FREE PENNSYLVANIA GUIDE · FOR PHILADELPHIA AND PITTSBURGH PRACTICES HIRING

# The Ortho PA Hiring Guide (Pennsylvania, 2026)

For practice administrators and orthopaedic surgeons hiring physician assistants in Philadelphia, Pittsburgh and the rest of Pennsylvania. Current as of September 24, 2026.

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IN SHORT

Pennsylvania PAs work under a written agreement with a supervising physician, who may supervise up to six PAs, and 100% of a PA's charts must be countersigned within 10 days during their first 12 months after graduation and their first 12 months in a new specialty. Pennsylvania is not in the PA Licensure Compact, so an out-of-state PA needs a Pennsylvania license from the medical or osteopathic board, depending on the supervising surgeon's degree. The BLS median for Pennsylvania PAs was $127,070 in May 2025, about 6.5% below the national median.

> **Disclaimer:** This guide is educational and is not legal or billing advice. Verify anything you act on with your healthcare counsel and certified coders.

Hiring an orthopaedic PA in Pennsylvania involves more than finding a good candidate. Four features of PA law shape the hire:

- Which board licenses the PA depends on whether the supervising surgeon is an MD or a DO.
- A PA who is new to orthopaedics may need every chart countersigned for a year.
- Post-op opioid prescribing has a 72-hour cap unless you plan for it.
- Pennsylvania has more PAs per capita than any other state, yet its median PA pay is below the national median.

This guide covers what the law allows, how to classify the role, how long each step takes, what to pay, and how to run the first 90 days. Every number and legal statement is footnoted to a primary source listed at the end.

# 1. What Pennsylvania law allows in 2026

## The 2021 reforms

Two laws signed on October 7, 2021 rewrote PA practice, and both took effect immediately:

- **Act 79 of 2021** amended the Medical Practice Act, which covers PAs supervised by MDs.[1]
- **Act 78 of 2021** made matching changes to the Osteopathic Medical Practice Act, which covers PAs supervised by DOs.[2]

The State Board of Medicine updated its PA regulations to match, effective July 5, 2025.[4] The Osteopathic Board's PA regulations were not rewritten after Act 78. Some still show the older rules (a two-PA limit and Board-approved protocols, for example). Act 78 overrides them where they conflict.[2,5] If your supervising surgeon is a DO, ask counsel how the Osteopathic Board applies that older text.

## MD or DO: pick the primary supervisor first

A PA must be licensed by the same board as their primary supervising physician. That means the State Board of Medicine for an MD and the State Board of Osteopathic Medicine for a DO.[7,8] Under the Medicine Board's rules, the primary supervising physician must be an MD.[4] In a group with both MD and DO surgeons, decide who the PA's primary supervisor will be before the PA applies. Ask the Boards directly whether your arrangement needs licenses from both. We didn't find a published answer.

## The written agreement is the governing document

A PA provides medical services according to a written agreement with a primary supervising physician.[3]

**The written agreement must:** [4]

- [ ] Identify and be signed by the PA and the primary supervising physician
- [ ] Describe the PA's scope of practice
- [ ] Describe the nature and degree of supervision
- [ ] Set chart countersignature requirements (see below)
- [ ] Identify the primary practice setting
- [ ] Name at least one substitute supervising physician
- [ ] List the categories of drugs the PA may **not** prescribe

**It takes effect when you submit it.** The Board no longer approves agreements before the PA starts. It reviews 10% of the agreements submitted. If yours is picked, it stays in effect for two weeks after the Board sends its findings, so you have time to file a corrected version. [3] Before Act 79, the Board had to approve the agreement first, and a new PA could only work under a 120-day temporary authorization. [1] The supervising physician also registers with the Board and files the agreement with that registration. [4]

**Ortho-specific items to write in deliberately:**

- **First and second assist.** We found no provision in Pennsylvania's PA law or the Medicine Board's regulations that specifically addresses first assist. The general rule applies instead: a PA may provide a service that is within their scope of practice, "identified in the written agreement," and consistent with accepted standards. [4] Name first assist, closing, and the procedures you expect in the agreement.
- **Controlled substances.** A PA may order or administer controlled substances only if the agreement expressly says so. [4] Also write down which drug categories are excluded, as the list above requires. [4]
- **Chart review policy.** See "Co-signature" below.
- **Hospital settings.** Hospital bylaws set PA privileges, so match the agreement to what each hospital grants (see "Hospital work" below).

## Ratio: one physician may supervise six PAs

A physician may supervise up to **six** PAs at any time. Act 79 raised the limit from four. [1, 3] A physician may apply to the Board for a waiver to supervise more "for good cause." [3] The law also says an employer can't require a physician to supervise more PAs when, in the physician's clinical judgment, that would compromise patient care. [3] The same six-PA limit applies to PAs supervised by DOs under Act 78. [2]

## Supervision does not mean on-site presence

"Supervision shall not require the onsite presence or personal direction of the supervising physician."[3] The regulation adds that the supervising physician must be immediately available for necessary consultations.[4] The supervising physician remains responsible for the medical services the PA provides.[3]

If the primary supervising physician becomes permanently unable to supervise, a named substitute covers for up to 30 days while a new agreement is filed. Keep a list of all substitute supervisors at the practice location.[4]

## Co-signature: your choice, with two mandatory windows

The primary supervising physician sets countersignature requirements in the written agreement. The exception is that **100% of the PA's charts must be countersigned within 10 days** during:[3]

1. The PA's first 12 months of practice after graduation, and
2. **The first 12 months of the PA's practice in a new specialty.**

The Board can't require more than that.[3] Act 79 dropped a third mandatory window (the first six months with a new supervising physician) and a required sampling review for everyone else.[1]

**What this means for your hire:** a PA who comes to ortho from emergency medicine, primary care or another specialty appears to fall under the "new specialty" window. The statute doesn't define "new specialty," so ask counsel how to treat a candidate with some prior ortho exposure, and document your decision. For budgeting, plan on a surgeon countersigning every chart within 10 days for that PA's first year.

Two cautions before you set a light co-signature policy for an experienced ortho PA:

1. **Billing rules are separate from practice law.** For Medicare split/shared visits, AAPA lists a requirement that the physician sign and date the medical record.[11] Hospital bylaws and payers may add their own rules.
2. **Co-signing does not change who billed the service.** Having a physician review or co-sign a PA's chart does not let the PA's service be billed under the physician's name.[11]

## Hospital work

In a licensed hospital, the **attending physician of record** acts as the PA's primary supervising physician for that patient while the patient is under that attending's care.[3] The hospital also

sets its own scope, supervision and oversight rules for PAs.[3] PAs practicing in a facility must follow the facility's policies.[4] Under Department of Health policy, each hospital's medical staff bylaws set PA qualifications, clinical duties and privileges. The hospital must also keep a copy of each PA's written agreement along with evidence that it was filed with the Board.[6] If your PA will round, take call or first-assist at three hospitals, send each medical staff office the written agreement early and confirm what each one will privilege.

## Patient notice and identification

Before treating a patient, the PA must tell the patient (or the patient's guardian) that the PA is not a physician and that the patient has the right to be treated by the physician.[4] The office must post a notice explaining the PA role and display the PA's license, and the PA must wear an ID tag that reads "Physician Assistant."[4] Board representatives may inspect practice locations, scheduled or unscheduled. They check that the written agreement is present and followed.[4]

## Prescribing and controlled substances

- **Schedule II has a 72-hour cap for initial therapy.** A PA may prescribe a Schedule II drug for initial therapy up to a 72-hour dose. They must notify the supervising physician within 24 hours. For ongoing therapy the supervising physician approved, a PA may write up to a 30-day supply. The prescription must state on its face whether it is for initial or ongoing therapy.[4] For post-op opioids, set a clear workflow for which scripts count as "ongoing therapy" and how the surgeon's approval is recorded.
- A PA may prescribe only for patients under the care of the supervising physician, and only as the written agreement allows. No Schedule I.[4]
- Prescriptions must show the PA's name and license number, identify the supervising physician, and carry "PA-C" after the signature. The supervising physician may not pre-sign prescription blanks.[4]
- A PA who prescribes controlled substances must register with the DEA.[4] Federally, PAs register as "mid-level practitioners."[12]
- **Opioid education.** A DEA-registered PA must complete 2 hours on pain management or addiction and 2 hours on opioid prescribing within one year of licensure.[4] The Department of State's licensure guide lists the same 4 hours without the DEA qualifier,[7] so candidates should plan on it either way.

- **PDMP (ABC-MAP) checks on every opioid script.** A prescriber must check Pennsylvania's prescription monitoring program the first time they prescribe a controlled substance to a patient. They must also check **every time** they prescribe an opioid or a benzodiazepine.[10] There is no post-surgical exemption. The one listed exception is for admitted or observation patients: after an initial check, no repeat checks are required during the stay.[10] Prescribers may designate staff to run the checks.[10] The law directs the program to require every prescriber to register.[10]

### Malpractice coverage

A licensed PA must carry professional liability coverage of at least **$1,000,000** per occurrence or claims made. Coverage provided by the employer counts.[3] An applicant may file a letter from the carrier, but the certificate is due within 30 days of licensure or the license goes inactive.[3,4]

### Workers' compensation

Many ortho practices see a steady flow of workers' comp patients. A Pennsylvania employer that posts a list of at least six designated providers can require an injured worker to treat with them for 90 days.[34] The Workers' Compensation Act's definition of "health care provider" doesn't name PAs, though its list is "not limited to" the providers it names.[34] We didn't verify how PA services are signed and billed on Pennsylvania workers' comp forms. Confirm with your WC counsel and billing team before a PA runs a comp clinic.

## 2. W-2 or 1099 in Pennsylvania

**Short answer: plan on W-2, and have employment counsel review any other structure.**

Pennsylvania has no California-style ABC test. That doesn't make a 1099 PA safe:

- **The default is employee.** Under the Unemployment Compensation Law, paid services are employment unless the employer shows two things.[21,22]
  - (a) The worker is free from control or direction over the work, both under the contract and in fact.
  - (b) The worker is customarily engaged in an independently established business.
- **PA law builds control into the job.** A PA may not practice independently or hold out as an independent practitioner.[4] The PA acts as "the agent of the supervising physician" in all practice-related activities.[4] The supervising physician is responsible for everything the PA does.[3]

- **Reimbursement language.** The Medical Practice Act states that "for reimbursement purposes, a physician assistant shall be an employee subject to the normal employer-employee reimbursement procedures."[3] That is a reimbursement provision, not a tax classification rule. It still points the same way.

Our reading, which is not legal advice: a PA seeing your patients under your surgeon's written agreement will have trouble showing freedom from control.

The structures that avoid the problem are:

1. **A W-2 employee of the practice**, including part-time or per-diem W-2.
2. **A W-2 employee of a staffing or locum agency** that bills the practice.

Medicare accepts W-2 employees, leased employees and independent contractors, and has allowed direct payment to PAs since January 1, 2022.[11,23] State employment law still decides classification. One billing wrinkle: for incident-to billing, the PA must be a direct financial expense to the billing physician (W-2, leased employee or independent contractor) or share the same employer tax ID.[11]

**Have employment counsel review your structure before you sign.**

## 3. Realistic timelines for out-of-state hires

Pennsylvania has **12,743** board-certified PAs, the fifth-most of any state. It ranks **first** in PAs per 100,000 residents (97.6).[20] Compared with most states, you have a deep local pool, so check it before you recruit from elsewhere. When you do recruit from another state, here is what's involved.

### Limited shortcuts

- **No compact yet.** Pennsylvania is not a member of the PA Licensure Compact.[13] Several neighbors are members: New Jersey, Ohio, Delaware and West Virginia.[13] As of August 28, 2026, compact legislation had been filed in Pennsylvania. No state was issuing compact privileges yet, and the compact projects privileges will be available in early 2027.[13] Until Pennsylvania enacts it and privileges exist, an out-of-state PA needs a full Pennsylvania license.
- **No temporary license for experienced PAs.** The only temporary permit the Board of Medicine describes is for recent graduates waiting to take the NCCPA exam.[7] The Medical Practice Act's temporary license is written for practicing medicine and surgery, and we found no PA version.[9]

- **Licensure by endorsement.** An applicant licensed in a state with substantially equivalent standards can apply by endorsement. They must have practiced for at least 2 of the last 5 years.[14] While the applicant finishes remaining requirements, the Board **may** issue a provisional endorsement license for up to one year. This is at the Board's discretion.[14] Don't build a start date around it.

## What the candidate must submit[4,7]

- [ ] **Application** through the Pennsylvania Licensing System (PALS)
- [ ] **Proof of passing the NCCPA exam** and graduation from an accredited program
- [ ] **License verifications** from every state where they hold or ever held a health-related license, regardless of current status. Start these on day one, since you don't control how fast other states respond.
- [ ] **FBI fingerprint background check**, pre-registered through IdentoGO with the service code from the application
- [ ] **3 hours of child abuse recognition and reporting training** from an approved provider. The provider must send confirmation directly to the Board.
- [ ] **Proof of $1M malpractice coverage**, or a carrier letter[3]
- [ ] **A matching supervisor.** Primary supervising physician identified, with the application going to the board that matches that physician (MD or DO)[7,8]
- [ ] **Fees:** $30 PA license application. The supervising physician's registration is $35, plus $5 for each additional supervising physician.[16] Fingerprinting is billed separately.

## How long each step takes

| Step | What the source says |
|---|---|
| Board of Medicine application review | Processed "in the order they are received."[7] We found no published processing time for PA licenses.[17] Check the application status in PALS and ask the Board. |
| Endorsement applications | Boards meet about every 8 to 12 weeks. Many approvals don't need a full board vote.[15] |
| Written agreement | Effective on submission to the Board, once the PA is licensed. There is no approval wait.[3] |
| Hospital credentialing and privileges | One published study found 103 days for traditional credentialing (36 days with a faster proxy method).[18] That was telehealth credentialing in South Carolina, not Pennsylvania ortho, so treat it as a rough reference. Ask each hospital's medical staff office for their current timeline. |

| Step | What the source says |
|---|---|
| Payer enrollment (Medicare, Medical Assistance, commercial) | We found no reliable published figure. Plan for several months and ask each plan. |

**Practical moves that save time:**

- Decide the primary supervising physician (MD or DO) before the candidate applies.[7]
- Send the license-verification requests the week the offer is signed.
- Have the candidate book fingerprinting and the child-abuse course as soon as the PALS application gives them the codes.
- Have the written agreement drafted and signed so it can be submitted the day the license issues.
- Open the hospital privileging file as early as each medical staff office allows.

### Certification after hire

Unlike California, Pennsylvania requires PAs to keep their NCCPA certification current in order to renew the state license.[4] Keeping NCCPA certification means 100 CME credits every two years and passing PANRE or PANRE-LA by the end of the tenth year.[19] Medicare's PA qualifications also include passing the NCCPA exam.[23] A PA whose certification lapses risks their Pennsylvania license, not only their hospital privileges. Put the NCCPA expiration date on your credentialing calendar.

## 4. What Pennsylvania PAs are paid

Use government data as your anchor, then adjust for ortho, call and surgical skill.

**Pennsylvania, all PAs (BLS, May 2025)**[24]

| Measure | Value |
|---|---|
| Employment | 9,020 |
| Annual mean | $125,160 |
| Annual median | $127,070 |
| 10th percentile | $99,050 |

| Measure | Value |
|---|---|
| 25th percentile | $107,260 |
| 75th percentile | $137,220 |
| 90th percentile | $158,690 |
| Hourly median | $61.09 |

### Philadelphia and Pittsburgh (BLS, May 2025)[25]

| Measure | Philadelphia-Camden-Wilmington | Pittsburgh |
|---|---|---|
| Employment | 3,390 | 2,560 |
| Annual mean | $139,080 | $120,080 |
| Annual median | $135,640 | $125,230 |
| 25th percentile | $123,870 | $106,580 |
| 75th percentile | $157,050 | $133,180 |
| 90th percentile | $170,140 | $146,930 |

The Philadelphia metro area includes parts of New Jersey, Delaware and Maryland.

### Other Pennsylvania metro medians (BLS, May 2025)[25]

| Metro | Median |
|---|---|
| Lebanon | $137,770 |
| Reading | $130,160 |
| Johnstown | $129,800 |
| Allentown-Bethlehem-Easton | $129,680 |
| State College | $128,480 |

| Metro | Median |
|---|---|
| York-Hanover | $126,530 |
| Scranton-Wilkes-Barre | $126,230 |
| Williamsport | $124,920 |
| Lancaster | $124,070 |
| Altoona | $123,270 |
| Harrisburg-Carlisle | $123,110 |
| Erie | $111,260 |

### National comparisons

- The U.S. median for PAs was $135,880 (162,150 employed).[26] The Pennsylvania median is about 6.5% lower (our calculation: $127,070 ÷ $135,880). The Philadelphia median is within 0.2% of the national figure. The Pittsburgh median is about 8% lower.
- Pennsylvania has the most PAs per capita of any state[20] but pays below the national median. Our reading: the local pool is deep, but pay at the Pennsylvania median won't pull candidates from higher-paying markets. If you're recruiting from New York, New Jersey or Maryland, check their rates before you set the range.
- Orthopaedic PAs nationally (NCCPA, 2025 data): mean income $139,968 and median $135,000 across all PA positions, up from $123,934 and $115,000 in 2021.[27] Among ortho PAs working 40+ hours a week, mean income was $134,571 for women and $152,258 for men.[27] Check your own offers for the same gap.
- AAPA reports a national PA median of $140,000 for 2025. Nearly 58% of full-time PAs received a bonus, with a median of $6,000.[28]

**What we don't have:** a verified Pennsylvania-specific ortho PA pay figure. The NCCPA ortho numbers are national, and AAPA's specialty and state breakdowns are behind a paywall. Benchmarks vary; ask us for current market data.

For context on demand, BLS projects PA employment to grow 21% from 2025 to 2035, with about 11,500 openings a year nationally.[26]

## 5. Writing the job post

Candidates read a PA post looking for the facts that decide whether the job is livable. Give them those facts up front.

**Include:**

- [ ] **The actual split of the week.** Clinic days, OR days, and how many hours of each. "Ortho PA" can mean nearly all clinic or nearly all OR.
- [ ] **Subspecialty and case mix.** Joints, sports, spine, hand, trauma. Name the common cases.
- [ ] **First assist, stated plainly.** Whether it's expected, how much, and whether you'll train it.
- [ ] **Call.** Frequency, whether it's phone or in-house, and how it's paid. "Compensation for services performed outside normal duties" is a named source of APP dissatisfaction.[29]
- [ ] **Hospitals.** Which ones, since each sets its own privileges.[6]
- [ ] **Pay range and bonus structure.** Anchor to the BLS figures above for your metro.
- [ ] **Licensing.** Whether you require an active Pennsylvania license, and from which board (Medicine for an MD supervisor, Osteopathic Medicine for a DO).[7] If you'll support an out-of-state candidate through licensing, give a realistic start date.
- [ ] **Onboarding and mentorship.** Say who they'll learn from and for how long. For a new graduate or a PA new to ortho, say plainly that every chart will be countersigned for the first year, as the law requires.[3] Structured mentorship is linked to better retention (see Section 7).
- [ ] **CME time and dollars.** This matters more in Pennsylvania, where the license depends on keeping NCCPA certification current.[4]
- [ ] **Patient load.** Nationally, ortho PAs working 40+ hours see a mean of 68 and median of 60 patients a week.[27] If yours is far above that, say so and explain the support.

**A skeleton you can adapt:**

> **Orthopaedic PA, Sports and Joints, [City]** Three surgeons, two current PAs. Your week: 3 clinic days ([number] patients a day: post-ops, new injuries, injections) and 2 OR days as first assist on arthroscopy and joint replacement at [Hospital A] and [ASC B]. Call: 1 weekend in 6, phone call with occasional ED consults, paid at [rate]. Pay: [range] plus [bonus structure]. Pennsylvania PA license (State Board of Medicine) required, or we'll support your application and plan a [month] start. You'll be paired with [Dr. X] for your first 90 days, with a set review at 30, 60 and 90 days.

# 6. Interviewing for OR first assist and trauma call

A résumé that says "first assist" can mean anything from holding retractors to closing independently. Find out which.

## First assist

**Ask for specifics:**

- "Walk me through your role on your last total knee, from positioning to dressing."
- "Which cases have you closed on your own? Which have you not?"
- "How many of [your common cases] did you assist on in the last year?" Ask for a case log if they keep one.
- "Which implant systems and arthroscopy towers have you used?"

**Verify:**

- Call a surgeon they assisted, not only a manager. Ask: "Would you let them close without you in the room?" and "What would you want them to work on?"
- Plan a proctored period. The written agreement must describe the nature and degree of supervision,[4] so write the first-assist sign-off process there.
- Listen for honest limits. A PA may provide only services within their scope of practice and consistent with accepted standards.[4] A candidate who can name what they're not ready for is easier to supervise safely.

## Ask about specialty history

- "How long have you practiced in orthopaedics, and under what title and supervisor?" The answer tells you whether the 12-month, 100% countersignature window for a new specialty is likely to apply.[3] Confirm the call with counsel.

## Trauma and call

- "Describe a night on call where you had to decide whether to wake the surgeon. What did you decide?"
- "What reductions and splints are you comfortable doing without the surgeon present?"
- "What call schedule have you worked, and what would make call sustainable for you?"

Confirm logistics before the offer:

- Which hospitals the PA will work at, and what each will privilege.[6]
- Who the attending of record will be for the PA's patients at each one.[3]
- Response-time expectations.

Nationally, 26.9% of ortho PAs report one or more burnout symptoms,[27] so call load is worth an honest conversation during the interview.

## 7. First 90 days: onboarding checklist

New PAs and NPs, interviewed about what good onboarding looks like, named these elements: building competence, EHR training, mentorship, orientation to how the organization works, a tailored ramp-up of the patient schedule, and clear expectations.[30] (That study was in primary care, but the list transfers.)

It pays off. In one program, structured mentorship raised first-year retention of new PAs and NPs from 85% to 96%, and second-year retention from 65% to 83%.[31] In a pediatric academic system, APP fellows reached productivity 4.2 months sooner than non-fellow hires, and turnover fell from 8.2% to 3.8%.[32]

### Before day one

- [ ] Pennsylvania license issued by the board that matches the primary supervising physician (MD or DO)[7]
- [ ] Malpractice certificate on file with the Board, $1M minimum, within 30 days of licensure[3]
- [ ] Written agreement signed and submitted to the Board. It must cover scope, supervision, countersignature, practice setting, a substitute supervisor, excluded drug categories, controlled-substance authority and first assist.[3,4]
- [ ] Supervising physician registered with the Board[4]
- [ ] Substitute supervisor list kept at the practice location[4]
- [ ] DEA registration in process;[4] ABC-MAP (PDMP) registration once it arrives[10]
- [ ] Opioid education scheduled (4 hours, due within one year of licensure)[4]
- [ ] Hospital privileges in process at each facility, with a copy of the written agreement sent to each medical staff office[6]
- [ ] Payer enrollment started (Medicare, Medical Assistance, commercial)
- [ ] EHR, PACS and scheduling accounts requested
- [ ] Office notice posted, license displayed, "Physician Assistant" ID tag ordered[4]
- [ ] Mentor assigned (a named surgeon, ideally with an experienced PA as a second contact)

### Days 1 to 30: learn the system

- [ ] EHR training with templates and order sets for your common visits
- [ ] If the PA is a new graduate or new to ortho: countersignature queue set up so the supervising surgeon signs 100% of charts within 10 days[3]
- [ ] Shadow each surgeon in clinic and in the OR
- [ ] Walk through post-op opioid prescribing: the 72-hour initial-therapy cap, the 24-hour notice to the surgeon, how "ongoing therapy" approval is recorded, and the ABC-MAP check on every opioid script[4,10]
- [ ] Walk through your workers' comp workflow, including who signs what (confirm with WC counsel)[34]
- [ ] Reduced schedule: post-ops and simple follow-ups first
- [ ] Weekly check-in with the mentor
- [ ] Written 30/60/90-day expectations, agreed with the PA

### Days 31 to 60: build the schedule

- [ ] Add new-problem visits and injections as competence is shown
- [ ] First-assist cases with the proctoring surgeon, graded sign-off by case type
- [ ] Audit countersignature timeliness against the written agreement and the 10-day rule[3,4]
- [ ] Start tracking global-period post-op visits separately (for example with CPT 99024), since that work is otherwise hidden in the surgeon's global package[33]
- [ ] 60-day review: what's working, what support is missing

### Days 61 to 90: settle in

- [ ] Full or near-full template
- [ ] Join the call schedule, starting with backup shifts
- [ ] Documented review of the supervision described in the written agreement; file an amended agreement if scope has grown[3,4]
- [ ] NCCPA certification expiration date on the credentialing calendar[4]
- [ ] 90-day review: pay, call, schedule and goals for year one
- [ ] Mentor meetings continue, moving to monthly

# 8. Locum and temporary coverage

## When a locum makes sense

- **Leave coverage.** Parental, medical or extended leave where you know the end date.
- **Bridging a permanent hire.** Your new PA has a start date three months out and your surgeons are losing clinic slots now.
- **Testing a new service line or a new surgeon's ramp-up** before committing to a permanent role.

**A catch with out-of-state locums:** the licensing rules above apply in full. There's no compact privilege yet, and no temporary license for experienced PAs.[7,13] A provisional endorsement license is possible but discretionary.[14] A locum from another state can't count on starting sooner than a permanent hire from that state. For short-notice coverage, look for PAs who already hold an active Pennsylvania license from the right board.

Two more things to plan for with a short contract:

- A written agreement must be submitted for the locum, and it takes effect on submission.[3]
- If the locum is new to ortho, the 12-month, 100% countersignature rule applies to them too.[3]

## How to structure a 3 to 6 month contract

Given Pennsylvania's presumption of employment and the control built into PA supervision, the two defensible structures are the same as for a permanent hire:[3,4,21]

1. **Practice W-2.** A fixed-term, part-time or per-diem W-2 employee of the practice.
2. **Agency W-2.** The PA is a W-2 employee of a staffing or locum agency that bills your practice.

Paying the PA directly on a 1099 is the structure most likely to be challenged. **Have employment counsel review the arrangement.**

**Contract checklist:**

- [ ] Start date contingent on an active Pennsylvania license (correct board) and hospital privileges
- [ ] Defined end date and any extension terms
- [ ] Written agreement submitted for the locum, with first-assist, controlled-substance and countersignature terms[3,4]

- [ ] Named primary and substitute supervising physicians; attending-of-record arrangements at each hospital [3,4]
- [ ] Schedule: clinic days, OR days, call
- [ ] Who carries the $1M malpractice coverage, including tail [3]
- [ ] How the PA's services will be billed and under whose enrollment (confirm with your billing team)
- [ ] Notice period for either side, plus the 15-day Board notice when supervision ends [4]
- [ ] EHR and ABC-MAP access set up before day one, since a short contract can't absorb a slow start [10]

### Housing and stipends

We didn't find a reliable published source for Pennsylvania locum PA pay rates or housing and travel stipend norms, so we aren't printing numbers here. Benchmarks vary; ask us for current market data.

## A note from FirstAssistPA

This guide is from FirstAssistPA (firstassistpa.com), a small placement service focused on orthopaedic PAs, founded by Anthony David Adams. If you'd like help filling a role, your first placement is free. If you aren't happy with a PA we place, for any reason, we'll replace them at no charge.

## Sources


1. Act 79 of 2021 (SB 398), amending the Medical Practice Act of 1985. https://www.palegis.us/statutes/unconsolidated/law-information?sessYr=2021&sessInd=0&actNum=79 Act of Oct. 7, 2021, P.L. 418, No. 79, effective immediately. Accessed 2026-09-24.
2. Act 78 of 2021 (SB 397), amending the Osteopathic Medical Practice Act (§§2, 10(g), (g.1), (g.4), (j.1); §5 abrogation). https://www.palegis.us/statutes/unconsolidated/law-information?sessYr=2021&sessInd=0&actNum=78 Act of Oct. 7, 2021, P.L. 412, No. 78, effective immediately. Accessed 2026-09-24.
3. Medical Practice Act of 1985, §13 (63 P.S. §422.13, subsections (c.2), (d), (d.1), (e), (f), (g), (h)) and §36 (63 P.S. §422.36). Current text: https://www.palegis.us/statutes/unconsolidated/law-information/view-statute?txtType=HTM&SessYr=1985&ActNum=0112.&SessInd=0 §13 as amended by Act 79 of 2021; §36 as amended by Act 45 of 2008. Accessed 2026-09-24.
4. 49 Pa. Code ch. 18, subch. D (§§18.122, 18.141-18.146, 18.151-18.159, 18.161, 18.171-18.172). https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/049/chapter18/subchapDtoc.html Most sections amended July 3, 2025, effective July 5, 2025, 55 Pa.B. 4534; §§18.141, 18.145 amended effective April 25, 2026, 56 Pa.B. 2230. Code current through 56 Pa.B. 4026 (July 4, 2026). Accessed 2026-09-24.
5. 49 Pa. Code ch. 25, subch. C (Osteopathic Board PA regulations, incl. §25.162). https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/049/chapter25/subchapCtoc.html §25.162 last amended Aug. 7, 2009. Accessed 2026-09-24.

6. 28 Pa. Code §107.12a, Specified professional personnel (statement of policy). https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/028/chapter107/s107.12a.html Accessed 2026-09-24.
7. PA Department of State, Board of Medicine Licensure Guide. https://www.pa.gov/agencies/dos/resources/professional-licensing-resources/licensure-processing-guides-and-timelines/medicine-guide Page components modified 2026-04-24. Accessed 2026-09-24.
8. PA Department of State, Osteopathic Medicine Licensure Guide. https://www.pa.gov/agencies/dos/resources/professional-licensing-resources/licensure-processing-guides-and-timelines/osteopathic-medicine-guide Accessed 2026-09-24.
9. Medical Practice Act of 1985, §33 (63 P.S. §422.33), "Temporary license" (framed around practicing medicine and surgery; no PA temporary license found). Same URL as source 3. §33(a) amended by Act 16 of 2022. Accessed 2026-09-24.
10. Achieving Better Care by Monitoring All Prescriptions Program (ABC-MAP) Act, Act 191 of 2014, §§5, 8, 39. https://www.palegis.us/statutes/unconsolidated/law-information/view-statute?txtType=HTM&SessYr=2014&ActNum=0191.&SessInd=0 §8(a) amended by Act 124 of 2016; §8(a.1) by Act 79 of 2017; expires Dec. 31, 2028. Accessed 2026-09-24.
11. AAPA, "Payer Reimbursement Policies for PAs." https://www.aapa.org/download/48117/ PDF dated Mar 30, 2026. Accessed 2026-09-22.
12. 21 CFR 1300.01 (definition of mid-level practitioner). https://www.ecfr.gov/current/title-21/chapter-II/part-1300/section-1300.01 eCFR point-in-time 2026-09-01.
13. PA Licensure Compact: member list https://www.pacompact.org/ ; legislative update (as of Aug. 28, 2026) https://www.pacompact.org/news/ ; FAQ https://www.pacompact.org/faq/ Accessed 2026-09-24.
14. 49 Pa. Code §§16.12b and 16.12c, licensure by endorsement and provisional endorsement license under 63 Pa.C.S. §3111. https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/049/chapter16/s16.12b.html and https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/049/chapter16/s16.12c.html Added Nov. 1, 2024, effective Nov. 2, 2024, 54 Pa.B. 7118. Accessed 2026-09-24.
15. PA Department of State, "Act 41 of 2019." https://www.pa.gov/agencies/dos/resources/professional-licensing-resources/act-41-2019 Accessed 2026-09-24.
16. 49 Pa. Code §16.13(c), fees. https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/049/chapter16/s16.13.html Last amended Nov. 1, 2024, 54 Pa.B. 7118. Accessed 2026-09-24.
17. PA Department of State, Licensure Processing Guides and Timelines. https://www.pa.gov/agencies/dos/resources/professional-licensing-resources/licensure-processing-guides-and-timelines Accessed 2026-09-24.
18. Baker-Whitcomb A, Harvey J. Telemed J E Health. 2018;24(11):922-926. PMID 29620971. https://pubmed.ncbi.nlm.nih.gov/29620971/ (abstract). Setting: telehealth credentialing at 20 South Carolina sites.
19. NCCPA, "Maintain Certification." https://www.nccpa.net/maintain-certification/ No date shown. Accessed 2026-09-22.
20. NCCPA, 2025 Statistical Profile of Board Certified PAs (state table, Pennsylvania row). https://www.nccpa.net/wp-content/uploads/documents/2025-Statistical-Profile-of-Board-Certified-PAs.pdf © NCCPA 2026 (data as of Dec 31, 2025). Accessed 2026-09-24.
21. Pennsylvania Unemployment Compensation Law §4(l)(2)(B), 43 P.S. §753(l)(2)(B). https://www.palegis.us/statutes/unconsolidated/law-information/view-statute?txtType=HTM&SessYr=1936&ActNum=0001.&SessInd=2 Act of Dec. 5, 1936, Sp. Sess. 2, P.L. 2897, No. 1. Accessed 2026-09-24.
22. PA Department of Labor & Industry, "Misclassified Workers." https://www.pa.gov/agencies/dli/resources/compliance-laws-and-regulations/misclassified-workers Page dated 2025-08-07 in metadata. Accessed 2026-09-24.
23. CMS, Medicare Benefit Policy Manual, Ch. 15, §190. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf Chapter Rev. 13889, issued 07-30-26; §190 Rev. 11288 (eff. 01-01-22).
24. U.S. Bureau of Labor Statistics, OEWS May 2025, Physician Assistants (29-1071), Pennsylvania. BLS Public Data API v2, series OEUS4200000000000291071xx; human-readable page https://www.bls.gov/oes/current/oes291071.htm Accessed 2026-09-24.
25. U.S. Bureau of Labor Statistics, OEWS May 2025, Physician Assistants (29-1071), metro areas. BLS Public Data API v2, series OEUM00[area]000000291071xx (areas 37980, 38300, 30140, 39740, 27780, 10900, 44300, 49620, 42540, 48700, 29540, 11020, 25420, 21500). https://www.bls.gov/oes/current/oes291071.htm Accessed 2026-09-24.

26. U.S. Bureau of Labor Statistics, OEWS May 2025, Physician Assistants, national (BLS Public Data API v2, series OEUN000000000000029107113 and ...01); Occupational Outlook Handbook, https://www.bls.gov/ooh/healthcare/physician-assistants.htm (last modified Aug 27, 2026). Accessed 2026-09-22 and 2026-09-24.
27. NCCPA, 2025 Statistical Profile of Board Certified PAs by Specialty. https://www.nccpa.net/wp-content/uploads/documents/Reports/Statistical-Profile-of-Board-Certified-PAs-by-Specialty.pdf © NCCPA 2026 (2025 data). Accessed 2026-09-22.
28. AAPA, 2026 AAPA Salary Report (public highlights). https://www.aapa.org/research/salary-report/ Accessed 2026-09-22.
29. Venegas B et al. J Healthc Manag. 2023;68(1):15-24. PMID 36602452. https://pubmed.ncbi.nlm.nih.gov/36602452/ (abstract).
30. Ortiz Pate N et al. J Am Assoc Nurse Pract. 2023;35(2):122-129. PMID 36763465. https://pubmed.ncbi.nlm.nih.gov/36763465/ (abstract). Primary care, 13 interviews.
31. Yun B et al. J Am Assoc Nurse Pract. 2025;37(10):573-581. PMID 39774034. https://pubmed.ncbi.nlm.nih.gov/39774034/ (abstract).
32. Merck T et al. J Pediatr Health Care. 2026;40(2):210-218. PMID 41528294. https://pubmed.ncbi.nlm.nih.gov/41528294/ (abstract). Pediatric multi-specialty program.
33. AAPA, "PA Productivity." https://www.aapa.org/advocacy-central/reimbursement/pa-productivity/ Accessed 2026-09-22.
34. Pennsylvania Workers' Compensation Act, definition of "health care provider" and §306(f.1)(1)(i), 77 P.S. §531(1)(i). https://www.palegis.us/statutes/unconsolidated/law-information/view-statute?txtType=HTM&SessYr=1915&ActNum=0338.&SessInd=0 Accessed 2026-09-24.