

National Screening Unit BreastScreen Aotearoa

Medical Radiation Technologist Workforce Survey 2005

In July 2004, a BreastScreen Aotearoa (BSA) Medical Radiation Technologist (MRT) workforce survey was carried out by BSA Lead MRTs. The same survey was used for 2005 that was designed by a Lead MRT in 2004. It was designed to collect current, accurate demographic information on MRTs currently employed by Lead Providers and 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 in that year.

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. The Lead MRTs then collated the information, which was presented with no identifiable information. The NSU acknowledges the work of the Lead MRTs in collating the information for the survey.

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

It is important to note that the survey results do not include the two new Lead Providers, BreastScreen Counties Manukau (BSCM) and BreastScreen Waitemata and North (BSWN). This was because BSCM has just commenced screening and BSWN had not yet commenced screening. As a result the 2005 MRT survey is not a complete representation of the workforce status, as approximately four MRTs had commenced with BSCM.

The data from BreastScreen Central (BSC) were held up due to no Lead MRT and delay of subcontractor returning information. As a result the survey results from BSC report three MRTs employed in 2006.

Provider	Number of MRTs	Hours Worked	Age	Commencement	More Hours?
BSCC (12) MRTs Left BSA = 3	S/C - 8 L/P - 4	0 - 9 : 3 10 - 19 : 5 20 - 29 : 1 30 - 39 : 3 40+ : 0	20 - 30 : 0 30 - 40 : 1 40+ : 11	1998 - 1 1999 - 4 2000 - 1 2001 - 0 2002 - 1 2003 - 3 2004 - 0 2005 - 2	Y - 1 No - 11
BSAN (18) MRTs Left BSA = 4	S/C - 9 L/P - 6 Both - 3	0 - 9 : 2 10 - 19 : 7 20 - 29 : 3 30 - 39 : 4 40+ : 2	20 - 30 : 2 30 - 40 : 2 40+ : 14	1998 - 1 1999 - 4 2000 - 0 2001 - 2 2002 - 3 2003 - 2 2004 - 1 2005 - 5	Y - 5 No - 13

Provider	Number of MRTs	Hours Worked	Age	Commencement	More Hours?
BSHC (8) MRTs Left BSA = 6	S/C - 0 L/P - 8	0 - 9 : 0 10 - 19 : 4 20 - 29 : 2 30 - 39 : 2 40+ : 0	20 - 30 : 3 30 - 40 : 1 40+ : 4	1994 - 2 1996 - 1 2001 - 0 2002 - 0 2003 - 0 2004 - 2 2005 - 3	Y - 0 No - 8
BSM (17) MRTs Left BSA = 1	S/C - 8 L/P - 9	0 - 9 : 6 10 - 19 : 3 20 - 29 : 3 30 - 39 : 2 40+ : 3	20 - 30 : 0 30 - 40 : 9 40+ : 8	1998 - 2 1999 - 5 2000 - 0 2002 - 1 2003 - 0 2004 - 6 2005 - 3	Y - 5 No - 12

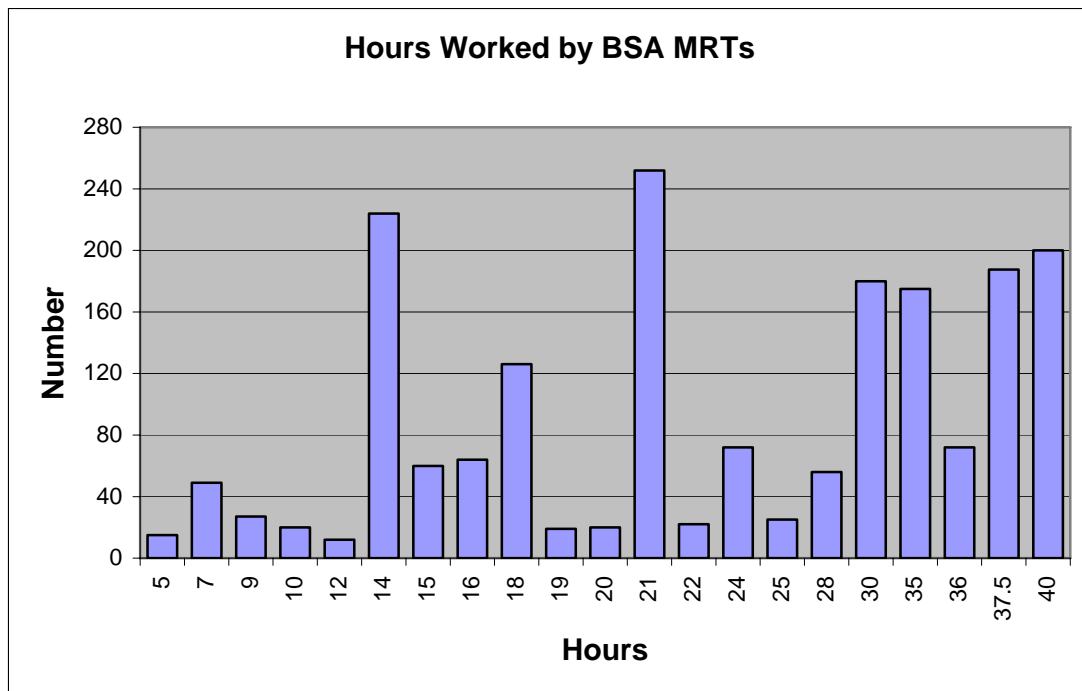
Provider	Number of MRTs	Hours Worked	Age	Commencement	More Hours?
BSS (24) MRTs Left BSA = 4	S/C - 9 L/P - 15	0 - 9 : 0 10 - 19 : 13 20 - 29 : 11 30 - 39 : 0 40+ : 0	20 - 30 : 2 30 - 40 : 8 40+ : 14	1998 - 5 1999 - 4 2000 - 2 2001 - 2 2002 - 3 2003 - 1 2004 - 3 2005 - 4	Y - 4 No - 20
BSC (12) MRTs Left BSA = 3	S/c - 5 L/P - 7	0 - 9 : 3 10 - 19 : 3 20 - 29 : 0 30 - 39 : 6 40+ : 0	20 - 30 : 0 30 - 40 : 5 40+ : 7	1998 - 0 1999 - 1 2000 - 0 2001 - 1 2002 - 0 2003 - 0 2004 - 1 2005 - 6 2006 - 3	Y - 1 N - 11

TOTALS

Provider	Number of MRTs	Hours Worked	Age	Commencement	More Hours?		
All Providers (91 MRTs working)	S/C - 39	0 - 9	14	20 - 30	7	1994 - 2	Y - 11
	L/P - 49	10 - 19	35	30 - 40	26	1996 - 1	No - 77
	Both - 3	20 - 29	20	40+	58	1998 - 9	No comment = 3
		30 - 39	17			1999 - 18	
		40+	5			2000 - 3	
						2001 - 5	
Total MRTs Left BSA = 21				2002 - 8			
				2003 - 6			
				2004 - 13			
				2005 - 23			
				2006 - 3			

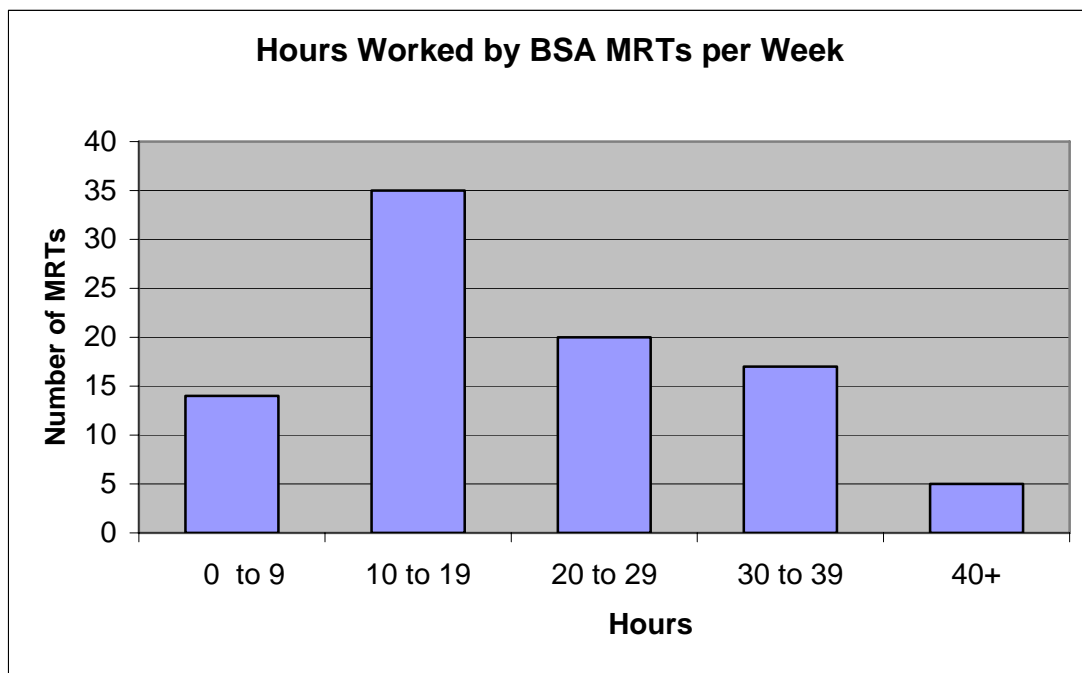
BSA MRT workforce numbers and hours worked

	Lead Providers	Subcontractors	Both	Total
Number employed (headcount)	49	39	3	91
Total hours worked Per week	1376.9	500.6	-	1877.5
Average hours Worked per week	28.1	12.8	-	20.63
Average FTE using 40 hour standard	0.70	0.32	-	0.52



These results show that the number of MRTs (headcount) working at Lead Providers has reduced since the 2004 survey from 54 to 49. The average hours MRTs work has increased from 23 hours per week to 28.1. The average FTE (based on 40 hour week) has increased slightly from 0.48 FTE to 0.52 FTE in 2004. The largest increase in FTE was for MRTs working for Lead Providers from 0.58 FTE in 2004 to 0.70 FTE in 2005.

The average hours worked per week for subcontractors has decreased slightly from 13.5 to 12.8 since the 2004 survey. This means the average FTE for subcontractors is now 0.32 FTE, a decrease from 0.34 FTE. This may be as a result of the reconfiguration of the Auckland and North services.



Length of time in BSA

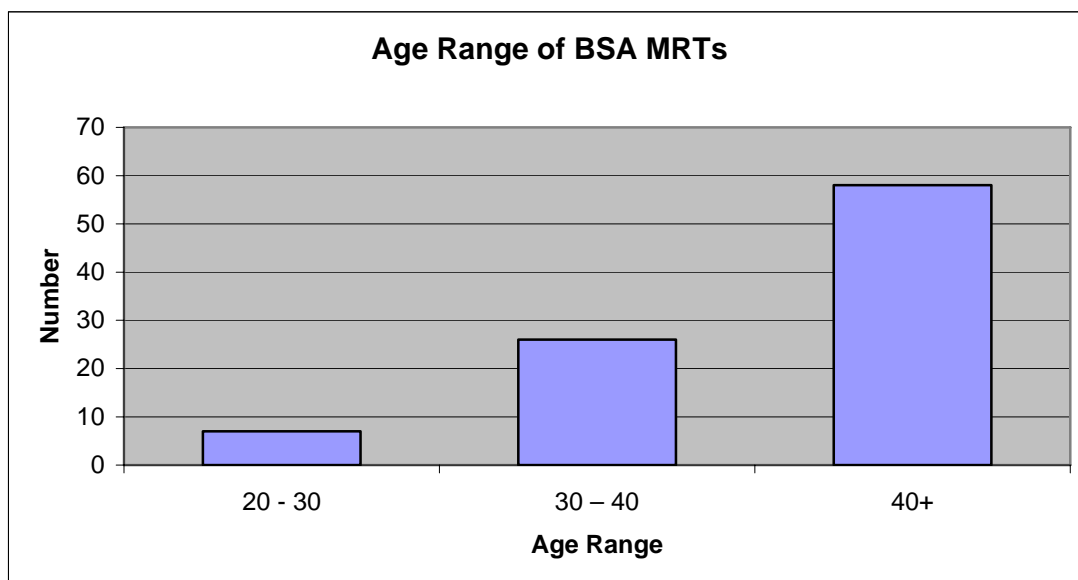
At the time of the 2004 survey, 40/93 MRTs began in 1999 or before = 43%. This number has decreased to 30/91 MRTs who began in 1999 or before = 32%. The survey showed a large increase in MRTs new to BSA in 2004 and 2005 (36 MRT headcount = 39%).

Age of BSA MRTs

The 2004 survey showed 50% of BSA MRTs as being 45 and over. The number of MRTs over 45 has increased to 63% in the 2005 survey.

Anecdotally this has been seen as a concern for BSA, but globally there is an aging health workforce. This has been well documented in the literature in New Zealand and internationally (*Health Workforce Advisory Committee, Fit for purpose and for practice: a review of the medical workforce in New Zealand Consultation Document, May 2005. NZIER, Ageing New Zealand and Health and Disability Services: Demand Projections and Workforce*

Implications, 2001-2021, August 2004). It was suggested in the 2004 survey results that efforts should be made to recruit more MRTs in the younger age ranges. This may be an area where Lead Provider and NSU initiatives could target recruitment.



Willingness to Increase Hours in BSA

A large majority of MRTs indicated they were unlikely to increase hours working in BSA (85%) with only 12% indicating there was likelihood of increasing hours. There was no comment from 3 MRTs.

This is in contrast to the 2004 survey results where 29% indicated likelihood of increasing hours in BSA and 55% indicated 'No'.

As the 2005 survey indicates an increase in average hours working in BSA (therefore an increase in FTE), it is not surprising that BSA MRTs have reached saturation in availability of hours. As many MRTs commented that the benefits of working in breast screening is due to flexibility of work hours and no weekend or on call work, a compulsory increase in hours worked may affect job satisfaction for these MRTs and subsequent retention.

MRTs who have left BSA

There were a total number of 21 MRTs who left BSA in 2005. This indicates an attrition rate of 18%.

Reason MRTs left BSA:

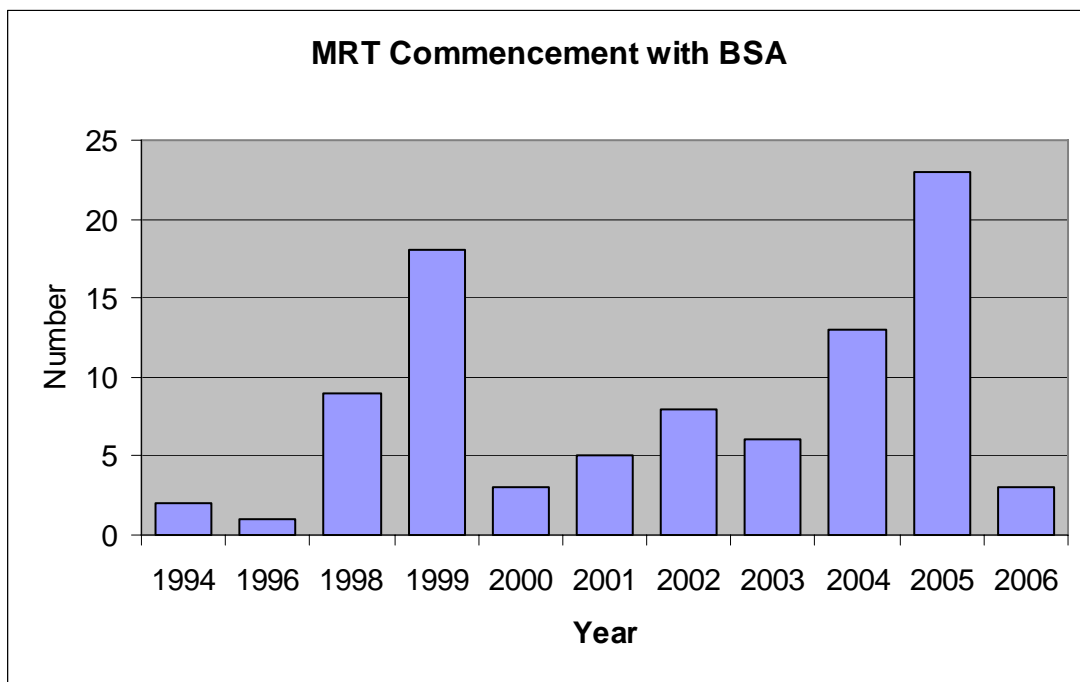
- Retirement = 1
- Career development (other modalities/private practice etc) = 10
- Locum (< 6 months) = 5
- To go overseas = 5

Length of time in BSA those MRTs that left commenced in years:

- 1998 = 6
- 1999 = 3
- 2003 = 6
- 2005 = 6 (5 locums)

As a result of BSA Age Extension there have been workforce issues, particularly for MRTs and the need to increase numbers quickly. It is of concern that 12 MRTs have left the programme after working in the programme two years or less. Although 5/6 in 2005 were locum positions, the use of locums is likely to be an indication of MRT workforce shortage.

It is interesting that no MRTs indicated injury as a reason for leaving but a significant number indicated they left for further career development, which includes increased remuneration, change of modality; move to private practice or vice versa). This is in contrast to 2004 survey when injury related issues were indicated by 8 MRTs who had left BSA.



Scope of Practice

Only a few MRTs commented on concerns to maintain scope of practice in general medical imaging. Most comments were concerned around the need for more mammography related courses, speakers and opportunities for continuing professional development.

This is in contrast to the 2004 survey where there was significant confusion as to the requirements of HPCA and many MRTs indicating they would have difficulty in maintaining competency for their Annual Practising Certificate.

Why are MRTs Staying?

The responses to this question were:

- Remuneration
- Flexibility
- Enjoy team approach eg Multidisciplinary Team meetings
- Enjoy the challenge of really high standards of expertise
- No on call work
- Interesting work
- Providing an important service to women
- Working with well women
- Fits in with family

Issues that Require Attention for MRTs

The following points were suggested to encourage MRTs to stay in breast screening:

- More staff
- Better remuneration
- Support to attend conferences
- Recognition of non BSA mammograms in volume numbers
- More flexibility with workload
- Support for CPD
- Increased recognition

Working for Lead Provider or Subcontractor

In the opinion of the majority of BSA MRTs there was no difference in whether an MRT worked for a LP or a S/C and whether they would remain working in BSA. Only one MRT commented that she felt part time MRTs struggled to satisfy numbers at the subcontracted sites and two MRTs commented they thought subcontracted MRTs had less support for CPD.

Comment

As this survey does not include BSWN and BSCM MRTs, it is not a true representation of the current MRT breast screening workforce.