

Executive Summary

This report has been prepared by the Health Employers Association of BC/Health Science Professionals Bargaining Association Recruitment and Retention Committee (the “Committee”) for the purpose of providing its recommendations for addressing the shortage of Diagnostic Medical Sonographers in the BC public health sector. This report is submitted pursuant to the mandate described in the parties’ Memorandum of Understanding Re: Recruitment and Retention Committee¹.

1.1 Overview of Diagnostic Medical Sonographer Shortage in BC

Sonographer shortages exist across Canada and in many jurisdictions globally. In BC, demand for sonographers has steadily increased each year, and the supply of professionals is not meeting this demand. In some health authorities, patients urgently needing exams are on waitlists for weeks and non-urgent cases may wait months for a sonogram. BC public sector health employers² project that demand will continue to increase, exacerbating the shortage of these professionals and putting patient care at risk. The sonography shortage in BC has reached a critical point.

1.2 Education

BCIT offers the only Diagnostic Medical Sonography Diploma program in the province. The program spans 27 months and enrolls a maximum of 30 students each year. Some health employers have used distance courses offered through The Burwin Institute of Diagnostic Medical Ultrasound to train their medical imaging technologists to perform ultrasound procedures (e.g. Northern Health Authority (“NHA”) has created its own Sonography Training at Rural Sites (“STARS”) program to expedite training NHA employees to perform sonography exams). It should be noted that graduates of the BCIT program are automatically entitled to write Sonography Canada certification exams, whereas Sonography Canada decides on a case-by-case basis whether graduates of other programs used in BC are permitted to write these exams. Most employers require their sonographers to be certified by Sonography Canada.

1.3 Compensation

The Sonographers’ recruitment and retention issue is primarily a wage issue. Wage and compensation disparities – between the public and private sectors as well as inter-provincially – were often cited

¹ Appendix A

² For the purposes of this report, the terms “BC public sector health employers” and “Health Authorities” have the same meaning, are used interchangeably, and include affiliates and all employers covered by the HSPBA/HEABC Provincial Agreement.

by employers, sonographers, and educators as a major contributing factor in the sonographer shortage in the province.

BC's private clinics, or Community Imaging Clinics ("CIC"s), pay their sonographers a starting wage up to \$10.64 or 35.8% more than BC public sector health employers. BC also loses experienced sonographers to both private and public employers in Alberta, Saskatchewan, and other provinces. Comparatively, Alberta's public health care employers pay a starting wage that is \$9.56 or 32% more than BC public sector health employers. Saskatchewan's public sector health employers pay a starting wage that is \$12.34 or 42% more than BC public sector health employers. BC public sector health employers' *top* wage is \$2.25 less and \$5.03 less, respectively, than the *starting* wage in Alberta's and Saskatchewan's public sectors. Alberta public sector health employers also offer a recruitment bonus of \$5,000 or \$10,000 for one and two year commitments, respectively. Private clinics in Alberta pay significantly more (as much as \$65/hour) and offer sizable signing bonuses as well as relocation expenses.

As a result of these wage disparities, health authorities are unable to compete with private clinics and other provinces in recruiting and retaining Sonographers. Therefore, the Committee recommends that a labour market adjustment is necessary and appropriate for Sonographers.

1.4 Other Recruitment and Retention Considerations

Compensation is not the only factor contributing to public sector recruitment and retention challenges. Employers are competing with private sector clinics that can offer positions that do not require working shift work, weekends, or on-call. The workload in CICs may also be more appealing for Sonographers, as there are more obstetrics and non-urgent cases with mostly ambulatory patients. The public sector, on the other hand, has significantly higher numbers of complex, challenging, and emergent cases. The Committee has heard that difficult cases in high-paced environments coupled with shift work and frequent on-call shifts leads to sonographer burn-out and affects not only morale, but leads to further retention challenges. Sonographers are also susceptible to Repetitive Strain Injuries which, if experienced, contribute to workplace absences and Sonographer shortages.

1.5 Data

Included in this report are figures, graphs, and tables that summarize much of the quantitative data supporting the Committee's recommendations. This data was largely gathered from collective agreements in BC, Alberta, and Saskatchewan, as well as the Health Sector Compensation Information System (HSCIS). HSCIS is a reporting system for all health employers in BC who receive over \$250,000 in funding from the Ministry of Health (MoH) or are a member of the HEABC. HSCIS maintains a comprehensive inventory of labour cost information on workers in the health system, including wage rates, paid hours and benefits information. Additionally, HSCIS collects data on the demographic attributes of health care employees such as their age, gender,

years of seniority and health care employment status. Health authorities and certain Health Science Professionals Bargaining Association (HSPBA) members also provided their information directly, and various advertisements and paystubs sourced by Committee members confirmed the wages and/or benefits offered by private clinics.

1.6 Committee's Recommendations

Short-term (within one year)

The Committee recommends that the following measures be implemented immediately to address sonographer shortages in the public sector:

- **MoH/PSEC** should approve a market adjustment for Diagnostic Medical Sonographers to reduce the gap in wages between the public and private sector and inter-provincially. The Committee recommends that this market adjustment be in the form of a percentage increase applied across all Sonographer classifications' salary structures. Further, the Committee recommends that this market adjustment be implemented as soon as possible so as to enable BC's health authorities to more effectively recruit and retain Sonographers, including those soon to graduate from BCIT's Sonography program (November 2016). It is the Committee's view that a market adjustment will have the most immediate effect on the Sonographer shortage within health authorities.
- **BCIT** could significantly increase (ideally double) the number of training spaces in its Diagnostic Medical Sonography Diploma program starting in September 2016. This could be achieved by offering both day and evening courses, running the program over summer months; doing so would increase the normal supply of sonographers from November 2018 onwards.
- **BCIT** could maintain the existing two year program for some sonographers, but also introduce a shorter, fast-track program by creating separate cardiac and general sonographer streams.
- **BCIT** could decrease clinical placement length by offering students more time in its simulation lab. If that lab ran longer hours every day of the week, students could bring in family members, friends who can sign a waiver and students may practice their skills.
- **Health authorities**, with **Ministry of Advanced Education** and **BCIT** assistance, could take immediate steps to train existing medical imaging staff to perform ultrasound through one-year, in-house programs that use a distance education model for the didactic portion of training.
- **Health authorities**, at their discretion, can work with the **HSPBA** to offer recruitment incentives on a without prejudice/without precedent basis (e.g. signing bonuses, education funding linked to return-to-service agreements, etc.).
- **Ministry of Advanced Education** could consider offering government-funded bursaries for students enrolled in the Diagnostic Medical Sonography Diploma program.

Please reference Appendix K for the **HSPBA** ADDENDUM RE: PREFERRED OPTION FOR SIZE OF MARKET ADJUSTMENT; MORATORIUMS CONCERNING PRIVATE CLINICS.

Medium-term (within one to two years)

The Committee recommends that the following measures be implemented as soon as possible, and ideally within the next one to two years:

- **BCIT** could continue to increase the intake of students into the Diagnostic Medical Sonography Diploma program.
- **BCIT** could allow **health authorities** to sponsor seats in the Diagnostic Medical Sonography Diploma program for existing Health Authority employees. Employees enrolled in those seats could be subject to return-to-work agreements.
- **Health authorities** could use Burwin Institute programs or a program similar to Northern Health Authority's Sonography Training at Rural Sites ("STARS") to address shortages and retention issues in rural and remote communities.

Long-term (within two to five years)

The Committee recommends that the following measure be implemented as a long-term solution to address sonographer shortages in the province:

- **MoH and Ministry of Advanced Education** could consider creating a second Diagnostic Medical Sonography Diploma program located outside of Metro Vancouver. This approach has been successful in dealing with the previous chronic shortage of medical laboratory technologists and x-ray technologists. This second program could be the standard two-year program, or it could offer a one-year program geared to train current medical imaging technologists to perform ultrasonography only, or in addition to their current medical imaging modalities. If situated in an underserved area, it could assist with recruitment by training local students who are more likely to remain in the area.

Key Considerations

While the Committee is eager to have these recommendations implemented, it would be remiss not to acknowledge certain challenges that will arise in employing these proposed measures:

- These recommendations will require the cooperation and support of BCIT, which may include running a training program on evenings and weekends and throughout the summer months.
- As the province succeeds in addressing the new graduate shortage in BC, the market will correct itself and health authorities will have Sonographers being paid at higher rates than other in-demand technologists in the future.
- Since Sonographers experience a very high injury rate, especially from overuse injuries and repetitive strain injuries, it is not a long-term solution to require current Sonographers to work overtime as a strategy to address the shortage or to reduce patient wait lists.

- While not identified as a "risk", the parties may need to address local modifications of Miscellaneous Provision 2(h) of the HEABC/HSPBA Provincial Agreement and are prepared to do so on a strictly without prejudice basis.