



Aboriginal and Torres
Strait Islander Health
Practice Board
Ahpra

Reputational insights 2021

Practitioner perceptions of the Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards
Supplementary report prepared for the Aboriginal and Torres Strait Islander Health Practice Board of Australia

Contents

Introduction	3	Word associations	13	Fig 33. Main reasons for visiting a National Board website	23
Notes on figures	3	Fig 19. Word associations with the Board	13	Practitioner perceptions of communication	24
Overview of methods	3	Fig 20. Word associations with practitioners	13	Fig 34. Preferred frequency of communication from Ahpra	24
Topic modelling	4	Modelling practitioner trust	14	Fig 35. Typical response to Ahpra communication	24
Fig 1. Topic modelling	4	Modelling trust	15	Practitioner perceptions of communication	25
Survey findings	5	Fig 21. Trust in National Boards	15	Fig 36. Preferred frequency of communication from National Boards	25
Sample demographics	6	Modelling distrust	16	Fig 37. Typical response to National Board communication	25
Fig 2. Gender	6	Fig 22. Distrust of National Boards	16		
Fig 3. Age	6	Whole sample trends (practitioners across all professions)	17		
Fig 4. Years in practice	6	Link between understanding and sentiment	18		
Fig 5. Location	6	Fig 23. Understanding of Ahpra and National Boards and sentiment	18		
Fig 6. Remoteness	6	Influence of age and gender on awareness and understanding	19		
Sample demographics	7	Practitioner perspectives of engagement	20		
Fig 7. Aboriginal and/or Torres Strait Islander	7	Fig 24. Practitioner awareness of new initiatives in response to COVID-19	20		
Fig 8. Country of birth	7	Fig 25. Proportion of practitioners reporting no awareness of new initiatives	20		
Fig 9. Languages spoken	7	Practitioner perspectives of engagement	21		
Fig 10. Subject of complaint	7	Fig 26. Most effective channels for engagement	21		
Fig 11. Audited	7	Practitioners' use of Ahpra website	22		
Practitioner perceptions	8	Fig 27. Frequency visiting the Ahpra website	22		
Practitioner perceptions of the Board	9	Fig 28. Main reasons for visiting the Ahpra website	22		
Fig 12. Overall awareness year-on-year	9	Fig 29. Finding information on the Ahpra website	22		
Fig 13. Overall interest year-on-year	9	Fig 30. Practitioners who could not find specific information on the Ahpra website	22		
Practitioner perceptions of the Board	10	Practitioners' use of National Board websites	23		
Fig 14. Overall understanding of the role and function of the Board year-on-year	10	Fig 31. Frequency visiting a National Board website	23		
Practitioner perceptions of the Board	11	Fig 32. Finding information on a National Board website	23		
Fig 15. Perceptions year-on-year	11				
Fig 16. Trust year-on-year	11				
Fig 17. Confidence year-on-year	11				
Practitioner perspective of support received	12				
Fig 18. Practitioners' assessment of support to maintain their professional practice	12				

Introduction

Understanding stakeholders' perceptions of our work, and our reputation more broadly, is fundamental to our objective of being known as effective, trusted regulators of Australia's registered health practitioner workforce.

The purpose of this report is to build on the work of a branding and market research company, Truly Deeply, which examined perceptions of the National Registration and Accreditation Scheme (the National Scheme), the Australian Health Practitioner Regulation Agency (Ahpra), and the National Boards (the Boards) from 2018–2020.

Ahpra's Research and Evaluation team took responsibility for this work in 2021, with the aim of increasing the breadth and depth of this research to generate more nuanced reputational insights to benefit Ahpra and the Boards. As a more robust research scope is currently being developed, including a five-year plan to elicit extensive reputational insights, the 2021 study took an interim approach based on the survey administered by Truly Deeply. This work analysed survey results from a random sample of registered health practitioners, reported key findings with reference to previous years, and identified areas of interest for future research.

A principal report encompassing all the registered professions has previously been provided to Ahpra and the Boards. This supplementary report presents findings relevant to the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Aboriginal and Torres Strait Islander Health Practice Board).

Overview of methods

We collected data from practitioners using a replica of the Truly Deeply survey. A random sample of 138,453 health practitioners from the 16 regulated health professions were emailed the survey between 15–28 November 2021. When forming the sample, we aimed to replicate the number of practitioners in each profession as were included in the 2020 sample, to help with comparison between years.

The survey results were analysed descriptively to summarise findings, and we used statistical tests to infer significance of results where appropriate. To keep findings comparable, we treated the data similarly and conducted the same statistical tests as Truly Deeply, wherever possible. As such, we applied chi-square tests of independence and chi-square tests for trend (also known as Cochran-Armitage tests) where relevant to identify statistically significant differences in responses between groups, such as between genders, age groups, and practitioner groups. Due to limitations implicit to previous years' data, we were unable to conduct statistical testing between years.

The survey also generated qualitative data in the form of thousands of free text responses. To analyse free text we used topic modelling, a machine learning technique that scans text to detect word or phrase patterns, then clusters similar words or expressions to characterise a dataset. Topic modelling reveals latent topics within the data, enabling us to better understand the content of participants' responses and infer important commonalities. We applied this process to explore questions about trust in Ahpra and the National Boards.

Figure 1 (see next page) describes this process in greater detail.

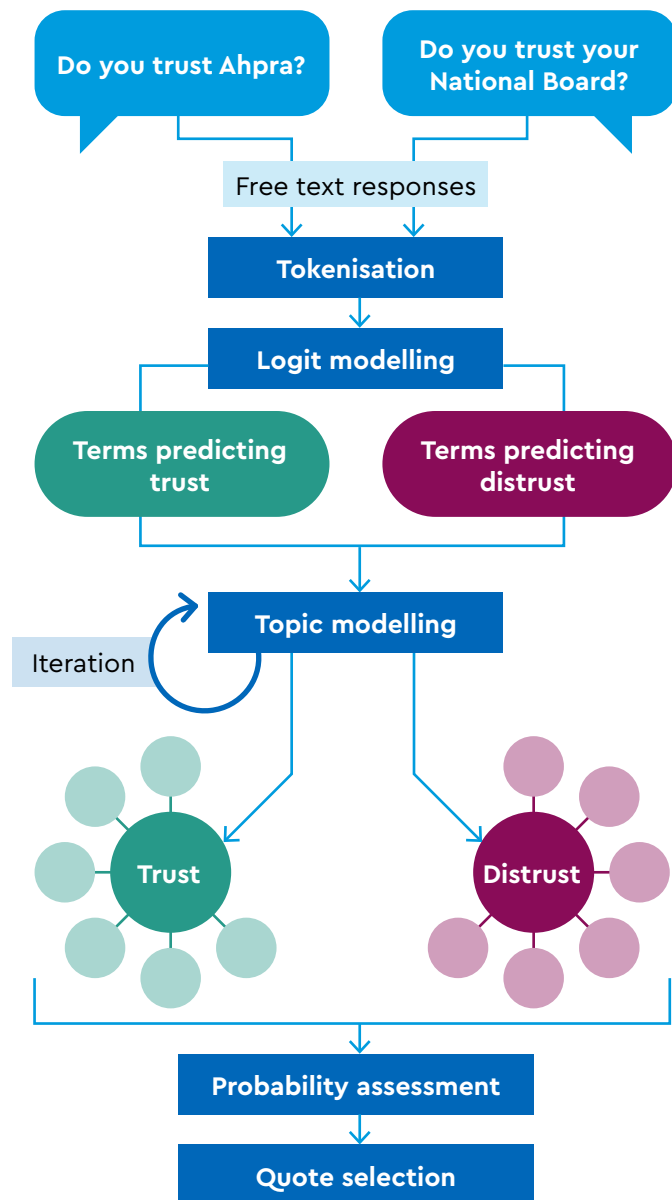
Notes on figures

In this report, dots next to column graphs are used to indicate highest (●) and lowest (●) values mentioned in the commentary.

Due to rounding, some values may not add up to 100%.

Statistically significant results of note are discussed in the accompanying commentary.

Fig 1. Topic modelling



We looked at **free text responses** that accompanied the survey questions about trust in Ahpra and the National Boards to gain insights into the kinds of concepts and terms used by practitioners who do or do not have trust in these bodies.

First, we broke down participants' responses to define individual terms as the unit of data, a process known as **tokenisation**.

Terms that significantly predicted trust or distrust were identified using **logit modelling**, a form of logistic regression where the outcome (trust) is binary.

We then applied **topic modelling** across the terms most associated with trust or distrust to discover the topics, or semantic groupings, within the data.

This work generated multiple **topics**, which were refined through iterations of the model to produce six trust and six distrust topics about Ahpra and the National Boards. These topics are characterised by a series of key words that are associated in like responses.

A random sample of text responses under each topic was selected and the **topic probability**, or how well each statement fit the topic, was calculated.

This process helped us in selecting relevant, demonstrative **quotes** to illustrate practitioners' trust.

Survey findings

A total of 96 Aboriginal and Torres Strait Islander Health Practitioners registered with the Aboriginal and Torres Strait Islander Health Practice Board responded to the survey.

Just under two thirds of respondents were female, most were aged between 40 and 60, and the majority had been practising for two to five years.

Most respondents were working in an outer regional area, though a substantial proportion were based in a major city. Most were in the Northern Territory and New South Wales.

Fig 2. Gender

- Female 64%
- Male 36%



Fig 3. Age

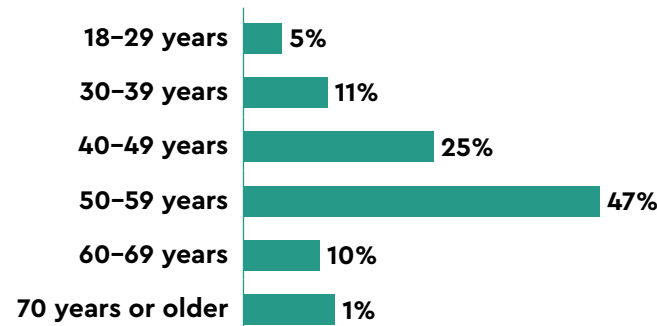


Fig 5. Location

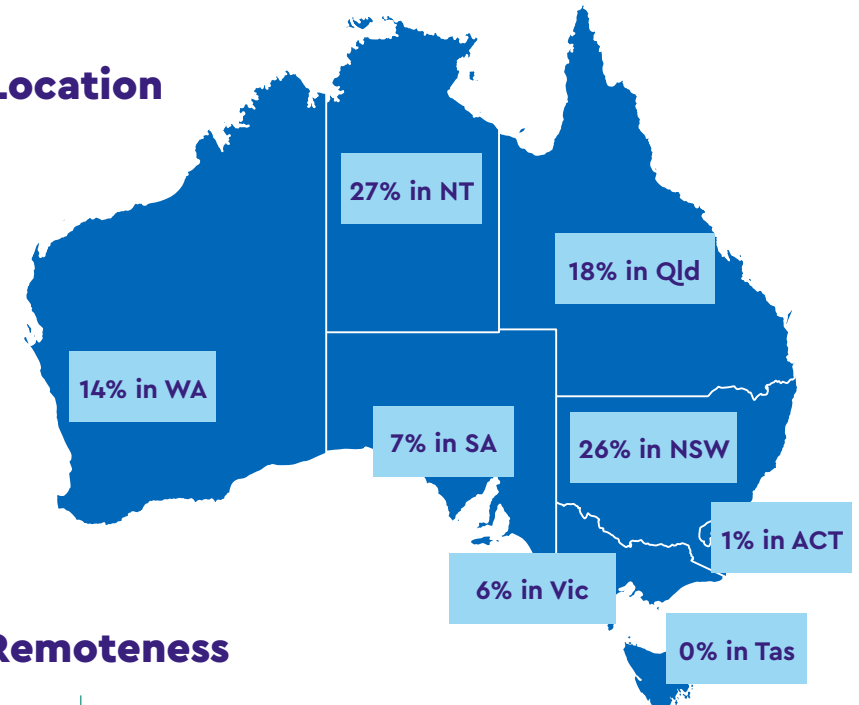


Fig 4. Years in practice

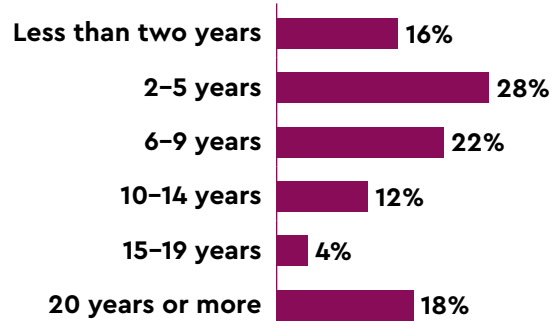
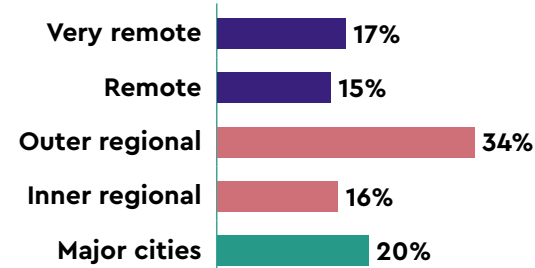


Fig 6. Remoteness



Only people who are Aboriginal and/or Torres Strait Islander are eligible for registration as an Aboriginal and Torres Strait Islander Health Practitioner. This is reflected in the sample.

Respondents predominantly spoke English at home, though a quarter spoke a language other than English, and all were born in Australia.

Less than 10% of Aboriginal and Torres Strait Islander Health Practitioners reported being the subject of a complaint, and nearly 20% reported having been audited for compliance.

Fig 7. Aboriginal and/or Torres Strait Islander

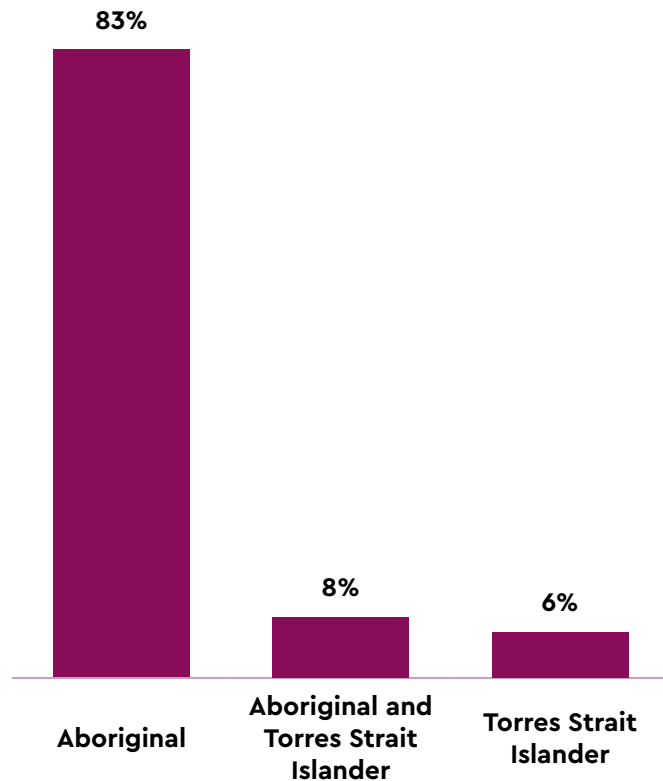


Fig 8. Country of birth

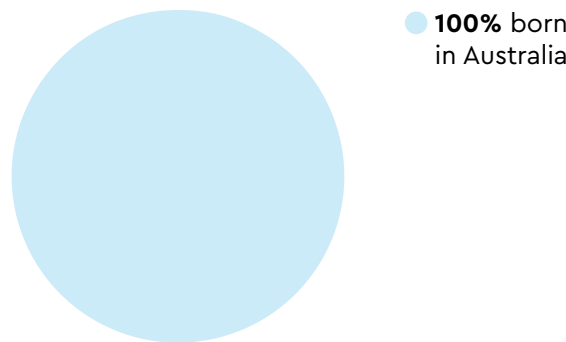


Fig 9. Languages spoken

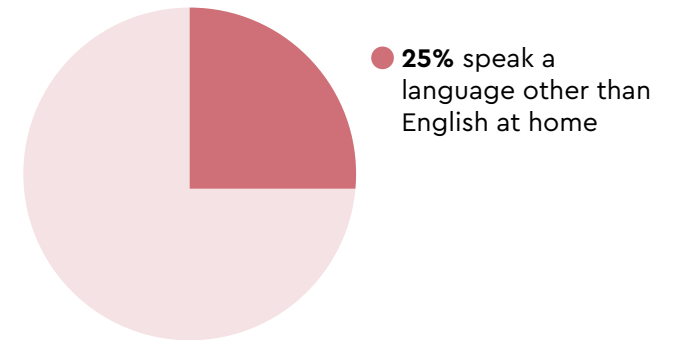


Fig 10. Subject of complaint

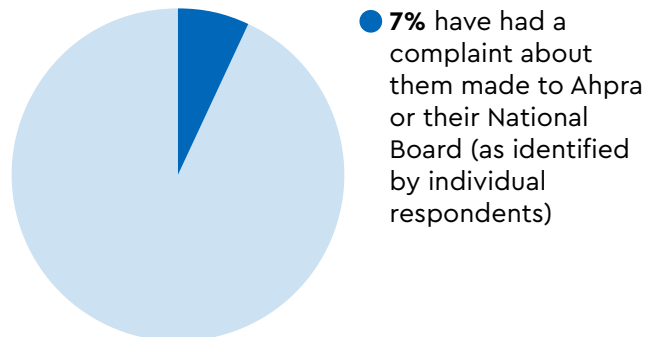
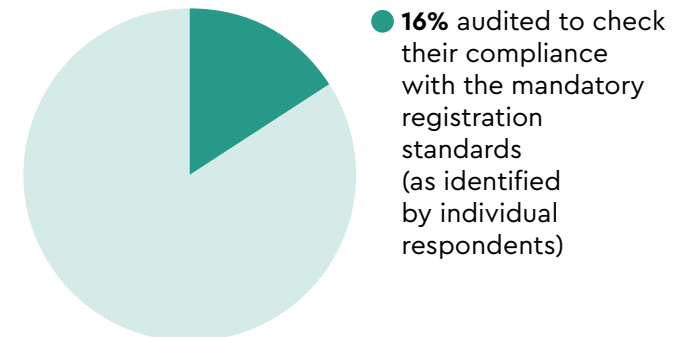


Fig 11. Audited



Practitioner perceptions

Awareness of the Aboriginal and Torres Strait Islander Health Practice Board remains reasonably high, with 85% of Aboriginal and Torres Strait Islander Health Practitioners surveyed reporting awareness in 2021. This value is the lowest recorded in these surveys, and was significantly lower than the awareness reported by the combined practitioner sample.

Interest in the role and functions of the Aboriginal and Torres Strait Islander Health Practice Board stayed consistent with 2020 values at 89%, though this has decreased since the first survey in 2018. Aboriginal and Torres Strait Islander Health Practitioners reported marginally higher interest in their National Board compared to other practitioner groups.

Fig 12. Overall awareness year-on-year

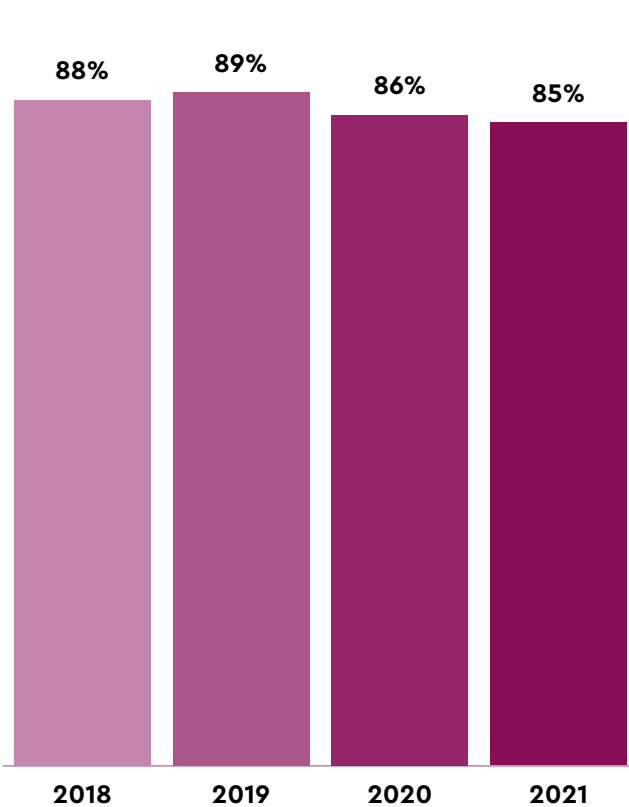


Fig 13. Overall interest year-on-year

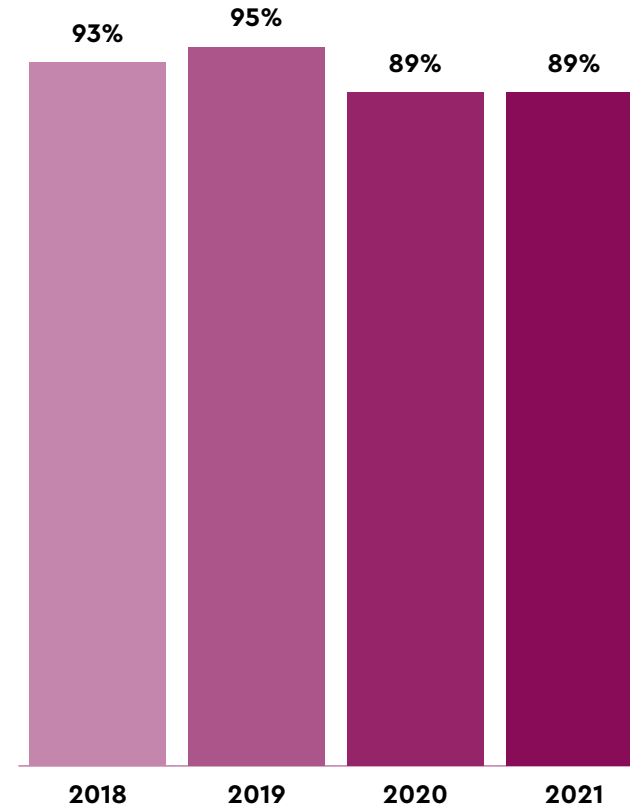
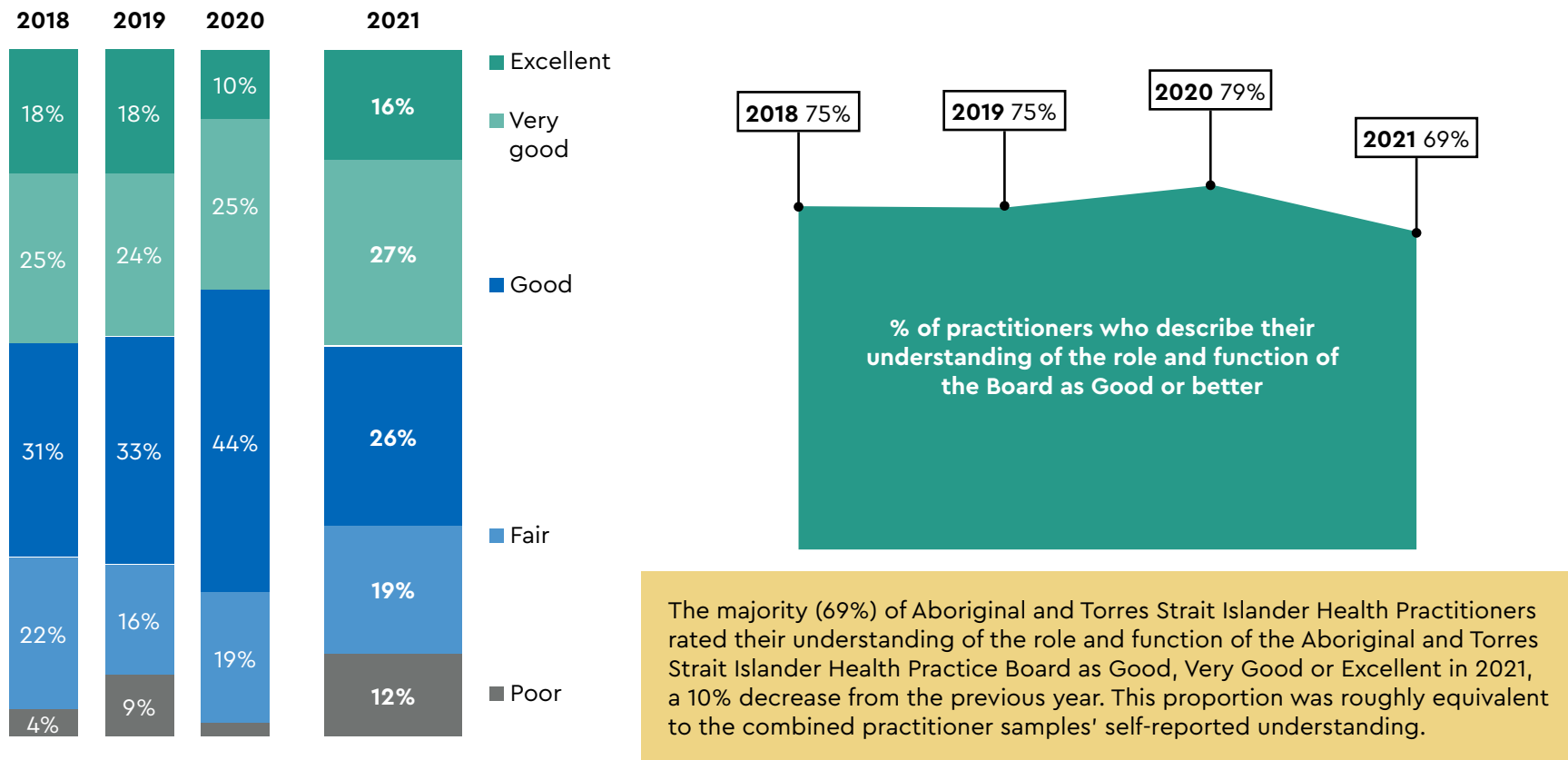


Fig 14. Overall understanding of the role and function of the Board year-on-year



Most (73%) respondents viewed the Aboriginal and Torres Strait Islander Health Practice Board in a positive light. Aboriginal and Torres Strait Islander Health Practitioners perceived the Aboriginal and Torres Strait Islander Health Practice Board significantly more positively compared to sentiments toward Boards on average.

Just over two-thirds (67%) of respondents indicated they had trust in the Aboriginal and Torres Strait Islander Health Practice Board, a 14% increase from 2020 values and the highest rate of trust reported since the survey began.

Confidence in the Aboriginal and Torres Strait Islander Health Practice Board also increased to 78%, the highest recorded to date, though this was a smaller change than the jump in trust visible between 2020 and 2021.

In both cases, these rates were significantly higher than the average trust and confidence across the total practitioner sample.

Fig 15. Perceptions year-on-year

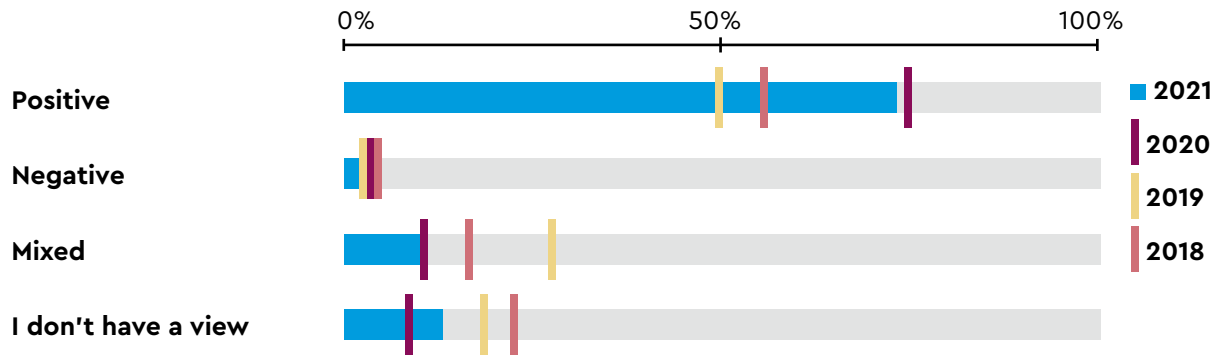


Fig 16. Trust year-on-year

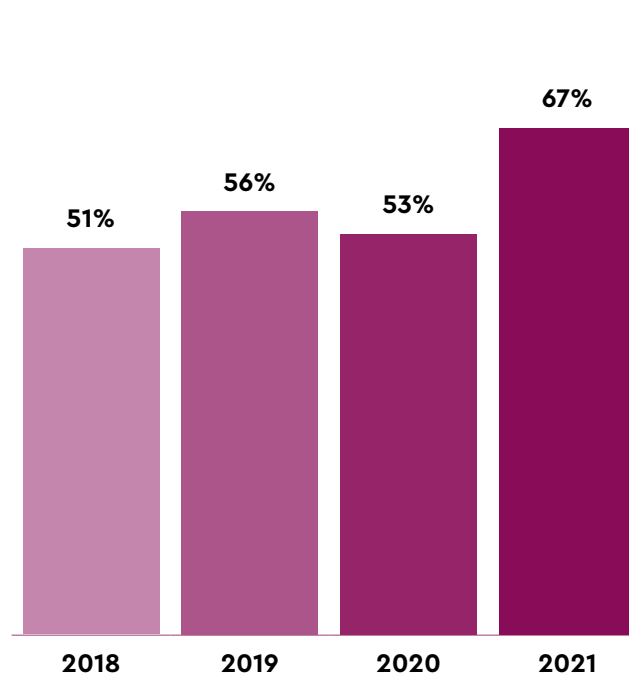
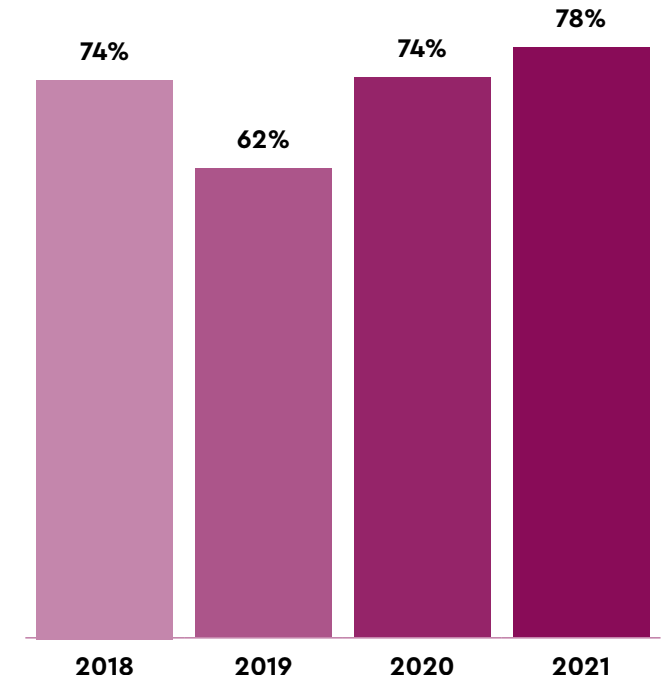


Fig 17. Confidence year-on-year

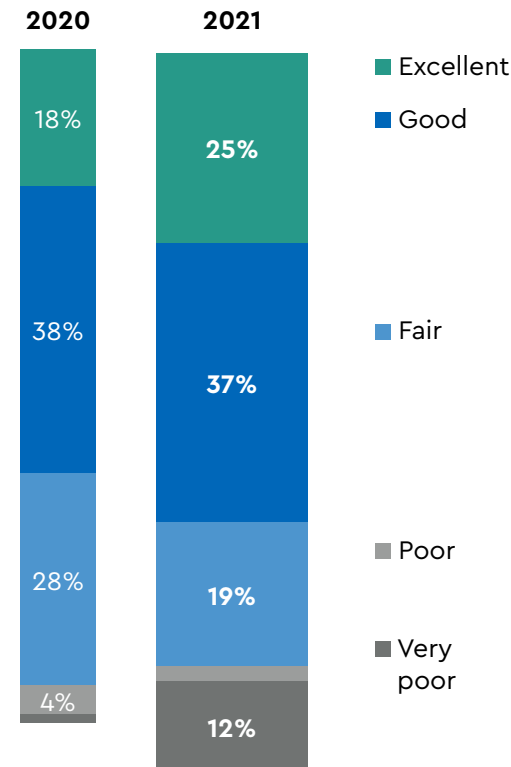


Practitioners were asked to rate the level of support they received from Ahpra and the National Boards to maintain or improve their professional practice.

When combined, 62% of Aboriginal and Torres Strait Islander Health Practitioners rated the support received favourably (Good or Excellent), 19% rated the support received as Fair, and 14% rated the support received negatively (Poor or Very poor). The remaining 5% selected 'I don't know'. These values are very similar to data collected in 2020, though changes were visible in the form of an increase of respondents rating support received as Excellent (+7%) or Very poor (+11%), and a decrease in respondents rating the support received as Fair (-9%).

These findings may suggest an increased polarisation of attitudes toward support received. Regardless, Aboriginal and Torres Strait Islander Health Practitioners were statistically significantly more likely to rate the support they received positively than were the other practitioner groups in the sample.

Fig 18. Practitioners' assessment of support to maintain their professional practice



Truly Deeply created a list of terms to explore stakeholders' word associations with Ahpra and the National Boards as part of its branding research.

Aboriginal and Torres Strait Islander Health Practitioners associated the Aboriginal and Torres Strait Islander Health Practice Board with terms like

1. For practitioners (35%)
2. Supportive (30%)
3. Advocates (23%)

The terms least commonly associated with the Aboriginal and Torres Strait Islander Health Practice Board were:

1. Aloof (1%)
2. Rigid (1%)
3. Nurturing (2%)

When asked which traits they associated with their profession, Aboriginal and Torres Strait Islander Health Practitioners chose:

1. Professional (42%)
2. Respected (34%)
3. Community-minded (34%)

Fig 19. Word associations with the Board

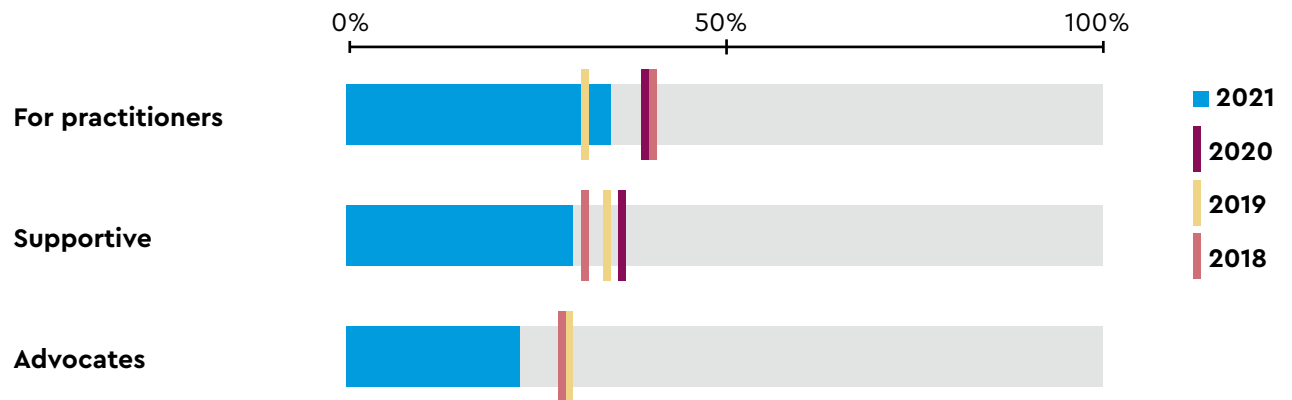
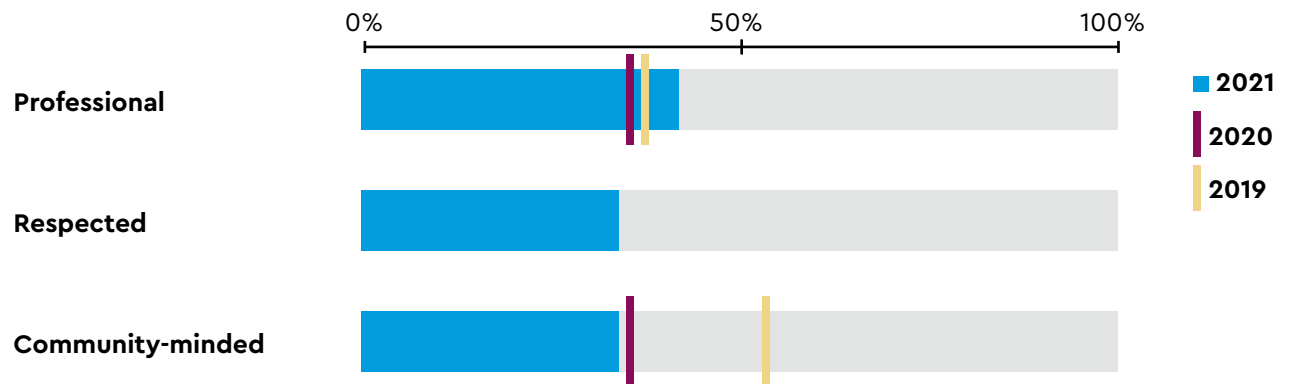


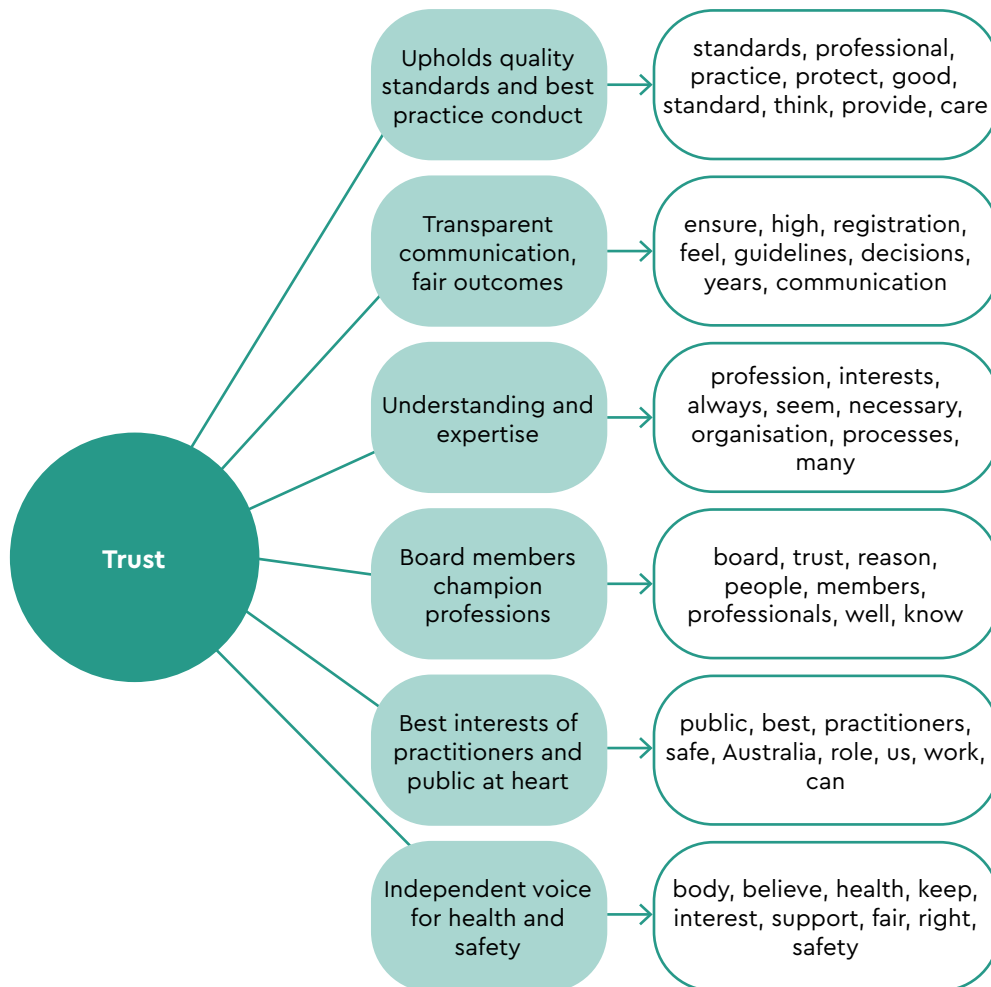
Fig 20. Word associations with practitioners



Modelling practitioner trust

The topic modelling produced six topics relating to trust in the National Boards across all professions. Topics, key words and quotes are shown below.

Fig 21. Trust in National Boards



Note: key words referring to specific professions/practitioners have been removed for publication

Trust in the Board

Generally, respondents with trust in their National Board referenced organisational characteristics in topics including *Upholds quality standards and best practice conduct*, and *Best interests of practitioners and public at heart*. Trusting responses also clustered under *Transparent communication, fair outcomes*. Three topics related to practitioners' positive views of Board members, and those members' intimate knowledge of their respective professions: *Understanding and expertise*, *Board members champion professionals* and *Independent voice for health and safety*.

Examples of Aboriginal and Torres Strait Islander Health Practitioner quotes related to trust include:

'This board is made up of professionals and honest individuals.'

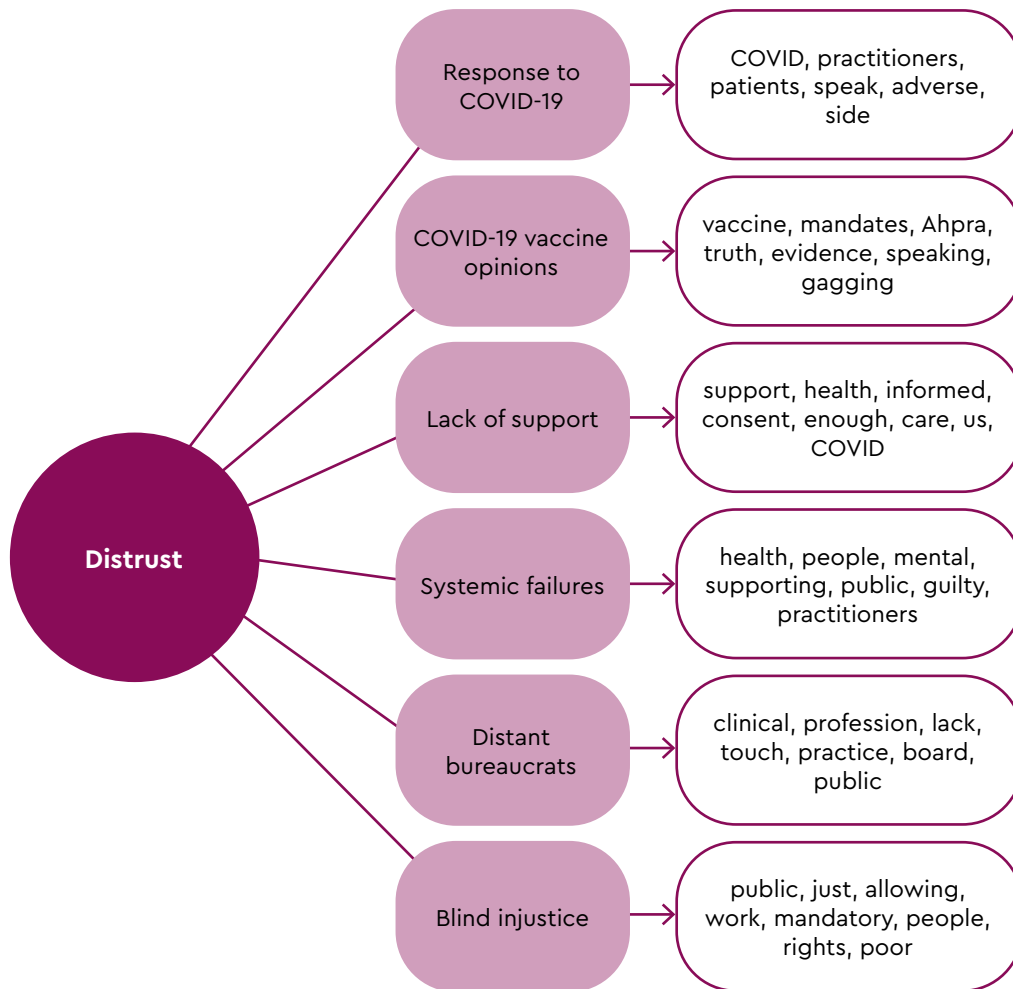
'The board send out regular national communiques to relevant individuals and organisations to maintain trust etc.'

'They represent our mob the way we want to ensure we take care of our mob.'

'Because they have always shown that they are here for all - not just those Aboriginal and Torres Strait Islander practitioners who work in the large cities.'

The topic modelling produced six topics relating to distrust in the National Boards across all professions. Topics, key words and quotes are shown below.

Fig 22. Distrust of National Boards



Note: key words referring to specific professions/practitioners have been removed for publication

Distrust of the Board

Distrust was undercut by opinions relating to COVID-19, vaccination, and vaccine mandates. Statements referring to these issues suffused the data and were clustered under *Response to COVID-19*, which referred to Ahpra and the Boards' decisions around registration and vaccination in particular, and *COVID-19 vaccine opinions*, which more specifically referred to practitioners' sentiments against vaccination.

Beyond COVID-related concerns, the view that practitioners are treated unfairly by Boards appeared under *Blind injustice*. Practitioners who lacked trust in their Boards also raised a *Lack of support* overall for their profession and *Systemic failures*, especially in mental health. Both these topics are relatable to a perception of Board members as *Distant bureaucrats* who have lost connection with those 'at the coal face'.

Examples of Aboriginal and Torres Strait Islander Health Practitioner quotes related to distrust include:

'It is purely a statistical organisation, with no real value to the people on the ground. All decisions are political, not independently decided for the benefit of maintaining health.'

'It [is] not a professional judging a professional, it is a takedown approach on hearsay with agenda[s] and ego[s] once lawyers get involved. Not about the profession.'

'Set standards and rules without consultation.'

Because the free text questions were not mandatory, some professions had less responses and thus limited quotes to review. This was the case for both trust and distrust in the Aboriginal and Torres Strait Islander Health Practice Board, and as such we would caution against making any strong inferences based on the sentiments expressed by a relatively small sample of practitioners, who may not hold views that are representative of the broader practitioner population.

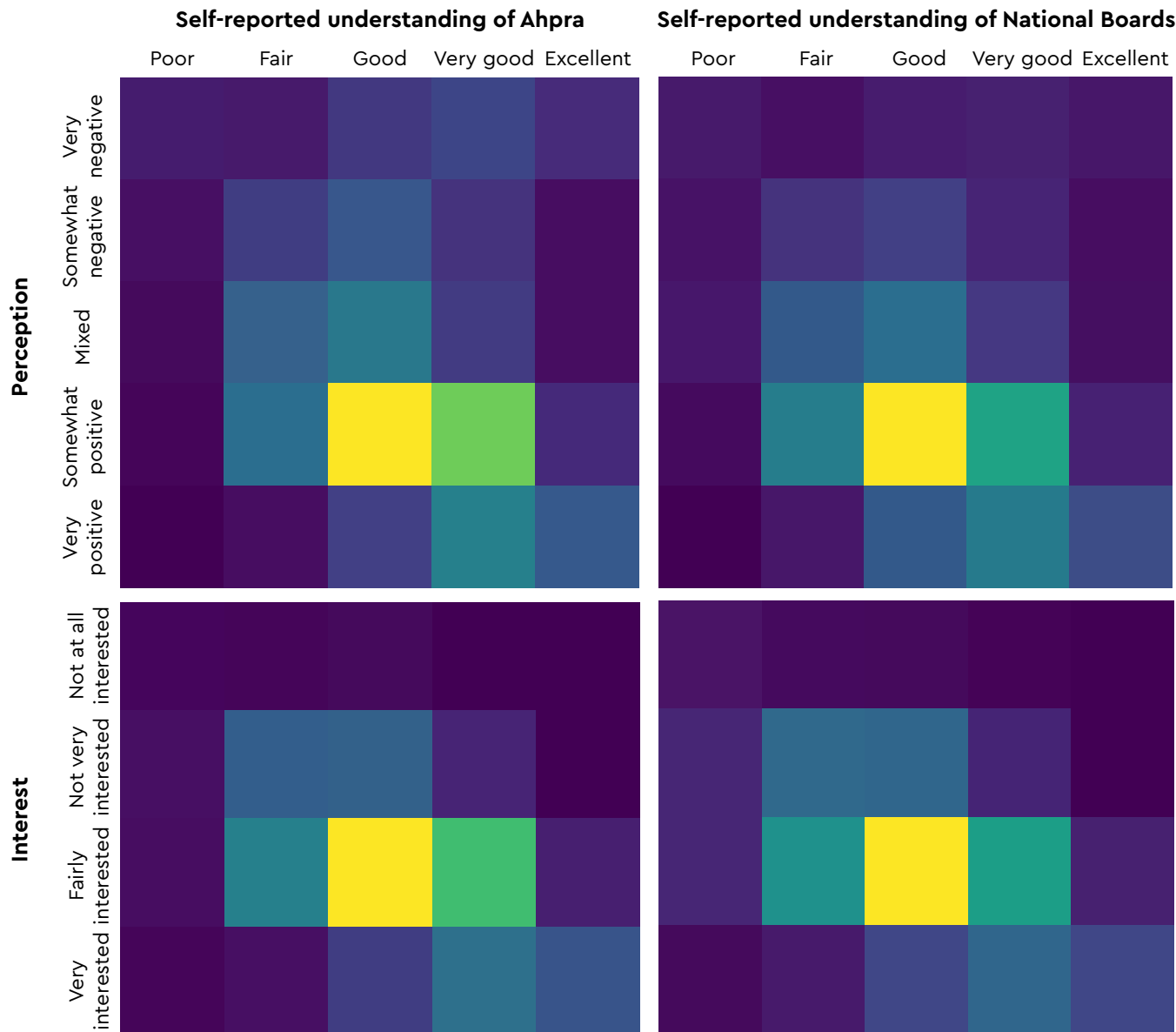
Whole sample trends (practitioners across all professions)

We observed several trends in the total practitioner sample that generally held true across professions.

In addition, some findings remain largely unchanged from previous years' surveys so have not been explored beyond the total sample level.

These are reproduced from the principal report in this section.

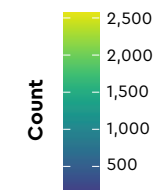
Fig 23. Understanding of Ahpra and National Boards and sentiment



We found a statistically significant relationship between practitioners' self-rated understanding and their sentiments toward Ahpra and the National Boards. This factor impacted multiple elements of perception for each body: practitioners who rated their understanding of Ahpra and the Boards highly were more likely to have positive views of the organisation in addition to greater trust, confidence, and interest in, the organisation.

In contrast, those practitioners who rated their understanding lower on the scale were more likely to exhibit negative or mixed sentiments, as well as select options like 'I don't know' or 'I prefer not to answer'.

To illustrate this relationship, these heat maps show the distribution of practitioners' understanding and sentiment towards their National Board, using colour to delineate concentration of responses (i.e. lighter colour represents more responses). We can see that those who report greater understanding tend to also show more positive perceptions of the Boards.



We found evidence that gender and age influenced awareness and understanding of Ahpra, the National Scheme, and the Boards.

Where results were statistically significant, the trend was that older, male respondents were more likely to self-report higher awareness and understanding than their younger, female counterparts.

This included findings that awareness of the National Scheme was 11% higher in male respondents, and that the oldest (70 years and older) practitioners nearly twice as frequently reported awareness of Ahpra compared to the youngest (18–29).

However, this trend was not visible across all awareness and understanding questions: for example, while understanding of National Board role and functions did vary significantly by age and gender, we found no significant differences between these categories in understanding of Ahpra's role and function.

Similarly, awareness of Ahpra and National Boards was significantly impacted by age but not by gender.

Because the age/gender trend was not consistent across the awareness and understanding questions, we cannot draw strong conclusions based on the results of this study.

However, it could be useful to explore this trend further as it may have implications for practitioner engagement and allow us to more effectively direct communication with practitioners in future.

Several initiatives were implemented by Ahpra and the National Boards in 2021, largely in response to changing sector needs triggered by the COVID-19 pandemic.

Some practitioners were directly affected or involved with these initiatives, and some practitioners were not. It was not clear whether practitioners who were not affected, or less affected, had any knowledge of these initiatives.

The survey results showed some awareness of the new initiatives, though one quarter of respondents stated they were unaware of any of the initiatives.

Overall, practitioners were most likely to have been aware of COVID-19 vaccination and practice guidance (45%), but also knew of flexibility in continuing professional development (CPD) requirements (41%) and the pandemic response sub-register (39%) to support a COVID-19 surge health workforce.

Practitioner groups with significantly higher proportions of respondents who indicated no awareness of the new initiatives included paramedics, medical radiation practitioners, and medical practitioners.

Fig 24. Practitioner awareness of new initiatives in response to COVID-19

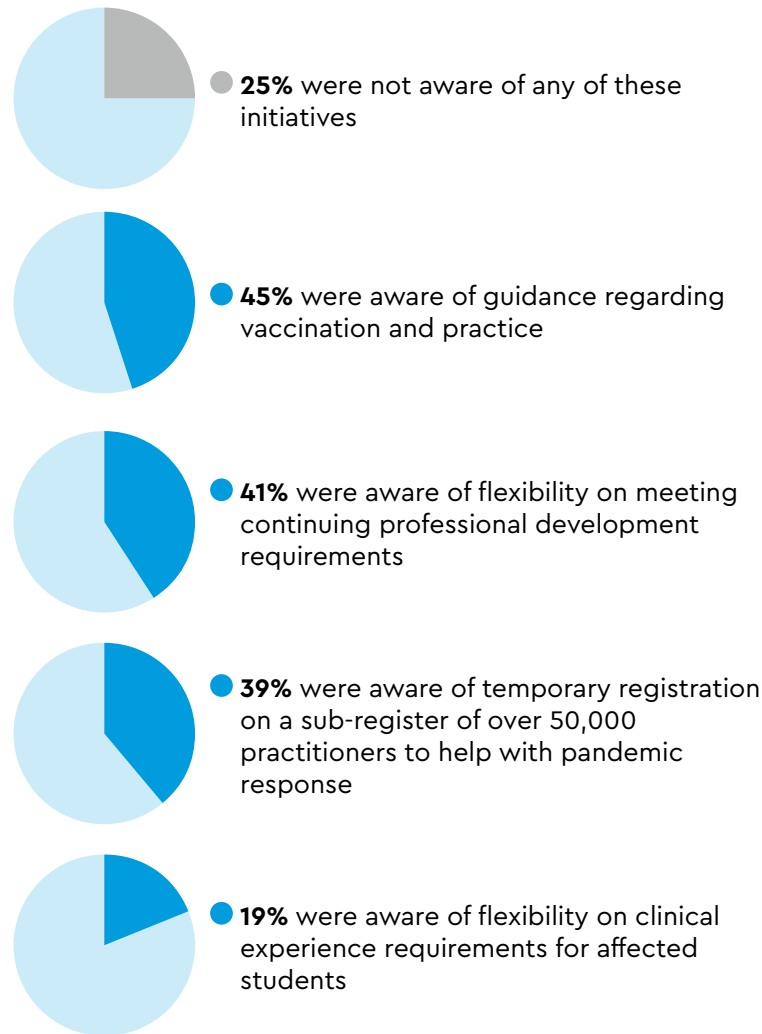


Fig 25. Proportion of practitioners reporting no awareness of new initiatives

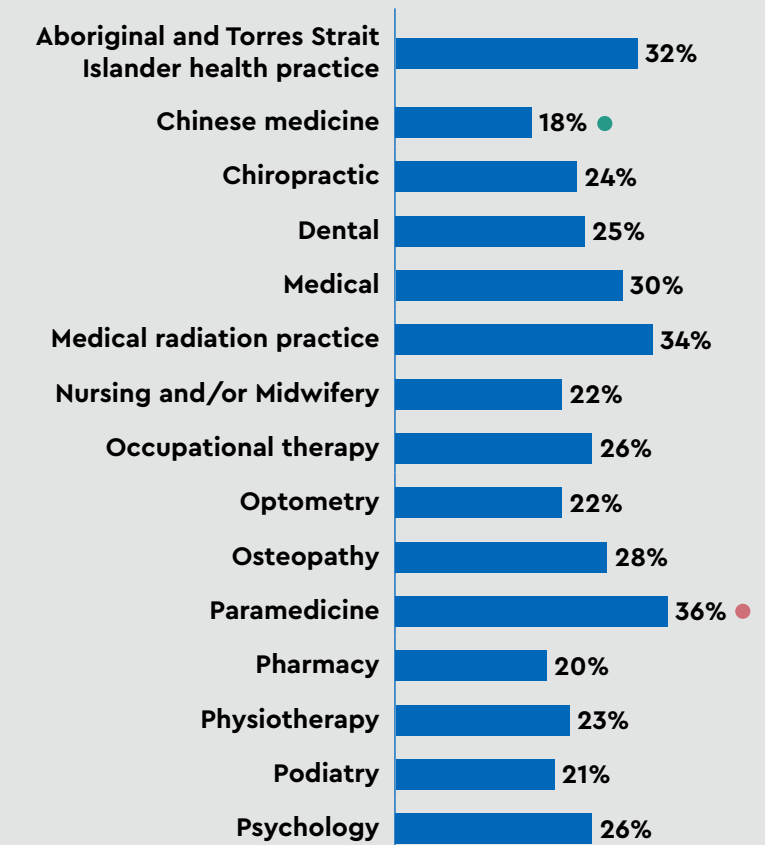
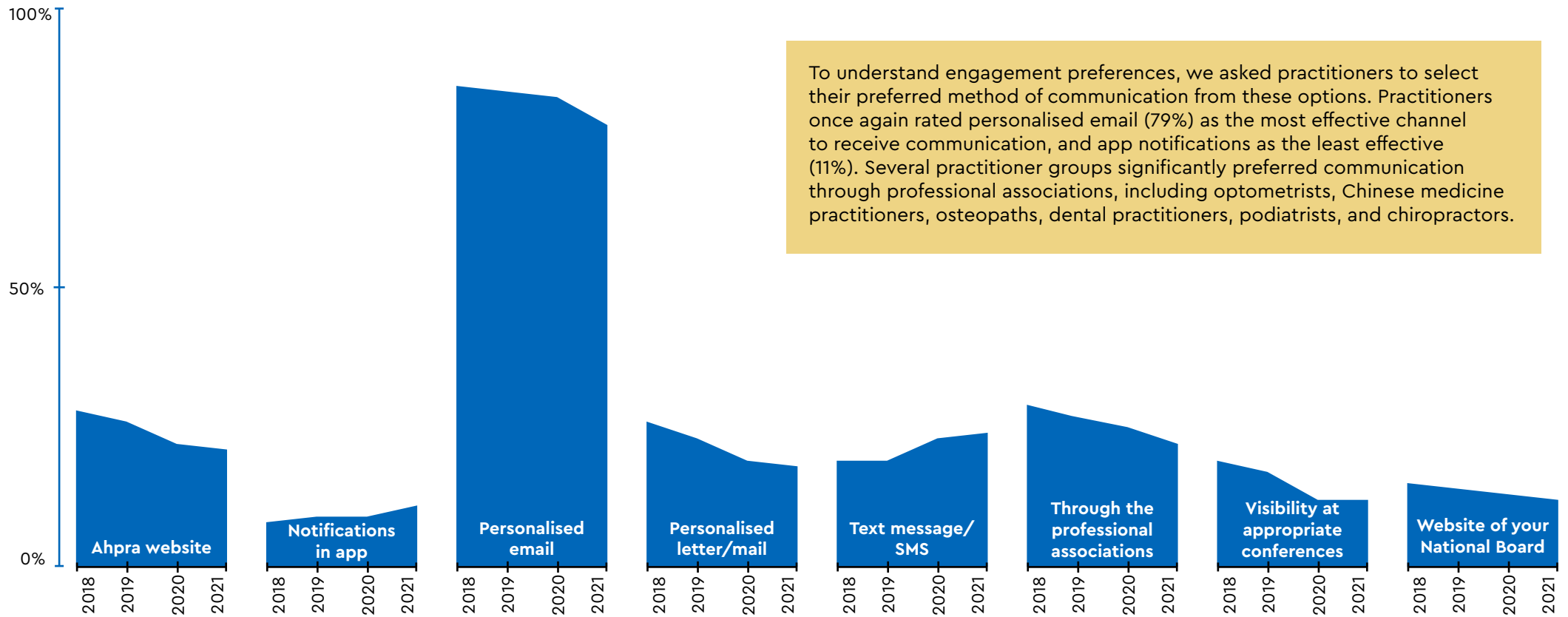


Fig 26. Most effective channels for engagement



To understand engagement preferences, we asked practitioners to select their preferred method of communication from these options. Practitioners once again rated personalised email (79%) as the most effective channel to receive communication, and app notifications as the least effective (11%). Several practitioner groups significantly preferred communication through professional associations, including optometrists, Chinese medicine practitioners, osteopaths, dental practitioners, podiatrists, and chiropractors.

Practitioner responses suggest that the Ahpra website may have become more user-friendly, with data showing only 7% of respondents described finding information as 'difficult', a decrease compared to 2020. Similarly, only 5% of respondents said that they had been unable to find the information they were looking for on the website. Respondents were most likely to be accessing the website annually or less often, and were overwhelmingly visiting to renew their registration.

Fig 27. Frequency visiting the Ahpra website

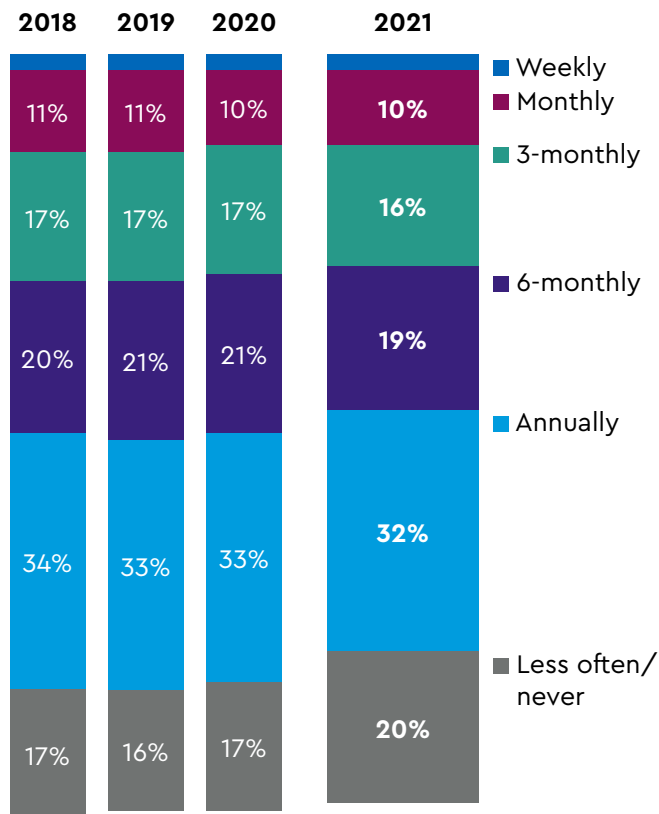


Fig 28. Main reasons for visiting the Ahpra website

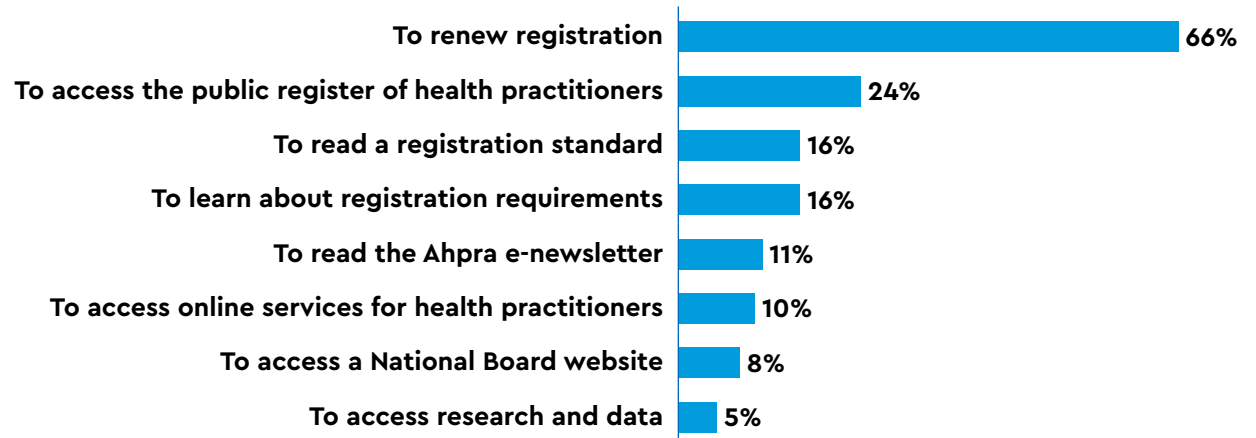


Fig 29. Finding information on the Ahpra website

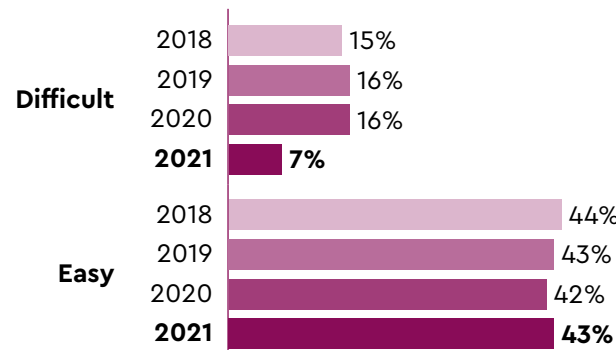
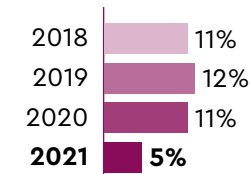


Fig 30. Practitioners who could not find specific information on the Ahpra website



The same was generally true for National Board websites, with the majority of respondents visiting to renew registration (53%), read a policy, code or guideline (26%) or access the public register (20%).

The frequency of visiting National Board websites was slightly lower than the Ahpra website, with 22% of practitioners stating they visited annually but 31% stating they visited less often than this or never. However, most respondents (36%) also said it was easy to find the information they were looking for.

Fig 31. Frequency visiting a National Board website

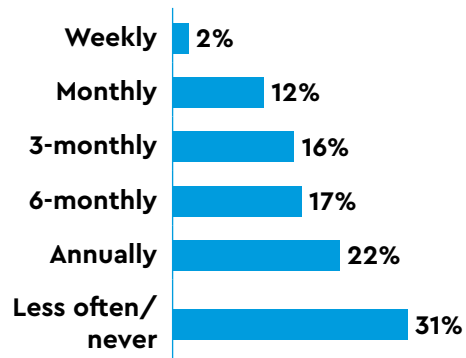


Fig 32. Finding information on a National Board website

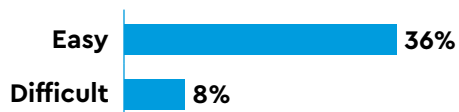


Fig 33. Main reasons for visiting a National Board website



In terms of communication from Ahpra, survey respondents were overall content with the current frequency (75%), though 19% were interested in more frequent communication. Most respondents considered communication from Ahpra 'moderately important' (48%) or 'very important' (40%).

This is generally aligned with previous years' survey results, however, the proportion of respondents who view Ahpra communication as 'very important' and would typically read it immediately has decreased from 2018-2021.

Fig 34. Preferred frequency of communication from Ahpra

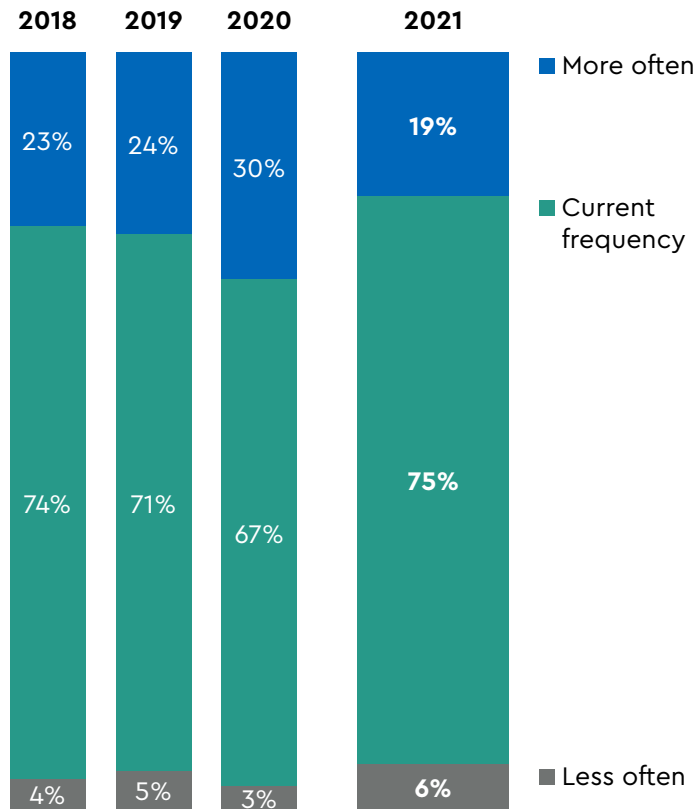
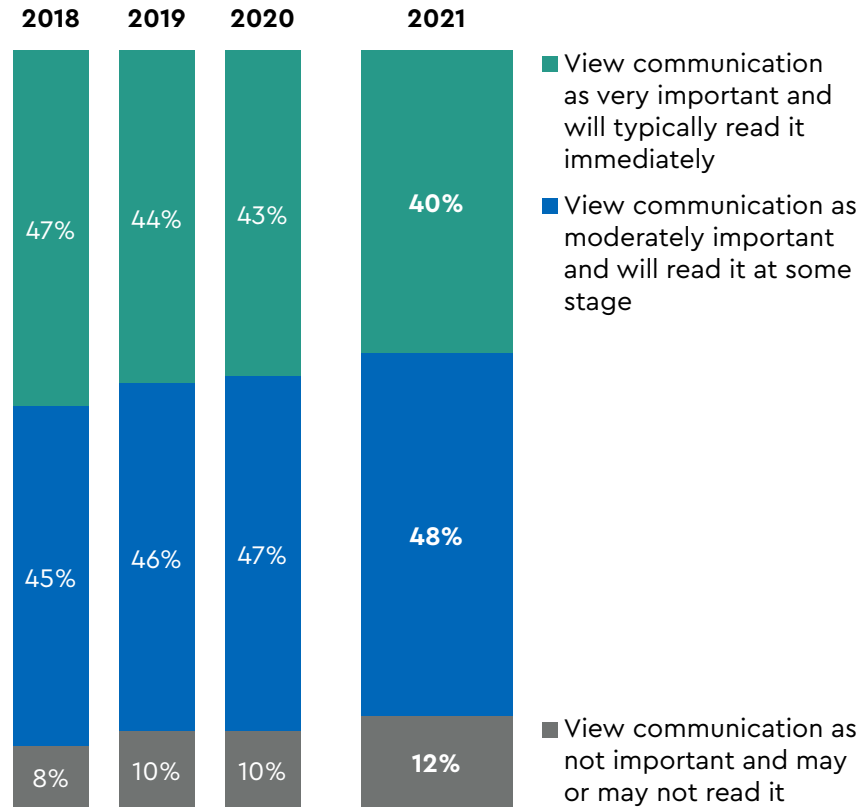


Fig 35. Typical response to Ahpra communication



About a quarter of respondents (26%) wanted more frequent communication from their National Boards, but the majority (68%) were content with the current frequency.

Respondents appeared to view communication from their National Board as potentially less important than that from Ahpra – while the majority (49%) still considered Board communication 'moderately important', only 35% viewed it as 'very important' and 16% said they wouldn't treat it with any particular importance, a 4% increase on previous years' findings.

Fig 36. Preferred frequency of communication from National Boards

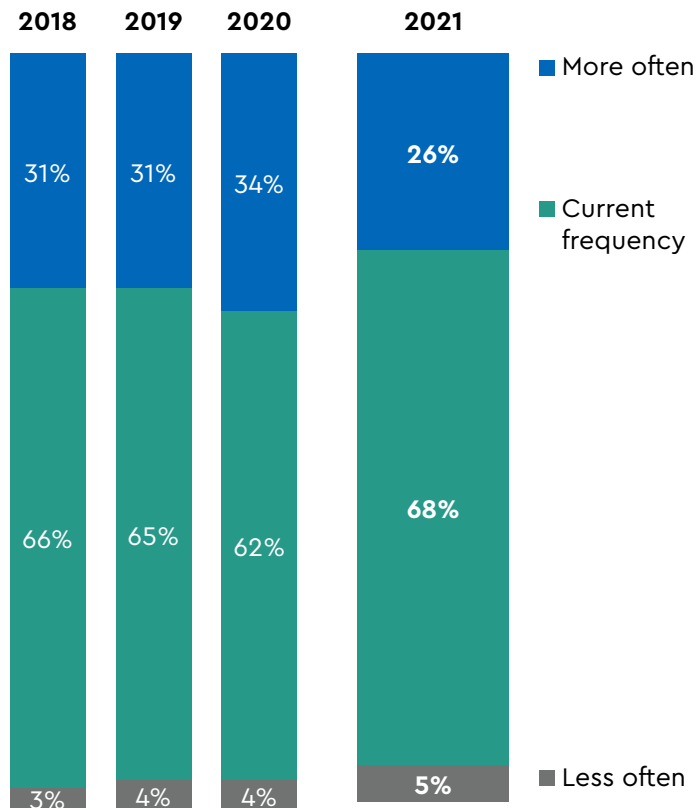
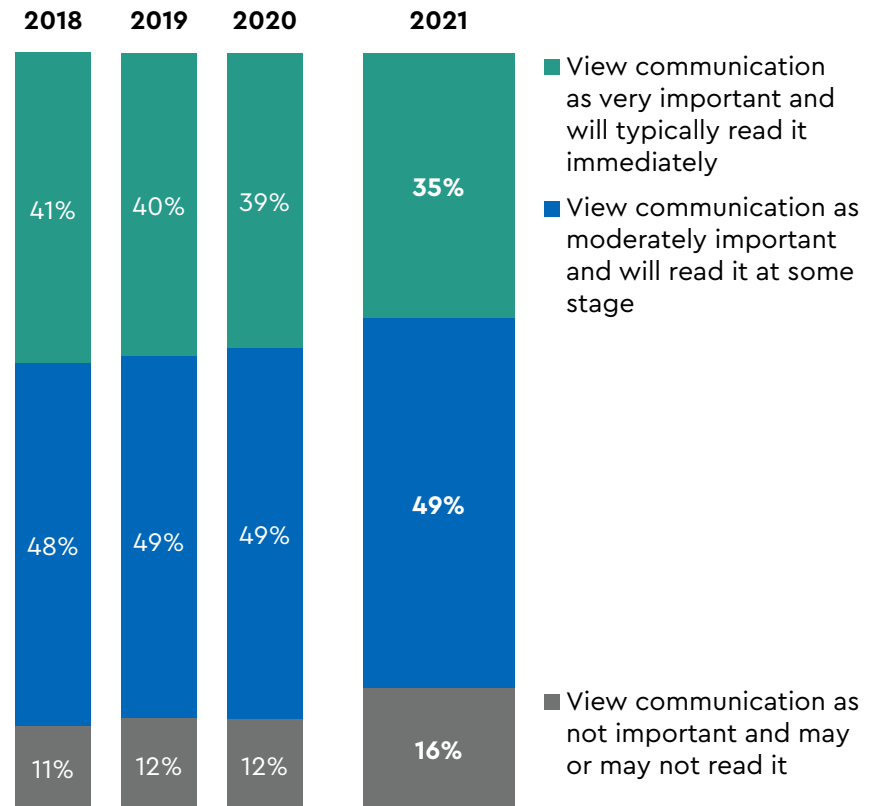


Fig 37. Typical response to National Board communication



The following practitioners were significantly more likely to be interested in more communication from both Ahpra and their Board:

- optometrists
- Chinese medicine practitioners
- osteopaths
- dental practitioners
- podiatrists, and
- chiropractors.