



a healthier world through
sonographer expertise

17 July 2026

Australian Health Practitioner Regulation Agency | National Boards
GPO Box 9958 Melbourne
VIC 3001

Via email: AhpriConsultation@ahpra.gov.au

Dear AHPRA and National Board consultation representatives,

Re: Public consultation - Recency of practice registration standard, and continuing professional development registration standard

Thank you for the opportunity to provide feedback on the current review by AHPRA and the National Boards into Recency of practice (ROP) and Continuing professional development (CPD) registration standards.

The Australasian Sonographers Association (ASA) is the professional organisation for Australasian sonographers, who are the experts in ultrasound. We represent over 8,000 members and more than 70 per cent of Australasia's sonographers. The feedback below draws on input provided by our Sonographer Policy and Advocacy Committee representatives.

The ASA recognises the work being undertaken by AHPRA and the National Boards to review registration standards to ensure they remain relevant, contemporary and effective. We also note AHPRA's ongoing work to provide greater consistency and alignment across the National Boards.

The ASA is responding on behalf of the sonography profession. While the profession itself is not currently regulated under the National Registration and Accreditation Scheme (NRAS), an estimated 30 per cent (approximately 2,500) of accredited medical sonographers in Australia are also registered with AHPRA. [Source: Australian Sonographer Accreditation Registry (ASAR)]. The majority of these are dual-qualified medical imaging practitioners registered with MRPBA, such as radiographer/sonographers. A small number are dual-qualified in other professions, such as nursing or physiotherapy.

While there are other dual-qualified practitioners captured within AHPRA, such as practitioners who are registered as a nurse and paramedic, dual-qualified sonographers differ in that they straddle two regulatory systems, that is, registration with AHPRA and accreditation with ASAR. Consideration should be given to ensure that dual-qualified practitioners do not face an unreasonable regulatory burden and that practical guidance is provided to address their circumstances. This is particularly relevant given that ASAR's current CPD requirements are based on a 3-year cycle, while the proposed new AHPRA requirements are for a 1-year cycle.

Below is our feedback provided in response to the consultation questions. 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
Chief Executive Officer
Australasian Sonographers Association



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RESPONSES TO THE CONSULTATION QUESTIONS

Initial questions:

To help us better understand your situation and the context of your feedback, please provide us with some details about you.

Are you completing this submission on behalf of an organisation or as an individual?

☒ Organisation

Name of organisation: Australasian Sonographers Association

Contact email: Elissa.Campbell@sonographers.org

☐ Individual

Name: [Click or tap here to enter text.](#)

Contact email: [Click or tap here to enter text.](#)

If you are completing this submission as an individual, are you:

☐ A registered health practitioner?

Profession: [Click or tap here to enter text.](#)

☐ A consumer / patient

☐ Other – please describe: [Click or tap here to enter text.](#)

☐ Prefer not to say

Do you give permission for your submission to be published?

☒ Yes – publish my submission **with** my name/organisation name

☐ Yes – publish my submission **without** my name/organisation name

☐ No – **do not** publish my submission

Consultation questions: **Recency of practice registration** standard

Question 1:

Is the proposed revised ROP standard clear and workable in practice? Why or why not?

Your answer:

The proposed requirement of either 150 hours of practice in the previous 12 months or 450 hours in the previous three years is clear and workable.

The flexibility of the two pathways appropriately accommodates practitioners working part-time, taking parental leave, undertaking caring responsibilities, or combining clinical, academic and leadership roles.

The broad definition of "practice" appropriately recognises that practitioners may contribute to the safe and effective delivery of services in their profession outside of the provision of direct clinical care, such as through education, research, management and professional leadership activities.

We note that there is additional information included in the draft standard that outlines how a practitioner can continue or return to practice if they don't meet the standard. It is beneficial for the standard to include information on the process the Board will undertake and the factors it will consider when deciding if a practitioner who has not met the standard can continue or return to practice.

We support the provision of the planned additional explanatory material to help ensure practitioners understand the requirements, plan for breaks from practice, and ensure consistency in board decision-making, while also noting that the National Boards will undertake their final assessments on a case-by-case basis.

Question 2:

Does the proposal to require 150 hours of practice in the previous 12 months or 450 hours in the previous three years provide appropriate options for practitioners applying for or renewing their registration, including overseas health practitioners applying for registration in Australia? Why or why not?

Your answer:

Yes, we believe the two options for recency of practice outlined are appropriate (see question 1 above).

Question 3:

Does the requirement for practitioners moving to a new area of practice (e.g. non-clinical to clinical) to ensure they have sufficient training and/or qualifications to achieve competency in the new area adequately protect the public and align with public expectations of registered health practitioners?

Your answer:

We believe this is appropriate, and aligns with what currently occurs within MRPBA where practitioners are expected to understand and meet their professional and legal obligations to ensure they are practising safely and effectively within their scope of practice, and exercise and use sound personal judgement by undertaking any necessary training and experience before moving into a new area of practice or if re-commencing practice in an area they have not been engaged in for an extended period of time.

It would be beneficial for additional explanatory material by National Boards to confirm the expectations and provide relevant practical examples.

Question 4:

What additional explanatory material or resources would help practitioners understand and comply with the standard?

Your answer:

The proposed flexibility is positive for practitioners returning after parental leave, caring responsibilities or other career breaks.

As mentioned above, additional guidance would be valuable for practitioners returning to clinical areas after time working in non-clinical roles, and/or moving to another new area of practice.

Question 5:

Will the proposed ROP requirements help support access to health services while maintaining public protection? Please describe.

Your answer:

Yes, we believe that the proposed ROP requirements provide an appropriate balance between access to health services and maintaining public protection.

Question 6:

Would the proposed ROP requirements result in any negative or unintended impacts for individuals or groups? This may include impacts on:

- Aboriginal and Torres Strait Islander Peoples
- patients, clients or consumers
- practitioners
- vulnerable communities

If so, please describe the impact and who may be affected.

Your answer:

N/A

Consultation questions: **Continuing professional development** registration standard

Question 1:

Is the proposed revised CPD standard clear and workable in practice? Why or why not?

Your answer:

Yes, the proposed revised CPD standard is generally clear and relevant. The principles-based approach and annual cycle provide consistency across professions and simplify compliance. The inclusion of interactive CPD and reflective practice aligns with best practice and supports meaningful professional development.

We support the use of an annual cycle and believe it promotes regular engagement and consistency across professions without increasing the overall CPD burden. From a practical point of view, an annual requirement keeps CPD front of mind and promotes continuous professional development. It also discourages practitioners from accumulating hours toward the end of a multi-year cycle.

The CPD portfolio requirement (including learning goals, planned/completed activities, and reflections) is also reasonable. It would be beneficial for it to be supported by templates, examples and practical guidance to minimise administrative burden and promote consistency in compliance.

Examples of activities that contribute to CPD would be beneficial, as well as examples of any activities that do not. In addition, confirmation and clarity around the relevance of activities such as clinical teaching, mentoring, and formal supervision of students and/or practitioners under supervision would be beneficial.

Clear guidance on transition arrangements from the triennial to annual cycle is also important to avoid confusion.

Question 2:

Should a minimum amount of interactive CPD (e.g. peer discussion, virtual mentoring, case review) be required? If yes, is five hours per year appropriate?

Your answer:

Yes. Interactive CPD supports improved sonographer performance and patient outcomes. Allowing virtual options also ensures accessibility for rural and remote practitioners. The proposed requirement for 5 hours of interactive CPD is reasonable.

The consultation documents provide examples of interactive CPD; however, additional guidance regarding acceptable activities and evidence requirements would assist practitioners and promote consistent interpretation. For example, it would be helpful to clarify whether activities such as departmental case review meetings, multidisciplinary meetings, peer scanning sessions, clinical supervision, student supervision discussions, mentoring, peer review activities and virtual case discussions satisfy the interactive CPD requirement, and what evidence would be required to demonstrate participation.

Question 3:

Is the requirement for an additional 10 hours of CPD for practitioners with technical and/or profession-specific skills (e.g. endorsement for scheduled medicines) appropriate? Why or why not?

Your answer:

It is appropriate that there is a requirement for additional hours of CPD for practitioners with technical and/or profession-specific skills (such as endorsement for scheduled medicines).

However, it would be helpful to have further information on the rationale for the proposal of 10 hours. In addition, consideration should be given to whether a risk-based approach may be more appropriate than applying a standardised number of hours across all endorsements.

Examples of acceptable activities and evidence required should also be provided to assist practitioners.

Question 4:

The Chiropractic, Optometry, Osteopathy and Podiatry Boards are proposing to remove mandatory first aid/CPR training requirements from the CPD standard, in alignment with other professions. This approach recognises that professional capabilities, CPD guidelines and/or other guidance can encourage practitioners to maintain these skills where relevant to their practice. Does this approach appropriately balance public protection with regulatory burden? Why or why not?

Your answer:

N/A

Question 5:

What additional **explanatory material** or resources would help practitioners understand and comply with the standard?

Your answer:

As mentioned above, additional explanatory material or resources on the following would be helpful for practitioners:

- Transition arrangements from the 3-year cycle to 1-year cycle.
- CPD portfolio expectations, examples, and templates.
- Examples of interactive CPD activities and evidence requirements.
- Clarity around the inclusion of virtual CPD activities.

In addition, where necessary, further explanatory material should be provided to ensure the needs of dual-qualified practitioners are met.

Question 6:

Will the proposed CPD requirements help support access to health services while maintaining public protection? Please describe.

Your answer:

Overall, yes, we believe the proposed CPD requirements will help support access to health services while maintaining public protection.

The annual CPD requirement supports continued competence while remaining proportionate in terms of time commitment.

Question 7:

Would the proposed CPD requirements result in any negative or unintended impacts for individuals or groups? This may include impacts on:

- Aboriginal and Torres Strait Islander Peoples
- patients, clients or consumers
- practitioners
- vulnerable communities

If so, please describe the impact and who may be affected.

Your answer:

For most practitioners, we believe there would be minimal negative or unintended impacts. The main risk is confusion during transition and the requirements of maintaining a CPD portfolio. Guidance and templates will help address this.

Interactive CPD requirements may be more difficult for practitioners in rural, regional and remote locations. Explicit recognition of virtual learning activities, online case review groups, mentoring and communities of practice would help ensure equitable access.