



**NCAA COMMITTEE ON COMPETITIVE SAFEGUARDS  
AND MEDICAL ASPECTS OF SPORTS  
STATEMENT ON WORKFORCE ISSUES IN COLLEGIATE ATHLETIC TRAINING**

In June, the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports co-lead [a meeting](#) with industry and membership stakeholders in athletic training, the purpose of which was to share information and discuss the collegiate athletic training workforce and related issues of interest and concern to the NCAA membership.

CSMAS recognizes the significant impact athletic trainers have on the student-athlete experience, perhaps second only to coaches. In addition to responding to athletic emergencies, traumas, and treating athletic injuries and illness, athletic trainers have also become frontline providers on mental health issues. Beyond these clinical services, ATs also serve as designated athletics health care administrators in more than 60% of member schools. AHCAs are central to on-campus athletic health care administration and policy and are the primary conduit from the NCAA national office to campus athletic health care providers. Volatility in the AT workforce; therefore, may challenge the continuity of both the administration and delivery of athletic health care.

CSMAS seeks to highlight and amplify several themes from the June meeting:

1. **The national AT workforce is not smaller and the capacity of the AT profession to produce adequate numbers of ATs is currently unchanged.** While recent changes in the AT professional degree may eventually impact production capacity, there is no evidence to suggest that is currently the case. CSMAS will remain engaged with AT organizations to monitor these trends over time.
2. **The type of available work settings for ATs is rapidly expanding and this is placing competitive pressures on the collegiate work setting.** Opportunities in work settings, such as industrial companies, military organizations, and physician offices, are rapidly expanding for ATs. While the total AT workforce is the same, the collegiate setting now competes with other, often more attractive, work settings.
3. **The COVID-19 pandemic had a broad and deleterious effect on the national healthcare workforce and the “great resignation” was especially acute amongst healthcare providers.** ATs are healthcare providers and were not spared from this impact. Most AT workloads increased disproportionately during the pandemic. This increase caused burnout, which caused many ATs to leave the profession or the collegiate space.
4. **Shortages in the AT workforce are setting-specific and suggest that in the competition with other employment settings for ATs, colleges and universities are losing.** Competitive variables include traditional employment factors, such as salary, schedules, and culture. Other settings are addressing these issues more effectively and are attracting ATs away from the collegiate setting. For decades, the graduate assistantship model on which many schools relied to secure AT services, distorted the athletic health care marketplace and devalued the value of the collegiate AT. Arguably, many of the current athletic training collegiate workforce issues are the consequence of this distorted market dynamic and solutions will likely require a re-balancing.

5. **While all divisions appear to be challenged with this issue, there are likely divisional and school differences in the impact of local shortages in AT availability.** Therefore, solutions will likely be local in nature, and there is no single solution and especially not one that can be effectuated by the NCAA national office. Divisions, conferences and individual schools must assess their unique factors and customize their solutions.

CSMAS notes three strategies / solutions for membership consideration:

1. **President/chancellor engagement is critical.** This has been the most common sentiment expressed by both membership and AT stakeholders. It reflects the reality that presidents / chancellors are often the gatekeepers to campus hiring, budget and resource decisions. It is especially important that presidents and chancellors are involved in any operational and/or risk assessment arising from campus AT shortages.
2. **Basic recruitment and retention strategies, in coordination with human resources, should be used to re-assess and, if necessary, recalibrate AT positions.** The goal is to align collegiate AT positions with the national and regional salary averages for health care professionals. As noted above, other employment factors, such as work schedules, support and culture may also be considered. AT industry stakeholders (e.g., the National Athletic Trainers' Association) may also provide resources to inform such deliberations. These efforts may help bolster schools' recruitment and retention efforts and make them more effective in the national competition for AT services.
3. **Alternative employment and administrative models.** Not all member schools use the traditional model of athletic health care delivery, where athletic health care providers are employed directly by the athletic department. Alternative models do exist and may be effective for addressing a host of issues, including AT recruitment and retention and important Association policy requirements, such as independent medical care. The committee is committed to learning more about these models and assisting the membership in its understanding of them.

Moving forward toward a solution must begin with a shared understanding of the relevant professional and market dynamics. We encourage all campus stakeholders to closely review the [meeting report](#) and this statement and to share these documents with presidents, chancellors, human resource and risk-management offices and conference offices. CSMAS commits to continuing to monitor this situation with its athletic training partners and to understanding emerging athletic health care services and employment models and the role they may play in addressing this issue.