

Licensing Population by Type

Board Code: 950

Data as of: Jul 29, 2025 11:39:03 AM

Licensing Population by Status			License Status													Total
License Type	License Type Long Name	Rank Short	20	21	22	28	31	45	50	51	63	65	85	98	99	
			C	CI	CTFS	MA	FSS	D	CD	RT	SD	R	DC	E	DL	
9501	Physician Assistant	PA														28,520
	9501 Total		19,410	38	1	17	2	2,937	5,565	225	135	100	83	2	5	28,520
9511	Temp MSP Physician Assistant	TPA														
	9511 Total		3						6							9

License Status Key

C	Current
CI	Current Inactive
CTFS	Current Temporary Family Support
MA	Military-Active
FSS	Family Support Suspension
D	Delinquent
CD	Cancelled
RT	Retired
SD	Surrendered
R	Revoked
DC	Deceased
E	Error
DL	Deleted

Summary of Licensing Activity

Date Range: Between Apr 1, 2025 12:00 AM and Jun 30, 2025 11:59 PM

Run Date: Jul 29, 2025

License Type	License Type Long Name	Transaction Code	Transaction Description	Apps Received	Apps Approved INFORMATION ONLY (SEE BELOW FOR LICENSES ISSUED)	Renewed
9501	Physician Assistant	1020	Initial Application	537	435	
9501	Physician Assistant	2020	Renewal Application			2,191
9511	Temp MSP Physician Assistant	1020	License Application	3	2	

License Type	License Type Long Name	Rank Short	Licenses Issued
9501	Physician Assistant	PA	435
9511	Temp MSP Physician Assistant	TPA	2



Pending Application Workload

Physician Assistant Board
Application Deficiency: Show All
Paid Applications Only: No
Include External Staff: All



Application Date/Post Mark Date greater than Jul 29, 2024

[Click here for complete raw data extract](#)

9501 - 1020 (PHYASSIST Initial Application)

Staff Assigned	Application Count	iAverage Desk Age	iAverage Application Age
UNASSIGNED	14	8	9
STAFF	2	44	271
STAFF	417	93	102
9501 - 1020 Average		49	127
9501 - 1020 Total	433		

9511 - 1020 (TEMP9501 License Application)

Staff Assigned	Application Count	iAverage Desk Age	iAverage Application Age
STAFF	2	37	56
9511 - 1020 Average		37	56
9511 - 1020 Total	2		
Overall - Total	435		

Desk Age (Days)

License Type	Transaction Code	0-30	31-60	61-90	91+	Total
9501	1020	174	64	42	153	433
9511	1020	1	0	1	0	2
Overall - Total		175	64	43	153	435

Note: Desk Age volume includes only applications with assignment history

Application Age (Days)

License Type	Transaction Code	0-30	31-60	61-90	91+	Total
9501	1020	152	70	47	164	433
9511	1020	1	0	0	1	2
Overall - Total		153	70	47	165	435

- The Desk Age – reports number of days that applications have been assigned to a staff member.
- Application Age – reports number of days since the submission of the application and application fees.
- Applications are reviewed within 30 days' time of the date the application fees are submitted.
- The Desk Age and Application Age report the number of days that applications remain incomplete due to deficiencies.

Licensing Performance Measures

Applications Approved Between Apr 1, 2025 12:00 AM and Jun 30, 2025 11:59 PM

Board Code: 950

Board Long Name: Physician Assistant Board

					COMPLETE APPLICATIONS		INCOMPLETE APPLICATIONS	
License Type	License Type Long Name	Transaction Code	Transaction Description	Target	Count	Processing Time	Count	Processing Time
9501	Physician Assistant	1020	Initial Application	30	82	25	353	71
9511	Temp MSP Physician Assistant	1020	License Application		0		2	34

Exceeds target Exceeds target by 50-99% Exceeds target by 100% (or more)

Complete Applications

Count: Volume of complete applications approved during the reporting period.

Processing Time: Average number of days from submission to approval for complete applications.

Incomplete Applications

Count: Volume of complete applications approved during the reporting period.

Processing Time: Average number of days from submission to approval for complete applications.*

*Applications that are incomplete have been reviewed; however, documentation required for licensure has not been received.



Statistical Profile of Board Certified Physician Assistants

ANNUAL REPORT

National
Commission on
Certification of
Physician
Assistants

2024





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Cover image: Chin Rodgers, MPAS, PA-C, is a Board Certified PA who practices in Emergency medicine and urgent care in Milwaukee, Wisconsin

Message from the President and CEO

Dear Colleagues:

On behalf of NCCPA and the 189,907 Board Certified PAs, I am excited to share with you the 2024 Statistical Profile of Board Certified PAs. Now in its twelfth year of publication, this is the first of the reports that we disseminate annually, each with a unique focus on the PA profession. This report provides an overall view of the profession and includes data from new questions that have been added to NCCPA's data collection tool, the PA Professional Profile. Over 159,500 PAs contributed to this data, making it the most robust and comprehensive repository of data on the PA profession.



One key takeaway from this report is that PAs have a significant role in healthcare. The profession grew 27.8% in the past five years, and there are now 56 PAs per 100,000 population in the U.S., compared to 45 in 2020. PAs work in every state and every specialty, providing care to an estimated 11.4 million patients each week. Over the past five years, the proportion of PAs working in primary care specialties (family medicine/general practice, internal medicine-general, and pediatrics-general) has decreased slightly, with 22% of PAs reporting they worked in primary care in 2024. Surgery subspecialties comprise the largest number of PAs (18.5%), followed by family medicine/general practice (16.3%). Over half of all PAs (53.4%) have changed specialties at least once during their career. This flexibility has long been a hallmark of the PA profession. Approximately one-fourth of PAs provide care to patients in Health Professional Shortage Areas (HPSUs), or Medically Underserved Areas/Populations (MUA/P), and 43.5% have incorporated telemedicine into their practice.

In January 2025, the U.S. News & World Report named the PA profession as the #2 Best Health Care Job. PAs also ranked third for 100 Best Jobs and Best STEM Jobs. Our data supports these findings with 87.1% of PAs reporting they are satisfied with their career choice, and 83.6% are satisfied with their present job. Feelings of burnout have reduced slightly from last year, with 67.4% of PAs reporting no symptoms of burnout. The mean income for PAs (\$129,291) has increased 12% over the past five years. New questions have been added to the PA Professional Profile to gather data and monitor trends on PAs who hold leadership positions. Preliminary data, with about half of the PAs responding, show that 16.9% currently hold a leadership position. PAs are also giving back to the profession, with 38.2% reporting that they serve as preceptors for the next generation of PAs.

These are just a few highlights from this report. We invite you to delve into all the data provided and trust that you will find it interesting and useful in helping inform discussions related to the PA profession. Lastly, we would be remiss without expressing our gratitude to the PAs who make these reports possible by completing and updating their PA Professional Profiles.

Best regards,

A handwritten signature in black ink that reads "Dawn Morton-Rias".

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 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, 2024 and have made updates to their Profile between January 1, 2022 and December 31, 2024. Data from 2020 has been included to provide five-year comparisons. In addition, some data were obtained from other NCCPA data collection strategies. As of December 31, 2024, there were 189,907 board certified PAs, and 159,514 provided responses for at least a portion of the Profile, yielding an overall response rate of 84.0%. In 2024 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, 2024. 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.

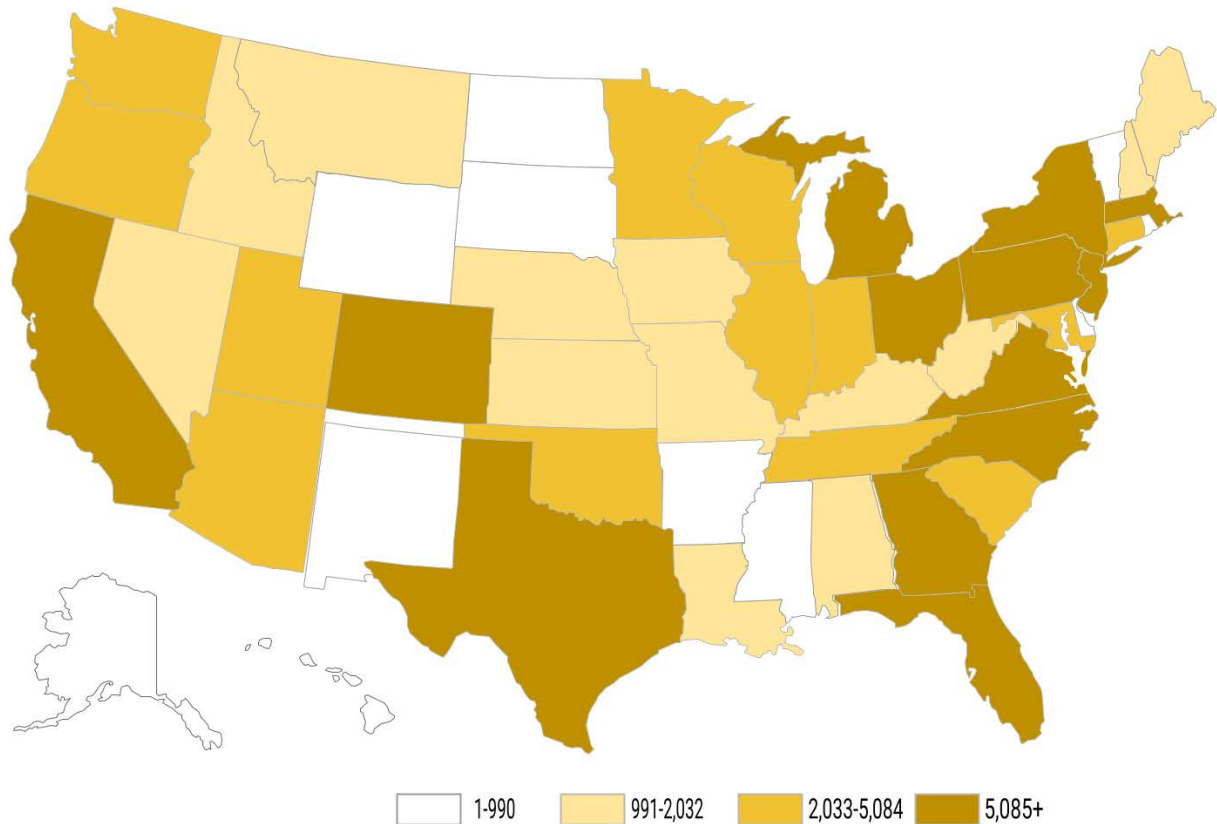
Responses were examined for consistency and potential errors. In cases of obvious error or inconclusive data, the responses were not included in the analysis. The number of responses to individual items varies due to differing response rates or due to the data being removed for reasons previously noted. Analyses of the data consist primarily of descriptive statistics. Percent change calculations reflect proportional changes from 2020 to 2024 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 219,000 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.

2024 Distribution of PAs by State*



*Distribution of PAs based on reported state of residence

The PA profession grew 27.8% between 2020 and 2024, reaching 189,907 PAs at the end of 2024.

Rural/Urban Distribution in the U.S.

RUCA Area*	Percent
Urban	93.3%
Large rural	3.9%
Small rural	1.6%
Isolated	1.2%

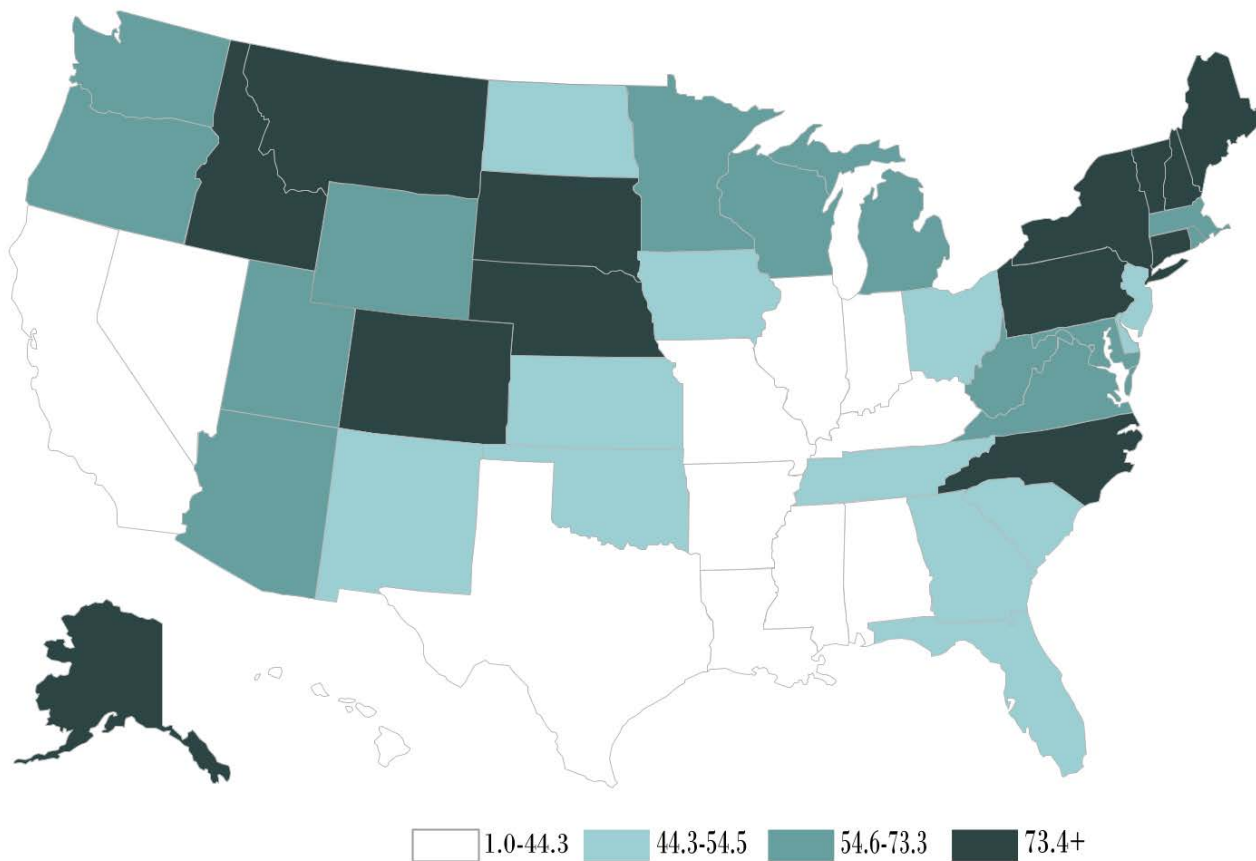
An additional 719 PAs had addresses classified as out of the country or military.

*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.

2024 Distribution of PAs per 100,000 Population*

Based on 2024 U.S. Census Bureau estimates



*Distribution of PAs based on reported state of residence

In 2024, there were 56 PAs per 100,000 population in the U.S., compared to 45 in 2020. ARC-PA estimates that the number of PA educational programs will grow from 312 in April of 2025 to 359 by 2029¹, thus increasing the number of individuals who may potentially join the PA workforce.

¹ARC-PA Accreditation Standards for Physician Assistant Education©, <http://www.arc-pa.org/accreditation/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 2020-2024** (Rank)
Alabama	1,400	0.7% (34)	27.1 (49)	40.4% (4)
Alaska	701	0.4% (43)	94.7 (1)	10.0% (51)
Arizona	4,152	2.2% (16)	54.8 (26)	28.1% (24)
Arkansas	746	0.4% (42)	24.2 (50)	40.5% (3)
California	15,014	7.9% (2)	38.1 (45)	31.9% (14)
Colorado	5,170	2.7% (12)	86.8 (6)	32.7% (13)
Connecticut	3,386	1.8% (21)	92.1 (3)	28.3% (23)
Delaware	555	0.3% (45)	52.8 (31)	27.0% (30)
District of Columbia	323	0.2% (51)	46.0 (39)	13.3% (50)
Florida	12,603	6.7% (3)	53.9 (28)	34.3% (11)
Georgia	5,407	2.9% (9)	48.4 (34)	28.8% (22)
Hawaii	534	0.3% (46)	36.9 (47)	41.3% (2)
Idaho	1,645	0.9% (30)	82.2 (9)	29.5% (19)
Illinois	5,084	2.7% (14)	40.0 (42)	25.9% (31)
Indiana	2,603	1.4% (24)	37.6 (46)	38.7% (7)
Iowa	1,506	0.8% (32)	46.5 (37)	15.5% (47)
Kansas	1,490	0.8% (33)	50.2 (33)	20.2% (40)
Kentucky	2,032	1.1% (27)	44.3 (40)	29.0% (21)
Louisiana	1,779	0.9% (29)	38.7 (44)	28.1% (24)
Maine	1,139	0.6% (38)	81.1 (10)	23.3% (36)
Maryland	3,898	2.1% (18)	62.2 (21)	17.0% (45)
Massachusetts	5,233	2.8% (10)	73.3 (14)	30.6% (17)
Michigan	7,407	3.9% (7)	73.0 (15)	23.7% (35)
Minnesota	4,105	2.2% (17)	70.9 (16)	30.7% (16)
Mississippi	446	0.2% (48)	15.2 (51)	40.3% (5)
Missouri	1,866	1.0% (28)	29.9 (48)	34.9% (10)
Montana	1,009	0.5% (39)	88.7 (4)	30.5% (18)
Nebraska	1,605	0.8% (31)	80.0 (12)	19.6% (42)
Nevada	1,364	0.7% (35)	41.7 (41)	27.7% (27)
New Hampshire	1,190	0.6% (37)	84.5 (8)	27.3% (28)
New Jersey	5,107	2.7% (13)	53.8 (29)	39.6% (6)
New Mexico	990	0.5% (40)	46.5 (37)	17.7% (44)
New York	17,031	9.0% (1)	85.7 (7)	19.7% (41)

*Rate per 100,000 population based on 2024 U.S. Census estimate

**Percent change reflects raw change in number of PAs in each state from 2020 to 2024

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 2020-2024** (Rank)
North Carolina	9,626	5.1% (6)	87.1 (5)	29.4% (20)
North Dakota	421	0.2% (49)	52.9 (30)	13.5% (49)
Ohio	5,643	3.0% (8)	47.5 (36)	31.2% (15)
Oklahoma	2,117	1.1% (26)	51.7 (32)	24.1% (34)
Oregon	2,674	1.4% (23)	62.6 (20)	27.8% (26)
Pennsylvania	12,129	6.4% (5)	92.7 (2)	20.5% (39)
Rhode Island	648	0.3% (44)	58.3 (23)	25.3% (32)
South Carolina	2,984	1.6% (22)	54.5 (27)	48.0% (1)
South Dakota	749	0.4% (41)	81.0 (11)	16.3% (46)
Tennessee	3,455	1.8% (20)	47.8 (35)	36.8% (9)
Texas	12,335	6.5% (4)	39.4 (43)	27.2% (29)
Utah	2,389	1.3% (25)	68.2 (18)	38.7% (7)
Vermont	484	0.3% (47)	74.6 (13)	18.9% (43)
Virginia	5,180	2.7% (11)	58.8 (22)	33.7% (12)
Washington	4,426	2.3% (15)	55.6 (25)	25.1% (33)
West Virginia	1,210	0.6% (36)	68.4 (17)	15.0% (48)
Wisconsin	3,867	2.0% (19)	64.9 (19)	23.2% (37)
Wyoming	331	0.2% (50)	56.3 (24)	20.8% (38)
TOTAL	189,188	100.0%	55.6	27.9%

*Rate per 100,000 population based on 2024 U.S. Census estimate

**Percent change reflects raw change in number of PAs in each state from 2020 to 2024

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

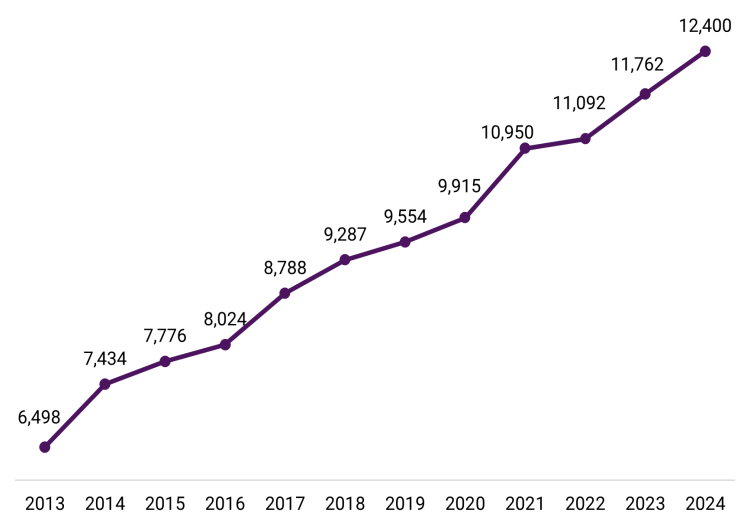
The top five states that experienced the largest percent growth in the number of PAs from 2020 - 2024:

1. South Carolina
2. Hawaii
3. Arkansas
4. Alabama
5. Mississippi

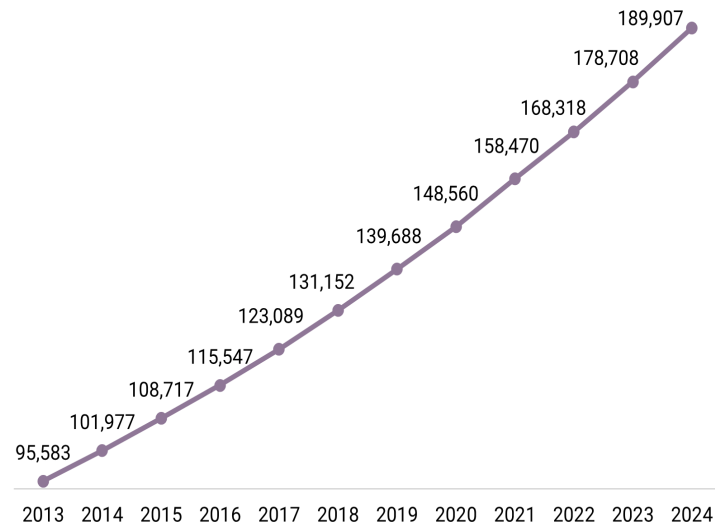
4,478 PAs indicated that they have a current military status of active duty, National Guard or Reserve, and 300 PAs reported a military or U.S. territory address. 419 PAs indicated they are living abroad.

Supply and Demand

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



Number of PAs by Year



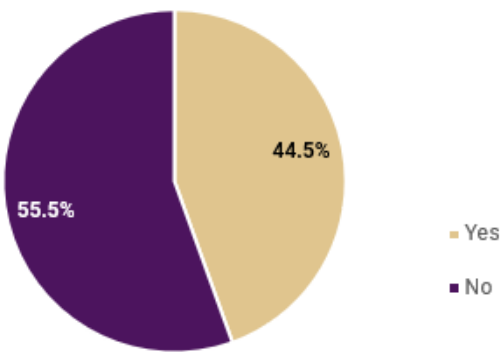
5.8% of the PA workforce indicated they have plans to retire in the next five years.

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%

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

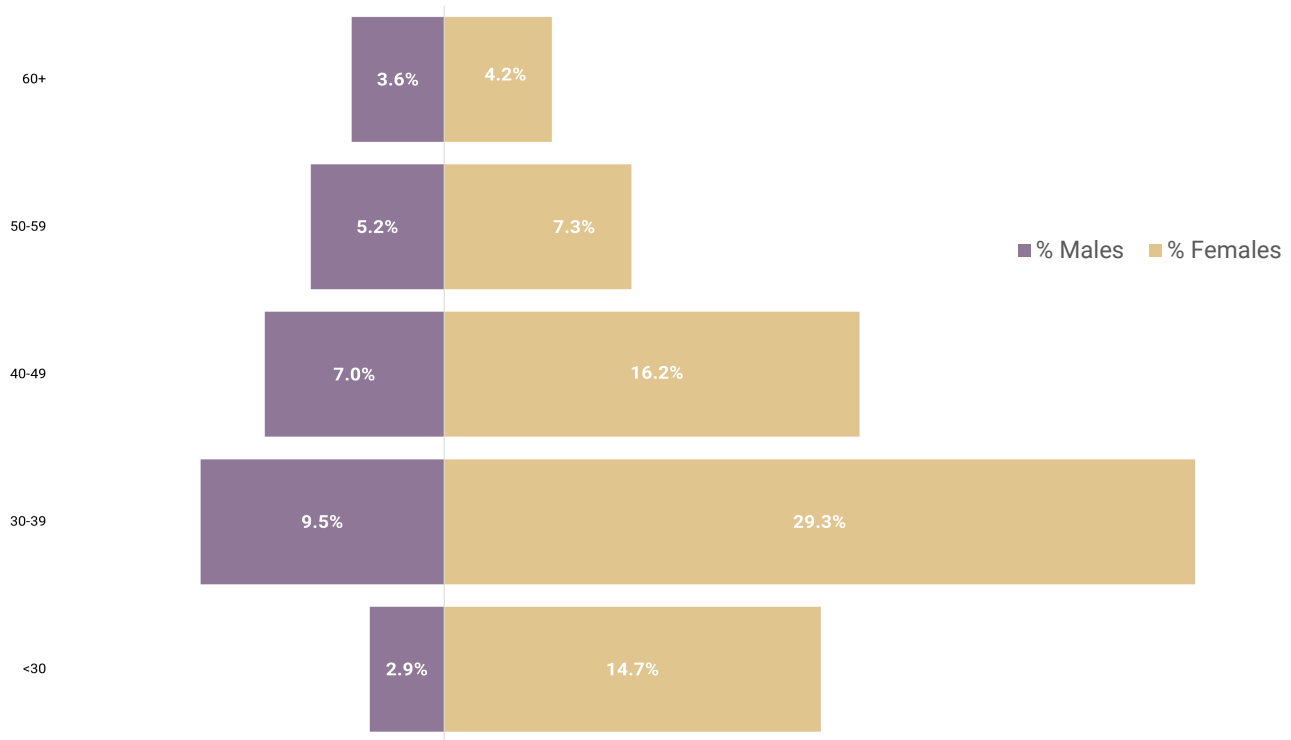
Primary Place of Employment Currently Recruiting/Hiring PAs



Number of Months Unfilled

Months Unfilled	Percent
1 month	23.6%
2 months	10.7%
3 months	12.5%
4 months	3.3%
5 months	1.5%
6 or more months	20.1%
Not sure	28.4%

Distribution of PAs by Age and Gender



Number of PAs by Gender

Number of PAs by Age Group

Gender	2024 Percent	Percent Change 2020-2024*
Male	28.3%	-2.0%
Female	71.6%	1.9%
Non-binary**	<0.1%	NA
Prefer not to answer**	0.1%	NA

Age Group	2024 Percent	Percent Change 2020-2024*
<30	17.7%	-0.1%
30-39	38.8%	0.5%
40-49	23.2%	0.1%
50-59	12.5%	-0.2%
60+	7.8%	-0.3%

*Percent change reflects proportional change from 2020 to 2024

**Gender identity choice first included in 2021

*Percent change reflects proportional change from 2020 to 2024

As with the past seven years, the median age of PAs remains at 38. The profession continues to be majority female. In 1975, 23.9% of the PAs identified as female¹, compared to 71.6% in 2024.

¹NCCPA data records

Race and Ethnicity of PAs

PAs by Race

Race	2024 Percent	Percent Change 2020-2024*
White	79.4%	-1.4%
Black/African American	3.4%	0.1%
Asian	7.1%	1.1%
Native Hawaiian/Pacific Islander	0.3%	0.0%
American Indian or Alaskan Native	0.4%	0.0%
Other	2.6%	-0.2%
Multi-race	2.6%	0.5%
Prefer not to answer	4.2%	-0.3%

*Percent change reflects proportional change from 2020 to 2024

Although the number of PAs has increased during the five-year period from 2020-2024, 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 **1.4%** proportional decrease. **7.5%** of PAs indicated they are Hispanic, an increase from **6.5%** in 2020.

Race by Gender

Race	Female	Male	Non-binary	Prefer not to answer
White	72.5%	27.4%	<0.1%	0.1%
Black/African American	70.0%	29.9%	0.0%	0.1%
Asian	74.4%	25.5%	0.0%	0.1%
Native Hawaiian/Pacific Islander	53.3%	46.7%	0.0%	0.0%
American Indian or Alaskan Native	62.5%	37.0%	0.2%	0.4%
Other	66.1%	33.9%	0.0%	<0.1%
Multi-race	71.5%	28.4%	0.0%	0.1%
Prefer not to answer	57.3%	42.6%	<0.1%	0.1%

Educational Profile of PAs

Number of PAs by Highest Degree Completed

Degree	2024 Percent	Percent Change 2020-2024*
Certificate program	0.7%	-0.3%
Associate's degree	0.6%	-0.4%
Bachelor's degree	11.9%	-4.5%
Master's degree	83.5%	4.7%
Doctorate degree**	2.7%	0.7%
Other	0.5%	-0.2%

*Percent change reflects proportional change from 2020 to 2024

**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 (not vacation).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 78.8% in 2020 to 83.5% in 2024.³

¹PAEA PA Education Association, By the Numbers: Program Report 36: Data from the 2021 Program Survey, Washington, DC: PAEA; 2023. ²ARC-PA Accreditation Standards for Physician Assistant Education®, 5th edition. Approved September 2020, latest clarification July 2024. ³NCCPA 2020 Statistical Profile of Certified PAs, An Annual Report of the National Commission on Certification of PAs, 2021.

Postgraduate Program Completion

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

Area of Training	Number	Percent
Addiction medicine	16	0.2%
Adolescent medicine	3	<0.1%
Anesthesiology	7	0.1%
Critical care medicine	515	5.9%
Dermatology	541	6.2%
Emergency medicine	2,104	24.0%
Family medicine/general practice	706	8.1%
Hospice and palliative medicine	10	0.1%
Hospital medicine	291	3.3%
Internal medicine – general practice	139	1.6%
Internal medicine – subspecialties	286	3.3%
Neurology	51	0.6%
Obstetrics and gynecology	111	1.3%
Occupational medicine	50	0.6%
Ophthalmology	6	0.1%
Otolaryngology	52	0.6%
Pain medicine	16	0.2%
Pathology	0	0.0%
Pediatrics – general	112	1.3%
Pediatrics – subspecialties	313	3.6%
Physical medicine/rehabilitation	10	0.1%
Preventive medicine/public health	26	0.3%
Psychiatry	269	3.1%
Radiation oncology	2	<0.1%
Radiology	4	<0.1%
Radiology – interventional	4	<0.1%
Surgery – general	1,124	12.8%
Surgery – subspecialties	1,085	12.4%
Urology	25	0.3%
Other*	875	10.0%
Total	8,753	100.0%

*Top “other” specialties include: aviation/aerospace medicine, integrative medicine, functional medicine, sports medicine, and trauma

5.7% of PAs indicated they completed a PA postgraduate training program (PA residency or fellowship) after graduating from their PA program.

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

Satisfaction with Postgraduate Program

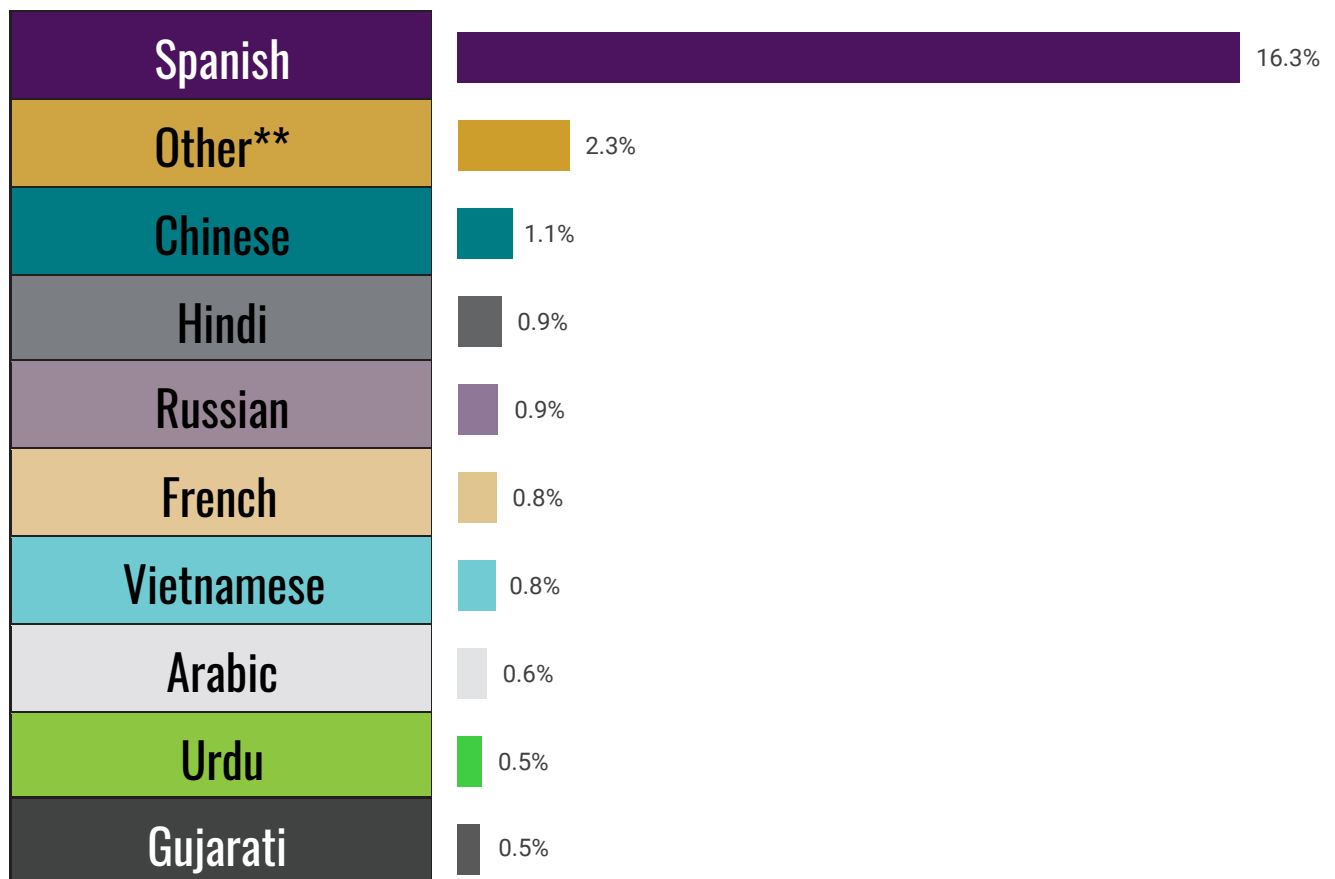
Level of Satisfaction of PAs Who Completed a Postgraduate Program

Level of Satisfaction	Percent
Completely satisfied	40.8%
Mostly satisfied	35.2%
Somewhat satisfied	8.0%
Neither dissatisfied nor satisfied	3.5%
Somewhat dissatisfied	2.8%
Mostly dissatisfied	3.8%
Completely dissatisfied	6.0%
Total	100.0%

5.7% of PAs reported having completed a postgraduate training program (PA residency or fellowship) after graduating from their PA program, and 84.0% 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, Hebrew and Ukrainian

In 2024, **22.3%** of PAs indicated they communicate with patients in a language other than English; **22.7%** in 2020. Of the PAs who communicate with patients in a language other than English, most do so in **Spanish**.

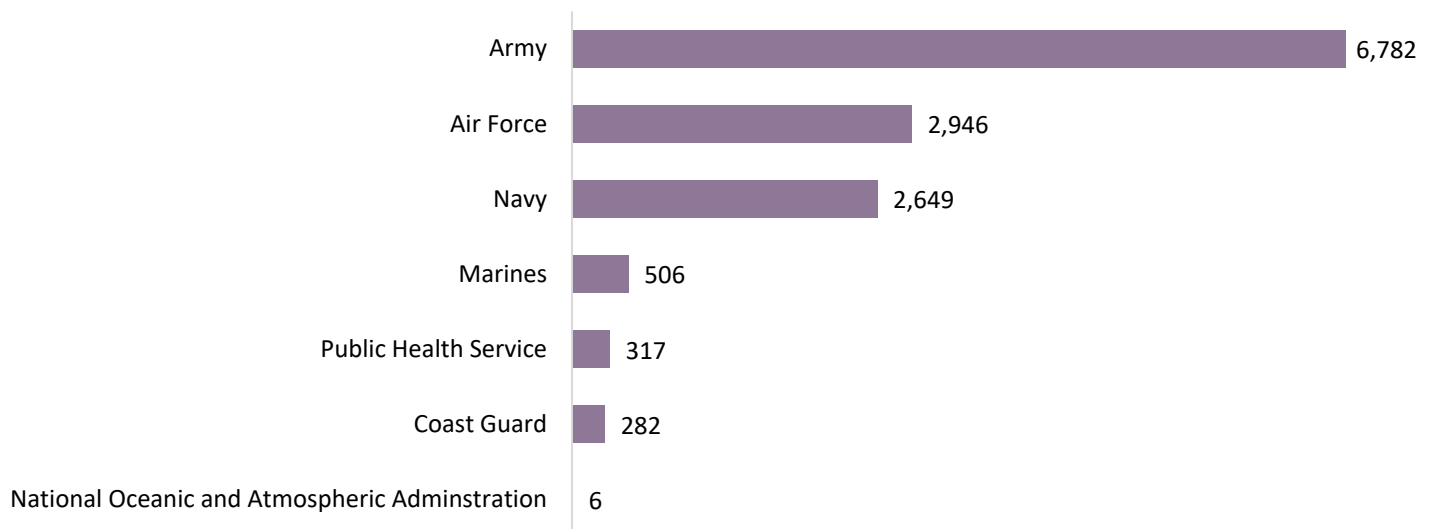
4.0% of PAs speak two or more languages, in addition to English in 2024. In 2020, **4.2%** reported being able to speak two or more languages.

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

Status	Number	Percent
Active Duty	2,642	21.1%
National Guard	1,182	9.5%
Reserve	654	5.2%
Veteran	5,412	43.3%
Retired	2,605	20.8%
Total	12,495	100.0%

7.9% of PAs reported they have served or are currently serving in the US Armed Forces.

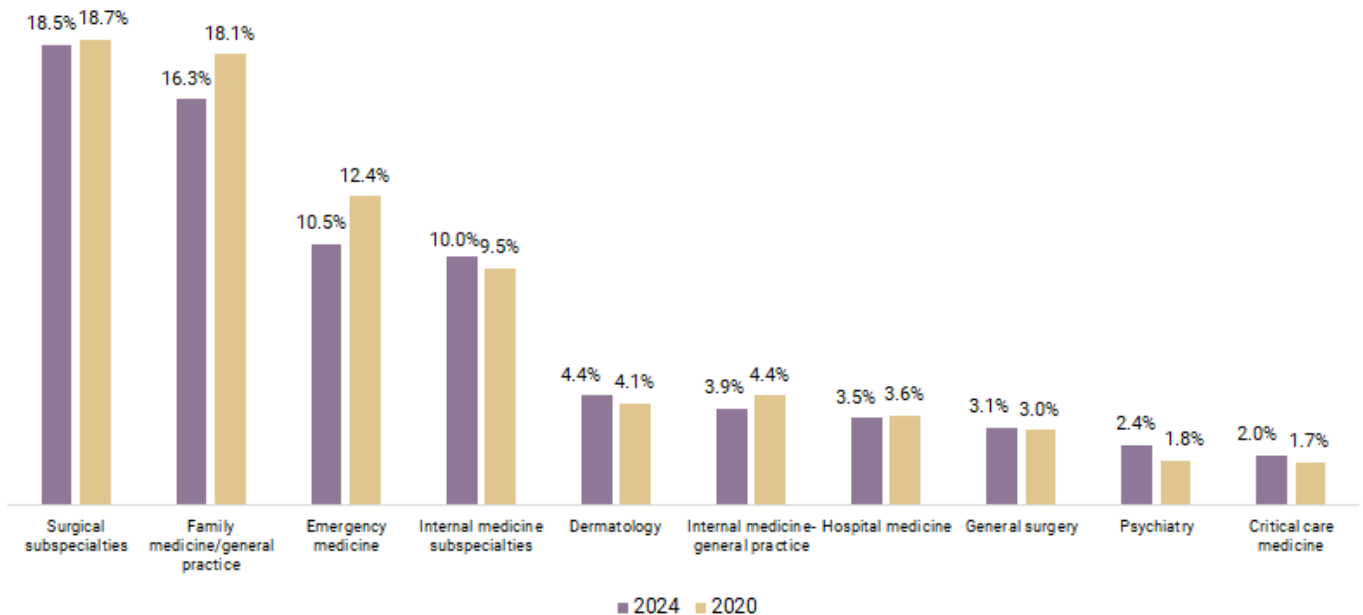
Branch of U.S. Armed Forces Served or Currently Serving*



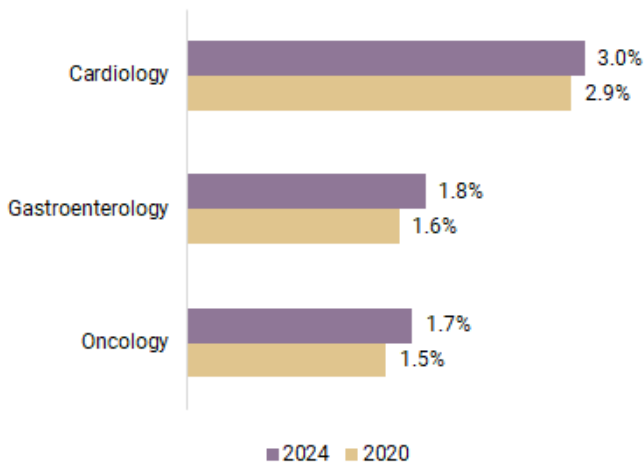
*PAs could select multiple branches of the armed forces, and 883 indicated they served in more than one branch.

Principal Clinical Position

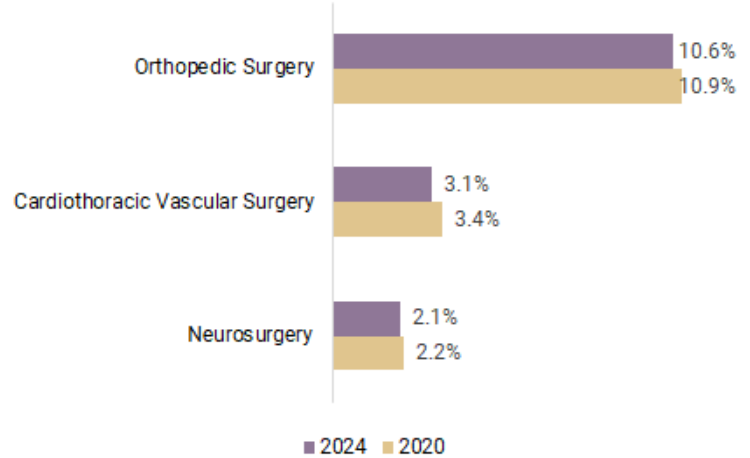
Top PA Practice Areas



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 2024, 10 specialties comprise close to three-quarters (**74.6%**) of PAs.

Principal Clinical Position

Number and Percent of PAs by Principal Clinical Position

Area of Practice*	2024 Number	2024 Percent	Percent Change 2020-2024**
Addiction medicine	735	0.5%	0.1%
Adolescent medicine	150	0.1%	0.0%
Anesthesiology	336	0.2%	-0.1%
Critical care medicine	2,753	2.0%	0.3%
Dermatology	5,959	4.4%	0.3%
Emergency medicine	14,129	10.5%	-1.9%
Family medicine/general practice	21,859	16.3%	-1.8%
Gynecology	496	0.4%	0.1%
Hospice and palliative medicine	269	0.2%	0.1%
Hospital medicine	4,756	3.5%	-0.1%
Internal medicine – general practice	5,208	3.9%	-0.5%
Internal medicine – subspecialties	13,460	10.0%	0.5%
Neurology	1,497	1.1%	0.2%
Obstetrics and gynecology	1,653	1.2%	0.0%
Occupational medicine	1,630	1.2%	-0.2%
Ophthalmology	168	0.1%	0.0%
Otolaryngology	1,524	1.1%	0.1%
Pain medicine	1,917	1.4%	0.0%
Pathology	15	<0.1%	0.0%
Pediatrics – general practice	2,366	1.8%	-0.1%
Pediatrics – subspecialties	1,904	1.4%	0.1%
Physical medicine/rehabilitation	739	0.5%	-0.1%
Preventive medicine/public health	191	0.1%	0.0%
Psychiatry	3,224	2.4%	0.6%
Radiation oncology	268	0.2%	0.0%
Radiology	588	0.4%	-0.3%
Radiology – interventional	757	0.6%	NA
Surgery – general	4,120	3.1%	0.1%
Surgery – subspecialties	24,908	18.5%	-0.2%
Urology	1,419	1.1%	0.1%
Other***	15,441	11.5%	1.7%
TOTAL	134,439	100.0%	NA

22.0% of PAs practiced in a primary care specialty in 2024. Primary care includes: family medicine/general practice, internal medicine-general and pediatrics-general. This is a decrease from 2020 when 24.4% 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 2020 to 2024

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

Number of PAs by Principal Clinical Practice Setting

Practice Setting	2024 Number	2024 Percent	Percent Change 2020-2024*
Hospital	56,665	42.3%	0.8%
Office-based private practice	48,810	36.4%	-1.3%
Urgent care	7,527	5.6%	0.5%
Federal government facility/hospital/unit**	6,072	4.5%	-0.6%
Community health center	3,752	2.8%	-0.1%
Other***	3,324	2.5%	1.3%
Rural health clinic	1,745	1.3%	-0.4%
School-based or college-based health center or school clinic	936	0.7%	-0.1%
Public or community health clinic (non-federally qualified)	915	0.7%	-0.1%
Extended care facility/nursing home	874	0.7%	0.0%
Behavioral/mental health facility	848	0.6%	0.0%
Occupational health setting	840	0.6%	-0.2%
Ambulatory surgical center	467	0.3%	0.0%
Rehabilitation facility	390	0.3%	0.0%
Home health care agency	273	0.2%	0.1%
Retail clinic	239	0.2%	0. %
Free clinic	184	0.1%	-0.1%
Locum tenens****	137	0.1%	NA
Hospice	12	<0.1%	0.0%

Most PAs work in a **hospital** or an **office-based private practice setting** (78.7%).

The mean number of hours worked per week for all PAs in their principal clinical position is **39.4 (median is 40)**. This is a slight decrease from 2020 when the mean was 40.1.

Throughout all practice settings, to 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 68. This is a decrease from 2020 when the mean was 71.

*Percent change reflects proportional change from 2020 to 2024

**4,478 PAs indicated they have a current military status of active duty, national guard, or reserve in 2024.

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

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

The estimated number of patients seen each week by all clinically practicing PAs is 11.4 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.

Number of Patients in Panels with PA as the Primary Provider

Number of Patients in Panel	Number of PAs	Percent
1 – 25	10,123	21.6%
26 – 50	6,299	13.5%
51 – 75	1,646	3.5%
76 – 100	5,597	12.0%
101 – 150	1,581	3.4%
151 – 200	2,972	6.3%
201 – 300	3,052	6.5%
301 – 400	1,552	3.3%
401 – 500	2,986	6.4%
Over 500	11,024	23.5%
Total	46,832	100.0%

35.3% (over 47,000) 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.

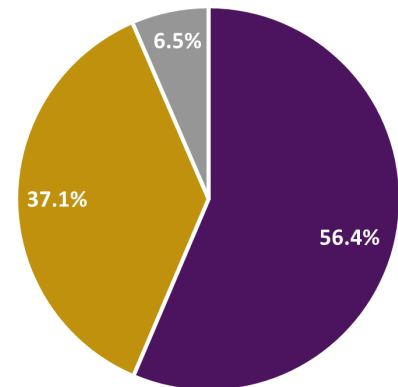
Hours per Week Participating in Telemedicine

Hours Participating in Telemedicine	2024 Percent	Percent Change 2020-2024*
10 – 19	11.3%	-1.9%
30 – 39	2.1%	-0.9%

*Percent change reflects proportional change from 2020 to 2024

In 2024, 43.5% of PAs participated in telemedicine in their practice compared to 20.7% in 2020.

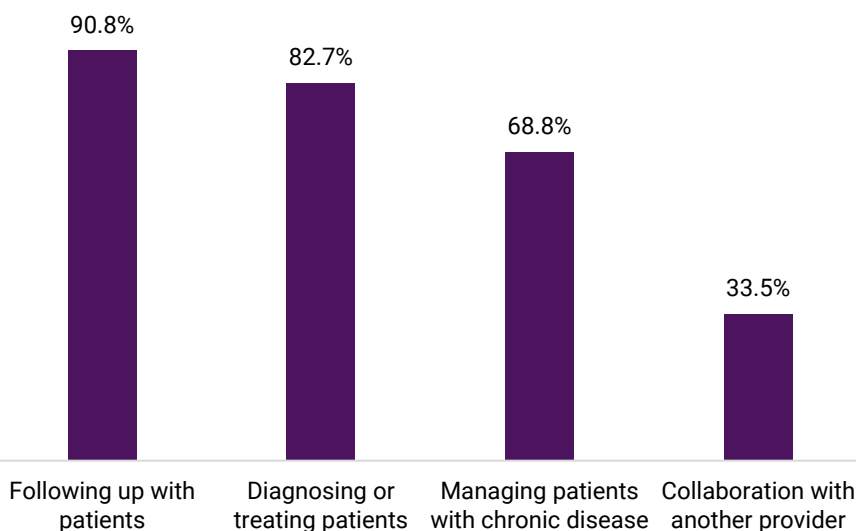
Practice or Institution Participates in Telemedicine Services*



■ Yes ■ No ■ Don't know

*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: 92.6%
- Remote patient monitoring: 19.6%
- Storing and forwarding data: 8.5%

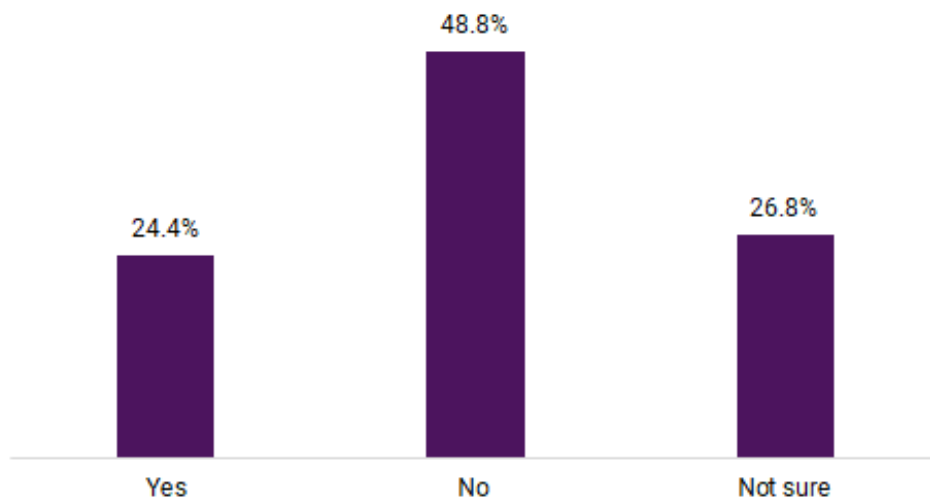
Providing Care to Underserved Populations

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.

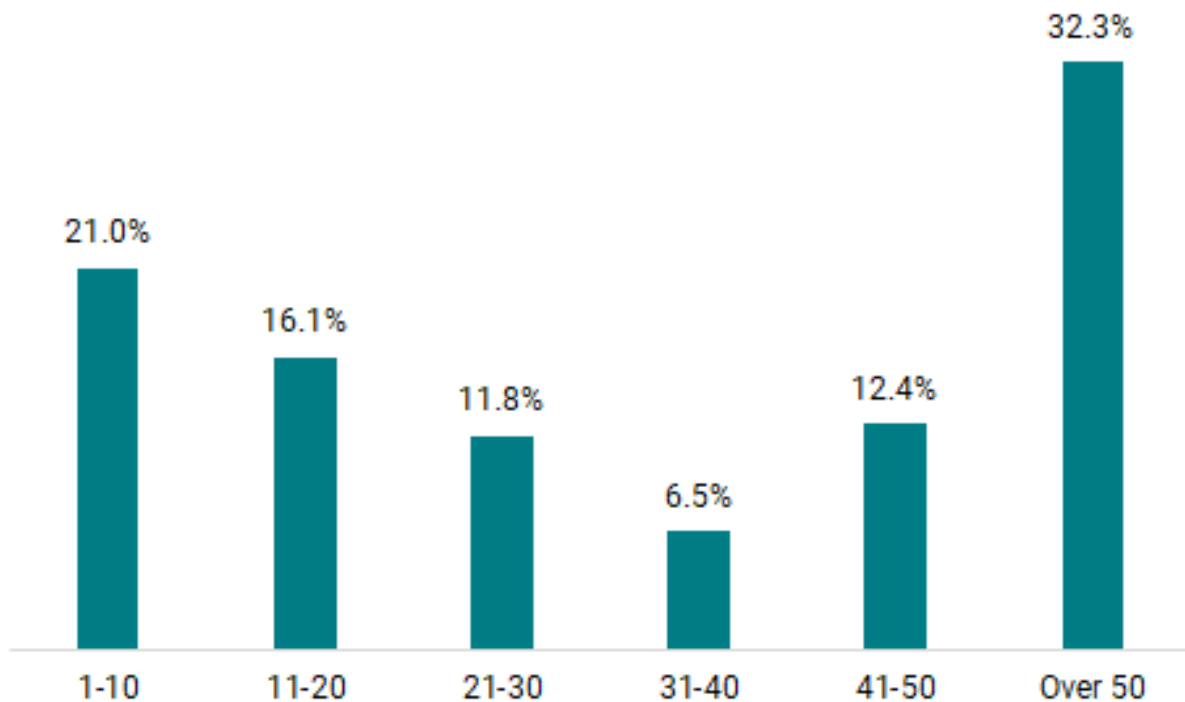
Health Professional Shortage Areas (HPSAs) refer to areas designated by HRSA as having insufficient numbers of primary medical care, dental or mental health and may be geographical (e.g., service area), population (e.g., qualify for Medicaid) or facilities (e.g., federally qualified health center).

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



24.4% of PAs provide care to patients in a designated HPSA or MUA/P.

Average Number of Prescriptions/Refills Written per Week



94.3% of clinically practicing PAs prescribe pharmacologic agents for patients. The median number of prescriptions written by PAs per week is 35.

Intentions for Leaving Clinical Position

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

2024	2020
8.8%	6.5%

Factors Influencing PAs Planning to Leave Principal Clinical Position

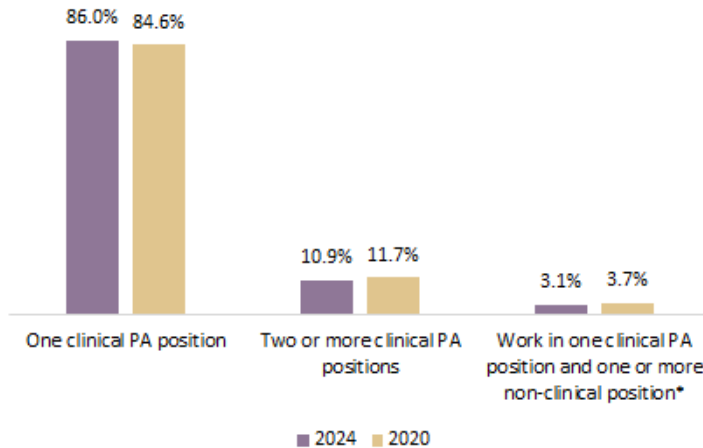
Factors selected as “very important”*	2024 Number	2024 Percent	Percent Change 2020-2024**
Seeking another clinical PA position	6,564	60.6%	-0.6%
Feelings of professional burnout	5,300	50.3%	16.1%
Insufficient wages given the workload and responsibilities involved	4,924	45.8%	8.8%
Work responsibilities would interfere with ability to care for family	3,355	31.6%	16.2%
Relocating to another geographic area	3,146	29.7%	-0.2%
Work is not professionally challenging or satisfying	2,520	23.8%	-2.4%
Plan to retire from active workforce	1,392	12.9%	0.9%
Other	1,379	25.5%	0.7%
Desire a non-clinical health-related position	922	8.7%	2.8%
Desire a position outside of health care	905	8.5%	3.6%
Want to pursue additional education	687	6.5%	-0.8%
Want to work in a health professional training program position	464	4.4%	-0.3%
My health does not allow me to continue working as a PA	335	3.2%	1.3%

*PAs could choose multiple factors

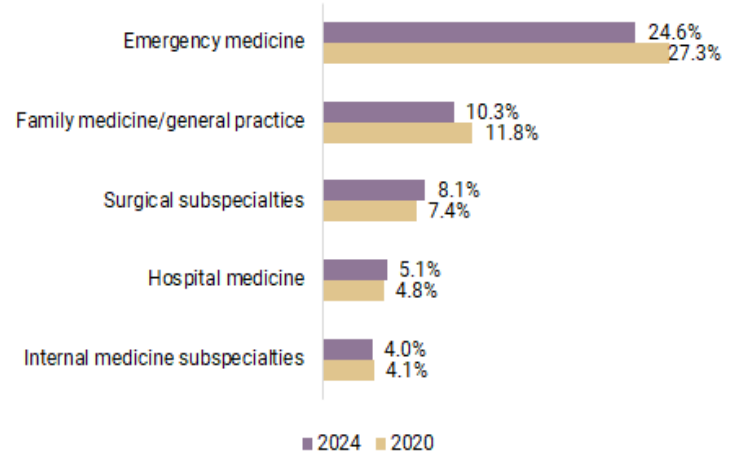
**Percent change reflects proportional change from 2020 to 2024

Distribution Working in More than One Position

Distribution of PAs Working in 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 2024, 14.3% of PAs who were working in more than one clinical position were working in a primary care position in their secondary position, compared to 16.3% in 2020.

Reasons PAs are Employed in More Than One Clinical Position

Reasons Chosen*	2024	Percent Change 2020-2024**
Supplement earnings from principal clinical position	47.6%	2.7%
Enjoy working in a variety of clinical settings	24.6%	-2.0%
To gain experience in a different aspect of clinical care	17.5%	-1.0%
Other (e.g., financial, military service, gain experience, etc.)	8.6%	0.3%
Was not offered full-time work in my principal clinical PA position	1.8%	0.0%

*PAs could select multiple reasons

**Percent change reflects proportional change from 2020 to 2024

Non-Clinical Secondary Position

Non-Clinical Position in Addition to Clinical PA Position

Non-Clinical Position	Percent*
Faculty	9.0%
Medical administration	26.7%
Consulting	15.1%
Speaking	13.7%
Clinical trial research	6.1%
Expert witness	4.6%
Other**	48.8%

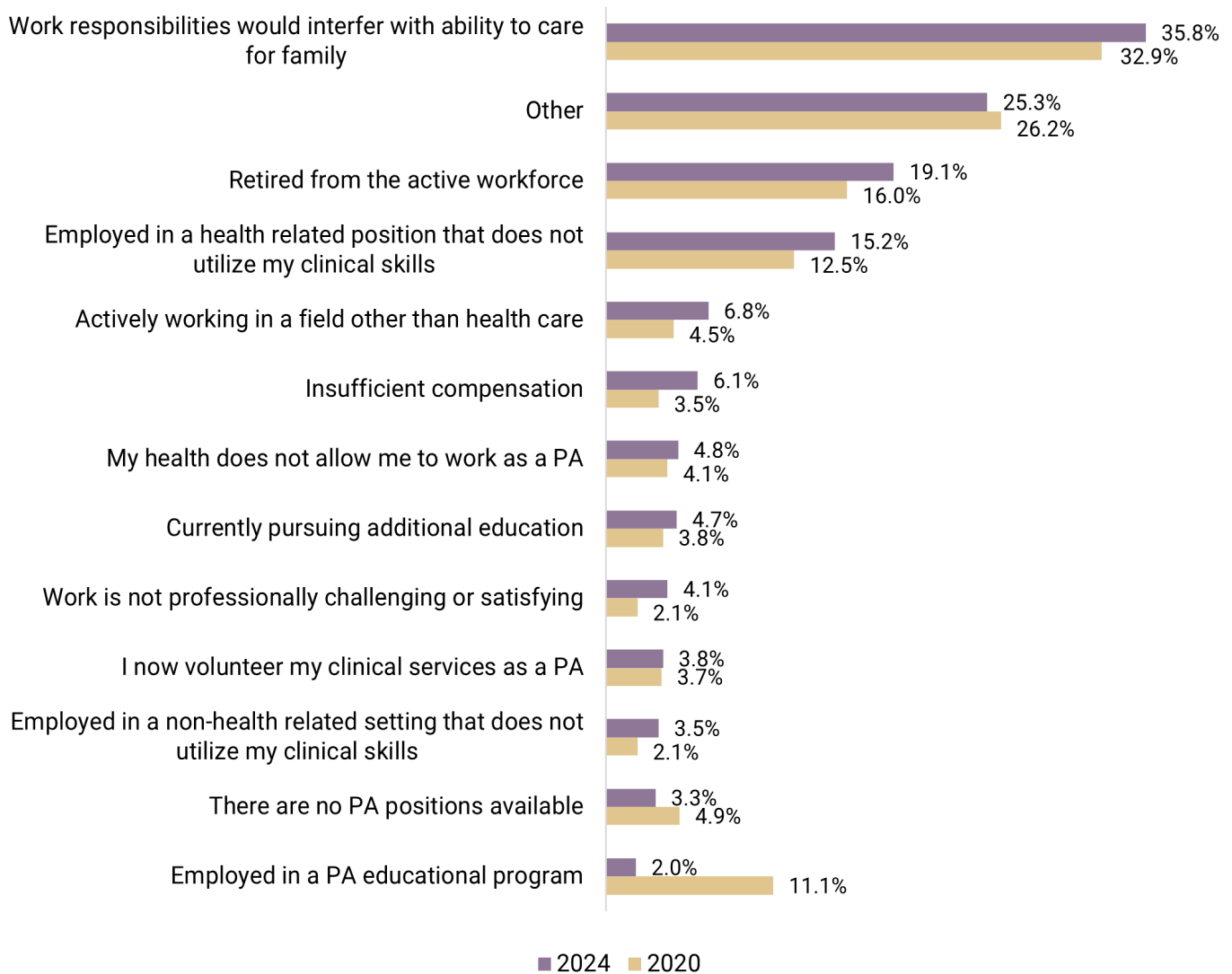
Note: PAs were able to choose more than one secondary non-clinical position.

*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 assessments, quality improvement/control, medical research, IT/medical informatics

PAs 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 2024, **93.8%** of PAs indicated they were practicing clinically (94.8% in 2020).

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

“Other” reasons PAs are not clinically practicing includes: spouse's job, burnout, own or partner in a practice, leadership, military, or administrative job

Job Satisfaction

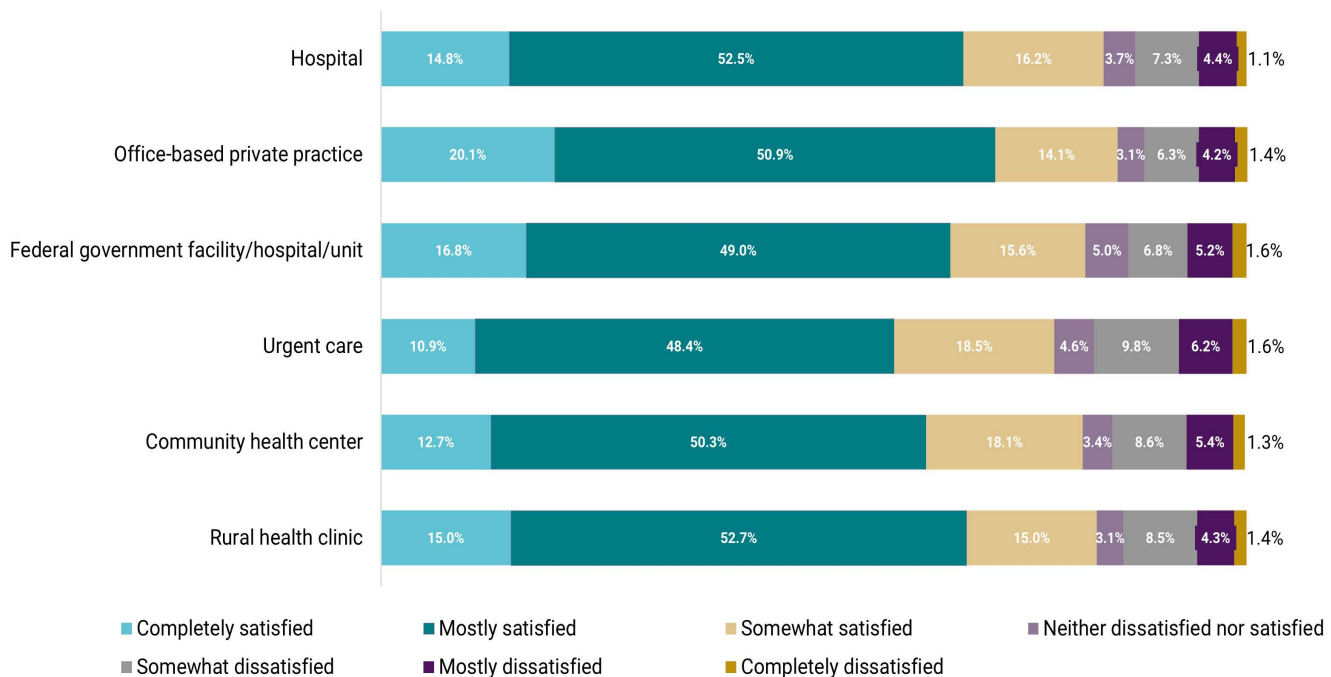
Job Satisfaction

Areas of Job Satisfaction	Percent Satisfied*
Present job	83.6%
Career as a PA	87.1%
Number of hours worked	78.4%
Work-life balance	72.8%
Income	75.5%
Benefits	73.0%
Geographical location of principal position	82.9%
Employer	75.3%

*Satisfied includes responses of “completely satisfied,” “mostly satisfied,” and “somewhat satisfied”

87.1% of all PAs indicated they are satisfied with their career as a PA.

Satisfaction with Present Job by Top Practice Settings**

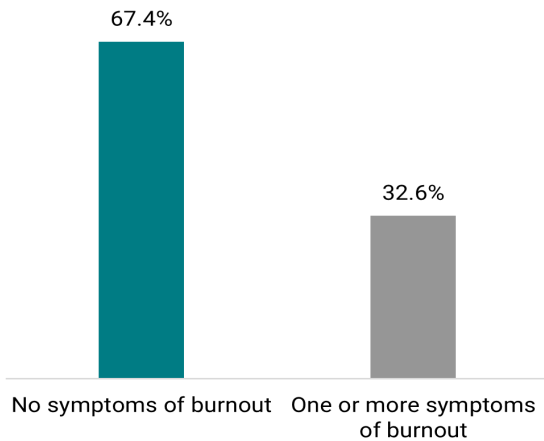


**Practice settings with greatest number of PAs in 2024

PAs working in office-based private practice reported the highest satisfaction with their career as a PA, with **85.1%** indicating they are satisfied.

PAs working in urgent care as their principal position reported the highest dissatisfied level at **17.6%**, but most (**77.8%**) were satisfied.

Feelings of Burnout



Level of Burnout

Burnout Scale^{1,2}

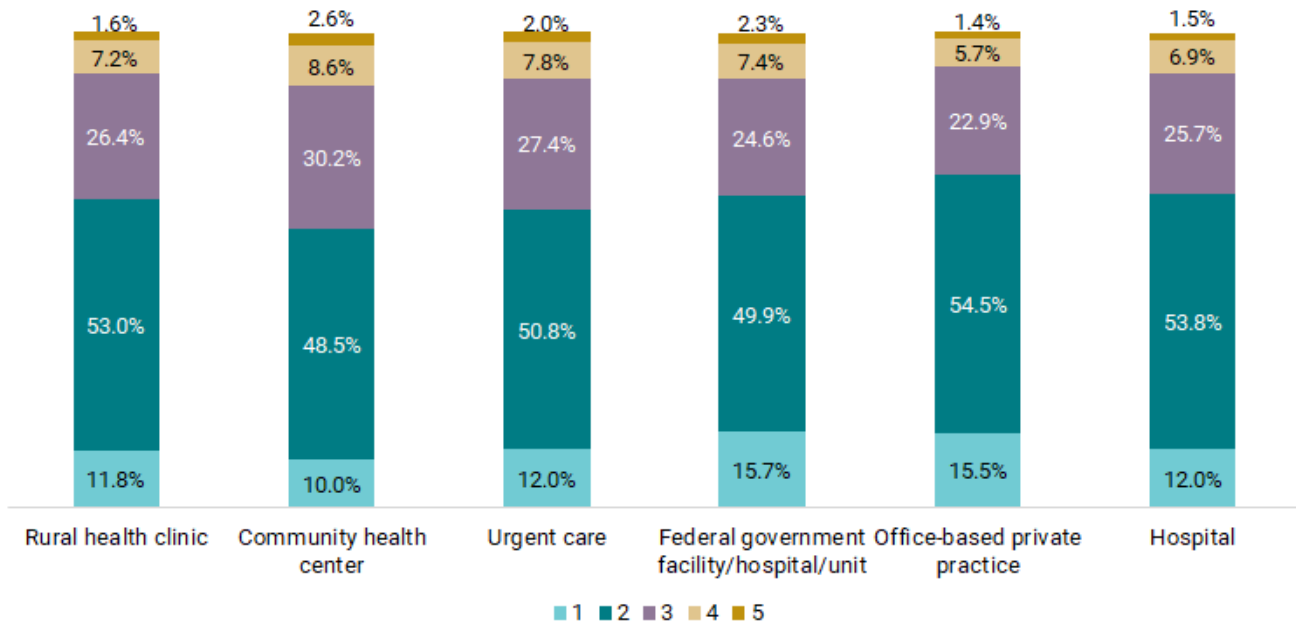
	Percent
1= I enjoy my work; I have no symptoms of burnout.	13.9%
2= Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.	53.5%
3= I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.	24.5%
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.	1.6%

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.

PAs were asked to rate their level of burnout based on their own definition of burnout. The median burnout score was 2.0. Overall, 32.6% of PAs feel some level of burnout.

Level of Burnout by Top Practice Settings*



*Principal position practice settings with the greatest number of PAs in 2024

Of the six largest practice settings, PAs working in community health centers reported experiencing the highest percentage of some level of burnout (**41.5%**), while office-based private practice PAs reported the lowest burnout (**30.0%**).

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	5.2%
Physician(s)	93.6%
Other PAs	81.1%
Advanced practice nurse(s) (i.e., nurse practitioners, nurse midwives, etc.)	72.6%
Registered nurse(s)	67.7%
Other levels of nurses (LPN, CAN)	42.1%
Mental health provider(s) (i.e., social workers, psychologists, etc.)	41.6%
Dentists or dental hygienists	6.1%
Pharmacists	41.8%
Radiology technicians	38.7%
Physical therapists	25.2%
Occupational therapists	19.9%
Speech therapists	14.6%

*PAs could select multiple health professionals

99.1% of clinically practicing PAs indicated that they work with other health professionals in their principal clinical position.

Total Income in Last Calendar Year from PA Positions

Income Range	2024	Percent Change from 2020-2024*
Less than or equal to \$60,000	3.9%	-0.9%
\$60,001-\$70,000	1.5%	-0.4%
\$70,001-\$80,000	2.0%	-1.0%
\$80,001-\$90,000	3.4%	-3.6%
\$90,001-\$100,000	6.7%	-6.6%
\$100,001-\$110,000	12.1%	-5.2%
\$110,001-\$120,000	13.6%	-1.3%
\$120,001-\$130,000	13.8%	2.4%
\$130,001-\$140,000	10.5%	2.9%
\$140,001-\$150,000	8.6%	3.3%
\$150,001-\$160,000	6.3%	2.6%
\$160,001-\$170,000	4.3%	2.0%
\$170,001-\$180,000	3.3%	1.5%
\$180,001-\$190,000	2.3%	1.0%
\$190,001-\$200,000	2.2%	1.1%
More than \$200,000	5.7%	2.7%

*Percent change reflects proportional change from 2020 to 2024

Mean and Median Income

	2024	2020
Mean	\$129,291	\$115,470
Median	\$125,000	\$115,000

The average total income for PAs increased by **12.0%** between 2020 and 2024.

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

The percentage of PAs earning more than \$200,000 has increased by **2.7%** between 2020 and 2024.

Income by Years Practicing

Income by Years Working as a PA

Years Working	Income								
	<\$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	4.1%	2.7%	13.6%	45.4%	25.0%	6.4%	1.3%	0.8%	0.5%
2 – 3 years	3.3%	2.9%	15.2%	40.6%	24.4%	8.6%	2.9%	1.1%	0.9%
4 – 5 years	2.1%	2.0%	13.0%	36.9%	26.2%	11.4%	4.3%	2.0%	2.1%
6 – 10 years	2.1%	2.4%	10.4%	28.5%	27.6%	14.6%	6.9%	3.6%	3.9%
11 – 15 years	4.2%	3.9%	9.0%	21.4%	24.6%	16.9%	8.8%	5.0%	6.2%
16 – 20 years	5.0%	4.7%	8.6%	19.2%	22.4%	17.0%	9.3%	5.8%	8.0%
Over 20 years	6.2%	4.5%	7.8%	16.9%	20.4%	17.2%	10.1%	7.1%	9.9%

Mean and Median Income by Years Working

Years Working	Mean	Median
Up to 1 year	\$112,544	\$115,000
2 – 3 years	\$115,299	\$115,000
4 – 5 years	\$121,355	\$115,000
6 – 10 years	\$128,224	\$125,000
11 – 15 years	\$131,787	\$125,000
16 – 20 years	\$133,757	\$135,000
Over 20 years	\$136,446	\$135,000

Changed Specialties During Career

Number of Times PAs Changed Specialties*

Changed Specialties	Percent
Have not changed specialties	46.6%
1 time	23.0%
2 – 3 times	22.8%
4 – 5 times	6.0%
6 – 10 times	1.5%
11 or more times	0.1%

***53.4%** of PAs indicated they have changed specialties at least once during their career as a PA.

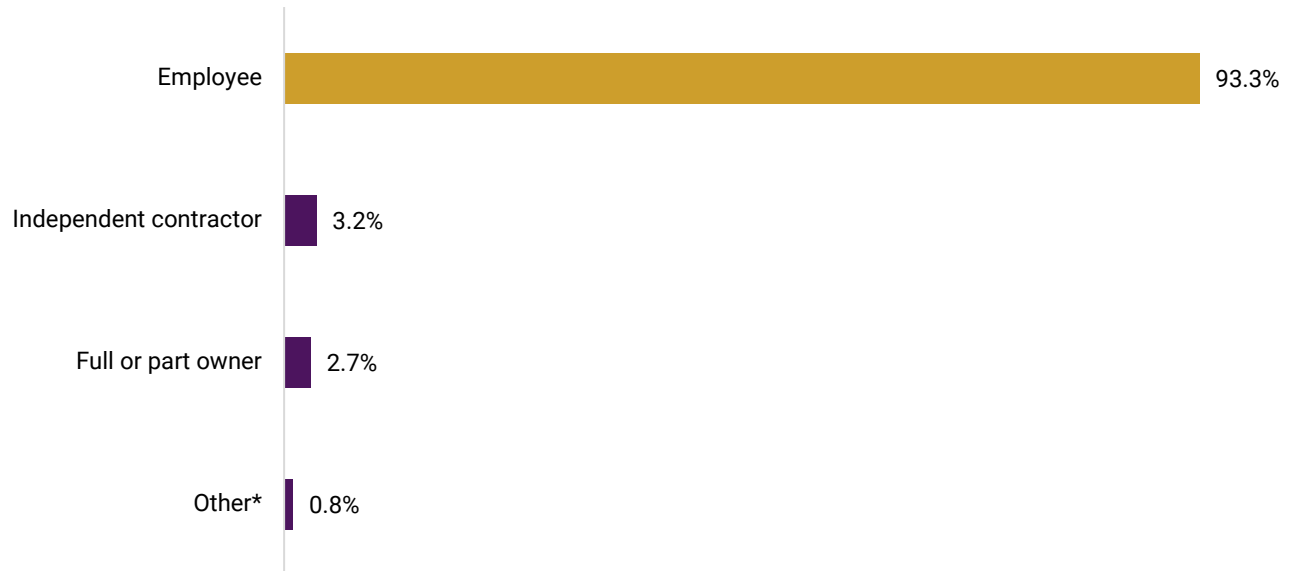
The mean number of times PAs changed specialties is 1.2 and median is 1.0.

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	94.7%	4.2%	1.0%	0.1%	0.0%	0.0%
2 – 3 years	82.3%	13.8%	3.8%	0.1%	<0.1%	0.0%
4 – 5 years	62.0%	26.5%	11.0%	0.4%	<0.1%	<0.0%
6 – 10 years	51.0%	27.6%	19.3%	1.9%	0.1%	<0.1%
Over 10 years	33.5%	22.5%	30.8%	10.2%	2.8%	0.2%

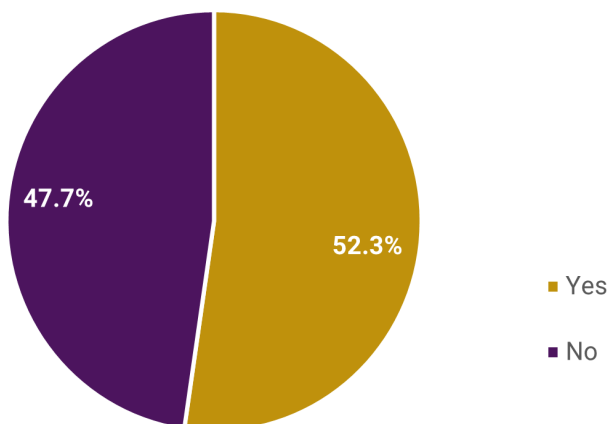
Employment and Working After Hours

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	26.2%	55.4%	3.1%	15.4%
Clinical opportunities available	24.9%	50.9%	12.7%	11.5%
Quality of working conditions	12.9%	47.0%	33.3%	6.8%

Total Educational Debt

Current Total Educational Debt from All Undergraduate and Graduate Programs

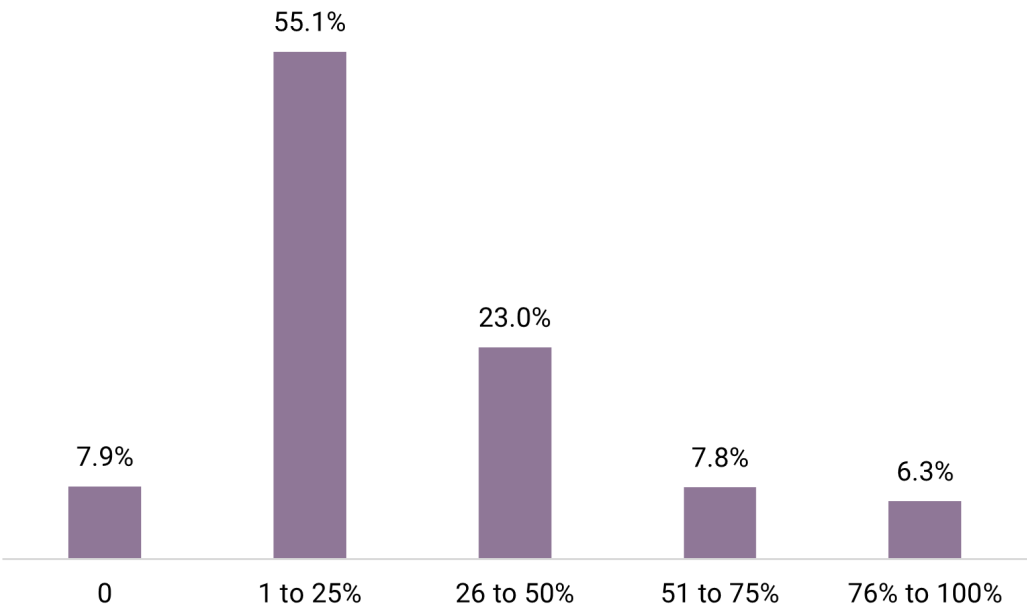
Educational Debt	Percent
No educational debt	43.1%
Less than \$25,000	5.3%
\$25,000 - \$49,999	5.1%
\$50,000 - \$74,999	5.3%
\$75,000 - \$99,999	5.8%
\$100,000 - \$124,999	6.8%
\$125,000 - \$149,999	6.8%
\$150,000 - \$199,999	9.8%
\$200,000 or more	6.7%
Not sure	1.0%
Prefer not to answer	4.2%

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%	31.7%	18.5%	5.7%	5.2%	5.9%
How often do you screen patients for mental health disorders in your practice?	33.1%	15.9%	9.4%	4.6%	7.9%	29.1%
How often do you diagnose mental health disorders in patients in your practice?	13.2%	17.3%	14.1%	5.4%	8.2%	41.8%
How often do you initiate treatment for patients with mental disorders in your practice?	11.4%	16.4%	14.4%	6.0%	7.7%	44.1%
How often do you implement treatment maintenance for patients with mental disorders in your practice?	14.8%	15.3%	11.5%	4.7%	6.8%	47.0%
How often do you make referrals for patients with mental disorders in your practice?	11.2%	23.9%	23.7%	11.8%	11.4%	18.1%

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

Proportion of Patients Who Need Treatment for Mental Health Disorders



The mean proportion was 26.7% and the median was 20.0%.

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

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 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
- Specialty Supplement Report on Secondary Specialty

Please cite this report as follows:

National Commission on Certification of Physician Assistants, Inc. (2025, April). 2024 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 45 C.F.R. §46.101(b).

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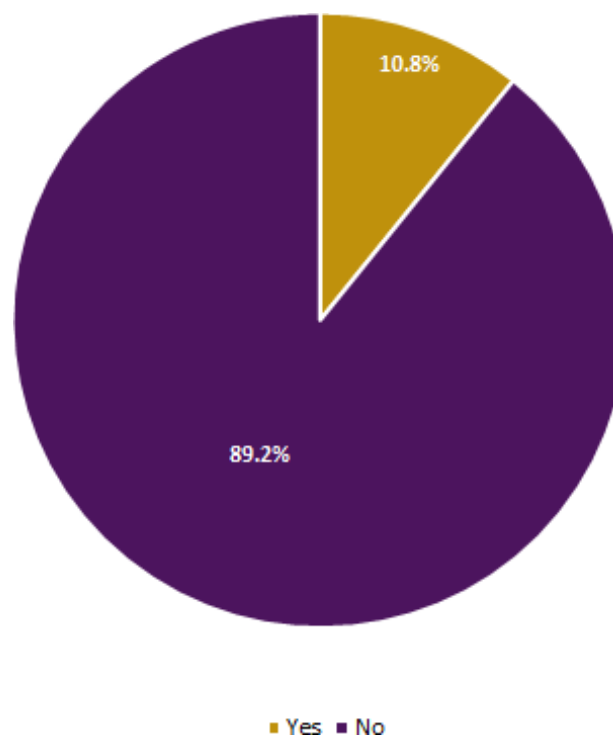
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Appendix

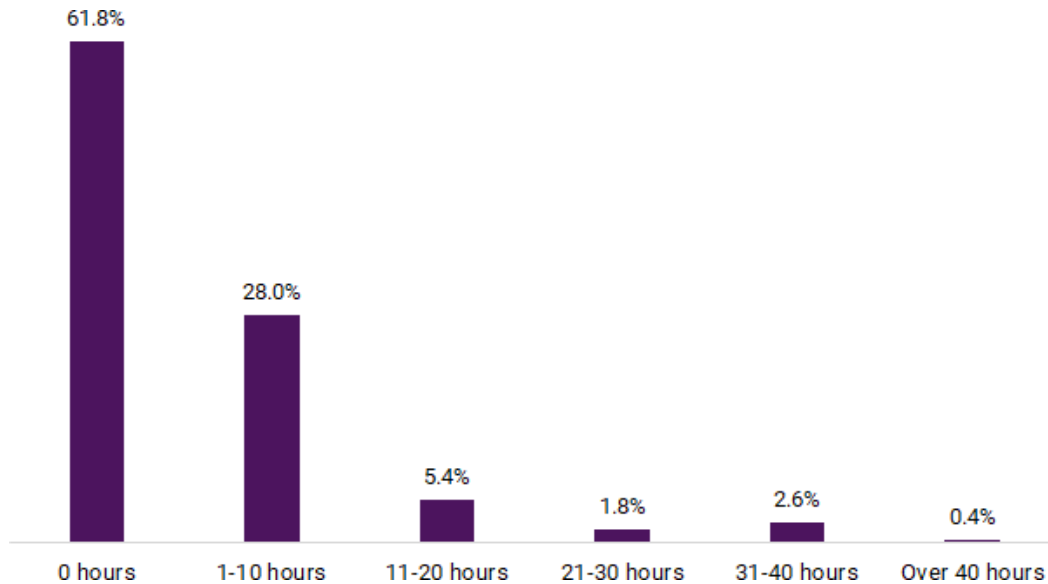
PAs Who Have Participated in International Medical Work



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.

Hours Precepting

Number of Hours Spent Precepting Per Week



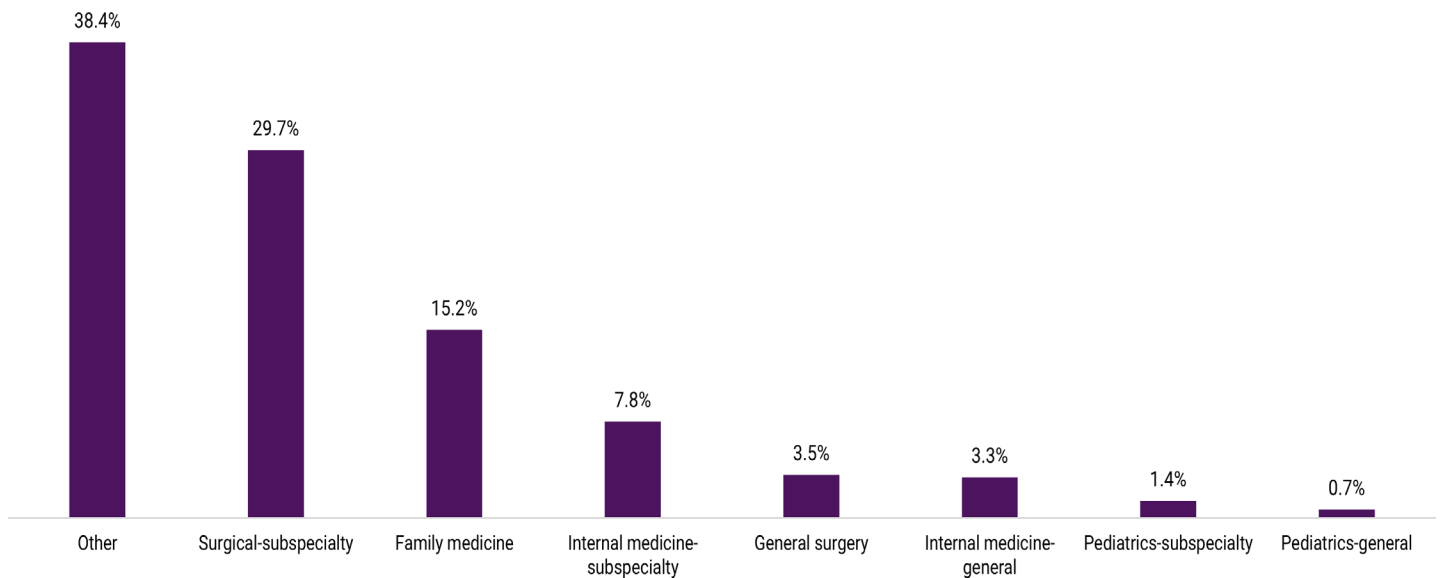
PAs reported precepting an average of 3.9 hours per week.

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

Educational Debt Influence

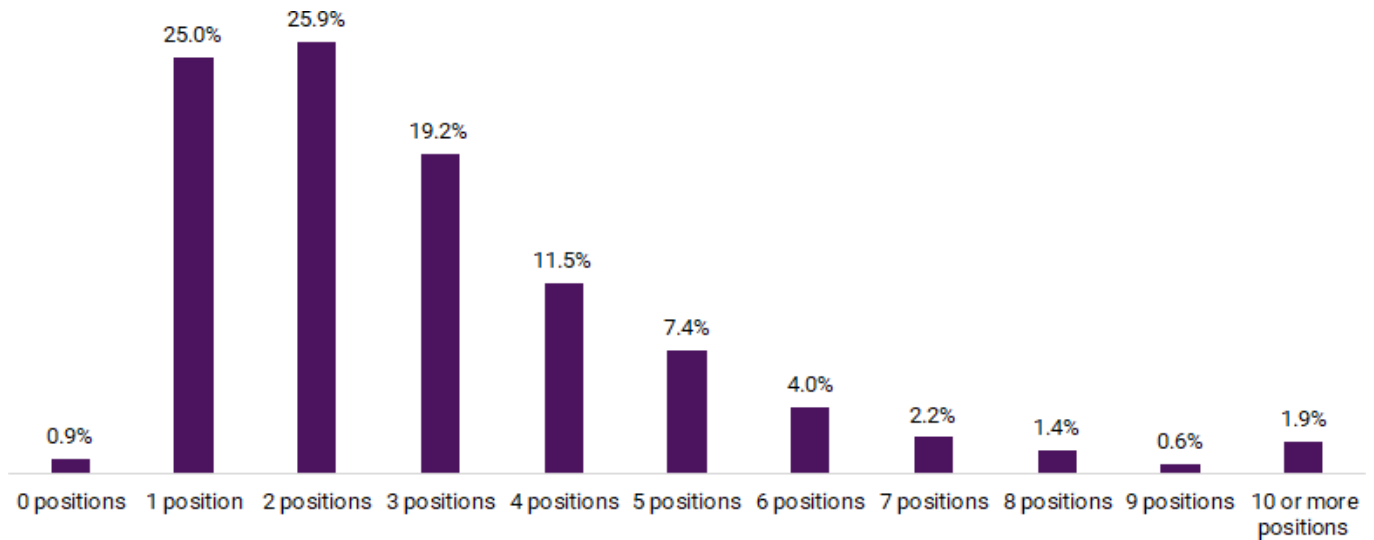
15.6% of PAs indicated their level of educational debt influenced their decision as to which specialty to practice in

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



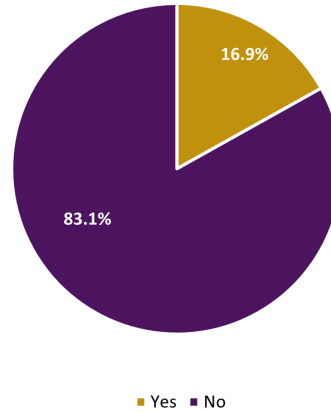
Number of PA Positions

Number of Clinical PA Positions Since Starting Career as a PA

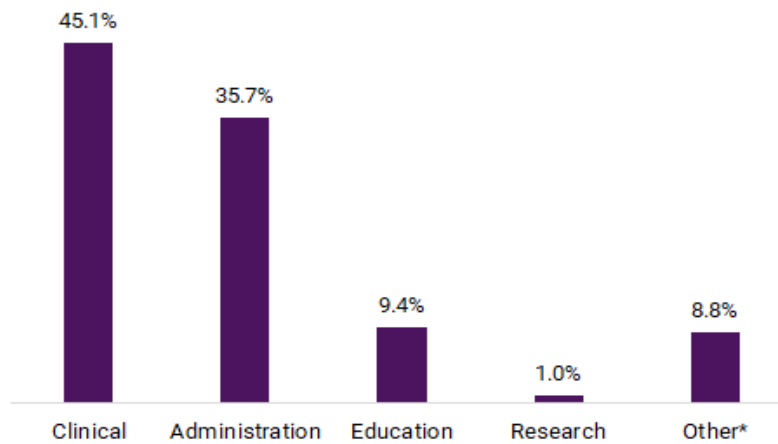


Mean	Median
3.0	2.0

Percent who Hold Leadership Position in Current Principal Employment Setting

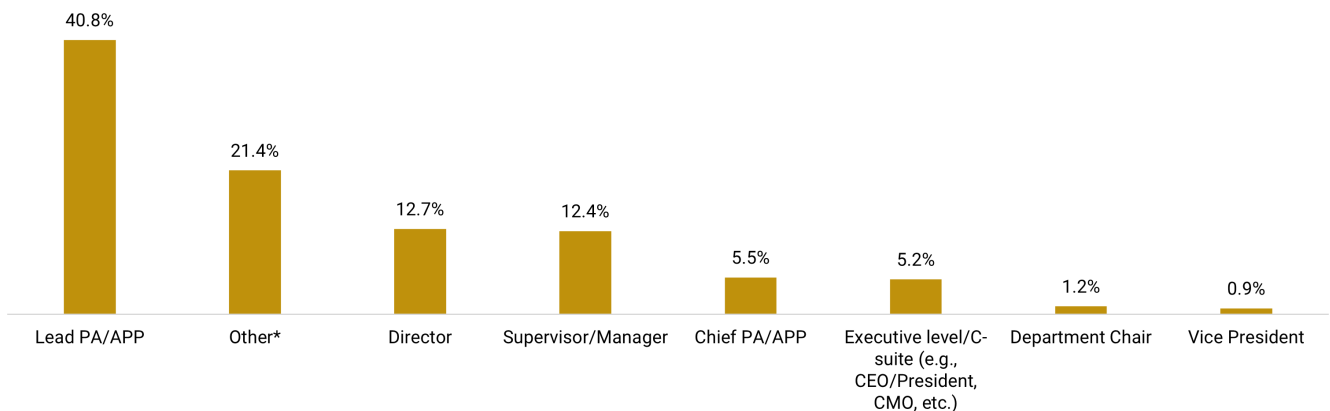


Leadership Area in Principal Employment Setting



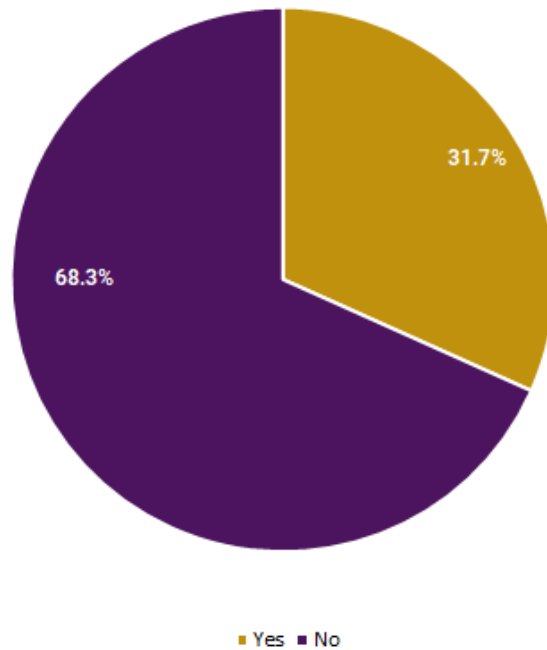
*Other areas: committee member, managing partner, quality improvement

Title of Leadership Position Held in Principal Employment Setting



*Other titles: advanced practice coordinator, flight commander, 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