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# AHPRA

Review of stakeholder perceptions of AHPRA and the National Boards

A Social Research Project

November 2018

Supplementary report prepared for:  
***The Chinese Medicine Board of Australia***

Truly<sup>®</sup>  
Deeply



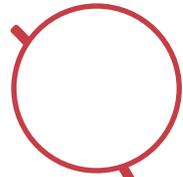
# Introduction

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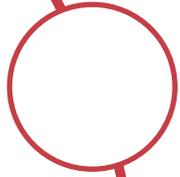
- Truly Deeply has been engaged by the Australian Health Practitioner Agency (AHPRA) to test the perception of sentiment towards AHPRA and the National Boards. This review is intended to help AHPRA and National Boards better understand what stakeholders think and feel about the organisation and to identify 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 Chinese Medicine Board of Australia**.

# An overview of the methodology

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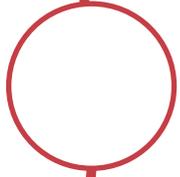


A **four stage** approach that combined both qualitative and quantitative research approaches has been used.



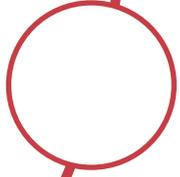
**Stage 1** comprised a total of 53 qualitative interviews. This consisted of interviews with the Chair of every National Board (15); the Executive Officer of almost every National Board (13), Government health providers (3); major health employers (3); Aboriginal and Torres Strait Islander Health Strategy 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.



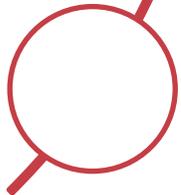
**Stage 2** involved three focus groups. The three groups were conducted with i) Members of the Community Reference Group; ii) Members of the Professions Reference Group and iii) Accreditation Authority representatives.

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

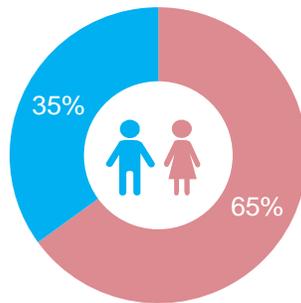
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- Online surveys were conducted with practitioners as well as the broader community following the qualitative investigation. Truly Deeply developed the questionnaires in consultation with AHPRA.
- The questionnaires were developed to allow initial 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.

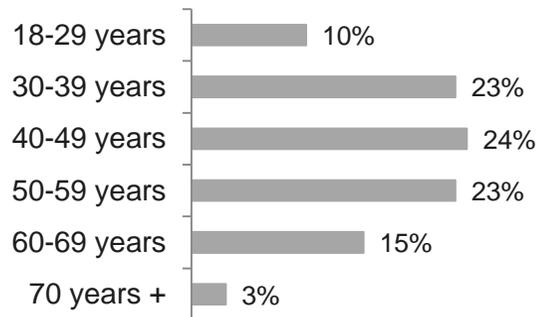
	Community Survey	Practitioner Survey
Fieldwork dates	September 19 - 25	September 19 - 27
Responses	<b>1,020</b>	<b>5,694</b>
Email invitations sent	na	100,257
Response rate	na	6.0%

# Sample of registered practitioners (n = 5,694)

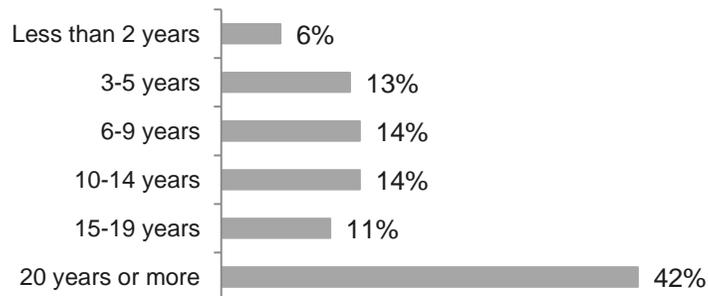
## Gender



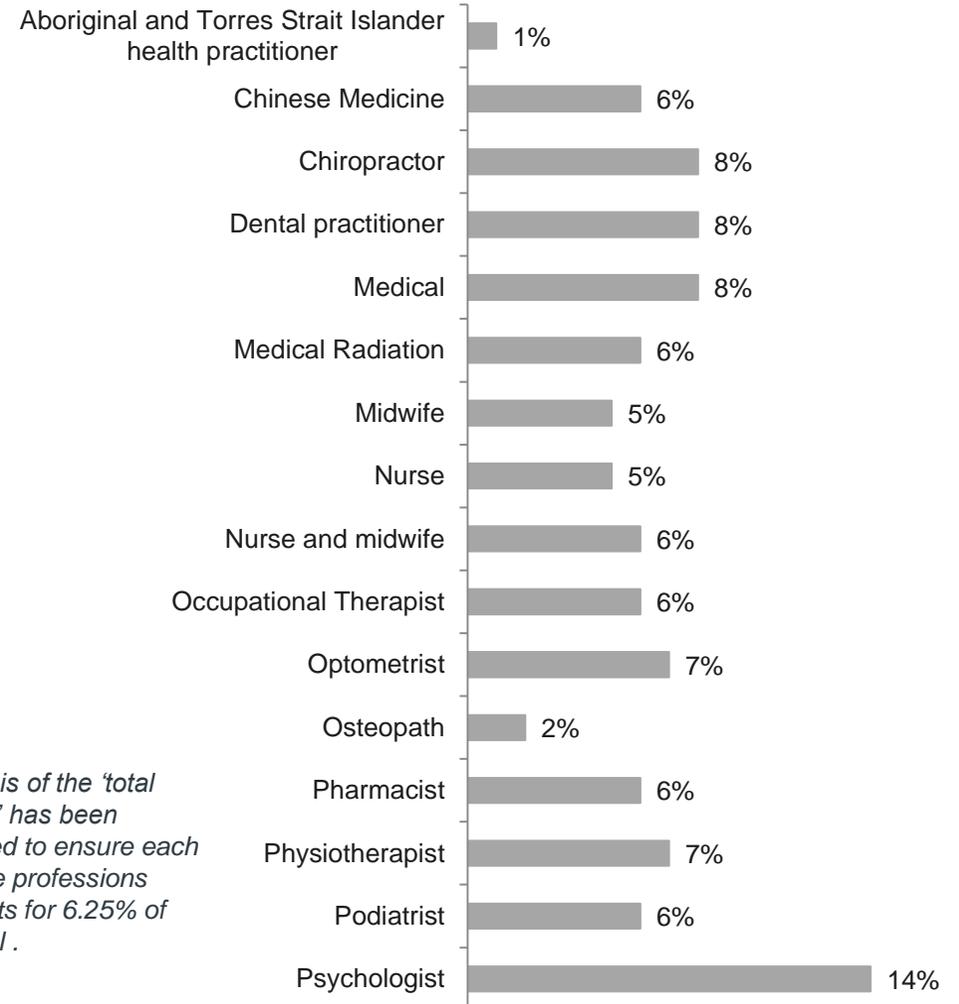
## Age



## Years in practice



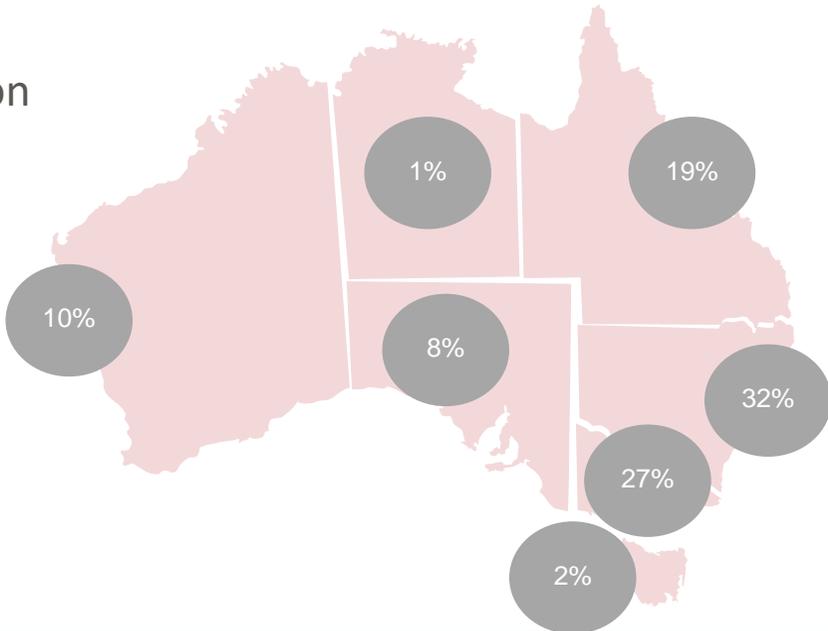
## Practitioner type\*



*\*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)

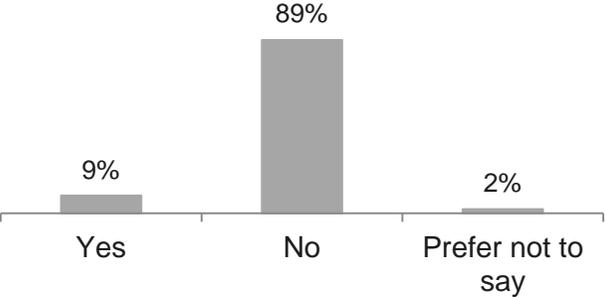
Location



Metro: 66%

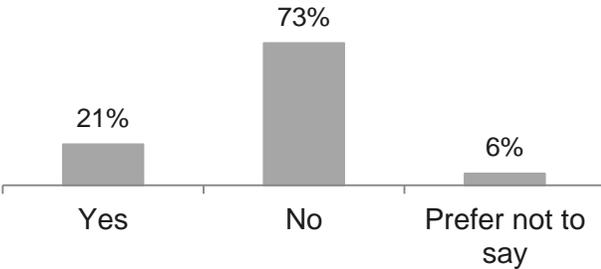
Regional : 34%

% 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

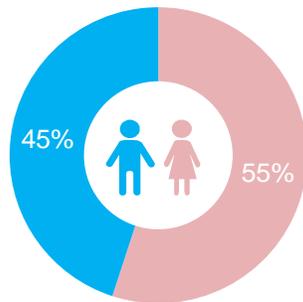
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Summary of results of the online survey with registered health practitioners.

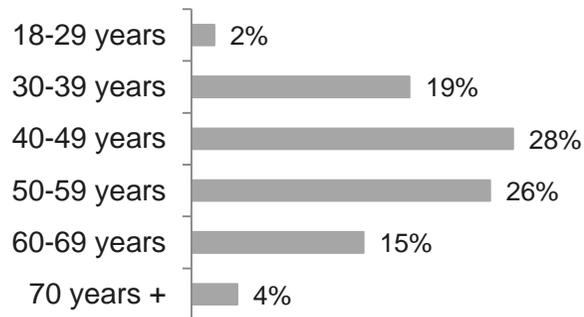
Specific insights into the responses from:  
**Chinese medicine practitioners**

# Chinese medicine practitioners (n=325)

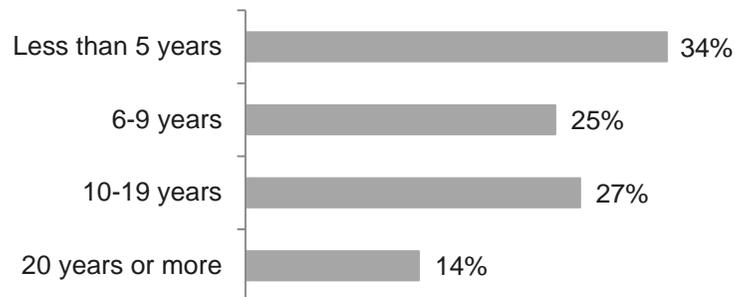
## Gender:



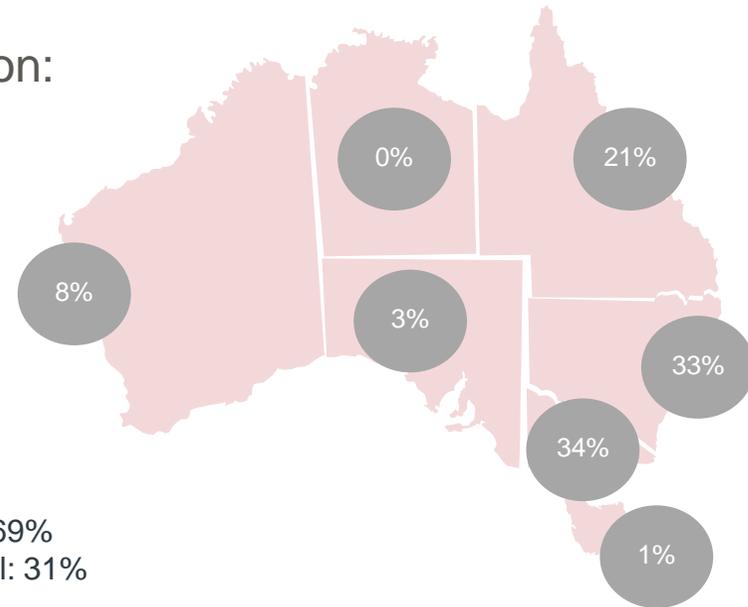
## Age:



## Years in practice:

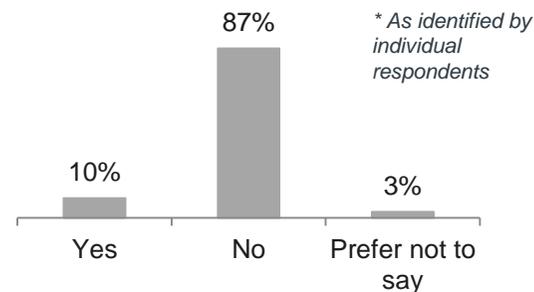


## Location:

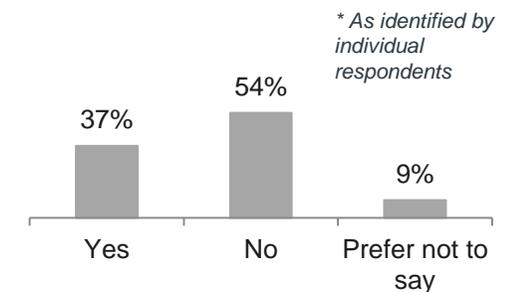


Metro: 69%  
Regional: 31%

% 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 Chinese Medicine 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=325)

Perception	% of practitioners with that perception of the Board	Difference compared to the average across all professions
Regulators	36%	(-2%)
Administrators	34%	(-1%)
<b>For the public</b>	<b>30%</b>	<b>(+7%)</b>
Bureaucratic	27%	(+1%)
<b>For practitioners</b>	<b>26%</b>	<b>(-10%)</b>
<b>Necessary</b>	<b>25%</b>	<b>(-10%)</b>
<b>Decision-makers</b>	<b>19%</b>	<b>(-8%)</b>
<b>Out of touch</b>	<b>17%</b>	<b>(+5%)</b>
<b>Controlling</b>	<b>17%</b>	<b>(+7%)</b>
<b>Poor communicators</b>	<b>17%</b>	<b>(+7%)</b>

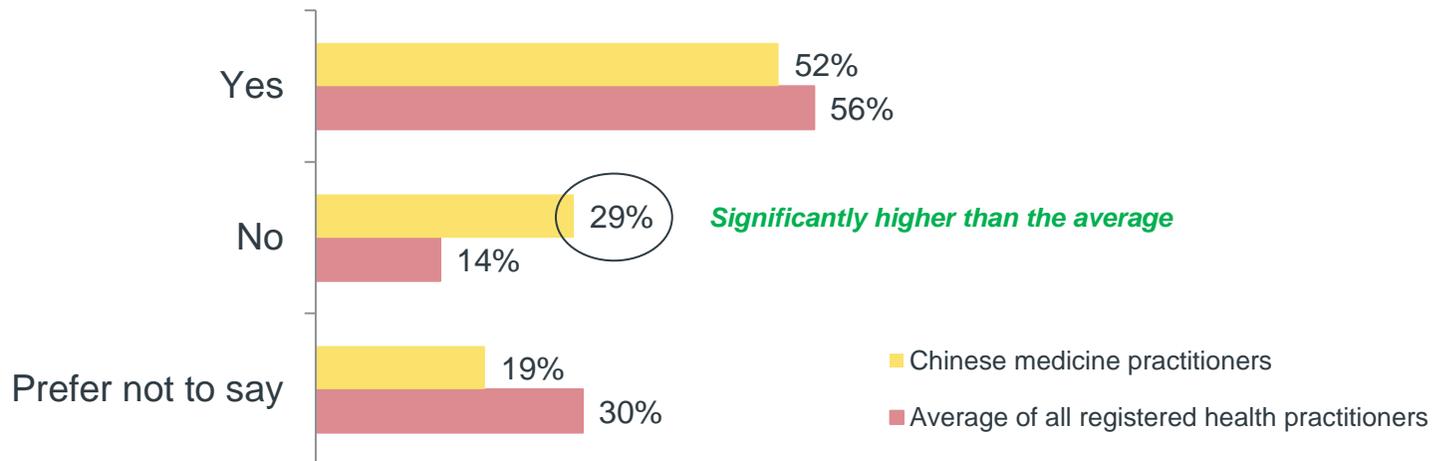
Perception	% of practitioners with that perception of the Board	Difference compared to the average across all professions
Helpful	14%	(+2%)
Competent	13%	(-5%)
<b>Advocates</b>	<b>12%</b>	<b>(-6%)</b>
Rigid	12%	(+1%)
Intimidating	12%	(+2%)
Trustworthy	12%	(-1%)
Supportive	11%	(-2%)
Good communicators	11%	(-)
Fair	10%	(-1%)
Approachable	10%	(-2%)

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

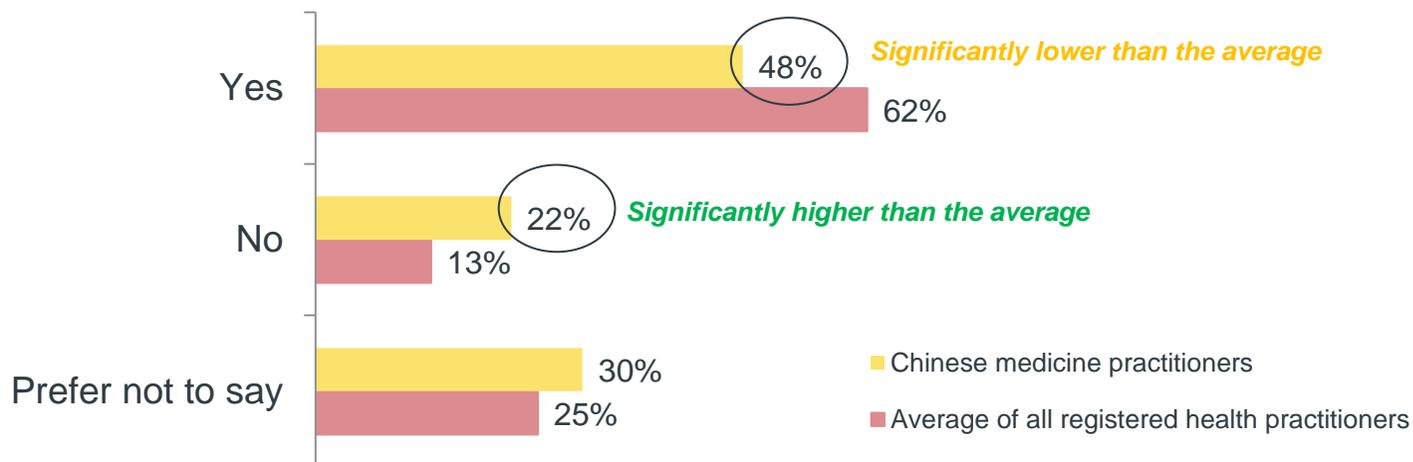
**Orange** indicates a result *significantly lower* than the average across all professions.

# Levels of confidence and trust in the Chinese Medicine 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 Chinese Medicine Board of Australia

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## Indicators of trust: **48% trust the Board**

*Seem to be doing good work in managing professional issues.*

*Because they help to weed out all the idiots out there that give us bad name.*

*Have a management system to discipline each practitioner.*

*Actually, there should be other answers available, I think I trust CMBA, but that's not for me to say, because ultimately CMBA protects the public, whether I trust it or not is irrelevant.*

*Because of my dealings with them in the past, they want practitioners to do well in our industry.*

*Its members are open minded educated folks that have a solid understanding of Chinese Medicine and its potential.*

*Fairness in dealing with matters and assistance in the process of explanation.*

*# Full list of responses provided separately*

## Barriers to trust: **22% DO NOT trust the Board**

*They are not there for public safety because they don't push to have only trained acupuncturists allowed to needle. They do not listen to OUR concerns for public safety regarding weekend trained therapists- many registered with AHPRA ( physios/chiros/drs/nurses etc)- allowed to needle the public. The public is unaware of of the lack of training these therapists have & the CMBA is failing the public.*

*They are Chinese dominated in it for themselves.*

*They are only interested in supporting the public. Practitioners are left to try figure out unclear guidelines. Especially what can be mentioned in regards to conditions. The examples cite no research and our ambiguous.*

*I don't think it's doing enough to protect our profession against dry needlers.*

*They allow anyone to practice acupuncture as long as they do not call themselves acupuncturists. That is what they told me and it is true.*

# Perceptions of AHPRA amongst Chinese medicine practitioners

(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=325)

Perception	% of practitioners with that perception of AHPRA	Difference compared to the average across all professions
Regulators	50%	(-4%)
Bureaucratic	45%	(+5%)
<b>Administrators</b>	<b>43%</b>	<b>(-9%)</b>
For the public	43%	(+5%)
<b>Controlling</b>	<b>30%</b>	<b>(+13%)</b>
<b>Necessary</b>	<b>25%</b>	<b>(-15%)</b>
Decision makers	25%	(-%)
<b>Out of touch</b>	<b>23%</b>	<b>(+11%)</b>
Rigid	23%	(+5%)
<b>Poor communicators</b>	<b>22%</b>	<b>(+8%)</b>

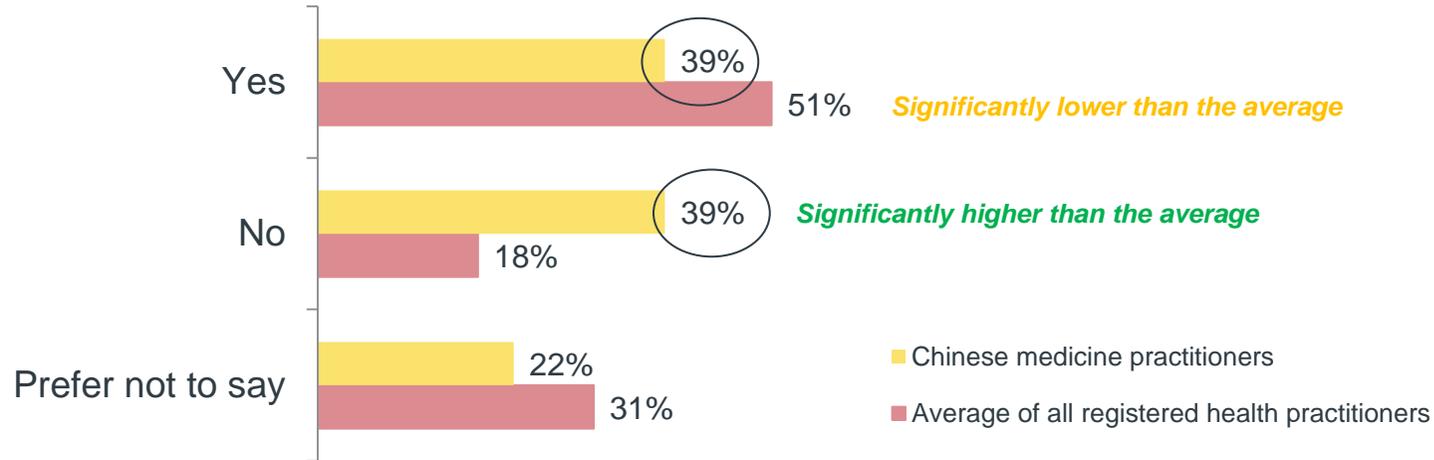
Perception	% of practitioners with that perception of AHPRA	Difference compared to the average across all professions
Intimidating	21%	(+4%)
<b>For practitioners</b>	<b>16%</b>	<b>(-14%)</b>
Secretive	12%	(+4%)
Aloof	11%	(+3%)
Helpful	10%	(+1%)
<b>Zealous</b>	<b>10%</b>	<b>(+5%)</b>
<b>Accessible</b>	<b>9%</b>	<b>(-4%)</b>
Approachable	9%	(-%)
<b>Competent</b>	<b>8%</b>	<b>(-7%)</b>
Trustworthy	8%	(-1%)

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

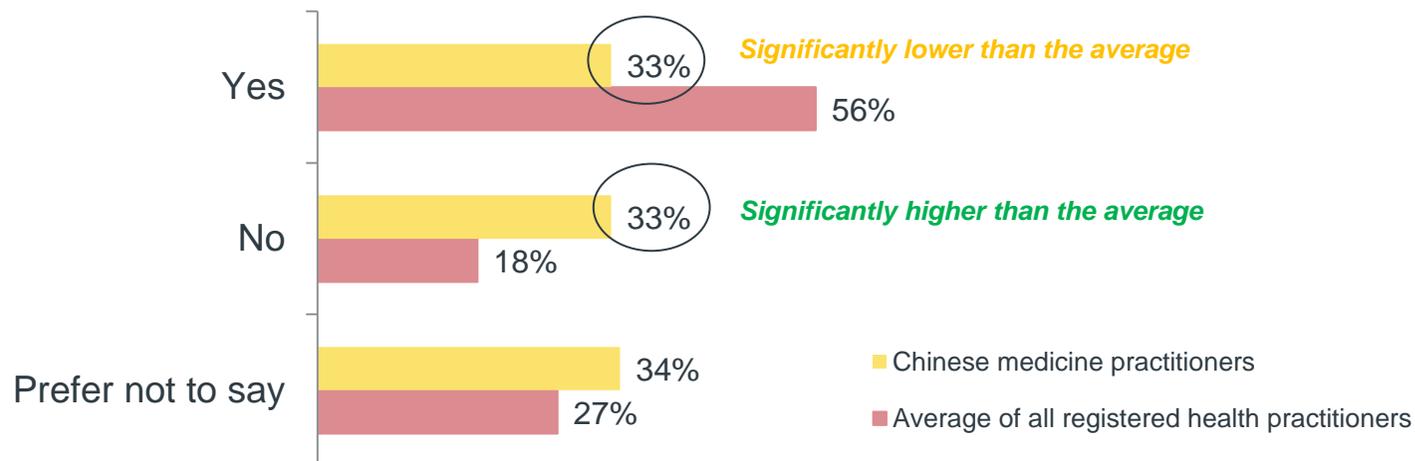
**Orange** indicates a result *significantly lower* than the average across all professions.

# Levels of confidence and trust in AHPRA amongst Chinese medicine practitioners

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 Chinese medicine practitioners

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## Indicators of trust: **33% trust AHPRA**

*History shows they are trustworthy.*

*It is the only regulatory body for medical practitioners.*

*They have responded to approaches by AACMA over complex issues and while not making things clear have at least entered dialogue in apparent good faith.*

*I like to think that all they ask us in order to registered is in our favour of keeping our professional protected and in that way protect the public. Still, I'm not sure why dry needling isn't as regulated.*

*They are doing their job well.*

*I trust that they will enforce the National legislation.*

*It is transparent and easily accessible via official website.*

*# Full list of responses provided separately*

## Barriers to trust: **33% DO NOT trust AHPRA**

*I find it hard that they limit what one profession can state yet another registered profession can advertise with no censure. Dry needling IS acupuncture & encroaches upon our scope of practice- yet other professions are allowed to advertise DRY NEEDLING for internal conditions( fertility/ depression/ anxiety) with no discipline from AHPRA.*

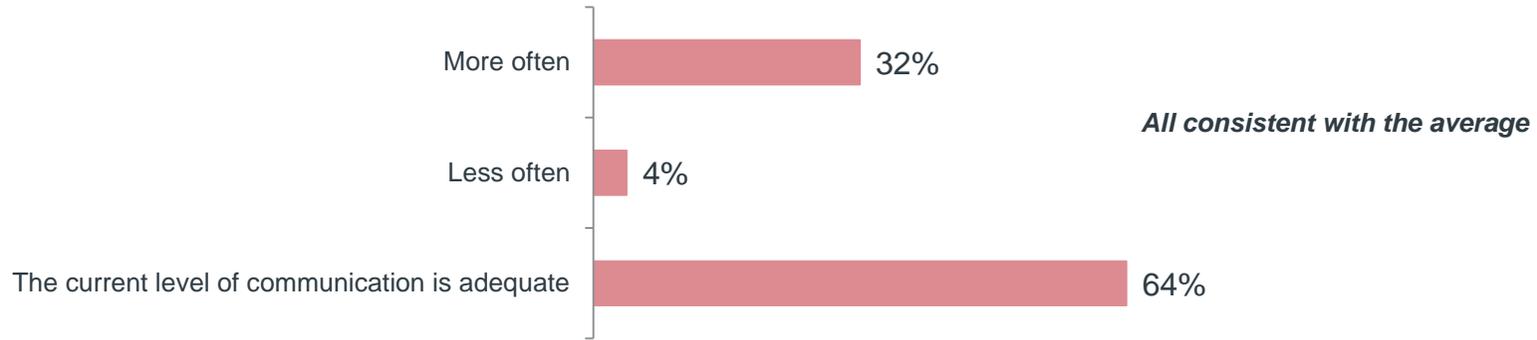
*No they seem to be unfairly influenced by certain people in regards to Chinese medicine. Its not for Public safety just a biased sector.*

*This organisation is full of lawyers that do not understand the health industry, they are excessively focused on control. Because of their legal background they are predisposed to adversarial interaction with health providers.*

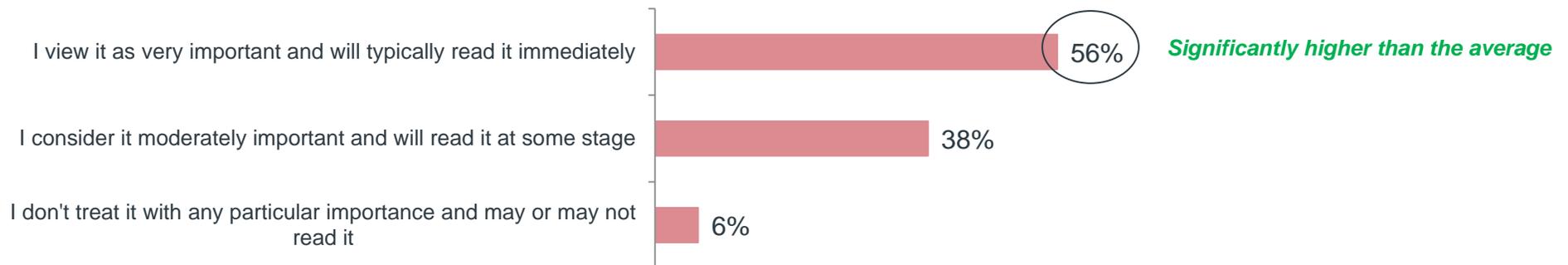
*They are only interested in protecting the public. Practitioners are forced to pay AHPRA to protect the public and we have very few rights. There is no agreement in place with AHPRA. AHPRA hide behind National Law. They do what they want.*

# Response to communication by the Chinese Medicine 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-325)

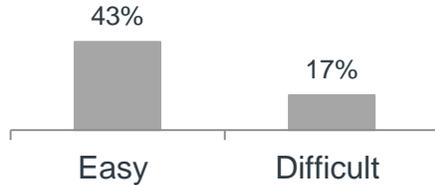
# Use of the Chinese Medicine Board of Australia website

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?



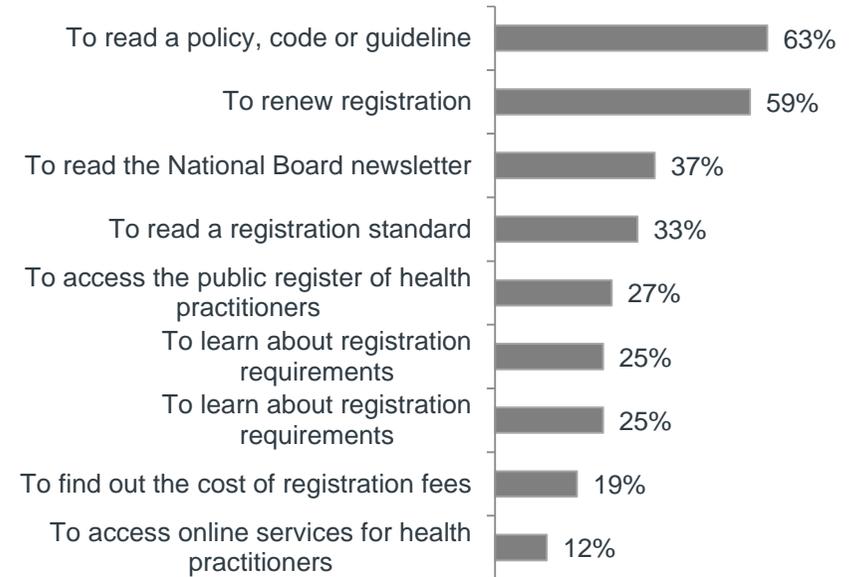
Base: Practitioners who have visited that board's website

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)...

- *I had to go through a few links to get the latest position statement*
- *The minutes of the board meetings*
- *Information on what is a good example of things and what things should look like. produce a template for receipts, consent, patient information so that we can use this to compare and also use.*
- *Dry needling scope of practice*
- *Too long ago to specify! however, key word searching brings up unrelated or non specific documents far too often.*

# Additional feedback from Chinese medicine practitioners

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

*Yes I believe some more talks or communication with practitioners so they feel they can communicate more easily with AHPRA. Also regarding resources or data bases - giving us access with our membership so they can research their practice would be very useful. Or create a data base of appropriate research within the CMBA website so all can access it. Thankyou.*

*Chinese medicine really should be renamed as Oriental medicine, it is not a cultural statement but a service provided by Japanese Korean, Mongolian and of course Chinese- thus it is just a method. I think COAG needs to have a close look at who is running this show and review it just like the banks as the perceived level of corruption is high.*

*In regards to the role to keep the public safe: Why is "dry needling" regarded as safe while acupuncture is not and therefore only acupuncture requires registration?*

*Please address the dry needling issue. My request is in the interest of public health and safety.*

*It should work for both public and practitioners It should listen to both sides It should never just act as a boss.*

*Not really. Thank you for your hard work. It'd be good if you could implement a law that forbids false advertising via Google (or other means) as people (from what I have been told but I don't have proof) are putting false testaments online (both good and bad) under false names to undermine or uphold a name.*

*I would like the AHPRA to 1. answer my emails, 2. regulate dry needling practitioners and 3. stop health fund staff badmouthing (by saying they are not properly qualified) practitioners registered with AHPRA.*

*Honestly, I've no idea what either of them do except for collect fees. Theoretically AHPRA protects the public and national board helps practicing members, but I've never seen them actually work for me other than slightly cheaper insurance. Currently I don't feel over or under regulated.*

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# More information

For further information about this study please contact:

Michael Hughes

Managing Partner Strategy

[michael@trulydeeply.com.au](mailto:michael@trulydeeply.com.au)

Truly Deeply

(03) 9693 0000