Australian university general practices: potential to reach out to vulnerable young people

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Dear Editor,

There will be some 1.9 billion youth aged 15–24 globally by 2030.1 Youth can be a positive force for economic growth when they are provided with the knowledge and opportunities to thrive. However, for young people and particular those that are marginalised, health care access has been identified as a contributory factor to their vulnerability.2 Barriers include lack of knowledge of health services, inconvenient opening hours, cost, waiting times, unfriendly environments and lack of doctor confidence in dealing with young people.3 Best practice guidelines and proposals of alternate youth-centric models of healthcare are proposed. One group of healthcare services that has yet to be described in the literature are university associated general practices located on and close to university campuses. This group of general practices may already be providing improved access to health care for many young people and be uniquely positioned to reach out to the more vulnerable amongst them.

As an initial step to better understand Australian university general practices we conducted a pilot study of Brisbane’s Queensland University of Technology (QUT) general practice. This descriptive work included a retrospective review of 12-months of age stratified encounter data (Ethics: 1500001132).

QUT is divided between two central Brisbane campuses, Gardens Point and Kelvin Grove, and a smaller third campus in the northern Brisbane satellite city of Caboolture. QUT’s general practice is spread across QUT’s two Brisbane campuses. The Gardens Point site is within the university grounds. The Kelvin Grove site lies adjacent to the Kelvin Grove campus in a mixed urban use area known as the Kelvin Grove Urban Village. Both sites are open from Monday to Friday from 8:30am and appointments can be scheduled online. Closing times vary between sites, but generally one site is open till 8pm offering student-only late appointments. Medicare (public health insurance) eligible students are bulk billed and the private medical insurers of overseas students are billed directly hence there is no out-of-pocket cost to the individual student.

The 2015 QUT enrolment data shows a total number of 48,498 students enrolled. 66.9 per cent (n=32,452) of the total student enrolments were young people (15–24 years old), of whom 15–19 years old comprised 43.9 per cent (n=14,261) and 20–24 years old comprised 56.1 per cent (n=18,191). 10,298 encounters were recorded at QUT’s general practice in the 12 months to June 2015. Stratified encounter data revealed the highest percentage encounters were: 20–24 year olds (36.5 per cent; n=3758), 25–29 year olds (22 per cent; n=2270), 30–34 year olds (12.2 per cent; n=1258) and 15–19 year olds (7.7 per cent; n=789).

The 44.2 per cent encounter data for QUT’s general practice for young people (15–24 year olds) in the 12 months of data is striking, but perhaps unsurprising. Striking, as it is in stark comparison to the 8.2 per cent rate recorded for young people attendance in the Australian general practice survey;4 but unsurprising given 66.9 per cent of QUT’s enrolments are young people. The 15–19 year age group appear under-represented in encounters (7.7 per cent) considering this age group accounts for close to 30 per cent of total student enrolments. This indicates that although young people make up a large component of QUT medical centre encounters, access barriers may nonetheless exist for the younger students.

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Proximity to the university, cost, extended opening hours, online appointment scheduling, youth friendly staff and built environment may presumably contribute to improved access. No specific evaluation of access by marginalised young people was sought in this preliminary descriptive work but some exciting possibilities are signposted for further enquiry. Qualitative data collected from young people who attend and do not attend the university general practice will help identify facilitators and barriers to young people accessing this form of healthcare service. The use of audit tools specific for marginalised populations would provide further evidence of the potential of university general practices to reach vulnerable young people.

In conclusion, this pilot work provides for the first-time an Australian evidence for the proposition that university health services are well-positioned to improve adolescent health by virtue of its physical location, opening hours, cost, youth-centric staff and youth-friendly built environment. Clarifying access and health needs could inform service delivery and health promotion activities within individual practices, and foster cross-sector collaboration.

Yours faithfully,

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References