Stakeholder perceptions of AHPRA and National Boards – A social research project
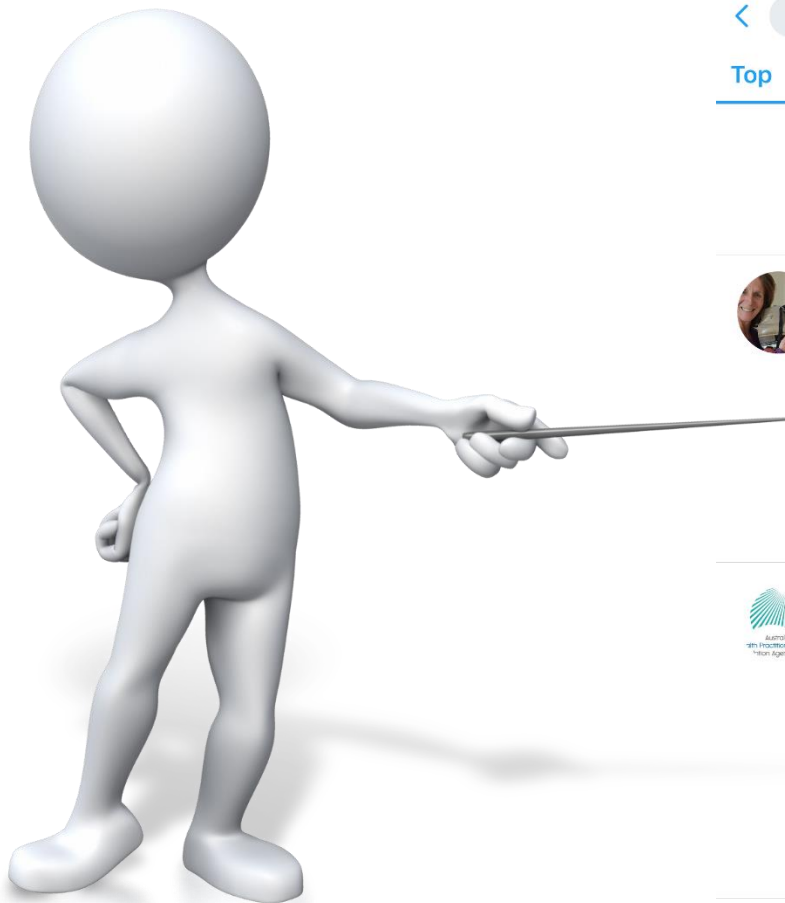
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Executive Director Strategy and Policy

#NRAS2019

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What did we set out to achieve

Insights and baseline date into how AHPRA, the National Boards and the National Scheme are perceived by stakeholders, by addressing:

- levels of awareness and understanding, interest in our work and who does what

- identification of barriers and opportunities

- insights into stakeholder perceptions, including 'trustworthiness', and

- perceptions of our visual branding.

An overview of the methodology

A **four stage** approach that combined both qualitative and quantitative research approaches has been used.

Stage 1 comprised a total of 53 qualitative interviews. This consisted of interviews with the Chair of every National Board (15); the Executive Officer of almost every National Board (13), Government health providers (3); major health employers (3); Aboriginal and Torres Strait Islander Health Strategy group representatives (5); Co-regulatory partners (4); Professions Reference Group members (3); representatives from CALD communities (2) and 'Other' various stakeholders (5).

These interviews were conducted between August 10 and September 26, 2018.

Stage 2 involved three focus groups. The three groups were conducted with i) Members of the Community Reference Group; ii) Members of the Professions Reference Group and iii) Accreditation Authority representatives.
These groups were conducted between August 14 - 22, 2018.

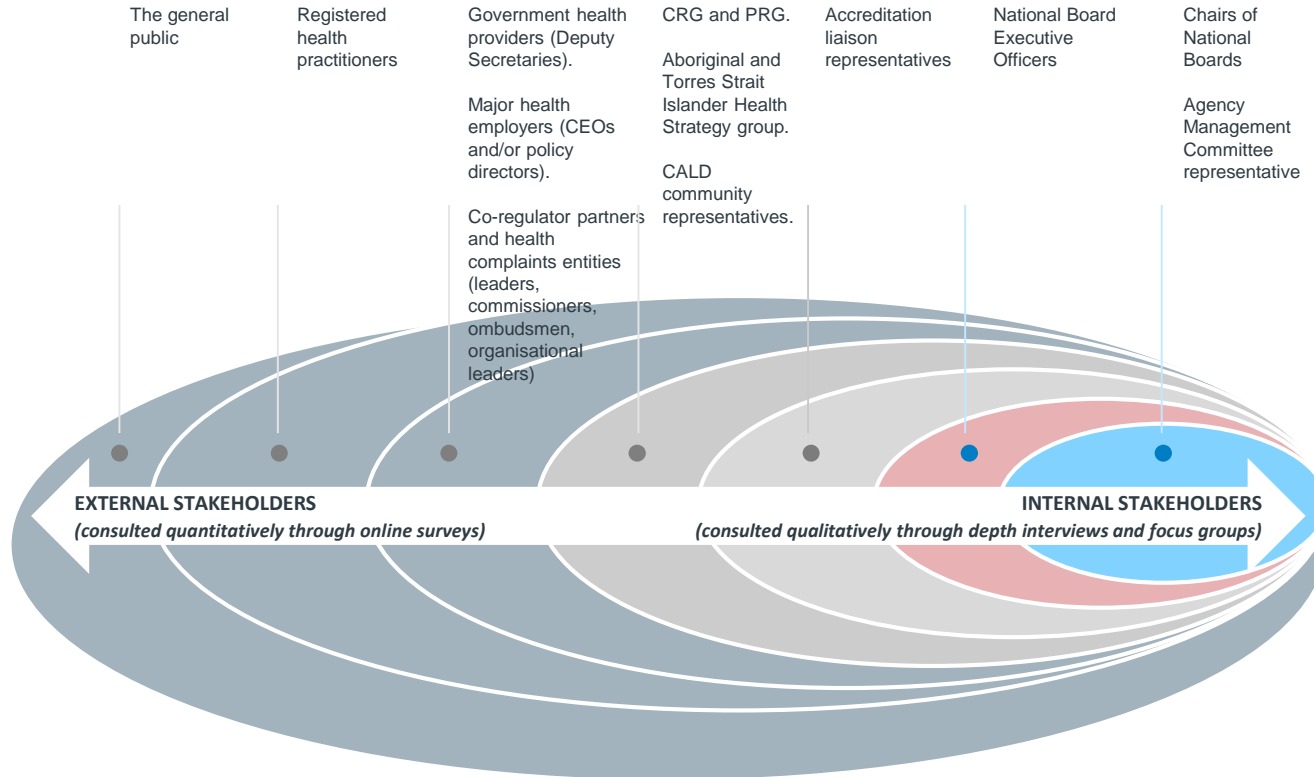**Stage 3** consisted of an online survey with practitioners from all 15 registered professions.
This survey was conducted between September 17 – 25, 2018.

Stage 4 consisted of an online survey with a representative sample of the Australian general public.
This survey was conducted between September 17 – 25, 2018.

A range of stakeholders have been consulted

Throughout this report, 'internal stakeholders' is used to refer to Chairs of National Boards and AHPRA Executive Officers, while, 'external stakeholders' is generally applied to infer other stakeholder groups

The general public

Registered health practitioners

Government health providers (Deputy Secretaries).

Major health employers (CEOs and/or policy directors).

Co-regulator partners and health complaints entities (leaders, commissioners, ombudsmen, organisational leaders)

CRG and PRG.

Aboriginal and Torres Strait Islander Health Strategy group.

CALD community representatives.

Accreditation liaison representatives

National Board Executive Officers

Chairs of National Boards

Agency Management Committee representative

EXTERNAL STAKEHOLDERS
(consulted quantitatively through online surveys)

INTERNAL STAKEHOLDERS
(consulted qualitatively through depth interviews and focus groups)
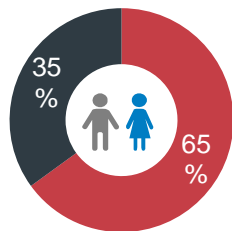
Quantitative approach

- Online surveys were conducted with practitioners as well as the broader community following the qualitative investigation.
- Truly Deeply developed the questionnaires in consultation with AHPRA.
- The questionnaires were developed to allow initial findings in the qualitative approach to be further explored and validated. Additional pre-codes and lists of words and statements were included in the survey following feedback from interviews and discussion with stakeholders.
- Respondents to the Community Survey were sourced using an external panel provider. Quotas were placed on the sample for gender, age and location to ensure a nationally representative sample was achieved.
- Participants in the Practitioner Survey were sourced by AHPRA (using software that allowed the survey to be deployed to a random sample of practitioners in each profession).
- Once the surveys were closed, statistical analysis was conducted by Truly Deeply to summarise and compare the quantitative findings.

	Community Survey	Practitioner Survey
Fieldwork dates	September 19 - 25	September 19 - 27
Responses	1,020	5,694
Email invitations sent	na	100,257
Response rate	na	6.0%

Sample of registered practitioners (n = 5,694)

Gender

35%
65%

Age

18-29 years	10%
30-39 years	23%
40-49 years	24%
50-59 years	23%
60-69 years	15%
70 years +	3%

Years in practice

	6%
3-5 years	13%
	14%
10-14 years	14%
	11%
20 years or more	42%
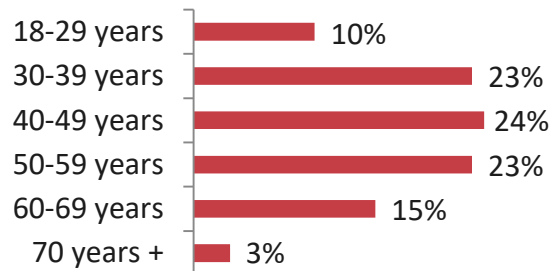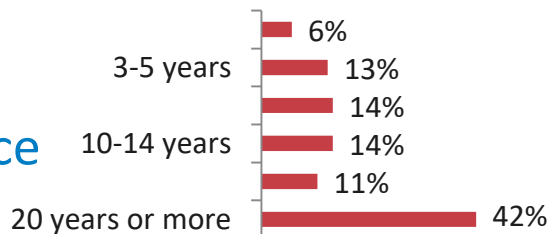
* Figures may not add to 100%. Missing figures accounted for by 'prefer not to say'

Practitioner type*

Aboriginal and Torres Strait…	1% (n=58)
Chinese Medicine	6% (n=325)
Chiropractor	8% (n= 437)
Dental practitioner	8% (n=464)
Medical	8% (n=461)
Medical Radiation	6% (n=326)
Midwife	5% (n=300)
Nurse	5% (n=304)
Nurse and midwife	6% (n=339)
Occupational Therapist	6% (n=349)
Optometrist	7% (n=373)
Osteopath	2% (n=112)
Pharmacist	6% (n=355)
Physiotherapist	7% (n=380)
Podiatrist	6% (n=324)
Psychologist	14% (n=787)
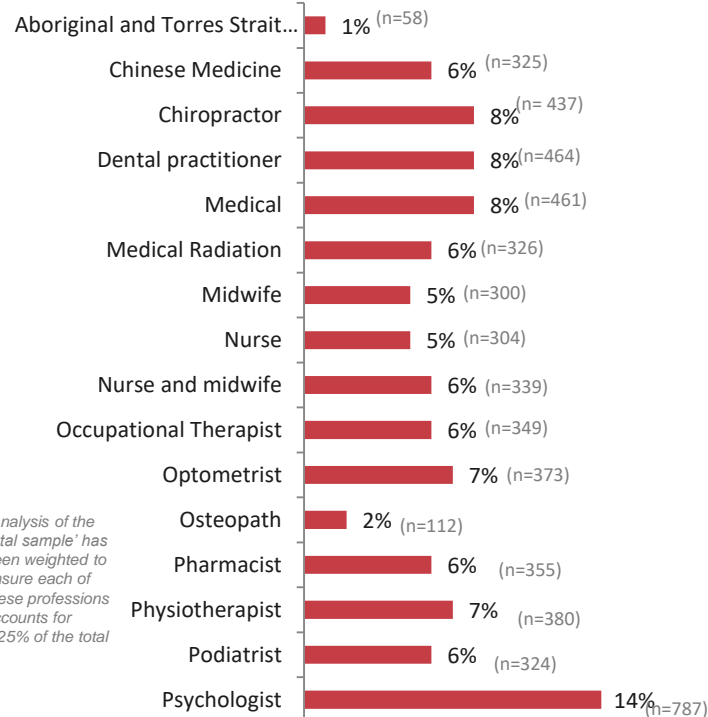
*Analysis of the 'total sample' has been weighted to ensure each of these professions accounts for 6.25% of the total

Levels of confidence and trust in AHPRA

The survey results indicate significantly higher levels of confidence and trust in AHPRA amongst the general public (*that is, the proportion of the general public who have some knowledge of AHPRA*) compared with the levels of confidence and trust that practitioners have in AHPRA.

Practitioners

Broader Community
(29% have some knowledge of AHPRA)

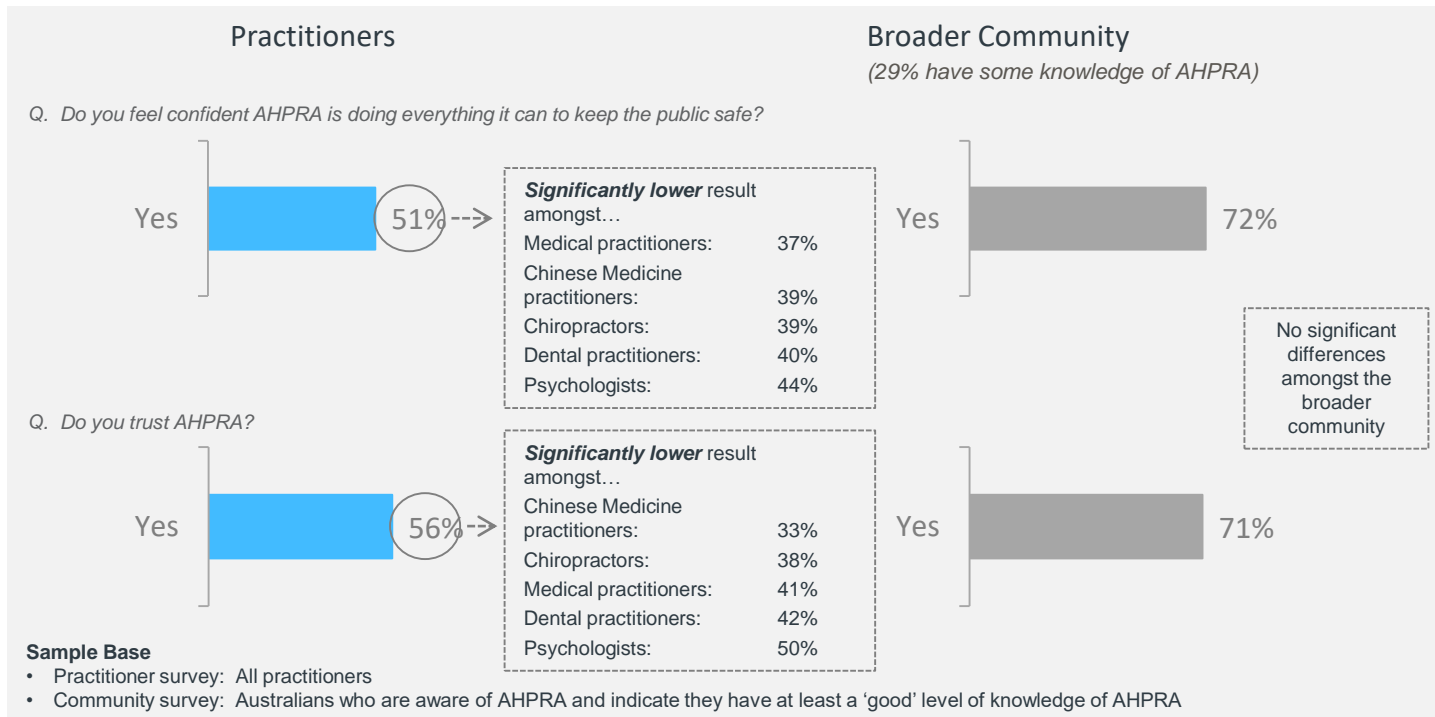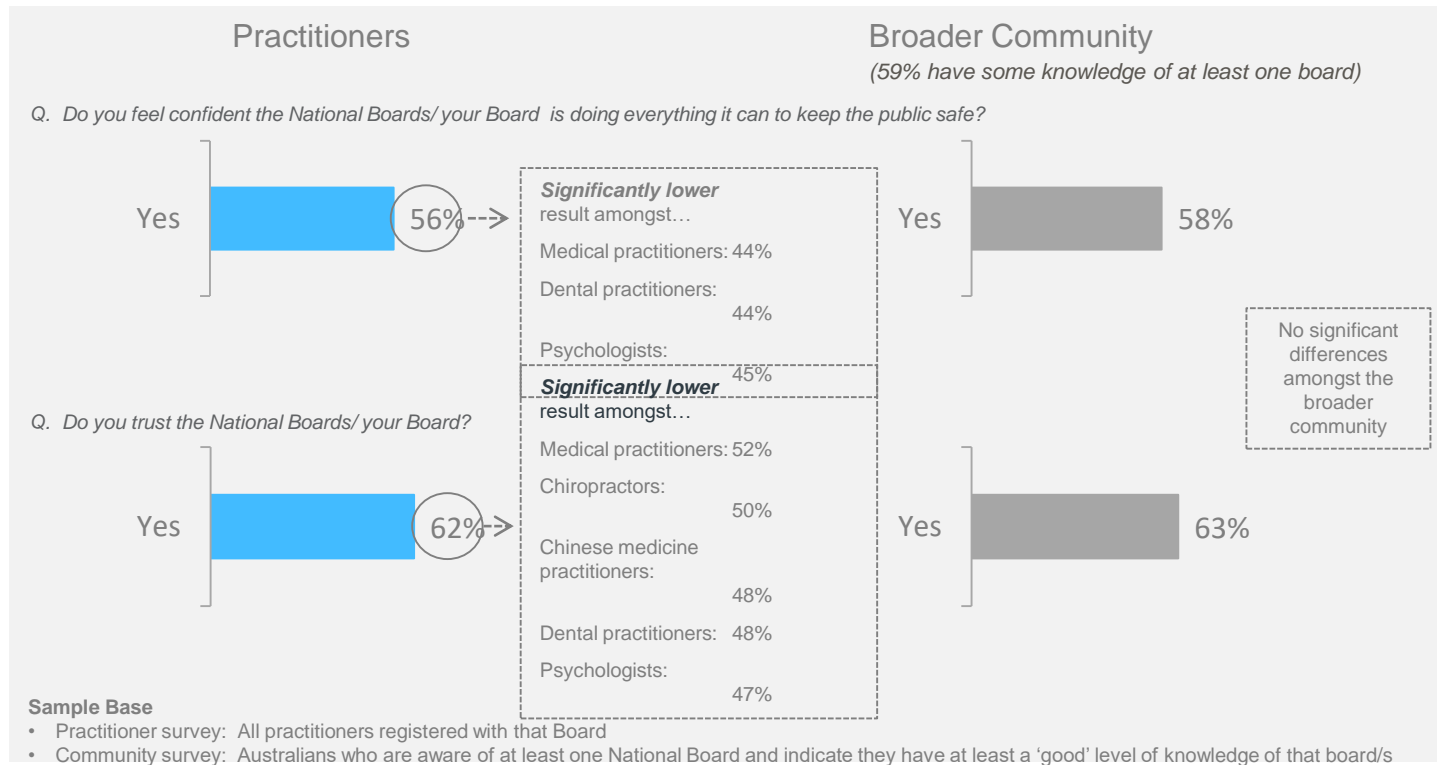Q. *Do you feel confident AHPRA is doing everything it can to keep the public safe?*

Yes 51% -->

Significantly lower result amongst…	
Medical practitioners:	37%
Chinese Medicine practitioners:	39%
Chiropractors:	39%
Dental practitioners:	40%
Psychologists:	44%

Yes 72%

No significant differences amongst the broader community

Q. *Do you trust AHPRA?*

Yes 56% ->

Significantly lower result amongst…	
Chinese Medicine practitioners:	33%
Chiropractors:	38%
Medical practitioners:	41%
Dental practitioners:	42%
Psychologists:	50%

Yes 71%

Sample Base
- Practitioner survey: All practitioners
- Community survey: Australians who are aware of AHPRA and indicate they have at least a 'good' level of knowledge of AHPRA
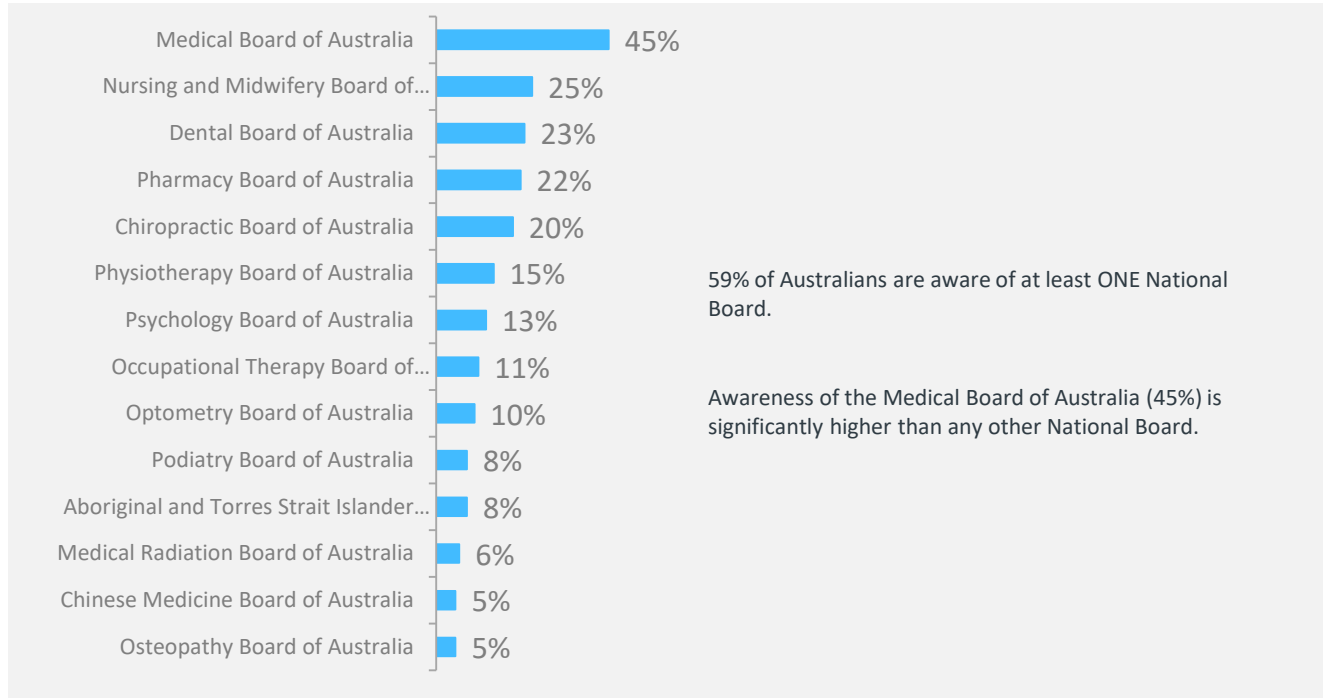
Levels of confidence and trust in National Boards

Once again there are a small number of professions who demonstrated significantly lower levels of confidence and trust in their National Board, compared with other professions. These are the same professions who have less confidence and trust in AHPRA.

Practitioners

Broader Community
(59% have some knowledge of at least one board)

Q. *Do you feel confident the National Boards/ your Board is doing everything it can to keep the public safe?*

Yes 56% -->

Significantly lower result amongst…

Medical practitioners: 44%

Dental practitioners: 44%

Psychologists: 45%

Yes 58%

No significant differences amongst the broader community

Q. *Do you trust the National Boards/ your Board?*

Yes 62% ->

Significantly lower result amongst…

Medical practitioners: 52%

Chiropractors: 50%

Chinese medicine practitioners: 48%

Dental practitioners: 48%

Psychologists: 47%

Yes 63%

Sample Base
- Practitioner survey: All practitioners registered with that Board
- Community survey: Australians who are aware of at least one National Board and indicate they have at least a 'good' level of knowledge of that board/s

Awareness of each National Board

Q. Before today, were you aware of any of the following Boards that regulate registered health practitioners in Australia?

Board	Percentage
Medical Board of Australia	45%
Nursing and Midwifery Board of…	25%
Dental Board of Australia	23%
Pharmacy Board of Australia	22%
Chiropractic Board of Australia	20%
Physiotherapy Board of Australia	15%
Psychology Board of Australia	13%
Occupational Therapy Board of…	11%
Optometry Board of Australia	10%
Podiatry Board of Australia	8%
Aboriginal and Torres Strait Islander…	8%
Medical Radiation Board of Australia	6%
Chinese Medicine Board of Australia	5%
Osteopathy Board of Australia	5%

59% of Australians are aware of at least ONE National Board.

Awareness of the Medical Board of Australia (45%) is significantly higher than any other National Board.

We are widely respected

- Stakeholder perceptions are generally positive and consistent.

- Broad sentiment is we had a 'rough and shaky start', but a very solid foundation has been built.

- The relationships between and among us are recognised as highly complex, but it is also acknowledged that those relationships have matured, evolved and significantly improved overtime.

- The hard work, experience and expertise of the leadership team and senior staff at AHPRA are considered to be key reasons for the success and improvements.

We need a shared vision and more unified public 'face'

- While confusion exits about our specific roles and functions, this is predominantly a concern for internal stakeholders.

- External stakeholders don't typically understand the complexity of our internal structure, nor do they have an appetite for understanding it.

- It's clear that misconceptions exist about our primary purpose and focus.

We need a shared vision and more unified public 'face'

- Ext. stakeholders see AHPRA as the public face of the National Scheme and the 'funnel' for all communication. Beyond that, there is considerable confusion about what the primary area of interest is for AHPRA and the National Boards.

- Practitioners believe that 'the public' are the primary focus for AHPRA while the broader community are more likely to think it's practitioners.

- Ongoing confidence and trust will rely on communicating a simple message about who we are, how we relate to each other and our key areas of focus.

It's time to shift the conversation from 'the punitive' to 'the positive'

Much of the hard work establishing trust and confidence in the National Scheme has been completed. The opportunity now is to alter the tone of the conversation.

- A conversation that focuses on being proactive, rather than reactive.
- A conversation that focuses on support and confidence, rather than fear and adversary.
- A conversation that continues to include practitioners, but also extends to wider community health stakeholders and the broader public.

Other areas of consideration

- Simplify the key messaging and the hierarchy of those key messages
- Engage where sentiment, confidence and trust is high, to leverage successful strategies more broadly
- Engage where sentiment, confidence and trust is lower, to develop greater cohesion
- Compare baseline data on trust and confidence with other regulators
- Consider a review and potential refinement of the visual identify to align with the values of unity and confidence

How are we using this report?

Results show an appetite for change and opportunities for:

- Development of a new whole of scheme engagement strategy to guide us and measure effectiveness

- Informing other pieces of work such as development of the strategic plan 2020-25

- Increase transparency in our communications and actions wherever possible

- Consider our visual identity (with paramedics onboard) to better support our work and continue to build stakeholder confidence.

Have a question about the social research project?

Contact Executive Director, Strategy and Policy at:
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