*2015* Statistical **Profile** Certified Physician Assistants











# Message from the **President and CEO**

Dawn Morton-Rias, Ed.D, PA-C

#### Dear Colleagues:

As the PA profession's certification body, we believe that all people should have access to affordable, high quality health care and that certified PAs are vital to the delivery of that care. We work to support certified PAs and their patients by advancing the credibility and capabilities of the PA workforce through certification and recertification processes that reflect standards of knowledge, skills and behaviors required upon entry into practice and throughout the PA career.

The work of the certification body complements that of the educational programs that prepare PA students for entry to practice and that of medical education program providers that offer continuous professional development activities. Together we are advancing the multiplying force of certified PAs working in collaboration with physicians across the health care landscape to make affordable, high quality care more accessible. From rural health clinics to urban hospitals, from Alaska to Florida, in the US and abroad, certified PAs are meeting the needs of patients whatever and wherever they may be.

This report documents the current state of PA practice in terms of geographic distribution, practice patterns and demographic characteristics. Our hope is that those who develop policies, make hiring decisions and report on matters related to health care and health care providers will find this and other NCCPA reports and to be indispensable resources on the growing PA profession.

Sincerely,

Dawn Morton-Rias, Ed.D, PA-C

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# About the Data and **Collection Methodology**

#### Introduction

Since certifying the first physician assistants (PAs) in 1975, NCCPA has collected data on the PA profession as PAs completed various processes related to obtaining initial certification and then maintaining certification by earning and logging continuing medical education credits and passing recertification examinations. In May 2012, NCCPA's data gathering efforts were significantly enhanced with the launch of the PA Professional Profile. This data gathering instrument is presented to PAs through a secure portal within NCCPA's website. The Profile was launched with two modules: "About Me" and "My Practice."

In December 2012, NCCPA added a "Recently Certified" module delivered online to PAs who have been certified for less than six months. Data from that module can be found in another report (2014 Statistical Profile of Recently Certified Physician Assistants) and will be updated yearly.

#### Data Editing and Analysis

Data reflected in this report includes responses from PAs who were certified as of December 31, 2015 and completed at least a portion of the Profile between May 2012 and December 31, 2015. In addition, some data was obtained from other NCCPA data collection strategies. As of December 31, 2015, there were 108,717 certified PAs, and 101,739 provided responses for at least a portion of the PA Professional Profile, yielding an overall response rate of 93.6%.

The data provided in this report has been aggregated from the individual response data provided by PAs through the PA Professional Profile or other NCCPA data gathering efforts. Responses were examined for consistency and potential errors. In cases of obvious error or inconclusive data, the responses were not included in the analysis. The number of responses to individual items varies due to differing response rates or due to the data being removed for reasons previously noted. Analyses of the data consist primarily of descriptive statistics.

#### About NCCPA

NCCPA is the only certifying organization for PAs in the United States. Established as a not-for-profit organization in 1974, NCCPA is dedicated to providing certification programs that reflect standards for clinical knowledge, clinical reasoning and other medical skills and professional behaviors required upon entry into practice and throughout the careers of PAs. All U.S. states, the District of Columbia and the U.S. territories have decided to rely on NCCPA certification as one of the criteria for licensure or regulation of PAs. More than 130,000 physician assistants have been certified by NCCPA since 1975.

For more information about NCCPA, visit our website: www.nccpa.net.

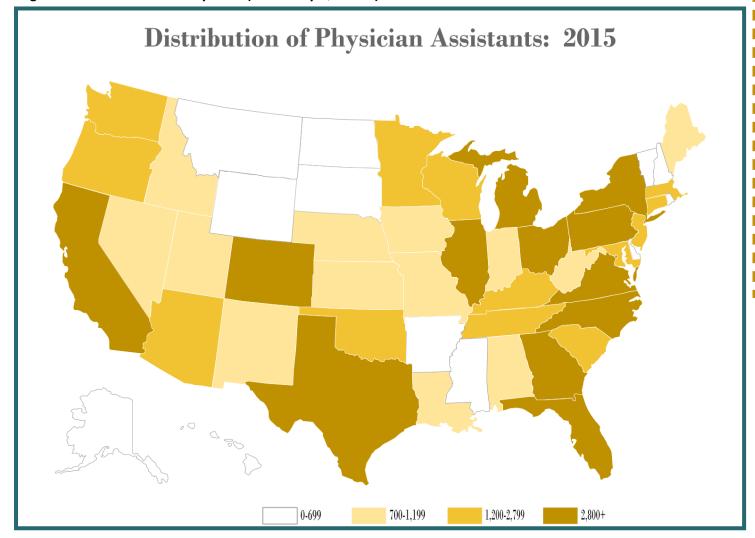
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#### Distribution of Certified Physician Assistants in the U.S.

Number of PAs by state; Rate of PAs per 100,000 population by state (divided by quartiles); Actual number, percentage of total population of certified PAs, and number per 100,000 people by state with state rankings.

Figure 1: Distribution of PAs by State (Divided by Quartiles)



#### **Noteworthy:**

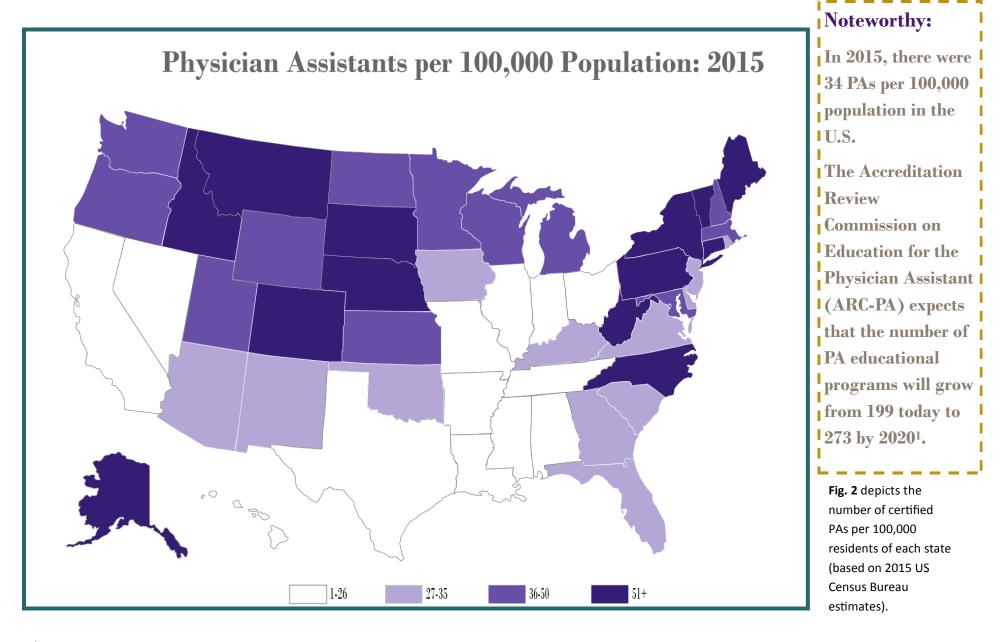
There were approximately 80,019 certified PAs at the end of 2010; the profession grew 35.9% over the next 5 years reaching 108,717 certified PAs at the end of 2015.

Mississippi and Arkansas experienced the highest percentage growth between 2014 and 2015 (18.6% and 15.4% respectively). North Dakota experienced the lowest growth of 0.7%.

**Fig. 1** highlights the states with the greatest numbers of certified PAs based on state of residence as reported to NCCPA.

On Dec. 31, 2015, there were 108,717 certified PAs. The number of PAs has grown 6.6% between 2014 and 2015.

Figure 2: Distribution of PAs per 100,000 Population



<sup>&</sup>lt;sup>1</sup> ARC-PA Accreditation Standards for Physician Assistant Education ©, http://www.arc-pa.com/documents/current%20and%20project%.20growth%204.17.15.pdf

Table 1: PAs by State, Number, Percent, Rate and Rank

State	Number	Percent of Total (Rank)	Rate* (Rank)
Alabama	677	0.6 % (38)	13.9 (49)
Alaska	526	0.5% (41)	71.2 (1)
Arizona	2,377	2.2% (17)	34.8 (26)
Arkansas	329	0.3% (44)	11.0 (50)
California	8,605	8.0% (2)	22.0 (44)
Colorado	2,855	2.6% (11)	52.3 (9)
Connecticut	1,918	1.8 % (20)	53.4 (7)
Delaware	299	0.3% (47)	31.6 (34)
D.C.	232	0.2% (50)	34.5 (27)
Florida	6,765	6.3% (5)	33.4 (31)
Georgia	3,240	3.0% (8)	31.7 (33)
Hawaii	290	0.3% (48)	20.3 (46)
Idaho	855	0.8% (34)	51.7 (12)
Illinois	2,964	2.7% (9)	23.0 (43)

State	Number	Percent of	Rate*
		Total	(Rank)
		(Rank)	
Indiana	1,173	1.1% (26)	17.7 (47)
Iowa	1,026	0.9% (29)	32.8 (32)
Kansas	1,050	1.0% (28)	36.1 (25)
Kentucky	1,230	1.1% (25)	27.8 (36)
Louisiana	1,009	0.9% (30)	21.6 (45)
Maine	735	0.7% (35)	55.3 (4)
Maryland	2,661	2.5% (14)	44.3 (16)
Massachusetts	2,710	2.5% (13)	39.9 (18)
Michigan	4,461	4.1% (7)	45.0 (15)
Minnesota	2,180	2.0% (19)	39.7 (21)
Mississippi	172	0.2% (51)	5.7 (51)
Missouri	951	0.9% (32)	15.6 (48)
Montana	548	0.5% (40)	53.1 (8)
Nebraska	991	0.9% (31)	52.3 (10)

(continued)

Noteworthy:
Certified PAs
practice
medicine in all
50 states and
D.C.
The top five states
ranked by the
number of
certified PAs are:
1. New York
2. California
3. Texas
4. Pennsylvania
5. Florida
The top five states
ranked by
<u>concentration</u> per
100,000
population are:
1. Alaska
2. South Dakota
3. Pennsylvania
4. Maine
5. New York

<sup>\*</sup>Rate per 100,000 population based on 2015 US Census estimate

Table 1: PAs by State, Number, Percent, Rate and Rank, continued

State	Number	Percent of Total (Rank)	Rate* (Rank)
Nevada	714	0.7% (36)	24.7 (41)
New Hampshire	653	0.6% (39)	49.1 (14)
New Jersey	2,451	2.3% (16)	27.4 38)
New Mexico	708	0.7% (37)	34.0 (29)
New York	10,843	10.0% (1)	54.8 (5)
North Carolina	5,236	4.8% (6)	52.1 (11)
North Dakota	304	0.3% (46)	40.2 (17)
Ohio	2,858	2.6% (10)	24.6 (42)
Oklahoma	1,337	1.2% (24)	34.2 (28)
Oregon	1,454	1.3% (22)	36.1 (24)
Pennsylvania	7,143	6.6% (4)	55.8 (3)
Rhode Island	315	0.3% (45)	29.8 (35)
South Carolina	1,352	1.2% (23)	27.6 (37)
South Dakota	522	0.5% (42)	60.8 (2)

<sup>\*</sup>Rate per 100,000 population based on 2015 US Census estimate

State	Number	Percent of Total (Rank)	Rate* (Rank)
Tennessee	1,744	1.6% (21)	26.4 (40)
Texas	7,335	6.8% (3)	26.7 (39)
Utah	1,169	1.1% (27)	39.0 (22)
Vermont	335	0.3% (43)	53.5 (6)
Virginia	2,806	2.6% (12)	33.5 (30)
Washington	2,623	2.4% (15)	36.6 (23)
West Virginia	947	0.9% (33)	51.4 (13)
Wisconsin	2,296	2.1% (18)	39.8 (19)
Wyoming	233	0.2% (49)	39.8 (20)
TOTAL	108,207	100%	

An additional 510 certified PAs were living abroad in 2015, bringing the total number of certified PAs at the end of 2015 to 108,717.

## Gender and Age of Certified Physician Assistants

Distribution of certified PAs by age and gender; Number by gender; Number by age group.

Figure 3: Distribution of Certified PAs by Age and Gender



**Table 2: Number of PAs by Gender** 

Gender	Number	Percent
Male	35,648	32.8%
Female	73,055	67.2%
Total	108,703	100.0%

In **Table 2,** the total numbers are less than the total number of certified PAs (see Table 3) due to the decision of some not to report a gender.

## Noteworthy:

- The median age of certified PAs was 38 in 2015.
- In 1980 36% of PAs were female<sup>1</sup>
- Today 67.2% of all certified PAs are female.
- 42.0% of all certified PAs were female and under 40 years old

**Table 3: Number of PAs by Age Group** 

Age Group	Number	Percent
<30	19,157	17.6%
30-39	40,236	37.0%
40-49	25,119	23.1%
50-59	15,406	14.2%
60+	8,799	8.1%
TOTAL	108,717	100.0%

<sup>&</sup>lt;sup>1</sup> He, Xiaoxing Z., Ellen Cyran, and Mark Salling. "National Trends in the United States of America Physician Assistant Workforce from 1980 to 2007." *Human Resources* for Health Hum Resour Health 7.1 (2009): 86. Web

#### Race and Ethnicity of Certified Physician Assistants

Number of PAs by race; Number of PAs by ethnicity.

**Table 4: Number of PAs by Race** 

Race	Number	Percent
White	82,240	86.7%
Black/African American	3,712	3.9%
Asian	5,012	5.3%
Native Hawaiian/Pacific Islander	344	0.4%
American Indian or Alaskan Native	418	0.4%
Other	3,088	3.3%
Total Responses	94,814	100%

**Table 4,** represents PAs that chose one race. Of the respondents that chose only one race, 86.7% indicated they were white. Respondents were able to choose multiple races, and 1,733 did so. 5,191 indicated that they preferred not to answer the question.

## **Noteworthy:**

In the last three years, there has been a slight increase in the percentage of PAs choosing multiple races (1.4% and 1.8% respectively).

The percentage of Hispanic PAs increased from 3.5% in 2000<sup>1</sup> to 6.2% in 2015.

**Table 5: Number of PAs by Ethnicity** 

Hispanic, Latino/a, or Spanish Ethnicity	Number	Percent
Mexican, Mexican American, Chicano/a	2,335	2.4%
Puerto Rican	739	0.8%
Cuban	461	0.5%
Other Hispanic, Latino/a, or of Spanish origin	2,395	2.5%
Total Responses	5,930	6.2%

**Table 5**, represents PAs that chose one ethnicity. 184 respondents chose two, and three respondents chose three. Of those that responded, 93.8% (90,769) indicated that they were <u>not</u> Hispanic, Latino/a, or of Spanish origin. Respondents were able to choose multiple ethnicities. 4,636 indicated that they preferred not to answer the question.

<sup>&</sup>lt;sup>1</sup> Hooker, Roderick S., and James F. Cawley. *Physician Assistants in American Medicine*. New York: Churchill Livingstone, 2003. Print.

## **Educational Profile of Certified Physician Assistants**

Number of PAs by highest degree completed.

**Table 6: Number of PAs by Highest Degree Completed** 

Degree	Number	Percent
Certificate program	1,993	2.0%
Associate's degree	1,778	1.7%
Bachelor's degree	25,341	24.9%
Master's degree	69,843	68.6%
PhD	533	0.5%
Ed.D	50	<0.1%
Professional doctorate (e.g., MD, DO, DrPh, PsyD)	1,193	1.2%
Other	1,007	1.0%
TOTAL	101,738	100%

#### Noteworthy:

The average PA educational program is 26.9 months long.¹ Over time, programs have trended towards the graduate level, and by 2020 all PA programs must confer a graduate degree to be accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA).² This is evident as the percentage of master's degree certified PAs has increased from 66.2% in 2013 to 68.6% in 2015.³

Forbes ranked physician assistant as #1 of the 10 most promising jobs of 2015, and The Bureau of Labor Statistics estimates it will grow 30.4% between 2014 and 2024.

<sup>&</sup>lt;sup>1</sup> PAEA Physician Assistant Educational Programs in the United States, 30th Report on Physician Assistant Educational Programs in the United States; 2015.

<sup>&</sup>lt;sup>2</sup> ARC-PA Accreditation Standards for Physician Assistant Education©, 4th edition. 2010 Approved March 2010, updated September 2014

<sup>&</sup>lt;sup>3</sup> NCCPA 2013 Statistical Profile of Certified Physician Assistants, An Annual Report of the National Commission on Certification of Physician Assistants. 2014.

## Languages Other than English Spoken with Patients

Top 10 languages other than English spoken with patients.

Figure 4: Percent of Certified PAs that Communicate with Patients in Other Languages



<sup>\*</sup>For PAs that responded "other" to language, the highest number included were: Hebrew, American Sign Language, Punjabi, Ukrainian, and Malayalam.

**Fig. 4** shows the percentage of certified PAs who communicate with patients in languages other than English by the top 10 most frequently identified languages. A total of 22.6% of respondents indicated they could communicate with patients in a language other than English.

# Noteworthy:

22.6% of certified PAs can communicate with patients in a language other than English

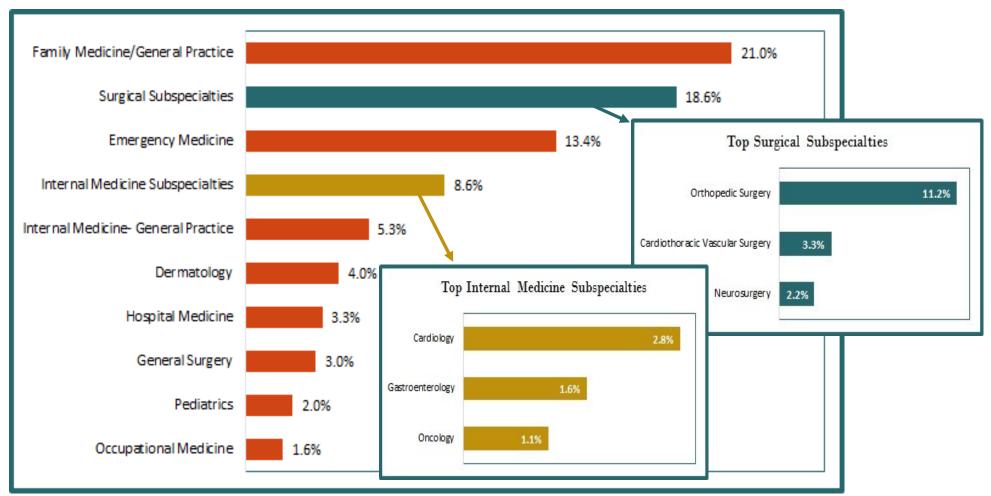
3.5% of certified PAs speak two or more languages other than English.

Of the PAs who communicate with patients in a language other than English, 81.5% do so in Spanish.

## **Current Practice Area of Principal Clinical Position**

Top 10 practice areas; All practice areas; Primary care vs non-primary care practice by state; Practice setting; Intent to leave clinical practice; PAs employed in more than one position.

Figure 5: Top PA Practice Areas by Percent



The Profile asked PAs to identify their practice area and other practice characteristics for both a principal clinical position and — for those working in more than one clinical setting — for a secondary clinical position. The data shown in this section is based only on responses to the question regarding the principal clinical position. 94.6% or 86,615 of Profile respondents indicated they practice in at least one clinical position.

Table 7: Number and Percent of PAs by Principal Clinical Position \*

Area of Practice	Number	Percent
Adolescent Medicine	167	0.2%
Anesthesiology	362	0.4%
Critical Care Medicine	1,060	1.3%
Dermatology	3,270	4.0%
Emergency Medicine	10,876	13.4%
Family Medicine / General Practice	17,090	21.0%
Gynecology	323	0.4%
Hospital Medicine	2,654	3.3%
Internal Medicine– General Practice	4,290	5.3%
Internal Medicine – Subspecialty	7,046	8.6%
Neurology	688	0.8%
Obstetrics and Gynecology	1,024	1.3%
Occupational Medicine	1,280	1.6%
Ophthalmology	60	0.1%

Area of Practice	Number	Percent
Otolaryngology	730	0.9%
Pathology	11	<.1%
Pediatrics	1,631	2.0%
Pediatrics – Subspecialties	842	1.0%
Physical Medicine / Rehabilita- tion	821	1.0%
Preventive Medicine / Public Health	147	0.2%
Psychiatry	1,033	1.3%
Radiation Oncology	147	0.2%
Radiology	578	0.7%
Surgery– General	2,434	3.0%
Surgery – Subspecialties	15,124	18.6%
Urology	958	1.2%
Other	6,628	8.2%
TOTAL	81,274	100.0%

28.3% of certified PAs
work in primary care:
family
medicine/general
practice, general internal
medicine, and general
pediatrics.

The pediatric
subspecialties with the
greatest number of PAs
include: neonatalperinatal medicine (238),
pediatric emergency
medicine (157) and
pediatric
hematology/oncology
(108).

**Table 7** shows the number percentage of certified PAs by principal clinical position. Cardiology and gastroenterology were the two largest internal medicine subspecialties with 2,273 and 1,305 respectively. Surgical subspecialties with the highest number of PAs include: orthopedic surgery (9,071), cardiothoracic vascular surgery (2,738) and neurosurgery (1,803).

<sup>\*</sup>All clinical positions are listed and are in alphabetical order.

Table 8: Number and Percent of PAs Practicing in Primary Care and Non-Primary Care by State

State	Primary Care*	Non-Primary Care	Total
	Number (percent)	Number (percent)	
Alabama	104 (22.1%)	367 (77.9%)	471
Alaska	220 (55.8%)	174 (44.2%)	394
Arizona	559 (31.2%)	1,234 (66.8%)	1,793
Arkansas	89 (39.2%)	138 (60.8%)	227
California	2,112 (35.1%)	3,900 (64.9%)	6,012
Colorado	869 (38.3%)	1,398 (61.7%)	2,267
Connecticut	227 (15.8%)	1,211 (84.2%)	1,438
Delaware	47 (20.7%)	180 (79.3%)	227
D.C.	32 (19.3%)	134 (80.7%)	166
Florida	1,187 (23.7%)	3,822 (76.3%)	5,009
Georgia	638 (25.3%)	1,886 (74.7%)	2,524
Hawaii	80 (37.4%)	134 (62.6%)	214
Idaho	266 (40.8%)	386 (59.2%)	652
Illinois	578 (26.1%)	1,639 (73.9%)	2,217

State	Primary Care*	Non-Primary Care	Total
	Number (percent)	Number (percent)	
Indiana	166 (19.4%)	689 (80.6%)	855
lowa	344 (42.4%)	467 (57.6%)	811
Kansas	324 (38.7%)	513 (61.3%)	837
Kentucky	261 (27.8%)	677 (72.2%)	938
Louisiana	143 (19.3%)	597 (80.7%)	740
Maine	177 (29.7%)	419 (70.3%)	596
Maryland	359 (18.4%)	1,597 (81.6%)	1,956
Massachusetts	372 (18.3%)	1,658 (81.7%)	2,030
Michigan	900 (26.6%)	2,485 (73.4%)	3,385
Minnesota	567 (32.7%)	1,168 (67.3%)	1,735
Mississippi	31 (26.1%)	88 (73.9%)	119
Missouri	165 (22.8%)	560 (77.2%)	725
Montana	149 (36.5%)	259 (63.5%)	408
Nebraska	354 (43.6%)	458 (56.4%)	812

**Table 8: Number and Percent of PAs Practicing in Primary Care and Non-Primary Care by State** (continued)

State	Primary Care* Number (percent)	Non-Primary Care Number (percent)	Total
Nevada	174 (33.5%)	345 (66.5%)	519
New Hampshire	141 (27.8%)	367 (72.2%)	508
New Jersey	308 (17.5%)	1,452 (82.5%)	1,760
New Mexico	212 (41.5%)	299 (58.5%)	511
New York	1,471 (19.2%)	6,183 (80.8%)	7,654
North Carolina	1,271 (31.5%)	2,759 (68.5%)	4,030
North Dakota	112 (48.1%)	121 (51.9%)	233
Ohio	335 (15.7%)	1,801 (84.3%)	2,136
Oklahoma	344 (33.0%)	698 (67.0%)	1,042
Oregon	437 (38.3%)	705 (61.7%)	1,142
Pennsylvania	1,230 (22.7%)	4,197 (77.3%)	5,427
Rhode Island	46 (18.8%)	199 (81.2%)	245
South Carolina	262 (26.2%)	738 (73.8%)	1,000
South Dakota	193 (45.5%)	231 (54.5%)	424

*Primary Care: Fami	ly Medicine, Genera	l Internal Medicine,	and General Pediatrics
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State	Primary Care*	Non-Primary Care	Total
	Number	Number	
	(percent)	(percent)	
Tennessee	418 (33.6%)	825 (66.4%)	1,243
Texas	2,102 (37.9%)	3,447 (62.1%)	5,549
Utah	298 (34.8%)	559 (65.2%)	857
Vermont	89 (33.6%)	176 (66.4%)	265
Virginia	561 (26.7%)	1,537 (73.3%)	2,098
Washington	678 (33.9%)	1,321 (66.1%)	1,999
West Virginia	270 (37.5%)	450 (62.5%)	720
Wisconsin	462 (25.7%)	1,338 (74.3%)	1,800
Wyoming	111 (57.8%)	81 (42.2%)	192
TOTAL	22,845 (28.3%)	58,067 (71.8%)	80,912

- 125 certified U.S. military PAs responded. 80 (64.0%) were practicing primary care, and 45 (36.0%) were practicing in a non-primary care specialty.
- 221 certified PA practicing abroad responded. 86 (38.9%) were practicing primary care and 135 (61.1%) were practicing in a non-primary care specialty.

**Table 9: Number of PAs by Principal Clinical Practice Setting** 

Practice Setting	Number	Percent
Office-based private practice	34,059	43.6%
Hospital	29,430	37.7%
Federal government facility/hospital/unit	4,817	6.2%
Community health center	2,861	3.7%
Rural health clinic	1,987	2.5%
Public or community health clinic (non-federally qualified)	1,274	1.6%
Occupational health setting	950	1.2%
School-based or college-based health center or school clinic	805	1.0%
Extended care facility/nursing home	555	0.7%
Behavioral/mental health facility	391	0.5%
Ambulatory surgical center	325	0.4%
Rehabilitation facility	253	0.3%
Free clinic	252	0.3%
Home health care agency	97	0.1%
Hospice	7	<0.1%
TOTAL	78,063	100.0%

The majority of PAs (81.3%) practice in either an office-based private practice or a hospital setting.

Average number of hours worked per week for all PAs in their principal clinical position: 40.65

Average number of patients seen per week for all full-time (40+ hours per week) PAs, that see patients in their principal clinical position: 75

**Table 10: Factors Influencing PAs Planning to Leave Principal Clinical Position** 

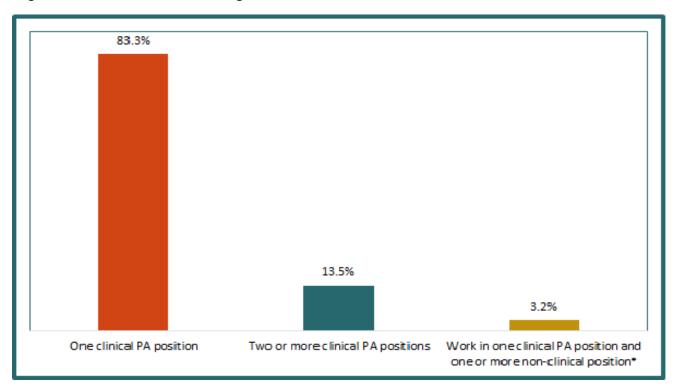
Factors Influencing Decision to Leave Principal Clinical Position	Number Who Indicated Factor was "Very Important"
Seeking another clinical PA position	3,869
Insufficient wages given the workload and responsibilities involved	2,228
Relocating to another geographic area	1,953
Work is not professionally challenging or satisfying	1,544
Other	1,519
Family responsibilities interfere with ability to continue working	901
Plan to retire from the active workforce	566
Want to pursue additional education	511
Want to work in a health professional training program	297
Desire a non-clinical health-related position	272
Desire a position outside of health care	207
My health does not allow me to continue working as a PA	106

**Table 10** shows responses given by 6,167 PAs who first answered affirmatively to the question: "Are you planning to leave your principal clinical PA position in the next 12 months?" PAs could choose multiple factors and then rate them either "Very Important", "Somewhat Important", or "Not Important".

#### **Noteworthy:**

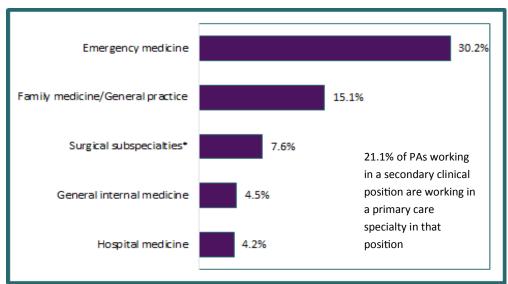
PAs indicated they are planning to leave their current principal clinical PA position in the next 12 months. However, 62.7%, of those leaving their current position, cited "seeking another clinical position" as their reason for leaving their current position. "Insufficient wages given the workload and responsibilities involved" was the next most frequently selected reason PAs are planning to leave their current position (36.1%).

Figure 6: Distribution of PAs Working in More than One Clinical Position



\*Non-clinical position does not provide direct patient care (i.e. education, research, administration)

Figure 7: Top Five Specialty Areas of PAs with More than One Clinical Position



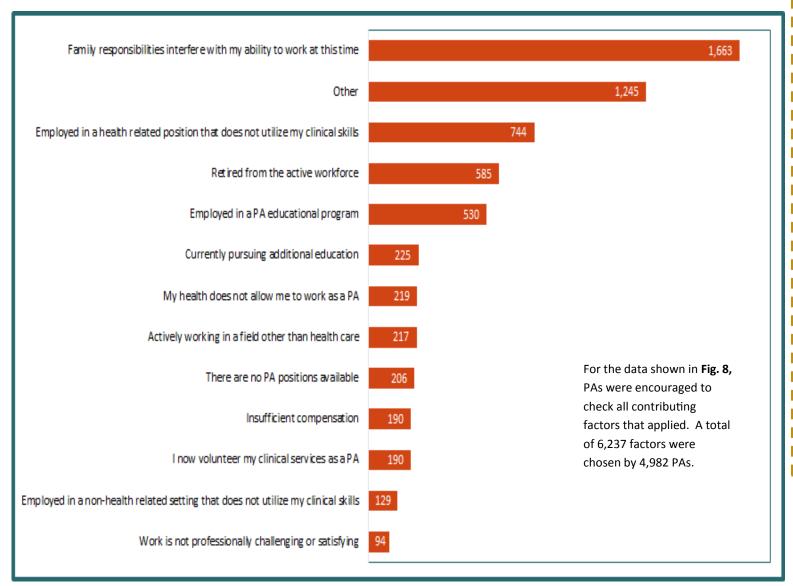
## Noteworthy:

Certified PAs are
overwhelmingly employed in
only one clinical position
(83.0%). The number one
reason cited by PAs that are
employed in more than one
clinical position was to
supplement their earnings
(44.0%).

PAs that have a secondary position work an average of 10.8 hours per week and see an average of 22 patients per week in their secondary clinical position.

#### **PAs Not in Clinical Practice**

Figure 8: Why PAs Do Not Practice Clinically



#### **Noteworthy:**

The most selected
reason leaving
clinical practice was
due to family
responsibilities. For
those that chose
"other", the most
common reason was
they were currently
searching for a
clinical position.

Of the 4,992 PAs that indicated they were not employed as a PA in a clinical position, 13.3% indicated they are retired from the active workforce.

# **Income from PA Positions by Principal Clinical Position**

**Table 11: Total Income in Last Calendar Year from PA Positions** 

Specialty	Number	Mean	Median
Adolescent Medicine	156	\$79,103	\$85,000
Anesthesiology	335	\$98,940	\$95,000
Critical Care Medicine	975	\$111,903	\$105,000
Dermatology	2,911	\$116,958	\$105,000
Emergency Medicine	9,942	\$114,443	\$115,000
Family Medicine / General Practice	15,902	\$94,613	\$95,000
Gynecology	293	\$84,317	\$85,000
Hospital Medicine	2,463	\$103,733	\$105,000
Internal Medicine– General Practice	3,952	\$94,496	\$95,000
Internal Medicine— Subspecialty	6,624	\$95,803	\$95,000
Neurology	636	\$93,381	\$95,000
Obstetrics and Gynecology	938	\$87,505	\$85,000
Occupational Medicine	1,175	\$99,460	\$95,000
Ophthalmology	55	\$92,636	\$95,000
Otolaryngology	673	\$95,149	\$95,000

Specialty	Number	Mean	Median
Pathology	11	\$114,091	\$105,000
Pediatrics	1,507	\$87,960	\$85,000
Pediatrics – Subspecialties	801	\$97,047	\$95,000
Physical Medicine / Rehabilitation	766	\$94,752	\$95,000
Preventive Medicine / Public Health	136	\$90,441	\$95,000
Psychiatry	945	\$98,206	\$95,000
Radiation Oncology	135	\$97,296	\$95,000
Radiology	535	\$102,888	\$105,000
Surgery– General	2,224	\$104,335	\$105,000
Surgery – Subspecialties	13,930	\$111,719	\$105,000
Urology	882	\$100,522	\$95,000
Other	6,064	\$99,091	\$95,000

### Noteworthy:

The average salary of certified PAs was \$102,163 with the highest paid to those working in dermatology, emergency medicine, pathology, surgery subspecialties, and critical care medicine.

# 2016 and Beyond

NCCPA pursues a research agenda that focuses on its core activities and the ongoing evaluation and improvement of its exams and certification program. NCCPA is also committed to collaborating with external researchers to share data in appropriate and ethical ways to further advance the health and safety of the public or otherwise conduct useful research related to PAs. To facilitate research collaborations, NCCPA developed *Policies for the Review of Requests for Data and External Research Collaboration* and guidelines that describe the process external researchers will need to follow for submitting requests for data and how those requests will be reviewed. The policies and guidelines are provided on NCCPA's web site at http://www.nccpa.net/Research.

This *Statistical Profile* will be updated and published annually. In addition, there are supplementary reports that are currently available or scheduled for release later this year. Those reports include:

- Statistical Profile of Recently Certified Physician Assistants (first published 2014)
- Statistical Profile of Certified Physician Assistants by State (first published in 2016)
- Statistical Profile of Certified Physician Assistants by Specialty (scheduled for release in 2016)

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This study is exempt from IRB review pursuant to the terms of the U.S. Department of Health and Human Service's Policy for Protection of Human Research Subjects at 45 C.F.R. §46.101(b).

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