Accreditation Readiness Assessment (Advanced-Level FETPs)

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 goal of the Accreditation Readiness Assessment 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 identify areas of quality improvement, possible barriers to implement changes, and resources needed. 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 itemizes the three Basic Eligibility Requirements, the required criteria, 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.

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**. See the Appendix for a complete definition of field work.

Accreditation Minimum Indicators and Standards

The remaining pages of the checklist provide the description of each domain (1 to 5), and 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 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 accreditation standard.

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

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 to complete. • Provide the start date and completion date of your program for the most recent two cohorts of graduates.		
2. Evidence of 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 the program also completed it.	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. • Provide start and completion dates for two cohorts within five years. • Provide the number of residents that completed the program for the past two cohorts (include start and end date of each cohort), divided by the total number that started the program.		
3. Predominance of **field work**: It is documented that the majority of the residents' time (**minimum 68 weeks**) is spent in field work.	Program residents must spend a minimum of 68 weeks engaged in epidemiologic practice ("field work," defined in the Appendix of this document). • Provide the annual calendar for the program that shows the periods reserved for field work, and be able to demonstrate the predominance of field work.		

DOMAIN 1. MANAGEMENT, INFRASTRUCTURE, AND OPERATIONS			
Key Indicators: 1a) Governance			
Accreditation Standard	Description/Documentation Required	YES	NO

<u>Standard 1a1:</u> 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 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.
	
	Documentation Required:
	    1. Description of oversight mechanism.
	    2. List of advisory board members and affiliations.		

<u>Standard 1a2:</u> The program is officially recognized as a component of the MOH(s) or public health institution(s).	Evidence exists 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. Documentation Required: • 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		
Key indicator: 1b) Infrastructure			
Accreditation Standard	Description/Documentation Required	YES	NO

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.		
Standard 1b2: Residents have regular access to relevant public health learning resources.	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.		
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.	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. Documentation Required: 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			
Accreditation Standard	**Description/Documentation Required**	**YES**	**NO**
Standard 1c.1: The program has documented standard operating procedure/manual or similar guidance that is available to all residents and staff.	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. Documentation Required: Copies of documents describing: - Recruitment and selection procedures/criteria for residents and staff who supervise/mentor. - Duration of training - Field placement selection and assignment - Evaluation criteria for residents and staff who supervise/mentor. - FETP curriculum, core competencies of the program, and associated activities/deliverables - Resident graduation requirements		
Key Indicator: 1d) Orientation Manual			

Accreditation Standard	Description/Documentation Required	YES	NO
Standard 1d.1: Within one month of starting the program each resident receives an orientation to the program.	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.		

Key indicator: 1e) Scientific Integrity			
Accreditation Standard	Description/Documentation Required	YES	NO
Standard 1e.1: The program promotes scientific integrity standards.	The program provides information to residents, supervisors, 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/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.). Documentation Required: Description of current resource investment of the government or mandated institution directly supporting the FETP		
Key Indicators: 2b) Field Placements			
Accreditation Standard	Description/Documentation Required	YES	NO
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	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. Documentation Required: 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, memorandums of agreement, etc.		

Key Indicators: 2c) Engagement with Public Health Authorities			
Accreditation Standard	Description/Documentation Required	YES	NO
<u>Standard 2c.1</u> 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. Documentation Required: • Description of how resident outputs are routinely provided to public health authorities • Are all outbreak investigations shared with public health authorities?		

<u>DOMAIN 3.</u> 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
<u>Standard 3a.1:</u> The program has a director and/or coordinator who provide leadership and oversight to the program.	The program has a dedicated director and/or coordinator who provide leadership and oversight to the program. The designated program director and/or coordinator is a regular, salaried employee of the host public health authority. Documentation Required: • Name of program director and/or coordinator • Description of the roles and responsibilities of the program director and/or coordinator		
<u>Standard 3a.2:</u> The program has qualified technical staff to perform programmatic training functions.	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;		

Accreditation Standard	Description/Documentation Required	YES	NO
	4) experience in supervising public health professionals. Documentation Required: List of FETP technical staff: name, title, and description of role(s) performed		
Standard 3a.3: The program has technical staff that oversee field activities, support residents' work, and provide timely feedback.	Technical staff are consistently involved with the residents' in-service training projects and products including planning, conduction, analysis, and reporting. They provide regular and timely feedback to residents including sound technical advice to guide and improve service and products. Documentation Required: 1. Evidence of supervisors' timely feedback to residents (e.g., e-mails, documents with comments, etc.). 2. List of FETP field supervisors: name, title, and description of roles(s) performed.		
Standard 3a.4: The technical supervisors/staff are given orientation in order to provide technical assistance and supervision to residents in the field.	The program has guidelines describing the role of technical supervisors/staff 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. Documentation Required: Documentation of technical supervisors/staff receiving orientation.		

DOMAIN 4. SELECTION AND TRAINING OF RESIDENTS

Key Indicators: 4a) Selection of Residents

Accreditation Standard	Description/Documentation Required	YES	NO
Standard 4a.1: Residents are selected based on documented criteria.	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: 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 Documentation Required: 1. Description of FETP recruitment and selection criteria.		

	2. Document showing profiles of current residents (active cohort, not the completed cohorts that were documents in the Certification of Eligibility).		

Key indicators: 4b) Defined Core Competencies and Associated Activities			
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 technical 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: 1. Epidemiology methods 2. Public health surveillance 3. Outbreak investigation 4. Scientific Communication Activities/deliverables should include at a minimum: 1. A report of a public health intervention or surveillance system development or evaluation. 2. A report of an outbreak investigation. 3. A presentation or publication. 4. A report from the resident detailing work completed toward each core competency. Documentation Required: Document that aligns core competencies to the curriculum (didactic and field activities).		

Key indicators: 4c) Resident are Completing Requirements of the Program			
Accreditation Standard	Description/Documentation Required	YES	NO
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).	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. Documentation Required: 1. Description of resident performance evaluation process. 2. Description of the process used to review the quality of deliverables.		
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. Documentation Required:		

Accreditation Standard	Description/Documentation Required	YES	NO
	1. Number of graduates in the past two cohorts who demonstrated achievement of all core competencies 2. Program must describe the metrics, tools, evaluation process or procedures it uses to determine whether residents have met all required core competencies. 3. Program must describe the metrics, tools, evaluation processes 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.	75% of the past two cohorts have completed the program within the expected time frame. Documentation Required: • The number of residents who started each of the past two cohorts • The number of residents who completed each of the past two cohorts [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 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/Documentation Required	YES	NO
Standard 5a.1: The program has a quality improvement process.	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. Documentation Required: Description of the quality improvement process used, including how feedback is sought and received and what program data is reviewed		
Standard 5a.2: The program has implemented quality improvement activities.	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 • Regular review of curriculum and training materials, with updates as needed Documentation Required:		

	Evidence of at least two examples within the past five years documenting the results and actions taken from this process		

APPENDIX

INCLUDED in field work (epidemiologic practice):

- o 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.)

- o Conducting surveillance, including regular surveillance meetings

- o Conducting special studies (surveys, program/surveillance evaluation)

- o Data management and analysis*

- o Scientific writing* (includes epi bulletins, outbreak reports, brief reports, and other technical reports)

- o Literature search in support of scientific writing and epidemiologic practice*

- o Preparing for and presenting at scientific conferences

- o Consultation with policy makers

- o Media interviews

- o Laboratory bench work in support of epidemiologic practice

- o Teaching and supervision of another resident/s or field epidemiologists (ToT: Training of Trainers)

- o Developing and/or delivering epidemiology and biostatistics training for the public health workforce

- o 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:

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