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2024
ANNUAL REPORT

2023-2024 PA Doctoral Program Survey

Inaugural Annual Report
Data based on reports from 2023-2024
doctoral program directors

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LIST OF ABBREVIATIONS

- DHEd: Doctor of Health Education
- DHPE: Doctor of Health Professions Education
- DHSc: Doctor of Health Science
- DM: Doctor of Medicine
- DMS/DMSc: Doctor of Medical Science
- DNP: Doctor of Nursing Practice
- DO: Doctor of Osteopathic Medicine
- DPAS: Doctor of Physician Assistant Studies
- DPM: Doctor of Podiatric Medicine
- DScPAS: Doctor of Science in Physician Assistant Studies
- Ed.D: Doctor of Education
- FTE: Full-Time Equivalent
- Grad: Graduate
- GPA: Grade Point Average
- Hr: Hour
- JD: Juris Doctor
- M: Mean
- M(T): Trimmed Mean (top and bottom 10% of data trimmed)
- Max: Maximum
- MBA: Master of Business Administration
- Mdn: Median
- MD/DO: Doctor of Medicine/Doctor of Osteopathic Medicine
- MHA: Master of Health Administration
- MHL: Master of Healthcare Leadership
- Min: Minimum
- MMS: Master of Medical Science
- MPH/MSH: Master of Public Health/Master of Science in Health
- MSPAS: Master of Science in Physician Assistant Studies
- n: Count
- N: Population Total
- NCCPA: National Commission on Certification of Physician Assistants
- PA: Physician Assistant/Associate
- PAEA: Physician Assistant Education Association
- PD: Program Director
- PharmD: Doctor of Pharmacy
- PhD: Doctor of Philosophy
- SD: Standard Deviation
- SD(T): Trimmed Standard Deviation (top and bottom 10% of data trimmed)

INTRODUCTION

The DMS/DMSc Consortium (the Consortium), a collaborative network of institutional leaders committed to advancing physician assistant/associate (PA) education, is pleased to present its inaugural annual survey report. This report details the findings of our 2024 survey, which gathered data on existing doctoral programs designed for PAs. At the time of this report, there were 25 established doctoral programs, and 21 program directors completed the survey. These programmatic insights were intended to facilitate the exchange of best practices and resources within the community, foster professional development and strengthening the commitment to the PA profession.

METHODS

THE SURVEY INSTRUMENT

In early 2024, a subcommittee of the DMS/DMSc Consortium was convened to develop a standardized dataset for annual reporting on PA specific doctoral program characteristics. The primary aim of this survey was to deepen the understanding of the innovative PA programs and provide a valuable resource for institutions, program leaders, matriculants, and other key stakeholders.

The development of the annual survey instrument involved a collaborative and iterative process, incorporating input from multiple PA doctoral program leaders. This process included a review of relevant literature and existing survey tools, notably those developed by the Physician Assistant Education Association (PAEA).

The survey instrument was designed to capture key program characteristics, including program personnel, financial resources, curriculum structure, admission criteria, graduate outcomes, and student demographics. The instrument contained multiple-choice, Likert scale, and open-ended questions organized into six distinct sections.

- Section I: General Information
- Section II: Financial Information
- Section III: Program Personnel
- Section IV: Curriculum
- Section V: Admissions & Students
- Section VI: Graduates

An initial version of the survey was constructed and implemented using Qualtrics (Qualtrics, Provo, UT). To ensure clarity and effectiveness, the survey underwent pilot testing with four doctoral program directors. Feedback was specifically sought on response option appropriateness and question clarity. Based on this feedback, questions were rephrased, and response options were clarified or expanded upon.

All data was collected for the 2023-2024 academic year.

SURVEY ADMINISTRATION

Following Institutional Review Board approval, program directors of PA-specific doctoral programs were invited to participate in the online survey via email. Contact information for these program directors was obtained from the Consortium's comprehensive program database, which is maintained and regularly updated by the Consortium's members.

The survey was administered using Qualtrics, a secure online survey platform, ensuring data confidentiality and ease of access for participants. To ensure a high response rate, a multi-faceted approach was employed. Initially, a personalized email invitation, including a brief description of the survey's purpose, the estimated time for completion, and a direct link to the Qualtrics survey, was sent to each program director. The email also emphasized the importance of their participation in establishing a standardized framework for annual reporting and contributing to the advancement of PA doctoral education.

To maximize participation, weekly reminder emails were sent to non-respondents for a period of five weeks during the summer of 2024. These reminders reiterated the survey's significance and provided the direct survey link. To address potential concerns or questions, the email invitation and reminder emails included contact information for the research subcommittee, allowing program directors to reach out for assistance.

DATA CLEANING & ANALYSIS

Following the conclusion of the survey data collection period, the raw data was meticulously reviewed by the research subcommittee to ensure data integrity. This process involved a thorough examination of all responses for inconsistencies, unexpected or illogical entries, and potential data entry errors. Any identified errors or inconsistencies were removed from the dataset.

Of the 25 programs established in 2024, 21 responded to the survey. The 21 responses were complete and confirmed to be non-duplicates. The data from these responses was then tabulated and analyzed using descriptive statistics. Nominal data representing categorical variables was summarized using frequencies and percentages. Continuous data was summarized using measures of central tendency (mean and median) and dispersion (standard deviation and range).

To mitigate the potential influence of outliers, which could arise from the diverse program structures and result in extreme values that might misrepresent the central tendency of most programs, a trimming procedure was implemented. Specifically, the top and bottom 10% of values for all continuous variables were removed.

Results are presented in tables and figures.

LIMITATIONS

While this study provides valuable insights into the characteristics of PA doctoral programs, several limitations must be considered when interpreting the findings.

Firstly, as is common in survey-based research, the data collected in the 2024 survey relied on self-reported responses from program directors. Consequently, the findings may be susceptible to individual biases and potential misreporting.

Furthermore, the cross-sectional nature of this study presents inherent limitations. The survey captured a snapshot of program characteristics at a specific point in time (2024). Given the dynamic nature of PA doctoral education, which is subject to evolving curriculum standards, regulatory changes, and shifting institutional priorities, the findings may not fully reflect the current state of these programs.

Secondly, the survey instrument, despite being piloted and refined, may not have captured the full spectrum of relevant program characteristics. The use of pre-defined survey questions could have limited the ability of program directors to provide nuanced or detailed information on certain program aspects.

Finally, although the survey achieved an 84% response rate (21 out of 25 programs), the characteristics of the non-responding programs remain unknown. As the number of PA doctoral programs continues to grow, future studies may yield different results. Therefore, caution should be exercised when generalizing the findings to the entire population of PA doctoral programs.

SECTION 1.   GENERAL INFORMATION

The general information section of this report provides a comprehensive overview of the structural and administrative characteristics of PA doctoral programs. Specifically, it presents data on institutional affiliations—including the types of institutions offering these programs and their departmental housing—degree types and offerings, and program structure. Finally, it explores program director perspectives on national accreditation.

Key findings from the general information section reveal several trends in PA doctoral programs. The establishment of doctoral programs was relatively recent, with the first program established and matriculating students in 2016. There was significant program growth observed between 2021 and 2024. The majority of surveyed programs were housed within private, not-for-profit institutions and were typically located within the same department as their entry-level PA programs. The Doctor of Medical Science (DMS/DMSc) degree title was the most common awarded title. A limited number of programs offered dual degrees, such as a Doctor of Medical Science and Master of Business Administration (MBA) or Master of Healthcare Administration (MHA). Regarding program structure, academic term lengths varied, ranging from 6 to 15 weeks. On average, programs offered multiple start dates per year, with January, May, and August being the most frequent. Similarly, most programs offered multiple graduation dates, with May, December, and August being the most common. Last, when considering national accreditation, the majority of surveyed programs indicated they were unlikely to participate.

TABLE 1.1   Doctoral Program Institution Type

Type of Organization	n	%
Private, Non-Profit	15	71.4
Private, For-Profit	1	4.8
Public	5	23.8
Public/Private Hybrid	0	0.0
Total Programs	**21**	**100.0**

TABLE 1.2   Doctoral Program Housing within the Institution

Same Department as PA Program	n	%
Yes	15	71.4
No	6	28.6
Total Programs	**21**	**100.0**

TABLE 1.3   Conferred Degree Title

Degree Title Conferred	n	%
DMS/DMSc	19	90.4
DPAS	1	4.8
DScPAS	1	4.8
Total Programs	**21**	**100.0**

TABLE 1.4   **Doctoral Program Dual Degree Offering**

Dual Degree Conferred	n	%
Yes	3	14.3
No	18	85.7
Total	**21**	**100.0**

Degree Combinations included: Doctor of Medical Science (DMS/DMSc) with Master of Business Administration (MBA), or Master of Health Administration (MHA), or Master of Medical Science (MMS) or Master of Science in Physician Assistant Studies (MSPAS)

TABLE 1.5   **Doctoral Program Leadership Titles**

Leadership Titles	n	%
Dean	10	47.6
Program Director	21	100.0
Assistant/Associate Program Director	6	28.6
Director of Curriculum	2	9.5
Director of Research	2	9.5
Other	6	28.6

Other titles included: Faculty, Division Director, Assistant Division Director, Track Director, Department Chair, Administrative Assistant, Program Coordinator

FIGURE 1.1   **First Year of Student Enrollment for Newly Established Programs**
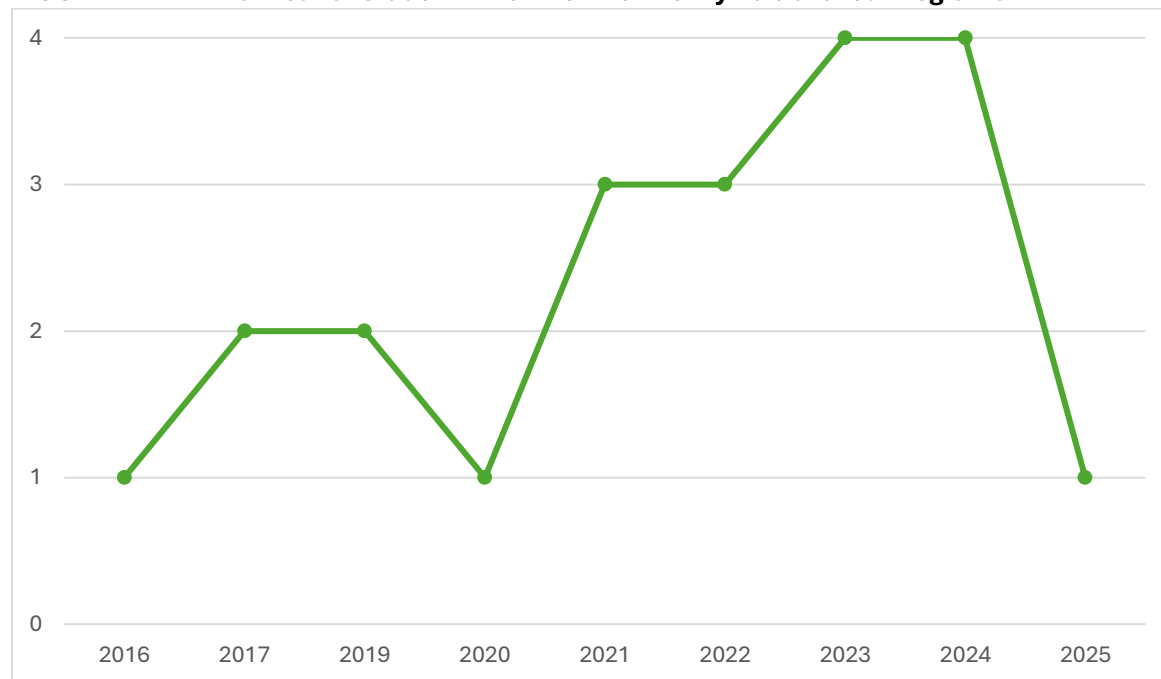
The first program was established in 2016, the biggest growth in DMS/DMSc programs happened between 2021 and 2024, with 14 new programs during that period. The expected 2025 data was last reported in May 2024.

TABLE 1.6   **First Year of Student Graduation**

First Year of Student Graduation	n	%
2018	2	10.0
2019	1	5.0
2020	1	5.0
2021	3	15.0
2022	2	10.0
2023	4	20.0
2024	1	5.0
2025	4	20.0
2026	2	10.0
Total	**20***	**100.0**

One program that is open, did not report the anticipated first year of graduation for their students
This data shows program lengths have changed over time given current reported program lengths

TABLE 1.7   **Academic Term Lengths**

Academic Term Length	n	%
15 weeks	10	47.6
13 weeks	1	4.8
12 weeks	1	4.8
10 weeks	3	14.3
8 weeks	2	9.5
7 weeks	2	9.5
6 weeks	2	9.5
Total Programs	**21**	**100.0**

All week counts were queried, only reported weeks are listed in the table

TABLE 1.8   **Doctoral Program Start Dates**

Start Dates	n	(N*)%
January	17	81.0
February	1	4.8
March	6	28.6
April	1	4.8
May	11	52.4
June	4	19.0
July	4	19.0
August	9	42.9
September	6	28.6
October	5	23.8
November	1	4.8
December	1	4.8

N = 21 programs

Doctoral Program Start Dates	n	Min	Max	M	M(T)	SD	SD(T)	Mdn
Number of Months	21	1	12	3.1	2.8	2.4	1.3	3

On average students can enter a program about 3 times a year with a standard deviation of 2.4 (the trimmed M/SD are 2.8/1.3)

TABLE 1.9   Doctoral Program Graduation Dates

Graduation Month	n	(N*)%
January	3	14.3
February	1	4.8
March	2	9.5
April	4	19.0
May	13	61.9
June	3	14.3
July	1	4.8
August	9	42.9
September	3	14.3
October	2	9.5
November	0	0.0
December	13	61.9

N = 21 programs; 71% (n = 15) of programs offered multiple graduation dates throughout the year

Doctoral Program Graduation Dates	n	Min	Max	M	M(T)	SD	SD(T)	Mdn
Number of Months	21	1	11	2.6	2.3	2.1	1.0	2

On average programs offer graduation dates 2.6 times a year with a standard deviation of 2.1 (the trimmed M/SD are 2.3/1.0)

FIGURE 1.2   Likelihood to Participate with Accreditation Body for PA Doctoral Programs

- Extremely Likely 10%
- Somewhat Likely 14%
- Neither Likely nor Unlikely 14%
- Somewhat Unlikely 33%
- Extremely Unlikely 29%
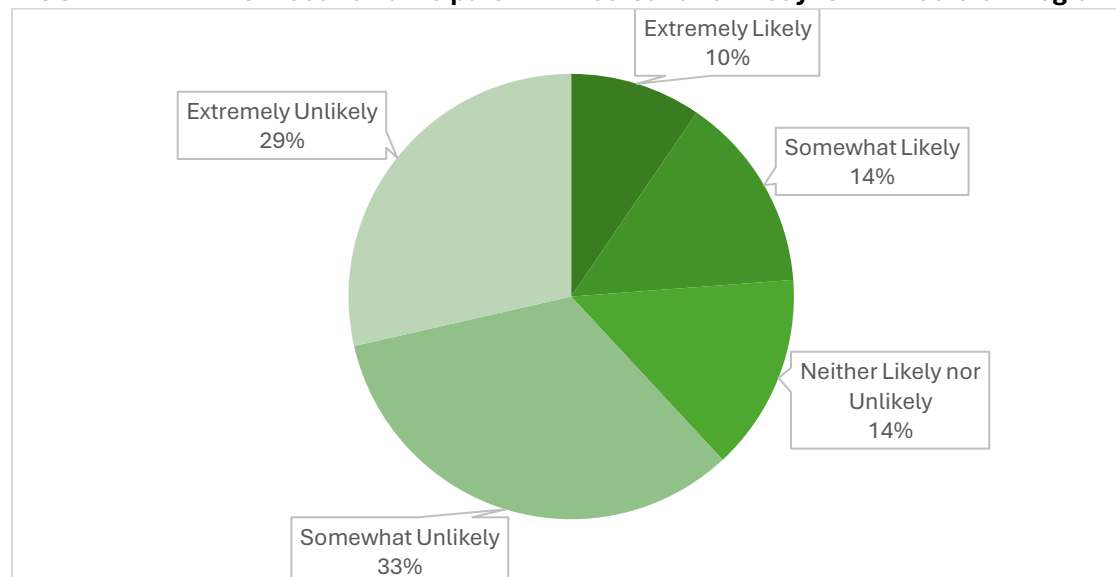
61.9 % of the PA Doctoral Programs surveyed would be extremely unlikely or somewhat unlikely to participate in a national accrediting agency to accredit their program.

SECTION 2. FINANCIAL INFORMATION

The financial characteristics of doctoral programs for Physician Assistants (PAs) varied significantly across several key metrics. This section provides an overview of program development and operating costs, as well as tuition and program credit hours.

Key findings the financial information section noted that program development costs were generally under $500,000 for most institutions, while annual operating expenses showed a broader distribution, ranging from under $500,000 to nearly $2 million. Program income also varied widely, from non-existent for new programs to over $2 million annually, with about half of the surveyed programs reporting financial self-sustainability, often within their first year.

Tuition costs also exhibited considerable variation, with per-credit-hour rates ranging from $480 to $1200 and total program costs spanning from approximately $11,000 to over $51,000. The average total tuition across all programs was about $29,000, with private institutions generally having higher tuition rates than public ones.

TABLE 2.1   Approximate Initial Program Implementation Costs

Initial Program Implementation Costs	n	%
$0 - $499,999	13	61.8
$500,000 - $999,999	4	19.1
Unsure	4	19.1
Total Programs	**21**	**100.0**

TABLE 2.2   2023-2024 Total Operating Budget

Total Operating Budget*	n	%
$0 - $499,999	10	47.6
$500,000 - $999,9999	5	23.8
$1,000,000 - $1,499,999	3	14.3
$1,500,000 - $1,999,999	2	9.5
$2,000,000 - $2,499,999	1	4.8
Total Programs	**21**	**100.0**

Total operating budget includes all funding that supports program's labor and operations

TABLE 2.3   2023-2024 Total Operating Expenses

Total Operating Expenses*	n	%
$0 - $499,999	7	33.3
$500,000 - $999,9999	11	52.4
$1,000,000 - $1,499,999	2	9.5
$1,500,000 - $1,999,999	1	4.8
Total Programs	**21**	**100.0**

Total operating expenses include all operational costs like faculty and staff salaries and benefits

TABLE 2.4   2023-2024 Program Financially Self-Sustaining Status

Financially Self Sustaining Status	n	%
Yes	11	52.4
No	4	19.0
Unsure	6	28.6
Total Programs	**21**	**100.0**

TABLE 2.4(a)   Point at Which Program Became Financially Self-Sustaining

Point at which Financially Self-Sustaining	n	%
<1 year	3	27.2
1 year	4	36.4
2 years	2	18.2
Unsure	2	18.2
Total Programs	**11**	**100.0**

TABLE 2.4(b)   Anticipated Years Until Financially Self-Sustaining

Anticipated Years until Financially Self Sustaining	n	%
1 year	1	25.0
2 years	1	25.0
3 years	1	25.0
5+ years	1	25.0
Total Programs	**4**	**100.0**

Data for those programs identifying as not yet financially self-sustaining

TABLE 2.5   Tuition Rates influenced by Resident Status

Tuition based on resident status*	n	%
Yes	1	4.8
No	20	95.2
Total Programs	**21**	**100.0**

*Resident status = in-state/resident vs. out-of-state/non-resident

TABLE 2.6   Cost per Credit Hour

Cost/Credit Hr	n	Min	Max	M	M(T)	SD	SD(T)	Mdn
Cost/Credit Hr	22*	480	1200	811.5	808.7	164.5	129.3	794.5

The program offering different tuition rates for in-state/out-of-state matriculants was counted as two separate programs when calculating the above figures

TABLE 2.7   Non-Tuition Fees

Fee Type	n	Min	Max	M	M(T)	SD	SD(T)	Mdn
Technology Fee	8	50.0	2850.0	630.0	356.7	920.9	422.6	115.0
Textbook Fee	6	300.0	3000.0	1074.0	690.0	1002.9	304.7	500.0
Graduation Fee	4	225.0	855.0	434.3	328.5	247.6	31.5	328.5
None	6	-	-	-	-	-	-	-

Other fees noted, but not listed included: unknown, student service fee, program fee

TABLE 2.8   Total Tuition (including fees)

Total Tuition	n	Min	Max	M	M(T)	SD	SD(T)	Mdn
Total Tuition	22*	11121	51297	29116.8	28907.5	10861.6	9430.6	29434.5

The program offering different tuition rates for in-state/out-of-state matriculants was counted as two separate programs when calculating the above figures

SECTION 3.   PROGRAM PERSONNEL INFORMATION

This section outlines the key characteristics of personnel involved in doctoral PA programs, focusing on faculty composition, the utilization of support roles, and program leadership.

The vast majority of programs (90%) did not utilize consultants during their initial start-up phase. However, over half of the programs employed at least one instructional designer to support curriculum development and delivery. The leadership of these programs predominantly relied on an assigned full-time equivalent (FTE) program director to oversee operations. Programs allocating less than one FTE were not surveyed regarding the program director's additional responsibilities.

Examining the broader faculty landscape in the 2023-2024 academic year, a total of 241 active faculty members were reported across all programs, with a gender distribution of 45% male and 55% female. The most prevalent faculty status was adjunct, comprising approximately 74% (n=178) of the total. On average, a doctoral PA program employed two full-time, one part-time, and eight adjunct faculty members. The terminal degrees held by faculty were diverse, with the most common being DMS/DMSc, PhD, and DHSc, alongside a smaller representation of individuals holding degrees such as Ed.D, MD/DO, and MPH/MSH.

At the time of the survey, there was an indication of growth and potential need within these programs, as ten programs reported a total of eleven open faculty positions, including four full-time, one part-time, and six adjunct roles.

TABLE 3.1   Consultant use for Doctoral Program Startup and/or Ongoing Operations

Consultant Usage	n	%
Yes	1	4.8
No	19	90.4
Unsure	1	4.8
Total Programs	**21**	**100.0**

TABLE 3.2   Instructional Designer Support

Instructional Designer FTE	n	%
0	8	38.1
1	8	38.1
2	4	19.0
3+	1	4.8
Total Programs	**21**	**100.0**

TABLE 3.3   FTE Dedicated to Program Director Role

FTE Dedicated to Doctoral Program PD*	n	%
Less than 50%	1	4.8
50-79%	4	19.0
80-99%	1	4.8
100%	15	71.4
Total Programs	**21**	**100.0**

PD = Program Director

FIGURE 3.1   Faculty Gender Distribution
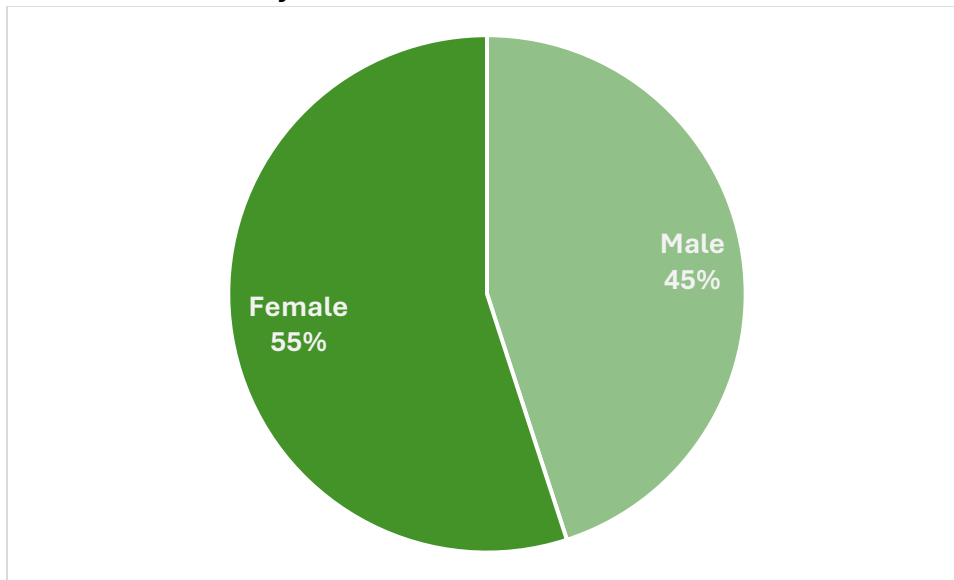
No programs reported non-binary/third-gender faculty self-identification

TABLE 3.4   Faculty Headcount by Gender and Employment Status

Status	Male	Female	Total
Full-time (.75-1.0 FTE)	19	24	43
Part-time (.05-.74 FTE)	5	15	20
Adjunct	85	93	178
Total	**109**	**132**	**241**

TABLE 3.4(a)   Faculty Headcount by Employment Status

Status	n	Min	Max	M	M(T)	SD	SD(T)	Mdn
Full-Time*	21	0	7	2.0	1.8	1.6	1.2	2.0
Part-Time**	21	0	6	1.0	0.7	1.5	1.1	0.0
Adjunct	21	0	30	8.5	7.8	6.8	4.7	7.0

*Full-time = .75-1.0 FTE; **Part-time = .05-.74 FTE*

TABLE 3.5   Faculty Headcount by Terminal Degree Held

Degree type	Full-time (.75-1.0 FTE)	Part-time (.05-.74 FTE)	Adjunct	Total	%
DMS/DMSc	15	9	78	**102**	**42.3**
PhD	8	5	43	**56**	**23.2**
DHSc	10	2	28	**40**	**16.6**
EdD	7	2	6	**15**	**6.2**
MD/DO	0	0	11	**11**	**4.6**
MPH/MSH	1	0	1	**2**	**0.8**
PharmD	0	1	1	**2**	**0.8**
DNP	0	1	1	**2**	**0.8**
MBA	0	0	2	**2**	**0.8**
JD	0	0	2	**2**	**0.8**
DHEd	1	0	0	**1**	**0.4**
DHPE	1	0	0	**1**	**0.4**
DPAS	0	0	1	**1**	**0.4**
Rev	0	0	1	**1**	**0.4**
DPM	0	0	1	**1**	**0.4**
DM	0	0	1	**1**	**0.4**
MHL	0	0	1	**1**	**0.4**
Total	**43**	**20**	**178**	**241**	**100.0**

TABLE 3.6   2023-2024 Open Faculty Positions

Open Position Status	n	(N*)%
Full-time (.75-1.0 FTE)	5	40.0
Part-time (.05-.74 FTE)	1	10.0
Adjunct	7	50.0
Total Positions	**13**	**100.0**

N = 10, the total number of programs with open faculty positions; 11 programs reported having no current vacancies

TABLE 3.7   Full-Time Faculty Ability to Teach in Other Doctoral Programs

Ability to Teach in Other Doctoral Programs	n	%
Yes	8	38.1
No	10	47.6
Unsure	3	14.3
Total Programs	**21**	**100.0**

TABLE 3.8   Number of Full-Time Staff Assigned to Doctoral Program

Number of Staff FTE Assigned	n	%
1	15	71.4
1.5	1	4.8
2	4	19.0
5	1	4.8
Total Programs	**21**	**100.0**

SECTION 4. CURRICULAR INFORMATION

This section outlines the key curricular features of doctoral PA programs, including their intended educational outcomes, available areas of specialization, modes of instruction, program duration and pacing options, and graduation requirements.

The primary educational goals across these programs were centered on cultivating PA leaders, educators, and clinicians with advanced clinical expertise. These aims were directly supported by the most frequently offered concentrations, which included focused pathways in academia, leadership development, and advanced clinical practice. The delivery of these curricula was mainly online, with approximately 72% of programs utilizing a fully asynchronous format. However, some programs incorporated synchronous online sessions or in-person (on-campus) components.

Prospective students could find program duration typically ranged from 1 to 1.5 years, although options existed from under a year to a total of three years, based on the program. A significant emphasis was placed on flexible pacing, with nearly all programs offering full-time enrollment, often designed to accommodate working professionals. Part-time, accelerated, and decelerated pathways were also available in many institutions. The credit hour requirements varied, from 9 to 50 credits, with an average of 36 credits across programs (please note, despite the credit range, the overall average tuition was around $29,000). All programs required a culminating assessment for graduation, most reported as a capstone project.

Looking towards the future, many programs reported active consideration or plans to expand their curricular offerings, suggesting potential for new specializations and program enhancements.

TABLE 4.1   Program's Primary Intended Outcome(s)

Reported Primary Intended Outcome(s)	n	(N*)%
Developing PA Leaders	21	100.0
Developing PA Faculty	15	71.4
Increasing Clinical Acumen	9	42.9
Other	**4**	
Developing PA Researchers	2	9.5
Developing PA Profession Advocates	1	4.8
Public Health Focus	1	4.8

N = 21 programs that reported

TABLE 4.2   Concentrations Offered

Concentrations Offered	n	(N*)%
Clinical Practice**	5	23.8
Education (Academia)	16	76.2
Emergency Management	2	9.5
Global Health	5	23.8
Leadership	12	57.1
Public Health	4	19.0
Other	**9**	
Healthcare Practice / Administration	3	14.3
No Focus/Concentration	3	14.3
Digital Health	1	4.8
Professional Practicum	1	4.8
Informatics	1	4.8

*N = 21 programs reporting; **Clinical Practice Focuses included: addiction medicine, behavioral medicine, critical care, emergency medicine, internal medicine, primary care, and psychiatry*

TABLE 4.3   Course Types Offered

Course Types Offered	n	(N*)%
Ethics	9	42.9
Clinical Practice	8	38.1
Global Health	13	61.9
Healthcare Finance/Economics	11	52.4
Health Law	11	52.4
Healthcare Policy	14	66.7
Health Systems Science	12	57.1
Medical/Scientific Writing	14	66.7
Research	18	85.7
Statistics	6	28.6
Other	**11**	
Business/Informatics	4	19.0
Educator Courses	4	19.0
Leadership /Administration	10	47.6
Ultrasound Training	1	4.8

N = 21 programs reporting

TABLE 4.4   Primary Program Delivery Mode

Course Delivery Mode	n	%
Hybrid (In Person + Online Synchronous)	2	9.5
Online (Asynchronous + Synchronous)	4	19.0
Online (Asynchronous)	15	71.5
Total Programs	**21**	**100.0**

TABLE 4.4(a)   On-Campus Requirement

On-Campus Requirement	n	%
Yes	2	9.5
No	19	90.5
Total Programs	**21**	**100.0**

Average number of days for on-campus requirement was seven (7)

TABLE 4.5   Program Pacing Options

Pacing Options	n	(N*)%
Full-time**	20	95.2
Part-time	17	81.0
Accelerated	4	19.0
Decelerated	8	38.1

*N = 21 programs; **Full-time = greater than six (6) credit hours per term/quarter/semester*

TABLE 4.6   Program Length for Traditional Full-Time Students

Program Length (years)	n	Min	Max	M	M(T)	SD	SD(T)	Mdn
Program Length (years)	21	<1	3	1.4	1.3	0.7	0.5	1.5

Full-time = greater than six (6) credit hours per term/quarter/semester;
Traditional students = students not receiving shortened degree requirements based on prior learning or experiences

TABLE 4.6(a)   Program Length for Traditional Full-Time Students by Count

Program Length (Years)	n	%
<1 year	2	9.5
1 year	8	38.1
1.5 years	5	23.8
2 years	5	23.8
3 years	1	4.8
Total Programs	**21**	**100.0**

TABLE 4.7   Number of Credits Needed to Graduate for Traditional Students

Total Program Credits	n	Min	Max	M	M(T)	SD	SD(T)	Mdn
Credits	21	9	50	34.3	34.8	9.4	7.1	36

Traditional students = students not receiving shortened degree requirements based on prior learning or experiences

TABLE 4.8   Doctoral Program Graduation Requirement

Program Graduation Requirement	n	(N*)%
Capstone Project	18	85.7
Oral Defense or Presentation	6	28.6
Portfolio Review	1	4.8
Professional Dissertation	2	9.5
Submission of Manuscript for Publication	8	38.1

N = 21 programs; All programs required some form of assessment for graduation

TABLE 4.9   Intent to Expand Curriculum for Future Cohorts

Planning Expansion	n	%
Yes	4	19.1
No	5	23.8
Maybe	12	57.1
Total Programs	**21**	**100.0**

TABLE 4.9(a)   Planned Curricular Expansion Topic(s)

Topic	n	(N*)%
Business	1	6.3
Clinical Options	4	25.0
Counseling	2	12.5
Global Health	1	6.3
Medical Informatics	1	6.3
Medical Laboratory Science	1	6.3
Medical Missions	1	6.3
Public Health	1	6.3
Unsure	8	50.0

N = 16 programs which have planned or potentially planned curricular expansion

TABLE 4.10   Dedicated New Grad PA Pathway/Track Offered

New PA Grad Track Offered	n	%
Yes, for all new grads regardless of institution	8	38.1
Yes, for institutional PA grads only	4	19.0
No	9	42.9
Total Programs	**21**	**100.0**

TABLE 4.10(a)   Post-PA Graduation Time Length for New Grad PA Pathway/Track Eligibility

Definition of "New Grad"	n	%
6 months	2	16.7
9 months	1	8.3
1 year	2	16.7
2 years	2	16.7
3 years	1	8.3
4+ years	4	33.3
Total Programs	**12**	**100.0**

TABLE 4.11   Doctoral Program Coupled with a PA Residency/Post-Graduate Fellowship

PA Residency / Post-Graduate Fellowship	n	%
Yes	2	9.5
No	18	85.7
May in Future	1	4.8
Total Programs	**21**	**100.0**

SECTION 5.   ADMISSION AND STUDENT INFORMATION

This section outlines the admission criteria for doctoral PA programs and describes the characteristics of the students enrolled in the 2023-2024 academic year. While 21 programs responded to the survey, student characteristic data reflects the 19 programs with active students unless otherwise specified.

Regarding admission prerequisites, National Commission on Certification of Physician Assistants (NCCPA) certification was a requirement for the majority of programs (57%), with the remaining programs not mandating it. Over half of the programs (62%) had a minimum GPA requirement for admission, with the average minimum GPA being 3.0. There was a near even split in the acceptance of foreign-trained PA graduates into U.S. doctoral programs. The majority of programs required a master's degree for matriculation, while a smaller number indicated they would consider applicants with a bachelor's degree. Only four programs within the reporting institutions offered a master's degree equivalency pathway.

Approximately a quarter of programs offered credit hour reduction or credit for prior learning experiences, with an average reduction of 13 credits.

The total student enrollment in doctoral PA programs for the 2023-2024 academic year was 1,444. These students were primarily enrolled in clinical (one-third), leadership (one-fifth), and academic focused coursework. It is important to note that demographic data (gender, age, and race/ethnicity) was unclear or unreported for approximately one-quarter to one-third of the student population, limiting the representativeness of these characteristics. However, among the reported data, the approximate female to male ratio was 1.6:1. The majority of students with reported age data were between 30 and 49 years old at matriculation. Regarding race/ethnicity among reported data, the largest proportion of matriculants were White (45.8%), followed by Black (7.7%), and then Asian (4.8%).

The average number of students per program varied, ranging from 3 to 380, with a trimmed average of 62. The student-to-faculty ratio was approximately 15 students for every one faculty member. Student attrition rates were reported as less than 5% for the majority of programs, with no program reporting a rate exceeding 20%.

TABLE 5.1   NCCPA Certification Enrollment Requirement

NCCPA Certification Required	n	%
Yes	12	57.1
No	9	42.9

TABLE 5.2   Minimum Graduate GPA Enrollment Requirement

Minimum Graduate GPA Requirement	n	%
Yes	13	61.9
No	8	38.1

TABLE 5.2(a)   Minimum Graduate GPA Required

Minimum GPA Required	n	Min	Max	M	M(T)	SD	SD(T)	Mdn
GPA	13	2.5	3.0	2.9	3.0	0.1	0.1	3.0

TABLE 5.3   Acceptance of Foreign-Trained PA Graduates

Foreign Trained PA Graduate Acceptance	n	%
Yes	11	52.4
No	10	47.6

TABLE 5.4   Minimum PA Degree Enrollment Requirement

Minimum PA Degree Required	n	%
Bachelor's	7	33.3
Master's	14*	66.7

Two programs that typically require a master's degree indicated they would consider bachelor's to Doctorate pathways on a case-by-case basis, however they do not offer a master's degree equivalency pathway for matriculants.

TABLE 5.4(a)   Master's Degree Equivalency Opportunity for Enrollment Requirement

Master's Degree Equivalency Opportunity Offered	n	%
Yes	4	28.6
No	10	71.4

TABLE 5.5   Credit for Prior Learning Experience

Prior Learning Experience Credits Offered	n	%
Yes	**11**	**52.4**
Advanced Credit for Equivalent Graduate courses	1	9.0
Course Requirement Waiver	5	45.5
Credit Hour Reduction	5	45.5
No	**10**	**47.6**

TABLE 5.5(a)   Credit Hour Reduction

Credit Hour Reduction	n	Min	Max	M	M(T)	SD	SD(T)	Mdn
Credits Reduced	5	12	16	13.4	13.0	1.7	1.4	12.0

TABLE 5.6   2023-2024 Active Programs

Current Enrollment	n	%
Yes	19	90.5%
No	2	9.5%

TABLE 5.6(a)   2023-2024 Number of Students

Class Size	n	Min	Max	M	M(T)	SD	SD(T)	Mdn
Number of Students	19	3	380	76.0	62.4	88.5	53.2	50

TABLE 5.6(b)   Number of Students Based on Concentration 2023-2024 Calendar Year

Current Enrollment	n	%
Clinical Practice (i.e., Psychiatry, Emergency Medicine, etc.)	503	34.8
Leadership	293	20.3
Education (Academia)	205	14.2
No Concentration*	161	11.2
Healthcare Practice / Administration	156	10.8
Professional Practicum	57	3.9
Global Health	36	2.5
Emergency Management	17	1.2
Digital Health	10	0.7
Public Health	5	0.3
Informatics	1	0.1
Total Students	**1444**	**100.0**

No concentration programs offer courses in ethics, healthcare policy and delivery, leadership advocacy, inclusive practice, writing, research design, and/or statistics

TABLE 5.7   Student to Faculty Ratio

Student to Faculty Ratio*	n	Min	Max	M	M(T)	SD	SD(T)	Mdn
Students per 1 Faculty	17	4.0	45.0	15.7	14.5	10.1	7.0	14

Student to faculty ratio excluded capstone/capstone-like courses; Two programs could not provide an answer given multiple adjuncts faculty support and semester variances

TABLE 5.8   2023-2024 Total Number of Applicants

Number of Applicants	n	Min	Max	M	M(T)	SD	SD(T)	Mdn
Number of Applicants	16*	6.0	400	85.4	68.6	94.7	49.4	56.5

Three of the 19 active programs were unable to capture this data

TABLE 5.8(a)   2023-2024 Applicants Exceeding Admission Capacity

Exceeded Applicant Capacity	n	%
Yes	2	9.5%
No	19	90.5%

One of the two programs that stated applicant capacity was exceeded, noted it had 19 more applicants than it could accept; applicant capacity was defined by the institution

TABLE 5.9   Percentage of Enrolled Students within Two Years of PA Graduation

PA Graduate ≤2 years	n	%
0-10%	9	47.4
11-20%	3	15.7
31-40%	1	5.3
Greater than 50%	6	31.6
Total Programs	**19**	**100.0**

TABLE 5.10   Percentage of Enrolled Foreign-Trained PAs

Foreign-Trained PAs*	n	%
0-10%	19	100.0

Foreign-Trained PAs = Canda, Netherlands, Ireland, etc.

TABLE 5.11   Student Headcount by Gender

Reported Gender	n	%
Female	650	45.0
Male	407	28.2
Unsure/Not Reported	337	23.3
Prefer not to Say	50	3.5
Total Students	**1444**	**100.0**

None reported students identifying as non-binary/third gender

TABLE 5.12   Student Headcount by Age

Age Range (in years)	n	%
20-29	134	9.3
30-39	297	20.5
40-49	307	21.3
50-59	171	11.8
60 and over	17	1.2
Unsure	518	35.9
Total Students	**1444**	**100.0**

TABLE 5.13   Student Headcount by Race/Ethnicity

Reported Race/Ethnicity	n	%
American Indian or Alaska Native	12	0.8
Asian	69	4.8
Black	112	7.7
Hispanic	62	4.3
Native Hawaiian or Pacific Islander	24	1.7
White	661	45.8
Multiple Races	27	1.9
Unsure/Not Reported	473	32.7
Prefer not to say	4	0.3
Total Students	**1444**	**100.0**

TABLE 5.14   2023-2024 Student Attrition Rate

Attrition Rate	n	%
Less than 5%	15	83.3
5-10%	2	9.5
11-20%	1	4.8
Greater than 20%	0	0

One (1) program did not report on the attrition rate

TABLE 5.15   Marketing – Perceptions of Effectiveness

	Marketing Approach	Mean rank
More Effective	Word of Mouth	1.9
	Institutional Reputation	3.0
	Website Presence	3.3
	Conference Attendance	3.9
	Social media	3.9
	Reputation of Faculty	4.1
Less Effective	Hardcopy Materials/Brochures	5.4

Other Noted Items: Digital marketing; Connections with PA program alumni

SECTION 6. GRADUATES

This section presents objective data collected from program directors regarding the output of doctoral PA programs.

During the 2023-2024 academic year, 19 programs reported having active students. These programs, along with others, contributed to a total of approximately 2,106 graduates between the years 2016 and 2022. In the 2023-2024 academic year alone, it was anticipated to yield an estimated 1,157 individuals completing their doctoral PA education.

TABLE 6.1   Total Number of Graduates Since First Program Inception

2018-2022	n	Min	Max	M	M(T)	SD	SD(T)	Mdn	Total
Total Number of Graduates	17	0	1500	123.8	40.2	347.4	50.3	30.0	2106

The first doctoral PA program began in 2016. At the time of the survey, 19 programs had active students. Data for total graduates since inception is based on 17 reporting programs.

TABLE 6.2   2023-2024 Anticipated Number of Graduates

2023-2024	n	Min	Max	M	M(T)	SD	SD(T)	Mdn	Total
Number of Graduates	18	0	350	64.3	48.3	87.8	52.0	35.0	1157

One (1) program that has students did not report