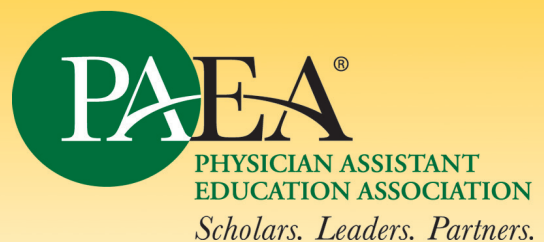


Twenty-Eighth
Annual Report

Physician Assistant Educational Programs in the United States

2011-2012



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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. As of September 2012, PAEA represented 164 member programs when the 2012 Program Survey was administered. As of February 2014, there were 181 accredited PA programs and all were members of PAEA. For more information about PAEA, its products and services, visit <http://PAEAonline.org>.

Methods

The Survey Instrument

The survey consisted of six 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 demographic characteristics of faculty and staff, professional characteristics of faculty and staff, salaries of faculty and staff, clinical work, turnover, tenure tracks available at sponsoring institutions, and barriers to hiring new faculty.

Application and Admissions: Includes entry-degree requirements, health care experience requirements, and interview requirements.

Matriculants: Includes demographic and academic information about enrolled students.

Class Profiles and Graduates: Includes information on student graduation, attrition and deceleration, and characteristics of recent graduates.

All sections of the survey cover the 2011–2012 academic year, except those relating to financial information. The financial information is based on the 2011–2012 fiscal year, as defined by each program.

Unless otherwise indicated, the survey covers the professional phase of the program. “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 two years of 2+2 or similar programs were not considered to be in the professional phase.

Survey Administration and Enhancements

The online 2012 Program Survey was sent to 164 member PA program directors on September 25, 2012. Email reminders were sent to non-respondents via the Qualtrics survey software from October to December 2012. Follow-up calls and emails were conducted between November 2012 and February 2013. Follow-up calls were conducted by PAEA Research Department staff until all 164 member PA programs completed the survey. After the follow-up calls were completed, the survey closed in March 2013. The survey yielded an overall response rate of 100% based on the 164 respondents; however, the response rate for some items is lower.

There were numerous enhancements made to the 2012 Program Survey. This was the first year that the survey was administered through Qualtrics Research Suite, a web-based survey platform. Using Qualtrics enabled PAEA to have full control over the survey building, administration, technical support, and data collection. Additionally, sending the survey through Qualtrics provided the ability to send reminders only to those who had not yet completed the survey. Based on data members most frequently requested from PAEA, it was decided to report more granular data this year (e.g., salary data). PAEA also made high-resolution images available online for all tables and figures for the 27th Annual Report to use in presentations. Images for the 28th Annual Report are forthcoming on the website.

Data Editing and Analysis

Responses to multiple choice questions were checked for logistical 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 this analysis. Tables and figures presented in this report represent aggregate data from the respondents. The number of responses to individual survey items varied slightly. Data for parts of the matriculant section of the survey were obtained from reports generated through the Centralized Application Service for Physician Assistants (CASPA) and the 2012 Program Survey data.

IHS Global Inc. assisted with the analysis of data and creation of tables. IHS Global Inc. consultants Timothy Dall and Michael Storm created preliminary tables for the entire report and provided final salary tables for publication. In general, analyses of the data consisted of producing descriptive statistics on the variables of interest (i.e., percentage, arithmetic mean, median, standard deviation (i.e., STDEV, SD), range of values, and percentiles). Data were not reported when there were fewer than five values in a category for sensitive data fields (e.g., salary, gender, and race). In some cases, data were not reported as indicated by NR. In some cases, percentages presented in tables will not equal 100% due to rounding or when multiple responses were allowed.

Acknowledgements

PAEA acknowledges the Data & Research Subcommittee and its chair, Theresa Hegmann, as well as members of the Research Council for their review and guidance. The PAEA Research Department staff were responsible for development and administration of the survey, as well as 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 2011–2012 as the parameter for determining the academic year. For example, a program that begins in July and is 26 months would use July 2011 through August 2012.

Health Resources and Services Administration (HRSA) of the United States Department of Health & Human Services Regions: The 50 states and the District of Columbia are divided into 10 HRSA regions, as follows:

- HRSA Region 1: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, and Connecticut
- HRSA Region 2: New York and New Jersey
- HRSA Region 3: Pennsylvania, Maryland, Delaware, Virginia, District of Columbia, and West Virginia
- HRSA Region 4: Kentucky, Tennessee, North Carolina, South Carolina, Georgia, Florida, Alabama, and Mississippi
- HRSA Region 5: Minnesota, Wisconsin, Illinois, Indiana, Michigan, and Ohio
- HRSA Region 6: New Mexico, Texas, Oklahoma, Arkansas, and Louisiana
- HRSA Region 7: Nebraska, Kansas, Iowa, and Missouri
- HRSA Region 8: Montana, North Dakota, South Dakota, Wyoming, Colorado, and Utah
- HRSA Region 9: Nevada, California, Arizona, and Hawaii
- HRSA Region 10: Washington, Oregon, Idaho, and Alaska

Cohort: The cohort, or class, is defined as all students who entered into the PA program expecting to graduate on time in 2012, regardless of their eventual graduation status.

Core faculty: The program director, the medical director, and all additional faculty, regardless of FTE, who are supervised by the program director.

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

Fiscal year: Programs were asked to use the prior fiscal year (i.e., 2010–2011) 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).

Maximum capacity: Maximum number of students that could potentially be enrolled in a program for each admission cycle.

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).

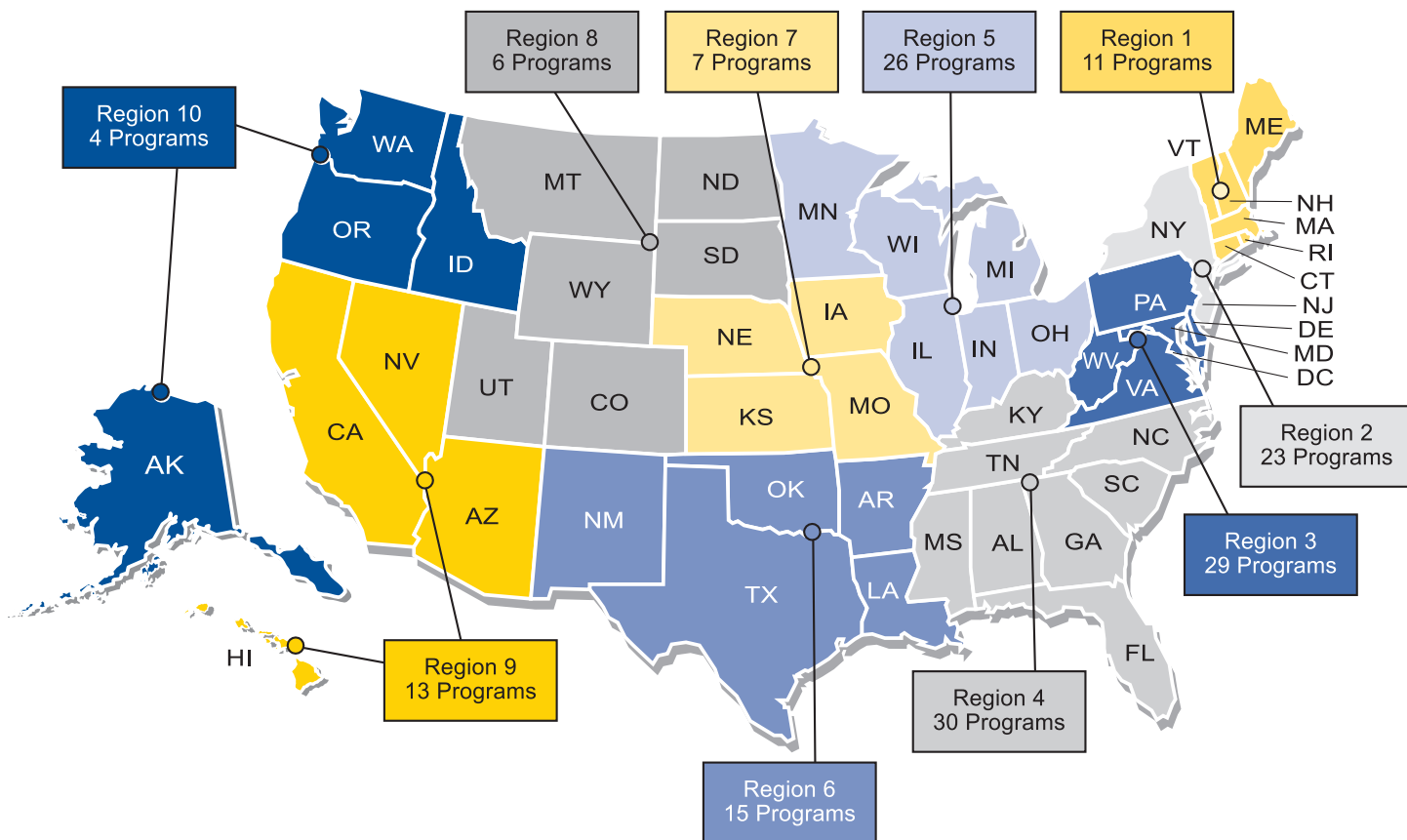
Professional phase: Refers to only that portion of a PA student's education that is conducted in an educational program accredited by the ARC-PA; this is typically about two years in length (one year of classroom and laboratory instruction, followed by one year of clinical rotations). Students in "pre-PA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

Section 1. General Information

Geographic Location of PAEA Member Programs

In September 2012, when the 2012 Program Survey was administered, there were 164 PAEA member programs across the country. **Figure 1** shows the geographic location of PA programs as determined by their HRSA regions. HRSA is the primary source of federal funding for physician assistant programs.

Figure 1. Geographic Distribution of PAEA Member Programs by HRSA Regions



Note: Not all states have PA programs.

Characteristics of Sponsoring Institutions

Over half (64.0%) of responding programs indicated that their sponsoring institutions were private. Of the 154 programs who responded, 30.5% indicated that their sponsoring institution was an academic health center (AHC). Sixty-three percent of responding programs were located in a school of allied health, health professions, human services, or health sciences. Sixteen percent of responding programs were located in a school of medicine, followed by 7.1% in a science department or college of arts and sciences, 5.8% in a school of PA studies, 4.9% in some other administrative housing, and 3.2% in a school of graduate or professional studies.

Credentials Awarded

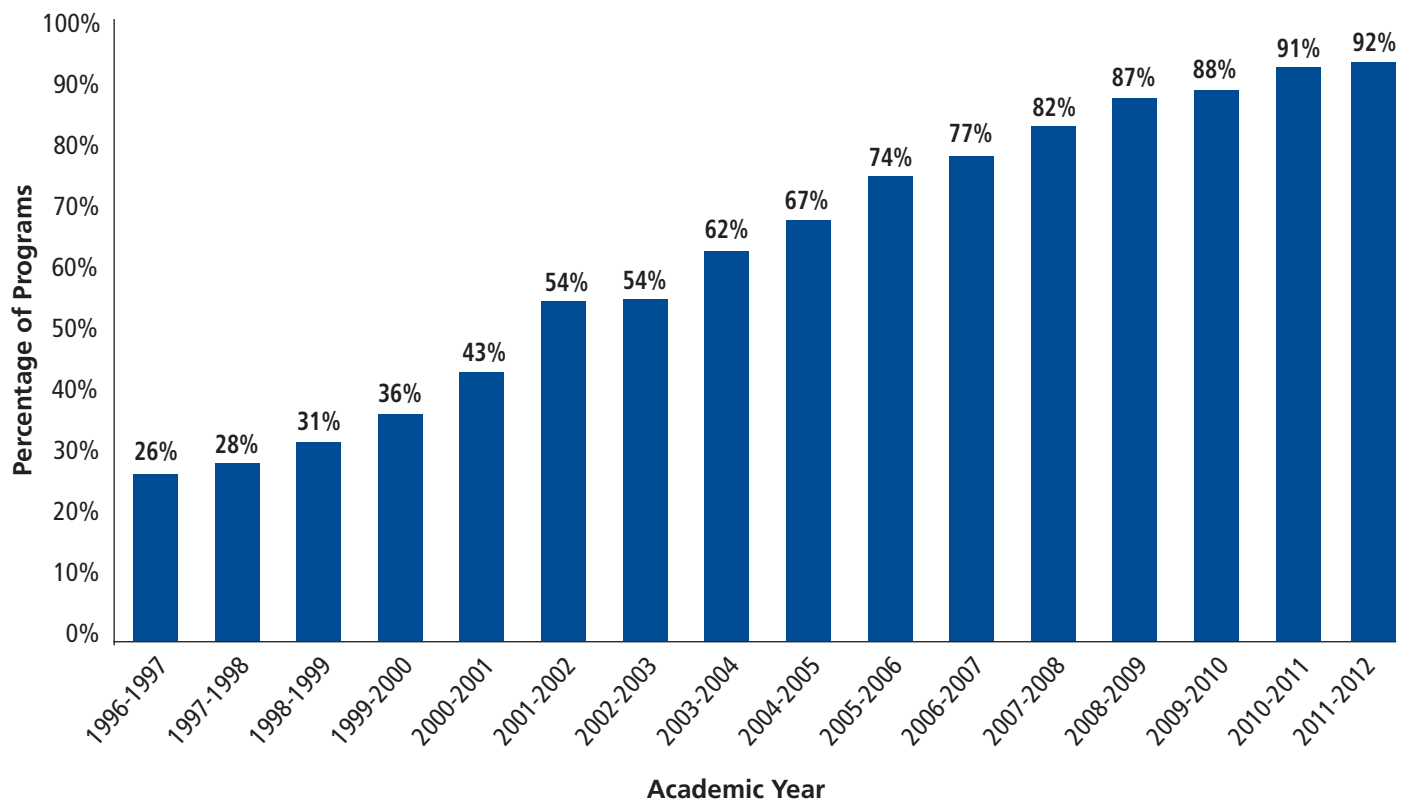
Of the 153 responding programs, 99% did not have a change in credentials from the previous academic year (2010–2011). The majority of PA programs (92.1%) offer a master’s degree as the highest credential (see **Table 1**). Two programs offer a certificate. **Figure 2** demonstrates the rapid growth of master’s degrees as the highest degree awarded since 2000. **Table 2** illustrates the wide diversity of the types of degrees offered by physician assistant programs.

Table 1. Highest Credential Awarded by PAEA Member Programs

Credential	n	%
Master’s Degree	151	92.1%
Baccalaureate Degree	9	5.5%
Certificate	2	1.2%
Associate’s Degree	2	1.2%
Total	164	100.0%

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

Figure 2. Growth of Master’s Degrees as Highest Degree Awarded by PAEA Member Programs, 1997-2012



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

Table 2. Credentials Awarded by PAEA Member Programs

Credential	n (Programs)
Certificate	27
Associate’s Degree	4
Baccalaureate Degree	
Bachelor of Science (BS)	8
Bachelor of Science in Physician Assistant (BSPA)/Bachelor of Science in Physician Assistant Studies (BSPAS)/ Bachelor of Physician Assistant Studies (BPAS)/Bachelor of Physician Assistant (BPA)	7
Bachelor of Medical Sciences (BMS)	1
Bachelor of Clinical Health Services (BCHS).....	1
Bachelor of Health Science (BHS)/Bachelor of Science in Health Science (BSHS)	4
Other Baccalaureate degree	2
Master’s Degree	
Master of Science (MS)	29
Master of Physician Assistant Studies (MPAS)/Master of Science in Physician Assistant Studies (MSPAS)/Master of Physician Assistant Practice (MPAP)/Master of Physician Assistant (MPA)	81
Master of Health Science (MHS)/Master of Science in Health Science (MSHS).....	12
Master of Medical Science (MMS/MMSc)/Master of Science in Medicine (MSM).....	24
Master of Public Health (MPH)	4
Other Master’s degree.....	4
Total Programs	164

Note: Some programs award more than one credential. Missing data were filled in by PAEA in order to achieve 100% response rate.

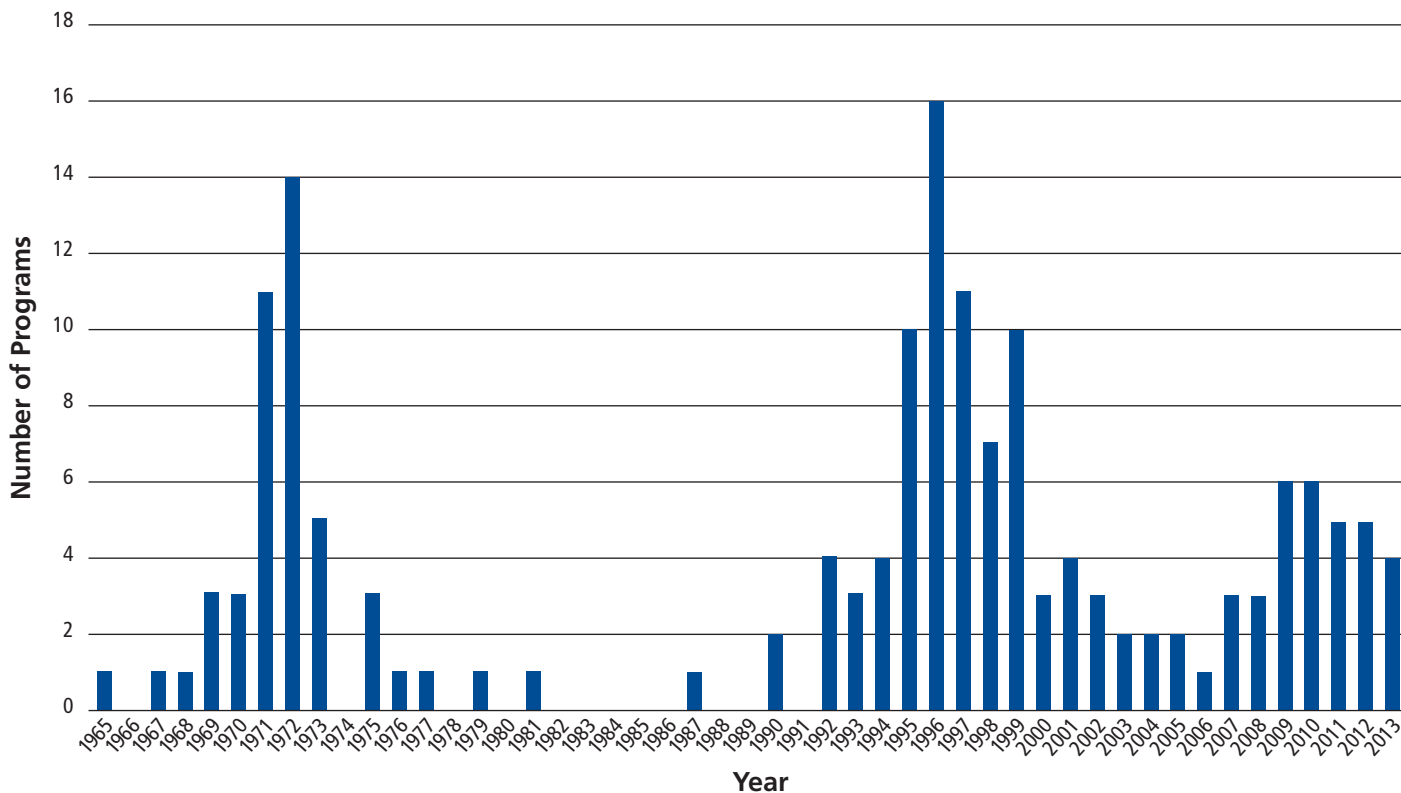
Credentials Required for Entry

All of the associate’s degree programs (n = 4) and most of the bachelor’s degree programs (83.3%, n = 15) did not require a degree to enter their programs. However, 90.6% of master’s degree programs (n = 125) required a baccalaureate degree to enter their program. The remainder required a certain number of credit hours for entry. Just over half of the dual degree programs (55.6%, n = 5) did not require a degree to enter their programs.

Year First Class Enrolled

Figure 3 shows the number of programs enrolling their first classes in each academic year since the first PA program enrolled students in 1965. This year, PAEA contacted all programs to verify these data to ensure stable data are reported moving forward.

Figure 3. PA Programs by Year First Class Enrolled



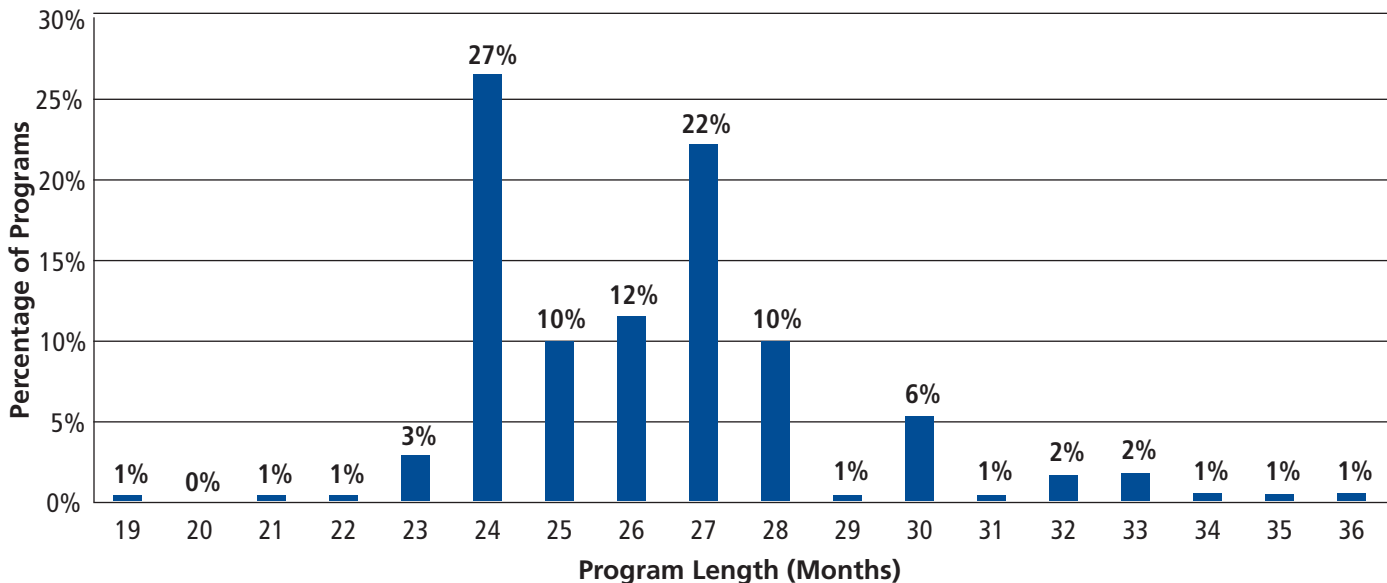
Note: Accreditation cycle for 2013–2014 not complete.

Program Length

Program length was measured for the professional phase only; thus, the calculations do not include the pre-professional phase. **Figure 4** shows that the average program length was 26 months for all responding programs (n = 162). Roughly 80% of programs reported a program length between 24 and 28 months in the 2011–2012 academic year. The shortest program length was 19 months and the longest program length was 36 months.

The average length of the didactic phase was 54 weeks (SD = 9.6, Median = 52) and the average length of the clinical phase was 52 weeks (SD = 6.8, Median = 50). The average length of vacation was 8 weeks (SD = 6.1, Median = 7). The average total program length was 114 weeks (SD = 12.3, Median = 113), or 26.4 months, which includes vacation. As more programs are incorporating clinical training during the didactic phase of their programs, it becomes increasingly challenging to capture the exact length of time for each phase.

Figure 4. Total PA Program Length (Months)

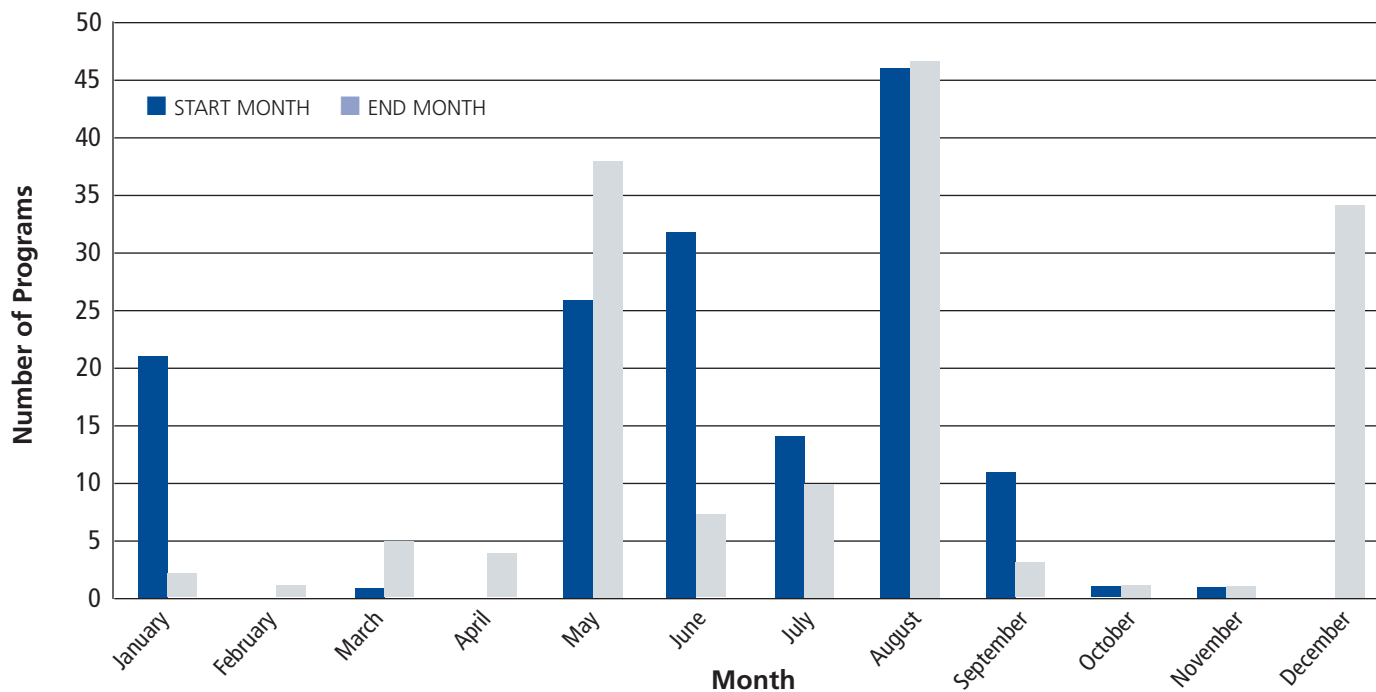


Note: Total may not add up to 100% due to rounding.

Program Start and End Months

Figure 5 shows that the most common start month for responding programs was August (30.1%). Eighty-six percent of 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



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 2011–2012 academic year.

Program Budget

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 138 programs. Most responding programs (96.4%) reported having received direct support from their sponsoring institutions. On average, direct support from the sponsoring institution made up 81.0% of the budget. Fifty-one percent of responding programs collected tuition and fees directly, which accounted for 58.1% of their total budget amount.

Table 3. Sources of Financial Support for PA Programs

Budget Source	n	Mean	STDEV	P10	P25	P50 (Median)	P75	P90	Mean % of Budget
Overall Budget	138	\$1,883,941	NR	\$612,829	\$920,643	\$1,249,431	\$1,901,867	\$3,460,885	NR
Sponsoring Institution	133	\$1,136,464	\$1,065,916	\$303,776	\$653,245	\$957,004	\$1,288,000	\$1,800,954	81.0%
Tuition and Fees	71	\$1,898,486	\$3,336,391	\$36,175	\$145,812	\$1,238,038	\$2,307,655	\$4,100,000	58.1%
Federal Grant/Contract	38	\$152,161	\$82,217	\$53,196	\$119,410	\$129,968	\$205,314	\$258,256	10.9%
State Grant/Contract	11	\$241,027	\$191,962	\$20,740	\$142,500	\$171,360	\$360,939	\$516,050	21.9%
Private Foundation	12	\$66,797	\$140,370	\$3,000	\$4,500	\$12,000	\$63,750	\$97,500	5.8%
Private Donation	23	\$44,593	\$107,415	\$760	\$2,000	\$5,000	\$26,035	\$127,793	3.5%
Other	19	\$67,254	\$90,882	\$10,027	\$17,044	\$28,189	\$60,759	\$191,129	3.4%

Note: 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 budgets by class size. Average budget from sponsoring institution and average total budget increased as class size increased for responding PA programs at both public and private institutions. Average budget from sponsoring institution and average total budget were higher for responding PA programs from private institutions than those from public institutions regardless of class size.

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

	Budget from Sponsoring Institution				Total Budget			
	n	Mean	STDEV	Median	n	Mean	STDEV	Median
Public								
0–25	5	\$453,511	\$140,653	\$509,418	8	\$1,013,893	\$558,077	\$760,187
26–50	32	\$1,017,225	\$1,517,771	\$800,198	35	\$1,393,412	\$1,506,817	\$974,908
51–75	9	\$1,105,620	\$573,028	\$1,445,896	10	\$1,428,936	\$556,606	\$1,503,717
All Public	48	\$956,197	\$1,273,918	\$791,229	54	\$1,426,442	\$1,383,453	\$1,015,519
Private								
0–25	11	\$693,241	\$309,931	\$792,027	13	\$1,097,755	\$573,696	\$978,324
26–50	38	\$1,154,832	\$722,709	\$1,014,318	49	\$2,305,518	\$3,799,911	\$1,266,205
51–75	18	\$1,422,761	\$625,215	\$1,380,485	21	\$2,409,846	\$2,009,055	\$1,589,522
76–100	6	\$2,777,218	\$2,030,028	\$2,074,694	8	\$3,832,863	\$2,634,472	\$3,008,662
All Private	83	\$1,249,919	\$929,059	\$1,069,730	92	\$2,121,906	\$2,955,036	\$1,288,000

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

Table 5 shows the institutional budget differences between PA programs from academic health centers and non-academic health centers. Average budget from sponsoring institution was higher for responding PA programs from non-academic health center institutions. However, average total budget was higher for responding PA programs from academic health center institutions.

Table 5. Institutional Budget Differences

	Academic Health Center Institutions				Non-Academic Health Center Institutions			
	n	Mean	STDEV	Median	n	Mean	STDEV	Median
Average Budget from Sponsoring Institution	34	\$960,842	\$705,466	\$828,697	99	\$1,196,779	\$1,161,206	\$968,474
Average Total Budget	46	\$2,077,758	\$1,908,643	\$1,503,717	112	\$1,804,337	\$2,734,979	\$1,115,059

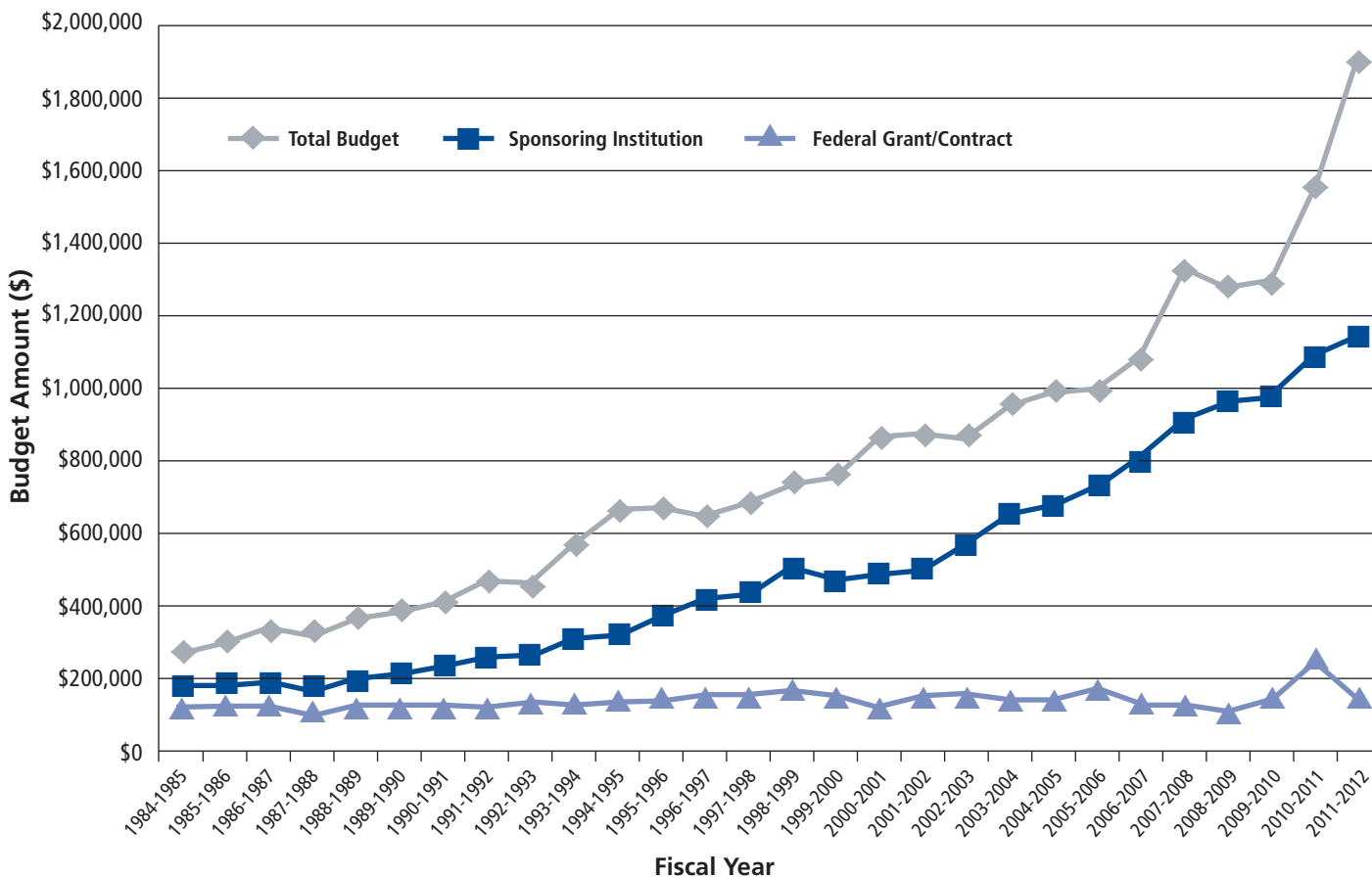
Table 6 shows differences in budget by administrative housing. Other than the programs that classified their administrative housing as “other,” responding PA programs housed in schools of PA studies had the highest average budget from their sponsoring institution. PA programs housed in schools of medicine had the highest average total budget.

Table 6. Differences in Budget by Administrative Housing

		Average Budget from Sponsoring Institution	Average Total Budget
School of Medicine	n	24	23
	Mean	\$698,900	\$2,356,261
	STDEV	\$830,633	\$2,129,591
	Median	\$317,441	\$1,828,701
School of Allied Health/Health Professions	n	94	94
	Mean	\$906,412	\$1,719,664
	STDEV	\$816,299	\$2,794,168
	Median	\$893,692	\$1,153,787
School of PA Studies	n	9	9
	Mean	\$1,400,756	\$2,128,546
	STDEV	\$1,051,630	\$1,519,819
	Median	\$1,433,158	\$1,904,964
School of Graduate or Professional Studies	n	5	5
	Mean	\$776,347	\$1,238,883
	STDEV	\$467,155	\$455,112
	Median	\$862,173	\$988,173
Science Department	n	11	11
	Mean	\$703,968	\$1,316,233
	STDEV	\$486,107	\$1,145,425
	Median	\$578,243	\$983,488
Other	n	8	8
	Mean	\$1,982,946	\$3,181,936
	STDEV	\$3,040,147	\$3,751,779
	Median	\$1,072,862	\$1,369,782

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 (see Appendix I. Table A. “Financial Support Received by PA Programs, 1985–2012”). Table A illustrates the variability in program budgets by year. The average total budget increased by 21.9%. The average support from the sponsoring institution increased by 4.5% and the average support from federal grants or contracts decreased by 35.5% from last year. Eighty-four percent of responding programs reported receiving financial support from their sponsoring institution and 24.2% reported receiving federal grants or contracts.

Figure 6. Average Financial Support Received by PA Programs, 1985–2012



Note: These data were not adjusted for inflation.

Program Expenses

Programs were asked to estimate the percentages of their total budgets accounted for by various items, such as employee salaries, instructional equipment, technology, faculty development, and support for faculty or student travel to clinical sites. 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 presents the mean, median, and percentage of program expenses paying for the corresponding category. Faculty salaries comprised the largest share of the budget, 60.4%, which is an increase from 58.3% the previous year. Most programs (93.5%) paid for faculty development. Precepting expenses decreased slightly, with 19.5% of programs indicating it as part of their expenses.

Table 7. Percentage Allocation of PA Program Expenses

Expense Items	n	Mean % of Budget	Median % of Budget	% Programs Paying for this Category
Faculty salaries (including adjunct faculty)	150	60.4%	63.5%	97.4%
Staff salaries	145	11.0%	10.0%	94.2%
Instructional equipment (e.g., mannequins)	134	4.8%	2.0%	87.0%
Technology (e.g., computer software)	124	2.4%	1.0%	80.5%
Faculty development (including conferences)	144	3.4%	2.0%	93.5%
Support for faculty travel to clinical sites	127	1.5%	1.0%	82.5%
Support for student travel to clinical training	24	0.4%	0.0%	15.6%
Precepting	30	1.8%	0.0%	19.5%
Student housing	25	0.4%	0.0%	16.2%
Recruitment/marketing	96	1.0%	0.5%	62.3%
Accreditation/professional fees	146	2.2%	1.0%	94.8%
Administration (e.g., phone, postage, copying)	141	3.9%	2.0%	91.6%
Other major expenses	85	7.0%	1.0%	55.2%

Note: Total number of programs responding to one or more expense items was 154.

Tuition and Fees and Incidental Costs

Programs were asked to provide the estimated current total tuition 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 2012, the average total resident tuition was \$63,098, up 8.7% from last year. The historical average increase is 8.9%. The average increase over the last 5 years was somewhat lower at 7.2% FYI (1985) (see Appendix I: Table B. "PA Student Expenses and Financial Aid, 1985–2012"). The average total non-resident tuition was \$73,617, up 12.8% from last year, which was higher than both the historical and last 5 years average annual increase. 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 responding PA programs from private institutions than from 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 included textbooks, diagnostic equipment, and required technology/software. The average total incidental costs per student for the entire professional phase was \$5,121, down slightly from the previous year’s \$5,481. There was little difference between average total incidental costs for responding PA programs from public and private institutions.

Table 8. Total Tuition and Incidental Costs for PA Programs at Public and Private Institutions

	Public Institutions				Private Institutions			
	n	Mean	STDEV	Median	n	Mean	STDEV	Median
Average Resident Tuition	56	\$41,903	\$24,919	\$35,803	89	\$76,123	\$20,631	\$73,000
Average Non-Resident Tuition	54	\$67,974	\$23,962	\$69,319	91	\$76,938	\$19,426	\$73,696
Average Incidental Costs	55	\$5,180	\$3,004	\$4,500	92	\$5,109	\$3,191	\$4,411

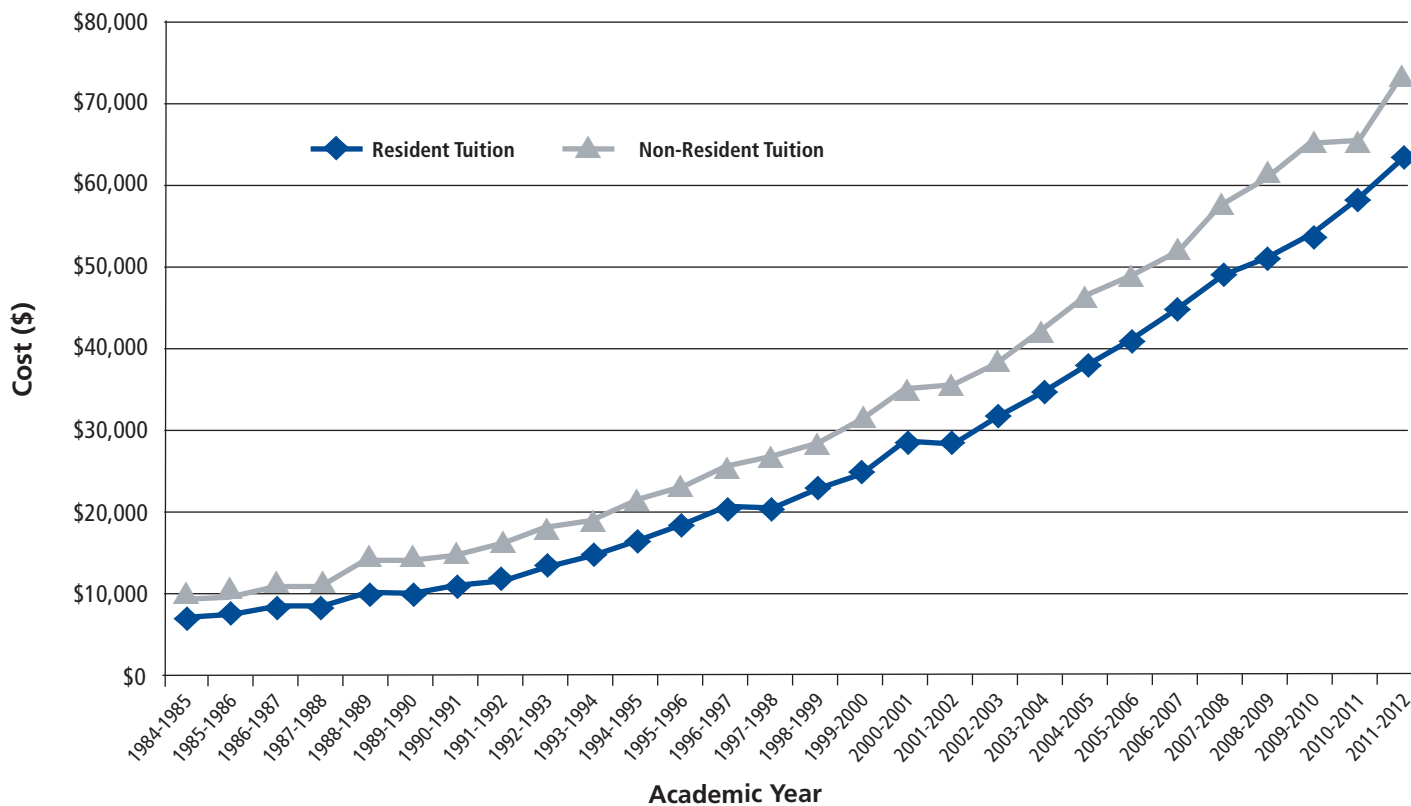
Table 9 displays the difference in the cost of studying at a PA program between 2010–2011 and 2011–2012. There was a 7–15% increase in the average total resident and non-resident tuitions for public and private institutions. The average total incidental costs for both public and private institutions decreased.

Table 9. Difference in Cost of Studying at a PA Program, 2010-2012

	2010–2011	2011–2012	% Change
Public			
Average Resident Tuition	\$36,740	\$41,903	14.1%
Average Non-Resident Tuition	\$62,985	\$67,974	7.9%
Average Incidental Costs	\$5,388	\$5,180	-3.9%
Private			
Average Resident Tuition	\$68,712	\$76,123	10.8%
Average Non-Resident Tuition	\$66,776	\$76,938	15.2%
Average Incidental Costs	\$5,531	\$5,109	-7.6%

Figure 7 shows that the average total tuition for PA students has steadily increased over time. Between 1985 and 2012, average total resident tuition increased from \$6,378 to \$63,098, while average total non-resident tuition increased from \$8,986 to \$73,617.

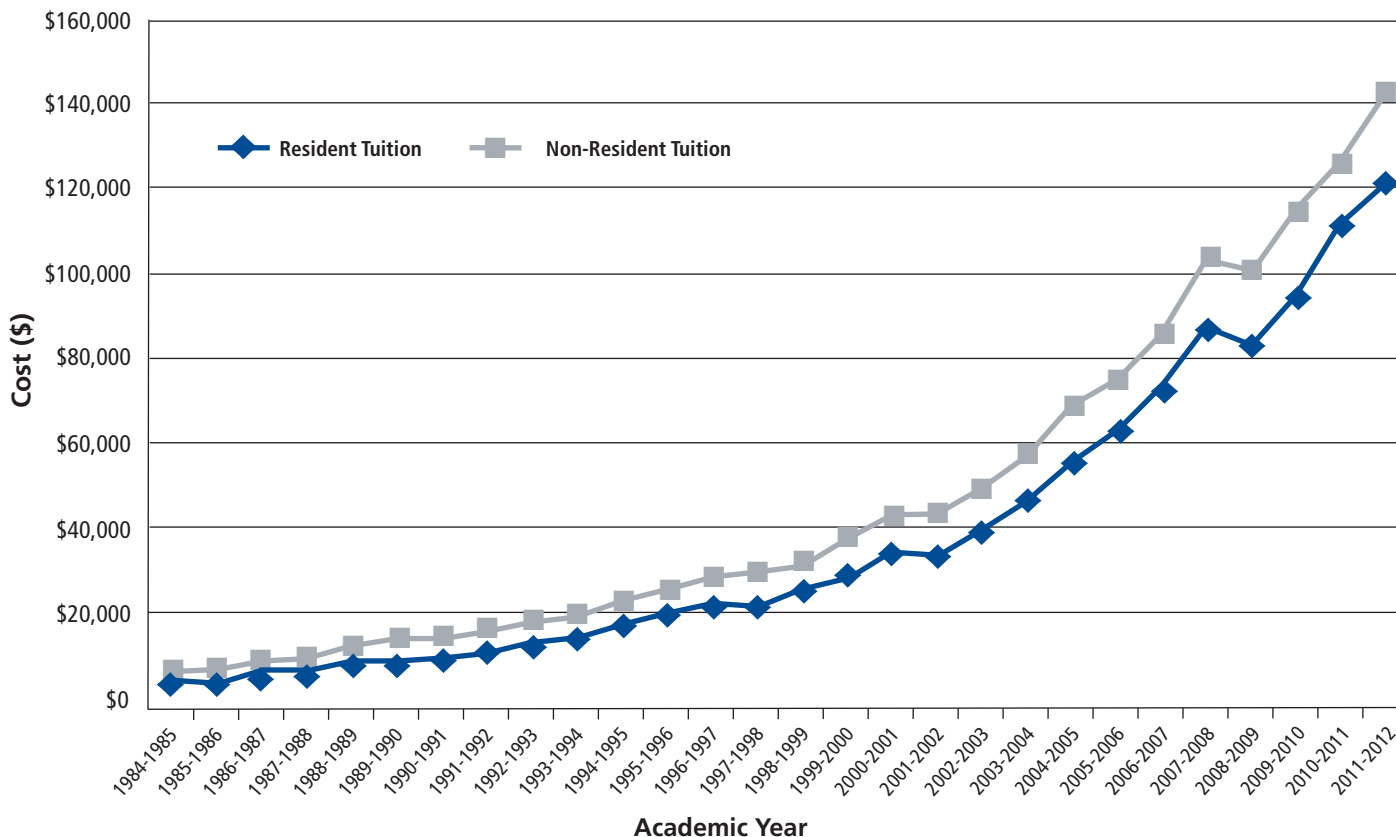
Figure 7. Average Total Tuition for PA Students, 1985–2012



Note: These numbers are 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 8** shows the inflation-adjusted average total tuition for PA students over time. When average total resident tuition was adjusted for inflation, both the historical (11.4%) and last 5 years (9.7%) average annual increases were higher, as illustrated by the steeper incline.

Figure 8. Inflation-Adjusted Average Total Tuition for PA Students, 1985–2012



Financial Aid

The average percent of students in the most recently enrolled class who received financial aid decreased to 85.0% in 2011–2012 from 90.5% in 2010–2011. Twenty-one responding programs (12.8%) reported that all first-year students received financial aid.

Section 3. Program Personnel

Overall, 164 programs provided complete or partial information for 1,941 program personnel—1,414 faculty and 527 staff. On average, responding PA programs had 4.5 core didactic faculty members (SD = 2.3), 1.8 core clinical faculty members (SD = 1.5), 1.4 core administration faculty members (SD = 1.6), and 0.3 core research faculty members (SD = 0.9; see **Table 10**). Data were collected only for faculty and staff with .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	Mean	STDEV	P10	P25	P50 (Median)	P75	P90
Didactic	161	4.52	2.34	2.2	3.0	4.0	5.5	7.0
Clinical	149	1.75	1.50	0.5	1.0	1.5	2.0	3.0
Administration	143	1.40	1.55	0.0	0.9	1.0	2.0	2.5
Research	49	0.33	0.85	0.0	0.0	0.0	0.4	1.0

Average FTE of reported faculty and staff was 0.95 (SD = 0.14, n = 1,187) and 0.96 (SD = 0.13, n = 489) respectively.

Demographic Characteristics

The average age of all faculty and staff members in 2011–2012 was 49.8 and 47.8 respectively (see **Table 11**). More than half of faculty members were female (58.0%), and the majority of staff members were female (89.4%).

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

	Faculty		Staff		Total
	n	Age	n	Age	
Mean	1,114	49.8	419	47.8	1,533
Median	1,114	50.0	419	49.0	1,533
STDEV	1,114	10.6	419	12.4	1,533
Age	n	%	n	%	Total
Below 30	9	0.8%	37	8.8%	46
30-39	219	19.7%	76	18.1%	295
40-49	303	27.2%	104	24.8%	407
50-59	358	32.1%	125	29.8%	483
60 and above	225	20.2%	77	18.4%	302
Total	1,114	1,114	419	419	1,533
Gender	n	%	n	%	Total
Female	796	58.0%	466	89.4%	1,273
Male	576	42.0%	55	10.6%	638
Total	1,372	1,372	521	521	1,911

Approximately 5% of reported faculty members were Hispanic compared to 10.3% of reported staff members (see **Table 12**). Eighty-five percent of reported faculty were white compared to 75.2% of staff (see **Table 12**).

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

Ethnicity	Faculty		Staff		Total
	n	%	n	%	
Hispanic, Latino, or Spanish Origin	65	4.7%	53	10.3%	118
Non-Hispanic, Latino, or Spanish Origin	1,267	92.5%	455	88.3%	1,722
Do not know	38	2.8%	7	1.4%	45
Total	1,370	100.0%	515	100.0%	1,885

Race	Faculty		Staff		Total
	n	%	n	%	
White	1,190	84.9%	382	75.2%	1,572
Black or African American	78	5.6%	79	15.6%	157
American Indian or Alaskan Native	14	1.0%	NR	NR	14
Asian	48	3.4%	12	2.4%	60
Other Race	22	1.6%	13	2.6%	35
Do not know/Do not wish to answer	50	3.6%	22	4.3%	72
Total	1,402	100.0%	508	100.0%	1,910

Professional Characteristics

The majority of reported faculty and staff were identified as didactic faculty (21.7%), administrative staff (20.6%), and clinical coordinators (12.1%; see **Table 13**).

Table 13. Primary Position of Faculty and Staff

Primary Position	n	% of Employees
Academic Coordinator	149	7.9%
Administrative Staff	391	20.6%
Admissions Director/Coordinator	53	2.8%
Associate/Assistant Director	69	3.6%
Clinical Coordinator	230	12.1%
Clinical Faculty	31	1.6%
Data Analyst	10	0.5%
Dean or Associate/Assistant Dean	10	0.5%
Department Chair	53	2.8%
Didactic Faculty	411	21.7%
Division Chief/Head	7	0.4%
Education Coordinator (Staff)	22	1.2%
Evaluation Specialist	6	0.3%
Faculty with combined didactic and clinical responsibilities	128	6.8%
Medical Director	162	8.6%
Program Director	111	5.9%
Researcher	12	0.6%
Technology/Information Specialist	15	0.8%
Other	24	1.3%
Total	1,894	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 54.9% of their employees. The most common secondary positions reported were didactic faculty (26.3%), combined faculty (19.2%), and administrative staff (9.2%; see **Table 14**). In some cases, respondents selected the same position for both primary and secondary positions.

Table 14. Secondary Position of Faculty and Staff

Secondary Position	n	% of Employees
Academic Coordinator	53	5.1%
Administrative Staff	96	9.2%
Admissions Director/Coordinator	44	4.2%
Associate/Assistant Director	23	2.2%
Clinical Coordinator	64	6.2%
Clinical Faculty	58	5.6%
Data Analyst	16	1.5%
Dean or Associate/Assistant Dean	17	1.6%
Department Chair	33	3.2%
Didactic Faculty	273	26.3%
Division Chief/Head	6	0.6%
Education Coordinator (Staff)	7	0.7%
Evaluation Specialist	11	1.1%
Faculty with combined didactic and clinical responsibilities	200	19.2%
Program Director	51	4.9%
Researcher	27	2.6%
Technology/Information Specialist	15	1.4%
Other	45	4.3%
Total	1,039	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 9.0% of reported faculty were tenured, with the majority neither tenured nor on a tenure track (74.8%; see **Table 15**). The majority of reported faculty were assistant professors (51.5%), followed by associate professors (21.7%), and lecturers/instructors (16.0%).

Table 15. Tenure Status and Academic Rank of Faculty

Tenure Status	n	%	Academic Rank	n	%
On tenure track	215	16.2%	Full Professor	93	6.7%
Tenured	119	9.0%	Associate Professor	299	21.7%
Neither	994	74.8%	Assistant Professor	709	51.5%
Total	1,328	100.0%	Lecturer/Instructor	220	16.0%
			Other	55	4.0%
			Total	1,376	100.0%

Note: Professor Emeritus had fewer than five cases and was not reported.

Tenure Track Offered at Sponsoring Institutions

Respondents were asked to select all of the faculty tenure classifications that were available in the 2011–2012 academic year at their sponsoring institutions (see **Table 16**). Academic tenure track was the most common tenure track offered at responding programs’ sponsoring institutions (71.8%), followed by clinical tenure track (13.7%). Annual contract was the most common non-tenure track offered at responding programs’ sponsoring institutions (79.5%), followed by clinical track (51.3%), and academic track (47.9%).

Table 16. Tenure Tracks Available at Sponsoring Institutions

Tenure Track	n	%	Non-Tenure Track	n	%	Other	n	%
Academic Tenure Track	84	71.8%	Academic Track	56	47.9%	Other	9	7.7%
Clinical Tenure Track	16	13.7%	Annual Contract	93	79.5%			
Research Tenure Track	9	7.7%	Clinical Track	60	51.3%			
Other Tenure Track	1	0.9%	Multi-Year Contract	44	37.6%			
			Research Track	11	9.4%			

Note: n (Programs) = 117. Totals do not add up to 100% because respondents were allowed to select more than one category.

Years in Position and Highest Degrees

The majority of reported faculty were PAs (76.2%) compared to staff (3.4%). Reported faculty and staff have been in their current positions for an average of 7 years, as shown in **Table 17**. Most faculty members held a master’s degree as their highest degree (61.4%), whereas 35.3% of reported staff held a baccalaureate degree as their highest degree.

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

Years in Position	Faculty		Staff		Highest Degree	Faculty		Staff	
	n	%	n	%		n	%	n	%
Mean	7.2		7.4		Certificate	0	0.0%	20	3.9%
Median	5.0		5.0		Associate’s Degree	3	0.2%	74	14.6%
STDEV	6.5		6.8		Baccalaureate Degree	61	4.4%	179	35.3%
					Master’s Degree	849	61.4%	80	15.8%
					Doctoral Degree	467	33.8%	17	3.4%
Less than 1 year	135	9.7%	42	8.1%	No Degree	1	0.1%	134	26.4%
1–3 years	352	25.3%	128	24.7%	Other Degree	1	0.1%	3	0.6%
4–7 years	441	31.6%	180	34.7%	Total	1,382	100.0%	507	100.0%
8–14 years	289	20.7%	105	20.2%					
15–24 years	141	10.1%	48	9.2%					
25 years or longer	36	2.6%	16	3.1%					
Total	1,394	100.0%	519	100.0%					

Table 18 displays the average number of faculty and staff employed in PA programs by the decade in which their program's first class enrolled. As the number of PA programs increased over time, the average number of faculty and staff employed by programs decreased. This could indicate that newer programs are having a difficult time hiring faculty and staff or may reflect smaller class sizes for newer programs. Average age of faculty and staff shows little variability upon decade of inaugural class (see **Table 19**).

Table 18. Average Number of Faculty and Staff by Decade Program's First Class Enrolled

Decade	n	Mean	STDEV	Median
1960s	14	11.9	6.6	9.5
1970s	35	12.4	11.6	9.0
1980s	NR	NR	NR	NR
1990s	65	12.3	13.9	8.5
2000s	27	10.0	4.0	8.5
2010s	22	8.5	3.3	6.0

Note: The number of programs enrolling their first class in the 1980s had fewer than five cases and was not reported.

Table 19. Average Age of PA Program Faculty and Staff by Decade Program's First Class Enrolled

Decade	n	Mean	STDEV	Median
1960s	104	49.2	11.4	50.0
1970s	399	50.0	11.1	50.0
1980s	10	58.9	4.4	58.0
1990s	644	49.1	11.1	50.0
2000s	272	49.4	11.7	50.0
2010s	140	47.5	11.6	47.0

Medical Directors

The 160 responding programs indicated the top three activities that their medical directors were involved in were (1) didactic teaching (89.4%), (2) administration (81.3%), and (3) seeing patients (61.9%). Other activities medical directors were involved in included clinical teaching (60.6%), other activities (20.6%), other research (17.5%), and PA-related research (15.0%).

Of the medical directors reported, an average of 0.22 full-time equivalent (FTE; SD = 0.33) was devoted to medical director responsibilities, 0.28 FTE (SD = 0.25) to other responsibilities (see **Table 20**). The overall average FTE for medical directors, including medical director responsibilities and other responsibilities, was 0.53 (SD = 0.38).

Table 20. Medical Director FTE

	n	Mean	STDEV	Median
FTE Medical Director Responsibilities	170	0.22	0.33	0.00
FTE Other Responsibilities	175	0.28	0.25	0.20
Total Medical Director FTE	167	0.53	0.38	0.40

There were 136 reported medical directors with valid salary data. On average, medical directors were paid \$38,649 (SD = \$33,199) by their programs. Forty-eight percent of the programs indicated that their medical directors' payment from the program did not equal their actual annual salary, while 36.7% reported that it did equal their actual annual salary, and 15.2% reported that they did not know. Of the 76 programs where the medical directors' salary included other sources, 27.6% reported that their medical directors' actual average annual salary was \$129,960 (SD = \$69,039).

Salaries

Table 21 presents descriptive statistics for faculty and staff salaries, as well as the mean and median FTE for each group. Responding programs were asked to report their faculty and staff members' actual salaries in addition to their actual FTE. Salaries were then converted to 1.0 FTE and reported as such. The average salary for all reported faculty was \$88,395 (SD = \$22,200), while the average staff salary was \$41,160 (SD = \$19,277). Male faculty members (Mean = \$92,425, SD = \$25,088) had a higher average salary than their female counterparts (Mean = \$86,170, SD = \$20,095). There was no difference in mean or median FTE between male and female faculty members.

Table 21. PA Program Faculty and Staff Salaries by Gender and Ethnicity

	n	Mean	STDEV	P10	P25	P50 (Median)	P75	P90	Mean FTE	Median FTE
All Faculty	867	\$88,395	\$22,200	\$68,556	\$76,650	\$85,000	\$97,250	\$111,569	0.9	1.0
Gender										
Male	314	\$92,425	\$25,088	\$70,000	\$78,615	\$88,150	\$102,984	\$121,104	0.9	1.0
Female	548	\$86,170	\$20,095	\$68,000	\$76,000	\$84,000	\$93,405	\$105,182	0.9	1.0
Race										
White	747	\$88,212	\$21,879	\$69,339	\$76,500	\$85,000	\$96,050	\$110,000	0.9	1.0
Black or African American	55	\$83,873	\$23,727	\$58,800	\$72,364	\$83,000	\$96,250	\$105,750	0.9	1.0
American Indian or Alaskan Native	5	\$90,091	\$12,247	\$78,964	\$81,600	\$86,100	\$99,300	\$103,470	1.0	1.0
Asian	23	\$91,909	\$29,019	\$69,144	\$78,900	\$82,137	\$97,454	\$135,140	0.9	1.0
Other Race	10	\$85,615	\$21,150	\$66,514	\$73,000	\$78,000	\$94,105	\$108,520	1.0	1.0
Ethnicity										
Hispanic	43	\$87,667	\$16,758	\$72,034	\$76,853	\$85,000	\$93,855	\$101,600	0.9	1.0
Non-Hispanic	772	\$88,307	\$22,695	\$68,000	\$76,596	\$85,000	\$97,000	\$111,274	0.9	1.0
Staff	389	\$41,160	\$19,277	\$ 25,000	\$30,220	\$36,297	\$46,764	\$60,842	1.0	1.0

Note: Other race also includes Native Hawaiian and other Pacific Islanders. All salaries are converted to 1.0 FTE, though the mean FTE calculation does 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 reported PA program directors was \$113,518 (SD = \$25,455). Male program directors had a higher average salary than their female counterparts. There was no difference in mean or median FTE between male and female program directors. White program directors (Mean = \$113,751, SD = \$26,486) had a higher average salary than non-white program directors (Mean = \$111,697, SD = \$16,045).

Table 22. PA Program Director Salaries by Gender and Race

	n	Mean	STDEV	P10	P25	P50 (Median)	P75	P90	Mean FTE	Median FTE
All	88	\$113,518	\$25,455	\$86,932	\$94,750	\$110,000	\$128,125	\$142,983	1.0	1.0
Gender										
Male	40	\$118,226	\$28,811	\$86,355	\$97,310	\$116,221	\$135,500	\$148,110	1.0	1.0
Female	48	\$109,595	\$21,818	\$88,050	\$94,750	\$106,092	\$122,295	\$135,720	1.0	1.0
Race										
White	78	\$113,751	\$26,486	\$85,942	\$94,250	\$109,500	\$129,375	\$147,433	1.0	1.0
Non-White	10	\$111,697	\$16,045	\$90,835	\$101,736	\$114,750	\$119,375	\$130,700	1.0	1.0

Note: All salaries are converted to 1.0 FTE, though the mean FTE calculation does not reflect this.

Table 23 presents descriptive statistics for medical director salaries, as well as the mean and median FTE. The average adjusted salary for all reported medical directors was \$142,408 (SD = \$73,370). Female medical directors (Mean = \$147,299, SD = \$52,131) had a higher average salary than their male counterparts (Mean = \$140,816, SD = \$79,264). White medical directors (Mean = \$146,797, SD = \$74,353) had a higher average salary than non-white medical directors (Mean = \$120,463, SD = \$65,682).

Table 23. Medical Director Salaries by Gender and Race

	n	Mean	STDEV	P10	P25	P50 (Median)	P75	P90	Mean FTE	Median FTE
All	114	\$142,408	\$73,370	\$50,000	\$93,138	\$138,300	\$200,000	\$240,753	0.3	0.2
Gender										
Male	86	\$140,816	\$79,264	\$50,000	\$75,000	\$131,740	\$200,000	\$248,335	0.3	0.2
Female	28	\$147,299	\$52,131	\$87,980	\$111,688	\$148,475	\$185,645	\$205,000	0.3	0.3
Race										
White	95	\$146,797	\$74,353	\$50,000	\$100,000	\$150,000	\$200,000	\$246,430	0.3	0.2
Non-White	19	\$120,463	\$65,682	\$50,000	\$55,000	\$132,360	\$167,500	\$202,000	0.2	0.2

Note: All salaries are converted to 1.0 FTE, though the mean FTE calculation does not reflect this.

The average faculty salary increased with age and years in position, as shown in **Table 24**. On average, faculty who were older than 60 years of age (Mean = \$94,626, SD = \$28,434) or who worked 15 or greater years in their position (Mean = \$103,756, SD = \$29,054) were paid the highest salaries.

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

	n	Mean	STDEV	P10	P25	P50 (Median)	P75	P90	Mean FTE	Median FTE
Age										
Below 30	14	\$75,786	\$12,688	\$58,600	\$69,000	\$80,000	\$82,875	\$88,500	0.9	1.0
30–49	410	\$86,866	\$18,775	\$70,000	\$76,532	\$84,326	\$93,317	\$105,620	1.0	1.0
50–59	225	\$92,034	\$24,239	\$70,800	\$80,000	\$88,000	\$102,485	\$120,000	0.9	1.0
Above 60	110	\$94,626	\$28,434	\$70,000	\$77,613	\$90,000	\$107,852	\$130,100	0.9	1.0
Years in Position										
Less than 1 Year	184	\$83,313	\$18,761	\$65,937	\$76,000	\$81,600	\$90,333	\$101,600	0.9	1.0
1–3 Years	234	\$86,442	\$20,647	\$67,968	\$75,000	\$84,076	\$93,266	\$106,355	0.9	1.0
4–7 Years	219	\$87,384	\$21,732	\$68,728	\$77,166	\$85,000	\$94,916	\$106,090	0.9	1.0
8–14 Years	151	\$91,302	\$21,728	\$72,000	\$78,718	\$87,650	\$101,436	\$110,000	1.0	1.0
15 Years & Greater	77	\$103,756	\$29,054	\$73,582	\$82,580	\$106,000	\$119,348	\$134,026	0.9	1.0

Note: All salaries are converted to 1.0 FTE, though the mean FTE calculation does 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 for less than 1 year (Mean = \$122,011, SD = \$22,724). This may reflect the challenges of program director recruitment for new programs.

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

	n	Mean	STDEV	P10	P25	P50 (Median)	P75	P90	Mean FTE	Median FTE
Age										
30–49	30	\$106,113	\$23,702	\$79,833	\$90,382	\$101,500	\$119,375	\$130,500	1.0	1.0
50–59	35	\$117,776	\$25,300	\$93,160	\$101,559	\$111,934	\$127,300	\$144,740	1.0	1.0
Above 60	17	\$124,347	\$23,983	\$91,464	\$106,321	\$120,000	\$140,132	\$148,340	1.0	1.0
Years in Position										
Less than 1 Year	9	\$122,011	\$22,724	\$92,600	\$110,000	\$124,600	\$140,000	\$150,000	1.0	1.0
1–3 Years	18	\$111,916	\$21,782	\$89,976	\$95,000	\$108,000	\$133,750	\$138,180	1.0	1.0
4–7 Years	23	\$106,390	\$27,155	\$78,400	\$88,387	\$106,183	\$120,864	\$128,777	1.0	1.0
8–14 Years	17	\$116,042	\$23,517	\$90,000	\$92,600	\$117,500	\$130,000	\$137,465	1.0	1.0
15 Years & Greater	21	\$117,015	\$29,048	\$98,363	\$99,756	\$106,321	\$120,000	\$147,233	1.0	1.0

Note: All salaries are converted to 1.0 FTE, though the mean FTE calculation does not reflect this.

The average medical director salary increased with age, as shown in **Table 26**. The average medical director salary was highest for those who had been in their position for less than 1 year (Mean = \$164,438, SD = \$60,595).

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

	n	Mean	STDEV	P10	P25	P50 (Median)	P75	P90	Mean FTE	Median FTE
Age										
30–49	27	\$136,410	\$65,590	\$57,386	\$95,833	\$133,333	\$180,000	\$231,000	0.2	0.2
50–59	35	\$141,200	\$65,822	\$50,000	\$98,775	\$146,950	\$188,443	\$232,002	0.4	0.2
Above 60	27	\$143,697	\$83,867	\$42,000	\$100,480	\$119,688	\$213,100	\$240,000	0.4	0.3
Years in Position										
Less than 1 Year	16	\$164,438	\$60,595	\$100,000	\$143,750	\$150,000	\$206,250	\$250,000	0.3	0.2
1–3 Years	35	\$142,102	\$81,833	\$46,667	\$89,200	\$133,333	\$200,000	\$250,000	0.3	0.2
4–7 Years	29	\$135,884	\$78,048	\$50,000	\$100,000	\$116,667	\$184,860	\$240,215	0.3	0.2
8–14 Years	19	\$124,212	\$65,172	\$50,000	\$65,682	\$120,000	\$175,473	\$205,240	0.3	0.2
15 Years & Greater	15	\$155,285	\$65,869	\$60,000	\$109,844	\$169,636	\$205,000	\$231,123	0.2	0.2

Note: All salaries are converted to 1.0 FTE, though the mean FTE calculation does not reflect this.

Table 27 displays the average salary of PA program faculty and staff by the decade in which the program's first class enrolled. Newer programs, established between 2000 and 2010, tend to pay their faculty and staff more on average than older programs.

Table 27. Average Salary of PA Program Faculty and Staff by Decade Program's First Class Enrolled

Decade	n	Mean	STDEV	Median
1960s	8	\$81,910	\$30,608	\$87,994
1970s	27	\$86,474	\$16,039	\$91,567
1980s	NR	NR	NR	NR
1990s	51	\$82,963	\$12,340	\$84,912
2000s	25	\$86,864	\$12,289	\$86,000
2010s	20	\$91,884	\$15,263	\$95,779

Note: Average salary data for PA program faculty and staff in the 1980s had fewer than five cases and were not reported. All salaries are 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 reported faculty employed at public (Mean = \$88,080, SD = \$21,353) and private institutions (Mean = \$88,348, SD = \$22,496). Reported staff employed at public institutions (Mean = \$43,016, SD = \$16,699) had higher salaries than those employed at private institutions (Mean = \$40,886, SD = \$21,450).

Table 28. PA Program Faculty and Staff Salaries by Public/Private

		n	Mean	STDEV	P10	P25	P50 (Median)	P75	P90	Mean FTE	Median FTE
Faculty	Public	279	\$88,080	\$21,353	\$68,733	\$76,639	\$85,000	\$96,950	\$112,000	0.9	1.0
	Private	569	\$88,348	\$22,496	\$68,000	\$76,500	\$85,000	\$97,715	\$110,680	0.9	1.0
Staff	Public	144	\$43,016	\$16,699	\$26,563	\$31,871	\$39,878	\$50,395	\$62,805	1.0	1.0
	Private	239	\$40,886	\$21,450	\$24,038	\$30,000	\$35,000	\$45,542	\$60,000	1.0	1.0

Note: All salaries are converted to 1.0 FTE, though the mean FTE calculation does not reflect this.

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 (Mean = \$37,726, SD = \$17,939) and division chiefs/heads were paid the highest salaries (Mean = \$159,031, SD = \$43,487).

Table 29. PA Program Faculty Salaries by Primary Position

Primary Position	n	Mean	STDEV	P10	P25	P50 (Median)	P75	P90	Mean FTE	Median FTE
Academic Coordinator	119	\$86,623	\$14,598	\$71,600	\$80,000	\$85,000	\$95,699	\$104,934	1.0	1.0
Administrative Staff	286	\$37,726	\$17,939	\$23,856	\$29,065	\$34,453	\$42,909	\$51,308	1.0	1.0
Admissions Director/ Coordinator	44	\$57,546	\$23,334	\$33,650	\$38,375	\$52,859	\$73,371	\$90,000	1.0	1.0
Associate/Assistant Director	52	\$100,418	\$16,518	\$82,580	\$88,344	\$99,550	\$109,000	\$117,800	1.0	1.0
Clinical Coordinator	190	\$82,654	\$18,548	\$62,381	\$75,000	\$83,000	\$90,000	\$101,100	1.0	1.0
Clinical Faculty	16	\$77,926	\$21,607	\$59,980	\$72,756	\$78,827	\$86,969	\$94,500	0.9	1.0
Data Analyst	9	\$53,965	\$13,940	\$39,892	\$49,642	\$54,084	\$55,858	\$65,966	0.9	1.0
Dean or Associate/ Assistant Dean	7	\$124,270	\$52,669	\$69,800	\$111,500	\$128,891	\$164,000	\$168,800	0.9	1.0
Department Chair	46	\$116,707	\$26,774	\$86,250	\$100,500	\$120,000	\$130,000	\$149,000	1.0	1.0
Didactic Faculty	314	\$83,541	\$20,324	\$63,400	\$75,000	\$80,471	\$90,000	\$101,679	0.9	1.0
Division Chief/Head	5	\$159,031	\$43,487	\$123,200	\$128,000	\$135,000	\$200,000	\$207,292	0.9	1.0
Education Coordinator (Staff)	23	\$49,068	\$20,280	\$32,600	\$35,253	\$44,000	\$57,119	\$77,362	0.9	1.0
Evaluation Specialist	5	\$95,651	\$24,575	\$69,600	\$75,000	\$99,507	\$116,000	\$119,450	0.9	1.0
Faculty with combined didactic and clinical responsibilities	91	\$84,966	\$20,943	\$67,980	\$74,352	\$80,000	\$91,129	\$107,038	0.9	1.0
Program Director	88	\$113,518	\$25,455	\$86,932	\$94,750	\$110,000	\$128,125	\$142,983	1.0	1.0
Researcher	6	\$88,596	\$7,445	\$83,803	\$85,000	\$85,500	\$89,000	\$96,486	0.9	1.0
Technology/Information Specialist	11	\$45,640	\$16,553	\$30,805	\$31,432	\$39,756	\$56,419	\$60,388	0.9	1.0
Other	18	\$91,583	\$32,645	\$49,029	\$70,623	\$96,777	\$109,500	\$119,861	0.9	1.0

Note: All salaries are converted to 1.0 FTE, though the mean FTE calculation does not reflect this. Researcher is defined as academic faculty responsible for independent research activities 20–80% FTE.

Table 30 shows that PA faculty members were, on average, paid more (Mean = \$88,607, SD = \$21,369) than those who were not PAs (Mean = \$87,808, SD = \$26,478). Tenured faculty had a higher average salary (Mean = \$98,759, SD = \$22,899) than those on the tenure track (Mean = \$86,155, SD = \$18,619), as well as those who were neither tenured nor on tenure track (Mean = \$88,032, SD = \$23,130).

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

	n	Mean	STDEV	P10	P25	P50 (Median)	P75	P90	Mean FTE	Median FTE
Tenure Status										
On tenure track	154	\$86,155	\$18,619	\$70,000	\$76,000	\$83,163	\$90,000	\$105,000	1.0	1.0
Tenured	60	\$98,759	\$22,899	\$72,888	\$82,454	\$94,862	\$113,966	\$125,500	1.0	1.0
Neither	619	\$88,032	\$23,130	\$66,998	\$76,500	\$85,319	\$97,000	\$110,000	0.9	1.0
PA Status										
Non-PA	130	\$87,808	\$26,478	\$66,600	\$74,773	\$82,760	\$97,725	\$120,000	0.9	1.0
PA	733	\$88,607	\$21,369	\$70,000	\$77,812	\$85,360	\$97,500	\$110,000	1.0	1.0

Note: All salaries are converted to 1.0 FTE, though the mean FTE calculation does not reflect this.

Table 31 shows that program directors who were PAs were paid slightly less on average (Mean = \$113,324, SD = \$25,929) than those who were not PAs (Mean = \$114,499, SD = \$24,330). Tenured program directors had a higher average salary (Mean = \$126,263, SD = \$32,228) than those on tenure track (Mean = \$108,409, SD = \$24,670), as well as those who were neither tenured nor on tenure track (Mean = \$111,665, SD = \$22,778).

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

	n	Mean	STDEV	P10	P25	P50 (Median)	P75	P90	Mean FTE	Median FTE
Tenure Status										
On tenure track	15	\$108,409	\$24,670	\$86,864	\$91,931	\$101,118	\$118,750	\$133,554	1.0	1.0
Tenured	16	\$126,263	\$32,228	\$98,388	\$103,250	\$114,250	\$138,041	\$167,091	1.0	1.0
Neither	56	\$111,665	\$22,778	\$83,290	\$94,000	\$110,000	\$128,125	\$140,066	1.0	1.0
PA Status										
Non-PA	11	\$114,499	\$24,330	\$90,000	\$102,559	\$108,596	\$121,884	\$150,000	1.0	1.0
PA	76	\$113,324	\$25,929	\$86,887	\$94,000	\$110,000	\$130,000	\$140,647	1.0	1.0

Note: All salaries are converted to 1.0 FTE, though the mean FTE calculation does not reflect this.

All reported medical directors received an average salary of \$141,630 (SD = \$74,188). Tenured medical directors had a higher average salary (Mean = \$144,480, SD = \$78,913) than those on tenure track (Mean = \$102,333, SD = \$10,515), as well as those who were neither tenured nor on tenure track (Mean = \$140,348, SD = \$73,906), see **Table 32**.

Table 32. Medical Director Salaries by Tenure Status

	n	Mean	STDEV	P10	P25	P50 (Median)	P75	P90	Mean FTE	Median FTE
Tenure Status										
On tenure track	5	\$102,333	\$10,515	\$95,000	\$100,000	\$100,000	\$100,000	\$112,000	0.18	0.12
Tenured	15	\$144,480	\$78,913	\$34,274	\$100,000	\$150,000	\$212,100	\$237,838	0.27	0.20
Neither	81	\$140,348	\$73,906	\$50,000	\$87,000	\$136,600	\$192,027	\$246,670	0.31	0.20

Note: All salaries are converted to 1.0 FTE, though the mean FTE calculation does not reflect this.

In terms of academic rank, full professors earned the highest average salary at \$110,563 (SD = \$42,648), while associate professors and assistant professors had average salaries of \$99,480 (SD = \$23,541) and \$86,341 (SD = \$19,023) respectively (see **Table 33**). Faculty members with higher degrees were generally paid higher salaries.

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

	n	Mean	STDEV	P10	P25	P50 (Median)	P75	P90	Mean FTE	Median FTE
Rank										
Full Professor	32	\$110,563	\$42,648	\$75,100	\$91,437	\$111,500	\$132,300	\$161,900	0.94	1.00
Associate Professor	163	\$99,480	\$23,541	\$74,758	\$84,802	\$95,000	\$110,000	\$130,000	0.95	1.00
Assistant Professor	507	\$86,341	\$19,023	\$68,612	\$76,000	\$84,976	\$94,886	\$104,950	0.95	1.00
Lecturer/Instructor	142	\$79,947	\$16,786	\$62,038	\$73,173	\$80,000	\$87,370	\$95,406	0.93	1.00
Other	16	\$75,640	\$19,775	\$53,860	\$73,266	\$81,689	\$85,744	\$90,619	0.88	1.00
Highest Degree										
Academic Doctorate (PhD, EdD, etc.)	103	\$102,185	\$30,191	\$73,150	\$80,000	\$93,000	\$120,475	\$141,313	0.96	1.00
Professional Doctorate (MD, DO, DPT, DPM, DVM, JD, etc.)	105	\$90,695	\$27,132	\$68,800	\$76,375	\$86,250	\$100,000	\$120,000	0.89	1.00
Master's Degree	611	\$86,632	\$18,436	\$69,004	\$77,000	\$85,000	\$95,000	\$106,389	0.96	1.00
Baccalaureate Degree	42	\$75,964	\$19,320	\$44,874	\$72,071	\$79,500	\$87,370	\$90,000	0.84	1.00

Note: All salaries are converted to 1.0 FTE, though the mean FTE calculation does not reflect this.

In terms of academic rank, PA program directors who were full professors earned the highest average salary (Mean = \$127,004, SD = \$29,500), followed by those who were associate professors (Mean = \$119,079, SD = \$22,546), and assistant professors (Mean = \$104,207, SD = \$20,949; see **Table 34**). There was no difference in PA program director salary as a function of highest degree.

Table 34. PA Program Director Salaries by Rank and Highest Degree Received

	n	Mean	STDEV	P10	P25	P50 (Median)	P75	P90	Mean FTE	Median FTE
Rank										
Full Professor	20	\$127,004	\$29,500	\$99,180	\$105,741	\$120,550	\$140,033	\$163,824	1.0	1.0
Associate Professor	28	\$119,079	\$22,546	\$94,100	\$100,534	\$118,691	\$131,750	\$147,433	1.0	1.0
Assistant Professor	36	\$104,207	\$20,949	\$81,167	\$90,132	\$101,559	\$118,557	\$132,500	1.0	1.0
Highest Degree										
Academic Doctorate (PhD, EdD, etc.)	24	\$112,651	\$28,250	\$87,450	\$91,750	\$110,500	\$124,683	\$136,400	1.0	1.0
Professional Doctorate (MD, DO, DPT, DPM, DVM, JD, etc.)	15	\$112,375	\$18,116	\$89,951	\$102,559	\$113,000	\$122,806	\$129,000	1.0	1.0
Master's Degree	47	\$112,510	\$25,216	\$85,096	\$95,000	\$109,000	\$130,000	\$147,500	1.0	1.0

Note: Program directors of "other" rank and "baccalaureate" as their highest degree had fewer than five cases, thus were not included. All salaries are converted to 1.0 FTE, though the mean FTE calculation does not reflect this.

Table 35 shows that all reported medical directors held a professional doctorate as their highest degree and received an average salary of \$141,826 (SD = \$73,684). In terms of academic rank, medical directors that were full professors earned the highest average salary (Mean = \$147,887, SD = \$67,143), followed by those who were associate professors (Mean = \$143,505, SD = \$80,784), and assistant professors (Mean = \$140,577, SD = \$73,340).

Table 35. Medical Director Salaries by Rank and Highest Degree Received

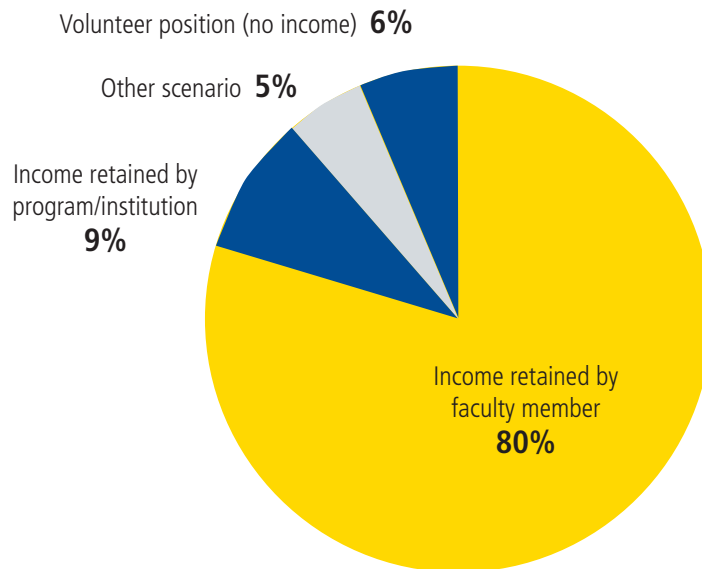
	n	Mean	STDEV	P10	P25	P50 (Median)	P75	P90	Mean FTE	Median FTE
Rank										
Professor Emeritus/ Full Professor	21	\$147,887	\$67,143	\$51,934	\$100,960	\$150,000	\$210,000	\$228,333	0.3	0.3
Associate Professor	27	\$143,505	\$80,784	\$47,778	\$94,608	\$125,000	\$183,930	\$250,032	0.4	0.2
Assistant Professor	40	\$140,577	\$73,340	\$50,000	\$80,250	\$140,833	\$200,000	\$250,000	0.3	0.2
Lecturer/Instructor	8	\$133,867	\$106,056	\$57,955	\$62,073	\$95,000	\$147,949	\$273,000	0.2	0.2
Other	15	\$137,349	\$61,255	\$54,398	\$115,278	\$150,000	\$159,818	\$211,854	0.2	0.1
Highest Degree										
Professional Doctorate (MD, DO, DPT, DPM, DVM, JD, etc.)	112	\$141,826	\$73,684	\$50,000	\$91,667	\$138,300	\$200,000	\$240,968	0.3	0.2

Note: All salaries are converted to 1.0 FTE, though the mean FTE calculation does not reflect this.

Faculty Workload

Fifty-nine percent of faculty, excluding medical directors, performed clinical work in the 2011–2012 academic year, for an average of 10.3 hours per week (SD = 8.0). For those reporting clinical income (n = 43), the average annual salary was \$21,242 (SD = \$11,561). The median salary was \$20,000. Among the faculty who worked clinically, 80% retained the income themselves (see **Figure 9**).

Figure 9. Clinical Income Disposal for PA Program Faculty



During the didactic phase, responding programs’ core faculty directly taught 64.4% of the curriculum. Thirty-one percent of the curriculum was coordinated by core faculty but taught by others, and 16.2% was taught by external personnel with minimal input from core faculty (see **Table 36**).

Table 36. Percentage of Didactic Curriculum Taught by Core Faculty

Delivery Method	n	Mean	STDEV	P10	P25	P50 (Median)	P75	P90
Taught Directly by Core Faculty	160	64.4%	20.8%	35.0%	50.0%	67.5%	80.0%	90.0%
Coordinated by Core Faculty but Taught by Others	151	30.6%	20.2%	10.0%	15.0%	28.0%	41.5%	60.0%
Taught by External Personnel with Minimal Input from Core Faculty	72	16.2%	14.0%	5.0%	5.0%	10.0%	20.3%	34.9%

Turnover

Out of the 1,414 faculty members employed at responding PA programs in the 2011–2012 academic year, 10.8% ended their employment and 17.5% were hired during the same period. Most new faculty members (68.6%) worked in clinical practice before they became PA educators, while 17.3% worked in PA education (see **Table 37**).

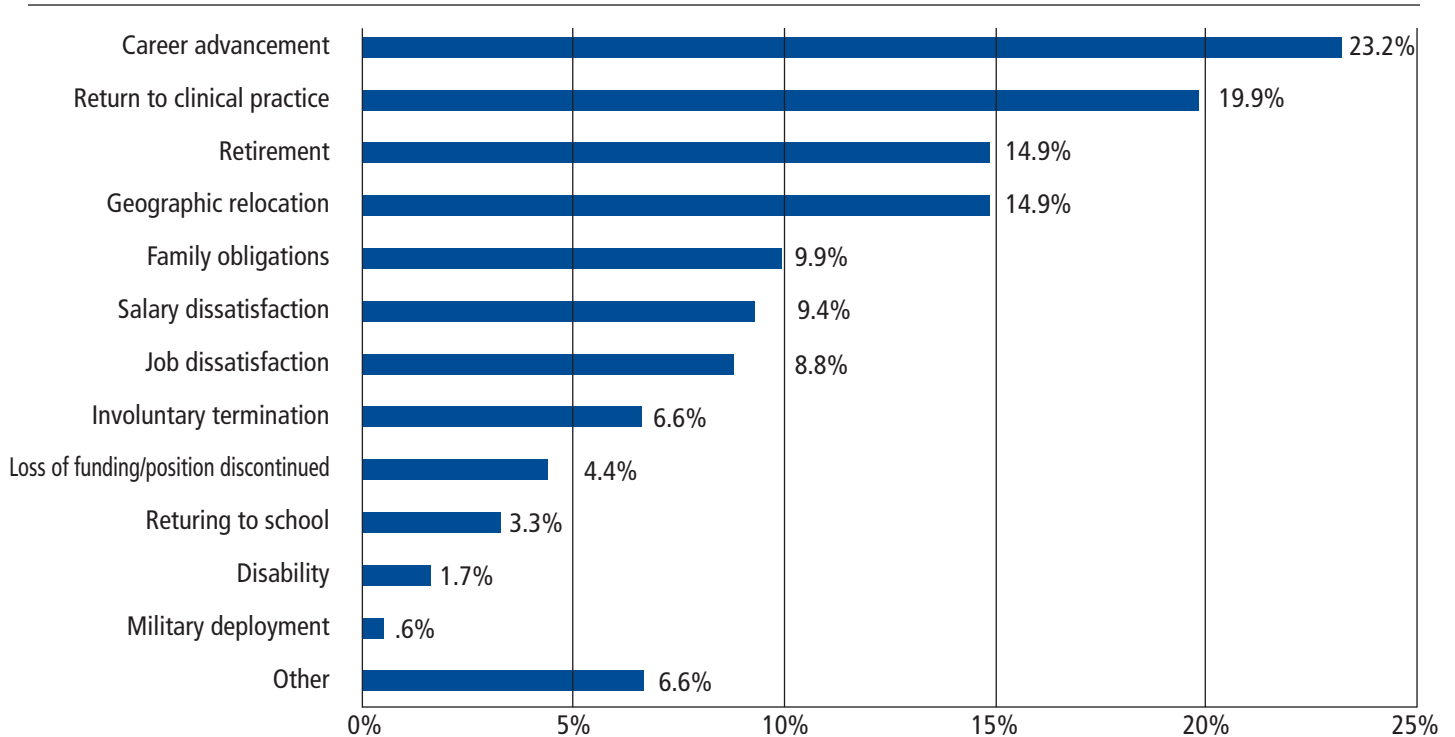
Table 37. Previous Employment of New PA Faculty

Previous Employment	n	%
Clinical practice	210	68.6%
PA education	53	17.3%
Other educational program	28	9.2%
Other	15	4.9%
Total	306	100.0%

Out of the 527 staff members employed at responding PA programs in the 2011–2012 academic year, 9.7% of staff members terminated their employment, while 14.4% were hired.

Of the 11.1% of faculty and staff that ended their employment, the most common stated reason for leaving their program was career advancement (23.2%), followed by return to clinical practice (19.9%), retirement (14.9%), and geographic relocation (14.9%; see **Figure 10**).

Figure 10. Reported Reasons for PA Faculty and Staff Leaving Programs

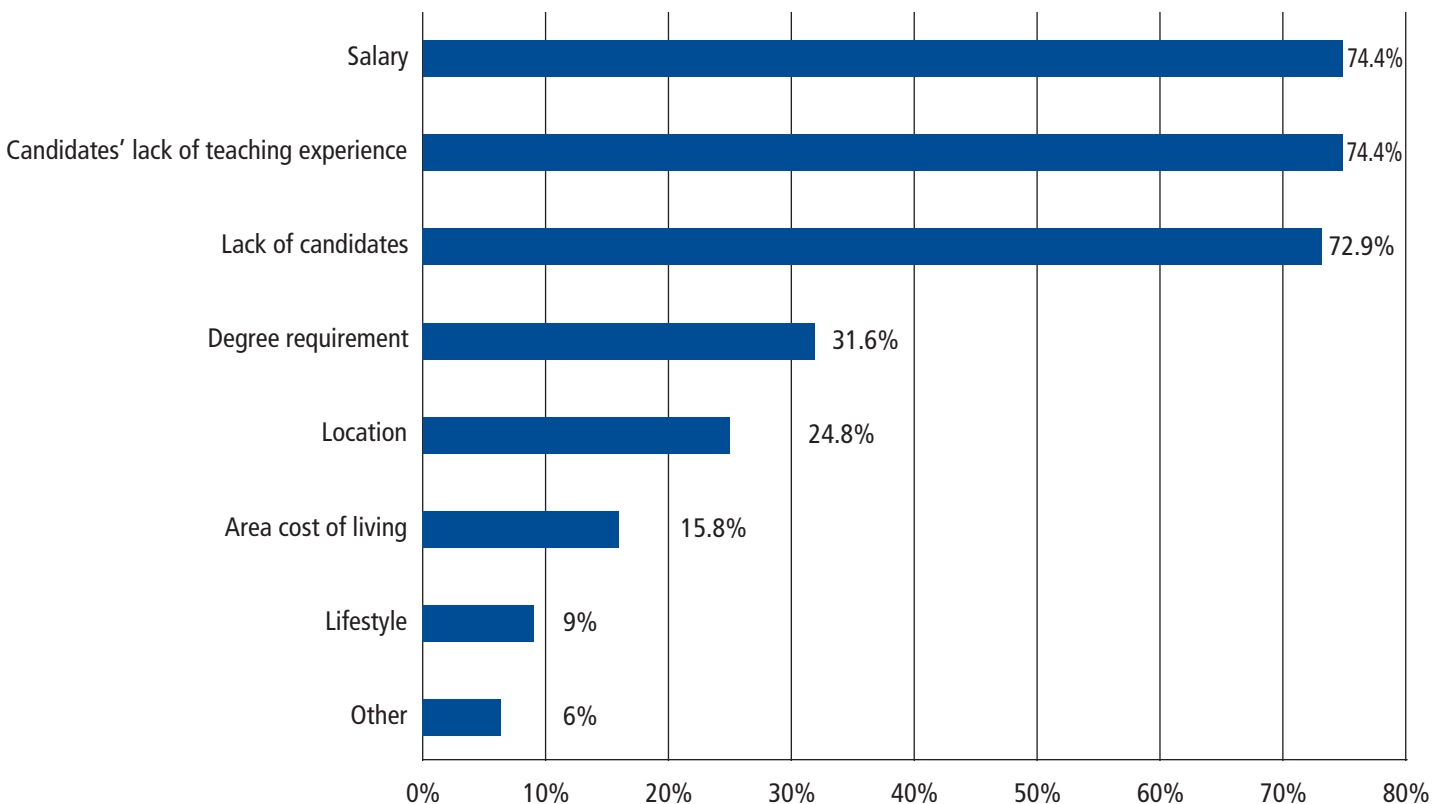


It took responding programs an average of 11.8 weeks (SD = 11.3; range 1–52 weeks) to find a new faculty or staff member. On average, programs received 5.6 qualified applications for a position (SD = 13.6; range 0–141).

Barriers to Hiring New Faculty

One hundred thirty-three programs reported having encountered barriers of some kind to hiring new faculty. The most common barriers were salary (74.4%) and candidates' lack of teaching experience (74.4%), followed by lack of candidates (72.9%) and degree requirements (31.6%; see **Figure 11**).

Figure 11. Barriers to Hiring New Faculty at PA Programs



Student to Faculty Ratios

The student to faculty ratio is calculated differently at every institution. The ratio is presented here in two ways: using number of faculty members and total core faculty FTE. The student to faculty ratio that was calculated by the total number of enrollees (16,494), divided by the total number of reported faculty (1,414), was 11.7 for the academic year 2011–2012. The student to faculty ratio that was calculated by the total number of enrollees (16,494) divided by the total number of core faculty FTE (1,326.97), was 12.4 for the academic year 2011–2012.

Section 4. Students

Degree Requirements

Table 38 summarizes the 2011–2012 matriculating classes' highest degrees upon entry. The majority of the matriculating class (79.5%) held a baccalaureate degree as their highest degree upon entry.

Table 38. Highest Degree Upon Entry for 2011–2012 Matriculating Class

Highest Degree Upon Entry	n (Students)	%
No academic degree	567	8.1%
Certificate	13	0.2%
Associate's Degree	179	2.6%
Baccalaureate Degree	5,533	79.5%
Master's Degree	459	6.6%
Doctoral Degree	61	0.9%
Unknown Degree/Credential	151	2.2%
Total	6,963	100.0%

Note: $n = 161$ programs.

Enrollment and Capacity

The average enrollment, capacity, and percent of capacity filled are displayed in **Table 39**. Third-year enrollment may vary by time of survey for programs with duration of 25–35 months. For the first-year class, the average enrollment was 44.6, which was slightly lower than the average capacity of 45.8. For the second-year class, the average enrollment was 42.8, which was slightly lower than the average capacity of 44.5. For the third-year class, the average enrollment was 19.2, which was slightly lower than the average capacity of 20.8. The average percent filled capacity ranged between 90% and 94% for first through third classes.

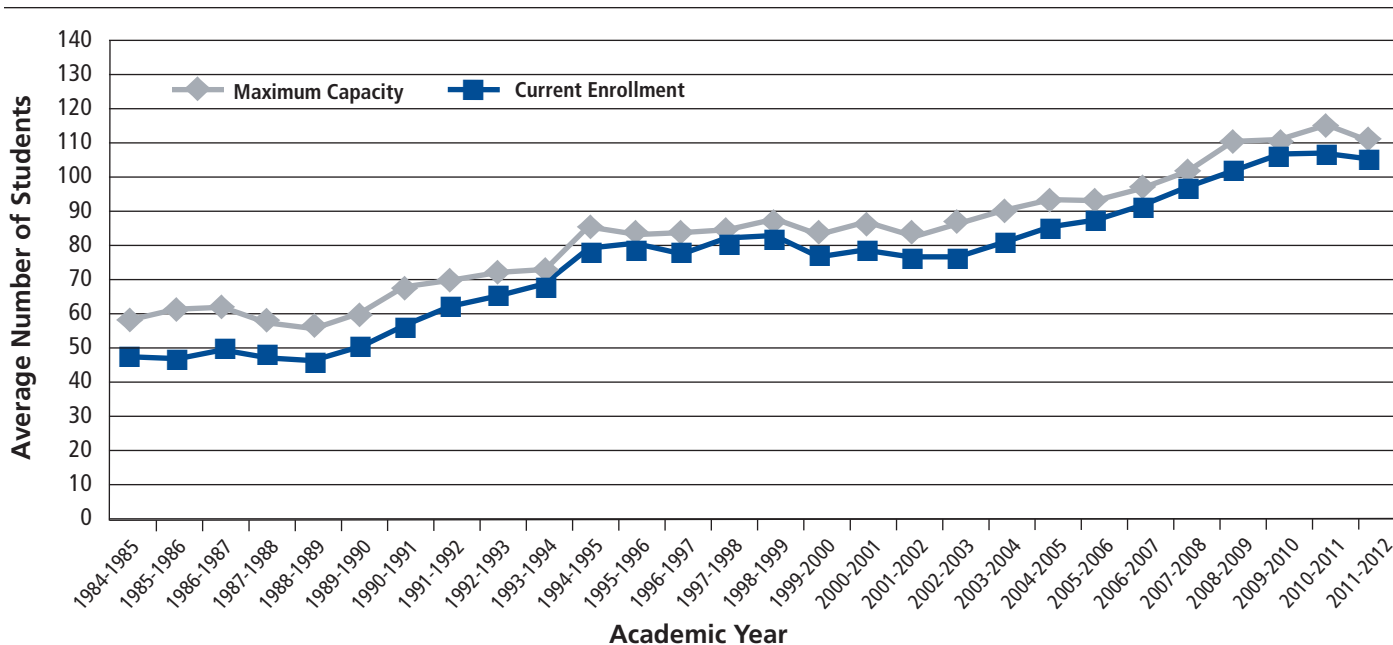
Table 39. PA Program Enrollment and Capacity

	Class Year	n	Mean	STDEV	P10	P25	P50 (Median)	P75	P90
Enrollment	First Year	153	44.6	21.9	24.0	30.0	40.0	54.0	73.6
	Second Year	153	42.8	19.9	21.0	30.0	38.0	54.0	66.6
	Third Year	153	19.2	22.4	0.0	0.0	3.0	36.0	50.0
Capacity	First Year	158	45.8	20.6	24.7	32.0	40.0	54.3	72.6
	Second Year	158	44.5	19.5	24.0	30.0	40.0	54.0	70.3
	Third Year	151	20.8	23.1	0.0	0.0	17.0	40.0	52.0
Percent of Capacity Filled	First Year	152	94.1%	22.1%	88.1%	100.0%	100.0%	100.0%	100.0%
	Second Year	158	93.2%	20.4%	84.1%	95.0%	100.0%	100.0%	100.0%
	Third Year	79	89.6%	26.9%	71.2%	96.1%	100.0%	100.0%	100.0%

The average first-year class size was 44.6, which was down from 45.9 last year. For first-year class enrollment, 70.6% of the responding programs filled exactly 100% of their capacity, up from 50.6% from last year. Fourteen programs (9.2%) exceeded their capacity. On average, responding programs filled 94.1% of their first-year capacity.

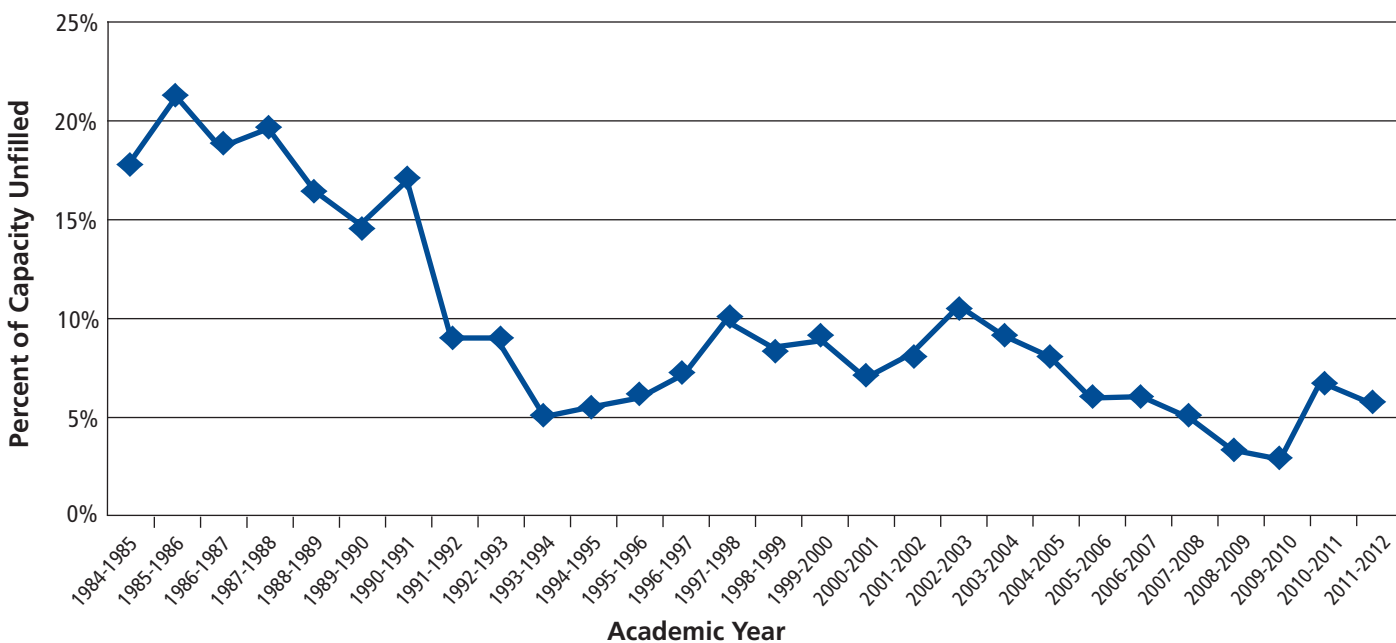
Trends in total capacity and enrollment are shown in **Figure 12**. The percentage of unfilled seats has declined steadily over the years, even while the overall capacity has increased (see Appendix I: Table C. “Average Enrollment and Capacity for All Classes, 1985–2012”).

Figure 12. PA Program Enrollment and Capacity, 1985–2012



Trends in percent of capacity unfilled are shown in **Figure 13**. The percentage of capacity unfilled has declined steadily over the years (see Appendix I: Table C. “Average Enrollment and Capacity for All Classes, 1985–2012”).

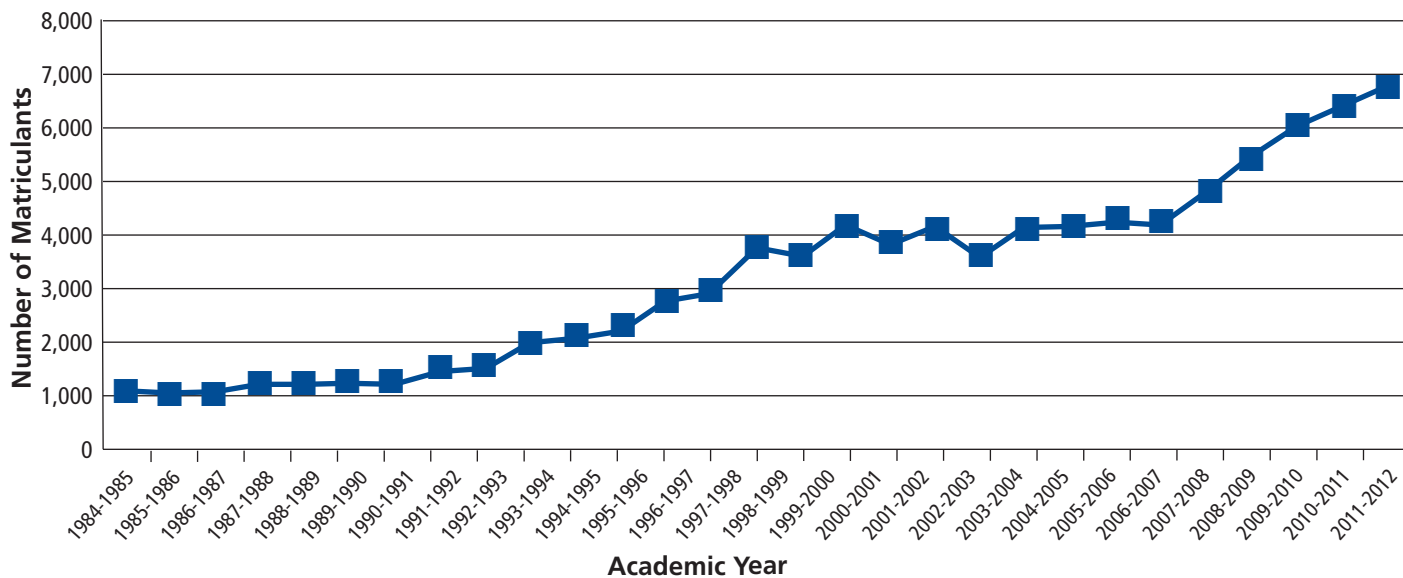
Figure 13. PA Program Percent Unfilled Capacity, 1985–2012



First-Year Class Enrollment

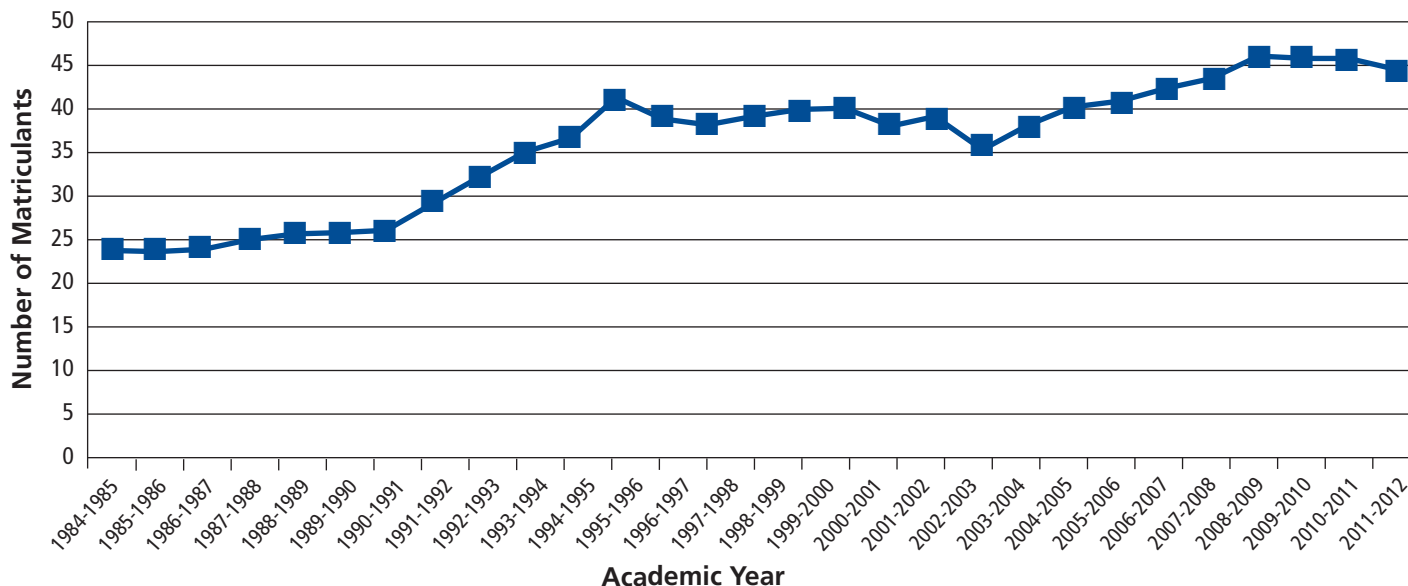
A total of 6,822 new students were reported for the 152 responding programs (see **Figure 14**). Total enrollment has increased significantly over the past 4 years, which was stimulated by increases in the number of programs and increased capacity of existing programs.

Figure 14. Total First-Year Class Enrollment at PA Programs, 1985–2012



The average first-year class enrollment at PA programs was 44.6, down from 45.9 in 2010–2011 (see **Figure 15**). This may be a reflection of the increasing number of PA programs. Considering the average first-year class size of 44.6, a more realistic estimate of the national first-year enrollment of PA students would be 7,314 (44.6 average first-year class size x 164 programs).

Figure 15. Average First-Year Class Enrollment at PA Programs, 1985–2012



Enrollment by Gender

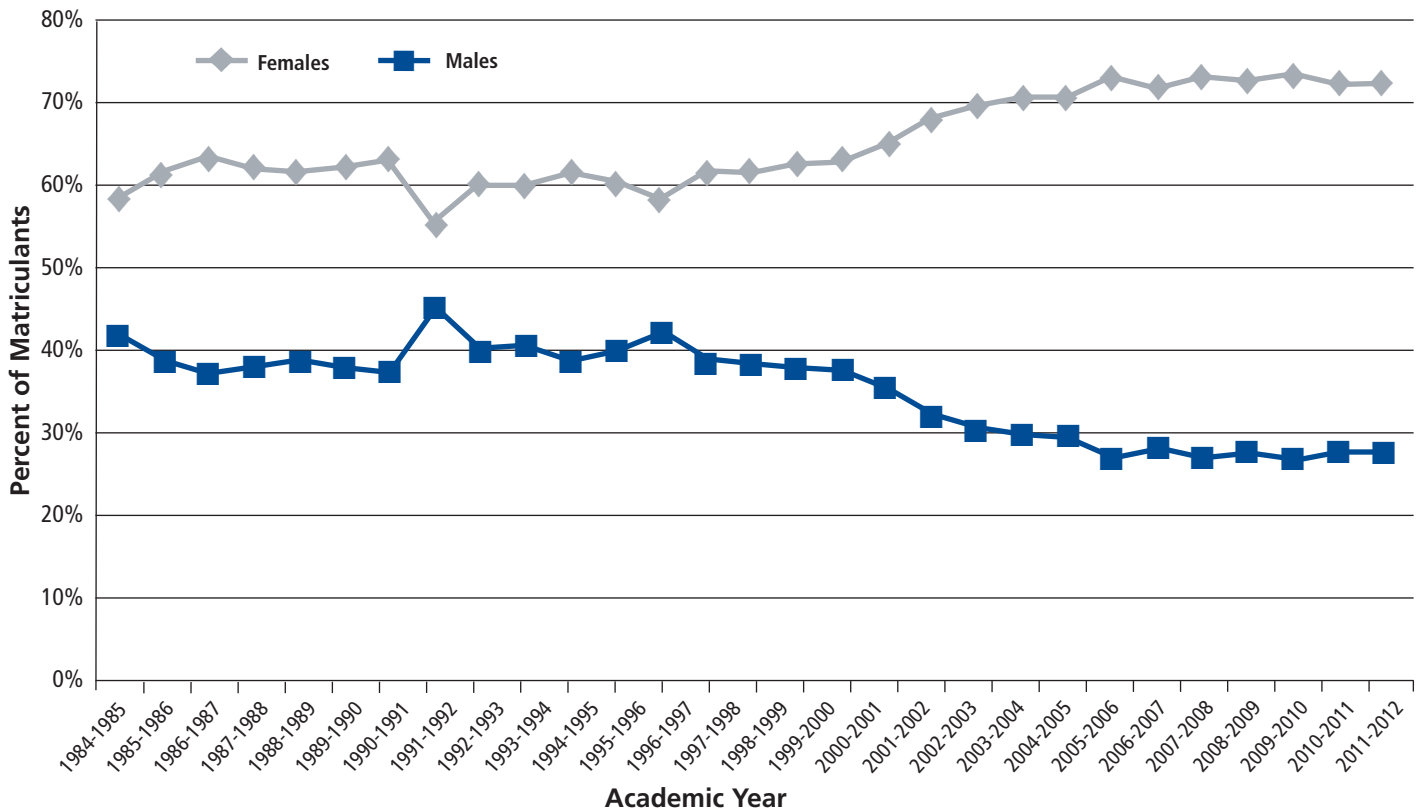
Percentages of male and female enrollees are shown in **Table 40**. Distribution of male and female enrollment of first-year students was identical to that of all class years. Female students made up more than 70% of total first-year enrollees and all class years.

Table 40. PA Program Enrollment by Gender

Gender	Year	n	Mean	STDEV	P10	P25	P50 (Median)	P75	P90
Female	All Years	153	72.4%	11.9%	59.5%	68.6%	74.7%	79.1%	82.8%
	First Year	152	72.4%	12.8%	58.7%	68.3%	75.0%	80.0%	84.5%
Male	All Years	153	27.6%	11.9%	17.2%	20.9%	25.3%	31.4%	40.5%
	First Year	152	27.6%	12.8%	15.5%	20.0%	25.0%	31.7%	41.3%

The gender distribution of first-year students has started to stabilize after nearly a 20-year trend of a gradually increasing proportion of females (see Figure 16 and Appendix I, Table D “First-Year Gender and Ethnicity, 1984-2012”).

Figure 16. First-Year Enrollment at PA Programs by Gender, 1985–2012



First-Year Class

For this next section, matriculant data are reported and compared between member programs who participated in CASPA (Central Application Service for Physician Assistants, n = 137), programs who participated in CASPA and also had matriculated students outside of the CASPA system (n = 28), and programs who did not participate in CASPA (n = 7). The race, ethnicity, age, grade point average (GPA), and health care experience results will be labeled accordingly. Data for programs that participated in CASPA were collected using WebAdMIT. Data for programs that participated in CASPA, but also matriculated students outside of CASPA, were gathered in this 2012 Program Survey. Data for programs that did not participate in CASPA were also gathered in this 2012 Program Survey. PAEA also conducts an annual Matriculating Student Survey (MSS) and these data will be reported in another report. Please note that: WebAdMIT for the CASPA admissions portal is an online service that allows participating programs to view their admissions and applicant information.

First-Year Class: Gender

Table 41 shows the gender distribution of matriculants for CASPA-participating programs, programs who participated in CASPA and also matriculated students outside of CASPA, and non-CASPA-participating programs. Roughly three-quarters of first-year students were female in each category.

Table 41. First-Year Students: Gender

Gender	CASPA		CASPA and Non-CASPA		Non-CASPA	
	n (Students)	%	n (Students)	%	n (Students)	%
Male	1,529	26.9%	320	33.7%	87	24.1%
Female	4,165	73.1%	629	66.3%	274	75.9%
Total	5,694	100.0%	949	100.0%	361	100.0%

First-Year Class: Race and Ethnicity

Table 42 shows the racial distribution of matriculants for CASPA-participating programs, programs who participated in CASPA and also matriculated students outside of CASPA, and non-CASPA-participating programs. The majority of first-year students were White, followed by Asian, and Black or African American.

Table 42. First-Year Students: Race

	CASPA		CASPA and Non-CASPA		Non-CASPA	
	n (Students)	%	n (Students)	%	n (Students)	%
White	4,623	86.5%	519	72.5%	291	86.6%
Black or African American	218	4.1%	80	11.2%	15	4.5%
Asian	592	11.1%	82	11.5%	24	7.1%
American Indian or Alaskan Native	55	1.0%	16	2.2%	NR	NR
Native Hawaiian or Other Pacific Islander	9	0.2%	NR	NR	NR	NR
Multi-Racial	NR	NR	8	1.1%	NR	NR
Other	NR	NR	10	1.4%	NR	NR
Total	5,497	102.9%	716	100.0%	336	100.0%

Note: In WebAdMIT, race was a "select all that apply" variable; thus, race for CASPA data adds to more than 100% because multiple races could be selected. The following CASPA and Non-CASPA data fields had fewer than five cases and were not reported: American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander, Multi-Racial, and Other.

Table 43 shows the ethnic distribution of matriculants for CASPA-participating programs, programs who participated in CASPA and also matriculated students outside of CASPA, and non-CASPA-participating programs. The majority of first-year students were non-Hispanic.

Table 43. First-Year Students: Ethnicity

Ethnicity	CASPA		CASPA and Non-CASPA		Non-CASPA	
	n (Students)	%	n (Students)	%	n (Students)	%
Non-Hispanic	4,884	92.4%	511	80.2%	NR	NR
Hispanic	404	7.6%	126	19.8%	NR	NR
Total	5,288	100.0%	637	100.0%	288	100.0%

Note: The Non-CASPA Hispanic data field had fewer than five cases and was not reported.

First-Year Class: Age

Table 44 shows the average age of matriculants for CASPA-participating programs, programs that participated in CASPA and also matriculated students outside of CASPA, and non-CASPA-participating programs. The average age of first-year students ranged between 25 and 28 for all categories.

Table 44. First-Year Students: Age

Age	CASPA			CASPA and Non-CASPA			Non-CASPA		
	n (Students)	Mean	STDEV	n (Programs)	Mean	STDEV	n (Programs)	Mean	STDEV
Age	5,694	28.4	5.71	23	27.1	4.39	7	24.7	2.57

Note: CASPA data were averaged at the individual level; whereas the other two categories were averaged at the program level.

First-Year Class: Grade Point Averages

Table 45 shows the average grade point averages (GPAs) of matriculants for CASPA-participating programs, programs who participated in CASPA and also matriculated students outside of CASPA, and non-CASPA-participating programs. The average undergraduate GPA ranged between 3.43 and 3.53 for all categories. The average undergraduate science GPA ranged between 3.36 and 3.47 for all categories. The average undergraduate non-science GPA was higher than the undergraduate science GPA for students from the CASPA system (i.e., WebAdMIT).

Table 45. First-Year Students: Grade Point Averages

GPA	CASPA			CASPA and Non-CASPA			Non-CASPA		
	n (Students)	Mean	STDEV	n (Programs)	Mean	STDEV	n (Programs)	Mean	STDEV
Undergraduate Overall GPA	5,611	3.47	0.32	20	3.43	0.20	7	3.53	0.07
Undergraduate Science GPA	5,639	3.36	0.42	14	3.39	0.24	5	3.47	0.04
Undergraduate Non-Science GPA	5,640	3.56	0.33	NR	NR	NR	NR	NR	NR

Note: CASPA data were averaged at the individual level; whereas the other two categories were averaged at the program level.

First-Year Class: Health Care Experience

Table 46 shows the average health care experience hours of matriculants for CASPA-participating programs only, as the other categories had fewer than five cases (see also Appendix I: Table E. “Health Care Experience of PA Program Entering Classes, 1984–2012”). The majority of matriculants reported accruing health care experience in the following categories: patient contact experience (Mean = 3,560.9, Median = 1,428), health care shadowing (Mean = 150.7, Median = 66), and community service (Mean = 587.1, Median = 203). It is interesting to note that, on average, matriculants reported accruing more health care experience hours from research (Mean = 1,159.0) than health care shadowing (Mean = 150.7) or community service (Mean = 587.1).

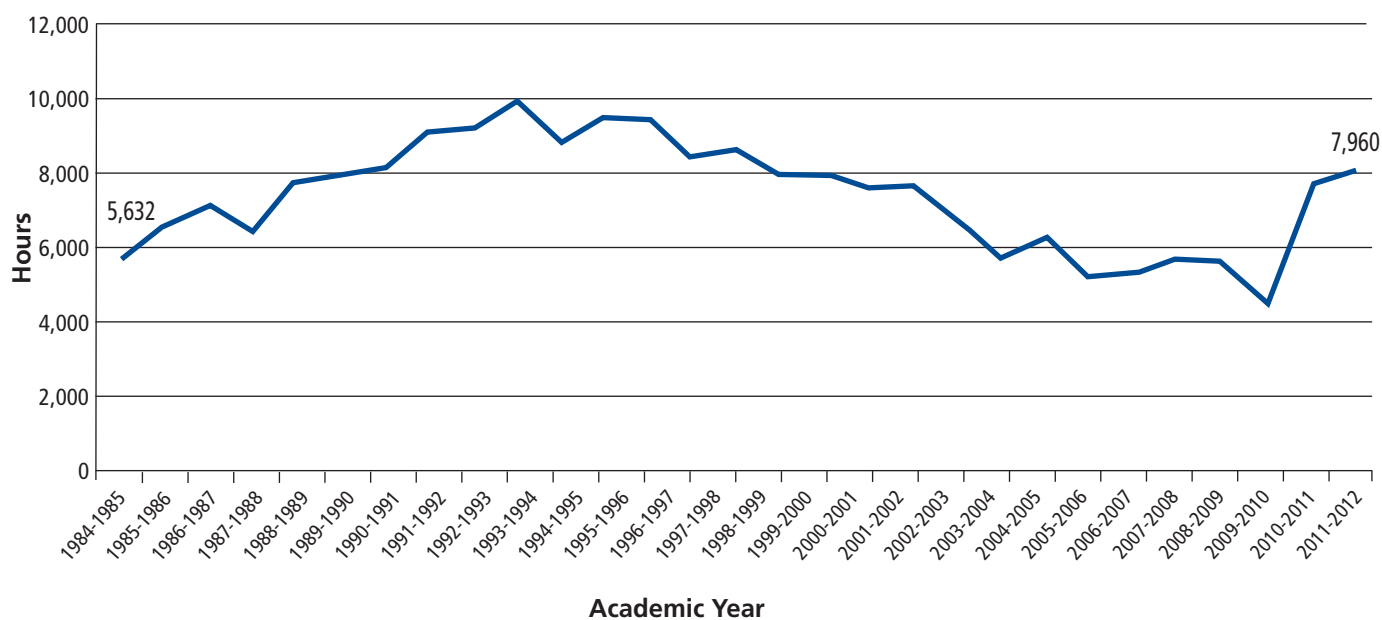
Table 46. Average Health Care Experience Hours of Matriculating Students from CASPA Programs

Health Care Experience	CASPA			
	n	% of Total Students Indicating HCE Hours	Mean Hours	Median Hours
Patient Contact Experience	4,912	86.4%	3,560.9	1,428
Other Work Experience	3,962	69.7%	4,304.6	2,200
Other Health Care Experience	3,018	53.1%	1,696.9	400
Community Service	4,259	74.9%	587.1	203
Health Care Shadowing	4,705	82.7%	150.7	66
Research	2,054	36.1%	1,159.0	320
Total Health Care Hours	5,686	100.0%	7,959.5	4,854.5

Note: CASPA data were averaged at the individual level.

Figure 17 details the change in average total health care experience hours accrued by PA program matriculants over time. In 2011 and 2012, total health care experience hours were reported only for matriculated students from programs who participated in CASPA; hence, the spike in hours in 2011. It appears that the total health care hours has leveled out, indicating that the way in which CASPA collects these data is stable.

Figure 17. Total Health Care Experience Hours Accrued by PA Program Matriculants, 1985–2012



Note: 2010–2012 CASPA Matriculant Average Health Care Experience (self-reported). Health care experience hours include patient contact experience, other work experience, other health care experience, community service, health care shadowing, and research. Previously, health care experience hours included direct patient care, community service, health-related, and observation/shadowing.

Matriculants Serving in the Military

Of the programs who responded, 92 (67.1%) collected data on the number of students in the 2011–2012 matriculating class who had served or were currently serving in the military. This includes veterans, those on reserve, and active duty personnel. There were 69 programs who reported an average of 2.9 (SD = 2.82) students who have served or are currently serving in the military. Of the programs who responded, there were 83 (55.0%) that collected data on the number of students in the 2011–2012 matriculating class who have military health care–training experience. There were 82 programs who reported an average of 1.7 (SD = 3.85) students who had military health care–training experience.

Interview Requirement, Background Check, and Mandatory Drug Testing

Admission interviews were required by 97.4% of responding PA programs. Over three-quarters of responding programs (78.2%, n = 122) reported that students were required to have a background check upon matriculation to the program, while 47.1% (n = 74) of responding programs mandated drug testing during the 2011–2012 academic year.

The 2012 Graduating Class

Programs were asked to provide information for all of their Class of 2012, including those who decelerated, withdrew, or graduated on time. The class (often described as a cohort) was defined as all students who entered into the PA program expecting to graduate on time in 2012, regardless of their eventual graduation status. This includes those who graduated, withdrew, and decelerated. These data were entered by gender and were aggregated for reporting purposes. On average, the 2012 class had 41.5 graduates (SD = 18.2), 2.6 withdrawn students (SD = 3.5), and 2.9 decelerated students (SD = 2.6; see **Table 47**).

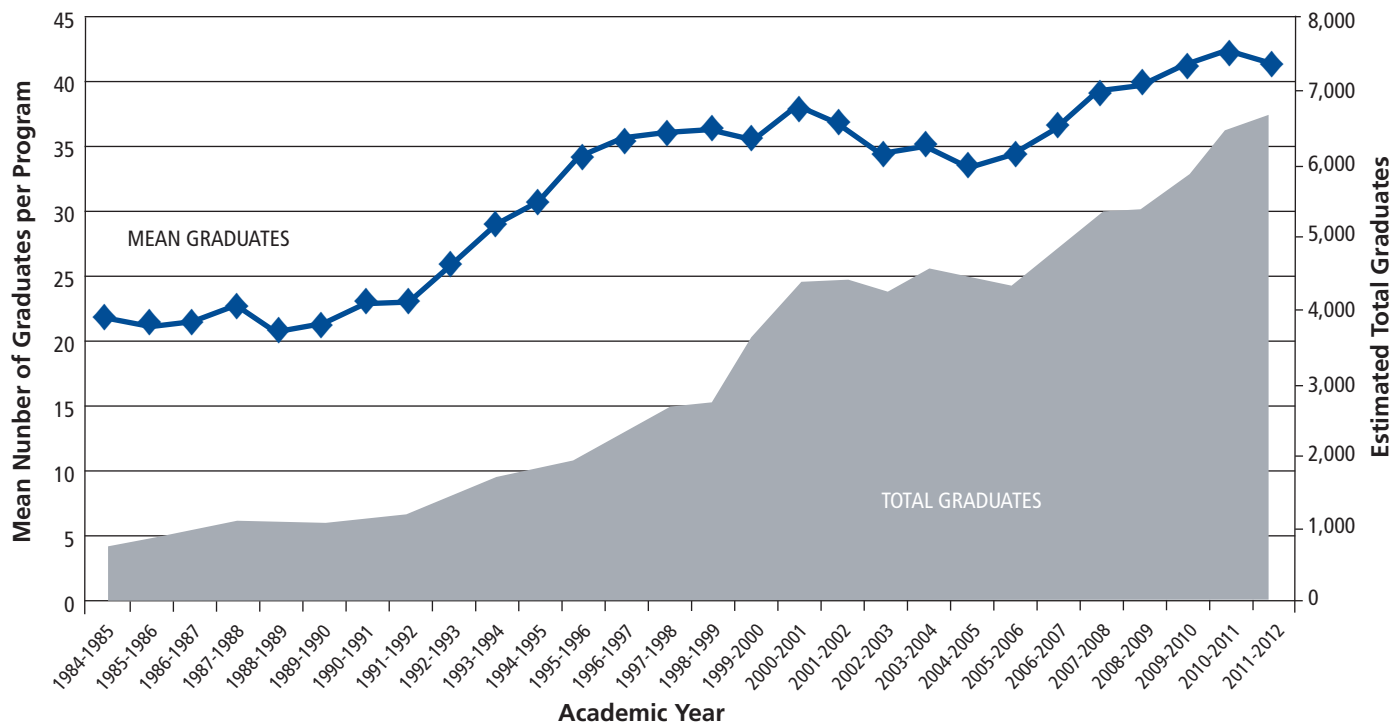
Table 47. Graduated, Withdrawn, and Decelerated Students at PA Programs

	Total Students	Mean	STDEV	Median	% of Class
Graduated On Time	5,928	41.5	18.2	37.0	92.5%
Withdrawn	232	2.6	3.5	2.0	3.6%
Decelerated	251	2.9	2.6	2.0	3.9%
Total	6,411	44.8	19.8	40.0	100.0%

Note: n = 143 programs.

There were approximately 5,928 graduates from 142 responding programs in 2012. Considering the average graduate class size of 41.5, a more realistic estimate of the national output of PAs would be 6,225 (41.5 average graduate class size x 150 programs that had graduates expected). **Figure 18** shows the average number of graduates per program (left axis) and the cumulative total of PA graduates (right axis) since 1984.

Figure 18. PA Program Graduates, 1985-2012



Graduating Class: Gender and Ethnicity

The average percentage of male students who withdrew (5.5%) was higher than female students (2.9%; see **Table 48**). The percentage of decelerated male students (5.0%) was also higher than that of their female counterparts (3.5%). The average graduation rate for PA students was 92.5%. Female PA students had a higher graduation rate (93.6%) than male PA students (89.5%). The number of withdrawn and decelerated students may be artificially lower because of the response rate.

Table 48. Percentages of PA Students Withdrawn or Decelerated by Gender

	Males			Females			Total		
	n (Programs)	n (Students)	% (Total Males)	n (Programs)	n (Students)	% (Total Females)	n (Programs)	n (Students)	% (Class)
Graduated									
On Time	142	1,565	89.5%	142	4,363	93.6%	143	5,928	92.5%
Withdrawn	57	96	5.5%	71	136	2.9%	90	232	3.6%
Decelerated	57	87	5.0%	72	164	3.5%	86	251	3.9%
Total	NR	1,748	100.0%	NR	4,663	100.0%	143	6,411	100.0%

Out of the 6,411 students in the graduating class (includes graduated on time, withdrawn, and decelerated), 130 schools provided race data for 5,362 students (see **Table 49**). Eighty-seven percent of these students were White, 5.8% were Asian, and 4.5% were Black or African American. Additionally, 128 schools provided ethnicity data for 4,820 students. Approximately 8% of the graduating students were Hispanic.

Table 49. Race and Ethnicity of 2012 Graduating Class

	n (Programs)	n (Students)	% of Total
White	130	4,639	86.5%
Black or African American	85	242	4.5%
Asian	79	309	5.8%
Other Asian	42	109	2.0%
American Indian or Alaskan Native	25	39	0.7%
Native Hawaiian or other Pacific Islander	24	24	0.4%
Total	130	5,362	100.0%
Hispanic, Latino, or Spanish origin	92	374	7.8%
Non-Hispanic, Latino, or Spanish origin	114	4,446	92.2%
Total	128	4,820	100.0 %

As shown in Table 50, Native Hawaiian or other Pacific Islander Students had the highest graduation rate (98.1%), followed by American Indian or Alaskan Native students (94.1%), and White students (91.3%). Non-Hispanic students had a slightly higher graduation rate (91.7%) than Hispanic students (85.7%).

Table 50. Graduation Rates by Race and Ethnicity for 2012 Graduating Class

	White	Black or African American	Asian	Other Asian	American Indian or Alaskan Native	Native Hawaiian or other Pacific Islander	Hispanic	Non-Hispanic
Mean	91.3%	85.2%	87.8%	89.8%	94.1%	98.1%	85.7%	91.7%
Median	97.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.2%
Total	4,392	200	278	99	46	35	656	4,181

Reasons for Withdrawal and Dismissal

For the 75 programs responding, the most common reason for student withdrawal was voluntary (53.3% of programs, 68.5% of total withdrawn students), followed by academic dismissals (48.0% of programs, 64.7% of total withdrawn students), and non-academic dismissals (12.0%, 3.9% of total withdrawn students).

Appendix I. List of Historical Tables

Table A. Financial Support Received by PA Programs, 1985–2012

Academic Year	Total Budget		Sponsoring Institution			Federal Grant/Contract			
	Mean Budget Amount (\$)	% Change	Mean Budget Amount (\$)	% Change	% of Programs Receiving	Mean Budget Amount (\$)	% Change	% of Programs Receiving	% in Total Budget
1984–1985	276,919	—	169,581	—	84	130,889	—	73	35
1985–1986	305,868	10.5	181,171	6.8	92	125,484	-4.1	82	41
1986–1987	334,690	9.4	189,135	4.4	88	126,457	0.8	60	39
1987–1988	328,444	-1.9	178,590	-5.6	87	117,429	-7.1	78	38
1988–1989	371,386	13.1	200,700	12.4	91	125,118	6.5	77	34
1989–1990	381,978	2.9	211,400	5.3	80	127,600	2	75	33
1990–1991	409,745	7.3	235,780	11.5	87	128,222	0.5	77	31
1991–1992	470,063	14.7	257,182	9.1	92	129,243	0.8	77	28
1992–1993	457,200	-2.7	270,346	5.1	89	143,514	11	64	31
1993–1994	568,564	24.4	315,085	16.5	85	137,514	-4.2	64	24
1994–1995	664,797	16.9	324,889	3.1	93	144,926	5.4	71	22
1995–1996	673,975	1.4	373,957	15.1	92	152,514	5.2	52	23
1996–1997	648,871	-3.7	410,456	9.8	87	152,300	-0.1	45	22
1997–1998	679,096	4.7	441,129	7.5	94	157,765	3.6	38	22
1998–1999	740,898	9.1	501,150	13.6	88	173,030	9.7	41	23
1999–2000	756,946	2.2	466,641	-6.9	89	150,111	-13.2	35	20
2000–2001	871,824	15.2	487,739	4.5	90	123,055	-18	31	14
2001–2002	873,977	0.2	504,324	3.4	90	154,834	25.8	33	18
2002–2003	866,612	-0.8	574,416	13.9	86	159,334	2.9	37	18
2003–2004	954,422	10.1	654,339	13.9	86	141,762	-11	40	15
2004–2005	986,987	3.4	672,444	2.8	88	138,982	-2	38	14
2005–2006	990,527	0.4	735,508	9.4	88	177,408	27.6	37	18
2006–2007	1,077,814	8.8	795,539	8.2	90	134,907	-24	31	13
2007–2008	1,314,505	22.0	908,472	14.2	94	124,212	-7.9	16	11
2008–2009	1,276,432	-2.9	954,696	5.1	91	108,587	-12.6	16	11
2009–2010	1,290,024	1.1	984,529	3.1	91	143,758	32.4	16	14
2010–2011	1,546,037	19.8	1,087,424	11.4	77	236,013	64.2	31	15
2011–2012	1,883,941	21.9	1,136,464	4.5	96	152,161	-35.5	28	8

Table B. PA Student Expenses and Financial Aid, 1985–2012

Academic Year	Tuition (Mean)				Tuition + Incidental Costs (Mean)				Financial Aid
	Resident (\$)	% Change	Non-Resident (\$)	% Change	Resident (\$)	% Change	Non-Resident (\$)	% Change	% of Class Receiving
1984–1985	6,378	—	8,986	—	7,669	—	9,962	—	65
1985–1986	7,098	11.3	9,565	6.4	8,588	12.0	11,055	11.0	65
1986–1987	7,626	7.4	10,451	9.3	9,247	7.7	12,155	10.0	63
1987–1988	8,012	5.1	10,775	3.1	9,643	4.3	12,494	2.8	63
1988–1989	9,472	18.2	13,660	26.8	11,485	19.1	15,681	25.5	67
1989–1990	9,978	5.3	14,174	3.8	11,706	1.9	15,902	1.4	69
1990–1991	10,620	6.4	14,614	3.1	12,495	6.7	16,511	3.8	71
1991–1992	11,714	10.3	16,240	11.1	13,890	11.2	18,440	11.7	71
1992–1993	13,092	11.8	17,772	9.4	15,694	13.0	20,375	10.5	71
1993–1994	14,470	10.5	18,774	5.6	17,153	9.3	21,457	5.3	71
1994–1995	16,030	10.8	21,106	12.4	18,676	8.9	23,752	10.7	77
1995–1996	17,872	11.5	22,702	7.6	21,308	14.1	26,132	10.0	79
1996–1997	20,132	12.6	25,088	10.5	23,695	11.2	28,775	10.1	79
1997–1998	20,296	0.8	26,228	4.5	24,057	1.5	29,989	4.2	85
1998–1999	22,428	10.5	27,922	6.5	26,653	10.8	32,147	7.2	83
1999–2000	24,407	8.8	31,001	11	28,840	8.2	35,434	10.2	84
2000–2001	28,048	14.9	34,662	11.8	32,684	13.3	39,298	10.9	86
2001–2002	28,036	0.0	35,536	2.5	32,810	0.4	40,310	2.6	88
2002–2003	30,949	10.4	38,423	8.1	36,154	10.2	43,628	8.2	86
2003–2004	34,167	10.4	41,723	8.6	39,360	8.9	46,884	7.5	89
2004–2005	37,823	10.7	46,344	11.1	43,309	10.0	51,730	10.3	88
2005–2006	40,697	7.6	48,549	4.8	45,910	6.0	53,843	4.1	89
2006–2007	44,637	9.7	52,225	7.6	51,019	11.1	58,671	9.0	89
2007–2008	48,649	9.0	57,280	9.7	54,954	7.7	63,647	8.5	91
2008–2009	50,611	4.0	61,088	6.6	56,220	2.3	66,871	5.1	92
2009–2010	53,650	6.0	65,171	6.7	59,435	5.7	70,956	6.1	92
2010–2011	58,055	8.2	65,238	0.1	63,865	7.5	71,130	0.2	93
2011–2012	63,098	8.7	73,617	12.8	67,996	6.5	79,041	11.1	85

Table C. Average Enrollment and Capacity for All Classes, 1985–2012

Academic Year	Maximum Capacity	Enrollment	Capacity Unfilled (%)	Programs (n)
1984–1985	58.2	47.0	17.8	39
1985–1986	60.4	46.7	21.3	44
1986–1987	61.9	49.1	18.8	47
1987–1988	57.4	47.3	19.6	48
1988–1989	56.1	45.6	16.3	48
1989–1990	58.9	50.2	14.8	45
1990–1991	68.1	56.6	16.9	50
1991–1992	69.7	62.1	9.2	50
1992–1993	71.8	65.1	8.9	57
1993–1994	72.7	67.9	5.1	56
1994–1995	85.4	78.6	5.5	61
1995–1996	83.2	79.4	6.1	68
1996–1997	83.6	77.3	7.3	77
1997–1998	84.1	81.3	9.8	95
1998–1999	87.4	82.5	8.5	96
1999–2000	83.3	76.7	9.0	105
2000–2001	86.5	78.8	7.1	102
2001–2002	82.8	76.0	8.2	105
2002–2003	86.7	75.9	10.4	103
2003–2004	89.8	80.3	9.3	109
2004–2005	91.9	85.1	8.2	110
2005–2006	93.2	87.5	6.2	105
2006–2007	95.9	91.3	6.1	99
2007–2008	101.5	97.5	5.2	112
2008–2009	109.7	101.5	3.4	118
2009–2010	110.4	107.1	2.9	132
2010–2011	115.1	107.3	6.7	142
2011–2012	110.2	105.2	5.8	158

Table D. First-Year Gender and Ethnicity, 1984–2012

Academic Year	Female		Male		White		Non-White		Total	
	Mean	% of Total	Mean	% of Total	Mean	% of Total	Mean	% of Total	Mean	n
1983–1984	13.6	58.4	9.7	41.6	20.7	86.2	4.0	13.8	24.0	43
1984–1985	14.6	61.6	9.1	38.4	20.3	83.4	4.1	16.6	24.1	43
1985–1986	15.3	63.0	9.0	37.0	20.9	85.3	3.6	14.7	24.3	41
1986–1987	15.5	62.2	9.4	37.8	19.6	78.8	5.3	21.1	24.9	47
1987–1988	15.7	61.6	9.9	38.4	19.7	77.7	5.9	22.3	25.6	47
1988–1989	16.2	62.3	9.8	37.7	20.8	79.7	5.3	20.3	25.9	46
1989–1990	16.4	62.8	9.7	37.2	20.9	80.1	5.2	19.9	26.1	46
1990–1991	16.3	55.1	13.3	44.9	24.6	82.3	5.3	17.7	29.6	49
1991–1992	19.4	60.2	12.8	39.8	26.0	81.0	6.1	19.0	32.2	47
1992–1993	20.7	59.8	13.9	40.2	26.9	82.5	5.7	17.5	35.0	56
1993–1994	22.2	61.5	13.9	38.5	29.3	82.3	6.3	17.7	37.0	55
1994–1995	24.4	60.2	16.1	39.8	33.2	77.5	8.8	20.9	41.1	55
1995–1996	22.8	58.2	16.4	41.8	32.4	77.7	9.3	22.3	39.2	71
1996–1997	23.5	61.4	14.8	38.6	31.3	79.6	8.0	20.4	38.3	77
1997–1998	24.4	61.9	15.0	38.1	32.4	79.2	8.5	20.8	39.4	95
1998–1999	25.0	62.5	15.0	37.5	32.9	78.9	8.8	21.1	40.0	91
1999–2000	24.0	62.8	14.2	37.2	30.7	77.9	8.7	22.1	40.2	103
2000–2001	24.8	64.9	13.4	35.1	30.2	75.1	10.0	24.9	38.2	102
2001–2002	26.7	68.1	12.5	31.9	29.0	77.3	8.5	22.7	39.2	105
2002–2003	24.7	69.6	10.8	30.4	29.8	77.4	8.7	22.6	35.5	103
2003–2004	26.9	70.4	11.3	29.6	30.1	75.6	9.7	24.4	38.2	108
2004–2005	28.4	70.6	11.8	29.4	33.1	77.9	9.4	22.1	40.2	104
2005–2006	29.8	73.0	11.0	27.0	32.8	77.2	9.7	22.8	40.8	105
2006–2007	30.5	72.1	11.8	27.9	33.0	76.7	10.0	23.3	42.3	100
2007–2008	31.1	73.1	12.4	26.9	34.8	77.4	9.5	21.8	43.5	112
2008–2009	32.6	72.7	13.0	27.3	33.5	77.7	8.8	22.3	45.6	118
2009–2010	32.2	72.7	12.9	27.5	34.9	81.1	7.6	18.9	46.0	130
2010–2011	33.0	72.5	12.5	27.5	35.7	76.1	10.1	23.9	45.9	140
2011–2012	33.2	72.4	11.7	27.6	23.0	76.6	1.2	23.4	44.9	152

Table E. Health Care Experience of PA Program Entering Classes, 1984–2012

Academic Year	Months	Hours
1983–1984	32	5,632
1984–1985	37	6,512
1985–1986	40	7,040
1986–1987	36	6,336
1987–1988	44	7,744
1988–1989	45	7,920
1989–1990	46	8,096
1990–1991	52	9,152
1991–1992	52	9,152
1992–1993	56	9,856
1993–1994	50	8,800
1994–1995	54	9,504
1995–1996	53	9,328
1996–1997	48	8,448
1997–1998	49	8,624
1998–1999	45	7,920
1999–2000	45	7,920
2000–2001	43	7,568
2001–2002	43	7,568
2002–2003	38	6,688
2003–2004	32	5,632
2004–2005	35	6,160
2005–2006	29	5,104
2006–2007	30	5,280
2007–2008	32	5,632
2008–2009	31	5,481
2009–2010	25	4,376
2010–2011	—	7,697
2011–2012	—	7,960

Note: Total number of weeks, which was used to calculate months, was removed after 2010. 2010–2012 CASPA Matriculant Average Health Care Experience (self-reported). Health Care Experience hours include patient contact experience, other work experience, other health care experience, community service, health care shadowing, and research.

Appendix II. Survey Instrument

Section 1. General Information

All information in this section refers to the 2011-2012 academic year.

1. Name of sponsoring institution: _____

2. Is your institution public or private?

- Public Private
 Other, please specify _____

3. Is your sponsoring institution an academic health center (AHC)?

- Yes No

4. Administrative housing:

- School of Medicine
 Science Department
 School of Allied Health/Health Professions
 Other, specify _____

5. Year first class enrolled: _____

6. Length of the professional phase of the program in weeks (if you have a pre-professional phase, enter length for the professional phase only. Do not enter weeks for pre-professional phase.)

Didactic Phase: _____ weeks (Do not enter weeks for pre-professional phase.)

Clinical Phase*: _____ weeks (Do not enter weeks for pre-professional phase.)

*Clinical rotation activities such as seeing patients, taking histories, reporting to preceptors, etc.

Vacation: _____ weeks

Total: _____ weeks

7. Program start month: _____

8. Program end month: _____

9. Credentials awarded (Select all that apply):

- Certificate of Completion**
 Associate Baccalaureate
 Bachelor of Science (BS)
 Bachelor of Science in Physician Assistant (BSPA)/Bachelor of Science in Physician Assistant Studies (BSPAS)/Bachelor of Physician Assistant Studies (BPAS)/Bachelor of Physician Assistant (BPA)
 Bachelor of Medical Science (BMS)
 Bachelor of Clinical Health Services (BCHS)
 Bachelor of Health Science (BHS)/Bachelor of Science in Health Science (BSHS)
 Other, specify _____

Master's

- Master of Science (MS)
 Master of Physician Assistant Studies (MPAS)/Master of Science in 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)
 Master of Medical Science (MMS/MMSc)/Master of Science in Medicine (MSM)
 Master of Public Health (MPH)
 Other Master's, specify _____

Doctorate

- Specify _____

9a. What credential(s)/degree(s) do you require for entry to your Associate's degree program?

- A degree is NOT required to enter my Associate's degree program.
 Certificate
 Associate
 Other _____

9b. What credential(s)/degree(s) do you require for entry to your Bachelor’s degree program?

- A degree is NOT required to enter my Bachelor’s degree program.
- Certificate
- Associate
- Baccalaureate
- Other _____

9c. What credential(s)/degree(s) do you require for entry to your Master’s degree program?

- A degree is NOT required to enter my Master’s degree program.
- Certificate
- Associate
- Baccalaureate
- Master’s
- Other _____

9d. What credential(s)/degree(s) do you require for entry to your Dual degree program?

- A degree is NOT required to enter my Dual degree program.
- Certificate
- Associate
- Baccalaureate
- Master’s
- Other _____

9e. What credential(s)/degree(s) do you require for entry to your Doctorate degree program?

- A degree is NOT required to enter my Doctorate degree program
- Certificate
- Associate
- Baccalaureate
- Master’s
- Other _____

10. Was there a change to your program’s credential(s) from the previous year?

A change includes the addition of one or more credentials, the removal of one or more credentials, or the addition or removal of a dual degree option.

- Yes No

10a. What changes were made to the credential(s)/degree(s) offered at your program? Check all that apply.

- Addition of a Certificate (please describe)

- Addition of an Associate degree
- Addition of a Baccalaureate degree
- Addition of a Master’s degree
- Addition of a Dual degree (please describe)

Change from Baccalaureate to Dual Degree

Addition of a Doctoral degree (please describe)

- Deletion of an Associate degree
- Deletion of a Dual degree program
- Deletion of a Master’s program
- Other change (please describe):

11. Did your program require an interview from prospective students?

- Yes No

Section 2. Financial Information

Budget and expense information refers to the fiscal year 2011-2012 (or the most recently completed fiscal year).

12. Program Budget: For the fiscal year 2011-2012, please enter the amount of money received from each of the following sources. The total amount listed should be equal to your program’s budget. All items are mutually exclusive.

	AMOUNT
Budget from sponsoring institution *	\$ _____
Tuition and fees	\$ _____
Federal grant/contract	\$ _____
State grant/contract	\$ _____
AHEC support	\$ _____
Private foundation	\$ _____
Gifts/grants/endowments	
Private donation	\$ _____
Industry	\$ _____
Other, specify	\$ _____
 Current Budget Total	 \$ _____

*Direct support to the program, including employee salaries and benefits.

13. Program Expenses: Estimate the approximate percentage of the following expenses relative to the total budget. Include only the expenses that were directly paid by the program. These percentages should add up to 100%.

- Faculty salaries (including adjunct faculty salaries) % _____
- Staff salaries % _____
- Instructional equipment (e.g., mannequins) % _____
- Technology (e.g., computer software) % _____
- Faculty development (including conferences) % _____
- Support for faculty travel to clinical sites % _____
- Support for student travel to clinical sites % _____
- Precepting % _____
- Student housing % _____
- Recruitment/marketing % _____
- Accreditation/professional fees % _____
- Administration (e.g., phone, postage) % _____
- Other expenses % _____
- Specify by name _____ % _____

14. Please provide the estimated current total tuition and fees that each student will incur for the entire length of the PA program (If your program has a pre-professional phase, include ONLY the professional phase.)

- Resident (Public tuition): \$ _____
- Non-resident (Public or Private tuition): \$ _____

15. Estimate the total incidental costs (e.g., textbooks, diagnostic equipment, required technology/software and other academic expenses) incurred by a student during the entire program. (If you have a pre-professional phase, include the professional phase only.) Do not include tuition, fees, or personal living expenses (e.g., transportation, food, housing expenses).
\$ _____

16. What percentage of the most recently enrolled class received financial aid? _____%

Section 3. Program Personnel

All questions in this section refer to the academic year 2011-2012.

17. What types of faculty position classifications are available for faculty? (Check all that apply.)

Tenure Track

- Clinical Tenure Track
- Academic Tenure Track
- Research Tenure Track
- Other _____

Non-Tenure Track

- Clinical track
- Multi-Year contract
- Annual contract
- Academic track
- Research track

Other

- Other, specify _____

18. Estimate the percentage of the curriculum taught in the following manner: Numbers must add to 100%.

Didactic Phase only.

- a. Taught directly by your program’s core faculty _____%
- b. Taught by others but actively coordinated by your program’s core faculty (i.e., arranging schedules, selecting topics, etc.) _____%
- c. Taught directly by external personnel with minimal input from program core faculty _____%

19. Considering just your core faculty, please report the FTE dedicated to didactic, clinical, administrative, and research activities as best as you can estimate:

*Note that 1.0 FTE equals 1 full-time employee. The total numbers may exceed 1.0.

	FTE		
	Total Core Faculty	Total Support Staff	Total
Didactic	_____	_____	_____
Clinical	_____	_____	_____
Administration	_____	_____	_____
Research	_____	_____	_____

20. Consider your Medical Director’s responsibilities. Please select ALL the activities that your Medical Director is involved in:

- Didactic teaching
- Clinical teaching
- Administration
- PA-related research
- Other research
- Seeing patients
- Other responsibilities, please describe: _____

21. What barriers, if any, did you encounter while trying to hire new faculty? (Check all that apply.)

- Not applicable
- No barrier
- Salary
- Degree requirements
- Lifestyle
- Location
- Lack of candidates
- Candidates’ lack of teaching experience
- Area cost of living
- Other, specify _____

Section 4. Matriculants

All questions in this section refer to the academic year 2011-2012. Unless otherwise indicated, all questions in this section refer to full-time students in the professional phase of the program. (Professional Phase refers to only that portion of a PA student’s education that is in an educational program accredited by the ARC-PA; this is typically two years in length (one year of classroom and laboratory instruction followed by one year of clinical rotations).

22. Indicate the maximum capacity of your program in the 2011-2012 academic year

	First Year	Second Year	Third Year
Maximum Capacity	_____	_____	_____

23. Indicate the number of enrolled students by gender for each class in the 2011-2012 academic year.

(Include full-time and part-time students.)

	First Year	Second Year	Third Year
Male Enrollees	_____	_____	_____
Female Enrollees	_____	_____	_____
Calculated total	[automated]	[automated]	[automated]

24. Indicate the number of students in all years of your program who have decelerated in the 2011-2012 academic year. _____

25. Indicate the number of students in all years of your program who have withdrawn or been dismissed in the 2011-2012 academic year. _____

2011-2012 Matriculating Class

The following questions refer to the 2011-2012 matriculating class (or first-year class).

26. For the 2011-2012 matriculating class, please indicate the number of students by their highest degree earned upon entry.

Highest Degree Upon Entry	Number of Students
No academic degree	_____
Certificate	_____
Associate degree	_____
Baccalaureate degree	_____
Master’s degree	_____
Doctoral degree	_____
Unknown degree/credential	_____

27. For the 2011-2012 matriculating class, please indicate the number of students who have served or are currently serving in the military. Include veterans, those on reserve, and active duty personnel. _____

Do not know/Do not collect this information

28. For the 2011-2012 matriculating class, please indicate the number of students who have military health care training experience. _____

Do not know/Do not collect this information

29. Did your program require a background check upon matriculation for the 2011-2012 academic year?

- Yes No

30. Did your program have a policy for mandatory drug testing for the 2011-2012 academic year?

- Yes No

31. Do you participate in CASPA (Central Application Service for Physician Assistants)?

- Yes (Stop here. Go to Section 5.)
 Yes, but I have non-CASPA students, so I'd like to provide a demographic summary of ALL of my program's matriculating students.
 No

32. Please enter the number of students for the following ethnic groups.

Hispanic, Latino, or Spanish origin _____
 Non-Hispanic, Latino, or Spanish origin _____
 Unknown _____

33. Please enter the number of students from each of the following racial groups (as self-identified by students)

Race	Number of Students
White	_____
Black/African American	_____
Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai)	_____
Other Asian	_____
American Indian or Alaskan Native	_____
Native Hawaiian/Other Pacific Islander	_____
Multi-racial	_____
Other	_____
No answer	_____

34. Specify the average age and age range of your 2011-2012 matriculating class.

Average Age _____
 Age, youngest _____
 Age, oldest _____

35. For the 2011-2012 matriculating class, please enter the average undergraduate grade point average (GPA) for the following categories.

Student Level	Average GPA
Undergraduate	_____
Undergraduate Science	_____
Graduate	_____
Graduate Science	_____

36. Do you collect information on the average number of hours of health care experience (HCE) in your 2011-2012 matriculating class?

- Yes No

36a. If yes, what was the average number of hours of health care experience (HCE) in your 2011-2012 matriculating class?

Type of HCE	Average Number of Hours of HCE
Direct patient care	_____
Health-related	_____
Community service	_____
Observation/shadowing	_____

Section 5. Graduating Students

2012 GRADUATING CLASS

Definitions

Graduating class. The group of students who entered into your program expecting to graduate in 2012.

Graduating students. Students who make up your 2012 graduating class and are graduating on time.

37. Please provide the number of male and female graduating students. (For graduating students, only count students who are graduating on time.)

	Graduated / Graduating (on time)	Decelerated	Withdrew
Male	_____	_____	_____
Female	_____	_____	_____
Total	[automated]	[automated]	[automated]

38. Please enter the number of graduating students as self-identified from each of the following ethnic groups.

	Graduated/Graduating (on time)	Decelerated	Withdrew
Hispanic, Latino or Spanish in origin	_____	_____	_____
Non-Hispanic, Latino, or Spanish in origin	_____	_____	_____
Unknown	_____	_____	_____
Total	[automated]	[automated]	[automated]

39. For the 2012 graduating class, please provide the number of students as self-identified from each of the following racial groups.

	Graduated/Graduating (on time)	Decelerated	Withdrew
White	_____	_____	_____
Black or African American	_____	_____	_____
Asian Subpopulations	_____	_____	_____
Other Asian	_____	_____	_____
Native Hawaiian or Paific Islander	_____	_____	_____
Amerian Indian or Alaskan Native	_____	_____	_____
Other	_____	_____	_____
No answer/ race unknown	_____	_____	_____
Total	[automated]	[automated]	[automated]

For the 2012 graduating class, state the number of students disenrolled or withdrawn from the program for the following reasons. (Please DO NOT include decelerated or part-time students.)

- Academic dismissal _____
- Non-academic dismissal (e.g., drugs, violence) _____
- Voluntary withdrawal _____
- If voluntary withdrawal, specify _____

2011 GRADUATING CLASS

40. Indicate the number of 2011 graduates employed in primary care and non-primary care medical specialties.

Type of Care	Number of 2011 Graduates Employed
Primary care (i.e., family medicine, general internal medicine, general pediatrics)	_____
Non-primary care (i.e., surgical and medical subspecialties such as orthopedics or dermatology)	_____

41. What was the average reported annual starting salary (adjusted for 100% FTE, not including fringe benefits) of the 2011 graduating class?

\$_____ or We do not collect this information

Section 6. Employee Profile

Complete this section for employees who work 0.5 FTE or more (core faculty or staff). Exception: Include Medical Directors, even if they work less than 0.5 FTE.

Program Name: _____

1. Employee ID or Last Name _____

2. Year of birth _____

3. Year hired _____

If year hired = 2011 or 2012:

3a. Was this employee HIRED in the 2011-2012 academic year?

- Yes No

4. Category:

- Faculty Staff

If year hired = (2011 or 2012) AND category = faculty:

4a. Please indicate the faculty member’s immediate past employment.

- PA education
- Other educational program
- Clinical practice
- Unemployed
- Other, specify

5. Gender

- Male Female

6. Ethnicity: Hispanic, Latino, or Spanish Origin

- Yes No Do not know.

7. Race (as self-identified by individual):

- White _____
- Black or African American _____
- American Indian or Alaskan Native _____
- Asian Subpopulations
(Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai)
- Other Asian
- Native Hawaiian or Other Pacific Islander
- Other
- Do not wish to answer. Please comment:

8. Primary Position (If the actual position is different from the given choices, please select the closest match. If there is no match, select “Other” and then specify. Select ONE.):

- Dean or Associate/Assistant Dean
- Department Chair
- Division Chief/Head
- Program Director
- Medical Director
- Associate/Assistant Director
- Academic Coordinator
- Clinical Coordinator
- Researcher (academic faculty responsible for independent research activities 20-80% FTE)
- Admissions Director/Coordinator
- Clinical Faculty
- Didactic Faculty
- Faculty with combined didactic and clinic responsibilities
- Education Coordinator (Staff)
- Data Analyst
- Evaluation Specialist
- Administrative Staff
- Technology/Information Specialist
- Other, specify

If Primary Position = Medical Director

8a. What is your Medical Director’s FTE?

(Enter a number between “0.1” and “1.0” FTE.

For example, if your employee spends 60% time as a Medical Director and 40% time as didactic faculty, you would enter “0.6” for Medical Director and “0.4” for other responsibilities.

Responses do not have to add to 1 FTE.)

FTE: Medical Director _____
 FTE: Other Responsibilities _____
Total FTE _____

8b. How much does your program pay for your Medical Director?
 \$ _____

8c. Does this amount, \$ _____, represent your Medical Director’s ACTUAL ANNUAL SALARY?

- Yes
- No (Go to 8d.)
- I do not know.

8d. If no, what is your Medical Director's ACTUAL ANNUAL SALARY?

\$ _____ OR

I do not know.

9. Other positions (If the actual position is different from the given choices, please select the closest match. If there is no match, select "Other" and then specify. Check all that apply.):

- Dean or Associate/Assistant Dean
 - Department Chair
 - Division Chief/Head
 - Program Director
 - Associate/Assistant Director
 - Academic Coordinator
 - Clinical Coordinator
 - Researcher (academic faculty responsible for independent research activities 20-80% FTE)
 - Admissions Director/Coordinator
 - Clinical Faculty
 - Didactic Faculty
 - Faculty with combined didactic and clinic responsibilities
 - Education Coordinator (Staff)
 - Data Analyst
 - Evaluation Specialist
 - Administrative Staff
 - Technology/Information Specialist
 - Other, specify
-

10. PA Status:

- PA Non-PA

11. Tenure Status:

- Tenured
- On tenure track, but not tenured
- On a non-tenured track (e.g. clinical track)

12. Academic Rank:

- Professor Emeritus
 - Full Professor
 - Associate Professor
 - Assistant Professor
 - Lecturer/Instructor
 - Other specify
-

13. Highest degree/credential:

- Academic Doctorate (PhD, EdD, etc.)
- Professional Doctorate (MD, DO, DPT, DPM, DVM, JD, etc.)
- Master's
- Baccalaureate
- Associate
- Certificate
- Other degree
- No degree

14. FTE: _____ % (Range is .50 to 1.00)

15. Please indicate the ACTUAL annual salary for this person, paid directly by the program at the end of the 2011-2012 academic year (for departed personnel, indicate the salary at time of departure). For assistance with accurately reporting salary, please contact your human resources department.

Base salary (excluding fringe benefits): \$ _____

Total compensation (paid directly by the program or institution):
\$ _____

16. Did this faculty member work clinically in the past (2011-2012) year?

- Yes No
 I do not know

16a. If yes, what was the average number of clinical hours worked per week?

_____ hours I do not know

16b. If yes, did the clinical work generate income?

- Yes, income retained by faculty member
- Yes, income retained by program/institution (Go to 16c.)
- Yes, other scenario (please describe)

 No, volunteer position (no income)

16c. If "yes, income retained by program/institution," What is the monetary value of the clinical income? \$ _____

17. Did this employee END employment in the 2011-2012 academic year?

- Yes No

17a. If "yes," please indicate the stated reason. Check all that apply.

- Career advancement
- Return to clinical practice
- Geographic relocation
- Retirement
- Return to school
- Family obligations
- Job dissatisfaction
- Salary dissatisfaction
- Military deployment
- Disability
- Loss of funds/position discontinued
- Involuntary termination
- Other, specify
- Unknown

17b. Has this faculty member's position been filled?

- Yes No

Other (i.e., temporarily filled, no plans to fill this position, etc.). Please explain: _____

17c. How many weeks did it take to fill the position?

_____ weeks

17d. How many qualified applications did you receive for this position? _____

Appendix III. List of Annual Reports

- Oliver D, Baker J, Donahue W. *First Annual Report on Physician Assistant Educational Programs in the United States, 1984-1985*. Association of Physician Assistant Programs; May 1985.
- Oliver D, Baker J, Donahue W. *Second Annual Report on Physician Assistant Educational Programs in the United States, 1985-1986*. Association of Physician Assistant Programs; May 1986.
- Oliver D, Baker J, Donahue W. *Third Annual Report on Physician Assistant Educational Programs in the United States, 1986-1987*. Association of Physician Assistant Programs; May 1987.
- Oliver D, Baker J, Donahue W. *Fourth Annual Report on Physician Assistant Educational Programs in the United States, 1987-1988*. Association of Physician Assistant Programs; May 1988.
- Oliver D, Baker J, Donahue W. *Fifth Annual Report on Physician Assistant Educational Programs in the United States, 1988-1989*. Association of Physician Assistant Programs; May 1989.
- Oliver D, Baker J, Donahue W. *Sixth Annual Report on Physician Assistant Educational Programs in the United States, 1989-1990*. Association of Physician Assistant Programs; May 1990.
- Oliver D, Baker J, Donahue W. *Seventh Annual Report on Physician Assistant Educational Programs in the United States, 1990-1991*. Association of Physician Assistant Programs; May 1991.
- Oliver D, Baker J, Donahue W. *Eighth Annual Report on Physician Assistant Educational Programs in the United States, 1991-1992*. Association of Physician Assistant Programs; May 1992.
- Oliver D, Baker J, Donahue W. *Ninth Annual Report on Physician Assistant Educational Programs in the United States, 1992-1993*. Association of Physician Assistant Programs; May 1993.
- Oliver D, Baker J, Donahue W. *Tenth Annual Report on Physician Assistant Educational Programs in the United States, 1993-1994*. Association of Physician Assistant Programs; May 1994.
- Oliver D, Baker J, Donahue W. *Eleventh Annual Report on Physician Assistant Educational Programs in the United States, 1994-1995*. Association of Physician Assistant Programs; May 1995.
- Simon A, Link M, Miko A. *Twelfth Annual Report on Physician Assistant Educational Programs in the United States, 1995-1996*. Association of Physician Assistant Programs; May 1996.
- Simon A, Link M, Miko A. *Thirteenth Annual Report on Physician Assistant Educational Programs in the United States, 1996-1997*. Association of Physician Assistant Programs; May 1997.
- Simon A, Link M, Miko A. *Fourteenth Annual Report on Physician Assistant Educational Programs in the United States, 1997-1998*. Association of Physician Assistant Programs; May 1998.
- Simon A, Link M, Miko A. *Fifteenth Annual Report on Physician Assistant Educational Programs in the United States, 1998-1999*. Association of Physician Assistant Programs; May 1999.
- Simon A, Link M, Miko A. *Sixteenth Annual Report on Physician Assistant Educational Programs in the United States, 1999-2000*. Association of Physician Assistant Programs; July 2000.

- Simon A, Link M, Miko A. *Seventeenth Annual Report on Physician Assistant Educational Programs in the United States, 2000–2001*. Association of Physician Assistant Programs; August 2001.
- Simon A, Link M, Miko A. *Eighteenth Annual Report on Physician Assistant Educational Programs in the United States, 2001–2002*. Association of Physician Assistant Programs; September 2002.
- Simon A, Link M, Miko A. *Nineteenth Annual Report on Physician Assistant Educational Programs in the United States, 2002–2003*. Association of Physician Assistant Programs; August 2003.
- Simon A, Link M. *Twentieth Annual Report on Physician Assistant Educational Programs in the United States, 2003–2004*. Association of Physician Assistant Programs; August 2004.
- Simon A, Link M. *Twenty-First Annual Report on Physician Assistant Educational Programs in the United States, 2004–2005*. Physician Assistant Education Association; November 2005.
- Simon A, Link M. *Twenty-Second Annual Report on Physician Assistant Educational Programs in the United States, 2005–2006*. Physician Assistant Education Association; November 2006.
- Link M. *Twenty-Third Annual Report on Physician Assistant Educational Programs in the United States, 2006–2007*. Physician Assistant Education Association; January 2008.
- Liang M. *Twenty-Fourth Annual Report on Physician Assistant Educational Programs in the United States, 2007–2008*. Physician Assistant Education Association; June 2009.
- Liang M. *Twenty-Fifth Annual Report on Physician Assistant Educational Programs in the United States, 2008–2009*. Physician Assistant Education Association; June 2010.
- Scott C, Lane S. *Twenty-Sixth Annual Report on Physician Assistant Educational Programs in the United States, 2009–2010*. Physician Assistant Education Association; January 2012.
- Physician Assistant Education Association. *Twenty-Seventh Annual Report on Physician Assistant Educational Programs in the United States, 2010–2011*. Physician Assistant Education Association; May 2013.
- Physician Assistant Education Association. *Twenty-Eighth Annual Report on Physician Assistant Educational Programs in the United States, 2011–2012*. Physician Assistant Education Association; April 2014.