

BREASTSCREEN AOTEAROA RADIOLOGIST WORKFORCE SURVEY
Results for 2006

Question 1 <i>On average, over the last year, how many BSA mammograms have you read <u>per week</u>?</i>	0 - 99	100 - 199	200 - 299	300 - 399	400 - 499	
	18	24	9	2	0	
Question 2 <i>On average, over the last year, how many hours have you spent reading BSA mammograms <u>per week</u>?</i>	1-4 hrs	5-9 hrs	10-14 hrs	15-19 hrs	Other	
	45	7	1	0	1 Left BSA	
<i>Of this time how much of this time is spent on third reads <u>per week</u>? (please state)</i>	0 – 14 min	15 – 29 mins	30 – 39 mins	40 – 59 mins	>60	Not specified
	7	9	16	0	5	16
Question 3 <i>What hours do you work <u>per week within BreastScreen Aotearoa only</u>, in:</i> <i>Direct Patient Contact (including assessment, biopsy, ultrasound etc)?</i>	1-4 hrs	5-9 hrs	10-14 hrs	15-19 hrs	Other	
	32	15	3	1	2	
Question 4 <i>What hours do you work <u>per week within BreastScreen Aotearoa only</u> in:</i> <i>Multidisciplinary meetings (MDM) and quality assurance (QA)?</i>	1-4 hrs	5-9 hrs	10-14 hrs	Other		
	47	3	1	0		
Question 5 <i>Are you able and willing to increase your existing hours working with BreastScreen Aotearoa?</i>	Yes		No		Maybe	
	9		32		12	
Question 6 <i>If the answer to question 5 was 'yes' or 'maybe', how many extra hours per week?</i>	1 – 2 hrs	3 – 4 hrs	5 – 6 hrs	> 7 hrs	Not Sure	
	6	8	2	0	5	

Any further comments on any aspects of the BSA Programme or this questionnaire?

- Workforce efficiency limited by working split sites and affects many of the staff.
- The introduction of digital mammography will have negative impact on reading times.
- Field ideally suited to role extension for MRTs as working well in the UK. Also attracts new staff and retains and motivates existing staff as well as assisting manpower problems.
- Too much paperwork – can it be computerised to save papers and filing.
- Need working group to look at use of MRI screening of women with high risk (after genetic counselling and BRACA ½ testing). This is now the recommendation in Australia and UK.
- MRT issues – lost 2 accredited BSA MRTs others reluctant to take on course work. I have real concerns about the viability of our programme with MRT staffing issues.

BreastScreen Aotearoa Radiologist Workforce Survey 2006

In December 2006, the annual BSA Radiologist Workforce Survey was distributed to 65 BSA radiologists through the eight Lead Provider Clinical Directors. The survey was identical to the 2005 survey and similar to the first 2004 workforce survey. Lead Provider Clinical Directors identified the number of BSA radiologists working within their region, including subcontractors.

There was an increase in BSA radiologists working in the Programme in 2006 (65) compared to 50 in 2004 and 2005. BSA has accredited a further 15 radiologists to work in the Programme. Since 2004 there have been two new breast screening providers, BreastScreen Waitemata and Northland (BSWN), and BreastScreen Counties Manukau (BSCM).

The NSU acknowledges the work of BSA Clinical Directors in distributing the surveys.

Screening Volumes

In the 24 months to June 2006 the BSA programme screened 294,421 women. That was a 43.1% increase in the number of women screened (205,793) over the same 24-month period to June 2004. The number of Maori women screened increased by 36.6% as compared to the 24 months prior to age extension and that of Pacific women - by 27.4%. Maori and Pacific women constitute 6.9% of all additional women screened due to age extension.

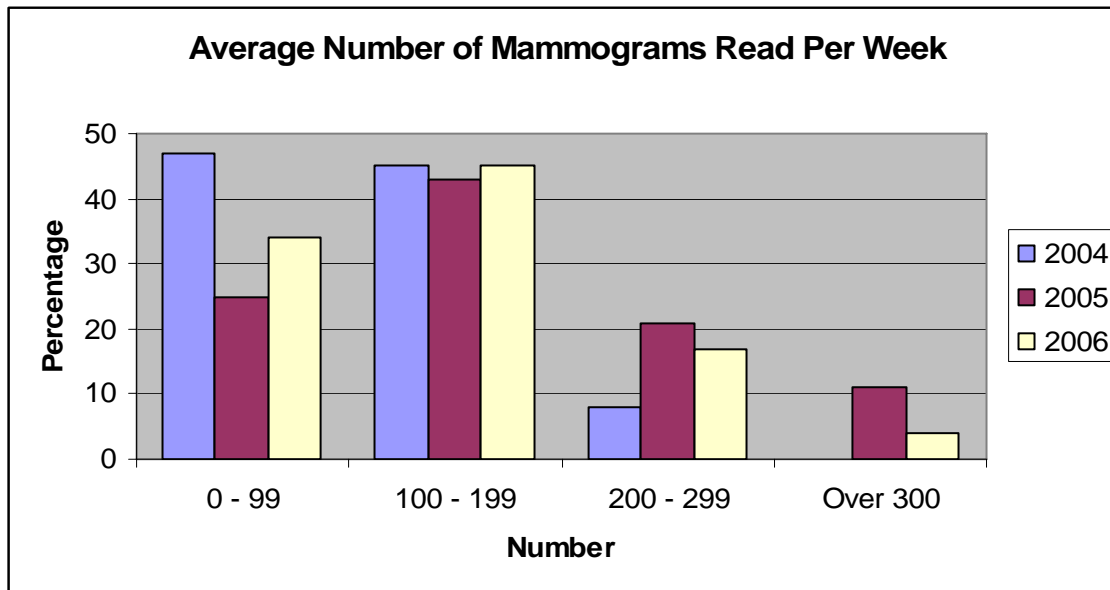
In the 24 months to June 2006, overall BSA coverage of women aged 50 to 69 constituted **60.7%**. Coverage of Maori women aged 50 to 69 was **41.2%** and that of Pacific women was **40.4%**. Coverage of Maori and Pacific women is significantly lower than overall BSA coverage of the general female population.

Survey Analyses

Total number of surveys sent was 65 which indicates an increase of 15 radiologists in the BSA Programme since 2004. 54 surveys were returned, 53 completed, and one radiologist had left BSA, leaving 53 for analysis. This equates to an 81% return rate which is an improvement from a 56% return rate in 2005 and 72% in 2004.

The average number of BSA mammograms read per week had dropped slightly in 2006 (153 in 2005 to 135 in 2006) but was still higher than the 116 average read in 2004. The number of radiologists reading between 100-199 mammograms per week has remained the same from 2004 to 2006. The largest change has been in reading less than 99 mammograms where this has increased from 25% in 2005 to 34% in 2006. The number of radiologists reading over 200 mammograms per week has decreased from 32% in 2004 to 21% in 2006.

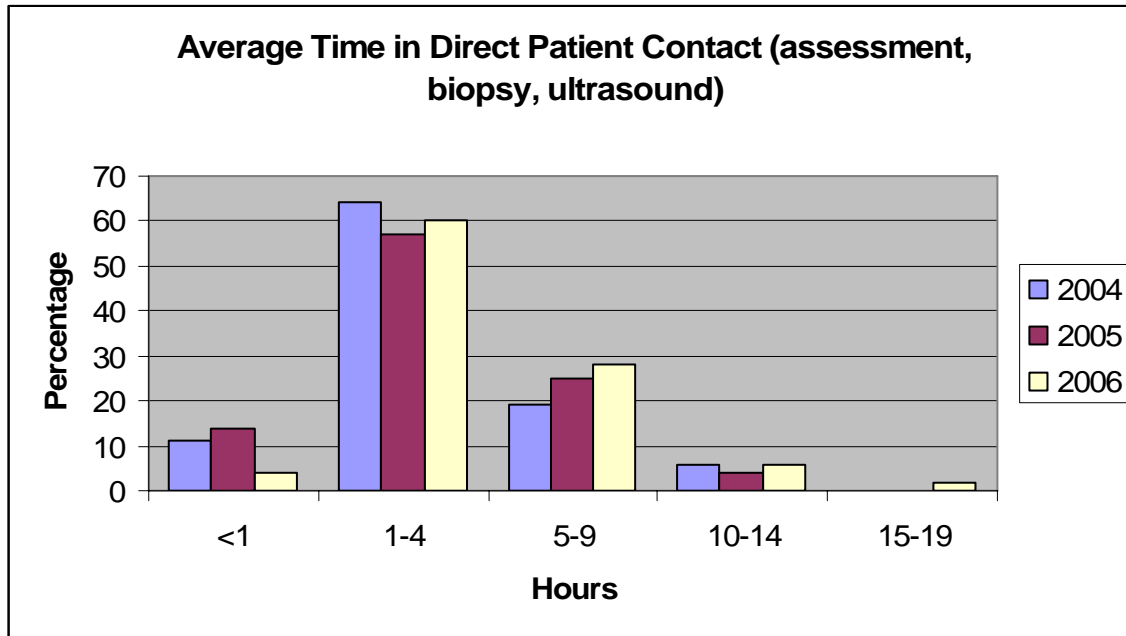
Number of Mammograms Read per Week (average)	2004 (%)	2005 (%)	2006 (%)
0 - 99	47	25	34
100 - 199	45	43	45
200 - 299	8	21	17
Over 300	0	11	4



The majority of BSA radiologists, 85% (n=45/53), worked between one and four hours per week on average reading BSA mammograms. This number indicates that individual BSA radiologists are spending less time reading mammograms compared to 2004 and 2005 where 68% (for both years) spent one to four hours reading mammograms. Similarly, 13% in 2006 read on average of between five to nine hours per week on average compared to 24% in 2004 and 25% in 2005.

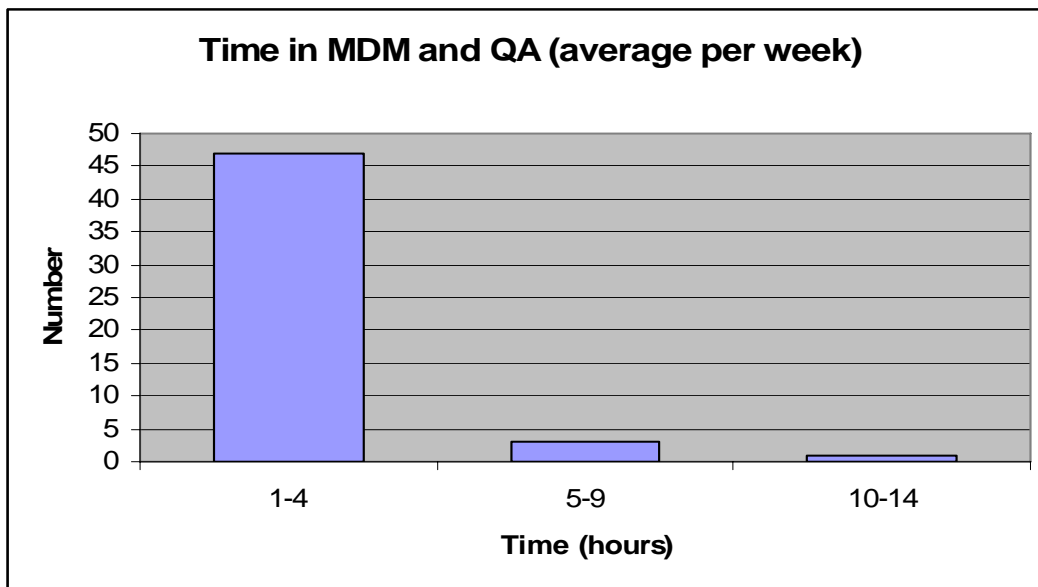
The amount of time radiologists spend in direct patient contact has increased, with 25% spending five hours or more in patient contact in 2004 and 35% in 2006.

Number of Hours in Direct Patient Contact	2004 (%)	2005 (%)	2006 (%)
Less than 1	11	14	4
1 - 4	64	57	60
5 - 9	19	25	28
10 - 14	6	4	6
> 15	0	0	2



A large number of respondents did not indicate how long they spent on third mammography reads (n=16), but the numbers were similar to 2005 indicating no change to time spent on discordant mammography reads.

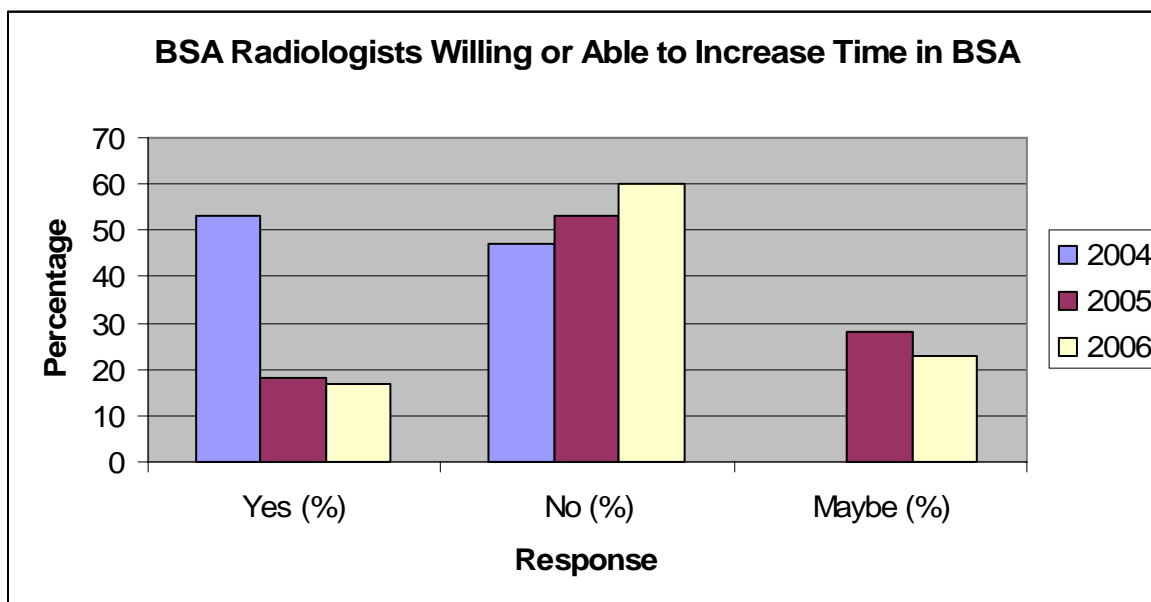
The majority of BSA radiologists (90%) spent one to four hours on average in multidisciplinary meetings (MDM) and on quality assurance (QA) activities. These figures are comparable to 2004 (88%) and 2005 (82%) figures.



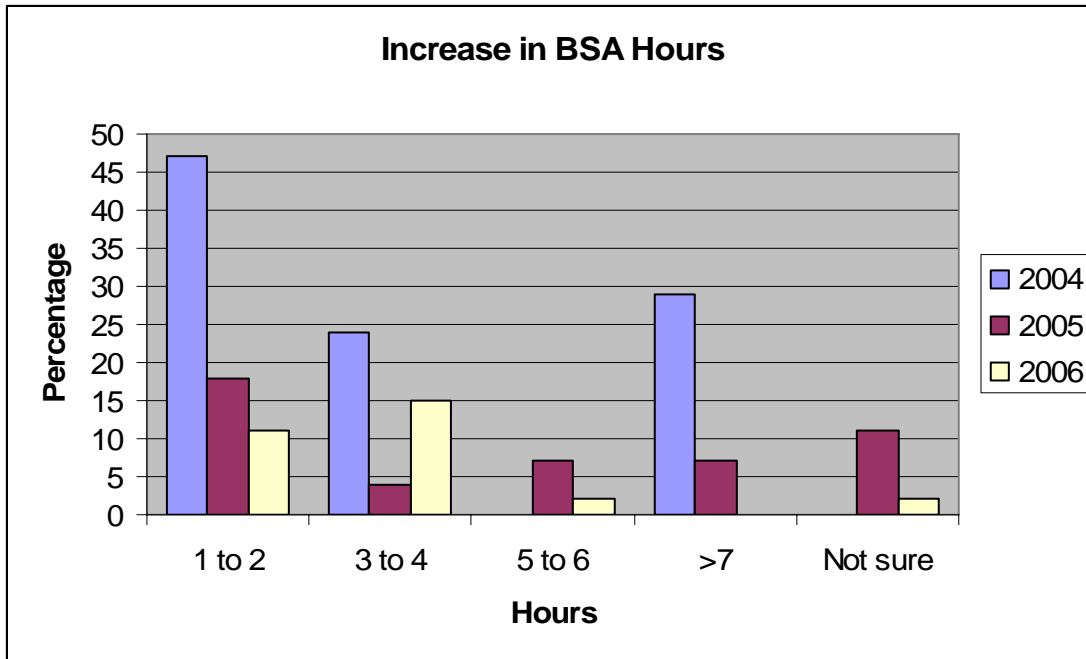
The number of radiologists who want to or are able to increase their BSA hours has decreased further since 2004 and 2005 with 60% indicating they did not want to or are unable to increase

their hours in BSA (47% in 2004 and 53% in 2005). Of those who indicated they possibly could increase their BSA hours the majority, 26% (n=14), was four hours or less per week increase.

Year	Yes (%)	No (%)	Maybe (%)
2004	53	47	0
2005	18	53	28
2006	17	60	23



Number Available to increase hours to work in BSA	2004 (%)	2005 (%)	2006 (%)
1 - 2	47	18	11
3 - 4	24	4	15
5 - 6	0	7	2
>7	29	7	0
Not sure	0	11	2



Radiologist Comments

A consistent theme from radiologist comments from 2004 to 2006 has been on MRT shortages with some commenting on the need for MRT role extension to read films and for the need for a mammographer technician role, similar to the UK Four-Tier Skill Mix. The New Zealand Institute of Medical Radiation Technology (NZIMRT) working party is currently investigating role extension for MRTs, particularly for MRT appendicular reading and potentially MRTs reading mammograms. The working party is also considering a training course and the implications of development of a mammographer technician role within NZ.

The recent development of digital mammography policy in BSA has raised the profile of digital mammography in the screening programme. The comment on the decreased reading time in digital mammography is an issue raised anecdotally by digital mammography practices, and particularly in published medical literature. The decrease in reading time is considered an initial disadvantage of changing to digital mammography but the effect of impact is dependant on a clear and structured training programme and ensuring a truly filmless environment through digitising of prior mammograms.

There was a comment for the need for a working group to look at the use of MRI screening of women with high risk and genetic testing as this is now the recommendation in Australia and the UK.