



Dental Board  
Ahpra

# Reputational insights 2021

Practitioner perceptions of the Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards  
Supplementary report prepared for the Dental Board of Australia

## Contents

Introduction	3	<b>Word associations</b>	<b>13</b>	Fig 33. Main reasons for visiting a National Board website	23
Notes on figures	3	Fig 19. Word associations with the Board	13	<b>Practitioner perceptions of communication</b>	<b>24</b>
Overview of methods	3	Fig 20. Word associations with practitioners	13	Fig 34. Preferred frequency of communication from Ahpra	24
<b>Topic modelling</b>	<b>4</b>	<b>Modelling practitioner trust</b>	<b>14</b>	Fig 35. Typical response to Ahpra communication	24
Fig 1. Topic modelling	4	<b>Modelling trust</b>	<b>15</b>	<b>Practitioner perceptions of communication</b>	<b>25</b>
<b>Survey findings</b>	<b>5</b>	Fig 21. Trust in National Boards	15	Fig 36. Preferred frequency of communication from National Boards	25
<b>Sample demographics</b>	<b>6</b>	<b>Modelling distrust</b>	<b>16</b>	Fig 37. Typical response to National Board communication	25
Fig 2. Gender	6	Fig 22. Distrust of National Boards	16		
Fig 3. Age	6	<b>Whole sample trends (practitioners across all professions)</b>	<b>17</b>		
Fig 4. Years in practice	6	<b>Link between understanding and sentiment</b>	<b>18</b>		
Fig 5. Location	6	Fig 23. Understanding of Ahpra and National Boards and sentiment	18		
Fig 6. Remoteness	6	<b>Influence of age and gender on awareness and understanding</b>	<b>19</b>		
<b>Sample demographics</b>	<b>7</b>	<b>Practitioner perspectives of engagement</b>	<b>20</b>		
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	<b>Practitioner perspectives of engagement</b>	<b>21</b>		
Fig 10. Subject of complaint	7	Fig 26. Most effective channels for engagement	21		
Fig 11. Audited	7	<b>Practitioners' use of Ahpra website</b>	<b>22</b>		
<b>Practitioner perceptions</b>	<b>8</b>	Fig 27. Frequency visiting the Ahpra website	22		
<b>Practitioner perceptions of the Board</b>	<b>9</b>	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		
<b>Practitioner perceptions of the Board</b>	<b>10</b>	<b>Practitioners' use of National Board websites</b>	<b>23</b>		
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		
<b>Practitioner perceptions of the Board</b>	<b>11</b>	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				
<b>Practitioner perspective of support received</b>	<b>12</b>				
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 Dental Board of Australia (the Dental 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.

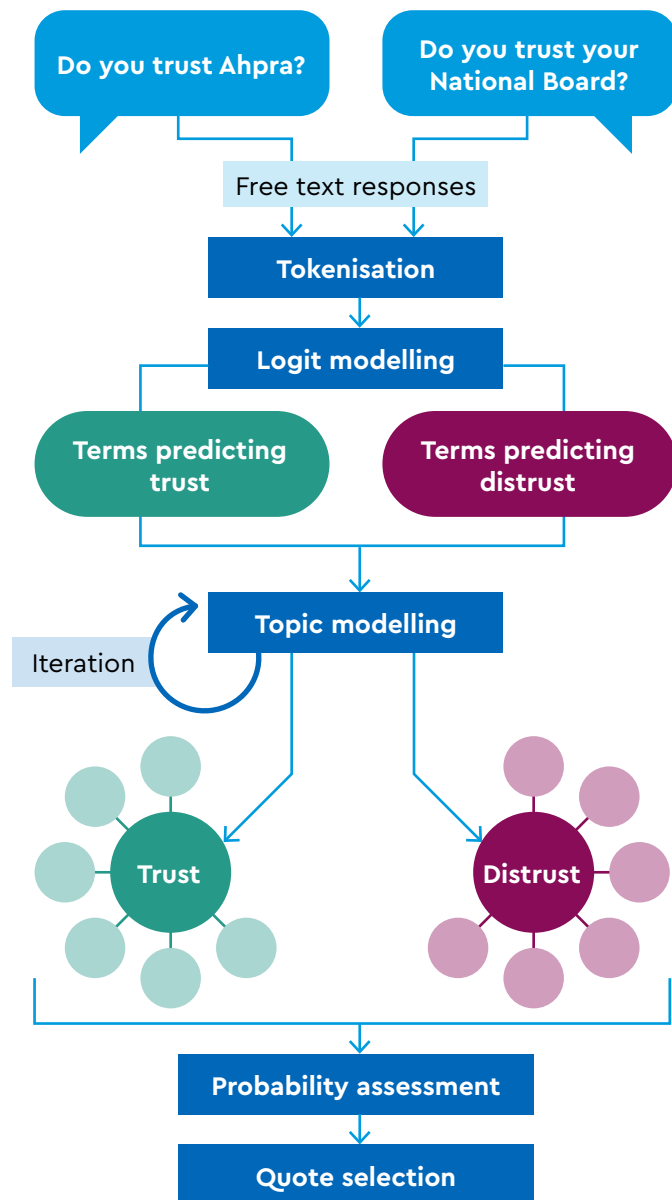
## Notes on figures

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 1,044 dental practitioners registered with the Dental Board responded to the survey. Roughly half of respondents were male, and the majority had been practising for 20 years or more. The age distribution corresponded with the broader practitioner sample, with most dental practitioners falling into the middle age brackets.

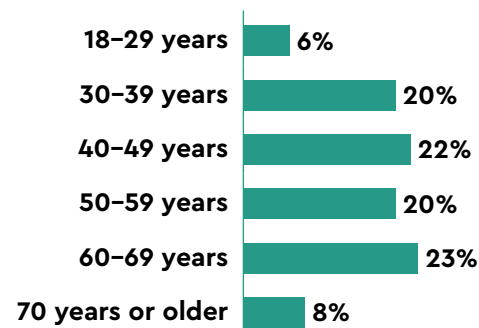
Most respondents were working in a major city and in the most populous eastern states, particularly New South Wales.

**Fig 2. Gender**

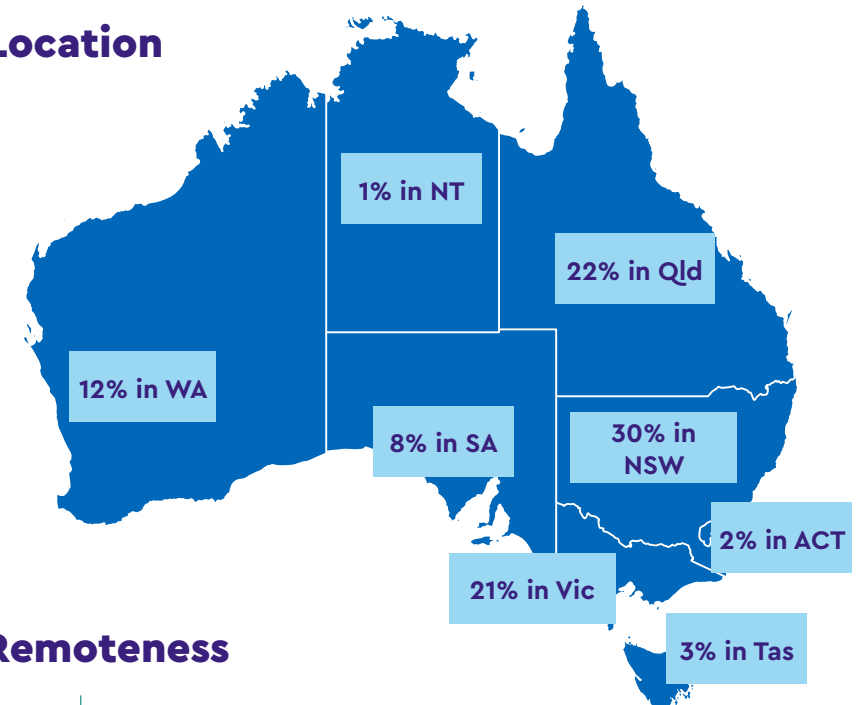
- Female 47%
- Male 53%



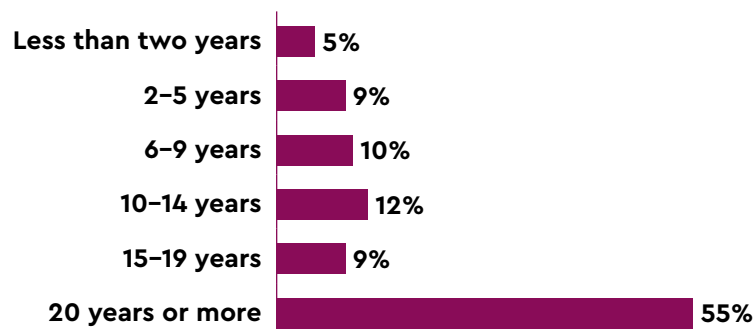
**Fig 3. Age**



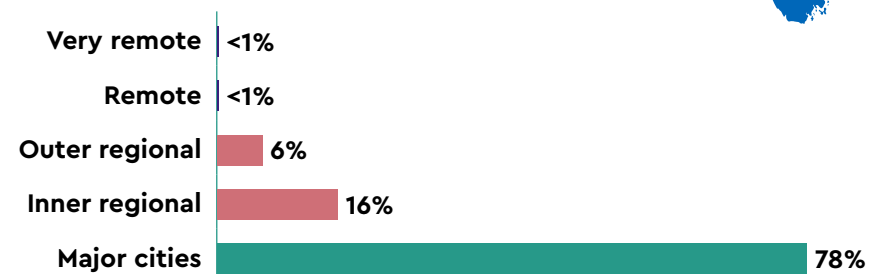
**Fig 5. Location**



**Fig 4. Years in practice**



**Fig 6. Remoteness**



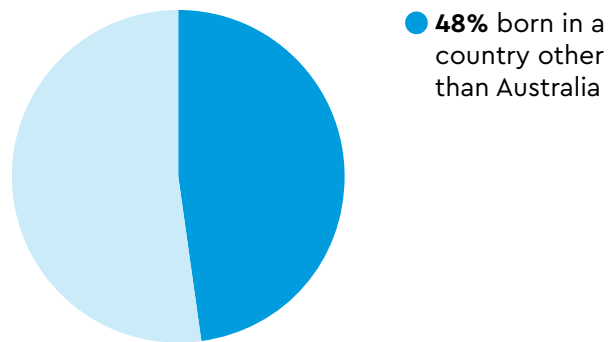
Over two-thirds were predominantly English-speaking, though nearly half were born overseas, and only around 1% of the sample identified as Aboriginal and/or Torres Strait Islander.

Just under 20% of dental practitioners reported being the subject of a complaint, and just over 10% reported having been audited for compliance.

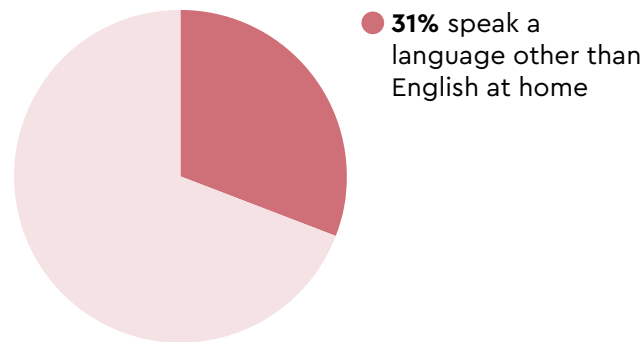
**Fig 7. Aboriginal and/or Torres Strait Islander**



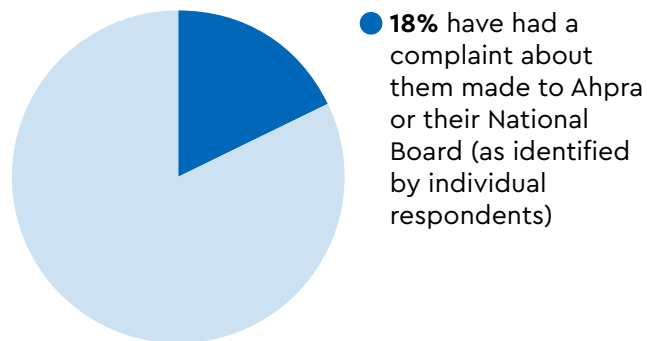
**Fig 8. Country of birth**



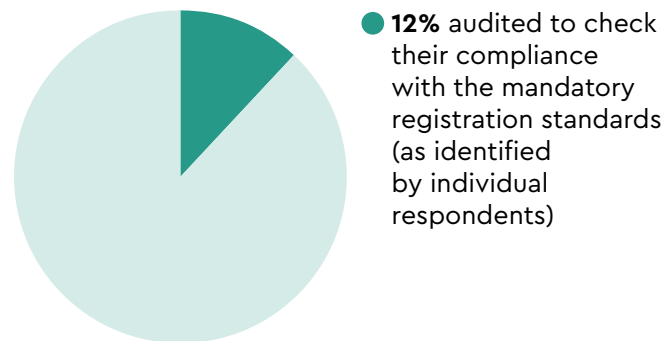
**Fig 9. Languages spoken**



**Fig 10. Subject of complaint**



**Fig 11. Audited**



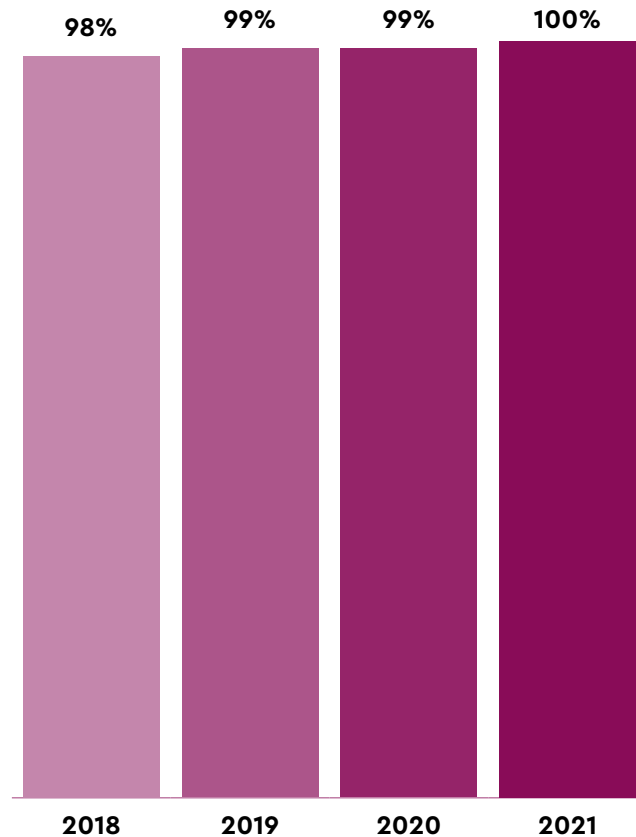
# Practitioner perceptions



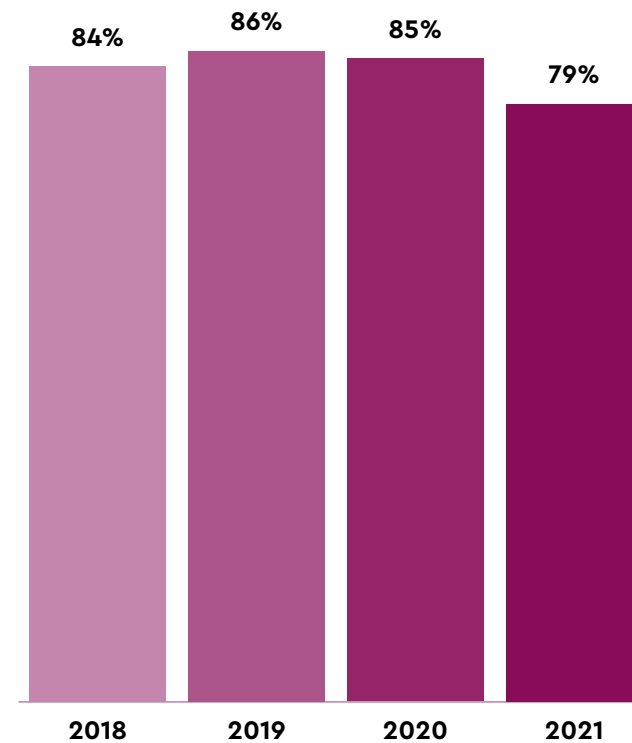
Awareness of the Dental Board remains very high, with 100% of dental practitioners surveyed reporting awareness in 2021.

In contrast, interest in the Dental Board has declined 5% since survey inception, with 79% reporting interest in the role and function of the Board in 2021. Still, dental practitioners reported marginally higher interest in their National Board compared to other practitioner groups.

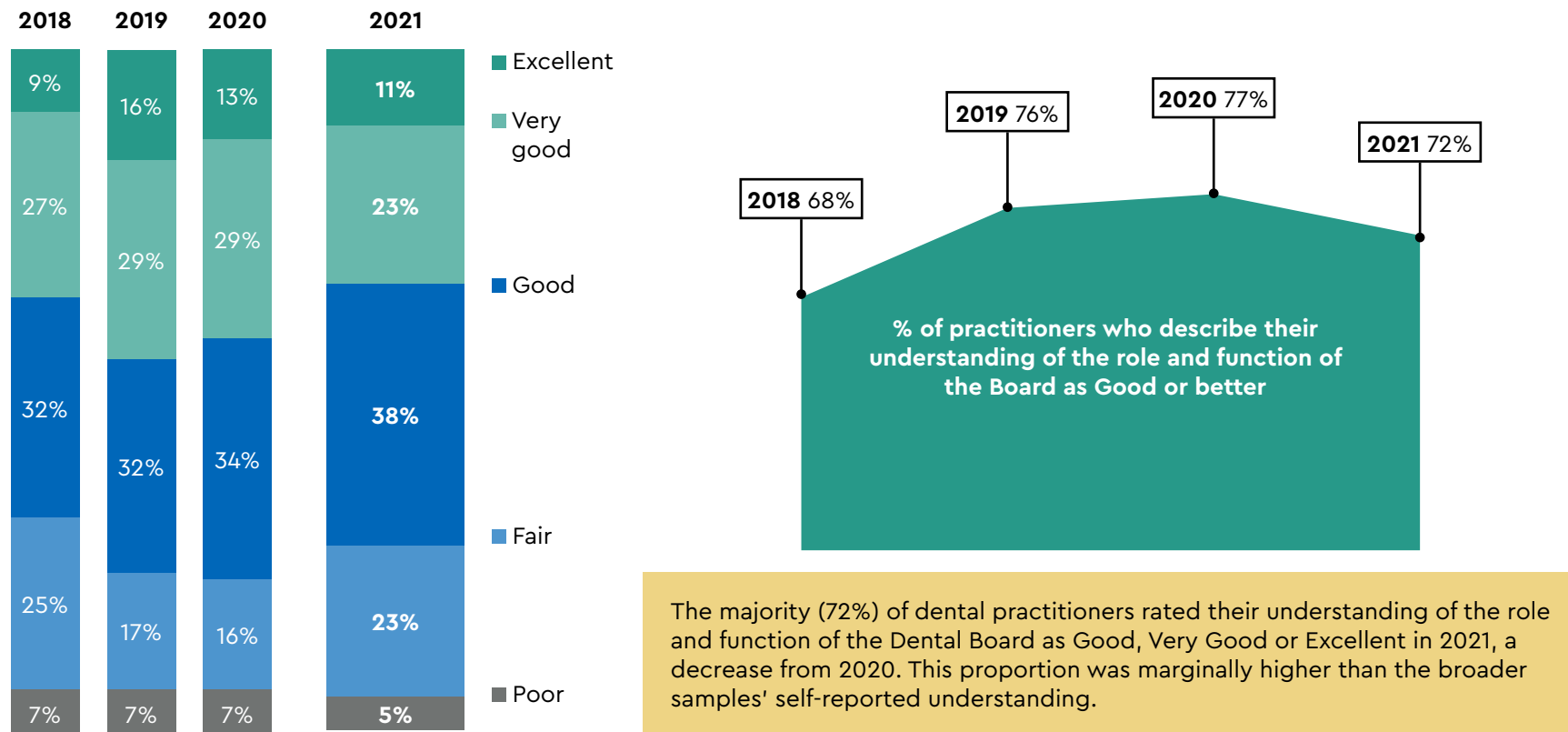
**Fig 12. Overall awareness year-on-year**



**Fig 13. Overall interest year-on-year**



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

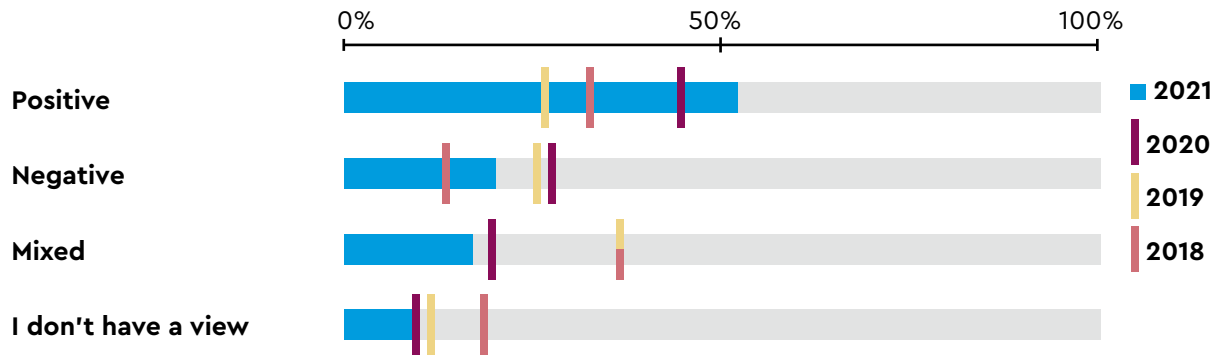


Just over half (52%) of respondents viewed the Dental Board in a positive light. Dental practitioners perceived the Dental Board slightly less positively compared to average practitioner sentiments toward Boards.

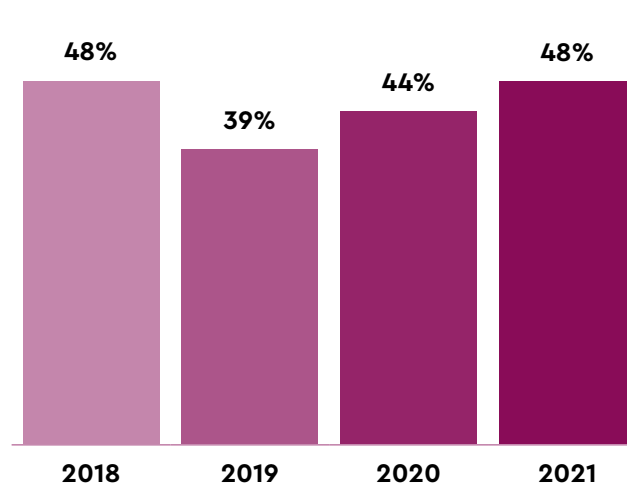
Just less than half (48%) of respondents indicated that they had trust in the Dental Board, a 4% increase on 2020 values and a return to the previous high recorded in the first survey in 2018.

Confidence in the Dental Board also increased slightly, to 52%, the highest recorded to date. Compared to findings across practitioner groups, dental practitioners demonstrated slightly lower rates of trust and equivalent levels of confidence than average.

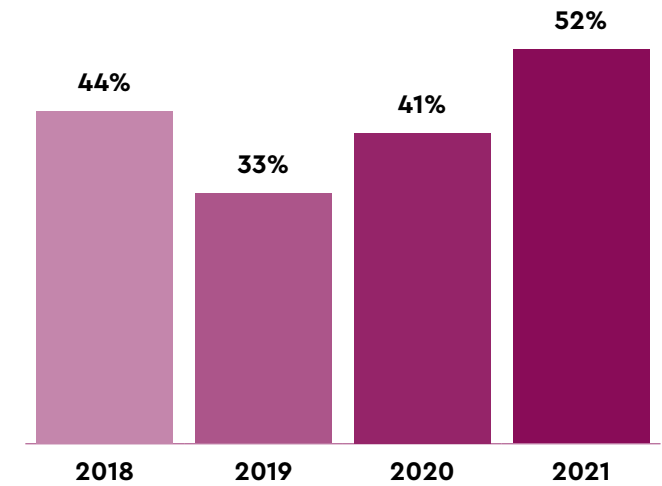
**Fig 15. Perceptions year-on-year**



**Fig 16. Trust year-on-year**



**Fig 17. Confidence year-on-year**



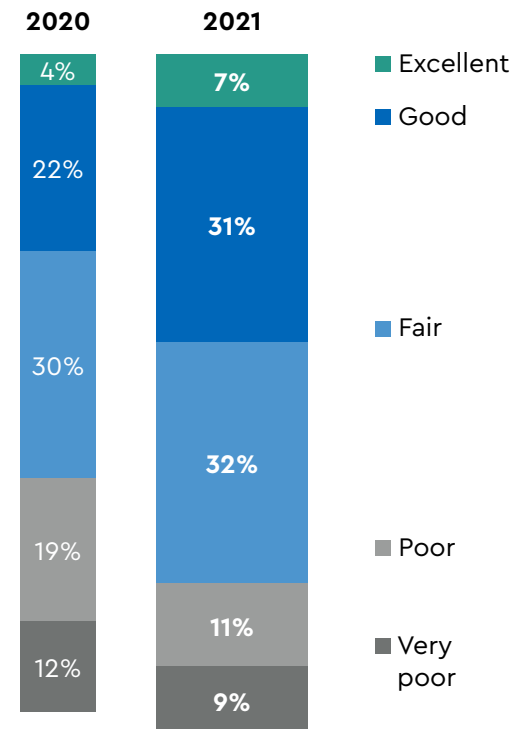
Practitioners were asked to rate the level of support they received from Ahpra and the National Boards to maintain or improve their professional practice.

When combined, 38% of dental practitioners rated the support received favourably (Good or Excellent), 32% rated the support received as Fair, and 20% rated the support received negatively (Poor or Very poor). The remaining 11% selected 'I don't know'.

These values are similar to data collected in 2020, though changes were visible in the form of a small increase of respondents rating the support received as Excellent (+3%), Fair (+2%), or Good (+9%), and concurrent reductions in respondents rating the support received as Poor or Very poor (-8% and -3% respectively).

Dental practitioners were slightly more likely to rate the support they received positively compared to 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.

Dental practitioners associated the Dental Board with terms like:

1. Regulators (46%)
2. Bureaucratic (32%)
3. For the public (31%)

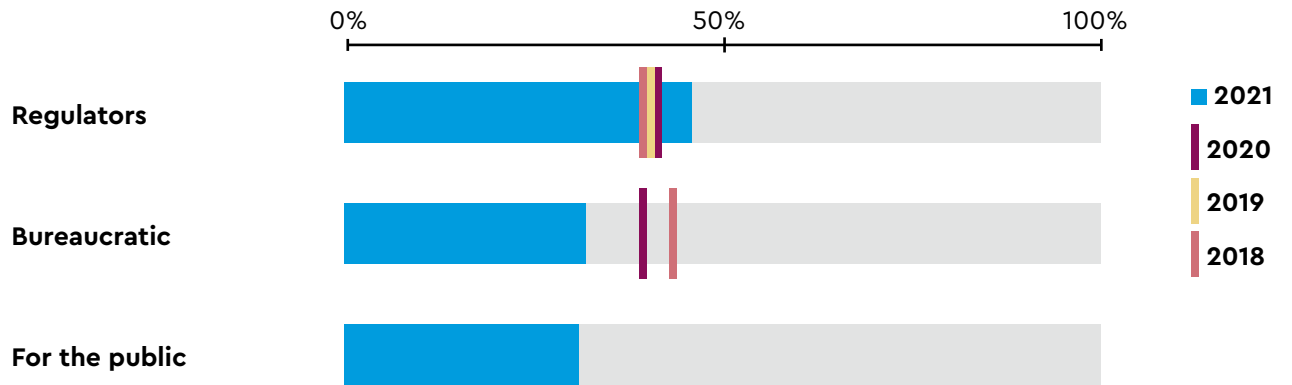
The terms least commonly associated with the Dental Board were:

1. Modern (1%)
2. Zealous (1%)
3. In touch (1%)
4. Nurturing (0%)

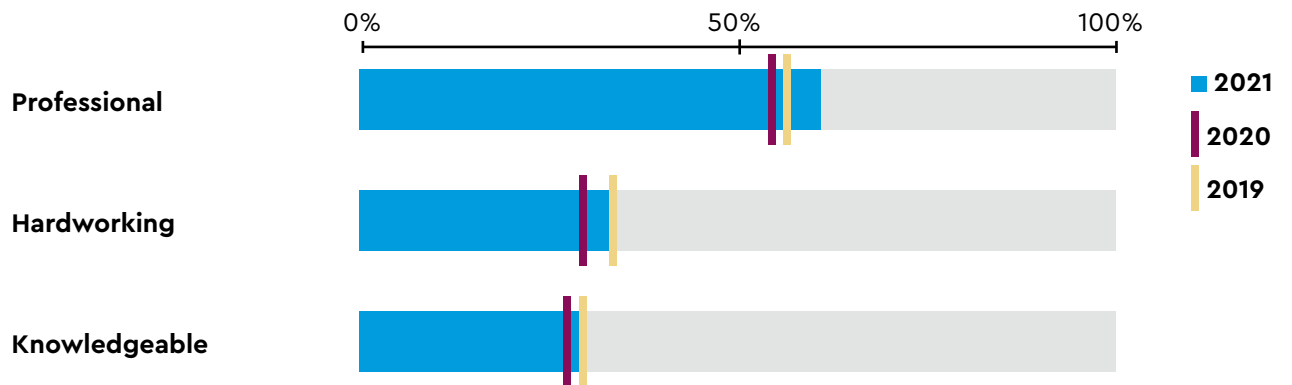
When asked which traits they associated with their profession, dental practitioners chose:

1. Professional (61%)
2. Hardworking (34%)
3. Knowledgeable (29%)

**Fig 19. Word associations with the Board**



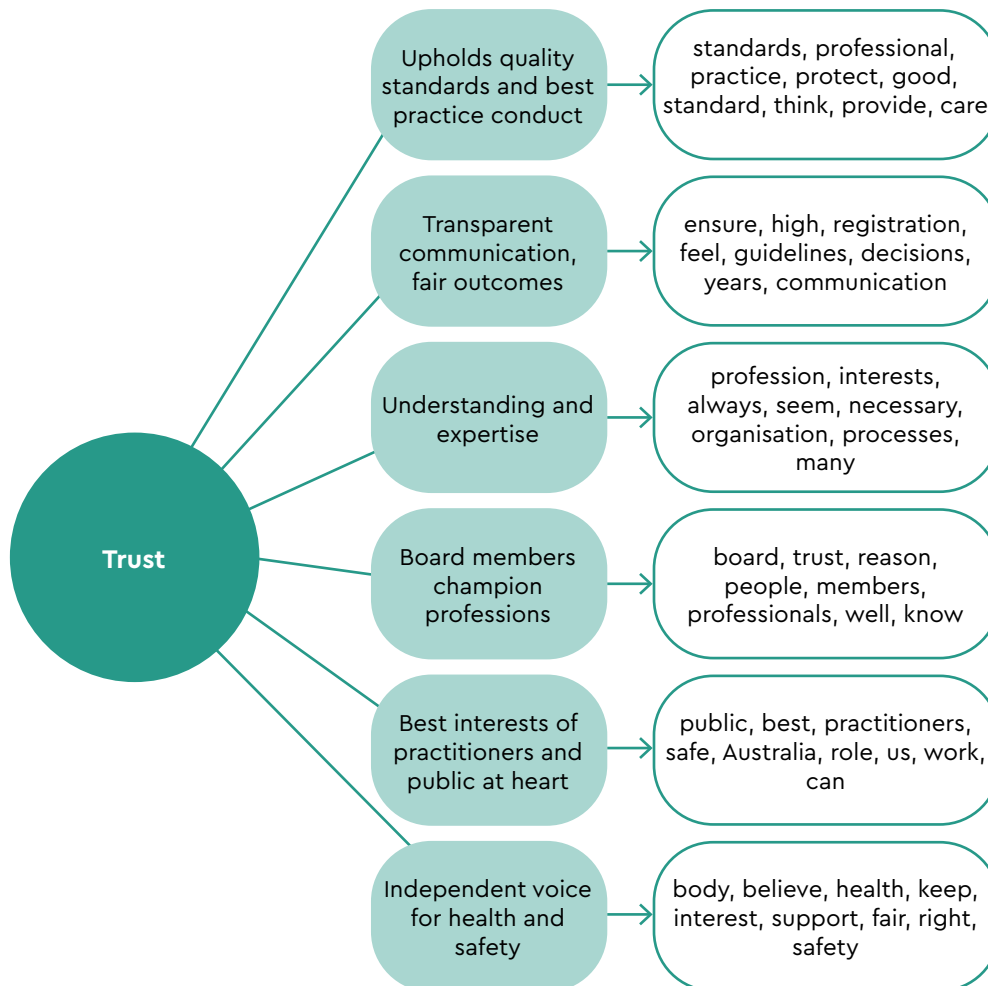
**Fig 20. Word associations with practitioners**



# 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 dental practitioner quotes related to trust include:

***'I have faith that the Board has patients' interests at heart.'***

***'I trust the information communicated and the reasoning behind the communication.'***

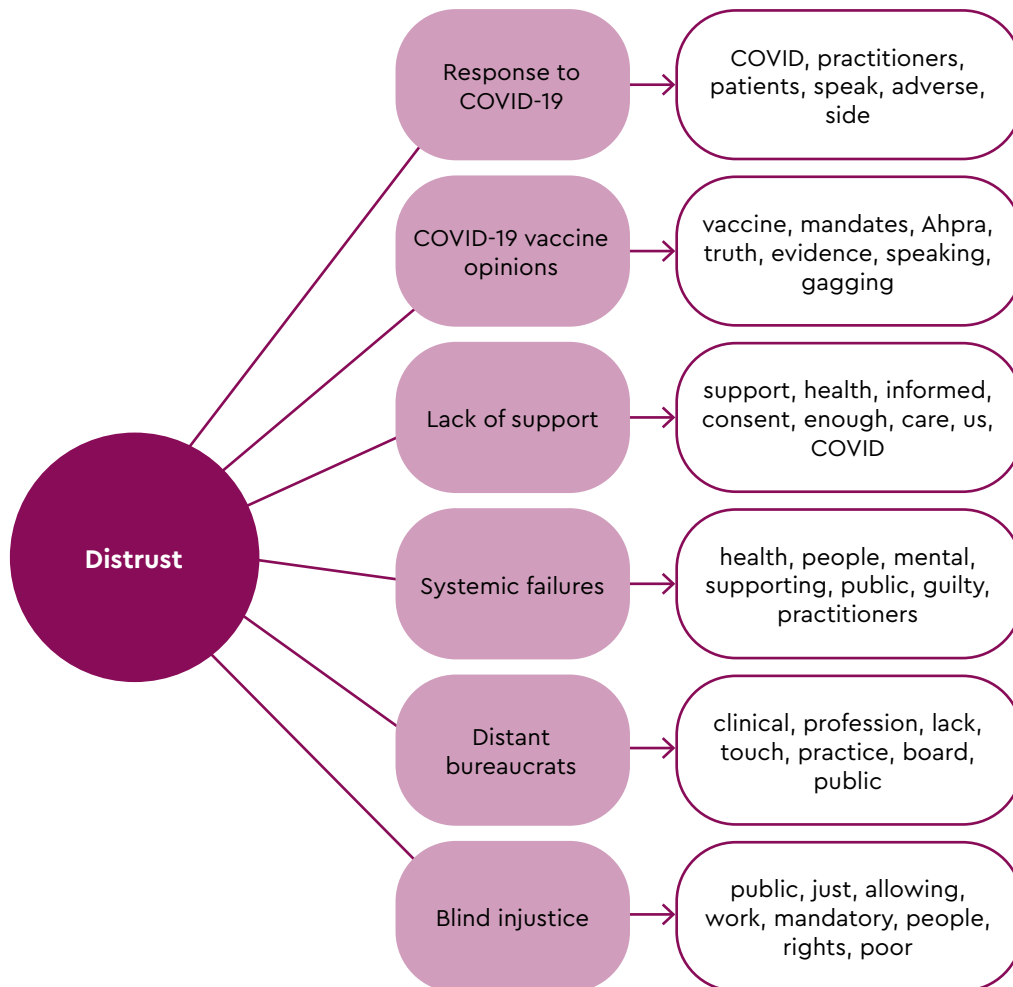
***'It makes decisions based on the facts, and the regulations that bind it.'***

***'They have proven to be reliable and fair, over the decisions I've heard of.'***

***'It is the governing body, and we voted its office bearers to serve us.'***

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 dental practitioner quotes related to distrust include:

***'Out of touch with modern clinical practice, uninformed, overly influenced by academia, possibly political, aloof from the reality of practitioners, do not engage with [the] practitioners they regulate/ manage complaints for in a meaningful way.'***

***'When health professionals have a gag order from speaking the truth, who is really in control?'***

***'Lack of support or guidance during COVID, poor handling of patient complaints.'***

***'Lack of clear communication. Regulations and guidelines can be impractical or unrealistic. Have heard of high stress in interactions with Boards from colleagues.'***

***'No transparency, out of touch and too old.'***



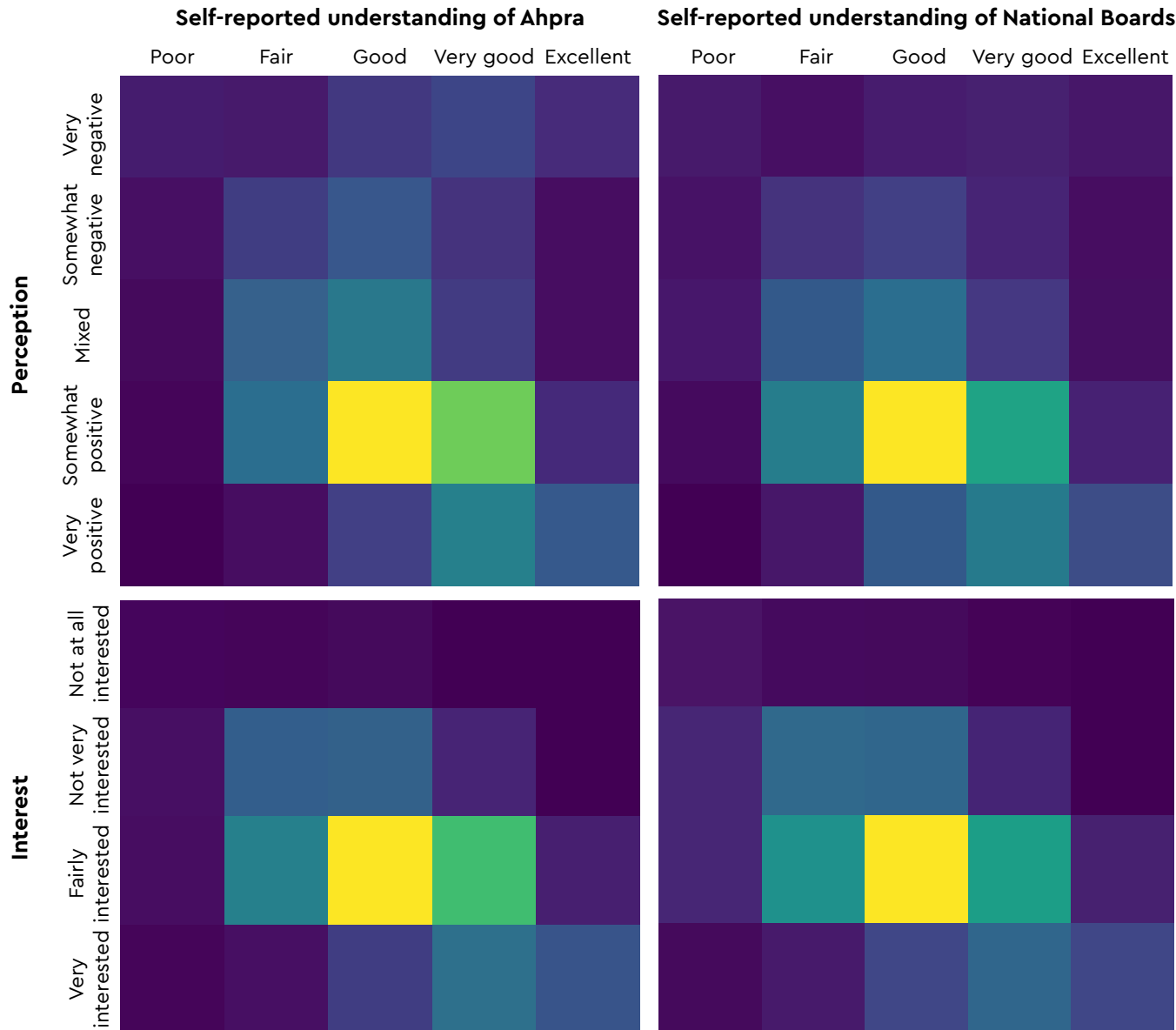
# Whole sample trends (practitioners across all professions)

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.

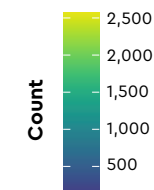
**Fig 23. Understanding of Ahpra and National Boards and sentiment**



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.

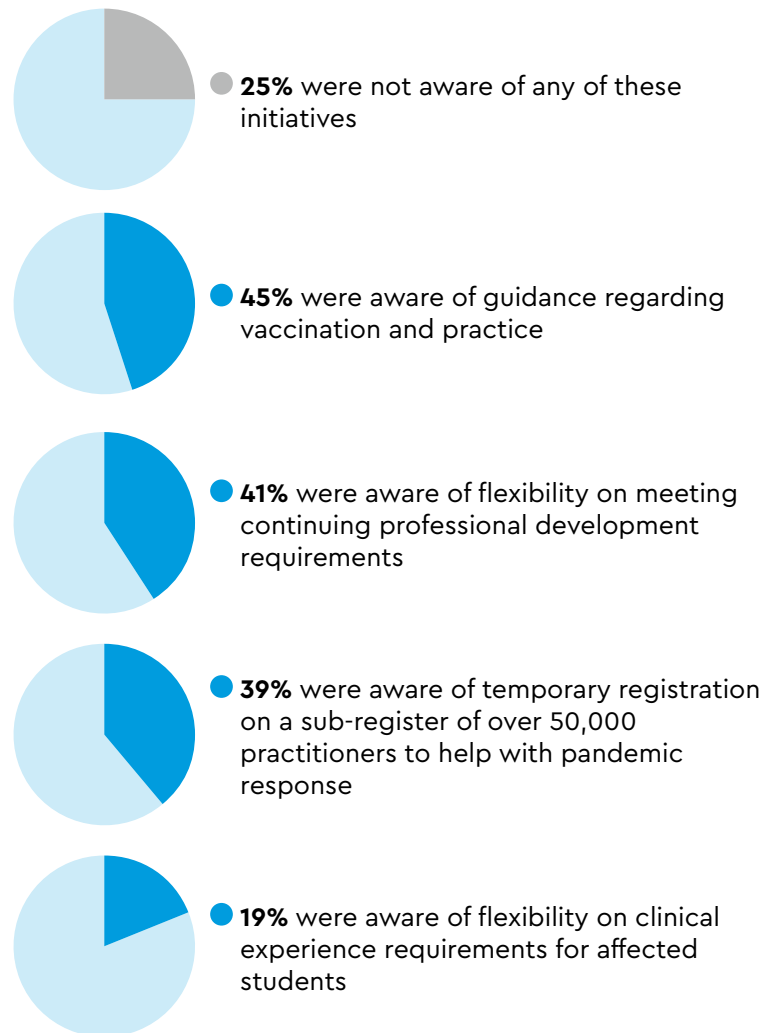
Some practitioners were directly affected or involved with these initiatives, and some practitioners were not. It was not clear whether practitioners who were not affected, or less affected, had any knowledge of these initiatives.

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

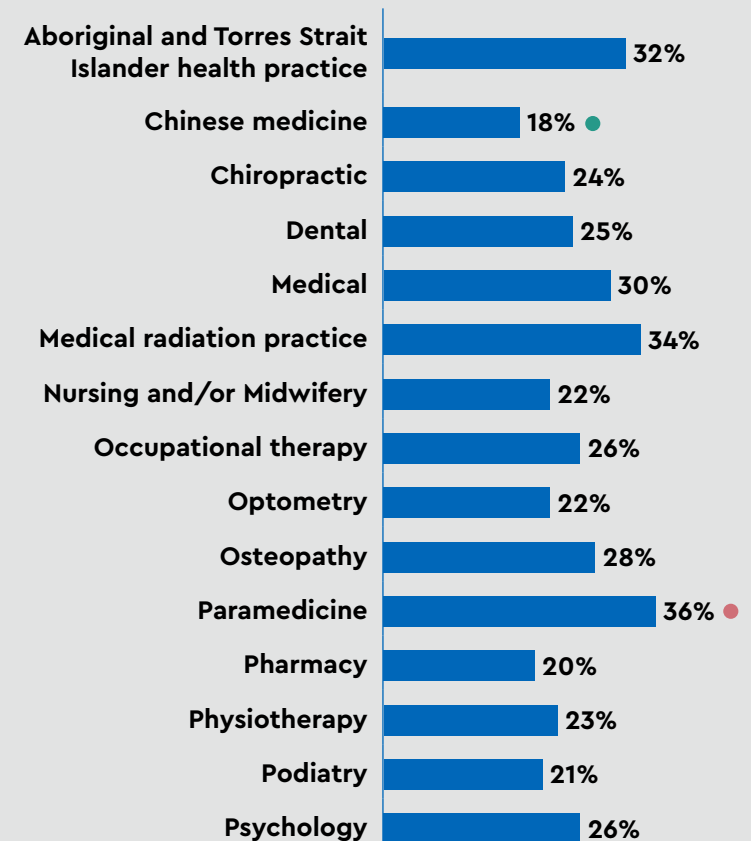
Overall, practitioners were most likely to have been aware of COVID-19 vaccination and practice guidance (45%), but also knew of flexibility in continuing professional development (CPD) requirements (41%) and the pandemic response sub-register (39%) to support a COVID-19 surge health workforce.

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

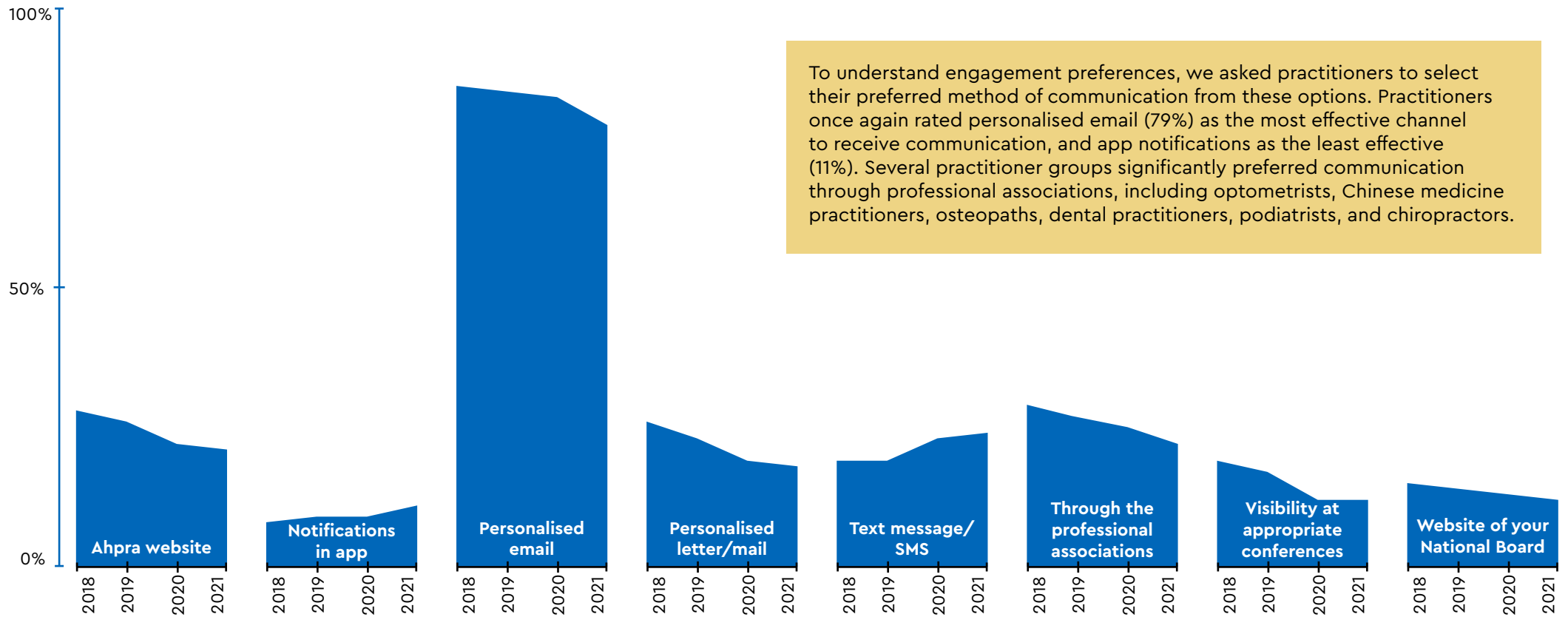
**Fig 24. Practitioner awareness of new initiatives in response to COVID-19**



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



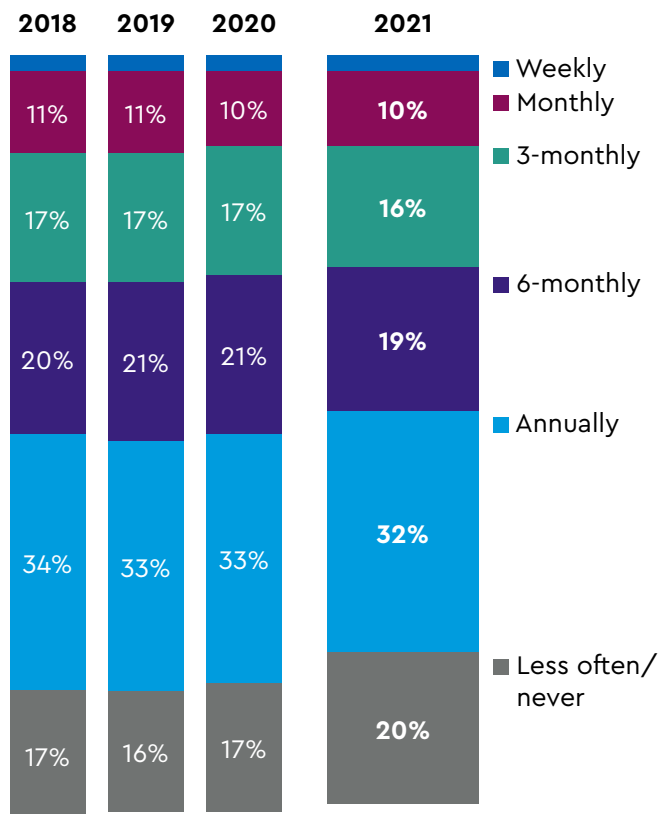
**Fig 26. Most effective channels for engagement**



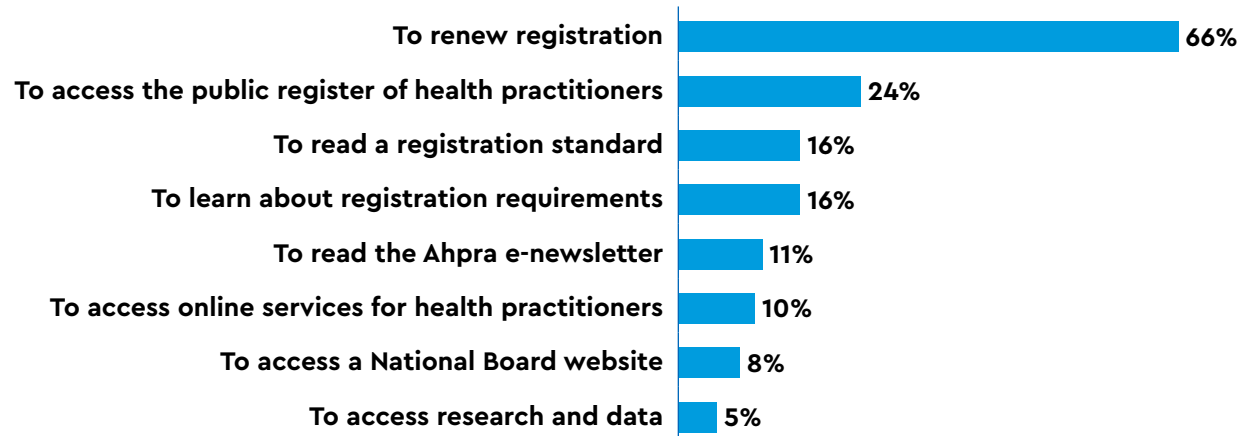
To understand engagement preferences, we asked practitioners to select their preferred method of communication from these options. Practitioners once again rated personalised email (79%) as the most effective channel to receive communication, and app notifications as the least effective (11%). Several 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.

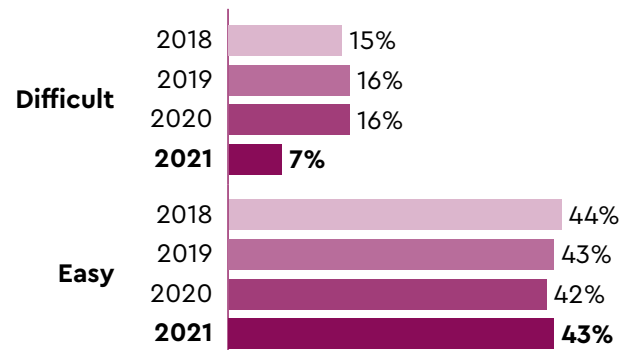
**Fig 27. Frequency visiting the Ahpra website**



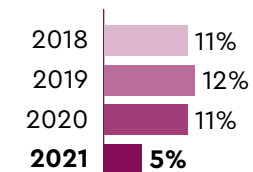
**Fig 28. Main reasons for visiting the Ahpra website**



**Fig 29. Finding information on the Ahpra website**



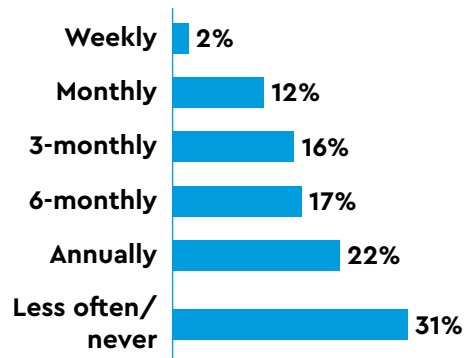
**Fig 30. Practitioners who could not find specific information on the Ahpra website**



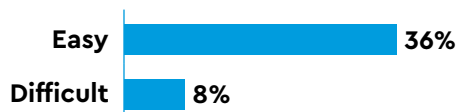
The same was generally true for National Board websites, with the majority of respondents visiting to renew registration (53%), read a policy, code or guideline (26%) or access the public register (20%).

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**



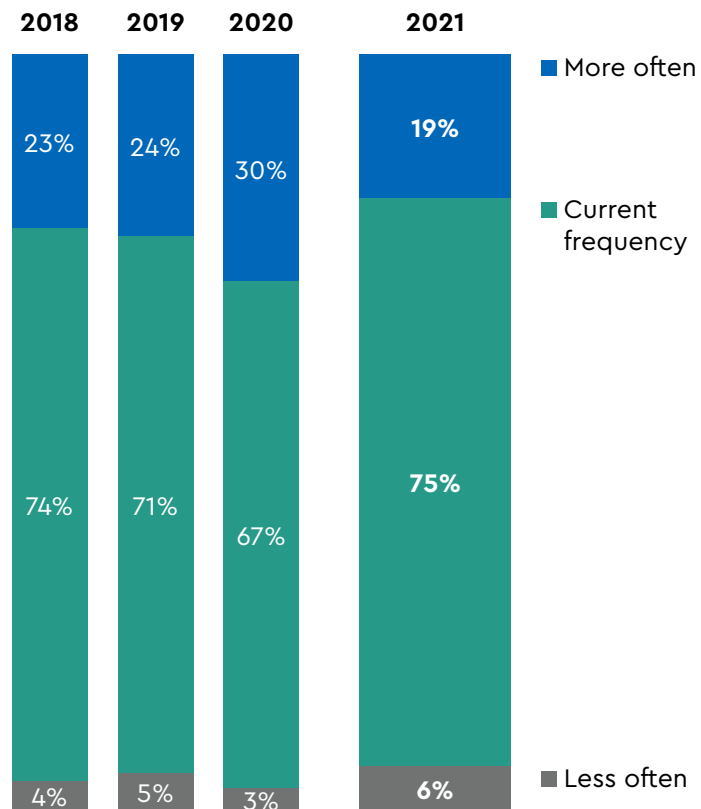
**Fig 33. Main reasons for visiting a National Board website**



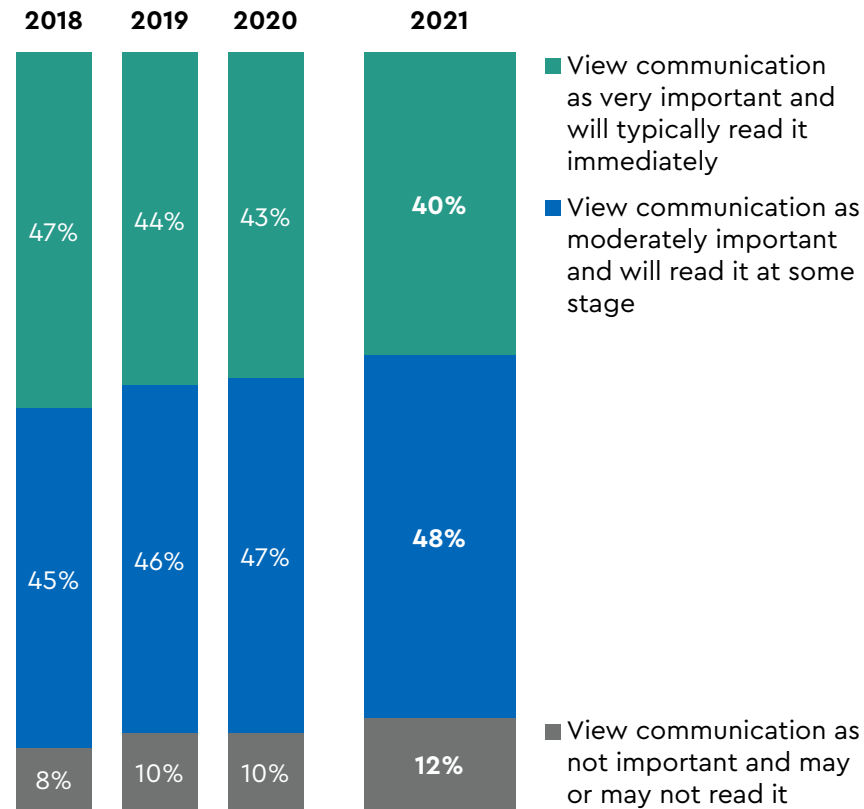
In terms of communication from Ahpra, survey respondents were overall content with the current frequency (75%), though 19% were interested in more frequent communication. Most respondents considered communication from Ahpra 'moderately important' (48%) or 'very important' (40%).

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**

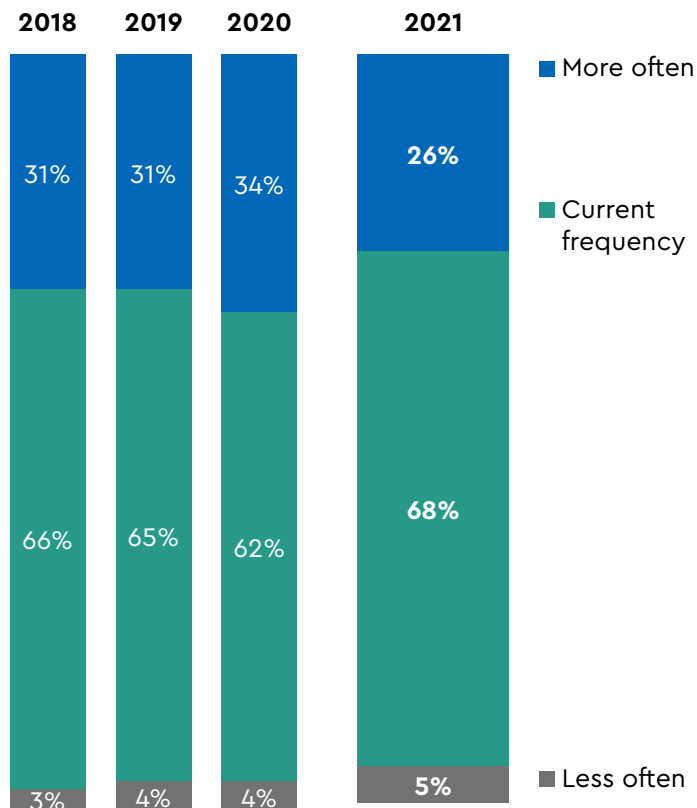




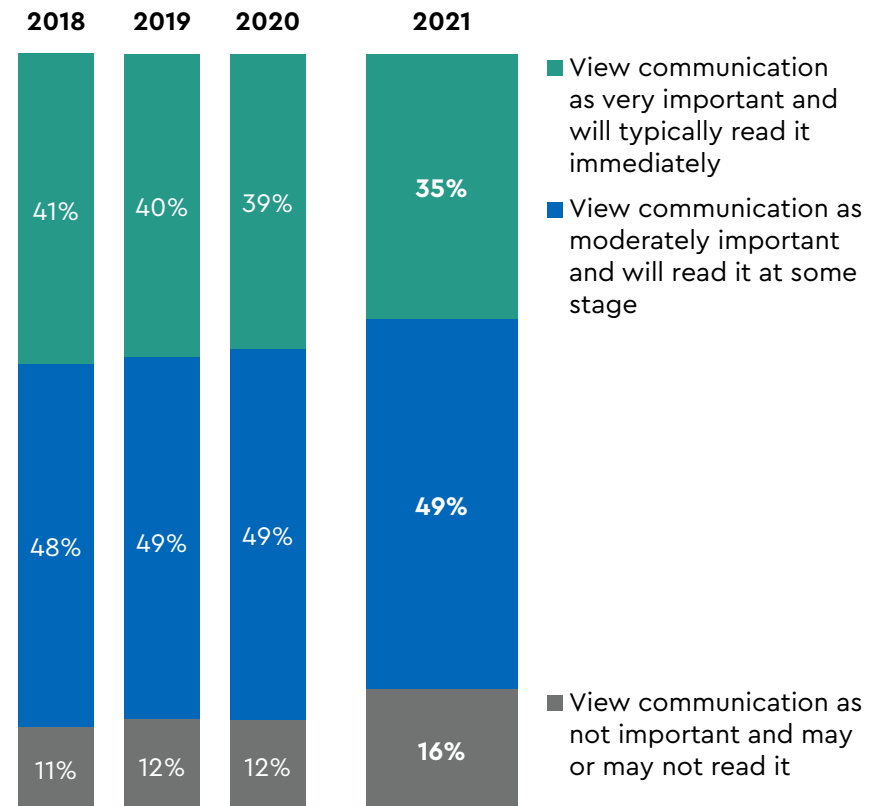
About a quarter of respondents (26%) wanted more frequent communication from their National Boards, but the majority (68%) were content with the current frequency.

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.