TEPHINET
Training Programs in Epidemiology and Public Health Interventions Network

ACCREDITATION INDICATOR STANDARDS

MINIMUM STANDARDS FOR ACCREDITATION FOR FIELD EPIDEMIOLOGY TRAINING PROGRAMS (FETPS)			
BASIC (ELIGIBILITY) REQUIREMENTS			
Key Indicator	**Standard**	**Criteria to Fully Meet this Indicator:**	**Written Documentation Required:**
Predominance of field work	It is documented that the majority of the residents' time is spent in field work (defined in appendix).	All program residents must spend a minimum of 68 weeks doing epidemiologic practice (field work – defined in appendix).	✓ Provide the annual calendar for the program that shows the periods reserved for field work. ✶ *Interview program staff* ✶ *Interview residents*
	The program is **equal to or greater than 21 months**	As evidenced by the curriculum, field experience required to graduate, and progress documentation on recent graduates, the program requires at least 21 months or more to complete.	✓ What is the start date and completion date of your program for the most recent cohort of graduates (see the application).

1) MANAGEMENT, INFRASTRUCTURE, AND OPERATIONS			
Standard	**Justification**	**Description**	**Documentation or Interview* Required:**
Key Indicators: 1a) Governance			
Standard1a.1: An **advisory board,** or expert committee, or similar formal mechanism, provides general guidance or oversight on the program's goals and operations.	An advisory board, expert committee, or similar formal mechanism enables an FETP to systematically report and receive expert feedback and guidance.	An FETP advisory board, expert committee or similar formal mechanism is in place to provide oversight of the FETP. It includes representatives from the host institution, key public health authorities and counterparts; the members may be internal or external to the hosting	1. Evidence of the expert committee, advisory board, or mechanism. 2. Series of meeting minutes or similar evidence that confirms input from the board or committee into the programs' operations. 3. Description of oversight

1) MANAGEMENT, INFRASTRUCTURE, AND OPERATIONS

Standard	Justification	Description	Documentation or Interview* Required:
		organization, but majority of the members should not be involved in the day-to-day activities of the FETP. It meets at least annually, records its meetings and recommendations, and the program reports the outcomes.	mechanism. 4. Interview with at least one member of the Advisory Board (or similar oversight committee).*
Standard 1a.2: A recognized public health institution(s) (e.g., MOH, private agency, NGO, etc.) hosts the program.	Authority and responsibility for public health surveillance, disease prevention, and emergency response resides in MOH(s) and/or public health institution(s). FETPs contribute to essential public health functions and services more effectively when functionally integrated with (or hosted by) MOHs or public health institutions.	The FETP is functionally integrated within an institution of public health or the MOH. Functional and/or organizational affiliations of the program exist with directorates of epidemiology, the public health surveillance center (s) or unit(s), or the national/ regional disease control and prevention center(s) or unit(s.).	1. Hosting public health institution and/or MOH organogram that identifies the branch or section and administrative unit where the program is hosted. 2. Description of the attributions and responsibilities of the program within the national (or regional) public health infrastructure validated by interview with hosting institution.*
Standard 1a.3: The program is officially recognized as a component of the MOH(s) or public health institution(s) hosting the program.	FETPs functionally integrated with the MOH(s) and/or hosting public health institution(s) that align with the country/regions public health priorities and objectives contribute to build public health and systems capacity for the MOH(s), the country, or region's health system(s).	Evidence exist that the programs: 1) Are among first line of response to disease outbreaks and disasters, being frequently deployed -by the MOHs or public health institution(s) 2) Residents are assigned to expanding surveillance activities, identifying surveillance needs and establishing new systems 3) Residents are invited by the	1. Copies of invitation(s) to the program to participate in emergency response activities or, 2. Copies of invitation(s) to the program to participate in local or state outbreak investigations or, 3. SOP manual or other document describing routine participation in these activities or, 4. Examples of residents' reports of participation in investigations with recommendations made to

1) MANAGEMENT, INFRASTRUCTURE, AND OPERATIONS			
Standard	**Justification**	**Description**	**Documentation or Interview* Required:**
		MOH(S) or host institution(s) to conduct evaluations of disease and risk factor control programs and interventions.	national, state, or local health authorities. 5. Group and individual interviews during site-visits with officials.*
Key indicator: 1b) Infrastructure			
Standard 1b.1: The program has office space, supplies and equipment.	Office space, computers, and communication services are critical for FETPs to maintain routine supervision and management of program activities, staff, and residents.	The program has some space within a public health institution where program staff and technical supervisors can meet and work with residents and access basic office supplies for program purposes.	1. Description of office space, and communication equipment. 2. Site–visit: review of office space.
Standard 1b.2: Residents have access to public health or medical literature.	Access to up-to-date epidemiology and public health scientific publications is central to the understanding and the creative application of epidemiologic and public health principles and methods which make the core of FETP learning. Quality of FETP services and products is greatly influenced by access to and use of scientific literature.	Program secures access to core FETP learning textbooks for residents and technical staff. Program informs and provides guidelines to residents and technical staff about how to access and use scientific publications.	1. Copies of documents describing scientific literature resources and means to access them [residents manual]. 2. Site-visit: group interview with residents.*

1) MANAGEMENT, INFRASTRUCTURE, AND OPERATIONS

Standard	Justification	Description	Documentation or Interview* Required:
Standard 1b.3: The program has access to lab services and testing for investigations.	Laboratory services are integral components of contemporary disease surveillance, prevention, and control strategies and programs. Quality and timely access to the different levels of a national/ regional/global network of public health laboratories is paramount to support public health emergencies and outbreak investigations and in conducting systematic public health activities or studies.	The program has access to public health laboratory services and is able to request services and send study specimens from the field for testing in the event of an outbreak, epidemiology study, or ongoing public health intervention. The program receives results in time to support that investigation or intervention.	1. Table listing a sample of outputs from residents during the previous years, recording title of the investigation and list of laboratory services and tests, and whether results used (or not).

Key Indicator: 1c) Operational Guidelines and Procedures

Standard	Justification	Description	Documentation or Interview* Required
Standard 1c.1: The program has documented standard operating procedures/manual, or similar guidance that are available to all residents, staff, and technical supervisors.	The adoption and use of standard operating procedures to develop FETP core competencies and to provide essential public health services allow FETPs to achieve consistent and high quality products and services. , as long as program participants follow the steps described in the documents.	Documents describing the program organization and guidance to operate it; including duration and content of the training, core learning competencies, field assignments and investigations, classroom training, and expected products from residents including written reports of surveillance evaluations, outbreaks, and related field investigations.	Copies of documents describing: 1. Recruitment and selection procedures/criteria for supervisors and residents. 2. Duration of training. 3. Field placement selection and assignment. 4. Evaluation criteria for residents, technical supervisors, and the program. 5. FETP curriculum, core competencies of the program, and associated activities/deliverables.

1) MANAGEMENT, INFRASTRUCTURE, AND OPERATIONS			
Standard	**Justification**	**Description**	**Documentation or Interview* Required:**
			6. Resident graduation requirements.
Key Indicator: 1d) Orientation Manual			
Standard 1d.1: Upon entry into the program (within one month), each resident receives an orientation document or manual.	Resident orientation document or manual is part of a set of documents that constitute training programs operation guidelines, specifically designed to assist residents in achieving consistent high quality training and public health service results by providing instructions to guide their field placement and investigation activities, evaluate their progress, access resources and receive supervision and technical assistance.	Within a month of entry into the program, each resident receives an orientation document/manual and an oral presentation on how to use it. The manual describes program components: core FETP competencies and associated activities, deliverables to be completed by residents for graduation, resident performance evaluation measures and feedback to the program.	1. Copies of resident orientation documents covering the following topics: • Program schedule, description of field placements, core competencies, required products and services, directory of resources, key contacts, and description of criteria used to evaluate residents. • Forms or questionnaires used to obtain resident feedback. • Resident orientation agenda. 2. Resident anonymous survey.

2) INTEGRATION WITH PUBLIC HEALTH SERVICE AND VALUE

Standard	Justification	Description	Documentation or Interview* Required
Key Indicator: 2a) Government (or public health authority) Support			
Standard 2a.1: Government or public health authority provides financial or human resource support. (Note: regional programs may be hosted by another country government).	Government financial or human resource support of the program contributes resources to build capacity for the country(ies) public health system(s), demonstrates commitment to program goals and objectives, contributes to institutionalization, and strengthening of the public health system infrastructure. Increasing government financial support of programs initiated with external funding strengthens public health infrastructure and capacity.	At a minimum the government or a mandated institution contribute funding for program fixed costs: staff salaries, program space, communications equipment, utilities, and basic supplies and variable costs related to field activities such as laboratory services and testing, travel expenses, per-diem for outbreaks and related field investigations.	1. Description of current resource investment of the government or mandated institution directly supporting the FETP. 2. During site-visit: interview with program director and group interview with staff and program affiliates and partners.*
Key Indicator: 2b) Field Placements			
Standard 2b.1: The field placements are in service to the country's public health system(s) and allow residents to meet the core competencies of the program.	Field placement of residents, with clearly defined service expectations, within public health surveillance, disease prevention and control, and public health response units, provide the opportunity to	The program coordinates residents' field placements with functional units of the country's MOH(s) or public health system(s). Field placements have defined objectives, time-tables, and description of expected investigations and reports to be produced by residents during their	1. List of field placements describing the role of the placement site in service to the public health system. 2. List of field activities conducted by residents at each site that allowed them to meet the core competencies. 3. During site visit: interviews with

2) INTEGRATION WITH PUBLIC HEALTH SERVICE AND VALUE			
Standard	**Justification**	**Description**	**Documentation or Interview* Required**
	increase the depth of analysis of public health data, expand epidemic response and surveillance during public health emergencies while enabling residents to acquire core competencies of the program.	assignment. Orientation to the assignment, supervision and technical assistance are coordinated by the program and placement unit.	residents or graduates and field supervisors.*
Key Indicator: 2c) Engagement with Public Health Authorities			
Standard 2c.1 Residents develop investigations and reports addressing the country's public health priorities and routinely present results from their activities to the MOH(s) or public health authority.	A key component of FETP training is learning how to effectively communicate and disseminate the results of public health surveillance analysis reports, evaluations of public health programs and interventions, and outbreak and other field investigations to technical audiences, decision-makers and the public with the objective of impacting change within the public health system and the health status of the population.	FETP coordinates and disseminates residents' investigations and reports via: - Updates to supervisors and personnel involved in the issue under investigation. - Updates to public health authorities - Routine submission of residents' reports to public health newsletters or epidemiology bulletins.	1. Description of how resident outputs are routinely provided to public health authorities. 2. List of residents' publications in public health newsletters or epidemiology bulletins or national scientific journals. 3. During site-visit: interviews with FETP staff, and residents.*
Key Indicator: 2d) Scientific Integrity			
Standard 2d.1: The program promotes scientific integrity standards and submits all research-oriented protocols	Scientific integrity in public health is the set of principles and behaviors to maintain scientific quality and objectivity	The program provides information to residents and staff on basic principles and behaviors of scientific integrity in public health	1. Description of scientific integrity orientation or course offered to residents, technical staff and supervisors.

2) INTEGRATION WITH PUBLIC HEALTH SERVICE AND VALUE

Standard	Justification	Description	Documentation or Interview* Required
to an Institutional Review Board (IRB) or equivalent ethics committee consistent with country standards.	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.	practice. This includes orientation and observation of country/regional standards i.e., IRB review or similar mechanisms.	2. When applicable, evidence of study protocol submitted to committee/results. 3. During site-visit: interviews with FETP staff and residents.*

3) STAFFING AND SUPERVISION (The following standards do not necessarily indicate that there are separate individuals performing each of these functions.)

Standard	Justification	Description	Documentation or Interview* Required
Key Indicator: 3a) Program Staffing			
Standard 3a.1: The program has a program director and/or coordinator who provides leadership and oversight to the program.	Effective leadership and oversight of the program are cardinal to its success. The leadership and time dedication of a senior, recognized, and respected public health professional is critical for the effective operation of the program. The program director oversees sustained and well-organized FETP collaborations at all levels of the public health system(s) indispensable for the training of residents and delivery of public	The program has a director and/or coordinator who provides leadership and oversight to the program. The designated program director and/or coordinator is a full time member of the host public health authority.	1. Name of program director and/or coordinator. 2. Description of the roles and responsibilities of the program director and/or coordinator. 3. During site-visit: interviews with program director and/or coordinator and residents.*

3) STAFFING AND SUPERVISION (The following standards do not necessarily indicate that there are separate individuals performing each of these functions.)			
Standard	**Justification**	**Description**	**Documentation or Interview* Required**
	health services.		
Key Indicator: 3b) Public Health Staff Programmatic Functions			
Standard 3b.1: The program has public health staff who perform programmatic functions such as training and oversight of residents' orientation, classroom training, field assignments, and monitoring and evaluation, and that support technical supervisors evaluations of residents performance.	Effective, monitoring and evaluation of technical assistance and supervision of FETP residents' activities **[**monitoring of field placement activities and products, planning, delivery and evaluation of classroom–based training, and coordination/support of outbreak and emergency response**]** demand considerable time and effort from dedicated technical staff.	The program has technical staff to train and oversee residents' orientation, classroom training, field assignments, and monitoring and evaluation, and that support technical supervisors evaluations of residents performance.	1. List of FETP technical staff by name, e-mail address, title, position, job description and roles performed by staff. 2. During site-visit: group interviews with program staff, residents.*****
Standard 3b.2: The program has qualified supervisors who are given orientation and provide technical assistance and supervision to residents in the field.	The core of FETP is supervised public health practice. Residents must be supervised in their public health practice by qualified supervisors. To provide standard quality of training, supervision, and technical advice to residents in accordance to core FETP competencies, programs need to develop technical guidelines and standards to orient supervisors on their roles, supervising field	Supervisors are qualified for their job if they have experience in one or more of these areas: 1) management, design, and analysis of public health surveillance systems 2) outbreak and other epidemiology investigations 3) disease prevention and control strategies 4) epidemiology of injury and disease 5) experience supervising public health professionals.	1. List of technical supervisors by name, title, position, and work unit, and evidence of supervisors' applied epidemiology training and/or professional experience. 2. Documentation of supervisors receiving orientation. 3. During site-visit: interview with supervisors.*****

3) STAFFING AND SUPERVISION (The following standards do not necessarily indicate that there are separate individuals performing each of these functions.)

Standard	Justification	Description	Documentation or Interview* Required
	activities and supports them implementing standards of supervision.	The program has guidelines describing the role of technical supervisors and minimum standards of practice, provides annual orientation – orally and/or in writing to them confirming their understanding and agreement to perform their role of tracking and evaluating residents' progress towards graduation.	

Key Indicator: 3c) Technical Supervisor Capacity

Standard	Justification	Description	Documentation or Interview* Required
Standard 3c.1 The program has technical supervisors that provide on-the-job supervision, are integrally involved with residents work, and provide timely feedback.	Competency–based training programs ability to train epidemiologist and provide essential public health services substantially depends on residents' working under consistent guidance and supervision of experienced epidemiologists and/or public health scientists who work within the public health service systems and units where residents have their field assignments.	Supervisors are consistently involved with the residents' in-service training projects and products including planning, conduction, analysis, and reporting. They provide regular and timely feedback to residents including sound technical advice to guide and improve service and products.	1. Evidence of supervisors' timely feedback to residents (e.g., emails, documents with comments, etc.). 2. During site-visit: interview with residents.* 3. Residents' anonymous survey.

4) SELECTION AND TRAINING OF RESIDENTS			
Standard	**Justification**	**Description**	**Documentation or Interview* Required**
Key Indicator: 4a) Selection and Assignment of Residents			
Standard 4a.1: Residents are selected based on documented criteria, such as scores on interviews or exams.	Well-defined criteria for recruitment and selection of candidates into the program: • Secures the enrollment of highly motivated, qualified professionals into the program. • Contributes to transparency of program operations, program credibility, and recognition of FETP graduates.	The program has documented resident selection criteria that include: - Successful completion of undergraduate education in biological sciences, social sciences, or engineering/ mathematics - High degree of motivation, being self-directed, inquisitive, self-studious and able to work in teams, and willingness to train/educate others - Professional experience in public health or field of education - Vetting of candidates by the MOH (s) or host public health agency(ies).	1. Copy of written FETP recruitment, selection, and assessment criteria. 2. During site-visit: interviews with program staff.* 3. Anonymous survey of residents.

4) SELECTION AND TRAINING OF RESIDENTS

Standard	Justification	Description	Documentation or Interview* Required
Key Indicator: 4b) Defined Core Competencies and Associated Activities			
Standard 4b.1: The program has well-defined, documented core competencies (around which the curriculum was developed) that include associated activities and deliverables that are explicit for all residents and supervisors.	To attain uniform and high quality of FETP training and to increase public health functional capacity, programs need to develop and implement well-defined and documented list of core competencies, around which the program curriculum is developed Clear definition of standards and requirements for each of the training products and services to be delivered and completed. Residents further enhance the program's ability to assess individual and group progression towards completion of graduation requirements, identify challenges, and evaluate the impact of curriculum changes.	The program has a well-defined, documented list of core competencies around which the curriculum was developed with activities and deliverables that are explicit to all residents and supervisors. At a minimum, these include: ➢ Epi Methods ➢ Public Health Surveillance ➢ Outbreak investigation ➢ Scientific Communication Activities/deliverables should include at a minimum: • A report of a public health intervention or surveillance system development or evaluation • Report of an outbreak investigation • Presentation or publication. • A report from the resident detailing work completed towards each core competency.	1. Document that aligns core competencies to the curriculum (didactic and field activities). 2. Copy of the current training calendar with detailed course syllabi. 3. Copy of FETP resident orientation document. 4. During site-visit: interview with supervisors and residents.* 5. Resident's anonymous survey.

4) SELECTION AND TRAINING OF RESIDENTS

Standard	Justification	Description	Documentation or Interview* Required
Key Indicator: 4c) Residents are Completing Requirements of the Program			
Standard 4c.1: The majority of residents (75%) completed within the expected time frame, and program completers have met required core competencies.	FETP training programs demand a considerable amount of economic investment and dedication of highly qualified professionals who provide essential public health services. Timely completion of the majority of program residents allows the program to sustain regular cycles of training and the cost of its products and services to be justified and predictable. Timely completion favorably impacts program credibility and accountability to funding agencies.	The majority (75%) of residents completed within the expected time frame of the program and met the required core competencies. 75% of currently enrolled residents are completing the activities and delivering products to meet the core competencies of the program within the expected time frame detailed in the residents' annual work plan, and the program's annual calendar of activities.	1. List of residents that have completed from the past 3 cohorts (or since program start if less than 3 cohorts have finished) with start and completion dates. 2. Documentation of completed activities. 3. During site visit: review random sample of summary reports, portfolios, or bodies of work.
Standard 4c.2: Program provides regular monitoring, evaluation, and tracking with timely feedback of resident activities and experiences toward completion of program requirements (core competencies).	To assure that residents achieve core competencies over the expected time period, programs need to track and monitor the resident activities as well as provide clear feedback on their strengths and weaknesses. Supervisory/coordination activities involve regular performance evaluations and tracking.	Programs provide regular and timely feedback of the quality and completeness of the residents' projects and products to guide, track, and report on their progress. Programs monitor and document residents' activities and progress toward completion of their graduation requirements and contribute to their annual or semi-annual performance evaluations by providing oral and written feedback about their progress and	1. Description of program resident performance feedback and evaluation process. 2. Copies of regular (minimum every 6 months) progress reports of current (have been in program at least 18 months) and/or most recent completed cohort residents. 3. Interviews with residents and program staff.*

4) SELECTION AND TRAINING OF RESIDENTS			
Standard	**Justification**	**Description**	**Documentation or Interview* Required**
		performance.	

Key Indicator: 4d) Resident Feedback / Evaluation of the Program			
Standard 4d.1: The program obtains regular feedback from residents and makes changes to improve the program.	To improve the quality of training and public health services rendered by residents and the program, the program needs to systematically obtain, analyze and use residents' feedback in a timely manner to implement changes directed at improving the quality of the program.	The program systematically obtains information from residents, at least annually, on a standard form or questionnaire 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. The program uses residents' feedback to review, evaluate, and improve the program.	1. Questionnaires/forms/ documenting feedback from residents (from at least 2 completed cohorts) is available, Or 2. Summaries of group discussions used to obtain resident's feedback. 3. Evidence from program documentation that resident feedback was shared with the program's oversight. 4. Documentation of what (if any) plans for improvement were discussed. 5. During site-visit: interviews with program staff and supervisors.* 6. During site visit: interviews with graduates.*