



a healthier world through
sonographer expertise

6 January 2026

Attn: The Assistant Treasurer and Minister for Financial Services
Australian Government, Canberra
By email: prebudgetsubmissions@treasury.gov.au

ASA Submission to the 2026-27 Federal Budget

Thank you for this opportunity to make a submission in the lead up to the 2026-27 Budget.

The Australasian Sonographers Association (ASA) is the professional organisation for Australasian sonographers, who are the experts in ultrasound. With over 8,000 members, we represent more than 70% of Australasia's sonographers. Our purpose is to foster a sonography profession that delivers high quality ultrasound with a vision to create a healthier world through sonographer expertise.

Sonographers deliver powerful, real-time insights for health care teams allowing them to diagnose, treat and monitor a wide range of health conditions. Unsurprisingly, because of its versatility and lower cost and risk profile, ultrasound has become the most popular form of diagnostic imaging in Australia, with almost 13 million Medicare-funded ultrasound services now delivered each year. The growing role of ultrasound means that the challenges faced by sonographers as a relatively small and specialised workforce affect a high volume of patients, with some significant downstream impacts on the health system. Boosting access to more timely, affordable, high-quality diagnostic ultrasounds can improve health outcomes for many thousands of individual Australian patients and, through early detection and intervention, reduce avoidable downstream costs and help curtail the economic burden caused by delays in diagnosis and treatment.

The attached submission contains **four proposals**, including targeted sub-measures, which aim to improve access to quality ultrasound services and drive better patient outcomes overall:

1. **Medicare reform – A new fee structure for obstetric ultrasound**
2. **Endometriosis**
 - 2.1 Specialised endometriosis training for sonographers
 - 2.2 Training and support for doctors and other health professionals in endometriosis
3. **A sustainable sonographer workforce – Extending the Prac Payment to sonography students**
4. **Equitable access to ultrasound in rural and regional Australia**

The ASA looks forward to continuing our work with the Australian Government and all our stakeholders to achieve a healthier future for all Australians. If you wish to discuss any aspect of our submission, please contact Elissa Campbell, ASA General Manager Policy and Advocacy, at elissa.campbell@sonographers.org.

Yours sincerely,

Dr Tony Coles
Chief Executive Officer

1. Increased Medicare Funding for Obstetric Ultrasound

Obstetric ultrasound is a core component of safe, evidence-based antenatal care. It underpins early detection of fetal and maternal complications, guides clinical decision-making and supports timely intervention to reduce downstream health system impacts. However, Medicare rebates for obstetric ultrasound have not kept pace with the real cost, time, complexity and clinical importance of these services. As a result, access is increasingly inequitable, out-of-pocket costs for pregnant women are high and rising and service availability is under strain, particularly in regional and rural settings.

The ASA urges the Government to prioritise increased Medicare funding for obstetric ultrasound in the 2026-27 Federal Budget. This request builds on the findings of the Review of Select Medicare-Funded Diagnostic Imaging Services (Phase Two), which identified the need for reform to better reflect contemporary practice and costs, and to which the ASA provided a detailed response in November 2025.¹ Increasing funding for obstetric ultrasound aligns with the Government's commitments to women's health, stillbirth prevention, equity and strengthening Medicare, and represents a timely opportunity to address longstanding underfunding in this area.

The Role of Obstetric Ultrasound in Antenatal Care

Ultrasound is fundamental to modern antenatal care and for most uncomplicated singleton pregnancies, two to three ultrasound examinations are expected², comprising an early anatomy scan and mid-trimester morphology scan, followed by growth/wellbeing assessment where clinically indicated. Higher-risk and multiple pregnancies are more complex and typically require more frequent ultrasound monitoring, especially for monochorionic pregnancies, where two or more fetuses share a single placenta³.

Key benefits of obstetric ultrasound include:

- Accurate dating of pregnancy, reducing unnecessary interventions for post-term birth.
- Early identification of fetal structural anomalies and placental abnormalities.
- Risk stratification and monitoring in multiple pregnancies, including assessment of chorionicity and complications such as twin-to-twin transfusion syndrome.
- Identification of risk factors for preterm birth, including cervical shortening, enabling preventive intervention.

Failure to provide timely and appropriate ultrasound assessment can delay diagnosis, limit reproductive decision-making, increase emergency interventions, and lead to poorer maternal and neonatal outcomes.

Access and Affordability: A Growing Problem

Despite its clinical importance, obstetric ultrasound has one of the lowest bulk-billing rates across diagnostic imaging. In many private practices, obstetrics is routinely the only ultrasound service that is not bulk billed. Out-of-pocket costs are high, with growth outpacing inflation, placing essential pregnancy care out of reach for some women. Based on an ASA desktop review of private outpatient fees, out-of-pocket costs for single ultrasound exams during a normal singleton pregnancy can figure in the hundreds in private outpatient settings, with higher costs for complex or multiple pregnancies. These costs disproportionately affect young women, First Nations peoples, migrants and those in rural and regional communities, contributing to delayed or foregone scans and widening health inequities.

Medicare rebates for obstetric ultrasound items (55700-55745) are significantly misaligned with contemporary clinical practice and do not adequately reflect the cost, time, complexity or expertise involved. Since their full introduction 25 years ago, ultrasound schedule fees have been effectively constrained through explicit exclusion from MBS indexation

¹ ASA Response to the Review of Select Medicare Funded Diagnostic Imaging Ultrasound Services - Phase 2 (Obstetric and Gynaecological Ultrasound items) (November 2025) available at <https://sonographers.org/advocacy/position-statements>

² RANZCOG Clinical Guideline (October 2024) Screening and diagnosis of fetal structural anomalies and chromosome conditions, available at <https://ranzco.org.au/wp-content/uploads/Fetal-Anomalies-Clinical-Guideline.pdf>

³ ISUOG Guidelines: Role of Ultrasound in Twin Pregnancies – available at www.isuog.org/static/89db40d1-928b49bc-be5ea200fd41130c/ISUOG-Practice-Guidelines-role-of-ultrasound-in-twin-pregnancy.pdf

for extended periods. As a result, fees for obstetric ultrasound have increased on average by approximately 0.55 per cent per annum, well below general inflation, and do not reflect underlying health care costs, workforce pressures, technological advancements or contemporary diagnostic expectations.

Chronic underfunding has resulted in:

- Obstetric ultrasound becoming financially unsustainable for many private providers, reducing service availability.
- Increased time pressure on sonographers, which has implications for scan quality, patient safety, and sonographer injury.
- Higher out-of-pocket costs for women, as clinics are forced to pass on the funding gap.
- Workforce strain in a profession already experiencing national shortages, with impacts magnified in rural and remote areas.

Women account for approximately 60 per cent of all ultrasound services, yet women's health ultrasounds have historically received lower funding than comparable services, as reflected in relative MBS schedule fees, reflecting longstanding general bias within the MBS.

Government Action and Opportunity

The *Review of Select Medicare-Funded Diagnostic Imaging Services – Phase Two* acknowledges widespread underfunding of obstetric ultrasound by proposing a new fee structure, which increases schedule fees for most obstetric items. The ASA supports the direction of these reforms which follow the welcome introduction of item 55080 for complex gynaecological ultrasound. The 2026-27 Budget presents a critical opportunity to implement meaningful reform that restores baseline funding for obstetric ultrasounds, improves access and affordability, and ensures Medicare supports safe, high-quality antenatal care.

Alignment with Government Priorities

Reform of MBS-funded obstetric ultrasound services strongly aligns with existing Australian Government strategies and policy commitments. It supports the **National Women's Health Strategy 2020–2030**, which identifies maternal, sexual and reproductive health as a priority area requiring improved access to information, diagnosis and treatment services for reproductive health, equity and quality of care. Affordable access to clinically indicated obstetric ultrasound is fundamental to delivering on this strategy's objectives. The proposal also aligns with national directions for **woman-centred maternity care**, which emphasise safe, evidence-based, and accessible services across the continuum of pregnancy. Consistent with the **National Preventive Health Strategy 2021–2030**, increased investment in antenatal diagnostic services represents a preventive health measure that reduces avoidable complications and downstream costs to the health system. Early detection and intervention through ultrasound can mitigate the need for emergency care, neonatal intensive care, and long-term disability support.

Finally, the proposal directly supports priorities under the **National Maternity Workforce Strategy** by improving the sustainability and viability of specialised obstetric ultrasound services within private practice, where the majority of ultrasound services are delivered in Australia. Appropriate rebates are essential to maintaining a skilled workforce, reducing practitioner injury and ensuring service availability in regional and underserved areas.

Proposal 1 A new fee structure for obstetric ultrasounds

Increasing Medicare rebates for obstetric ultrasound is a targeted, high-value reform that aligns with national priorities in women's health, equity, and preventive care. Without action, access will continue to erode, out-of-pocket costs will rise and avoidable harm and costs will shift elsewhere in the health system. The ASA urges the Government to act in the 2026-27 Federal Budget to ensure every pregnancy

in Australia is supported by timely, affordable, and high-quality diagnostic ultrasound care. This can be achieved in part by:

1. **Implementing a new fee structure for Medicare-funded obstetric ultrasound**, informed by the recent MBS Review, which:
 - Increases schedule fees for all obstetric ultrasound items to reflect contemporary costs, time and clinical complexity, including addressing the fee for dating scans (55700/55703) and non-referred cervical measurement (55758).
 - Builds in adequate flexibility for all clinically indicated ultrasound examinations to be performed, avoiding arbitrary funding limits that could disadvantage vulnerable patients
 - Recognises the higher complexity and expertise required for multiple, shared placental and high-risk pregnancies.
 - Applies fair and realistic fee loadings for second and subsequent fetuses, recognising that while some aspects of an ultrasound examination are common to both fetuses (administration, patient preparation and examination of maternal structures) each baby requires a full examination - multiples often introduce additional complexity rather than efficiencies.
 - Ensures adequate funding for early pregnancy scans and cervical length assessment, including items not sufficiently uplifted under current proposals.

2. Endometriosis – Supporting ‘gold standard’ ultrasound exams

In November 2025, the ASA welcomed the introduction of the new MBS item for complex gynaecological ultrasound examinations (item 55080) and the response from members has been positive. The item acknowledges the distinct complexity and expertise required to perform the exam and will help Australian women access the gold standard in endometriosis care. Ultrasound has the potential to significantly reduce costs and delays in the diagnosis and treatment of endometriosis, including better triaging and surgical preparation - resulting in better outcomes for women with the disease. The new item provides better funding support for existing providers of these exams, and by making the services more financially viable, should encourage an increase in access and service delivery.

Building expertise to expand availability of endometriosis exams

Access to these examinations will be limited by the availability of suitably trained sonographers to provide the service. Based on our recent workforce report, just 9% of sonographers in Australia now identify Obstetrics and Gynaecology as their primary area of practice and only 1% have this accreditation specialty registered with the Australian Sonographer Accreditation Registry⁴ (most are General Sonographers). Ideally, all sonographers examining a woman's pelvis should be capable of assessing complex cases such as endometriosis. However, in practice there is a significant gap in specialised expertise, which is more prominent in the public system and in rural and remote communities. As a result, most comprehensive endometriosis exams currently occur in private specialty clinics.

Performing an endometriosis-specific ultrasound is an advanced skill within the Professional Competency Framework for Sonographers⁵, requiring training beyond what is currently offered in entry-level medical sonographer university courses.

The need to integrate endometriosis and pelvic pain into core curriculums for sonographers and other related health fields, as well as provide specialised training in endometriosis detection for established sonographers, was identified by both the National Action Plan for Endometriosis (NAPE) released in 2018 and the South Australian Select Committee on Endometriosis (the Committee) in 2025.

To expand into endometriosis ultrasounds, imaging clinics and departments will need to invest in further education for their staff, presenting another potential cost to be passed onto patients. Many sonographers currently only receive ad hoc training once qualified.

Proposal 2.1 *Specialised endometriosis training for sonographers*

Targeted training and support should be offered to sonographers (and other suitably qualified clinicians) to develop the advanced skills and expertise needed to deliver modern endometriosis-specific ultrasound examinations, enabling more clinics, including outside specialist settings, to offer the service.

This training could set the standard for the expected competencies of sonographers performing endometriosis-specific ultrasound examinations under MBS item 55080, supporting consistent, high-quality practice nationally.

The ASA has the capacity, expertise and networks to design training in partnership with experts in the field - some of whom are ASA members. The program could be delivered online and harness a range of digital resources such as videos to demonstrate normal and abnormal results and build confidence in the recognition of structures and deep infiltrating endometriosis.

To have a real impact, this training would need to be delivered to all Obstetrics and Gynaecology sonographers expected to perform endometriosis examinations and not limited to specialist clinics. There would also need to be dedicated assistance for clinics willing to up-skill their sonographers in this area to guarantee access to a sonographer with the relevant expertise.

⁴ ASA Report. The Australian Sonography Workforce – in focus (December 2025) Available at <https://www.sonographers.org/advocacy/workforce>

⁵ Childs J, Thoires K, Osborne B, Halligan T, Stoodley P, Quinton A. Professional competency framework for sonographers. 2021. Available from: https://figshare.com/articles/online_resource/Professional_Competency_Framework_for_Sonographers/17148035/2?file=31709048

Growing awareness of endometriosis symptoms, detection and treatment

The long delay between symptom detection and diagnosis is a major concern for endometriosis sufferers – averaging 8 years from symptom onset to (surgical) diagnosis⁶. As the primary point of contact for many women, General practitioners (GPs) can play a pivotal role in reducing diagnostic delays and optimising clinical care pathways for women with endometriosis. Research has indicated that awareness about endometriosis in the general practice setting has grown, with significant increases recorded in GP presentations of endometriosis and GP referrals for pelvic ultrasounds⁷. However, this research acknowledged the challenges of diagnosing endometriosis and the need for more support for clinicians in understanding symptoms, diagnostics and treatment.

In its final report, the SA Select Committee on Endometriosis (the Select Committee) supported the need for widespread training and professional development for many health professionals (including GPs, gynaecologists, nurses and allied health) to improve endometriosis symptom identification and management across the health system, including:

- Greater emphasis on endometriosis identification in all relevant tertiary training
- Support for public sector health professionals (including those in emergency departments) to undertake professional development in endometriosis and pelvic and period pain diagnosis, treatment and management
- Support and incentives for health professionals with endometriosis training to work in regional, remote, and rural areas, as well as increased access to imaging facilities
- Development and dissemination of endometriosis-information kits to GP clinics to distribute to individuals with endometriosis and others with pelvic pain disease.

The need for greater training and awareness is further reinforced because the requesting practitioner for MBS item 55080 can be any medical practitioner (GP or specialist), nurse practitioner or midwife who identifies or suspects a complex gynaecological condition, underscoring the importance of broad understanding of referral pathways and diagnostic capability.

Proposal 2.2 *Training and support for Doctors and other health professionals in Endometriosis*

Reaching practitioners and the public with consistent information about the symptoms, diagnosis and treatment options for endometriosis would benefit from a coordinated national approach. This could be achieved through:

- Offering targeted training to health service practitioners in public health services around the country to demonstrate the capabilities of non-invasive ultrasound for endometriosis diagnosis, and improved triaging and surgery planning.
- Additional training for radiologists and referring GPs to understand the advancing capabilities of ultrasound, to ensure efficient referring and accurate reporting to support timely diagnosis and management for patients.
- Public awareness campaign encouraging women with pelvic pain and/or other symptoms to speak with their GP or pain clinic, emphasising the availability of affordable, painless, safe and thorough endometriosis ultrasound examinations as an alternative to diagnostic surgery.

⁶ Select Committee on Endometriosis, Final Report (March 2025)

3. A sustainable sonographer workforce

Chronic under-supply of sonographers

Ultrasound is the most used diagnostic imaging modality in Australia, with over 12.9 million Medicare-funded ultrasound services delivered in the 12 months to June 2025⁸. Ultrasound represents 42% of all diagnostic imaging Medicare services utilised and 39% of benefits paid.

The aging population and growing application of ultrasound technology mean demand for ultrasound services will continue to grow. Meeting this demand and ensuring all patients have timely access to quality services requires a sustainable workforce.

The sonography profession remains in significant long-term shortage and has been listed on the Occupation Shortage list for more than a decade. Adding to this underlying pressure, is an estimated 38%⁹ of sonographers who intend to retire in the next decade – which exceeds the proportion (18%) estimated to reach retirement age in the next decade.

Sonography students – the future of sonographer supply

The workforce shortage affects not only patients - with some clinics forced to close examination rooms - but also the future sonography workforce. Students rely on the skills and availability of experienced sonographers, clinical supervisors and tutors, as well as access to adequate clinical training placements. Gaining hands on clinical experience is essential to developing competent sonographers, and supervised placements are central to this process

In sonography, students can choose to undertake either a combined bachelor/graduate diploma course; or if they also hold a relevant undergraduate qualification, they can complete a postgraduate course. Regardless of the education pathway, all students must successfully complete an accredited post-graduate level qualification to be eligible to practice as a sonographer. All accredited courses require a significant period of clinical experience – equating to a minimum of 3 days per week over 2 years FTE, as recommended by the Australian Sonographers Accreditation Registry. While the requirements are competency based, not strictly hours based, the requirements typically equate to a minimum of 2,200 hours of clinical placement. This is a significant commitment compared to other professions such as teaching (480-640 hrs), nursing (800-1000hrs), social work (1000hrs) and midwifery (1300-1500hrs).

Students who undertake placements as part of a four-year combined bachelor/graduate diploma course typically receive assistance from the university to source the placement; however, these placements are overwhelmingly unpaid. Students who undertake a post-graduate qualification, having already completed a relevant undergraduate course, must source their own placement (which can be a significant challenge given the shortage of available positions). Placements for postgraduate students may be paid or unpaid depending on the arrangements in place, their prior area of expertise, and the requirements of employment law.

The financial burden on sonography students

The ASA recently undertook a survey of sonography students (n=112) to better understand the financial and other pressure they face while undertaking clinical placements. The findings are concerning. One third (35%) reported that the pressure they are under while undertaking clinical placements as extreme (2%) or significant (32%) – to the extent that it leaves them to question if or how they will manage future placements. Almost all of these students were unpaid. A further half (49%) reported moderate stress – being quite stressful but they found ways to manage. Students indicate that financial pressure is one of the most significant issues faced during clinical placement, particularly in relation to travel and living costs.

To support themselves, most sonography students (79%) work while studying; half use savings; and half rely on family, friends or partners to support them. Most will require multiple support methods. Of those who work, one third work 21 hours a week or more, and a further third work between 6 and 20 hours a week. Balancing work and study commitments can be very challenging. When undertaking clinical placements, 65% of students report needing to give

⁸ Australian Government Department of Human Services. Requested MBS category by group and subgroup processed from Jul 2023 - Jun 2024.

⁹ Australasian Sonographers Association. 2024 Employment and Salary Industry Report.

up their usual paid work, 46% commute a significant distance each day and 24% need to relocate to be closer to their placement site.

Students surveyed indicated that the pressure of placement impacts them in many ways – including stress, anxiety, poor mental health, affecting relationships, with some students forced to reduce or skip essentials such as meals, or health care. Students highlighted that any additional financial support received would go towards essentials – such as food/groceries (79%), accommodation (79%), travel expenses (68%), and utility costs (54%).

Proposal 3 *Extend the Commonwealth Government's Prac Payment scheme to include sonography students*

We welcome the introduction of the Government's Commonwealth Prac Payment scheme that provides nursing, teaching, social work and midwifery students with \$338.60 per week while undertaking supervised mandatory placements. This is a significant first step to support students in the health and education sectors.

Further, we strongly support independent MP Helen Haines' call for the government to expand the Prac Payment Scheme to all allied health students. This includes sonographers, who complete some of the longest clinical placements in the allied health sectors and deserve equitable financial support to complete their training and go on to provide essential health care services to patients nationwide.

Placement poverty is a significant burden and a substantial barrier to students seeking to enter the sonographer workforce. Providing financial assistance to support sonography students to complete their essential and mandatory clinical placements is vital to ensuring the future sustainability of the profession.

Importantly, extending Prac Payments to sonography may also encourage students to undertake placements in rural, regional and interstate areas, by reducing transport and relocation cost barriers that are currently prohibitive for many.

4. Equitable access to sonography in Rural/Regional settings

Ultrasound is the most used diagnostic imaging modality in Australia yet people living in rural, regional and remote communities continue to face reduced availability, longer waiting times and higher out-of-pocket costs for essential ultrasound services.¹⁰ Geographic isolation often requires rural patients to travel long distances to access scans, at considerable cost in time, income and accommodation. As a frontline diagnostic service, reduced access to ultrasound delays clinical decision making across primary care, emergency, maternity and specialist services, despite sonographers frequently being the first and sometimes only point of access to diagnostic imaging in rural communities.

These access gaps have direct consequences for women's health, antenatal care, chronic disease monitoring and timely diagnosis across the health system. In rural and remote settings, delayed or foregone ultrasound can result in later presentation, more advanced disease and greater reliance on emergency care and tertiary services. Many of these impacts are preventable through timely access to local ultrasound services, which enable earlier diagnosis, more appropriate referral pathways and reduced pressure on larger regional hospitals.¹¹

In rural, regional and remote settings, shortages of sonographers are compounded by professional isolation, limited access to supervision and higher operating costs, making services difficult to sustain. ASA employer survey findings indicate that 96% of major employers report a shortage with many estimating an undersupply of 20–30%. This is most acute outside metropolitan centres, particularly in obstetric and cardiac sonography. This workforce maldistribution

¹⁰ ASA Report. The Australian Sonography Workforce – in focus (December 2025) Available at <https://www.sonographers.org/advocacy/workforce>

¹¹ Australian Commission on Quality and Safety in Healthcare. Literature Review: Safety and Quality in Diagnostic Imaging. Available at: [Microsoft Word - UniSA Literature Review - Safety and Quality in Diagnostic Imaging - Final - ~ 9 August 2022.DOCX](#)

results in long waiting lists, reduced appointment availability and delayed diagnosis across maternity care, chronic disease management and cancer pathways.¹²

Service viability is more difficult in smaller markets with lower patient volumes and higher operating costs. Many rural ultrasound services operate with sole practitioners or very small teams, leaving them vulnerable to funding shortfalls and unexpected workforce absences. Where Medicare rebates do not reflect time, complexity and overheads, services may reduce availability or rely on short term locum or visiting models, undermining continuity of care and long-term service sustainability.

The Commonwealth has key policy levers that determine whether ultrasound services are viable and accessible outside metropolitan areas, including Medicare settings, workforce incentives and training and placement supports. Without Commonwealth action, state and local services have limited capacity to address these access inequities. Strengthening these policy levers aligns with national rural health priorities, which identify access, equity and workforce sustainability as core systemic challenges.

The Australian Government already applies targeted initiatives to attract and retain the rural and remote health workforce across medicine and allied health. These include Medicare and practice-based incentives linked to the Modified Monash Model, locum relief and professional development support and investment in regional training pipelines. For medical practitioners and other health professionals, the Commonwealth funds direct rural workforce incentives, bonded and return-of-service training pathways and retention measures, such as locum backfill to support leave and continuing professional development. Comparable approaches are used to build allied health capability through rural generalist pathways, scholarships and supervised training capacity. Applying these established levers to sonography would align with current Commonwealth practice and support equitable access to essential diagnostic services through existing policy mechanisms.

Proposal 4 *Commonwealth Rural Ultrasound Access Package to improve equity and access to ultrasound services*

The ASA recommends targeted Commonwealth investment to strengthen equitable access to essential ultrasound services in rural, regional and remote communities. Improving local access to ultrasound supports earlier diagnosis, reduces the need for patient travel and inter facility transfers and enables care to be delivered closer to home. Together, these measures address workforce maldistribution, service fragility and access inequities that currently limit the effectiveness of Medicare funded ultrasound in rural and remote Australia.

This can be achieved through the following measures:

- Introduce rural and remote Medicare loadings for ultrasound to reflect higher operating costs, lower patient volumes and the prevalence of sole practitioner or small team service models in MMM3 to MMM7 communities.
- Ensure implementation of obstetric ultrasound fee reform (Proposal 1) explicitly considers rural service viability, including the need to complete extended or multiple clinically indicated examinations in a single visit, so rural pregnant women are not disproportionately affected by service withdrawal, delayed care or rising out of pocket costs.
- Establish Commonwealth funded workforce incentives for sonographers or explicitly include sonographers in existing rural workforce incentive programs, prioritising MMM3 to MMM7 locations.

These measures mirror existing Commonwealth approaches to sustaining rural medical and allied health services and would support equitable access to essential diagnostic care using established policy mechanisms.

¹² ASA Report. The Australian Sonography Workforce – in focus (December 2025) Available at <https://www.sonographers.org/advocacy/workforce>.