

Clinical preceptorship stipends: A strategy to strengthen health workforce development in Utah

Health and Human Services
Interim Committee

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**Department of Health
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Health Workforce Advisory Council (HWAC)

Utah Code: 26B-1-425

The HWAC is charged with studying Utah's health workforce **trends, demand, and education pathways** and **providing informed recommendations** to the State Legislature and other statutorily named entities.

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Data Subcommittee

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Clinical preceptors: why, what, and how

Why

- All healthcare students must complete clinical training to meet their pre-professional **degree requirements**.

What

- **Clinical preceptors are community-based licensed professionals** who provide the majority of clinical training.

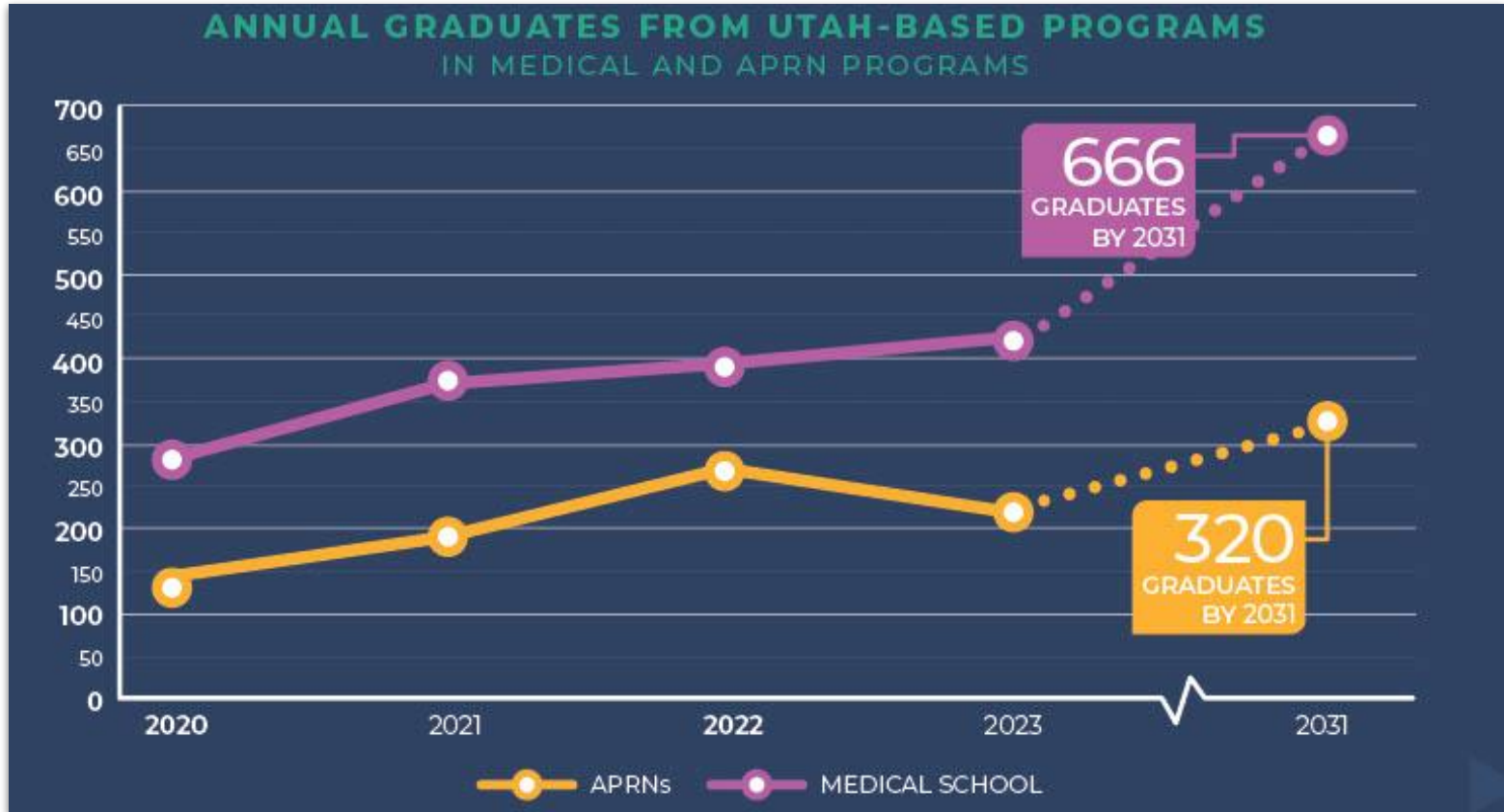
How

- Most clinical preceptors are **unpaid** and face significant **productivity and financial losses** when teaching.
- **Some states and academic institutions have begun to offer incentives** to clinical preceptors to recognize their contributions.

Strengthening clinical preceptors: progress updates

- In 2025, the HWAC:
 - ◆ Commissioned Veritas Health Solutions to conduct a study on preceptorship in Utah.
 - ◆ Developed recommendations for clinical preceptor incentives targeting medical students, advanced practice nursing students, and physician assistant students (*prioritizing primary care*).
- H.B. 359 (Rep. Monson): Proposed a preceptor stipend program; the bill was held in committee.
- HWAC recommendations were used to inform Utah Rural Health Transformation Program initiative to pilot a clinical preceptor program, but a sustainable state strategy is needed.

By 2031, the state will require 3,000 additional preceptorships annually, representing a 57% increase from 2023 levels



Pilot program: Utah Rural Health Transformation Program* (RHTP) preceptorship program

Data collected through this will help to inform a state-level approach for a stipend program

Background

- HWAC submitted the preceptorship stipend program proposal to Utah RHTP.
- Workforce development workgroup adopted the program as a priority.
- Utah submitted the program as part of the application to CMS.
- Utah was awarded \$195.7 million in federal funding for Year 1

Plan

- Initiative # 2- RISE 2.2, 2.C: Rural Clinical Preceptor Stipend Program
- \$200k for Year 1 awarded, plan to secure \$200k annually for a total of \$1M over 5 years.
- Demand: strong initial interest with ~435 survey responses
- Time limited - 5 years

Why and how should Utah invest in this type of program?

- **Expands the healthcare pipeline**
 - ◆ Utah will not be able to grow its healthcare workforce without additional clinical preceptors.
- **Helps to combat provider burnout**
 - ◆ Incentives acknowledge the effort and time providers are putting into teaching
- **Recruitment and retention**
 - ◆ Providers often choose to practice where they were trained
 - ◆ Expands the pool of providers serving as preceptors
- **Lessons from other states**
 - ◆ State appropriations
 - ◆ Licensure surcharge

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Thank you!



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