

The FACHE Credential—the Distinction of Board Certification

The revised ACHE credentialing system, implemented January 1, 2007, creates a rigorous path to earning board certification in healthcare management. Following are some common questions regarding the credentialing system:

1. *Why did the Board adopt the current credentialing system?*

The Board of Governors undertook the change in the credentialing system for one reason—to strengthen ACHE’s mission to advance healthcare management excellence. Given the increasing variability in educational and experiential backgrounds of individuals entering healthcare management, a commitment to credentialing and continuing education is more critical than ever for our profession.

2. *How does the current system change the path to achieving board certification?*

When considering changes to the credentialing system, the Board of Governors was committed to ensuring the rigor of the FACHE[®] credential and board certification it symbolizes. In the past, Diplomates were considered board certified in healthcare management, even though they might have had only two years of healthcare management experience or just twelve hours of continuing education. With the single credentialing system the significance of board certification is strengthened. Only those who meet all the requirements of the FACHE credential are board certified.

3. *What are the criteria to earn Fellow status, and how do they compare to the old system?*

To earn the FACHE credential and become board certified, an ACHE Member must:

- Meet the new academic criterion of a postbaccalaureate degree (following the 12/31/08 phase-in period)
- Have 40 hours of continuing education credits (an increase from 12 at the Diplomate stage and 24 at the Fellow stage)
- Pass the Board of Governors Examination in Healthcare Management (previously required at the Diplomate stage)
- Have three years tenure as an ACHE Member and five years experience in healthcare management (previously two years experience to become a Diplomate, plus another three years as a Diplomate)
- Submit references from Fellows, including a structured interview, and participate in community/healthcare affairs as before

4. *Were former Diplomates “fast tracked” to become Fellows?*

The credentials of each Diplomate were reviewed by ACHE. Diplomates did not advance to Fellow status if they did not meet the requirements according to the ACHE “Admission, Advancement and Recertification” regulations. Some former Diplomates have yet to advance, pending meeting additional criteria such as 40 hours of continuing education or five years healthcare management experience.

5. *How are Members reacting to the credentialing system?*

Members are demonstrating significant interest in the new credentialing system. For the first seven months of the year, the number of applicants to earn the FACHE credential has exceeded 600, and enrollment is strong in courses to help prepare for the Board of Governors Examination in Healthcare Management.

6. *What is the impact of no longer requiring Fellow projects?*

While the Fellow projects are no longer part of the credentialing system, ACHE remains committed to recognizing affiliates' contributions to the field. For that reason the ACHE Recognition Program was developed, recognizing activities such as mentoring, writing articles for the *Journal of Healthcare Management* or chapter publications, speaking at Congress or chapter education programs, and leadership/committee service to ACHE and its independent chapters. Thus, while different from the formal credentialing system, the type of contributions represented by former Fellow projects will continue to help move our profession forward.