



a healthier world through
sonographer expertise

4 April 2025

Attn: Legislation.Development@justice.tas.gov.au
Cc: haveyoursay@justice.tas.gov.au

Dear Strategic Legislation and Policy team,

Re: Code of Conduct for Health Care Workers

Thank you for the opportunity to comment on the consultation copy of the Tasmanian Government's *Health Complaints (Code of Conduct) Regulations 2024*.

The Australasian Sonographers Association (ASA) is the professional organisation for Australasian sonographers, who are the experts in ultrasound. With over 7,900 members, we represent more than 70% of Australasia's sonographers. Our purpose is to foster a sonography profession that delivers high quality ultrasound with a vision to create a healthier world through sonographer expertise.

Implementing the Code of Conduct in each jurisdiction is important to ensure consistent complaints handling approaches around the country and we are pleased to see Tasmania progressing the initiative to bring it in-line with most other jurisdictions in Australia. By enabling the Tasmanian Health Complaints Commissioner to investigate breaches of the Code, make prohibition orders and public warning statements relating to unregistered health professionals as well as facilitating data sharing between jurisdictions, the system can work to raise and harmonise professional standards around the country, and build public confidence in the health system as a whole.

While the ASA continues to advocate for inclusion of sonographers in the NRAS under the Australian Health Practitioner Regulation Agency (AHPRA)- ideally through the Medical Radiation Practitioners Board - we fully support implementation of the National Code of Conduct for unregistered health care workers (National Code). Until all sonographers are consistently regulated under NRAS, the National Code remains an essential mechanism for addressing professional misconduct and protecting public safety.

Our response to the consultation includes recommendations on the definition of health service, the need to progress the National Database and set a timeline for review of the scheme, included at **Attachment 1**.

We have also included some additional context about the regulation of the sonography profession in Australia for your assistance at **Attachment 2**, especially highlighting the complexity of application of the National Code to sonographer/radiographers and other 'dual qualified' sonographers.

If you wish to discuss any aspect of this submission, 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

ATTACHMENT 1 – ASA Recommendations regarding the code of conduct

1. Defining ‘Health Services’

We recommend the addition of ‘sonographers’ to the definition of ‘health services’, along with the other allied health professions listed (such as Item 9 of Schedule 1 of the Health Complaints Act).

In their final report on the National Code¹, the COAG Health Council recommended that jurisdictions note the strong stakeholder support for a nationally consistent definition of ‘health service’ for the purpose of application of the National Code and asked jurisdictions to consider adopting a common definition. However, the approach to definitions has varied around the country. Due to this lack of uniformity, it is important for each jurisdiction’s definitions to be as clear as possible about the intended broad application of the National Code to all health workers who are not already part of the National Registration and Accreditation Scheme.

Sonographers are not listed explicitly in the current definition of ‘health service’ contained in Schedule 1 of the Tasmanian *Health Complaints Act*, however a broad range of other specific allied health professions are listed, including audiologists, dietitians and podiatrists. For context, approximately 110 sonographers work in Tasmania² compared with 50 Audiologists³, 122 podiatrists⁴ and 60 dietitians⁵.

Sonography is likely captured under one of the general definitions (such as Item 1, 2, or the latter part of Item 9). However, by specifically listing some allied health professions and not others, the current definition might lead to confusion about the intended application of the National Code. This is particularly important for sonographers as the patient setting is an enclosed room, often involves examinations of intimate body parts, and therefore carries an elevated risk of complaints.

More than 12 million ultrasounds are delivered by sonographers every year, over 160,000 of these in Tasmania. Despite the prevalence of ultrasound, patients are not always aware of the qualifications, status or registration of the professional that performs the examination or the particular avenues for complaint. They are certainly not often aware of the distinction between NRAS registered professions and the other healthcare professions.

Sonographers also face the complexity of some sonographers also being dual qualified and registered as radiographers under the MRPB (or in other registered professions such as nursing), and therefore possibly subject to two concurrent codes of conduct with different content and complaints mechanisms. (Expanded on in ***Attachment 2***)

2. National Database for Prohibition Orders

We recommend that the Tasmanian Minister for Health to advocate for progress on the National Database (COAG Recommendation 7) and consider the inclusion of NDIS and Aged Care in this system, as suggested by the NRAS Complexity Review.

¹ COAG Health Council, Final Report on A National Code of Conduct for Health Care Workers 2015. Available at <https://picsa.org.au/wp-content/uploads/2022/12/FinalReport-ANationalCodeofConductforhealthcareworkers.pdf>

² Australian Sonography Accreditation Registry data, March 2025

³ Audiology Australia and Independent Audiologists Joint Submission on Long-Term Plan for Healthcare in Tasmania 2040 Exposure Draft, May 2023. Available at

<https://audiology.asn.au/Tenant/C0000013/AudA%20and%20IAA%20Joint%20Submission%20-%20Long%20Term%20Plan%20for%20Healthcare%20in%20Tasmania%202040.pdf>

⁴ AHPRA Annual Report 2023 /24, available at <https://www.podiatryboard.gov.au/News/Annual-report.aspx>

⁵ Siopsis G., Jones A., Allman-Farinelli M. ‘The dietetic workforce distribution geographic atlas provides insight into the inequitable access for dietetic services for people with type 2 diabetes in Australia’ *Nutr Diet*. 2020 Feb 77(1)

The recent Complexity Review of the National Registration and Accreditation Scheme⁶, noted that in 2015 COAG Health Ministers agreed to the establishment of a register of prohibition orders issued about non-registered practitioners from all jurisdictions, however this has not been implemented.

The national database and web portal are a vital feature for the system to work effectively between jurisdictions. Health practitioners often move between jurisdictions in Australia and sharing and accessing this data by all jurisdictions is a critical feature to uphold transparency and integrity of the system. Given the delay in implementing the National Database, the Complexity Review suggested that the timing might be right for a broader national database capturing all prohibition orders (including NDIS and aged care), which could have the additional benefit of preventing unsuitable persons simply moving between health and disability care sectors to avoid scrutiny.

We note that this will require funding and cooperation of all States and Territories.

3. Review of the National Code regime

We recommend that the Tasmanian Minister for Health advocate for independent review of the national code in reasonable time (COAG Recommendation 8).

Recommendation 8 of the COAG final report in 2015 suggested that Health Ministers initiate an independent review of the National Code regulation regime after five years of the regime's operation or an earlier review if requested by Health Ministers. COAG released the final report almost 10 years ago and most jurisdictions have now implemented the required legislation. While it may be too early to review operation of the entire scheme, it would be prudent to co-ordinate with other Health Ministers on implementation and establish a timeline for the roll out of the national database and 5-year review, to keep implementation on track around the country.

⁶ Consultation Paper 1: Review of complexity in the National Registration and Accreditation Scheme. September 2024, p 81. Accessible at https://www.health.gov.au/sites/default/files/2024-09/consultation-paper-1-review-of-complexity-in-the-national-registration-and-accreditation-scheme_0.pdf

ATTACHMENT 2 – Further information

Overview of the sonography profession and regulatory context

Sonographers deliver powerful, real-time insights for health care teams allowing them to diagnose, treat and monitor a huge range of health issues. Unsurprisingly, because of its versatility and lower cost and risk profile, ultrasound has become the most popular form of diagnostic imaging in Australia, with over 12 million Medicare-funded ultrasound services now delivered each year. The growing role of ultrasound means that many challenges faced by sonographers - a relatively small and specialised sector - can affect many patients and cause downstream impacts on the health system.

Sonographers are highly skilled health professionals that perform most diagnostic medical ultrasound examinations on behalf of medical practitioners. As it is operator dependent, their competence and expertise directly affect the outcome of an ultrasound examination, and their skill and professional conduct is critical. Sonographers work autonomously, and the exams are often performed in an intimate, confined setting with the patient. Some procedures, especially internal examinations, are classed as invasive. Patients receiving medical ultrasound examinations should reasonably expect that the person who is examining them is held to a high regulatory standard to ensure they are safe and provided with a high-quality service.

For over a decade, the ASA has advocated for sonographers to be nationally and consistently regulated under the National Registration and Accreditation Scheme (NRAS) through the Medical Radiation Practitioners Board (MRPB) in the same way that diagnostic imaging professions are all regulated together under a single regulation authority in New Zealand (the Medical Radiation Technologists Board).

There is sector-wide support for this approach, and the ASA continues to advocate to the Commonwealth Government on this issue. While this remains the primary goal, the ASA will continue to support improved models of regulation and reforms to achieve consistency and alignment across the profession, such as the National Code of Conduct (the Code). We also await the outcome of the recent NRAS Complexity Review, which is anticipated to include recommendations that affect a number of allied health professions – including sonographers – that would be designed to enhance the way these professions are regulated, and bring them into better alignment with the NRAS system.

The ASA continues to explore complementary opportunities to raise the quality and standards of the sonography profession and protect patient safety, such as through our current work developing a new Scope of Practice for sonographers.

Codes of Conduct for Sonographers, and the complexities for patients of Dual-Qualified Sonographer/Radiographers

The National Code sets minimum standards of practice for a broad range of health workers in professions that are not regulated under the NRAS, or who provide services unrelated to their NRAS registration profession, or who are student or volunteer health care workers. The National Code applies to most sonographers and student sonographers, as sonographers are not currently included under NRAS.

There is a subset of sonographers to whom this National Code may not apply, at least in some circumstances. Sometimes referred to as ‘dual qualified’ sonographer/radiographers, these sonographers are qualified and registered to work in a second, regulated profession. This is most common in radiography (a profession regulated by the Medical Radiation Practitioners Board, which shares its own Code of Conduct with 12 other NRAS boards). There are also some sonographers who are dual qualified and work in another registered health profession (such as nursing).

Sonographer/Radiographers learn about ultrasound in their radiography qualification but do not gain the capacity or skillset to undertake ultrasounds as working radiographers. If they wish to become a sonographer, they must complete an Australian Sonographer Accreditation Registry accredited course and two further years of clinical training. They choose to keep their MRPB registration, which enables them to perform a mix

of radiography imaging (such as CT scans, MRI and Xray) as well as ultrasound – which can be a useful asset in busy hospital radiology departments or regional settings where it can be harder to get staff. This ‘dual qualified’ subset accounts for about 25% of all sonographers, and creates a number of issues for the sector in terms of consistency of regulation, industrial relations, professional standards and complaints mechanisms.

The National Code is an important step to make standards for health care workers more consistent around the country. However, given the intimate nature of ultrasound examinations and heavy reliance on ultrasounds in Australian healthcare, it is incongruous that sonographers performing the same function will continue be held to different standards, and that the patient is expected to complain through a different mechanisms, possibly with different outcomes, depending on whether that person conducting the ultrasound is a sonographer, or dual registered sonographer/radiographer. This duality is one of the key reasons that the ASA continues to advocate for inclusion of sonographers under the NRAS scheme for regulation alongside their radiographer and other diagnostic imaging colleagues, to ensure a more consistent and rigorous regulatory approach to all sonographers.