

RadSciences Group

Developing Top Talent for Healthcare Organizations

2010 Allied Health Compensation Review

Radiology, Rehabilitation and Laboratory

Methodology

The 2010 Allied Health Compensation Review is based on the total number of searches conducted by RadSciences Group between January 2009 and December 2009. Compiled data includes modalities within medical imaging, rehabilitation, and laboratory. Similar to our previous Compensation Reviews, the majority (81%) of the searches represented in this review consist primarily of hospital-based positions. Seventy-two percent (72%) of searches conducted were for rural hospitals, clinics and rehab centers residing in areas with populations of less than 50,000 and are more than forty-five miles from a city with populations of more than 100,000.

The wages shown reflect the low, average and high hourly wage for each specialty group when combining all offers. This was not a survey conducted by RadSciences Group to health providers. These numbers reflect *actual offers made* by our clients, through Human Resources, when combining all offers.

Market Trends and Observations

Our marketing efforts revealed that many hospitals are still slow to hire and expand staff due to inert revenues. The lagging economy and slow job growth has continued to cause a “trickle down” effect, and many facilities seem to be playing it safe in order to reserve cash flow and maintain some level of financial stability. We did observe a slight increase in job orders in the 4th Quarter of 2009 which indicates there may have been a surplus in some recruitment budgets towards the end of the fiscal year. Our evaluation of this will continue through the 1st Quarter of 2010 to determine if there are indications that hospitals are continuing to expand, as opposed to just managing attrition.

Two additional observations were the number of female candidates who were selected, versus their male counterparts, and the level of experience of the candidates selected. This shows that there may be some bias towards female candidates in some areas of healthcare. It also indicates that there may be a good pool of senior level applicants from which to choose. With the exception of Physical Therapists, there also seems to be a preference to hire job candidates who have a high level of experience over the “new graduate”. Fair? Maybe not, but our numbers suggest this might be the case in the current state of economy.

We also observed that the percentage of clients offering bonuses as a part of their recruitment package decreased in 2009, but relocation incentives remained consistent. This further indicates that hospitals are seeking ways to cut costs, or have not had to offer bonuses as a way to attract staff. Across the board, the number of hospitals offering bonuses decreased, as did the amount being offered. We expect this trend to continue in 2010.

Relocation and Bonus Incentives

Sign-On & Relocation	Radiology & Ultrasound	Laboratory	Rehabilitation
Avg. Sign-On Bonus	\$2,300.00	\$1,800.00	\$3,000.00
Avg. Relocation Allowance	\$2,500.00	\$2,800.00	\$4,100.00
Facilities offering Sign-On Bonus	51%	39%	81%
Facilities offering Relocation	100%	100%	100%

*Salaries, Sign-on and Relocation rounded to the nearest \$100

**Hourly wages rounded to the nearest \$.10

Additional Data

Gender

Male Candidates:	32%
Female Candidates:	68%

Experience

0-3 years:	6.9%
4-10 years:	48.8%
11-15 years:	37.2%
16+ years:	7.1%

Average Years of Experience: 9.2 years

Recruiters have also resorted to creative ways of finding qualified candidates on a tightened budget. Social media outlets such as MyMedPort.com, Facebook.com and LinkedIn.com have become mainstays for posting jobs at no cost. The days of running ads in newspapers are practically over, and job boards like monster.com and careerbuilder.com which charge in upwards of \$300 per posting, are probably suffering like the rest of the recruiting industry. Healthcare social networking outlets will surely continue to grow since they are free and have more to offer than just job postings available to the job seeker and employers. They are a free resource for networking, news and other valuable information that make healthcare social networking a valuable resource.

Radiology Compensation

Overall Category Average	ARRT Specialties Compensation (RT, CT, MRI, M, N, CV, RCIS, etc)	ARDMS Specialties Compensation (RDMS, RVT, RDCS, RCS, etc)	Radiology Management Compensation (Supervisors & Manager)	Radiology Director Compensation (Salary-Exempt)
Low Wage	\$20.10	\$23.50	\$27.70	\$77,400.00
Avg Wage	\$26.60	\$29.90	\$34.00	\$86,700.00
High Wage	\$32.00	\$37.70	\$41.00	\$135,000.00

*Salaries, Sign-on and Relocation rounded to the nearest \$100

**Hourly wages rounded to the nearest \$.10

We believe that available jobs for medical imaging professionals will continue to suffer as long as schools continue to produce new graduates at the current rate. With many hospitals slow to hire and expand services, the numbers of new graduates who are unable to find work are beginning to amass. With the educational requirements being an associate's degree or equivalent to become a Radiologic Technologist or Medical Sonographer, these are desirable professions for many who are looking for a "secure" job in healthcare. However, many are finding that a career in medical imaging is not as secure as they were once told by their enrollment counselor.

We have received dozens of calls from new graduates who are unable to find full-time employment. To exacerbate the situation, there are many senior level technologists also competing for jobs, therefore compounding the inability for new technologists to find work. Many employers are simply opting to hire someone with more experience in order to maximize early production and minimize the risks associated with hiring new graduates. As they say, it's not personal. It is simply a business decision.

While new ultrasound graduates are also struggling to find their first job, senior level Sonographers with multiple registries still have some options as long as they are willing to relocate, and have some flexibility with their schedule. More than 70% of our medical imaging searches in 2009 were in Ultrasound Sonography. Many hospitals have been very specific, seeking only registered Sonographers who can perform multiple roles in general ultrasound, vascular and cardiac imaging.

Laboratory Compensation

	Medical Laboratory Technician Compensation (MLT)	Medical Technologist Compensation (MT, CLS)	Laboratory Management Compensation (Directors & Managers)	Laboratory Director Compensation (Salary-Exempt)
Low Wage	\$16.50	\$19.50	\$29.00	\$68,000.00
Avg Wage	\$19.50	\$23.90	\$30.50	\$75,600.00
High Wage	\$22.80	\$28.00	\$32.50	\$86,100.00

*Salaries, Sign-on and Relocation rounded to the nearest \$100

**Hourly wages rounded to the nearest \$.10

The Bureau of Labor Statistics reports that employment of clinical laboratory workers is expected to grow fourteen percent (14%) between 2008 and 2018. However, we believe this research was conducted years before the current recession. Similarly, we have noticed that the available jobs for Medical Technologists (MT's) and Medical Lab Technologists (MLT's) also seem to be stable, and not as many new jobs are being posted. The theory is similar in that hospitals may not be expanding laboratory services due to lagging economic conditions.

Although hospitals continue to be a major employer of clinical laboratory workers, we will focus additional marketing efforts on medical and diagnostic laboratories, offices of physicians, and all other ambulatory health care services to determine if these types of organizations are posting jobs on a more consistent basis.

Rehabilitation Compensation

	Physical Therapist Compensation (PT)	Occupational Therapist Compensation (OT)	Speech Language Pathologist Compensation (SLP)	Rehab Management Compensation (Director & Manager)
Low Wage	\$26.00	\$23.00	\$23.00	\$78,000.00
Avg Wage	\$35.90	\$32.10	\$26.80	\$91,500.00
High Wage	\$41.00	\$38.00	\$33.50	\$125,000.00

*Salaries, Sign-on and Relocation rounded to the nearest \$100

**Hourly wages rounded to the nearest \$.10

Job availability for Physical Therapists (PT's) still remains high, and we expect this trend to continue in 2010. With so many clinical settings to choose from, PT's can find work in

establishments other than a hospital which is unique to some degree. However, many PT's we consult with still lean towards job opportunities in outpatient clinics. This personal preference contributes to staffing problems for many acute care facilities and nursing homes that need to hire PT's to treat their patients. According to the APTA, jobs are expected to grow by more than 25% over the next five years, and many of these jobs will be in skilled nursing facilities and acute care settings.

As noted in our 2009 report, while the minimum educational requirement for a Physical Therapist was initially a bachelor's degree, the master's degree program slowly replaced that in the early 90's. Currently we are seeing the Doctorate of Physical Therapy program increasingly becoming the norm. The American Physical Therapy Association's accrediting body, called the Commission on Accreditation of Physical Therapy Education (CAPTE), accredits entry-level academic programs in physical therapy. In 2009, there were 212 physical therapist education programs. Of these accredited programs, 12 awarded master's degrees; and 200 awarded doctoral degrees. Currently, only graduate degree physical therapist programs are accredited. Master's degree programs typically are 2 to 2.5 years in length, while doctoral degree programs last 3 years.

The steady increase in educational requirements might discourage those who are interested in healthcare as a profession from pursuing a career in physical therapy where wages are not much higher from other professions that require only a two year degree or certification. For example, most new ultrasound graduates might expect to start out at around \$24-\$25 per hour, while new PT graduates might start at \$28-\$30 per hour.

State licensure issues may be an additional cause of the shortage in some areas of the country. A state license is required for each state in which a Physical Therapist practices. Unlike radiography, ultrasound and occupational therapy, this process is not just a matter of completing an application and paying a fee. Along with this process, the Federation of State Boards of Physical Therapy (FSBPT) reports that there are currently twenty-three states that require a Physical Therapist to take a jurisprudence examination (JE) to demonstrate minimal understanding of the statutes and administrative code that governs the practice of physical therapy. Additionally, some states will also require the application be presented to the state board. Once all required documentation is received, the applications will be presented to the board at the next regularly scheduled board meeting for approval or denial. However, some boards only meet once a month, creating a much longer process.

The shortage of licensed Physical Therapists is definitely creating a challenge for smaller hospitals in many rural areas of the country. With so many opportunities available to therapists, they are able to be selective about where they practice. Unfortunately, many rural health facilities and designated critical access hospitals do not compete with some larger hospitals as it relates to financial packages. Therefore, many of them continue to struggle with their recruitment efforts.