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BUDGET SUBMISSION



204-772-0425



www.mahcp.ca

MAHCP represents more than 7,000 specialized allied health professionals delivering essential health care and social services across our province. These are the paramedics, therapists, technologists, counsellors and many others who are a part of every patient's journey, from emergency medical response to diagnosis, and from treatment through to recovery.

Allied health professionals are in hospitals and clinics, in labs and ambulances, in ICUs and in the community. Health care is more than doctors and nurses, and Manitobans rely on our allied health members to be there when they need them.

The perfect storm: How did we get here?

Due to years of cuts, closures and consolidations, exacerbated by the overwhelming demands of the pandemic, a **severely understaffed and underfunded allied health sector** is struggling to deliver the critical services Manitobans need.

The sector's **growing vacancy rates** have compromised patient services, creating circumstances in which Manitobans find themselves waiting longer and travelling further from home to access the care they need.

High vacancy rates have resulted in **unreasonable, prolonged levels of overtime**, eroding morale, depleting resilience levels, and leading to burnout and rates of attrition we cannot afford.

In many cases, allied health professionals have chosen early retirement, or have moved to other professions or other jurisdictions with better wages and better working conditions.



WAGE DISPARITY



Wage disparity, is, by far, the most significant factor contributing to the allied health staffing crisis. Your government cannot fix health care without addressing wages.

In July 2023, MAHCP central table contracts were finally ratified after five years without a contract.

As a result of lengthy delays in contract negotiations, compensation for allied health professionals had fallen so far behind other jurisdictions, it had become increasingly difficult to keep them in Manitoba, let alone to attract new recruits.

Although we made some headway in addressing long-standing wage disparities for some allied health professionals during the last round of bargaining, **wages for many high-demand allied health professions still lag significantly behind other jurisdictions. Manitoba is not competitive.**

EXAMPLE: Some of our rural members, such as paramedics, still lag behind their City of Winnipeg counterparts, in spite of an election promise to ensure wage parity. **This inequity contributes to rural communities being dangerously short-staffed, and to rural residents waiting too long for life-saving emergency medical response.**

The cycle of austerity continues.

Shared Health continues to leave vacancies unfilled. These actions perpetuate the cycle of austerity, lead to chronic understaffing and cause patient care to suffer.



PRIVATIZATION: A GRAVE CONCERN

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Instead of investing in increased staffing, the former Government of Manitoba demanded 'savings' and reached for privatized solutions with alarming frequency.

Privatization trends are well documented in nursing, and your government has pledged to reverse course and reduce over-reliance on agency nursing. However, privatization trends can be seen in areas such as diagnostic imaging, physiotherapy, emergency medical response, patient transport and sleep disorder studies.

MAHCP is deeply concerned about privatization for several reasons, including:

- Privatization is often framed as a short-term solution but can become entrenched and erode public health care.
- Private health care provision has been shown to be significantly more costly than publicly delivered care:
 - A [recent study from Quebec](#) shows some private procedures costing twice as much or more than the same tests and surgeries performed in the public system.
 - Sleep disorder studies serve as an example closer to home. A Manitoba contract with private firm Cerebra has been described as a "fiasco," and shown to [cost at least 70 per cent more than publicly-delivered services. Only 15 per cent of promised tests were delivered in the initial contract period](#) and some patients were referred back to the public clinic.
- Third-party contracts can lead to ["duplication, fragmentation, or inefficiencies in the delivery of care for patients,"](#) according to Doctors Manitoba.
- Private companies are not directly accountable to patients or the public, since they may not be required to report on health outcomes to the same extent. Public system accountability enables operations to be assessed, streamlined, and adjusted, and for consistency and professional standards to be applied.
- There are a limited number of specialized professionals available. Private companies compete with the public system for staff, further exacerbating staffing shortages.

Funds dedicated to private providers would have far greater impact if invested in the public system because they can build the long-term capacity we will need to meet future demand.

3 LACK OF TRAINING EXPANSIONS TO MEET GROWING DEMAND

Demand for new hires has far outstripped training capacity in most high-demand professions.

The previous government belatedly expanded respiratory therapy seats (16 to 40) and reinstated the advanced care paramedic program at RRC Polytech after pausing it. However, most professions have not been reviewed, and some (e.g., rotating rural primary care paramedic training) have been cut.

Many allied health professions require years of training, depending on specialization. **Current programs are either insufficient to meet system needs** (e.g., paramedic, laboratory technologist) **or do not exist at all in Manitoba** (e.g., training for professions like nuclear medicine technologist, cardiology technologist, speech language pathologist, audiologist and orthotist/prosthetist).

As a result, many would-be allied health professionals must currently leave the province to receive the advanced training they require to practice their specialized professions. Some never return, instead finding jobs and making homes in B.C., Alberta, Ontario or elsewhere. While it may not be feasible for Manitoba to offer training for every specialized discipline, it does make sense for some professions.

Manitoba must increase training capacity for specialized allied health professions [as other jurisdictions have done](#).

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WORKPLACE CULTURE BREAKDOWN

A leaked 2022 Deloitte report provided recommendations to support the resilience and well-being of Manitoba's healthcare workers, while revealing pervasive burnout.

More than two-thirds (68%) of employees said they were experiencing burnout and more than half (54%) were seriously considering leaving their jobs.

Perspectives about cause pointed to workload, hours and shifts, and lack of support from managers. It's important to note that both of these metrics were higher in Manitoba than in other parts of Canada.

The patient experience

Manitobans are experiencing firsthand the direct impact of underinvestment in the health-care system and the professionals who sustain it. Here are just a few examples of the allied health staffing crisis:



- **Waiting up to 10 minutes for a response to a rural or Northern emergency medical 911 phone call** due to severe staffing shortages, while those taking calls move desperately from one to the next without any time to debrief or decompress.
- **Increasing rural ambulance response times and closed EMS stations:** In Manitoba, as of May 2023, ambulance response times had increased by roughly 30 per cent since 2018 due to a staggering 40 per cent vacancy rate among rural paramedics.
- **More frequent intermittent closures of rural emergency rooms**, including those in Roblin and Eriksdale, which were forced to shut down for extended periods due to lack of diagnostic staff.
- **In 2023, 34.1 per cent, or one in three patients, left Winnipeg emergency rooms and urgent care centres without receiving care.** Shockingly, this represents a dramatic increase over 2022, a year which marked a five-year high, and when 13 per cent of all patients left Winnipeg emergency rooms and urgent care centres without receiving care.

Skyrocketing ER wait times, although complex and multi-faceted, are caused in part due to a lack of allied health professionals in both hospital and community settings. **More allied health professionals means better care for Manitobans.**

Diagnostics

- **Unacceptable wait times for diagnostic procedures**, from MRIs to mammograms. Median wait times for MRI rose to 20 weeks in 2023 and were as high as 34 weeks at Grace Hospital.
- Residents in rural Manitoba communities **travelling farther to access basic diagnostic services** including lab work and X-ray.
- **Dire situations in rural and Northern laboratories**, which are essential to keeping emergency rooms operational. The Thompson General Hospital (TGH) lab had 14 laboratory technologists just a few years ago. It is now down to just two technologists who are working an unprecedented amount of overtime and on-call hours to maintain essential lab services. This situation is unsustainable and threatens the viability of the emergency room in that vital Northern hub if lab services are interrupted. The TGH Microbiology Department had already been eliminated, requiring certain test results to be shipped south to Brandon for processing.

Treatment

- **Growing wait lists for mental health and addictions services**, further aggravating ER wait times, as Manitobans unable to access appropriate care in community settings seek out care in our emergency rooms.
- **Limited access to key rehabilitation services and assessment**, including physiotherapy, occupational therapy, audiology and speech language pathology.



Recommendations

Budget 2024 must account for the aggressive retention, recruitment and training efforts required to address Manitoba's allied health staffing crisis. MAHCP proposes three inter-connected investment areas to bolster retention and recruitment, resulting in a properly staffed and resilient health-care system leveraging a team-based care model.



1

Focus on critical retention and recruitment initiatives.

As we move into collective bargaining this year with the imminent expiry of our central table contracts, we must continue working together to make Manitoba a competitive landscape for health-care professionals. Manitoba must compete in order to retain and recruit allied health professionals in high-demand, high-vacancy professions, such as diagnostic imaging and medical laboratory technology.

The most recent MAHCP central table agreement expires on March 31, 2024. It reflected a 9.35 per cent non-compounded general wage increase over five years (2018 to 2024) and an overall three per cent market adjustment, however, inflation has risen by 17.5 per cent so far over this same period.

Equally important, allied health has fallen far behind our nursing and physician colleagues in the last two decades with respect to wage gains, with a predictably negative impact on retention. Allied health professionals require specialized training that, in many cases, exceeds requirements in other sectors and should be treated equally. In addition, they are often harder to replace once we lose them.

Some professional/technical categories received long-overdue increases (some of which can be attributed to vocal professional advocacy groups applying mounting political pressure), while other allied health professions have been left behind.

Bottom line: We must acknowledge there have been winners and losers, and that there is still significant work to be done to retain experienced allied health professionals while attracting new staff to the sector to fill vacancies and address growing system demands.

Recommendation 1.1: *Bargain, ratify and fund, expediently, new allied health contracts to ensure competitive wages and employment benefits and terms.*

Recommendation 1.2: *Examine all current allied health position vacancies across the province, post and fill wherever possible, with the goal of addressing growing wait times and stemming further attrition.*

Recommendation 1.3: *Implement recruitment and retention incentives for rural and remote postings, and for other high-demand, high-vacancy professions. (See [Government of Saskatchewan's Rural and Remote Recruitment Initiative](#); [Government of Ontario's Northern Health Programs](#).)*



2

Deliver much-needed improvements to health-care employee benefits and supports, to bolster staff resilience and boost Manitoba's competitiveness.

On January 20, 2023, health-care employers and health-care unions were informed that HEBP had undertaken a long overdue review of its Group Health and Dental Plans. Unfortunately, but not surprisingly, the review confirmed that **health-care employees' benefits rank at or near the bottom when compared to other plans**. HEBP recently put forth a credible plan to improve benefits that has the support of Manitoba's health-care unions.

In addition to improving the overall health benefits plan, your government must **pay special attention to employee safety and security, including mental health and well-being**.

An independent report by Deloitte in 2022 found that a lack of psychological safety and insufficient wellness supports were key drivers for low employee resilience and burnout. Last year, MAHCP negotiated the creation of a Workplace Psychological Health & Safety Committee for Emergency Response Services, a model that should be replicated across the health-care system.

- **Recommendation 2.1:** *Allocate necessary funding **now** to adopt HEBP plan enhancement recommendations, and ensure that any increased plan costs are borne by employers, not by employees.*
- **Recommendation 2.2:** *Revisit the Province of Manitoba's COVID-19 premium, still in effect, and redeploy it as a retention and recruitment premium for hard-to-recruit and critical care allied health roles.*
- **Recommendation 2.3:** *Allocate funds for a system-wide safety assessment to identify risks, design mitigation strategies and implement safety enhancements. Replicate the cross-functional, joint employer-union Workplace Psychological Health & Safety committee (currently in development for Emergency Response Services) to bolster mental wellness and resilience among all health-care professionals. (may include resiliency training, mental health first aid for health care professionals, psychological first aid, management training to address leadership deficiencies, etc).*

3

Expand training for high-demand allied health professions, including more accessible opportunities and incentives for rural and Northern Manitobans.

Other provinces, including [Saskatchewan](#), are expanding training seats in high-demand health-care professions and offering targeted training support.

Our rural and Northern communities desperately need paramedics, lab and X-ray technologists, and Manitobans who grow up in rural communities are more likely to stay there if they have the right training and job opportunities. Manitoba has offered successful training supports in the past, but unfortunately, these programs have been cut.

- **Recommendation 3.1:** *Conduct a review of all allied health training opportunities, as well as an updated forecasting of needs, to inform training enhancements where needed.*
- **Recommendation 3.2:** *Develop a strategic approach to early-stage recruitment that targets youth, with a focus on Indigenous youth, to attract new learners to careers in allied health, such as through secondary school career pathing, participation in career fairs and training incentives.*
- **Recommendation 3.3:** *Create targeted loans and bursaries, such as return of service or other 'grow your own' initiatives, to help attract rural and underrepresented Manitobans into high-demand allied health professions.*
- **Recommendation 3.4:** *Fund, develop and deploy a province-wide health-care recruitment marketing campaign showcasing the career potential in high-demand allied health disciplines.*



BUILDING ALLIED HEALTH FOR THE FUTURE

The current staffing crisis didn't happen overnight. It is the result of years of underinvestment and a complete lack of human resource planning. Immediate investments across the health-care system are sorely needed and long overdue.

Adding physicians, nurses, paramedics and home care workers, as well as physician and nursing training seats, while important, will not be enough. **Budget 2024 must begin to turn the crisis around by investing in allied health**, strengthening the very foundation of Manitoba's health-care system.

Budget 2024 must:

1. Focus on critical retention and recruitment initiatives.
2. Deliver much-needed improvements to health-care employee benefits and supports to bolster staff resilience and boost Manitoba's competitiveness.
3. Expand training for high-demand allied health professions, including more accessible opportunities and incentives for rural and Northern Manitobans.

Finally, due to chronic understaffing and a broken management culture, it is clear that Manitoba's health-care system is not meeting the needs of patients and families. MAHCP recommends an Auditor General's full review of health-care system workforce planning and culture. For reference, [Saskatchewan recently completed a similar audit](#), although MAHCP recommends a broader scope, which should include:

1. Current staffing vacancies and forecasted need in high-demand professions
2. Current HR practices and capacity
3. Workforce planning, including current efforts and gaps in retention, training, recruitment, promotion, monitoring/measuring success, etc.
4. Staff morale and relationship between management and frontline employees

