Alliance for Continuing Education in the Health Professions

2025 Job Analysis Report

The Certified Healthcare CPD Professional (CHCP) Credential

Prepared for

The Alliance CHCP Commission
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Introduction

The Alliance CHCP Commission is a not-for-profit certifying body that defines the competencies necessary for successful performance within the healthcare education profession. The Certified Healthcare CPD Professional (CHCP) certification program is designed to assess whether a candidate possesses the knowledge and skills required for competent practice as a CHCP.

The development of this credentialing program followed psychometrically sound and legally defensible procedures to ensure validity and reliability. Key resources informed the process, including the Alliance Educating the Educator Curriculum and the Standards for Educational and Psychological Testing (American Educational Research Association, 2014). These resources provided a robust framework for aligning professional practice with best practices in assessment, ensuring the certification meets the highest standards of fairness, accuracy, and credibility.

Beginning in May 2023, the CHCP Commission initiated a job task analysis (JTA) study to define the responsibilities, tasks, and associated knowledge and skills that describe competent performance in the CHCP role. The results of this study serve as the foundation for developing examination content that reflects real-world practice.

A job analysis—also referred to as a job task analysis, practice analysis, or role delineation study—is a systematic method for identifying the essential duties and competencies required for effective job performance. It forms the cornerstone of certification development by linking assessment content to actual job demands. Through data collection methods such as interviews, surveys, and expert panel reviews, the job analysis defines the knowledge, skills, and abilities (KSAs) necessary for practice. The findings are then used to develop test specifications that guide item writing and ensure the examination is valid, fair, and job relevant. [2]

The study consisted of three major activities:

I. Tasks Development and Job Analysis Meeting: The Commission identified the primary domains of responsibility, tasks, and associated knowledge and skill areas required for competent performance as a CHCP.

II. Validation Study – Job Analysis Survey: A broad sample of CHCPs and healthcare education professionals reviewed and validated the work of the job task analysis panel via survey.

III. Development of Examination Specifications: Survey ratings were analyzed and used to finalize test specifications for the certification examination.

[1]American Educational Research Association, American Psychological Association, National Council on Measurement in Education (2014). *Standards for Educational and Psychological Testing*. AERA.
[2]Lane, S., Raymond, M. R., Haladyna, T. M. (Eds.). (2016). *Handbook of test development* (2nd ed.). Routledge.

Step 1: Tasks Development and Job Analysis Meeting

In May 2023, the CHCP Commission began the process of reviewing the Alliance Educating the Educator Curriculum and held a series of meetings to define the key domains, tasks, and associated knowledge and skills of the CHCP role. The primary goal of the certification program is to ensure the competence and professionalism of individuals working in healthcare education. The outcomes of these meetings were used to develop a preliminary content outline that reflects current professional practice.

The Commission met virtually from May 2023 through May 2024. Meetings were held in two-hour sessions and were facilitated by Yenny Caceres, Psychometrician and Certification Manager for the Alliance. A full list of Commission member qualifications is provided in Appendix A.

Independent Review of Educating the Educator Curriculum

Prior to the first meeting, Commission members were asked to independently review and provide feedback on the previous content outline, the 2017 job analysis study, and the Alliance Educating the Educator Curriculum. This feedback helped guide the initial group discussions.

Target Audience

Following the independent review, the Commission discussed significant changes in the field since the last job analysis and anticipated developments over the next five years. These conversations informed the development of the target audience profile for the CHCP credential.

The Certified Healthcare CPD Professional (CHCP) typically includes professionals engaged in continuing professional development (CPD) within healthcare, including:

- Healthcare Educators: Professionals responsible for developing and delivering CPD programs for healthcare practitioners.
- CPD Managers and Directors: Individuals overseeing the administration and strategic direction of education programs.
- Medical Education Specialists: Individuals focused on creating and implementing educational strategies to improve healthcare practice and patient outcomes.
- Healthcare Administrators: Leaders involved in the governance and oversight of continuing professional development initiatives in healthcare settings.
- Consultants and Advisors: Professionals offering expertise in CPD for healthcare institutions.
- Regulatory and Compliance Officers: Personnel who ensure CPD programs meet required standards and comply with applicable regulations.

These professionals work in settings such as hospitals, medical associations, universities, and professional societies.

Domain Development

The first step in the evaluation of the content outline was to review and refine the major responsibilities or duties that characterize the practice of a CHCP. The Commission was asked to assess the currency and relevancy of the domains identified from the 2019 *Alliance Educating the Educator Curriculum* and add,

edit, or remove domains as needed. The Commission determined that the key areas of responsibility performed by a CHCP could be divided into ten major content areas:

1. Core Knowledge
2. Program Management
3. Measurement and Evaluation
4. Leadership
5. Quality and Performance Improvement
6. Grants and Industry Support
7. Emerging and Evolving Trends
8. Technology
9. Research and Scholarship
10. Interprofessional Education

Task Statement Development

The Commission received guidance on best practices for developing high-quality task statements, including written documentation to support the process (see Appendix B). Commission members were asked to review task statements from the 2017 job task analysis and the 2019 Alliance Educating the Educator Curriculum to evaluate their relevance and currency.

The panel was instructed to revise, add, or remove tasks as needed to ensure that each domain included a comprehensive and current set of responsibilities reflecting actual professional practice. Throughout the course of the meetings, task statements underwent various degrees of revision. Some tasks were re-worded for clarity, others were relocated to more appropriate domains, and outdated or redundant tasks were removed entirely.

The Commission's work resulted in a final set of 131 task statements, which are presented in Table 1 of this report.

Input on Survey Design

The Commission was asked to provide input on the design of the validation survey that would be distributed to a larger sample of CHCP and healthcare education professionals. The Commission determined that task statements could be assessed using the following scales:

Importance – How important is competence in this task for a newly certified CHCP individual to adequately perform their job?
(1) Of no importance
(2) Little importance
(3) Moderately important
(4) Very important
(5) Extreme important

Frequency – How often world a newly certified CHCP apply the knowledge or skill associated with this task?
(1) Not performed
(2) Every few months to yearly
(3) Every few weeks to weekly

(4) Every few days to weekly
(5) Daily

The Commission also discussed the various demographic questions that would be used to evaluate the representativeness of the respondents. A total of nine questions were developed for this purpose. A copy of the validation survey as it was presented to respondents can be found in Appendix C.

Step 2: Validation Study – Job Analysis Survey

Survey Design

To validate the work of the Commission, an online survey was conducted consisting of four distinct sections. The survey began with an introduction outlining the purpose of the study, background on the certification program, and detailed instructions for completing the survey.

- Section 1 collected demographic information to assess the representativeness of the respondent sample.
- Section 2 asked respondents to rate each task statement using two rating scales: one for importance and another for frequency of performance in practice.
- Section 3 asked respondents to indicate the relative emphasis that should be placed on each of the CHCP domains in the certification examination.
- Section 4 provided an opportunity for respondents to offer open-ended feedback, including commentary on their current work roles and anticipated changes in the field over the next five years.

A copy of the validation survey is provided in Appendix C.

Survey Distribution

On June 6, 2024, a total of 587 individuals received an email invitation from the Alliance to participate in the job analysis validation survey. Each email included a unique survey link, and all invitees were assured that their participation and responses would remain confidential.

The survey remained open through July 23, 2024, during which time weekly reminder emails were sent to encourage participation. By the close of the survey period, 83 individuals had submitted responses, resulting in a 14% response rate.

Survey Results

Characteristics of Respondents

Demographic data were collected and analyzed to assess whether the survey respondents were sufficiently representative of the certification program's target population. Key variables examined included job function and years of experience in the field.

Most respondents held senior-level roles, such as Director or Manager, and approximately half reported having more than 16 years of professional experience. While this reflects a more experienced segment of

the workforce, it does represent a slight skew from the intended target audience for the certification, which is primarily individuals at the mid-career level (approximately 6–10 years of experience).

Despite this variation, the Certification Commission reviewed the demographic statistics and determined that the sample was adequate for the purposes of the job analysis study. The respondents' depth of experience and familiarity with the field provided a strong foundation for evaluating the relevance and validity of the identified domains and tasks. All demographic statistics for survey respondents can be found in Appendix D.

Analysis of Task Ratings

Survey respondents were asked to evaluate each task statement using two rating scales established by the Certification Commission: importance and frequency.

The importance scale measured the degree to which improper performance of a task by a newly certified CHCP could negatively affect the quality and effectiveness of healthcare education services. Average importance ratings ranged from 2.72 to 4.35, on a scale where "2" indicated low importance and "5" indicated extreme importance. These results suggest that even the lowest-rated tasks carry a meaningful level of importance and, if performed incompetently, could have a negative impact on practice.

The frequency scale assessed how often a newly certified CHCP would be expected to perform each task in typical practice. Respondents were asked to estimate the frequency of task performance using a five-point scale, where "2" indicated performance every few months to yearly and "5" indicated performance on a daily basis. Average frequency ratings ranged from 1.80 to 4.46, suggesting that all tasks included in the analysis were performed with some regularity, even those rated the least frequent.

To quantify the relative criticality of each task, importance and frequency ratings were multiplied to produce a criticality index (see Equation 1). Tasks with higher criticality values represent those that are both essential to practice and performed frequently and therefore are more central to the CHCP role. Conversely, tasks with lower combined scores were considered less critical. This approach aligns with best practices in exam development, where greater weight is given to tasks of higher relevance and regularity.

In addition to informing the overall validation of the content outline, criticality values were instrumental in the development of the CHCP examination specifications, ensuring that tasks of greater significance are appropriately emphasized in the examination blueprint.

(1) Criticality Value = Mean Importance Rating * Mean Frequency Rating

Table 1: Average Importance (I), Average Frequency (F), and Criticality Value for Task Statements

I. CORE KNOWLEDGE

Task: Access the current healthcare landscape and its implications to CEhp.

Knowledge Statement:	I	F	Criticality
Describe the current healthcare environment and its impact on clinician learning.	3.92	3.00	11.75
Assess the individual, team-based and system-based factors within the current healthcare environment that affect clinicians as learners.	3.87	2.98	11.51
Evaluate emerging trends, standards, and environmental barriers and opportunities that present in delivering effective	3.98	2.87	11.40

CEhp programs, including the legal and regulatory requirements impacting the current healthcare environment.			
Assess the need for CEhp and its implications for performance, process, and patient outcomes as they relate to the health care delivery system.	3.93	3.08	12.11
Describe the importance of clearly defined competencies and outcomes for CEhp activities.	4.07	3.35	13.64
Describe terminology, key players, audiences, and the core elements to design and implement CEhp educational activities.	4.10	3.43	14.07
Assess the impact of healthcare environments, their culture, leadership interactions and patient engagement on the behaviors in clinicians.	3.63	2.77	10.05

Task: Apply adult learning principles in CEhp activities/interventions and overall program planning.

Knowledge Statement:	I	F	Criticality
Describe adult learning theories and their role in CEhp.	3.65	2.96	10.82
Examine Malcolm Knowles' work on adult learning and andragogy.	3.05	2.43	7.42
Describe current trends and practices in CEhp.	3.77	2.98	11.22
Explore the role of self-efficacy and self-assessment in adult learning.	3.54	2.69	9.52
Apply relevant adult learning and instructional design theories to create motivational educational programs.	4.08	3.40	13.88
Identify diverse learners' needs and goals and promote equitable and inclusive practices within a healthcare environment.	4.01	3.30	13.24
Design education activities that promote experiential learning and reflection in CEhp.	4.08	3.33	13.58

Task: Design, develop and implement CEhp activities/interventions to address healthcare professionals' practice gaps and underlying learning needs.

Knowledge Statement:	I	F	Criticality
Describe each step, and its value, as outlined by the various accrediting agencies for planning, design, and delivery of accredited CEHP offerings.	4.06	3.36	13.65
Define clear CEhp program and activity outcomes and the role of measurement and evaluation in adult learning.	4.17	3.47	14.46
Differentiate between identifying professional practice gaps and conducting a needs assessment, and explain their implications to close knowledge, competence, and/or performance gaps.	4.19	3.60	15.10
Evaluate the different sources and factors that contribute to various types of learner needs.	3.59	2.92	10.47
Link learning objectives to the type of change desired in learners to support the development of the appropriate CEhp activity/intervention.	4.27	3.61	15.42

Apply assessment and evaluation strategies to gather data to show effectiveness of educational interventions.	4.29	3.53	15.14
Discuss the different steps involved in communication skills and procedural skills.	3.37	2.61	8.82

Task: Execute CEhp activities and the overall CEhp program in compliance with applicable accreditation and/or regulatory policies and requirements.

Knowledge Statement:	I	F	Criticality
Conduct a CEhp program-based analysis of all educational interventions, assessing alignment with the mission and/or vision of an organization.	4.08	2.45	9.99
Apply business policies and procedures in the context of regulatory requirements.	3.93	2.89	11.36
Implement policies and procedures to address copyright, IP, HIPAA, and other legal requirements necessary to manage CEhp.	3.99	2.76	11.00
Develop processes for managing appropriate documentation of all practices aligned with the regulatory requirements.	4.17	3.08	12.86

II. PROGRAM MANAGEMENT

Task: Execute CEhp activities and the CEhp program following sound and applicable business policies and practices.

Knowledge Statement:	I	F	Criticality
Apply basic principles of accounting to develop, utilize, monitor and report on activity budgets that accommodate the needs of all key players involved.	3.63	2.94	10.66
Define the difference between project (i.e. single activity management) and overall program management.	3.34	2.54	8.48
Create a plan to define, track, and monitor measures of success to determine risks and barriers, improvements and or decisions that need to be made related to the activities.	3.66	2.90	10.63
Identify and manage revenue sources used to support CEhp activities and programs.	3.88	3.04	11.78
Evaluate budgeting requirements for staffing, technology, and other needed resources.	3.71	2.55	9.48
Ensure availability for all services and products delivered.	3.77	3.00	11.31
Work with appropriate parties to determine marketing needs, deadlines and processes.	3.69	3.36	12.39
Explain the process for identifying and contracting with vendors to meet activity and program goals.	3.37	2.59	8.74
Communicate the need for compliance with business policies and practices to all key players involved.	4.20	3.42	14.39

Task: Utilize effective management and communication skills when working with organizational leaders, staff, volunteers, peers and learners.

Knowledge Statement:	I	F	Criticality

Implement effective communication strategies into written correspondence, face-to-face interactions, and public speaking opportunities.	4.17	3.94	16.42
Identify examples of effective management strategies to use in the delegation of tasks and projects to CEhp staff and volunteers.	3.82	3.41	13.02
Build, develop, and manage effective teams using communication and organization.	4.08	3.72	15.21
Engage volunteers, staff, and clinicians, needed to develop and deliver learning, provide leadership and expertise to the organization.	4.04	3.57	14.39

III. MEASUREMENT AND EVALUATION

Task: Describe how professionals in healthcare and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.

Knowledge Statement:	I	F	Criticality
Explain the various outcomes levels, and provide an example of each: knowledge, competence, and performance.	4.27	3.57	15.21
Distinguish between various data collection tools for outcome measurements.	3.80	2.95	11.20
Describe the role of measurement and evaluation in quality improvement.	3.64	2.69	9.78
Devise ways to analyze and report appropriate inferences on data gathered through a thorough statistical analysis.	3.34	2.47	8.24
Translate accreditation requirements related to outcomes to practices and processes in CEhp.	3.95	3.13	12.38
Discuss validity and reliability of data collection tools developed to support CEhp activities.	3.39	2.36	7.99
Analyze the necessity for activity outcomes to measure and evaluate the CEhp program and maintain the overall mission and vision of the organization, accreditation requirements, and share with key players.	4.01	2.69	10.78
Explain population health and its implications for CEhp.	3.13	2.23	6.98

IV. LEADERSHIP

Task: Conduct all affairs with high standards of professionalism and ethics.

Knowledge Statement:	I	F	Criticality
Implement a tactical plan for reporting on all activities to ensure communication of successes, failures, lessons learned and recommendations for improvement.	3.87	2.69	10.39
Explain the significance of ethics and ethical values upheld by CEhp professionals.	3.86	2.66	10.27
Assess the implications of professional standards on CEhp activities and professionals.	3.59	2.53	9.08
Model the application of ethical standards for CEhp professionals.	4.18	4.00	16.72

Task: Model and inspire a vision of present value and future direction for CEhp - externally and internally.

Knowledge Statement:	I	F	Criticality
Provide learning opportunities for staff, team members and faculty volunteers to discuss the guidelines for ethics and professionalism in CEhp.	3.82	2.42	9.25
Examine industry trends and market needs to define new directions and strategic growth plans for CEhp department.	3.80	2.37	9.01
Communicate strategic directions and a plan developed based on understanding of emerging trends, standards, and environmental forces in CEhp including interprofessional education, maintenance of certification, quality improvement, etc.	3.84	2.39	9.17
Recognize the development and delivery of CEhp activities and how they relate to the mission and vision of the CEhp program.	3.84	2.69	10.33
Emphasize the role of each team member in achieving the vision and mission of the organization.	4.08	3.22	13.14

Task: Advocate for the CEhp program, its mission, activities, and staff and volunteers.

Knowledge Statement:	I	F	Criticality
Provide the CEhp staff with professional development to keep up with changes in the market and learning needs.	4.30	2.61	11.25
Adopt leadership practices and models of behaviors to empower staff within a CEhp department.	4.13	3.30	13.64
Articulate the value of CEhp in healthcare today.	4.00	2.94	11.76
Recognize the role of subject matter experts, staff, and team members in helping achieve the goals of CEhp activities.	4.19	3.41	14.30
Recognize the role external key players play in the effectiveness and success of the CEhp program.	3.86	3.00	11.57
Develop an internal and external communication plan for sharing successes achieved through CEhp activities.	3.70	2.40	8.87
Develop strategies and tactics to promote value, need and impact of CEhp program.	3.95	2.53	10.00

Task: Develop and model a learning organization.

Knowledge Statement:	I	F	Criticality
Collaborate with relevant partners to effectively communicate the value and advocate for CEhp activities.	3.72	2.70	10.05
Develop a culture of learning and change.	4.06	3.25	13.21
Promote systems thinking and align all unit/departmental goals with the overall organizational goals.	3.82	2.73	10.45
Monitor success on a regular basis to design ways to continuously improve efficiencies and results.	4.07	2.95	12.02
Promote the culture of learning and change by providing feedback and opportunities for reflection to those involved in CEhp activities.	3.99	2.96	11.82

Task: Engage in self-assessment and lifelong learning.

Knowledge Statement:	I	F	Criticality
Advocate for continued development of all staff involved in CEhp activities.	4.22	2.86	12.04
Recognize and motivate teams involved in CEhp activities.	4.10	3.22	13.18
Execute needs assessment and gap analysis that led to professional development opportunities for the CEhp team.	3.82	2.48	9.48
Develop annual performance goals and metrics for staff involved in CEhp activities.	3.89	2.13	8.30
Enable staff to participate in professional development activities that encourage change in behaviors and improvement.	4.24	2.52	10.68

Task: Collaboration and partnering with key players.

Knowledge Statement:	I	F	Criticality
Identify benefits and challenges to collaboration, including potential barriers.	3.80	2.76	10.47
Emphasize the goals agreed upon by both parties to ensure a result driven approach.	3.75	2.73	10.25
Monitor progress, provide periodic reports, and disseminate outcomes and overall results to all parties and key players involved.	3.84	2.82	10.84
Negotiate and outline a partnership agreement that helps all key players meet their goals; delineating roles and responsibilities, timelines/milestones.	3.83	2.46	9.42
Develop a plan that supports implementation of the strategy and defines the metrics of success for all partnerships/collaborations involved.	3.77	2.45	9.22
Practice effective communication, teamwork and team building strategies when working with partners/collaborators.	4.13	3.52	14.54
Develop a plan for advancement within the CEhp community including leadership positions on committees or boards.	3.40	2.07	7.04

V. QUALITY AND PERFORMANCE IMPROVEMENT

Task: Design, develop, and implement quality/performance improvement activities.

Knowledge Statement:	I	F	Criticality
Describe quality improvement (QI) interventions intended to address gaps in care, improve patient outcomes, and enhance overall quality of care.	3.53	2.35	8.29
Describe outcome variables used to measure the impact of quality improvement initiatives (i.e. clinical, process, patient, and community health outcomes) and the measures/metrics associated with them.	3.41	2.25	7.68
Define the key players with whom you will need to work to implement a QI intervention (e.g., who in your practice	3.51	2.19	7.69

environment is obliged to compile and report quality or performance data?).			
Evaluate the alignment of the CMS National Quality Strategy, including each of its four priority areas, with the goals of your CEhp program to enable achieving the quintuple aim.	2.93	1.80	5.26
Describe quality improvement strategies that are implemented to address quality gaps (process, performance) in care.	3.37	2.25	7.60
Recommend use of different models of gathering data that identify causes of quality gaps through the implementation of a root cause analysis.	3.28	2.08	6.83
Integrate the educational activity into a learning cycle designed to achieve specific outcomes based on established performance or quality measures and provide recommendations to monitor performance and/or allow for continuous improvement.	3.51	2.22	7.77
Interpret learning cycle data to implement tactics and provide recommendations to monitor performance, offer feedback/coach and allow for continuous improvement.	3.34	2.12	7.08
Compare baseline clinician performance levels with the degree of change created by the educational intervention and other QI strategies, including clinical and process outcomes at the individual, team, and system, and population levels.	3.35	2.01	6.74
Report on clinical and process outcomes at the individual, team, system, and population levels.	3.47	1.96	6.81

VI. GRANTS AND INDUSTRY SUPPORT

Task: Seek, develop, and manage grants supporting CEhp activities.

Knowledge Statement:	I	F	Criticality
Discuss and apply the criteria for managing compliance related to commercially supported activities.	4.35	3.37	14.67
Distinguish between requirements and regulations for commercial and non-commercial financial support for educational activities.	4.27	3.30	14.08
Assess the role of industry and industry-supported funding in CEhp.	3.89	2.98	11.58
Identify other resources besides industry support (exhibitors, corporate sponsors) to support educational activities.	3.87	2.75	10.62
In response to RFPs/CGAs, develop programs that are aligned with the overall goals and defined outcomes.	3.52	2.53	8.90
Create the budget necessary to support the program described, ensuring compliance with criteria related to commercially supported activities.	4.01	2.67	10.73
Plan for necessary outcomes data, associated sources and tools necessary to implement and measure criteria/goals set for the program as outlined in the grant request.	3.88	2.67	10.38

Describe the variability of the process for submitting into an online grant submission portal.	3.28	2.30	7.54
Explain how to handle contracts, agreements and all other documentation required for commercially supported activities.	4.02	2.86	11.49
Develop necessary reports to share status, updates, reconciliation of budgets, overall outcomes and results with commercial supporters.	3.90	2.66	10.39
Develop, manage and report on grants from non-commercial sources in accordance with their requirements.	3.75	2.69	10.07

VII. EMERGING AND EVOLVING TRENDS

Task: Awareness of evolving and emerging trends and their impact on CEhp.

Knowledge Statement:	I	F	Criticality
Assess expectations of payers, legislators and regulators in the current healthcare environment and its impact on clinician learning needs.	3.02	2.02	6.12
Discuss current trends related to maintenance of certification programs implemented and managed by ABMS.	3.51	4.46	8.71
Discuss trends in global CEhp to identify commonalities and differences between national and international landscapes.	2.72	1.82	4.95
Explore population health concepts and gather data to determine their implications for CEhp.	3.18	2.07	6.59
Describe the role and value of Diversity, Equity, and Inclusion (DEI) in CEhp.	3.86	2.92	11.24
Identify opportunities and pitfalls when incorporating generative artificial intelligence (AI) modalities into CEhp.	3.49	2.51	8.76
Discuss the various functions of social media platforms in CEhp.	3.20	2.37	7.61
Incorporate concepts of personalized learning within a CEhp program.	3.46	2.39	8.25

VIII. TECHNOLOGY

Task: Effectively use technology to implement CEhp activities successfully.

Knowledge Statement:	I	F	Criticality
Utilize technology platforms/social media tools available to promote learner interaction and response at live events and gather all types of user data.	3.60	2.86	10.29
Identify technology tools available to manage business processes related to CEhp – event management, member management, store fronts, credit tracking and reporting.	3.70	2.75	10.16
Assess and describe assessment and evaluation tools/platforms – for creation, dissemination and reporting of data.	3.65	2.63	9.59
Describe the analytic tools necessary to draw accurate inferences from varying sources of data.	3.48	2.46	8.56

Discuss health information technology, digital health, electronic health records, informatics and assess the different ways these resources and big data can be applied in the context of CEhp.	3.27	2.20	7.20

IX. RESEARCH AND SCHOLARSHIP

Task: Advance the field of CEHP through dissemination of best practices.

Knowledge Statement:	I	F	Criticality
Describe the criteria for an evidence-based research project.	3.00	1.80	5.39
Identify professional outlets for submitting and disseminating writing and research materials (poster presentation, conference presentation, or peer-review publication) that demonstrate research goals and outcomes.	3.04	1.78	5.41
Identify opportunities for sharing knowledge and skills, best practices with colleagues.	3.63	2.43	8.83
Develop presentation skills to share innovations, practices and outcomes at local, regional and national conferences for CEhp providers.	3.39	2.19	7.42

X. INTERPROFESSIONAL EDUCATION

Task: Apply relationship-building values and the principles of team dynamics to develop CEhp that addresses population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable

Knowledge Statement:	I	F	Criticality
Engage the healthcare team in patient centered problem solving.	3.76	2.60	9.78
Engage the healthcare team in population-focused problem-solving.	3.51	2.31	8.11
Integrate the knowledge and experience of healthcare professionals to inform shared health care decisions which respect patient and community values, priorities, and preferences.	3.69	2.64	9.73
Apply leadership practices that support collaborative practice and team effectiveness.	3.78	3.00	11.35
Use evidence to inform effective teamwork and team-based practices.	3.77	2.81	10.59

Task: Apply Joint Accreditation guidelines to design, develop and deliver interprofessional educational activities.

Knowledge Statement:	I	F	Criticality
Discuss unique ethical issues that impact the delivery of team-based care.	3.54	2.37	8.41
Discuss the unique policies that impact the delivery of team-based care.	3.42	2.35	8.04
Apply Joint accreditation standards and guidelines to develop relevant inter-professional education programs.	3.81	2.82	10.73

Develop inter-professional education that address the IPEC Core competencies including communication, values / ethics, roles / responsibilities, and teams/teamwork.	3.82	2.86	10.91

Task: Advance the field of CEHP through dissemination of best practices.

Knowledge Statement:	I	F	Criticality
Analyze the cultural differences that can exist between patients, populations, and members of the healthcare team.	3.67	2.40	8.81
Explain the roles and responsibilities of inter-professional team members.	3.72	2.61	9.73
Explain how high-functioning teams work together to provide care, promote health, and prevent disease.	3.67	2.53	9.30
Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.	3.63	2.35	8.52
Describe communities of practice and their impact on teamwork.	3.30	2.25	7.44

Analysis of Domain Weights

In addition to rating the task statements, respondents indicated the percentage of the examination that should be devoted to each domain. As shown in Table 2, Core Knowledge received the highest weighting, on average, while Research and Scholarship received the lowest weighting. The results of this analysis were used as a top-down approach in determining the test specifications (Step 3).

Table 2: Descriptive Statistics for Domain Weights

Domain:	Mean	SD	Range
Core Knowledge	20.44	12.85	5 - 100
Program Management	14.52	6.21	0 - 35
Measurement and Evaluation	13.25	4.67	0 - 25
Leadership	8.24	3.76	0 - 20
Quality and Performance Improvement	7.47	3.83	0 - 20
Grants and Industry Support	8.70	6.21	0 - 50
Emerging and Evolving Trends	7.06	2.97	0 - 15
Technology	6.75	3.01	0 - 15
Research and Scholarship	5.41	2.24	0 - 10
Interprofessional Education	8.28	4.06	0 - 20

Step 3: Development of Test Specifications

The final phase of the job task analysis study involved the development of test specifications, which define the proportion of questions that will appear on the CHCP certification examination from each domain. This step ensures a direct and defensible link between the validated job tasks and the content of the examination.

To develop the test specifications, data from the job analysis survey were used to determine appropriate content weights for each domain. Two complementary approaches were employed:

Top-Down Approach
In the top-down method, respondents were asked to allocate a percentage of the examination to each domain such that the total added up to 100%. These responses, summarized in Table 2, were averaged to determine the domain weights—the percentage of test items assigned to each content area. This approach reflects the collective judgment of practitioners on how examination content should be distributed based on perceived importance and relevance.

Bottom-Up Approach
The bottom-up method relied on the criticality values of individual tasks. Each task's relative weight was calculated by dividing its criticality score (i.e., importance × frequency) by the total criticality scores of all tasks. These task-level weights were then aggregated by domain to determine overall domain percentages. This method ensures the exam blueprint reflects the real-world significance and frequency of job activities.

By integrating results from both the top-down and bottom-up approaches, the Commission developed a test blueprint that is both practice-driven and psychometrically sound. These specifications ensure the examination accurately reflects the knowledge and skills most critical for competent performance as a CHCP.

Table 3: Domain Weights and Final Test Specifications

	Domain Weights		Final Weight	Final Item Count
Domain:	**Top Down**	**Bottom Up**		
Core	20%	22%	20	31
Program Management	15%	12%	15	22
Measurement and Evaluation	13%	6%	13	20
Leadership	8%	27%	8	12
Quality and Performance Improvement	8%	5%	8	11
Grants and Industry Support	9%	9%	9	13
Emerging and Evolving Trends	7%	4%	7	11
Technology	7%	3%	7	10
Research and Scholarship	5%	2%	5	8
Interprofessional Education	8%	10%	8	12

Conclusion

The Certification Commission convened on December 10, 2024, February 11, 2025, and February 19, 2025 to review the results of the job analysis survey and finalize the domains, tasks, and associated knowledge and skill statements for the CHCP certification. The results of the survey strongly validated the findings of the initial job task analysis meeting, confirming that the identified content areas accurately reflect the scope of competent practice for newly certified CHCP professionals.

With the job analysis validated, the finalized domains, tasks, and knowledge and skills statements will serve as the foundation for the development of test specifications. These specifications will guide item writing to ensure each question is directly aligned with a specific domain, task, and knowledge or skill statement. When examination forms are assembled, items will be selected in a manner that ensures appropriate content coverage in accordance with the test specifications, supporting the overall validity and reliability of the certification examination.

Appendix A: Certification Commission Demographics

Name	Credentials	Job Title	State	*Member Section/Work Setting
Anne Symons	CHCP, FACEhp	Founder of Accreditation & Outcomes Solutions LLC	AL	PEERs
Susan Yarborough	CHCP, FACEhp	Senior Director, Accreditation	AL	PEERs
Amy Bernard	MS, BSN, RN, NPD-BC, CHCP	Vice President, Accreditations and Compliance	NJ	MEC
Arlene Karole	CHCP, CMP, MSA	Healthcare Consultant/Adjunct Professor	NJ	HHS
Melissa Ketchum	CHCP, FACEhp	Director, Continuing Education	MD	HHS
MJ (Mary-Jane) Kanaczet	M.Ed., CHCP	Director, Healthcare Workforce Development	RI	Medical Schools
Alexander Miceli	PhD, MBA, CHCP	President and Founder	MO	MEC
Whitney Faler	MPA, CHCP	Director of Accreditation and Outcomes	VA	MEC
Kimberly Vadas	MABMH, CHCP, FACEhp	Director, CME and Recognized Accreditor Programs	CO	State Medical Societies

Jan Schultz	MSN, RN, FACEHP, CHCP	Principal, Jan Schultz Associates	CO	PEERs

*Alliance Member Sections:

- Federal Health Care Educators
- Healthcare Professionals Membership Societies
- Hospitals and Health Systems (HHS)
- Industry Alliance for CE (IACE)
- Medical Education Companies (MEC)
- Medical Schools
- Professionals with Educational Expertise, Resources, and Services (PEERs)
- State Medical Societies

Appendix B: Job Analysis Materials and PowerPoint

Certified Healthcare CPD Professional Job Task Analysis Focus Group

Yenny Caceres, MEd - Certification Manager

Agenda

- Timeline
- Purpose of Certification
- *Standards for Educational and Psychological Testing*
- Introduction of the Job Task Analysis Process
- Review of the current CHCP Exam Content Online
- Literature/Document Review
- Assignment for Next Meeting

Timeline

Time	Task
December – March	Job Analysis preparation
April - May	Job Analysis survey sent to the industry for response
May	Staff to analysis and prepare JTA report for the Commission
June	Re-specification of the item bank per new content outline
July – October	Item writing and item review
November	Staff to draft a new exam form based on questions written
December – January	Commission to review and approve new exam form
March 2024	1st Administration

Purpose of Certification & Exam Development

- To assure the public that individuals who practice an occupation or profession have met certain standards
- Test content must be job related
- Validity, Reliability, Fairness
  - Validity – **the interpretation of test scores** and the evidence and theory used to support the propose of the test
  - It is incorrect to state "the validity of the test"
  - Reliability – notion of consistency of the test scores across testing procedures
  - Fairness – protecting the test takers and test users in all aspects of testing, it could led to interfere with the interpretation of the test scores

Standards for Educational and Psychological Testing

- Primary source used for exam development and following best industry practice
- Standard 11.3 -

"When test content is a primary source of validity evidence in support of the interpretation for the use of a test for employment decisions of credentialing, a close link between test content and the job or professional/occupational requirements should be demonstrated"

American Educational Research Association, American Psychological Association, National Council on Measurement in Education. (2014). The Standards for Educational and Psychological Testing. Washington, DC: American Psychological Association.

Introduction of the Job Task Analysis Process

- Evidence based on Test Content
- Appropriateness of a given content domain related to the specific inferences to be made from the test scores
- Evaluating the correspondence between public and test content
- Scale: Frequency
  - Measured Attribute: How often do you perform this task?
- Scale: Overall importance; significance
  - Measured Attribute: How important or significant is this task in your practice?

Defining the Purpose of the CHCP

The Certified Healthcare CPD Professional (CHCP) credential provides an educational self-assessment experience to those within the healthcare continuing professional development (CPD) community and defines a standard of minimal competence for the healthcare education profession.

Focused on adult and interprofessional learning principles; educational activity planning, development, implementation, and evaluation; program leadership administration, and management; and knowledge of the CPD/CME/CE environment, the CHCP exam empowers you to strengthen your skills as a CPD professional and demonstrate that you have the skills needed to develop and advance continuing healthcare education for healthcare practitioners.

Job Roles ?

- Director of Education
- Manager of Education
- Nurse Planners
- Accreditation Manager
- Look at the Alliance membership data for titles
- Alliance 7 member sections

Literature/Document Review

- National Learning Competencies
- Any other resources?
  - Articles?
  - Job descriptions?
  - Accreditation standards?

CHCP Content Outline

- Adult and Interprofessional Learning Principles (15%)
- Educational Activity Planning, Development, Implementation, and Evaluation (33%)
- Program Leadership, Administration, and Management (33%)
- Knowledge of the CPD Environment (19%)

CHCP Content Outline

I. Adult and Interprofessional Learning Principles (15%, 22 items)

A. Apply currently accepted theory and evidence regarding how healthcare professionals learn, including:
   1. Self-directed learning
   2. Formal learning
   3. Informal/incidental learning
   4. Application of adult learning principles (eg, andragogy versus pedagogy)
   5. Psychosocial factors and stage of practice (eg, age, gender, years in practice)

B. Apply evidence to promote improved practice for individual healthcare professionals, including:
   1. Stages healthcare professionals go through to change
   2. Clinicians' learning preferences
   3. Nature of instructional interventions that facilitate change (such as improvements in knowledge, competence, and performance) for individuals

C. Apply evidence to promote improved practice for healthcare teams, including:
   1. Stages that healthcare teams go through to change
   2. Learning preferences of team members; differences among team members in learning styles
   3. Nature of instructional interventions that facilitate change (such as improvements in knowledge, competence, and performance) for teams

D. Apply organizational learning principles that facilitate learning and change in CEhp

II. Educational Activity Planning, Development, Implementation, and Evaluation (33%, 50 items)

A. Perform and analyze results of gap analyses and assessment of underlying educational needs
   1. Conduct gap analyses
   2. Perform needs assessment using multiple sources (eg, expert interviews, practice data, quality metrics, literature evaluation
   3. Evaluate the results of the assessments to guide educational planning

B. Identify target audience(s) and their professional competencies that are relevant to the needed education

C. Create learning objectives that reflect desired learner change using models including:
   1. Bloom's Taxonomy of learning domains
   2. SMART format (specific, measurable, achievable, relevant, and time-bound)

D. Design and/or supervise the development of educational activities including:
   1. Identify appropriate instructional formats:
      a. Live activities
      b. Enduring materials
      c. Journal-based activities
      d. Test item writing
      e. Manuscript review activities
      f. Practice/performance improvement activities
      g. Internet point of care activities
   2. Identifies the instructional content scope, sequence, and required resources

CHCP Content Outline

3. Evaluate funding options (eg, educational funding, grant funding, facilities-based funding, learner-based fees)
4. Identify subject matter experts/faculty including:
   a. Evaluation of credentials/expertise
   b. Identification and resolution of conflicts of interest
   c. Determination of honoraria and anticipated expenses

E. Oversee, assist with, and/or supervise educational content development
F. Design, implement, and analyze the results of the educational activities including:
   1. Identifying levels of outcomes (eg, Moore's levels of outcomes) and stages of learning to be measured
   2. Determining the methods for the assessment (eg, quantitative, qualitative, mixed methods)
   3. Performing the assessment
   4. Analyzing and reporting on the results

III. Program Leadership, Administration, and Management (33%, 50 items)

A. Use project management strategies and methods to plan and implement educational activities
B. Understand the principles of organizational leadership including:
   1. Following program management principles including:
      a. Creating and following a mission/vision statement
      b. Planning educational activities and curricula
   2. Assess projects using continuous assessment and improvement protocols
   3. Manage changes to processes, requirements, etc,
   4. Operate within relevant codes of ethics and industry best practices
C. Understand and apply systems thinking to healthcare educational interventions, including an understanding of:
   1. Learners in the context of healthcare systems
   2. Barriers to optimal care
   3. The role of the interdisciplinary team
   4. Identification of organizational needs and goals
   5. The role the CPD can play in healthcare systems
D. Administer and manage the CPD program including:
   1. Managing resources including:
      a. Finances
      b. Personnel
      c. Faculty
      d. Materials
   2. Managing relationships with stakeholders, both internal and external
   3. Ensuring transparency in the administration and assessment of educational activities
   4. Managing records
   5. Sharing data appropriately; planning for publication and presentation of data
   6. Complying with legal requirements including:
      a. Contractual obligations
      b. Letters of Agreement

CHCP Content Outline

      c. Regulations (eg, federal and state)
      d. Compliance reporting
   7. Participate in professional development (eg, self-assessment and life-long learning)
   8. Comply with the requirements of accreditation agencies (eg, ANCC, ACPE, ACCME)
      a. Criteria
      b. Policies and procedures
      c. Standards for Commercial Support℠
   9. Use credit designation metrics and statements appropriately

IV. Knowledge of the CME/CPD Environment (19%, 28 items)

A. Support maintenance of licensure requirements by physicians, pharmacists, nurses, physician assistants, and other healthcare professionals
B. Support maintenance of certification requirements for healthcare professionals
C. Understand the roles and responsibilities of regulatory and other agency guidelines, rules, and laws (eg, FDA, Office of the Inspector General, JCAHO, HIPAA)
D. Follow accreditation standards
E. Operate in a patient-centered framework to improve patient care
F. Differentiate between promotional and non-promotional activities
G. Understand the role of the Accreditation Council for Graduate Medical Education and the American Board of Medical Specialties
H. Understand quality improvement, and practice and performance improvement initiatives
I. Monitor CPD activities and report on areas of non-compliance
J. Implement a process to monitor for and address data inaccuracies in CPD activities
K. Understand external factors affecting the CPD environment (eg, the media, the government)
L. Abide by all laws related to CPD activities (eg, fraud, abuse, anti-kickback, Stark law)
M. Abide by Open Payment rules (Physician Payment Sunshine Act) and reporting requirements

Assignment for Next Meeting

Review each of the tasks in the content outline and consider the following questions:

- *Is the knowledge element important to competent practice?*
- *Is the knowledge element performed frequently by a reasonable portion of CHCP professionals?*
- *Would the candidates meeting the minimum education and experience be expected to competently perform the knowledge element?*
- *Would the entry level practitioner have an opportunity to learn how to perform this knowledge element through the process of education, training, and experience required of eligible candidates?*
- *Are there other tasks that have not been considered?*

Alliance for Continuing Education in the Health Professions

Job Task Analysis Focus Group
for the
Certified Healthcare CPD Professional (CHCP)

Led by: Yenny Caceres, Certification Manager

History:

- The last JTA was conducted in April of 2017
- Conducted by SMT

Purpose of Certification:

- To assure the public that individuals who practice an occupation or profession have met certain standards

Tasks for the CHCP

- Provide a list or materials
  - Accreditation standards
  - Position papers
  - Texts and periodicals

Target Audience -

Parametrical companies
Ambulatory procedure centers
Blood banks
Diagnostic labs that do not sell proprietary products
Electronic health records companies
Government or military agencies
Group medical practices
Health law firms
Health profession membership organizations
Hospitals or healthcare delivery systems
Infusion centers
Insurance or managed care companies
Nursing homes
Pharmacies that do not manufacture proprietary compounds
Publishing or education companies
Rehabilitation centers
Schools of medicine or health science universities
Software or game developers
Government agencies (CDC, NIH)
Alliance partner council

Reference:

Codes – Phara/Co
Journal on Continue Education
Alliance Journal
https://www.advamed.org/compliance-ethics/
Educate the Educator
Continue Education
Blooms Taxonomy

Appendix C: CHCP Validation Survey

Alliance for Continuing Education in the Health Professions

Alliance - CHCP Job Analysis Survey

SURVEY INSTRUCTIONS

The Alliance for Continuing Education in the Health Professions is embarking on revalidating the Certified Healthcare CPD Professional (CHCP) credential. The purpose of this survey is to provide input on the ten (10) knowledge areas that have been identified as the key areas of knowledge that individuals must demonstrate competency in by passing an exam in order to obtain the credential. The following ten (10) knowledge areas have been identified as:

Core Knowledge
Program Management
Measurement and Evaluation
Leadership
Quality and Performance Improvement
Grants and Industry Support
Emerging and Evolving Trends
Technology
Research and Scholarship
Interprofessional Education

As part of maintenance of the certification, the Alliance needs to determine the importance of tasks under each specific domain and understand how frequently the knowledge and skill underlying the tasks are used. For each task, you will be asked to answer two questions:

Importance *- how important is competence in this task for a newly certified CHCP individual to adequately perform their job?*

Of no importance
Little importance
Moderately important
Very important
Extremely important

Frequency *- how often would a newly certified CHCP apply the knowledge or skill associated with this task?*

Not performed
Every few months to yearly
Every few weeks to weekly
Every few days to weekly
Daily

This survey can be completed in approximately 25 minutes. Most questions take just seconds to answer. A progress bar is provided at the bottom of each page to indicate the percentage of the survey you have completed. The survey consists of the following sections:

Section 1: Background & General Information
Section 2: Test Content Outline
Section 3: Recommendation for Test Content
Section 4: Additional Comments

Upon completion of the entire survey, select the "Submit" button on the last page.

Alliance for Continuing Education in the Health Professions

Alliance - CHCP Job Analysis Survey

BACKGROUND AND GENERAL INFORMATION

This information will be reported in aggregate only and will be used to demonstrate that the survey respondents are representative of the target population. Please answer the following questions by selecting the response that most closely describes you or your professional activities or type in your answer as appropriate.

1 **In what U.S state/terrority or Country are you currently employed?** *

If you are employed outside of the U.S., please select Other and enter the Country name.

Select answer...

2 **What is your highest level of education?** *

- ○ High School
- ○ Trade School
- ○ Associates
- ○ Bachelors
- ○ Masters
- ○ Doctoral Degree
- ○ Other (Please Specify)

3 **What is your current employment status?** *

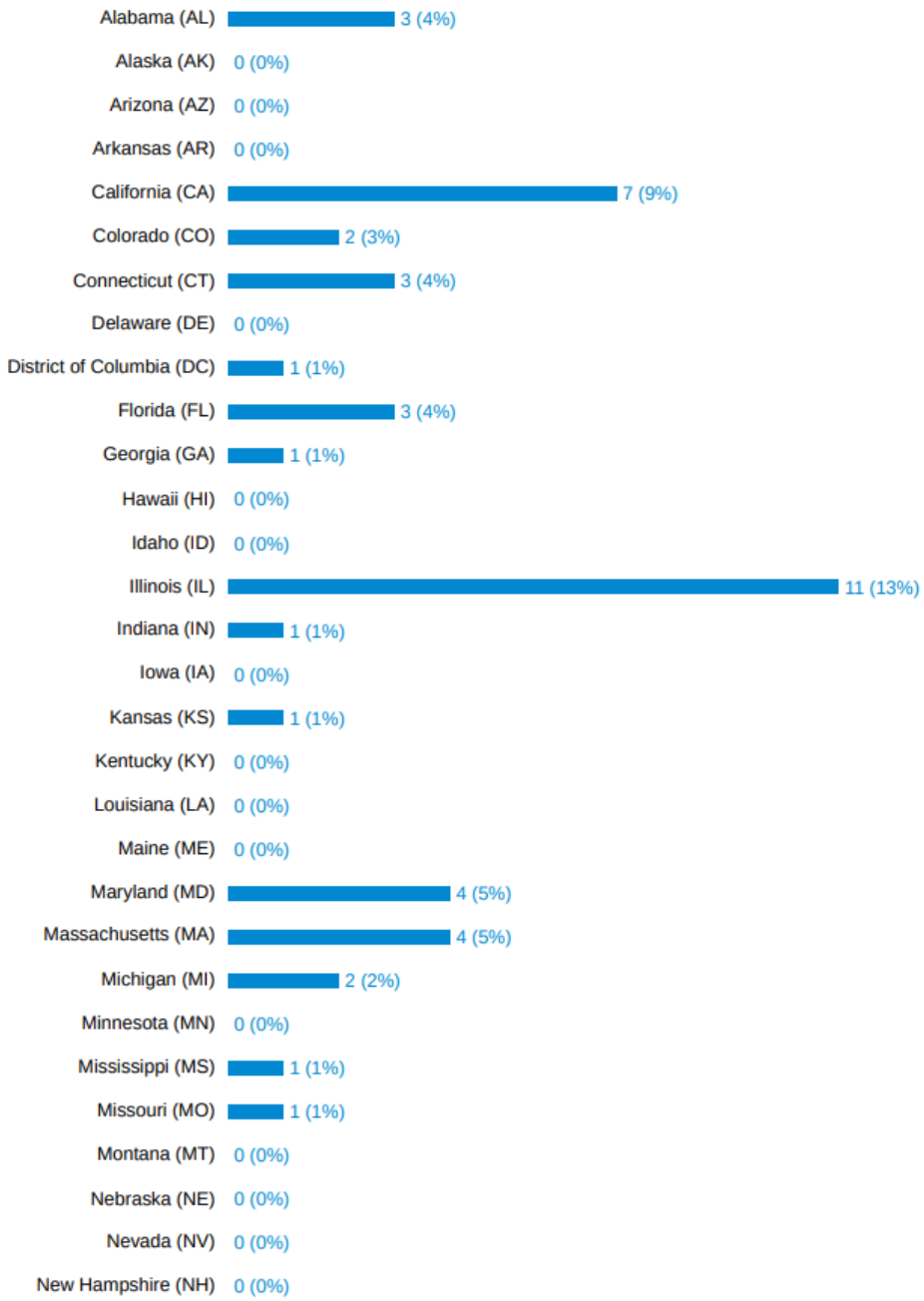
Select answer...

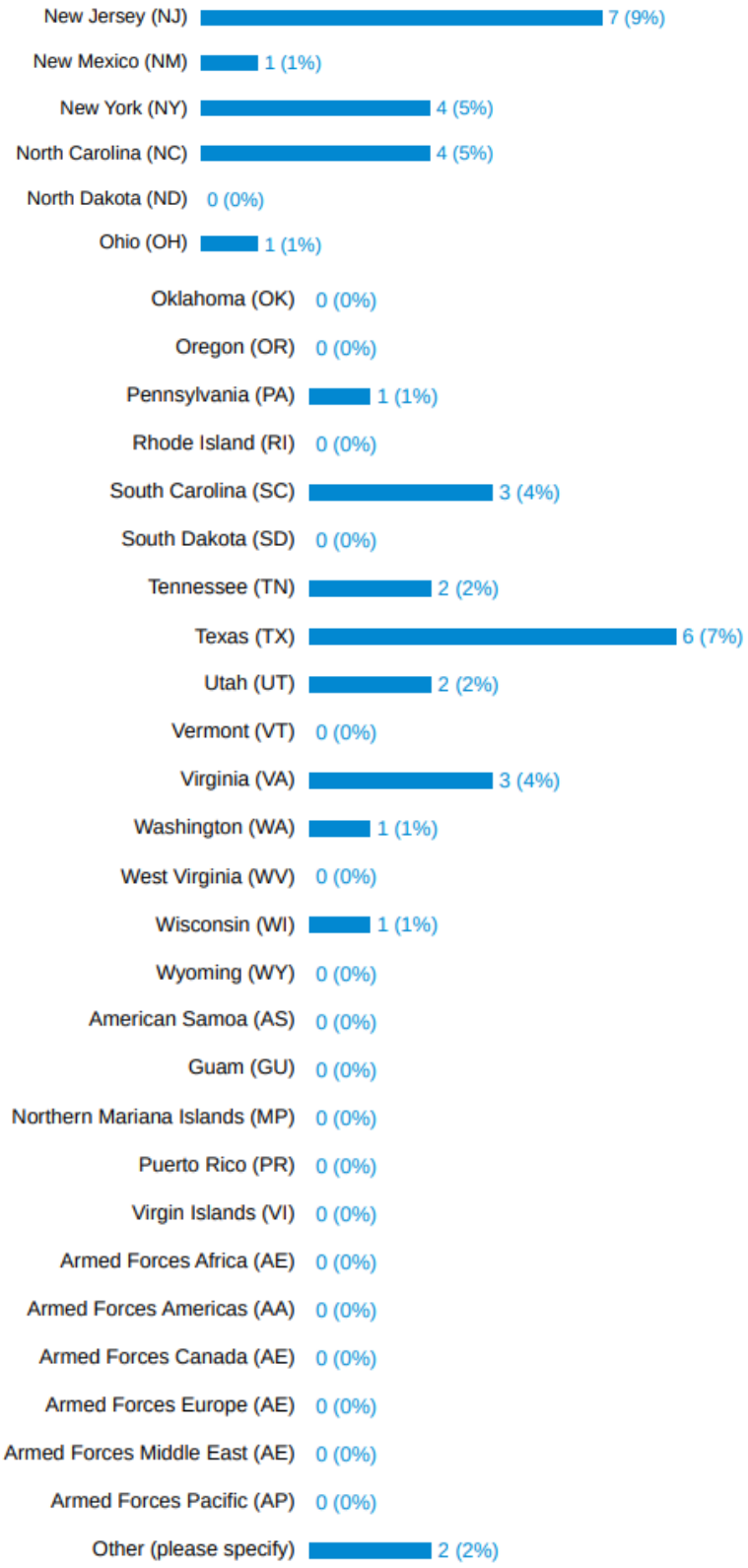
Appendix D: Demographics of Survey Respondents

This section summarizes the responses to the nine demographic questions of the survey. The percentages are based on the total number of respondents to the question.

1 In what U.S state/terrority or Country are you currently employed? *

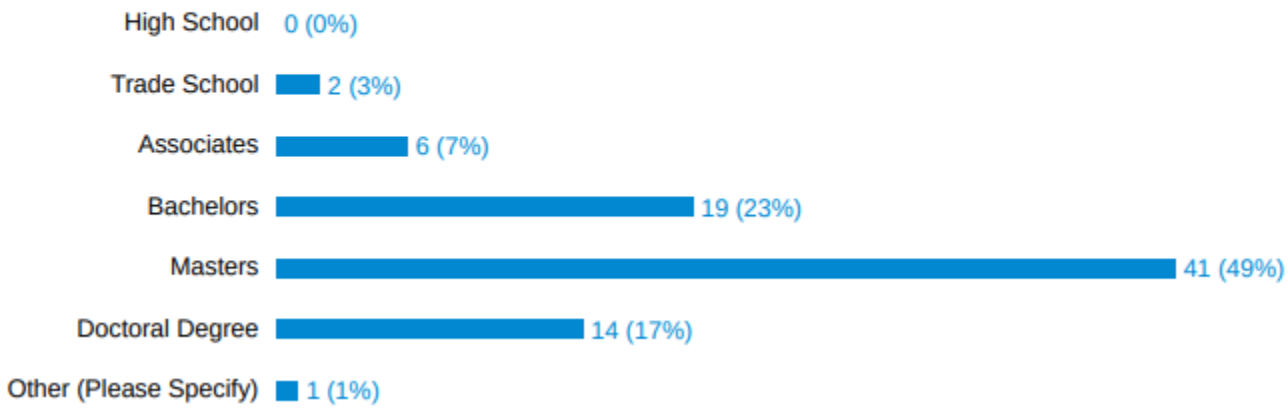
If you are employed outside of the U.S., please select Other and enter the Country name.





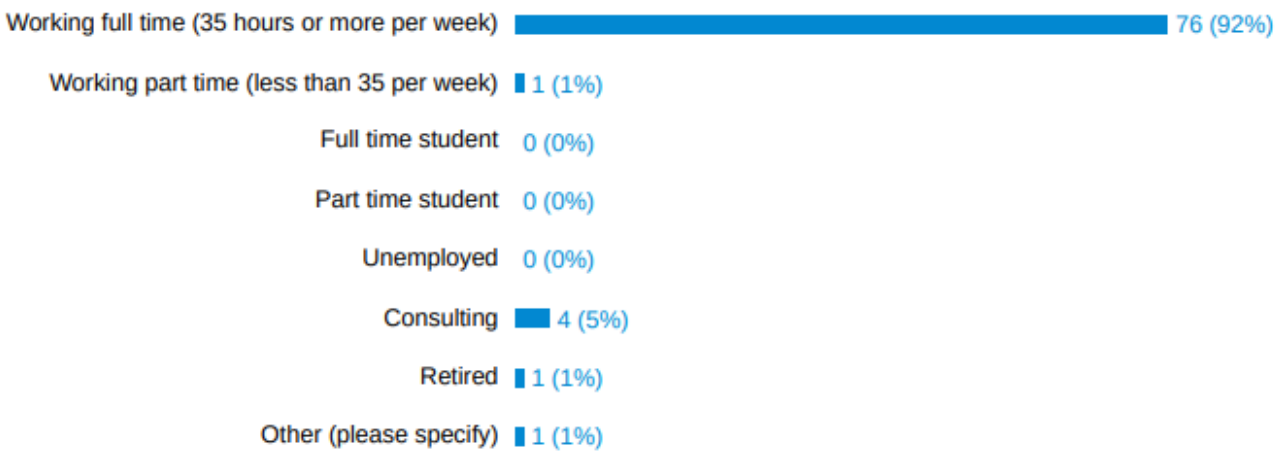
Other: Remote, Dow University of Health Sciences, Pakistan
Dow

2 **What is your highest level of education?** *



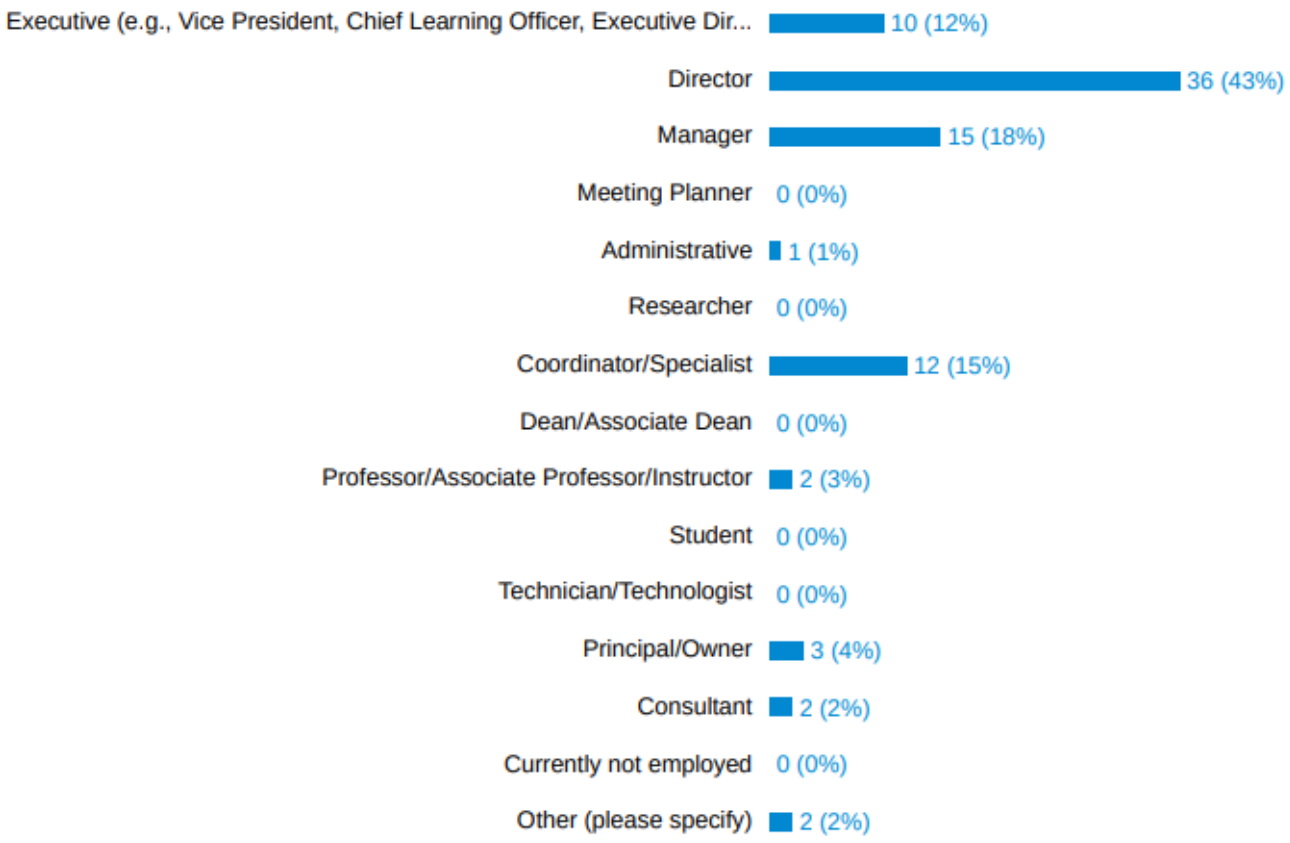
Other: Some College

3 **What is your current employment status?** *



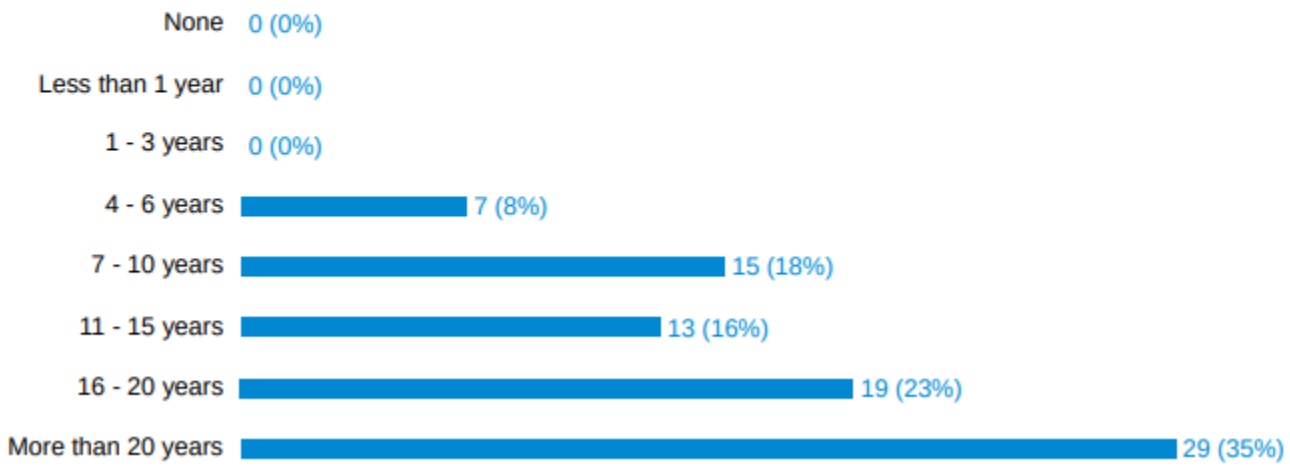
Other: Self-employed

4 **Indicate the choice that most closely fits your job function or title.** *

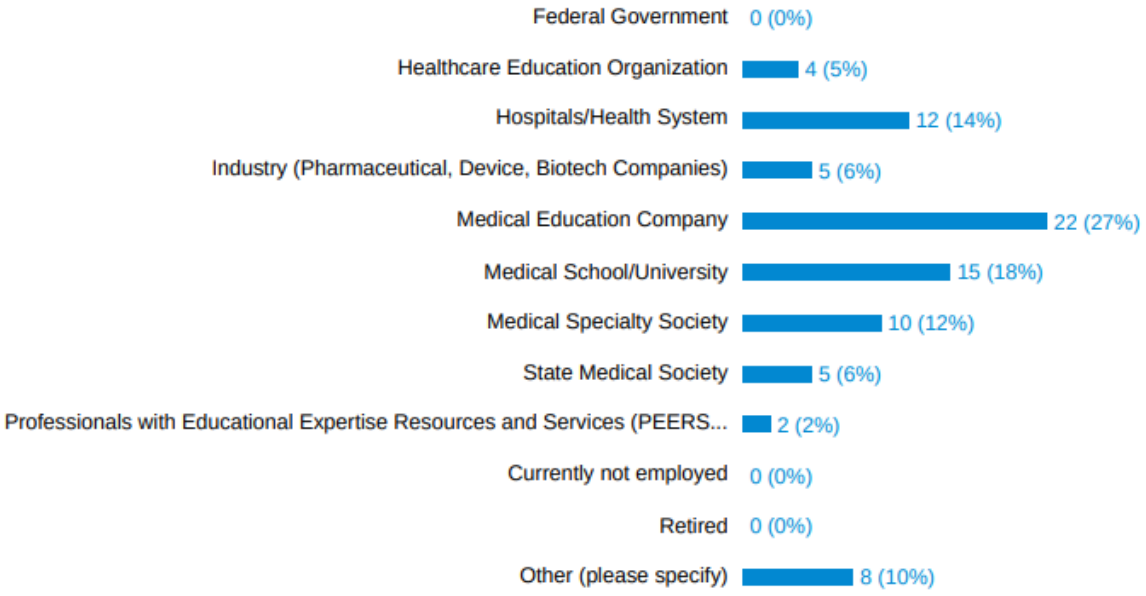


Other: Grant Developer, Medical Content Manager

5 **How many years of experience do you have within the healthcare continuing education field?** *



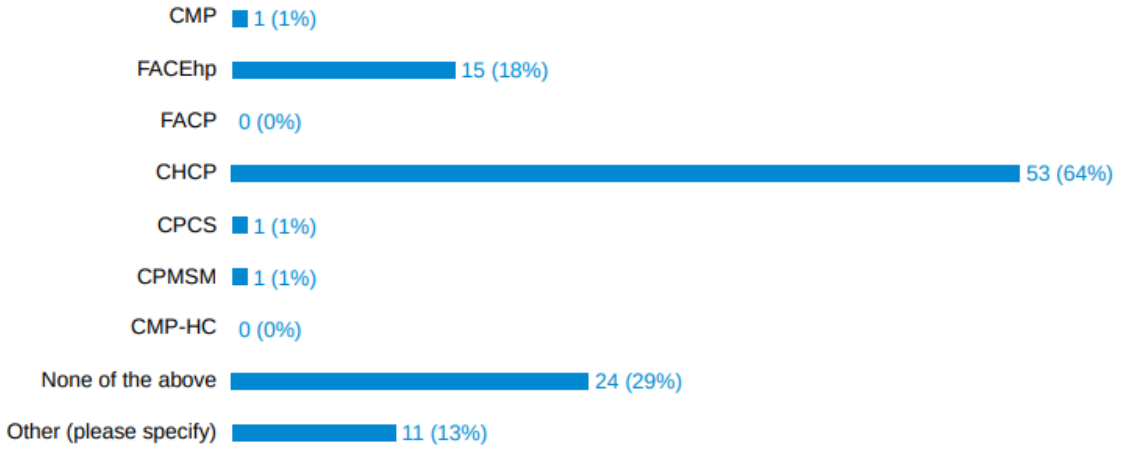
6 **What is your primary work setting (i.e., who is your employer)?** *



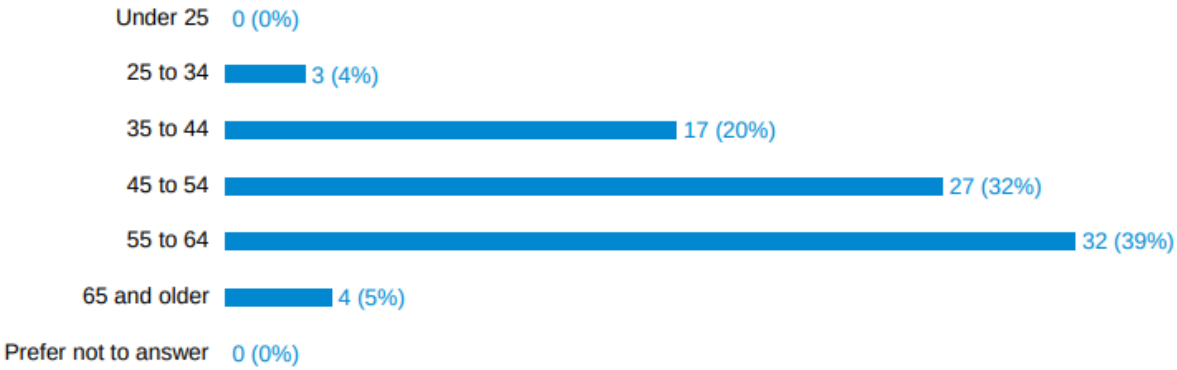
Other: Healthcare performance improvement, Hospital/Medical Education Company, Telehealth Clinic, Malpractice Insurance firm, consulting organizations, self- employed, medical school & hospital system, association

7 **What professional credentials do you currently hold?** *

Select all that apply.



Other: NPD-BC; Registered Nurse, CNE, LICSW, PIP, BA, MSW, FNP-BC, CPHQ, CNE, FSACME, M.Ed., PharmD, NPD-BC, GAC-Health Professions Educator, AHIP, RHIT

8 **Are you an Alliance member?** *

9 **What is your age range?**