: 1d) Orientation Manual</b>			
<b>Accreditation Standard</b>	<b>Description/Documentation Required</b>	<b>YES</b>	<b>NO</b>
<b>Standard 1d.1:</b> Within one month of starting the program each resident receives an orientation to the program.	<p>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.</p>		
<b>Key indicator: 1e) Scientific Integrity</b>			
<b>Accreditation Standard</b>	<b>Description/Documentation Required</b>	<b>YES</b>	<b>NO</b>
<b>Standard 1e.1:</b> The program promotes scientific integrity standards.	<p>The program provides information to residents and staff on basic principles and behaviors of scientific integrity in public health practice.</p>		

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**DOMAIN 2. INTEGRATION WITH THE PUBLIC HEALTH SERVICE**

**Key Indicators: 2a) Government (or Public Health Authority) Support**

Accreditation Standard	Description/Documentation Required	YES	NO
<b>Standard 2a.1:</b> Government or public health authority provides financial or human resource support (note: regional programs may be hosted by another country’s government).	<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>✓ Description of current resource investment of the government or mandated institution directly supporting the FETP</p>		

**Key Indicators: 2b) Field Placements**

Accreditation Standard	Description/Documentation Required	YES	NO
<b>Standard 2b.1:</b> 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	<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 assignment. Orientation to the assignment, supervision, and technical assistance are coordinated by the program and placement unit.</p> <p>✓ Describe how the program ensures the field placements allow residents to acquire their core competencies</p> <p>✓ Provide documentation that supports the selection and assessment of field placements e.g. assessment tools, application processes, memorandums of agreement, etc.</p>		

**Key Indicators: 2c) Engagement with Public Health Authorities**

Accreditation Standard	Description/Documentation Required	YES	NO
<b>Standard 2c.1</b> 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.	<p>FETP coordinates and disseminates residents’ investigations and reports via:</p> <ul style="list-style-type: none"> <li>- Updates to supervisors and personnel involved in the issue under investigation.</li> <li>- Updates to public health authorities.</li> <li>- Routine submission of residents’ reports to public health newsletters or epidemiology bulletins.</li> </ul> <p>✓ Description of how resident outputs are routinely provided to public health authorities</p> <p>Are all outbreak investigations shared with public health authorities?</p>		

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

**Key Indicators: 3a) Program Staffing**

Accreditation Standard	Description/Documentation Required	YES	NO
<p><b>Standard 3a.1:</b> The program has a director and/or coordinator who provide leadership and oversight to the program.</p>	<p>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.</p> <p>✓ Name of program director and/or coordinator Description of the roles and responsibilities of the program director and/or coordinator</p>		
<p><b>Standard 3a.2:</b> The program has qualified public health staff who perform programmatic training functions such as oversight of residents' orientation, classroom training, field assignments etc.</p>	<p>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.</p> <p>Supervisors are qualified for their job if they have experience in one or more of these areas:</p> <p>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.</p> <p>☐ List of FETP technical staff: name, title, and description of role(s) performed</p>		
<p><b>Standard 3a.3:</b> The program has technical supervisors that provide supervision of field activities, are involved with residents' work, and provide timely feedback.</p>	<p>Supervisors are consistently involved with the residents' in-service training projects and products including planning, conduction, analysis, and reporting.</p> <p>They provide regular and timely feedback to residents including sound technical advice to guide and improve service and products.</p> <p>☐ Evidence of supervisors' timely feedback to residents (e.g., e-mails, documents with comments, etc.).</p>		
<p><b>Standard 3a.4:</b> The program supervisors are given orientation in order to provide technical assistance and supervision to residents in the field.</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>☐ Documentation of supervisors receiving orientation.</p>		

**DOMAIN 4. SELECTION AND TRAINING OF RESIDENTS**

**Key Indicators: 4a) Selection of Residents**

Accreditation Standard	Description/Documentation Required	YES	NO
<b>Standard 4a.1:</b> Residents are selected based on documented criteria.	<p>The program has documented resident selection criteria that include:</p> <ol style="list-style-type: none"> <li>1) Education (e.g. successful completion of undergraduate education in biological sciences, social sciences, mathematics)</li> <li>2) Knowledge and Experience (e.g. experience in public health or field of education)</li> <li>3) Personal Suitability: High degree of motivation, being self-directed, inquisitive, self-studious, able to work in teams, and willingness to train/educate others</li> <li>4) Professional experience in public health or field of education</li> </ol> <p><input type="checkbox"/> Description of FETP recruitment and selection criteria.</p>		

**Key indicators: 4b) Defined Core Competencies and Associated Activities**

Accreditation Standard	Description/Documentation Required	YES	NO
<b>Standard 4b.1:</b> 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>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"> <li><input type="checkbox"/> Epidemiology methods</li> <li><input type="checkbox"/> Public health surveillance</li> <li><input type="checkbox"/> Outbreak investigation</li> <li><input type="checkbox"/> Scientific Communication</li> </ul> <p>Activities/deliverables should include at a minimum:</p> <ul style="list-style-type: none"> <li>• A report of a public health intervention or surveillance system development or evaluation.</li> <li>• Report of an outbreak investigation.</li> <li>• Presentation or publication.</li> </ul> <p>A report from the resident detailing work completed toward each core competency.</p> <p><input type="checkbox"/> Document that aligns core competencies to the curriculum (didactic and field activities).</p>		

**Key indicators: 4c) Resident are Completing Requirements of the Program**

Accreditation Standard	Description/Documentation Required	YES	NO
<b>Standard 4c.1:</b> Program provides regular monitoring (at minimum every six months),	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		

evaluation, and tracking with timely feedback of resident activities and experiences toward completion of program requirements (core competencies).	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.		
<b>Standard 4c.2:</b> 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		
<b>Standard 4c.3:</b> 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		
<b>Key indicators: 4d) Quality Improvement of the Program</b>			
<b>Accreditation Standard</b>	<b>Description/Documentation Required</b>	<b>YES</b>	<b>NO</b>
<b>Standard 4d.1:</b> 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 two examples within the past five years documenting the results and actions taken from this process		

**Table 1: Steps to Organize the FETP’s Work to Complete the Accreditation Readiness Assessment**

Suggested Steps	Who is Responsible?	Notes/Issues/ Deliverables
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)		
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		

**Table 2: 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:						