

Redesigning Psychiatric Education for Postgraduate PAs: Accelerated, Accessible, Effective

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Abstract

The Accelerated Certificate Program for Physician Assistants in Psychiatry (ACP-PA) is a novel educational approach to provide targeted psychiatric training to postgraduate Physician Assistants/Associates (PAs). To evaluate its impact, the use of participant feedback, knowledge assessments and engagement metrics were systematically collected and analyzed to guide iterative refinement and measure outcomes. Initial findings demonstrate high participant satisfaction and relevance to behavioral health workforce development. Future applications include impact on success for completion of the CAQ in psychiatry, as well as other CAQ-preparatory courses in other specialties, such as palliative medicine, geriatrics and others.

Introduction

Shortages of psychiatric professionals continue to persist with an estimated deficit of 14,000 to 31,000 psychiatrists^(1,2). In rural and underserved areas, this impact is even more profound^(1,3). Physician Assistants/Associates (PAs) represent an underutilized workforce in the psychiatric landscape. Presently there are approximately 2% of PAs working in psychiatric specialties compared to 5% of all physicians⁽¹⁻⁴⁾. Limitations for PAs to work in psychiatric practices have primarily been a result of a lack of recognition that PAs are equipped to work in this space, as well as state-specific legislative barriers and insurance credentialing bodies. Despite these barriers, growing interest among PAs working in psychiatry is developing. As PAs pursue job opportunities in psychiatry, some practices are hesitant to hire without the PA holding a Certificate of Additional Qualification (CAQ) in Psychiatry—an optional credential which is offered by the NCCPA. To obtain the CAQ, PAs must first obtain 2000 hours in a specialty setting and 75 CME hours in the field along with a clinical attestation of hours met by a supervisor. Unfortunately, obtaining employment for PAs in psychiatry prior to obtaining a CAQ may be challenging as many psychiatric practices look to hire PAs with the CAQ in psychiatry already. This is often due to the incorrect assumption that the CAQ is equivalent to the board certification that Psychiatric Mental Health Nurse Practitioners (PMHNPs) obtain upon graduation and prior to clinical practice^(2,5). Alternative post-graduate training for PAs encompasses psychiatric fellowships, of which there are approximately 11 nationwide where post-graduate PAs may obtain in-depth clinical training. A challenge to this model is the limited placements available and the requirement to relocate to the area offering the fellowship. Given the abovementioned barriers to pursuing a position in psychiatry, this accelerated certificate program was created to provide comprehensive post-graduate psychiatric training.

Program Design

The ACP-PA program totals 16 weeks of a virtual course that earns 50 AAPA Category 1 CME credits. The curriculum includes the following elements: Asynchronous, core modules on psychiatric diagnosis, neurobiology, psychopharmacology and psychotherapy. Ten synchronous, bi-weekly cohort meetings featuring live mentorship, content discussion and case-based learning modules. Structured participation for the NCCPA CAQ in Psychiatry. Option for individual mentorship meetings with the course director

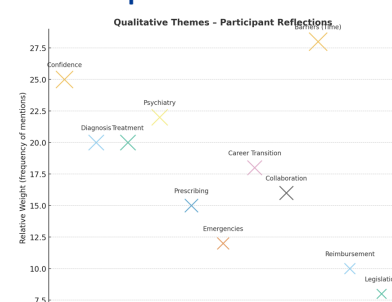
Participants

Participants include post-graduate PAs who identified the program of interest to either transition into psychiatry and/or improve their existing knowledge base in mental health. They either received marketing notification, or word-of mouth from social media channels. The course initially intended to accept 20 participants however the interest generated exceeded this and 40 participants ultimately enrolled.

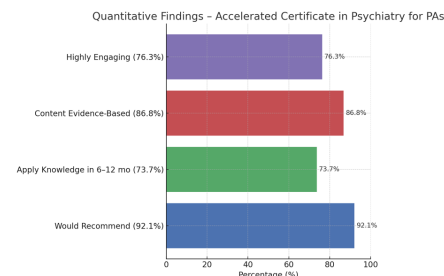
Methods

Evaluation Design: A mixed method evaluation was conducted. Quantitative data was collected via a post-course survey including a Likert-scale item analysis on course satisfaction, applicability, and intended behavior change. Survey Questions Included: Likelihood of implementing course content in practice/ Changes committed to as a result of this course/ Perceived benefits for patient care and team collaboration/ Barriers to applying the learning. Descriptive statistics were generated for quantitative data. Open-ended questions captured qualitative feedback on impact, barriers and areas for improvement.

Participant Reflections



Overall Satisfaction Scales



Results

Quantitative Findings

- 92.1% of participants (n=35) reported they would recommend the course
- 73.7% indicated they were very likely to apply new knowledge in the next 6–12 months
- 86.8% rated the content as evidence-based
- 76.3% found it highly engaging

Qualitative Themes

1. Clinical Confidence and Competency

Participants expressed increased confidence diagnosing and treating psychiatric conditions: "I came into this program with no psych background, and now I feel prepared to pursue a job in psychiatry."

2. Practical Application

PAs described changes in prescribing habits, use of assessment tools, and ability to manage emergencies: "I will start using augmentation strategies and reviewing my medication lists more critically."

3. Career Transition

Several reported using the course to shift from primary care into psychiatry: "This course laid the foundation for me opening my own mental health clinic."

4. Interprofessional Learning

Participants noted improved understanding of mental health roles and enhanced collaboration: "This helped me better communicate with my mental health colleagues."

5. Implementation Barriers

Time limitations, reimbursement issues, and legislative restrictions were common concerns: "I work in an FQHC and face challenges with patient volume and limited psych coverage."

Discussion

The ACP-PA demonstrates that a thoughtfully designed, virtual CME program can successfully enhance PAs expertise in psychiatry and promote their readiness to practice in this field. Key features—synchronous mentorship CAQ alignment and interactive learning—contributed to high satisfaction and perceived clinical impact. The program addresses barriers identified by the AAPA and the Ad Hoc Committee on PAs in Psychiatry, including the lack of standard training pathways and credential visibility. Findings from the survey data are consistent with the literature on psychiatric PA education⁽¹⁻³⁾ in that participants identified increased confidence, practice change and interest in psychiatric careers. The course format aligns with workforce realities, including telehealth trends and rural access needs.

Limitations

- Self-selection bias: Participants may be more motivated than the general PA population to expand their practice in psychiatry.
- Short-term evaluation: No data yet on CAQ completion or long-term practice outcomes.
- Generalizability: Findings may not apply to PAs in states with more restrictive mental health laws or to other PA specialties seeking to adapt additional CAQ preparation.

Conclusion

The ACP-PA program demonstrates an educational model with a scalable approach to psychiatric training for postgraduate PAs. Its virtual, blended-learning format supports accessibility and engagement across geographic boundaries. Early feedback indicates high satisfaction, potential clinical impact, and relevance for workforce development in behavioral health. Future studies should include pre-post knowledge assessments, follow up data on CAQ certification and employment and comparison with other training models.

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