Ultrasound workforce census and survey 2025

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SoR
THE SOCIETY OF RADIOGRAPHERS

207 Providence Square
Mill Street, London
SE1 2EW, UK

020 7740 7200
info@sor.org

www.sor.org

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NOTE:

This is a final draft and is awaiting transfer to the formal template for publication. This version has not been proofread.

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1. Executive summary

Between December 2024 and January 2025, the Society of Radiographers (SoR) conducted a census of ultrasound providers across the United Kingdom (UK). The primary aim was to gather data on the number of sonographers employed, current vacancy levels and the structure of the workforce. A total of 161 responses were received, covering 142 different organisations, which is more than double the response rate of the 2019 census. After data cleansing 153 usable responses were analysed. Some respondents reported data for one area of the service where there are different service managers, e.g. obstetrics only, radiology only. Respondents represented both the National Health Service (NHS) and the independent sector and all four UK nations.

This report presents the findings from the 2025 census and compares them with results from a similar survey conducted in 2019. The key findings are summarised below:

- The organisations responding to the census have an average of 12.2 whole time equivalent (WTE) sonographer establishment posts, compared with 14.3 in 2019.
- An average of 9.4 WTE sonographers are currently employed across respondents' organisations. NHS organisations report an average of 11.3WTE sonographers in post, against an establishment of 14.9 WTE.
- Unfilled sonographer posts were reported by 64% of respondents.
- The sonographer vacancy rate across the respondents is 23%. This compares with a vacancy rate of 12.6% in the 2019 survey and 18.1% in 2014. The main reason stated for the shortage is an inability to recruit suitable applicants. Almost half of organisations with vacancies reported that they were unable to recruit suitable applicants (47% NHS; 43% independent sector).
- The vacancy rate for sonographers working in the NHS is 24.2%, compared with 11.6% for the independent sector.
- The sonographer absence rate across respondents is almost 8%. The main reason for absence is parental leave. This compares with an absence rate of 6.3% reported in the 2019 survey and 9.0% in the 2014 survey.
- Almost a quarter of staff absent from the workplace are absent due to work-related issues (stress or work-related musculoskeletal disorders (WRMSD)).
- Less than half (43%) of sonographers in the responding organisations work full time. This has decreased from 47% in the 2019 survey.
- In NHS organisations, 53% of sonographers are working in both obstetric and non-obstetric ultrasound (NOUS), 36% work in NOUS only and 11% in obstetric only.
- A higher proportion of sonographers working in obstetric and NOUS (62%) and NOUS only (61%) work more than 30 hours per week, compared with 47% of those working solely in obstetrics.
- The majority of sonographers working in the NHS are employed at Agenda for Change (AfC) band 7.
- The most frequently selected reason for sonographers leaving in the past 12 months was categorised as 'retirement', followed closely by personal reasons. Respondents who selected 'other' cited reasons such as relocation, career change, redundancy or organisational restructuring and maternity leave. Sonographers are more likely than the wider diagnostic radiography workforce to leave their posts to work in health services other than sonography, for a higher salary elsewhere, or to undertake agency work.
- Respondents reported that 43% of their sonographer workforce is aged 40 years or younger. This compares with 47% in the 2019 survey.
- The percentage of sonographers due to retire from respondents' organisations within the next 12 months is 7%. This is higher than the 4.6% reported in the 2019 survey, and well above the 2.8% retirement rate reported in the wider Diagnostic Radiography Workforce Census covering the 12 months from 1 November 2022.
- Most departments (90%) reported that all their sonographers are registered with a statutory or voluntary regulator. However, 81% of respondents said their organisation insists that their sonographers hold statutory or voluntary registration.
- Of these, 62% require statutory professional regulation (e.g. Health and Care Professions Council (HCPC) or Nursing and Midwifery Council (NMC)), compared with 65% in 2019.

- The majority of those without registration are permanent staff, working in both the NHS and the independent sector.
- The number of sonographers due to qualify from CASE accredited programmes in the next 12 months (n=107) will not meet the current workforce shortfall of 434.6 sonographers reported in this census.
- Respondents employ agency or locum sonographers regularly or frequently (on more than two days a month) (42%). This is a decrease on the 49% who reported in the 2019 survey that they employed agency or locum sonographers regularly or frequently but is still higher than the findings in 2014 (35%).
- Sonographers were reported to work additional hours (above contractual hours) at least one day a month to meet demand in 66% of cases, which is a decrease from 75% at the time of the 2019 survey.
- Of the 104 respondents to the extended working question, 71 (68%) provide extended working day or weekend working. This compares with 84% in the 2019 survey.
- Approximately a third of respondents 33.6% reported employing sonographers who hold international ultrasound qualifications, while 82.6% reported employing sonographers with a UK CASE-accredited qualification.
- Respondents reported a wide range of advanced sonographer-led services, including head and neck fine needle aspirations (FNAs), musculoskeletal (MSK) injections, gynaecology, fetal medicine and cancer pathways. Some sonographers lead specialist clinics and interventional procedures. However, progress is limited in some areas due to staffing shortages, lack of radiologist support and regional variation.
- Respondents were asked to comment on sonographer recruitment and retention and on broader workforce issues. Common concerns include low pay, limited career progression and the draw of better opportunities in the private sector. Training pathways were reported to be unclear, with insufficient support for apprenticeships, overseas candidates and specialist areas such as obstetrics and paediatrics. Many NHS staff report feeling undervalued and overworked, with a lack of protected time for continuing professional development (CPD) or wellbeing support. Suggested solutions by respondents include standardised NHS pay banding, clearer career progression and greater investment in training to help stabilise the workforce.
- An overwhelming majority (94%) of respondents feel that the SoR should lobby for statutory professional registration of sonographers to ensure patient safety, professional standards and accountability in an increasingly complex clinical field, and additionally to address unsafe practice by individuals working without adequate training or oversight.

2. Introduction

This report presents an analysis of an online census of the ultrasound workforce in the UK, conducted by the Society of Radiographers (SoR). Data collection took place between 1 December 2024 and 17 January 2025. Similar surveys were carried out in June 2019 and 2014.

The census was aimed at ultrasound service managers across the NHS and independent healthcare sectors in England, the Channel Islands, the Isle of Man, Northern Ireland, Scotland and Wales. Its purpose was to gather data on the number of sonographers employed, vacancy levels and additional details of workforce structure.

The findings will help inform the work of professional bodies, workforce planners, commissioners and education providers.

3. Methodology

The 2025 ultrasound workforce census captures data about sonographers working in the UK. Ultrasound managers were asked to respond to the census on behalf of all ultrasound services provided by their organisation. Respondents were asked:

- Their contact details, geographical information and details of the workplaces on behalf of which they were responding
- Sonographer establishment and employment figures – WTE
- Vacancy figures – WTE
- Long-term absence figures – WTE and headcount
- Work patterns – headcount
- Age distribution – headcount
- Numbers due to retire in the coming 12 months – headcount
- Reasons for sonographers leaving their posts
- Use of agency or locum sonographers
- Additional working hours and extended working days
- Ultrasound qualifications: UK and international
- Number of current and planned trainees – headcount
- Number of sonographers registered with the HCPC, NMC or Register of Clinical Technologists (RCT)
- Contract type of sonographers not registered with the HCPC, NMC or RCT
- Registration policy within their organisation
- Scope of practice details
- Reporting issues
- Recruitment and retention issues

An email containing a link to an online questionnaire was sent to lead ultrasound practitioners asking them to answer the questionnaire on behalf of their organisation. Additionally, the census was promoted through the SoR website, social media and email newsletters, and via partner organisations, including the Care Quality Commission (CQC). Data collection took place between December 2024 and January 2025, with responses from 161 ultrasound providers who employ sonographers. This total excludes ten duplicate responses.

Not all questions were mandatory, so response rates vary by question, as indicated by the 'n' values shown with each figure. Where relevant, results are compared with similar ultrasound workforce surveys from 2014 and 2019, as well as with the Diagnostic Radiography Workforce Census (1 November 2022) and the 2024 Diagnostic Radiographic Workforce Snapshot Survey.

A link to the full set of 2025 census questions is available in the downloads section. *[Will be available in final publication]*

Please note that the data excludes consultant radiologist-led ultrasound departments that do not employ sonographers.

4. Profile of respondents

Of the 153 census respondents, after data cleansing, 76% are from NHS health boards, trusts or community diagnostic centres (CDCs). The remainder comprise independent providers, self-employed or small companies and 'other' (Figure 1). Respondents who selected 'other' indicated they were responding on behalf of research centres, private insourcing services, private pregnancy ultrasound and fertility clinics, specific organisations, educational institutions or imaging academies that employ sonographers, and state-funded hospitals operating independently of the NHS.

The breakdown by NHS region or devolved country is provided in Figure 2.

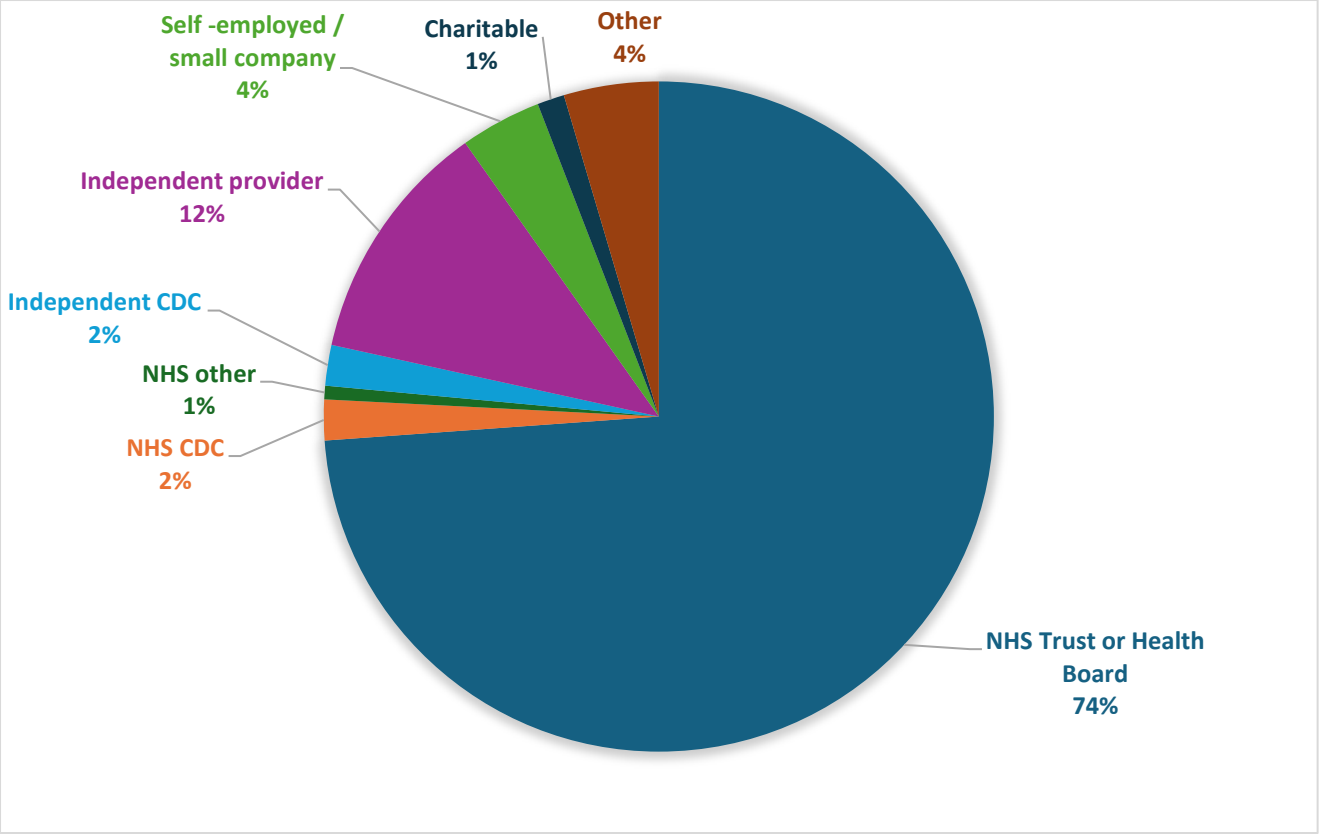


Figure 1: Breakdown of respondents by organisation type (n=153)

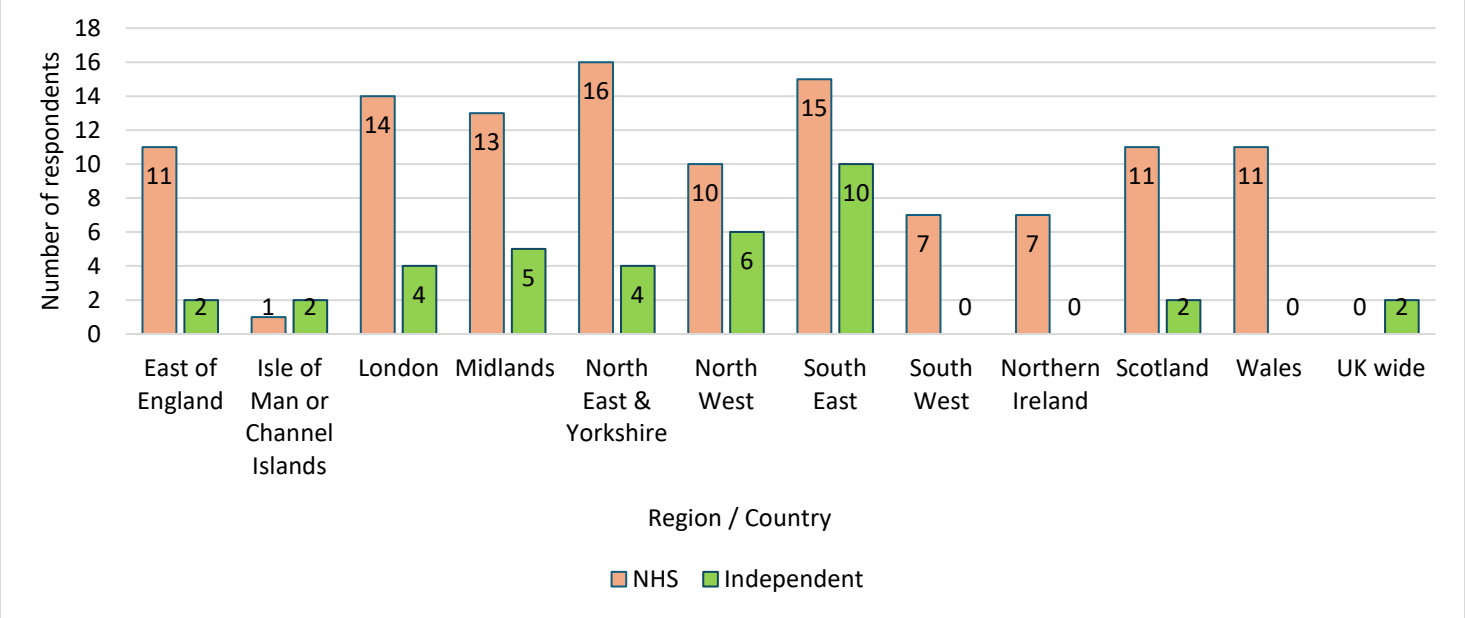


Figure 2: Breakdown of respondents by region (England) or country and type of provider (n=153)

Across the 153 respondents to the sonographer establishment workforce question, there are a total of 1,869.2 WTE sonographer establishment posts. This gives an average per respondent of 12.2 WTE. The size ranges from the smallest responding organisation with 0.5 WTE to the largest with 43.71 WTE (Figure 3). The number of WTE qualified sonographers who are actually employed is 1,434.6, giving a WTE average for sonographers in post of 9.4. NHS organisations report an average of 11.3WTE sonographers in post, against an establishment of 14.9 WTE.

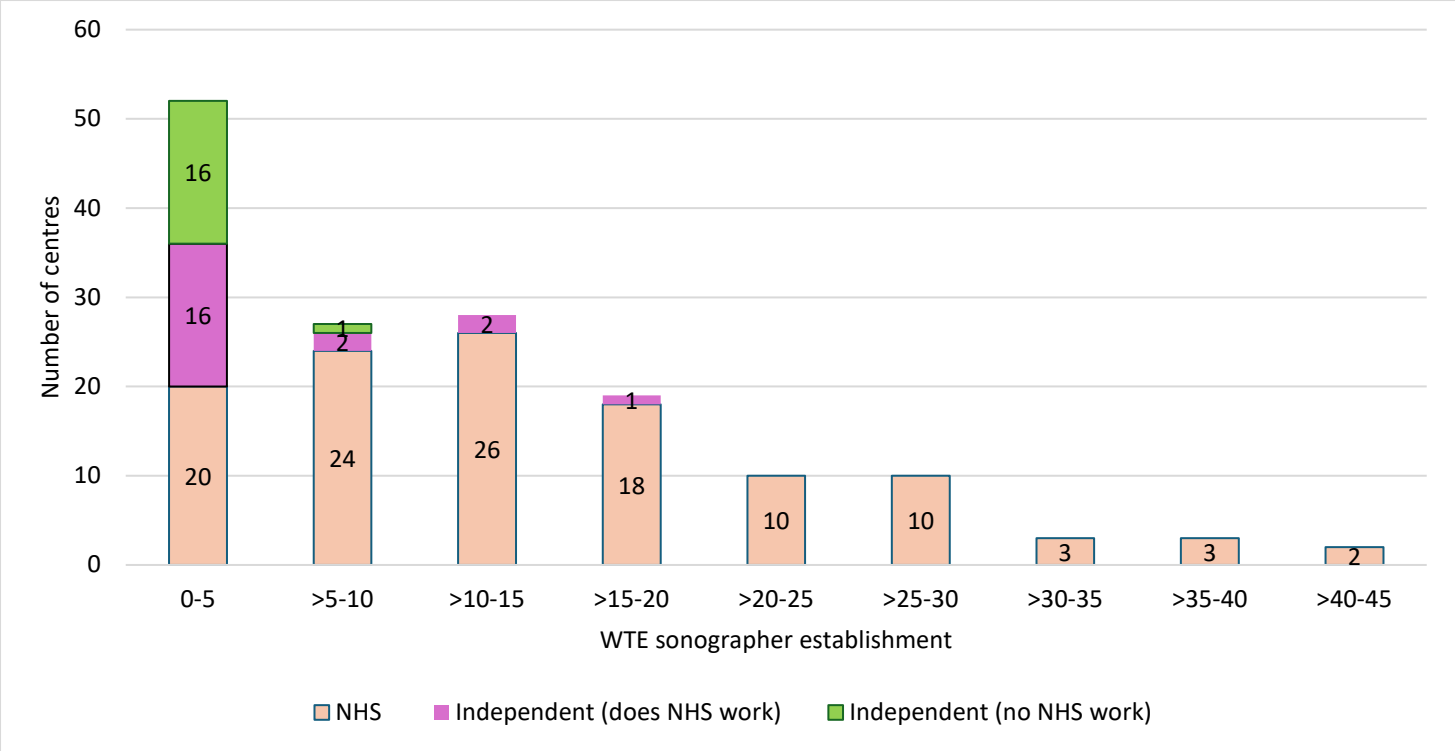


Figure 3: Sonographer workforce WTE establishment by provider type (n=153)

5. Vacancy rate

Of the 153 respondents to this question, 98 (64%) reported unfilled sonographer posts in their organisation.

The total established posts were reported to be 1,869; however, there is a shortfall in departments of 434.6, giving a vacancy rate of 23% (Figure 4). The vacancy rate for sonographers working in the NHS is 24.2% compared with 11.6% for the independent sector. Vacancy rates may be underestimated, as a small number of respondents reported higher WTE sonographer numbers than their stated establishment but did not complete questions needed to verify these figures. Fifty seven respondents reported vacancy rates of at least 25%, of which 26 reported vacancy rates of 50% or more.

Previous surveys reported vacancy rates of 12.6% in 2019, 18.1% in 2014, 10.9% in 2011 and 11.7% in 2009. For comparison, the vacancy rate for the wider diagnostic radiography workforce, as reported in the 2024 Diagnostic Radiographic Workforce Snapshot Survey (as of 23 May 2024), is 10.7%.

Figure 5 demonstrates the distribution of vacancies across NHS providers by region (England) and country in the UK. Due to the low number of responses from some geographical areas, these figures may not be representative of the vacancy rates of all ultrasound providers in these locations.

(The vacancy rate is calculated as the number of WTE unfilled posts (shortfall) as a percentage of the WTE establishment figure.)

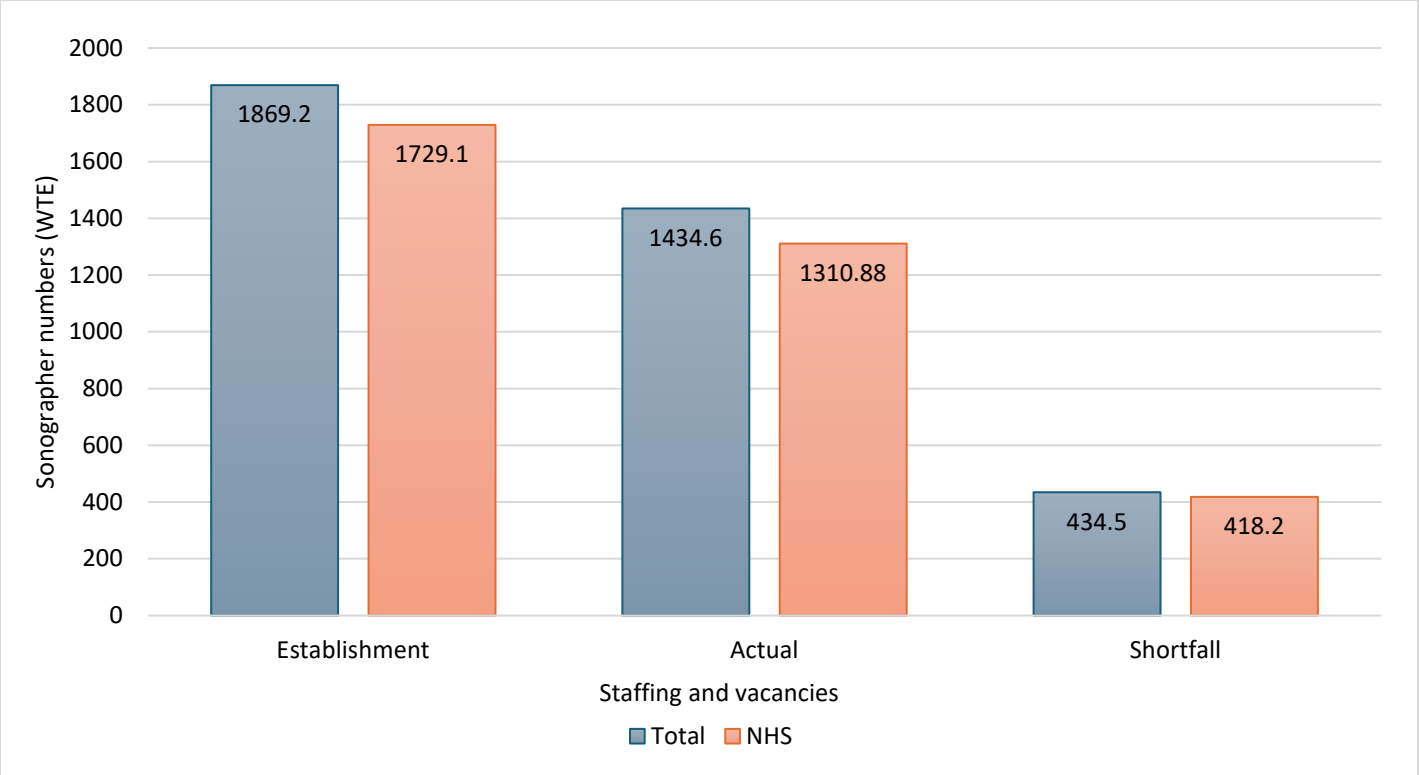


Figure 4: Establishment, actual workforce and shortfall of sonographers (n=153)

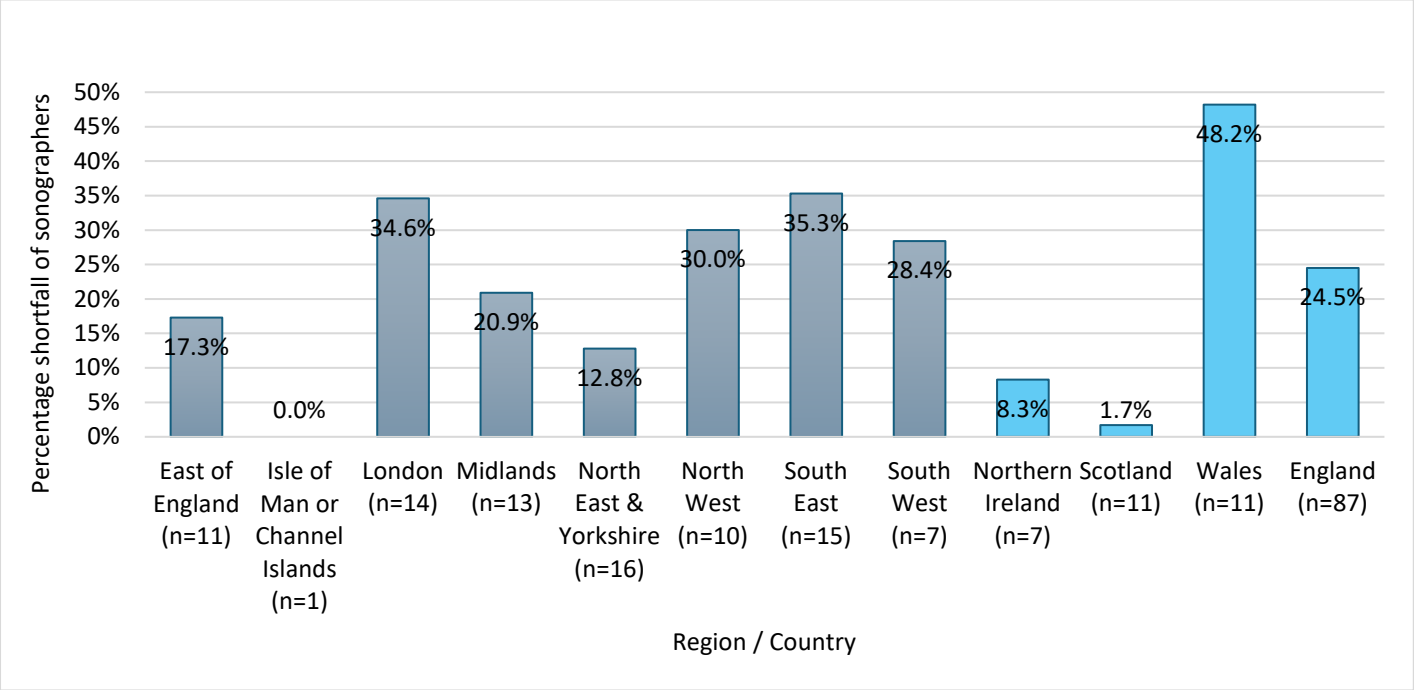


Figure 5: Percentage shortfall of sonographers (WTE) by region and country (NHS only) (n=116)

Figure 6 illustrates that the main reason for vacancies is that organisations are unable to recruit suitable applicants. Almost half of organisations with vacancies reported that they were unable to recruit suitable applicants (47% NHS; 43% independent sector). It should be noted that since the distribution of the survey the SoR has received reports of job freezes across many NHS organisations in 2025. Additionally, 13 NHS respondents and 3 independent providers reported being unable to recruit due to applicants not having the required statuses to work in the UK.

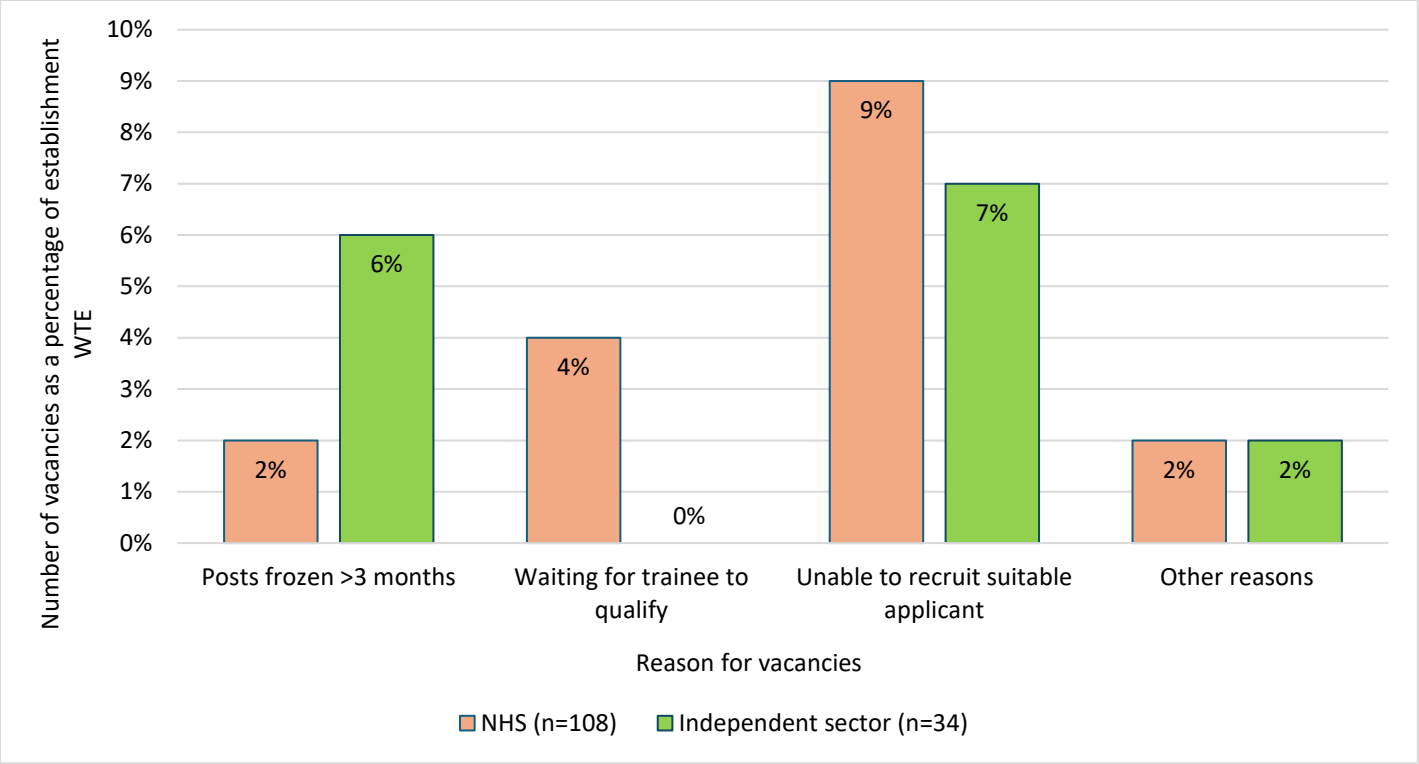


Figure 6: Vacancy rate as a percentage of the WTE establishment, by reason for vacancy: NHS vs. independent sector (n=142)

6. Reasons for absence

Long term sonographer absence, defined as any continuous period of 28 calendar days or longer, was reported by 121 respondents. The sonographer absence rate across those 121 organisations is almost 7.5% (calculated using the number of WTE absent sonographers as a percentage of the WTE establishment figure). This compares with an absence rate of 6.3% reported in the 2019 survey. The main reason for absence is parental leave (Figure 7).

When reviewing the number of people absent from the workplace, almost 22% are absent due to work-related issues (stress or WRMSD). This rate is 23% in the NHS.

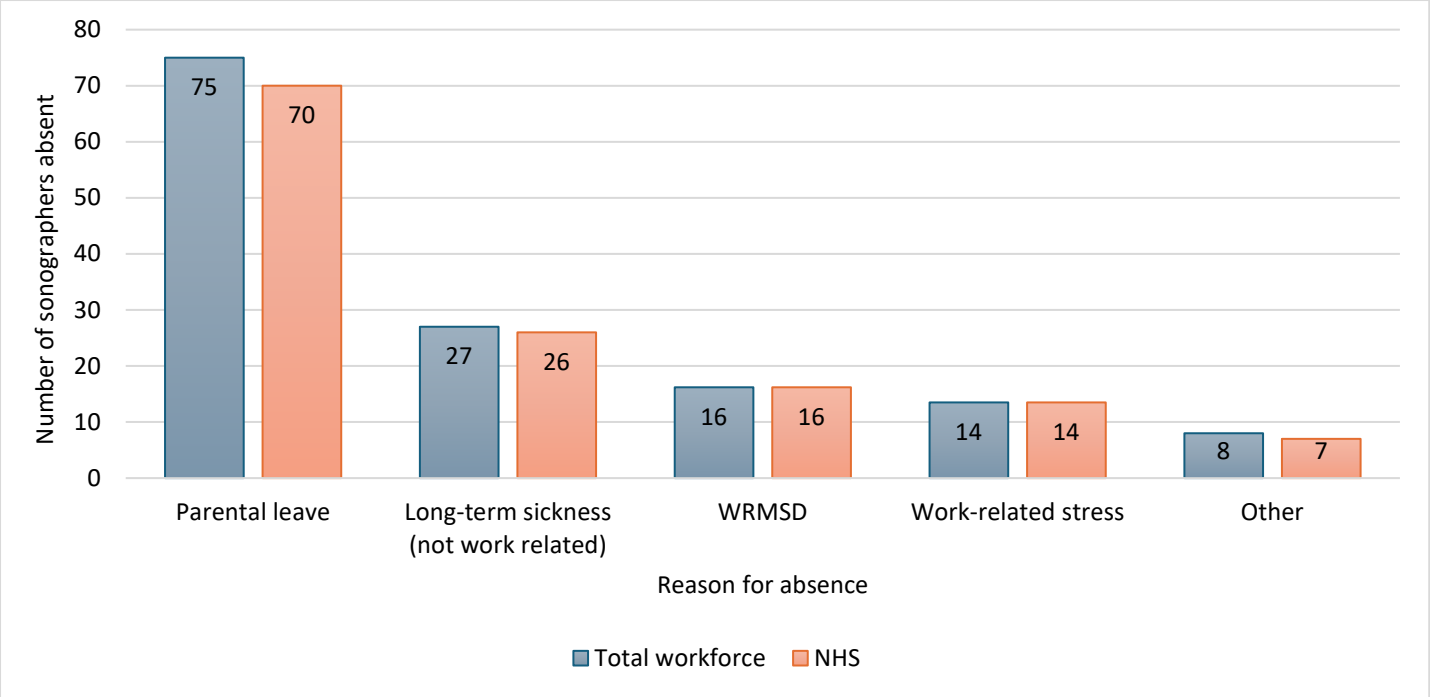


Figure 7: Number of sonographers absent, by reason: total workforce vs. NHS only

7. Full or part time

Less than half (43%) of sonographers in the responding organisations work full time. This has decreased from 47% at the time of the 2019 survey. Figure 8 presents a comparison with data from previous survey years, and work patterns separated by specialism are shown in Figure 9.

Over half of sonographers (53%) in responding NHS organisations work in both obstetric and non-obstetric ultrasound (NOUS), 36% only work in NOUS and 11% in obstetric only. A higher proportion of those working in obstetric and NOUS (62%) and NOUS only (61%) work greater than 30 hours per week, compared with those working in obstetric ultrasound only (47%) (Figure 9).

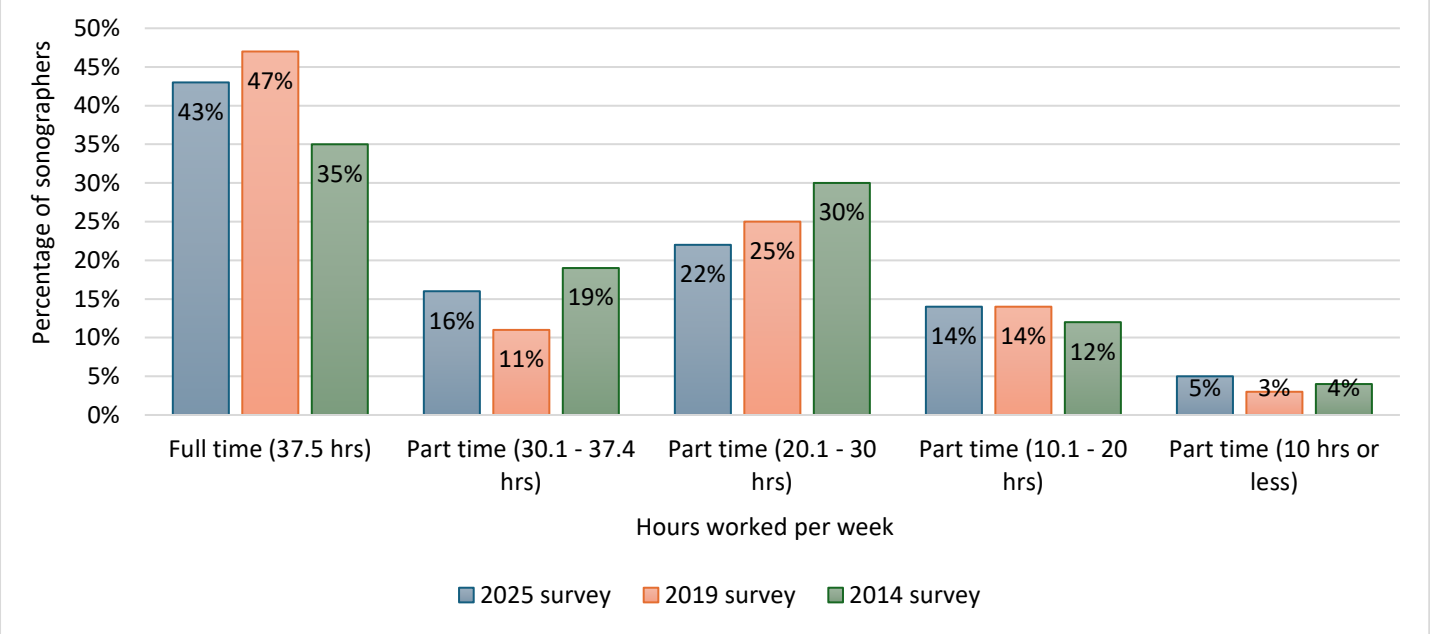


Figure 8: Percentage of sonographers employed part time vs. full time

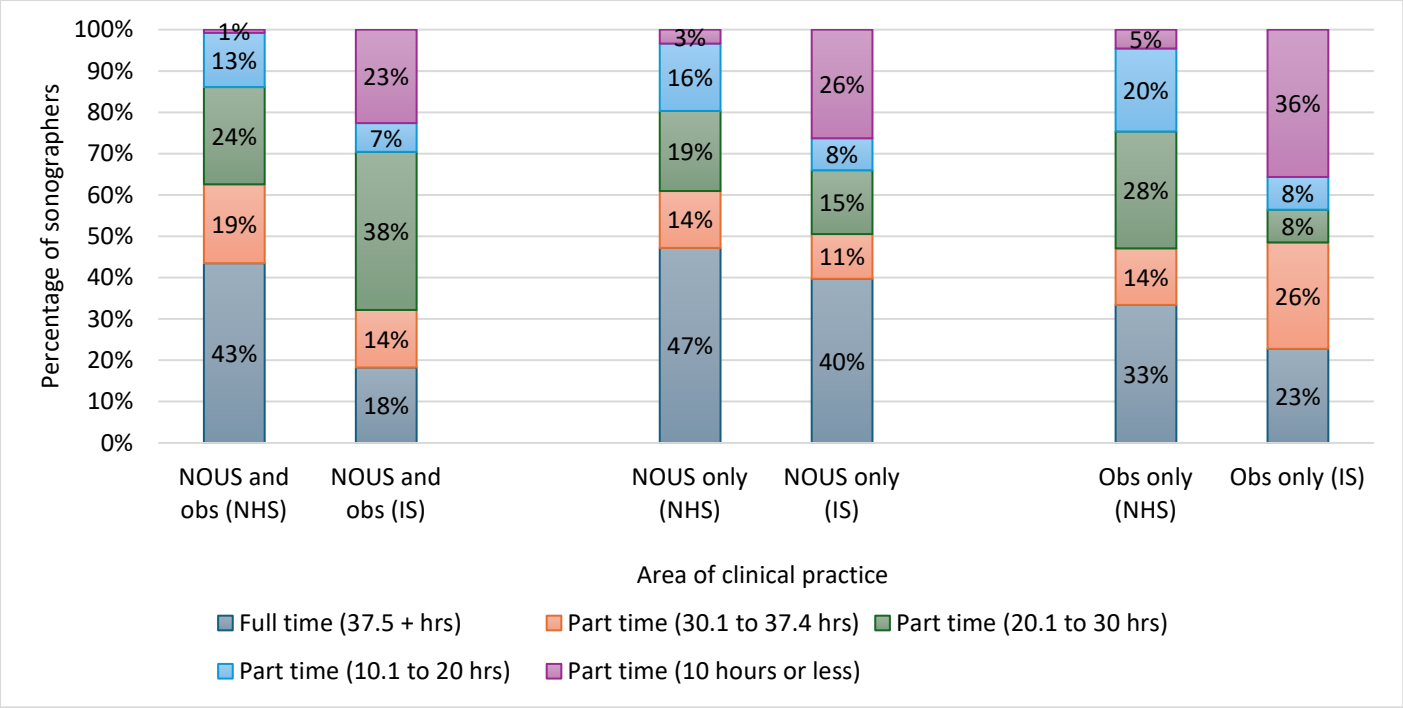


Figure 9: Percentage of sonographers (WTE) employed part time vs. full time by ultrasound specialism

NOUS = non-obstetric ultrasound; obs = obstetrics; IS = independent sector

8. Agenda for Change (AfC) banding

The majority of sonographers are employed at AfC band 7 (Figure 10). For those working in the NHS, that equates to approximately 80% of the workforce, with 15% being employed at AfC band 8a, 3% at band 6 and 2% at band 8b. Not all independent providers use the AfC banding structure; where they do have equivalent pay scales these are show in Figure 10.

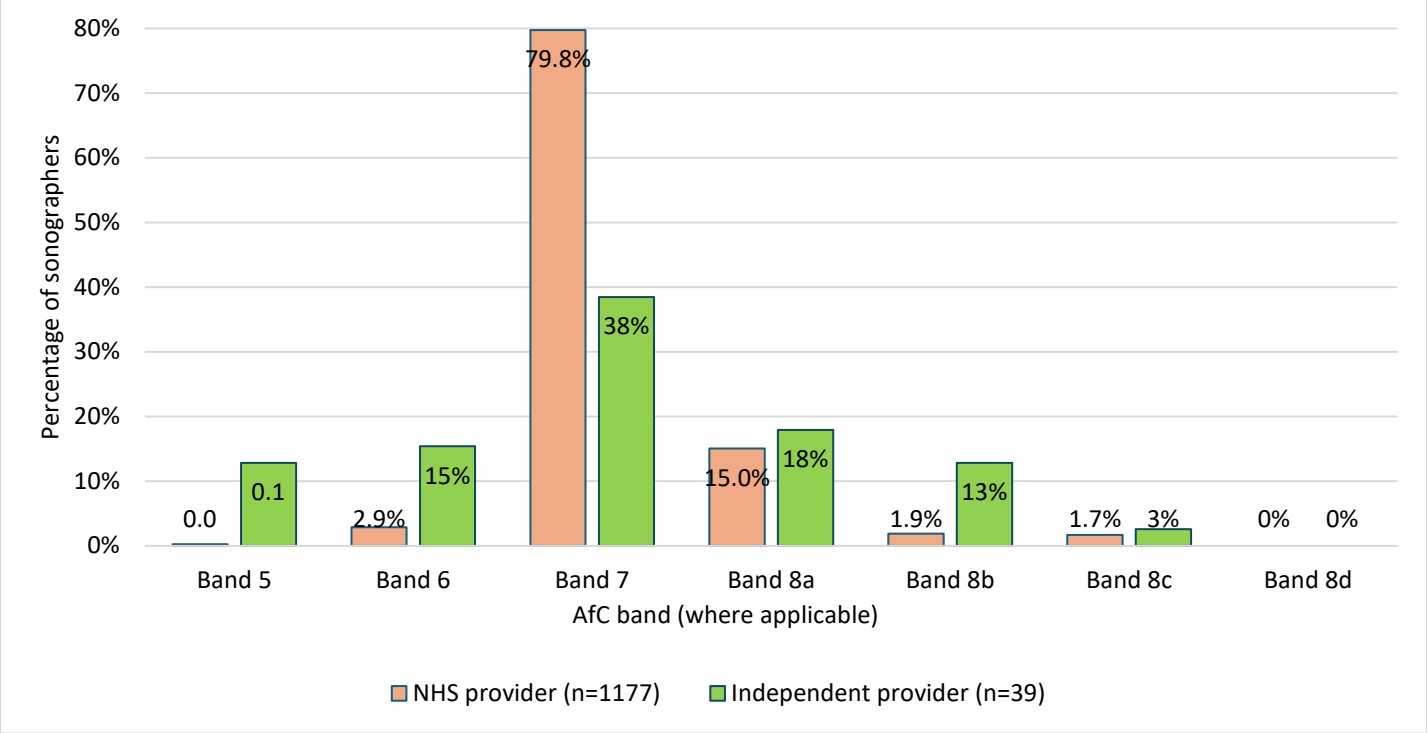


Figure 10: AfC bandings of sonographers: NHS vs. independent providers (n=85 respondents)

9. Age distribution

Across the 108 responding organisations to this question, 43% of the sonographer workforce is aged 40 years or younger. This compares with 47% in the 2019 survey. In the over-51 age range, results are similar to the 2019 survey (30%), although a higher proportion (9%) is over 60 years of age (Figure 11).

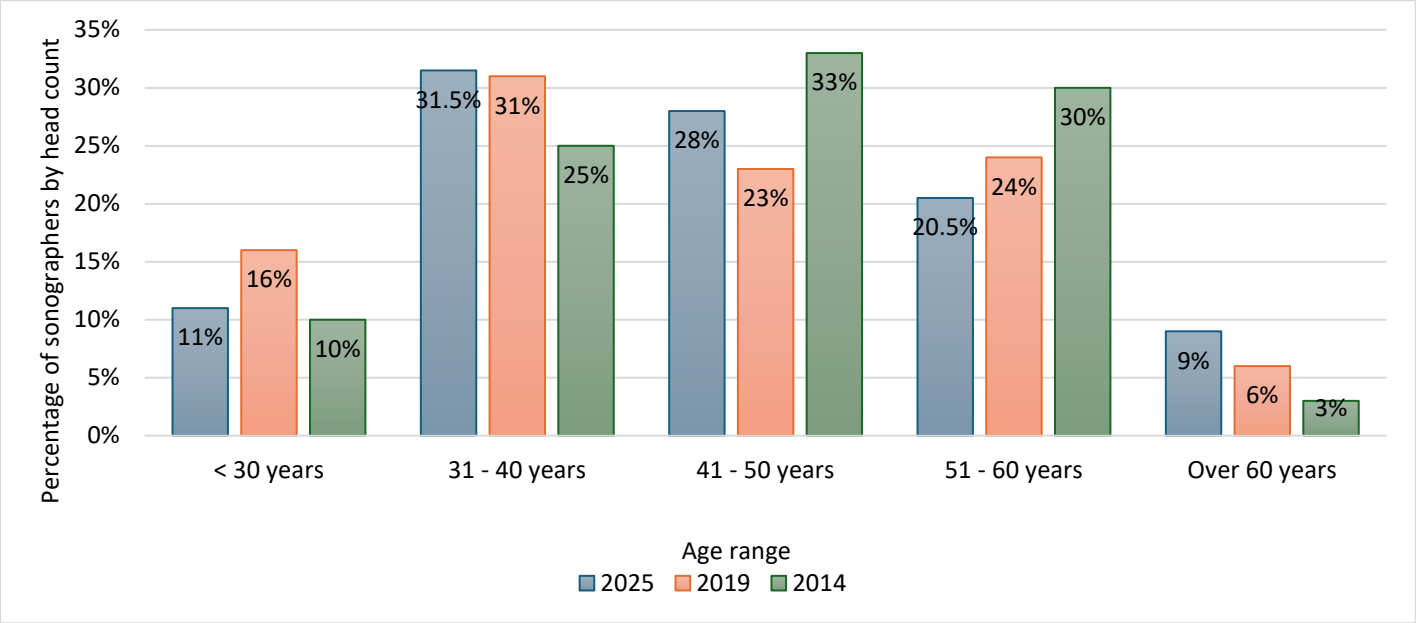


Figure 11: Percentage of sonographers by age range, compared with previous surveys (n=108)

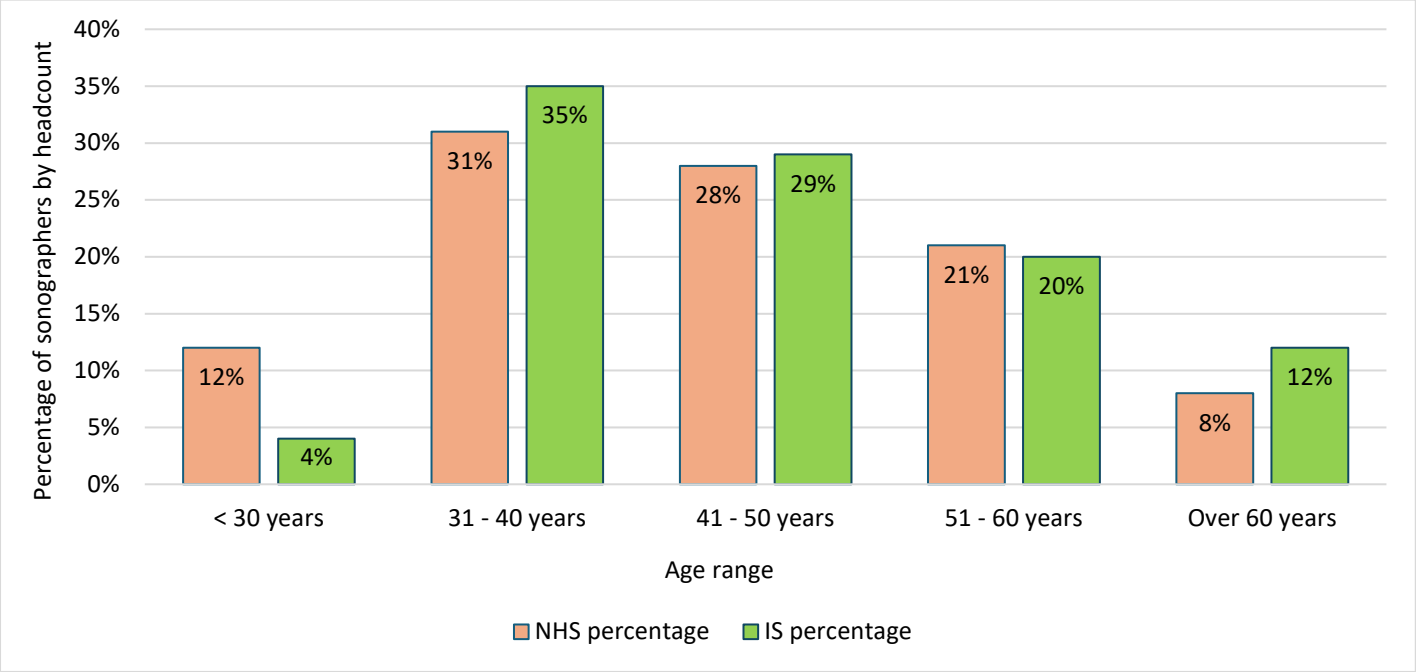


Figure 12: Percentage of sonographers in each age range, by sector (n=108)

The percentage of sonographers reported as due to retire from the respondents' organisations in the coming 12 months is 7% by headcount (based on respondents to this question). For respondents from NHS organisations this was 6.5%. This compares with 4.6% in the 2019 ultrasound census and 2.8% in the wider Diagnostic Radiography Workforce Census who are expected to retire in the 12 months from 1 November 2022.

10. Trainee sonographers

Of the 96 respondents to this question, 61 (64%) reported having at least 1 trainee sonographer on a CASE accredited programme and likely to qualify and enter the workforce in the next 12 months. This compares with 78% of respondents in the 2019 survey and 63% in the 2014 survey. It is expected that 107 sonographers will complete their award and enter the workforce within the next 12 months.

Respondents were asked to indicate the number of trainee sonographers that providers plan to take on in the next 12 months through CASE accredited programmes, distinguishing between confirmed starts, provisional and additional capacity to train (number of additional trainees that could be supported). Figure 13 shows the number of planned trainee sonographers over the next 12 months, broken down by programme type and training status (provisional and confirmed), and the additional capacity to train (Figure 13).

Provisional

Across all responding organisations, 116 trainee sonographers are provisionally expected to start training within the next 12 months. Over three quarters (77%) are anticipated to join postgraduate certificate or postgraduate diploma (PgC/PgD) programmes, with 89 trainees reported. This is followed by 21 trainees (18%) on BSc (Hons) programmes, and 6 (5%) on 'other' CASE accredited programmes, mainly MSc pathways.

Confirmed

Across all responding organisations, a total of 72 trainee sonographers are confirmed to start training within the next 12 months. Of these, 64 trainees (89%) are expected to join PgC/PgD programmes, followed by 3 (4%) on BSc (Hons) apprenticeships, 2 (3%) on BSc (Hons) programmes, and 3 (4%) on 'other' CASE accredited programmes.

Capacity to train (number of additional trainees that could be supported)

Respondents were asked to indicate the number of additional trainees they could support, regardless of whether any were currently planned. A total of 64 additional training places were reported across all organisations. Of these, the majority (56 places; 88%) are available on PgC/PgD programmes, followed by 4 (6%) on BSc (Hons) programmes, 4 (6%) on 'other' CASE accredited programmes.

The results show that the number of trainee sonographers is expected to grow, especially through PgC/PgD courses. They also indicate that some organisations have the capacity to support additional trainees but do not currently have plans in place to do so.

Figure 14 shows the sonographer shortfall currently reported, alongside the number of sonographers due to qualify within 12 months. The associated overall shortfall of sonographers in each region or country even when the newly qualified sonographers enter the workforce is shown.

Qualitative feedback gave insights into the challenges faced by both NHS and independent providers relating to capacity to train additional sonographers. These include resource issues, lack of capacity or workforce to train, training other professionals as well as sonographers, limited range of examinations to offer trainee support and the impact of training on existing staff. Some of the comments are provided in Table 1.

Table 1: Themes and comments related to training sonographers

Theme	Comments and issues
Availability of providers	• BSc – the lack of a local higher education institution offering these courses results in extensive travel/accommodation, which is unfair compared to current trainees.
Funding	• No decision on training numbers made for September 2025 – awaiting funding before deciding. • We could probably accommodate two trainees but would not have the funding.
Workforce	• Workforce limitations make training challenging. • Difficult to train when workforce is limited. • We only have staff capacity (in terms of energy levels and willingness) to train a single student at a time. Lists are very full, so training lists are limited. Staff do extra days to provide the necessary training lists. • Currently unable to support BSc trainees, though this is an aspiration for the future. Requires more training support. • Band 7 staffing levels have been capped, with no new staff required.
Capacity/mix	• Some small departments have limited capacity (e.g. only two ultrasound machines), with no current trainee sonographers due to lack of case mix. • Training is complicated where workload control is limited; some sites offer training to sonographer trainees and radiology registrars. • Specialist departments (e.g. MSK) train doctors and international visitors. • Some departments function as waiting-times focused, limiting trainee exposure. • No obstetric training offered at some sites, though they are open to training other modalities.
Independent sector providers	• Private clinics do not offer training due to insurance restrictions and scope of practice. • Private companies cite insurance premiums as a barrier to training. • Private clinic does not train. • Not relatable to private practice.
International recruitment	• Two internationally trained sonographers undertaking a CASE qualification. • A pilot programme for international BSc students is under way.
Widening participation	• We have taken on a BSc undergraduate placement student and will develop an in-house band 4 associate to complete a Diploma in AAA screening.
Other	• Training is generally promoted only for full-time staff; part-time staff have limited opportunities, as highlighted by the comment “They do not promote training unless you are full time; otherwise, you can forget any training or additional learning. They are happy to let staff leave instead of training them.” • Challenges recruiting suitably qualified sonographers so training capacity was exceeded in 2023/24 due to recruitment difficulties. • Our trainees are not in trainee posts in the establishment. They fill the same posts as a qualified member. There is also one not on the establishment at all.

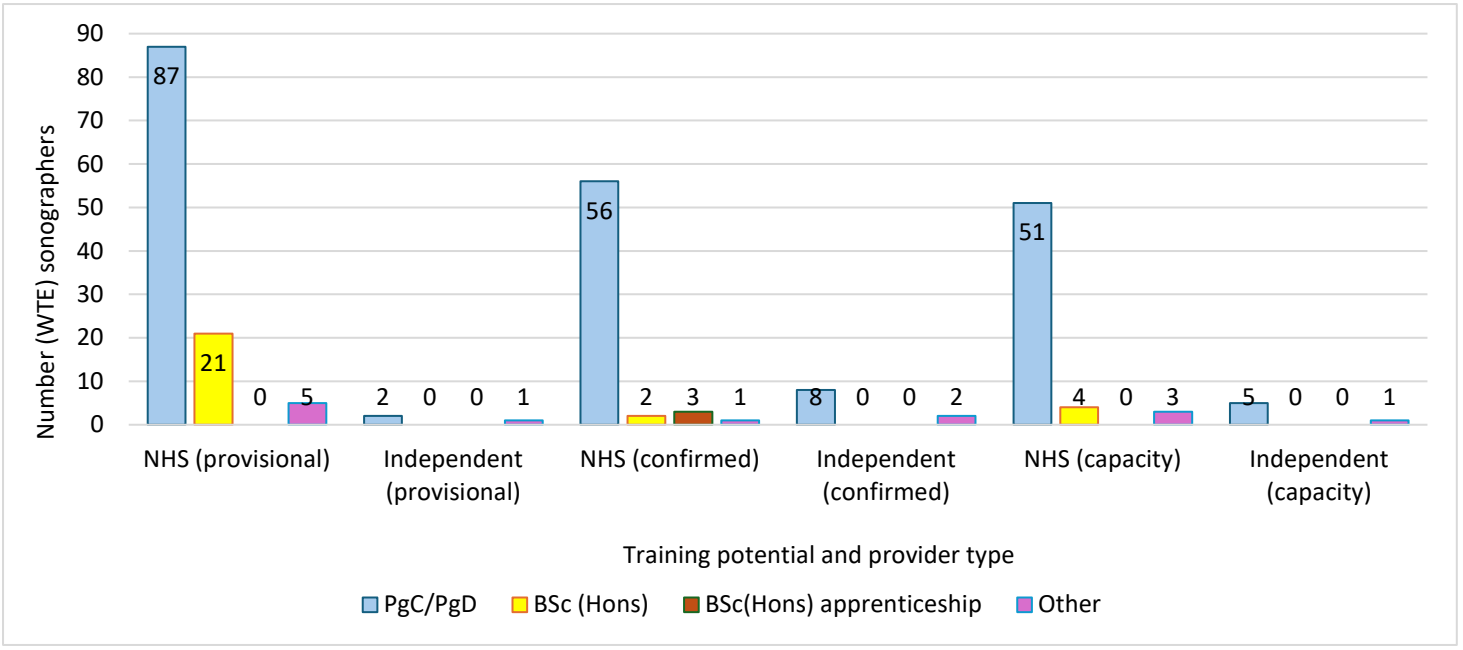


Figure 13: Number of planned trainee sonographers (next 12 months), by programme type and organisation and additional capacity to train that is not being utilised (n=88)

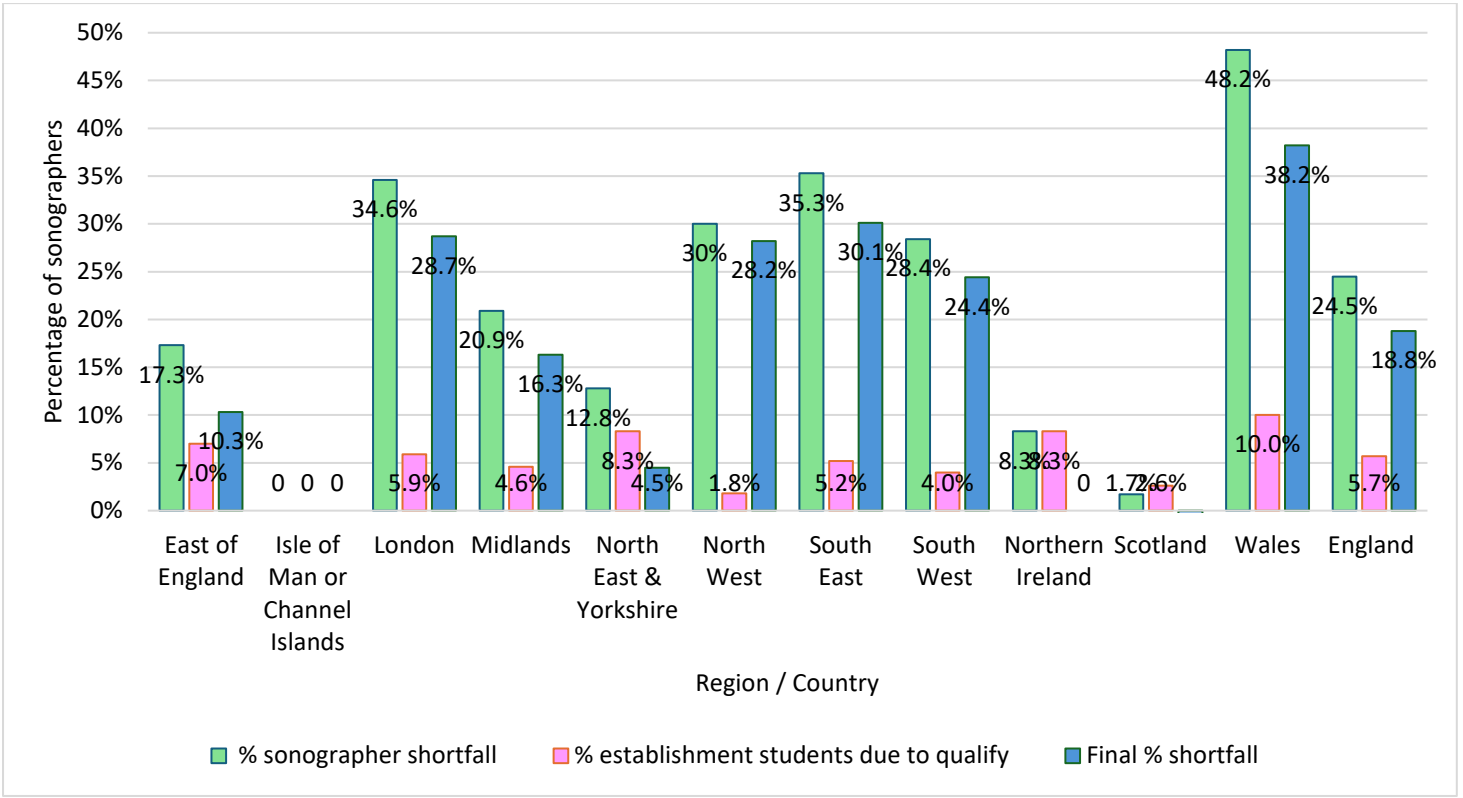


Figure 14: Sonographer shortfall by region or country as a percentage, number of sonographers due to qualify from CASE accredited programmes in the next 12 months and the overall shortfall of sonographers (NHS only) (n=116)

Organisational views on direct entry ultrasound trainees

A total of 98 respondents answered the question on whether their organisation would support training sonographers entering the profession via a direct entry education route, without eligibility for HCPC registration. Just over half (n=55, 56%) said their organisation would not support this (Figure 15). Of those who responded positively, 23 (24%) said they would support both MSc- and BSc-level entrants, 12 (12%) said they would support MSc level only, and 8 (8%) said BSc level only.

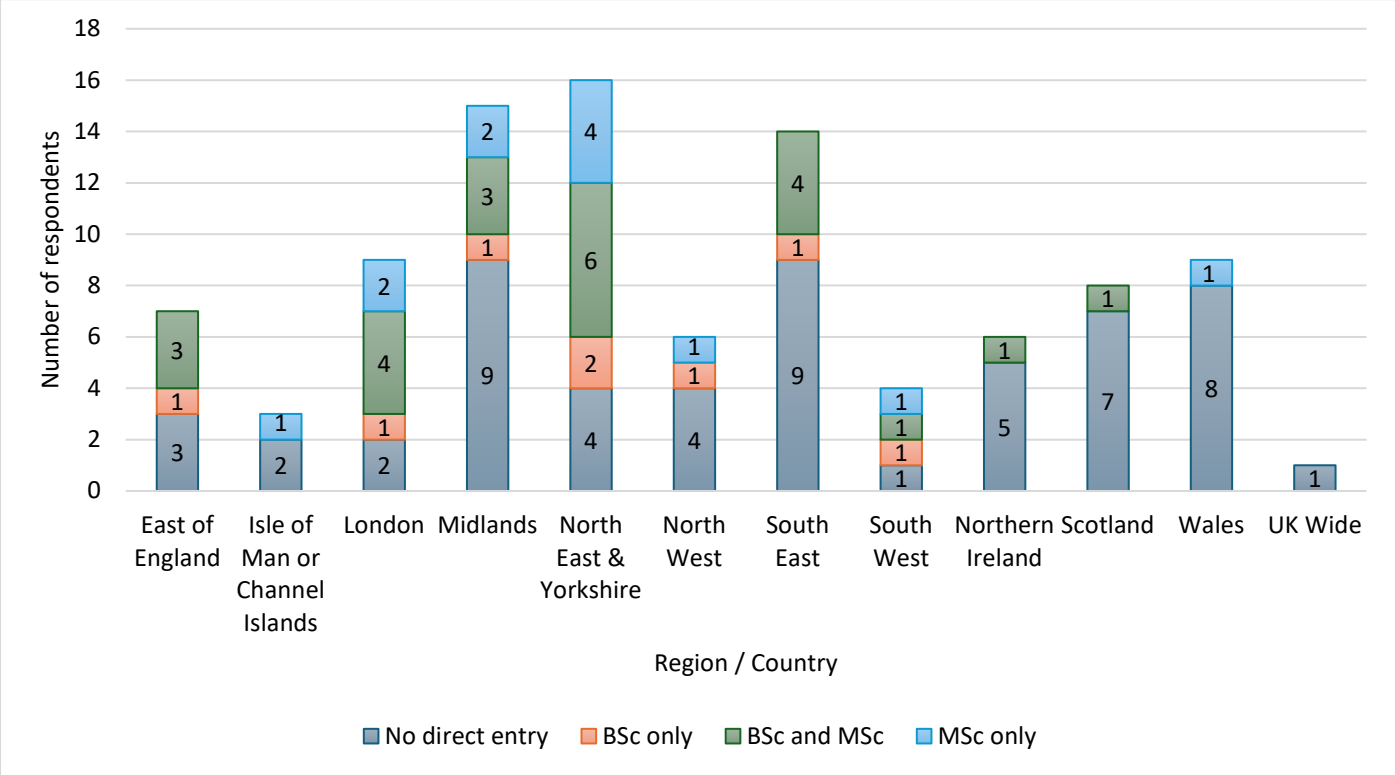


Figure 15: Organisations' opinions on supporting direct entry sonography education (n=98)

Respondents were then asked to provide reasoning behind their organisation's stance on supporting training for sonographers entering via a direct education and training route who would not be eligible for HCPC registration. Of the 67 responses, 20 (30%) mentioned the need for HCPC or statutory professional registration as a mandatory requirement for employment. A broad range of views were shared, highlighting both policy-based restrictions and practical considerations. These are summarised by theme in Table 2.

Table 2: Themes and comments related to direct entry training for sonographers

Theme	Comments and issues
Regulatory and governance concerns	• Need to be registered (multiple similar responses). • Would not support a direct route preceptor who is not HCPC registered; it is a requirement to gain employment at the trust/health board. • As a trust, we do not employ non-registered staff. • Until the NHS globally accepts direct entry students then I do not see how we could, especially if not HCPC registered. • Would not endorse non-registration; current process not robust. • Non-registered staff may struggle to find employment or advance careers. • Would not endorse non-registration. I do not believe the current process for non-healthcare professionals via RCT is robust. I would not want to train individuals who may then struggle to get employment due to this, or [who would] continue to work without robust checks and balances in place (registration). • Applicants have to have HCPC. There is lack of understanding that this does not apply to ultrasound registration and therefore does not reflect capability as a sonographer.
Insurance issues	• Indemnity only covers registered professionals and does not currently include RCT on the list (independent provider). • Without HCPC, insurance is denied/difficult for private practice. • Lack of registration prevents insurance coverage and private practice eligibility. • HCPC registration mandatory for employment and indemnity.
Preference for candidates with healthcare background	• Experience in hospital settings is vital. • Sonographers with background radiography/cross-sectional imaging experience have so much more ability and knowledge and are better-rounded team members. • All ultrasound trainees are qualified radiographers in our department. • All students selected for ultrasound training are qualified radiographers. • Training 'unknown staff' without prior assessment is challenging. • They need to have [previous healthcare] understanding or employment as there is a lot involved in this role.
Workforce and resource limitations	General workforce shortages were discussed: • Limited capacity and staff to supervise direct entry trainees. • The number of radiology registrars that are training at this trust limits capacity for ultrasound students. • Not enough staff to support extended training or 7-day working. • Small departments or narrow case mix limit training opportunities. • Would struggle to support BSc as no spare staff to supervise. • Limited resources. • Just about to employ our first sonographer with direct entry but MSc. Would need to consider the whole band structure if we have BSc entry and not sure we have the infrastructure and numbers to support that currently. • We are unable to currently support the preceptorship gap following BSc direct entry and band 7 sonographer.
Service delivery and/or career progression challenges	• MSc fit with the model of our ultrasound department as we need sonographers who can scan everything. Compartmentalising sonographic skills in the department with less qualified sonographers is highly ineffective, would be another layer of staff to manage and be a nightmare for appointment staff to

	juggle booking requests. I believe every ultrasound department should adopt our model where the umbrella of sonographer practice is broad. Proof for this: we don't have a waiting list. Staff retention is high. No locum spend. Our model is an example of maximum efficiency. • Women's Hub requires nurses or sonographers with the potential for other skills that require registration, e.g. coils and implants. • If sonographer only registered with the RCT then no career progression available to them. • Concerns for future career path for these individuals in absence of statutory regulation given the high percentage of my team who undertake advanced practice procedures requiring PGDs [patient group directions] and/or referral for alternative imaging. Absence of regulation would prevent them from undertaking advanced roles and likely hinder service delivery to patients in the future. • Considering BSc apprenticeship but still significant uncertainty regarding transition to required PgC education to facilitate [Fetal Anomaly Screening Programme] FASP requirements. • MSc level only would be preferred as this level is comparable with vascular technologists, etc., who are not eligible for HCPC registration.
Existing support for direct entry	• We have trained BSc and MSc direct entry sonographers. • Would consider MSc-level direct entry with appropriate infrastructure. • Supporting apprenticeships and international conversions where possible. • Already employ two degree apprenticeship sonographers, several sonographers from a vascular science background and some via direct access MSc courses.
Calls for future change and strategic planning	• We must look to future-proof the profession by training differently. • Would need a clear course and strategic plan before adopting direct entry routes. • Concerns remain about career progression and advanced practice without statutory regulation. • This would be an aspiration but would need to identify an established course with good outcomes and within local vicinity. Intention to employ/begin training before academic course to ensure best training opportunity and building clinical skills early. This would need to form part of a strategic plan not yet established.

Further additional comments on local circumstances relating to sonographer recruitment, education and training are summarised below.

Workforce and recruitment challenges

General comments related to the lack of funding to train; 38-week wait for routine scans; and relying on 'band-aid' and stop-gap measures to reduce waiting list pressures. Others commented that sonographers are moving to agency work, which is more family friendly, when they are unable to commit to 7-day, extended working.

- Small ultrasound department without [emergency departments] ED or maternity units limits training opportunities.
- Highly competitive region; turnover to neighbouring trusts, especially at higher bands.
- Difficult to recruit qualified sonographers due to rural location and high cost of living.
- Recruitment very difficult; only one successful applicant in five years, despite accessible education.
- International recruitment has mixed success; preference for a dedicated training academy for overseas candidates.
- Many staff work part time or bank shifts; retention hampered by workload and working conditions.
- Lack of suitable candidates; difficulty persuading staff to relocate due to pay and location.

- Inability to recruit to posts is a challenge for a number of respondents, alongside a lack of suitably qualified agency staff; some are recommending increased sonographer training to fill the gap.

Training capacity and resources

- Limited training capacity due to staff shortages, clinical workload and lack of space.
- Training alongside clinical duties is "exhausting" and "draining"; need for dedicated clinical teaching roles.
- Training numbers have increased recently, with plans to address post-Covid workforce gaps.
- Some departments have established practice educator roles, though these are often under-resourced.
- Training funding is inconsistent and ad hoc; calls for centralised, long-term funding and strategy.
- Imaging academy funding is not offering sustainable options to future-proof continual training.

Education and career development

Departments mainly train radiographers or midwives and comment on the preference for candidates with healthcare backgrounds. Some centres successfully train direct entry MSc sonographers with secured funding for secondment posts. Others recognise challenges and opportunities for career development of sonographers, with postgraduate training opportunities being limited in some departments.

- Flexible, family-friendly working options are needed to improve retention.
- Established clinical specialist roles (band 8a) provide career progression for junior staff.
- Ongoing in-house training in subspecialties such as paediatrics, vascular and carotid scanning.

Following lack of success in recruiting suitable staff and an increase in retirement, one respondent reported undertaking "a huge amount of in-house training to fill the skill mix gap and to extend sonographer roles, MSK injections and Head and Neck FNAs". They are now finding innovate ways to support larger numbers of trainees within their department.

Others talked of it being "demoralising" when staff train sonographers who then move due to the high cost of living, lack of career progression opportunities, competitive salaries in neighbouring hospitals, poor working conditions or lack of flexible working opportunities.

Organisational and structural issues

Comments related to a lack of directorate support and outdated departmental structures impeding progress, and independent providers facing challenges providing clinical placements due to patient costs and limited scan types. Some providers employ only HCPC registered sonographers, which can restrict recruitment. Comments related to specific local challenges include the following:

- Retention worsened by high vacancy rates and inability to offer 7-day working.
- Remote or isolated locations struggle to maintain service levels and meet KPIs.

Future needs and suggestions

- There is a need for a comprehensive 4-year course covering all ultrasound areas to ensure competency and equity.
- Centralised training and funding with collaboration across regions and higher education institutions is essential.
- Strategic workforce planning and investment in training are crucial to safeguarding future service delivery.
- Expand training opportunities in primary care to cover a broader range of scan types.
- Consider alternative, well-structured routes to sonographer qualification.
- Some respondents highlighted support for extended practice for established sonographers, which helps with recruitment and retention.

11. Registration policy

Of the 99 respondents to the question about regulation, the majority of departments (90%) reported that all their sonographers are registered with either a statutory or voluntary register. Additionally, 81% require statutory or voluntary registration as an essential requirement for employment.

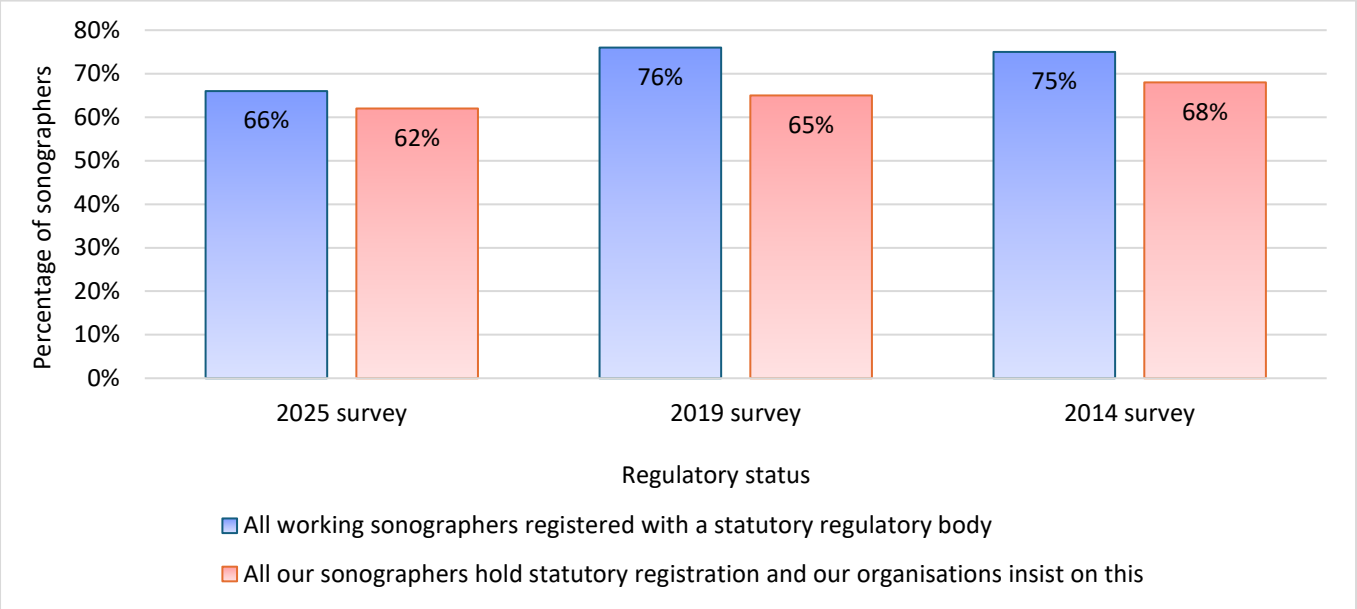


Figure 16: Sonographer statutory professional registration status and policy at respondents' organisations compared with previous census findings (n=99)

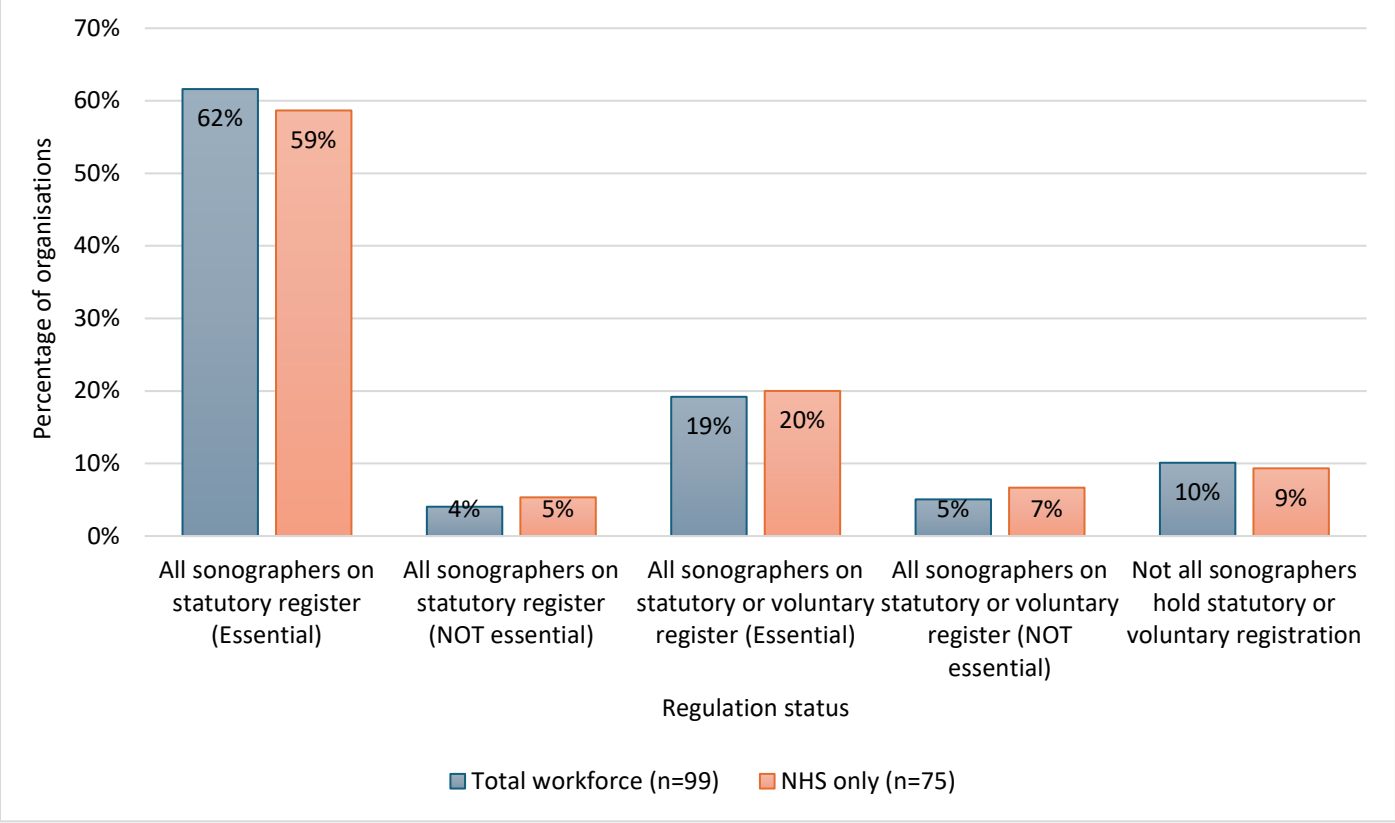


Figure 17: Sonographer registration status and organisational employment requirements (n=99)

CASE accredited awards

The 98 respondents answering the question about the qualifications held by sonographers in their organisation compared with registration status reported that 87% (n=1,135) of sonographers hold a CASE accredited award and 13% (n=165) do not hold a CASE accredited award. These were broken down by registration status as shown in Figure 18.

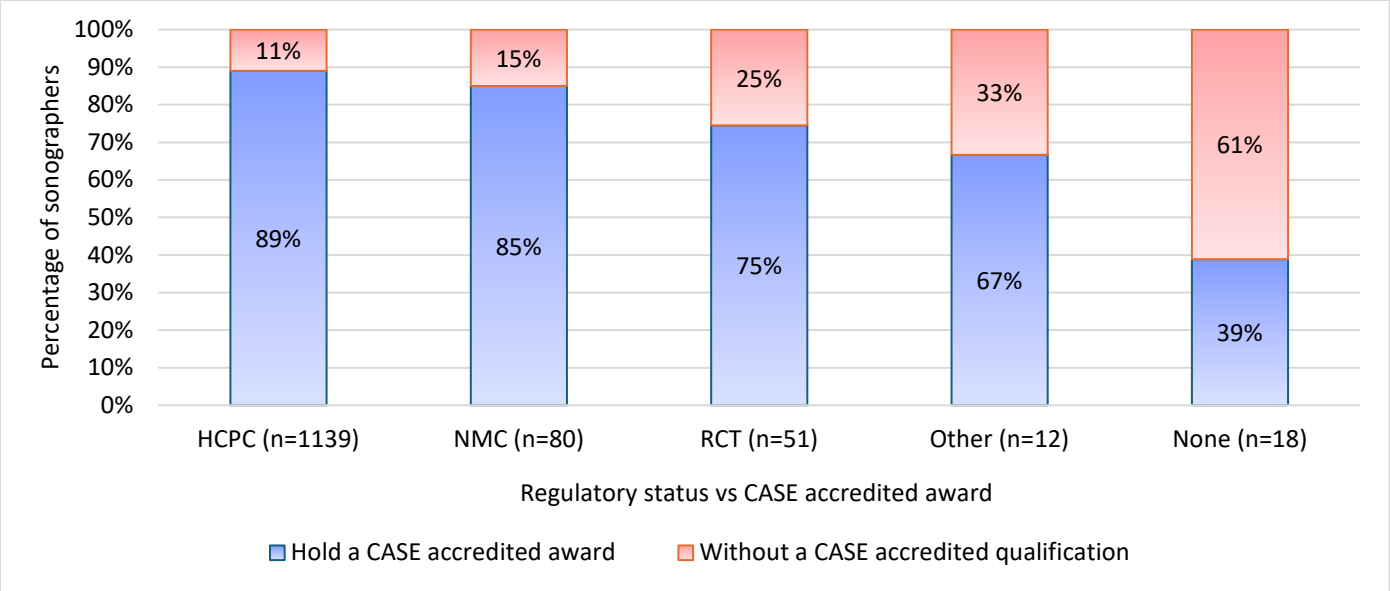


Figure 18: Sonographer registration and CASE accredited award status (n=98 respondents)

12. Reasons for leaving posts

The most frequently reported reason for sonographers leaving their posts in the past 12 months is retirement (Figure 19). Compared with the 2022 diagnostic radiographer census, sonographers are more likely than the wider diagnostic radiography workforce to leave their posts for 'other' reasons, to work in health services outside sonography, for higher salaries elsewhere or to undertake agency work.

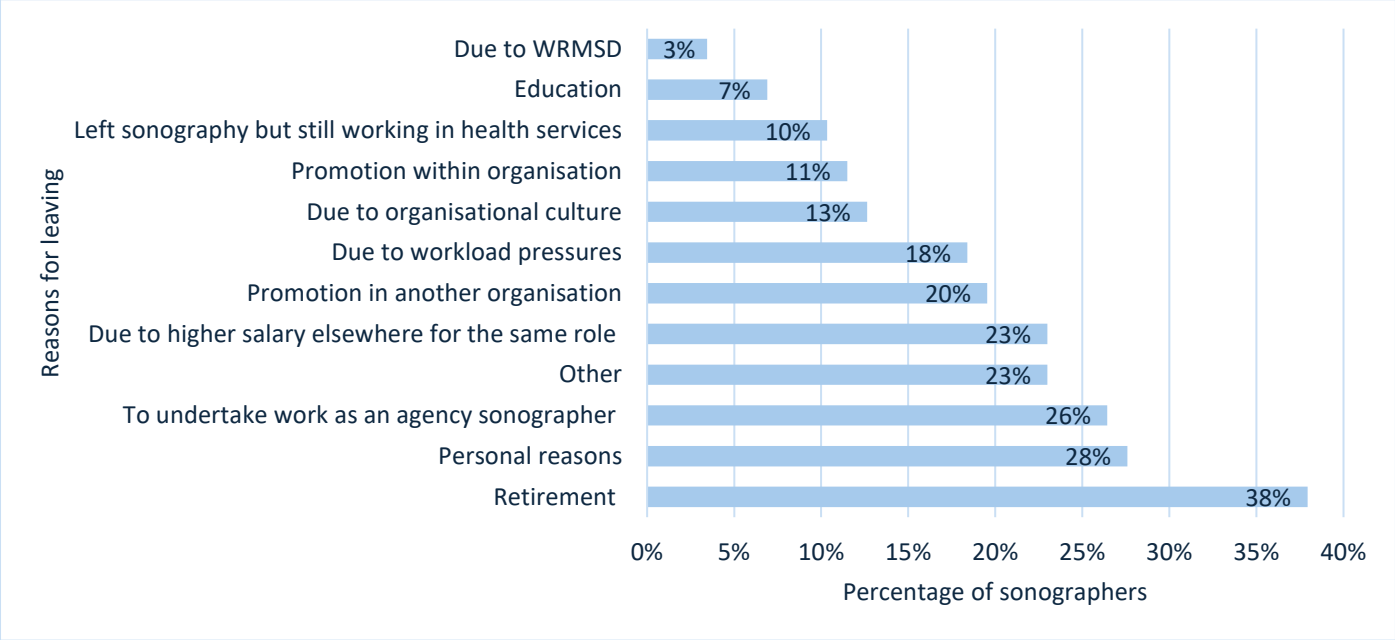


Figure 19: Reasons for sonographers and diagnostic radiography workforce members leaving their posts in the last 12 months (n=87)

In the ‘other’ category, respondents gave the following reasons for sonographers leaving their posts:

- Career change
- Start own business
- Relocation
- Cost of living
- Partial retirement
- Redundancy

Respondents were also asked to comment on whether leavers were early, mid or late career. The responses varied, with most citing early or mid-career staff as those leaving. A summary of the trends is outlined below.

- **Early career:**

  At least 15 responses explicitly identified leavers as early career, with reasons including dissatisfaction with rotation, pressure, agency opportunities or relocation.

- **Mid-career:**

  At least 14 responses referred to mid-career leavers, often citing reasons such as better pay, career progression, poor management and geographical relocation.

- **Late career:**

  At least ten responses described late career leavers, typically linked to retirement, ‘retire and return’ arrangements or role changes.

- **Mixed stages:**

  Several respondents noted a range of leavers across early, mid and late career points.

- **Other reasons:**
  - Some left upon completing training.
  - Others left for promotion, to pursue careers in artificial intelligence or information technology, or due to organisational restructuring.
  - One respondent noted that all new staff had joined from previous posts due to promotion.
  - A few mentioned that no staff had left recently or only left previously due to higher banding offers elsewhere.
  - Forced changes to 7-day working patterns were also cited as a key reason for multiple departures across all career stages.

Overall, while leavers were reported across all stages, early and mid-career exits were most commonly mentioned.

13. Agency workers

Of the 108 respondents to this question, 46 (42%) employ agency or locum sonographers regularly or frequently (on more than two days a month) (Figure 20). This is a decrease from the 49% who reported in the 2019 survey employing agency or locum sonographers regularly or frequently, although still more than the 35% from 2014.

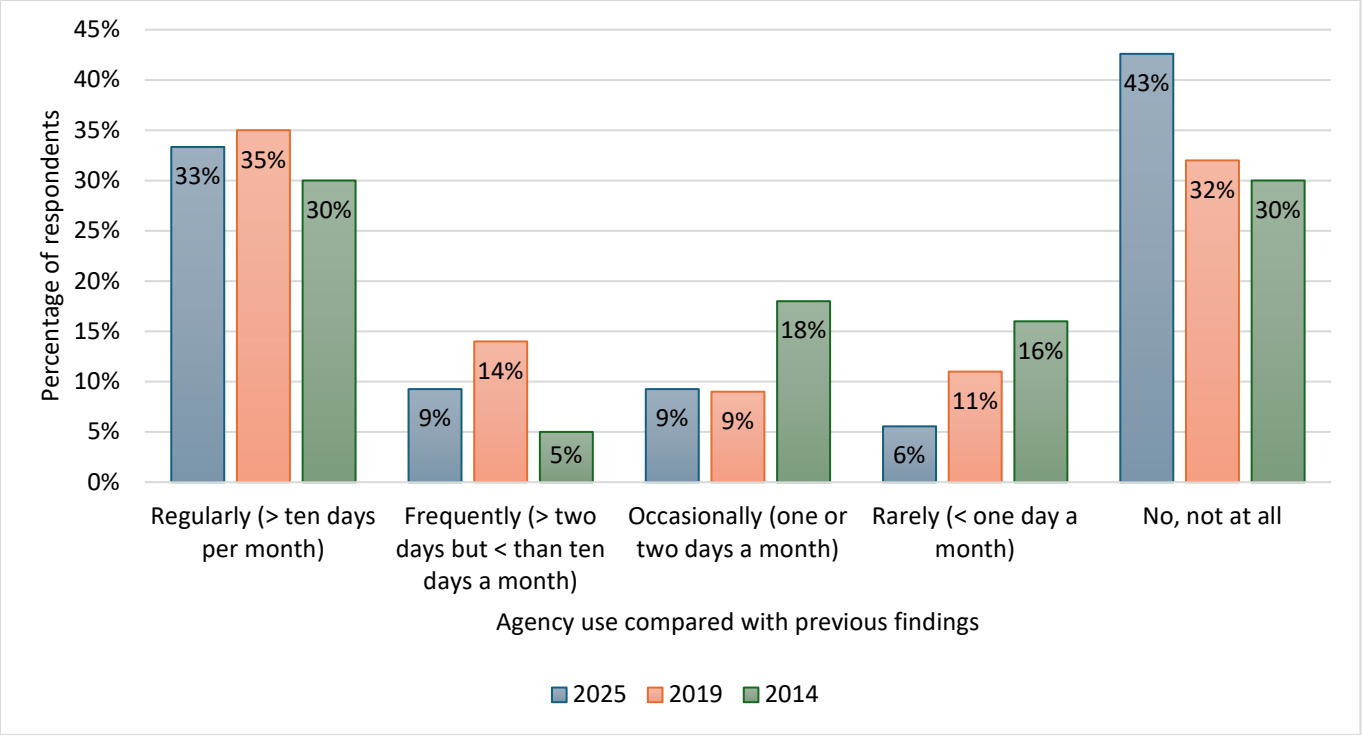


Figure 20: Frequency of employment of agency or locum sonographers compared with previous census findings (n=108)

14. Additional hours

Of the 108 respondents, 71 (66%) have sonographers who work additional hours (above contractual hours) at least one day a month to meet demand (Figure 21). This compares with 75% reported in the 2019 survey.

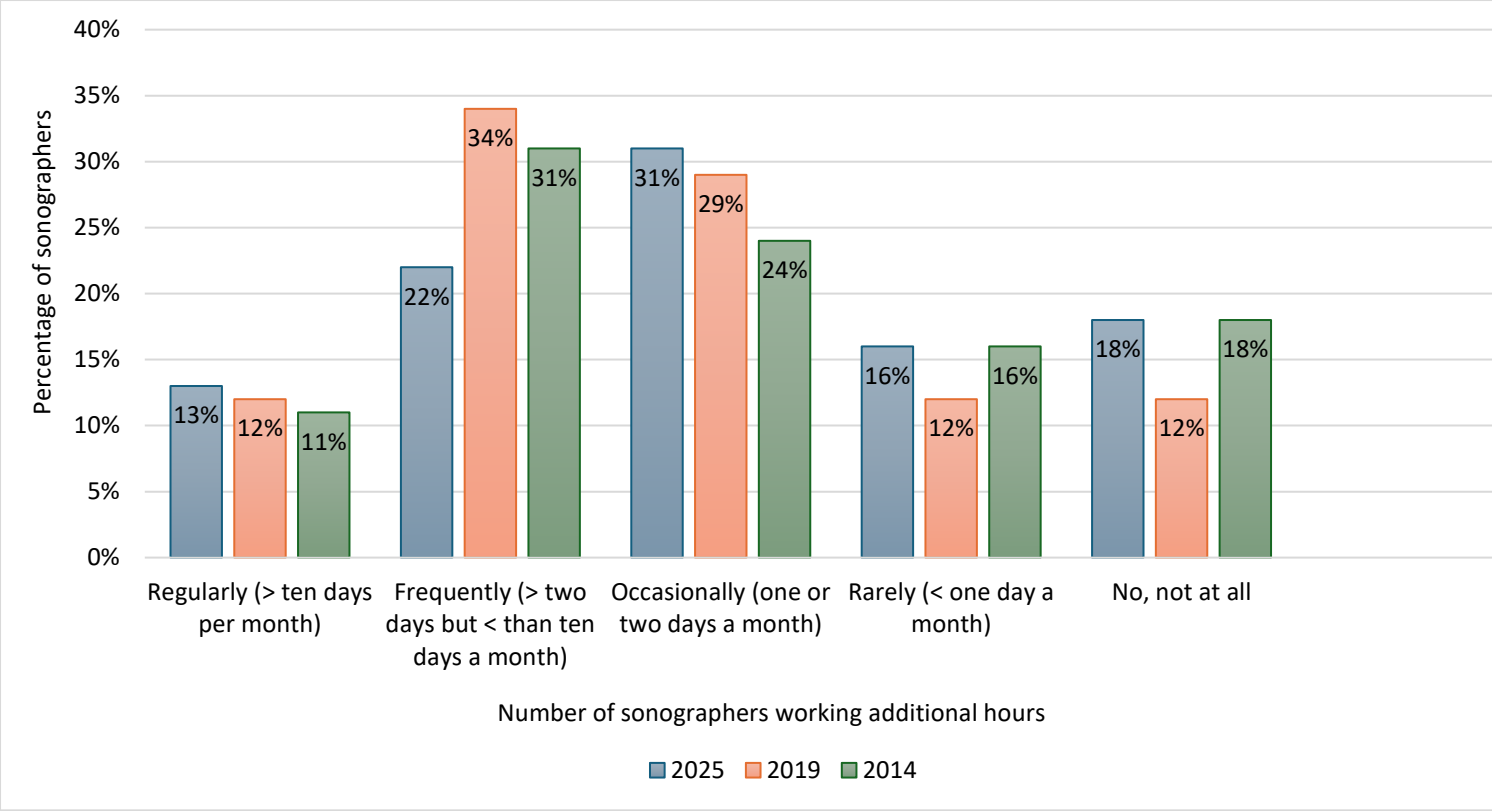


Figure 21: Frequency of sonographers working additional hours (above contractual hours) to meet demand compared with previous census findings (n=108)

15. Extended working

Of the 104 respondents to the extended working question, 71 (68%) provide extended working day or weekend working. This compares with 84% in the 2019 survey (Figure 22).

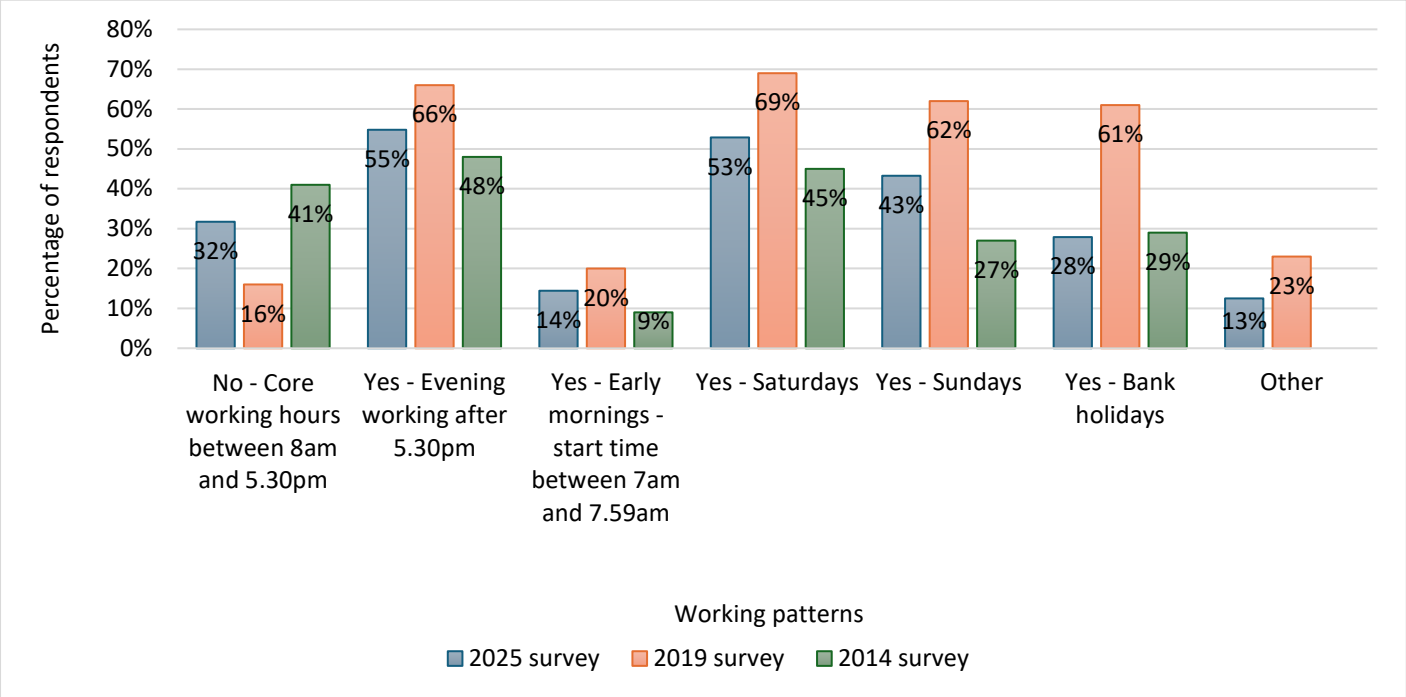


Figure 22: Frequency of respondents providing extended working day or weekend working compared with previous census findings (n=104)

Respondents added the following details in the free-text field for this question:

- Some longer days as per flexible working requests from team members.
- WLI (waiting list initiative) lists.
- We work 4 days per week 8am–6pm; we all do 37.5 hours per week.
- Scan shifts are already outside 9–5 hours.
- Extra lists working on bank rates.
- 7-day working (8–6).

When asked to provide reasons for offering only core working hours, respondents cited a range of operational factors, workforce shortages (31%), staff unable to work outside core hours (23%) and service-related factors. The most commonly reported reasons are shown in Table 3.

Table 3: Themes and comments related to only working core hours

Theme	Comments and issues
Staffing limitations	• No staff to cover more. • Not enough staff: 3 rooms and 4.5 staff. • We do not have the number of staff essential for safe staffing of an extended/OOH [out of hours] service. • Staffing does not allow for extended working days as TOIL [time off in lieu] would be required. • No staffing available to extend to 7-day working/extended hours. • Staffed Saturday clinic ended due to lack of cover.
Lack of demand or service need	• Current provision meets service demand unless there is sickness or bank holidays. • No demand, waiting times are short. • There is no service requirement for extended hours. • We are a research unit and currently demand does not require out of hours. • Private patients, non-emergency work.
Funding constraints	• Not enough funding. • Weekend waiting list work was withdrawn 6–12 months ago due to funding. • Employer will not pay.
Staff preference, other commitments or wellbeing	• Staff want to work these hours/no one wants to work weekends or extend hours. • Many people are leaving as they joined the profession for core hours. • Staffing age and ability; risk of RSI. • Low uptake of additional hours; “staff exhausted and stressed” due to shortages.
Organisational change under way	• Consultation under way – new CDC posts are all 7-day. • Currently under review with other sites – extended hours will impact other staff groups. • Discussion ongoing for 7-day working and organisational change. • Model may shift to extended days if working week reduces from 37 to 36 hours. Would still require more staff.

16. Country of core training

Of the 98 respondents to this question, 33 (33.6%) employ sonographers who hold international ultrasound qualifications.

This question was modified from the 2019 survey, where respondents were asked whether any sonographers had undertaken their core ultrasound training overseas and to specify the countries involved. In 2019, 23 departments (35% of respondents) indicated that they had sonographers who had completed their core training abroad. Reported countries included Australia, Canada, Egypt, India, Nigeria, Pakistan, the Philippines, Russia, South Africa, the USA and Zimbabwe. The modification was introduced to enable data capture to understand the numbers of both UK and internationally qualified sonographers without a CASE accredited award, which is 8% in this survey (Figure 23). The proportion of sonographers in each category was the same for both NHS and independent providers. Figure 24 shows the number of sonographers in each category and Figure 25 shows the spread of qualifications by region and country for NHS providers and also those in the 'other' category who provide services to the NHS.

Note*: Figures for those with CASE accredited awards in response to this question differed from the responses to the question relating to regulation and educational background (Figure 18) where 13% of the total workforce did not hold a CASE accredited award, making it difficult to provide an accurate figure for the number of sonographers holding awards from CASE accredited programmes.

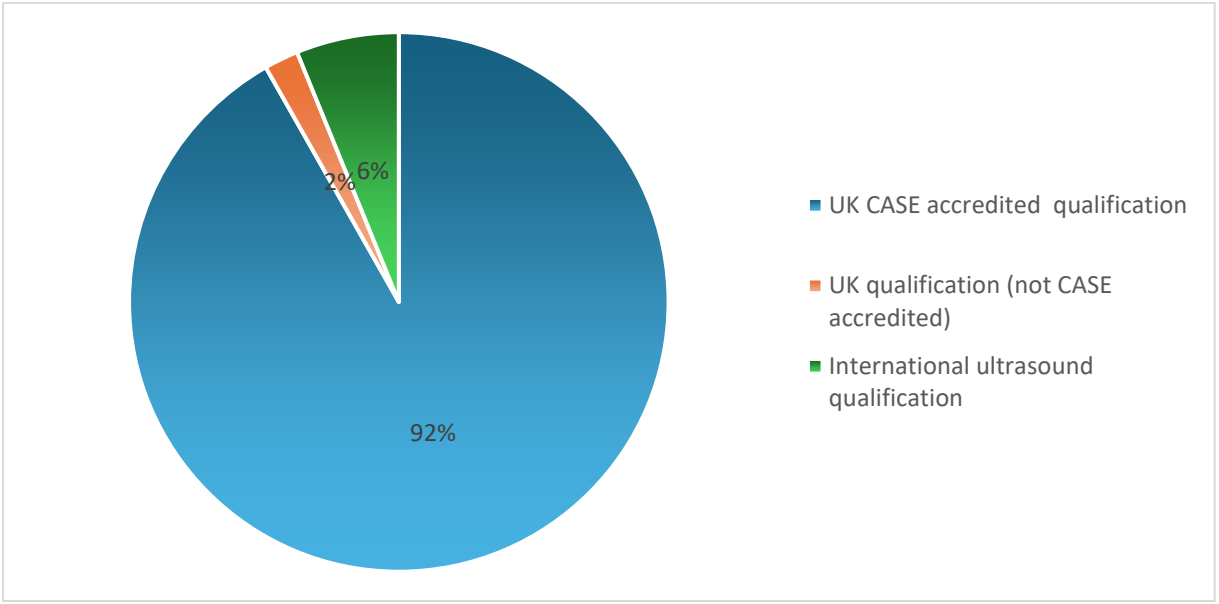


*Figure 23: Qualifications of the total workforce of sonographers (n=98)**

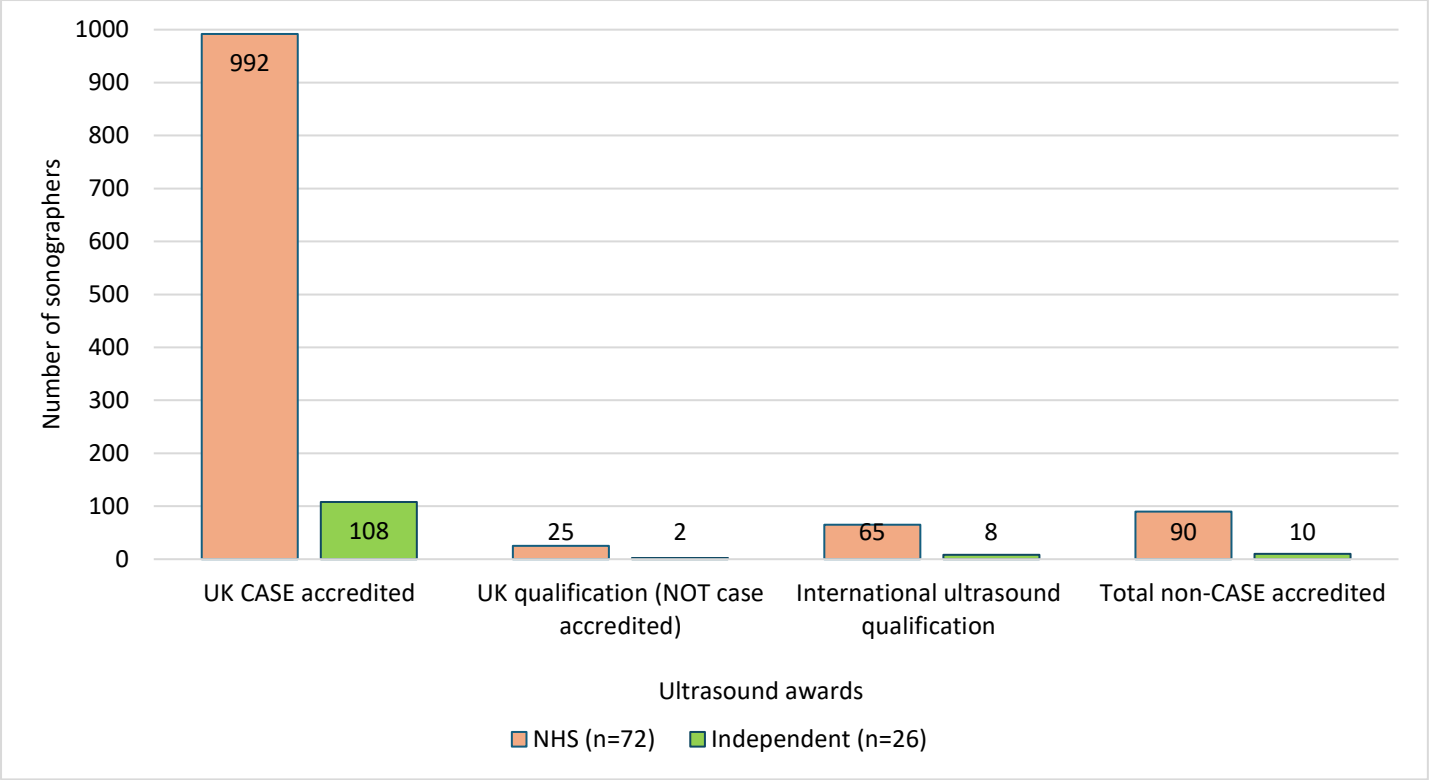


*Figure 24: Qualifications of sonographers working in ultrasound services by provider type (n=98 respondents)**

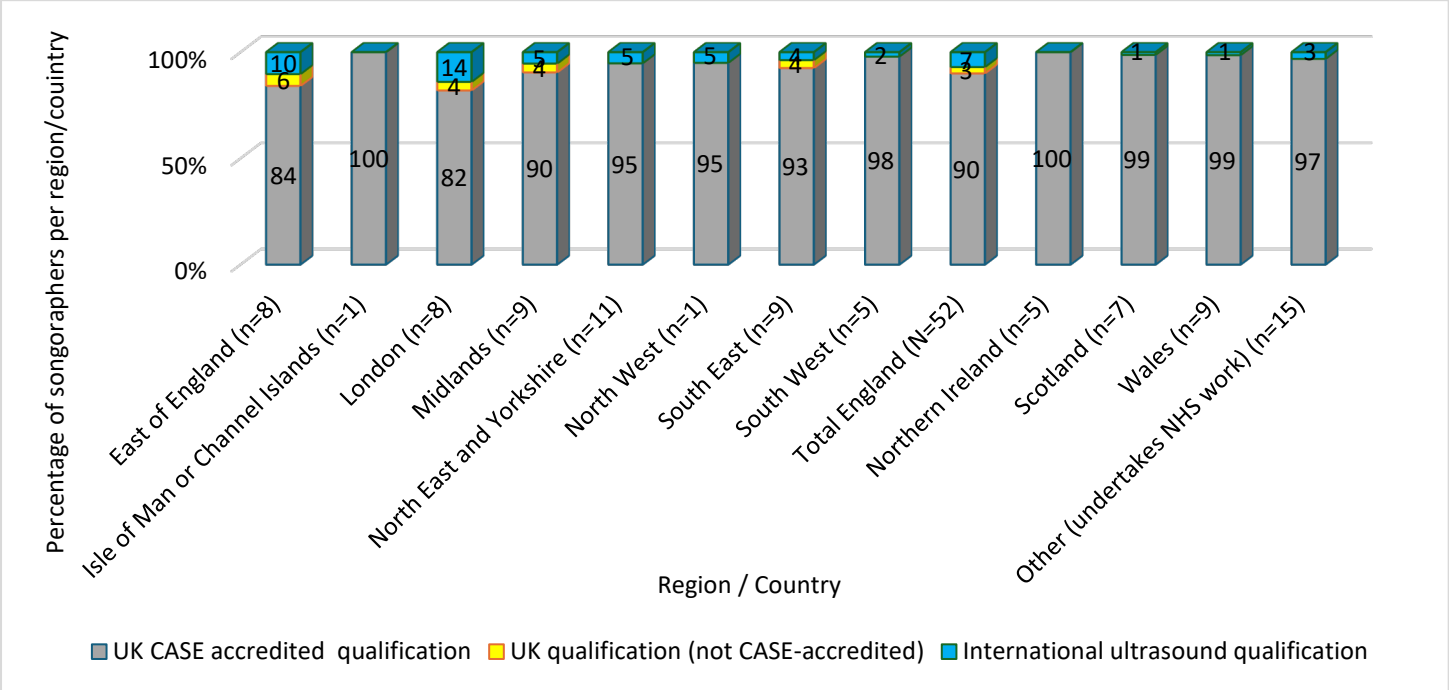


Figure 25: Qualifications of sonographers working in ultrasound services by NHS provider or services that undertake NHS work and region or country)

17. Scope of practice

Respondents were asked for details of any ultrasound examinations, interventions or other activities their department undertakes that they feel extends the scope of practice of sonographers or that they would like to bring to the attention of others. Figure 26 shows the range of activities provided in the 54 responses.

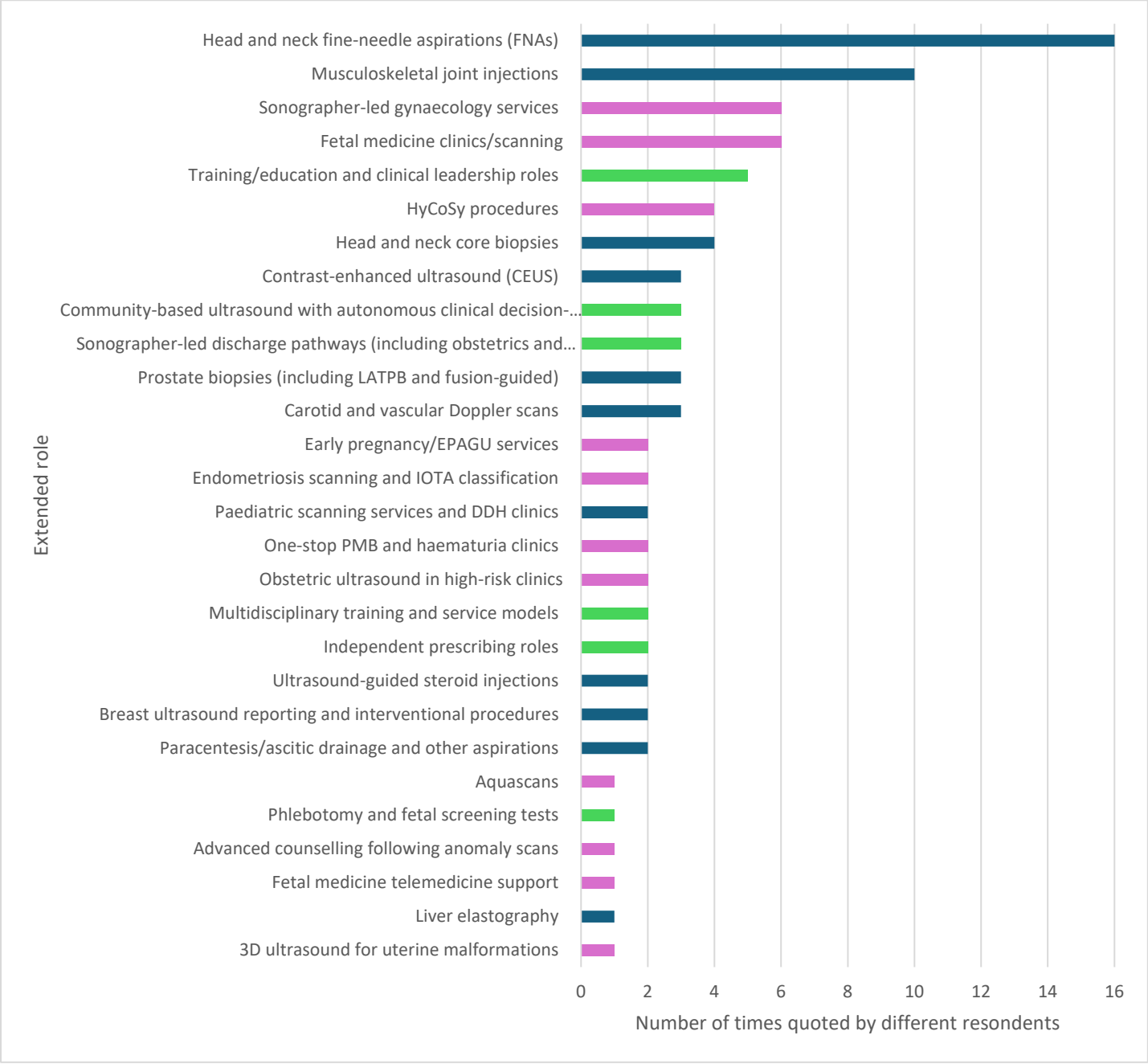


Figure 26: Range of activities quoted by respondents in relation to extended scope of practice for sonographers; purple lines indicate obstetric and gynaecology specific responses, blue lines are general medical specific and green lines are more generic (n=54)

18. Reporting incidents

Respondents were asked whether issues within the department, such as serious untoward incidents, staff shortages or poor-quality equipment, are reported when they arise. Of the 92 respondents to this question, the majority (73, 79%) stated that such issues are always reported. A further 16 respondents (17%) said they are reported sometimes, while 2 respondents (2%) reported that issues are raised only if affecting an individual patient, and 1 respondent (1%) said issues are rarely reported.

Figure 27 demonstrates the reported frequency of incident reporting across NHS and independent providers, with the majority reporting incidents all the time. Respondents were asked to provide reasons why issues negatively affecting the service may not be reported. The key themes identified from the comments are summarised in Table 4, with illustrative quotes where appropriate.

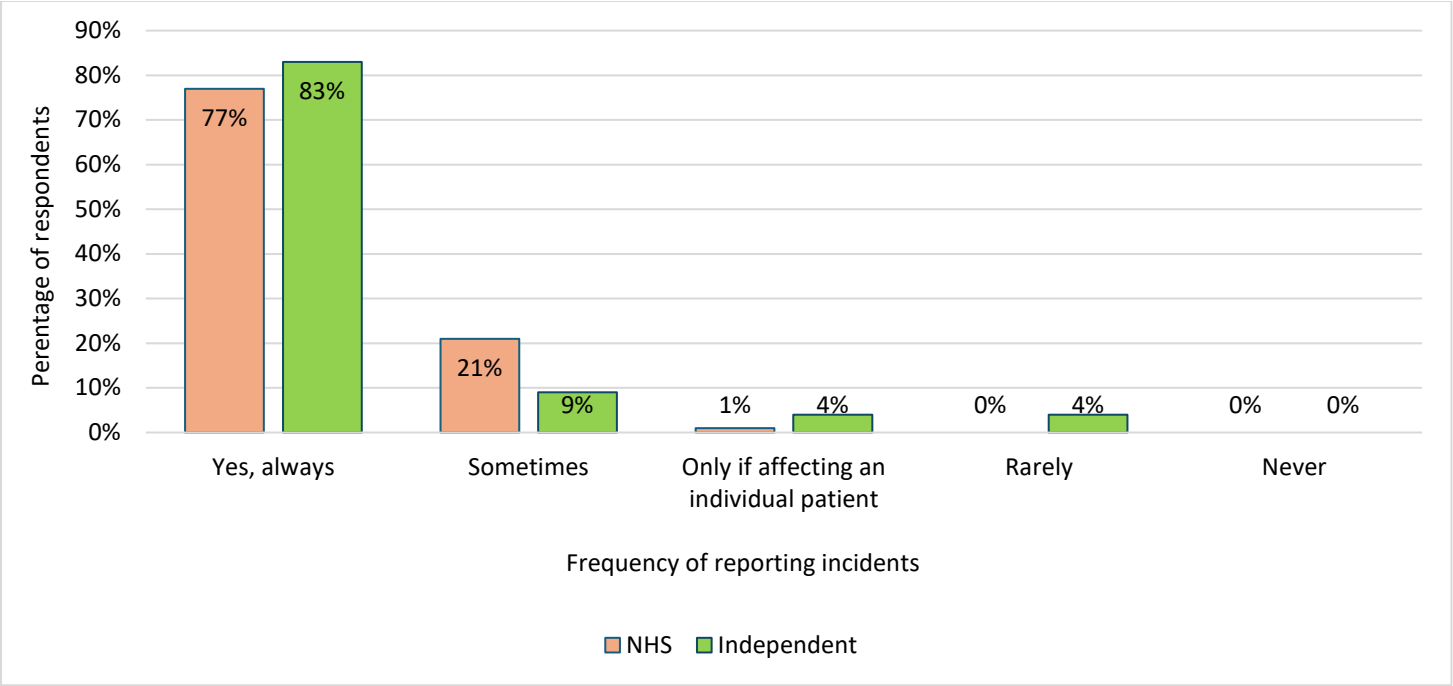


Figure 27: Frequency of incident reporting from NHS and independent provider responses (n=92)

Respondents were then asked which systems they use to report such incidents. Figure 28 shows the range of systems respondents use to report incidents. Responses listed under 'other' included InPhase, Radar, escalation to management, CQC and Northern Ireland Adverse Incident Centre (NIAIC).

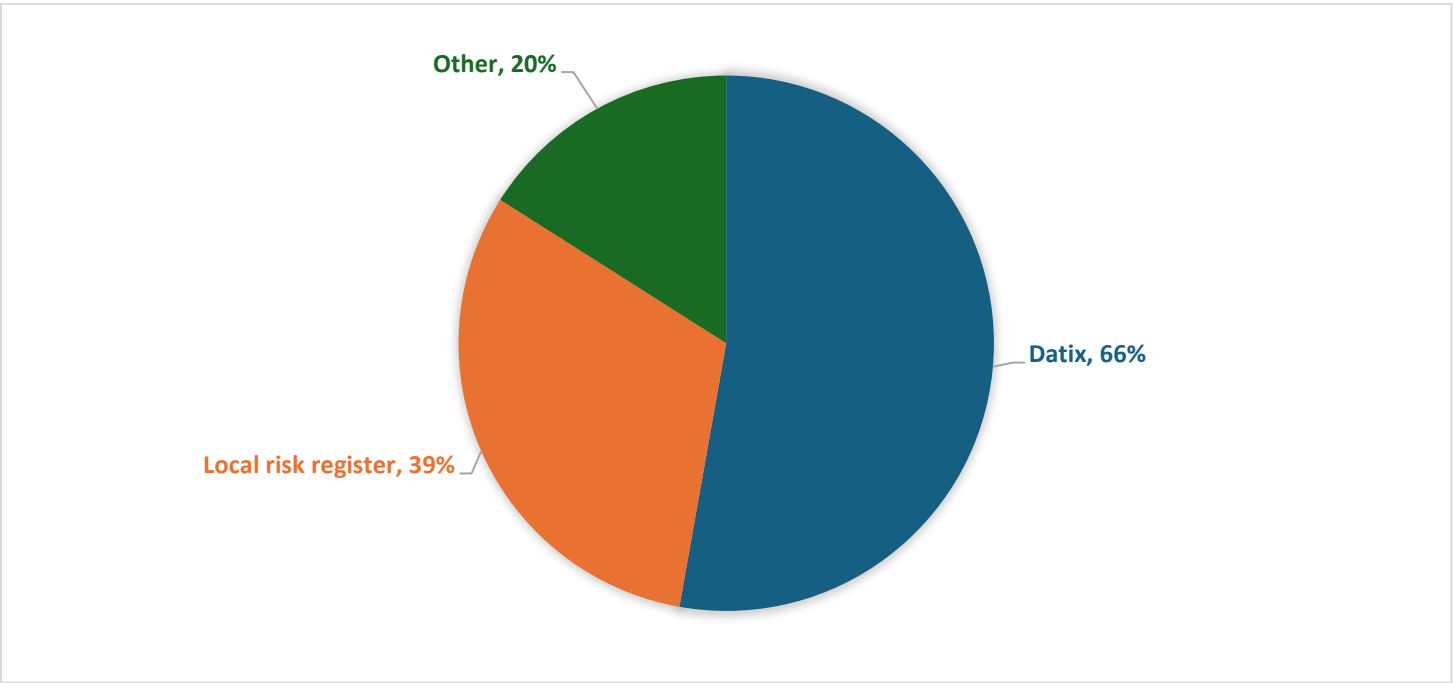


Figure 28: Incident reporting systems used by respondents (n=90). Multiple responses were received from some respondents.

Table 4: Themes and comments related to incident reporting

Theme	Comments and issues
Time constraints and system usability	A number of respondents highlighted that the process of reporting incidents, particularly through systems such as Datix, is time consuming and burdensome (32%). Some also described the system as difficult to use, especially when staff are already under pressure. • Difficult to get staff to complete Datix forms that are too long and not easy to use so they do not report everything they should. • Time consuming to complete paperwork when staff already overwhelmed. • We are short staffed, staff don't have time to fill out the rather laborious form... Time to report them… Staff shortages. • Some staff are reluctant to use as system is cumbersome.
Lack of feedback or action following reports	Several respondents noted that even when reports are submitted, there is little or no feedback, or commented on a sense that nothing changes as a result. • Not sure always even escalated within trust. Expected to manage. • Never receive feedback from raised Datix.
Cultural or organisational barriers	Some respondents described a workplace culture that discourages reporting, or a lack of understanding and support from management or wider governance structures. • Discouraged in doing so by management. • We do not have governance cover for us as sonographers... Lack of understanding, lack of being heard. • Our XXX are our champions but even they struggle to get our recruitment issues, training, role progression heard.
Systemic issues and resignation to ongoing problems	Several comments (32%) suggested that chronic issues, such as staffing shortages, have become normalised, and therefore are no longer reported. • Staff shortages not always reported as this is ongoing. • We rarely 'report' staff shortages unless they are long term. • Some are systemic, like staff shortages and high workload… staff 'worn down' with it all and just plod through. • Staff shortages are not reported – Datix is time consuming.
Misunderstanding of what should be reported	A few respondents indicated that there may be confusion or lack of clarity around what kinds of issues should be reported using incident reporting systems. • Some don't realise that Datix is used for reporting issues such as staff shortages and only use if there is a patient incident.
Technical or access barriers	A small number of respondents noted that not all staff have access to the reporting system. • Everyone needs to have a log-in to use it. Some staff don't have a log-in.

19. Sonographer regulation

An overwhelming majority (n=88, 94%) felt that the SoR should continue to lobby for statutory regulation of sonographers. Five (5%) respondents selected 'I don't know' and only one (1%) said 'no'.

Comments on sonographer regulation

Respondents highlighted the urgent need for statutory regulation and a protected title to ensure patient safety, consistent standards and professional accountability. Concerns include unregulated practice, variable competence (especially among agency and staff without a CASE accredited qualification) and challenges for those without traditional entry routes or HCPC registration. Workforce issues such as recruitment and career progression were also noted, alongside calls for clearer governance, better recognition of international qualifications, and staff wellbeing support. Comments are grouped by theme in Table 5.

Table 5: Themes and comments related to sonographer regulation

Theme	Comments and issues

Strong support for statutory regulation	• Regulation is essential (n=6):
	  ○ To ensure patient safety, professional standards and accountability
	  ○ To address unsafe practice by individuals working without adequate training or oversight
	  ○ To standardise the profession and reflect the increasing complexity of roles
	  ○ To give the profession the recognition it deserves and ensure consistent career progression
	  ○ I 100% agree regulation should be introduced
	  ○ Sonographer regulation is necessary to protect the public from harm
	  ○ It needs regulation, desperately; I've heard horror stories.
	• Sonographer should be a protected title (n=3).
	• Sonography needs a dedicated regulator to unify qualifications and backgrounds.

Current risks and issues of the current lack of statutory regulation	• Lack of accountability, audit or enforcement in many settings, especially in private practice. • Voluntary registers are unenforceable and ineffective in serious competence cases. • People outside of ultrasound assume HCPC is sufficient, but that's not true. • Risk of employing underqualified individuals, some with only a few weeks' training. • Some dismissed or deregistered sonographers are still working in private clinics. • Concerns about unverified skills for some recruits who do not hold a CASE accredited award. • It's becoming dangerous; the focus is on numbers, not quality. • No consistent oversight, and this is a risk to patients. • There are ongoing issues with competency of scans, but no clear standards. • I reported someone through HCPC. Without regulation that wouldn't have been possible. • It is no good training sonographers using an undergraduate method without statutory regulation, as currently we cannot employ them.
Impact on workforce and service delivery	• Employers struggle to know who they should or shouldn't employ. • Without regulation, we risk developing a two-tier workforce: those able to access progression routes and those not. • Non-AHPs are often excluded from CPD funding, PGDs or advanced practice roles. • Regulation would support international recruitment and help standardise pathways. • We are already seeing the effects of this divide. • Without regulation, we can't sustain or expand services. • Regulation would help boost morale and give clearer direction.
Training, education and recruitment considerations	• Direct entry should be allowed, but numbers should be limited to avoid oversupply. • CASE accreditation should be a minimum for all practising in the UK [NOTE: CASE accredits programmes of study, not individual sonographers]. • The current system limits access for individuals with non-traditional routes (e.g. science backgrounds). • I have a PgD from a CASE accredited course but can't be regulated due to my Chemistry degree; this leaves me excluded. • We need robust application processes for overseas-trained staff – current system is too open. • Would STP [scientist training programme] equivalence be worth exploring to support clinical scientist registration?
Critique of PSA [Professional Standards Authority] and	• The 2019 PSA report is outdated, biased toward NHS data, and fails to reflect the private sector. • We need a new report that considers the full picture. • The statutory register is supposed to protect the public, but it's not doing so.

existing regulation systems	• I've been HCPC registered for radiography but haven't practised in 26 years – that shouldn't be possible. • Statutory registration should reflect scope of practice and it currently doesn't.
Suggestions and recommendations	• Create a dedicated statutory register for sonographers. • Protect the title 'sonographer' to prevent misuse and unsafe practice. • Introduce bridging qualifications and clearer equivalency routes for international professionals. • Link external training facilities to universities to help ease NHS pressure. • Regulate machine ownership/use to track who is scanning and where. • Regulation should include all with PgC or higher from CASE accredited courses. • Better oversight of private scanning services, especially obstetric/baby scanning clinics. • Full implementation of the advanced practice scheme will help decentralise the number of sonographers 'stuck' at band 7.

Personal testimonies and case examples

- We had to recall hundreds of patients after a non-registered sonographer misreported scans.
- I dismissed someone for poor practice; however, they're now in private practice elsewhere.
- I became an RCT assessor because I feel so strongly about regulation.
- When we train overseas recruits, they often leave, or go on to become doctors.
- I have dismissed a non-registered sonographer locum as their work was poor quality, and could not report them. I believe they may still be practising.

20. General comments and themes

Comments on sonographer recruitment, retention and workforce issues

Respondents were invited to comment on sonographer recruitment, retention and workforce issues more broadly to help inform national discussions. A range of concerns and suggestions were raised, and key themes are summarised in Table 6, with selected illustrative comments.

Table 6: Themes and comments related to sonographer recruitment, retention and workforce issues

Theme	Comments and issues
Pay and banding	Many respondents reported that current pay levels and banding structures are insufficient to retain experienced staff or attract new candidates. Several expressed support for band 8a being the minimum for sonographers, to reflect their skill and responsibility. Competition between pay at neighbouring trusts and the independent sector was mentioned by a number of respondents in relation to retention of sonographers. • Sonographers should be at least band 8a for the invaluable role they provide. This would help in attracting talent and training new talents to the profession. • Recruitment is difficult because the pay is not worth the responsibility or stress. • Responsibility outweighs the pay for band 8A roles. • Difficult to retain staff as most sonographers go into agency jobs either full time or part time due to pay differences. • It's desperate! It's difficult when trusts are offering higher banding and recruitment and retention bonuses, plus the pay which agencies offer to be able to attract good sonographers. • Banding should be reconsidered. There are many easier ways to advance the bands in radiography with less responsibility. An increase in banding for sonographers to 8B would entice more good-quality candidates. • Sonographers used to be at the forefront of advanced practice and have almost slipped to the bottom of the pile.
Workforce morale and NHS vs. independent sector	Low morale, poor wellbeing support and inflexible working conditions were highlighted as key drivers for staff leaving the NHS for the independent sector or agency work. • Sonographers in the NHS are badly treated and used as robotic workhorses with little regard for their physical or mental wellbeing, especially mental... I wish I had jumped ship to the private sector years ago. • Private sector is a totally different experience, and I get the proper time to do the job that I love as I was never able to do within NHS constraints and targets. • All sonographers leaving our department have gone for more money, mainly to the private sector. • Obstetric ultrasound is such a specialised part of sonography to do well... I don't think this is recognised either. • The emotional and mental load doing obstetric ultrasound is huge… Conversely, it's a really rewarding job. • Younger staff are leaving and taking additional work outside NHS. • Workforce is tired. • No career progression; it's about numbers of scans not quality.

Career progression, ongoing training and retention	Lack of clear career progression routes, especially in areas such as obstetric and paediatric ultrasound, was frequently mentioned. Concerns were raised about the absence of protected CPD time and limited access to postgraduate development opportunities. • Need a clearer career progression for obstetric sonographers... Feels like a crisis waiting to happen. • [Sonographers] feel undervalued due to lack of career progression and just asked to complete the demand rather than supporting their learning and career progression. • How do you become a consultant sonographer in obstetrics? • The regular workload is so heavy as recruitment hard and trainees don't stay after qualifying. • Lack of career progression once sonography qualification obtained. • Majority of sonographers feel disappointed they don't get protected CPD time, to ensure they keep their standards at advanced practice level. • Full implementation of the advanced practice scheme will help decentralise the number of sonographers 'stuck' at band 7.
Recruitment challenges	Difficulties recruiting appropriately trained sonographers were widespread, with some departments relying heavily on in-house training. Several highlighted challenges around recruiting sonographers with CASE accredited qualifications and/or appropriate NHS experience. Allowing flexibility in working hours was seen as a potential way to help retention of sonographers. • Recruiting highly skilled sonographers is problematic as they move into agency work. • We struggle to recruit new staff with appropriate qualifications, so have mostly trained our own.
Internationally trained sonographers and accreditation	While some rely heavily on internationally trained sonographers, others expressed concerns over variations in training standards and challenges in the recognition of qualifications. • Overseas recruitment is a minefield. • We only employ CASE accredited qualifications and HCPC or RCT. • Need top-up courses for international or non-CASE accredited candidates.
Education and training	Respondents discussed concerns about the BSc direct entry route, including lack of statutory regulation and its impact on clinical areas such as paediatrics. It was recommended that HCPC registration be enabled for direct entry qualified sonographers. • I worry how the direct sonographer route (BSc) will affect the speciality of paediatrics ultrasound. • It is no good training sonographers using an undergraduate method without statutory regulation as currently we cannot employ them. • Apprenticeship needs to define what the onward pathway is beyond the EPA [end point assessment]; there is not a sufficient pathway in place to show how

	these staff will be supported via preceptorship or opportunity for onward training (PgC, etc.). • Our career is under threat – we need to look at ultrasound training differently. We must provide sonographers with the training they need, practically and quickly. • Historically poor numbers of trainees entering the profession… Independent/private sector do not put back in what they take away from a trainee perspective.

Suggestions and potential solutions

Several responses called for improved regulation, standardised retention bonuses, increased funding for training and improved strategic planning to address workforce ageing and long-term sustainability.

- Trusts need to pay substantive posts the same as locums.
- Focus should be on retention – retention bonus should be standardised across all trusts.
- RSI is a huge issue. Physio or massage should be part of staff wellbeing policy.

21. Acknowledgements

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