Workforce Trends: Healthcare Education in California

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Overview

Accelerated programs, clinical doctorates, and for-profit programs are growing trends in health professions education in California. These approaches are often cited as strategies to address workforce shortages, expand access to education, and improve quality of care. However, evidence across the three issue briefs suggests that these strategies do not consistently achieve these goals and instead present important tradeoffs. Across all three trends, a central finding emerges: no single educational model improves workforce supply, access, cost, diversity, and quality simultaneously. Instead, each approach advances some goals while potentially undermining others. In addition, the evidence base across all three areas remains limited, particularly regarding the stability of the overall workforce and patient outcomes. This summary synthesizes findings from three issue briefs to assess how these trends impact key workforce goals: supply, time to completion, access to education, cost, diversity, and geographic distribution. The three briefs are available at https://healthforce.ucsf.edu/.

Increasing Workforce Supply

Ensuring an adequate supply of healthcare workers depends not only on the number of educational pathways available, but also on whether students successfully complete training, obtain licensure, and enter practice. While some models may expand educational capacity or shorten training in certain cases, these strategies do not consistently translate into increases in effective workforce supply. Differences in

program outcomes and time to completion can limit the extent to which these approaches address workforce shortages.

Time to Completion

- **Accelerated programs** reduce time to completion by shortening program length through strategies such as increased course load, added summer terms, and streamlined curricula.
- **Clinical doctorates** increase time to completion due to additional coursework, clinical requirements, and capstone projects. For example, Doctor of Physical Therapy programs are, on average, longer than master's programs.
- There is no evidence that **for-profit** status impacts time to completion of degree.

SPOTLIGHT

First-time licensing exam pass rates are a widely accepted measure of program quality. Research finds:

- North American Pharmacist Licensure Examination first-time pass rates are significantly lower at accelerated pharmacy programs compared to traditional ones.
- After controlling for demographic and socioeconomic factors, for-profit status was associated with significantly lower National Council Licensure Examination pass rates for nursing students.

In summary, these trends operate in opposite directions, highlighting the absence of a consistent strategy to reduce time to entry into practice across professions.

Improving Access to Educational Slots

- **Accelerated programs** may raise barriers to entry due to increased intensity and limited flexibility, particularly for students with work or family responsibilities.
- **Clinical doctorate** programs may decrease access by having more stringent admissions standards and longer training commitments. In addition, underrepresented students may be less likely to apply to doctoral programs.
- **For-profit institutions** are often more flexible and easier to enroll in, which may expand access to educational opportunities.

In summary, among the three trends, for-profit programs show the strongest evidence of expanding access to education, while accelerated and doctoral pathways may inadvertently constrain access for some students.

Ensuring Affordable Educational Pathways

- While reducing program length can reduce costs, some **accelerated programs** are just as expensive as their traditional counterparts.
- **Clinical doctorate programs** are generally more expensive due to longer program length and additional requirements. At public institutions, research found that median tuition and fees for DPT programs were 63% higher than for master's degree programs.
- Students at **for-profit institutions** often take on more debt, though costs vary by profession and institution. For example, our analysis of IPEDS data of California healthcare programs found that for-profit pharmacy programs may be less expensive.

SPOTLIGHT

Accelerated programs can have similar costs to traditional programs. For example, the estimated cost of all three years of dental school tuition at the University of the Pacific is $395,244, compared to an estimated cost of all four years of tuition at USC, which is $458,051.

In summary, across all three trends, there is little evidence that newer educational models systematically reduce the financial burden on students.

Improving Racial and Ethnic Representation

- Across medicine, dentistry, and nursing, available evidence suggests that **accelerated programs** may enroll smaller numbers of underrepresented minority students compared to traditional programs.
- **Clinical doctorate programs** may negatively impact diversity by increasing time and cost barriers, although empirical evidence is limited.
- **For-profit institutions** may enroll more diverse student populations but concerns about debt burden and outcomes raise questions about their effectiveness in advancing equitable workforce outcomes.

In summary, while some models may increase access for underrepresented students, none consistently improves both access and successful outcomes for these populations.

Improving Geographic Distribution

- Limited evidence is available across all three areas regarding impacts on geographic distribution of the workforce.
- Some **accelerated programs** include hybrid or online options, which may increase access for students in rural areas.
- There is insufficient data to determine whether these educational models improve workforce distribution in underserved areas.

In summary, geographic impacts remain largely unknown, representing a critical gap in the evidence base.

Conclusions

Across all three models, there is a consistent lack of robust evidence on longer term outcomes, including workforce supply, geographic distribution, and patient care. In many cases, policy and programmatic changes were implemented before strong supporting evidence was available. Across accelerated programs, clinical doctorates, and for-profit institutions, the evidence suggests that no single educational strategy consistently advances all health workforce goals. Instead, each approach presents tradeoffs across supply, access, cost, diversity, and quality.

Future Directions

Amidst a changing landscape of federal and state funding and priorities, policymakers and other stakeholders will need to rethink how to prioritize strategies. Given these mixed findings, a single next solution is unclear. Bringing together policymakers, educators, workforce leaders, and community stakeholders to assess which combinations of strategies are most effective to meet shared goals for specific professions and regions is needed. A coordinated, evidence-informed approach will be essential to ensure that efforts to expand and modernize health professions education

translate into meaningful improvements in workforce supply, equity, and access to care for Californians.