TEPHINET

Accreditation of Field Epidemiology Training Programs Evaluation

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Executive Summary

Background

Formed in 1997, Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET), a project of The Task Force for Global Health, is a global professional network of 75 field epidemiology training programs (FETPs) working across more than 100 countries. The mission of TEPHINET is to empower and mobilize a competent field epidemiology workforce to serve all people through standardized training, experiential learning, training program quality improvement, mentoring, and knowledge. FETPs play a critical role in improving global health security by strengthening country capacity to detect and respond to disease outbreaks and other public health threats.

Through TEPHINET’s Accreditation Program, FETPs have the opportunity to meet internationally recognized standards to support quality training and increased recognition of their value in supporting country public health priorities. FETPs can apply for accreditation status for advanced programs, which is granted by the TEPHINET Global Accrediting Body (GAB). Requirements for accreditation are grouped into five domains: Management, Infrastructure, and Operations, Integration with Public Health Service, Staffing and Supervision, Selection and Training of Residents, and Continuous Quality Improvement. Any program can use the accreditation indicators and standards to identify areas of improvement regardless of its intent to apply for accreditation.

Preparation for accreditation requires a concerted effort on the part of the program and may take a program several months or longer. The process consists of five key stages: Accreditation Readiness Assessment, Letter of Intent and Certification of Eligibility, Accreditation Application, Site Visit by Accreditation Review Team (ART), and Global Accrediting Body (GAB) Review and Decision. The TEPHINET Global Accrediting Body (GAB) has accredited 18 FETPs.

Purpose/Objective

The purpose of this evaluation is to perform a thorough evaluation of the process of FETP accreditation and its value in improving the quality of field epidemiology training programs.

Objectives included examination of the TEPHINET Accreditation Program, identification of key stakeholders, and assessment of the stakeholders’ experience, critique of the process, and sense of the value of various aspects of the program. The evaluator, an experienced standards and accreditation professional, also reviewed criteria for accreditation, process, method, materials, evaluation training, and examples to generate recommendations for improvement.

Methodology

The TEPHINET Accreditation Manual for Field Epidemiology Training Programs, Accreditation of Advanced Level FETPs Minimum Indicators and Standards, accreditation criteria, process, method, readiness assessment for prospective applicants, eligibility and application materials, assessment materials; site visit planning materials and reporting templates, Accreditation Review Team (ART) recruitment and training materials, assessment
materials for the Global Accrediting Body (GAB), and feedback forms were reviewed for consistency, thoroughness, clarity, and usefulness. Eligibility requirements for the ART, GAB and the Accreditation Working Group (AWG) were also examined.

Stakeholders consisted of two categories: FETPs and non FETP stakeholders. The non FETP stakeholders included current and past members of the Accreditation Working Group (AWG), members of the Global Accrediting Body (GAB), on-site reviewers, consultants, and a program funder. In total, there were 72 stakeholders included in this evaluation. Interviews were conducted from July - September 2020 by Zoom or telephone with 16 accredited FETPs, 1 FETP which applied but was not accredited, 10 current AWG members, a funder, and 2 consultants. FETPs which had never applied for accreditation, former members of the AWG, reviewers, and GAB members participated in an online survey. With exceptions to wording or inclusion based on the respondents' role, the questions asked of all participants were the same and revolved around two distinct areas: questions about the experiences or expectations of the process of applying for and being reviewed for accreditation and perceived value of the TEPHINET international accreditation.

Analysis of the data included tabulation of yes/no responses and statistical reporting on ranking of agreement/disagreement with value assertions. Comments, critiques, and feedback were assessed to provide qualitative information. Responses from programs were also examined for correlation with age of program, number of graduates, type of host organization, and year of accreditation as well as information from the 2016 Rand Corporation report, *Identifying Future Disease Hotspots: Infectious Disease Vulnerability Index* (Moore).

**Key Findings**

The TEPHINET Accreditation Process is thorough, objective and effective in assessing the strengths of FETPs and offering paths to improvement in gap areas. The standards are comprehensive, specific, and concise, while allowing for some variation in methodology and documentation appropriate to local context. Documentation required for proof of compliance is substantial, but not onerous, and an in-person site visit verifies and clarifies submitted materials. The process and information are transparent and readily available.

The process follows logical steps and there are clear guidelines, procedures, and timelines for each step of the process. Bodies accountable for aspects of the process are made up of highly regarded and experienced experts who meet strict qualifications for participation, are trained appropriately for their roles, and (excluding the TEPHINET secretariat) invest their time and effort without remuneration from TEPHINET.

Evaluations are performed objectively and with strict adherence to the documentation and validation requirements of each indicator and standard. The Accreditation Review Team (ART) participates in intensive training before each on-site visit. There are ample opportunities for the provision of feedback by participants at all levels of the process and a clear mechanism for managing appeals and complaints.

All FETPs, accredited, denied accreditation and never applied were aware that accreditation required adherence to indicators and standards. 87.5% of accredited programs and 86.7% of the programs that had not yet applied were aware that materials are available on the TEPHINET website. Of the programs that had applied for accreditation, only one had not made use of the Readiness Assessment Tool, and 67% of the programs that had not yet applied had either used the tool or were in the process of using it. Of the FETPs that had applied, 53%
could report that someone had attended a workshop about accreditation, and 59% thought that there were ample training opportunities available. 60% of programs that had not applied attended workshops and 67% felt that training opportunities were sufficient.

Respondents were thoughtful and thorough in their responses and appeared eager to provide their experience and anonymous feedback for this evaluation. Stakeholders found the TEPHINET Accreditation Process valuable overall and reported that the process was challenging, time demanding, but worth it.

The rating given to various aspects of expected value for accredited FETPs was based on the experience of their own program and directly related to the areas that were improved as a result of going through the process. Already strong, established FETPs rated value of going through the assessment process in specific areas lower than did programs that improved aspects of their programs in order to meet the requirements. Strong programs did not attribute their success and excellence to the accreditation process itself, but were pleased to have their excellence recognized. As a result, value assessments were lower for programs that had gone through the process than that given by stakeholders who ranked value based on expectations of value for FETPs as a whole.

The effect of accreditation on program status and graduate preparedness received the highest ranking of all of the value assessments. Lowest were the rankings for the effect of accreditation on increasing the interest of potential students, general interest in the FETP, and program sustainability. Programs were divided regarding the value of accreditation for graduates of the programs, but in a separate and unrelated survey of the FETP Alumni Network this year, 98.6% of the 215 responding said that it is important to be a graduate of an accredited FETP and 96.7% felt that it provided an advantage.

When mapping the five domains of the indicators and standards to value, the effect of the accreditation process on improving management and operations was ranked as the most valuable. Public health integration and policy and procedures for resident selection and training were ranked the lowest, especially by programs which felt that these were strong areas before they sought accreditation.

No connection was found between FETP country’s vulnerability to infectious diseases, the age of the program, number of graduates, type of host organization, or year accredited and response trends in the study.

Conclusions

Project Strengths

All stakeholders found the TEPHINET Accreditation Process valuable – challenging and complex, but worthwhile.

The FETPs that had gone through the process reported pride in having been accredited, in the recognition of the excellence of their programs, and in having met the considerable challenge of applying, being evaluated for, and receiving accreditation. Many of the accredited programs reported that the accreditation process revealed gaps in some areas which then were improved using the criteria of the indicators and standards required for accreditation. The rating given to various aspects of expected value by accredited FETPs was directly related to the areas that were changed and improved as a result of going through the process.
FETPs which had been evaluated reported that the evaluation process was challenging, requiring substantial gathering and documenting of information. One person reported that it was the hardest thing they ever done in their life. Interestingly, this task was reported to have provided the most value. Centralizing information provided for procedural clarity and consistency of operations. Even programs that had good document management appreciated the opportunity to do a thorough review of the program as a whole.

The Accreditation Review Team on-site visit was universally reported to be the best part of the assessment. Accreditation was described as intensive, extensive, and important, allowing programs to show a verified, internationally recognized level of expertise.

Areas for Improvement

Language was cited as a significant issue. Accreditation materials, forms, and requirements are available only in English. Understanding the accreditation requirements and process was difficult for non-English speakers.

Well established programs reported less direct value received from accreditation than did programs which improved their existing processes to meet the standards.

While the indicators and standards as well as required documentation are concise, many programs reported some difficulty in mapping the requirements to their local terminology and determining what would constitute adequate evidence of meeting the standard.

Accreditation looks at systems, processes and procedures to determine that the minimum standards are met, but several respondents felt assessment of quality was missing.

The accreditation process requires a substantial time commitment and dedication from FETPs, and generating approval to apply from leadership was reported to sometimes be difficult to acquire. In addition, some inquired whether a program might risk future support if it applied, but did not become accredited.

Because the process is thorough, some reported that it can seem overwhelming before a program actually decides to apply and begins the process.

Recommendations

Market accreditation more broadly to increase value and participation. Include various levels of FETP staff as well as Ministry of Health, National Health Institutions, and Universities in workshops or other awareness activities. Distributed international awareness would insure value and buy in. Find ways to publicly convey the value of accredited FETPs to countries and regions to increase interest and make FETPs a financial priority.

Increase options for peer-to-peer engagement among FETPs. Many accredited programs suggested that they would be willing to mentor programs that were applying or considering applying. Connecting programs would also improve sharing of best practices, ideas and innovations and increase the value of accreditation for well-established programs.
Translate materials into languages other than English. Translators Without Borders (www.translatorswithoutborders.org/our-work/development) and PerMondo (www.permondo.eu) provide free translation services to non-profit organizations and could be good resources.

Provide a roadmap to accreditation like a “Best Practices Initiative”. Use regional networks and other opportunities to build awareness of best practices among FETPs that would lead programs to improve their programs enough to take the Readiness Assessment and consider applying for accreditation.

Provide sample “proof of compliance” resources. Sample policies, SOPs, records and documents taken from submissions by accredited programs, could help resolve questions about mapping documentation requirements to local terminology, practical aspects of field work, and country context. Include a list of terms used in different countries for the same thing.

Offer the possibility of direct upload of documentation. This would relieve the difficulty of submitting large amounts of material via email.

Consider modifications of the process that would allow regionally structured programs to participate.

Consider adding components of quality assessment. Quality assessments could be added to the existing requirements or levels of accreditation could be developed for a more advanced accreditation beyond minimum indicators and standards.

Update the Accreditation Manual. The manual needs to be updated to reflect the creation of the fifth domain in 2019 and Chapter 5: Preparing Program Accreditation Applications should be revised to reflect better chronological order. The manual could also contain the components of ART training.
Acknowledgements

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Interviewed Field Epidemiology Training Programs (in country order)
- MPhil (Applied Epidemiology), Australia
- Brazil Field Epidemiology Training Program
- Cameroon Field Epidemiology Training Program
- Canada Field Epidemiology Program
- China Field Epidemiology Program
- Field Epidemiology Program of Colombia
- Postgraduate Training for Applied Epidemiology, Germany
- Ghana Field Epidemiology and Laboratory Training Program
- Kenya field Epidemiology and Laboratory Training Program
- Morocco Field Epidemiology Training Program
- Pakistan Field Epidemiology and Laboratory Training Program
- Philippines Field Epidemiology Training Program
- South Africa Field Epidemiology Training Program
- South Caucasus Field Epidemiology and Laboratory Training Program
- Tanzania Field Epidemiology and Laboratory Training Program
- United States Epidemic Intelligence Service
- Zimbabwe Masters in Public Health FETP

Surveyed Field Epidemiology Training Programs (in country order)
- Angola Field Epidemiology and Laboratory Training Program
- Argentina Field Epidemiology Training Program
- Central America Field Epidemiology Training Program
- Caribbean Regional Field Epidemiology and Laboratory Training Program
- Egypt Field Epidemiology Training Program
- Ethiopia Field Epidemiology and Laboratory Training Program
- ECDC Fellowship Program (EPIET/EUPHEM), European Union
- Haiti Field Epidemiology Training Program
- Indian Ocean Field Epidemiology Training Program
- MALI Field Epidemiology Training Program
- Mozambique Field Epidemiology Training Program
- Sudan Field Epidemiology Training Program
- Taiwan Field Epidemiology Training Program
- Turkey Field Epidemiology Training Program
- Zambia Field Epidemiology Training Program

Additional Important Contributors
- Members of the Accreditation Working Group (current and former)
- Members of various Accreditation Review Teams
- Members of the Global Accrediting Body
- TEPHINET Consultants to the Accreditation Program
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Background

Formed in 1997, Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET), a project of The Task Force for Global Health, is a global professional network of 75 field epidemiology training programs (FETPs) working across more than 100 countries. The mission of TEPHINET is to empower and mobilize a competent field epidemiology workforce to serve all people through standardized training, experiential learning, training program quality improvement, mentoring, and knowledge exchanges in order to connect epidemiologists better, faster, and with quality across the globe. (About, 1997-2020) FETPs play a critical role in improving global health security by strengthening country capacity to detect and respond to disease outbreaks and other public health threats. TEPHINET members have trained more than 14,000 public health professionals to be the “boots on the ground” in the fight against diseases and other public health threats. (Who We Are, 1997-2020)

Typically, FETPs are housed within ministries of health, national public health institutes, or institutes of higher education. Depending on local needs and resources, programs differ in their personnel structures, cohort sizes, and length of training. Regardless of the model used, all field epidemiology training programs subscribe to the maxim of “training through service.” In addition, each program is adapted to meet the health needs of the country or region in which it functions. (What We Do, 1997-2020)

FETP training follows a three-tiered pyramidal model comprising basic, intermediate, and advanced training. Basic-level FETPs, also known as Frontline FETPs, generally require 3 months of part-time training. Intermediate-level FETPs generally require 9-12 months of part-time training while they remain in their workplaces (as intermediate FETP aims to keep trainees in their workplaces, trainees receive roughly six to eight weeks of face-to-face modules and complete work-based projects in between). Advanced-level programs require two years of mentored, full-time training, with 75% consisting of training in the field. (What We Do, 1997-2020)

FETP graduates work in areas including outbreak investigations, disease surveillance, public health program development, general public health services, and urgent health needs. FETPs play a critical role in improving global health security by strengthening country capacity to detect and respond to disease outbreaks and other public health threats. (What We Do, 1997-2020)

Program Description

Through TEPHINET’s Accreditation Program, FETPs have the opportunity to align with common standards to support quality training and increased recognition of their value in supporting country public health priorities.
FETPs can apply for accreditation status for advanced programs, which is granted by the TEPHINET Global Accrediting Body (GAB).

TEPHINET developed the process and standards for accreditation over a five-year period with input from its global network of programs and partners, including the TEPHINET Accreditation Working Group (AWG), a committee of technical experts whose input guides the development of TEPHINET’s accreditation processes and procedures. The standards are grouped into five domains:

1. Management, Infrastructure, and Operations
2. Integration with Public Health Service
3. Staffing and Supervision
4. Selection and Training of Residents
5. Continuous Quality Improvement (the criteria in this domain were inside the 4th domain until 2019)

Any program can use the accreditation indicators and standards to identify areas of improvement regardless of its intent to apply for accreditation.

Preparation for accreditation requires a concerted effort on the part of the program and may take a program several months or longer. The process consists of five key stages (see Appendix 1 - Flowchart):

1. Accreditation Readiness Assessment
2. Letter of Intent and Certification of Eligibility
3. Accreditation Application
4. Site Visit by Review Team
5. GAB Review and Decision

TEPHINET’s FETP Accreditation Reviewers evaluate FETP accreditation applications, examine evidence provided by the programs, conduct site visits as part of an Accreditation Review Team (ART), prepare reports, and make recommendations to the Global Accrediting Body regarding a program’s accreditation status.

The TEPHINET Global Accrediting Body (GAB) is the technical body that makes the ultimate decision on whether to accredit a program. Since the launch of its first cycle of accreditation in 2016, the TEPHINET Global Accrediting Body (GAB) has accredited 18 FETPs. (Accreditation, 1997-2020)

**Purpose and Objectives of Evaluation**

The purpose of this evaluation is to perform a thorough evaluation of the process of FETP accreditation and its value in improving the quality of field epidemiology training programs.

The objective of this evaluation is to examine four years of the TEPHINET Accreditation Program, which is in its 5th cycle of accreditation of FETPs, and to identify key stakeholders, and assess the stakeholders’ experience, their critique of the process, and their sense of the value of various aspects of the program. The evaluation
should provide quantitative and qualitative feedback to the program resulting from the data acquired, including recommendations for improvement.

In addition, the evaluator, an experienced standards and accreditation professional, will review criteria for accreditation, process, method, and examples to generate recommendations for improvement, including the manual (which includes standards); readiness assessment for prospective applicants; application materials; assessment materials; site visit planning materials and reporting templates; reviewer recruitment and training materials; assessment materials for the Global Accrediting Body; and feedback forms.

Methodology

The TEPHINET Accreditation Manual for Field Epidemiology Training Programs, Accreditation of Advanced Level FETPs Minimum Indicators and Standards, criteria for accreditation, process, method, readiness assessment for prospective applicants, eligibility and application materials, assessment materials; site visit planning materials and reporting templates, Accreditation Review Team (ART) recruitment and training materials, assessment materials for the Global Accrediting Body (GAB), and feedback forms were reviewed for consistency, thoroughness, clarity, and usefulness. Eligibility requirements for the ART, GAB and the Accreditation Working Group (AWG) were also examined.

Stakeholders consisted of two categories: FETPs (accredited programs, programs that applied but did not qualify, and programs which have not applied) and non-FETP stakeholders. The non-FETP stakeholders included current and past members of the Accreditation Working Group (AWG), members of the Global Accrediting Body (GAB), on-site reviewers, consultants, and one program funder. In total, there were 72 stakeholders included in this evaluation.

To maximize the opportunity to draw out comment, critique, lessons learned, and feedback, interviews were conducted from July - September 2020 by Zoom conference or telephone. Included were 16 of 18 FETP Programs, which were accredited, 1 program of 2 which applied but did not qualify to be accredited, 10 of 12 current AWG members, one funder, and 2 consultants.

FETPs which had not applied for accreditation, former members of the AWG, reviewers, and GAB members were requested to respond to an online survey during the same time period. Survey respondents were invited to add comments, critique, and feedback at the end of the survey. Respondents included 7 of 8 former members of the AWG, 6 of 7 members of the GAB, 19 of 32 on-site reviewers, and 15 of 58 FETPs which had never applied for accreditation.

With exceptions to wording or inclusion based on the respondents' role, the questions asked of all participants were the same (see Appendix 2). Accredited FETPs were asked to assess the questions from their program’s experience of the process and the impact of the process and the accreditation on their programs. On-site reviewers, as well as current and former AWG members, were not asked questions about their experience or expectations of going through the application process. The program which applied for but was not accredited was not asked questions relating to improvements to their program from the process of accreditation.
Questions asked of participants revolved around two distinct areas: questions about the experiences or expectations of the process of applying for and being reviewed for accreditation and perceived value of the TEPHINET international accreditation.

Analysis of the data included tabulation of yes/no responses and statistical reporting on questions that involved a ranking of agreement/disagreement with assertions. Analyses of comments, critiques, and feedback were assessed to provide qualitative information as to stakeholder investment in the accreditation of FETPs, perception of benefit, and program recommendations. FETPs responses were also examined using information about them gathered from the TEPHINET website, including age of program, total number of graduates, type of host organization (university or government health agency), and year of accreditation. Additionally, information from the 2016 Rand Corporation report, Identifying Future Disease Hotspots: Infectious Disease Vulnerability Index (Moore) was reviewed to determine if conclusions could be drawn between country vulnerability factors and responses given by the programs.

Respondents were thoughtful and thorough in their responses and appeared eager to provide their experience and anonymous feedback for this evaluation.

**Evaluation Findings**

**Value Assessment of TEPHINET Accreditation Process**

Respondents were asked to assess the value of TEPHINET Accreditation as it relates to various areas by responding with agreement or disagreement to assertions of beneficial results from accreditation. Accredited FETPs responded to value questions from the direct experience that the accreditation process had on their programs. Other constituencies responded based on their theoretical expectations of value to FETPs based on their role and experience.

There was considerable agreement among all stakeholders that accreditation leads to an increase in status for an FETP. The mean score for all respondents was 3.60, with 3 representing agree and 4 representing strongly agree. Individual constituent groups indicated some variation in agreement. The single funder provided a 3.0 (agree) score and the single program (which attempted but failed to be accredited) and all GAB members provided scores of 4.0 (strongly agree). The mean score given by accredited programs was 3.38, with 63% strong agreement, 12% agreement, and 25% disagreement. Reasons for disagreement included lack of universal awareness of accreditation and a concern that accreditation is voluntary, so good programs might become less valued if they chose not to participate. See figure 1 below, and Appendix 3, Table 1.

Among all stakeholders, there was more variation in the belief that accreditation led to an increase of status for FETP graduates. The mean score for all respondents was 3.38, only slightly lower than the effect of accreditation on the programs themselves, but there was more variation among individual constituent groups. In commentary, some respondents indicated that the impact of accreditation on the graduate status was either unknown or minimal since the graduates had not been surveyed, and their status resulted from the reputation of the FETP and/or the host organization within the country. Some indicated that graduates were hired mostly in country, so the effect of international accreditation would be minimal. Still, others felt that it would be
advantageous to the graduates, especially if applying for positions out of country. One organization was proud to say that the seal of accreditation was on every graduate certificate for that reason. TEPHINET offered a separate graduate survey to members of the FETP Alumni Network this year. Of the 215 respondents, 98.6% responded that it is important to be a graduate of an accredited FETP and 96.7% indicated that there is an advantage from graduating from an accredited program.

In the area of the effect of accreditation on sustainability of FETPs, there was broad agreement with the assertion, the average score for all respondents being 3.18. Most hesitation to strongly agree was based on the belief that the sustainability of the program was based more on the funding priorities of the country and the host organization, whether Ministry of Health, Public Health Institution, or University. Those who felt that it did have a substantial impact reported effective marketing of the accreditation to those organizations. They also cited the use of accreditation status to leverage the FETPs power to provide input to these institutions on widespread public health considerations and ensure that the FETP remained a financial priority.

When asked about the value of accreditation in generating increased interest in an FETP by potential residents, responses were mixed (see Figure 2 below and Appendix 3, Table 2). The mean score for accredited FETPs was 2.63, the FETP that attempted but failed accreditation response was disagreement (2), the rating of the funder was disagreement (2), the mean of current AWG members was 3.00, and the average of all ratings was 2.72. The other stakeholders were not asked this question. In breaking down these responses, the comments were significant. The accredited programs which disagreed with the assertion that accreditation generated increased interest from potential residents (41%) reported that their programs generally had more applicants than they could serve, that applicants most often came either from government programs or the university and would likely not be aware of the accreditation, or that they were accredited too recently to be able to see a trend.
Those who agreed (59%) reported an increase in applicants since accreditation, a rise in applicants coming to their program from outside of the country which they attributed to accreditation and/or accreditation being listed by applicants among reasons for applying to the program.

Stakeholders were asked about the value of accreditation in generating more general interest in an FETP, such as interest from other professionals, institutions, or the public. Responses varied here again, but the mean here being somewhat higher for all respondents, clearly indicating general agreement, at 3.18. Respondents except for actual accredited FETPs were more positive than the FETPs that actually experienced effects of having been accredited, except for the funder category. The mean score for accredited programs was only 2.56, with 53% indicating agreement and 47% indicating disagreement. Several FETPs reported in commentary that their specialty was well known within the health profession but not more broadly, although they had become somewhat more visible because of the covid-19 pandemic.

More agreement (mean of all respondents 3.25) and more consistent agreement resulted from asking if accreditation caused an increase in the perceived status of an FETP as an important part of the country’s or region’s health systems (see Figure 2 below and Appendix 3, Table 2). Again, the mean for actually accredited programs fell slightly below (2.88) that of the respondents who assessed from theory rather than direct experience. Respondents who disagreed stated that programs were held in high regard as parts of country and regional health systems even before accreditation. Some remarked that since integration into those systems is a part of the requirements for accreditation, a program should be highly regarded within the health system before it can be accredited. Those who agreed reported active marketing of the accreditation with host organizations and public health programs. and some reported that the accreditation had increased their involvement in and contributions to decision-making processes around public health issues. Many reported that their residents and graduates were "out in front" in the country response to covid-19. Some indicated that they had been asked to provide training for other parts of the government on appropriate protocols in response to the pandemic, especially as part of One Health initiatives. They attributed these to the additional clout provided by international accreditation.

In the last question in this segment, respondents were asked whether improvements made to an FETP as a result of going through the accreditation process increased/would increase the capacity and preparedness of graduates of the program. The composite score for all respondents was clearly in agreement at a solid 3.4. Those responding from a theoretical perspective: the attempted but failed FETP, consultants, AWG members (past and present), GAB members, and reviewers scored highly positive. Even the funder gave solid agreement. The accredited FETPs, who responded from their experience, were more divided. Those in disagreement indicated that they did not need to make changes to their training, so that the accreditation process was not responsible for the capacity and preparedness of the graduates.
A final set of value questions were asked of all participants, excluding the FETP which had attempted to be accredited but was not. The series of five questions asked for their level of agreement or disagreement that going through the accreditation process specifically promoted improvements in each of the domains covered in the standards and indicators. It can be seen in Figure 3 and Appendix 3, table 3 that in aggregate, there was fairly consistent agreement with the statements overall. Of particular interest is the response of FETPs which had experienced accreditation of their programs. The accredited programs reporting on actual experience, by and large, reported less agreement with statements that the accreditation process led to improvements in their programs than respondents who were reporting their beliefs and expectations in each category.

There was solid agreement among accredited FETPs that going through the accreditation process promoted improvements in the area of management and operations. Many programs reported that the process caused them to consolidate and document operations and data leading to better ongoing management and operations of the program. Consolidation and documenting were both the most challenging and the most beneficial of the areas affected by the accreditation process. Those who disagreed felt that no changes were needed in their programs in order to meet the standards in this area.

A similar level of agreement occurred with the assertion that the accreditation process led to improvements in quality improvement approach and focus. Several programs indicated that they were better equipped to assess quality, especially in in-field training, as a result of changes made in tracking field experience and increased communications between field supervisors and the program. Those who disagreed indicated that the accreditation criteria dealt most heavily with process at central headquarters and suggested that the next level for the accreditation process could include better indicators to assess the quality of training programs.
In the areas of public health integration, staffing and supervision policy and procedure, and policy and procedure for resident selection and training, the mean agreement score for the accredited FETPs was somewhat less than substantial agreement (3.0), with public health integration and staffing and supervision policy and procedure falling at 2.75, and policy and procedure for resident selection and training being 2.25. It would be incorrect, however, to assume that replying in the negative indicates that the programs did not see value in that domain of the standards. In all three of these areas, respondents who disagreed with the statement (negative response) remarked that they were compliant with the standards in those areas before undergoing the accreditation process and made little or no changes in those areas during accreditation.

Responses in these five areas were also examined from the perspective of the age of the program (as taken from the “Training Programs” area of the TEPHINET website), the average number of graduates over the life of the program, and the country ranking from the Rand report on infectious disease vulnerability (Moore) to see if the negative responses (indicating that the program was ready to meet the standard in specific areas before starting the accreditation process) were correlated to programs with a longer history of operation or less vulnerability to infectious disease outbreaks. There was, however, no statistical correlation. There also did not appear to be any discernable correlation between the size of the programs as indicated by the average number of graduates per year and these responses.

![Figure 3](image)

Overall, respondents found the accomplishment of accreditation of an FETP valuable. Accredited FETPs responded to value questions by drawing from the direct experience that the accreditation process had on their programs, whereas other constituencies responded based on theoretical expectations of overall value to FETPs.
Strong, well established FETPs that met indicators and standards and did not make many changes or improvements as part of the process as reported in comments, rated the value of the accreditation process lower than respondents that made substantial improvements, and value assessments of individual aspects were lower for areas in which little or no changes were made by the FETP being assessed. FETP personnel were proud to have their programs and accomplishments recognized by becoming accredited, but did not attribute their status or qualification to the accreditation process where they did not make changes to meet the standard.

Those who rated the value indicators from a theoretical viewpoint of value were not looking at a specific FETP experience, but from a broader view of expectations of the accreditation process to the field and generally ranked value in all areas higher than the average of the accredited program rankings.

FETP Experience and Impressions of the TEPHINET Accreditation Process

Several questions were asked of FETPs (accredited, failed and not yet applied) regarding various aspects of their actual experience of the accreditation process or their awareness of the process if they have not yet applied (see Appendix 2).

**Awareness of Standards** All (100%) program respondents were aware that accreditation requires adherence to minimum standards and indicators and programs, and all of those which had applied indicated that they were aware of this before beginning the process of applying.

**Awareness of Website Materials** When asked about awareness and use of the TEPHINET website, 14 of 16 accredited programs (87.5%) responded in the affirmative, negative responders indicated that the website is now robust, but was not really useful or helpful during their accreditation process, with documents being emailed or postal mailed back and forth at the time. The program which had applied, but failed accreditation, responded in the affirmative. Of the programs which had not applied, 13 of 15 (86.7%) were aware of the TEPHINET website and the materials available to them there.
**Awareness and Use of Readiness Assessment Tool** Programs were asked about familiarity with and use of the Readiness Assessment Tool which can be found on the TEPHINET website and is designed to be used by FETPs to determine readiness to apply for accreditation. Of all programs which had applied for accreditation, only one had not made use of the tool, but explained that the tool did not exist yet when they applied. Of the 15 programs surveyed which had not yet applied for accreditation only 5 had made use of the tool and five were in the process of using it. Programs that had not used the tool stated that they were not ready to explore applying for accreditation at this point. They stated that their program was in the midst of transitioning, or they had an intention to explore accreditation, but the covid-19 pandemic disrupted any action.

![Use of Readiness Assessment Tool](chart.png)

**Decision Interval** For programs which applied to be accredited, the average time from first becoming aware of accreditation to the decision to apply was 2 years, with two reporting less than a year, one reporting a single year and 2 programs indicating a four year period. Programs which had not yet applied were appropriately not asked this question.

**Workshop Attendance and Availability** FETPs which had applied and FETPs which had not applied were asked if anyone from their program had attended a workshop about accreditation and whether there were sufficient training opportunities available.

Of the programs which had applied for accreditation, 9 of 17 (53%) reported that at least one person had attended an accreditation workshop, 5 (29%) reported in the negative and 3 of the programs did not know if anyone had attended a workshop. 10 of 17 (59%) programs felt that there were sufficient training opportunities, while 5 of the 17 felt that there should be more opportunities for workshops and 2 of the programs did not know what current opportunities existed and could not comment.

Of the programs that have not yet applied, 9 of 15 (60%) reported someone attending a workshop, 4 of 15 (27%) reported that no one had attended a workshop, and 2 did not respond. Reasons for not attending workshops included lack of opportunity, lack of invitation to attend, or changes in staff or leadership. 10 of 15 programs (67%) indicated that they thought that training opportunities were sufficient, while 5 of the 15 thought that there should be more training opportunities available. Suggestions from this group regarding training opportunities included: better information about training opportunities, more frequent trainings, detailed information about the accreditation process in trainings, and targeting trainings more broadly (staff at different levels, steering committee members, and host organization decision-makers).
Decision Makers All FETPs that applied for accreditation reported that the decision to apply was made by the Program Director and Senior Staff but also indicated that approval by the host organization was required to move forward, which sometimes presented bureaucratic difficulty or delay and required some level of awareness building. FETPs which had not yet applied reported decision-maker expectation to be similar to that reported by those which had applied.

Application Completion FETPs that had applied were asked what staff positions were involved in the actual completion of the application for accreditation, and responses regarding the size of the team were quite varied. 14 of the 16 indicated direct involvement of the Program Director and the other two reported that the completion team was overseen by or reported to the Director. All programs reported a need to consult with staff from various accountabilities and portfolios in order to gather and organize materials and when applying the indicators in the application to the actual operations of the FETP. Varied responses reported of participating staff in addition to the Director included:

- Operations staff
- Senior Field Coordinator
- Management and mentors with support from administrative staff
- Personnel loaned from the host organization and part-time Coordinator
- Senior staff and an alumnus
- Deputy Director, Field Coordinator, mentors and some residents
- Field coordinators, administrators and university contact
- Academic Directive Council, General Director of country health organization, coordinators, trainees, mentors
- The whole team
- Coordinator and Administrative Coordinator
- Recruitment Team Lead with input from field supervisors, curriculum team
- 6 supervisors and 2 coordinators
- Manager and support staff
- Program Coordinators

Workshop Attendance

![Workshop Attendance Graph]

Sufficient Training Opportunities

![Sufficient Training Opportunities Graph]
Barriers or Issues Encountered  Only 5 of the 16 programs which were accredited reported having no barriers or issues, and one reported political unrest as a factor. The remainder of the issues fell into a few categories: fitting the process in with already busy staff, obtaining approval of host organization or CDC, translation of application into local language and documentation into English, fitting the operations of the FETP into the categories used in the accreditation process, and gathering scattered records and documents into one place. Resolving the last issue was also reported as one of the greatest advantages to the programs from having gone through the accreditation process.

Impressions of the Accreditation Process – Accredited Programs  All accredited programs reported that they found the Accreditation process challenging, important, valuable, and rewarding. They were proud that their programs were acknowledged, that they had actually completed the challenging process, and in some cases that they were the first in their region to qualify. Responses given about the process have been broken down below into the following categories: Difficulty/Ease, Clarity, and Concerns/Suggestions:

Difficulty/Ease  Note: The application materials were revamped for the 2018 application cycle to improve the ease of use. Comments from programs accredited before 2018 expressing difficulty with materials and submission are indicated with an asterisk(*).

- Suspense filled and action packed.
- Very cumbersome. Heavy. A lot to put together. Many requirements for one indicator.*
- Pulling together the information was a really long process. Fillable pdf had issues.*
- Involved – needs time and dedication to apply.
- Very, very extensive. Needs a lot of information. Simple application but more extensive on-site.
- Clarifying documentation and mapping requirements to our process very important, consolidating fragmented materials was very helpful.
- A difficult challenge – transferring our processes and documents to matching requirements. From the National Institute of Health to staff, to graduates, seeking information, data and agreeing on what constituted evidence. It became a priority of the government to meet all the requirements.
- Intensive but straightforward. Putting together documentation and evidence was intensive.
- Very hard, sincerely.
- One of the most painful things I have ever done.
- Ultimately a good process, gathering everything onto one place was very helpful – fixing mismatches in our process.
- The program in the Ministry of Health was well structured, so it was OK. Good institutional support.
- We had a lot of unorganized documents.
- A lot of institutional knowledge existed only in the mind of the director before accreditation.
- Very strong process. Found it very interesting. Now all of our processes and criteria are interesting. Residents care now about accreditation. Don’t want to lose it.
- Very useful to improve the quality of the program.
- Very important – indicates a level of expertise. Also helpful with advocacy in talking with partners, inside and outside of epidemiology/health areas. Now working on coordination and training about
outbreak protocols with other areas of government like education, workforce, agriculture, etc. We are seen as valuable partners.

- Complex and time consuming. Once you have it – very proud.
- Our FETP grads are now on the Covid-19 forefront.
- Much had been taking place to improve from the first cycle to now. Glad they have incorporated feedback.*
- Really important – brings value to the program. Also an opportunity to improve. Weaknesses are strengthened from meeting standards and recommendations. Very important to improve the workforce for outbreaks around the world.
- Painful but very useful to realize that centralization of reports and data was very helpful.
- Important to standardize what it means to be a quality FETP graduate. All do not need to be the same but consistency matters.
- Interesting to network with other FETPs during the process.
- Quality and influence. Accreditation improves the quality of FETP programs, we want this to continue and increase quality and influence of FETPs.
- As we reviewed our materials, training and processes, we saw opportunities for improvement that strengthened our program.
- Had not been evaluated by CDC, so really helpful to get feedback and recommendations for the next 5 years.
- Reviewing everything as information is gathered can cause program improvements. Very helpful
- A graduate of an accredited FETP can serve anywhere in the world.
- Because we are accredited, we have more clout. Part of the response to the pandemic is FETP trainings to larger governmental workforce, even in areas that are not directly health related like agriculture and education.

**Clarity of Process, Standards and Indicators**

- How do you calculate time in the field? What do you call classroom training? We needed agreement on definitions of indicators, even internally.
- Sometimes hard to answer questions because of local adaptations of the program.
- The Readiness Assessment and conference calls helped us to verify that we were submitting the correct documents to satisfy the indicators.
- Sometimes the questions are not explicit enough with regard to the evidence required.
- Country context is important. Theoretical questions and requirements may not be practical for the field. There may be barriers of the country system, not necessarily the quality of the program.
- Language is a problem. We were worried about the translation and accurately understanding the requirements. Spent a lot of time responding to staff and steering committee questions. It was not very had except for having to translate the materials into the local language and respond in English.
- Some of the language was confusing because we used different terminology. Had some glitches with electronic submission. Surveys went out to some of our stakeholders during the process which was confusing – not sure we ever heard the results.
• Electronic form was at best clunky. Trouble inserting the information and then hard to print to review.*

• Context is important. Some programs are unique. Our FETP is in a University and part of a master’s program which requires thesis, etc. before graduation. This affected calculations of time to complete the program – residents do not graduate from the master’s program until after thesis acceptance – usually much longer than normal graduation timing for just FETP program.

**Concerns/Suggestions**

• Some of the same documents are asked for management indicator, again for budget, and other areas. Suggest consolidating indicators or allowing for posting once and then just referring to what was already posted.*

• The assessment part takes a long time after submission without any communication.

• Understand the need for the GAB, but it was shocking that GAB can just say no, after a whole week of contact by reviewers, without asking for further clarification.

• Some indicators were not very explicit, such as the advisory body. What constitutes an advisory body? How separate/independent do the advisors need to be? (Our program is inside of the Institute of Health).

• Accreditation looks at structure and processes, but not at the quality of the actual training. A program is not just the process. The pool of assessors should be extended to look at the quality of the students’ work.

• There is an assumption that if processes are in place quality will follow, but not much assessment of quality itself.

• Reviewers should have cultural context and not come with bias.*

• Need more follow up after accreditation to see if recommendations are followed and accreditation is sustained. There should be some indicators for verification that programs are maintaining the quality.

• There need to be more opportunities for workshop including online. More opportunities to assess readiness.

• Time between intent and full app due date is too tight. Requirement for outbreak lab assessment is high, We do a lot of investigations with no samples. Also in flu season the last 10 outbreaks could all be flu.

• Travel is expensive, but how can a program really be assessed without going to the field where training is done during site visit?

• Recommend that FETPs thinking of applying have conversation with FETPs that have gone through the process.

• TEPHINET could organize the module differently for different countries. Maybe peer visits from and to other countries’ programs. Could add volunteer observers from other programs to site visit. Increase communication between programs.

• Create accreditation for provincial programs as well as intermediate and maybe even front-line programs.
• The process of creating an independent process can lead to a sense of estrangement. Engaging with “the Secretariat” rather than people feels impersonal. Perhaps an assigned person from the Secretariat to support questions and facilitate the process for an FETP.
• How can we support the expansion and maintenance of accreditation?
• Provide support and create tools for building awareness and “marketing” of accreditation outside of the disease outbreak community. Include other fields in the workforce – “one health” and policy makers in government. We are well known within our tight community, but generally invisible, though “disease detectives” have become more visible with the covid-19 pandemic.
• Set up mentorships for accredited programs to keep up the standards.
• Could there be levels of accreditation beyond the minimum standards?
• During pandemic conditions could more of this be virtual?
• TEPHINET could assist with better integration with top level agencies and local efforts.
• There should be more of an exchange of experience between countries. We can provide ideas that can save costly mistakes and improve operations. We need to provide more technical support to help. TEPHIConnect tries, but more is needed.
• We need to define the role of TEPHINET carefully. We could be dealing with implementation rather than coordination, which could create conflict. Continue working directly with and supporting networks and their coordination, rather than directing programs.
• Could we give ideas or tools to provide increases in status following accreditation?
• We need to sensitize FETP programs, partners and leadership sensitized to the process. During preparation support having government leadership prepared to participate.

Impressions of the Site Visit – Accredited Programs All accredited FETPs (100%) remarked that the site visit was very valuable, exciting, and for most, their favorite part of the assessment process. Setting up the site visits and preparing for them was reported to be easy to follow, though synchronizing all of the visits and interviews was sometimes a challenge. Comments are broken down below:

Difficulty/Ease

• Visit process was immensely valuable - having 2 expert epidemiologists come in to learn and help. Perhaps this could be virtual, but there is a richness in first person.
• Very exciting, has all materials and documents ready and group interviews set up. Exciting to discuss our strengths and weaknesses.
• Really enjoyed the site visit. They were not too scary and we had a great time. There was lots of similar FETP experience and also learned how other programs are run – some inside universities and some inside Departments of Health.
• Very encouraging in terms of outputs – our fellows’ publications were very good.
• They were quite flexible. We worked to find dates and times that worked for all.
• Quite objective. Good experts. We were given adequate time to prepare and had good prep.
• Excited by the organization of the site visit prep. Agendas and expected results were given beforehand.
• Good feedback. We needed to build strength in publication quality and scientific writing
capacity of students. Institute of Health lacked some capacities. Evaluators wanted to improve
all levels, improve national education and increase technical support to the program.
• Not too bad – part of the intensity of the accreditation process. A lot of scheduling.
• Very good reviewers. They sent clarifying questions before coming. We learned a lot from them
over the 5 days.
• Very productive. A lot of interviews with trainers and graduates. Summaries of the visits were
very positive.
• A lot of back and forth and a lot of prep to do.
• The site visit evaluators’ conversations helped us to understand our own program better –
helped the assessment and us.
• Impression of the process: the interviews are the best. Questions prepared for each group
interviewed. Very good.
• This is the part I loved the most. Face-to-face allowed for explanations vs emails. More
comfortable than the written application. They could speak with residents. Allowed for
clarification of indicators, like how to measure response time for feedback to residents. Onsite
they can see the actual processes in place and you can cover a lot and clarify terms and
processes.
• Evaluators offered suggestions for improvement and provided different perspectives.
• It helped people to understand how our country was set up with relationships between the
program, the university and the Ministry of Health.
• Much easier to show in person than to describe in email.
• We were given a summary and suggestions for future development.
• The site visit puts the paperwork into the context of actual events.
• Very thorough. Evaluators had meetings with staff, residents, supervisors, the Ministry of
Health and the university partner which created the opportunity to see all the different aspects
of the program in addition to documents and works of the graduates.
• We were able to see opportunities for improvement to guarantee the usefulness of the training
for the workforce.
• Very useful. Clarification in context and how things work. Discussions were very helpful,
reviewing guidelines and processes and providing recommendations.
• We could show our compliance because they went standard by standard, criteria by criteria.
We were missing in some areas and were given three months to comply which we did.
• Reviewers were clear about where we were and provided recommendations related to the
standards and beyond. Created a power point summary.
• Indicators are sometimes one size fits all. The site visit is helpful to deal with wording,
clarifications and demonstrations of the program.
• Much better than the written application. They got to meet with residents in the field and
see what they are doing and the challenges they face. They could see how we operate
and how we function.
Clarity of Process, Standards and Indicators

- We could have used more guidance – more information about what is needed. Tips would be helpful.
- We took a great picture of the staff with the reviewers and put it on our website – didn’t know that the evaluators needed to remain anonymous.
- There were some disagreements on how field work is counted.
- There should be more opportunity to explain and clarify before judgment. A question came up about a part of the training that is incorporated in the field work and there could have been more clarification before making a judgement.
- More information is needed for reviewers about country context. How the FETP has to work in the field within the local conditions and the country’s structures and environment. Also seasonal pattern of outbreaks in the country can matter.

Concerns/Suggestions

- Upset when the GAB did not follow the reviewers’ recommendation to accredit.
- Some lack of communication – we thought we had passed accreditation and came to the conference to receive the certificate, but found that something was missing.
- Some problems with visas required a change in dates, so everything had to be rescheduled.

Impressions of Accreditation Process – Failed Program  Only one FETP which had attempted but failed to be accredited was interviewed and reported that they were undergoing changes in the government and hoped to relaunch their program in the next year. They suggested that simplified indicators and possibility a toolkit for accreditation would be helpful.

FETPS which have Not Yet applied for Accreditation Summary

Fifteen (15) programs which had never applied for accreditation responded to the survey. Their responses are included in the value data above and responses regarding the process are highlighted here as a unique constituency. Of the fifteen 100% reported awareness of accreditation standards and indicators and 87% are familiar with the TEPHINET website. Only 5 of the 15 have completed the Accreditation Readiness Assessment. Five of the remaining ten are in the process of using the tool and the other 5 report having models that do not appear to fit the structures reflected in the accreditation model such as training split between university (theoretical) and national health program (internship and field work) or regional rather than country program.

Workshops about accreditation were attended by someone from 60% of these programs and of those who indicated why they never attended, staffing changes and lack of awareness of training opportunities were given as reasons. When asked whether training opportunities were sufficient, 27% replied in the negative, indicating a lack of awareness of training opportunities or that training opportunities should be made available to a broader range of FETP staff and to target individuals in the host universities and Ministries of Health as well to increase support.
Reasons given by the 15 programs for not yet applying for accreditation were varied and included:

- 5 indicated that they would not meet the requirements.
- 7 indicated a need for technical assistance.
- 2 reported that they were not ready based on Readiness Assessment.
- 2 reported insufficient staff.
- 1 reported bureaucratic or political factors.
- 2 reported intention to apply in the future.
- 2 reported applications in process delayed by pandemic.

**Comments and suggestions – Never Applied FETPs**

- Accreditation will improve teaching and mentoring activities and improve effectiveness through continuous evaluation.
- Share standard documents as templates that can be filled by programs and/or examples from accredited programs.
- Invite accredited programs to share the experience and successful quality improvement methods.
- There needs to be capacity building, training, frequent mentorship and support.
- Needs to be room for local contextualization inside international accreditation.
- Some granular details on classroom training versus field work is not very objective.
- Provide support and raise awareness, especially for newer programs at early stages.
- Engage individual programs and support them in advocacy for accreditation.
- Help programs in identifying gaps during the accreditation readiness assessment and address the gaps early to build confidence in the program.
- Support efficient ways of keeping records necessary for accreditation as part of Readiness Assessment.

### Non FETP Impressions of Accreditation

Stakeholders who were not from FETPs were also asked to offer their impressions of the TEPHINET Accreditation Process and suggestions for improvement. Their responses, arranged by role, are below.

**Impressions of the Accreditation Process – Reviewers**

**Difficulty/Ease/Clarity/Usefulness**

- Provides a systematic review which helps the FETP identify gaps and ways to improve.
- Accreditation process, though demanding, is a good method of verifying curricular processes, teaching/training/learning methods employed and keeping the promise of touching the lives of common people through FETP.
- Shares common standards among FETPs globally.
- Exciting but rather complicated.
- Can be challenging for countries.
• Complex process based on solid standards and indicators, organized in domains, standards and indicators, and continuously updated.
• TEPHINET secretariat has organized the documents in a way that programs can use regardless of their intent to apply for accreditation in any year.
• Readiness Assessment is an excellent tool for FETPs to continuously examine process and formulate plan of action for improvement.
• Soft attributes of a good program are captured during discussions with staff, trainees, and alumni.
• Good opportunity to exchange experiences and learn from each other.
• Necessary to ensure minimum quality standards worldwide.
• Very transparent.
• Well organized and structured.
• Comprehensive and credible.
• Improved with each cycle based on feedback.

Concerns/Suggestions

• Indicators capture core inputs and processes but do not capture outputs and impact on health system.
• What if a program does not meet TEPHINET accreditation standards, but meets the expectations of the country when they were established? Which is more important?
• Provide more support for members at the stage of applying.
• Adapt standards for regional programs.
• More training on/awareness of the standards themselves to reduce struggle of programs to interpret the standards and evidence required for accreditation.
• Reviewers need adequate prep time before site visit to review applications.
• Develop a core group of reviewers for consistency and systematic process.
• Sensitize new reviewers to the process, including attempts by FETP to hide flaws and overwhelm with stories.
• Include more senior FETP individuals to increase exposure to accreditation process and to enrich their training capabilities and potential.
• Improve curriculum review and graduation requirement standards so that graduates could be certified by accreditation.
• Ask FETPs whether there are aspects that should, but are not covered by the standards.
• Encourage staff of accredited programs to join the pool of reviewers.
• Provide programs with options of ways to demonstrate compliance.
• Accreditation provides opportunity for programs to learn minimum inputs, processes and structures that should take place, but not quality of training and outputs of residents.
• Crucial to review training materials, observe teaching, and review trainee products.
• I have observed varied approaches to review quality and varied approaches by the sites to the quantity and quality of provided materials.
• Supervision, support, and technical assistance should be provided to programs that don’t make it.
• Promote sharing of successful accreditation experience among peers to give a sense of what happens and what it takes.

**Impressions of the Accreditation Process – Accreditation Working Group (AWG)**

**Difficulty/Ease/Clarity/Usefulness**

- Brings programs to higher standards. Very important to the programs – allows programs to be more organized and effective.
- Challenging for programs, the process is sophisticated, and indicators can be a bit confusing, especially if language is a problem.
- Can we simplify? Some areas are not well defined, there is some overlapping, and you may have to answer the same question in more than one way.
- Good process to give recognition to programs.
- Thorough. Goes through a lot of aspects and procedures.
- Mostly about the processes and some technical aspects.
- Improvement over time. Timelines are smoother, moving from one phase to another smoother.
- Improved guideline documents available now.
- More support available now to understand the process of accreditation and terminology.
- Reviewers are now smarter and sharper, more training available, more streamlined reports that are easier to work with.
- Expectations have been clarified.
- Very well established procedure with clear roles and responsibilities.
- Valid requirements that FETPs should meet.

**Concerns/Suggestions**

- Wake up to the future. One Health needs to be improved in the world, and FETPs could make the difference. Better integration with other agencies than public health including agriculture and environmental sciences. Add a component for wider integration.
- We should evaluate trainings.
- Full training materials are not used in areas without strong English skills.
- Quality of training and evaluation could have better guidance.
- A resource person available to advise accredited programs when they want to make changes after accreditation would be helpful.
- FETPs seeking accreditation could be supported by accredited FETPs.
- More frequent workshops that include role play could support clarity.
- Provide feedback from application to FETP before site visit.
- Have dedicated staff or a regional network to help FETPs get paperwork in place and prepare.
• Develop prep materials that are easy to digest, including virtual opportunities to ask questions – like having office hours available.
• Develop solid rewards to support the effort for countries.
• Intermediate programs are everywhere. There could be a regional model where residents receive classroom training in places where advanced programs exist and go back to their own country for field work in an intermediate setting.
• There should be more focus on criteria for the curriculum.
• Indicators for financing won’t work for regional programs – could there be an option for other financing criteria for regional programs?
• Criteria can be overwhelming and are driven by “richer” states. There could be a program of support for programs that want to apply.
• Standards and indicators use specific language, but in local, cultural context terminology might be different. Provide examples from accredited FETPs for a cross reference.
• Language is an issue. Translate documents & materials, provide reviewers that speak the local language or provide translators.
• Well established programs may have little incentive to go through accreditation.
• Programs are funded by the Ministry, attempting to accredit but failing could risk funding.
• Better training for reviewers – sometimes they are not in agreement.
• Support programs (perhaps through regional networks) to conduct self-assessments and initiate self-improvements – even before applying.
• Perhaps move to virtual site visits, or use remote technology for part of that process.
• Extremely important to increase visibility of FETPs around the world – better marketing visibility of accreditation.
• More regional integration and regional support – engage regional networks with a clear mandate.

Impressions of the Accreditation Process – Global Accrediting Body (GAB)

Difficulty/Ease/Clarity/Usefulness

• Indicators have become more specific and measureable over time.
• GAB relies on reviewer evaluations: detailed and coherent reviews allow for better insight into the programs.
• Consultations between GAB, Reviewer, and Program Manager provide a mechanism to assess the quality of training as well as opportunities for the local program to reflect on its strengths and weaknesses.
• An elaborate thorough process.
• GAB is an open atmosphere with appropriate support from the secretariat. We discuss the issues and resolve them as well.
• The process is thorough, fair, and transparent.
Concerns/Suggestions

- Minimal Standards seem really low.
- Present process does not look at perspectives of graduates which could provide insight in what could be improved.
- Accreditation is still in its infancy, we need to understand what the benefits of accreditation are to the local program.
- New reviewers and new members of GAB should be given strong orientation about the process so that the review is done strictly within the standards that have been set.
- Increase opportunities for remote meetings – Zoom or similar.

Impressions of the Accreditation Process – Consultants/Funder

Difficulty/Ease/Clarity/Usefulness

- Good continuity. Having a dedicated team really helps – over the years the process has gotten more structure and clarity.
- Lasting impact with quality improvements.
- In some countries, the president accepts the accreditation from TEPHINET. This brings a lot of recognition and helps to generate commitment of governments and funders in improving the program and integration.
- Accreditation process is participatory on all levels.
- The accreditation process is complex and involves excellence and communication at all levels: The AWG reviews progress including multiple levels of feedback and work to update and improve the standards and process; Reviewers examine the application, including calls with the program to discuss inconsistencies, and then complete a site visit of the FETP; The GAB reviews the recommendation of the reviewers and through a thorough process determines whether the program can be accredited.
- Overall accreditation has some merit, but I wonder if the in person visit is pro forma. Would accreditation be denied after a field visit?
- Sound process.

Concerns/Suggestions

- Need to broaden funding support for accreditation by ramping it up.
- Simplify without losing effectiveness.
- The accreditation process is harmonious and could inspire relationships between countries themselves. We need to build on relationships with regional networks.
- The GAB should be renewed periodically with other experienced experts, but make sure there is training on the processes and indicator.
- Suggest more intensive personal assessment, including recommendations from TEPHINET managers for reviewers, beyond the requirement for years of experience.
- Training of reviewers has had some issues of funding and commitment.
• The team that reviews the applications should also do the on-site visit.
• There should be more training on what can satisfy the indicators.
• Perhaps do some virtual screening before money is spent on travel to reduce expense – especially if expanding to include mid-range programs.

Conclusions and Recommendations

Strengths of the Project

The TEPHINET Accreditation Process is thorough, objective and effective in assessing the strengths of FETPs and offering paths to improvement in gap areas. The standards are comprehensive, covering operations, management, training, selection of staff and residents, integration into country or regional public health arenas, and continuing quality improvement. The indicators are specific and concise, while allowing for some variation in methodology and documentation appropriate to local context. Documentation required for proof of compliance is substantial, but not onerous, and an in-person site visit verifies and clarifies submitted materials. The process and information are transparent and readily available, and are useful for program assessment and improvement whether FETPs move forward to accreditation or not.

The process follows logical steps and offers clear guidance to assess readiness, request consideration for accreditation, submit application and documentation, conduct expert on-site evaluation of processes and documentation (including scripted interviews with leadership, students and staff), and independently review and discuss all assessments to determine whether accreditation is given. The various groups accountable for aspects of the process are made up of highly regarded and experienced experts in the field, who meet strict qualifications for participation, are trained appropriately for their roles, and invest their time and effort in the process without remuneration from TEPHINET. There are clear guidelines, procedures, and timelines for each step of the process. The Accreditation Working Group is responsible for development of the process, standards, and indicators, improving them over time based on feedback received from all levels of participation. The Accreditation Review Team is responsible for moving the submitted application forward if appropriate to the extensive on-site evaluation, conducting the on-site evaluation, and preparing the assessment reports to be used for determination of status. The Global Accrediting Body reviews the materials and assessments and makes the final determination about accreditation.

The assessment requires that evaluations are performed objectively and with strict adherence to the documentation and validation requirements of each indicator and standard. The Accreditation Review Team participates in intensive training. Review of the standards, required documentation and assessment reporting forms, discussion of case studies illustrating scenarios commonly found during the on-site visit, familiarization of site visit agenda and protocols, awareness of disclosure and confidentiality policies, and culture and bias training (added in 2019) are important parts of the training for the Reviewers before each on-site visit.
There are ample opportunities for the provision of feedback by participants at all levels of the process and a clear mechanism for managing appeals and complaints.

All stakeholders found the TEPHINET Accreditation Process valuable – challenging, complex, but worthwhile.

The FETPs that had gone through the process reported pride in having been accredited, in the recognition of the excellence of their programs, and in having met the considerable challenge of applying, being evaluated for, and receiving accreditation. Many of the accredited programs reported that the accreditation process revealed gaps in some areas which then could be improved using the criteria of the indicators and standards required for accreditation. The rating given to various aspects of expected value for these stakeholders was directly related to the areas that were changed and improved as a result of going through the process.

FETPs which had been evaluated reported that the evaluation process was very challenging, requiring substantial gathering and providing of information: documenting procedures, classroom and field training, requirements for admission to and graduation from the program, curriculum, staffing, engagement with public health systems, and more. One person reported that it was the hardest thing they’ve ever done in their life. Interestingly, this task was reported to have provided the most value. In the busy world of FETPs, much information can remain dispersed throughout the program, and sometimes parts exist only in the memory of personnel. Centralizing the information provided for procedural clarity and consistency resulting in smoother operations. Even programs that had good document management appreciated the opportunity to do a thorough review of the program as a whole.

The Accreditation Review Team on-site visit to verify information provided, interview participants at various levels, and examine operations was universally reported to be the best part of the assessment. Discussing aspects of the program and learning from each other was exciting and rewarding. Many programs took on improvements beyond meeting the standards, which continued following accreditation.

Accreditation was described as intensive, extensive, and important, allowing programs to indicate a verified, internationally recognized level of expertise. Many reported that the accreditation was very helpful for increased recognition of their programs. Reported advantages included increased advocacy with partners inside and outside of epidemiology, more invitations to present at conferences, ensuring continuing financial support, and being asked to create outbreak protocols in other workforce areas like education and agriculture.

**Areas for Improvement**

Language was cited as a significant issue. Accreditation materials, forms, and requirements are available only in English. Understanding the accreditation requirements and process was difficult for non-English speakers. Translation to local language was sometimes necessary, and translation to English of submitted documentation was required. The process allows programs to provide only
summaries of documents in English and ensures that at least one of the on-site reviewers is fluent in the local language.

Well established programs reported less direct value received from accreditation than did programs which improved their existing processes to meet the standards.

While the indicators and standards as well as required documentation are concise, many programs reported some difficulty in mapping the requirements to their local terminology and determining what would constitute adequate evidence of meeting the standard. There was much appreciation for support functions (conference calls and emails) from TEPHINET, the AWG and reviewers to assist them, but it was a struggle. In-country context and workability in the field, as well as local terminology for aspects of the program may be different from program to program.

Accreditation looks at systems, processes and procedures to determine that the minimum standards are met, but several respondents wondered whether the addition of quality assessment might be valuable, even if it meant categories or levels of accreditation. Some described it as a possible next step for accredited programs.

Consistency of reviewers and varied approaches to the depth of evaluation was listed as a potential issue.

The accreditation process requires a substantial time commitment and dedication from FETPs, and generating approval to apply from leadership was reported to sometimes be difficult to acquire. In addition, some inquired whether a program might risk future support if it applied, but did not become accredited.

Because the process is thorough, some reported that it can seem overwhelming before a program actually decides to apply and begins the process.

**Recommendations**

*Market accreditation more broadly to increase value and participation.* Include various levels of FETP staff as well as Ministry of Health, National Health Institutions, and Universities in workshops or other awareness activities. Distributed international awareness would insure value and buy in. Find ways to publicly convey the value of accredited FETPs to countries and regions to increase interest and make FETPs a financial priority.

*Increase options for peer-to-peer engagement among FETPs.* Many accredited programs suggested that they would be willing to mentor programs that were applying or considering applying. Sharing their actual experience would support programs in going forward and they could offer support and suggestions for practical interpretations of required documentation in actual country context. Regional networks could help with connections and support. Connecting programs would also improve sharing of
best practices, ideas and innovations and increase the value of accreditation for well-established programs as well. Being invited to join a mentor group would increase the value for accredited FETPs.

*Translate materials into languages other than English.* Translators Without Borders ([www.translatorswithoutborders.org/our-work/development](http://www.translatorswithoutborders.org/our-work/development)) and PerMondo ([www.permondo.eu](http://www.permondo.eu)) provide free translation services to non-profit organizations and could be good resources.

*Provide a roadmap to accreditation like a “Best Practices Initiative.”* Use regional networks and other opportunities to build awareness of best practices among FETPs that would lead programs to improve their programs enough to take the Readiness Assessment and consider applying for accreditation.

*Provide sample “proof of compliance” resources.* Sample policies, SOPs, records and documents taken from submissions by accredited programs, could help resolve questions about mapping documentation requirements to local terminology, practical aspects of field work, and country context.

*Offer the possibility of direct upload of documentation.* This would relieve the difficulty of submitting large amounts of material via email.

*Consider modifications of the process that would allow regionally structured programs to participate.*

*Consider adding components of quality assessment.* Quality assessments could be added to the existing requirements or levels of accreditation could be developed for a more advanced accreditation beyond minimum indicators and standards. Include a list of terms used in different countries for the same thing.

*Update the Accreditation Manual.* The manual needs to be updated to reflect the creation of the fifth domain and Chapter 5: Preparing Program Accreditation Applications should be revised to reflect better chronological order. The manual could also contain the components of ART training.
REFERENCES


© “Accreditation Manual for Field Epidemiology Training Programs (FETPs)”, TEPHINET, 2019


© “Who We Are,” TEPHINET, 1997-2020, www.tephinet.org/about/who-we-are

TEPHINET ACCREDITATION OF FETPs FLOW CHART

ACCREDITATION READINESS & APPLICATION SUBMISSION

- FETP Works on its Accreditation Readiness Assessment
- TEPHINET Announcement CALL for FETP ACCREDITATION APPLICATIONS
- FETP Decide to Apply for Accreditation?
  - Yes: TEPHINET Submits Letter of Intent (LOI) and Certification of Eligibility
  - No: Apply in Future
- TEPHINET Invites FETP to Apply?
  - Yes: Apply in Future
  - No: Apply in Future

ACCREDITATION APPLICATION REVIEW

- FETP Submits Accreditation Application
- TEPHINET is the application complete?
  - Yes: TEPHINET Selects Review Team (ART)
  - No: Withdraw or get TA
- TEPHINET Sends FETP Accreditation Application to Accreditation Review Team (ART)
- ART Drafts Accreditation Assessment / Submits Follow-Up Questions to FETP
- FETP Responds to ART Accreditation Assessment / Provides Information Requested
- ART Recommendation: Proceeded with Site Visit?
  - Yes: TEPHINET Sends Letter to FETP Requesting a Site Visit
  - No: Apply in Future

ACCREDITATION SITE VISIT

- FETP Sends Draft Site Visit Agenda and Date to ART and TEPHINET to Confirm
- Site Visit Takes Place
- Accreditation Site Visit Report
- ART Sends Site Visit Report to TEPHINET for Review/Comment
- FETP GIVES Feedback to the Site Visit Report
- ART Submits Final Site Visit Report to Secretariat

GLOBAL ACCREDITATION BODY PANEL SESSION

- TEPHINET Provides GAB with Complete Package of Accreditation Documents
- TEPHINET Convenes the Global Accrediting Body for a Panel Session
- GAB Accreditation Review Panel Makes Accreditation Decision
- TEPHINET Announces FETP of GAB Accreditation Decision
- FETP Accepts or Does Not Accept GAB Decision
- GAB Reviews Appeal and Makes Final Decision

*Programs can request technical assistance at any time; The Accreditation Working Group is available for consultations*
Appendix 2

Questions Asked of Respondents
(role appropriate exceptions indicated in parentheses)

PROCESS FOCUSED QUESTIONS

1. Before participating, were you (Are you) aware that Accreditation requires adherence to a set of minimum indicators and standards? (only asked of FETPs)

2. Have any of you visited the Accreditation page on the TEPHINET website; are you aware that all of the materials are available online? (only asked of FETPs)

3. Did your program complete the Accreditation Readiness Assessment prior to preparing an application? Was it helpful? How so? (only asked of FETPs)

4. How long did the process take for your program, from first interest in or knowledge about Accreditation, to the decision to apply for Accreditation? (only asked of FETPs)

5. Did you or anyone in your program attend a workshop about Accreditation? Why not? (only asked of FETPs)

6. Do you feel that training opportunities about Accreditation are adequate? Why not? (only asked of FETPs)

7. What staff positions were involved (would be involved) in the decision to apply? (only asked of FETPs)

8. What staff positions were involved in completing the application? (only asked of FETPs)

9. Were there any barriers or obstacles for your program to applying to Accreditation? (Make sure it is clear that this is a ‘before applying’ question—that is how it is in the survey. The next question addresses the actual application.) (only asked of FETPs)

10. How did you find the application process? (Might have to probe a little here – eye opening, tedious, challenging, built pride, etc. . . .) (only asked of FETPs)

11. How would you describe preparing for and participating in the site visit? (only asked of accredited programs)

12. Did you find that the site visit gave you the opportunity to demonstrate your program's compliance with the standards? (only asked of accredited programs)

13. Are there any general impressions of the Accreditation process you would like to share?

14. How could TEPHINET improve the process of preparing and applying for Accreditation?
VALUE FOCUSED QUESTIONS

Respondents were asked to rank value propositions with a four part scale as follows: 1-Strongly Disagree, 2-Disagree, 3-Agree, 4-Strongly Agree. Accredited programs were asked to report on these questions in relation to their programs’ experience, other programs were asked these questions in regard to what they believe to be true.

1. To what extent do you believe that Accreditation has brought (would bring) recognition or status to your program (an FETP)?

2. To what extent do you believe that Accreditation has brought (would bring) recognition or status to your (FETP) graduates?

3. Would you say that Accreditation led to (would lead to) increased sustainability of your program (an FETP)?

4. Would you say that Accreditation has led to an increase in the level of interest in your program from potential residents? (Only asked of accredited programs)

5. Would you say that Accreditation has led to (would lead to) an increase in the level of external interest in your program (an FETP)?

6. Did (Would) Accreditation improve your program’s (an FETP’s) status as an important part of your (their) country’s/region’s health systems?

7. Have (Would) improvements to your program (an FETP) resulting from the Accreditation process increased (increase) the preparedness or capacity of your (their) graduates?

8. To what extent did (does) going through the accreditation process promoted improvements in any of a few areas: (Not asked of the ‘applied but not accredited’ program)
   a. the management and overall operations of the program;
   b. the integration of the program with the country’s public health service;
   c. the policies and procedures for program staffing and supervision of residents;
   d. the policies and procedures for selecting and training of residents;
   e. the approach to, or focus on, quality improvement of the program?

9. Do you have any other comments or feedback for TEPHINET?
Appendix 3: Tables of respondent mean scores for value questions.

* this group had only one respondent

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<th>Table 1</th>
<th>Program Status</th>
<th>Graduate Status</th>
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