



a healthier world through
sonographer expertise

Submitted online 31 January 2025

Attn: The Assistant Treasurer and Minister for Financial Services
Australian Government, Canberra

ASA Submission to the 2025-26 Federal Budget

Thank you for this opportunity to make a submission in the lead up to the 2025-26 Budget.

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

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. Conversely, boosting access to more timely, affordable, quality medical ultrasounds will not just improve health outcomes for many thousands of individual Australian patients, it will also help to curtail the cumulative economic burden caused by delays in diagnosis and treatment.

The attached submission contains the following four proposals under three themes:

WOMENS HEALTH

1. MBS Reform – Create new MBS item/s for endometriosis-specific ultrasounds
2. Training – Upskill Australian practitioners with capability to perform endometriosis-specific ultrasounds

SONOGRAPHER WORKFORCE SHORTAGE

3. Extend the Commonwealth Prac Payment scheme to student sonographers

REGULATION OF THE SONOGRAPHY PROFESSION

4. Regulate all sonographers under the National Registration and Accreditation Scheme (NRAS) through the existing Medical Radiation Practice Board of Australia (MRPBA).

The ASA looks forward to continuing our work with the Australian Government and all our stakeholders to achieve a healthier future for all Australians. 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
Chief Executive Officer

Women's health – funding for ultrasound

The Government's recent Review of Select Medicare Funded Diagnostic Imaging - Ultrasound Services (the MBS Review), provided some notable examples of gender bias when comparing funding for men's and women's ultrasounds. One basic implication is that ultrasound departments that do bulk bill currently earn less when performing ultrasounds on women. In addition to showing inequitable rebates between men's and women's MBS items, the review also showed that the true clinical complexity of many women's examinations, such as pelvic ultrasounds (including endometriosis-specific examinations), breast examinations and pregnancy ultrasounds, are not captured by the schedule fees. This puts time pressure on clinics to perform complex exams, often results in prohibitive out of pocket costs for patients to cover fee gaps, reduces availability of services and disincentivises bulk billing.

The ASA response to the MBS review emphasised that all MBS items should reflect the cost, time, complexity and expertise of performing each examination, and supported the introduction of a new unique MBS item for endometriosis-specific ultrasound on this basis (outlined in the proposal below). Restoring gender parity for ultrasound rebates under the MBS is vital to ensure fair access to health care for all Australians, especially as women are the majority users of ultrasound (around 60% of services). We look forward to receiving the final report and working further with the review team to inform these important reforms.

ENDOMETRIOSIS ULTRASOUND EXAMINATIONS

Endometriosis is an incurable disease that affects approximately 1 in 7 (14%) Australian women. It is a painful, chronic, inflammatory disease that is the leading cause of infertility in women. Due to the complexity of the disease, endometriosis has a long diagnostic delay - averaging 6.5 years – with significant impacts on quality of life. The burden of disease in Australia is significant. The average cost for a woman with endometriosis is around A\$30,000 per year, totalling around A\$9.7 billion each year to the Australian economy. A large portion of this is due to lost productivity¹.

Endometriosis-specific ultrasound now can play a significant role in addressing diagnostic delays and costs in Australia and ultimately help drive down the personal and economic toll of the disease. While historically, endometriosis has been diagnosed via key-hole surgery², technological advances have led international guidelines to now recommend ultrasound as a first-line imaging tool due to its availability, performance, cost efficacy and low environmental impact^{3,4}. Ultrasound can help preoperative planning and in some cases remove the need for surgery altogether.

Government Policy and Investment

In 2018, the world-first National Action Plan for Endometriosis (NAPE) created a solid base for action on the disease. NAPE included actions to improve access to medical diagnostic ultrasound to assess deep infiltrating endometriosis, including specialised training for sonographers, and updating guidelines to incorporate endometriosis exams into routine pelvic ultrasounds for women. The latest NAPE update in March 2024 indicated that all programs and activities to meet objectives had commenced, and noted the broad suite of initiatives that had been announced across clinical management and care, research, awareness and education. Endometriosis and chronic pelvic pain are also listed as a key priority in the National Women's Health Strategy 2020-2030. There is more to be done, and we look forward to a formal review of NAPE and assisting with next steps in this important work.

In 2024, the ASA provided feedback to the Parliament of South Australia – Select Committee on Endometriosis⁵ highlighting the need for an endometriosis-specific ultrasound item, with a fee that reflects the complexity and time required to undertake the exam, and additional training for sonographers to become skilled in this area. Doing so would incentivise private practices to upskill staff and schedule sufficient time for sonographers to undertake these exams.

¹ Armour, M., Lawson, K., Wood, A., Smith, C., Abbott, J. The cost of illness and economic burden of endometriosis and chronic pelvic pain in Australia: A national online survey. PLOS ONE. 10 October 2019. Available at <https://doi.org/10.1371/journal.pone.0223316>

² Deslandes A., Panuccio, C., Avery, J., Condous, G., Leonardi, M., Knox, S., Chen, H., Hull, M. Are sonographers the future 'gold standard' in the diagnosis of endometriosis? (Internet). Sonography. 2024 Jan. Available from: <https://doi.org/10.1002/sono.12402>

³ Condous, G., Gerges, B., Thomassin-Naggara, I., Becker, C., Tomassetti, C., Krentel, H., van Herendael, B. J., Malzoni, M., Abrao, M. S., Saridogan, E., Keckstein, J., Hudelist, G., Non-invasive imaging techniques for diagnosis of pelvic deep endometriosis and endometriosis classification systems: an International Consensus Statement. Ultrasound in Obstetrics & Gynecology. 29 May 2024. Available at <https://doi.org/10.1002/uog.27560>

⁴ Deslandes, A. and Condous, G. Can you be diagnosed with endometriosis from an ultrasound? (Internet). Endometriosis Australia. Cited 21 May 2024. Available from: <https://endometriosisaustralia.org/diagnosed-endometriosis-ultrasound/>

⁵ ASA Response to the Parliament of South Australia - Select Committee on Endometriosis (May 2024). Available from: https://www.sonographers.org/publicassets/5f704aca-a127-ef11-9130-0050568796d8/ASA-Response_Parliament-of-South-Australia_Select-Committee_Endometriosis_May-2024_Final.pdf

Proposal 1 Create new MBS item/s for endometriosis-specific ultrasounds

Endometriosis-specific ultrasound exams are more complex, and take about 70% longer than routine transvaginal ultrasound examinations⁶. The single MBS item available for Pelvic Ultrasounds (55065) is currently used for most female pelvic exams, and does not adequately fund longer exams. Clinics are deterred from offering endometriosis-specific ultrasounds as they must either absorb the cost of this extra time or pass it on to patients through the out of pocket 'gap'. This gap can be significant. A review of costs from select imaging provider websites shows that out-of-pocket expenses in Melbourne, Sydney and Adelaide ranged between \$250-\$470. A recent study from the University of South Australia revealed that sonographers working within public hospitals and bulk-billing clinics were far less likely to perform endometriosis-specific ultrasounds than those working in specialist women's ultrasound clinics⁷. We also understand that no private radiology services in Australia currently offer bulk-billing for transvaginal ultrasound to detect endometriosis.

To ensure that women have equitable access to affordable endometriosis-specific ultrasound examinations, a unique MBS item should be introduced which:

- acknowledges that endometriosis-specific ultrasounds are distinct from, and take significantly longer than, a routine pelvic exam
- recognises the diagnostic challenges of endometriosis, which usually requires a thorough, extended investigation of multiple organs by an appropriately trained sonographer
- includes a schedule fee that reflects the extended time, expertise and complexity of exams
- reduces the significant gap payable by patients for endometriosis-specific ultrasound exams
- incentivises clinics to offer bulk billed services where they are needed most
- improves data collection on endometriosis diagnostic services funded through the MBS.

We also support in principle broader reform as foreshadowed in the MBS Review to restore gender parity of MBS funding for ultrasound items. Schedule fees would be best reviewed and updated as a group to ensure that they not only reflect the time, cost, expertise and complexity of each exam, but that there is some relativity and proportionality between related items.

There are significant benefits of front ending ultrasound in diagnosis. Two cost benefit studies comparing the traditional surgical vs modern ultrasound pathways to endometriosis diagnosis found that for presentations of chronic pelvic pain and suspected endometriosis there were notable cost savings if a gynaecologist ordered a detailed ultrasound examination by a sonologist with expertise in endometriosis, before deciding on surgery. Complex endometriosis cases could be referred for advanced laparoscopic surgery (avoiding initial diagnostic surgery) saving \$A2,767 per case while minimal endometriosis cases (56%) could be treated without the need for surgery at all, saving around \$1,562 per case^{8 9}.

Overall, it has been estimated that expanding endometriosis-specific ultrasound services in Australia could reduce the number of endometriosis surgeries (around 30,000 per year) to about 40% of current levels, avoiding 12,000 surgeries a year and saving around \$190 million over 5 years, with many patients spared the mental toll of long diagnosis delays¹⁰.

⁶ Deslandes, A., Parange, N., Childs, J., Osborne, B., Panuccio, C., Croft, A., Bezak, E. How long does a transvaginal ultrasound examination for endometriosis take in comparison to a routine transvaginal ultrasound examination?

⁷ Yang X, Deslandes A, Cross T, Childs JT. Transvaginal Ultrasound for the Diagnosis of Endometriosis: Current Practices and Barriers in Australian Sonographers. AJUM. Under Review.

⁸ Shakeri, B., Nadim, B., Reid, S., Condous, G., Mongelli, M. Cost-benefit analysis for the utilisation of detailed preoperative ultrasound in women with complex endometriosis disease Ultrasound in Obstetrics & Gynecology. 8 September 2016. Available at <https://doi.org/10.1002/uog.17155>

⁹ Shakeri, B., Nadim, B., Reid, S., Mongelli, M., Condous, G. Cost-benefit analysis for the use of transvaginal ultrasound to avoid laparoscopy in women with minimal endometriosis disease. Ultrasound in Obstetrics & Gynecology. 8 September 2016. Available at <https://doi.org/10.1002/uog.17156>

¹⁰ Available at <https://www.monash.edu/mime/news/latest-news/articles/2024/new-training-model-to-accurately-diagnose-endometriosis>

Proposal 2 *Funding for specialised training and clinical support for sonographers - and other relevant and appropriately trained health practitioners - to ensure they have the advanced skills to perform endometriosis-specific ultrasound exams*

Performing an endometriosis-specific ultrasound is an advanced skill within the Australian Sonographers Competency Framework¹¹ and requires training beyond that provided in Medical Sonography Graduate Diploma courses. Offering this service therefore requires imaging providers to invest in further education for their staff, presenting another cost to be passed onto patients. Many sonographers currently only receive ad hoc training.

Ideally, all sonographers examining a woman's pelvis should be capable of assessing complex cases such as endometriosis; however, in practice there is a distinct shortage of sonographers with this expertise. The shortage is widespread but more prominent in the public system and in rural and remote communities. Only 11% of sonographers in Australia identify Obstetrics and Gynaecology as their primary area of practice, and most comprehensive endometriosis exams occur in private specialty clinics. This means that even if women are willing to pay, their access to endometriosis diagnosis and support is limited by the availability of suitably trained personnel to perform the exam.

With the right training and support, more practitioners will acquire the advanced skills needed to deliver modern endometriosis-specific ultrasounds across Australia, enabling more clinics to offer the service. Ultrasound has the potential to significantly reduce costs and delays in diagnosis and treatment of endometriosis, resulting in better outcomes for women with this disease.

The ASA could be involved in designing training in partnership with experts in the field, some of whom are members. The program could be delivered online and include a range of resources such as videos to show normal and abnormal results and help build confidence in the recognition of structures and deep infiltrating endometriosis.

To have a real impact, this training would need to be delivered to all Obstetrics and Gynaecology sonographers expected to perform endometriosis examinations and not limited to specialist clinics. There would also need to be dedicated assistance for clinics willing to up-skill their sonographers in this area to guarantee access to a sonographer with the relevant expertise.

We also support:

- Increased funding and support for training in the public sector to upskill all relevant health care practitioners to better understand and utilise ultrasound to support non-invasive diagnosis and improved triaging of necessary surgeries.
- Additional training for radiologists and referring GPs to understand the advancing capabilities of ultrasound, to ensure efficient referring and accurate reporting to support timely diagnosis and management for patients.
- Ongoing education for the public regarding the role of specialist endometriosis ultrasound examinations in diagnosis and management.

Boosting provision of less invasive endometriosis- specific ultrasound examinations is expected to reduce healthcare costs significantly through reduced diagnostic surgeries, and contribute to reductions in diagnostic delays and treatment, ultimately alleviating the personal and economic burden of disease.

¹¹ Childs J, Thoires K, Osborne B, Halligan T, Stoodley P, Quinton A, et al. Professional Competency Framework for Sonographers [Internet]. Australia: Australian Sonographer Accreditation Registry; 2021 [cited 2022 Dec 11]. Available from <https://doi.org/10.6084/m9.figshare.17148035>

Sonographer workforce shortage

Ultrasound is the most used diagnostic imaging modality in Australia, with over 12 million Medicare-funded ultrasound services now delivered each year¹². Despite growing demand for ultrasounds, sonographers are in short supply. An ASA survey of major employers in 2024 estimating the undersupply to be 20-30% or more. Sonographers have been listed on the National Skills Priority List as being in national shortage for over a decade¹³ and the Occupations in Demand list of the Australian Federal Government skilled migration program for two decades.

The sonographer shortage affects patients through extended wait times and limited service availability and also has multiple downstream impacts on the health system. With a predominantly female workforce, over half of whom work part time, and a significant retirement wave approaching in the next 10 years, targeted action is required now to guarantee the supply of this vital specialist workforce into the future.

With the continued growth in demand for ultrasound, it will be important to find ways to support sonographer students to guarantee a stable supply of suitably qualified, clinically experienced graduates into the workforce.

Proposal 3 *Extend the Commonwealth Government's Prac Payment scheme to include student sonographers*

The Government's Commonwealth Prac Payment scheme will provide nursing, teaching, social work and midwifery students with \$319.50 per week while undertaking supervised mandatory placements. This is a welcome measure given the financial barriers unpaid placements can create in these care sectors and should be extended to sonography students.

Clinical training placements are considered a major factor in the sonographer shortage. This profession has one of the most onerous pre-admission supervision requirements in allied health, and securing a placement is notoriously difficult. Sonography students are required to undertake approximately 3 days per week of clinical placement spread over two years, as recommended by the Australian Sonographers Accreditation Registry. This equates to around 2200 hours, which is a significant commitment compared to teaching (480 -640 hrs), nursing (800-1000h), social work (1000) and midwifery (1300-1500h).

Sonography has a heavy academic and clinical course load, so students have minimal capacity to earn supplementary income through paid employment while they undertake lengthy placements. Unlike nursing and education students, sonographers also do not have access to any other workforce-targeted government incentives such as scholarships or grants to offset course fees and help with living costs. Placement poverty is therefore a significant burden for sonography students, and a barrier to entry into the workforce.

The Prac Payment would provide some financial security to those students who need it, enabling them to complete their training and successfully enter the workforce. Knowing that there is some support available may also encourage more students to apply, especially for the post graduate program, as the unpaid nature of placements can be a deterrent to these students who often have more financial obligations than undergraduate students. Prac payments may also encourage sonographer students to take placements in rural, regional or interstate areas where transport and relocation costs can be otherwise prohibitive.

¹² Australian Government Department of Human Services. Requested MBS category by group and subgroup processed from Jul 2023 to Jun 2024. Australia. Accessed Jan 2025

¹³ ASA Submission to Jobs and Skills Australia – Skills Priority List, Stakeholder Survey 2024 – Available at www.sonographers.org/advocacy/submissions/submissions-to-government

Regulation of the Sonography Profession

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. However, currently there are no nationally enforceable standards of practice that set the minimum expectations of ultrasound examinations performed by Australian sonographers, which carries a public health and safety risk. The complaints handling mechanism is also fragmented and ineffective, causing confusion for patients, and there is no recency of practice requirements.

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 industry-wide support for this approach, and the ASA has made previous Budget submissions¹⁴ and a submission to the Australian Health Ministers' Advisory Council (now the Health Chief Executives Forum) on this issue¹⁵.

While regulation through the MRPB 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 through the Scope of Practice Review and the recent NRAS Complexity Review. We welcomed the recognition of sonography as a priority profession to consider in the next phases of the Complexity Review, and we look forward to progressing this work.

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

Proposal 4 *Regulate all sonographers under the National Registration and Accreditation Scheme (NRAS) through the existing Medical Radiation Practice Board of Australia (MRPBA).*

The MRPBA comprises almost 20,000 medical radiation practitioners across diagnostic radiography, radiation therapy and nuclear medicine technology. Over 25% of accredited sonographers already hold registration with MRPBA as they hold qualifications in another area of practice, such as radiography. Adding the remaining 75% of sonographers would grow membership by about 30% to around 26,000.

Regulating all sonographers under the National Registration and Accreditation Scheme (NRAS) through the existing Medical Radiation Practice Board of Australia would protect patients by ensuring that all sonographers meet consistently high-quality standards of practice, are subject to the same complaints processes and through protection of title.

Bringing sonographers into the existing MRPBA should be cost neutral.

¹⁴ ASA Pre-budget submissions for 2019-20, 2020-21, 2023-24 Available at <https://www.sonographers.org/advocacy/submissions/pre-budget-submissions>

¹⁵ Protecting the public and preventing harm by completing the regulation of medical imaging professionals. November 2022. Available at https://www.sonographers.org/publicassets/2c84aed6-3cdf-ed11-911d-0050568796d8/NRAS-Submission-for-Sonographer-Regulation_Nov-2022_Final_Full-Submission.pdf