



# 2024 Utah physician assistant survey

Proposed profession-specific survey tool for physician assistant (PA)  
license renewals

**Utah Health Workforce Advisory Council**

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## Document background and overview

The Utah Cross-Profession Minimum Data Set (UCPMDS) is a set of core questions covering the highest-priority data elements that are considered the minimum necessary for the Utah Health Workforce Advisory Council (HWAC), health workforce planning. The UCPMDS was adapted from a Cross-Profession Minimum Data Set tool developed as a collaboration between 7 national healthcare regulatory organizations. The UCPMDS was reviewed and approved by the Utah Health Workforce Advisory Council on March 15, 2023. The UCPMDS serves as a foundational data system upon which this physician profession-specific tool is being developed. For UCPMDS questions that required profession-specific response adjustments, we have incorporated customized options relevant to those in physician professions. These proposed response options were pulled from historic workforce surveys from the Utah Medical Education Council (UMEC), which were developed and approved by voluntary committees of stakeholders familiar with the professions.

# PA minimum data set (MDS) survey recommendations

UCPMDS questions with profession-specific response customizations

## Sex

1. What is your sex?  
[Single select]
  - a. Male
  - b. Female
  - c. Prefer not to say

## Race/ethnicity

2. What is your race? Mark one or more boxes.  
[Multi select]
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black or African American
  - d. Native Hawaiian/Pacific Islander
  - e. White
  - f. Other race
3. Are you of Hispanic, Latina/o, or Spanish origin?  
[Single select]
  - a. No
  - b. Yes

## Qualifying education

4. What type of degree/credential first qualified you for this license?

[Single select]

- a. High school diploma (or equivalency)
- b. Some college, no degree
- c. Technical/vocational certificate
- d. Associate degree
- e. Bachelor's degree
- f. Master's degree
- g. Post-graduate training
- h. Professional/doctorate degree
- i. Postdoctoral training

## Year completed qualifying education

5. What year did you complete the education program/degree that first qualified you for this license?

*Note: When survey is distributed using survey software and not MyLicense, year options will be listed as a drop-down selection menu.*

[Open field text]

## Where completed education

6. Where did you complete the education program/degree that first qualified you for this license? (Note: for online programs, please select the location where this program was housed)

[Single select]

- a. [LIST OF U.S. STATES and territories]
- b. Another country (not U.S.)

## Highest level of education

7. Please indicate your highest-level physician assistant degree.

[Single select]

- a. Baccalaureate degree
- b. Master's degree

- c. Doctorate (PhD)
- d. Doctorate: other
- e. Other

8. What year did you complete your highest level of physician assistant education?

*Note: When survey is distributed utilizing survey software and not MyLicense, year options will be listed as a drop-down selection menu.*

[Open field text]

## Employment status

9. What is your employment status?

[Single select]

- a. Actively working in a position that requires a PA license
- b. Actively working in a position in the field of medicine that does not require a PA license
- c. Actively working in a position in a field other than medicine
- d. Unemployed and seeking work that requires a PA license
- e. Unemployed and not seeking work that requires a PA license
- f. Volunteer work only
- g. Retired
- h. Other

## Future employment plans

10. What best describes your employment plans for the next 2 years?

[Single select]

- a. Increase hours in a field related to this license
- b. Decrease hours in a field related to this license
- c. Seek employment in a field unrelated to this license
- d. Retire
- e. Continue as you are
- f. Unknown

11. If you indicated you plan to **increase** or **decrease** hours in a field related to this license in the next 2 years, please estimate the total number of hours per week you expect to work **after** the change. If this does not apply, please select “not applicable.”

[Single select]

- a. 0 hours per week
- b. 1–4 hours per week
- c. 5–8 hours per week
- d. 9–12 hours per week
- e. 13–16 hours per week
- f. 17–20 hours per week
- g. 21–24 hours per week
- h. 25–28 hours per week
- i. 29–32 hours per week
- j. 33–36 hours per week
- k. 37–40 hours per week
- l. 41 or more hours per week
- m. Not applicable

## Specialty

12. Which of the following best describes the specialty/field/area of practice in which you spend most of your professional time?

[Single select]

- a. No patient care
- b. Addiction medicine
- c. Allergy
- d. Anesthesiology
- e. Dermatology
- f. Diagnostic radiology
- g. Emergency medicine
- h. Family medicine
- i. Genetics
- j. Geriatrics

- k. Hospice and palliative care
- l. Hospital medicine
- m. Internal medicine
- n. Interventional cardiology
- o. Interventional radiology
- p. Obstetrics/gynecology
- q. Occupational medicine
- r. Ophthalmology
- s. Pain management
- t. Pathology
- u. Pediatrics
- v. Physical medicine/rehab
- w. Primary care
- x. Psychiatry
- y. Public health
- z. Radiation oncology
- aa. Surgical
- bb. Other
- cc. No specific area

12.1 Please indicate your surgical subspecialty.

*Note: Only respondents who indicate "surgical" as their primary specialty will be asked this question*

[Single select]

- a. Surgical: general
- b. Surgical: cardiovascular/cardiothoracic
- c. Surgical: colon and rectal
- d. Surgical: hand
- e. Surgical: neurological
- f. Surgical: oncology
- g. Surgical: orthopedics
- h. Surgical: otolaryngology
- i. Surgical: pediatric
- j. Surgical: plastic
- k. Surgical: thoracic
- l. Surgical: transplant



- m. Surgical: trauma
- n. Surgical: urology
- o. Surgical: vascular
- p. Surgical: bariatric
- q. Surgical: other

12.2 Please indicate your pediatrics subspecialty.

*Note: Only respondents who indicate "pediatrics" as their primary specialty will be asked this question*

[Single select]

- a. Pediatrics: general
- b. Pediatrics: adolescent medicine
- c. Pediatrics: allergy
- d. Pediatrics: cardiology
- e. Pediatrics: critical care
- f. Pediatrics: endocrinology
- g. Pediatrics: gastroenterology
- h. Pediatrics: hematology
- i. Pediatrics: infectious disease
- j. Pediatrics: neonatal-perinatal
- k. Pediatrics: nephrology
- l. Pediatrics: neurology
- m. Pediatrics: pulmonology
- n. Pediatrics: rheumatology
- o. Pediatrics: oncology
- p. Pediatrics: emergency medicine
- q. Pediatrics: other

12.3 Please indicate your internal medicine subspecialty.

*Note: Only respondents who indicate "internal medicine" as their primary specialty will be asked this question*

[Single select]

- a. Internal medicine: general
- b. Internal medicine: cardiology
- c. Internal medicine: critical care
- d. Internal medicine: endocrinology
- e. Internal medicine: gastroenterology
- f. Internal medicine: hematology
- g. Internal medicine: immunology

- h. Internal medicine: infectious disease
  - i. Internal medicine: nephrology
  - j. Internal medicine: neurology
  - k. Internal medicine: pulmonology
  - l. Internal medicine: rheumatology
  - m. Internal medicine: oncology
  - n. Internal medicine: other
13. Which of the following best describes your secondary specialty/field/area of practice?
- [Single select]
- a. No patient care
  - b. Addiction medicine
  - c. Allergy
  - d. Anesthesiology
  - e. Dermatology
  - f. Diagnostic radiology
  - g. Emergency medicine
  - h. Family medicine
  - i. Genetics
  - j. Geriatrics
  - k. Hospice and palliative care
  - l. Hospital medicine
  - m. Internal medicine
  - n. Interventional cardiology
  - o. Interventional radiology
  - p. Obstetrics/gynecology
  - q. Occupational medicine
  - r. Ophthalmology
  - s. Pain management
  - t. Pathology
  - u. Pediatrics
  - v. Physical medicine/rehab
  - w. Primary care
  - x. Psychiatry

- y. Public health
- z. Radiation oncology
- aa. Surgical
- bb. Other
- cc. No specific area

13.1 Please indicate your surgical subspecialty.

*Note: Only respondents who indicate "surgical" as their secondary specialty will be asked this question*

[Single select]

- a. Surgical: general
- b. Surgical: cardiovascular/cardiothoracic
- c. Surgical: colon and rectal
- d. Surgical: hand
- e. Surgical: neurological
- f. Surgical: oncology
- g. Surgical: orthopedics
- h. Surgical: otolaryngology
- i. Surgical: pediatric
- j. Surgical: plastic
- k. Surgical: thoracic
- l. Surgical: transplant
- m. Surgical: trauma
- n. Surgical: urology
- o. Surgical: vascular
- p. Surgical: bariatric
- q. Surgical: other

13.2 Please indicate your pediatrics subspecialty.

*Note: Only respondents who indicate "pediatrics" as their secondary specialty will be asked this question*

[Single select]

- a. Pediatrics: general
- b. Pediatrics: adolescent medicine
- c. Pediatrics: allergy
- d. Pediatrics: cardiology
- e. Pediatrics: critical care
- f. Pediatrics: endocrinology

- g. Pediatrics: gastroenterology
- h. Pediatrics: hematology
- i. Pediatrics: infectious disease
- j. Pediatrics: neonatal-perinatal
- k. Pediatrics: nephrology
- l. Pediatrics: neurology
- m. Pediatrics: pulmonology
- n. Pediatrics: rheumatology
- o. Pediatrics: oncology
- p. Pediatrics: emergency medicine
- q. Pediatrics: other

13.3 Please indicate your internal medicine subspecialty.

*Note: Only respondents who indicate "internal medicine" as their secondary specialty will be asked this question*

[Single select]

- a. Internal medicine: general
- b. Internal medicine: cardiology
- c. Internal medicine: critical care
- d. Internal medicine: endocrinology
- e. Internal medicine: gastroenterology
- f. Internal medicine: hematology
- g. Internal medicine: immunology
- h. Internal medicine: infectious disease
- i. Internal medicine: nephrology
- j. Internal medicine: neurology
- k. Internal medicine: pulmonology
- l. Internal medicine: rheumatology
- m. Internal medicine: oncology
- n. Internal medicine: other

## Telehealth

14. Telehealth may be defined as the use of electronic information and telecommunications technologies to extend care to patients, and may include videoconferencing, audio only, stored-forward imaging, streaming media, and

terrestrial and wireless communications.

Of the hours per week spent **in direct patient care**, estimate the average number of hours per week delivering patient care **via telehealth**.

[Single select]

- a. 0 hours per week/not applicable
- b. 1–4 hours per week
- c. 5–8 hours per week
- d. 9–12 hours per week
- e. 13–16 hours per week
- f. 17–20 hours per week
- g. 21–24 hours per week
- h. 25–28 hours per week
- i. 29–32 hours per week
- j. 33–36 hours per week
- k. 37–40 hours per week
- l. 41 or more hours per week

## Patient characteristics

15. Please indicate the population groups to which you provide clinical services. Please check all that apply.

[Multi select]

- a. Newborns
- b. Children (ages 2–10)
- c. Adolescents (ages 11–19)
- d. Adults
- e. Geriatrics (ages 65+)
- f. Pregnant women
- g. Veterans
- h. Incarcerated individuals
- i. Individuals with disabilities
- j. Individuals experiencing homelessness
- k. Individuals who speak a language other than English

- l. Medicaid beneficiaries
- m. Medicare beneficiaries
- n. Sliding fee scale
- o. Uninsured individuals
- p. Privately insured individuals
- q. None of the above

## Practice location—primary practice

*Note: When survey is distributed using survey software and not MyLicense, practice location will be asked as a single question- "What is your primary practice location? If this does not apply, please select N/A." Question will include fields for street address, city, state, postal code, and country/region.*

- 16. In what state is your primary practice location? If this does not apply, please select "N/A"  
[Single select]  
[LIST OF U.S. STATES AND TERRITORIES AND OPTION FOR N/A]
- 17. In what city is your primary practice location? If this does not apply, please indicate "N/A."  
[Open field text]
- 18. What is the street address of your primary practice location? If this does not apply, please indicate "N/A."  
[Open field text]
- 19. What is the 5-digit ZIP code of your primary practice location? If this does not apply, please indicate "N/A."  
[Open field text]

## Employment type/arrangement—primary practice

- 20. Which of the following best describes your current employment arrangement at your principal practice location?  
[Multi select]

- a. Self-employed/consultant
- b. Salaried
- c. Hourly
- d. Temporary employment/locum tenens
- e. Other
- f. Not applicable

### Position type/role—primary practice

21. Please identify the role/title(s) that most closely corresponds to your primary employment/practice type.

[Multi select]

- a. Administrator
- b. Clinical practice
- c. Faculty/educator
- d. Researcher
- e. Other
- f. Not applicable

### Setting type—primary practice

22. Which of the following best describes the practice setting at your primary practice location? If this does not apply, please select “not applicable.”

[Single select]

- a. Academic institution
- b. Ambulatory surgical center
- c. Certified rural health clinic
- d. Correctional facility
- e. Faculty (college or university)
- f. Federal hospital (VA) and other military settings
- g. Federally-qualified health center
- h. Home health setting
- i. Hospice care
- j. Hospital—ambulatory care center

- k. Hospital—emergency department
- l. Hospital—inpatient
- m. Hospital—outpatient
- n. Hospital—other
- o. Industrial facility/work site
- p. Mobile health unit
- q. Non-hospital based urgent care facility
- r. Nonprofit/donation facility
- s. Non-clinical setting (e.g., business, insurance)
- t. Nursing home/long term care facility
- u. Office/clinic—multi specialty group
- v. Office/clinic—single specialty group
- w. Office/clinic—solo practice
- x. Psychiatric/mental health facility
- y. Research laboratory
- z. Retail clinic/convenient care clinic
- aa. Spa/aesthetic/weight loss clinic
- bb. State or local health department
- cc. Student/school health
- dd. Substance abuse facility
- ee. Telehealth
- ff. University/college student health facility
- gg. Volunteer in a free clinic/other volunteer setting
- hh. Other
  - ii. Not applicable

### Hours/week—primary practice

23. Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select “not applicable.”  
[Single select]
- a. 0 hours per week/not applicable
  - b. 1–4 hours per week
  - c. 5–8 hours per week



- d. 9–12 hours per week
- e. 13–16 hours per week
- f. 17–20 hours per week
- g. 21–24 hours per week
- h. 25–28 hours per week
- i. 29–32 hours per week
- j. 33–36 hours per week
- k. 37–40 hours per week
- l. 41 or more hours per week

### Hours/week in direct patient care—primary practice

24. Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location. If this does not apply, please select “not applicable.”  
[Single select]
- m. 0 hours per week/not applicable
  - n. 1–4 hours per week
  - o. 5–8 hours per week
  - p. 9–12 hours per week
  - q. 13–16 hours per week
  - r. 17–20 hours per week
  - s. 21–24 hours per week
  - t. 25–28 hours per week
  - u. 29–32 hours per week
  - v. 33–36 hours per week
  - w. 37–40 hours per week
  - x. 41 or more hours per week

**\*Note: Questions 16-24 will need to be repeated for 2 practice locations, primary practice and secondary practice (questions 25-33).**

## Education financing

34. Please indicate the total amount of educational debt you had at time of graduation from your PA program (exclude pre-physician assistant and non-educational debt).

[Single select]

- a. No debt
- b. \$1–\$20,000
- c. \$20,001–\$40,000
- d. \$40,001–\$60,000
- e. \$60,001–\$80,000
- f. \$80,001–\$100,000
- g. \$100,001–\$120,000
- h. \$120,001–\$140,000
- i. \$140,001–\$160,000
- j. \$160,001–\$180,000
- k. \$180,001–\$200,000
- l. \$200,001–\$220,000
- m. \$220,001–\$240,000
- n. \$240,001–\$280,000
- o. \$280,000–\$300,000
- p. \$300,001 or more
- q. Prefer not to answer

## Precepting

35. Have you mentored/precepted students within the last 2 years?

[Single select]

- a. Yes
- b. No
- c. Prefer not to say
- d. Not applicable