

FEBRUARY 2025

BUDGET SUBMISSION





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, pharmacists, scientists, 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, long-term care, and in the community. Health care is much more than doctors and nurses, and Manitobans rely on allied health to be there when they need them.



MAHCP.
Our focus is you

THE CURRENT STATE OF **Allied Health.**

Allied health professions are **severely understaffed and underfunded**, and they are struggling to deliver the critical services Manitobans need.

The sector's **persistently high 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 staff overtime**, eroding morale, depleting resilience levels, and leading to burnout and rates of attrition we cannot afford.

Manitoba has lost thousands of allied health professionals in recent years. They've exited highly specialized disciplines, choosing early retirement, or moving to other professions or other jurisdictions with better wages and better working conditions. **These professionals are difficult to replace.**

Purported staffing gains in the past year have not brought relief to the frontline. The majority of MAHCP members report that workloads are still increasing. **Meanwhile more than 1,000 vacant allied health positions remain to be filled**, and the sector is once again without a current contract.

Manitoba risks losing more allied health professionals without urgent action and significant investment.



THE BIGGEST CHALLENGE?

Retention.

Manitoba can't recruit its way out of an allied health retention crisis.

Allied health professionals are highly specialized, in most cases requiring years of training. Current training capacity and program enrolment is not sufficient to fill current vacancies or address rising attrition rates.

Retaining the specialized allied health professionals currently employed in Manitoba must be a top priority going forward.

- In 2024, more allied health staff left their job permanently or were on a leave of absence than in the year prior.
- In May 2024, a staggering two thirds (65%) of allied health professionals reported that they had seriously considered leaving their job in the past year.

Health-care employers continue to leave allied health positions vacant, a counterproductive approach. The recent MNP audit of Shared Health confirmed that: "filling vacancies would reduce overtime pay requirements, prevent staff burn-out, and, ultimately, reduce budget variances for wages."



Two thirds

of allied health professionals seriously considered leaving their job in the past year.

As allied health vacancies continue to go unfilled, remaining staff members struggle with rising workloads and burnout.

A December 2024 MAHCP survey showed:

62% of allied health professionals reported their workload had increased in 2024.

59% of allied health professionals said morale declined in 2024.

48% said staffing in their department/area declined in 2024.



RADIATION THERAPY

A looming crisis.

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Cancer patients need timely access to radiation therapy. Since 2018, there has been virtually no increase in the number of radiation therapists, despite the rising number of patients who require treatment.

As a result, wait times for radiation therapy have already **increased dramatically, more than doubling** since 2019.

A possible looming wave of radiation therapist retirements will mean even higher wait times. As of this summer, **20% of radiation therapists will be eligible to retire**, and there are not nearly enough new graduates in the pipeline to replace them.

SOCIAL WORKERS IN THE ER

High turnover at HSC.



Social workers are essential to **safely discharging patients from emergency rooms**, freeing up beds for other patients and relieving bottlenecks that are driving up wait times. Unfortunately staffing has not kept up with rising demand, and Shared Health has not been able to retain social workers in these positions.

The Health Sciences Centre Adult Emergency Room saw an astonishing **86% turnover rate among social workers in 2024**, and ended the year with a 40% vacancy rate.

86%

turnover rate among social workers in HSC's ER in 2024.

The number of caseloads increased by

40%

in 2024.

At the same time, demand for their services is rising: 2024 saw an average of **700 social work consultations each month at HSC's ER**, compared to 500 per month the year prior, **a 40% increase in just one year**. More patients than ever are reportedly leaving the ER without being seen by a social worker.

THE PATIENT Experience.

Manitobans are experiencing firsthand the direct results of underinvestment in the health-care system and the professionals who sustain it.

Here are just a few examples of how Manitoba's allied health staffing crisis negatively affects patient care.

On average, rural ambulances were out of service for nearly

30,000

hours a month in 2024.

RURAL EMERGENCY MEDICAL SERVICES

Patients are waiting longer for emergency medical response in rural areas due to persistent paramedic staffing shortages.

Rural ambulances were **out of service, on average, almost 30,000 hours each month** due to staffing shortages in 2024, a 400% increase since 2020.

Maximum response times at the 90th percentile have reached over **50 minutes** in Western Manitoba (Prairie Mountain Health region) and Interlake-Eastern, a new record – **the target is under 30 minutes**.

Response times are still increasing in Prairie Mountain (+12%) and Northern (+39%) Health Regions from November 2023 to November 2024. There was no significant change or improvement in response times for Interlake-Eastern and Southern Health Regions.

Since 2018, **overall call volumes have increased an average of 64% across the four health regions**, with the Northern Health Region seeing the highest call-volume increase at 85%.

An estimated **28% of Shared Health paramedic positions are vacant** – over 200 of roughly 800 positions – representing only a slight improvement from 30% in January 2023.

While Budget 2024 set a goal of adding **90 net new paramedics**, the province's data reveal a net gain of only **14 paramedics (April 1 to Dec. 31, 2024)**.





THE PATIENT Experience.

RISING MRI WAIT TIMES

Median wait times for MRI rose to 27 weeks in September 2024, a 35% increase compared to the same month in 2023. MRI wait times at HSC Adult Emergency were 52 weeks, down slightly from a new record high of 56 weeks in August, and higher than previous records seen during the pandemic.

The number of MRI technologists in Manitoba has not increased significantly in recent years despite rising demand and promises of a new MRI in Northern Manitoba. Meanwhile MRI technologist training seats at Red River Polytechnic are only half filled.

DELAYED 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 2025 must account for the aggressive retention, recruitment, and training efforts required to address Manitoba's allied health staffing crisis.

1. A new, competitive contract for allied health.

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 harder to replace once we lose them.

Manitoba's allied health sector has been without a contract for nearly 11 months, the only remaining health-care sector without a new deal from the current provincial government. Meanwhile, frontline allied health professionals are showing growing concern about chronic understaffing, increasing workloads, and worsening morale. In January 2024, as an expression of their growing frustration, **MAHCP members voted 96% in favour of a strike mandate.**

There will not be another opportunity to negotiate for years to come. **Manitoba must ensure a new, competitive contract is put in place without further delay** and that wages and incentives are sufficient to retain the specialized professionals Manitoba has while recruiting more of them as quickly as possible.

Manitoba's government must keep its promise to invest in allied health professionals.

2. Improve health-care employee benefits without raising employee costs.

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 has put forth a credible plan to improve benefits that has the support of Manitoba's health-care unions.

The Manitoba Government must implement an enhanced benefits plan quickly, and in a way that does not place increased financial burden on employees.



3. Develop an Allied Health Workforce Plan

Manitoba needs an Allied Health Workforce Plan that includes detailed research and analysis, shaped into a strategic human resources strategy for the future. The plan should include:

- Current **staffing vacancies** and **recent turnover rates** for each allied health profession.
- **Forecasted staffing requirements** to meet future demand, accounting for predicted turnover.
- **Trends in service demand**, including future forecast.
- **Review of all specialized allied health training programs** to ensure capacity aligns with forecasted need. This should include an analysis of graduate retention.

Competing provinces, including Saskatchewan, Alberta and British Columbia, have developed allied health workforce plans, while Manitoba has fallen behind. This lack of planning has had detrimental outcomes for patients and families, with chronic shortages of allied health professionals contributing to longer wait times and reduced services. **Recent independent audits have confirmed that regions are not adequately matching resources to service demand.**

The development of an Allied Health Workforce Plan can likely be completed within existing Shared Health and departmental resources, incurring little or no incremental cost. The plan would serve as a guide for system leaders, would be transparent for members of the public, and would help to restore trust and confidence on the front line.

4. Expand and promote training opportunities for high-demand allied health professions

Competing provinces, including Saskatchewan, are expanding training seats in high-demand health-care professions and offering targeted training support.

Manitoba's rural and Northern communities desperately need paramedics, lab technologists, and diagnostic imaging technologists. Manitobans who grow up in rural communities are more likely to stay there if they have access to the right training and job opportunities. Manitoba has offered successful training supports in the past, but unfortunately, these programs were cut.

- **Identify and fund expanded allied health training programs** where current graduates are not meeting demand, including new opportunities to make training more accessible for rural and Indigenous communities.
- Create and promote **targeted loans and bursaries**, such as return of service agreements or other 'grow your own' initiatives, to help attract rural and underrepresented Manitobans into high-demand allied health professions.
- Fund, develop and deploy a **province-wide health-care recruitment marketing campaign** showcasing the career potential in high-demand allied health disciplines.
- 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 targeted training incentives.

It's time to keep your promises.



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, starting with a **new, competitive contract for allied health**.

Adding physicians, nurses, paramedics, and home care workers, as well as physician and nursing training seats, while important, will not be enough. Budget 2025 must begin to turn the crisis around by investing in allied health, strengthening the foundation of Manitoba's health-care system.

The current staffing crisis didn't happen overnight.

Budget 2025 must:

1. **Fund a new, competitive contract for allied health.**
2. **Improve health employee benefits** without raising employee costs.
3. Commit to developing an **Allied Health Workforce Plan.**
4. Expand and promote **training opportunities for high-demand allied health professions.**

Research by the Canadian Centre for Policy Alternatives (CCPA) confirms that Manitoba has room to spend on health care. In a recent op-ed, CCPA Senior Researcher Niall Harney wrote:

Manitoba's per capita healthcare expenditures are beginning to climb again after years of austerity, but remain below the Canadian average. There remains a long way to go to return to pre-2016 trends in health spending.

In 2015, Manitoba's per capita health expenditure was third highest amongst provinces – in 2024, Manitoba is forecast to be second lowest. Further, prior to 2016 Manitoba's per capita health spending was consistently above the Canadian average – in 2024 Manitoba's spending is starting to trend towards the Canadian benchmark but remains far below.

The Manitoba Government was elected on a promise to fix health care. That promise will not be fulfilled without addressing the allied health staffing crisis.

In Budget 2025, you must keep your promises to allied health professionals and to all Manitobans.