

Pipelines and Ladders: Dual Strategies for the Allied Health Workforce

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Purpose: To stabilize the ambulatory allied health workforce by simultaneously strengthening entry-to-practice pipelines and formalizing career advancement ladders for Medical Assistants [MAs], thereby improving retention, engagement, and operational reliability.

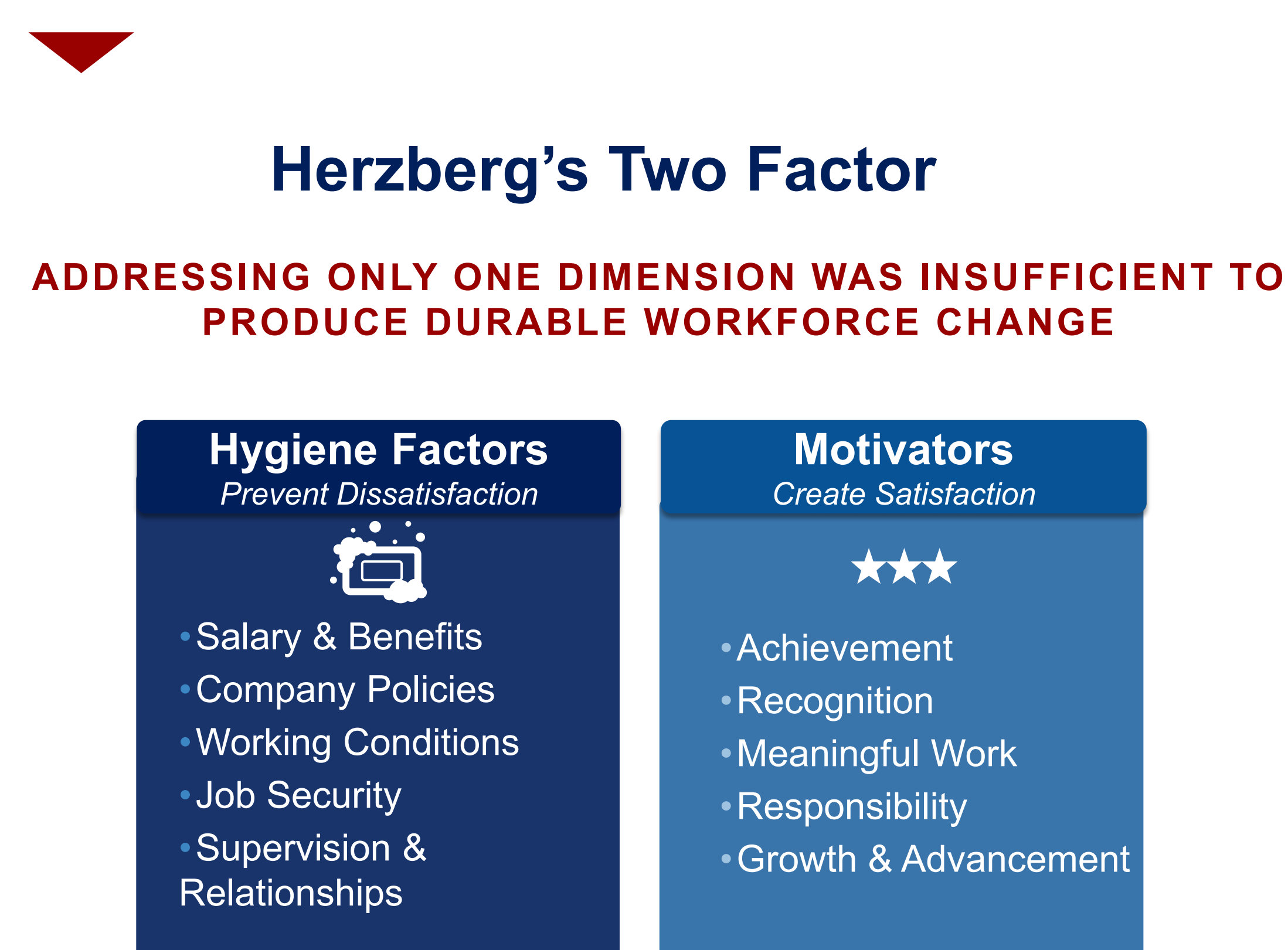
Introduction:

Healthcare systems face growing instability among lower-wage healthcare roles that are critical to care delivery and throughput. Projections illustrate a substantial portion of this workforce leaving, even as demand continues to grow. Without intentional recruitment and development strategies, organizations risk persistent vacancies, turnover, and disruption to patient care.

Background:

- Medical Assistants are essential to ambulatory operations yet experience high attrition and limited career mobility.
 - Forecasters predict that 6.5 million lower-wage healthcare workers will exit their positions by 2026
 - Subsequently, the Bureau of Labor Statistics (2024) signals that the employment of medical assistants (MAs) is expected to grow 14 percent from 2022 to 2032
 - Methods to bolster the pipeline and career pathing of assistive personnel are crucial to stabilizing the nursing workforce and reducing turnover
- In a multi-site academic medical center with over 300 physician practices, MA vacancy and retention challenges exceeded benchmarks, threatening patient access, operational efficiency, and financial sustainability.
- Herzberg's Motivation-Hygiene Theory was the Framework

Figure 1: Overview of Herzberg's Hygiene vs Motivators Theory



Interventions:

A dual-strategy workforce model was implemented to address both entry-to-practice barriers and long-term career development within the MA workforce.

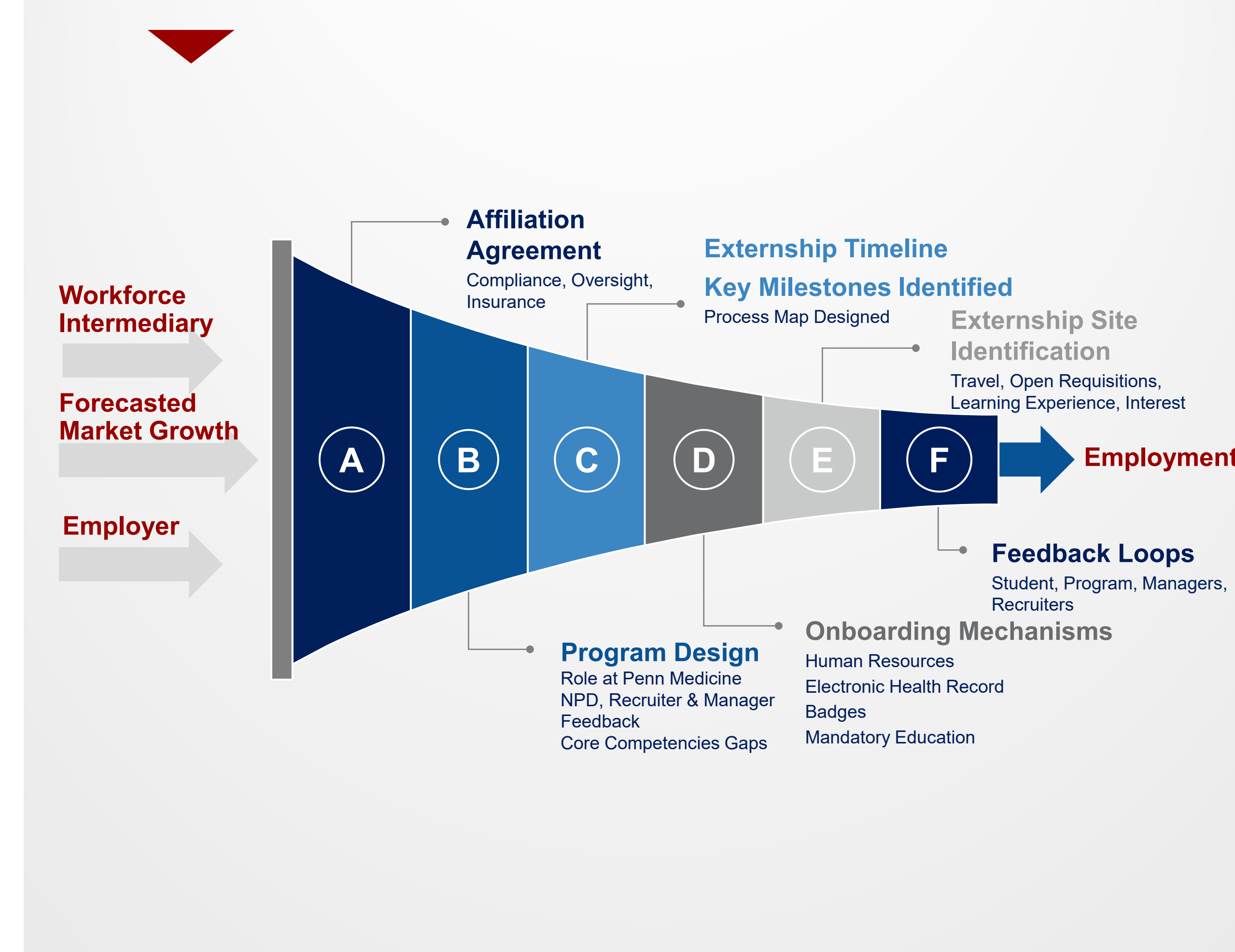
Hygiene Factors – Entry into Practice

- Implemented a structured 4-week MA externship program in partnership with Nursing Professional Development, Talent Acquisition, and Human Resources.
- Standardized onboarding timelines, competency evaluations, and manager–recruitment feedback loops to support transition to practice and hiring decisions.
- Externships supported:
 - Assessment of clinical readiness for ambulatory practice
 - Improved student–practice alignment
 - Department-based training capacity without additional financial investment
 - Early identification and support for learners requiring development
 - Enhanced job embeddedness and organizational commitment

Motivators – Career Advancement

- Developed a two-tier MA clinical ladder in partnership with Executive Leadership and Human Resources to support retention and professional growth.
- Eligibility criteria:
 - ≥2 years of experience in the MA role
 - Active BLS/CPR and MA certification
 - Performance rating ≥ “partially exceeds expectations”
 - No active performance management actions
- Points-based advancement portfolio included:
 - Professional development: continuing education or academic progression
 - Leadership engagement: precepting, community service, specialty training
 - Quality and safety contributions: audits, regulatory readiness activities, project participation

Figure 2: Medical Assistant Externship → Workforce Pipeline



36% ↓
in Medical Assistant Turnover

Figure 3: Medical Assistant Advancement Checklist

Outcomes:

Implementation of the dual-strategy workforce model produced measurable improvements in workforce pipeline development, engagement in career advancement, and retention of experienced staff.

- Pipeline Outcomes:** Over two years, the MA externship pipeline achieved a 40% student-to-employee conversion rate, expanding entry into healthcare careers for community members, strengthening workforce diversity, and supporting organizational staffing needs
- Career Ladder Engagement:** Implementation of the MA clinical ladder demonstrated 28% workforce participation, with 80% of applicants successfully advancing through the structured review process.
- Retention with Advancement:** Longer-term outcomes include a 97% retention rate among MA II staff
- Internal mobility:** Seven MA II employees were promoted into higher-level roles within the organization.

Conclusion:

Workforce instability among allied health roles cannot be resolved through recruitment or retention strategies alone. This dual-pathway model demonstrates that simultaneous investment in entry-to-practice pipelines and structured career advancement ladders produces measurable, sustainable workforce outcomes.

Call to Action:

- Adopt integrated pipeline and ladder strategies rather than isolated workforce initiatives
- Align recruitment, professional development, and human resources around shared workforce metrics
- Replicate this model across other allied health roles and care settings to strengthen throughput, engagement, and internal mobility
- Shift workforce planning from short-term vacancy management to long-term career sustainability

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