Impending changes in the U.S. health care system will impact all health professions in ways that have not yet been realized. The athletic training profession must be prepared to adapt to the upcoming changes, because the emerging health care system will not adapt to the profession’s traditional role. We must make critical decisions to ensure that athletic trainers (ATs) will have relevance within the national healthcare landscape. Current professional education must be transformed to better prepare ATs to practice in emerging roles and settings. The need for high-quality outcomes data that document the value of the skills and expertise of ATs will become even more important.

The athletic training profession needs to develop closer relationships to organizations such as the American Medical Association, American Osteopathic Association, and American Hospital Association. The historic semi-autonomous function of ATs under the direction of physicians is an advantageous professional characteristic for expansion of clinical practice opportunities in the future. Having always been directly accessible to athletes for management of their health-related needs, independent practice has not been pursued by the athletic training profession. Alignment of professional interests with those of physicians may prove to be a key factor in expansion of opportunities for ATs within the health care system.

**Key Points**

- As the U.S. health care system changes, the athletic training profession must change its professional education programs.
- Athletic training education must transform to align more closely with interdisciplinary training and patient care.

**Professional Education**

The professional preparation of all clinicians must include a focus on quality improvement to address the operational problems that characterize the current health care system. Ranawat, et al.1 stated: “physicians and all health care providers should emphasize the use of such proven guidelines (evidence-based medicine) and should strive to embrace and implement evidence-based practice guidelines.”
While the athletic training profession was implementing new educational requirements to standardize professional preparation among programs, transition to a clinical doctorate degree was initiated by professional organizations for audiology,\(^2\) advanced practice nursing,\(^3\) and physical therapy.\(^4\) Accreditation of athletic training education programs by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) did not occur until 1991,\(^5\) whereas other health professions had standardized their educational programs many years earlier. Prior to accreditation by CAAHEP, the National Athletic Trainers’ Association recognized programs that provided structure, but there was no independent review process to ensure that the programs provided high-quality education.\(^5,6\)

While the athletic training profession was focused on development of a single route to national certification, the audiology, nursing, and physical therapy professions were implementing educational changes to enhance their stature within the health care system. We must take a hard look at our professional education process to ensure that we are prepared for the health care system of tomorrow. Although other health professions did not know how future changes might affect their practice opportunities, they did recognize the need to proactively implement a strategy to gain more autonomy and better access to patients. Because independent practice has never been a goal of the athletic training profession, the clinical doctorate is not necessarily the educational degree that ATs need to expand practice opportunities. However, a long-term perspective should guide further changes in the professional preparation of ATs.

State practice regulations that require ATs to work under the supervision of a physician can be viewed as a significant benefit to expansion of professional practice opportunities. As advanced practice nurses have sought to expand the scope of independent practice, an adversarial relationship has developed between nursing and physician groups.\(^7\) ATs are more likely to gain support from physician organizations through willing acceptance of the historic supervisory role of the physician.

Although nearly 70\% of ATs have earned a master’s degree,\(^8\) the vast majority did not receive education at the graduate level that was specific to the practice of athletic training. The appropriate level of professional preparation must be reevaluated to ensure that ATs will have clinical practice opportunities within the changing health care system. Transitioning professional education programs from the bachelor’s level to master’s level will present challenges, but it must be given careful consideration. Just as earlier athletic training education reform met resistance,\(^5\) there may be a segment of the profession that will be opposed to a requirement for graduate-level professional education. Concerning the previous reform of athletic training education, Weidner and Henning\(^6\) noted that “(t)he overall goal of the reform was to enhance the credibility of the field within the health care professions...”\(^6\) Lack of professional credibility was a major factor that resulted in exclusion of ATs from CMS “incident-to” billing.

Just as the training of physicians needs to be better aligned with integrated health care delivery,\(^1\) athletic training education must be re-conceptualized. Craig\(^8\) has noted that major goals of earlier athletic training education reform were based on concerns that included “competition in the health care arena, adaptation to the expectations of the health care community, strengthening of the quality, reputation, and educational requirements of the ATC credential, and integrating a clinical-education model based on measurable, standardized, and referenced learning objectives.” Interdisciplinary team-oriented training\(^6\) and clinical practice\(^1,9,10\) will clearly be necessary for alignment with the emerging health care system of the future. Athletic training students need more educational experiences with physicians and other health care providers. Although athletic training education program accreditation standards were expanded to include clinical experiences with other health care professionals,\(^6\) they are often short rotations that limit interactions. Interdisciplinary collaboration will become increasingly important to promote a “team-based” approach to patient care.

Although the traditional role of the AT in high school, college, and professional sports is likely to continue, the long-term viability of the athletic training profession will depend on integration within new health care delivery models. Development of post-professional residency programs and certificates of additional qualifications (CAQs) will be necessary to optimally prepare ATs for professional practice opportunities in emerging settings.\(^11\)

**Conclusions**

There is no doubt that impending health care reform will dramatically change the manner in which services are delivered in the United States. ATs who work in a