



a healthier world through
sonographer expertise

Monday, 5 December 2022

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House, Canberra ACT 2600

Submitted online via inquiry webpage

Dear members of the Senate Standing Committee on Community Affairs,

Inquiry into universal access to reproductive healthcare

Thank you for the opportunity to provide feedback to the Senate Standing Committee on Community Affairs' inquiry into universal access to reproductive healthcare.

The Australasian Sonographers Association (ASA) is the professional organisation for Australasian sonographers, who are the experts in ultrasound. With over 7,000 members, and representing more than 70% of Australasia's sonographers, the ASA's purpose is to foster a sonography profession that delivers high quality ultrasound with a vision to create a healthier world through sonographer expertise.

Sonographers have a critical role to play in the delivery of quality reproductive healthcare. As experts in the use of ultrasound, they have a key role when detecting stillbirth and are intrinsic to the patient care experience for the duration of pregnancy.

The ASA believes that, unfortunately, access to quality reproductive healthcare is far from universal in Australia, and for patients accessing sonographer services, inequalities in health outcomes and access to those services are particularly pronounced for indigenous women and for women in rural and remote areas. Furthermore, across Australia, 75% of sonographers remain unregulated, impacting on the universality of quality reproductive healthcare.

The ASA, through its Sonographer Policy and Advisory Committee, has considered the topics covered in the terms of reference, and has addressed several of these, providing recommendations which can contribute to alleviating inequalities of care. Our feedback and recommendations are detailed below.

Thank you for the opportunity to provide input into this inquiry. The ASA would be pleased to present further information and evidence to the Senate Standing Committee on Community Affairs as requested.

We look forward to hearing about the outcomes of this inquiry. If you have any questions or require additional information, please contact Slade Carter, General Manager, Policy and Advocacy, at policy@sonographers.org or (03) 9552 0000.

Yours sincerely,

Ian Schroen

President
Australasian Sonographers Association



Inquiry into universal access to reproductive healthcare Australasian Sonographers Association: Feedback and recommendations

Background to the sonography profession in Australia

Sonographers are highly skilled health professionals who are strategically involved at the initial diagnostic stages of patient care and perform the majority of comprehensive medical diagnostic ultrasound examinations. Ultrasound as a specialty in qualified hands provides essential information to medical colleagues in a timely, cost effective, and safe way.

There are currently 7,230 medical sonographers and 1,140 student sonographers in Australia. In 2021, there were 12.1 million Medicare-funded diagnostic ultrasound examinations undertaken; most performed by sonographers.

Unlike other diagnostic imaging professionals, sonographers are not currently regulated, meaning there are no nationally enforceable standards of practice that set the minimum expectations of ultrasound examinations performed by sonographers in Australia, or recency of practice requirements protecting the public and preventing harm.

Sonographers typically work autonomously with patients and undertake examinations in real-time. They view the entire structure of the organ/s to recognise if something is abnormal and capture representative medical ultrasound images so that an accurate diagnosis can be reported by a medical practitioner.

The outcome of the ultrasound examination is directly affected by the competence and expertise of the sonographer. If a sonographer fails to produce quality images or identify pathologies, the report prepared by the medical practitioner is likely to be inaccurate. This impacts on the diagnosis and treatment of the patient, which may include delayed or additional treatment, and patient harm.

The importance of sonographers in access to reproductive healthcare

Australia has significant inequalities in health outcomes and access to services for reproductive healthcare, including pregnancy care.

Women who live in remote and very remote areas have the highest maternal mortality ratio (MMR), followed by women who lived in inner regional areas (12.3 and 8.9 per 100,000 women giving birth). Between 2012 and 2018, the MMR for Aboriginal and Torres Strait Islander women was 20.2 per 100,000 women giving birth. In the same period, the MMR for non-Indigenous women was 5.5 per 100,000 women giving birth.¹

A recent study by the University of South Australia notes that a lack of ultrasound equipment and training for rural clinicians is contributing to higher death rates and foetal abnormalities in remote regions of Australia. These poorer perinatal outcomes are compounded by the costs of scans and travel, and limited awareness among pregnant rural women about the value of ultrasound.²

Ultrasound plays a major role in providing medical practitioners with sexual and reproductive health information so that they can offer suitable treatment and service options to their patients:

¹ Australian Institute of Health and Welfare: [Maternal deaths in Australia, Maternal deaths in Australia - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/reports/12-15/maternal-deaths-in-australia)

² University of South Australia. Rural pregnant women in dire need of better ultrasound services <https://www.unisa.edu.au/media-centre/Releases/2022/rural-pregnant-women-in-dire-need-of-better-ultrasound-services/>

- Ultrasound is routinely used to determine (or confirm) gestational age before medical termination.
- Ultrasound is used to screen for a wide range of adverse pregnancy outcomes.
- Ultrasound is used to identify latent or early stages of pathology so that preventative measures can be taken in utero or neonatally.
- While there is psychological distress associated with the discovery of a foetal anomaly at any stage of pregnancy, early ultrasound screening can reduce the emotional disturbance.
- Ultrasound can be used to assess for retained products of conception and influence clinical management.

Ultrasound can also be employed to diagnose deep vein thrombosis. Pregnancy and postpartum are very high-risk periods for venous thromboembolism events: thromboembolism was the most frequent cause of direct maternal death reported in Australia between 2009 and 2018.³

Ultrasound can be used to confirm intrauterine gestation. Between 2009 and 2018, ten women died of direct causes during the first trimester of pregnancy (less than 14 weeks of pregnancy). Half of these deaths were caused by ectopic pregnancy, due to the development of the foetus at a site other than the uterus.⁴ The availability of affordable ultrasound services is imperative for avoiding maternal and foetal morbidity and mortality.

Sonographers have a fundamental role throughout the pregnancy journey. As experts in the use of ultrasound, they have a salient role when detecting stillbirth and are intrinsic to the patient care experience for the duration of pregnancy.

The ASA provides the following comments with respect to the specific terms of reference of the Senate Inquiry.

b. Cost and accessibility of reproductive healthcare, including pregnancy care and termination services across Australia, particularly in regional and remote areas

Antenatal ultrasound is poorly resourced in the public hospital system. First and second trimester ultrasound is not provided routinely. This limits access to lower socio-economic groups, with inadequate service provision in public hospitals. Access is therefore far from universal.

Low-cost alternatives can be challenging to find in the private system due to the low level of MBS reimbursement for these examinations. This creates challenges for patients on lower incomes when co-payments are required.

Patients in rural and remote areas often have to travel significant distances in order to access sonography services. For some women, the cost of travel can also be a barrier. Steps can be taken to ensure transport options are available for those who need it.

Sonographers working in rural and remote areas may also face barriers to upskilling and training, which can impact on patients. Advances in telehealth and teleultrasound can help reduce overcomes some of these barriers.⁵ Making technology routinely available at sites will help ensure that access to sonography improves in rural and remote areas.

³ Australian Institute of Health and Welfare, Op cit.

⁴ Australian Institute of Health and Welfare, Op cit.

⁵ University of South Australia, Op cit.

Recommendations

- Better resourcing for antenatal ultrasound in public hospitals. This will help make first and second trimester ultrasound more readily available for all women.
- Review of MBS rebates for antenatal ultrasound. This will improve the capacity of the medical imaging sector to provide antenatal ultrasound services with limited out-of-pocket costs for patients.
- Measures to ensure that *all* women, however remotely they live, can access sonography services due to logistical and cost issues. This could include the provision of transport services and the provision of funds to cover the cost of travel.
- Ensuring that medical imaging sites, particularly in public hospital settings, have the best available technology at their disposal, so that sonographers can access expertise via telehealth and teleultrasound when it is needed.

c. workforce development options for increasing access to reproductive healthcare services, including GP training, credentialing and models of care led by nurses and allied health professionals

The majority of obstetrics/gynaecology ultrasound is performed by sonographers, making them a critical profession in the provision of reproductive healthcare services.

Unfortunately, the Australian sonography workforce is in crisis, with the profession listed as an Occupation of Shortage since at least 2007. The challenges facing the workforce include:

- A shortage of clinical placements
- An ageing/retiring workforce
- A growing demand for services, putting real pressure on the profession and the services sonographers provide.

The need for medical diagnostic ultrasound is increasing exponentially. However, the number of new sonographers coming into the workforce has not kept up with demand. This issue is exacerbated by the fact that more than 50% of sonographers work in part-time roles with limited capacity to take on additional work, and one-quarter of the workforce is over 50 years of age and approaching retirement.

The lack of clinical placements issue is of particular concern. To graduate, student sonographers must complete 2,200 hours of clinical training. Most courses require students to identify their placement, commonly provided as an 'employed' position. These positions can be challenging to secure as they rely heavily on the time and resources of supervising sonographer and present a high financial cost to the employer. The result is that placements are highly competitive, with students unable to qualify as accredited sonographers until the completion of those placements. Indeed, the ASA has been contacted on several occasions by student members who have indicated that employers have requested that the students themselves fund their clinical placement, creating a very difficult financial situation for those students.

With most diagnostic imaging (70%) provided in private practice, private businesses can no longer afford to provide an adequate supply of sonographer training placements due to the significant resource and financial cost associated with the provision of clinical training placements. Providing incentives for medical imaging providers would help ensure that Australia has a better supply of Australian-educated sonographers who are accredited and can provide critical reproductive healthcare services.



The position of sonographers is complicated by the fact that only 25% of sonographers are currently formally regulated as a medical profession under the National Registration and Accreditation Scheme (NRAS). The 25% of sonographers who are regulated, sit under the Medical Radiation Practice Board of Australia (MRPBA), as they are also registered medical radiation practitioners.

In May 2022 a formal industry working group, known as the Working Group for Sonographer Regulation and composed of the Australasian Sonographers Association (ASA), the Australasian Society for Ultrasound in Medicine (ASUM), the Australian Sonographer Accreditation Registry (ASAR) and a sonographer representative finalised a submission requesting the inclusion of the sonography profession in the NRAS, under the existing MRPBA to protect the public and prevent harm.⁶ The ASA is currently approaching Health Ministers with a request that it be considered by the Health Ministers' Meeting.

The submission is supported by the overwhelming majority of ASA members, which represents over 70% of the sonographer workforce. ASA members view regulation as critical for setting nationally enforceable standards of practice so that patients can expect a minimum standard of care and quality for the accurate detection of abnormalities across Australia when having an ultrasound performed by a sonographer.

Although Australian sonography courses and fully qualified sonographers are accredited through ASAR, they are not subject to the same level of regulation as those professions that currently sit under NRAS.

There are no mechanisms in place that fully address the public health and safety issues that can arise when accessing medical ultrasound examinations performed by a sonographer. The existing regulatory mechanism through the MRPBA addresses all the health and safety issues; however, it only covers 25% of sonographers, and therefore currently fails to address 75% of the profession.

For 75% of sonographers, there is no mechanism of regulation that addresses all the health and safety issues. Specifically, at present there is:

- No system to enforce national standards of practice.
- No recency of practice requirement.
- No central complaints handling system.

The Working Group for Sonographer Regulation's proposal for sonographer regulation under the MRPBA would work for the profession and help ensure patient safety and quality standards:

- Unlike some professions, *sonographers fit solely under health care*. They do not work across multiple sectors, such as disability or social services.
- The minimum qualification for sonographers is a post graduate qualification recognising the significant training required to detect abnormalities such as cancer and pregnancy defects. If a sonographer fails to detect an abnormality, there is a high risk of a significant adverse outcome for the patient.
- Sonographers would sit under an *existing board* – the MRPBA. Therefore, no new board is required, *meaning minimal administration and cost*.

⁶ See the full submission at: <https://www.sonographers.org/advocacy/sonographer-regulation-in-australia>



- NRAS offers a solution to manage complaints centrally, enforce nationally consistent standards of practice and ensure recency of practice for all sonographers.
- Patients can expect when they have an ultrasound performed by a sonographer that there is an enforceable, consistent minimum standard of quality regardless of where they are scanned in Australia.

For those seeking reproductive health services, the quality of sonography is not regulated in the same way it is for regulated professions, inevitably impacting on the universality of high-quality services. By requiring key elements of safe and responsible healthcare, such as enforceable standards of practice and recency of practice, regulating the sonography profession under the MRPBA will help ensure access to quality reproductive services.

Recommendations

- Develop and implement measures to improve the clinical placement system for sonographers, possibly through incentivisation measures for private providers, who deliver 70% of diagnostic imaging services, when they employ and train sonography students.
- The remaining 75% of unregulated sonographers should be regulated in NRAS, to help ensure the safety and quality of reproductive healthcare services.

d. Best practice approaches to sexual and reproductive healthcare, including trauma-informed and culturally appropriate service delivery

There is a lack of formal training in trauma-informed care or culturally appropriate service delivery. This would be beneficial to both sonographers and patients, especially as it has the potential to reduce the risk of bias towards some patients. Furthermore, some sites do not have sufficient physical space or rooms to manage trauma-related care in a sensitive way.

Recommendations

- Incorporation of formal training into the sonography curriculum in trauma-informed care and culturally appropriate service delivery.
- Consider and implement measures to manage facilities to provide sufficient space for trauma-related care.

f. Experiences of people with a disability accessing sexual and reproductive healthcare

Formal training should be incorporated to improve services for people with a disability, covering, for example, the use of person-first language (namely, describing the condition a person 'has', as opposed to what a person 'is') and the use of services and documents for patients with hearing or vision impairment. This will help to improve the patient service experience and their understanding of any examinations and procedures they undergo.

Recommendations

- Incorporation of formal training into the sonography curriculum aimed at improving services for people with a disability.