



a healthier world through
sonographer expertise

Tuesday, 11 November 2025

Ms Cara Miller
Chair
Medical Radiation Practice Board of Australia

Via email: medicalradiationconsultation@ahpra.gov.au

Dear Ms Miller

Public Consultation: Updated professional capabilities for medical radiation practitioners

Thank you for the opportunity to contribute to the *Public Consultation: Updated professional capabilities for medical radiation practitioners*, being undertaken by the Medical Radiation Practice Board of Australia (MRPBA).

The Australasian Sonographers Association (ASA) is the peak professional body for sonographers, representing over 7,900 sonographers 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.

Overall, the ASA considers that the document reads well and exemplifies appropriate capabilities for contemporary medical radiation practitioners. We have a few updated comments on professional capabilities and ultrasound practice as set out below

Document scope regarding ultrasound practice (p.20)

The document acknowledges that the capabilities do not "seek to enforce any regulation of sonographers" and clarifies that "*The professional capabilities apply in the context of registered medical radiation practitioners only; therefore, any reference to ultrasound practices applies to day-to-day practice by a registered medical radiation practitioner.*"

Professional capability of sonographers is not currently regulated by the National Law, and the distinction made in the document is important. In practice ultrasound training for radiographers is limited, and the vast majority of radiographers performing ultrasound (approximately 2,000 of the 13,000 MRPBA registered radiographers) are sonographers. Radiographers cannot practice independently as sonographers unless they complete an accredited qualification in sonography (e.g. Graduate Diploma or Masters) and are accredited with the Australian Sonographer Accreditation Registry (ASAR). Therefore, most radiographers to whom the ultrasound capabilities are relevant will be working predominantly as sonographers (with their work mostly in ultrasound). The lack of consistency in standards for patients is important and a key reason the ASA continues to advocate for sonographer regulation so that patients can be guaranteed

the same standard of diagnostic ultrasound service regardless of the practitioner's unique qualifications and background.

To make the distinction clear, the Key Capabilities could further qualify that the capabilities only apply to the small subset of medical radiation practitioners who are also properly trained and accredited sonographers, registered with ASAR, rather than to medical radiation practitioners in general.

Ultrasound, Mammography, MRI, Angiography (p.20 and pp.28-30)

Ultrasound continues to be grouped alongside mammography, MRI, and angiography which creates some unnecessary confusion:

- On page 20, the document describes all four of these capabilities as 'common to all three divisions of the register of medical radiation practitioners who use these modalities'. We understand that radiographers are the most common MPRBA registered practitioner who perform ultrasound, and it is confusing to group these together.
- While MRI, mammography and angiography do not require any additional registration to perform, ultrasound requires a practitioner to be also registered as a sonographer with ASAR.
- Ultrasound and MRI require specific capabilities and a higher Australian Qualifications Framework level than angiography and mammography

The ultrasound modality might be better treated as a standalone table, and a reference to the previous comment to clarify that these capabilities only apply to ultrasound performed by medical radiation practitioners who also have additional qualification and registration as a sonographer.

Artificial Intelligence - Domain 1(5) on p.23

We are pleased to see that the updated document emphasises the importance of understanding professional obligations in digital health, especially emerging technologies such as Artificial Intelligence (AI). Given the pace of change, continual monitoring and responsive updates will be welcomed by the profession to ensure that the guidelines stay relevant and authoritative.

To ensure that students graduating from medical radiation practice programs enter the workforce prepared to meet the evolving challenges and opportunities posed by AI and digital technology, and capable of meeting these minimum requirements, education providers will need to continue to develop internal capacity, provide resources to students and update any relevant aspects of curricula and programs.

Regulation of the Sonography Profession

The fact that the key capabilities in ultrasound can only apply to a subset of ultrasound practitioners highlights the ongoing need for regulation of the sonography profession. Current arrangements leave the majority of highly skilled sonographers outside the NRAS despite, delivering complex diagnostic services and contributing significantly to patient outcomes. The risks of current arrangements have again been highlighted in recent media coverage of non-medical obstetric ultrasound, and we expect these concerns will persist until the issue is resolved.

After many years of advocacy, recent developments through the NRAS Complexity Review demonstrate growing acknowledgement of these challenges in sonography and we remain focused on improved regulation of and consistent standards for all sonographers. The ASA continues to actively contribute to government consultations on this work and advocate for a system of regulation that not only aligns with the wider medical radiation and imaging professions, and delivers long-overdue title protection, enforceable accreditation requirements, and consistent professional standards, but ultimately delivers better outcomes for patients.

Please find the completed feedback form attached in Word as requested.

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.

Yours sincerely,

X

Dr Tony Coles

Chief Executive Officer

Australasian Sonographers Association

Attachment B: Public consultation response template

March 2025

Consultation questions on updated professional capabilities for medical radiation practitioners

The Medical Radiation Practice Board of Australia is conducting a confidential preliminary consultation on updated Professional capabilities for medical radiation practice. The Board invites your feedback on the proposed updated Professional capabilities using the questions below.

Please provide your feedback on the questions in a **Word** document (not PDF) by email to medicalradiationconsultation@ahpra.gov.au by **5pm (AEDST) Wednesday 28 May 2025**.

Stakeholder details

If you would like to include background information about your organisation, please do this in a separate word document (not PDF).

Organisation name
Australasian Sonographers Association
Contact information
Please include the contact person's name, position and email address
Elissa Campbell, General Manager of Policy and Advocacy

Publication of submissions

The Board publishes submissions at its discretion. We generally publish submissions on our website in the interests of transparency and to support informed discussion.

Please advise us if you do not want your submission published.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally identifying information from submissions, including contact details.

We accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence.

Please let us know if you do not want us to publish your submission or would like us to treat all or part of it as confidential.

Response to consultation questions

Consultation questions for consideration

Please provide your responses to any or all questions in the blank boxes below. If you would like to include your response in a separate word document, please provide this in word format only (not a PDF)

1. Is the content of the updated *Professional capabilities* clear and reflective of autonomous and contemporary medical radiation practice? If no, please explain why.

Overall, the ASA considers that the document reads well and exemplifies appropriate capabilities for contemporary medical radiation practitioners.

2. Is there any content that needs to be changed, removed or added in the updated *Professional capabilities*? If yes, please provide details.

Document scope regarding ultrasound practice (p.20)

The document acknowledges that the capabilities do not “seek to enforce any regulation of sonographers” and clarifies that “*The professional capabilities apply in the context of registered medical radiation practitioners only; therefore, any reference to ultrasound practices applies to day-to-day practice by a registered medical radiation practitioner.*”

Professional capability of sonographers is not currently regulated by the National Law, and the distinction made in the document is important. In practice ultrasound training for radiographers is limited, and the vast majority of radiographers performing ultrasound (approximately 2,000 of the 13,000 MRPBA registered radiographers) are sonographers. Radiographers cannot practice independently as sonographers unless they complete an accredited qualification in sonography (e.g. Graduate Diploma or Masters) and are accredited with the Australian Sonographer Accreditation Registry (ASAR). Therefore most radiographers to whom the ultrasound capabilities are relevant will be working predominantly as sonographers (with their work mostly in ultrasound). The lack of consistency in standards for patients is important and a key reason the ASA continues to advocate for sonographer regulation so that patients can be guaranteed the same standard of diagnostic ultrasound service regardless of the practitioner’s unique qualifications and background.

To make the distinction clear, the Key Capabilities could further qualify that the capabilities only apply to the small subset of medical radiation practitioners who are also properly trained and accredited sonographers, registered with ASAR, rather than to medical radiation practitioners in general.

Ultrasound, Mammography, MRI, Angiography (p.20 and pp.28-30)

Ultrasound continues to be grouped alongside mammography, MRI, and angiography which creates some unnecessary confusion:

- On page 20, the document describes all four of these capabilities as ‘common to all three divisions of the register of medical radiation practitioners who use these modalities’. While we do not have data on MRPB registrants, we understand that ultrasound is rarely performed by medical radiation technologists other than radiographers, and it is confusing to group these together.
- While MRI, mammography and angiography do not require any additional registration to perform, ultrasound requires a practitioner to be also registered as a sonographer with ASAR.

- Ultrasound and MRI require specific capabilities and a higher Australian Qualifications Framework level than angiography and mammography

The ultrasound modality might be better treated as a standalone table, and a reference to the previous comment to clarify that these capabilities only apply to ultrasound performed by medical radiation practitioners who also have additional qualification and registration as a sonographer.

3. Would the updated *Professional capabilities* result in any potential negative or unintended effects for people requiring healthcare, including members of the community at risk of experiencing poorer health outcomes? If yes, please explain why.

4. Would the updated *Professional capabilities* result in any potential negative or unintended effects for Aboriginal and/or Torres Strait Islander Peoples? If yes, please explain why.

5. Would the updated *Professional capabilities* result in any potential negative or unintended effects for medical radiation practitioners? If yes, please explain why.

Continued inconsistent regulation of dual registered radiographer/sonographers and sonographers creates a range of problems for the sector when trying to maintaining clear consistent standards in diagnostic ultrasound for patients.

Until this is resolved, it is important to make the professional distinctions and practical implications as clear as possible. As stated above, the Key Capabilities could further qualify that the capabilities only apply to the small subset of medical radiation practitioners who are also properly trained and accredited sonographers, registered with ASAR, rather than to medical radiation practitioners in general.

6. Are there any other potential regulatory impacts the MRPBA should consider? If yes, please provide details.

Regulation of the Sonography Profession

The fact that the key capabilities in ultrasound can only apply to a subset of ultrasound practitioners highlights the ongoing need for regulation of the sonography profession. Current arrangements leave the majority of highly skilled sonographers outside the NRAS despite, delivering complex diagnostic services and contributing significantly to patient outcomes. The risks of current arrangements have again been highlighted in recent media coverage of non-medical obstetric ultrasound, and we expect these concerns will persist until the issue is resolved.

After many years of advocacy, recent developments through the NRAS Complexity Review demonstrate growing acknowledgement of these challenges in sonography and we remain optimistic that improved regulation of and consistent standards for all sonographers is on the horizon. The ASA continues to actively contribute to government consultations on this work and advocate for a system of regulation that not only aligns with the wider medical radiation and imaging professions, and delivers long-overdue title protection, enforceable accreditation requirements, and consistent professional standards, but ultimately delivers better outcomes for patients.

7. The draft Low value care statement (**Attachment A**) has been developed to provide additional guidance for medical radiation practitioners and connects with the requirements of the Code of Conduct and the sustainability principles published by Australian Commission on Safety and Quality in Healthcare (ACSQHC)

- a. Is there any content that needs to be changed, removed or added to the Low value care statement?
- b. Are there any potential negative or unintended affects that might arise?

8. If updated *Professional capabilities for medical radiation practice* were to become effective from **1 January 2026** is this sufficient lead time for the profession, education providers and employers to adapt and implement the changes?

9. Do you have any other feedback on the updated *Professional capabilities*?

Artificial Intelligence - Domain 1(5) on p.23

We are pleased to see that the updated document emphasises the importance of understanding professional obligations in digital health, especially emerging technologies such as Artificial Intelligence (AI). Given the pace of change, continual monitoring and responsive updates will be welcomed by the profession to ensure that the guidelines stay relevant and authoritative.

To ensure that students graduating from medical radiation practice programs enter the workforce prepared to meet the evolving challenges and opportunities posed by AI and digital technology, and capable of meeting these minimum requirements, education providers will need to continue to develop internal capacity, provide resources to students and update any relevant aspects of curricula and programs.