**Background:** The physician assistant (PA) profession experienced rapid growth in the 1970s and 1990s. During that time, acceptance of PAs in the health care system increased, roles for PAs in specialty care took shape, and the scope of PA practice became more clearly defined. This study describes key elements of change in the demography and geographic distribution of the PA population between 1967 and 2000, as well as the spread of PA training programs.

**Study Design:** Individual-level data from the American Academy of Physician Assistants (AAPA) and data from the Area Resource File (ARF) were used to describe the emergence of the PA profession between 1967 and 2000. Data on 49,641 PAs who had completed training by 2000 were analyzed.

**Major Findings:**

- PA training programs in the United States currently graduate over 4,000 PAs per year.
- Over half (52.4%) of PAs active in 2000 were women, a significant transformation of a profession that was initially almost exclusively male.
- Sixty-two percent of the PAs who graduated in 2000 were women (see figure).
- PA participation in the rural workforce remained high, with more than 18 percent of PAs practicing in rural settings, compared to about 20 percent in 1980.
- Primary care participation declined over the study period but appears to have stabilized at about 47 percent among active PAs for whom specialty was known.
- By 2000, 51.5 percent of practicing PAs had been trained in the states where they worked, a proportion that grew during the study period.
- In 2000 more than 42 percent of accredited PA programs offered a Master’s degree; in 1986, no programs offered Master’s degrees.

**Policy Implications:** Despite the fact that many critical issues of scope of practice and patient and physician acceptance of PAs have been resolved, the PA profession remains young and continues to evolve. The number of PAs and PA training programs continues to grow, as do specialty roles for PAs. It is not clear if the historical contribution of PAs to primary care for rural and underserved populations can be sustained in the face of trends toward increasing specialization and higher academic credentialing of PAs.