

## **Radiologist Survey 2004 Results**

In December 2004, the NSU surveyed the BSA Radiologist Workforce through the BSA Radiologist Unidisciplinary Group. A total of 50 surveys were sent out and 36 (72%) completed questionnaires were received. The questionnaires were sent to the clinical leaders of Lead Providers to distribute to all radiologists working within the programme consisting of BSAN (n=10), BSM (n=13), BSCC (n=7), BSC (n=5), BSS (n=12), BSHC (n=3). Radiologists were not individually identified, but an identifiable number was given to the batch of questionnaires sent to each Lead Provider site to assist with counting the number of completed surveys returned.

The questionnaire asked on average, how many BSA screen read mammograms radiologists read. The range was from 40-300 mammograms per week (3.9 hours average). The survey also asked on average, what hours do you work per week within BSA for direct patient contact including assessment clinics. The range was from 0-13 hours (average 3.9 hours); some radiologists screen read only. When asked what hours radiologists worked (on average) within BSA for MDM and QA activities the range was from 0.5-12 hours per week (average 1.9 hours).

Radiologists were asked if they wanted to or were able to increase their existing hours working in BSA; 19 indicated 'yes' and 17 indicated 'no'. Those radiologists that indicated 'yes' they wanted to or were able to increase their hours working in BSA indicated a range of 1-8 extra hours (average extra hours 3.7). Some of the comments from radiologists on the survey form were:

- Can do extra reading in the weekends and/or evenings
- Would like to increase hours in BSA but unable to at present due to other commitments
- Lack of time, need to decrease hours elsewhere to enable increase hours in breast screening
- If funding to radiologists were increased would be willing to do more
- Not able to increase hours due to other commitments
- Needs significant financial compensation to cover other work
- Breast screening is already too onerous and very stressful
- Would prefer not to do breast screening

## **Radiologists Survey 2005 Results**

In October 2005, the NSU, through the BSA Radiologist Unidisciplinary Group distributed the annual BSA radiologist workforce survey. A total of 50 surveys were sent out and 28 (56%) completed questionnaires were received. The questionnaires were sent to the clinical leaders of Lead Providers to distribute to all radiologists working within the programme consisting of BSAN (n=10), BSM (n=13), BSCC (n=7), BSC (n=5), BSS (n=12), BSHC (n=3). Questionnaires were not sent to the two new breast screening Lead Providers, BreastScreen Waitemata and North (BSWN) or to BreastScreen Counties Manukau (BSCM) as BSWN had not began screening and BSCM had only just commenced screening.

The radiologists were not individually identified, and no identifiable number was given to the batch of questionnaires sent to each Lead Provider site as was done last time, to

ensure anonymity to the respondents (although this meant it was not possible to identify which provider had not sent back all their questionnaires).

The survey questionnaire was changed slightly from the 2004 survey in that radiologists were not asked if they worked for a subcontractor or a Lead Provider. Radiologists were not asked to identify the amount of time spent on first, second or third read but how many hours reading BSA mammograms per week and how much of this time is spent on third reads per week. The amount of time in direct patient contact, including assessment clinics was asked as well as the amount of time per week spent on MDM and QA.

The question on anticipated increase in time working within BSA was changed slightly to ask if radiologists were "...able and willing to increase your existing hours working with BSA" (from "...are you able to..."). Comments on aspects of the breast screening programme were similar to the 2004 survey comments.

The average number of BSA mammograms read per week had increased from 116 in 2004 to 153 a 32% ( $153/116 \times 100$ ) increase. The majority (43%) read between 100-199 mammograms per week, a shift upward from 2004 where the majority (47%) read less than 100 mammograms on average per week. The 2005 survey showed 25% read less than 100 mammograms and 21% read between 200-299 mammograms per week on average. The 2004 survey showed only 8% read between 200-299 and no one reported reading more than 299 mammograms. In contrast, in 2005, 11% of radiologists read more than 300 mammograms on average per week.

<b>Number of mammograms read per week (on average)</b>	<b>2004 (%)</b>	<b>2005 (%)</b>
0 - 99	47	25
100 - 199	44	43
200 - 299	8	21
Over 300	0	11

The amount of time with direct patient contact had increased in 2005. The majority of radiologists (57%) spent between 1-4 hours on average per week in direct patient contact and 25% spent 5-9 hours in direct patient contact.

<b>Amount of hours in direct patient contact</b>	<b>2004 (%)</b>	<b>2005 (%)</b>
Less than 1	11	14
1 - 4	64	57
5 - 9	19	25
10 - 14	6	4

The amount of hours radiologists spent on QA and MDM activities had remained constant with 93% spending between 1-9 hours on average per week.

<b>Amount of hours in MDM and QA Activities</b>	<b>2004 (%)</b>	<b>2005 (%)</b>
Less than 1	12	0
1 – 4	74	82
5 - 9	15	11
More than 10	0	4

The number of radiologists wanting to or able to increase their BSA hours has decreased slightly from 53% in 2004 to 46% (combined ‘yes’ and ‘maybe’) in 2005. Those who indicated ‘no’ they were not able or willing to increase their BSA hours, increased to 53% in the 2005 survey compared to 47% in 2004. The wording of this question changed from the 2004 survey due to the wording “Do you want to or are able to increase your existing hours working in BSA”. The radiologist may be able to increase his/her hours but not able to. The question in the 2005 survey was changed to “Are you able and willing to increase your existing hours working with BSA?”

The number of hours radiologists indicated they could increase changed significantly from the 2004 survey with radiologists indicating less available time to increase hours within BSA.

<b>Number available increased hours to work in BSA</b>	<b>2004</b>	<b>2005</b>
1 - 2	8 (47%)	5 (18%)
3 - 4	4 (24%)	1 (4%)
5- 6	0	2 (7%)
More than 7	5 (29%)	2 (7%)
Not sure	-	3 (11%)

The comments radiologists made on aspects of the BSA programme were:

- Can do more reading after hours (Action: ask CDs to identify these rads and roster for more reading)
- Follow the UK and train MRTs to read mammograms and train technicians to take mammograms. (Action: On workforce analysts work programme to produce policy paper on this issue– Susan Hay)
- Recall coding process for mammographic findings not logical
- General radiology too busy can only do film reading out of normal working hours
- Computer causes delays/problems
- Utilize breast physicians more fully (Action: On workforce analysts work programme to produce policy paper on this issue– Susan Hay)
- The programme is under funded which causes problems in retaining radiologists (Action: for rad UDG discussion)
- Recall process for mammographic findings not logical ie if two readers identify same lesion I breast then recall initiated only if both code lesion indeterminate (ie the one lesion needs two readers in agreement). But if one reader identifies lesion in right breast and calls it indeterminate (but calls left breast normal) and the

second reader identifies lesion in left breast and calls it indeterminate (but calls right breast normal) then the patient is recalled. This is illogical as the readers are **not** in agreement. It should go to a third read. These increase recall rates. (Action: for Radiologist UDG discussion)

<b>Question 1</b> <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
	7	12	6	1	2
<b>Question 2</b> <i>On average, over the last year, how many hours have you spent reading BSA mammograms <u>per week</u>?</i>  <i>Of this time how much of this time is spent on third reads <u>per week</u>? (please state) .....</i>	1-4 hrs	5-9 hrs	10-14 hrs	15-19 hrs	Other
	19	7	1	0	New to BSA
	0 – 14 min	15 – 29 mins	30 – 39 mins	40 – 59 mins	> 60 mins
	6	5	12	1	4
<b>Question 3</b> <i>What hours do you work <u>per week within BreastScreen Aotearoa only</u>, in: Direct Patient Contact (including assessment, biopsy, ultrasound etc)?</i>	1-4 hrs	5-9 hrs	10-14 hrs	15-19 hrs	Other
	16	7	1	0	4 (nil)
<b>Question 4</b> <i>What hours do you work <u>per week within BreastScreen Aotearoa only</u> in: Multidisciplinary meetings (MDM) and quality assurance (QA)?</i>	1-4 hrs	5-9 hrs	10-14 hrs	Other	
	23	3	1	1 (New to BSA)	
<b>Question 5</b> <i>Are you able and willing to increase your existing hours working with BreastScreen Aotearoa?</i>	Yes		No		Maybe
	5		15		8
<b>Question 6</b> <i>If the answer to question 4 was 'yes' or 'maybe', how many extra hours per week?</i>	1 – 2 hrs	3 – 4 hrs	5 – 6 hrs	> 7 hrs	Not Sure
	5	1	2	2	3

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

- Reading only after hours
- Computer causes problems
- Need to use breast physicians more
- I think the programme is under funded and it will struggle to retain radiologists if the pay doesn't go up
- Recall coding process for mammographic findings not logical
- Follow the UK and train mammographers to read mammograms and bring in basic training in mammography for non-radiographers, I've seen it; it works really well in practice.

Follow-up actions: discuss with Radiologists and Lead Provider UDGs and canvas opinions on further workforce recruitment/retention options.