

25 June 2025

Ms Anna Waddington Assistant Director Diagnostic Imaging Section Australian Government Department of Health, Disability and Ageing

Email: anna.waddington@health.gov.au

Dear Ms Waddington

Submission – Feedback on Proposed MBS Item for Pelvic Ultrasound for Suspected Complex Gynaecological Conditions

The Australasian Sonographers Association (ASA) welcomes the opportunity to comment on the proposed Medicare Benefits Schedule (MBS) item 55XXX for pelvic ultrasound in patients with suspected complex gynaecological conditions. This is scheduled to commence from 1 November 2025 as part of the 2025–26 Federal Budget.

The ASA is the peak body representing over 8,000 sonographers across Australia. We advocate for the delivery of high-quality, safe, and patient-centred ultrasound services and support reforms that improve access to timely diagnosis and management of conditions such as endometriosis and chronic pelvic pain.

We commend the Department for recognising the need for a dedicated ultrasound item to support the diagnosis of complex gynaecological conditions. This is a significant step toward improving women's health care and enabling earlier detection and improved outcomes for patients with endometriosis and other complex pelvic health conditions.

Following consultation with our members, the ASA offers the following feedback to strengthen the proposed item descriptor and explanatory note.

1. Clinical history is often identified by the sonographer not only the requesting practitioner

The proposed item descriptor states that "the requesting practitioner has identified that the patient is suspected of having a complex gynaecological condition."

In practice, many requesting practitioners use broad terms such as "dysmenorrhoea" or "pelvic pain" without fully capturing the patient's history. Through pre-scan consultation and taking the patient's history, sonographers frequently elicit further details that are suggestive of a complex gynaecological condition, including endometriosis.

To ensure the item reflects real-world practice and is accessible to the patients it is intended to benefit, we recommend amending the item descriptor to:

"The requesting practitioner has identified that the patient is suspected of having a complex gynaecological condition, or the patient history is suggestive of a complex gynaecological condition."

We also recommend updating the explanatory note to clarify that relevant clinical history may be identified by the qualified practitioner performing the scan in addition to the information provided by the requesting practitioner.

2. Support for longer scan times to enable comprehensive, trauma-informed care

The ASA strongly supports the specification of a 30-minute minimum scan time. Many patients with pelvic pain, anxiety, or a history of trauma require additional time to build rapport, provide informed consent and to feel safe during transvaginal ultrasounds. This time is essential not only for high-quality imaging but also for patient dignity and comfort.

We recommend that the explanatory note explicitly recognise that extended appointment times support comprehensive patient assessment, allowing health practitioners to obtain a more detailed clinical history, which is critical to guiding appropriate imaging and supporting patient outcomes.

3. Recognition of provider expertise

The explanatory note states that the scan must be performed by a "qualified practitioner with expertise in advanced pelvic ultrasound techniques."

The ASA recommends recognising the role of sonographers with advanced practice experience in pelvic imaging as part of this requirement. Given that the quality of pelvic ultrasound can vary significantly, ensuring appropriate training and experience will be essential to achieving the item's intended outcomes.

However, there is a current shortage of sonographers with the advanced skills and experience required to perform endometriosis-specific ultrasound examinations. These workforce gaps are widespread but particularly significant in the public system and in rural and remote communities.

As a result, even women who are willing to pay for these examinations may struggle to access timely diagnosis and care simply due to the limited availability of suitably trained practitioners. With the right training and support, more sonographers can acquire the advanced skills needed to deliver high quality endometriosis-specific ultrasounds across Australia, expanding access to this critical service.

The ASA would welcome the opportunity to collaborate with clinical experts, including many within our membership, to design and deliver targeted training programs. Such programs could be delivered online and include practical resources such as video demonstrations of both normal and abnormal findings to build confidence in recognising pelvic anatomy and identifying deep infiltrating endometriosis.

To be effective, this training should be accessible to all sonographers performing obstetric and gynaecological scans, not only those working in specialist clinics. Dedicated support will also

be required for clinics willing to invest in upskilling their workforce to ensure patients have access to sonographers with the appropriate expertise.

In addition, to help maximise the benefits of this new MBS item, ASA supports additional education for requesting health practitioners to ensure they are aware of the advancing capabilities of ultrasound in diagnosing complex pelvic health conditions. This will support more effective referral pathways, accurate reporting and ultimately earlier diagnosis and management for patients.

4. Extent of coverage

We suggest broadening the MBS item to explicitly include any condition that can require longer scan times for pelvic pain related conditions such as genito-pelvic pain disorders. As noted above, these conditions often require the sonographer to invest additional time in building rapport and supporting or reassuring the patient to allow transvaginal examinations.

We thank the Department for the opportunity to provide input and would be pleased to assist further as implementation of the item progresses.

If you have any questions regarding this submission, please contact Elissa Campbell, ASA's Advocacy and Policy Manager at elissa.campbell@sonographers.org.

Yours sincerely

A. M. Wall

Anthony Wald President

Australasian Sonographers Association