

Medical Laboratory Professionals' Association of Ontario

Pulse Check: **MLPAO Members Rate Solutions to the MLT Shortage**

Ontario continues to face severe staffing shortages across laboratories. Currently, 39% of Medical Laboratory Technologists (MLT) in Ontario are approaching retirement.¹ In a survey conducted earlier this year, MLPAO reported that 72% of vacancies are MLT vacancies and 74% of job openings remain open for more than 3 months. This health human resources (HHR) shortage is affecting testing turnaround times. 58% of labs are experiencing delays in providing test results due to the staffing shortages.² The situation is worsening; there is no solution in sight; and action is needed now before patients are severely affected.

In July 2023, the MLPAO conducted a short survey requesting members to rank the solution to the Health Human Resources (HHR) shortage that they believe would be most effective.

Overview:

- 372 MLPAO members responded to the survey
- Respondent ranking of the most effective solution to address the MLT shortage:
 - **37.1% - laddering program from MLA/T to MLT**
 - **33.6% - increase funding to MLT programs so that they can increase the number of seats**
 - 14.5% - allocate direct funding to community and hospital labs to enable increased MLT placements
 - 8.6% - regulation of MLA/Ts
 - 6.2% - create a matching program that will place MLT students where they are needed most, i.e., rural and remote communities
- Responses for the top 2 solutions were consistent between the MLTs and MLA/Ts

¹ [2022 CMLTO Annual Report](#)

² [MLPAO Report – Shortage of Lab Professionals Continues Post Pandemic](#)

Immediate action is required:

- The critical shortage of MLTs in Ontario continues. The number of vacant positions exceeds the supply. There are approximately 200 new MLT graduates who register with the CMLTO each year. Each MLT program in Ontario has significantly more applicants than available seats, and MLT programs vary from 3-4 years in length.³
- The shortage of MLTs means that 13.6M lab tests are not being performed which is having a significant impact on patient care in Ontario.
- **The lack of MLA/T to MLT laddering programs and the lack of funding to MLT programs are significant roadblocks preventing timely and sustainable resolution to the HHR shortage.**

Survey Response

372 MLPAO members from across Ontario responded to the survey:

- 54.6% MLT (203)
- 34.9% MLA/T (130)
- 10.2% Other (38) (including manager, director, retired MLT or MLA/T, educator)

Most respondents were from public hospitals (77%), community laboratories (6%) and public health laboratories (4%).

51% of respondents were from large urban centers, 29% from mid-size urban centers, 17% from rural centers and 3% remote.

MLT Responses (203)

Ranking of the solution that would be most effective to address the MLT shortage by **MLT respondents**:

- 1. Laddering program from MLA/T to MLT – 37.1%**
- 2. Increase funding to MLT programs so they can increase number of seats – 33.6%**
3. Allocate direct funding to community and hospital labs to enable increased MLT placements – 14.5%

³ [Clinical Placements and the Shortage of MLTs](#)

4. Create a matching program that will place MLT student where they are needed most, i.e., rural and remote communities – 6.2%
5. Regulation of MLA/Ts – 8.6%

MLA/T Responses (103)

Ranking of the solution that would be most effective to address the MLT shortage by **MLA/T respondents**:

- 1. Laddering program from MLA/T to MLT – 65.4%**
- 2. Increase funding to MLT programs so they can increase number of seats – 15.4%**
3. Regulation of MLA/Ts – 12.3%
4. Allocate direct funding to community and hospital labs to enable increased MLT placements – 3.9%
5. Create a matching program that will place MLT student where they are needed most, i.e., rural and remote communities – 3.1%

Comments from respondents who selected laddering as most effective option

- Lots of MLAs interested in online bridging program
- As an MLA, I am interested in pathology only. I wish there was a course to take to be a technologist in this department only
- MLAs already have a baseline understanding of what clinical lab is all about
- I am currently trying to become a technologist, but cannot afford to quit my job
- We need to focus on utilizing our MLAs
- Allow more MLAs to become MLTs without leaving the workplace
- Laddering would be faster. MLA/Ts are already on track doing maintenance, QC, fluid/sample processing. They are keen to learn and get compensated for their work
- As a current MLA of 10 years, I have been looking for bridging programs...there seems only to be options and solutions for international MLTs instead of utilizing the MLAs currently to provide continuing education
- There is little to no upward mobility for MLAs
- A lot of MLAs want growth in the position without studying all over again from scratch
- MLAs are already in the profession – easier than to entice new students into the MLT program



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- There are many overeducated MLA/Ts with post-secondary education who have the knowledge/skill set to be MLTs but the program is very competitive and limited in accepting students
- I'm an internationally educated MLT working as a technician
- We need people right now. If they can train people who already have a background and are already working the jobs, they have a higher rate of people staying in their current work placements
- Bridging programs work well for nursing. I would expect the same for MLT
- I think the best solution would be laddering from BSc to MLT, but it was not an option; MLA/T to MLT would be great, but will create an MLA/T shortage in the interim
- I am an MLA hoping to become an MLTs. Despite having a few years of experience, I am unable to get into the MLT programs in Toronto because of limited availability

Comments from respondents who selected increased funding to MLT programs as most effective option:

- More funding is needed and more schools need to offer the MLT program
- The more students coming out of programs = more new hires
- There needs to be more knowledge that this field exists in high schools
- When I trained there was a bursary which helped me with my expenses
- Increasing the number of seats at educational institutions that already have a training program in place is the best long term sustainable solution
- Increasing seats is the only solution that will make a difference. The lack of MLT placements is the bottleneck. Current MLT programs are extremely competitive to get into
- Making a bridging program for MLA/Ts is not the answer considering even a person with a science BA still has to complete the full MLT course. A bridging course only lowers standards making an 8 month college course more useful than a 4 year BA.
- Increased funding will help creating more capacity at the source couple with the placement funding for supporting labs
- We need to get programs open west of Sudbury. Thunder Bay needs a program
- The shortage of MLTs in the workplace cannot accommodate an increase in student placements
- Students are interested in the program but not enough schools to support student interest
- The current number of MLT seats does not meet the needs of the industry



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- From first hand experience, I started with 60 students in my class and I graduated with 24
- By the time students reach 2nd semester, over 50% of the original intake of students are gone for a variety of reasons. By the clinical placement portion of the program, an additional 25% are out.
- Simulation labs in north western Ontario are desperately needed to help cover all of the required training. Very few labs can cover all 5 disciplines for placement.
- The Ottawa region needs an MLT program so people in our region do not have to move to Kingston to become an MLT
- The shortage of MLTs can only be solved by training MLTs. The MLPAO is only addressing recruitment with these questions. Retention is also an important component until we get enough trained. Higher wages and addressing working conditions needs to occur
- There is no point in addressing enrollment if there is a lack of placement sites. Funding sites can open more doors that are critically needed
- I didn't think any of the solutions offered would be where to start. We really need to be compared to RNs....We do not need to give potential students money to take the program, our program is in high demand with waitlists to get into school. We need more seats added and more colleges to offer it, as well as training spots available to take more students.
- Offer a fast-track program that is geared to core lab subjects, chemistry, hematology and transfusion medicine instead of the 5 disciplines that will help get people out faster in the workforce
- We need to be more vigilant who we are accepting into the program
- Current programs are underfunded and need help to make more students successful
- Specialized programs like genetics and cytology should be more widely available
- We need more money; our salaries are not an incentive to anyone
- MLT programs are costly and have limited number of seats because of the cost of equipment. Increasing funding directly to an MLT program
- Need lab schooling and exams brought into our current reality where our jobs really do center around running and maintaining our instruments. I've watched students completely capable of doing my job fail their exams over theory that does not relate to their actual tasks

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For more information, please contact the MLPAO at mlpao@mlpao.org