



DHCC AND GOVERNOR'S OFFICE ROUNDTABLE RECAP

ROUNDTABLE RECAP

Purpose: Bring together leadership from Delaware's major post-secondary academic institutions and hospitals to discuss the state's non-physician healthcare workforce needs.

Focus: Both licensed and unlicensed professionals, excluding physicians, dentists, podiatrists, and optometrists.

Objectives: Identify near-term “low-hanging fruit” to correct supply demand mismatches. Strengthen partnerships among health systems, academic institutions, and government to accelerate workforce pipelines and remove friction (licensure, credentialing, payer enrollment).



Participants: Delaware's health systems and higher education institutions outlined current programs and shared workforce needs and recruitment challenges. 2

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Goals:

1. Gain a clear understanding of current and emerging workforce demands across the healthcare continuum.
2. Identify where educational and training capacity can meet these needs—and where gaps exist.
3. Explore how government policy, resources, and investment can help close those gaps.
4. Ensure our approach serves the diverse needs of Delaware residents, from rural to urban areas, north and south
5. Avoid unnecessary duplication of programs and services.



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Scope of Discussion: Participants addressed workforce needs for **all licensed and unlicensed non-physician roles**

- **Clinical and Allied Health Professionals:** medical assistants, respiratory therapists, physical therapists, occupational therapists, audiologists, speech language pathologists, radiologic technologists, dental hygienists, paramedics, pharmacists, pharmacy technicians, etc.
- **Health Information & Administrative Roles:** health information technologists, medical coders, patient care coordinators, etc.
- **Support Services in Healthcare Settings:** sterile processing technicians, laboratory technicians, laboratory scientists, dietary staff, environmental services, healthcare facilities management



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Gaps and Needs Identified

Program capacity: Expand lab space, simulation facilities, and seats for high-need roles (respiratory therapy, pharmacy tech, infection prevention, imaging); address instructor shortages and clinical preceptor capacity.

Housing and affordability: Workforce housing near employment hubs; awareness and utilization of state down payment/closing cost assistance; options for rent support tied to multi-year service.

Awareness and guidance: Clear, parent-facing roadmaps for allied health careers with stackable credentials; align high school pathways with employer-validated competencies and regional program availability. Increase student awareness of less-visible roles (RT, MLS, infection prevention, pharmacy tech).

Regulatory consistency: Standardize student background check requirements statewide; reduce cost burden; define portability and duration.

CNA pipeline flexibility: Reassess instructor requirements (e.g., 2 years LTC-only experience) to avoid narrowing supply. Expand interstate compacts beyond physicians/nurses to allied professions; reconcile interstate CNA classifications.

Speed to productivity: Streamline licensure, payer credentialing, and delegated credentialing; reduce duplicative steps and timelines. Create a Clinical training inventory. Centralized accounting of training “bed” capacity across roles and specialties to coordinate placements and growth.

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Solutions and Opportunities

Make Delaware a net importer of healthcare talent: Reduce friction (licensure, payer, background checks); offer relocation/loan incentives; facilitate spouse employment; enhance school options; housing support.

Scale shared training infrastructure: Multi-institution hubs in Sussex/Kent with 24/7 lab utilization; pooled preceptor networks; shared equipment; coordinated scheduling.

Expand financial supports: Loan repayment and service scholarships for allied roles (CNA SLRP-style) and rural service commitments; employer–state co-funding models; WIOA/VIA grants for tuition and stipends.

Compress curricula and innovate delivery: Follow national exemplars on accelerated, competency-based programs within accreditation flexibilities; localize instruction to improve retention.

Veteran pathways: Credit military medical experience toward MA/CNA/tech roles; fast-track bridging programs.

Standardize and subsidize background checks: One statewide standard acceptable to K–12, LTC, hospitals; state-funded for students; defined reuse window to enable seamless progression.

Marketing and retention strategies: Geotargeted campaigns to licensed Delawareans out-of-state; enhanced engagement with out-of-state students training in Delaware to anchor them locally; scholars and residency tie-ins.

Data and governance: Build a statewide dashboard for demand, seats, clinical capacity, and preceptor availability; align DHCC Workforce Subcommittee to coordinate expansions.