CSMLS SCSLM

Canadian Society for Medical Laboratory Science
Société canadienne de science de laboratoire médical

Submission To:

House of Commons Standing Committee on Finance Pre-budget Consultations

About CSMLS

The Canadian Society for Medical Laboratory Science (CSMLS) is the national certifying body and professional association for medical laboratory technologists and medical laboratory assistants. CSMLS is a national not-for-profit association that is funded entirely by membership dues and revenues from goods and services. We do not receive operational funding from governments or other organizations.

Incorporated in 1937, the CSMLS has a long history of leading the medical laboratory profession by setting the standards of practice in the industry. We have continued to grow and develop in order to represent the professional interests to 14,500 of our members in Canada and in countries around the world.

About Medical Laboratory Professionals

Medical laboratory professionals play a vital role in Canada's health care system, generating over 440 million results each year. With technical expertise, they provide the analysis of accurate, life-saving laboratory results that guide the diagnosis and treatment of patients.

Our members practice in hospital laboratories, private medical laboratories, public health laboratories, government laboratories, research and educational institutions. Our members are proud and passionate about their valuable contributions to patient care.

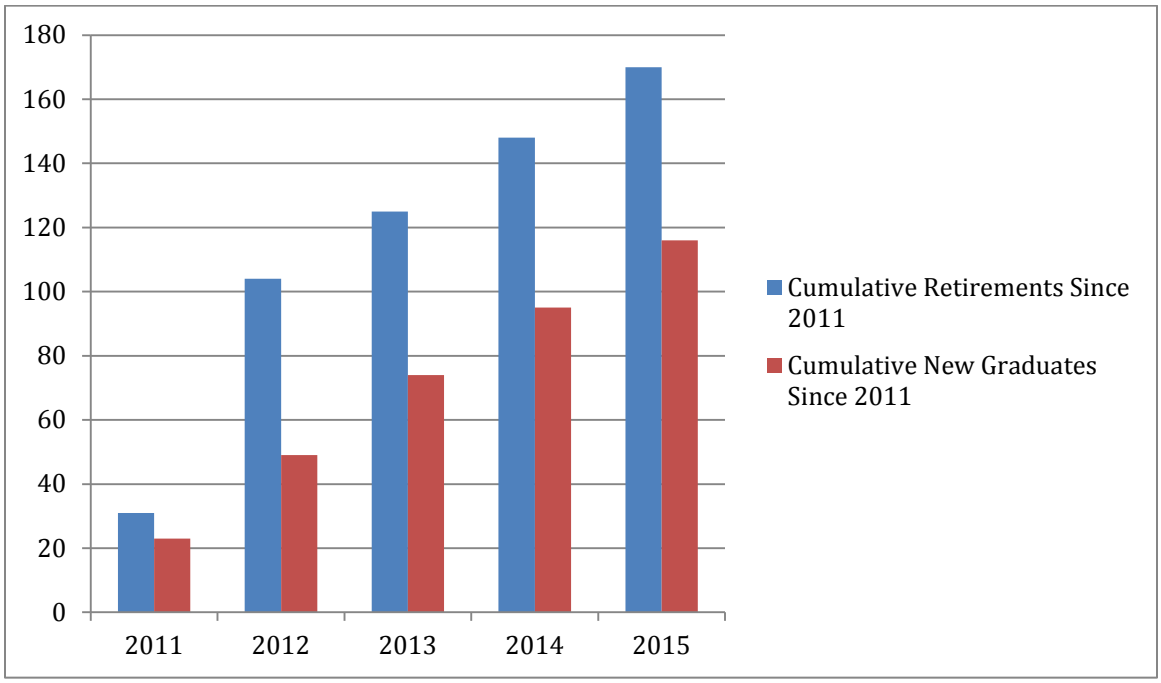
Medical Laboratory Science in Canada: A Need for Action

Canada is facing a serious shortage of medical laboratory technologists (MLTs). About half of all MLTs will be eligible to retire in the next ten years. These shortages are already being felt in our rural and remote communities and the impending retirements will exacerbate this issue. The current supply of new MLT graduates is not sufficient to offset the projected retirement numbers.

A shortage of MLTs has a cascading effect throughout the medical system, as delayed diagnosis means delayed treatment. This is undesirable in any situation, but is all the worse given Canada's aging population will inevitably mean increased demand for medical services.

To illustrate the widening gap between the number of retirements and the number of new practitioners entering this important health care field, consider the following data from the province of Manitoba. A similar trend is taking place across the country.

Trend of Retirees vs New Graduates in Manitoba



Data via College of Medical Laboratory Technologists of Manitoba

The federal government can play a lead role in ensuring that all Canadians have access to essential medical services. This submission recommends addressing the shortage through:

1. Increasing the domestic supply of new MLTs by removing academic bottlenecks
2. Better integration of internationally educated lab professionals into the Canadian workforce
3. Incentive programs to recruit MLTs to rural and remote communities

1. Remove the Academic Bottleneck to Training New MLTs

All medical laboratory technology students must undertake a clinical placement (internship) as part of their educational program. Programs cannot increase spots without corresponding clinical placements, making this a bottleneck in the system. These spots are scarce due to staffing shortages, crushing workloads and lack of dedicated education personnel.

What is needed is:

1.1 Targeted funding for dedicated clinical educators to support onsite clinical education

1.2 Targeted funding for research into the value and effectiveness of clinical simulation

Increased funding for onsite education will increase available spots and help to address the problem in the short term. But as a long term solution, it is also important to evaluate if

clinical simulation can effectively supplement or replace onsite education, which could allow a more effective use of limited resources.

To do this, simulation research at a Pan-Canadian level is required to create and evaluate curricula to ensure an evidence-based knowledge translation approach to the teaching and learning of students. Utilizing research methodology comparable to clinical trials is warranted in the comparison of the simulation curricula against the practical experience gained during clinical placements. The results of such a study would finally put to rest the answer associated with supporting or rejecting a shift (and the degree of that shift) in learning paradigms to incorporate further simulation.

If validated by this research, simulation stands to help increase the capacity of our existing educational programs and ensure that the increased throughput does not come at a cost to patient safety.

2. Better integration of internationally educated lab professionals into the Canadian workforce

Bridging training programs help qualified internationally trained individuals to successfully integrate into the labour market faster. These programs assess existing skills and competencies, and compare them to provincial or local employer expectations. Where gaps are identified, the program provides appropriate guidance, training and Canadian workplace experience.

Most internationally educated laboratory professionals require upgrading their education and experience to bring them up to Canadian standards. Internationally educated MLTs who complete a bridging program are more successful on the national certification examination.

What is needed is:

2.1 Long-term and sustainable funding for these programs to facilitate quicker entry into the workforce

2.2 Funding for not-for-profit organizations, such as CSMLS, to offset costs associated with Prior Learning Assessment (PLA) and integration

Funding for not-for-profit organizations, such as CSMLS, to offset costs associated with Prior Learning Assessment (PLA) and integration is also warranted. CSMLS consistently receives approximately 600 self-identified internationally educated MLTs through immigration annually. Over 90% of internationally educated MLTs who apply to the CSMLS's PLA process are not equivalent to the Canadian standard. CSMLS provides them with a learning plan, which consists of courses that will help them to address the gaps. Fulfilling the learning plan is costly and time-consuming not only for the internationally educated MLTs but also CSMLS.

Assisting with bridging training helps address the growing gap between MLT training and retirement, benefitting the health system. As an added benefit, this makes it easier for new Canadians to practice in their chosen field, which should lead to improved economic outcomes earlier and better use of their skills and expertise.

3. Incentive programs to recruit MLTs to rural and remote communities

Approximately 30 percent of Canada's total population lives in rural and remote areas of the country, according to the Centre for Rural and Northern Health Research.

As with other health professions, recruiting new medical laboratory technologist graduates to rural and remote communities is a significant challenge for Canadian medical laboratories. Vacancy rates are generally higher in rural and remote communities than in urban settings and the effect of vacant rural and remote positions is felt more strongly as they typically employ fewer MLTs (e.g., 1 or 2 MLTs).

The negative effect of vacancies can include increased overtime and sick leave for employees, the unnecessary transfer of patient samples to other laboratory facilities, and slower turnaround times for patient results (increasing both time and cost). These negative effects lead to employee retention challenges, which further burden the health care system through increased time/cost delegated to train and orient new staff.

Issues facing the recruitment and retention of MLTs in rural and remote communities have a direct effect on the health care available to the residents in those communities. Citizens, regardless of where they live, must have access to accurate and timely laboratory services.

In order to combat the shortage of health care professionals in rural communities, the federal government has committed to forgive a portion of Canada Student Loans for new family physicians (up to $8,000 per year to a maximum of $40,000) and nurse practitioners and nurses (up to $4,000 per year to a maximum of $20,000). While most medical laboratory technologists (MLTs) enter the workforce after a 3- or 4-year college program, a large percentage of students have university education prior to entering their MLT training program. At The Michener Institute, which has one of the largest MLT programs in the country, 92% of the students hold an undergraduate degree or higher prior to admission. Therefore the level of debt an MLT may graduate with is higher than that of other professions with a college diploma as the entry to practice requirement.

What is needed is:

3.1 Inclusion of MLTs in existing federal incentive programs which seek to bring healthcare professionals to rural and remote communities

Given the vital role medical laboratory technologists play as part of the patient care team, they should be included in incentive programs whether they are targeted for rural and remote communities or not. Attracting doctors and nurses to rural and remote regions of Canada is laudable, but without qualified professionals to generate lab results, quality patient care is impossible.

For more information on this submission, please contact:

Christine Nielsen, BHA, MLT, CAE
Chief Executive Officer
Canadian Society for Medical Laboratory Science

T: 905-667-8684 • 1-800-263-8277 x8684
F: 905-528-4968
www.csmls.org