



TEPHINET

Training Programs in Epidemiology and  
Public Health Interventions Network

# Accreditation Manual for Field Epidemiology Training Programs (FETPs)

Revised April 2021

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# CHAPTER 1: Introduction

## TEPHINET’s Vision, Mission, and Strategic Priorities

Founded in 1997, Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) is the global network of Field Epidemiology Training Programs (FETPs). 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. Currently, TEPHINET comprises more than 75 programs actively training field epidemiologists in more than 100 countries. TEPHINET member programs include those with laboratory and veterinarian education components. Overall, TEPHINET member programs 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.

The TEPHINET Secretariat is based at The Task Force for Global Health, a non-profit, non-governmental organization located in Decatur, Georgia, United States.

TEPHINET’s vision is that all people are protected by a field epidemiology workforce capable of detecting and responding to health threats. Its mission is to develop, connect, and mobilize a global field epidemiology workforce to strengthen public health systems and advance health security.

## Purpose of the Accreditation Manual for FETPs

This manual describes the accreditation policies discussed and approved by the Accreditation Working Group (AWG), as well as the feedback from participant programs, accreditation reviewers, the Global Accrediting Body (GAB), the program directors, and TEPHINET’s Advisory Board. These policies were designed to carry out the approved FETP accreditation principles and facilitate the development of standardized accreditation processes to be observed by all involved parties. The manual also provides an overview of the process, the roles and responsibilities of the main parties involved, specific guidelines for programs to follow during the process, as well as an appeals and complaints process, resources for support, and important disclosures.

The manual is intended for use by the following audiences:

- FETPs considering applying for accreditation
- FETP directors
- TEPHINET governing bodies
- AWG members
- Accreditation reviewers
- GAB members
- Organizations, agencies, and persons interested in FETP accreditation practices and policies
- Members of the public interested in the accreditation of FETPs and the merits of accredited programs

## Basis for FETP Accreditation

The consensus reached by TEPHINET programs on these strategic priorities, and more specifically on the quality assurance and accreditation of FETPs, derives from their common goal of increasing quality of in-service training through a continuing process of self-evaluation. Overall, accreditation is viewed by the global network as an opportunity to better align with the World Health Organization (WHO) priorities and some common values that can help programs increase recognition and prestige as well as be a valuable resource to support specific country public health priorities. Accreditation is also important in supporting the quality and sustainability of the programs.

After several years of collaboration among TEPHINET programs and its partners, the Pilot Phase TEPHINET Accreditation Manual for Field Epidemiology Training Programs (FETPs) (TEPHINET, May 2012) was approved in 2011. The manual incorporated input from other FETP publications and tools including: The Centers for Disease Control and Prevention (CDC) Field Epidemiology Training Program Development Handbook (CDC, 2006), TEPHINET Continuous Quality Improvement Manual (TEPHINET, 2005), the Scorecard Self-Assessment (CDC, Matrix Tool for FETP Assessment, 2010), and the CDC Multi-Site FETP Evaluation Project (CDC, 2014)

During the November 2012 TEPHINET program directors (PDs) meeting, the report of the Pilot of Accreditation supported by four volunteer programs (U.S. EIS, Brazil, Zimbabwe and Vietnam FETPs) was discussed. As a result of the discussion, the Accreditation Working Group (AWG) was formed to provide technical oversight for the development of accreditation policies, process, and procedures and to support the continuous evaluation and improvement of the accreditation process. During the same meeting, FETP regional meetings took place which took on the task of electing a representative to the AWG among their respective group of program directors.

## Purpose of Accreditation

The overall purpose of accreditation is to contribute to the increase of:

- The quality of FETPs and their involvement and effectiveness in supporting country public health priorities (by reviewing their achievements and progress toward the minimum standards for accreditation)
- Global field epidemiology capacity
- Recognition of FETPs as key partners within countries, regions, and around the globe

## Accreditation Value and Incentives

Accreditation has value **for programs** in providing:

- Increased credibility and involvement in public health efforts
- Visible commitment to quality improvement by the program
- More ease of exchange of trainees/graduates across programs/regions
- Increased program sustainability through better demonstration of the value added to countries

Accreditation has value to **FETP residents and alumni**:

- Recognition of accreditation by national employers
- Recognition of training outside the country providing the training
- Improved career trajectory
- Possible prerequisite for international hire

Accreditation has value to **Ministries of Health (MOHs), funding agencies, donors, and other participating organizations**:

- Validation of the ability of the program to provide essential public health services
- Explicit expectations of the level of quality of services and graduates
- Possible prerequisite for international hire

Accreditation has value to **in-country public health partners, and the broader community**:

- Increased trust, support, and collaboration requests for issues of public health importance and emergency response
- Increased assurance of program quality

Accreditation has value to **volunteer accreditation reviewers**:

- Serving at the forefront of accreditation and ensuring quality and integrity of applied epidemiology training and public health service
- Learning “best practices” from peer institutions
- Professional development
- Experience of being an accreditation reviewer, which is valuable for the volunteer and their institutions
- Working closely with and getting to know other fellow applied epidemiologists, public health professionals and TEPHINET staff
- Supporting the peer review process

## Fundamental Principles of Accreditation

### *Integrity*

To assure consistency of accreditation process actions, values, methods, measures, principles, expectations, and outcomes and to promote confidence in the FETP accreditation process, all participants must be assured that functions assigned to each entity are clearly understood.

The following are steps in the process where special effort needs to be made to safeguard the integrity of the accreditation process:

- a. The program applying for accreditation must present accurate information for accreditation review, and must allow access to all parts of the program operation that are pertinent to the accreditation process during the site visit.
- b. The program must refrain from misleading the Accreditation Review Team (ART) by providing inaccurate information or neglecting to provide information, and must correct any inaccuracies.
- c. The program must make every effort to organize an Accreditation Readiness Assessment committee that involves representation from supervisors, instructors, trainees, staff, and key program partners (advisory board). The self-study committee shall represent the contributions made in good faith by program participants.
- d. Orientation and training on the general processes and standards for accreditation shall be received and obtained by qualified FETP peers participating as members of an ART, Global Accrediting Body (GAB) members, and TEPHINET Accreditation Program staff at TEPHINET. ART and GAB members shall in good faith provide information regarding their prior or current affiliations with the applicant program, its members and affiliates, or the institutions that sponsor it.
- e. During the evaluation process, the ART must evaluate the program ONLY on the minimum standards for accreditation. Application of these standards to the accreditation review of all programs must be standardized and unbiased.
- f. The ART site visit and its deliberations toward the formulation of the accreditation recommendation must be conducted with the highest ethical standards.
- g. All materials, discussions, and decisions of the GAB regarding accreditation must be shared with the program under review and included with all accreditation materials used for the annual review of the accreditation program.
- h. All accreditation participants must recognize FET Programs' diversity of organization and practices when making accreditation reviews and decisions.
- i. The TEPHINET Secretariat must inform all appropriate program officials of matters related to its accreditation in a timely manner.

## **Transparency**

Accurate recording and timely sharing of information gathered at all steps of the accreditation process, from completion of a readiness assessment and submission of the application to the review of the application, conduction of a site visit, and deliberations held during the GAB meeting, are fundamental to guaranteeing transparency.

## **Conflict of Interest Policy**

A Conflict-of-Interest Policy is outlined here to ensure that key steps of accreditation are conducted in an unbiased manner. The policy extends and pertains to TEPHINET staff, affiliates, member programs, trainees, graduates, contractors, advisors and employees of these programs, and their immediate family (parents, spouses, and siblings) in any of the potential conflict areas listed.

No person shall serve as member of an ART or participate in a GAB Panel Accreditation Session who:

- Is a graduate of any program of the institution under accreditation review
- Has collaborative research, teaching, or service interests with a key administrator or faculty member of the institution being evaluated (having received consulting fees, shared research grants, and contract teaching are examples of collaboration)
- Is or has been employed by the program being reviewed (members who have been interviewed for employment at an institution wherein some conflict arose should exclude themselves from consideration as a site visit team member)
- Has served, in the last five years, as a consultant for the program being reviewed
- Is a current or former (within the past five years) employee of the program
- Has reason to believe that other conflicts of interest exist that have not been listed herein (the member should communicate with the AWG for clarification of any concerns)

Although TEPHINET staff members do not participate directly in decisions regarding accreditation of FETPs, they may be in a position to influence the outcomes of the process and are subject to the same conflict of interest policy.

No TEPHINET staff member or contractor shall serve as a member of an ART or participate in a GAB session who:

- Was a resident of the program being reviewed
- Has been employed by the program being reviewed
- Has a close personal or familial relationship with key personnel in the program

## **Confidentiality**

TEPHINET Accreditation of FETPs observes a strict policy of confidentiality. While participating in the different aspects of the accreditation process, it's possible that Accreditation staff, AWG members, ART members, and GAB members may come in contact with program and partner organizations' information that is proprietary, personal, or confidential in nature, including information that can be used to identify individuals. All information shared by FET programs, their official representatives, residents, and partners is confidential information and will not be discussed, copied, or passed by written, oral, or electronic means to parties not officially involved in the consultation, whether such information is purposefully or incidentally disclosed by any party outside of those officials directly involved in TEPHINET's accreditation of FETPs and specifically those designated to review the program's accreditation application (the ART). Furthermore, all application information and associated documentation may not be shared outside the above-named participants in the process for any reason. All materials are used solely for the purposes of determining a program's adherence to standards, and may not be used for any other purpose. All participants in the process sign a Confidentiality Agreement.

## **Quality Assurance Policies**

Policies and procedures have been put into place to assure continuous quality improvement and assurance of the process for all applicant programs.

The processes listed below are detailed later in this manual for more information:

- Complaints against an accredited FETP
- Program complaints directed at the accreditation process or participants
- Evaluation and participant feedback vehicles that make up part of the accreditation process
- Annual AWG review of the accreditation cycle and recommendations
- Annual TEPHINET Advisory Board feedback of the accreditation cycle

# CHAPTER 2: Accreditation of FETPs Minimum Indicators and Standards

## Introduction

The Accreditation of FETPs Minimum Indicators and Standards table is the framework developed by TEPHINET programs to define the core attributes of an FETP. The 2014 version of the standards was reviewed in April 2016, following the completion of the first cycle of accreditation of FETPs, by the Accreditation Working Group, and presented to the program directors meeting of June 2016. No changes were made to the standards except for the expansion of Standard 4d1 that refers to overall FETP quality improvement. The 2016 revised version of the standards also eliminated excess documentation requirements for several indicators and provided more detailed guidance to gather and present supporting documentation.

At the end of the third cycle in 2018, the AWG approved minor changes to Standards 3a1, 4c2 and 4c3. At the end of the fourth cycle in 2019, the AWG approved removing Standard 4d1 from the fourth domain and creating a new, fifth, domain to encourage continuous quality improvement.

The updated document is always posted at [www.tephinet.org/accreditation](http://www.tephinet.org/accreditation).

The Accreditation of FETPs Minimum Indicators and Standards table is organized in two sections. The first lists the three basic accreditation eligibility requirements, and the second corresponds to the accreditation indicators and standards which are grouped in five domains as follows: 1. Management, Infrastructure and operations; 2. Integration with Public Health Service; 3. Staffing and Supervision; 4. Selection and Training of Residents; and 5. Continuous Quality Improvement. The domains are organized by major indicators which contain one or several standards.

## Taxonomy

Domain	(example – <b>Domain 1. Management, Infrastructure, and Operations</b> )
Indicator	(example – <b>Key Indicators:</b> 1a) Governance)
Standards	(example – <b>Standard 1a.1:</b> An advisory board, expert committee, or similar formal mechanism provides general guidance or oversight on the program’s goals and operations.)

## Documentation

The table is organized in four columns. The first is the number and name of the indicator, the second is its justification, the third offers a description of the main elements that define the indicators, and the fourth corresponds to the documentation and validation required for the standard. The fourth column succinctly explains the documentation that is required to be submitted together with the accreditation application and how the information provided by the program will be validated by the accreditation reviewers during the site visit.

The description of the standard provides a clear indication of the minimum elements that define it. This description serves as a measure to determine how aligned the program is with respect to that standard, what elements are considered essential to be included in the description the program is asked to provide, and when required, the type of documentation that is needed to support the program's statement of alignment with the standard. Programs shall carefully consider the standard description and requirements when preparing the application.

## Documenting Adherence to Standards

Several standards require a description of a resource, process, or activity. This description needs to make reference to official names of program processes or documents to demonstrate conformity with the standard. When relevant, the specific section(s) of the documents that addresses the measure must be identified. Documentation must directly address the measure.

Documentation is limited to the most relevant to meet the documentation requirement. All documentation used to demonstrate alignment with standards refers to two time periods: 1) the period of time covering the training of the last two completed cohorts and 2) the most recent period of time BEFORE the application that includes when the current cohort(s) has been enrolled in the program.

## Basic Eligibility Requirements

The Program assures that it meets the eligibility requirements in the first phase of application, via the Certification of Eligibility.

1. Program duration: The duration of the program is equal to or greater than 21 months.
2. Evidence of completed cohorts: At least two cohorts of residents have completed the program within the past five years, and at least 75% of the total residents who started the program also completed it.
3. Predominance of field work: The majority of the residents' time (68 weeks) is spent in field work.

## Definition of Field Work

The majority of the FETP resident's time during the two years should be spent in practical epidemiologic (field) work. Programs should work to assure that all residents have sufficient opportunities to acquire the required competencies through epidemiologic practice. The **absolute minimum time** of field work is **68 weeks**.

### ***INCLUDED in field work (epidemiologic practice):***

- Epidemiological investigations
  - Outbreaks or epidemics
  - Response to emergency inquiries (e.g., refugees, crowds, civil or regional conflicts, and environmental issues, problems, or concerns)
  - Investigations of clusters
  - Assessment of natural or man-made disasters
  - Urgent surveys
  - Participation in humanitarian response during disasters
  - Applied public health research (e.g., serosurveys, vaccine coverage, vaccine efficacy, etc.)
- Conducting surveillance, including regular surveillance meetings
- Conducting special studies (surveys, program/surveillance evaluation)
- Data management and analysis\*
- Scientific writing\* (includes epi bulletins, outbreak reports, brief reports, and other technical reports)
- Literature search in support of scientific writing and epidemiologic practice\*
- Preparing for and presenting at scientific conferences
- Consultation with policy makers
- Media interviews
- Laboratory bench work in support of epidemiologic practice
- Teaching and supervision of another resident/s or field epidemiologists (ToT: Training of Trainers)
- Developing and/or delivering epidemiology and biostatistics training for the public health workforce
- Consulting with local public health officials on their issues, providing advice, and determining if further investigation/action is needed

\*When this work is in support of or in response to MOH needs; do not include these activities if they are largely to fulfill academic requirements or if during this time the residents are not at their field sites and available for public health responses (i.e., having protected time at a university).

Of note: For time not engaged in these specific activities, the FETP residents need to be assigned or working in a field site – meaning that epidemiologic practice including surveillance and response are an integral part of the work of that unit. This is particularly important for programs where residents are returning to their workplace between didactic sessions (i.e., part time participation). This is also true if residents are assigned to a rotation with WHO or a similar organization. The work of the site and their role should remain primarily related to epidemiologic practice.

***NOT INCLUDED in field work:***

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

## CHAPTER 3: Overview of the Accreditation Process

### Institutional Environment

The FETP accreditation process is hosted and coordinated by TEPHINET. Representatives from the TEPHINET regions and CDC are part of the AWG, which provides technical leadership and oversight for all steps of the accreditation process. Qualified volunteers from the network participate as members of Accreditation Review Teams (ARTs) to carry out accreditation application reviews and site visits. The GAB, which is an external panel of reviewers composed of senior global epidemiologists, who are free of current or past affiliations with the network and its member programs, makes the accreditation decisions.

### Announcement of an FETP Accreditation Cycle

The TEPHINET Secretariat will issue an accreditation announcement to begin each FETP accreditation cycle. The announcement will be accompanied by a link to the accreditation webpage, which houses many of the following documents and online forms. Others are made available only to reviewers and applicant programs.

- Accreditation Eligibility Requirements
- Accreditation of FETPs Minimum Accreditation Indicators and Standards
- Accreditation Readiness Assessment
- Letter of Intent (LOI)
- Certification of Eligibility (COE)
- Accreditation application Instructions
- Reapplication Form
- Reviewer's Assessment of the accreditation application
- Program's response to the reviewers' assessment of the accreditation application
- Accreditation Reviewers' Site Visit Report
- Program's Response to Reviewers' Site Visit Report

In 2021, TEPHINET introduced an online Accreditation Application Portal, where programs will complete all parts of the application.

### Program's Initial Response to a Call for Accreditation Applications

Programs which have completed the Accreditation Readiness Assessment can create a user name in the Accreditation Application Portal and submit a signed LOI and COE to apply to that accreditation cycle. The Certification of Eligibility (COE) certifies that the program satisfies the basic eligibility requirements and that its organization and standards of training are in compliance with the minimum accreditation indicators and

standards. In addition, the LOI states that the program has satisfactorily completed the Accreditation Readiness Assessment and that it intends to submit its FETP Accreditation Application by the deadline. The LOI is signed by the director of the FET Program and the chief of the section of the ministry of health or public health institution where the program is located. If a program has more than one sponsor (e.g. degree-granting programs) the letter shall be co-signed by the leadership of the academic or research institution.

If deemed eligible, programs will be invited to complete and submit an accreditation application, together with the corresponding supporting documentation. Concurrently, TEPHINET will work to assign an ART to the program. The accreditation application and required documentation will be immediately made available in the secure portal to the ART for assessment, as the ART will make a recommendation about sending the program forward to the site visit phase.

*Note: Programs are strongly advised to fully complete the Accreditation Readiness Assessment prior to beginning the application process. This exercise will gauge a program's readiness to apply. If a program feels that it is not yet ready, it can request technical assistance.*

### **FETP Accreditation Application Preparation and Submission Overview**

After TEPHINET acknowledges receipt of the LOI and COE and invites the program to apply, the program will prepare the supporting documentation to submit in the portal by the published deadline. The new online system (2021) provides a higher level of security and simplicity, allowing programs to save and return to applications in progress and upload documentation directly into the portal. The program is required to present documentation that shows compliance with the criteria for each standard and to follow the FETP Accreditation Application instructions for submission.

The Accreditation Application is formatted to accurately follow the Accreditation of FETPs Minimum Indicators and Standards table. Several tables and text fields collect information about the program's alignment with each indicator. Programs should include ALL required documentation with the application. If English-language versions of the required documentation are not available, programs should include an English summary of the required documentation. Documentation that will be reviewed during the site visit will require English-language summaries or, if that is not possible, TEPHINET Secretariat will coordinate in-person translation/language assistance during the site visit.

### **Program's Response to the Accreditation Application Assessment**

After the ART completes its application assessment, its joint review will be shared with the program in the secure portal. The program will have a maximum of one week to respond to the questions from the ART about its accreditation application and to submit answers and/or additional documentation. If a program

believes that one week is not sufficient time to provide the requested feedback, the program shall notify TEPHINET of the delay and the expected date for completion.

### Site Visit and Reports

TEPHINET maintains a roster of qualified accreditation reviewers who are willing to review FETP accreditation applications, as well as conduct and report on Accreditation Site Visits. Accreditation reviewers are experienced field epidemiologists who meet basic criteria for experience and which have completed Reviewers Training for the Accreditation of FETPs. Upon receipt of LOIs and selection and vetting of candidate reviewers by the AWG, TEPHINET will notify the program of the designated ART, who in turn is expected to report potential conflicts of interest or other ethical problems related to one or both of the assigned reviewers.

Programs that are recommended for a site visit will be invited to confirm dates within a site visit window, and an agenda for an ART site visit will be provided. Programs must be available for 70% of the weeks within the site visit window, and the site visit may be postponed until the following cycle if these conditions are not met.

Following the completion of the site visit, the ART will complete its Site Visit Report, which will be made available to the program in the secure portal. The program will submit an official response to the Site Visit Report in the portal. Following this exchange, the TEPHINET Secretariat will include the final Site Visit Report for review, along with all other application materials, by the Global Accrediting Body (GAB). More information about accreditation decisions can be found in Chapter 7.

Below is an overview of the basic steps in the accreditation process:

### Basic Accreditation Steps

Step	Activity or Process Involved
1. Accreditation Readiness Assessment	Program prepares for accreditation by assessing its alignment with FETP accreditation standards. Programs may receive technical assistance to conduct the assessment or use the tool to conduct a self-assessment.
2. Accreditation Letter of Intent and Certification of Eligibility	Program submits a Letter of Intent (LOI) and Certification of Eligibility (COE). Secretariat reviews for eligibility and invites programs to apply.

3. Accreditation Application	The program completes the accreditation application and uploads its supporting documentation, all in the secure Accreditation Application Portal.
4. Assessment of the FETP Accreditation Application	Volunteer reviewers, paired as members of an ART, assess the information contained in the FETP accreditation application and may or may not recommend a site visit.
5. Accreditation Site Visit	The site visit is conducted by the same team of peers who reviewed the accreditation application. The purpose of the visit is validation: to verify the accuracy of documentation submitted and compliance with accreditation indicators and standards. The site visit also provides opportunity for discussion and understanding of opportunities for quality improvement. Site visits will last four or five days.
6. GAB Review	TEPHINET’s accreditation decision-making body (GAB) reviews the program accreditation application and the ART’s report and recommendations. The GAB also issues accreditation decisions and quality improvement recommendations. Under special circumstances, the GAB may choose to request additional information from the program before or during its panel review session.
7. Review of the Accreditation Process	A yearly review of each accreditation cycle is conducted by TEPHINET’s Accreditation Working Group (AWG) and TEPHINET Accreditation staff by using materials and experiences observed during the cycle. The year-end review allows the AWG to evaluate the impartiality and quality of the process and to inform the continued improvement of future FETP accreditation cycles. In 2020, an external reviewer conducted a thorough evaluation of the program. The results were made public on the website and shared with all stakeholders. This process will be repeated every 3-5 years.

### Accreditation Term

The accreditation status will remain valid for a period of five years, after which time the accreditation will terminate and programs must reapply to renew their accreditation status.

### Accreditation Term: Program Reporting on Adherence to Accreditation Standards

Accredited programs must report and certify that they continued to adhere to accreditation indicators and standards at the mid-point of the term of accreditation (during the third year following a program’s accreditation).

The Mid-Cycle Self-Evaluation Form will be provided to programs at the midpoint of their accreditation cycles by the TEPHINET Secretariat. The form shall be signed by the program director, and the program director should share the form with the director of the division or unit of the MOH or public health institution that hosts the program. The Mid-Cycle Self-Evaluation Form will be reviewed by one of the original members of the Accreditation Review Team for that program and by the entire Accreditation Working Group. Programs must verify their continued adherence to standards and assess their progress in quality improvement recommendations that were made by the GAB.

## **Additional Accreditation Term Reports**

### ***Change of Status***

Programs might experience substantial changes due to administrative relocation, budget cuts, or changes in host institution policies and/or infrastructure. If any change substantially alters the ability of the program to maintain accreditation standards, the program should promptly notify the TEPHINET Secretariat of the changes so that a special review panel can be established to assess the impact of the changes and determine means to facilitate technical assistance support for the program, or if a change of accreditation status is merited.

### **Reaccreditation**

Assuming that a program continued to demonstrate continued compliance with indicators and standards in its mid-term review, and does not experience any changes that would cause noncompliance with standards, the program will finish out its cycle with no additional reporting obligations.

The initial accreditation process assessed FETPs against the *minimum* standards and indicators. In 2020, the Accreditation Working Group developed a process for reaccreditation focusing on quality improvement and allowing programs to identify elements of distinction and merit that they may have developed and acquired during the five years since the first accreditation award. This aligns with the overall quality Improvement objective of accreditation (*to promote increased quality of FETP training and public health services*) and with TEPHINET Accreditation staff's efforts to continuously improve process and operations.

FETP candidates for Reaccreditation will choose among the following options:

- **Option 1:** Reaccreditation according to the minimum standards.
- **Option 2:** Reaccreditation with Distinction according to elevated standards.
- **Option 3:** Reaccreditation with Merit in certain areas of public health service.

**Option 1:** This is a basic check-up that the program still meets the minimum indicators and standards. This option will be available for Reaccreditation candidates only for their first Reaccreditation opportunity, after the first five-year period; at the next phase, programs will be expected to demonstrate improvement. (See Reaccreditation Standards.)

**Option 2:** Beyond the minimum indicators and standards, the AWG identified a higher level to allow programs to highlight elements of distinction for certain standards within the five domains. To receive Reaccreditation with Distinction, 75% of the standards/indicators must be met at the elevated level (and all other standards at the minimum level). (See Reaccreditation Standards.)

**Option 3:** Reaccreditation provides an opportunity to highlight elements of merit of some FETPs, defined by the work of the FETP to best serve and strengthen the public health of the country. The AWG referenced another consolidated set of competences, “the Essential Public Health Services” (source: <https://phnci.org/uploads/resource-files/EPHS-English.pdf>). These thematic areas allow FETPs to demonstrate how they improve the public health workforce, influence decision-making, build networks of alumni, create links with other international networks of field epidemiologists, provide enhanced emergency response, and perform other innovative activities outside the original scope of FETP or the minimum standards. To receive Reaccreditation with Merit, the program must meet the distinction level on all relevant standards and demonstrate how it is delivering the service in a thematic area or areas (see Reaccreditation with Merit).

A program will be able to elect Option 1, Option 2, Option 3, or Options 2 and 3. (Options 2 and 3 assume that Option 1 was also achieved.) A site visit would be indicated only if a program selected Option 2 or Option 3.

There will be two Reaccreditation reviewers: one of the original reviewers (if possible), and an experienced reviewer drawn or an AWG member. The review will be conducted in the traditional way, within the new online system, and a recommendation may be made for an abbreviated site visit (three days) attended by one reviewer only, contingent upon travel rules.

The final decisions for Reaccreditation status will be made by the Global Accrediting Body.

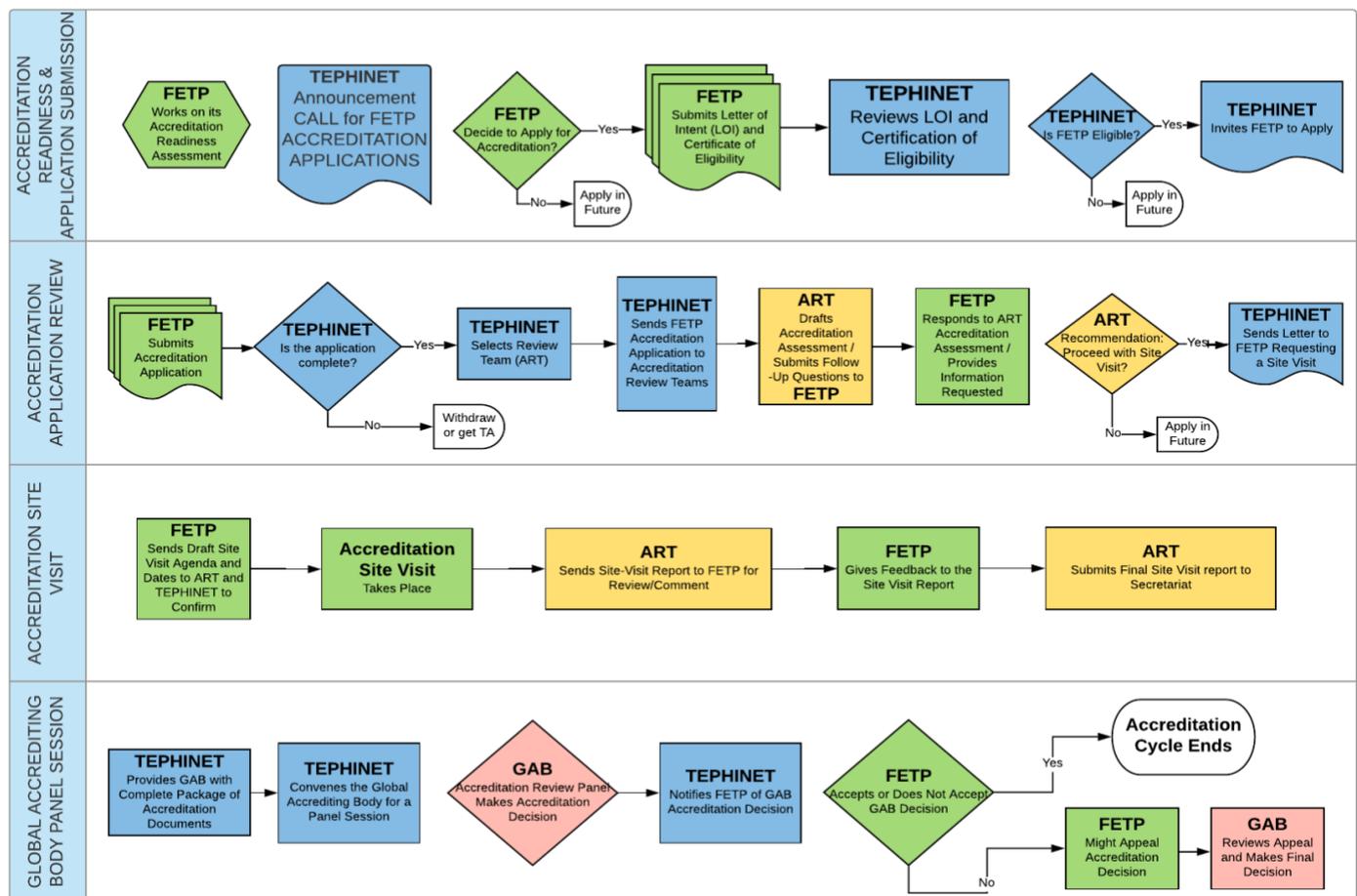
## Reaccreditation: Special Circumstances

A program in good standing can apply for a one-year deferral of its reaccreditation. Because of the labor-intensive nature of preparing for reaccreditation, if a program has experienced certain extenuating circumstances, a deferral may be granted. These extenuating circumstances may include:

- Force majeure (natural disaster which devastates program infrastructure).
- Serious injury, disease or death of key program personnel whose participation would be vital.
- Pandemic conditions.
- Severe political unrest or war.
- Other environmental or social conditions which would prevent reviewers from traveling and/or staff from planning, hosting, or participating in site visit.

The following flow chart provides a complete overview of the entire initial accreditation process.

**TEPHINET ACCREDITATION OF FETPs FLOW CHART**



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

## CHAPTER 4: Key Parties Involved in the Process

This chapter describes the roles and responsibilities of each of the main parties involved in the process of FETP accreditation.

### The Program

#### *Roles and Responsibilities of the Program*

1. Programs complete an Accreditation Readiness Assessment.
2. Applicant programs organize readiness assessment review meetings, review and analyze program documentation, and draft and submit the FETP accreditation application. It is advised that readiness assessment meetings will involve participation of program staff, trainee supervisors, mentors, faculty and instructors, program partners, Advisory Board members and/or MOH leadership supervising the program, trainee placement unit's leadership, and trainees.
3. Applicant program's leadership and staff need a minimum of 20 weeks to prepare their application; plan, prepare, and host the visit of the ART to guarantee the best use of program resources, TEPHINET accreditation expenditures, and time of volunteer epidemiologists reviewing applications and conducting accreditation reviews.
4. Program prepares a site visit binder containing copies of all supporting documentation to the accreditation standards.
5. Programs provide the ART that conducts site visits with detailed logistic information (location and contact information of key places and people to visit, best airline travel itineraries and hotel accommodations, convenient places to eat, cultural issues and customs to observe, safe and reliable transportation, etc.) and assist with visit coordination of meetings, appointments, and in-country visit travel arrangements.
6. Programs should be prepared to host and accompany the ART during all site visit agenda activities, securing the full-time participation of two senior-level members of the staff who will accompany the ART during document reviews, individual and group interviews, and visits to locations listed on the accreditation standards.
7. Programs make invitations and confirm participation of the persons/institutions to be visited and/or interviewed as part of the site visit jointly prepared with the ART.
8. Programs agree to release all the information and documentation necessary to assess alignment with accreditation standards.
9. Programs will organize meetings with key informants as requested and coordinate appointments and logistics to complete the site visit agenda.
10. Programs will provide at least one room exclusively dedicated for the ART visit. To the extent possible, the ART-dedicated room should be large enough to accommodate meetings with groups of program participants, have tables, chairs, and a telephone.

11. Programs review the Accreditation Site Visit Report and complete the response form to the site visit report form according to timetable.
12. Programs submit the site visit feedback form following the site visit.
13. To safeguard the impartiality and transparency of the accreditation process, programs need to:
  - a. Diligently prepare their application.
  - b. Compile and organize all requested documentation.
  - c. Guarantee timely and satisfactory completion of the agenda prepared for the ART visit.
  - d. Maintain regular, candid communication with the designated ART.
  - e. Promptly review the Review Team Visit Report and immediately report discrepancies, erroneous, missing, or incomplete information.

### **Accreditation Review Team (ART)**

The ART includes at least two epidemiologists or applied public health professionals that satisfy the accreditation reviewer eligibility requirements, are responsible for reviewing the applicant program accreditation application and are willing to travel to conduct a site visit.

#### ***Eligibility***

1. Field epidemiologists with one of the following qualifications: at least ten years of full-time national public health experience; OR a graduate of an FETP with five years of full-time national public health experience; OR five years of FETP full-time work experience (working with an FETP).
2. Must be able to complete the online accreditation review orientation training by teleconference and be familiar with this manual.
3. Is available to complete within a period of four months:
  - a. A review of an accreditation application.
  - b. Coordination of activities and schedules with programs under review and another reviewer (team member).
  - c. An accreditation site visit to a program's location.
  - d. Preparation of an accreditation Site Visit Report and recommendations.
4. Performs the activities listed above on a volunteer basis without monetary compensation (travel, accommodations, and per diem are reimbursed or provided in-kind by TEPHINET).
5. Preferably speaks the national language of the country.
6. Has no conflict of interest with the program to be visited.
7. Has excellent oral and written communication and reporting skills.

### ***Roles and Responsibilities of the ART***

1. Follows accreditation review guidelines, assesses the FETP accreditation applications, and makes recommendation for site visits.
2. Participates in the TEPHINET orientation, reviewer training, and site visit agenda planning, via conference calls.
3. Conducts the site visit to the program to validate the documentation submitted, areas of strength, and possible gaps in the program's alignment with each of the accreditation standards. This will include making a presentation to program and host institution authorities on the first day of the visit that informs accreditation goals and process and site visit procedures, and conducting group meetings and interviews with FET Program staff and students over the course of the site visit. The ART receives pre-visit training to familiarize it with the host country culture and customs, and may receive full-time language interpretation services during the site visit if needed.
4. Accreditation reviewers and site visitors have the duty to secure and under no circumstances release personal information (to third parties not involved in the accreditation process) of trainees, staff, and affiliates of the program obtained as part of the accreditation review (this is captured in the Volunteer/Confidentiality Agreement signed by the ART).
5. Prepares a summary of site visit findings and recommendations for the program and host institution leadership to be delivered at the end of a site visit (debriefing).
6. Prepares an interim version of the Joint Reviewer's Site Visit Report to be shared with the program.
7. After considering the program feedback, issues a final report of the site visit in the Joint Reviewers' Site Visit Report form, to be reviewed by the GAB.
8. Prepares travel expenditures report and/or reimbursement invoice.
9. Should be available to answer questions during GAB panel review.

### ***Other Requirements of the ART***

1. Selection of team members will consider the need to have at least one member who will have full command of the language spoken in the applicant program country, and another one who is an English speaker and has excellent English writing skills.
2. Selected reviewers are made aware of the other designated reviewer team member and agree to be part of the team and constructively communicate and negotiate activities and communications with applicant programs and other involved parties.
3. Members coordinate concise and efficient communications with the TEPHINET Secretariat, applicant program, and AWG.
4. Members of the team carry themselves, at all times, with dignity and respect to the applicant program members, host institution and partners, acknowledging and respecting local culture and customs, and adhering to the TEPHINET Accreditation social media policy (*Sharing Information—A Policy for Programs and Reviewers*).
5. Members abstain from any other professional, business, or leisure activities during the course and duration of the accreditation review visit.

## **Accreditation Working Group (AWG)**

The AWG was established by the TEPHINET Global Assembly of Program Directors during the VII Global TEPHINET Conference held in Amman, Jordan on November 13–15, 2012.

The intent of the 2012 Program Directors’ Assembly was to create a working group comprised of elected representatives from each of the TEPHINET regions who would help developing accreditation policies, process and procedures and will provide continuous leadership and technical expertise for evaluation and quality improvement technical oversight of the accreditation process. The AWG also has a role facilitating communication and discussion of key accreditation matters within and among the regions helping to coordinate and facilitate communications and feedback from regions, and program directors.

The AWG is formed by representatives of each of the six TEPHINET regions (Africa, Americas, South-East Asia, Europe, Eastern Mediterranean, and Western Pacific), designated by their respective Regional Program Directors Assembly. In addition to the regional program directors’ elected members, the CDC Center for Global Health designates a representative to the AWG and TEPHINET Secretariat. WHO had initial participation as an observer to the development of the process and is always welcomed to attend its sessions.

### ***Eligibility***

Current and former FETP directors and technical staff of the programs with more than ten years of full-time experience supporting trainee field activities are eligible to participate. Partner organizations designating representatives to the AWG are directed to use these same criteria to select their representation.

### ***Designation***

AWG candidates are proposed by the programs to the regional TEPHINET organizations and confirmed by a majority vote (70% approval) of the regional program directors meeting. AWG members can invite other program directors and program staff to participate in AWG activities or to make up part of the sub-committees designed to support its activities.

The regions will also elect alternate AWG members who can fill in for the principal members when they cannot attend AWG conference calls or meetings and who also share responsibility for tasks assigned to the member. Alternates are to be selected from members of the technical staff from other programs in the region represented by the AWG member.

If an AWG member can no longer continue performing his/her duties, the alternate will replace him/her on the AWG and subsequently ask the region to designate a new alternate to continue supporting AWG

activities. The same procedure applies when an AWG alternate can no longer perform their duties. All alternate AWG members shall be confirmed by a majority vote of the program directors meeting of the region represented by the original member and/or alternate.

### ***Roles and Responsibilities of the AWG***

1. Provides technical guidance and leadership for the continuous development and quality improvement of the TEPHINET FETP accreditation process.
2. At a yearly in-person meeting, develops and approves a plan of activities and priorities.
3. Reviews and updates the accreditation standards and procedures on a yearly basis.
4. Reviews and updates guidelines, documentation, and training materials related to the accreditation of FETPs.
5. Meets quarterly via conference call to follow up on AWG business as determined in yearly in-person meeting or at direction of TEPHINET Program Manager (meetings can be cancelled if items included on the annual work plan do not require conferencing).
6. Procures, on an informal basis, input and feedback from program directors and partners from the regions represented by the AWG.
7. Contributes information, analysis, and recommendations necessary to evaluate the process at the annual year-end meeting to review the cycle.

### **The Global Accrediting Body (GAB)**

The GAB is an external panel of accreditation decision-makers (up to seven members) nominated by TEPHINET governing bodies (TEPHINET Board, program directors, and TEPHINET Secretariat) and composed of senior global public health experts.

### ***Eligibility***

1. Senior public health experts, with at least 15 years of public health practice, of recognized technical, professional, and moral authority, who are willing to dedicate two to three days of work to conduct panel reviews and issue accreditation decisions.
2. Have no previous or concurrent affiliation with FET programs under accreditation review.
3. Willing to participate as GAB member without expectations of any monetary compensation from TEPHINET, TEPHINET governing bodies, staff, or its affiliate programs.
4. Willing to take the GAB review training.
5. Willing to participate in at least one extraordinary GAB session to address FETP accreditation appeals, change of status, or complaints.

## ***Roles and Responsibilities***

1. Assembles annually to review FETP accreditation applications and recommendations.
2. Follows FETP Accreditation Review Guidelines to inform discussions and accreditation decisions.
3. Issues objective accreditation decisions based on FETP and ART review reports.
4. Reconvenes to revise appeals to accreditation decisions.
5. Evaluates and issues recommendations to improve accreditation procedures, reports, and support for GAB functions and activities.
6. Informs TEPHINET Secretariat and Advisory Board of accreditation decisions, evaluation of process, and support for GAB functions and activities.

## **TEPHINET Secretariat**

TEPHINET secretariat is in charge of coordinating the overall process of accreditation between the ART, programs, AWG, and GAB. This includes logistics for travel of reviewers as well as logistics for key documents from the program to the ART and GAB.

## ***Roles and Responsibilities of the TEPHINET Secretariat***

1. Has overall responsibility for the FETP accreditation process, including its technical soundness, fairness, transparency, coordination, administrative and financial support.
2. Issues annual call for accreditation applications.
3. Promotes participation and recruitment of volunteer accreditation reviewers and facilitates their orientation to the process; coordinates site visits.
4. Is responsible for the continued development and availability of high-quality training in accreditation policies, process, and procedures of accreditation reviewers, GAB members, and TEPHINET staff.
5. Prepares annual accreditation budget and procures funding.
6. Ensures a timely response to a program's LOI/COE, and as administrator, ensures that automated processes within the Accreditation Application Portal are functioning properly to share documents and notify participants of needed actions.
7. Supports and ensures organization of the GAB accreditation panel session.
8. Ensures that programs receive timely notice of the GAB accreditation decisions.
9. Ensures preparation of an annual accreditation summary, consults with the AWG, and informs all TEPHINET governing bodies of the cycle results and recommendations.
10. Abides by strict ethical and confidentiality principles; TEPHINET staff and agents will keep confidential any discussions or decisions about a program's application/accreditation status through the process until decisions are final.
11. Promotes actions to continuously maintain and improve the quality of the accreditation program.

## **TEPHINET Advisory Board**

### ***Roles and Responsibilities***

1. Requests and reviews summary reports (report describing the accreditation results, accreditation number of applications, reviews, site visits, problems encountered, lessons learned, and suggestions for improvement).
2. Provides oversight and guidance necessary to maintain technical soundness, fairness, and transparency of the accreditation process.
3. Issues recommendations aimed at maintaining and improving the quality of the accreditation process.
4. Advocates for funding and support to sustain annual cycles of accreditation.
5. Supports reviews of complaints from programs during the process.

## **Directors of Accredited Programs**

### ***Roles and Responsibilities***

1. Include accreditation evaluation and results as part of their regular meeting agendas.
2. Provide input and issue recommendations aimed at maintaining and improving the quality of the accreditation process.
3. Implement actions and delegate people responsible for the implementation of recommendations given by the GAB.
4. Advocate for funding and support to maintain regular accreditation cycles.

## CHAPTER 5: Preparing Program Accreditation Applications

TEPHINET’s accreditation process consists of a detailed self-assessment, followed by an official application which, if successful, results in a site visit by an external ART, which makes the final recommendations on accreditation to the GAB. The purpose of these two major steps is to accurately determine if programs are meeting basic quality standards and to assist programs in identifying solutions to problems and strengths to maximize their impact and effectiveness in supporting their country’s public health priorities. Both steps focus on critical aspects of FETPs, including program and organizational inputs and processes, governance and regulation, curriculum design and delivery, residents’ learning experience and training in-service, qualification of mentors and supervisors, trainee support, and other program resources.

### Determining Readiness to Apply

The AWG has developed detailed guidance on the steps required to attain accreditation, which can be found at <http://tephinet.org/accreditation> and are summarized in the flow chart provided in **Chapter 3**. Completion of an internal Accreditation Readiness Assessment is the first step of the process.

The program’s readiness assessment is an essential component of the accreditation process and serves both internal and external functions. Internally, it provides the opportunity to systematically describe, review, and assess the program in terms of its mission, purpose, goals, resources, and other inputs, processes, and outcomes and to open a dialogue with stakeholders on how the program can be further improved. As such, it may also prove to be a useful tool even for programs that are not yet ready to apply for accreditation.

The accreditation process requires considerable planning and effort, and programs may wish to reflect on the likelihood of a successful application prior to making a commitment to accreditation and the subsequent peer review process. The readiness assessment provides a useful tool for programs to assess their readiness to submit an application. “Yes” answers to all of the questions in the checklist do not guarantee that the program will meet accreditation criteria, but will provide an indication of the usefulness of proceeding with the application. If, by contrast, the answers to any of the first three questions is “no” or if there are a substantial number of “no” responses to the remaining items in the checklist, the application should be delayed until the program meets accreditation requirements or each and all of the accreditation requirements.

Housed on the TEPHINET accreditation website, the Accreditation Readiness Assessment serves as a work plan for assessing program readiness and preparing to apply to the process so that adequate resources can be identified and a realistic time line developed, and contains a more detailed tracking tool for planning and completing specific data collection activities. Larger programs will have additional benefits by forming a readiness assessment committee, which in addition to providing a greater workforce to complete the required tasks also serves as a means of involving important stakeholders and developing stronger collaborative ties within the group.

## **TEPHINET Assistance to Conduct the Accreditation Readiness Assessment**

Programs interested in receiving peer technical assistance to conduct their Accreditation Readiness Assessment or to develop a plan to fully align their programs with FETP accreditation standards may contact TEPHINET to request facilitation of technical resources via regional or global network collaborations.

### **Program Accreditation Application: Overview**

The Accreditation of FETPs Minimum Indicators and Standards Table is the main reference for the accreditation eligibility criteria, justification and description of each one of the accreditation standards, and the corresponding required supporting documentation. The application mirrors this document. The application in the TEPHINET Accreditation Application Portal consists of questions that require yes/no and text answers (narratives), completion of tables for each standard in the five accreditation domains, and the direct upload of supporting documents.

### **FETP Accreditation Application Preparation**

After TEPHINET acknowledges receipt of LOI/COE and invites the program to apply, the program must complete the FETP Accreditation Application, including the upload of supporting documentation, within the Accreditation Application Portal by the published deadline. The program should convene a self-study group or committee involving host program staff, supervisors, instructors, trainees, host institution officials, and partner institution representatives. The committee is responsible for gathering and organizing the information required to address each accreditation standard.

To complete the application, each program will need to assemble and carefully review its current operating procedures, manuals provided to residents and their supervisors, and other key policy documents. Rather than simply submitting entire documents, in most cases programs will be asked to provide the names of the documents. This approach will limit the need for performing extensive translation of documents, as only essential portions will need to be translated. Note that some key documents such as the program Operational Procedures manual or similar set of documents are requested as documentation for more than one indicator.

## **FETP Accreditation Application Submission**

Beginning with the 6<sup>th</sup> Cycle, the application process will take place within the TEPHINET Accreditation Application Portal.

Programs must answer each question completely and include all required supporting documentation in order to be considered for an accreditation site visit. Programs that can't translate (to English) the requested documents for the site visit should provide a short summary of what information will be made available during the site visit. At least one member of the ART will be fluent in the local language and will be able to confirm the pertinence of the supporting documents supplied in the local language. All original supporting documents are required to be made available to the ART during the site visit, particularly documents that were not translated at the time the accreditation application was submitted.

Once the application is completed in the portal, members of the ART will conduct an initial review of the information provided. Questions and requests for additional information or clarification can be expected and should be considered part of the ART assessment of the accreditation application. This exchange is meant to maximize the clarity and comprehensiveness of the accreditation application process and should be the goal of everyone involved.

## **Re-Application**

A program which has applied and not been recommended for a site visit has the option to apply again in a future cycle. If a program elects to reapply, it must complete the new application for the cycle during which it re-applies. In addition, the program must complete the Re-Application Form. This form gives the program the opportunity to describe in detail how it has addressed the areas of weakness identified by the initial reviewers' assessment. This will help to ensure that programs will be ready when they re-apply, and prevent reviewers from revisiting the same concerns that were identified by previous reviewers.

## **Program Response to the Accreditation Assessment**

The Program will have a maximum of one week to resolve the questions from the ART, make clarifications to the reviewers' application assessment, and address other issues related to partially complete or incomplete information on the report, all within the Accreditation Application Portal. Programs should use the *Program's Response to the Reviewers Assessment of the Accreditation Application* form to submit their answers and/or additional documentation to the ART.

## CHAPTER 6: Preparing for and Conducting the Accreditation Site Visit

If the ART recommends a site visit, which is based upon its assessment that the program meets the standards, the next major step in the accreditation process is a site visit. There, the information provided as part of the accreditation application process will be reviewed and validated through observations and interviews. The ART will also consider additional documentation (for example, residents' anonymous survey results). The ART will visit the program offices, and, where relevant, other locations as stated in the agenda. Finally, they will conduct scripted individual and group interviews with program members, stakeholders, residents, and program graduates. The site visit is expected to be conducted over a period of five days.

### Site Visit Objectives

1. To validate the information provided by the program in the FETP accreditation application.
2. To review additional information substantiating the program's full alignment with all accreditation indicators and standards.
3. To provide evidence-based accreditation recommendations for review by the GAB.

### Validation of Standards during the Site Visit

The validation is done by determining whether the reported information about the program management infrastructure, operational processes, and outcomes matches that directly observed by reviewers. Validation of program standards of training and its integration with public health service are made by observing the program environment, as well as obtaining testimonials from key informants using personal/group interviews and survey questionnaires. Information obtained via these methods will be documented in the Reviewers' Site Visit Report and shared with the program before being submitted to the GAB. The program reviews and provides feedback or corrections to the Reviewers' Site Visit Report.

### Preparing for the Site Visit

A program whose FETP accreditation application is reviewed and accepted will be invited to confirm dates for the ART site visit and prepare a preliminary site visit agenda. (The Secretariat shares a draft site visit agenda with the program showing all required meetings and interviews.)

Given the considerable amount of logistical arrangements required to coordinate a five-day accreditation site visit, the program will need to confirm with TEPHINET the name of their designated coordinator when they submit their confirmed site visit agenda and interview schedule. The site visit coordinator should accompany the ART to all field sites, affiliated partners' locations, and interview sessions.

## Site Visit Participants' Roles and Responsibilities

The following descriptions refer to all parties involved in the accreditation site visit: 1) the program applying for accreditation, 2) TEPHINET Secretariat staff, and 3) the ART.

### 1. The Applicant Program

#### *Roles*

- Actively participates in the planning, conducting, and evaluation of the site visit.
- Provides internal coordination and orientation to all persons involved in the accreditation site visit.

#### *Responsibilities*

- Assigns personnel and physical resources to host the accreditation site visit.
- Schedules the agenda, locations, and interviewees for the site visit.
- Maintains regular communication with TEPHINET Secretariat staff.

#### *Site Visit Tasks*

- Inform the program staff of the site visit date and time, and if participation is requested in the visit.
- Prepare copies of the documents requested for site visit review as indicated in the Accreditation Indicators and Standards table.
- Participate in the TEPHINET-coordinated orientation and planning conference calls along with the ART to set up agenda and logistics for the visit.
- Designate one or two members of the program technical staff as the site visit coordinators to host and accompany the ART to all meetings, document reviews, and group and personal interviews. The program site visit coordinators shall be able to address questions and requests made by the ART, procure additional documentation if needed, communicate directly with program leadership, and introduce the team to all persons/institutions participating in the site visit agenda.
- Make invitations and confirm participation of the persons/institutions to be visited and/or interviewed as part of the site visit jointly prepared with the ART.
- Secure conference room(s) or a meeting place where personal and group interviews will be conducted comfortably and without interruptions. Have this or a similar space available to the team during the drafting of the interim site visit report.
- Review the Accreditation Site Visit Report and complete the feedback form according to the timetable.

## 2. Accreditation Review Team (ART)

### *Roles*

- Conducts an unbiased, standardized site review of the evidence provided by the program in its FETP Accreditation Application.
- Gathers objective and qualitative (interviews and survey) information according to standard site visit protocol.

### *Responsibilities*

- Coordinates and communicates with the program and the TEPHINET Secretariat staff.
- Participates in the TEPHINET-coordinated orientation and planning conference calls to plan the site visit and prepare the site visit agenda.
- Follows site visit policies and procedures as described in this guide.
- Conducts all accreditation activities in a respectful, unbiased, objective, and ethical manner.
- Prepares a site visit report and summary of recommendations.
- When agreeing to participate as reviewers, volunteers make themselves available full time to carry out all the tasks listed below during the site visit week.

### *Site Visit Tasks*

- Maintain contact with TEPHINET Secretariat.
- Coordinate the following with FETP and Secretariat staff: travel dates; itineraries; lodging and transportation arrangements before and during the site visit; and visit agenda.
- Work collaboratively as a team to distribute tasks and achieve team consensus.
- Deliver an overview of the site visit objectives and evaluation process as a presentation during the first day of the visit.
- Conduct group meetings and interviews with FET Program staff and residents.
- Debrief program summarizing findings, problem areas (if any), and recommendations.
- Use FETP interim report feedback to complete the final Site Visit Report.

### 3. TEPHINET Secretariat

#### ***Roles***

- Provides orientation and support to the ART and consultant(s), if applicable.
- Facilitates communication and provides administrative and logistics support to all parties involved in the site visit; coordinates with AWG for technical support.

#### ***Responsibilities***

- Promotes participation and recruitment of volunteer accreditation reviewers.
- Facilitates training of accreditation reviewers.
- Ensures that the application portal is seamlessly communicating the results of the reviewers' assessment of the FETP Accreditation Application to the applicant program.
- Addresses consultations and/or complaints from programs and accreditation reviewers.
- Communicates changes in composition of the ART to program, and presents new candidates for vetting (if applicable).
- Maintains records of site visit incidents, activities, and reports.
- Observes absolute confidentiality of all site visit–related communications and information exchanged by TEPHINET, the ART, and the FETP.
- Observes impartial conduct and limits communications to site visit–related matters.

#### **Conducting a Site Visit**

After a program accreditation application is recommended by reviewers to move to the site visit phase, TEPHINET will coordinate the logistics of a site visit with the selected ART and nominated accreditation coordinator (program). In general, the activities that will occur during a site visit include:

- Observation of the program's office facilities and resources available to residents in and staff of the program.
- Review of the required documents that were submitted with the program's accreditation application (portfolio prepared by program for on-site review) and discussion of any gaps or areas of strength.
- Visits to the program facilities and other locations as determined by the visit agenda (optional).
- Interviews with key informants.
- Collection of any remaining documents.

## **Reviewers' Site Visit Report**

The ART will complete a Site Visit Report to be shared with the program in the application portal shortly after the site visit. Any changes or clarifications provided by the program will be considered and incorporated by the reviewers. The final Reviewers' Site Visit Report and recommendations must be completed within the application portal within two weeks of the site visit.

TEPHINET will ensure that the complete application package, including the final Reviewers' Site Visit Report, is made available in the portal for the GAB to review. TEPHINET will organize an in-person panel session for the GAB to reach their final decisions about each program's status.

## **Costs of Site Visits**

TEPHINET will only support one site visit per program in the initial accreditation phase. In the event that an additional site visit is required for any reason (e.g., a program was not accredited in a previous cycle), the program must support the entire cost of an additional site visit, if remote validation of standards cannot be arranged.

# CHAPTER 7: Accreditation Decisions, Appeals, and Complaints

## Accreditation Decisions

There are four possible outcomes of the GAB panel session.

- **Accredited:** The GAB determines, based on the evidence presented (meeting all indicator standards validated during the site visit), that the program fully complies with the accreditation standards.
- **Accreditation Not Granted:** The GAB determines, based on the evidence presented (e.g., failure to meet any indicator standards or evidence of major systemic problems identified during the site visit), that the program did not fully comply with the accreditation standards. Program may submit an application during the new accreditation cycle after implementing all GAB recommendations.
- **Conditional Accreditation:** The program is placed by the GAB under immediate action recommendations when it was not able to demonstrate full compliance with accreditation indicators and standards, but according to the ART's assessment, and the program's certified declaration of agreement to solve identified issues, the program would be able to demonstratively attain compliance within a 90-day period.
- **Nullification:** In the event of aberrant conditions, an application for accreditation may be nullified. This decision would only apply for a program whose application had been reviewed and granted a site visit. This decision could be made in the event of (a) *force majeure* before or during the time of the site visit which prevents the completion of the site visit; or (b) in the absence of *force majeure*: gross inconsistencies in documents provided by the program as part of the application process; or methods of application or submission of application that are inconsistent for one program as compared to other programs; or failure of a program to adhere to the required methods of completing and administering the forms and documents required for application; or failure of the program to appropriately organize and host the site visit according to the guidelines. A decision of nullification does not represent a decision to accredit or not to accredit. It means that the Global Accrediting Body is unable to evaluate the Reviewers' Site Visit Report and other application documents in totality, and cannot issue a decision.

## Disclosure of Accreditation Status

### *For programs*

It is in the interest of programs to disclose information about the quality of program (accreditation) to the institutions they serve, professionals interested in applying for training, trainees, graduates, and the public at large.

On the other hand, when a program has failed to achieve accreditation, it is by their discretion when and how, if at all, they decide to disclose their accreditation status.

### *For TEPHINET*

The Secretariat shall inform the programs of the accreditation results. Once the accreditation decisions are considered final, they shall be made available to the public at large using TEPHINET's regular sources of communication.

Members of the network, partner institutions, and the public at large might request and receive information regarding adverse accreditation decisions pertaining to specific programs. Otherwise, details of the accreditation decision will only be communicated to the interested FETP and its officials.

## Accreditation Decision Appeals: Policy and Procedures

If the decision of the GAB is to place a program on conditional accreditation or to deny accreditation, TEPHINET notifies the program director or designated leader and the representative of the MOH unit or public health institution where the program is located. In the notice, a specific statement of reasons for the action is given, as well as information about the right to appeal.

The action will not be made public for 30 days after notification to the program. During that time (which begins on the date the program receives the GAB's decision letter) the program may file an appeal in writing and request an accreditation decision review.

If the program does not file a written notice of appeal within 30 days, the GAB's decision becomes final.

A decision of nullification may not be appealed. A program may re-apply in a future cycle in the event of a decision of nullification.

## ***Grounds for Appeal***

The grounds for appeal are either or both of the following:

1. The GAB's decision was arbitrary or not based on the documentation and evidence provided by the program and assessed by the ART.
2. The ART procedures used to develop their conclusions and accreditation recommendations to the GAB were not objective, or were contrary to accreditation policies and procedures, or were contrary to ethical behavior, resulting in procedural error that prejudiced the GAB's decision.

## **Instructions for Programs Submitting Appeals to Accreditation Decisions**

### ***The Burden of Proof on Appeal***

Programs might appeal an adverse accreditation decision within 30 days of its notification by submitting an Appeal Letter to the TEPHINET Secretariat. The program bears the burden of proof on appeal.

### ***FETP Appeal Letter Should State the Following:***

1. The specific disagreement(s) with the rationale provided in the GAB Accreditation Decision Letter with supporting evidence and documentation provided for each argument.
2. Whether the program documented its concerns or disagreements during any step of the accreditation process, such as the initial assessment of the application, the initial report of the site visit, and/or about conduct of the ART.
3. Whether the program documented (on the Site Visit Feedback form) concerns or irregularities that occurred during the ART site visit.
4. Whether the program contacted TEPHINET to report concerns or disagreements with the reports or the conduct of the ART.

### ***TEPHINET Appeal Duties***

TEPHINET will address receipt and acceptance of Accreditation Appeal Letters with two days. Within the next ten weeks, the Secretariat will convene a special session of the GAB to review the FETP Appeal Letter.

### ***Appeals Committee***

A three-member appeal committee will consist of at least two members of the GAB who served in person on the initial accreditation GAB Committee, and a member of the AWG. Each member of the committee is subject to TEPHINET's conflict of interest policy. Notification of the hearing will be made to all concerned parties.

Appeal hearings will be assembled via video conference or conference call. If the number of appeals during a given accreditation cycle is significant, TEPHINET might convene in-person hearing(s).

The appellant program shall be notified of the composition of the appeals committee as soon as it is constituted and shall be afforded the opportunity to present objections to the selection of any member of the committee based on conflicts of interest.

Thereafter, the appeals committee will direct questions to and hear responses from the program. The program will also be permitted to make a closing statement. A written transcript will be made of the hearing. All sessions in which the appeals committee meet to organize its work, as well as all deliberations of the committee, will be conducted in an executive session.

***Appeal Review***

In reaching its decision, the committee will consider: 1) the record before the GAB at the time it made its decision; 2) the program’s written appeal statement and documentation of complaints reported by the program during the accreditation process; and 3) any presentation made by the program at the hearing as well as the program’s responses to questions from the committee members.

Consistent with the standard for review on appeal, the appeals committee considers whether the decision was arbitrary or not supported by substantial evidence that existed in the record at the time of the GAB’s decision, and whether the action of the GAB was in accordance with its established procedures. The committee will base its decision on conditions as they existed at the time of the GAB’s decision and will not consider new evidence not before the GAB at the time of its decision.

The appeals committee affirms, amends, or reverses the decision being appealed. The application may also be declared null and void (a decision of nullification). If the committee affirms the decision, the decision becomes final at that time. If the committee amends or reverses the decision, or nullifies the application, it must provide a detailed written explanation of its rationale. TEPHINET will implement the appeal committee’s decision in a manner consistent with any directive of the committee and the accreditation procedures.

Implementation includes the ability to define the length of an accreditation term and any required reporting or other conditions. The accreditation term, required reporting, and any other conditions must be consistent with the appeal committee’s written rationale. It is understood that committee decisions and recommendations will be final and will **not** otherwise (if adverse) preclude future program accreditation applications.

***Communication of the Appeal Review Outcome***

TEPHINET will send notification, including specific findings, of the appeal committee’s decision to the program within one week of the hearing. The program may terminate the appeal in writing at any time up until the decision of the committee is rendered. In so doing, the program foregoes any right to reassert the appeal at a later date.

**Appeal Fees**

Costs for complaint investigations will be shared as follows: all costs for the program representatives to participate in the complaint deliberations shall be assumed by the program; all costs for the three-member investigative appeal committee shall be borne by TEPHINET.

**FETP Accreditation Complaints**

***Complaints from Program Residents, Staff, or Key Partners against Accredited Programs***

At any point during the term of a program’s accreditation, **major** complaints from its residents, staff, or key partners should be submitted to TEPHINET for examination and action.

The nature of these complaints shall exclusively refer to changes to the program that alter its compliance with the basic FETP accreditation eligibility requirements, or that significantly affect its adherence with FETP accreditation standards included in domains 2) Integration with Public Health Service and Value; 3) Staffing and Supervision; and 4) Selection and Training of Residents.

Complaints shall be presented in writing and supported by evidence as described below. Statements made in the complaint document shall explicitly refer to specific indicators and standards for which complainant(s) allege the program is no longer in compliance. Evidence accompanying the complaint shall be in the form of non-anonymous testimony and documentation, such as program official documentation and/or communications to members or the staff, residents, or key partners.

***TEPHINET’s Handling of Complaints against an Accredited Program***

When adequately documented complaints against accredited programs (as described above) are submitted, TEPHINET shall convene a GAB accreditation complaints committee hearing to assess the validity of the complaint(s) and determine pertinent actions.

### ***Assessment of Complaints***

The GAB complaints committee shall be convened, constituted, and will conduct its complaints assessment while observing the same policies and procedures that govern all accreditation processes. These include timely communication of the hearing date and time to all parties involved and the program’s right to designate a representative to the hearing who will in turn respond to questions from the committee.

Complaints committee hearing decisions will be final. The TEPHINET Secretariat will communicate the decisions to all parties within a week of the hearing. Complaints committee decisions might include changing the accreditation status of a program by making its accreditation conditional to remedial actions, or by revocation of accreditation. Decisions modifying the accreditation status of the program will be reflected on TEPHINET’s accreditation of FETPs website within four weeks of the hearing.

### ***Complaints against TEPHINET’s Accreditation Facilitation***

Complaints about TEPHINET’s performance or conduct must be in writing, specific, accompanied by non-anonymous testimony and/or documentation related to the complaint, and signed by the complainant. The TEPHINET Secretariat will seek to achieve an equitable, fair, and timely resolution of the matter. If the Secretariat negotiations are unsuccessful, the complaint will be referred to the AWG.

### ***Accreditation Working Group Review of Complaints against TEPHINET***

The AWG will review the complaint and issue recommendations to TEPHINET to correct the problem(s). The decision of the AWG will be communicated to the complainant in writing within one week of its meeting. If sufficiently documented complaints involve actions that significantly undermine the accreditation principles, or if TEPHINET representatives do not accept the recommendations issued by the AWG, the complaint shall be elevated by the AWG to the next FET Program Directors’ meeting. As a matter of policy, TEPHINET maintains complete and accurate records of complaints, if any, against itself and makes them available for inspection on request at TEPHINET offices.

### ***Annual Accreditation Activity Summary***

The accreditation process will be reviewed and improvements made in an ongoing fashion. An annual summary will be prepared to communicate findings, progress, feedback from the programs and reviewers about the process, areas that require improvement, and successes. The AWG will oversee the evaluation and improvement process and comment on the summary generated each year by TEPHINET Secretariat. TEPHINET will also obtain input from the Advisory Board and partners in the process. Sensitive information about individual programs will not be included.

## CHAPTER 8: Data Security, Storage, and Access

### Data Security and Archival

TEPHINET maintains ownership of all surveys, response data, panel data, and user information.

### Data Access Agreements and Products

A program's individual data will be available only to the program, the staff persons at TEPHINET designated to support the facilitation of the accreditation process, the ART involved in the review of that particular program, and the GAB. Individual program data will not be distributed to any other parties for any reason. Aggregate data will only be shared with partners and donor organizations supporting the process, for reporting reasons, as approved by the program.

By submitting to the process, programs agree to these basic assumptions. Any programs with additional questions or concerns should contact TEPHINET in advance of submission of their accreditation application.

## Glossary: Definition of Terms Used

Term	Definition
<b>Advanced</b>	This is the highest level of FETP training, and is the third and highest tier in the Pyramid FETP Model. It typically refers to two-year training programs. These two years do not include time spent training in the lower tiers of the pyramid.
<b>Accreditation</b>	<p>Accreditation is a voluntary program, sponsored by a non-governmental agency (NGO), in which trained external peer reviewers evaluate an organization’s compliance with pre-established performance standards. It addresses organizational capabilities and performance; rather than individual practitioner capability or performance. Accreditation is a public recognition of the achievement of accreditation standards by an organization, demonstrated through an independent external peer assessment of that organization’s level of performance in relation to the standards. The goal of the accreditation program is to improve and protect the health of the public by advancing the quality and performance of FETP programs. Accreditation is a voluntary method of quality assurance certifying the competency, authority, or credibility has been validated and meets the established standards.</p> <p><u>Adapted from:</u> <i>Toolkit for Accreditation Programs</i> by Charles D. Shaw, <a href="http://www.isqua.org">www.isqua.org</a>.            Mosby’s Medical Dictionary, 8<sup>th</sup> edition, 2009.            Rooney AL, van Ostenberg PR. <i>Licensure, Accreditation, and Certification: Approaches to Health</i>.</p>
<b>Accreditation Readiness Assessment</b>	The accreditation readiness assessment is an internal exercise to be conducted by FETP to determine their readiness to successfully complete the accreditation application in order to meet all the pre-defined accreditation standards.
<b>Accreditation Review Team (ART)</b>	The ART includes at least two epidemiologists or applied public health professionals, satisfying the Accreditation Reviewer eligibility requirements, responsible for reviewing the applicant program’s accreditation application, recommending an accreditation visit, conducting an FETP accreditation review site visit, and preparing the final Accreditation Review Report and recommendations.
<b>Accreditation Working Group (AWG)</b>	Current and former FETP directors or technical staff of the programs, with more than 5 years of full-time experience supporting trainee field activities, that have been nominated by their region to provide technical guidance, leadership, and continuous improvement of the accreditation process for FETPs.
<b>(FETP) Advisory Board</b>	Expert committee or similar formal mechanism that provides oversight on the technical and operational aspects of the FETP. The FETP systematically reports to, and receives expert feedback and guidance from the Advisory Board on FETP operations. An Advisory Board may include representatives from the host institution, key public health authorities, and counterparts; the members may be internal or external to the hosting organization, but the majority of the members should not be involved in the day-to-day activities of the FETP. The FETP Advisory Board meets at least annually, records its meetings and recommendations, and provides the FETP with its recommendations.
<b>Assessment</b>	<p>Process by which characteristics, groups, or situations are evaluated or determined so that they can be addressed. The assessment forms the basis to develop a plan for services or actions to improve quality.</p> <p><u>Sources:</u> <i>Toolkit for Accreditation Programs</i> by Charles D. Shaw, <a href="http://www.isqua.org">www.isqua.org</a>.</p>
<b>Biostatistics</b>	Analyze epidemiologic data using appropriate statistical methods.

	<p><u>Source:</u> <i>Field Epidemiology Training Program Standard Core Curriculum</i>, Curriculum Design Glossary, Department of Health and Human Services, Centers for Disease Control and Prevention, 2006.</p>
<b>Certification</b>	<p>The process by which an institution or program is evaluated and recognized as meeting certain predetermined standards. Certification is usually made by a non-governmental agency (Mosby's Medical Dictionary, 8<sup>th</sup> edition, 2009). The purpose of certification is to ensure that the standards met are those necessary for safe and ethical practice of the profession or service. Accreditation differs from certification in that, accreditation bestows upon an organization the power to recognize or certify an individual.</p> <p><u>Source:</u> Mosby's Medical Dictionary, 8<sup>th</sup> edition, 2009.</p>
<b>Competency</b>	<p>An integrated set of knowledge, skills, and attitudes that supports successful performance in public health context such as use of epidemiologic practices to conduct studies that improve public health program delivery.</p> <p><u>Source:</u> <i>Field Epidemiology Training Program Standard Core Curriculum</i>, Curriculum Design Glossary, Department of Health and Human Services, Centers for Disease Control and Prevention, 2006.</p>
<b>Completion</b>	<p>Field epidemiology training provides instruction and experiential learning in vital field epidemiology competencies through practical field work and classroom instruction. The completion of the minimum requirements for FETP program includes both academic and practical field work. Upon successful completion of the requirements, residents are considered to be graduates of the FETP program. For those programs with an academic or university affiliation, residents are considered to be graduates of the FETP if they have completed the required academic and practical field work specified by the individual program, independent of whether they have been granted an academic degree.</p>
<b>(FETP) Core Competencies</b>	<p>Core FETP competencies are an integrated set of knowledge, skills, and attitudes that supports successful performance in the public health services. These competencies combine knowledge, skills, and abilities must be demonstrated by the healthcare professional and are essential to performing their work effectively. Core competencies describe the expectations for job performance and for evaluation of field epidemiology. The ten core competencies for field epidemiology involve the use of science to improve public health, including: epidemiologic methods; biostatistics; public health surveillance; laboratory and biosafety; communication; computer technology; management and leadership; prevention effectiveness; teaching and mentoring; and epidemiology of priority diseases and injuries.</p> <p><u>Sources:</u> <i>Field Epidemiology Training Program Standard Core Curriculum</i>, Curriculum Design Glossary, Department of Health and Human Services, Centers for Disease Control and Prevention, 2006.</p> <p>ECDC Technical Document: Core Competencies for EU Public Health Epidemiologists in Communicable Disease Surveillance and Response, 2<sup>nd</sup> revised edition; European Centre for Disease Prevention and Control, Stockholm, June 2009.</p>
<b>Credentialing</b>	<p>The process of assessing and attesting to an individual's knowledge, skills, and competence and their compliance with specific requirements.</p> <p><u>Source:</u> <i>Toolkit for Accreditation Programs</i> by Charles D. Shaw (ISQua) 2004, www.isqua.org.</p>
<b>Didactic Educational Activities (Training)</b>	<p>The didactic method is a teaching or instructional technique that follows a consistent scientific approach or educational style to engage the student's mind. Didactic activities include lecture and textbook instruction as well as epidemiology seminars, practical exercises, workshops, and the completion of classroom assignments.</p> <p><u>Source:</u> www.wikipedia.org.</p>

<b>Effectiveness</b>	<p>The degree to which services, interventions, or actions are provided in accordance with current best practice in order to meet goals and achieve optimal results.</p> <p><u>Source:</u> <i>Toolkit for Accreditation Programs</i> by Charles D. Shaw (ISQua) 2004, <a href="http://www.isqua.org">www.isqua.org</a>.</p>
<b>Epidemic Intelligence</b>	<p>Epidemic Intelligence encompasses activities related to early warning functions but also signal assessments and outbreak investigation. It aims to speed up detection of potential health threats and allow timely response.</p> <p>Epidemic Intelligence is the process to detect, verify, analyze, assess, and investigate public health events that may represent a threat to public health. Providing early warning signals is a main objective of public health surveillance systems.</p> <p><u>Source:</u> <a href="http://www.ecdc.europa.eu/en/activities/epidemicintelligence/Pages/Activities_EpidemicIntelligence.aspx">http://www.ecdc.europa.eu/en/activities/epidemicintelligence/Pages/Activities_EpidemicIntelligence.aspx</a>.</p>
<b>Epidemiologic Information</b>	<p>Communication of epidemiologic information by contributing to the national epidemiology bulletins, publishing journal articles, scientific publications, and presenting surveillance data to decision-makers. An epidemiology or public health bulletin is an important method of communicating epidemiologic information among health workers, public health professionals, and other key partners. In some cases, the FETP has taken full responsibility for publishing the bulletin.</p> <p><u>Source:</u> <i>Field Epidemiology Training Program Development Handbook</i> by Patricia M. Simone, Division of Global Public Health Capacity Development, Department of Health and Human Services, Centers for Disease Control and Prevention, 2006.</p>
<b>Epidemiologic Methods</b>	<p>Use epidemiologic principles and practices to conduct studies that improve public health program delivery. Respond to outbreaks.</p> <p><u>Source:</u> <i>Field Epidemiology Training Program Standard Core Curriculum</i>, Department of Health and Human Services, Centers for Disease Control and Prevention, 2006.</p>
<b>Epidemiologic Research</b>	<p>The science of the study of the patterns, causes, and effects of health and disease conditions in defined populations. Research to identify disease medicine, outbreak investigation, disease surveillance, and screening. Application of data from epidemiologic research and analysis of determinants can be used to control or prevent disease or other health problems.</p> <p><u>Source:</u> <a href="http://www.who.int/topics/epidemiology/en/">http://www.who.int/topics/epidemiology/en/</a>.</p>
<b>Evaluation</b>	<p>Assessment of the degree of success in meeting the goals and expected results (outcomes) of the organization, services, programs, or clients.</p> <p><u>Source:</u> <i>Toolkit for Accreditation Programs</i> by Charles D. Shaw (ISQua) 2004, <a href="http://www.isqua.org">www.isqua.org</a>.</p>
<b>Expert Group</b>	<p>Group of epidemiologists having, involving, or displaying special skills or knowledge derived from training or experience.</p>
<b>FETP Accreditation Application</b>	<p>The FETP Accreditation Application is the form that the program will complete along with the required documentation and submit to TEPHINET secretariat in order to apply for accreditation.</p>
<b>FETP Class Work</b>	<p>Exposes participants to basic epidemiologic concepts, tools, and methods. This includes: Epidemiologic concepts/tools/methods, approaches for the prevention and control of specific diseases, understanding of health services delivery systems, research designs, and presenting and communicating epidemiological information.</p> <p><u>Source:</u> Report Research Protocol: <i>Evaluation of the Field Epidemiology Training Program</i> by Claude Betts, MD, MPH. BETTELLE, Centers for Public Health Research and Evaluation, Atlanta, GA, Dec 1996.</p>

<b>FETP Director/ Coordinator</b>	<p>A public health professional who provides leadership and oversight to the program, such as the performance and operation of its technical components (field and didactic training), administrative activities (short and long term financial planning and reporting), and the overall supervision of program staff and residents. He/she is a full-time member of the host public health authority and oversees sustained and well-organized FETP collaborations at all levels of the public health system(s), which is indispensable for the training of residents and delivery of public health services.</p>
<b>(FETP) Field Work</b>	<p>INCLUDED in field work (epidemiologic practice):</p> <ul style="list-style-type: none"> <li>○ Epidemiological investigations <ul style="list-style-type: none"> <li>● Outbreaks or epidemics</li> <li>● Response to emergency inquiries (e.g., refugees, crowds, civil or regional conflicts, and environmental issues, problems, or concerns)</li> <li>● Investigations of clusters</li> <li>● Assessment of natural or man-made disasters</li> <li>● Urgent surveys</li> <li>● Participation in humanitarian response during disasters</li> <li>● Applied public health research (e.g., serosurveys, vaccine coverage, vaccine efficacy, etc.)</li> </ul> </li> <li>○ Conducting surveillance, including regular surveillance meetings</li> <li>○ Conducting special studies (surveys, program/surveillance evaluation)</li> <li>○ Data management and analysis*</li> <li>○ Scientific writing* (includes epi bulletins, outbreak reports, brief reports, and other technical reports)</li> <li>○ Literature search in support of scientific writing and epidemiologic practice*</li> <li>○ Preparing for and presenting at scientific conferences</li> <li>○ Consultation with policy makers</li> <li>○ Media interviews</li> <li>○ Laboratory bench work in support of epidemiologic practice</li> <li>○ Teaching and supervision of another resident/s or field epidemiologists (ToT: Training of Trainers)</li> <li>○ Developing and/or delivering epidemiology and biostatistics training for the public health workforce</li> <li>○ Consulting with local public health officials on their issues, providing advice, and determining if further investigation/action is needed</li> </ul> <p>*When this work is in support of or in response to MOH needs; do not include these activities if they are largely to fulfill academic requirements or if during this time the residents are not at their field sites and available for public health responses (i.e., having protected time at a university).</p> <p>Of note: For time not engaged in these specific activities, the FETP residents need to be assigned or working in a field site – meaning that epidemiologic practice including surveillance and response are an integral part of the work of that unit. This is particularly important for programs where residents are returning to their workplace between didactic sessions (i.e. part time participation). This is also true if residents are assigned to a rotation with WHO or a similar organization. The work of the site and their role should remain primarily related to epidemiologic practice.</p>

	<p>NOT INCLUDED in field work:</p> <ul style="list-style-type: none"> <li>○ Didactic/formal coursework</li> <li>○ Training feedback and evaluation</li> <li>○ Performance feedback and evaluation including aptitude tests</li> <li>○ Exams, thesis defense</li> <li>○ Reviewing/studying/revision for exams</li> <li>○ Attendance at scientific meetings/conferences if not presenting field work</li> <li>○ Hosting scientific meetings/conferences</li> <li>○ Computer and other information technology tutorial including Epi-Info</li> <li>○ Visits to institutions of learning</li> <li>○ Vacation, sick time, or any other paid or unpaid leave of absence</li> </ul>
<b>FETP Training</b>	<p>Epidemiology training that takes place in the field, addressing real public health issues and solving current public health problems. Participants should come to understand the health management and planning process and become involved in the following critical junctures of the health planning process:</p> <ul style="list-style-type: none"> <li>● Characterizing a public health problem in terms of nature, magnitude, severity, distribution, and trends of disease and risk factors</li> <li>● Monitoring public health programs and evaluating the outcome and impact of these programs</li> </ul> <p><u>Source:</u> Report Research Protocol: <i>Evaluation of the Field Epidemiology Training Program</i> by Claude Betts, MD, MPH. BETTELLE, Centers for Public Health Research and Evaluation, Atlanta, GA, Dec 1996.</p>
<b>Field Epidemiology Training Programs (FETPs)</b>	<p>A field epidemiology training program’s mission is to improve people’s health through a global network dedicated to quality training in applied epidemiology and public health practice. FETPs provide service and strengthen capacity in public health systems by:</p> <ul style="list-style-type: none"> <li>● Strengthening response to acute problems such as outbreaks and natural and manmade disasters</li> <li>● Strengthening the scientific basis for program and policy decisions to prevent and control diseases and conditions, the key to public health impact</li> <li>● Strengthening surveillance systems through evaluations, managing ongoing or new surveillance systems, and training of local health staff</li> <li>● Strengthening the communication of epidemiologic information by contributing to scientific publications</li> </ul> <p><u>Source:</u> <i>Field Epidemiology Training Program Development Handbook</i> by Patricia M. Simone, Division of Global Public Health Capacity Development, Department of Health and Human Services, Centers for Disease Control and Prevention, 2006.</p>
<b>Field Placement</b>	<p>The field placement refers to the physical/programmatic location (e.g., within public health surveillance, disease prevention and control, and public health response units) of the in-service training where FETP residents are assigned to activities that help them to acquire the core competencies, as defined by the program.</p>
<b>Field Site or Work Site</b>	<p>This refers to the location/unit/division, etc. where the residents conduct their day-to-day work with the MOH or other public health agency.</p> <p><u>Source:</u> Score Card: Matrix Tool for FETP Assessment: Definitions and Clarifications, Centers for Disease Control and Prevention.</p>

<b>Field Training</b>	Field training specifically refers to in-service training that is carried out as part of routine duty or actually being completed in the field such as an outbreak investigation, surveillance data analysis, surveillance system set-up/evaluation, intervention, epidemiological research etc. (See Field Work)
<b>Global Accreditation Body (GAB)</b>	The Global Accreditation Body (GAB) is an independent body responsible for granting accreditation status to FETPs after considering the site reviewers' recommendations based on program accreditation applications and site visit validations. The GAB is constituted by public health professionals with long standing experience of FETPs and who are currently not directly engaged with any of the programs.
<b>Hosting Institution</b>	Institution or organization that provides logistics/human resource facilities for conduct of FETP.
<b>Institutional Review Board (IRB)</b>	Institutional Review Board (IRB) or equivalent independent ethics committee or review board that reviews and approves the conduct of public health interventions or research that involves human participants.
<b>Leadership</b>	Ability to provide direction and cope with change. It involves establishing a vision, developing strategies for producing the changes needed to implement the vision, aligning people, and motivating and inspiring people to overcome obstacles. <u>Source:</u> <i>Toolkit for Accreditation Programs</i> by Charles D. Shaw (ISQua) 2004, www.isqua.org.
<b>Learning Objectives</b>	A specific statement of what the learner will know, understand, or be able to do as a result of engaging in a learning activity.
<b>Management</b>	Setting targets or goals for a group or organization through planning and budgeting, establishing processes for achieving those targets and allocating resources to accomplish those plans or strategies. Ensuring that plans or strategies are achieved by organizing, staffing, providing direction, controlling, and problem solving. <u>Source:</u> <i>Toolkit for Accreditation Programs</i> by Charles D. Shaw (ISQua) 2004, www.isqua.org.
<b>Ministry of Health (MOH)</b>	All references to MOH refer to Ministry of Health or to another national public health institution that has the mandate for public health (e.g., National Public Health Institute or Agency, Centers for Disease Control and Prevention, Social Security, etc., in some countries). This should be clarified at the beginning of the assessment and the appropriate MOH or national public health agency identified. <u>Source:</u> Score Card: Matrix Tool for FETP Assessment: Definitions and Clarifications, Centers for Disease Control and Prevention.
<b>Monitoring Health Service Delivery</b>	The process of examining and evaluating health services to determine if access, availability, comprehensive options, continuity of care, people-centricity, quality, utilization, and coverage are offered to reveal whether people are receiving the health services they need. <u>Source:</u> <a href="http://www.who.int/healthinfo/systems/WHO_MBHSS_2010_section1_web.pdf?ua=1">http://www.who.int/healthinfo/systems/WHO_MBHSS_2010_section1_web.pdf?ua=1</a>
<b>Objective</b>	A target that must be reached if the organization is to achieve its goals. It is the translation of the goals into specific, concrete terms or targets against which results can be measured. <u>Source:</u> <i>Toolkit for Accreditation Programs</i> by Charles D. Shaw (ISQua) 2004, www.isqua.org.
<b>Orientation</b>	The process by which FETP residents and staff become familiar with all aspects of the program, work environment and their responsibilities. The orientation (document, manual, or oral presentation) describes program components: core FETP competencies and associated activities, deliverables to be completed by residents for graduation, supervision and technical assistance by program staff/supervisors, resident performance evaluation measures, and feedback to the program.

	<u>Adapted from:</u> <i>Toolkit for Accreditation Programs</i> by Charles D. Shaw (ISQua) 2004, <a href="http://www.isqua.org">www.isqua.org</a> .
<b>Outbreak Investigation Report</b>	An outbreak report is a document summarizing all the steps, main findings and recommendations of the outbreak investigation. The outbreak report is a document used to guide public health measures and to inform decision-makers.  <u>Source:</u> Field Epidemiology Manual: Definition of an Outbreak Investigation Report. <a href="http://wiki.ecdc.europa.eu/fem/w/fem/definition-of-an-outbreak-investigation-report.aspx">wiki.ecdc.europa.eu/fem/w/fem/definition-of-an-outbreak-investigation-report.aspx</a> .
<b>Partner</b>	An institution or organization (not an individual) outside of the MOH (or as defined above) although it may be other governmental organizations or ministries, or other NGOs, universities, other private entities that has a relationship with the program and has some shared/united objectives or activities. They may be involved in technical or advocacy work/support.  <u>Source:</u> Score Card: Matrix Tool for FETP Assessment: Definitions and Clarifications, Centers for Disease Control and Prevention.
<b>Peer Assessment</b>	A process whereby the performance of an organization, individuals, or groups is evaluated by members of similar organizations of the same profession or discipline and status as those delivering the services.  <u>Source:</u> <i>Toolkit for Accreditation Programs</i> by Charles D. Shaw (ISQua) 2004 <a href="http://www.isqua.org">www.isqua.org</a> .
<b>Public Health Authority</b>	Public health authority is defined as the agency that is responsible for preventing disease, promoting wellness, protecting the country's health and safety, and providing information to enhance health decisions. It is often, but not always, the same entity as described in the MOH definition above.  <u>Source:</u> <a href="http://www.cdcfoundation.org/content/what-public-health">www.cdcfoundation.org/content/what-public-health</a> .
<b>Public Health Surveillance</b>	The design, implementation, revision or evaluation of a surveillance system with appropriate recommendations for improvement and the analysis of surveillance data and summarization in a report.
<b>Quality Standard</b>	An objective measure used by an experienced epidemiologist to assess a resident's work products, may be grades, checklist, or other instrument or standardized approach.  <u>Source:</u> Score Card: Matrix Tool for FETP Assessment: Definitions and Clarifications, Centers for Disease Control and Prevention.
<b>Residents</b>	Public health professionals currently training/serving in an FETP and who have not completed the minimum duration of the program that is required to achieve all core competencies as defined by the program.
<b>Resident Feedback</b>	A systematic process of obtaining information from residents, at least annually, that includes information about classroom training quality and relevance, opportunities and challenges that the field placement provides, technical supervision and feedback by technical supervisors, and administrative support and technical coordination provided by program staff.
<b>Resident Selection Criteria</b>	Resident selection criteria are a set of conditions for recruitment and selection of residents that may be based on levels of education (e.g. successful completion of undergraduate education in biological sciences, social sciences, mathematics), knowledge and experience (e.g. experience in public health or field of education), personal suitability (e.g., high degree of motivation, being self-directed, inquisitive, self-studious, able to work in teams, and willingness to train/educate others), and professional experience in public health or field of education.
<b>Reviewer's Site Visit Report</b>	There is an interim and final site visit report prepared by the accreditation reviewers after site-based validation of the program's accreditation application. The interim report is the one completed and shared with the program for feedback directly after a site visit. A final report has recommendations towards accreditation from the accreditation reviewers to the GAB.

<b>Scientific communication</b>	Develop manuscripts and publish papers in scientific journals. Submit abstract for oral/poster presentation; develop and deliver oral/poster presentation at scientific meetings/conferences.
<b>Scientific Integrity</b>	Scientific integrity in public health is the set of principles and behaviors to maintain scientific quality and objectivity of public health investigations, research studies, and service activities, making decisions based on sound objective science and evidence, contributing to sound, effective, and ethical public health practice.
<b>Self-Assessment /Self-Study</b>	<p>The self-assessment (or self-evaluation) process is conducted by the program itself and serves both internal and external functions. Internally it provides the opportunity for the program to systematically describe and document, review, and evaluate the program in terms of its mission, purpose, goals, resources, inputs, and outcomes, and to openly dialog with stakeholders on how the FETP program can be further improved. Externally, it provides the TEPHINET Review Team and GAB with critical documented information needed to determine whether the program meets the established accreditation criteria. The self-assessment evaluates the five accreditation domains of:</p> <ol style="list-style-type: none"> <li>1) Management, Infrastructure, and Operations</li> <li>2) Integration with Public Health Service</li> <li>3) Staffing and Supervision</li> <li>4) Selection and Training of Residents</li> <li>5) Residents' Experience</li> </ol>
<b>(Accreditation) Site Visit</b>	A site visit involves two or more external accreditation reviewers, selected and trained by TEPHINET in the FETP accreditation standards and requirements, who visit the program's hosting institution in order to gather information to validate the program's accreditation application.
<b>(FETP) Standard operating procedure/manual</b>	Document(s) describing the program organization and guidance to operate it, including recruitment and selection procedures/criteria for supervisors and residents, duration and content of the training, core learning competencies, field assignments and investigations, field placement selection and assignment, classroom training, and expected products from residents including written reports of surveillance evaluations, outbreaks, and related field investigations, evaluation criteria for residents, and technical supervisors, and resident graduation requirements.
<b>Strategic Plan</b>	A concise and focused document, containing vision and mission statements, goals, strategies, and activities. It is developed as the result of a strategic planning process that is an effort to produce decisions and action steps that will shape and guide what an organization will become, what it will do, and why it will do it.
<b>Technical Supervisor/Staff</b>	Technical supervisors/staff include field supervisors, mentors, and staff at the MOH, public health institute, university, or public health community providing guidance and supervision for residents' in-service training projects and products including planning, conduct, analysis, and reporting and feedback to improve service and products that relate to the program's core competencies ( <i>does not include professors of university courses that do not provide supervision in the field</i> ).
<b>Timely Feedback</b>	Feedback that occurs at a suitable and opportune time to enable quick corrective action.
<b>Work Plan</b>	<p>A document ideally derived from a strategic plan, which describes and organizational unit's intended activities over a period of time, generally between three months and one year. Essential components of a work plan are: specific activities, timelines, and responsible parties. It may also contain information regarding resources needed to complete stated activities.</p> <p><u>Source:</u> Score Card: Matrix Tool for FETP Assessment: Definitions and Clarifications, Centers for Disease Control and Prevention.</p>