Written Submission for the Pre-Budget Consultations in Advance of the 2022 Budget

From: The Canadian Association of Medical Radiation Technologists (CAMRT)

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CAMRT's Pre-Budget Recommendations

Recommendation 1:

That the Federal government work in collaboration with the provinces to address the historic backlogs in medical imaging with particular consideration for the growing human resources crisis in the medical radiation technologist (MRT) profession.

Recommendation 2:

That the Federal government establish a dedicated coordinating body to build and maintain a national repository of meaningful and responsive health human resources information.

Recommendation 3:

That the Federal government work with the provinces to help enshrine paid sick leave for all workers across Canada.

About Medical Radiation Technologists in Canada

Medical radiation technologists (MRTs) provide the essential link between compassionate care and the sophisticated medical imaging and therapeutic technologies that underpin modern healthcare. In total, there are more than 22,000 technologists working across Canada within the three medical imaging areas of radiologic technology, nuclear medicine, magnetic resonance, and in the practice of radiation therapy.

MRTs play an indispensable role in the Canadian healthcare system, contributing their expertise to ensure state-of-the-art diagnosis and treatment for millions of Canadians each year. It is estimated that nearly one in every three Canadians undergo medical imaging in each 6-month period,[1] where MRTs are responsible for producing detailed and high-quality diagnostic information critical for decision-making in patient care. MRTs working in radiation therapy play an integral role in cancer care, with 50% of all cancer patients receiving radiation treatment for their malignancies each year.

Whatever their specialization, MRTs use their expert knowledge of imaging and radiation therapy technology, together with an extensive understanding of the principles of anatomy, physiology and pathology, image acquisition, treatment and radiation safety to deliver quality care to their patients. As the professionals dealing directly with the delivery of medical radiation, as well as magnetic resonance, MRTs are also integral to ensuring the care provided is safe, appropriate, tailored, timely, and maximizes the potential of the available equipment and resources.

About the CAMRT

Established in 1942, the Canadian Association of Medical Radiation Technologists (CAMRT) is the national professional association and certifying body for radiological, nuclear medicine and magnetic resonance imaging technologists and radiation therapists. Recognized in Canada and internationally as a leading advocate for the profession of medical radiation technology, the CAMRT is an authoritative voice on the critical issues that affect its members and their practice. The CAMRT has successfully partnered with government and its agencies in the past to work towards a better healthcare system for Canadians.

[1] Harris Decima Omnibus Survey, January 2010.

Wait times and the human resources crisis in medical radiation technology

Medical radiation technologists care for and interact with patients at some of the most critical junctures in their care. Unfortunately, in 2022, the instances where MRTs interact with patients, particularly in medical imaging, are becoming bottlenecks for the Canadian healthcare system. Therefore, it is vitally important that these indispensable parts of the modern healthcare system work efficiently to minimize delays in care and maximize the care available to Canadians.

Lengthy wait times: a long-standing issue exacerbated by COVID-19

Before the pandemic, it was well known that long wait times for critical imaging exams like CT scans, MRI and PET were common in Canada. Before the pandemic, it was estimated that Canadians could wait 50 to 82 days for CT scans and 89 days for MRI imaging.[2]

COVID-19 and the measures used to contain its spread have prolonged wait times for patients even further. In 2020, lower priority exams were cancelled to keep patients out of hospitals. In the months since, the extra measures adopted to keep coronavirus at bay have kept imaging departments running at lower capacities. The Canadian Institute for Health Information (CIHI) estimated that the number of MRI scans decreased by over 25% in 2020 compared to 2019, and the reduction was 20% for CT scans.[3]

As a result, backlogs in these two examination types are enormous and there are massive numbers of patients on wait lists across the country. Some of the provinces that saw the most disruption from COVID-19 like Alberta, British Columbia and Manitoba, now see median wait times for MRI over 70 days. Patients in the lowest 10% of priority (200,000+ patients based on 2020 numbers) are waiting 6 months at a minimum, and up to a year.[4] This is despite Canadian targets of 30 to 60 days at the lengthiest.

Because these exams often come early in a patient's interaction with the healthcare system, delays of this magnitude for these vital diagnostic procedures create a cascade of further delays, leading to months of anxiety, uncertainty and unresolved health issues.

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[2] The Conference Board of Canada *The Value of Radiology, Part II.* Ottawa: 2019.
[3] Canadian Institute for Health Information. *Wait Times for Priority Procedures in Canada, 2021: Focus on the First 6 Months of the COVID-19 Pandemic*. Ottawa, ON: CIHI; 2021.
[4] Canadian Institute for Health Information. *Wait Times for Priority Procedures in Canada — Data Tables*. Ottawa, ON: CIHI; 2021.

A parallel crisis in human resources

Under better circumstances, governments would have more tools available to combat these backlogs. But the current wait times dilemma comes at the same time as a parallel crisis of extreme fatigue, burnout and staffing shortages in the medical radiation technologist (MRT) profession required to staff this recovery. And solutions that ignore the fact that healthcare is delivered by human beings, not machines – and that a healthy workforce is vital for a healthy and working system – are doomed to fail.

Growth in service (31% and 62% in CT and MRI respectively since 2010) have outpaced investment in human resources for many years.[5,6,7] During this time, while governments chose shortcut measures like extension of service time over investment in human resources to shorten their provincial wait times in MRI and CT scanning, they wore the workforce thin.

Burnout was a troubling issue for the MRT profession even before the pandemic, with more than a third of the workforce reporting signs of burnout in 2018. Our regular mental health surveys show that the pandemic pushed substantial numbers of MRTs to the breaking point.[8] In 2021, there was an 80% jump in MRTs reporting signs of burnout, meaning a full two-thirds (64%) of the workforce now toil through emotional exhaustion.[9]

Like the crisis playing out in other healthcare professions, stress and burnout in the MRT profession now appear to be leading to the loss of professionals from the workforce. Preliminary data from CAMRT's profession-wide HHR survey conducted in December 2021 reveal that vacancies in the specialty areas of CT imaging and MRI have risen three- to five-fold since 2019, now standing at 10% and 11%, respectively.[10]

70% of respondents to a survey conducted by the Canadian Association of Radiologists (CAR) in the summer of 2021 felt there were insufficient resources within the radiology departments they needed to tackle the backlogs. When asked what deficits needed most urgent attention, 70% identified health human resources as the major resource issue.[11]

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[5] Canadian *Agency* for Drugs and Technologies in Health. *The Canadian Medical Imaging Inventory 2019–2020*. Ottawa: CADTH; 2021 Jan.
[6] Canadian Institute for Health Information. *Canada's Health Care Providers, 2016 to 2020 — Data Tables*. Ottawa, ON: CIHI; 2022.
[7] Canadian Institute for Health Information, *Medical Radiation Technologists in Canada*, 2010
[8] Canadian Association of Medical Radiation Technologists. *The Mental Health of Medical Radiation Technologists in Canada*: 2021 Survey. 2021
[9] Ibid
[10] Canadian Association of Medical Radiation Technologists. Human Resources Survey: Medical Imaging and Radiation Therapy 2021, in publication.
[11] Canadian Association of Radiologists. The COVID Affect and Backlogs for Medical Imaging in Canada Available at: https://car.ca/news/the-covid-affect-and-backlogs-for-medical-imaging-in-canada/#more-16019.

Based on these facts and our own wealth of data from the MRT profession over a decade, the CAMRT believes it will be impossible to address wait times and the backlogs in medical imaging without due consideration for the professionals the system relies upon. Collectively, we need to recognize the true threat of working staff until they are overburdened for the sake of improving productivity metrics.[12] A profession exhibiting massive burnout is not at a good starting point to take on the workloads of historic proportions coming after this pandemic.

Investing in human resources for a return to normal in the healthcare system

The CAMRT is encouraged to hear the general agreement from political and healthcare leaders across the country that investment in critical medical imaging exams is good for patients, healthcare professionals and the public alike, and that it is necessary at this critical juncture to return the country and the healthcare system to a place of manageable equilibrium.

The Federal government has found and demonstrated a clear role for national leadership in health at many important junctures these past two years. It has proven that using its buying power to invest funds and partner with provinces at strategic times is a way to address Canada's most pressing healthcare issues successfully.

The Canadian public has taken notice of successful federal leadership in health and would welcome more through this recovery phase of the pandemic. For example, on the issue of medical imaging backlogs, a January 2020 poll of Canadians showed 90% public support for federal government investment to shorten wait times.[13]

With the established precedent for federal leadership and coordination on health, and with the vast support of the Canadian public:

The CAMRT calls on the Federal government to work in collaboration with the provinces to address the historic backlogs in medical imaging with particular consideration for the growing human resources crisis in the MRT profession.

[12] Canadian Association of Radiologists. Radiology Resumption of Clinical Services. Report Published May 8, 2020.
[13] National Survey. Conducted by Nanos for the Canadian Association of Radiologists, January 2022.Submission 2022-2065.

Establishment of a body to track the Canadian healthcare workforce

One of the issues plaguing study of this crisis and plans for a successful recovery is the dearth of data on the healthcare professionals in Canada. The current situation has shed light on this problem, and the need for better data across the country. Indeed, maintaining a thriving and functional healthcare system requires a thorough understanding of the capacity of the system to absorb new demands, and strategies to increase efficiency and reduce waste. As shown by existing agencies and other aspects of the federal health ministry, there is a clear role for federal investment and leadership in tracking pan-Canadian Health Human Resources. The merits of this approach have been established by the Canadian Health Workforce Network and it is supported by dozens of Canadian healthcare professional groups.[14]

So that future crises in healthcare can be addressed with a more accurate and complete understanding of the crises at hand:

The CAMRT calls on the Federal government to establish a dedicated coordinating body to build and maintain a national repository of meaningful and responsive health human resources information.

A national push for paid sick leave

The pandemic and its associated health burdens on the Canadian population have highlighted the importance of paid sick leave. It is a measure to ensure workers take care of themselves and prevent spread in the case of infectious illness.

While the CAMRT applauds the Federal government for the steps it took to amend the Canada Labour Code to provide ten days of paid sick leave, we note that millions of workers, including many Canadian MRTs do not work under areas of this federal legislation.

As an association representing tens of thousands of professionals, we are concerned about the lack of sick leave for members. Unfortunately, MRTs in Canada are subject to a patchwork of provincial sick leave legislation, which does not guarantee paid sick leave at all in more provinces than not. In addition, many MRTs, particularly those working in temporary, part-time or casual roles are subject to employer policies, which sadly do not strive to exceed the minimum standards present in provincial law.

The CAMRT calls on the Federal government to work with the provinces to help enshrine paid sick leave for all workers across Canada.

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[14] Canadian Health WorkForce Network. Call to Action - Help our Healthcare Heroes Now! Accessible at: https://docs.google.com/forms/d/e/1FAIpQLSdtUoIRLGTQrrGDpbgmBvYPMpfkLu-y-UAADeyeS6Ewqt7ohg/viewform.