RADIOLOGY STAFFING SURVEY 2008

A Nationwide Survey of Radiology Department/Facility Managers and Directors
Conducted by
The American Society of Radiologic Technologists

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EXECUTIVE SUMMARY

A Radiology Staffing Survey questionnaire was sent via mail or e-mail in the first quarter of 2008 to over 15,000 managers, directors and chiefs of U.S. radiology facilities. Contact information for the invitations came from two databases rented from SK&A Information Services Inc. of Irvine, Calif., and a random sample of ARRT registrants holding managerial job titles. An accompanying letter offered each postal invitee the option of completing the questionnaire online or by return mail. E-mail invitees were urged to complete the questionnaire online but they could contact ASRT for a hard-copy questionnaire if necessary. The following is a summary of respondents' answers:

Respondents and Their Facilities

- Exactly 85.3% of the respondents chose "Department/facility manager or director" as closest to their job titles and 4.4% chose "Chief technologist." Only 1.6% (16% of those who checked "Other") listed an "Other" title that did not indicate executive, managerial, supervisory or human resources (HR) responsibilities.
- Exactly 53.2% of the respondents indicated that their facilities are located in a community hospital, 3.9% in a government hospital and 3.6% in a university medical center.
- Almost all (89.4%) of the facilities reported that they provide radiography services and 77% provide computed tomography (CT) services. An additional 83% report providing sonography, while 70% provide mammography and 60% provide nuclear medicine services. A total of 72% provide MR services and about 27% provide positron emission tomography (PET). By far the most common service listed by those who checked "Other" was bone densitometry services (dual energy x-ray absorptiometry, or DXA), which was mentioned by 13.2% of all respondents and by almost 60% of those who specified one or more "Other" services.
- About 38% of the respondents considered their facilities to be in rural locations, 30% suburban and 33% urban.
- Urban locations accounted for the largest percentage of full-time equivalents (FTEs) reported by the sample of managers and directors, with 55% of cardiovascular-interventional technologist FTEs reported in this location, 47% of magnetic resonance (MR) FTEs, 44% of the radiography FTEs and 43% of CT FTEs.

Staffing of the Facilities

- The typical (median) facility reported having a 2008 budget that provided for 6.3 FTE radiographers, 3.0 CT technologists, 2.7 sonographers, 2.0 mammographers, 2.1 MR technologists, 2.0 nuclear medicine technologists, 2.0 cardiovascular-interventional technologists and 1.0 staff with other specialties. These 2008 medians for every specialty are higher (by .03 to .77 FTEs) than those reported for 2005 in the 2006 Radiology Staffing Survey — but not statistically significantly so.
- The number of budgeted FTEs in each specialty reported currently vacant and recruiting produces estimates that 9.2% of all FTEs budgeted for cardiovascular interventional technologists, 7.8% of sonographer positions and 3.4% of radiographer positions in U.S. radiology facilities are unfilled. Vacancy estimates are 3.6% for nuclear medicine technologists, 4.5% for MR technologists, 4.4% for CT technologists and 4.2% for mammographers. Comparing vacancy rates to the 2006 Radiology Staffing Survey shows that the estimated vacancy rate for each of these specialties (except cardiovascular-interventional technology) was lower in 2008 than in 2005 by 1.5% for CT and 4.4% for nuclear medicine technology. The vacancy rate for cardiovascular-interventional technology increased by .6% over that period.
- Those respondents who provided their facilities' 2007 and 2008 staffing figures indicated that the percent of unfilled radiographer positions held steady (4.2% vs. 4.2%) in that period. The only

statistically significant difference in the vacancy rate between 2007 (3.5%) and 2008 (4.8%) was in cardiovascular-interventional technology.

Recruitment and Retention of R.T.s

- When asked whether recruiting for each specialty in 2008 was more difficult, less difficult or equally as difficult as it had been in 2007, from 45% to 62% of the respondents (across the seven named specialties) chose “same.” The percentage reporting that more effort has been expended in 2008 than in 2007 was substantially higher than those reporting the reverse for sonography and cardiovascular-interventional, while predominant opinion (among those who perceived a difference) was that recruiting for radiography, CT and nuclear medicine technologists has become substantially less difficult.
- Only 9.5% of the respondents reported a decrease in budgeted FTEs for any of the specialties in which their facilities provide service. Of these, 167 respondents (86%) checked one or more of the six suggested reasons (including “Other”) for the decline. “Change in overall department or facility budget” was the reason cited by 47 respondents who checked “other.” Another 42 checked “Change in patient demand,” while 37 cited a change in number of patients processed per day by each R.T., leading to a change in number of FTEs.
- A plurality (46%) of the respondents reported that there were no staffing changes since January 2007 for any of the specialties.
- About 27% of the respondents reported an increase in budgeted FTEs. Of those reporting an increase, about 31% attributed this to “Change in patient demand” and 24% cited that the change in number of patients processed per day by each R.T. led to a change in number of FTEs.
- A plurality (38%) of those who reported a change in staffing did not give a reason for this change.
- A significantly lower percentage of CT (7.2% vs.11.4%), radiography (7.7% vs. 11.0%), MR (7.4% vs. 10.5%), and mammography (5.8% vs. 8.1%) facilities paid sign-on bonuses in 2008 than in 2007. The mean size of the bonus was not significantly different in 2008 than it was reported to have been in 2007 for any of these four specialties.
- About 29% of the respondents accepted the invitation to “Please add any comments you feel are necessary to clarify your responses to the preceding seven questions and/or any additional comments you wish to share on your perceptions of the supply of radiologic technologists.” These responses are reported verbatim (except for portions that might identify individuals or their facilities) in Appendix B to this report.

INTRODUCTION

Background

Few things could be more important for the profession — R.T.s, their managers and R.T. educators alike — than an accurate assessment of the current supply and demand for radiologic technologists. A 2001 American Hospital Association survey of managers and directors of hospital-based radiology facilities found that more than 15% of budgeted positions for radiologic technologists were at that time unfilled. A more recent survey by the Hodes Group found a 12% vacancy rate in fall 2003, but there were enough differences between those two surveys to raise some doubt as to whether this truly represented a decrease in vacancy rates. ASRT's Radiology Department/Facility Staffing Survey 2004 confirmed the decrease and provided more detailed information about particular specialties, as well as asking for reasons for increases or decreases in budgeted FTEs and probing other indicators of the balance between supply and demand, such as amount of effort needed to recruit R.T.s and the payment of sign-on bonuses. ASRT's 2006 Radiology Staffing Survey revealed further decreases in vacancy rates. This year's survey was the third in this ongoing series and was intended to provide information regarding whether the downward trend in vacancy rates and associated indicators has continued.

Sample Design

A total of 15,021 Radiology Staffing Survey questionnaires were sent via mail or e-mail in mid-March 2008, to managers, directors and chiefs of U.S. radiology facilities with a request to respond within two weeks. Contact information was obtained from two primary sources: a commercial mailing list that was intended to be a complete census of managers, directors or chiefs of U.S. hospital-based radiology facilities (the "SK&A hospital" database) and of U.S. freestanding imaging centers (the "SK&A center" database) and contact information provided by the American Registry of Radiologic Technologists (ARRT) for every active registrant who listed a managerial title and a discipline/primary sphere of employment other than radiation therapy or medical dosimetry (the "ARRT" database). The SK&A databases were cleaned of duplicates to ensure that they included no more than one individual from the same ZIP+4 location. Anyone in the ARRT database with the same name and state as an individual in the cleaned SK&A databases was eliminated. (Some ARRT registrants gave their workplace addresses and others gave their home addresses, so the elimination of duplicates could not be done on the basis of ZIP codes; there may therefore be some facilities represented both by someone from one of the SK&A databases and an ARRT registrant.)

The resulting list of 19,127 potential participants was then matched against the ASRT's membership database to obtain as many e-mail addresses for these individuals as possible; 5,021 e-mail addresses were thus obtained. All 5,021 of these individuals were invited by e-mail to participate in the survey. A random sample of 10,000 of the remaining 14,106 individuals was each sent a postal invitation. The number of individuals from each of the three databases who remained after each stage of this process is listed in the following table:

Source	Initial Database	After Duplicate Elimination	Final Postal Mailout	Final E-mail Blast
SK&A Hospital-based	11,973	6,360	3,711	1,083
SK&A Imaging Center	5,025	3,959	3,765	349
ARRT	9,598	8,808	2,524	3,589
Total	26,596	19,127	10,000	5,021

Invitations were sent by mail or e-mail to between 8,908 and 15,021 separate facilities. Each invitation asked that only one response be given for each facility. To reduce return postage costs and minimize the labor involved in verifying handwritten responses, recipients of the hard-copy questionnaire were encouraged to respond to an online version if they had Internet access. E-mail invitees were urged to complete the questionnaire online but could contact ASRT for a hard-copy questionnaire if necessary.

Response Rates

As of March 24, 2008, a total of 1,583 completed questionnaires had been received (847of them online). The percentage of online vs. hard-copy responses from each invitation source is provided in the following table:

Did you receive an invitation (postal or e-mail) ...? * How returned? Cross-tabulation

Did you receive an invitation (postal or e-mail) to participate in this survey?	Statistic	How Returned?		
		Online response	Hard copy via USPS	Total
"No" or "On Web site" or "Not sure"	Count	92	3	95
	%	96.8%	3.2%	100.0%
Yes, postal	Count	203	726	929
	%	21.9%	78.1%	100.0%
Yes, e-mail	Count	550	5	555
	%	99.1%	.9%	100.0%
Both postal and e-mail	Count	2	0	2
	%	100.0%	.0%	100.0%
Total	Count	847	734	1581
	%	53.6%	46.4%	100.0%

The overall response rate for the survey is approximately 10.5 % of potential respondents and 10.5%-17.7% of facilities. However, an e-mail survey of all ASRT members for whom e-mail addresses were available and who were included in the 2004 Staffing Survey mail-out indicated that about one-third of the mailed questionnaire packets never reached their intended recipients. About 13.5% - 23% of the facilities who received the 2008 questionnaire were represented in this survey.

Margin of Error

The sample size of 1,581 returns yields a margin of error for overall percentages (width of the 95% confidence interval for the population percentage) of a maximum plus or minus 2.5%.

For percentages computed on subsets of respondents, the margin of error increases as the square root of the size of the subset. Thus, the margin of error for percentages based on a subset of 100 respondents would be plus or minus 10% or less, and for a subset of 30 respondents plus or minus 18.3% or less. (The “or less” comes from the fact that the margin of error for percentages is greatest for percentages in the 40% to 60% range and is less than one-half as wide for percentages below 5% or above 95%.)

Definitions of Statistics

The statistics reported in the question summaries include:

- **Frequency.** The number of responses given for each variable.
- **Percent.** The number of responses for each variable divided by the total number of usable surveys, including missing values.
- **Valid Percent.** The number of responses for each variable divided by the total number of usable surveys, excluding missing values.
- **Missing.** The number of respondents who either did not answer the question or who gave an unusable response.
- **Mean.** The arithmetic average; sum of the values of all observations divided by the number of observations.
- **Median.** The value above and below which one-half of the observations fall; 50th percentile. Usually, because of rounding, no number precisely satisfying the definition of the median exists. In such cases linear interpolation is used to estimate what the median in the population of unrounded scores would be.
- **Mode.** The figure that more respondents report than any other figure.
- **Standard deviation.** The square root of the average squared difference between each score in the set and the mean score. Subsets of respondents who have nearly identical responses on a given variable will have a near-zero standard deviation, while subsets of respondents with very different responses will have a high standard deviation. The major reason for using this relatively complex measure of variation is its close relationship to percentiles: For most sets of scores about 95% of the individual scores will fall within two standard deviations of the mean, and the mean of the set of scores will have a 95% chance of falling within two "standard errors" of the corresponding population mean, where the standard error is simply the standard deviation divided by the square root of the number of scores in the set.
- ***t*.** Sample statistic of which the value is used to test the null hypothesis that the difference between two means observed in the sample is due entirely to chance fluctuation around corresponding means that do *not* differ from one another in the population to which results will be generalized (in this case, all managers of U.S. radiology facilities). The larger the absolute value of *t,* the more implausible the null hypothesis is and thus the more confidence that the direction of the difference observed in the sample matches the directions of the corresponding population difference. Because differences based on large samples more closely approximate the differences in the population from which they were sampled, *t* has a degree of freedom parameter [usually listed in subscript immediately after the *t*, as in "t_{571}"] associated with it.
- ***P*-value.** The probability that a *t* as large as or even larger in absolute value than the one observed in the sample would occur in random sampling from a population in which the null hypothesis of a zero population difference is true. If this value is smaller than some preselected value (often .05, but in the present report usually .01) called the alpha level (or just "level") of the test, the observed sample difference is discussed as though it is representative of (perfectly matches) the corresponding population difference.

Calculation of Percent Vacancy Rates

The individual-facility vacancy rate for a particular specialty at a particular facility was computed as the number of FTEs reported as budgeted for that specialty, divided into the number of FTEs for the specialty reported as "vacant and recruiting," with some exceptions. The major exception to this calculation arose when both the number of budgeted FTEs and the number of vacant-and-recruiting FTEs were zero. In that case an individual facility's vacancy rate was assigned a missing-value code and did not enter into the calculation of descriptive statistics for that specialty's vacancy rates. The zero values for budgeted FTE and for vacant-and-recruiting FTE were, however, retained in calculation of descriptive statistics, with the result that the N on which descriptive statistics for budgeted FTE and vacant-and-recruiting FTE were based was always larger than the N on which the "percent vacant and recruiting" statistics were based.

Another major exception was the case where a nonzero budgeted FTE was entered but the space for vacant-and-recruiting FTE was left blank and the "Don't know" box next to vacant-and-recruiting FTE was not checked. In such cases the "missing" vacant-and-recruiting FTE was treated as zero in all subsequent calculations.

The estimated proportion of unfilled positions for a given specialty for the population of U.S. radiology facilities is defined as:

$$\frac{\text{(total no. of FTEs vacant and recruiting)}}{\text{(total no. of FTEs budgeted) for that specialty)}}$$

which equals:

$$\frac{\text{(mean no. of vacant-and-recruiting FTEs per facility) x (total no. of facilities)}}{\text{(mean no. of budgeted FTEs per facility) x (total no. of facilities)}}$$

The total number of facilities that offer a given specialty is unknown, but drops out of the above equation, which thereby reduces to:

$$\frac{\text{(mean no. of vacant-and-recruiting FTEs per facility)}}{\text{(mean no. of budgeted FTEs per facility)}}$$

Percentage unfilled positions equals proportion unfilled times 100%.

Only facility/specialty combinations for which both the number of budgeted FTEs and the number of vacant and recruiting FTEs were reported (or, in the case of missing vacant and recruiting but nonzero budgeted and "don't know" not checked, implied to be zero) were included in the calculation of vacancy rates.

DETAILED RESULTS

Facility Demographics

Title of individual completing the questionnaire

		Frequency	Percent	Valid Percent
Valid	Department/facility manager or director	1327	83.9	85.3
	Chief technologist	68	4.3	4.4
	Other	161	10.2	10.3
	Total	1556	98.4	100.0
Missing	System	25	1.6	
Total		1581	100.0	

Only 1.6% of the respondents (16.1% of those checking "Other") listed an "Other" title that did not indicate executive, managerial, supervisory or HR responsibilities. Appendix B has a complete list of titles.

Type of facility

		Frequency	Percent	Valid Percent
Valid	Community hospital	828	52.4	53.2
	Government hospital	60	3.8	3.9
	University medical center	56	3.5	3.6
	Freestanding clinic	334	21.1	21.5
	Teaching facility	48	3.0	3.1
	Other	230	14.5	14.8
	Total	1556	98.4	100.0
Missing	System	25	1.6	
Total		1581	100.0	

Most of the "Other" responses were more detailed specifications of the particular type of community hospital, freestanding clinic, etc., that served to specify the services in which the facility specialized, such as orthopedic, pediatric, etc., ownership of the facility, or other characteristics. However, 48 respondents (21% of the "Other" responses) indicated that theirs was a private physician or group office or practice and 30 (13%) that it was a mobile or portable unit. See Appendix B for a complete list of the 161 "Other" types of facility.

Radiology services provided

Service		Frequency*	Percent*	Valid Percent*
Valid	Radiography	1402	88.7%	89.4%
	CT	1210	76.5%	77.2%
	MR	1129	71.4%	72.0%
	Mammography	1092	69.1%	69.6%
	Nuclear medicine	943	59.6%	60.1%
	Cardiovascular-interventional	366	23.1%	23.3%
	PET	417	26.4%	26.6%
	Sonography	1306	82.6%	83.3%
	Other	353	22.3%	22.5%
Missing	None of above checked	13	1.0%	
Total*		1581	100.0	

*Base = number of respondents.

* Frequencies sum to more than 1,581, and percents to more than 100%, because most facilities provide multiple radiology services. The most common combination of services (235, or 15.0%, of the facilities) matched the above overall percentages, providing radiography, CT, MR, sonography, mammography, nuclear medicine and sonography (but not interventional, PET, or "other") services. The next most common combination (10.3% of the facilities) was all nine explicitly listed services, but not "other."

By far the most common service listed by those who checked "Other" was bone densitometry, which was mentioned by 209 respondents (13.2% of all respondents and 59.2% of those who specified one or more "Other" services). In addition 59 managers avoided checking "CVIT," or cardiovascular-interventional technology and instead listed cardiac interventional, vascular interventional, or just interventional radiography/radiology as an "Other" service provided by their facility.

Teaching status of your facility

		Frequency	Percent	Valid Percent
Valid	Nonteaching facility	539	34.1	37.4
	Involved in Education of R.T.s	864	54.6	59.9
	Other	40	2.5	2.8
	Total	1443	91.3	100.0
Missing	System	138	8.7	
Total		1581	100.0	

Thirty-seven (92.5%) of the "Other" responses to this question gave further detail of the facility's involvement in teaching. See Appendix B for a complete list of the 40 "Other" responses.

State in which facility is located

All 50 states and the District of Columbia were represented in the returns. See Appendix B for the percent of respondents from each state.

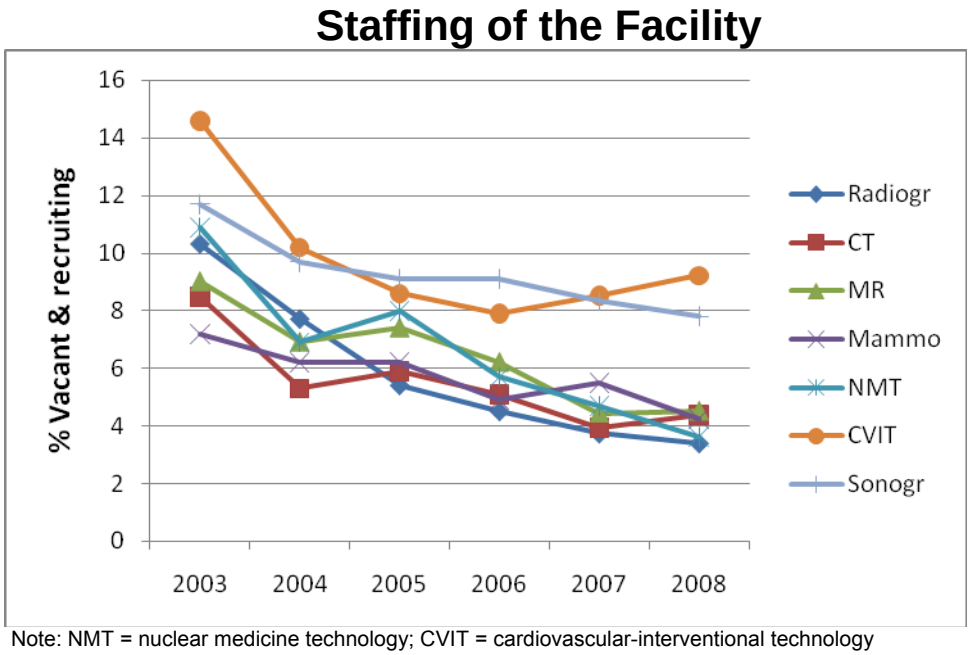
Location of facility

		Frequency	Percent	Valid Percent
Valid	Rural	572	36.2	37.5
	Suburban	450	28.5	29.5
	Urban	503	31.8	33.0
	Total	1525	96.5	100.0
Missing	System	56	3.5	
Total		1581	100.0	

Location by Specialty FTE

Facility Location	Statistic	Budgeted FTE Radiography 2008	Budgeted FTE CT 2008	Budgeted FTE MR 2008	Budgeted FTE Mammog-raphy 2008	Budgeted FTE Nuc Med 2008	Budgeted FTE CVIT* 2008	Budgeted FTE Sono-graphy 2008
Urban	N	479	412	305	384	300	158	405
	Mean	7.7516	3.1367	2.1459	2.1808	1.8053	1.1244	2.4320
	Sum	3713.04	1292.34	654.49	837.41	541.58	177.65	984.96
	% of total FTE	29.1%	26.4%	21.7%	28.3%	25.1%	12.2%	27.2%
Suburban	N	331	278	267	270	219	135	284
	Mean	10.4647	5.3121	3.5291	3.8114	2.9190	3.4670	3.9535
	Sum	3463.81	1476.75	942.26	1029.09	639.27	468.05	1122.80
	% of total FTE	27.1%	30.2%	31.3%	34.8%	29.6%	32.1%	31.0%
Rural	N	343	292	279	234	237	172	293
	Mean	16.3104	7.2791	5.0680	4.6503	4.1313	4.7211	5.1630
	Sum	5594.46	2125.49	1413.98	1088.16	979.12	812.03	1512.77
	% of total FTE	43.8%	43.4%	47.0%	36.8%	45.3%	55.7%	41.8%

*CVIT = Cardiovascular-interventional technology



Note: NMT = nuclear medicine technology; CVIT = cardiovascular-interventional technology

1. For each of the following specialties within radiologic technology, please provide the budgeted and vacant FTEs for your organization in 2007 and today. (Leave blank the rows for any services not performed at your facility.)

Radiography

		Budgeted FTE 2007	FTE vacant and recruiting 2007	Percent vacant and recruiting 2007	Budgeted FTE 2008	FTE vacant and recruiting 2008	Percent vacant and recruiting 2008
N	Valid	1204	1204	1178	1169	1169	1138
	Missing	377	377	403	412	412	443
Mean		10.67	.40	4.4%	11.05	.38	4.5%
Median[a]		5.92	.02	.1%	6.27	.02	.1%
Std. Deviation		13.69	1.51	15.2%	14.30	1.42	15.5%
Minimum		0	0	0%	0	0	0%
Maximum		198	30	100.0%	220	23	100.0%
Percent zeroes		2.3%	82.2%	81.9%	3.0%	80.0%	79.9%

[a] Calculated from grouped data. Estimated percentage of all U.S. radiography positions unfilled was 100(.40/10.67) = 3.7% in 2007, 3.4% in 2008.

Computed Tomography

		Budgeted FTE 2007	FTE vacant and recruiting 2007	Percent vacant and recruiting 2007	Budgeted FTE 2008	FTE vacant and recruiting 2008	Percent vacant and recruiting 2008
N	Valid	1009	1009	960	993	993	943
	Missing	572	572	621	588	588	638
Mean		4.78	.19	4.0%	4.99	.22	4.2%
Median[a]		2.98	.00	.1%	3.02	.01	.2%
Std. Deviation		5.80	.81	15.8%	6.10	.88	15.8%
Minimum		.00	.00	0%	0	0	0%
Maximum		71	15	100.0%	85	10	100.0%
Percent zeroes		5.4%	88.9%	88.1%	5.6%	87.6%	87.4%

Magnetic Resonance Imaging

		Budgeted FTE 2007	FTE vacant and recruiting 2007	Percent vacant and recruiting 2007	Budgeted FTE 2008	FTE vacant and recruiting 2008	Percent vacant and recruiting 2008
N	Valid	857	857	764	852	852	773
	Missing	0	0	817	729	729	808
Mean		3.44	.15	4.5%	3.55	.16	4.8%
Median[b]		2.05	.01	.1%	2.07	.01	.4%
Std. Deviation		4.52	.61	16.1%	4.64	.62	17.5%
Minimum		0	0	0%	0	0	.0%
Maximum		58	10	100.0%	58	7	100.0%
Percent zeroes		12.1%	89.3%	88.0%	10.2%	88.3%	87.5%

Mammography

		Budgeted FTE 2007	FTE vacant and recruiting 2007	Percent vacant and recruiting 2007	Budgeted FTE 2008	FTE vacant and recruiting 2008	Percent vacant and recruiting 2008
N	Valid	920	920	849	895	895	816
	Missing	0	0	732	686	686	765
Mean		3.27	.18	4.9%	3.33	.14	4.7%
Median[c]		2.01	.05	.4%	2.01	.02	.3%
Std. Deviation		3.75	.80	18.5%	4.04	.68	18.6%
Minimum		0	0	.0%	0	0	.0%
Maximum		48	13	100.0%	56	13	100.0%
Percent zeroes		9.3%	90.0%	89.4%	9.5%	90.5%	90.3%

[a]Calculated from grouped data. Estimated percent unfilled CT positions was 3.9% in 2007, 4.4% in 2008.
[b]Calculated from grouped data. Estimated percent unfilled MR positions was 4.4% in 2007, 4.5% in 2008.
[c]Calculated from grouped data. Estimated percent unfilled mammography positions was 5.5% in 2007, 4.2% in 2008.

Nuclear Medicine Technology

		Budgeted FTE 2007	FTE vacant and recruiting 2007	Percent vacant and recruiting 2007	Budgeted FTE 2008	FTE vacant and recruiting 2008	Percent vacant and recruiting 2008
N	Valid	773	773	687	757	757	670
	Missing	0	0	894	824	824	911
Mean		2.82	.13	5.0%	2.87	.10	3.8%
Median[a]		1.99	.00	.1%	2.00	.01	.2%
Std. Deviation		2.90	.59	19.0%	2.99	.54	15.9%
Minimum		0	0	.0%	0	0	.0%
Maximum		20	10	100.0%	20	10	100.0%
Percent zeroes		12.5%	91.0%	89.7%	12.4%	92.3%	91.5%

Cardiovascular-interventional Technology:

		Budgeted FTE 2007	FTE vacant and recruiting 2007	Percent vacant and recruiting 2007	Budgeted FTE 2008	FTE vacant and recruiting 2008	Percent vacant and recruiting 2008
N	Valid	460	460	298	463	463	303
	Missing	0	0	1283	1118	1118	1278
Mean		2.92	.25	6.7%	3.17	.29	8.0%
Median[b]		1.97	.03	1.3%	1.98	.07	1.3%
Std. Deviation		3.85	1.25	19.9%	4.34	1.52	22.3%
Minimum		0	0	.0%	0	0	.0%
Maximum		21	20	100.0%	28	23	100.0%
Percent zeroes		38.1%	88.8%	82.6%	35.9%	87.6%	81.8%

Sonography

		Budgeted FTE 2007	FTE vacant and recruiting 2007	Percent vacant and recruiting 2007	Budgeted FTE 2008	FTE vacant and recruiting 2008	Percent vacant and recruiting 2008
N	Valid	1017	1017	969	995	995	949
	Missing	0	0	612	586	586	632
Mean		3.56	.30	8.3%	3.68	.29	8.4%
Median[c]		2.44	.05	.7%	2.71	.03	.5%
Std. Deviation		3.82	.79	21.9%	4.00	.73	21.1%
Minimum		0	0	.0%	0	0	.0%
Maximum		56	8	100.0%	65	9	100.0%
Percent zeroes		5.2%	80.3%	79.4%	5.1%	78.0%	77.7%

[a]Calculated from grouped data. Estimated percent unfilled nuclear medicine positions was 4.7% in 2007, 3.6% in 2008.
[b]Calculated from grouped data. Estimated percent unfilled cardiovascular-interventional positions was 8.5% in 2007, 9.2% in 2008.
[c]Calculated from grouped data. Estimated percent unfilled sonography positions was 8.3% in 2007, 7.8% in 2008.

"Other" (Please specify)

		Budgeted FTE 2007	FTE vacant and recruiting 2007	Percent vacant and recruiting 2007	Budgeted FTE 2008	FTE vacant and recruiting 2008	Percent vacant and recruiting 2008
N	Valid	191	191	141	190	190	139
	Missing	0	0	1440	1391	1391	1442
Mean		2.24	.08	6.1%	2.27	.14	6.9%
Median[a]		1.01	.04	.2%	1.01	.03	1.0%
Std. Deviation		4.81	.32	22.1%	4.70	.74	22.8%
Minimum		0	0	.0%	0	0	.0%
Maximum		42	2	100.0%	41	9	100.0%
Percent zeroes		28.3%	93.2%	90.8%	27.6%	88.9%	87.8%

Of the 319 survey respondents who responded to the invitation to specify their "other" specialty answer, only 189 did so. Of these 189, 34 specified bone densitometrist or dual energy x-ray (DXA) technologist; 31, a subset of interventional technologists (e.g., cardiovascular- or vascular-interventional, or interventional radiology); and six respondents listed of the specialties available in the table (MR technologist or mammographer). The remaining 118 specifications were distributed among nursing specialties, multiply-credentialed technologists and managerial and administrative positions. An additional 149 respondents used the response box to comment on their facility's staffing situation, to explain how they had interpreted the staffing question or to fill in the FTEs for various specialties. Fifty-two of comments mentioned that their technologists are cross-trained and practice in multiple modalities; 25 pointed out that some of the specialties for which they did not provide FTEs are contracted out or provided by mobile units, with the result that the staffing figures for those modalities are unknown to the respondent. See Appendix B for a list of all 319 "Other" responses.

1.Please briefly explain any instances in which you entered more 'vacant and recruiting' FTEs for a given position than the total FTEs budgeted for that position.

Of the 24 respondents who reported seeking to hire more FTEs than budgeted for one or more specialties, four (17%) provided an explanation. Each explained that recent changes in need for one or more specialties had necessitated launching a search or searches before those FTEs had been added to the facility's formal budget.

Of the 1,557 respondents who did not report any instance in which FTE position that were vacant and being recruited exceeded budgeted FTEs, 124 (8%) entered explanations. These responses primarily concerned explaining how they had filled out the FTE table or general comments on their facility's staffing situation. See Appendix B for a list of all 148 responses to this question.

[a]Calculated from grouped data. Estimated percent unfilled "Other" positions was 3.5%% in 2007, 6.1% in 2008.

Change in mean percent vacant and recruiting from 2007 to 2008

		Mean	N	Std. Deviation	*t*(N-1) for change from '05 to '06	*P*-value
Pair 1: Radiography	Percent vacant and recruiting 2008	4.244	1096	14.846	.007	.994
	Percent vacant and recruiting 2007	4.241	1096	14.422		
Pair 2: CT	Percent vacant and recruiting 2008	3.504	901	14.155	-1.161	.246
	Percent vacant and recruiting 2007	4.076	901	15.964		
Pair 3: MR	Percent vacant and recruiting 2008	3.920	718	15.401	-1.278	.202
	Percent vacant and recruiting 2007	4.671	718	16.565		
Pair 4: Mammography	Percent vacant and recruiting 2008	4.257	788	17.650	-1.147	.252
	Percent vacant and recruiting 2007	4.905	788	18.462		
Pair 5: Nuclear Medicine	Percent vacant and recruiting 2008	7.006	285	21.033	-.014	.989
	Percent vacant and recruiting 2007	7.019	285	20.295		
Pair 6: Cardiovascular-interventional	Percent vacant and recruiting 2008	3.469	646	15.177	-2.136	.033
	Percent vacant and recruiting 2008	4.828	646	18.488		
Pair 7: Sonography	Percent vacant and recruiting 2008	7.966	912	20.372	-.745	.456
	Percent vacant and recruiting 2007	8.505	912	22.006		
Pair 8: None of the above	Percent vacant and recruiting 2008	5.753	133	20.255	-.321	.749
	Percent vacant and recruiting 2007	6.437	133	22.658		

Percent Vacant and Recruiting by Region — Four Specialties

		Radiography		CT		MR		Mammography	
Region*		2007	2008	2007	2008	2007	2008	2007	2008
Missing	N	60	58	52	50	46	44	44	42
	Mean	7.85%	4.25%	4.10%	3.17%	4.95%	5.74%	8.06%	2.94%
Northeast	N	183	174	166	162	138	136	164	159
	Mean	3.95%	3.08%	7.09%	5.97%	5.10%	4.23%	6.68%	6.39%
Southeast	N	251	247	213	213	189	192	200	198
	Mean	2.93%	3.25%	3.79%	4.04%	4.56%	5.63%	4.78%	2.77%
Midwest	N	357	342	300	291	234	227	265	252
	Mean	2.38%	2.44%	2.75%	3.58%	3.16%	2.88%	4.39%	3.57%
South Central	N	141	144	116	115	108	110	104	103
	Mean	4.21%	3.75%	2.00%	2.43%	2.69%	2.71%	3.98%	5.76%
Northwest	N	103	96	73	72	60	61	66	65
	Mean	4.96%	6.02%	1.87%	5.19%	10.01%	7.72%	4.49%	3.89%
Southwest	N	109	108	89	90	82	82	77	76
	Mean	5.81%	5.12%	5.47%	7.35%	5.91%	7.34%	9.13%	4.39%

Percent Vacant and Recruiting by Region — Continued

		Nuclear Med.		Cardio. Interv		Sonography		Other	
Region*		2007	2008	2007	2008	2007	2008	2007	2008
Missing	N	45	43	19	18	51	50	10	9
	Mean	5.27%	1.72%	8.73%	6.39%	7.50%	6.84%	0%	0%
Northeast	N	138	131	79	81	174	166	32	30
	Mean	5.86%	4.95%	10.50%	8.55%	9.96%	7.84%	5.41%	6.85%
Southeast	N	183	177	112	114	225	223	47	46
	Mean	5.25%	4.39%	6.18%	8.71%	9.34%	9.09%	1.92%	14.16%
Midwest	N	200	197	123	118	274	268	49	47
	Mean	4.73%	2.27%	9.47%	9.62%	5.29%	5.79%	4.87%	5.40%
South Central	N	90	93	58	62	121	120	17	18
	Mean	1.91%	2.87%	10.66%	9.23%	10.76%	8.51%	1.47%	0.00%
Northwest	N	47	46	28	27	76	74	17	18
	Mean	2.84%	5.14%	3.64%	6.10%	5.57%	7.73%	1.44%	1.31%
Southwest	N	70	70	41	43	96	94	19	22
	Mean	3.82%	3.28%	8.63%	14.37%	10.99%	10.32%	15.34%	4.02%

* Northeast: ME,VT, NH,MA,RI,CT,NJ,PA,NY+DC;
Southeast: WV, DE, MD, KY, VA, TN, NC, MS, AL, GA, SC, FL;
Midwest: MI, OH, IN, IL, WI, MN, IA, MO, ND, SD, NE, KS;
South-central: OK, AR, LA, TX;
Northwest: MT, WY, CO, ID, UT, WA, OR, AK;
Southwest: AZ, NV, CA, HI, NM

A separate Year x Region factorial analysis of variance (ANOVA) was conducted for each specialty, using the individual-facility percent vacant and recruiting as the dependent variable. Neither the main effect for

change (the difference between 2007 and 2008) nor the interaction between change and region was statistically significant for any of the eight specialties. However, the differences among the six regions with respect to the average of the 2007 and 2008 vacancy rates were statistically significant at the .05 level for radiography and sonography. In particular, the Southwest and Northwest regions had a significantly higher radiography vacancy rate (6.9%) than the overall average across all regions (4.2%); $t_{1035} = 3.220$, $P = .001$. Further, the Midwest region had a significantly lower sonography vacancy rate (5.5%; $t_{857} = -3.017$, $P = .003$) and the Southwest and South-central regions had a significantly higher sonography vacancy rate (12.0%; $t_{857} = 2.885$, $P = .004$) than the overall vacancy rate for sonography for those two years (8.4%).

Recruitment and Retention

2. If budgeted FTEs in any of these disciplines or specialties have increased or decreased over the past year, what do you believe is the reason (or reasons) for this change?

Reason for decline in budgeted FTE	Staffing Changes					Total
	Missing	Decreased	No change in any specialty	Increased	Increased and decreased	
No reason given.	106 42.4%	27 13.9%	567 59.9%	71 13.0%	5 4.3%	776 37.8%
Change in patient demand.	48 19.2%	42 21.6%	108 11.4%	166 30.5%	29 25.2%	393 19.2%
Change in overall department or facility budget.	32 12.8%	47 24.2%	75 7.9%	52 9.5%	27 23.5%	233 11.4%
Change in ease of filling budgeted.	7 2.8%	7 3.6%	23 2.4%	26 4.8%	5 4.3%	68 3.3%
Change in number of patients processed per day by each R.T., leading to a change in number of FTEs.	22 8.8%	37 19.1%	75 7.9%	130 23.9%	23 20.0%	287 14.0%
Change in average number of hours worked per week by our R.T.s, leading to a change in number of R.T.s.	12 4.8%	8 4.1%	29 3.1%	51 9.4%	14 12.2%	114 5.6%
Other	23 9.2%	26 13.4%	70 7.4%	49 9.0%	12 10.4%	180 8.8%
Total	250 12.2%	194 9.5%	947 46.2%	545 26.6%	115 5.6%	2051 100%

*Total adds to more than 1,581 because some respondents gave multiple reasons for changes.

See Appendix B for a list of the “Other” reasons for increases and/or decreases in FTE given by respondents whose facilities showed increases, decreases, both or neither.

3. Describe how your facility's recruitment effort for each discipline or specialty in the past few months compares to the effort being expended at the beginning of calendar year 2007.

	Radiographer		CT Technologist	
	Frequency	Valid Percent	Frequency	Valid Percent
More difficult	80	7.4	117	12.9
Same	602	55.7	531	58.7
Less difficult	398	36.9	257	28.4
Don't Know	157		184	
Missing	344		492	
Total	1581	100.0	1581	100.0

	MR Technologist		Mammographer	
	Frequency	Valid Percent	Frequency	Valid Percent
More Difficult	156	20.3	144	18.6
Same	444	57.7	471	60.7
Less Difficult	170	22.1	161	20.7
Don't Know	258		249	
Missing	553		556	
Total	1581	100.0	1581	100.0

		Nuclear Medicine Technologist		Cardiovascular-interventional Technologist	
		Frequency	Valid Percent	Frequency	Valid Percent
	More Difficult	131	20.3	89	23.5
	Same	344	53.3	236	62.4
	Less Difficult	171	26.5	53	14.0
	Don't Know	274		389	
	Missing	661		814	
Total		1581	100.0	1581	100.0

		Sonographer		Other Radiologic Techology Specialty	
		Frequency	Valid Percent	Frequency	Valid Percent
	More Difficult	356	39.3	22	18.0
	Same	409	45.1	79	64.8
	Less Difficult	141	15.6	21	17.2
	Don't Know	183		153	
	Missing	492		1306	
Total		1581	100.0	1581	100.0

3. Please specify the other discipline or specialty for which you described your facility's recruitment effort.

Of the 190 responses, 66 specified the "Other" discipline. Another 61 indicated that the question was inapplicable (N/A) to their facility — usually because there had been no recruiting effort one or both years. Seventeen respondents described the methods they used to recruit R.T.s. There also were 17 general comments on recruiting difficulty and 13 comments not obviously related to recruiting.

The 66 "Other" disciplines specified included various forms of interventional radiography (11 responses), echocardiography (8), bone densitometry/DXA (7), sonography (4) and radiation therapy (4). See Appendix B for a complete listing of the 190 responses to this question.

4. Were you paying sign-on bonuses for R.T.s in 2007? Are you paying them currently? If yes, please indicate amount typically paid.

					Statistical Significance of Difference	
Measure		Mean percent paying bonus and mean paid	N	Std. Deviation	*t* (N-2)	*P*
Pair 1: CT	January 2007	11.4%	1211	3.2%	6.645	<.000
	Currently (2008)	7.2%	1211	2.6%		
Pair 2: CT	2007 Bonus Amount	$3,156.58	76	$2,366.06	.546	.587
	2008 Bonus Amount	$3,081.58	76	$1,915.25		
Pair 3: Radiography	January 2007	11.0%	1051	3.1%	5.284	<.000
	Currently (2008)	7.7%	1051	2.7%		
Pair 4: Radiography	2007 Bonus Amount	$3,320.29	69	$2,426.54	.953	.344
	2008 Bonus Amount	$3,179.71	69	$1,961.51		
Pair 5: MR	January 2007	10.5%	1014	3.1%	4.778	<.000

	Currently (2008)	7.4%	1014	2.6%		
Pair 6: MR	2007 Bonus Amount	$3,711.59	69	$3,544.94	.457	.649
	2008 Bonus Amount	$3,672.46	69	$3,540.01		
Pair 7: Mammography	January 2007	8.1%	983	2.7%	4.309	<.000
	Currently (2008)	5.8%	983	2.3%		
Pair 8: Mammography	2007 Bonus Amount	$3,392.31	52	$2,562.84	.767	.446
	2008 Bonus Amount	$3,234.62	52	$1,964.18		

A significantly lower percentage of CT (7.2% vs.11.4%), radiography (7.7% vs. 11.0%), MR 7.4% vs. 10.5%) and mammography (5.8% vs. 8.1%) facilities paid sign-on bonuses in 2008 than in 2007. The mean size of the bonus was not significantly different in 2008 than that reported in 2007 for any of these four specialties.

Final Comments

5. Please add here any comments you feel are necessary to clarify any of your responses and/or any additional comments you wish to share on your perceptions of the supply of radiologic technologists.

About 29% (455) of the respondents accepted the invitation to “Please add any comments you feel are necessary to clarify your responses to the preceding seven questions and/or any additional comments you wish to share on your perceptions of the supply of radiologic technologists.” These responses are reported verbatim (except for minor editing of grammatical and typographical errors and deletion of portions that might identify individuals or their facilities) **in Appendix B to** this report.

Of the 455 responses, 239 included or implied a judgment concerning the balance between the supply of and demand for radiologic technologists in the respondent’s area. Of those 239 responses, 37 (15.5%) implied a local shortage of R.T.s; 46 (19.2%), a rough balance between supply and demand; and 55 (23.0%), shortages of some but not all types of R.T.s. When shortages were expressed, sonographers, mammographers, experienced R.T.s and multispecialty R.T.s were most frequently mentioned. An additional 101 (42.3%) respondents implied a local oversupply of R.T.s.

APPENDIX A

THE QUESTIONNAIRE

Dear Radiology Facility Manager:

We would appreciate your help with the ASRT's effort to gauge the current status of the unmet demand for radiologic technologists. Few things could be more important for the profession – R.T.s, their managers and R.T. educators alike – than an accurate assessment of the current supply and demand for radiologic technologists.

A fall 2001 American Hospital Association survey of managers and directors of hospital-based radiology facilities found that more than 15 % of budgeted positions for radiologic technologists were unfilled. A more recent survey by the Hodes Group found a 12% vacancy rate in fall 2003. The ASRT's first *Radiology Staffing Survey* in 2004 found vacancy rates of from 5.3 % (mammographers) to 10.2 % (interventional technologists) as well as providing information about what directors/managers thought to be the reasons behind unfilled positions. The 2006 *Radiology Staffing Survey* found that vacancy rates had declined further to the 4.5% (radiographers) to 9.1% (sonographers) range.

This year's survey is the next in a series of staffing surveys that will provide updates on vacancy rates as well as factors responsible for any changes in those vacancy rates. This information will be shared with the radiologic technology community via a report posted on the ASRT Web site. The report's accuracy will depend on your willingness to complete the Radiology Department and Facility Staffing Survey by sharing your facility's staffing data and views on staffing issues.

Please complete the questionnaire online by going to http://asrt.checkboxonline.com/radstaf08.aspx .
We would appreciate your response within the next two weeks.

Thanks for your help with this important survey.

Sal Martino, Ed.D., R.T.(R), CAE
Executive Vice President and Chief Academic Officer
American Society of Radiologic Technology

ASRT Logo

Radiology Department/Facility Staffing Survey

Thank you for completing this important survey. Please return the completed questionnaire in the enclosed postage-paid reply envelope within the next two weeks, or go to http://asrt.checkboxonline.com/radstaf08.aspx to provide your data online. (You'll need to provide the survey code, RadStaf.)

Facility Demographics		
Your title	□ Department/facility manager or director □ Chief technologist □ Other (*please specify* _____)	
Type of facility	□ Community hospital □ Government hospital □ University medical center □ Freestanding clinic □ Teaching facility □ Other (*please specify* _____)	
Radiology services provided in your facility	□ Radiography □ CT □ MR □ Mammography □ Nuclear medicine □ CVIT □ PET □ Sonography □ Other (*please specify* _____)	
Teaching status	□ Involved in education of R.T.s □ Non-teaching facility	
Location	□ Urban □ Suburban □ Rural	State (two-letter abbreviation) ___ ___

Staffing

1. For each of the following job titles within radiologic technology, please provide the number of budgeted and vacant FTEs your organization had on Jan. 1, 2007, and the number it has today (current). Leave blank the rows for any job titles not represented at your facility. For any job title for which you enter nonzero budgeted FTEs **and** for which there is or was no recruitment effort, please also enter a zero in the "vacant and recruiting" column, rather than simply leaving it blank. Check "DK" ("don't know") and leave the number of FTEs blank for any item for which you feel you cannot provide a reasonably accurate estimate.

	Staffing, in Full-time Equivalents (FTEs)			
	On Jan. 1, 2007		**2008 (Current)**	
Job Title	**Budgeted FTEs**	**Vacant and Recruiting**	**Budgeted FTEs**	**Vacant and Recruiting**
Radiographer	___FTEs or □ DK	___FTEs or □ DK	___FTEs or □ DK	___FTEs or □ DK
CT technologist	___FTEs or □ DK	___FTEs or □ DK	___FTEs or □ DK	___FTEs or □ DK
MR technologist	___FTEs or □ DK	___FTEs or □ DK	___FTEs or □ DK	___FTEs or □ DK
Mammographer	___FTEs or □ DK	___FTEs or □ DK	___FTEs or □ DK	___FTEs or □ DK
Nuclear medicine technologist	___FTEs or □ DK	___FTEs or □ DK	___FTEs or □ DK	___FTEs or □ DK
Cardiovascular-interventional technologist	___FTEs or □ DK	___FTEs or □ DK	___FTEs or □ DK	___FTEs or □ DK
Sonographer	___FTEs or □ DK	___FTEs or □ DK	___FTEs or □ DK	___FTEs or □ DK
Other (specify below)	___FTEs or □ DK	___FTEs or □ DK	___FTEs or □ DK	___FTEs or □ DK
(Please specify _____ *)*				

Please briefly explain any instances in which you entered more "vacant and recruiting" FTEs for a given position than the total FTEs budgeted for that position._____

2. If budgeted FTEs in any of these disciplines or specialties have increased or decreased over the past year, what do you believe is the reason (or reasons) for this change? (Check all that apply.)

□ Change in patient demand.
□ Change in overall department or facility budget.
□ Change in ease of filling budgeted.
□ Change in number of patients processed per day by each R.T., leading to a change in number of FTEs required to handle the workload.
□ change in average number of hours worked per week by our R.T.s, leading to a change in number of R.T.s required to handle the workload.
□ Other (*please specify*_____)

R.T. Recruitment and Retention

3. Describe how your facility's recruitment effort for each discipline or specialty in the past few months compares to the effort being expended at the beginning of calendar year 2007.

Job Title	Recruitment Effort – Current vs. 2007
Radiographer	□ More difficult □ Same □ Less difficult □ Don't know
CT technologist	□ More difficult □ Same □ Less difficult □ Don't know
MR technologist	□ More difficult □ Same □ Less difficult □ Don't know
Mammographer	□ More difficult □ Same □ Less difficult □ Don't know
Nuclear medicine technologist	□ More difficult □ Same □ Less difficult □ Don't know
Cardiovascular-interventional technologist	□ More difficult □ Same □ Less difficult □ Don't know
Sonographer	□ More difficult □ Same □ Less difficult □ Don't know
Other (specify below)	□ More difficult □ Same □ Less difficult □ Don't know
*(Please specify*_____*)*	

4. Were you paying sign-on bonuses for R.T.s in 2007? Are you paying them currently? If yes, please indicate amount typically paid.

	Radiography		CT		MR		Mammography	
	Paid sign-on bonuses?	Amount of bonus*	Paid sign-on bonuses?	Amount of bonus*	Paid sign-on bonuses?	Amount of bonus*	Paid sign-on bonuses?	Amount of bonus*
In January 2005	□Yes □ No	$	□Yes □ No	$	□Yes □ No	$	□Yes □ No	$
Currently (2006)	□Yes □ No	$	□Yes □ No	$	□Yes □ No	$	□Yes □ No	$

*Amount of bonus to nearest $500.

5. Please add here any comments you feel are necessary to clarify any of your responses and/or any additional comments you wish to share on your perceptions of the supply of radiologic technologists.

Thank you for completing this important survey. Please respond online at http://asrt.checkboxonline.com/radstaf08.aspx within the next two weeks. Call or e-mail John Culbertson, ASRT research manager, at jculbertson@asrt.org or 800-444-2778, Ext. 1297, if you have questions about the survey. All responses will be kept strictly confidential.

Verbatim Responses

Please specify other job title(s):

Response	Frequency	Percent
Blank	1420	89.8
Executive/Managerial/Supervisory Titles		
Account Manager	1	.1
Admin. Dir. Cardiology/Radiology	1	.1
Administrative Technologist	1	.1
Administrator	5	.3
Administrator, Radiology	1	.1
Administrator/technologist	1	.1
Assistant Director	1	.1
Assistant Director / PACS Admin	1	.1
Assistant Director of Radiology	1	.1
Assistant Imaging Manager	1	.1
Assistant to VP/COO	1	.1
Associate Personnel Analyst	1	.1
Asst. Manager	1	.1
Business manager	1	.1
Business Owner	1	.1
CEO	1	.1
Chief Operating Officer	1	.1
Chief Operations Officer	1	.1
Clinic Manager	1	.1
Co-owner	1	.1
Compliance Coordinator	1	.1
COO	1	.1
Coordinator	1	.1
D/F mgr and CT	1	.1
D/F mgr/dir & Working Manager	1	.1
Department Manager	1	.1
Diagnostic Director	1	.1
Director HR	1	.1
Director of ancillary services	1	.1
Director of Cardiology Services	1	.1
Director of imaging	1	.1
Director, Diagnostic Services	1	.1
Director, Human Resources	1	.1
Director, MRI Operations	2	.1
Divisional manager	1	.1
Educational Director	1	.1
Educator/Clinical Coordinator	1	.1
Facility manager	1	.1
Facility owner	1	.1
Has left hospital environment	1	.1
HR	1	.1
HR Coordinator	1	.1
HR Manager	1	.1
Human Resources Director	1	.1
I am the only tech here both managing most aspects of the dept and pt. care and filming of same	1	.1
Imaging Project Manager	1	.1
Imaging Supervisor	2	.1
Lead Mammographer	1	.1
Lead MRI tech	1	.1
Lead technologist	3	.2
Management Coordinator	1	.1

Manager Nuclear Medicine	1	.1
Manager of Operations	2	.1
Manager, lead tech -- only 1 FT	1	.1
Manager/Technologist	1	.1
Managing Technologist	1	.1
Mgr and chief	1	.1
mobile operations manager	1	.1
Mobile service provider/owner	1	.1
NCOIC, Diagnostic Imaging	1	.1
Nuclear Cardiology Manager	1	.1
Office manager	2	.1
OFFICE MANAGER	1	.1
Only technologist	1	.1
Operations Manager	1	.1
Owner - mobile radiol assoc.	1	.1
Owner	2	.1
Owner/administrator	1	.1
Owner/Tech	1	.1
PACS Administrator	6	.4
PACS Coordinator	3	.2
PACS manager	1	.1
Personnel Assoc	1	.1
Practice Administrator	2	.1
Practice Manager Medical Office	1	.1
Practice Manager Radiology Group	1	.1
Program Director	2	.1
Q.A. Manager, CVIT	1	.1
Quality Assurance Manager	3	.2
Radiation Safety Officer	2	.1
Radiologic Technologist	1	.1
Radiology Information Sys Manger	1	.1
Radiology Manager	1	.1
Radiology Quality Manager	1	.1
Radiology Staffing Manager	1	.1
Radiology Supervisor	1	.1
Recruiter	1	.1
Regional Coordinator Breast Imaging	1	.1
Regional Technical Manager	1	.1
Research	1	.1
Regional Mammo QC/QA Manager	1	.1
Sales Medical	1	.1
Senior Staff Technologist	1	.1
Senior Tech	1	.1
Service Delivery Leader - Ultra	1	.1
Solo practice, sole responsibility	1	.1
SR Recruiting Consultant	1	.1
Sr. Recruiter	1	.1
Supervisor	5	.3
Supervisor Cath Lab	1	.1
Supervisor of Operations	1	.1
Supervisor Ultrasound	1	.1
Team Coordinator	1	.1
Technical manager	2	.1
VP Operations	1	.1
VP, Med/Tech Services	1	.1
Staff Titles	**26**	**1.6**
Imaging Specialist	1	.1
Lithotripsy tech	1	.1
MRI Staff Tech	1	.1

MRI Tech	1	.1
PRN/pt staff tech	1	.1
Rad tech, biller & coder	1	.1
Rad/Trans System Clinical Analyst	1	.1
Radiology Technologist	1	.1
R.T.	1	.1
Staff	2	.1
Staff mammographer	1	.1
Staff radiation therapist	1	.1
Staff tech, part time	1	.1
Staff Technologist	8	.5
Staff therapist	1	.1
Therapist	1	.1
Technologist	1	.1
Weekend tech	1	.1
Other Responses		
Retired	1	.1
Total	1581	100.0

Other type of facility (specified)

Response	Frequency	Percent
BLANK	1351	85.5
1 freestanding clinic, 2 hospit	1	.1
14 outpatient clinics	1	.1
24 hr ED and OP radiology	1	.1
6-bed specialty surgery hospital	1	.1
Access center	1	.1
Also 3 outpatient facilities & research facility	1	.1
Bariatric hospital	1	.1
Breast center and imaging	1	.1
Cardiologist stress lab	1	.1
Cardiology office	1	.1
Cardiology practice - large (38 MDs)	1	.1
CH & Free-st clinic	1	.1
Children's	1	.1
Children's hospital	2	.1
Children's hospital with university	1	.1
Children’s orthopedic hospital	1	.1
Chiropractic clinic	1	.1
City hospital part of a system	1	.1
[name] Clinic	1	.1
Clinic	3	.2
Clinic and urgent care	1	.1
Clinic in correctional institution	1	.1
Clinic/hospital	1	.1
Commun hosp and IDTF	1	.1
Commun hosp and teaching facility	1	.1
Community hospital and freestanding	1	.1
Correctional	1	.1
County hospital	2	.1
Critical access hospital	1	.1
DXA scanning	1	.1
Diagnostic imaging center	1	.1
District	1	.1
Doctor's (or M.D.’s or physician’s) office	6	.4
Doctor’s office within a hospital	1	.1
Dr. clinic attached to hospital	1	.1
Family medicine office	1	.1
Film-reading service	1	.1

	For-profit heart hospital	1	.1
	For-profit hospital	1	.1
	Freestand private practice	1	.1
	Freestanding, private psychiatr	1	.1
	Freestanding & IDTF	1	.1
	Freestanding imaging center	1	.1
	Government clinic	3	.2
	Group physician practice	1	.1
	Gynecologists office	1	.1
	Health system	1	.1
	Health system clinic	1	.1
	HMO	1	.1
	HMO clinics	1	.1
	HMO hospital and clinics	1	.1
	Hosp. outpat.	1	.1
	Hospital and clinic combined not profit owned	1	.1
	Hospital group (CHS)	1	.1
	Hospital out patient	1	.1
	Hospital outpatient centers	1	.1
	Hospital owned outpatient imaging center	2	.1
	IHS Indian Hospital	1	.1
	Imaging center – hospital-based	1	.1
	Imaging center	3	.2
	Imaging center hospital owned	1	.1
	Imaging staffing	1	.1
	Indian Health Clinic - Dept. of Health and Human Services	1	.1
	Industrial clinics	1	.1
	Inpatient/outpatient surgical hospital	1	.1
	[Name] Corp Hospital	1	.1
	Level I trauma center	1	.1
	Lithotripsy centers	1	.1
	Long-term care hospital	1	.1
	LTAC	1	.1
	LTAC Hospital	1	.1
	Major nonprofit hospital	1	.1
	Medical device company	1	.1
	Medical imaging company	1	.1
	Mobile	6	.4
	Mobile [radiography] service	1	.1
	Mobile equipment	1	.1
	Mobile mammography facility	1	.1
	Mobile MR and CT	1	.1
	Mobile MRI	1	.1
	Mobile MRI imaging	1	.1
	Mobile nuclear cardiology	1	.1
	Mobile radiology	1	.1
	Mobile radiology company	1	.1
	Mobile service	3	.2
	Mobile x-ray service	4	.2
	Mobile, MR, PET and PET-CT	1	.1
	Mobiles servicing various types	1	.1
	Multihospital system	1	.1
	Multisite HMO	1	.1
	Nonprofit critical access hospital	1	.1
	Nonprofit hospital outpatient imaging center	1	.1
	Nonprofit Catholic hospital	1	.1
	Not-for-profit hospital	1	.1
	Ob/Gyn practice	1	.1
	Occupational facility	1	.1

	Occupational medicine	1	.1
	Occupational medicine clinic	1	.1
	Of imaging/surgical specialty hos	1	.1
	Office/mobile	1	.1
	OP imaging center	1	.1
	Open MR center	1	.1
	Orthopaedic (or orthopedic) office	6	.4
	Orthopedic physician office/clinic	1	.1
	Orthopedic surgeon medical off	1	.1
	Orthopedic clinic	1	.1
	Orthopedic physician office	1	.1
	Orthopedic practice	1	.1
	Orthopedic private practice	1	.1
	Orthopedic surgery office	1	.1
	Outpatient freestanding facility	1	.1
	Outpatient hospital services	1	.1
	Outpatient imaging center	1	.1
	Outpatient manager	1	.1
	Outpatient facility	1	.1
	Outpatient imaging clinic	1	.1
	Outpatient imaging company	1	.1
	Outpatient private	1	.1
	Outpatient radiology clinic	1	.1
	Outpatient under hospital license	1	.1
	Pediatric hospital	1	.1
	Pediatric orthopedic hospital	1	.1
	Pediatric orthopedic Masonic hospital	1	.1
	Pediatric practice	1	.1
	Pediatric specialty	2	.1
	Pediatric Specialty (Philanthropy)	1	.1
	Pediatric specialty hospital	1	.1
	PHS/IHS	1	.1
	Physician office - nephrology interventional	1	.1
	Physician office imaging center	1	.1
	Physician owned center	1	.1
	Physician owned diagnostic/surgi	1	.1
	Physician owned hospital	1	.1
	Portable diagnostic service	1	.1
	Portable x-ray and ultrasound	1	.1
	Portable x-ray company	1	.1
	Portable x-ray provider	1	.1
	Private	1	.1
	Private cardiology office	1	.1
	Private clinic	1	.1
	private Dr's office (orthopedic)	1	.1
	Private for-profit hospital	1	.1
	Private hospital	2	.1
	Private hospital/breast center	1	.1
	Private imaging facility	1	.1
	Private office	6	.4
	Private orthopedic office	1	.1
	Private physician's office	1	.1
	Private practice	2	.1
	Private Radiology Office	1	.1
	Pvt office (cardiology)	1	.1
	Radiologist private office practice	1	.1
	Radiologists group	1	.1
	Radiology group	1	.1
	Radiology private facility	1	.1

	Regional medical center	1	.1
	Rehabilitation hospital	5	.3
	Renal lithotripsy centers	1	.1
	Satellite clinic	1	.1
	Small physician office	1	.1
	Specialty hospital	1	.1
	State government LTCF	1	.1
	State hospital	2	.1
	State psychiatric/chemical dependency	1	.1
	Surgery center/orthopedic office	1	.1
	Surgical hospital	1	.1
	Tax-based clinic	1	.1
	Teleradiology	1	.1
	Trauma center Level 1	1	.1
	Tribal owned hospital	1	.1
	[state] dept crim just clinics/hospitals	1	.1
	[university medical center] and teaching facility	1	.1
	Univ medical center (teaching facility	1	.1
	University health center - Colle	1	.1
	University outpatient clinic	1	.1
	University research	1	.1
	University student health center	1	.1
	Urgent care center	1	.1
	Urgent care clinic	1	.1
	VA outpatient clinic/teaching fa	1	.1
	X-ray mobile provider	1	.1
	Total	1581	100.0

"Other" teaching status of facility, specified.

		Frequency	Percent
	BLANK	1541	97.5
	Responses indicating nature of involvement in teaching	**37**	**2.3**
	Cardiology fellows	1	.1
	Clinical instructor	1	.1
	Clinical rotations	1	.1
	Clinical site	2	.1
	Clinical site for junior college	1	.1
	Clinical site for Rad Students	1	.1
	Clinical site for ultrasound	1	.1
	Clinical site for Ultrasound and Nuclear Medicine	1	.1
	Clinical ultrasound	1	.1
	Clinicals for local community college	1	.1
	Education of CVTs	1	.1
	Externships for Ultrasound & MR	1	.1
	Fellowship programs	1	.1
	General MD/Ortho	1	.1
	Involved in education of sonographers	1	.1
	Job shadowing available	1	.1
	Local college has Rad. Tech. program	1	.1
	MD fellows and residents	1	.1
	Medical billing students	1	.1
	Medical residency and nursing	1	.1
	Medical School	1	.1
	New mrt's	1	.1
	Nuclear radiology and Ultrasound	1	.1
	Nursing	1	.1
	Only clinical site	1	.1
	R.T.s, nursing	1	.1
	Radiology residents	1	.1

	Rdms	1	.1
	Remote clinical site for RT	1	.1
	Some areas have students	1	.1
	Student radiation therapist clinical affiliate	1	.1
	Student techs	1	.1
	Students do clinical rotation	1	.1
	Teach NCT class for non license	1	.1
	Ultrasound clinical site	1	.1
	We have trained technologists in MRI	1	.1
	Responses indicating not involved in teaching	**3**	**.2**
	Not involved at this time	1	.1
	Only thru CME	1	.1
	Pay for CE's	1	.1
	Total	1581	100.0

1."Other" Radiology services provided in your facility

		Frequency	Percent
	BLANK	1228	77.7
	All of above mentioned.	1	.1
	All services at 11 med cent	1	.1
	At my previous position	1	.1
	Basic x-ray	1	.1
	BMD	4	.3
	Bone density	1	.1
	Bone densitometry - stereo	1	.1
	Bone densitometry	12	.8
	Bone densitometry, vascular	1	.1
	Bone density	57	3.6
	Bone density (DXA)	2	.1
	Bone density and gamma imaging	1	.1
	Bone density testing	1	.1
	Bone density, fluoroscopy	1	.1
	Bone density, IPACS	1	.1
	Breast biopsy, epidural pain management	1	.1
	Breast imaging	1	.1
	C-ARM	1	.1
	Cardiac cath	2	.1
	Cardiac cath labs	1	.1
	Cardiac cath/ EP	1	.1
	Cardiac cath; intervention	1	.1
	Cardiac catheterization	2	.1
	Cardio/vas noninvasive	1	.1
	Cardiovascular ultrasound	1	.1
	Cardiology	1	.1
	Cardiology-vascular invasive diagnostics and procedures	1	.1
	Cardiology services	1	.1
	Cardiovascular	1	.1
	Cardiovascular ultrasound	1	.1
	Cath lab	3	.2
	Cath lab, echo, EP	1	.1
	Cath lab/specials	1	.1
	CCTA	1	.1
	Chest x-ray only	1	.1
	CT, IR	1	.1
	CT, MR, US, Vascular provided by outside service	1	.1
	CTA	1	.1
	CVIT is provided, but fall	1	.1
	CVIT? PET beginning 4/08.	1	.1
	Densitometry	1	.1

	Dexa - bone density	1	.1
	Dexa	101	6.3
	Dexa (bone density)	2	.1
	DEXA and Echo	1	.1
	DEXA scanning	1	.1
	DEXA scanning and breast bio	1	.1
	DEXA ultrasound	1	.1
	DEXA, Berens, echo, NCV	1	.1
	Dexa, EKG	1	.1
	DEXA, pain management	1	.1
	DEXA, stereotactic breast	1	.1
	Dexa,cardiac stress EEG	1	.1
	DEXA, vascular, echocardiog	1	.1
	DXA scan	2	.1
	Diagnostic, rad therapy	1	.1
	Disco grams, TFESI, SGB	1	.1
	DXA	7	.4
	EBT Heart, CTA, virtual colonoscopy	1	.1
	Echos	1	.1
	Echo	2	.1
	Echocardiography	1	.1
	Echo cardiology and vascular	1	.1
	Echo vascular lab	1	.1
	Echocardiograms	1	.1
	Education	1	.1
	EEG	1	.1
	EK, nerve conduction, EMA	1	.1
	EKG	3	.2
	ESWL	1	.1
	Fluoroscopic guidance	1	.1
	Fluoroscopy	2	.1
	Full cardiology	1	.1
	Holters, EKG, echo	1	.1
	International rad/DXA	1	.1
	Interventional radiography	3	.2
	Interventional	4	.2
	Interventional angiography	2	.1
	Interventional [Nephrology]	1	.1
	Interventional radiology	5	.4
	Interventional techs	1	.1
	Intraoperative MR	1	.1
	Invasive cardiology	1	.1
	IR	4	.3
	Just starting some interventional	1	.1
	Lithotripsy - endoscopy GI	1	.1
	Lung CAD/bone densitometry	1	.1
	Mammo is digital	1	.1
	Mammo techs also provide ultrasound	1	.1
	Mammo, DXA	1	.1
	Mobile MR, sonography, nuc	1	.1
	Mobile NM	1	.1
	Mobile PET-CT	1	.1
	Mobile radiology	1	.1
	MR (mobile)	2	.1
	MR, nuc med mobile	1	.1
	MR, ultrasound, NM contract out	1	.1
	MR	1	.1
	Myelograms/anthrograms	1	.1
	Nephrology interventional	1	.1

	Noninvasive cardiology, interventional radiology	1	.1
	None -- see #5 for explananation	1	.1
	Nuc med	1	.1
	Nuclear cardiology, ultras	1	.1
	Occupational medicine	1	.1
	Only nuclear cardiology	1	.1
	PACS	1	.1
	Pediatric cardiovascular	1	.1
	PEM	1	.1
	Peripheral intervention	1	.1
	PET/CT, DXA	1	.1
	PET and MR mobile	1	.1
	PET is mobile	1	.1
	PET/CT; cross-sectional i	1	.1
	PET/CT	5	.3
	PET/CT fusion	1	.1
	PET/CT, SPECT, SPECT/CT	1	.1
	PET/CT; cross-sectional interventional, CT & MR, intra-operative MR	1	.1
	PICC-line insertions	1	.1
	QCT bone density	1	.1
	Rad therapy	1	.1
	Radiation oncology	3	.2
	Radiation therapy	6	.4
	RSO	1	.1
	RVT	1	.1
	Stereotactic	1	.1
	Stereotactic biopsies	1	.1
	Stereotactic biopsy/US biopsy	1	.1
	Stereotatic bx	1	.1
	Teleradiology	1	.1
	Therapy	1	.1
	UC total pt. care	1	.1
	Ultrasound	1	.1
	Ultrasound vascular	1	.1
	US, IR rad CNC	1	.1
	Vascular lab	1	.1
	Vascular lab / IR	1	.1
	Vascular Ultrasound, DEXA	1	.1
	Vascular us / echocardiolo	1	.1
	VIR	1	.1
	Virtual colonoscopy, elect	1	.1
	X-rays, ultrasound sound	1	.1
	Total	1581	100.0

By far the most common service listed by those who checked “Other” was bone densitometry (aka DEXA,DXA, or BMD), which was mentioned by 209 respondents (13.2% of all respondents and 59.2% of those who specified one or more “Other” services). In addition 59 managers eschewed checking “CVIT” and instead listed cardiac interventional, vascular interventional, or just interventional radiography/radiology as an “Other” service provided by their facility.

State

State	Frequency	Valid Percent
Blank	81	--
?(TM)	1	--
AK	7	0.5%
AL	28	1.9%
AR	26	1.7%
AZ	36	2.4%
CA	81	5.4%
CO	32	2.1%
CT	13	0.9%
DC	3	0.2%
DE	4	0.3%
FL	58	3.9%
GA	47	3.1%
HI	3	0.2%
IA	30	2.0%
ID	10	0.7%
IL	65	4.3%
IN	33	2.2%
KS	26	1.7%
KY	26	1.7%
LA	30	2.0%
MA	23	1.5%
MD	17	1.1%
ME	14	0.9%
MI	50	3.3%
MN	59	3.9%
MO	33	2.2%
MS	17	1.1%
MT	11	0.7%
NC	45	3.0%
ND	9	0.6%
NE	23	1.5%
NH	10	0.7%
NJ	37	2.5%
NM	16	1.1%
NV	11	0.7%
NY	83	5.5%
OH	63	4.2%
OK	29	1.9%
OR	17	1.1%
PA	54	3.6%
RI	6	0.4%
SC	17	1.1%
SD	14	0.9%
TN	35	2.3%
TX	102	6.8%
UT	13	0.9%
VA	34	2.3%
VT	4	0.3%
WA	32	2.1%
WI	37	2.5%
WV	20	1.3%
WY	6	0.4%
Total	1581	100.0

Other Specialties for Which FTEs Were Reported:

	Frequency	Percent
BLANK	1262	79.8
Technical Assistants for Diagnostic and MR	1	.1
* We have 10 full-time technologists. They are all cross-trained to perform more then one modality. They all perform general radiography and are cross-trained in the other imaging modalities. Two techs are RDMS, 1-CNMT, 2-registered in mammo, all are Registered R.T.s.	1	.1
[Bracketed all of the positions together -- probably means the 3.6 FTEs cover all modalities.]	1	.1
[Scrawled across all rows and columns: "Confidential".]	1	.1
[Smiley face under large zero in 2008 v&r.]	1	.1
[Wonder if meant 1 budgeted, 0 v&r for each, rather than 1 budg, 1 v&r in '07, 0 budgeted and 0 v&r in '08? But did give a reason for change in FTE.]	1	.1
[Wrote across staffing table: ALWAYS LOOKING]	1	.1
1 FTE for director of radiology who also does procedures.	1	.1
1 marketing FTE,1 front desk FTE	1	.1
2 of 3 MR techs also perform CT.	1	.1
3 cath alb RNs	1	.1
3 PRN on call R.T.s.	1	.1
3-D technologists	1	.1
About the same in 2007, exact data not available for 2007	1	.1
Adm. Assist.	1	.1
All are cross-trained	1	.1
All categories are budgeted together	1	.1
All my staff are cross-trained and float when needed.	1	.1
All of our radiographers are cross-trained in CT.	1	.1
All of our technologists, including myself, are cross-trained to multitask.	1	.1
All of the radiographers are cross-trained in CT	1	.1
All positions filled. [Thus we know that vac rate = 0, but not the no. of non-vacant FTEs.]	1	.1
All technologists are cross-trained into CT and/or mammography. MR, nuc med are mobile services not staffed by our hospital. Also 1 FTE secretary.	1	.1
All techs are required to do radiology as well as CT. 2 techs also do general ultrasound in addition to rad and CT. Total of 9 FTEs includes myself, manager; 6 full-time techs that do CT and rad (one also does ultrasound), another is our receptionist/tech; 1 part-time tech who does rad, CT, and ultrasound; and 4 diem techs that do ct. All techs are required to do radiology as well as CT. 2 techs also do general Ultrasound in addition to Rad and CT. Total of 9 FTEs includes myself, Manager; 6 full-time techs that do CT and Rad (one also does US), another is our receptionist/tech; 1 part-time tech who does rad, ct, and US; and 4 per-diem techs that do ct and rad. MRI, PET/CT, Nuc Med, and Echos, Vasc US, and Osteo scanning are provided by contract services and mobile units that provide their own techs.	1	.1
At our facility there are only 4 technologists on staff, 3 FT and 1 PT. All technologists have had on-the-job cross-training in all areas. All 4 are registered radiographers 1 MR and CT and 2 mammography.	1	.1
At this present time, we do not have any vacancies in radiology	1	.1
Beside "Government hospital" wrote "VA Medical Ctr."	1	.1
Bone densitometry technologist	2	.1
Bone densitometry	1	.1
Bone density -- Also contracted out for MR, NMT, S.	1	.1
Bone density	7	.4
Bone density 1.5	1	.1
Bone density technologist	1	.1
Bone density technologist. .8 FTE (fully staffed)	1	.1
Bone density. We have 1 PT multiskilled tech.	1	.1
Breast ultrasound	1	.1
Budgeted one more radiographer FTE in 2008 for weekend coverage.	1	.1
C-Arm technologist	1	.1

	Cardiac cath lab technologists	1	.1
	Cardiac echo sonographer	1	.1
	Cardiac sonographer RDCS	1	.1
	Cardio/vascular ultrasound tech	1	.1
	Cardiovascular ultrasound technologist	1	.1
	Cath lab, echo, EP	1	.1
	Center manager	1	.1
	Certified nurse practitioner, PICC certified	1	.1
	Chief nuclear medicine technologist	1	.1
	Chief technologist	1	.1
	Contract labor - ultrasound/echo	1	.1
	Contracted MR, nuclear medicine technologist, and S. All of our techs are cross-trained in mammo/CT/radiography.	1	.1
	CT educational coordinator	1	.1
	CT. Mammography, CIT technologists are cross-trained and work in general radiology as well.	1	.1
	Dexa or DEXA	10	.6
	Dexa 1.5 FTE	1	.1
	DEXA is staffed by general radiography	1	.1
	Dexa scan technologists	1	.1
	Dexa or DEXA technologist	4	.2
	DEXA[Also noted that MR is a mobile service.]	1	.1
	DI assistant-1DI director-1	1	.1
	Diagnostic imaging craftsman, diagnostic imaging journeyman, diagnostic imaging apprentice	1	.1
	Director	1	.1
	Director of radiology	1	.1
	Director radiology	1	.1
	Director/manager	1	.1
	Due to downsizing, required vacancies not filled	1	.1
	Echo	2	.1
	Echo/ultrasound tech (part time)	1	.1
	Echocardiographer	2	.1
	Echocardiology and Vascular	1	.1
	Educators-program directors and clinical instructors	1	.1
	Electrophysiology technologist	1	.1
	Employees cover multimodalities no. above overlap.	1	.1
	Ended sonography SVS's due to going digital and using the hub/spoke process. Radiologists on the other end did not want to read ultrasound from a distance.	1	.1
	Entire dept. cross-trained in 2 or more modalities.	1	.1
	Front desk admissions, registration and order entry and perinatal nurse	1	.1
	FYI: MR and nuc med are provided by a mobile service. No CV intervention done at this facility.	1	.1
	Getting ready to add another FTE for MR in July 08, but already have a tech lined up that wants that job.	1	.1
	I also employ two OJT technologists for radiography and CT. The n/a under nuc med and MR is because we use mobile contracted services and they provide a technologist	1	.1
	I am a coder and biller, receptionist, etc for the surgery center.	1	.1
	I am an R.T. as well as office manager. I notice in the orthopedic sector that many offices no longer hire full time R.T.'s nor do they have x-ray facilities. Many offices are sending patients for x-rays prior to being seen at off-site facilities.	1	.1
	I am in charge of faculty positions only, not staffing.	1	.1
	I answered only for the divisions for which I am responsible. [Respondent name]	1	.1
	I can only respond for the MR section regarding numbers.	1	.1
	I do not manage a radiology department	1	.1
	I do not manage cardiovascular department, so I do not know there budgeted	1	.1

	FTEs.		
	I have 1 PRN tech. Most of my techs are cross-trained and can be moved to other modalities	1	.1
	I only have multiphasic CT/x-ray techs	1	.1
	In-house registry staff to work nights and weekends. PT casual positions with no benefits.	1	.1
	In our facility the techs are multidisciplinary in diag, CT, & mammo [so those 3 entries are really for the same, tri-specialty technologists]. [Don't know MR tech FTE because that's handled via mobile service.]	1	.1
	Initially had 2.6 for 2008 mammo, but said "We may lose .6", so filled in 2.3 for 2008 mammo.	1	.1
	Insurance verifiers, Receptionist and PRN Staff.	1	.1
	Interventional	1	.1
	Interventional rad techs listed above. Nuc med includes PET techs	1	.1
	Interventional Radiographers (Special Procedures not Cardiac Cath)	1	.1
	Interventional radiography	1	.1
	Interventional radiology (special procedures)	1	.1
	Interventional techs/technologists	3	.2
	IR	1	.1
	IT Person, billing help, back-up reception, back-up nursing, bidding and procurement of all supplies, patient registration, approval of invoices for payment	1	.1
	Lead technologist:1 FTE	1	.1
	Lead techs for US, CT, diagnostic and mammography	1	.1
	Limited x-ray license-chest and extremities	1	.1
	Litho/endo [filled in mostly nonzero for 2008, left all of 2007 blank. Treated 2007 as Don't Know's.]	1	.1
	Lost 2 techs due to husband was transferred.	1	.1
	Low turnover; only recruit as needed. [Didn't specify nature of "other" position, but probably bone densitometrist, since that was the "Other" service provided.]	1	.1
	MA	1	.1
	Mammographer	1	.1
	Mammographers at this facility are included in the radiographers	1	.1
	Mammography assistant, 1ultrasound assistant, 1File room, 2.5 transcription 2 DXA, 2 front desk- Check in-out 5	1	.1
	Mammography manager	1	.1
	Mammography techs perform DXA, x-rays and breast ultrasound	1	.1
	Manager-1.0	1	.1
	Manager	1	.1
	Manager director	1	.1
	Manager of diagnostic radiology.	1	.1
	Manager/technologist MR and CT, radiology practitioner assistant	1	.1
	Managing PACS, assistant manager	1	.1
	Most of my techs are proficient and registered in multimodalities.	1	.1
	Most positions are filled by non-R.T. personnel	1	.1
	MR and NM contracted.	1	.1
	MR and NMT: mobile	1	.1
	MR tech is contracted	2	.1
	MR tech provided by mobile vendor	1	.1
	MR tech, NMT: mobile service	1	.1
	MR tech, NMT: mobile unit.	1	.1
	MR was contracted mobile in 07.	1	.1
	MR, NM, and sonography are mobile services	2	.1
	MR, NM, Cardio are all provided by a mobile service. US is provided in-house by a group of sonographers.	1	.1
	MR, NM contracted	1	.1
	MR, Nuc Med mobile. Same 8 FTEs do radiography and CT.	1	.1
	MR: mobile	1	.1
	MRI services contracted - no fte	1	.1

	MR technologist	1	.1
	MR technologists, front desk coordinators	1	.1
	MR/Nuclear/US mobile services	1	.1
	Multimodality section chief/manager	1	.1
	My area of supervision is diagnostic radiology only so this only reflects those FTE technologists.	1	.1
	My rad techs are all cross-trained in CT. Also, I have several PRN techs who work definite scheduled shifts every week for me.	1	.1
	N/A	6	.4
	N/A Department has multimodality trained technologists, some of the above represent radiographers that also do CT, MR and Mammography	1	.1
	New here. Don't know 2007 status.	1	.1
	NM: Wrote in "contract".	1	.1
	No vacancies - actually overstaffed	1	.1
	No vacancies	1	.1
	None	1	.1
	None other. (mammo techs are counted in with rad)	1	.1
	Not sure how to answer these. I have 5 techs and they all do x-ray and CT. 2 do mammo and 2 do ultrasound	1	.1
	Note: Vacant and recruiting was computed by taking the difference from budgeted.	1	.1
	Note: We utilize multidisciplinary technologist which we have found to fit our needs and cut down on FTE issues. budgeted FTEs have not changed: Below is our breakdown:4 - rad /CT techs1 - rad /CT/sonographer tech1 - rad /CT/ mammo tech1 - sonographer / rad tech vacancy - vascular sonographer / rad tech	1	.1
	Nuc med tech is a contracted service; Stress Nurse is "other".	1	.1
	Nursing	1	.1
	Office assistants, radiology clerks II	1	.1
	Office manager, administrative assistants, site coordinators, drivers	1	.1
	One sono opening for entire dept! No shortage.	1	.1
	Other includes; All techs do everything except interventional	1	.1
	Other than FTEs we have 1 PRN and 2 on-all techs. Our PRN is certified in mammo. 1 of our on-call techs works FT as a MR tech, and the other works FT as a traveling US tech. Both can do CT for us.	1	.1
	Our other techs do radiography, CT, and ultrasound combined.	1	.1
	Our rad techs cross-train into CT and Mammo and we have mobile MR, nuc med and US.	1	.1
	PACS	1	.1
	Pacs admin. QA coord	1	.1
	PACS Admin, DXA techs, imaging aides	1	.1
	PACS administrator-1 PACS assistant-1 secretary/transcriptionist-3 aide-new position 2008	1	.1
	PACS administrator	4	.2
	PACS administrator / networking	1	.1
	PACS Administrator falls into the budgeted FTEs for radiographer along with the support staff, i.e., PACS assistant, radiology manager, transporters and film file clerks.	1	.1
	PACS administrator, RIS administrator	1	.1
	PACS manager	1	.1
	PACS RIS administrator supervisor/lead technologist	1	.1
	Part-time nuclear and MR technologists. One PRN rad. technologist	1	.1
	Patient registration specialists X 4	1	.1
	Per diem staff equals 1 FTE	1	.1
	Per diem technologist	1	.1
	Performance improvement/educator 1.0 reimbursement manager 1.0	1	.1
	Peripheral interventional angiography	1	.1
	PET/CT	6	.4
	PET-CT mobile service	1	.1
	PET-CT technologist	1	.1

	PET-CT technologist registered in CT and nuclear medicine	1	.1
	PET[Also wrote "DXA" next to "mammographer".]	1	.1
	Please be advised that in this institution nuclear medicine and radiology is separate, and I am only reporting on the nuclear medicine department. The other (specify below) are stress EKG technicians that we use strictly in nuclear medicine.	1	.1
	Practical technologist	1	.1
	Practical x-ray tech	1	.1
	PRN radiographers times three - we will train for CT	1	.1
	Program director and clinical coordinators for SchoolNote-cardiovascular are not in radiology at our facility.	1	.1
	QC technologists/educators.	1	.1
	R.N. secretary	1	.1
	Rad nurse	1	.1
	Rad techs are cross-trained in CT and mammography.	1	.1
	Rad, CT, mam, sonographer: multidiscipline techs perform all.	1	.1
	Rad/CT techs	1	.1
	Rad/CT techs are shared FTEs.	1	.1
	Radiation therapist(s)	7	.4
	Radiation therapy	2	.1
	Radiogr, CT same 10 FTEs.	1	.1
	Radiogr, CT tech same 2 FTEs. MR, ultrasound, NM are provided by the sub-contractor.	1	.1
	Radiogr, CT, MR, mammo, NMT are shared FTEs.	1	.1
	Radiogr, CT, sonogr all same techs.	1	.1
	Radiographer and CT tech are the same person	1	.1
	Radiographers perform general radiography as well as CT.MR and nuclear medicine are purchased services for the equipment and the staff.	1	.1
	Radiology aide	1	.1
	Radiology assistant	1	.1
	Radiology assistant EKG technician	1	.1
	Radiology assistant, receptionists	1	.1
	Radiology interventional technologist	1	.1
	Radiology nurse(s)	1	.1
	Radiology RN	3	.2
	Recruiting for part-time evenings	1	.1
	Regional director	1	.1
	Registered nurse	2	.1
	Registered radiographer	1	.1
	RIS coordinator, PACS coordinator, CVIS coordinator	1	.1
	RIS/PACS coordinators/QA coordinators/clinical systems analysts	1	.1
	RIS/PACS Team (administrator, analyst, coordinators, electronic imaging librarians	1	.1
	RN	1	.1
	RN or PA	1	.1
	RN, MR tech, assistant registrar, manager	1	.1
	RPA - 1.0 works at our sister hospital .6 and as a tech at our facility .4	1	.1
	R.T.s have flooded the market currently 30 apps on file. 0 vacancies. Ultrasound vascular very hard to find.	1	.1
	R.T.(T)s at cancer tx ctr - 1 relocation in'07 and '08. [Wrote "1 in May 08" in radiogr 2008 space.]	1	.1
	RVT [Registered vascular technologist]	1	.1
	Safety and quality management	1	.1
	Section mangers that also assist in performing procedures as needed.	1	.1
	Seeking part-time sonographer. (Resigned 11-07.)	1	.1
	Senior technologist(s) modality supervisor(s)	1	.1
	Small clinic; only 2 needed.	1	.1
	Sonographer PRN	1	.1
	Sonographers are multiskilled in Radiography, CT, and BMD.	1	.1
	Special procedures angio.[Also wrote "Human Resources the {name}	1	.1

	university" by "Staffing" and "Not by us" in the mammo row.]		
	Special procedures technologists	1	.1
	Special procedures technologist budget 2, have 2 and no vacancies	1	.1
	Supervisor is MR tech and can fill in as needed Asst. supervisor is MR tech and can fill in as needed.	1	.1
	Supervisor nuclear cardiology/Stress lab	1	.1
	Supervisory technologist	1	.1
	Team leader radiology	1	.1
	Tech aides	1	.1
	Tech peforms both as a radiographer and a CT tech	1	.1
	Technical manager	1	.1
	Technical specialist/multi modality technologist to include the following: diagnostic/mammo, diagnostic/CT, diagnostic/CVIR, CT/MR, ultrasound/vascular, ultrasound/echo	1	.1
	Technical team leader	1	.1
	Technologist assistant 2 FTEs	1	.1
	Techs are cross-trained in other modalities.	1	.1
	The above does not really apply to our facility. I as the facility manager and licensed tech take the films when needed. If I am unavailable, the patients are sent out to the radiology clinic down the street. The staff chiropractor is the back up x-ray at this point. Eventually we will add a FTE x-ray.	1	.1
	The above information reflect departments I manage (CT, NM, PET-CT and OP radiology) PET-CT, interventional radiology	1	.1
	The persons we hire must have both RT(R) and CNMT or ARRT(N).	1	.1
	The radiographer and CT tech are combined as all staff do all modalities in radiology. Other is patient care tech / admin assistant	1	.1
	The techs all do more than one modality.	1	.1
	These totals are for the radiology department only.	1	.1
	Two full-time radiographers that rotate in densitometry part-time, thus the split of 1.5 rad and .5 dens.	1	.1
	Ultrasonographer is a contract tech who comes to do studies PRN.	1	.1
	Ultrasound	1	.1
	US/RT (2) FTUS/RT/MAMMOGRAPHER (2) FT My staff, and myself has more than one modality.	1	.1
	Vascular-interventional	1	.1
	Vascular technologist	3	.2
	Vascular technologist - 1 FTE	1	.1
	Vascular ultrasound	1	.1
	We added a director of imaging this year.	1	.1
	We are currently overstaffed.	1	.1
	We do both [radiogr and CT]	1	.1
	We do both radiology and CT. MR and sonography are mobile.	1	.1
	We employ more PT than FT technologists	1	.1
	We had to cut back so no hiring for 2008.	1	.1
	We have 2 FT, 1 PT mammographer. Looking presently for another FT.	1	.1
	We have 2 part-time techs besides	1	.1
	We have 6 technologists and are categorized as multimodality techs. All do radiology and CT as a call requirement. Some cover the other modalities in-house.	1	.1
	We have a low turnover and have had the same employees	1	.1
	We have mobile ultrasound and MR services.	1	.1
	We have techs that are classified as diagnostic/CT techs that are split between 2 cost centers. and techs classified as MR/CT techs that do both	1	.1
	We moved mammography services to our IDTF; we still perform SBBs and wire locs but contract the employees from the IDTF to perform. The MR staff are also contracted employees from the IDTF who rotate to the hospital to staff our MR there.	1	.1
	We need no tech at the [this?]time and not plan on needing anyone.	1	.1
	Will be adding CT.	1	.1
	Wrote "NA" in MR 2007 cells.	1	.1

	Total	1581	100.0

Of the 319 survey respondents who typed something in response to this "Please specify" invitation, only 189 used the space to specify an "Other" specialty or specialties their facility employs. Of these 189, 34 specified bone densitometrist or DXA technologist; 31, a subset of interventional technologists (i.e., CI, VI, or IR); and 6, one of the specialties listed in the table (MR technologist or mammographer). The remaining 118 specifications were distributed among nursing specialties, multiply-credentialed technologists, and managerial and administrative positions. There were also 149 respondents who used the response box to comment on their facility's staffing situation or to explain how they had interpreted the staffing question and filled in the FTEs for the various specialties. 52 of those comments mentioned that their technologists are cross-trained and practice in multiple modalities; 25 pointed out that some of the specialties for which they did *not* provide FTEs are contracted out or provided by mobile units, with the result that the staffing figures for those modalities are unknown to the respondent.

1.Please briefly explain any instances in which you entered more 'vacant and recruiting' FTEs for a given position than the total FTEs budgeted for that position.

Response	Frequency	Percent
Responses from those Who Did NOT Report More V&R than Budgeted FTEs for Any Specialty		
Blank or N/A	1433	92.0
We did not open our facility until 9-4-07	1	.1
2007 we used a recruiting service to hire.	1	.1
2008 FTEs were reduced because the positions weren't filled. This year we move into a new hospital with an additional MRI annex and I am not being given the FTEs to staff the scanner. Workload/RU's must justify additional techs	1	.1
4 CT techs - addition of new service - Portable CT.5 NM FTE for weekend volume	1	.1
4 FTEs do both mammo and general radiology	1	.1
All of the general techs are also mammo techs.	1	.1
All technologists required to cross-train to CT.	1	.1
All techs except MR techs are cross trained. They are used in all modalities.	1	.1
Always looking for relief x-ray techs. We constantly loose them to CT, MRI and US.	1	.1
At one of our facilities we have a very sick tech, who is not able to do mammograms, and we are using on-call people.	1	.1
back fill for maternity leaves and vacation time equal to .4 for RT and .16 for Bone density	1	.1
Both open positions are being held at the request of senior management due to the slow start of the hospital this year, financially.	1	.1
Business has slowed down. Very competitive area. Insurance reimbursement very low!	1	.1
COMMENTS BELOW.....	1	.1
Continuing efforts for a cardiac sonographer	1	.1
Cross training	1	.1
Ct 16 hrs Sat. 16 hrs Sun total 1 FTE	1	.1
CT supervisor, Evening supervisor, Weekend supervisor	1	.1
currently a contract is being worked on to staff department on weekends - not enough work during 8am-5pm working hours to justify another position	1	.1
Currently sending someone to ultrasound school for echo and vascular	1	.1
Discovery and evaluation of the need for an evening tech position.	1	.1
Don't know other areas besides sonography	1	.1
Due to the DRA cuts we have been forced to lay off Technologists and support staff. As you are aware, many imaging centers have closed and others are closing because of these cuts. It would be greatly appreciated if the ASRT, ARRT and any other agency involved with medical imaging would show support by notifying their members and ask that they contact their representatives in Washington, DC. To support S.1338 A Senate bill to delay further implementation of Medicare imaging payment cuts for 2 years. H.R.1293 House bill to delay further implementation of Medicare imaging payment cuts for 2 years. If the government planned cuts for next year are implemented my three centers will go under as well. This will only take you two (2) Minutes! Just go to www.imagingaccess.org and once on the site: 1)Click email 2) Plug in your address and ZIP plus 4 (your congressional reps will automatically appear). 3) Click SEND. Thank you for your assistance. .Sincerely, [Name], RT(R)(MR) V.P. [Imaging center name]..	1	.1

Due to the expansion of services in one the specialties more staff is needed.	1	.1
Due to the severe shortage we had 8 years ago we began a "Grow Your Own" Program. We request 8 positions for RT's in Central Ohio Technical College's Training Program and we selected 8 Hospital Employees a year to put in the program. We took only current employees with college GPA's 3.0 or higher who had already completed all entrance requirements and had outstanding annual evaluations. We paid tuition, books, and their pay for 40 hrs/PP and they only actually worked 8 hours/week while in school but were paid the 40 hours per week. Candidates signed a contract to work for us for 3 years. We have continued this program for 8 years now but we have been able to decrease the number of associates we put through the program. We are a 4 hospital system and my numbers entered above are only for the hospital where I am a manager. This program has assured us we get only outstanding RT's because we hand pick who goes and in the community our hospital is highly respected for giving people a great opportunity for an excellent education and vocation.	1	.1
Expansion of services for additional clinic	1	.1
Filling vacancies after several staff departures.	1	.1
Flex RT position: waiting for new grads May '08 to hire.	1	.1
For those, I simply don't know the actual current number of FTE's	1	.1
FTE created for the 2008 budgeted calendar year.	1	.1
FTEs cross-trained - current 4 RT(r), 3 RT(M), 1 RT(CT), 3 RDMS, 4 FTEs all require cross training	1	.1
Full staffed x 5 years	1	.1
Fully staffed	1	.1
Fully staffed. No problems recruiting.	1	.1
Have been able to keep all positions filled for 2007 and beginning of 2008.	1	.1
Hired over budget because of the last technologist shortage, and because of agency usage . Thought was to over hire and add more PRN help. This would eliminate the need to use agency staffing if we had a number of open positions.	1	.1
I'm not involved w/ the managing of the department.	1	.1
I am completely staffed in all my areas.	1	.1
I am fully staff at every position.	1	.1
I am very lucky not to have had a shortage of techs.	1	.1
I have 3 returning to school for MRI/CT	1	.1
I left my previous position 7 months ago. The radiology director was replaced by a Lab. director to save the hospital money. There were 5 registered RT,s at that time ,1 RDMS, and 4 unregistered x-ray tech's with 1 unregistered US	1	.1
In 2007 and 8 had several staff working 8 or 10 hour shifts that have been moved to 12 hour shifts for every change in 8-10 hour shifts to 12 we were able to decrease FTE's by 0.1	1	.1
In 2007 our Nuc Med tech left. We hired someone within 30 days.	1	.1
In my opinion, the Military has made the position/grade to low. No one can make a living in this area based upon the salary rating that comes with this open vacancy.	1	.1
In need of a per diem sonographer.	1	.1
In parentheses would be possible additions to our total number currently employed. [Treated these as V&R.][Also added "-pool" to the 1 for budgeted sonographer FTEs for 2008.	1	.1
Indian Health organization is having trouble funding the sonographer and radiographer positions. Consequently the salary offers are low in an expensive locale	1	.1
Internal promotion to PACS = 0.5 vacant in Rad.	1	.1
Just built building for MR and trained 2 of our CT FTE's for that and now hiring for radiology.	1	.1
Less than a week ago we lost an US tech due to a better opportunity for her and her family. I have 4 interviews and hopefully will be satisfied with one of the four. Rad tech position is a PRN for weekend coverage and tech satisfaction.	1	.1
Location: Urban, suburban, & rural	1	.1
Looking for just a part time MRI technologist. The decrease in staffing due mostly to DRA.	1	.1
Mammographers and Sonographers seem to be the two most "hard to find" modalities to fill in our Central Florida region. Therefore, they are commanding higher wages than ever before.	1	.1
May use additional technologist for maternity leave or as volume increases.	1	.1
Military constraints / retainability	1	.1
Mobile service for MRI and NM	1	.1
Mobile services -- MRI, therefore no budgeted in-house MR technologist FTE	1	.1
Most of my rad techs do mammo and/or CT DEXA also.	1	.1

MR AND US ARE MOBILE SERVICE EMPLOYEES NOT ACTUALLY HOSPITAL EMPLOYEES	1	.1
MRI- additional .5 for extended schedule and vacation coverageEEG - .5 for extended hours and vacation coverage	1	.1
MRI staff is provided by a leased service	1	.1
New equipment purchased = new staff needed to accommodate	1	.1
New facility	1	.1
New facility opening the summer of 2008. In the process of hiring, therefore felt that my submissions to the above question would skew the results of your survey. I can answer following questions from recent past experience and	1	.1
No change	1	.1
No problems with recruiting staff to fill position -- but having connection with a Rad School helps!	1	.1
No shortage in our area.	1	.1
No vacancy	1	.1
None	3	.2
Normal turnover	1	.1
Not currently recruiting; the techs want to OT.	1	.1
Not involved in the main Radiology Dept.- My area is the Schools of Radiography, Radiation Therapy, Nuclear Medicine Technology and Sonography. I am not the person to complete the numbers requested above - sorry.	1	.1
One FTE is retiring in 2008 so we will possibly be hiring a replacement	1	.1
One MRI tech .	1	.1
One tech will be moving out of state soon, and still need to replace.	1	.1
Opened 3rd shift in u/s.	1	.1
OPENING A NEW FACILITY AND WILL NEED RAD/CT TECH	1	.1
Opening new NICU Level III- need Echo Sonographer and Day shift relief tech	1	.1
Our recruitment/retention program is well administered!	1	.1
Our techs are multimodality - we do CT,US, and radiography. All other services are provided by mobile services.	1	.1
Personnel have remained the same for the past 15 years -- however, our stats have been steadily increasing, but we have no problem dealing with the increase. See additional info on survey I sent in last week!	1	.1
Radiogr, mammo same individuals cross trained	1	.1
Recently the most difficult specialty to hire are ultrasound sonographers. During the past year we have had several temps during transition periods	1	.1
recruited 1 FTE at the end of 2007 to start in CT for 2008	1	.1
RT 2007 vs. 2008 opening seeing building in 2008	1	.1
Same	1	.1
Sonographer - Need PRN	1	.1
Sonographer - noncompetitive salaries.	1	.1
Sonographers (Registered/RVT) are in high demand.	1	.1
Sonographers Rural area	1	.1
The FTE would be one person to perform radiography and CT, and be on-call.	1	.1
There is a glut of radiographers in this region.	1	.1
These FTE positions are all filled but 10 of the positions are filled with non R.T. personnel such as transporter, orderlies, and scrub techs being paid at rates significantly less than the average RT.	1	.1
These positions will be added depending on growth of our CV programs and as the patient volume and productivity allows following OAG standards.	1	.1
This is just 3 technologist positions (not 6y); we hire people with double certification / registered techs only.	1	.1
Title: Checked Mgr/Dir, wrote in "Director".	1	.1
Trying to recruit .5-.9 FTE for CT on a part-time basis.	1	.1
Ultrasound has changed to 24/7 coverage and one of the night positions is not filled yet.	1	.1
We are a small 25 bed facility that utilizes 3 FTE in radiography that are cross trained into CT, sonography, and of the 3, one is a registered mammographer. [Had filled in the 3 FTE only for radiogr; added same for CT & sonogr	1	.1
We are currently at a hiring freeze. Hospital wide per recent announcement from administration	1	.1

We are currently seeking a NM and a CT tech	1	.1
We are fully staffed.	1	.1
We are fully staffed. This however can change at a moment's notice. I have adequate PRN staff to fill holes in schedules.	1	.1
We are holding on filling due to drop in volume for MRI	1	.1
WE ARE NOT ABLE TO BUDGET FOR ANY OTHER TECHNOLOGISTS MONIES ALOCATED BY THE STATE AND STATE INSURANCE COMPANIES HAVE PREVENTED ANY BUDGETING OR RECRUITING FOR MORE STAFFING OF ANY KIND	1	.1
We budget for one CT, 1 Mammo, but other techs also do mammo and CT.	1	.1
We don't break it down to mammo, ct and RT. We have all our RTs cross-trained in CT c-arm and x-ray. 2 do mammo, also 3 do DEXA. We have 4 xos who do call and weekend coverage - rts do not. RTs=a 32 hour, a 24 hour, and a 16 hour – all part time. All xos are ft, but most time is spent in lab.	1	.1
We had contracted ultrasound service; have gone to in-house Feb 2008. New mammography initiative at our offsite clinic = .5. Increased revenue, but have not filled opening yet. Just posted this week!	1	.1
We have 2 full time employees & 1 part time who do radiology, CT. The other modalities are mobile services.	1	.1
We have 4 techs that rotate between diagnostic x-ray, CT, bone density and mammography. Our MRI,U/S, Nukes, CV, Pet/CT are all provided on a mobile basis - no FTE's for our facility.	1	.1
We have 8 FTEs. All techs do more than one job. They are split out below.	1	.1
We have always been fully staffed; sometimes overstaffed.	1	.1
We have always had trouble recruiting qualified staff. We've advertised, used recruiters, and cover with travelers.	1	.1
We have increased the number of CT and IR Techs for this year.	1	.1
We need on-call technologists	1	.1
We only employ 1 permanent part-time tech who does x-ray, CT, MRI and bone density. We had 2 per diem MRI techs, but had to downsize due to financial difficulties.[Left staffing table blank; Research interpreted as .5 FTEs 2008]	1	.1
We only have 4.5 ftes total to run an imaging center including manager who is considered the 1 fte mri tech. We have a prn ultrasound tech (.25 fte is generous) and a prn CT tech which is called upon infrequently.	1	.1
We use outside facility of u.s.	1	.1
We will be opening a new center 2009 so the fiscal years you inquired about do not apply to our programs.	1	.1
What I have currently vs. what I need and awaiting approval for hiring.	1	.1
Wrote "10.0 - 3.5 FTE" in budgeted radiogr 2007. Interpreted and entered as 10 mostly part-time radiographers totaling 3.5 FTE. Wrote "mobile" for MR budgeted 2007.Wrote "RN 1.0 RN 0" in "Other" row. Interpreted as 1 RN budgeted both years, unfilled in Jan 2007 but currently filled.	1	.1
Total	1557	100.0
Responses from Those Who *DID* Report More V&R than Budgeted FTEs for One or More Specialties		
Blank	20	83.3
1 SONOGRAPHER JUST RESIGNED	1	4.2
As a brand new facility I was the first hired to build the department. We are just in the middle of our licensure proving stage and have limited patients. We will hire PRN's first, this month, and then full time before we fully open.	1	4.2
I am ready to add 1 tech this year	1	4.2
PRN tech positions available-more prn techs needed.	1	4.2
Total	24	100.0

Of the 24 respondents who reported seeking to hire more FTEs than were in their budgets for one or more specialties, 4 (17%) provided an explanation. In each case the explanation appeared to be that recent changes in need for one or more specialties had necessitated launching a search or searches before those FTEs had been added to the facility's formal budget.

Of the 1557 respondents who did *not* report any instance in which vacant-and-recruiting FTEs exceeded budgeted FTEs, 124 (8%) entered something in the text window for this question. These responses appeared to be explanations of how they had filled out the FTE table or general comments on their facility's staffing situation.

2. If budgeted FTEs in any of these disciplines or specialties have increased or decreased over the past year, what do you believe is the reason (or reasons) for this change?

Response	Frequency	Percent
Facilities for Which Pattern of Change in FTEs Couldn't Be Determined		
Blank or NA	177	88.9
2 new locations	1	.5
Ample supply of technologists available from our schools	1	.5
CEO Panic, pay and benefits, won't hire FT	1	.5
Demographics of facility	1	.5
Facility purchases unit	1	.5
Facility take over	1	.5
Have not changed	1	.5
Market flooded - happens every 10 years	1	.5
Meet Productivity standards	1	.5
My facility just opened in 2008	1	.5
New service line	1	.5
New start up	1	.5
No change	2	1.0
No change.	1	.5
Our RT school (university) provides.	1	.5
Owner specific-locations	1	.5
Physician owned imaging with non-licensed staff	1	.5
Program change, new center opening	1	.5
PTEs/contingent only	1	.5
Save money for the hospital.	1	.5
Unable to find skilled techs.	1	.5
Work load has increased.	1	.5
Total	199	100.0
Facilities For Which FTEs Only Decreased or Didn't Change		
Blank	103	79.8
BC/BS of AL requirement of pre-certs for CT and MR	1	.8
Budget & reorganization	1	.8
Change in ownership	1	.8
Competition with imaging centers! No holidays, week-ends or on-call shifts. Competition with Kaiser! We cannot match their high salaries. [Next to "change in pts/day", wrote "Due to advancement of MR & CT platforms leading to increase in pt's imaged."]	1	.8
Currently recruiting	1	.8
Deficit reduction act = small budget	1	.8
Digital Radiology and mammography	1	.8
DRA	2	1.6
EXAMS ARE DONE IN OTHER DEPARTMENTS EXAMPLE GI LAB	1	.8
Facility financial problems	1	.8
Feeling the effects of the DRA and decreasing volumes	1	.8
FTE's not interested in leaving	1	.8
Hiring freeze	1	.8
Hospital based productivity differently	1	.8
Improved workflow	1	.8
Job market flooded locally. 2 schools in area.	1	.8
Large turnover	1	.8
No change.	1	.8
One RT to relocate, replacement hired.	1	.8
Other OP facilities	1	.8
Our volume increased	1	.8
Physician owned diagnostic centers	1	.8
Purchase of orthopedic practice	1	.8
started urgent care at our facility	1	.8
Too many physician owned imaging services in the area	1	.8
Total	129	100.0
Facilities for Which There Was No Change in FTEs for Any Specialty		

Blank or N/A	755	92.2
added physicians	1	.1
Addition of PACs	1	.1
Additional CT units, and high turnover in MRI	1	.1
additional equipment	1	.1
Basing our FTE's on procedure volumes	1	.1
Budgeted FTEs have remained the same	1	.1
Change in the # of positions available, more clinics	1	.1
Changes in Contracts with Facilities, (Nursing h	1	.1
Competitive Wage Difference	1	.1
CR systems are faster	1	.1
Director would rather fill RT positions with scrub	1	.1
Do all X-rays myself.	1	.1
Had to adjust down in 2007 dues to decreasing scan	1	.1
Has not changed	1	.1
Inability to pay at the rate of housing. Rent and housing over inflated.	1	.1
Increased PT activity	1	.1
Increasing number of patient beds	1	.1
Insurance mix, non participating	1	.1
Less demand for recruiting - not adding to staffing due to Medicare imaging deficit cuts.	1	.1
Limited license medical assistants taking R.T. jobs	1	.1
More involved	1	.1
New CT Scanner being installed in next 6 months	1	.1
New equipment	1	.1
New modality	1	.1
New processes need more time to complete. TJC req	1	.1
No change	15	1.2
No changes in budgeted FTEs	1	.1
No chg for need	1	.1
Not hiring & reimbursement rate due to DRA.	1	.1
Number of techs has not changed	1	.1
Outpatient clinics opening	1	.1
PACS	1	.1
Precertification on MRI and CT	1	.1
Program growth	1	.1
Recent productivity reports is forcing us to downsize staff	1	.1
reduced reimbursements	1	.1
Remained Constant	1	.1
Replacing myself	1	.1
Return to school	1	.1
Seems like nobody wants to do Mammography anymore.	1	.1
Slight increase due to patient load	1	.1
There are too many X-ray schools in Houston, TX.	1	.1
Unqualified candidates - with IHS has a Native American hire 1st policy	1	.1
Very low technical turnover; almost non-existent.	1	.1
Volume decrease	1	.1
We are working with 2 students who will go full time in 8/08	1	.1
We do flex to volume but keep the same # of FTE's	1	.1
We have extended hours to accommodate more appts.	1	.1
We have increased techs since 2006 and have not had any vacancies	1	.1
We used to provide Bone Density, but no longer do.	1	.1
Wrote "increase" by "Change in pt demand".	1	.1
Total	819	100.0
Facilities for Which FTEs Only Increased or Didn't Change		
Blank	313	86.5
24/7 coverage - expanding MRI scanners #	1	.3
Added a number of new facilities we are staffing up for	1	.3
Added MR machine FT	1	.3
Adding Echocardiology to US	1	.3

Adding new department in new ER	1	.3
Addition of evening shift	1	.3
Addition of new clinic	1	.3
Addition of students and cross training for CT	1	.3
Additional Equipment & physicians	1	.3
Another IR suite added	1	.3
Both changes increases.	1	.3
Change in hours and location techs work	1	.3
Competition by radiologist	1	.3
Construction	1	.3
Cover on-call by using staff on-site	1	.3
Cross training - staff moving to different position	1	.3
CT/MRI inc we add immscan and 2 ct one in VIR and one in SICU	1	.3
Dept expanded to include EP	1	.3
Expanding to 24/7 CT and U/S - adding New MRI Scan	1	.3
Expansion	1	.3
Expansion to new areas	1	.3
Fixed MRI installed Sept. 07	1	.3
IMPROVES IN TECHNOLOGY	1	.3
Increase in administrative duties	1	.3
Increase in CTA coronary studies	1	.3
Increase in demand for services.	1	.3
increase in Pt volume	1	.3
Increased equipment	1	.3
Lack of qualified candidates	1	.3
MRI open .5 year in 07	1	.3
MRI Technologist also Director now	1	.3
New CT procedures	1	.3
New facilities	1	.3
New facility and machine opened	1	.3
New facility, additional services	1	.3
New hospital	1	.3
New modalities added	1	.3
New MRI equipment in-house	1	.3
New OP facility	1	.3
New sites	1	.3
No decrease [postal return]	1	.3
Nuc Med and CT schools	1	.3
Opened 2nd location.	1	.3
Opened more offices	1	.3
Outpatient expansion	1	.3
Per Diem to handle schedule rotations	1	.3
Section Expanded	1	.3
The hospital has added an outpatient building which will include Imaging Services	1	.3
vacations, sick coverage	1	.3
Total	362	100.0
Facilities for Which FTEs Increased for Some Specialties, Decreased for Others		
Blank	60	83.3
Added Technology and competition	1	1.4
Addition of new offices	1	1.4
Expansion in Nuc Med, MRI, CVIT, CT	1	1.4
increased productivity, trying to reach benchmarks	1	1.4
New Technology	1	1.4
PACS	1	1.4
PACs has improved patient flow	1	1.4
per diem not available	1	1.4
Responding to declining reimbursements	1	1.4
RVU values	1	1.4
Technology efficiency	1	1.4

to many new graduates	1	1.4
Total	72	100.0

3. Please specify the other discipline or specialty for which you described your facility's recruitment effort.

Of the 190 responses to this request, 66 indeed specified the "Other" discipline. Another 61 indicated that the question was inapplicable (N/A) to their facility – usually because there had been no recruiting effort one or both years. Seventeen (17) respondents described the methods they used to recruit R.T.s. There were also 17 general comments on recruiting difficulty and 13 comments not obviously related to recruiting.

The 66 "Other" disciplines specified included various forms of interventional radiography (11 responses), echo cardiography (8), bone densitometry/DXA (7), sonography (4) and radiation therapy (4).

Response	Frequency	Percent
Blank	1391	88.0
Responses Specifying the "Other" Discipline/Specialty or Specialties Rated		
Bone Density	3	0.2
Can't seem to find per diem xray techs.	1	0.1
Cardio/vascular tech	1	0.1
Cath lab, Echo, EP	1	0.1
CT & mammo: Cross train	1	0.1
Dexa	1	0.1
Difficulty finding qualified (ARRT certified) candidates to work in IHS	1	0.1
Echo-cardiographer due to rural area/salary for the area.	1	0.1
Echo	1	0.1
Echo technologist	1	0.1
Echocardiograms	1	0.1
Echocardiographer	1	0.1
Echocardiology	1	0.1
ET/CT ion IDTF recruit: RT/NM Tech; less difficult in 2007.	1	0.1
Extremely difficult to recruit Sonographers who are agreeable to work call, etc. as needed in a hospital environment.	1	0.1
IR	1	0.1
IR (Special Procedures)	1	0.1
limited xray license	1	0.1
MAs	1	0.1
More difficult to recruit specialties, especially experienced ultrasound and MR and PACS/RIS admin.	1	0.1
More difficult vascular sonographers	1	0.1
MRI Certified technologists, certified in other modalities are hard to find as well as RDSM sono techs.	1	0.1
Night Ultrasound position is very difficult to recruit for.	1	0.1
Nuc preference is nuc/rad certified for PET scanner	1	0.1
Nuclear Medicine	1	0.1
Number of truly qualified sonographers is low -- everyone is recently graduated and requires significant training.	1	0.1
PACS Administrator	2	0.1
Per diem technologist	1	0.1
PET Trained	1	0.1
QC Technologists - ct and MRI - More difficult	1	0.1
Rad. Interventional	1	0.1
Rad therapy	1	0.1
Radiation Therapist	2	0.1
Radiation therapists, dosimetrists and physicists	1	0.1
Radiography: Joined with Community College in the Radiology and Sonography school - students rotate clinical hours at our site -and often want to work here after graduation.	1	0.1
Registered Cardio techs are hard to find	1	0.1
RT's with Electrophysiology experience should be identified specifically.	1	0.1
RT with Cath lab experience	1	0.1
RTT	1	0.1

Sonographers and Echo technologists are especially hard to come by in this part of the country. We struggle to find anyone with adequate skill who wants to work in the hospital and take call. Our recruitment efforts tend t	1	0.1
SPECIAL PROCEDURE TECHS HARD TO FIND	1	0.1
STUDENT TECHS	1	0.1
Tech aides	1	0.1
The other specialty is PET , that is under the University and Radiology is under the Hospital two different entities.	1	0.1
Trying to get u/s tech to do x-rays also.	1	0.1
US/RT STAFF MORE DIFFICULT TO RECRUIT FOR FT.	1	0.1
VAS lab tech.	1	0.1
Vascular sonographer	1	0.1
Vascular Technologist - More difficult	1	0.1
VIR	1	0.1
We don't have MRI, mammo, nuc med.	1	0.1
We cross train and have access to R.T.s from our school.[Wrote "Radiation Tx" beside "Other".]	1	0.1
We have been advertising for mammography techs for years- We just happen to get lucky this year.	1	0.1
We just hired a new grad for generals in 12-07. There were 5 very good applicants. No one with mammography experience.	1	0.1
We were looking for a PRN U/S tech and had no responses. We were finally able to locate one.	1	0.1
Weekend Radiologic Technologist with CT	1	0.1
Weekend Supervisor	1	0.1
Would need multidisciplined Techs in sonography.	1	0.1
Wrote "impossible!" beside Sonographer (and checked "More difficult".	1	0.1
Responses Specifying Recruiting Method(s)		
Ad placed in local online job website and in national RT journal.	1	0.1
Ad in local newspapers	1	0.1
advertisement, mailings, web	1	0.1
Generally local and on-line advertising. We do not have a shortage of available staff in the Milwaukee area, where our facility is located.	1	0.1
HR, newspapers, recruitment company; local schools	1	0.1
Internal/External Postings	1	0.1
Local newspaper	1	0.1
local newspaper, professional journal, recruiter	1	0.1
Magazine ads, ads in area newspapers, flyers to radiology schools	1	0.1
Online- career builder, monster.com and a state sonography website	1	0.1
Posting on internet job sites.	1	0.1
Posting on USA Jobs, local papers, word of mouth	1	0.1
Vacant positions posted on system website	1	0.1
We have a waiting list of applicants want to work at our facility. Interventional Radiologic Technologist is the most difficult positions to fill. Our standards are equal to cardiology and very complex procedures performed	1	0.1
We pay relocation if from out of state, we also have a tuition reimbursement program	1	0.1
Word of mouth. Ads in local papers.	1	0.1
Word of mouth has worked for the last 3 or 4 techs	1	0.1
General Comments on Recruiting Difficulty		
I had a tech move and it['s] hard to find replacement.	1	0.1
In general for recruitment we have had to go out of state and or to head hunters to find applicants that want to fill positions. In 2007 I hired 2 staff from out of state and 1 staff from in Az. The process took over 4 month	1	0.1
Job market flooded.	1	0.1
Less difficult due to close-down of Imaging Centers.	1	0.1
Locally none available , relocation difficult.	1	0.1
Not difficult to recruit.	1	0.1
Radiography: Joined with Community College in the Radiology and Sonography school - students rotate clinical hours at our site -and often want to work here after graduation.	1	0.1
Recruitment is from School of Radiation Therapy from University based program	1	0.1

Rural hospitals have a hard time because of town size.	1	0.1
Salary sub-optimum and recruiting process through human resources takes forever (in excess of 4 months)	1	0.1
same	1	0.1
Several years ago we had a hard time filling Rad tech openings. We started paying a $6.00 eve. Diff. as well as $8.00 night diff. With this dollar increase all 3 openings were filled!	1	0.1
There is flood of new students graduating each year from Montana. Too many students not enough jobs!	1	0.1
University saturating market with CT, MR, US, but rural setting and volumes not conducive for allowing tech to do only the modality.	1	0.1
Very low because we don't have an HR person.	1	0.1
We have a waiting list of applicants want to work at our facility. Interventional Radiologic Technologist is the most difficult positions to fill. Our standards are equal to cardiology and very complex procedures performed	1	0.1
We have been advertising for mammography techs for years- We just happen to get lucky this year.	1	0.1
We just hired a new grad for generals in 12-07. There were 5 very good applicants. No one with mammography experience.	1	0.1
N/A or Not Recruiting		
All of my technologists have been with me for over 2 years.	1	0.1
Clinical affiliation with training programs	1	0.1
Did not try to recruit	1	0.1
EMPLOYEE TURNOVER IS FEW AND FAR BETWEEN	1	0.1
Fully staffed for last 2 years	1	0.1
Have not had a change	1	0.1
Have not had need to recruit in 3 years.	1	0.1
have not had to recruit	1	0.1
HAVE NOT NEEDED TO HIRE IN THE LAST 5 YEARS	1	0.1
Have not tried to recruit.	1	0.1
Haven't had any change over in staffing	1	0.1
Haven't had any changes.	1	0.1
Haven't had any turn-around in techs.	1	0.1
I had a tech move and it['s] hard to find replacement.	1	0.1
I have a full staff	1	0.1
I have never had recruitment problems. Hardly ANY turnover!	1	0.1
N/A or NA or Not applicable	10	0.6
N/A - same techs 2+ years.	1	0.1
N/A. There was no need for us to recruit. Staff needed has remained the same.	1	0.1
NA I HAVE BEEN FULLY STAFFED FOR THE PAST 3 YRS.	1	0.1
No changes	1	0.1
No movement!	1	0.1
No recruitment	1	0.1
No recruitment done; apps on file.	1	0.1
No recruitment in 2007	1	0.1
No recruitment necessary for our facility.	1	0.1
No recruitment. We are in a period of major layoffs.	1	0.1
No recruitment; long term emp.	1	0.1
No staff turnover for the past 12 months.	1	0.1
No turnover of staff	1	0.1
NO VACANCIES, NO NEW TECHS	1	0.1
None	6	0.4
Not currently recruiting.	1	0.1
Not needed.	1	0.1
Not recruiting at this time for any positions	1	0.1
Not recruiting.	3	0.2
Our techs have been here 33 & 30 years, respectively.	1	0.1
We are not hiring, we are cutting positions because of low reimbursements caused by the DRA. All other managed care Ins. companies have followed the federal government and cut their reimbursements as well.	1	0.1

We are not recruiting - we are subject to imaging cuts, higher costs and worsening economy.	1	0.1
We have been and are fully staffed. No recruitment in 3 plus years.	1	0.1
We have not had any recruitment needs - no turnover	1	0.1
We have not had to recruit recently	1	0.1
We have not needed to recruit any of the above positions.	1	0.1
We haven't had to fill any vacant positions. We have not had any to speak of.	1	0.1
We weren't recruiting any type of RT's	1	0.1
Other Comments		
All of the other modalities are mobile	1	0.1
Familiarity with personnel which could be of interest.	1	0.1
Have three new grads working PRN until FT position becomes available.	1	0.1
Hospital operates 4 Medical Science Programs: Radiology, Nuclear Medicine, Diagnostic Med Sonography & CT	1	0.1
Indian Health Service doesn't really "recruit." They post a position and wait.	1	0.1
Only hire RT(R).	1	0.1
Performed by main radiology dept.	1	0.1
We are not hiring, we are cutting positions because of low reimbursements caused by the DRA. All other managed care Ins. companies have followed the federal government and cut their reimbursements as well.	1	0.1
We are not recruiting - we are subject to imaging cuts, higher costs and worsening economy.	1	0.1
We cross train and have access to R.T.s from our school.[Wrote "Radiation Tx" beside "Other".]	1	0.1
We have been using a temp tech for sonography the past two years while one of our staff obtained education for that modality.	1	0.1
We have increases are students in our school and now have twice a year graduation	1	0.1
We have mammography in our future and our prn tech is certified in that.	1	0.1

5. Please add here any comments you feel are necessary to clarify any of your responses and/or any additional comments you wish to share on your perceptions of the supply of radiologic technologists.

Of the 455 responses to this question, 239 included or implied a judgment as to the balance between the supply of and the demand for radiologic technologists in the respondent's area. Of those 239 responses, 37 (15.5%) implied a local shortage of R.T.s; 46 (19.2%), a rough balance between supply and demand; 55 (23.0%), shortages of some but not all types of R.T.s (with sonographers, mammographers, experienced R.T.s and multi-modal R.T.s being the most frequently mentioned as in short supply); and 101 (42.3%) implied a local oversupply of R.T.s.

Response	Frequency	Percent
Blank or N/A	1126	71.2%
Response implies local shortage		
Difficult to find staff with CT and Mammo experience willing to work in rural settings.	1	2.7
Even with $5000 bonus sign on bonus for sonographers, we are still not able to fill our 3 open positions. We currently use travelers.	1	2.7
For the 1st time in the history of our facility -- 40 years we have had to use traveling tech to fill our ultrasound needs.	1	2.7
Graduating students in our area are having difficulty finding full-time employment with benefits. Many have been employed in PRN status only for more than one year. I feel that we are misleading potential students about the employment prospects in this field.	1	2.7
Here in Raleigh, NC the market is saturated with RTs. The local college graduates 2 classes a year.	1	2.7
I am new to this Managers position, I do not have a good history of past recruitment practices and was not a part of the 2008 or prior budgeting process. Supply in this area, and from what I understand, many rural and smaller facilities, is harder to find. Turnover rate is higher as well in the smaller settings.	1	2.7
I am the manager for the cardiac cath labs although there is a full line of radiology services offered at the facility. Started a new EP program that required hiring experienced RT for that position. This is an extremely difficult position to fill but we were able to meet the need.	1	2.7

I have to recruit staff from out of state -- since storm. [Mississippi]	1	2.7
I think our example is a good one for the career field and employers to see... If you under bid the position... It will not get filled.	1	2.7
In 2006 it was especially difficult to get staff even though we had two rad schools within 40 miles of us. We are a small facility, offered competitive salary, however grads seem to think that bigger is better. Our equipment is state of the art, so no problem there. It was evident that new techs are being taught to work in pairs and do not like responsibility of working alone on evening and night shifts even though the work load is very light. I've been told that techs like the socialization of bigger departments. So goes the dilemma of small departments. Is there an answer to this problem?	1	2.7
In the past 3 years we have trained 3 RTs to get certified in mammography. They pass their registry and leave - shortage in OK area.	1	2.7
Increase in RT's -- school grad's increase. Closing down of Imaging Centers.	1	2.7
Interventional & cardiac cath not listed, but difficult to recruit. Mostly on the job training performed.	1	2.7
It's hard t obtain Technologist (diagnostic) due to salaries.(don't pay enough)	1	2.7
It's very hard to hire reg. tech in a small community.	1	2.7
It has been very difficult to recruit techs in all dept. I only see over the mammography dept. I can see it being a huge problem when the older techs I have retire.	1	2.7
It is harder to recruit technologist to rural community hospitals due to the lack of amenities that big towns and cities have.	1	2.7
It is VERY difficult to recruit to the reservation. Reasons include remoteness, lack of resources such as banks, grocery stores, and other amenities, and the "dry" (alcohol) status of the reservation. We are located 2.5 hours from a "major" city.... [Name of city].	1	2.7
Market area has shortage of mammographers. Sonographers and MRI will be dedicated to breast imaging specialty which can make recruitment more difficult.	1	2.7
Our hiring difficulties are our very rural location and needing multi modality techs. Very few new grads want to multi-task and are very demanding on time related issues.	1	2.7
Our work load has increased but management has not deemed fit to hire any other people. We lost a full time employee and we said we would like to part time but they have not moved forward with doing that. Time expired is 6 months.	1	2.7
Pay to head hunter and staff an additional 5 K for 2007 due to not being able to recruit successfully in the AZ market.	1	2.7
Rad techs are difficult to recruit to a rural hospital, such as [hospital name].	1	2.7
Salaries in the government sector are not keeping up with local and regional salaries- thus Ultrasound Technologists are not willing to work at our facility	1	2.7
Sonographers, mammographers, MRI techs, EEG techs -- None available locally, recruitment difficult primarily due to relocation and high expenses, -housing and basics in comparison to continental US. Families not willing to move, single applicants OK but usually with a limited time frame- winters season at home.	1	2.7
Technologists applying for CT and MR positions that have zero experience in these fields. Difficulty finding experienced Technologists.	1	2.7
The Facility wanted to make every effort in reducing our backlog for scheduling. The sign on bonus was an effort to attract staff which has always been difficult. We have seen a lot of interest, but not the right people so far.	1	2.7
The military doesn't pay RT's enough to retain their svs. They can double their income while reducing their total work hrs / call time.	1	2.7
The sign-on bonus increased for MR technologist because of needing them on 2nd shift hard to fill. No sign-on for Radiography as there is no shortage in our area.	1	2.7
There are few ultrasound schools here in Oregon, and the radiology schools here do not offer the 40 hours needed in mammography.	1	2.7
There is a definite shortage of techs!	1	2.7
This is a correctional facility with very antiquated equipment, so finding techs is always difficult because everyone is learning digital and we do not have that luxury. But we have very little turnover.	1	2.7
Typically, we only pay sign on bonuses for supervisors. However, in the latter part of 2007 we began paying bonuses to recruit sonographers and Echo techs. The amount varies based on experience and where they will be relocating from.	1	2.7

We are a nationwide occupational health facility with individual locations. We have started urgent care at our facilities so the need for RTs has increased. We have had a difficult time because in a lot of cases they would rather pay for a limited scope or non licensed person, depending on the state we are in.	1	2.7
We are a very small facility - serving a tourist area. Difficult recruitment because of the need for everyone to take call and weekends.	1	2.7
We hope to be able to hire at least a part time tech in the future. If we can find one. We are a very small hospital.	1	2.7
We rarely have cross-trained techs apply for positions. We end up hiring new grads and train. Very difficult to recruit in SW Kansas.	1	2.7
Total	37	100.0
Response implies local balance between supply, demand		
Ability to hire graduates from our school. Promote from within our institution.	1	2.2
Able to fill need with graduating students and train on the job.	1	2.2
Alaska has a Radiology Technology school now which seems to be supplying the demand within this state.	1	2.2
Arkansas State University is graduating numerous techs locally from all disciplines. This makes availability of techs not a problem here.	1	2.2
Because we have a local Rad Tech. program we are usually able to fill open positions with grad Rad. Tech's. As an example all of our CT techs were cross trained from Radiology dept. and then fill that position with grad RT's.	1	2.2
Being affiliated with a college radiology program allows us an opportunity to hire new grads easily.	1	2.2
Currently, Tech supply in our area is meeting our needs.	1	2.2
Fortunately we have not had issues finding and retaining techs at this time.	1	2.2
Full staffed for a while.	1	2.2
I am fully staffed. With our association with a Radiography program our recruitment has been almost effortless. I have 8FTEs and 5PT techs. Some only do specific modalities, but most are multi modality such as Rad, Mammo, DXA and CT.	1	2.2
I am in charge of many sites (MRI) in Ohio and have no shortages. I receive applicants from Kent State and Akron U, so there are no shortages.	1	2.2
I do not believe there is a current shortage.	1	2.2
I have been happy with the supply of techs for my rural area.	1	2.2
I manage the PET/CT operations at several hospitals and imaging centers affiliated with a major academic hospital system. No problem in western PA in recruiting and staffing either the nuclear or CT technology positions I have posted.	1	2.2
MANY SCHOOLS WERE DEVELOPED IN NORTH FLORIDA AND HAVE HAD A POSITIVE EFFECT ON REDUCING THE NEED FOR AGENCY TECHS BECAUSE YOU CAN FIND NEW GRADUATES TO FILL YOUR NEEDS.	1	2.2
MRI site freestanding. Easy to hire from local hospital.	1	2.2
Not nearly as difficult to recruit as 5-7 years ago. I believe the advent of PACS has become a positive retention tool.	1	2.2
Not really a shortage is West Texas.	1	2.2
Our biggest recruiting challenge was for sonographers three years ago. We have since become a clinical site and have not had a problem since.	1	2.2
Our staffing issues have dramatically decreased due to our Grow Your Own Program where we rewarded outstanding hospital associates with the opportunity for a free education.	1	2.2
Radiographers seem more plentiful now than the last few years. Over xray volume is down and we eliminated some open positions in xray while adding FTE in MR and US.	1	2.2
Rural area that has a worker pool extending to 1 hour away in urban area. There have been hospital mergers in those areas, creating more available technologists.	1	2.2
School graduate numbers have met market demand in our area. Upper Midwest.	1	2.2
Schools have over-reacted. No shortage whatsoever.	1	2.2
Stable conditions in our area. We have an U/S and Rad Tech local program.	1	2.2
The supply in this area sufficiently meets the demand for rad. technologists.	1	2.2
The supply seems to be up for the first time in our region.	1	2.2
Very fortunate to have affiliation with Avila University for Radiologic Science. Have good supply of technologists for vacant positions.	1	2.2
We are a clinical site for a large X-ray program. So we are fortunate in recruiting efforts.	1	2.2

We are a clinical site for RAD program; this truly helps. We pick students graduating [whom] we want.	1	2.2
We are a new facility and our staff is very stable right now. In 2007 there was a staffing agency that had a 5 year contract. It was very poor service and the technologists were not qualified. It was a mess. I have a stable work force now in CT, Mammography, Radiology and Sonography. All the technologists are cross trained in CT and working on certification in that modality.	1	2.2
We are actually fully staffed at this time. Prior to 2007, we were actively recruiting but having a difficult time. How can we compete with larger facilities able to pay more and offer better incentives such as little or no call?	1	2.2
We are affiliated with two schools of radiologic technology and one sonography. We train and promote staff technologists into CT, MR and Nuclear Medicine. As a result, we rarely experience staffing shortages or have difficulty in finding staff to fill vacancies.	1	2.2
We are very fortunate to have teaching institutions in the area to fill our vacancies. We have a great work environment that makes it very easy to recruit the best candidates available.	1	2.2
We graduate 10 students per year at our affiliated hospital and this keeps a steady supply of techs to meet our needs.	1	2.2
We have a college program on campus that has students in diagnostic, CT, MRI, interventional, u.s., & a B.S. degree completion program, so recruiting may be easier for us than many others.	1	2.2
we have a radiology school in our town so life is easy for recruitment here	1	2.2
We have an in-house mammo cross training program which we hope will alleviate the expected shortfall as our current mammographers start to retire.	1	2.2
We have good links in this area due to high volume in schools for rads	1	2.2
We have had great success filling positions because we've partnered with 2 local school programs for student rotations in pediatric imaging.	1	2.2
We have not recruited anyone in the last few months and we will be offering CT for the first time in a month or so and we are going to use the staff we have at first.	1	2.2
We have our own rad tech program for the past 5 years. We have given loans to students in our program. If they are employed at our facility, we have a work pay-back where loan is forgiven.	1	2.2
We have two radiology programs with students who we tend to hire on graduation.	1	2.2
We pay bonuses to all employees based upon years of service, not performance. It is never hard to find techs.	1	2.2
WE STAFF WITH GRADUATE STUDENTS THAT ARE TRAINED AT OUR FACILITY.	1	2.2
We use a tuition reimbursement program to help fill rural staffing needs. All 5 techs rotated thru general and CT. 2 staffed RTs have additional mammography certs.	1	2.2
Total	46	100.0
Response Implies local oversupply of R.T.s.		
Ability to fill vacancies is not problematic. Most local graduates of Radiology programs are not moving from local area as they are second / third career retrainees and have established ties in the local community. There are more candidates for hire than local job market demands. As such vacancies are readily and rapidly filled and incentive packages are not being required to solicit applications to fill any needs. Also, turnover is very low, as economy seems to be dictating more stable long term employment. Current staff has very few employees with less than 5 year employment wit	1	1.0
Actually an oversupply of recent radiography graduates, and recent sonographers without additional radiography credential. Experienced specialty technologists, especially in pediatrics are very difficult to find/recruit.	1	1.0
Additional schools, plus students processed are flooding the market in our area.	1	1.0
Advertise in [city] Ohio for nuclear medicine tech. Many out of school looking for work and willing to move.	1	1.0
Allowing limited radiology techs in our market has changed our supply and demand. We do not hire limited techs, but many physicians' offices in our area utilize limited techs.	1	1.0
An increasing number of owner operated radiography machines have put a decreasing value at the technical level. Also, the turnover rate for jobs in the local area is increasing due to the local technical college cranking out lower level radiographers. The ability to fill a general radiographer's position is simplified. The other modalities have a higher need for the specially trained personnel.	1	1.0

At this moment in time, we are not anticipating adding staff. Please note that limited radiographer program in our state enables providers to add more affordable radiology staffing for clinics, impacting job creation for RT's. We also have a radiology school here associated with our regional hospital which provides plenty of RT graduates in relation to the amount of radiology positions in our rural area	1	1.0
Basic RTs have flooded market in TN. Too many schools, some with poor quality instructions. Ned to focus on higher quality.	1	1.0
Community college nearby graduates approximately 90 technologist per year. This makes it very easy to choose very qualified graduates.	1	1.0
Due to 3 local RT schools, our area is saturated.	1	1.0
For each of the open positions during the past year, all that was required was to run an ad in the local paper and I had multiple applications. There are more applicants than positions available in this area, due to 2 radiology programs and 1 ultrasound program.	1	1.0
For the Jackson area supply is excessive at present.	1	1.0
Have more applicants for jobs than positions in all modalities.	1	1.0
I am getting calls from techs that have been let go due to diminished patient load and reimbursements. Last year I had to seek them out.	1	1.0
I believe the shortage of Technologists has eased considerably over the past 12 months. Every day I receive phone calls and/or e-mails from agencies wanting to know if I need a traveler. These solicitations have increased in the last 6 months or so. A former Tech of mine left employment at our facility last August to be a travel Tech. Her assignment was completed and now the agencies can't find her another job.	1	1.0
I feel we have a surplus of techs. I feel some of these schools are putting too many students through. Good for me as a director, but not good for our profession. I have one part time tech that would like to be full time and know of one school that we do not have a position for.	1	1.0
I have people wanting to work here. 8 to 5 some techs 7-6 in MRI. Some Saturday for MRI and mammo.	1	1.0
I manage Ultrasound and General Radiology. I have had great retention, and no needs for radiographers. The market in Minneapolis is relatively flooded, with graduating students trying to find full-time positions. I have not hired a sonographer in two years, but the market seems to be getting tighter.	1	1.0
I now have technologists routinely asking if there are any positions available. It seems much more difficult to recruit supervisors than technologists. We have had multiple applicants for any position posted in the last year.	1	1.0
I work in a radiology clinic owned by a radiologist group. Due to precertification rules and external competition, our overall volumes have dropped to frightening levels. We have not recruited nor replaced any technical positions in the last 18 months.	1	1.0
In Alb, NM too many students being taken into RT programs. need some regulation	1	1.0
In California they supply of technologists has exceeded the current demand, especially in our area (Sacramento valley) due to the high cost of homes in the bay area our recruiting has become very easy.	1	1.0
In my area there is a glut of RTs, no job openings.	1	1.0
In New Jersey there are more applicants than there are openings.	1	1.0
In NJ all hospitals are having a hard time, with the budget restraints within the state.	1	1.0
In Ohio it seems that the schools have benefited from larger classes over the last few years. This has allowed the employers to benefit. Our area seems to be saturated with technologists, leaving opportunities out of state. There is a lesser quality of technologist coming out.	1	1.0
In our area we have more technologists than available jobs. Difficult to get a job in this area.	1	1.0
In our rural area in SD, there have not been many job openings within a 200 mile radius.	1	1.0
In the greater Toledo area, we are saturated with RT's graduating from 2 large programs. Most graduates must relocate to find FT positions.	1	1.0
In the Nashville market, there is an oversupply of Radiological Technologist.	1	1.0
In the New Orleans metro area the field is flooded due to the lack of jobs. The radiology programs are accepting when [way?] too many applicants.	1	1.0
In the North Jersey area hospital closures have reached 8 in the last 4 years and 2 more slated in the next 4 months. There are not enough FT vacant imaging positions available in hospitals or the private sector to handle the demand	1	1.0

In the western (southwest) Ohio area the market is currently over-saturated with radiologic technologists.	1	1.0
In this area, the job market is saturated with techs. We have several Rad schools and we seem to be in a "surplus" period.	1	1.0
In this part of Florida there are more staff than there are positions for. Too many x-ray schools.	1	1.0
It's really bad here in Houston finding jobs for techs. There are 13-14 xray programs that I know of. There needs to be a limit on the amount of school in the city.	1	1.0
It is easier to find technologist for the past year now. The rad schools in the area have graduates looking for jobs months after graduation. This had not been the case since 2001.	1	1.0
Keiser School graduates too many students. Bad for field.	1	1.0
Lack of state licensing hurts us. Any "GIR" can be a "Tech"	1	1.0
Local market has changed due to an additional training program. Other training programs increased class size	1	1.0
Local supply exceeds demands due to the number of radiology programs in this area.	1	1.0
More techs available due to several competing centers within the region closing. Also some hospital layoffs.	1	1.0
My perception is that there are more techs than positions. This being noticed for at least the past year.	1	1.0
My personal experience is finding technologists willing to work part time as benefits are a budget issue. Insurance should be available to all working people, not only fulltime employees. I have a new graduate, she is a single mom with 2 children and she is dealing with getting off welfare, with that her children will have no medical insurance. . . . . No doubt she will eventually be forced to find work out of area, compromising her family.	1	1.0
New Jersey has surplus of staff techs. 20 hospitals closed.	1	1.0
NM Techs have flooded the market. We get resumes daily. Radiographers have also increased, but they only want a 3-4 day work week.	1	1.0
[In] our area in Florida, there are too many schools and not enough jobs for the technologists.	1	1.0
Our community college opened an R.T. school 2 yrs ago and had 20 grads the 1st class with 15 to follow each consecutive class]. Year. R.T.s having difficult time finding employment.	1	1.0
Our economy is depressed. Imaging volumes are decreasing and/or smaller/weaker centers are closing. I receive many resumes from displaced R.T.s. Nuc Med techs are very hard to locate, as are sonographers with R.V.T.	1	1.0
Our facility does not have a staffing issue. We do not experience turnover. we actually have resumes of staff waiting to get in.	1	1.0
Our facility is a unique one. All care for the kids is free. We are under very tight budgets. As far as the supply of radiologic technologists in Utah you very seldom see job opening in the newspapers here. We have two excellent Radiology Technologist programs here.	1	1.0
Our supply exceeds the demand as there is a very good community college nearby that graduates about a dozen or more techs every year. We're a rural area; many have to seek employment elsewhere.	1	1.0
Our university provide more than enough R.T.	1	1.0
Quality and quantity of Radiation Therapists continues to exceed the supply of jobs that will be available for future Therapists. What does the future hold for a digital Radiologic Technologist?	1	1.0
Rad tech saturated in market area. 2 hosp rad tech programs plus 1 private school.	1	1.0
Radiology technologists are flooding the market at this time. More graduating students are not finding jobs, which eventually makes us less in demand.	1	1.0
Recruitment is not an issue, hospitals are closing all over the area. Don't know where our future graduates are going to work!	1	1.0
Schools are currently graduating far too many RT'S.	1	1.0
Since the effects of the DRA cuts began, we had to lay-off 13 employees by the end of 2007. There is still a possibility of our site closing permanently. We were profitable before DRA, now we are not!!!!!	1	1.0

Smaller certificate programs such as Keiser are somewhat saturating the market of Radiographers. Recruitment for CT and MR remain the same because these are often desirable modalities and techs are often cross-trained in these fields. Mammographers are difficult to find due to retirement and the fact that newer technologists find this field not as glamorous or desirable.	1	1.0
[Name] College affiliate. Knoxville TN has SEVERAL R.T. programs which have FLOODED the local market. Most of my R.T.s have been here 10 plus yrs.	1	1.0
Started Rad Tech program 5 years ago. Supply finally met or exceeds demand.	1	1.0
Supply is in large numbers for all modalities. Very few positions for new grads. Market is very saturated in western Chicago Suburbs.	1	1.0
The # of exams ordered have decreased in north AL due to BC/BS pre-certs -- the availability of jobs in radiology have decreased in this area. Our exam totals have been cut in half.	1	1.0
The continuing lower reimbursement rates by Medicare and most of the other independent insurances are having a very serious impact on our facility. The denials for pre certification of CT scans by insurance companies are increasing as well denials of claims even when pre certification is given. Our yearly budget has been steadily declining over the past few years making it virtually impossible to hire any new employees. The "Deficit Reduction Act" passed by Congress a couple of years ago is also a threat to lower reimbursement rates even more for outpatient facilities . As of this date this “Act” has been postponed for a while but it is still an impending threat. On June 1, 2008 Medicate is lowering their rates again by 9.9%, making more of a negative impact on our situation. I hope this information is valuable to you. Sincerely, [Name]/	1	1.0
The DRA has in addition to the Federal Tax imposed over the past 2 years, effected this whole process dramatically. We have been forced to scale back!	1	1.0
The job market is getting crowded! There are more technologists available now than in the past 5 yrs. This is usually cyclical and I anticipate more job openings as the technologies advance and the present staff move onward and upward!	1	1.0
The job market is more difficult now for new graduates, primarily due to 2 causes. First, the technologist schools have ramped up their rosters excessively and second, several area hospitals have closed as well as private imaging offices and centers. Thus the technologist market is flooded.	1	1.0
The market is saturated. It will get even worse . There are schools opening up again and turning out 30 students per school. In NY, NJ alone 80 students a year will graduate. 80 vacancies for these graduates in the NY, NJ area is improbable.	1	1.0
The radiography schools and colleges have flooded the markets making it more difficult for techs to find jobs. Why don't you people wake up. We don't need more people out of jobs in this country.	1	1.0
The schools are accepting too many students and flooding the market. I feel this will affect the future pay of technologists.	1	1.0
The schools are saturating the markets	1	1.0
The students graduating from the local program are finding it difficult to locate employment locally. Some jobs are available in the metro hospital greater than 100 miles from here.	1	1.0
The supply is more than needed at present. I know several technologists who are currently seeking positions and are having a hard time finding jobs. I believe this will fluctuate over the years.	1	1.0
There are NOT many R.T. jobs available anymore. There are definitely NO R.T.T. jobs available in the state of TN anymore. In the Memphis tri-state area (including MS and AR) there are too many radiology schools and not enough jobs. Most medical assistants are getting their limited license in X-ray and taking all the x-ray jobs. TN has not passed any laws to stop this. It is very sad that we have so many veteran R.T.'s and R.T.T.'s with bachelor degrees in TN and they can't find a well paying job because of so many limited licensed x-ray tech's getting paid less taking the positions.	1	1.0
There are too many radiographers in the south AZ area due to so many schools. Techs skilled in advanced imaging are harder to find.	1	1.0
There are too many radiography students graduating each year.	1	1.0
There are too many schools promising high-paying careers in imaging. The market is saturated with ill prepared, inexperienced technologists so we no longer allow students to do their clinicals here.	1	1.0

There are way too many RTs for our metropolitan area, and more and more are going to lose jobs in the near future if the government crackdown continues, sad state of affairs for our lot. Physician ownership in magnets is where some jobs may possibly open up, however, this is also what is creating some job losses in hospitals and IDTFs.	1	1.0
There are way too many students being produced in our area. The number of job openings is nil and there is a flat job market. More responsible management of accrediting these facilities that continue to pump out students is needed. I fear the outlook for the new grads finding a job in our area is bleak.	1	1.0
There is a trend that x-ray schools are pumping too many CT and MRI technologists. No one is willing to work in x-ray. X-ray will be the next hottest job in this area, not CT or MRI.	1	1.0
There is an over abundance of technologist in Indiana at this time.	1	1.0
There seems to be more technologists available than jobs.	1	1.0
There were 2 hospitals in our area that closed. There are many RTs looking for work. Good for me not for those out of a job.	1	1.0
Too many R.T. graduates for job demand in this area!Q2 (change in pts/day/RT): Added "Due to pre-certification of BC|BS")	1	1.0
Too many students graduating from Montana schools.	1	1.0
We expanded our hours and posted a radiographer position on our web site. I had about 25 applicants for the position and still get calls. I feel the market is saturated for general radiographers.	1	1.0
We have 2 community college radiography programs so we get to choose the cream of the crop. Plus there are 2 nuclear programs in the area & lots of sono programs. The market is becoming flooded!	1	1.0
We have a community college enrolling approximately 80 students per year. Another college in area has approximately 30 students per year. Too many for area.	1	1.0
We have a lot of techs in this area that cannot find jobs, the market here is overloaded, due to, too many schools in area.	1	1.0
We have a RT school in this community that is flooding the market with Technologist. They create 20 new RT per year and there are absolutely no open jobs for them in this part of the state.	1	1.0
We have a school in the area and have more students than positions available.	1	1.0
We have a shortage of hospitals in the area since Katrina in 2005. Our staffing is staying very stable because there are few openings in the city for RT's.	1	1.0
We have been asked to work harder with less staff. This is difficult in a Level One trauma hospital. Due to so many programs in the state, we consistently have many applicants to draw from. Since we are a clinical site for 4 programs, we are able to pick from that pool as well for employees.	1	1.0
We have had many responses to limited recruiting. We have more than enough quality technologists to choose from. This is from the initial interviews I've done. It has been hard to balance recruiting with our financial situation being a start up facility.	1	1.0
We have more students graduating than RT jobs available right now. We now offer relocation packages for hard to fill specialties like US and MRI instead of straight out cash for sign on.	1	1.0
We have no need for recruitment the market is oversaturated with x-ray techs in the Kansas City area	1	1.0
We have two schools in 30 mile radius, putting out 30+ students. Only 3 hospitals. This leads to a flooded job market.	1	1.0
We live in an area with local rad tech programs and offer cross training opportunities for CT and MR. Decreasing need for recruiting of these positions.	1	1.0
We may be the exception, but for each Rad Tec job available there are usually several recent or soon to graduate technologist competing for it.	1	1.0
Weber State keeps techs in supply. We always have students waiting to get full time positions at our facility. We have not felt the shortage here.	1	1.0
Total	101	100.0
Response implies variation in supply/demand across types of R.T.s		
2006, Pd. $2000 for an U.S. Technologist. I have a full staff in all modalities currently - I have a nice bunch of applications for Rad at this time. I mostly hire for a Rad position & cross train myself. We have a local university that has filled the void for western PA area I'm in. I have very little turn over. Registered u.s. technologists are still at a premium in this area (harder to recruit).	1	1.8

Always hard to find mammo techs. Why is that?	1	1.8
Entry level techs are fairly easy to locate, primarily because of the school 40 miles away. Advance practice techs are much harder to find since we are in a very rural area with limited shopping and leisure activities.	1	1.8
General radiology seems to have a more abundant pool of technologists to pull from, however the specialty areas are still feeling the shortage as equipment evolves requiring a higher degree of comprehension related to the capabilities of a scanner and how they improve image quality compared to prior technologies.	1	1.8
Good mammography techs are very hard to find.	1	1.8
Hospitals need qualified techs but putting too many unqualified techs in the market only hurt the employment field of the older qualified techs. Respectfully, [Name] R.T.(R), Administrator [Name] Health Care. [Phone #]	1	1.8
I am well staffed utilizing part-time techs in MRI and U/S. Echocardiographers are very limited in our greater Cincinnati area.	1	1.8
I feel the market has stabilized. However, it is still difficult to fill interventional tech positions.	1	1.8
I think we have an oversupply of technologists with < 10 yrs experience. I like to hire techs w/ > 10 yrs exp. New techs from 4 yr schools need 12 mo training to match hosp program techs.	1	1.8
I think we need more young technologists that understand they will have to work the shifts needed. Everyone wants a dayshift Monday - Friday. New technologists don't want to work evenings, nights, weekends, etc.	1	1.8
It's hard to find full time CT techs for freestanding clinics.	1	1.8
It has been difficult to find a part time b/u MRI tech. In less than four years, we have cycled four registered MRI techs. I am in the process of cross training a Mammographer. She will take the MRI Registry Exam in a few months.	1	1.8
It has been difficult to recruit for a combination CT/MR technologist with experience as well as CT or MR. It is also difficult to fine per diem CT, MR, US technologists	1	1.8
It is much easier to recruit staff now than it was a few years ago. The techs are less experienced, however. Sonographers, in my experience, have been most difficult to find in the past.	1	1.8
Michigan has flooded the field of ultrasound but need to teach more than just diagnostic -- they need to know vascular and echo.	1	1.8
More diagnostic techs - les specialized especially interventional.	1	1.8
More difficult to hire hospital staff than free standing clinic imaging centers - factors - workdays, (i.e., weekends off), increasing higher pay scale at imaging centers.	1	1.8
More mutidisciplined RTs are in demand, especially US/RT mix for the rural areas. Higher pay is the best incentive.	1	1.8
Most difficulty in filling management positions.	1	1.8
No problem filling any positions except sonography.	1	1.8
Number of applicants for radiography and CT positions has increased significantly. Slight increase in sonographer applicants. More challenging for MR and Interventional Radiology.	1	1.8
Our organization does not pay out sign on bonus. We did however have to make major changes in the base rate for CT and Ultrasound. We have found in East Tennessee that sonographers are the hardest to recruit for . Our vacancy shown in the numbers above has been vacant for one year.	1	1.8
PET CT tech hard to find	1	1.8
Radiology RNs and U/S Techs sign on bonus=$6000 fall of 07. The 08 problem area is U/S tech.	1	1.8
Shortage is in Ultrasound	1	1.8
Sign on bonuses have been used for Radiation Therapists. RT's we have not used sign on bonuses (yet).	1	1.8
Sonographers difficult to recruit.	1	1.8
The cyclical supply of technologists seems to have swung back. The problem is hiring technologists who are dedicated and have experience.	1	1.8

The difficulties lie within the problem of having too many "for profit" ultrasound schools putting out too many "non-qualified" sonographers into the field with "no" clinical training at all. Focus is on classroom and not being able to find sites for the clinical. Also, there is difficulty in recruiting certified CT and Ultrasound technologists (needed for ACR accreditation). Nuclear Medicine is also a field whereby too many "for profit" schools putting out too many Nuc Techs with very limited and unacceptable clinical training.	1	1.8
The market seems full of rad techs. The only area I have difficulty filling is u/s techs. This is probably due to the lack of schools in this area. The Rad Tech program is graduating approximately 15 students/year. One of our hospitals in our city is closing, so the demand is less.	1	1.8
There aren't enough honest, hard working Techs left anymore.	1	1.8
There is a neighboring town that has been unable to recruit any techs due to their location. Other than that I feel our area is fully supplied.	1	1.8
There is sufficient supply of RTs. There is however much difficulty in recruiting sonographers.	1	1.8
Ultrasound - $5,000 bonus. Nuclear med - $5,000 bonus. These are our hard to recruit.	1	1.8
Ultrasound continues to be the most difficult positions to fill vacancies.	1	1.8
Ultrasound tech on retention pay monthly. Hard to recruit modality. $9000 yearly.	1	1.8
Ultrasound yes $3000 sign on plus relocation based on the zone they are moving from	1	1.8
US physics is a problem for sonographers to pass their registry. This has to be resolved.	1	1.8
Very difficult finding "good" techs. Quality of techs seems to be diminishing.	1	1.8
We are an 8am-5pm clinic with a 24 hour 7 day a week emergency room, no inpatient hospital. It's difficult to find qualified (ARRT) individuals for staffing, most candidates find out about all the afterhours call backs and on call time and shy away from the position. Plus the time it takes to advertise a position, receive a panel, interviews, etc. can take 3 months(and that's a shortest time). Most candidates will have found another job within that timeframe.	1	1.8
WE ARE COMPLETELY STAFFED IN EVERY MODALITY EXCEPT FOR ULTRASOUND. WE HAVE BEEN RECRUITING, BUT IT IS CAPE COD AND THE COST OF LIVING IS HIGH AND DIFFICULT TO GET PEOPLE TO RELOCATE.	1	1.8
We are training two ARRT's as sonographers. We could not find any.	1	1.8
We currently have full staff but last year it did take several months to fill a vacant mammography position.	1	1.8
We did pay a sign on bonus of $2000.00 for nuclear medicine and would consider it for sonography. MR techs that are not ARRT, but rather ARMIT are available, but we only hire ARRT for MRI	1	1.8
We have a difficult time recruiting technologists already certified in Mammography. We train on the job according to ARRT guidelines.	1	1.8
We have not been successful in finding qualified MRI technologists so we have gone to finding qualified RTs and training them ourselves.	1	1.8
We have not used outside resources for recruiting. We have helped several people from our community with their schooling and in return we get years of service promised. The only thing is that they are just now coming out of school. 2007 was tough at the beginning being so short staffed.	1	1.8
We have paid sign on to US.	1	1.8
We paid a $15000 sign on bonus to recruit sonographers.	1	1.8
We paid sign-on bonuses for ultrasound techs -- $10K.	1	1.8
We were not able to hire a sonographer -- we had to hire a technologist and send her to school.	1	1.8
We were not paying sign on bonuses for Cath or EP techs. Very few techs start employment with any previous cath and/or EP experience.	1	1.8
We work closely with the community college and usually hire 4 or 5 sono techs every two years. The advanced registry requirements for US techs have made it more difficult to recruit as some do not want to take the tests. We do on site training for mammo, CT, and MR and are usually able to keep up with our growth and staffing changes.	1	1.8
With the exception of ultrasound I have technologists calling me looking for work.	1	1.8
Within the North Eastern region of Kansas, there are 5 RT schools within 60 miles. However, recruitment of technologists for limited staffing hours has been a challenge.	1	1.8
Total	55	100.0
Other comments		

#4 - We did not recruit for MRI & Mammo. The quality of ultrasound graduates I've seen over the past 3-5 years is abysmal & declining!! The adv. ed. requirement for RT educators (M & PhD) has caused many EXCELLENT hospital-based programs to close their doors. Whose bright idea was that?	1	.5
#4 answer applies to Nuclear and Echo Techs.	1	.5
$12,000 sign-on bonuses: Over 3 years.	1	.5
[Free-standing facility: breast imaging center]Our reduction in staff is due to insurance reimbursements.	1	.5
2 Techs perform CT & XR1 Tech & Tech/Director perform CT, XR, & US	1	.5
25% of their basic salary is paid as retention bonus for the last 4 years.	1	.5
4 (bonuses): NA	1	.5
4 (bonuses): Question mark (?) for all 2008 entries.	1	.5
4 (bonuses): These are RETENTION bonuses: $1500 every 3 months. In our facility, I'm budgeted for 4 FTE's. We have 3 currently, covering OT. They like this opportunity. They are cross-trained in radiography, CT, and MRI.	1	.5
4. (bonuses): N/A	1	.5
4. (bonuses);NA	1	.5
4.(Bonuses): N/A	1	.5
80 bed not for profit rehab hospital	1	.5
Administration has asked that we try recruiting without sign on bonus!!!!	1	.5
All my techs do multimodality, so the 5.4 FTEs cover mammo and CT too.	1	.5
All my techs have been here 12 years or more. We're doing something right! Pizza parties, Birthday parties, Christmas, and other reasons to have a party.	1	.5
All other modalities are contract services.	1	.5
As a private practice outpatient imaging center we have a country club atmosphere for Technologists so it is not difficult for us to maintain positions or recruit when needed.	1	.5
Birmingham AL has been fine I have difficulties in the Panhandle of Florida	1	.5
Bonus is paid for an unscheduled 8 hour shift	1	.5
Bonus plus relocation - some up to $6000.00	1	.5
Bonuses come and go based on community needs of specific specialized staff and ability or inability to meet community based salary rate.	1	.5
Bonuses: "No. Never."	1	.5
Budget cuts have meant less overtime and more stress on staff to maintain productivity. Pay adjustments of 2.75% have not kept pace with CPI or inflation.	1	.5
By using solucient data, we have found opportunities to reduce expenses mainly in staffing. Also, the quality of technologist coming through to interview has greatly declined over the last year.	1	.5
Cardiovascular techs for Cath Lab - $1000.00 referral bonus	1	.5
Decrease in FTEs needed due to digital imaging.	1	.5
Decrease in reimbursements along with demands of insurance companies regarding equipment, etc. places a burden on private facilities - lack of patients in depressed areas due to increased deductibles and copays = RTs laid off.	1	.5
Did pay sign-on bonus for sonographer in 2007	1	.5
Don't know	1	.5
Don't know about bonuses either	1	.5
Easier for me to recruit due to OP environment.	1	.5
FTE's are cross-trained in 2 or more modalities.	1	.5
Harder to find quality techs, in all areas. Flooding of market by multiple technical colleges, but quality of their education is poor (overall). Still better from 4 year programs at universities.	1	.5
HAVE BEEN FULL STAFFED FOR THE PAST 3 YEARS.	1	.5
Have not had a open position in the last 2 years	1	.5
Have not hired any CT, MRI or Mammography technologist.	1	.5
Have retained mammographers and sonographers over past 2 years. No recruitment needs.	1	.5
Having no difficulty recruiting for any positions in past 11 months.	1	.5
Hospital is located in a real/resort-seasonal weeds [weeks?] require 1.5 techs (diagnostic each winter).	1	.5

I am an RT and I manage a heart cath lag. Radiology Department is staffed with RTs. The heart cath lab director feels that RN is the only requirement for cath lab. All other positions including those budgeted for RTs, he fills with transporter, orderly, scrubs. He feels this saves money. The director is an RN.	1	.5
I am director of cardiology diagnostics (cath lab -- non-invasive, etc)	1	.5
I am not authorized to provide $ amounts.	1	.5
I am not is a staffing position, I work on projects that image enable the electronic medical record.	1	.5
I am not of the wages during the hiring process. The Business Manager handles that.	1	.5
I am not really qualified to answer these questions. I am a mri staff tech and not given much information to help you with your questions.	1	.5
I am the Cath Lab Director. I am an R.T.(R) I did not include myself in the above number of 4 because my position has been held by other disciplines in the past. I have only supplied data for the Cath Lab. This information does not include any other area of the hospital.	1	.5
I believe the supply is related to two items1. RTR is not recognized as a "profession" or as professionals (unlike nursing)2. Pay scale is low even when performing the same job as another "professional" i.e. nursing Education is similar in the basics and length, it just moves in a different direction (more technical) from the higher paid professionals.	1	.5
I believe duplication of equipment (CT and MRI) has diminished.	1	.5
I can no longer respond to this survey since I am no longer a director in a hospital. Also, I have no intent of returning to the hospital environment. Thanks you.	1	.5
I currently have had no turnover since 2003. I have two PRN staff: one works 4 days/wk & one just takes some weekend on-call coverage.	1	.5
I do not feel the average rate of pay is adequate for the amount of work and the expertise and education requirements that are needed to do our jobs.	1	.5
I do not have MRI opening; however, if I did I would still need a sign-on program.	1	.5
I do not have the data to properly fill out this survey. We are a multi hospital and clinical system, with vast numbers of technologists in all kinds of roles, not just limited to performing exams. I am forwarding this link on to all system managers for their totals and figures for each site. I hope this helps.	1	.5
I have 4 FT techs that do both radiography and mammography.	1	.5
I have a very low turnover rate, and having Radiology students help with recruitment.	1	.5
I have been a radiologic technologist for over 20 years and the hiring process is very extensive and selective. It really is "the best person for the job". Dr's offices and clinics are easier to get but the pay is substandard.	1	.5
I have had the same 6 techs for over one year. We last recruited a tech 1.5 years ago with little trouble. We have recently had to give additional raises to ensure we did not lose techs.	1	.5
I have managed MRI for 20 yrs and each year it becomes a greater challenge to compete with free standing imaging centers. They offer three 12-hour shifts with no holidays & on-call. The hourly salaries are now $45 - $50/hr. Many younger RT's aren't interested in a career in one place. They are chasing the money -- not looking for a pension or benefits. General rad techs -- new grads do not wish to work in the general area. They want to work in MR & CT right away. We have a serious shortage! Must use temp.	1	.5
I have only a few benefitted positions in each modality, so I fill in with many per diems, all of whom have jobs at other facilities. It gives me some flexibility, but also makes scheduling very piecemeal - techs work every other weekend, only Fri/Sat night, only when available, etc. Some months everything works out and I use no registry, other months I tease them about getting their bonus from me!	1	.5
I haven't had to recruit any staff other than Radiographers. I cross train them to do CTs. No recruitment needs for CT, US, mammography, NM.	1	.5
I manage a practice that's hit hard by competition and declining reimbursements. Financial constraints are shrinking my employee pool and forcing us to do more with less. I've laid off ancillary as well as technical staff in the past year. Hanging over our head is the reduction in physician reimbursements later this year. In our area there's a glut of US and diagnostic techs looking for work. I have more applications for technical jobs than open positions and money to pay them. I wish us all luck in 2008.	1	.5

I only listed RTs in modalities I directly oversee, not our entire radiology department. Being a rural area, recruitment of advanced certified technologists is a challenge. Fortunately, our turnover rate is exceptionally low.	1	.5
I only manage diagnostic radiographers.	1	.5
I use RTs to fill in for my vacation. I have used several graduate students who can find jobs or work PRN.	1	.5
If the current Rad Tech Full time leaves, the position will be converted to a contract position.	1	.5
If we have to recruit NM or MR this year, we will offer $5000 per position.	1	.5
In lieu of sign on bonuses, relocation allowances are offered up to $2500.	1	.5
In my facility, the Cardiovascular Lab is separate from Diagnostic Imaging. Therefore, I am unable to comment on the FTE levels outside of my area of management.	1	.5
In our facility all technologists are cross-trained in at least one or two modalities.	1	.5
In the freestanding MRI corporate business; competition, quantity of care, or "making numbers" has become the primary focus, not quality of care. This impacts the turnover in Tech jobs with these big corporations.	1	.5
In the state of Oklahoma there is no state licensure. Therefore people are allowed to work having not completed radiology technology school and many facilities hire unregistered techs at lower salaries than RT'S. This is a bad situation and very unhealthy for the patients.	1	.5
In this setting -Education- I don't think your survey applies	1	.5
In today’s market in the free-standing facilities,state mandated cuts in medical payments has all but put an end to most positions and may in the near future in this state put an end to the out patient free standing facilities all together.	1	.5
increase in area radiologic technology programs	1	.5
Increase in CT on Staff is planned to decrease staff on-call burnout.	1	.5
Increased competition has resulted in decreased procedures in our facility.	1	.5
It seems the profession has peaks and valleys for staffing. We increase the number of techs trained when there is a shortage of techs and do not slow down when there are too many techs for the jobs available. It would seem if we kept a constant number of students in the programs, we would minimize the number of peaks and valleys.	1	.5
Job turnover is typically very low in free-standing clinics/physician offices. Most likely due to less stress and better working hours.	1	.5
Just started in the position. Unsure of FTE's allotted for each division previously and presently.	1	.5
Local schools need to work with businesses in area to determine/ forecast number of positions needed and adjust schools numbers accordingly. Noted that schools are training not just for their geographical area.	1	.5
Made error in checking MR under recruitment efforts, couldn't delete	1	.5
Mammography is staffed from Radiology FTE's. MR is provided by third party on Mobile Van. Due to budget issues at our facility, we are intentionally not filling our open Radiology position until June. Hope to bring on new Grad who lives in our area.	1	.5
May be decreasing FTE's in radiology due to decrease in volume.	1	.5
[Name] Memorial Hospital is a 15 bed CAH in the west central mtns of [Name of state]. All staff hold a minimum of 2 registries and all are encouraged to sit for additional with hospital financial support.	1	.5
Mobile services provide all modalities except for plain film radiography.	1	.5
Monday thru Friday 8-5	1	.5
More services are pointing to MRI. Expansion for us involves community based imaging services. MRI services are more profitable.	1	.5
Most of our techs are multi-modality. Due to difficulty recruiting, we generally end up hiring new grads and training them into a modality we are needing most.	1	.5
Most of the questions do not apply to the clinic I work in. I am married to the DR. of chiropractic at this clinic. And we have no need for additional radiographers	1	.5
Most techs that I have are multiphasic, doing xray and CT as a minimum.	1	.5
MR, NM & Dexa are provided by a mobile service & US is a contracted service.	1	.5
MR, US, NM are all done by a mobile service. We have 3 techs and only 1 is a mammographer. We have added a contract person to help with illness and vacation. We are training another mammo tech.	1	.5
MRI Research facility only.	1	.5

MRI Tech comes with MRI truck that we lease.	1	.5
Multi modality active staff of 5FTE,s & 2PTE's	1	.5
My answers apply to cardiac cath lab only	1	.5
My company has 14 offices and is opening more I am unsure of how many total employees we need for the 2008 budget. It depends on volume at each site, if needed we add FTE's	1	.5
My facility is a new freestanding clinic. I staffed it in 2008. As we add modalities, my responses may change.	1	.5
My hours fluctuate as the pt. need increases or decrease. So far we have not needed more that a 38 hour work week	1	.5
No sign on bonuses but pay relocation expenses if necessary.	1	.5
Non professionals - high school or GED no training placed in professionally trained environments competition does not equate.	1	.5
Not sure	1	.5
On opposite page under number 1, the techs are really not FTE's in each individual modality; they are cross-trained for a total of 7 techs who are FTE's.	1	.5
Only over cath lab staff. Cannot answer for other rad. tech. jobs.	1	.5
Organization looking at sign-ons in near future.	1	.5
Other bonuses: Nuc Med - $2500US - $2500	1	.5
Our bonus is for relocation/moving expense.	1	.5
Our budget is based off of RVUs and the RVUs for many of our exams have decreased therefore budgeted staffing reflected that even though our volume of patients have increased.	1	.5
Our Center recently opened our multi-modality center. Prior, we only performed MRI. When we opened we only had to hire a PT U/S Tech as I am currently the CT Tech / Rad Tech and we already had MRI scanning!	1	.5
Our facility seeks radiographers, CT Techs, MRI techs, etc. with pediatric experience.	1	.5
Our facility tries to hire technologists who are registered in multi-areas: example: mammography/xray. All techs are encouraged to expand their specialties thus keeping costs down.	1	.5
Our hospital is a clinical site for radiography and ultrasound students attending the local community colleges.	1	.5
Our HR will not term these as sign on bonuses but rather as relocation assistance.	1	.5
Our local college has a 4-year wait to get into the program. The outpatient facilities continue to hire our advanced Techs (CT, MR etc) after we train them, but do not contribute to community training.	1	.5
Our organization has an extremely good reputation in the RT community, excellent paid benefits, PTO + 8 major Holidays with pay and I am lucky enough that my staff recruits for me. My staff is very loyal and happy, in the same community with a company with a poor rep I had to pay all kinds of bonuses and we were inevitably understaffed. Mgmt makes or breaks staffing no matter what the current climate.	1	.5
Our RT FTE (1.0) has been employed here since 1976 and plans to continue employment. 1.0 FTE is sufficient.	1	.5
Our staff do both Rad & CT. All other modalities are contracted services -- we don't hire the staff.	1	.5
Our wages are somewhat above average and we have excellent technology. We are a magnet for staff and have our choice of new grads (for now.	1	.5
Overall, techs are not paid very well.	1	.5
Overall: Exam stats going down. More CTs, invasive exams some pressure also from ortho clinic putting in MRI.	1	.5
Pay productivity bonus; very valuable for retention.	1	.5
please see above	1	.5
Professional recognition of generalist would help curb vacancy. The lack of incentives to remaining as generalist has created very poor working conditions in general radiography.	1	.5
Provisions of a great work environment, updated technology, and respect to staff's position help retain employees.	1	.5
Question 2 is hard to answer in that our volume increase; it did not decrease. [Only change in budgeted FTE was from 8 to 6 FTEs of sonographers.]	1	.5
Relocation funding in some cases.	1	.5

RT staff are being required to document more, take orders, document medication, and review charges.	1	.5
Rural hospitals need RT's that can crosstrain into other modalities and/or additional education such as sonography which helps small facilities in "on call" coverage.	1	.5
Services: MR and PET mobile.	1	.5
Sign-on bonus determined on a case by case basis. Typically, we start at $1500 and go up from there to $3k or greater.	1	.5
Sign on 50% 1st paycheck. 50% 6 month service.	1	.5
Sign on bonus + 2 year contract	1	.5
Sign on bonus to a sonographer for $7,000	1	.5
Small rural hospital -- staff techs do multiple modalities: rad, CT, mammo for example.	1	.5
Small rural hospital 2 techs are crosstrained to do xr, ct, c-arm surgery, in addition director performs bd and fluoro all is sent to radiologist office 70 miles away. We don't do mammo. Mri and us are mobile service provided since volume is so low.	1	.5
Sonography- 10,000 sign on bonus. We are also using recruitment agencies to help find staff.	1	.5
Supplementing tech staff with tech assistants has proven extremely beneficial to patient work flow. The tech assistants help handle paperwork, change patients and assist techs so that the technologist can perform his/her duties and responsibilities. It has also helped tech morale in the various departments.	1	.5
Techs are cross-trained. Ex: MR-CT can help diagnostic when necessary. Diagnostic - CT, U/S mammo, etc.	1	.5
The bonus at my facility increase with the difficulty in filling the position.	1	.5
The government cuts our reimbursements, third party administrations force us to deal with authorizations and other competitive radiology offices make every day a war.	1	.5
The increased documentation and issues related to PACS administration has taken up many more hours of tech time.	1	.5
The old mentality of hiring a "Super Tech.) (Combi-Tech.) to do both radiology/laboratory with one position. Senior Management wanting to do this in a new clinic opening soon. I am concerned about my responsibility as a director with medical-legal ramifications.	1	.5
The only position we are recruiting right now is for a per diem rad tech. The response to our ads has been very strong; however they are looking for FT or PT.	1	.5
The only sign on bonus we pay is for sonographers in the form of tuition re-imbursement if they commit to 2 years with us.	1	.5
The turn-over at BHN is very low. Not a lot of need for recruitment in the past few years. I advertised and hired 3 PRN techs several yrs ago (local people) who fill in for vacations and other absences. They're always looking for hours & techs are always looking for coverage, so it works out very well.	1	.5
There is an increase of new graduates that expect to enter advanced modalities directly out of school. Techs do not want to stay in radiography long.	1	.5
There is some tuition assistance available for tech that signs a contract for years of service, the amount depends on the years of service.	1	.5
They just opened/split lab & radiology departments back in July of 2007. We are all new employees. They used to have limited techs do their x-rays.	1	.5
This does not apply to me right now. I would love to back to work but who would want me. I haven't worked since the 90's. I did just go over to a doctor's office to watch a new digital unit being put in and learned about the unit. I worked a lot of trauma and mammography, when I was working.	1	.5
This is a small psychiatric hospital, with one R.T. on staff. There has not been a turnover in RT position for twenty plus years.	1	.5
Title: D/F M or D; specifically clinical manager of [Name] PET Imaging Center. Facility: Free-standing BUT we are under umbrella of [Name]t Health. Involvement in educatopm: Just clinical rotation for [Name] College. Sign-on bonuses: We only pay moving expenses and/or buy out of a current rental agreement, when necessary; we do not offer i.e. $2000 carte blanche.	1	.5
Too many centers and doctors are using untrained personnel to operate radiographic equipment. People who know nothing about radiation safety and exposure.	1	.5
Ultrasound $5000 bonus plus relocation assistance.	1	.5
Urban, Suburban, Rural all checked.	1	.5
Very small department 1 full-time Tech, and one part-time sonographer.	1	.5
We also offer up to 5000 in relocation expense reimbursement	1	.5

We are a Breast Care Center. We maintain FTE's. I have only increased staff once in the past 6 years.	1	.5
We are a film-reading service. X-rays are taken at various clinics or doctor's offices and then sent to our office for interpretation. We then send the x-rays back with the original report. Stopped seeing patients 7 years ago due to low referrals.	1	.5
We are a multi-faceted facility and all answers are approximates. The Institute as a whole performs approx. 2,000,000 exams annually. My part of administration covers approx 850,000 of these exams. We are in a continual growth state, thus, the moving numbers.	1	.5
We are a Nuclear Stress Lab without ant other radiology modality in this particular office.	1	.5
We are a small 1 technologist office doing general radiography & mammo. Our tech has been here for 24 years.	1	.5
We are a small hospital and have been able to handle the workload w/ 2 FTE's & 1 per diem.	1	.5
We are a small imaging center with 4 technologists. All techs have been here 2-6 years.	1	.5
We are a small LTAC, have one fulltime RT(R); all other positions are on-call, all other modalities (exams) sent out.	1	.5
We are a small office with just 2 techs who are also medical assistants. We are not recruiting and have no need to at this present time.	1	.5
We are a small rural hospital. We have 2 FTE that do all modalities. Have not tried to recruit for at least 5 years.	1	.5
We are a small rural hospital and our technologists work in multiple areas, we all perform general xray and CT, 4 out of 5 perform mammography.	1	.5
We are a small rural hospital. We have 2 FTE that do all modalities. Have not tried to recruit for at least 5 years.	1	.5
We are a USAF clinic. Positions are filled using active duty and civilian GS grade employees.	1	.5
We are affiliated with an RT Technology program producing 24 RT eligible staff members per year.	1	.5
We are affiliated with rad tech / nuc med / sono programs. Many of our team members come from one of the 4 different schools.	1	.5
We are currently filling most CT positions with trainees - from our Rad tech pool.	1	.5
We are fortunate to have had to replace only one PRN technologist during this period.	1	.5
We are fully staffed both Nuclear & Echo. The echo technologists are also certified in vascular.	1	.5
We are fully staffed so I am not very helpful for this survey.	1	.5
We are fully staffed, so no need for recruiting.	1	.5
We are now offering retention contracts and bonuses to keep the techs we have. This bonus is then signed on bonus in town.	1	.5
We are thankful that we are fully staffed!	1	.5
We are training "Grow your own" to address recruitment & retention issues with great success. We pay tuition, books, fees, travel, housing & current salary for years of service upon graduation with promotions and salary increases.	1	.5
We consider moving expenses as sign-on bonus.	1	.5
We cross train our technologists to work in the modalities(MR, CT , Ultrasound) we have not hired modality techs from the outside . Promote radiographers to modalities and hire routine diagnostic techs from outside. Note: FTE for CT and interventional technologists: These technologists are cross trained in those two areas-I do not have 10 FTEE each area- only 10 to cover both.	1	.5
We did a retention bonus for a period of three years. That is now over. Due to SE Michigan economy it will not be re-budgeted for 2008.	1	.5
We did add 6 contingent technologist to our roster	1	.5
We do a lot of cross training. MRI and CT The techs are also required to keep their radiography skills and licenses up to help cover x-ray	1	.5
We do not have funds to hire additional help.	1	.5
We do pay our employees a $1500 referral fee, if they refer someone and we hire them.	1	.5
We employed a total of 4 techs to cover Rad, CT, Mammo, etc. & 1 tech to cover u/s. Total employees: 5 FT techs.	1	.5
We give a bonus for rad tech graduates from our x-ray school.	1	.5

We had a sign on bonus only for what we were recruiting. We were recruiting diagnostic and ultrasound techs.	1	.5
We have 5 techs that make up all areas of the dept. All techs do R and CT. 3 do M, 4 do DEXA, 2 do U/S.	1	.5
We have a JRC certified school on site. We are able to maintain students for radiographic and cross train some areas.	1	.5
We have actually lost employees but haven't replaced them. Our total number of patients is steadily decreasing since we now have two OP IDTF facilities in our community.	1	.5
We have been fortunate to have a very stable group of Technologists for many years.	1	.5
We have been fortunate to have all positions filled for the last 3 years with no changes necessary. Nuclear medicine and MRI services are provided by outside services.	1	.5
We have been fully staffed since 2000 without staffing issues.	1	.5
We have had no need to recruit any full-time technical staff in several years. Techs like it here and stay. We have eliminated a part-time radiography position due to less patient volume.	1	.5
We have increased the number of schools.	1	.5
We have many multimodality technologists rotated throughout our facility.	1	.5
We have MOBILE MRI.....so we carry the service but do not have to do any hiring for the technologists position. We do not have Mammography in house.	1	.5
We have not hired anyone in the last 2 years. No sign-on bonuses have been paid.	1	.5
We have not only offered sign on bonuses but we have a 10-25% retention allowance to offer as well	1	.5
We have not recruited in the past 18 months. Maybe even longer. We have no needs. The techs have stayed for a long time. We are very fortunate. Techs call us for jobs.	1	.5
We haven't had to hire in 2 years. We have mobile MRI & Nuc Med.	1	.5
We just hired an RT who will get trained on mammo, ct, c-arm and DEXA in-house. Start at $17/hr after trained in all areas wage increased to $19/hr.	1	.5
We lost a mammographer, hired a new grad, with no mammo experience, I have someone coming in to do the initial training. All 3 of us do CT imaging.	1	.5
We lost our Mammo dept in Aug of this year, because of digital technology. These pt were sent to our Hospital which is attached to our clinic. So we cut 3.0 mammo positions not noted in the above stats. The above stats are what is left here at our clinic.	1	.5
We might not experience difficulty recruiting in 2008 due to newly constructed facility in a desirable area.	1	.5
We only do professional interpretations and no technical scanning. Thus we don't have any RT positions.	1	.5
We only have one RT. Lab techs are cross-trained for Minnesota Operators. If we would need an RT, we would not be able to send one.	1	.5
We paid for their college for a signed agreement to work in diagnostic x-ray for 2 years.	1	.5
We teach BSRT students -- recruitment is actually easier for us.	1	.5
We were paying a $1500 sign on bonus for all modalities up until 2006.	1	.5
Weekend supervisor 14 hours x 2 and 1 wkday - hours, responsibility vs. salary/lifestyle.	1	.5
Will probably reduce FTEs if any vacancies arise during 2008 due to DRA.	1	.5
Would like to see sign-on bonuses for RTs. Call pay still $100 hr. hasn't changed in 30 years!	1	.5
Total	216	100.0