



Reaccreditation: Minimum and Elevated Standards

Use this document to determine whether the program meets the minimum or elevated standard. In order to be Reaccredited, a program must meet all standards. In order to achieve Reaccreditation with Distinction, a program must meet 75% of the standards at the elevated level in any domain (16 standards, not including 4c3).

DOMAIN 1. MANAGEMENT, INFRASTRUCTURE, AND OPERATIONS			
Key Indicator: 1a) Governance			
Accreditation Standard	Description/Documentation Required (Minimum Standard)	Description/Documentation Required (Elevated Standard)	Notes
<p>Standard 1a1: 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 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.</p> <p>Documentation Required:</p>	<p>The advisory body’s annual meeting produces an action plan and follow-up mechanism.</p> <p>The advisory body has a defined tenure and composition (in terms of roles/organizations represented), and is stable (in terms of turnover).</p> <p>Documentation Required: Demonstration that the body is active, stable, and consistent in membership, with no more than 50% turnover in a given year.</p>	

	<ol style="list-style-type: none"> 1. Description of oversight mechanism 2. List of advisory board members <p>Validation: Minutes of most recent meeting</p> <p>OR</p> <p>Interview with at least one member of the advisory board (or similar oversight committee).</p>	<p>Validation:</p> <ol style="list-style-type: none"> 1. Minutes of the last two years' worth of meetings. 2. List of members and roles/organizations represented. 3. Copies of reports demonstrating follow-up on action plans. 	
<p>Standard 1a2: The program is officially recognized as a component of the MOH(s) or public health institution(s).</p>	<p>Evidence exists that the program:</p> <ol style="list-style-type: none"> 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. <p>Documentation Required:</p> <ol style="list-style-type: none"> 3. 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>The FETP is mentioned in the “resources” of the country preparedness and response plan.</p> <p>Documentation Required: Demonstration that the FETP concept is increasingly recognized as a model for sustainable public health capacity. For example, the country preparedness and response plan includes mention of the FETP. FETP participation creates eligibility for job recruitment/promotion.</p> <p>Validation: Interviews with MOH or public health institution officials.</p>	

	<p>OR</p> <p>4. 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> <p>Validation: Interviews with MOH or public health institution officials.</p>		
Key indicator: 1b) Infrastructure			
Accreditation Standard	Description/Documentation Required (Minimum Standard)	Description/Documentation Required (Elevated Standard)	Notes
<p>Standard 1b1: 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>Validation: Site visit (check list)</p>	<p>Program provides consistent, ready or online access to knowledge resources relevant to field epidemiology in order to facilitate the successful completion of core activities of learning and development of high-quality field products, <i>or</i> enables full access to all of these for residents if they are housed outside of the FETP facility.</p> <p>There should be separate student reading/discussion rooms. If the program is decentralized or virtual, there should be a consistently available audio-visual conferencing system and IT support.</p> <p>Validation:</p> <ol style="list-style-type: none"> 1. Site visit 2. Residents Anonymous Survey 	

<p>Standard 1b.2: Residents have regular access to relevant public health learning resources.</p>	<p>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.</p> <p>Program informs and provides guidelines to residents and technical staff about how to access and use scientific publications.</p> <p>Validation: Residents Anonymous Survey</p>	<p>Program or hosting institution has a sustainable annual subscription to major epi journals or online libraries with access to them. Residents receive a password when they start the program to access online research opportunities, even remotely. Residents should have convenient access to a library (online or university access can replace physical space).</p> <p>Documentation Required:</p> <ol style="list-style-type: none"> 1. Subscription to journals or available online remote access 2. Demonstration of password system in place <p>Validation:</p> <ol style="list-style-type: none"> 1. Site visit 2. Residents Anonymous Survey 	
<p>Standard 1b.3: The program has access to laboratory testing for outbreak investigations, epidemiology studies, or ongoing public health interventions, as required by country</p>	<p>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</p>	<p>FETP residents routinely have access to laboratories as necessary for outbreak investigations. This can be a national/state/local or in-house lab.</p> <p>At least 75% of outbreak investigations that required laboratory confirmation, per the country standards, had laboratory testing performed.</p>	

standards and capacity.	<p>country standards, had laboratory testing performed.</p> <p>Documentation Required: A table listing the ten most recent outbreak investigations, the disease/syndrome being investigated, and laboratory test(s) performed.</p> <p>Validation:</p> <ol style="list-style-type: none"> 1. Review of the outbreak investigation reports 2. Current residents interview 	<p>Documentation Required: MoU between FETP and laboratory, or other documentation demonstrating the relationship.</p> <p>A table listing the ten most recent outbreak investigations, the disease/syndrome being investigated, and laboratory test(s) performed.</p> <p>Validation:</p> <ol style="list-style-type: none"> 1. Review of the outbreak investigation reports demonstrating lab confirmation when required. 2. Current residents interview 	
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Key Indicator: 1c) Operational Guidelines and Procedures

Accreditation Standard	Description/Documentation Required (Minimum Standard)	Description/Documentation Required (Elevated Standard)	Notes
<p>Standard 1c.1: The program has documented standard operating procedure/manual or similar guidance that is available to all residents and staff.</p>	<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>Documentation Required:</p> <ol style="list-style-type: none"> 1. Copies of documents describing: <ul style="list-style-type: none"> ○ Recruitment and selection procedures/criteria for residents and staff who supervise/mentor 	<p>FETP SOPs/manual, reviewed at least every five years with the new cohort, covering all six items in minimum standard, plus SOPs/guidance documents on: 1) outbreak investigation and writing of field reports; 2) selection process for participation in international conferences [if needed]; 3) allocation/selection process for grant opportunities [if needed]; 4) manuscript publication and presentation (including best practices for authorship/attribution and scientific communication); 5) abstract review and submission process; and 6) best practices for</p>	

	<ul style="list-style-type: none"> ○ 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 	<p>field project activities (other than outbreak investigations).</p> <p>Documentation Required: Updated manual, additional SOPs/guidance documents as described.</p> <p>Validation:</p> <ol style="list-style-type: none"> 1. Residents anonymous survey and interview with supervisors. 2. Review of documentation of the additional six elements. 	
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Key Indicator: 1d) Orientation Manual

Accreditation Standard	Description/Documentation Required (Minimum Standard)	Description/Documentation Required (Elevated Standard)	Notes
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<p>Standard 1d.1: Within one month of starting the program each resident receives an orientation to the program.</p>	<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> <p>Validation: Residents anonymous survey.</p>	<p>Organized workshop (in person or remotely) to present the program, its objectives, and the SOPs. Participants have opportunity to give feedback in order to improve future workshops.</p> <p>Documentation Required: Agenda of the workshop; photos (if applicable).</p> <p>Validation: Residents Anonymous Survey</p>	
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Key indicator: 1e) Scientific Integrity

Accreditation Standard	Description/Documentation Required (Minimum Standard)	Description/Documentation Required (Elevated Standard)	Notes
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<p>Standard 1e.1: The program promotes scientific integrity standards.</p>	<p>The program provides information to all residents, supervisors, and staff on basic principles and behaviors of scientific integrity in public health practice.</p> <p>Validation:</p> <ol style="list-style-type: none"> 1. Residents Anonymous Survey 2. Interview of technical supervisors 	<p>Presentation, workshop, or course on: (1) scientific integrity; (2) instructions for submission of a research protocol to an ethics committee; and (3) principles of ethics in applied research.</p> <p>Program tracks ethics committee submissions and approvals. If there is not an ethics committee per se, program technical staff performs this review function.</p> <p>Documentation Required:</p> <ol style="list-style-type: none"> 1. Agenda of the workshop (or description of course or presentation); evaluation and report (if workshop); details about attendance (if presentation or course). 2. A table showing all research protocols carried out during the last two years (title, aim, study design, name of the resident, approval mechanism). <p>Validation:</p> <ol style="list-style-type: none"> 1. Residents anonymous survey 2. Interview of FETP technical staff. 	
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DOMAIN 2. INTEGRATION WITH THE PUBLIC HEALTH SERVICE

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

Accreditation Standard	Description/Documentation Required (Minimum Standard)	Description/Documentation Required (Elevated Standard)	Notes
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<p>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).</p>	<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>Documentation Required: Description of current resource investment of the government or mandated institution directly supporting the FETP</p>	<p>The program has sustainable funding.</p> <p>The mandated institution contributes funding for outbreak investigation costs (travel and accommodations).</p> <p>Documentation Required: Document or description demonstrating access to stable, guaranteed, sufficient funding to support program needs, including outbreak investigation costs. This could be a line in the MoH, other government ministry or agency, or hosting institution budget, or a statement/letter from the director of the program that FETP residents have equal access to resources as any other MOH/host institution department with regards to field activities, including outbreak investigations.</p>	
Key Indicator: 2b) Field Placements			
Accreditation Standard	Description/Documentation Required (Minimum Standard)	Description/Documentation Required (Elevated Standard)	Notes
<p>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</p>	<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>Documentation Required:</p>	<p>Field placements are identified and assessed systematically, and are rotated according to country public health needs; the needs for residents to acquire core competencies; and the number of selected FETP participants.</p> <p>Documentation Required: Documents describing: 1- the census of the country's available field placements (FPs); 2- identification and selection criteria for FPs; 3- assessment of opportunities offered by FPs; 4- FP staff continuous development plan.</p>	

	<p>2. Description of how the program ensures the field placements allow residents to acquire their core competencies</p> <p>3. Documentation that supports the selection and assessment of field placements e.g. assessment tools, application processes, memorandums of agreement, etc.</p> <p>Validation: Interview with supervisors and residents</p>	<p>Validation: Interview with supervisors and residents. Census of available field placements.</p>	
Key Indicator: 2c) Engagement with Public Health Authorities			
Accreditation Standard	Description/Documentation Required (Minimum Standard)	Description/Documentation Required (Elevated Standard)	Notes
<p>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.</p>	<p>FETP coordinates and disseminates residents' investigations and reports via:</p> <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 residents' reports to public health newsletters or epidemiology bulletins. <p>Documentation Required:</p> <ul style="list-style-type: none"> ● Description of how resident outputs are routinely provided to public health authorities ● Are all outbreak investigations shared with public health authorities? 	<p>Most research questions come from the PH authorities (MoH or other). Results are regularly presented at the end of the study to inform decisions.</p> <p>Results from investigations are immediately transmitted to the public health authorities to inform decisions.</p> <p>Documentation Required: Reports, letters, or meeting agendas showing that results were submitted or presented (as appropriate).</p> <p>Validation: interviews with MOH / public health authority. Review of reports, letters, meeting agendas.</p>	

	Validation: interviews with MOH / public health authority.		
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DOMAIN 3. STAFFING AND SUPERVISION (The following standards do not necessarily indicate that there are separate individuals performing each of these functions)

Key Indicator: 3a) Program Staffing

Accreditation Standard	Description/Documentation Required (Minimum Standard)	Description/Documentation Required (Elevated Standard)	Notes
<p>Standard 3a.1: The program has a director and/or coordinator who provide leadership and oversight to the program.</p>	<p>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.</p> <p>Documentation Required:</p> <ul style="list-style-type: none"> ● Name of program director and/or coordinator ● Description of the roles and responsibilities of the program director and/or coordinator <p>Validation: interviews with program director and/or coordinator.</p>	<p>Full time FETP director/coordinator who: 1- is responsible for providing strategic vision to the FETP; 2- participates in MoH discussions to orient the FETP; 3- coordinates the FETP staff members and provides them orientation for the cohort; 4- considers assessments of field placements when allocating resources and FETP participants.</p> <p>Documentation Required:</p> <ol style="list-style-type: none"> 1. FETP director/coordinator work contract with job profile/description OR designation letter or job description of the program director and/or coordinator. 2. Organogram (organization chart) of the FETP team. <p>Validation: interviews with program director and/or coordinator.</p>	
<p>Standard 3a.2: The program has qualified</p>	<p>The program has qualified technical staff to train, oversee, and support residents' orientation,</p>	<p>FETP technical staff members are full time and are either FETP graduates or experienced</p>	

<p>staff to perform programmatic training functions.</p>	<p>classroom training, field assignments, and monitoring and evaluation.</p> <p>Technical staff are qualified for their job if they have experience in one or more of these areas:</p> <ol style="list-style-type: none"> 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. <p>Documentation Required: List of FETP technical staff: name, title, and description of role(s) performed</p> <p>Validation: interviews with program staff.</p>	<p>epidemiologists (with at least five years' experience).</p> <p>Documentation Required: Work contract or designation letter and job profile of the FETP technical staff members.</p> <p>Validation: interviews with program technical staff.</p>	
<p>Standard 3a.3: The program has technical staff that oversee field activities, support residents' work, and provide timely feedback.</p>	<p>Technical staff are consistently involved with the residents' in-service training projects and products, including planning and conducting activities, 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>Documentation Required:</p> <ol style="list-style-type: none"> 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 role(s) performed. 	<p>Supervisors are ideally FETP graduates themselves. If they are not FETP graduates, they are experienced in field epidemiology and have the necessary skills to provide supervision to their assigned residents.</p> <p>Supervisors devote substantial, consistent time to FETP residents. The average time commitment for supervisors should be 20%.</p> <p>Examples of time commitment might include, but are not limited to:</p> <ul style="list-style-type: none"> ● open-door policy ● multiple channels of communication ● periodic reports of participant performance 	

	<p>Validation:</p> <ol style="list-style-type: none"> 1. Interview with residents 2. Residents anonymous survey 	<ul style="list-style-type: none"> ● regularly scheduled meetings. <p>Documentation Required:</p> <ol style="list-style-type: none"> 1. Work contract or job profile/description of FETP field supervisors, OR written description of the requirements/expectations for field supervisors. 2. List of current field supervisors and their qualifications. <p>Validation:</p> <ol style="list-style-type: none"> 1. Interview with residents 2. Residents anonymous survey 	
<p>Standard 3a.4: The technical supervisors/staff 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/staff and minimum standards of practice, and provides an annual orientation orally and/or in writing confirming their understanding and agreement to perform their role of tracking and evaluating residents' progress toward graduation.</p> <p>Documentation Required: Documentation of technical supervisors/staff receiving orientation.</p> <p>Validation: Interview with supervisors</p>	<p>Regular (at least yearly) workshop organized for the FETP technical supervisors, where participants have the opportunity to give feedback.</p> <p>Supervisors are trained according to a standard curriculum or are accountable for having a standard set of basic skills.</p> <p>Documentation Required:</p> <ol style="list-style-type: none"> 1. Agenda of the most recent workshop. 2. Document describing how the trainers (supervisors) are trained and the skills they must possess. <p>Validation: Interview with supervisors</p>	

DOMAIN 4. SELECTION AND TRAINING OF RESIDENTS

Key Indicator: 4a) Selection of Residents

Accreditation Standard	Description/Documentation Required (Minimum Standard)	Description/Documentation Required (Elevated Standard)	Notes
<p>Standard 4a.1: Residents are selected based on documented criteria.</p>	<p>The program has documented resident 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, 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 <p>Documentation Required:</p> <ol style="list-style-type: none"> 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). 	<p>Publication of the announcement in the MoH website or official website of the FETP. Application by CV and letter of intent/motivation (cover letter), or similar method appropriate to country norms.</p> <p>Selection criteria that take into account at least: 1) country priorities; 2) profile of the candidate (MD, MPH, Vet or others); 3) needs and capacity of the field sites; 4) representation of the population served (e.g. gender, language, ethnicity, geographical representation, or other demographic characteristics).</p> <p>Documentation Required: Document containing selection criteria.</p>	

Key Indicator: 4b) Defined Core Competencies and Associated Activities

Accreditation Standard	Description/Documentation Required (Minimum Standard)	Description/Documentation Required (Elevated Standard)	Notes

<p>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.</p>	<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"> ● Epidemiology methods ● Public health surveillance ● Outbreak investigation ● Scientific Communication <p>Activities/deliverables should include at a minimum:</p> <ol style="list-style-type: none"> 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. <p>Documentation Required: Document that aligns core competencies to the curriculum (didactic and field activities).</p>	<p>FETP curriculum that, in addition to the four pillars of field epidemiology, takes into account and evolves to address the country’s public health priorities. This process should be driven by the steering committee.</p> <p>Documentation Required:</p> <ol style="list-style-type: none"> 1. Enriched FETP curriculum showing consistency with the country public health priorities, with a crosswalk document that demonstrates the alignment between enriched curriculum and associated competencies or a log of changes made to the curriculum with justification. 2. Description of the process for modifying the curriculum according to emerging public health priorities (i.e. the five year plan of the MOH or equivalent) and monitoring or evaluation findings, including the frequency of curriculum review. 	
Key Indicator: 4c) Resident are Completing Requirements of the Program			
Accreditation Standard	Description/Documentation Required (Minimum Standard)	Description/Documentation Required (Elevated Standard)	Notes

<p>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).</p>	<p>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.</p> <p>Documentation Required:</p> <ol style="list-style-type: none"> 1. Description of resident performance evaluation process. 2. Description of the process used to review the quality of deliverables. <p>Validation:</p> <ol style="list-style-type: none"> 1. Review random sample (n=5) of resident progress reports from the past two cohorts. 2. Residents anonymous survey 3. Interview with residents 	<p>Program uses a standard evaluation tool to assess the progress and performance of FETP participants, including a follow-up mechanism.</p> <p>Documentation Required: Tool or grid designated for the purpose, and evaluation report.</p> <p>Validation:</p> <ol style="list-style-type: none"> 1. Review random sample (n=5) of resident progress reports from the past two cohorts. 2. Residents anonymous survey 3. Interviews with residents 	
<p>Standard 4c.2: Residents who complete the program have met all required core competencies.</p>	<p>All of the residents who complete the program have met all of the required core competencies.</p> <p>Documentation Required:</p> <ol style="list-style-type: none"> 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 	<p>Program has clear graduation criteria (see minimum standard 1c.1).</p> <p>FETP participants' portfolio shows use of most of the topics in the curriculum for their projects. FETP participants go beyond descriptive epidemiology in their projects.</p> <p>Documentation Required:</p>	

	<p>have met all required core competencies.</p> <p>Validation: Review random sample (n=5) of summary reports, portfolios, or bodies of work from the past two cohorts.</p>	<p>1. List of deliverables produced by each resident during the two most recent cohorts, showing that residents meet graduation criteria.</p> <p>Validation: Review random sample (n=5) of summary reports, portfolios, or bodies of work from each of the past two cohorts. (Must demonstrate elevated standard, including more than descriptive epidemiology.)</p>	
<p>Standard 4c.3: A minimum of 75% of residents complete the program within the expected time frame as defined by the program.</p>	<p>75% of the past two cohorts have completed the program within the expected time frame.</p> <p>Documentation Required:</p> <ul style="list-style-type: none"> • The number of residents who started each of the past two cohorts • The number of residents who completed each of the past two cohorts <p>[If an additional cohort has completed between time of application and time of site visit, that cohort will not be included in this calculation.]</p>	N/A	

DOMAIN 5. CONTINUOUS QUALITY IMPROVEMENT OF THE PROGRAM

Key Indicator: 5a) The program makes a continuous, ongoing effort to achieve measurable improvements in program performance, accountability, and outcomes.

Accreditation Standard	Description/Documentation Required (Minimum Standard)	Description/Documentation Required (Elevated Standard)	Notes
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<p>Standard 5a.1: The program has a quality improvement process.</p>	<p>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.</p> <p>Documentation Required: Description of the quality improvement process used, including how feedback is sought and received and what program data is reviewed</p> <p>Validation:</p> <ol style="list-style-type: none"> 1. Interviews with program staff and supervisors 2. Residents anonymous survey 	<p>The program regularly undergoes self-evaluation, formulates an action plan, and implements follow up.</p> <p>Items for self-evaluation may include:</p> <ul style="list-style-type: none"> ● Number of surveillance systems analyzed and improved ● Number of outbreak responses/investigations by residents ● Number of FETP-related outputs presented to decision makers ● Number of recommendations implemented by PH authorities ● Scientific rigor and merit of abstracts submitted by fellows to the Global TEPHINET Conference, EIS, etc. ● Number of publications by cohort ● Number of fellows employed in epidemiology-related positions after graduation ● Position or role of each graduate within the public health system <p>Documentation Required:</p> <p>Demonstration of a self-evaluation process and follow-up plan, including items from the above list, or similar. This could be part of an annual reporting effort.</p>	
<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 supervisors ● Improving technical supervision and feedback ● Improving the overall management of the program ● Improving training quality 	<p>The program organizes regular and continuous training for the technical and admin staff.</p> <p>The curriculum is regularly revised according to the country public health priorities. The field placements list is revised and updated regularly.</p>	

	<ul style="list-style-type: none"> ● Enhancing field placement opportunities and addressing challenges ● Expanding graduate placement opportunities ● Undergoing a monitoring and evaluation process. ● Review of curriculum and training materials, with updates as needed <p>Documentation Required: Evidence of at least two examples within the past five years documenting the results and actions taken from this process</p> <p>Validation:</p> <ol style="list-style-type: none"> 1. Interviews with program staff and supervisors 2. Residents anonymous survey 	<p>Documentation Required:</p> <ol style="list-style-type: none"> 1. Agenda or documentation showing continuous training for technical and admin staff, and which areas were covered in training 2. Updated version of the curriculum 3. Updated list of the country's public health priorities 4. Updated list of field placements 	
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