



## Nuclear medicine workforce survey analysis

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### Summary

In July and August 2011, the Society and College of Radiographers (SCoR) surveyed departments delivering nuclear medicine and/or radionuclide imaging services in the UK. The aim of the survey was to obtain reliable data on the professional make-up of those employed in nuclear medicine / radionuclide imaging and the number of vacancies. 40 nuclear medicine / radionuclide imaging departments responded to an online questionnaire covering a range of questions about staffing and vacancy levels. This document presents the results of this survey

### Executive Summary

In July and August 2011, the Society and College of Radiographers (SCoR) surveyed departments delivering nuclear medicine and/or radionuclide imaging services in the UK. The aim of the survey was to obtain reliable data on the professional make-up of those employed in nuclear medicine / radionuclide imaging and the number of vacancies. 40 nuclear medicine / radionuclide imaging departments responded to an online questionnaire covering a range of questions about staffing and vacancy levels. This document presents the results of this survey and the following bullet points highlight the main findings:

- Nearly half of the workforce delivering nuclear medicine / radionuclide imaging in the responding departments are radiographers.
- There has been a net increase of 2.1 WTE posts across the 40 responding departments in the last 2 years (less than 1% of the total establishment).
- The current vacancy rate across all 40 responding departments is 5.0% and the 3 month plus vacancy rate is 2.1%.
- One fifth of the workforce delivering nuclear medicine / radionuclide imaging in the responding departments is due to retire in the next ten years.
- Around half of the responding departments report an increase in referrals in the last two years with around half reporting a decrease, indicating that workload appears to have remained steady overall across the responding departments.
- The most prevalent qualifications held by staff delivering nuclear medicine / radionuclide imaging are post graduate diplomas and diplomas of radionuclide imaging.
- Respondents were asked to comment on their local situation in relation to the recruitment and retention of the nuclear medicine / radionuclide imaging workforce. The following themes emerged: there are difficulties recruiting staff; and staff delivering nuclear medicine / radionuclide imaging also rotate through other disciplines.

While the response rate is reasonable for a survey of this type, it is possible that there is a bias in the

results towards nuclear medicine / radionuclide imaging departments that are part of or closely aligned to clinical radiology departments as all respondents but one reported a workforce that includes radiographers. Previous work by the British Nuclear Medicine Society suggests that there are a number of nuclear medicine / radionuclide imaging departments with no or relatively little radiographer input.

## 1. Introduction

In July and August 2011, SCoR surveyed departments delivering nuclear medicine and/or radionuclide imaging services in the UK. The aim of the survey was to obtain reliable data on the professional make-up of those employed in nuclear medicine / radionuclide imaging and the number of vacancies.

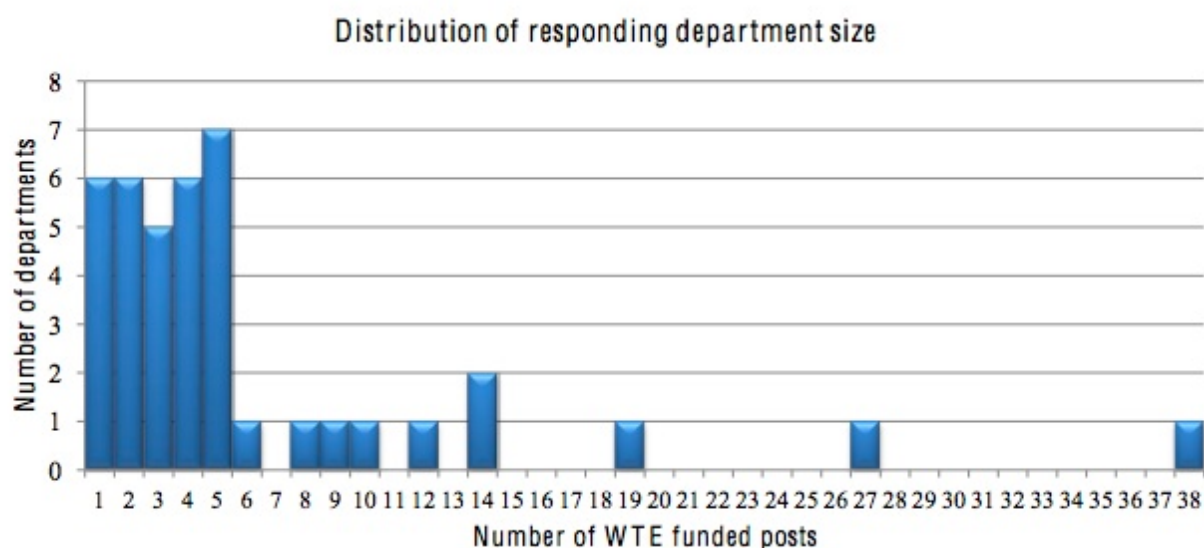
An email containing a link to an online questionnaire was sent to approximately 150 lead nuclear medicine contacts from the Society of Radiographers membership database asking them to answer the questionnaire on behalf of their departments. 40 nuclear medicine / radionuclide imaging departments (27%) responded to the survey, answering a range of questions about staffing and vacancy levels in their department. None of the questions were mandatory so different questions may have different response rates.

36 of the responding departments (90%) are within NHS health boards or trusts; 3 (8%) are within the independent/private healthcare sector; and 1 (2%) is a University unit. The breakdown by country is: Scotland (3); Wales (3); and England (34).

## 2. Establishment size

Across the 40 responding departments there are a total of 257.34 whole time equivalent (WTE) funded posts delivering nuclear medicine / radionuclide imaging, giving an average per department of 6.4 WTE funded posts. The size of responding departments ranges from the smallest departments with only 1 WTE funded post to the largest department with 38.96 WTE funded posts.

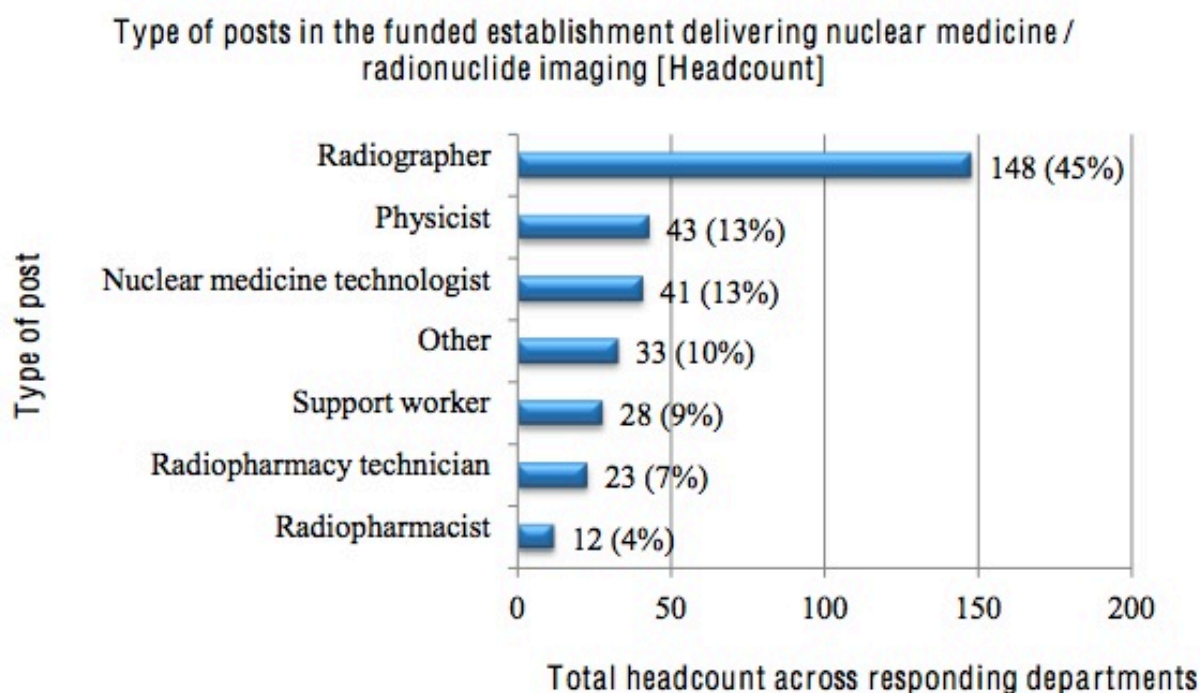
*Click graph to enlarge.*



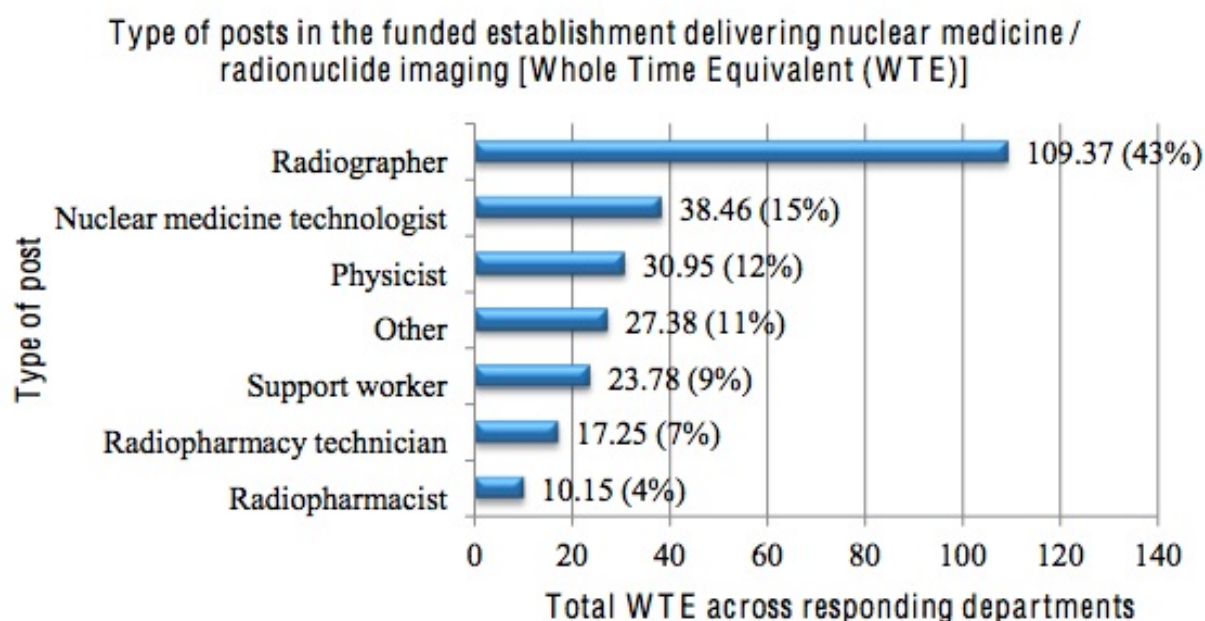
### 3. Establishment compilation

45% of the workforce delivering nuclear medicine / radionuclide imaging in the responding departments are radiographers.

*Click graphs to enlarge.*



In terms of WTE, the percentages are similar.



### 4. Changes to establishment size

7 responding departments (18%) had additional posts established in the past two years and 9 departments (23%) had posts disestablished: 13.4 additional WTE posts have been established in the past two years and 11.3 WTE posts have been disestablished, giving a net increase of 2.1 WTE posts (less than 1% of the total establishment).

### 5. Vacancies

6 responding departments (15%) report current vacancies in their department and 5 departments (13%) report vacancies which have existed for 3 months or more. The current vacancy rate across all 40 responding departments is 5.0% and the 3 month plus vacancy rate is 2.1%. (The vacancy rates are calculated using the number of WTE vacancies as a percentage of the WTE establishment figures.)

### 6. Retirements due in the next ten years

66 individuals delivering nuclear medicine / radionuclide imaging in the responding departments are expected to retire in the next ten years. This is 20% of the workforce by headcount delivering nuclear medicine / radionuclide imaging in the responding departments.

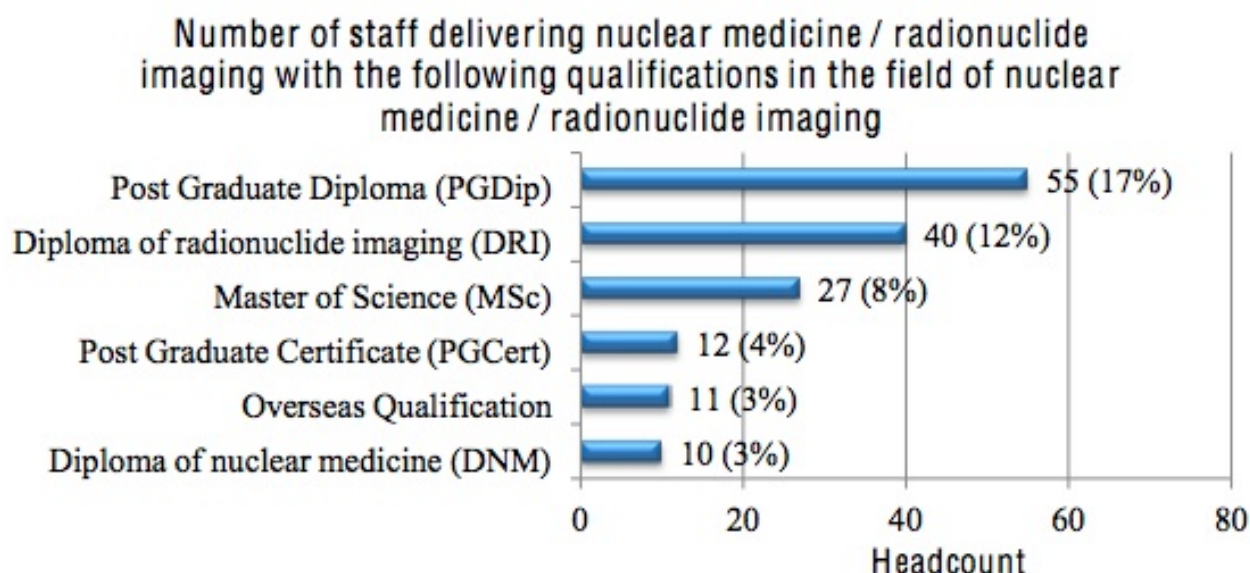
### 7. Changes to number of referrals

19 departments (48%) report an increase in referrals in the last two years with 21 departments (53%) reporting a decrease, indicating that workload appears to have remained steady overall across the responding departments. Note the survey did not attempt to assess the nature or magnitude of the changes to referral rates.

### 8. Qualifications

The most prevalent qualifications held by staff delivering nuclear medicine / radionuclide imaging are post graduate diplomas and diplomas of radionuclide imaging.

*Click graph to enlarge.*



## 9. General comments

Respondents were asked to comment on their local situation in relation to the recruitment and retention of the nuclear medicine / radionuclide imaging workforce. The responses are varied in nature. However, the following themes do emerge:

- There are difficulties recruiting staff (mentioned by 8 respondents); and
- Staff delivering nuclear medicine / radionuclide imaging also rotate through other disciplines (mentioned by 4 respondents).

**All the general comments made are given below in full:**

- Although there are 3 WTE radiographers we work single handed in the department, the physicist provides backup for injections etc. We rotate through the other scanners in the department (MRI,CT) working in NM one (1) month in three (3).
- Fully staffed and fairly stable.
- Have had trouble recruiting permanent staff in a small dept.
- It is difficult to provide training for other radiology staff due to workload pressures hence in times of leave and sickness we have no competent cover or back up staff.
- Lack of progression to include reporting. Jobs that become vacant are not to be replaced.
- Lack of variety of examinations, cost of courses makes it difficult to encourage radiographers to do any post graduate nuclear medicine courses.
- My department use staff who work rotationally through the rest of the imaging department. NM is not seen as a high priority -CT /US [Ultrasound] /MRI come first yet we pick up the pieces when the rest cannot accommodate. There needs to be more introductory courses into NM to help with training. There is little incentive as career progression is limited.
- Need to purchase new equipment and invest in future technology if we are to recruit and retain staff.
- No national Nuclear Medicine Assistant Practitioner programme (Beacon project for MRI APs [assistant practitioners]). No financial or clinical support for radiographer reporting which hinders recruitment and retention in this area and now due to low numbers, no national NM reporting course. Catch 22.
- Our Nuclear Medicine dept is a speciality within a Radiology dept, therefore we only employ Radiographers so that they can be rostered into other areas within Radiology. Unfortunately,

this also means that the staff are used to cover areas that are short staffed because our managers do not understand how Nuclear Medicine works and do not prioritise Nuclear Medicine as a speciality itself. It is very difficult to recruit staff who are Radiographers with an interest in Nuclear Medicine as there are so few out there. We do not receive support from Radiology assistants or administration staff and the managers do not see a need to recruit them into Nuc Med.

- Recruitment to the east of the county generally problematic. It appears that a large proportion of staff employed travel to the hospital for distances upwards of 50 miles.
- Retention is good - longstanding workforce. Unable to recruit at present due to financial situation. If current members of staff retire it will be difficult to get approval to recruit at present. Hopefully this will improve in next 10 years due to numbers eligible to retire!
- There needs to be investment in staff training in relation to future PET service. There needs to be a hybrid NM/CT professional locally who can do CT and NM and then cover for either modality during sickness etc.
- There will be a lack of experience as staff retire. Roles are being banded lower and pressure on existing staff banding-wise. Difficult service to staff due to wide service requirements to cover.
- Unable to recruit experienced NM radiographers from external source in the last couple of years - no applicants to vacancies. Need to train internal candidates.
- Unable to recruit NM Radiologist on one site (of two) therefore no lead on site (cover from other site).
- Under staffed at present, but financial constraints limiting factor. New physicist post advertised.
- We aim to succession plan from our Band 6 workforce. There is a 15% pay premia in place for existing staff. There is no pay premia for new recruits or internal promotions which has resulted in difficulty in recruiting to the vacancy.
- We carry out the benign thyroid work ( $^{131}\text{I}$  for thyrotoxicosis) and have set up a radiographer led service. I hope that this can be developed further.
- We get Physics support from [other location] approx 1 day per 2 months. Isotopes delivered 3 times per week from [other location].

## Appendix A - Survey questionnaire

[Download Survey Questionnaire](#) PDF

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