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March 2026

Senator, The Hon Mathew Canavan
Chair, Senate Standing Committee on Rural and Regional Affairs and Transport
Parliament of Australia

Dear Chair,

Re: Inquiry into Regional, Rural and Remote Medicare Access and Funding

Thank you for the opportunity to provide a submission to the Senate Standing Committee inquiry into regional, rural and remote Medicare access and funding.

Access to timely and affordable healthcare remains a significant challenge for communities outside metropolitan areas. While recent Medicare reforms have sought to address some of these issues, gaps remain in the provision of diagnostic services, particularly ultrasound, which plays a critical role in early diagnosis, clinical decision-making and ongoing patient management across primary care, emergency medicine and maternity services.

The Australasian Sonographers Association (ASA) is the peak professional body representing more than 8,000 sonographers across Australasia, including the majority of Australia's diagnostic ultrasound workforce. Sonographers perform the bulk of ultrasound examinations and are essential contributors to patient care across a wide range of clinical settings. Our submission draws on the clinical expertise and experience of sonographers working across metropolitan, regional, rural and remote Australia.

Despite the central role of ultrasound in the healthcare system, access to diagnostic imaging services remains uneven, particularly in rural and remote areas. Workforce shortages, geographic maldistribution, and funding settings that do not adequately reflect the cost and complexity of service delivery continue to limit access. These challenges contribute to delayed diagnosis, increased emergency presentations, and poorer health outcomes for rural populations.

This submission outlines a series of practical, evidence-based reforms to improve access to diagnostic imaging services in regional, rural and remote communities. These include targeted Medicare funding adjustments, rural workforce incentives, investment in training and supervision pathways, and measures to strengthen the sonography workforce pipeline.

We welcome the Committee's focus on improving Medicare access and ensuring equitable healthcare for all Australians, regardless of location. The ASA would be pleased to work with Government and stakeholders to support the implementation of these reforms.



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Should you require further information or clarification, please contact Elissa Campbell, General Manager, Policy and Advocacy, at elissa.campbell@sonographers.org

Yours sincerely,

Dr Tony Coles
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Submission to the Inquiry into Regional, Rural and Remote Medicare Access and Funding Senate Standing Committee on Rural and Regional Affairs and Transport

Introduction

The Australasian Sonographers Association (ASA) welcomes the opportunity to contribute to the Committee's inquiry into regional, rural and remote Medicare access and funding.

Since November 2025, the Australian Government has introduced several Medicare reforms intended to improve access to healthcare in rural, regional and remote communities. However, for diagnostic ultrasound services, the introduction of MBS item 55080 for complex gynaecological ultrasound has been the only substantive change to Medicare funding arrangements during this period. While this item represents a welcome advancement in women's health, it does not address the broader structural challenges affecting ultrasound access - particularly workforce shortages, service sustainability in smaller communities, and the geographic maldistribution of the sonographer workforce.

The ASA is the peak professional body representing more than 8,000 sonographers across Australasia, including the majority of Australia's diagnostic ultrasound workforce. Sonographers are the healthcare professionals responsible for performing ultrasound examinations across primary care, maternity services, emergency medicine and specialist diagnostic services.

Ultrasound is Australia's most widely used diagnostic imaging modality, with almost 13 million Medicare-funded services delivered annually¹, representing approximately 42% of all diagnostic imaging services. As a frontline diagnostic tool, ultrasound enables early detection, monitoring and management of a wide range of conditions.

Despite its central role in the health system, access to ultrasound services is uneven across Australia. Patients in rural, regional and remote communities frequently face longer waiting times, reduced service availability and higher out-of-pocket costs compared with metropolitan patients. These barriers contribute to delayed diagnosis, poorer health outcomes and increased reliance on hospital-based care.

The sonographer workforce is also heavily concentrated in metropolitan areas. ASA Workforce data² indicates that across all states the proportion of sonographers working outside capital cities falls significantly below those in regional and remote areas:

- Metro - 67%
- Regional - 29%
- Rural and Remote - 4%

This workforce maldistribution directly affects the availability of diagnostic imaging services in rural Australia, particularly for priority populations such as First Nations peoples, culturally and linguistically diverse communities, and people experiencing socioeconomic disadvantage who already experience disproportionate access gaps to diagnostic services.



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This submission focuses on several Terms of Reference that are particularly relevant to diagnostic imaging access, including:

Recommendation	Description	Terms of Reference
1. Rural Medicare loadings for ultrasound services	Introduce Medicare loadings of 15–30% for ultrasound services in MMM3–7 locations, with additional incentives for bulk-billed services and outreach imaging.	(a) Impact of Medicare changes on access to care; (d) Reforms to improve Medicare access
2. Rural workforce incentives and training pathways	Include sonographers in existing rural workforce incentive programs and establish rural training pathways with return-of-service agreements.	(b) Workforce models in rural health services
3. Workforce development to support MBS item 55080	Fund specialised training to increase the number of sonographers capable of performing advanced pelvic ultrasound for endometriosis diagnosis.	(a) Impact of Medicare changes on access to care; (c) Avoidable hospital admissions
4. Encourage employers to utilise students in regional rural and remote areas	Extend incentive schemes to both employers and sonography students and broaden develop existing remote training models.	(d) Reforms required to improve Medicare access
5. Extend the Commonwealth Prac Payment to sonography students	Provide placement payments to sonography students undertaking mandatory clinical placements,	(d) Reforms required to improve Medicare access



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prioritising rural
placements.

1. Medicare Funding and Access to Diagnostic Services

(Relevant to Terms of Reference on Medicare changes and rural access)

Medicare funding arrangements play a critical role in determining whether diagnostic services remain viable in rural communities. Ultrasound services in regional and remote areas face significantly higher operating costs than metropolitan clinics. These include:

- equipment servicing and maintenance costs increased by travel distances
- difficulty recruiting sonographers, often requiring salary premiums of 20–30%³
- smaller patient volumes which limit financial sustainability
- professional isolation requiring additional supervision and quality assurance mechanisms⁴

At the same time, Medicare rebates for ultrasound services have increased by approximately 0.55% per year over the past 25 years, substantially below inflation and healthcare cost growth⁵.

In metropolitan areas, these pressures may be offset by higher patient volumes and diversified services. In rural communities, however, clinics often operate with very small teams or sole practitioners, leaving services vulnerable to financial pressure and workforce shortages. When Medicare rebates do not reflect time, complexity and overheads, services reduce availability, withdraw from bulk billing, or rely on short-term locum arrangements that undermine continuity of care⁶. This creates significant access barriers⁶ for patients. For priority populations, these barriers can be even more pronounced due to geographic isolation, limited transport options and the importance of culturally safe healthcare environments⁷.

Improving the financial sustainability of rural diagnostic imaging services is therefore a critical component of improving Medicare access.

Proposal: Rural Medicare loadings for ultrasound services

The Commonwealth already applies targeted Medicare loadings and incentives to sustain rural medical and allied health services, including measures linked to the Modified Monash Model (MMM). Extending similar loadings to ultrasound would align with established policy mechanisms and support equitable access to essential diagnostic care.

The ASA recommends introducing targeted Medicare incentives to support the viability of rural diagnostic imaging services, including:

- Medicare loadings of 15–30% for ultrasound services in MMM3–MMM7 locations, scaled according to remoteness



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- additional loadings for bulk-billed services to support affordability
- travel subsidies for outreach diagnostic imaging services delivered to underserved communities

These measures would align with existing rural incentives across Medicare and support equitable access to essential diagnostic services.

2. Rural Workforce Models and Workforce Sustainability

(Relevant to Terms of Reference on workforce models)

Workforce shortages are one of the most significant barriers to improving healthcare access in rural Australia.

Sonography has been listed on Australia's National Skills Priority List for more than a decade⁸, with persistent shortages reported across both public and private healthcare sectors. ASA employer surveys indicate that 96% of major employers report sonographer shortages, with workforce deficits estimated at between 20–30%. This shortage is most acute outside metropolitan centres, particularly in obstetric and cardiac sonography⁹.

Adding to this underlying pressure, an estimated 38% of sonographers intend to retire in the next decade—exceeding the 18% estimated to reach retirement age in that period¹⁰. Without intervention, workforce availability will deteriorate further.

Several structural factors contribute to the maldistribution of the sonography workforce.

Several factors contribute to workforce maldistribution:

- **Professional isolation:** Rural sonographers often work as sole practitioners without peer support or supervision, limiting professional development and increasing burnout risk.
- **Training barriers:** Accredited sonography courses require a minimum of 2,200 hours of supervised clinical placement—equivalent to more than one year of full-time work. Rural students face additional barriers including limited local placement opportunities, accommodation costs, and family separation¹¹
- **Lack of incentives:** Unlike other health professions, sonographers are not explicitly included in rural workforce incentive programs. No rural incentive payments are available to sonographers comparable to those offered to medical practitioners and other allied health professionals¹²
- **Supervision requirements:** Current supervision models are often unsuitable for sole practitioner arrangements common in rural settings.

Despite these challenges, rural sonographers already play an important role within multidisciplinary health teams. They support emergency departments, provide imaging services for visiting specialists, and contribute to maternity and primary care services.



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This role aligns directly with the vision outlined in the Strengthening Medicare Taskforce Report¹³, which calls for coordinated multidisciplinary teams working to their full scope of practice to deliver person-centred, continuous care. However, current Medicare and workforce policy settings do not adequately recognise or enable sonographers to contribute to this model as core diagnostic providers, particularly in rural and remote settings.

Expanding and supporting the rural sonography workforce would significantly strengthen these multidisciplinary models of care.

Proposal: Rural workforce incentives and training pathways

The ASA recommends:

- Explicitly include sonographers in existing rural workforce incentive programs (e.g., Health Workforce Scholarship Program, Workforce Incentive Program) prioritising MMM3–7 locations
- Establish rural training pathways with return-of-service agreements
- Fund rural placement coordination and supervision capacity
- Support telehealth supervision models appropriate for sole practitioner settings
- Introduce rural workforce incentive payments for sonographers, comparable to those available to medical practitioners such as the workforce incentive program¹⁴ including:
 - annual incentive payments linked to remoteness (MMM classification)
 - additional loadings for advanced or extended scope practice (e.g. obstetric, gynaecological or emergency ultrasound)
 - targeted allowances (e.g. relocation, accommodation, travel) to support recruitment and retention in rural and remote areas

These initiatives would strengthen workforce supply and support sustainable rural diagnostic services.

3. Preventing Avoidable Emergency Presentations and Hospital Admissions

(Relevant to Terms of Reference on avoidable hospitalisation)

Timely access to diagnostic ultrasound is fundamental to preventing emergency presentations and hospital admissions. In rural settings, sonographers often provide the only locally available diagnostic imaging, with CT and MRI unavailable or requiring significant travel.

Preventable impacts of delayed diagnosis

Without timely local ultrasound access, conditions that could be diagnosed and managed in primary care instead present as emergencies or require hospital admission:



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- **Endometriosis and pelvic pain:** Women without access to specialised pelvic ultrasound experience higher rates of emergency presentation for acute pelvic pain and higher rates of diagnostic laparoscopy requiring hospital admission¹⁵
- **Early pregnancy complications:** Limited obstetric ultrasound access delays identification of ectopic pregnancy, miscarriage, and other complications requiring urgent intervention
- **Venous thromboembolism:** Undiagnosed deep vein thrombosis may progress to pulmonary embolism without timely diagnostic ultrasound
- **Acute abdominal conditions:** Undiagnosed gallbladder disease and other abdominal pathology present as emergency surgical admissions¹⁶

Earlier diagnosis through accessible local ultrasound services enables more appropriate referral pathways, reduces emergency presentations, and decreases demand on regional hospital and tertiary services.

The Strengthening Medicare Taskforce Report¹⁷ recommends that our primary care system should be focused on prevention, early intervention and reducing avoidable hospitalisations through coordinated, multidisciplinary care. Timely access to diagnostic imaging, including ultrasound, is a critical enabler of this model, yet current Medicare settings do not adequately recognise its role in preventing escalation to acute care—particularly in rural and remote communities.

4. Maximising the Impact of Medicare Reforms: MBS Item 55080

(Relevant to Terms of Reference on the impact of recent Medicare changes)

The introduction of MBS item 55080 on 1 November 2025 represents a significant advancement in women's health, providing dedicated funding for complex gynaecological ultrasound examinations including assessment for endometriosis and related conditions. This is particularly important for regional, rural and remote communities where access to specialist surgical services is limited. Advanced pelvic ultrasound is recognised in clinical guidelines as a safe, non-invasive and evidence-based first-line investigation for suspected endometriosis, enabling earlier diagnosis and reducing reliance on diagnostic laparoscopy and hospital-based care^{18 19}.

The item recognises the time and expertise required to perform advanced pelvic ultrasound examinations, including the assessment of suspected endometriosis. However, the benefits of this reform may be unevenly distributed.

Endometriosis-specific ultrasound is an advanced skill that requires specialised training. Currently, these services are largely concentrated in metropolitan specialist clinics. As a result, women living in rural areas may continue to face limited access to this service.



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Based on ASA workforce data, just 9% of Australian sonographers identify Obstetrics and Gynaecology as their primary practice area, and only 1% hold specialist accreditation in this field²⁰ Performing an endometriosis-specific ultrasound is an advanced skill within the sonography scope of practice²¹.

In practice, most comprehensive endometriosis examinations currently occur in private specialty clinics in metropolitan areas. Rural practices operating with generalist sonographers or minimal teams cannot readily absorb the additional training requirements without dedicated support.

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 released in 2018 and the South Australian Select Committee on Endometriosis (the Committee) in 2025.

Improving diagnostic access in rural areas is also particularly important for priority populations, such as First Nations Peoples and culturally and linguistically diverse communities, who experience higher rates of health inequity and barriers to specialist care.

Proposal: Workforce development for specialised ultrasound

The ASA recommends:

- Fund targeted training programs to develop advanced skills in endometriosis-specific ultrasound, enabling more clinics - including outside specialist settings - to offer the service
- Establish competency standards for sonographers performing examinations under MBS item 55080 to support consistent, high-quality practice nationally
- Provide dedicated assistance for rural clinics willing to upskill their sonographers in this area

Training and support for doctors and other health professionals

- Offer targeted training to public health service practitioners demonstrating the capabilities of non-invasive ultrasound for endometriosis diagnosis and surgical planning
- Provide additional training for radiologists and referring GPs to understand advancing ultrasound capabilities and ensure efficient referral and accurate reporting
- Fund public awareness initiatives encouraging women with pelvic pain to seek assessment, emphasising the availability of affordable, safe ultrasound examination as an alternative to diagnostic surgery



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These measures would maximise the impact of recent Medicare reforms and improve access to women's health services.

5. Strengthening the Workforce Pipeline

(Relevant to Terms of Reference on improving rural Medicare access)

Addressing the sonographer shortage requires building a sustainable training pipeline. However, significant barriers deter students from entering and completing sonography training, with particular impacts on rural workforce development.

All accredited sonography courses require substantial clinical placement—a minimum of 2,200 hours of supervised practice, typically equivalent to more than one year of full-time work. This requirement significantly exceeds placement hours required for other health professions, including nursing (800–1,000 hours), midwifery (1,300–1,500 hours) and social work (around 1,000 hours).¹

Due to the sonographer shortage, the ASA recommends considering introducing HELP debt reduction schemes for sonographers working in rural and remote areas, comparable to existing programs for doctors and nurse practitioners, where student debt can be partially or fully reduced (up to 100%) based on duration of service in MMM3–7 locations²².

Financial barriers

Most sonography clinical placements are unpaid. Evidence from the ASA Student Survey 2025 (n=112) highlights the financial pressures associated with these placements:

- 35% of students experience extreme or significant financial stress during placements, to the extent that they question whether they can complete their training
- 65% must give up their usual paid employment while undertaking placements
- 46% commute significant distances daily to placement sites
- 24% must relocate to be closer to placement locations, incurring accommodation costs and family separation

Students consistently report that financial pressure is among the most significant challenges faced during clinical training, particularly in relation to travel and living expenses.

When asked how additional financial support would be used, students reported it would be directed toward essential living costs including:

- food and groceries (79%)
- accommodation (79%)
- travel expenses (68%)
- utilities and household costs (54%).²



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Compounded barriers for rural students

Students from rural and regional areas face additional barriers to entering and completing sonography training. These include limited access to local placement opportunities, higher travel and accommodation costs when relocating for placements, and separation from family and support networks.

These factors discourage students from rural backgrounds from entering the profession and limit opportunities for any students to train in rural settings—reducing the likelihood of graduates returning to work in regional communities.

Improving financial support during clinical placements would therefore play an important role in strengthening the rural sonography workforce pipeline.

Proposal: Encourage employers to utilise students in regional rural and remote areas

The ASA recommends:

- Expand access to remote area salary packaging and tax concession arrangements via the ATO²³ to improve financial attractiveness and retention of sonographers in MMM4–7 locations
- Develop and fund remote training and supervision models linking rural sites with tertiary centres, supported by digital platforms to enable real-time oversight, mentoring and clinical governance²⁴.
- Expand and standardise rural training grants and incentive schemes, such as the NSW Rural Health Workforce Incentive Scheme²⁵ to a federally funded scheme to support sonographer training, supervision, and retention in rural and remote areas

The case for extending the Commonwealth Prac Payment

The Commonwealth Prac Payment scheme currently provides financial support of \$338.60 per week to students in nursing, teaching, social work and midwifery during mandatory clinical placements. This support recognises the financial burden associated with unpaid placements and the public interest in sustaining essential workforces.

Sonography students undertake some of the longest clinical placements in the health sector yet are currently excluded from this support.

Extending the Commonwealth Prac Payment to sonography students would:

- remove financial barriers that currently deter students from completing training
- support students to undertake placements in underserved rural communities by offsetting relocation and travel costs
- build relationships between students and rural communities, increasing the likelihood of subsequent rural employment



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- strengthen the workforce pipeline to address projected workforce shortages over the coming decade.

This approach aligns with broader calls to expand placement support to allied health students experiencing “placement poverty”.

Proposal: Extend the Commonwealth Prac Payment to sonography students

The ASA recommends:

- Immediate extension of the Commonwealth Prac Payment scheme (\$338.60 per week) to both undergraduate and postgraduate sonography students undertaking mandatory supervised clinical placements
- Priority consideration for students undertaking placements in MMM3–7 locations to incentivise rural training

Conclusion

Access to diagnostic imaging is fundamental to delivering timely and effective healthcare. Ultrasound is the most widely used diagnostic imaging modality in Australia and plays a critical role in primary care, emergency medicine and maternity services.

However, rural and regional Australians continue to experience reduced access to ultrasound services due to workforce shortages, service sustainability challenges and geographic distance. Without targeted policy intervention, these inequities are likely to worsen as workforce shortages increase and experienced practitioners retire.

The reforms proposed in this submission—rural Medicare loadings, targeted workforce incentives, specialised training to maximise the impact of MBS item 55080, and investment in the sonography training pipeline—represent practical and achievable measures to improve access to diagnostic imaging services in rural Australia.

Implementing these measures would support earlier diagnosis, reduce avoidable hospital presentations and improve health outcomes for regional, rural and remote communities.

The ASA welcomes the opportunity to work with the Australian Government and stakeholders to ensure all Australians can access timely diagnostic imaging regardless of where they live.

¹ Australian Government Department of Health and Aged Care. Medicare Item Reports – Diagnostic Imaging Services. Available at: medicarestatistics.humanservices.gov.au

² [The Australian Sonography Workforce – in focus.pdf](#)

³ [The Australian Sonography Workforce – in focus.pdf](#)

⁴ Australian Commission on Quality and Safety in Healthcare. Literature Review: Safety and Quality in Diagnostic Imaging (2022). Available at: safetyandquality.gov.au

⁵ ASA membership data and December 2025; Australian Bureau of Statistics. Regional Population, 2023–24. Available at: abs.gov.au

⁶ ASA Report. The Australian Sonography Workforce – in focus (December 2025). Available at: sonographers.org



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- ⁷ ASA Response to the Review of Select Medicare Funded Diagnostic Imaging Ultrasound Services - Phase 2 (November 2025). Available at: sonographers.org
- ⁸ Australian Government National Skills Commission. Skills Priority List. Available at: nationalskillscommission.gov.au
- ⁹ Australian Institute of Health and Welfare. Australia's health 2024. Available at: aihw.gov.au
- ¹⁰ Australian Government Department of Health and Aged Care. Modified Monash Model. Available at: health.gov.au
- ¹¹ ASA Report. The Australian Sonography Workforce – in focus (December 2025). Available at: sonographers.org
- ¹² Australasian Sonographers Association. 2024 Employment and Salary Industry Report.
- ¹³ [Strengthening Medicare Taskforce Report | Australian Government Department of Health, Disability and Ageing](#)
- ¹⁴ [Workforce Incentive Program Doctor Stream | Australian Government Department of Health, Disability and Ageing](#)
- ¹⁵ Select Committee on Endometriosis, South Australian Parliament. Final Report (March 2025).
- ¹⁶ ASA Student Survey 2025 (n=112).
- ¹⁷ [Strengthening Medicare Taskforce Report | Australian Government Department of Health, Disability and Ageing](#)
- ¹⁸ European Society of Human Reproduction and Embryology (ESHRE). *Endometriosis Guideline*. 2022.
- ¹⁹ Guerriero S et al. *Systematic approach to sonographic evaluation of the pelvis in women with suspected endometriosis*. *Ultrasound Obstet Gynecol*. 2016. (IDEA consensus).
- ²⁰ ASA Report. The Australian Sonography Workforce – in focus (December 2025). Available at: sonographers.org
- ²¹ [Scope-of-Practice-2025.pdf](#)
- ²² [HELP for Rural Doctors and Nurse Practitioners | Australian Government Department of Health, Disability and Ageing](#)
- ²³ [Remote area FBT concessions | Australian Taxation Office](#)
- ²⁴ [Workforce Incentive Program \(WIP\) – Practice Stream | Australian Government Department of Health, Disability and Ageing](#)
- ²⁵ [Rural Health Workforce Incentive Scheme](#)