



2014 Statistical Profile of Certified Physician Assistants

*An Annual Report of the
National Commission on
Certification of Physician Assistants*

Message from the President/CEO

Dear Colleagues,

The first annual *Statistical Profile of Certified Physician Assistants* issued by the National Commission on Certification of Physician Assistants (NCCPA) in summer 2014 provided a new foundation of data that has been used by policy makers, researchers, journalists and others to support important dialogue about the critical role of certified PAs in our changing health care system. We hope this most recent annual report proves just as helpful as we strive to promote the PA profession and inform the thinking of decision makers at the federal, state, health system and practice level.

I hope, too, that this report and those that will follow it contribute to ongoing dialogue within the PA profession about who we are and what we hope to become. For example, this data amplifies the need for serious attention to the issue of racial and ethnic diversity within the PA profession, an issue I know to be of concern to many of the profession's leaders and members.

We remain grateful to the tens of thousands of PAs who have taken time from their busy schedules to complete their PA Professional Profile, the database from which this report is drawn. As of this writing, almost 90 percent of certified PAs have completed all or part of that Profile, an astonishing response rate for which we are deeply appreciative. The publication of this and other reports is intended to benefit the profession and the public, and that is only possible thanks to PAs' willingness to share their professional experiences with us.

With thanks,



Dawn Morton-Rias, Ed.D, PA-C
NCCPA President/CEO

March 2015

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 (*2013 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, 2014 and completed at least a portion of the Profile between May 2012 and December 31, 2014. In addition, some data was obtained from other NCCPA data collection strategies. As of December 31, 2014, there were 101,977 certified PAs, and 90,790 provided responses for at least a portion of the PA Professional Profile, yielding an overall response rate of 89.0%.

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 104,000 physician assistants have been certified by NCCPA since 1975.

For more information about NCCPA, visit our website: <http://www.nccpa.net>

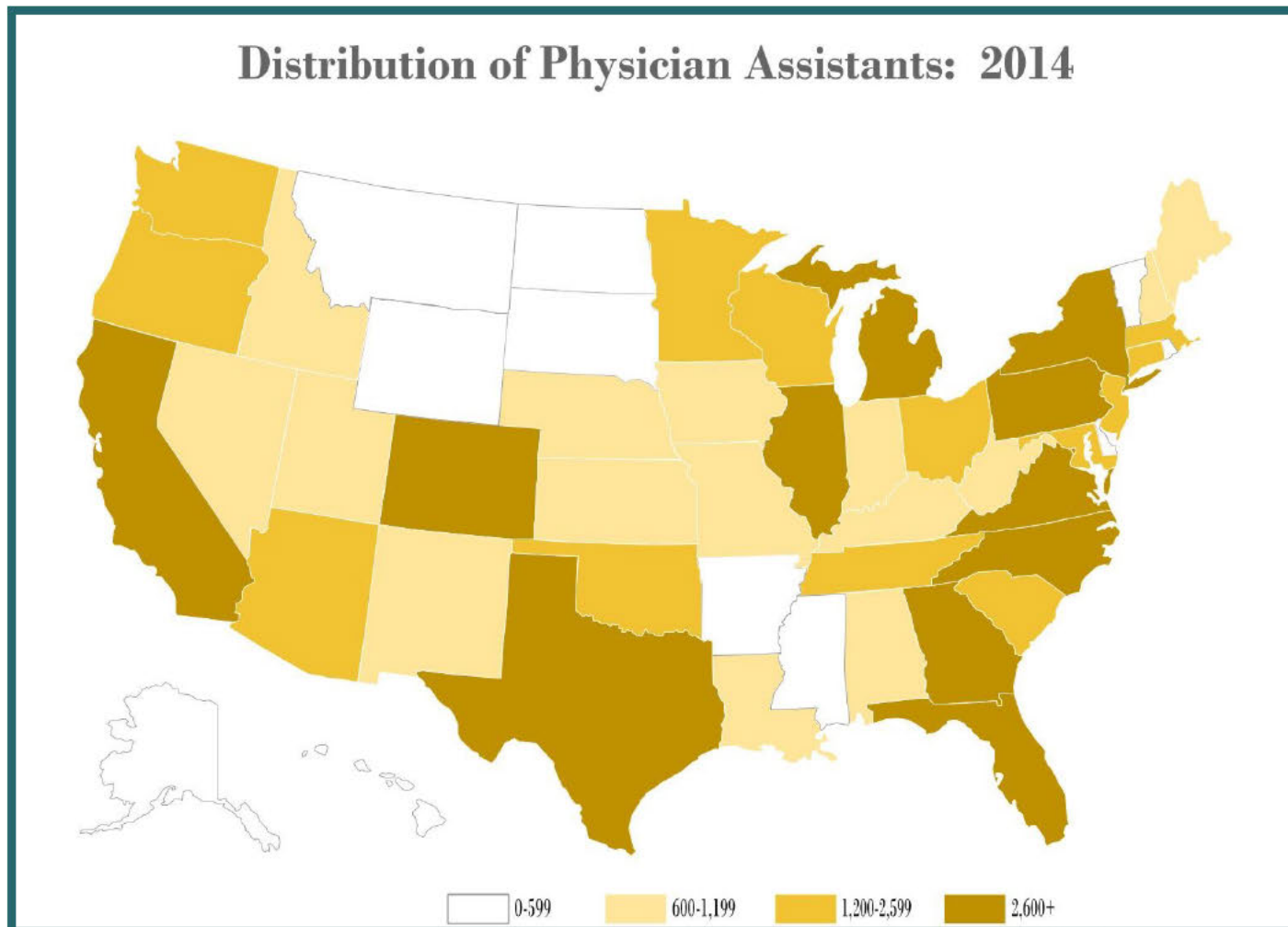
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Distribution of Certified Physician Assistants in the U.S.

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 74,777 certified PAs at the end of 2009; the profession grew 36.4% over the next 5 years reaching 101,977 certified PAs at the end of 2014.

Mississippi and Arkansas experienced the highest percentage growth between 2013 and 2014 (25.0% and 17.8% respectively).

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

On Dec. 31, 2014, there were 101,977 certified PAs, which means the number has grown by 6.7% in the last year alone.

Physician Assistants per 100,000 Population: 2014

The map displays the distribution of Physician Assistants across the United States in 2014. The legend indicates four categories: 1-24 (lightest), 25-34, 35-44, and 45+ (darkest). States with the highest density (45+) include Montana, Wyoming, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Alaska, and several states in the Northeast and West. States with the lowest density (1-24) include California, Nevada, Idaho, Utah, Arizona, New Mexico, Colorado, and several states in the South and Midwest.

Category	States
1-24	California, Nevada, Idaho, Utah, Arizona, New Mexico, Colorado, Mississippi, Alabama, Georgia, South Carolina, North Carolina, Virginia, West Virginia, Kentucky, Tennessee, Arkansas, Louisiana, Texas, Oklahoma, Kansas, Nebraska, South Dakota, North Dakota, Minnesota, Wisconsin, Illinois, Indiana, Michigan, Ohio, Pennsylvania, Maryland, Delaware, New Jersey, New York, Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire, Maine, Alaska, Hawaii
25-34	Washington, Oregon, Montana, Wyoming, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, Arizona, New Mexico, Utah, Idaho, Nevada, California, Alaska, Hawaii
35-44	Montana, Wyoming, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, Arizona, New Mexico, Utah, Idaho, Nevada, California, Alaska, Hawaii
45+	Montana, Wyoming, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, Arizona, New Mexico, Utah, Idaho, Nevada, California, Alaska, Hawaii

The heaviest concentrations of PAs by state population occurs in the Northeast and North Central U.S.

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

State	Number	Percent of Total (Rank)	Rate* (Rank)
Alabama	616	0.6 % (39)	12.7 (49)
Alaska	507	0.5% (42)	68.8 (1)
Arizona	2,232	2.2% (17)	33.2 (26)
Arkansas	285	0.3% (46)	9.6 (50)
California	8,180	8.0% (2)	21.1 (44)
Colorado	2,684	2.6% (10)	50.1 (7)
Connecticut	1,795	1.8 % (20)	49.9 (8)
Delaware	277	0.3% (47)	29.6 (34)
D.C.	213	0.2% (50)	32.3 (29)
Florida	6,284	6.2% (5)	31.6 (31)
Georgia	3,054	3.0% (8)	30.2 (33)
Hawaii	271	0.3% (48)	19.1 (46)
Idaho	798	0.8% (34)	48.8 (13)
Illinois	2,816	2.8% (9)	21.9 (43)

State	Number	Percent of Total (Rank)	Rate* (Rank)
Indiana	1,072	1.1% (26)	16.3 (47)
Iowa	983	1.0% (29)	31.6 (30)
Kansas	1,022	1.0% (28)	35.2 (23)
Kentucky	1,164	1.1% (25)	26.4 (36)
Louisiana	924	0.9% (31)	19.9 (45)
Maine	717	0.7% (35)	53.9 (3)
Maryland	2,519	2.5% (14)	42.1 (16)
Massachusetts	2,527	2.5% (13)	37.5 (19)
Michigan	4,220	4.1% (7)	42.6 (15)
Minnesota	2,011	2.0% (19)	36.9 (21)
Mississippi	145	0.1% (51)	4.8 (51)
Missouri	879	0.9% (33)	14.5 (48)
Montana	509	0.5% (41)	49.7 (10)
Nebraska	945	0.9% (30)	50.2 (6)

*Rate per 100,000 population based on 2014 US Census estimate

(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 concentration per 100,000 population are:
 1. Alaska
 2. South Dakota
 3. Maine
 4. Pennsylvania
 5. New York

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

State	Number	Percent of Total (Rank)	Rate* (Rank)
Nevada	661	0.6% (37)	23.3 (41)
New Hampshire	625	0.6% (38)	47.1 (14)
New Jersey	2,267	2.2% (16)	25.4 (39)
New Mexico	676	0.7% (36)	32.4 (28)
New York	10,274	10.1% (1)	52.0 (5)
North Carolina	4,856	4.8% (6)	48.8 (12)
North Dakota	302	0.3% (44)	40.8 (17)
Ohio	2,579	2.5% (12)	22.2 (42)
Oklahoma	1,274	1.2% (23)	32.9 (27)
Oregon	1,337	1.3% (22)	33.7 (25)
Pennsylvania	6,710	6.6% (4)	52.5 (4)
Rhode Island	300	0.3% (45)	28.4 (35)
South Carolina	1,247	1.2% (24)	25.8 (37)
South Dakota	513	0.5% (40)	60.1 (2)

*Rate per 100,000 population based on 2014 US Census estimate

State	Number	Percent of Total (Rank)	Rate* (Rank)
Tennessee	1,584	1.6% (21)	24.2 (40)
Texas	6,886	6.8% (3)	25.5 (38)
Utah	1,070	1.0% (27)	36.4 (22)
Vermont	312	0.3% (43)	49.8 (9)
Virginia	2,621	2.6% (11)	31.5 (32)
Washington	2,454	2.4% (15)	34.8 (24)
West Virginia	919	0.9% (32)	49.7 (11)
Wisconsin	2,135	2.1% (18)	37.1 (20)
Wyoming	230	0.2% (49)	39.4 (18)
TOTAL	101,481	100%	

Noteworthy:

An additional 496 certified PAs were living abroad in 2014, bringing the total number of certified PAs at the end of 2014 to 101,977.

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

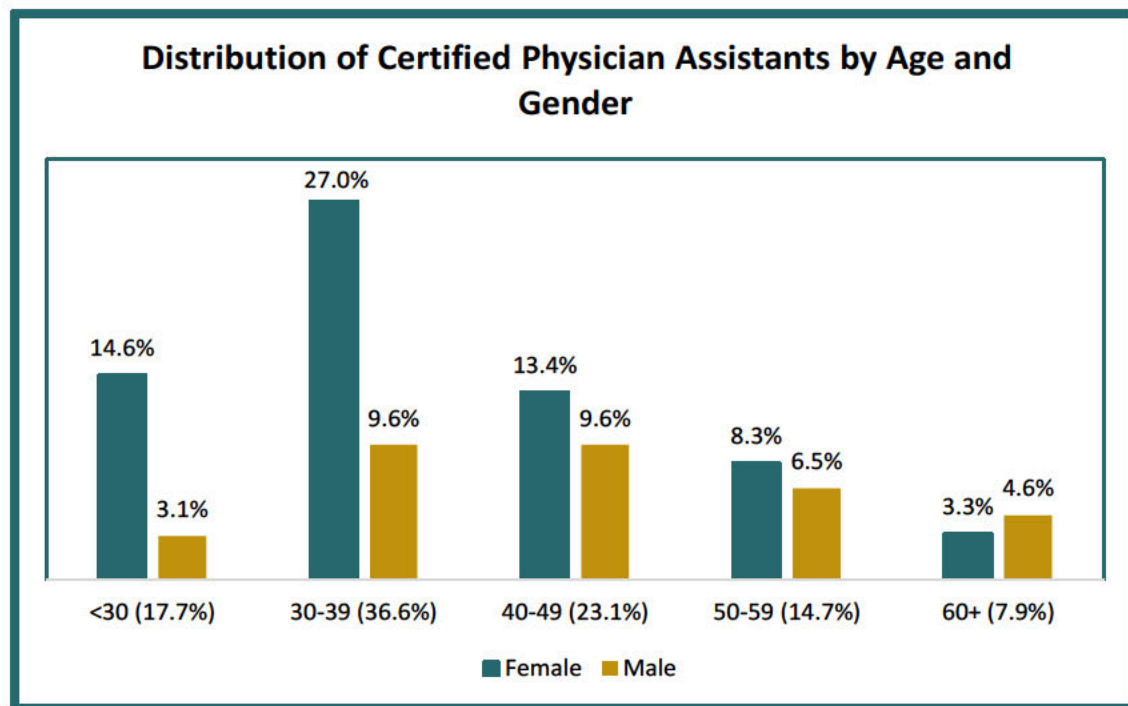


Table 2: Number of PAs by Gender

Gender	Number	Percent
Male	34,062	33.4%
Female	67,901	66.6%
Total	101,963	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 2014.
- In 1974, 16% of PAs were female
(Perry, HB, *Physician Assistants: An Empirical Analysis of Their General Characteristics, Job Performance, and Job Satisfaction*)
- Today 66.6% of all certified PAs are female.

Table 3: Number of PAs by Age Group

Age Group	Number	Percent
<30	17,982	17.7%
30-39	37,373	36.6%
40-49	23,549	23.1%
50-59	15,056	14.7%
60+	8,017	7.9%
TOTAL	101,977	100.0%

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	73,641	86.8%
Black/African American	3,336	3.9%
Asian	4,312	5.1%
Native Hawaiian/Pacific Islander	322	0.4%
American Indian or Alaskan Native	384	0.5%
Other	2,811	3.3%
Total Responses	84,806	100%

Table 4, represents PAs that chose one race. Of the respondents that chose only one race, 86.8% indicated they were white. Respondents were able to choose multiple races, and 1,468 did so. 4,516 indicated that they preferred not to answer the question.

Table 5: Number of PAs by Ethnicity

Hispanic, Latino/a, or Spanish Ethnicity	Number	Percent
Mexican, Mexican American, Chicano/a	2,077	2.4%
Puerto Rican	653	0.8%
Cuban	384	0.4%
Other Hispanic, Latino/a, or of Spanish origin	2,093	2.4%
Total Responses	5,207	6.0%

Table 5, represents PAs that chose one ethnicity. 153 respondents chose two, and two respondents chose three. Of those that responded, 94.0% (81,130) indicated that they were not Hispanic, Latino/a, or of Spanish origin. Respondents were able to choose multiple ethnicities. 4,122 indicated that they preferred not to answer the question.

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	1,965	2.2%
Associate's degree	1,670	1.8%
Bachelor's degree	23,248	25.6%
Master's degree	61,336	67.6%
PhD	485	0.5%
Ed.D	51	0.1%
Professional doctorate (e.g., MD, DO, DrPh, PsyD)	1,094	1.2%
Other	941	1.0%
TOTAL	90,790	100%

Noteworthy:

The average PA educational program is 26.4 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

U.S. News & World Report ranked physician assistant as one of the top 10 best jobs in 2015, and The Bureau of Labor Statistics estimates it will grow 38.4% between 2012 and 2022.

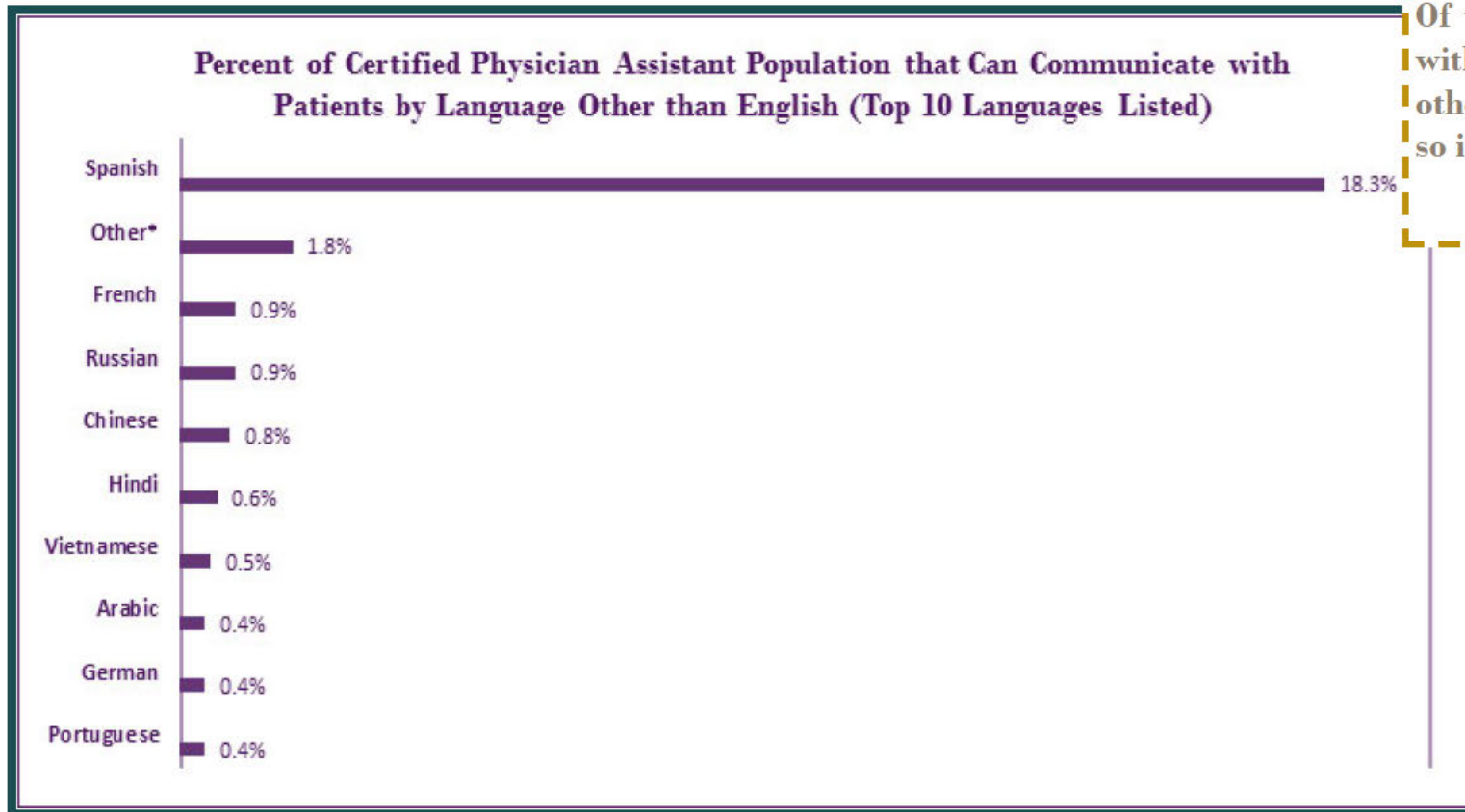
¹ PAEA Physician Assistant Educational Programs in the United States, Twenty-Ninth Annual Report; 2012-2013.

² ARC-PA Accreditation Standards for Physician Assistant Education©, 4th edition. 2010 Approved March 2010, updated September 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



*For PAs that responded “other” to language, the highest number included were: Hebrew, American Sign Language, Punjabi, and Ukrainian.

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 22.4% of respondents indicated they could communicate with patients in a language other than English.

Noteworthy:

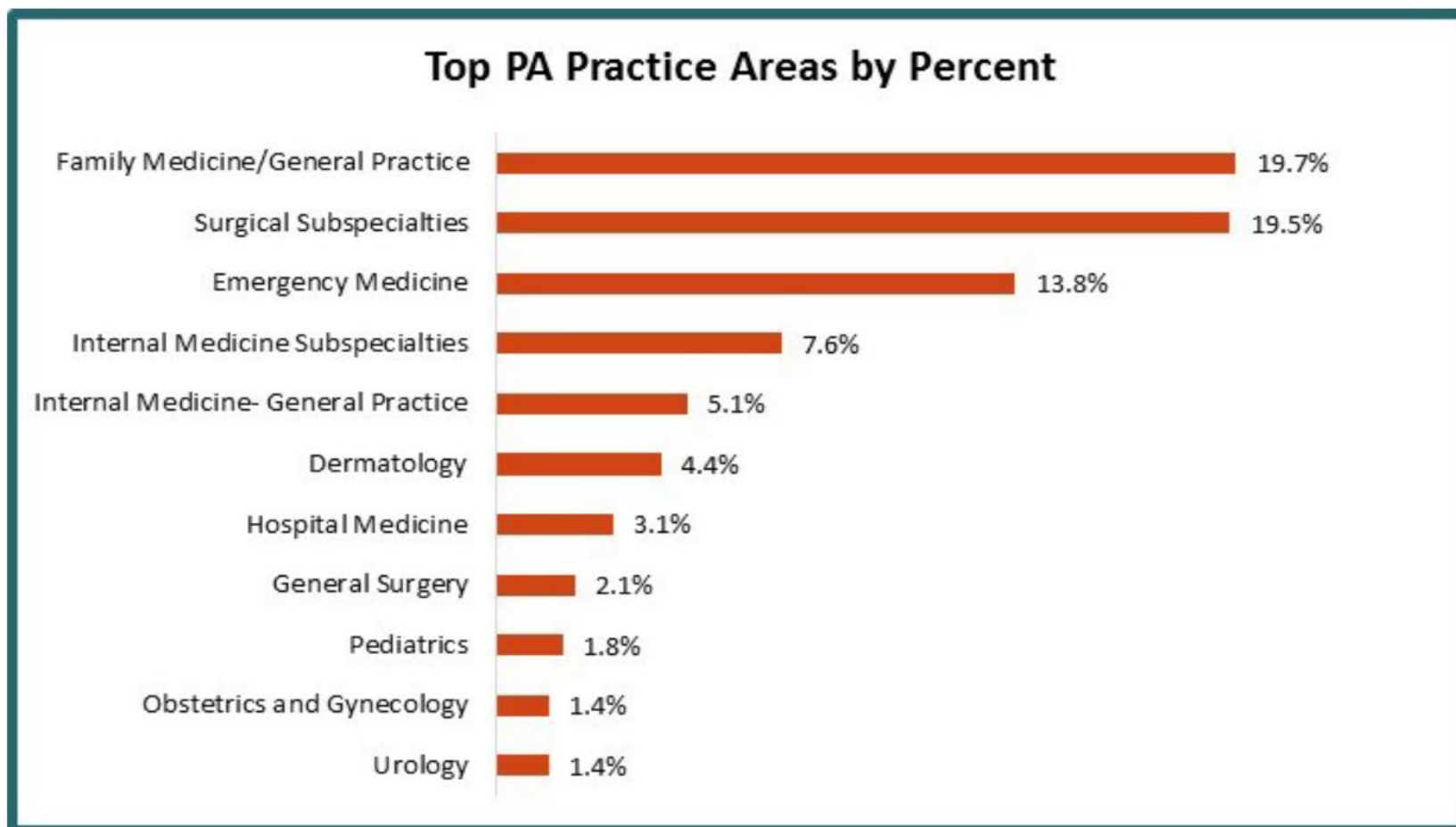
3.5% of certified PAs speak two or more languages other than English.

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. 94.3% or 78,302 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	91	0.1%
Anesthesiology	190	0.3%
Critical Care Medicine	659	1.1%
Dermatology	2,729	4.4%
Emergency Medicine	8,465	13.8%
Family Medicine / General Practice	12,072	19.7%
Gynecology	217	0.4%
Hospital Medicine	1,878	3.1%
Internal Medicine– General Practice	3,123	5.1%
Internal Medicine– Subspecialty	4,649	7.6%
Neurology	509	0.8%
Obstetrics and Gynecology	835	1.4%
Occupational Medicine	745	1.2%
Ophthalmology	43	0.1%
Otolaryngology	536	0.9%

Area of Practice	Number	Percent
Pathology	8	<.1%
Pediatrics	1,095	1.8%
Pediatrics– Subspecialties	598	1.0%
Physical Medicine / Rehabilitation	583	1.0%
Preventive Medicine / Public Health	70	0.1%
Psychiatry	740	1.2%
Radiation Oncology	130	0.2%
Radiology	420	0.7%
Surgery– General	1,261	2.1%
Surgery– Subspecialties	11,955	19.5%
Urology	873	1.4%
Other	6,860	11.2%
TOTAL	61,334	100.0%

The PA Professional Profile allowed users to select multiple principal practice areas. Responses from PAs who chose more than one practice area were not included in this table.

Noteworthy:

26.6% of certified PAs work in primary care: family medicine/general practice, general internal medicine, and general pediatrics.

Family medicine/general medicine and the surgical subspecialties each account for approximately 20% of the 61,334 PAs who answered this question.

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

State	Primary Care* Number (percent)	Non-Primary Care Number (percent)	Total
Alabama	63 (17.7%)	293 (82.3%)	356
Alaska	150 (54.3%)	126 (45.7%)	276
Arizona	436 (30.7%)	985 (69.3%)	1,421
Arkansas	58 (36.7%)	100 (63.3%)	158
California	1,369 (32.2%)	2,883 (67.8%)	4,252
Colorado	644 (38.4%)	1,033 (61.6%)	1,677
Connecticut	149 (14.0%)	919 (86.0%)	1,068
Delaware	36 (16.2%)	186 (83.8%)	222
D.C.	46(20.2%)	182 (79.8%)	228
Florida	745 (20.6%)	2,877 (79.4%)	3,622
Georgia	445 (23.3%)	1,466 (76.7%)	1,911
Hawaii	53 (33.1%)	107 (66.9%)	160
Idaho	160 (38.5%)	256 (61.5%)	416
Illinois	459 (25.2%)	1,359 (74.8%)	1,818

State	Primary Care* Number (percent)	Non-Primary Care Number (percent)	Total
Indiana	115 (17.8%)	532 (82.2%)	647
Iowa	252 (40.8%)	366 (59.2%)	618
Kansas	238 (38.1%)	387 (61.9%)	625
Kentucky	207 (28.5%)	520 (71.5%)	727
Louisiana	105 (18.2%)	471 (81.8%)	576
Maine	139 (29.9%)	326 (70.1%)	465
Maryland	261 (17.8%)	1,203 (82.2%)	1,464
Massachusetts	292 (19.0%)	1,246 (81.0%)	1,538
Michigan	667 (26.1%)	1,885 (73.9%)	2,552
Minnesota	414 (30.5%)	942 (69.5%)	1,356
Mississippi	20 (22.2%)	70 (77.8%)	90
Missouri	115 (20.9%)	436 (79.1%)	551
Montana	84 (30.4%)	192 (69.6%)	276
Nebraska	215 (37.1%)	364 (62.9%)	579

*Primary Care: Family Medicine, General Internal Medicine, and General Pediatrics

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	129 (31.9%)	276 (68.1%)	405
New Hampshire	100 (26.6%)	276 (73.4%)	376
New Jersey	174 (16.6%)	876 (83.4%)	1,050
New Mexico	136 (38.1%)	221 (61.9%)	357
New York	1,038 (17.7%)	4,821 (82.3%)	5,859
North Carolina	948 (30.4%)	2,166 (69.6%)	3,114
North Dakota	72 (37.5%)	120 (62.5%)	192
Ohio	223 (14.3%)	1,340 (85.7%)	1,563
Oklahoma	268 (32.6%)	555 (67.4%)	823
Oregon	332 (38.0%)	541 (62.0%)	873
Pennsylvania	924 (22.7%)	3,154 (77.3%)	4,078
Rhode Island	33 (15.9%)	174 (84.1%)	207
South Carolina	183 (26.1%)	517 (73.9%)	700
South Dakota	124 (41.1%)	178 (58.9%)	302

State	Primary Care* Number (percent)	Non-Primary Care Number (percent)	Total
Tennessee	232 (27.3%)	619 (72.7%)	851
Texas	1,511 (35.7%)	2,724 (64.3%)	4,235
Utah	197 (32.7%)	405 (67.3%)	602
Vermont	69 (35.2%)	127 (64.8%)	196
Virginia	325 (21.5%)	1,184 (78.5%)	1,509
Washington	475 (31.7%)	1,025 (68.3%)	1,500
West Virginia	197 (32.6%)	408 (67.4%)	605
Wisconsin	354 (25.5%)	1,033 (74.5%)	1,387
Wyoming	71 (49.7%)	72 (50.3%)	143
TOTAL	16,052 (26.5%)	44,524 (73.5%)	60,576

Noteworthy:

- 145 certified U.S. military PAs responded. 102 (70.3%) were practicing primary care, and 43 (29.7%) were practicing in a non-primary care specialty.
- 611 certified PA practicing abroad responded. 136 (22.3%) were practicing primary care and 475 (77.7%) were practicing in a non-primary care specialty.
- Overall, 26.6% of all certified PAs were practicing primary care.

*Primary Care: Family Medicine, General Internal Medicine, and General Pediatrics

Table 9: Number of PAs by Practice Setting

Practice Setting	Number	Percent
Office-based private practice	28,088	39.8%
Hospital	26,303	37.3%
Other	4,384	6.2%
Federal government facility/hospital/unit	3,951	5.6%
Community health center	2,417	3.4%
Rural health clinic	1,787	2.5%
Public or community health clinic (non-federally qualified)	1,081	1.5%
Occupational health setting	675	1.0%
School-based or college-based health center or school clinic	646	0.9%
Extended care facility/nursing home	357	0.5%
Behavioral/mental health facility	253	0.4%
Ambulatory surgical center	221	0.3%
Free clinic	167	0.2%
Rehabilitation facility	138	0.2%
Home health care agency	68	0.1%
Hospice	2	<0.1%
TOTAL	70,538	100.0%

The PA Professional Profile allowed users to select multiple practice settings for their primary clinical position. Responses from PAs who chose more than one practice setting were not included in this table.

Noteworthy:

Over three-fourths (77.1%) of PAs 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: 40.63

Average number of patients seen per week for all full-time (40+ hours per week) PAs, that see patients in their principal clinical position: 76

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

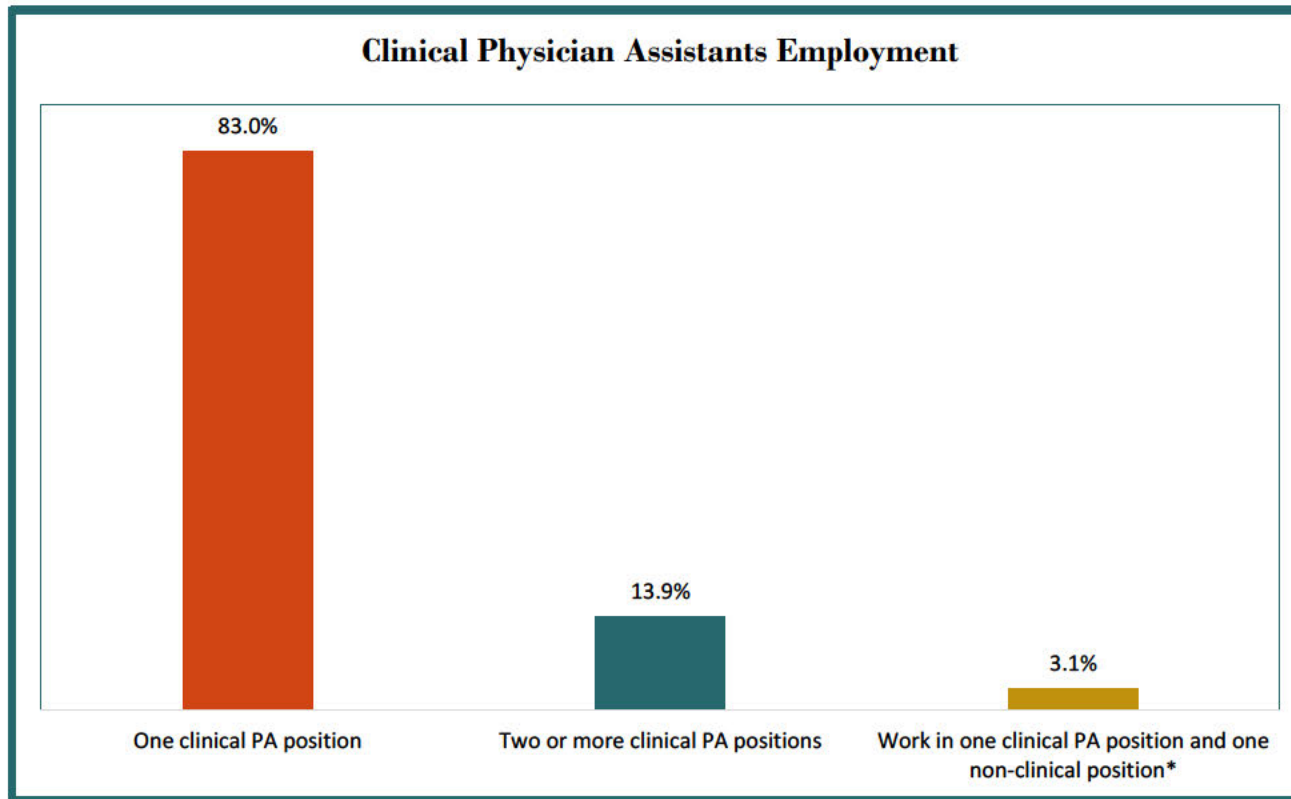
Factors Influencing Decision to Leave Principal Clinical Position	Number Who Indicated Factor was “Very Important”
Seeking another clinical PA position	3,634
Insufficient wages given the workload and responsibilities involved	2,037
Relocating to another geographic area	1,854
Work is not professionally challenging or satisfying	1,423
Other	1,391
Family responsibilities interfere with ability to continue working	841
Want to pursue additional education	503
Plan to retire from the active workforce	495
Want to work in a health professional training program	293
Desire a non-clinical health-related position	245
Desire a position outside of health care	201
My health does not allow me to continue working as a PA	93

Table 10 shows responses given by 5,821 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:

7.4% of certified, clinically-employed PAs indicated they are planning to leave their current principal clinical PA position in the next 12 months. However, 62.4%, 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 (35.0%).

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



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

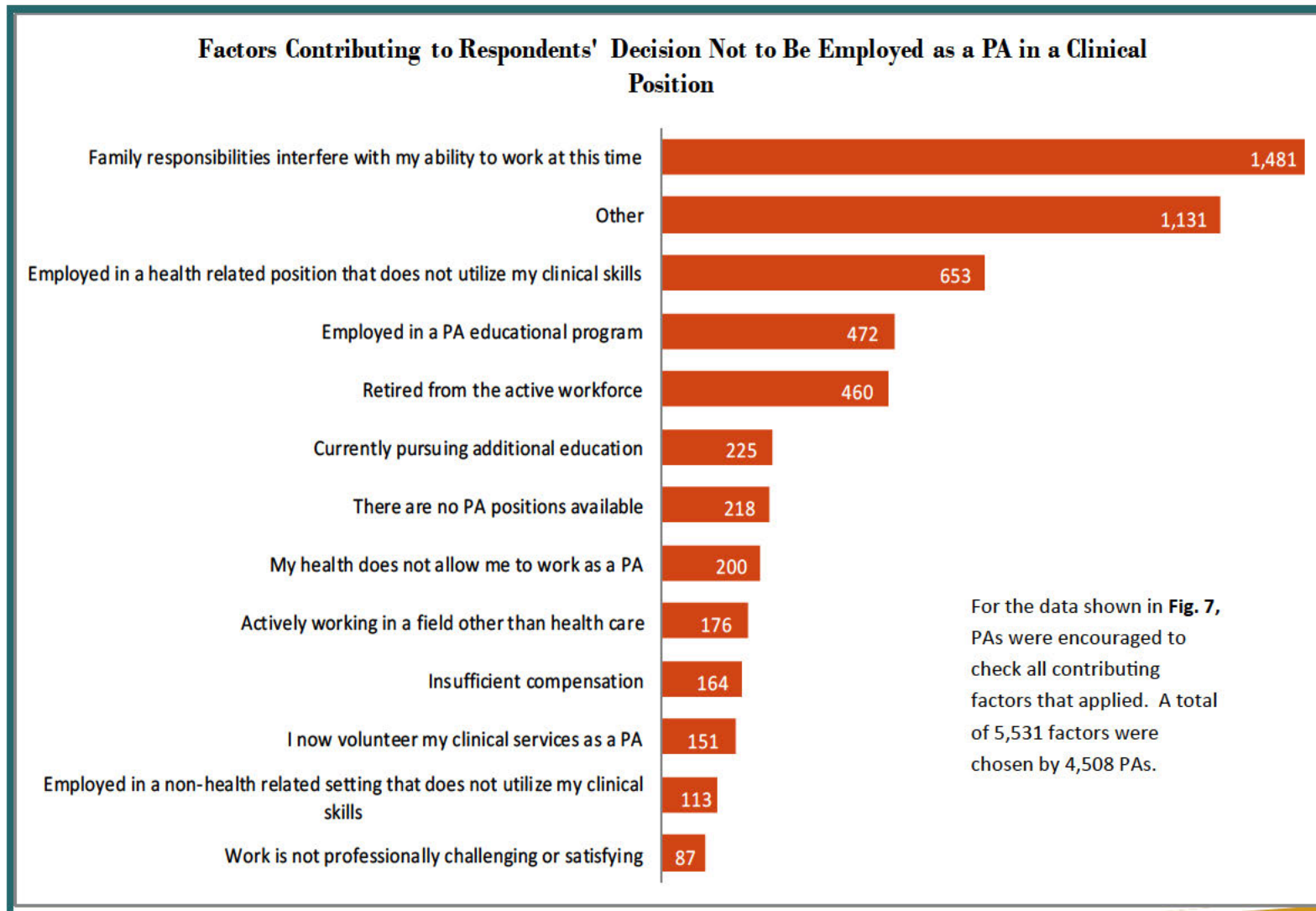
Noteworthy:

Certified PAs are overwhelmingly employed in only one clinical position (83.0%). However, while the demand for clinical PAs increases, so does the need for PA educators, administrators and policy-makers.

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) expects that the number of PA educational programs will grow from 196 today to 262 by 2019.

PA^s Not in Clinical Practice

Figure 7: Why PAs Do Not Practice Clinically



Noteworthy:

Although the most significant reason PAs cited for leaving clinical practice was due to family responsibilities, many of them pursued other occupations related to healthcare or PA education.

Of the 4,508 PAs that indicated they were not employed as a PA in a clinical position, 10.2% indicated they are retired from active workforce.

Income from PA Positions by Principal Clinical Position

Table 11: Total Income in Last Calendar Year from Principal Clinical Position

Specialty	Number	Mean	Median
Adolescent Medicine	87	\$76,724	\$75,000
Anesthesiology	169	\$93,402	\$95,000
Critical Care Medicine	577	\$108,362	\$105,000
Dermatology	2,246	\$112,538	\$105,000
Emergency Medicine	7,292	\$109,068	\$105,000
Family Medicine / General Practice	10,977	\$89,999	\$85,000
Gynecology	195	\$78,641	\$75,000
Hospital Medicine	1,705	\$98,853	\$95,000
Internal Medicine– General Practice	2,824	\$90,212	\$85,000
Internal Medicine– Subspecialty	4,272	\$93,169	\$95,000
Neurology	469	\$90,267	\$85,000
Obstetrics and Gynecology	753	\$84,177	\$85,000
Occupational Medicine	666	\$93,303	\$95,000
Ophthalmology	39	\$90,128	\$85,000
Otolaryngology	494	\$92,024	\$95,000

Specialty	Number	Mean	Median
Pediatrics	986	\$84,006	\$85,000
Pediatrics– Subspecialties	554	\$93,790	\$95,000
Physical Medicine / Rehabilitation	537	\$89,153	\$85,000
Preventive Medicine / Public Health	62	\$82,742	\$85,000
Psychiatry	662	\$94,426	\$95,000
Radiation Oncology	115	\$96,130	\$95,000
Radiology	375	\$99,027	\$95,000
Surgery– General	1,106	\$98,861	\$95,000
Surgery– Subspecialties	10,570	\$107,559	\$105,000
Urology	798	\$96,504	\$95,000
Other	6,125	\$94,752	\$95,000

Noteworthy:

The average salary of certified PAs was \$98,387 with the highest paid to those working in dermatology, emergency medicine, critical care medicine and surgery subspecialties.

2015 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, last November, 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 (scheduled for release in 2015)
- Statistical Profile of Certified Physician Assistants by Specialty (scheduled for release in 2015)

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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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