



EAP MEETING PRAGUE MAY 11-12, 2012

Adolescent Medicine Working Group
Friday May 11, 14:00-15:30

AGENDA (draft)

Attendance and welcome

Discuss and agree on tasks for the UEMS Section of Paediatrics /EAP working group on adolescents medicine

- follow up on discussion in Brussels December 2011

Adolescent Health / Medicine in the current draft of the Common trunk curriculum

- Note all relevant sections (adolescent medicine, mental health, endocrinology...)

Adolescent Medicine as a separate training curriculum? (time permitting)

- follow up on earlier discussions

Announcements and any other business

EAPS Congress in Istanbul (Oct 6-9, 2012):

- State-of-the-Art: Adolescent Health by Susan Sawyer (Sat Oct 6, 11:30)
- Parallel Session: EAP: Adolescent Health (Sun Oct 7, 10:30-12)

EAP, Adolescent Medicine Working Group Prague, 11 May, 2012

24 attendees (list attached)

General issues:

Definition of the age range of adolescence / and adolescents varies: from puberty up to different end-points – the age of becoming major, i.e. 18 years in most countries, seemed to be commonly in use.

With the increase in numbers of children and young people with various serious chronic conditions surviving and entering adult life, there is an increased need of "paediatric competence" (a knowledge of conditions traditionally regarded as "paediatric") in adult medicine.

Tasks for the UEMS Section of Paediatrics /EAP working group on adolescents medicine?

- **in roughly two main areas, related to:**

1. **training and competence of paediatricians (and other (medical) professionals):** recommendations and standards for training (of paediatricians) in adolescent etc. (UEMS main mission)
2. **advocacy & guidelines/respond to health needs of adolescents:** identify and call attention to unmet (health) needs of adolescents, review and develop guidelines for dealing with adolescents and their problems, take on an advocacy role (the role of paediatricians in the health of adolescents, "political")

Suggested potential ways forward:

1) Work together with and support the work the advocacy group on issues raised at their meeting (Minutes, Brussels, December 2011):

- Prevention - vaccination / injury prevention / child protection
- Obesity - a major issue across the EU
- Reducing inequalities among children of the EU (immigrant children / disability / childhood poverty
- Adolescent health – smoking / drug use / internet use / alcohol / risky behaviour

It was proposed and agreed that, as the chair of Advocacy working group was not present, the members of the standing committee of the advocacy group (see Minutes, Brussels, December 2011) present at the adolescent medicine meeting in Prague (Nina Nelson, Gottfried Huss) take this suggestion to the Advocacy working group for their response to the proposed collaboration.

As a way forward it was suggested to arrange a joint session between the Adolescent Medicine and the Advocacy working groups to deal specifically with advocacy issues related to adolescents and to decide on joint efforts.

Common points of priority in a future joint session between the Advocacy and the Adolescent Medicine working groups could be (as discussed at the AM meeting and formulated by Nina Nelson, member of the standing committee of the Advocacy group):

- The transition of chronically ill adolescents to specialists in adult medicine
- An educational task of bringing awareness and knowledge about health outcome of the development of different subspecialties. This should include life equality aspects and cost-benefit of remaining life years compared to similar investments in adult medicine

2) Survey on how the medical and health care needs of adolescents are met in Europe?

The suggestion was put forward (by Pavel Kabicek ?) to conduct a survey on how (well) young people and their medical needs are cared for in the European countries today and whether it has changed (improved) over the last 5-10 years. It was felt to be an important question but a challenging task, and the aim of the exercise still needs clarified.

- It was suggested and agreed that some people that expressed an interest, take on the task to prepare a proposal for questions and clarification of the aims of the survey.

Adolescent Health / Medicine in the current draft of the Common trunk curriculum

The section of Adolescent Medicine and other relevant sections related to adolescent medicine (Draft, March 2012, page 17) were discussed and some comments made. The comments on the curriculum sent by Helena Fonseca on May 10 were acknowledged and will be taken into account in the review process. It was agreed that the working group will continue to review the common trunk and, when it is clear how the work with the common trunk will continue and who will take the responsibility for it, forward the comments on the points relevant specifically to adolescents.

Psychiatry and the importance for paediatricians to have a basic understanding of adolescent mental health issues were also emphasised. The need to include the knowledge of some basic well researched screening tools for mood disorder, like depression and anxiety disorders (BDI, BAI) in the requirements of the common trunk training was raised.

Adolescent Medicine as a separate training curriculum?

Alternatives were briefly discussed:

- Sub-speciality-training for paediatricians?
- Speciality in its own right?
- Joint competence training for several specialities?

It was pointed out that in Canada, US and Australia there are special sub-speciality training programmes in Adolescent Medicine but it was agreed that it is not currently relevant and would be too challenging to try to plan for and put forward a proposal on a new sub-speciality training programme in adolescent medicine for European paediatricians.

It was instead felt as more important to secure a basic level of competence in adolescent medicine for all paediatrician (through the training within the common trunk) and for those sub-specialists taking care of children through adolescence to adulthood and also aim at looking for ways to improve the competence within relevant adult specialities.

Session chaired and notes taken by Raisa Lounamaa

Helsinki 12.5.2012