

## 2011 Allied Health Compensation Review

Radiology, Rehabilitation and Laboratory

### Methodology

The 2011 Allied Health Compensation Review is based on the total number of searches conducted by **RSG Health Services** between January 2010 and December 2010. Compiled data includes modalities within medical imaging, rehabilitation, and laboratory. Similar to our previous Compensation Reviews, the majority (89%) of the searches represented in this review consist primarily of hospital-based positions. Sixty-One percent (61%) 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 twenty-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 RSG Health Services to health providers. These numbers reflect *actual offers made* by our clients, through Human Resources, when combining all offers.

### Market Trends and Observations

As in our last review, we report that healthcare organizations are still slow to hire and expand staff due to a stagnant economy. Competition for jobs is fierce and hiring organizations are able to select the most experienced candidates leaving many new graduates wondering about their futures. Many of the available jobs are senior level and management positions that require significant experience and, at minimum, a Bachelors Degree. While the demand remains high for these positions, many hospitals in rural and underserved areas find recruiting difficult because of their location or less competitive financial packages.

The number of temporary assignments offered by hospitals has significantly declined for the third consecutive year which has also contributed to the competition for full-time positions. Many providers who have made a career of working temporary assignments have found it increasingly more difficult to remain busy and have also been active in pursuing full-time employment.

### Relocation and Bonus Incentives

Sign-On & Relocation	Radiology & Ultrasound	Laboratory	Rehabilitation
Avg. Sign-On Bonus	\$3,100.00	\$2,500.00	\$7,700.00
Avg. Relocation Allowance	\$3,700.00	\$2,700.00	\$5,100.00
Facilities offering Sign-On Bonus	77%	49%	79%
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: 47%

Female Candidates: 53%

## Experience

0-3 years:	7.7%
4-10 years:	43.6%
11-15 years:	31.2%
16+ years:	17.5%

**Average Years of Experience:** 13.2 years

Social media outlets continue to be popular for advertising and job searching. Media outlets such as [Twitter.com](http://Twitter.com), [MyMedPort.com](http://MyMedPort.com), [Facebook.com](http://Facebook.com) and [LinkedIn.com](http://LinkedIn.com) have become mainstays for posting jobs at little to no cost. The days of running ads in newspapers are practically over, not to mention ineffective. Job boards like monster.com and careerbuilder.com which charge upwards of \$300 per posting, are still popular but have experienced increased competition from social networking sites. Healthcare social networking outlets will continue to grow since they are free and have more to offer than just job postings. 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 & Managers)	Radiology Director Compensation (Salary-Exempt)
Low Wage	\$22.00	\$25.30	\$27.00	\$77,200.00
Avg Wage	\$30.50	\$32.30	\$35.60	\$92,400.00
High Wage	\$36.00	\$37.30	\$37.50	\$125,500.00

\*Salaries, sign-on and relocation rounded to the nearest \$100

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

The majority of our radiology searches in 2010 were in Ultrasound Sonography, and the majority of the requests were for a minimum of 3 years of experience and both RDMS and RVT registries. The days when Sonographers could find employment even if they were unregistered are over. We believe this is largely due to Medicare contracts that affect reimbursement, and the liability associated with having unregistered Sonographers perform exams. A few states, including Oregon, New Mexico, New Jersey and West Virginia, have passed or proposed state licensure requirements for Sonographers. The ARDMS expects many more states will follow.

**RSG Health Services** also received dozens of requests for Sonographers who are triple registered (RDMS, RVT, RDCS), but this is a rare find. According to our resources, there are less than 2,400 triple registered Sonographers working in the U.S. By contrast, there are approximately 78,000 with at least one registry. We educate our clients about these numbers and explain that a strategic marketing plan is required if they absolutely must have this type of candidate on staff. The same principle holds true for those hospitals that desire a provider who is certified in both Sonography and Radiography.

We believe that Radiologic Technologists will continue to struggle in securing employment as long as schools continue to produce new graduates at the current rate. With many hospitals still timorous to hire, the numbers of new graduates who are unable to find work are staggering. As we noted previously, many employers are simply opting to hire candidates who have momentous experience because they are now more available. Senior level Sonographers with multiple registries still have some options as long as they are able to relocate.

## Laboratory Compensation

	Medical Laboratory Technician Compensation (MLT)	Medical Technologist Compensation (MT, CLS)	Laboratory Management Compensation (Directors & Managers)	Laboratory Director Compensation (Salary-Exempt)
Low Wage	\$16.80	\$18.90	\$28.80	\$73,300.00
Avg Wage	\$21.10	\$25.90	\$30.50	\$78,000.00
High Wage	\$23.60	\$29.00	\$35.00	\$85,500.00

\*Salaries, sign-on and relocation rounded to the nearest \$100

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

Employment for Medical Technologists and Technicians continue to remain steady. The Bureau of Labor Statistics reports that employment of clinical laboratory workers is expected to grow fourteen percent (14%) between 2008 and 2018. Like other allied health specialties, the job market is quite competitive. Technologists who have flexibility with their work schedule and have diverse experience in all areas of the lab tend to have the best chance of gaining employment. Some Laboratory Directors believe that advances in laboratory technology and automation of routine testing may have an adverse affect on employment in years to come.

Although hospitals continue to be a major employer of clinical laboratory workers, **RSG Health Services** will focus additional marketing efforts on medical and diagnostic laboratories, offices of physicians, and other ambulatory health care services to determine if these 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	\$26.80	\$25.00	\$24.40	\$77,800.00
Avg Wage	\$36.50	\$34.30	\$29.90	\$97,400.00
High Wage	\$42.20	\$42.00	\$35.00	\$128,000.00

\*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 2011. Our research indicates that many PT's still lean towards job opportunities in outpatient clinics as opposed to hospitals. This personal preference contributes to staffing problems for many acute care facilities and nursing homes that need to hire PT's for their organizations. 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.

It is projected that the unemployment rate for PT's in 2011 will remain as low as 1.1%. The Bureau of Labor Statistics also projects that employment opportunities for PT's will increase by 30% and opportunities for OT's will increase by 26% between 2008 and 2018. 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 the Doctorate of Physical Therapy program is the norm.

The steady increase in educational requirements may 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 \$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. **RSG Health Services** finds that the employers who offer state-of-the-art facilities, above average salaries, bonuses and relocation assistance attract the most interested candidates. 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.

## **Health Reform**

Starting in 2014, if an individual's employer does not offer health insurance they will be able to buy insurance directly in an Exchange. Part of the new government reform proposal, this is a new insurance marketplace where individuals and small businesses can buy "affordable and qualified health plans". These Exchanges will offer individuals a choice of health plans that meet certain benefits and cost standards. The implementation of these Exchanges will give millions of Americans who have serious illnesses the opportunity to seek care and begin treatment. Theoretically, this may also increase the number of patient visits to healthcare organizations causing them to expand staff and resources. As for the overall reimbursement to these organizations, who knows. However, as Medicaid programs and providers prepare to cover more patients, the Act requires states to pay primary care physicians no less than 100 percent of Medicare payment rates for primary care services. The increase will be fully funded by the federal government (the tax payer).

To increase the availability of primary care, there will be new incentives offered to expand the number of primary care providers, RN's, PA's and NP's. These include funding for scholarship programs, loan repayments for primary care providers and nurses working in underserved areas. Doctors and nurses receiving payments made under any state loan repayment or loan forgiveness program intended to increase the availability of health care services in underserved areas, will not have to pay taxes on those payments.

The new government website ([www.healthcare.gov](http://www.healthcare.gov)) offers some insight on the Reform Bill and should be a good resource for all of us as we prepare to tackle patient care under this administration.