
ADVANCE REVIEW CONSULTATION

Advance Review of **Major Healthcare Changes**

WHAT WE HEARD AND
WHAT WE PROPOSE TO CHANGE

A summary of feedback received during the September 2026 consultation on the proposed framework for reviewing major healthcare changes before they take effect.

October 2026



At a glance

The consultation showed strong support for the idea that major healthcare changes should be looked at before they happen, rather than after their effects are already being felt.



69

online consultation
responses



91%

supported or strongly
supported advance review



65 of 66

supported safeguards, changes,
delay or refusal where serious harm
could not otherwise be addressed



THE OVERALL MESSAGE WAS SIMPLE:

Move ahead with advance review, but keep it focused on genuinely significant changes.

Routine clinical and business decisions should not be caught in unnecessary regulation.

Who responded

Perspective	Responses
Providers and care services	25
Professional and clinical bodies	10
Patient, senior, disability and advocacy groups	8
Pharmacy and medicines stakeholders	8
Employers and unions	6
Government / public bodies / regulators	3
Other or mixed perspectives	7
No stakeholder category recorded	2

Important Limitation: Insurers and digital-health organisations were underrepresented, and regulator participation was limited. We will do focused technical follow-up with those groups before detailed thresholds and regulations are finalised.

What people told us

01

Focus on major changes, not everyday decisions

Respondents supported review of changes that could reshape access, services or the health system. They did not want ordinary staffing, routine equipment replacement, normal procurement, small fee changes or low-risk growth delayed unnecessarily.

Design the rules for Bermuda

In a small island, a change can matter even when the numbers look small. The loss of one specialist, one essential service or one important supplier can have a significant effect. At the same time, scarcity by itself should not automatically trigger a full review.

02

03

Bring clinical expertise in early

Providers and professional bodies want the right clinical and professional voices involved before major decisions are made, especially where patient safety, workforce or essential services may be affected.

Set clear rules and timelines

People want to know what must be reported, what does not need review, how long a review can take and what happens if Government misses a deadline.

04

05

Use information Government already has

Stakeholders do not want to submit the same information repeatedly. Existing Health Council, BMA, claims, provider, professional and medicines data should be reused wherever lawful.

Protect patients while respecting legitimate business activity

Respondents supported Government being able to act where serious harm cannot be addressed, but they also want fair process, confidentiality, written reasons and practical review rights.

06

What we propose to change

We propose to keep the core idea of advance review, but make the framework simpler, more targeted and easier to use.

What we heard	What we propose to do
Routine changes should not be delayed	Publish a clear list of routine activities that normally do not require formal review.
Small providers need proportionate treatment	Create a simpler pathway for low-risk changes by small providers where access and competition are not being reduced.
People need to know what counts as significant	Use clear thresholds, examples and Bermuda-specific risk tests.
Reviews must not drag on	Use shorter timelines for lower-risk matters and longer review only where the potential system impact is greater.
Clinical expertise needs to be built in	Require relevant clinical or professional input for major service and workforce changes.
Government should not ask for the same information twice	Adopt a 'tell Government once' approach and reuse information already lawfully held.
Patients need confidence in decisions	Publish recommendations, reasons, safeguards and conflict disclosures, while protecting confidential information.
Health and competition regulation must work together	Create one coordinated Government pathway with clearly defined roles for Health, CRA, BMA and other regulators.

What stays the same

The core proposal remains that genuinely significant healthcare changes should be notified before implementation, the Health Council should assess the wider effect on patients and the health system, and the Minister of Health should make the final health-sector public-interest decision.

What this would mean in practice

Usually outside formal review

- ordinary staffing decisions
- a practitioner's personal retirement or relocation
- routine equipment replacement or upgrades
- normal procurement or supplier changes that do not create a material supply risk
- minor operating-hour changes
- low-risk organic growth

More likely to require review

- a major closure, relocation or reduction of an essential service
- an insurer acquiring or controlling a provider, pharmacy or importer
- a major exclusive or preferred network arrangement that materially changes patient choice
- a large reimbursement or benefit change that could affect access or service viability
- a significant medicine-supply change involving a sole supplier or essential medicine
- a major workforce or service-capacity change that could materially affect access



THE TEST IS NOT SIMPLY 'IS THIS HEALTHCARE?'

The question is whether the proposed change is reasonably capable of materially affecting patients or the health system.

Bermuda-specific issues we will build into the final approach

- dependence on small numbers of specialists and the time needed to recruit replacements
- whether a change would increase avoidable reliance on overseas care
- whether patients have meaningful choice in practice, not just a list of theoretical alternatives
- the role of BHB as Bermuda's hospital provider while applying consistent standards to comparable public and private services
- medicine supply resilience, including sole suppliers, cold chain and emergency sourcing
- the distribution of benefits and burdens across different patient groups

How health regulation and competition oversight should work together

The consultation strongly supported avoiding duplicate filings and repeated information requests. There was less agreement on the exact legal division of responsibilities between Health and the proposed Competition and Regulatory Authority.

Health Council	Whole-system assessment: patients, access, affordability, clinical impact, workforce, service capacity and system sustainability.
Minister of Health	Final health-sector public-interest decision under the proposed framework.
Competition and Regulatory Authority	Competition analysis and enforcement where market concentration or anti-competitive conduct is relevant.
BMA and other regulators	Prudential, professional, clinical, medicines or other specialist input within their existing responsibilities.

THE AIM IS ONE COORDINATED PROCESS, NOT OVERLAPPING REGULATION.

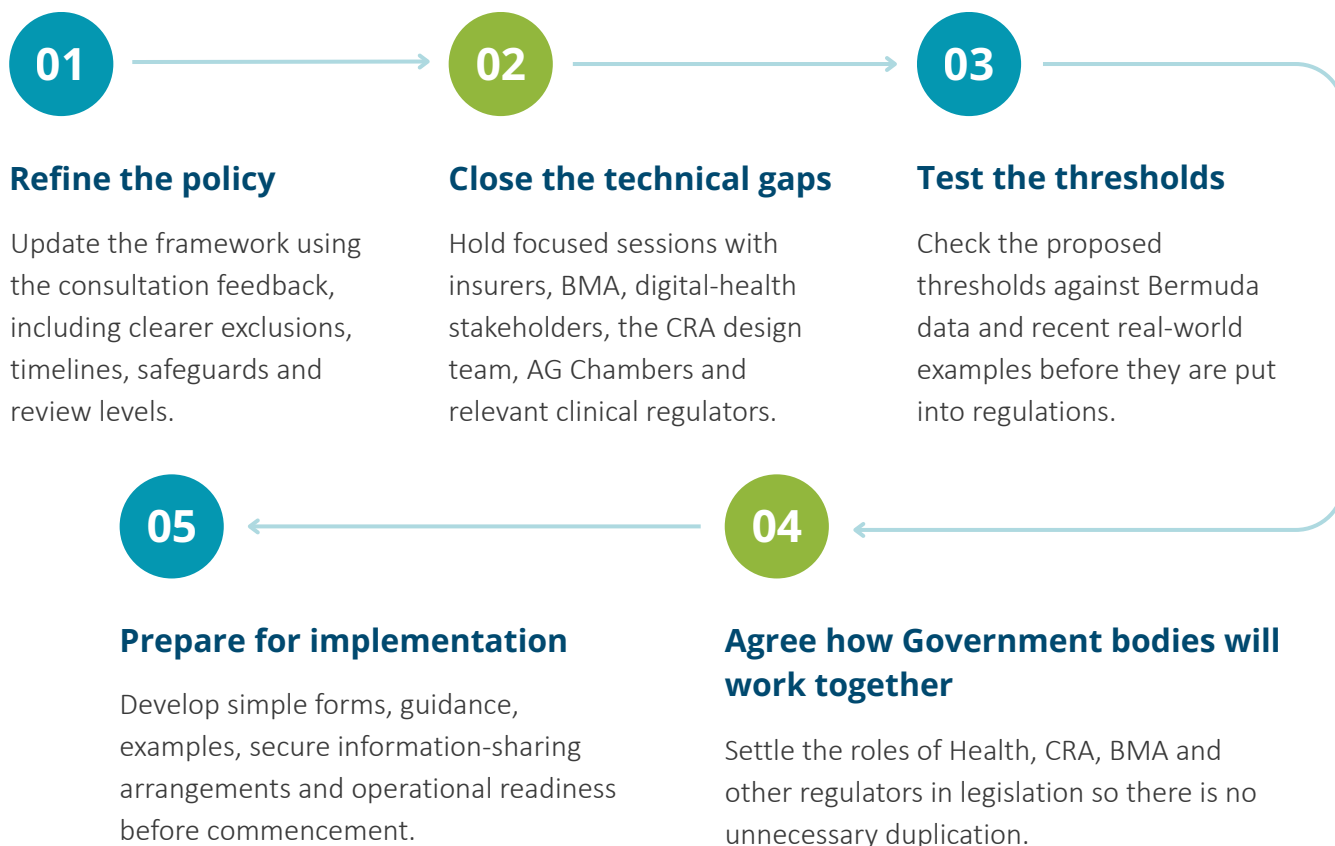
The final legal relationship between Health, CRA and BMA will be worked through directly with the relevant Ministries, regulators and Attorney-General's Chambers before legislation is finalised.



What about existing health regulation?

Advance Review is intended to add to, not replace, Bermuda's existing health regulation. Existing provider licensing, health insurance, medicines and Drug Formulary, health technology and professional-regulation processes will continue to matter. The final design should use those systems and the information they already collect rather than recreate them.

What happens next



A NOTE ABOUT THE CONSULTATION

The survey was voluntary and self-selected, so the results describe the people and organisations who took part rather than a statistically representative sample of Bermuda. Four detailed written submissions were also received from healthcare organisations and providers. The public feedback will be used alongside technical, legal and regulatory work before the final policy is prepared.

The bottom line

People want Government to be able to act before major health system changes create avoidable harm, while keeping routine health system decisions moving without unnecessary delay.



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