
AHPRA

Review of stakeholder perceptions of AHPRA and the National Boards

A Social Research Project

November 2018

Supplementary report prepared for:
The Podiatry Board of Australia

Truly[®]
Deeply



Introduction

- Truly Deeply has been engaged by the Australian Health Practitioner Agency (AHPRA) to test the perception of sentiment towards AHPRA and the National Boards. This review is intended to help AHPRA and National Boards better understand what stakeholders think and feel about the organisation and to identify how to facilitate ongoing confidence and trust in the work performed by AHPRA and National Boards.
- The study has used a combination of both qualitative and quantitative approaches, specifically extended interviews (face to face and via the telephone), focus groups and online surveys.
- A single, integrated report has been provided to AHPRA documenting the key themes and results.
- A separate summary has been provided for each of the National Boards based on the results of the online survey with practitioners.
- The purpose of this report is to present a subset of findings specifically for the **Podiatry Board of Australia**.

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.

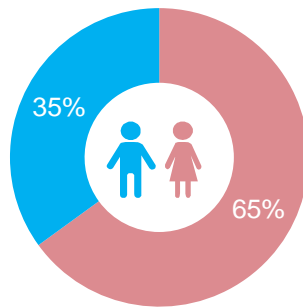
Quantitative approach

- 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 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.
- 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).
- The practitioner sample has been weighted to ensure an equal ‘voice’ within the total sample of registered health practitioners (with the sample of ‘nurses’ and ‘midwives’ further separated). This has been done to ensure that the views of (for example) of ‘psychologists’, which accounted for 14% of responses to the survey, does not distort the views of other professions, which accounted for a much smaller response overall to the survey.
- Once the surveys were closed, statistical analysis was conducted by Truly Deeply to summarise and compare the quantitative findings.

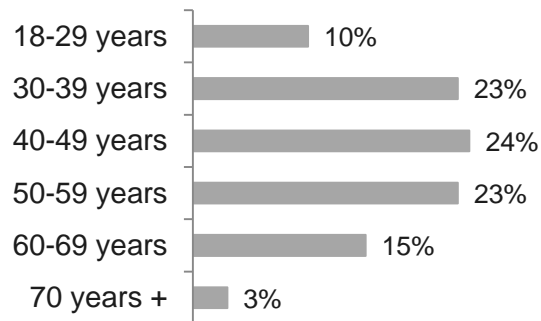
	Community Survey	Practitioner Survey
Fieldwork dates	September 19 - 25	September 19 - 27
Responses	1,020	5,694
Email invitations sent	na	100,257
Response rate	na	6.0%

Sample of registered practitioners (n = 5,694)

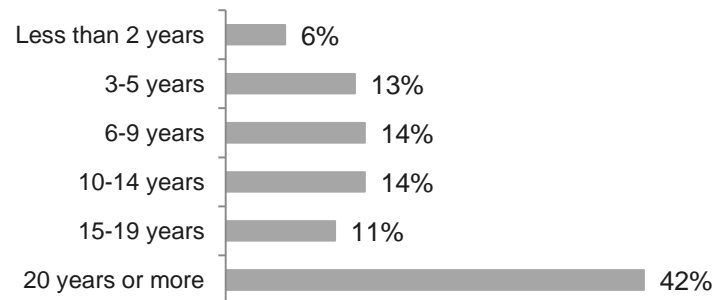
Gender



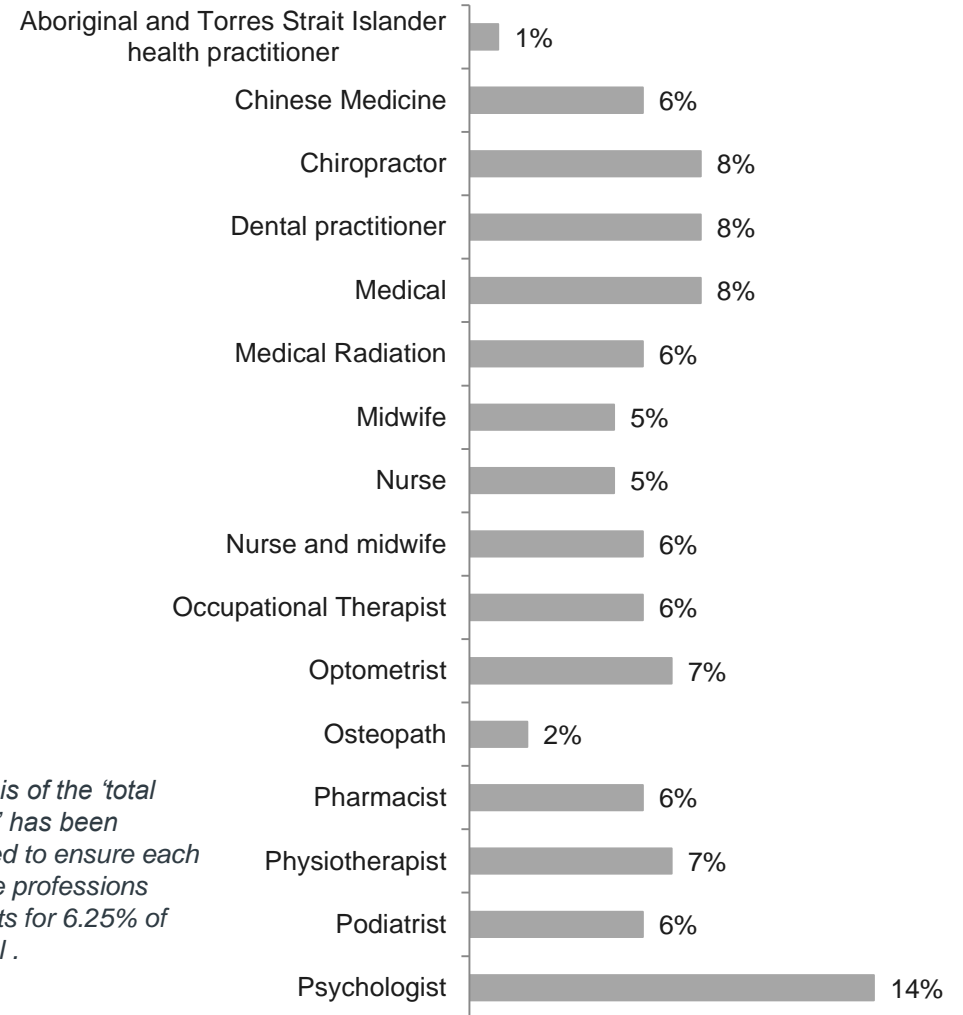
Age



Years in practice



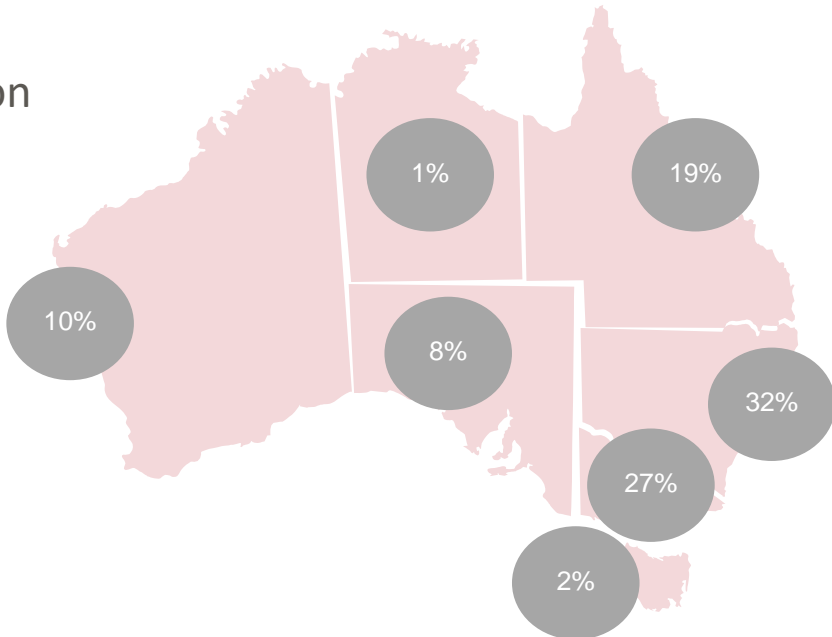
Practitioner type*



**Analysis of the 'total sample' has been weighted to ensure each of these professions accounts for 6.25% of the total.*

Sample of registered practitioners (n = 5,694)

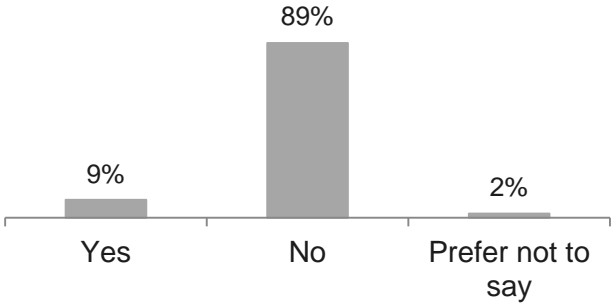
Location



Metro: 66%

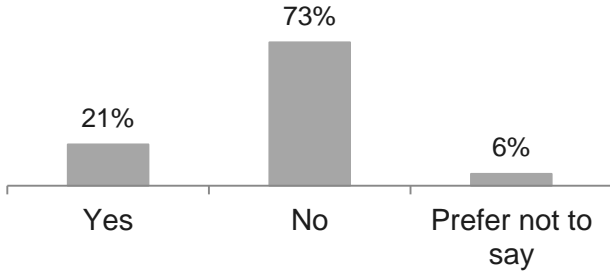
Regional : 34%

% who have had a complaint ever made against them to AHPRA or their Board as a registered Health Practitioner*



* As identified by individual respondents

% who have ever been audited to check their compliance with the mandatory registration standards*



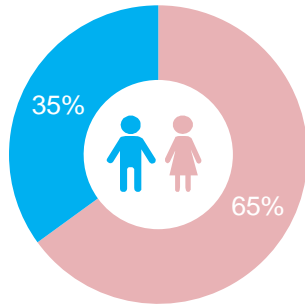
* As identified by individual respondents

Summary of results of the online survey with registered health practitioners.

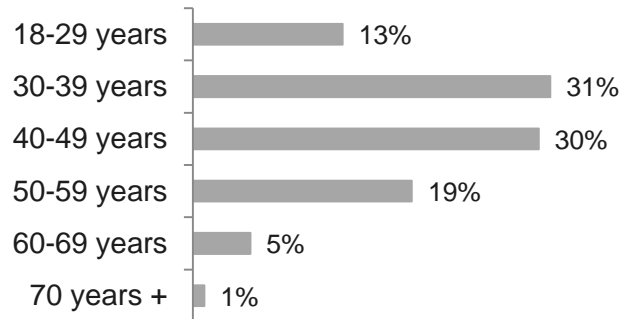
Specific insights into the responses from:
podiatrists and podiatric surgeons

Sample of podiatrists (n=324)

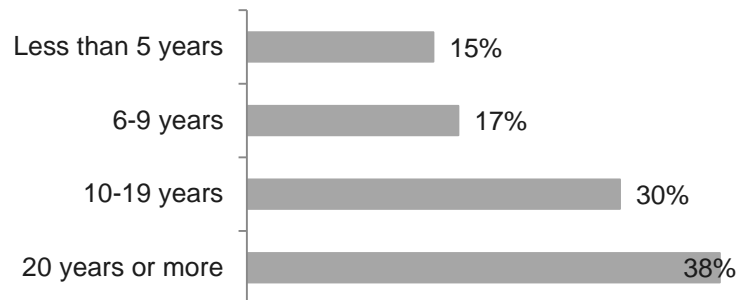
Gender:



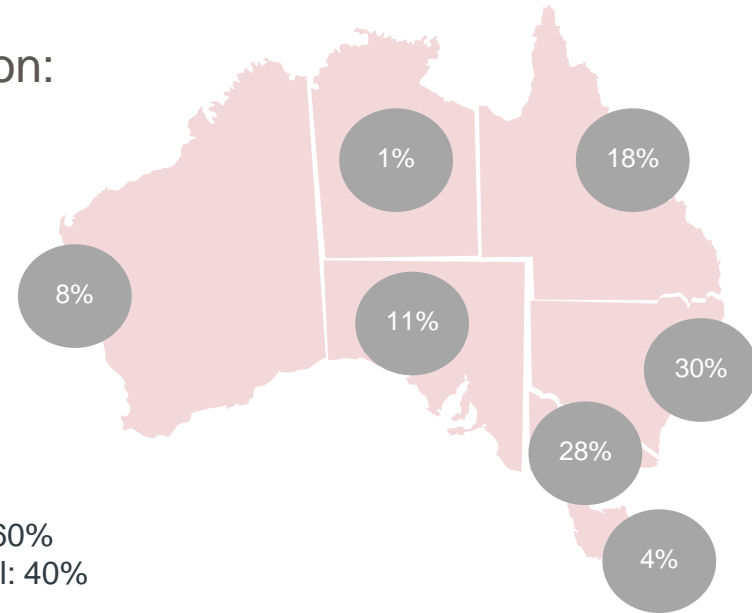
Age:



Years in practice:

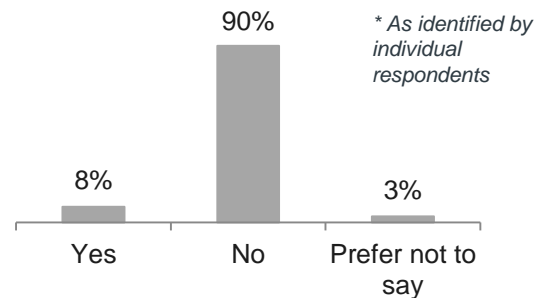


Location:

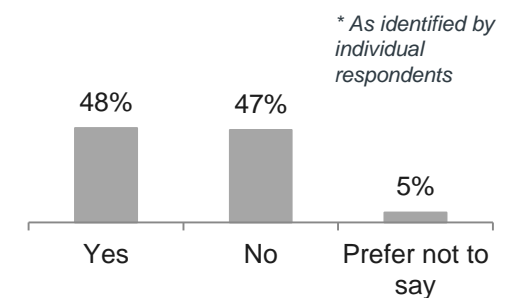


Metro: 60%
Regional: 40%

% who have had a complaint ever made against them to AHPRA or their Board as a registered Health Practitioner*



% who have ever been audited to check their compliance with the mandatory registration standards*



Perceptions of the Podiatry Board of Australia (Top 20 associations)

Q. Which of the following words or statements, if any, do you strongly associate with the (National Board)?

Base: Total sample of practitioners registered with this specific Board (n=324)

Perception	% of practitioners with that perception of the Board	Difference compared to the average across all professions
For practitioners	40%	(+4%)
Administrators	38%	(+3%)
Necessary	35%	(0%)
Regulators	33%	(-5%)
Bureaucratic	24%	(-2%)
Decision-makers	24%	(-3%)
Advocates	22%	(+4%)
For the public	20%	(-3%)
Out of touch	15%	(+3%)
Competent	15%	(-3%)

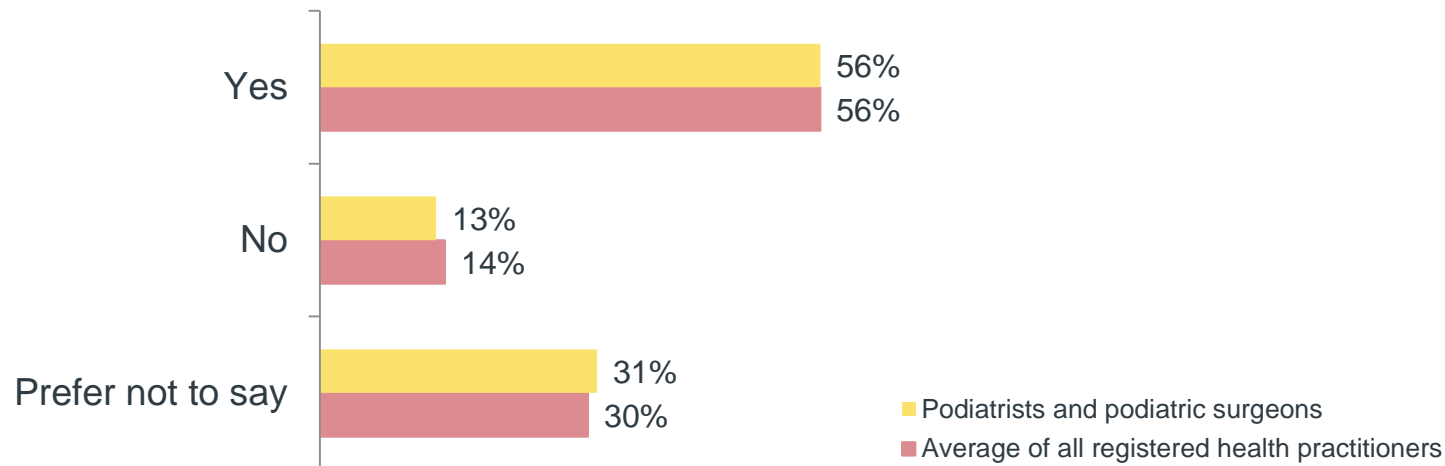
Perception	% of practitioners with that perception of the Board	Difference compared to the average across all professions
Approachable	14%	(+2%)
Poor communicators	12%	(+2%)
Accessible	12%	(-)
Supportive	12%	(-1%)
Helpful	10%	(-2%)
Rigid	10%	(-1%)
Intimidating	10%	(0%)
Good communicators	9%	(-2%)
Trustworthy	8%	(-5%)
Fair	8%	(-3%)

Green indicates a result *significantly higher* than the average across all professions.

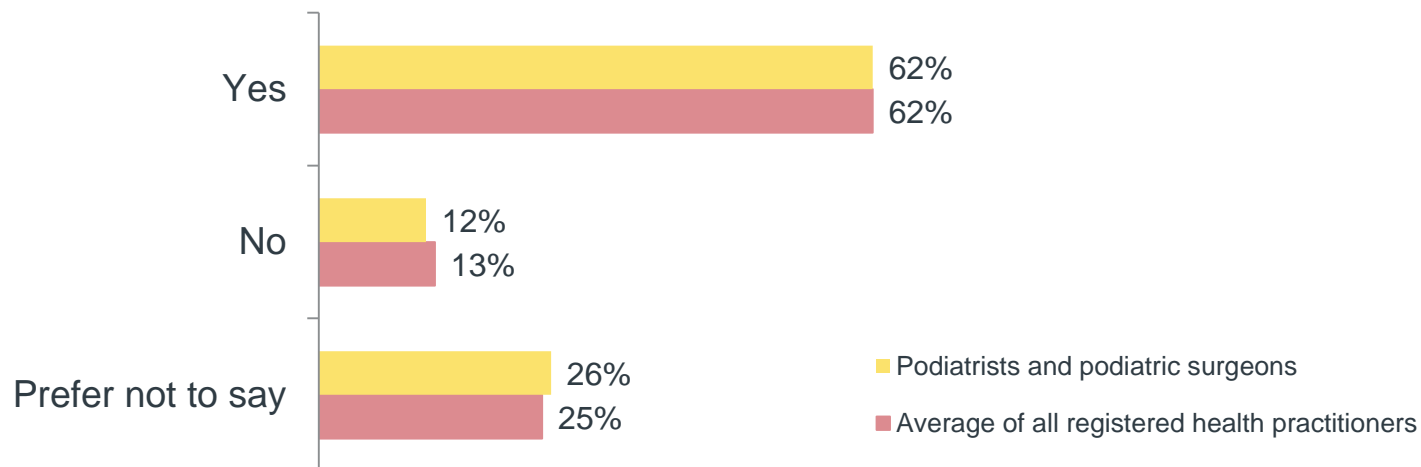
Orange indicates a result *significantly lower* than the average across all professions.

Levels of confidence and trust in the Podiatry Board of Australia

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



Q. Do you trust your National Board?



What are the indicators of trust and barriers to trust in the Podiatry Board of Australia

Indicators of trust: **62% trust the Board**

They do work hand in hand with AHPRA to ensure practitioners are at a high level of skill.

Reasonable mix of podiatrists and others.

The Board exists to protect the profession as well as the public.

It administers regulation and leadership to our profession.

They set very stringent standards at a higher level than any of the other health professions.

They understand the role of the podiatrist and can sympathise with issues sole practitioners face on a daily basis.

I have no reason not to trust the Board.

They are transparency and prescriptive.

I believe that they do strongly advocate in the practitioner's interests.

They understand all the legislation.

Strong history of good practice, represented by respected personal within the profession. Proven.

Full list of responses provided separately

Barriers to trust: **12% DO NOT trust the Board**

If the fairness, transparency, timeliness and communications of the 2018 board of director selection process is anything to go by, why would you trust them? They do not give direct answers to simple direct questions when practitioners are seeking guidance on how to best adhere to the guidelines. They avoid responsibility and accountability for their actions and decisions.

Previous history of manipulation by members of the State Boards.

It does not appear to balance the public v podiatrist interests. It is all about public safety at the extreme detriment of the podiatrists.

Self serving ultra conservative not interested in being innovative, totally submissive to the medical hierarchy.

Out of touch with modern practice. Autocratic. Poor response times. Restrictive and does not foster flexibility in the health work force.

They are not approachable, not in touch, do not allow flexibility and are not moving forward with the times. The people on the board do not reflect the podiatric community.

Perceptions of AHPRA amongst podiatrists and podiatric surgeons

(Top 20 associations)

Q. Which of the following words or statements, if any, do you strongly associate with AHPRA?

Base: Total sample of practitioners registered with this specific Board (n=324)

Perception	% of practitioners with that perception of AHPRA	Difference compared to the average across all professions
Regulators	60%	(+6%)
Administrators	52%	(0%)
Necessary	43%	(+3%)
Bureaucratic	42%	(+2%)
For the public	40%	(+2%)
For practitioners	26%	(-4%)
Decision makers	23%	(-2%)
Intimidating	20%	(+3%)
Controlling	17%	(0%)
Rigid	17%	(-1%)

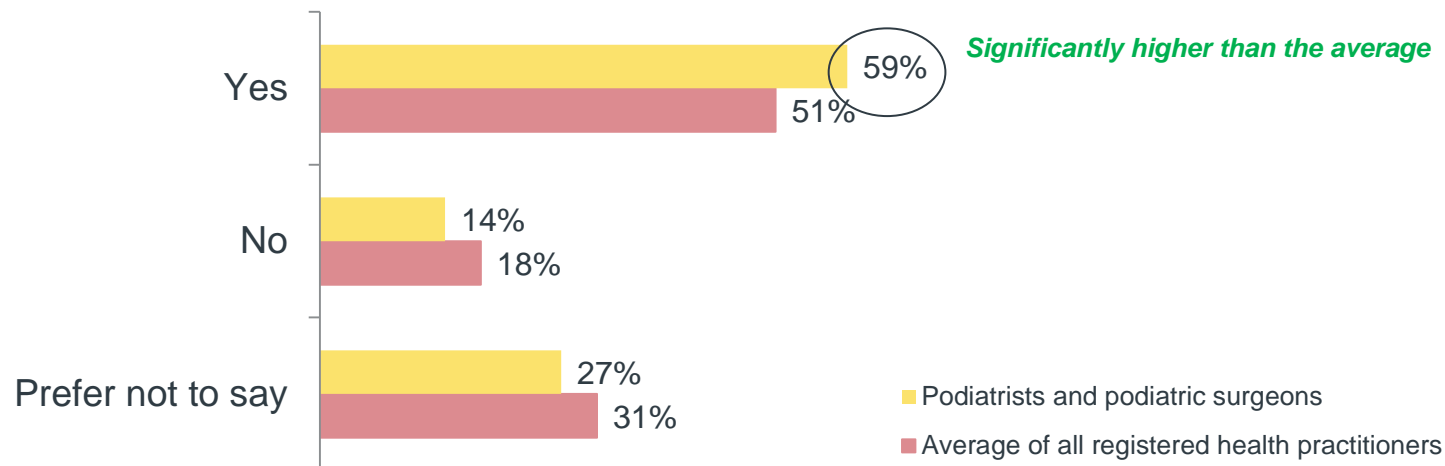
Perception	% of practitioners with that perception of AHPRA	Difference compared to the average across all professions
Competent	16%	(+1%)
Accessible	13%	(0%)
Poor communicators	12%	(-2%)
Fair	10%	(-)
Trustworthy	9%	(0%)
Out of touch	9%	(-3%)
Helpful	8%	(-1%)
Good communicators	8%	(-1%)
Secretive	7%	(-1%)
Approachable	7%	(-2%)

Green indicates a result *significantly higher* than the average across all professions.

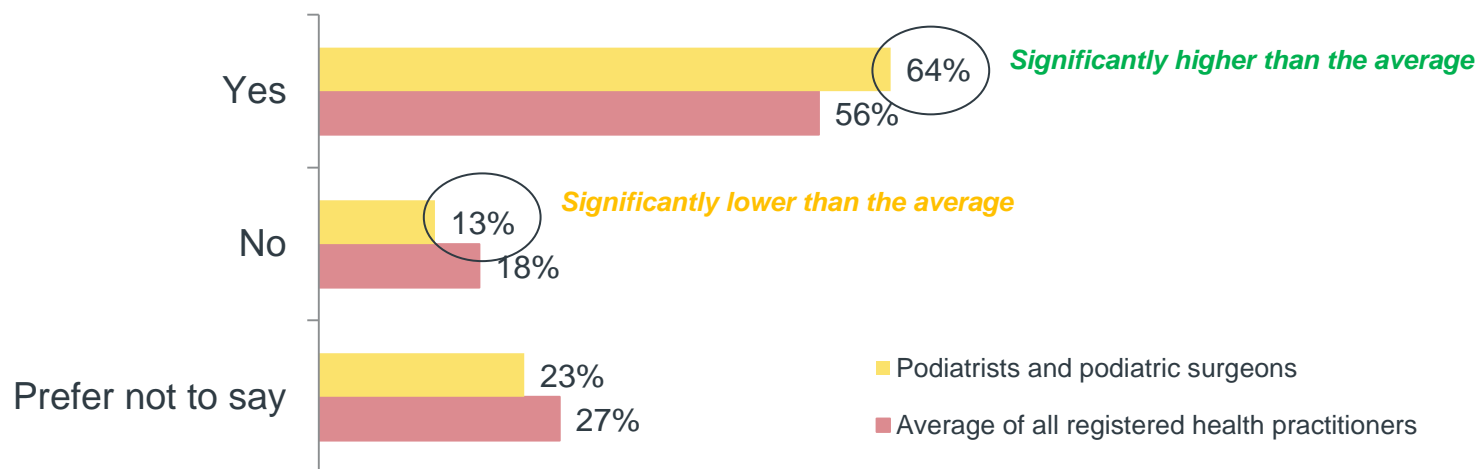
Orange indicates a result *significantly lower* than the average across all professions.

Levels of confidence and trust in AHPRA amongst podiatrists and podiatric surgeons

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



Q. Do you trust **AHPRA**?



What are the indicators of trust and barriers to trust in AHPRA amongst podiatrists and podiatric surgeons

Indicators of trust: **64% trust AHPRA**

Keeps accreditation and legalities up-to-date.

They are responsive to inquiries when I've asked of them.

I have seen them investigate and take action as required.

I have no reason not to trust AHPRA. AHPRA is there to regulate health professionals and protect both the public and the health professions.

I believe they are there for a purpose and will do their best.

The AHPRA website is accessible and with the public access to registered practitioners, it is transparent.

I think that when they act they act fairly and with everyone's interest at heart.

They are the regulators. We need to have confidence that good decisions are made and due diligence is followed. We are practitioners but we are also consumers.

I believe that AHPRA has the public's interest at its core and protect members of the public from unregistered practitioners.

Full list of responses provided separately

Barriers to trust: **13% DO NOT trust AHPRA**

I don't think they treat all allied health professionals equally. I think different professions get different treatment.

They are very bureaucratic, slow to communicate and inconsistent with their practices. Staff appeared to have lied about the reasoning behind delayed graduate registrations this year by blaming the University for delayed results when the University had passed on results promptly. Some staff are very pleasant and try and be helpful, but mistakes with information and process are common.

In my experience, they are very poor at enforcing their own guidelines. It is hard to have faith that they can reach positive outcomes and intended goals with such inaction.

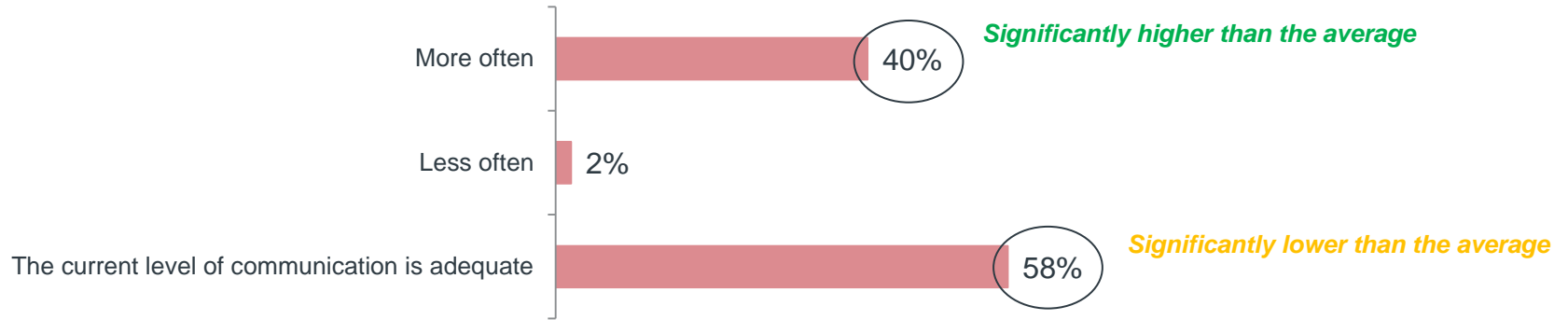
Seems a negative only outcome based bureaucracy that needs to find wrongs where wrongs may not exist.

I am aware of many decisions made by AHPRA which have not been in the public interest but influenced by powerful lobby groups.

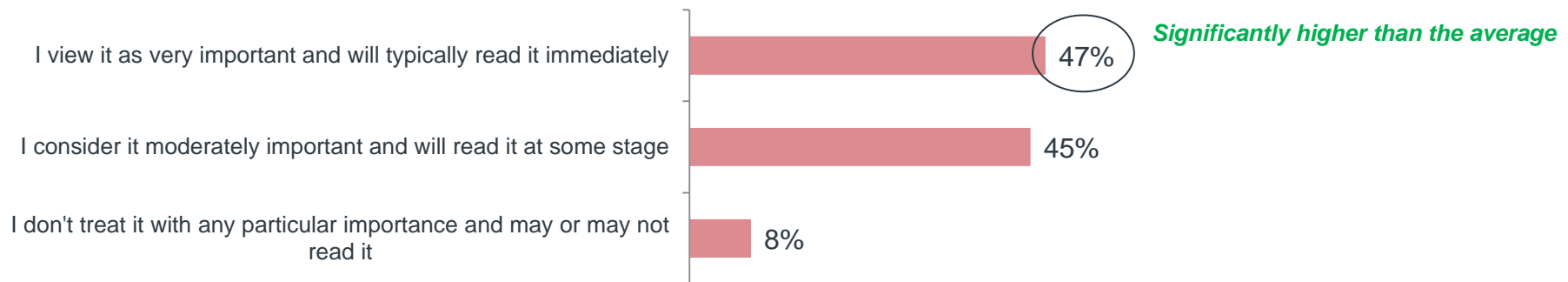
Too secretive and select boards based on unchallenged criteria and have no transparency.

Response to communication by the Podiatry Board of Australia

Q. Would you like (National Board) to communicate with you.....?



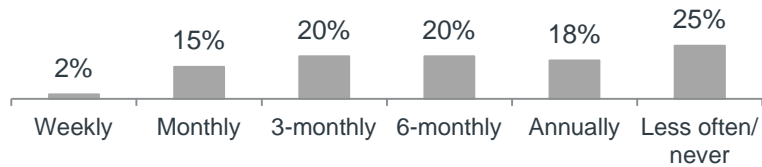
Q. How do you typically respond to communication you receive from (National Board)?



Base: Total sample of practitioners registered with this specific Board (n=324)

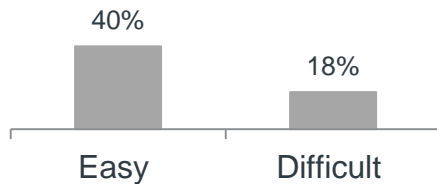
Use of the Podiatry Board of Australia website

Q. How often do you visit the website of (your National Board))?



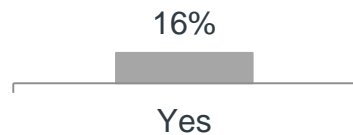
Base: Total sample of practitioners registered with this board

Q. How easy or difficult is it to find the information you were looking for on the (National Board) website?



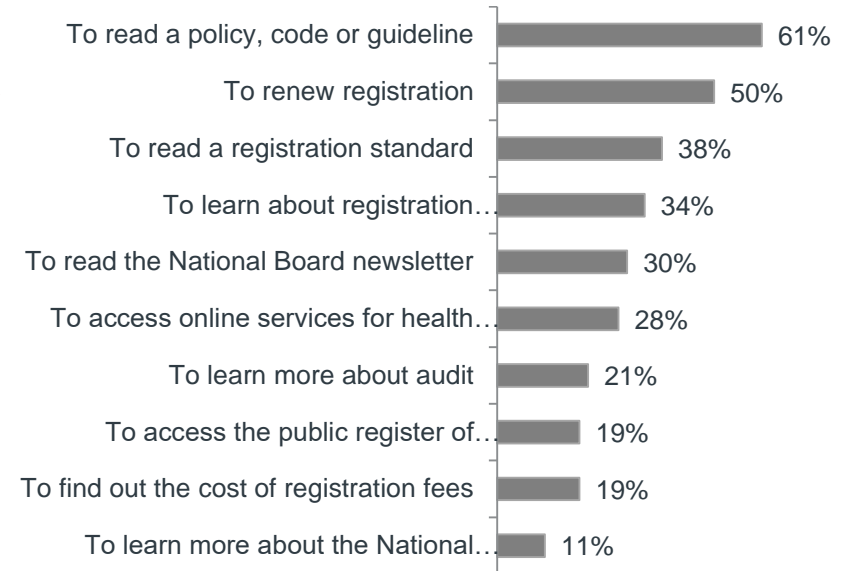
Base: Practitioners who have visited that board's website

Q. Is there any information you have looked for on the website of (National Board) but not been able to find?



Base: People who have visited that board's website

Reasons for visiting the National Board website



Additional information sought by practitioners include (but not limited to)...

- How often need to validate autoclaves?
- Infection control
- Standards of registration
- Information on prescribing endorsements
- Detailed information about registration types (practising and non-practising)
- Anaphylaxis requirements in the workplace

Additional feedback from podiatrists and podiatric surgeons

Sample of open ended responses *(full list of responses provided separately)*

If I'm being honest I am slightly ignorant on the differences in responsibilities of each organisation but I do question why we need both a Board and AHPRA - I thought these might integrate more. It is often hard to know which organisation to contact with various queries - I think this needs to be made more transparent. I'm not sure why but I find AHPRA more approachable (although I'm unsure why this is) so I tend to utilise the AHPRA website more and will generally contact them first if I have any questions.

I think what would be good from these boards is maybe a regular blog on what you may not know but you should. With so many standards and compliance's to stay abreast of it can all become a little overwhelming.

I feel AHPRA have very tight restrictions on CPD categories and hours for podiatrists in comparison to other health practitioners I have spoken to. AHPRA are often slow to respond to requests. There is a bottle neck at registration for new graduates. AHPRA are sometimes surly in responses.

I feel the national boards should advocate for their practitioner for greater recognition at a Government level.

I have felt that all communication from AHPRA and the Board has been clear, timely and informative. My dealings with both the Board and AHPRA have been positive, even slightly stressful things such as compliance Audits have been dealt with fairly, with empathy, and I have confidence that between the Board and AHPRA an excellent balance of Practitioner and Public interests are maintained.

We just have too many levels of bureaucracy. Also I am concerned about the university's failure to provide new grads with the basic skills needed to enter the workplace, this has gone backwards. I am also concerned about the number of new grads pumped out of more & more institutions.

Terrible communication people wait weeks for responses to things. Very poor considering.

Stop changing CPD requirements. Don't categorise into different subsets. 20 hours is 20 hours no matter what the CPD activity is. Rural and remote locations are significantly disadvantaged, and cannot always easily attend workshops and seminars on a week night in the city at 6.30pm. More consultation with practitioners required before changes are made, and not just through the respective professional associations.

We don't need both boards...either AHPRA or national board to control registration.

We really need to crack down on advertising standards across all AHPRA regulated professions and the professions crossing over and practicing outside their scope of knowledge!

More information

For further information about this study please contact:

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