



Accreditation Readiness Assessment for Intermediate Programs

Objective

The goal of the Accreditation Readiness Assessment for Intermediate Programs is to help determine whether the program is aligned with FETP accreditation standards and to prepare the program to apply. Programs can also use the results of their Readiness Assessment to identify areas of quality improvement, possible barriers to implementing changes, and resources needed to apply. The Accreditation Readiness Assessment is for program use only; it should not be submitted to TEPHINET.

How to Use the Checklist

Basic Eligibility Requirements

The first page of the checklist lists the three Basic Eligibility Requirements and 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 required.

Accreditation Minimum Indicators and Standards

The checklist is organized by domain, listing each indicator, standard, and description. Documentation required at the application phase is listed in the middle column. For some standards, there is no documentation required. All standards will be validated at the site visit.

Place a checkmark in the YES column if the program meets the criteria and it is able to confirm the existence of the policies, resources, or activities by submitting the documentation required.

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

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

BASIC ELIGIBILITY REQUIREMENTS

REQUIREMENT	CRITERIA TO FULLY MEET THE REQUIREMENT / DOCUMENTATION REQUIRED	YES	NO
<p>1. <u>Program Duration</u>: The duration of the program is at least 33 weeks (7.5 months) and not more than 65 weeks (15 months).</p>	<p>As evidenced by the calendar, curriculum, and field experience required to graduate, the program requires between 33 and 65 weeks to complete.</p> <ul style="list-style-type: none"> Provide the start date and completion date of the program for the most recent two cohorts of graduates. 		
<p>2. <u>Evidence of Completion Rate and Completed Cohorts</u>: At least two cohorts of participants have completed the program within the past four years, and continuous cycles of recruitment have been established. At least 75% of the total participants who started the program also completed it within the required time frame.</p>	<p>As evidenced by the number of participants that have been accepted to the program and completed the program, at least 75% of the participants who started the program also completed it. Prior to application for accreditation, two cohorts have completed the program within the past four years.</p> <ul style="list-style-type: none"> Demonstrate that 75% of participants completed the program by dividing the total number that completed the program by the total number that started the program (for the two most recently completed cohorts). 		
<p>3. <u>Predominance of Field Work</u>: The majority of the participants' time is spent in field work. Not more than 25% of the entire duration of the program is spent in the classroom (didactic/formal course work).</p>	<p>Program participants must spend at least 75% of their time in the program engaged in epidemiologic practice.</p> <ul style="list-style-type: none"> Provide the annual calendar for the program that shows the periods reserved for classroom instruction, and complete the table entitled Predominance of Field Work at Work Sites. 		
<p>4. <u>Work Sites</u>: At least 80% of participants are employed in a public health institution.</p>	<p>At least 80% of program participants are professionals working in public health institutions. (See "Work Sites for Intermediate Programs" in the Appendix of this document.)</p> <ul style="list-style-type: none"> Provide a list of participants and the name of the public health institution where they were employed, for the previous two completed cohorts. 		

ACCREDITATION OF INTERMEDIATE FETPs MINIMUM INDICATORS AND STANDARDS:
READINESS ASSESSMENT

DOMAIN 1. MANAGEMENT, INFRASTRUCTURE, AND OPERATIONS			
Key Indicator: 1a) Governance			
Accreditation Standard	Description	YES	NO
Standard 1a.1: An advisory board, expert committee, or similar formal mechanism provides general guidance or oversight on the program’s goals and operations.	<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 (including human resources), 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.</p> <p>This body also supports the development of an epidemiology workforce strategy.</p> <p><i>Documentation required:</i></p> <ol style="list-style-type: none"> <i>Description of oversight mechanism.</i> 		
Standard 1a.2: The program is officially recognized as a component of the MOH(s), NPHI, or public health institution(s).	<p>The program is among the first line of response to disease outbreaks and disasters, being frequently deployed by the MOH(s), NPHI, or public health institution(s).</p> <p>Participants are assigned to analysis and limited evaluation of surveillance activities, identifying surveillance needs.</p> <p>Participants are invited by the MOH(s), NPHI or host institution(s) to conduct limited evaluations of surveillance programs and interventions.</p> <p><i>Documentation required:</i></p> <ol style="list-style-type: none"> <i>Official documentation of the existing relationship (e.g. MOU, organizational chart, program website language, telephone directory, etc.)</i> 		
Key indicator: 1b) Infrastructure			
Accreditation Standard	Description	YES	NO
Standard 1b.1: 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 participants and access basic office supplies for program purposes.		
Standard 1b.2: Participants have access	Program assures access to core FETP learning resources for participants and technical staff.		

to current public health or medical literature.	Program informs and provides guidelines to participants and technical staff about how to access and use scientific publications.		
Standard 1b.3: The participants have access to laboratory testing for epidemiological investigations, if required per country standards.	The participants have access to laboratory services and are 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. <i>Documentation required:</i> 1. A table listing the epidemiological investigations in the most recent completed cohort, the disease/syndrome being investigated, and laboratory test(s) performed, if required.		
Key Indicator: 1c) Operational Guidelines and Procedures			
Accreditation Standard	Description	YES	NO
Standard 1c.1: The program has documented standard operating procedures/manual or similar guidance that is available to all participants, 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 participants including written reports of surveillance evaluations, outbreaks, and related field investigations. <i>Documentation required:</i> <i>Copies of documents describing:</i> 1. Recruitment and selection procedures/criteria for supervisors and participants. 2. Duration of training. 3. Evaluation criteria for participants, and technical supervisors. 4. FETP curriculum, core competencies of the program, and associated activities/deliverables. 5. Participant graduation requirements.		
Key Indicator: 1d) Orientation Manual			
Accreditation Standard	Description	YES	NO
Standard 1d.1: Within two weeks of starting the program, each participant receives an orientation to the program.	Within two weeks of entry into the program, each participant receives an orientation (document, manual, or oral presentation). The orientation describes program components: core FETP competencies and associated activities, deliverables to be completed by participants for graduation, participant performance evaluation measures, and feedback to the program.		
Key indicator: 1e) Scientific Integrity			
Accreditation Standard	Description	YES	NO

Standard 1e.1: The program promotes scientific integrity standards.	The program provides information to participants and staff on basic principles and behaviors of scientific integrity in public health practice.		
DOMAIN 2. INTEGRATION WITH THE PUBLIC HEALTH SERVICE			
Key Indicators: 2a) Government (or Public Health Authority) Support			
Accreditation Standard	Description	YES	NO
Standard 2a.1: Government, public health authority, or other mandated institution provides financial or human resource support.	At a minimum, the government, public health authority or mandated institution contributes funding for program costs (e.g., staff salaries, training facilities, communications equipment, utilities, etc.) or human resource support (e.g. staff time, mentors' time, guest faculty etc.). <i>Documentation required:</i> 1. <i>Description of current resource investment of the government or other institution directly supporting the FETP.</i>		
Key Indicators: 2b) Work Sites			
Accreditation Standard	Description	YES	NO
Standard 2b.1: The participants' work sites are in the public health sector and allow participants to acquire the core competencies of the program.	Participant work sites allow opportunities to acquire core competencies by providing access to surveillance data, opportunity for epidemiological investigation including outbreak investigation, and access to surveillance systems for the purpose of evaluation. <i>Documentation required:</i> 6. <i>For the previous two cohorts, list the participant name, work site (for at least 80%, must be in MOH or a public health division of another institution), and sentence stating the field work opportunities offered by the work site.</i> 7. <i>Provide documentation showing that work site employers permit participants to complete all required program activities (e.g. permission letters).</i>		
Key Indicators: 2c) Engagement with Public Health Authorities			
Accreditation Standard	Description	YES	NO
Standard 2c.1 Participants develop epidemiological investigations and reports addressing the country's public health priorities and routinely present results from their activities to public health authorities.	FETP coordinates and disseminates participants' investigations and reports via: <ul style="list-style-type: none"> • Updates to supervisors and personnel involved in the issue under investigation. • Updates to public health authorities. • Routine submission of participants' reports to public health newsletters, epidemiology bulletins, or equivalent publications. <i>Documentation required:</i>		

	<p>8. <i>Description of how participant outputs are routinely provided to public health authorities.</i></p> <p>9. <i>Documentation/evidence of sharing resources with public health authorities (bulletin publication, outbreak investigation reports, meeting minutes, etc.).</i></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	YES	NO
Standard 3a.1: The program has a director, coordinator, or designated person who provides leadership and oversight to the program.	<p>The intermediate program has a dedicated director or coordinator who provides leadership and oversight to the program. The designated program director or coordinator is a regular, salaried employee of the host public health institution.</p> <p>In some countries this role may be the responsibility of someone with a title other than director or coordinator.</p> <p><i>Documentation required:</i></p> <ol style="list-style-type: none"> 1. <i>Name of program director and/or coordinator.</i> 2. <i>Description of the roles and responsibilities of the program director and/or coordinator.</i> 		
Standard 3a.2: The program has qualified technical staff who perform programmatic training functions such as oversight of participants' orientation, classroom training, etc.	<p>The program has qualified technical staff to train and oversee participants' orientation, classroom training, field work, and monitoring and evaluation. These technical staff support program supervisors'/mentors' evaluations of participants' performance.</p> <p>Program supervisors/mentors are qualified for their job if they have approved mentor training or experience in one or more of these areas: 1) management, design, and analysis of public health surveillance systems; 2) outbreak and other epidemiologic investigations; 3) disease prevention and control strategies; and 4) experience in mentoring public health professionals.</p> <p><i>Documentation required:</i></p> <ol style="list-style-type: none"> 1. <i>List of FETP technical staff: name, title, and description of role(s) performed.</i> 2. <i>List of program supervisors/mentors with qualifications including mentors training.</i> 		
Standard 3a.3: The program has supervisors/mentors that provide supervision of field activities, are involved with participants' work, and provide timely feedback.	<p>Supervisors are consistently involved with the participants' in-service training projects and products including planning, execution, analysis, and reporting.</p> <p>They provide regular and timely feedback to participants including sound technical advice to guide and improve service and products.</p> <p><i>Documentation required:</i></p> <ol style="list-style-type: none"> 1. <i>Evidence of supervisors' timely feedback to participants (e.g. e-mails, documents with comments, etc.).</i> 		

Standard 3a.4: The technical supervisors/staff are given orientation/training in order to provide technical assistance and supervision to participants in the field.	<p>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 participants' progress toward graduation.</p> <p><i>Documentation required:</i></p> <ol style="list-style-type: none"> 1. <i>Agenda of the orientation/training for technical supervisors/staff.</i> 2. <i>List of technical supervisors/staff receiving orientation/training.</i> 		
DOMAIN 4. SELECTION AND TRAINING OF PARTICIPANTS			
Key Indicators: 4a) Selection of Participants			
Accreditation Standard	Description	YES	NO
Standard 4a.1: Participants are selected based on documented criteria and transparent processes.	<p>The program has documented participant 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, or mathematics); and computer literacy 2) Knowledge of basic epidemiology and experience in human, animal, or environmental health 3) Personal suitability (e.g., high degree of motivation, being self-directed and inquisitive, ability to work in teams, and willingness to train/educate others) <p>The program has a transparent, well-defined recruitment process aligned with program or country needs.</p> <p><i>Documentation required:</i></p> <ol style="list-style-type: none"> 1. <i>Description of FETP recruitment process and selection criteria.</i> 2. <i>Document showing the admission matrix for the current cohort (active cohort, not the completed cohorts that were documented in the Certification of Eligibility).</i> 		
Key indicators: 4b) Defined Core Competencies and Associated Curriculum			
Accreditation Standard	Description	YES	NO
Standard 4b.1: The program has well-defined, documented core competencies (around which the curriculum was developed). These core	<p>The program has a well-defined, documented list of core competencies which reflect the development of the curriculum. There are both didactic courses and field activities/deliverables that are explicit to all participants and supervisors.</p>		

<p>competencies are directly associated with didactic (classroom) and field activities, and deliverables. These are explicit for all participants and program supervisors/mentors.</p>	<p>At a minimum, the core competencies address:</p> <ul style="list-style-type: none"> ➤ Epidemiologic methods ➤ Public health surveillance ➤ Outbreak and epidemiological investigations ➤ Scientific communication <p><i>Documentation required:</i></p> <ol style="list-style-type: none"> 1. Document that aligns core competencies to the curriculum (didactic and field activities). This is referred to as a crosswalk. 		
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Key indicators: 4c) Participants are Completing Requirements of the Program

Accreditation Standard	Description	YES	NO
<p>Standard 4c.1: Program provides regular, standardized monitoring (at minimum every other month), evaluation, and tracking with timely feedback of participant activities and experiences toward completion of program requirements (core competencies).</p>	<p>Programs provide regular, timely feedback of the quality and completeness of the participants' projects, and products to guide, track, and report on their progress. Programs monitor and document participants' activities and progress toward completion of their graduation requirements and contribute to their regular performance evaluations by providing oral and written feedback about their progress and performance.</p> <p><i>Documentation required:</i></p> <ol style="list-style-type: none"> 1. Description of participant performance evaluation process. 		
<p>Standard 4c.2: Participants who complete the program have met all required core competencies.</p>	<p>All of the participants who complete the program have completed all of the required deliverables.</p> <p>Activities/deliverables should include at a minimum:</p> <p><i>Individual</i></p> <ul style="list-style-type: none"> • Reports on <ul style="list-style-type: none"> ○ Data analysis ○ Surveillance system evaluation ○ Epidemiologic/outbreak investigation • Abstract • Oral presentation <p><i>Group</i></p> <ul style="list-style-type: none"> • Full participation in group project <p><i>Documentation required:</i></p> <ol style="list-style-type: none"> 1. Program must describe the metrics, tools, evaluation process or procedures it uses to determine whether participants have met all required core competencies. 2. Documentation showing the assignments of participants to the group project. 		

<p>Standard 4c.3: Each cohort will conduct a group project of a priority health issue.</p>	<p>The group project is an epidemiologic field study that requires every FETP-Intermediate participant to support the study’s planning, design, data collection, management, and analysis, as well as interpretation and reporting of the findings and development of recommendations.</p> <p>The topic is usually chosen in consultation with the MOH / NPHI ahead of time and protocol drafted by FETP staff.</p> <p><i>Documentation required:</i></p> <ol style="list-style-type: none"> 1. <i>Topic and methods of group project (e.g., copy of protocol)</i> 2. <i>Number of interviews conducted by each participant</i> 3. <i>Documentation of oral presentation and/or written report presented to MOH/NPHI officials</i> 		
DOMAIN 5. CONTINUOUS QUALITY IMPROVEMENT OF THE PROGRAM			
Key indicators: 5a) The program makes a continuous, ongoing effort to achieve measurable improvements in program performance, accountability, and outcomes.			
Accreditation Standard	Description	YES	NO
<p>Standard 5a.1: The program has a quality improvement process.</p>	<p>The program systematically obtains information from participants, supervisors, staff, and other stakeholders. The program reviews this information and other program data to evaluate and improve program operations.</p> <p><i>Documentation required:</i></p> <ol style="list-style-type: none"> 1. <i>Description of the quality improvement process used, including how feedback is collected and what program data is reviewed.</i> 		
<p>Standard 5a.2: The program has implemented quality improvement activities.</p>	<p>Quality improvement activities could include:</p> <ul style="list-style-type: none"> • Continuous training of mentors and supervisors • Regular review of the recruitment process of participants and mentors • Improving technical supervision and feedback • Improving the overall management of the program • Improving training quality <p><i>Documentation required:</i></p> <ol style="list-style-type: none"> 1. <i>Evidence of at least two examples within the past three years documenting the results and actions taken from this process.</i> 		

APPENDIX

WORK SITES FOR INTERMEDIATE PROGRAM PARTICIPANTS

Typically, intermediate FETP participants are working in a public health capacity in a public health institution

A public health institution work site includes:

- Ministry of Health (all levels within a country; should be the most common work site)
- Public health divisions in other ministries, including:
 - Agriculture
 - Animal health
 - Environment
 - Labor
 - Military/defense/police
 - Justice/forensics
 - NPHIs
 - National public health laboratories
 - Social security (where it is a provider of health services)
 - Education
 - Ports of entry/borders
- Teaching hospitals (public health focus)
- Medical research institutions (public health focus)

A public health institution work site does not include:

- Academic institutions and universities
- NGOs (unless specifically supporting the health ministry in public health activities at any level)
- UN agencies (unless specifically supporting the health ministry in public health activities at any level)
- Pharmaceutical and technology companies
- Private institutions (e.g., insurance companies)