DOCUMENT 01

2025-2035

HEALTH WORKFORCE STRATEGY FOR BERMUDA

Strategic Overview

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

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Executive Summary

Bermuda's health system is entering a period of significant demographic and structural change. An ageing population, declining birth rates, and increasing prevalence of chronic diseases are expected to increase demand for healthcare services over the coming decades. At the same time, Bermuda's healthcare workforce remains relatively small and relies heavily on internationally recruited professionals to sustain service delivery.

These trends present important challenges for the long-term sustainability of Bermuda's health system. Without coordinated workforce planning, Bermuda may face shortages in key professions, increased healthcare costs, and reduced access to care for certain populations.

The Bermuda Health Workforce Strategy (2025–2035) provides a national framework for strengthening and sustaining the island's healthcare workforce. The strategy aligns with the Bermuda Health Strategy and international best practices in Human Resources for Health (HRH) planning and was developed through analysis of workforce data, stakeholder consultation, and review of international workforce strategies.

The strategy recognises that workforce sustainability requires more than simply increasing the number of healthcare professionals. It requires a coordinated approach that strengthens workforce data systems, expands education and training pathways, modernises workforce roles, and aligns policies that influence workforce development.

Based on these principles, the strategy establishes **five strategic priorities** and associated actions for Bermuda's health workforce:

01 Monitoring How We Work

Strengthening workforce data systems to support evidence-based workforce planning and improve the ability to monitor workforce supply, workforce demand, and emerging workforce risks.

02 Growing the Workforce

Expanding education and training pathways, supporting Bermudians pursuing health careers, improving recruitment processes, and strengthening workforce retention strategies.

03 Changing How We Work

Modernising workforce roles and care delivery models by enabling professionals to work to the full scope of their training and encouraging multidisciplinary models of care.

04 Leveraging Technology and Innovation

Adopting digital technologies and innovative care models that can improve workforce productivity and expand access to healthcare services.

05 Aligning Policy and Education

Ensuring that education systems, immigration policies, professional regulation, and healthcare delivery systems work together to support a sustainable health workforce.

The strategy also establishes a framework through which profession-specific workforce plans will be developed by statutory boards and professional groups. These plans will apply the national strategy to the specific workforce needs of each profession and will support coordinated workforce development across the health system.

Implementation of the strategy will begin with the development of a national health workforce data framework and the creation of profession workforce plans. These efforts will support long-term workforce planning and allow Bermuda to respond proactively to changing population health needs.

Through coordinated action across government, regulatory bodies, healthcare providers, and education institutions, this strategy aims to ensure that Bermuda's health workforce remains resilient, adaptable, and capable of delivering high-quality healthcare for the population it serves.

Implementation of this strategy will be led by the Ministry of Health in collaboration with the Bermuda Health Council and relevant statutory boards. The Health Council will coordinate workforce monitoring and reporting, while statutory boards will develop profession-specific workforce plans aligned with the strategic priorities outlined in this document. Progress against the strategy will be reviewed annually and reported to the Ministry of Health to ensure accountability and continued alignment with Bermuda's health system priorities.

Introduction

A resilient and adaptable workforce will be essential to meet the challenges of an ageing population, the increasing prevalence of chronic disease, and changing models of care.

This document provides the direction needed to build and sustain a workforce capable of delivering accessible, safe, and high-quality healthcare for all who call Bermuda home.

Bermuda's health system is entering a period of significant demographic and structural change. An ageing population, declining birth rates, and increasing prevalence of chronic diseases are expected to substantially increase demand for healthcare services over the coming decades. At the same time, Bermuda's health workforce remains relatively small and relies heavily on internationally recruited professionals to sustain service delivery.

Ensuring that Bermuda has the right workforce, with the appropriate skills and distribution, is therefore essential to maintaining a safe, resilient, and sustainable health system.

The Bermuda Health Workforce Strategy (2025–2035) provides the national framework for strengthening and sustaining the island's healthcare workforce in alignment with the Bermuda Health Strategy and international best practices in Human Resources for Health planning. The strategy responds to current and projected workforce pressures by establishing a structured approach to workforce monitoring, workforce development, service redesign, and policy alignment.

This strategy has **three primary objectives:**

01 **Provide national direction for health workforce planning** across Bermuda's health system.

02 **Support statutory boards and professional groups** in developing profession-specific workforce plans aligned with national priorities.

03 **Guide policy coordination** across education, immigration, regulation, and healthcare delivery to ensure workforce sustainability.

The strategy focuses primarily on regulated health professions and follows the World Health Organization's (WHO) Human Resources for Health (HRH) framework, which links workforce planning to population health needs, service demand, and evolving models of care.

Rather than prescribing detailed workforce targets for each profession, this strategy establishes the national principles and planning framework through which profession-specific workforce plans will be developed and implemented. These plans will be led by statutory boards and professional groups, supported by the Bermuda Health Council and the Ministry of Health.

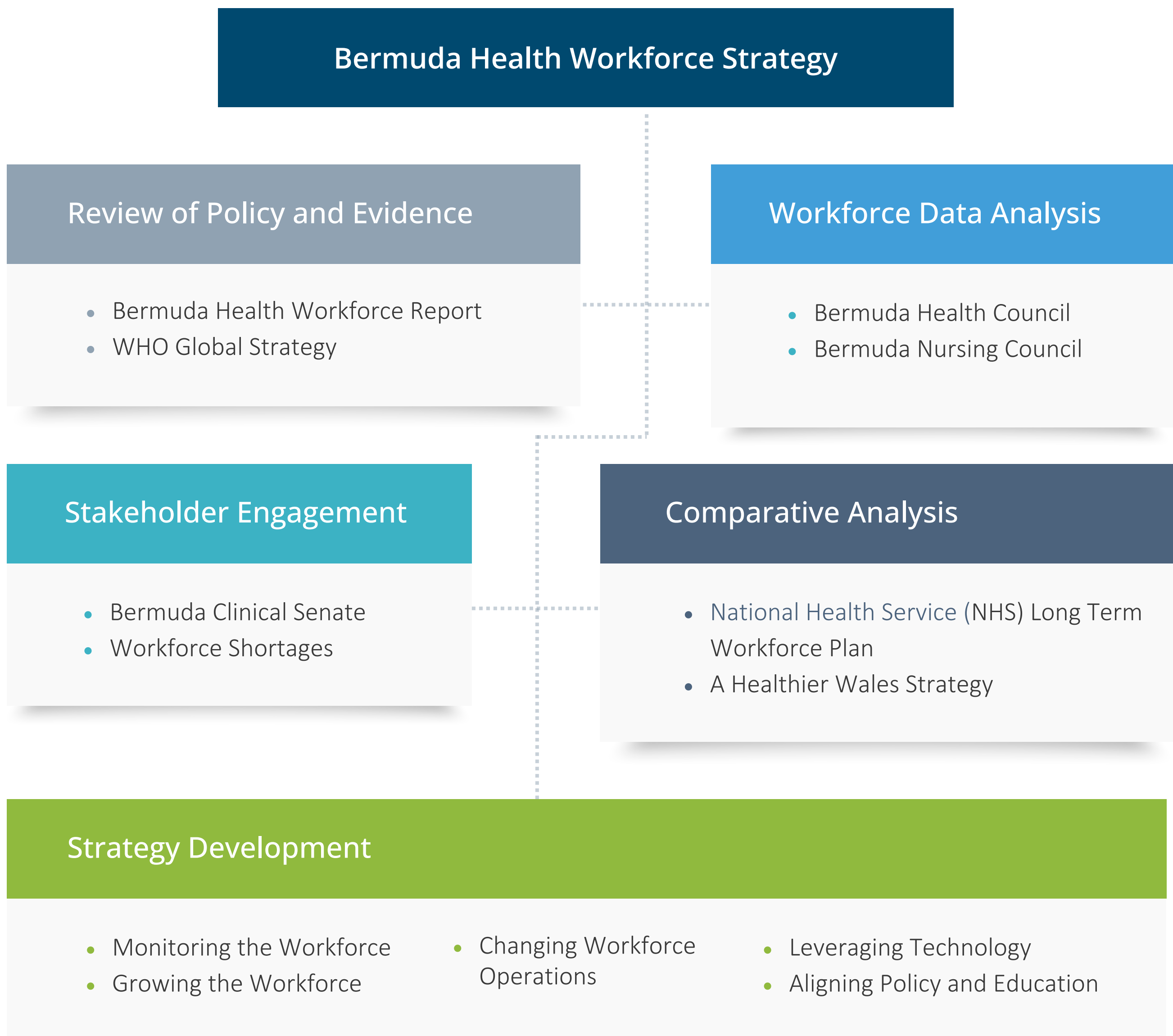
Through coordinated action across government, regulators, educators, and healthcare providers, this strategy aims to ensure that Bermuda's health workforce remains capable of delivering accessible, high-quality, and patient-centred care for the population it serves.

The sections that follow outline the methodology used to develop this strategy, an overview of Bermuda's current health workforce landscape, and the strategic priorities that will guide workforce planning through 2035.

Methodology

The Bermuda Health Workforce Strategy was developed through a combination of data analysis, stakeholder consultation, and review of international workforce planning frameworks. This approach ensures that the strategy reflects both the realities of Bermuda's health system and global best practices in Human Resources for Health (HRH) planning.

Bermuda Health Workforce Strategy Development



Review of Policy and Evidence

Existing national policies, workforce reports, and international workforce strategies were reviewed to inform the development of this strategy.

Key references included:

- the Bermuda Health Workforce Report (2017)
- the HRH Strategic Plan (2018–2020)
- the WHO Global Strategy on Human Resources for Health: Workforce 2030
- workforce strategies from the United Kingdom, Wales, and Scotland

These documents provided evidence-based guidance on workforce planning, education pathways, recruitment and retention strategies, and evolving models of care.

Workforce Data Analysis

Workforce data from 2014 to 2024 were analysed to assess trends in workforce supply, workforce demographics, and professional distribution across Bermuda's health system.

Data sources included:

- the Bermuda Health Council, which maintains registers for several regulated health professions
- the Bermuda Nursing and Midwifery Council
- the Bermuda Medical Council

These data were used to identify workforce trends, potential shortages, and areas where workforce capacity may need to expand or be rebalanced.

Where appropriate, Bermuda's workforce indicators were compared with international benchmarks to provide additional context.

Stakeholder Engagement

Stakeholder consultation was a central component of the strategy's development. Two consultation sessions were held with members of the Bermuda Clinical Senate, representing a broad cross-section of health professions including medicine, nursing, allied health, mental health, dentistry, pharmacy, and public health.

Participants were invited to share their perspectives on:

- workforce shortages and recruitment challenges
- barriers to retention and professional development
- opportunities for improved collaboration and multidisciplinary care
- emerging workforce roles and skills needed for the future

These discussions helped identify the key workforce challenges facing Bermuda and informed the strategic priorities outlined in this document.

Comparative Analysis

To ensure alignment with international best practices, Bermuda's workforce data and stakeholder insights were considered alongside workforce strategies from several jurisdictions, including:

- the NHS Long Term Workforce Plan (England)
- A Healthier Wales Workforce Strategy
- the National Workforce Strategy for Health and Social Care in Scotland

These comparisons provided insights into effective workforce planning approaches used in other health systems facing similar demographic and workforce challenges.

Strategy Development

The findings from the data analysis, stakeholder consultations, and international review were synthesised to develop the strategic priorities presented in this document.

The resulting strategy focuses on five key areas:

01 Monitoring the workforce

02 Growing the workforce

03 Changing how the workforce operates

04 Leveraging technology and innovation

05 Aligning policy and education

These strategic anchors provide the framework through which profession-specific workforce plans will be developed and implemented.

The following section provides an overview of Bermuda's current health workforce landscape, including demographic trends, workforce supply, and projected healthcare demand.

Variables Impacting Healthcare Demand

Healthcare workforce planning must be grounded in an understanding of the factors that shape demand for health services. Bermuda's health system is influenced by several structural and demographic trends that will significantly affect the type, volume, and complexity of healthcare services required over the coming decades.

The most important factors include:

- demographic change
- population ageing
- chronic disease prevalence
- economic conditions
- evolving models of care

Together, these trends will increase demand for healthcare services and require adjustments to Bermuda's health workforce capacity and skill mix.

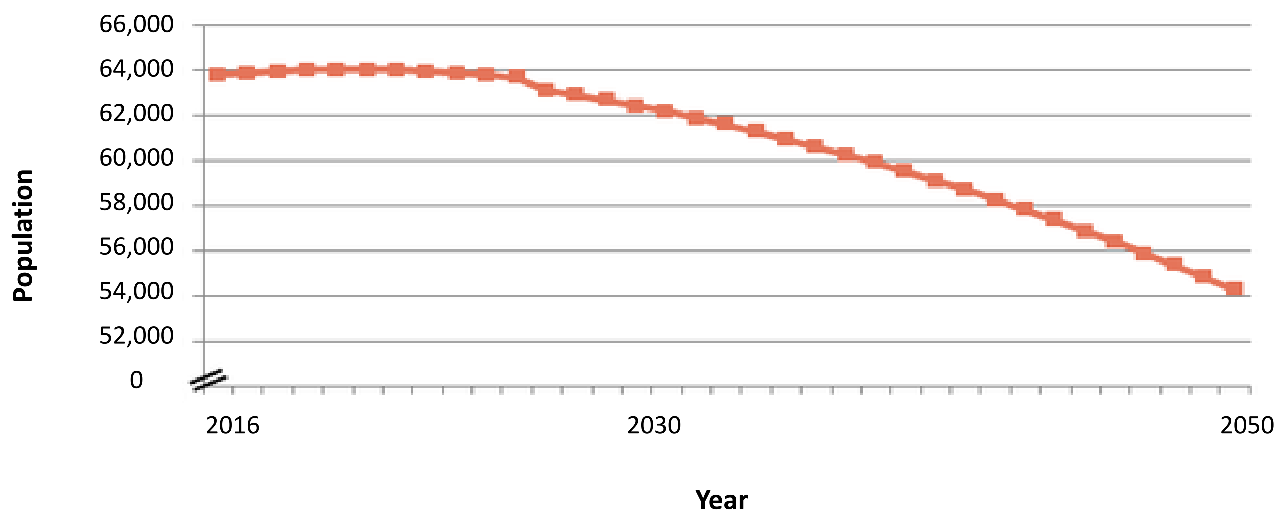
Population Size and Structure

Bermuda is a small island jurisdiction with a population of approximately 63,000 people living across a limited geographic area. According to the 2016 Census, Bermuda's population has begun to decline slightly due to lower birth rates and net emigration.

Although Bermuda's population size has remained relatively stable in recent decades, the age structure of the population is changing significantly. Lower fertility rates and increased life expectancy are leading to a higher proportion of older adults within the population.

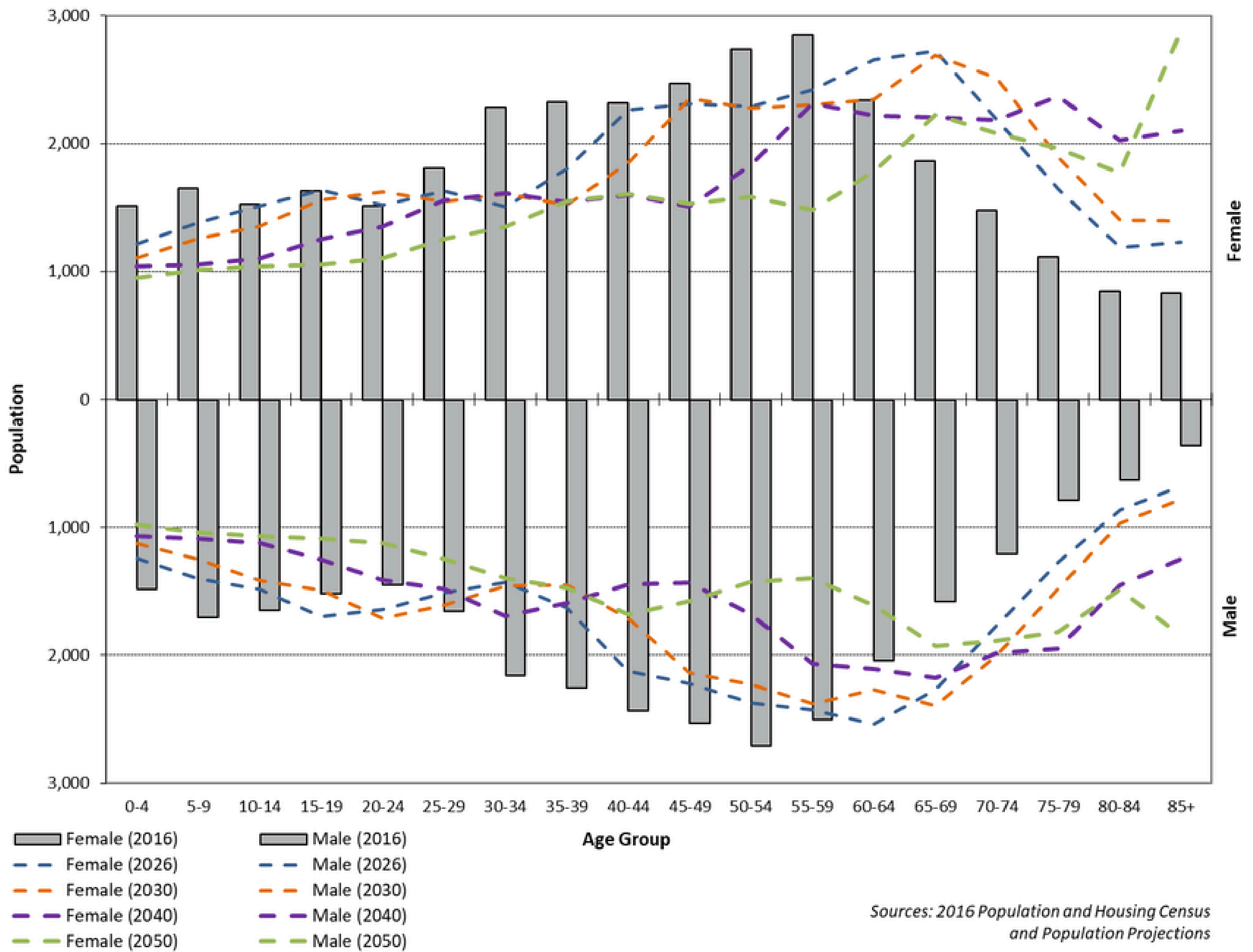
This demographic shift has important implications for healthcare demand, as older populations typically require more frequent and more complex healthcare services.

Figure 1. Projected population 2016-2050



Sources: Population and housing censuses projections

Figure 2. Population pyramid with 2016 census population and 2016 projected population



Declining Birth Rates

Bermuda’s fertility rate is currently estimated at approximately 1.4 children per woman, which is significantly below the replacement level of 2.1 required to maintain population stability.

Lower fertility rates will contribute to a shrinking working-age population over time. This has implications for workforce sustainability because the number of individuals available to enter the health workforce may decline while healthcare demand continues to increase.

Ageing Population

Bermuda's population is ageing rapidly. Current projections indicate that adults aged 65 years and older may represent approximately 30% of the population by 2035.

Older adults generally require more healthcare services due to:

- chronic disease management
- mobility limitations long-term
- care needs
- increased risk of hospitalisation

This shift will increase demand for services such as:

- primary care
- geriatric medicine
- rehabilitation
- long-term care
- community-based services

These trends will also influence the types of health professionals required and may require expanded roles for nurses, allied health professionals, and community-based care providers.

Burden of Disease

Like many developed health systems, Bermuda faces a high burden of non-communicable diseases (NCDs).

Conditions such as:

- cardiovascular disease
- diabetes
- cancer
- stroke

represent the leading causes of mortality and healthcare utilisation.

The management of chronic disease typically requires long-term, multidisciplinary care, increasing demand for healthcare professionals across multiple disciplines including physicians, nurses, dietitians, physiotherapists, and mental health professionals.

Economic and Workforce Implications

Healthcare spending in Bermuda is among the highest in the world on a per-capita basis. At the same time, labour costs represent a substantial proportion of total healthcare expenditure.

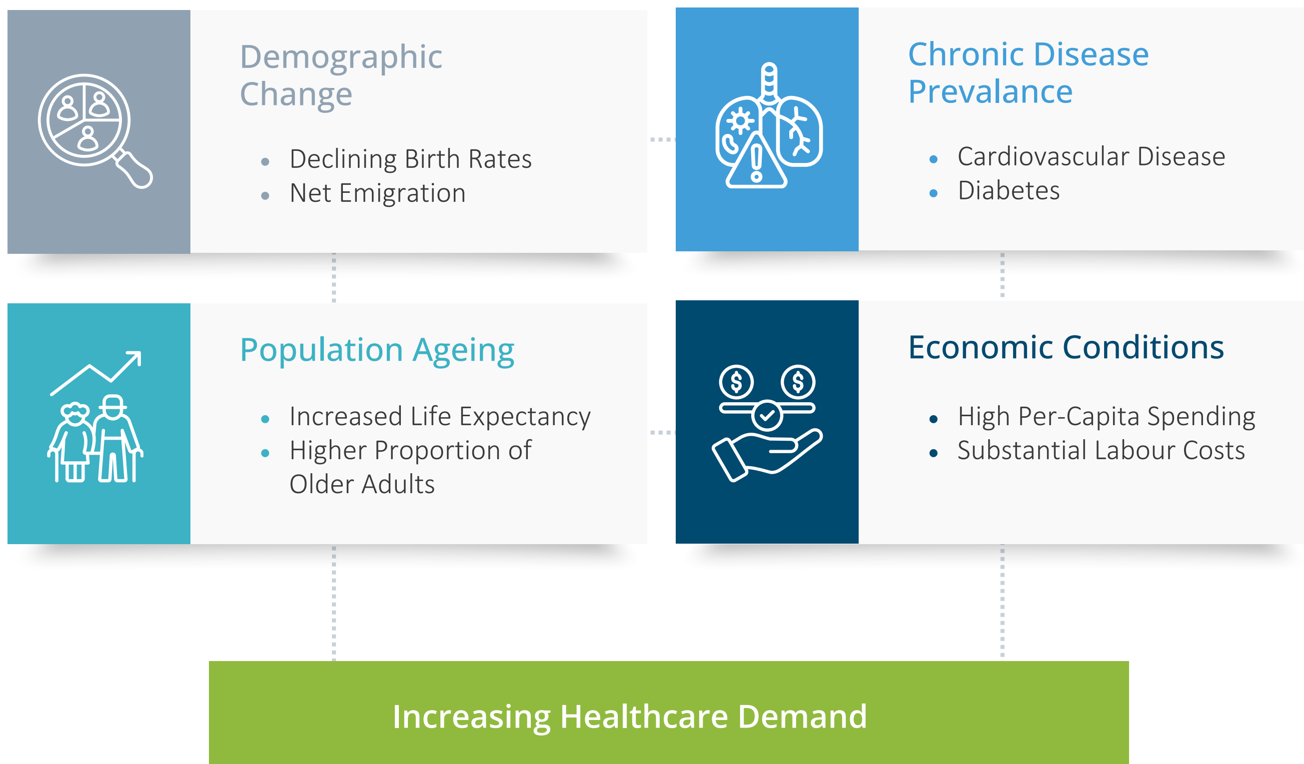
International comparisons suggest that workforce-related costs typically represent 40–60% of total healthcare spending in developed health systems.

As Bermuda's population ages and demand for healthcare increases, workforce planning will become increasingly important to ensure that the health system remains financially sustainable while maintaining high standards of care.

This underscores the need for:

- improved workforce data
- strategic workforce planning
- modernised care delivery models
- improved workforce productivity through technology and innovation

Factors Impacting Healthcare Demand in Bermuda



Implications for Workforce Planning

Taken together, these trends highlight the importance of proactive workforce planning.

Without coordinated planning, Bermuda's health system may face:

- workforce shortages in key professions
- increased reliance on international recruitment
- rising healthcare costs
- reduced access to care in some sectors

Addressing these challenges will require a strategic approach to workforce planning that aligns workforce supply with population health needs and evolving models of care. The following sections examine Bermuda's current health workforce supply and distribution to better understand how the system can respond to these emerging demands.

Understanding Health Workforce Supply

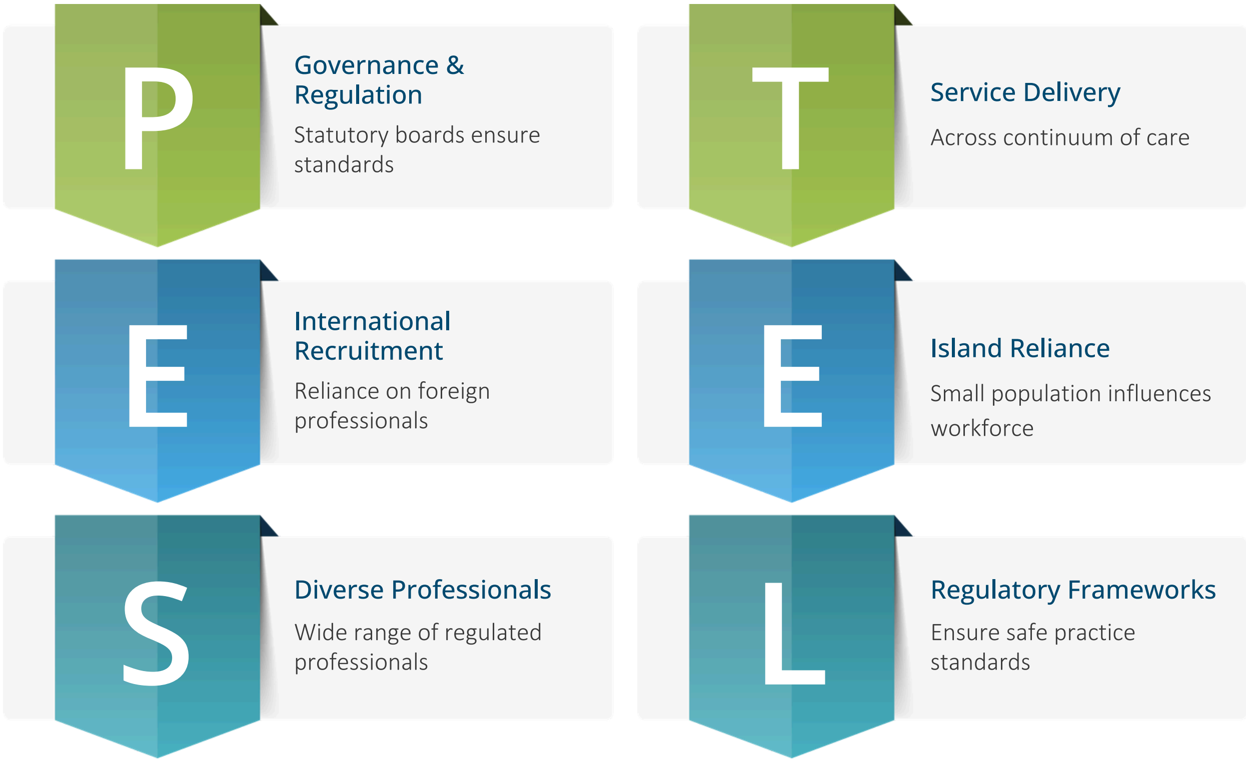
Bermuda's health workforce is composed of a diverse group of regulated professionals working across the public and private sectors. These professionals provide services across the full continuum of care, including primary care, hospital services, community health services, and long-term care.

The size, composition, and distribution of the workforce are influenced by Bermuda's small population, the structure of the health system, and the island's reliance on international recruitment for certain specialised roles.

Understanding the current workforce supply is essential for identifying potential gaps, planning future workforce needs, and ensuring that healthcare services remain accessible and sustainable.

Bermuda Health Workforce Analysis

This analysis applies the PESTEL framework, which examines the Political, Economic, Social, Technological, Environmental, and Legal factors influencing Bermuda's health workforce.



Structure of Bermuda’s Health Workforce

Bermuda’s health workforce includes a wide range of regulated health professions, including:

- physicians
- nurses and midwives
- pharmacists
- dentists
- psychologists
- allied health professionals
- emergency medical services personnel
- skilled caregivers

Addressing these challenges will require a strategic approach to workforce planning that aligns workforce supply with population health needs and evolving models of care. The following sections examine Bermuda’s current health workforce supply and distribution to better understand how the system can respond to these emerging demands.

Healthcare services are delivered across several sectors:

Acute and Hospital Care

Hospital-based services are primarily provided through the King Edward VII Memorial Hospital (KEMH) and the Mid-Atlantic Wellness Institute (MWI), both operated by the Bermuda Hospitals Board.

Primary Care

Primary care services are largely delivered through private general practitioner practices and community clinics.

Community and Allied Health Services

Allied health professionals and community-based services are delivered through a combination of public sector programmes, private practices, and non-profit organisations. This mixed public-private structure creates both opportunities and challenges for workforce planning, as many professionals operate outside centrally managed systems.

Workforce Governance and Regulation

Health professionals in Bermuda are regulated through several statutory boards established under specific legislation. These regulatory frameworks ensure that professionals meet the required standards of education, training, and professional conduct necessary to practice safely.

Key legislation governing health professions includes:

Table 1. Legislative Framework for Health Professional Regulation in Bermuda

Legislation	Purpose
Medical Practitioners Act 1950	Regulates physicians through the Bermuda Medical Council
Dental Practitioners Act 1950	Regulates dentists, dental hygienists and dental technicians
Nursing and Midwifery Act 1997	Regulates nurses, midwives and advanced practice nurses
Allied Health Professions Act 2018	Regulates several allied health professions
Optometrists and Opticians Act 2008	Regulates optometrists and opticians
Pharmacy and Poisons Act 1979	Regulates pharmacists and pharmacies
Psychological Practitioners Act	Regulates psychologists

These statutory boards are responsible for:

- professional registration and licensing
- maintaining professional standards
- continuing professional education requirements
- disciplinary oversight where necessary

The Bermuda Health Council supports workforce monitoring and system-level planning through its role in health system oversight and workforce data collection.

Workforce Composition

Bermuda's health workforce is characterised by a combination of Bermudian and internationally recruited professionals. Due to the island's small population and limited local training capacity for certain professions, the health system relies significantly on non-Bermudian professionals to fill specialised roles.

In several professions, internationally recruited professionals represent a significant proportion of the workforce. While international recruitment provides access to specialised expertise, it also introduces potential workforce risks because employment and residency may be tied to work permit arrangements.

Table 2. Bermuda Health Workforce Distribution (2016)

Profession / Category	Positions Filled	Bermudians	Non-Bermudians	% Non-Bermudian
Doctors (total)	~127 (2008)	41%	59%	59%
– Anaesthesiologists	11	8	4	36%
– Cardiologists	2	0	2	100%
– Emergency Physicians	17	2	14	82%
– Hospitalists	8	0	6	100%
– Pathologists	4	2	2	50%
– Radiologists	4	2	2	50%
– Surgical Officers	5	0	5	100%
– Psychiatrists	5	2	3	60%
Nursing (RNs)	329	69	260	79%
– Mental Health Nurses	44	7	37	84%
– Community Psych Nurses	7	2	5	71%

Table 2. *(continued)*

Profession / Category	Positions Filled	Bermudians	Non-Bermudians	% Non-Bermudian
Dentists	31 (2008)	71%	29%	29%
Pharmacists	30 (2008)	25%	75%	75%
Physiotherapists	10	6	4	40%
Dieticians	6	2	4	67%
Psychologists	6	5	2	33%
Medical Lab Technologists	17	3	14	82%
Diagnostic Imaging Technologists (all)	33	19	14	42%

Workforce Distribution Across Professions

Bermuda's health workforce includes professionals across a range of clinical disciplines. Workforce numbers vary by profession, reflecting differences in training pathways, population health needs, and the structure of healthcare delivery.

Some professions have experienced moderate growth over the past decade, while others have remained relatively stable. Workforce growth has generally not kept pace with the expected increase in healthcare demand associated with population ageing and chronic disease prevalence.

Detailed workforce data by profession are provided in the appendices.

Workforce Supply Risks

Several factors may affect the long-term sustainability of Bermuda's health workforce.

Reliance on International Recruitment

A significant proportion of Bermuda's healthcare workforce consists of non-Bermudian professionals working under immigration permits. While this model allows Bermuda to access specialised expertise, it also creates potential risks if recruitment becomes more difficult due to global workforce shortages or immigration policy changes.

Age Distribution of the Workforce

In several professions, a proportion of the workforce is approaching retirement age. Without adequate workforce pipelines, this may create shortages in certain professions in the coming years.

Workforce Data Limitations

Current workforce data are collected by multiple organisations and may not follow uniform reporting standards. As a result, workforce data may be incomplete or difficult to compare across professions. Strengthening workforce data systems is therefore a key priority of this strategy.

Workforce Demand and Supply Balance

Bermuda currently maintains a relatively high density of certain health professionals compared with some international benchmarks.

However, workforce availability must be considered in the context of:

- Bermuda's ageing population
- the high prevalence of chronic diseases
- the need for specialised services
- the island's geographic isolation

These factors can increase demand for healthcare services and limit the ability to rely on external systems for specialised care. Understanding the balance between workforce supply and healthcare demand is therefore essential to ensuring that Bermuda's health system remains sustainable.

The following section outlines the strategic priorities that will guide Bermuda's approach to health workforce planning over the coming decade. These priorities focus on improving workforce monitoring, expanding workforce capacity, modernising workforce roles, leveraging technology, and aligning workforce policies with Bermuda's long-term health system needs.

Key Workforce Findings

The analysis of workforce data, demographic trends, and stakeholder consultations highlights several structural challenges facing Bermuda's health workforce.

First, workforce data systems remain fragmented. Workforce information is currently collected by multiple regulatory bodies and institutions using different formats and reporting cycles. As a result, workforce data are not always timely, consistent, or easily comparable across professions. This limits the ability to monitor workforce trends, anticipate shortages, and support evidence-based planning.

Second, workforce growth across many professions has remained relatively stable over the past decade despite increasing healthcare demand. While some professions—such as emergency medical services practitioners and diagnostic imaging technologists—have experienced growth, many others have remained largely unchanged. This trend occurs alongside increasing hospital workload and growing demand for community-based services.

Third, Bermuda's health system relies significantly on internationally recruited professionals. In several professions, non-Bermudian workers represent the majority of the workforce. While international recruitment provides access to specialised expertise, it also introduces potential vulnerabilities because workforce supply is influenced by immigration policies, global labour markets, and work permit arrangements.

Fourth, workforce demographics indicate potential retirement pressures in some professions. The proportion of health professionals aged 60 years and older varies across disciplines and may 19 represent an early indicator of future workforce shortages if replacement pipelines are not strengthened.

Finally, international comparisons suggest that Bermuda's workforce density in several professions is broadly comparable with other developed health systems. However, workforce adequacy cannot be assessed solely through population ratios. Bermuda's geographic isolation, ageing population, and high burden of chronic disease increase demand for coordinated and specialised care, placing additional pressure on workforce capacity.

Taken together, these findings suggest that Bermuda's workforce challenges are not solely related to workforce numbers. They are also shaped by workforce distribution, skill mix, data limitations, and evolving healthcare needs.

Addressing these challenges will require a coordinated approach that improves workforce data systems, strengthens workforce planning, modernises workforce roles, and leverages technology to improve productivity. The strategic priorities outlined in the following section respond directly to these findings.

Stakeholder Insights and Recommendations

Stakeholder consultations conducted during the development of this strategy highlighted several recurring themes related to recruitment, retention, workforce adaptability, governance, and workforce wellbeing.

Participants represented a wide range of health professions, including medicine, nursing, allied health, mental health, dentistry, pharmacy, and public health. While perspectives varied across professions, several common priorities emerged.

Recruitment and Workforce Pipeline

Stakeholders emphasised the need for proactive workforce planning and stronger pathways into health careers for Bermudians. Suggested approaches included increasing exposure to health professions in schools, strengthening partnerships with Bermuda College, and improving alignment between education pathways and workforce needs.

Retention and Workplace Culture

Workplace culture, professional support, and career progression opportunities were identified as key factors influencing workforce retention. Stakeholders highlighted the importance of mentoring, professional development opportunities, and supportive workplace environments. Stakeholders also emphasised the importance of creating career progression pathways that allow professionals to advance in their field without necessarily moving into management roles.

Workforce Adaptability

Stakeholders noted that healthcare professionals are not always able to practice to the full scope of their training. Expanding scopes of practice and introducing new workforce roles were suggested as ways to improve system efficiency and workforce satisfaction.

Governance and Workforce Planning

Participants emphasised the need for stronger workforce planning and clearer coordination between regulatory bodies, employers, and policymakers. Improved workforce data collection and monitoring were identified as essential for long-term planning.

Public Awareness and Health Literacy

Stakeholders also highlighted the role of public education in supporting the health workforce by encouraging appropriate use of healthcare services and promoting preventative health behaviours.

How These Recommendations Informed the Strategy

The insights gathered through stakeholder engagement directly informed the strategic priorities presented in this document.

The five strategic anchors reflect the core themes identified during the consultation process:

Stakeholder Theme	Strategic Anchor
Need for better workforce data	Monitoring How We Work
Recruitment and education pathways	Growing the Workforce
Expanded roles and new models of care	Changing How We Work
Technology and innovation	Leveraging Technology
Policy alignment	Aligning Policy and Education

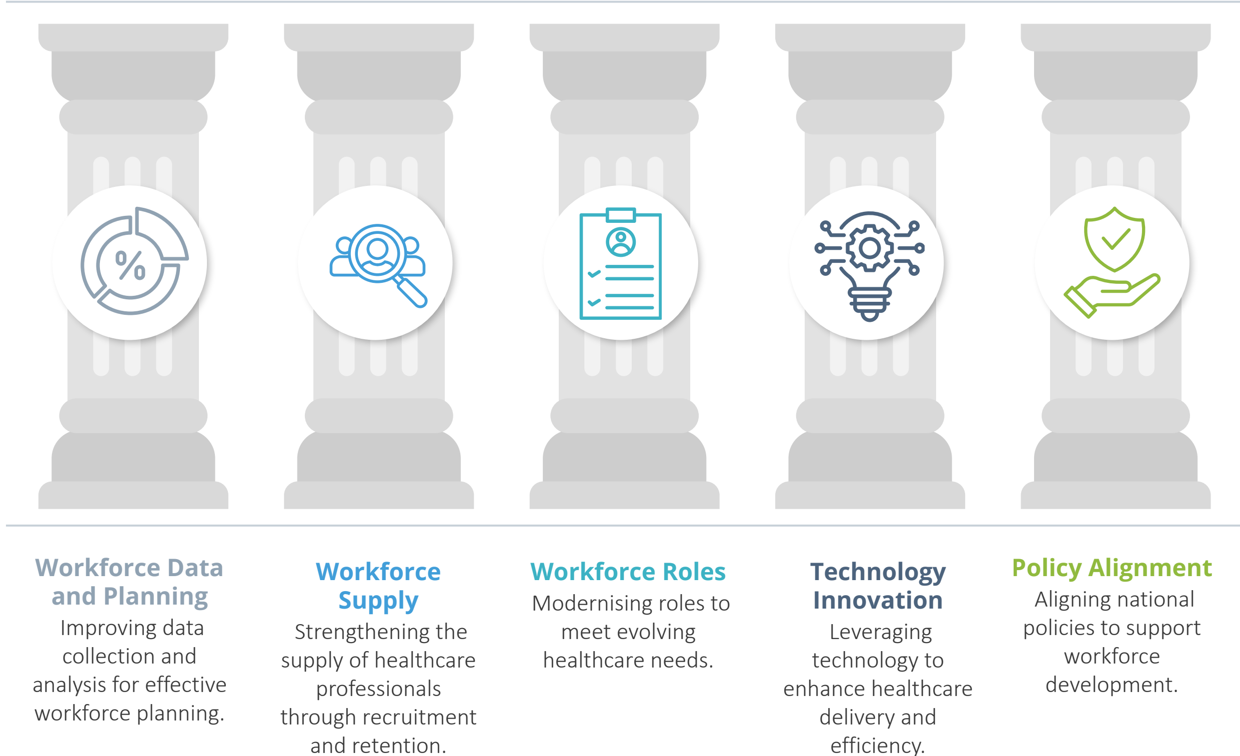
Strategic Priorities for Bermuda's Health Workforce

Bermuda's health workforce must evolve to respond to demographic change, increasing demand for healthcare services, and the need for more sustainable models of care.

Based on the analysis of workforce data, stakeholder consultations, and international best practices, this strategy identifies five strategic priorities that will guide workforce planning over the next decade.

These priorities focus on improving workforce data and planning, strengthening workforce supply, modernising workforce roles, leveraging technological innovation, and aligning national policies that influence workforce development.

Together, these priorities form the foundation for profession-specific workforce plans that will be developed by statutory boards and professional groups.



Anchor 1: Monitoring How We Work

Strategic Direction

Effective workforce planning requires reliable, timely, and comparable workforce data. At present, workforce data in Bermuda are collected by multiple organisations and do not follow uniform reporting standards. This limits the ability to monitor workforce trends, forecast workforce needs, and evaluate the impact of policy decisions.

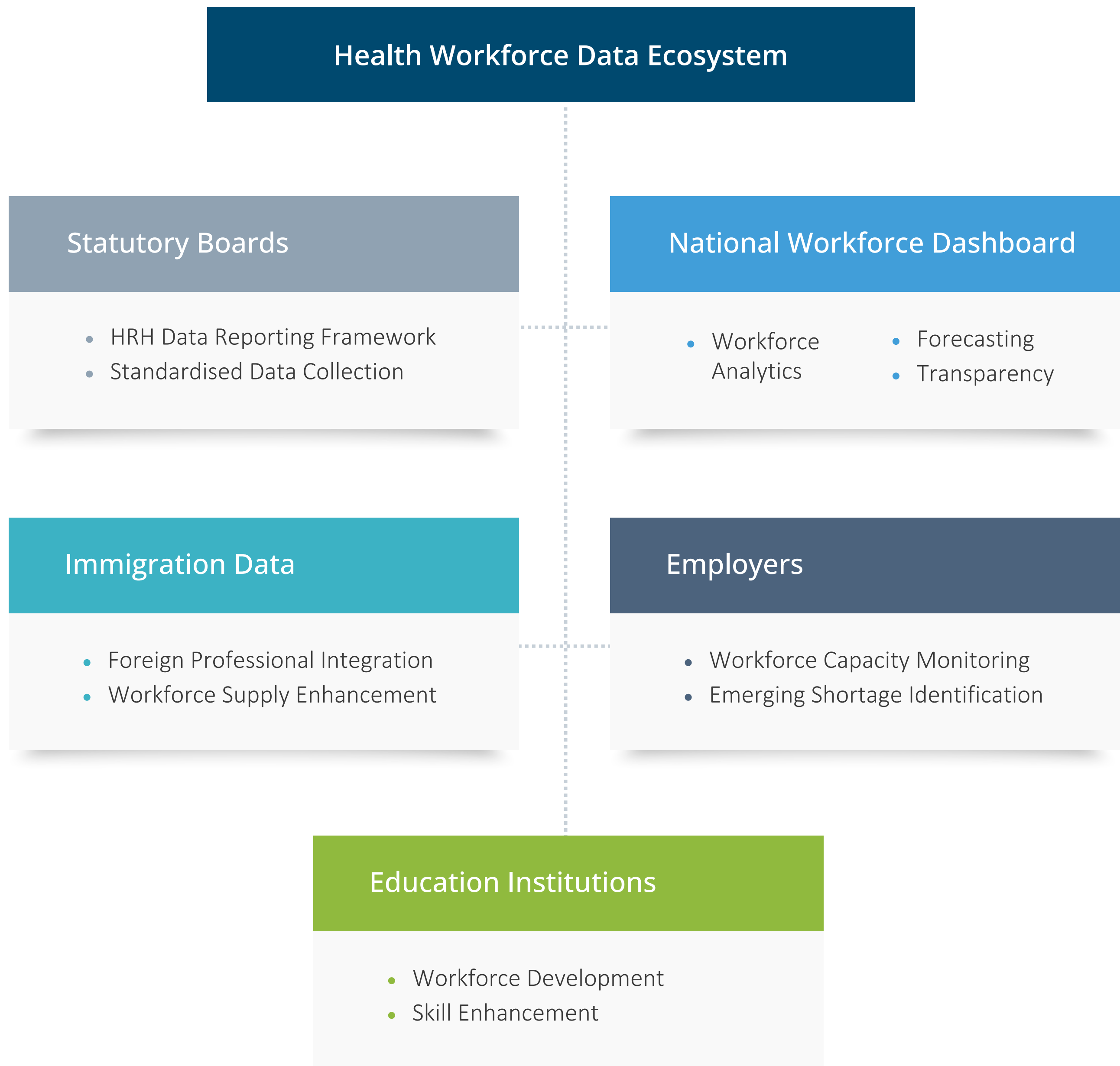
Strengthening the national Human Resources for Health (HRH) data infrastructure will allow Bermuda to monitor workforce capacity, identify emerging shortages, and support evidence-based planning across the health system.

Strategic Actions

- ✓ Develop a national HRH data reporting framework aligned with the World Health Organization National Health Workforce Accounts model.
- ✓ Standardise workforce data collected by statutory boards and regulatory bodies.
- ✓ Establish an integrated digital workforce reporting system to support workforce analytics and forecasting.
- ✓ Publish selected workforce indicators to improve transparency and support long-term planning.

Health Workforce Data Ecosystem in Bermuda

This framework illustrates how workforce data from multiple sources is brought together within a central ecosystem to support workforce planning, monitoring, and decision-making.



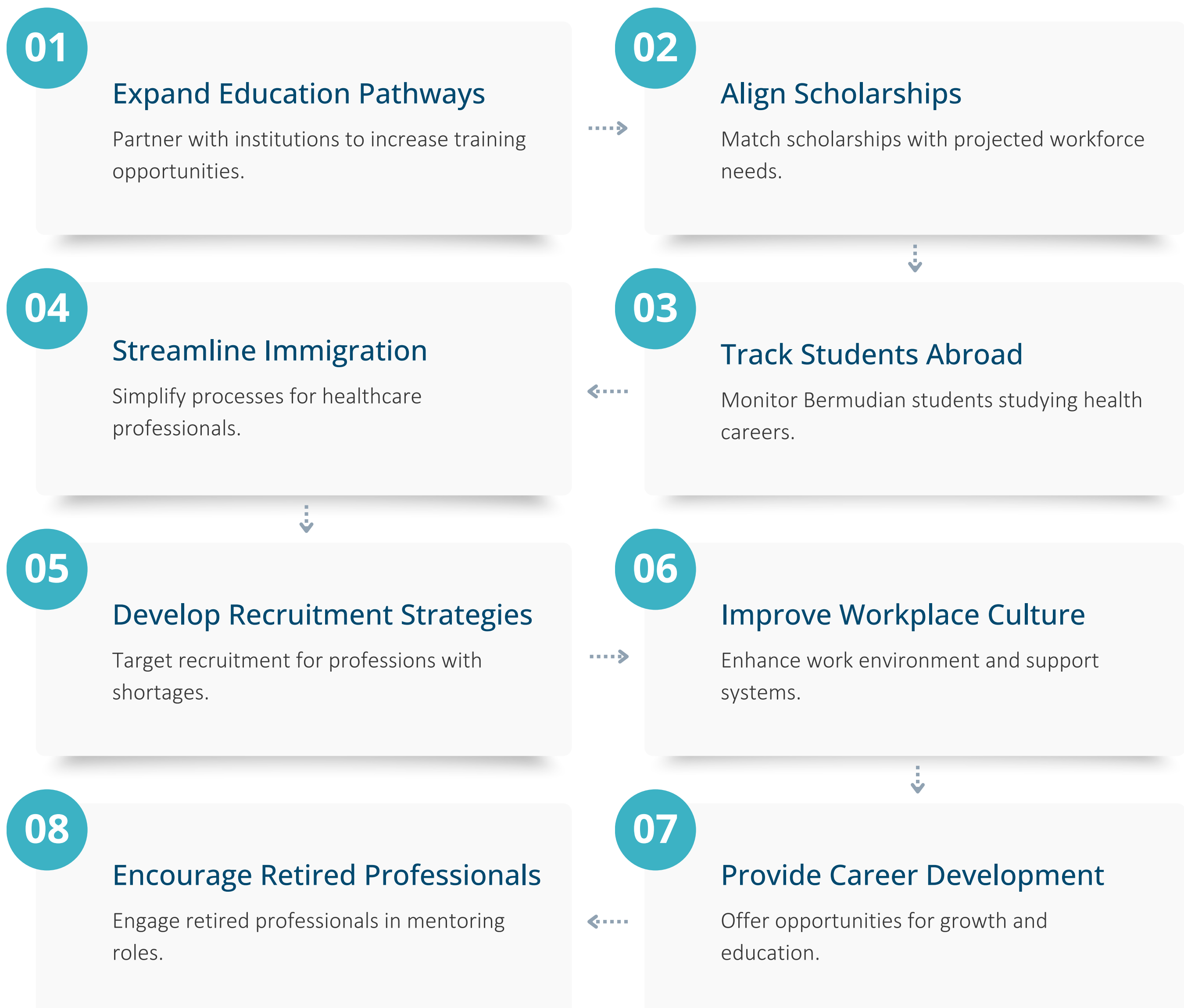
Anchor 2: Growing the Workforce

Strategic Direction

Ensuring an adequate supply of health professionals will require a coordinated approach that strengthens local education pathways, supports Bermudians pursuing health careers abroad, and responsibly leverages international recruitment.

Workforce growth must be aligned with Bermuda's evolving healthcare needs and focus not only on increasing workforce numbers but also on developing the skills required to deliver modern models of care.

Health Workforce Growth Cycle



Anchor 2: Growing the Workforce *(continued)*

Strategic Actions

Education and Training

- ✓ Expand local training pathways through partnerships with Bermuda College and international education providers.
- ✓ Align scholarship programmes with Bermuda's projected workforce needs.
- ✓ Track Bermudian students studying abroad and create structured pathways for return to practice.

Recruitment

- ✓ Streamline immigration processes for hard-to-fill healthcare roles.
- ✓ Develop targeted recruitment strategies for professions experiencing shortages.

Retention

- ✓ Improve workplace culture and professional support systems.
- ✓ Provide opportunities for career development and continuing professional education.
- ✓ Explore mechanisms to encourage recently retired professionals to contribute through mentoring or part-time roles.

Early Health Career Exposure Programs

- ✓ Health career exposure programs in several jurisdictions introduce students to healthcare professions through mentorship, practical learning experiences, and collaboration with universities and hospitals.
- ✓ Evidence suggests that early exposure programs can significantly increase the number of students pursuing careers in healthcare.

Expanding similar initiatives in Bermuda could strengthen the long-term pipeline of Bermudian health professionals.

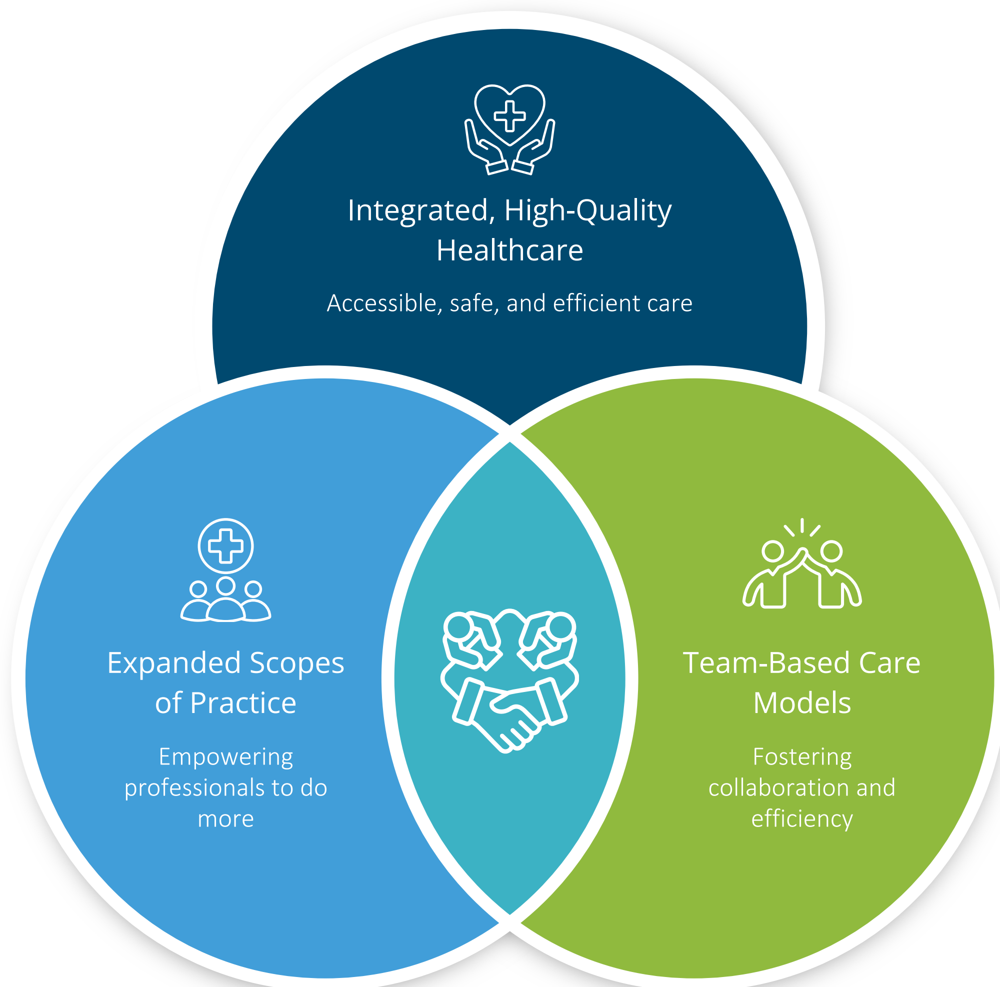
Anchor 3: Changing How We Work

Strategic Direction

Traditional healthcare delivery models rely heavily on highly specialised professionals working in isolated roles. As healthcare demand increases, this model will become increasingly difficult to sustain.

Future workforce models must focus on multidisciplinary care, expanded scopes of practice, and more efficient use of available skills. By enabling professionals to work to the full extent of their training and introducing new roles where appropriate, Bermuda can improve access to care while maintaining high standards of safety and quality.

Unlocking Healthcare Efficiency Through Collaboration



Anchor 3: Changing How We Work *(continued)*

Strategic Actions

- Expand scopes of practice for nurses, pharmacists, and allied health professionals where appropriate.
- Introduce intermediate-level roles to support multidisciplinary teams.
- Encourage the development of team-based care models.
- Align reimbursement systems with collaborative models of care rather than individual service delivery.

Workforce Innovation Example: Advanced Practice Nurses in Long-Term Care

In several health systems, nurse practitioners have been deployed to provide on-site medical care within long-term care facilities.

Research indicates that nurse practitioner–led care models can:

- reduce hospital admissions by 17–40%
- reduce emergency department visits by 50–65%
- improve care continuity for elderly patients

These models allow physicians to focus on more complex cases while expanding care capacity in long-term care facilities. Such approaches may be relevant for Bermuda as demand for long-term care services increases.

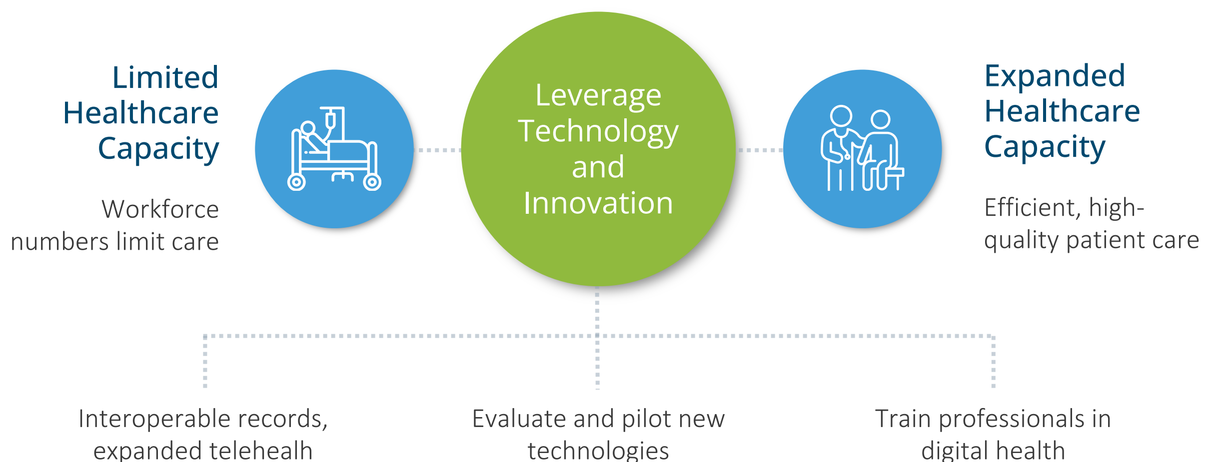
Anchor 4:
Leveraging Technology and Innovation

Strategic Direction

Technological innovation will play a key role in expanding healthcare capacity without proportionally increasing workforce numbers. Digital health tools, telehealth services, artificial intelligence, and robotics are increasingly being used worldwide to improve productivity and support healthcare delivery.

Adopting appropriate technologies will allow Bermuda's health workforce to operate more efficiently while maintaining high-quality patient care.

Expanding Healthcare Capacity with Technology



Strategic Actions

Digital Infrastructure

- ✓ Support the development of interoperable electronic medical records across healthcare providers.
- ✓ Expand telehealth services to improve access to care.

Anchor 4: Leveraging Technology and Innovation *(continued)*

Strategic Actions

Innovation

- ✓ Evaluate emerging technologies that may improve workforce productivity and care delivery.
- ✓ Pilot innovative models such as remote monitoring and digital triage systems.

Workforce Development

- ✓ Ensure healthcare professionals receive appropriate training in digital health technologies.

Workforce Innovation Example: Remote Clinical Supervision Through Telehealth

- ✓ Some healthcare systems have introduced telehealth “hub-and-spoke” models in which senior clinicians provide remote supervision and decision support to community providers.
- ✓ This model allows scarce specialist expertise to support multiple locations simultaneously and can reduce unnecessary hospital transfers while improving care quality.

For small jurisdictions with limited specialist workforce capacity, telehealth supervision models can significantly extend workforce reach.

Anchor 5: Aligning Policy and Education

Strategic Direction

Health workforce sustainability depends on coordinated policies across several sectors, including education, immigration, regulation, and healthcare financing.

Aligning these policies will ensure that workforce planning decisions support long-term system sustainability and allow new models of care to develop safely.

Policy Cycle for Healthcare Workforce

Strategic Actions

- ✓ Strengthen partnerships between education providers and health system stakeholders to support health career pathways.
- ✓ Align immigration policies with workforce planning priorities.
- ✓ Review legislation and regulatory frameworks to support emerging workforce roles.
- ✓ Encourage early exposure to health careers through education initiatives in schools.

Implementation and Next Steps

Successfully implementing the Bermuda Health Workforce Strategy will require coordinated action across government, regulatory bodies, healthcare providers, and education institutions.

While this strategy establishes the national direction for workforce planning, its implementation will depend on collaboration between multiple stakeholders responsible for workforce development, professional regulation, healthcare delivery, and education.

The Bermuda Health Council will play a central role in monitoring workforce data and supporting the development of profession-specific workforce plans, while statutory boards and professional groups will be responsible for implementing actions within their respective professions.

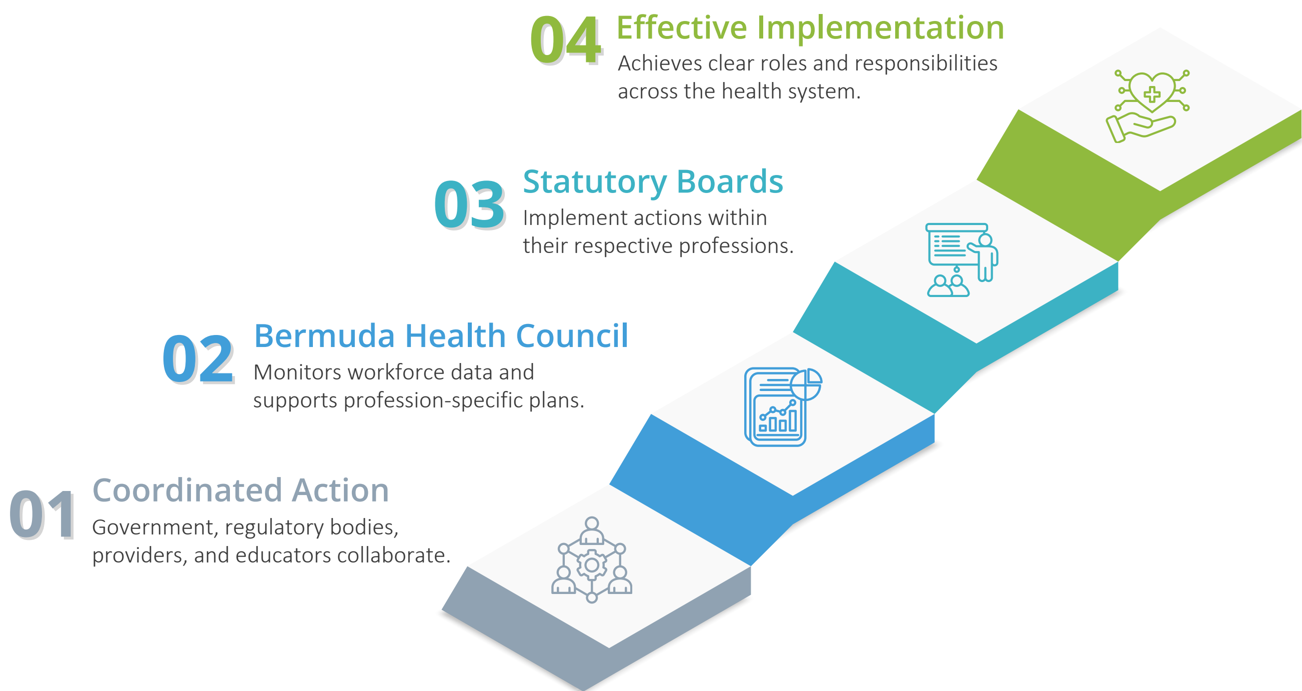
Governance and Responsibilities

Effective implementation requires clear roles and responsibilities across the health system.

Entity	Primary Role
Ministry of Health	National health policy leadership
Bermuda Health Council	Workforce monitoring and strategy coordination
Statutory Boards	Profession-specific workforce planning
Healthcare Providers	Workforce implementation and workforce development
Education Institutions	Training and workforce pipeline development
Immigration Authorities	Workforce supply through international recruitment

This collaborative governance model ensures that workforce planning decisions reflect both national priorities and the operational realities of healthcare delivery.

Implementing the Health Workforce Srategy



Development of Profession Workforce Plans

As part of the implementation process, each regulated health profession will develop a profession-specific workforce plan that applies the national strategy to the context of that profession.

These workforce plans will:

- assess the current workforce supply
- analyse projected service demand
- identify potential workforce gaps
- propose profession-specific actions aligned with the five strategic anchors

Workforce plans will be developed by statutory boards in collaboration with relevant stakeholders and will be reviewed by the Bermuda Health Council to ensure alignment with national workforce priorities.

Implementation Roadmap

The implementation of this strategy will occur in phases over the coming decade. Initial priorities will focus on strengthening workforce data systems and developing profession workforce plans, followed by longer-term reforms to workforce models and supporting policies.

Bermuda Health Workforce Stratey Timeline

Implementation Accountability

To ensure that the strategy results in practical action rather than additional planning activity, each major initiative identified in this strategy has a clearly designated accountable lead organisation. While implementation will require collaboration across multiple stakeholders, the accountable lead organisation is responsible for initiating the work, coordinating partners, and reporting on progress.

Supporting organisations contribute expertise and operational capacity but do not replace the responsibility of the accountable lead.

Initial Strategic Actions

The following actions represent the first steps in implementing the strategy.

Action	Accountable Lead	Supporting Partners	Timeline	Expected Outcome
Present and adopt the Health Workforce Strategy	Ministry of Health	Bermuda Health Council	2026	Strategy adoption
Develop national HRH data reporting framework	Health Council	Statutory Boards	2026	Workforce data standards
Implement integrated workforce reporting system	Health Council	CMO Office, Statutory Boards	2026–2027	Workforce monitoring capability
Develop profession workforce plans	Statutory Boards	Health Council, Ministry of Health	2026	Profession workforce strategies
Conduct review of emerging workforce roles	Ministry of Health	Statutory Boards, Health Council	2026–2028	Regulatory updates
Strengthen digital health capabilities	UHC Digital Strategy Committee	Ministry of Health, Providers	Ongoing	Technology-enabled care
Conduct technology and workforce innovation review	Health Council	—	2026	Innovation roadmap

Monitoring and Evaluation

To ensure the strategy remains effective and responsive to changing conditions, progress will be monitored through a set of workforce indicators.

These indicators will support ongoing workforce planning and provide transparency regarding the state of Bermuda's health workforce.

Key indicators may include:

- workforce size by profession
- workforce age distribution
- proportion of Bermudian versus internationally recruited professionals
- workforce vacancy rates
- training pipeline indicators
- service utilisation trends

Regular reporting on these indicators will support evidence-based decision making and allow adjustments to workforce planning where necessary.

Unveiling Bermuda's Health Workforce Dynamics

This overview brings together key indicators that shape Bermuda's health workforce, offering insight into workforce composition, capacity, and trends influencing future planning.

Continuous Improvement

Healthcare systems operate in dynamic environments influenced by demographic trends, technological advances, and changing health needs. As such, workforce planning must remain adaptable.

This strategy is intended to serve as a living framework that will evolve as new information becomes available and as profession-specific workforce plans are developed. Periodic reviews will ensure that workforce planning remains aligned with Bermuda's health system priorities and continues to support a sustainable and resilient healthcare workforce.

Progress against the actions outlined in this strategy will be reviewed annually by the Bermuda Health Council and reported to the Ministry of Health to ensure accountability and continued alignment with national health priorities.

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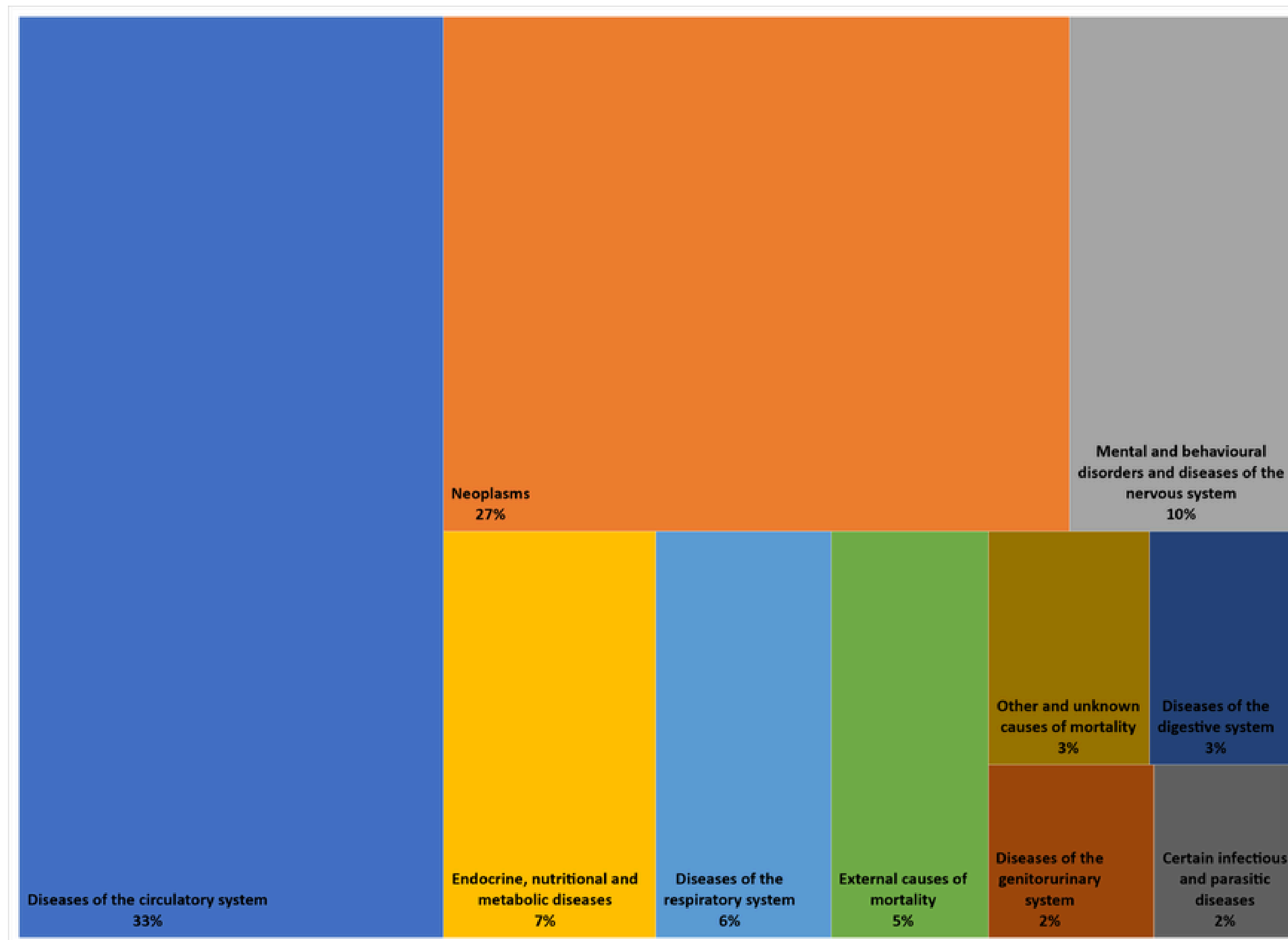
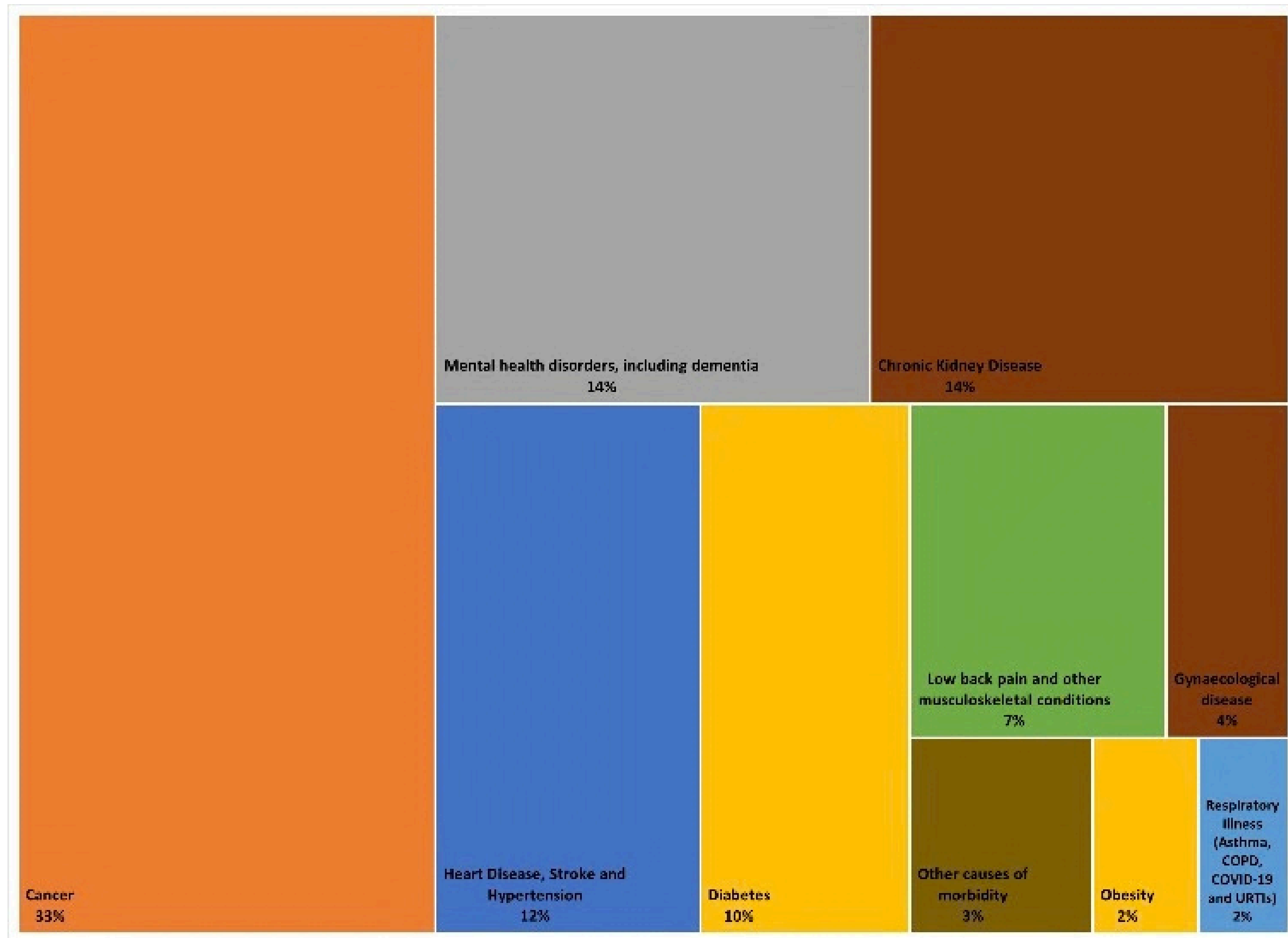
Appendix I: Variables Impacting Healthcare Demand

Distribution of causes of mortality, 2010-2019, Epidemiology and Surveillance Unit (Source: Office of the Chief Medical Officer)



Distribution of diagnoses for health insurance claim costs, FY2020-2021, Bermuda Health Council (Source: Office of the Chief Medical Office)



Appendix II: Workforce Data Tables

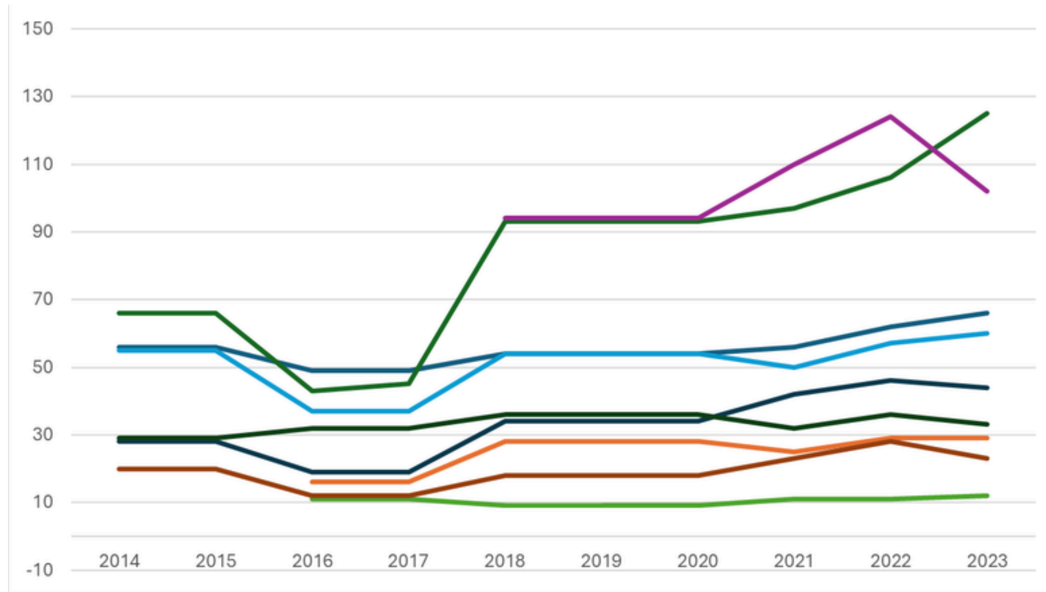
Number of regulated health professionals by year 2014-2023

Profession	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Dentists	48	46	46	45	45	49	43	47	46	46
Pharmacists	89	89	72	78	82	89	63	74	80	80
Physiotherapists	55	55	49	53	54	56	56	56	63	65
Psychologists	34	38	38	38	42	37	40	39	45	45

Number of health professionals in select regulated professions 2014-2023

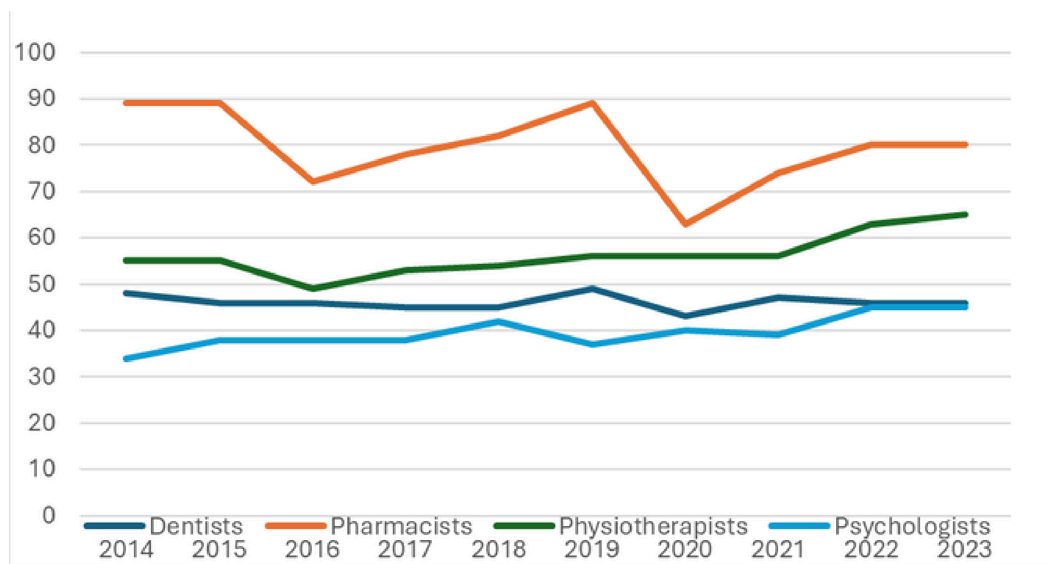
Profession	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Physiotherapists	56	56	49	49	54	54	54	56	62	66
Speech & Language Pathologists	N/A	N/A	16	16	28	28	28	25	29	29
Diagnostic Imaging Techs	66	66	43	45	93	93	93	97	106	125
Medical Lab Technologists	55	55	37	37	54	54	54	50	57	60
Emergency Medical Services Practitioners	N/A	N/A	N/A	N/A	94	94	94	110	124	102
Chiropodist	N/A	N/A	11	11	9	9	9	11	11	12
Addiction Counsellors	28	28	19	19	34	34	34	42	46	44
Dietitians	20	20	12	12	18	18	18	23	28	23
Occupational Therapist	29	29	32	32	36	36	36	32	36	33

Number of regulated health professionals by year 2014-2023



- Physiotherapist
- Speech & Language Therapist (includes Audiologist)
- Diagnostic Imaging Techs
- Medical Lab Techs
- Emergency Medical Service Personnel
- Chiropodist
- Addiction Counsellors
- Dietitians
- Occupational Therapist

Number of regulated health professionals by year 2014-2023



Bermuda Regulated Health Professionals by Gender and Proportion older than 60 years, 2023 or the latest available

Profession	Male	Female	Proportion who are females	Proportion> 60
Physiotherapist	13	53	80.3	11.76
Speech & Language Pathologists	0	29	100	20.69
Diagnostic Imaging Techs	18	106	85.48	16
Medical Lab Techs	15	45	75	18.33
Emergency Medical Service Personnel	83	19	18.63	9.8
Chiropodist	5	7	58.33	16.67
Addiction Counsellors	13	31	70.45	31.82
Dietitians	1	22	95.65	13.04
Occupational Therapist	1	32	96.97	9.09
Nursing and Midwifery	N/A	N/A	N/A	20.04
Nursing Associate	N/A	N/A	N/A	22.64
Dentist	25	25	50	9.38
Dental hygienist	0	55	100	13.34
Pharmacists	34	50	59.52	16.67
Psychologists	12	48	80	23.73

Medical doctors registered with the Bermuda Medical Council as of July 2021 (Source: Bermuda Medical Council)

Speciality	Total number	Rate per 10,000 population
General Practice and Family Medicine	45	9.37
Internal Medicine	18	2.81
Anaesthesiology	12	1.87
Cardiology	4	0.62
Endocrinology	2	0.31
Dermatology	3	0.47
Ophthalmology	2	0.31
ENT	2	0.31
Paediatrics	8	1.25
Psychiatry	6	0.94
Radiology	5	0.78
Gastroenterology	1	0.16
Geriatric	2	0.31
Obstetrics & Gynaecology	9	1.41
Haematology	2	0.31
Nephrology	4	0.62
Pulmonology	1	0.16
Neurology	2	0.31
Oncology	4	0.62
Pathology	2	0.31

Medical doctors registered with the Bermuda Medical Council as of July 2021 (continued)

Speciality	Total number	Rate per 10,000 population
Palliative Medicine	2	0.31
Sports Medicine	3	0.47
Physical Medicine and Rehabilitation	1	0.16
Public Health	2	0.31
Emergency Medicine	16	2.5
Surgeon, General	5	0.78
Surgeon, Orthopaedic	9	1.41
Surgeon, Plastic	1	0.16
Urology	4	0.62
Total	192	29.97

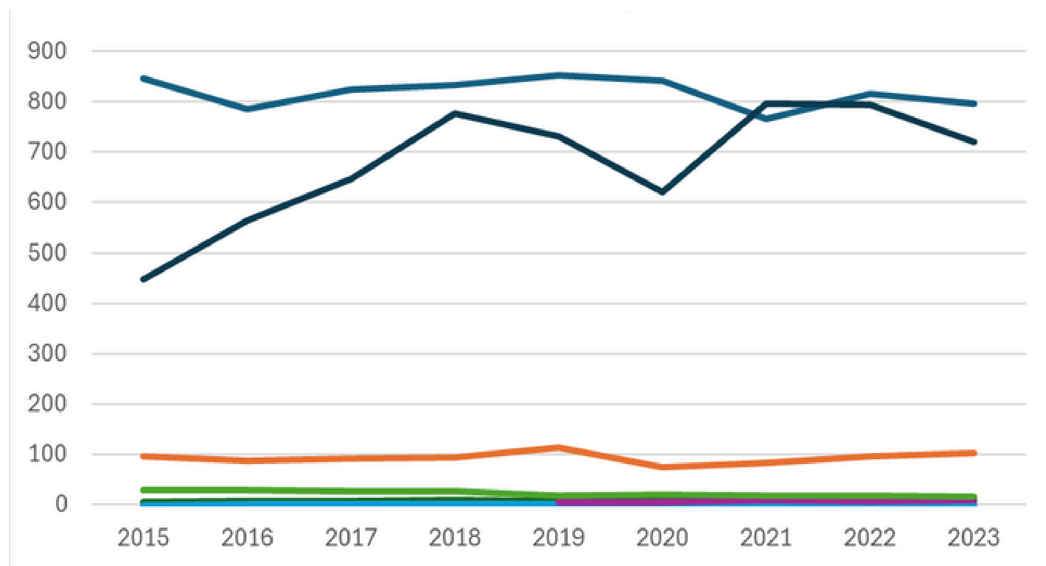
Nurses registered with the Bermuda Nursing and Midwifery Council as of November 2023, and the Population rate. (Source: Bermuda Nursing and Midwifery Council)

Speciality	Total number	Rate per 10,000 population
Nurse, Psychiatric	104	16.25
Nurse, Registered	793	123.94
Nurse, Practitioner	8	1.25
Nurse, Midwife	9	1.41
Nurse, Associate professional	716	111.91
Nurse, Enrolled	15	2.34

Categories of Nurses and Midwives by year 2015-2023

Categories	2015	2016	2017	2018	2019	2020	2021	2022	2023
Registered Nurse (RN)	845	785	824	832	853	842	766	816	795
Psychiatric Nurse (RMN)	97	87	92	93	114	74	82	97	103
Advanced Practice (APN)	6	7	7	10	7	10	11	9	7
Nurse specialist	0	1	1	1	1	1	1	1	1
Midwife (RM)					6	5	9	8	9
Enrolled Nurse (EN)	28	28	27	27	18	20	17	17	15
Nursing Associate (NA)	448	565	647	777	730	620	795	794	720

Nurses registered with the Bermuda Nursing and Midwifery Council as of November 2023.

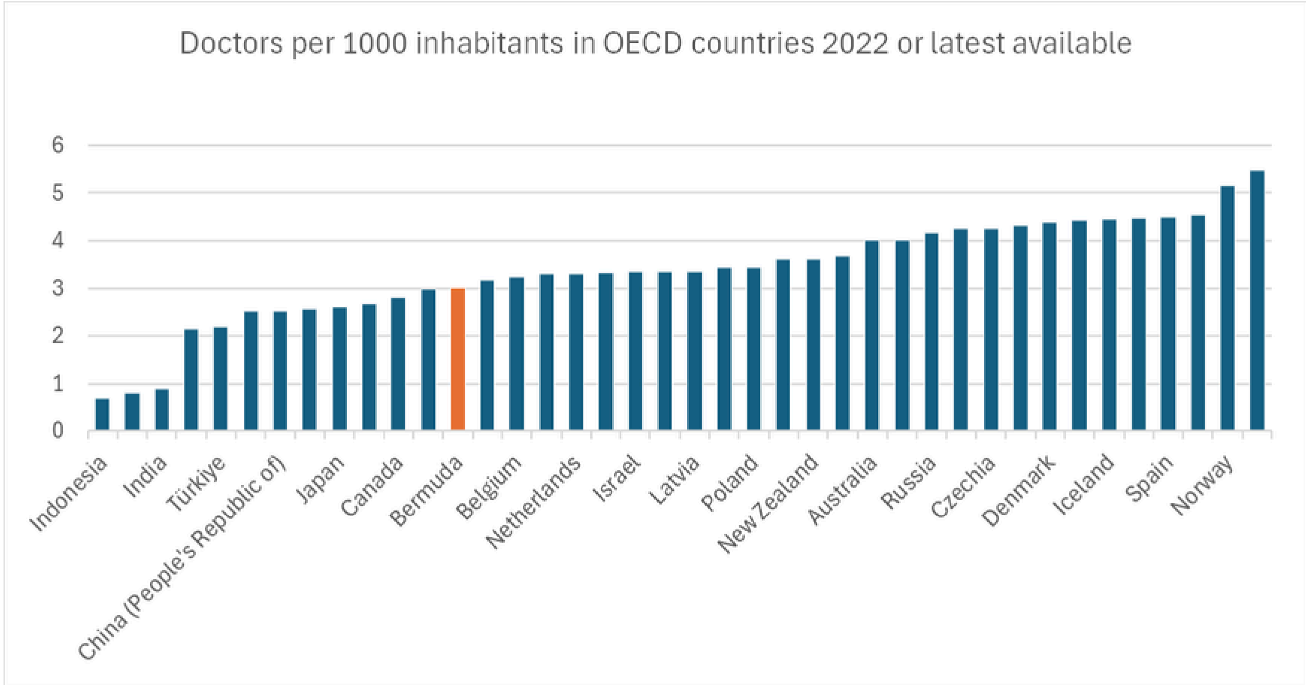


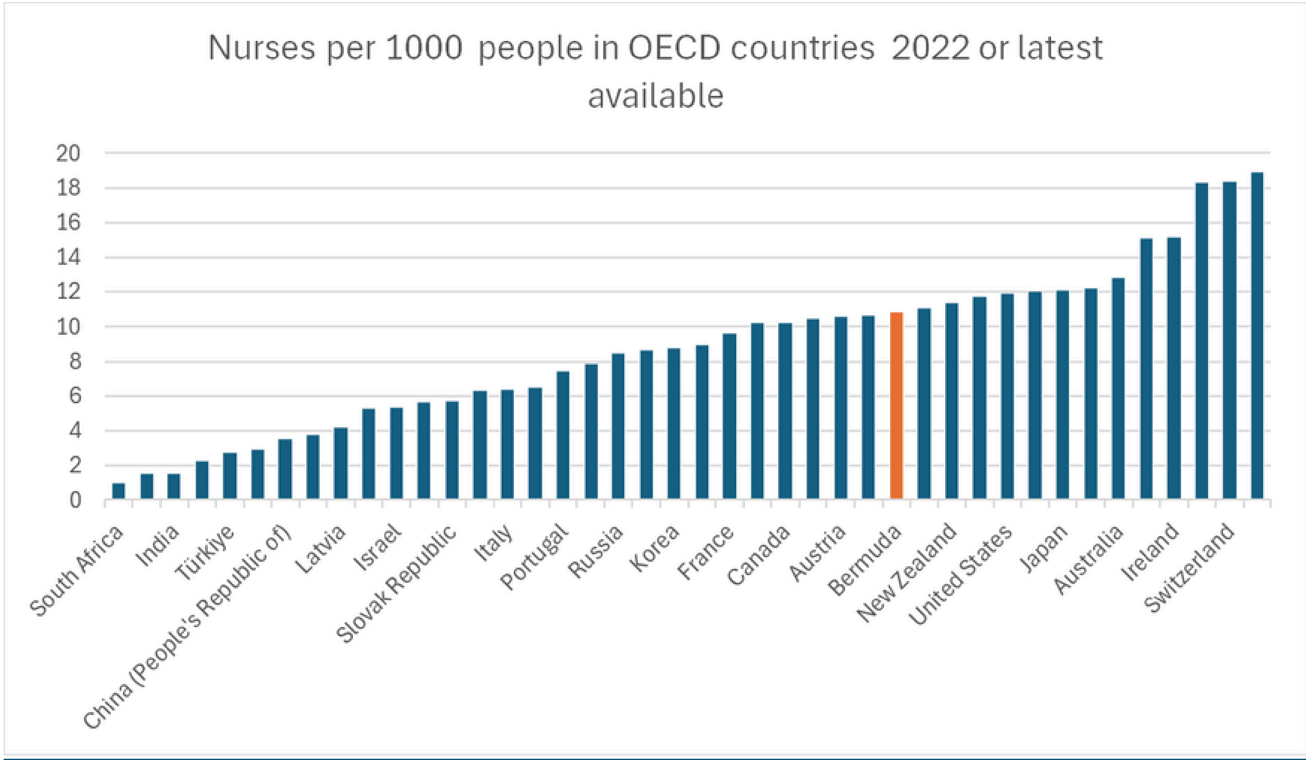
Population rate of Health Professionals registered with the Bermuda Health Council as of May 2024

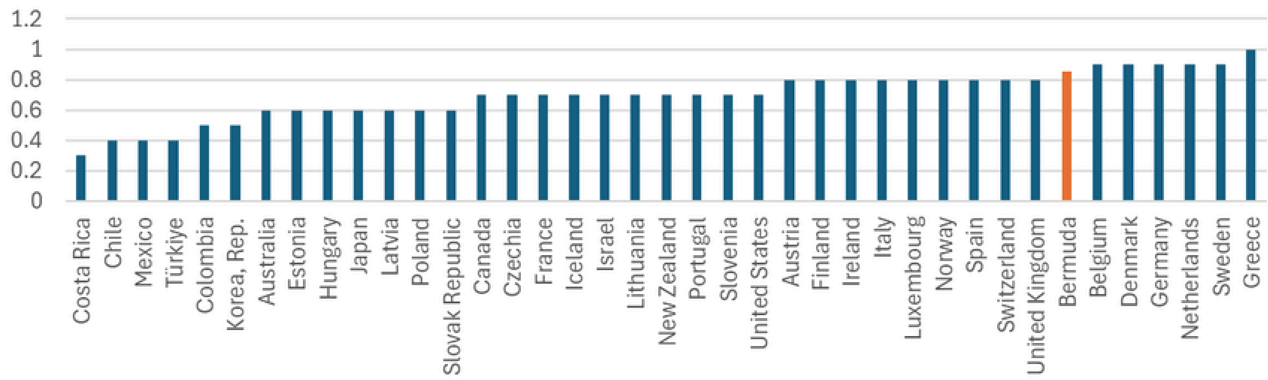
Profession	Total number	Rate per 10,000 population
Dentist	54	8.45
Orthodontist	1	0.16
Hygienist, Dental	58	9.08
Optometrist	17	2.66
Pharmacist	82	12.83
Psychologist	56	8.76
Physiotherapy	67	10.48
Addiction Counsellor	44	6.89
Chiropodist/Podiatrist	12	1.88
Audiologist	3	0.47
Speech and Language Therapist	27	4.23
Therapist, Occupational	36	5.63
Technologist, Diagnostic Imaging	132	20.66
Technologist, Medical	60	9.39
Emergency Medical Service Personnel (EMSP)	105	16.43
Dietician	24	3.76
Personal Caregivers	409	64

Appendix III: International Workforce Comparisons

Prevalence rate of select Health Care workers in Bermuda as compared with other OECD countries






Dentists per 1,000 People in OECD countries 2022 or latest available
1.2
1
0.8
0.6
0.4
0.2
0
Costa Rica
Chile
Mexico
Türkiye
Colombia
Korea, Rep.
Australia
Estonia
Hungary
Japan
Latvia
Poland
Slovak Republic
Canada
Czechia
France
Iceland
Israel
Lithuania
New Zealand
Portugal
Slovenia
United States
Austria
Finland
Ireland
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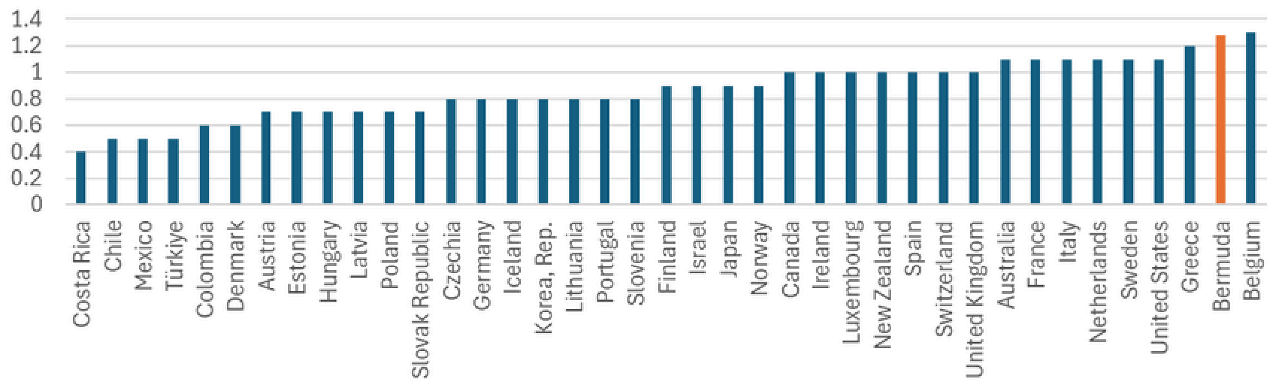
Denmark
Germany
Netherlands
Sweden
Greece


Pharmacists per 1,000 People in OECD Countries 2022 or latest available
1.4
1.2
1
0.8
0.6
0.4
0.2
0
Costa Rica
Chile
Mexico
Türkiye
Colombia
Denmark
Austria
Estonia
Hungary
Latvia
Poland
Slovak Republic
Czechia
Germany
Iceland
Korea, Rep.
Lithuania
Portugal
Slovenia
Finland
Israel
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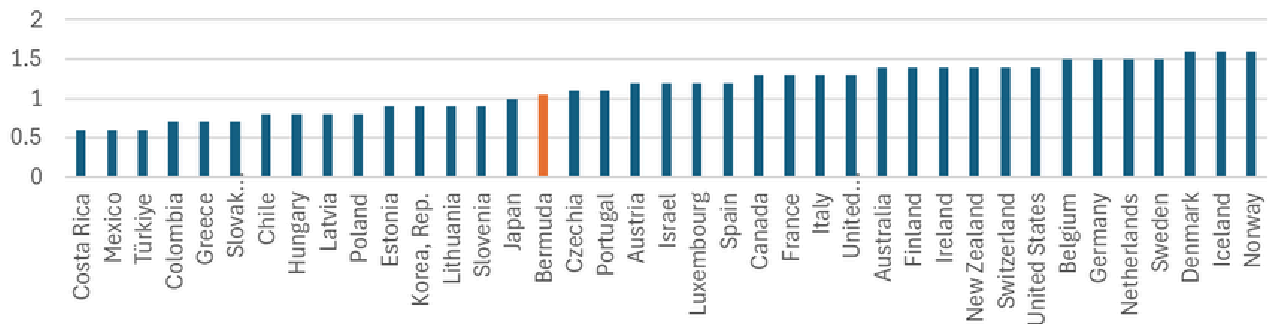
Physiotherapists per 1,000 People in OECD countries 2022 or latest available
2
1.5
1
0.5
0
Costa Rica
Mexico
Türkiye
Colombia
Greece
Slovak...
Chile
Hungary
Latvia
Poland
Estonia
Korea, Rep.
Lithuania
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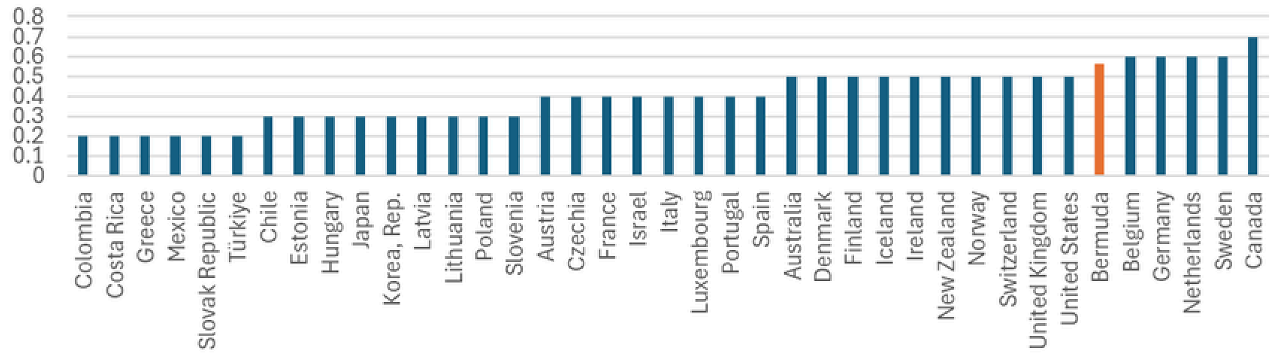
Norway


Occupational Therapists per 1,000 People in OECD countries 2022 or latest available
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
Colombia
Costa Rica
Greece
Mexico
Slovak Republic
Türkiye
Chile
Estonia
Hungary
Japan
Korea, Rep.
Latvia
Lithuania
Poland
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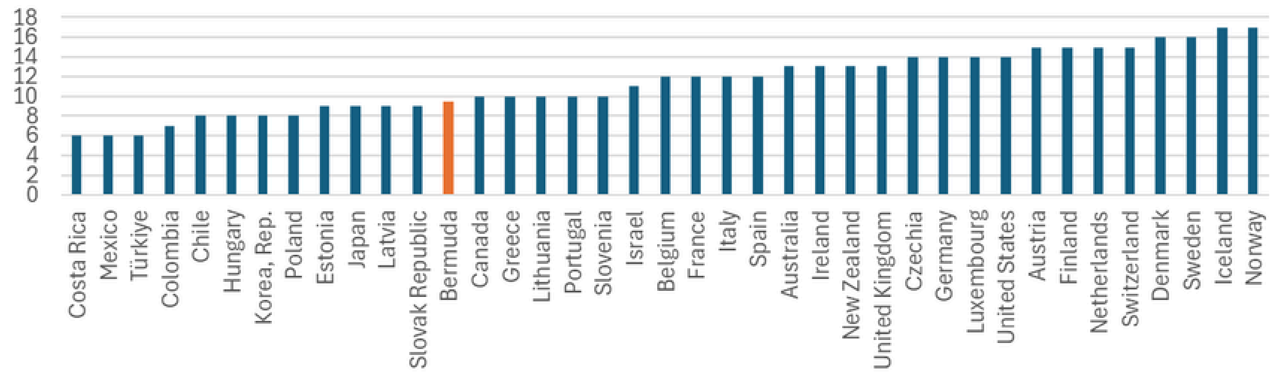
Psychiatrists per 100,000 People in OECD countries 2022 or latest available
18
16
14
12
10
8
6
4
2
0
Costa Rica
Mexico
Türkiye
Colombia
Chile
Hungary
Korea, Rep.
Poland
Estonia
Japan
Latvia
Slovak Republic
Bermuda
Canada
Greece
Lithuania
Portugal
Slovenia
Israel
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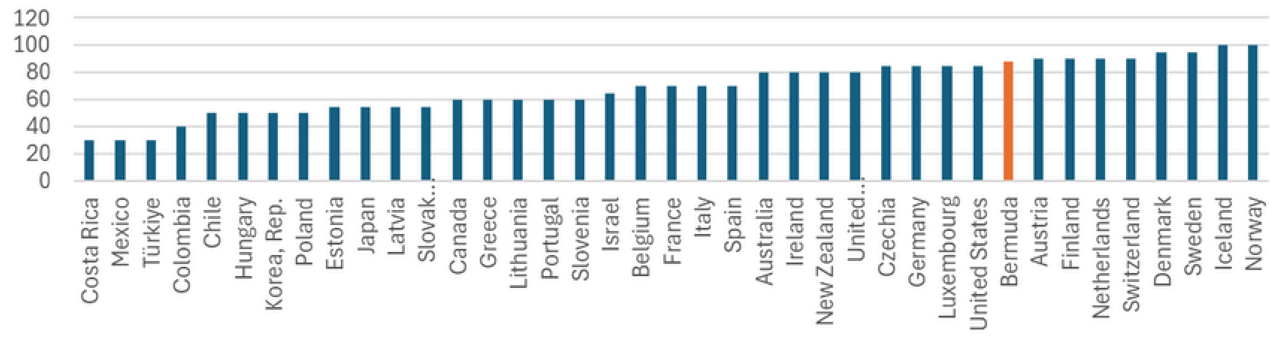
Norway


Psychologists per 100,000 People in OECD countries in 2022 or latest available
120
100
80
60
40
20
0
Costa Rica
Mexico
Türkiye
Colombia
Chile
Hungary
Korea, Rep.
Poland
Estonia
Japan
Latvia
Slovak...
Canada
Greece
Lithuania
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Italy
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Australia
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New Zealand
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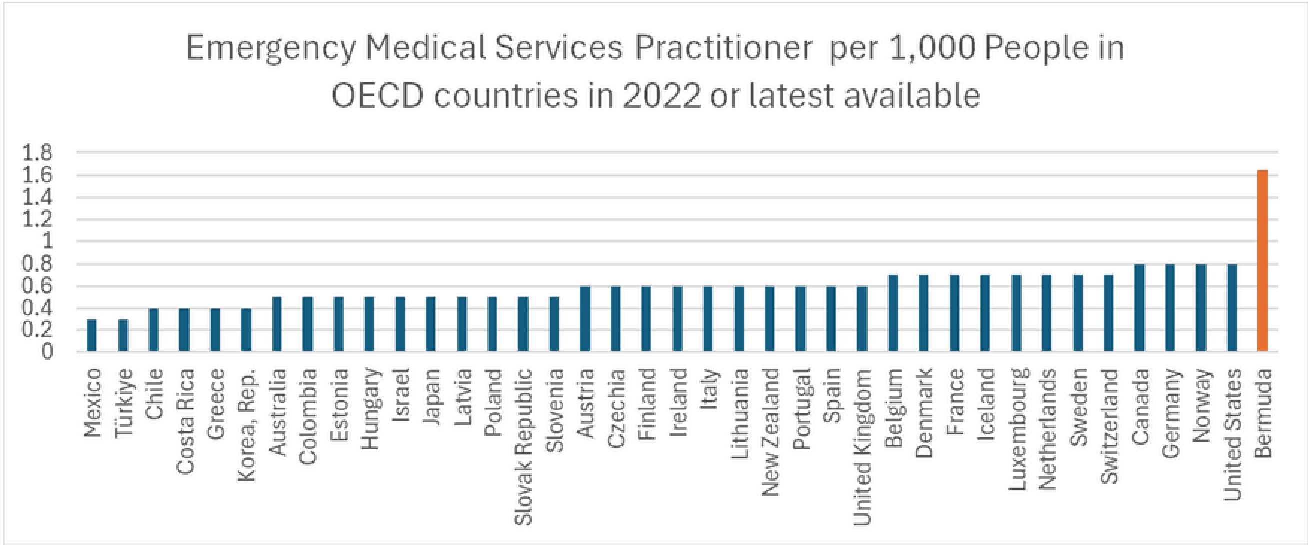
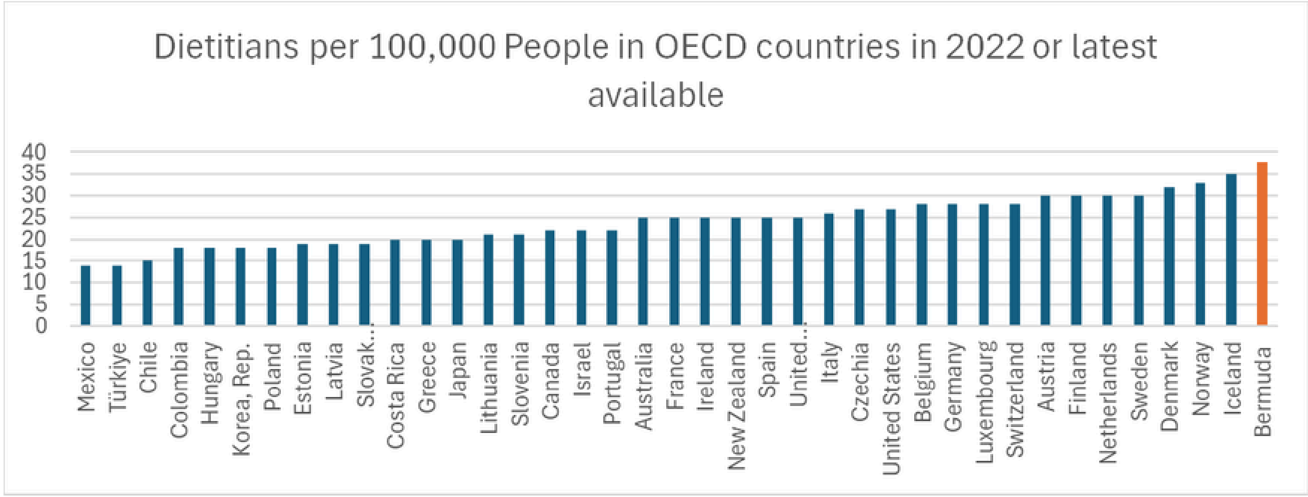
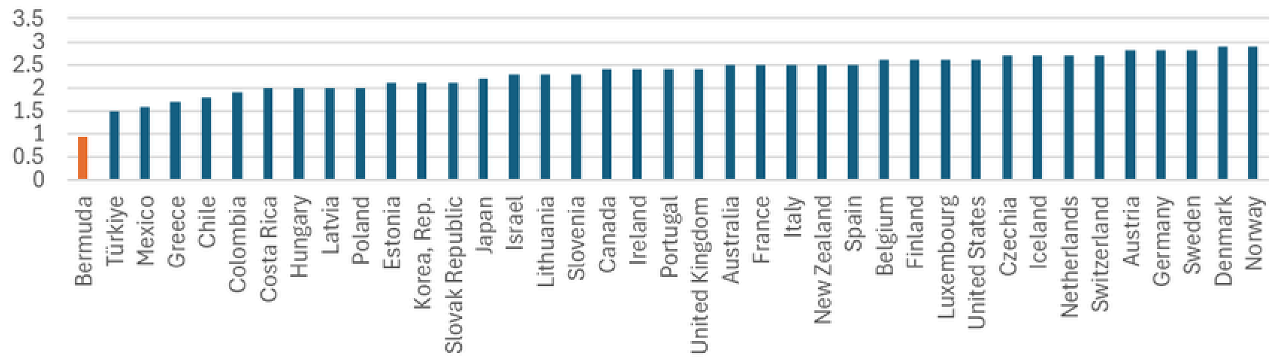


Note: The Emergency Medical Service Personnel group comprises paramedics, Emergency Medical Technicians (EMTs), and Advanced EMTs. EMTs are certified after completing professional examinations and may not be comparable to those in other countries.




Medical Laboratory Technologists per 1,000 People in OECD countries 2022 or latest available
3.5
3
2.5
2
1.5
1
0.5
0
Bermuda
Türkiye
Mexico
Greece
Chile
Colombia
Costa Rica
Hungary
Latvia
Poland
Estonia
Korea, Rep.
Slovak Republic
Japan
Israel
Lithuania
Slovenia
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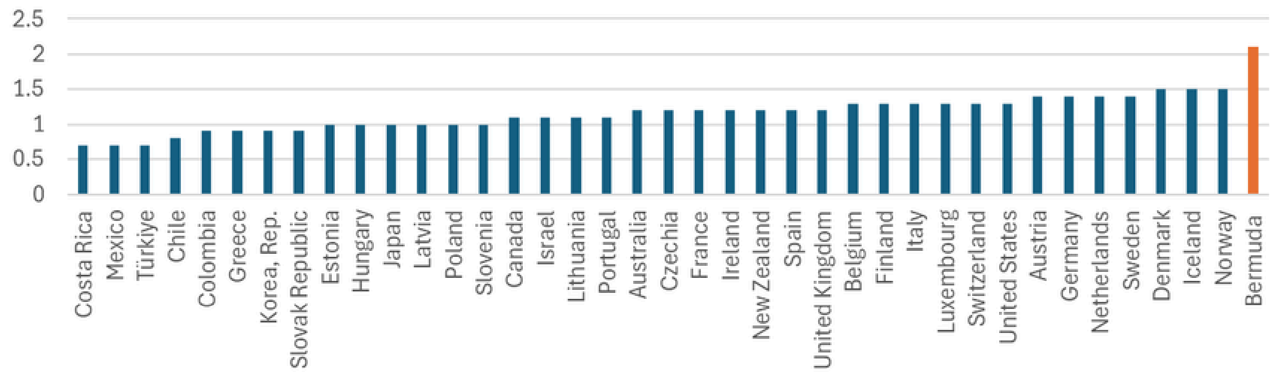
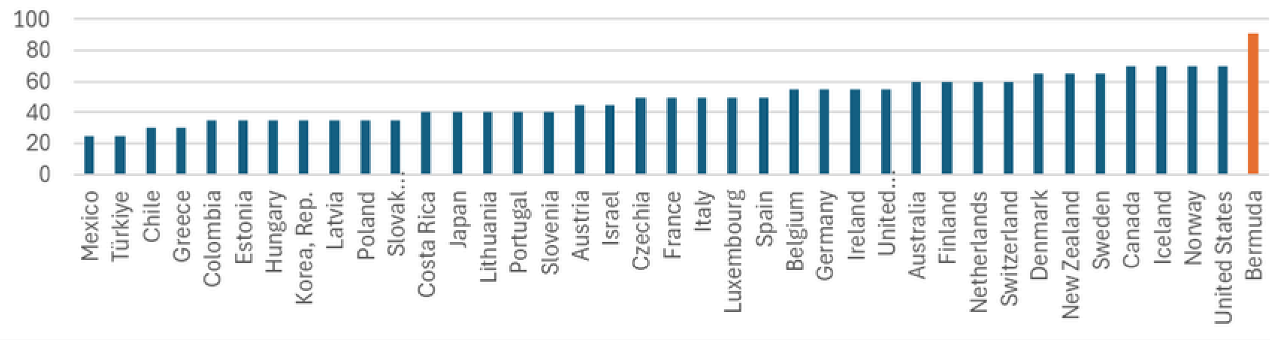

Diagnostic imaging Technologists per 1,000 People in OECD countries 2022 or latest available
2.5
2
1.5
1
0.5
0
Costa Rica
Mexico
Türkiye
Chile
Colombia
Greece
Korea, Rep.
Slovak Republic
Estonia
Hungary
Japan
Latvia
Poland
Slovenia
Canada
Israel
Lithuania
Portugal
Australia
Czechia
France
Ireland
New Zealand
Spain
United Kingdom
Belgium
Finland
Italy
Luxembourg
Switzerland
United States
Austria
Germany
Netherlands
Sweden
Denmark
Iceland
Norway
Bermuda


Dental Hygienists per 100,000 People in OECD countries 2022 or latest available
100
80
60
40
20
0
Mexico
Türkiye
Chile
Greece
Colombia
Estonia
Hungary
Korea, Rep.
Latvia
Poland
Slovak...
Costa Rica
Japan
Lithuania
Portugal
Slovenia
Austria
Israel
Czechia
France
Italy
Luxembourg
Spain
Belgium
Germany
Ireland
United...
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Finland
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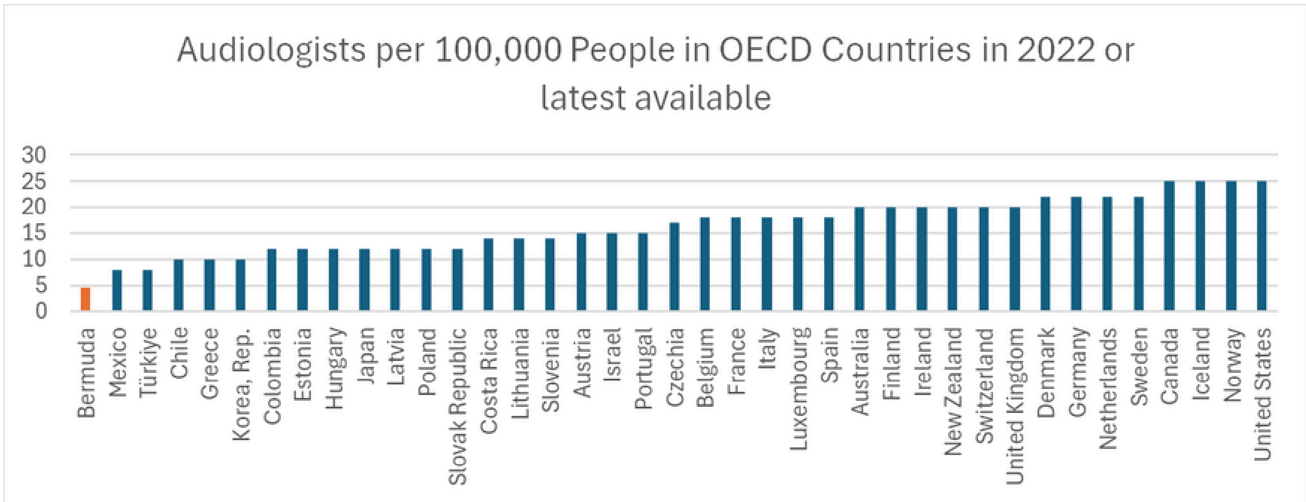
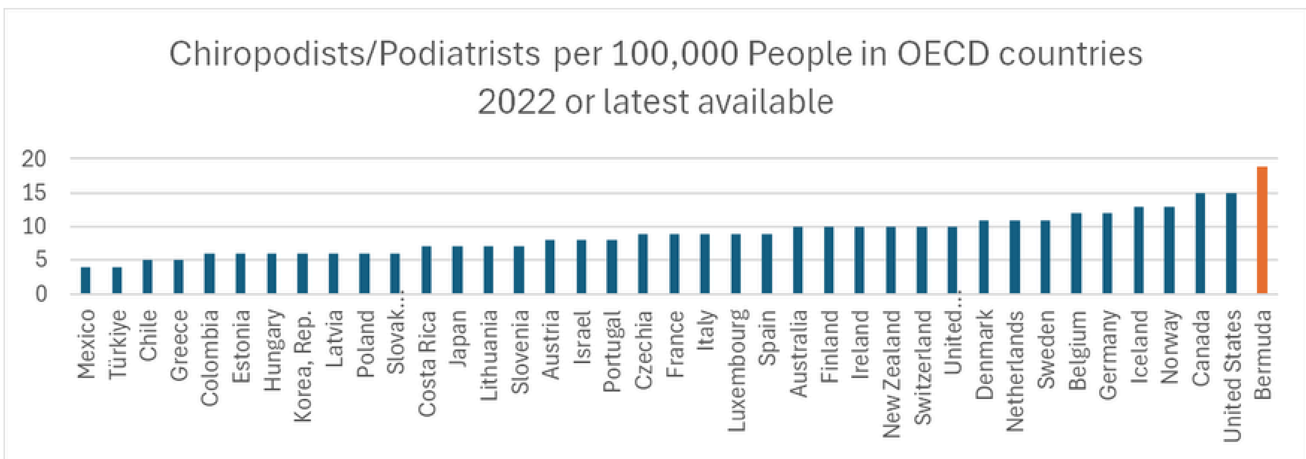
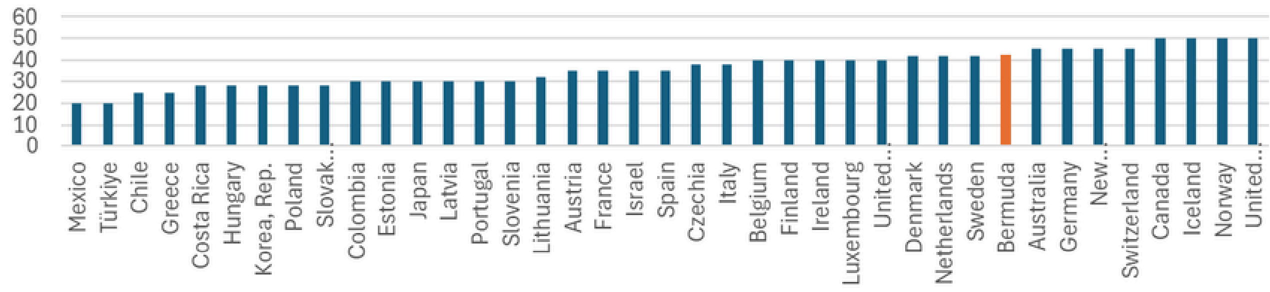
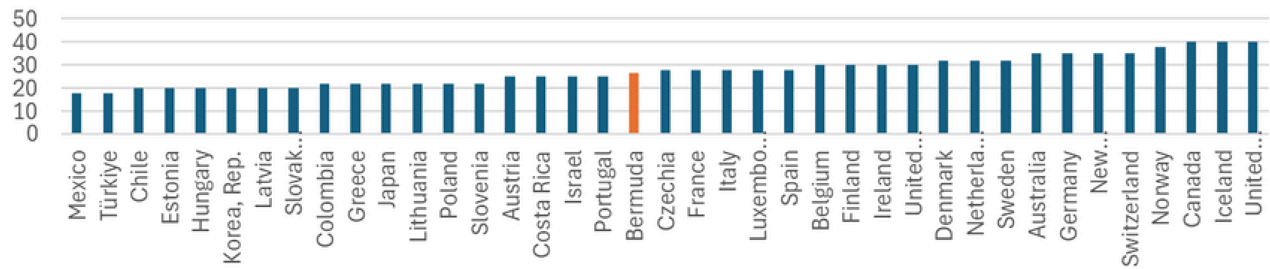
Switzerland
Denmark
New Zealand
Sweden
Canada
Iceland
Norway
United States
Bermuda





Note: Addiction Counsellors are certified through the Bermuda Addiction and Certification Board. Their qualifications may not be comparable to those in other countries.


Speech and Language Pathologists per 100,000 People in OECD countries 2022 or latest available
60
50
40
30
20
10
0
Mexico
Türkiye
Chile
Greece
Costa Rica
Hungary
Korea, Rep.
Poland
Slovak...
Colombia
Estonia
Japan
Latvia
Portugal
Slovenia
Lithuania
Austria
France
Israel
Spain
Czechia
Italy
Belgium
Finland
Ireland
Luxembourg
United...
Denmark
Netherlands
Sweden
Bermuda
Australia
Germany
New...
Switzerland
Canada
Iceland
Norway
United...


Optometrists per 100,000 People in OECD countries 2022 or latest available
50
40
30
20
10
0
Mexico
Türkiye
Chile
Estonia
Hungary
Korea, Rep.
Latvia
Slovak...
Colombia
Greece
Japan
Lithuania
Poland
Slovenia
Austria
Costa Rica
Israel
Portugal
Bermuda
Czechia
France
Italy
Luxembo...
Spain
Belgium
Finland
Ireland
United...
Denmark
Netherla...
Sweden
Australia
Germany
New...
Switzerland
Norway
Canada
Iceland
United...

Appendix IV: Literature and Evidence Review

Distribution of causes of mortality, 2010-2019, Epidemiology and Surveillance Unit (Source: Office of the Chief Medical Officer)

Literature	Findings
Bermuda Health Workforce, 2017	Provided a comprehensive analysis of Bermuda's health workforce capacity, challenges, and future needs through stakeholder consultations and data review. Identified rapid population ageing and a high burden of non-communicable diseases (NCDs). Highlighted over- and under-supply in certain professions, gaps in education and multidisciplinary collaboration, and weaknesses in workforce data. Recommended establishing a national HRH planning body, aligning immigration policy with health goals, strengthening regulation, and improving education, training, and public awareness.
Human Resources for Health Strategic Plan, Bermuda 2018–2020 (Government of Bermuda)	Follow-up to the 2017 Workforce Report. Outlined three strategic goals: 1. Governance: a. Strengthen legislation and regulation. b. Develop health information systems. c. Reform financing. d. Establish coordinated workforce-planning agencies. 2. Training and Education: a. Promote health careers through collaboration with the education sector. b. Enhance professional and soft-skills training. c. Encourage Science, Technology, Engineering, and Mathematics (STEM) education and mentorship from school age. 3. Access to Quality Human Resources: a. Streamline immigration for health professionals. b. Improve recruitment, retention, and job satisfaction. c. Align workforce skills with population needs. d. Maintain up-to-date standards and compliance.

Literature	Findings
Facing the facts, Shaping the Future: A draft health and care workforce strategy for England to 2027	This draft strategy sets out a long-term plan to ensure England's health and care workforce is equipped to meet future challenges. Challenges identified include: • Workforce shortages • Retention issues • Demographic pressures • Training Bottlenecks • Fragment planning The strategic goals are: • Securing supply of health professionals • Improving retention • Transforming roles and skills • Harnessing technology • Leadership and culture
NHS Long-Term Workforce Plan 2023	This document sets out the strategy to ensure that the NHS has the workforce it needs for the future. The main goals are: • **Train:** grow the workforce by significantly expanding domestic education, training and recruitment. • **Retain:** embedding the right culture and improve retention by improving the culture, leadership and wellbeing. • **Reform:** working and training differently. This means enabling innovative ways of working through new roles within multidisciplinary teams so that staff can spend more time with patients.

Literature	Findings
A Healthier Wales: Our workforce strategy for Health and Social Care	Seven key themes underpin this workforce strategy: 1. An engaged, motivated and healthy workforce 2. Attraction and recruitment 3. Seamless workforce models 4. Building a digitally ready workforce 5. Excellent education and learning 6. Leadership and succession 7. Workforce supply and shape
National Workforce Strategy for Health and Social Care in Scotland	A workforce strategy to achieve a vision of a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do. The five pillars of the workforce are plan, attract, train, employ and nurture.
Global Strategy on human resources for health Workforce 2030	This global strategy sets out the World Health Organization's framework for strengthening human resources for health (HRH) from 2016 to 2030. It aligns health workforce development with the goals of Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs). The strategic objectives are: • Optimize Health Workforce Performance • Strengthening Health Workforce Education and Training • Build Institutional Capacity for Workforce Planning • Increase Investment in HRH Global Targets by 2030 • Achieve a minimum density of 4.45 skilled health professionals per 1,000 population. • Ensure 70% coverage of essential health services. • Reduce inequalities in workforce distribution and access.

Literature	Findings
Return on Investment for health workforce initiatives	Data on the return on investment for the health workforce is limited. The World Health Organisation (2024) notes that for every US$1 invested in health and sustaining the jobs of health workers, the potential return is as much as US$9. It has also been demonstrated that half of global economic growth over the past decade resulted from improvements in health, and that for every additional year of life expectancy, the economic growth rate increases by 4%. Nursing Solutions Inc estimates the cost to replace a single registered nurse is up to 1.3 times their salary. One percent change, positive or negative, in nurse turnover can cost or save a hospital an average of $380,600 a year. A multicentre international study found that the cost of replacing a single nurse can range from 0.5 to 1.5 times their annual salary. Promoting employee health and well-being through occupational health services and wellness programs, which have shown high financial returns, with studies citing a $2 to $4 return for every $1 invested (Baicker et al). In addition, social return on investment incorporates qualitative data such as improved community access, increased patient satisfaction, and increased staff morale to demonstrate the social value of health workforce training in a low resource environment. (Muhula et al). Additional details and examples can be found in Appendix B.

Appendix V: Workforce Innovation Scenarios

Scenario 1: Structured Mentorship & Peer Supervision

Context & Scenario

Introduce a formal peer-supervision and mentorship system for early-career staff, internationally recruited workers during local orientation, and caregivers. Mentorship is embedded within existing job plans and can be delivered on-site or remotely.

Intended Impact

- Improved and more consistent clinical practice through structured case review and escalation norms.
- Faster time-to-independent practice and stronger professional confidence for new/international hires.
- Lower early burnout and turnover; clearer leadership ladder (mentor → senior mentor → supervisor lead).

Cost Considerations

- Designed to be cost-neutral by reallocating existing time (protected blocks) rather than overtime.
- Low implementation overhead using standard templates and light coordination.
- Savings accrue via avoided recruitment/onboarding cycles and reduced risk events.
- Mentor training costs- Cost of initial and ongoing training for mentors and building Mentorship into workplans.

Implementation (Practical Design)

- **Coverage:** first 12–18 months in post; international recruits during orientation; high-variance caregiver roles.
- **Assignment:** one primary mentor plus a backup; mix of in-discipline and cross-discipline escalation.
- **Cadence:** weekly 20–30 min check-in; fortnightly reflective case review; monthly milestone review.
- **Governance:** department mentorship lead; quarterly reporting on retention, onboarding completion, incident trends.
- **Mentor preparation:** brief orientation plus refreshers (e.g., ~16h initial, 8h/year ongoing).

Suggested Success Metrics

- Retention at 6, 12, 24 months (cohorts enrolled vs baseline).
- Time-to-independent practice (milestone completion).
- Early-career absenteeism; clinical escalation and adverse-event indicators.
- 3-question quarterly pulse on staff experience.

Do-Nothing Comparator

Continue recruiting only fully trained guest workers. Short-term relief but entrenches dependence on external labour markets and repeats high recruitment and onboarding costs.

Alignment & Return on Investment (ROI) (Decision Rationale)

Directly operationalises the “retain effectively” pillar: measurable reduction in turnover costs (nurse replacement often 0.5–1.5× salary), stabilises capacity, and builds local leadership without expanding the wage bill.

Scenario 2: Non-Financial Retention & Engagement

Context & Scenario

Implement low-cost managerial practices—predictable rosters, flexible scheduling where feasible, transparent competency-based progression, and quality-focused recognition—to address top attrition drivers.

Intended Impact

- Improves morale and perceived fairness; reduces burnout.
- Boosts retention and continuity of care; lowers reliance on agency cover.
- Makes Bermuda more attractive to candidates by signalling supportive culture.

Cost Considerations

- Primarily policy/process work through HR and line management; minimal tools required.
- Cost avoidance through fewer vacancies, less absenteeism, and reduced onboarding churn.

Implementation (Practical Design)

- **Scheduling:** self-scheduling blocks, controlled swaps, compressed weeks where clinically feasible.
- **Predictability:** earlier roster publication and “minimum-notice” standard with Key Performance Indicator (KPI) tracking.
- **Progression:** tiered roles tied to competencies (e.g., Caregiver I/II/III; Junior/Senior/Lead).
- **Recognition:** non-monetary, linked to quality behaviours (documentation, escalation, infection control etc).

Suggested Success Metrics

- Turnover rate by unit/role; internal fill rate of vacancies.
- Absenteeism and short-notice call-outs.
- **Roster stability KPI:** % shifts changed inside the notice window.
- Patient experience/complaints tied to continuity/communication.

Do-Nothing Comparator

Rely solely on collective bargaining. Important for baseline conditions, but too slow and broad to fix localised drivers like schedule volatility and recognition gaps.

Alignment & ROI (Decision Rationale)

High-ROI culture lever that reduces recurring turnover costs and underpins all other scenarios by keeping experienced staff in post.

Scenario 3: Leverage Advanced Practice Nurses (APNs)

Context & Scenario

Deploy Nurse Practitioners and Clinical Nurse Specialists to manage routine chronic-disease reviews, frailty assessment, post-discharge follow-up and coordinated community care; e.g., an ANP-led Emergency Department (ED) “front-door frailty” pathway.

Intended Impact

- Expanded access and faster follow-up; reduced avoidable deterioration.
- Continuity through longitudinal education, titration, and care coordination.
- Improved ED flow and admission avoidance for frail older adults.

Cost Considerations

- Skill-mix optimisation shifts appropriate work from higher-cost physicians to APNs.
- Uses existing Bermuda Nursing and Midwifery Council framework; prescribing under collaborative agreements where required.
- Downstream savings via fewer preventable ED returns/readmissions.

Implementation (Practical Design)

- Define APN scope per service line (independent vs protocol-driven vs physician-authorised).
- **Primary/community:** stable chronic reviews, risk-factor optimisation, post-acute check-ins.
- **Long-term care:** medication review support, pressure-injury oversight, infection monitoring.
- **ED:** frailty screening at triage, focused geriatric assessment and safe discharge coordination.

Suggested Success Metrics

- **Access:** wait times and number of chronic-care visits delivered by APNs.
- **ED:** time to first clinician, length of stay, admission rate for frail patients, 7/30-day reattendance.
- **System:** potentially avoidable admissions; patient experience scores.
- **Workforce:** physician time redeployed to complex cases; APN retention.

Do-Nothing Comparator

Keep physician-led models for routine/low-acuity work—maintains bottlenecks, higher unit costs, and longer waits.

Alignment & ROI (Decision Rationale)

Directly delivers "optimise roles" with strong evidence equivalence for appropriate conditions; rapid productivity gains without long-term wage inflation.

Scenario 4: Optimise Use of Pharmacy Technicians

Context & Scenario

Expand technician-deliverable workload—dispensary operations, inventory workflows, and scripted patient education—under pharmacist supervision; preserve pharmacist-only clinical/legal checks.

Intended Impact

- Faster and more accurate dispensing; pharmacists focus on clinical verification and counselling.
- Better patient adherence through consistent, protocol-based education.
- Reduced pharmacist burnout and improved retention.

Cost Considerations

- Lower unit-cost staffing for routine tasks; immediate throughput gains.
- Minimal regulatory/process updates and competency sign-off required.

Implementation (Practical Design)

- Define technician task bundle (assembly, labelling, packaging, stock control, expiry management).
- Delegate non-clinical education via approved scripts; escalate red flags to pharmacist.
- Monthly audit of dispensing accuracy; near-miss capture and targeted coaching.

Suggested Success Metrics

- Turnaround time (script-to-ready; discharge meds time).
- Dispensing accuracy (errors/near-miss per 1,000 items).
- Pharmacist time reallocated to clinical services; overtime/sick leave; retention.
- Adherence proxies (refill timeliness, patient satisfaction).

Do-Nothing Comparator

Pharmacist-only delivery ties scarce clinical expertise to repetitive operations, constraining capacity and raising costs.

Alignment & ROI (Decision Rationale)

Classic, low-risk skill-mix optimisation that pays back quickly and enables growth in pharmacist-led clinical services.

Scenario 5: Remote Supervision & Clinical Support via Telehealth Hubs

Context & Scenario

Create a hub-and-spoke tele-supervision service where senior clinicians provide real-time guidance and escalation support for residential, home, and community teams.

Intended Impact

- Virtual senior presence improves safety and responsiveness in low-staffed settings.
- Fewer unnecessary ED transfers; faster decision-making at point of care.
- Higher confidence and retention among frontline staff.

Cost Considerations

- Moderate tech setup (secure video, devices); hub coverage scheduled within job plans.
- Savings via avoided transfers, reduced locum dependence, and reclaimed travel time.

Implementation (Practical Design)

- Roster hub coverage for peak windows (e.g., evenings/weekends).
- **Scope:** real-time consults, escalation triage, scheduled case reviews for high-risk residents.
- **Standards:** brief tele-escalation checklist; thresholds for ED transfer; outcome documentation.

Suggested Success Metrics

- ED transfers per 100 residents (and % avoidable); time-to-decision.
- 30-day ED revisit rate post tele-supported decisions.
- Staff confidence/retention; patient/family satisfaction.

Do-Nothing Comparator

Default to primary care/ED for most issues—high-cost, high-friction, and disruptive for frail patients.

Alignment & ROI (Decision Rationale)

Technology-enabled productivity lever that multiplies scarce senior expertise and converts reactive utilisation into proactive management.

Scenario 6: Digital Upskilling & Microlearning

Context & Scenario

Launch a short-module, self-paced digital learning platform covering Bermuda-specific protocols (e.g., dementia, long-term care, escalation, documentation).

Intended Impact

- Rapid, uniform rollout of protocols; fewer errors from practice variation.
- Equitable access to training across settings and shifts.
- Faster onboarding and time-to-competency for new/international hires.

Cost Considerations

- Low setup cost; reusable content; minimal ongoing maintenance.
- Avoids travel/backfill and reduces corrective re-training costs.

Implementation (Practical Design)

- Start with high-impact content: dementia behaviours, frailty/falls basics, pressure injury prevention, medication safety.
- Use micro-modules (5–10 min), scenario quizzes, job aids and decision trees.
- Assign modules by role; monthly completion targets; annual content review cycle.

Suggested Success Metrics

- Module completion and protocol adherence by unit/role.
- Incident/near-miss trends tied to protocol gaps.
- Onboarding time-to-competency and post-training knowledge checks.
- Turnover/absenteeism in high-burnout settings.

Do-Nothing Comparator

Rely on face-to-face sessions—slower, costlier, less equitable, and harder to monitor for completion and impact.

Alignment & ROI (Decision Rationale)

Core enabler for Scenarios 1–5 and 7; creates a learning health-system backbone for consistent practice at scale.

Scenario 7: Standards Chatbot / AI Guidance for Caregivers

Context & Scenario

Deploy a lightweight chatbot on the Health Council (or partner) site to answer common questions about standards, documentation, roles, and emergency escalation—clearly positioned as guidance, not diagnosis.

Intended Impact

- Instant, standardised answers reduce confusion and errors; 24/7 scalable self-service.
- Lower email/phone volume for regulators; time released for higher-value work.
- Analytics on frequently asked questions (FAQs) reveal training and policy gaps for proactive updates.

Cost Considerations

- Low initial build (rules-based MVP) and low maintenance; content from approved guidance.
- Savings via staff time reclaimed and fewer compliance-related escalations.

Implementation (Practical Design)

- **Scope:** explain standards/processes; never diagnose; always escalate red-flag symptoms.
- **Governance:** single source of truth, version control, and quarterly review; clear disclaimers.
- **Mobile-first user interface:** optional multilingual support; privacy-safe logging for quality improvement.

Suggested Success Metrics

- Deflection rate (% resolved without human follow-up); median response time.
- Top FAQs and changes over time (feed training and policy updates).
- Complaint volume linked to standards misunderstandings; estimated regulator hours saved.

Do-Nothing Comparator

Maintain phone/email and static pages—slow, inconsistent, and opaque (no structured data on common queries).

Alignment & ROI (Decision Rationale)

Supports “align policy & education” and digital-first service delivery; improves safety through consistent answers at the point of need.

BERMUDA HEALTH COUNCIL

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contactus@healthcouncil.bm

(441) 292-6420

Achieving a quality, equitable and sustainable health system.