

Filling a Need

Supply still exceeds staffing demands

By Scott Huelskamp

Imagine looking out an oceanfront window one day and marveling at the bright, cloudless sky, the brilliant blue water, and the gentle, peaceful rolling waves. Then think about returning to that splendor the next day to find all the comforting scenery has changed, replaced by dark skies, murky waters and thunderous, dangerous waves.

When, you may wonder, is the picturesque view going to return? When it comes to the staffing landscape for radiology departments, such uncertainty clouds the future. The picture has changed, and it's difficult to predict if things will ever look the same again.

The fact that times are tough and jobs in all radiology-related areas and specialties are scarce isn't a surprise. However, staffing agencies continue to track the key trends, monitor the markets, and search for signs of recovery. "It's a very tight market right now and has been for the last 12 months," says Craig Wolf, vice president and general manager of the Omaha, Neb.-based Aureus Medical Group, the largest allied health staffing firm in the United States. "As far as where the next 12 months is going, I think it's going to continue to be very difficult."

MEASURING THE MARKET

The supply of available candidates still exceeds the low demand for jobs. "There are way too many candidates and too few jobs," says Julie K. Irving, RT(R)(M)(CT), CPC, owner of XRAYZ 4U LLC in Colonial Beach, Va.

To illustrate her point, Irving offered a recent example of a permanent nuclear medicine technologist position she had to fill. After sending notice to the approximately 2,300 nuclear medicine clinicians in her database, she received 100 responses in one day. She was asked by the facility in need to submit five candidates.

"It's frustrating for the candidates. After sending in my 5, I was still getting applicants a week later," says Irving. "It's like a rat race on some of these openings."

In fact, says Irving, many nuclear medicine techs and X-ray techs who graduated in 2008 and 2009 have not secured positions, and they are being joined by another new crop from 2010.

Although some positions still arise, staffing agency experts concur that the market has remained stagnant. At Irving's organization, the part-time shifts she's filled is on pace to match the 2009 number of 1,700. On the direct hire side, she's placed three clinicians for ultrasound, one for MRI, and one for a mammography X-ray supervisor since January.

And since the economy took a bite out of investment portfolios over the last 12 to 18 months, namely 401k plans, people who may have been eyeing retirement are either staying put a few more years or going back to work to pick up part-time shifts, says Wolf.

All allied healthcare fields aren't struggling as much. Current demand is solid for physical therapists, occupational therapists, and speech-language pathologists, due in part to better reimbursement in those fields and the millions of still-active baby boomers who are reaching retirement.



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"There are more job orders outside radiology than inside radiology," says Irving, whose database of approximately 37,000 clinicians includes 2,000 rehab medicine practitioners.

POSITIVE SIGNS

Amidst the gloom and doom, there are some positive signs. Matthew Broderick, president of DiagnosTemps in Addison, Texas, notes that positions in interventional radiology, echo cardiography, MRI, and PET/CT are more prevalent.

Those needs fall along the lines of specialized areas of radiology and modalities, such as catheter lab procedures and vascular ultrasound, Broderick says. Irving has also seen a small rise in general vascular and echo cardiography, especially in rural areas, and managerial positions in cardiac catheterization.

Yet on the flip side, the need for less specialized modalities, such as routine X-ray and mammography, has declined. "When a person goes to a 2-year radiology program, they are trained in just routine X-ray. Beyond that, if you want to get into MRI or CT or any of the other specialized imaging modalities you've got to get cross-trained," Broderick says. "When radiologists get out of a 2-year program, they don't have all the education or training, which puts the specialists in demand."

In addition, more facilities are requesting candidates who are credentialed by the American Registry of Diagnostic Medical Sonographers or have Joint Commission certification, says DiagnosTemps national account manager Stephen Garza.

"Hospitals are often passing on the less qualified candidates because they need people to come in and hit the ground running," says Wolf.

From a geographical standpoint, the Midwest and rural areas appear to be hot, or at least lukewarm, for new jobs. These areas don't have the number of universities or radiology population to draw from, Irving says. There is less demand in metropolitan locales and major cities, such as Philadelphia and Atlanta. Even traditional popular spots, such as California and southern states like Florida that usually see a seasonally surge, are down.

With the overabundance of eager candidates, the job of staffing agencies

becomes more difficult and challenging. Although people are willing to go where the jobs are, it may not always be the best idea to transplant a highly qualified native New Yorker to rural Montana to fill a lower-level opening.

"When you have a candidate who says he'll go anywhere, that's not usually the person you want to bring in," says Irving. "It's better to hire someone if they've really got a reason, other than there's a job, to go to some locations. It needs to make sense. People need to know what they are walking into it." For instance, are they familiar with the location, does family live nearby, or have they lived and worked there before?

Still, qualifications, experience, and a broad knowledge base go a long way.

"The more you can do, modality wise, and the more experience you have doing it, the more marketable you become," Broderick says.

But, says Wolf, "you have to be realistic. The market is much different than the one 3 years ago, and that's pretty much across the board in all healthcare specialties. Today the pay is just not as lucrative as it once was."

Nevertheless, there are still outliers who are brave enough to wait until they find that perfect position in a desirable location. "We're seeing a few people who are saying, 'I know what I'm worth and I'm sitting on the sidelines until I get that pay I'm looking for,'" Wolf says.

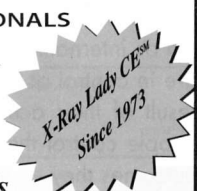
They are a brave group, indeed.

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