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Thursday, 6 February 2025

Michael Ryan PSM  
Director, Diagnostic Imaging Section  
Diagnostic Imaging and Pathology Branch  
Medicare Benefits and Digital Health Division

Via email to Anna Waddington, Assistant Director Diagnostic Imaging Section  
[anna.waddington@health.gov.au](mailto:anna.waddington@health.gov.au)

Dear Mr Ryan,

**ASA Feedback on the potential expansion of Medicare Benefits Schedule items 55282 and 55284**

Thank you for the opportunity to provide feedback on the potential expansion of the Medicare Benefit Schedule (MBS) items 55282 and 55284, pertaining to duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of cavernosal tissue of the penis. The proposed expansion would allow Fellows of the Australasian Chapter of Sexual Health Medicine (AChSHM) of the Royal Australasian College of Physicians (RACP) to perform these services and be eligible for Medicare reimbursement.

The Australasian Sonographers Association (ASA) is the professional organisation for Australasian sonographers, who are the experts in ultrasound. With over 7,000 members across Australia and New Zealand, 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.

In preparing a response we have engaged with our Sonographer Policy and Advisory Committee and sought feedback from a clinical expert in this specific area of ultrasound examinations.

We understand that currently 95% of services relating to these two items are performed by specialists in diagnostic radiology; and that the AChSHM has indicated likely fewer than six Fellows across Australia are expected to perform this imaging service – most focused on diagnosing and treating male sexual dysfunction - and that they expect minimal impact on MBS claiming volume.

**ASA Summary Feedback**

The examinations described in MBS items 55282 and 55284 are complex and technically arduous procedures. They should only be performed by health practitioners who have undergone formal and specific ultrasound training; have advanced skills in vascular ultrasound; and have sufficiently frequent exposure to these exams to maintain their skills.

We have some concerns about the proposed expansion, given the highly specialised nature and the low number of exams undertaken each year. We are interested to know what training program the Fellows intend to undertake, who will provide mentorship, and what governance mechanisms would be in place to ensure every patient receives an appropriately comprehensive exam.



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Further information would be helpful to fully understand the reasoning and context behind the proposed expansion, given the relatively low number of exams undertaken, most of which are currently undertaken by specialists in diagnostic radiology.

### Detailed feedback - training, skills, and governance

Undertaking these exams requires advanced skills; and maintaining these skills requires ongoing exposure to these exams.

We acknowledge that sexual health physicians have an extensive knowledge of the pathophysiology and treatment of impotence and other relevant conditions. However, translating this knowledge into the performance of a complex sonographic study relating to haemodynamic disturbance and waveform interpretation is not for the inexperienced. Many sonographers who have an acquired comprehensive knowledge of ultrasound physics and correct use of sonographic instrumentation do not perform these exams due to the complexity. Within the field of ultrasound itself, there is a vast difference between the skill required to perform general ultrasound examinations and those required to perform advanced vascular studies such as penile Doppler. This is a technically arduous procedure. If the Fellows of the AChSHM have limited experience in the use of ultrasound, they will require intensive additional training.

Sonographers are highly skilled health professionals who are the experts in ultrasound examinations. They perform the majority of the comprehensive medical diagnostic ultrasound examinations undertaken nationally. To practice, a sonographer must complete an accredited university qualification<sup>1</sup>, including a comprehensive clinical training program of a recommended minimum of three days a week over a 2-year period<sup>2</sup>, equating to approximately 2,200 hours. Sonographers can undertake courses in general sonography, or in a particular scope such as vascular, cardiac, or obstetric and gynaecological sonography.

Graduating sonographers are expected to meet all core areas of competency. In contrast, the examinations being considered in this discussion are considered advanced/specialised – as highlighted on pages 48 and 51 of the *Professional Competency Framework for Sonographers*<sup>3</sup> – and undertaking them requires additional training and/or supervision by a specialist.

Despite being considered the experts in ultrasound, this is a very niche specialisation for a sonographer. Following the introduction of the oral phosphodiesterase inhibitors (Viagra) as a first line treatment for erectile dysfunction (ED), there are currently only a small minority of sonographers/radiologists now performing these exams.

Although used as the initial investigation of ED in the past, current literature suggests that penile Doppler used to assess for ED is now usually reserved for those patients of whom have had a poor

<sup>1</sup> ASAR Sonographer Accredited Courses. Accessed 31 January 2025. Available here: <https://www.asar.com.au/course-accreditation/asar-accredited-courses/>

<sup>2</sup> Australian Sonographer Accreditation Registry. Standards for the Accreditation of Sonographer Courses. 2023. Available here:

<https://www.asar.com.au/public/90/files/ASAR%20Standards%20for%20the%20Accreditation%20of%20Sonographer%20Courses.pdf>

<sup>3</sup> Professional Competency Framework for Sonographers, Oct 2021. Available here:

<https://www.asar.com.au/public/90/files/Professional%20Competency%20Framework%20for%20Sonographers.pdf>



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response to oral medication, or have experienced pelvic trauma, surgery or instrumentation. Considering this, the caliber of patient requiring this scan will likely have mixed and complex spectral waveforms to interpret.

A recently published article<sup>4</sup>, authored by experienced sonographer Donna Napier, provides an educational tool and suggested guideline for performing this study; and outlines the importance of understanding of scanning technique and Doppler physics to ensure findings are accurate. The article also outlines some of the basic intrinsic requirements for performing this study. (Please see the full article attached for details).

### Questions

Anyone undertaking these exams must have undergone appropriate formal training in ultrasound. At minimum, they should have evidence of tertiary studies (not VET) in ultrasound physics and instrumental as well as some basic studies on scan technique (including Doppler – in this case).

We are interested to know if there is a specific educational course or practical training program that the Fellows of the AChSHM intend to undertake? And if so, who will be providing mentorship to this cohort while developing their skills in penile haemodynamic evaluation with Doppler ultrasound? More importantly, which professional body or mechanism will provide governance over the individuals performing these specialised examinations and ensure that it is being performed to the highest professional standard with adequate imaging?

More information and context regarding to the request would be helpful. Based on the current information it is not clear to us what the need for this expansion is, given only around 2,000 are performed each year and the majority are currently performed by specialists in diagnostic radiology.

If you have any questions or require additional information, please contact Elissa Campbell, General Manager, Policy and Advocacy, by email at [elissa.campbell@sonographers.org](mailto:elissa.campbell@sonographers.org). We look forward to hearing of the outcomes of this consultation.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Tony Coles', is written over a light blue horizontal line.

**Dr Tony Coles**  
**Chief Executive Officer**  
Australasian Sonographers Association

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<sup>4</sup> Napier D. The role of Doppler ultrasound in the evaluation of penile haemodynamics—A sonographer's guide to the documentation of vasculogenic erectile dysfunction. *Sonography*. 2024; 11(2): 100–112. <https://doi.org/10.1002/sono.12403>