

Benchmarking Report Clinician Compensation

UCA URGENT CARE
ASSOCIATION®

2024



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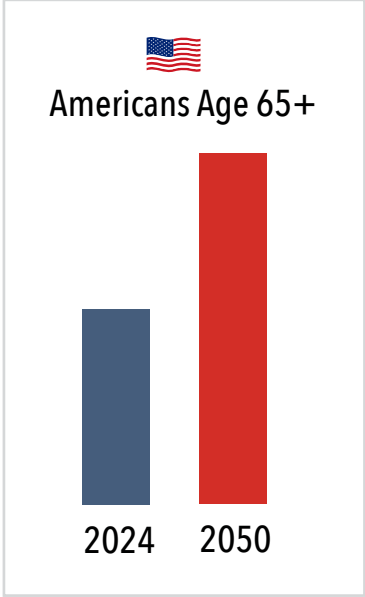
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INTRODUCTION

A clinician shortage persists in Urgent Care, mirroring challenges across other healthcare settings, and is anticipated to persist in the years ahead. With the projected 47% increase in population in Americans aged 65 and older by 2050, there will be a corresponding rise in healthcare demands among this demographic. However, the supply of clinicians is unlikely to match this growth, exacerbating the ongoing shortage and contributing to accessibility issues.



This shortage, along with the struggle for competitive reimbursements, has left Urgent Care operators with increased labor costs (including retention and training). Additionally, clinicians are anticipated to handle projected increases in patient volume with fewer staff available to support them.

The information in the report that follows provides Urgent Care operators and clinicians across the U.S. with an industry-specific and reliable resource on compensation based on geography, credentials and years of experience. The report delivers critical insights into compensation trends within Urgent Care settings. It relies on information gathered from the anonymous UCA Clinician Compensation Survey of 2024, which included 576 responses from member and non-member MDs, DOs, NPs and PAs.

About the Urgent Care Association

Since 2004, the Urgent Care Association (UCA) has been the trade association for Urgent Care with a current membership of more than 4,400 Urgent Care centers representing clinical and business professionals from the United States and abroad.

UCA is proud to be the industry data leader for Urgent Care, leveraging the resources, connections and access to produce content that educates and elevates us all. The success of these reports is directly dependent on the quality and quantity of the data submitted, **so thank you to all of the clinicians who contributed their data to inform compensation strategies which helps ensure the advancement and long-term success for us all.**



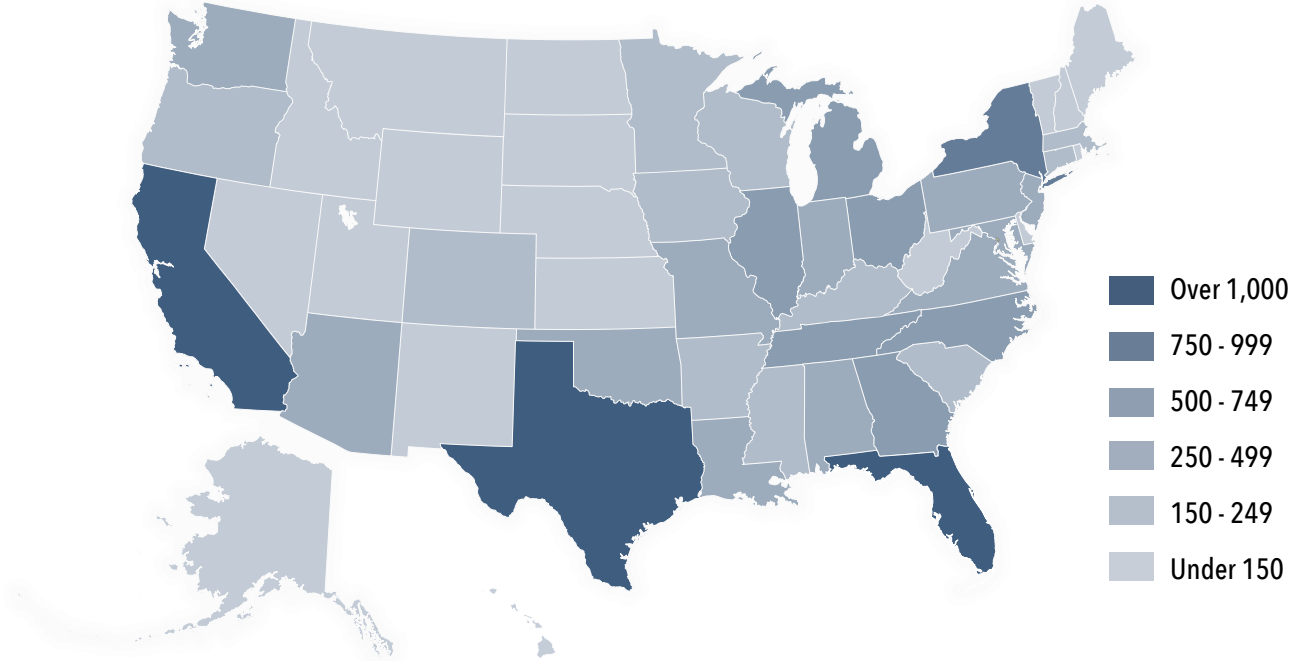
INDUSTRY OVERVIEW

As of July 2024, there were 14,777 Urgent Care centers operating within the U.S., with the highest counts in California, Florida, New York and Texas. The following heat map provides a visualization of the distribution of these locations by state.

UCA publishes a current count of [centers by state](#) and top operators each month.

Urgent Care Centers By State

July 2024
n=14,777



CLINICIAN

PRODUCTIVITY

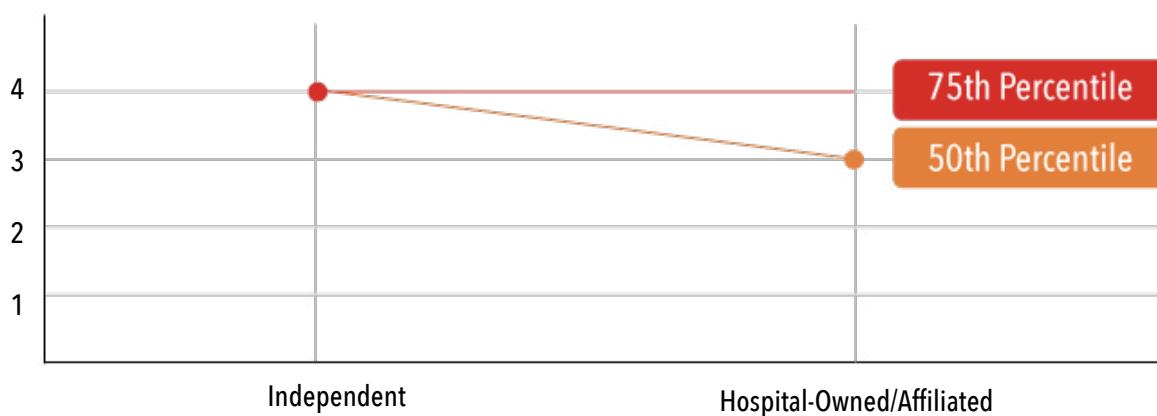
In 2024, clinicians were asked for the first time about the number of patients per hour **they were comfortable seeing**, marking a shift from previous surveys that focused on how many patients they were able to see. This distinction is important because clinicians may be capable of seeing more patients per hour, but it doesn't necessarily mean they are comfortable doing so.

Patients Comfortable Seeing per Hour

INDEPENDENT VS. HOSPITAL-OWNED/AFFILIATED

n=463

In viewing all clinician responses, those employed by independent organizations reported the mean number of patients per hour they are comfortable seeing as 4.0. Those employed by hospital-owned/affiliated reported a mean number of 3.0. These results are also influenced by comfort levels reported by clinical role.



56%
OF CLINICIANS



ARE EXPECTED
TO SEE

4 OR MORE
patients
per hour

Patients Expected to See per Hour

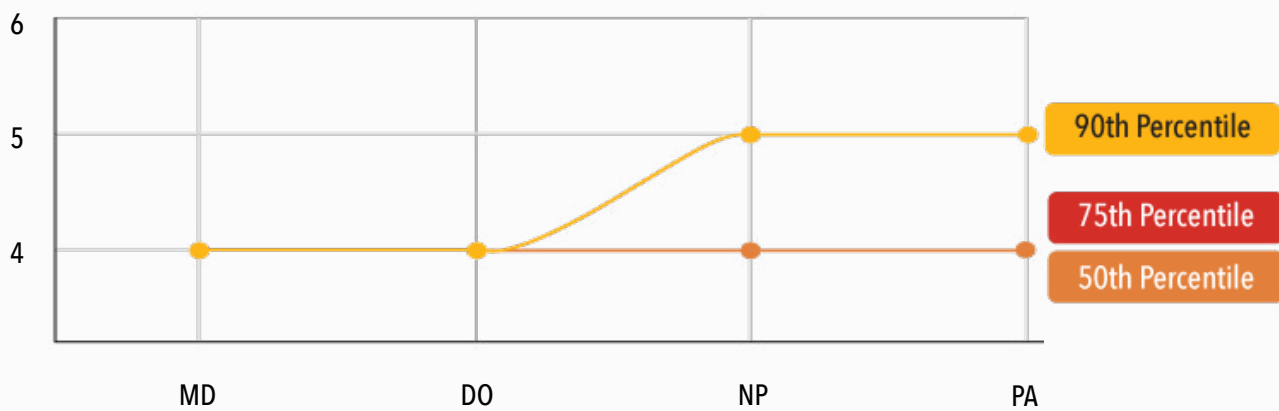
BY CLINICIAN TYPE

n=506

The median number of patients clinicians are expected to see per hour has increased to 4 in 2024, where it had held at 3 over the last few years, according to UCA benchmarking reports. As patient volume surpasses these expectations, center managers should implement plans to adjust staffing accordingly.

13% OF CLINICIANS ARE COMFORTABLE SEEING MORE THAN 4 PATIENTS per hour

The infographic features a doctor icon, four person icons, and a large '4' representing the number of patients per hour.

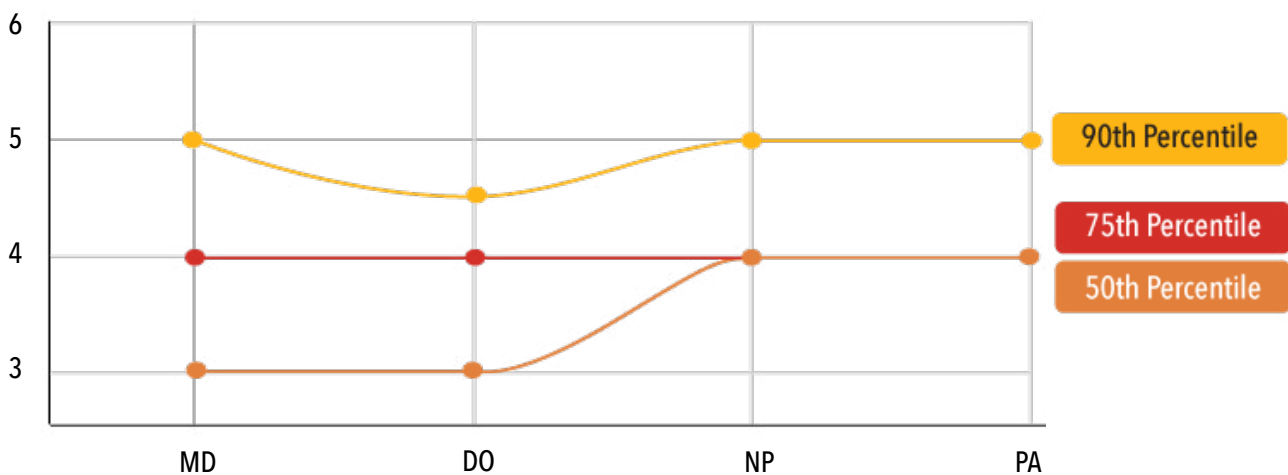


Patients Comfortable Seeing Per Hour

BY CLINICIAN TYPE

n=513

Reported comfort levels varied between physicians and advanced practice clinicians (APCs). Physicians reported a mean number of 3 patients per hour, whereas APCs reported a mean of 4 patients per hour.



SALARY

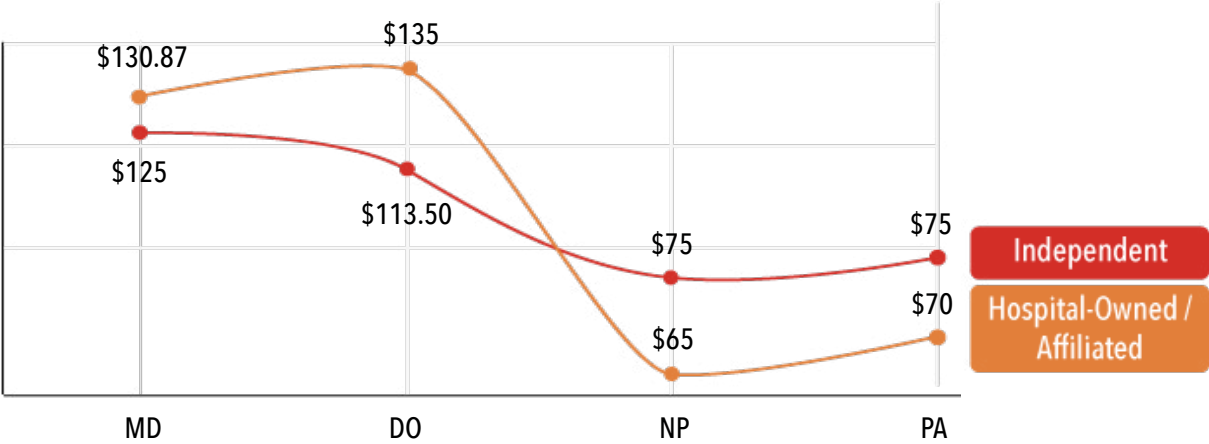


Hourly Compensation

INDEPENDENT VS. HOSPITAL-OWNED/AFFILIATED

n=468

Physicians employed by a hospital-owned/affiliated Urgent Care organization reported higher hourly compensation levels than physicians employed by independent Urgent Care organizations. Conversely, APCs reported lower hourly compensation in hospital-owned/affiliated organizations.

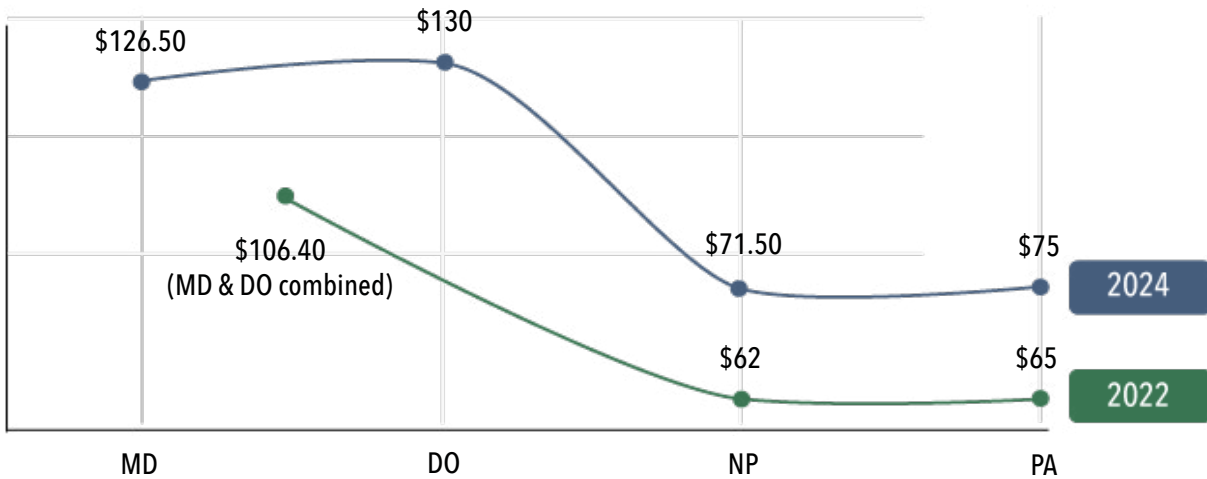


Hourly Compensation

BY CLINICIAN TYPE

n=498

In 2024, the median reported hourly base compensation (excluding bonuses and incentives) showed an increase compared to 2022 rates across all clinician types. This rise likely reflects both actual salary increases and differences in survey methodology between the two years. In 2022, compensation for clinical roles was reported by the organization, whereas in 2024 it was reported individually by respondents.

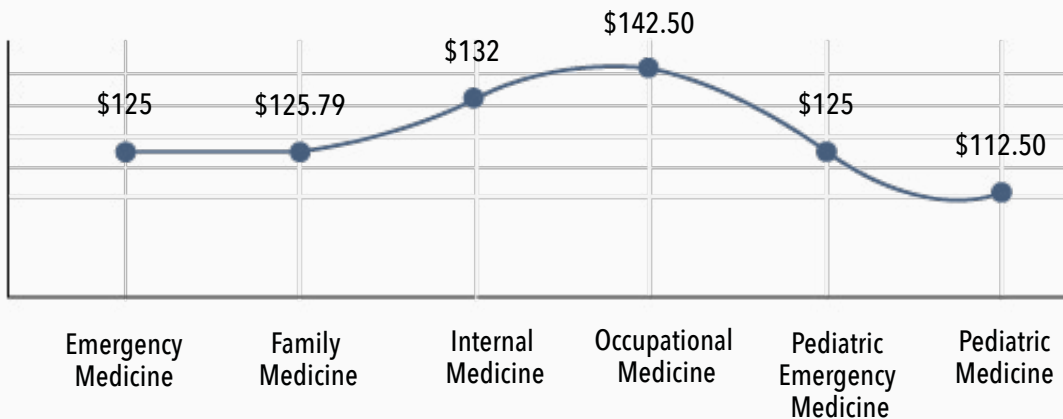


Hourly Compensation

BY PRIMARY SPECIALTY

n=193

Physicians who disclosed their board-certified specialty and hourly base compensation are detailed below. This is the first survey that incorporated clinician specialty as a possible factor influencing compensation levels. This metric will be monitored for trends in future compensation surveys.





Compensation Structure

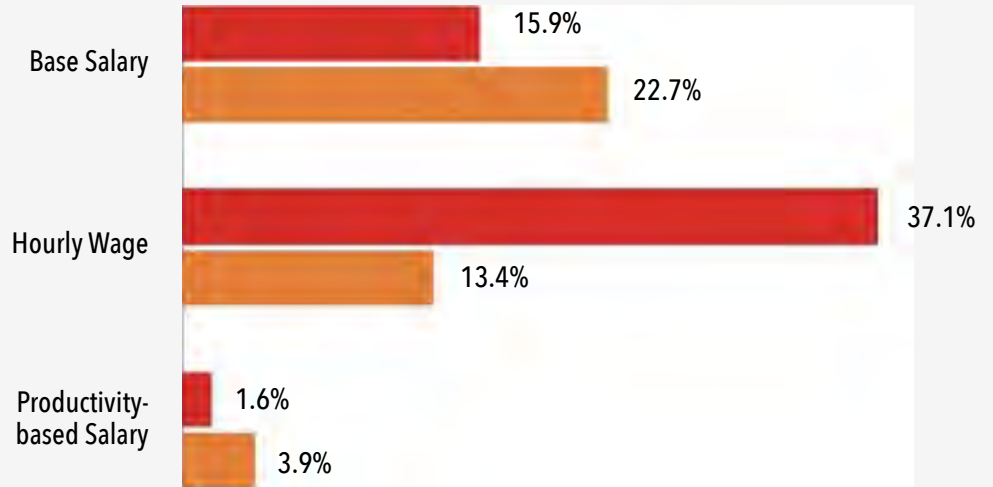
INDEPENDENT VS. HOSPITAL-OWNED/AFFILIATED

n=485

- Independent Organizations
- Hospital-Owned / Affiliated

For clinicians working at independently-owned organizations, compensation is most often based on hourly wages (37.1%).

Conversely, in hospital-owned/affiliated organizations, compensation is primarily structured on a base salary (22.7%).

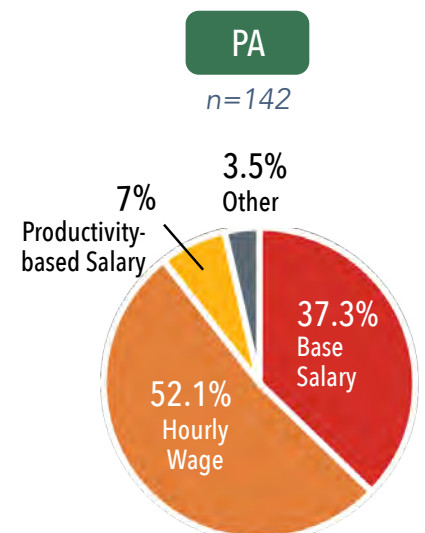
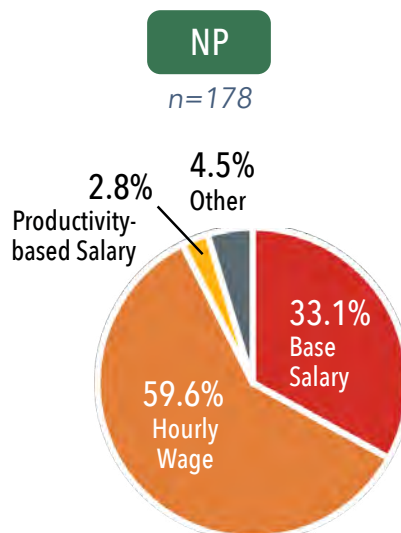
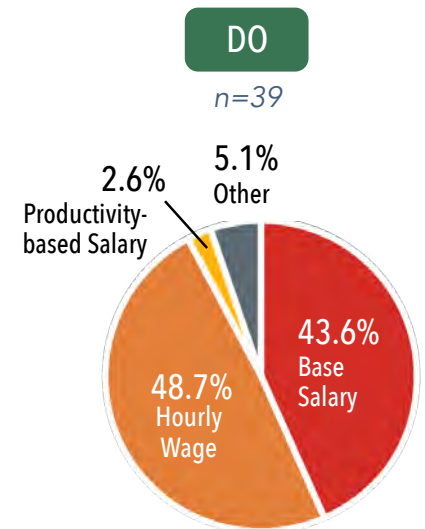
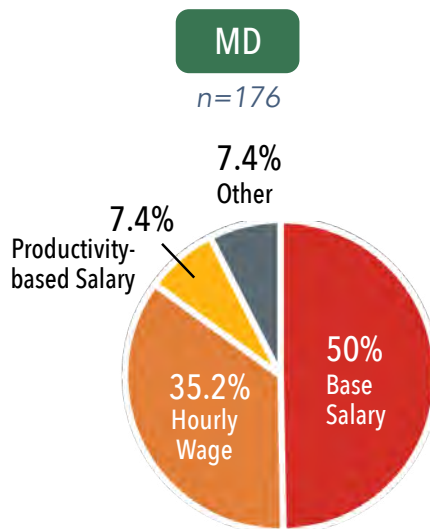


Compensation Structure

BY CLINICIAN TYPE

Compensation structure also varies by clinical role which could influence the results of the comparison between hospital-owned/affiliated and independent results.

Base salary and hourly wage are the two main compensation structures reported. MDs receive a base salary more often than an hourly wage; for all other roles hourly wages occur more often than salary.



INDEPENDENT
37.1%



Hourly Wage

HOSPITAL
22.7%

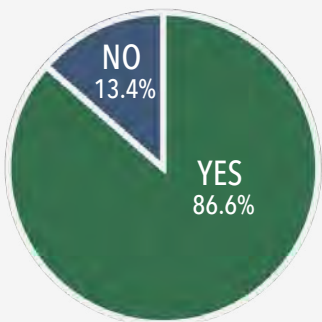


Base Salary

When examining the distribution of formal leadership roles among clinical provider roles, physicians were found to occupy formal leadership positions more frequently than APCs. Additionally, around 30% of APCs indicated they are not currently interested in assuming a leadership role.

Among clinicians who reported being in a formal leadership role, 86.6% stated that they receive compensation for the additional responsibilities associated with their leadership position.

Compensated for Additional Responsibilities?



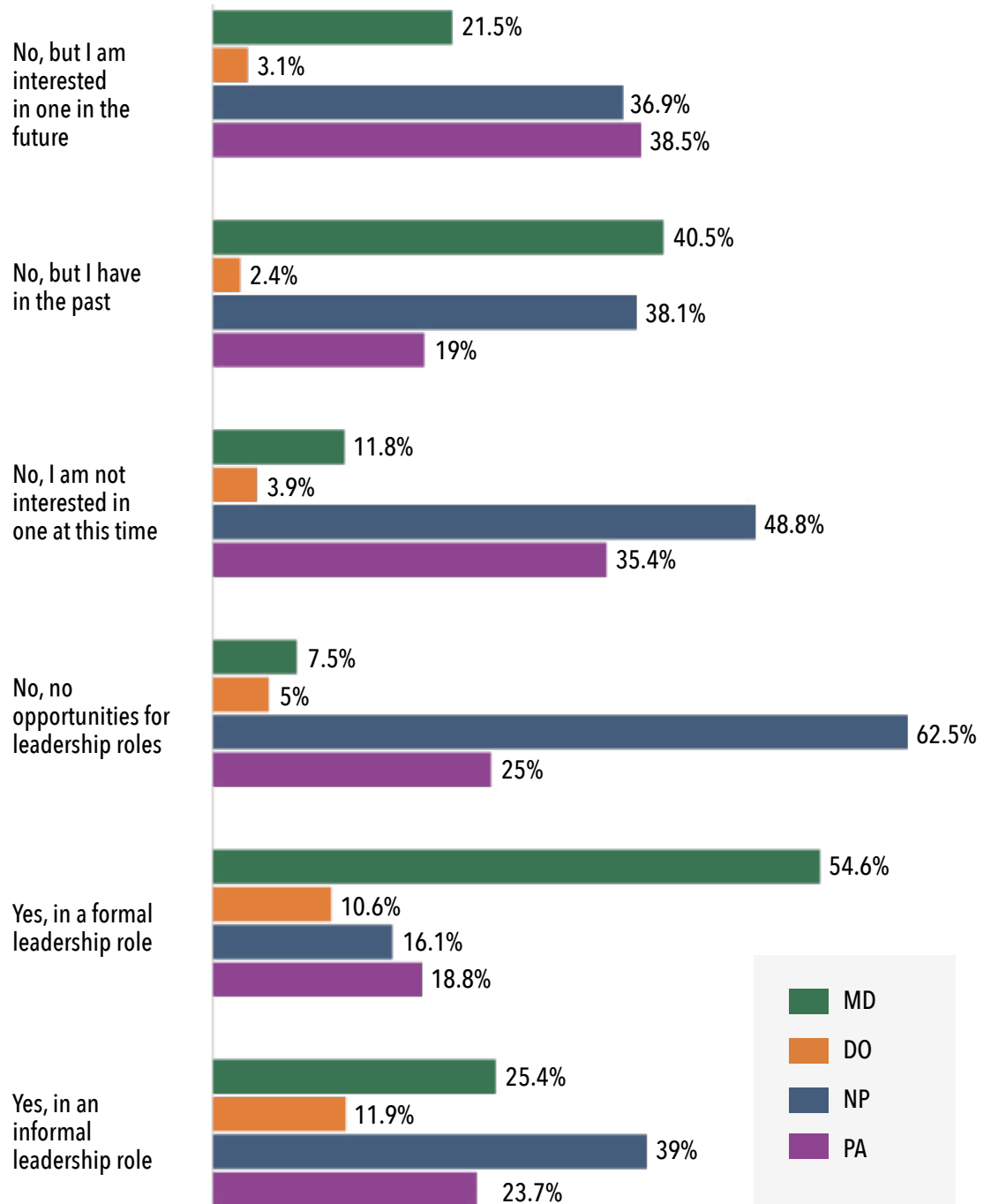
n=216



Leadership Roles BY CLINICIAN TYPE

n=551

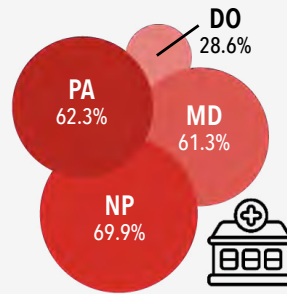
In the past year, were you in a formal or informal leadership role at your organization?



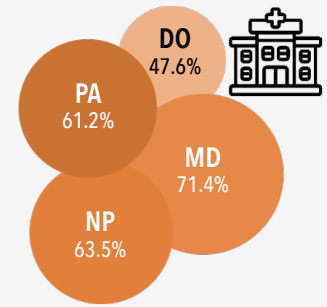
Bonuses

Among respondents from independently-owned centers, there was a notable disparity in bonus eligibility based on clinician type. Nurse Practitioners (NPs) were the most eligible for a bonus, with 69.9% indicating eligibility, whereas Doctors of Osteopathic Medicine (DOs) were the least eligible, with only 28.6% reporting eligibility for a bonus.

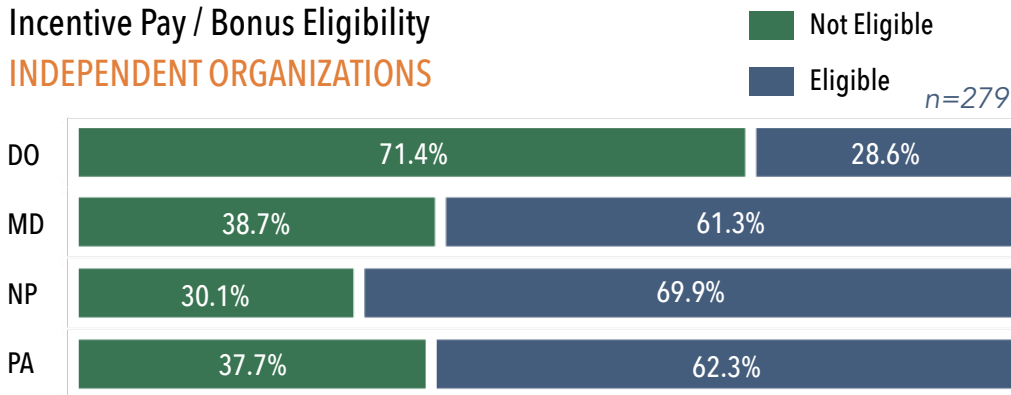
Bonus Eligibility by Clinician Type INDEPENDENT ORGANIZATIONS



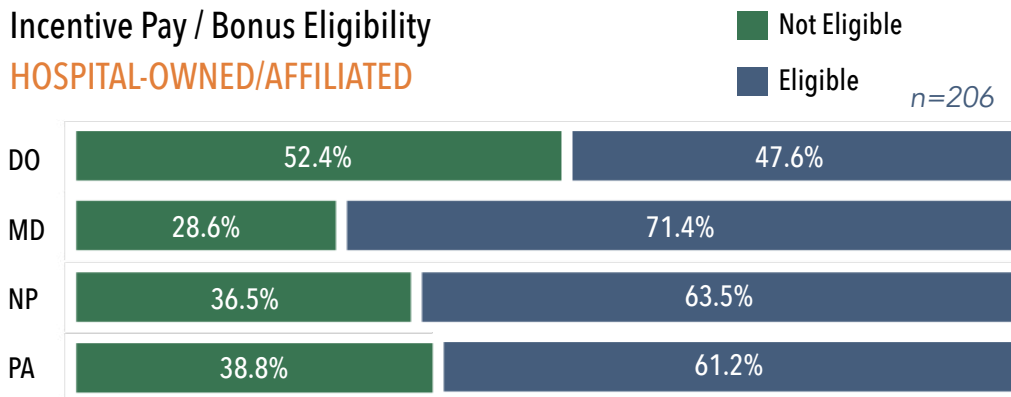
Bonus Eligibility by Clinician Type HOSPITAL-OWNED/AFFILIATED ORGANIZATIONS



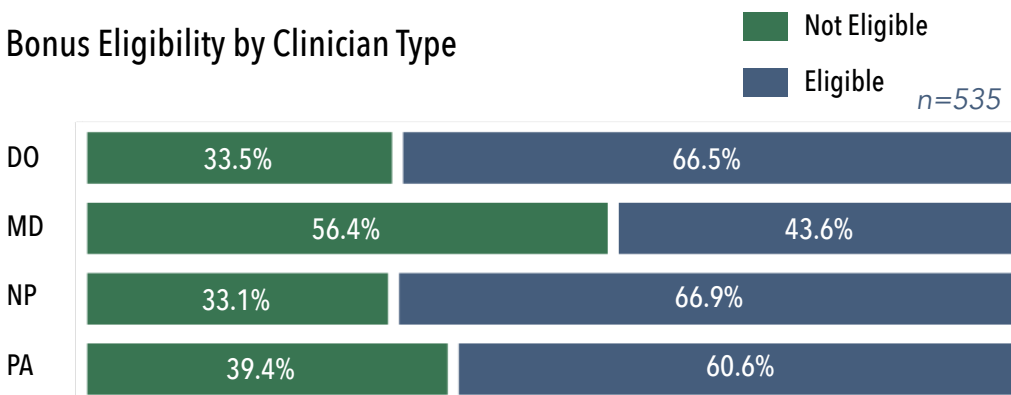
Incentive Pay / Bonus Eligibility INDEPENDENT ORGANIZATIONS



Incentive Pay / Bonus Eligibility HOSPITAL-OWNED/AFFILIATED



Bonus Eligibility by Clinician Type



The majority of clinicians, except for Doctors of Osteopathic Medicine (DOs), reported being eligible for a bonus in their current positions. The findings indicated a slight trend towards clinicians in independent organizations not being offered bonuses, but this trend was not significantly pronounced.

Bonuses

For those clinicians that are eligible for a bonus, patient volume (40.7%) and patient satisfaction (29.3%) were reported as the main factors those bonuses were based on. These factors were reported at a higher rate for clinicians at independent organizations than those with hospital-owned/affiliated ones.

For both ownership types the largest multi-factor responses were:

- Patient Volume & Patient Satisfaction (17.6%)
- Revenue, Patient Volume & Patient Satisfaction (9.4%)

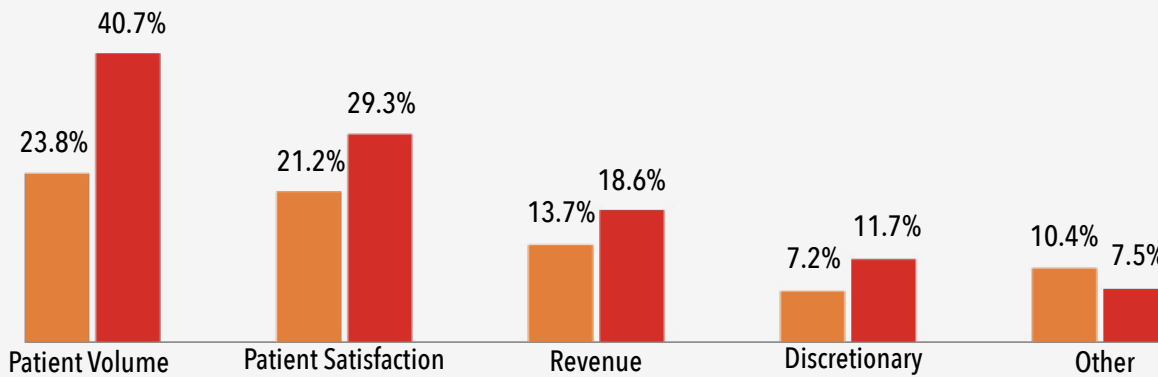
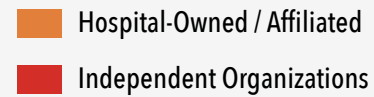
What Clinician Bonuses Are Based On



What Is Your Bonus Based On?

BY ORGANIZATION TYPE, MULTI-SELECTION (≠100%)

n=307

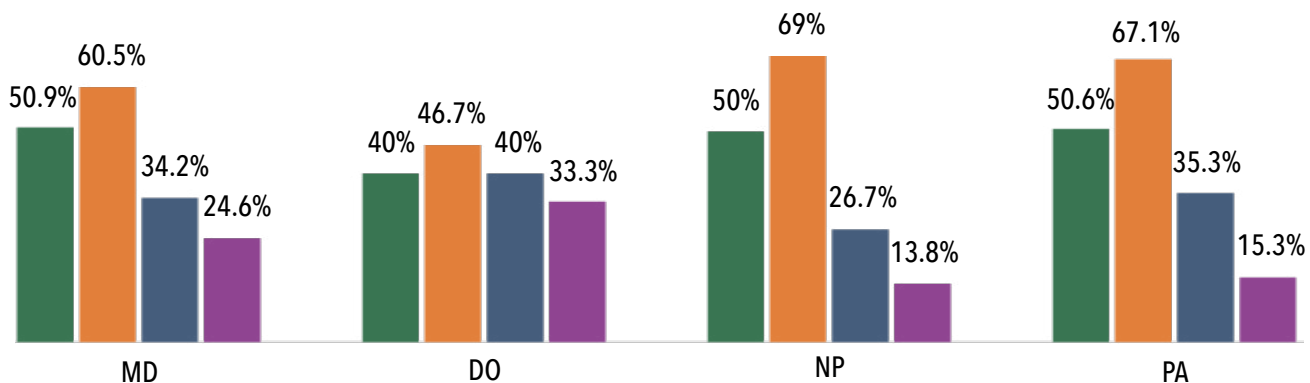


What Is Your Bonus Based On?

BY CLINICIAN TYPE, MULTI-SELECTION (≠100%)

n=330

Bonuses for all roles are predominantly based on patient volume. However, bonuses for APCs are more frequently tied to patient volume and less commonly based on discretionary decisions compared to physicians.



BENEFITS



Benefits Provided BY CLINICIAN TYPE

While the differences shown in benefits offered between clinical roles was minimal, when those same roles are broken down by hospital-owned/affiliated organizations and independently-owned, several differences become apparent.

Overall, the top three benefits provided are: 401k/pension, professional liability insurance and health insurance. APCs reported much higher percentages for receiving PTO as a benefit than physicians.

Benefits (n=499)	MD		DO		NP		PA	
	HOSP	IND	HOSP	IND	HOSP	IND	HOSP	IND
401k or Pension	93.7%	80.6%	90.0%	90.9%	98.1%	82.9%	91.8%	79.2%
Professional Liability Insurance	93.7%	88.9%	85.0%	90.9%	80.8%	82.9%	85.7%	70.8%
Health Insurance	92.4%	75.0%	80.0%	90.9%	90.4%	74.8%	87.8%	80.6%
CME/Professional Development Funds	88.6%	69.4%	85.0%	72.7%	82.7%	79.3%	81.6%	81.9%
Dental Insurance	84.8%	56.9%	65.0%	81.8%	86.5%	70.3%	81.6%	63.9%
Vision Insurance	81.0%	54.2%	65.0%	54.5%	84.6%	67.6%	75.5%	62.5%
Short term/Long term Disability	77.2%	54.2%	65.0%	18.2%	84.6%	62.2%	69.4%	61.1%
Life Insurance	70.9%	47.2%	50.0%	18.2%	76.9%	48.6%	65.3%	41.7%
PTO	63.3%	10.8%	55.0%	54.5%	84.6%	88.3%	89.8%	83.3%
CME/Professional Development Paid Time Off	44.3%	27.8%	40.0%	36.4%	61.5%	25.2%	63.3%	30.6%

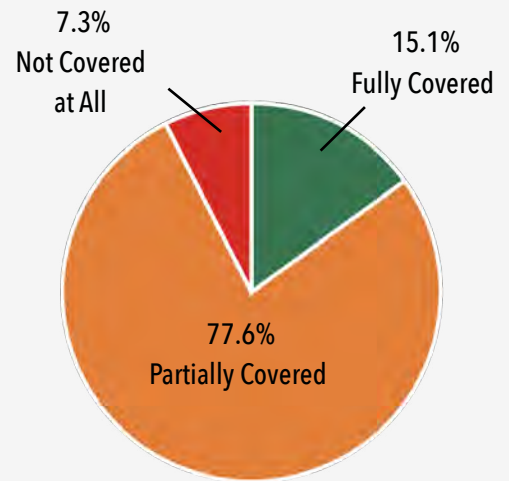


Health Insurance Costs Covered By Employer

HOSPITAL & INDEPENDENT COMBINED

n=397

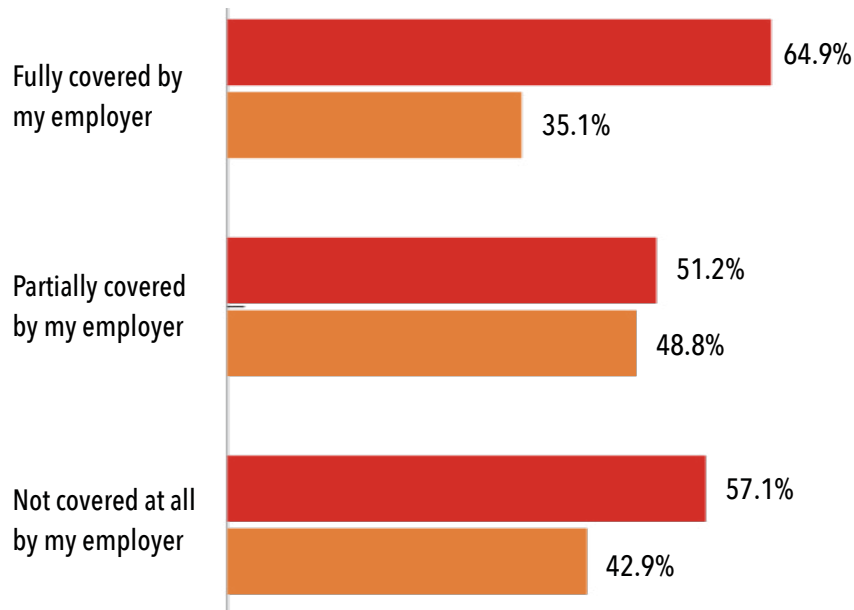
The majority of clinicians reported that their employer partially covered their health insurance costs (77.6%). The next chart breaks down these categories by hospital-owned/affiliated vs. independent organizations.



Health Insurance Costs Covered by Employer

INDEPENDENT VS. HOSPITAL-OWNED/AFFILIATED

n=382



■ Independent Organizations

■ Hospital-Owned / Affiliated

Of those organizations that offer full coverage, results leaned to independent organizations, and there was very little difference in ownership type for those who receive partial cost coverage.





CME Allowance

The overall distribution of CME allowance by ownership type indicates that the most common range of CME provided annually is between \$2,501-\$3,000, with 21.9% of clinicians falling into this category. The composition of clinicians who receive this level of CME stipend were more often employed by independently-owned organizations. And 16% of clinicians responded that they receive no annual CME allowance. Of those that don't receive any annual CME funding twice as many practice at independent organizations.

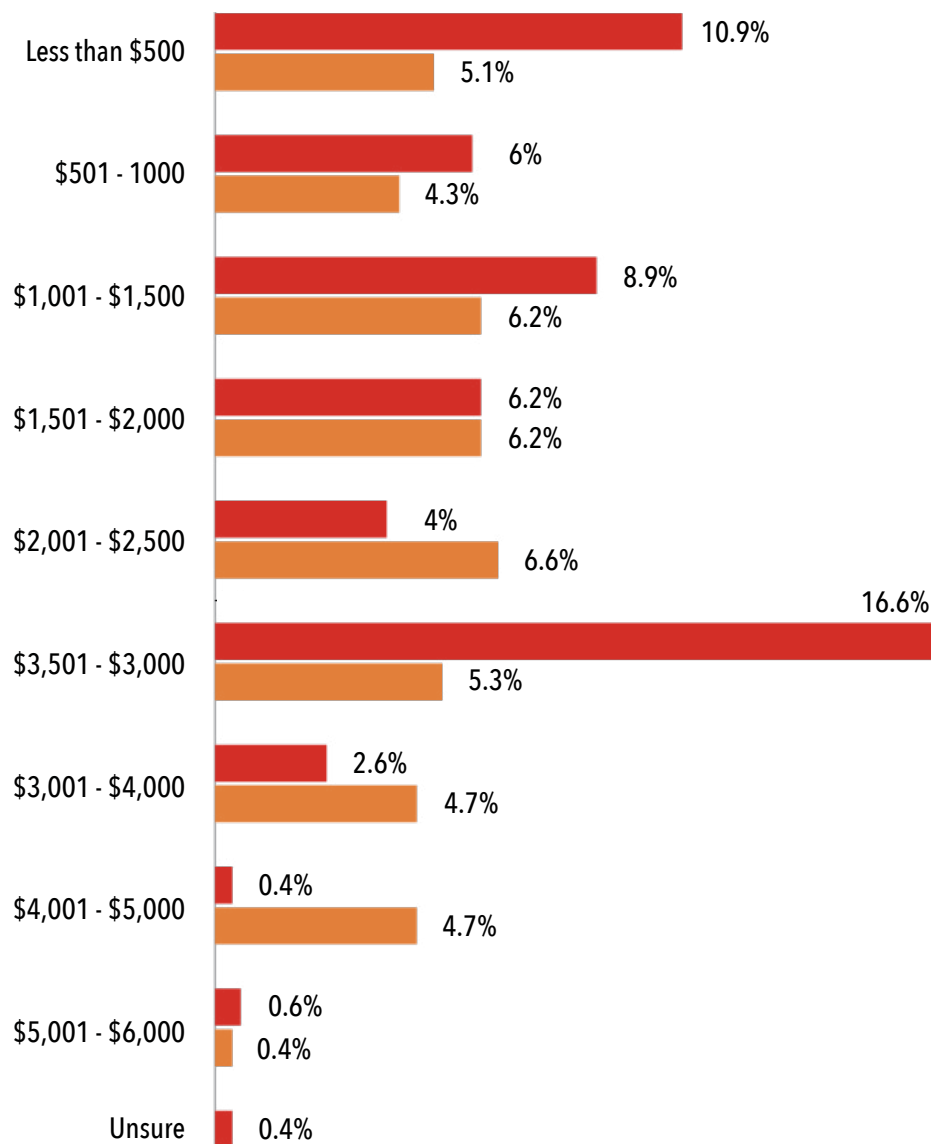
Annual CME Allowance

INDEPENDENT VS. HOSPITAL-OWNED

n=470

Independent Organizations

Hospital-Owned / Affiliated



Receive Paid Time Off for CME Activities

INDEPENDENT VS. HOSPITAL-OWNED/AFFILIATED

n=484

Clinicians from independently-owned centers indicated a higher tendency (78.1%) to not receive paid time off for CME activities, compared to hospital-owned/affiliated facilities, where the percentage was lower at (55.8%). This discrepancy might suggest that ownership structure influences support for professional development. Alternatively, it could be attributed to higher staffing shortages in independent organizations, making it challenging to provide additional time off beyond allocated PTO.

Yes, PTO for CME Activities

INDEPENDENT
19.8%



HOSPITAL
43.2%





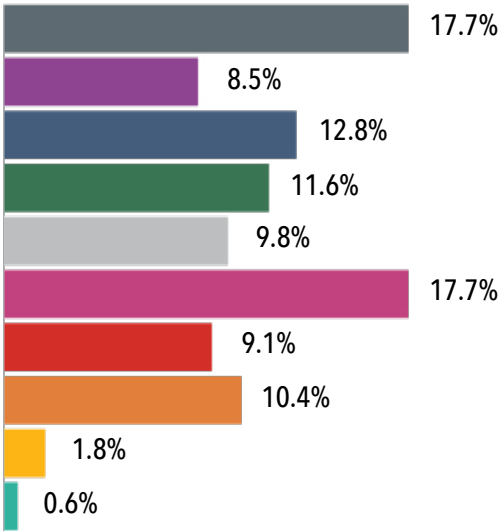
Annual CME Allowance

BY CLINICIAN TYPE

Annual CME Provided MD

n=164

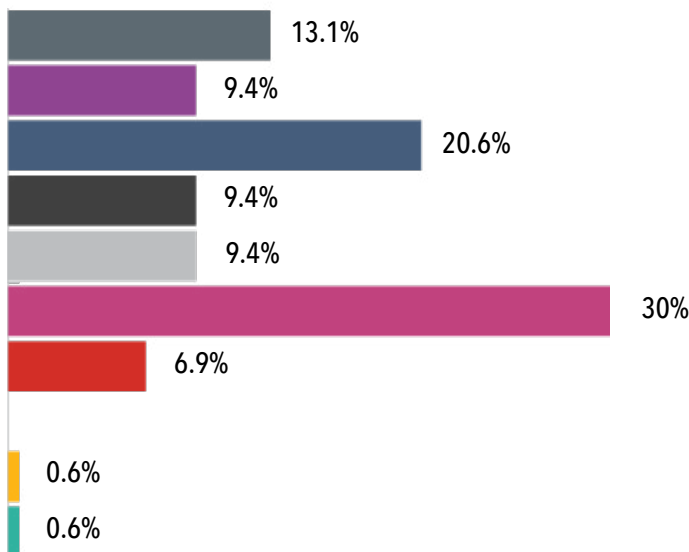
Fifty percent of MDs reported annual CME allotments of less than \$2,000 per year. The largest categories reported were those receiving less than \$500 per year and those receiving \$2,501 and \$3,000 annually.



Annual CME Provided NP

n=160

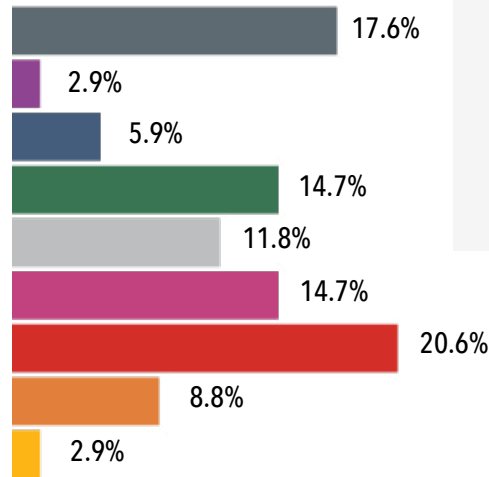
Just over 50% of NPs receive less than \$2,000 annually for CME. The largest single category for CME funding among NPs is \$2,501-\$3,000 annually, with 30% of NPs reporting receiving this amount.



Annual CME Provided DO

n=34

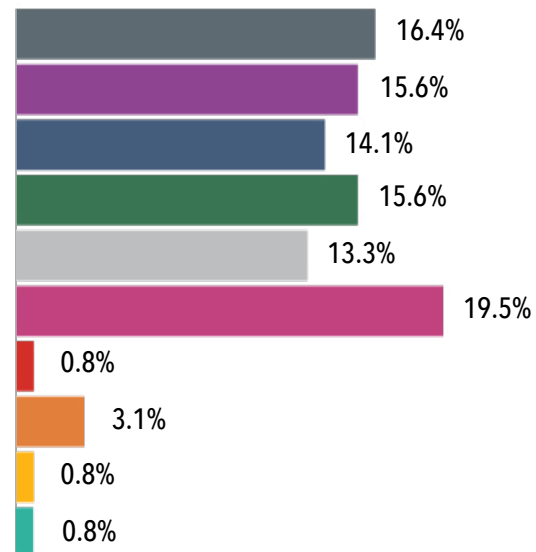
In comparison, 41.1% of DOs receive less than \$2,000 for their CME stipend with the largest category being \$3,000 - \$4,000 annually, at 20.6%



Annual CME Provided PA

n=128

About 62% of PAs receive less than \$2,000 annually in CME funds. The largest single CME category for PAs was \$2,501-\$3,000 annually.





Annual Paid Time Off

BY CLINICIAN TYPE

On average, MDs receive 20 days of paid time off per year, DOs receive 16.3 days, NPs receive 17 days, and PAs receive 16.4 days of paid time off per year. Fifteen percent of clinicians receive no paid time off. (Assuming 8 hour shift.)

85%

OF CLINICIANS

Receive Paid Time Off

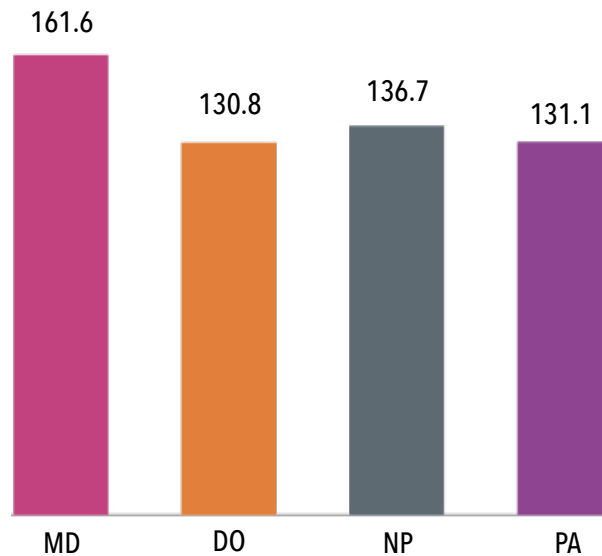


Average Paid Time Off Hours

BY CLINICIAN TYPE

n=359

Responses indicate that MDs receive the most hours of paid time off among all clinicians. This divergence may be attributed to other factors within the MD sample such as number of years with current employer or overall compensation package differences.

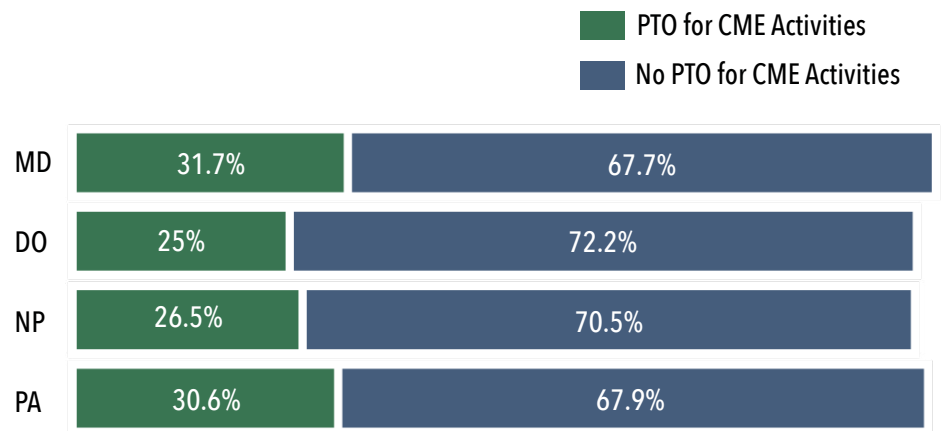


Receive Paid Time Off for CME Activities

BY CLINICIAN TYPE

n=503

The majority of clinicians do not receive paid time off for activities related to CME. There is not a significant variation observed between different types of clinicians and paid time off for CME activities.

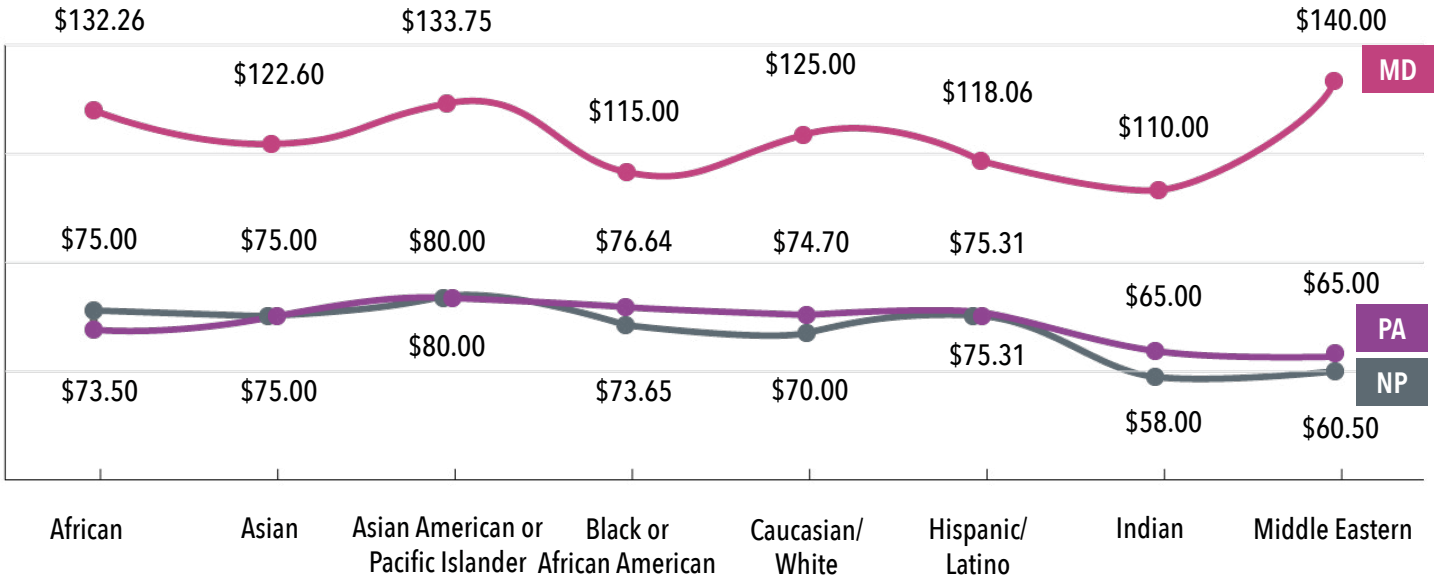


DIVERSITY



Median Hourly Compensation BY ETHNIC/RACIAL IDENTITY n=458

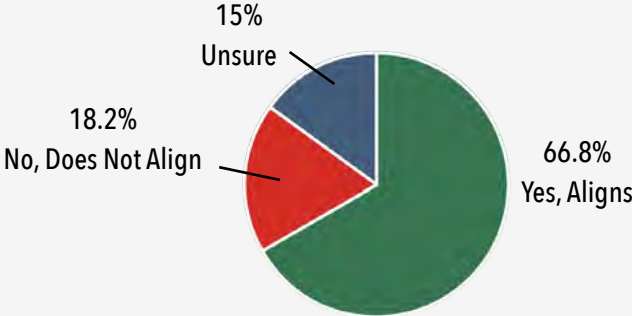
The chart below is an analysis of median hourly compensation for clinicians by self-reported ethnicity/racial identity. DOs are not included in this analysis due to an insufficient sample size of this metric.



The majority of clinicians believe that their ethnicity/race aligns with the patient population they treat (66.8%). [Research](#) has shown that communication, perception of care and health outcomes are improved among racially minoritized patients whose ethnicity aligns with their clinician.

Do you believe your ethnicity/racial identity aligns with the patient population you treat?

ALL CLINICIAN TYPES
n=473

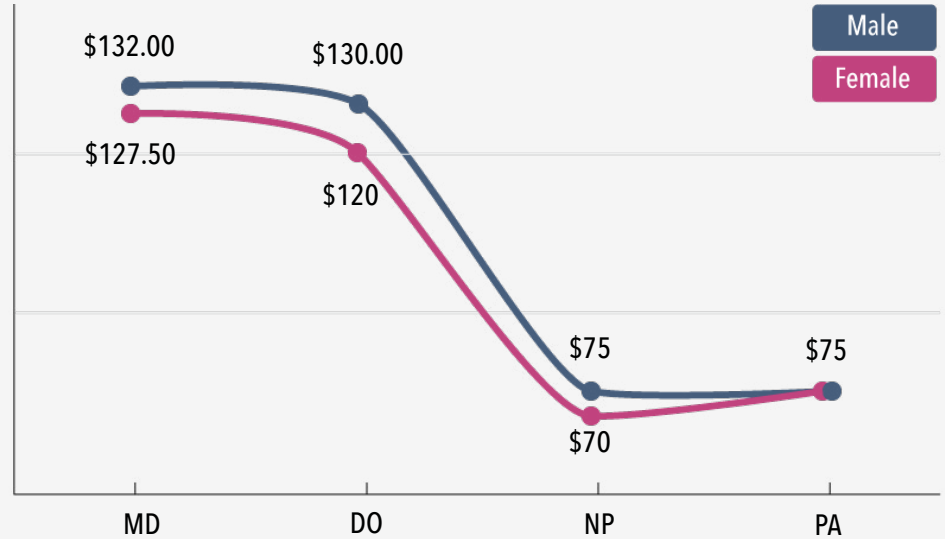




Median Hourly Compensation BY GENDER IDENTITY

n=461

The median hourly compensation was reported as higher for male clinicians for all roles except PA. There was no difference in the median hourly compensation reported for PAs based on gender identity.



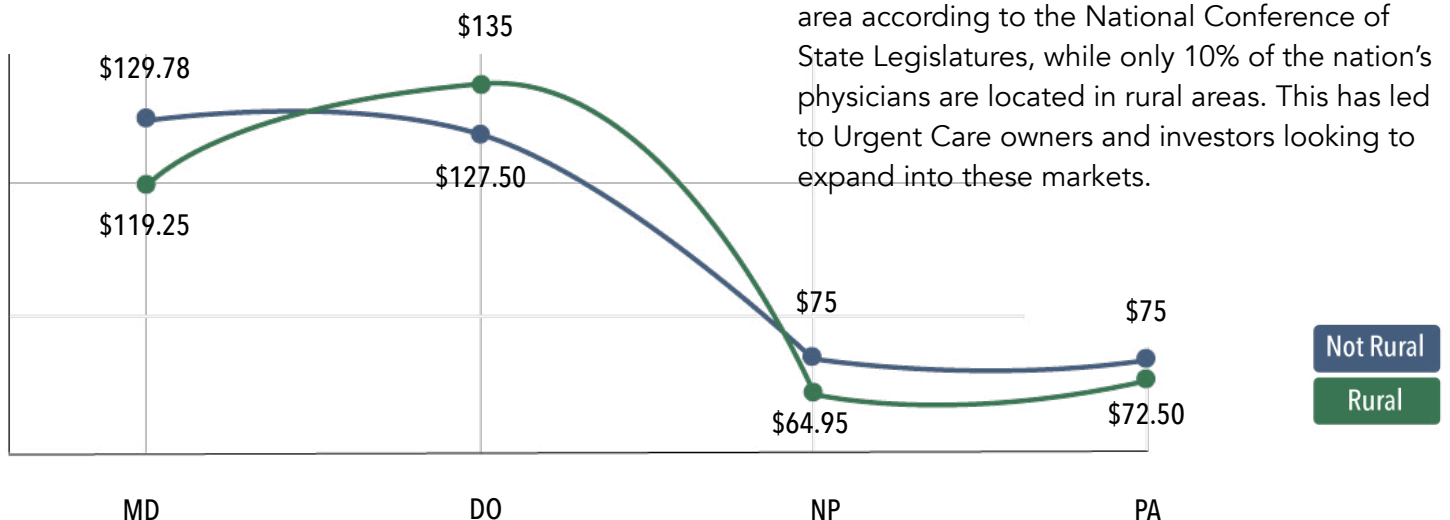
Median Hourly Compensation URBAN VS. RURAL

n=466

Results found clinicians who reported practicing in non-rural areas reported higher median hourly compensation for all roles (except DOs) than their rural counterparts.

A major factor in breaking into a rural market is determining if there is a sufficient population of potential patients to support the investment. Another factor is the recruitment of physicians and APCs to run these locations: A survey conducted by [Jackson Physician Search and LocumTenens.com](#) reported that only 10% of participants said they would not consider employment in a rural area. This study also reported physicians that currently work in urban and suburban areas were focused on factors such as compensation, flexibility and work/life balance when considering the switch to rural care.

One-fifth of the nation's population lives in a rural area according to the National Conference of State Legislatures, while only 10% of the nation's physicians are located in rural areas. This has led to Urgent Care owners and investors looking to expand into these markets.



OUTLOOK

The clinician satisfaction section of the report offers insights into clinicians' perspectives on issues that may contribute to turnover. It is designed to encourage operators to foster open and candid two-way communication with their clinical teams, demonstrating that their input is valued and will be taken into account in decision-making processes.

Fairness of Compensation

MDs reported the highest levels of satisfaction in compensation, with 47.6% indicating "Agree" or "Strongly Agree." Conversely, MDs also showed the highest level of dissatisfaction in pay, with 22.8% in the "Disagree" or "Strongly Disagree" categories. Other clinical roles also generally had higher agreement percentages than disagreement regarding the fairness of their compensation levels, though these agreement percentages remained in the mid-30 percent range.



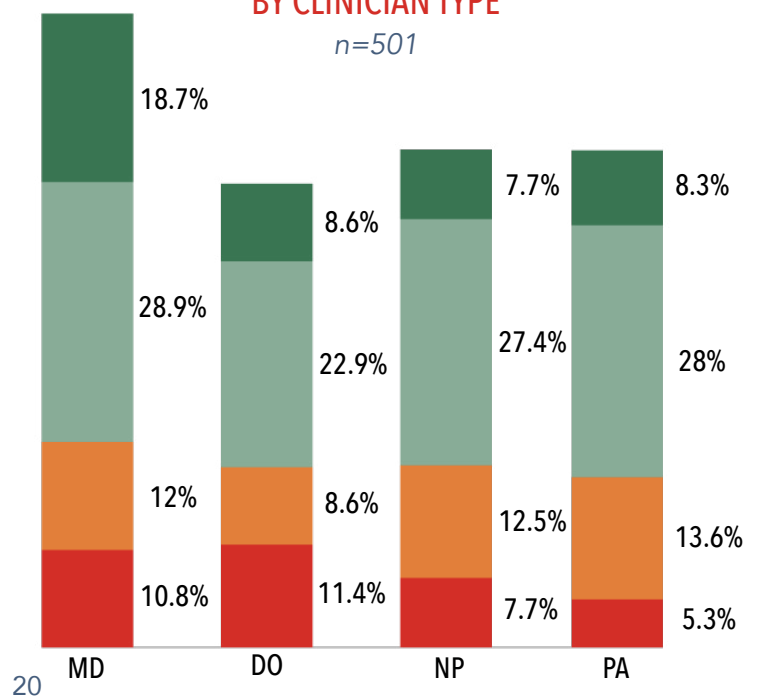
I am compensated fairly for my current role

BY CLINICIAN TYPE

n=501

The satisfaction questions were rated on a scale from "Strongly Disagree" to "Strongly Agree." The charts in this section will focus on both ends of the scale, highlighting areas of high satisfaction to commend and areas of low satisfaction that warrant further exploration.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree





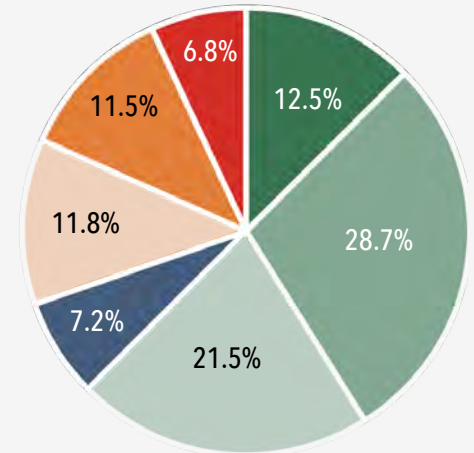
Fairness of Compensation

Overall, results were similar for clinicians regardless of ownership. This would suggest that ownership does not play a role in satisfaction of compensation. While over 60% of clinicians did respond with some level agreement to the statement, **“I am compensated fairly for my current role,”** approximately 1/3 responded that they disagree to some extent.

The following chart provides a snapshot of clinician satisfaction with compensation.

I am compensated fairly INDEPENDENT ORGANIZATIONS

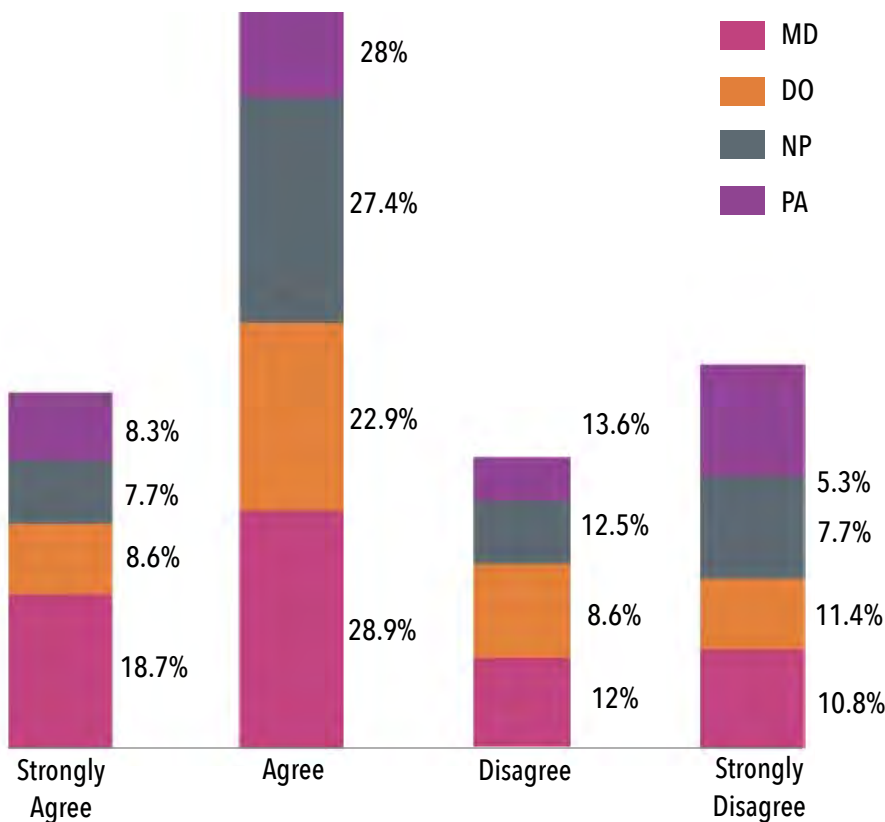
n=279



I am compensated fairly for my current role

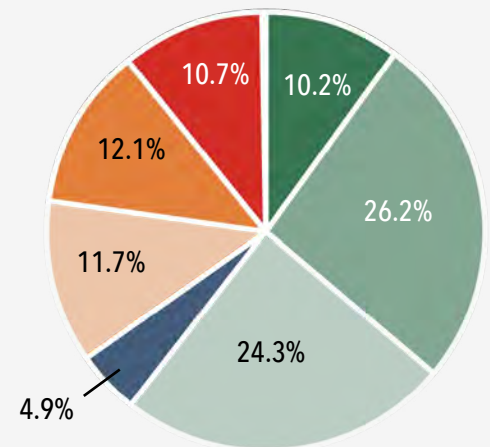
BY CLINICIAN TYPE

n=501



I am compensated fairly HOSPITAL-OWNED/AFFILIATED

n=206



- Strongly Agree
- Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Disagree
- Strongly Disagree



Making A Difference

Similar to the "Feeling Valued" results, most clinicians (over 90%) feel they are making a difference in patients' lives, and the ownership type of their employer does not play a factor in this perception.



95%

OF CLINICIANS

FEEL THEY ARE

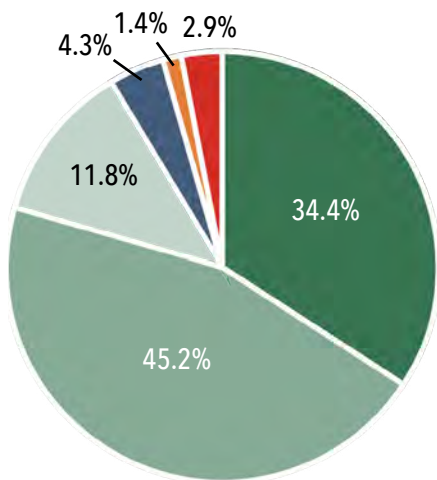
MAKING A DIFFERENCE

In Their Patients' Lives

I am making a difference in my patient's lives

INDEPENDENT

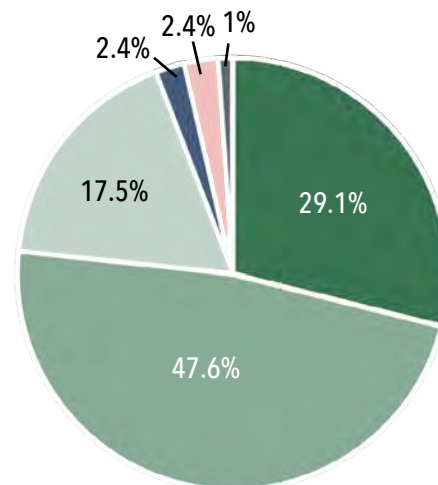
n=279



I am making a difference in my patients' lives

HOSPITAL-OWNED/AFFILIATED

n=206



- Strongly Agree
- Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Disagree
- Strongly Disagree

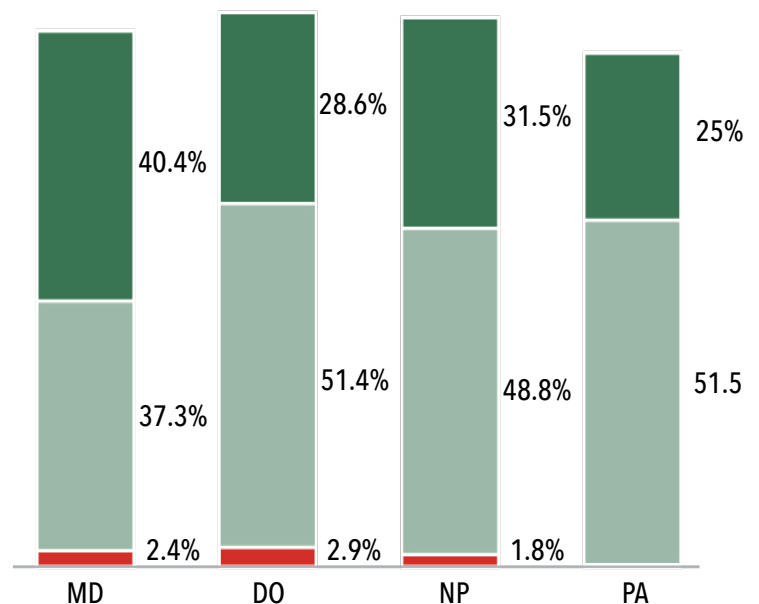
Urgent Care clinicians hold a unique position compared to the general population, as they have the opportunity to impact the lives of many different types of patients. Making a meaningful difference in patients' lives is often a rewarding aspect that initially draws clinicians to the field of medicine.

Results in this section were highly positive across all clinical roles. Over 75% of respondents across various roles either "Agree" or "Strongly Agree" that they are making a difference in the lives of the patients they treat.

I am making a difference in my patients' lives

BY CLINICIAN TYPE

n=501



LEARN ABOUT FEELINGS OF BEING VALUED ON

PAGE 24



Adequate Training

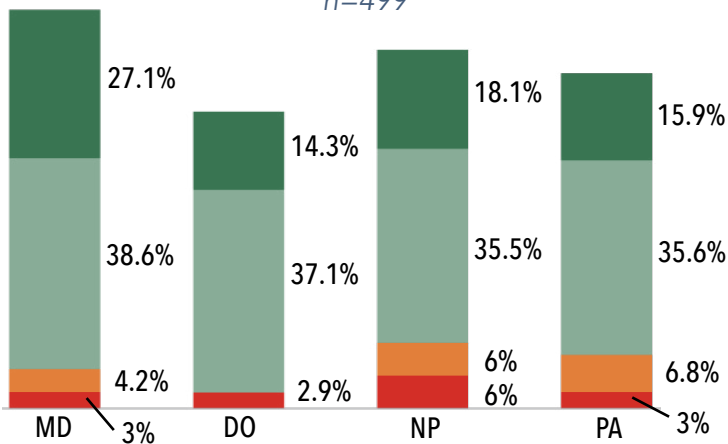
While clinicians responded similarly whether employed by independently owned organizations or hospital-owned/affiliated organizations, those that reported they disagree they have received adequate training is approximately 15%.

While over 50% of respondents across all roles either "Agree" or "Strongly Agree" that they have received adequate training from their current employer, there are higher levels of disagreement reported by APCs compared to physicians.

I have received adequate training from my current employer

BY CLINICIAN TYPE

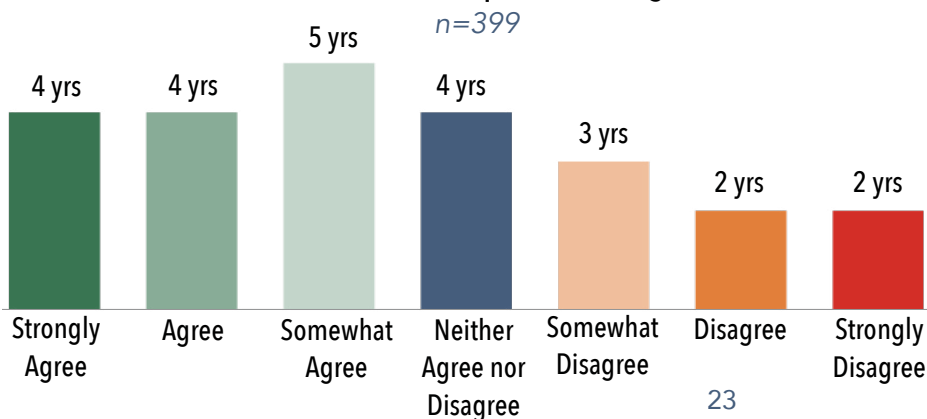
n=499



Those clinicians who reported they disagree (to any degree) with the statement "I have received adequate training from my current employer," are those who have been in their current position less than four years. The median number of years for those who strongly disagree or disagree is two years.

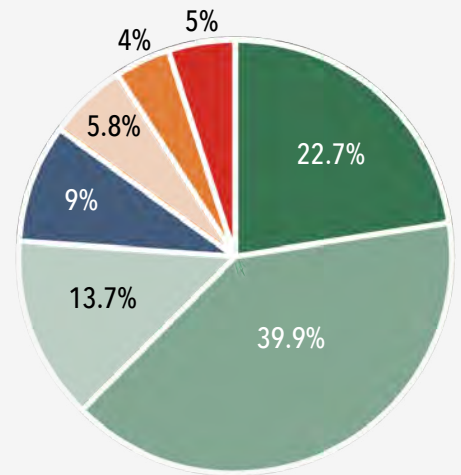
Median number of years with current employer related to adequate training

n=399



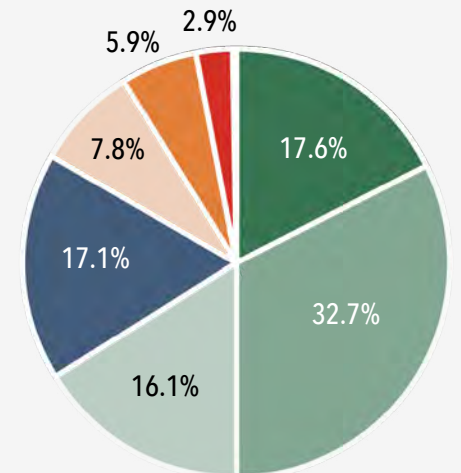
I receive adequate training INDEPENDENT ORGANIZATIONS

n=278



I receive adequate training HOSPITAL-OWNED/AFFILIATED

n=205



- Strongly Agree
- Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Disagree
- Strongly Disagree



Valued By Employer

The majority of clinicians from both independently-owned and hospital-owned/affiliated organizations feel valued by their employer, with over 70% of responses ranging from “Strongly Agree” to “Somewhat Agree.” The distribution across the scale of agreement between these ownership types is also very similar, indicating that ownership is not a factor for clinicians in feeling valued.

FEEL VALUED BY EMPLOYER

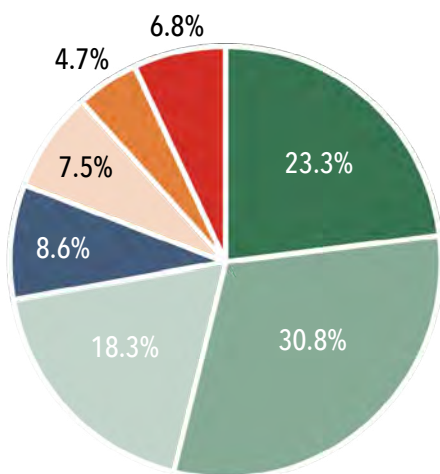
70%



All Clinician Types

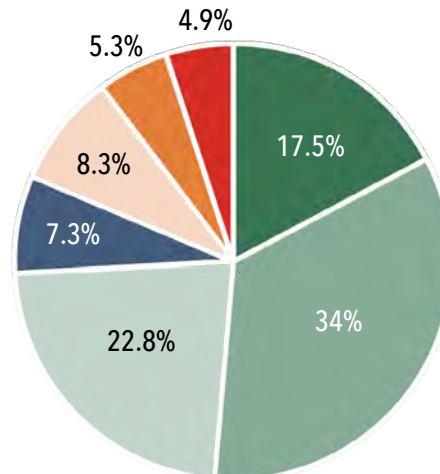
I am valued by my employer INDEPENDENT ORGANIZATIONS

n=279



I am valued by my employer HOSPITAL-OWNED/AFFILIATED

n=206

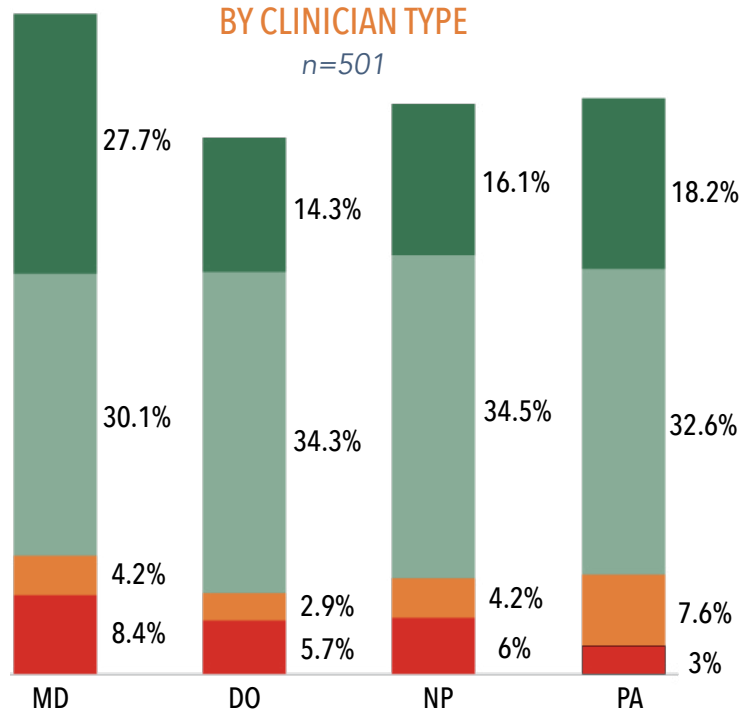


Operators can ensure that their clinicians feel valued in several ways. Some of the ways include fair compensation, adequate training and the sense of making a difference in patients’ lives, each of which are highlighted in the previous charts. Additionally, value can be conveyed to clinicians through recognition of their contributions to the organization, fostering social connections among the team and maintaining transparency in communication between administration and the clinical staff. These practices help cultivate a supportive and appreciative work environment for the entire organization.

While the survey results indicated that the majority of clinicians agree they feel valued by their employer, there is room for improvement across all roles. MDs reported the highest levels of feeling valued by their employer.

I am valued by my employer BY CLINICIAN TYPE

n=501





Current Level of Stress

n=487

Respondents were asked to rate their level of stress with the typical challenging situations of working in Urgent Care.



HIGHEST CAUSE OF STRESS

33.7%



Difficult Patients

LARGEST STRESSOR: DIFFICULT PATIENTS

About 34% of clinicians rated the stress caused by treating difficult patients at a 6 or higher on the 10-point scale. Overall, there was little variation between the clinical roles and the stress levels reported.

Difficult Patients

Stress Rating Scale	DO	MD	NP	PA	All Credentials
1	5.7%	6.9%	6.7%	7.7%	7%
2	14.3%	20.1%	16%	13.8%	16.6%
3	22.9%	18.9%	16%	12.3%	16.4%
4	0%	8.2%	12.9%	15.4%	11.1%
5	20%	13.8%	12.9%	18.5%	15.2%
6	14.3%	7.5%	6.7%	8.5%	8%
7	0%	6.9%	10.4%	11.5%	8.8%
8	11.4%	10.1%	11.7%	7.7%	10.1%
9	5.7%	3.1%	1.2%	0.8%	2.1%
10	5.7%	4.4%	5.5%	3.8%	4.7%

Conflict with Co-workers

Stress Rating Scale	DO	MD	NP	PA	All Credentials
1	40%	36.5%	51.5%	56.2%	47%
2	20%	24.5%	14.1%	19.2%	19.3%
3	20%	13.8%	10.4%	5.4%	10.9%
4	0%	6.3%	5.5%	3.8%	4.9%
5	8.6%	6.3%	6.1%	8.5%	7%
6	2.9%	5.7%	2.5%	4.6%	4.1%
7	2.9%	3.1%	3.7%	0%	2.5%
8	0%	0.6%	3.7%	1.5%	1.8%
9	2.9%	1.3%	0.6%	0%	0.8%
10	2.9%	1.9%	1.8%	0.8%	1.6%

Work/Life Balance

Stress Rating Scale	DO	MD	NP	PA	All Credentials
1	5.7%	11.3%	16%	10%	12.1%
2	17.1%	12.6%	11%	12.3%	12.3%
3	20%	13.8%	11%	12.3%	12.9%
4	8.6%	8.2%	12.9%	12.3%	10.9%
5	25.7%	18.9%	16.6%	23.1%	19.7%
6	5.7%	10.7%	3.1%	3.1%	5.7%
7	8.6%	9.4%	7.4%	12.3%	9.4%
8	2.9%	8.2%	6.7%	7.7%	7.2%
9	5.7%	3.1%	5.5%	3.1%	4.1%
10	0%	3.8%	9.8%	3.8%	5.5%

Development of Treatment Plans

Stress Rating Scale	DO	MD	NP	PA	All Credentials
1	26.5%	27.2%	23.3%	24.6%	25.2%
2	26.5%	27.2%	20.2%	16.2%	21.9%
3	14.7%	12%	16.6%	19.2%	15.7%
4	0%	5.7%	11.7%	10.8%	8.7%
5	14.7%	17.7%	12.3%	16.2%	15.3%
6	5.9%	4.4%	5.5%	4.6%	4.9%
7	5.9%	3.8%	5.5%	5.4%	4.9%
8	5.9%	1.3%	3.7%	3.1%	2.9%
9	0%	0.6%	0%	0%	0.2%
10	0%	0%	1.2%	0%	0.4%



Net Promoter Score

The Net Promoter Score (NPS) score was measured by the question, **“How likely are you to recommend working at your Urgent Care organization to a friend?”** NPS scores are reported with a number ranging from -100 to +100, where a higher score is desirable.

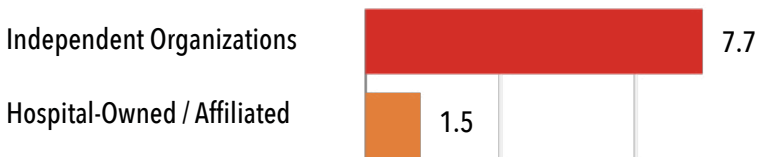
Creators of NPS, Bain & Company suggest the results of NPS questions can be interpreted as such:

- Above 0 is good
- Above 20 is favorable
- Above 50 is excellent
- Above 80 is world-class

How Likely Are You To Recommend Working At Your Organization To A Friend?

INDEPENDENT VS. HOSPITAL-OWNED/AFFILIATED

n=473

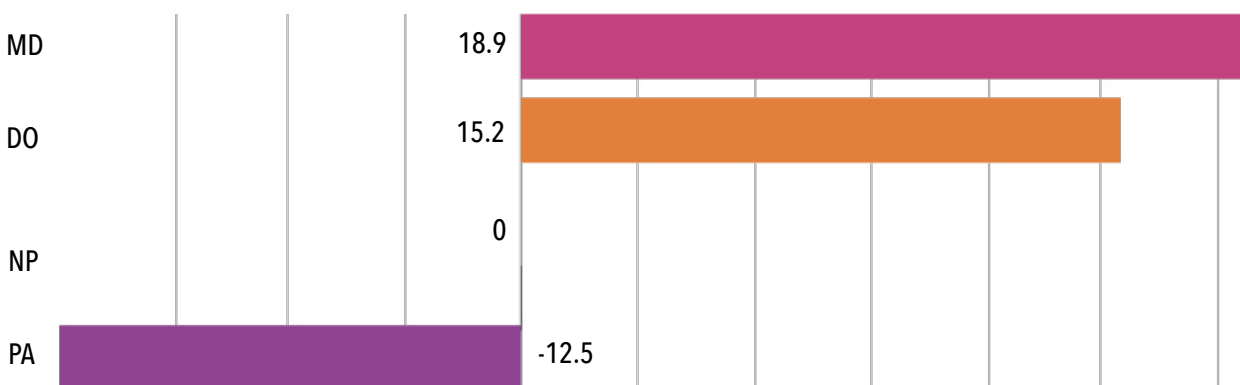


> 0 = Good
 > 20 = Favorable
 > 50 = Excellent
 > 80 = World-class

How Likely Are You To Recommend Working At Your Organization To A Friend?

BY CLINICIAN TYPE

n=483



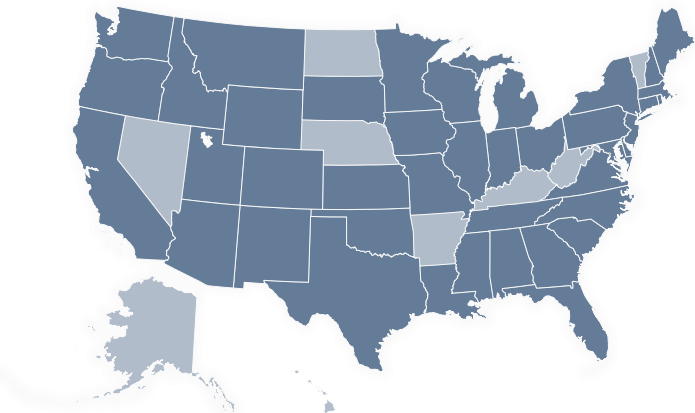
PARTICIPANT PROFILE

The anonymous survey for this report was conducted from March 13 to June 7, 2024, and gathered a total of 576 responses. Participation was open to members and non-members of the Urgent Care Association. No personal identifying information such as names or email addresses was collected from participants to ensure anonymity.

This survey and report differ from previous editions in that individual clinicians were asked to participate vs. garnering data at the organizational level. This allowed UCA to gather data at the individual clinician level. Data gathered included the number of years practicing in Urgent Care, location, gender and several other characteristics that potentially impact compensation.

Of the 576 responses received, 442 respondents provided the zip code for the center where they practice most. The heat map illustrates the distribution of responses across states where at least one participant provided their location.

Respondent Distribution by State
n=576

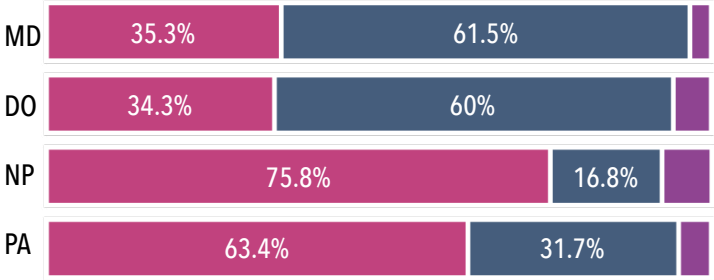


Distribution of gender identity

BY CLINICIAN TYPE

n=475

- Female
- Male
- Prefer Not To Say



Physician Specialty

n=482

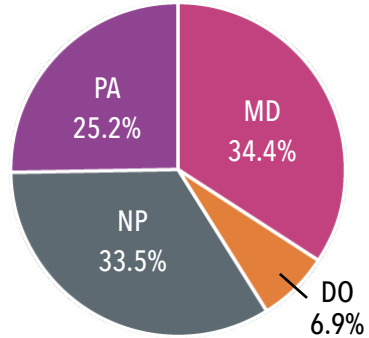
Family Medicine and Emergency Medicine specialties dominated the physician participant responses with 50.9% and 32.4%, respectively. (A minority of participants identified as having multiple specialties.)



Degree Held

n=576

41.3% of survey participants were physicians and 58.7% were APCs.



Board Certified

n=221

Nearly 87% of the physician respondents indicated that they were board certified through the American Board of Medical Specialties (ABMS).



Median Number of Years Practicing

BY CLINICIAN TYPE

n=333

n=438

In Urgent Care		With Current Employer	
MD	6	MD	5
DO	5	DO	4
NP	4	NP	3
PA	4	PA	3

Organizations Represented

BY NUMBER OF CENTERS

n=445

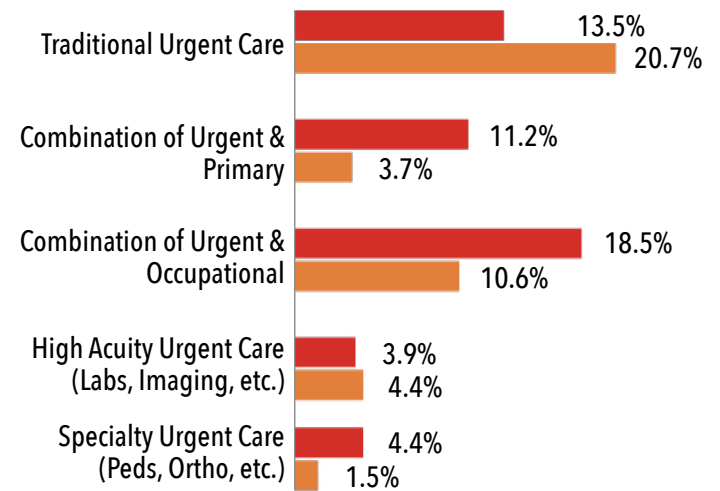
445 clinicians provided the number of centers within their organization. Both small and large organizations are represented.

1-10 Centers	11-40 Centers	41-80 Centers	81-300 Centers
237	126	60	22

Center Format

n=485

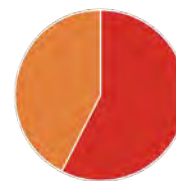
Respondents from independently-owned facilities most identified their setting as a combination of Urgent Care and Occupational Medicine (18.5%). On the other hand, respondents from hospital-owned/affiliated facilities most frequently reported working in a traditional Urgent Care setting.



Organization Type

n=485

HOSPITAL
42.5%



INDEPENDENT
57.5%



42.5% of participants were employed by a hospital & 57.5% were independent.

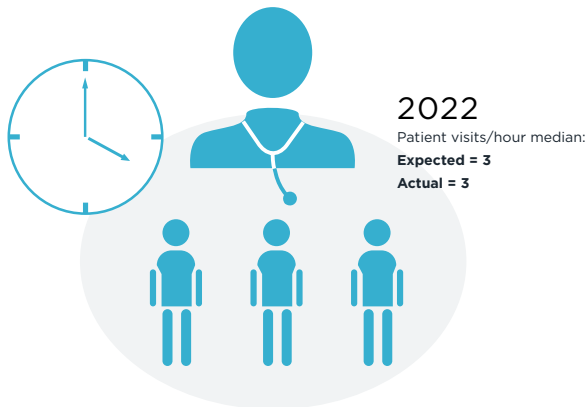
REFERENCE:

2022 COMPENSATION RESULTS

Productivity

n=1,285

Respondents were asked how many patients per hour each provider was expected to see vs. how many they actually see, excluding COVID-19 testing visits. Along with testing visits other factors came into play, such as the acuity level of the Urgent Care center as well as the skill level of the clinicians.



Clinical Roles: Salaried vs. Hourly

n=1,218

Most employees in clinical positions received hourly compensation. The highest percentage of hourly compensation occurred with medical assistants (98.7%).

ROLE	HOURLY	SALARIED	DO NOT EMPLOY
Nurse Practitioner	60.9%	38.5%	0.6%
Physician Assistant	61.0%	38.2%	0.8%
Medical Assistant (Uncertified)	98.7%	0.0%	1.3%
Physician	73.7%	24.5%	1.8%
X-ray Tech	84.2%	0.5%	15.4%
Multi-Tech (X-ray + Medical Assistant)	79.3%	1.3%	19.5%
Radiologic Technologist	73.6%	0.1%	26.3%
Licensed Practical Nurse	62.3%	0.0%	37.7%
Registered Nurse	44.3%	1.8%	53.9%
Nurse Assistant	36.0%	0.0%	64.0%
Paramedic	28.7%	0.1%	71.2%

Clinical Roles: Hourly Compensation

n=1,218

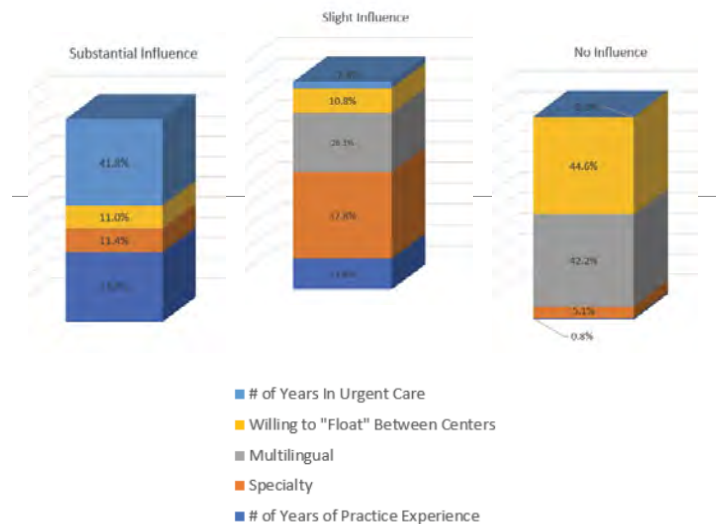
Median reported average hourly pay rates for Urgent Care clinical positions:

ROLE	25TH	50TH	2022		2019	
			ANNUALIZED	75TH	AVERAGE	50TH
Physician	\$105.00	\$106.41	\$221,333	\$117.31	\$110.45	\$117.41
Physician Assistant	\$60.00	\$65.00	\$135,200	\$68.00	\$63.88	\$60.06
Nurse Practitioner	\$58.00	\$62.00	\$128,960	\$69.58	\$63.54	\$60.14
Registered Nurse	\$30.00	\$42.00	\$87,360	\$42.00	\$36.70	\$30.00
Medical Assistant (Uncertified)	\$16.68	\$17.16	\$35,693	\$19.00	\$17.60	
X-Ray Tech	\$20.67	\$22.82	\$47,466	\$32.00	\$25.66	
Radiologic Technologist	\$22.82	\$24.74	\$51,459	\$27.45	\$25.39	\$24.47
Licensed Practical Nurse	\$20.52	\$26.13	\$54,350	\$31.99	\$26.39	
Nurse Assistant	\$14.97	\$14.97	\$31,138	\$16.00	\$15.23	
Paramedic	\$20.48	\$21.50	\$44,720	\$27.00	\$23.17	
Multi-Tech (X-ray + Medical Assistant)	\$17.16	\$21.82	\$45,386	\$28.99	\$22.90	

Base Pay

n=1,162

The factors that influence clinician base pay the most are the years of Urgent Care experience and years of practice experience.

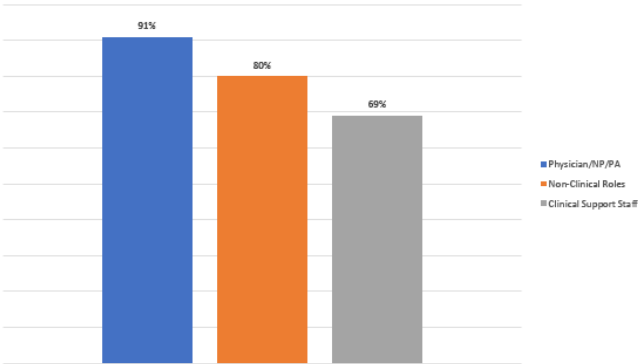


REFERENCE:

2022 COMPENSATION RESULTS

Bonus Eligibility

n=1,190



Bonus Drivers

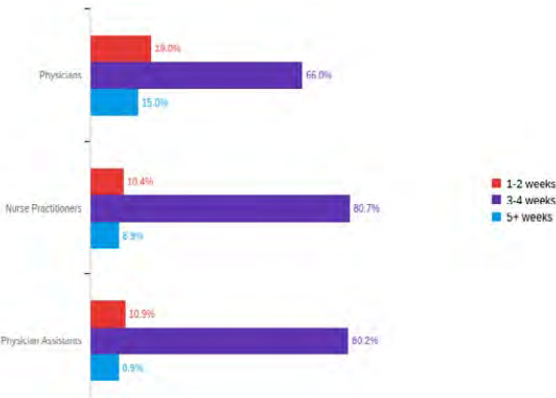
n=1,101

The top five drivers of bonuses were similar for clinicians, clinical support staff and non-clinical roles, Respondents were able to select multiple factors.

PHYSICIANS/NP/PA	
# of Patients Seen	23.6%
Patient Satisfaction	21.0%
# of Hours Worked	14.9%
Overall Financial Performance/ Profit Sharing	14.3%
Exceeding Budget	9.0%

Paid Time Off

n=992



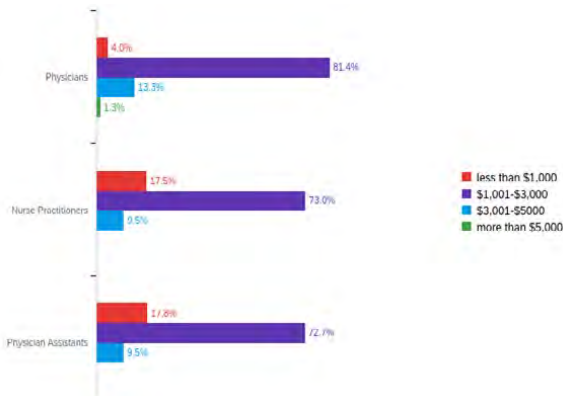
Benefits Offered

n=1,216

	PHYSICIANS	NURSE PRACTITIONERS	PHYSICIAN ASSISTANTS
CME/Prof Development Time Off	98.0%	98.8%	98.4%
Professional Liability Insurance	98.0%	97.6%	97.6%
CME/Prof Development Funds	97.8%	98.3%	98.0%
Vision Insurance	97.1%	98.8%	99.1%
Health Insurance - Family	96.7%	99.0%	99.3%
Dental Insurance	96.6%	98.6%	99.1%
Health Insurance - Employee	96.5%	98.5%	99.0%
Long Term Disability	96.5%	99.1%	99.0%
Vacation/Sick/PTO	89.1%	96.2%	90.7%
Life Insurance	82.1%	98.8%	99.4%
401k or Pension	81.9%	98.4%	98.8%
Short Term Disability	80.8%	99.3%	99.2%

CME Allowance

n=1,169





BENCHMARKING REPORTS



COUNT BY STATE



**LARGEST
U.S. OPERATORS**

www.urgentcareassociation.org/about/urgent-care-data/