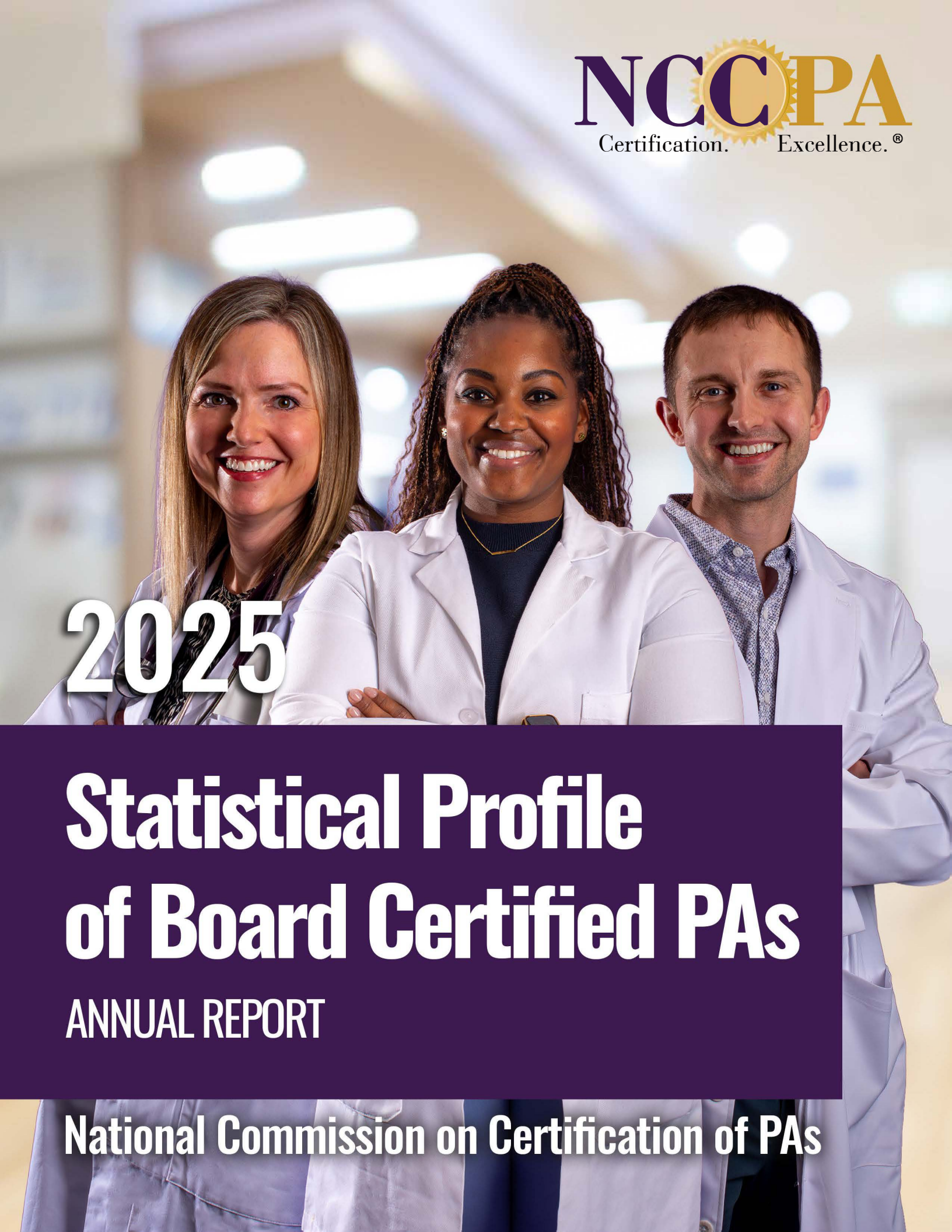

NCCPA
Certification. Excellence.®

2025

Statistical Profile of Board Certified PAs

ANNUAL REPORT

National Commission on Certification of PAs

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Pictured on the cover (left to right):
Alyssa Woodbury, PA-C, Orthopedic Surgery
Erika Rucker, MPAS, PA-C Gynecologic Oncology
Dalton Gifford, DMSc, PA-C Critical Care Medicine

Message from the President and CEO

Dear Colleagues:

I am pleased to introduce the 2025 Statistical Profile of Board Certified PAs, the first of our four annual statistical reports. Now in its 13th year, this report offers insights on the PA workforce and the essential role PAs play in delivering healthcare across the country. Each week, board certified PAs care for 12 million patients, making a vital difference in communities nationwide.

This year's report marks an important milestone for the profession. In 2025, the number of currently board certified PAs surpassed 200,000 for the first time. More than 231,000 PAs have been certified by NCCPA since 1975, reflecting the cumulative number of individuals who have ever earned NCCPA certification. Since we first published this report in 2013, the profession has more than doubled in size, growing from 95,583 to 201,038 board certified PAs by the end of 2025. This continued growth reflects both the strength of the profession and the increasing demand for high-quality, team-based care.

An addition to this year's report is 13-year trends across key workforce indicators, including gender distribution, practice setting, primary care, multiple-position employment, and mean income. Over time, the proportion of PAs practicing in hospital settings has increased and now exceeds that of PAs practicing in office-based private practice. Although the share of PAs in primary care has gradually declined as more have entered specialized disciplines, primary care remains the leading practice area at 21.4%, followed by surgery subspecialties at 18.3%.

This year's report also highlights one of the profession's defining strengths: versatility. New findings in the appendix provide insight into specialty transitions among PAs and underscore the flexibility that has long distinguished the profession. Most PAs (86.1%) say the ability to change specialties throughout their careers is important, and more than 14% are considering a specialty change in the coming year. Among those who have transitioned, the highest proportions moved from family medicine/general practice, surgical subspecialties, and emergency medicine. Most describe the transition as either very or somewhat easy, citing transferable clinical skills and support from colleagues as the leading factors in making that change possible. Irrespective of whether PAs have previously changed specialties, the top reasons for choosing their current specialty are work-life balance, personal interest in the specialty's focus, and practice setting.

The report further demonstrates that the profession continues to thrive. Nearly half of PAs (46%) report that their primary employer is currently hiring PAs, and 24.3% say clinical opportunities increased over the past year. Leadership is another important dimension of the profession's impact: 16% of PAs hold leadership roles in their principal employment, most often in clinical or administrative areas, and 31.8% hold leadership roles outside their primary job. PAs also report high satisfaction across multiple domains, including their career, present job, geographic location, hours worked, employer, income, work-life balance, and benefits.

These findings are only a snapshot of the broader story this report tells. Together, they reflect a profession that is growing, evolving, and making an extraordinary contribution to patient care.
As always, we are deeply grateful to the board certified PAs who completed or updated their information in the PA Professional Profile. Your participation makes this and other reports possible, strengthening our understanding of the PA profession and its vital impact on healthcare nationwide.

Sincerely,

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 one year. Data from that module can be found in the *Statistical Profile of Recently Board 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, 2025 and have made updates to their Profile between January 1, 2023 and December 31, 2025. Data from 2021 has been included to provide five-year comparisons. In addition, some data were obtained from other NCCPA data collection efforts. As of December 31, 2025, there were 201,038 board certified PAs, and 168,768 provided responses for at least a portion of the Profile, yielding an overall response rate of 83.9%. In 2025 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 approximately 50% as of December 31, 2025. 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 2021 to 2025 throughout the report unless otherwise noted.

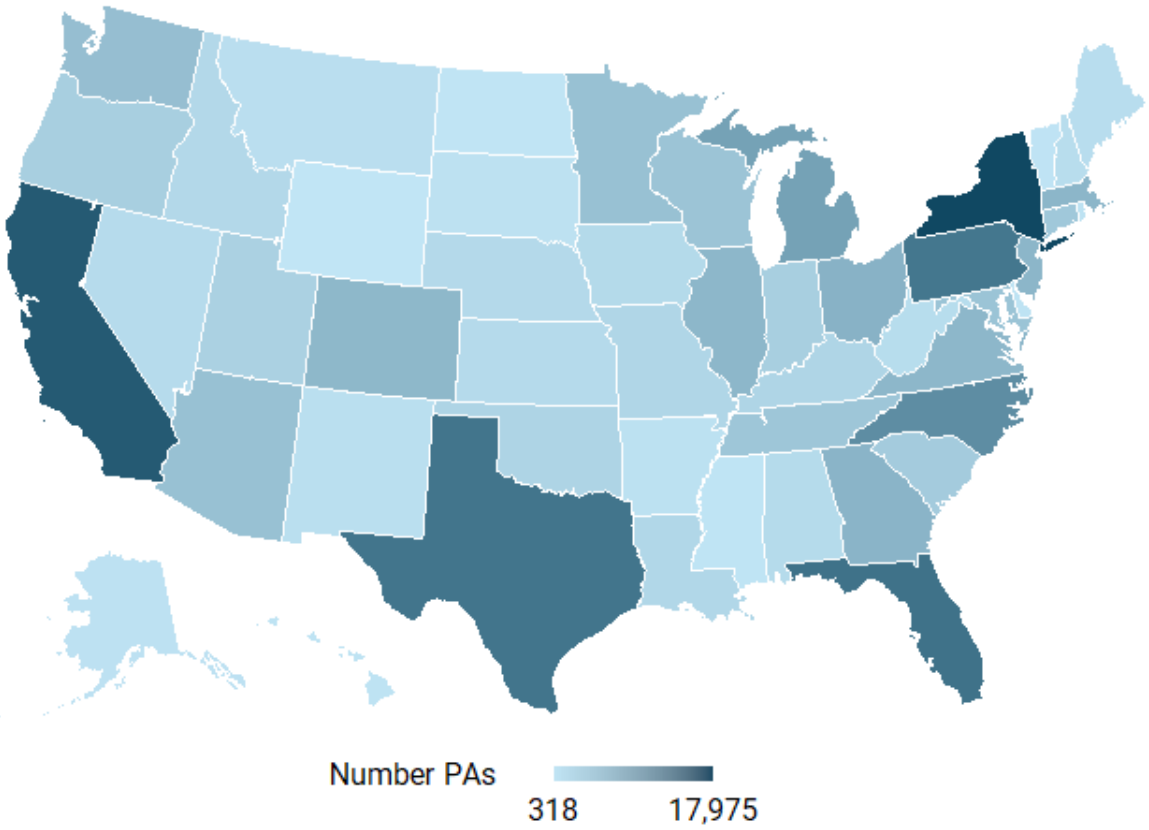
About NCCPA

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 231,000 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.

2025 Distribution of PAs by State*



*Distribution of PAs based on reported state of residence

The PA profession grew 26.9% between 2021 and 2025, reaching 201,038 PAs at the end of 2025.

Rural/Urban Distribution in the U.S.

RUCA Area*	Percent
Urban	93.5%
Large rural	3.8%
Small rural	1.5%
Isolated	1.2%

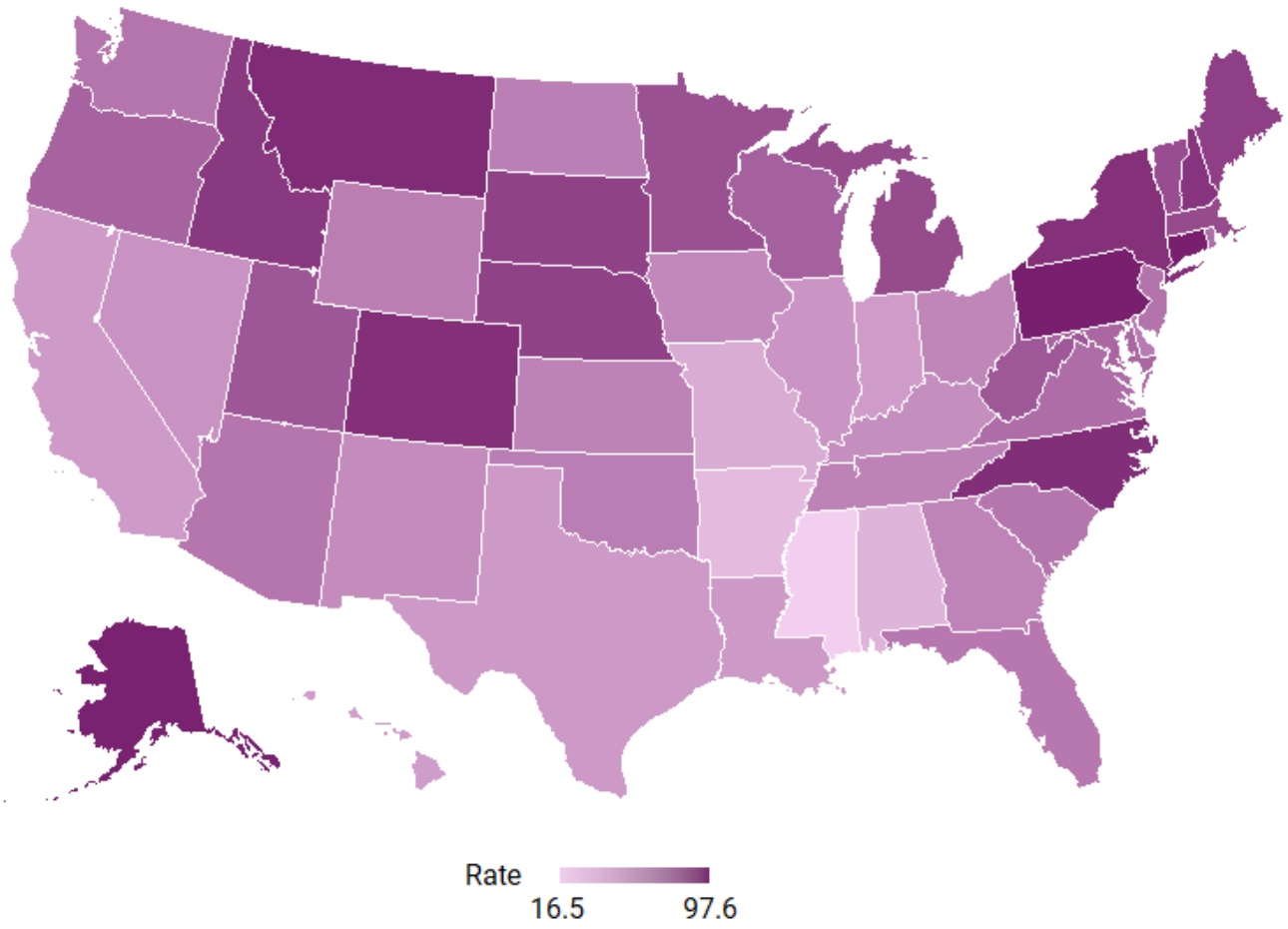
An additional 731 PAs had addresses classified as out of the country or military.

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

Distribution of PAs in the U.S.

2025 Distribution of PAs per 100,000 Population*

Based on 2025 U.S. Census Bureau estimates[1]



*Distribution of PAs based on reported state of residence

In 2025, there were 59 PAs per 100,000 population in the U.S., compared to 48 in 2021. ARC-PA estimates that the number of PA educational programs will grow from 321 in January of 2026 to 360 by 2029[2], thus increasing the number of individuals who may potentially join the PA workforce.

[1]U.S. Census Bureau, Population Division. Release Date: January 2026

[2]ARC-PA Accreditation Standards for Physician Assistant Education© https://www.arc-pa.org/entry-level-program/entry-level-program-data/

Distribution of PAs in the U.S.

PAs by State, Number, Percent, Rate and Rank

State	Number	Percent of Total (Rank)	Rate* (Rank)	Percent Change 2021-2025** (Rank)
Alabama	1,497	0.7% (34)	28.8 (49)	35.4% (8)
Alaska	713	0.4% (43)	96.7 (3)	8.9% (51)
Arizona	4,392	2.2% (16)	57.6 (27)	27.7% (25)
Arkansas	799	0.4% (41)	25.7 (50)	36.1% (7)
California	15,898	7.9% (2)	40.4 (45)	30.6% (14)
Colorado	5,434	2.7% (14)	90.4 (6)	31.2% (11)
Connecticut	3,591	1.8% (21)	97.4 (2)	26.1% (27)
Delaware	587	0.3% (45)	55.4 (29)	22.0% (35)
District of Columbia	344	0.2% (50)	49.6(37)	12.1% (48)
Florida	13,298	6.6% (3)	56.7 (28)	30.7% (13)
Georgia	5,782	2.9% (9)	51.2 (35)	29.6% (17)
Hawaii	569	0.3% (46)	39.7 (47)	41.5% (3)
Idaho	1,747	0.9% (30)	86.1 (9)	28.0% (23)
Illinois	5,496	2.7% (12)	43.2 (42)	28.5% (21)
Indiana	2,788	1.4% (24)	40.0 (46)	34.8% (10)
Iowa	1,587	0.8% (32)	49.0 (38)	15.5% (45)
Kansas	1,547	0.8% (33)	52.0 (33)	18.0% (41)
Kentucky	2,154	1.1% (27)	46.8 (40)	26.6% (26)
Louisiana	1,895	0.9% (29)	41.0 (43)	28.8% (20)
Maine	1,177	0.6% (38)	83.2 (10)	19.4% (39)
Maryland	4,082	2.0% (18)	65.2 (21)	16.5% (43)
Massachusetts	5,566	2.8% (11)	77.8 (13)	28.9% (19)
Michigan	7,873	3.9% (7)	77.7 (14)	24.2% (33)
Minnesota	4,366	2.2% (17)	74.9 (16)	29.9% (15)
Mississippi	486	0.2% (48)	16.5 (51)	42.9% (2)
Missouri	2,058	1.0% (28)	32.8 (48)	37.3% (5)
Montana	1,056	0.5% (39)	92.3 (4)	29.4% (18)
Nebraska	1,647	0.8% (31)	81.6 (12)	16.4% (44)
Nevada	1,446	0.7% (35)	44.1 (41)	25.7% (29)
New Hampshire	1,247	0.6% (37)	88.1 (8)	25.8% (28)
New Jersey	5,581	2.8% (10)	58.5 (24)	40.2% (4)
New Mexico	1,010	0.5% (40)	47.5 (39)	13.7% (47)
New York	17,975	9.0% (1)	89.9 (7)	20.3% (37)

*Rate per 100,000 population based on *2025 U.S. Census estimate*
**Percent change reflects the change in the number of PAs in each state from 2021 to 2025.

Distribution of PAs in the U.S.

PAs by State, Number, Percent, Rate and Rank

State	Number	Percent of Total (Rank)	Rate* (Rank)	Percent Change 2021-2025** (Rank)
North Carolina	10,161	5.1% (6)	90.7 (5)	28.0% (23)
North Dakota	427	0.2% (49)	53.4 (32)	10.9% (49)
Ohio	6,009	3.0% (8)	50.5 (36)	29.9% (15)
Oklahoma	2,229	1.1% (26)	54.1 (30)	25.0% (31)
Oregon	2,846	1.4% (23)	66.6 (20)	28.4% (22)
Pennsylvania	12,743	6.4% (5)	97.6 (1)	19.8% (38)
Rhode Island	685	0.3% (44)	61.5 (23)	24.8% (32)
South Carolina	3,221	1.6% (22)	57.8 (26)	44.4% (1)
South Dakota	766	0.4% (42)	81.9 (11)	14.8% (46)
Tennessee	3,771	1.9% (20)	51.6 (34)	37.0% (6)
Texas	12,969	6.5% (4)	40.9 (44)	25.4% (30)
Utah	2,548	1.3% (25)	72.0 (17)	35.0% (9)
Vermont	496	0.2% (47)	76.9 (15)	17.3% (42)
Virginia	5,485	2.7% (13)	61.8 (22)	30.8% (12)
Washington	4,654	2.3% (15)	58.2 (25)	24.2% (33)
West Virginia	1,268	0.6% (36)	71.8 (18)	18.4% (40)
Wisconsin	4,023	2.0% (19)	67.4 (19)	21.9% (36)
Wyoming	318	0.2% (51)	54.0 (31)	9.7% (50)
TOTAL	200,307	100.0%	58.6	26.8%

*Rate per 100,000 population based on *2025 U.S. Census estimate*
**Percent change reflects the change in the number of PAs in each state from 2021 to 2025.

The top five states ranked by the number of 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.	Pennsylvania
2.	Connecticut
3.	Alaska
4.	Montana
5.	North Carolina

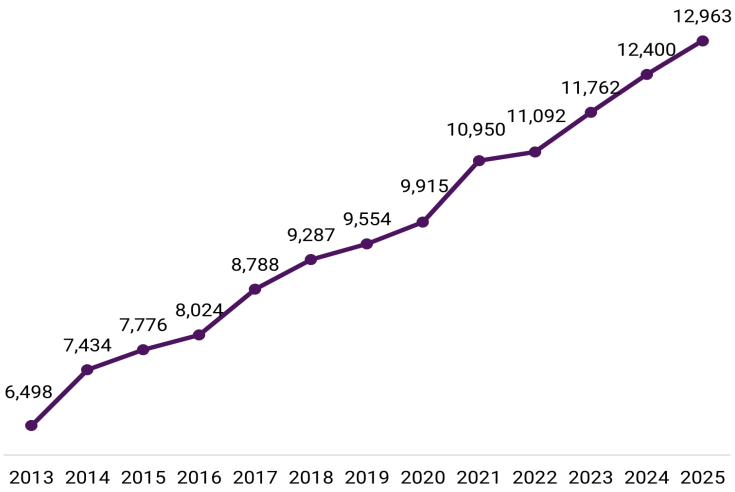
The top five states that experienced the largest percent growth in the number of PAs from 2021 - 2025:

1.	South Carolina
2.	Mississippi
3.	Hawaii
4.	New Jersey
5.	Missouri

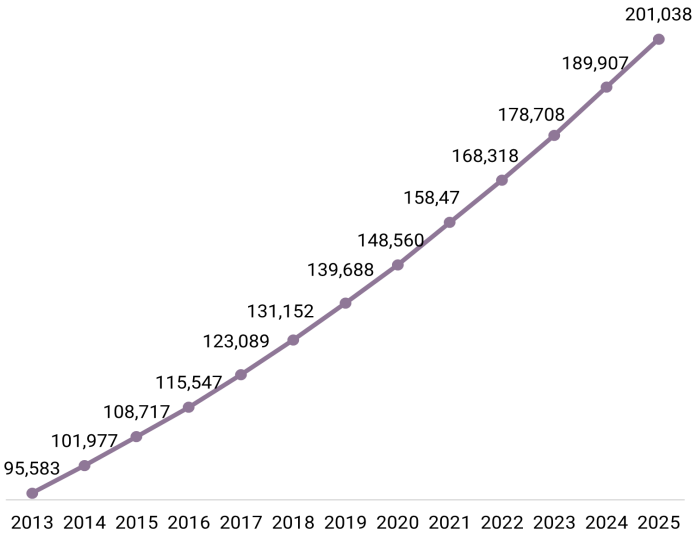
316 PAs reported a military or U.S. territory address. 415 PAs indicated they are living abroad.

Supply and Demand

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



Number of PAs by Year



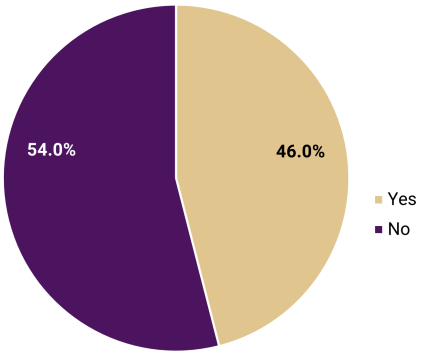
5.7% of the PA workforce indicated they have plans to retire in the next five years.

Percent Increase of PAs by Year*

Year	Percent Increase
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%
2023	6.2%
2024	6.3%
2025	5.9%

*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

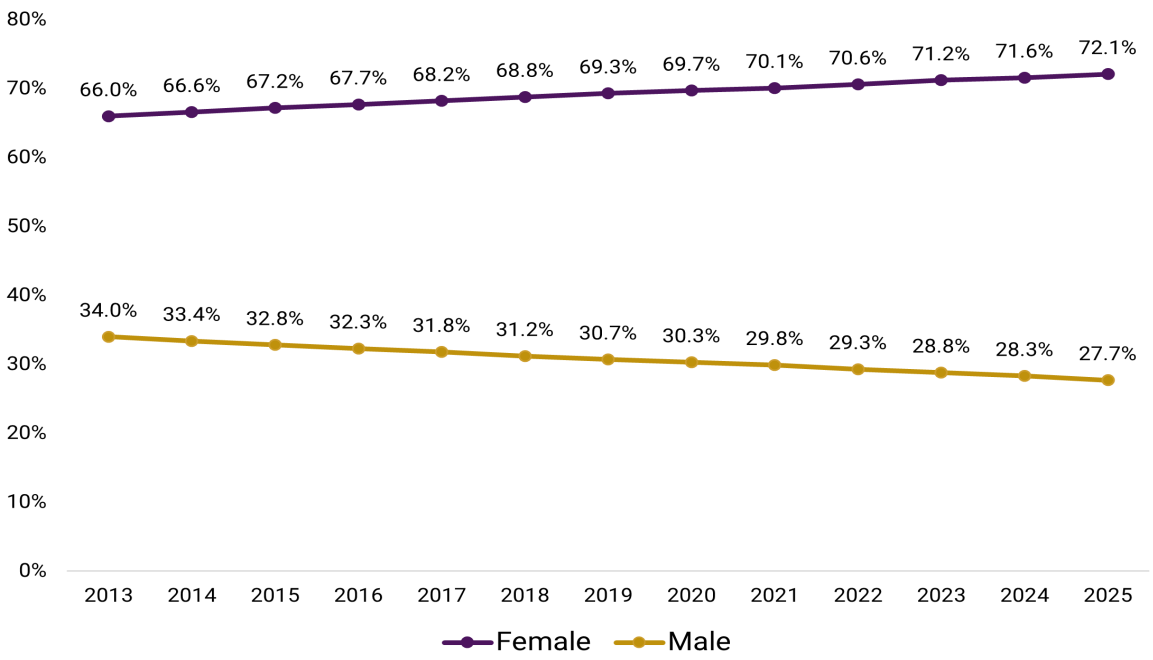


Number of Months Unfilled

Months Unfilled	Percent
1 month	20.7%
2 months	9.6%
3 months	11.2%
4 months	3.0%
5 months	1.4%
6 or more months	19.2%
Not sure	34.9%

Distribution of PAs by Age and Gender

Gender by Year



Number of PAs by Gender

Gender	2025 Percent	Percent Change 2021-2025*
Male	27.7%	-2.1%
Female	72.1%	2.0%
Non-binary	<0.1%	0.0%
Prefer not to answer	0.2%	0.2%

*Percent change reflects proportional change from 2021 to 2025

Number of PAs by Age Group

Age Group	2025 Percent	Percent Change 2021-2025*
<30	17.7%	-0.3%
30-39	38.8%	0.4%
40-49	23.4%	0.5%
50-59	12.6%	-0.1%
60+	7.5%	-0.5%

*Percent change reflects proportional change from 2021 to 2025

The median age of PA, in 2025 was 38. The profession continues to be majority female. In 1975, 23.9% of the PAs identified as female[1], compared to 72.1% in 2025.

[1]NCCPA data records

Race and Ethnicity of PAs

Race

Race	2025 Percent	Percent Change 2021-2025*
White	78.9%	-1.7%
Black/African American	3.5%	0.2%
Asian	7.5%	1.3%
Native Hawaiian/Pacific Islander	0.2%	-0.1%
American Indian or Alaskan Native	0.4%	0.0%
Other	2.6%	-0.1%
Multi-race	2.8%	0.6%
Prefer not to answer	4.2%	-0.2%

*Percent change reflects proportional change from 2021 to 2025

Although the number of PAs has increased during the five-year period from 2021-2025, the overall racial/ethnic diversity of the PA profession has remained relatively consistent, with the largest change occurring in the white population, which had a 1.7% proportional decrease. 7.7% of PAs indicated they are Hispanic, an increase from 6.8% in 2021.

Race by Gender

Race	Female	Male	Non-binary	Prefer not to answer
White	72.9%	27.0%	<0.1%	0.1%
Black/African American	71.3%	28.5%	<0.1%	0.2%
Asian	74.7%	25.1%	0.0%	0.2%
Native Hawaiian/Pacific Islander	54.7%	45.3%	0.0%	0.0%
American Indian or Alaskan Native	63.4%	36.1%	0.2%	0.3%
Other	66.8%	33.2%	0.0%	<0.1%
Multi-race	72.0%	27.8%	0.0%	0.2%
Prefer not to answer	58.1%	41.8%	<0.1%	0.1%

Educational Profile of PAs

Number of PAs by Highest Degree Completed

Degree	2025 Percent	Percent Change 2021-2025*
Certificate program	0.7%	-0.3%
Associate's degree	0.6%	-0.3%
Bachelor's degree	11.0%	-4.1%
Master's degree	84.4%	4.1%
Doctorate degree**	2.8%	0.7%
Other	0.5%	-0.2%

*Percent change reflects proportional change from 2021 to 2025
**Most frequent doctorate degrees include: DMSc, PhD, MD and DHSc

The average PA educational program is 111 weeks long, 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 80.3% in 2021 to 84.4% in 2025.[3]

[1]PAEA PA Education Association, By the Numbers: Program Report 36: Data from the 2021 Program Survey, Washington, DC: PAEA; 2023. [2]ARC-PA Accreditation Standards for Physician Assistant Education©, 6th edition. Approved September 2025. [3]NCCPA 2021 Statistical Profile of Certified PAs, An Annual Report of the National Commission on Certifcation of PAs, 2022.

Postgraduate Program Completion

PAs who Completed a Postgraduate Program: Area of Program

Area of Postgraduate Program	Number	Percent
Addiction medicine	19	0.2%
Adolescent medicine	3	<0.1%
Anesthesiology	7	0.1%
Critical care medicine	547	6.2%
Dermatology	568	6.5%
Emergency medicine	2,105	24.0%
Family medicine/general practice	693	7.9%
Hospice and palliative medicine	9	0.1%
Hospital medicine	302	3.4%
Internal medicine – general practice	132	1.5%
Internal medicine – subspecialties	305	3.5%
Neurology	50	0.6%
Obstetrics and gynecology	106	1.2%
Occupational medicine	46	0.5%
Ophthalmology	6	0.1%
Otolaryngology	51	0.6%
Pain medicine	19	0.2%
Pathology	0	0.0%
Pediatrics – general	107	1.2%
Pediatrics – subspecialties	358	4.1%
Physical medicine/rehabilitation	10	0.1%
Preventive medicine/public health	25	0.3%
Psychiatry	280	3.2%
Radiation oncology	2	<0.1%
Radiology	3	<0.1%
Radiology – interventional	10	0.1%
Surgery – general	1,059	12.1%
Surgery – subspecialties	1,035	11.8%
Urology	28	0.3%
Other*	884	10.1%
Total	**8,769**	**100.0%**

*Top "other" specialties include: aviation/aerospace medicine, hepatology, integrative medicine, functional medicine, and trauma

5.8% of PAs indicated they completed a PA postgraduate program (PA residency or fellowship) after graduating from their PA program. In 2021, 5.2% of PAs indicated they completed a postgraduate program.

Top three specialty areas include: emergency medicine, surgery – general, and surgery – subspecialties

Satisfaction with Postgraduate Program

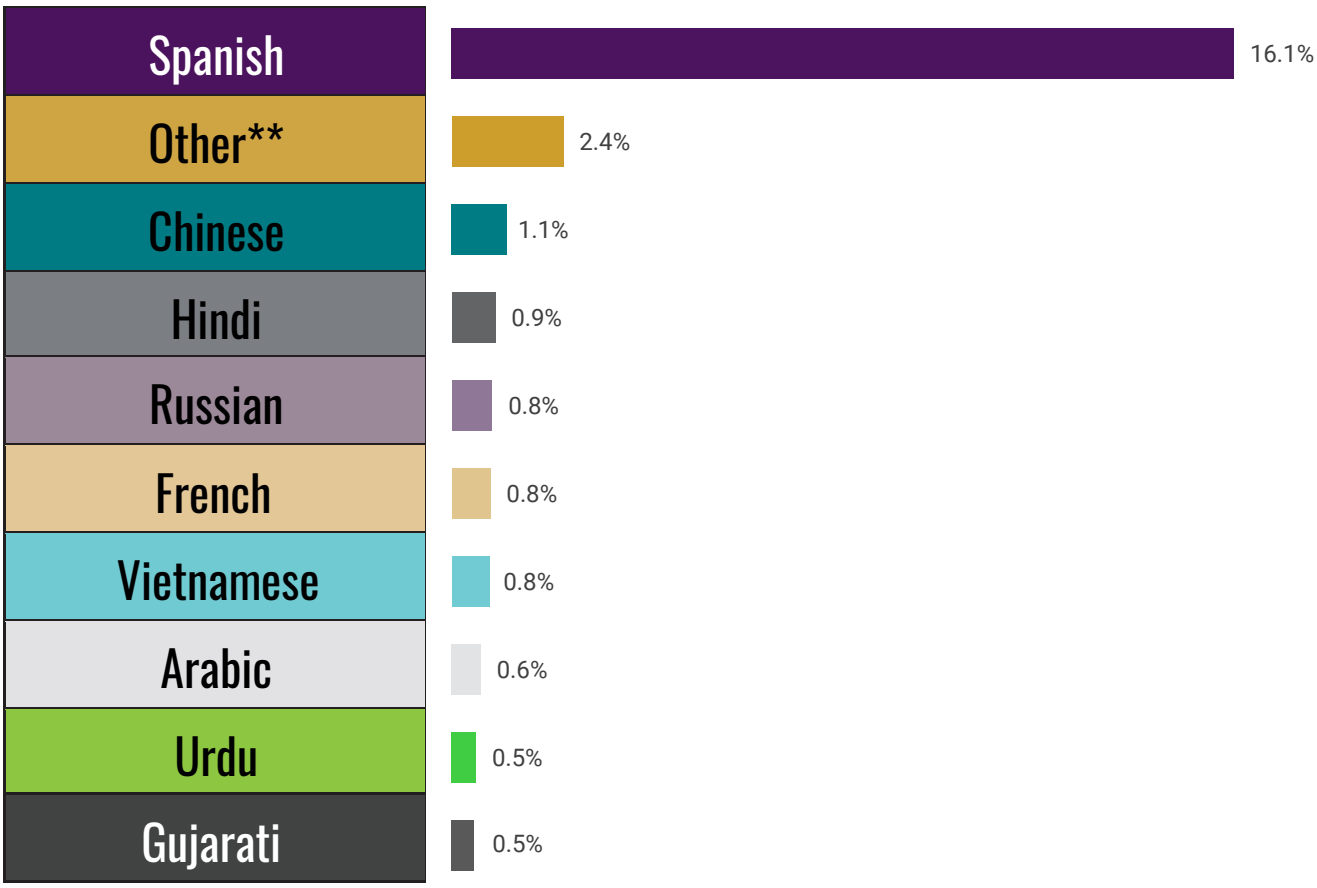
Level of Satisfaction of PAs Who Completed a Postgraduate Program

Level of Satisfaction	Percent
Completely satisfied	41.4%
Mostly satisfied	35.6%
Somewhat satisfied	8.3%
Neither dissatisfied nor satisfied	3.5%
Somewhat dissatisfied	2.8%
Mostly dissatisfied	3.5%
Completely dissatisfied	4.9%
Total	**100.0%**

5.8% of PAs reported having completed a postgraduate program (PA residency or fellowship) after graduating from their PA program, and 85.3% reported some level of satisfaction with the program.

Languages Other Than English Spoken with Patients

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



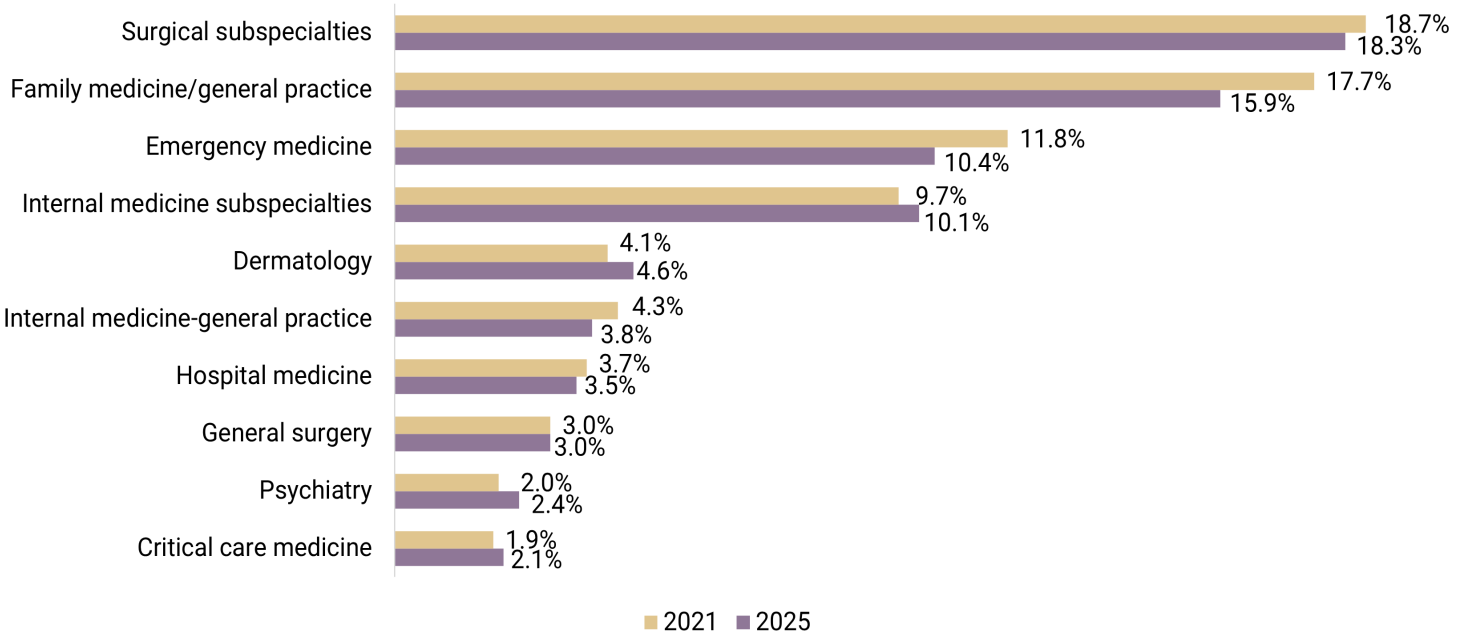
*Percentage of PAs who communicate with patients in languages other than English by the top 10 most frequently identified languages
**Most common "other" languages noted: Punjabi, American Sign Language, Malayalam and Ukrainian

In 2025, 22.3% of PAs indicated they communicate with patients in a language other than English; 22.5% in 2021. Of the PAs who communicate with patients in a language other than English, most do so in Spanish.

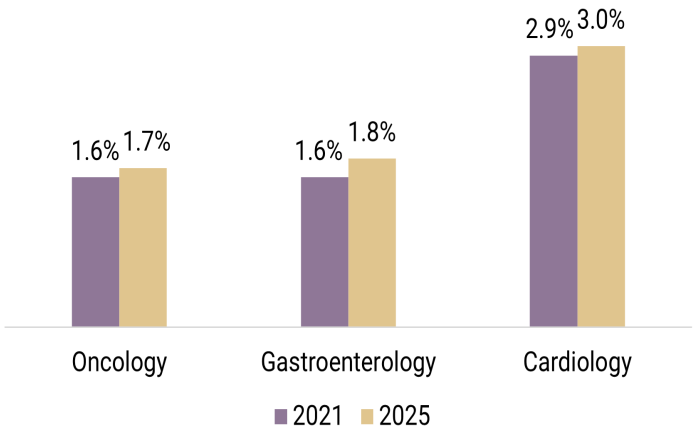
4.0% of PAs speak two or more languages, in addition to English in 2025. In 2021, 3.9% reported being able to speak two or more languages.

Principal Clinical Position

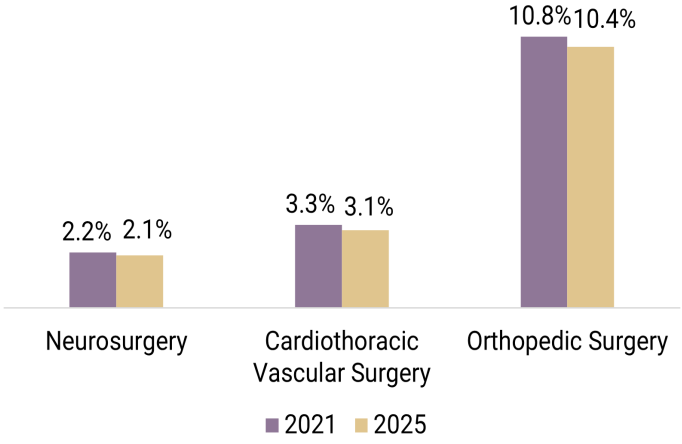
Top PA Practice Areas



Top Internal Medicine Subspecialties



Top Surgical 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 their principal clinical position. In 2025, 10 specialties comprised close to three-quarters (74.1%) of PAs.

Principal Clinical Position

Number and Percent of PAs by Principal Clinical Position

Area of Practice*	2025 Number	2025 Percent	Percent Change 2021-2025**
Addiction medicine	778	0.5%	0.0%
Adolescent medicine	151	0.1%	0.0%
Anesthesiology	349	0.2%	-0.1%
Critical care medicine	2,967	2.1%	0.2%
Dermatology	6,534	4.6%	0.5%
Emergency medicine	14,725	10.4%	-1.4%
Family medicine/general practice	22,589	15.9%	-1.8%
Gynecology	520	0.4%	0.1%
Hospice and palliative medicine	272	0.2%	0.1%
Hospital medicine	4,993	3.5%	-0.2%
Internal medicine – general practice	5,406	3.8%	-0.5%
Internal medicine – subspecialties	14,415	10.1%	0.4%
Neurology	1,604	1.1%	0.1%
Obstetrics and gynecology	1,770	1.2%	0.0%
Occupational medicine	1,644	1.2%	-0.1%
Ophthalmology	175	0.1%	0.0%
Otolaryngology	1,721	1.2%	0.2%
Pain medicine	2,011	1.4%	0.0%
Pathology	18	<0.1%	0.0%
Pediatrics – general practice	2,470	1.7%	-0.1%
Pediatrics – subspecialties	2,155	1.5%	0.2%
Physical medicine/rehabilitation	814	0.6%	0.0%
Preventive medicine/public health	203	0.1%	0.0%
Psychiatry	3,473	2.4%	0.4%
Radiation oncology	281	0.2%	0.0%
Radiology	495	0.3%	-0.5%
Radiology – interventional	1,009	0.7%	NA
Surgery – general	4,283	3.0%	0.0%
Surgery – subspecialties	26,008	18.3%	-0.4%
Urology	1,516	1.1%	0.1%
Other***	16,890	11.9%	1.8%
TOTAL	142,239	100.0%	NA

21.4% of PAs practiced in a primary care specialty in 2025. Primary care includes: family medicine/general practice, internal medicine-general and pediatrics-general. This is a decrease from 2021 when 23.7% of PAs practiced in primary care.

The five specialties with the largest numbers of PAs:

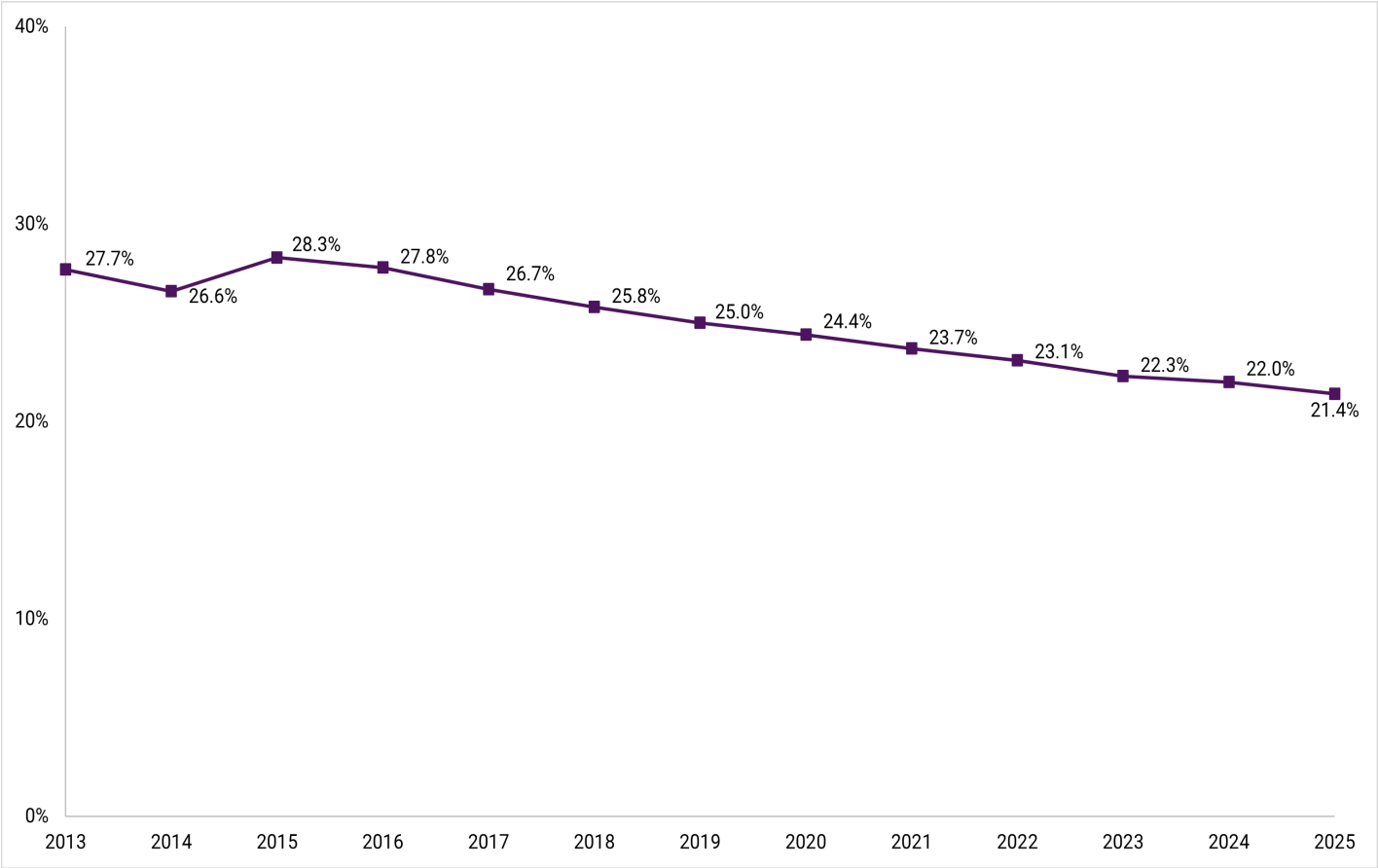
1. Surgery – subspecialties
2. Family medicine/general practice
3. Other***
4. Emergency medicine
5. Internal medicine – subspecialties

*Clinical specialties are listed in alphabetical order

**Percent change reflects proportional change from 2021 to 2025

***Most frequent responses include: urgent care, acute care, aesthetics, wound care, trauma surgery, podiatry, transplant surgery, and bariatric surgery/obesity medicine

PAs Practicing in Primary Care by Year*



*Primary care includes: family medicine/general practice, internal medicine-general, and pediatrics-general

Gender by Practicing in Primary Care vs. Non-Primary Care

Gender	Primary Care	Non-primary care
Female	21.6%	78.4%
Male	21.1%	78.9%
Non-binary	36.4%	63.6%
Prefer not to answer	18.8%	81.3%

Practice Setting

Number and Percent of PAs by Principal Clinical Practice Setting

Practice Setting	2025 Number	2025 Percent	Percent Change 2021-2025*
Hospital	60,488	42.8%	1.2%
Office-based private practice	51,000	36.1%	-1.3%
Urgent care	7,782	5.5%	0.1%
Federal government facility/hospital/unit	6,081	4.3%	-0.6%
Community health center	3,982	2.8%	-0.1%
Other**	3,805	2.7%	1.0%
Rural health clinic	1,869	1.3%	-0.3%
School-based or college-based health center or school clinic	924	0.7%	-0.1%
Public or community health clinic (non-federally qualified)	960	0.7%	0.0%
Extended care facility/nursing home	951	0.7%	0.1%
Behavioral/mental health facility	867	0.6%	0.0%
Occupational health setting	830	0.6%	-0.1%
Ambulatory surgical center	508	0.4%	0.1%
Rehabilitation facility	416	0.3%	0.0%
Home health care agency	302	0.2%	0.1%
Retail clinic	232	0.2%	0.0 %
Free clinic	197	0.1%	-0.1%
Locum tenens***	147	0.1%	NA
Hospice	14	<0.1%	0.0%

*Percent change reflects proportional change from 2021 to 2025

**Most frequent "other" practice settings include: academic medical center, correctional institution, mobile urgent care/wound care, research clinic, and remote work.

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

Most PAs work in a hospital or an office-based private practice setting (78.9%).

The mean number of hours worked per week for all PAs in their principal clinical position is 39.2 (median is 40). This is a slight decrease from 2021 when the mean was 40.0.

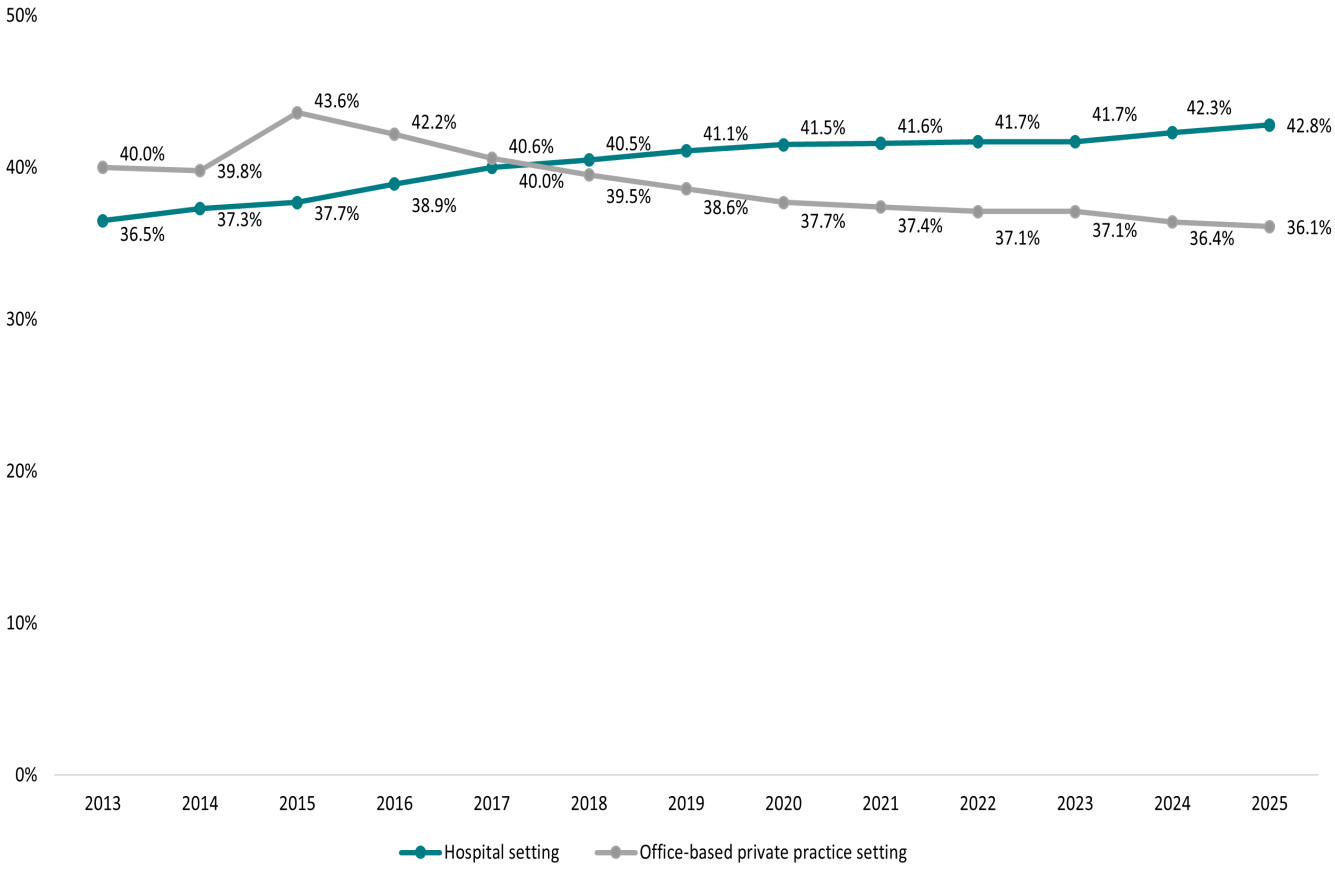
Throughout all practice settings, the mean number of patients seen per week, for all full-time (40+ hours per week) PAs who see patients in their principal clinical position is 67. This is a decrease from 2021 when the mean was 71.

The estimated number of patients seen each week by all clinically practicing PAs is 12.0 million.

The number of patients seen by PAs is estimated based on the total number of PAs, the proportion indicating to work in at least one clinical position and using a measure of central tendency of the number of patients PAs report seeing per week in their principal and secondary positions, with outliers eliminated.

Hospital and Office-based Private Practice Setting

Hospital and Office-Based Private Practice Setting by Year

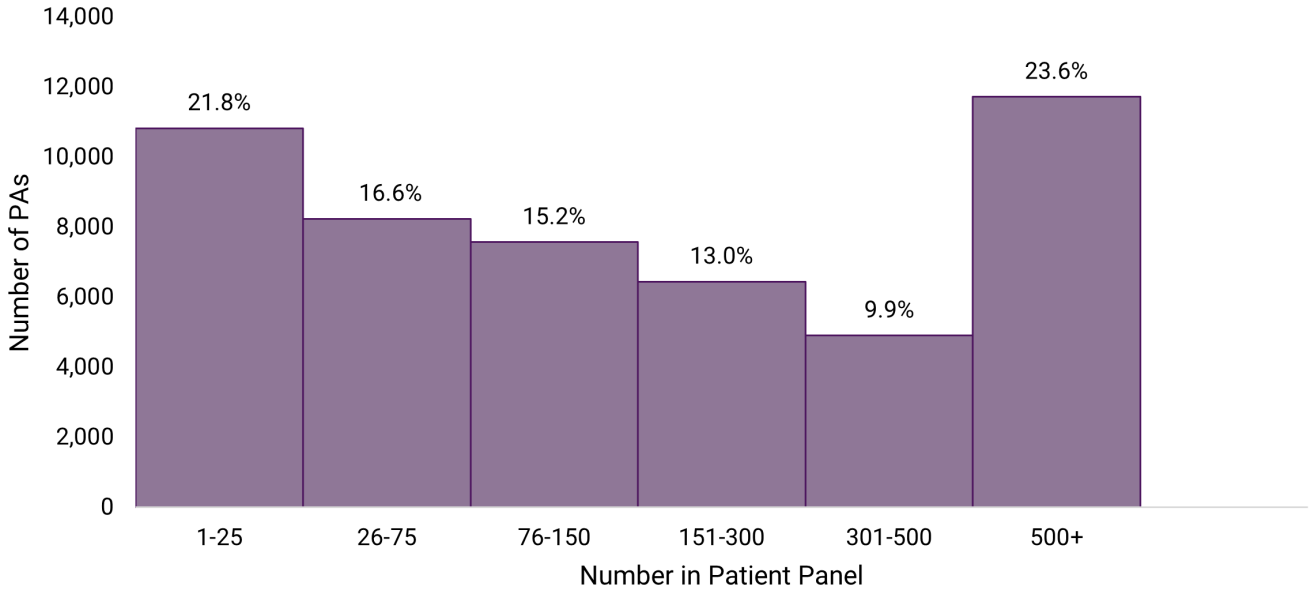


Gender by Hospital vs. Office-Based Private Practice Setting

Gender	Hospital	Office-based private practice	All other practice settings
Female	42.9%	37.0%	20.1%
Male	42.6%	33.7%	23.7%
Non-Binary	30.0%	30.0%	40.0%
Prefer not to answer	40.0%	43.2%	16.8%

Patient Panels

Number and Percent of Patients in Panels with a PA as the Primary Provider



Percent of PAs who have a Patient Panel By Rural/Urban Distribution

Rural/Urban	Has a Patient Panel
Isolated	51.5%
Small Rural	49.1%
Large Rural	43.7%
Urban	34.9%

35.7% (over 50,000) 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.

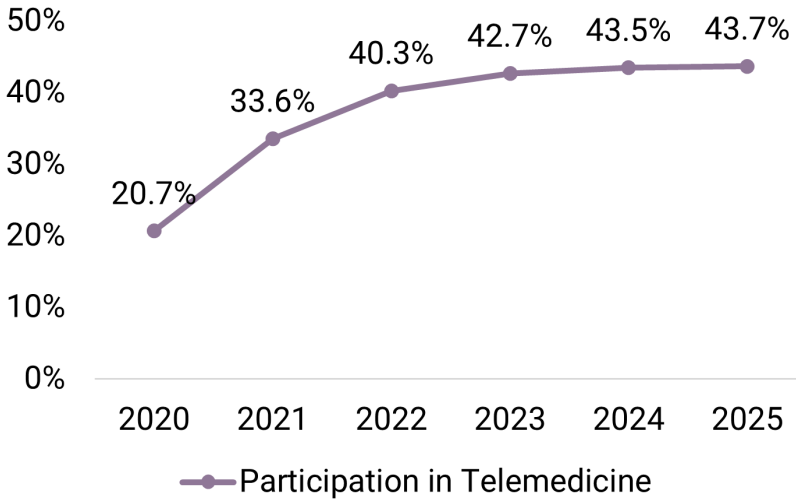
Telemedicine

Hours per Week Participating in Telemedicine

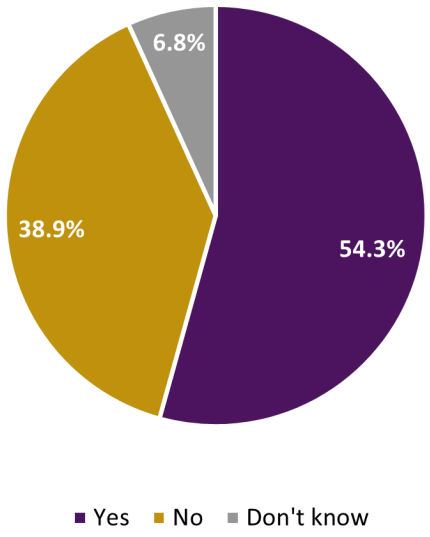
Hours Participating in Telemedicine	2025 Percent	Percent Change 2021-2025*
Less than 10	80.7%	4.4%
10 – 19	11.0%	-2.4%
20 – 29	4.5%	-1.3%
30 – 39	2.1%	-0.6%
40 or more	1.6%	-0.2%

*Percent change reflects proportional change from 2021 to 2025

Participation in Telemedicine by Year



Practice or Institution Participates in Telemedicine Services*

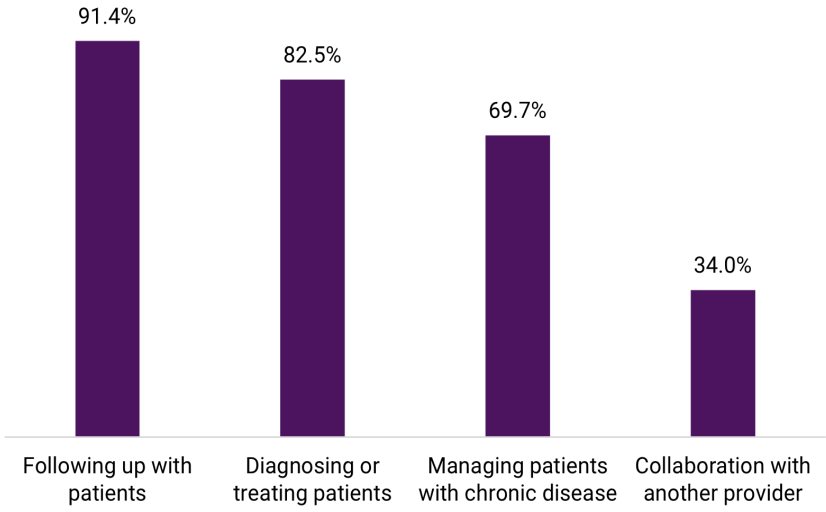


*Percentage of PAs who indicated they did not participate in telemedicine, but responded if their practice or institution participates in telemedicine

Modalities PAs Use When Participating in Telemedicine:

- **Videoconferencing: 92.8%**
- **Remote patient monitoring: 19.8%**
- **Storing and forwarding data: 8.5%**

Functions of Telemedicine*



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

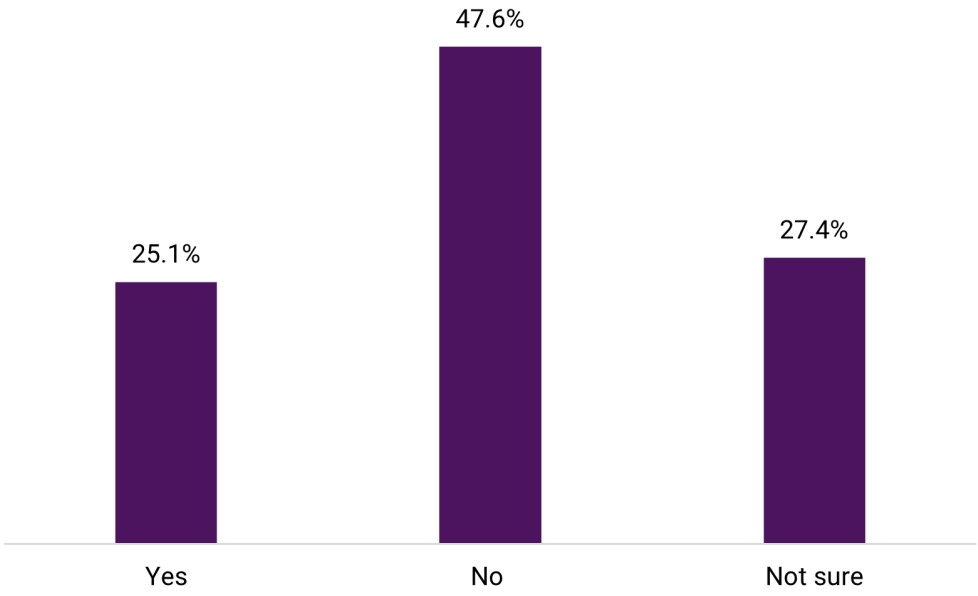
Providing Care to Underserved Populations

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/Populations (MUA/P) 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 by geographical (e.g., service area), population (e.g., qualify for Medicaid) or facilities (e.g., federally qualified health center).

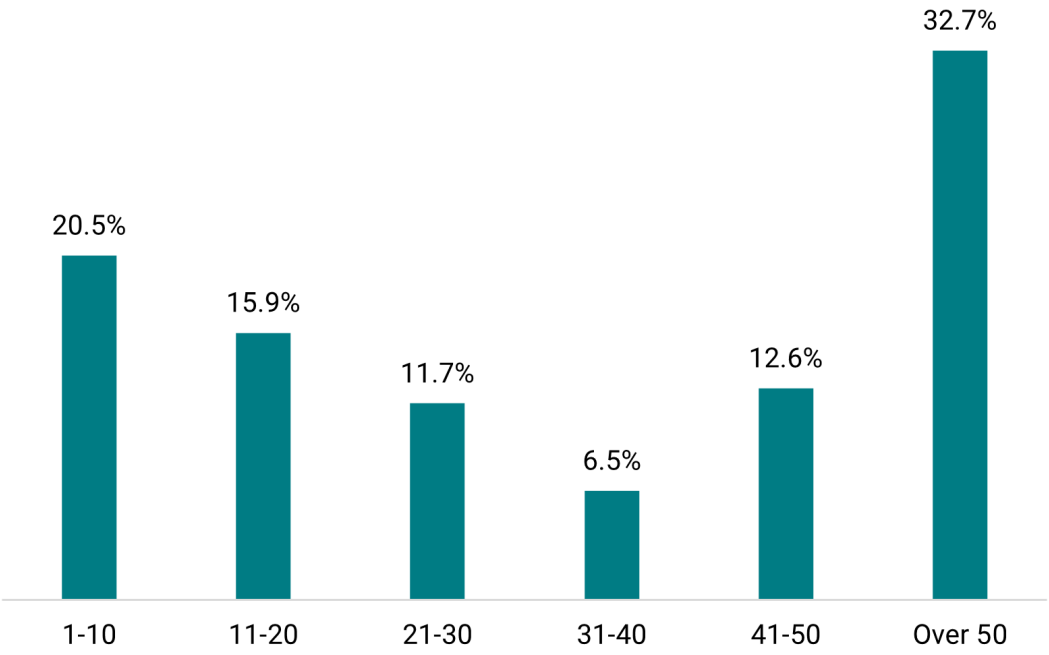
Provide Care to Patients in a Designated HPSA or MUA/P



Provide Care to Patients in a Designated HPSA or MUA/P by Year

Year	HSPA or MUA/P
2021	21.8%
2022	22.8%
2023	23.7%
2024	24.4%
2025	25.1%

Average Number of Prescriptions/Refills Written per Week



94.2% of clinically practicing PAs prescribe pharmacologic agents for patients. The median number of prescriptions written by PAs per week is 40.

Intentions for Leaving Clinical Position

PAs Intending to Leave Principal Clinical Position in the Next 12 Months

2025	2021
8.6%	7.8%

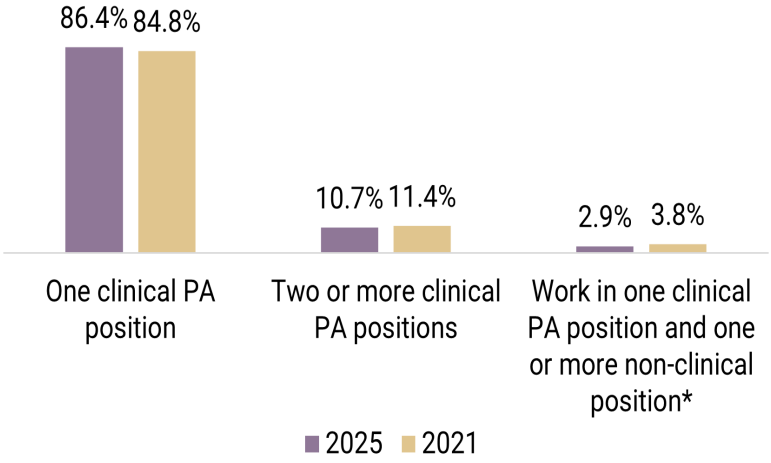
Factors Influencing PAs Planning to Leave Principal Clinical Position

Factors selected as "very important"	2025 Number	2025 Percent	Percent Change 2021-2025*
Seeking another clinical PA position	6,927	61.5%	1.9%
Feelings of professional burnout	5,463	49.8%	9.6%
Insufficient wages given the workload and responsibilities involved	5,062	45.3%	6.6%
Work responsibilities would interfere with ability to care for family	3,484	31.5%	10.7%
Relocating to another geographic area	3,305	30.0%	2.8%
Work is not professionally challenging or satisfying	2,486	22.6%	-2.4%
Other	1,382	25.8%	4.5%
Plan to retire from active workforce	1,323	11.8%	0.5%
Desire a non-clinical health-related position	943	8.6%	2.0%
Desire a position outside of health care	912	8.3%	2.9%
Want to pursue additional education	693	6.3%	-0.4%
Want to work in a health professional training program position	500	4.6%	0.1%
My health does not allow me to continue working as a PA	356	3.3%	1.2%

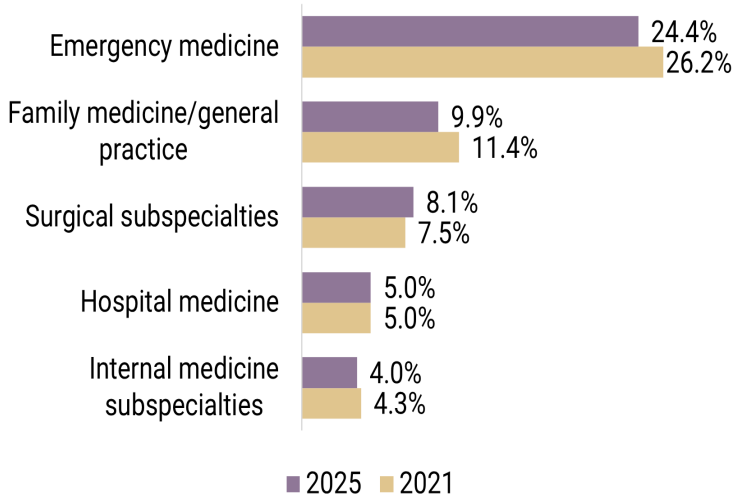
*Percent change reflects proportional change from 2021 to 2025

Dual Employment

Distribution of PAs Working in One and More than One Clinical Position



Top Five Secondary Specialty Areas



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

In 2025, 13.9% of PAs who were working in more than one clinical position were working in a primary care position in their secondary position, compared to 15.7% in 2021.

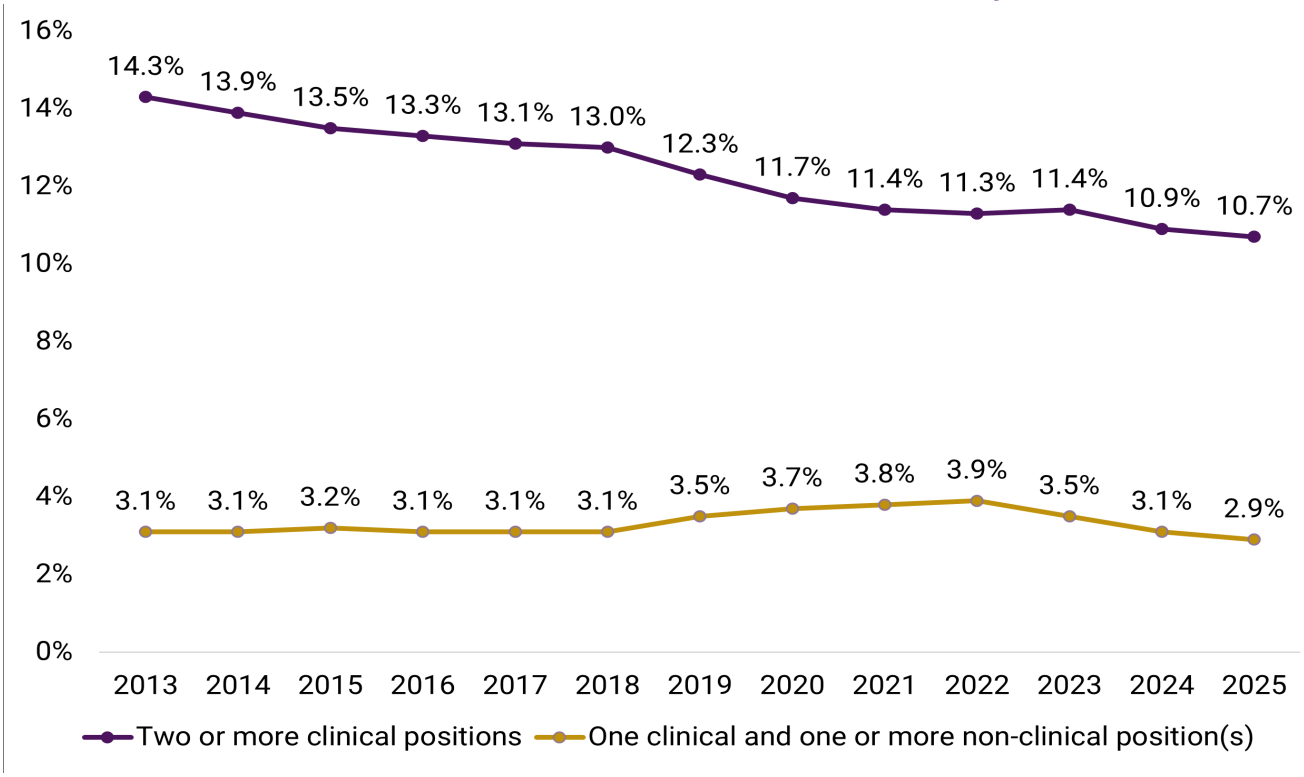
Reasons PAs are Employed in More Than One Clinical Position

Reasons Chosen	2025	Percent Change 2021-2025*
Supplement earnings from principal clinical position	47.7%	2.5%
Enjoy working in a variety of clinical settings	24.7%	-1.7%
To gain experience in a different aspect of clinical care	17.2%	-0.8%
Other (e.g., financial, military service, gain experience, etc.)	8.7%	0.1%
Was not offered full-time work in my principal clinical PA position	1.8%	-0.1%

**Percent change reflects proportional change from 2021 to 2025

Dual Employment continued

PAs who Work in More than One Position by Year



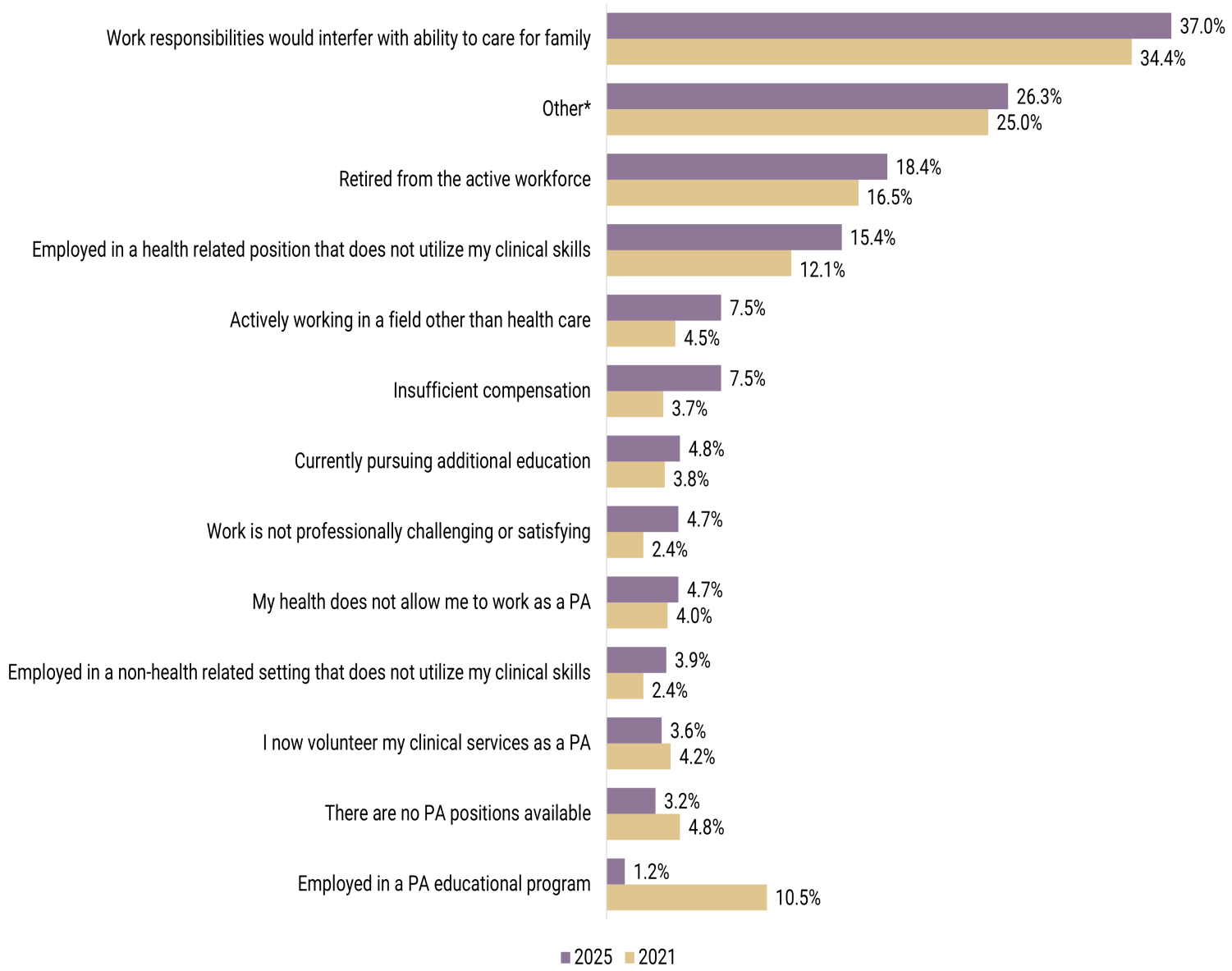
Non-Clinical Position in Addition to Clinical PA Position

Non-Clinical Position	Percent*
Medical administration	26.6%
Consulting	15.7%
Speaking	13.8%
Clinical trial research	5.8%
Faculty	5.7%
Expert witness	4.5%
Other**	52.6%

Note: PAs were able to choose more than one secondary non-clinical position.
*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: administration, military, health information technology, quality improvement/control, medical research, forensics

PAs Not in Clinical Practice

Reasons PAs Do Not Practice Clinically



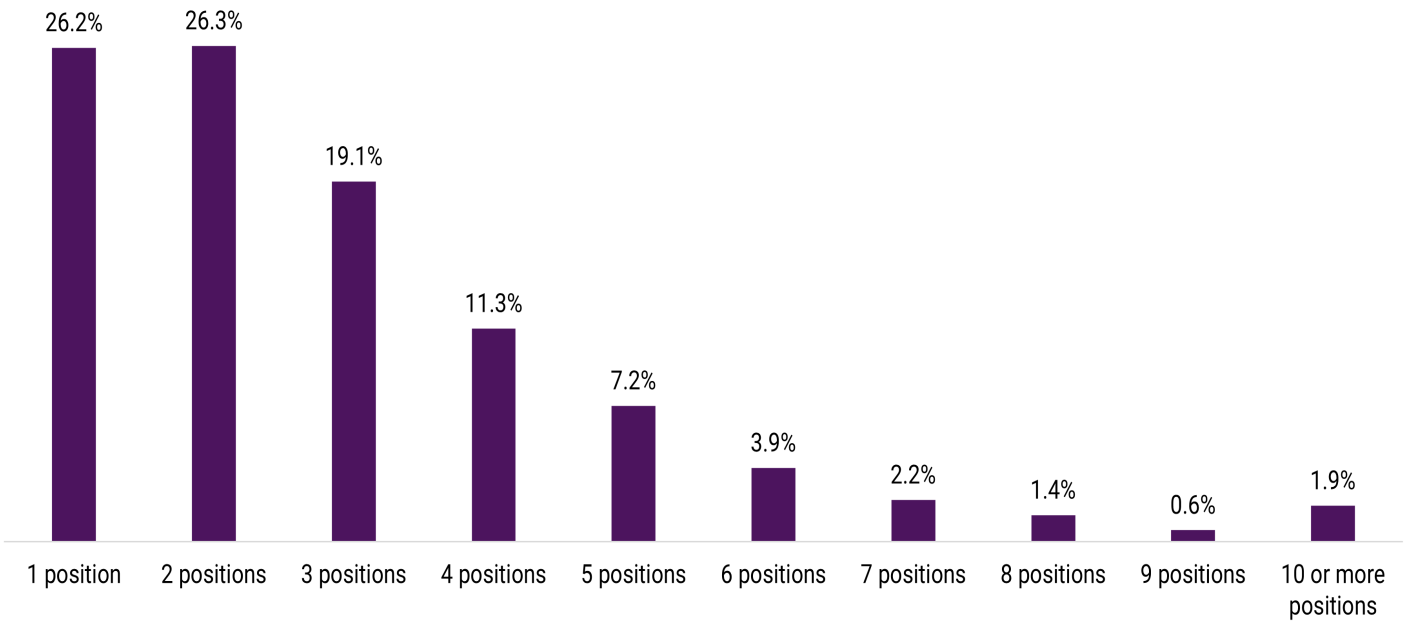
*"Other" reasons PAs are not clinically practicing includes: spouse/significant other's job, burnout, own or partner in a practice, leadership, military, research, or administrative job
PAs could select multiple reasons

The vast majority of PAs are engaged in clinical practice. In 2025, 93.9% of PAs indicated they were practicing clinically (93.9% in 2021).

In the last five years, the most common reason for not practicing clinically has been family responsibilities.

Number of PA Positions

Number of Clinical PA Positions Since Starting Career as a PA



Mean	Median
2.9	2.0

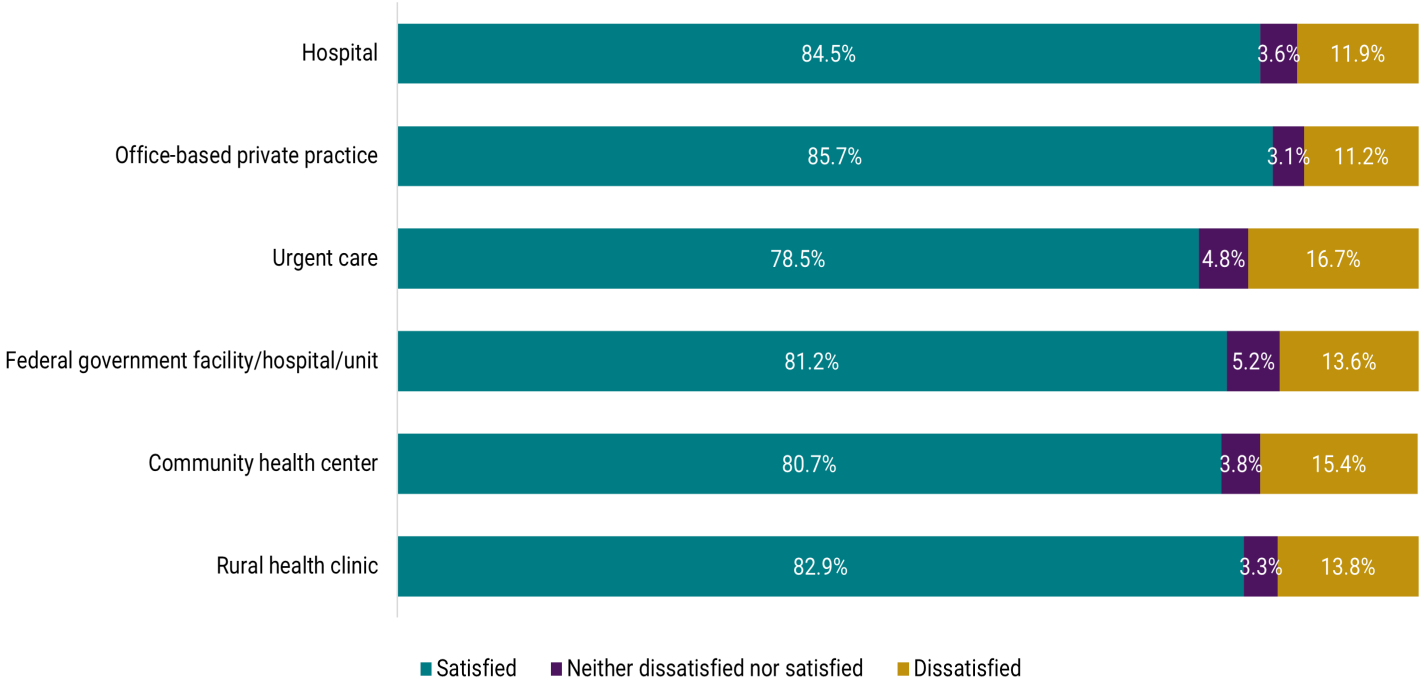
Domains of Work Satisfaction

Domains	Percent Satisfied*
Present job	84.3%
Career as a PA	87.6%
Number of hours worked	79.3%
Work-life balance	74.2%
Income	76.1%
Benefits	73.4%
Geographical location of principal position	83.3%
Employer	76.2%

87.6% of all PAs indicated they are satisfied with their career as a PA.

*Satisfied includes responses of "completely satisfied," "mostly satisfied," and "somewhat satisfied"

Satisfaction with Present Job by Top Practice Settings**

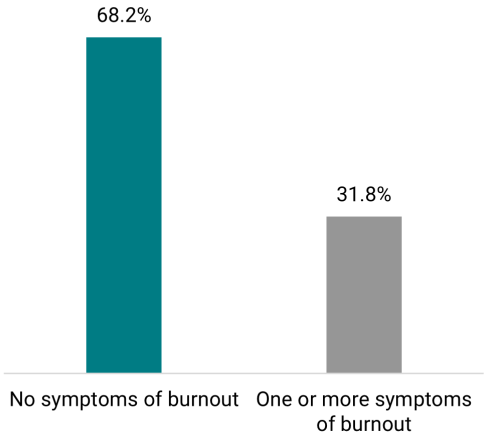


**Practice settings with greatest number of PAs in 2025

PAs working in office-based private practice reported the highest satisfaction with their present job as a PA, with 85.7% indicating they are satisfied.

PAs working in urgent care as their principal position reported the highest dissatisfied level at 16.7%, but most (78.5%) were satisfied.

Burnout Rate



Level of Burnout

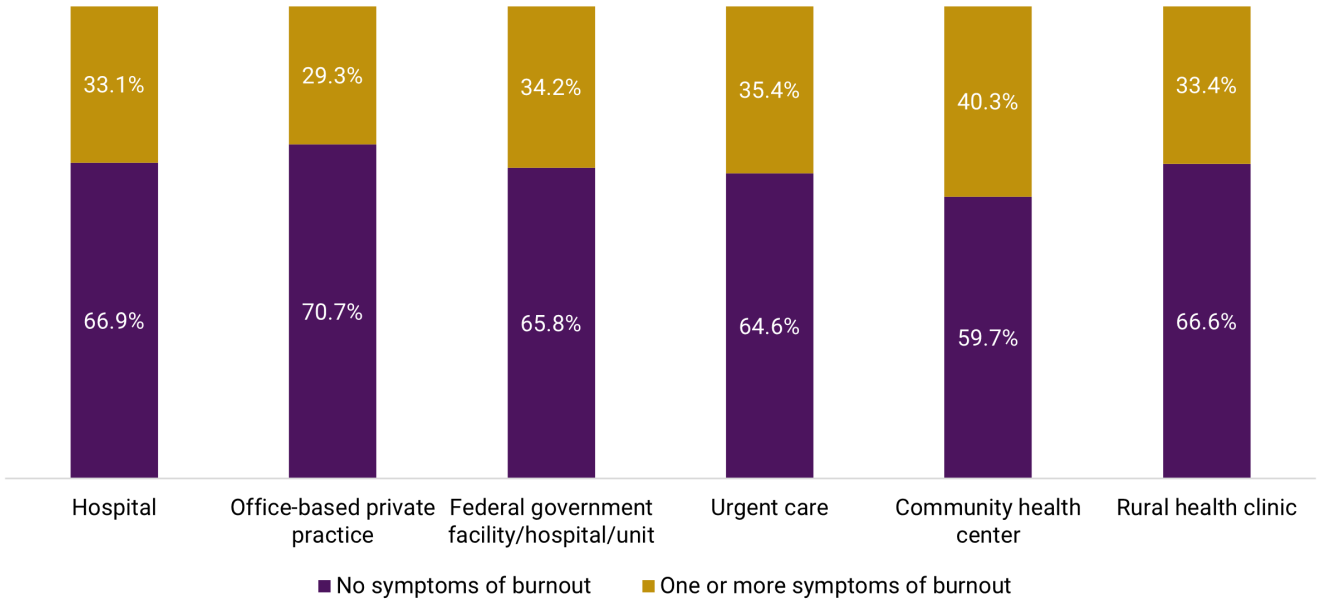
Burnout Scale[1,2]	Percent
1= I enjoy my work; I have no symptoms of burnout.	14.0%
2= Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.	54.2%
3= I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.	23.9%
4= The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot.	6.4%
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%

[1]Rohland 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.

[2]Dolan 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.

Overall, 31.8% of PAs report one or more symptoms of burnout.

Level of Burnout by Top Practice Settings*



*Principal position practice settings with the greatest number of PAs in 2025

Of the six largest practice settings, PAs working in community health centers reported experiencing the highest percentage of one or more symptoms of burnout (40.3%), while office-based private practice PAs reported the lowest burnout (29.3%).

Working with Other Health Professionals

Types of Health Professionals PAs Work Within Their Practice Setting

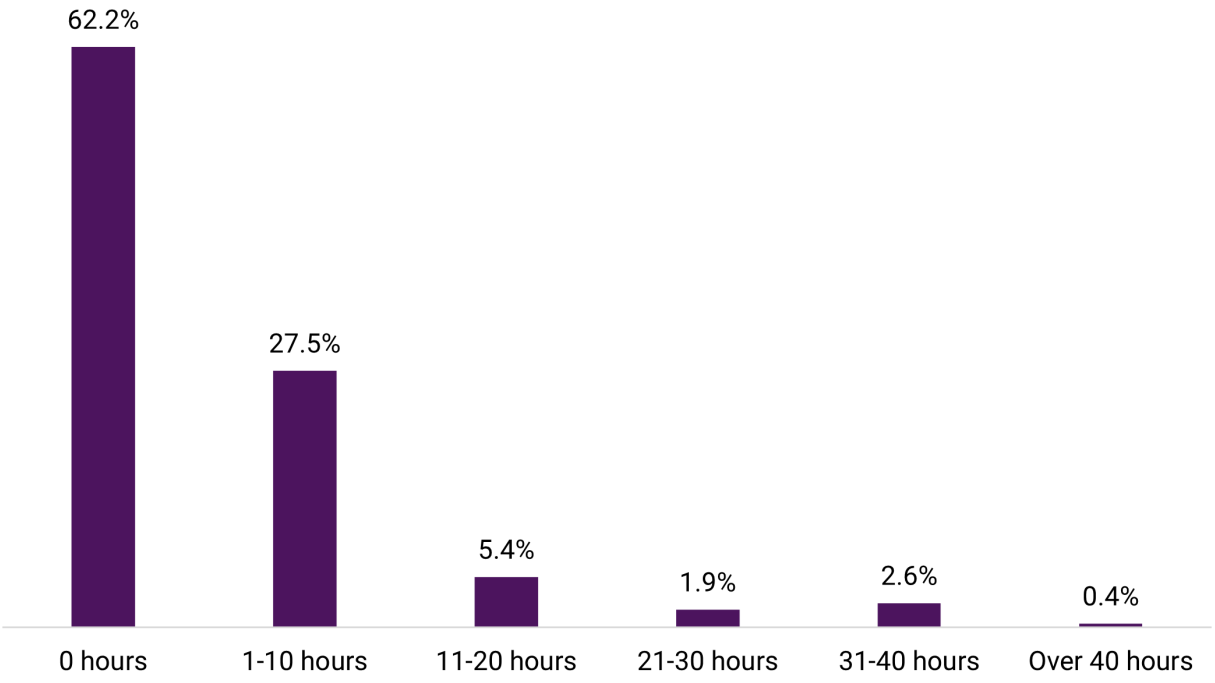
Type of Health Professional*	Percent
I am a solo practitioner, with an off-site licensed physician supervisor/collaborator	5.3%
Physician(s)	93.2%
Other PAs	81.3%
Advanced practice nurse(s) (i.e., nurse practitioners, nurse midwives, etc.)	73.4%
Registered nurse(s)	68.0%
Other levels of nurses (LPN, CAN)	44.6%
Mental health provider(s) (i.e., social workers, psychologists, etc.)	42.2%
Dentists or dental hygienists	6.2%
Pharmacists	42.8%
Radiology technicians	39.6%
Physical therapists	27.4%
Occupational therapists	21.8%
Speech therapists	16.0%

*PAs could select multiple health professionals

PAs most often work with physicians and other PAs.

Hours Precepting

Number of Hours Spent Precepting Per Week

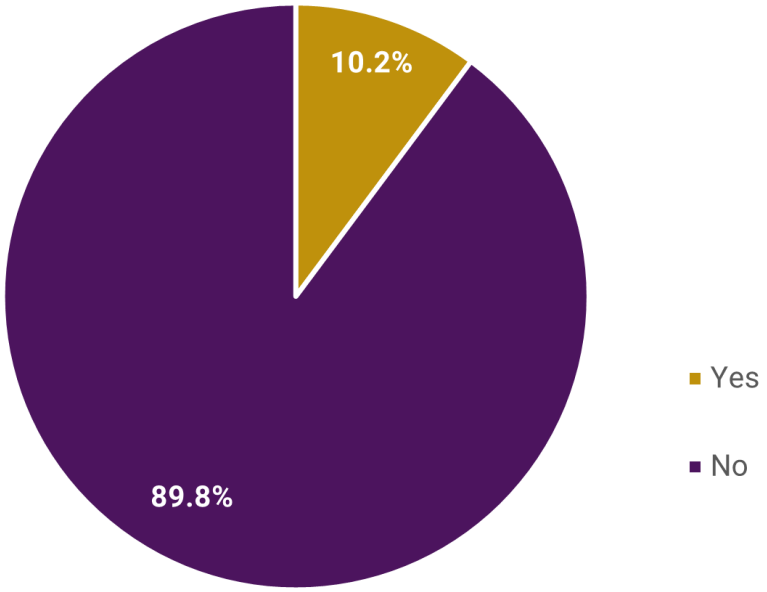


Note: PAs were asked how many hours of precepting do they spend for PA, medical and other health professional students in a typical week.

37.8% of PAs reported precepting PAs, medical students and other/or other health professional students. PAs reported precepting an average of 4.0 hours per week.

International Work

PAs Who Have Participated in International Medical Work



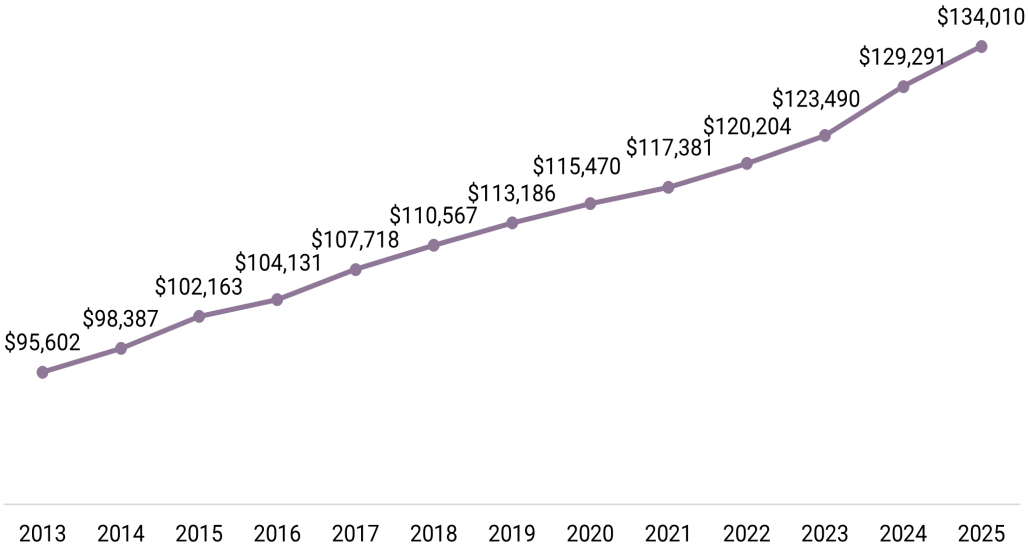
Note: PAs were asked since the beginning of their career as a PA, have they participated in international medical work (e.g. medical missions, medical relief work) either paid or as a volunteer.

Total Income in Last Calendar Year from PA Positions

Income Range	2025	Percent Change from 2021-2025*
Less than or equal to $60,000	3.7%	-1.0%
$60,001-$70,000	1.4%	-0.5%
$70,001-$80,000	1.8%	-0.9%
$80,001-$90,000	2.8%	-3.3%
$90,001-$100,000	5.4%	-6.8%
$100,001-$110,000	10.3%	-6.4%
$110,001-$120,000	12.4%	-2.7%
$120,001-$130,000	13.6%	1.5%
$130,001-$140,000	11.0%	2.7%
$140,001-$150,000	9.3%	3.4%
$150,001-$160,000	7.2%	3.2%
$160,001-$170,000	5.0%	2.4%
$170,001-$180,000	3.9%	2.0%
$180,001-$190,000	2.8%	1.4%
$190,001-$200,000	2.6%	1.4%
More than $200,000	6.9%	3.6%

*Percent change reflects proportional change from 2021 to 2025

Mean Income by Year



Mean and Median Income

	2025	2021
Mean	$134,010	$117,381
Median	$125,000	$115,000

The average total income for PAs increased by 14.2% between 2021 and 2025.

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

Income by Years Practicing

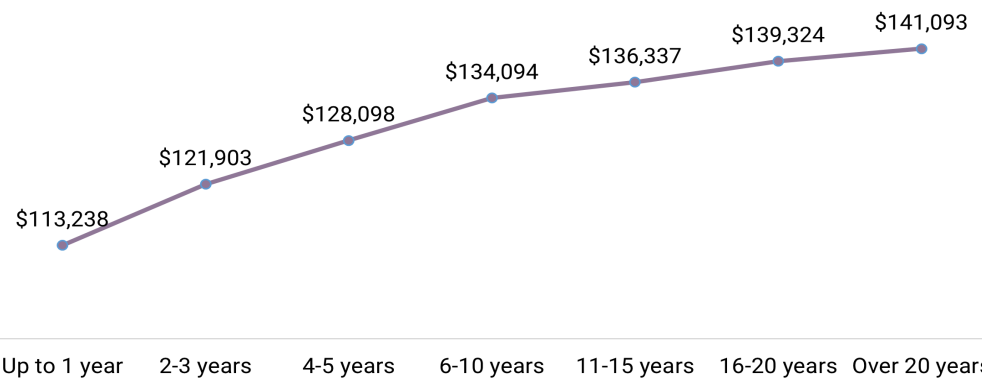
Income by Years Working as a PA

	Income								
Years Working	**<$60,000**	**$60,001-$80,000**	**$80,001-$100,000**	**$100,001-$120,000**	**$120,001-$140,000**	**$140,001-$160,000**	**$160,001-$180,000**	**$180,001-$200,000**	**More than $200,000**
Up to 1 year	6.8%	3.9%	11.8%	36.1%	28.3%	8.8%	2.9%	0.9%	0.3%
2 – 3 years	1.8%	2.0%	10.8%	37.5%	28.5%	11.7%	4.3%	1.9%	1.6%
4 – 5 years	1.6%	1.7%	8.9%	31.0%	29.3%	15.3%	6.2%	3.1%	3.1%
6 – 10 years	2.2%	2.2%	7.9%	23.4%	27.7%	17.4%	8.8%	4.9%	5.5%
11 – 15 years	4.1%	3.8%	8.1%	18.2%	23.5%	18.4%	10.1%	6.1%	7.8%
16 – 20 years	4.7%	4.2%	7.7%	16.4%	20.9%	17.9%	10.9%	7.0%	10.1%
Over 20 years	6.2%	4.3%	6.8%	15.0%	19.2%	17.5%	11.2%	8.1%	11.8%

Mean and Median Income by Years Working as a PA

Years Working	Mean	Median
Up to 1 year	$113,238	$115,000
2 – 3 years	$121,903	$115,000
4 – 5 years	$128,098	$125,000
6 – 10 years	$134,094	$125,000
11 – 15 years	$136,337	$135,000
16 – 20 years	$139,324	$135,000
Over 20 years	$141,093	$135,000

Mean Income by Years Working as a PA



Changed Specialties During Career

Number of Times PAs Changed Specialties

Changed Specialties	Percent
Have not changed specialties	47.3%
1 time	22.3%
2 – 3 times	22.2%
4 – 5 times	6.4%
6 – 10 times	1.7%
11 or more times	0.1%

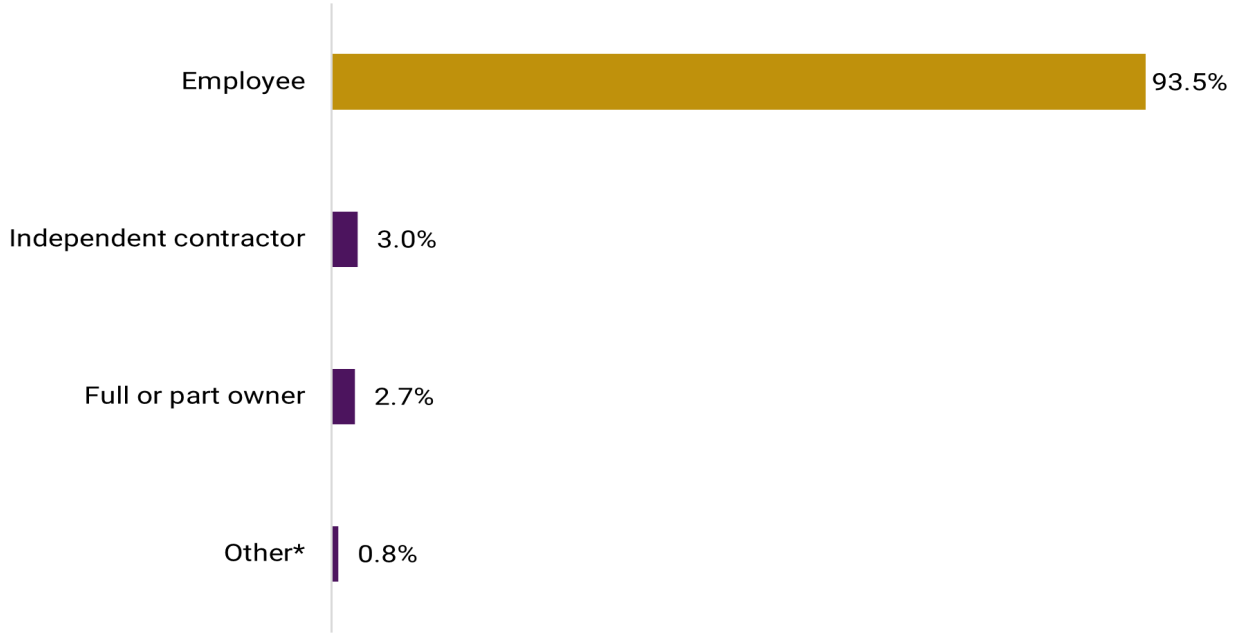
52.7% of PAs indicated they have changed specialties at least once during their career as a PA. The mean number of times PAs changed specialties is 1.2 and median is 1.0.

Number of Times Changed Specialties by Years Working as a PA

	Number of Times Changed Specialties					
Years Working	**0 times**	**1 time**	**2-3 times**	**4-5 times**	**6-10 times**	**Over 10 times**
Up to one year	91.8%	6.8%	1.3%	<0.1%	0.1%	<0.1%
2 – 3 years	77.4%	17.0%	5.5%	0.1%	0.1%	0.0%
4 – 5 years	57.3%	27.5%	14.5%	0.8%	<0.1%	<0.0%
6 – 10 years	48.3%	26.9%	21.6%	3.0%	0.3%	0.1%
Over 10 years	33.1%	21.8%	30.1%	11.3%	3.4%	0.2%

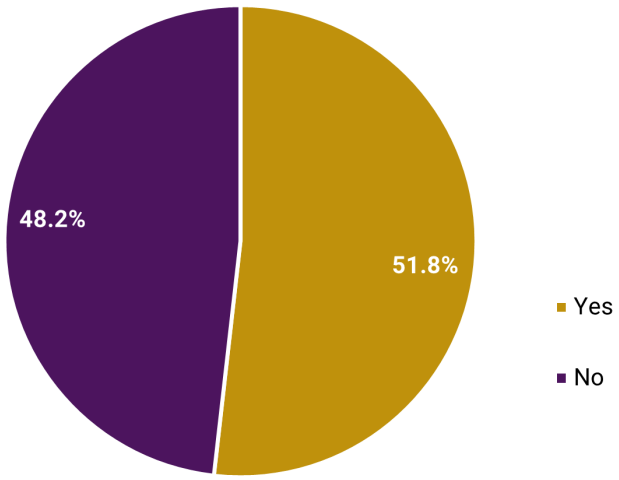
Employment and Working After Hours

Employment Type in Principal Clinical Position



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

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 healthcare professional	26.8%	56.3%	2.8%	14.2%
Clinical opportunities available	24.3%	52.2%	13.1%	10.4%
Quality of working conditions	13.6%	48.7%	31.9%	5.8%

Total Educational Debt

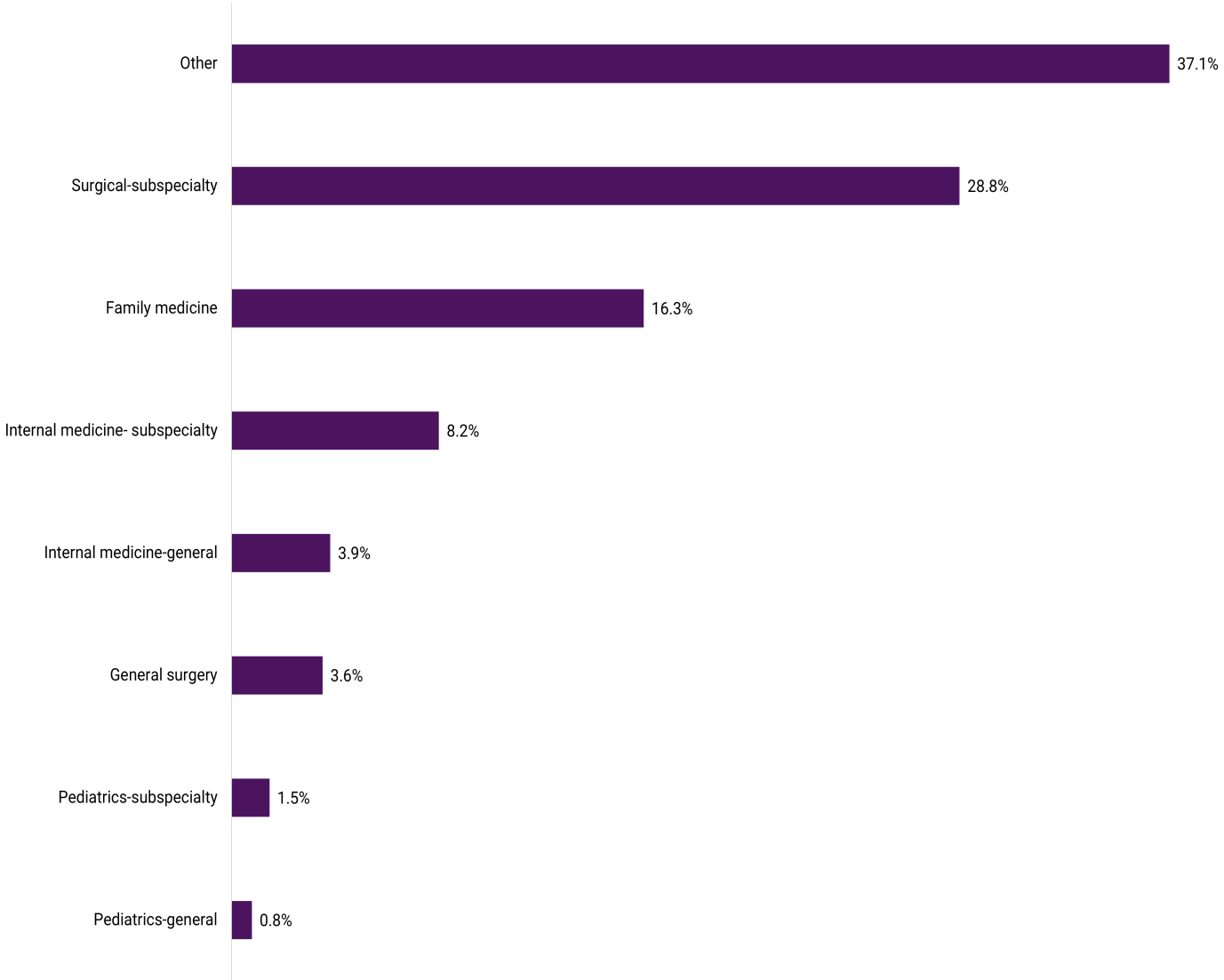
Current Total Educational Debt from All Undergraduate and Graduate Programs

Educational Debt	Percent
No educational debt	43.3%
Less than $25,000	5.1%
$25,000 - $49,999	4.9%
$50,000 - $74,999	5.2%
$75,000 - $99,999	5.7%
$100,000 - $124,999	6.7%
$125,000 - $149,999	6.7%
$150,000 - $199,999	10.2%
$200,000 or more	7.3%
Not sure	0.9%
Prefer not to answer	4.1%

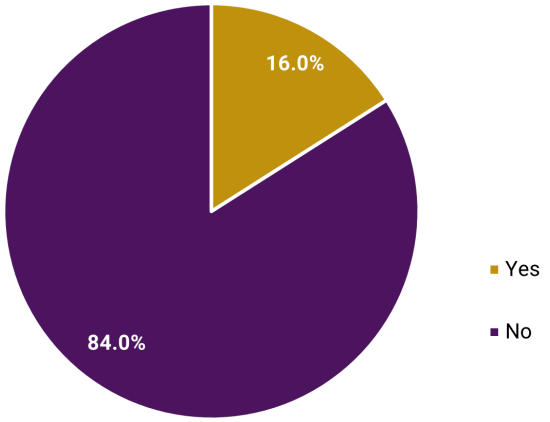
Educational Debt Influence

16.5% of PAs indicated their level of educational debt influenced their decision as to which specialty to practice in.

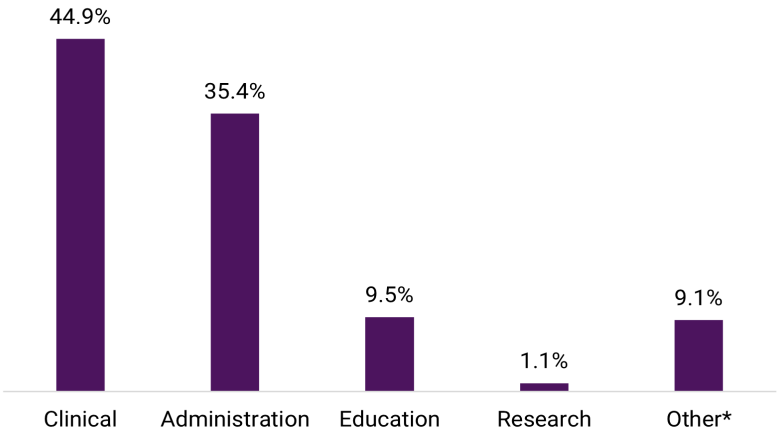
Specialty Sought by PAs who Indicated their Level of Educational Debt Influenced Their Specialty Decision



Percent who Hold Leadership Position in Current Principal Employment Setting

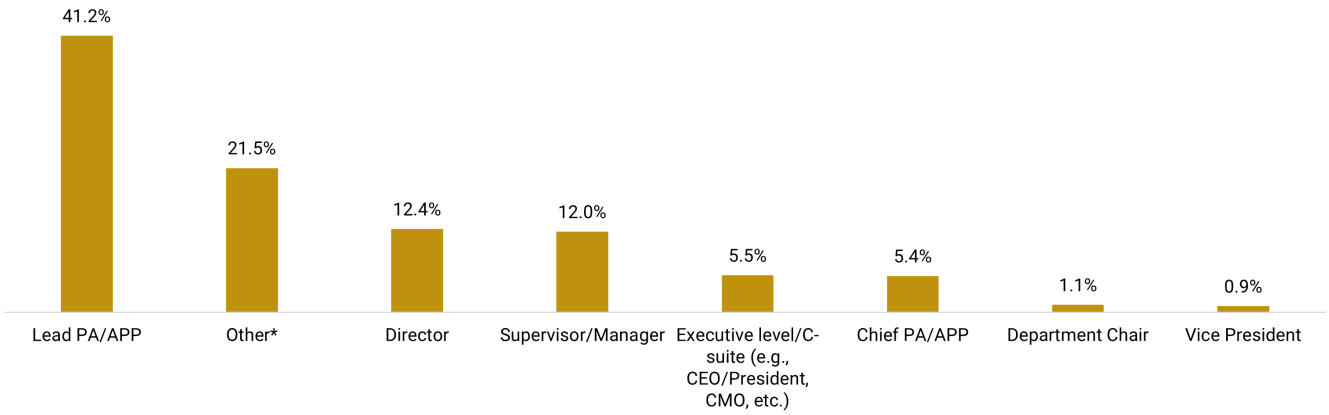


Leadership Area in Principal Employment Setting



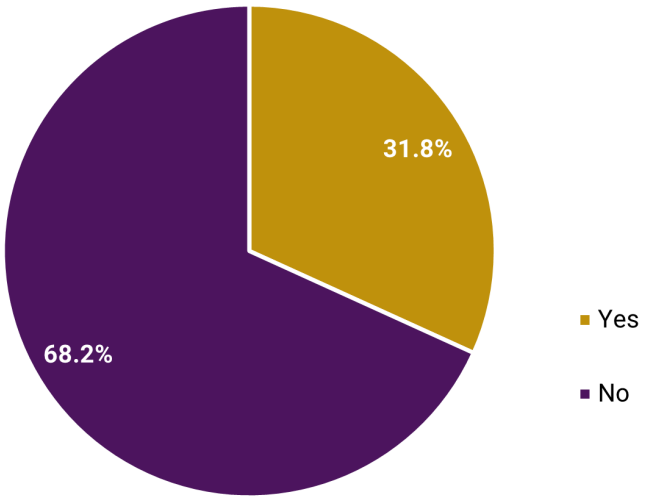
*Other areas: committee member, managing partner, quality improvement, community based director

Title of Leadership Position Held in Principal Employment Setting



*Other titles: advanced practice coordinator, admissions coordinator, flight commander, mentor, trainer

Percent who Hold Leadership Position Outside Principal Employment

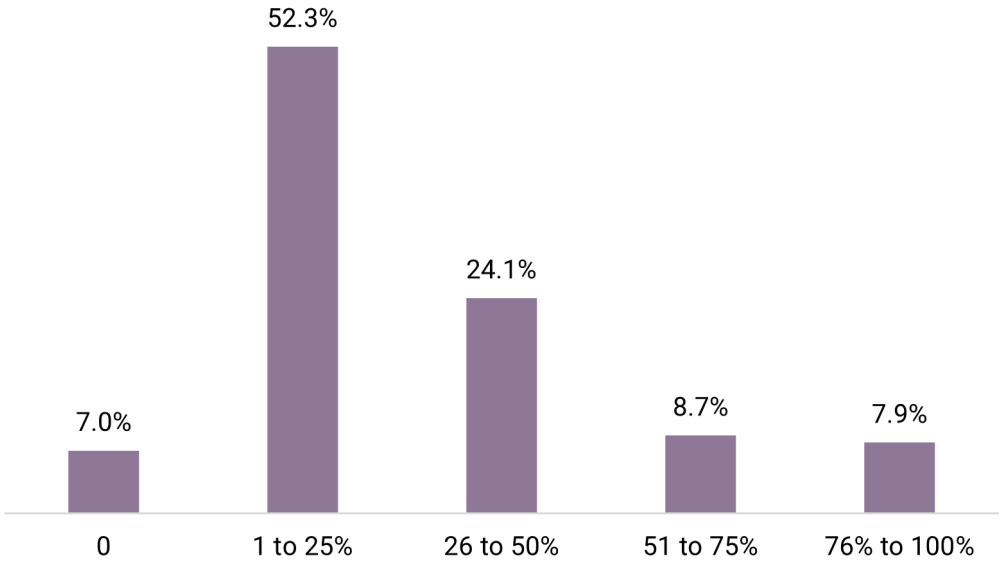


Leadership areas outside of PAs' principal employment setting: military position, mentorship program, outreach program lead, volunteer as a PA, training and on-boarding contact, and wellness director

Frequency of Interactions and Treatments

	Daily	Weekly	Monthly	Yearly	Less than yearly	Never
How often do you encounter (not necessarily screen, treat or refer) patients that you believe may need treatment for mental disorders in your practice?	33.1%	31.6%	18.6%	5.6%	5.3%	5.8%
How often do you screen patients for mental health disorders in your practice?	32.9%	15.9%	9.6%	4.6%	7.9%	29.0%
How often do you diagnose mental health disorders in patients in your practice?	13.2%	17.2%	14.1%	5.5%	8.2%	41.8%
How often do you initiate treatment for patients with mental disorders in your practice?	11.5%	16.3%	14.5%	6.0%	7.7%	44.0%
How often do you implement treatment maintenance for patients with mental disorders in your practice?	14.8%	15.3%	11.6%	4.7%	6.9%	46.6%
How often do you make referrals for patients with mental disorders in your practice?	11.4%	23.8%	23.4%	11.7%	11.4%	18.3%

Estimated Share of Patients in Principal Practice who May Benefit from Mental Health Support



Note: PAs were asked what proportion of the patients they see in their practice need treatment for mental disorders.

The mean proportion was 29.3% and the median was 20.0%.

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 conductuseful 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 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 Board Certified PAs
- Statistical Profile of Board Certified PAs by State
- Statistical Profile of Board Certified PAs by Specialty

Please cite this report as follows:

National Commission on Certification of Physician Assistants, Inc. (2026, May). 2025 Statistical Profile of Board Certified PAs, An Annual Report of the National Commission on Certification of Physician Assistants.

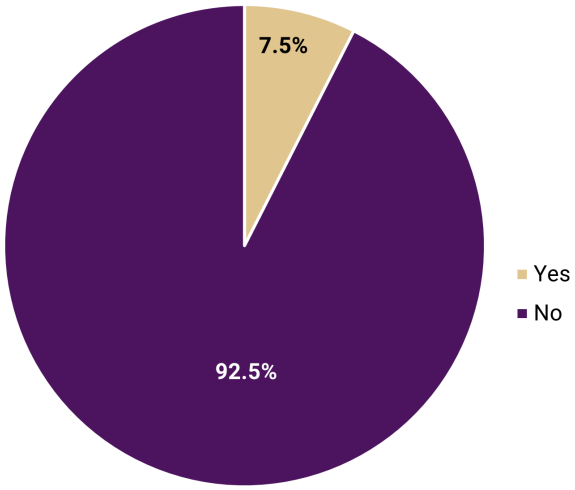
This study is exempt from IRB review pursuant to the terms of the U.S. Department of Health and Human Service's Policy for Protection of Human Research Subjects at 45 C.F.R. §46.101(b).

NCCPA would like to acknowledge the following contributors:
Colette Jeffery, MA, Senior Research Analyst
Andrzej Kozikowski, PhD, Senior Director of Research
Kasey Puckett, MPH, Senior Research Analyst
Mirela Bruza-Augatis, PhD, PA-C, Senior Research Scientist
Josh Goodman, PhD, Vice President, Research and Exam Programs
Dawn Morton-Rias, EdD, PA-C, ICE-CCP, FACHE, President and CEO

Please address questions or comments to **PAProfile@nccpa.net**

Appendix

Ever Served in the U.S. Armed Forces



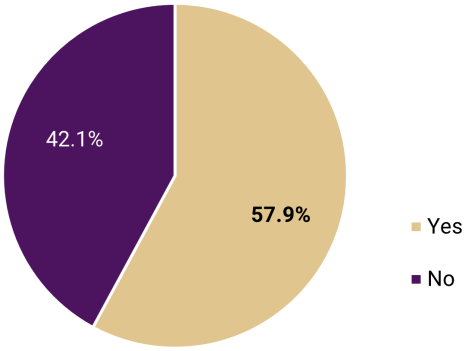
Branch Serving in or Have Served in the U.S. Armed Forces

Branch	Percent
Air Force	22.6%
Air Force National Guard	1.2%
Air Force Reserves	0.5%
Army	52.3%
Army National Guard	0.4%
Army Reserves	2.2%
Coast Guard	2.2%
Coast Guard Reserves	<0.1%
Marine Corps	4.0%
Marine Corps Reserves	0.2%
Navy	20.9%
National Oceanic and Atmospheric Administration	<0.1%
Public Health Service	2.5%
Space Force	0.0%

Note: PAs were able to select more than one branch

Armed Forces

Serve or Served as a PA in the U.S. Armed Forces*



*Percent derived from the total who said "yes" they have served in the U.S. Armed Forces. 57.9% of those who have served, served as a PA.

Current Status of PAs who Serve in the U.S. Armed Forces as a PA

Current Status or Department	Branch	Percent
Active Duty		
	Air Force	2.3%
	Army	4.8%
	Coast Guard	0.4%
	Marine Corps	<0.1%
	Navy	2.0%
Active National Guard		
	Air Force	0.4%
	Army	1.3%
National Guard		
	Air Force	0.5%
	Army	2.4%
Active Reserves		
	Air Force	0.2%
	Army	0.5%
	Coast Guard	<0.1%
	Marine Corps	<0.1%
	Navy	0.1%
Reserves		
	Air Force	0.2%
	Army	1.0%
	Coast Guard	<0.1%
	Marine Corps	<0.1%
	Navy	0.2%
National Oceanic and Atmospheric Administration		<0.1%
Public Health Service		0.7%
Veteran		55.4%
Retired		26.9%
Other		0.5%

Change Specialties

Importance of Having the Ability to Change Specialties

Ability to Change Specialties	Percent
Extremely important	22.8%
Very important	36.6%
Moderately important	26.7%
A little important	10.8%
Not at all important	3.1%

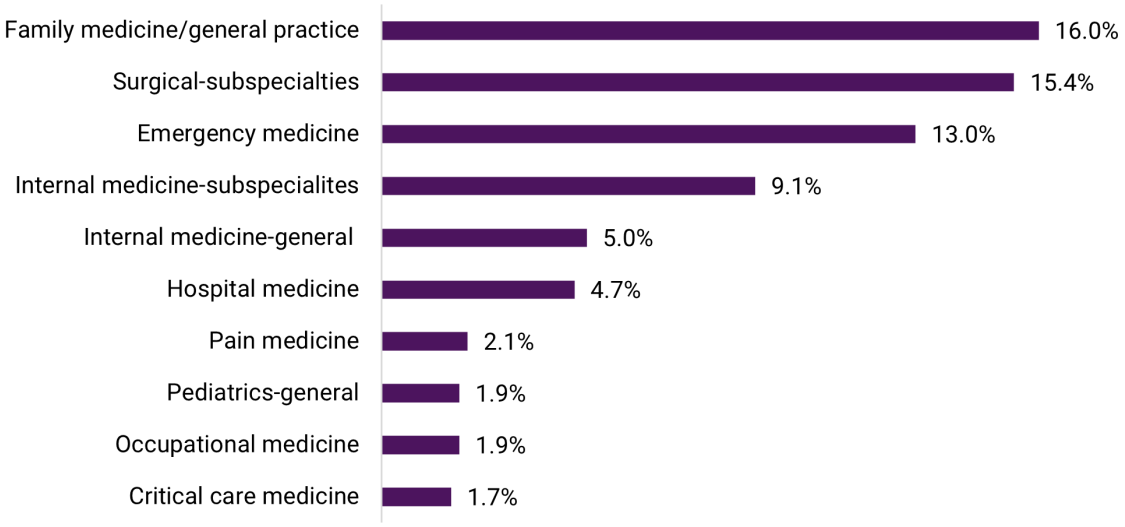
Note: PAs were asked how important it is to them to have the ability to switch specialties

14.3% of clinically practicing PAs are considering changing specialties in the next year.

Change Specialties continued

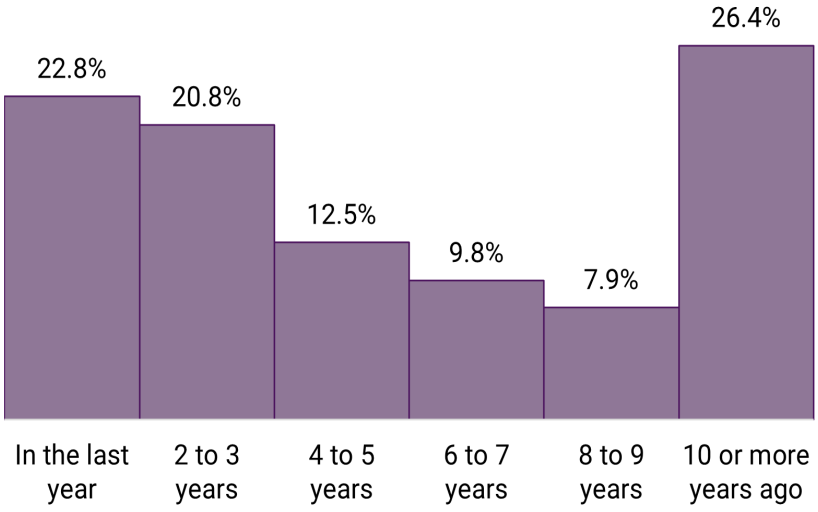
52.7% of clinically practicing PAs indicated they have changed specialties at least once during their career.

Previous Specialty Practicing In Before Current Specialty



Note: PAs who indicated they have changed specialties in their career were asked what their last specialty was before their current specialty

Number of Years Since Last Specialty Change



Note: PAs who indicated they have changed specialties in their career were asked when they last changed specialties

Level of Difficulty to Transition to New Specialty

Level of Difficulty	Percent
Very easy	27.0%
Somewhat easy	34.0%
Neutral	20.0%
Somewhat difficult	17.0%
Very difficult	2.0%

Note: PAs who indicated they have changed specialties in their career were asked how easy or difficult it was to transition to the new specialty

Change Specialties continued

Factors that Facilitated PAs' Transition into their New Specialty

Factors	Percent
Previous clinical skills that were easily transferrable to the new specialty	46.0%
Support from colleagues or the healthcare team in the new specialty	40.0%
Flexibility in workload or gradual increase in responsibilities during the transition period to accommodate time for learning and adjustment	33.1%
Previous experience in a similar or related specialty	32.9%
Mentorship or guidance from a senior PA or other provider in the new specialty	27.4%
Prior exposure to the specialty during PA school	23.6%
Participation in additional CME on topics related to the new specialty	21.3%
Institutional support, such as structured transition programs or resources	13.6%
Access to comprehensive onboarding or orientation program	12.9%
Institutional culture that promotes cross-specialty training and growth	11.8%
Participation in professional networking events or conferences related to the new specialty	10.4%
Other	8.9%
Shadowing opportunities with PAs in the new specialty	7.1%
Working part-time in a secondary position in the new specialty to gain experience	7.1%
Peer support groups or professional PA organizations	4.8%
Completing a postgraduate PA fellowship/residency program in the new specialty	1.9%
Earning a NCCPA Certificate of Added Qualifications in the new specialty	1.4%
Volunteering in the new specialty	1.0%

Note: PAs' who indicated they have changed specialties at least once, were asked which factors facilitated their transition to the new specialty. PAs were able to select more than one factor.

PAs who reported changing specialties at some point in their careers were asked approximately how long it took them to feel proficient in their new specialty.

The median was 6 months and the mean was 8.5 months.

Factors in Choosing Current Principal Area

Factors that Were Influencial in Choosing Current Principal Practice Area

Factors	Percent*
Work-life balance within the specialty	71.4%
Personal interest in specialty's clinical focus	69.1%
Practice setting (e.g., hospital, outpatient, etc.)	68.5%
Schedule flexibility (e.g., call requirements, shift work)	66.8%
Salary and compensation potential	63.6%
Job market demand and career opportunities	54.0%
Emphasis on team-based care in the specialty	50.9%
Autonomy in the specialty	50.2%
Family responsibilities	49.2%
Interest in procedures or technical skills associated with the specialty	49.2%
Geographic availability of jobs in the specialty	48.7%
Mentorship from professionals in the specialty	48.0%
Alignment with personal values (e.g., patient advocacy, underserved populations)	47.4%
Opportunity for professional growth and advancement	46.0%
Ability to maintain continuity with patients	43.9%
Exposure to the specialty during educational experiences (e.g., clinical rotations)	39.1%
Patient population characteristics (e.g., age, conditions, etc.)	31.1%
Opportunities for further specialization or subspecialization	24.5%
Impact on student loan repayment opportunities	22.3%
Prestige or reputation of the specialty	21.3%
Research and academic oppotunities in the field	12.1%

*Percent who indicated that the factor's were extremely or very influential in choosing their current principal practice area