

2024-26

PHYSICIAN ASSISTANT WORKFORCE SURVEY REPORT

July 1, 2026

PREPARED BY

Florida Department of Health
Division of Medical Quality Assurance

PRESENTED TO

Florida Board of Medicine
Florida Board of Osteopathic Medicine



RON DESANTIS
GOVERNOR

JOSEPH A. LADAPO, MD, PHD
STATE SURGEON GENERAL

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Key Definitions

Certification of Added Qualifications:

Physician assistants (PAs) were asked to provide information on any certifications for added qualifications (CAQs) they held. The National Commission on Certification of Physician Assistants (NCCPA) lists 11 specialty areas. Survey respondents hold CAQs in cardiovascular/thoracic Surgery, dermatology, emergency medicine, hospital medicine, nephrology, orthopedic surgery, pediatrics, and psychiatry.

Actively Practicing in Florida:

PAs who are actively practicing medicine in Florida, have a valid practice address in a Florida county, and possess a valid license in active status.

Not Actively Practicing in Florida:

PAs who took the survey during their licensure renewal cycle and indicated that they did not practice medicine in Florida for at least one month prior to taking the survey.

Workforce Survey:

The survey required by sections 458.347(6) and 459.022(6), Florida Statutes, must be completed by all PAs biennially during the Florida PA license renewal process. The 2026 report contained survey data collected from licensees who renewed from October 7, 2025, to February 26, 2026.

Primary Care:

PAs indicating a subspecialty in family medicine, internal medicine, or pediatrics, as defined by the American Academy of Family Physicians. In this survey, all practice locations with unique subspecialty information were included.

Primary Specialty:

The supervisor's primary practice specialty reported by the PAs.

Specialty Area:

PAs were asked to provide the specialty area(s) of their supervising physician.¹ Responses included specialty area and, in parentheses, any subspecialty areas identified in any of the three practice locations:

- | | |
|------------------------------------------------|-----------------------------------------------------------------------------|
| 01 Anesthesiology (0100-0104) | 12 Otolaryngology (1200-1205) |
| 02 Dermatology (0200, 0202-0204) | 13 Pathology (1306-1307) |
| 03 Emergency Medicine (0300-0302, 0304-0305) | 14 Pediatrics (1400-1403, 1405, 1408-1409, 1411-1418, 1420-1422, 1425-1427) |
| 04 Family Medicine (0400-0403, 0405-0406) | 15 Physical Medicine and Rehabilitation (1500, 1503, 1505-1506) |
| 05 Internal Medicine (0500-0511, 0513-0521) | 16 Preventive Medicine (1600-1602, 1604-1606) |
| 06 Medical Genetics (0600-0601) | 17 Proctology (1700) |
| 07 Neurology (0700,, 0706-0710) | 18 Psychiatry (1800-1802, 1804, 1806-1808) |
| 08 Nuclear Medicine (0800) | 19 Radiology (1900,1902, 1906, 1909-1910, 1912) |
| 09 Obstetrics and Gynecology (0900-0902, 0905) | 20 Surgery (2000-2011) |
| 10 Ophthalmology (1000) | 21 Urology (2100-2101). |
| 11 Orthopedic Medicine (1100-1103) | |

¹ Appendix A provides the list of specialty and subspecialties published by Department of Health as form DH MQA 5025 (07/17) under Rule 64B-9.002 Physician and Physician Assistant Survey Procedures.

Executive Summary

The 2017 Florida Legislature required a PA Workforce Survey, comparable to the Physician Workforce Survey completed by allopathic and osteopathic physicians, as part of license renewal, as provided in sections 458.347(6) and 459.022(6), Florida Statutes. PAs are required to complete the survey every two years when they renew their license to practice.²

A total of 14,229 PAs renewed their license during the 2026 renewal cycle and responded to the workforce survey.³ Of the 14,229 PA survey respondents, 14,022 (or 98.5%) responded to the question about whether they were practicing in Florida in the last 12 months; 86.1% of PA survey respondents who answered this question (or 12,079 of 14,022) confirmed that they were practicing in Florida at least one month.

- The overall pattern of demographic data reveals that 70.2% of renewing PAs are female, 72.4% are White. Additionally, half of PAs are 39 or younger, and the average age is 42.
- In Florida, PAs most commonly practice in internal medicine (20.2%), family medicine (14.2%), surgery (14.2%), emergency medicine (12.8%), and dermatology (8.8%).
- PA earnings are relatively consistent across the workforce, with the self-reported average salary of \$133,473 and a median salary of \$130,000.
- Primary care PAs make up more than a third of the workforce, accounting for 36.7% of those who renewed during the 2026 renewal cycle.
- Most PAs practice in Florida's largest counties; Hillsborough (10.0% or 1,076), Orange (9.0% or 966), and Miami-Dade (9.0% or 965) counties represent the top three primary practice locations.
- Most PAs work in outpatient environments, with half of PAs working in office settings while about a third practice in hospitals (49.7% and 34.8%, respectively).
- Most PAs accept new Medicare patients (83.8%), compared to new Medicaid patients (65.4%).
- A total of 8.5% of PAs have already retired or plan to retire in the next five years, and another 7.9% expect to relocate out of state during the same time.
- Half of the PAs renewing from outside Florida (50.8%) intend to move to the state within four years, and more than a quarter (28.4%) expect to relocate within just one to two years.

² Newly licensed PAs do not complete a survey.

³ It should be noted that not every PA who responded to the survey provided a response to every question. Therefore, the findings generated for each question are based on the number of PAs who responded to that question and not the total number of survey respondents.

Introduction

The 2024-26 Physician Assistant Workforce Survey Report is derived from the data collected through the Florida PA Workforce Survey. Established under sections 458.347(6)(b) and 459.022(7), Florida Statutes, this survey became an integral part of the biennial licensure renewal process, effective July 1, 2018.

Because the survey is only administered during the licensure renewal cycle, this analysis specifically captures the demographics and practice patterns of established practitioners; consequently, newly licensed PAs are not included in the data set.

The survey is administered in the same manner as the Physician Workforce Survey established by section 458.3191, Florida Statutes, with the resulting data submitted to the Florida Boards of Medicine and Osteopathic Medicine.⁴ During the 2026 renewal cycle, a total of 14,229 PAs successfully renewed their license and participated in the survey.⁵

The Council on Physician Assistants

The Council on Physician Assistants (Council), established by sections 458.347(9) and 459.022(9), Florida Statutes, makes recommendations to the Florida Department of Health (Department) on the licensure of physician assistants. The Council develops rules regulating the use of PAs by physicians, makes recommendations to the Florida Boards of Medicine and Osteopathic Medicine regarding all matters relating to PAs, and addresses concerns of practicing PAs to improve safety in the clinical practice of licensed PAs.

⁴ It should be noted that the Physician Workforce Survey was updated in 2019. The Physician Assistant Workforce Survey is based on the previous version of the Physician Workforce Survey.

⁵ The 2024-26 report contained survey data collected from licensees renewed from October 7, 2025, to February 26, 2026. It should be noted that not every PA who responded to the survey responded to every question, therefore the statistics generated for each question are based on the number of respondents for each question and not the total number of overall respondents.

FIGURE 1: PA WORKFORCE ADVISORY COUNCIL MEMBERSHIP

Council Member	Name
Council Chair: Must be a fully licensed PA and is appointed by the State Surgeon General.	John Byrnes, PA-C, DFAAPA
Council Vice Chair: Must be a fully licensed PA and is appointed by the State Surgeon General.	Katie Callaway, PA-C
Member 1: Must be a physician and a member of the Florida Board of Medicine who supervises a PA in the physician’s practice.	James Matthew Knight, MD
Member 2: Must be a physician and a member of the Florida Board of Osteopathic Medicine who supervises a PA in the physician’s practice.	Monica Mortenson, DO
Member 3: Must be a fully licensed PA and is appointed by the State Surgeon General.	(Vacant)

Workforce Demographics

With a population as large as 23,462,518, Florida is ranked as the third most populous state in the nation.⁶ Figure 2 compares the sex, ethnicity, and race between the PAs as reported via the workforce survey and Florida’s overall population.

FIGURE 2: WORKFORCE TREND BY SEX, ETHNICITY, AND RACE

		Female	White	African American	Native American	Asian	Hispanic
U.S. Census Bureau	Florida	50.8%	76.4%	16.9%	0.6%	3.4%	28.7%
2024-26 Survey	Respondents	70.2%	72.4%	5.6%	0.3%	5.9%	15.9%

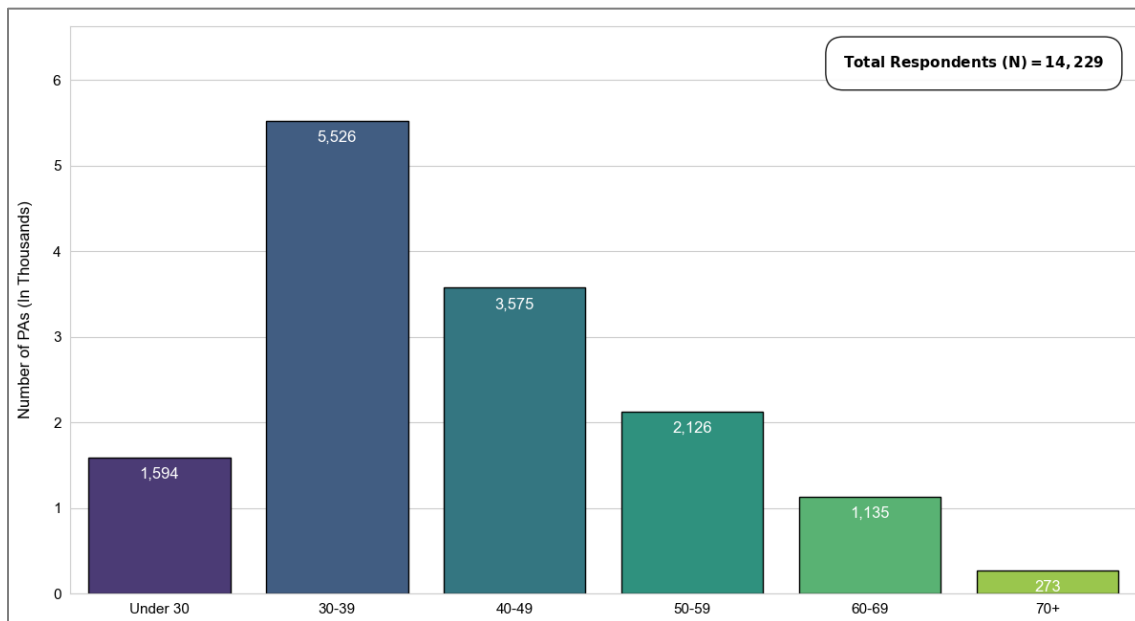
⁶ According to the U.S. Census Bureau, “Florida Population Estimates, July 1, 2025.”

Workforce Trends by Sex, Ethnicity, and Race

Figure 2 shows that women comprise the majority of Florida’s PAs who reported demographic information in the workforce survey (70.2% compared with 29.8% men). Among those reporting race and ethnicity, 72.4% identified as White, 15.9% Hispanic, 5.9% Asian, 5.6% African American, and 0.3% Native American.

Respondents range in age from 23 to 87, with an average age of 42 and a median of 39, indicating a relatively young workforce. As Figure 3 illustrates, most PAs fall between 30 and 39 years old (38.8%), followed by those in their 40s (25.1%) and 50s (14.9%). Just 3.6% are practicing beyond the current retirement age of 66.

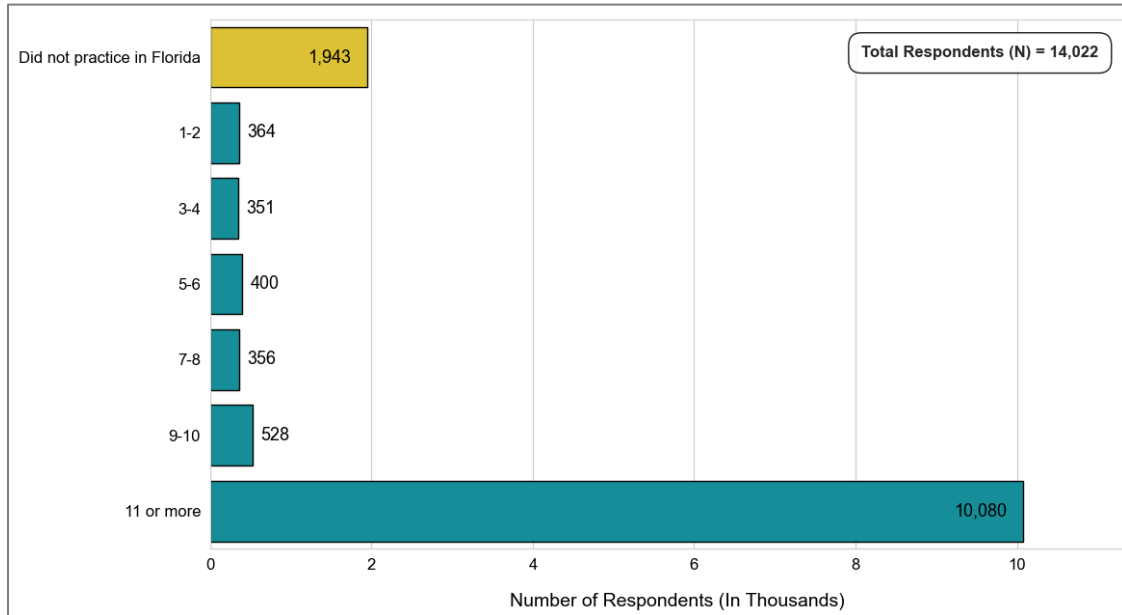
FIGURE 3: 2024-26 WORKFORCE BY AGE GROUP



Workforce Characteristics

The 2024-26 PA Workforce Survey captures key information from the 12,079 respondents who indicated that they practiced at least one month. It examines their roles, supervising physicians’ specialties, their practice settings, and how time is distributed across patient care and other duties. The survey also captures whether PAs accept Medicaid and Medicare patients.

FIGURE 4: PRACTICING MONTHS IN FLORIDA



Specialty Area

Of the PAs who responded to the survey and practiced in Florida for at least one month during the last 12 months, 88.5% (10,695 of 12,079) provided information about their specialty.

Figure 5 illustrates the distribution of specialty areas reported by 10,695 PAs across all practice locations; of these, 10,079 respondents (94%) identified the reported specialty as their primary area of practice.

The five most frequently reported specialties were internal medicine (20.2%), family medicine (14.2%), surgery (14.2%), emergency medicine (12.8%), and dermatology (8.8%). Together, these top five specialty areas account for 70.1% of the total PA workforce who responded to this question (7,499 of 10,695 reported).

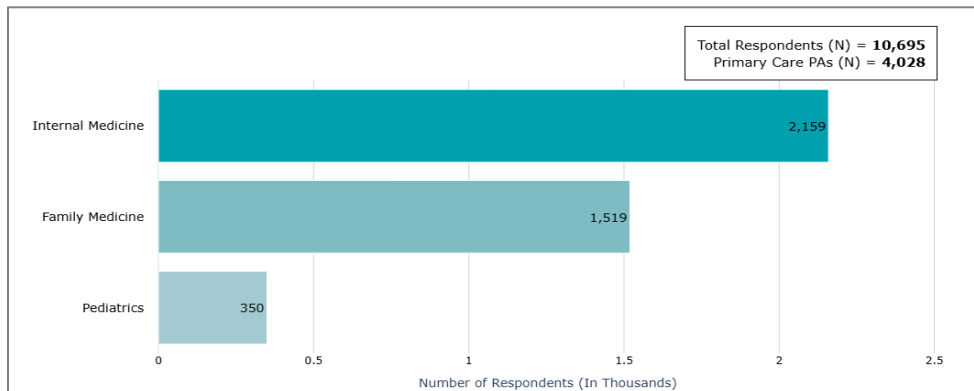
FIGURE 5: SUPERVISING PHYSICIAN'S SPECIALTY AREA

Specialty	Number	Percentage
Anesthesiology	544	5.1%
Dermatology	939	8.8%
Emergency Medicine	1,367	12.8%
Family Medicine	1,519	14.2%
Internal Medicine	2,159	20.2%
Medical Genetics	3	0.0%
Neurology	169	1.6%
Nuclear Medicine	4	0.0%
Obstetrics and Gynecology	199	1.9%
Ophthalmology	35	0.3%
Orthopedic Medicine	853	8.0%
Otolaryngology	242	2.3%
Pathology	7	0.1%
Pediatrics	350	3.3%
Physical Medicine and Rehabilitation	108	1.0%
Preventative Medicine	93	0.9%
Proctology	1	0.0%
Psychiatry	240	2.2%
Radiology	164	1.5%
Surgery	1,515	14.2%
Urology	184	1.7%

Primary Care

Primary care PAs comprise 37.7% of all PAs who reported specialties and subspecialties (or 4,028 of 10,695). More than half of primary care PAs practice in internal medicine while pediatrics represents fewer than 10% of primary care PAs (Figure 6).

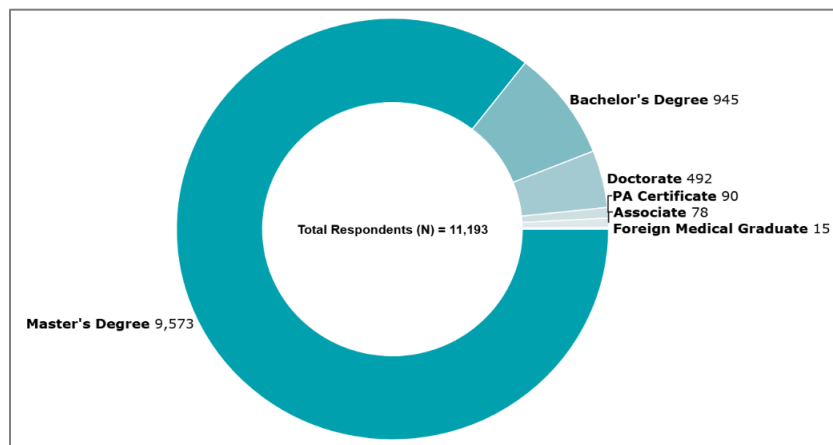
FIGURE 6: PA IDENTIFYING IN PRIMARY CARE



Level of Education

When asked about the highest level of education earned, 92.9% of PAs responded (or 11,219 of 12,079). As shown by Figure 7, the majority of PA survey respondents have earned a master's degree (85.3% or 9,573 of 11,219).⁷

FIGURE 7: LEVEL OF EDUCATION REPORTED



NOTE: While an associate degree was acceptable prior to the early 2000s, a master's degree is now the national minimum requirement for PA licensure.

⁷ To ensure statistical validity, 26 respondents with unverified education levels were excluded from the analysis.

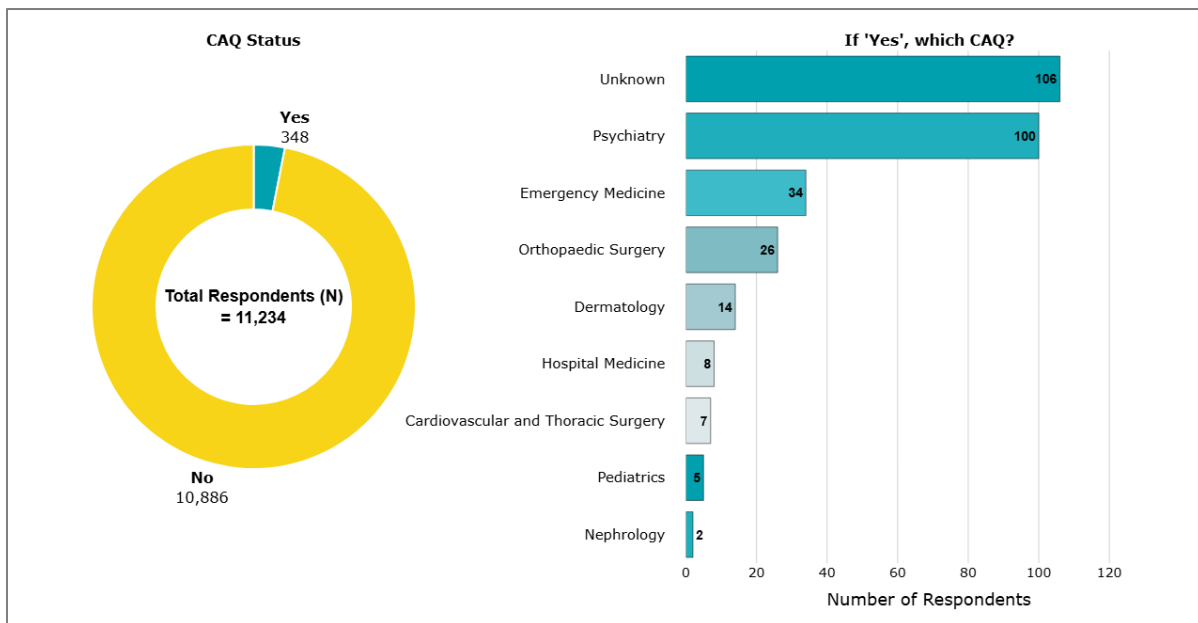
When asked about where they earned their PA degree, 89.9% of PAs responded (10,861 of 12,079). Of these, the majority reported earning their PA degree in Florida as opposed to New York, Pennsylvania, Georgia, Alabama, or elsewhere. Figure 8 lists the top five states where most PAs earned their degrees.

FIGURE 8: TOP 5 STATES WHERE EARNED THEIR DEGREES

State	Number	Percentage
Florida	6,388	58.8%
New York	693	6.4%
Pennsylvania	554	5.1%
Georgia	324	3.0%
Alabama	285	2.6%

Certified PAs may voluntarily earn a Certificate of Added Qualification (CAQ) from the National Commission on Certification of Physician Assistants (NCCPA) in 11 distinct specialties. Figure 9 reveals the number of specialty area CAQs earned by the 11,234 PAs who responded to this survey question. Notably, 96.9% (10,886) of respondents reported that they have not earned a CAQ, compared to the 3.1% (348) who have.

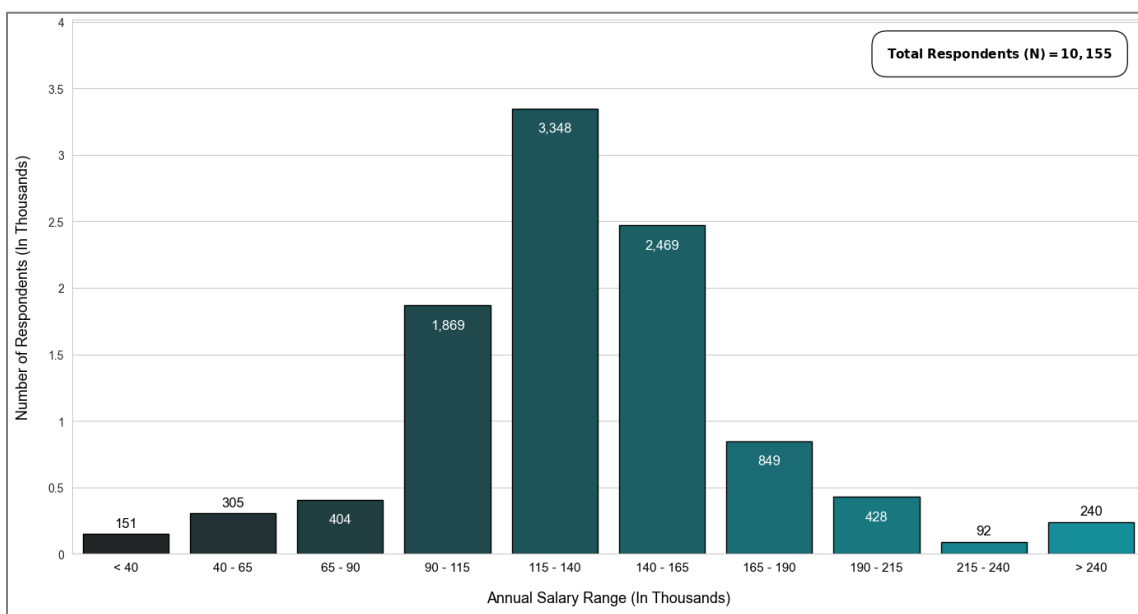
FIGURE 9: CAQ ANALYSIS SUMMARY



Reported Salary Ranges

When asked to report approximate annual salary, 85.8% of PAs responded (10,359 of 12,079).⁸ The close proximity between the median (\$130,000) and average (\$133,473) salaries suggests a consistent and balanced compensation across the workforce. Figure 10 illustrates this stable distribution, excluding outliers to reflect the typical PA experience.

FIGURE 10: REPORTED SALARY RANGES



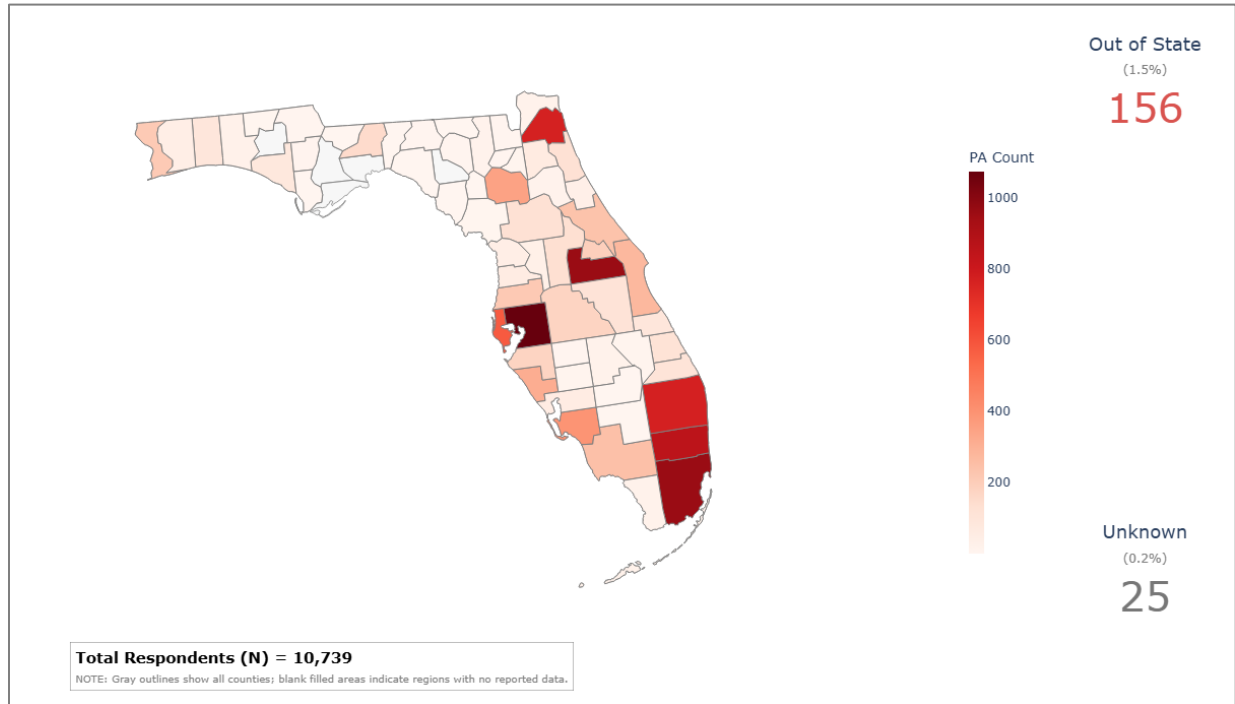
Primary Practice Location

Practice County

A total of 10,739 respondents (88.9%) identified the specific Florida county where their primary practice is located. Most reported practicing in Hillsborough (10%), Orange (9%), Miami-Dade (9%), Broward (8%), and Palm Beach (7.2%) counties, which represent Florida's most populous metropolitan hubs. Collectively, these high-density regions account for over 43% of the reported primary practice locations, as mapped in Figure 11.

⁸ To ensure statistical validity, 204 respondents who reported their annual salary under \$10,000 or over \$700,000 were identified as outliers and excluded from the analysis.

FIGURE 11: PRIMARY PRACTICE LOCATION



NOTE: 'Unknown' refers to the number of respondents who entered the code corresponding to 'Unknown' in the response prompt in the survey.

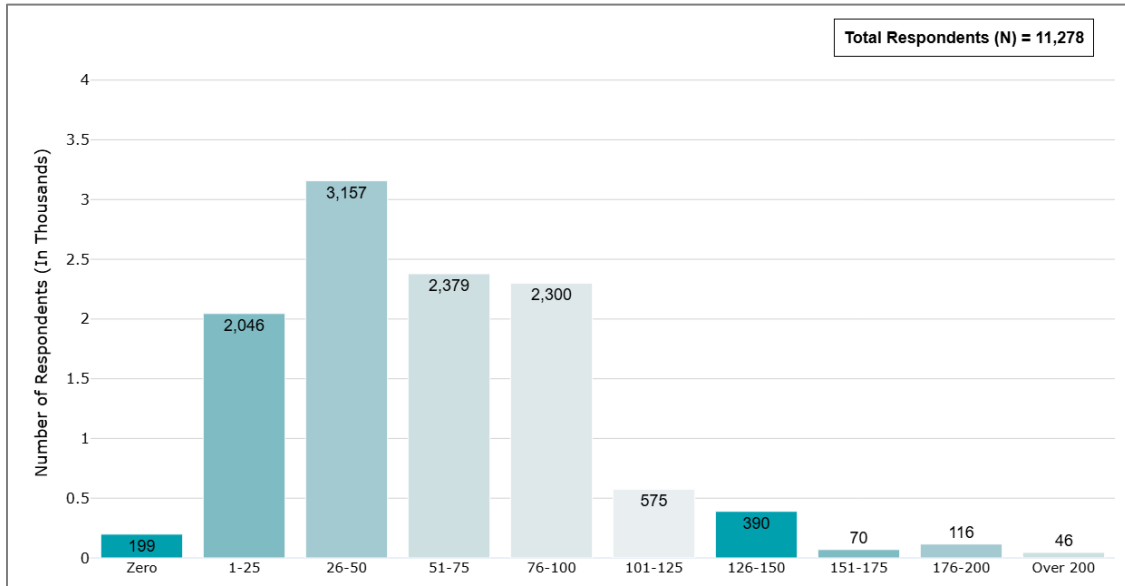
Number of Patients per Week

When asked about weekly patient volume at their primary practice location, 11,278 of 12,079, PAs responded (or 93.4%).⁹ They reported seeing an average of 62 patients per week, though 1.8% (or 199) saw none due to non-clinical roles such as administration, education/research, consulting, or pending retirement. On average, PAs saw 48.5 insured and 11.2 uninsured patients weekly, along with 28.5 Medicare and 11.8 Medicaid patients.¹⁰

⁹ The survey included detailed questions for the primary practice location which were not asked from respondents with a second or third practice location (i.e., hours spent on administrative matters and other tasks; counts for type of patient insurance coverage; practice setting and employer type; and distance patients travel). To ensure statistical validity, 23 respondents who reported seeing more than 300 patients per week were identified as outliers and excluded from the analysis.

¹⁰ The response rates for patient insurance data varied by category: Insured (76.7%), Uninsured (67.9%), Medicare (69.4%), and Medicaid (63.7%).

FIGURE 12: AVERAGE PATIENTS SEEN PER WEEK



Practice Hours

When asked to report the total number of hours of patient care provided weekly at their primary practice location, 92.1% of PAs responded (or 11,127 of 12,079).¹¹ On average, PAs dedicated 35 hours per week to direct patient care. Only 1.3% (or 143 of 11,127) reported no hours dedicated to direct patient care, instead reporting involvement in administration, education/research, consulting, or already in the process of retiring.

Beyond clinical practice, 71.7% of PAs (or 8,664 of 12,079) reported spending an average of 7.5 hours on administrative matters. Additionally, 20.9% (2,523 of 12,079) dedicated an average of four hours on other professional activities.

FIGURE 13: PATIENT CARE HOURS REPORTED PER WEEK AT PRIMARY PRACTICE LOCATION

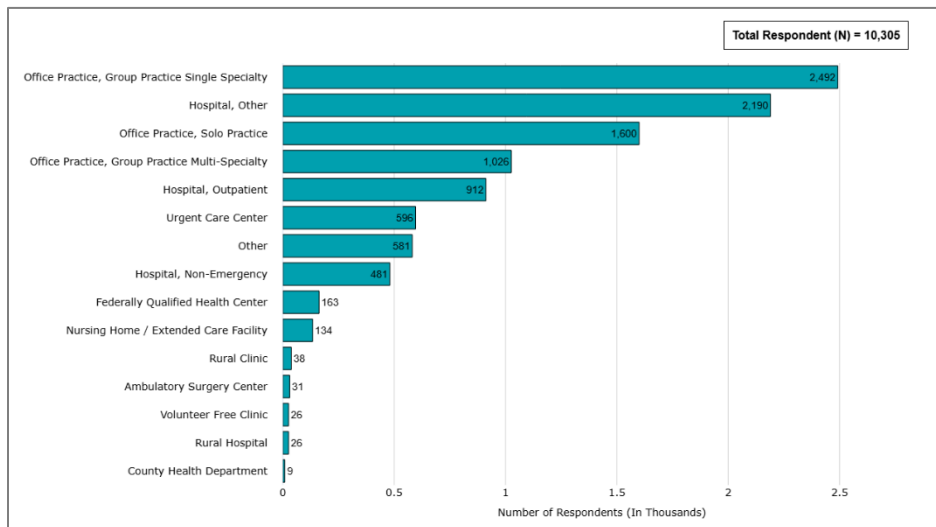
Patient Care Hours per Week	Number	Percentage
0 (None)	143	1.3%
1 – 40	9,561	85.9%
41 – 80	1,134	10.2%
80+	289	2.6%

¹¹ To ensure statistical validity, 112 PAs who reported having worked more than 100 hours per week were identified as outliers and excluded from the analysis.

Practice Settings

When asked to indicate the range of practice settings of primary practice locations, 10,305 PAs responded (or 85.3% of the total respondents). As shown by Figure 14, the majority of primary practice locations consist of office practice, group practice single specialty (24.2%), and hospital-other (21.3%).

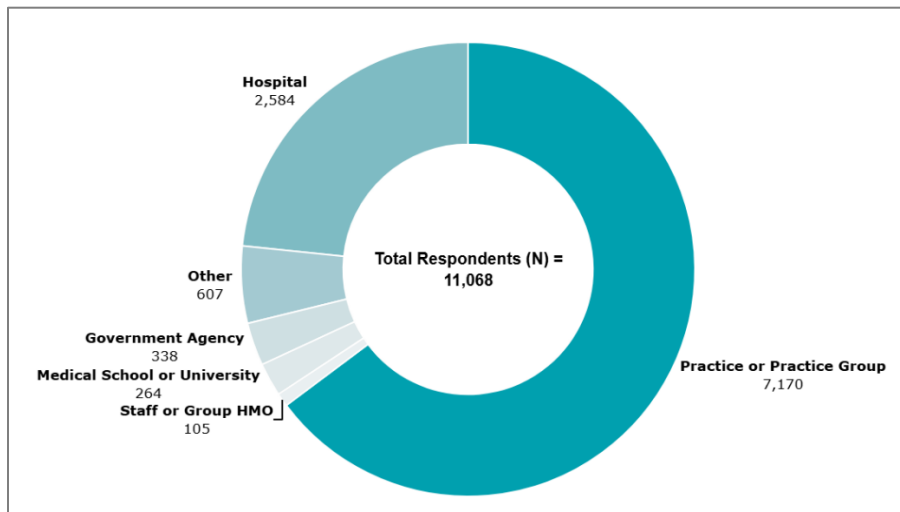
FIGURE 14: PRACTICE SETTINGS OF PRIMARY PRACTICE LOCATIONS



Reported Employers

Among the 11,068 who reported their primary practice location (91.6%), most work in a practice or practice group setting, followed by hospitals.

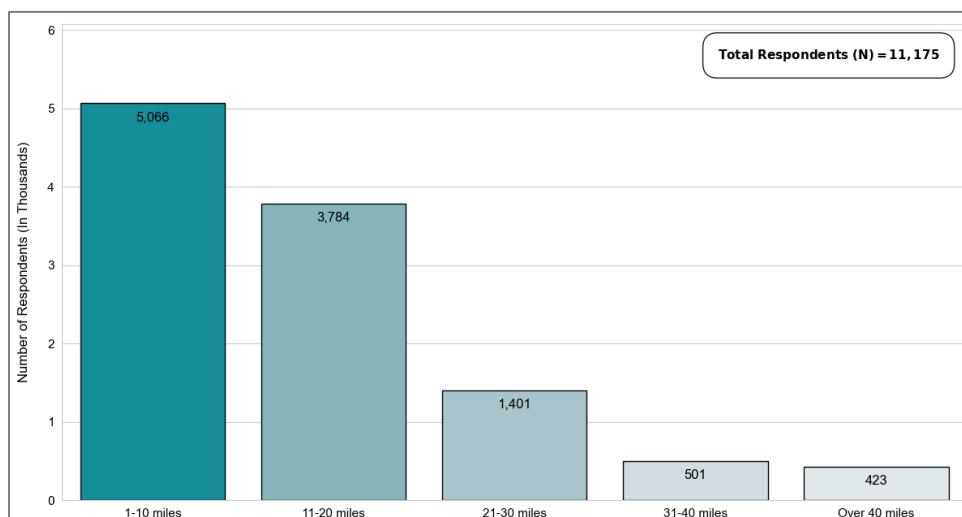
FIGURE 15: REPORTED EMPLOYERS OF SURVEY RESPONDENTS



Patient Travel Distance

When asked to estimate how far the majority of their patients had to travel, 92.5% of PAs responded (or 11,175 of 12,079). The PA workforce suggests a strong localized impact on health care delivery, as nearly 80% of patients travel 20 miles or less to receive care, including 42.3% who travel 10 miles or less (Figure 16).

FIGURE 16: ESTIMATED TRAVEL DISTANCE FOR THE MAJORITY OF PATIENTS



Hospital Care

When asked to report the number of hospitals where they had hospital privileges, 92.4% of PAs responded (or 11,163 of 12,079), the majority of whom reported as having hospital privileges (55.5%) while slightly fewer reported having none (44.5%).

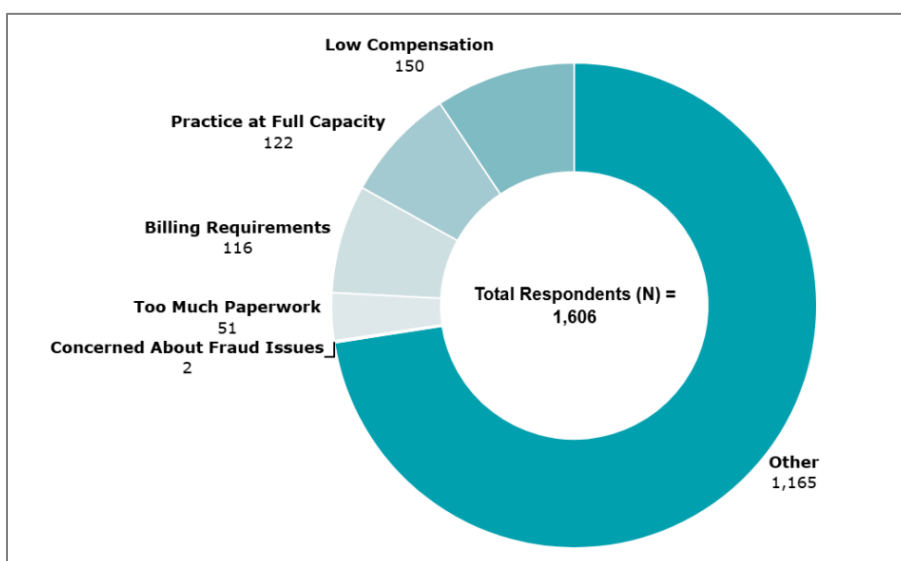
Response rates for questions concerning on-call emergency room coverage and trauma center involvement were 94.5% and 96.5%, respectively. Among these respondents, 14.1% reported providing on-call emergency room coverage, while 15.0% indicated that they work in a trauma center or attend to trauma patients. Among those who specified their facility type, 54.0% worked in Level II trauma centers, which primarily focus on immediate patient care and stabilization, followed by Level I (36.9%) and Pediatric (9.0%).

Patient Insurance Types

New Medicare Patients

Among the 11,489 who reported whether they accepted new Medicare patients (95.1%), the large majority do so (83.8%), indicating strong Medicare access across PA-staffed practices. Of the 1,864 PAs who do not, most (86.2%) provided reasons. As Figure 17 shows, nearly three quarters (72.5%) cited “Other” reasons often because they work in settings where Medicare patients are not typical, such as pediatrics, cash-only practices, aesthetics, Veterans Affairs (VA) hospitals, academic institutions, or correctional facilities. Smaller shares cited low compensation (9.3%) or full practice capacity (7.6%).

FIGURE 17: DETERRENTS TO ACCEPTING NEW MEDICARE PATIENTS

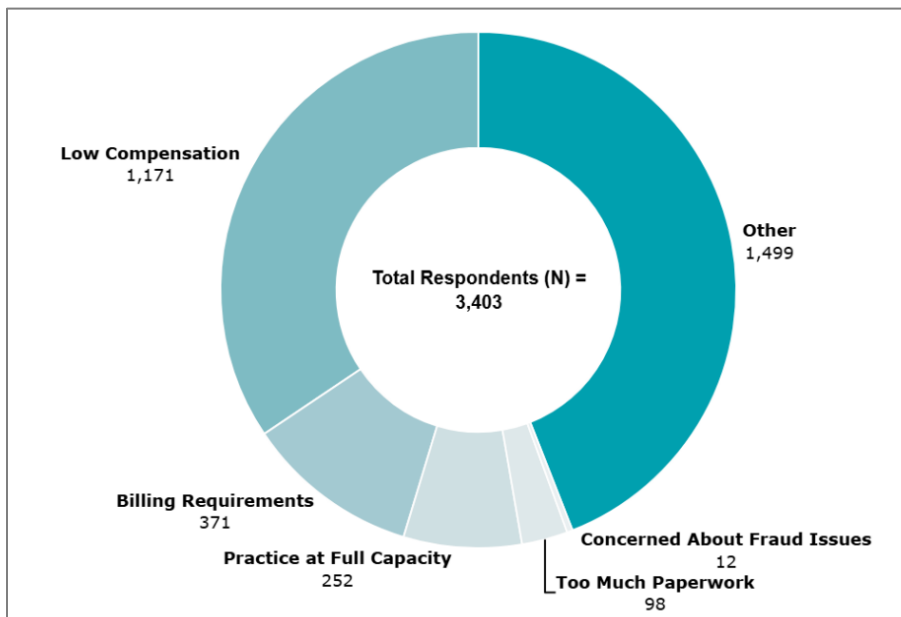


New Medicaid Patients

Of the 11,251 PAs who reported whether they accept new Medicaid patients (93.1%), 65.4% said their primary practice location is open to new Medicaid patients. Of the 3,898 PAs who do not accept new Medicaid patients, most (87.3%) explained their reasons.

As shown in Figure 18, the largest share (44%) cited “Other” reasons tied to practice settings, such as cash-only practices, aesthetics, VA hospitals, that typically do not serve Medicaid populations. These were followed by concerns regarding low compensation (34.4%) and full practice capacity (7.4%).

FIGURE 18: DETERRENTS TO ACCEPTING NEW MEDICAID PATIENTS



Workforce Attrition

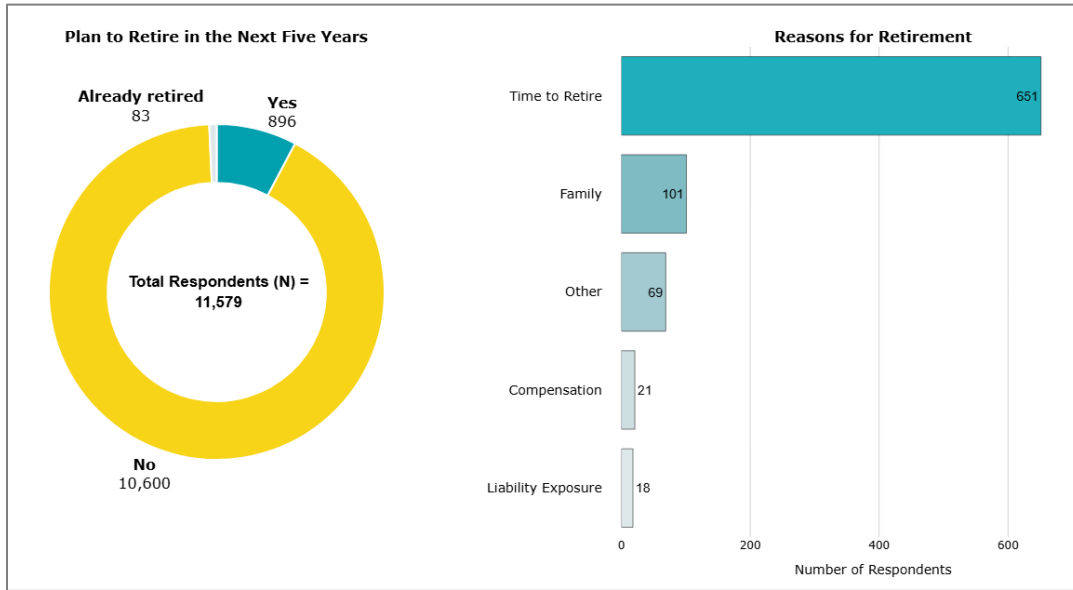
The survey contains two sets of questions to identify current and prospective changes among licensed PAs. When asked about their plans to retire, 95.9% (or 11,579 of 12,079) responded. Of these respondents, 8.5% of PAs reported that they have either already retired (83) or intend to do so within the next five years (896).

In addition to retirement trends, the survey captured data on geographic mobility. Of the 11,421 PAs who responded, 7.9% (or 905) indicated an intention to relocate to another state within the next five years.

Retirement

Among the 896 respondents who indicated plans to retire within the next five years, 96.0% (860) provided specific insights into their decision. As illustrated in Figure 19, the vast majority of these respondents (651) cited “time to retire” as their primary motivation, identifying it as the leading factor driving their departure from the workforce.

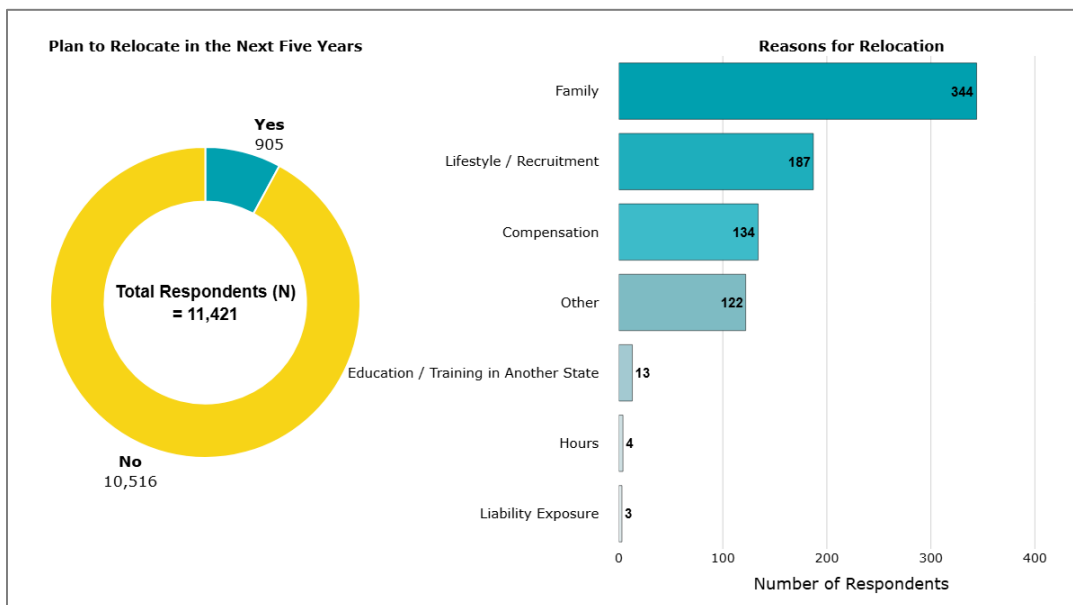
FIGURE 19: PLANNING TO RETIRE



Relocation

Among the PAs who indicated plans to relocate within the next five years, 89.2% (or 807 of 905) provided specific insights in their primary motivations for moving. As illustrated in Figure 20, family considerations emerged as the leading driver, cited by 42.6% of respondents. This was followed by lifestyle/recruitment factors, which accounted for 23.2% of the relocation reasons provided.

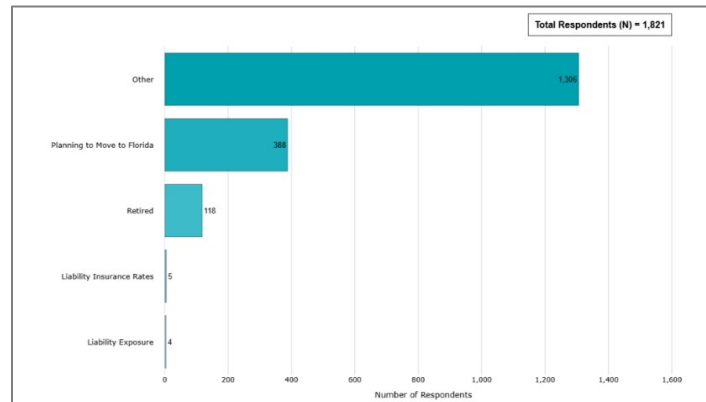
FIGURE 20: PLANNING TO WORK IN ANOTHER STATE



Not Actively Practicing in Florida

Of the 14,022 PAs who responded to the survey, 13.9% (1,943) reported at least one month of not actively practicing in Florida at the time of their licensure renewal. Nearly all of the respondents (93.7% or 1,821) provided a reason. As illustrated in Figure 21, most selected “Other,” citing circumstances such as active-duty service, teleworking from another state, federal contracting, or temporary leave from clinical practice.

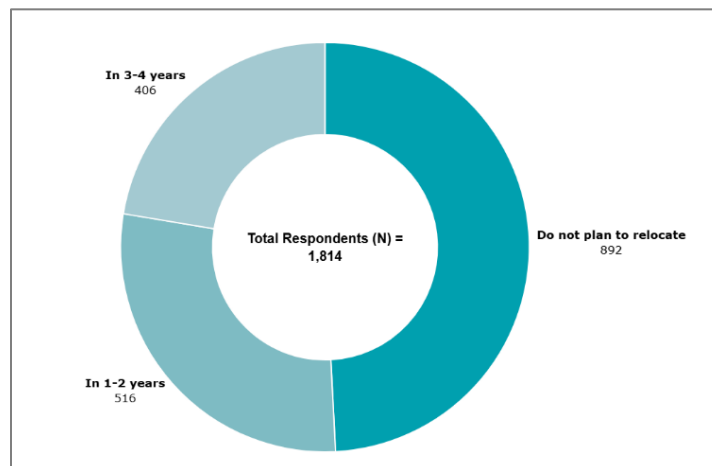
FIGURE 21: PRIMARY REASON FOR NOT PRACTICING IN FLORIDA



Among the 1,814 PAs who shared their future plans, responses were evenly split: 50.8% intend to relocate to Florida—28.4% within one to two years and 22.4% within three to four years—while 49.2% (892) do not plan to move to the state (Figure 22).

Nonetheless, Florida’s workforce continues to experience a significant net gain, as 2,664 licenses were issued between July 1, 2024 through March 30, 2026.

FIGURE 22: PRIMARY REASON FOR NOT PRACTICING IN FLORIDA



Appendix A: List of Survey Specialty and Subspecialty Codes

01 Anesthesiology

- 0100 Anesthesiology, General
- 0101 Addiction Medicine
- 0102 Critical Care Medicine
- 0103 Hospice and Palliative Medicine
- 0104 Pain Medicine

02 Dermatology

- 0200 Dermatology, General
- 0201 Dermatological Immunology
- 0202 Dermatopathology
- 0203 MOHS Micrographic Surgery
- 0204 Pediatric Dermatology

03 Emergency Medicine

- 0300 Emergency Medicine, General
- 0301 Emergency Medical Services
- 0302 Hospice and Palliative Medicine
- 0303 Medical Toxicology
- 0304 Pediatric Emergency Medicine
- 0305 Sports Medicine
- 0306 Undersea and Hyperbaric
Medicine

04 Family Medicine

- 0400 Family Medicine, General
- 0401 Addiction Medicine
- 0402 Adolescent Medicine
- 0403 Geriatric Medicine
- 0404 Hospice and Palliative Medicine
- 0405 Sleep Medicine
- 0406 Sports Medicine

05 Internal Medicine

- 0500 Internal Medicine, General
- 0501 Addiction Medicine
- 0502 Allergy and Immunology
- 0503 Advanced Heart Failure and
Transplant Cardiology
- 0504 Cardiology
- 0505 Clinical Cardiac Electrophysiology
- 0506 Critical Care Medicine
- 0507 Endocrinology
- 0508 Gastroenterology
- 0509 Geriatric Medicine
- 0510 Hematology
- 0511 Hematology and Oncology

Appendix A: List of Survey Specialty and Subspecialty Codes (continued)

0512 Hospice and Palliative Medicine

0513 Infectious Disease

0514 Interventional Cardiology

0515 Oncology

0516 Nephrology

0517 Pulmonary Disease

0518 Rheumatology

0519 Sleep Medicine

0520 Sports Medicine

0521 Transplant Hepatology

0522 Undersea and Hyperbaric
Medicine

06 Medical Genetics

0600 Medical Genetics, General

0601 Clinical Biochemical Genetics

0602 Clinical Cytogenetics

0603 Clinical Molecular Genetics

0604 Medical Biochemical Genetics

0605 Molecular Genetic Pathology

07 Neurology

0700 Neurology, General

0701 Addiction Medicine

0702 Clinical Neurophysiology

0703 Epilepsy

0704 Hospice and Palliative Medicine

0705 Neurodevelopmental Disabilities

0706 Neuromuscular Medicine

0707 Pain Medicine

0708 Pediatric Neurology

0709 Sleep Medicine

0710 Vascular Neurology

08 Nuclear Medicine

0800 Nuclear Medicine, General

0801 Nuclear Cardiology

0802 Nuclear Imaging and Therapy

0803 Nuclear Radiology

0804 In Vivo and In Vitro Nuclear
Medicine

09 Obstetrics and Gynecology

0900 Obstetrics and Gynecology,
General

0901 Critical Care Medicine

0902 Gynecologic Oncology

0903 Hospice and Palliative Medicine

Appendix A: List of Survey Specialty and Subspecialty Codes (continued)

0904 Maternal and Fetal Medicine

0905 Reproductive Endocrinology

10 Ophthalmology

1000 Ophthalmology, General

11 Orthopedic Medicine

1100 Orthopedic Medicine, General

1101 Hand Surgery

1102 Orthopedic Sports Medicine

1103 Orthopedic Surgery

12 Otolaryngology

1200 Otolaryngology, General

1201 Neurotology

1202 Pediatric Otolaryngology

1203 Facial Plastic Surgery

1204 Otolaryngic Allergy

1205 Sleep Medicine

13 Pathology

1300 Pathology, General

1301 Anatomic Pathology

1302 Blood Banking and Transfusion
Medicine

1303 Chemical Pathology

1304 Clinical Pathology

1305 Cytopathology

1306 Dermatopathology

1307 Hematologic Pathology

1308 Immunopathology

1309 Medical Microbiology

1310 Molecular Genetic Pathology

1311 Neuropathology

1312 Pediatric Pathology

14 Pediatrics

1400 Pediatrics, General

1401 Adolescent Medicine

1402 Child Abuse Pediatrics

1403 Developmental and Behavioral
Pediatrics

1404 Hospice and Palliative Medicine

1405 Neonatal and Perinatal Medicine

1406 Neurodevelopmental Disabilities

1407 Pediatric Allergy and Immunology

1408 Pediatric Cardiology

1409 Pediatric Critical Care Medicine

1410 Pediatric Dermatology

Appendix A: List of Survey Specialty and Subspecialty Codes (continued)

1411 Pediatric Emergency Medicine

1412 Pediatric Endocrinology

1413 Pediatric Gastroenterology

1414 Pediatric Hematology and
Oncology

1415 Pediatric Infectious Diseases

1416 Pediatric Nephrology

1417 Pediatric Neurology

1418 Pediatric Otolaryngology

1419 Pediatric Pathology

1420 Pediatric Pulmonology

1421 Pediatric Radiology

1422 Pediatric Rehabilitation Medicine

1423 Pediatric Rheumatology

1424 Pediatric Transplant Hepatology

1425 Pediatric Urology

1426 Sleep Medicine

1427 Sports Medicine

15 Physical Medicine and Rehabilitation

1500 Physical Medicine and
Rehabilitation, General

1501 Hospice and Palliative Medicine

1502 Neuromuscular Medicine

1503 Pain Medicine

1504 Pediatric Rehabilitation Medicine

1505 Spinal Cord Injury Medicine

1506 Sports Medicine

16 Preventive Medicine

1600 Preventive Medicine, General

1601 Aerospace Medicine

1602 Environmental Medicine

1603 Medical Toxicology

1604 Public Health

1605 Occupational Medicine

1606 Sports Medicine

1607 Undersea and Hyperbaric
Medicine

17 Proctology

1700 Proctology, General

18 Psychiatry

1800 Psychiatry, General

1801 Addiction Medicine

1802 Adolescent Psychiatry

1803 Forensic Psychiatry

1804 Geriatric Psychiatry

Appendix A: List of Survey Specialty and Subspecialty Codes (continued)

1805 Hospice and Palliative Care

1806 Pain Medicine

1807 Pediatric Psychiatry

1808 Psychosomatic Medicine

1809 Sleep Medicine

19 Radiology

1900 Radiology, General

1901 Body Imaging

1902 Diagnostic Radiology

1903 Diagnostic Roentgenology

1904 Diagnostic Ultrasound

1905 Hospice and Palliative Medicine

1906 Neuroradiology

1907 Nuclear Radiology

1908 Pediatric Radiology

1909 Radiation Oncology

1910 Radiation Therapy

1911 Roentgenology

1912 Vascular and Interventional
Radiology

20 Surgery

2000 Surgery, General

2001 Colon and Rectal Surgery

2002 Congenital Cardiac Surgery

2003 Hand Surgery

2004 Neurological Surgery

2005 Orthopedic Surgery

2006 Pediatric Surgery

2007 Plastic and Reconstructive
Surgery

2008 Surgical Critical Care

2009 Thoracic Surgery

2010 Urological Surgery

2011 Vascular Surgery

21 Urology

2100 Urology, General

2101 Pediatric Urology

MQA's Virtual Agent, ELI



For more information or to contact MQA, visit MQA's Virtual Agent, ELI, on the board and council websites. ELI uses artificial intelligence to improve the experience for health care applicants and practitioners by providing immediate information and suggestions and fielding questions outside of normal business hours through voice and online chat options.

FLHealthSource.gov/ELI



Florida Department of Health

Division of Medical Quality Assurance
4052 Bald Cypress Way Bin C-00
Tallahassee, FL 32399-3250

FLHealthSource.gov
MedicalQualityAssurance@FLHealth.gov