



ASA REGULATION |

THE PROCESS TOWARDS SONOGRAPHER REGULATION

1. What is the process for achieving sonographer regulation under the NRAS, through the MRPBA?

Achieving sonographer regulation – by regulating the profession under the National Registration and Accreditation Scheme (NRAS) through the existing Medical Radiation Practice Board of Australia (MRPBA) - is a complex process. There are multiple stages of assessment and decision-making that must occur (see diagram below). The process can take many years to complete.

Australian Health Ministers are collectively responsible for deciding which professions are regulated under the NRAS, by the Australian Health Practitioner Regulation Agency (AHPRA). This includes all state and territory government ministers responsible for health portfolios, as well as the Australian Government Minister for Health.

Initially, the case for sonographer regulation must be developed and outlined in a formal submission. Governments have agreed that any submission requesting a new profession be added to the NRAS, must respond to the following six criteria:¹

1. Is it appropriate for Health Ministers to exercise responsibility for regulating the occupation in question, or does the occupation more appropriately fall within the domain of another Ministry?
2. Do the activities of the occupation pose a significant risk of harm to the health and safety of the public?
3. Do existing regulatory or other mechanisms fail to address health and safety issues?
4. Is regulation possible to implement for the occupation in question?
5. Is regulation practical to implement for the occupation in question?
6. Do the benefits to the public of regulation clearly outweigh the potential negative impact of such regulation?

Once complete, the submission must then be provided to Australian Health Ministers at a Health Ministers' Meeting, with a request that it be referred to the Health Chief Executives Forum (HCEF) for preliminary assessment against the six criteria. The HCEF acts as an advisory body, supporting Health Ministers.

If Health Ministers agree, the HCEF will then undertake a preliminary assessment and provide advice to Ministers recommending that either:

- a formal regulatory assessment (RIA) is warranted, or
- no further action is warranted at this time.

If there is sufficient evidence to justify undertaking an RIA, and Health Ministers collectively agree, this process involves:

- preparing a draft Regulation Impact Statement (RIS) for consultation,
- conducting a national consultation, and finally
- preparing a final RIS in line with best practice regulation requirements.²

This work is usually managed by a lead jurisdiction(s) in partnership with the Office of Best Practice Regulation and can take many months to complete.

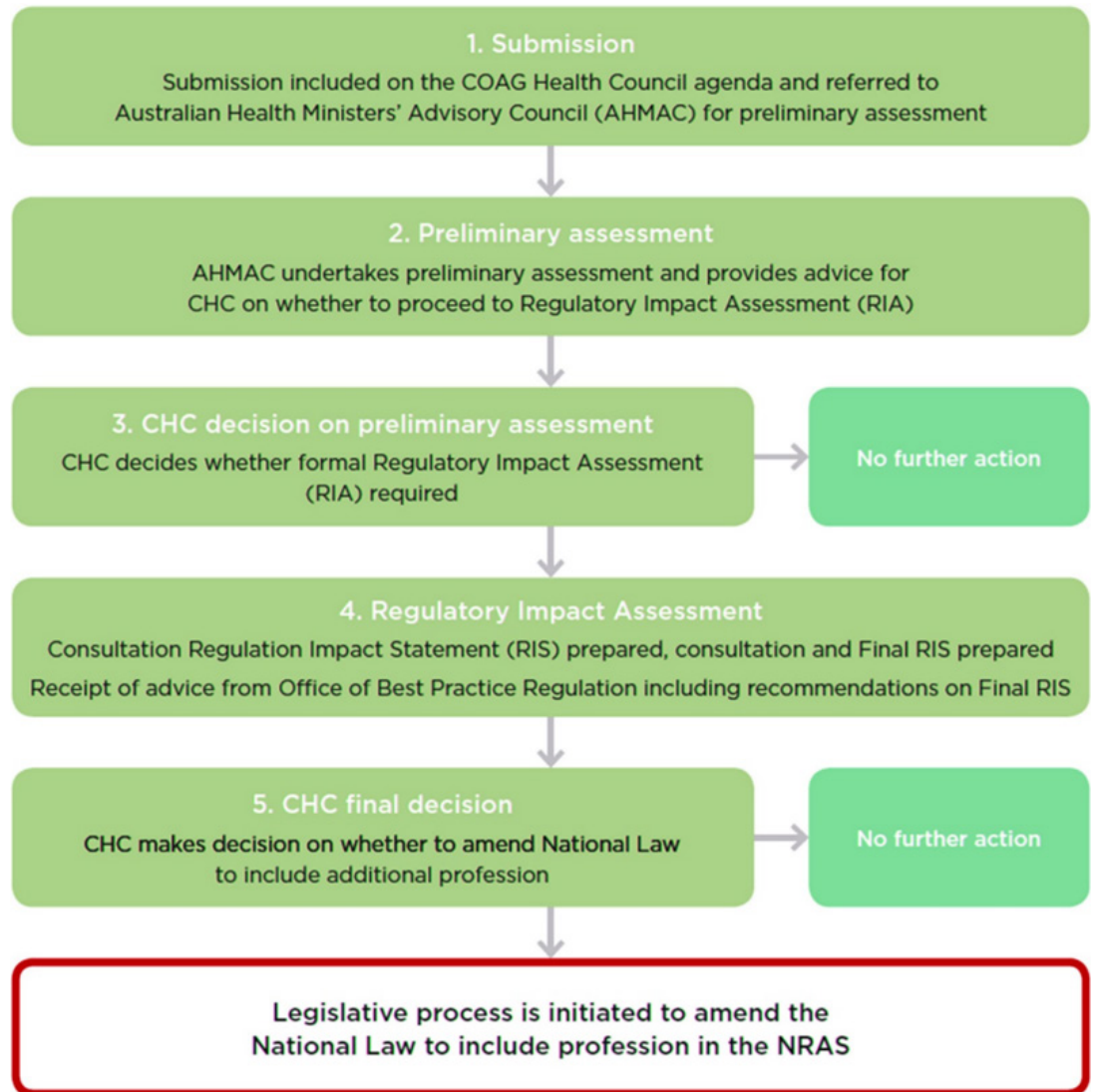
The final RIS report will include a recommendation on whether or not to regulate sonographers under the NRAS, by adding them to the Medical Radiation Practice Board of Australia (MRPBA).

If it is recommended, and Health Ministers collectively agree to this action, the process of changing National Law would commence, along with any operational changes required to undertake the initial transition and continued inclusion of sonographers under the MRPBA.

Altogether, this process will take several years to complete.

The process for considering the inclusion of a new profession in the NRAS³

Note, the Council of Australian Governments (COAG) ceased on 29 May 2020, replaced by the new National Federation Reform Council (NFRC), with National Cabinet at the centre of the NFRC. As a result, the COAG Health Council (CHC) has been replaced by the Health Ministers' Meetings, and the Australian Health Ministers' Advisory Council (AHMAC) is now the Health Chief Executives Forum (HCEF).



2. What is the National Registration and Accreditation Scheme (NRAS)?

The National Registration and Accreditation Scheme (NRAS) commenced on 1 July 2010, and was introduced so there would be one scheme for all registered health professions in Australia. The NRAS was established by state and territory governments through the introduction of consistent legislation in all jurisdictions (referred to as the National Law).

There are currently 16 professions, under 15 boards, covered by the scheme. Each national board is responsible for regulating the respective profession(s), registering practitioners and developing standards, codes and guidelines. Under the scheme, each national board sets standards that practitioners must meet in order to register. To maintain their registration, practitioners are required to continue to meet all standards and to renew their registration annually.

The NRAS is designed to protect the public by ensuring all regulated health professionals across Australia are registered against nationally consistent, high quality professional standards. It also facilitates workforce mobility, by making it easier for health professionals to work in different states and territories without having to re-register in each jurisdiction.⁴

Australian Health Ministers are collectively responsible for overseeing the NRAS. Changes can be made to the NRAS if agreed to by the Commonwealth, and all states and territories.

Further information on the NRAS is available online at:

- <https://www.health.gov.au/initiatives-and-programs/national-registration-and-accreditation-scheme>
- <https://www.ahpra.gov.au/About-Ahpra/What-We-Do/FAQ.aspx>

3. What is National Law?

The National Law is formally known as the *Health Practitioner Regulation National Law*. It impacts health professions across Australia. However, it is not a Commonwealth Law.

The National Law is a state and territory based legislation, which has been introduced consistently across all jurisdictions. In many states and territories, the NRAS was implemented using an ‘adoption of laws’ model, where they adopt the laws introduced by the lead jurisdiction.

Any changes to National Law require the collective agreement of the Commonwealth, states and territories.

4. What does the Australian Health Practitioner Regulation Agency (AHPRA) do?

The Australian Health Practitioner Regulation Agency (AHPRA) is the statutory authority responsible for administering the NRAS.

AHPRA works with the national boards to help protect the public by regulating Australia’s registered health practitioners under the NRAS, setting standards and policies that all registered health practitioners must meet. The Medical Radiation Practice Board of Australia (MRPBA) is one of the 15 national boards, and is responsible for regulating medical radiation practitioners.

AHPRA’s primary regulatory functions include:

- Assisting in the development of professional standards
- Managing registration and renewal processes, in partnerships with national boards
- Managing complaints and concerns raised about practitioners
- Monitoring and auditing practitioners against registration requirements
- Assisting with education accreditation standards and publishing a national register of practitioners.

Further information on the role of AHPRA is available online at: <https://www.ahpra.gov.au/About-Ahpra/What-We-Do.aspx>.

5. What does the Medical Radiation Practice Board of Australia (MRPBA) do?

The Medical Radiation Practice Board of Australia (MRPBA) is one of 15 national boards currently in place within the National Registration and Accreditation Scheme (NRAS); and is responsible for regulating medical radiation practitioners.

The MRPBA currently regulates the professional divisions of: diagnostic radiography, radiation therapy, and nuclear medicine technology.

The MRPBA is responsible for several functions, including:

- Developing standards, codes and guidelines for the medical radiation profession

- Approving accreditation standards and accredited courses of study
- Registering medical radiation practitioners and students
- Handling notifications, complaints, investigations and disciplinary hearings.

Further information about the functions, responsibilities and activities of the MRPBA is available online at: www.medicalradiationpracticeboard.gov.au.

6. What, and who, is the Working Group for Sonographer Regulation?

Established in 2018, the Working Group for Sonographer Regulation is a formal industry working group composed of the Australasian Sonographers Association (ASA), the Australasian Society for Ultrasound in Medicine (ASUM), the Australian Sonographer Accreditation Registry (ASAR) and a senior sonographer representative.

The Australasian Sonographers Association (ASA)

www.sonographers.org

The ASA is the peak body for sonographers in Australasia. With almost 7,000 members, the ASA represents more than 70% of accredited sonographers across Australia.

The ASA provides professional standards and guidelines including: the ASA Sonographer Code of Conduct, Competency Standards for the Entry Level Sonographer, and a range of clinical statements and guidelines.

The Australasian Society for Ultrasound in Medicine (ASUM)

www.asum.com.au

The ASUM is a multidisciplinary society whose vision is to ensure quality health outcomes when using ultrasound. Its membership includes any health care practitioners who use ultrasound in clinical practise and research. It has over 3,500 members across Australia and New Zealand; approximately one-third of these are sonographers.

ASUM provides an extensive range of education and standards providing a highly respected and diverse profession with essential diagnostic ultrasound guidance for the best of patient care.

The Australian Sonographer Accreditation Registry (ASAR)

www.asar.com.au

The ASAR is the accreditation body for sonography education programs and maintains a register for all accredited sonographers for Medicare purposes. Any sonographers who perform Medicare-funded ultrasound examinations on behalf of a medical practitioner must be listed on the ASAR registry. The ASAR also facilitates a CPD program and approves CPD programs offered by ASA, ASUM and ASMIRT.

In December 2021 there were: 19 accredited sonographer courses offered across Australia; 7,022 accredited medical sonographers and 1,042 student sonographers.

7. What are the current intergovernmental governance arrangements for Health?

Until recently, all Australian Health Ministers met through the COAG Health Council (CHC) to discuss health issues of national relevance. They were advised and supported by the Australian Health Ministers' Advisory Council (AHMAC).

However, arrangements have recently changed following a review into the former COAG Councils and Ministerial Forums undertaken in 2020. The review recommended a simpler, more streamlined framework to make the bodies more agile and responsive, with direct responsibility for decision-making resting with Ministers.⁵

As a result of the review process, the Council of Australian Governments (COAG) no longer exists and has been replaced by the new National Federation Reform Council (NFRC), with National Cabinet at the centre of the NFRC.

Similarly, the COAG Health Council no longer exists. Health Ministers, from each state and territory and the Commonwealth, now meet in what is known as regular *Health Ministers' Meetings*.

The Australian Health Ministers' Advisory Council (AHMAC) which provided advice and support to Health Ministers who met as part of the COAG Health Council, is now called the Health Chief Executives Forum (HCEF).

Further information is available online at:

- Health Ministers' Meetings: <https://www.health.gov.au/committees-and-groups/health-ministers-meeting-hmm>
- Health Chief Executives Forum (HCEF): <https://www.health.gov.au/committees-and-groups/health-chief-executives-forum-hcef>

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