

NCQAC Legislative Panel Apprenticeship Brief

The National Apprenticeship Act (29 U.S.C. 50) was initially passed amid the Great Depression (1937) to develop standards and establish regulatory oversight of apprenticeship programs. The current resurgence of interest in apprenticeship programs emerged and was initially championed by the Obama administration in response to our most recent economic downturn between 2008-2012. In his 2014 state of the union address, former President Obama called for “*more on-the-job training, and more apprenticeships that set a young worker on an upward trajectory for life. It means connecting companies to community colleges that can help design training to fit their specific needs*” (Obama, 2014).

Basic principles of apprenticeships as work-based training programs include 1) apprentices being employed and salaried by the sponsoring employer during their training; 2) on-the-job skill development and job-related classroom instruction; 3) supervision of traineeship provided by sponsoring employer staff; and 4) the apprenticeship culminates with some type of credential that is essentially comparable to more traditional educational pathways. Current federal standards specify a minimum of 2,000 hours of on-the-job training as well as at least 144 hours of didactic, in-class instruction.

The Department of Labor subsequently launched *Apprenticeship USA* and received \$90 million to promote the further expansion and registration of apprenticeship programs including providing State Accelerator Grants to develop state specific strategic plans and apprenticeship partnerships. <http://apprenticeship-usa.com/>. With federal DOL funding becoming available, many states have pursued grants to promote and expand apprenticeship programs in traditional trades of construction and manufacturing, as well as into new areas of healthcare and information technology.

Washington State Apprenticeship and Training Council (WSATC)

In Washington State, registered apprenticeship programs are reviewed, approved, and monitored by the Washington State Apprenticeship and Training Council, <https://lni.wa.gov/licensing-permits/apprenticeship/wsate> and guided by the Washington Apprenticeship Act, RCW 49.04 (https://lni.wa.gov/licensing-permits/apprenticeship/_docs/Chapter4904RCWeffjuly2011.pdf) and Rules, WAC 296.05

(<https://app.leg.wa.gov/WAC/default.aspx?cite=296-05>). As of April 2019, there were 180 occupations participating in Washington State Registered Apprenticeship Programs with the vast majority representing construction and other traditional trades. Among the top 25 apprenticeship occupations, the only one related to healthcare is the Medical Assistant (MA) program which was approved in 2014 in order to help community health centers assure an adequate MA workforce. (WSATC, 2019). Currently active health related apprenticeship programs include Medical and Dental Assistant pathways through the Washington Association for Community Health and Medical Assistant and Central Sterile Processing through the Healthcare Apprenticeship Consortium. The WSATC roster of all apprenticeship programs lists additional health related pathways that have been approved but are currently cancelled or inactive including one for Nursing Assistants as well as Physical Therapy Aides/Assistants, Paramedics, EMTs, Nursing Home Administrators, and a variety of technician pathways in a range of specialty practice including Respiratory Therapy, Pulmonary Lab, Urology, Pharmacy, School and Home Health.

In 2011, WSATC published a document titled, *Apprenticeships in the Healthcare Industry* (Mauldin) outlining opportunities and potential barriers to implementation of apprenticeship programs in healthcare occupations, several of which remain as challenges today. Among the most salient include the perception among some that the term “apprenticeship” is something applicable “for blue collar trades in construction and manufacturing” (Mauldin, 2011, pg. 28). In addition, the current structures for licensing, certification, and regulation of health professions vary from state to state and would require thoughtful collaboration with such entities as the WSATC which currently serves as the sole approval and monitoring agency. This document may be found at <https://www.apprenticeship.gov/apprenticeship-industries/healthcare>.

SB 5236 Encouraging Apprenticeships

During the 2019 regular legislative session, Senate Bill 5236 *Encouraging Apprenticeships* was introduced to amend RCW 28B.77.230 and add a new section to RCW 49.04. SB 5236 essentially proposes two initiatives. The first is to add a new section establishing an apprenticeship coordinator position to reach out specifically to public education and healthcare to encourage and assist in establishing registered apprenticeship programs in these occupational domains. The second is an amendment mandating a collaborative effort to address

policies and procedures to support “*academic credit for prior learning*”. Mandated collaborators for this amendment would include the Washington State Apprenticeship and Training Council (WSATC), the State Board for Community and Technical Colleges (SBCTC), the Council of Presidents (COP), Independent Colleges of Washington (ICW), private career schools in the state as well as 2 representatives each from business, labor, licensed healthcare professions, and 1 representative from Lieutenant Governor’s Office.

Although this legislation did not receive final action, it was monitored by the NCQAC Legislative Panel and is expected to be reintroduced in 2020. The Washington Center for Nursing (WCN) responded proactively by subcontracting the development of a document examining apprenticeship programs in healthcare which was presented to NCQAC in March 2019 (Trehearne, Bear, & Kuebel, 2019). NCQAC delegated follow-up on this matter to the executive team and a meeting was convened by WCN in July 2019 with representation from NCQAC, WCN, and WSNA. The essence of that discussion was shared at the November 2019 business meeting (NCQAC, 2019). Based on that discussion, NCQAC subsequently delegated to the Legislative Panel to consider and provide an updated summary for the January 2020 meeting.

Healthcare Apprenticeship Programs – Current Examples

Despite limited expansion of the apprenticeship model more broadly into the health professions, as Federal funding has become available, examples of such apprenticeships are beginning to emerge. Most notably these have been in the area of nursing assistants, transition to practice residency programs for new nurses, externships for nursing students, and to some extent, nursing career pathways such as LPN to RN and RN to BSN. Most have received federal Department of Labor funds although not all have been formally recognized as a “Registered Apprenticeship Program” through either state or federal apprenticeship oversight.

On November 13, 2018, NCSBN hosted an Education Consultants webinar focusing specifically on emerging apprenticeship models in healthcare (Spector, 2018). Several examples were presented, and additional programs identified for exploration. Representatives from the Wyoming BON and the Department of Aging presented their nursing assistant apprenticeship program sponsored by 3 long term care state facilities and using a standardized curriculum. Representatives from Kentucky briefly described their nurse externship model that they

describe as being complementary to formal nursing education programs. This program was initially championed by Norton Health with federal funds for junior level BSN and second semester Associate Degree nursing students to work and be paid essentially as nurse technicians during their summer breaks. It became the first state and nationally registered nurse apprenticeship program (Murray, 2019). Fairview Health Services, a Minnesota based healthcare system also received significant Department of Labor funding to support “apprenticeship” programs including tuition support for employees to complete their RN-to-BSN pathway in collaboration with 24 local colleges and universities in their state. Yale New-Haven Hospital has been recognized for its Nurse Residency Apprenticeship program that was DOL funded and now both state and federally registered as a formal apprenticeship program. Since apprenticeship programs are employer-initiated programs, the notion of conceptualizing transition to practice residency programs for nurses seems like a promising endeavor given that new nurses are already licensed thus avoiding the licensing/regulatory requirements of pre-licensure apprenticeship models. In addition to new RN residency options, the National Nurse Practitioner Residency and Fellowship Training Consortium (NNPRFT) provides standards and accreditation for nurse practitioner transition to practice across the nation including 9 programs functioning in Washington State, (<https://www.nppostgradtraining.com/wp-content/uploads/2019/06/PNPTAN-map.pdf>).

Recommended Priorities

Given the emerging interest in apprenticeship programs in healthcare, the following potential areas for expansion of such programs in Washington State are suggested based on increasing levels of licensing and regulatory challenges:

1. **Transition to Practice/RN and ARNP Residency Programs:** Programs such as the one at Yale New Haven Hospital and those recognized by NNPRFT could be further replicated in Washington State with few barriers to implementation since the “apprentices” would already be licensed practitioners.
2. **Nurse Externship/Nurse Technician Programs:** Since Washington State already recognizes, and registers Nurse Technicians as defined in WAC 246-840-101 and 246-840-840, the option for employers to consider seeking funding and approval for Nurse Technicians as part of a registered apprenticeship program appears viable. Although the noted WACs currently limit the Nurse Technician role to RN

students, RCW 18.79.340 does not specifically outline this limitation:

<https://app.leg.wa.gov/rcw/default.aspx?cite=18.79.340> and NCQAC may want to consider taking steps to modify the WACs to include LPN students as well.

3. **Nursing Assistant Training Programs:** Given the existing examples of Nursing Assistant (NA) apprenticeship programs and the current LTC Proviso initiative seeking to standardize CNA curricula, this may be another potential apprenticeship opportunity. Consulting with the Wyoming BON and reviewing their standardized curriculum should be considered. Analyzing options for CNA career advancement should be also be explored. For example, additional education and training through apprenticeship pathways for NA advancement might allow for a broader scope of practice under nurse delegation similar to the Oregon's Model of CNA1 and CNA2 designations.

Further inquiry with the Department of Labor and Industries (L&I) and other agencies responsible for oversight of CNAs and/or their education and training is important; these agencies include the following, all of which are involved in the LTC Workforce Development initiative: the DOH Credentialing Department, the Department of Social and Health Services (DSHS), the Workforce Education and Training Coordinating Board (WTB), the State Board of Community and Technical Colleges (SBCTC), and the Office of the Superintendent of Public Instruction (OSPI).

4. **Pre-Licensure Nursing Education Programs:** Given national accreditation and state approval processes, considering apprenticeship models for pre-licensure nursing programs would be far more challenging and complex at this point and would not be recommended for any initial apprenticeship initiatives.

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