

WORKING TOGETHER: APPRENTICESHIP & HEALTHCARE

This document summarizes a [December 2019 call for State Apprenticeship Expansion grantees](#). The call featured speakers from the Healthcare Career Advancement Program ([H-CAP](#)) and the state of [Montana](#), who discussed resources and promising practices in using Registered Apprenticeship in the healthcare sector.

ABOUT THE SPEAKERS

- [H-CAP](#) is funded by DOL to support apprenticeship expansion in healthcare. They host a national library of [on-the-job learning \(OJL\) outlines, classroom instruction outlines, and other information](#) for 43 healthcare occupations and a [mentorship curriculum](#). They also have resources to connect employers to a peer mentor and fund travel so employers can see Registered Apprenticeship programs (RAPs) in practice. For assistance, contact Rebecca von Loewenfeldt, H-CAP Associate Director, at rebecca.vonloewenfeldt@hcapinc.org.
- [Montana's](#) coalition-building with healthcare employers, associations, licensing boards, and two-year colleges paved the way for an explosion in healthcare apprenticeships: Today, Montana has 314 active apprentices in 23 healthcare occupations with 56 healthcare employers. For more information, contact Apprenticeship State Director Jay Reardon at james.reardon@mt.gov.

WHY APPRENTICESHIP WORKS IN HEALTHCARE

In the last decade, the healthcare sector has faced significant labor challenges due to increased demand combined with a workforce nearing retirement and changing skill requirements stemming from new regulations, technological advances, and changing patient demographics. Employers face difficulty filling positions and consistently high turnover. Many potential hires have credentials but are unable to get a job because they lack experience.

The Registered Apprenticeship model eliminates that barrier by giving workers credentials *and* experience. Apprenticeship also provides a way to elevate incumbent workers into higher skilled, higher pay occupations and move people in nonclinical roles into clinical roles. Because many lower skilled healthcare positions are filled by a diverse workforce, this brings more diversity to higher skilled jobs. Employers are also seeing decreased turnover, better patient care, and better work products.

A LOOK AT APPRENTICESHIP IN HEALTHCARE TODAY

Today, employers are using over 40 approved RAPs to train their workforce in healthcare occupations ranging from nonclinical to clinical, and paraprofessional to highly skilled. Occupations include medical coder, community health worker, medical assistant, behavioral health technician, certified nursing assistant, registered nurse, and more.

Apprenticeship is being used by single employers or multiple employers collaborating to train a cohort of apprentices—allowing economies of scale while reducing “poaching” by other employers. Distance learning is making it possible for rural healthcare organizations to address shortages by recruiting and training from within the organization and the local community.

CHALLENGES AND RECOMMENDATIONS

Low wages in some paraprofessional positions that lead to high turnover. Career ladders leading to more skilled, higher wage jobs can help. So can tailoring training to add skills that address emerging competency requirements and better equip entry-level workers. H-CAP shared some examples from New York, where certified nursing assistants get extra instruction in sociology and psychology to help them learn to deal with an aging population, and Washington, which created an advanced home care aide RAP. Making entry-level positions into more skilled positions boosts aides' confidence and enables them to provide better care to clients, which is reducing turnover.

Healthcare licensing and regulations. Healthcare occupations are some of the most highly regulated in the country, with impacts on who can be paid, when someone can do their OJL, and whether they can they be paid during their OJL. Montana and H-CAP recommend laying the groundwork for success by building strong partnerships with the state licensing boards. Montana described a new medication aide RAP, for which the state nursing board made a special stipulation allowing apprentices to complete education more quickly; and H-CAP described a successful licensed practical nurse to registered nurse apprenticeship spearheaded by a California Department of Corrections mental health facility that is now on its third cohort. H-CAP also has found success by targeting positions—like post-licensure apprenticeships in specialty nursing fields—that do away with some of these challenges because the apprentice is already licensed and able to work with patients. Both stress the importance of bringing together supervisors, people doing the job, and college representatives to ensure that the training aligns with the regulations, job requirements, skills needed, and work schedule.

Employer misconceptions that apprenticeship is only for the building trades. Montana and H-CAP stressed that the most successful way to develop apprenticeships is to begin with an open-ended conversation with employers about their pain points—in what occupations do they have high turnover or trouble filling spots? Those will be the most successful, and sustainable, occupations to start with. Other successful strategies to address misconceptions and reduce apprehension are to connect an employer with another employer who has used apprenticeship and can showcase success, and to reassure employers that they are not starting from scratch but can build on many existing resources.

ADDITIONAL RESOURCES

- [Apprenticeship.gov's healthcare page](#) links to a toolkit, competency models, apprenticeship standards in high-demand healthcare occupations, and more.
- The [Apprenticeship in Healthcare page](#) on Workforce GPS offers program examples, outreach materials, and other resources to help expand apprenticeship in the healthcare sector.
- [Healthcare apprenticeship resources from SkillsCommons](#) can especially help with curriculum development.