Renewal of the Canadian College of Health Leaders Fellowship Program

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Submitted to the CCHL Fellowship Program

Under the "Special Project" Option

April 4, 2011

Acknowledgement:
I would like to acknowledge and thank the members of the Fellowship Review Task Force for the opportunity to work with them as the Facilitator for this project. The insights and guidance from Ron Noble (Chair), John Borody, Alice Kennedy, Mimi Lowi-Young, Linda O'Rourke, and Ray Racette were invaluable. Furthermore, the interest and engagement of the CCHL Board in this project has made it a rewarding experience.

Verification Statement

This manuscript is my own work. As a member of the Canadian College of Health Leaders, I have adhered to the *Code of Ethics for Health Service Executives* as required. Any assistance I had in manuscript preparation was ancillary and within the limits defined by the *Fellowship Program Requirements and Guidelines.*

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Signature

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March 8, 2011

Date

Executive Summary

As the Canadian College of Health Leaders (CCHL) embraces its new name, it is also strategically reviewing its programs and services to ensure they will provide strong support to members' leadership development across their careers. The Board of Directors prioritized the Fellowship (FCCHL) program for review, with the objective of aligning the program with the *LEADS in a Caring Environment* competency framework, and assessing all components of the program. A benchmarking of the program against comparators, review of relevant literature, stakeholder consultation and member surveys supported the deliberations of the Fellowship Review Task Force.

The recommendation is for the continuation of the Fellowship program, with restructuring of its program requirements and evaluative components to offer improved value for the candidate, their employer, the College, and the profession.

The proposed new program emphasizes the communication of practical applied learning that will be useful to other members through the Leadership Project. The new concise project format will increase the accessibility of the program both to prospective candidates and to leaders in the system looking for information on leading practice. The renewed program represents an opportunity for greater engagement of senior leaders in the life of the College, increase the transfer of knowledge from experienced members of the College to developing leaders, and effectively live its mission *"to develop, promote, advance and recognize health leadership"*.

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Context

The Canadian College of Health Leaders (CCHL, or the "College"), formerly the Canadian College of Health Service Executives (CCHSE), has two professional certification programs, including the Certified Health Executive (CHE) Program and the Fellowship Program (FCCHL, formerly FCCHSE). Each of the two programs has a distinctive market: The CHE program is an entry-level competency based certification program. The Fellowship program is for senior executives who have demonstrated outstanding leadership in their professional achievements.

The Professional Standards Council and the Fellows Council (which oversee the CHE and Fellowship programs, respectively) both pursue continuous improvement of all aspects of the programs and their delivery. In spring of 2009, the Fellows' Council and the Board of the Directors of CCHL identified a need to complete a full review of the Fellowship program. The College was rebranding itself as the Canadian College of Health Leaders as it approached its fortieth anniversary. The Fellowship program recognizes and celebrates the achievements of experienced College members, and was therefore a good strategic choice to review in the context of the shift in College name and renewal. Furthermore, the adoption of the *LEADS in a Caring Environment* competency framework by the College and its Canadian Health Leadership Network (CHLNet) partners in October 2009 provided the catalyst for review of the program to align its focus and evaluation to LEADS.

Statement of the Issue

For the College to effectively live its Mission – *"to develop, promote, advance and recognize health leadership"*—it needs to provide vibrant and high quality programs to support leadership development across the leader's career. Fellowship is the most senior level of professional certification awarded by the Canadian College of Health Leaders. In recent years, the Fellowship program has had fairly low numbers of applicants, and limited interest. The Fellows Council has also identified issues in the program options, gaps in policy, and opportunities to improve the delivery of the program. At the present time, the Fellowship program represents an underutilized opportunity to engage the senior/experienced membership of the College. This is of particular concern as the health sector has increasing numbers of retirements as the baby boomer generation starts to exit the workplace or transition to other careers. Careful redevelopment and repositioning of the Fellowship program is of strategic importance to involve these experience leaders in the College and learn more from them in order to support leadership development for the benefit of the system.

Project Scope

The Fellows Council and the College Board of Directors approved a project to complete a review and propose a new direction for the Fellowship program. The approved project scope was to deliver recommendations on the following:

- A summary of the recommended Fellowship program based on leading practices: addressing admission requirements, program requirements of applicants, and evaluation criteria;
- Recommending structures and processes to support the oversight of the program, program administration, and admission and evaluation of candidates;
- A strategy for alignment with the *LEADS in a Caring Environment* national health leadership capability framework;
- Alignment of the program with the CHE program and other professional development/education programs;
- Recommendations regarding applicants from other streams, such as EXTRA;
- Recommended policies for reciprocity with other health service organizations; and,
- Recommended next steps for implementation and estimated resource requirements to launch program.

Chapter Two: Approach

Project Structure and Accountability

In order to establish a review that was "arms length" from the existing committee structure that manages the Fellowship program, the CCHL Board appointed a Fellowship Review Task Force, reporting directly to the CCHL Board. The mandate of the Fellowship Review Task Force was to provide overall direction and advice to a special project that would review the mandate, structure and components of the College's Fellowship program. The Task Force undertook its work in the period of November 2009-June 2010. Its terms of reference may be found in Appendix A.

CCHL contracted with Ostler Healthcare Consulting Inc. to complete the program review, and the author of this report acted as the Facilitator for the Fellowship Review Task Force. The Task Force Chair provided, through the Facilitator, an update to each Board meeting from February 2010 –February 2011 to report on stages of work and bring forward changes in policy for Board discussion. The Draft Report of the Fellowship Task Force went to the Board in October 2010 for review and approval. Feedback from that meeting was incorporated into two subsequent recommendations brought forward to the Board in February 2011.

Following the approval of the Draft Report, the contents of it became the purview of the Fellows Council, who then moved forward to develop the necessary detail and processes to move forward towards implementation. A Fellows Council Strategic Planning Day on December 3, 2010 was the focal day to move from recommendations to action planning.

Project Methodology

The review undertook a sequential approach to the assessment of the program, which included the following phases:

- *Current state analysis*: The facilitator conducted interviews with members of the Fellowship Review Task Force, Fellows Council, existing Fellows and College staff, all of whom provided insight into the current strengths and opportunities for the program. Additionally, the facilitator worked with Blueprint Public Relations Inc. to develop questions about the College's professional certification programs for inclusion in the November 2009 general membership survey. This provided a robust quantitative set of information about the knowledge and attitudes of College members towards the CHE and Fellowship programs.
- *Comparator review/benchmarking*: Comparator organizations were identified both within and outside the health sector. The certification and award programs for senior members of these organizations were reviewed to determine the comparability of the programs, identify trends, and identify leading practices that could be integrated into a revised Fellowship program.
- *Establishment of vision and philosophy for the program:* A vision to guide the future design of the Fellowship program was developed. A foundational step in the vision development was conscious consideration about whether there should be a Fellowship program, and what the nature of that program should be. This discussion was supported by evidence from the literature, as well as a review of feedback from the current state analysis, and the College's 2006-2010 Strategic Plan.

- *Development of Program Components:* Guided by the evidence from the literature, the experience of other comparator organizations, and the LEADS in a Caring Environment competency framework, the new program policies and components were developed.
- *Validation of proposed program changes:* The project undertook three methods of validating the program changes as the project progressed. First, the College Board of Directors received interim reports and provided advice and validation of the work to date. Second, the work in progress was presented as part of the College's Joint Chapter Chairs & Board Retreat held on June 3, 2010 for their input. Finally, after the program recommendations were developed, a survey was administered to all certified College members who are potential candidates for the Fellowship program to solicit feedback on the proposed new Fellowship program. The survey was completed using an online survey tool in both English and French. Assurance was given to respondents that their responses were anonymous.

Chapter Three: Setting the Direction for Program Renewal

This section of the report provides a summary of the key evidence considered in each stage of renewing the Fellowship program, and the resulting recommendations. The reader is also directed to the "Report of the Fellowship Task Force" which was delivered to the College Board of Directors in October 2010, and revised in February 2011. The Executive Summary, which provides a list of the recommendations to the Board, may be found in Appendix B of this report.

Current State Analysis

Participation Rates for the Fellowship Program

As of January 2010, there were 62 active Fellows within the College on a total membership base of 3.075 – which equates to roughly 2% of membership. Approximately 40% of the College membership is certified (i.e. hold the CHE designation), but relatively few advance to Fellowship. While there have been healthy increases in the number of CHE convocations, the number of Fellows has hovered between 0-6 convocations per year, with an average of 2.75.

Table 1: Convocations from CHE and Fellowship Programs 2000-2010

	2000	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**
CHE	30	18	44	52	61	67	75	90	87	60	80
Fellow	2	0	3	5	3	1	0	3	6	3	4

It is notable that since the launch of the EXTRA/FORCES program through the Canadian Health Services Research Foundation (which has a strategic alliance with the Fellowship program), the majority of the Fellowship candidates have come through the

EXTRA/FORCES stream. This does raise concerns about the sustainability of the program, as the sources of participants for the Fellowship program are not diversified.

Table 2: EXTRA/FORCES Candidates as Percentage of Convocations, 2007-2010

Year	Total # Fellows	# from EXTRA/FORCES	Percentage
2007	3	2	66.6%
2008	6	6	100%
2009	3	2	66.6%
2010	4	4	100%

Interviews with existing Fellows (n=X) found that most candidates pursue a Fellowship for their own personal goals/development and it is not externally motivated. Consistent with these responses, Lester (2009b) notes that the value of advanced designations is largely intrinsic.

Members Perceptions of the Current Fellowship Program

In October 2009, the College retained Blueprint Public Relations Inc. to conduct a survey of the general membership. One of the three survey objectives was to "assess member' awareness/opinions related to CHE and FCCHSE" (survey was administered prior to the College name change). There were 437 respondents to the survey (a response rate of 14.5%), and the profile of the respondents was a good match to the College membership composition. The Facilitator for the Fellowship Task Force provided input to the questions within the CHE and Fellowship sections. The text of the questions can be found in Appendix C. The survey found that:

- 83% of respondents were aware of the Fellowship program, compared to 95% for the CHE program.
- Over one-half of the respondents do not intend to become Fellows.

- The Fellowship program requirements were clear or very clear to only 22%. This was significantly different than the CHE program, for which the program requirements are clear or very clear to 67%
- The value proposition of the Fellowship program seemed to resonate less with members than it did for the CHE program. Not surprisingly, those with no intention to complete the program held more negative views (a statistically significant result) for all statements except for two: Value within the health sector and recognition by peers.
- It is notable that "recognition by peers" was found to be the strongest benefit of completing a Fellowship.

The survey results challenge the Task Force with developing a program that can be clearly communicated and marketed to the target membership.

Taking stock: Summarizing Strengths, Weaknesses, Opportunities and Threats for the Current Fellowship Program

Through reviewing the results of the qualitative information gathered through interviews and three years of program evaluations, combined with the membership survey results, the following emerged as the core key strengths, weakness, opportunities and threats for the Fellowship program.

Table 3: High Level SWOT of the Existing Fellowship Program

Strengths	• Brand is recognizable as a distinct certification program by the membership • Existing Fellows have clearly valued the designation and maintained their designation through the Maintenance of Certification (MOC) Process • Program evaluations have found that the program has contributed to the candidate's personal and professional development

	• Strategic alliance with CHSRF's EXTRA/FORCES Fellowship Program • Committed and consistent volunteer base to oversee the program and its components • High quality projects delivered by the candidates
Weaknesses	• Low participation in the program • Program admission or project requirements are not well-understood by the general membership • No policy in place to address reciprocity of other health Fellowship designations • The four existing Fellowship project options vary in their robustness; and guidelines for each option are not consistently clear – makes it more difficult to administer program • Challenges with inter-rater reliability and evaluation guidelines • Lack of a marketing plan for the program • No clear path to progress from CHE to Fellowship
Opportunities	• Large number of CHEs graduating each year, creating large pool of potential Fellowship candidates • LEADS in a Caring Environment – newly adopted national competency framework • Increasing focus on health leadership development and succession planning at the employer/region/province level, as well as the Canadian Health Leadership Network (CHLNet) • Use of online technology for program administration and interface with candidate • Strong support from Board and Chapter Chairs for renewal of the program • Rebranding of CCHL around leadership; and a specific strategy to address the needs of very senior leadership in the College
Threats	• Changes in the FACHE program requirements of the American College of Healthcare Executives • Increasing span of control of senior leaders in Canadian health care system through regionalization and consolidation leaves decreasing time available for professional development • Demographic change will impact the supply of senior leaders in health care (e.g. baby boomer retirements) • The proliferation of educational program opportunities, including health service streams in MBA schools, Executive Education offerings, professional doctorates and on-line learning opportunities • Professional development options offered in the marketplace by competitors and those who are partners of the College • Financial pressures on organizational and health service manager spending on professional development

Review of Certification Programs by Comparator Organizations

In order to benchmark the current practices of other health care management organizations, or other professional certification programs, the Task Force selected a comparator group. The Task Force determined that there were three relevant categories of comparator organizations, and reviewed the admission criteria and program requirements for each program. A table summarizing each of the programs may be found in Appendix D.

Category I: Health care management organizations: These are the organizations that would normally be considered direct peer organizations of CCHL.

- *American College of Healthcare Executives (FACHE)*
- *Institute of Healthcare Management, UK (FIHM)*
- *Australasian College of Health Service Management (Fellow)*

Observations:

- The three main comparators in this group (ACHE, IHM and ACHSM) have only one certification program, rather than the two distinct CHE and Fellowship programs in Canada.
- The target market for these comparator programs is more closely aligned with the CHE program (in terms of years of experience and employment role) than the Fellowship program.
- Each program has a slightly different approach to candidate evaluation:
  - Written exam (ACHE)

  - Oral exam or Major Paper (Options 1 and 2 of ACHSM)
  - Professional development portfolio (IHM)
- There is no other program that requires the development of an original paper or research project. (The ACHSM program – Option 2, allows candidates to submit previously published or academic research papers, or original work if so desired.)
- The IHM program is relatively new and focuses on "reflective practice" on one's professional development against a set of leadership competencies.
- Both the IHM and ACHSM programs include an oral interview.
- The structured timelines and supports of the IHM and Australian programs move candidates through the process. Candidates also receive support through "Study Days" with their cohort.
- Creation of distinct entry points during the year in UK and Australian programs creates a "class", which enables peer support/collegiality.
- The Australasian requirement for local/Chapter support for Fellowship candidacy may support a balancing of local and national contribution.
- The ACHE demonstrates effective ways of highlighting Fellow contribution and keeping them engaged in the College.
- The ACHSM has a clear evaluation system for applicants that is publicly available.

Category 2: Other professional organizations with certification programs, drawn from outside of health care: These organizations offer certification programs in management, not-for-profit, policy, public administration, or specific segments of healthcare. To ensure comparability to the College's situation, those organizations awarding designations which

license or regulate a profession (e.g. Chartered Accountant) are not appropriate for comparison.

- *Canadian Association of Management Consultants (CMC)*
- *Association of Fundraising Professionals (Advanced CFE)*
- *Healthcare Financial Management Association (FHFMA)*
- *Fellow: American Health Information Management Association (AHIMA)*

Observations:

- The CMC designation offers three different streams of entry, depending on the level of experience of the candidate. Therefore, the amount of work experience and client hours influence the requirements for educational preparation, and specific courses required for attaining the CMC.
- The Society of Fundraising Professionals program is based on an exam, a portfolio and an oral interview.
- The HFMA Fellow designation does require that the applicant be a Certified Healthcare Financial Professional (CHFP) before advancing. Candidates with appropriate experience who do not hold the CHFP may pursue both designations concurrently. However, the advancement to Fellow is based only on the evaluation of the application and references.
- The American Health Information Management Association creates a separate "candidacy for Fellowship stream" for those who want to develop a formal process for developing a lifelong learning plan, with the goal of advancement to Fellowship.

Category 3: Honorary or Award Programs: These programs honour an individual's contribution to the profession, either through nomination or award process. These programs do not include a certification process.

- *Companion, Institute of Healthcare Management*
- *Fellow of CMA Canada (FCMA)*
- *Fellow of Institute of Chartered Accountants (FCA)*
- *Fellow, College of Health Information Management Executives (CHIME Fellow)*

Observations:

- All of these designations focus on the contribution of the individual to the profession and/or the professional organization (ex. volunteer service)
- The candidate becomes a Fellow through a nomination process which may include letters of reference or peer evaluation.
- In some cases, these designations may be used to honour those who would not normally be members of the organization (such as academics, corporate members, or bureaucrats).

The Decision to Continue the Fellowship Program

The Fellowship Task Force directly addressed the fundamental question: Should the Fellowship program continue?

The 2006-2010 Strategic Plan of the College (CCHSE, 2006) grounded the discussion. The Strategic Plan identifies the Mission, which is "to develop, promote, advance and recognize excellence in health leadership". Two key values and strategic

directions provide further guidance about how to place the question about the continuance of the Fellowship program in a way that is aligned with the College's Strategic Plan. The emphasis on life-long learning suggests that to discontinue the Fellowship program would signal a reduced commitment to leadership development across the whole span of a leader's career.

Values *(excerpt)*	Commitment – We are committed to the growth and recognition of our profession and the College.
	Life-long Learning – We value life-long learning and recognize the importance of continuous development of professional skills and knowledge.

The members of the Fellowship Task Force also challenged themselves to think not only in the present, but also about what the Fellowship could be, and how it could an enabler of several key College Strategic Directions. While the Fellowship program may not be currently functioning in its optimal capacity, the SWOT analysis had identified that the potential for the program to profile the system contributions of senior leaders in a way that supports not only the development of themselves as leaders, but also others in the system.

Strategic Directions *(excerpt)*	Raise the profile of health leaders and their contribution to public policy, the health system and the health of Canadians.
	Raise the stature of the College so that it is recognized as a resource and source of solutions in addressing health leadership issues.
	Promote evidence-based practices for health leaders across the public, corporate, voluntary and university sectors.

The experience of the American College of Healthcare Executives was a key environmental context for the program which was given considerable consideration. Its

Fellowship (FACHE) program had a major review in 2006 (ACHE, 2006). The catalyst for the review was the downward trend in the percent of the members who were certified either as a Diplomate (CHE) or Fellow (FACHE). At the time of review, the percentage had reached a new low of 32%. Through a projection of trends at that time it was projected that only 12% of new Members would ever advance to Diplomate, and 3.5% to Fellow. They found ambiguity between the purpose and value proposition of the CHE and FACHE credential. Their ultimate conclusion was to consolidate the two programs. With the geographic proximity and some degree in overlap between membership base, the decision of the ACHE begged the question of whether the College should follow suit.

However, review of the circumstances found that the Canadian experience was somewhat different. First, the College's certification percentages remained strong. The CHE program has a strong cohort of approximately 80 CHE graduates every year, which is a large potential market for the program. The overall percentage of College membership who is certified sits at approximately 50%. Second, the Fellowship Task Force was also confident that the CHE and Fellowship programs play distinct roles: While the CHE demonstrates that the individual is knowledgeable about the system, standards and ethics, the Fellowship demonstrates that the individual is contributing to key knowledge that will drive system change and health policy.

Through casting a wider net, the Fellowship Task Force saw a direction contrary to the ACHE in England – towards an increased focus on senior level certification. The UK Department of Health convened an advisory group to determine options to further raise the standards of senior NHS managers (Department of Health, 2010). This was in response to concerns referenced in the NHS Next Stage Review Final Report about the

quality of health leadership and the competency of those in management positions. The group concluded that-- a system of professional accreditation for senior NHS managers be established, "through which senior leaders who wished to demonstrate objectively and independently their effectiveness as leaders…which would "help drive up standards by providing accredited leaders with a nationally portable kite-mark of quality with which to assure boards and employers that they met the key requirements for performing well at the highest level and that there were no identified concerns about their conduct in previous roles". The recommendations of the review went one step further, calling for the consultation on options for licensing and regulation of senior NHS managers. This mandatory approach to certification is aligned with the overall direction of the Care Quality Commission (CQC) which now regulates all care providing organizations in the NHS. Therefore, one may expect to see a much more prescriptive approach to certification in England in the near future – today is has only a voluntary program through its Institute for Healthcare Management, the equivalent of CCHL.

The Fellowship Task Force concluded that as the College repositions itself as the "Canadian College of Health Leaders", it was important to retain the Fellowship program as a means for cultivating senior leaders, and provide a program to stimulate the transfer of knowledge to the rest of the membership. The College is a key partner in the Canadian Health Leadership Network (CHLNet). Two of CHLNet's goals are germane to the need for a fellowship program, as they seek to provide access to "applied leadership development tools" and "health leadership development best practices" (CHLNet, 2009). The urgency driving this need is the knowledge deficit that is forecasted to occur as a result of the retirement of experienced health leaders.

Vision for the Program's Renewal

In order to direct the next phase of work – designing the changes to the Fellowship program-- the Fellowship Task Force established a shared vision. The proposed changes to the Fellowship program will satisfy the following objectives:

- Increased participation in the Fellowship program
- Improved clarity in admission criteria, objectives and requirements for program
- Improved value to the candidate
- Position the Fellowship as part of a purposeful and supported path for leadership development
- Apply the *LEADS in a Caring Environment* framework
- Align to the direction of the College's transition to the "Canadian College of Health Leaders"
- Strengthened knowledge transfer process
- Increased engagement of Fellows in life of the College

Fellowship: Certification Program, or Honorary Designation?

Having reviewed numerous comparators, the Task Force challenged itself with whether the Fellowship program should remain a professional certification program, or become an honorary designation program. One of the key driving factors for considering the move to an honorary program was the feedback from existing Fellows and potential Fellow candidates that the time and amount of work required to achieve a Fellowship was

not attractive to busy senior executives with expanding spans of control working in complex regional environments.

The typology of these different types of programs is essential to support this discussion. Certification is defined as "a voluntary process by which a nongovernmental agency or association grants recognition to an individual who has met certain predetermined qualifications specified by that agency or association" (US Department of Health Education and Welfare, 1971, as quoted in Knapp, 1995). It should be noted to the reader that although within the health administration field the terms credential or certification may be used interchangeably, there are nuances between the two. Altshuld (2005) defines credentialing as a set of courses or other requirements which must be completed to receive a credential from an educational institution or professional society. Certification is a process by which a person masters certain skills and competencies in a field as assessed by an external professional body.

There is limited literature about professional certification programs. However, the best source of grey literature and published work is the Professional Association Research Network (PARN), based in Bristol, England. Several studies have been commissioned by them to study the routes for professional certification and awards. A working paper prepared for PARN defined a Fellow as "a senior professional who has met a requirement of qualification and/or experience for higher membership level" (Friedman et al, 2002). Lester undertook further study of organizations granting advanced designations and awards (2009b) and developed as a result a nomenclature to describe different types of fellowship awards. Type A Fellowships are awarded based on achievement, through an assessment process and use of criteria. Type B Fellowships are

largely dependent on peer nomination to denote a high level of contribution to the profession. Fellowship is a membership category rather than a permanent qualification (Lester, 2009b).

Therefore, the deliberations of the Task Force focused on whether the future direction of the Fellowship program should be a Type A (based on evaluation and criteria), or Type B (peer nomination). There were several precedents to consider. The ACHE had noted in their deliberations that if the Fellow project were to be removed from the program, FACHE could no longer be considered a certification since it would not be based on an assessment tool (ACHE, 2006). The direct comparator group (ACHE, IHM, ACHSM) all require some form of evaluation process. The evaluation process against defined standards or competencies is the hallmark of the certification process. In the literature, Lester (2009) notes in his review of advanced designations and awards that there is a movement towards more transparent criteria based on achievement and competence rather than awards given on the basis of nomination.

The Task Force achieved consensus that the College should retain the rigor and validity of both its professional certification programs. Given the direction of the College around leadership development across the whole continuum, it would be counter-intuitive to remove a senior level program, especially since the new LEADS framework would provide key support to the bridge from CHE to Fellowship. The College has honorary membership status and other College awards by which it already recognizes the exceptional contribution of members or lifetime achievement. The Task Force's view is that the Fellowship program serves a different purpose—it identifies the highest standards of practice in leadership to which members and CHEs can aspire, and work

towards through cumulative professional development and contribution of new knowledge. It was recommended that that the Fellowship program will continue to be a professional designation based on evaluation, rather than "honorary" designation or award program.

Aligning with the Program with the LEADS in a Caring Environment Framework

There has been considerable emphasis in Canadian health leadership literature about the need for a competency framework to guide leadership development (Baker, 2003; Leatt, 2003; Davidson et al., 2002). There is a shared view that "leadership development (at all stages) needs to be competency-based. We need to increase our ability to identify, quantify, develop, measure and evaluate competencies for healthcare leaders" (Leatt, 2003). However, tools to support competency assessment in leadership have been lacking until relatively recently (Baker, 2003).

In the United States, stakeholders from educational institutions through to professional associations have been actively developing competency frameworks to guide the leader's education and professional development journey, in models such as the National Center for Healthcare Leadership (http://www.nchl.org/ , as described in Calhoun et al., 2002); American University Programs in Health Administration (http://aupha.org) and the Healthcare Leadership Alliance* (HLA) Competency Directory (http://www.healthcareleadershipalliance.org) . In Canada, two leadership competency frameworks emerged out of research -- the Leaders for Life LEADS framework (www.leadersforlife.ca) and CHLNet's Pan-Canadian "5C" framework (CHLNet, 2009). All of these frameworks were the focus of the College's Leadership Competencies

Review Committee. It was timely that during the work of the Review Committee, CHLNet considered and endorsed a recommendation from The Centre for Health Leadership and Research (Royal Rhodes University) to conflate the two Canadian frameworks into one – which led to the adoption of the *LEADS in a Caring Environment* framework. To ensure alignment with CHLNet, of which the College is a member, the Leadership Competencies Review Committee's report recommended the adoption of the *LEADS in a Caring Environment* framework. In October 2009, the Board of Directors endorsed this direction.

Therefore, the *LEADS* framework becomes a foundational element for College programs. The *LEADS* framework defines five key capabilities for leadership development:

- Lead self
- Engage others
- Achieve results
- Develop coalitions
- Systems transformation

Within each of these five "domains", there are four leadership capabilities, for a total of twenty. The model articulates the behaviours for each of these capabilities at an entry level, mid-career, senior and senior executive level. There are four levels of capability identified within the *LEADS in a Caring Environment* framework: entry-level, mid-service, senior and senior executive.

The existing Fellowship program was implicitly, but not explicitly linked with the College's previous competency framework. The adoption of the *LEADS in a Caring Environment* competency framework for the College provides a new platform for the journey for strengthening how we assess and certify the path of professional development, and a framework for the development of evaluative components. The review of the framework by Fellowship Task Force vis-à-vis the College's certification programs found a logical alignment of the Certified Health Executive program with level 2 ("Mid-service"), while the FCCHL designation would align with level 4, the highest level of the framework ("Senior Executive").

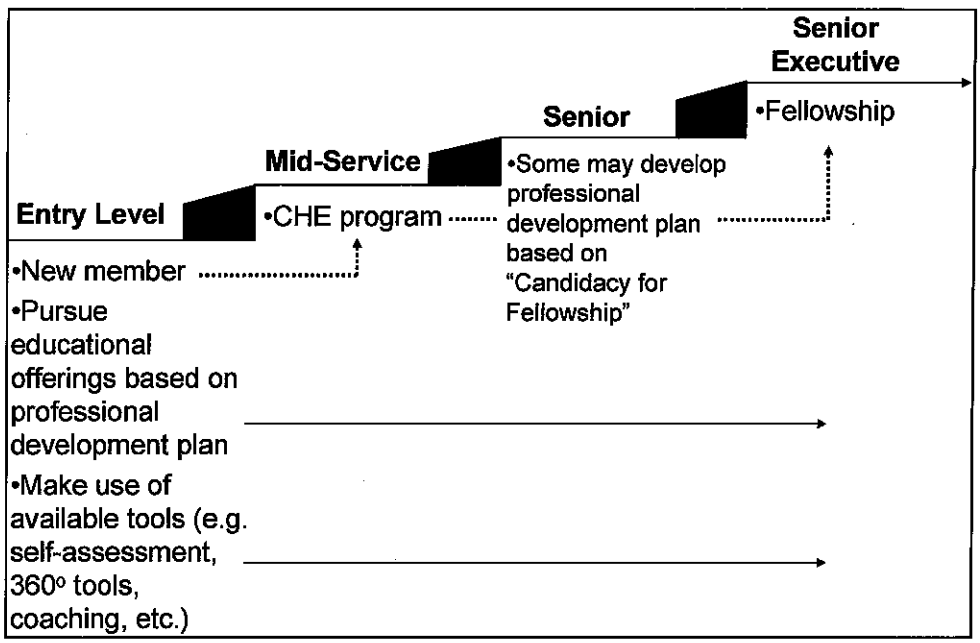


Figure 1: Alignment of LEADS and College Certification Programs

Chapter Four: Recommendations for Program Policies and Components

Admission

Admission Criteria

The current Fellowship admission criteria include:

Table 4: Current Fellowship Program Admission Criteria

Membership	Member in good standing. Total number of years of membership not specified—is implicit in number of years as CHE, below.
Prior certification	CHE must have been held for 2 years.
Employment	5 years of Canadian experience before completion of program.
Education	Not specified in program requirements, as the prerequisite of the CHE requires Masters or BA + PLAR.

Each of these program components was reviewed and it was concluded that there was no recommended change to these core requirements, as the majority are linked to the CHE program requirements.

Reciprocity Policy

As part of its mandate, the Task Force had specifically been asked to develop a reciprocity policy that addresses individuals who hold Fellowships from peer organizations internationally, and then relocate to a leadership position in the Canadian health system. To date, there is no policy to manage reciprocity requests.

The Fellowship Task Force found in its examination of other Fellowship programs (in December 2009) that the programs of organizations within the direct peer group vary with respect to their target audience and admission criteria.

- All 3 comparators (IHM, ACHE, ACHSE) have only one professional certification program.

- The programs vary in terms of educational requirements from none specified (IHM) to Masters level only (ACHE)
- IHM and ACHE both require 5 years of experience; the Fellowship program technically requires 7 (5 years to be considered for CHE program application + 2 years as CHE before applying to Fellowship)

The Task Force looked to the bylaws of the peer group organizations regarding reciprocity policies. The Institute for Health Management (UK) and the American College of Healthcare Executives do not have any written policy which provides for any reciprocity extended to Fellows from other jurisdictions who become members of their organization. The Australian College of Health Service Management (ACHSM) makes the provision in its Constitution for the program requirements of oral examination, written thesis or case studies to be waived if an individual holds a status of Fellow in another health management organization.

It was recognized that under the current "no reciprocity" policy, requiring foreign-trained, experienced individuals to start at square one is not reflective of where they are in their own leadership development. From a practical standpoint, the requirement for senior executives new to Canada to complete a CHE (exam and 2 papers), and then to complete a Fellowship project, does become a barrier in terms of time and effort. As a result, we may not maximize these individuals' contribution to the College, or miss out on learning more from the international experience of these individuals. However, to provide those leaders with an option of completing a Fellowship without a CHE may create

issues of perceived inequity between those candidates and for senior Canadian leaders.

The factors of comparability of programs, congruency and fairness for both international and Canadian candidates, and the desire to engage all experienced leaders working actively in Canada as eligible candidates were weighed to reach several recommendations with respect to reciprocity:

(1) That the College maintain its current policy that Fellowship will not be granted on a reciprocity basis to those holding Fellowship from the IHM, ACHE, ACHSE, or other international health management colleges/professional organizations.

- A defining element of a professional certification program is the ability to assess the candidate. Without any evaluative component, the granting of a Fellowship based on reciprocity would be incongruent with the requirements placed on other Canadian candidates.
- The programs all differ in focus and program requirements, and may not reflect the objectives or requirements of our program. For example, the focus and structure of the FACHE exam more closely mirrors the CCHL CHE program than the Fellowship.
- An objective of the Fellowship is to contribute to new knowledge in the Canadian system. Therefore, to grant a Fellowship without this objective being met would not be in the spirit of the program's philosophy.

(2) That the College, <u>for the purposes of Fellowship application requirements only</u>, consider a health management Fellowship from the IHM, ACHE, ACHSE (or other

programs administered by a health management college/professional organization) to be an acceptable alternative to the CHE requirement. Therefore, the requirement for those individuals to complete the CHE before the Fellowship would be waived at the discretion of Fellows Council.

The following circumstances would be required:

- The candidate's primary residence and employment has been outside Canada. *(i.e. the candidate could not be a Canadian citizen who has ACHE membership)*
- The candidate has taken up permanent residency and employment in Canada.
- The candidate can provide evidence of his/her professional designation, and a letter of support from the health management college/professional organization that he/she has maintained all requirements to maintain validity of the certification.
- The candidate meets the educational requirements of the CHE program.
- The candidate must indicate to the College, in writing, his/her interest in pursuing Fellowship in CCHL within 2 years of arrival in Canada.

(3) That the Fellows Council may, at their discretion, undertake an assessment of a candidate's experience and knowledge of the Canadian system, to determine if it is equivalent to the requirement for 5 years of Canadian experience. However, the candidate must have a minimum of 2 years of Canadian experience, as per the CHE admission guidelines.

Given the proposed changes to the Assessment of the Applicants, an oral interview would provide the Fellows Council with the opportunity to assess the

candidate's knowledge of the Canadian system, using questions from the CHE exam bank.

Admission Process

Interviews with new Fellows, members of Fellows Council and College staff provided insight into the strengths and weaknesses of the admission process. This process currently includes the submission of an application package (including cover letter, Curriculum Vitae, Record of Personal and Professional Achievements, three reference letters, and the application fee) and their project proposal. Assessment is undertaken by the Fellows' Council, which assesses the Record of Professional Achievement. Fellows Council has developed a rating system, which has improved the clarity about the interpretation of the criteria. The individual does not need to meet all of the criteria in each category, but must have a passing grade of 60% within the category. However, the assessment in the application phase is not transparently linked to a leadership competency framework.

While feedback from candidates about the Application process indicates that the opportunity to look across their career's experience and contributions in the Record of Professional Achievement is a satisfying experience, there is an equally held view that the process is onerous, duplicative of the CV, and does not provide a lot of value-add to the candidate.

There is often no "face-to-face" or verbal (telephone) contact with candidates until after the creation of the draft project. This has drawbacks for both the assessors - in terms of potential admission error; and the candidate - in that he/she may not get adequate direction or feedback on his/her application.

Finally, the current process of having applicants submit their application, along with a project proposal and the fee for the whole program creates an expectation for the candidate that they are on their way in the program. This can place the College and Fellows Council in a difficult position when they assess a candidate as "not ready" to enter the program, since the individual has invested time and effort to write the proposal. Alternatively, a candidate "ready" to enter the program may not have interpreted the guidelines correctly and may end up in the situation requiring re-submission of the proposal.

The Fellowship Task Force recommended the following process changes to improve the experience for the candidate:

(1) The application phase will now focus on assessing eligibility for the program, but will not include the project proposal outline.

The intent behind this is to focus entirely on the candidate and where they are in terms of professional development and suitability for the program. If the candidate meets the criteria, he/she goes on to enroll in the program, prepare a program proposal and then complete the Fellowship project.

(2) Each candidate will receive feedback about his or her application. In particular, candidates who are not ready for the Fellowship program should be directed to available College resources to support their learning and growth, and be encouraged to re-apply to the program.

If candidates do not meet the application criteria, this application phase will provide the individual feedback about which particular areas they need to focus on before re-applying. They would be encouraged to pursue a professional development plan

which focuses their professional development on areas of greatest need. It is also recommended that the candidates be offered an opportunity to match with a mentor (likely an existing Fellow) to keep them engaged to revisit their Fellowship candidacy at a later date.

Admission Evaluation Components

The existing components supporting the evaluation of candidates' applications (i.e. cover letter, Curriculum Vitae, Record of Personal and Professional Achievements, and three reference letters) were evaluated for their continued suitability in the program based on the following criteria:

- Alignment with the *LEADS* framework;
- Value to the candidate (as per the evaluation forms);
- Appropriateness of workload for the candidate;
- Robustness of the tool/ability to use as an objective tool; and,
- Ease of administration.

Based on these criteria, it was recommended that the "Record of Personal and Professional Achievements" and the three reference letters be discontinued. The following become the basis for the application for the program.

Step 1: Application Inquiry

An online inquiry form would function as a quick first stage to make sure the candidate is eligible (before they complete the work of applying). Candidate

electronically submits Curriculum Vitae, which provides enough information for College staff to confirm that the candidate meets the requirements for College membership, CHE, and Canadian work experience.

Step 2: Application

"In some cases – a minority at present, although the discussions suggest that this is a growing trend – fellowships are also associated with recognizing a sustained commitment to continuing development or reflective practice" (Lester, 2009b). The application components have been redesigned to encourage life-long learning and provide the candidate with valuable feedback on himself or herself as a leader.

(1) Concise portfolio of achievements

This element would replace the existing "Record of Professional Achievements". Candidates would be asked to furnish examples (drawn from work experience, volunteer experience, ongoing education, etc.) to outline their capability in each of the five domains. The intent is that this will be a more concise document than the prior "Record of Professional Achievements". In the long-term, should an e-portfolio system be developed (as discussed in Chapter 7), a version the collective portfolio over a career could be made available to the Fellows' Council for review.

(2) LEADS Self-Assessment and 360° Evaluation

Late in 2010, the College will be rolling out access to the LEADS tools through its partnership agreement with HCLABC. A 360-degree online assessment tool is

available through Leaders for Life. Candidates will be provided with the opportunity to provide names of assessors which will provide different perspectives on their leadership capability (e.g. supervisor, peer, staff, and leaders from other organizations). The consolidated report of the 360° will then be provided to the candidate, so that he/she can respond to the results in the Personal Statement.

Fellows Council has further development work ahead to determine the most suitable method for reviewing the results of the 360° in a way that respects candidate confidentiality, yet provides a synopsis of findings to support the application. Options which could be considered (based on the quality/utility to the candidate and the process, ease of administration and cost) include a confidential intermediary/assessor role for those with training in the LEADS framework or consent from the candidate for a high-level summary report.

(3) Short Personal Statement reflecting on the LEADS 360°, and objectives for the Fellowship

Based on the principles of "Reflective Practice" which are the foundation of the Institute for Health Management Fellowship program, the candidate would prepare a personal statement which provides commentary on his/her LEADS self-assessment and 360° – and the degree to which it demonstrates that he/she is a leader at the "senior executive" level of the framework. The candidate will also be asked to outline his/her objectives for the Fellowship, including area of interest for the Fellowship project. The personal statement must be no longer than 1,000 words (or 4 pages, double-spaced, 1" margins).

Step 3: Interview

This short interview (approx. 45 min) would provide the Fellows Council or designated assessors the ability to review the application components and discuss the candidate's learning objectives. The assessors would gain added insight into the candidate's communication skills. The candidate would benefit from feedback on his/her application in order to support their professional development.

In person interviews could be offered at key points in the year where there is a critical mass of assessors available, such as: National Healthcare Leadership Conference; OHA HealthAchieve, Health Care Leaders Association of BC Fall Conference, etc.

Fellowship Project

Retaining the Independent Work Requirement of the Program

The Task Force deliberated on the requirement for the completion of a Fellowship project. While some of the other Fellowship certification programs reviewed amongst the comparator group did not have a requirement for a piece of original work, the Task Force viewed the requirement for independent work as a logical extension of the defining criteria for a certification program – which is built upon the evaluation of a candidate against competencies or program criteria.

Secondly, the contribution of knowledge to the College and the profession has been a hallmark of the Fellowship program. Senior leaders have areas of strength and expertise that are of benefit to share with the health sector. Review of available Canadian resources for health leadership development and succession planning highlights the need for knowledge transfer from one generation of leaders to the next (Snell, 2010).
It was recommended that the Fellowship program retain the submission of a piece of independent work as a required component. However, the Fellowship Task Force set a principle that project requirements (and requisite force of time and effort) will balance the need to retain the rigor of the designation and create value for the candidate, the College and the industry as a whole.

Synopsis of Current State Project Options

The existing program has four options for the completion of the Fellowship project: Thesis, Three Case Studies, Mentorship, or Special Project. Current fellows,

Task Force members, Fellows Council and Board members were solicited for their views on the current project options. The following were recurring themes:

Table 5: Commentary on Existing Fellowship Project Options

Thesis	• Thesis option is viewed as robust by Fellows Council • The workload of the thesis is a potential barrier to new candidates • Concern that the guidelines set out expectations about research methodology, etc. (descriptive, correlational, experimental) which the Fellows Council cannot provide support or assistance with. For example, several EXTRA/FORCES candidates noted that they were unsure how someone could embark on a thesis independently without the support of the education in EXTRA/FORCES. • This option generates the most feedback about the Fellowship being too "academic" in its approach
Case Studies	• The case study method is valid • Definitions of the different types of case studies were not clear
Mentorship	• The Mentorship option has been the most difficult for candidates to successfully implement • It is the most difficult to evaluate from the Fellows' Council perspective • Large variation in project quality • There is also a school of thought that as mentorship should be a part of every leader's contributions back to the profession, it should not be singled out as a Fellowship option
Special Project	• Largely used for the EXTRA/FORCES Fellows • Little guidance provided for candidates in the guidelines, except "Special projects must involve an analytical approach to an issue of strategic importance in health services management"

The Task force came to consensus that there were several predominant issues regarding the project that needed to be addressed to improve the Fellowship project: First, the fellowship options are not well-defined, and format, lengths or expected level of detail is unclear to some candidates. Second, it is difficult for the College staff and the Fellows Council to administratively manage four different options. In particular, the research backgrounds of the candidates vary, and the Fellows Council is not able to provide assistance to candidates in matters such as research design necessary for some to

complete the thesis option. However, there was fulsome consideration of the fact that the College is not, and should not function as an academic organization. It is also sometimes challenging to find alignment between the EXTRA/FORCES Fellowship candidates and the College's Fellowship guidelines. Third, the time commitment required to complete the Fellowship project is viewed by some prospective candidates as daunting. Finally, the knowledge translation process from the Fellowship papers and projects has been limited. This is of concern because the quality of the work is strong and it is a lost opportunity to provide this knowledge to the health sector.

Core Principles for Developing the Future Direction of the Fellowship Project

The Task Force developed a set of working assumptions to guide their work:

- The program needs to keep the balance it has today between setting the highest standards for our profession, while also creating an enabling and rewarding experience for the candidate.
- "Senior" leaders are not a homogenous group. Some may be very senior in the industry, whereas others may be leveraging the Fellowship as a developmental opportunity. The Fellowship project needs to be flexible enough to meet the needs of both.
- The Project requirements will reflect an amount of time and effort appropriate for senior leaders, who have significant workload, Board, community, and mentorship commitments.
- The project requirements should be flexible enough to enable a leader to bring forward the best of his/her strengths, interest and expertise. In the proposal

development stage, Fellows Council would work with prospective candidates to bring forward their specific area of expertise where they have achieved "mastery".

- The format and product of the Fellowship projects should be useful to the industry.
- There should be a manageable number of project options for the Fellows Council to administer.
- The Fellowship project should evaluate candidates against the LEADS framework.

Based on these criteria, the following recommendations were made:

(1) That the Mentorship option for Fellowship projects be discontinued.

(2) That the Thesis option for Fellowship projects be discontinued as a distinct stream, and that adaptation of recent academic work become part of the Leadership Project option.

It should be noted that there are leaders in the system that are completing high caliber academic work or thesis-writing. The elimination of the Thesis option as a distinct stream for the Fellowship is not meant in any way to discourage those individuals from participating in the Fellowship program. In fact, it is hoped that the shift in project requirements towards a different format which supports increased knowledge transfer (see below) will provide a better experience for these candidates who have recently written a thesis. Rather than requiring a "rewrite" of their thesis, they will be asked to distill the key findings for use by Canadian health leaders and learners, using a more succinct format.

(3) That the current three case studies option for Fellowship projects be discontinued as a distinct stream, and become part of the Leadership Project.

(4) That the Special Project option be redeveloped under the name "Leadership Project" with the following objective: The candidate must contribute to the knowledge base through disseminating his/her experience and knowledge pertaining to practical, applied learning.

Defining the Requirements for the Leadership Project

With a new direction to direct the candidate towards a focus on his or her own direct experience, with an objective to deliver a deliver a tool, methodology, theory, or other findings/product which can be transferred to the profession, the Fellowship Task Force set out to create new guidelines for this work. The literature about best practices in adult learning (Hutchison & Estabrooks, 2009), as well as work-based learning as emphasized in professional doctorates (Romilly, 2005) provides useful principles.

An inventory of best practices in leadership development was recently completed to support the work of CHLNet. It was found that successful programs include the following adult learning design principles:

- Learners construct leadership capability (unique to their individual needs)
- Learners are provided opportunities for self-directed learning
- The individual learner's "tacit knowledge" is utilized
- Learners build on their leadership strengths
- A systems approach to learning is utilized

- (Learners receive) regular, ongoing assessment related to progress and growth of capability" (Snell, 2010, p. 14).

Similarly, key authors on the subject of work-based learning and professional doctorates note that "for leaders and senior managers in larger organizations there is increasing evidence that the most effective and valued forms of learning are experience- rather than classroom-based" (Lester & Costley, 2009).

The professional doctorate is "candidate-driven, emerges from context-based concerns, effects professional development for the candidate, and use(s) an (action-oriented) research perspective to create practical development and change (Costley & Lester, 2010). The authors note that the hallmark is the candidate's focus on the real world situations, rather than a theoretical construct. They identify the true purpose of a work-based doctorate "in output terms as making a significant and original contribution to practice that is of public value, and in process terms as developing or confirming the candidate as a leading member of a professional community of practice".

While the Fellowship Task Force was in no means driving the Fellowship program towards doctoral requirements, the essential principles – candidate-driven, with the communication of learning from an applied/practical context—were viewed as foundational elements that captured the desired future direction for the Fellowship program.

The draft Leadership Project guidelines (Appendix E) guide each candidate towards the selection of a topic that showcases his or her strengths and achievements as a leader. The candidates are asked to consider the "Systems Transformation" domain of the *LEADS* framework to Eligible topics are those that are strategic, have practical

relevance, contribute new knowledge to health leadership and are scalable. The guidelines recognize that the work and experience varies greatly, so the following are all suitable routes to the Leadership project:

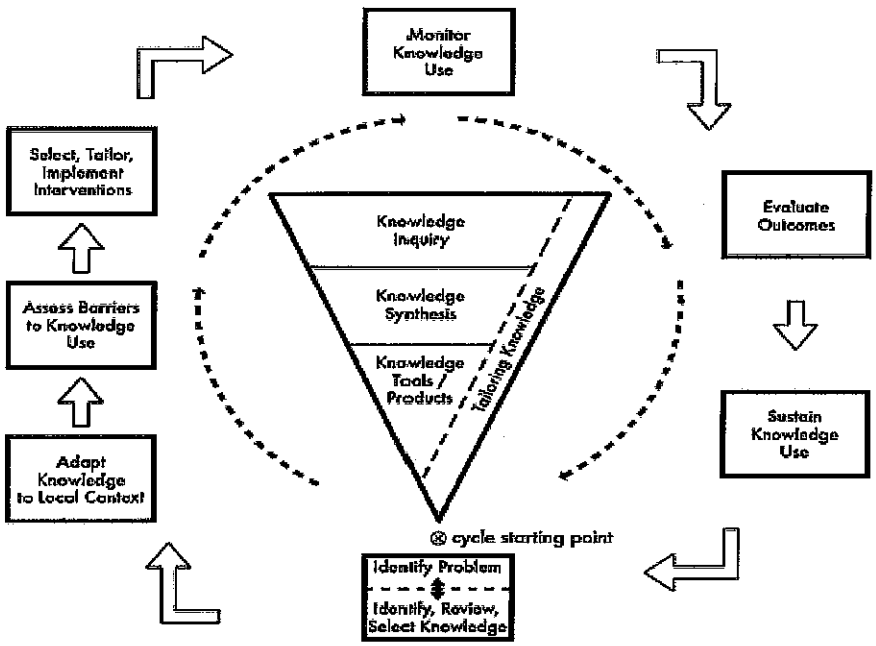
- Examination of real-life health services leadership issue in the workplace examined prospectively in a project, with either qualitative or quantitative analysis.
- A recent health services leadership issue in the candidate's workplace analyzed retrospectively using a case study approach (supported by evidence) which documents leadership judgment and decisions made in identifying, analyzing and resolving the issue.
- Examination of a system-wide leadership issue of interest to the candidate, supported by the evidence in the literature, qualitative analysis or quantitative analysis in order to contribute new knowledge in health services leadership.
- Translation of the findings of an EXTRA/FORCES Fellowship Intervention Project that particular project to leadership issues in the broader system.
- The application of research findings (e.g. a recently completed Masters or PhD) in the health system, and exploration of the implications for health leadership.

Regardless of the route or subject matter, the Leadership Project should translate the candidate's specific findings to the implications for leadership in the broader health system – with significance for the development of health leadership and application in day-to-day practice.

Increasing Knowledge Transfer with a New Project Format

The Canadian Institutes of Health Research (CIHR) defines knowledge translation as "a dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge to improve health, provide more effective health services and products and strengthen the health care system. Graham's knowledge-to-action cycle, discussed by Straus et al. (2010, p. 5) and shown below, provides a conceptual model for the development and use of knowledge to address a problem or issue.

Figure 2: Knowledge to Action Cycle



The Fellowship program has traditionally focused on the first part of the cycle, from identifying the problem, using the tools within the depicted triangle to select knowledge to communicate to the industry. The new emphasis of the leadership project towards communicating practical learning for other health leaders will shift the

Fellowship further on in the cycle to the left hand of the cycle – adapting the findings, anticipating how they can be implemented, and what barriers may exist. Reardon et al. (2006) would characterize this as "user push", where the knowledge is pushed towards audiences the writer identifies as needing to know.

Given the intent to retain original work as a part of the Fellowship program, it is equally important to ensure that this new knowledge is transferred to the health sector, both to raise the bar of practice in the Canadian health sector, as well as to increase the influence of our membership on policy development. Therefore, the Leadership Project format needed to be redeveloped to maximize communication of the candidate's work in an easily accessible format. While there have been a number of publications to provide guidance about how to communicate research findings for implementation into practice, the most directly applicable to the health leadership context are the CHSRF Reader Friendly Writing guidelines (2010), also known as the 1:3:25 format.

The Canadian Health Services Research Foundation has established the 1:3:25 report format in order to provide effective communication to health system decision-makers. All CHSRF-funded projects report in this format. The format of these reports is now being emulated elsewhere. Similarly, other organizations with large knowledge transfer mandates (such as the Institute for Healthcare Innovation) use a similar, succinct format for their white papers.

In order to support a concise format which supports improved accessibility and knowledge transfer of the Fellowship projects, it was recommended that candidates deliver their report in the "1:3:25" report format as delineated in the CHRSF guidelines.

This entails a one page summary of the main messages, a three-page executive summary, and a main report length of 25 pages (double-spaced, 12 pt font, 1" margins).

This format is proposed as it offers the following advantages:

- It creates a useful product ready for dissemination to the College membership;
- It challenges the writer to effectively communicate his/her findings and their application in health services leadership;
- The shorter length of the document should reduce the burden of paper evaluation upon the Fellows who volunteer for this role;
- The shorter length responds to the membership feedback about the workload associated with completing a Fellowship;
- The candidate's organization will benefit through public recognition of the work within the organization;
- It offers a succinct format for those leaders who enter the Fellowship program with a recently completed thesis or EXTRA/FORCES Fellowship. Rather than adapting or re-writing their thesis, the leader will use the 1:3:25 format to communicate key findings from their research in a format accessible to decision-makers in the system.

Chapter Five: Recommendations for Program Administration

Governance Structure for the Program

There are two key standards associations which provide guidance about the appropriate structure and impartiality of a certification program, as summarized in Rops (2009).

ANSI/ISO/IEC 17024 General Requirements for Bodies Operating Certification Systems of Personnel standard was developed under the auspices of the International Organization for Standardization (ISO), and addresses the organizational structure and governance of certifying bodies by requiring them to show that:

- They are independent, impartial, and ethical in their operations.
- They are responsible for their own decisions relating to the expansion or reduction of the scope of the certification and suspension or withdrawal of the certification.
- Program stakeholders have input on the certification system.
- Interests are balanced and impartiality is assured.
- If training is provided, it does not compromise the integrity of the certification process.

Similarly, the Standards for the Accreditation of Certification Programs were developed by the National Commission for Certifying Agencies (NCCA), the accrediting arm of the National Organization for Competency Assurance. NCCA addresses structure and governance by requiring certifying bodies to show that:

- Governance structure, policies, and procedures protect against undue influence and provide for autonomy in decision making related to certifications.

- A system is established to ensure appropriate stakeholder involvement on the governing body, including a public member and certificants.
- Bylaws or policies for selection of governing committee members show that selection prevents inappropriate influence from a parent or outside body.
- The certifying bodies are not also responsible for accreditation of educational or training programs or courses leading to the certification.

The existing governance structure for the program, which includes the Fellows Council and the College Board of Directors meets these requirements and the review does not recommend any changes to the existing structure.

Recommended Changes to Administration of the Fellowship Program

Cohort Intake

Currently, an individual may apply at any time during the year to the program. There are no application deadlines or specific dates. (However, the Fellowship brochure provides a helpful guide about target dates which support convocation in June.) A key observation of the Task Force facilitator is that the Fellows Council and College staff manage a very heavy workload in managing the applications, evaluations, and evaluation of draft and final projects. Given that a candidate can apply at any point in the year, there is high variability to the tasks before the Fellows Council at any given time in the year.

It is recommended that the Fellowship program adopt a "cohort" approach for intake. Fellows Council will establish an appropriate schedule of intake point(s) during the year, in order to yield the following benefits:

- A set schedule for Fellows' Council, so that the Fellows Council members and the College could develop a workplan and be clear on time commitments at various points in the year.
- Improved inter-rater reliability, as all applications and proposals will be reviewed concurrently. This enables Fellows Council and/or other assessors to refresh and fine-tune the assessment criteria.
- The ability to have a marketing "push" several times a year for the application deadline, which improves visibility of the program and members' knowledge about the program.
- The creation of a peer group for candidates, which will provide candidates with a network for peer support and collegiality throughout the process, and provide the Fellows Council and College Staff a defined group of candidates to which they can tailor communications. It is hoped this will alleviate workload of Fellows Council by having to answer questions once in a group call, rather than repeatedly in separate calls or e-mails.

Length of Program

In addition, the Task Force recommends that the timeframe for the completion of the program be revised from its current three-year window, to a two-year window. Candidates will be required to complete the program within 2 years from date of intake. The Fellows Council will give consideration to written requests for extensions where exceptional circumstances support the request.

Improved Support for Candidates

The review has also highlighted that there are several key ways in which the program could offer improved support for candidates:

- Offering online submission of all application components.
- Offering periodic online or webcast meetings for the cohort to assist with questions about development of proposals, or during the writing process.
- Appointment of advisor for each Fellowship candidate: The advisor or mentor model has been a well-received part of the EXTRA/FORCES program.
- The development of a peer community for those enrolled in the program, which may be developed through electronic communication, or other educational opportunities.
- Access to online resources such as sample papers, style tools, etc. on a dedicated web page.
- As the College licenses "Leaders for Life" tools which support LEADS, it could consider which of those tools should be made available to Fellowship candidates.

EXTRA/FORCES Program and its Relationship to the Fellowship Program

The College has established a strategic alliance whereby the EXTRA/FORCES cohorts who have the CHE and are members of the College will be eligible for a subsidized rate when they enroll in the Fellowship Program. Candidates must meet the Fellowship criteria and may use the EXTRA/FORCES Intervention Project (IP) as a basis for the Fellowship Project under the Special Project Option if it meets the Fellowship Program criteria.

As noted in the review of Fellowship program statistics, the EXTRA/FORCES program has been a significant source of new candidates for the Fellowship program since its inception, contributing between 66% to 100% of the candidates. Candidates coming from the EXTRA/FORCES program have had the benefit of additional education on research methods, and therefore through the Fellowship contribute to the dissemination of evidence-informed management practices.

However, there are some identified issues which should be addressed to improve the experience of both the candidate and the Fellows Council:

- *Lack of clarity on the connection between the programs*: The CHSRF's website includes "earn a program diploma conferred by ….the Canadian College of Health Leaders (CCHL)" as one of the benefits of the EXTRA/FORCES program (http://www.chsrf.ca/extra/overview_e.php).
- *Different application criteria:* Furthermore, the EXTRA/FORCES program draws its candidates from a broader cross-section of the profession than is targeted in the Fellowship program. For example, there are many managers/directors in the EXTRA/FORCES program. Therefore, even though the candidate may have a CHE, they may not meet Fellowship admission criteria. However, the wording of some materials suggests that they are *de facto* eligible if they have a CHE.
- *Different program requirements:* The foci of the two programs are different, and experience to date has shown that the work generally requires adaptation to meet CCHL Fellowship program guidelines. Candidates who have already completed an in-depth research intervention and paper are sometimes hesitant to "rework" what they feel is already a finished product.

- *Sequencing*: When applying to the EXTRA/FORCES program, candidates must identify the intervention project that will become the basis of their EXTRA/FORCES Fellowship. Therefore, they have selected the project in the absence of any knowledge of the Fellowship program criteria.

The EXTRA/FORCES Fellows are an important stream of candidates for the Fellowship, and therefore it was important that any issues be addressed to improve their experience as they move from one program to another. The following changes are recommended as improvements:

(1) *That communication from both the College and CHSRF clarify that EXTRA/FORCES and the Fellowship program may have a strategic alliance, but that acceptance into the Fellowship program requires the candidate to meet the application requirements.*

(2) That the EXTRA/FORCES and Fellowship intake processes be aligned to ensure that EXTRA/FORCES candidates who want to pursue a Fellowship have full access to briefings on shaping a project proposal early on in their EXTRA/FORCES process, to ensure that they can shape their project to fully meet the needs of both programs.

(3) That the EXTRA/FORCES fellows be required to complete their Fellowship project using the same length and format requirements as regular Fellowship candidates. The 1:3:25 Leadership project format will create dramatically improved alignment between the requirements and style of writing required by both programs.

Setting Targets for Fellowship

Currently, there are 62 active Fellows in the College, out of a total membership of 3,075. This is approximate to 2%. This is comparable to the 2% target set by the Institute for Healthcare Management for its "Companion" category, albeit an honorary award. ACHE also sets targets for Fellowship advancement, and creates expectations of Regents and existing Fellows that they engage in the process of encouraging others to advance to Fellowship.

The Task Force recommends that the Fellows Council do the same (both nationally, and at the local Chapter level), in order to target, engage and encourage eligible CHEs towards Fellowship. Performance against the targets should be reviewed annually in a report to the College Board. The target should be revised based on College member demographics (i.e. such factors as the number of members who have held a CHE for 2 years and are in a senior position would influence the target). For example, based on the assumption of having a renewed program, an active marketing plan, and the momentum created by the LEADS framework and associated tools, perhaps the Fellows Council could target the convocation of 10 Fellows per year, starting in 2012 (which allows for transition of the program).

Chapter Six: Validation of Proposed Changes with Membership

One of the objectives was to create a Fellowship program that would attract increased enrolment. Therefore, the final step of developing the proposed program was to survey the prospect "clients" of the program – Certified Health Executives – to gauge the receptivity of the proposed program changes.

A web-based survey was administered in both English and French. (The full text of the survey and a summary of responses can be found in Appendix F). Candidates were assured of the anonymity of their responses. A total of 141 responded for a response rate of 36% (134 English, 7 French). The respondents as a whole were very experienced: The majority (53%) were in 51-60 year age bracket, with the next largest group is 41-50 years (27%). Sixty-nine (69%) had more than 20 years of experience, and 50% had been CHEs for over 16 years. The majority of respondents were somewhat or well aware of the program and its requirements

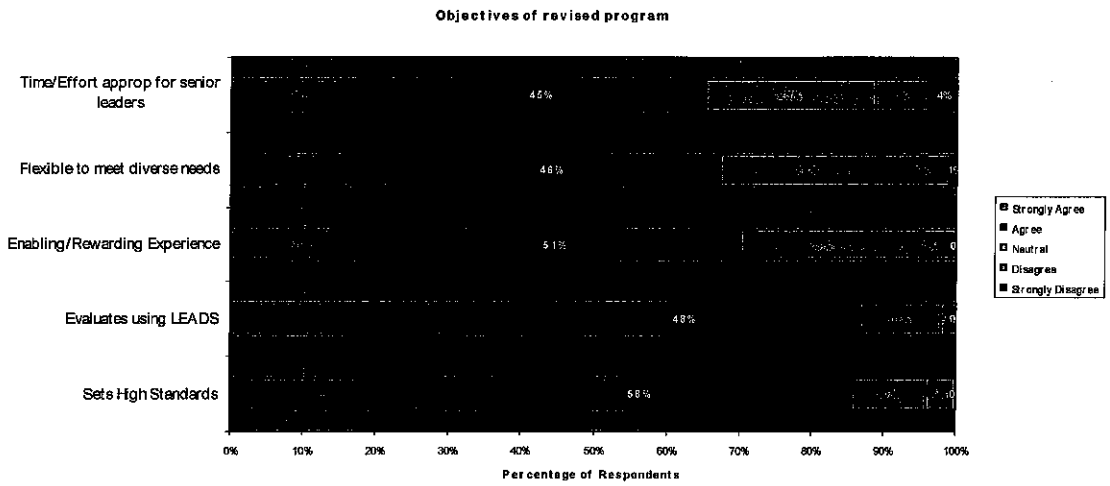
Selected findings:

- *Intent to Enroll in Current Program*: At the outset of the survey, respondents were asked to indicate their intent to enroll in the program under the current guidelines. The majority responded "Maybe/Have Not Decided" (57%), which represents a great opportunity for the College. Thirty-two percent (32%) do not intend to pursue Fellowship. It is important to note that this is a very different response than 58% reported in College's survey in 2009, perhaps attributable to the fact that this survey's target audience was those already certified, rather than the general membership. The minority (12%) are enrolled or plan to enrol in the current program. While this may

seem like a small percentage, the actual enrolment rate today falls far below 12% of CHEs.

- *Admission Criteria:* Respondents were asked to assess whether the various components of the admission criteria were "Very Clear", "Clear", "Neither Unclear or Clear", "Unclear" or "Very unclear". Responses indicated that these criteria are well-understood by the respondents, but indicated need for clarity in the program application materials about how to interpret the "employment" definition (area of least clarity).
- *Application Components:* Respondents were asked to respond to various statements about components of the application, indicating their agreement as "Strongly agree", "Agree", "Neither Agree nor Disagree", "Disagree" or "Strongly disagree. The respondents viewed the components as clear, and there was strong agreement that it evaluates using LEADS. There was less agreement on whether the amount of effort is "manageable".
- *Addition of Interview into Process:* The opportunity for an interview and dialogue throughout the process was seen as valuable (82% agree or strongly agree).
- *Fellowship Project and Proposed Format:* Very strong majority of respondents thinks that the revised project format would support them pursuing their area of interest (80% agree and strongly agree). Very strong majority of respondents thinks that the revised project requirements will create knowledge that is useful to the membership and the health sector (81% agree and strongly agree). The 1:3:25 project format had resonance with respondents, with strong agreement that 1:3:25 will be effective in disseminating new knowledge to decision-makers.

- *Objectives for Revised Program:* Respondents were asked to rate how well the proposed program met the objectives set out by the Fellowship Task Force for the program renewal. The responses gave good feedback that the proposed direction was supported by prospective candidates, and highlighted that the time commitment and maintaining flexibility for candidates should be carefully operationalized into the new program guidelines.



- *Impact of new program on intention to pursue Fellowship:* The survey found that with the proposed changes to the program, thirty-two percent (32%) were more likely to pursue Fellowship. The majority (60%) was unchanged in their intention. Eight percent (8%) were less likely to pursue Fellowship. Detailed review of the responses to assess change between baseline (intention stated at the beginning of the survey) and the final question found that 13% of the baseline "No" and 28% of the baseline "Maybe" were now more likely to pursue Fellowship. This positive shift revealed the resonance of the proposed changes in the program, and the potential market for the program in the undecided ("maybe") category.

Chapter Seven: Implications for Other College Programs and the Health Leadership Development

Over the course of the last 18 months, the current Fellowship program has been reviewed and revised to reflect the needs of potential applicants, align it with a competency framework, incorporate an increased focus on self-reflection on leadership development and apply best practices. The proposed new program emphasizes the communication of practical applied learning that will be useful to other members through the Leadership Project. The new concise project format will increase the accessibility of the program both to prospective candidates and to leaders in the system looking for information on leading practice.

Throughout the dialogue with multiple stakeholders in the process, it has become clear that the College has a unique role to play in the certification of health leaders. The renewed program represents an opportunity for greater engagement of senior leaders in the life of the College, increase the transfer of knowledge from experienced members of the College to developing leaders, and effectively live its mission *"to develop, promote, advance and recognize health leadership"*.

However, it is critical to recognize that the Fellowship program is only one piece of College programming. As the College seeks to reposition itself strategically around two themes – a renewed focus on health leadership development to meet the needs of the system, and the targeting of programs and services for each of the early, mid-career and senior leader—it is essential that there be connectivity in the philosophy and approach of

the programs. Throughout the review of the Fellowship program, the following were identified as key enablers to build an integrated approach to meet those objectives:

- Build connectivity and congruence in philosophy between the CHE and Fellowship Program;
- Review of the Maintenance of Certification approach to ensure it reinforces and rewards the development and review of leadership development plans. The development of a leadership development portfolio e-tool would support this approach;
- Support of knowledge transfer through the development of a "Learning Centre" portal; and,
- Maximize opportunities to strengthen the visibility of Fellows and increase their engagement in the work of the College.

Alignment the Fellowship With Other College Programs

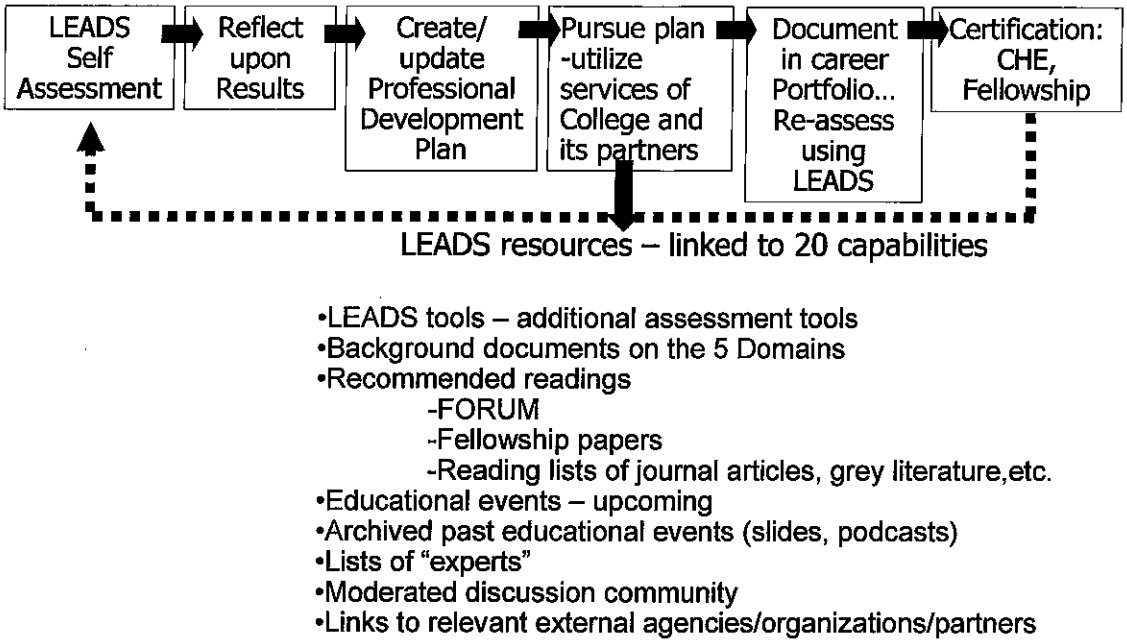
CHE Program

The Chapter Advisory Council Paper (June 2009) noted that *"...we feel the college needs to more clearly offer a "path to leadership development" that demonstrates explicit linkages between the offerings of the college and an individual's journey to becoming a better leader."* Similarly, the report of the College's Leadership Competencies Review Committee called for a more purposeful tool to bridge from CHE to Fellowship.

The tool which the College now has to build that bridge is the *LEADS* framework. The tool offers an individual to complete a self-assessment against the capabilities,

develop a personal development plan, and then pursue certification (either CHE or Fellow) as an extension of that plan.

Figure 3: Illustration of Integration of LEADS into CCHL Certification Program Cycle



The Task Force has been working on the assumption that the CHE program may be aligned with Level 2 of the LEADS framework (called "Mid-level"). Therefore, it would be an iterative process of ongoing development planning that would be required to support the path from CHE to Fellowship. When the CHE next undertakes a comprehensive program review, the Professional Standards Council is encouraged to validate that the CHE program aligns with Level 2 of the framework. In addition, the CHE program should consider how to incorporate self-reflection and leadership development planning into its program as a means of reinforcing the CHE as one step along a career-long development journey supported by the College.

Maintenance of Certification

The College's approach to the Maintenance of Certification policy will be pivotal in terms of encouraging and supporting membership in their leadership development and planning, with potentially greater numbers pursuing Fellowship. While the newly adopted LEADS framework provides the standards, the College will need to determine how to recognize the achievements and demonstration of these competencies.

It was recommended that the Professional Standards Council (and/or a Maintenance of Certification (MOC) Task Force which may be established) consider in its review a shift in philosophy which will encourage and support members in their development and achievement of personal development plans in alignment with the LEADS framework as part of MOC.

Leadership Development Portfolio

The environmental scan completed by Leaders for Life regarding assessment (Romilly, 2009) provides a strong foundation for a concept for the College to explore in terms of tools to support this philosophical shift. The scan provided a synopsis of the methods of assessment that would support the use of multiple learning paths and experiences as part of leadership development– including mentorship, coaching, career development planning, work placements, and education.

Romilly (2009) identified in her environmental scan five models for documenting formal, informal and non-formal learning. This work was completed within the context of developing a career passport which could conceptually document an individual's professional development and attainment of designations as he/she moves through the 4

levels of the LEADS capability framework. The recommended model, the "exclusive" model, is one in which the whole or an award/qualification is attained through the submission of a portfolio of work, or a work-based assessment, or a combination.

> *"The Career Passport, using prior learning assessment, can be a systematic process for developing an experience-based portfolio that documents both formal and informal learning. It has been proven effective and efficient and is consistent with the values of life-long learning. It is a respectful process that recognizes that people learn skills and knowledge from all aspects of their lives, "life-wide" learning, and that they can be greater assets to their organizations and have more fulfilling careers." (Romilly, 2009).*

This concept had full discussion within the review of the Fellowship program, as the Fellowship recognizes the sum of an individual's learning and career contributions. The Fellowship Review Task Force recommended that the College support and resource the development of tools such as leadership development portfolios (also referred to as career portfolios, or passports) which will help build a path between CHE and Fellowship, support Maintenance of Certification, and improved assessment against the leadership competencies. In the long-term, should an e-portfolio system be developed, the collective portfolio over a career could be made available to the Fellows' Council for review, negating the need for a Fellow to create any new materials for applying to the program.

<u>Recognition of Fellowship Program in MOC Credit System</u>

The Task Force encourages that under the current MOC system, the Professional Standards Council (PSC) establish a total number of MOC I credits which candidates would earn upon their completion of the Fellowship program to recognize their commitment to professional development. For example, a CHE candidate receives five MOC I credits and ten MOC II credits. A College member who completes the EXTRA/FORCES program receives a total of fifty MOC credits. Based on these two precedents, it is recommended that a total of forty MOC I credits be awarded to FCCHL candidates upon completion of the program.

Creation of a College "Learning Centre"

A key driver for the redesign of the Fellowship program was increased accessibility of the end product – in a format that was useful to members. Therefore, it is recommended that the College support improved knowledge transfer process of Fellowship projects through on-line archiving, webinars, profiling at NHLC, and other streams of communication to the membership.

However there is a broader opportunity for the College to improve its value proposition to its membership. A "virtual learning commons" was identified as a future leadership development pilot project in the CHLNet/Health Canada Leadership Development Inventory Project (Snell, 2010). The intent is that the Leadership Projects will become the backbone of an electronic knowledge library at the College, which will add value for its members and CHE candidates. As the College continues to implement its e-learning strategy, consideration should be given to the development of a College "Learning Centre" or e-library which could act as a repository for Fellowship papers,

presentations, publications, podcasts, FORUM articles and other recommended resources. The LEADS framework provides a great framework for the search engine for these materials, and the shared national leadership capability framework offers untold partnership opportunities to realize this vision.

Role and Responsibility of Fellows

One of the objectives of the Fellowship program is to develop and recognize excellence in health leadership. It is notable in that in the November 2009 membership survey, the most significant benefit for pursuing Fellowship was "recognition by peers".

The Task Force was unequivocal in its view that strengthening the visibility for Fellows within the College nationally and locally will enhance the profile of the program and provide additional benefits to members who complete a Fellowship. This is means of strengthening the engagement of CEOs and other busy senior executives in the College. It is recommended that the College maximize opportunities to strengthen the visibility of Fellows and increase their engagement in the work of the College through the following strategies:

Increased visibility:

- Opportunities to moderate sessions or introduce speakers at conferences, locally and nationally
- Interview/Profile of a Fellow in Healthcare Management Forum
- Visible identifier of Fellowship certification on nametags at conferences (as per ACHE practice)

- Presentation of the Fellowship project findings at NHLC or local Chapter events

Networking:

- Fellows-only reception or dinner at NHLC
- Opportunities to meet or sit with keynote speakers at large College events or Conferences
- Fellows Conference or Retreat – which could be aligned with the HPRS offering which target select senior level leaders
- Development of an international Fellows network through building connections with Fellows in England, US, Australia and New Zealand.

Engagement in national organizations:

- Draw upon Fellows as a sounding board/stakeholder group for College strategy development
- Fellows could be potential College nominees for appointment to boards/seats on national health organizations
- Leverage network of Fellows as a resource should the College increase its advocacy role

Mentoring:

- Act as lead mentors in a national mentorship program
- Moderators for online communities of practice

It must be noted that opportunities for promoting the contribution of Fellows are also built upon a commitment of the Fellow to contribute to the life of the College. It is recommended that as the Maintenance of Certification review takes place, it give consideration to the principle that Fellows be required to make a commitment to a role that supports the ongoing development of the College and the profession. These may include, but are not limited to: Board member, member of College committees or task forces, membership on Fellows Council, supporting the Fellowship program as an advisor or candidate evaluator/project reviewer, or participating in mentorship programs.

Chapter Eight: Lessons Learned – Reflections from the Candidate

Challenges

The review of the Fellowship program stretched over the course of 18 months. As one might expect with any process involving multiple stakeholders, there have been challenges. Probably the most challenging to myself as Facilitator, and for the Fellowship Review Task Force, was the central question of the continued existence and role of the Fellowship program. It has been a program with low participation, and there has been pressure to consider collapsing of designations (such as the ACHE did) or redevelop the program with a honorary/awards orientation. These pressures required the Task Force to give full discussion to those options. However, out of this pressure is perhaps one of my greatest takeaways as a learner in the process. The College's strategic plan had real value as a compass for decision-making. The recommendation to retain the program, and moreover the requirement of a Leadership Project was viewed as the option truest to the principles of the strategic plan and the College's vision for the future. It was important to make the decision with consideration of what the program *could be* rather than its current state.

Having made that decision, it was then validating to see changes in the external environment during the course of the review that supported the focus on certification of senior health leaders. For example, the U.K.'s Department of Health is now considering a dramatic move towards mandatory certification of senior executives. More locally, Ontario's *Excellent Care for All Act,* provides an example of government and the public's increased interest in the quality and performance of senior health leaders.

Transferability to other Organizations

One of the core drivers behind the renewal of the Fellowship program was to ensure that the College had a clear strategy to address the impending exit of many experienced leaders from the system as they reach retirement. Those who are senior leaders at this point in the system have been the leaders who have adapted to regional systems and system integration, integrated significant technology into the business, driven a clearer focus on quality and safety, and done so within a system of shrinking resources and increasing public scrutiny. Health organizations are larger and more complex than they have ever been in Canada and leadership through change is an essential skill we need to develop in future senior leaders. It is essential that the College actively promotes the sharing of knowledge between experienced learners and developing leaders within the profession.

The College is only one organization facing this challenge. For example, the partners within CHLNet share the sense of urgency with respect to sharing of evidence-informed best practice to support leadership development. Therefore, the experience of the College as it implements this revised Fellowship program will provide a base of knowledge and experience which will benefit other professional associations – both in Canada and abroad (e.g. ACHE, ACHSM, IHM). The changes made to the Fellowship program as a result of this review should be viewed as the starting point for the first of several Plan-Do-Study-Act cycles. Other associations, and the health leadership as a whole, have an interest in the evaluation of the program – including its uptake, candidate satisfaction, and outcomes of the program. The topic of encouraging senior leaders to "tell their story" informed by evidence is one which should generate dialogue with these

partner organizations. The new Leadership Project format (1:3:25) provides the building blocks of key messages and advice on practical application within health leadership. What then are the best ways to think about disseminating these in a contemporary context? While we may have new technology at our fingertips in health care, we still largely communicate messages using the traditional methods of conferences, presentations and printed journals.

Recommendations for Further Work

The literature search for this program review demonstrated that there is very little literature related to senior-level professional certification. While there are many programs to assess entry-level certification for a profession, competency-based assessment at the senior level is not well-developed. First, there are a relatively small number of programs targeted at the senior level, and secondly, many of those are not competency-based. This gap in the literature represents an opportunity for the College and its partners within CHLNet. With a shared leadership competency framework, assessment tools and now a certification program employing those components, there is an opportunity to assess the translation of this framework into certification. Furthermore, with a relatively compact health leadership community within Canada, there is an opportunity to think through how to build connectivity between the parts of the system, including educational institutions, employers and professional associations.

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