

Advancing Healthcare Management Excellence

The New ACHE Credentialing System

On November 6, 2006, the ACHE Board of Governors changed the credentialing system, approving the Credentialing Task Force recommendation to offer a single credential, the FACHE®. The change is a reflection of ACHE's commitment to provide a relevant credentialing system that advances healthcare management excellence.

The Board's decision was the culmination of a two-year study by the Credentialing Task Force involving extensive research, evaluation and affiliate feedback. Comprising Governors, Regents, chapter leaders and Membership Committee members, the Credentialing Task Force was aided by a consultant specializing in the design of credentialing systems. Elements of the analysis included a program and market audit, discussions with past and present ACHE leadership, in-depth interviews with affiliates as well as stakeholders, such as executive search consultants, and surveys of affiliates.

The Credentialing Task Force report and recommendations also were sent via e-mail to all affiliates, offering additional opportunities to provide feedback. Based on that feedback, the Board further refined the recommendations of the Credentialing Task Force.

The Credentialing Task Force concluded that changes to the credentialing

system are necessary if ACHE is to respond to the increasing variability in educational and experiential backgrounds of individuals entering the profession. At the same time, feedback from affiliates made it clear that the new system needed to maintain the rigor associated with earning the FACHE credential. The new credentialing system is designed to:

- Help ensure the quality and professionalism of the healthcare management field by increasing the number of healthcare executives who are board certified
- Create an approach to credentialing that is rigorous and inclusive—encouraging healthcare executives to demonstrate their competence, commitment to ethical decision making, and participation in ongoing professional development
- Be multifaceted, based on a valid and reliable examination, plus academic, experiential, continuing

education and professional/
community involvement criteria

The changes in the credentialing system are effective January 1, 2007. As of then, no new Diplomates will be designated. Diplomates who already meet all the new criteria for Fellow status will become Fellows on January 1, 2007. All other Diplomates will become Fellow designates, pending fulfillment of any remaining criteria.

FACHE Requirements

Detailed criteria are contained in the ACHE Regulations Governing Admission, Advancement and Recertification. Following is a summary of the major criteria for becoming a Fellow, including comparisons to the previous system.

○ Postbaccalaureate degree

The postbaccalaureate degree requirement was added based on affiliate feedback regarding the desire for greater rigor to earn the FACHE credential. This

requirement will be effective January 1, 2009. Individuals without a post-baccalaureate degree who are already Fellows will continue to hold the FACHE credential.

○ **Three years of tenure as an ACHE Member (or Diplomate)**

Based on affiliate feedback, this criterion was added to establish a minimal standard for familiarity with and commitment to ACHE before becoming board certified.

○ **Board of Governors exam**

Passing the Board of Governors Examination in Healthcare Management remains a keystone of the board certification process. The exam is routinely evaluated and updated to ensure that it represents the evolving complexity of healthcare management.

○ **Five years of healthcare management experience**

The management experience criterion is equivalent to the previous total requirement for Diplomate plus Fellow. A Member would be eligible to take the Board of Governors exam after two years of management experience but would be a Fellow designate until any remaining criteria were met.

○ **Three Fellow references—including a structured interview**

There is no change in the requirement for a structured interview; however, the structured interview occurred at the Diplomate level.

○ **40 hours of CEU—at least 12 Category I (ACHE education) credits**

Based on affiliate feedback, the original recommendation requiring 24 CEUs was revised to increase the total to 40 hours over the previous five years, with at least 12 of the hours being Category I (ACHE education) credits.

○ **Professional and community/civic participation**

There is no change in the requirement for two examples each of professional and civic/community involvement.

○ **Recertification**

Recertification will continue to occur on a three-year cycle. Fellows must demonstrate both a commitment to ongoing professional development (24 CEUs, no less than half of which must be ACHE Category I education credits) and evidence of participation in healthcare and community/civic affairs.

Recognition of Contributions to the Field

In addition to developing a strong credentialing program leading to FACHE status, affiliates expressed a desire for a program to recognize commitment to the field as well as management competency. In response the Board of Governors authorized the development of a separate process to recognize service, leadership and giving back to the profession. Initial recommendations for a recognition system will be presented at the March Board of Governors meeting in New Orleans.

Resources to Support Advancement to Fellow

A wide range of resources either already exist or are being developed to assist Members wishing to earn the FACHE credential. These include advancement resources on ache.org, the Board of Governors Examination Online Tutorial and the Board of Governors Examination Preparation Course. In addition, advancement information sessions will be offered at the 2007 Congress on Healthcare Leadership, as well as through many Regents and local chapters. Questions regarding board certification can be directed to the Division of Membership at (312) 424-9400 or credentialcomments@ache.org.