

Allied Health Clinical Governance Framework Review

Issues Paper Submission Template

Please provide feedback on the Allied Health Clinical Governance Framework Issues Paper in the following template. This template is structured by each Issue identified in the paper. You are invited to attach additional supporting materials or provide exemplars from your HHS. You need only address the Issues on which you wish to comment. There is no expectation that all submissions address all Issues, although you are welcome to do so.

The deadline for submissions is Friday 14th February, 2025.

Contact Information (not mandatory)	
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HHS or Organisation:	Australasian Sonographers Association (ASA)
Are you responding as an individual or on behalf of a professional group or organisation?	<input type="checkbox"/> Individual
	<input type="checkbox"/> Professional Group _____
	<input checked="" type="checkbox"/> Australasian Sonographers Association (ASA)
Issue 1: Workforce Capability and Capacity	
The knowledge, skills, and competencies of the workforce and the availability of sufficient resources to implement minimum standards of allied health clinical governance and achieve excellence in safety and quality of health care delivery.	
Are there any aspects of the information provided regarding Workforce Capability and Capacity that you wish to comment on or add to? If so please provide details and attach any relevant supporting information or data.	
Workforce Capability	
<p>The Issues Paper identified variation in exposure and capabilities in clinical governance among allied health professionals. We note that while variation is expected, it is important not to conflate the current work profile and HP levels of sonographers employed by Queensland Hospitals and Health Services (HHS) with the degree of capability or interest in clinical governance and leadership by sonographers.</p> <p>There is an opportunity for QH to better reflect the evolution of the sonography profession and actively build clinical governance capacity among its professional sonographers by reviewing organisational structures and processes across all HHS to consistently recognise sonographers and encourage leadership and participation in decision making at the highest possible level. More detail is outlined below under Issue 2.</p>	

Growing demand and role of ultrasound

Ultrasound is now one of the most popular and fastest-growing areas of diagnostic imaging in Australia, not least because it is one of the safest and more affordable imaging modalities, and demand for qualified sonographers is high. About 40% of all non-hospital diagnostic imaging services billed to Medicare in Queensland are ultrasounds – which represents a significant portion of the medical imaging demand. While the proportions of service use in HHS will vary, this statistic highlights the significant role of ultrasound in the community. It also emphasises the importance of professional sonographers – as the modern experts in ultrasound - being represented by their own profession in decision making processes within the Queensland health system, and across Australia, at the highest possible level.

Changing scopes of practice

Sonographers are highly qualified health practitioners, characterised by a passionate, experienced, specialised and mature workforce, with an ongoing commitment to optimising patient care and safety. Not only are sonographers recognised as experts within their traditional scope of their ultrasound practice, but there are opportunities for their scope of practice to evolve which have the potential to increase patient access to services and reduce wait times. These may become more common over time as Governments choose to support extended and ‘top of scope’ practice to address workforce shortages. The ASA is committed to ensuring that all sonographers have the opportunity and capacity for career progression and personal and professional extension.

There are several situations where an extended scope of practice for sonographers provide an innovative solution to increasing demands on the healthcare system in Australia. Some of these were identified by the QLD Government report *Ministerial Taskforce on health practitioner expanded scope of practice: final report*. This report identified that training sonographers to perform musculoskeletal therapeutic steroid injections and produce independent reports – has the potential to increase patient access to service and reduce wait times for services.

Another example of extended scope of practice is sonographers performing peripherally inserted central catheters (PICC) and producing a final diagnostic report. PICC also involves the administration of Lignocaine (Lidocaine) 1%, which requires the practitioner to attain an exemption to administer local anaesthetic issued under the QLD *Drugs and Poisons Act*. QLD Health has a pathway for allied health staff seeking to extend their scope of practice in this way.

This initial process requires credentialing – however, once the site and relevant staff are experienced and develop local training procedures, a local work site unit guidance can be implemented. This allows new applicants to apply to the site directly and complete the necessary training to commence the activity.

A further related instance of extended scope of practice for sonographers is Fine Needle Aspiration (FNA). The fine motor skills, image orientation and transducer manipulation required for accurate needle guidance are skills developed naturally by sonographers as they are utilised by them on a daily basis. The ASA is aware of Australian sonographers who have performed hundreds of FNAs under the direction of a radiologist as well as sonographers performing FNAs in overseas jurisdictions.

Sonographer guided FNAs in rural and some regional areas have the potential to improve accessibility to these procedures and decrease long distance travel for many of these patients. Combined with the ongoing workforce shortage of radiologists and the need for them to often be engaged elsewhere in performing more complex procedures, it would be beneficial if sonographers were able to perform FNA's in regional / rural locations without a radiologist presence.

Workforce Capacity – Shortages and other challenges

Wider workforce factors may limit the ability for the sonography profession to implement clinical governance activities identified in the framework. Many of these are identified in the Issues Paper as applicable broadly to all allied health professions, but for sonographers, some factors are chronic, further magnifying the challenges for sonographers to influence change.

Sonographers are in short supply across Australia, which poses ongoing challenges when demand for ultrasounds continues to grow. An ASA survey of major employers in 2024 estimated the undersupply to be 20-30% or more. Sonographers in all states and territories have been listed on the National Skills Priority List as being in national shortage for over a decade¹³ (with regional Queensland highlighted as a more recent concern) and the Occupations in Demand list of the Australian Federal Government skilled migration program for two decades.

Compounding the shortage is a predominantly female workforce (80%) over half of whom now work part time (54% of sonographers¹, compared with 37% of all Allied Health working part time as per the Issues Paper). A significant retirement wave is also expected in the next 10 years, making supply of this vital specialist workforce an ongoing concern.

The sonographer shortage affects patients through extended wait times and limited service availability and can affect patient outcomes. It also has multiple downstream impacts on the health system, including disincentivising departments to promote clinical sonographers away from clinical roles, which could magnify the existing problems of underrepresentation of sonographers in leadership and decision-making roles.

Do you think the potential improvement opportunities will assist in addressing the identified issues/challenges/risks? What barriers or challenges may be encountered in implementing these strategies?

For sonographers to participate in clinical governance, time will need to be proactively planned to enable allocation away from clinical duties, which will require resources to back fill. The shortage of sonographers may create some challenges; however, it is important that sonographers are given these opportunities to develop capacity and create clear communication and decision pathways for sonographers in medical imaging governance and beyond.

Are there additional improvement opportunities that may address the identified issues/challenges/risks? If so please provide details and attach any relevant supporting information or data.

A key driver of shortages in sonography, as identified by Jobs and Skills Australia, is an undersupply of qualified graduates due to the limited availability of practical placements for post graduate sonography students. This involves allocating supervising sonographers to a sonography student for an extended period of time (approximately 3 days per week for 2 years, or about 2200 hours).

With the continued growth in demand for ultrasound across all Australian states and territories, it will be critical to find ways to help sonographer students fulfil their practical requirements so that they can graduate, in order to guarantee a smoother, more stable supply of suitably qualified, clinically experienced graduates into the workforce.

The ASA considers that there is an opportunity and role here for health services to lead the way on this important national issue to help boost the future supply of the sonography workforce by offering more practical placements for sonographers in their departments, so that the vicious cycle of shortages do not continue.

¹ ASA Employment and Salary Industry Report 2024 – key findings available here: https://issuu.com/tamsinasa/docs/sfxnews-nov24_singles/s/60386589

We have been advised that in Queensland, Metro South Health is the only medical imaging unit that currently has a permanent sonographer clinical education role, and that current requirements for clinical education ratios under the award may not have not been fulfilled. This creates an opportunity to considering the creation of new clinical education roles across HHS medical imaging departments where they are needed most to ensure student sonographers receive the training and supervision they require to enter the workforce in Queensland.

Issue 2: Existing operational and organisational structures

The structural model by which the allied health workforce is organised, led and held accountable for clinical governance and the delivery of safe and high-quality health care and the pathways for communication and decision making.

Are there any aspects of the information provided regarding Existing operational and organisational structures that you wish to comment on or add to? If so please provide details and attach any relevant supporting information or data.

The evolution of the sonography profession

The field of Sonography has evolved significantly in the last two decades, with huge advances in ultrasound technology, education pathways, pathology and role expansion. Ultrasound is now a distinct discipline in its own right, which requires specialised postgraduate qualifications and training. There is a growing number of accredited university sonography courses on offer², with further specialisation available, such as cardiac sonography. Once dominated by professionals with a radiography background (70% of ASA sonographers in 2010), this pathway to entry is in significant decline, and we estimate that today only one third of sonographers now enter the profession via this pathway. This has significant implications for the way that diagnostic imaging should be managed, yet the systems of administration and regulation affecting sonographers have not caught up consistently. The result is an incongruity of job titles, standards, conditions, recognition and remuneration across Australian jurisdictions.

In the Queensland Department of Health, sonographers are employed under the industrial instrument the *Health Practitioners & Dental Officer Award/Certified Agreement*. Sonography is listed as a discipline under that award, along with 26 allied health professionals including dual qualified Radiographer/Sonographers, Social Workers, Physiotherapists and many others. Sonographers are employed by Queensland HHS across a range of different areas including Medical Imaging, Maternal and Fetal Medicine, Cardiology and Vascular Laboratory. The single largest cohort are those sonographers working in Medical Imaging.

Lack of sonographer leadership roles - Examples within Queensland Health

The ASA understands that in Queensland, while some hospitals are recognising sonographers in more senior roles (such as the Prince Alfred Hospital having a Chief Sonographer role at HP6), there is significant underrepresentation of sonographers in management and decision-making roles overall.

We are advised that in a typical Medical Imaging unit the lowest decision-making role of Director requires radiographer qualifications as part of the job description, and is therefore typically held by a

² List of ASAR accredited courses available here: <https://www.asar.com.au/course-accreditation/asar-accredited-courses/>

radiographer. Below this, the lowest management roles of deputy or assistant director are also normally held by a radiographer. By contrast, the top discipline role achieved by a sonographer in Queensland Health is typically two or three levels below decision-making roles, and/or two or three levels below the top discipline roles achieved by every other allied health discipline. As most of the clinical governance leadership and decision making occurs at and above these levels, there is therefore limited or no formal opportunity for sonographers to participate in decision making as they are simply not at the table. The absence of sonographers at these higher levels not only restricts career progression for sonographers and creating something of a leadership ceiling within HHSs but importantly for clinical governance, removes them from important decision-making forums and processes. Not only does this mean that sonographers are prevented from enjoying full professional maturation and career satisfaction, but it is likely that risks and issues in the clinical practice of ultrasound may not be communicated adequately at the highest levels, and sonographers will neither be able to drive or implement meaningful clinical improvements.

While historically it may have been appropriate for radiographers to represent all imaging modalities equally, a minority of radiographers now specialise in sonography (under 20 per cent³). Therefore it is appropriate for sonographers to be represented by sonographers at these higher levels to ensure their specialised expertise and clinical experience in ultrasound is captured. Under-representation of sonographers at managerial and decision-making levels may cause clinical governance issues and risks to be missed or undermanaged altogether.

There also appears to be some inconsistency in sonographer role parity between medical imaging and other areas where sonographers work, which warrants further review. For example, the top sonographer level achievable in medical imaging is typically HP5, while the Chief Sonographer in the Logan Hospital Maternal Fetal Medicine Service is a HP6 role.

A summary of the job titles for relevant Director roles in medical imaging compared with other leadership roles and the highest possible sonographer roles across a number of Queensland Health sites is included at **Attachment 1**. This review shows that the top role for sonographers in most organisations is HP5, and that most Director job titles expressly refer to Radiographers. An example of team structures in the Medical Imaging Department at Royal Brisbane and Women's Hospital and the Surgical, Treatment and Rehabilitation Service is included at **Attachment 2**.

Do you think the potential improvement opportunities will assist in addressing the identified issues/challenges/risks? What barriers or challenges may be encountered in implementing these strategies?

Yes, there are opportunities to improve recognition, support, development and progression of Sonographers into positions of leadership to ensure better participation and influence in clinical governance activities, and many are captured in the Issues Paper.

Ideally, sonographers would be represented by a sonographer at the highest possible level, including their fundamental work units (just as we would expect for other professions such as physiotherapists and radiographers). This goal is captured at a high level by some of the possible improvement opportunities identified in the Issues Paper, such as '*facilitate and encourage advanced level clinical leadership within each profession (in non-operational/management capacity)*', however more specific language would help to clarify the intention for role descriptions to be reviewed, or new roles to be created, to ensure that sonographers are actively considered for these roles in future.

³ Based on the 2023/24 MRPBA Annual Report and ASAR member data, 2024

Targeted clinical governance capacity building for sonographers through advocacy, training, education and mentoring opportunities has been recommended in the past, and will also be important to enable sonographers to build knowledge, networks and skills, improving readiness for participation in these roles, however ultimately it is felt that until sonographers have a place at the table it will be difficult to influence clinical governance decisions in a consistent, ongoing way.

The option to establish and maintain a process to regularly monitor allied health clinical governance across Queensland Health HSSs, regardless of organisational models and structures, is a welcome one and the ASA would be happy to participate in any future work on this issue.

Challenges / Barriers

It will be necessary to review role parity, and any financial arrangements or implications for professional development and progression to ensure that there is sufficient incentives for sonographers in clinical roles to take on higher decision-making and leadership roles.

Given the strong service demand for ultrasounds and importance of continued service delivery, imaging departments (and other departments employing sonographers) will need to be funded and managed adequately to backfill clinical service delivery to enable sonographers to invest quality time to develop their capacity and participate fully in any clinical governance leadership opportunities.

Are there additional improvement opportunities that may address the identified issues/challenges/risks? If so please provide details and attach any relevant supporting information or data.

Given the changes across both sonography and radiography over the last two decades, there is an opportunity for HHS leaders to deepen understanding of contemporary sonographer expertise, the work they do, and their critical role in Australia's most popular modality of diagnostic imaging. Building understanding will help to encourage communication and connection between professions and build a more representative collective voice in decision making and implementation of clinical governance activities.

There are opportunities for sonographers to develop capacity, explore career progression, and participate in a variety of roles and processes in every HHS to provide valuable clinical insights and influence clinical improvements and patient safety.

A commitment to improved representation of sonographers through structural change should be supported by formalising the intention in recruitment policies and processes. For example, recruitment processes for positions involving a sonographer in the job title (including dual Radiographer/Sonographers) should require the chair of the panel to have sonographer in the job title.

HHSs could also conduct a review of sonographers currently employed by Imaging Departments to identify potential leaders and offer those interested capacity building opportunities and consider them for upcoming management and decision-making roles.

Issue 3: Strategic allied health and professional leadership

System level professional and clinical leadership in governance and assurance, safety and quality, workforce and service planning and innovation and transformation to drive consistent, safe, and high-quality allied health care.

<p>Are there any aspects of the information provided regarding Strategic allied health and professional leadership that you wish to comment on or add to? If so please provide details and attach any relevant supporting information or data.</p>
<p>Workforce planning at a local and system level for sonography will be important due to the range of ongoing workforce issues including shortages, workforce profile, practical placement shortages and growing demand for ultrasound services, and participation of sonographers in these planning discussions will be important.</p> <p>As identified in the Issues Paper, these factors challenge imaging departments' (and other departments where sonographers work) ability to meet demand while delivering good outcomes for patients and may make it difficult for sonographers to engage in non-clinical work (such as trainee supervision, professional development and clinical governance activities) unless there is strong support in the workplace.</p>
<p>Do you think the potential improvement opportunities will assist in addressing the identified issues/challenges/risks? What barriers or challenges may be encountered in implementing these strategies?</p>
<p>Yes - ASA would like to emphasise that the potential improvement opportunities as outlined above will enhance career pathways and better long-term recruitment and retention for sonographers, leading to greater accessibility to ultrasound services and therefore better outcomes for patients.</p>
<p>Are there additional improvement opportunities that may address the identified issues/challenges/risks? If so please provide details and attach any relevant supporting information or data.</p>
<p>Not at this stage.</p>
<p>Overall comments and feedback</p>
<p>Is there any other comments you wish to add?</p>
<p>No thank you.</p>

ATTACHMENT 1

Summary of job titles for the Director roles in medical imaging and the highest possible sonographer roles, compared with other comparable roles and other work areas, across a number of Queensland Health Hospitals and Health Services

HHS/Department	Director Role
RBWH/STARS – Medical Imaging	Radiographer Director HP8 Sonographer Team Leader HP5
RBWH/STARS – Nuclear Medicine	Director Nuclear Medicine HP7
PA Hospital - Radiology	Radiographer Director HP8 Nuclear Medicine Team Leader HP6 Sonographer Consultant HP6
QLD Children’s Hospital – Medical Imaging and Nuclear Medicine	Radiographer Director HP7 Nuclear Medicine covered by RBWH/Nuclear Medicine (Radiographer) Sonographer Advanced Educator HP5
The Prince Charles Hospital & Satellite Hospitals – Medical Imaging Department	Radiographer Director HP7 Nuclear Medicine Team Leader HP6 Radiographer Sonographer (Ultrasound Team Leader) HP5
Townsville University Hospital – Medical Imaging Department	Radiographer Director HP7 Nuclear Medicine and PETCT – Team Leader HP6 Team Leader Ultrasound HP5 Radiographer Sonographer (Radiology O&G) HP6
Gold Coast University Hospital – Medical Imaging	Director Diagnostic Services HP7 Team Leader Nuclear Medicine HP6 Ultrasound Team Leader HP5
Sunshine Coast Hospital & Health Service	Radiographer Director HP7 Advanced Sonographer HP5
Logan-Beaudesert Health Service – Medical Imaging	Director Medical Imaging HP7 Advanced Sonographer HP5
Logan Hospital – Maternal Fetal Medicine Service	Chief Sonographer (Sonographer Consultant MFM) HP6
The Prince Charles Hospital/Redcliffe Hospital/Caboolture Hospital – Cardiac Science Unit	Clinical Measurements Consultant Echo – Cardiac HP6
Maternal Fetal Medicine Department – Health and Wellbeing Unit	Radiographer Sonographer – consultant HP6

ATTACHMENT 2

RBWH and STARS Department of Medical Imaging HP Organisational Chart

Department of Medical Imaging RBWH and STARS

HP Organisational Chart:

