



HEALTH COUNCIL
BERMUDA

HEALTH WORKFORCE STRATEGY:

SUMMARY OF STAKEHOLDER ENGAGEMENT SESSIONS

2025

Contact us

If you would like any further information about the Bermuda Health Council, or if you would like to bring a healthcare matter to our attention, we look forward to hearing from you.

Mailing Address

PO Box HM 3381
Hamilton HM PX
Bermuda

Street Address

Sterling House, 1st Floor
16 Wesley Street
Hamilton HM11
Bermuda

Phone: +1 (441) 292-6420

Fax: +1 (441) 292-8067

Email: contactus@healthcouncil.bm

Website: www.healthcouncil.bm

Published by

Bermuda Health Council
August 2025

Copyright © 2025 Bermuda Health Council

TABLE OF CONTENTS

INTRODUCTION	01
PURPOSE	01
OBJECTIVES OF THE CONSULTATION SESSIONS	01
CONSULTATION FORMAT	01
SESSION 1	02
WHY IS THIS (HEALTH WORKFORCE STRATEGY) IMPORTANT TO YOU?	
WHAT DO YOU WANT TO SAY, OR SEE CHANGE?	02
WHAT DOES IT LOOK LIKE FOR BERMUDA IN 2035? WHAT HAPPENS IF WE	
DO HEALTH WORKFORCE REFORM WELL?	04
SESSION 2	05
WHY IS THIS (HEALTH WORKFORCE STRATEGY) IMPORTANT TO YOU?	
WHAT DO YOU WANT TO SAY, OR SEE CHANGE?	05
WHAT DOES IT LOOK LIKE FOR BERMUDA IN 2035? WHAT HAPPENS IF WE	
DO HEALTH WORKFORCE REFORM WELL?	06
REFLECTIONS FROM BOTH SESSIONS	06

INTRODUCTION

PURPOSE:

The consultation sessions were designed and held to support the development of a comprehensive Health Workforce Strategy tailored to Bermuda's population needs and evolving healthcare landscape. Insights from the consultation sessions will be used to draft actionable plans and health businesses to guide professional registration considerations for statutory bodies, and to inform recruitment, retention, professional development and other activities for health businesses.

OBJECTIVES OF THE CONSULTATION SESSIONS:

- Gather input on the existing capacity, roles, and distribution of health professionals in Bermuda, using WHO/PAHO classifications as a reference framework to assess the current state of the health workforce.
- Identify areas where workforce shortages or misalignments exist across settings and sectors, including gaps in workforce planning and workforce development.
- Understand the lived experiences of workforce challenges including recruitment, retention, and training limitations.
- Discuss structural and systemic barriers to workforce sustainability and effective service delivery.
- Solicit ideas and priorities from stakeholders on how to strengthen training pathways, expand roles, and modernize service models to co-create recommendations.
- Explore opportunities for innovation in care delivery, workforce utilization, and inter-professional collaboration.
- Agree upon shared values and principles to be used in the development of the strategy.

CONSULTATION FORMAT:

All members of the Clinical Senate¹ were invited to attend and contribute to an in person, moderated round table session to discuss their uncensored views, experiences and suggestions for health workforce reform in Bermuda. Identical sessions were held over a 2-day period to allow for more flexibility in scheduling and attendance.

1 The Clinical Senate is comprised of a multidisciplinary group of over 50 health service providers who provide professional clinical advice and recommendations to the Ministry of Health for its further consideration and decision-making for the Universal Health Coverage Programme. ([link](#))

SESSION 1:

"WHY DOES A HEALTH WORKFORCE STRATEGY MATTER TO YOU? WHAT WOULD YOU LIKE TO SAY OR SEE CHANGED?"

Financial resources and human resources are not in place in many organizations, making the sustainability of practices and professions a growing concern.

- While the retirement age has increased in some areas and older workers are staying longer, there is limited interest from younger generations in entering the sector.
- Some sectors enforce a mandatory retirement age with no flexibility for extensions, despite facing significant recruitment challenges.
- There are ongoing concerns about access to health insurance after retirement.

Members of the population, including healthcare workers, are presenting with illnesses typically associated with older age, such as dementia, at earlier stages of life. This has led to:

- Increased demand for services and limited workforce capacity
- Inadequate system capacity to provide proper care
- A widespread sentiment of being “young in age, but internally old,” and the growing concern: “Are we too stressed as a population and workforce?”
- A mismatch between available workforce data and the lived reality of workforce demands

The health workforce culture needs improvement, things to address:

- Protectionist behavior in professions; this must cease to attract new professionals
- We do not allow professionals to work to their full scope:
 - “Trained to do way more but not allowed, so professionals are bored”
- Working in Bermuda is viewed as a “step-down” from what health professionals can do in other places
- Select health professionals try to hold positions for extremely long periods of time; does not leave room for new professionals to enter
- Lack of desire by seasoned professionals to train or mentor new professionals

Miscellaneous Challenges:

- Limited youth awareness of health as a viable, stable career path
- Even when interest exists, young people are not adequately educated on the skills, commitment, and pathways required to enter healthcare professions
- Misalignment persists between local and overseas education opportunities and the actual gaps in the health workforce

SESSION 1 (CONTINUED):

Recommendations:

- The distinction between practicing and non-practicing professionals must be highlighted, with more data collected to understand why individuals choose not to practice, especially in areas facing workforce shortages
- Provide more robust training and apprenticeship opportunities to build practical experience and local capacity
- Reinstate the immigration form as a data collection tool to track what students are studying and emphasize the importance of accurate reporting

Strengths:

- Bermuda is small, and the health population is manageable, creating an opportunity to collect and act on data more efficiently than we may realize. However:
 - Solutions require participation from all sectors and better integration of systems across stakeholder groups
 - The voice of the general population must be included in shaping solutions
 - The village mentality has diminished and needs to be restored; the responsibility for improvement cannot fall solely on the health system
 - Centralization of data collection efforts must be enhanced



SESSION 1 (CONTINUED):

“WHAT DOES THE HEALTH WORKFORCE LOOK LIKE FOR BERMUDA IN 2035? WHAT HAPPENS IF WE DO HEALTH WORKFORCE REFORM WELL?”

Worker Protections Are in Place

- Abuse against healthcare workers is reduced
- Whistleblower protections are implemented and enforced

Pay Equity Exists

- A more horizontal organizational structure allows for recognition of skills and success, not only upward mobility
- Healthcare workers feel and know they are valued and respected
- Benefits for workers have improved

More Cohesion and Transparency Across Government and Health Leadership

Recruitment and Retention Are Key Pillars for Success

- Workers are properly mentored, and a formal onboarding process ensures they are taught procedures correctly
- Succession planning occurs on a regular and planned basis

The Strategy Is Continuously Reviewed

- Principles, outcomes, and implementation are regularly measured and tracked

SESSION 2:

"WHY DOES A HEALTH WORKFORCE STRATEGY MATTER TO YOU? WHAT WOULD YOU LIKE TO SAY OR SEE CHANGED?"

Improved Outcomes

- Focus on multidisciplinary care teams for better patient-centered outcomes
- Change management efforts with tangible results to build trust
- Evidence of progress made in response to stakeholder concerns
- Public protection and removing silos within system

Better Reimbursement, Recognition and Value for All Healthcare Professions

- Greater recognition for contributions and performance
- Alignment of pay with performance and responsibilities
- Standardized and more transparent basis for reimbursement rates
- Shift from fee-for-service model
- Modernization of legislation, health insurance reimbursement and clinical standards/scope of practice
- More appropriate allocation of resources toward research and policy development

Recruitment and Retention Remain Major Challenges

- More investment in local training programs for healthcare professionals
- Greater efforts on and initiatives for retaining older professionals and supporting continuing education
- Intentional and effective succession planning
- Better understanding of the factors impacting Bermudians' decisions to practice overseas instead of returning to Bermuda
- Immigration reform that aligns with workforce demands

Legislation and Policy Must Evolve to Support a Modern Workforce

- Modernization of legislation and adaptation of lessons learned from the models used in other jurisdictions
- Elimination of legislated/policy-based barriers to the provision of high-quality care
- Implementation and enforcement of international best practice/clinical guidelines and standards across all professions
- Streamlined legislative process that allows for more timely solutions that align with broader system priorities and address resource constraints

SESSION 2 (CONTINUED):

Legislation and Policy Must Evolve to Support a Modern Workforce (continued)

- Restructuring of statutory boards to better support future regulation

Better Alignment of the Local and Overseas Acknowledgement of Professions

- Alignment of local categories of regulated professions with those in other jurisdictions
- Recognition of emerging health professions in other jurisdictions (e.g., radiology practitioners, scrub techs)
- Clarification of levels of care and appropriate local professionals to provide the different levels of care (e.g. when to see a physiotherapist vs general physician, or a general physician vs a specialist physician etc.)

“WHAT DOES THE HEALTH WORKFORCE LOOK LIKE FOR BERMUDA IN 2035? WHAT HAPPENS IF WE DO HEALTH WORKFORCE REFORM WELL?”

- Clearly defined goals for the health system and a strong foundation for decision making
- Greater focus on improved outcomes for the patient
- Value-based care, and appropriate and effective data sharing, collaboration and payment mechanisms
- Improvements in health literacy where more treatment is not equated with better and where the public has a greater understanding of health professionals’ roles, self-care, and navigating the health system
- Technological literacy and digital engagement
- Legal protections in place for morbidity and mortality reviews, without fear of litigation
- Separate union negotiating bodies in place for healthcare professionals
- Address the disconnect between policy decisions and clinical care decisions
- Improve data sharing across health professionals to prevent burnout and duplication of effort

REFLECTIONS FROM BOTH SESSIONS

Bermuda's health workforce challenges are multi-layered, but not insurmountable. Stakeholders offered clear insight into the barriers they face daily, from outdated legislation and reimbursement issues, to gaps in education, recognition, and support for emerging and returning professionals.

While perspectives varied between frontline workers and administrative leaders, there is a shared desire for greater urgency in action, especially around recruitment, retention, training, and health system alignment. There was also universal support for better coordination, clearer pathways, and consistent reviews of transparency and accountability.





BERMUDA HEALTH COUNCIL

www.healthcouncil.bm

contactus@healthcouncil.bm

(441) 292-6420

Achieving a quality, equitable and sustainable health system.