



# ASA REGULATION | SONOGRAPHER REGULATION UNDER THE NRAS

## What regulation through the MRPBA would mean for sonographers

Patients receiving medical ultrasound examinations should 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, sonographers who are the highly skilled health professionals that perform the majority of diagnostic medical ultrasound examinations, are not regulated.

To protect the health and safety of the hundreds of thousands of people accessing medical diagnostic ultrasound examinations every week, sonographers need to be regulated under the National Registration and Accreditation Scheme (NRAS) through the Medical Radiation Practice Board of Australia (MRPBA).

### Key Points

- The public's health and safety are at risk from the activities of the sonography profession and failures of the existing system.
- There is no system in place to enforce national competency and quality of ultrasound standards, no recency of practice requirements, and no national complaints process available to patients.
- Regulating sonographers by adding them to the list of professions regulated by the Medical Radiation Practice Board of Australia (MRPBA) is the most practical and cost-effective solution for mitigating the risks posed by the activities of the sonography profession.
- This change only applies to the medical sonographer profession. It does not regulate the use of ultrasound or affect other professions which use ultrasound in their scope of practice.

### National sonographer regulation under the Medical Radiation Practice Board of Australia will protect patient health and safety with:

- Nationally enforceable minimum standards of practice and a nationally consistent mechanism to investigate complaints linked to registration and eligibility to practise.
- Recency of practice requirements ensuring that sonographers providing ultrasound examinations have current training and skills to provide appropriate healthcare.
- Expanded mandatory notification requirements strengthening patient protections to limit a sonographer's practice with authority to suspend or stop a sonographer from practice.
- A simplified, centralised complaints handling mechanism that will make it easier for the public to make a complaint.
- Assessment by a panel of their peers against described national minimum standards where their practice is questioned.
- Enforceable supervised training, conditions on practice, and other practice improvements to address competence deficiencies and improve the quality of a sonographer's practice.
- Authority to suspend or stop a sonographer from further practice.

### This change is the most practical and cost-effective solution for sonographer regulation

- 24.5% of sonographers are dual qualified and already registered with the MRPBA. This recommendation completes the regulation of medical imaging professions and assures patient safety whilst reducing unnecessary and inefficient administrative mechanisms currently in place.
- Any other approach is not practical and fails to address the risks associated with poor sonographer practice and conduct.
- There are sonographer competency, education and accreditation frameworks that already exist and can be used for this proposed change.

This recommendation has the support of the public, the profession, the wider diagnostic imaging industry and other health stakeholders.



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## FREQUENTLY ASKED QUESTIONS FOR SONOGRAPHERS

### 1. Does regulating sonographers under the MRPBA protect patients?

Yes.

Regulating the profession under the National Registration and Accreditation Scheme (NRAS), by adding sonographers to the list of professions regulated by the Medical Radiation Practice Board of Australia (MRPBA) benefits and protects the public by ensuring that only sonographers who are suitably trained and qualified to practise competently and ethically, with recency of practice, are registered, and that there is national consistency in managing complaints and concerns raised about the health, performance and conduct of individual sonographers against described and enforceable standards of practice.

Regulating sonographers under the MRPBA will also provide an increased level of structure, visibility and rigour to be able to assess complaints and implement remedies when action is required to protect patients. Providing the public with access to a simplified, centralised complaints handling mechanism, will make it easier to make a complaint about poor sonographer practice or conduct compared to the confusing system that currently exists.

### 2. Why is the ASA seeking regulation for sonographers through the MRPBA?

The safety and protection of the public is paramount. The ASA, as part of the Working Group for Sonographer Regulation, is dedicated to assuring the health and safety of patients and the public.

The public overwhelmingly supports the regulation of sonographers, with most citing a less accurate diagnosis and patient safety as the leading causes for why they should be regulated. This was confirmed in independent market research where 93% of those surveyed believed sonographers were already regulated and support sonographer regulation. Also, 82% are concerned that sonographers are not already regulated.

Without national regulation, there are no nationally enforceable standards of practice that set the minimum expectations of ultrasound examinations performed by sonographers in Australia, putting the public's health and safety at risk. Where a sonographer fails to produce quality images or identify pathologies, there are no enforceable measures of the quality of ultrasound examinations that sonographers perform. Also, there is no recency of practice requirements and the complaints handling for sonographers is inconsistent, fragmented and ineffectual.

Securing national regulation by adding sonographers to the existing Medical Radiation Practice Board is the most practical and cost-effective system change, especially as 24.5% of sonographers are medical radiation practitioners and already registered with the Board.

This recommendation completes the regulation of medical imaging professions and assures patient safety while at the same time reducing the unnecessary and inefficient administrative mechanisms currently in place.

### 3. Have sonographers sought to be regulated through the MRPBA before?

No.

This is the first time the sonographer profession has sought national regulation through the Medical Radiation Practice Board of Australia (MRPBA).

The Australian Health Practitioner Regulation Agency ([AHPRA](#)) was established in 2010. Ten health professions were included, with a further four national boards from 2012, including the MRPBA.

As part of the process to establish the MRPBA, a submission was developed to include sonographers. However, at this time the sonographer profession was requesting national regulation through an independent 'Sonography Board of Australia'.<sup>1</sup> This was not supported due to other higher priority government work underway at the time and a lack of industry consensus on the most appropriate form of sonographer regulation.

Since then, the industry has assessed regulation alternatives and has come to a unified agreement that the sonographer profession should be added to the list of medical imaging professions regulated by the MRPBA, which has not previously been asked by the industry.



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### 4. Why is self-regulation not a viable long-term option?

Self-regulation does not exist for Australian sonographers and is not a viable long-term option as it would:

- not capture all sonographers, and
- provides little authority to enforce standards of practice and conduct outside of expelling members.

When the peak body of a profession, such as the ASA, regulates a profession it is referred to as 'self-regulation'. The National Alliance of Self-Regulating Health Professions (NASRHP) specifies the standards required to recognise a profession as being self-regulated.

Despite having several peak bodies involved in the sonography profession in Australia, no one peak body is currently close to meeting the benchmark to self-regulate the profession, and even collectively the peak bodies fall short of meeting the standards.

In particular, no organisation currently has a complaint handling mechanism or assesses recency of practice for the whole profession.

Self-regulation would also not address the current confusion in the system caused by almost one-quarter of sonographers who are already regulated under the MRPBA.

### 5. Doesn't the ASAR already regulate sonographers?

The Australian Sonographer Accreditation Registry (ASAR):

- Does not receive complaints about sonographers or assess recency of practice
- Does not capture all sonographers, as it operates for Medicare-funded examinations only.

The ASAR is not a registration board.<sup>2</sup> It maintains a register of sonographers that have completed an accredited ultrasound education course. Sonographers who perform an ultrasound examination must be listed on the registry for a Medicare Benefits rebate to be claimed by the reporting medical practitioner.

The registry may not include all sonographers, as sonographers who work outside of the Medicare system are not required to comply with the ASAR's accreditation requirements unless it is a condition of employment.

The ASAR doesn't have any power to impose practice conditions or sanctions on a sonographer, and cannot remove a sonographer from the register due to poor practice standards or professional misconduct.

A sonographer can only be removed from the register if they do not pay their annual fee or they do not meet the CPD requirements.

### 6. Aren't sonographers already regulated under the National Code of Conduct for Health Care Workers?

No.

In 2015, Australian health ministers agreed to implement the *National Code of Conduct for Health Care Workers* (the National Code) to apply to all healthcare professions not regulated under the AHPRA. It aims to protect the public by setting minimum standards of conduct and practice for all unregistered healthcare workers who provide a health service, including sonographers.

Under the National Code patients can lodge complaints against a sonographer through the State or Territory health complaints entity. However, this arrangement is not currently in effect in all States and Territories, and it has been introduced slightly differently where it is in place.

The National Code adds to the complexity and confusion around the varied arrangements in place for sonographer complaints. This is especially true if the sonographer also maintains registration under AHPRA, such as a radiographer, nurse or physiotherapist. This confusion has resulted in cases where a complaint has taken over a year to be resolved, which is a poor outcome for the patient and very stressful for the sonographer.



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Notably, the National Code primarily focuses on conduct. Any requirements that do relate to practice are generic and fail to include sufficient detail to make them measurable, making them very difficult to enforce. While the Code enables prohibition orders to be issued, this is only applicable for an unquestionable serious offence. The Code contains inconsistent provision to enforce improvements for less serious breaches, such as requiring additional training or supervision to bring a professional back up to standard.

### 7. Does the MRPBA support regulating the sonographer profession?

Yes.

The Medical Radiation Practice Board of Australia (MRPBA) supports regulating the sonographer profession, by adding sonographers to the list of professions it regulates. This is the same model as in New Zealand.

Changes to the MRPBA *Professional capabilities for medical radiation practice*<sup>3</sup> include ultrasound as a potential scope of practice. However, the MRPBA makes a point to state that these capabilities only apply to medical radiation practitioners who use ultrasound in their practice. They do not apply to sonographers, as sonographers are not regulated.

Notably, 24.5% of Australian sonographers are Medical Radiation Practitioners and are already registered with the MRPBA due to their undergraduate qualification.

Historically the MRPBA has supported this model for sonographer regulation.

In October 2010, the Council of Registration Boards for Medical Radiation Practitioners (which became the MRPBA) wrote to the Australian Health Workforce Ministerial Council seeking for sonographers to be one of the professions to be included on the National Register of Medical Radiation Practitioners.<sup>4</sup> In this request, they noted concern about the profession of sonography not being regulated as it is a “fast-growing area that represents a significant public safety risk.”

### 8. If we do become regulated under MRPBA, what will this mean for me?

Sonographers newly regulated under the Medical Radiation Practice Board of Australia (MRPBA) will need to be aware of minor changes such as:

- New recency of practice requirements
- New criminal history requirements
- The requirement to complete at least 10 hours of continuing professional development (CPD) per annum
- Their obligation under the national complaints handling processes.

The Australasian Sonographers Association will provide information to members and the sonographer profession of potential changes as we become aware of them, including opportunities to engage with and provide feedback on this work.

Answers to specific changes for sonographers follows on below in the answers to questions (i)–(xii).

Information on the current requirements for MRPBA registered practitioners can be found online at [www.medicalradiationpracticeboard.gov.au](http://www.medicalradiationpracticeboard.gov.au).

#### i. How will sonographer recency of practice requirements be different?

Recency of practice will be a new requirement for sonographers.

Recency of practice is a core standard for assessing the competency of both regulated and many self-regulated health professions in Australia and overseas. It typically specifies the minimum number of hours that an individual must complete in their scope of practice to maintain their skill and competence and be eligible for annual registration.

Currently, there are no recency of practice requirements for accredited sonographers to remain on the ASAR register. In contrast, the MRPBA requires registered practitioners to have completed at least 450 hours within their scope of practice in the past three years. This is equivalent to around three months full-time.

It is assumed that the same recency of practice requirement will apply to sonographers when they are added



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to the list of professions regulated by the MRPBA.

This requirement is easily met by individuals that practise two or more days a week. However, there may be some sonographers currently on the ASAR register that may not meet this requirement, including those that have taken a break from clinical practice or who work less than one and a half days per week.

Individuals who have taken a break from clinical practice greater than two years and nine months and want to return, would need to apply to the MRPBA to enter into a return to practice program. This may include a specified period of supervised practice and other requirements.

There may also be a small number of sonographers working less than one and a half days per week. These individuals would need to seek guidance from the MRPBA on meeting the recency of practice requirements.

### ii. *What are the new criminal history requirements?*

Under the ASAR, there is currently no requirement for any criminal history check of a sonographer to be conducted to practise.

Employers may voluntarily undertake pre-employment screening, paid for by the employer or prospective employee. However, there is no central record of the outcomes of these checks or how regularly or consistently this is done.

Including sonographers in the NRAS will require that all sonographers registering with the MRPBA for the first time will need a criminal history check done. The cost of this is included in the one-off application for registration fee. Sonographers would also be required to declare any criminal history as part of their annual registration renewal.

### iii. *Do I have to do more CPD with national regulation?*

Overall, the continuing professional development (CPD) requirements under the MRPBA are mostly the same.

Sonographers will continue to be required to complete 60 points/hours of CPD over three years, with some reflective practice requirements, as is currently required by the Australian Sonographer Accreditation Registry (ASAR).

However, under the ASAR, there are currently no minimum hours of CPD that must be completed each year and no condition that the CPD directly relates to the sonographer's practice. In comparison, the MRPBA requires at least 10 hours of CPD be completed per annum, and at least 35 of the 60 hours relate to the sonographer's current or developing scope of practice.

### iv. *What will happen if a complaint is made against me, and how will this differ to now?*

Currently, patients can lodge complaints against sonographers through the relevant state or territory health complaints entity (HCE); or choose to lodge a complaint with your employer. Under either of these arrangements, there is no national consistency in how the complaint is received or responded to, or in the outcomes that might be imposed on a sonographer. As such there is currently significant variation in how state or territory HCEs, and employers, handle complaints against sonographers with action often only occurring in response to the most serious issues.

In contrast, regulation under the Medical Radiation Practice Board of Australia (MRPBA) would provide a national framework, meaning complaints would be handled consistently regardless of employer, education pathway, or scope of practice etc.

Performance and conduct would be measured against described and enforceable standards. If necessary, the MRPBA could employ a range of actions to correct professional practice, such as sanctions for serious breaches or the requirement for additional training or supervision to address less serious issues.

Importantly, if you hold dual registration (e.g. as a sonographer and radiographer) and a complaint results in action against you, such as a condition on your practice, this will be reflected on the register against both registration divisions and will likely have implications for your practice in both professions.



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If sonographers are regulated under the MRPBA, employers along with registered health professionals and educators will also be subject to mandatory notification requirements.

Complaints involving patients seeking an explanation, apology, refund or compensation, or those that relate to health records or a change in policy or practice of a health provider will continue to be managed by the relevant health complaints entity.

Information on what to expect from the complaint process under the MRPBA, including mandatory notification requirements, is available online at <https://www.ahpra.gov.au/Notifications.aspx>.

### v. *What about complaints against sonographers who are also registered with another board?*

As with all complaints, AHPRA will undertake an initial assessment to determine if it is valid and requires further investigation.

If so, AHPRA will then direct it to the relevant board, depending on the profession it relates to. If the board's investigation results in action against the practitioner, this information is recorded in the register held by that board.

If the complaint is serious and suggests a potential risk to patients in both professions, AHPRA will forward the complaint to both boards. Each board will undertake an independent investigation and make its own decision. Any resulting action against the practitioner will be recorded in the register held by the relevant board.

This process is already in place for paramedics, many of whom are also registered with another board. More information can be found online at <https://www.paramedicineboard.gov.au/Professional-standards/FAQ/Fact-sheet-notifications.aspx>.

### vi. *Does this change my Professional Indemnity Insurance (PII) requirements?*

No.

Insurance requirements are expected to remain similar under the MRPBA, as sonographers are already required to hold and maintain professional indemnity insurance cover under Principle 16 of the *National Code of Conduct for Health Care Workers*.

Under the MRPBA, sonographers will be required to declare they have professional indemnity insurance that covers all areas of practice and to provide evidence of the insurance if audited. To work without this insurance, or let it lapse and not notify the MRPBA, is an offence.

### vii. *Will I have to pay more fees?*

Slightly more.

To achieve all the expected benefits of sonographer regulation - for the profession and the public – a small increase in annual registration fees is required. However, the fees remain lower than those in many other regulated professions.

Sonographers may also be expected to pay a one-off application fee to offset start-up costs.

Currently, sonographers pay an annual fee of \$120 to be an accredited sonographer on the ASAR register. It is expected that regulating sonographers under NRAS would mean that sonographers would need to be registered with the MRPBA instead of ASAR to be eligible to provide Medicare-funded ultrasound examinations. The annual registration fee for the MRPBA is currently \$215, and therefore there would be a yearly increase of \$95.

However, the 24.5% of sonographers already registered with the MRPBA will see a reduction in annual registration fees as they will no longer be required to pay the additional ASAR registration fee, and will only pay a single yearly registration fee under MRPBA even if registered in more than one division (e.g. sonography and diagnostic radiography).

Sonographers who also hold registration with another AHPRA board, such as nurses or physiotherapists, are



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expected to be required to pay the annual registration fee for each registered profession.

### viii. *What if I am already registered with the MRPBA?*

It is expected that sonographers who are already maintaining registration with the MRPBA will no longer need to maintain the additional CPD reporting requirements to maintain ASAR registration.

They will also no longer be required to pay the additional \$120 ASAR annual registration fee.

While all sonographers may be required to pay a one-off application fee to be registered as a *sonographer*, it is expected that any practitioner holding registration in more than one division (such as sonography and diagnostic radiography) will only be required to pay a single annual registration fee under the MRPBA.

### ix. *What if I am registered with another AHPRA health profession Board (e.g. as a nurse or physiotherapist)?*

Sonographers who maintain registration with another AHPRA Board will also need to be aware of the new regulation requirements associated with being a sonographer registered under the MRPBA (e.g. recency of practice).

This change should not have any bearing on their registration under another AHPRA Board. However, sonographers in this situation are encouraged to confirm this with the respective Board.

It is expected that any practitioner holding registration with more than one AHPRA Board would be required to pay the annual registration fee for each registered profession. This arrangement was recently tested with the establishment of the Paramedicine Board, where advice to paramedics who are also nurses was that they would need to hold dual registration, paying the annual registration fee for each registered profession that they practise.<sup>5</sup>

### x. *Will all sonographers be regulated, and will they be registered consistently?*

Yes.

This change will apply to all sonographers in Australia who are or will be, eligible for inclusion on the Australian Sonographer Accreditation Registry (ASAR) list of sonographers, across all areas of sonographer practice.

It is expected that almost all sonographers currently listed with the ASAR would meet the minimum qualification and recency of practice requirements expected under the MRPBA.

It is also expected that time-limited grandparenting arrangements would be put in place, which may assist any sonographers who do not meet these requirements. This is consistent with the process that was used when the MRPBA was established, and more recently in establishing the Paramedicine Board.<sup>6</sup> For example, grandparenting arrangements may capture the limited number of sonographers who were grandparented onto the ASAR register when it was first established in 2001 as a result of holding older Australian qualifications or overseas qualifications at that time.

Under MRPBA it is expected that all sonographers would be registered in a new, single division of *sonography*, with a protected title of *sonographer*, regardless of the scope of practice or discipline. However, registered sonographers would be expected to practise within their capabilities and defined scope of practice. For example, a cardiac sonographer would be registered as a sonographer but would be expected to perform cardiac ultrasound examinations only, unless they have undertaken additional training and development to practice in other areas.

Practitioners may hold registration in more than one MRPBA division, e.g. diagnostic radiography and sonography. Similarly, eligible practitioners may also have registration with other AHPRA Boards, such as sonographers who also practice as a nurse or physiotherapist.





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### xi. What does this mean for student sonographers?

Sonographer regulation could make registration more affordable for future sonographer students. Currently, student sonographers pay an annual ASAR registration fee of \$110. Under the MRPBA, there are no fees for student registration.

Under the MRPBA, students enrolled in an approved course or who are undertaking clinical training must be registered as a student before the start, and for the duration, of the course of clinical training. Education providers are responsible for arranging the registration of their students, and the student register is not publicly available.

Students, health services or other entities seeking proof of a student's registration will need to contact the education provider with whom the student is enrolled to verify a student is registered.

Also, complaints can be made about the health or conduct of a student, but not about their clinical practice as it is expected that students are only providing clinical examinations under supervision. Under the MRPBA, students would also be subject to mandatory notifications by educators.

### xii. How will overseas-qualified sonographers be assessed under the NRAS?

Under the NRAS, all overseas qualified sonographers will need to apply for and obtain registration with the Medical Radiation Practice Board of Australia (MRPBA) using the same process currently in place for all overseas qualified practitioners seeking MRPBA registration.

Here, the MRPBA will undertake an individual assessment considering an applicant's qualifications, criminal history, English language skills, professional indemnity insurance, and recency of practice. Sonographers undertaking this process will need to pay the usual MRPBA application and registration fees, plus an additional fee for international applications; similar to what currently occurs when overseas qualified sonographers seek a Certification of Recognition from ASMIRT before applying for ASAR registration.

As is also the case currently, some overseas qualified sonographers will need to obtain a valid working visa.

An exception applies for individuals with current registration as a medical radiation practitioner in New Zealand. Under the *Commonwealth Trans-Tasman Mutual Recognition Act 1997*, these individuals can apply for registration directly with the MRPBA without going through the overseas qualified practitioner process. Similarly, the ASMIRT has 'pre-approved' recognition of New Zealand degree courses for medical radiation practitioners to accelerate the skill migration assessment of individuals from New Zealand seeking to practise in Australia.

More information on the process for assessing overseas qualified practitioners under the MRPBA can be found at: <https://www.medicalradiationpracticeboard.gov.au/registration/overseas-qualified-practitioners.aspx>.

### 9. Will sonographer regulation restrict ultrasound services?

No.

Sonographer regulation is not expected to reduce the number of sonographers who are willing to perform ultrasound examinations, nor result in any restriction of services to patients.

Costs associated with registration under the MRPBA are comparable to fees currently paid by sonographers and are not expected to result in any higher costs to patients.

### 10. Will sonographer regulation change how sonographer-performed ultrasound examinations are reported?

No.

Regulating sonographers under the National Registration and Accreditation Scheme (NRAS), through the Medical Radiation Practice Board of Australia (MRPBA), will not impact how sonographers perform ultrasound examinations. For example, the outcomes of the sonographer's examination will continue to be reported through a medical practitioner.



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We are aware that in some countries, such as the UK, some sonographers can directly report the outcomes of their examinations to the patient and referring practitioner. In Australia, this would be referred to as *extended scope of practice* and is entirely separate to the issue of regulation. Any model for regulation of sonographers in Australia must reflect how the majority of sonographers currently practice, across the whole sonographer workforce.

Adding sonographers to the MRPBA is also not expected to impact Medicare claiming. The Medicare Benefits Schedule provisions are set by and operate under different arrangements and purpose than those for professional regulation.

### 11. Will MRPBA regulation set minimum scan times for ultrasound examinations?

No.

Regulating sonographers under the MRPBA will not establish minimum scan times for ultrasound examinations.

However, it will establish nationally consistent expectations of quality and standards and national processes for determining poor quality sonographer practice. These processes would utilise existing professional standards and guidelines to benchmark minimum good sonographer practice.

The MRPBA is also able to apply practice requirements on health professionals who do not meet the minimum expectations, such as additional training and supervised practice until the health professional is considered competent.

### 12. Will this affect how I perform Medicare-funded ultrasound examinations?

We do not expect that this change will have any impact on how sonographers perform Medicare-funded ultrasound examinations.

However, this will need to be explored through a public Regulatory Impact Statement (RIS) consultation. This is part of the assessment process that would be undertaken if Health Ministers collectively agree to consider adding sonographers to the list of professions regulated by the Medical Radiation Practice Board of Australia.

### 13. Will sonographers get their own provider numbers by being regulated under MRPBA?

National regulation is about assuring the health and safety of our patients through regulation of the profession. It has nothing to do with Medicare claiming or provider numbers.

This change seeks to add sonographers to the Medical Radiation Practice Board of Australia (MRPBA), like radiographers and other medical imaging professions.

The professions currently under the MRPBA do not have individual Medicare provider numbers.

### 14. How quickly will this happen?

Adding a new profession to the Australian Health Practitioner Regulation Agency (AHPRA) does not happen quickly. There are multiple stages of assessment and decision-making that must occur, and this can take many years to complete.

Australian Health Ministers are collectively responsible for deciding which professions are regulated under AHPRA. This includes state and territory government ministers responsible for health portfolios, along with the Australian Government Minister for Health.

The last profession added to AHPRA were the paramedics. The process to consider and agree to add paramedics took almost seven years, and a further two and a half years for the law change to occur to bring the change into effect.

More information on the steps involved is outlined in the document titled *The process towards sonographer*



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regulation available online at: <https://sonographers.org/advocacy/sonographer-regulation>.

### 15. Is the public concerned about the lack of sonographer regulation?

Yes.

Independent research undertaken<sup>7</sup> in 2019 found that 93% of public respondents believed that sonographers were already regulated and supported sonographers to become regulated. Also, 82% were concerned that sonographers were not regulated, with most indicating a less accurate diagnosis and patient safety as the main reasons for why they should be regulated.

Knowing all sonographers are held to the same standards, through regulation, may provide greater public confidence in the quality of sonography examinations, and reduce the number of patients seeking a second opinion or additional examinations.

The research indicated that 'knowing sonographers are not regulated' like other health professionals means that:

- 53% of respondents are more likely to seek a second opinion
- 53% are more likely to question the quality of the ultrasound result
- 36% are more likely to seek an alternative to ultrasound
- 20% are less likely to follow up with an ultrasound referral.

### 16. Is there support for sonographer regulation?

Yes.

There is widespread support for the proposal for sonographer regulation.

The leadership of ASUM, ASA and ASAR all recognise the weaknesses of the existing mechanisms in assuring public health and safety and have worked together to improve this situation by seeking sonographer regulation through the MRPBA. Sonographers have also indicated that one of their biggest concerns about the industry is the lack of professional regulation.<sup>8</sup>

Government representatives also recognise the need for sonographer regulation. Feedback from consultation undertaken during 2019-2022 by the ASA and ASUM has indicated widespread acknowledgement with no parties opposing it. On 4 December 2019, the Australian Senate publicly agreed that sonographer regulation was needed to protect the public.

The need for sonographer regulation is widely acknowledged by members of the imaging and broader health industry, unions, other allied health professions, and consumer health and safety representatives. Over the period from late 2018 to 2022, the ASA undertook extensive stakeholder consultation and received many letters of support for this change.

The public also agrees with the proposal for regulation. Recent independent public opinion market research undertaken<sup>7</sup> found that 93% of respondents believed that sonographers were already regulated and supported sonographers to become regulated.

### 17. What and who is the Working Group for Sonographer Regulation?

Established in 2018, the Working Group for Sonographer Regulation was a formal industry working group composed of the Australasian Sonographers Association (ASA), the Australasian Society for Ultrasound in Medicine (ASUM), the Australian Sonographer Accreditation Registry (ASAR) and a senior sonographer representative. The Working Group formally concluded in early 2024.

During its existence, the Working Group developed a substantial submission to include the sonographer profession in the NRAS, incorporating evidence of risks and letters of support for this change, and undertook extensive stakeholder consultation with all levels of government, industry and other interested parties.

If you have any questions about this work, please email the ASA at [policy@sonographers.org](mailto:policy@sonographers.org).



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