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Aotearoa New Zealand Sonography Workforce – in focus

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This report, produced by the **Australasian Sonographers Association** (ASA), provides an overview of the profile and key issues facing the sonographer workforce in **Aotearoa New Zealand**. The ASA advocates for a sustainable and skilled workforce that delivers high-quality ultrasound; together with comprehensive workforce data to support decision making.

As the peak body for sonographers, the ASA is proud to represent more than half of New Zealand's accredited sonographers and advocate for its 8,000 professional members across Australasia.

Sonographers are the experts in ultrasound.

Sonographers are highly skilled allied health professionals qualified to perform and document diagnostic ultrasound examinations using specialised ultrasound equipment. Sonographers perform the majority of diagnostic medical ultrasound examinations, across a range of clinical settings.

The number of sonographers

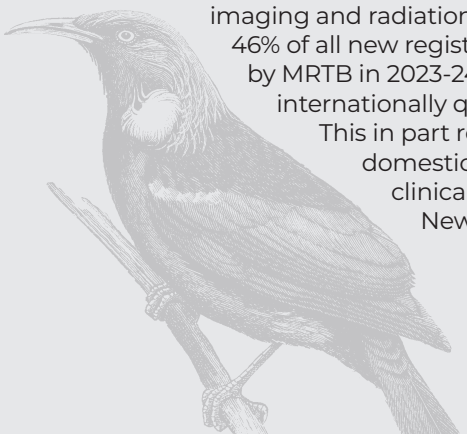
As of December 2025, there were **802 medical sonographers** registered with the New Zealand Medical Radiation Technologists Board (MRTB) with a current Annual Practising Certificate (APC).[1] This equates to 15 sonographers per 100,000 population. For comparison, in Australia there are approximately 31 sonographers per 100,000 population.

The 2024 Te Whatu Ora | Health New Zealand Health Workforce Plan[2] identified that there were an estimated **579 FTE** sonographers nationwide at the time of analysis, comprising of 238 FTE in the public sector (41%) and 341 FTE in the private sector (59%).

As at June 2024, there were 747 sonographers registered with the MRTB with an APC,[1] which suggests that on average sonographers are working at close to a 0.8 FTE rate (0.77) which is equivalent to around 4 days per week.

Overseas-trained sonographers

In New Zealand, internationally qualified sonographers make a significant contribution to the overall workforce size. In the year to March 2024, the MRTB approved 69 new sonographer registrations. Fifty-seven per cent (57%) of these came from internationally qualified sonographers, with the remaining 43% new registrations coming from Aotearoa New Zealand graduates.[1] The reliance on overseas trained practitioners exists across all the medical imaging and radiation therapy scopes, with 46% of all new registrations approved by MRTB in 2023-24 coming from internationally qualified practitioners.[1] This in part reflects the limited domestic training pathways and clinical placement capacity in New Zealand.



The proportion of new registrations from internationally qualified applicants for sonographers is similar to the proportion for nuclear medicine technologists (60%), and higher than it is for medical imaging technologists (51%), magnetic resonance imaging technologists (21%), and radiation therapists (35%).

In recent years, the majority of internationally qualified sonographers approved for registration have come from Australia, Canada, and the United Kingdom, followed by South Africa and the USA. A small number have come from elsewhere.

Work arrangements - full time vs part-time

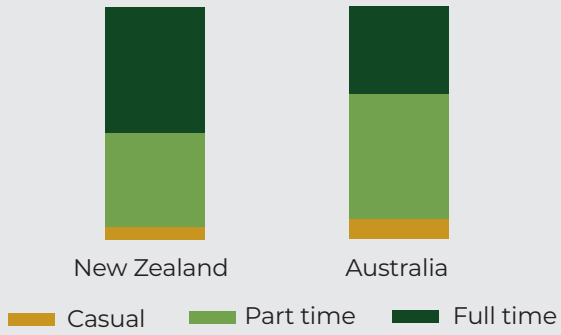
The ASA estimates that **around 55% of sonographers in New Zealand work full-time**, 40-42% work part-time, and 3-5% work in casual and locum positions.[4, 5]

Sonographers in New Zealand are less likely to work part-time than their Australian counterparts, where 38% work full-time, 54% report working part-time, and 8% work in casual or locum positions.[5]

In Australia – where the ASA has been monitoring workforce trends for an extended period – there has been a noticeable trend toward more sonographers working part-time. Here, the proportion of sonographers working part-time in their primary clinical position has increased from 35% in 2010, to 54% in 2024.

Although it's not currently possible to confirm, it's likely that the proportion of sonographers working part-time has increased in New Zealand over time also – although perhaps to a lesser degree.

Chart 1: Work type – New Zealand vs Australia [4, 5] (ASA)



Work arrangements - Secondary roles and multiple work locations

It is quite common for sonographers to hold more than one role, with **approximately 20% reporting working in a secondary role as a sonographer**, in addition to their main role.[5] This is consistent with the situation in Australia. Sonographers working in a secondary role may include, for example, a practitioner who primarily works in the public sector, and supplements this with part-time or casual work in private practice.

Reflecting the frequency of secondary roles and the fact that larger private imaging practices often have multiple clinics across a region – in New Zealand an

estimated 45-50% of sonographers report working in multiple locations for the same employer; 35-40% in one location for the same employer; and around 15% in a different location for different employers.[5] When asked about their secondary role, 50% report it as being part-time, and almost 35% as casual or locum.[5]

Sonographers undertake multiple roles for a variety of reasons – such as to enhance flexibility, provide clinical variety, or for financial advantage. While undertaking multiple roles can have benefits for sonographers, it can present challenges for employers such as making it more difficult to commit to taking on trainees if experienced and supervising sonographers are not always available. The proportion of sonographers working in multiple roles, and/or part-time roles, may also impact the overall workforce training and development capacity across the NZ health system.

Employment – by sector

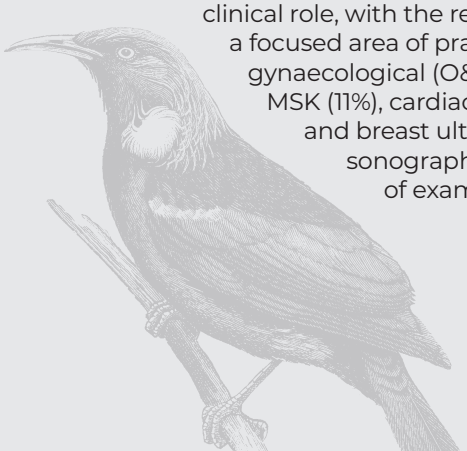
While the 2024 Health Workforce Plan[2] estimated a 41% (public) - 59% (private) sector split by FTE; the ASA estimates[4, 5] that by reported *primary place of work*, **22-25% of members work in a public hospital department and 73-75% in private practice** (which incorporates a small proportion working in a private clinic within a private or public hospital setting). A small proportion (1-2%) report working in other settings such as education or research.

The difference between the two estimates may be influenced by several factors including that it is common for sonographers to work in multiple roles across sectors. The higher FTE proportion in the public sector noted in the 2024 Health Workforce Plan may also indicate it's more common for sonographers to work full-time in the public sector, than in the private sector.

For comparison, in Australia three quarters (76%) of sonographers report working in the private sector most commonly in community settings (64%), with a smaller proportion working in private clinics within a hospital setting either private (8%) or public (4%).[5] Most of the remainder (22%) report working in a public hospital / department, with 3% in other settings such as an education provider.

Primary area of practice

When asked about their primary area of practice, **63% of ASA New Zealand members report primarily practising general sonography** in their current clinical role, with the remainder practising in a focused area of practice such as obstetric/ gynaecological (O&G) sonography (17%), MSK (11%), cardiac* (2%), vascular (1%) and breast ultrasound (1%).[4] Many sonographers undertake a variety of examination types.



* Note: Cardiac ultrasound is recognised as an established area of practice within two professions - sonography and cardiac physiology. Terms used to describe the professional roles include; cardiac sonographer, echo physiologist, and echocardiographer.[6] Some cardiac sonographers may also practise other cardiac physiologist modalities, such as ECG and cardiac devices, as part of their role.[7]

Scope of practice - APC practising certificate conditions

The MRTB currently identifies the sonographer scope of practice as including general, cardiac, and vascular.[8]

The Health Practitioners Competence Assurance Act 2003 allows the MRTB to place conditions on a practitioner's practising certificate to ensure they are competent to practise. [1] This most commonly relates to a restriction to practise within a certain discipline, such as cardiac ultrasound, or to practise under supervision for a period (e.g. for some internationally qualified practitioners).

The MRTB is currently reviewing the application of conditions on practitioners' APCs as part of its work program,[9] however the reported "conditions" noted in the MRTB 2022-23 Annual Report[1] provide a guide of sonographer scope.

Of the 745 practising certificates issued in 2022-23 for sonographers, 145 (or 19%) included "conditions". Most of these conditions related to cardiac ultrasound, with 103 practitioners able to practise in **cardiac ultrasound** only. Twenty (20) sonographers had a condition allowing them to practise in vascular ultrasound only. These figures suggest that up to 13% of New Zealand sonographers are cardiac sonographers, and 3% are vascular sonographers.

There were a variety of other restrictions relating to a small number of sonographers, including: two cannot practise in cardiac ultrasound, two cannot practise in obstetrics, 10 must practise under supervision for a specified amount of time, two must practise within O&G only, and one must practise within obstetrics only. Over the three years to 2023-24, an average of 19% of sonographer APCs issued included conditions.[1]

Distribution of the resident population and sonographers – by region

Analysis of the Statistics New Zealand estimated resident population data[10] compared to the distribution of sonographers by region (as estimated by the ASA [4]) provides some insight into demand and delivery of services. For example, it highlights that the Auckland region represents around one third of supply and demand. It also highlights that one fifth of the population live outside the major regions – which covers a wide geographic area across the North and South Islands.

Further information on the supply and demand of ultrasound services by region would be very beneficial, including consideration of the related community attributes such as demographics, population density, and health care needs as these can differ considerably across the country.

Table 1: Estimated Resident Population vs Distribution of Sonographers – by region[10, 4] (Statistics New Zealand, ASA)

Region	Estimated resident population % (2025)[10]	Sonographer distribution % (2025)[4,5]
Auckland Region	**34%**	**30%**
Waikato Region	**10%**	**8%**
Bay of Plenty Region	**7%**	**8%**
Wellington Region	**10%**	**8%**
Canterbury Region	**13%**	**18%**
Otago Region	**5%**	**6%**
Rest of New Zealand	**21%**	**21%**

The role sonographers hold

Most sonographers (89%) report practising as a clinical sonographer[4] in their primary role. The remainder report holding primary roles as: a manager / chief sonographer / head of department (7%); supervising sonographer or tutor (2%); or academic / educator (1%). In terms of **supervising sonographers**, the ASA 2024 Employment and Salary Industry report indicates up to 7% of New Zealand sonographers hold this role.[5]

These figures are indicative as it's not uncommon for sonographers to have multiple roles - for example a primary clinical role combined with a supporting role as a supervising sonographer, manager or educator. In addition, roles can change over time.

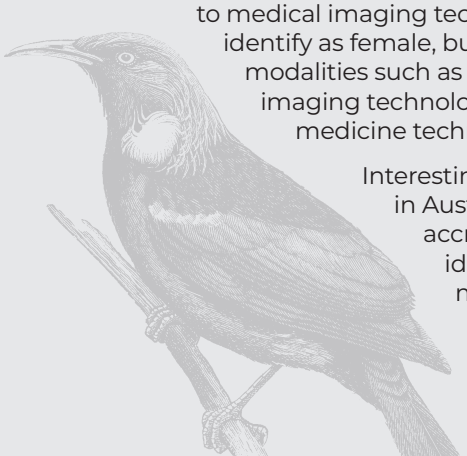
Table 2: Primary Position Held[4,5] (ASA)

Primary Position	Proportion %
Clinical sonographer	**89%**
Supervising sonographer / tutor	**2% - 7%**
Manager / chief / head of department	**7%**
Academic / educator / other	**1%**
Other	**1%**

The sonography workforce - by gender

The MRTB 2023-24 Annual Report [1] indicates that 85% of the profession identify as female, 15% as male, and less than 1% as non-binary or other. This is comparable to medical imaging technologists where 86% identify as female, but higher than other modalities such as magnetic resonance imaging technologists (81%) and nuclear medicine technologists (67%).

Interestingly, this is higher than in Australia, where 76% of accredited sonographers identify as female, 23% as male, and less than 1% as other.[11]



While there is insufficient data currently to confirm, it is likely that a similar trend occurs in New Zealand as it does in Australia, where the highest proportion of sonographers identifying as female occurs among those practising in O&G ultrasound, and the lowest in cardiac ultrasound.

The sonography workforce - by ethnicity

The MRTB collects information on ethnicity, noting that practitioners can now report up to three ethnicities. The 2023-24 MRTB Annual Report[1] highlights that 5% of sonographers report their ethnicity as being Māori and 3% Pasifika. Reflecting New Zealand's ethnic diversity and the proportion of sonographers who hold overseas qualifications, a further 4% identify as Chinese, 4% Indian, and 13% other non-European. The majority (64%) identify as New Zealand European, with the remainder as Other European (28%).

Among ASA members, 5% report being of Māori descent.

Table 3: Sonographer Practitioner Ethnicity[1] (2023-24 MRTB Annual Report)

Ethnicity	Registered Sonographers %
Māori	**5%**
Pasifika	**3%**
Chinese	**4%**
Indian	**4%**
Other non-European	**13%**
Other European	**28%**
New Zealand European / Pakeha	**64%**

The sonography workforce – by age

The MRTB 2023- 24 Annual Report[1] indicates that the average age of sonographers is 45 years, with almost one quarter (24%) being 55 years or older. This means that, one quarter of sonographers are expected to reach retirement age in the next decade.

Table 4: Sonographer Age Bracket[1] (2023-24 MRTB Annual Report)

Age Bracket	Registered sonographers %
< 35 years	**23%**
35-44 years	**28%**
45-54 years	**25%**
55-64 years	**18%**
65 years or older	**6%**

When asked how many more years sonographers expect to continue working in the profession, 37% expect to retire in the next decade and 20% expect to retire in the next five years.[5] With only 24% expected to reach retirement age in the next decade, this implies that there are other factors – not just age – that are influencing sonographers' decision to leave the profession.

Prior area of expertise

The self-reported '**prior area of expertise**' as reported by ASA New Zealand sonography members,[5] reflects the typical pathways to the profession. In New Zealand, **the majority (74%) of sonographers report that their prior area of expertise is in radiography**, with the remainder coming from other health and applied science backgrounds, nursing or other health backgrounds.

Some cardiac sonographers will have a different background (such as biomedicine or medical sciences with a cardiac physiology specialisation) and may also work in other cardiac physiologist modalities.[12]

The sonographer workforce shortage

The sonographer workforce is under pressure with significant, long-standing shortages of qualified, registered professionals. The shortage of sonographers has existed for more than a decade and is now considered acute. The profession is listed on the New Zealand Green List[13] and is classified as a Tier 1 profession meaning eligible visa applicants can access immediate residence status.

In 2023, the New Zealand Government estimated a shortage of 120+ FTE sonographers (approximately 20% of the existing workforce).[14] In 2024, it estimated 70 more FTEs were needed to meet existing demand (11.5% of total).[2] Vacancy data for Te Whatu Ora's radiology services in September 2024 indicated 26.2 FTE sonographer vacancies.[15] Regardless of the exact quantum, **there is a recognised and significant workforce shortage**. Anecdotal evidence suggests there is particularly acute pressure within the public sector, and among experienced sonographers, and tutors and clinical supervisors across both sectors.

While the workforce shortage has the potential to impact all patients by making it more difficult to access timely and affordable ultrasound services, it presents a particular challenge for patients living outside the main cities due to the maldistribution of health care professionals and services – including emergency, pregnancy and specialist care – often requiring patients to travel outside their region to receive care.

As highlighted by the ASA in the October 2025 edition of Sound Effects[16] which focused on rural health, 19% of New Zealand residents live in rural and remote areas. These communities typically experience reduced access to health care and lower utilisation of services. These communities also tend to have a higher proportion of elderly and low-income households, are more likely to live with conditions that make them more prone to poor health outcomes, and face greater rates of suffering from preventable conditions and avoidable death.[17]

Sonographers living in rural and remote areas often face inadequate infrastructure and limited resources and are at risk of professional isolation and burnout. Sole practitioners and sonographer-owned clinics may face higher operating costs and lower or unpredictable service demand.

Trainee sonographers and clinical training placements

As of June 2025, there were **82 trainee sonographers registered with the MRTB.**[1] The number of registered trainees has remained consistent over the past five years, reflective of the fact that the capacity of the domestic education offering has also remained stable over this time.

Following the withdrawal of the Australasian Society for Ultrasound in Medicine (ASUM) Diploma of Medical Ultrasound (DMU) program in 2019, due to regulatory requirements, the University of Auckland is currently the only domestic accredited education provider for sonographers.[18] In addition to the Postgraduate Diploma in Health Sciences in Ultrasound, the University of Auckland commenced a Postgraduate Diploma in Health Sciences in Cardiac Ultrasound in 2024 (with initial capacity for at least 15 students per annum). The commencement of the cardiac program by the University of Auckland provides a current domestic pathway for cardiac sonographers – who were otherwise required to access training via Australian education providers. There is currently no vascular sonography course available in New Zealand.

The ASUM DMU program made a significant contribution to sonographer education in New Zealand over almost four decades. Today, an estimated one quarter of the current workforce in New Zealand report having the DMU as their primary qualification.[4]

Clinical training placements are a vital component of sonographer training. In New Zealand these are typically paid trainee positions. They remain highly competitive to secure and require a significant commitment by the employer and supervising sonographer(s). The shortage of placement positions is a key contributor to the workforce shortage and New Zealand's reliance on internationally qualified practitioners. The 2024 Allied Health Report points to the challenge in more detail, including inadequate resourcing and support for placements, and insufficient number of clinical educators.[3]

Demand for ultrasound services

In New Zealand there is **currently a lack of data outlining the demand and provision of ultrasound services**, and a clear need for improved, consistent, centralised, and publicly available information.

In general, demand for ultrasound services continues to grow, reflecting the expanding application and ongoing population growth and age profile. The demand for sonographers is also influenced by extended scope into areas such as sonographer reporting and interventional procedures, as appropriate according to workplace protocols and arrangements. Among other things, there remains an urgent need to improve access and funding for obstetric ultrasound services across the country.

In Australia, where a significant proportion of ultrasound services are undertaken within the Medicare Benefits Scheme, there has been notable growth over the past decade in MSK and cardiac ultrasound (including transthoracic and stress echo), as well as some growth in demand for urological ultrasound services. Similar trends may be occurring in New Zealand.

Contact details

The ASA continues to advocate strongly for sonographers and sonography students in New Zealand and Australia. If you wish to discuss any aspect of this report further or our advocacy work, please contact the ASA Policy and Advocacy team at policy@sonographers.org.

If you would like to discuss any aspect of sonography in New Zealand, please contact the ASA's New Zealand-based Executive Officer, Asil Nasir, by email at asil.nasir@sonographers.org

Data Sources

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