



COVID-19 and the PA Workforce

Trends and implications for PAs

05/19/2020 • 2020 AAPA PA Pulse Survey

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Methodology

A random sample of PAs (both members and nonmembers of AAPA) were invited to take part in a PA Pulse Survey that was conducted by the AAPA Research Department between April 25, 2020 and May 6, 2020. A total of 743 PAs responded to this survey. The overall margin of error is 3.6% (3.8% for clinically practicing PAs) at a 95% confidence level. Response rates and margins of error vary by section and breakout.

Notes About the Data

Most data tables presented here specifically report responses from PAs who indicated they have clinically practiced in the past 4 months. Many of the survey questions refer to experiences PAs have had “in the past 10 weeks” in order to cover the period of time that the COVID-19 pandemic became majorly prevalent in the United States.

On the tables that follow:

“N” refers to the number of respondents.

About the American Academy of PAs

[AAPA](#) is the national membership organization for all PAs. PAs are medical professionals who diagnose illness, develop and manage treatment plans, prescribe medications, and often serve as a patient’s principal healthcare provider. Learn more about the profession at [aapa.org](#) and engage through [Facebook](#), [LinkedIn](#), [Instagram](#), and [Twitter](#).

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Executive Summary

Results from this PA Pulse Survey focused on clinically practicing PAs on the frontlines of COVID-19. It shows the considerable contributions of PAs and the scale at which they have had to adapt to meet the needs of patients during the COVID-19 crisis. It is the first effort to quantify

Nearly 1 in 3 PAs have gone without necessary PPE.

the experiences of these frontline medical providers. Almost one third of PAs have had to go without necessary personal protection equipment (PPE; Table 6), and that increases to 39% for those who have treated COVID-19 patients (Table 8). There is also a sizeable portion of our nation's healthcare capacity that stands idle, with 22% of PAs furloughed (Tables 10, 12).

The survey also reveals that the number of PAs who have changed specialties (5.9%) or practice settings (9.9%) over the last 10 weeks nearly equals the number of PAs who changed in the entire year of 2019, indicating that PAs are being rapidly redeployed in specialties and practice settings where they are needed most. Further, half of PAs have tested, treated, or diagnosed COVID-19 patients (Table 10).

“We see how quickly the PA workforce is adapting to this crisis when given the chance to contribute. AAPA applauds the [21 states](#) that made it easier for PAs to pivot and provide care by fully or partially waiving supervision or collaboration requirements through COVID-19 executive orders or through previous emergency-related legislation or regulation.”

David E. Mittman, President and Chair of the Board of AAPA

In most states, PAs are required to have and maintain a relationship with a physician in order to practice. This is an archaic requirement that gets in the way of patient care. In March, AAPA called on all U.S. governors to include language in executive orders waiving physician supervision or collaboration requirements for PAs during a declared public health emergency or disaster. Thus far, Maine, Michigan, New Jersey, New York, Louisiana, South Dakota, Tennessee, and Virginia have done so.

More than one in five PAs (22.1%) have been furloughed due to COVID-19, while 3.7% of PAs said they had been terminated (Table 10). Nearly three in five PAs (58.7%) cited a reduction in hours worked, and 30.6% cited a reduction in base pay (Table 11).

22.1% of PAs have been furloughed due to COVID-19.

“When one in five PAs are furloughed, that means we have highly trained medical providers forced on the sidelines when they could be on the front lines,” Mittman said. “In more than half of states there are barriers preventing a surgical PA, for example, from testing and diagnosing patients in the emergency department. More states must ease these practice restrictions so that PAs can fully contribute to the COVID-19 response.”

More than 70% of PAs are at least somewhat concerned with their health and the health of their families (Table 4). AAPA has joined other provider organizations in asking Congress and the Administration for more PPE for frontline healthcare workers and will continue to do so during the pandemic.

More than 7 in 10 clinically practicing PAs are at least somewhat worried about their health and the health of their family.

“Our nation’s leaders need to understand the scale of the challenges that healthcare providers are experiencing on the frontlines. As the professional organization representing PAs, our duty is to advocate for the health and well-being of every individual who chooses to serve.”

David E. Mittman, President and Chair of the Board of AAPA

There are more than 140,000 PAs in the U.S. who work in all medical settings and specialties.

About PAs

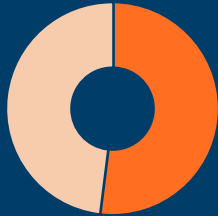
PAs are highly trained and qualified medical professionals, who diagnose illness, develop, and manage treatment plans, prescribe medications, and often serve as a patient’s principal healthcare provider. They are educated at the master’s degree level in the medical model over a 27-month-long period. There are more than 140,000 PAs in the U.S. who work in all medical settings and specialties. To learn more about PAs, go to aapa.org.



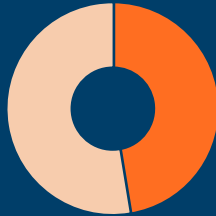
NATIONAL SURVEY:

COVID-19 and the PA Workforce

PA CLINICAL PRACTICE



52.0% tested
COVID-19 patients



47.4% diagnosed
COVID-19 patients

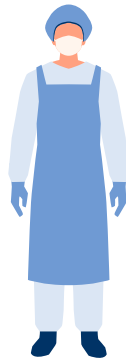


40.0% treated
COVID-19 patients

PA SAFETY



3.6%
were infected with
COVID-19



31.7%
have gone without
necessary PPE
Of those PAs who
have treated
COVID-19 patients,
38.9%
went without PPE



72.4%
are at least
somewhat
concerned with
their health and
the health of their
family

PA EMPLOYMENT IMPACT

FURLOUGHED

22.1%

TERMINATED

3.7%

REDUCED
WORK HOURS

58.7%

REDUCED
BASE PAY

30.6%

PA MOBILIZATION

9.9% changed
practice settings

5.9% changed
specialties

6.9% began volunteering
in a medical capacity

The American Academy of PAs (AAPA) conducted a survey with a random sample of PAs over a 12-day period from April 25 to May 6, 2020. These survey results reflect PA respondents who indicated they have clinically practiced in the last four months.

Margin of error: +/-3.8%

May 19, 2020



Sample Demographics

Table 1. PAs Clinically Practicing in the Past Four Months

Clinical Practice Status	N	%
Yes	702	94.5
No	41	5.5
Total	743	100.0

Question: At any time over the past 4 months, have you worked as a clinically practicing PA?

Table 2. Major Specialty Area of PA Respondents

Major Specialty Area	N	%
Primary care	172	25.0
Internal medicine subspecialties	84	12.2
Pediatric subspecialties	5	0.7
Surgical subspecialties	147	21.4
Emergency medicine	86	12.5
All other specialties	189	27.5
No medical specialty	4	0.6

Question: Please indicate your primary specialty as a PA currently.

Note: Asked of PAs who indicated they clinically practiced in the past four months and grouped into major specialty areas.

Table 3. Years of Experience Working as a PA

Years of Experience	N	%
0 to 1 year	95	13.9
2 to 4 years	127	18.6
5 to 9 years	143	20.9
10 to 14 years	124	18.2
15 to 19 years	87	12.7
20 or more years	107	15.7
Total	683	100.0

Question: How many years of experience do you have working as a PA.

Note: Asked of who indicated they clinically practiced in the past four months.

Table 4. Worried About Health of Self and Family

Level of Concern	Clinically Practicing PAs		All PAs	
	N	%	N	%
Not at all worried	42	6.0	45	6.1
Slightly worried	151	21.6	156	21.1
Somewhat worried	303	43.3	322	43.6
Very worried	150	21.5	161	21.8
Extremely worried	53	7.6	55	7.4
Total	699	100.0	739	100.0

Question: How worried are you about the health of you and your family?

Note: Asked of all PAs. Column labeled "Clinically Practicing PAs" includes responses only of PAs who indicated they clinically practiced in the past four months. Column labeled "All PAs" includes responses from all PAs, regardless of whether they indicated that they clinically practiced in the past four months.

Table 5. Level of Burnout

Level of burnout	N	%
I enjoy my work. I have no symptoms of burnout	140	20.4
Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out	361	52.5
I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion	138	20.1
The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot	31	4.5
I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help	17	2.5
Total	687	100.0

Question: Overall, based on your definition of burnout, how would you rate your level of burnout?

Note: Asked of PAs who indicated they clinically practiced in the past four months.

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Table 6. PA Experiences During COVID-19

Actions	N	%
I have tested patients for COVID-19	344	52.0
I have diagnosed patients with COVID-19 (with or without a test result)	314	47.4
I have treated patients for COVID-19	265	40.0
I have become infected with COVID-19	24	3.6
I have been cared for appropriately by my employer	521	78.7
I have gone without necessary Personal Protective Equipment (PPE)	210	31.7
Total	662	100.0

Question: During the COVID-19 pandemic, have any of the following occurred?

Note: Asked of PAs who indicated they clinically practiced in the past four months.

Table 7. PAs Becoming Infected with COVID-19 by Whether They Have Treated Patients for COVID-19

	I have treated patients for COVID-19			
	No		Yes	
	N	%	N	%
I have not become infected with COVID-19	408	98.3%	247	93.6%
I have become infected with COVID-19	7	1.7%	17	6.4%

Question: During the COVID-19 pandemic, have any of the following occurred?

Note: Asked of PAs who indicated they clinically practiced in the past four months.

Table 8. PAs Going Without Necessary PPE by Whether They Have Treated Patients for COVID-19

	I have treated patients for COVID-19			
	No		Yes	
	N	%	N	%
I have not gone without necessary PPE	310	74.3%	162	61.1%
I have gone without necessary PPE	107	25.7%	103	38.9%

Question: During the COVID-19 pandemic, have any of the following occurred?

Note: Asked of PAs who indicated they clinically practiced in the past four months.

Table 9. PA Perception of Being Cared for Appropriately by Their Employer by Whether They Have Gone Without Necessary PPE

	I have gone without necessary Personal Protective Equipment (PPE)			
	No		Yes	
	N	%	N	%
I have not been cared for appropriately by my employer	71	15.0%	89	42.8%
I have been cared for appropriately by my employer	401	85.0%	119	57.2%

Question: During the COVID-19 pandemic, have any of the following occurred?

Note: Asked of PAs who indicated they clinically practiced in the past four months.

Table 10. Employment Changes Among PAs

Changes	N	%
Returned to clinical work (from retirement or from another role)	29	4.3
Moved into a formal leadership position	23	3.4
Been furloughed (I will return to the same employer in the future)	150	22.1
Been terminated (lost job permanently)	25	3.7
Changed primary specialty	40	5.9
Changed primary setting (e.g., outpatient surgical center moved to ICU)	67	9.9
Changed primary employer	37	5.5
Changed supervising or collaborating physician	65	9.6
Began volunteering in a medical capacity	47	6.9
No employment changes were indicated	393	58.0

Question: Have you experienced any of the following employment changes in the past 10 weeks, since COVID-19 emerged in the US?

Note: Asked of PAs who indicated they clinically practiced in the past four months.

Table 11. Changes to Hours, Pay, or Bonus Among PAs

Change	Decreased		Remained the same		Increased		Total	
	N	Row %	N	Row %	N	Row %	N	Row %
Hours worked	403	58.7	207	30.2	76	11.1	686	100.0
Base pay	209	30.6	461	67.4	14	2.0	684	100.0
Bonus	304	45.1	340	50.4	30	4.5	674	100.0

Question: How have the following changed in the past 10 weeks, since COVID-19 emerged in the US?

Note: Asked of PAs who indicated they clinically practiced in the past four months. Bonus may be actual or anticipated and may include annual and/or productivity-based bonus pay.

Table 12. PAs Who Were Furloughed, Terminated, or Experienced a Change in Base Pay or Bonus

Response	N	%
Furloughed or terminated, or PA experienced a change in base pay or bonus	202	30.1
Not furloughed or terminated, nor did PA experience a change in base pay or bonus	468	69.9
Total	670	100.0

Question: During the COVID-19 pandemic, have any of the following occurred?

Note: Asked of PAs who indicated they clinically practiced in the past four months.