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Physician Associates

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## **PAs and Specialty Change**

Preparation, Motivation, and Scope

10/11/2024 • AAPA Salary Survey; AAPA Student Survey

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## Abstract

PAs are afforded the flexibility to adapt to the changing health needs of their community through their generalist training and ability to move into new specialties more readily than other healthcare professionals. However, little is known about the motivations for, and scope of, specialty change. In this data brief we take a look at when PA students anticipate changing specialties, the proportion of PAs making specialty changes, and the drivers of these moves.

## Methodology

Data were collected from multiple surveys distributed to PAs and PA-students in the United States (U.S.) who had not opted out of AAPA research surveys for which AAPA had a valid email address. A series of questions related to actual and anticipated specialty changes were included within the AAPA's Salary Survey and Student Survey. For the 2022 AAPA Salary Survey, the overall margin of error was +/- 0.85% at a 95% confidence level and the survey was fielded from January 27 to March 7, 2022. The 2024 AAPA Salary Survey was fielded between January 24 and March 7, 2024, and had a margin of error of +/- 0.89% at the 95% confidence level. The 2024 AAPA Student Survey was available to respondents from January 24 to February 29, 2024, and had a margin of error of +/- 2.10% at the 95% confidence level. Response rates and margins of error vary by section and breakout. "N" refers to the number of respondents and is generally the first column in the data tables. Totals do not always add up to 100% due to rounding.

This research was deemed exempt by Sterling IRB (project ID: 11613/11614) as a Category 2 exemption in accordance with US Department of Health and Human Service's Policy for Protection of Human Research Subjects listed at 45 C.F.R. §46.104(d). The author has no conflicts to report.

## About PAs

PAs (physician associates/physician assistants) are licensed clinicians who practice medicine in every specialty and setting. Trusted, rigorously educated and trained healthcare professionals, PAs are dedicated to expanding access to care and transforming health and wellness through patient-centered, team-based medical practice. A PA's specific duties depend on the settings in which they work, their level of experience, and state law. There are approximately 178,000 PAs in the United States, who engage in more than 514 million patient interactions each year. To learn more about PAs, visit [aapa.org](https://aapa.org).

## About AAPA

Founded in 1968, the American Academy of Physician Associates is the national professional society for PAs (physician associates/physician assistants). It represents a profession of more than 178,000 PAs across all medical and surgical specialties in all 50 states, the District of Columbia, U.S. territories, and the uniformed services.

AAPA advocates and educates on behalf of the profession and the patients PAs serve. We work to ensure the professional growth, personal excellence, and recognition of PAs. We also

enhance their ability to improve the quality, accessibility, and cost-effectiveness of patient-centered healthcare.

### How to Cite

PAs and Specialty Change: Preparation, Motivation, and Scope. 2024. American Academy of Physician Associates. Alexandria, VA. <https://doi.org/10.5281/zenodo.13921868>.

## Executive Summary

In 2019, prior to the COVID-19 pandemic, 13% of PAs changed their employer. In 2023, the proportion of PAs changing their employer over the prior year has remained stable at 13% (Table 1). Turnover rates are an important metric for evaluating the wellbeing of a healthcare workforce, and previous research illustrates PAs leave their positions because of stress, workplace issues, and compensation.<sup>1-2</sup> Meanwhile, replacing a PA can cost anywhere between 100% to 200% of their annual salary.<sup>1,3</sup>



**20%**  
of PAs have changed their specialty at some point since starting their career.

PAs are unique in that they can change medical specialties without a need for added formal education or training. The boundaries of each PA's scope of practice are determined by several parameters: education and experience, state law, policies of employers and facilities, and the needs of the patients at the practice. The flexibility of a PA's generalist training gives them greater latitude to change specialties - and employers - than other clinicians in the healthcare workforce.<sup>4</sup> PAs may choose to change their specialty to address a growing need at a specific time and place, such as changing specialties to address shortages during the COVID-19 pandemic,<sup>5</sup> move into a specialty they had previously been unable to obtain,<sup>6</sup> or take advantage of a competitive market.<sup>7</sup>

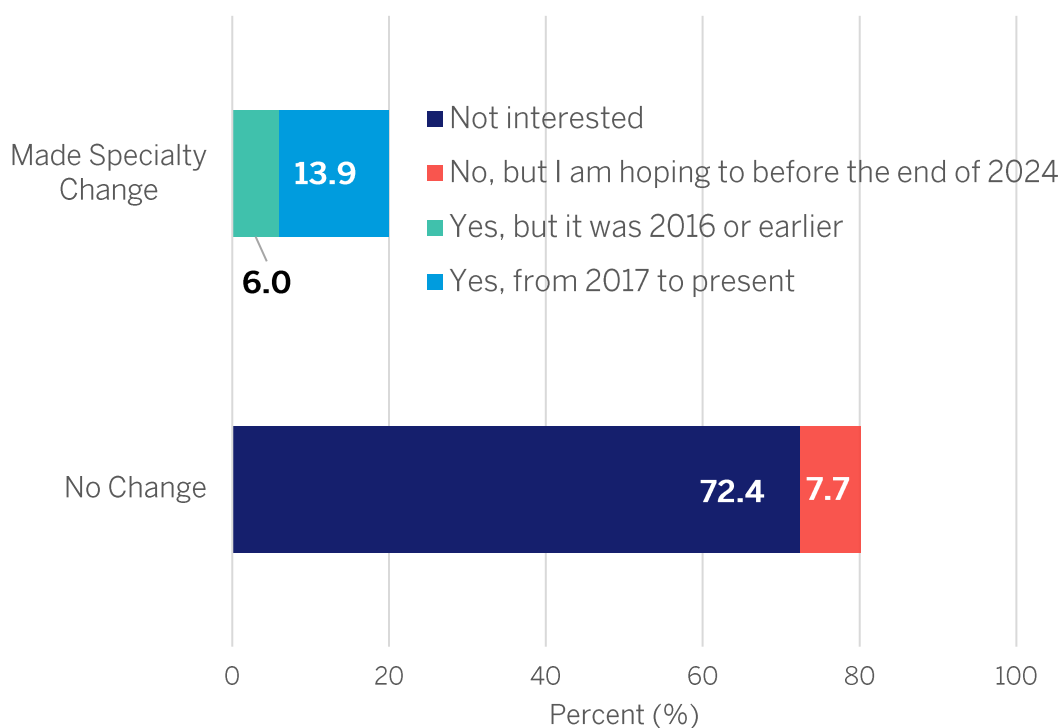
### Timing a specialty change

While PAs do have the ability to change their specialty, most have not. Only 20% of PAs have changed their specialty since starting their career – either before 2016 or between 2017 and 2024. Almost one in ten (7.7%) were considering making some form of specialty change by the end of 2024 (Table 2, Figure 1).

Prior research indicated the average time PAs who graduated between 2002 and 2006 spent working in their first specialty before making a change was 3.4 years.<sup>8</sup> The data from the 2024 AAPA Salary Survey supports this observation. Almost half (48.0%) of the PAs surveyed who indicated making a specialty change had less than five years of experience. Specifically, those who had worked between two and four years represented more than a third (36.1%) of PAs who made a specialty change in the last year, making this segment the most likely to change specialties in 2023 (Table 3).

Conversely, only one in ten (11.5%) PA-students did not anticipate making a specialty change at some point in their career (Table 4). When asked about timing an anticipated specialty change, PA-students report time frames generally in line with prior research. Two in five (42.8%) students anticipate changing specialties within two to four years after starting their career. However, a similar proportion (40.8%) reported that they would not change their specialty until they had somewhere between five and ten years in their initial specialty. About one tenth (11.4%) of students who anticipated making a specialty change were not sure when they would make their career move (Table 5). In the following section, we examine some of the motivations PAs shared for making a specialty change.

**Figure 1. PAs and Specialty Change: Anticipated, Actual, and Not Interested**



### Specialty change motivations

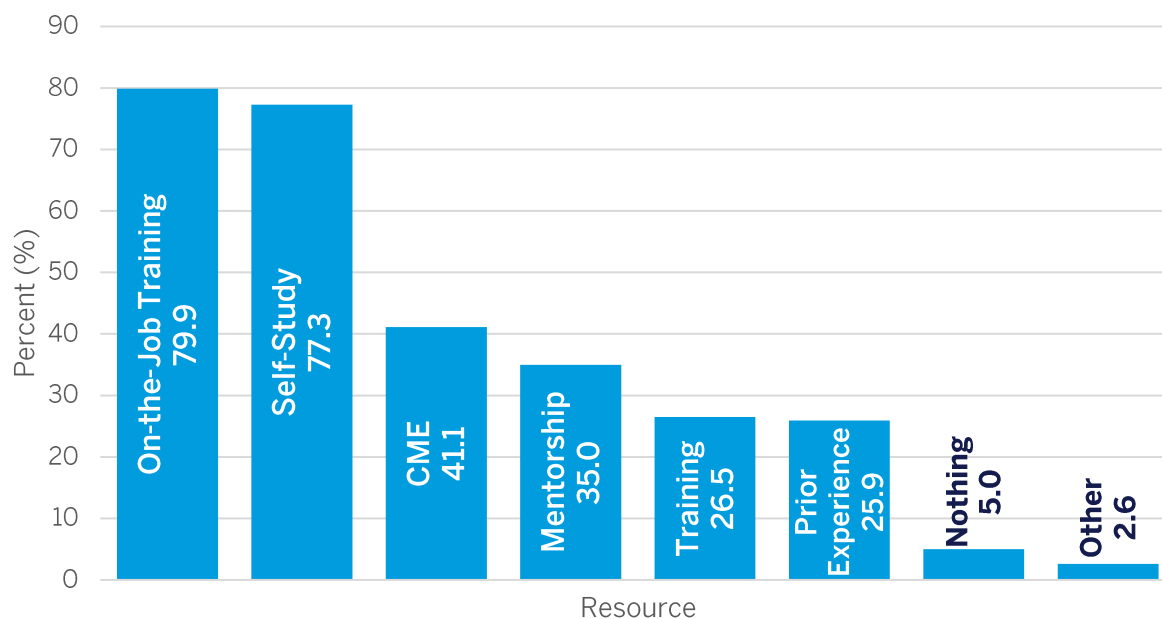
Within just the first six months of the COVID-19 pandemic, 4.4%, or more than 6,000 PAs, had changed their specialty.<sup>5</sup> Pre-pandemic surveys on the PA profession indicated PAs top reasons for leaving a job in the past year were finding better work/life balance, moving, seeking better management/leadership/work environment to avoid toxicity and/or abuse, and obtaining better compensation and /benefits,<sup>2</sup> When asked their primary reason for making a specialty change, the top three reasons in 2024 were generally aligned with these prior findings: better work life balance (33.0%), better compensation and benefits (12.7%), and an interest/passion for another specialty (12.6%; Table 6).

When we examine the factors most likely to be listed among a PAs primary, secondary, and tertiary reasons for making a specialty change the impact of seeking a sense of work/life balance becomes more apparent. Over three in five (61.1%) of PAs who made a specialty change indicated that obtaining better work/life balance played a role in their decision. While almost one quarter (22.9%) indicated a motivation for leaving was to avoid a toxic or abusive work environment the proportion of PAs listing this factor as their primary motivation fell to 7%. Interestingly, while prior studies highlighted the impact of moving on specialty change, only one in ten PAs indicated this factor played a role in their decisions in 2023. This may indicate that PAs are finding opportunities with better work/life balance, compensation/benefits, and professional opportunities within their communities (Table 6).

## Preparing for Change

Even though 14% of PAs changed their specialty between 2017 and 2023, little is known about how PAs prepare to change specialties. When we took a closer look at the PAs who made a specialty change in 2021, we found 95% took steps to prepare for their new area of practice. On the job training (79.9%), self-study (77.3%), and taking CME related to the new specialty (41.1%) were among the top three approaches PAs took to prepare (Table 7; Figure 2).

**Figure 2. Resources PAs Used When Making a Specialty Change (2021)**



Within the written comments, several PAs noted they did nothing to prepare, however they were moving back to a specialty they once had. Moreover, more than a quarter of PAs (25.9%; Table 7) relied on prior experience when moving into a new specialty. Over a PAs career, it is likely they may switch specialties more than once. In fact, two in five (42.1%) PAs who had made a specialty change had made more than one switch during their career. While those with multiple specialty changes were more likely to have 15 or more years or career experience, just under half (48.3%) of PAs who had 10 to 14 years of experience had made multiple specialty changes. Two thirds (67.2%) of PAs with 5 to 9 years of experience made only one specialty change, but three in ten (30.2%) had made two or three (Table 8).

When taking a closer look at the specialties PAs who reported making a change in 2023 left and entered, much of the movement was between PAs who were not in primary care moving between other surgical or medical specialties (66.3%). However, about one fifth (17.8%) of PAs who changed specialties in 2023 moved from primary care to a medical or surgical subspecialty. About 16% of movement into new specialties occurred from PAs who were not previously in primary care moving into a primary care specialty (11.4%) or practitioners moving between primary care specialties (4.6%; Table 9). Nuances such as this

should be considered in future research aiming to better contextualize how PAs are preparing for a specialty change.

In addition to the preparations in advance of changing specialties, most of the PAs also received some form of assistance in their new position. This was often in the form of additional support from other providers (36.0%), additional onboarding specific to the new specialty (17.4%), or both (22.8%; Table 10). Most of the support was in place for up to six months (88%), with an additional 9% saying that they had 7 to 12 months of support in their new specialty (Table 9).



**88%**  
**of PAs who changed specialties  
in 2021 received onboarding  
support for 6 months or less.**

## Conclusion

Understanding the scope of specialty change and the supports PAs receive in their new roles can help the healthcare workforce increase PA retention. While recent research helps us understand the motivations behind making a specialty change, a gap remains in our understanding of how organizations are working towards onboarding and retaining PAs who change specialties.

This report identified approaches PAs use to prepare for a specialty change, the extent of their support in a new specialty, and the factors influencing their decisions to change specialties. Moreover, data from the AAPA Student Survey indicates the PA-students plan out and anticipate changing specialties as part of their career progression. Therefore, organizations should consider the unique clinical flexibility of PAs when evaluating how to best utilize them within healthcare teams.

While most respondents in this study only changed specialties once, a considerable proportion have switched their specialty multiple times. PAs are also taking their own steps to prepare for changing specialties. More research is needed to identify the motivating factors behind making multiple specialty changes. Specifically, are PAs changing specialties again in response to conditions in their new workplace, and how soon after a specialty change are PAs waiting before they make another career move?

To support PAs changing specialties, organizations should ensure they have onboarding process assisting those who have taken up a new specialty. Prior studies related to APP onboarding illustrate postgraduate onboarding can provide benefits to PAs by helping them work through new systems, such as EHRs, gradually with assistance.<sup>9</sup> However, designing an effective program meeting the needs of a new generation of practitioners while balancing organizational costs can be challenging.<sup>10,11</sup> It is clear through this research most organizations are providing support, but more investigation is needed to evaluate the curriculum and effectiveness of onboarding programs for transitioning PAs.



## Data Tables

Table 1. Percent of PAs who changed their employer, setting, role, or specialty in 2019 and 2023.

Area of Change	2019		2023	
	N	Percent (%)	N	Percent (%)
Employer	1,555	12.9	1,208	12.6
Setting	811	6.7	685	7.2
Specialty	785	6.5	663	6.9
Role	748	6.2	597	6.2
Did not have any change	9,720	80.2	7,751	81.0
<b>Total</b>	<b>12,015</b>	<b>100.0</b>	<b>9,570</b>	<b>100.0</b>

Source: 2024 AAPA Salary Survey. Data based on year 2023. 2020 Salary Survey Data based on year 2019.

Note: Participants were permitted to select all that apply, totals do not add to 100%.

Question: During [YEAR], did you change your PA role or your primary employer, setting, or specialty?

Table 2. PAs and Specialty Change: Past, Present, or Future

Measure	N	Percent (%)
No	6,420	72.4
No, but I am hoping to before the end of 2024	685	7.7
Yes, but it was 2016 or earlier	528	6.0
Yes, from 2017 to present	1,237	13.9
<b>Total</b>	<b>8,870</b>	<b>100.0</b>

Source: 2024 AAPA Salary Survey. Data based on year 2023.

Question: Have you changed, or plan to change, your specialty at any time?

Table 3. PA Specialty Change by Career Experience

Measure	N	Percent (%)
0 to 1 year	76	11.9
2 to 4 years	231	36.1
5 to 9 years	147	23.0
10 to 14 years	81	12.7
15 to 19 years	49	7.7
20 or more years	56	8.8
<b>Total</b>	<b>640</b>	<b>100.0</b>

Source: 2024 AAPA Salary Survey. Data based on year 2023.

Question: Have you changed your specialty during 2023?

Question: How many years have you worked clinically as a PA?

Table 4. PA-Student Anticipated Specialty Change

Measure	N	Percent (%)
Yes	618	34.0
No	209	11.5
I do not know	990	54.5
<b>Total</b>	<b>1,817</b>	<b>100.0</b>

Source: 2024 Student Survey. Data based on year 2023.

Question: Do you anticipate changing your specialty after your initial specialty?

**Table 5. PA-Student Anticipated Time of Specialty Change**

Measure	N	Percent (%)
Within 1 year	10	1.6
Within 2 years	96	15.6
Within 3 years	134	21.8
Within 4 years	33	5.4
Within 5 years	149	24.2
Within 6 to 10 years	102	16.6
After more than 10 years	21	3.4
I am not sure	70	11.4
<b>Total</b>	<b>615</b>	<b>100.0</b>

Source: 2024 Student Survey. Data based on year 2023.

Question: How soon after beginning your career as a PA do you anticipate switching specialties?

**Table 6. Top Three Reasons PAs Changed Their Specialty in 2023**

Reason for Changing Specialty	In Top 3 Reasons for Specialty Change		Primary Reason for Change	
	N	Percent (%)	N	Percent (%)
Better work/life balance	394	61.1	213	33.0
Better compensation/benefits	243	37.7	82	12.7
Opportunity to switch to a new clinical specialty	210	32.6	60	9.3
Interest/passion for other specialty	193	29.9	81	12.6
Better professional/clinical opportunities	162	25.1	40	6.2
Better management/leadership/environment (related to toxic/abusive environment)	148	22.9	47	7.3
Better commute	72	11.2	8	1.2
Moved	72	11.2	41	6.4
Area/demand limitations for specialty	51	7.9	11	1.7
Better management/leadership/environment (unrelated to toxic/abusive environment)	50	7.8	7	1.1
Corporate or external factors forced job change (i.e. lost contract, restructuring, company failing)	29	4.5	16	2.5
Completed education or postgraduate program	19	2.9	15	2.3
Re-entered workforce following extended leave (e.g., unemployment, sabbatical, extended leave)	10	1.6	1	0.2
COVID-19	8	1.2	2	0.3
Returned to workforce from retirement or extended leave of absence	4	0.6	2	0.3
Left workforce to retire or take extended leave of absence	4	0.6	2	0.3
Left or joined the military	1	0.2	1	0.2
Other	52	8.1	16	2.5
<b>Total</b>	<b>645</b>	<b>-</b>	<b>645</b>	<b>100.0</b>

Source: 2024 AAPA Salary Survey. Data based on year 2023.

Question: What was your primary, secondary, and tertiary reason for changing specialties?

**Table 7. Resources PAs Used to Prepare for a Specialty Change (2021)**

Resources to Prepare for Specialty Change	N	Percent (%)
On-the-Job: Received on-the-job training	984	79.9
Self-Study: Read and/or engaged in self-study (not CME) such as reading textbooks, journals or using UpToDate	952	77.3
CME: Took CME related to the new specialty (but not conference or extended trainings)	506	41.1
Mentorship: Talked to people in the specialty and/or had a mentor	431	35.0
Training: Attended conference or extended training related to the new specialty	327	26.5
Prior Experience: Had prior experience in the specialty	319	25.9
Nothing: I did not pursue any additional education or training prior to changing specialties	62	5.0
Other	32	2.6
<b>Total</b>	<b>1,232</b>	<b>100.0</b>

2022 AAPA Salary Survey. Data based on year 2021.

Question: Thinking back to the most recent time you changed your specialty, what did you do to prepare yourself to change specialties?

Note: Participants were permitted to select all that apply, except for “Nothing”; therefore, totals do not add up to 100% and instead reflect the proportion of the respondents who selected the option within the question.

**Table 8. Number of Specialty Changes PAs Have Made in their Career, by Years of Experience.**

Years of Experience	Overall		Number of specialty changes among those who have changed specialties			
	N	Median	1	2	3	4 or More
			Percent (%)			
0 to 1 year	22	1	90.9	0.0	9.1	0.0
2 to 4 years	404	1	89.4	6.9	3.7	0.0
5 to 9 years	705	1	67.2	15.9	14.3	2.6
10 to 14 years	472	1	51.7	21.6	15.9	10.8
15 to 19 years	318	2	40.9	22.6	20.1	16.4
20 or more years	444	2	31.8	19.1	20.5	28.6
<b>Total</b>	<b>2,365</b>	<b>1</b>	<b>57.9</b>	<b>16.9</b>	<b>14.7</b>	<b>10.5</b>

Source: 2024 AAPA Salary Survey. Data based on year 2023.

Question: How many times have you changed your specialty?

**Table 9. Pattern of Change in Specialty Among Those that Changed Specialty\***

PA Former Specialty	Former Total N (%)	PA Current Specialty	
		Non-Primary Care Specialties (%)	Primary Care Specialties (%)
Non-Primary Care Specialties	1465 (77.8)	66.3	11.4
Primary Care Specialties	421 (22.2)	17.8	4.6
<b>Current Total N (%)</b>	<b>1,886 (100.0)</b>	<b>1,585 (84.0)</b>	<b>301 (16.0)</b>

\* $\chi^2 = 8.066$ ,  $p < .000$

Source: 2024 AAPA Salary Survey. Data based on year 2023.

Question: What is your primary specialty?

Question: What specialty did you work in prior to your current specialty?

**Table 10. Percent of PAs Who Received Additional Support or Clinical Onboarding Specific to the Skills Needed in Their New Specialty (2021)**

Measure	N	Percent (%)
No	292	23.8
Yes, additional support from other providers	443	36.0
Yes, both additional support and clinical onboarding specific to the skills needed for new specialty	280	22.8
Yes, additional clinical onboarding specific to the skills needed for new specialty	214	17.4
<b>Total</b>	<b>1,229</b>	<b>100.0</b>

Source: 2022 AAPA Salary Survey. Data based on year 2021.

Question: Did you receive additional support or clinical onboarding specific to the skills needed for new specialty when you changed specialties?

**Table 11. Length of Additional Support and/or Onboarding PAs Received in Their New Specialty (2021)**

Number of months	N	Percent (%)
0-6 months	783	88.3
7-12 months	80	9.0
13-18 months	8	0.9
19-24 months	2	0.2
More than 24 months	14	1.6
<b>Total</b>	<b>887</b>	<b>100.0</b>
Number of months	N	Median
Median number of months of additional support	887	3

Source: 2022 AAPA Salary Survey. Data based on year 2021.

Question: Approximately how long did the additional support and/or clinical onboarding last when starting your new specialty?

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