INTRODUCTION

The American College of Healthcare Executives was founded in 1933 to elevate the standards of performance for hospital administrators. The purpose of the credentialing program was “to establish a standard of competency that would be reflected in the qualifications for Fellowship in the College”. The statuses of Member, Fellow and Honorary Fellow were created with membership granted to these statuses by appointment. Starting in 1940, Fellow was attained by writing a thesis, and the first written exam for Member status (later called Diplomate with the CHE—certified healthcare executive designation) was administered in 1951. Since then there have been a number of systematic changes to the credentialing program.

The most significant change to the program occurred in 2007, when the two-level credentialing program was consolidated into one credential, FACHE®. This change came from the recommendations of the 2005-2006 Credentialing Task Force, which after two years of study concluded that the two-level credentialing program was confusing to the field and there was ambiguity regarding the purpose and discerning the value proposition of the CHE vs. the FACHE credential. The requirements to currently hold a healthcare management position, five years of healthcare management experience, references, continuing education, community/civic and healthcare volunteer activities and a valid and rigorous examination were reinforced. Additional rigor was added to the Fellow program by requiring a post-baccalaureate degree and membership tenure in ACHE to attain Fellow status.

2016 CREDENTIALING TASK FORCE MEETINGS AND SCOPE

The ACHE Board of Governors appointed the 2016 Credentialing Task Force nearly ten years after the credentialing change. The task force met four times during the year; by teleconference in March and May to frame the scope of the project and to review initial research; during a full-day onsite meeting in September to review and discuss the research and to make preliminary recommendations; and by teleconference in October to review comments from the field regarding the proposed requirements. The task force’s charge is to review ACHE’s credentialing requirements and recommend any changes to the requirements, by November 2016. Their focus is to maintain and enhance the value and credibility of the FACHE designation, while ensuring the requirements are not an unreasonable barrier to achieving and maintaining credentialled status. The task force’s scope is to address the following questions:

1. Are the requirements for initial certification and recertification as a Fellow aligned with the value and credibility of Fellow status that is expected by members and other stakeholders?

2. Are any of the requirements unreasonable barriers for recognized leaders in the healthcare management field to achieve credentialled status?

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SUMMARY OF RESEARCH METHODS AND KEY FINDINGS BY RESEARCH QUESTION

Two respected credentialing firms were contracted to research the Fellow program; Knapp and Associates and the Human Resources Research Organizations (HumRRO).

In summary, the research methods included:

- Review of existing ACHE Member and Fellow data on demographics and historical trends
- Review of FACHE requirements by Knapp & Associates
- Regent’s Think Tank and Focus Group
- Telephone interviews and survey data by Human Resources Research Organization (HumRRO)
- ACHE Research

The research done by Knapp and Associates, conducted in early March, provided feedback on the structure of the credential, and the value and timing of individual FACHE requirements.

The research done by HumRRO was conducted over the summer, and it included a review of all research conducted to date as well as an in-depth study of the credentialing program. The HumRRO research was led by Andrea Sinclair, PhD, senior research scientist, using a mixed-methods approach including (a) focus group, (b) semi-structured interviews, and (c) on-line surveys. Including multiple methodologies helps to triangulate on generalizable, robust findings².

Information gathered from the Regent Think Tank sessions and focus group informed the development of the interview and survey questions. In addition, the data collection activities targeted multiple stakeholder groups to ensure that the various perspectives from key stakeholders were represented. Survey and interview questions focused on the value of the credential and perceived barriers to attaining the credential. Each of the advancement to Fellow elements was analyzed in terms of its value and the perception of whether it poses an unreasonable barrier to achieving Fellow status.

Representative samples of individuals were selected from the ACHE database for both one-one-one telephone interviews and for the surveys. Forty-four interviews were conducted. Interview groups included Employers (CEO/COO/VP Operations), Clinicians, Members (both who had started the advancement process and those who have not applied) and Fellows.

Surveys were conducted online to Members (segmented by those who have never applied for Fellow and those who had an application in process) and to Fellows (segmented by those who advanced before the previous credentialing program change and after). Both groups included a representative sample of clinicians. Results presented in the report were weighted to control for response bias. Over 2,300 Members and 1,000 Fellows responded to the surveys for 34% and 52% response rates respectively.

Given that many new Members are entering the field from non-traditional backgrounds, such as physician executives and nurse executives, a breakout analysis was conducted by HumRRO for the interviews and surveys to determine whether clinicians and non-clinicians responded differently.

KEY FINDINGS BY RESEARCH QUESTION

QUESTION 1:

Are the requirements for initial certification and recertification as a Fellow aligned with the value and credibility of Fellow status that is expected by members and other stakeholders?

Summary of Key Findings:

Value:
Overall, the findings indicate that the requirements for initial certification are aligned with the value and credibility of Fellow status expected by members and other stakeholders.

Research Findings:
The following section on research findings is excerpted directly from the HumRRO report³.

Research Question 1a: Are the requirements for initial certification and recertification as a Fellow aligned with the value and credibility of Fellow status that is expected by members and other stakeholders?

Findings from the focus group at the Regents Think Tank session indicate that the FACHE holds intrinsic value for Fellows. They describe the credential as “an investment in myself” and as “validation” in one’s career. Findings from the interviews indicate that when the FACHE credential is mentioned words that come to mind are “expertise,” “professionalism,” and “competence.” Finally, findings from the surveys indicate that, overall, the majority of Members and Fellows report that the requirements enhance the value of the credential “to a great or very great extent.” The requirements that were rated as enhancing the value of the credential to the greatest extent were: passed the Board of Governors Exam, worked in a healthcare management position for at least five years, obtained an academic degree beyond a Bachelor’s degree, currently employed in a healthcare management position, and currently employed by an organization that provides or supports healthcare delivery. The requirements that received the least favorable ratings were: completed at least two volunteer activities within the last three years and completed at least two volunteer community/civic activities within the last three years.

Research Question 1b: How can the value of the credential be enhanced?

When the Regents in the focus group were asked how ACHE might enhance the value of the credential, their discussion focused on ways to increase awareness of ACHE and FACHE, as opposed to ways to enhance the value of the credential. It was clear from their discussion that the credential is already of great value to them. Thus, for this particular stakeholder group, it’s not a matter of enhancing the credential’s value, but, rather, a matter of raising awareness of the value of the credential to others in the field, particularly employers whom they generally perceive as having a lack of awareness about FACHE. The findings from the interviews were similar. Interviewees most frequently mentioned that the value of the credential can be enhanced by raising awareness of its value. Findings from the Fellows Survey indicate that 75% or more of the Fellows agreed or strongly

agreed that because of the FACHE credential they are better prepared to cope with the challenges of the evolving landscape of healthcare management; more people outside their organization view them as a resource on healthcare management issues; and they have increased their contribution to the quality of healthcare management at their organization. Findings such as this could prove useful for raising awareness of the value of the credential.

Research Question 1c: What is the value to employers in the field?

The Members Survey and the Fellows Survey asked respondents to rate their level of agreement with the following statement, “The senior leadership in my organization perceives the FACHE as a valuable credential.” While the majority of the Members and Fellows agreed with this statement, nearly half of the Members and a third of the Fellows disagreed or were neutral about senior leadership valuing FACHE. This finding supports and reinforces recommendations provided by the participants in the focus group and in the interviews that the value of the credential can be enhanced by raising awareness of its value, particularly among employers and senior leaders in organizations.

Credentialing Task Force Discussion:
The task force reviewed the purpose of Fellow and agreed that as a profession, we still believe in the core tenets of becoming a Fellow of ACHE which include:

- Demonstrated commitment to professionalism and the field of healthcare management
- Demonstrated commitment to the core values of ACHE
- Demonstrated commitment to continuing education
- Peer perspective as evidenced by references and shared learning

Being a Fellow means one is committed to being part of the profession, maintaining a program of life-long learning, committing to the ACHE Code of Ethics, and giving back to the field and to the communities they serve.

Recommendation:
It should be made clear in marketing materials what sets those who hold the Fellow credential apart from others in the field. Discussion also focused on the need to market the FACHE credential to new and existing audiences both to increase the awareness of the credential, and also to inform stakeholders of the purpose and value of each of the requirements.

Opportunities include marketing to employers, clinicians, and students—both traditional and clinical (although it needs to be clear that students will not be eligible to pursue the credential until they have demonstrated the required healthcare management experience). The marketing focus on students and early careerists should emphasize the importance of a career in healthcare management and being part of the profession and the preeminent professional society for healthcare executives.

Opportunities exist to better market to these individuals during each phase of their careers including: students, early careerists, mid- and senior-careerists. Conveying the value of the Fellow to each of these markets is essential to the sustainability of the Fellow program. Chapters can play a unique role in reaching target audiences in their areas and in providing education, networking and volunteer opportunities that are needed for advancement to Fellow. Program directors from clinical and non-traditional programs may be targeted in addition to the ACHE Higher Education Network (HEN) programs. Regents can play an important role in visiting and supporting these groups. Within
organizations, the credential should be marketed to CEOs, Chief Talent Officers, Finance Officers, Human Resources Officers and clinicians.

Delivery channels may include direct mail, print advertisements in trade journals, email, ache.org and HealthManagementCareers.org and social media including YouTube, Twitter and Facebook.

The meaning of the requirements should be made clear, including how each of the requirements builds to add value to the significance of Fellow.

**QUESTION 2:**

*Are any of the requirements unreasonable barriers for recognized leaders in the healthcare management field to achieve credentialed status?*

*Research Question 2a: Are any of the requirements unreasonable barriers for recognized leaders in the healthcare management field to achieve credentialed status?*

Findings from the focus group indicate that the Regents do not want to reduce or lessen any of the requirements. Instead, to ensure that the credential remains an esteemed and prestigious credential, they recommended some enhancements and clarifications to the requirements. They identified the healthcare management experience requirement as eliciting the most confusion among Members and Fellows, and in need of clarification. They suggested making the management experience criterion the first “hurdle” to fulfill from the list of requirements so that the individual would know from the outset whether his/her healthcare management experience qualifies. Relatedly, moving the Board of Governor’s (BOG) Exam to the end of the application process was offered as another suggestion for helping to improve the clarity of the process; the BOG Exam was discussed as a logical culminating event to mark one’s readiness for obtaining the credential. The focus group participants also expressed that the requirements for completing volunteer activities should be clarified so that there is less ambiguity about what satisfies these requirements. Finally, they suggested some enhancements to the references requirement, which are described in the body of the full report.

Findings from the interviews indicate that the two most commonly mentioned barriers to obtaining the credential were (a) finding the time to complete the credentialing requirements and (b) the cost of the credential. Another barrier commonly mentioned in the interviews with Members who have begun the credentialing process was confusion/lack of clarity about the application process noting, “The process is harder than it needs to be.” Relatedly, the Members Survey asked respondents to select the statement that best describes their understanding of the process of obtaining the FACHE credential. The majority of Members (over half) indicated that they have looked into obtaining the credential and feel that they have a clear understanding of the steps they need to take if they wish to obtain it. However 27% indicated that they have looked into obtaining the credential, and they do not feel they have a clear understanding of the steps they need to take to obtain the credential.

The Members Survey and the Fellows Survey also asked respondents to rate the extent to which each requirement presents an unreasonable barrier to obtaining the FACHE credential. Overall, the results indicate that the majority of Members and Fellows do not perceive the requirements as unreasonable barriers.

The Member and Fellow survey respondents were asked to rate the extent to which each requirement presents an unreasonable barrier to obtaining the FACHE credential.
As expected the Members perceived some requirements as a higher barrier than others. The top five perceived barriers for each group are below:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>To No Extent Members</th>
<th>To No Extent Fellows</th>
<th>To a Great Extent Members</th>
<th>To a Great Extent Fellows</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Hours F2F CE</td>
<td>26%</td>
<td>42%</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>24 Additional Hours CE</td>
<td>28%</td>
<td>48%</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>2 Volunteer Healthcare Activities</td>
<td>30%</td>
<td>48%</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>2 Volunteer Community/Civic Activities</td>
<td>31%</td>
<td>49%</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>References</td>
<td>31%</td>
<td>57%</td>
<td>6%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Note that Member and Fellow clinician responses did not significantly differ from the non-clinician groups and thus findings are not broken out separately in this summary report.

**Summary of Findings and Discussion by Requirement:**
The survey research broke down each of the elements based on value to the Fellow process and whether it is a perceived barrier. The following presents each of the requirements, the reason that the element exists, survey findings, discussion, and preliminary recommendations of the task force on whether to keep or change the requirement (Attachment 3 provides a brief summary).

1. **Healthcare Management Position and Experience**

   **Current Requirement:**
The current requirement is that the applicant needs to hold a healthcare management position (submit a current job description, organizational chart and resume). Two (2) years of executive healthcare management experience is needed to submit the application, and a total of five (5) years of healthcare management experience is needed to advance to Fellow.

   **Purpose:**
   A healthcare management position and five years of healthcare management experience provides a minimum standard of practical experience needed to be certified.

   **Survey Findings:**
The majority of Fellows (72%) and Members (69%) agreed that the five years of healthcare management experience is either a slight barrier or no barrier. Similarly, the majority of Fellows (80%) and Members (76%) agreed that the requirement to hold a healthcare management position is of slight or no barrier. The majority of Fellows (77%) and Members (57%) agreed or strongly agreed that five years of healthcare management experience should be attained before sitting for the Board of Governors Exam.
Credentialing Task Force Discussion:
The task force agreed that for purposes of advancement to Fellow, the applicant needs to hold an executive healthcare management position (see healthcare management definition Attachment 1). Five years in such a position is required to demonstrate practical knowledge and commitment to the field. However the task force agreed that the two-step process of requiring two years of experience before sitting for the Exam and three more to complete the requirements is confusing and causes dissatisfaction and confusion with the Fellow process.

Also, the task force discussed the healthcare management definition. New and emerging management roles may not be well suited for the definition. The task force reviewed a proposed decision matrix (Attachment 2) and agreed that it may help explain the definition better. The goal is to define the threshold for the mix of management responsibilities and span of control required for Fellow eligibility. Staff will test and refine the decision matrix in coming months as it applies to the definition.

Recommendation:
Maintain the requirement of a current healthcare management position; require five years of healthcare management experience before the candidate is allowed to apply; and move the Exam to the end of the process.

To assist with defining whether a candidate has the required healthcare management experience, a new decision matrix (Attachment 2) will be tested and refined in the coming months. The goal is to define the threshold for the mix of management responsibilities and span of control required for eligibility for Fellow. Staff will work with the Credentials Committee to test and refine the use of the matrix as it applies to the definition.

2. Tenure in ACHE:

Current Requirement:
The candidate must be a Member to apply for Fellow and must have three years of tenure as a Member, Faculty Associate or International Associate with ACHE to complete the Fellow requirement.

Purpose:
Three years as a Member in ACHE demonstrates commitment to the healthcare management profession and to ACHE.

Survey Findings:
The majority of Fellows (79%) felt that three years of tenure enhances the value of the Fellow credential while almost half of the Members (47%) felt likewise. The majority of both Fellows (87%) and Members (73%) felt that the three year tenure requirement was a slight or no barrier to advancement.

Credentialing Task Force Discussion:
The task force agreed that becoming a Member and maintaining membership for three years shows a commitment to ACHE and exposes the candidate to the programs, products and services that ACHE offers. It also allows the candidate to learn about and participate in their local chapter. There was much discussion around whether the tenure requirement should be decreased, however the task force agreed that three years shows that the candidate is
committed to ACHE and they also can build up their continuing education while awaiting the tenure.

Recommendations:
The three-year tenure requirement in ACHE will be maintained. The task force noted however that the two-step process which includes becoming a Member to apply for Fellow but waiting for the three years of tenure to complete the requirement is confusing. Therefore the task force recommends that tenure (along with all additional requirements) be met before the candidate may apply and sit for the Exam. This effectively removes the two-step process and makes the Exam the last activity before advancing to Fellow.

3. **Post-baccalaureate Degree:**

Current Requirement:
The candidate must hold a post-baccalaureate degree.

Purpose:
The healthcare environment is complex and becoming increasingly so. A post-baccalaureate degree is the minimum standard to succeed in this environment.

Survey Findings:
The majority of Fellows (78%) and Members (72%) felt that the post-baccalaureate degree requirement poses either a slight or no barrier to advancement to Fellow.

Credentialing Task Force Discussion:
The task force unanimously agreed that a post-baccalaureate degree should be required for advancement to Fellow. The group discussed whether exceptions should be made for unique target groups, such as a CEOs with only a bachelor’s degree but more than eight years of healthcare management experience. They declined this option because the meaning of the credential cannot be compromised by making exceptions.

Recommendations:
No change to the requirement

4. **References**

Current Requirement:
Three references from current Fellows are required for advancement to Fellow. One must be a structured interview.

Purpose:
The reference requirement provides candidates the opportunity to network among their Fellow peers. It also provides attestation that a candidate holds the professional attributes required of Fellow status.

Survey Findings:
The majority of Fellows (78%) and half of Members (50%) felt that the reference requirement adds value, while 80% of Fellows and 58% of Members felt that the requirement was a slight or no barrier for advancing to Fellow. However data showed strong support for reducing the reference requirement to two references.
Credentialing Task Force Discussion:
The task force agreed that the purpose of the references is to attest that the candidate possesses the professional experience and attributes for advancement to Fellow, and encourages networking and outreach for those candidate who do not know any current Fellows. The task force noted that in some cases employers may be better suited to answer these questions, as was noted in the Regents’ focus group.

Recommendations:
Require two references, one as a structured interview with a Fellow and one additional written reference from someone who can attest to the candidate’s work experience. This additional reference could be from either a current Fellow or from a senior leader in the candidate’s organization. This allows for candidates to receive references from people who can truly attest to their experience, without creating an unintended barrier for those individuals who do not have the support from their organization to advance, thus allowing the second reference to be a Fellow or employer.

The structured interview questions may be reviewed to make them more reflective of contemporary issues. Both reference forms will include questions on how many years and in what ways the reference has known the candidate.

5. Continuing Education

Current Requirement:
A total of thirty six (36) hours of Healthcare Management Continuing Education over the previous three years, twelve (12) of which must be ACHE Face-to-Face programming, and twenty-four (24) of which may be any combination of Face-to-Face or Qualified Education programming.

Purpose:
Face-to-Face programming provides the richest environment for gaining insight from and sharing knowledge with experts and peers. ACHE Face-to-Face programming is vetted with peers and undergoes rigorous development standards. While distance learning is viable, such fellowship cannot be attained without face-to-face interaction.

Survey Findings:
The majority of Fellows (70%) and nearly half of the Members (48%) felt that the ACHE Face-to-Face requirement enhances the value of Fellow. Similarly, the majority of Fellows (78%) and more than half of the Members (54%) felt that the balance of twenty-four (24) hours of CE (face-to-face or distance) credits enhances the value.

Sixty-five percent (65%) of Fellows and 49% of Members perceived that the ACHE Face-to-Face continuing education requirement presents either a slight or no barrier. Similarly, 72% of Fellows and 52% of Members felt that the balance of the twenty-four (24) hours of CEs presented a slight or no barrier. Common barriers cited in the comments included cost and time to attend educational events.

A review of ACHE data shows that in looking at the average number of Face-to-Face hours attained over a three-year period (since 2005), Fellows attained more than the 12 hours of
ACHE Face-to-Face hours needed each year. Further, rural executives attain a similar number of hours (20.18) as their urban peers (20.97) over three years.

Credentialing Task Force Discussion:
The task force reinforced the importance of ACHE Face-to-Face continuing education for the value it provides in gaining insight into topics, collegial interaction, and networking with peers. They noted that the requirement can be met by attending a Congress or Cluster once every three years. Chapters are also a viable means of attaining ACHE Face-to-Face hours and are providing an increasing amount of such opportunities each year.

The task force reviewed benchmarking data from other healthcare management organizations and noted that most required more than the thirty-six (36) hours over three years that ACHE requires.

Recommendations:
No change to the requirement

6. Volunteer Activities

Current Requirement:
Two (2) examples of participation in community/civic activities and two (2) examples of participation in healthcare activities over the last three years are required.

Purpose:
Involvement has been a hallmark of the ACHE credentialing program since its inception. It is believed that healthcare executives should be part of the community in order to grow their leadership positions and understand the needs of the community they serve.

Survey Findings:
Survey participants were less likely to agree that volunteer activities add to the value of the FACHE credential. Fifty-four percent (54%) of Fellows and 37% of Members agreed that healthcare volunteer activities add value to the FACHE credential. Similarly 52% of Fellows and 38% of Members felt that community/civic activities add value to the credential.

Credentialing Task Force Discussion:
The task force agreed that volunteer activities are important for the reasons stated above. The reason for the activities and examples of what “counts” for these activities needs to be made clearer to candidates. They noted that involvement in chapter activities may provide these volunteer activities.

Recommendation:
No change to the requirement.
7. **Board of Governors Examination in Healthcare Management**

   **Current Requirement:**
   Pass the Board of Governors Examination in Healthcare Management

   **Purpose:**
   The Exam provides a valid and reliable assessment for candidates to demonstrate their knowledge and professional expertise with the body of knowledge defined by a job analysis survey. The exam is an experience-based exam and not intended for new graduates in the field.

   **Survey Findings:**
   The majority of Fellows (97%) and Members (74%) felt that passing the Board of Governors Exam adds value to the FACHE credential.

   **Credentialing Task Force Discussion:**
   The task force agreed that the Board of Governors Examination is a critical element of the credentialing program. However allowing candidates to sit for the Exam in the middle of the process is confusing. Discussion also focused on the importance of the Exam and the experience-based nature of the Exam. There is an opportunity to better explain to early careerists the experience-based focus of not only the Exam, but also that the meaning of Fellow embodies all of the elements, including demonstrating knowledge and commitment to the field and to ACHE through the healthcare management experience, ACHE tenure requirement, and other requirements. Thus, early careerists are not eligible for the credential or the Exam until they have attained such experience.

   **Recommendation:**
   No change to the format of the Exam, but a change to the timing and sequencing of the Exam in the application progress. Recommend that all other requirements be met before the candidate may sit for the Exam. This will help to alleviate the confusion around the advancement process and aligns the process with the commonly accepted practice for credentialing programs where the Exam is the last step in the process. In marketing, it should be noted that the exam is an experience-based exam.

**Recertification Requirements**

The task force discussed the recertification requirements for maintaining Fellow.

   **Current Requirements:**
   A total of thirty-six (36) hours of continuing education over the previous three years, twelve (12) of which must be ACHE Face-to-Face programming, and the remaining balance may be any combination of Face-to-Face or Qualified Education programming **OR** the candidate may retake the Board of Governors Examination

   In addition, two (2) examples of participation in community/civic activities and two (2) examples of participation in healthcare activities over the last three years are required.
Purpose:
Healthcare executives have a responsibility to maintain a commitment to life-long learning and development throughout their careers. They are also expected to maintain an active involvement in healthcare volunteer activities and in the communities they serve.

Credentialing Task Force Discussion:
The task force reviewed the recertification requirements along with the requirements of other healthcare management organizations. They noted that the thirty-six (36) hours of CEs required every three years was less than many other associations.

Recommendation:  
No change to the requirement

QUESTION 3:

What impact will the current or proposed requirements have on the future pipeline of credentialed members and is this impact aligned with ACHE’s strategic direction?

Research Findings:
The task force reviewed ACHE demographic research and growth segments. Increasingly new Members are entering ACHE from a variety of non-traditional backgrounds, including clinical backgrounds. In 2015, 57% of new members held a master’s in health administration degree, 24% held a master’s of business administration and 9% held a clinical degree. Clinicians (physicians and nurses) are the fastest growing segments as a percentage of their total, outpacing non-clinical member growth (growing 13.6% and 6.1% respectively last year).

Members indicated in the survey that there are two possible revisions that would make them more likely to pursue the credential: Reducing the reference requirement from three to two (50% said they were more likely); and requiring the five years of healthcare management experience to be completed before applying for Fellow (25% said they were more likely). The pattern of responses was similar for Member clinicians and Member non-clinicians, indicating that the proposed revisions should have a similar impact with regard to the likelihood of pursuing the credential.

Credentialing Task Force Discussion:
The 2016-2018 Strategic Plan calls for ACHE to increase membership and participation across the spectrum of healthcare leadership. ACHE’s mission is to “Enhance our members and healthcare management excellence.” Encouraging emerging leaders from a variety of backgrounds to seek and attain the FACHE credential will reinforce this mission.

Given the importance of the evolving leadership roles in healthcare, the FACHE credential may become increasingly important to demonstrate one’s knowledge of and commitment to the profession of healthcare management. Traditional as well as non-traditional entrants to the field, including clinicians, should seek the credential to distinguish themselves as “board certified in healthcare management.” As such, there is a new and growing pipeline of healthcare executives that may seek the credential.

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ACHE growth segments include system CEOs, nurse executives, physician executives, medical group practice managers and insurance executives.

The task force discussed the importance of marketing to these segments as well as to the CEO, who may be able to identify future leaders from each of the segments. The task force noted that 75% of Fellows agreed or strongly agreed that because of the FACHE credential, they are better prepared to cope with the challenges of the evolving landscape of healthcare management; more people outside of their organization see them as a resource on healthcare management issues; and they have increased their contribution to the quality of healthcare management in the organization. This shows how the credential can help prepare individuals for leadership roles and provides a powerful marketing message to CEOs and other leaders in the field.

**Recommendation**
Given that 27% of the Members surveyed stated that they were confused by the Fellow application requirements, clarifying and streamlining the requirements should encourage more members to pursue the FACHE credential.

Marketing opportunities exist to strengthen the value of the credential to employers, (including CEOs, talent officers, human resources officers, etc.), and to traditional and non-traditional candidates. This is in alignment with ACHE’s strategic plan as stated above.

**SUMMARY**

The task force met its charge to answer each of its three questions in its scope. These are addressed as follows:

**Scope Question: Are the requirements for initial certification and recertification as a Fellow aligned with the value and credibility of Fellow status that is expected by members and other stakeholders?**

The Fellow program provides a platform for maintaining an ongoing commitment to lifelong learning—essential at all career stages—that healthcare executives can thrive.

**Recommendations:**
The Fellow program is highly valued by both Members and Fellows, however opportunities exist to better market the FACHE credential to both clarify the advancement process and to increase awareness of the value of FACHE to individuals and to the field.

Eliminating the two-step process by requiring that all requirements be met before sitting for the Exam will help to clarify the process and remove a dissatisfaction for candidates who do not meet the experience requirement.
The recertification requirements align with the value of the FACHE credential and reinforce the need for healthcare executives to maintain a commitment to life-long learning and giving back to the field and the communities they serve.

**Scope Question: Are any of the requirements unreasonable barriers for recognized leaders in the healthcare management field to achieve credentialed status?**

The research showed that as a whole, the requirements do not present unreasonable barriers for achieving the FACHE credential. As expected, Members perceived some requirements to be higher
barriers than Fellows. However, some improvements to what the requirement entails and the sequencing of the requirements can help remove some of the confusion that presents an unintended barrier in the advancement process. Reducing the reference requirement to two, and including a senior leader in the organization to involve them in the candidate’s advancement process is seen as a positive.

Recommendations:
Requiring that all requirements be met before candidates may sit for the Board of Governors Examination will help to alleviate confusion about the process. The meaning of the requirements needs to be explained to those pursuing the credential, thus there is a marketing opportunity to explain how the value of the credential is enriched by each of the requirements.

Scope Question: What impact will the current or proposed requirements have on the future pipeline of credentialed members and is this impact aligned with ACHE’s strategic direction?

Recommendations
Clarifying the requirements and streamlining the requirements will help candidates to understand the process and will provide a marketing advantage to encourage more candidates to pursue Fellow. Strengthening marketing efforts to both traditional and non-traditional leaders will encourage more healthcare executives to seek the FACHE credential. Similarly, enhanced marketing regarding the value of the credential (to employers and the healthcare field) will further encourage members to pursue and maintain the FACHE credential. The task force agreed that this is aligned with ACHE’s mission and strategic direction.

In summary, FACHE is a valuable credential that can be leveraged to existing and emerging target markets, and aligned with ACHE’s strategic direction. By participating in the advancement program, healthcare executives can better serve patients, organizations and communities, advance their careers and help to secure the future of the profession.
Summary of Field Review:

The Credentialing Task Force Summary Report of Proposed Recommendations document was sent to approximately 37,000 Fellows and Members on September 28, 2016. A follow-up article was included in the October 6 issue of ACHe-news and sent to all 47,000 members. The deadline for comments was posted as Monday, October 17, 2016. ACHE received a total of 177 responses to the recommendations proposed by the Credentialing Task Force. Overall 78% of responses were supportive of the proposed recommendations, while 16% were neutral and 6% were opposed to one or more of the recommendations.

Implementation and Phase-in:

It is proposed the new requirements be implemented effective January 1, 2017. Candidates who are currently in the process of advancing to Fellow will be given sufficient time to complete the process. Therefore Fellow applicants who applied before December 31, 2016 will have until December 31, 2017 to complete the requirements. Those currently in process who do not meet the three years of tenure or five years of healthcare management experience requirements must meet all other requirements by December 31, 2017 and will advance to Fellow upon meeting the tenure and/or healthcare management experience requirements.

STEPS

2. Discussion with the Membership Committee September 20, 2016.
3. Discussion with the Regents at the fall district meetings during the Chapter Leaders Conference, September 26.
5. Credentialing Task Force Summary Report sent electronically to all members for a comment period from September 28-October 17, 2016.
6. Discussion and potential vote by the Board on November 14, 2016.

PROPOSED TIMELINE (IF BOARD APPROVES IN NOVEMBER)

1. Board approves Credentialing Task Force Changes—November 14, 2016
2. Customized notifications to Members with active Fellow applications on file—by end of November 2016
3. Notification to all Members via email—by end of November 2016
4. Notification to all members via ACHe-news—November
5. Deadline to apply for Fellow under the current requirements—December 31, 2016
6. Deadline to complete the Fellow requirements under the current system (except tenure and experience)—December 2017
7. New FACHE requirements take effect for new Fellow applications—January 1, 2017
8. Fellow area of ache.org updated to reflect the changes—January
9. Fellow brochure with new requirements sent to all eligible Members—late January
<table>
<thead>
<tr>
<th>CREDENTIALING TASK FORCE MEMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edward H. Lamb, FACHE, Chair</td>
</tr>
<tr>
<td>Joann Anderson, FACHE</td>
</tr>
<tr>
<td>Noel J. Cardenas, FACHE</td>
</tr>
<tr>
<td>James W. Connolly, FACHE</td>
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<tr>
<td>Michelle L. Joy, FACHE</td>
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<tr>
<td>Irita B. Matthews, JD, FACHE</td>
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<td>Heather J. Rohan, FACHE</td>
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<tr>
<td>Barton Sachs, MD, FACHE</td>
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<tr>
<td>William C. Schoenhard, LFACHE</td>
</tr>
<tr>
<td>Dominic Ubamadu, FACHE</td>
</tr>
<tr>
<td>Christopher D. Van Gorder, FACHE</td>
</tr>
<tr>
<td>Marie L. Weldon, FACHE</td>
</tr>
</tbody>
</table>
ACHE Healthcare Management Definition

The following definition retains many of the same components of the current definition, but more explicitly points to a department director/head position being the minimum threshold. There is also more clarification offered on examples of titles that are/are not acceptable.

A healthcare management position is one in which the applicant is employed by a healthcare organization or by an organization whose purpose is to influence the growth, development or operations of a healthcare organization. To be eligible for advancement an applicant's position must be at a department director/department head level which includes control of departmental budgeting, planning and staffing and accountability to senior management for department performance. Eligible positions include C-suite executives, Vice Presidents and Directors/Department Heads. Additional titles may be accepted if job responsibilities reflect departmental control as described above.

Applicants whose management authority is at a project and/or program level do not qualify. Examples of this level of authority might include: Analyst, Coordinator, Program Manager, Project Manager and Specialist.

Administrative Fellowships, Residencies and Internships do not qualify.

The interpretations below clarify the experience requirements for physicians, nurses, consultants, and healthcare management faculty.

Interpretations

Physicians must hold a department director/head level position where at least 50% of their time is devoted to managing administrative functions such as controlling departmental budgeting, planning and staffing.

Nurses must hold a department director/head level position where at least 50% of their time is devoted to managing administrative functions such as controlling departmental budgeting, planning and staffing.

Due to department level management being an uncommon administrative unit in consultant firms the equivalent level of management authority that consultants must hold is to be in the top leadership role of their project team.

Healthcare administration faculty must hold a program director/chair position, or other high level administrative position, within their department, college and/or university.

These interpretations were written with the assistance of ACHE Fellows that represent each of the groups above. They were approved by the ACHE Credentials Committee, the Membership Committee and the Board of Governors.

Approved on November 14, 2015
Attachment 2
ACHE Healthcare Management Experience (HME) Decision Matrix

**Purpose:** This tool is intended for use by candidates to assist in determining qualified years of HME to use toward advancement to Fellow with ACHE.

**Instructions:** Work your way down the left-hand side of the table and find the highest level of organizational management you believe your position falls under. Then, indicate your years of experience (in years and months) managing each of the functional areas. Add the years of experience up and mark it in the Total Years of Experience column. Note that you do not have to have a timeframe in each function – if you do not have experience with one or more of the functions, simply enter zero (0).

<table>
<thead>
<tr>
<th>Name:</th>
<th>Organization:</th>
<th>Position:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Management</td>
<td>Planning</td>
<td>Organizing</td>
</tr>
<tr>
<td>Manages self</td>
<td>HME is not applicable at this level of management</td>
<td></td>
</tr>
<tr>
<td>Manages unit or team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manages department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manages multiple departments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manages organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manages system or multiple organizations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Definitions:**

**Healthcare Management:** Healthcare management is the profession that provides leadership and direction to organizations that deliver personal health services, and to divisions, departments, units, or services within those organizations.

**Planning:** This function refers to setting direction and determining what needs to be accomplished. It means setting priorities and determining performance targets.

**Organizing:** This function refers to the overall design of the organization or the specific division, unit, or service for which the individual is responsible. It means designating reporting relationships and intentional patterns of interaction. Determining positions, teamwork assignments, and distribution of authority and responsibility are components of this function.

**Staffing:** This function refers to acquiring and retaining human resources. It also refers to developing and maintaining the workforce through various strategies and tactics.

**Controlling:** This function refers to monitoring staff activities and performance, and taking the appropriate actions for corrective action to increase performance.
**Directing:** This function refers to initiating action in the organization through effective leadership and motivation of, and communication with, subordinates.

**Decision making:** This function refers to making effective decisions based on consideration of benefits and the drawbacks of alternatives.

**Financial Management:** This function refers to the efficient and effective management of money (funds) in such a manner as to accomplish the objectives of the organization.

*Resource: Understanding Healthcare Management (Longest, Rakich, & Darr, 2000)*

**Example:**

<table>
<thead>
<tr>
<th>Name: Joe Smith</th>
<th>Organization: ABC Healthcare</th>
<th>Position: Admissions Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level of Management</strong></td>
<td>Planning</td>
<td>Organizing</td>
</tr>
<tr>
<td>Manages self</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manages unit or team</td>
<td>2 years, 4 months</td>
<td>2 years, 4 months</td>
</tr>
<tr>
<td>Manages department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manages multiple departments</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>Manages system or multiple organizations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HME is not applicable at this level of management**

Total HME: 2 years, 4 months
<table>
<thead>
<tr>
<th>Requirement</th>
<th>What does the requirement mean?</th>
<th>What (if any) changes should be made?</th>
</tr>
</thead>
</table>
| Healthcare Management Experience | Hold a healthcare management position (submit current job description, organizational chart and resume)  
- Two (2) years to submit application  
- Five (5) years to advance to Fellow | Provides a minimum standard of practical experience needed to be certified  
Maintain requirement of current healthcare management position & five (5) years of healthcare executive management experience before candidate is allowed to sit for Exam; move Exam to end of process.  
To assist with defining whether candidate has required healthcare management experience, decision matrix will be tested & refined. |
| Membership           | Be a member of ACHE (to submit application)  
- Be a member of ACHE (3 years to advance to Fellow) | Demonstrates commitment to the healthcare management profession and to ACHE  
Three (3) year tenure requirement in ACHE will be maintained. Task Force noted, that two-step process, which includes becoming Member to apply for Fellow but waiting for three (3) years of tenure to complete requirement is confusing. Task Force recommends that tenure (along with all additional requirements) be met, before candidate may sit for Exam. This effectively removes two-step process & makes Exam last activity before advancing to Fellow. |
| Education            | Hold a master’s degree or other advanced degree | Provides a minimum standard level of education needed to be certified  
No change to requirement. |
| References           | Provide names of three (3) references from current Fellow (to submit an application)  
- Provide three (3) references; one a structured interview (to advance to Fellow) | Provides candidates the opportunity to network among their Fellow peers. Provides attestation that a candidate holds the professional attributes required of Fellow status.  
Reduce reference requirement to two (2) references. One (1) reference from Fellow should is with structured interview. One (1) additional reference from senior leader in candidate’s organization who can attest to candidate’s work responsibilities (they may be member or non-member); OR both references may be from Fellows.  
Structured interview questions will be reviewed to make sure they are reflective of contemporary issues. Both reference forms will include questions on how many years & in what ways reference has known candidate. |
<table>
<thead>
<tr>
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<th>What (if any) changes should be made?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Continuing Education (CE)</strong></td>
<td>Demonstrate 36 hours* of healthcare-related CE within the last three (3) years of advancing to Fellow or recertifying. *12 hours must be ACHE Face-to-Face. Professional development is a hallmark of ACHE. Face-to-Face is important because it exposes participants to content, provides an environment for shared learning, as well as growing their peer network. It reinforces collegial interaction. While distance learning is viable, such fellowship cannot be attained without face-to-face interaction.</td>
<td>No change to requirement.</td>
</tr>
<tr>
<td><strong>Volunteerism</strong></td>
<td>Two (2) examples of participation in community/civic activities... Two (2) examples of participation in healthcare activities... Involvement has been a hallmark of ACHE since its inception. It is believed that healthcare executives should be part of the community in order to grow in their leadership positions and understand the needs of the community they serve.</td>
<td>No change to requirement.</td>
</tr>
<tr>
<td><strong>Assessment</strong></td>
<td>Pass the Board of Governors Exam in Healthcare Management. Provide a valid and reliable program for candidates to demonstrate their education, knowledge, and professional expertise with the body of knowledge based on a job analysis survey. Attests to minimal competence as a healthcare executive.</td>
<td>No change to Exam. Task Force agreed that all other requirements must be met before candidate may sit for Exam. This will help to alleviate confusion around advancement process &amp; aligns process with commonly accepted practice for credentialing programs where Exam is last step in process.</td>
</tr>
</tbody>
</table>