



# *Building Bridges: A European Framework (ETR) for Certification of Added Qualification for Transitional Care of Adolescents and Young Adults*

*Ensuring Continuity, Competence, and Compassion in Care Across Europe*

UEMS Adolescent Medicine and Health Multidisciplinary Joint Committee (MJC)

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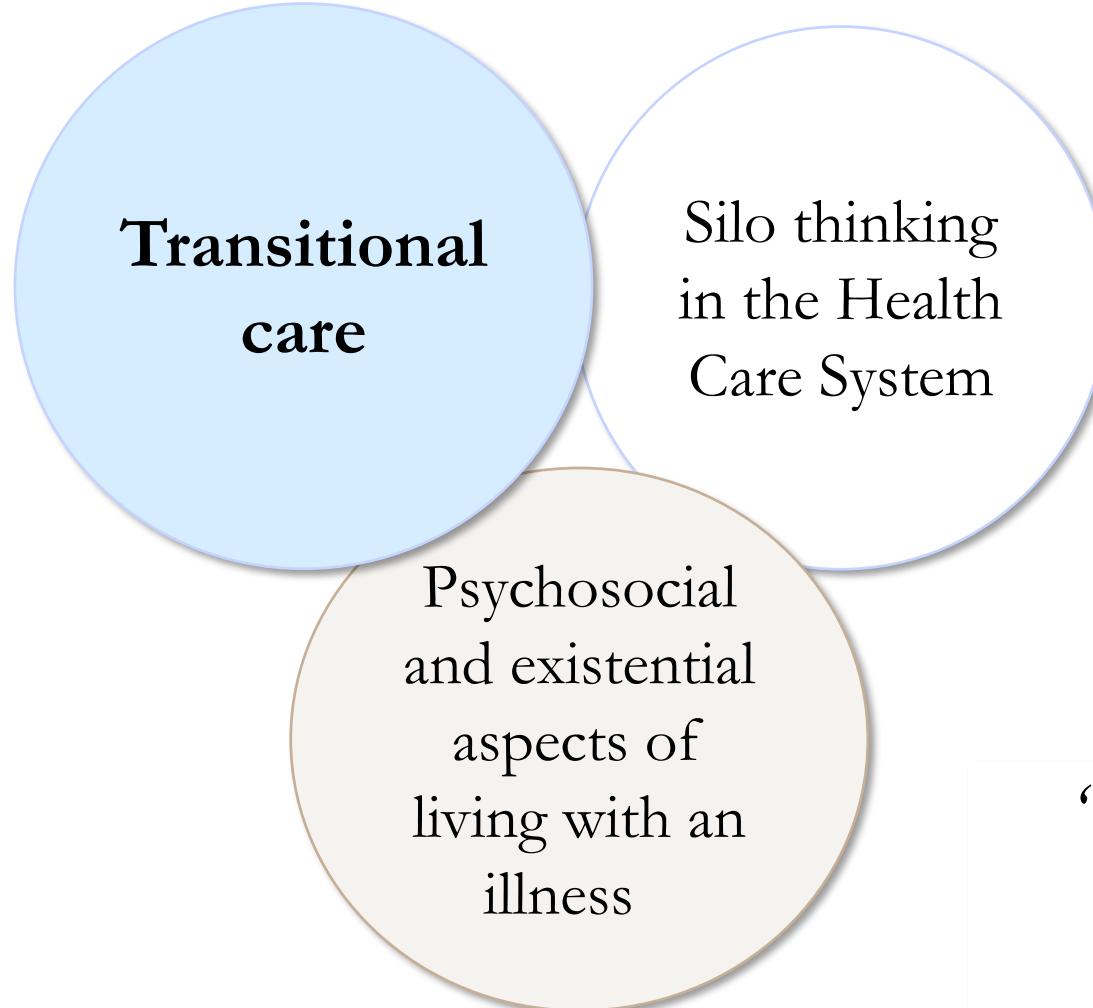
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# Top priorities of young people with chronic illness

*The Nordic Youth Panel*



*“I think it would work better in adult care if they tried to get to know me better.”*

*Female, 17-year-old*



# Why Transitional care matters

**Over 15-20% of the EU population is aged 10–24 (112–149 mln.)**

Adolescents and Young Adults (AYAs) are not “big children” nor “small adults,” – they have unique physiological, psychological, and social profiles, expectations and needs.

Challenge	Clinical Consequences
<i>More than 60–70% of chronic conditions now continue into adulthood</i>	<i>Deteriorating disease control</i>
<i>&gt;30–60% drop out of care post-transfer</i>	<i>Missed follow-up, deteriorating disease control</i>
Fragmented care between pediatric and adult teams	Higher mistrust, poor adherence, mental health decline
Unprepared adult teams	Emergency visits, unplanned admissions, and rehospitalizations



# A Certification of Added Qualification (CAQ) in Transitional Care

**The goal:** *to ensure every Adolescent and Young Adult (AYA) across Europe experiences a safe, supported, and equitable transition into adult healthcare.*

- Ensures specialists from various fields, including rheumatology, cardiology, internal medicine, pediatrics, psychiatry, family medicine, etc., **acquire and strengthen consistent postgraduate core competence** in managing patient transitions
- Provides a **measurable and recognized standard** of competence rather than relying on informal experience
- Aligns with the goals of the UEMS *to define minimum training standards* across Europe while allowing for national flexibility
- *Upholds UEMS leadership* in setting European and global standards.

*“Sustainability in medicine begins where education and compassion meet.”*



# The “Triple impact”: benefits for patients, professionals, and systems

Patients (AYAs)	Professionals	Healthcare systems
Continuity and safety	Competency recognition across EU	Fewer care gaps and reduced readmissions
Empowerment, trust and satisfaction	Cross-specialty collaboration	Efficient, equitable care pathways and use of resources, standardized quality
Equity in access	Leadership in AYAs health and European mobility	Better long-term outcomes



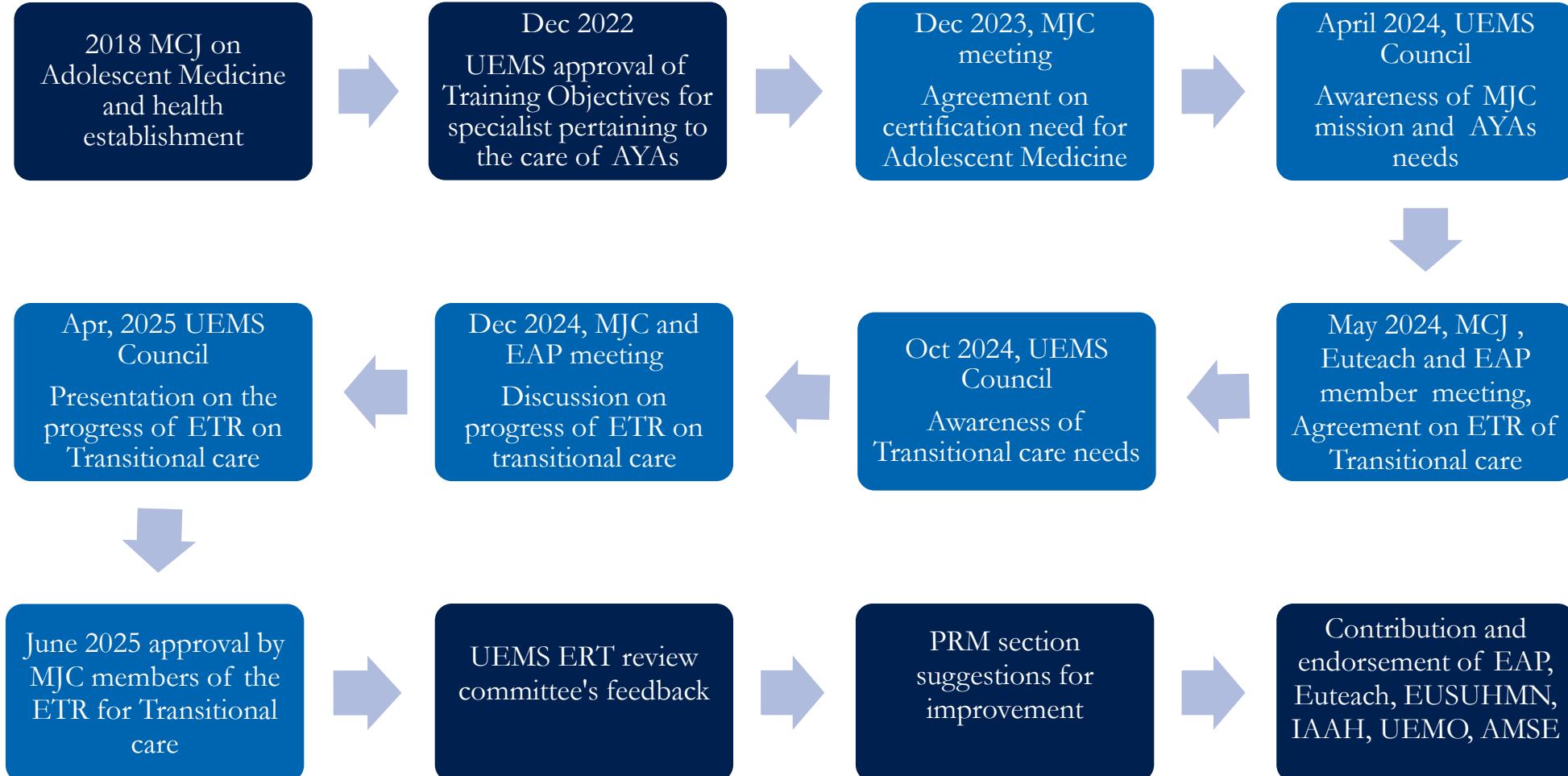
# Benefits for trainees and trainers

Stakeholder	Key Benefit
Trainees	Provides clarity, structure, and recognition of new cross-specialty competencies
Trainers and institutions	Establishes quality benchmarks, educational consistency, and accreditation readiness.

*“Transitional care is where patient-centeredness meets system efficiency”.*



# Timeline of the ETR for Transitional care in AYAs





# Training objectives prepared by UEMS Adolescent Medicine and Health MJC

Training objectives for UEMS specialists pertaining to the care of adolescents and young adults

A document developed by the MJC in adolescent medicine and health

Version December 2022

## Four main training goals:

1. How to conduct effective consultation
2. How to assess lifestyle and behaviour
3. How to perform a respectful physical examinations
4. How to provide comprehensive care to AYAs with chronic conditions (including transitional care)



# Building a harmonized, competency-based framework across Europe's healthcare systems

## The European legal and policy framework:

### **EU Directive 2005/36/EC**

- Transitional care ETR supports transparency and comparability of specialist training across the EU.

### **Directive 2013/55/EU (amendment)**

- This ETR integrates **EPAs and CanMEDS roles** to put these principles into practice.

### **Directive 2011/24/EU on cross-border healthcare**

- Transitional care ETR guarantees that young adults receive consistent, safe, and developmentally appropriate care in different systems and countries.

## Global alignment and endorsements

### **CanMEDS 2015 Framework:**

- Defines the seven roles of a competent physician, *which are fully integrated into this ETR.*

### **WFME 2023 Postgraduate Standards:**

- Emphasizes the importance of outcome-based and competence-driven education.
- *Transitional care ETR translates these standards into measurable EPAs.*

### **Competence by Design model:**

- *emphasizing outcomes, entrustment, and flexibility.*

### **WHO & IAAH Recommendations (2015-2023):**

- Stress the *urgent need for providers in all specialties to be responsive to adolescents and capable of facilitating transitions in care.*



# Structure of ETR: modular, flexible, and interdisciplinary

Component	Description
Duration	4–12 weeks (minimum); flexible according to national systems and training pathways (CAQ, CPD, or integrated module).
Format	Blended learning – online modules and onsite clinical exposure (for a minimum of 1–2 weeks, depending on the main speciality).
Settings	Pediatric/adult joint clinics, community health, primary care, chronic diseases units, psychiatry, and rare disease units.
Supervision	Structured mentoring and EPA-based feedback, and portfolio reflection.
Evaluation	Formative midpoint review, summative EPA and portfolio assessment, CAQ certification.

*“Flexibility in structure ensures accessibility without compromising rigor.”*



# Core theoretical domains

The curriculum integrates **main key domains** that reflect developmental, psychosocial, and system complexity of AYA care:

- Biopsychosocial development
- Transitional care frameworks and models
- Mental, developmental, and cognitive health
- Chronic health conditions in transition
- Reproductive and sexual health
- Ethics and legal frameworks
- Health equity and vulnerable groups
- Digital health and communication
- Empowerment and self-management
- Leadership and interdisciplinary collaboration

*“Good transition care is developmentally attuned, ethically grounded, and system-aware.”*



# Entrustable Professional Activities (EPAs)

**Seven EPAs** define observable tasks every trained physician should master in transitional care.

-  **EPA 1:** Conducting a developmentally appropriate consultation with an AYA and family
-  **EPA 2:** Assessing transition readiness using validated tools (TRAQ, ON TRAC, Transition-Q)
-  **EPA 3:** Coordinating multidisciplinary transition planning across pediatric and adult teams
-  **EPA 4:** Addressing ethical and legal issues (confidentiality, consent, capacity)
-  **EPA 5:** Advocating for equitable access to transitional services
-  **EPA 6:** Integrating digital communication safely and effectively
-  **EPA 7:** Leading and evaluating a quality-improvement initiative in transitional care.



# EPA 6 - Empower adolescents and young adults (AYAs) for self-management and shared decision-making

## Content

- Rationale and specification
- Key tasks
- Potential risks in case of failure or if missed
- CanMEDS roles (most relevant competency domains)
- Required knowledge, skills, attitudes
- Assessment tools
- Entrustment target
- Period to expiration if not practiced



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#### EPA 6 EMPOWER ADOLESCENTS AND YOUNG ADULTS (AYAs) FOR SELF-MANAGEMENT AND SHARED DECISION-MAKING

##### Rationale:

Adolescents and young adults (AYAs) who have become more responsible for their care during the transition period need to develop the self-management skills necessary for shared decision-making, so that AYAs can adhere to their treatment regimen and self-care, become more self-confident, and achieve better long-term health outcomes. This EPA highlights how to provide a supportive and safe environment for self-management and improve problem-solving skills in AYAs.

##### Specification:

Improve self-care behaviors and skills of AYAs with chronic conditions related to health literacy, goal setting, and self-management by structured training, coaching, and shared decision-making. This approach is essential to promote long-term engagement and success.

EPA 6	
Key tasks	<ul style="list-style-type: none"><li>✓ assess readiness for self-management using tools like the Transition Readiness Assessment Questionnaire (TRAQ) or other readiness assessment tools;</li><li>✓ apply motivational interviewing techniques;</li><li>✓ explore knowledge about the condition, medications, medical devices, appointments (including healthcare organization and regulations), and previous health history; provide education as needed;</li><li>✓ increase awareness among AYAs about their strengths, resources, and protective factors;</li><li>✓ encourage communication and boost confidence in shared decision-making;</li><li>✓ promote responsibility through goal-setting and self-monitoring;</li><li>✓ validate positive health behaviors and acknowledge achievements;</li><li>✓ empower autonomy by supporting the patient and caregivers in gradually shifting responsibility, and facilitate support from trusted adults or partners as they transition into young adulthood;</li><li>✓ utilize patient organizations, peer groups, or young advisory boards in individual encounters and while planning transition strategies;</li><li>✓ encourage patients and caregivers to participate in peer learning;</li><li>✓ review personal goals and plans regularly.</li></ul>



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Potential risks in case of failure or if missed	Low confidence and dependency, poor adherence, incomplete transfer, regression in adult care, poor health outcomes, and caregiver burnout or resistance.
CanMEDS roles	Health advocate, Scholar, Communicator, Professional
Required knowledge, skills, attitudes	<p><b>Knowledge</b> – understanding the principles of adolescent development and autonomy, behavior change theories, health coaching models, and motivational enhancement techniques.</p> <p><b>Skills</b> – proficient in coaching and teaching, utilizing strengths-based goal-setting, engaging caregivers in supportive care, and evaluating readiness for change.</p> <p><b>Attitudes</b> – maintain a supportive and empowering approach, foster a growth mindset, and respect the learning curve and developmental timing of AYAs.</p>
Assessment tools	<p><b>To assess knowledge</b> – case-based discussions on health literacy, goal-setting, and decision-making theory, the TRAQ tool for assessing self-management readiness;</p> <p><b>To assess skills</b> – mini-CEX (focusing on goal setting and decision-making consultation), objective structured clinical examination (OSCE), or role play with standardized patients to assess shared decision-making scenarios, longitudinal practice observation to track progression of shared decision-making;</p> <p><b>To assess attitudes</b> – feedback of AYAs and their caregivers (regarding empowerment and communication), portfolio reflections on challenges of coaching self-management, mentor reviews assessing attitudes toward empowerment and partnership.</p>
Entrustment target	Level D
Period to expiration if not practiced	Recertification should be completed according to national recertification cycles.



# Implementation pathways and integration options for national systems

## ***Option A CAQ (Certificate of Added Qualification)***

- This offers formal recognition for various UEMS specialists in general practice, and family medicine.

## ***Option B Embedded curriculum component***

- This option integrates into existing residency training programs, particularly in Pediatrics, Internal Medicine, General Practice, Family Medicine, Psychiatry, etc.



# Continuous quality improvement

- ✓ Establish **a feedback loop** at both European and national levels, which includes:
  - Evaluations from **trainees and trainers**
  - **Patient** feedback through AYA satisfaction surveys
  - **National audit** and benchmarking reports
- ✓ Set up **five years review cycles for ETR content** to ensure it remains relevant and innovative.
- ✓ Promote **faculty development** focused on **training, mentoring, and well-being** to sustain educational excellence.

*Transitional care is not a privilege — it is a promise of continuity we owe to every young person in Europe*



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