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N.C. likely to face radiologic science workforce shortage

By DAVID WILLIAMSON
UNC News Services

CHAPEL HILL – By state law, hairdressers and barbers must be licensed to practice their trades, but that's not the case for people who expose your body to potentially lethal radiation during routine health exams and medical treatment.

Although many who operate X-ray, CT, MRI, PET scanner or nuclear medicine equipment are highly qualified through training and experience, others are not, analysts say. North Carolina does not regulate its radiologic sciences workforce.

"People who operate these machines or administer radiation therapy are not required by state law to possess any minimum educational or certification standards," said Susan Dyson, research associate at the University of North Carolina at Chapel Hill's Cecil G. Sheps Center for Health Services Research.

Dyson is lead author of a new Sheps Center report, "Scanning the Radiologic Sciences Workforce in North Carolina," which examines trends affecting that workforce across the state. The Council for Allied Health in North Carolina and the N.C. Area Health Education Centers Program also collaborated on the project, which the Duke Endowment supported. Co-authors are Erin Fraher, director of the Health Professions Data System; R. Bert Wilkins, data coordinator; and Laura M. Smith, research associate, all at the Sheps Center.

Information in the report came from extensive panel discussions among radiologic and other professionals and a wealth of data gathered through UNC-Chapel Hill, the N.C. Community College System, hospital-based education programs and credentialing organizations such as the American Registry of Radiologic Technologists and the Nuclear Medicine Technology Certification Board.

"The rapid expansion of technology in radiation imaging and therapy often outpaces the capacity of educational programs to prepare the increasingly specialized workforce needed to operate this new equipment," said Dyson. "We found that in North Carolina, health-care employers will soon face a shortage of radiologic science practitioners qualified and able to operate the increasing number of technologically advanced imaging devices such as fusion imaging. In some areas, this is already happening and will only worsen in the coming years."

If all slots in current training programs are filled -- and student retention improves -- the state can meet its needs in the short term, but not over time, she said. This is particularly true for specialties.

Among other key findings were that health-care employers communicate and collaborate insufficiently with educational programs about future staffing needs, Dyson said. Often, large employers such as hospitals will purchase imaging equipment or expand their radiology departments before informing educators about those moves.

"One major recommendation was that communication be improved by establishing a broad-based organization responsible for regional collaborative health workforce planning," she said. "Another was to expand specialty training while maintaining the current number of primary training programs across the state."

A looming faculty shortage in radiologic sciences training programs is also likely to contribute to the upcoming shortfall in the workforce, Fraher said.

"Many faculty positions remain unfilled for months," she said. "Directors and faculty are several years older than the average practitioner, salaries are higher in clinical practice than in educational employment and proposed accreditation standards requiring advanced degrees may impact the state's ability to educate this workforce."

Other recommendations center on ways to boost training programs and recruitment, retention and diversity of radiologic science faculty and workers. Another is to improve foreign language skills, and yet another is to develop and maintain databases useful for the state and professional organizations to monitor the profession.

Frances Apple, past president of the American Society of Radiologic Technologists and a longtime Duke University Medical Center employee, said the state needs to ensure that the public has educated and certified caregivers.

Recently introduced in both the U.S. Senate and the House of Representatives, the "Consumer Assurance of Radiologic Excellence (CARE)" bill would require federal minimum standards of education for the radiologic science workforce.

"If passed, this bill would prevent people in North Carolina from taking X-rays with little formal education at all," said Apple.

Despite its remarkable diagnostic usefulness, radiation has well-documented potential hazards, and most other states already protect patients by establishing minimum educational standards for radiologic workers.

The report on the radiologic sciences workforce is the fourth allied health workforce study conducted in North Carolina under the joint collaboration of the Council for Allied Health, the N.C. AHEC Program and the Sheps Center. Copies of "Scanning the Radiologic Sciences Workforce in North Carolina" are available at www.shepscenter.unc.edu/hp.

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