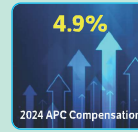


Addressing Variation in APC Compensation

As advanced practice clinicians (APCs) become more prevalent in healthcare organizations—with their compensation rising 4.9% overall in 2024—physician enterprises must ensure their compensation philosophies, plan mechanics, and care models are strategically aligned. **AMGA Consulting 2025 market data provides crucial insights and considerations regarding APC compensation, providing clear guidance for your strategy.**



Why Does Variation Exist?

Data shows that APC compensation structures are highly variable across the national market. For competitive recruitment and retention, strategies should aim to reduce variation and align compensation with organizational goals.

2025 National AMGA Survey Data				
		Total Cash Compensation	wRVUs/ASAs	Compensation per Unit
Physician Assistant	Primary Care	\$154,818	4,959	\$31.38
	Medical	\$148,429	2,808	\$52.54
	Surgical	\$150,326	1,760	\$85.65
Nurse Practitioner	Primary Care	\$142,324	4,539	\$32.19
	Medical	\$141,408	2,644	\$53.09
	Surgical	\$139,411	2,179	\$64.16
Anesthesiology	Specialty (Anesthesiology)	\$262,500	5,584	\$49.54

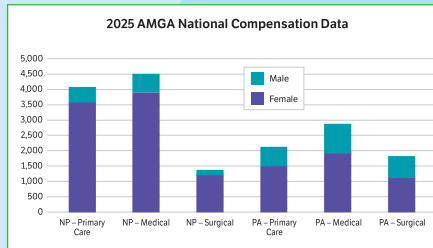
+9%
PA compensation consistently exceeds NP rates in the majority of specialties

Drivers of Compensation Variation

Speculation about gender accounting for compensation variation is not uncommon, but national data analyzed at the specialty-specific and specialty roll-up categories indicates a lack of statistical correlation between gender and compensation.

National data represents more than **90 organizations** and **16k+ APCs**

There is **1 male APC** for every **3 females**



Gender aside, the data indicates a direct link between compensation and individual productivity levels. Our in-depth review showed a strong correlation between productivity and compensation across all specialty roll-up categories.

This correlation highlights the value of aligning APC compensation models with productivity, rather than building them on traditional nursing methodologies. Beyond productivity, additional drivers of variation tie to work expectations, including the role, practice setting, and/or types of services provided.

Nurse Practitioner — Primary Care	Number of Providers	25th Percentile	50th Percentile	75th Percentile
National Compensation	10,273	\$124,862	\$142,324	\$164,898
National Clinical Productivity — Work RVU	7,501	3,351	4,539	5,691
National Clinical Ratios — Comp per Work RVU	3,613	2,205	2,843	3,556
Nurse Practitioner — Primary Care	7,501	\$26.46	\$32.19	\$42.07
Physician Assistant — Primary Care				
National Compensation	4,124	\$134,521	\$154,818	\$181,399
National Clinical Productivity — Work RVU	3,330	3,784	4,959	6,101
National Clinical Ratios — Comp per Work RVU	1,760	2,367	3,035	3,660
Physician Assistant — Primary Care	3,330	\$26.70	\$31.83	\$40.17

Strategy: Rewarding Productivity Results in Higher Volume Overall

Across APCs in primary care, compensation plans that tied at least 10% of total compensation to productivity saw anywhere from **8%–17% higher volume**, which translates to roughly 500 additional wRVUs generated per provider per year. Market data indicates this is true outside of primary care as well.

National AMGA Database: Primary Care wRVUs				
Physician Assistants	N Size	25th Percentile	Median	75th Percentile
All Respondents	3,300	3,784	4,959	6,101
Productivity Incentivized	689	4,428	5,640	6,563
Calculated Variance		644	501	462
Percent Variance		17%	10%	8%
Nurse Practitioners				
All Respondents	6,145	3,485	4,613	5,779
Productivity Incentivized	544	4,019	5,096	6,411
Calculated Variance		534	483	632
Percent Variance		15%	10%	11%

Use Market Data to Guide APC Compensation Strategy

While physician compensation rarely factors in years of experience or tenure, many APC compensation models still rely on these traditional approaches. Our data show that 38% of APC plans use defined salary ranges, and 26% determine increases based on a percentage of the previous year's salary, despite work expectations being consistent with their physician counterparts.

To create a more aligned compensation strategy, move away from these alternate methods and leverage current market data to align APC compensation with productivity, specific work expectations, and your organization's goals. This approach is consistent with the practices of other high-performing physician enterprises.

National AMGA Compensation and Productivity Survey				
Survey Year	PA-Medical		NP-Medical	
	50th Percentile	Annual % Change	50th Percentile	Annual % Change
2025	\$148,429	6.9%	\$141,408	4.7%
2024	\$138,802	3.3%	\$135,070	4.1%
2023	\$134,418	3.5%	\$129,805	6.2%
Average Annual Growth		4.6%		5.0%



Your Trusted Data Source

AMGA Consulting helps healthcare organizations navigate an evolving industry. From quick strategy reviews to in-depth assessments, our team is here to guide you. We're also the trusted source for nationwide compensation benchmarks, with our **2025 Medical Group Compensation and Productivity Survey** featuring data from 185,000 providers and 2,000 executives across 482 medical groups. Covering 183 provider specialties and 64 leadership roles, it delivers essential insights into compensation and productivity metrics.