Twenty-Ninth Report

Physician Assistant Educational Programs in the United States

2012 - 2013



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TWENTY-NINTH REPORT, 2012-2013
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Introduction

Physician Assistant Education Association

Founded in 1972, the Physician Assistant Education Association (PAEA), formerly known as the Association of Physician Assistant Programs (APAP), is the only national organization representing physician assistant (PA) educational programs in the United States. At the time of the 2013 Program Survey administration in July 2013, PAEA represented 171 member programs. As of August 2014, there were 187 accredited PA programs, all of which were members of PAEA. For more information about PAEA, its products, and services, visit www.PAEAonline.org.

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Methods

The Survey Instrument

The survey consisted of seven sections:

General Information: Includes geographic location of programs, credentials awarded, year first class enrolled, program length, and program start and end months.

Financial Information: Includes program budget sources, expense areas, tuition and fees, incidental costs for students, and financial aid information.

Program Personnel: Includes faculty teaching load, core faculty and support staff full-time equivalent (FTE), and barriers to hiring new faculty.

Matriculants: Includes demographic and academic information about enrolled students.

2013 Cohort: Includes information about student graduation, attrition and deceleration, and characteristics of recent graduates.

Community Health Centers (CHCs): Includes information about program affiliations with CHCs and student placements at CHCs. These data are not included in this report.

Employee Profile: Includes demographic and professional characteristics, salaries, clinical work, turnover, and tenure tracks for faculty and staff.

All sections of the survey reflect the 2012–2013 academic year, except those relating to financial information. The financial information is based on the 2012–2013 fiscal year, as defined by each program.

Unless otherwise indicated, the survey covers the professional phase of the program. The "professional phase" is defined as the portion of a PA student's education that is conducted in an educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA); this is typically about two years in length (one year of classroom and laboratory instruction followed by one year of clinical rotations). Students in "pre-PA programs" or the first three years of 3+2 or similar programs were not considered to be in the professional phase.

Survey Administration and Enhancements

The online 2013 Program Survey was sent to 171 member PA program directors on July 17, 2013. PAEA Research Department staff sent email reminders to non-respondents via Qualtrics survey software and conducted follow-up calls between August and November 2013 until all 171 member PA programs had completed the survey. The survey closed in November 2013. The survey yielded an overall response rate of 100% based on the 171 respondents; however, the response rate is lower for some items.

There were numerous enhancements made to the 2013 Program Survey. This was the first year that graduate data were collected using a cohort system. By continuing to collect all student data by cohort, total enrollment, deceleration, and withdrawal, data will be more accurate and easier to track. This will enable more accurate projections of future enrollment and graduation rates. Based on feedback from the 28th Annual Report, more granular data (e.g., salary data) are reported. Additionally, high-resolution images are available online for all tables and figures that were included in the 28th Annual Report for faculty to use in presentations. Images for the 29th Report will be forthcoming on the PAEA website.

Data Editing and Analysis

Responses to multiple-choice questions were checked for logical consistency. Responses were examined for extreme values and possible errors. In cases of obvious misinterpretations or inconsistencies in the responses to specific items, respondents were contacted for clarification. Responses that fell outside of reasonable parameters were not included in the analyses. The number of responses to individual survey items varied slightly. The tables and figures presented in this report display aggregate data from the respondents. All data are reported for PAEA member programs only. Program personnel and student data included in this report are reported by the PA program and are not always completely accurate or reported; thus, yearly fluctuations in the data do occur. If there is a substantial change in faculty salary or student data in a particular year, waiting for the following year's report before taking any permanent actions is recommended, in order to identify if the change was unique to that year (due to response rate, random fluctuation, or a continuing trend).

IHS Global, Inc., consultants Timothy Dall, Michael Storm, and Will Lacobucci assisted with the data cleaning, data analysis, and creation of tables and figures. In general, analyses of the data consisted of producing descriptive statistics on the variables of interest (i.e., percentage, arithmetic mean (M), median (Mdn), standard deviation (SD), range of values, and percentiles). Data were not reported or replaced with "NR" when there were fewer than five values in a category for sensitive data fields (e.g., salary, gender, and race). For some tables and figures, percentages will not equal 100% due to rounding or when multiple responses were allowed.

Acknowledgements

PAEA acknowledges the Research Council, its past chair, Meredith Davison, PhD, MPH, and its current chair, Richard Dehn, MPA, PA-C, for their review and guidance. The PAEA Research Department staff were responsible for the development and administration of the survey, as well as the preparation of this report.

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Definitions

Academic health center: As defined by the Association of Academic Health Centers, an academic health center "consists of an allopathic or osteopathic medical school, one or more other health profession schools or programs (such as allied health, dentistry, graduate studies, nursing, pharmacy, public health, veterinary medicine), and one or more owned or affiliated teaching hospitals, health systems, or other organized health care services."

Academic year: As noted in later sections, there is variability in program length and the beginning month for each cohort in physician assistant educational programs. Classes matriculate and graduate in nearly every month of the calendar year. For the purpose of this report, programs were asked to use 2012–2013 as the parameter for determining the academic year. For example, a program that begins in July would use July 2012 through August 2013.

Cohort: The cohort, or class, is defined as all students who entered into the PA program expecting to graduate on time in 2013, regardless of their eventual graduation status.

Core faculty: The program director, all additional faculty employed at 0.5 FTE or higher, and the medical director, who are supervised by the program director.

Decelerated students: Students who do not advance to graduation with the same class with which they matriculated.

Fiscal year: Programs were asked to use the prior fiscal year (i.e., 2011–2012) used by their institution. Typically, a fiscal year would be July 1 – June 30, but some institutions use a calendar year (January 1 – December 31) or federal fiscal year (October 1 – September 30).

Health care experience: Includes health care-related experience and direct patient contact experience.

Health care-related experience: Health care experience in which the student's primary responsibilities did not call for direct contact with patients but did involve indirect patient care (e.g., lab technician, front office worker, hospital personnel, research associate).

Hispanic: Hispanic is an abbreviation for Hispanic, Latino, or Spanish in origin.

Maximum capacity: Maximum number of students that could potentially be enrolled in a program for each admission cycle that is set by the sponsoring institution and approved by the ARC-PA.

Non-Hispanic: Non-Hispanic is an abbreviation for not Hispanic, Latino, or Spanish in origin.

Patient contact experience: Health care experience in which the student's primary responsibilities called for patient contact (e.g., nurse, EMT, corpsman /medic, nurse's aide, medical assistant).

Professional phase: Refers to the portion of a PA student's education that is conducted in an educational program accredited by the ARC-PA. This is typically about two years in length (one year of classroom and laboratory instruction, followed by one year of clinical rotations). Students in "pre-PA programs" or the first three years of a 3+2 or first four years of a 4+2 program are not considered to be in the professional phase.

U.S. Census Bureau Regions: The 50 states and the District of Columbia are divided into four regions, as shown below. The U.S. Census Bureau does not consider the Virgin Islands, Puerto Rico, and other U.S. territories in their geographic divisions.

Region 1. Northeast: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, New Jersey, New York, and Pennsylvania

Region 2. Midwest: Indiana, Illinois, Michigan, Ohio, Wisconsin, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota

Region 3. South: Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia, Alabama, Kentucky, Mississippi, Tennessee, Arkansas, Louisiana, Oklahoma, and Texas

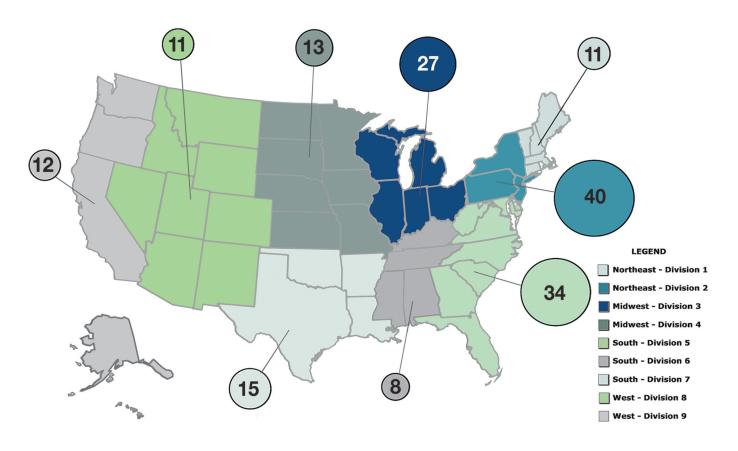
Region 4. West: Arizona, Colorado, Idaho, New Mexico, Montana, Utah, Nevada, Wyoming, Alaska, California, Hawaii, Oregon, and Washington

Section 1. General Information

Geographic Location of PA Programs

At the time of the 2013 Program Survey administration in July 2013, PAEA represented 171 member programs. **Figure 1** shows the geographic location of PA programs as determined by their U.S. Census Bureau regions.

Figure 1. Geographic Distribution of PA Programs by U.S. Census Bureau Regions



Note: The U.S. Census Bureau does not consider the Virgin Islands, Puerto Rico, and other U.S. territories in their geographic divisions.

Characteristics of Sponsoring Institutions

Over half (63.7%) of the responding programs indicated that their sponsoring institutions are private (53.2% private, non-profit, and 10.5% private, for-profit). Only 35.7% of programs are at public institutions, and there is one military program. Of the 171 programs that responded, 34.5% indicated that their sponsoring institution is an academic health center (AHC). Sixty-eight percent of responding programs are located in a college or school of allied health, health professions, or health sciences. Seventeen percent of responding programs are located in a school of medicine, followed by 6.5% in a science department or college of arts and sciences, 3.0% in a college of graduate and/or professional studies, 2.4% in a department of PA studies or PA program, and 3.0% in some other administrative housing.

Credentials Awarded

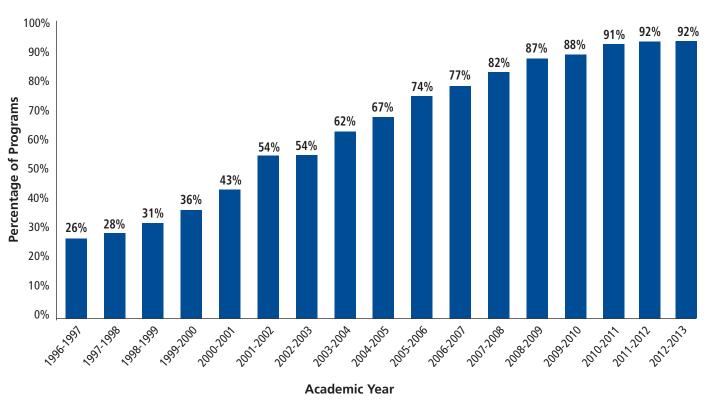
Of the 171 responding programs, only 2.3% had a change in credentials from the previous academic year (2011-2012). The majority of PA programs (92.4%) offer a master's degree as the primary or highest credential (see **Table 1**). Five programs offer a certificate. **Figure 2** demonstrates the rapid growth of the master's degree as the highest degree awarded.

Table 1. Primary or Highest Credential Awarded by PA Programs

Credential	n	%
Master's Degree	158	92.4%
Baccalaureate Degree	6	3.5%
Certificate of Completion	5	2.9%
Associate's Degree	2	1.2%
Total	171	100.0%

Note: Missing data were entered by PAEA after contacting programs for the information, in order to achieve a 100% response rate.

Figure 2. Growth of Master's Degree as Highest Degree Awarded by PA Programs, 1997–2013



Note: Missing data were entered by PAEA after contacting programs for the information, in order to achieve a 100% response rate.

Table 2 outlines credentials awarded by PA programs. Some programs may offer more than one credential.

Table 2. Credentials Awarded by PA Programs

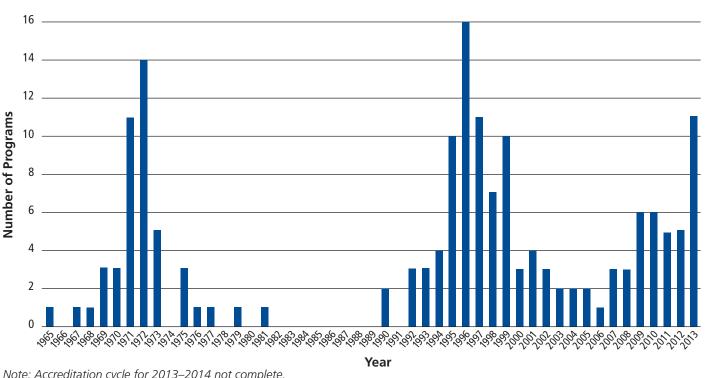
Credential Category	Туре	n (Programs)	%
Baccalaureate Degree	Bachelor of Science (BS)	4	1.9%
	Bachelor of Science in Physician Assistant (BSPA)/Bachelor of Science in Physician	2	0.9%
	Assistant Studies (BSPAS)/Bachelor of Physician Assistant Studies (BPAS)/Bachelor of Physician Assistant (BPA)		
	Other Bachelor's Degree	5	2.4%
Master's Degree	Master of Science (MS)	29	13.7%
	Master of Physician Assistant Studies (MPAS)/Master of Science in	93	43.9%
	Physician Assistant Studies (MSPAS)/Master of Physician Assistant Practice		
	(MPAP)/Master of Physician Assistant (MPA)		
	Master of Health Science (MHS)/Master of Science in Health Science (MSHS)	12	5.7%
	Master of Medical Science (MMS/MMSc)/Master of Science in Medicine (MSM)	23	10.8%
	Other Master's Degree	5	2.4%
Other	Certificate of Completion	19	9.0%
	Associate's Degree	2	0.9%
	Bachelor's Degree and Master's Degree (Accelerated program)	9	4.2%
	Master's Degree plus MPH	6	2.8%
	Associate's Degree and Master's Degree	2	0.9%
	Other	1	0.5%

Note: Missing data were entered by PAEA after contacting programs or visiting their web sites for the information, in order to achieve a 100% response rate.

Year First Class Enrolled

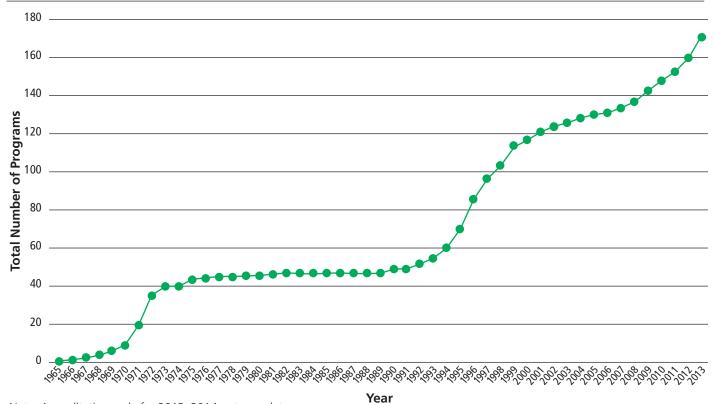
Figure 3a shows the number of programs enrolling their first classes in each academic year since the first PA program enrolled students in 1965. Last year, PAEA contacted all programs to verify these data to ensure stable data are reported accurately moving forward. **Figure 3b** displays the cumulative total number of PA programs since 1965. Both figures indicate a burst of programs that enrolled their first-year classes between 1970-1973 and 1995-2000. It appears that the profession is in the middle of another period of rapid growth, given the upward trend of programs that have enrolled their first-year classes since 2009.

Figure 3a. PA Programs by Year First Class Enrolled



Note: Accreditation cycle for 2013–2014 not complete.

Figure 3b. Cumulative Total Number of PA Programs Since 1965



Note: Accreditation cycle for 2013–2014 not complete.

Program Length

Program length was measured for the professional phase only; thus, calculations do not include the preprofessional phase. **Figure 4** shows that the average program length was 26.4 months, or 114.5 weeks, for all responding programs (n = 154). This number does not include vacation. The "vacation" category in 2010-2011 was included; thus, subtle fluctuations in the average total PA program length might have occurred. Approximately 64% of programs reported a program length between 24 and 30 months in the 2012-2013 academic year. The shortest program length was 21 months, and the longest program length was 36 months.

The average length of didactic training was 58.8 weeks (SD = 12.57, Mdn = 56), and the average length of clinical training was 54.1 weeks (SD = 9.50, Mdn = 52). The average length of vacation was 10.1 weeks (SD = 6.17, Mdn = 9). The average total program length, including vacation, was 124.5 weeks (SD = 15.48, Mdn = 123), or 28.8 months.

Sixty-nine percent of programs offered clinical experiences during didactic training for an average of 16.9 days (SD = 24.65, Mdn = 10.0, range = 1-230). As more programs are incorporating clinical training into their didactic training, it becomes increasingly challenging to capture the exact length of time for each training phase of education.

12% 10% Percentage of All Programs 8% 6% 4% 2% 0% 22 23 25 27 28 29 30 32 35 21 24 26 31 33 34 36 **Program Length (Months)**

Figure 4. Total PA Program Length (Months)

Note: The average program length in this figure does not include vacation.

Program Start and End Months

Figure 5 shows that the most common start month for responding programs was August (32.0%). Eighty-four percent of the responding programs started between May and September. The most common end months for responding programs were May, August, and December.

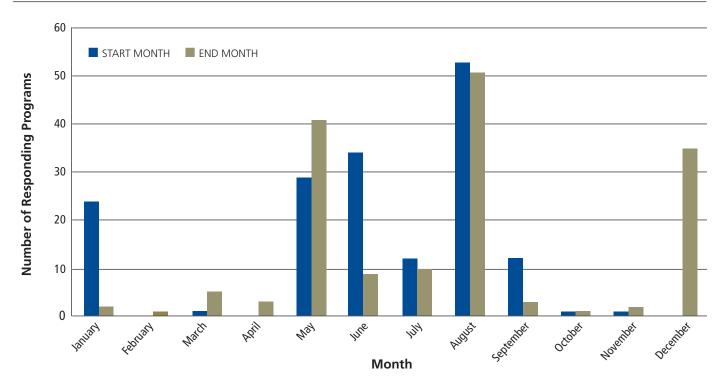


Figure 5. PA Program Start and End Months

Pre-Professional Phase

In order to learn more about the pre-professional phase of some PA programs, a few questions on this topic were added to this year's administration of the program survey. Twenty-eight programs (16.4%) have a pre-professional phase. The average length of the pre-professional phase for these programs is 5.2 semesters (SD = 1.26, range = 3-8). Of the programs that have a pre-professional phase, 58.6% admit students to both the pre-professional phase and directly to the professional phase; 31.0% admit students to the professional phase only; and 10.3% admit students to the pre-professional track only. On average, programs that admitted students into both the pre-professional track and directly into the professional phase matriculated 59.5% (SD = 23.73%, range = 15-99) of their students to the pre-professional track and 40.5% (SD = 23.73, range = 1-85) directly to the professional phase.

Section 2. Financial Information

For this section, programs were asked to supply their financial information for the most recent fiscal year. Other sections of this report requested information for the 2012-2013 academic year.

Program Budget

One-hundred and sixty-nine programs reported the start and end months of their fiscal year. The most frequently occurring fiscal years for programs began in July (72.2%), June (10.1%), or September (7.1%).

The following tables about program budget generally do not reflect indirect support (e.g., library services, IT support, and health services) provided by the institution to the PA programs and their students.

Table 3 summarizes sources of financial support for responding PA programs. Only responses that included the actual amount of support were used in calculating budget statistics. Zero values were not included in the calculations. For this reason, mean percentages of budget items from all sources do not add up to 100%.

Budget information was provided by 170 programs. Most programs (83.5%) reported having received direct support from their sponsoring institutions. On average, direct support from the sponsoring institution made up 78.6% of the budget. Forty-eight percent of responding programs collected tuition and fees directly, which accounted for 60.7% of their total budget amount.

Table 3. Sources of Financial Support for PA Programs

	%			P50								
n	Reporting	М	SD	P10	P25	(Mdn)	P75	P90				
170	100.0%	\$2,007,490	\$1,796,003	\$742,395	\$979,279	\$1,452,917	\$2,306,121	\$3,832,458				
142	83.5%	\$1,253,077	\$866,094	\$448,258	\$776,336	\$1,032,396	\$1,559,815	\$2,247,172				
81	47.6%	\$1,841,381	\$1,650,464	\$87,000	\$557,588	\$1,385,794	\$2,602,215	\$3,747,497				
36	21.2%	\$199,632	\$199,058	\$63,982	\$121,685	\$161,025	\$226,998	\$313,297				
18	10.6%	\$201,138	\$181,778	\$25,400	\$93,705	\$168,066	\$243,826	\$411,752				
14	8.2%	\$79,156	\$136,657	\$2,955	\$6,449	\$23,428	\$57,500	\$190,250				
31	18.2%	\$69,460	\$102,427	\$6,975	\$11,931	\$22,830	\$77,456	\$180,000				
	170 142 81 36 18 14	n Reporting 170 100.0% 142 83.5% 81 47.6% 36 21.2% 18 10.6% 14 8.2%	n Reporting M 170 100.0% \$2,007,490 142 83.5% \$1,253,077 81 47.6% \$1,841,381 36 21.2% \$199,632 18 10.6% \$201,138 14 8.2% \$79,156	n Reporting M SD 170 100.0% \$2,007,490 \$1,796,003 142 83.5% \$1,253,077 \$866,094 81 47.6% \$1,841,381 \$1,650,464 36 21.2% \$199,632 \$199,058 18 10.6% \$201,138 \$181,778 14 8.2% \$79,156 \$136,657	n Reporting M SD P10 170 100.0% \$2,007,490 \$1,796,003 \$742,395 142 83.5% \$1,253,077 \$866,094 \$448,258 81 47.6% \$1,841,381 \$1,650,464 \$87,000 36 21.2% \$199,632 \$199,058 \$63,982 18 10.6% \$201,138 \$181,778 \$25,400 14 8.2% \$79,156 \$136,657 \$2,955	n Reporting M SD P10 P25 170 100.0% \$2,007,490 \$1,796,003 \$742,395 \$979,279 142 83.5% \$1,253,077 \$866,094 \$448,258 \$776,336 81 47.6% \$1,841,381 \$1,650,464 \$87,000 \$557,588 36 21.2% \$199,632 \$199,058 \$63,982 \$121,685 18 10.6% \$201,138 \$181,778 \$25,400 \$93,705 14 8.2% \$79,156 \$136,657 \$2,955 \$6,449	n Reporting M SD P10 P25 (Mdn) 170 100.0% \$2,007,490 \$1,796,003 \$742,395 \$979,279 \$1,452,917 142 83.5% \$1,253,077 \$866,094 \$448,258 \$776,336 \$1,032,396 81 47.6% \$1,841,381 \$1,650,464 \$87,000 \$557,588 \$1,385,794 36 21.2% \$199,632 \$199,058 \$63,982 \$121,685 \$161,025 18 10.6% \$201,138 \$181,778 \$25,400 \$93,705 \$168,066 14 8.2% \$79,156 \$136,657 \$2,955 \$6,449 \$23,428	n Reporting M SD P10 P25 (Mdn) P75 170 100.0% \$2,007,490 \$1,796,003 \$742,395 \$979,279 \$1,452,917 \$2,306,121 142 83.5% \$1,253,077 \$866,094 \$448,258 \$776,336 \$1,032,396 \$1,559,815 81 47.6% \$1,841,381 \$1,650,464 \$87,000 \$557,588 \$1,385,794 \$2,602,215 36 21.2% \$199,632 \$199,058 \$63,982 \$121,685 \$161,025 \$226,998 18 10.6% \$201,138 \$181,778 \$25,400 \$93,705 \$168,066 \$243,826 14 8.2% \$79,156 \$136,657 \$2,955 \$6,449 \$23,428 \$57,500				

Note: Total n responding = 170. Programs that claimed AHEC support and industry donation had fewer than five cases and were not reported.

Table 4 shows the differences in public and private programs' budgets by class size. The average budget from sponsoring institutions and average total budget increased as class size increased at both public and private institutions. The average budget from private sponsoring institutions was higher than those from public institutions regardless of class size.

Table 4. Differences in Public and Private Programs' Budgets by Class Size

		Budget from	Sponsoring Ins	titution		To	otal Budget	
Public	n	М	SD	Mdn	n	М	SD	Mdn
0-25	9	\$610,417	\$262,490	\$602,000	10	\$896,662	\$358,853	\$814,199
26-50	36	\$808,435	\$553,602	\$831,713	37	\$1,356,512	\$720,472	\$1,144,850
51-75	9	\$879,042	\$607,261	\$1,054,722	10	\$2,018,210	\$1,017,596	\$1,663,570
Total	58	\$802,979	\$557,421	\$768,266	61	\$1,503,398	\$1,061,411	\$1,201,063
Private	n	М	SD	Mdn	n	М	SD	Mdn
0-25	8	\$891,395	\$131,810	\$923,164	10	\$1,311,911	\$518,716	\$1,194,194
26-50	55	\$1,122,514	\$685,504	\$1,007,942	58	\$1,920,757	\$1,407,162	\$1,296,010
51-75	23	\$1,621,980	\$687,344	\$1,560,826	29	\$2,786,553	\$1,870,142	\$2,172,097
76-100	7	\$2,708,365	\$2,272,631	\$2,211,392	8	\$4,787,504	\$4,703,865	\$2,409,446
Total	96	\$1,360,881	\$1,001,673	\$1,127,601	108	\$2,304,134	\$2,052,744	\$1,708,401

Note: Public institutions with fewer than five cases were not reported for class sizes between 76-100 and 101-125. Private institutions with fewer than five cases were not reported for class sizes between 101 and 125. These programs were included in the overall averages for public and private.

Table 5 shows the budgetary differences between PA programs from academic health centers (AHCs) and non-AHCs. On average, PA programs from non-AHC institutions had higher average budgets from their sponsoring institutions than those from AHC institutions. However, average total budget was higher for responding PA programs from AHC institutions.

Table 5. Institutional Budget Differences

		Academic Hea	Ith Center Ins	titutions	Non-Academic Health Center Institutions				
	n	М	SD	Mdn	n	М	SD	Mdn	
Budget from Sponsoring Institution	55	\$1,042,231	\$758,698	\$993,791	100	\$1,206,143	\$966,251	\$1,016,582	
Total Budget	59	\$2,129,893	\$1,671,036	\$1,605,100	111	\$1,942,430	\$1,863,086	\$1,284,024	

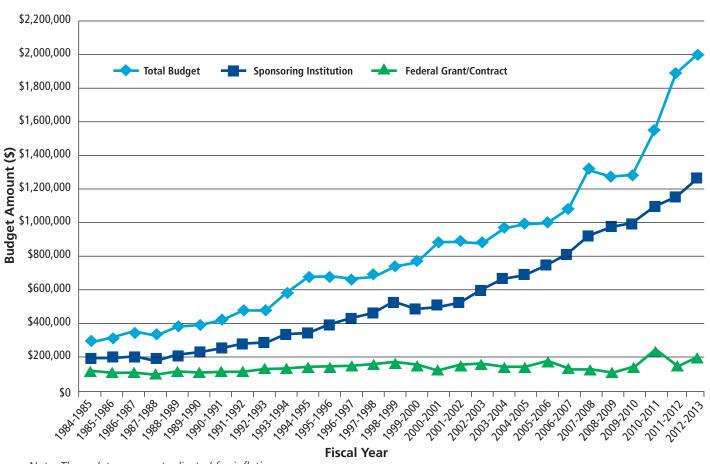
Table 6 displays differences in budget by administrative housing. Responding PA programs housed in schools of allied health/health professions had the highest average budget from their sponsoring institution. PA programs housed in schools of medicine had the highest average total budget.

Table 6. Differences in Budget by Administrative Housing

		Schoo	ol of Medic	ine	School of Allied Health/Health Professions				h/Health Professions Scien			
Budget	n	М	SD	Mdn	n	М	SD	Mdn	n	М	SD	Mdn
Budget from Sponsoring Institution	27	\$995,233	\$826,151	\$890,480) 100	\$1,186,267	\$967,176	\$1,012,263	7	\$1,102,480	\$495,154	\$902,539
Total Budget	29	\$1,958,449	\$2,511,065	\$1,934,665	5 110	\$1,953,257	\$1,754,579	\$1,452,917	8	\$1,496,983	\$687,887	\$1,487,745

Figure 6 shows the trends in total financial support received by responding PA programs, support from the sponsoring institution, and support from federal grants or contracts. The average total budget increased by 6.6% from 2011-2012. The average support from sponsoring institutions increased by 10.3%. Ninety-two percent of responding programs reported receiving financial support from their sponsoring institution, and 31.9% reported receiving federal grants or contracts.

Figure 6. Average Financial Support Received by PA Programs, 1985–2013



Note: These data were not adjusted for inflation.

Program Expenses

Programs were asked to estimate the percentages of their total expenses accounted for by various line items, such as employee salaries, didactic instruction, supervised clinical practice, and office expenses.

Table 7 presents the mean, median, and percentage of programs paying for the corresponding category. Faculty salaries comprised the largest share of the budget (68.0%), which is an increase from 60.4% the previous year. Most programs paid for staff salaries, didactic instruction, faculty development, office expenses, and laboratory supplies. Fewer programs paid for supervised clinical practice (21.7%) and simulation activities (25.5%). Percentage totals may not add up to 100%, as only major expenses were included. Missing values and zeroes were not included in mean and median calculations.

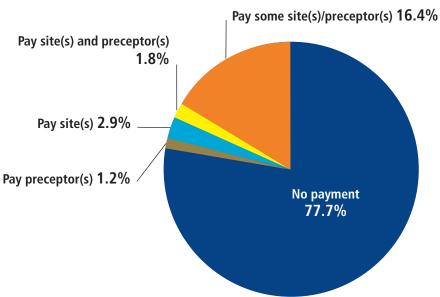
Table 7. Percentage Allocation of PA Programs' Expenses

Expense Items	n	M % of Budget	<i>Mdn</i> % of Budget	% Programs Reporting for this Category
Faculty Salaries (excluding fringe benefits)	160	68.0%	56.7%	99.4%
Staff Salaries (excluding fringe benefits)	159	12.6%	9.1%	98.8%
Didactic Instruction	119	4.0%	2.1%	73.9%
Supervised Clinical Practice (sites and/or preceptors)	35	3.0%	0.0%	21.7%
Faculty Development (including conferences, coursework, advanced degree)	150	1.8%	1.2%	93.2%
Simulation Activities (excluding capital and standardized patients)	41	0.5%	0.0%	25.5%
Standardized Patients	90	0.4%	0.1%	55.9%
Laboratory Supplies	130	1.6%	0.6%	80.7%
Office Expenses	142	2.4%	0.8%	88.2%

Payment for Clinical Sites

Figure 7 displays the proportion of programs that pay for clinical sites and how the payments are distributed. Approximately 78% of programs did not provide any payment to clinical sites or preceptors. Sixteen percent of programs paid some, but not all, sites and/or preceptors. Further examination of what leads these programs to pay certain sites and/or preceptors is needed.





Of the programs that provided some form of payment for training at clinical sites (n = 36), 25% paid for all training and 75% paid a percentage of total sites. Of the 26 programs that only paid some of their clinical sites, on average, they paid nearly 25% of their total sites (range = 1-90). Based on 35 programs reporting, the average cost per student per week for clinical sites was \$241 (SD = \$339, range = \$26-\$2,000).

The average amount of out-of-pocket expenses the typical student paid for housing at remote clinical training sites for the entire 2012-2013 academic year was \$1,519 (SD = \$2,691, range = \$0-\$10,000, n = 73).

Tuition, Fees, and Incidental Costs

Programs were asked to provide the estimated current total tuition, student fees, and incidental costs that each student will incur for the entire length of the PA program (professional phase only). For students enrolled in responding PA programs in 2013, the average total resident tuition was \$61,489, down 2.5% from last year. The historical average increase is 8.5% (years 1986-2013). The average increase over the last five years was somewhat lower at 4.9% (years 2009-2013). The average total non-resident tuition was \$72,184, down 1.9% from last year. The average increase in non-resident tuition over the last five years was 4.8%, and the average increase in resident tuition over the last five years was somewhat lower at 3.9%. Of particular interest was the difference between public and private institution tuition and fees (see **Table 8**). The average total resident tuition and non-resident tuition were higher for PA programs from private institutions than those from public institutions.

"Incidental costs" refer to the total costs incurred by a student during the entire program, except for tuition, fees, and personal living expenses (e.g., transportation, food, housing, and expenses). Incidental costs include textbooks, diagnostic equipment, required technology/software, and other academic expenses. The average total for incidental costs per student for the entire professional phase was \$5,106, down slightly from the previous year's \$5,121. The average total incidental costs for responding PA programs from public institutions was slightly higher than for private institutions.

Table 8. Tuition, Student Fees, and Incidental Costs for Public and Private PA Programs

		Pu	blic				Private	
Tuition and Fees	n	М	SD	Mdn	n	М	SD	Mdn
Resident/In-State Tuition	61	\$38,794	\$18,340	\$33,948	107	\$74,426	\$18,007	\$73,910
Non-Resident/Out-of-State Tuition	61	\$68,311	\$24,597	\$68,295	101	\$74,523	\$17,628	\$73,924
Total Student Fees	60	\$4,679	\$4,544	\$3,025	96	\$3,697	\$3,448	\$2,473
Incidental Costs	58	\$5,937	\$5,348	\$4,500	101	\$4,672	\$4,067	\$3,600

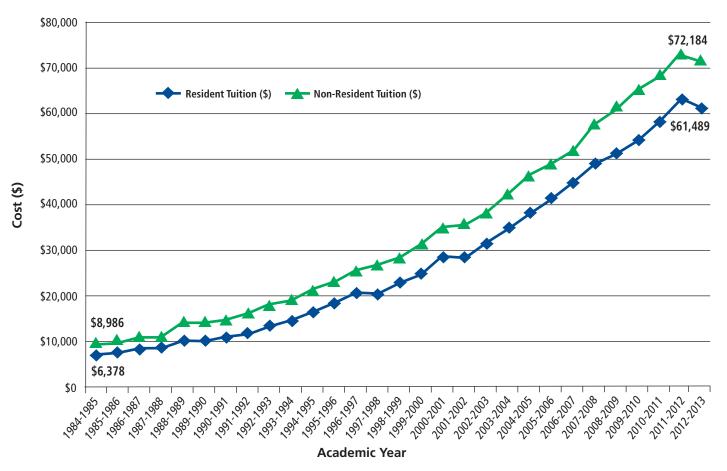
Table 9 displays the difference in the cost of studying at a PA program between 2011-2012 and 2012-2013. There was a 2% to 8% decrease in the average total resident tuition for public and private institutions. The average total student fees for both public and private institutions decreased between 6% and 31%. The response rates for the tuition and fees questions were higher this year; thus, last year's average tuition and fees may have been inflated due to the lower response rate.

Table 9. Difference in Average Cost of Studying at a PA Program, 2012–2013

		Public			Private	
Academic Year	Resident Tuition	Non-Resident Tuition	Student Fees	Resident Tuition	Non-Resident Tuition	Student Fees
2011–2012	\$41,903	\$67,974	\$5,180	\$76,123	\$76,938	\$5,109
2012–2013	\$38,794	\$68,311	\$4,871	\$74,426	\$74,523	\$3,889
% Change	-8.0%	+0.5%	-6.3%	-2.3%	-3.2%	-31.4%

Figure 8 shows that the average total tuition for PA students has steadily increased over time. Between 1985 and 2013, average total resident tuition increased from \$6,378 to \$61,489, while average total non-resident tuition increased from \$8,986 to \$72,184. It remains to be seen if the slight decrease in 2012-2013 will establish a trend or is an artifact.

Figure 8. Average Total Tuition for PA Students, 1985–2013



Note: These numbers were not adjusted for inflation.

It is important to examine tuition through many lenses in order to gain a holistic perspective of change over time. **Figure 9** shows the inflation-adjusted average total tuition for PA students over time. When average total resident tuition was adjusted for inflation, both the historical (11.3%) and last five years (6.6%) average annual increases were higher, as illustrated by the steeper incline. The inflation rate was calculated using the consumer price index, using 1985 as the base year.

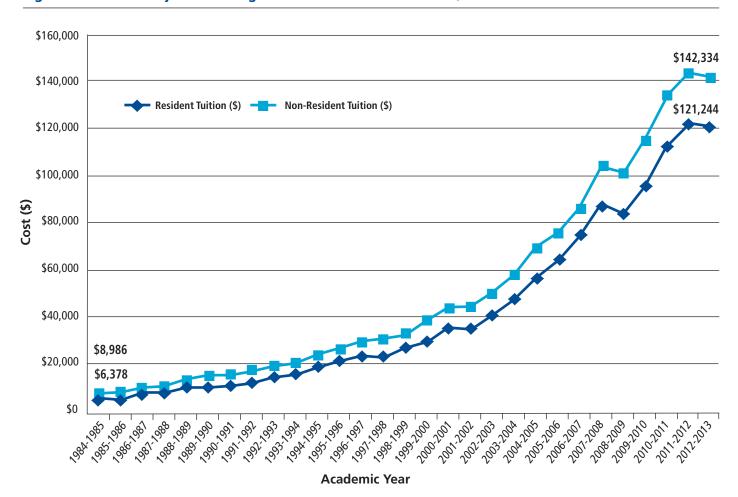


Figure 9. Inflation-Adjusted Average Total Tuition for PA Students, 1985–2013

Scholarships

An average of \$40,959 (n = 139, SD = \$107,112) in scholarship funds were awarded by, or passed through, the institution or the program for the class that graduated in 2012, excluding federal loans and scholarships (e.g., National Health Service Corps, Expansion of Physician Assistant Training grants).

Section 3. Program Personnel

Overall, 171 programs provided complete or partial information for 1,724 program personnel, with 1,259 and 450 indicated as faculty and staff, respectively. There was a poor response rate for program personnel data this year, with programs reporting 11.2% fewer program personnel overall, 11.0% fewer faculty, and 14.6% fewer staff compared to 2011-2012. Therefore, some of the fluctuations seen in this section may be exaggerated due to the poor response rate.

On average, PA programs reported 4.0 core didactic faculty members (SD = 3.42), 1.7 core clinical faculty members (SD = 1.18), 1.3 core administration faculty members (SD = 0.90), and 0.9 core research faculty members (SD = 0.64, see **Table 10**). Data were collected only for faculty and staff with 0.5 FTE or higher, with the exception of medical directors. Unless otherwise specified, data reported below for faculty include medical directors and program directors.

Table 10. Program FTE for Total Core Faculty

	n					P50		
Core Faculty	(Programs)	М	SD	P10	P25	(Mdn)	P75	P90
Didactic	147	4.0	3.42	0.0	1.3	3.0	5.0	7.0
Clinical	110	1.7	1.18	0.0	0.0	1.0	2.0	3.0
Administration	145	1.3	0.90	0.0	0.7	1.0	1.5	2.0
Research	47	0.3	0.64	0.0	0.0	0.0	0.2	1.0

The average FTE of faculty and staff was 0.95 (SD = 0.14, n = 1,119) and 0.97 (SD = 0.11, n = 438), respectively.

Demographic Characteristics

The average age of all faculty and staff members in 2012-2013 was 46.9 (SD = 10.53) and 46.2 (SD = 12.29), respectively (see **Table 11**). More than half of faculty members are female (63.8%), and the majority of staff members are female (90.6%). Over 42% of faculty are 50 years or older, which may lead to shortages as they begin to retire.

Table 11. Age and Gender of PA Program Faculty and Staff

	<u> </u>						
Age	n (Programs)	n	М	Mdn	SD		
Faculty	131	777	46.9	46.0	10.53		
Staff	135	443	46.2	47.0	12.29		
		Faculty			Staff		
Age	n (Programs)	n	%	n (Programs)	n	%	Total
Below 30	19	19	2.6%	28	42	11.9%	61
30-39	93	189	25.4%	49	74	21.0%	263
40-49	101	221	29.7%	56	81	22.9%	302
50-59	97	208	27.9%	69	104	29.5%	312
60 and above	63	108	14.5%	43	52	14.7%	160
Total	101	745	100.0%	69	353	100.0%	1,098
Gender	n (Programs)	n	%	n (Programs)	n	%	Total
Female	152	618	63.8%	131	396	90.6%	1,014
Male	133	351	36.2%	29	41	9.4%	392
Total	152	969	100.0%	131	437	100.0%	1,406

Approximately 5% of faculty members are Hispanic compared to 10.9% of staff members (see **Table 12**). Eighty-five percent of faculty are White compared to 77.4% of staff. Program directors completed the survey; therefore, they may not have known precisely the race, ethnicity, or gender of their faculty and staff. Additionally, program directors or their program personnel may not wish for the information to be reported, which is reflected in Table 12 by the "do not know" and "do not wish to answer" categories and in the overall lower response rate.

Table 12. Ethnicity and Race of PA Program Faculty and Staff

	Fac	culty	!	Staff	Total
Ethnicity	n	%	n	%	n
Hispanic	49	5.1%	47	10.9%	96
Non-Hispanic	885	92.0%	369	85.4%	1,254
Do not know	28	2.9%	16	3.7%	44
Total	962	100.0%	432	100.0%	1,394
Race	n	%	n	%	n
White	814	85.1%	332	77.4%	1,146
Black or African American	54	5.6%	56	13.1%	110
American Indian or Alaskan Native	9	0.9%	NR	NR	9
Asian	25	2.6%	10	2.3%	35
Other race	17	1.8%	15	3.5%	30
Do not know/Do not wish to answer	38	4.0%	16	3.7%	54
Total	957	100.0%	429	100.0%	1,384

Professional Characteristics

The majority of faculty and staff were didactic faculty (23.2%), administrative staff (17.6%), or clinical coordinators (11.0%, see **Table 13**).

Table 13. Primary Positions of Faculty and Staff

Primary Position	n	% of Employees
Academic Coordinator	120	7.0%
Administrative Clinical Coordinator	1	0.1%
Administrative Staff (e.g., Office Manager, Secretary)	302	17.6%
Admissions Director/Coordinator	51	3.0%
Assistant/Associate Academic/Clinical Director/Coordinator	13	0.8%
Associate/Assistant Director	54	3.2%
Clinical Coordinator	189	11.0%
Clinical Faculty	39	2.3%
Data Analyst	10	0.6%
Dean or Associate/Assistant Dean	2	0.1%
Didactic Faculty	397	23.2%
Director of Clinical Education	42	2.5%
Division Chief/Head	15	0.9%
Education Coordinator (Staff)	20	1.2%
Evaluation Specialist	3	0.2%
Faculty with Combined Didactic and Clinical Responsibilities	74	4.3%
Medical Director	140	8.2%
Program Director	154	9.0%
Research Coordinator	20	1.2%
Researcher	5	0.3%
Technology/Information Specialist	15	0.9%
Other Director	16	0.9%
Other	31	1.8%
Total	1,713	100.0%

Note: Researcher is defined as an academic faculty member who is responsible for independent research activities 20-80% FTE.

Responding programs reported secondary positions for their employees if applicable. Forty-one percent of employees held a secondary position in addition to their primary position. Aside from "other," the most common secondary positions were didactic faculty (33.5%), faculty with combined didactic and clinical responsibilities (12.5%), and clinical coordinator (6.0%, see **Table 14**).

Table 14. Secondary Positions of Faculty and Staff

Secondary Position	n	% of Employees
Academic Coordinator	33	4.7%
Administrative Staff (e.g., Office Manager, Secretary)	39	5.5%
Admissions Director/Coordinator	37	5.2%
Associate/Assistant Director	12	1.7%
Clinical Coordinator	42	6.0%
Clinical Faculty	29	4.1%
Data Analyst	12	1.7%
Dean or Associate/Assistant Dean	9	1.3%
Didactic Faculty	236	33.5%
Director of Clinical Education	6	0.9%
Division Chief/Head	16	2.3%
Education Coordinator (Staff)	4	0.6%
Evaluation Specialist	7	1.0%
Faculty with Combined Didactic and Clinical Responsibilities	88	12.5%
Program Director	17	2.4%
Research Coordinator	11	1.6%
Researcher	13	1.8%
Technology/Information Specialist	9	1.3%
Other	85	12.1%
Total	705	100.0%

Note: Researcher is defined as an academic faculty member who is responsible for independent research activities 20-80% FTE.

Rank and Tenure Status

Only 12.7% of faculty were tenured, with the majority neither tenured nor on tenure track (66.4%, see **Table 15**). Approximately 21% of faculty were on a tenure track. More than half of faculty were assistant professors (54.1%), followed by associate professors (21.1%), and lecturers/instructors (16.8%).

Table 15. Tenure Status and Academic Rank of Faculty

n	%	Academic Rank	n	%
127	20.9%	Full Professor	37	3.8%
77	12.7%	Associate Professor	203	21.1%
		Assistant Professor	521	54.1%
404		Lecturer/Instructor	162	16.8%
608	100.0%	Other	40	4.2%
		Total	963	100.0%
	127 77 404	127 20.9% 77 12.7% 404 66.4%	127 20.9% Full Professor 77 12.7% Associate Professor 404 66.4% Assistant Professor Lecturer/Instructor Other	127 20.9% Full Professor 37 77 12.7% Associate Professor 203 404 66.4% Assistant Professor 521 Lecturer/Instructor 162 Other 40

Respondents were asked to specify the type of tenure, tenure track, and non-tenure track for all employees in the 2012-2013 academic year at their sponsoring institutions. The most common type of tenure for employees who were tenured and on tenure-track was academic (88.6% and 91.9%, respectively, see **Table 16**). For employees on a non-tenure track, the most common track was an annual contract (67.0%), followed by a multi-year contract (14.6%).

Table 16. Tenure Tracks of Faculty and Staff

Tenure	n	%	Tenure Track	n	%	Non-Tenure Track	n	%
Academic	109	88.6%	Academic	136	91.9%	Annual Contract	575	67.0%
Clinical	8	6.5%	Clinical	9	6.1%	Annual Contract,	70	0.50/
Research	4	3.3%	Research	3	2.0%	but Eligible for Multi-Year Contract	73	8.5%
Other	2	1.6%	Total	148	100.0%	Multi-Year Contract	125	14.6%
Total	123	100.0%	n (Programs)	52	-	Other	85	9.9%
n (Programs)	63	-				Total	858	100.0%
						n (Programs)	121	-

Years in Position and Highest Degrees

Most (77.1%) of the faculty positions were held by PAs. Only 4.9% of staff positions were held by PAs. Some colleges and/or universities do not provide faculty contracts to PAs who are involved with teaching due to union contracts or other issues. Faculty had been in their positions for an average of 5.8 years (SD = 6.2, Mdn = 4.0), whereas staff had been in their positions for an average of 6.0 years (SD = 6.8, Mdn = 4.0). Nearly 50% of faculty and staff had been in their current position for three years or less (see **Table 17**). Most faculty members held a master's degree as their highest degree (71.7%), whereas 35.9% of staff held a baccalaureate degree as their highest degree.

Table 17. Years in Position and Highest Degree of Faculty and Staff

	Fa	culty	9	taff	Total		Fa	culty		Staff	Total
Years in Position	n	%	n	%	n	Highest Degree	n	%	n	%	n
Less than 1 year	81	8.4%	28	6.4%	109	Certificate	2	0.2%	12	2.8%	14
1-3 years	379	39.1%	177	40.6%	556	Associate's Degree	2	0.2%	43	9.9%	45
4-7 years	262	27.0%	112	25.7%	374	Baccalaureate Degree	51	5.2%	156	35.9%	207
•		,	–			Master's Degree	698	71.7%	88	20.2%	786
8-14 years	152	15.7%	80	18.3%	232	Doctoral Degree	215	22.1%	8	1.8%	223
15-24 years	76	7.8%	28	6.4%	104	No Degree	0	0.0%	126	29.0%	126
25 years or longer	20	2.1%	11	2.5%	31	Other Degree	5	0.5%	2	0.5%	7
Total	970	100.0%	436	100.0%	1,406	Total	973	100.0%	435	100.0%	1,408

Table 18a displays the average FTE of faculty and staff employed in PA programs by the decade in which their program's first class enrolled. Older programs tend to have a higher average FTE than newer programs. This could indicate that newer programs are having a difficult time hiring faculty and staff or may reflect smaller class sizes for newer programs.

Table 18a. Average FTE of Faculty and Staff by Decade Programs' First Class Enrolled

Decade	n (Programs)	n (FTE Personnel)	М	SD	Mdn
1960s	5	105	23.8	17.16	18.0
1970s	39	423	11.9	4.80	11.0
1980s	NR	NR	NR	NR	NR
1990s	67	714	11.3	5.46	11.0
2000s	29	281	10.5	4.13	9.0
2010s	30	193	7.5	2.22	7.0

Table 18b displays the average headcount of faculty and staff employed in PA programs by the decade in which their program's first class enrolled. There was little variability in average headcount by decade of inaugural class.

Table 18b. Average Headcount of Faculty and Staff by Decade Programs' First Class Enrolled

Decade	n (Programs)	n (FTE Personnel)	М	SD	Mdn
1960s	5	63	9.0	4.76	10.0
1970s	39	329	9.1	5.88	8.0
1980s	NR	NR	NR	NR	NR
1990s	67	640	9.7	7.16	9.0
2000s	29	315	10.9	6.50	10.0
2010s	30	265	9.5	4.82	9.0

Table 19 displays the average age of PA program employees by decade program's first class enrolled. Average age of faculty and staff shows little variability based upon decade of inaugural class.

Table 19. Average Age of PA Program Employees by Decade Program's First Class Enrolled

Decade	n (Programs)	n (FTE Personnel)	М	SD	Mdn
1960s	5	46	46.6	12.87	49.0
1970s	39	354	48.9	10.80	49.0
1980s	NR	NR	NR	NR	NR
1990s	67	590	47.5	10.90	48.0
2000s	29	194	48.8	11.77	50.0
2010s	30	142	47.3	11.20	48.5

Medical Directors

On average, responding programs estimated that their medical director devoted 13.1 hours per week to PA program activities (SD = 12.52, n = 138). Didactic teaching (81.1%), administration (70.4%), and curriculum development (68.3%) were identified as the three most frequently occurring activities for medical directors (n = 142).

Table 20 identifies the distribution of duties for the typical medical director. The overall average FTE for medical directors, including medical director responsibilities and other responsibilities, was 0.65 FTE (SD = 0.40).

Table 20. Medical Director FTE

Duties	n	М	SD	Mdn
Medical Director Duties	138	0.32	0.27	0.20
Other Duties and Responsibilities within PA Program	49	0.08	0.16	0.00
Duties and Responsibilities Outside of PA Program	54	0.25	0.36	0.00
Total	139	0.65	0.40	1.00

Salaries

Table 21 presents descriptive statistics for faculty and staff salaries, excluding program and medical directors, as well as mean and median FTE for each group. Responding programs were asked to report their faculty and staffs' actual salaries in addition to their actual FTE for all employees 0.5 FTE and greater. Salaries were then converted to 1.0 FTE and reported as such. The average salary for all faculty was \$89,167 (SD = \$16,668), up from \$88,395 last year, whereas the average staff salary was \$41,907 (SD = \$16,450), which was slightly up from \$41,160 last year. Male faculty members (M = \$90,746, SD = \$15,763) had higher average salaries than female faculty members (M = \$88,392, SD = \$17,128).

Table 21. PA Program Employee Salaries by Gender, Race, and Ethnicity

		n	М	SD	P10	P25	P50 (Mdn)	P75	P90	M FTE	Mdn FTE
		n									
	All Faculty	806	\$89,167	\$16,668	\$72,000	\$80,000	\$85,785	\$96,557	\$109,000	0.95	1.00
	Gender										
	Male	273	\$90,746	\$15,763	\$72,540	\$80,000	\$88,485	\$100,000	\$110,800	0.95	1.00
	Female	526	\$88,392	\$17,128	\$71,404	\$79,356	\$85,000	\$95,000	\$108,365	0.95	1.00
	Race										
	White	683	\$89,071	\$16,961	\$72,000	\$79,780	\$85,600	\$96,000	\$109,000	0.95	1.00
	Black or African American	43	\$88,633	\$14,363	\$72,600	\$79,537	\$85,000	\$98,828	\$106,000	0.97	1.00
Faculty	American Indiar or Alaskan Nativ		\$82,182	\$10,640	\$71,600	\$80,000	\$80,719	\$85,000	\$93,515	1.00	1.00
	Asian	20	\$82,656	\$12,783	\$77,359	\$80,000	\$83,308	\$85,631	\$94,189	0.94	1.00
	Other race/Do not know/Do no wish to answer	44 ot	\$92,837	\$15,774	\$78,600	\$82,900	\$90,000	\$101,091	\$112,920	0.98	1.00
	Ethnicity										
	Hispanic	41	\$86,533	\$15,702	\$72,000	\$80,000	\$83,636	\$91,000	\$106,250	0.99	1.00
	Non-Hispanic	726	\$89,102	\$16,859	\$72,000	\$80,000	\$85,000	\$96,000	\$108,856	0.94	1.00
	Do not know	39	\$93,152	\$13,137	\$79,198	\$89,250	\$92,000	\$100,500	\$110,000	0.99	1.00
Staff		368	\$41,907	\$16,450	\$25,900	\$31,044	\$37,500	\$49,252	\$64,865	0.97	1.00

Note: All salaries were converted to 1.0 FTE, though the mean and median FTE calculations do not reflect this.

Table 22 presents descriptive statistics for PA program director salaries, as well as the mean and median FTE. The average salary for all PA program directors was \$115,509 (SD = \$21,332), up from \$113,518 last year. Male program directors had a higher average salary than female program directors. There was virtually no difference in mean and median FTE between male and female program directors. Black or African American program directors (M = \$117,435, SD = \$17,003) had a higher average salary than White program directors (M = \$115,370, SD = \$22,254). On average, Hispanic program directors made \$16,000 less than non-Hispanic program directors. However, the sample of Hispanic program directors was small.

Table 22. PA Program Director Salaries by Gender, Race, and Ethnicity

	n	М	SD	P10	P25	P50 (Mdn)	P75	P90	<i>M</i> FTE	Mdn FTE
All Program Directors	: 131	\$115,509	\$21,332	\$88,000	\$100,000	\$112,500	\$128,840	\$145,000	0.99	1.00
Gender										
Male	40	\$118,226	\$28,811	\$86,355	\$97,310	\$116,221	\$135,500	\$148,110	1.00	1.00
Female	48	\$109,595	\$21,818	\$88,050	\$94,750	\$106,092	\$122,295	\$135,720	1.00	1.00
Race										
White	107	\$115,370	\$22,254	\$87,600	\$98,950	\$113,000	\$128,090	\$148,247	0.99	1.00
Black or African American	11	\$117,435	\$17,003	\$97,000	\$110,225	\$112,500	\$129,125	\$135,000	0.98	1.00
American Indian or Alaskan Native	5	\$82,182	\$10,640	\$71,600	\$80,000	\$80,719	\$85,000	\$93,515	1.00	1.00
Other	12	\$114,044	\$17,170	\$95,250	\$99,375	\$111,049	\$130,488	\$136,045	1.00	1.00
Ethnicity										
Hispanic	5	\$99,400	\$15,192	\$89,600	\$92,000	\$95,000	\$96,000	\$114,000	1.00	1.00
Non-Hispanic	123	\$115,926	\$21,575	\$88,400	\$100,449	\$113,000	\$129,500	\$146,600	0.99	1.00

Note: All salaries were converted to 1.0 FTE, though the mean and median FTE calculations do not reflect this.

Table 23 presents descriptive statistics for medical director salaries, as well as mean and median FTE. On average, responding PA programs paid their medical directors \$36,998 (SD = \$30,156) for program duties. Medical directors' actual annual salaries were \$135,087 on average (SD = \$124,009), down from \$142,408 last year. One reason for the decrease could be due to a change in how the question was asked. Male medical directors had a higher average salary for PA duties and actual annual salary than female medical directors.

Table 23. Medical Director Salaries by Gender and Race

			60	D40	D25	P50	D.7.F	DO0	М	Mdn
	n	М	SD	P10	P25	(Mdn)	P75	P90	FTE	FTE
Salary for PA Progr	am									
All	92	\$36,998	\$30,156	\$10,040	\$16,350	\$27,000	\$45,750	\$77,950	0.31	0.20
Gender										
Male	67	\$37,253	\$30,159	\$10,240	\$17,150	\$30,000	\$44,000	\$77,700	0.34	0.20
Female	25	\$36,317	\$30,135	\$9,300	\$15,000	\$20,112	\$50,000	\$76,520	0.24	0.20
Race										
White	73	\$38,374	\$32,394	\$10,080	\$15,000	\$29,000	\$48,000	\$88,400	0.33	0.20
Asian	5	\$32,260	\$24,818	\$12,081	\$12,203	\$19,597	\$40,000	\$62,500	0.21	0.15
Black or African American	7	\$23,683	\$13,948	\$8,000	\$14,500	\$20,112	\$33,334	\$43,200	0.20	0.20
Other race	5	\$44,097	\$10,785	\$31,098	\$40,962	\$50,000	\$50,000	\$53,000	0.36	0.20
Actual Annual Sala	ry									
All	25	\$135,087	\$124,009	\$11,300	\$60,600	\$125,670	\$165,000	\$209,045	0.31	0.20
Gender										
Male	18	\$138,960	\$139,878	\$14,150	\$62,400	\$122,272	\$168,000	\$205,178	0.34	0.20
Female	7	\$125,126	\$66,873	\$63,000	\$106,500	\$122,272	\$141,556	\$194,867	0.24	0.20
Race										
White	21	\$141,796	\$132,345	\$7,500	\$62,400	\$125,000	\$169,000	\$214,200	0.33	0.20
Other race	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

Note: All salaries were converted to 1.0 FTE, though the mean and median FTE calculations do not reflect this.

The average PA program faculty salary increased with age, as shown in **Table 24**. The average PA program faculty salary was highest for those who had been in their position 15 years or longer (M = \$99,925, SD = \$21,664).

Table 24. PA Program Faculty Salaries by Age and Years in Position

						P50			М	Mdn
	n	М	SD	P10	P25	(Mdn)	P75	P90	FTE	FTE
Age										
Below 30	13	\$75,797	\$13,324	\$68,400	\$70,000	\$79,000	\$84,000	\$89,200	0.92	1.00
30-49	332	\$86,534	\$14,865	\$71,717	\$79,000	\$85,000	\$93,000	\$102,950	0.95	1.00
50-59	183	\$90,910	\$16,182	\$73,000	\$80,000	\$88,000	\$99,586	\$108,940	0.96	1.00
60 and above	115	\$95,809	\$21,170	\$77,200	\$82,107	\$91,044	\$108,033	\$119,840	0.94	1.00
Years in Position										
Less than 1 year	65	\$84,395	\$12,180	\$70,000	\$79,000	\$85,000	\$93,000	\$97,796	0.93	1.00
1-3 years	324	\$86,688	\$15,686	\$70,641	\$78,000	\$85,000	\$93,250	\$104,051	0.95	1.00
4-7 years	212	\$89,711	\$16,779	\$73,000	\$80,000	\$86,742	\$96,000	\$111,080	0.95	1.00
8-14 years	122	\$90,370	\$14,158	\$74,520	\$82,700	\$89,405	\$98,107	\$106,656	0.97	1.00
15 years or longer	79	\$99,925	\$21,664	\$76,240	\$84,107	\$100,000	\$110,517	\$123,082	0.95	1.00

Note: All salaries were converted to 1.0 FTE, though the mean and median FTE calculations do not reflect this.

The average PA program director salary increased with age, as shown in **Table 25**. The average PA program director salary was highest for those who had been in their position 15 years or longer (M = \$118,083, SD = \$24,739).

Table 25. PA Program Director Salaries by Age and Years in Position

	n	М	SD	P10	P25	P50 (<i>Mdn</i>)	P75	P90	<i>M</i> FTE	Mdn FTE
Age										
30-49	34	\$109,530	\$18,347	\$86,152	\$96,211	\$110,000	\$121,500	\$129,604	0.99	1.00
50-59	50	\$115,650	\$20,286	\$89,700	\$102,029	\$112,750	\$128,625	\$139,172	0.99	1.00
60 and above	33	\$124,873	\$23,192	\$98,000	\$108,000	\$123,600	\$144,000	\$151,251	0.99	1.00
Years in Position										
Less than 1 year	NR	NR	NR	NR	NR	NR	NR	NR	1.00	1.00
1-3 years	37	\$116,803	\$20,470	\$90,600	\$100,000	\$115,000	\$131,950	\$141,448	0.99	1.00
4-7 years	32	\$112,252	\$23,146	\$82,336	\$96,382	\$110,000	\$130,313	\$143,600	0.99	1.00
8-14 years	34	\$114,511	\$18,154	\$94,985	\$98,125	\$112,049	\$125,461	\$137,900	0.99	1.00
15 years or longer	25	\$118,083	\$24,739	\$87,328	\$102,117	\$115,451	\$127,000	\$155,606	0.98	1.00

The average medical director salary for PA duties and actual annual salary varied with age. Average salary for program duties was relatively stable between ages 30-49, increased for ages 50-59, then decreased for ages 60 and above (see **Table 26**). The average actual annual salary was higher for ages 50-59 than 30-49, but decreased for ages 60 and above. The average medical director salary for PA program duties was highest for those who had been in their position between 4 and 7 years (M = \$42,800, SD = \$37,936). The average actual annual salary of medical directors was highest for those who had been in their position between 1 and 3 years (M = \$180,098, SD = \$163,939).

Table 26. Medical Director Salaries by Age and Years in Position

	n	М	SD	P10	P25	P50 (<i>Mdn</i>)	P75	P90	<i>M</i> FTE	Mdn FTE
Salary for PA Prog	ram									
Age										
30-39	5	\$29,582	\$12,724	\$15,200	\$20,000	\$32,006	\$35,000	\$43,342	0.20	0.20
40-49	14	\$29,126	\$11,217	\$15,000	\$18,399	\$30,000	\$39,500	\$41,689	0.25	0.20
50-59	28	\$47,091	\$37,869	\$13,800	\$20,000	\$25,000	\$75,625	\$99,492	0.38	0.20
60 and above	19	\$30,283	\$24,787	\$6,000	\$9,801	\$25,000	\$40,000	\$64,557	0.32	0.20
Years in Position										
Less than 1 year	NR	NR	NR	NR	NR	NR	NR	NR	0.40	0.20
1-3 years	35	\$38,789	\$29,475	\$12,000	\$16,500	\$32,006	\$45,000	\$77,800	0.32	0.20
4-7 years	20	\$42,800	\$37,936	\$14,100	\$19,160	\$26,581	\$49,750	\$98,559	0.36	0.20
8-14 years	19	\$36,799	\$30,763	\$7,208	\$11,602	\$24,667	\$49,125	\$76,400	0.31	0.20
15 years or longer	12	\$27,876	\$13,828	\$16,870	\$19,375	\$24,136	\$37,000	\$40,000	0.20	0.15
Actual Annual Sala	ıry									
Age										
30-49	5	\$128,300	\$68,612	\$44,500	\$100,000	\$165,000	\$169,000	\$187,600	0.24	0.20
50-59	9	\$167,180	\$174,483	\$51,420	\$113,000	\$122,272	\$150,000	\$255,490	0.38	0.20
60 and above	8	\$117,481	\$78,341	\$17,650	\$61,750	\$116,500	\$163,603	\$215,918	0.32	0.20
Years in Position										
Less than 1 year	1	NR	NR	NR	NR	NR	NR	NR	NR	NR
1-3 years	10	\$180,098	\$163,939	\$58,360	\$107,818	\$140,000	\$191,250	\$245,681	0.32	0.20
4-7 years	9	\$141,243	\$67,690	\$61,500	\$121,340	\$151,033	\$169,000	\$221,360	0.36	0.20
8-14 years	5	\$41,000	\$40,904	\$7,500	\$7,500	\$17,000	\$60,000	\$91,800	0.31	0.20
15 years or longer	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Table 27 displays the average salary of PA program faculty by the decade in which the program's first class enrolled.

Table 27. Average Salaries of PA Program Faculty by Decade Programs' First Class Enrolled

	n	n			
Decade	(Programs)	(Personnel)	М	SD	Mdn
1960s	5	24	\$102,993	\$26,086	\$98,699
1970s	39	207	\$88,437	\$16,198	\$85,000
1980s	NR	NR	NR	NR	NR
1990s	67	338	\$87,357	\$16,315	\$85,000
2000s	29	135	\$90,167	\$12,363	\$86,000
2010s	30	96	\$90,081	\$16,950	\$90,000

Note: All salaries were converted to 1.0 FTE.

Table 28 displays salary differences between faculty and staff employed at public and private institutions. There was little difference in salary between faculty employed at public (M = \$89,483, SD = \$16,365) and private institutions (M = \$88,947, SD = \$16,723). Staff employed at public institutions (M = \$44,169, SD = \$16,603) had higher salaries than those employed at private institutions (M = \$40,517, SD = \$16,341).

Table 28. PA Program Employee Salaries by Public/Private

Employee	Public/ Private	n (Programs)	n (Personnel)	М	SD	P10	P25	P50 <i>(Mdn)</i>	P75	P90	<i>M</i> FTE	Mdn FTE
	Public	53	282	\$89,483	\$16,365	\$72,000	\$79,342	\$86,000	\$97,629	\$108,066	0.95	1.00
Faculty	Private	88	518	\$88,947	\$16,723	\$71,906	\$80,000	\$85,785	\$96,000	\$110,000	0.95	1.00
	Public	41	140	\$44,169	\$16,603	\$28,029	\$31,789	\$38,634	\$51,331	\$68,103	0.97	1.00
Staff	Private	154	231	\$40,517	\$16,341	\$24,759	\$30,893	\$36,000	\$46,250	\$61,812	0.97	1.00

Some faculty members hold multiple administrative roles. **Table 29** reports faculty salary by their primary position only. On average, administrative staff were paid the lowest salaries (M = \$37,606, SD = \$12,962) and division chiefs/heads were paid the highest salaries (M = \$130,293, SD = \$25,084).

Table 29. PA Program Faculty and Staff Salaries by Primary Position

Primary Position	n	М	SD	P10	P25	P50 (Mdn)	P75	P90	M FTE	Mdn FTE
Academic Coordinator	102	\$89,030	\$16,587	\$72,000	\$80,000	\$85,550	\$96,000	\$108,675	0.99	1.00
Administrative Staff	251	\$37,606	\$12,962	\$24,122	\$29,682	\$35,000	\$43,112	\$53,542	0.97	1.00
Admissions Director/ Coordinator	19	\$83,878	\$13,127	\$71,048	\$75,500	\$80,000	\$93,330	\$105,639	0.98	0.98
Assistant/Associate Academic/Clinical/ Director/Coordinator	6	\$91,244	\$12,687	\$80,075	\$85,010	\$88,661	\$95,179	\$104,998	1.00	1.00
Associate/Assistant Director	48	\$99,670	\$16,665	\$79,400	\$89,563	\$98,971	\$110,000	\$115,750	0.99	1.00
Basic Science Faculty	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Clinical Coordinator	139	\$86,610	\$13,699	\$72,000	\$79,000	\$85,000	\$93,096	\$103,341	0.97	1.00
Clinical Faculty	25	\$90,017	\$26,227	\$70,560	\$75,000	\$82,000	\$96,000	\$103,500	0.89	1.00
Data Analyst	10	\$47,710	\$12,691	\$34,434	\$38,381	\$43,500	\$55,305	\$63,131	0.98	1.00
Dean or Associate/ Assistant Dean	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Didactic Faculty	335	\$86,374	\$13,806	\$70,983	\$79,441	\$85,000	\$93,500	\$102,093	0.93	1.00
Director of Clinical Education	36	\$91,888	\$19,918	\$79,000	\$84,495	\$89,407	\$98,888	\$107,582	0.99	1.00
Division Chief/Head	8	\$130,293	\$25,084	\$107,245	\$119,800	\$126,962	\$140,000	\$151,961	0.94	0.94
Education Coordinator (staff)	17	\$45,926	\$11,125	\$27,734	\$38,560	\$50,602	\$54,000	\$58,060	0.97	1.00
Evaluation Specialist	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Faculty with Combined Didactic and Clinical Responsibilities	49	\$87,699	\$16,186	\$68,000	\$80,000	\$85,000	\$95,000	\$102,813	0.93	1.00
Program Director	131	\$115,509	\$21,332	\$88,000	\$100,000	\$112,500	\$128,840	\$145,000	0.99	0.99
Other Director	11	\$96,388	\$16,563	\$78,000	\$84,952	\$95,000	\$109,000	\$114,000	0.86	1.00
Research Coordinator	11	\$93,652	\$26,115	\$66,612	\$77,500	\$90,500	\$104,844	\$118,900	0.96	1.00
Researcher (academic faculty responsible for independent research activities 20-80% FTE)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Technology/Information Specialist	10	\$39,982	\$10,511	\$31,730	\$32,579	\$37,015	\$42,402	\$57,092	0.90	0.90
Other	6	\$95,125	\$44,414	\$54,000	\$64,000	\$80,500	\$112,563	\$150,875	0.72	0.72

Table 30 shows that PA faculty members were, on average, paid less (M = \$88,986, SD = \$15,827) than non-PA faculty members (M = \$90,190, SD = \$20,937). Tenured faculty had higher salaries on average (M = \$95,571, SD = \$17,192) than those on tenure track (M = \$87,266, SD = \$16,653), as well as those who were neither tenured nor on tenure track (M = \$88,541, SD = \$16,479).

Table 30. PA Program Faculty Salaries by PA and Tenure Status

						P50			М	Mdn
	n	М	SD	P10	P25	(Mdn)	P75	P90	FTE	FTE
Tenure Status										
On Tenure Track	116	\$87,266	\$16,653	\$70,158	\$77,000	\$85,000	\$93,460	\$105,078	0.97	0.97
Tenured	70	\$95,571	\$17,192	\$74,770	\$85,000	\$94,395	\$108,050	\$120,000	0.99	1.00
Neither	731	\$88,541	\$16,479	\$72,000	\$79,880	\$85,000	\$95,080	\$108,000	0.95	1.00
PA Status										
Non-PA	119	\$90,190	\$20,937	\$66,189	\$78,099	\$86,000	\$100,000	\$118,750	0.91	0.91
PA	682	\$88,986	\$15,827	\$72,010	\$80,000	\$85,785	\$96,000	\$108,066	0.96	0.96

Note: All salaries were converted to 1.0 FTE, though the mean and median FTE calculations do not reflect this.

Table 31 shows that program directors who were PAs were, on average, paid less (M = \$116,396, SD = \$21,760) than non-PA program directors (M = \$120,652, SD = \$19,216). Program directors who were tenured or neither tenured nor on tenure track had higher average salaries than program directors on tenure track.

Table 31. PA Program Director Salaries by PA and Tenure Status

	n	М	SD	P10	P25	P50 <i>(Mdn)</i>	P75	P90	M FTE	Mdn FTE
Tenure Status		•••				(111411)				
On Tenure Track	17	\$109,185	\$20,505	\$89,344	\$97,000	\$102,000	\$113,000	\$144,400	1.00	1.00
Tenured	28	\$116,393	\$21,118	\$86,060	\$106,341	\$119,124	\$126,171	\$142,913	1.00	1.00
Neither	85	\$116,847	\$21,440	\$91,000	\$102,000	\$115,000	\$130,000	\$146,247	0.99	1.00
PA Status										
Non-PA	9	\$120,652	\$19,216	\$99,000	\$106,000	\$119,284	\$139,080	\$142,000	0.98	1.00
PA	76	\$116,396	\$21,760	\$90,500	\$100,975	\$115,000	\$130,000	\$146,039	0.99	1.00

Academic rank and degrees appear to influence salary, with full professors earning the highest average salary at \$102,732 (SD = \$17,928), while associate professors and assistant professors had average salaries of \$96,262 (SD = \$18,751) and \$87,833 (SD = \$14,970), respectively (see **Table 32**). Faculty members with doctoral degrees were generally paid higher salaries.

Table 32. PA Program Faculty Salaries by Rank and Highest Degree Received

	n	М	SD	P10	P25	P50 (Mdn)	P75	P90	<i>M</i> FTE	Mdn FTE
Rank										
Full Professor	27	\$102,732	\$17,928	\$81,858	\$89,743	\$105,485	\$119,800	\$124,834	0.98	1.00
Associate Professor	153	\$96,262	\$18,751	\$78,580	\$85,000	\$95,000	\$107,893	\$119,776	0.97	1.00
Assistant Professor	464	\$87,833	\$14,970	\$72,500	\$80,000	\$85,000	\$94,488	\$103,910	0.95	1.00
Lecturer/Instructor	120	\$84,068	\$14,318	\$68,000	\$75,229	\$83,308	\$91,173	\$99,906	0.91	1.00
Other	28	\$78,463	\$11,854	\$70,685	\$72,000	\$74,850	\$85,000	\$98,305	0.95	1.00
Highest Degree										
Academic Doctorate (PhD, EdD, etc.)	99	\$99,100	\$20,031	\$79,000	\$84,900	\$95,780	\$109,054	\$124,779	0.92	1.00
Professional Doctorate (MD, DO, DPT, DPM, DVM, JD, etc.)	78	\$90,068	\$18,558	\$70,000	\$79,161	\$89,250	\$98,689	\$110,348	0.92	1.00
Master's Degree	583	\$87,629	\$15,429	\$72,000	\$80,000	\$85,000	\$95,000	\$105,977	0.96	1.00
Baccalaureate Degree	33	\$81,814	\$10,585	\$72,100	\$75,000	\$80,000	\$89,693	\$92,411	0.91	1.00

Academic rank and degree also appear to influence PA program director salaries, with full professors earning the highest average salary (M = \$125,772, SD = \$20,986), followed by those who were associate professors (M = \$116,450, SD = \$21,123), and assistant professors (M = \$110,107, SD = \$19,747, see **Table 33**). PA program directors with doctoral degrees were generally paid higher salaries.

Table 33. PA Program Director Salaries by Rank and Highest Degree Received

_										
	n	М	SD	P10	P25	P50 (Mdn)	P75	P90	<i>M</i> FTE	Mdn FTE
Rank										
Full Professor	27	\$125,772	\$20,986	\$99,400	\$113,750	\$123,200	\$140,581	\$150,000	0.99	1.00
Associate Professor	51	\$116,450	\$21,123	\$94,978	\$100,000	\$115,451	\$128,750	\$145,000	1.00	1.00
Assistant Professor	46	\$110,107	\$19,747	\$86,680	\$95,500	\$109,487	\$124,121	\$133,125	0.99	1.00
Other	6	\$100,508	\$14,515	\$82,107	\$87,369	\$104,417	\$112,375	\$115,000	1.00	1.00
Highest Degree										
Academic Doctorate (PhD, EdD, etc.)	50	\$121,053	\$20,806	\$92,260	\$110,000	\$122,600	\$136,300	\$145,200	1.00	1.00
Professional Doctorate (MD, DO, DPT, DPM, DVM, JD, etc.)	16	\$114,007	\$20,544	\$91,500	\$100,674	\$112,750	\$124,040	\$144,540	0.99	1.00
Master's Degree	62	\$111,319	\$21,614	\$85,524	\$96,882	\$109,487	\$124,750	\$143,500	0.99	1.00
Baccalaureate Degree	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

Table 34 displays average medical director salary for PA duties and actual annual salary by academic rank. Medical directors who were associate professors had the highest average salary for PA duties (M = \$43,588, SD = \$37,182), followed by professor emeritus/full professor (M = \$40,647, SD = \$33,716), and assistant professor (M = \$37,292, SD = \$29,704). In terms of actual annual salary, medical directors who were professor emeritus/full professors had the highest average actual annual salary (M = \$250,485, SD = \$186,757).

Table 34. Medical Director Salaries by Rank

						P50			М	Mdn
	n	М	SD	P10	P25	(Mdn)	P75	P90	FTE	FTE
Salary for PA Duties	S									
Rank										
Professor Emeritus/ Full Professor	15	\$40,647	\$33,716	\$7,281	\$14,400	\$32,173	\$55,598	\$88,279	0.28	0.20
Associate Professor	22	\$43,588	\$37,182	\$10,100	\$15,750	\$35,500	\$48,750	\$90,000	0.47	0.23
Assistant Professor	23	\$37,292	\$29,704	\$12,762	\$20,000	\$30,000	\$41,981	\$61,781	0.30	0.20
Lecturer/Instructor	6	\$16,405	\$4,736	\$11,825	\$13,988	\$15,000	\$18,834	\$22,390	0.27	0.20
Other	19	\$35,503	\$18,261	\$15,000	\$21,875	\$30,000	\$49,125	\$57,660	0.21	0.20
Actual Annual Salar	у									
Rank										
Professor Emeritus/ Full Professor	6	\$250,485	\$186,757	\$96,200	\$147,828	\$207,756	\$241,050	\$447,500	0.28	0.20
Associate Professor	5	\$122,807	\$28,010	\$90,200	\$113,000	\$125,000	\$150,000	\$150,620	0.47	0.23
Assistant Professor	8	\$124,702	\$52,386	\$75,100	\$102,250	\$121,806	\$166,000	\$178,300	0.30	0.20
Lecturer/Instructor	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other	6	\$43,769	\$54,403	\$7,500	\$7,500	\$14,750	\$50,500	\$109,056	0.22	0.20

Note: All salaries were converted to 1.0 FTE, though the mean and median FTE calculations do not reflect this.

Salaries by Region

Table 35 displays faculty, staff, and program director salaries by U.S. Census Bureau Region. Faculty employed at institutions in the Northeast had higher salaries (M = \$104,726) than faculty employed in other regions. Staff employed at institutions in the Northeast and West had higher salaries (M = \$46,263; M = \$46,467, respectively) than those employed in the Midwest or South. Program directors employed at institutions in the South had higher salaries than those employed in other regions (M = \$117,332).

Table 35. Faculty, Staff, and Program Director Salaries by Region

		Faculty			Staff		Program Directors			
Region	n	М	SD	n	М	SD	n	М	SD	
Northeast	285	\$104,726	\$65,064	92	\$46,263	\$24,332	31	\$115,252	\$21,236	
Midwest	243	\$101,374	\$52,572	78	\$40,590	\$14,401	33	\$115,044	\$19,092	
South	369	\$100,084	\$41,203	135	\$38,952	\$15,997	45	\$117,332	\$22,895	
West	143	\$98,228	\$32,202	71	\$46,467	\$14,226	18	\$109,333	\$21,586	

Note: All salaries were converted to 1.0 FTE.

Faculty Workload

Excluding medical directors, 49% of faculty performed clinical work in the 2012-2013 academic year, for an average of 9.3 hours per week (SD = 6.97, n = 439). For faculty whose clinical income was reported (n = 212), the average annual salary was \$24,460 (SD = \$23,298, Mdn = \$20,000). Among faculty who worked clinically, 75.6% retained their income (see **Figure 10**).

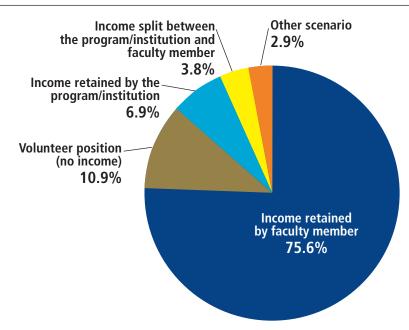


Figure 10. Clinical Income Disposal for PA Program Faculty

Program core faculty taught 66.2% of the didactic phase curriculum (see **Table 36**). Twenty-eight percent of the curriculum was coordinated by core faculty but taught by others, and 6.0% was taught by external personnel with minimal input from core faculty.

Table 36. Percentage of Didactic Curriculum Taught by Core Faculty

	n					P50		
Delivery Method	(Programs)	М	SD	P10	P25	(Mdn)	P75	P90
Taught directly by core faculty	171	66.2%	19.43%	40.0%	50.0%	70.0%	80.0%	90.0%
Coordinated by core faculty but taught by others	171	27.8%	18.80%	5.0%	15.0%	25.0%	40.0%	57.0%
Taught by external personnel with minimal input from core faculty	171	6.0%	9.98%	0.0%	0.0%	0.0%	10.0%	20.0%

Faculty and Staff Capacity, Turnover, and Hiring Practices

To get a better sense of faculty and staff turnover, programs' number of approved faculty and staff FTE (i.e., capacity) and number of positions that were filled and vacant were examined (see **Table 37**). Responding programs reported an average capacity of 6.8 FTE for faculty and 3.3 FTE for staff.

Table 37. Average Faculty and Staff FTE by Capacity, Filled, and Vacant Positions

	Capacity					Filled				Vacant			
Employee	n (Programs)	n (FTE)	<i>M</i> FTE	SD	n (Programs)	n (FTE)	<i>M</i> FTE	SD	n (Programs)	n (FTE)	<i>M</i> FTE	SD	
Faculty	164	1,120	6.83	3.92	165	1,026	6.22	3.24	138	72	0.52	0.73	
Staff	163	532	3.26	2.52	166	524	3.16	2.42	120	17	0.14	0.36	
Program Director	165	166	1.00	0.08	162	161	0.99	0.14	114	7	0.06	0.24	
Medical Director	166	142	0.85	0.52	165	141	0.85	0.51	112	0	0.00	0.00	

Sixty-eight percent of programs hired new faculty in the 2012-2013 academic year. Of these new hires, an average of 1.4 (SD = 0.69) were new faculty positions and 1.6 (SD = 0.92) were replacing existing faculty positions (see **Table 38**).

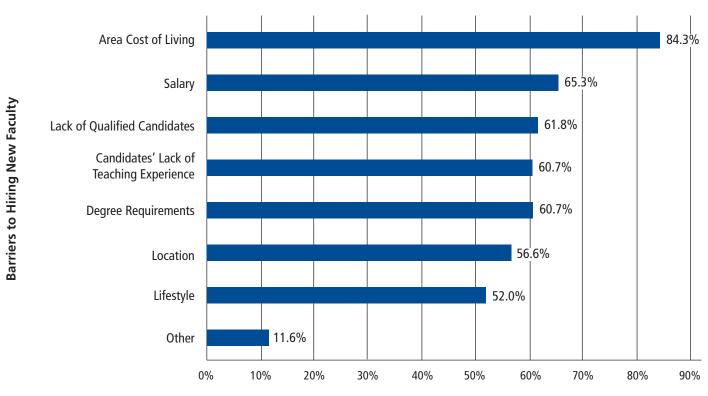
Table 38. Average Number of Faculty and Staff Hired in 2012–2013

	n (Programs)	М	SD
Faculty			
New Position	61	1.4	0.69
Replacing Position	75	1.6	0.92
Staff			
New Position	39	1.1	0.70
Replacing Position	33	1.4	0.82

Barriers to Hiring New Faculty

One hundred and fifteen programs reported having encountered barriers of some kind to hiring new faculty. The most common barriers were area cost of living (84.3%), salary (65.3%), lack of qualified candidates (61.8%), candidates' lack of teaching experience (60.7%), and degree requirements (60.7%, see **Figure 11**).

Figure 11. Barriers to Hiring New Faculty at PA Programs



Percentage of Programs Reporting Barriers

Of the 1,259 faculty members employed at responding PA programs in the 2012-2013 academic year, 8.8% ended their employment and 5.0% were hired during the same period. Most new faculty members (79.0%) worked in clinical practice before they became PA educators, whereas 9.7% worked in PA education (see **Table 39**).

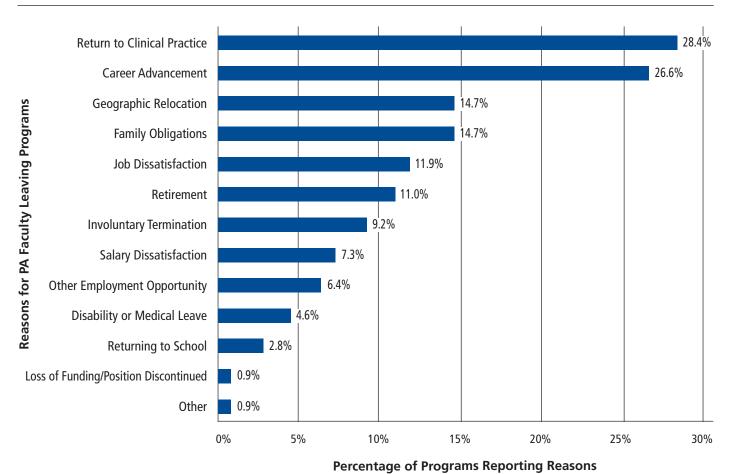
Table 39. Previous Employment of New PA Faculty

Previous Employment	n	%
Clinical Practice	154	79.0%
PA Education	19	9.7%
Other Educational Program	11	5.6%
Other	11	5.6%
Total	195	100.0%

Of the 450 staff members employed at responding PA programs in the 2012-2013 academic year, 3.5% of staff members terminated their employment, and 2.7% were hired.

Programs indicated reasons why faculty ended their employment in the 2012-2013 academic year for 109 faculty members. The most common reason for leaving the program was to return to clinical practice (28.4%), followed by career advancement (26.6%), and geographic location and family obligations (14.7% each, see **Figure 12**).

Figure 12. Reported Reasons for PA Faculty Leaving Programs



It took responding programs an average of 9.4 weeks (SD = 9.75, range 0-50) to find a new faculty member. On average, programs received 3.5 qualified applications for an open faculty position (SD = 3.76, range = 0-19).

Student to Faculty Ratios

Many institutions calculate student to faculty ratio (SFR) differently. The ratio is presented here in two ways: using number of faculty members and total core faculty FTE. The student to faculty ratio was calculated by the total number of enrollees (18,080) divided by the total number of faculty (1,259), which yields a SFR of 14.36 for the academic year 2012–2013. A SFR of 17.80 for the academic year 2012–2013 was calculated by dividing the total number of enrollees (18,080) by the total number of core faculty FTE (1,015.67).

Section 4. Students

Enrollment and Capacity

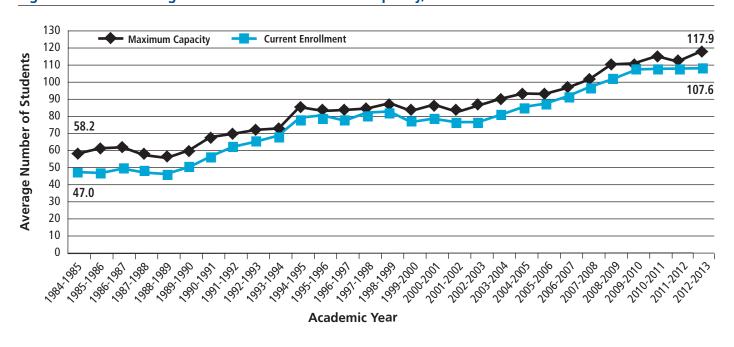
The average enrollment, capacity, and percent of capacity filled for PA programs are displayed in **Table 40**. For the first-year class, the average enrollment was 47.0 students, which was slightly lower than the average capacity of 47.2. The average enrollment for the second-year class was 41.8, which was slightly lower than the average capacity of 46.8. For the third-year class, the average enrollment was 19.2, which was lower than the average capacity of 43.9. Third-year enrollment may vary for programs with duration of 25-35 months because sampling may not coincide with the presence of year-three cohorts.

Table 40. PA Program Enrollment and Capacity

	Class Year	n (<i>Programs</i>)	n (Students)	М	SD	P10	P25	P50 <i>(Mdn)</i>	P75	P90
	First year	168	7,887	47.0	28.06	24.0	31.0	42.0	56.0	74.1
Enrollment	Second year	167	6,982	41.8	24.21	18.6	29.0	39.0	54.0	67.4
	Third year	167	3,211	19.2	23.03	0.0	0.0	0.0	38.0	48.4
	Total	168	18,080	107.6	59.44	41.8	66.8	101.0	136.0	173.2
	First year	169	7,983	47.2	20.20	25.0	32.0	44.0	57.5	77.0
Capacity	Second year	161	7,540	46.8	19.40	25.0	32.0	44.0	55.5	75.0
	Third year	100	4,394	43.9	16.54	25.0	32.0	41.0	50.0	69.5
	Total	169	19,917	117.9	52.28	54.0	84.0	114.0	150.0	180.0

Trends in total capacity and enrollment are shown in **Figure 13**. The average enrollment has remained constant over the past four years, whereas the average capacity has increased.

Figure 13. Total PA Program Overall Enrollment and Capacity, 1985–2013



First-Year Class Enrollment

A total of 7,887 new students were reported for the 168 responding programs (see Figure 14). Total enrollment has increased significantly over the past seven years, stimulated by increases in the number of programs and increased capacity of existing programs.

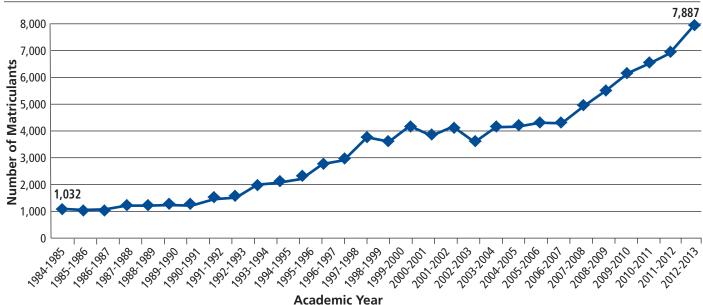


Figure 14. Total First-Year Class Enrollment at PA Programs, 1985–2013

Figure 15 displays the average first-year class enrollment at PA programs since 1985. Considering the average first-year class size of 47.0, a more realistic estimate of the national first-year enrollment of PA students is 8,037 (47.0 average first-year class size multiplied by 171 programs). This calculation was done using the actual, not rounded, average first-year class size number.

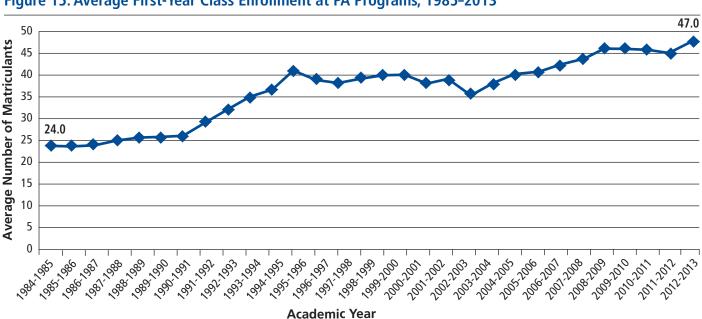


Figure 15. Average First-Year Class Enrollment at PA Programs, 1985–2013

Enrollment by Gender

Percentages of male and female enrollees are shown in **Table 41**. Distribution of male and female enrollees was nearly identical across all three class years. Greater than 70% of students in all three class years and overall are female.

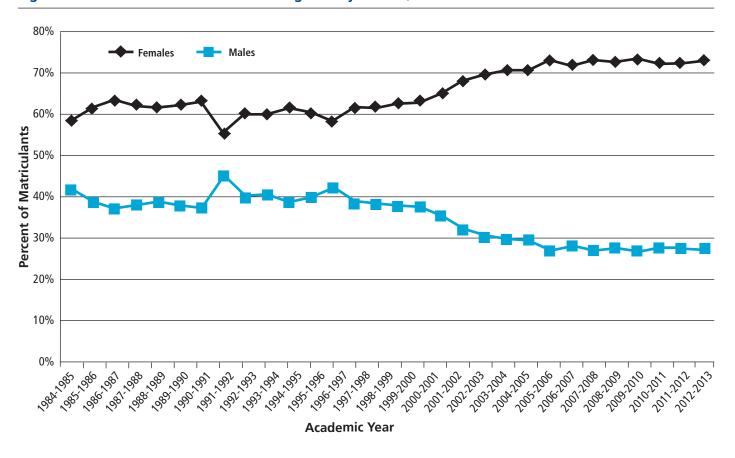
Table 41. PA Program Enrollment by Gender

		Male			Female		Total			
Class Year	n (Programs)	n (Students)	%	n (Programs)	n (Students)	%	n (Programs)	n (Students)	%	
First year	135	1,820	28.6%	136	4,539	71.4%	136	6,359	44.1%	
Second year	122	1,600	28.3%	119	4,059	71.7%	122	5,659	39.3%	
Third year	55	631	26.3%	56	1,767	73.7%	56	2,398	16.6%	
Total	135	4,051	28.1%	136	10,365	71.9%	136	14,416	100.0%	

Note: There were some students whose gender was not reported; thus, the overall n is lower than expected.

The gender distribution of first-year students has stabilized after a 20-year trend of gradually increasing the proportion of females (see **Figure 16**).

Figure 16. First-Year Enrollment at PA Programs by Gender, 1985-2013



Enrollment by Gender and Ethnicity

Table 42 displays PA program enrollment by gender and ethnicity. For all years, there was a higher proportion of Hispanic males than Hispanic females. This is possibly due to a higher proportion of females with an unknown ethnicity; therefore, some female enrollees who are Hispanic may not have been designated as such. Overall, 5.5% of all enrollees are Hispanic. Unfortunately, a significant number of programs did not report student ethnicity data, which makes it challenging to provide a true picture of the demographics for PA students nationwide.

Table 42. PA Program Enrollment by Gender and Ethnicity

Class Year	Gender		Hispanic	Non-Hispanic	Unknown	Total
First year	Male	n (Programs)	49	126	27	
		n (Students)	133	1,520	167	1,820
		%	7.3%	83.5%	9.2%	100.0%
	Female	n (Programs)	84	126	26	
		n (Students)	249	3,817	473	4,539
		%	5.5%	84.1%	10.4%	100.0%
Second year	Male	n (Programs)	51	112	17	
		n (Students)	120	1,328	152	1,600
		%	7.5%	83.0%	9.5%	100.0%
	Female	n (Programs)	69	114	23	
		n (Students)	219	3,411	429	4,059
		%	5.4%	84.0%	10.6%	100.0%
Third year	Male	n (Programs)	24	51	10	
		n (Students)	51	500	80	631
		%	8.1%	79.2%	12.7%	100.0%
	Female	n (Programs)	40	53	12	
		n (Students)	105	1,428	234	1,767
		%	5.9%	80.8%	13.2%	100.0%
Total	Male	n (Programs)	51	126	27	
		n (Students)	304	3,348	399	4,051
		%	7.5%	82.6%	9.8%	100.0%
	Female	n (Programs)	84	126	26	
		n (Students)	573	8,656	1,136	10,365
		%	5.5%	83.5%	11.0%	100.0%

Enrollment by Gender and Race

Table 43 displays PA program enrollment by gender and race. For the first-year class, there was a higher percentage of female students who were White, Black or African American, and Asian compared with male first-year students. For the second-year class, there was a higher proportion of male students who were White and Asian compared with female second-year students. For the third-year class, there was a higher proportion of male students who were Black or African American and Asian compared with female third-year students. Students identified by "other" race or "do not know/do not wish to report" could attribute to some of these differences in enrollment by gender and race. The significant number of programs that did not report student race data makes it challenging to provide a true picture of the demographics for PA students nationwide. For all years combined, there was little difference between the proportions of each race by gender.

Table 43. PA Program Enrollment by Gender and Race

Class Year	Gender		White	Black or African American	Asian	American Indian or Alaskan Native	Native Hawaiian or Pacific Islander	Other	Do not know/Do not wish to report	Total
First year	Male	n (Programs)	135	42	68	11	7	30	28	135
		n (Students)	1,428	72	133	11	8	169	199	2,020
		%	70.7%	3.6%	6.6%	0.5%	0.4%	8.4%	9.9%	100.0%
	Female	n (Programs)	136	76	111	22	8	48	28	136
		n (Students)	3,527	208	350	29	12	195	552	4,873
		%	72.4%	4.3%	7.2%	0.6%	0.2%	4.0%	11.3%	100.0%
Second year	Male	n (Programs)	122	34	61	11	1	28	22	122
		n (Students)	1,187	50	114	14	1	70	159	1,595
		%	74.4%	3.1%	7.1%	0.9%	0.1%	4.4%	10.0%	100.0%
	Female	n (Programs)	119	78	94	20	7	43	26	119
		n (Students)	3,213	183	298	27	8	159	504	4,392
		%	73.2%	4.2%	6.8%	0.6%	0.2%	3.6%	11.5%	100.0%
Third year	Male	n (Programs)	55	24	31	3	4	14	13	55
		n (Students)	438	42	44	3	4	20	96	647
		%	67.7%	6.5%	6.8%	0.5%	0.6%	3.1%	14.8%	100.0%
	Female	n (Programs)	56	34	43	4	4	16	17	56
		n (Students)	1,297	63	110	6	4	31	341	1,852
		%	70.0%	3.4%	5.9%	0.3%	0.2%	1.7%	18.4%	100.0%
Total	Male	n (Programs)	135	42	68	11	7	30	28	135
		n (Students)	3,053	164	291	28	13	259	454	4,262
		%	71.6%	3.8%	6.8%	0.7%	0.3%	6.1%	10.7%	100.0%
	Female	n (Programs)	136	78	111	22	8	48	28	136
		n (Students)	8,037	454	758	62	24	385	1,397	11,117
		%	72.3%	4.1%	6.8%	0.6%	0.2%	3.5%	12.6	100.0%

First-Year Class: Age

Table 44 shows the average age of matriculants for responding programs. The average age of first-year students was 26.3 years (SD = 2.72). The average age of the youngest and oldest first-year student was 21.5 years (SD = 1.13) and 44.5 years (SD = 8.62), respectively.

Table 44. First-Year Class: Age

	n			
Age	(Programs)	М	SD	Mdn
Average Age of First-Year PA Student	164	26.3	2.72	26.0
Average Age of Youngest First-Year PA Studen	it 162	21.5	1.13	21.0
Average Age of Oldest First-Year PA Student	162	44.5	8.62	44.0

First-Year Class: Grade Point Averages

Table 45 shows the average grade point averages (GPAs) of matriculants for responding programs. The average undergraduate non-science GPA (M = 3.54, SD = 0.16) was higher than the average overall undergraduate GPA (M = 3.49, SD = 0.15) and average undergraduate science GPA (M = 3.45, SD = 0.17). The average CASPA Biology, Chemistry, Physics (BCP) GPA was 3.40 (SD = 0.17) for responding programs who accepted students from CASPA.

Table 45. First-Year Class: Grade Point Averages

	n			
GPA Category	(Programs)	M	SD	Mdn
Overall Undergraduate	159	3.49	0.15	3.50
Undergraduate Science	143	3.45	0.17	3.45
CASPA Biology, Chemistry, Physics (BCP)	64	3.40	0.17	3.40
Undergraduate Non-Science	74	3.54	0.16	3.57

First-Year Class: Health Care Experience

Table 46 shows the average health care experience hours of matriculants for responding programs. Ninety-four percent of responding programs reported that their students accrued patient contact experience (M = 3,089.1, SD = 3,061.29). Only 21.2% of responding programs reported that their students accrued research experience (M = 755.6, SD = 724.53).

Table 46. Average Health Care Experience Hours of Matriculating Students

	n			
Health Care Experience	(Programs)	М	SD	Mdn
Patient Contact	80	3,089.1	3,061.29	2,458.0
Other Health Experience	26	1,083.6	1,497.52	331.0
Other Work Experience	16	3,560.4	4,063.74	2,750.5
Community Service	27	359.9	336.12	251.0
Shadowing	35	167.7	284.08	100.0
Research	18	755.6	724.53	688.0
Total	85	4,252.4	5,582.24	2,662.0

Matriculants Serving in the Military

Programs were asked to report the number of students in the 2012-2013 matriculating class who have served or are currently serving in the military. One military institution was excluded from these analyses, as their data would have inflated the mean. Eighty-five programs reported an average of 2.6 (SD = 2.50) students who are veterans. Thirty-seven programs reported an average of 1.8 (SD = 1.55) students who have served, or are currently serving, in the Reserve or National Guard. Twelve programs reported an average of 1.8 (SD = 1.19) students who are currently serving on active duty. Seventy-two programs reported an average of 2.0 (SD = 4.04) students who had military health care training.

Background Check and Mandatory Drug Testing

Over three-quarters of responding programs (82.8%, n = 140) reported that students were required to have a background check upon matriculation into the program. The majority of programs (78.7%, n = 133) have a policy for mandatory drug testing. Of these programs, 30.8% conduct drug tests only when requested by the clinical site, 21.1% at or before matriculation, 20.3% before the clinical year, 19.5% at or before matriculation and before the clinical year, 6.0% using multiple methods, and 2.3% only when there is cause/suspicion.

The 2013 Cohort

Programs were asked to provide information for their 2013 cohort, including new students, decelerated students from previous classes, and students that delayed/deferred admission into the program from the previous year. The cohort is defined as the group of students who entered into a program expecting to graduate in 2013. For most programs, this group started in 2011. At matriculation, the 2013 cohort had an average of 45.5 new students (SD = 20.29), 0.8 decelerated students from a previous class (SD = 1.54), and 0.1 students who delayed or deferred admission from the previous year (SD = 0.26, see **Table 47**).

Table 47, 2013 Cohort: Enrollment at Matriculation

	n (Programs)	n (Students)	М	SD	Mdn	% of Class
New Students	150	6,823	45.5	20.29	42.0	98.0%
Decelerated Students from Previous Class	150	126	0.8	1.54	0.0	1.8%
Delayed/Deferred Admission from Previous Year	150	11	0.1	0.26	0.0	0.2%
Total	150	6,960	46.4	20.72	42.0	100.0%

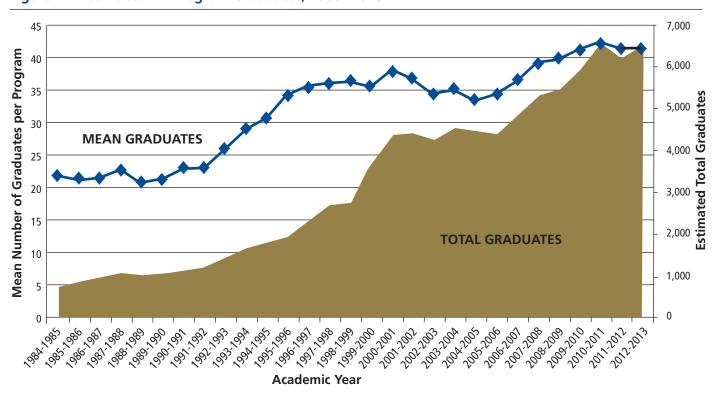
Programs were asked to provide information for their 2013 cohort, including students who decelerated, withdrew, and graduated on time. The cohort was defined as all students who entered into the PA program expecting to graduate on time in 2013, regardless of their eventual graduating status. This includes students who graduated, withdrew, and decelerated. On average, the 2013 cohort had 41.5 graduates (SD = 21.96), 1.4 decelerated students (SD = 3.93), and 1.5 students who withdrew (SD = 2.15, see **Table 48**).

Table 48. 2013 Cohort: Graduated, Withdrawn, and Decelerated Students at PA Programs

	n (Students)	М	SD	Mdn	% of Class
Graduated on Time	5,679	41.5	21.96	38.0	93.5%
Decelerated	193	1.4	3.93	0.0	3.2%
Withdrew	204	1.5	2.15	1.0	3.4%
Total	6,076	43.2	22.91	40.5	100.0%

There were approximately 5,679 graduates from 137 responding programs in 2013. Considering the average graduate class size of 41.5, a more realistic estimate of the national output of PAs would be 6,508 (41.5 average graduate class size multiplied by 157 programs that had graduates expected). This calculation was done using the actual, not rounded, average graduate class size number. **Figure 17** shows the average number of graduates per program (left axis) and the estimated total of PA program graduates (right axis) since 1985.

Figure 17. Estimated PA Program Graduates, 1985–2013



2013 Cohort: Gender, Race, and Ethnicity

The average percentage of male students who withdrew (4.6%) was higher than female students (2.9%, see **Table 49**). The average percentage of decelerated male students (2.4%) was lower than that of their female counterparts (3.5%). The average graduation rate for PA students was 93.5%, which was higher than last year (92.5%). Female PA students had a slightly higher graduation rate (93.7%) than male PA students (93.0%), both of which are higher than last year. The number of withdrawn and decelerated students may be artificially lower because of the response rate.

Table 49. 2013 Cohort: Graduated, Withdrawn, and Decelerated by Gender

	Males		Fen	nales	Total		
	n	% Males	n	% Females	n	% Total	
Graduated on Time	1,570	93.0%	4,109	93.7%	5,679	93.5%	
Decelerated	41	2.4%	152	3.5%	193	3.2%	
Withdrew	78	4.6%	126	2.9%	204	3.4%	
Total	1,689	100.0%	4,387	100.0%	6,076	100.0%	

Note: Total programs responding = 137.

For the 2013 cohort, 74.5% of the students who graduated are White, 6.3% are Asian, and 3.4% are Black or African American (see **Table 50**). There was a higher proportion of Black or African American students who withdrew or decelerated, compared with the proportion of those who graduated. Additionally, there was a higher proportion of Asian students that decelerated, compared with the proportion of those who graduated.

Some interesting gender differences emerged when examining the 2013 cohort by gender and race. A higher proportion of female Asian students decelerated (19.1%) compared to male Asian students (4.9%). For both males and females, there was a higher proportion of Black or African American students who withdrew or decelerated, compared with the proportion of males and females who graduated. These results indicate that programs may experience more difficulty retaining male and female students who are Black or African American and female students who are Asian.

Table 50. 2013 Cohort by Gender and Race

			/lale		Female						Total							
	Grad	luated	Dece	elerated	Wit	hdrew	Gradi	uated	Dece	lerated	Witl	ndrew	Gradı	ıated	Dece	lerated	Wit	thdrew
Race	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
White	1,191	75.9%	28	68.3%	45	57.7%	3,041	74.0%	91	59.9%	86	68.3%	4,232	74.5%	119	61.7%	131	64.2%
Black or African American	61	3.9%	5	12.2%	17	21.8%	132	3.2%	18	11.8%	12	9.5%	193	3.4%	23	11.9%	29	14.2%
Asian	95	6.1%	2	4.9%	6	7.7%	262	6.4%	29	19.1%	12	9.5%	357	6.3%	31	16.1%	18	8.8%
American Indian or Alaskan Nati	10	0.6%	1	2.4%	0	0.0%	22	0.5%	1	0.7%	2	1.6%	32	0.6%	2	1.0%	2	1.0%
Native Hawaiian or Pacific Island	4 ler	0.3%	0	0.0%	0	0.0%	7	0.2%	0	0.0%	0	0.0%	11	0.2%	0	0.0%	0	0.0%
Other	64	4.1%	3	7.3%	4	5.1%	132	3.2%	6	3.9%	6	4.8%	196	3.5%	9	4.7%	10	4.9%
Missing/ Do not know	145 /	9.2%	2	4.9%	6	7.7%	513	12.5%	7	4.6%	8	6.3%	658	11.6%	9	4.7%	14	6.9%
Total	1,570	100.0%	41	100.0%	78	100.0%	4,109	100.0%	152	100.0%	126	100.0%	5,679	100.0%	193	100.0%	204	100.0%

Note: Total programs responding = 137.

For the 2013 cohort, 82.9% of the students who graduated are non-Hispanic and 5.4% are Hispanic (see **Table 51**). There was a higher proportion of Hispanic students who decelerated (13.2%) or withdrew (13.6%) compared with the proportion of those who graduated (5.4%).

Some interesting gender differences emerged when examining the 2013 cohort by gender and ethnicity. A higher proportion of male Hispanic students decelerated (15.6%) compared to female Hispanic students (12.1%). Additionally, a higher proportion of male Hispanic students withdrew (16.8%) compared to female Hispanic students (11.0%). These results indicate that programs may experience more difficulty retaining male students who are Hispanic.

Table 51. 2013 Cohort by Gender and Ethnicity

		Male						Female						Total					
	Grad	uated	Dece	elerated	Wit	thdrew	Grad	uated	Dece	lerated	Wit	hdrew	Grad	uated	Decel	erated	With	drew	
Race	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
Hispanic	110	6.7%	7	15.6%	16	16.8%	188	4.9%	13	12.1%	13	11.0%	298	5.4%	20	13.2%	29	13.6%	
Non- Hispanic	1,385	83.9%	35	77.8%	75	78.9%	3,187	82.5%	90	84.1%	97	82.2%	4,572	82.9%	125	82.2%	172	80.8%	
Missing/ Do not kno	156 ow	9.4%	3	6.7%	4	4.2%	489	12.7%	4	3.7%	8	6.8%	645	11.7%	7	4.6%	12	5.6%	
Total	1,651	100.0%	45	100.0%	95	100.0%	3,864	100.0%	107	100.0%	118	100.0%	5,515	100.0%	152	100.0%	213	100.0%	

Note: Total programs responding = 136.

As shown in **Table 52**, Native Hawaiian or other Pacific Islander students had the highest graduation rate (100.0%), followed by American Indian or Alaskan Native (97.9%), and students with missing or unknown race (96.2%). Non-Hispanic students had a slightly higher graduation rate (93.7%) than Hispanic students (93.1%). Compared with last year's data, graduation rates for all races and ethnicities increased.

Table 52. 2013 Cohort: Graduation Rates by Race and Ethnicity

		Ethi	nicity						
_	White	Black or African American	Asian	American Indian or Alaskan Native	Native Hawaiian or other Pacific Islander	Other	Missing/ Don't Know	Hispanic	Non- Hispanic
n (Students)	4,380	245	406	36	11	215	681	347	4,869
n (Programs)	124	94	101	27	8	50	29	86	117
M %	95.7%	89.9%	93.0%	97.9%	100.0%	94.8%	96.2%	93.1%	93.7%
Mdn %	99.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.5%

Reasons for Withdrawal and Dismissal

For the 154 programs responding, the most common reason for student withdrawal was academic dismissal (52.6% of programs, 52.6% of total withdrawn students), followed by personal (29.2% of programs, 20.6% of total withdrawn students), voluntary withdrawal (17.6% of programs, 12.5% of total withdrawn students), medical (14.9% of programs, 7.9% of total withdrawn students), and non-academic dismissal (e.g., professionalism: 11.8% of programs, 6.5% of total withdrawn students).

Future Direction

There were a few changes made to the 2014 Program Survey that will influence future reporting. In 2014, the employee profile section of the survey was removed, and a new PA Program Faculty and Directors Survey was created. Future reports will no longer include salary data, as these data will be included in a separate report moving forward.

In the next release of program survey data (2013-2014), the Annual Report will assume a new name in order to avoid confusion between this report and PAEA's Annual Report, which includes the Association's financial information. Due to the overwhelmingly positive response received regarding the fresh and visually appealing nature of PAEA's Brief Reports, the way that the program survey data are reported next year will be changed. PAEA's goal is to present data in a way that is most useful and understandable to both members and external consumers. PAEA has been tracking program survey data since 1985 and includes these historical data in many of the figures displayed in the Annual Report. However, due to page restrictions and changes to future design elements of the Annual Report, only historical data dating back to 1995 will be included moving forward. It is anticipated that these changes will be beneficial, and feedback is invited.

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