

## Use of Apprenticeship to Meet Demand for Medical Assistants in the U.S.

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### BACKGROUND

Medical assistants (MAs), are among the 20 fastest-growing occupations in the United States. Amid health care delivery transformation, MAs need to obtain skills and training for new and expanded roles such as care coordination, health coach, medical scribe and behavioral health screening. Many employers report difficulty filling MA positions and need to invest in more on-the-job training for both new and experienced MAs. Nationwide, apprenticeship is being used as a tool to address difficult-to-fill health care jobs, reduce turnover, and emphasize on-the-job learning, including for MAs.

This study identifies key components of registered MA apprenticeship programs in the U.S. and describes implementation approaches. It describes motivations for, as well as barriers and facilitators to implementing apprenticeships. Findings help clarify the development, design, and expansion of MA apprenticeship programs in the U.S. and offer employers and other sponsors alternative ways to adopt this workforce development approach.

### METHODS

We reviewed published and gray literature on health care apprenticeships in the U.S. and identified registered MA apprenticeships using the Apprenticeship Finder tool on the CareerOneStop website. We conducted 16 semi-structured phone interviews between March, 2018 and January, 2019 with key personnel from 23 active MA apprenticeship programs. Interviewees came from twelve states and included health care employers, industry and labor groups, and government officials. Interviews explored program origins, organization of responsibilities (i.e., administration, instruction, recruitment, funding, etc.), as well as resources and challenges associated with maintaining the programs.

### KEY FINDINGS

The following were key study findings:

- MA apprenticeship programs were found in a variety of health care settings, including community health centers, school-based clinics, tribal health centers, hospital systems, and hospice care among others and ranged in size from one apprentice per year to multiple cohorts of 20 per year.
- MA apprenticeship programs demonstrated considerable flexibility, such as using both sequential and concurrent models for job-related didactic instruction and on-the-job learning components, as well as both time-based and competency-based approaches to measure apprenticeship progress.
- Most programs focused on training and upskilling incumbent workers, while some recruited apprentices from outside the organization.
- While mentors played a critical role in apprentices' on-the-job learning, few interviewees mentioned formal preparation of mentors for their role.

### CONCLUSIONS AND POLICY IMPLICATIONS

The majority of interviewees stated that employers used apprenticeship to upskill and train incumbent workers for the MA position, creating a pathway into new roles. However, apprenticeship is not an immediate panacea to solving gaps in MA workforce recruitment and training. This study found that MA apprenticeship programs supplement—rather than supplant—traditional MA education programs offered through public and private community and technical colleges. Apprenticeship requires financial investment from employers over a period of time before benefits are realized.

*Key Findings continued on next page*

### Barriers:

- Some employers were hesitant about adopting MA apprenticeships because of concerns about workforce unionization and resistance from other health care professionals in their organization.
- Strong economic conditions made it challenging to recruit MA apprentices. Employment opportunities in other industry sectors pay equivalent or higher wages without requiring individuals to complete a rigorous training program.
- Sponsors and employers needed adequate resources and personnel to administer and manage an apprenticeship program.
- Employers often faced difficulties filling mentor positions within their organization to train and support apprentices during on-the-job learning.
- Most interviewees expressed having limited resources for program support or expansion.

### Facilitators:

- Communication among apprenticeship partners was important for maintaining programs.
- Programs were most successful when employers were committed to the apprenticeship approach and viewed it as a long-term, organizational investment.
- Pre-apprenticeship education programs helped prospective apprentices develop good study habits and sharpen academic skills.

**Table 1:** Characteristics of active MA apprenticeship programs as described by interviewees

State	Year Started	Number of Sponsors	Number of Employers	# of Apprentices-in-Training (approx) 2018-19	Coverage	Health Care Setting(s)
Alaska	2008	6-7	>30	50	Statewide	Community health centers, tribal clinics
Colorado	2016	2	2	8	Sub-state	Community health centers
Idaho	2018	1	1	13	Sub-state	Hospital outpatient department
Michigan	2016	1	3	37	Sub-state	Hospital outpatient department
Montana	2016	2	2	<5	Sub-state	Critical access hospital, community health center
New Hampshire	2011	4	4	85	Statewide	Hospital outpatient department
Oregon	2018	1	8	29	Sub-state	Community health center, hospital outpatient department
Pennsylvania	2016	1	1	<5	Sub-state	School-based clinic
Rhode Island	2018	2	2	12	Statewide	Hospital outpatient department, community health center
South Carolina	2015	1	3	47	Statewide	Hospice care
Washington	2014	1	>40	100+	Statewide	Community health center, hospital outpatient department

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## FULL REPORT

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