JRCPTB
Joint Royal Colleges of Physicians Training Board

Guidance on training in Adolescent and Young Adult Health Care (Including transition)

Guidance for trainees, trainers and programme directors

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Background

Physicians practising in most medical specialties and in general internal medicine (GIM) and acute internal medicine (AIM) commonly manage adolescents and young adults (16 to 24 year olds) in inpatient or outpatient settings, either presenting to adult services for the first time or having transferred from paediatric to adult care. This group of patients are in a distinct developmental stage where physical development is almost complete, but cognitive development is continuing especially in the frontal lobe responsible for adult executive functions, such as long term planning, abstract thought and impulse control. They should therefore receive developmentally appropriate health care (which differs from the care of older adults and the elderly) to address their particular emotional, social, educational and vocational needs and to promote autonomy and resilience. By ensuring that physicians adopt this as the normal or default approach, supported by specific knowledge, skills and behaviours, this age group's experience of care and potentially long term adult health should improve.

There are around 7,000 trainees in higher training (ST3 and above) and approximately 57% of whom are enrolled as dual training with GIM. The UK annual intake of trainees requiring these skills amounts to about 1,400 pa. At deanery level, this means that on average there will be 100 trainees eligible for enhanced training per year, but the numbers will vary from 20 - 150 pa depending on the size of the deanery. Most of these will require the knowledge attitudes and skills to work effectively with adolescents and young adults in any clinical setting.

The results of a Royal College of Physicians of London survey of 600 higher specialist trainees demonstrated that 70% rated their training in this area as minimal or non-existent and that lack of training was perceived as the greatest barrier to working effectively with this age group. There are, however, some challenges in ensuring that trainees' experience adequate exposure to the management of adolescents and young adults particularly in outpatient setting. Building a trusting relationship between physician and young person is key and is facilitated by providing continuity of care, therefore trainees who are rotating through the service may pose a threat to this relationship and may feel dissuaded from attending dedicated clinics. Also the alternative approach of observing in clinic can be considered intrusive by the young person and can also limit discussion about sensitive topics.

This prompted the Young Adult & Adolescent Steering Group at the Royal College of Physicians London to develop guidance for *how* the required competences can be gained in a meaningful way for use at training programme level.

Guidance for trainees, trainers and programme directors

Gaining experience in working with adolescents and young adults is key to making the competencies meaningful. As described above there are some challenges for trainers and trainees that need to be addressed.

Overcoming the challenges of getting training in adolescent and young adult health

- *Services should have a policy in relation to trainees seeing adolescents and young adults in outpatient settings. This policy could include:*
    - *Giving young people information about trainees and a choice as to whether they are happy to be seen by a trainee alone or have a trainee observe*
    - *Asking young people and their parents to assist in trainee assessment by providing feedback on the trainees following the consultation*
    - *Ensuring that the main consultant of the young person routinely introduce and/or observe and/or join the trainee at some point during the consultation*
    - *Agreeing that all young people attending their first appointment after transfer from paediatric services should be seen by their main consultant*
- *More innovative methods of training need to be considered*
    - *Asking young people whether they are happy to volunteer to share their story in person with small groups of trainees or be videoed*
    - *Using young actors as simulated patients to practice communication skills*

Opportunities for gaining experience of adolescent and young adult health

- *Outpatient settings:*

  Work in either a paediatric or an adult setting with a team/consultant with an interest in working with adolescents and young adults

  Assess new and follow-up patients and discuss with educational supervisor

  Assess patients undergoing transition and transfer from paediatric to adult services and discuss with educational supervisor (N.B. not appropriate if first appointment in adult service transferring from paediatric services)
- *Inpatient settings:*

  Assess adolescents and young adults presenting acutely and discuss with educational supervisor
- *Work within a variety of hospital and community settings* with teams working with adolescents and young adults *eg mental health, sexual health, drugs & alcohol liaison services, safeguarding, youth work*
- *Working with groups of young people including attending support group meetings*
- *Involving young people in monitoring and evaluation of a service*

Other opportunities for dedicated training

- *Small group sessions with other trainees either as part of specialty or GIM training, potentially involving a willing young person in person or on video*
- *Communication Skills, potentially including simulated consultations using actors or videoed consultations*
- *Education Courses*
- *E-learning*
- *Reflection in log-book/e-portfolio*

Minimum requirements for training

Although elements of the competencies required will be gained at various times, it is useful to specify a minimum requirement both in terms of time and number of supervised learning events (SLEs) so that trainees and trainers can identify needs and demonstrate competencies gained.

It is anticipated that the *minimum* time requirement to gain the curriculum competencies for adolescent and young adult health will be either 20 hours if service does not have a significant transition component or 40 hours if there is a significant transition component (equivalent to five working days) over the length of training. Time spent on the WPBA (and associated feedback) can be included.

It is recommended that a minimum of two supervised learning events (SLEs) are carried out (at least one CbD and one mini-CEX) if service does not have a significant transition component or four SLEs if there is a significant transition component over the length of training which predominantly relate to adolescent and young adult health issues including transition. Examples of topics to be covered are listed below.

Once the trainee believes that they have adequately explored the competencies they should complete the 'trainee rating' section of the curriculum grid in the e-Portfolio. This should be reviewed by the supervisor (clinical or educational) and the competency status confirmed.

Guidance for how to achieve (and document) a minimum competency level, and some examples of excellence is outlined in the table below.

Domain and indicative time	Examples of how knowledge, skills & behaviours can be achieved	Minimum requirement to demonstrate exploration of curriculum	Examples of excellence	Assessment methods
Knowledge 8 hours	Personal reading, eLearning (www.e-lfh.org.uk/programmes/adolescent-health/), attendance at formal lectures / grand rounds / seminars / tutorial, any relevant CPD	At least 3 hours of specific, formal adolescent and young adult health care teaching / lectures Knowledge of components and how to deliver developmentally appropriate healthcare Knowledge of components and how to deliver transitional care	MSc / Diploma / certificate / approved course or conference (see below)	Mini-CEX CbD MRCP / SCE
Skills and behaviours 16 hours	Reflection on personal involvement with adolescent and young adult patients, including transition Use of young person feedback about the extent to which they feel involved as a part of reflective learning Communication skills course	See suggested work based assessments (see below)	Write a discussion / reflection document Involvement in young person support group Facilitate young people engagement in monitoring and evaluation of a service Involvement in audit and research addressing topics related to adolescent and young adult health	Mini-CEX CBD ACAT PS MSF QIPAT
Experience 16 hours	Period of time / sessions with a team/consultant with an interest in adolescents and young adults (paediatric or adult outpatient and inpatient settings) where assessments are undertaken	2 sessions (of at least 3 hours each) OR 10 dedicated adolescent/young adult/transition clinics OR 15 cases involving young people (11 to 24 years of age) OR equivalent, with a team/consultant with an	2 weeks: Opportunities in medical specialties and AIM Experience in a variety of hospital and community settings with teams working with adolescents and young adults (e.g. mental health, sexual health, drugs & alcohol liaison services, safeguarding, youth work)	Mini-CEX CbD ACAT

		interest in adolescents and young adults (paediatric or adult inpatient and outpatient settings)	Detailed documentation of skills gained and development needs	

KEY

ACAT	Acute care assessment tool	CbD	Case-based discussion
MRCP (UK)	Membership of the Royal Colleges of Physicians Diploma	Mini-CEX	Mini-clinical evaluation exercise
MSF	Multi source feedback	PS	Patient survey
QIPAT	Quality improvement project assessment tool	SCE	Specialty Certificate Examination

Supervised Learning Events (CbD / Mini CEX)

1. Demonstrate communication skills appropriate for working with young people with or without learning difficulties or sensory impairment, including discussions about confidentiality and seeing young people on their own
2. Demonstrate skills to facilitate share decision making with young people and attaching value to patient preferences
3. Acknowledge the needs and role of parents in supporting the young person with or without learning difficulties or sensory impairment as well as the preferences of the young person in relation to parental involvement
4. Encourage the young person's growing independence in healthcare, including seeing a young person on their own for part of the consultation, contacting the service, arranging prescriptions and concordance with medication
5. Demonstrate skills in performing health and psychosocial screening in a young person and act on responses, including health education and promotion
6. Demonstrate skills in communication about educational/vocational issues in young people and how to act as their advocate
7. Establish a young person's level of understanding about their condition and it's management now and in later adulthood
8. Demonstrate skills in discussing adherence with medication and management
9. Demonstrate knowledge of the differences in physiology between adolescents and young adults and older adults in the management of some conditions, for example, in the management of diabetic ketoacidosis
10. Recognise the challenges that young people and their parents may face during transition and transfer to adult services, and facilitate their navigation of the system and potentially avoiding need for acute care

E-Learning modules recommended to support curriculum delivery

http://www.e-lfh.org.uk/programmes/adolescent-health/

Course Section	Title
Module 1	Introduction: Health and Illness in Adolescence
Module 2	Healthy Development
Module 3	Legal Framework
Module 4	Communication & Consultations with Young People
Module 5	Health Promotion & Advocacy
Module 6	Long Term Conditions & Transitional Care
Module 7	Concordance & Adherence
Module 8	Youth Friendly Health services
Module 9	Sexual & Reproductive Health
Module 10	Self Harm & Common Mental Health Problems
Module 11	Substance Use & Misuse
Module 12	Overweight & Underweight
Module 13	Common Medical Conditions

Curriculum extract

While all competencies should be similarly applied regardless of the age of the patient, there are some competencies specifically focussing on adolescents and young adults in the current curricula for CMT, AIM and GIM curricula and detail the knowledge, skills and behaviours required for adolescent and young adult health care (including transition) training. Individual specialty curricula also contain syllabus sections on adolescent and young adult health including transition.

Knowledge	
History Taking: Recognise normal adolescent biological, psychological and social development and its impact upon health and illness, particularly, key determinants of adolescent or young adult health such as deprivation and the importance of adolescent health for adult health	mini-CEX, CbD
The Patient as Central Focus of Care: Recall health needs of particular populations e.g. adolescents / young adults, ethnic minorities and recognise the impact of culture and ethnicity in presentations of physical and psychological conditions	MRCP(UK) Part 2, ACAT, CbD
Managing Long Term Conditions and Promoting Patient Self Care: Understand the experience of adolescents and young adults with long term conditions and/or disability diagnosed in childhood requiring transition into adult services and the potential implications on	CbD, mini-CEX

psychological, social and educational/vocational development (including awareness of the Equality Act) and how developmental stage may impact on self management	
Relationships with patients & communication within a consultation : Understand the importance of the developmental stage when communicating with adolescents and young adults	ACAT, CbD, mini-CEX, PS
Health Promotion & Public Health : Understand the relationship between adolescent exploratory and risk behaviours to adolescent development and the potential benefits of health promotion in adolescents and young adults for adult health	CbD, mini-CEX
Principles of medical ethics and confidentiality : Demonstrate an understanding of adolescents' and young adults' right to confidentiality and the importance of safeguarding	ACAT, CbD, mini-CEX
Skills	
History Taking: Identify and overcome possible barriers to effective communication with adolescents and young adults, enabling adolescents and young adults to be seen on their own without their parents/carers and explaining about confidentiality	mini-CEX
Managing Long Term Conditions and Promoting Patient Self Care: Contribute to the team working in partnership with adolescents and young adult and their parent/carers to facilitate transition from paediatric to adult care for adolescents and young adults with long term conditions and /or disability	PACES, CbD, PS
Behaviour	
The Patient as Central Focus of Care: Be aware of attitudes and perceptions that oneself and others may have of adolescents	ACAT, CbD, mini-CEX, PS

National reference documents

- NICE NG43 Transition from children's to adult's services for young people using health or social care services (NICE, 2016)
- Acute care toolkit 13: Acute care for adolescents and young adults (Royal College of Physicians, 2015) recommends ways to face the challenges of acute care for Adolescents and Young Adults (AYAs) and how to implement a whole systems approach, models of care, and suggested education and training. It includes quality criteria, example screening questions, and an outcomes framework for AYAs on the acute medical unit.
- From the Pond to the Sea: Children's transition to adult health services (Care Quality Commission, 2014) describes problems in transitions encountered by the CQC inspection teams and eleven key messages/recommendations to improve the pathways
- Benchmarks for transition from child to adult health services (London South Bank University and GOSH, 2014) comprises eight factors and examples of best practice around preparation and support, co-ordination between teams, service design, documentation, involvement of parents, assessment and involvement of the GP.
- Children and Young People with Complex Medical Needs (Royal College of Paediatrics and Child Health, 2014). Developed by the Intercollegiate Committee for Standards for Children and Young People in Emergency Care

Settings, this supplement is aimed at all healthcare professionals working in emergency care. Relating to the Standards for Children and Young People in Emergency Care Settings published in 2012, the supplement provides five standards for the emergency care of children with complex or additional medical needs.

- Lost in Transition: Moving young people between child and adult services (Royal College of Nursing, 2013) sets out the principles that should be applied in the joint working between paediatrician and adult physician, when a young person with a physical health disorder is moving forward into the care of the adult service
- Adolescent Transition Care - RCN guidance for nursing staff (Royal College of Nursing, 2013) provides guidance on planning and enabling smooth transition for adolescents up to 18 years of age. It focusses on children's services and does not cover young adults.
- What Good Integrated Care Looks Like in Transition (National Network of Parent Carer Forums, 2013) was developed by parents, carers and young people to provide input to the National Children and Young People Outcomes Forum set up by the Department of Health in England.
- You're Welcome Quality Criteria: Making health services young people friendly (Department of Health, 2007 and 2011) provides voluntary standards of care for ensuring facilities and services are accessible and young-people-focussed.
- Not just a phase: A guide to the participation of children and young people in health services (Royal College of Paediatrics and Child Health, 2010) sets out mechanisms and tools for meaningful involvement of children and young people.
- Adolescents; Boundaries and Connections (Royal College of Nursing, 2008) provides accessible information to support nurses and other health care practitioners in their daily practice with young people. It was developed as a result of a survey that involved listening to nurses working with young people throughout England, Northern Ireland, Scotland and Wales.
- Pathways to Success (Council for Disabled Children, 2011) provides a clear checklist and examples of interagency pathways for disabled children including case studies, details of pooling budgets and integrated models of care in readable, practical format.
- Bridging the Gaps: Healthcare for adolescents (Royal College of Paediatrics and Child Health, 2003) provides service standards for transition and adolescent health

Discussion and research evidence

- Our Future - A Lancet Commission on adolescent health and well being (Patton et al, The Lancet, June 2016) debates the current threats, if inaction continues, and tremendous unrealised opportunities not only for the health and wellbeing of young people themselves but also for the future of society and future generations. The most powerful

actions for adolescent health and wellbeing are intersectoral, multilevel, and multicomponent and engage and empower young people themselves to be part of change and accountability mechanisms.

- On the margins of medical care: Why young adults and adolescents need better healthcare (Royal College of Physicians of London, 2015) reported to the Future Hospital Programme on the importance of considering 16-25 year olds as a special patient group with unique needs and particular vulnerabilities.
- Chief Medical Officer Report 2012 - Chapter 8 Life Stage: Adolescence sets out the facts and figures about adolescent healthcare and why adolescence is both a time of increasing health burden and a time of great potential for preventing non-communicable diseases in later life. The provision of age-appropriate care and effective transition from child health to adult health systems improve outcomes for young people, but caring for young people is everyone's business.
- Transition of care from paediatric to adult services: one part of improved health services for adolescents (Viner, R, October 2007 Archives of Diseases of childhood Volume 93, Issue 2) describes three factors to improve care - cultural change, to attitudes and training, changed systems to enable transition schemes and empowering young people to be effective partners in transition.