

NEW CURRICULA

Advanced Training in Adolescent and Young Adult Medicine

Curriculum standards



RACP
Specialists. Together

About this document

The new Advanced Training in Adolescent and Young Adult Medicine curriculum consists of curriculum standards and learning, teaching, and assessment (LTA) programs.

This document outlines the curriculum standards for Advanced Training in Adolescent and Young Adult Medicine for trainees and supervisors. The curriculum standards should be used in conjunction with the Advanced Training in Adolescent and Young Adult Medicine [LTA program](#).

Contents

Program overview	3
Purpose of Advanced Training	3
RACP curriculum model.....	4
Professional Practice Framework.....	5
Learning, teaching, and assessment (LTA) structure	6
Adolescent and Young Adult Medicine specialty overview	7
Adolescent and Young Adult Medicine learning goals	9
Curriculum standards.....	10
Competencies.....	10
Entrustable Professional Activities	17
Knowledge Guides.....	54

Program overview

Purpose of Advanced Training

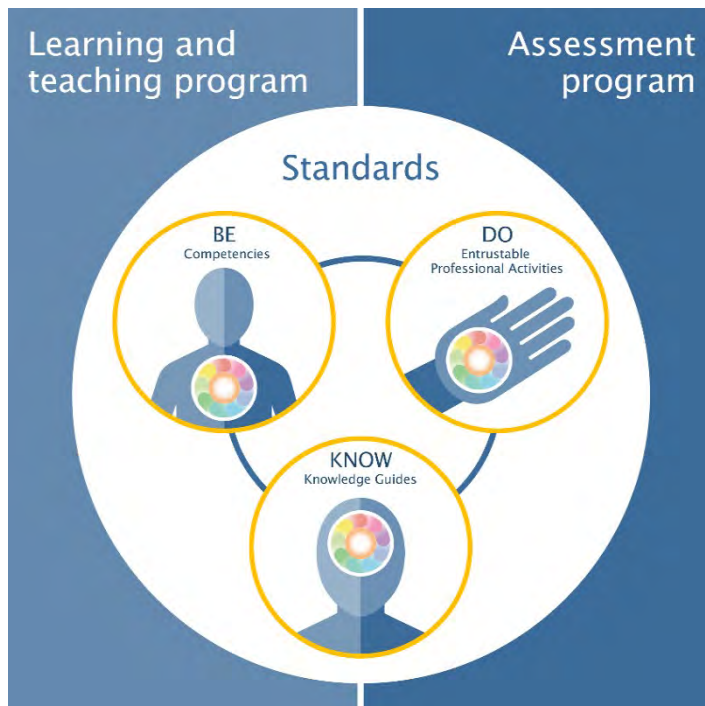
The RACP offers Advanced Training in 33 diverse medical specialties as part of Division, Chapter, or Faculty training programs.

The purpose of Advanced Training is to develop a workforce of physicians who:

- have received breadth and depth of focused specialist training, and experience with a wide variety of health problems and contexts
- are prepared for and committed to independent expert practice, lifelong learning, and continuous improvement
- provide safe, quality health care that meets the needs of the communities of Australia and Aotearoa New Zealand.



RACP curriculum model



The **RACP curriculum model** is made up of curricula standards supported by learning, teaching, and assessment programs.

Learning and teaching programs outline the strategies and methods to learn and teach curricula standards, including required and recommended learning activities.

Assessment programs outline the planned use of assessment methods to provide an overall picture of the trainee's competence over time.

The **curricula standards** outline the educational objectives of the training program and the standard against which trainees' abilities are measured.



- **Competencies** outline the expected professional behaviours, values, and practices of trainees in 10 domains of professional practice.



- **Entrustable Professional Activities (EPAs)** outline the essential work tasks trainees need to be able to perform in the workplace.



- **Knowledge guides** outline the expected baseline knowledge of trainees.

Professional Practice Framework

The Professional Practice Framework describes 10 domains of practice for all physicians.



Learning, teaching, and assessment (LTA) structure

The learning, teaching and assessment structure defines the framework for delivery and trainee achievement of the curriculum standards in the Advanced Training program.

Advanced Training is structured in three phases. These phases will establish clear checkpoints for trainee progression and completion.

- 1 Specialty foundation**
 - Orient trainees and confirm their readiness to progress in the Advanced Training program
- 2 Specialty consolidation**
 - Continue trainees' professional development in the specialty and support progress towards the learning goals
- 3 Transition to Fellowship**
 - Confirm trainees' achievement of the curriculum standards, completion of Advanced Training, and admission to Fellowship
 - Support trainees' transition to unsupervised practice



Figure 1: Advanced Training learning, teaching, and assessment structure

- An **entry decision** is made before entry into the program.
- A **progress decision**, based on competence, is made at the end of each phase of training.
- A **completion decision**, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship.



Advanced Training is a **hybrid time- and competency-based training program**.

There is a minimum time requirement of full-time equivalent experience, and progression and completion decisions are based on evidence of trainees' competence.

Adolescent and Young Adult Medicine specialty overview

An adolescent and young adult (AYA) specialist cares for young people aged between 10 and 24 years. AYA physicians have expertise in the assessment, formulation, and holistic management of complex multifactorial conditions, considering biological, psychological, social, and environmental factors that may contribute to medical symptoms. They are advocates for the health of young people in a broad range of social and healthcare settings.

AYA physicians provide holistic, strengths-based, inclusive care in a range of settings, largely working as a part of multidisciplinary teams to provide assessment and management of complex medical and psychosocial issues across inpatient, outpatient, and community settings.

AYA is a dynamic field, working in a variety of settings, including in:

- **acute medical care of adolescents and young adults.** AYA physicians work in inpatient settings, managing young people with acute medical problems, medical instability arising from eating disorders, complications of mental health problems (such as intentional overdose), medically unexplained symptoms, and somatoform presentations.
- **inpatient consultation and liaison services.** AYA physicians provide consultation to other medical and mental health teams for adolescent-specific issues, such as health-risk behaviours, eating disorder diagnosis, gender health and management, medically unexplained symptoms, and medical issues arising in acute inpatient mental health settings.
- **outpatient clinics.** AYA physicians work in hospital-based and community clinics managing young people with disability and chronic medical conditions, as well as specialist clinics for eating disorders, chronic fatigue syndrome, medically unexplained symptoms, drug and alcohol services, and gender services.
- **community-based care in non-healthcare settings.** AYA physicians may be involved in the care of young people, or provide consultation to primary care providers, in settings such as schools and educational institutions, juvenile justice facilities, temporary housing services, and drug and alcohol services, and support self-management of chronic conditions.
- **undertaking comprehensive assessments.** AYA physicians may manage complex psychosocial needs in the provision of holistic care of young people, including evaluation for health-risk behaviours, sexual health screening, gender health, substance use patterns, and mental health concerns.
- **providing longitudinal care.** AYA physicians provide care for young people with physical and developmental disabilities and chronic health conditions, and help to facilitate transition of care from paediatric to adult healthcare services.

AYA physicians advocate for young people and provide specialist medical care using an inclusive, strengths-based approach, establishing rapport and engagement with young people, and working within multidisciplinary teams through:

- **effective communication.** AYA physicians will communicate with AYA patients, families, carers, whānau, and support people to build trust and rapport and encourage engagement with health services. AYA physicians will adapt their communication style to meet a young person's developmental needs and will communicate with empathy and compassion.
- **holistic care of patients and their families.** AYA physicians are comfortable with complex health issues, working with uncertainty, and managing risk. They recognise the importance of emerging autonomy and the decision-making capacity of the young person, including the importance of assuring confidentiality within the patient-professional relationship.
- **working as an integral part of a multidisciplinary team.** AYA physicians may be called upon to be team leaders, and will have a collaborative approach focused on building relationships.
- **understanding health systems and inequities.** AYA physicians will practice inclusive care, recognising the additional health inequities that may be faced by at-risk and marginalised adolescents and young adults.
- **applying a scholarly approach.** AYA physicians will apply evidence to daily practise, but also recognise that evidence is not always available and that there is a need to participate in research to contribute to the body of knowledge within the specialty to improve practice and health outcomes.
- **advocating for health equity.** AYA physicians advocate for equitable and accessible healthcare for all young people, raise awareness of the health needs of young people, and develop health policies and procedures for adolescents, young adults, families, carers, whānau, and support people.

Adolescent and Young Adult Medicine

learning goals

The curriculum standards are summarised as 16 learning goals. The learning goals articulate what trainees need to be, do, and know, and are assessed throughout training.

BE Competencies	1. Professional behaviours
DO EPAs	2. Team leadership 3. Supervision and teaching 4. Quality improvement 5. Clinical assessment and management 6. Management of transitions in care 7. Longitudinal care 8. Communication with patients 9. Prescribing 10. Clinic management
KNOW Knowledge guides	11. Foundations of adolescent and young adult medicine 12. Physical conditions 13. Psychological and behavioural health 14. Gender, sexual, and reproductive health 15. Alcohol and other substance use 16. Nutrition and disordered eating

Curriculum standards

Competencies

Competencies outline the expected professional behaviours, values, and practices that trainees need to achieve by the end of training.

Competencies are grouped by the 10 domains of the professional practice framework.

Competencies will be common across training programs.

Learning goal 1: Professional behaviours



Medical expertise

Professional standard: Physicians apply knowledge and skills informed by best available current evidence in the delivery of high-quality, safe practice to facilitate agreed health outcomes for individual patients and populations.

Knowledge: Apply knowledge of the scientific basis of health and disease to the diagnosis and management of patients.

Synthesis: Gather relevant data via age- and context-appropriate means to develop reasonable differential diagnoses, recognising and considering interactions and impacts of comorbidities.

Diagnosis and management: Develop diagnostic and management plans that integrate an understanding of individual patient circumstances, including psychosocial factors and specific vulnerabilities, epidemiology, and population health factors in partnership with patients, families, whānau, or carers¹, and in collaboration with the healthcare team.

¹ References to patients in the remainder of this document may include their families, whānau, and/or carers.



Communication

Professional standard: Physicians collate information, and share this information clearly, accurately, respectfully, responsibly, empathetically, and in a manner that is understandable.

Physicians share information responsibly with patients, families, carers, colleagues, community groups, the public, and other stakeholders to facilitate optimal health outcomes.

Effective communication: Use a range of effective and appropriate verbal, nonverbal, written and other communication techniques, including active listening.

Communication with patients, families, and carers: Use collaborative, effective, and empathetic communication with patients, families, and carers.

Communication with professionals and professional bodies: Use collaborative, respectful, and empathetic clinical communication with colleagues, other health professionals, professional bodies, and agencies.

Written communication: Document and share information about patients to optimise patient care and safety.

Privacy and confidentiality: Maintain appropriate privacy and confidentiality, and share information responsibly.



Quality and safety

Professional standard: Physicians practice in a safe, high-quality manner within the limits of their expertise.

Physicians regularly review and evaluate their own practice alongside peers and best practice standards, and conduct continuous improvement activities.

Patient safety: Demonstrate a safety focus and continuous improvement approach to own practice and health systems.

Harm prevention and management: Identify and report risks, adverse events, and errors to improve healthcare systems.

Quality improvement: Participate in quality improvement activities to improve quality of care and safety of the work environment.

Patient engagement: Enable patients to contribute to the safety of their care.



Teaching and learning

Professional standard: Physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and evaluating evidence.

Physicians foster the learning of others in their profession through a commitment to mentoring, supervising, and teaching.²

Lifelong learning: Undertake effective self-education and continuing professional development.

Self-evaluation: Evaluate and reflect on gaps in own knowledge and skills to inform self-directed learning.

Supervision: Provide supervision for junior colleagues and/or team members.

Teaching: Apply appropriate educational techniques to facilitate the learning of colleagues and other health professionals.

Patient education: Apply appropriate educational techniques to promote understanding of health and disease among patients and populations.



Research

Professional standard: Physicians support creation, dissemination and translation of knowledge and practices applicable to health.²

They do this by engaging with and critically appraising research, and applying it in policy and practice to improve the health outcomes of patients and populations.

Evidence-based practice: Critically analyse relevant literature and refer to evidence-based clinical guidelines, and apply these in daily practice.

Research: Apply research methodology to add to the body of medical knowledge and improve practice and health outcomes.

² Adapted from Richardson D, Oswald A, Chan M-K, Lang ES, Harvey BJ. Scholar. In: Frank JR, Snell L, Sherbino J, editors. The Draft CanMEDS 2015 Physician Competency Framework – Series IV. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015 March.

Cultural safety



Professional standard: Physicians engage in iterative and critical self-reflection of their own cultural identity, power, biases, prejudices and practising behaviours. Together with the requirement of understanding the cultural rights of the community they serve; this brings awareness and accountability for the impact of the physician's own culture on decision-making and healthcare delivery. It also allows for an adaptive practice where power is shared between patients, family, whānau and/or community and the physician, to improve health outcomes.

Physicians recognise the patient and population's rights for culturally-safe care, including being an ally for patient, family, whānau and/or community autonomy and agency over their decision-making. This shift in the physician's perspective fosters collaborative and engaged therapeutic relationships, allows for strength-based (or mana-enhanced) decisions, and sharing of power with the recipient of the care, optimising health care outcomes.

Physicians critically analyse their environment to understand how colonialism, systemic racism, social determinants of health and other sources of inequity have and continue to underpin the healthcare context. Consequently, physicians then can recognise their interfacing with, and contribution to, the environment in which they work to advocate for safe, more equitable and decolonised services and create an inclusive and safe workplace for all colleagues and team members of all cultural backgrounds.³

Critical reflection. Engage in iterative and critical self-reflection and demonstrate cultural safety in the context of their own cultural identity, power, biases, prejudices and practising behaviours.

Allyship. Recognise the patient and population's rights to culturally-safe care, including being an ally for patient, family, whānau and/or community autonomy and agency over their decision-making.

Inclusive communication. Apply culturally-safe communication, acknowledging the sharing of power, and cultural and human rights to enable patients, families and whānau to engage in appropriate patient care decisions.

Culturally-safe environment. Contributes to a culturally-safe learning and practice environment for patients and team members. Respect patients may feel unsafe in the healthcare environment.

³ The RACP has adopted the Medical Council of New Zealand's definition of cultural safety (below):

Cultural safety can be defined as¹.

- The need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery.
- The commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided.
- The awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities.

1. Curtis et al. "Why cultural safety rather than cultural competency is required to achieve health equity". International Journal for Equity in Health (2019) 18:174



Ethics and professional behaviour

Professional standard: Physicians' practice is founded upon ethics, and physicians always treat patients, their families, communities, and populations in a caring and respectful manner.

Physicians demonstrate their commitment and accountability to the health and wellbeing of individual patients, communities, populations, and society through ethical practice.

Physicians demonstrate high standards of personal behaviour.

Beliefs and attitudes: Reflect critically on personal beliefs and attitudes, including how these may impact on patient care.

Honesty and openness: Act honestly, including reporting accurately, and acknowledging their own errors.

Patient welfare: Prioritise patients' welfare and community benefit above self-interest.

Accountability: Be personally and socially accountable.

Personal limits: Practise within their own limits and according to ethical principles and professional guidelines.

Self-care: Implement strategies to maintain personal health and wellbeing.

Respect for peers: Recognise and respect the personal and professional integrity, roles, and contribution of peers.

Interaction with professionals: Interact equitably, collaboratively, and respectfully with other health professionals.

Respect and sensitivity: Respect patients, maintain appropriate relationships, and behave equitably.

Privacy and confidentiality: Protect and uphold patients' rights to privacy and confidentiality.

Compassion and empathy: Demonstrate a caring attitude towards patients and endeavour to understand patients' values and beliefs.

Health needs: Understand and address patients', families', carers', and colleagues' physical and emotional health needs.

Medical and health ethics and law: Practise according to current community and professional ethical standards and legal requirements.



Judgement and decision making

Professional standard: Physicians collect and interpret information, and evaluate and synthesise evidence, to make the best possible decisions in their practice.

Physicians negotiate, implement, and review their decisions and recommendations with patients, their families and carers, and other health professionals.

Diagnostic reasoning: Apply sound diagnostic reasoning to clinical problems to make logical and safe clinical decisions.

Resource allocation: Apply judicious and cost-effective use of health resources to their practice.

Task delegation: Apply good judgement and decision making to the delegation of tasks.

Limits of practice: Recognise their own scope of practice and consult others when required.

Shared decision making: Contribute effectively to team-based decision-making processes.



Leadership, management, and teamwork

Professional standard: Physicians recognise, respect, and aim to develop the skills of others, and engage collaboratively to achieve optimal outcomes for patients and populations.

Physicians contribute to and make decisions about policy, protocols, and resource allocation at personal, professional, organisational, and societal levels.

Physicians work effectively in diverse multidisciplinary teams and promote a safe, productive, and respectful work environment that is free from discrimination, bullying, and harassment.

Managing others: Lead teams, including setting directions, resolving conflicts, and managing individuals.

Wellbeing: Consider and work to ensure the health and safety of colleagues and other health professionals.

Leadership: Act as a role model and leader in professional practice.

Teamwork: Negotiate responsibilities within the healthcare team and function as an effective team member.



Health policy, systems, and advocacy

Professional standard: Physicians apply their knowledge of the nature and attributes of local, national, and global health systems to their own practices. They identify, evaluate, and influence health determinants through local, national, and international policy.

Physicians deliver and advocate for the best health outcomes for all patients and populations.

Health needs: Respond to the health needs of the local community and the broader health needs of the people of Australia and Aotearoa New Zealand.

Prevention and promotion: Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients and their social support networks.

Equity and access: Work with patients and social support networks to address determinants of health that affect them and their access to needed health services or resources.

Stakeholder engagement: Involve communities and patient groups in decisions that affect them to identify priority problems and solutions.

Advocacy: Advocate for prevention, promotion, equity, and access to support patient and population health needs within and outside the clinical environment.

Resource allocation: Understand the factors influencing resource allocation, promote efficiencies, and advocate to reduce inequities.

Sustainability: Manage the use of healthcare resources responsibly in everyday practice.

Entrustable Professional Activities

Entrustable Professional Activities (EPAs) outline the essential work tasks trainees need to be able to perform in the workplace.



#	Theme	Title
2	<u>Team leadership</u>	Lead a team of health professionals
3	<u>Supervision and teaching</u>	Supervise and teach professional colleagues
4	<u>Quality improvement</u>	Identify and address failures in health care delivery
5	<u>Clinical assessment and management</u>	Clinically assess and manage the ongoing care of patients
6	<u>Management of transitions in care</u>	Manage the transition of patient care between health professionals, providers, and contexts
7	<u>Longitudinal care</u>	Manage and coordinate the longitudinal care of patients with chronic conditions, disability, and/or long-term health issues, including coordinating and delivering a successful transition from paediatric to adult care
8	<u>Communication with patients</u>	Discuss diagnoses and management plans with patients
9	<u>Prescribing</u>	Prescribe therapies tailored to patients' needs and conditions
10	<u>Clinic management</u>	Manage an outpatient clinic

Learning goal 2: Team leadership

Theme	Team leadership	
Title	Lead a team of health professionals	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• prioritise workload• manage multiple concurrent tasks• articulate individual responsibilities, expertise, and accountability of team members• recognise the range of team members' skills, expertise, and roles• acquire and apply leadership techniques in daily practice• collaborate with and motivate team members• encourage and adopt insights from team members• act as a role model.	
Behaviours		
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision
	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p>	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p>
Medical expertise	<ul style="list-style-type: none">• synthesise information with other disciplines to develop optimal, goal-centred plans for patients⁴• use evidence-based care to meet the needs of patients or populations• assess and effectively manage clinical risk in various scenarios• demonstrate clinical competence and skills by effectively supporting team members	<ul style="list-style-type: none">• demonstrate adequate knowledge of healthcare issues by interpreting complex information• assess the spectrum of problems to be addressed• apply medical knowledge to assess the impact and clinical outcomes of management decisions• provide coordinated and quality health care for populations or patients as a member of a multidisciplinary team
Communication	<ul style="list-style-type: none">• provide support and motivate patients or populations and health professionals by effective communication• demonstrate a transparent, consultative style by engaging patients, families, carers, relevant professionals and/or the public in shared decision making	<ul style="list-style-type: none">• communicate adequately with colleagues• communicate adequately with patients, families, carers, and/or the public• respect the roles of team members

⁵ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> work with patients, families, carers, and other health professionals to resolve conflict that may arise when planning and aligning goals demonstrate rapport with people at all levels by tailoring messages to different stakeholders 	
Quality and safety	<ul style="list-style-type: none"> identify opportunities to improve care by participating in surveillance and monitoring of adverse events and 'near misses' identify activities within systems to reduce errors, improve patient and population safety, and implement cost-effective change place safety and quality of care first in all decision making 	<ul style="list-style-type: none"> participate in audits and other activities that affect the quality and safety of patients' care participate in interdisciplinary collaboration to provide effective health services and operational change use information resources and electronic medical record technology where available
Teaching and learning	<ul style="list-style-type: none"> regularly self-evaluate personal professional practice, and implement changes based on the results actively seek feedback from supervisors and colleagues on their own performance identify personal gaps in skills and knowledge, and engage in self-directed learning maintain current knowledge of new technologies, health care priorities and changes of patients' expectations teach competently by imparting professional knowledge manage and monitor learner progress, providing regular assessment and feedback 	<ul style="list-style-type: none"> accept feedback constructively, and change behaviour in response recognise the limits of personal expertise, and involve other health professionals as needed demonstrate basic skills in facilitating colleagues' learning
Cultural safety	<ul style="list-style-type: none"> demonstrate culturally competent relationships with professional colleagues and patients demonstrate respect for diversity and difference take steps to minimise unconscious bias, including the impact of gender, religion, cultural beliefs, and socioeconomic background on decision making work effectively with individuals from the LGBTQIA+ community 	<ul style="list-style-type: none"> demonstrate awareness of cultural diversity and unconscious bias work effectively and respectfully with people from different cultural backgrounds
Ethics and professional behaviour	<ul style="list-style-type: none"> promote a team culture of shared accountability for decisions and outcomes encourage open discussion of ethical and clinical concerns 	<ul style="list-style-type: none"> support ethical principles in clinical decision making maintain standards of medical practice by recognising the health interests of patients or populations as primary responsibilities

	<ul style="list-style-type: none"> • respect differences of multidisciplinary team members • recognise the ethics of resource allocation by aligning optimal patients and organisational care • effectively consult with stakeholders, achieving a balance of alternative views • acknowledge personal conflicts of interest and unconscious bias • act collaboratively to resolve behavioural incidents and conflicts such as harassment and bullying 	<ul style="list-style-type: none"> • respect the roles and expertise of other health professionals • work effectively as a member of a team • promote team values of honesty, discipline, and commitment to continuous improvement • demonstrate understanding of the negative impact of workplace conflict
Judgement and decision making	<ul style="list-style-type: none"> • evaluate health services and clarify expectations to support systematic, transparent decision making • make decisions when faced with multiple and conflicting perspectives • ensure medical input to organisational decision making • adopt a systematic approach to analysing information from a variety of specialties to make decisions that benefit health care delivery 	<ul style="list-style-type: none"> • monitor services and provide appropriate advice • review new health care interventions and resources • interpret appropriate data and evidence for decision making
Leadership, management, and teamwork	<ul style="list-style-type: none"> • combine team members' skills and expertise in delivering patient care and/or population advice • develop and lead effective multidisciplinary teams by developing and implementing strategies to motivate others • build effective relationships with multidisciplinary team members to achieve optimal outcomes • ensure all members of the team are accountable for their individual practice 	<ul style="list-style-type: none"> • understand the range of personal and other team members' skills, expertise, and roles • acknowledge and respect the contribution of all health professionals involved in patients' care • participate effectively and appropriately in multidisciplinary teams • seek out and respect the perspectives of multidisciplinary team members when making decisions
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • engage in appropriate consultation with stakeholders on the delivery of health care • advocate for the resources and support for healthcare teams to achieve organisational priorities • influence the development of organisational policies and procedures to optimise health outcomes • identify the determinants of health of the population, and mitigate barriers to access to care • remove self-interest from solutions to health advocacy issues 	<ul style="list-style-type: none"> • communicate with stakeholders within the organisation about health care delivery • understand methods used to allocate resources to provide high-quality care • promote the development and use of organisational policies and procedures

Learning goal 3: Supervision and teaching

Theme	Supervision and teaching	
Title	Supervise and teach professional colleagues	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• provide work-based teaching in a variety of settings• teach professional skills• create a safe and supportive learning environment• plan, deliver, and provide work-based assessments• encourage learners to be self-directed and identify learning experiences• supervise learners in day-to-day work, and provide feedback• support learners to prepare for assessments.	
Behaviours		
<u>Professional practice framework domain</u>	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision The trainee will:	Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity The trainee may:
Medical expertise	<ul style="list-style-type: none">• combine high-quality care with high-quality teaching• explain the rationale underpinning a structured approach to decision making• consider the patient-centric view during consultations• consider the population health effect when giving advice• encourage the learner to consider the rationale and appropriateness of investigation and management options	<ul style="list-style-type: none">• teach learners using basic knowledge and skills
Communication	<ul style="list-style-type: none">• establish rapport and demonstrate respect for junior colleagues, medical students, and other health professionals• communicate effectively when teaching, assessing, and appraising learners• actively encourage a collaborative and safe learning environment with learners and other health professionals	<ul style="list-style-type: none">• demonstrate accessible, supportive, and compassionate behaviour

	<ul style="list-style-type: none"> encourage learners to tailor communication as appropriate for different patients⁵, such as younger or older people, and different populations support learners to deliver clear, concise, and relevant information in both verbal and written communication listen and convey information clearly and considerately 	
Quality and safety	<ul style="list-style-type: none"> support learners to deliver quality care while maintaining their own wellbeing apply lessons learnt about patient safety by identifying and discussing risks with learners assess learners' competence, and provide timely feedback to minimise risks to care maintain the safety of patients and organisations involved with education, and appropriately identify and action concerns 	<ul style="list-style-type: none"> observe learners to reduce risks and improve health outcomes
Teaching and learning	<ul style="list-style-type: none"> demonstrate knowledge of the principles, processes, and skills of supervision provide direct guidance to learners in day-to-day work work with learners to identify professional development and learning opportunities based on their individual learning needs offer feedback and role modelling participate in teaching and supervision of professional development activities encourage self-directed learning and assessment develop a consistent and fair approach to assessing learners tailor feedback and assessments to learners' goals seek feedback and reflect on own teaching by developing goals and strategies to improve establish and maintain effective mentoring through open dialogue support learners to identify and attend formal and informal learning opportunities 	<ul style="list-style-type: none"> demonstrate basic skills in the supervision of learners apply a standardised approach to teaching, assessment, and feedback without considering individual learners' needs implement teaching and learning activities that are misaligned to learning goals adopt a teaching style that discourages learner self-directedness

⁶ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> recognise the limits of personal expertise, and involve others appropriately 	
Research	<ul style="list-style-type: none"> clarify junior colleagues' research project goals and requirements, and provide feedback regarding the merits or challenges of proposed research monitor the progress of learners' research projects regularly, and may review research projects prior to submission support learners to find forums to present research projects encourage and guide learners to seek out relevant research to support practice 	<ul style="list-style-type: none"> guide learners with respect to the choice of research projects ensure that the research projects planned are feasible and of suitable standards
Cultural safety	<ul style="list-style-type: none"> role model a culturally appropriate approach to teaching encourage learners to seek out opportunities to develop and improve their own cultural safety encourage learners to consider culturally appropriate care of Aboriginal and Torres Strait Islander peoples and Māori into patients' management function effectively and respectfully when working with and teaching with individuals from the LGBTQIA+ community consider cultural, ethical, and religious values and beliefs in teaching and learning 	<ul style="list-style-type: none"> function effectively and respectfully when working and teaching with people from different cultural backgrounds
Ethics and professional behaviour	<ul style="list-style-type: none"> apply principles of ethical practice to teaching scenarios act as a role model to promote professional responsibility and ethics among learners respond appropriately to learners seeking professional guidance 	<ul style="list-style-type: none"> demonstrate professional values, including commitment to high-quality clinical standards, compassion, empathy, and respect provide learners with feedback to improve their experiences
Judgement and decision making	<ul style="list-style-type: none"> prioritise workloads and manage learners with different levels of professional knowledge or experience link theory and practice when explaining professional decisions promote joint problem solving support a learning environment that allows for independent decision making use sound and evidence-based judgement during assessments and when giving feedback to learners 	<ul style="list-style-type: none"> provide general advice and support to learners use health data logically and effectively to investigate difficult diagnostic problems

	<ul style="list-style-type: none"> • escalate concerns about learners appropriately • recognise own limitations and seek help, when required, in an appropriate way 	
Leadership, management, and teamwork	<ul style="list-style-type: none"> • maintain personal and learners' effective performance and continuing professional development • maintain professional, clinical, research, and/or administrative responsibilities while teaching • create an inclusive environment whereby learners feel part of the team • help shape organisational culture to prioritise quality and work safety through openness, honesty, shared learning, and continued improvement 	<ul style="list-style-type: none"> • demonstrate the principles and practice of professionalism and leadership in health care • participate in mentor programs, career advice, and general counselling
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • advocate for suitable resources to provide quality supervision and maintain training standards • explain the value of health data in the care of patients or populations • support innovation in teaching and training 	<ul style="list-style-type: none"> • incompletely integrate public health principals into teaching and practice

Learning goal 4: Quality improvement

Theme	Quality improvement	
Title	Identify and address failures in health care delivery	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• identify and report actual and potential ('near miss') errors• conduct and evaluate system improvement activities• adhere to best practice guidelines• audit clinical guidelines and outcomes• contribute to the development of policies and protocols designed to protect patients and enhance health care• monitor one's own practice and develop individual improvement plans.	
Behaviours		
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision
	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p>	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p>
Medical expertise	<ul style="list-style-type: none">• use population health outcomes to identify opportunities for improvement in delivering appropriate care• regularly review patients¹⁶ or population health outcomes to identify opportunities for improvement in delivering appropriate care• advocate for inclusion of evaluation of environmental and lifestyle risks• use standardised protocols to adhere to best practice and prevent the occurrence of wrong-site, wrong-patient procedures• regularly monitor personal professional performance• plan and deliver interventions to promote health and minimise harm	<ul style="list-style-type: none">• contribute to processes on identified opportunities for improvement• recognise the importance of prevention and early detection in clinical practice• use local guidelines to assist patient care decision making
	Communication	<ul style="list-style-type: none">• support patients to have access to, and use, easy-to-understand, high-quality information about health care

⁶ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> • support patients to share decision making about their own health care with families and/or carers, to the extent they choose • assist patients' access to their health information, as well as complaint and feedback systems • discuss with patients any safety and quality concerns they have relating to their care • implement the organisation's open disclosure policy • explain methods for dealing with the media 	<ul style="list-style-type: none"> • apply knowledge of how health literacy might affect the way patients or populations gain access to, understand, and use health information
Quality and safety	<ul style="list-style-type: none"> • demonstrate safety skills, including infection control, adverse event reporting, and effective clinical handover • participate in organisational quality and safety activities, including morbidity and mortality reviews, clinical incident reviews, root cause analyses, and corrective action preventative action plans • participate in systems for surveillance and monitoring of adverse events and 'near misses', including reporting such events • ensure that identified opportunities for improvement are raised and reported appropriately • use clinical audits and registries of data on patients' experiences and outcomes, learnings from incidents, and complaints to improve health care 	<ul style="list-style-type: none"> • demonstrate understanding of a systematic approach to improving the quality and safety of health care • work within organisational quality and safety systems for the delivery of clinical care
Teaching and learning	<ul style="list-style-type: none"> • translate quality improvement approaches and methods into practice • participate in professional training in quality and safety to ensure a contemporary approach to safety system strategies • supervise and manage the performance of junior colleagues in the delivery of high-quality, safe care 	<ul style="list-style-type: none"> • use opportunities to learn about safety and quality theory and systems
Research	<ul style="list-style-type: none"> • ensure that any protocol for human research is approved by a human research ethics committee, in accordance with the national statement on ethical conduct in human research 	<ul style="list-style-type: none"> • understand that patient participation in research is voluntary and based on an appropriate understanding about the purpose, methods, demands, risks, and potential benefits of the research

Cultural safety	<ul style="list-style-type: none"> • undertake professional development opportunities that address the impact of cultural bias on health outcomes • recognise ethnicity and racial discrimination in health care environments • incorporate LGBTQIA+ safe language 	<ul style="list-style-type: none"> • communicate effectively with individuals with different cultural, language, or learning needs
Ethics and professional behaviour	<ul style="list-style-type: none"> • align improvement goals with the priorities of the organisation • contribute to developing an organisational culture that enables and prioritises patients' safety and quality • recognise different legislative requirements of different organisations and disciplines 	<ul style="list-style-type: none"> • comply with professional regulatory requirements and codes of conduct
Judgement and decision making	<ul style="list-style-type: none"> • use decision-making support tools, such as guidelines, protocols, pathways, and reminders • analyse and evaluate current care processes to improve care delivery • recognise own limitations and seek help, when required, in an appropriate way 	<ul style="list-style-type: none"> • access information and advice from other health practitioners to identify, evaluate, and improve patients' care management • inadequately consult with senior colleagues
Leadership, management, and teamwork	<ul style="list-style-type: none"> • formulate and implement quality improvement strategies as a collaborative effort involving all key health professionals • support multidisciplinary team activities to lower patients' risk of harm, and promote interdisciplinary programs of education • actively involve clinical pharmacists in the medication-use process 	<ul style="list-style-type: none"> • demonstrate attitudes of respect and cooperation among members of different professional teams • partner with clinicians and managers to ensure patients receive appropriate care and information on their care
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • participate in all aspects of the development, implementation, evaluation, and monitoring of governance processes • participate regularly in multidisciplinary meetings where quality and safety issues are standing agenda items, and where innovative ideas and projects for improving care are actively encouraged 	<ul style="list-style-type: none"> • maintain a dialogue with service managers about issues that affect patients' care • contribute to relevant organisational policies and procedures • help shape an organisational culture that prioritises safety and quality through openness, honesty, learning, and quality improvement

-
- measure, analyse, and report a set of specialty-specific process of care and outcome clinical indicators, and a set of generic safety indicators
 - take part in the design and implementation of the organisational systems for:
 - » clinical education and training
 - » defining the scope of clinical practice
 - » performance monitoring and management
 - » safety and quality education and training
 - explain the concepts behind youth participation and policy frameworks
 - recognise the roles and importance of quality improvement and advocacy frameworks
 - describe principles and techniques of advocacy
 - apply principles of advocacy for the needs and rights of patients
 - advocate for services for patients within the healthcare system and across other agencies
 - support political and public advocacy at local, national, and international level
-

Learning goal 5: Clinical assessment and management

Theme	Clinical assessment and management	
Title	Clinically assess and manage the ongoing care of patients	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• identify and access sources of relevant information about patients⁷• obtain patient histories• assess family dynamics and involvement of the family in the care of adolescents and young adults• examine patients• synthesise findings to develop provisional and differential diagnoses• select appropriate investigations in consultation with patients, and ensure timely interpretation and follow up of results• recognise clinical deterioration and respond appropriately• discuss findings with patients• develop formulation and management plans• discuss formulation and management with other health professionals.	
Behaviours		
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision
	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p>	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p>
Medical expertise	<ul style="list-style-type: none">• elicit accurate, organised, and problem-focused medical histories, considering physical, psychosocial, risk factors, and protective and resilience factors• assess, diagnose, and manage acute undifferentiated clinical presentations• identify stage of cognitive and sociocultural development• perform full physical examinations to establish the nature and extent of problems• conduct mental state examinations• conduct assessments of substance use behaviours, poly-substance use, and risk• perform comprehensive adolescent health assessments• use standardised questionnaires• recognise and evaluate deviations from normal development• perform nutritional assessments	<ul style="list-style-type: none">• take patient-centred histories, considering psychosocial factors• perform accurate physical examinations• recognise and correctly interpret abnormal findings• synthesise pertinent information to direct the clinical encounter and diagnostic categories• develop appropriate management plans• recognise insulin resistance• recognise risk factors for eating disorders• recognise seriously unwell patients requiring immediate care• provide rationale for investigations

⁷ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> • develop plans for multidisciplinary treatment and secondary prevention following acute events • assess and manage a range of complex medical conditions, including chronic conditions, disability, eating disorders, gender identity concerns, mental health problems, sexual health concerns, and substance use • assess and manage the psychosocial impacts of medical conditions • assess and manage young people with neurodevelopmental conditions, such as attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) • manage the physical and mental health comorbidities of neurodevelopmental conditions • provide acute stabilisation and management of malnourished patients 	
Communication	<ul style="list-style-type: none"> • communicate openly, listen, and take patients' concerns seriously, giving them adequate opportunity to ask questions • provide information to patients and their family or carers to enable them to make fully informed decisions from various diagnostic, therapeutic, and management options • develop and communicate management plans • write clear and concise reports to advocate for patients • negotiate the initial plan and any changes with patients, carers, and colleagues • communicate with patients at different levels of development • maintain the confidentiality of information obtained from patients • communicate clearly, effectively, respectfully, and promptly with other health professionals involved in patients' care • access and liaise with mental health providers, including hospital and community-based providers • provide dietary counselling • use motivational interviewing to achieve healthy behaviour change 	<ul style="list-style-type: none"> • anticipate, read, and respond to verbal and nonverbal cues • demonstrate active listening skills • communicate patients' situations to colleagues, including senior clinicians and allied health professionals • discuss the indications, risks, benefits, and complications of investigations with patients before ordering investigations • explain the results of investigations to patients

Quality and safety	<ul style="list-style-type: none"> • demonstrate safety skills, including infection control, adverse event reporting, and effective clinical handover • recognise and effectively deal with aggressive and violent patient behaviours through appropriate training • obtain informed consent before undertaking any investigation or providing treatment (except in an emergency) • ensure patients are informed of the material risks associated with any part of proposed investigations or management plans • analyse adverse incidents and sentinel events to identify system failures and contributing factors 	<ul style="list-style-type: none"> • perform hand hygiene, and take infection control precautions at appropriate moments • take precaution against assaults from confused or agitated patients, ensuring appropriate care of patients • document history and physical examination findings, and synthesise with clarity and completeness • evaluate the quality of processes through well-designed audits • evaluate the quality and safety processes implemented within the workplace, and identify gaps in their structure
Teaching and learning	<ul style="list-style-type: none"> • set defined objectives for clinical teaching encounters, and solicit feedback on mutually agreed goals • regularly reflect upon and self-evaluate professional development • obtain informed consent before involving patients in teaching activities • turn clinical activities into an opportunity to teach, appropriate to the setting • demonstrate effective supervision skills and teaching methods that are adapted to the context of the training • use appropriate guidelines, evidence sources, and decision support tools 	<ul style="list-style-type: none"> • set unclear goals and objectives for self-learning • self-reflect infrequently • deliver teaching considering learners' level of training • provide constructive feedback to junior colleagues to contribute to improvements in individuals' skills
Research	<ul style="list-style-type: none"> • search for, find, compile, analyse, interpret, and evaluate information relevant to the research subject • evaluate the applicability of the results of clinical studies to the circumstances of individual patients, especially those with multiple comorbidities 	<ul style="list-style-type: none"> • refer to guidelines and medical literature to assist in clinical assessments when required • demonstrate an understanding of the limitations of evidence and the challenges of applying research in daily practice • refer to evidence-based clinical guidelines and protocols on acutely unwell patients
Cultural safety	<ul style="list-style-type: none"> • use plain-language patient education materials, and demonstrate cultural and linguistic sensitivity 	<ul style="list-style-type: none"> • display respect for patients' cultures, and attentiveness to social determinants of health

	<ul style="list-style-type: none"> • demonstrate effective and culturally safe communication and care for Aboriginal and Torres Strait Islander peoples, Māori, and members of other cultural groups • use a professional interpreter, health advocate, or a family or community member to assist in communication with patients, and understand the potential limitations of each • acknowledge patients' beliefs and values, and how these might impact on health • incorporate appropriate LGBTQIA+ safe language • demonstrate awareness of patients' views and preferences about any proposed investigation and the adverse outcomes they are most concerned about 	<ul style="list-style-type: none"> • display openness and respect for patients' different cultures and patients from the LGBTQIA+ community • appropriately access interpretive or culturally focused services
Ethics and professional behaviour	<ul style="list-style-type: none"> • demonstrate professional values, including compassion, empathy, respect for diversity, integrity, honesty, and partnership to all patients • access and keep up to date with current legislation regarding mental health and mandatory reporting requirements • hold information about patients in confidence, unless the release of information is required for the safety of patients or others, or by law or public interest • identify relevant state and federal legislation, policies, procedures, and protocols in relation to suspected sexual assaults • assess patients' capacity for decision making, involving a proxy decision maker appropriately • respect, where appropriate, patients' decisions to refuse investigations, even if their decisions may not be appropriate or evidence based • demonstrate awareness of complex issues related to genetic information obtained from investigations, and subsequent disclosure of such information 	<ul style="list-style-type: none"> • demonstrate professional conduct, honesty, and integrity • consider patients' decision-making capacity • identify patients' preferences regarding management and the role of families in decision making • not advance personal interest or professional agendas at the expense of patient or social welfare

Judgement and decision making	<ul style="list-style-type: none"> • apply knowledge and experience to identify patients' problems, making logical, rational decisions, and acting to achieve positive outcomes for patients • use a holistic approach to health, considering comorbidity, uncertainty, and risk • use the best available evidence for the most effective therapies and interventions to ensure quality care • recognise the need for escalation of care, and escalate to appropriate staff or services • use care pathways effectively, including identifying reasons for variations in care • recognise the limits to confidential care in the context of safety, electronic clinical records, and legislative requirements 	<ul style="list-style-type: none"> • demonstrate clinical reasoning by gathering focused information relevant to patients' care
Leadership, management, and teamwork	<ul style="list-style-type: none"> • work effectively as a member of multidisciplinary teams to achieve the best health outcomes for patients • demonstrate awareness of colleagues in difficulty, and work within the appropriate structural systems to support them while maintaining patient safety • outline local community services and processes • recognise the contributions of different medical subspecialties and practitioners in the diagnosis, assessment, and treatment of health issues and complications • recognise the role of other agencies and professionals in the evaluation and management of adolescent and young adult health issues • work collaboratively with staff in the emergency department, intensive care, and other subspecialty inpatient and outpatient / community units 	<ul style="list-style-type: none"> • share relevant information with members of the healthcare team • liaise and collaborate with outside agencies • demonstrate understanding of what parts of an investigation are provided by different doctors or health professionals
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • participate in health promotion, disease prevention and control, screening, and reporting notifiable diseases • aim to achieve optimal cost-effective patient care to allow maximum benefit from the available resources 	<ul style="list-style-type: none"> • identify and navigate components of the healthcare system relevant to patients' care • identify and access relevant community resources to support patients' care • understand the systems for the escalation of care for deteriorating patients

-
- collect and handle forensic samples, maintaining chain of evidence requirements
 - outline relevant national, state, and federal government decision-making processes regarding clinical and support services for patients
 - collaborate with colleagues to develop policies and protocols for the investigation and management of common medical problems
 - collaborate with emergency medicine staff and other colleagues to develop policies and protocols for the assessment and management of adolescent and young adult patients
-

Learning goal 6: Management of transitions in care

Theme	Management of transitions in care	
Title	Manage the transition of patient care between health professionals, providers, and contexts	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> anticipate likely transitions of care, such as from paediatric to adult care provide anticipatory guidance to patients⁸ to support their ability to transfer to different care contexts in due course manage transition of patients' care to ensure the optimal continuation of care between providers identify the appropriate care providers and other stakeholders with whom to share patient information exchange pertinent, contextually appropriate, and relevant patient information in ways that safeguard patient privacy perform this activity in multiple settings, including inpatient, ambulatory, and critical care settings. 	
Behaviours		
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision
	Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	<ul style="list-style-type: none"> facilitate an optimal transition of care for patients identify and manage key risks for patients during transition periods anticipate possible changes in patients' conditions, and provide recommendations on how to manage them to both patients and appropriate care providers identify appropriate local subspecialist teams and services when indicated, in addition to primary care recognise generic versus disease-specific components of transition outline the roles of specialist services 	<ul style="list-style-type: none"> understand the details of patients' conditions, illness severity, and potential emerging issues, with appropriate actions provide accurate summaries of patients' information with accurate identification of problems or issues

⁸ References to patients in the remainder of this document may include their families, whānau, and/or carers.

Communication	<ul style="list-style-type: none"> • write relevant and succinct medical record entries, including clinical assessments and management plans • write comprehensive and accurate summaries of care, including discharge summaries, clinic letters, and transfer documentation • initiate and maintain verbal communication with other health professionals when required • communicate with patients about transitions of care, and engage and support these parties in decision making • liaise with other agencies, including guardianship boards and schools • engage and consult with child protection services • lead the medical component of case conferences 	<ul style="list-style-type: none"> • communicate clearly with clinicians and other caregivers • use standardised verbal and written templates to improve the reliability of information transfer and prevent errors and omissions • communicate accurately and in a timely manner to ensure effective transitions between settings, and continuity and quality of care • attend and contribute to interdisciplinary case conferences
Quality and safety	<ul style="list-style-type: none"> • identify patients at risk of poor transitions of care, and mitigate risks where possible • use electronic tools (where available) to securely store and transfer patient information • use consent processes, including written consent if required, for the release and exchange of information • demonstrate understanding of the medicolegal context of written communications 	<ul style="list-style-type: none"> • ensure that handover is complete, or work to mitigate risks if incomplete • ensure all outstanding results or procedures are followed up by receiving units and clinicians • keep patients' information secure, adhering to relevant legislation regarding personal information and privacy
Teaching and learning	<ul style="list-style-type: none"> • integrate respectful clinical education in handover sessions and other transition of care meetings • tailor clinical education to the level of the professional parties involved 	<ul style="list-style-type: none"> • take opportunities to teach junior colleagues during handover, as necessary
Cultural safety	<ul style="list-style-type: none"> • communicate with careful consideration to health literacy, language barriers, and culture regarding patient preferences, and whether they are realistic and possible, respecting patient choices • incorporate appropriate LGBTQIA+ safe language • consider socioeconomic factors when deciding appropriate adult services for patients 	<ul style="list-style-type: none"> • include relevant information regarding patients' cultural or ethnic background in handovers, and whether an interpreter is required

Ethics and professional behaviour	<ul style="list-style-type: none"> • disclose and share only contextually appropriate medical and personal information • demonstrate understanding of the clinical, ethical, and legal rationale to disclose information • share information about patients' health care in a manner consistent with privacy law and professional guidelines on confidentiality, taking patient preferences into account • demonstrate understanding of the additional complexity related to some types of information, such as genetic information, blood-borne-virus status, and LGBTQIA+ status, and seek appropriate advice about disclosure of such information • interact in a collegiate and collaborative way with professional colleagues during transitions of care • recognise the timing, location, privacy, and appropriateness of sharing information with patients 	<ul style="list-style-type: none"> • maintain respect for patients and other health professionals, including respecting privacy and confidentiality
Judgement and decision making	<ul style="list-style-type: none"> • ensure patients' care is in the most appropriate facility, setting, or provider • use mental health legislation appropriately if transition to involuntary care status is required 	<ul style="list-style-type: none"> • use a structured approach to consider and prioritise patients' and parent / carer issues • recognise personal limitations and seek help in an appropriate way when required
Leadership, management, and teamwork	<ul style="list-style-type: none"> • share the workload of transitions of care appropriately, including delegation • demonstrate understanding of the medical governance of patient care, and the differing roles of team members • show respect for the roles and expertise of other health professionals, and work effectively as a member of professional teams • ensure that multidisciplinary teams provide the opportunity for patients' and parent / carer engagement and participation when appropriate • participate in shared care with specialist services as appropriate • recognise the role of interagency collaboration, including across sectors, such as health, education, and justice 	<ul style="list-style-type: none"> • recognise factors that impact the transfer of care, and help subsequent health professionals understand any issues that may influence self-management or continuity of care • work to overcome the potential barriers to continuity of care, appreciating the role of handover in overcoming these barriers

	<ul style="list-style-type: none"> • work in multidisciplinary teams and with colleagues from a wide range of professional groups 	
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • contribute to processes for managing risks, and identify strategies for improvement in transition of care • engage in organisational processes to improve transitions of care, such as formal surveys or follow-up phone calls after hospital discharge 	<ul style="list-style-type: none"> • factor transport issues and costs to patients into arrangements for transferring patients to other settings

Learning goal 7: Longitudinal care

Theme		Longitudinal care
Title		Manage and coordinate the longitudinal care of patients with chronic conditions, disability, and/or long-term health issues, including coordinating and delivering a successful transition from paediatric to adult care
Description		<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> • assess family dynamics and involvement of the family in the care of adolescents and young adults • develop management plans and goals in consultation with patients⁹ • manage chronic and advanced conditions, complications, disabilities, and comorbidities • collaborate with other care providers • ensure continuity of care • facilitate transitions from parent-led care to self-management, according to developing capabilities • facilitate patients' self-management and self-monitoring • coordinate and deliver successful transitions from paediatric to adult care • engage with the broader health policy context.
Behaviours		
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision
	Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Possible behaviours of a trainee who needs some supervision to perform this activity
<u>Medical expertise</u>	The trainee will:	The trainee may:
	<ul style="list-style-type: none"> • investigate and manage unexplained chronic physical symptoms • regularly assess and review care plans for patients with chronic conditions and disabilities based on short- and long-term clinical and quality-of-life goals • manage patients with complex and chronic conditions and disabilities within a multidisciplinary team • manage patients on a long-term basis, including patients with common mental disorders, substance use problems, eating disorders, and overweight / obese adolescents • provide documentation on patients' presentation, management, and progress, including key points of diagnosis and decision making, to inform coordination of care 	<ul style="list-style-type: none"> • assess patients' knowledge, beliefs, concerns, and daily behaviours related to their chronic condition and/or disability and its management • contribute to medical record entries on histories, examinations, and management plans in a way that is accurate and sufficient as a member of multidisciplinary teams

⁹ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> • ensure patients contribute to their needs assessments and care planning • differentiate and appreciate the value of adolescents' perspectives, as well as those of their parents / carers • monitor treatment outcomes, effectiveness, and adverse events, and adjust care plans accordingly • assess and support readiness for transfer to adult services 	
Communication	<ul style="list-style-type: none"> • provide developmentally appropriate anticipatory guidance to parents / carers to support adolescent patients to develop their capacity for self-care in due course • encourage patients' self-management through education to take greater responsibility for their care, and support problem solving • discuss, motivate, and support adherence to treatment plans • apply the principles of motivational interviewing • encourage patients' access to self-monitoring devices and assistive technologies • communicate with multidisciplinary team members, and involve patients in that dialogue • promote engagement in follow-up • liaise across paediatric and adult services, including primary care • liaise with school and community-based professionals • write comprehensive and accurate summaries of care, including discharge summaries, clinic letters, and transfer documentation 	<ul style="list-style-type: none"> • compile and summarise patient records in preparation for transition of care from paediatric to adult services • provide healthy lifestyle advice and information to patients on the importance of self-management • work in partnership with patients and parents / carers, and motivate them to comply with agreed care plans • appreciate the importance of communicating with schools and community-based professionals
Quality and safety	<ul style="list-style-type: none"> • apply innovative models of chronic disease care, using telehealth and digitally integrated support services • review medicine use and ensure patients understand safe medication administration to prevent errors • regularly review the latest evidence and clinical guidelines • support patients' self-management by balancing the need to minimise risk while helping patients to become more independent 	<ul style="list-style-type: none"> • know how to review the latest evidence and clinical guidelines • participate in continuous quality improvement processes and clinical audits on chronic disease management • identify activities that may improve patients' quality of life • use clinical practice guidelines for chronic diseases management

	<ul style="list-style-type: none"> participate in quality improvement processes, such as those to improve patients' and parents' / carers' quality of life 	
Teaching and learning	<ul style="list-style-type: none"> contribute to the development of clinical pathways for chronic diseases management based on current clinical guidelines educate patients to recognise and monitor their symptoms, and undertake strategies to assist their recovery participate in teaching and training of junior staff integrate clinical education in handover sessions and other relevant meetings 	<ul style="list-style-type: none"> participate in training more junior staff
Research	<ul style="list-style-type: none"> prepare reviews of literature on patients' encounters to present at journal club meetings search for and critically appraise evidence to resolve clinical areas of uncertainty contribute to wider research efforts as appropriate 	<ul style="list-style-type: none"> search literature using problem / intervention / comparison / outcome (PICO) format understand the appropriate use and differences between review articles, systematic reviews, and meta-analyses
Cultural safety	<ul style="list-style-type: none"> provide culturally safe chronic disease management that improves health and wellbeing outcomes encourage patients from culturally and linguistically diverse backgrounds to join local networks to receive the support needed for long-term self-management incorporate appropriate LGBTQIA+ safe language 	<ul style="list-style-type: none"> seek out opportunities to improve cultural awareness and cultural safety
Ethics and professional behaviour	<ul style="list-style-type: none"> share information about patients' health care, consistent with privacy laws and confidentiality and professional guidelines use consent processes for the release and exchange of health information assess patients' decision-making capacity, and appropriately identify and use alternative decision makers 	<ul style="list-style-type: none"> share information between relevant service providers acknowledge and respect the contribution of health professionals involved in patients' care comply with workplace guidelines around social media use with patients and families
Judgement and decision making	<ul style="list-style-type: none"> implement stepped care pathways in the management of chronic diseases and disabilities recognise patients' needs in terms of both internal resources and external support on long-term health care journeys 	<ul style="list-style-type: none"> recognise personal limitations and seek help in an appropriate way when required

<p>Leadership, management, and teamwork</p>	<ul style="list-style-type: none"> • coordinate whole-person care through involvement in all stages of patients' care journeys • use a multidisciplinary approach across services and settings, such as health, education, welfare, and justice, to manage patients with chronic diseases and disabilities • develop collaborative relationships with patients and a range of health professionals • work collaboratively with medical colleagues and allied health staff • support colleagues in other disciplines • participate with colleagues in the provision of palliative care • support colleagues in paediatric and adult settings to develop transition programs in their specialties 	<ul style="list-style-type: none"> • participate in multidisciplinary care for patients with chronic diseases and disabilities, including organisational and community care, on a continuing basis, appropriate to patients' context
<p>Health policy, systems, and advocacy</p>	<ul style="list-style-type: none"> • use health screening for early intervention and chronic diseases management • assess alternative models of care delivery to patients with chronic conditions and disabilities • participate in government initiatives for chronic diseases management to reduce hospital admissions and improve patients' quality of life • help patients access initiatives and services for patients with chronic conditions and disabilities, including mental health • advocate for the provision of skills and services within paediatric and adult sectors to facilitate the development of transition services 	<ul style="list-style-type: none"> • demonstrate awareness of government initiatives and services available for patients with chronic diseases and disabilities, including primary care, and display knowledge of how to access them

Learning goal 8: Communication with patients

Theme	Communication with patients	
Title	Discuss diagnoses and management plans with patients	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• select suitable contexts, and include family and/or carers and other team members• adopt a patient-centred perspective, including adjusting for cognition and disabilities• select and use appropriate modalities and communication strategies• structure conversations intentionally• negotiate mutually agreed management plans• verify patient¹⁰, family, or carer understanding of information conveyed• develop and implement plans for ensuring actions occur• ensure conversations are documented.	
Behaviours		
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision
	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p>	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p>
Medical expertise	<ul style="list-style-type: none">• anticipate and be able to correct any misunderstandings patients may have about their conditions and/or risk factors• inform patients of all aspects of their clinical management, including assessments and investigations, and give them adequate opportunity to question or refuse interventions and treatments• seek to understand the concerns and goals of patients, and plan management in partnership with them• provide information to patients to enable them to make informed decisions about diagnostic, therapeutic, and management options	<ul style="list-style-type: none">• apply knowledge of the scientific basis of health and disease to the management of patients• demonstrate an understanding of clinical problems being discussed• formulate management plans in partnership with patients
Communication	<ul style="list-style-type: none">• use appropriate communication strategies and modalities for communication, such as emails, face-to-face, or phone calls• elicit patients' views, concerns, and preferences, promoting rapport	<ul style="list-style-type: none">• select appropriate modes of communication• engage patients in discussions, avoiding the use of jargon• check patients' understanding of information

¹⁰ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> • provide information to patients in plain language, avoiding jargon, acronyms, and complex medical terms • encourage questions, and answer them thoroughly • ask patients to share their thoughts or explain their management plan in their own words, to verify understanding • convey information considerately and sensitively to patients, seeking clarification if unsure of how best to proceed • communicate effectively with individuals from the LGBTQIA+ community • provide information and support regarding health promotion in adolescence with respect to personal care • inform formal carers about medical conditions and health-promoting practices • treat children and young people respectfully, and listen to their views • recognise the role of family or carers and, when appropriate, encourage patients to involve their family / carers in decisions about their care • use basic techniques of cognitive behaviour therapy (CBT), motivational interviewing, family therapy, and brief interventions 	<ul style="list-style-type: none"> • adapt communication style in response to patients' age, developmental level, and cognitive, physical, cultural, socioeconomic, and situational factors • collaborate with patient liaison officers as required
Quality and safety	<ul style="list-style-type: none"> • discuss with patients their condition and the available management options, including potential benefits and harms • provide information to patients in a way they can understand before asking for their consent • consider young people's capacity for decision making and consent • recognise and take precautions where patients may be vulnerable, such as issues of child protection and deliberate self-harm • participate in processes to manage patients' complaints 	<ul style="list-style-type: none"> • inform patients of the material risks associated with proposed management plans • treat information about patients as confidential

Teaching and learning	<ul style="list-style-type: none"> • discuss the aetiology of diseases and explain the purpose, nature, and extent of the assessments to be conducted • obtain informed consent or other valid authority before involving patients in teaching 	<ul style="list-style-type: none"> • respond appropriately to information sourced by patients, and to patients' knowledge regarding their condition
Research	<ul style="list-style-type: none"> • provide information to patients that is based on guidelines issued by the National Health and Medical Research Council and/or Health Research Council of NZ • provide information to patients in a way they can understand before asking for their consent to participate in research • obtain an informed consent or other valid authority before involving patients in research 	<ul style="list-style-type: none"> • refer to evidence-based clinical guidelines • demonstrate an understanding of the limitations of the evidence and the challenges of applying research in daily practice
Cultural safety	<ul style="list-style-type: none"> • demonstrate effective and culturally safe communication by meeting patients' specific language and cultural needs • use qualified language interpreters or cultural interpreters to help meet patients' communication needs • provide plain language and culturally appropriate written materials to patients when possible • incorporate appropriate LGBTQIA+ safe language, including gender affirming language 	<ul style="list-style-type: none"> • identify when to use interpreters • allow enough time for communication across linguistic and cultural barriers • display openness and respect for patients from the LGBTQIA+ community
Ethics and professional behaviour	<ul style="list-style-type: none"> • encourage and support patients to be well informed about their health, and to use this information wisely when they make decisions • encourage and support patients in caring for themselves and managing their health • demonstrate respectful professional relationships with patients • prioritise honesty, patients' welfare, and community benefit above self-interest • develop a high standard of personal conduct, consistent with professional and community expectations • support patients' rights to seek second opinions • establish rapport and engagement, assuring confidentiality within the patient-professional relationship 	<ul style="list-style-type: none"> • respect the preferences of patients • communicate appropriately, consistent with the context, and respect patients' needs and preferences • maximise patient autonomy, and support their decision making • avoid sexual, intimate, and/or financial relationships with patients • demonstrate a caring attitude towards patients • respect patients, including protecting their rights to privacy and confidentiality • behave equitably towards all, irrespective of gender, age, culture, socioeconomic status, sexual preferences, beliefs, contribution to society, illness-related behaviours, or the illness itself • use social media ethically and according to legal obligations to

	<ul style="list-style-type: none"> negotiate limits of confidentiality and communicate exceptions effectively 	protect patients' confidentiality and privacy
Leadership, management, and teamwork	<ul style="list-style-type: none"> communicate effectively with team members involved in patients' care, and with patients discuss medical assessments, treatment plans, and investigations with patients and primary care teams, working collaboratively with all discuss patients' care needs with healthcare team members to align them with the appropriate resources facilitate an environment in which all team members feel they can contribute and their opinion is valued communicate accurately and succinctly, and motivate others on the healthcare team 	<ul style="list-style-type: none"> answer questions from team members summarise, clarify, and communicate responsibilities of healthcare team members keep healthcare team members focused on patient outcomes
Health policy, systems, and advocacy	<ul style="list-style-type: none"> collaborate with other services, such as community health centres and consumer organisations, to help patients navigate the healthcare system 	<ul style="list-style-type: none"> communicate with and involve other health professionals as appropriate

Learning goal 9: Prescribing

Theme	Prescribing	
Title	Prescribe therapies tailored to patients’ needs and conditions	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• take and interpret medication histories• choose appropriate medicines based on an understanding of pharmacology, taking into consideration age, benefits, comorbidities, potential drug interactions, and risks• communicate with patients¹¹ about the benefits and risks of proposed therapies• provide instructions on medication administration effects and side effects• monitor medicines for efficacy and safety• review medicines and interactions, and cease where appropriate• collaborate with pharmacists.	
Behaviours		
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision
	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p> <ul style="list-style-type: none">• identify the patients’ disorders requiring pharmacotherapy• consider non-pharmacologic therapies• consider age, allergies, chronic disease status, lifestyle factors, patient preference, and potential drug interactions prior to prescribing new medications• prescribe appropriate medication in a range of circumstances, such as contraception, pre-conception, pregnancy, malnutrition, refeeding, and mental health conditions• explain common drug adverse effects, including interactions with other substances (licit or illicit)• plan for follow-up and monitoring	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p> <ul style="list-style-type: none">• be aware of potential side effects and practical prescription points, such as medication compatibility and monitoring in response to therapies• select medicines for common conditions appropriately, safely, and accurately• demonstrate understanding of the rationale, risks, benefits, side effects, contraindications, dosage, and drug interactions• identify and manage adverse events
Medical expertise		

¹¹ References to patients in the remainder of this document may include their families, whānau, and/or carers.

<p>Communication</p>	<ul style="list-style-type: none"> • provide information to patients about: <ul style="list-style-type: none"> » how to take the medicine » potential side effects » what the medicine does » what the medicine is for » when it should be stopped • manage patients' requests for information about contraception • discuss and evaluate the risks, benefits, and rationale of treatment options, making decisions in partnership with patients • educate patients about the intended use, expected outcomes, and potential side effects for each prescribed medication, addressing the common, rare, and serious effects at the time of prescribing to improve patients' adherence to pharmacotherapy • describe how the medication should and should not be administered, including any important relationships to food, time of day, and other medicines or substances being taken • identify patients' concerns and expectations, and explain when to return for monitoring 	<ul style="list-style-type: none"> • discuss and explain the rationale for treatment options with patients • explain the benefits and burdens of therapies, considering patients' individual circumstances • write clearly legible scripts or charts using generic names of the required medication in full (if required, including mg / kg / dose information and all legally required information) • seek further advice from experienced clinicians or pharmacists when appropriate
<p>Quality and safety</p>	<ul style="list-style-type: none"> • review medicines regularly to reduce non-adherence, and monitor treatment effectiveness, possible side effects, evolving contraindications (such as pregnancy risk), and drug interactions, ceasing unnecessary medicines • use electronic prescribing tools where available, and access electronic drug references to prevent errors caused by drug interactions and poor handwriting • prescribe medications based on evidence-based indications • participate in clinical audits to improve prescribing behaviour, including an approach to polypharmacy and prescribing cascade • report suspected adverse events to the Advisory Committee on Medicines, and record it in patients' medical records • demonstrate compliance with permits and regulations of scheduled medications 	<ul style="list-style-type: none"> • check doses before prescribing • monitor side effects of medicines prescribed • identify medication errors and institute appropriate measures • use electronic prescribing systems safely • rationalise medicines to avoid polypharmacy • follow prescribing guidelines and stewardship for medications that have higher potential for misuse, abuse, or dependence

Teaching and learning	<ul style="list-style-type: none"> • use appropriate guidelines and evidence-based medicine resources to maintain a working knowledge of current medicines, keeping up to date on new medicines 	<ul style="list-style-type: none"> • undertake continuing professional development to maintain currency with prescribing guidelines • reflect on prescribing, and seek feedback from a supervisor
Research	<ul style="list-style-type: none"> • critically appraise research material to ensure any new medicine improves patient-oriented outcomes 	<ul style="list-style-type: none"> • make therapeutic decisions according to the best evidence • recognise where evidence is limited, compromised, or subject to bias or conflict of interest
Cultural safety	<ul style="list-style-type: none"> • explore patients' understanding of and preferences for non-pharmacological and pharmacological management • offer patients effective choices based on their expectations of treatment, health beliefs, and cost • interpret and explain information to patients at the appropriate level of their health literacy • anticipate queries to help enhance the likelihood of medicines being taken as advised • seek out opportunities to improve understanding and awareness of LGBTQIA+ cultural safety • ensure appropriate information is available at all steps of the medicine management pathway 	<ul style="list-style-type: none"> • appreciate patients' cultural and religious backgrounds, attitudes, and beliefs, and how these might influence the acceptability of pharmacological and non-pharmacological management approaches
Ethics and professional behaviour	<ul style="list-style-type: none"> • make prescribing decisions based on good safety data when the benefits outweigh the risks involved • demonstrate understanding of the ethical implications of pharmaceutical industry-funded research and marketing • prescribe within legislative frameworks, and comply with professional standards and approved guidelines • determine if patients are competent to consent to taking medications, and gain appropriate consent 	<ul style="list-style-type: none"> • consider the relative merits of different non-pharmacological and pharmacological approaches • follow regulatory and legal requirements and limitations regarding prescribing • follow organisational policies regarding pharmaceutical representative visits and drug marketing
Judgement and decision making	<ul style="list-style-type: none"> • use a systematic approach to select treatment options • use medicines safely and effectively to get the best possible results • choose suitable medicines only if medicines are considered necessary and will benefit patients 	<ul style="list-style-type: none"> • recognise personal limitations and seek help in an appropriate way when required

	<ul style="list-style-type: none"> • prescribe medicines appropriately to patients' clinical needs, in doses that meet their individual requirements, for a sufficient length of time, with the lowest cost to them • evaluate new medicines in relation to their possible efficacy and safety profile for individual patients 	<ul style="list-style-type: none"> • consider the following factors for all medicines: <ul style="list-style-type: none"> » contraindications » cost to patients, families, and the community » funding and regulatory considerations » generic versus brand medicines » interactions » risk-benefit analysis
Leadership, management, and teamwork	<ul style="list-style-type: none"> • interact with medical, pharmacy, and nursing staff, and community care teams, to ensure safe and effective medicine use 	<ul style="list-style-type: none"> • participate in medication safety and morbidity and mortality meetings
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • choose medicines in relation to comparative efficacy, safety, and cost-effectiveness against medicines already on the market • prescribe for individual patients, considering history, current medicines, allergies, and preferences, ensuring that healthcare resources are used wisely for the benefit of patients 	<ul style="list-style-type: none"> • prescribe in accordance with the organisational policy

Learning goal 10: Clinic management

Theme	Clinic management		AT-EPA-9
Title	Manage an outpatient clinic		
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• manage medical procedures and treatments• manage clinic services• oversee quality improvement activities• communicate with patients¹²• liaise with other health professionals and team members• demonstrate problem-solving skills• responsibly use public resources.		
Behaviours			
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision	
	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p> <ul style="list-style-type: none">• effectively identify and address current clinical concerns, as well as longer-term clinical objectives, as appropriate to patients' context• evaluate environmental and lifestyle health risks, and advocate for healthy lifestyle choices• create accurate and appropriately prioritised problem lists in the clinical notes or as part of ambulatory care reviews• update documentation in a timeframe appropriate to the clinical situation of patients• recognise when a patient cannot be managed in an outpatient setting, and refer appropriately for urgent or inpatient care	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p> <ul style="list-style-type: none">• demonstrate understanding of the importance of prevention, early detection, health maintenance, and chronic condition management	
Medical expertise			
Communication	<ul style="list-style-type: none">• help patients navigate the healthcare system to improve access to care by collaboration with other services, such as community health centres and consumer organisations• document clinical encounters appropriately through contemporaneous, comprehensive notes and clinic letters	<ul style="list-style-type: none">• wherever practical, meet patients' specific language and communication needs• facilitate appropriate use of interpreter services and translated materials	

¹² References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> link patients to specific community-based health programs and group education programs communicate with other professionals involved in patients' care as clinically indicated, via letters, direct conversations, and case conferences 	
Quality and safety	<ul style="list-style-type: none"> participate in the development and evaluation of clinical services practice health care that maximises patient safety adopt a systematic approach to the review and improvement of professional practice in the outpatient clinic setting identify aspects of service provision that may be a risk to patients' safety ensure that patients are informed about fees and charges 	<ul style="list-style-type: none"> take reasonable steps to address issues if patients' safety may be compromised understand a systematic approach to improving the quality and safety of health care participate in organisational quality and safety activities, including clinical incident reviews
Teaching and learning	<ul style="list-style-type: none"> evaluate own professional practice demonstrate learning behaviour and skills in educating junior colleagues contribute to the generation of knowledge maintain professional continuing education standards 	<ul style="list-style-type: none"> use information technology appropriately as a resource for modern medical practice
Research	<ul style="list-style-type: none"> engage in, foster, and encourage research obtain informed consent or other valid authority before involving patients in research inform patients about their rights, the purpose of the research, the procedures to be undergone, and the potential risks and benefits of participation before obtaining consent 	<ul style="list-style-type: none"> allow patients to make informed and voluntary decisions to participate in research
Cultural safety	<ul style="list-style-type: none"> apply knowledge of the cultural needs of the community being served, and how to shape service to those people mitigate the influence of own culture and beliefs on interactions with patients and decision making adapt practice to improve patient engagement and health outcomes incorporate appropriate LGBTQIA+ safe language 	<ul style="list-style-type: none"> acknowledge the social, economic, cultural, and behavioural factors influencing health, both at individual and population levels
Ethics and professional behaviour	<ul style="list-style-type: none"> identify and respect the boundaries that define professional and therapeutic relationships 	<ul style="list-style-type: none"> understand the responsibility to protect and advance the health and wellbeing of individuals and communities

	<ul style="list-style-type: none"> • respect the roles and expertise of other health professionals • comply with the legal requirements of preparing and managing documentation • demonstrate awareness of financial and other conflicts of interest • manage situations in which confidentiality cannot be assured 	<ul style="list-style-type: none"> • maintain the confidentiality of documentation, and store clinical notes appropriately • ensure that the use of social media is consistent with ethical and legal obligations
Judgement and decision making	<ul style="list-style-type: none"> • integrate prevention, early detection, health maintenance, and chronic condition management, where relevant, into clinical practice • work to achieve optimal and cost-effective patient care that allows maximum benefit from the available resources 	<ul style="list-style-type: none"> • understand the appropriate use of human resources, diagnostic interventions, therapeutic modalities, and health care facilities • recognise the limits of personal expertise, and involve other professionals as needed to contribute to patients' care
Leadership, management, and teamwork	<ul style="list-style-type: none"> • prepare for, and conduct, clinical encounters in a well-organised and time-efficient manner • work effectively as a member of multidisciplinary teams or other professional groups • ensure that all important discussions with colleagues, multidisciplinary team members, and patients are appropriately documented • review discharge summaries, notes, and other communications written by junior colleagues • support colleagues who raise concerns about patients' safety 	<ul style="list-style-type: none"> • attend relevant clinical meetings regularly
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • demonstrate capacity to engage in the surveillance and monitoring of the health status of populations in the outpatient setting • maintain good relationships with health agencies and services • develop policies and procedures • apply the principles of efficient and equitable allocation of resources to meet individual, community, and national health needs • explain the importance of clinical governance 	<ul style="list-style-type: none"> • understand common population health screening and prevention approaches

Knowledge Guides

Knowledge guides (KGs) provide detailed guidance to trainees on the important topics and concepts trainees need to understand to become experts in their chosen specialty.

Trainees are not expected to be experts in all areas or have experience related to all items in these guides.



#	Title
11	Foundations of adolescent and young adult medicine
12	Physical conditions
13	Psychological and behavioural health
14	Gender, sexual, and reproductive health
15	Alcohol and other substance use
16	Nutrition and disordered eating

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have in-depth knowledge of the topics listed under each clinical sciences heading.

For the statistical and epidemiological concepts listed, trainees should be able to describe the underlying rationale, the indications for using one test or method over another, and the calculations required to generate descriptive statistics.

- Brain development across adolescence
- Characteristics of adolescence and young adulthood (10–24 years old) as a developmental stage, including changes across this period, and patterns of engagement with family and peers
- Cognitive development and capacity to consent
- Epidemiology and patterns of abuse, such as:
 - » emotional abuse
 - » exposure to domestic and/or family violence
 - » neglect
 - » physical abuse
 - » sexual abuse
 - » short- and long-term effects of abuse
- Epidemiology of the common health conditions affecting adolescents, including:
 - » gender
 - » reproductive
 - » sexual
- Injuries
- Intellectual disabilities across adolescence, and how adolescent development might affect these, such as:
 - » Down syndrome
 - » fetal alcohol spectrum disorder (FAS-D)
 - » fragile X syndrome
- Mental health
- Normal and abnormal patterns of growth and pubertal development
- Nutritional requirements
- Physical disabilities, and how adolescent development might affect these, such as:
 - » cerebral palsy
 - » muscular dystrophy
 - » spina bifida
- Principles of pharmacology, such as:
 - » chronic pain medications
 - » commonly used psychotropic medications
 - » gender-affirming hormones
 - » impact of growth and development on drug dosing and metabolism
 - » indication, contraindications, and side effects of:
 - medications for attention deficit hyperactivity disorder (ADHD)
 - medications to improve sleep
 - puberty blockers
- Psychosocial screening, including rationale and different approaches
- Public health significance of:
 - » health risk behaviours
 - » immunisations
 - » notifiable diseases
 - » sexually transmitted infections
- Sexual and reproductive health issues, including menstruation and contraception
- Substance use disorders

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients¹³, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

Common interventions

- Allied health support
- Cognitive behavioural therapy (CBT)
- Family therapy
- Family-based treatment (FBT)
- Motivational interviewing
- Psychopharmacology
- Trauma-informed care

Investigations

- Body mass index (BMI)
- Bone age tests
- Bone mineral density tests
- Comprehensive adolescent health assessment, including Home, Education / employment, Eating / exercise, Activities, Drugs and alcohol, Sexuality, Suicide and depression, Safety (HEEADSSS)
- Genetic investigations, such as microarray and fragile X testing
- Growth charts
- Nutritional screening blood tests, such as ferritin, vitamin D, and other micronutrient screening
- Physical examination, including Tanner staging (when appropriate and with consent)
- Screening examinations and investigations, and their indications, such as:
 - » audiology
 - » blood pressure, including orthostatic measurement, heart rate (including orthostatic)
 - » cholesterol / lipids
 - » haemoglobin A1C (HbA1C) test
 - » hormone levels for pubertal assessment
 - » standardised questionnaires
 - » vision

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis, management and outcomes.

- Adolescent development and stages, such as:
 - » cognitive development
 - » gender identity exploration and consolidation
 - » physical change, including linear growth and puberty
 - » psychosocial
 - » sexual health and sexuality
- Concepts of, and factors that support, resilience throughout the life course
- Conceptual frameworks, such as:
 - » biopsychosocial model of health
 - » child protection frameworks and legislation
 - » harm reduction model
 - » life course perspectives, such as the triple dividend
 - » positive youth development
 - » resilience
 - » risk and protective factors
 - » social and commercial determinants of health
 - » transtheoretical model of change
 - » trauma-informed care
- Confidentiality considerations, such as:
 - » balancing adolescent and parent perspectives
 - » limitations
 - » medicolegal frameworks

¹³ References to patients in the remainder of this document may include their families, whānau, and/or carers.

-
- » principles of clinical ethics and autonomy
 - Developmental theories, and how these can be framed within contemporary knowledge of adolescent brain development, including:
 - » developmental tasks of adolescence
 - » emerging independence and cognitive, physical, and sociocultural development
 - » impact of trauma
 - » self-identity
 - Distinction between gender identity and sexual orientation
 - Education system considerations, such as:
 - » impact of disrupted education
 - » school access and educational support, especially for students with neurodiversity
 - » school and education processes for young people with cognitive, physical, and psychiatric / psychological disabilities
 - » school and post-secondary education structures
 - » school health, including health promotion and clinical services
 - Exploratory and risk-taking behaviours
 - Health policies, resources, and services:
 - » access to services in regional and remote communities
 - » common barriers to health care
 - » communication processes and relationships between acute care services, community centres, primary health, and private sector
 - » delivery of health services within individual communities
 - » disability support accessibility, policies, services, and resources
 - » education resources and support for young people with neurobehavioural and developmental conditions
 - » managing young people with cognitive disabilities, neurobehavioural conditions, and neurodiversity
 - » public health policy and legislation affecting the health and wellbeing of young people
 - » role of government and non-government agencies
 - » role of primary health, local, and community-based services
 - » role of school health services for adolescents
 - Impact of family life, including:
 - » protective factors, such as:
 - improving communication within families
 - parenting strategies for young people with cognitive disabilities
 - range of parenting styles appropriate for adolescents and young adults (AYA)
 - supporting neurodivergent youth within the family
 - » risk factors, such as:
 - caregiver burnout
 - family and/or domestic violence awareness and screening
 - family separation and blended families
 - impact of psychosocial issues on families and young people
 - Impacts of bullying, including:
 - » face-to-face
 - » in schools
 - » online
 - » the role of bystander
 - Interaction between health and other services, such as mental health and substance use, and other sectors, such as education, housing, legal, welfare, and youth justice
 - Legal environment of the care of AYA, such as:
 - » capacity, consent, and refusal of treatment, including assessing capacity to consent and the mature minor concept
 - » child maltreatment, including recognition and reporting requirements
 - » confidentiality, including laws, concepts, and processes for safe-guarding privacy

-
- » gender-affirming medical care
 - » guardianship issues
 - » indications for involuntary treatment
 - » mandatory reporting requirements
 - Medical implications in adolescence and adulthood of common procedures that occurred earlier in childhood, such as caecostomies, management of spasticity, and percutaneous endoscopic gastrostomy (PEG)
 - Prevalence and risk factors for physical violence, including intimate partner violence, in the local community
 - Principles of health promotion and harm minimisation
 - Principles of protective behaviours
 - Sleep hygiene
 - Specific health contexts, such as:
 - » Aboriginal and Torres Strait Islander peoples and Māori adolescents
 - » adolescents in custodial contexts, including on youth justice orders
 - » adolescents in out-of-home care
 - » adolescents whose parents have an addiction, mental illness, or a disability
 - » LGBTQIA+ adolescents
 - » neurodiverse adolescents
 - » pregnant and parenting adolescents
 - » refugee and asylum seeker families
 - » socioeconomically disadvantaged young people
 - » victims of physical and/or sexual abuse
 - » young people who are homeless or living in precarious housing
 - Supporting AYA transitioning to adult care settings
 - Techniques for engaging and communicating with AYA

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

- Abnormal behaviour
- Abnormal eating
- Abnormal sensation
- Allergic symptoms:
 - » acute
 - » chronic
- Amenorrhoea
- Anaemia
- Collapse
- Constipation
- Cough / Wheeze
- Diarrhoea
- Discharge:
 - » genital
- Dizziness / Vertigo
- Dyspnoea
- Fatigue
- Growth failure
- Headache
- Hyperglycaemia
- Hypertension
- Hypoglycaemia
- Hypotension
- Joint hypermobility and instability
- Loss of consciousness / Fainting
- Medically unexplained symptoms
- Menstrual disorders
- Nausea and vomiting
- Obesity
- Pain:
 - » abdominal
 - » chronic
 - » muscle
 - » pelvic
- Palpitations
- Postural orthostatic tachycardia syndrome (POTS)
- Recurrent urinary tract infections
- Respiratory difficulties
- Seizures
- Sexual dysfunction
- Sleep disorders
- Skin concerns, such as:
 - » acne
 - » pruritis
 - » rash
- Sleep disorders

*For each presentation and condition, Advanced Trainees will **know how to**:*

Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a comprehensive clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients¹⁴ and their quality of life when developing a management plan

Manage

- » provide evidence-based management
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

Consider other factors

- » identify individual and social factors and the impact of these on diagnosis and management

¹⁴ References to patients in the remainder of this document may include their families, whānau, and/or carers.

- Specific nutrient deficiencies, such as:
 - » iron
 - » vitamin B12
 - » vitamin D
- Syncope and pre-syncope
- Urinary symptoms
- Weakness and paralysis
- Weight concerns:
 - » gain
 - » loss
 - » overweight
 - » underweight

Conditions

- Allergy
- Amenorrhoea
- Anaemia
- Asthma
- Autism spectrum disorder (ASD)
- Avoidant restrictive food intake disorder (ARFID)
- Cerebral palsy
- Chronic fatigue syndrome / Myalgic encephalomyelitis
- Chronic neurological disability
- Continence:
 - » faecal
 - » urinary
- Delayed sleep phase
- Disabilities and associated conditions
- Disorders of puberty
- Eating disorders
- Ehlers–Danlos syndrome
- Epilepsy
- Fever
- Fibromyalgia
- Functional bowel disorders
- Functional neurological disorder
- Head injury
- Infectious conditions
- Kidney conditions
- Malnutrition and micronutrient disorders
- Metabolic syndrome and obesity
- Migraine and other headache syndromes
- Neurodevelopmental disorders:
 - » complex
- Pain:
 - » back
 - » chest
 - » chronic widespread
 - » complex regional pain syndrome
 - » musculoskeletal
- Refeeding syndrome
- Rhinitis
- Sinusitis

	<ul style="list-style-type: none"> • Skin conditions, such as: <ul style="list-style-type: none"> » acne » drug-related » eczema » genital dermatology » viral • Sleep-related breathing disorders • Somatoform disorder • Urinary tract infection 	
<p>LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS</p> <p>Advanced Trainees will understand these presentations and conditions.</p> <p>Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.</p>	<p>Presentations</p> <ul style="list-style-type: none"> • Abdominal mass / Hepatosplenomegaly • Bloody stools / Melaena • Haematuria • Oncological presentations • Proteinuria • Raised serum creatinine • Swelling: <ul style="list-style-type: none"> » joint <p>Conditions</p> <ul style="list-style-type: none"> • Bronchiectasis • Connective tissue diseases • Cystic fibrosis • Diabetes • Encephalitis • Heart disease: <ul style="list-style-type: none"> » congenital • Inflammatory arthropathies • Inflammatory bowel disease • Kidney failure • Myopathy • Oncological disease • Peripheral neuropathy • Pregnancy • Rheumatological disorders • Sleep disorders, including narcolepsy • Thyroid disorders 	
<p>EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES</p> <p>Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.</p>	<ul style="list-style-type: none"> • Aetiology and natural history for common and uncommon medical conditions of adolescents and young adults (AYA) • Best practice guidelines • Common causes of mortality and morbidity, such as: <ul style="list-style-type: none"> » chronic illness » disability » infectious diseases » injuries: <ul style="list-style-type: none"> ○ intentional ○ unintentional » malignancy » mental health problems » sexual health problems • Epidemiology of chronic illness in adolescents • Pharmacology of medications prescribed for AYA • Psychosocial contribution to physical symptoms in adolescence 	

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

Investigations

- Electrocardiogram (ECG)
- Electroencephalogram (EEG)
- Imaging, such as:
 - » bone age
 - » bone mineral density scan (DEXA)
 - » x-rays
- Initial assessment and examination of victims of sexual assault
- Overnight oximetry
- 'Second line' and evolving investigative approaches to diagnose undifferentiated diseases
- Sexually transmitted infection investigations
- Tests and biopsies, such as:
 - » blood, such as:
 - hormones
 - nutritional screen
 - » skin
 - » stool
 - » urine

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Chronic fatigue syndrome diagnosis, investigations, and principles of multidisciplinary management, including pacing
- Chronic illness considerations, such as:
 - » impact on cognitive, emotional, physical, sexual, and social adolescent development
 - » management in a multidisciplinary team
 - » management of comorbidities, such as alcohol and other drug use, and mental health
- Chronic pain management, such as:
 - » appropriate medical investigations
 - » non-pharmacological and pharmacological management of chronic pain and comorbidities
 - » role of allied health and patient education
- Comorbidities in overweight and underweight patients
- Complexities of optimising management for patients with multiple comorbidities
- Concepts of motivational interviewing
- Costs and benefits of:
 - » diagnostic interventions
 - » management plans
 - » therapeutic interventions
- Difference between curative, palliative, and rehabilitative approaches to disease management
- Effective ways of working with families
- Impact of family function and dysfunction
- Indications for referral to specialised units and/or subspecialists
- Investigating and managing atypical presentations with other subspecialists
- Issues around school non-attendance
- Principles of palliative care / end-of-life care
- Specific considerations needed for the following groups:
 - » Aboriginal and Torres Strait Islander peoples and Māori adolescents
 - » adolescents whose parents have a mental illness or substance misuse
 - » adolescents with a disability

-
- » LGBTQIA+ adolescents
 - » neurodiverse young people
 - » refugee and asylum seeker families
 - » socioeconomically disadvantaged young people
 - » unhoused young people
 - » victims of physical and/or sexual abuse
 - » young people in custody or out-of-home care
 - The role of the family in the assessment and management of health issues

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

- Abnormal illness behaviour
- Academic difficulty
- Aggression:
 - » physical
 - » verbal
- Attention and concentration difficulties
- Body image concerns
- Bullying and other forms of victimisation and social exclusion
- Communication and language difficulties
- Deliberate self-harm
- Disordered eating:
 - » food refusal
 - » picky eating
- Extreme emotions
- Fatigue / Tiredness
- Gaming, internet, and social media use concerns
- Pain:
 - » chronic
- School refusal and excessive absenteeism
- Sleep difficulties
- Somatisation
- Suicidal ideation
- Weight concerns:
 - » overweight
 - » underweight

Conditions

- Adjustment disorders
- Anxiety disorders:
 - » selective mutism
 - » social
- Attachment disorders
- Attention deficit hyperactivity disorder (ADHD)
- Autism spectrum disorder (ASD)
- Behavioural addictions, such as:
 - » electronic device use
 - » pornography
 - » problematic gambling or gamification
 - » video gaming
- Chronic fatigue syndrome

*For each presentation and condition, Advanced Trainees will **know how to:***

Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a comprehensive clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients¹⁵ and their quality of life when developing a management plan

Manage

- » provide evidence-based management
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

Consider other factors

- » identify individual and social factors and the impact of these on diagnosis and management

¹⁵ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> • Complex neurodevelopmental disorders • Conduct disorder • Deliberate self-harm • Depression • Eating disorders: <ul style="list-style-type: none"> » anorexia nervosa » avoidant restrictive food intake disorder (ARFID) » binge eating disorder » bulimia nervosa • Functional neurological and somatoform disorders • Gender dysphoria • Obsessive compulsive disorder • Psychosis • Sleep disorders • Specific learning disorders • Suicide attempt 	
<p>LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS</p> <p>Advanced Trainees will understand these presentations and conditions.</p> <p>Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.</p>	<p>Presentations</p> <ul style="list-style-type: none"> • Electronic device addiction • Suicide attempt <p>Conditions</p> <ul style="list-style-type: none"> • Bipolar disorder • Factitious disorder • Personality disorders • Psychotic disorders • Trauma and stressor-related disorders 	
<p>EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES</p> <p>Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.</p>	<ul style="list-style-type: none"> • Early developmental trauma and its impact on adolescent development, such as adverse childhood events • Epidemiology of mental health conditions • Pathophysiology of starvation and refeeding syndrome • Pharmacology of common psychotropic medications, such as: <ul style="list-style-type: none"> » anti-anxiety medications » antidepressants » antipsychotics » non-stimulants » stimulants • Psychological and pathological features of eating disorders • Risk screening in patients presenting with suicidal ideation, including the importance of asking suicidal patients if they have a plan 	
<p>INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS</p> <p>Advanced Trainees will know the scientific foundation of each investigation and</p>	<p>Investigations</p> <ul style="list-style-type: none"> • Anthropometric centile charts • Body mass index (BMI) • Bone mineral density imaging • Sleep study <p>Screening / Clinical assessment tools</p> <ul style="list-style-type: none"> • ADHD assessment tools • ASD assessment tools 	

procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

- Child behaviour checklist (CBCL)
- Cognitive and adaptive functioning assessment tools
- Comprehensive psychosocial assessment (Home, Education / employment, Eating / exercise, Activities, Drugs and alcohol, Sexuality, Suicide and depression, Safety [HEEADSSS])
- Fatigue assessments
- Mental health questionnaires and risk assessments
- Mental state examination
- Speech and pragmatic language assessment tools
- Strengths and difficulties questionnaire (SDQ)
- Substance use screening tools

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Concept of body image
- Counselling and supporting distressed young people
- Integrating mental health management within medical settings
- Management considerations for adolescents and young adults (AYA) with ADHD:
 - » difference in presentation in diagnosis between early, middle, and late adolescence, and young adults
 - » management of sleep and other complications
 - » non-pharmacological and pharmacological management of ADHD and comorbidities
 - » regulations for prescribing stimulant medications
- Management considerations for AYA with ASD:
 - » awareness of the principles of positive behaviour support, including environmental adaptation to meet sensory needs with neurodevelopmental disorders
 - » common co-occurring conditions
 - » management of common mental health conditions and functional disorders
 - » medications used to support co-occurring conditions, including atypical antidepressants and antipsychotics
 - » role of allied health professionals when assessing, diagnosing, and supporting neurodivergent youth
 - » support specific adolescent developmental tasks that may be more challenging for neurodivergent youth, such as:
 - navigating romantic or sexual relationships
 - protecting online safety
- Management of risk-taking behaviours, violence, and harm minimisation
- Mental health act, and laws surrounding involuntary treatment
- Principles of trauma-informed care / understanding of adverse childhood events
- Sleep disorders management, both pharmacological and non-pharmacological, and screening for obstructive sleep apnoea
- Specific considerations needed for the following groups:
 - » Aboriginal and Torres Strait Islander peoples and Māori adolescents
 - » adolescents whose parents have a mental illness or substance misuse
 - » adolescents with a disability
 - » homeless young people
 - » LGBTQIA+ adolescents
 - » neurodiverse young people
 - » refugee and asylum seeker families
 - » socioeconomically disadvantaged young people
 - » victims of physical and/or sexual abuse
 - » young people in custody or out-of-home care

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Gender health presentations

- Gender identity exploration and diversity

Conditions

- Gender incongruence

Sexual and reproductive health presentations

- Abnormal uterine bleeding:
 - » amenorrhoea
 - » irregular (anovulatory)
 - » menorrhagia
- Genital skin lesions
- Pelvic discharge
- Pelvic pain:
 - » dysmenorrhea
 - » dyspareunia

Conditions

- Bacterial vaginosis
- Common genital dermatological conditions
- Endometriosis
- Gynaecomastia
- Menstrual conditions
- Polycystic ovary syndrome (PCOS)
- Precocious puberty
- Pregnancy
- Pubertal delay
- Sexually transmitted infections:
 - » chlamydia
 - » gonorrhoea
 - » hepatitis:
 - B
 - C
 - » herpes simplex virus (HSV)
 - » human immunodeficiency virus (HIV)
 - » human papillomavirus (HPV)
 - » human T-lymphotropic virus 1 (HTLV-1)
 - » syphilis
 - » trichomonas

*For each presentation and condition, Advanced Trainees will **know how to**:*

Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a comprehensive clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients¹⁶ and their quality of life when developing a management plan

Manage

- » provide evidence-based management
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

Consider other factors

- » identify individual and social factors and the impact of these on diagnosis and management

¹⁶ References to patients in the remainder of this document may include their families, whānau, and/ or carers.

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

Presentations

- Sexual:
 - » abuse
 - » assault
 - » dysfunction

Conditions

- Ectopic pregnancy
- Female genital mutilation
- Ovarian cysts:
 - » complex
 - » simple
- Pelvic inflammatory disease
- Uterine abnormalities:
 - » acquired
 - » congenital

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

Gender health

- Pharmacology, mechanism of action, and side effects of:
 - » assessment for pubertal stage
 - » assessment of capacity to consent
 - » management of gender affirming hormones:
 - oestrogen
 - testosterone
 - » management of menstrual suppression
 - » management of pubertal suppression

Sexual and reproductive health

- Adolescent reproductive health care needs
- Aetiology, epidemiology, and management of sexually transmitted infections
- Hormonal and physiological changes during puberty
- Normal menstrual cycle, and the concept of anovulatory cycling during pubertal development
- Normal physical growth and pubertal development, including expected chronology and Tanner staging
- Normal physiological changes in pregnancy
- Pharmacology of common contraceptive agents, such as:
 - » adverse effects
 - » common myths
 - » contraindications
 - » failure rate
 - » mechanism of action
 - » options for contraception, such as:
 - barrier methods
 - emergency
 - hormonal
 - implantable
 - injectable
 - permanent, such as hysterectomy, and oophorectomy
 - » other indications for use of contraceptive agents
 - » side effects
 - » suitability
 - » use of contraception in adolescents with chronic illness, disability, and intellectual impairment
- Prevalence of health risk behaviours and mental health issues during puberty
- Sexual and reproductive anatomy and physiology
- Stages of normal sexual development
- Role of immunisations in sexual health

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

Investigations

- Blood investigations, such as:
 - » blood-borne virus serology
 - » menorrhagia, such as iron and coagulation studies
 - » reproductive bloods, such as:
 - follicle-stimulating hormone (FSH)
 - luteinising hormone (LH)
 - oestradiol
 - testosterone
- Bone age
- Bone mineral density scan (DEXA)
- Initial assessment and examination of victims of sexual assault
- Microbiology tests, such as:
 - » rectal
 - » throat swab
 - » vaginal
- Ultrasound
- Urine tests
- X-ray

Procedures

- Immunisations, such as:
 - » hepatitis:
 - B
 - C
 - » HPV
- Long-acting reversible contraceptive insertion and removal, such as:
 - » Implanon
 - » intrauterine devices

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Specific considerations for the following groups:
 - » Aboriginal and Torres Strait Islander peoples and Māori adolescents
 - » adolescents whose parents have a mental illness or substance misuse
 - » adolescents with a disability
 - » asexual individuals
 - » homeless young people
 - » LGBTQIA+ adolescents
 - » neurodiverse young people
 - » refugee and asylum seeker families
 - » socioeconomically disadvantaged young people
 - » victims of physical and/or sexual abuse
 - » young people in custody or out-of-home care

Gender health

- Medical gender affirming care:
 - » pharmacological management of gender
 - » surgical gender affirming care
- Non-medical gender affirming care:
 - » binding
 - » social transition
- Principles of gender identity

Sexual and reproductive health

- Considerations in adolescent and young adult pregnancy, such as:
 - » impact on adolescent development
 - » impact on chronic disease, including medication safety
 - » management of patients with neurodevelopmental conditions / intellectual impairment
 - » public health impact of unintended adolescent pregnancy, such as adoption and common issues faced by AYA as parents
 - » termination, including clinical issues and local laws

-
- Considerations of the implications for the individual of the recognition of an LGBTQIA+ identity and orientation
 - Impact of sexual development on adolescents with chronic physical and neurodevelopmental conditions
 - Principles of sexuality, including consensual safe sexual practices

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

- Alcohol and nicotine use, including vaping
- Intoxication and overdose
- Misuse of prescription drugs
- Polysubstance use
- Problematic substance use
- Withdrawal syndromes:
 - » acute agitation
 - » cravings
 - » insomnia
 - » seizures

Conditions

- Nicotine use disorder

*For each presentation and condition, Advanced Trainees will **know how to:***

Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a comprehensive clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients¹⁷ and their quality of life when developing a management plan

Manage

- » provide evidence-based management
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

Consider other factors

- » identify individual and social factors and the impact of these on diagnosis and management

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

Conditions

- Alcohol use disorder
- Cannabis hyperemesis syndrome
- Cannabis use disorder
- Common disorders which are amplified or unmasked by substance use, such as:
 - » attention deficit hyperactivity disorder (ADHD)
 - » bipolar affective disorders
 - » conduct disorder
 - » depression and anxiety
 - » psychotic disorders

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- Adverse childhood events associated with adolescent substance use
- Common mental illness and neurodevelopmental comorbidities associated with adolescent substance use
- Higher prevalence of substance use and behavioural addictions among minority populations, and the social determinants of health that contribute to this inequity
- Natural history of substance use in adolescents, and the long-term effects of this into adulthood
- Neurobiology of addiction, and the key neurotransmitters and neurocircuitry pathways involved
- Pharmacokinetics and pharmacodynamics of addictive substances, such as alcohol, cannabinoids, and nicotine

¹⁷ References to patients in the remainder of this document may include their families, whānau, and/or carers.

-
- Physiology of tolerance and withdrawal
 - Primary, secondary, and tertiary prevention strategies for young people who use substances
 - Public health burden of substance use in young people, including emergency service utilisation, school or vocational disengagement, and crime
 - Spectrum of substance use, and that substance use and substance use disorders exist on a continuum of severity
 - Trends in substance use by young people, such as:
 - » alcohol
 - » illicit substances
 - » prescription drugs
 - » tobacco and vapes
-

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

- Appropriate use and interpretation of drug testing, such as urine drug screening
 - Blood tests to identify complications of substance use, such as blood-borne viruses
 - Home, Education / employment, Eating / exercise, Activities, Drugs and alcohol, Sexuality, Suicide and depression, Safety (HEEADSSS) framework to screen for drug and alcohol use
 - Targeted physical exams to assess for complications arising from substance use, including:
 - » abdominal, such as:
 - hepatomegaly
 - » cardiac, such as:
 - endocarditis
 - hypertension / cardiomyopathy
 - » neurology, such as:
 - delirium
 - neuropathy
 - » respiratory, such as:
 - asthma
 - lung injury
 - » skin, such as:
 - infections
 - track marks
 - Validated alcohol and other drugs (AOD) instruments to assess for various parameters of substance use, such as:
 - » Alcohol, Smoking and Substance Involvement Screening Test – youth (ASSIST-Y)
 - » Alcohol Use Disorders Identification Test (AUDIT)
 - » Australian Treatment Outcomes Profile (ATOP)
 - » Car, Relax, Alone, Forget, Friends, Trouble (CRAFT)
-

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Basic principles of motivational interviewing
 - Brief interventions (ask, assess, advise, assist, arrange):
 - » behavioural
 - » pharmacotherapies
 - » psychological modalities
 - Comorbidity of mental illness and substance use, and the importance of addressing both as dual diagnoses
 - Concepts of trauma-informed care
 - Critical importance of early intervention, opportunistic screening, and prevention in adolescent substance use
 - Harm minimisation and commonly available strategies
 - Impact of adolescent substance use on families, and interventions to support them
 - Multidisciplinary approach, avoiding stigmatising language and adhering to principles of confidentiality
-

-
- Referral to specialist addiction services
 - Risk factors for ongoing substance use problems, such as:
 - » blood-borne viruses
 - » development of substance use disorder
 - » mental health crisis
 - » overdose and death
 - » sexually transmitted infections
 - » unplanned pregnancies
 - Specific considerations needed for the following groups:
 - » Aboriginal and Torres Strait Islander peoples and Māori adolescents
 - » adolescents whose parents have a mental illness or substance misuse
 - » adolescents with a disability
 - » homeless young people
 - » LGBTQIA+ adolescents
 - » neurodiverse young people
 - » refugee and asylum seeker families
 - » socioeconomically disadvantaged young people
 - » victims of physical and/or sexual abuse
 - » young people in custody or out-of-home care

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

- Body image concerns
- Constipation
- Delayed puberty
- Diarrhoea
- Eating issues / Disordered eating:
 - » food refusal
 - » pica
 - » picky eating
- Fainting / Loss of consciousness / Postural dizziness
- Fatigue
- Growth concerns
- Headache
- Oligomenorrhoea / Amenorrhoea
- Nausea
- Pain:
 - » abdominal
 - » muscle
- Vomiting
- Weight concerns:
 - » overweight
 - » underweight

Conditions

- Anorexia nervosa / Atypical anorexia nervosa
- Avoidant restrictive food intake disorder (ARFID)
- Binge-eating disorder
- Bulimia nervosa
- Insulin resistance
- Metabolic syndrome
- Protein energy malnutrition

*For each presentation and condition, Advanced Trainees will **know how to:***

Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a comprehensive clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients¹⁸ and their quality of life when developing a management plan

Manage

- » provide evidence-based management
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

Consider other factors

- » identify individual and social factors and the impact of these on diagnosis and management

¹⁸ References to patients in the remainder of this document may include their families, whānau or carers.

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

Presentations

- Long-term enteral / parenteral feeding

Conditions

- Female athlete triad
- Functional gastroparesis
- Rumination

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- Enteral / Parenteral nutrition
- Metabolic syndrome
- Normal growth and development
- Nutritional requirements in adolescence
- Overweight and obesity in adolescence
- Pathophysiology of starvation and refeeding syndrome
- Protein energy malnutrition
- Psychological and pathological features of eating disorders
- Refeeding syndrome, including risk factors, recognition, and management

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

Investigations

- Abdominal ultrasound
- Anthropometric measurements / centile charts
- Biochemical results in the presence of:
 - » chronic vomiting
 - » obesity
 - » refeeding
 - » starvation
- Bone age
- Bone mineral density
- Electrocardiogram (ECG)
- Nutritional screening blood tests, such as:
 - » cholesterol, triglycerides
 - » ferritin
 - » haemoglobin A1c (HbA1c)
 - » other micronutrient screening
 - » vitamin D levels
- Screening tools, such as:
 - » Eating Disorder Examination Questionnaire (EDE-Q)
 - » Sick, Control, One, Fat, Food (SCOFF) questionnaire

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Comorbidities in overweight and underweight patients
- Consequences and management options for long-term amenorrhoea
- Ethical and legal considerations around nutritional support
- Indications for hospitalisation in patients with eating disorders or weight loss
- Indications for referral to specialised units and/or subspecialists
- Long-term health risks of underweight and overweight patients, and their correlation with a multidisciplinary approach, close follow up, and early identification
- Management of chronically overweight patients, such as:
 - » bariatric surgery
 - » medication
 - » role of lifestyle modification
- Medical complications of malnutrition
- Models of care for eating disorder management, such as:
 - » cognitive behavioural therapy – enhanced
 - » family-based treatment (FBT)
 - » indications for restrictive intervention
 - » medical monitoring
 - » role of pharmacological management
 - » specialist supportive clinical management
 - » temperament-based therapy with supports
- Role of the family in the assessment and management of health issues
- Specific considerations needed for the following groups:
 - » Aboriginal and Torres Strait Islander peoples and Māori adolescents
 - » adolescents whose parents have a mental illness or substance misuse
 - » adolescents with a disability
 - » homeless young people
 - » LGBTQIA+ adolescents
 - » neurodiverse young people
 - » refugee and asylum seeker families
 - » socioeconomically disadvantaged young people
 - » victims of physical and/or sexual abuse
 - » young people in custody or out-of-home care