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National Athletic Trainers' Association and American College of Sports Medicine Joint Statement on Collegiate Athletic Trainer Workforce

College Athletics is struggling with a labor crisis due to the post-pandemic “Great Resignation”. Particularly in the area of athletic training, colleges and universities are finding it more and more difficult to recruit, hire and retain talent. Given the impact and value athletic trainers (ATs) have on ‘the student-athlete experience as well as reducing athletic department and institutional risk, it is critical for organizations to understand the problem with strategies to implement change.

The National Athletic Trainers’ Association (NATA), Intercollegiate Council for Sports Medicine (ICSM) in collaboration with the NATA Compensation Task Force surveyed more than 1,120 collegiate ATs across the country, representing all levels of collegiate athletics. Compensation, organizational culture, burnout, and increased work responsibility were the significant themes that emerged.

Myth

There has been misinformation disseminated by many that there is a shortage of ATs due to the professional degree change. Data from the Board of Certification shows an increase in Certified Athletic Trainers over the past 10 years; 58,305 in 2021 compared to 38,973 in 2011¹. In addition, as of 2020 the Collegiate AT setting remains the 3rd highest represented professional setting (16%) behind secondary schools (24%) and clinic/hospitals settings (18%)². The Collegiate AT mentioned here are those working as clinical ATs and do not include educational representation. In addition, the percentage of ATs working in each professional setting remains unchanged from 2011 to 2020².

Professional Degree Change

The professional degree in the health care setting 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 a challenging 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 clinical care
2. Advanced professional education that better aligns with those of peer allied health professions
3. Attracting students who have an intentional commitment to the AT profession and who are less likely to be lost to other health professions at the post-baccalaureate level

A consequence of the professional degree change was the loss of graduate assistant athletic trainers, many of whom bolstered their full-time athletic training staff. The elimination of graduate assistant ATs

was not a primary justification for the professional degree change, however, the profession recognized that graduate assistantships created several problems.

1. The graduate degrees pursued by students were often outside of the athletic training discipline and made only limited contributions to an “advanced” body of athletic training clinical knowledge and skill.
2. The presence of AT graduate assistantships distorted the athletic health care marketplace by devaluing ATs compensation value.
3. Many collegiate athletic departments and institutions may have been violating Graduate Assistant Hour Limitations of 20 hours per week. Typically, Graduate Assistant ATs worked similar hours as full-time ATs with minimal compensation.
4. Therefore, many of the current athletic training collegiate workforce issues are the consequence of this distorted market value which require a re-balancing of the marketplace relative to all professional athletic training employment settings.

Current State of the Collegiate AT Workplace

Compensation

As the AT profession continues to see increasing employment opportunities within Occupational Health, Hospitals, Military, Industrial and Municipality settings the market is becoming more competitive. According to the 2021 McKinley Salary Survey for Athletic Training, the average collegiate salary of \$54,000 ranks second to last of all professional settings, below the overall average of \$61,000³. In addition, College Athletics is last with only a 5% rate of change in compensation from 2018-2021 as compared to the competition which ranges from 10-21%³.

Workload and Responsibilities

The clinical practice of Athletic Training in the collegiate setting has become more time consuming by increasingly prioritizing 1-on-1 patient care, providing injury prevention through the evaluation and treatment of movement dysfunction and through ATs increasing manual therapy knowledge and skills. The more time-intensive clinical demands are compounded by growing policy obligations and administrative expectations for AT staff, as recognized by National Collegiate Athletics Association (NCAA) Health Care Administrator responsibilities, [SSI AHCAHandbook.pdf \(ncaaorg.s3.amazonaws.com\)](#); National Collegiate Athletics Association Best Practices, [Sport Science Institute - NCAA.org](#); and the NATA’s Standard of Care Toolkit, [Collegiate Standard of Care Toolkit | NATA](#). The collegiate AT, under the supervision of their team physicians, is responsible for developing practice standards and educating stakeholders in the following domains:

- Risk Management
- Cardiovascular Considerations: Screening and Management
- Concussion
- Doping, Substance Abuse, Supplementation
- Medication Management
- Stakeholder Education: Student-Athletes, Coaches and Administration
- Emergency Response

- Management of Environment/Exertional Considerations
- Student-Athlete Performance and Wellness
- General Medical Conditions
- Health Care Administration and Organization
- Behavioral and Mental Health
- Musculoskeletal Injury Prevention and Management
- Medical Examinations: Pre-participation, Annual and Exit
- Facility Management
- Nutrition and Body Composition

The NATA ICSM's survey indicated that more than half of the respondents were caring for more than 100 student-athletes and 65% said they received additional responsibilities from their supervisor without an increase in compensation⁴. Due to workload, respondents expressed concerns around being able to provide an appropriate level of care to meet the expectations of the student-athletes (SA), coaches and administration leading to emotional exhaustion and burnout.

Ultimately, there is evidence-based literature supporting appropriate SA to AT ratios. Research has shown NCAA collegiate athletics injury rates were reduced by 9.5% and concussion injury rates by 6.7% with schools that had one standard deviation below the median number of 118 SA per clinician⁵. In addition, re-injury rates were lower in schools that had lower SA to AT ratios based upon their ability to care for SAs more attentively and consistently⁵.

Insufficient staffing is associated with burnout and a lack of emotional stability within the health care profession as a whole^{5,6}. A study in the secondary school setting identified 18% of ATs committing at least one medical error in the last 30 days⁶. This data is almost twice as high as physicians at 10.5% and may be due to physicians having more control of their patient load and schedules. In addition, a direct relationship exists between emotional exhaustion and the number of medical errors committed by ATs⁶.

The net effect is that athletic training practice in the collegiate setting is more time consuming than it used to be, and different than other athletic training practice settings.

Considerations within the Collegiate Setting

The collegiate AT who has remained within the collegiate setting identifies the following reasons: sports medicine culture, staff morale, location, sport coverage and benefits⁴. Organizations that have created flexible job schedules, emphasize work-life balance, created family time within the workplace and allowed for mandatory days off have below levels of work-family conflict and burnout with the above average levels of work engagement^{7,8}. Another key area is the importance of support within and outside the workplace. As ATs feel supported, their level of work-family conflict reduces⁸. Social support has been positively correlated with decreased work-family conflict and identified as a buffer against emotional exhaustion and burnout⁹.

Solutions and Action Steps

1. Conduct a compensation and benefits review of your institution's ATs, with particular attention to different AT employment opportunities, within your local area.
 - a. Additional provisions to evaluate may include license and membership reimbursement, professional development reimbursement, sign on bonuses, retention bonuses, loan forgiveness based upon time worked, and compensation for increased roles and responsibilities
2. Evaluate staffing needs per associated responsibilities
 - a. Job descriptions reflective of clinical and administrative percentages and duties
 - b. Individual AT to SA ratios with regard to injury rate and catastrophic risk
 - c. Evaluate coverage vs care philosophy with institutional risk management
 - i. Tolerance of medicolegal risks, including documentation quality and compliance
 - ii. Evaluate strategies to promote AT availability for care especially with ATs managing multiple sports
 1. May require less on-site practice/coverage
 2. Ability for ATs to set schedules and policies to promote SA care
 3. Others can be trained to act as first responders
 - a. Mandatory CPR/AED Certifications for all coaches
 - d. Promote and support a team environment that allows staff to enjoy important personnel events regardless of the time of year and work flexibility during off-seasons or less busy times of year
 - e. Salaries based upon 12 months and paid over 12 months
 - i. Understanding employees are not eligible to work when on leave of absence which includes any and all communication to SA, coaches and employees
 1. ATs need to uphold these federal regulations and show how standard of care changes during leave of absences
 - f. Provide mentorship and onboarding for early professional ATs and newly hired ATs to your organization
 - g. Create a career ladder to retain qualified, experienced athletic trainers that provides additional responsibility and compensation
3. Athletics review on Return of Investment
 - a. Calculate financial costs of your sports medicine department compared to costs if same level of care was outsourced
 - b. Overall impact Athletics has on institutional enrollment, admission rates, campus and community economic impact
 - c. Cost comparison of sports medicine budgets related to other departments/areas within Athletics
 - i. Where does this align with sport program and other departments?
 - ii. Ask the question, philosophically is this enough to purposely support student-athlete health and safety and their overall experience?
4. Enact policies that all Countable Athletic Related Policies need to be communicated to AT and other athletic department staff personnel at least one week in advance for proper organization and planning purposes.
 - a. Additional advantage is it allows all athletic department staff to plan personnel events
 - b. Sports Medicine Department approval for any competition dates that require AT on-site and/or Team Physician coverage
 - c. Policies need to account for uncontrollable factors such as weather understanding all

parties need to be flexible and respond accordingly in these situations

5. Independent Medical Care Guidelines
 - a. Develop an institutional Independent Medical Care Policy based upon the NCAA's Independent Medical Care Legislation which include institutional repercussions if not followed
 - i. Athletic Director reviews and educates all Athletic Staff annually

References

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2. Board of Certification, *Certified Athletic Trainer Totals and Practice Settings*
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4. [collegiate athletic trainer labor crisis.pdf \(nata.org\)](#)
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