



Written Submission for the Pre-Budget Consultations in Advance of the 2026 Budget

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

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Recommendations

CAMRT recommends that the Federal government:

- 1. Work in collaboration with the provinces to establish strategies and funding to address the historic backlogs in medical imaging with particular consideration for the human resources crisis in the MRT profession.**
- 2. Direct funding to provinces to increase the number of MRTs educated across Canada.**
- 3. Extend the student loan forgiveness program for healthcare professionals working in rural and remote communities to include the MRT profession.**
- 4. Continue to invest in programs specifically designed to address the mental health of the healthcare workforce.**

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, more than 22,000 technologists are working across Canada within the medical imaging areas of radiologic technology, nuclear medicine, magnetic resonance, and the practice of radiation therapy.

About the CAMRT

Established in 1942, the Canadian Association of Medical Radiation Technologists (CAMRT) is the national professional association and certifying body for MRTs. CAMRT is recognized in Canada and internationally as a leading advocate for the profession.

A strong, accessible, and well-supported healthcare system is the foundation of a thriving nation and is critical to the well-being of Canadians and the stability of communities across the country. Within this system, medical radiation technologists play a vital role.

Medical radiation technologists (MRTs) care for and interact with patients at some of the most critical junctures in their care. Millions of patients depend on medical imaging every year to help guide their diagnosis, care, and recovery. Hundreds of thousands more depend on highly targeted radiation therapy to treat their cancer.

Not only does the sustainability of the services MRTs provide directly underpin the overall health and function of the healthcare system, delays and declines in service mean that in 2025, medical imaging and radiation therapy have become bottlenecks for many other types of care for Canadians as well.

A system at risk: deep MRT shortages across the country

Data collected over more than a decade at CAMRT shows evidence of a deep and sustained shortage of MRTs in all medical imaging and radiation therapy. Surveys from all disciplines reveal workforce shortages in the 8-15% range nationally.¹ These high vacancy rates greatly hinder the ability of departments to function and deliver service, and for patients to access the care they expect from a modern healthcare system.

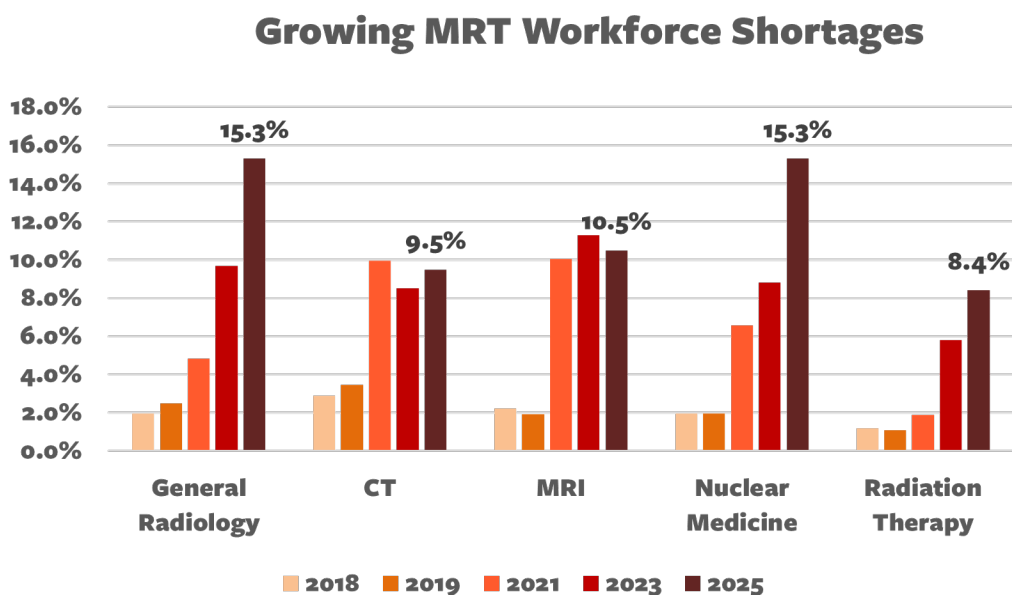


Figure 1. Vacancy rates reported in CAMRT's bi-annual Health Human Resources survey.¹

Wait times are being fueled by this shortage, but also by a continuous growth in demand for the valuable exams and procedures that have become essential to modern healthcare. For example, the demand for CT and MRI exams has grown well beyond the growth in MRT workforce numbers for almost a decade and a half. Six and a half million CT exams and 2.2 million MRI exams were conducted in 2022–2023, representing 58% and 53% increases over 2010 levels, respectively.² By contrast, investment in the MRT workforce did not keep pace — its growth over the same decade was 27%, well below the growth in exams performed.³

These bottlenecks in medical radiation technology keep occurring due to chronic underinvestment in its workforce. CAMRT estimated in 2024 that 2,000 MRTs would have been required to restore medical imaging and radiation therapy to a workforce suited to the demands of the Canadian population. With lack of response, and growing vacancies, this number has surely grown.

Shortages affect professionals, their patients and all Canadians

MRT Burnout

Without adequate investment in staffing, MRTs are consistently being asked to do more with less. The measures typically imposed on the workforce (like running services 24 hours a day and over weekends) have worn the critical MRT workforce thin.

CAMRT’s research reveals a troubling picture of how all these factors are combining to build a cycle of burnout, departures from the profession and rising vacancy levels across Canada. National mental health surveys conducted by CAMRT show that 70% of MRT respondents now exhibit high levels of emotional exhaustion.⁴

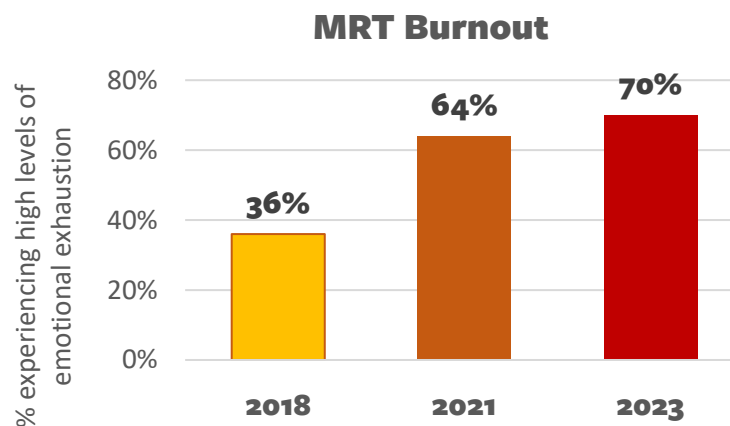


Figure 2. MRTs reporting symptoms of burnout, CAMRT Mental Health surveys^{4,5}

Patients waiting too long

The crisis in the MRT workforce has very real implications for Canadians and the Canadian healthcare system. In several instances, severe shortages have caused temporary and even long-term closures of hospital departments, reducing access for many. More generally, they manifest in greater wait times, which since 2019 have reached historic highs in many places across the country.,⁶

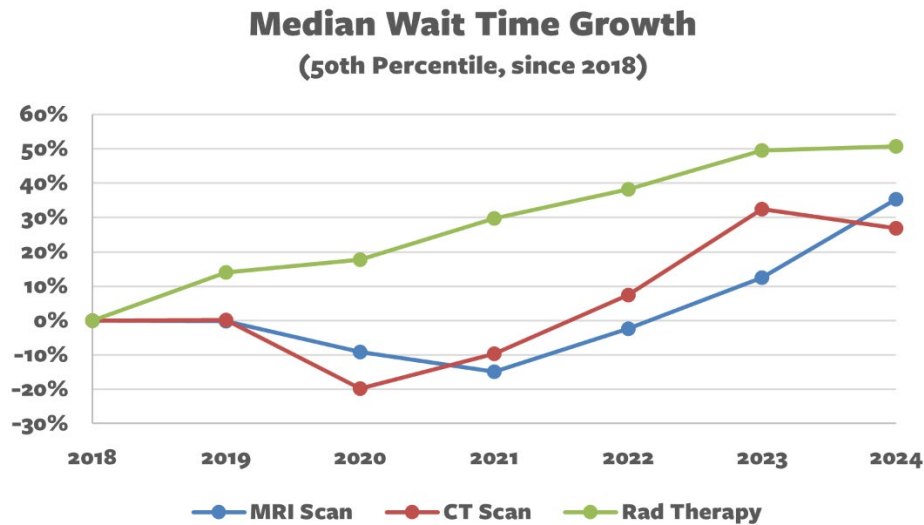


Figure 3. Relative growth in median wait times on three priority procedures⁶

Canada has struggled with long wait times for critical imaging exams like CT scans, PET scans, and MRIs for years, and these are now entrenched in many parts of the country. The latest CIHI data from 2024 showed the national median wait time for an MRI scan is sitting at 49 days.⁶ Ten percent of patients are waiting 198 days, with wait times up to 382 days in some provinces, well in excess of the target of 60 days for this essential component of patient care.⁶ Radiation therapy wait times have also seen a marked increase since the pandemic. Certain provinces are now only able to treat 84% of their patients within the recommended timeframes.⁶

Because imaging exams often come early in a patient's interaction with the healthcare system, these delays affect Canadians in many ways:

- Delays in diagnosis and management/treatment for their conditions
- Worsening of symptoms and prognoses (e.g., cancer discovered at later stages)
- Anxiety and psychological distress while waiting
- Time off work for patients and caregivers

The consequences for Canada

Wait times also have an enormous impact on the Canadian economy. A 2025 study by Deloitte, commissioned by the Canadian Association of Radiologists (CAR), and in concert with CAMRT and Sonography Canada, showed that 14% of those waiting for CT scans and 18% of those waiting for MRIs needed to quit work while they waited.⁷ On aggregate, an estimated 2.0 million people had to stop work for some period of time while waiting for a diagnostic imaging scan.⁷

The same analysis estimated that delayed diagnostics annually cost the Canadian economy:⁷

- **\$17.9 billion** in lost employment income,
- **\$64.2 billion** in lost GDP; and
- **\$6.1 billion** in lost tax revenues for government treasuries

Healthcare Remains a Priority

When the federal government released its priorities this year, it was understandable that collaborative relationships with neighbouring countries and various measures to improve the Canadian economy took precedent. While it is encouraging to see the Canadian government take charge on those issues, urgent and ongoing needs within our healthcare system remain.

In fact, as the \$64 billion loss due to imaging wait times shows, the health of the Canadian economy relies on the health of the country as a whole. The need to act in support of medical imaging and radiation therapy to ensure a healthy Canada has never been clearer.

Beyond backlogs and bottlenecks

The MRT profession is entrenched in a shortage situation. With an aging population, demand will only continue to grow. The current situation is leading to increasing wait times, which cost Canadians healthy years and the Canadian economy billions.⁷ Canadians need investment in medical imaging and radiation therapy to sustain their basic access to healthcare.

Recently, the Federal government has demonstrated a clear role for national leadership in health. The Canadian public has taken note and understands that the Canadian economy relies on healthy Canadians. Polling shows that the vast majority are supportive of investment that would increase their access to care through medical imaging and radiation therapy.⁸

As such, the CAMRT calls on the Federal government to **work in collaboration with the provinces to establish strategies and funding to address the historic backlogs in medical imaging, with particular consideration for the human resources crisis in the MRT profession.**

The primary means by which meaningful numbers of MRTs can be added to the Canadian workforce is through MRT education in Canada. The current supply of Canadian graduates from the MRT education programs is not meeting the current needs, let alone future needs. Because MRT education is specialized (with disciplines like MRI, nuclear medicine, and radiation therapy), not every province has the capacity to educate its own MRT workforce.

CAMRT believes the Federal government is uniquely placed to help provinces address these gaps and ensure all Canadians continue to have access to a healthy MRT workforce, so that provinces do not have to rely solely on investments from neighbouring provinces to fund places to educate their healthcare professionals. Making funding available to provinces in this area will help ensure equitable access for students to this specialized education and, by consequence, equitable access for patients to this specialized care.

As part of its leadership on health workforce initiatives, the CAMRT recommends that the Federal government **direct funding to provinces to increase the number of MRTs educated across Canada.**

Forgive loans for MRTs

CAMRT data shows that vacancies in smaller urban and rural settings greatly exceed the numbers in big urban centres (14.3% vs. 8.3% for MRTs overall).¹ The Government of Canada offers Canada Student Loan forgiveness to eligible health-care professionals to relocate or return to a rural or remote community. But despite requests made over a number of years, MRTs remain ineligible.

Given the vital role the MRT profession plays in the delivery of healthcare to Canadians in rural and remote locations, and the evidence suggesting a clear benefit for such a shift:

The CAMRT calls on the Federal government to **extend the student loan forgiveness program for healthcare professionals working in rural and remote communities to include the MRT profession.**

Support the existing workforce

As detailed in this report, the rate of burnout in the MRT profession is now double what it was in 2018.^{4,5} This decline in mental health poses a risk for increased exits from the profession, leaves of absence, and a further exacerbation of the workforce crisis.

CAMRT maintains that retention of the current workforce is the primary strategy for maintaining a functional MRT workforce and access to vital medical imaging and radiation therapy for Canadians.

The CAMRT calls on the Federal government to work with the provinces and territories to **continue to invest in programs specifically designed to address the mental health of the healthcare workforce.**

References

1. CAMRT. [2025 CAMRT Health Human Resources Survey] [Unpublished internal data]. 2025.
2. Canadian Agency for Drugs and Technologies in Health. *The Canadian Medical Imaging Inventory 2022-2023*. Ottawa: CADTH; 2024.
3. Canadian Institute for Health Information. *Canada's Health Care Providers, 2017 to 2021 – Data Tables*. Ottawa, ON: CIHI; 2022.
4. CAMRT. *The Mental Health of Medical Radiation Technologists in Canada: 2023 Survey*.
5. CAMRT. *The Mental Health of Medical Radiation Technologists in Canada: 2021 Survey*. 2021
6. Canadian Institute for Health Information. *Wait Times for Priority Procedures in Canada – Data Tables*. Ottawa, ON: CIHI; 2024.
7. Deloitte Canada. *The Impact of Delayed Medical Imaging in Canada*. Deloitte LLP: July 2025.
8. National Survey. Conducted by Nanos for the Canadian Association of Radiologists, January 2022.Submission 2022-2065.