Canadian Association of Radiologists
L'Association canadienne des radiologistes

CAR POLICY STATEMENT

Reducing Diagnostic Imaging Wait Times in Canada

Board Approval: March 2026

The Canadian healthcare landscape is currently defined by a profound structural paradox where the rapid advancement of diagnostic capabilities is met by deteriorating access for the general population. Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) serve as the indispensable conduits for modern clinical pathways, yet the systemic inability to provide these services within medically recommended timeframes has reached a state of crisis.[1] Canadian patients face significant delays for CT and MRI scans, which compromises effective diagnosis and treatment. Wait times have worsened since the COVID-19 pandemic; in many provinces, 1 out of 10 patients wait significantly longer than 100 days for an MRI, or 66 days for a CT.[2] The wide gap between the median wait time and the 90th percentile wait time indicates that while the system can accommodate some patients quickly, **a significant portion of the population falls into a backlog where wait times are quadrupled compared to the average patient.** These delays have real consequences for patients, and they also place strain on providers and payers who must manage the downstream impacts of postponed care.

The Canadian Association of Radiologists (CAR) has a long history of working to improve timely access to imaging, dating back to its leadership role in the Wait Time Alliance in 2005. For nearly two decades, the CAR has championed the need for transparent data, meaningful system metrics, and coordinated solutions to address growing imaging demand. Radiologists remain committed to doing their part, but they are only one component of a complex system. Many of the factors driving delays, including staffing shortages, equipment capacity, and operating hours, fall outside their control.

Amid these pressures, the data reveals a striking paradox: the number of scans has increased dramatically over the last decade yet wait times have worsened. **The system is "running red" at maximum capacity.** Doctors are referring patients for scans at a rate the current infrastructure simply cannot support. This is because the demand for imaging is growing significantly faster than our capacity to provide it. **From 2006-2023, the number of MRI scans increased by 117%** (from 1.02 million to 2.21 million annually), and **CT scans increased by 90%** (from 3.38 million to 6.42 million annually). In the most recent five-year window (2019–2024), hospitals performed 16% more scans than they did pre-pandemic.[1] Over the same timeframe, the number of machines was not increased to meet demand, and the available equipment is also aging at an alarming rate. **About 33% of CT scanners and 37% of MRI machines in Canada are over 10 years old.**[2]

National and provincial imaging benchmarks for timely imaging exist; refreshing them will not improve access unless government and health system leaders commit the resources and planning required to meet them. Developing new targets without corresponding system-level investment risks placing responsibility on radiologists alone, when wait times are a shared challenge that requires shared accountability. Patients ultimately bear the cost when governments are not required, or supported, to address the structural issues that influence wait times.

The backlog of postponed imaging studies has grown over many years and cannot be reduced without a coordinated, sustained approach. Instead of focusing on aspirational targets that cannot presently be met, the priority must be on actionable strategies that strengthen system capacity and support measurable progress.

The CAR advocates for five strategic pillars to improve timely access to imaging care while building a more resilient, responsive diagnostic imaging system for the future.

1. Strengthen the Imaging Workforce

Human resource shortages are a primary driver of wait times across the country.[3] Staffing levels have failed to keep pace with growing imaging volumes, leading to systemic bottlenecks and staff burnout.[4] Ensuring sustainable workforce capacity requires:

- Investing in targeted recruitment and retention strategies.
- Streamlining pathways and credentialing for internationally educated professionals.
- Fostering interprofessional collaboration across primary and specialty services.

2. Modernize and Expand Imaging Infrastructure

Canada lags behind international peers in technology availability, ranking 27th of 31 universal health systems for MRI units and 28th for CT scanners per capita.[5] Sustainable, multi-year funding for equipment renewal is urgently required. International benchmarks emphasize that a substantial proportion of imaging units should be less than 5–10 years old to ensure safety, reliability, and adequate capacity.[6] Modern equipment facilitates faster scan times, reduced downtime, and improved diagnostic accuracy.

- **The "Innovation Gap" and Throughput:** Newer machines do not simply produce "clearer" images; they use advanced reconstruction algorithms that significantly reduce scan times. For example, modern MRI sequences can often be completed in 50% of the time required by decade-old units, effectively doubling a single machine's daily capacity without increasing the physical footprint.
- **Operational Reliability:** Equipment beyond the 10-year threshold faces increased downtime due to maintenance requirements and the scarcity of replacement parts. In a system already operating at peak capacity, a single day of "out-of-service" time for a CT scanner can create a backlog of dozens of patients, causing a ripple effect across emergency departments and surgical scheduling.

3. Standardize Data and Reporting

Current national dashboards, such as those provided by CIHI, demonstrate the value of consistent measurement in monitoring trends. However, significant gaps in the granularity and frequency of national and provincial data prevent health leaders from effectively tracking system improvements in real-time. We cannot improve what we do not consistently measure. To move toward a high-performing diagnostic network, the CAR recommends alignment on:

- **Standardized definitions** for wait-time intervals and priority categories.
- **Consistent reporting** of scan throughput and follow-up data to guide health system planning.

4. Support Appropriate Imaging

Reducing low-value scans is a critical lever in systemic waitlist management.[7,8] Clinical Decision Support (CDS) reduces low-value imaging[9] and increases the efficiency of medical imaging on a system-wide basis.[10] CDS tools serve as a digital bridge between frontline ordering and specialized radiological expertise.

- **Evidence-Based Triage:** CDS tools integrate seamlessly into electronic health records to provide real-time, evidence-based feedback. By cross-referencing patient symptoms with established appropriateness criteria,[11] these tools ensure that the "right test" is ordered the first time, reducing the need for repeat imaging or follow-up clarifications.
- **System-Wide Efficiency:** Beyond individual patient encounters, CDS increases the overall efficiency of medical imaging. By filtering out low-value referrals,[9] the system can reallocate those appointments to patients on the waitlist with higher clinical urgency.
- **Provider Empowerment:** Rather than acting as a "gatekeeper," modern CDS acts as an educational resource. It assists non-specialist providers in navigating the increasingly complex landscape of diagnostic imaging, ensuring that referrals are high-quality and clinically justified from the outset.

5. Strategic Changes to Delivery of Advanced Imaging Services

Decentralizing or "dehospitalizing" advanced imaging services is a core pillar of recent provincial strategies aimed at improving timely access to diagnostic care.[12–15] A key element of this shift in some jurisdictions is the introduction of "user-pay" or out-of-pocket options for MRI and CT scans. While intended to alleviate pressure on the public system by creating an alternative pathway for those who can pay, this approach does not resolve the underlying capacity crisis.

The primary benefit of decentralization lies in scanner and staff optimization. Tertiary hospitals typically manage the most complex, acute caseloads; by migrating routine or lower-complexity exams to community-based ambulatory settings, systems can shield outpatient workflows from the unpredictable demands of emergency and inpatient care. This redistribution is theorized to enable more flexible scheduling and the rapid adoption of efficiency-oriented innovations like protocol optimization and streamlined operational models.[8,16]

However, the expansion of delivery sites, whether public or private, faces a significant "volume paradox." Despite a steady increase in the total number of scans performed since 2019, wait times have continued to worsen. This suggests a catch-22 where increasing capacity simply unmasks or induces further demand, which consistently outstrips the pace of system growth. Ultimately, addressing the wait-time crisis requires more than just adding physical slots or payment tiers. Health authorities and provincial funders must prioritize evidence-based strategies that address inefficiencies across the entire patient journey — from referral through to diagnosis — while remaining attentive to the well-being of the provider workforce and the sustainable capacity of the entire system.

Conclusion

Diagnostic imaging wait times in Canada reflect systemic challenges, but also significant opportunities. By investing in people, modernizing equipment, standardizing data, supporting appropriate use, and adopting evidence-based operational strategies, Canada can meaningfully reduce diagnostic delays and improve patient outcomes. The CAR is committed to supporting governments and health system partners in rebuilding a resilient, responsive imaging system.

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