The Australian Sonography Workforce – in focus

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Sonographers.org

This report, produced by the **Australasian Sonographers Association** (ASA), provides an overview of the profile and key issues facing the sonographer workforce in Australia. As the peak body for sonographers, the ASA advocates for a sustainable and skilled workforce that delivers high quality ultrasound. With almost 8,000 members, the ASA represents more than 70% of Australasia's sonographers.

Sonographers are the experts in ultrasound. They 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, on behalf of a medical practitioner, across a range of clinical settings.

The number of sonographers

As of 1 November 2025, there were **8,381 accredited medical sonographers** (AMS),[1] recorded on the Australian Sonographer Accreditation Registry (ASAR); **1,764 (21%)** of which are cardiac sonographers.* Over the past decade the total number of AMS has increased 59% (4.7% per annum); while the number of cardiac sonographers has increased 78.2% (6.0% per annum).

In addition, there are around **1,120 accredited student sonographers**. This figure does not reflect the total number of students, as students are not required to be accredited with ASAR until they commence clinical training placements. The number of accredited students has increased 37% over the past decade (3.6% per annum).

** Cardiac ultrasound is recognised as an established area of practice within two professions - sonography and cardiac physiology. Specific sub-level role descriptors in use include: 'echo physiologist,' 'cardiac sonographer' and 'echocardiographer'.. [ASA. Sonographer Scope of Practice. 2025]*

Primary area of practice and accreditation specialty

When asked about their **primary area of practice**, three quarters (74%) of sonographers report primarily undertaking general sonography, with the remainder working in a focused area of practice, such as cardiac (10%), vascular (4%), and obstetric/gynecological (O&G) sonography (9%).[2] Primary area of practice is self-reported by ASA members, based on their current clinical role.

In comparison, a sonographer's **AMS accreditation specialty** recorded by ASAR,[1] reflects the accredited qualification(s) completed. There is a similar proportion holding a general accreditation specialty to those working in the area. In contrast, more hold a cardiac accreditation specialty (21.4%) compared to those currently working in the area (10%). Fewer hold an O&G accreditation specialty (0.8%) compared to the number working in that role (9%), which reflects the fact that there has not been an accredited course in this area for some time and that it's common for sonographers to hold roles working across more than one area of practice. Around 1% (80 sonographers) have two or more accreditation specialties.

Some cardiac sonographers* may undertake other cardiac physiologist modalities, such as ECG and cardiac devices, as part of their role.[3]

Table 1: Primary area of practice and accreditation specialty

	Primary Area of Practice (ASA) [2]	AMS Accreditation Specialty (ASAR) [4]	Accredited Student Specialty (ASAR) [4]
General	74%	73%	68%
Cardiac	10%	21%	25%
O&G	9%	1%	2%
Vascular	4%	3%	2%
Breast	1%	3%	2%
Paediatrics	1%	N/A. Not an accreditation specialty	N/A
MSK	2%		N/A
Other		< 1%	N/A

Analysis of ASA membership data[2] highlights that the proportion of sonographers undertaking general sonography is higher in younger age brackets (79% in 25–34-year-olds) and lower in older age brackets (66% in 65+ years) as some sonographers move to primarily work in O&G, vascular, and cardiac sonography. For example, over the comparable age brackets, the proportion of sonographers working in vascular sonography moves from 2% to 6%; and in O&G sonography 6% to 11%.

Sonographers and ultrasound services by jurisdiction

Comparing the **resident population and number of sonographers by jurisdiction** provides insight into demand and delivery of services. For comparison purposes, the MBS ultrasound utilisation rates are also included.

For example, Queensland is home to 21% of Australians, while 23% of accredited sonographers live there. The state accounts for 19% of MBS ultrasound services utilised nationally. In contrast, Victoria has a higher resident population (26%) compared to sonographers living in the state (23%). NSW has the highest proportion of residents, sonographers, and MSB ultrasound services provided.

Table 2: Sonographers and ultrasound utilisation by jurisdiction

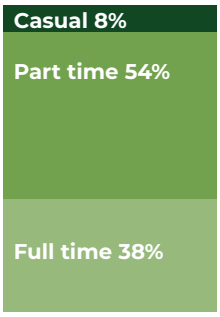
	Resident Population (ABS) [5]	Accredited Medical Sonographers (ASAR) [6]	Medicare ultrasound utilisation (MBS) [7]	Accredited Students (ASAR) [6]
NSW	31.2%	33.0%	35.3%	32.8%
QLD	20.5%	23.4%	19.4%	25.3%
VIC	25.6%	22.5%	26.3%	21.0%
WA	11.0%	9.4%	9.9%	8.7%
SA	6.9%	8.1%	6.0%	7.9%
ACT	1.8%	1.5%	1.2%	1.9%
TAS	2.1%	1.4%	1.3%	1.4%
NT	1.0%	0.7%	0.5%	0.9%

Across Australia, two-thirds (67%) of sonographers' report living in metropolitan areas, 29% in regional towns, and 4% in rural or remote areas.[8]

Work type and location of employment

More than half (54%) of sonographers work part-time, and a further 8% working in casual or locum positions. The remaining 38% work full-time. The proportion working in part-time roles has increased over the past decade and a half. In 2010, only 35% reported doing so.[8] Sonographers in Australia are more likely to work part-time, than their New Zealand counterparts (42%).

Chart 1: Work type



In addition to their primary role, 20% of **sonographers hold a secondary sonography role.**[8] This is more common among sonographers working in a public hospital (31%) than those in private practice (17%). Sonographers may undertake multiple roles to enhance flexibility, provide clinical variety, or for financial advantage. For example, a sonographer who works in the public sector, may supplement 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 - an estimated 17% of sonographers work in different locations for different employers, and a further 41% work in multiple location for the same employer.

The role sonographers hold

In terms of roles held, **most sonographers (85%) work as clinical sonographers**. The remainder hold roles as a manager / chief sonographer / head of department (7%); supervising sonographer or tutor (5%); or academic / educator (2%).[2]

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 – and roles can change over time.

In terms of **supervising sonographers**, the ASA 2024 Employment and Salary Industry report indicates up to 8% of sonographers hold this role.[8] Sonographers working in supervisory or tutor roles largely reflects general employment trends – that is, around 60% of supervisors work in private practice in a community setting, 15% work in private radiology clinic within a hospital setting, and 25% work in a public hospital / department.[2]

Table 3 - Primary position held

Clinical sonographer	**85%**
Supervising sonographer / tutor	**5% – 8.0%**
Manager / chief / head of department	**7%**
Academic / educator / other	**2%**
Other	**1%**

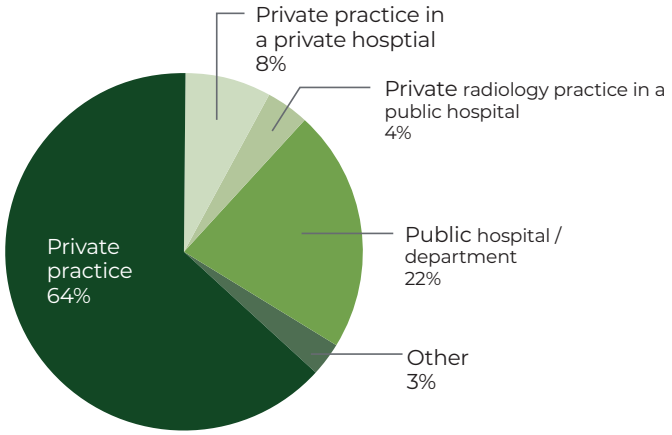
The sonography workforce by gender and sector

Three quarters (76%) of sonographers identify as female, 23% as male, and <1% other or prefer not to disclose.[1] The proportion identifying as female is higher in sonography than in the imaging professions captured under the Medical Radiation Practice Board of Australia (MRPBA), where 69% identify as female.[9]

The proportion identifying as female is highest in obstetrics and gynecology sonography (93%) and lowest in cardiac sonography (73%); but similar across the public (81%) and private (78%) sectors.[8]

Three quarters (76%) of sonographers work in the private sector, most commonly in community settings (64%), with a smaller proportion working at private clinics within a hospital setting - private (8%) or public (4%). Much of the remainder (22%) work in public hospital / department, and 3% in other settings such as at a university or private education provider.[2]

Chart 2: Employment sector

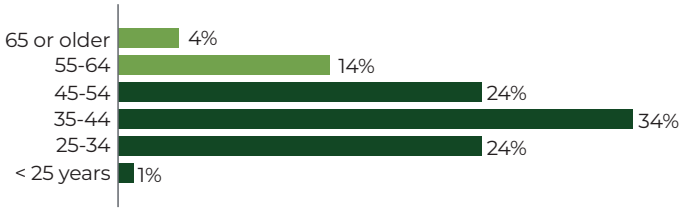


ASA membership data highlights that the proportion of sonographers working in the public sector is highest in the 45-54- and 55–64-year-old age brackets at 24% and 23% respectively. It is lower in the younger age brackets e.g. 19% of 25–34-year-olds.[2]

Age and retirement plans

Based on ASA membership data,[2] the **average age of the current sonography workforce is 43 years**. An estimated 18% are due to reach retirement age within the next decade (being those currently aged 55 or older).

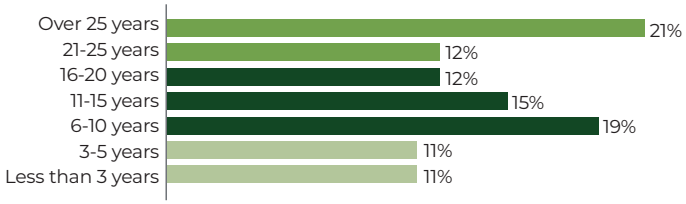
Chart 3: Sonographer age



The **depth of experience** in the profession is evident, with one third (33%) of sonographers' reporting having worked in the profession for more than 20 years.[8] The proportion of sonographers with more than 20 years' experience, is highest in obstetrics and gynaecology sonography (45%), and lowest in cardiac (24%). Across the sector, it is slightly higher in private practice (34%) than in the public sector (28%).

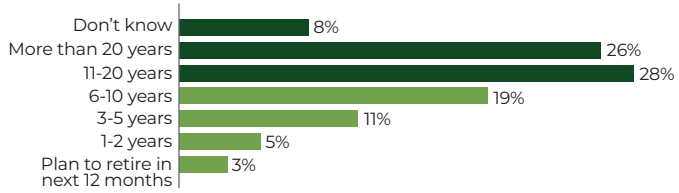
In contrast, 22% of sonographers are newer to the profession, with up to five years' experience.

Chart 4: Number of years working as a sonographer



When asked **how many more years sonographers expect to continue working in the profession**, 38% expect to retire in the next decade – about half of those in the next five years.[8] This suggests that age is not the only factor influencing sonographers' decision to leave the profession. The results were highest in obstetrics and gynaecology where 44% report planning to leave the profession in the next decade; and was slightly lower in the public sector (34%) than private practice (38%).

Chart 5: Number of years sonographers expect to continue working in the profession



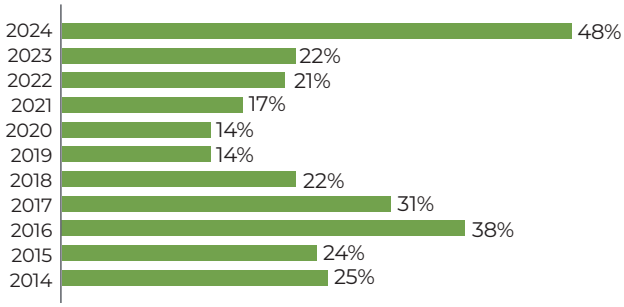
Overseas-trained sonographers

Internationally qualified sonographers have a minimal impact on the overall workforce size, with relatively few being approved each year to practice in Australia. The Australian Society of Medical Imaging and Radiation Therapy (ASMIRT)[10] is the body responsible for approving these applications.

In the past decade, an average of 25 overseas-trained sonographers have been approved annually.[11] For comparison, in 2024 there were 135 diagnostic medical imaging applications approved, and 93 the year prior. Applicants may include international students completing an Australian program, those requiring a renewal of their skills assessment letters for the purposes of migration, and other applicants wishing to migrate to Australia. Most successful applicants are overseas when applying and not all decide to relocate.

The minimal inflow of internationally qualified sonographers is influenced by the high requirements and lengthy application process. Countries with the highest number of successful applicants include UK, Ireland, South Africa and New Zealand.

Chart 6: Overseas qualification applications approved by ASMIRT - ultrasound

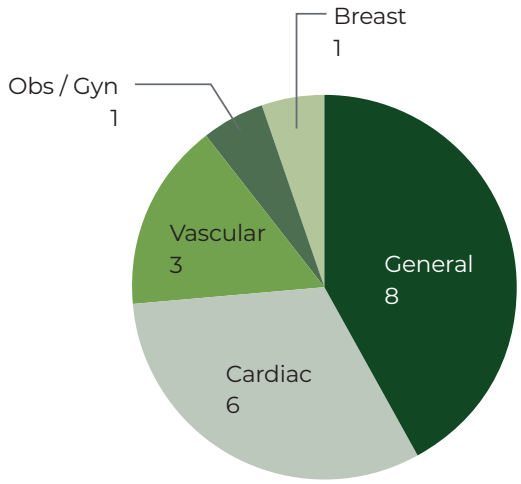


Sonography courses and pathways to the profession

To be eligible to become an accredited medial sonographer, students must complete an accredited sonography course. **There are 19 courses currently available**, offered by seven different providers.[12] By education level, three are combined bachelor / graduate diploma courses, one graduate certificate, ten graduate diploma, four masters, and one a combined graduate diploma / masters.

Reflecting the ongoing development of the profession there are a range of courses on offer, including those in general ultrasound, cardiac, vascular, obstetric and gynecological sonography, and breast imaging.

Chart 7: Number of accredited sonography courses, by area of practice.



Recent course developments include:

- A newly accredited graduate diploma in obstetric and gynecological sonography (an accredited course in this area has not been available for some time).
- The addition of a second education provider offering an undergraduate entry point to the profession, that is, a combined bachelor and graduate diploma course. A third provider is expected to commence in the next couple of years.

For students who study the combined bachelor / graduate diploma course, the university typically organises the placements for students. These placements are typically unpaid. Students entering the profession via this pathway must complete the post graduate qualification to be eligible for accreditation. Those that exit with only the bachelor qualification are not eligible.

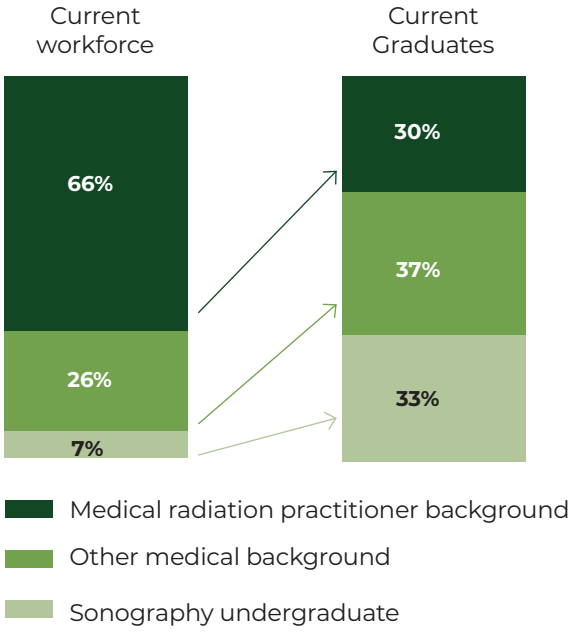
Students who study a post-graduate qualification, having already completed a relevant undergraduate qualification (e.g. medical radiation science, or applied or health science), are typically required to find and secure their own placement before commencing the course.

These students may be paid or unpaid depending on the arrangement in place, their experience, and the requirements of employment law.[13]

The **introduction of an undergraduate entry point** has been a significant shift for the profession. Traditionally, most sonographers came to the profession from a medical radiation background and went on to study and work in sonography. In 2010, 77% of sonographers reported having a background in radiology, 7% nuclear medicine and 1% in radiation therapy.[14]

However, this is changing and currently only around a third of new graduates enter the profession from a medical radiation practitioner background; with one third now entering via the undergraduate pathway; and the remainder via other medical/health backgrounds.[15]

Chart 8: Evolving sonographer education pathways



Some cardiac sonographers will have a different background (biomedicine or medical sciences with a cardiac physiology specialisation) and may also work in other cardiac physiologist modalities as previously mentioned.[16]

Prior area of expertise

The self-reported '**prior area of expertise**' as reported by the current sonographer workforce in ASA membership data,[2] reflects the breadth of pathways to the profession. The moderate proportion from an undergraduate entry reflects that these courses are relatively new and many older sonographers have come through more traditional pathways.

Table 4: Sonographer prior area of expertise

Undergraduate entry	9%	9% Direct entry
Radiographer	57%	63%
Nuclear medicine	5%	Medical imaging background
Radiation therapy	2%	
Nursing	4%	28%
Other applied & health science	24%	Other health background

AHPRA registered sonographers

Approximately **32% of accredited medical sonographers hold registration with AHPRA,**[17] as dual qualified professionals.

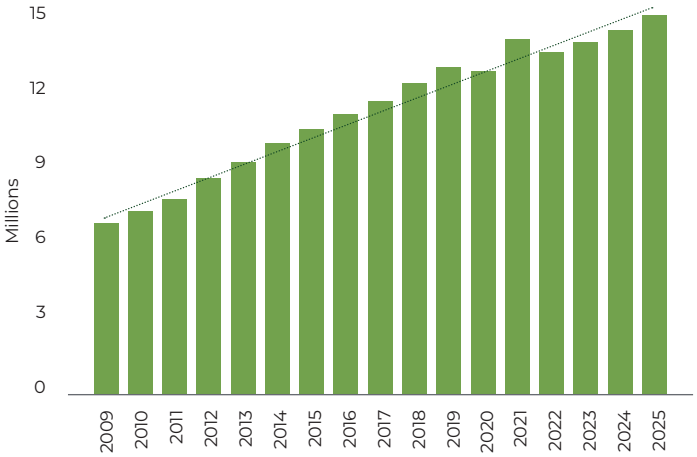
Most AHPRA registered sonographers, are registered under the Medical Radiation Practice Board (MRPBA) as medical radiation practitioners, and a smaller proportion under other national boards such as the Nursing and Midwifery Board, and the Medical Board.[2] To maintain AHPRA registration requires meeting recency of practice requirements, meaning these dual-qualified sonographers will be undertaking work across multiple professions such as sonographer-radiographers. This can be more common in public health settings.

Demand for ultrasound services

Demand for ultrasound services continues to grow steadily, reflecting the expanding application and ongoing population growth and age profile.

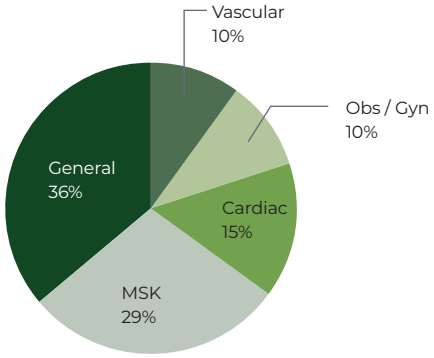
In the year to June 2025, **12.9 million** Medicare rebateble ultrasound services were performed, and a total of $1.782 billion in benefits paid.[7] Despite the disruption of COVID, demand has increased 43% over the past decade (an annual average of 3.7%), and benefits paid have increased 73% (annual average of 5.7%).

Chart 9: Ultrasound Medicare service utilisation (millions). Year ending June.



By ultrasound type, general (36%) and MSK (29%) currently account for 65% of service use, followed by cardiac (15%), vascular (10%), and O&G (10%).

Chart 10: Medicare ultrasound service – by type. Year to June 2025.



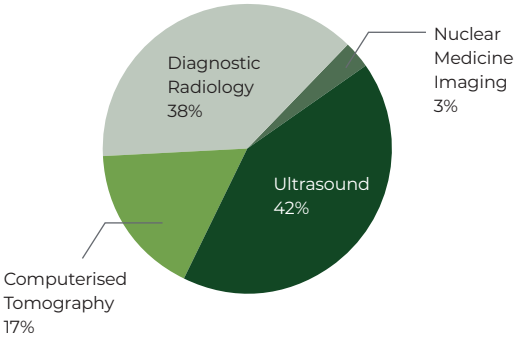
Over the past decade significant **growth has occurred in MSK (71%) and cardiac ultrasound** (incl. transthoracic and stress echo) (61%) reflecting increased application and demand. Urological services (46%) are also above average, while O&G ultrasound services (7%) have remained quite stable. Growth in general (33%) and vascular (36%) are slightly below average total (43%).[7]

Relative use and cost of ultrasound services

Ultrasound services account for 42% of all diagnostic imaging Medicare services utilised – making it **the most highly utilised diagnostic imaging modality** in Australia.[7] It is also cost effective.

Ultrasound services attract 37% of benefits paid, resulting in an average of $138 per service. While diagnostic radiography (X-ray) has the lowest cost per service at $62, ultrasound is significantly less expensive than computerised tomography (CT) and nuclear medicine, which costs around three times that of ultrasound at $367 per service and $437 per service respectively. Its relatively safety, cost effectiveness, and growing application, adds to demand for services.

Chart 11: Medicare services utilised – diagnostic imaging by type. Year to June 2025.



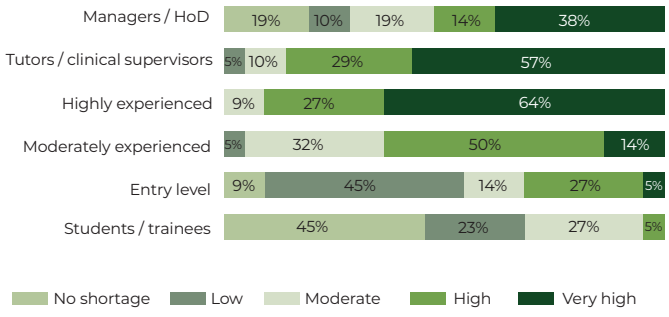
Sonographer Workforce Shortage

The sonographer workforce is under pressure with significant, long-standing shortages of qualified, accredited professionals. It remains on the Australian Government Occupation Shortage list with recognised shortages in all states and territories across the country.[18] It has been on the list for well over a decade.

The ASA undertook a survey of major employers in 2024[19] and found that:

- 96% reported a shortage of sonographers. Most believe it is a national issue, with particular challenges in regional, rural and remote areas, and in cardiac and obstetric sonography.
- Employers estimate the current undersupply to be 20-30%.
- The shortage is most pronounced among highly experienced sonographers, tutors and clinical supervisors, and managers/heads of department.
- Three quarters (74%) expect demand for sonographers to increase over the next five years.

Chart 12: The degree of sonographer shortage, by experience level



The shortage of sonographers is impacting on the provider's capabilities to meet demand with employers reporting having to regularly close exam rooms. It also adds to the workload of existing sonographers – increasing stress, injury and absenteeism.[19]

The shortages are also increasing the pressure on employers to offer salaries beyond award rates, provide sign-on bonuses, flexible conditions, and employ sonographers with less skill/experience than desired. When asked about their last AMS vacancy advertised, almost half reported not being able to fill the position.[19] Anecdotal evidence indicates that some have ceased to advertise due to the ongoing difficulties in filling positions.

The internet vacancy index (a monthly count of online job advertisements) for medical imaging professionals,[20] has remained between 600-700 over 2025. While vacancy rates have eased since the high of 900+ in the second half of 2023, it remains much higher than pre-Covid levels.

Shortage of clinical experience opportunities

The sonographer workforce shortage is also impacting the future generation of sonographers, with a **significant shortage of clinical placements / work integrated learning opportunities** for students, and limited supervising sonographers to support this.

Securing a placement can be particularly challenging for students who do not have experience or existing connections in medical imaging. Employers who advertise positions report high number of applicants, with some reporting receiving more than 100.[19] Conversely, some students who are successful in securing a placement report poor and stressful working conditions.

A survey of students undertaken by the ASA in late 2025[21] highlights the difficulties faced by students undertaking placements, with almost half having to commute significant distances daily, and one quarter having to relocate. Many students undertake unpaid placements and have limited access to financial support, with one third (35%) reporting that the stress faced while on placement is extreme or significant – causing them to question if or how they will manage future placements.

Contact details

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

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