

AAMI's Employment Survey...

How Does Your Compensation Stack Up?

Robert King

Salaries are under heavy scrutiny as many healthcare facilities grapple with the economic slowdown, so it likely comes as no surprise that most medical technology professionals say they either saw a pay cut or no raise over the last year.

A new AAMI employment survey finds that the average base salaries for a plurality of medical technology professions did not change between 2009 and 2010.

The survey—which was conducted by Westat, a nationally recognized research firm—was designed to provide up-to-date salary information to help establish benchmarks on salary, benefits, and other career-related information. The survey results provide insights on issues ranging from income by education level, job title, and specialty; to fringe benefits; and to job satisfaction in different workplaces.

While the survey was not designed to establish or recommend salary levels or job responsibilities, employers and employees can use the results to gauge how their own salaries measure against the field. Among the findings:

- For the nine specific job title categories surveyed, the median total base salary ranged from \$48,000 for an entry-level biomedical equipment technician (BMET) to \$88,000 for a department director/manager.
- It pays to be certified. Respondents reported being rewarded for certification in such ways as a boost in salary, a higher pay grade, tuition reimbursement, and promotions that qualified them to service life-support equipment. Sixty percent of respondents said they were certified as BMETs, clinical engineers (CEs), radiology equipment specialists, or laboratory equipment specialists.

- Twelve percent of survey respondents said they held second jobs. Most often, the second jobs were engineers and mechanical repairers; other second jobs included ministers, counselors, pilots, and firefighters.

| Job Title | 2010 Base Salary | 2010 Total Salary |
|---------------------------------|------------------|-------------------|
| BMET I | \$48,000 | \$49,000 |
| BMET II | \$52,000 | \$53,913 |
| BMET III | \$60,700 | \$66,780 |
| Equipment Specialist | \$66,156 | \$72,500 |
| BMET Supervisor | \$64,480 | \$66,250 |
| Clinical Engineer | \$70,000 | \$72,000 |
| Clinical Engineering Supervisor | \$85,000 | \$85,000 |
| Director/Manager | \$88,000 | \$91,150 |
| IT Technologist/Technician | \$61,500 | \$71,500 |
| Educator | \$66,000 | \$66,000 |
| Other | \$65,000 | \$70,000 |

Table 1. Base and total compensation. Total compensation equals base compensation plus additional compensation such as overtime, on-call pay, bonuses.

Survey Background

The 2010 Employment Survey was e-mailed to a random sample of AAMI members, and 328 responded. Participants were asked questions about their background, employer, work experience, compensation, and other employment-related issues. The survey was sent only to U.S. residents, and respondents were promised confidentiality.

Of the respondents, 91% were male and the median age was 50. BMETs comprised 53% of the survey respondents; clinical engineers and managers, 38%; educators, 2%; and other, 7%.

On average, respondents said they worked in the medical technology field for 21 years, the last 10 years with their current employer. The average respondent also planned to retire in 2024.



Robert King is the editor of AAMI News.
E-mail: rking@aami.org

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|--------------------------------|----------|
| No Specialty | \$65,000 |
| Radiology | \$69,000 |
| Laboratory | \$61,000 |
| Information Systems/Technology | \$62,000 |
| Other | \$67,500 |

Table 2. Median base salary by specialization.

Economy Makes an Impact

Seventy-two percent of the survey respondents said the economy had an effect on their jobs. The most common impact was pay, with 29% saying they did not receive a pay raise and 26% reporting a cut.

Another 26% said their benefits were reduced, while 27% had to assume more work amid hiring freezes and layoffs.

Less than one half of those surveyed—45%—said that the medical technology field is their first career. Of those who had other careers, the overwhelming majority came from other technical or mechanical jobs outside of healthcare.

Despite the flat salaries, some medical technology managers said they're optimistic about the future. "Medical equipment has to be serviced...I believe the future is still encouraging for the BMET and CE salaries," says Dave Braeutigam, director of biomedical engineering for Baylor Health Care System in Dallas. "The future of our field will continue to bring in more complicated equipment, which will require a higher skill set."

Others say the poor economy presents an opportunity for biomed to show their value financially to hospital leadership. "What I did find interesting is that the data supported the perception that the C-Suite still does not understand that biomed contributes directly to the bottom line through cost savings and avoidance," says Steve Bezanson, biomedical technology instructor for Dakota County Technical College in Rosemount, MN. "Biomed departments should have shown a growth spurt in my opinion."

Salaries Vary

As shown in previous surveys, income again varied by region of the country with the highest median base salary, \$72,140, in New England. Other regions held steady, including a base salary of \$64,000 for the Mid-Atlantic and Southwest. The South had the lowest base salary—\$60,500.

Income varied slightly by job titles as well, with BMET I earning a total base salary of \$48,000. Salaries rose slightly with BMET II receiving a total base salary of \$52,000 and BMET III, \$60,700.

Clinical engineers experienced the largest percentage gain in salary over the last year with average base salaries increasing by 4.5% from \$67,000 to \$70,000, while the salaries for most other jobs including entry level BMETs, clinical engineering supervisors, IT technologists, and educators remained flat.

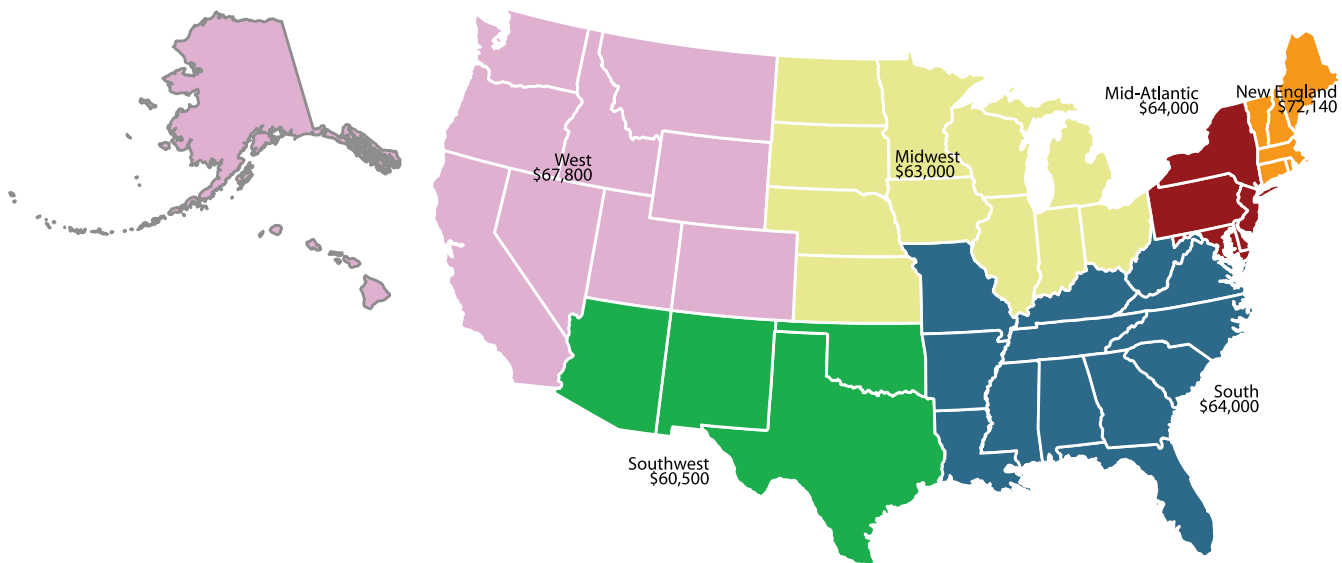


Figure 1. Median base compensation for 2010.

John Noblitt, BMET program director at Caldwell Community College in North Carolina, attributes a portion of the increase to “the need to attract the very best and brightest coming into the field.”

The starting salaries for BMETs have come a long way, but should be higher, one educator says. “Our starting salaries for BMETs fresh out of school have been averaging \$38,000 per year,” says Roger Bowles, professor and chairman of the Biomedical Equipment Technology Department at Texas State Technical College in Waco, TX. “When I started as a BMET I in 1991, average starting salaries were \$23,000 a year. So over the past 19 years, average starting salaries have increased by approximately

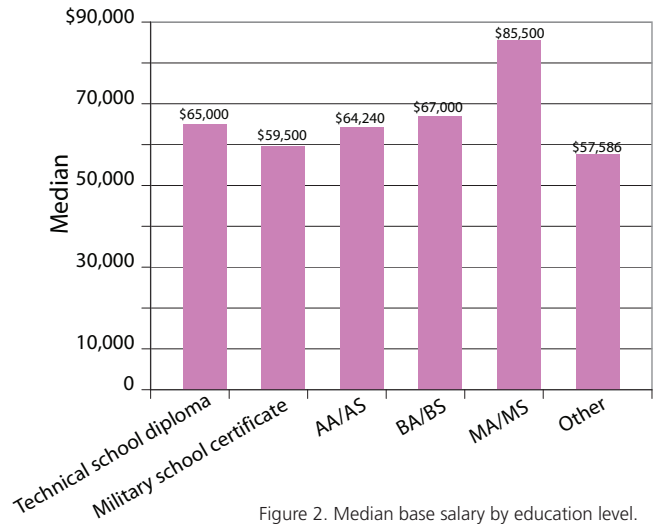


Figure 2. Median base salary by education level.

Job Titles Defined

Although job titles vary widely in the industry, the following job titles and descriptions were provided to survey respondents for the purposes of this survey.

BMET I—An entry-level or junior biomedical equipment technician (BMET). Works under close supervision. Performs skilled work on preventive maintenance, repair, safety testing, and recording functional test data. Not certified. Usually has less than four years of experience.

BMET II—A BMET who usually has a two-year degree or higher. Has good knowledge of schematics and works independently on repairs, safety testing, and preventive maintenance (PM). Maintains records, writes reports, and coordinates outside repairs. Average experience is eight years.

BMET III—A highly experienced or specialized BMET usually having an AS (two-year) degree or higher. Has substantial experience and may be certified (CBET). Does highly skilled work of considerable difficulty. Has comprehensive knowledge of practices, procedures, and types of equipment. Average experience is 12 years.

Equipment Specialist—A highly specialized BMET having special training or equivalent experience in lab equipment (LES) or radiology equipment (RES). Usually has an AS (two-year) degree or higher. Performs highly skilled work of considerable difficulty and may hold certification as CLES or CRES.

BMET Supervisor—A BMET who supervises others. Has a significant amount of training, education,

or equivalent experience. Most have a BS (four-year) degree or higher. Schedules and assigns work to subordinates, but also continues to do highly skilled repairs. Has comprehensive knowledge of practices, procedures, and types of equipment. Average experience is 13 years.

Clinical Engineer—A graduate engineer holding a BS, MS, or PhD. Performs engineering-level work of considerable difficulty. Has the ability to modify devices and do analysis of devices and systems.

Clinical Engineering Supervisor—A clinical engineer who supervises BMET/peer/subordinate clinical engineers; may also supervise equipment specialists. Usually degreed engineer at BA, MS, or PhD level. Average experience is 21 years.

Director/Department Manager—Most are educated or experienced as clinical engineers or BMETs, but others may be trained in administration or business or have extensive healthcare supervisory experience. Most have a significant amount of technical or management experience, and have the skills to select high-tech equipment, and acquire, maintain, and repair equipment. Supervises BMETS, clinical engineers, and support personnel. May also be the chief technology officer or vice president for healthcare technology.

IT Technologist/Technician—An IT technologist/technician manages projects in the areas of system administration, software development, and network security, and provides direct technical support in at least one of these areas.

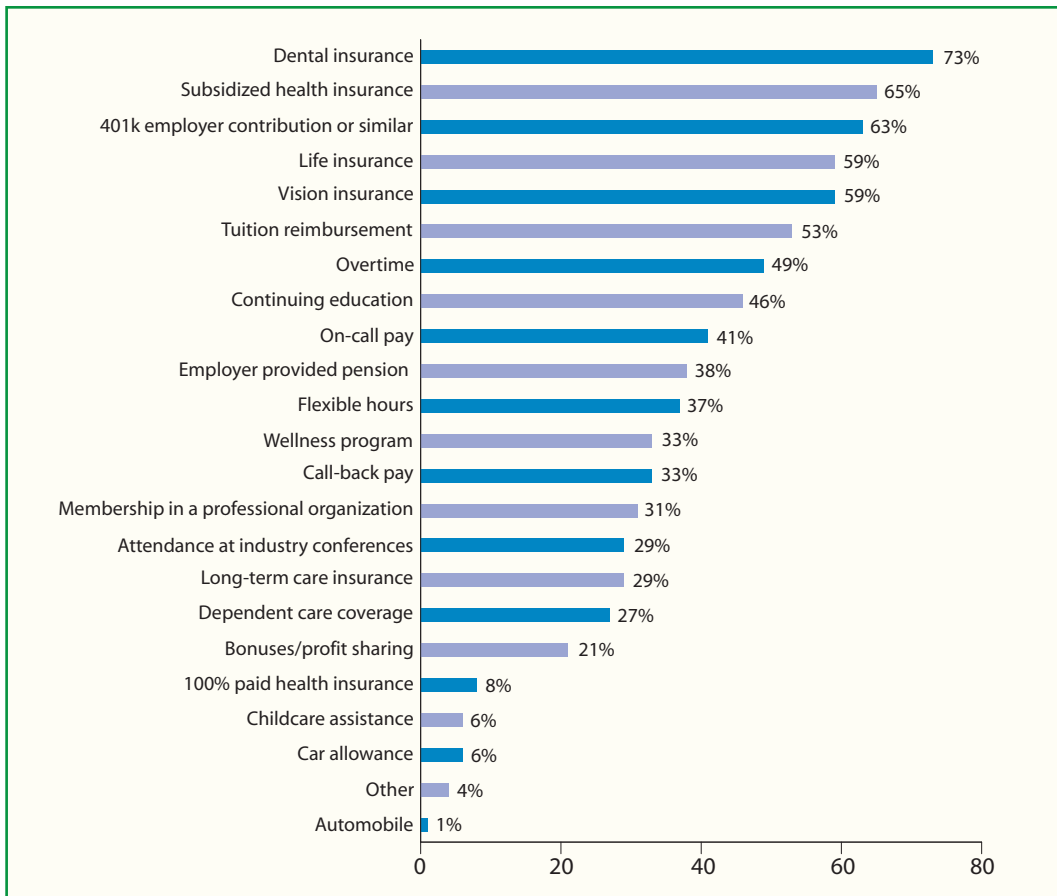


Figure 3. Percentage of respondents receiving fringe benefits.

65%. That may at first seem encouraging, but I believe that BMET salaries could be and should be higher. They will be if we embrace the changes that are occurring in healthcare and look for more places to add value. I believe this is already happening, and has been happening over the past few years with the shift in job emphasis from preventive maintenance and the ‘fix-it’ shop in the basement to roles in systems support, projects, education and training, infection control, and others. Accepting new challenges and marketing ourselves appropriately will be key.”

CE-IT Convergence Complications

Although the convergence of CE and information technology departments has gained attention in the profession, 77% of respondents said that IT and biomed departments remain separate. Only 5% of respondents said the departments have merged.

“ I believe the future is still encouraging for the BMET and CE salaries. —Dave Braeutigam

Of those that have separate CE and IT departments, relationships vary from cooperative to “hostile but polite.” As one respondent said, “We’re combative with a smile.”

The reporting structures for biomed departments vary greatly, with 7% of respondents saying CE/biomed reports to IT. Only 1% have IT reporting to CE/biomed. One respondent said his biomed department reports to housekeeping. As he put it, “Someone on the outside needs to help me. This place is clueless.” ■