

*Effective for residents who enter training on or after July 1, 2025.*

## **DEFINITION**

Adolescent Medicine is the branch of medicine concerned with the assessment, diagnosis, and management of individuals with health issues within the context of the major biopsychosocial events that define the transition from childhood to adulthood.

## **ADOLESCENT MEDICINE PRACTICE**

Adolescent Medicine specialists provide care for ambulatory and hospitalized adolescents and young adults (AYA) with a broad range of clinical presentations and health conditions. This includes feeding and eating disorders, obesity, substance use and substance use disorders, mental health disorders, complex pain and somatic symptoms, chronic illness, sexual and reproductive health issues, first trimester pregnancy, and issues related to sexual orientation and gender identity.

Adolescent Medicine specialists apply a developmental and holistic approach in their care and support for patients and their families.<sup>1</sup> They provide screening and preventive health care, and medical and psychosocial assessment and management for their patients. They recognize the interrelationship between physical health, mental health, and the determinants of health that can impact their patients' health and well-being. Using a developmentally informed perspective, Adolescent Medicine specialists guide their patients in medical decision-making and in the adoption of resilience and positive youth development. Adolescent Medicine specialists counsel patients about relationships, home life, and emotional challenges, and advocate and refer for appropriate services and interventions for patients dealing with complex psychosocial and bioethical issues.

In order to meet their patients' diverse needs, Adolescent Medicine specialists provide care in hospitals, physicians' offices, urgent care and walk-in clinics, and primary health care settings,

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<sup>1</sup> Throughout this document, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.

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and in a variety of community-based settings.<sup>2</sup> They advocate for essential hospital and community resources and services for the population they serve.

Adolescent Medicine specialists collaborate with other health care providers and professionals in other sectors to optimize care for the population they serve. They work closely with the patient and the patient's family, primary health care providers, pediatricians, and other health and mental health providers to develop a multimodal approach to patient care. They also collaborate, as needed, with teachers, social workers, youth workers, child protection workers, community advocates, and law enforcement personnel.

## **ELIGIBILITY REQUIREMENTS TO BEGIN TRAINING**

Royal College certification in Pediatrics

### **OR**

Successful completion of the Transition to Practice stage of training in a Royal College accredited residency program in Pediatrics<sup>3</sup>

## **ELIGIBILITY REQUIREMENTS FOR EXAMINATION<sup>4</sup>**

All candidates must be Royal College certified in Pediatrics in order to be eligible to write the Royal College examination in Adolescent Medicine.

## **ADOLESCENT MEDICINE COMPETENCIES**

### **Medical Expert**

#### ***Definition:***

As *Medical Experts*, Adolescent Medicine specialists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

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<sup>2</sup> Throughout this document, references to community settings include residential treatment facilities, mental health treatment facilities (e.g., addiction treatment centres), rehabilitation centres, telehealth, school-based health centres (middle and high school), student health centres (college and university), youth justice centres, emergency medical services, community centres, youth-serving agencies, and street clinics.

<sup>3</sup> Some programs in Quebec may permit eligible trainees to begin subspecialty training before completion of the Pediatrics Transition to Practice stage. However, as with all jurisdictions, trainees in Quebec must achieve all generalist competencies of the Pediatrics specialty prior to certification in Pediatrics. To learn more about the entrance requirements for a specific Adolescent Medicine program, speak to the relevant postgraduate medical education office.

<sup>4</sup> These eligibility requirements do not apply to Subspecialty Examination Affiliate Program (SEAP) candidates. Please contact the Royal College for information about SEAP.

**Key and Enabling Competencies: Adolescent Medicine specialists are able to...**

**1. Practise medicine within their defined scope of practice and expertise**

- 1.1. Demonstrate a commitment to high-quality care of their patients
- 1.2. Integrate the CanMEDS Intrinsic Roles into their practice of Adolescent Medicine
- 1.3. Apply knowledge of the clinical and biomedical sciences relevant to Adolescent Medicine
  - 1.3.1. Growth and development, normal and abnormal, including
    - 1.3.1.1. Adolescent physical growth, development, and puberty
    - 1.3.1.2. Psychological, emotional, and cognitive development in adolescence
    - 1.3.1.3. Female and male sexual and reproductive anatomy and physiology
  - 1.3.2. Developmental aspects of sexual orientation and gender identity
  - 1.3.3. Impact of common adolescent health issues on growth, development, health, and well-being
  - 1.3.4. Common screening tools for psychosocial development and mental health, including those for feeding and eating disorders and substance use
  - 1.3.5. Etiology, clinical features, principles of diagnosis, course of illness, and management, including indications for referral, as relevant to
    - 1.3.5.1. Feeding and eating disorders
    - 1.3.5.2. Obesity
    - 1.3.5.3. Chronic pain and somatic symptom disorders
    - 1.3.5.4. Mental health and neurodevelopmental disorders
      - 1.3.5.4.1. Adjustment disorders
      - 1.3.5.4.2. Anxiety disorders
      - 1.3.5.4.3. Attention-deficit/hyperactivity disorder
      - 1.3.5.4.4. Depressive disorders
      - 1.3.5.4.5. School problems, including school refusal
      - 1.3.5.4.6. Self-harm behaviours and suicidal ideation
    - 1.3.5.5. Psychiatric disorders concurrent with medical conditions
    - 1.3.5.6. Sexual and reproductive health
      - 1.3.5.6.1. Disorders of the reproductive tract in females and males
      - 1.3.5.6.2. Menstrual disorders
      - 1.3.5.6.3. Pregnancy
      - 1.3.5.6.4. Sexually transmitted infections (STIs)

- 1.3.5.7. Gender dysphoria
- 1.3.5.8. Sleep disorders and fatigue
- 1.3.5.9. Substance use and substance use disorders
- 1.3.6. Etiology, principles of screening, clinical features, and options for treatment, including indications for referral, as relevant to
  - 1.3.6.1. Common sports-related injuries and disorders, including concussion and relative energy deficiency in sport (RED-S)
  - 1.3.6.2. Human immunodeficiency virus (HIV) infection
  - 1.3.6.3. Maltreatment, including sexual victimization
  - 1.3.6.4. Mental health and neurodevelopmental disorders
    - 1.3.6.4.1. Alcohol-related neurodevelopmental disorder
    - 1.3.6.4.2. Autism spectrum disorder
    - 1.3.6.4.3. Bipolar and related disorders
    - 1.3.6.4.4. Cognitive and learning disorders
    - 1.3.6.4.5. Disruptive, impulse-control, and conduct disorders
    - 1.3.6.4.6. Personality disorders
    - 1.3.6.4.7. Psychotic disorders
  - 1.3.6.5. Violence and trauma, including gun violence and gang involvement
- 1.3.7. Principles of the diagnosis and management of common medical conditions
- 1.3.8. Special health care needs
  - 1.3.8.1. Needs of patients with physical and intellectual disabilities
  - 1.3.8.2. Impact of life-threatening/life-limiting illnesses on development and emotional well-being
- 1.3.9. Principles of pharmacology and toxicology
  - 1.3.9.1. Impact of growth and development on drug dosing and metabolism
  - 1.3.9.2. Indications, contraindications, and side effects of
    - 1.3.9.2.1. Commonly used psychotropic medications and chronic pain medications
    - 1.3.9.2.2. Contraceptives
    - 1.3.9.2.3. Gender-affirming hormones
    - 1.3.9.2.4. Treatments for STIs

## *ADOLESCENT MEDICINE COMPETENCIES (2025)*

- 1.3.9.3. Substances of abuse, including approach to toxic ingestion and withdrawal management
  - 1.3.10. Principles of conceptual frameworks in adolescent and young adult (AYA) care
    - 1.3.10.1. Harm reduction model
    - 1.3.10.2. Motivational model
    - 1.3.10.3. Positive youth development
    - 1.3.10.4. Resilience framework
    - 1.3.10.5. Transtheoretical model of change
    - 1.3.10.6. Trauma-informed care
  - 1.3.11. Principles of commonly used psychotherapeutic modalities
  - 1.3.12. Risks, benefits, and interactions of common complementary and alternative medicine strategies
  - 1.3.13. Principles of transition and transfer of care from the pediatric to the adult health care system
  - 1.3.14. Social and economic determinants that may affect access to care, wellness, and functioning
  - 1.3.15. Social, cultural, and political dimensions of health, and special health care needs in the following AYA populations:
    - 1.3.15.1. Diverse cultural and ethnic backgrounds
    - 1.3.15.2. Economically disadvantaged
    - 1.3.15.3. HIV-positive
    - 1.3.15.4. Immigrants and refugees
    - 1.3.15.5. Indigenous
    - 1.3.15.6. Sexual and gender diverse
    - 1.3.15.7. Street-involved
    - 1.3.15.8. AYA in the justice system
    - 1.3.15.9. AYA involved with child protective services
    - 1.3.15.10. AYA as parents
  - 1.3.16. Role of the family
    - 1.3.16.1. Impact of family functioning and dynamics and stressors on adolescent development
    - 1.3.16.2. Impact of adolescent physical and mental disorders on family functioning
  - 1.3.17. Legal and ethical issues, according to jurisdiction
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- 1.3.17.1. Capacity, consent, and refusal of treatment
- 1.3.17.2. Confidentiality, including laws, concepts, and processes
- 1.3.17.3. Indications for involuntary treatment
- 1.3.17.4. Child maltreatment in the AYA population, including recognition, and reporting requirements
- 1.3.18. Principles of public health, including reportable diseases and immunization
  - 1.3.18.1. Catch-up for under-immunized AYA
- 1.4. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner
- 1.5. Carry out professional duties in the face of multiple competing demands
- 1.6. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in Adolescent Medicine practice

**2. Perform a patient-centred clinical assessment and establish a management plan**

- 2.1. Prioritize issues to be addressed in a patient encounter
- 2.2. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
  - 2.2.1. Conduct a psychosocial assessment using appropriate interviewing and screening tools
  - 2.2.2. Conduct a mental status examination
  - 2.2.3. Conduct an assessment of growth and development, including use of growth curves and sexual maturity rating
  - 2.2.4. Perform a complete genital examination for females and males and obtain appropriate specimens
  - 2.2.5. Assess family function and dynamics
  - 2.2.6. Assess capacity to consent to treatment
  - 2.2.7. Assess need and readiness for treatment
- 2.3. Establish goals of care in collaboration with patients and their families, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation
  - 2.3.1. Plan and implement a treatment plan in collaboration with the patient, family, consultants, and other health professionals, including treatment goals, likely outcome, and duration of treatment
- 2.4. Establish a patient- and family-centred management plan

- 2.4.1. Manage emergency conditions
  - 2.4.1.1. Extremely ill patients
  - 2.4.1.2. Patients in crisis situations
- 2.4.2. Provide diagnosis and management across the breadth of AYA presentations
- 2.4.3. Apply conceptual frameworks to manage common presentations
- 2.4.4. Manage conflict situations between AYA and their families
- 2.4.5. Facilitate developmentally appropriate autonomy and support families

**3. Plan and perform procedures and therapies for the purpose of assessment and/or management**

- 3.1. Determine the most appropriate procedures or therapies
- 3.2. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
- 3.3. Prioritize procedures or therapies, taking into account clinical urgency and available resources
- 3.4. Perform procedures in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances

**4. Establish plans for ongoing care and, when appropriate, timely consultation**

- 4.1. Implement a patient- and family-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
  - 4.1.1. Assess and manage treatment adherence
  - 4.1.2. Determine the need for and timing of referral to another physician or health care professional
  - 4.1.3. Support transition to the adult health care setting

**5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety**

- 5.1. Recognize and respond to harm from health care delivery, including patient safety incidents
- 5.2. Adopt strategies that promote patient safety and address human and system factors

## **Communicator**

### ***Definition:***

As *Communicators*, Adolescent Medicine specialists form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

### ***Key and Enabling Competencies: Adolescent Medicine specialists are able to...***

#### **1. Establish professional therapeutic relationships with patients and their families**

- 1.1. Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion
  - 1.1.1. Set the stage for a confidential psychosocial assessment, including building initial rapport and trust
  - 1.1.2. Respect rights to confidentiality, privacy, and autonomy within the developmental context
  - 1.1.3. Exhibit a positive, non-judgmental attitude
  - 1.1.4. Recognize and manage one's own reaction to AYA and their families
- 1.2. Optimize the physical environment for patient and family comfort, dignity, privacy, engagement, and safety
- 1.3. Recognize when the perspectives, values, or biases of patients, patients' families, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
- 1.4. Respond to a patient's and family's non-verbal behaviours to enhance communication
- 1.5. Manage disagreements and emotionally charged conversations
- 1.6. Adapt to the unique needs and preferences of each patient and family and to their clinical condition and circumstances
  - 1.6.1. Integrate the patient's and family's beliefs, concerns, expectations, and experiences relevant to the presenting conditions
  - 1.6.2. Tailor approaches to decision-making to the patient's capacity, health literacy, values, and preferences

#### **2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families**

- 2.1. Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
  - 2.1.1. Use strategies to engage the reluctant or ambivalent patient, including motivational interviewing and strengths-based interviewing
  - 2.1.2. Actively listen and respond to patient and family cues



- 2.2. Provide a clear structure for and manage the flow of an entire patient encounter
- 2.3. Seek and synthesize relevant information from other sources, including the patient's family and other care providers, with the patient's consent

**3. Share health care information and plans with patients and their families**

- 3.1. Share information and explanations that are clear, accurate, and timely, while assessing for patient and family understanding
  - 3.1.1. Convey sensitive information clearly and compassionately, including when there may be differences in opinion among care providers regarding diagnosis or treatment
  - 3.1.2. Use strategies to verify and validate the patient's and family's understanding
- 3.2. Disclose harmful patient safety incidents to patients and their families

**4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals**

- 4.1. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe
- 4.2. Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health
- 4.3. Use communication skills and strategies that help patients and their families make informed decisions regarding their health

**5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy**

- 5.1. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
  - 5.1.1. Document the consent or assent discussion in an accurate and complete manner
  - 5.1.2. Document the rationale for clinical decisions
- 5.2. Communicate effectively using a written health record, electronic medical record, or other digital technology
- 5.3. Share information with patients and others in a manner that enhances understanding and that respects patient privacy and confidentiality

## **Collaborator**

### **Definition:**

As *Collaborators*, Adolescent Medicine specialists work effectively with other health care professionals to provide safe, high-quality, patient-centred care.

### **Key and Enabling Competencies: Adolescent Medicine specialists are able to...**

#### **1. Work effectively with physicians and other colleagues in the health care professions and other sectors**

- 1.1. Establish and maintain positive relationships with physicians and other colleagues to support relationship-centred collaborative care
- 1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in episodic and ongoing care
  - 1.2.1. Clarify the roles and responsibilities of interprofessional team members in episodic and ongoing care
  - 1.2.2. Work collaboratively with community agencies that serve the AYA population
- 1.3. Engage in respectful shared decision-making with physicians and other colleagues
  - 1.3.1. Liaise as needed with referring physicians, consultants, and other health care professionals
  - 1.3.2. Consult, collaborate, and provide support and education to and with school personnel, child protection workers, and other professionals outside the health care sector to support patient care and well-being

#### **2. Work with physicians and other colleagues in the health care professions and other sectors to promote understanding, manage differences, and resolve conflicts**

- 2.1. Show respect toward collaborators
- 2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture

#### **3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care**

- 3.1. Determine when care should be transferred to another physician or health care professional
- 3.2. Demonstrate safe handover of care, using both oral and written communication, during a patient transition to a different health care professional, setting, or stage of care
  - 3.2.1. Facilitate transfer of care to a primary care physician or specialist

- 3.2.2. Facilitate transfer of care from the pediatric to the adult health care setting

## **Leader**

### ***Definition:***

As *Leaders*, Adolescent Medicine specialists engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

### ***Key and Enabling Competencies: Adolescent Medicine specialists are able to...***

- 1. Contribute to the improvement of health care delivery in teams, organizations, and systems**
  - 1.1. Apply the science of quality improvement to contribute to improving systems of patient care
  - 1.2. Contribute to a culture that promotes patient safety
  - 1.3. Analyze patient safety incidents to enhance systems of care
  - 1.4. Use health informatics to improve the quality of patient care and optimize patient safety
- 2. Engage in the stewardship of health care resources**
  - 2.1. Allocate health care resources for optimal patient care
  - 2.2. Apply evidence and management processes to achieve cost-appropriate care
- 3. Demonstrate leadership in health care systems**
  - 3.1. Demonstrate leadership skills to enhance health care
  - 3.2. Facilitate change in health care to enhance services and outcomes
- 4. Manage career planning, finances, and health human resources in personal practice(s)**
  - 4.1. Set priorities and manage time to integrate practice and personal life
  - 4.2. Manage personal professional practice(s) and career
  - 4.3. Implement processes to ensure personal practice improvement

## Health Advocate

### **Definition:**

As *Health Advocates*, Adolescent Medicine specialists contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

### **Key and Enabling Competencies: Adolescent Medicine specialists are able to...**

#### **1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment**

- 1.1. Work with patients to address determinants of health that affect them and their access to needed health services or resources
  - 1.1.1. Identify the social and economic determinants that may affect a patient's access to care, wellness, and functioning
  - 1.1.2. Facilitate access to health services and community resources
- 1.2. Work with patients and their families to increase opportunities to adopt healthy behaviours
- 1.3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients

#### **2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner**

- 2.1. Work with a community or population to identify the determinants of health that affect them
- 2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
- 2.3. Contribute to a process to improve health in the community or population they serve

## Scholar

### **Definition:**

As *Scholars*, Adolescent Medicine specialists demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating evidence, and contributing to scholarship.

**Key and Enabling Competencies: Adolescent Medicine specialists are able to...**

**1. Engage in the continuous enhancement of their professional activities through ongoing learning**

- 1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
- 1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
- 1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

**2. Teach students, residents, the public, and other health care professionals**

- 2.1. Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners
- 2.2. Promote a safe and respectful learning environment
- 2.3. Ensure patient safety is maintained when learners are involved
- 2.4. Plan and deliver learning activities
- 2.5. Provide feedback to enhance learning and performance
- 2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner

**3. Integrate best available evidence into practice**

- 3.1. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them
- 3.2. Identify, select, and navigate pre-appraised resources
- 3.3. Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- 3.4. Integrate evidence into decision-making in their practice

**4. Contribute to the creation and dissemination of knowledge and practices applicable to health**

- 4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care
- 4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and vulnerable populations
- 4.3. Contribute to the work of a research program
- 4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them
  - 4.4.1. Formulate a scholarly question

- 4.4.2. Conduct a systematic search for evidence
- 4.4.3. Select and apply appropriate methodology and methods
- 4.4.4. Gather and analyze data
- 4.5. Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry
  - 4.5.1. Disseminate findings in oral or written form

## **Professional**

### ***Definition:***

As *Professionals*, Adolescent Medicine specialists are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

### ***Key and Enabling Competencies: Adolescent Medicine specialists are able to...***

#### **1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards**

- 1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
  - 1.1.1. Recognize the principles and limits of confidentiality as defined by professional practice standards and the law
  - 1.1.2. Maintain professional boundaries with AYA and their families
- 1.2. Demonstrate a commitment to excellence in all aspects of practice
- 1.3. Recognize and respond to ethical issues encountered in practice
- 1.4. Recognize and manage conflicts of interest
- 1.5. Exhibit professional behaviours in the use of technology-enabled communication

#### **2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care**

- 2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians
- 2.2. Demonstrate a commitment to patient safety and quality improvement

**3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation**

- 3.1. Fulfil and adhere to professional and ethical codes, standards of practice, and laws governing practice
  - 3.1.1. Adhere to ethical standards and provincial/territorial laws as they pertain to capacity, consent, assent, and refusal of treatment
  - 3.1.2. Adhere to requirements for mandatory reporting, including abuse and neglect and reportable diseases
  - 3.1.3. Apply mental health laws
  - 3.1.4. Respond appropriately to legal issues pertaining to adolescent health and behaviour
- 3.2. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions
- 3.3. Participate in peer assessment and standard setting

**4. Demonstrate a commitment to physician health and well-being to foster optimal patient care**

- 4.1. Exhibit self-awareness and manage influences on personal well-being and professional performance
- 4.2. Manage personal and professional demands for a sustainable practice throughout the physician life cycle
- 4.3. Promote a culture that recognizes, supports, and responds effectively to colleagues in need

This document is to be reviewed by the Specialty Committee in Adolescent Medicine by December 31, 2027.

*Drafted – Specialty Committee – March 2020*

*Approved – Specialty Standards Review Committee – April 2020*

*Revised (eligibility criteria updates) – Specialty Committee in Adolescent Medicine and the Office of Standards and Assessment – July 2024*

*Approved – Office of Standards and Assessment (as delegated by the Specialty Standards Review Committee) – December 2024*