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Why bother talking to teenagers?

We applaud Samir Dawlatly's exhortation 'why bother talking to teenagers?'¹ and would like to offer further commentary and clarity for those interested in working more effectively with young people consulting in primary care.

Dr Dawlatly refers to the RCGP Adolescent Primary Care Society. This group has been through numerous name-changes but is in fact known as the Adolescent Health Group [AHG [formerly the Adolescent Task Force]]. The group has a long history upon that we build today. We are now part of the College's Clinical Innovation and Research Centre and more can be found out about our activities at http://www.rcgp.org.uk/clinical_and_research/circ/priorities__commissioning/adolescent_health.aspx including accessing the brand new Confidentiality Toolkit and a summary of the recent symposium on young people's mental health, a key priority area of the group.

Our three main areas of focus are education, informing policy development, and advocacy. The group's members lead on a number of different initiatives around the country that think 'outside of the box' and seek to make primary health care more youth friendly.

Young people deserve a better deal from general practice. They visit us regularly: around half of Year 10 pupils (14–15 year olds) had visited their GP in the 3 months preceding a recent survey² but 25% of the girls reported feeling uneasy when consulting with their GP.² The health needs of young people are also rising; with increasing use of alcohol, rates of STIs, and obesity.³ In the last few decades it is only adolescents who have seen no improvement in mortality rates with an associated rise in long-term conditions.⁴ Health inequalities

further complicate the picture and remain a significant barrier for all young people to enjoy better health.

While we accept doctors cannot overturn the structural obstacles and transform health through the practice of medicine⁵ we at the AHG are committed to making changes to improve the care of young people's health in primary care. We invite you to learn more about us from our webpage and our chair's blog.⁶

For those readers who are interested in joining the group please contact Jane Roberts.

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The one and the many

I welcome Kramer's reflective paper¹ on our work and its funding. I think he asks the right starting question, and that the answering questions go deeper still. They are obvious to any astute observer of general practice, and they are begging to be answered in every surgery we each do. Medical and other politicians are begging not to answer them as they are too difficult, and so stop them being 'pragmatic'.²

They centre around the old philosophical problem of how we balance the needs and wants of the one with the needs and requirements of the many. So for example in morning surgery should we give our first patient an excellent thorough consultation