VOICE Box
By Jannine Jordan, SNM Continuing Education Manager

Are you preparing for a specialty certification exam a practicing technologist, or an educator in need of reference materials or in-depth knowledge? Then take a look at the resources available to you on the SNM Web site.

PET/CT References
SNMTS offers a wealth of PET/CT materials for technologists. You’ll find an updated list of textbooks, articles, CD-ROM-based publications, and other references that will aid you in exam preparation and obtaining continuing education credit and will provide valuable knowledge that you can use in the clinical setting. The reference list is always available online at www.snm.org/PETCTReferences.

The PET/CT Curriculum was developed by a team of technologists, physicians, and educators from SNM and the American Society of Radiologic Technologists (ASRT) to bridge the training gap between their audiences regarding fusion imaging and, more specifically, PET/CT. The curriculum is divided into three sections: foundations, content specifications for basic nuclear medicine, and CT and PET for dual modality imaging. The PET/CT Curriculum is a handy tool for keeping abreast of the latest updates and required competencies. The PET/CT Curriculum available online at www.snm.org/petctcurriculum.

Nuclear Cardiology
Nuclear Cardiology Imaging is an educational resource for those learning nuclear cardiology or a reference tool for clinicians who have already incorporated nuclear cardiology into their practice. This authoritative book is a must-have technical resource that is divided into sections that cover myocardial perfusion imaging, infarct imaging, dynamic imaging, cardiac PET, and the principles of electrocardiography. Most chapters are three to five pages long, which makes them a useful reference in the clinical setting. Each chapter concludes with a short list of references that provide relevant resources in current nuclear cardiology. Nuclear Cardiology Imaging can be purchased at www.snm.org/shop.

So whether you’re preparing for an exam, supplementing teaching materials, or learning new skills, SNM has your needs in mind.

Regional Nuclear Medicine Technologist Salaries
By Anthony Knight, MBA, CNMT, NCT

The last issue of Uptake contained a report on recent SNM/SNMTS field survey findings associated with nuclear medicine technologist salaries. In that report, a chart was included identifying the study’s national mean, median, and range statistics for new graduate and experienced NMT salaries sorted by facility type. In this issue, regional salary statistics are presented and discussed. The results of this regional analysis are displayed in the accompanying table.

In order to perform a regional analysis, the survey forms were coded in such a way that the state in which the surveyed institution was located could be identified. This information was used to group responses by geographic region. The states (including the District of Columbia) incorporated in each region are:

- The North East states (CT, ME, MA, NH, NY, RI, VT)
- The Mid-Atlantic states (DE, DC, MD, NJ, PA, VA, WV)
- The South (AL, FL, GA, KY, MS, NC, SC, TN)
- The Industrial Mid-West (IL, IN, MI, OH, WI)
- The Plains states (IA, KS, MN, MO, NE, ND, SD)
- The Oil Patch states (AR, LA, OK, TX)
- The Rocky Mountain states (AZ, CO, ID, MT, NV, NM, UT, WY)
- The Pacific states (AK, CA, HI, OR, WA)

Salary statistics for individual states will not be reported due to the fact that the sample size for many states was too small to yield reliable statistics. For purposes of comparing regional differences, the median hourly wage values were used due to the fact that they are less influenced by outliers than is the arithmetic mean.

The data show that there are clear regional differences in the hourly wage rates being paid to staff nuclear medicine technologists in both the hospital and non-hospital settings. Not surprisingly, the highest average NMT salaries were found on the East and West Coasts, where the cost of living is highest and the recent technologist shortages have been the most acute. When comparing wage rates using the overall (combined hospital and non-hospital data) median values across all experience levels, the Pacific states rank first, the North East, second, and the Mid-Atlantic states, third. The same regions are found to be the top three when comparing non-hospital wages (although the Pacific and the North East regions switched places). The Oil Patch median rates suggest that this area should be ranked in the top 3 for non-hospitals. However, since no non-hospital institutions in that area reported new graduate wage rates (the lowest wage rates reported in all other regions), its median value should not be used to compare this region with the others until experience levels are also taken into consideration. The regional rankings on the hospital side have, again, the Pacific and the North East in 1st and 2nd place on the list of highest median hourly rates, but show the Industrial Mid-West in the 3rd position. The Mid-Atlantic slips down to 6th place out of the 9 regions.

When experience levels are factored in, the data show that the largest regional differences can be found in the entry-level, new graduate wage rates. In hospitals, the median hourly wages for new graduates range from $18.50 in the Rocky Mountain states to $26.00 in the Pacific states (a difference of $7.50 per hour). In the non-hospital facilities the regional difference is even greater, with the Rocky Mountain states reporting a median rate of $20.00 and the Mid-Atlantic States reporting $31.00 (a difference of $11.00 per hour). Since survey responses are those of administrators (see last issue’s article for a discussion on the survey methodology used), it should be mentioned that new graduate salaries reported here may be falsely low in some cases.

Anecdotal evidence provided by program directors suggests that many institutions are actually hiring new graduates at rates much higher than what HR departments are listing as the starting wage for new graduates. It is unclear from the data whether supervisors are identifying the lower level of the salary range for staff NMTs or the rate at which they hired their most recent graduates. It is probably a combination of both. For instance, the beginning hourly rates offered University of Iowa graduates who took hospital-based positions within the Plains states region during this time period ranged from $21.00 to $25.50 per hour, with a median value of $24.75 ($2.50 per hour above the Plains
States New Grad median reported here). One graduate who took a position in the Pacific region accepted a $31.00 per hour wage rate ($5.00 per hour above the median and equal to the highest value listed here for the Pacific region). These comparisons suggest that some administrators may have provided the lower levels of available salary range rather than rates actually offered a recent new graduate hire.

Informal discussions among program directors also provide some insight into why the Rocky Mountain states tend to offer the lowest wages to new graduates ($2.00 below the next lowest regional rate). Directors claim graduates will often take a lower salary in these states for reasons related to non-work-related lifestyle variables. For the most part, regional wage rate differences get smaller with higher levels of technologist work experience.

Although last issue's article reported that an analysis based on national averages found that technologists working in non-hospital institutions are earning base wages very similar to those of their colleagues employed in hospital settings, this analysis shows that there are clear differences between these two groups in many regions of the country. The size of the difference varies by region. Nearly all regions show non-hospital hourly rates to be higher than the hospital-based rates. The greatest differences can be found in the Mid-Atlantic and the Oil Patch states. These findings suggest that these regions of the country may be more vulnerable to the "technologist flight" phenomenon (technologists leaving hospital positions for positions in private clinics). Only the states in the Pacific region pay higher wage rates to hospital employees, and that's only the case with those technologists in the 1–5 and 6–10 years of experience categories ($3.50 and $2.50 per hour more than their non-hospital counterparts, respectively). This reverse trend may be a result of the crisis-level staffing shortages hospitals in the Pacific region have been dealing with over that last few years.

It should be emphasized that the values discussed here are base wage rates and should not be used to imply that hospital-based technologists earn less annually than non-hospital NMTs. As a matter of fact, the opposite may indeed be true. Most hospital-based nuclear medicine technologists are required to take call and are typically compensated well for their call-back time. Technologists working in private clinics usually are not required to pull call. The higher regional base hourly rates for non-hospital technologists are likely to be, at least partially, a result of the market's attempt to compensate for the loss of on-call pay.