



a healthier world through
sonographer expertise

Professor Mark Cormack
Unleashing the Potential of our Health Workforce - Scope of Practice Review

By email: scopeofpracticereview@health.gov.au

Dear Professor Cormack

Re: *Unleashing the Potential of our Health Workforce – Scope of Practice Review – Issues Paper 2*

Thank you for the opportunity to comment on the proposed reforms in the *Unleashing the Potential of our Health Workforce – Scope of Practice Review* (the Review) and associated *Issues Paper 2* (the Issues Paper) to explore the benefits, risks, barriers and enablers associated with health professionals working to their full scope of practice.

The Australasian Sonographers Association (ASA) is the professional organisation for Australasian sonographers with over 7,000 members. We represent more than 70% of Australasia's sonographers.

Sonographers are a skilled and dedicated workforce. The ASA views the Review as a way of identifying and enabling opportunities for sonographers to use their ultrasound expertise more effectively and efficiently in primary health care situations in a period of growing demand for ultrasound services.

At the same time, sonographers experience many of the barriers identified by the Review – limited recognition of their skillset along with legislative and funding arrangements that inhibit them working to their full scope of practice.

This is compounded by the current significant sonographer workforce shortage that applies across Australia combined with insufficient clinical placement opportunities to train the sonographers of the future. For Australia to have a healthy, sustainable sonographer workforce in the short and long term, it is critical that action be taken to:

- address the root causes of the problems now being faced to boost workforce numbers; and
- enable existing, appropriately experienced sonographers to have more opportunities to work to full scope as this will help in terms of career recognition, satisfaction and progression and may help keep some in the profession longer and/or attract more to the profession.

Part of the answer lies in addressing the current inhibitors on sonographers' scope of practice. Therefore, the ASA considers that the Review is an ideal opportunity to help implement appropriate changes.

If you wish to discuss any aspect of our submission, please contact Elissa Campbell, General Manager, Policy and Advocacy at elissa.campbell@sonographers.org.

Yours sincerely

Dr Tony Coles
CEO

Unleashing the Potential of our Health Workforce – Scope of Practice Review – Issues Paper 2: Submission by the Australasian Sonographers Association

Overview of sonographer workforce

A sonographer performs medical diagnostic examinations using high frequency ultrasound (sonography). Patients may require ultrasound scans for a range of conditions from pregnancy to more complex health conditions as prescribed by their health practitioner.

Sonography can be used to examine many parts of the body, making it very useful for diagnosing, and guiding management for a range of health issues. Given that sonographers' work and skill set engages nearly every anatomical area of the body, they are often also asked to answer a range of clinical queries from allied health and medical practitioners, including specialists.

Sonographers work across a range of health settings including public and private hospitals, clinics and community health centres.

Ultrasound imaging is highly operator-dependent, and the outcome of a sonographic examination is dependent on the medical knowledge as well as the technical skills of the sonographer. During an ultrasound examination, a sonographer will make real-time decisions to tailor the examination based on referral information, clinical context, ultrasound findings and the breadth of investigation required; and selectively record anatomical images and physiological information that will form the basis of the clinical diagnosis.

Yet, there is a long standing shortage of sonographers, as shown by the [2023 Skills Priority List](#), this shortage applies right across Australia with particular challenges in regional and rural areas.

The shortage is influenced by increasing demand for ultrasound given ultrasound services are the most highly utilised diagnostic imaging modality in Australia and sonographer workforce demographics and profile – approximately 80% of the profession is female; 53% of the current workforce work part-time and a further 7% work in casual and locum positions. Three quarters of sonographer primarily work in private practice, with 22% working in public hospitals. In all, 41% of sonographers work in multiple locations for the same employer, and 16% work in different locations for different employers. An estimated 25% of the current workforce will reach retirement age in the next decade.

This background is important to understand and give appropriate context to the ASA's response to the proposals in Issues Paper 2.

Set out below are ASA's responses to selected proposals made by the Review.

Option 1: National Skills and Capability Framework and Matrix

The ASA supports in principle the National Skills and Capability Framework and Matrix. This framework will identify the specific skills and capabilities of health professionals at entry to practice that informs local authorisation processes, the composition of the care team and workforce planning consistent with community need. It also is a way of improving recognition of the broad skills a health professional is equipped with at entry to practice level to the broader community.

ASA member feedback indicates that the work and skill set of sonographers is not well understood by patients compared with other health professionals. This is reinforced by sonographers not being recognised as independent health professionals under Medicare with associated consequences as outlined in our response to Option 4.

As identified in the Issues Paper, this leads to ineffective utilisation of workforce skill, impacts health workforce planning and contributes to poor professional satisfaction and workforce retention for health professionals, including sonographers.

A National Skills and Capability Framework and Matrix that includes sonographers can serve as a foundation to help address these concerns. The ASA also supports using existing frameworks to assist with the development of the Framework, including the Allied Health Rural Generalist Education Framework which identifies common capabilities and profession specific skills.

Option 3: Early career and ongoing professional development includes multi-professional learning and practice

The ASA supports the importance of early career and ongoing professional development and the development of primary care skills during entry level programs. We also support the development of consistent professional standards across professions, which will lead to improved professional satisfaction, recognition and utilisation.

One of the challenges noted in the Review for this proposal was the inability to source and train the required number of supervisors or mentors for students and early career health professionals to achieve the desired level of primary health care skills.

The ASA notes that a lack of supervisors and clinical placement opportunities is already a significant issue in the sonography profession for students to obtain the appropriate skills in sonography and a key reason for the current sonographer workforce shortage.

During their university course, it is recommended that student sonographers complete clinical training for a minimum of three days per week over two years full time equivalent, to complete their course of study and become accredited sonographers. However, in practice, finding available training placements can be very challenging for students. There are only a limited number of training places available due to the workplace's time, effort and cost of providing the supervision needed without impacting patient safety. Given the placement length and it is common for students to travel long distances to take them up, students also face associated costs in terms of unpaid leave, travel, accommodation and living costs.

These factors will make it difficult for sonographers to have the opportunity to acquire the general primary care skills envisaged under Option 3 if it introduced in entry level programs.

Option 4: Risk-based approach to regulating scope of practice to complement protection of title approach

The ASA agrees that – while broadly Australian legislative and regulatory mechanisms that apply a 'named profession' or 'protected title' approach has supported public health and safety - there has been disadvantages in terms of scope of practice for health professions. This is because the onus has been on "named" or AHPRA registered professions to be the ones authorised to perform particular health activities for their employers and/or in primary health care settings.

The Issues Paper proposes a potential complementary regulatory approach to title protection – that is, an 'activity based' or 'risk based' approach arrangements, focusing on specific high-risk activities which are then mapped to health professionals who are already competent (or could become competent) to perform that activity.

The intent would be to make professional standards / scope more explicit about specific activities and functions where there is significant overlap across the scope of professions where such activities can be performed within scope; or the activity is novel or poses a high risk of patient harm. Examples given in the Issues Paper are: vaccination, prescribing medicines, management of acute mental health episodes.

The extent to which this proposal may apply to sonographers is unclear. However, the ASA supports in principle the investigation of other options to the existing protection of title approach as it potentially facilitates recognition or expansion of scope of practice for health professionals, including sonographers in appropriate clinical situations. This would enable scope to be more directly regulated under a risk-based approach rather than indirectly under the protection of individual profession-specific practice standards, in line with broader reform directions.

Sonographers and regulation

In addition to this proposal, it is important to understand that the Australian sonography profession already faces substantial barriers from a regulatory perspective that inhibit sonographers from working to their full scope of practice.

Ultrasound procedures carried out without appropriate experience and training may present significant risk to patients. A sonographer's activities are to perform an ultrasound scan viewing the entire structure of the organ/s, to recognise if something is abnormal and take the appropriate representative images so that an accurate diagnosis can be reported by a medical practitioner. Sonographers work autonomously, and the scans are often performed with only the patient, in an intimate setting, and with some procedures classed as intrusive. The competence and expertise of the sonographer directly affects the outcome of the ultrasound examination and a sonographer's skill level is critical in mitigating the known and unknown risks to patients.

Regulation of health professions protects patients by ensuring that all health professionals meet the same high-quality standards to practice and that there is a universal, consistent process to hold health professionals to account where they do not meet those standards. Patients receiving medical ultrasound examinations should also reasonably expect that the person who is scanning them is held to a high regulatory standard to ensure they are safe and provided with a high quality service.

However, currently the sonography profession is a split one in terms of regulatory arrangements. While sonography is not a registered health profession under the National Registration and Accreditation Scheme (NRAS), if a sonographer is dual qualified as a medical radiation practitioner, they fall under the jurisdiction of AHPRA's Medical Radiation Practice Board of Australia (MRPBA). Sonographers that are MRPBA regulated are also required to meet ongoing professional standards such as criminal history, recency of practice and CPD. This is approximately 25% of sonographers. Sonographers who are not dual qualified fall outside that system – in other words, the vast majority of practising sonographers. Separately, sonographers who provide ultrasound services through Medicare must meet certain regulatory standards in terms of minimum qualifications and CPD but – as outlined below – there are several limitations on a sonographer's scope of practice because of that approach.

The current regulatory arrangements are also not reflective of contemporary practice due to evolving sonographer education pathways. While a decade ago, two thirds of the sonographer workforce came from a medical radiation background, this is rapidly changing. Today, only an estimated one-third of students come from a medical radiation background, while one-third are direct entry (undergraduate) sonography students and one-third come to sonography from other health professional backgrounds.

For these reasons, the ASA has long advocated for the recognition and advancement of the sonography profession, and for well over a decade has sought for sonographers to be nationally and consistently regulated under the NRAS.

The sector led Working Group for Sonographer Regulation developed a comprehensive submission that addresses each of the six criteria specified in the former Australian Health Ministers' Advisory Council information in order to add new professions to the NRAS. [A copy of the NRAS submission for sonographer regulation can be found here.](#)

Given the differing regulatory arrangements, the ASA has also recognised the need to explore complementary opportunities to raise the quality and standards of the sonography profession and help ensure patient safety. Examples of the type of work that would help strengthen existing professional frameworks could include developing a comprehensive scope of practice for all sonographers tailored to professional and sector needs.

Medicare legislation and report writing

Sonographers are ultrasound experts. Ultrasound is the most highly utilised diagnostic imaging service in Australia with Medicare services growing an average 6% per year. In 2022-23, there were 11.9 million ultrasound procedures conducted under Medicare with the majority of these undertaken by sonographers.

However, as noted in the Issues Paper, the *Health Insurance Act 1953* inhibits full scope of practice by specifying the conditions under which named professions deliver certain MBS services and in what settings and circumstances. As stated in the Issues Paper:

The Health Insurance Act is particularly prescriptive about the requirement for a medical professional to instigate, oversee and approve activities performed by non-medical health professionals in a multidisciplinary care team setting, resulting in an overall medico-centric model of primary health care and restricted scope for most other professions. It is noted that restricting actual scope of practice is outside the intent of the Health Insurance Act, which governs how health professionals are paid for the tasks they perform; but has the indirect effect in practice of limiting scope of practice among those professions who are not named/funded.

The scope of practice of sonographers under Medicare is restricted in several ways. Firstly, sonographers are not recognised as independent health practitioners by Medicare as in they do not have the right to a Medicare number or to bill in their own right under MBS items. This is despite sonographers undertaking the majority of the diagnostic imaging related work under the MBS.

Secondly, sonographers cannot refer to or receive referrals from other health practitioners under Medicare. This means that sonographers cannot refer or receive referrals from other sonographers (e.g. for matters outside their scope of practice) and medical practitioners as appropriate. In ASA's view, this results in unnecessary duplicative service delivery and limits the extent to which a sonographer can exercise their professional judgement.

This situation is also despite the Medicare requirement for sonographers who provide Medicare services on behalf of medical practitioners must be "suitably qualified, involved in a relevant and appropriate CPD program and registered on the Register of Accredited Sonographers (the Register) held by Services Australia."¹ To be on the Register, the person must be accredited with the Australian Sonographer Accreditation Registry (ASAR). For accreditation with the ASAR, the sonographer must hold an accredited postgraduate qualification in medical ultrasound or be studying ultrasound and, to remain on the Register, they must pay an annual registration fee and complete at least 60 hours of CPD every three years.

Thirdly, sonographers are restricted from making the final report on the ultrasound scan under Medicare rules. Under Medicare, the rendering practitioner or the one responsible for the service is the radiologist or other medical practitioner. The sonographer's initial and surname are to be written on the report (referred to as a "worksheet") but they are not required on billing documents or on the copy of the report given to the patient.

However, anecdotal feedback from ASA members indicates that, in practice, what often happens is that the radiologist may copy verbatim what the sonographer has reported - especially in areas where radiologists are not present due to workforce shortages and/or in rural areas.

Outside of Medicare, sonographers can and do regularly complete the final report independently as part of their scope of practice. In some cases, this involves the sonographers writing the final report and the reporting doctors will then add their signatures. In other cases, sonographers have the trust of reporting doctors to write and upload final reports in certain circumstances.

The common practice of sonographers undertaking final reports is reinforced by a recent survey of ASA members as part of the development of a Sonographer Career Framework. When responding to a survey question about whether a copy of their worksheet (report) is provided and/or available to a referring/treating doctor before it is used to finalise the medical report, 30% responded that the sonographer worksheet is 'always' sent to the referrer before the final medical report is available to them. This increases to 44% if the survey responses include those sonographers who responded that they provided the report half the time or more often. Of note, this practice was much more common (and statistically significantly different) in hospitals compared to sonographers employed in the private sector.

¹ Medicare Benefits Schedule - Note IN.0.13

Sonographers providing independent reports as part of their scope of practice is also common in overseas jurisdictions. For instance, in the UK, it is standard practice for a sonographer to perform the ultrasound examination, interpret the images and report the findings independently, including making recommendations and onward referrals where appropriate. In NZ, reporting responsibilities of sonographer have been recognised for many years in employment contracts under the title of 'reporting sonographer', 'specialist sonographer' or 'clinical specialist sonographer'.

Extended scope of practice

There are several situations where an extended scope of practice for sonographers provides an innovative solution to increasing demands on the healthcare system in Australia. The ASA views extended scope of practice as: optimising full scope of practice, extending scope of practice in appropriate contexts; and delegating tasks to the support workforce to enable full scope and extended scope. There are several potential opportunities for sonographers to work to their full scope of practice and beyond.

Some of these were identified by the QLD Government in terms of extended scope of practice for sonographers. The QLD Government report² identified that training sonographers to perform musculoskeletal (MSK) therapeutic steroid injections and produce independent reports – has the potential to increase patient access to service and reduce wait times for services. MSK injections within sonographer scope of practice is explored further under the response to Option 6.

Another example of extended scope of practice is sonographers performing peripherally inserted central catheters (PICC) and producing a final diagnostic report. PICC also involves the administration of Lignocaine (Lidocaine) 1%, which requires the practitioner to attain an exemption to administer local anaesthetic issued under the QLD *Drugs and Poisons Act*. QLD Health has a pathway for [allied health staff seeking to extend their scope of practice in this way](#).

This initial process requires credentialing – however, once the site and relevant staff are experienced and develop local training procedures, a local work site unit guidance can be implemented. This allows new applicants to apply to the site directly and complete the necessary training to commence the activity.

A further related instance of extended scope of practice for sonographers is Fine Needle Aspiration (FNA). The fine motor skills, image orientation and transducer manipulation required for accurate needle guidance are skills developed naturally by sonographers as they are utilised by them on a daily basis. The ASA is aware of Australian sonographers who have performed hundreds of FNAs under the direction of a radiologist as well as sonographers performing FNAs in overseas jurisdictions.³

Sonographer guided FNAs in rural and some regional areas have the potential to improve accessibility to these procedures and decrease long distance travel for many of these patients. Combined with the ongoing workforce shortage of radiologists and the need for them to often be engaged elsewhere in performing more complex procedures, it would be beneficial if sonographers were able to perform FNA's in regional / rural locations without a radiologist presence. This has the potential to evolve further over time, especially if access to administration of Schedule 4 medications such as lignocaine is made more readily available as part of legislative reform.

² Queensland Government *Ministerial Taskforce on health practitioner expanded scope of practice: final report*. Accessed at: https://www.health.qld.gov.au/__data/assets/pdf_file/0031/161977/ministerial-taskforce-report.pdf

³ See, for instance, Dave et al., Utilisation of specialist sonographers for head and neck ultrasound fine-needle aspiration cytology can help shorten waiting lists and improve efficiency of the service *Br J Oral Maxillofac Surg* . 2023 Jan;61(1):111-112. Available at: doi: 10.1016/j.bjoms.2022.10.006. Epub 2022 Oct 20.

Option 6: Harmonised Drugs and Poisons regulation to support a dynamic health system

The ASA strongly supports Option 6.

As highlighted in the Issues Paper, the inconsistency between state and territory drugs and poisons legislation is symptomatic of the broader patchwork of legislation that set out scope of practice for health professionals. This state-based legislation governs which professions can prescribe, dispense/supply and administer medicines, and under which circumstances.

For sonographers, this is a particular issue in the context of ultrasound-guided musculoskeletal (MSK) injections. Ultrasound-guided MSK injections involve using ultrasound technology to accurately inject a corticosteroid medication into a target site, for example an inflamed joint, to reduce inflammation and treat pain. Cortisone is classified as a Schedule 4 restricted drug. Sonographers providing MSK injections can provide this service to reduce patient waiting times.

However, who can undertake MSK injections varies significantly between different jurisdictions. Currently:

- NSW legislation permits medical practitioners to direct other employees to administer restricted drugs on their behalf.
- In SA and WA, legislation does not expressly prohibit medical practitioners from directing other employees to administer restricted drugs on their behalf.
- In QLD, only specified health practitioners can administer restricted drugs unless an individual or entity has received a General Approval to use a regulated substance under the *Medicines and Poisons Act 2019* (Qld).
- Victorian legislation restricts the prescription, sale, or supply of restricted drugs to registered medical practitioners, registered Chinese medicine practitioners, registered optometrists, registered podiatrists, nurse practitioners, registered nurses, registered midwives, dentists, or veterinary practitioners.

Even if sonographers are working in a healthcare service that allows sonographers to administer restricted drugs at the direction of a medical practitioner, a supervising medical practitioner (e.g. radiologist) must still consider this an appropriate model of health care. It is also important for sonographers to obtain the formal, written documentary support for their workplace for this service delivery model.

For states that do approve MSK injections, it is a lengthy process. For example, in Queensland, sonographers need to apply for and be granted "[General Approval](#)" via QLD Health and provide the following information:

- proof of endorsement by radiologist and employer
- injection protocol, including management of adverse events and documentation
- recency of CPR and first aid
- Medication Safety and Quality Use of Medicines Course
- ASCIA anaphylaxis course
- ID checks.

In order to investigate the role of sonographers undertaking MSK injections, the ASA commissioned research that evaluated sonographers administering ultrasound-guided MSK injections on defined outcomes related to patient safety (e.g. expected incidence rates for complications) and patient satisfaction with positive results.

The study indicated that appropriately trained sonographers can provide ultrasound-guided MSK injections at a level of safety which is comparable to similar injection procedures explored in the literature. The high level of satisfaction of the patients suggest that this service should be extended and expanded to address patient concerns regarding long waiting times.⁴

⁴ Osbourne, B et al, Patient satisfaction and incidence of adverse events during a trial of sonographer administered musculoskeletal injections (2022) *Sonography*. Available at: <https://onlinelibrary.wiley.com/doi/10.1002/sono.12306>.

By contrast, in overseas jurisdictions such as the UK, it is common practice for sonographers to undertake MSK injections for patients in both the public and private sectors as part of their scope of practice once they have successfully completed the appropriate training.⁵

If the drugs and poisons legislation introduce consistent standards across Australia for MSK injections, this is an example by which appropriately qualified sonographers can deliver MSK services and reduce patient waiting times.

Option 8: Direct referral pathways supported by technology

The current digital environment in primary health care does not allow for timely visibility over transitions of care, including referrals. Access to an appropriate referral may be particularly crucial if there is a concern about a serious disease such as cancer or in the case of obstetric complications.

For these reasons, the ASA supports the reform option to include two mechanisms to enable more health professions to work to full scope of practice by overseeing direct referrals. That is, amend funding regulation to reflect a broader range of circumstances where referrals can occur.

However, based on feedback from ASA's rural members, it is important to recognise the limitations of digital referral pathways. The reality of working as a sole rural health professional means that it is an expectation by referring health professionals that if you see something urgent, you act. This may be to send the patient to larger hospitals for medical care such as in the case of intussusception, ectopics, fractures and pleural effusions. While sonographers try to liaise with referring clinicians such as via telehealth referral, doctors are not always available in person or are able to be contactable. These kinds of activities are outside a sonographer's official scope of practice but it is the norm and reality in rural and remote areas. Otherwise, patients may face serious consequences. In the ASA's view, the skillset of rural practitioners should be better recognised both in an official capacity under existing scope of practice and financially under appropriate funding schemes.

These kinds of changes are also important in terms of recent developments with My Health Record to improve sharing of information.

The Australian Government will be making changes to improve sharing of information to My Health Record for diagnostic imaging providers in 2 ways: (1) requiring healthcare providers to upload diagnostic imaging reports and (2) faster access to enable patients to see those reports without delay. Currently, only 1 in 5 diagnostic images are shared in My Health Record.

Timely, comprehensive information assists health practitioners to better address their patients' health concerns, and empowers patients to make informed decisions about their health.

Reducing repeat scans has the broader potential benefit of reducing pressure on the sonographer workforce. As noted, demand for ultrasound services continues to outstrip the supply of accredited sonographers, particularly in rural and remote Australia. Fewer unnecessary scans may help free up the existing sonographer workforce, reduce pressure on the diagnostic imaging sector, and improve patient access to timely ultrasound services.

However, sharing by default might not always be possible. Currently, sonographers are not eligible for a Healthcare Provider Identifier (HPI-I) and are therefore unable to fully utilise My Health Record. Currently, uploading to My Health Record is also not possible where a consumer does not have an Individual Healthcare Identifier (IHI) or where IHI data matching fails.

The ASA is currently working with Services Australia to remove this barrier to practice and enable sonographers to readily obtain HPI-Is to help facilitate the speedier sharing of information and improve patient outcomes.

⁵ For more information, see: British Medical Ultrasound Society, *Guidelines for the Administration of Ultrasound Guided Musculoskeletal Injections* (2023) at: [BMUS USGI Guidelines 2023 FINAL he-edit.pdf](#) and *NHS Sonographers Scope of Practice: Survey by the British Medical Ultrasound Society* (2021) at: [BMUS Sonographers Scope of Practice Report FINAL.pdf](#)