



**Department of Health
& Human Services**

Health Workforce
Information Center (HWIC)

Utah Radiologic technology workforce survey



Proposed profession-specific survey tool for radiologist
assistant, radiologic technologist, and radiology practice
technician license renewals

Utah Health Workforce Advisory Council

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Contents

Contents	2
Document background and overview	3
Radiologic technology minimum data set (MDS) survey questions	4
Sex	4
Race/ethnicity	4
Qualifying education	4
Year completed qualifying education	5
Qualifying education state	5
Qualifying education country	5
Highest level of education	5
Educational debt	6
Employment status	7
Employment plans	7
Employment hour change	8
Specialty	10
Telehealth	10
Patient characteristics	10
Primary practice location	11
Primary practice employment arrangement	11
Primary practice position role or title	12
Primary practice setting type	12
Primary practice hours	13
Primary practice hours/week in direct patient care	13
Secondary practice	13
Secondary practice location	13
Secondary practice employment arrangement	13
Secondary practice role or title	14
Secondary practice setting type	14
Secondary practice hours	15
Secondary practice hours in direct patient care	15
Precepting	15

Document background and overview

The Health Workforce Advisory Council (HWAC), with help from its Data Subcommittee and the Health Workforce Information Center (HWIC), developed the Utah Cross-Profession Minimum Data Set (UCPMDS). This list of survey questions is used to gather key information for health workforce planning throughout Utah. The UCPMDS was adapted from a Cross-Profession Minimum Data Set tool developed through a collaboration among seven national healthcare regulatory organizations. The UCPMDS was reviewed and approved by HWAC on March 15, 2023. The HWIC maintains and analyzes health workforce data and uses the UCPMDS as a foundational framework for collecting consistent, comparable information across time and health professions to support the HWAC in workforce monitoring and planning.

The UCPMDS serves as the foundational data system upon which this radiologic technology profession-specific tool was developed. For UCPMDS questions that required profession-specific response adjustments, customized options relevant to those in the radiologic technology professions have been incorporated. These proposed response options were informed by historic workforce surveys conducted by the Utah Medical Education Council (UMEC) and developed and approved through voluntary committees of stakeholders with expertise in the respective professions.

Radiologic technology minimum data set (MDS) survey questions

UCPMDS questions with profession-specific response customizations

Sex

1. What is your sex?

[Single select]

- a. Male
- b. Female
- c. Prefer not to say

Race/ethnicity

2. What is your race? Mark one or more boxes.

[Multi select]

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Middle Eastern or North African
- e. Native Hawaiian/Pacific Islander
- f. White
- g. Other race

3. Are you of Hispanic, Latina/o, or Spanish origin?

[Single select]

- a. No
- b. Yes

Qualifying education

4. What type of degree/credential first qualified you for this license?

[Single select]

- a. High school diploma (or equivalency)
- b. Some college, no degree
- c. Technical/vocational certificate
- d. Associate degree

- e. Bachelor's degree
- f. Master's degree
- g. Postgraduate training
- h. Professional/doctorate degree
- i. Postdoctoral training
- j. Other

Year completed qualifying education

5. What year did you complete the education program/degree that first qualified you for this license?

[Single select] [Drop-down list ranging from 1925 - 2028]

Qualifying education state

6. Where did you complete the education program/degree that first qualified you for this license? (Note: for online programs, please select the location where this program was housed)

[Single Select]

- a. [LIST OF U.S. STATES and territories]
- b. Another country (not the United States)

Qualifying education country

7. In which city & country did you complete your qualifying education program/degree?

What is your highest level of education?

8. What is your highest level of education? Check all that apply.
- a. High school diploma (or equivalency)
 - b. Some college, no degree
 - c. Technical/vocational certificate
 - d. Associate degree
 - e. Bachelor's degree
 - f. Master's degree
 - g. Postgraduate training
 - h. Professional/doctorate degree
 - i. Postdoctoral training
 - j. Other

9. Indicate any additional specialty certifications you have received.

[Single select]

- a. Not applicable (N/A)
- b. Billing and reimbursement
- c. Controlled substances diversion prevention
- d. Hazardous drug management
- e. Immunization administration
- f. Medication history
- g. Medication therapy management
- h. Nonsterile compounding
- i. Point-of-care testing
- j. Regulatory compliance
- k. Supply chain and inventory management
- l. Technician product verification
- m. Other

Educational debt

10. Please indicate the amount of educational debt you had AT THE TIME OF GRADUATION (excluding any non-education debt).

[Single Select]

- a. No debt
- b. \$1 – \$20,000
- c. \$20,001 – \$40,000
- d. \$40,001 – \$60,000
- e. \$60,001 – \$80,000
- f. \$80,001 – \$100,000
- g. \$100,001 – \$120,000
- h. \$120,001 – \$140,000
- i. \$140,001 - \$160,000
- j. \$160,001 - \$180,000
- k. \$180,001 - \$200,000
- l. \$200,001 - \$220,000
- m. \$220,001 - \$240,000
- n. \$240,001 - \$260,000
- o. \$260,001 - \$280,000
- p. \$280,001 or above

q. Prefer not to answer

11. Did/do you participate in a loan forgives/repayment program (LRP)?

[Single Select]

- a. Yes
- b. No
- c. Not Applicable

12. If yes, which loan forgiveness/repayment programs did you participate in?

- a. Not applicable
- b. Public service loan repayment program (PSLF)
- c. Employer-based loan repayment program
- d. Indian Health Service loan repayment program
- e. AmeriCorps
- f. Volunteers in Service to America (VISTA)
- g. Military loan repayment program
- h. Other

Employment status

13. What is your employment status?

[Single select]

- a. Actively working in a position that requires this license
- b. Actively working in a position in the field of radiology that does not require this license
- c. Actively working in a position in a field other than radiology
- d. Unemployed and seeking work that requires this license
- e. Unemployed and NOT seeking work that requires this license
- f. Volunteer
- g. Retired
- h. Other

Employment plans

14. What best describes your employment plans for the next 2 years?

[Single select]

- a. Increase hours in a field related to this license
- b. Decrease hours in a field related to this license

- c. Seek employment in a field unrelated to this license
- d. Leave my current job to complete further training
- e. Leave my current job due to stress/burnout
- f. Retire
- g. Continue as you are
- h. Unknown

Employment hour change

15. You indicated that you plan to increase hours in a field related to this license, please estimate the change in the total number of hours per week you expect compared to your current hours per week. If this does not apply, please select "Not applicable."

[Single select]

- a. 1–4 hours per week
- b. 5–8 hours per week
- c. 9–12 hours per week
- d. 13–16 hours per week
- e. 17–20 hours per week
- f. 21–24 hours per week
- g. 25–28 hours per week
- h. 29–32 hours per week
- i. 33–36 hours per week
- j. 37–40 hours per week
- k. 41 or more hours per week
- l. Not applicable

16. You indicated that you plan to decrease hours in a field related to this license, please estimate the change in the total number of hours per week you expect compared to your current hours per week. If this does not apply, please select "Not applicable."

[Single select]

- a. 1–4 hours per week
- b. 5–8 hours per week
- c. 9–12 hours per week
- d. 13–16 hours per week
- e. 17–20 hours per week
- f. 21–24 hours per week
- g. 25–28 hours per week

- h. 29–32 hours per week
- i. 33–36 hours per week
- j. 37–40 hours per week
- k. 41 or more hours per week
- l. Not applicable

Specialty

17. Which of the following best describes the specialty/field/area of practice in which you spend most of your professional time?
- a. Not applicable
 - b. Bone densitometry
 - c. Breast magnetic resonance imaging (MRI)
 - d. Breast sonography
 - e. Cardiac interventional radiography
 - f. Computed tomography
 - g. Fusion (PET/CT, SPECT/CT, etc.)
 - h. Imaging informatics/pictures archiving and communication system (PACS) administrator
 - i. Magnetic resonance imaging (MRI)
 - j. Mammography
 - k. Medical dosimetry
 - l. Nuclear medicine
 - m. Quality management
 - n. Radiation therapy
 - o. Radiography
 - p. Registered radiologist assistant (RRA) or radiology practitioner assistant (RPA)
 - q. Sonography
 - r. Vascular sonography
 - s. Vascular interventional radiography
 - t. 3D imaging post processing
 - u. Other
18. Which of the following best describes your secondary specialty/field/area practice?
- a. Not applicable
 - b. Bone densitometry
 - c. Breast magnetic resonance imaging (MRI)
 - d. Breast sonography

- e. Cardiac interventional radiography
- f. Computed tomography
- g. Fusion (PET/CT, SPECT/CT, etc.)
- h. Imaging informatics/pictures archiving and communication system (PACS) administrator
- i. Magnetic resonance imaging (MRI)
- j. Mammography
- k. Medical dosimetry
- l. Nuclear medicine
- m. Quality management
- n. Radiation therapy
- o. Radiography
- p. Registered radiologist assistant (RRA) or radiology practitioner assistant (RPA)
- q. Sonography
- r. Vascular sonography
- s. Vascular interventional radiography
- t. 3D imaging post processing
- u. Other

Telehealth

Telehealth may be defined as the use of electronic information and telecommunications technologies to extend care to patients, and may include videoconferencing, audio only, stored-forward imaging, streaming media, and terrestrial and wireless communications. Teleradiology includes sharing of images for interpretation, diagnosis, or consulting purposes.

19. Of the hours per week spent in **direct patient care**, estimate the average number of hours per week delivering patient care via telehealth.
 [Single select] [Drop-down list ranging from 0 hours per week/not applicable - 41+]

Patient characteristics

20. Please indicate the population groups to which you provide clinical services. Please check all that apply.
 [Multi select]
- a. Newborns (0-12 months)
 - b. Children (ages 2 - 10)
 - c. Adolescents (ages 11-19)

- d. Adults (ages 20-64)
- e. Geriatrics (ages 65+)
- f. Pregnant women
- g. Veterans
- h. Incarcerated individuals
- i. Individuals with disabilities
- j. Individuals experiencing homelessness
- k. Individuals who speak a language other than English
- l. Medicaid beneficiaries
- m. Medicare beneficiaries
- n. Sliding fee scale
- o. Uninsured individuals
- p. Privately insured individuals
- q. None of the above
- r. Not applicable

Primary practice location

21. What is your primary practice location? If this does not apply, please enter "N/A".

- a. Address _____
- b. Address 2 _____
- c. City _____
- d. State _____
- e. Postal code _____
- f. Country/Region _____

Primary practice employment arrangement

22. Which of the following best describes your current employment arrangement at your principal practice location?

[Single Select]

- a. Self-employed/consultant
- b. Salaried
- c. Hourly
- d. Temporary employment/locum tenens
- e. Other
- f. Not applicable

Primary practice position role or title

23. Please identify the role or title(s) that most closely corresponds to your primary employment/practice type.

[Single Select]

- a. Administrator
- b. Clinical practice
- c. Faculty/educator
- d. Owner/partner
- e. Researcher
- f. Radiologic technologist
- g. Radiologist assistant
- h. Radiology practical technician
- i. Temporary staff
- j. Other
- k. Not applicable

Primary practice setting type

24. Which of the following best describes the practice setting at your primary practice location? If this does not apply, please select "Not applicable."

[Single select]

- a. Not applicable
- b. Academic institution (post-secondary faculty, admin, etc.)
- c. Hospital or hospital system
- d. Imaging center/outpatient imaging facility
- e. Outpatient clinic affiliated with a hospital or health system
- f. Outpatient clinic NOT affiliated with a hospital or health system (private or group practice)-multi specialty group
- g. Outpatient clinic NOT affiliated with a hospital or health system (private or group practice)-single specialty group
- h. Outpatient clinic NOT affiliated with a hospital or health system (private or group practice)-solo practice
- i. Mobile health unit
- j. State or local health department
- k. Student/School health
- l. University/college student health facility
- m. VA health facility

- n. Uniformed services (U.S. Air Force, Army, Navy, U.S. Public Health Services, etc.)
- o. Volunteer in a free clinic/other volunteer setting
- p. Teleradiology/telehealth
- q. Other

Primary practice hours

25. Estimate the average number of hours per week spent at your primary practice location.

If this does not apply, please select “Not applicable.” Does not include time on call.

[Single select] [Drop-down list ranging from 0 hours per week/Not applicable – 41+]

Primary practice hours/week in direct patient care

26. Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location. If this does not apply, please select not applicable.

[Single select] [Drop-down list ranging from 0 hours per week/Not applicable – 41+]

Secondary practice

27. In addition to your primary practice location, do you work at any other practice locations?

[Single select]

- a. Yes
- b. No
- c. Not applicable

Secondary practice location

28. What is your secondary practice location? If this does not apply, please enter “N/A”.

- a. Address _____
- b. Address 2 _____
- c. City _____
- d. State _____
- e. Postal code _____
- f. Country/Region _____

Secondary practice employment arrangement

29. Which of the following best describes your current employment arrangement at your secondary practice location?

[Single Select]

- a. Self-employed/consultant
- b. Salaried
- c. Hourly
- d. Temporary employment/locum tenens
- e. Other
- f. Not applicable

Secondary practice role or title

30. Please identify the roles or titles that most closely correspond to your secondary employment/practice type.

[Multi Select]

- a. Administrator
- b. Clinical practice
- c. Faculty/educator
- d. Owner/partner
- e. Researcher
- f. Radiologic technologist
- g. Radiologist assistant
- h. Radiology practical technician
- i. Temporary staff
- j. Other
- k. Not applicable

Secondary practice setting type

31. Which of the following best describes the practice setting at your secondary practice location? If this does not apply, please select "Not applicable."

[Single select]

- a. Not applicable
- b. Academic institution (post-secondary faculty, admin, etc.)
- c. Hospital or hospital system
- d. Imaging center/outpatient imaging facility
- e. Outpatient clinic affiliated with a hospital or health system
- f. Outpatient clinic NOT affiliated with a hospital or health system (private or group practice)-multi specialty group
- g. Outpatient clinic NOT affiliated with a hospital or health system (private or group practice)-single specialty group
- h. Outpatient clinic NOT affiliated with a hospital or health system (private or group

- practice)-solo practice
- i. Mobile health unit
- j. State or local health department
- k. Student/School health
- l. University/college student health facility
- m. VA health facility
- n. Uniformed services (U.S. Air Force, Army, Navy, U.S. Public Health Services, etc.)
- o. Volunteer in a free clinic/other volunteer setting
- p. Teleradiology/telehealth
- q. Other

Secondary practice hours

32. Estimate the average number of hours per week spent at your secondary practice location. Does not include time on call.
[Single select] [Drop-down list ranging from 0 hours per week/Not applicable – 41+]

Secondary practice hours in direct patient care

33. Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your secondary practice location. Does not include time on call. If this does not apply, please select “Not applicable.”
[Single select] [Drop-down list ranging from 0 hours per week/Not applicable – 41+]

Precepting

34. Have you mentored/precepted students within the past 2 years?
- a. Yes
 - b. No
 - c. Prefer not to say
 - d. Not applicable
35. If you indicated that you mentor/precept students, how many students have you precepted in the past 2 years?
- a. 0/not applicable
 - b. 1-2
 - c. 3-4
 - d. 5-6
 - e. 7-8
 - f. 9-10
 - g. 11-12
 - h. 13-14
 - i. 15-16

- j. 17-18
- k. 19-20
- l. More than 20

The End

Thank you for completing Utah's Health Workforce Advisory Council biennial survey. Your participation will help the Council fulfill its purpose of providing information and recommendations to assist in expanding and strengthening Utah's health professional workforce. When you click the arrow pointing right, you will be redirected to your license renewal page. From there, go to "Activity" and select "your started renewal form" and continue from there.