



Ahpra
& National
Boards

Reputational insights 2021

Practitioner perceptions of the Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards

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Introduction

Understanding stakeholders' perceptions of our organisation, and our reputation more broadly, is fundamental to our objective of being known as an effective and trusted regulator 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 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 National Boards.

As a more robust research scope is currently being developed, including a five-year work plan to elicit extensive reputational insights, this report reflects an interim approach based on the survey administered by Truly Deeply. This report presents 2021 survey results from a random sample of registered health practitioners, discusses key findings with reference to previous work, and identifies areas of interest for future research.

In addition to this work, profession-specific reports have been prepared for all National Boards to present survey findings for each of the 16 regulated health professions.

In future, we look forward to expanding work in this space and providing Ahpra and the Boards with a comprehensive picture of organisational reputation.

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 in 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. Topic modelling reveals latent topics within the data, enabling us to better understand the content of participants' responses and infer important commonalities.

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

Notes on figures

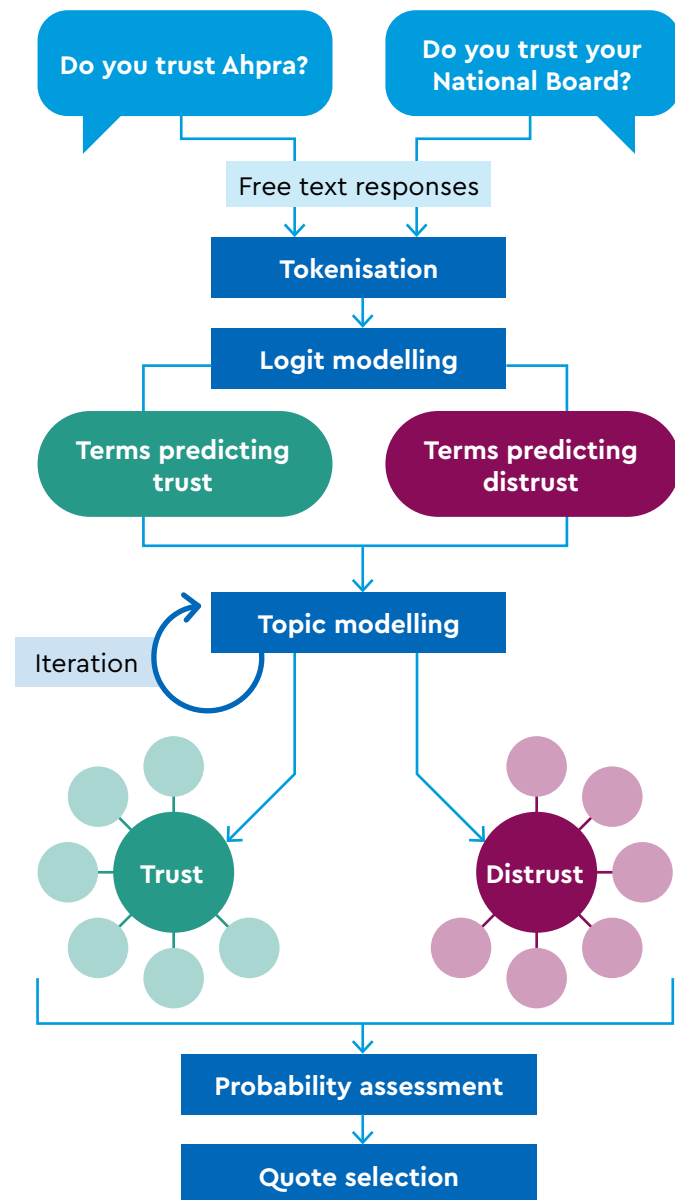
In this report, dots next to column graphs are used to indicate highest (●) and lowest (●) values mentioned in the commentary.

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

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

Topic modelling

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.

Summary of findings

Awareness of the National Scheme improved in 2021 following a downward trend observed since the first survey in 2018. The majority of practitioners continue to report that the key benefit of the National Scheme is having nationally consistent standards of practice.

Awareness of both Ahpra and the National Boards has been consistently high (~100%) over time. The 2021 survey results show that comparable levels of awareness, interest and understanding of Ahpra have been maintained since 2018. Over that time, awareness and understanding of National Boards has also been roughly comparable, while interest in National Boards has declined 9% since survey inception.

Sentiment towards Ahpra is mixed. Just over half of all practitioners (52%) still perceive Ahpra positively, but this was a 3% drop from 2020 levels. However, the survey results show a substantial shift towards positive perceptions from 2019–2020, so even with declines, practitioners' perceptions in 2021 remain more positive than they were in 2018. Trust and confidence have not shifted substantially over time, with 59% of respondents saying they trust Ahpra, and just less than half (49%) stating they are confident Ahpra is doing all it can to protect the public.

Sentiment toward National Boards trended somewhat negatively in 2021. The survey showed a 5% decline in positive perceptions of National Boards compared to 2020 levels, and a slight (3%) increase in negative perceptions. Just over half (52%) of practitioners reported trust and confidence in their National Board, representing an 11% decline in trust and a 4% decline in confidence from 2020. As with sentiment toward Ahpra, despite a slight decline, practitioner perceptions of the Boards in 2021 are still more positive than in the 2018 survey, though the decline in trust remains notable.

Perceptions varied significantly between the professions. Occupational therapists, physiotherapists, and podiatrists tended to report more significantly positive perceptions of both Ahpra and the Boards compared to other practitioners. Conversely, medical practitioners, paramedics, and psychologists repeatedly exhibited more significantly negative attitudes toward Ahpra and their National Boards compared to other practitioners.

Users' experience of both Ahpra and the Boards' websites may have improved, with the majority of respondents still visiting annually to renew registration, and only a few respondents (7% and 8% respectively) reporting difficulty finding information they were looking for.

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 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'.

Examining trust and distrust in Ahpra and the Boards showed trust was related to topics like perceived objectivity and impartiality, quality of staff and Board members, and the inherent value of setting standards and encouraging best practice in the professions. Distrust was undercut by practitioners' personal views of how the COVID-19 pandemic was handled, but also related to perceived unfairness and injustice of Ahpra and the Boards' processes.

We found minimal changes to how practitioners rated the support they received from Ahpra and the Boards, words associated with Ahpra, the Boards, and professions, or engagement and communication preferences compared to previous years. Most survey respondents (75% and 68% respectively) were content with the frequency of communications from Ahpra and the Boards, and the majority (79%) continued to preference personalised email as their preferred form of communication.

Survey findings

Sample demographics

A total of 14,670 practitioners completed the 2021 survey, a response rate of approximately 11%. Following data cleaning, 14,551 respondents remained and formed the analysis sample. The 2020 survey was sent to 10,228 practitioners and had a response rate of 7.4%. Generally speaking, a higher response rate can help reduce bias in a sample and provide greater confidence in survey findings.

In 2021, two-thirds of respondents were female (66%) and one-third (34%) male. This is very similar to the gender split reported in 2020, which showed respondents were 61% female and 38% male. In 2021, women accounted for 76% of health practitioners across the regulated professions, meaning male practitioners are slightly over-represented in our sample.

Respondents were mostly aged between 30–69, and while proportions were roughly equivalent between the middle age brackets, respondents were less likely to fall into the youngest (18–29) or oldest (70 or older) age brackets. However, almost half (47%) of respondents reported practising for 20 years or more, with those newest to practice (less than two years in practice) making up only 6% of the sample.

These trends were again roughly equivalent to 2020 observations, but deviated slightly from actual registrant demographics. In 2021, while the bulk of practitioners did fall between the ages of 30–69, 15% were aged 29 or under, meaning our sample contains more older practitioners compared to the cohort in reality.

Fig 2. Gender

- Female 66%
- Male 34%



Fig 3. Age

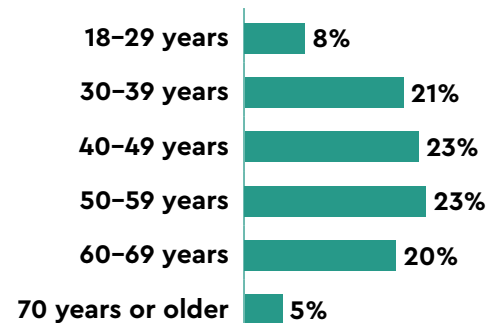
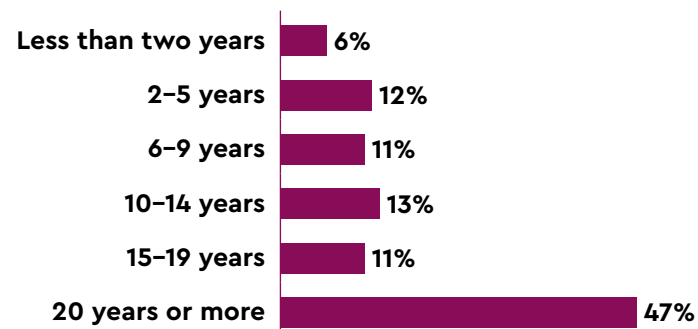
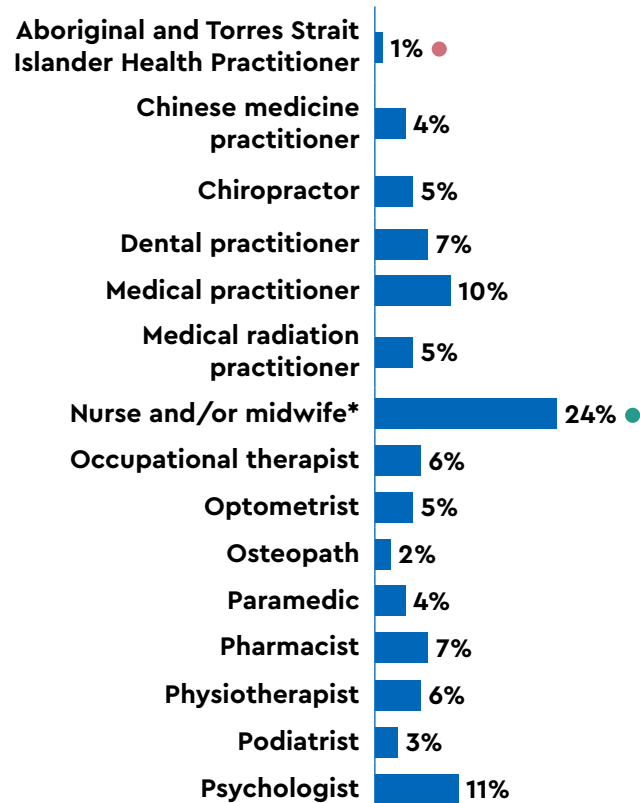


Fig 4. Years in practice



Sample demographics

Fig 5. Practitioner type



*The Nursing and/or Midwifery Board of Australia registers two professions: nurses and midwives. Making up the 24% in Figure 5, and throughout this report, nurses account for 11%, midwives for 6%, and dual registrants (nurse and midwife) for 7%.

Most responses to the 2021 survey came from nurses and midwives (24%), psychologists (11%) or medical practitioners (10%). Only 1% of respondents were Aboriginal and Torres Strait Islander Health Practitioners, with osteopaths (2%) and podiatrists (3%) making up similarly small proportions of those who responded. In the 2020 survey, paramedics were the most represented profession (12%), and the least represented were Aboriginal and Torres Strait Islander Health Practitioners and osteopaths, in similarly low proportions seen in the 2021 sample.

In both 2020 and 2021, proportions were not representative of the practitioner population – for example, nurses and midwives accounted for about 57% of all registered health practitioners in 2021, while psychologists made up just under 5%. These discrepancies exist because we followed Truly Deeply's approach to create a weighted

sample, which distorted representation in favour of presenting an 'equal' voice for practitioners.

In terms of location and cultural heritage, the 2021 survey findings again corresponded closely to characteristics of the 2020 survey respondents. Most practitioners reported practising in New South Wales (29%), Victoria (26%), and Queensland (21%), and were far more frequently based in major cities (74%) than in regional or remote areas. In these cases, proportions matched the geographic distribution of practitioners in 2021.

Fig 7. Location

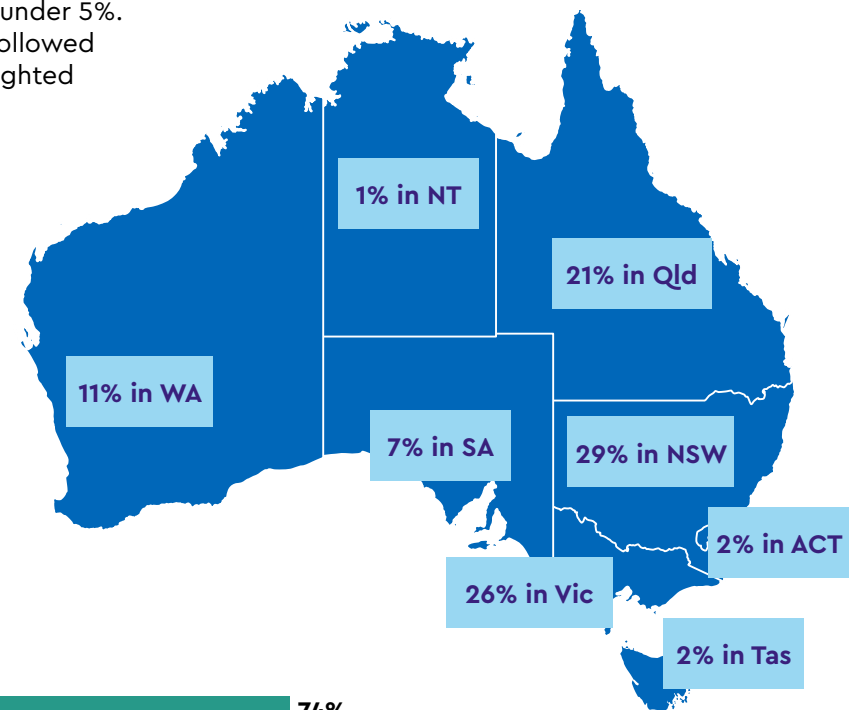
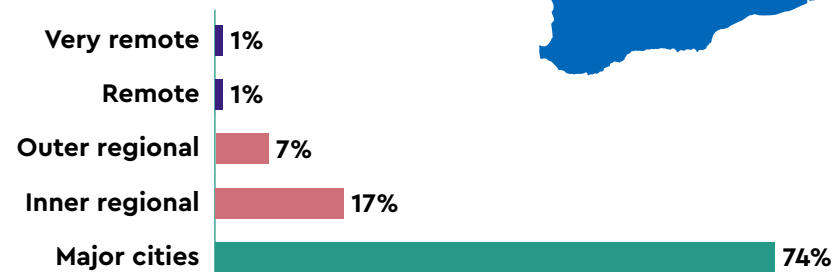


Fig 6. Remoteness



Sample demographics

Very small proportions of the sample identified as Aboriginal (2%), Torres Strait Islander (<1%) or both (<1%).

Nearly a third (31%) of respondents were born outside of Australia and 18% spoke a language other than English at home.

Just under a fifth (18%) of practitioners said they had been subject to a compliance audit and 8% reported having been the subject of a notification made to Ahpra or their National Board.

These proportions were roughly equivalent to 2020 responses.

Fig 8. Aboriginal and/or Torres Strait Islander



Fig 9. Country of birth

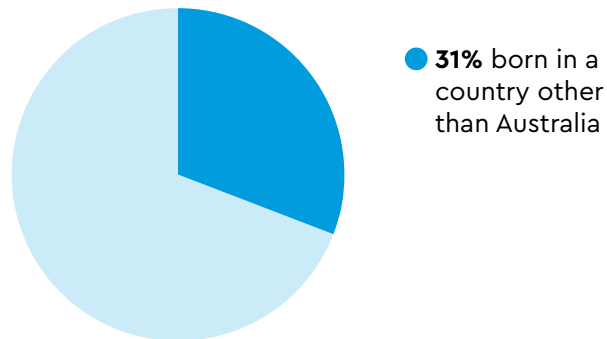


Fig 10. Languages spoken

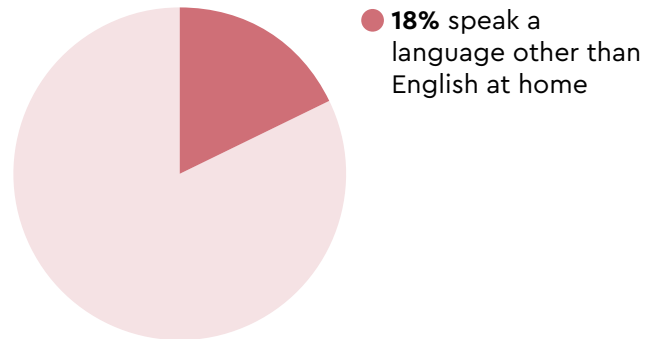


Fig 11. Subject of complaint

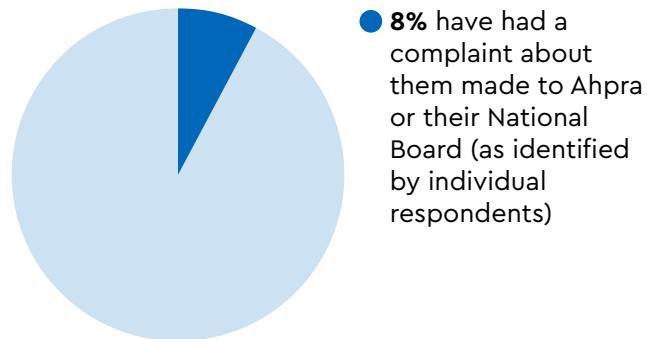
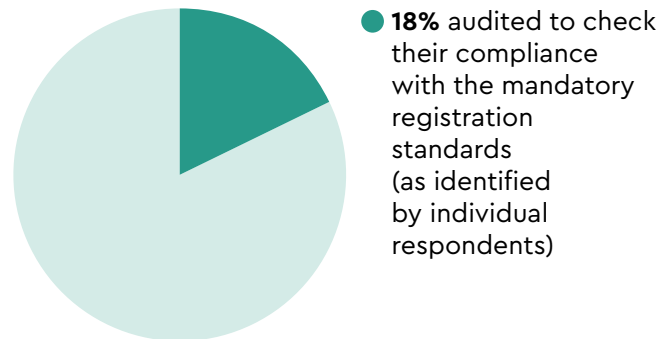


Fig 12. Audited



Practitioner perceptions

Practitioner perceptions of the National Scheme

Over two-thirds of respondents said they were aware of the National Scheme in 2021. This value represented a return to 2019 values following a slight dip in 2020.

Fig 13. Overall awareness year-on-year

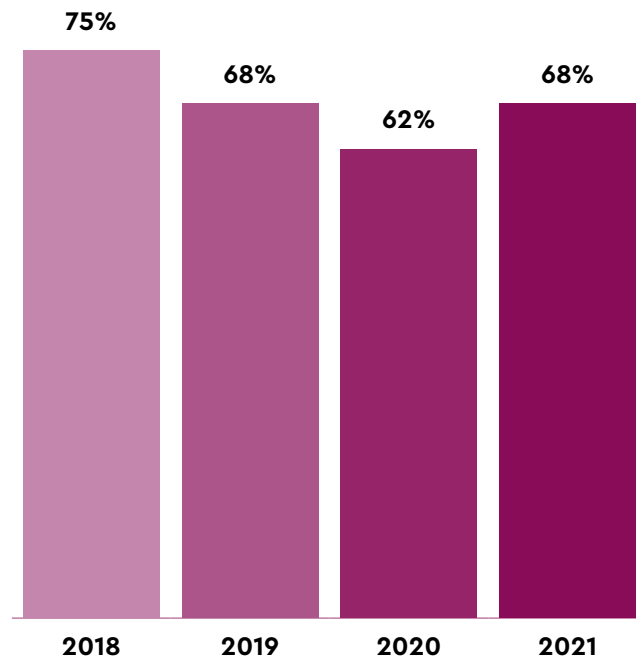
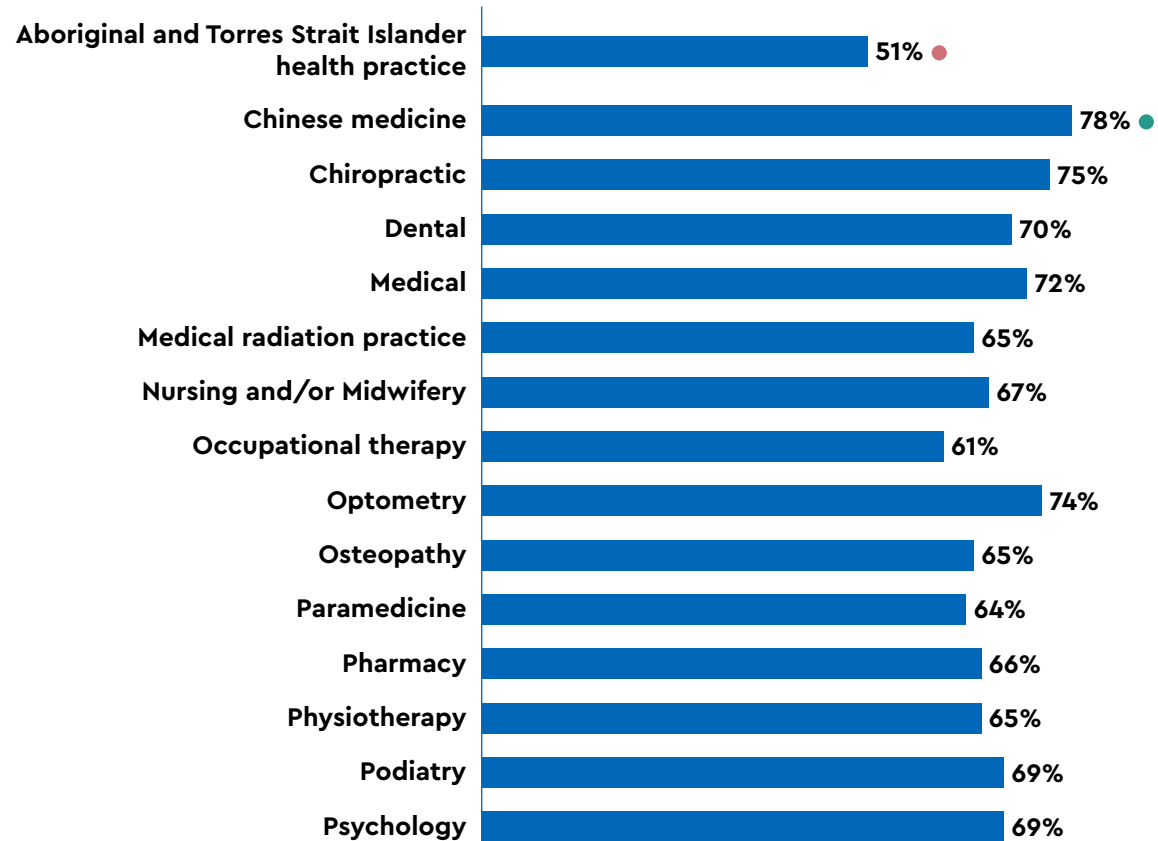


Fig 14. Practitioner awareness of the National Scheme



Variation in awareness was small among health practitioner groups except for Aboriginal and Torres Strait Islander Health Practitioners, of whom only 51% reported awareness, the lowest level in the sample.

Practitioner perceptions of the National Scheme

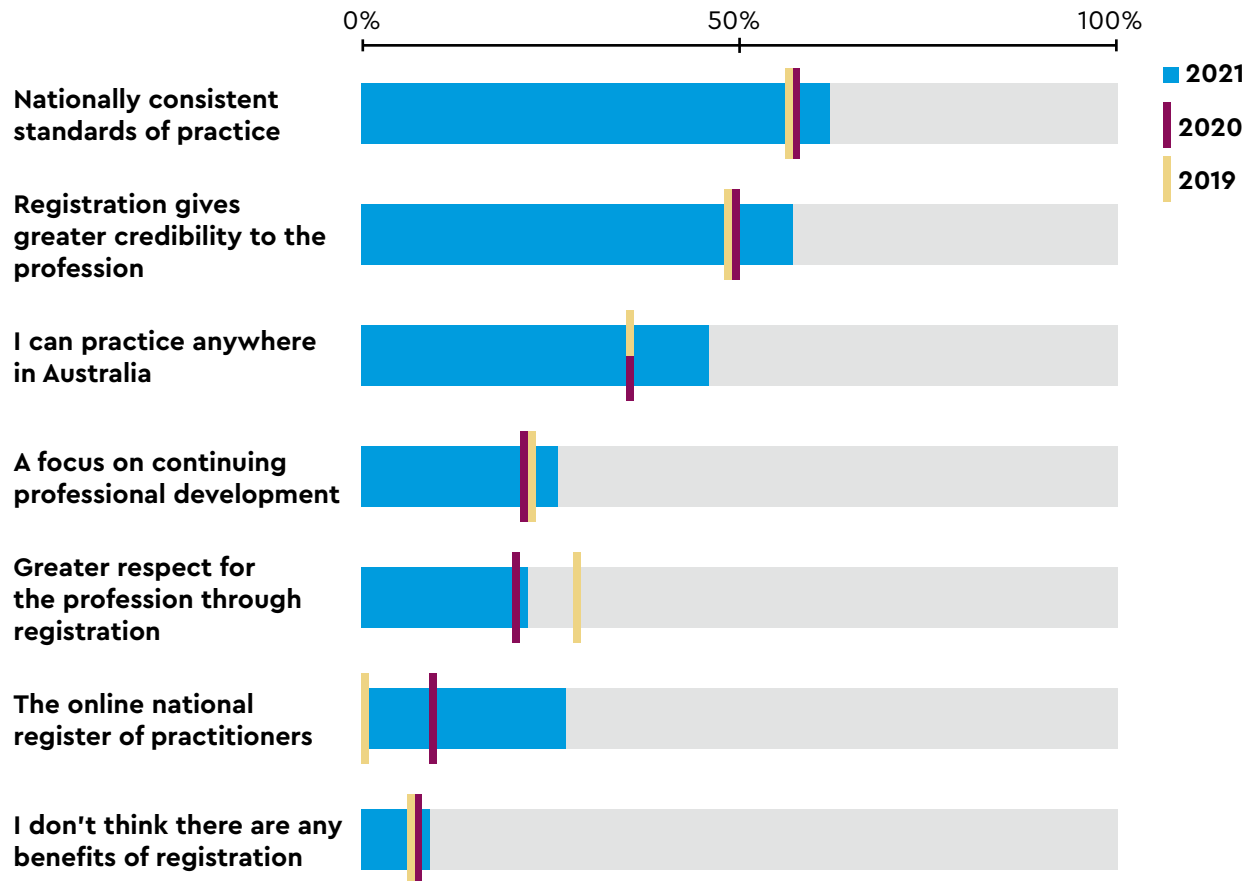
The main perceived benefits of the National Scheme identified by respondents included nationally consistent standards of practice (62%), that registration adds professional credibility (57%) and allows practitioners to work Australia-wide (46%).

These three benefits were identified significantly more frequently than other options, appeared most frequently in previous years' surveys, and have all displayed small increases in frequency of selection since 2019.

Of the top three perceived benefits, the ability to practise anywhere in Australia increased by 11% from 2020 to 2021. Lower down the list, the perceived benefit of the online national register of practitioners jumped 18%, the largest change in frequency between 2020 and 2021.

Without further analysis, we can only speculate as to the cause of these changes, however, the former may reflect a reopening of domestic travel and interstate relocation as a result of the COVID-19 pandemic.

Fig 15. Perceived benefits of the National Scheme year-on-year



Practitioner perceptions of Ahpra

Awareness of Ahpra remains very high, with 100% of respondents stating they knew of the organisation.

Fig 16. Overall awareness year-on-year

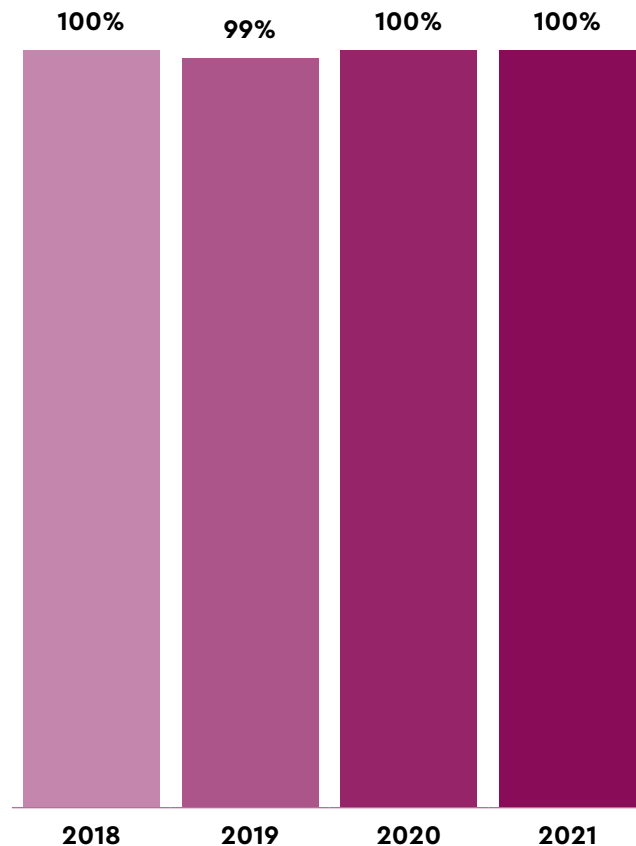
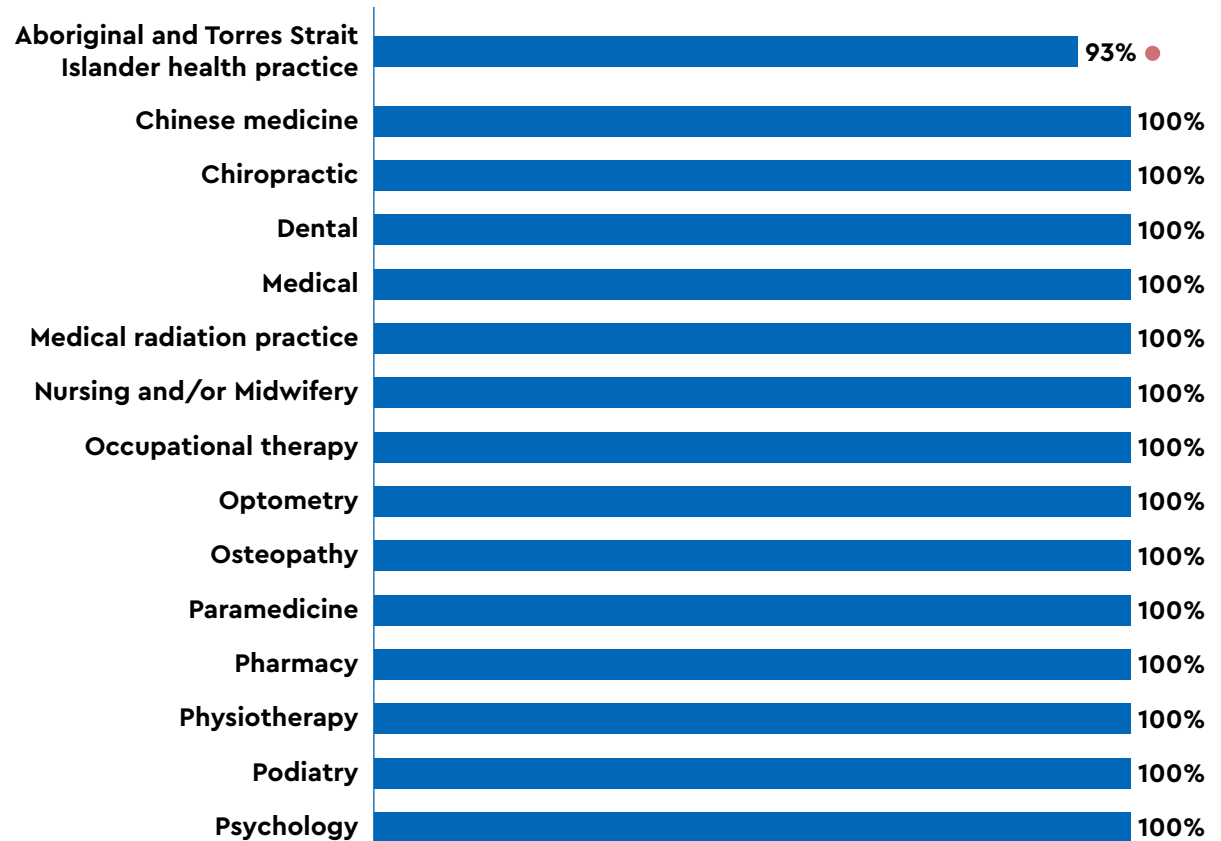


Fig 17. Practitioner awareness of Ahpra



Again, Aboriginal and Torres Strait Islander Health Practitioners report a slightly lower rate of awareness (93%) compared to other professions, however, this is higher than their reported awareness of the National Scheme (51%).

Practitioner perceptions of Ahpra

While most (77%) practitioners are interested in the role and functions of Ahpra, a negligible 1% drop in overall interest was observed in 2021.

Fig 18. Overall interest year-on-year

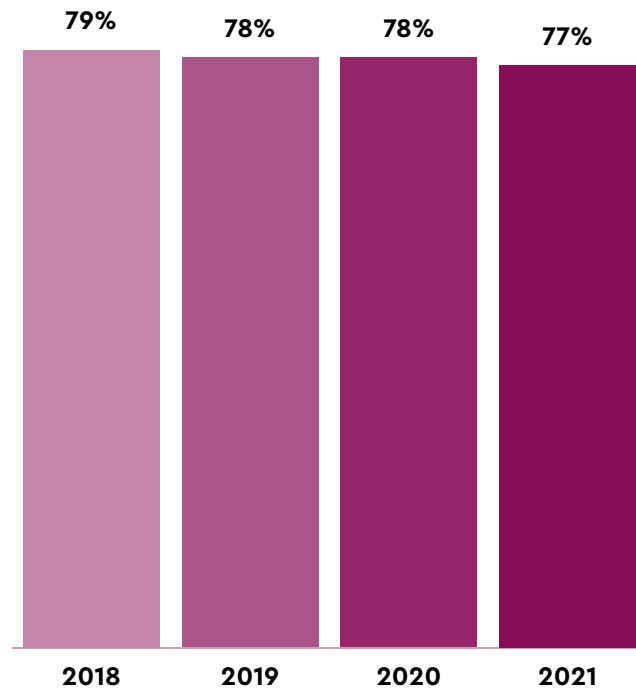
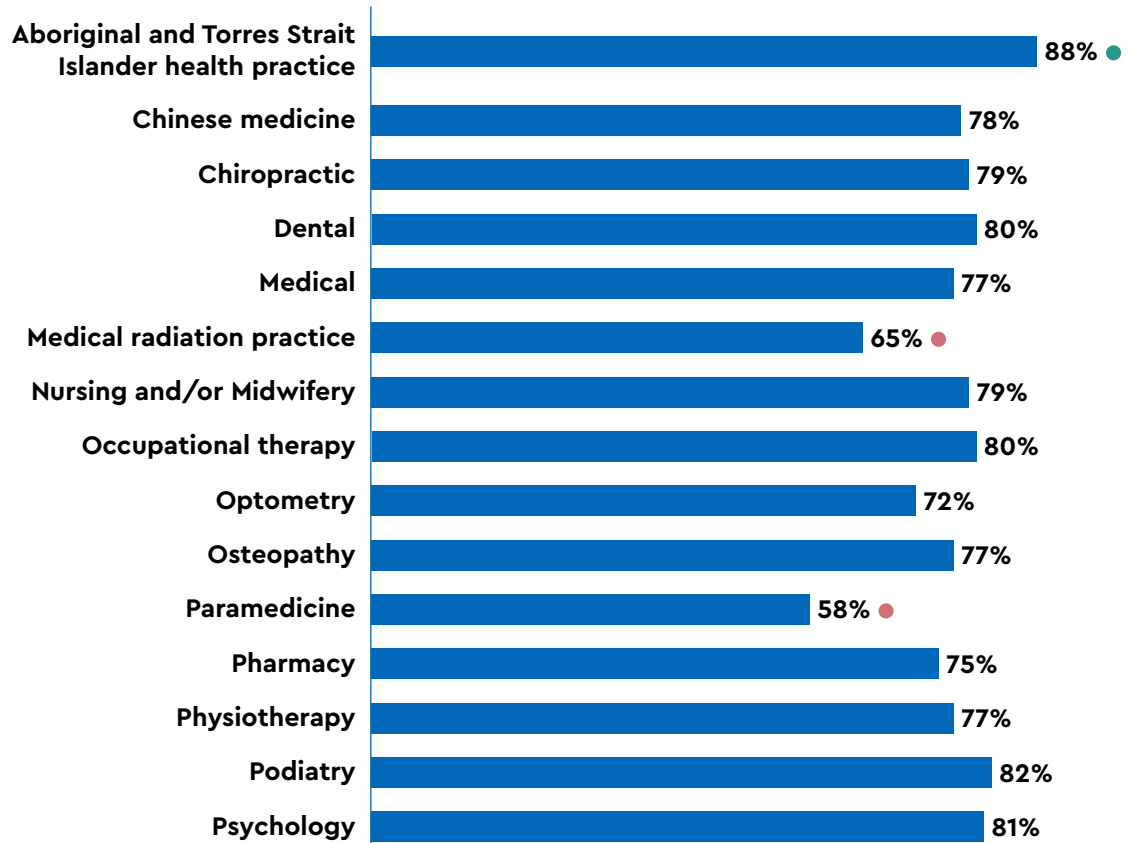


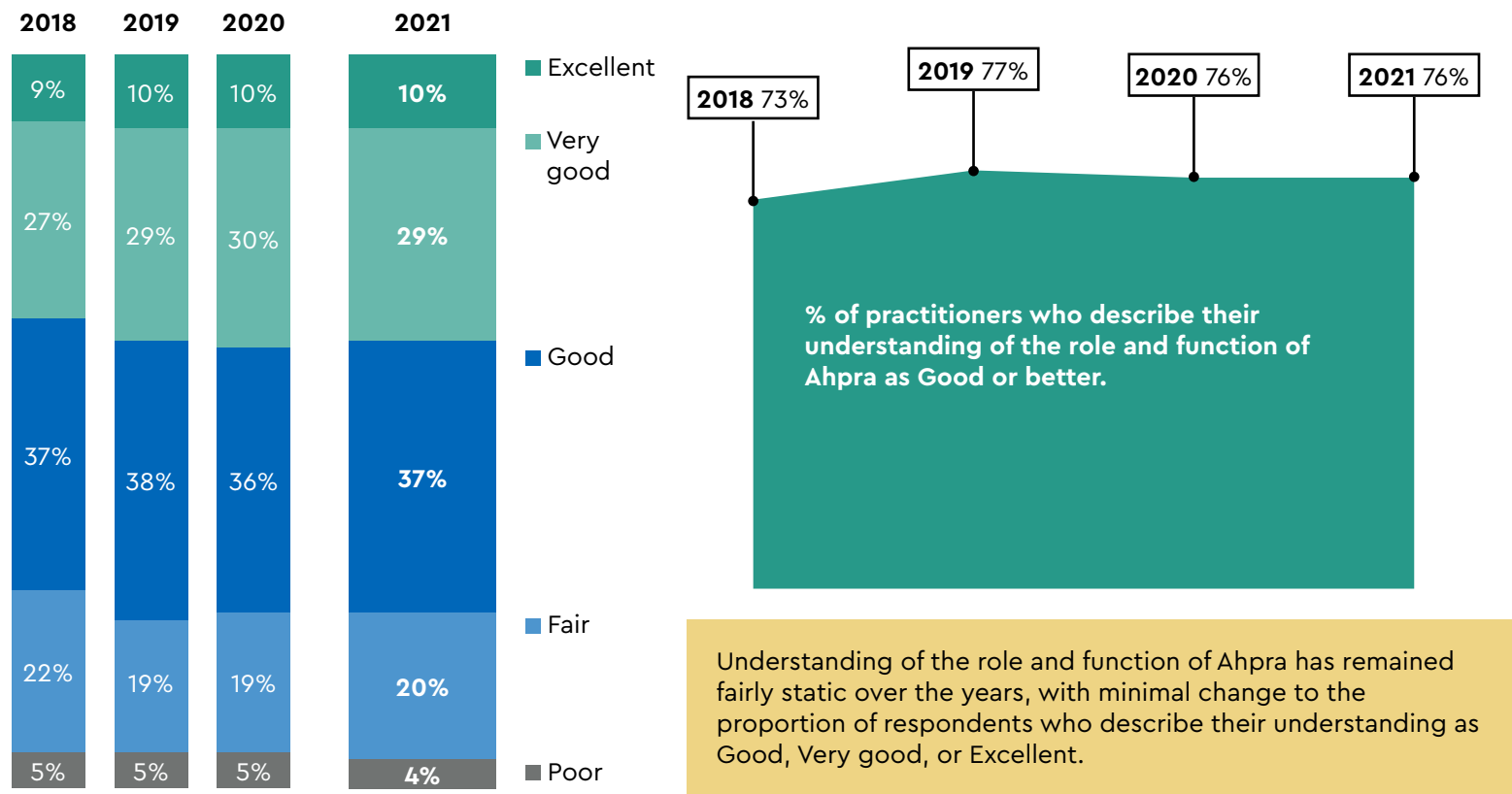
Fig 19. Practitioner interest in Ahpra



Aboriginal and Torres Strait Islander Health Practitioners reported the highest (88%) level of interest in Ahpra, while paramedics and medical radiation practitioners reported significantly lower levels of interest compared to respondents overall (58% and 65%, respectively).

Practitioner perceptions of Ahpra

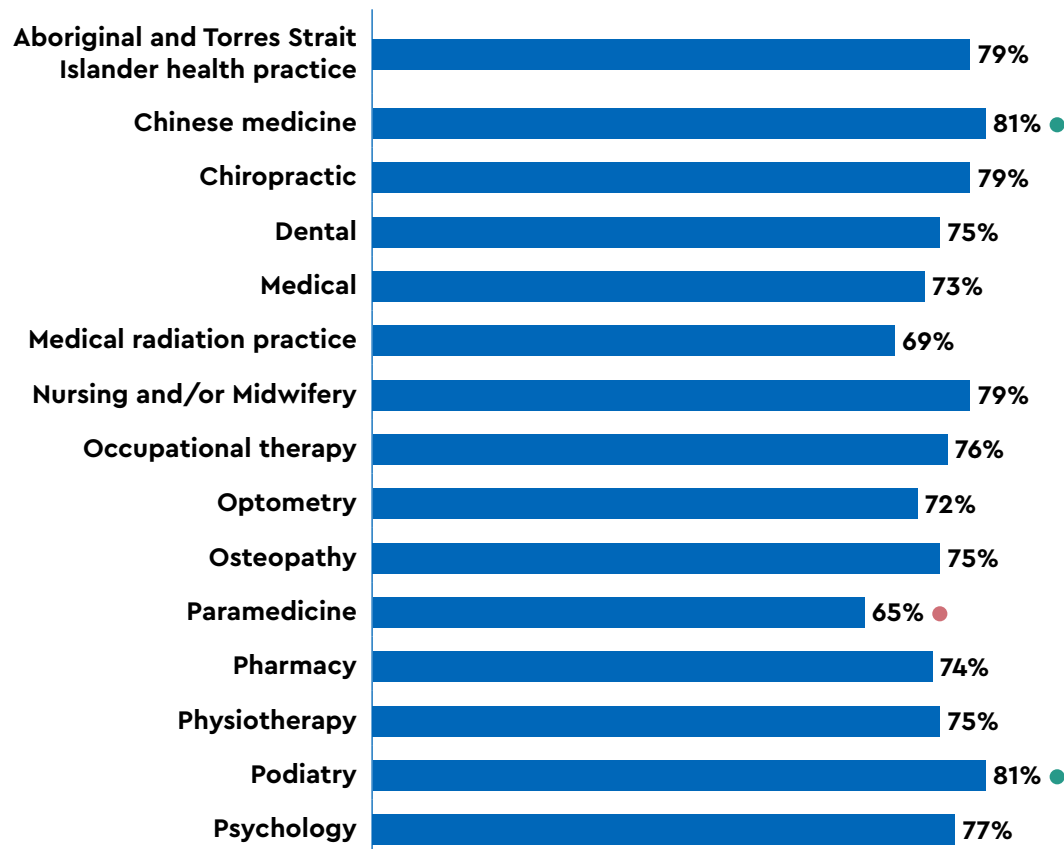
Fig 20. Overall understanding of the role and function of Ahpra year-on-year



Practitioner perceptions of Ahpra

The practitioner groups that rated their understanding of Ahpra's role and function most positively overall were podiatrists (81%) and Chinese medicine practitioners (81%).

Fig 21. Practitioner understanding of the role and functions of Ahpra



Our analysis showed that respondents within nursing and midwifery were significantly more likely to rate their understanding highly, while those significantly less likely to rate their understanding highly were paramedics and medical radiation practitioners.

Practitioner perceptions of Ahpra

This survey demonstrated a slight decline (3%) in positive perceptions of Ahpra between 2020 and 2021, corresponding with a 5% increase in negative perceptions and 1% increase in mixed views.

However, respondents were still slightly more likely to have a positive perception of Ahpra in 2021 than not, with just over half (52%) reporting a positive view compared to 22% reporting negative, 16% reporting mixed, and 10% stating they had no view.

Perception varied significantly by practitioner group: those with the lowest rate of positive perceptions of Ahpra were medical practitioners (35%), psychologists (40%), paramedics (41%) and chiropractors (44%).

Aboriginal and Torres Strait Islander Health Practitioners had the highest rate of positive perceptions (74%) followed by physiotherapists (67%) and occupational therapists and podiatrists (both 64%), all of which were statistically significant findings.

Fig 22. Overall perceptions year-on-year

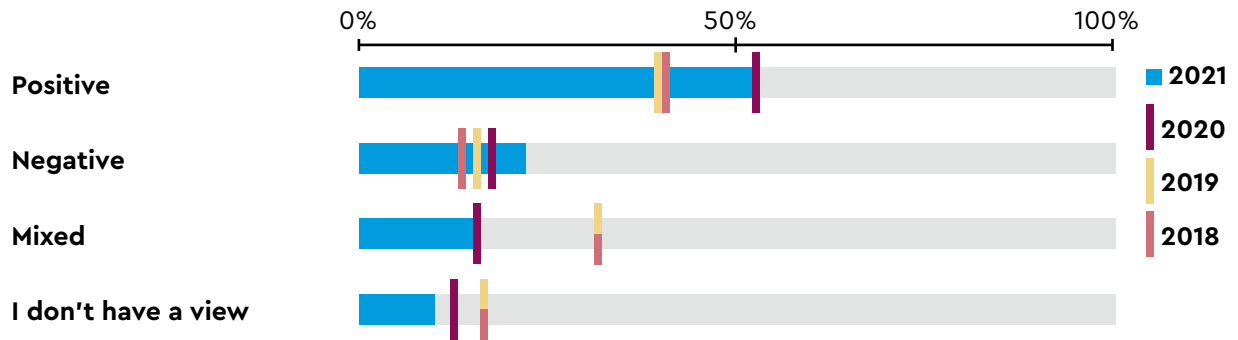
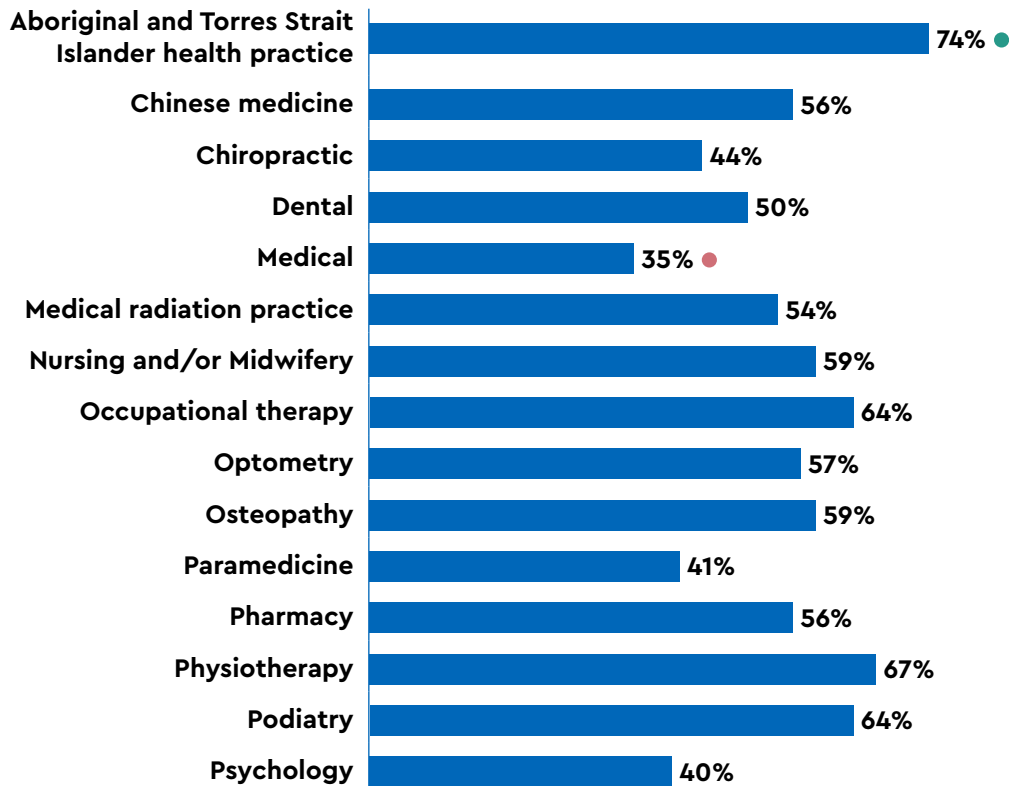
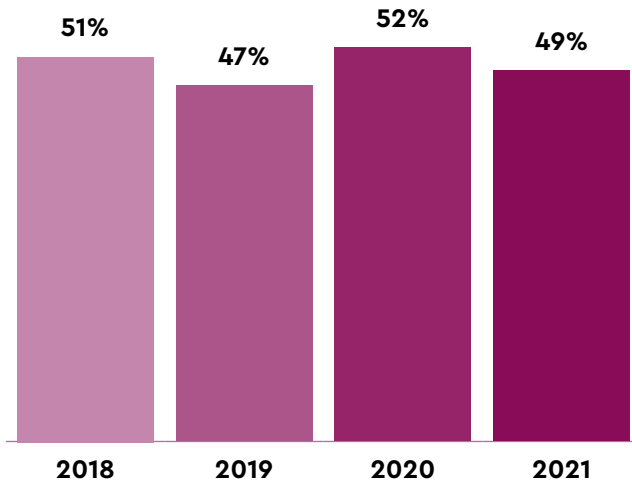


Fig 23. Practitioners with positive perception of Ahpra



Practitioner perceptions of Ahpra

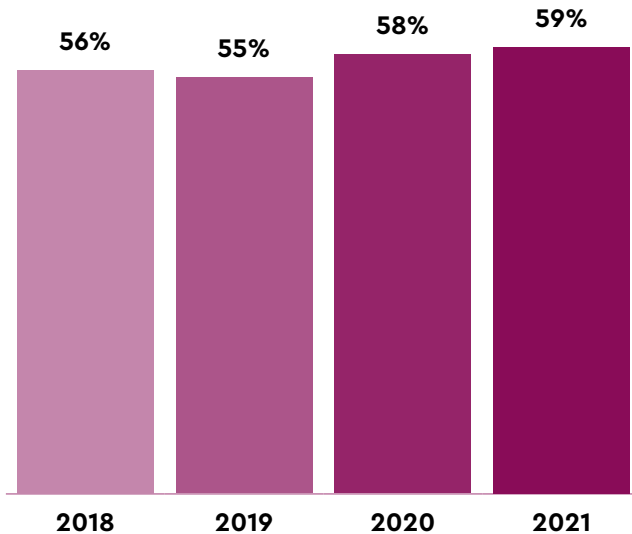
Fig 24. Confidence year-on-year



The slight decline in positive perception of Ahpra mirrored a 3% decrease in confidence from 2020 to 2021, with just under half (49%) of practitioners agreeing that they are confident Ahpra is doing all it can to keep the public safe.

However, the majority (59%) of practitioners stated that they trusted Ahpra, a 1% increase from 2020 values.

Fig 25. Trust year-on-year



Practitioner perceptions of Ahpra

Practitioner groups with significantly lower relative trust and confidence in Ahpra included:

- medical practitioners
- chiropractors
- paramedics, and
- psychologists.

Those with significantly higher trust and confidence in Ahpra included:

- occupational therapists
- physiotherapists, and
- podiatrists.

The four practitioner groups with lower trust and confidence in Ahpra expressed similarly negative sentiment in 2020. Occupational therapists were among the group of practitioners who expressed more positive sentiments in 2020, while podiatrists are a new addition.

Physiotherapists reported the highest degree of trust in Ahpra (80%) but much lower confidence (60%). Nurses and midwives displayed a similar trend, with 62% trust and 49% confidence. These groups were identified as feeling most positively about Ahpra in the 2020 survey, so the drop in confidence is particularly notable. As the survey data has not provided us with sufficient information to make inferences as to the cause of the confidence decline, further research is warranted.

Fig 26. Practitioner trust in Ahpra

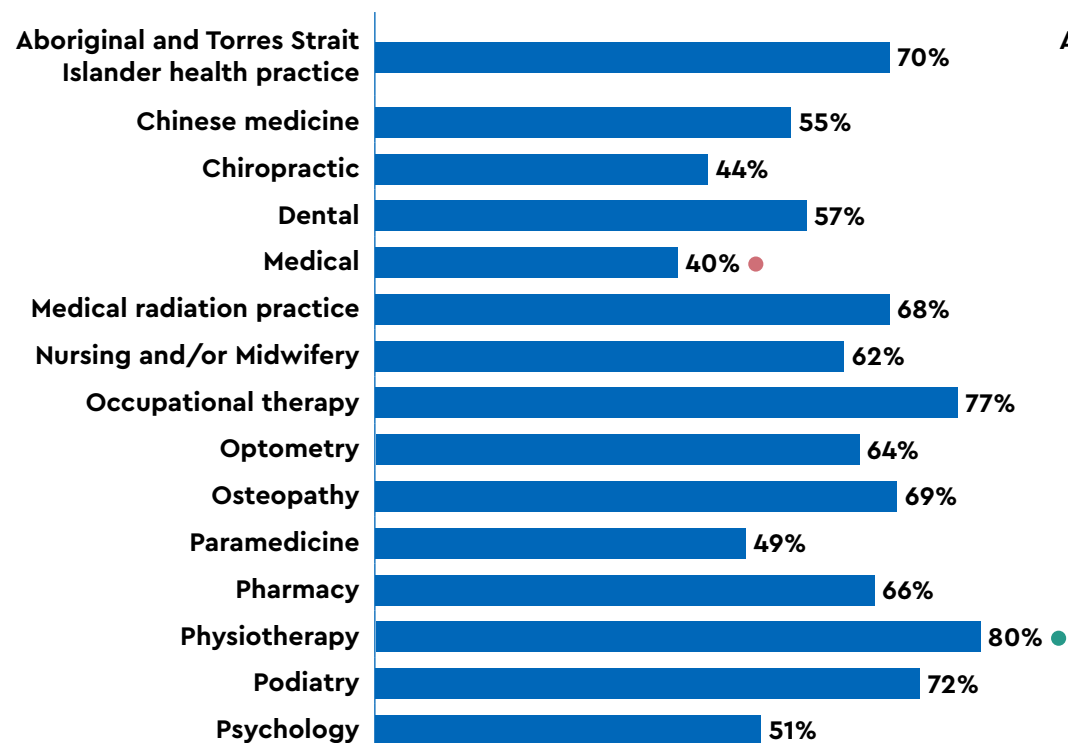
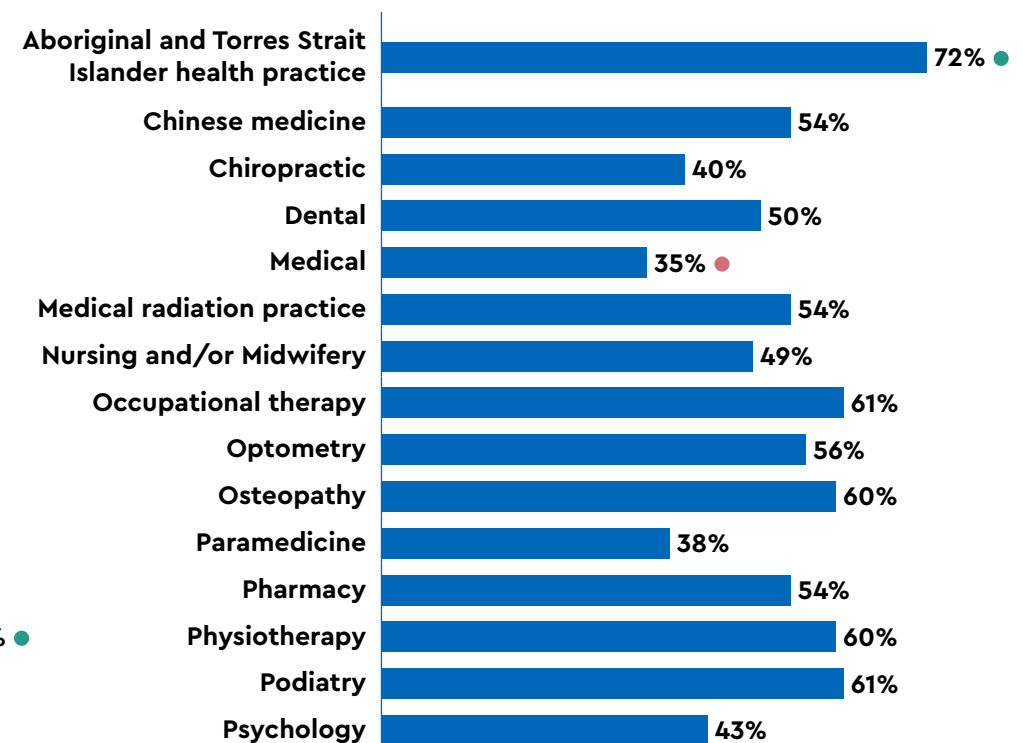


Fig 27. Practitioner confidence in Ahpra



Practitioner perceptions of the National Boards

Awareness of National Boards is very high and has shown minute increases from 2018 to the 99% awareness recorded in 2021.

Fig 28. Overall awareness year-on-year

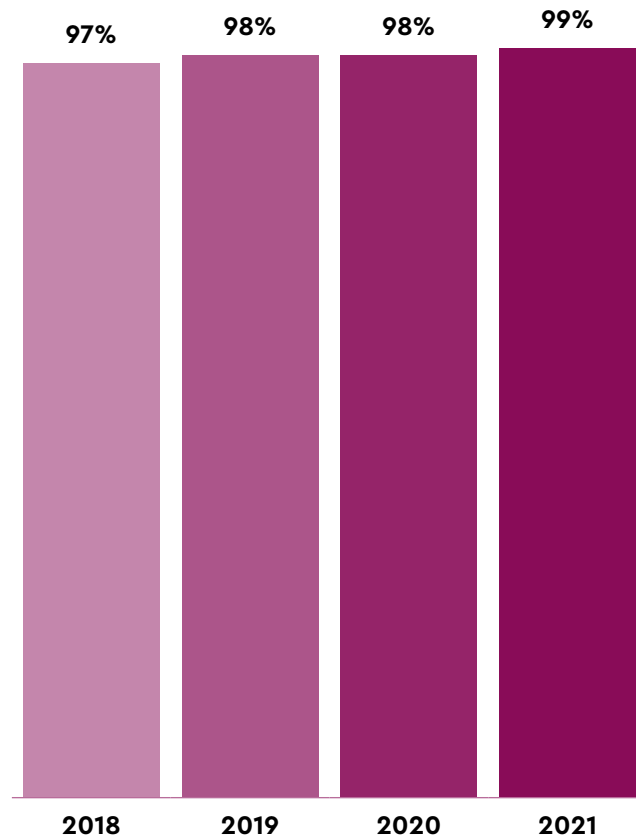
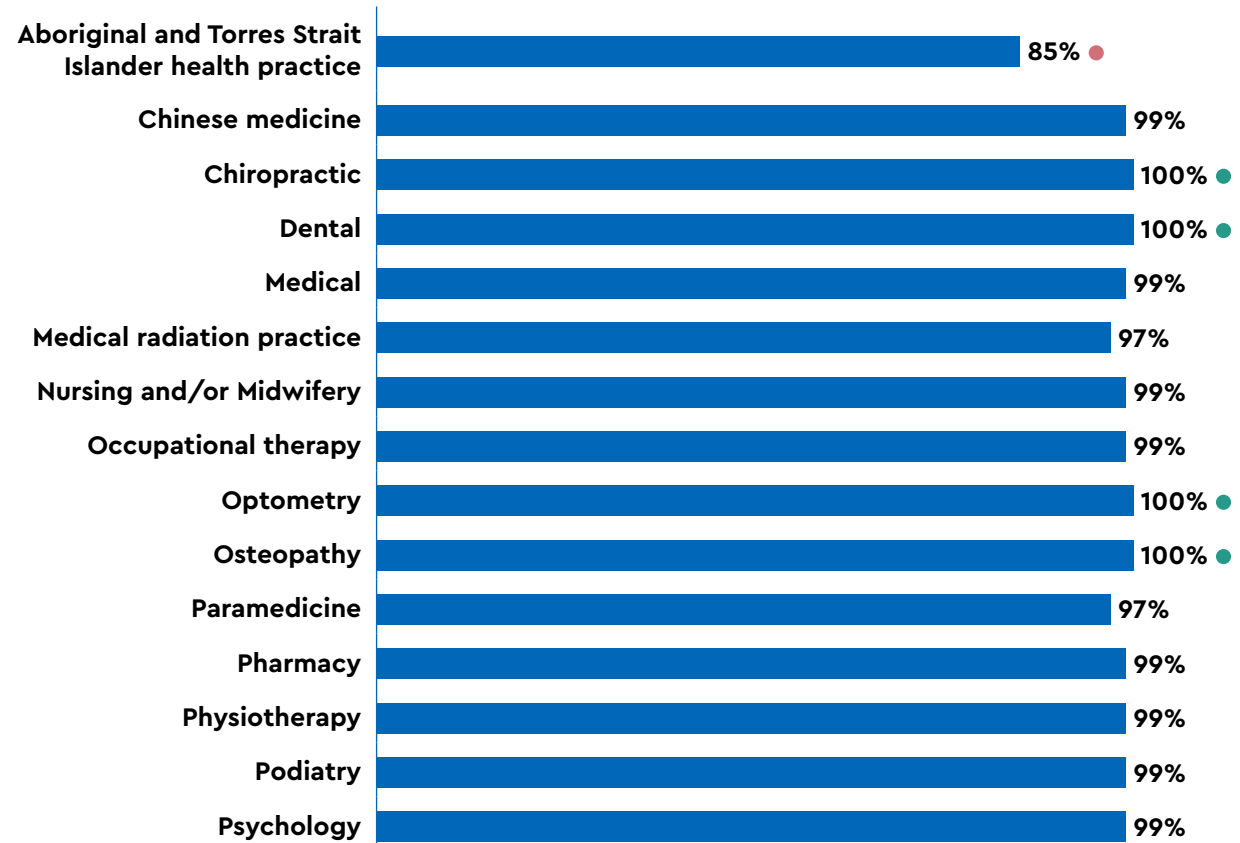


Fig 29. Practitioner awareness of their National Board



Aboriginal and Torres Strait Islander Health Practitioners reported the lowest level of awareness (85%).

Practitioner perceptions of the National Boards

Interest in National Boards has continued to decline over time, approaching levels about 10% lower in 2021 than the first survey conducted in 2018.

Fig 30. Overall interest year-on-year

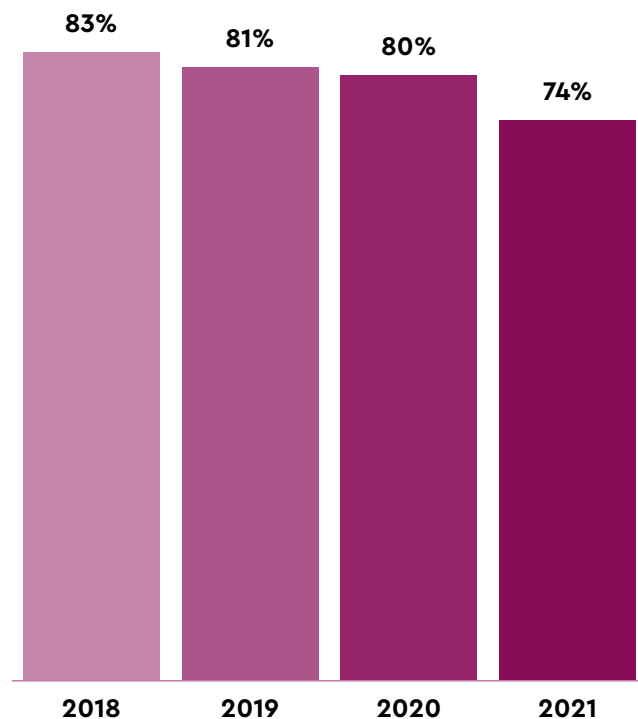
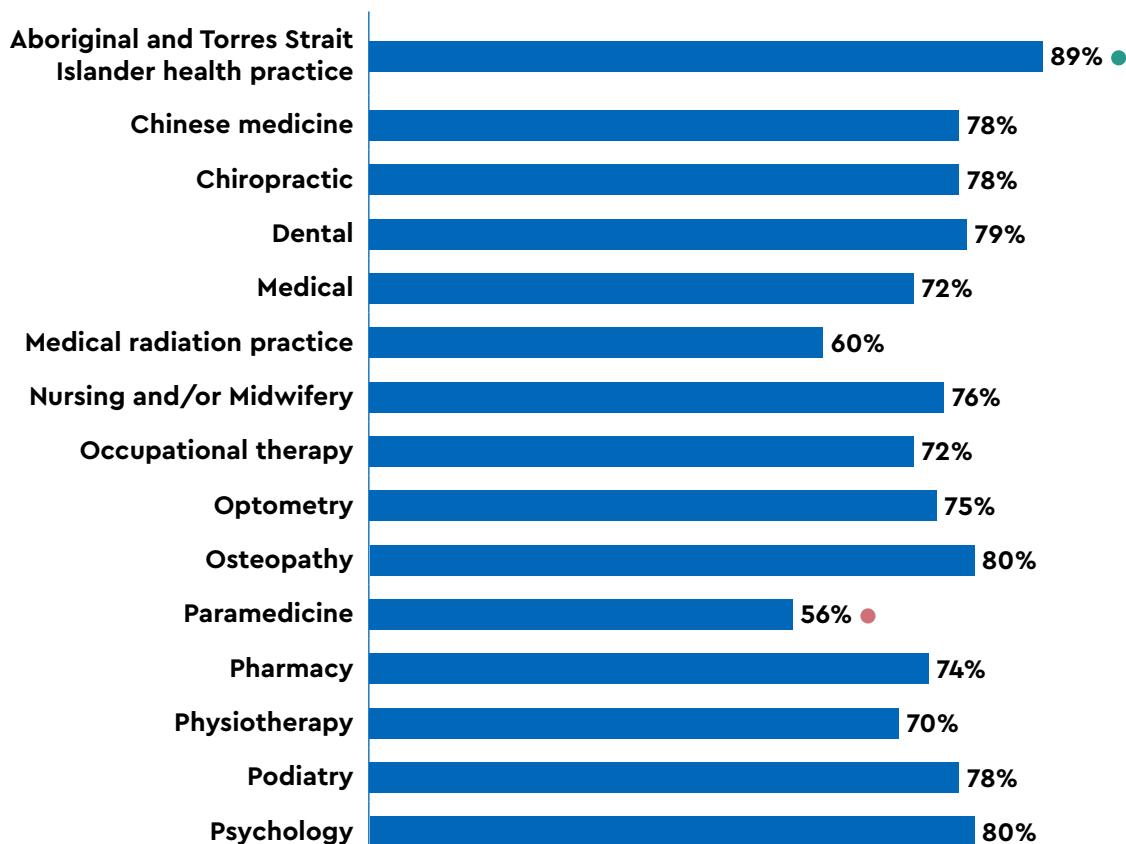


Fig 31. Practitioner interest in their National Board

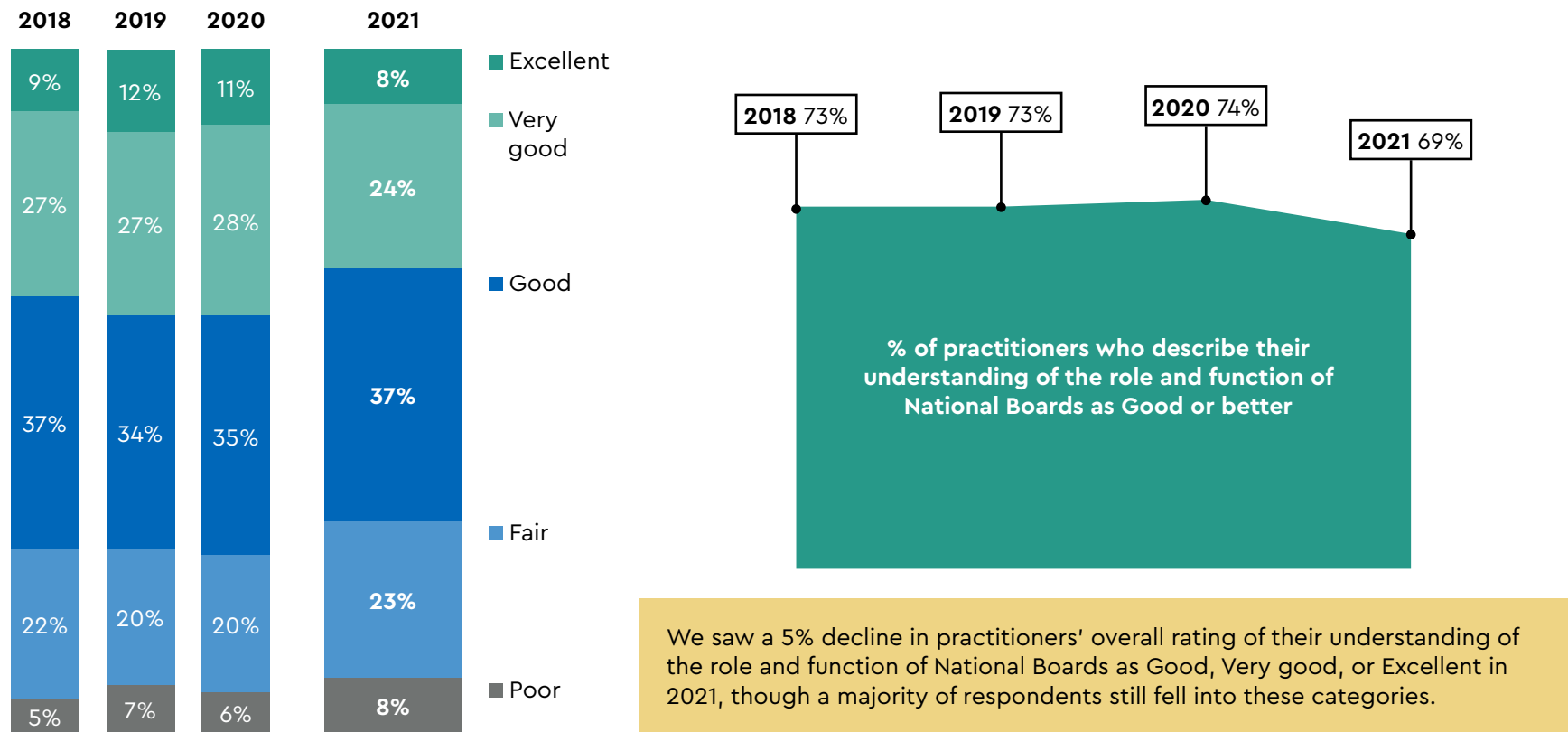


We found Aboriginal and Torres Strait Islander Health Practitioners most frequently reported high interest in their National Board (89% of respondents highly interested), but that psychologists were significantly more likely to be highly interested in their Board relative to the average.

In contrast, paramedics and medical radiation practitioners were significantly less likely to be interested in their National Board's role and functions.

Practitioner perceptions of the National Boards

Fig 32. Overall understanding of the role and function of National Boards year-on-year

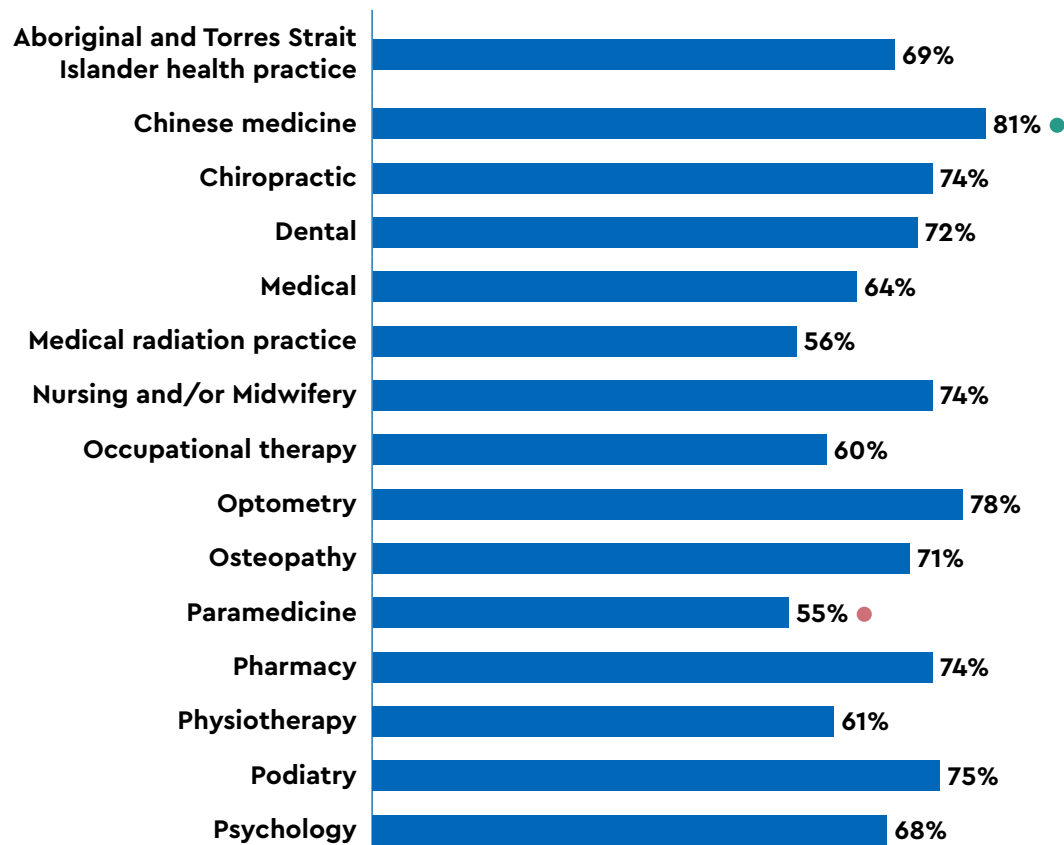


Practitioner perceptions of the National Boards

The groups that may have contributed to the overall decline in understanding included medical practitioners, medical radiation practitioners, occupational therapists, paramedics, and physiotherapists, all of whom were statistically less likely to rate their understanding highly.

Conversely, Chinese medicine practitioners, nurses and midwives, and optometrists were statistically more likely to rate their understanding highly.

Fig 33. Practitioner understanding of the role and functions of the National Boards



Practitioner perceptions of the National Boards

Just over half (54%) of respondents viewed their National Board in a positive light.

Perceptions toward the National Boards in 2021 followed a similar trend to perceptions of Ahpra: a decrease in positive perceptions (-5%), and an increase in negative (+3%) and mixed (+2%) opinions.

The Boards that were perceived more positively regulate:

- Aboriginal and Torres Strait Islander Health Practitioners
- Chinese medicine practitioners
- nurses and midwives
- occupational therapists
- optometrists
- osteopaths
- physiotherapists, and
- podiatrists.

The Aboriginal and Torres Strait Islander Health Practice Board had the highest frequency of positive perceptions (73%).

We found that the Paramedicine, Psychology, Medical and Medical Radiation Practice Boards were statistically less likely to be perceived positively, with the Paramedicine Board recording the lowest frequency of positive perception (40%).

Fig 34. Perceptions year-on-year

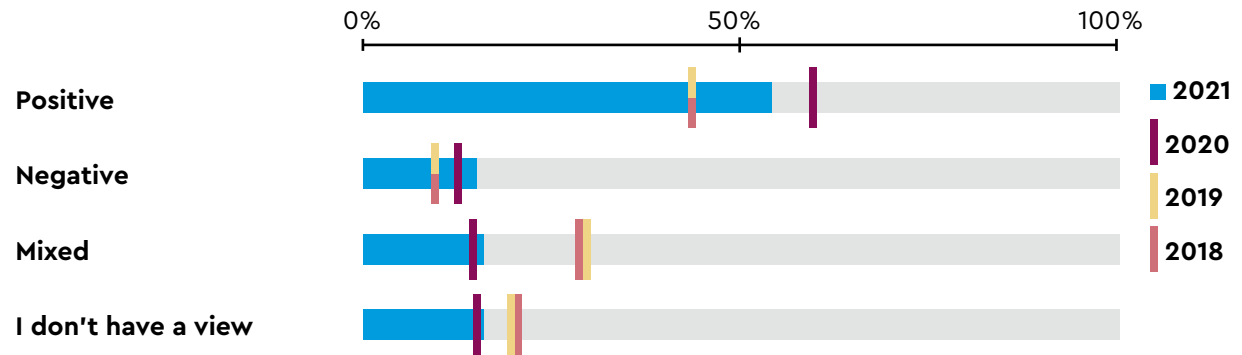
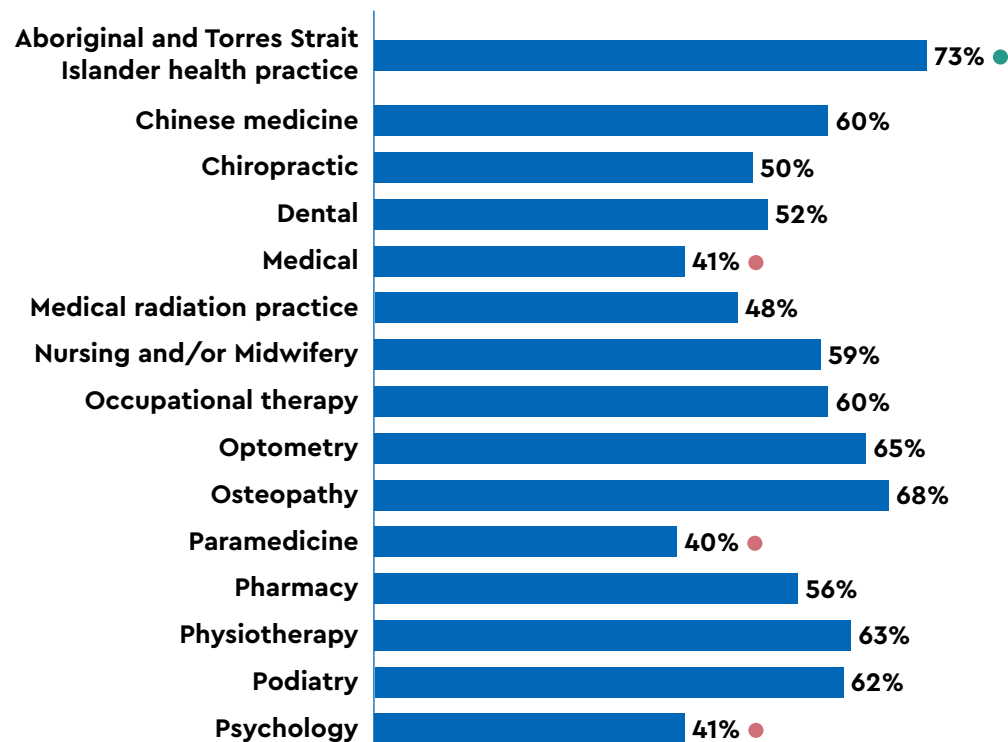
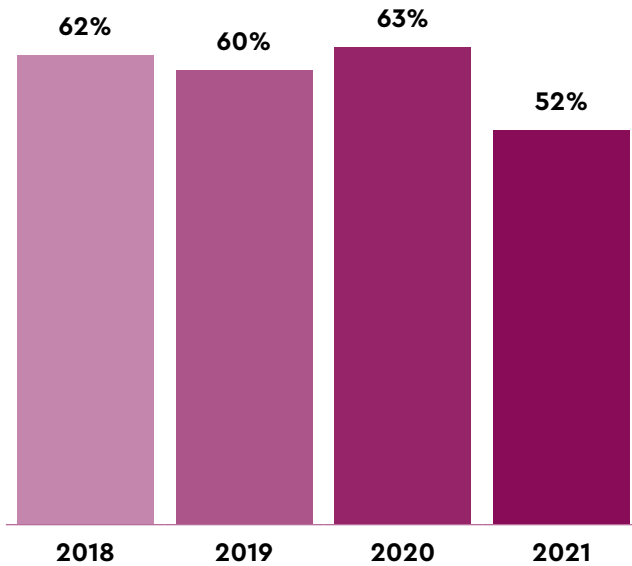


Fig 35. Practitioners with positive perception of their National Board



Practitioner perceptions of the National Boards

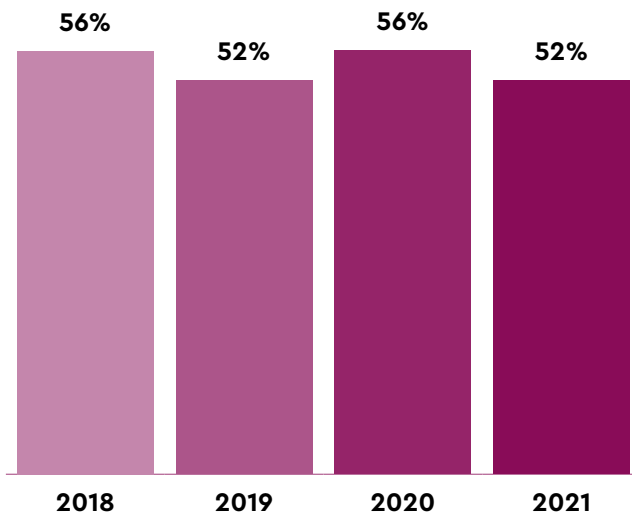
Fig 36. Trust year-on-year



Only 52% of respondents indicated that they had trust in the National Boards, an 11% decline from 2020 values and the lowest value recorded in these surveys to date.

Confidence in National Boards overall also decreased to 52%, which remains roughly in line with previous findings.

Fig 37. Confidence year-on-year



Practitioner perceptions of the National Boards

Breaking down these perceptions by National Board, we found that considerably less than half of paramedics (34%), medical practitioners (38%), psychologists (41%) and chiropractors (44%) indicated they trusted their respective National Boards.

These same practitioner groups had the lowest rates of confidence that their Boards are doing everything they can to keep the public safe. Our analysis confirmed that paramedics, medical practitioners, and psychologists were statistically less likely to report trust and confidence in their National Board.

In contrast, osteopaths recorded the highest level of trust in their National Board (70%), and Aboriginal and Torres Strait Islander Health Practitioners displayed the highest level of confidence (78%) in theirs. We found that several practitioner groups were statistically more likely to report trust and confidence in their National Board, namely:

- occupational therapists
- optometrists
- osteopaths
- physiotherapists, and
- podiatrists.

Fig 38. Practitioner trust in National Boards

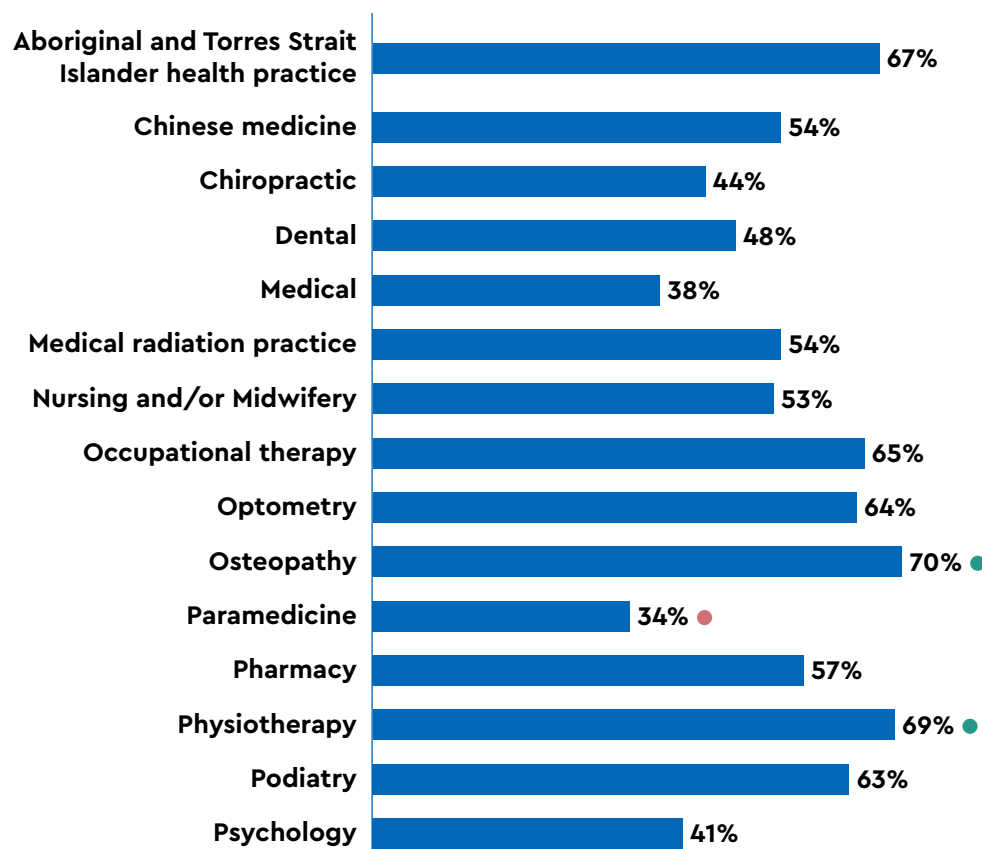
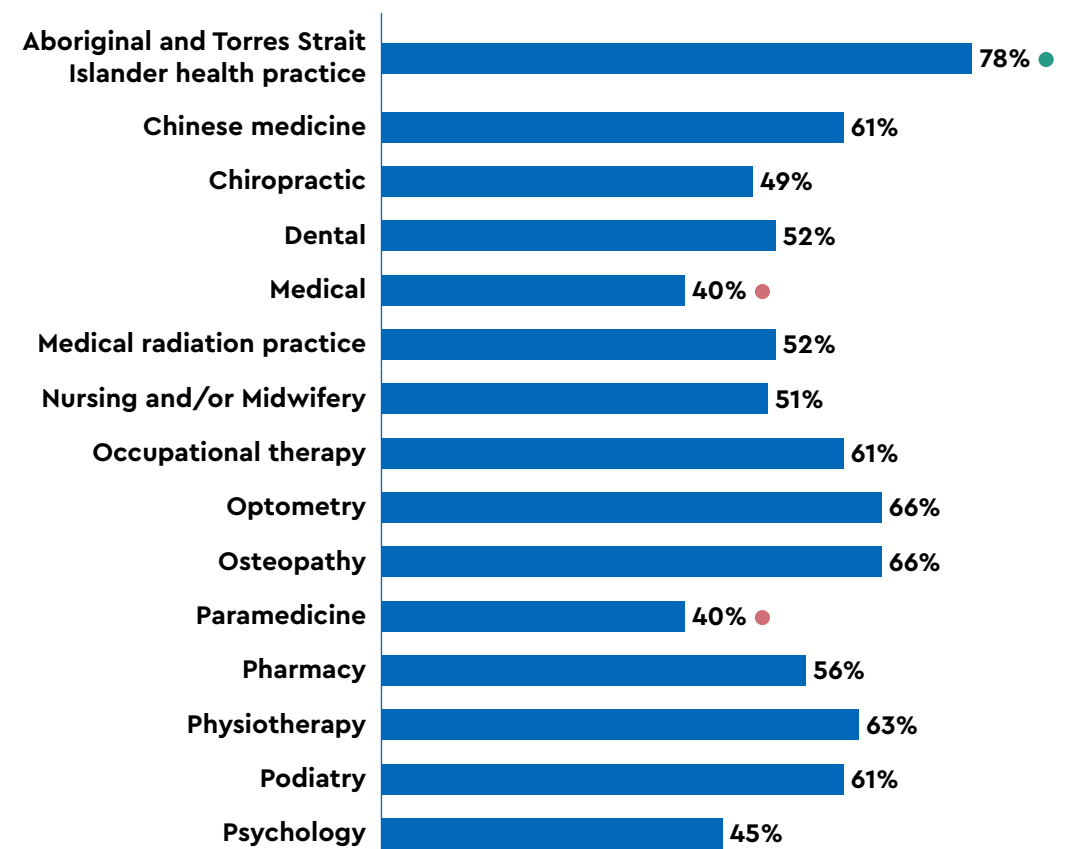


Fig 39. Practitioner confidence in National Boards



Practitioner perspective of support received

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, 35% of respondents rated the support received favourably (Good or Excellent), 29% rated the support received as Fair, and 24% rated the support received negatively (Poor or Very poor). The remaining 12% selected 'I don't know'.

These values are very similar to data collected in 2020, though minimal changes were visible in the form of a small increase of respondents rating the support received as Very poor (+3%), and small decrease in respondents rating the support received as Fair or Poor (-2% respectively).

Although it appears that the higher rating categories have remained stable between years, as these results are from a new group of respondents, we are unable to infer conclusively whether, for example, the 2% of those who may have previously rated the support received as Fair have now reduced their rating, or perhaps more importantly, why they reduced their rating if so.

The practitioner groups who were statistically less likely to rate the support received positively were paramedics, medical practitioners, and psychologists. With less than a quarter of respondents in each of these groups rating the support received positively, this may contribute to explaining why these practitioner groups also demonstrate more negative sentiments in response to other questions. Again, Aboriginal and Torres Strait Islander Health Practitioners were the group that more frequently rated the support received positively, substantially above the bulk of respondents, and nurses and midwives, osteopaths, physiotherapists and podiatrists were also statistically more likely to rate the support positively.

Fig 40. Practitioners' assessment of support to maintain their professional practice

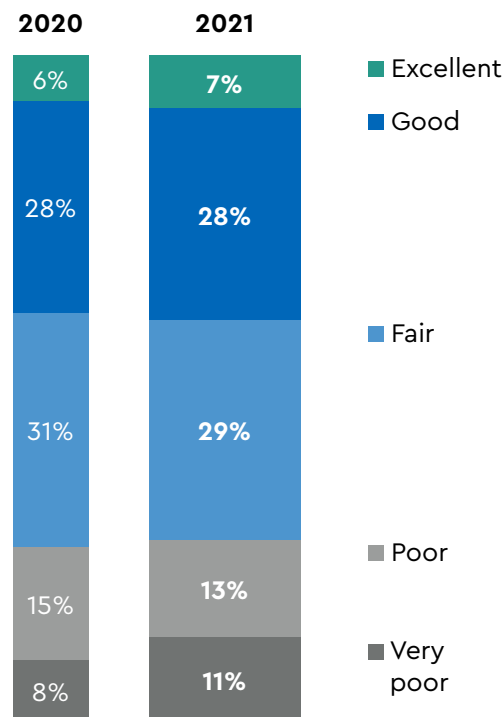
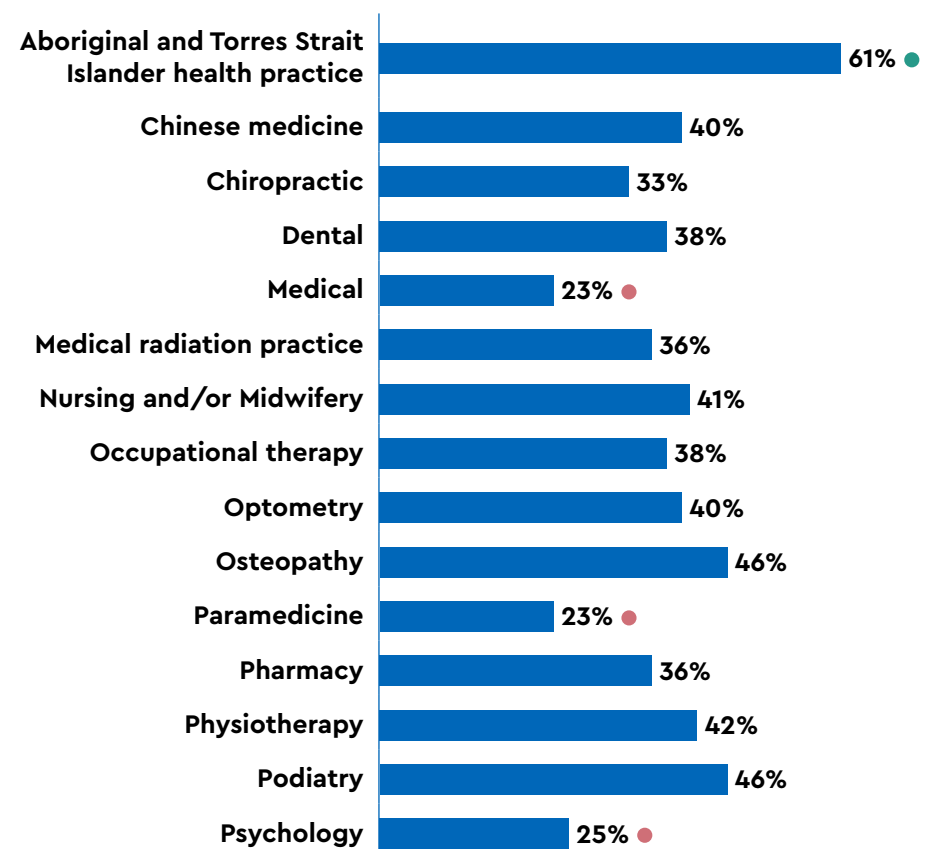


Fig 41. Practitioner awareness of support



Word associations

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

As in previous years, 2021 results showed that most practitioners associated Ahpra with terms like 'regulators', 'administrators' and 'bureaucratic'. The terms least commonly associated with Ahpra were 'fair', 'secretive', and 'competent', a mixed trio. 'Fair' has consistently been the least frequently associated term since 2018.

Given we cannot infer what respondents associate with these words, and do not yet understand the context of their opinions, this kind of data provides limited use at this point. Understanding the context of stakeholders' opinions is one of the areas we hope to explore in greater depth in future.

Practitioners associated their National Boards with terms like 'regulators' (44%), 'administrators' (31%), 'bureaucratic' (27%) and 'necessary' (27%). These mirrored the word association results observed for Ahpra, and similarly, the least associated terms – 'poor communicators' (9%), 'supportive' (9%), and 'controlling' (10%) were neither wholly negative nor wholly positive in sentiment.

One visible change in association over time is the movement of 'for practitioners' from the second most associated term in 2018 to its current fifth place. This movement could correspond with the visible drop in trust in National Boards.

Fig 42. Word associations with Ahpra

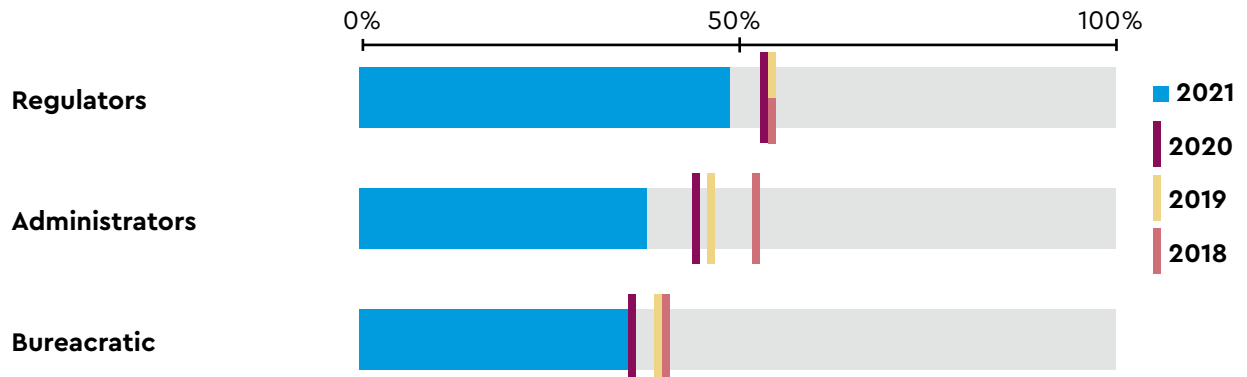
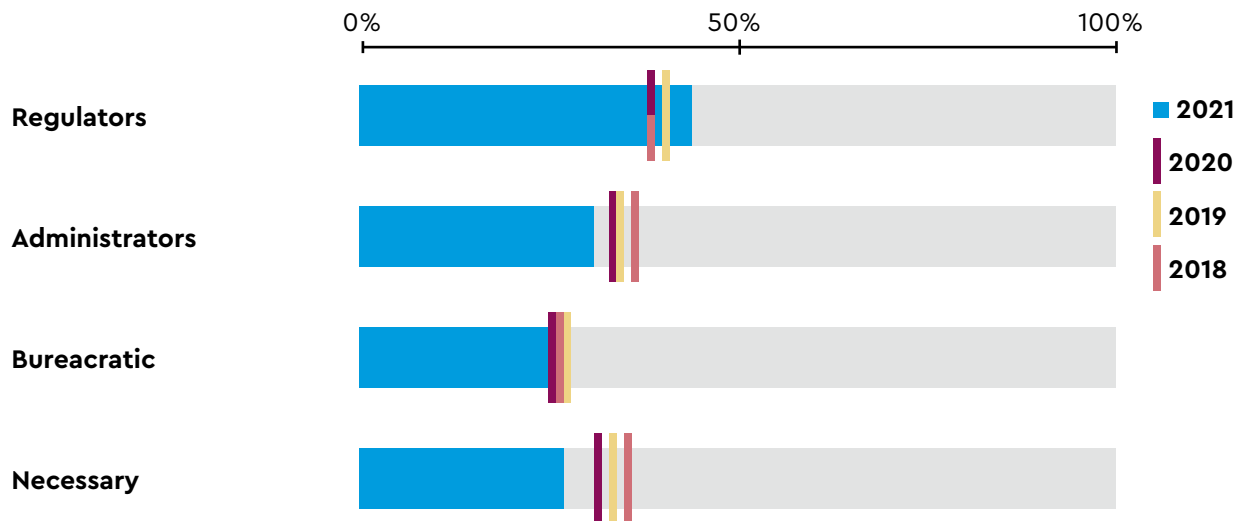


Fig 43. Word associations with National Boards

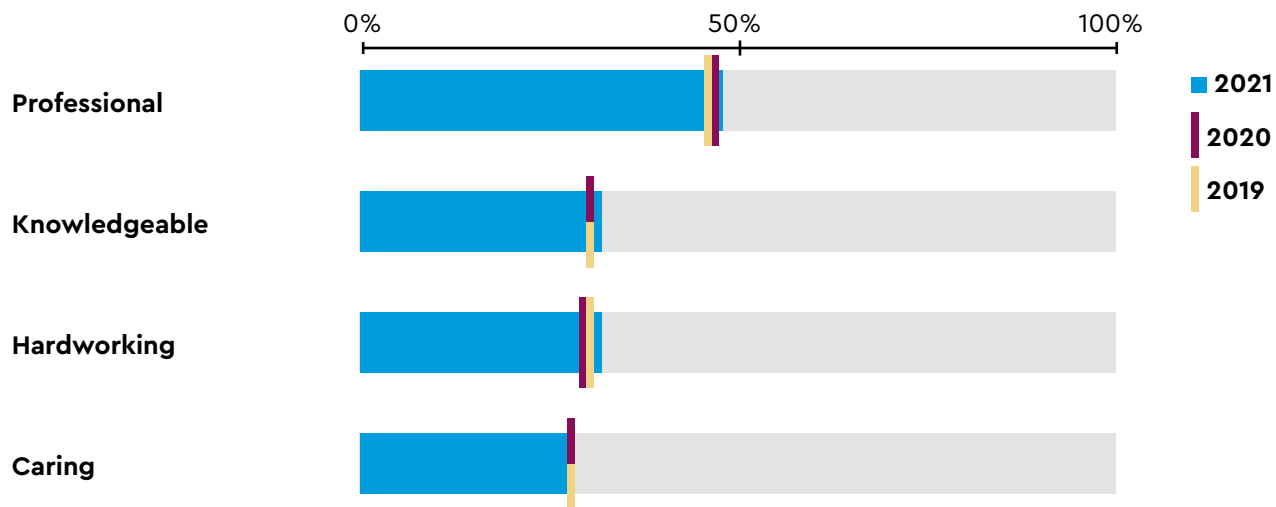


Word associations

When asked which traits they associated with their profession, the majority of respondents chose 'professional' (48%), 'knowledgeable' (32%), and 'hardworking' (32%), the same three terms that were most frequently selected in 2020 and 2019.

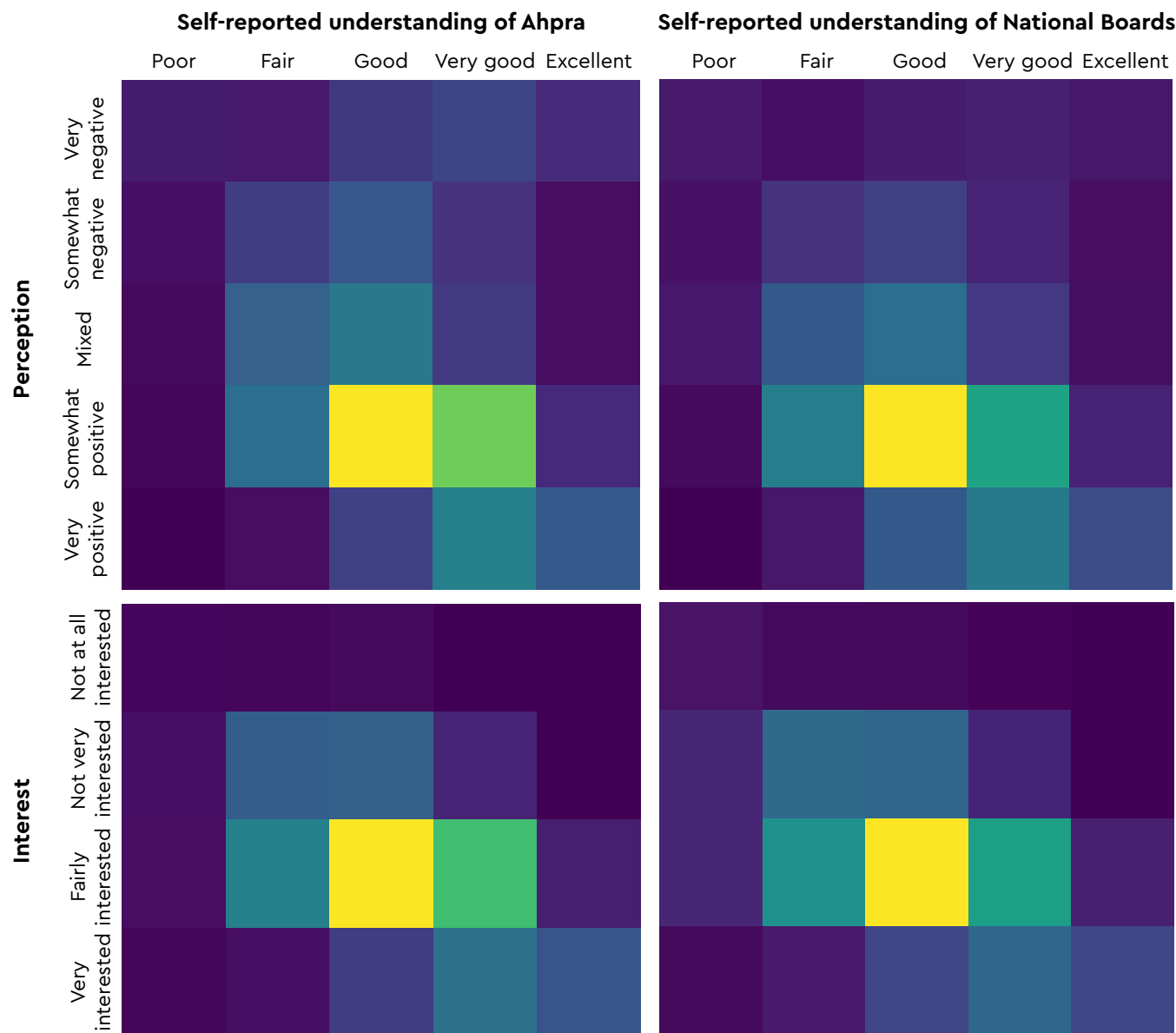
Terms like 'caring' (28%), 'trusted' (26%), and 'compassionate' (25%) also appear frequently and have stayed stable in their positions over the years.

Fig 44. Word associations with practitioners



Link between understanding and sentiment

Fig 45. Understanding of Ahpra and National Boards and sentiment

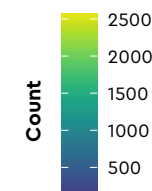


We found a statistically significant relationship between practitioners' self-rated understanding and their sentiments toward Ahpra and the National Boards. This factor impacted multiple elements of perception for each body: practitioners who rated their understanding of Ahpra and the Boards highly were 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.



Influence of age and gender on awareness and understanding

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.

Engagement and communication

Practitioner perspectives of engagement

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

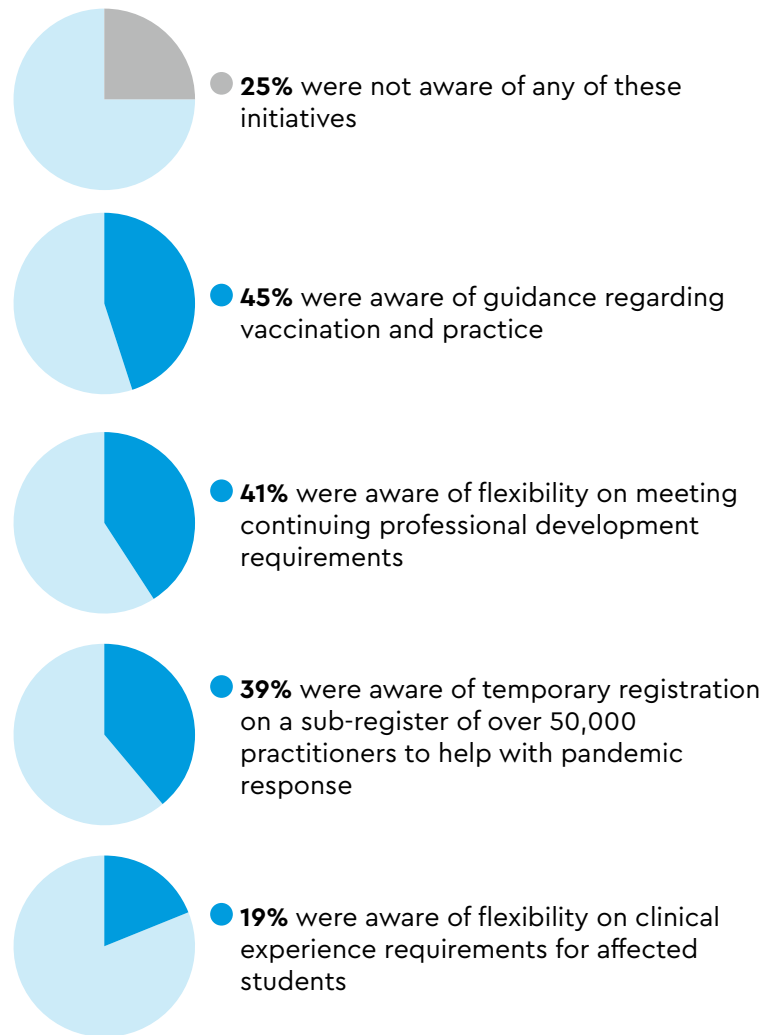
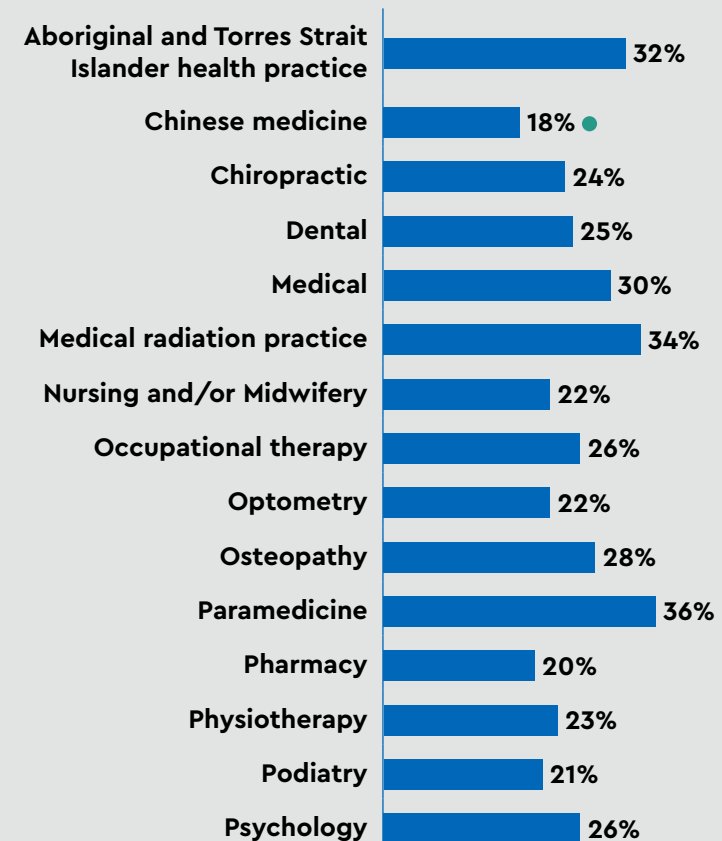
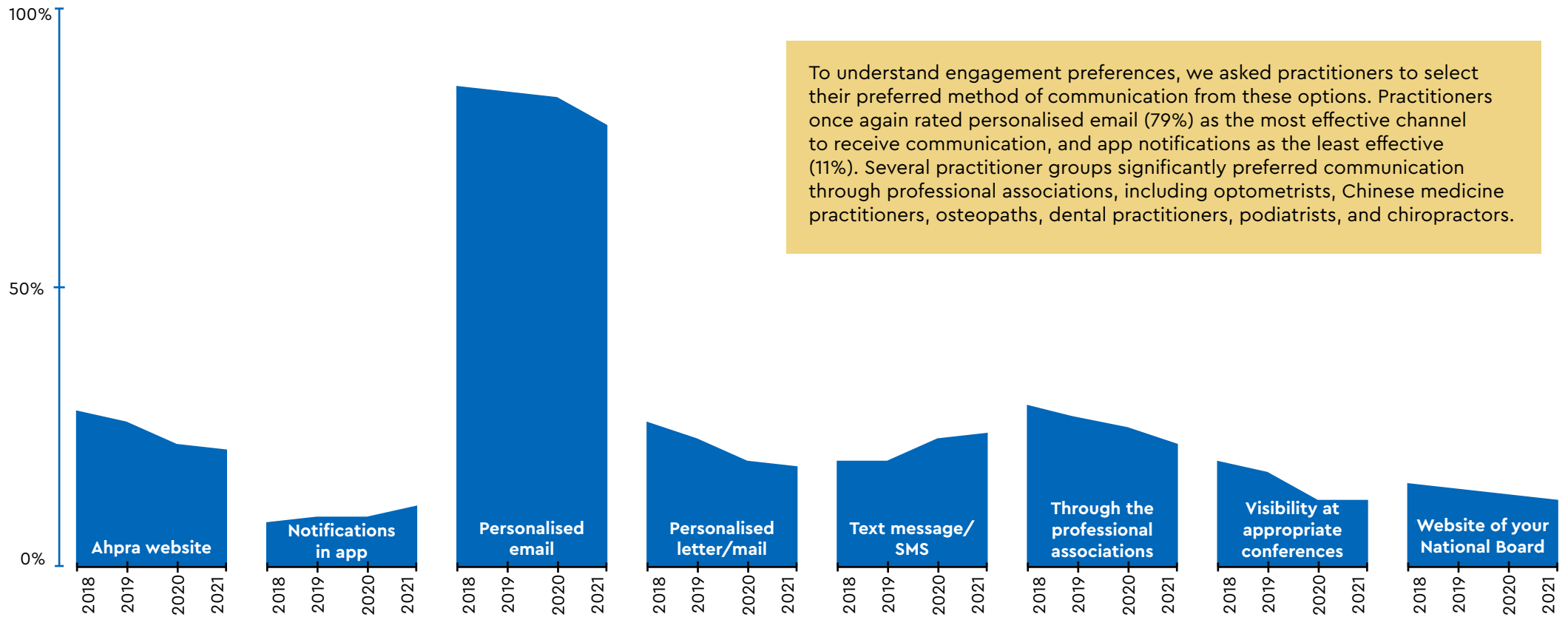


Fig 47. Proportion of practitioners reporting no awareness of new initiatives



Practitioner perspectives of engagement

Fig 48. 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.

Practitioners' use of Ahpra website

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 49. Frequency visiting the Ahpra website

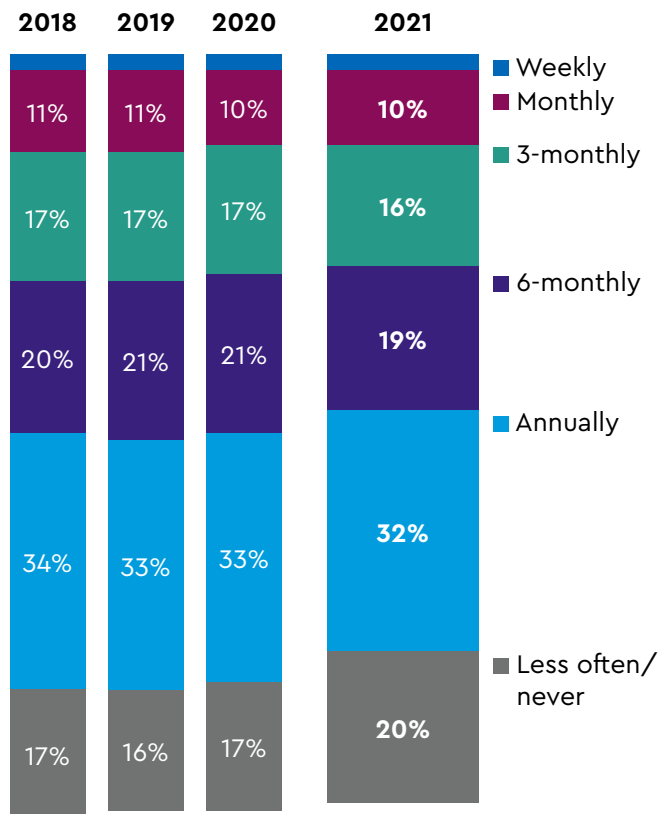


Fig 50. Main reasons for visiting the Ahpra website

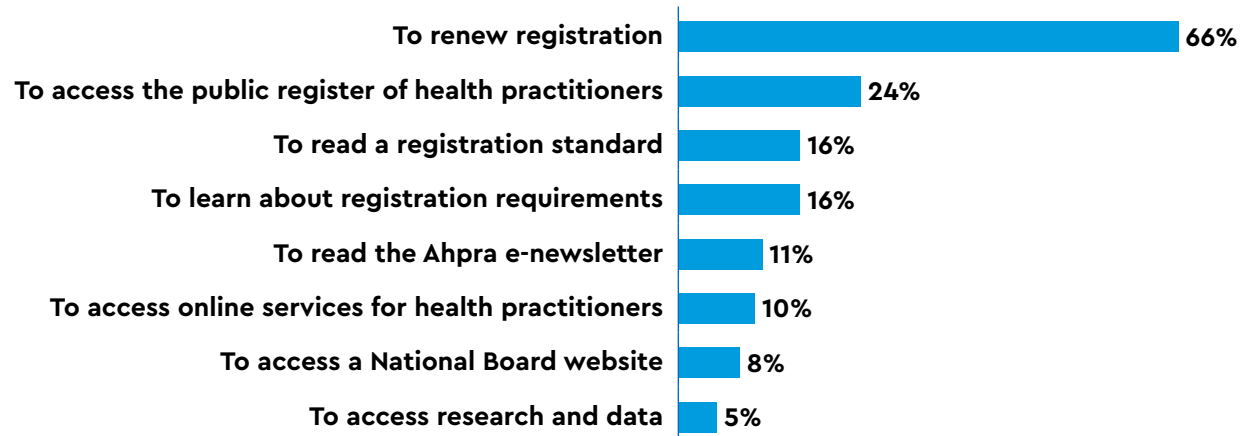


Fig 51. Finding information on the Ahpra website

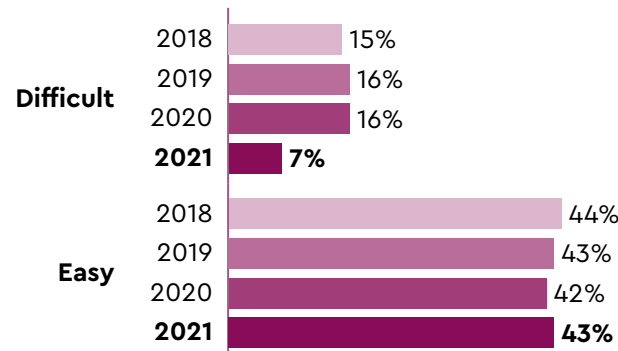
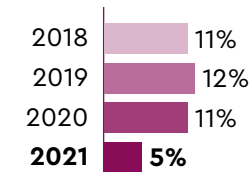


Fig 52. Practitioners who could not find specific information on the Ahpra website



Practitioners' use of National Board websites

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 53. Frequency visiting a National Board website

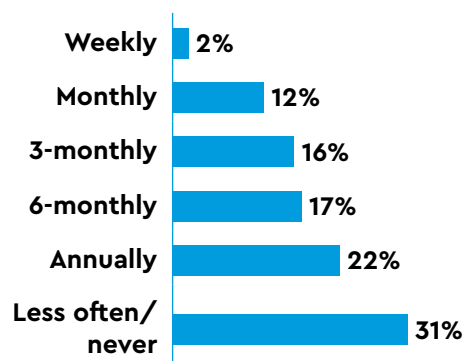


Fig 54. Finding the information on a National Board website

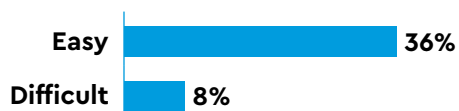
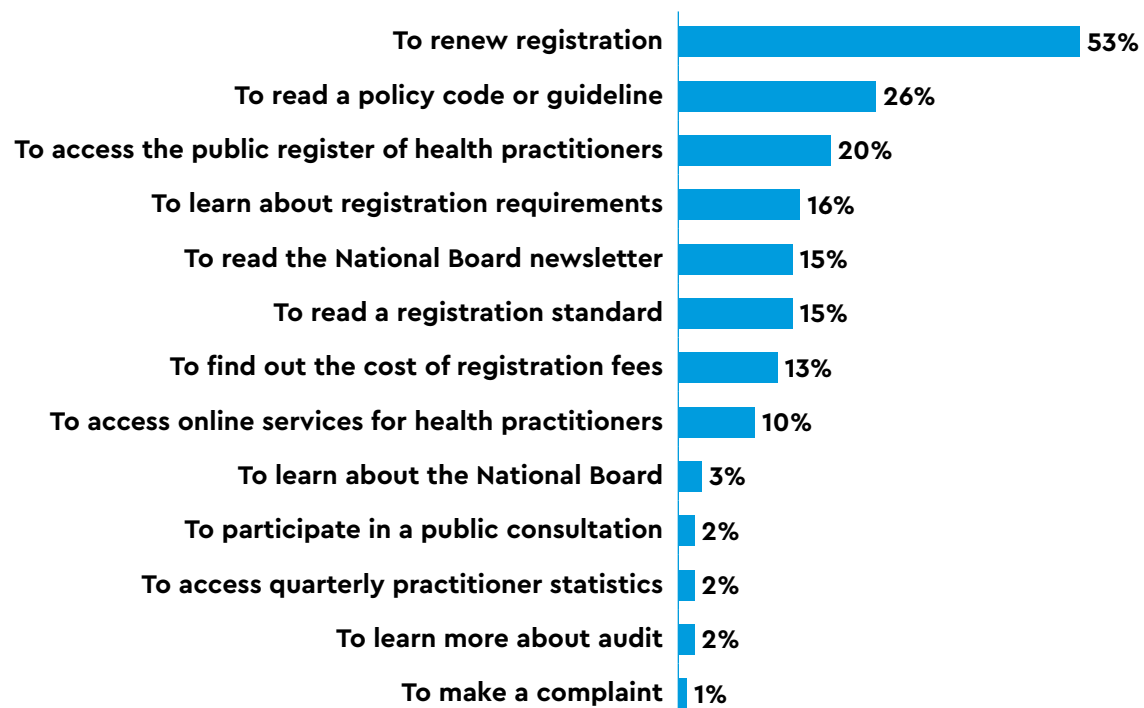


Fig 55. Main reasons for visiting a National Board website



Practitioner perceptions of communication

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 56. Preferred frequency of communication from Ahpra

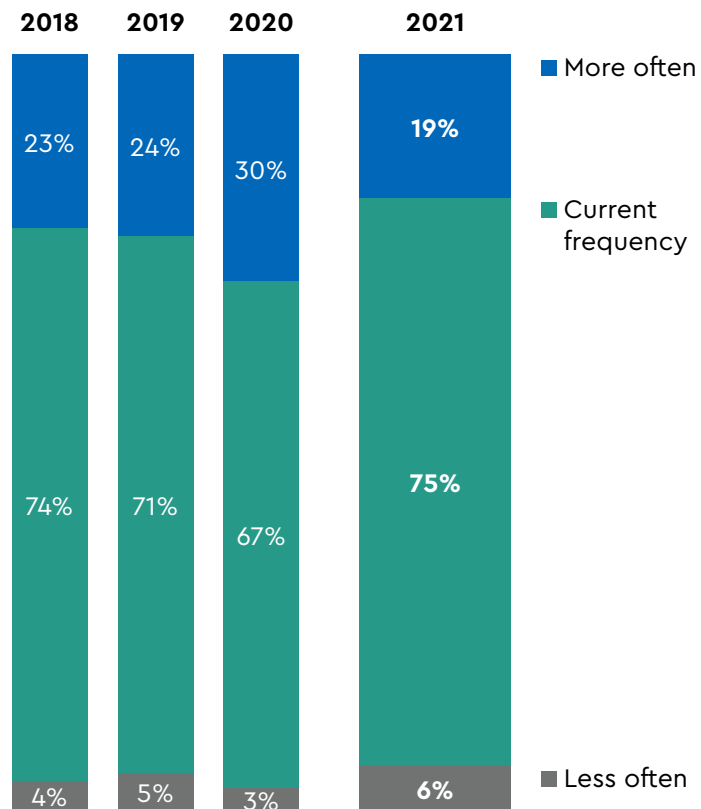
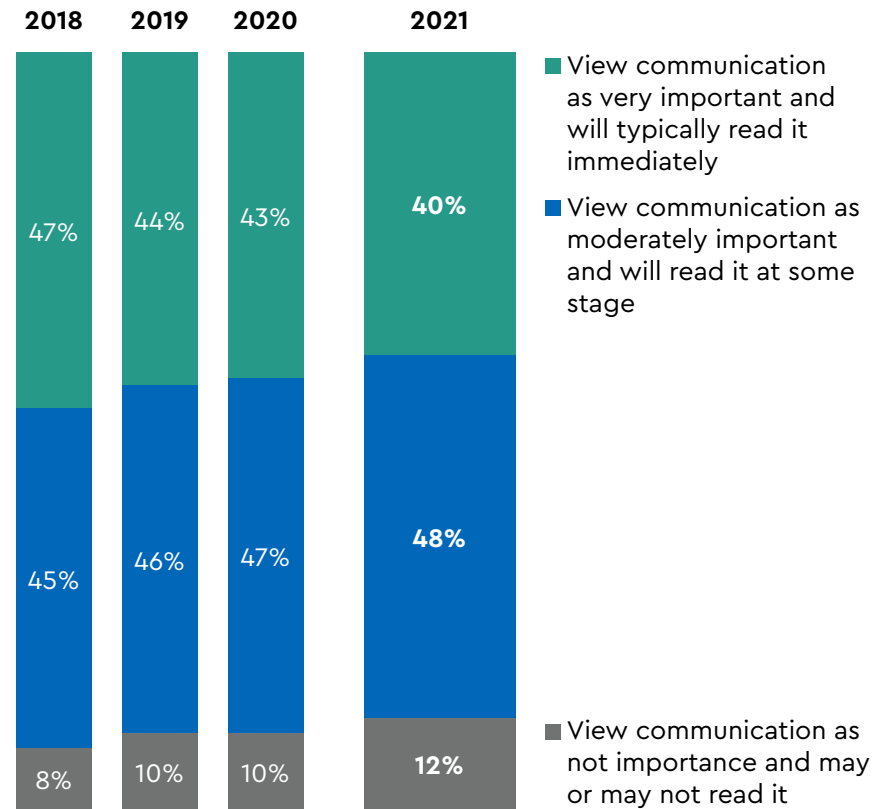


Fig 57. Typical response to Ahpra communication



Practitioner perceptions of 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 58. Preferred frequency from National Boards

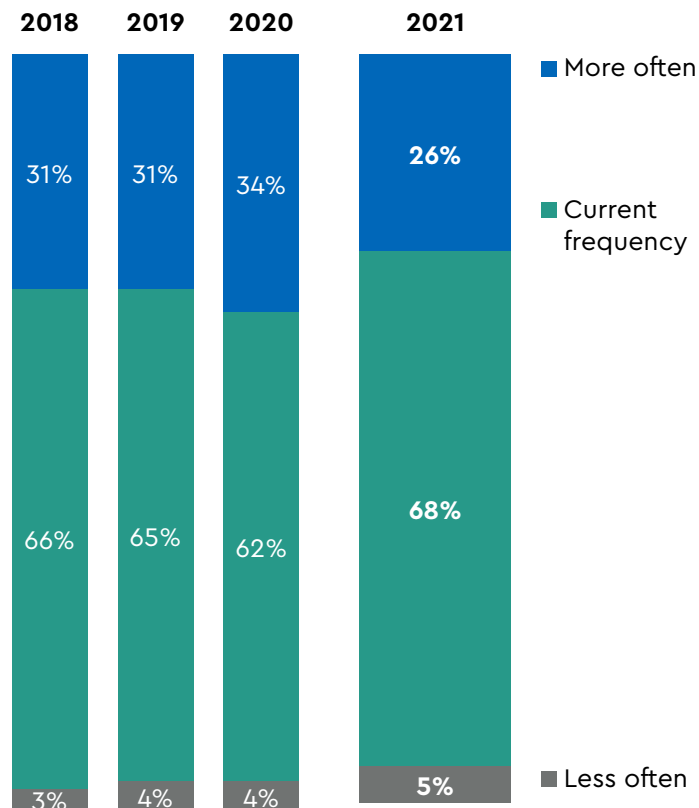
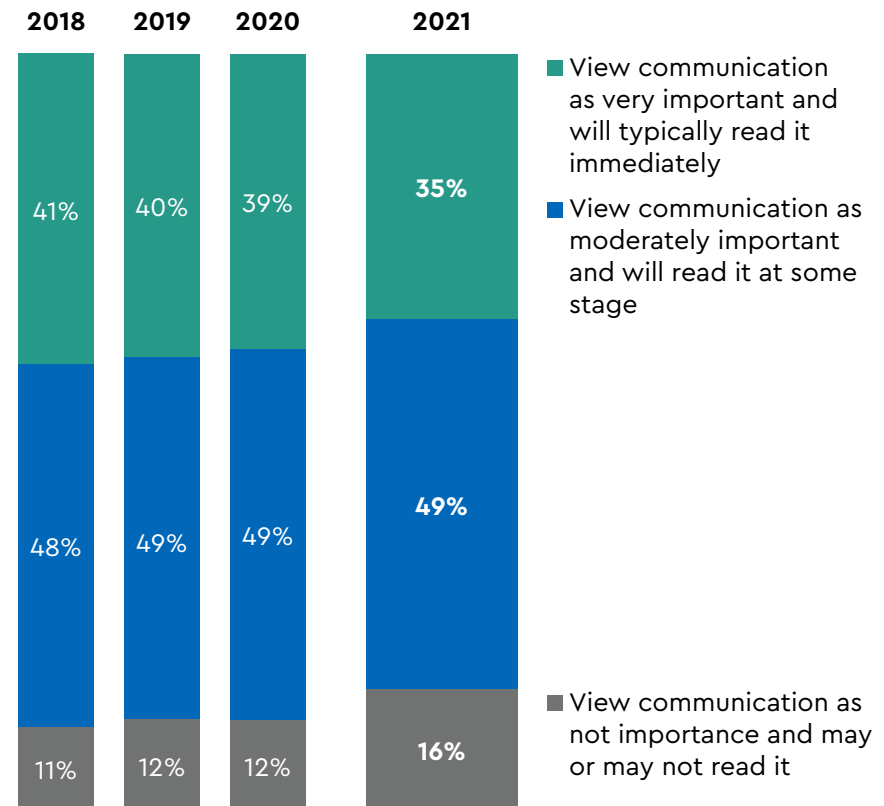


Fig 59. Typical response to National Board communication



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

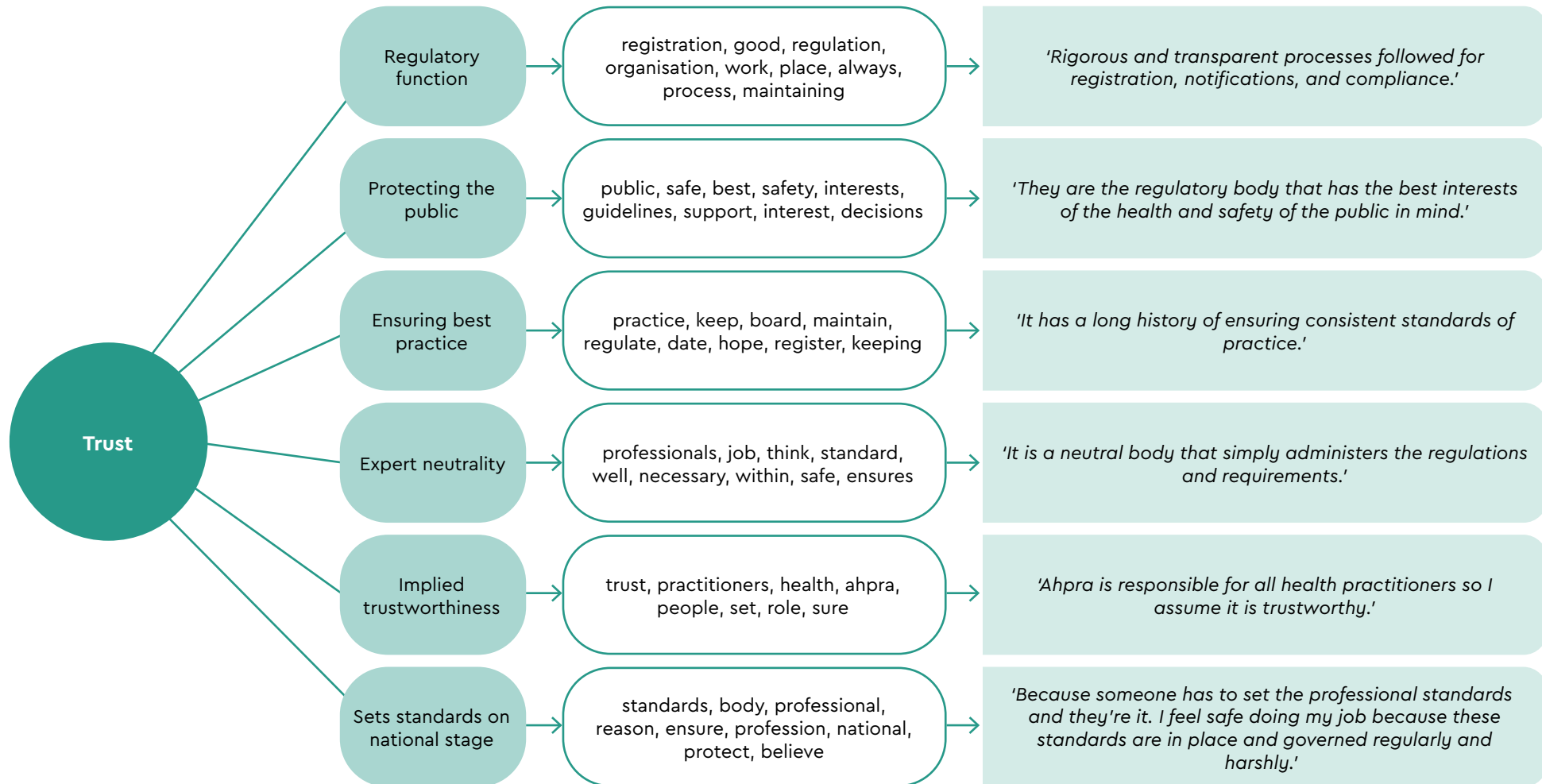
- optometrists
- Chinese medicine practitioners
- osteopaths
- dental practitioners
- podiatrists, and
- chiropractors.

Modelling practitioner trust

Modelling trust

The topic modelling produced six topics relating to trust in Ahpra. Topics, key words and quotes are shown below.

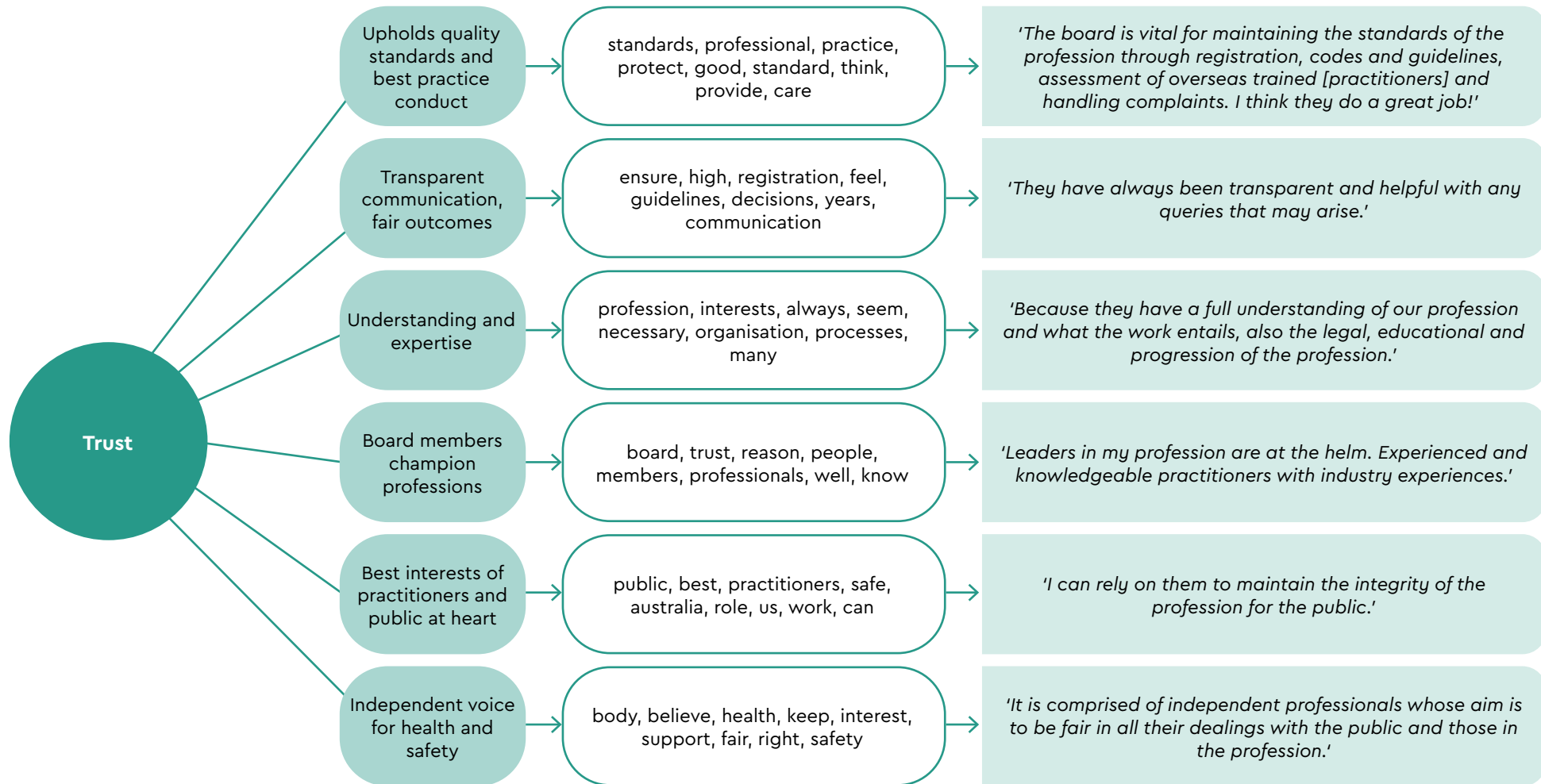
Fig 60. Trust in Ahpra



Modelling trust

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

Fig 61. Trust in the National Boards



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

Practitioner trust in Ahpra and National Boards

Respondents who trusted Ahpra highlighted trustworthy characteristics of the organisation and its mandate under the following topics:

- Regulatory function
- Protecting the public
- Ensuring best practice
- Sets standards on national stage

The skills and experience of Ahpra staff were also referenced, as well as respondents' belief in the objectivity of the organisation, under the topic *Expert neutrality*. Interestingly, the topic of *Implied trustworthiness* showed that respondents inferred trust based on a concept of organisational legitimacy – though several noted this concept was assumed, as in the following cases:

'Because it's a health practitioner regulation agency, if I don't trust [them] who else would I trust.'

'As a default I trust regulatory organisations and I have no reason not to trust them.'

Respondents with trust in their National Board also referenced organisational characteristics in topics including:

- Upholds quality standards and best practice conduct
- Best interests of practitioners and public at heart

Trusting responses also clustered under *Transparent communication, fair outcomes*, where the Boards' clear, practical communication during the pandemic was frequently referred to in comments.

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
- Independent voice for health and safety

In many cases, the perceived quality of Board members engendered trust responses, as in this example:

'Leaders in my profession are at the helm, experienced and knowledgeable practitioners with industry experiences.'

Similarities in trust topics between Ahpra and the Boards included perceived objectivity and impartiality, quality of staff and Board members, and the inherent value of setting standards and encouraging best practice. Many practitioners also noted that the strict, thorough processes they go through to gain and maintain registration contributed to feelings of trust across multiple topics and between Ahpra and the Boards. Some conflated trust in one with the other, for example:

'I trust the Board, therefore by association I trust Ahpra, I see them as one.'

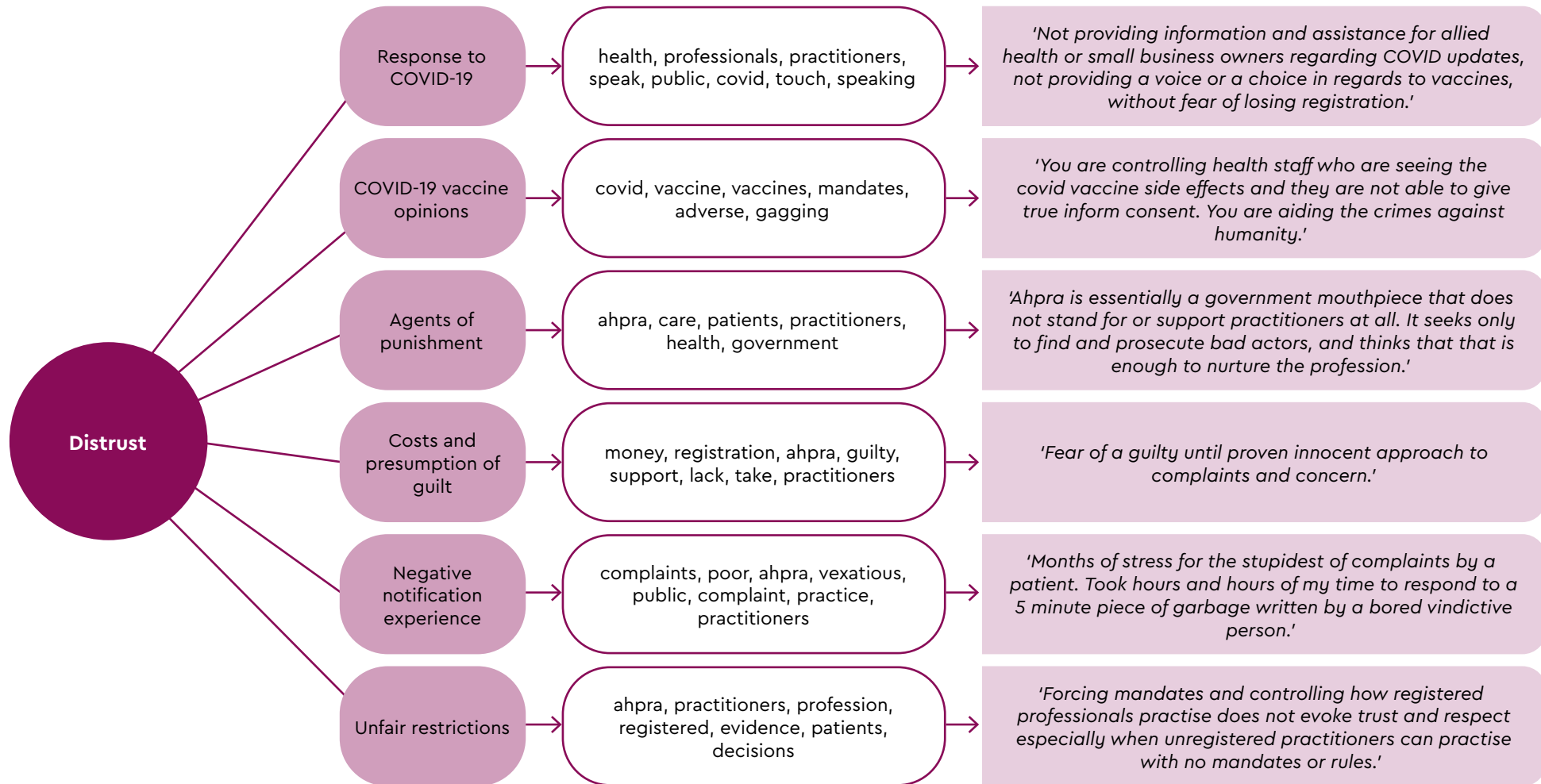
The connection suggests that for some practitioners, trust in Ahpra and the Boards may be best addressed in composite.

Finally, while respondents who trusted Ahpra occasionally made mention of its working in the best interests of practitioners as well as the public, this sentiment was far more prominent in responses explaining why practitioners trusted their Boards. This may point to a broader view that Ahpra operates less for practitioners and more for the public, whereas Boards are perceived as dually focused.

Modelling distrust

The topic modelling produced six topics relating to distrust in Ahpra. Topics, key words and quotes are shown below.

Fig 62. Distrust of Ahpra

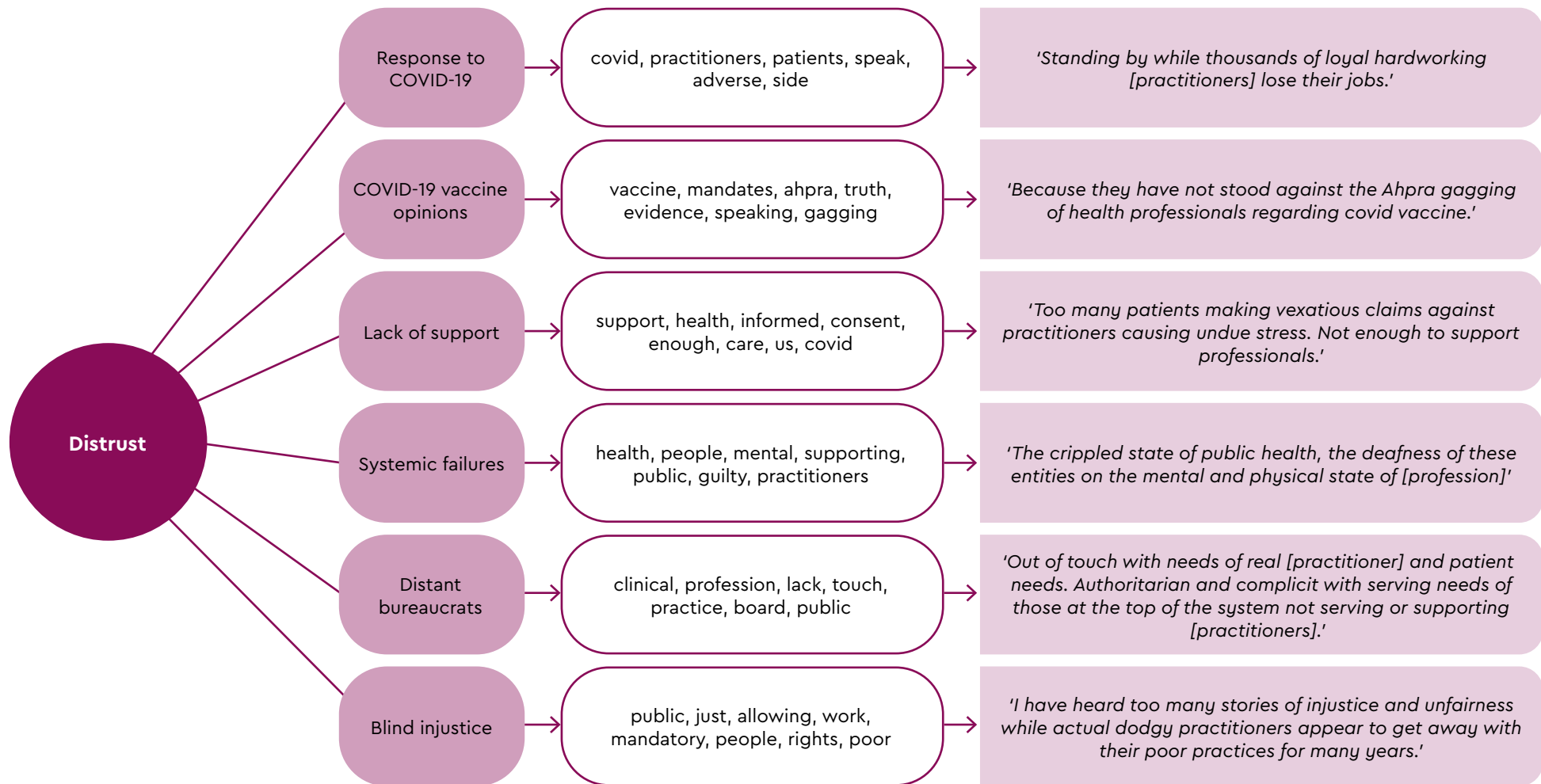


Note: key words referring to specific professions/practitioners have been removed for publication

Modelling distrust in Ahpra and National Boards

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

Fig 63. Distrust of the National Boards



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

Practitioner distrust in Ahpra and National Boards

Distrust in both Ahpra and the National Boards 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.

Similarities also exist between distrust of Ahpra and the National Boards in topics relating to perceived unfairness and injustice. Respondents who distrusted Ahpra raised *Unfair restrictions*, which had some overlap with issues raised around COVID-19 vaccine mandates but also referred the level of restrictions applied to registered health practitioners as opposed to unregistered professionals.

Those who distrusted Ahpra also seemed to view the organisation as *Agents of punishment*, where staff were portrayed as unjust and influenced by government. The near equivalent for the National Boards, *Blind injustice*, was similarly characterised by the view that practitioners are treated unfairly.

Distrust in Ahpra was also qualified under topics like *Negative notification experiences*, which invoked perceptions formed through the notifications process:

'Time taken to handle complaints with the associated psychological [effects] is appalling. I sold my practice and stopped working full-time during a complaint against me, which was resolved three years after I sold, and the complaint was dismissed.'

Practitioners who did not trust Ahpra also highlighted *Costs and presumption of guilt*, which covered negative views of the costs of registration versus a lack of return, as well as a perceived stance of 'guilty until proven innocent'. It is interesting that the modelling process clustered these types of responses together, but at this stage we are unable to infer exactly why.

Practitioners who lacked trust in their National Boards raised a *Lack of support* overall for their profession and *Systemic failures*, especially in mental health, which Boards were apparently failing to address. Both these topics are relatable to a perception of Board members as *Distant bureaucrats* who have lost connection with those 'at the coal face'. One example under this topic described a Board as 'elitist and divisive of its own profession, out of touch with evidence'.

It is worth noting that Board members themselves appeared as a driver of trust and of distrust, perceived either as experienced, respected leaders in their profession or outdated, disengaged figureheads.

Key insights

Key insights

Findings from this analysis point to several key insights for Ahpra and the National Boards:



Levels of trust and confidence in Ahpra and the Boards represent a potential challenge that will be important to address to maintain organisational legitimacy. Around half of practitioners did not have confidence that Ahpra and Boards are doing all they can to protect the public, and we identified a substantial drop in confidence in Ahpra shown by nurses and midwives and physiotherapists, practitioners that previously displayed positive sentiment toward Ahpra and their Boards. This reduction in particular, as well as levels of trust and confidence among practitioners more generally, warrants further investigation.



An opportunity exists for Ahpra and the Aboriginal and Torres Strait Islander Health Practice Board to leverage high levels of interest and positive perceptions to address low awareness and understanding as reported by these practitioners.



Several practitioner groups appear disengaged or dissatisfied with Ahpra and the National Boards. Paramedics, medical practitioners, psychologists, and chiropractors expressed negative sentiments toward Ahpra and their Boards, often repeatedly. These findings will be highlighted with respective Boards and could inform development of targeted research in future.



For Boards, perception of members is an important factor in maintaining practitioner trust. The perceived quality of Board members affected practitioners' constructions of trust and distrust, with many citing their views of members as the primary driver of their overall trust assessment. For practitioners, the people representing National Boards are an integral contributor to perceived quality and carry the task of simultaneously maintaining unquestionable expertise and genuine connectedness to their profession.