

These training requirements apply to those who begin training on or after July 1, 2025.

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 Pediatrics¹

ELIGIBILITY REQUIREMENTS FOR EXAMINATION²

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

The following training experiences are required, recommended, or optional, as indicated.

TRANSITION TO DISCIPLINE (TTD)

The focus of this stage is to introduce residents to the subspecialty of Adolescent Medicine, providing a comprehensive orientation to the educational program and to the settings in which they will train and work. This stage also serves to assess and verify the competencies acquired in Pediatrics and their application to the adolescent and young adult (AYA) patient population.

¹ 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.

² These eligibility requirements do not apply to Subspecialty Examination Affiliate Program (SEAP) candidates. Please contact the Royal College for information about SEAP.

Required training experiences (TTD stage):

1. Clinical training experiences
 - 1.1. Adolescent Medicine in at least two of the following settings:
 - 1.1.1. Eating disorder service, which may be a designated adolescent medicine unit and/or consultation to other inpatient services
 - 1.1.2. Clinic
 - 1.1.3. Consultation to the emergency department
2. Other training experiences
 - 2.1. Orientation to
 - 2.1.1. Local institution(s) and clinical environment(s), including relevant policies, procedures, and resources
 - 2.1.2. The training program, including
 - 2.1.2.1. Relevant policies, procedures, and resources, including code of conduct, assessment policy, leave policy, resident safety, and resident wellness
 - 2.1.2.2. Academic resources
 - 2.1.2.3. Adolescent Medicine Portfolio of entrustable professional activities (EPAs)
 - 2.1.3. Laws and regulations pertinent to adolescents and young adults in the jurisdiction of the training program
 - 2.2. Formal instruction in psychosocial assessment

Recommended training experiences (TTD stage):

3. Other training experiences
 - 3.1. Postgraduate medical office (PGME) resident common curriculum

Optional training experiences (TTD stage):

4. Other training experiences
 - 4.1. Critical appraisal activities, such as journal club
 - 4.2. Pediatric grand rounds

FOUNDATIONS OF DISCIPLINE (F)

The focus of this stage is experience with AYA patients presenting with commonly encountered adolescent medicine issues. Residents conduct comprehensive assessments to develop an approach to the initial management of patients with common problems specific to Adolescent Medicine.

Required training experiences (Foundations stage):

1. Clinical training experiences
 - 1.1. Adolescent Medicine in three or more of the following settings:
 - 1.1.1. Eating disorder service, which may be a designated adolescent medicine unit and/or consultation to other inpatient services
 - 1.1.2. Clinic
 - 1.1.3. Community³
 - 1.1.4. Consultation to the emergency department
 - 1.2. After-hours coverage for the adolescent medicine service
2. Other training experiences
 - 2.1. Formal instruction in
 - 2.1.1. The foundational components of the basic and clinical sciences of Adolescent Medicine
 - 2.1.2. Feeding and eating disorders, including medical complications and treatment modalities
 - 2.1.3. Communication skills, including motivational interviewing and positive youth development
 - 2.2. Critical appraisal activities, such as journal club
 - 2.3. Initiation of a scholarly project⁴

CORE OF DISCIPLINE (C)

The focus of this stage is the provision of comprehensive management for patients with adolescent medicine issues and psychosocial conditions, across the spectrum of complexity, in a range of care settings. In addition to providing care for individual patients, this stage includes taking on increased responsibility, emphasizing prioritization and time management. It also includes participating in quality assurance or improvement activities, leading interprofessional team meetings, coordinating continuity of care for patients, supervising junior colleagues, teaching, scholarly activity, and advocating for their patient population.

Required training experiences (Core stage):

1. Clinical training experiences
 - 1.1. Adolescent Medicine in each of the following settings:

³ 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.

⁴ The scholarly project may be in the domains of basic clinical or translational research; health services research; bioethics; medical education; health policy; or quality improvement.

- 1.1.1. Eating disorder service, which may be a designated adolescent medicine unit and/or consultation to other inpatient services
- 1.1.2. Clinic
- 1.1.3. Community settings
- 1.1.4. Consultation to the emergency department
- 1.1.5. Consultation to other medical and surgical inpatient services
- 1.1.6. Continuity clinic
- 1.1.7. After-hours coverage
- 2. Other training experiences
 - 2.1. Formal instruction in the basic and clinical sciences of Adolescent Medicine
 - 2.2. Participation in morbidity and mortality rounds
 - 2.3. Critical appraisal activities, such as journal club
 - 2.4. Teaching other residents, students, or other health care professionals
 - 2.5. Scholarly activity, including development and execution of a scholarly project
 - 2.6. Participation in or completion of a quality improvement (QI) initiative⁵

Recommended training experiences (Core stage):

- 3. Other training experiences
 - 3.1. Simulation training to complement experience in all age groups and conditions
 - 3.2. Formal training, such as course work, in
 - 3.2.1. Bioethics
 - 3.2.2. Education, including curriculum development

Optional training experiences (Core stage):

- 4. Clinical training experiences
 - 4.1. Clinics in
 - 4.1.1. Child and Adolescent Psychiatry
 - 4.1.2. Child maltreatment
 - 4.1.3. Dermatology
 - 4.1.4. Endocrinology
 - 4.1.5. Gynecology
 - 4.1.6. Public health and community health sciences
 - 4.1.7. Sport and exercise medicine
 - 4.2. Specific and/or enhanced skills acquisition related to defined learning needs based on individual interest, career plan, and/or community needs

⁵ This experience is in addition to the scholarly project unless a QI project is completed which fulfils criteria for a substantive scholarly project.

5. Other training experiences
 - 5.1. Formal instruction in practice management
 - 5.1.1. Negotiating contracts
 - 5.1.2. Curriculum vitae preparation
 - 5.1.3. Teaching dossier preparation
 - 5.1.4. Interview preparation
 - 5.1.5. Initiating a job search

TRANSITION TO PRACTICE (TTP)

The focus of this stage is the consolidation of skills required to manage the caseload of a practising adolescent medicine specialist, integrating all aspects of clinical care. The resident will prepare for independent practice and the demands of practice management and continuing professional development. This stage also includes clinical leadership, supervision of junior colleagues, scholarly activity, and administrative tasks.

Required training experiences (TTP stage):

1. Clinical training experiences
 - 1.1. Adolescent Medicine in the role of junior attending⁶ in at least three of the following settings, including ambulatory and hospitalized patients:
 - 1.1.1. Eating disorder service, which may be a designated adolescent medicine unit and/or consultation to other inpatient services
 - 1.1.2. Clinic
 - 1.1.3. Community settings
 - 1.1.4. Consultation to the emergency department
 - 1.1.5. Consultation to other medical and surgical inpatient services
 - 1.1.6. After-hours coverage

Recommended training experiences (TTP stage):

2. Other training experiences
 - 2.1. Formal instruction in practice management, including
 - 2.1.1. Office management
 - 2.1.2. Billing and remuneration
 - 2.1.3. Negotiating contracts
 - 2.1.4. Curriculum vitae preparation
 - 2.1.5. Teaching dossier preparation
 - 2.1.6. Interview preparation
 - 2.1.7. Initiating a job search

⁶ “Junior attending” means that the resident assumes responsibility for patient care, and leadership in the education and clinical supervision of junior colleagues, with as much independence as permitted by ability, law, and hospital policy.

CERTIFICATION REQUIREMENTS

Royal College certification in Adolescent Medicine requires all of the following:

1. Royal College certification in Pediatrics
2. Successful completion of the Royal College examination in Adolescent Medicine
3. Successful completion of the Royal College Adolescent Medicine Portfolio

NOTES:

The Adolescent Medicine Portfolio refers to the list of entrustable professional activities across all four stages of the residency Competence Continuum, and associated national standards for assessment and achievement.

MODEL DURATION OF TRAINING

Progress in training occurs through demonstration of competence and advancement through the stages of the Competence Continuum. Adolescent Medicine is planned as a 2-year residency program. There is no mandated period of training in each stage. Individual duration of training may be influenced by many factors, which may include the resident's singular progression through the stages, the availability of teaching and learning resources, and/or differences in program implementation. Duration of training in each stage is therefore at the discretion of the faculty of medicine, the competence committee, and the program director.

Guidance for programs

The Royal College Specialty Committee in Adolescent Medicine's suggested course of training, for the purposes of planning learning experiences and schedules, is as follows:

- 1-2 months in Transition to Discipline*
- 3-4 months in Foundations of Discipline*
- 14-18 months in Core of Discipline*
- 3-4 months in Transition to Practice*

Guidance for postgraduate medical education offices

The stages of the Competence Continuum in Adolescent Medicine are generally no longer than

- 2 months for Transition to Discipline*
- 4 months for Foundations of Discipline*
- 18 months for Core of Discipline*
- 4 months for Transition to Practice*
- Total duration of training – 2 years*

ADOLESCENT MEDICINE TRAINING EXPERIENCES (2025)

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