

**National Screening Unit
BreastScreen Aotearoa**

**BSA Medical Radiation Technologist
Workforce Survey 2006**

In December 2006, the annual BreastScreen Aotearoa (BSA) Medical Radiation Technologist (MRT) workforce survey was carried out by BSA Lead MRTs. The same survey was used for 2006 that was designed by a Lead BSA MRT in 2004. It was designed to collect current, accurate demographic information on MRTs currently employed by Lead Providers and subcontractors, and gain their views on some key issues within the Programme. In addition, demographic information was sought on MRTs who had previously been employed within BSA, but who had left.

Each Lead MRT spoke directly with the Lead BSA MRT, filling in the relevant information. This ensured a maximum number of responses and complete information. The Lead MRTs then collated the information, which was presented with no identifiable information for the NSU to analyse and disseminate through the BSA MRT multidisciplinary group (MRT MDG). The NSU gratefully acknowledges the work of the Lead MRTs in collating the information in the survey.

The statistical results are presented first, followed by qualitative information collected from the MRTs.

This 2006 survey includes the two new BSA providers, BreastScreen Waitemata and Northland (BSWN) and BreastScreen Counties Manakau (BSCM).

Survey Results

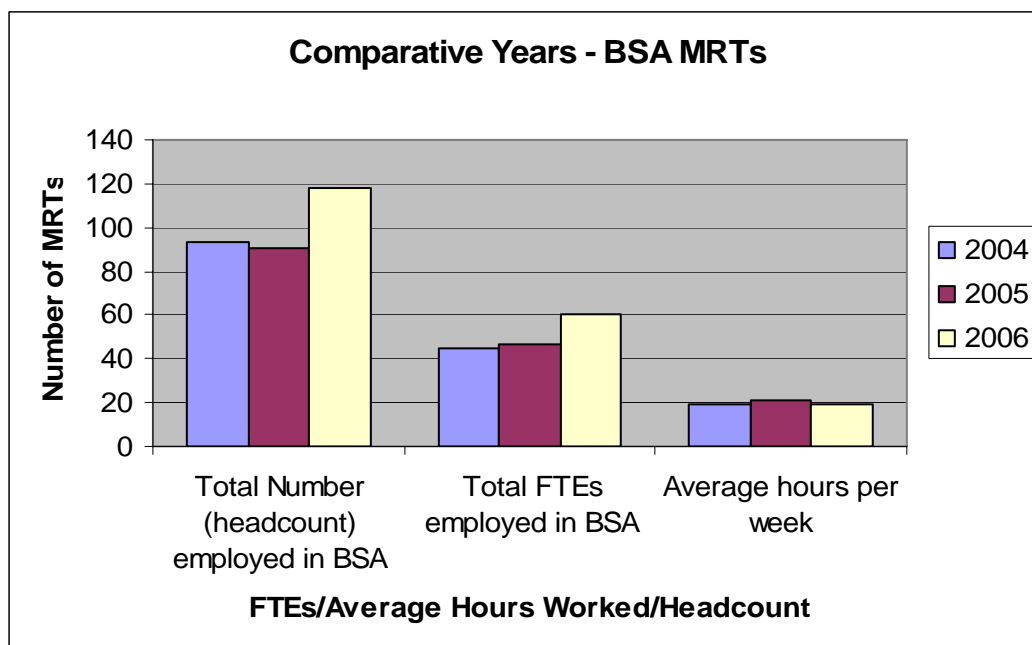
BSA MRT workforce numbers and hours worked

	Lead Providers	Subcontractors	Total
Number employed (headcount)	70	48	118 headcount
Total hours worked per week	1765.5	648.5	2414 hours
Average hours worked per week	25.2	13.5	19.4 hours
Average FTE using 40 hour standard	0.63	0.34	0.51 FTE
Total FTEs	44.1	16.3	60.4 FTEs

Comparative Years Data

	Total Number (headcount) employed in BSA	Total FTEs employed in BSA	Average FTE	Average hours per week
2004	93	45	0.48	19
2005	91	47	0.52	20.6
2006	118	60.4	0.51	19.4

There has been a significant increase in the number of MRTs (headcount) working in BSA with a 26.9% increase since 2004 and 29.7% increase since 2005. The number of FTEs (based on a 40 hour work week) has increased 34% since 2004 and 28% since 2005.

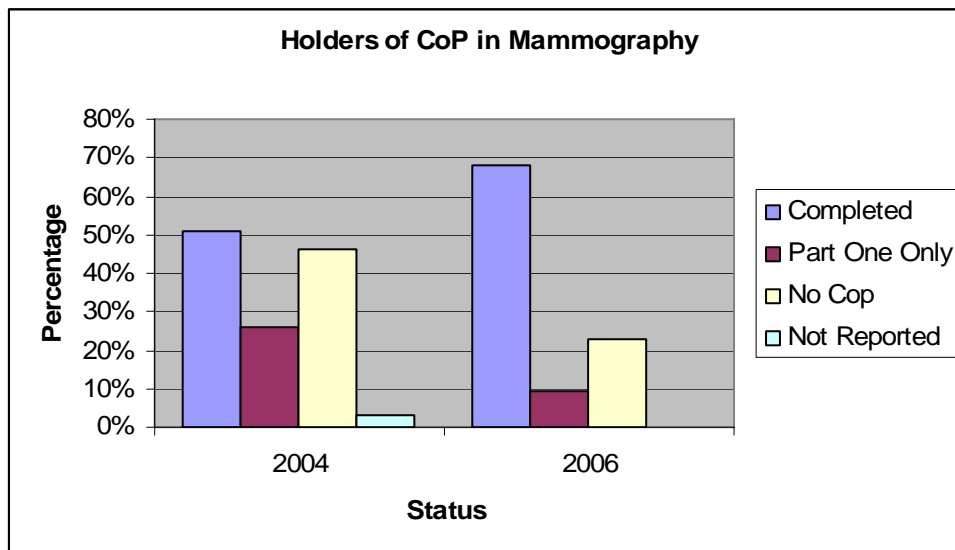


Holders of Certificate of Proficiency in Mammography

	Lead Providers	Subcontractors	Total
Completed	45	35	80
Part 1 only completed	7	4	11
Not completed	17	10	27
% completed CoP	68%		
% Part 1 only	9.3%		
% No CoP	22.9%		

Comparative Data 2004 and 2006

	% completed CoP	% Part 1 only	% No CoP	Not Reported
2004	51%	26%	46%	3%
2006	68%	9.3%	22.9%	0



The comparative 2004 data shows there has been a significant increase in BSA MRTs with full Certificate of Proficiency in Mammography. In February 2005 the NSU commenced a project to reimburse BSA providers the cost of MRTs completing the CoP in mammography. The MRT UDG has actively encouraged BSA MRTs to complete the CoP in order to comply with BSA National Policy and Quality Standards (NP&QS). The number of MRTs who do not comply with NP&QS with no CoP are 26% (n=27). The number of MRTs with CoP (if we include those with Part 1) is 74% in 2006 which is a similar number to 2004 (77%). There are no comparative results for 2005 as the majority of surveys did not complete this question.

Age of BSA MRTs

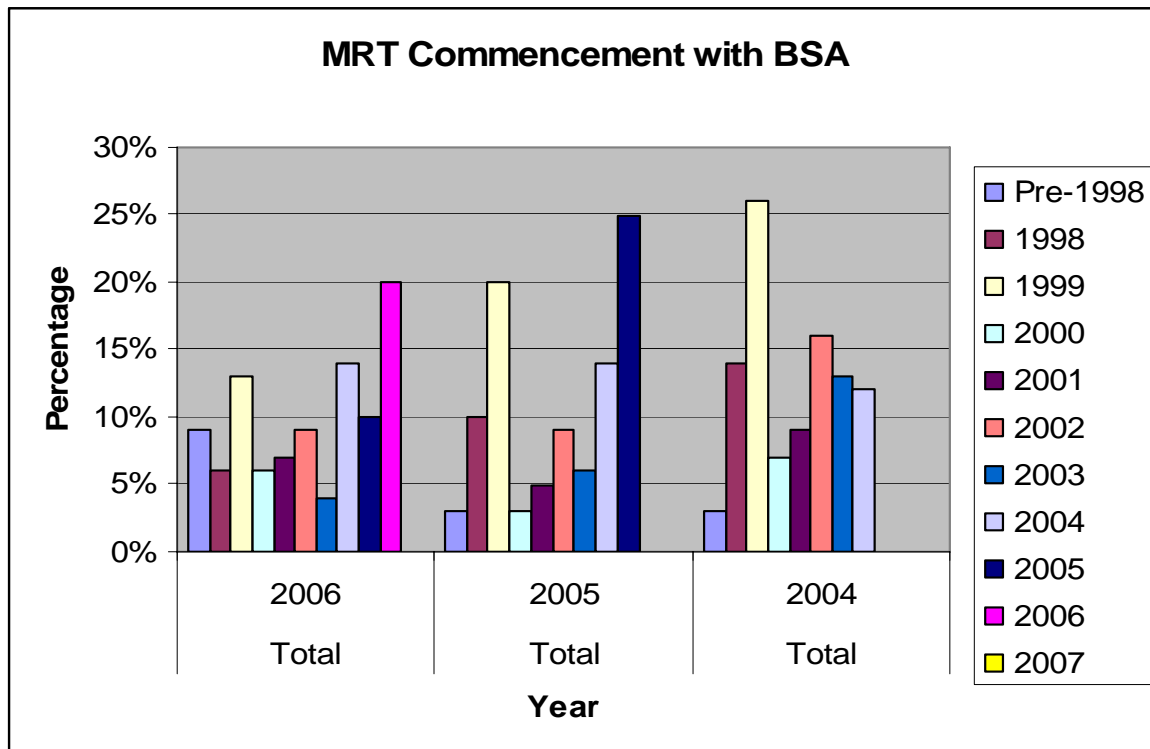
	Total 2006	2005	2004
20-30	12 (10%)	8%	11%
30-40	28 (24%)	28%	35% (30-45yrs)
40 +	78 (66%)	64%	54% (45+ yrs)

The age of the BSA MRT workforce is comparable to 2005, and probably to that of 2004; unfortunately the survey age bracket was changed in 2004. The number of BSA MRTs in the 20-30 age group has increased to 12% of the workforce compared to 8% in 2005, and 11% in 2004.

Year Started with BSA

	Total 2006	Total 2005	Total 2004
Pre-1998	8%	3%	3%
1998	5%	10%	14%
1999	13%	20%	26%
2000	8%	3%	7%
2001	7%	5%	9%
2002	8%	9%	16%
2003	5%	6%	13%
2004	12%	14%	12%
2005	9%	25%	
2006	23%	5%*	
2007	3%*		

* included in the survey – delay in return of surveys slipped into January therefore included MRTs who started the following year.



Modality of Work

MRTs were asked if they worked in mammography only, which included diagnostic services as well as breast screening. This question was to identify if MRTs were working in other modalities within medical imaging.

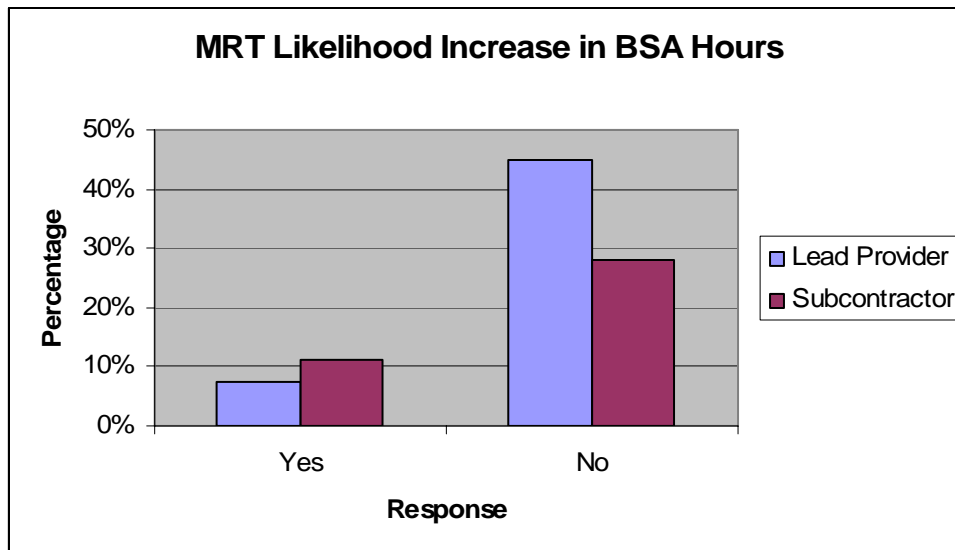
	Yes	No	Total
Lead Provider	51	20	71
Subcontractor	7	40	47
	58	60	118

The majority of MRTs at subcontracted sites indicated they worked in other modalities other than mammography. This has been the case anecdotally that MRTs at subcontracted sites work across modalities as breast screening can be a small part of the business for private facilities. Conversely the majority of MRTs at DHB sites worked only in mammography.

Increase of Hours within BSA

Provider	Yes	No
Lead Provider	7.6%	45%
Subcontractor	11%	28%
Total	18.6%	73%

The majority of BSA MRTs indicated there was no likelihood of increasing hours worked in BSA. MRTs at subcontracted sites considered they may be able to increase hours worked within BSA. These results are comparative with previous years with 85% of MRTs indicating they were unable to increase hours within BSA in 2005 and 55% percent in 2004.



MRTs who have left BSA

Year Commenced BSA	Number left in 2006	Reason for leaving
1990	1	sickness
1991	1	No CoP went to MRI
1998	1	No CoP
1999	2	Travel, retire
2000	2	travel
2001	2	Back to general, maternity
2003	2	RSI, unable to meet 1000 mams/year,
2004	4	Maternity, change modality to MRI, travel, personal reasons
2005	4	Went to Australia, sickness, travel
2006	8	Transferred, change modality, returned overseas, wrist injury, did not feel appreciated, needed greater work experience
Total	27	

A total of 27 MRTs left BSA in 2006. All of these MRTs did not take up BSA positions at other breast screening provider sites. Reasons cited for leaving BSA were such as travel, sickness, retiring and change of modality are reasons cited in previous BSA MRT surveys. The number of MRTs who have left, n=27, indicates an attrition rate of 23%. This is higher than in 2005 which showed an indicative attrition rate of 18%. The BSA MRT survey in 2004 indicated 8 MRTs left BSA due to injury. Those leaving BSA due to injury has declined which may indicate providers are aware of potential repetitive strain injuries (RSI) for MRTs working in breast screening.

Overall Comments

Reasons for staying in BSA

Comments by MRTs were:

- Enjoy working in a population based, well woman environment
- Valuable contribution to women's' health
- Job satisfaction
- Able to use skills overseas
- Flexibility of hours, no on call
- Good team spirit
- Able to develop a high level of expertise
- Good working in team environment
- Enjoy the mix of diagnostic work and mammography
- Commitment and belief in screening service

- Higher remuneration
- Digital technology ‘new technology’
- Enjoy ability to follow the patient through from screen to assessment

Issues within BSA

MRTs were asked what issues MRTs consider require attention to encourage them to stay in BSA. The comments were:

- Pay parity for South Island MRTs
- Need more flexible hours
- Role extension especially breast ultrasound
- Opportunity to attend more conferences and study leave for post graduate study
- Better support for CPD activities
- Need to change to digital and get rid of chemicals
- Need for regular massage and OOS support (occupational overuse syndrome)
- Remuneration should be on a par with MRI and ultrasound as mammography is a specialty
- Timeframe for new MRTs training in BSA mammograms can be prohibitive particularly coping with breast screening workload
- Flexibility to maintain competency in general radiography
- Need clear career path – advancement necessary
- Would like more involvement in multidisciplinary team

Replacement of BSA MRTs

MRTs were asked how hard it has been to replace MRTs who have left BSA. The question asked how MRTs were replaced in the past, currently and how they intended to replace MRTs in the future.

Past

The majority of sites found it very difficult to “impossible” to recruit MRTs to BSA in the past. Most MRTs were recruited from overseas with many positions taken up by locum MRTs. Anecdotally they have come from Australia.

Currently

Subcontracted sites are still experiencing difficulty in recruiting MRTs to BSA. Many sites have recruited MRTs outside of breast screening or from overseas. The Christchurch area has a shortage of positions for MRTs which may have a knock-on effect with MRTs having to look outside the Christchurch region for jobs.

Future

There was an indication that providers will attempt to recruit new graduates to BSA positions. This is a change from previous views as anecdotally breast screening has been a career for mature and experienced MRTs. Many new graduates today are not direct school leavers but are mature individuals looking for a career change. Some sites still indicate they may need to recruit from overseas if unable to attract NZ MRTs to breast screening.