



**STAKEHOLDER MEETING ON  
ATHLETIC TRAINING WORKFORCE ISSUES  
JUNE 21, 2023  
REPORT**

**INFORMATIONAL ITEMS.**

1. **Meeting purpose, objectives, and structure.** Industry and membership stakeholders in athletic training, including meeting participants from the National Athletic Trainers' Association, the Board of Certification, the Commission on Accreditation of Athletic Training Education and the NCAA shared information and discussed the collegiate athletic training workforce, which is of increasing interest and concern to the NCAA membership. The meeting was held in conjunction with the annual meeting of the National Athletic Trainers' Association in Indianapolis, Indiana and was hosted by the NATA.
2. **Workforce implications of athletic training credentialing and credential holders.** Meeting participants discussed if and how athletic training credentialing and the number of credential holders may be impacting athletic training shortages in the collegiate athletic setting. It was noted that the number of "ATC" credential holders is consistent with historical trends, and there is no indication of a decline in the total number of certified athletic trainers. Approximately 16% of certified ATs work in the collegiate setting, which has for years been one of the three most frequent practice settings. In recent years, there has been an increase in the number of athletic training practice settings, including the military, corporate/industrial, occupational health, physician practice settings and performing arts, and all are seeing increases in the number of ATs practicing in those settings. Meeting participants agreed that there has been a dispersion of ATs across more practice settings, but not a reduction in the total number of credentialed ATs.
3. **Workforce implications of athletic training education.** Meeting participants discussed the system of athletic training education and noted what may be relevant to workforce issues.
  - a. **Professional degree change.** Meeting participants discussed recent changes to the athletic training professional degree level. Specifically, in health professions education, the *professional degree* is the degree level at which a student achieves the requisite knowledge and skills required to enter the profession. Confirmation that the student has achieved the requisite knowledge and skills is typically demonstrated by challenging a credentialing examination. Historically, the athletic training professional degree was at the baccalaureate level. In 2015, the professional degree was elevated to the master's degree level, a change that reflected the profession's assessment of the clinical practice requirements of current and future ATs in a changing healthcare environment. A strong foundation of health-related basic sciences is necessary to prepare students for contemporary athletic training clinical practice. Additional justification for the degree change included:

- (1) Improved quality of clinical care.
  - (2) Attracting students who have made a more intentional commitment to the AT profession, and who are less likely to be lost to other health professions at the post-baccalaureate level.
  - (3) A more mature system of professional education that is aligned with those of peer health professions, including physical therapy, occupational therapy, physician associates, nurse practitioners, and clinical nurse specialists.
- b. **Athletic training graduate assistantships.** Meeting participants discussed the impact the recent professional degree level change had on athletic training graduate assistantships. Specifically, a byproduct of the professional degree change was the loss of graduate assistant athletic trainers, many of whom bolstered the full-time athletic training staffs of NCAA member schools. While a disruption of the graduate assistantship system was not a primary justification for the professional degree change, the profession recognized that graduate assistantships created several problems:
- The graduate degrees pursued by students were frequently outside of the athletic training discipline and made only limited contributions to an “advanced” body of athletic training clinical knowledge and skill.
  - The presence of AT graduate assistantships distorted the athletic health care marketplace and devalued, both in real and perceived terms, 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 of that marketplace.

Meeting participants agreed that the athletic training profession believes that a restoration of the graduate assistantship system is not in the best interest of the profession, student-athletes, or its system of education for many reasons, including: a restoration of the graduate assistantship system would require a repeal of recent professional degree changes; and the athletic training profession has no appetite for reconsidering the professional degree level and considers the move to a master’s-level professional degree to be final.

- c. **Production capacity of the system of athletic training education.** Meeting participants discussed the production capacity of the athletic training education system. Currently, there are 278 professional athletic training education programs, including both the remaining baccalaureate-level (n = 37) and master’s-level programs (n = 241). Recent declines in matriculating and graduating students are attributed to the pandemic, and similar declines have been observed in peer health

professions. It was noted that these declines are subsiding. And while the number of baccalaureate-level matriculants has steeply declined, this was expected, and is offset by steep increases in graduate-level matriculants. Emerging evidence is also emerging that students graduating from graduate-level programs are remaining in the profession and not being lost to other health professions.

Meeting participants agreed that there is no existing evidence of a decline in the production capacity of the athletic training education system.

4. **The state of the athletic training collegiate workforce.** Meeting participants discussed information about the attitudes, perceptions, and trends of the national athletic training workforce as collected from a survey of collegiate ATs conducted by the National Athletic Trainers' Association.

In recent years, athletic training clinical practice in the collegiate settings has increasingly prioritized 1-on-1 patient care, reflecting a growing understanding of the importance of assessing and treating movement dysfunction and the provision of manual therapy. These clinical trends contribute to a more time-intensive clinical environment. The more time-intensive clinical demands are compounded by growing policy obligations and administrative expectations for AT staff. The net effect is that athletic training practice in the collegiate setting is more time consuming than it used to be, and different than athletic training practice in other practice settings.

The meeting participants also noted that the "Great Resignation" affected health care workers across medical disciplines and clinical practice setting, and athletic training was no exception. Additionally, the collegiate setting has been uniquely susceptible to turnover, with general estimates suggesting 48% turnover of all positions in the collegiate athletic setting in the past two years. For collegiate athletic training, the meeting participant noted this trend is aggravated by:

- Compensation: rate of salary increases for collegiate ATs is less than the average increase across all athletic training practice settings and ranks second-to-last of all athletic training practice settings. (*Source: NATA Salary Survey*)
- Culture: the culture of collegiate athletic setting often challenges the provision of patient-centered care and independent medical decision-making, which increases AT frustration and threatens the quality of patient care.
- Value: ATs perceive limited philosophical and financial support from athletic administrators. These perceptions are reinforced by comparisons to the much higher salaries of less-educated athletic staff with job responsibilities that are less critical to student-athlete wellbeing.

- Burnout: Previously stated factors, combined with the pandemic, insufficient staffing and sometimes hostile work environments have increased rates of athletic trainer burnout, which has led to departures. Student athletic trainers exposed to this kind of practice environment also may become less willing to accept collegiate job offers.
- Demographic changes. The demographics of the athletic training workforce are also changing. Most athletic trainers are now women (57%), and 70% of active ATs are 40 years of age or younger. Together with the generational priorities of today's students, these demographic changes suggest different beliefs and priorities about work and work-life balance. Where these beliefs and priorities are at odds with the realities of the collegiate athletic training practice setting, ATs are leaving the setting.
- Benefits and recruitment. Simultaneously, trends in athletic training workplace benefits are changing and further incentivizing AT migration into other practice settings. For example, an increased number of ATs working outside of the collegiate environment are reporting increased salaries and enhanced employment benefits, such as sign-on bonuses and moving expenses. Until recently, these kinds of workplace benefits have rarely been seen in athletic training workplace recruitment and retention tactics. Their absence in the collegiate setting represents additional obstacles to the recruitment and retention of ATs.

5. **Ideas for addressing athletic training collegiate workforce issues.** Meeting participants shared and discussed the following ideas:

- **(re)Assess the culture of athletic health care delivery.** Meeting participants agreed that this is best accomplished locally and to account for regional market differences. Cultural factors that may be assessed can include, but are not limited to:
  - AT patient loads and volumes.
  - AT to student-athlete patient ratios: emerging evidence suggests that both injury rates and return to play times can be impacted by this factor.
  - Tolerance for medicolegal risks, including documentation quality and compliance.
  - Awareness of, and respect for, independent medical care principles and accountability for those principles.
  - Support for family and personal obligations.

- **(re)Assess athletic trainer value.** Meeting participants agreed that consulting with human resources on the performance of an AT compensation analysis, preferably benchmarking AT responsibilities and time demands against the local allied health / medical market may be helpful. Prior to a compensation analysis, athletic training job descriptions should be reviewed to ensure they reflect current role expectations and responsibilities.

Attention should be given to the actual value that athletic training services contribute to maintaining a student-athlete's ability to participate in athletics, which has significant implications for student recruitment and retention, especially in Division III schools. Additionally, efforts to assess athletic trainer value may also attempt to account for the foundational contribution that ATs make to the student-athlete experience. As noted by adoption of the new NCAA Constitution, the work of the NCAA Division I Transformation Committee and others, elevating and transforming the student-athlete experience is a top-priority of the Association and some accounting of the ATs role and contribution to that experience may be appropriate.

The identification of various forms of alternative compensation complementary to actual salary might be helpful to a school's AT recruitment and/or retention efforts, depending on local market trends.

Lastly meeting participants urged that going forward, the sources of athletic trainer salary data be enhanced to better account for local market variability, and if possible, include benchmarking information about what AT salaries should be, rather than just reporting on current salary levels.

- **Stakeholder engagement.** Because school presidents and chancellors often have final say in personnel decisions, meeting participants agreed that discussions about the current athletic training workplace challenges and potential remedies should occur with school presidents and chancellors. Presidents and chancellors may be sufficiently removed from these athletic department personnel dynamics and could be otherwise unaware of their impact on factors such as the quality of athletic healthcare, medicolegal exposure, and student recruitment and retention.

Meeting participants also felt that engagement with school risk managers could be helpful for properly assessing the role and contributions that athletic trainers make to the school's risk minimization strategy.

Meeting participants agreed that any resources that might facilitate these stakeholder conversations would be useful.

- **Alternative models of athletic health care delivery.** Meeting participants acknowledged that several different models now exist for the provision of athletic health care services to collegiate student-athletes. The traditional model is one where athletic health care providers are employed directly by the athletic department. However, various alternative models now exist, and may offer various opportunities and/or advantages, both financial and otherwise. While no single model can yet be recommended, schools might consider exploring one or more of these alternative care delivery models.

Stakeholder Meeting on Athletic Training Workforce Issues June 21, 2023 Meeting	
<b>Attendees:</b>	
Stevie Baker-Watson, DePauw University, DIII	
Brant Berkstresser, NATA Intercollegiate Council for Sports Medicine Chair	
Mary-Beth Cooper, Springfield College, DIII	
Kathy Dieringer, NATA President (Co-Chair)	
A.J. Duffy, NATA President-Elect	
Glory Fung, Concordia University Irvine, DII	
David Harris, University of Northern Iowa, DI	
Steve Hillmer, University of Wisconsin-Whitewater, DIII	
Tamesha Logan, NATA Associate Executive Director	
Christopher May, Saint Louis University, DI	
Anne Minton, BOC Chief Executive Officer	
Jennifer O'Donoghue, Intercollegiate Council for Sports Medicine, DI	
Nicole Piart, Lake Forest College, DIII (Co-Chair)	
Rene Revis Shingles, BOC President	
Julie Rochester, Northern Michigan University, DII	
Dave Saddler, NATA Executive Director	
Eric Sauers, CAATE President	
Trent Stratton, Kent State University, DI	
Toni Torres-McGehee, CAATE President-Elect	
Dale West, CAATE Executive Director	
<b>Absentees:</b>	
Michelle Menard, Palm Beach Atlantic University, DII	
<b>Guests in Attendance:</b>	
None.	
<b>Other NCAA Staff Members in Attendance:</b>	
Amanda Conklin, LaGwyn Durden, Alicia Fine, Brian Hainline, Maritza Jones, John Parsons, Alex Purcell and Bill Regan.	