



Statistical Profile of Board Certified PAs

ANNUAL REPORT

2022

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Message from the President and CEO

Dear Colleagues:

It's hard to believe that this year marks the 10th anniversary of NCCPA's Statistical Profile of Certified PAs report. For a full decade we have been able to provide four annual reports on the PA profession, with each report having its own focus. Over time, we've added new questions to the PA Professional Profile to gather timely and relevant information to enhance the value of these reports to PAs, researchers, policy makers, educators, and other stakeholders. However, it is critically important that we recognize the Board Certified PAs who take the time to complete and update their PA Professional Profile. On behalf of NCCPA, I extend a huge thank you to the Board Certified PAs who made this decade of reports possible.



Every year, I anxiously await this report because it provides an updated snapshot of the PA profession, and it's always interesting to see how the profession has changed in just one year and also with the five-year comparisons new information from questions that have been added to the PA Professional Profile. In the ten years that we've released these reports, the PA profession has increased 76.1%, growing from 95,583 PAs in 2013 to 168,318 at the end of 2022, and 93.7% of those are engaged in clinical practice. It's hard to fathom the tremendous impact the PA profession has had on healthcare, with PAs treating an estimated 10.4 million patients weekly, in a wide gamut of specialties, geographic areas, and practice settings. Over 40,000 PAs indicated they are the primary provider for patient panels. Surgical subspecialties, family medicine/general practice, and emergency medicine are the top three specialties, and the largest practice settings are hospitals, office-based private practices, and urgent care. It's not surprising that the report shows an increase in PA participation in telemedicine, but the extent of the increase may be surprising, with 40.3% of PAs participating in telemedicine in 2022 compared to 8.7% just five years ago in 2018.

Overall, PAs are satisfied with their career choice (86.7%) and with their present job (83.6%). In 2022, there was a slight increase in the percent of PAs who plan to leave their current clinical position in the next 12 months (8.7% compared to 5.6% in 2018), and the two most common reasons were to seek another clinical PA position and feelings of professional burnout. The percentage of PAs feeling at least one symptom of burnout increased slightly from 30.6% in 2021 to 32.2% in 2022. Of those PAs who plan to leave their clinical position, 11.9% plan to retire from the active workforce, compared to 10.5% in 2018.

Although we've seen tremendous growth in the PA profession over this past decade, little progress has been made in matching the PA profession's race and ethnicity composition to the patient population. This demographic composition has remained relatively unchanged. Only modest increases have been seen in the Asian and Hispanic groups.

The Appendix includes information on newly added questions, and data from these will be added to the report as more responses are collected from PAs. However, based on the data collected by the end of 2022, we found that 22.8% of PAs provide care to patients in Health Professional Shortage Areas and/or Medically Underserved Areas. The preliminary data also show that 5.4% of PAs completed a postgraduate program, and the top three specialty areas are emergency medicine, general surgery, and internal medicine subspecialties. The flexibility of changing specialty practice has been a hallmark of the PA profession, and the data shows that 52.1% of PAs practicing ten or more years have changed specialties at least 2 times in their careers, with 14.2% changing at least 4 times. PAs who are newer in their career also change specialties, with 24.5% of those within the first 2-3 years and 13.8% of those within their first year of experience changing specialties at least once.

We appreciate your interest in the PA profession and invite you to explore the wealth of data included in this report and all other reports published by NCCPA. Again, we extend our deepest gratitude to the Board Certified PAs who make this report possible by contributing their data.

Sincerely,

A handwritten signature in black ink that reads "Dawn Morton-Rias". The signature is written in a cursive, flowing style.

Dawn Morton-Rias, Ed.D., PA-C, ICE-CCP, FACHE
President and CEO

About the Data Collection and Methodology

Introduction

Since certifying the first physician assistants/associates (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 board certified for less than six months. Data from that module can be found in the *Statistical Profile of Recently Certified PAs*, first published in 2014 and updated annually.

Data Editing and Analysis

Data reflected in this report includes aggregated responses from PAs who were board certified as of December 31, 2022 and have made updates to their Profile between January 1, 2020 and December 31, 2022. Data from 2018 has been included to provide five-year comparisons. In addition, some data were obtained from other NCCPA data collection strategies. As of December 31, 2022, there were 168,318 board certified PAs, and 140,815 provided responses for at least a portion of the Profile, yielding an overall response rate of 83.7%. In 2022 new questions were added to the Profile. Findings from that data can be found in the appendix. The response rate for the new items is $\leq 56\%$ as of December 31, 2022. As more PAs access their Profile and provide responses to these newly added questions, it is anticipated that response rates on these items will be similar to the current overall response rate, and data from these items will be moved from the appendix to the body of the report in future years.

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. Percent change calculations reflect proportional changes from 2018 to 2022 throughout the report unless otherwise noted.

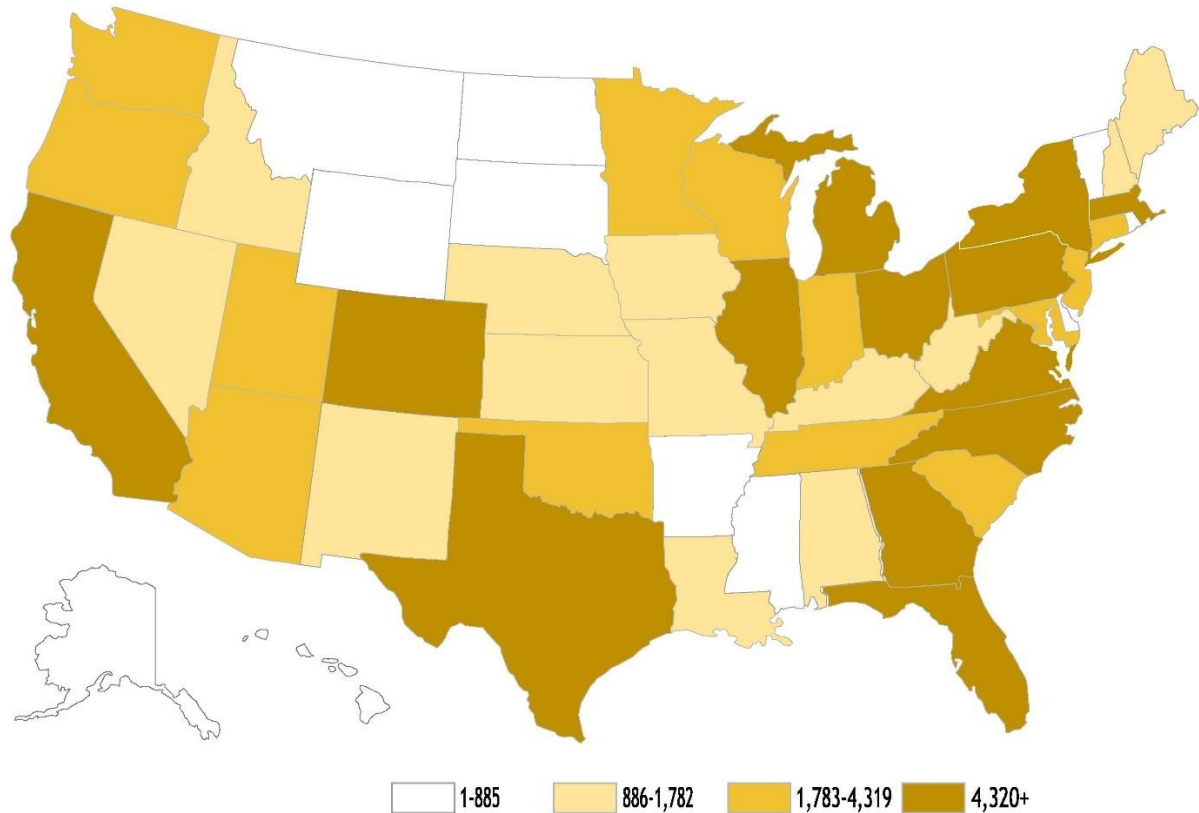
About NCCPA

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 board 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 initial licensure or regulation of PAs. More than 196,000 PAs have been certified by NCCPA since 1975.

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

Distribution of PAs in the U.S.

Distribution of PAs*



*Distribution of PAs based on reported state of residence.

The PA profession grew 28.3% between 2018 and 2022, reaching 168,318 PAs at the end of 2022.

Rural/Urban Distribution in the U.S.

RUCA Area*	Percent
Urban	93.0%
Large rural	4.0%
Small rural	1.7%
Isolated rural	1.3%

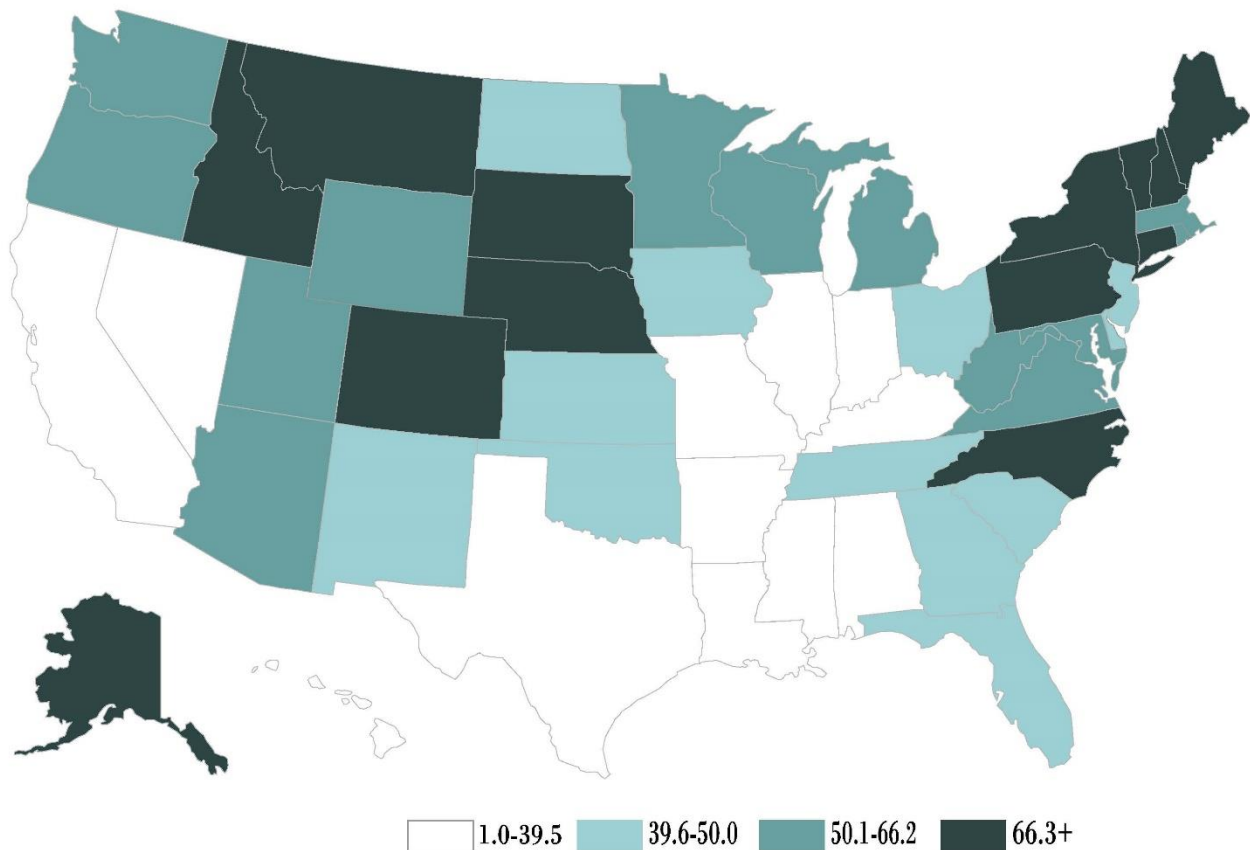
*Rural-Urban Commuting Area Codes (RUCA) classify U.S. census tracts that utilize population density, urbanization and daily commuting.

An additional 535 PAs had addresses classified as out of the country or military.

Distribution of PAs in the U.S., cont.

Distribution of PAs per 100,000 Population*

Based on 2022 U.S. Census Bureau estimates



*Distribution of PAs based on reported state of residence.

In 2022, there were 51 PAs per 100,000 population in the U.S., compared to 40 in 2018. ARC-PA estimates that the number of PA educational programs will grow from 300 in January of 2023 to 326 by 2024,¹ thus increasing the number of individuals who may join the PA workforce.

¹Accreditation Standards for Physician Assistant Education© <http://www.arc-pa.org/accreditation/program-data/>

Distribution of PAs in the U.S., cont.

PAs by State, Number, Percent, Rate and Rank*

State	Number	% of total (rank)	Rate* (rank)	% Change 2018-2022 (rank)**
Alabama	1,209	0.7% (35)	23.8 (49)	43.4% (4)
Alaska	673	0.4% (42)	91.7 (1)	15.6% (48)
Arizona	3,728	2.2% (16)	50.7 (26)	28.5% (26)
Arkansas	635	0.4% (43)	20.8 (50)	38.0% (8)
California	13,068	7.8% (2)	33.5 (45)	29.7% (24)
Colorado	4,537	2.7% (11)	77.7 (7)	30.8% (20)
Connecticut	2,999	1.8% (21)	82.7 (3)	31.3% (17)
Delaware	487	0.3% (45)	47.8 (29)	26.8% (28)
District of Columbia	298	0.2% (50)	44.4 (34)	14.2% (49)
Florida	11,011	6.6% (3)	49.5 (28)	33.9% (13)
Georgia	4,727	2.8% (9)	43.3 (37)	27.2% (27)
Hawaii	478	0.3% (46)	33.2 (46)	42.3% (6)
Idaho	1,458	0.9% (31)	75.2 (11)	31.0% (19)
Illinois	4,444	2.7% (13)	35.3 (43)	24.4% (36)
Indiana	2,253	1.3% (24)	33.0 (47)	44.1% (3)
Iowa	1,400	0.9% (31)	43.7 (33)	17.5% (40)
Kansas	1,368	0.8% (33)	46.6 (32)	21.2% (41)
Kentucky	1,782	1.1% (27)	39.5 (40)	26.7% (30)
Louisiana	1,572	0.9% (29)	34.2 (44)	29.8% (22)
Maine	1,045	0.6% (38)	75.4 (10)	24.0% (37)
Maryland	3,638	2.2% (17)	59.0 (20)	18.8% (44)
Massachusetts	4,550	2.7% (10)	65.2 (15)	29.8% (22)
Michigan	6,645	4.0% (7)	66.2 (14)	24.6% (35)
Minnesota	3,588	2.1% (18)	62.8 (16)	31.2% (18)
Mississippi	369	0.2% (49)	12.6 (51)	47.6% (1)
Missouri	1,620	1.0% (28)	26.2 (48)	37.6% (9)
Montana	885	0.5% (40)	78.8 (5)	28.6% (25)
Nebraska	1,468	0.9% (30)	74.6 (12)	23.5% (38)
Nevada	1,233	0.7% (34)	38.8 (41)	35.0% (12)
New Hampshire	1,072	0.6% (37)	76.8 (8)	30.1% (21)
New Jersey	4,319	2.6% (14)	46.6 (32)	42.1% (7)
New Mexico	917	0.5% (39)	43.4 (36)	19.9% (42)

Distribution of PAs in the U.S., cont.

State	Number	% of total (rank)	Rate* (rank)	% Change 2018-2022 (rank)**
New York	15,449	9.2% (1)	78.5 (6)	21.2% (40)
North Carolina	8,561	5.1% (6)	80.0 (4)	32.5% (14)
North Dakota	390	0.2% (48)	50.0 (27)	13.0% (50)
Ohio	4,895	2.9% (8)	41.6 (39)	31.9% (15)
Oklahoma	1,890	1.1% (26)	47.0 (31)	22.6% (39)
Oregon	2,328	1.4% (23)	54.9 (22)	25.2% (33)
Pennsylvania	10,999	6.6% (5)	84.8 (2)	24.7% (34)
Rhode Island	603	0.4% (44)	55.1 (21)	42.9% (5)
South Carolina	2,507	1.5% (22)	47.5 (30)	45.9% (2)
South Dakota	695	0.4% (41)	76.4 (9)	18.4% (45)
Tennessee	3,006	1.8% (20)	42.6 (38)	36.7% (11)
Texas	11,008	6.6% (4)	36.7 (42)	26.8% (28)
Utah	2,067	1.2% (25)	61.1 (17)	37.6% (10)
Vermont	437	0.3% (47)	67.5 (13)	16.5% (47)
Virginia	4,536	2.7% (12)	52.2 (23)	31.7% (16)
Washington	3,968	2.4% (15)	51.0 (24)	26.6% (31)
West Virginia	1,084	0.6% (36)	61.1 (17)	7.3% (51)
Wisconsin	3,491	2.1% (19)	59.2 (19)	25.8% (32)
Wyoming	296	0.2% (51)	50.9 (25)	19.8% (43)
TOTAL	167,686	100%	50.3	28.4%

The top five states ranked by the number of Certified PAs:

1.	New York
2.	California
3.	Florida
4.	Texas
5.	Pennsylvania

The top five states ranked by PA rate per 100,000 population:

1.	Alaska
2.	Pennsylvania
3.	Connecticut
4.	North Carolina
5.	Montana

*Rate per 100,000 population based on 2022 U.S. Census estimate.

**Percent change reflects raw change in number of PAs in each state from 2018 to 2022.

4,036 PAs indicated they have a current military status of active duty, National Guard or Reserve, and 220 PAs reported a military or U.S. territory address.

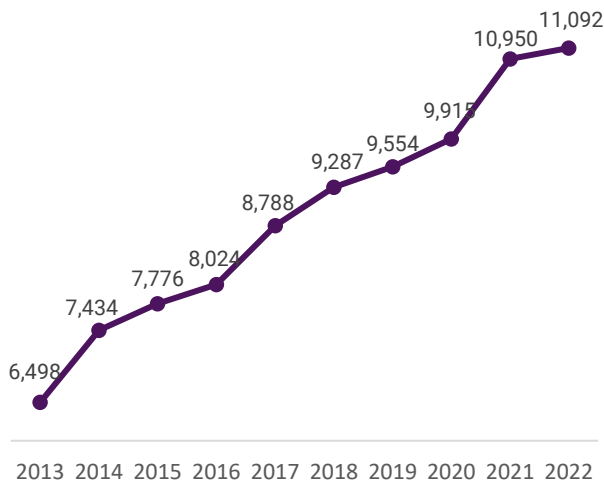
315 PAs indicated they are living abroad.

The top five states that experienced the largest percent growth in the number of PAs from 2018-2022:

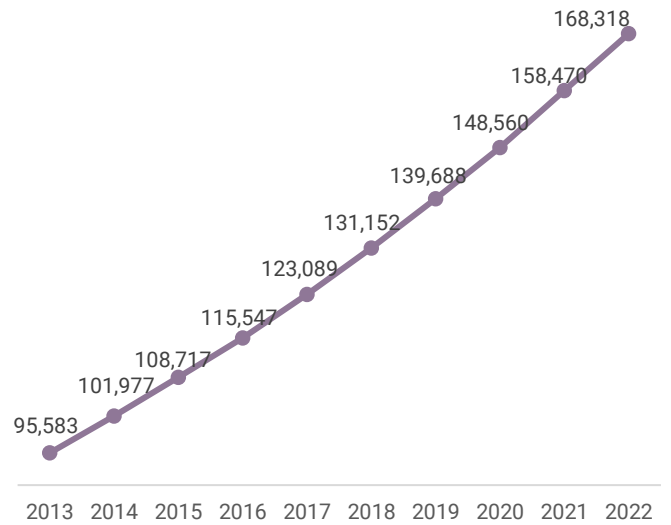
1.	Mississippi
2.	South Carolina
3.	Indiana
4.	Alabama
5.	Rhode Island

Supply and Demand

Number of PAs Who Were Certified for the First Time by Year



Number of Certified PAs by Year



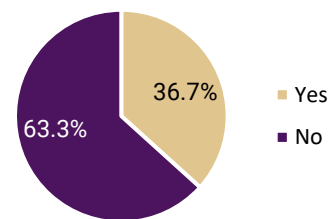
5.8% of the PA workforce indicated they have plans to retire in the next five years.

Percent Increase of PAs by Year

Year	Percent
2014	6.7%
2015	6.6%
2016	6.3%
2017	6.5%
2018	6.6%
2019	6.5%
2020	6.4%
2021	6.7%
2022	6.2%

Percent increase is calculated using the total number of PAs as of the end of the year reported.

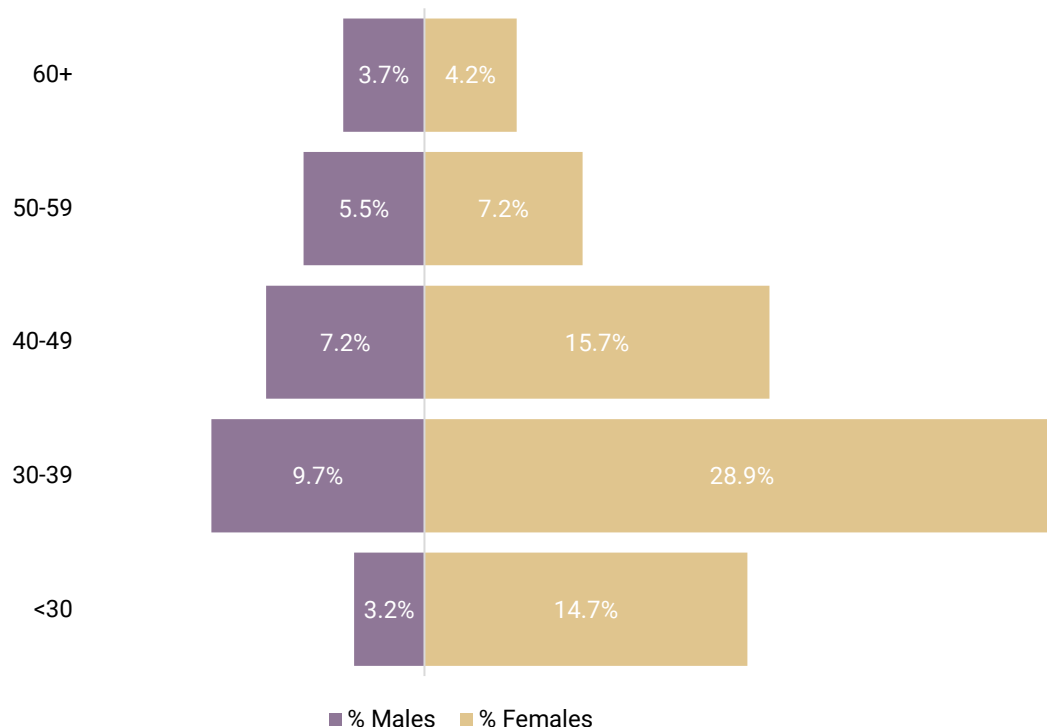
Primary Place of Employment Currently Recruiting/Hiring PAs



Number of Months Unfilled

Months Unfilled	Percent
1 month	37.5%
2 months	16.4%
3 months	17.9%
4 months	4.4%
5 months	1.8%
6 or more months	22.2%

Distribution of PAs by Age and Gender



Gender	2022 Percent	Percent Change 2018-2022*
Male	29.3%	-1.9%
Female	70.6%	1.8%
Non-binary**	<0.1%	NA
Prefer not to answer**	<0.1%	NA

*Percent change reflects proportional change from 2018 to 2022.

**Gender identity choice first included in 2021.

Age Group	2022 Percent	Percent Change 2018-2022*
<30	17.9%	0.2%
30-39	38.6%	0.5%
40-49	23.0%	-0.3%
50-59	12.6%	-0.2%
60+	7.9%	-0.2%

*Percent change reflects proportional change from 2018 to 2022.

As with the past five years, the median age of PAs remains at 38. The profession continues to be majority female. In 1975, 23.9% of PAs identified as female,¹ compared to 70.6% in 2022.

¹NCCPA data records

Race and Ethnicity

PAs by Race

Race	2022 Percent	Percent Change 2018-2022*
White	80.3%	-0.7%
Black/African American	3.3%	-0.1%
Asian	6.5%	1.1%
Native Hawaiian/Pacific Islander	0.3%	0.0%
American Indian or Alaskan Native	0.3%	-0.1%
Other	2.7%	-0.1%
Multi-race	2.3%	0.5%
Prefer not to answer	4.3%	-0.7%

*Percent change reflects proportional change from 2018 to 2022.

7.0% of PAs indicated they are Hispanic, an increase from 6.3% in 2018.

Although the number of PAs has increased during the five-year period from 2018-2022, the overall racial/ethnic diversity of the PA profession has remained relatively consistent, with the largest change occurring in the Asian population, which had a 1.1% proportional increase.

Educational Profile

Highest Degree Completed

Degree	2022 Percent	Percent Change 2018-2022*
Certificate program	0.9%	-0.5%
Associate's degree	0.8%	-0.4%
Bachelor's degree	14.0%	-5.3%
Master's degree	81.4%	5.9%
Doctorate degree**	2.3%	0.5%
Other	0.6%	-0.2%

*Percent change reflects proportional change from 2018 to 2022.

**Most frequent doctorate degrees include: DMSc, PhD, MD, and DHSc.

The average PA educational program is 111 weeks in length, which includes didactic and clinical instruction.¹ Over time, programs have trended toward the graduate degree level, and as of 2020, all PA programs must confer a graduate degree to be accredited by ARC-PA.² This is evident as the percentage of master's degrees held by PAs has increased from 75.5% in 2018 to 81.4% in 2022.³

¹PAEA Physician Assistant Educational Programs in the United States, By the Numbers: Program Report 35; 2020.

²ARC-PA Accreditation Standards for Physician Assistant Education®, 5th edition. Approved September 2020, latest clarification September 2022.

³NCCPA 2018 Statistical Profile of Certified PAs, An Annual Report of the National Commission on Certification of Physician Assistants. 2019.

Postgraduate Program Completion

PA's Who Completed a Postgraduate Program: Area of Training

Area of Training	Number	Percent
Addiction medicine	19	0.3%
Anesthesiology	6	0.1%
Critical care medicine	352	5.1%
Dermatology	385	5.6%
Emergency medicine	1,651	23.9%
Family medicine/general practice	587	8.5%
Hospice and palliative medicine	7	0.1%
Hospital medicine	210	3.0%
Internal medicine - general practice	117	1.7%
Internal medicine - subspecialties	225	3.3%
Neurology	37	0.5%
Obstetrics and gynecology	91	1.3%
Occupational medicine	51	0.7%
Ophthalmology	4	0.1%
Otolaryngology	45	0.7%
Pain medicine	15	0.2%
Pathology	1	<0.1%
Pediatrics- general	84	1.2%
Pediatrics- subspecialties	208	3.0%
Physical medicine/rehabilitation	6	0.1%
Preventive medicine/public health	13	0.2%
Psychiatry	196	2.8%
Radiation oncology	1	<0.1%
Radiology	7	0.1%
Surgery- general	979	14.2%
Surgery- subspecialties	930	13.4%
Urology	16	0.2%
Other*	674	9.7%
TOTAL	6,917	100%

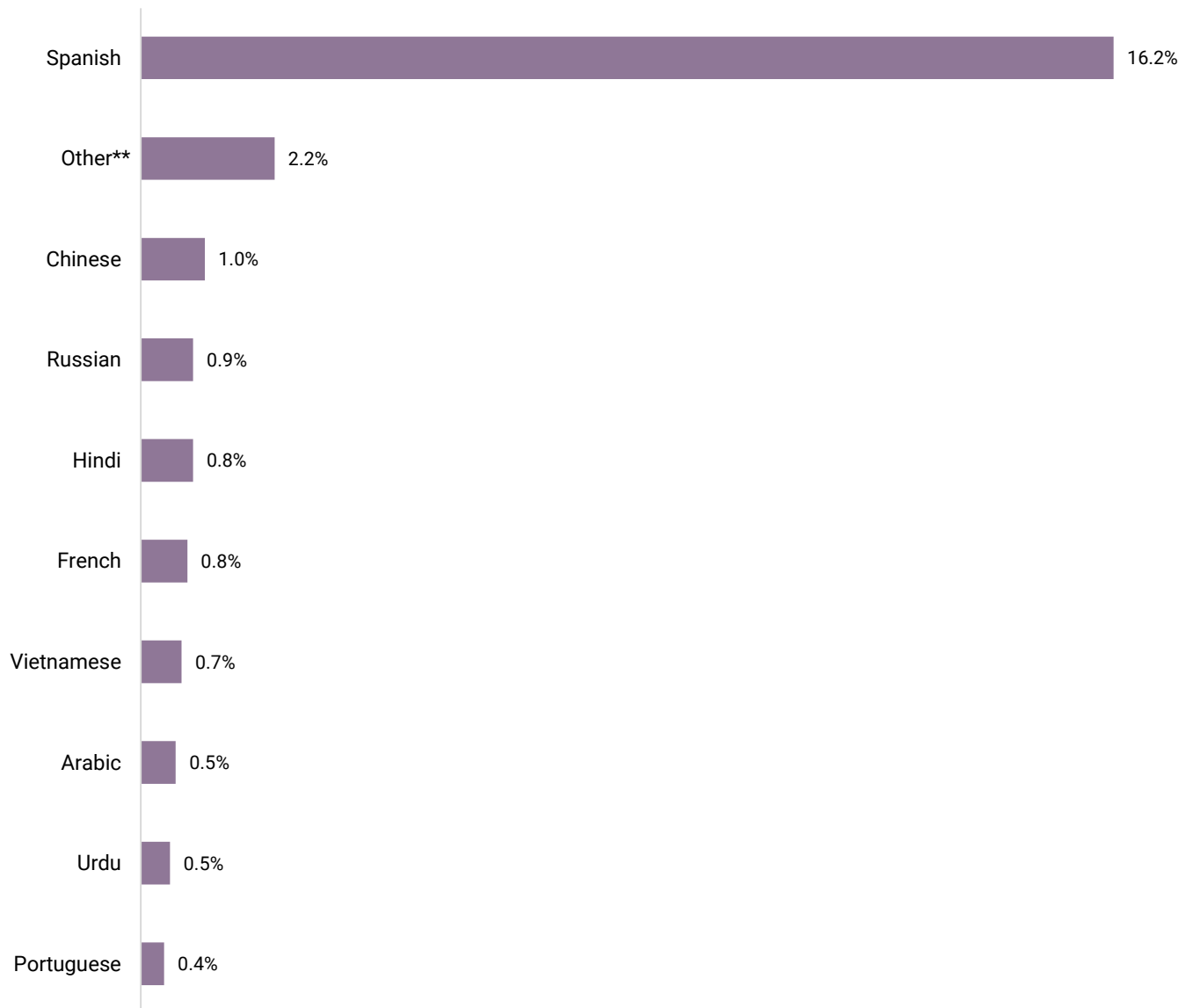
*Top "other" responses include: aesthetics, hepatology, aviation/aerospace medicine, spine surgery, and trauma.

4.9% of PAs indicated they completed a PA postgraduate training program (PA residency or fellowship) after graduating from their PA program.

The top three specialty areas include: emergency medicine, general surgery, and internal medicine subspecialties.

Language in Addition to English Spoken with Patients

Top Ten Languages Other than English: PAs Who Communicate with Patients in Another Language in Addition to English*



*Percentage of PAs who communicate with patients in languages other than English by the top 10 most frequently identified languages.

**Most common "other" languages noted: Punjabi, American Sign Language, Hebrew and Malayalam.

In 2022, 22.3% of PAs indicated they communicate with patients in a language in addition to English; 22.8% in 2018. Of the PAs who communicate with patients in another language, most do so in Spanish.

3.9% of PAs speak two or more languages, in addition to English in 2022. In 2018, 4.0% reported being able to speak two or more languages.

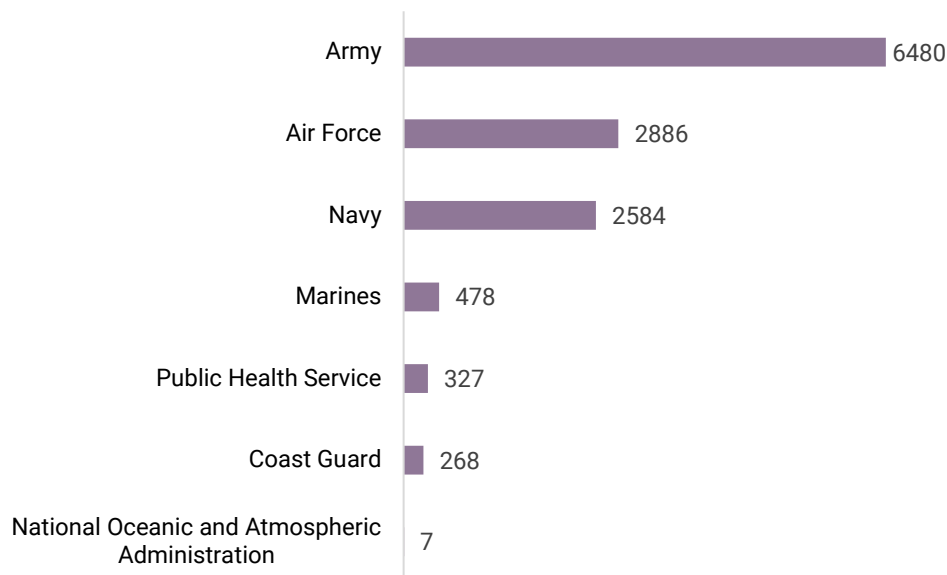
Armed Forces

Current Status of PAs Who Have Previously or Are Currently Serving in the U.S. Armed Forces

Status	Number	Percent of Total PAs with Armed Forces Experience
Active Duty	2,389	19.9%
National Guard	1,055	8.8%
Reserve	592	4.9%
Veteran	5,273	43.9%
Retired Veteran	2,689	22.4%
Total	11,998	100%

8.6% of PAs reported they have served or are currently serving in the U.S. Armed Forces.

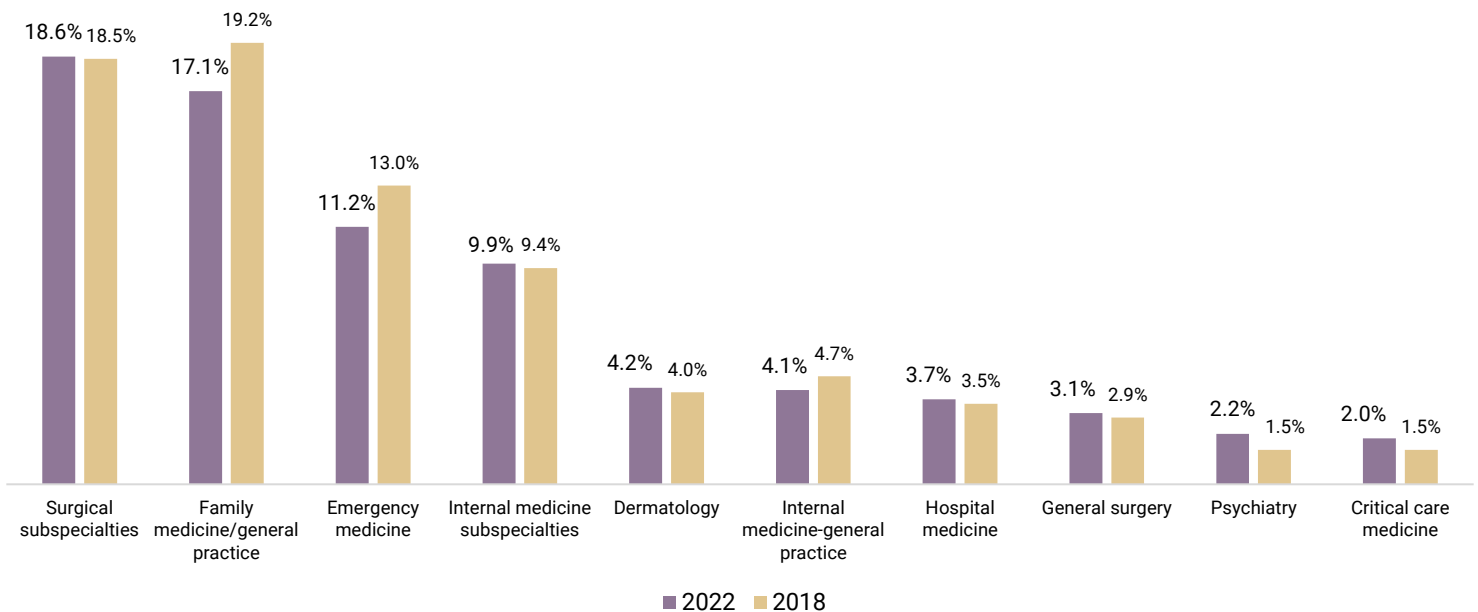
Branch of U.S. Armed Forces Served or Currently Serving*



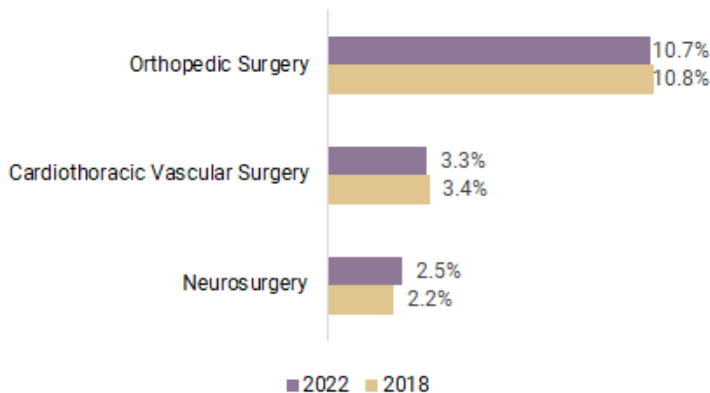
*PAs could select multiple branches of the armed forces, and 914 indicated they served in more than one branch.

Current Practice Area of Principal Clinical Position

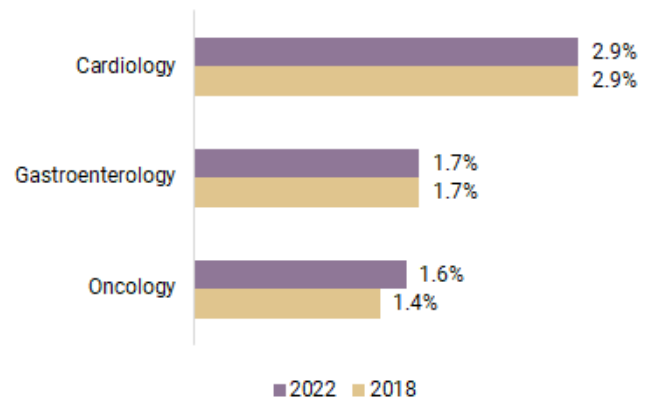
Top Practice Areas



Top Surgical Subspecialties



Top Internal Medicine Subspecialties

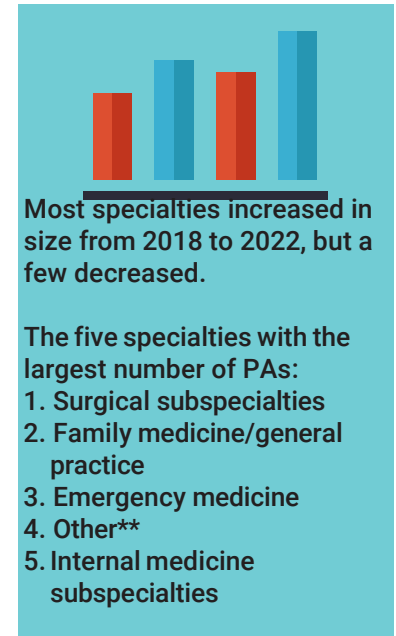


The Profile asks PAs to identify their practice area and other practice characteristics for their principal clinical position and for those working in more than one clinical position, for a secondary clinical position. The data shown in this section is based only on responses to the question regarding the principal clinical position. In 2022, 10 specialties comprise over three-quarters (75.8%) of PAs.

Principal Clinical Position

Number and Percent of PAs by Principal Clinical Position

Area of Practice*	2022 Number	2022 Percent	Percent Change 2018-2022**
Addiction medicine	623	0.5%	0.2%
Adolescent medicine	134	0.1%	0.0%
Anesthesiology	293	0.2%	-0.1%
Critical care medicine	2,308	2.0%	0.5%
Dermatology	4,941	4.2%	0.2%
Emergency medicine	13,214	11.2%	-1.8%
Family medicine/general practice	20,193	17.1%	-2.1%
Gynecology	401	0.3%	-0.1%
Hospice and palliative medicine	189	0.2%	0.1%
Hospital medicine	4,329	3.7%	0.2%
Internal medicine - general practice	4,872	4.1%	-0.6%
Internal medicine subspecialties	11,616	9.9%	0.5%
Neurology	1,215	1.0%	0.2%
Obstetrics and gynecology	1,413	1.2%	0.0%
Occupational medicine	1,534	1.3%	-0.1%
Ophthalmology	115	0.1%	0.0%
Otolaryngology	1,223	1.0%	0.1%
Pain medicine	1,724	1.5%	0.1%
Pathology	7	<0.1%	0.0%
Pediatrics-general practice	2,077	1.8%	-0.1%
Pediatric subspecialties	1,504	1.3%	0.1%
Physical medicine/rehabilitation	656	0.6%	-0.1%
Preventive medicine/public health	159	0.1%	0.0%
Psychiatry	2,594	2.2%	0.7%
Radiation oncology	211	0.2%	0.0%
Radiology	924	0.8%	0.1%
Surgery-general	3,597	3.1%	0.2%
Surgical subspecialties	21,958	18.6%	0.1%
Urology	1,199	1.0%	0.0%
Other***	12,525	10.6%	1.8%
TOTAL	117,359	100%	NA



*Clinical specialties are listed in alphabetical order.

**Percent change reflects proportional change from 2018 to 2022.

***Most frequent responses include: urgent care, interventional radiology, sleep medicine, aesthetics, trauma surgery, wound care and transplant surgery.

Primary Care and Non-Primary Care by State

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

State	Primary Care* (%)	Non-primary Care (%)	Percent Change in Primary Care 2018-2022**
Alabama	154 (19.6%)	632 (80.4%)	-2.1%
Alaska	218 (43.8%)	280 (56.2%)	-6.6%
Arizona	623 (24.4%)	1,935 (75.6%)	-4.6%
Arkansas	111 (25.5%)	324 (74.5%)	-7.6%
California	2,463 (28.6%)	6,158 (71.4%)	-2.5%
Colorado	961 (29.0%)	2,356 (71.0%)	-5.9%
Connecticut	292 (14.0%)	1,798 (86.0%)	-1.6%
Delaware	51 (15.3%)	282 (84.7%)	-3.4%
District of Columbia	46 (22.5%)	158 (77.5%)	1.3%
Florida	1,378 (18.8%)	5,959 (81.2%)	-2.3%
Georgia	670 (20.1%)	2,658 (79.9%)	-2.7%
Hawaii	107 (32.8%)	219 (67.2%)	-1.9%
Idaho	363 (33.2%)	729 (66.8%)	-3.9%
Illinois	653 (21.6%)	2,369 (78.4%)	-2.6%
Indiana	254 (16.8%)	1,261 (83.2%)	-1.1%
Iowa	349 (33.4%)	697 (66.6%)	-5.8%
Kansas	334 (32.9%)	681 (67.1%)	-2.8%
Kentucky	307 (23.8%)	983 (76.2%)	-4.1%
Louisiana	165 (14.8%)	950 (85.2%)	-2.9%
Maine	167 (22.1%)	590 (77.9%)	-4.2%
Maryland	395 (15.5%)	2,153 (84.5%)	-2.5%
Massachusetts	503 (16.0%)	2,632 (84.0%)	-1.8%
Michigan	1,103 (23.0%)	3,697 (77.0%)	-2.6%
Minnesota	674 (25.1%)	2,007 (74.9%)	-4.0%
Mississippi	48 (19.0%)	205 (81.0%)	-4.7%
Missouri	232 (20.5%)	901 (79.5%)	-1.0%
Montana	209 (31.6%)	452 (68.4%)	-2.2%
Nebraska	392 (35.5%)	713 (64.5%)	-4.4%
Nevada	251 (29.2%)	608 (70.8%)	-1.2%
New Hampshire	161 (19.8%)	654 (80.2%)	-5.1%
New Jersey	419 (14.6%)	2,453 (85.4%)	-1.4%
New Mexico	219 (32.8%)	448 (67.2%)	-6.2%
New York	1,637 (15.7%)	8,770 (84.3%)	-1.8%

Primary Care and Non-Primary Care by State

State	Primary Care* (%)	Non-primary Care (%)	Percent Change in Primary Care 2018-2022**
North Carolina	1,533 (25.6%)	4,461 (74.4%)	-3.3%
North Dakota	126 (43.2%)	166 (56.8%)	-4.4%
Ohio	462 (13.4%)	2,991 (86.6%)	-1.3%
Oklahoma	373 (27.2%)	997 (72.8%)	-3.8%
Oregon	551 (32.1%)	1,164 (67.9%)	-0.9%
Pennsylvania	1,527 (19.0%)	6,513 (81.0%)	-1.8%
Rhode Island	72 (17.6%)	337 (82.4%)	2.8%
South Carolina	374 (22.4%)	1,296 (77.6%)	-0.6%
South Dakota	204 (38.8%)	322 (61.2%)	-3.7%
Tennessee	566 (27.2%)	1,513 (72.8%)	-3.6%
Texas	2,338 (30.1%)	5,430 (69.9%)	-4.0%
Utah	435 (29.9%)	1,020 (70.1%)	-2.2%
Vermont	93 (28.3%)	236 (71.7%)	-4.9%
Virginia	678 (21.6%)	2,455 (78.4%)	-1.5%
Washington	807 (28.6%)	2,017 (71.4%)	-2.8%
West Virginia	259 (31.3%)	568 (68.7%)	-3.5%
Wisconsin	550 (21.3%)	2,038 (78.7%)	-3.8%
Wyoming	95 (40.9%)	137 (59.1%)	-4.0%
TOTAL***	26,952 (23.0%)	90,373 (77.0%)	-2.8%

*Primary care includes family medicine/general practice, internal medicine general, and pediatrics general. The total counts of PAs in primary care and non-primary care specialties are based on the numbers of PAs who provided specialty information for their principal area of practice.

**Percent change reflects proportional change from 2018 to 2022.

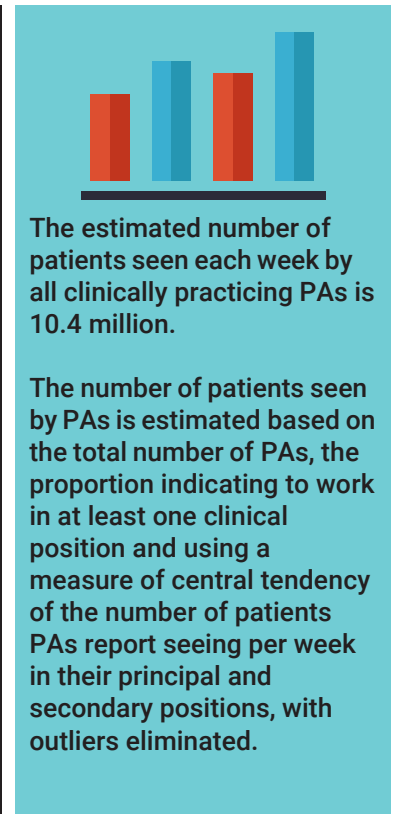
*** Total includes U.S. and District of Columbia.

23.1% of all PAs work in primary care, compared to 25.8% in 2018. Although the overall percentage of the PA workforce practicing in primary care decreased during this five-year period, there was an increase in the number of PAs working in primary care as more PAs entered the workforce.

Practice Setting

Number of PAs by Principal Clinical Practice Setting

Practice setting	2022 Number	2022 Percent	Percent Change 2018-2022*
Hospital	48,943	41.7%	1.2%
Office-based private practice	43,674	37.1%	-2.4%
Urgent care**	6,526	5.6%	1.5%
Federal government facility/hospital/unit***	5,611	4.7%	-0.8%
Community health center	3,331	2.8%	-0.3%
Other****	2,351	2.0%	--
Rural health clinic	1,720	1.5%	-0.5%
School-based or college-based health center or school clinic	833	0.7%	-0.2%
Public or community health clinic	814	0.7%	-0.4%
Occupational health setting	809	0.7%	-0.2%
Behavioral/mental health facility	746	0.6%	0.1%
Extended care facility/nursing home	727	0.6%	0.1%
Ambulatory surgical center	378	0.3%	0.0%
Rehabilitation facility	329	0.3%	0.0%
Retail clinic	230	0.2%	0.0%
Home health care agency	191	0.2%	0.1%
Free clinic	180	0.2%	0.0%
Locum tenens*****	63	0.1%	NA
Hospice	9	<0.1%	0.0%



*Percent change reflects proportional change from 2018 to 2022.

**Urgent care appeared on the Profile for the first time in 2016; therefore, the increase may be inflated as PAs were provided the opportunity to select this option as additional responses were gathered.

***4,036 PAs indicated they have a current military status of active duty, national guard, or reserve in 2022.

****Most frequent "other" practice settings include: academic medical center, correctional institution, and mobile urgent care.

*****Locum tenens added to the Profile for the first time in 2022.

78.8% of PAs work in a hospital or office-based private practice setting.

The mean number of hours worked per week for all PAs in their principal clinical position is 39.8 (median is 40). The mean is a slight decrease from 2018 (40.4).

Throughout all practice settings, the mean number of patients seen per week for all full-time (40+ hours per week) PAs who see patients in their principal clinical position is 70. This is a decrease from 2018 when the average was 73.

Patient Panels

Number of Patients in Panels with PA as the Primary Provider

Number of Patients in Panel	Number of PAs	Percent
1-25	8,441	20.9%
26-50	5,714	14.1%
51-75	1,439	3.6%
76-100	4,941	12.2%
101-150	1,381	3.4%
151-200	2,559	6.3%
201-300	2,682	6.6%
301-400	1,280	3.2%
401-500	2,583	6.4%
Over 500	9,455	23.4%
TOTAL	40,475	100%

34.7% (over 40,000) of clinically practicing PAs indicated they have a patient panel for which they are the primary provider.

The median number of patients in a panel with a PA as the primary provider is 100.

Telemedicine

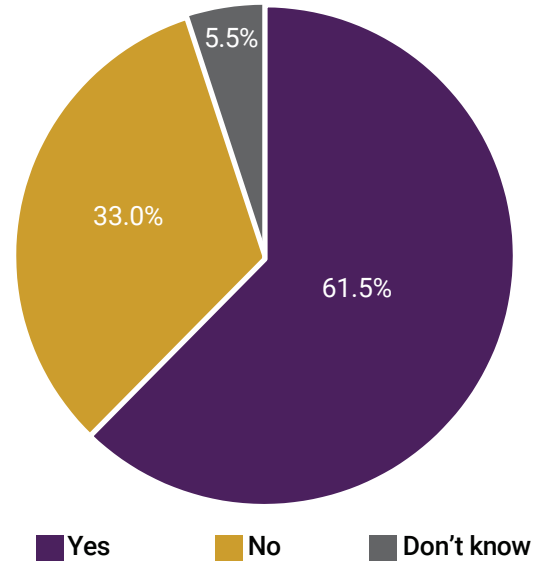
Hours per Week Participating in Telemedicine

Hours Participating in Telemedicine	2022 Percent	Percent Change 2018-2022*
Less than 10	78.4%	-9.1%
10-19	12.6%	5.9%
20-29	5.1%	2.6%
30-39	2.3%	0.7%
40 or more	1.6%	-0.1%

*Percent change reflects proportional change from 2018 to 2022.

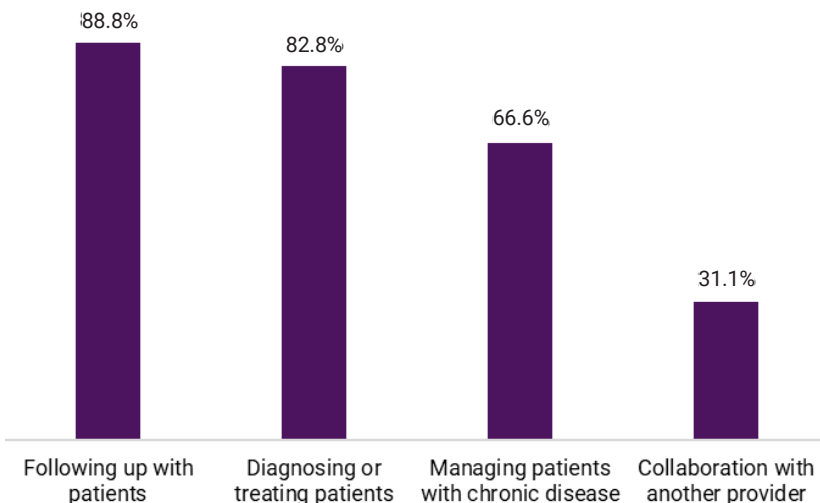
In 2022, 40.3% of PAs participated in telemedicine in their practice compared to 8.7% in 2018.

Practice or Institution Participates in Telemedicine Services*



*Percentage of PAs who indicated they did not participate in telemedicine, but responded if their practice or institution participates in telemedicine.

Functions of Telemedicine*



*Percentages represent functions reported by PAs who indicated they participate in telemedicine.

Modalities PAs Use When Participating in Telemedicine:

- Videoconferencing: 91.9%
- Remote patient monitoring: 19.0%
- Storing and forwarding data: 8.7%

Providing Care to Underserved Populations

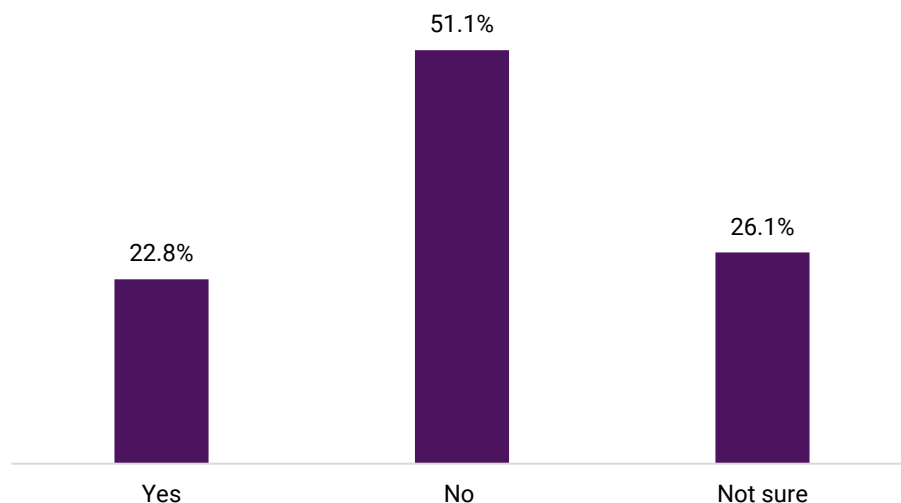
PAs were presented with the following information and then asked if they provide care to patients in HPSAs or MUAs:

According to the Health Resources and Services Administration (HRSA), Medically Underserved Areas (MUA)/Populations refer to areas or populations designated by HRSA as having insufficient primary care providers, high infant mortality rates, poverty, or an older adult population.

Health Professional Shortage Areas (HPSAs) refer to areas designated by HRSA as having insufficient numbers of primary medical care, dental or mental health and may be geographical (e.g., service area), population (e.g., qualify for Medicaid) or facilities (e.g., federally qualified health center).

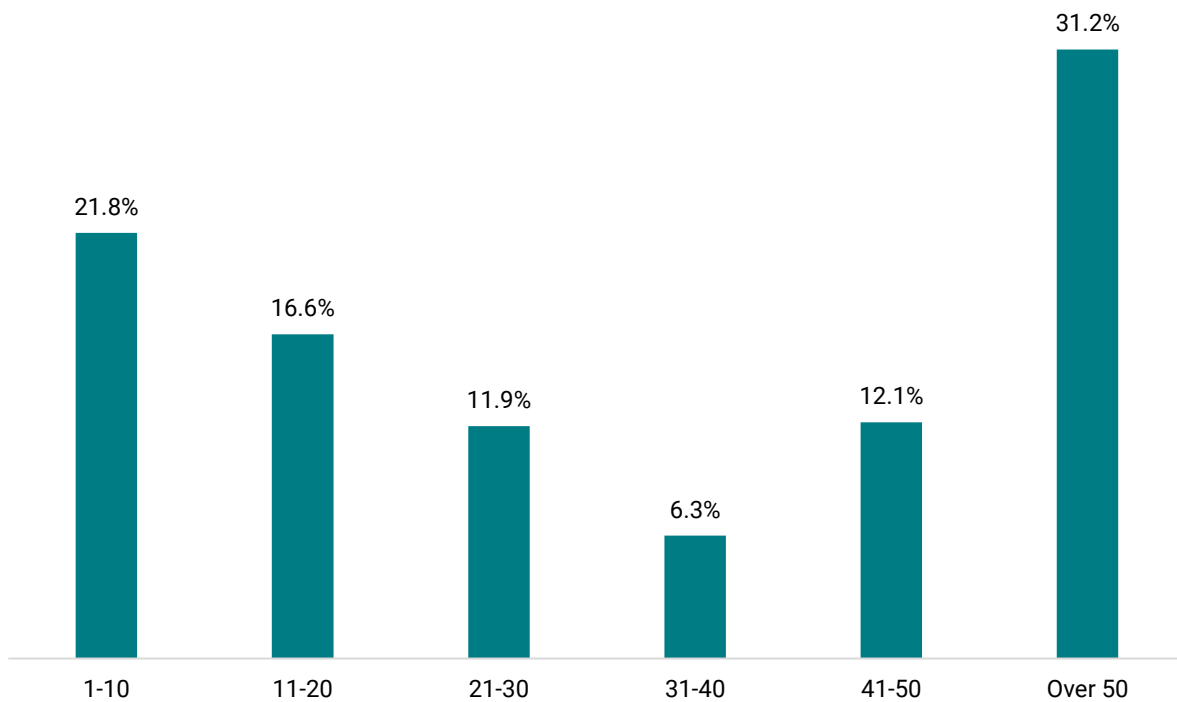
22.8% of Certified PAs provide care to patients in a designated HPSA or MUA.

Provide Care to Patients in a Designated HPSA or MUA



Prescribing

Average Number of Prescriptions/Refills Written per Week



95.7% of clinically practicing PAs prescribe pharmacologic agents for patients. The median number of prescriptions written by Certified PAs per week is 30.

Intentions for Leaving Clinical Position

PAs intending to leave principal clinical position in the next 12 months:

2022	2018
8.7%	5.6%

Factors Influencing PAs Planning to Leave Principal Clinical Position

Factor selected as “very important”*	2022 Number	2022 Percent	Percent Change 2018-2022**
Seeking another clinical PA position	5,801	57.1%	-5.8%
Feelings of professional burnout***	4,403	43.3%	NA*
Insufficient wages given the workload and responsibilities	4,099	40.3%	3.1%
Relocating to another geographic area	2,687	26.4%	-5.7%
Work responsibilities would interfere with ability to care for family	2,573	25.3%	8.7%
Work is not professionally challenging or satisfying	2,399	23.6%	-2.8%
Other	1,629	16.0%	-8.3%
Plan to retire from active workforce	1,207	11.9%	1.3%
Desire a non-clinical health-related position	754	7.4%	2.8%
Desire a position outside of health care	700	6.9%	2.6%
Want to pursue additional education	622	6.1%	-1.9%
Want to work in a health professional training program position	429	4.2%	-0.6%
My health does not allow me to continue working as a PA	244	2.4%	0.4%

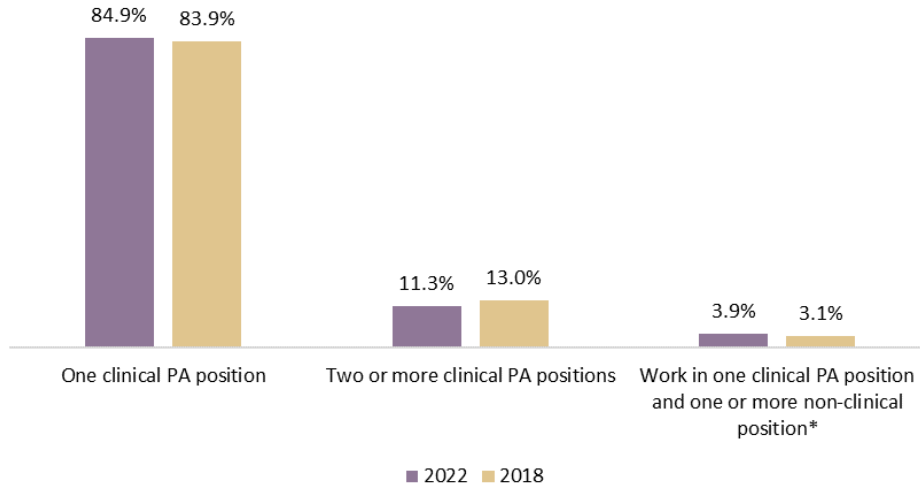
*PAs could choose multiple factors.

**Percent change reflects proportional change from 2018 to 2022.

***Factor not included in the 2018 Profile.

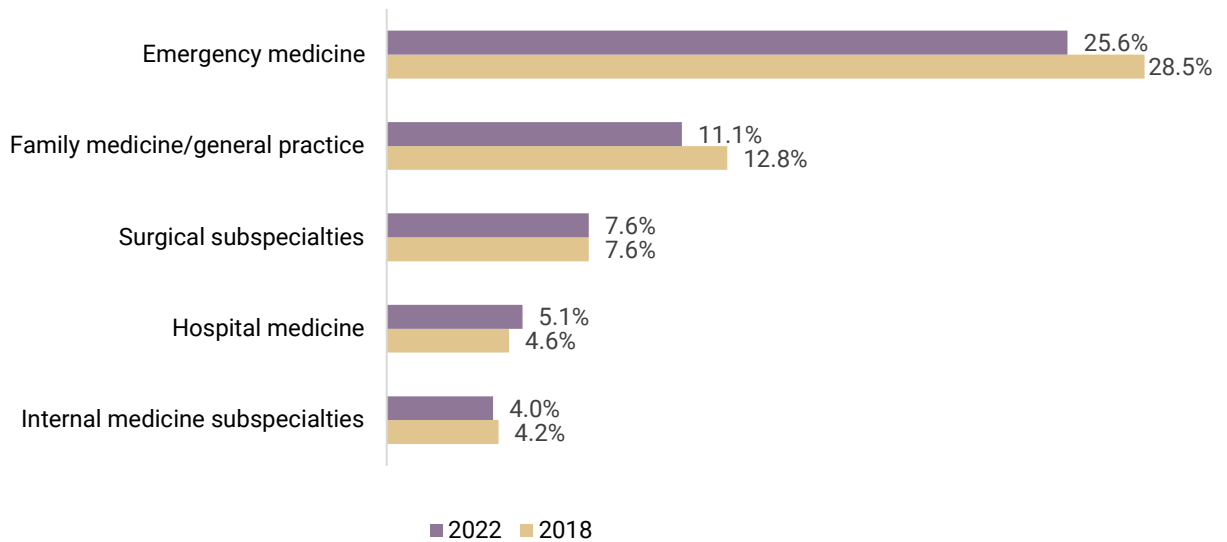
Distribution Working in More than One Position

Distribution of PAs Working in More than One Position



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

Top Five Secondary Specialty Areas of PAs with More than One Clinical Position



In 2022, 15.2% of PAs who were working in more than one clinical position were working in a primary care position in their secondary position, compared to 17.7% in 2018.

Distribution Working in More than One Position

Reasons PAs are Employed in More than One Clinical Position

Reasons Chosen*	2022	Percent Change from 2018-2022**
Supplement earnings from principal clinical position	45.7%	1.7%
Enjoy working in a variety of clinical settings	25.9%	-0.6%
To gain experience in a different aspect of clinical care	18.0%	-1.0%
Other (e.g., financial, military service, gain experience, etc.)	8.6%	-0.2%
Was not offered full-time work in my principal clinical PA position	1.7%	0.1%

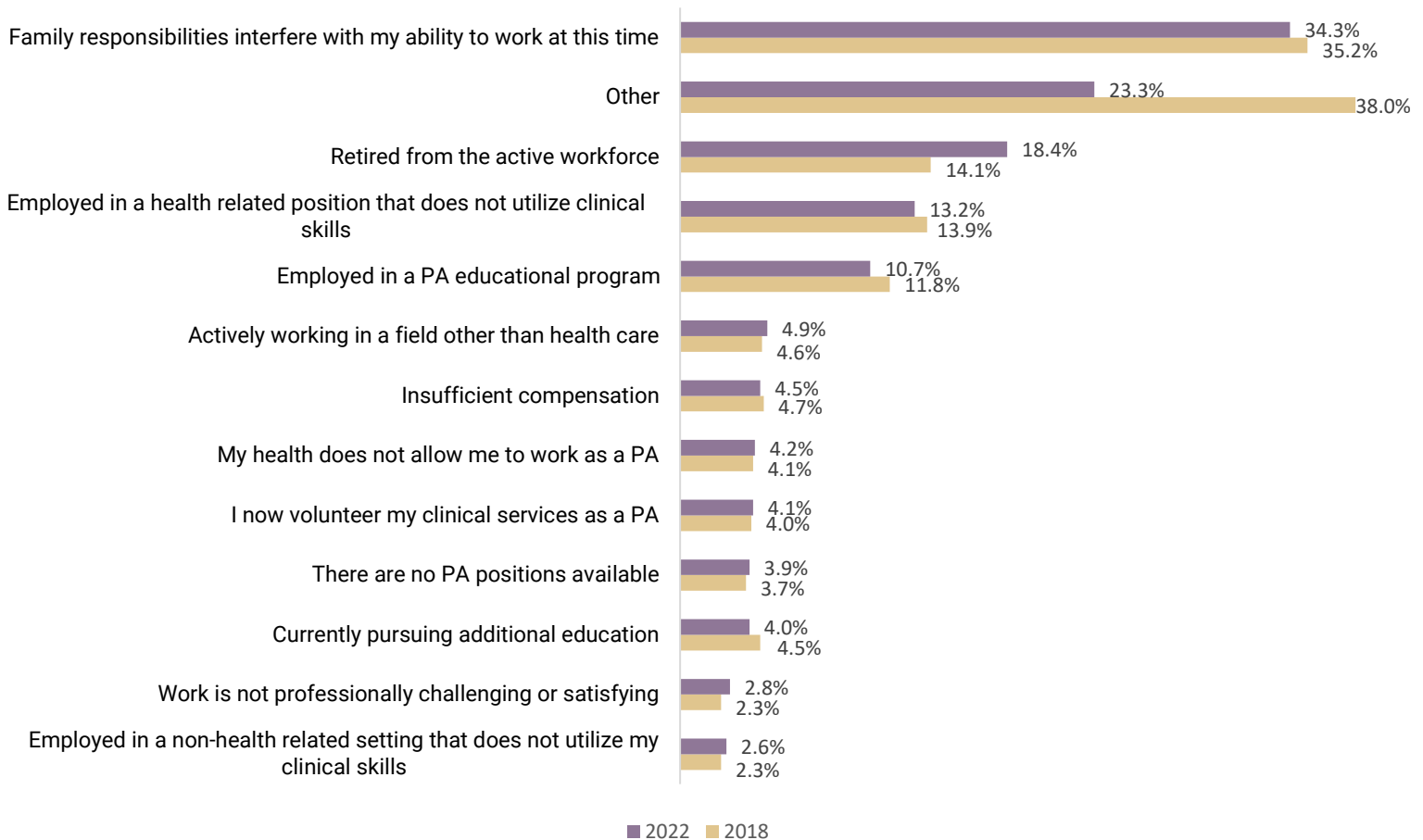
*PAs could select multiple reasons.

**Percent change reflects proportional change from 2018 to 2022.

PAs who work in a secondary clinical position work an average of 11.1 hours per week (10.8 hours in 2018) and see an average of 22 patients per week (same as 2018) in their secondary clinical position.

PA's Not in Clinical Practice

Reasons PAs Do Not Practice Clinically*



*PAs could select multiple reasons.

The vast majority of PAs are engaged in clinical practice. In 2022, 93.7% indicated they were practicing clinically (94.8% in 2018).

In the last five years, the most common reason for not practicing clinically has been family responsibilities. "Other" reasons PAs are not clinically practicing include: military duty in a non-clinical setting, COVID 19 concerns or laid off because of COVID 19, own or partner in a practice, leadership or administrative job, and burnout from previous position.

Job Satisfaction

Job Satisfaction

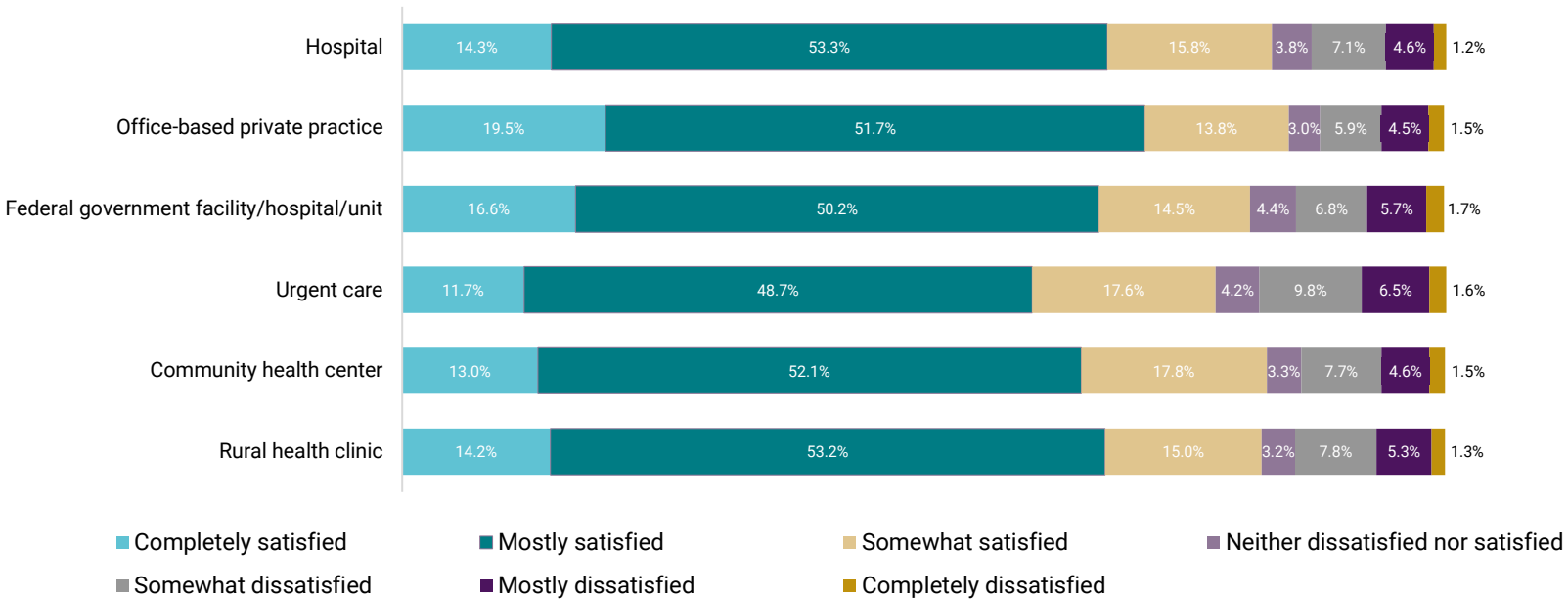
Areas of Job Satisfaction	Percent Satisfied*
Present job	83.6%
Career as a PA	86.7%
Number of hours worked	77.3%
Work-life balance	71.1%
Income	75.5%
Benefits	73.2%
Geographical location of principal position	82.4%
Employer	74.2%

*Satisfied includes responses of Completely Satisfied, Mostly Satisfied, and Somewhat Satisfied.

86.7% of all PAs indicated they are satisfied with their career as a PA.

Job Satisfaction

Satisfaction with Present Job by Top Practice Settings*



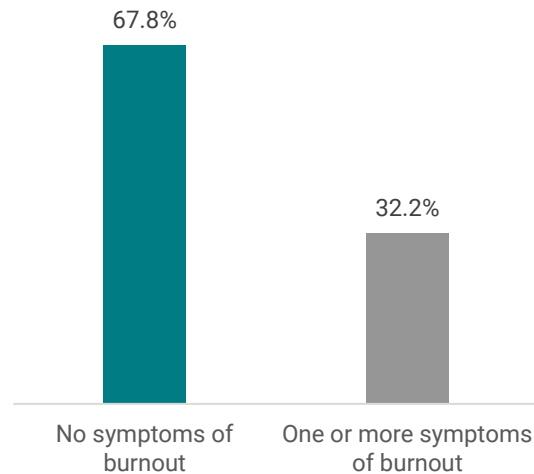
*Practice settings with greatest number of PAs in 2022.

PAs working in an office-based private practice reported the highest satisfaction with their present principal position, with 85.0% indicating they are satisfied.

PAs working in urgent care as their principal position reported the highest dissatisfied level at 17.9%, but most (78.0%) were satisfied.

Burnout

Feeling of Burnout



Burnout Scale ^{1,2}	Percent
1= I enjoy my work; I have no symptoms of burnout.	14.6%
2= Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.	53.2%
3= I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.	24.2%
4= The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot.	6.5%
5= I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.	1.5%

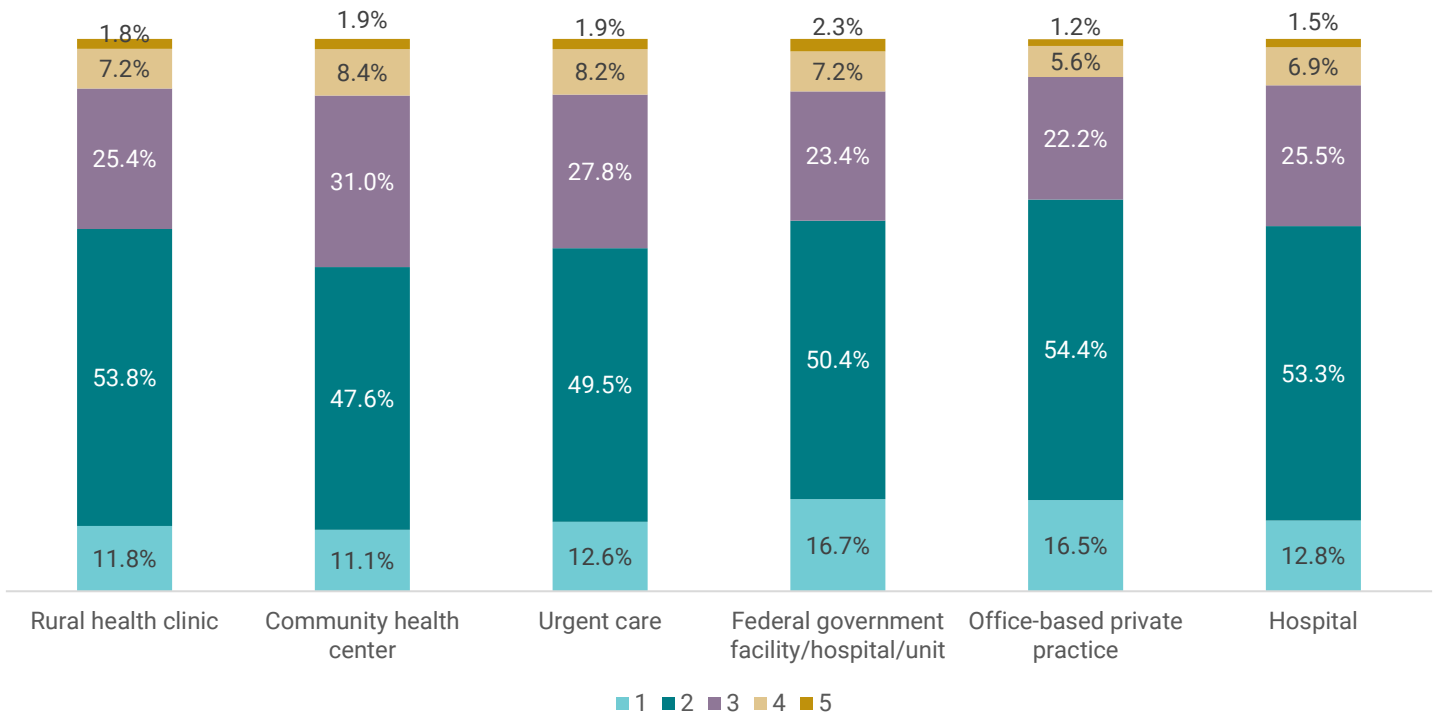
PAs were asked to rate their level of burnout based on their own definition of burnout. The median burnout score was 2.0. Overall, 32.2% of PAs indicated they feel some level of burnout.

¹Rohland BM, Kruse GR, Rohrer JE. Validation of a single-item measure of burnout against the Maslach Burnout Inventory among physicians. *Stress and Health: Journal of the International Society for the Investigation of Stress*. 2004 Apr;20(2):75-9.

²Dolan ED, Mohr D, Lempa M, Joos S, Fihn SD, Nelson KM, Helfrich CD. Using a single item to measure burnout in primary care staff: a psychometric evaluation. *Journal of general internal medicine*. 2015 May 1;30(5):582-7.

Burnout

Level of Burnout by Top Practice Settings*



*Principal position practice settings with the greatest number of PAs in 2022.

Of the six largest practice settings, PAs working in community health centers reported experiencing the highest percentage of some level of burnout (41.3%), while office-based private practice PAs reported the lowest burnout (29.0%).

Working with Other Health Professionals

Types of Health Professionals PAs Work within their Practice Setting

Type of Health Professional*	Percent
I am a solo practitioner, with an off-site licensed physician supervisor/collaborator	4.0%
Physician(s)	79.1%
Other PAs	67.0%
Advanced practice nurse(s) (i.e., nurse practitioners, nurse midwives, etc)	58.9%
Registered nurse(s)	56.2%
Other levels of nurses (LPN, CAN)	27.3%
Mental health provider(s) (i.e., social workers, psychologists, etc)	33.9%
Dentists or dental hygienists	5.1%
Pharmacists	34.0%
Radiology technicians	30.9%
Physical therapists	16.3%
Occupational therapists	12.6%
Speech therapists	9.2%

*PAs could select multiple health professionals.

99.7% of clinically practicing PAs indicated that they work with other health professionals in their principal clinical position.

Income

Total Income in Last Calendar Year from PA Positions

Income Range	2022	Percent Change 2018-2022*
Less than or equal to \$60,000	4.5%	-1.0%
\$60,001-\$70,000	1.8%	-0.3%
\$70,001-\$80,000	2.4%	-1.7%
\$80,001-\$90,000	5.2%	-5.0%
\$90,001-\$100,000	10.5%	-5.3%
\$100,001-\$110,000	15.6%	-2.0%
\$110,001-\$120,000	15.0%	1.2%
\$120,001-\$130,000	12.8%	2.8%
\$130,001-\$140,000	8.9%	2.9%
\$140,001-\$150,000	6.7%	2.4%
\$150,001-\$160,000	4.6%	1.5%
\$160,001-\$170,000	2.9%	1.0%
\$170,001-\$180,000	2.2%	0.7%
\$180,001-\$190,000	1.6%	0.6%
\$190,001-\$200,000	1.4%	0.5%
More than \$200,000	3.9%	1.5%

*Percent change reflects proportional change from 2018 to 2022.

Mean and Median Income

	2022	2018
Mean	\$120,204	\$110,567
Median	\$115,000	\$115,000

The average income for PAs increased by 8.7% between 2018-2022.

Specialties with the highest average income include: cardiothoracic and vascular surgery, dermatology, critical care medicine, neurosurgery, and emergency medicine.

The percentage of PAs earning more than \$200,000 has increased by 1.5% between 2018 and 2022.

Future Data on PAs

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 Board Certified 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 must follow for submitting requests for data and how those requests will be reviewed. The policies and guidelines are provided on NCCPA's website at: www.nccpa.net/resources/nccpa-research/

This Statistical Profile will be updated and published annually. In addition, NCCPA provides supplementary reports that are currently available and updated annually. Those reports include:

- Statistical Profile of Recently Certified PAs
- Statistical Profile of Board Certified PAs by State
- Statistical Profile of Certified PAs by Specialty
- Specialty Supplement Report on Secondary Specialty

Please cite this report as follows:

National Commission on Certification of Physician Assistants, Inc. (2023, April). 2022 Statistical Profile of Board Certified PAs, Annual Report, Retrieved Date, www.nccpa.net/resources/nccpa-research/

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 45C.F.R. §46.101(b).

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Please address questions or comments to PAProfile@nccpa.net

Appendix

Changed Specialties During Career

Number of Times PAs Changed Specialties*

Changed Specialties	Percent
Have not changed specialties	46.5%
1 time	22.7%
2 to 3 times	22.9%
4 to 5 times	6.2%
6 to 10 times	1.6%
11 or more times	0.1%

The mean number of times PAs changed specialties is 1.2 and median is 1.0.

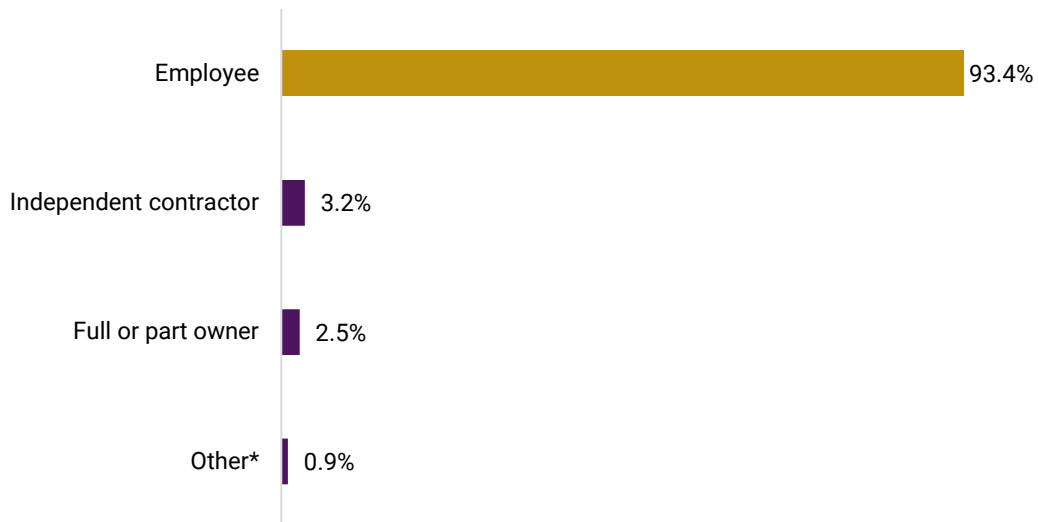
*53.5% of PAs indicated they have changed specialties at least once during their career as a PA.

Number of Times Changed Specialties by Years Working as a PA

Years Working	Number of Times Changed Specialties					
	0 times	1 time	2-3 times	4-5 times	6-10 times	Over 10 times
0-1 years	82.9%	13.8%	3.2%	<0.1%	<0.1%	0.0%
2-3 years	66.4%	24.5%	8.8%	0.2%	<0.1%	0.0%
4-5 years	58.7%	26.7%	13.9%	0.7%	<0.1%	0.0%
6-10 years	46.6%	26.9%	22.9%	3.4%	0.2%	<0.0%
Over 10 years	33.7%	21.1%	31.0%	11.0%	3.1%	0.1%

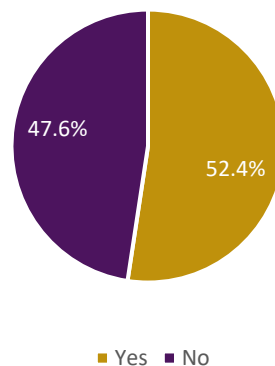
Employment and Working After Hours

Employment Type in Principal Clinical Position



*Other employment types reported include: military assignment, retired but remaining certified, PA volunteer in medicine.

PAs who Treat Patients on Weekends and/or Evenings



Changes in Work Environment

Changes in Past Year in Work Environment

Change	Increased	No change	Decreased	Not applicable
Competition for jobs with other health care professionals	25.4%	54.6%	3.4%	16.6%
Clinical opportunities available	26.0%	48.7%	12.9%	12.4%
Quality of working conditions	10.8%	44.5%	37.5%	7.2%

Total Educational Debt

Non-clinical Position in Addition to Clinical PA Position

Total Educational Debt from All Undergraduate and Graduate Programs

Debt	Percent
No educational debt	43.1%
Less than \$25,000	5.7%
\$25,000 to \$49,999	5.6%
\$50,000 to \$74,999	5.6%
\$75,000 to \$99,999	5.9%
\$100,000 to \$124,999	7.0%
\$125,000 to \$149,999	6.6%
\$150,000 to \$199,999	8.9%
\$200,000 or more	6.0%
Not sure	1.1%
Prefer not to answer	4.5%

Satisfaction with Postgraduate Program

Level of Satisfaction of PAs Who Completed a Postgraduate Program

Level of Satisfaction	Percent Satisfied
Completely satisfied	39.4%
Mostly satisfied	34.0%
Somewhat satisfied	6.7%
Neither dissatisfied or satisfied	3.8%
Somewhat dissatisfied	2.6%
Mostly dissatisfied	5.1%
Completely dissatisfied	8.4%

5.4% of PAs reported having completed a postgraduate training program (PA residency or fellowship) after graduating from their PA program, and 80.1% reported some level of satisfaction with the program.

Non-Clinical Secondary Position

Non-clinical Position in Addition to Clinical PA Position

Non-clinical Position	Percent*
Faculty	26.6%
Medical administration	14.0%
Consulting	7.3%
Speaking	5.7%
Clinical trial research	3.6%
Expert witness	2.7%
Other**	14.7%

*Percent of PAs who indicated they have a secondary non-clinical position in addition to their principal clinical PA position.

**Other non-clinical positions listed include: health assessments, quality improvement/control, medical research, IT/medical informatics.

3.9% of PAs work in a secondary non-clinical position where they do not provide direct patient care.