

BreastScreen Aotearoa Medical Radiation Technologist Survey 2004

In July 2004, a BSA MRT workforce survey was carried out by BSA Lead MRTs. The survey instrument was designed by Meegan Ferguson, in conjunction with the NSU. It was designed to collect current, accurate demographic information on MRTs currently employed by lead providers and by subcontractors, and their views on some key issues. In addition, demographic information was sought on MRTs who had previously been employed by BSA, but who had left. This latter information was not complete, but represented a large enough proportion of those who had left to enable some conclusions to be drawn.

Each Lead MRT spoke directly with the employed MRTs, filling in the relevant information. This was seen as a good way to ensure the best returns as MRTs did not have to fill in any forms themselves, and it was presented as a way for them to help their profession. The 'depth of feeling' about the survey questions was noted, as well as the 'tiredness' of many of the MRTs who have been involved with BSA since its inception.

The Lead MRTs then collated the information, which was presented with no identifiable information. The raw results were provided to the NSU for analysis. The NSU then fed back preliminary results to the Lead MRTs for comment. The final results will be made available to the MRTs. The NSU acknowledges with sincere thanks the work of Meegan Ferguson, the other Lead MRTs, and the MRTs who provided information for the survey.

The statistical results are first presented below, followed by the qualitative information collected from the MRTs. Each section includes a discussion of the implications of the survey for this BSA workforce strategy.

Current MRT Workforce – Statistical Information

BSA MRT workforce numbers and hours worked

	Lead Providers	Subcontractors	Total
Number employed (headcount)	54	39	93
Total hours worked per week	1245	527.4	1772.4
Average hours worked per week	23	13.5	19
Average FTE using 40 hour standard	0.58	0.34	0.48

Comments:

There is a clear difference between the lead provider and subcontractor MRTs, with the average hours worked much higher in the lead providers. Overall, BSA has a part time workforce of MRTs, which has implications for recruitment.

Ethnicity

	Lead Providers	Subcontractors	Total
NZ, NZ/European	33	27	60
Australian	2	0	2
Maori	0	1	1
Any African country	6	1	7
UK	4	1	5
European	5	3	8
Indian	1	1	2
Not stated	3	5	8
Summary	61% are NZ/NZ European	69% are NZ/NZ European	65% are NZ/NZ European

Comments:

BSA MRTs are largely NZ European, with the subcontractors somewhat more homogeneous when compared with the lead providers.

Year started with BSA

	Lead Providers	Subcontractors	Total
Pre-1998	3	0	3
1998	12	1	13
1999	6	18	24
2000	6	1	7
2001	5	3	8
2002	8	7	15
2003	7	5	12
2004	7	4	11
Hired 1999 or before ie commencement of BSA	39%	49%	43%

Comments:

There was clearly an establishment phase for BSA, with lead providers earlier than the subcontractors.

The subcontractor workforce appears to be more stable than the lead providers, with a higher percentage being employed for 4 or more years.

It is interesting to note that in 2003, both the subcontractors and lead providers hired 13% of the current workforce. This could be used as a proxy attrition measure – ie the number needing to be hired to replace those who leave. This needs to be built into the workforce projections to understand the impact of age extension, as age extension will be above and beyond this general attrition rate. Eleven MRTs have been hired to date by all employers in 2004 (six months),

which suggests recruitment is increasing at a higher level than in 2003. We need to be concerned that this is due to more people leaving rather than increased demand (ie presume employers would offer hours to existing staff before recruiting, and there is some evidence that some current staff would work more hours.) We will recommend that this is monitored nationally so that trends can be identified.

Length of time in BSA - 40/93 began in 1999 or before = 43%. Suggests good loyalty and satisfaction, but also that many may be ready to move on in the next four years.

Certificate of Proficiency in Mammography

	Lead Providers	Subcontractors	Total
Completed	30	17	47
Part 1 only completed	7	17	24
Not completed	14	5	19
Not reported	3	0	3
Percentage without full Certificate completed	39%	56%	46%

Comments:

The BSA Standards require completion of the Certificate of Proficiency within two years of commencing employment. Forty three MRTs have not completed it fully. Grandparenting is also an issue with some MRTs having qualifications that are no longer considered current. They also need to access training.

Currently, only BreastScreen Midland offers the clinical component, and their capacity was reported to be about 12 per year. Additional clinical sites are necessary if the workforce is to be able to complete the full certificate. New staff hired as a result of age extension will also need to do the Certificate, so the total places required is possibly twice this number or more.

Also need to find out more from those who have not done the Certificate.

Also need to consider NSU funding for this, as it has been raised repeatedly in recent years, including by the NZIMRT in the last month.

Age

	Lead Providers	Subcontractors	Total
20 – 30	5	5	10
30 – 45	22	11	33
45+	27	23	50
Aged 45+ as a percentage	50%	59%	54%

Comments:

The MRT workforce is not young. For a sustainable workforce, efforts must be made to recruit more MRTs in the younger age ranges.

Willing/able to increase hours in BSA?

	Lead Providers	Subcontractors	Total
Yes	10	19	29
No	39	16	55
? or possibly	5	4	9
Percentage not willing or able to increase hours in BSA	72%	41%	59%

Comments:

This provides an indication of the extent to which age extension volume increases will be able to be met by increasing the hours worked by the existing personnel. This appears to be a strategy that will be more successful in the subcontractors. Lead providers will need to recruit new staff to grow.

MRTs who have left BSA – Statistical Information

MRT workforce numbers and hours worked

	Lead Providers	Subcontractors	Total
Number employed (headcount)	31	22	53
Total hours worked per week	726.5	306	1032.5
Average hours worked per week	23.4	13.9	19.5
Average FTE using 40 hour standard	0.59	0.35	0.49

Comments:

The average hours worked/FTEs are very similar for this group who have left BSA employment, compared with the current MRT workforce.

Age

	Lead Providers	Subcontractors	Total
20 – 30	5	3	8
30 – 45	17	7	24
45+	9	11	20
No information	0	1	1
Aged 45+ as a	29%	50%	38%

percentage			
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Comments:

For both the lead providers and subcontractors, those who have left were on average younger than the current workforce (overall average 45+ are 54% for current, 38% for former).

Number of years employed in BSA

	Lead Providers	Subcontractors	Total
Less than one	5	1	6
1 – 2	8	10	18
2 – 3	9	3	12
3 – 4	4	6	10
4 – 5	3	0	3
Not known	2	2	4
Percentage employed less than 2 years	42%	50%	45%

Comments:

There is are reasonable spread of lengths of time employed, with somewhat fewer lead provider MRTs employed for less than two years.

Reasons for leaving BSA employment

	Lead Providers	Subcontractors	Total
Overseas travel/ returned overseas	9	4	13
Retired/deceased	5	4	9
Work related/ modality change/ more variety etc	14	8	22
Injury/burnout/ too much pressure/needed change	2	6	8
Not stated	1	0	1
Percentage who left for injury etc reasons	6%	27%	15%

Comments:

While the numbers are small, there is a noticeable difference regarding those who cited injury related issues, and this should be followed up.

Qualitative Information

Will the introduction of the HPCA have any effect on the BSA MRT workforce?

The Lead MRTs made a number of points on the HPCA. It is difficult to assess the extent to which the HPCA will have an impact, but the following were raised as issues:

- MRTs will need to decide on whether they continue to do BSA mammography, if their present job includes a mix of mammography and other modalities
- Some will do the minimum in mammography to satisfy competency
- Some will increase mammography hours due to HPCA and age extension
- Some will decrease hours in mammography in order to retain general radiography scope or pick up ultrasound. General and ultrasound are desirable due to on-call/shift remuneration
- Some will continue as they have been

Why are BSA MRTs staying?

In approximate order of number of times mentioned, the following are seen as positives for BSA MRTs:

- No on-call/shift work
- Flexible hours/able to meet family commitments/able to have school holidays off
- Remuneration
- Enjoy good MRT peers, good multidisciplinary team
- Service to women, satisfaction following women through screening to assessment, well women focus, important health area, enjoy the challenge
- Variation of fixed and mobile sites
- Variation of general and BSA
- Input to decision making
- Quality standards
- Ability to do a good job and do it well, like to specialise
- Feels valued if MDM works well
- Happy to spend more time in BSA if pay improves
- Good working environment, support for OSH issues eg good ventilation, massage
- Support for CPD activities
- Required to do mammography as part of job
- Convenient to home

- Too close to retirement

What would encourage MRTs to remain within BSA and what can we do to attract more MRTs?

In approximate order of number of times mentioned, the following are seen as ways to recruit and retain BSA MRTs:

- Improve remuneration, address discrepancy of coming off shift/on-call
- Acknowledgement of specialist work skills, difficulty of positions, respect, recognition, positive feedback
- Role extension (film reading, ultrasound, health promotion)
- MRTs need to feel that their hard work is recognised, that they have skills
- Provide support for a physically demanding job with access to massage therapy, OOS prevention
- Support for CPD financial and time wise
- Better physical work environment, increase space available
- More flexible hours, no weekend work
- More involvement in screening pathway for subcontractors
- Better communication at service level
- Recognise further qualifications, meeting of quality standards and targets
- Option to not work on mobile, better accommodation when away on mobile

Are MRTs working for the LP (either private or DHB) more likely to remain working within BSA?

This question was asked to assess whether the lead provider MRTs felt more linked to BSA. Those employed by lead providers have explicitly chosen to work in breast cancer screening, whereas some of the subcontractor MRTs are do so as part of a wider position. While some did mention the positive aspects of being employed by the lead providers, there were also positives associated with being employed by subcontractors, such as:

- Better remuneration
- Less overall pressure, eg of volumes when compared to lead providers
- No requirement to work on mobile
- More variety in work ie not just mammography
- Less likelihood of burn out and RSI/OOS
- Loyalty to private provider not BSA

The negatives in working for subcontractors include:

- Removed from the screening pathway, assessments, etc
- The only feedback received from lead provider is negative
- Relentless screening on BSA days

Implications: improved linkages between lps and scs, via MRTs themselves
 Different patterns for some lps and some scs
 Injury rate

How difficult in the past was it replacing MRTs that have left? Is it getting harder or ore difficult?

Each providers experience with recruitment is of course not the same, but the following points were made:

- It was easier to recruit in the past compared to now
- The future is uncertain, not likely to get any better, will be 'almost impossible' to meet demands of age extension
- Recruiting timeframes have been up to 12 months
- Currently recruiting for 3 months with no result, small number of applicants when advertising
- Usually find staff from outside and have to train, current staff do not want more hours, risk burn out and want a break from screening
- Locums or overseas mammographers are being recruited, using a locum agency, some choose to remain in NZ
- Will need improved remuneration or recruitment will not be adequate
- HPCA will be an issue for overseas applicants
- Should be trying to entice more mature MRTs back to work only in mammography, need MRTB to enable this to happen