



Policy Statement: Education and Training of Healthcare Providers

18th July 2022

1. INTRODUCTION

The International Association for Adolescent Health (IAAH) is a multidisciplinary, non-governmental organisation which aims to improve the health, development and well-being of 10-24 year old adolescents and young adults (hereafter referred to interchangeably as 'adolescents' and 'young people'). IAAH supports the delivery of high quality, sustainable and competency-based education of healthcare providers in adolescent health to ultimately improve outcomes for young people globally.

This policy statement defines the roles of multiple stakeholders in improving adolescent-focused education of healthcare providers, including various levels of government (national, sub-national, and regional), professional and non-professional groups, universities and training institutions, and individual healthcare providers. IAAH recognizes that nations differ in their organisation of healthcare, education pathways, and policies and governance that facilitate or impede the development of training programs and standards. Collaboration between stakeholders is needed to achieve country-specific educational policies based on these global recommendations.

2. ASPIRATION

IAAH supports a future in which all adults engaging with young people have an understanding of their unique development and health needs as well as the skills needed and appropriate for their role to best serve young people. IAAH appreciates that *all* adults who engage with young people, whether in a professional capacity or on an informal basis, can have a significant impact on their health and development.

To that end, IAAH aspires to ensure that anyone whose work or societal role impacts directly or indirectly on the health of adolescents has an understanding of adolescent health and development and the skills appropriate to their role. Those included are (not an exhaustive list):

- Policy-makers and advisors at local, regional, national and international levels
- Health service managers and directors responsible for delivery of services
- Healthcare providers and professionals in direct contact with young people, including both primary healthcare providers and specialised healthcare providers.

- Community health workers
- Peer educators
- Teachers and other education providers
- Police, lawyers and others who ensure the safety of young people
- Voluntary sector workers who come into contact with young people
- Parents and families

Whilst the current policy focuses on the education of healthcare providers, IAAH welcomes collaborations with other professional and community groups in order to achieve our aspiration.

3. SCOPE

IAAH is an association of health professionals and those organisations that represent them nationally, regionally and globally. This statement acknowledges the main sphere of influence of IAAH, its affiliates, and its individual members and therefore focusses our recommendations on the education of the healthcare provider. In order to achieve this aim, the roles of government agencies, professional bodies, and training institutions are suggested.

IAAH also acknowledges that regions/nations define front-line and other healthcare provider more or less broadly. For the purpose of this policy statement, IAAH defines *healthcare provider* as any person who is formally trained to provide healthcare services as part of their occupation. This includes medical, nursing, and allied health professionals.

IAAH adopts the definition of health as being a state of physical, mental, spiritual and social wellbeing. The training and education of healthcare providers referred to in this statement is therefore intended to encompass all of these elements.

Globally, the education of healthcare providers in adolescent health is complicated by different age definitions of adolescence by UN organisations, professional organisations and researchers, as well as nations' legal and customary definitions. IAAH considers the age range of adolescence to be 10-24 years of age. While this may not be feasible to use in every context, benchmarking at this age range acknowledges the unique needs and vulnerabilities of younger and older adolescents.[1,2]

Ultimately, IAAH recognizes that nations/regions will locally define the scope of adolescent health education (and practices), and that a life-course approach to health systems and services delivery may result in multiple professional cadres having responsibility for adolescent healthcare delivery.[3]

4. BACKGROUND

Adolescence is a stage of life which encompasses the transition from childhood to adulthood. This transition is multifaceted involving physical growth, sexual development, cognitive maturation, and social and emotional development, all of which continue into early adulthood.[4] Young people have health problems and behaviours that are specific to this period and which also impact their long term health and well-being. They may also continue to experience health issues from younger childhood or start to develop conditions associated

with an older age group. These changes and conditions can have implications on health over the entire lifespan and even on inter-generational health. Improving health outcomes at this stage of life is therefore considered to reap a “triple dividend” through benefits during adolescence, as adolescents mature into healthier adults, and for their future children.[5]

Whilst all adults, especially professionals, who come into contact with young people should understand normal adolescent development, it is essential that healthcare providers are competent in preventing health problems, promoting well-being, and in recognizing and managing health issues that occur at this stage of life.

Globally, adolescent-friendly health services are fragmented and of poor quality.[6] Research has indicated that the lack of adolescent-friendly health services is a barrier to seeking medical care by both adolescents and their parents.[2,6] Obstacles may include fear of judgement and lack of effective care geared toward the needs of young people, in addition to barriers related to access that include but not limited to lack of knowledge, parental and partner control and cost. Respect, privacy and confidentiality are essential elements of providing high quality, adolescent-friendly healthcare thereby reducing these barriers.[7] Hence training of healthcare providers in providing adolescent-friendly health services wherever young people may seek care is vital.

In addition to providing direct care and interventions for young people, healthcare providers have an important role in supporting parents and other adults caring for young people. This support includes helping adults understand the process of adolescent development, and providing skills to help them support the young people in their lives.

4.1 Competencies and Educational Standards

Adolescent Health Competencies represent the integration of knowledge, skills, and attitudes required to effectively undertake tasks relating to adolescent healthcare. Building on the WHO 2015 Global Standards for Quality Health-Care for Adolescents that established that technical and general competencies are necessary for adolescent healthcare providers and support staff, WHO has defined specific competencies in *Core Competencies In Adolescent Health And Development For Primary Care Providers*. [6,8,9] In this document, WHO reiterates that “competency-based educational programmes in adolescent health are necessary for implementation of the Global Standards for Quality Health-Care Services for Adolescents” and IAAH endorses these competences

4.2 Levels of Training for Healthcare Providers

Adolescent health concepts and content are generally poorly represented in undergraduate and postgraduate healthcare training curricula globally. However, there are also numerous examples of interventions aimed at addressing this situation which could be shared and implemented elsewhere.

For the purpose of this policy statement, IAAH uses the following definitions:

- **Education** - the imparting and acquiring of knowledge and skills through teaching and learning at a college or university.

- **Training** - a process by which someone is taught the skills specific to an art, profession, or job. This is often undertaken whilst working in an appropriate healthcare delivery setting or other environment.
- **Preservice education** – is generally a first degree or a more generalized education undertaken before more specific healthcare training is undertaken (see postgraduate training below).
- **Postgraduate training /education** - involves learning and studying for degrees or other qualifications for which a first degree generally is required, and is normally considered to be part of tertiary or higher education.
- **Continuing professional development (CPD)** – is the process by which health professionals stay up to date with their knowledge and maintain their skills in a particular area.

4.3 Primary and Specialised Healthcare Providers

Speciality training in adolescent healthcare is a relatively recent development which is more likely to be found in high-income countries with established specialised postgraduate training routes.

For the purpose of this policy statement, IAAH uses the following definitions:

- **Healthcare provider** – any person who is formally trained to provide healthcare services as part of their occupation. This includes all medical, nursing, and allied health professionals
- **Primary healthcare provider** – a person whose role covers a broad population range which encompasses young people. This could include, for example, family doctors / general practitioners, primary care nurses, pharmacists, physiotherapists and dentists.
- **Specialist healthcare provider** – a person who has received specific training and accreditation to provide care for a sub-section of the population or type of condition. In relation to young people, this might include paediatricians, some of whom will have received additional training in adolescent health.

4.4 Paediatric and Adult Health Services

In many countries both healthcare provision, and education and training of healthcare providers is divided into child (paediatric) and adult. Traditionally, paediatric services and education and training have focussed on babies and younger children, whilst training for healthcare providers providing adult health services have concentrated on older adults. As a result many healthcare providers are relatively undertrained in young people's health, both in paediatric and adult services.[10,11]

5. RECOMMENDATIONS FOR EDUCATION AND TRAINING OF HEALTHCARE PROVIDERS

5.1. Healthcare providers whose role impacts directly or indirectly on the health of adolescents should receive high-quality, competency-based education in adolescent health in order to achieve a comprehensive understanding of adolescent health and development and acquire the skills appropriate to their role.

5.2. The adolescent health-focussed content of education and training programmes should:

- Align to internationally agreed recommendations including the WHO Competency Framework, adapted to local and regional circumstances.
- Be evidence-based, high quality, and up to date with current recommendations and guidelines.
- Reflect the burden of disease experienced by young people, as well as what is anticipated in relation to changing patterns of health over time
- Incorporate the voice and views of young people themselves.

5.3. Education and training in adolescent health should be developed and supported in the following ways by the following parties:

5.3.1 Governments & Health Policy Makers

Ensure that resources are allocated to educate and train individuals engaged in supporting and delivering healthcare to young people

Support and ensure a healthcare workforce that is competent to deliver care for young people.

Meaningfully engage with youth, their parents and community in the process of designing the adolescent health education curriculum.

Maintain standards for healthcare provider education and training and continually ensure those standards are met in terms of delivery, outcomes, and ongoing competence of healthcare providers.

5.3.2 Universities, Professional Bodies, Accreditation Bodies, and Other Training Institutions

Ensure that adolescent health is adequately represented within the curricula of those studying for qualifications at both undergraduate and postgraduate levels in order to sufficiently prepare recipients of this education to work with young people.

Benchmark curricula content and delivery against internationally agreed standards.

Undertake and support research and development activities to enhance the effectiveness of strategies for the education and training of healthcare providers in adolescent health particular to their region and beyond.

Provide opportunities for accredited specialist training in adolescent health.

Institute procedures for assessing competencies of healthcare providers in adolescent health.

Advocate for governments to establish policies and allocate resources to support high-quality, sustainable education of healthcare providers in adolescent health.

5.3.3 Healthcare Services

Ensure that all staff coming into contact with young people are adequately trained and competent.

Use evidence-based standards to monitor the quality of care provided to adolescents by healthcare providers in their agency.

5.3.4 Adolescent Health Professional Organisations

For the purpose of this policy statement, by Adolescent Health Professional Organisations, IAAH refers primarily to those organisations representing health professionals whose particular aim is to promote the health and well-being of young people. However, it may also encompass special interest groups or activities within organisations with a broader remit such as paediatric and family medicine organisations.

Use their influence to actively lobby for improved standards of education and training for healthcare providers within their scope of influence

Partner with government and non-profit organisations to implement the national adolescent health education policy at all levels

Advocate for, participate in, or undertake surveys or other relevant activities to evaluate the extent to which health professionals are adequately trained in adolescent health within their country or sphere of influence.

Frame country-specific culturally sensitive educational modules, training programs and continuing professional development to ensure that members gain basic and advanced knowledge and skills in adolescent healthcare.

5.3.5 All Healthcare Providers

Contribute to supporting and educating parents in the supporting their adolescent children.

Ensure that all primary care and community healthcare workers receive appropriate education and training to meet achieve competency in adolescent health and development.

Undertake continuous professional development in order to maintain their knowledge and skills in relation to adolescent health.

5.3.6 Specialist Healthcare Providers

In addition to the recommendations for All Healthcare Providers in 5.3.5, IAAH recommends the following for Specialist Healthcare Providers.

Ensure that they have received appropriate accredited training to deliver specialty-level healthcare to young people.

Contribute actively to the education and training of universal healthcare providers at undergraduate and post graduate levels, and for CPD.

Contribute to the evidence base for providing effective healthcare to young people.

Undertake continuous professional development in order to maintain their knowledge and skills in relation to adolescent health.

Specialist healthcare providers in other areas of medical practice (such as obstetrics and gynecology, endocrinology, orthopaedics, psychiatry) whose patient population includes young people, should also undertake specific training relating to the management of this group.

5.3.7 Young People & Parents

Lobby governments and health services to ensure that providers providing care for young people are competent to do so.

5.4. Special Circumstances

Providers who manage the health of young people with additional health needs should receive specific education and training relevant to such needs. This may include homeless young people, young people living with HIV, refugee and asylum seekers, young people in conflict with law, neurodevelopmental disorders, chronic medical disorders etc.

5.5 The Role of IAAH

IAAH will facilitate sharing of high-quality practice, resources, and educational interventions globally.

IAAH will continue to advocate for improving education and training in adolescent health for healthcare providers and will work with international, regional and national organisations to achieve the global implementation of this policy.

5.6 IAAH Education Committee

This policy statement is written by the IAAH Education Committee, consisting of researchers with affinity with and expertise in adolescent health and specifically in the field of training and education in adolescent health. The researchers each represent a different continent, providing the committee a global approach and network. The Education Committee is co-chaired by Risa Turetsky and Preeti Galagali and is composed of members from various regions of the world: Abigail Harrison, Danielle Jansen, Melissa Kang, Melis Pehlivan Türk Kızıkan, Mauricio Scarpello, Richard Churchill, Sabrina Kitaka.

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