

Guidelines, Policies and Statements

ASUM Policy on Provision of Diagnostic Ultrasound Services

Approved by the ASUM Board of Directors, October 2026

This document supersedes ASUM Policy on Diagnostic Ultrasound Services

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1 Introduction

The Australasian Society for Ultrasound in Medicine (ASUM) is a multidisciplinary society dedicated to enhancing patient outcomes through the safe, effective and high-quality use of ultrasound. ASUM provides leadership in education and the development of professional standards to support excellence in diagnostic and clinical ultrasound practice across Australia and New Zealand, underpinned by evidence-based practice and academic integrity.

1.1 Purpose

The purpose of this policy is to promote the safe, ethical and effective use of diagnostic ultrasound, define professional responsibilities, ensure alignment with current legislation and professional standards in Australia and New Zealand, and support quality assurance and patient safety across diagnostic ultrasound services.

1.2 Scope

This policy applies to formal diagnostic ultrasound services delivered in public and private settings, including metropolitan, rural and remote environments. It applies to appropriately qualified ultrasound practitioners involved in the performance, supervision and reporting of diagnostic ultrasound examinations.

Point-of-care ultrasound (POCUS), when performed by a clinician within their scope of practice and credentialing framework to support clinical assessment or procedural guidance, is outside the scope of this policy.

2 Policy Requirements

2.1 Ultrasound Requests

All diagnostic ultrasound examinations must be clinically justified and undertaken based on an appropriate request, either from an appropriate practitioner or generated as part of a specialist-initiated examination, in accordance with applicable legislative, regulatory and funding requirements.

2.2 Governance and Safety

2.2.1 General Safety Principles

Diagnostic ultrasound has an established record of safe clinical use when used for medical benefit and performed appropriately. As ultrasound delivers acoustic energy and has the potential to produce thermal and mechanical bioeffects, its use must be clinically justified and conducted in accordance with the principle of as low as reasonably achievable (ALARA).

Displayed output indices, including the thermal index (TI) and mechanical index (MI), together with exposure time and acoustic output, should be monitored and minimised while obtaining the required diagnostic information. Examinations must be performed by

appropriately qualified personnel and structured to achieve diagnostic objectives with minimal exposure, particularly when using higher-output modes such as Doppler ultrasound.

Particular caution should be applied when using higher-output modes, including Doppler ultrasound, particularly in early pregnancy. In the first trimester, Doppler ultrasound should only be used when clinically indicated and exposure minimised. ^[15]

2.2.2 Infection Prevention and Transducer Reprocessing

Ultrasound services must maintain documented procedures for infection prevention, including cleaning, disinfection or sterilisation of ultrasound equipment and transducers, based on risk classification, manufacturer instructions and applicable standards. The use of single-use protective covers or barriers should be considered where appropriate, in conjunction with, and not as a substitute for, required reprocessing procedures.

Refer to the **ASUM & ACIPC Guidelines for Reprocessing Ultrasound Transducers (2026)** for further information.

2.2.3 Privacy and Information Governance

Ultrasound services must manage patient information in accordance with applicable privacy legislation, including secure storage, transmission, access and processes for correcting inaccurate or incomplete information. Any privacy breaches must be managed and reported in accordance with applicable legislative and regulatory requirements.

2.2.4 Non-clinical Use of Ultrasound

Ultrasound must not be performed solely for non-medical or entertainment purposes. The provision of images or recordings to the patient or other individuals, where no clinical benefit is anticipated, must be incidental to a clinically indicated diagnostic examination and must not result in additional exposure beyond that required for diagnostic purposes.

Ultrasound images and recordings may be used for education or training purposes only where this is appropriate and consistent with applicable privacy, consent and clinical governance requirements.

2.3 Professional Competence, Roles and Responsibilities

Diagnostic ultrasound services must be provided under appropriate clinical governance. Responsibility for diagnostic interpretation and reporting rests with an appropriately qualified practitioner authorised to provide diagnostic reports within the applicable jurisdiction and who maintains continuing professional development.

Where responsibility for the performance of a diagnostic ultrasound examination is delegated to an ultrasound practitioner or other health care professional practising within their scope of practice, the responsible practitioner must ensure that:

- a) The practitioner is appropriately qualified, credentialled and competent to perform the requested examination.

- b) The level of supervision is appropriate to the practitioner's training and experience and scope of practice.
- c) Appropriate supervision, consultation and support arrangements are available.
- d) Documented protocols and guidelines are in place for consultation, triage and escalation where extension of the examination or additional clinical care is required.
- e) Images are reviewed and a diagnostic report is issued within an appropriate timeframe.

Ultrasound practitioners are responsible for maintaining appropriate qualifications, credentials and continuing professional development, and for practising within scope and under appropriate clinical governance.

2.4 Facilities, Equipment and Service Environment

The responsible practitioner must ensure that:

- a) The ultrasound examination performed is in the best interests of the patient and is clinically appropriate and diagnostically adequate for the clinical indication.
- b) Equipment is appropriate, properly maintained and used according to manufacturer instructions and applicable standards.
- c) Facilities support patient privacy, dignity and accessibility.
- d) Appropriate systems are in place for secure storage and transfer of images and associated clinical information.

2.5 Communication, Documentation and Records

Local department or practice guidelines must define communication responsibilities, including:

- a) What aspects of the examination may be demonstrated or explained to the patient during the examination.
- b) The roles and responsibilities of ultrasound practitioners in communicating information arising from the examination, consistent with local organisational policies.
- c) Processes for the timely escalation and communication of urgent or critically significant findings.
- d) Circumstances under which an examination may be extended, and the rationale for doing so, based on imaging findings or clinical concerns.

Patient identification, together with the date and time of service, must be recorded with each examination and be readily identifiable within the images.

A written diagnostic report must be issued for all diagnostic ultrasound examinations by a reporting practitioner authorised within the applicable jurisdiction. The diagnostic report must identify the ultrasound practitioner who performed the examination and the reporting practitioner and must be made available in a timely manner, or immediately if clinically indicated.

Appropriate images and associated clinical records must be retained in accordance with applicable legislative, regulatory and healthcare facility requirements.

A register of ultrasound examinations must be maintained by the practice to support clinical governance, audit and quality assurance.

2.6 Clinical Appropriateness and Education

While appropriately qualified referring healthcare practitioners may request ultrasound examinations based on clinical judgment, practitioners providing diagnostic ultrasound services have a responsibility to ensure requested examinations are clinically appropriate, diagnostically justified and relevant to the clinical indication.

Practitioners authorised to provide diagnostic reports should exercise professional judgement in ensuring that examinations contribute meaningfully to patient care and represent appropriate stewardship of healthcare resources.

Where appropriate, ultrasound practitioners and reporting practitioners should contribute to professional education and knowledge sharing, promote appropriate referral practices, and support the evidence-based use of diagnostic ultrasound to maintain high-quality patient care.

3 Related and Supporting Documents

The following references and supporting documents inform and support this policy and should be read in conjunction with it. Current ASUM Standards of Practice documents can be accessed on the **ASUM website: ASUM Standards of Practice**

1. ASUM: Code of Conduct
2. ASUM: Statement on the Practice of Ultrasound by Sonographers
3. ASUM Standards of Practice (including modality-specific standards across obstetric, general, vascular, cardiac, musculoskeletal and other diagnostic ultrasound disciplines)
4. ASUM: Guidelines for Reprocessing Ultrasound Transducers
5. ASUM: Statement on the Education, Training and Supervision of Trainee Sonographers
6. ASUM: Statement on the Use of Ultrasound by Medical Practitioners
7. NZ Medical Radiation Technologists Board Competence Standards for Medical Imaging and Radiation Therapy Practitioners in Aotearoa New Zealand

4 References

4.1 Legislation, Regulation and Accreditation

References are current at the time of publication and should be read alongside the most up-to-date applicable legislation and professional standards.

Australia

1. Health Insurance Act 1973 (Cth).
2. Health Insurance Regulations 2018 (Cth).
3. Medicare Benefits Schedule (MBS) Online – Diagnostic Imaging and Ultrasound Services.
4. Diagnostic Imaging Accreditation Scheme (DIAS), Australian Commission on Safety and Quality in Health Care (ACSQHC).
Note: DIAS remains the current accreditation framework for Medicare-funded diagnostic imaging services. National Safety and Quality Medical Imaging (NSQMI) Standards are under development and intended to replace DIAS standards in due course.
5. National Safety and Quality Health Service (NSQHS) Standards, ACSQHC
6. Privacy Act 1988 (Cth) and Australian Privacy Principles.
7. Medical Board of Australia. Good Medical Practice: A Code of Conduct for Doctors in Australia.

New Zealand

8. Health Practitioners Competence Assurance Act 2003 (NZ).
9. Medical Radiation Technologists Board (MRTB) – Scopes of Practice, Competence Standards and Code of Ethics.
10. Health Information Privacy Code 2020 (NZ).
11. Code of Health and Disability Services Consumers' Rights Regulations 1996 (NZ).

4.2 Professional and Safety Guidance

12. World Federation for Ultrasound in Medicine and Biology (WFUMB). Safety statements and recommendations on the clinical use of diagnostic ultrasound.
13. American Institute of Ultrasound in Medicine (AIUM). Official statements on prudent use and safety of diagnostic ultrasound.
14. International Society of Ultrasound in Obstetrics and Gynecology (ISUOG). Practice guidelines and safety statements, including Doppler ultrasound guidance.
15. International Society of Ultrasound in Obstetrics and Gynecology (ISUOG). ISUOG statement on the safe use of Doppler for fetal ultrasound examination in the first 13+6 weeks of pregnancy (updated). *Ultrasound Obstet Gynecol.* 2021;57(6):1020.
16. Royal Australian and New Zealand College of Radiologists (RANZCR). Standards of Practice for Diagnostic Imaging.
17. Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). Position Statement on the Appropriate Use of Diagnostic Ultrasound (C-Gen 10).

4.3 Technical and Equipment Standards

18. International Electrotechnical Commission (IEC).
19. IEC 60601-2-37:2024. Medical electrical equipment – *Part 2-37: Particular requirements for the basic safety and essential performance of ultrasonic medical diagnostic and monitoring equipment.*

20. IEC 62359:2010+AMD1:2017. Ultrasonics – *Field characterization – Test methods for the determination of thermal and mechanical indices related to medical diagnostic ultrasonic fields.*