

YOUR VOICE IN ACTION

CAMRT SPRING ADVOCACY UPDATE

Submitted by Christopher Topham

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Working on the MRT workforce crisis is like working on dozens of crises at the same time. Each discipline generates its own priorities. Each province offers a different starting point. And each combination demands a slightly different take and set of solutions.

Over the past several years, CAMRT has significantly ramped up its ability to speak to governments, unions, employers, and other parties from a position of informed authority. It begins with the data and knowledge we collect on our own profession, positioning CAMRT as the voice everyone wants in the room when decisions are made. And it is strengthened by our growing team of advocates on staff (the advocacy team and CAMRT's provincial managers).

With all this capacity, CAMRT is able to do what it takes to work across many fronts and collaborate with an ever-growing list of partners to advance the MRT cause. Below are some of the highlights of our advocacy this spring:

CAR, the Conference Board and the Medical Imaging Workforce

CAMRT has been collaborating with the Canadian Association of Radiologists (CAR) and other partners in the medical imaging ecosystem for years now to encourage greater investment in medical imaging, particularly in workforce. This spring, we have been taking part in two newer initiatives that we hope will bolster the case and help us continue to make progress as we speak to governments about this issue.

- With CAR, we have been working on a project to model the cost of long wait times in medical imaging. Components of this work include extensive public opinion polling and economic modelling done by the accounting firm, Deloitte. We expect preliminary analysis to be presented to us soon, and plan to work with CAR and Sonography Canada to address this work in advocacy and public relations.
- The Conference Board of Canada received funding and a mandate to study workforce in five key and essential health professions. This work includes MRTs, and CAMRT has been partnering with the Conference Board to source the best possible data for analysis.

This work, paired with our own data (we are currently gathering data in our 7th iteration of the bi-annual MRT Health Human Resources (HHR) survey), will arm our many CAMRT advocates with diverse, current information to bring to governments and employers across the country.

CAPCA, Advanced Practice and the Radiation Oncology Workforce

In the fall, CAMRT had the opportunity to work extensively with partners from across the oncology workforce as we came together for a summit with the Canadian Association of Provincial Cancer Authorities (CAPCA). CAPCA has now published insights and recommendations from that summit in their report, entitled: [Pan-Canadian Strategic Oncology Workforce Report: A Focus on Key Oncology Professions](#). As in medical imaging, this report will add to the arsenal of tools in our advocacy belt as we make the case for increases in radiation therapy student numbers, retention efforts and long-term workforce planning.

A key section of the CAPCA report recognizes the importance of "Strengthening Models of Care and New Roles" to help navigate the next few years in Canadian radiation oncology. Led by our exceptional volunteers on the APRT(T) Regulation Task Force, CAMRT is making simultaneous pushes for advanced practice roles in radiation therapy and for its inclusion in provincial regulation with regulatory colleges.

Exciting progress has been made in Alberta and Nova Scotia, and our advocacy teams in those provinces and others are working to engage with partners to advance these roles and their incorporation into the mainstream. We hope to be able to share the specifics and more news as the developments progress this year.



CNIC, CANM and preparing for the coming of Theranostics

The field of nuclear medicine presents some unique challenges in workforce advocacy. Unlike MRI, which can be obtained as a second discipline, nuclear medicine education is only obtained via education at the first discipline level, over multiple years. And unlike radiography, where programs can be found in every province, nuclear medicine education is only found in five provinces. This has proven to be a problem in a crisis of workforce, as provinces compete with one another for professionals.

A special set of challenges warrants a special approach, which is why CAMRT is pleased to be working with the Canadian Association of Nuclear Medicine (CANM) and other partners like the Canadian Nuclear Isotope Council (CNIC) to shed light on these issues.

A robust MRT workforce is particularly important as Canadian healthcare prepares for the influx of theranostics products currently in clinical trials across the world. CAMRT Director of Advocacy and Communication, Chris Topham, was invited to speak at the recent CNIC Theranostics Leaders' Summit on a panel dedicated to nuclear medicine workforce. The leaders in theranostics, across all industries involved, left with a true appreciation for the importance of MRTs in delivering the dream of even more personalized care to Canadians with cancer and other conditions.

CAMRT and its provincial arms also continue to advocate for investments in nuclear medicine and NM technologists for their important work today and to prepare the ground for this exciting future.

Elections, Governments and Getting Our Voice Heard

Another key feature of early 2025 and late 2024 was the elections. April's federal election ended a run of elections held since October in BC, New Brunswick, Saskatchewan, Nova Scotia and Ontario. In the latest federal election, CAMRT members answered the call as 675 letters were sent to 376 different election candidates across hundreds of ridings. We have since sent follow-ups to dozens of ministers, new MPs, and returning MPs referencing the concerns of their constituents. We look forward to continuing to convey your concerns as we meet some of these elected officials in the fall.

The MRT voice is getting through. We continue to be called to collaborate with government workforce initiatives in the provinces we work in and to have meetings with ministers and other key officials. See the Provincial updates in this issue for more details on advocacy where you are.

Healthcare is Personal, not Provincial

The tired refrain that healthcare is provincial could not be further from the truth. This time of change and reform has seen astounding coalition-building and collaboration across provinces as each jurisdiction seeks to learn from every other to address a crisis. To be an effective advocate means working across jurisdictions and monitoring for good ideas in one place that can be used in many other locales.

CAMRT's reputation for collaboration, our pan-Canadian view, and our unique capacity to advocate for MRTs in all corners of the country (with customized approaches) make us the strongest advocates for you. Follow our updates in newsletters, Dispatches and social media channels to hear what we are doing for you as MRTs.

The only thing that makes us stronger is your participation. We thank all of you who engage with us in surveys and other forums, and we encourage those of you who haven't dabbled in that yet to try it the next time you get the chance.

CALL FOR SUBMISSIONS

CAMRT NEWSLETTER MEMBER STORIES



CAMRT invites members to submit personal or professional stories for consideration in upcoming issues of the CAMRT Newsletter.

We are seeking thoughtful, reflective contributions that highlight the diverse experiences of MRTs across all disciplines and career stages. Whether you wish to share insights from your clinical practice, a pivotal career moment, a professional challenge, or your journey into the profession, we welcome your voice.

Help us showcase the depth, passion, and professionalism of our CAMRT community—we look forward to hearing from you!

**Contact :**

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