



# Policy Brief

## Assessing the Best Uses of Apprenticeships in Health Care

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### Executive Summary

Apprenticeships, such as those registered in the U.S through the federal Department of Labor, combine on-the-job learning, job-related didactic instruction, mentorship, and incremental wage increases in an employer-based workforce development model. Interest in apprenticeship programs is high in the U.S. and expanding into new industries, including health care. Apprenticeships in health care are also increasing in other countries, including England. The apprenticeship model can increase workforce diversity by providing access to careers for people who have difficulty entering through traditional routes, and is attractive to many health care employers as a tool to provide skilled workers trained to their specific needs. Objective evaluation of how health workforce preparation through apprenticeships compares with traditional education/training approaches is scarce, however. Measures are needed to assess for which occupations and in what settings the apprenticeship model is best deployed. Effective deployment and evaluation of the outcomes of apprenticeships involve collaboration among education, industry, policy and worker stakeholders.

### Scope of the Problem

Traditional health professions education and training does not always meet the needs of employers, workers, or patients/clients. These shortfalls are particularly acute as we evolve towards care models that rely on interprofessional teams that have the skills and training needed to provide high value care. The U.S. Department of Labor's Registered Apprenticeship program, relatively new to the healthcare industry, combines on-the-job learning, job-related didactic instruction, mentorship, and incremental wage increases in an "earn while you learn" approach to preparing workers to meet employers' specific needs. Recent examples of health care occupations for which apprenticeships have been implemented include medical assistants, community health workers, medical laboratory technicians, and emergency medical technicians. Apprenticeships may not be suited for all occupations or healthcare settings, however, yet there are not agreed upon measures for assessing, let alone a body of evidence indicating, where apprenticeships are appropriate.

### Levers for Change

When considering which occupations and settings are best suited for healthcare apprenticeships, assessment measures should address agreed-upon objectives within four key levers for change that influence the program outcomes:

#### **Apprenticeship Assessment: Education & Training Objectives**

Apprenticeships should ensure that students/workers have safe learning/working environments; education costs are not excessive; and the program supports training of a diverse workforce. Regarding education quality, the apprenticeship curriculum should be linked to academic norms; and education credentials earned are transferable (to support career progression). Employers should select and train apprenticeships' mentors with appropriate skills/training for the role; select mentors with EDI considerations; provide

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ongoing monitoring and support of mentors; and provide skills/training transferable to other employment settings.

### **Apprenticeship Assessment: Funding/Remuneration Objectives**

Apprenticed workers' costs should be comparable or less than for non-apprenticeship entry to the occupation; job and economic progression of apprentices is comparable or better than for traditional entrants; and apprentice recruitment should include outreach to underserved communities. Employers should benefit from improved recruitment and retention for the occupation being apprenticed. Employment through apprenticeship should benefit communities by transitioning individuals from public assistance to work.

### **Apprenticeship Assessment: Government/Regulation Objectives**

Apprenticed workers should achieve licensure/credentialing at rates at least comparable to non-apprenticed entrants to the occupation; apprentice certification should be transferable across states and practice settings; and the certification process should not deter entry to jobs, especially for underserved populations entering non-licensed/registered roles. Government/credentialing bodies should provide reasonable and clearly defined competencies required for completion; government should commit funding to workforce development through apprenticeship; and apprenticeship should be encouraged in fields where individuals have reasonable assurance of long term employment.

### **Apprenticeship Assessment: Data & IT Infrastructure Objectives**

Data and IT infrastructure should be adequate to track services/contributions of healthcare team members, measure care quality and patient outcomes, and track career trajectories of apprenticed and non-apprenticed workers.

## **Agents of Change**

To objectively measure the outcomes of apprenticeships across different healthcare occupations and settings, commitment and participation of key stakeholders are needed including the apprentices/workers, employers, labor management, government agencies, education institutions, accrediting bodies, unions, and professional licensing entities.

## **Recommended Action**

Fund and conduct evaluations of apprenticeships in healthcare using measures that address agreed-upon program objectives.

## **Key Messages**

- Apprenticeships in healthcare occupations are growing in type and number.
- Approaches to assess which occupations and settings apprenticeship is best suited should be designed around agreed-upon objectives.
- Effective evaluation of apprenticeships involves collaboration among diverse stakeholders.

## **Contact Information**

Susan Skillman, Senior Deputy Director, Center for Health Workforce Studies  
University of Washington, Seattle, WA USA, [skillman@uw.edu](mailto:skillman@uw.edu) (206)543-3557

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