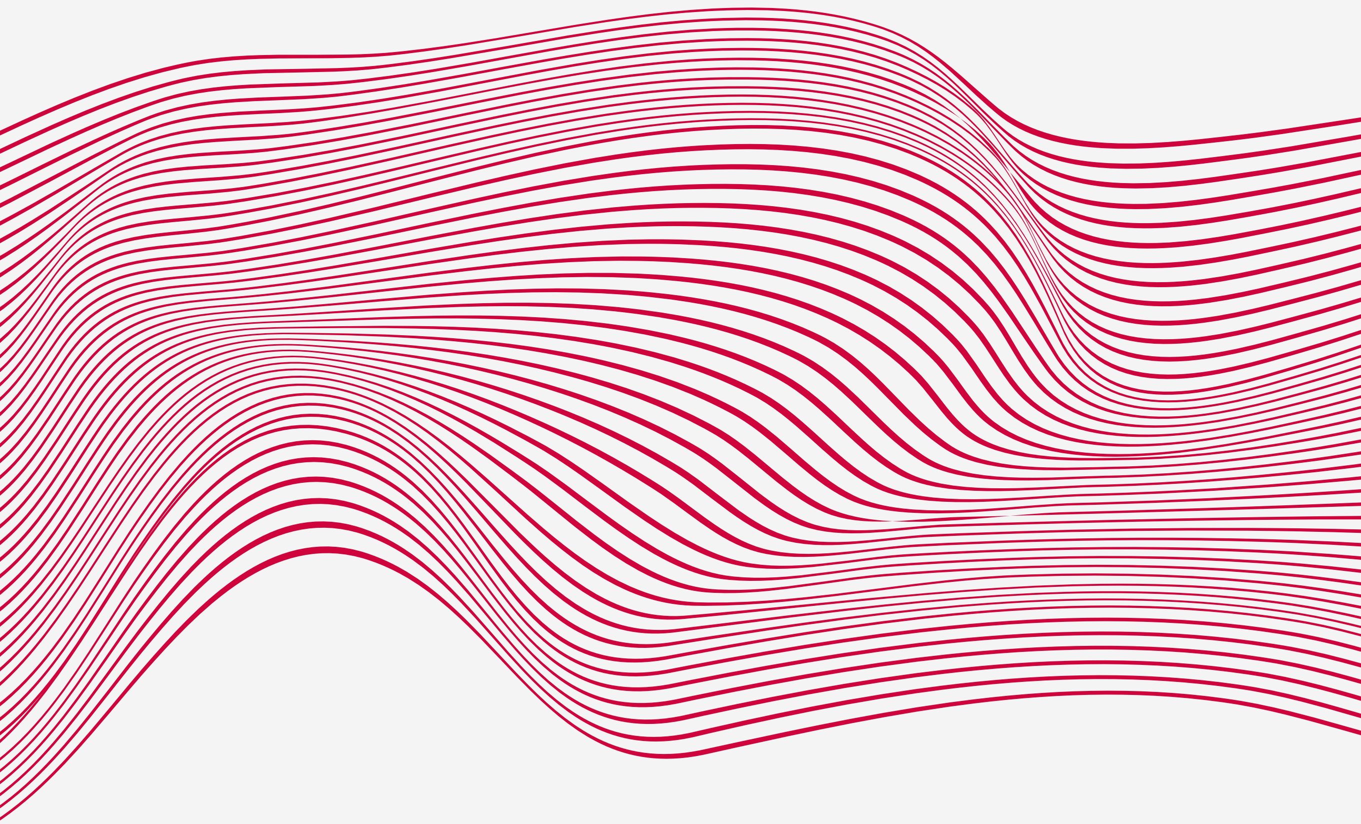
Groundbreaking Clinician Leaders

And why they give us reasons to be cheerful about the future of Healthcare

By Hatty Cadman
The MBS Group



MBS

Foreword

Every day, I am inspired by the vibrancy and purposefulness of the healthcare sector – its capacity for innovation, its care and compassion, and its implicit commitment to a better world. But it is also, across the world, a sector in serious need of transformation.

Rising patient demand from aging populations, often living with multiple conditions, has combined with post-pandemic backlogs of care to put significant pressure on healthcare service organisations around the world – be they public, private or charitably-funded. The clinicians within those organisations, meanwhile, part of highly and expensively-trained workforces in demand around the world, report rising levels of burn-out. According to Deloitte's *2024 Global Health Care Sector Outlook*, 90% of physicians in the developed world feel dissatisfied or burnt out.

In that context, this white paper aims to spotlight a range of predominantly commercial clinician leaders in the UK who have broken the moulds of traditional career paths, highlighting their creativity, impact and sense of possibility – showcasing, in a sector under pressure, leaders who give us a sense of optimism about what could lie ahead.

The product of years of reflection on career pathways in the healthcare sector, and of months of conversations with inspiring leaders, I hope this paper will inspire CEOs, Chairs, Chief People Officers, leaders, and managers across the sector, as well as clinicians themselves, to reflect on both the traditional and more innovative career paths that could be available – and the leadership, commercial, and patient-focused skills that clinicians can bring to innovative healthcare organisations, fuelling growth.

I hope to kickstart thinking and conversations about how to enable clinicians' careers that will attract and fulfil the best talent, retain ambitious individuals, and stem the flow of driven and tenacious clinicians who are leaving UK clinical practice today.

Healthcare's bright future depends on the careers of its carers and clinicians continuing to flourish. In this report – a collection of interviews and reflections – we are highlighting one potential, under-sung, route to those flourishing careers, which would lead to the delivery of excellent services, and to commercial growth.

I'd like to thank each of the leaders featured in this publication, and those who shared insight in confidence, for taking the time to speak with me in such a candid and thoughtful way.

Hatty Cadman
Partner, Healthcare Practice
The MBS Group

Rethinking clinical career pathways

The healthcare sector has an opportunity to reimagine clinicians' careers, to attract, fulfil and retain the best talent – as well as drive future growth and innovation within public and private healthcare organisations.

It's time to think differently about clinician career pathways

Clinicians make fantastic leaders – but the traditional career pathways and prevailing culture do not always offer clinicians the opportunity to consider different career routes.

I'm clear in my conviction that the healthcare sector produces many fantastic leaders – and that there is an often-unnoticed array of exciting, varied, and impactful leadership careers possible within this broad-reaching sector.

Clinical career paths, with their deep focus on the building of technical skill, subject matter knowledge, team leadership, and communication expertise, have developed separately from the operational, commercial and financial management disciplines on which successful organisations are also built.

Clinicians across the UK and much of Europe – in contrast to particularly medics in the US – progress along professional career paths which build mastery in a specialty. As individuals, they will often be conscious of and thoughtful about the potential for change and innovation within and beyond those specialties, but they are focused, in the short-term, on service and care delivery, the building of their subject matter expertise and technical skill and, as they progress, leading the teams that deliver those services.

Clinicians, and care professionals, bring a deep focus on and understanding of the patient which can, when harnessed in leadership roles, drive significant innovation and improvement. They can make hugely inspiring leaders, bringing strong problem-solving skills, empathy, an aptitude for clear communication and building relationships, and a comfort working at pace and under intense pressure. Driven by purpose and a desire to help others, clinicians and carers are, therefore, well-placed to make a long-term impact in commercial leadership roles in healthcare and beyond.

So how to enable and empower these sorts of careers? In my view, the answer lies, at least in part, in rethinking and flexing clinician career pathways, within both the public and private spheres.

Of course, in lots of important ways, the structure in place for clinician career development in the healthcare sector is highly effective. Each year, across the UK, the existing framework produces around 9,000 new expert clinicians within the NHS and in private practices, who are dedicated to their specialist area and without whom the healthcare system could not operate. And since 2019, the number of doctors joining the workforce each year has been more than double the number who leave.

But the traditional pathways and prevailing culture do not always offer clinicians the space, opportunity, or encouragement to consider different career routes. In particular, we've become accustomed to thinking about the NHS as so under pressure, so operationally intense, that it requires clinicians to join a "conveyor belt", keeping their heads down and delivering care in their specialty area, with little room for the creativity or lateral thinking – which would slow the system even for a short while – needed for longer-term improvement, innovation, or growth.

Highly specialised in its approach, the existing framework for clinicians' career development in both the public and private UK healthcare sector does not provide consistent or comprehensive support for those who might want to explore career pathways that stretch them beyond clinical practice, or those who would benefit from such breadth, adding, in turn, huge value to their organisations.

Secondments into internal innovation teams or external technology businesses, wider study, leadership development, and private care sector opportunities are available, but often on an ad-hoc basis, and often only with sponsorship or mentorship from a senior leader.

As the operational intensity of clinical practice deepens, an increasing number of clinicians are stepping away wholly from their clinical careers, in pursuit of more varied responsibility and autonomy, and taking with them their drive, expertise, and passion for making a difference. According to Deloitte's *Time to Change: Sustaining the UK's clinical workforce* report, 44% of UK doctors have considered taking up full-time employment in healthcare in another country, and 37% have considered leaving their profession. In 2022, nearly 7,000 doctors in the UK applied to work overseas.

It is my belief that it doesn't have to be this way.

We have an opportunity to reimagine clinicians' careers, and to give clinicians opportunities to utilise their hard-earnt expertise in different, as well as clinical, contexts. Through people and operational leadership, innovation, improvement, strategy roles, consulting, investing, or policy making, clinicians can make a wider contribution to the healthcare sector, and to the growth of healthcare organisations.

For these clinicians, medical expertise can need leavening with wider experience in order to support both career fulfilment and success in a leadership role. For some, that will be achieved via the traditional routes of educational work or research, but increasingly clinicians are thoughtful about building different skills, and accessing opportunities to stretch and progress in more varied areas.

This paper was borne out of a desire to encourage organisations – both public and private – to be more thoughtful about the career paths they offer and the cultures they build, as part of a route to retaining clinical colleagues, and fuelling improved, thriving, organisations.

So how can roles be structured, or flexed, to enable more variety for clinicians?

The Programmed Activity (PA) structure within current medical job plans in the UK implicitly makes space for teaching, learning, research activities and, increasingly, for internal leadership, management, improvement or innovation activity. But can it be stretched further? What role can secondments, part-time placements, and Fellowship programmes play? How can ambitious individuals be equipped with leadership tools while remaining in practice? And how can the sector foster a leadership environment in which career-broadening experimentation is encouraged rather than tolerated, or actively squashed in the interest of "getting through" the next week?

Throughout the conversations for this paper, one point that resonated deeply was the unpredictability of clinician career development. The leader told not to take a year out to sail around the world because she wouldn't find a job when she got back contrasts with the now CEO whose Consultant showed him an advert for a year-long role with Bupa, opening a door that began a 20-year career in leadership and management. How can we ensure that all clinicians, should they want to, are supported and empowered to think broadly about their careers?

In imagining different futures, role models – those who can inspire others and showcase the sorts of hybrid careers that are possible – are always helpful.

With that in mind, over the last few months, I've had the privilege of sitting down with clinician leaders who have carved out careers which combine a commitment to patient care with a passion for broader leadership.

Each of these leaders has made deliberate decisions to move beyond the established healthcare career pathways in medicine, nursing, dentistry, physiotherapy, care, and animal health, and has demonstrated ambition, focus and courage in doing so. It's been such a pleasure to speak in detail with these individuals, and to hear about the forces that drove them to look beyond their clinical practice, and the factors that are enabling them to succeed today.

This group is, of course, self-selecting. They are leaders who have left full-time clinical practice and are leading, or contributing to the leadership of, predominantly private healthcare organisations. Some of the leaders included in this report have entirely committed their careers to commercial leadership. But many others have sought out a dual structure, which allows them to continue treating or caring for patients on a part-time basis in parallel with their broader leadership role – and, strikingly, they are clear that their clinical experience supports their commercial leadership impact.

Most practising clinicians won't want to follow exactly these paths – and it isn't our intention to suggest they should.

But every single one of these leaders is routinely approached by former colleagues who are intrigued by their careers and unsure their own current roles are fulfilling their aspirations – a fact that reflects wider concerns about the sustainability of traditional clinical careers.

And the private sector businesses which first appointed these leaders and invested in their potential have reaped the benefits of their drive, knowledge and leadership.

In bringing together their stories in this report, I've been struck by the many common threads that link these leaders together. In their own way, each person profiled here combines powerful motivations around helping others with significant curiosity, lively intellects, and strong personal drive. These are compelling and positive qualities – qualities that both clinicians, and leaders, need to excel.

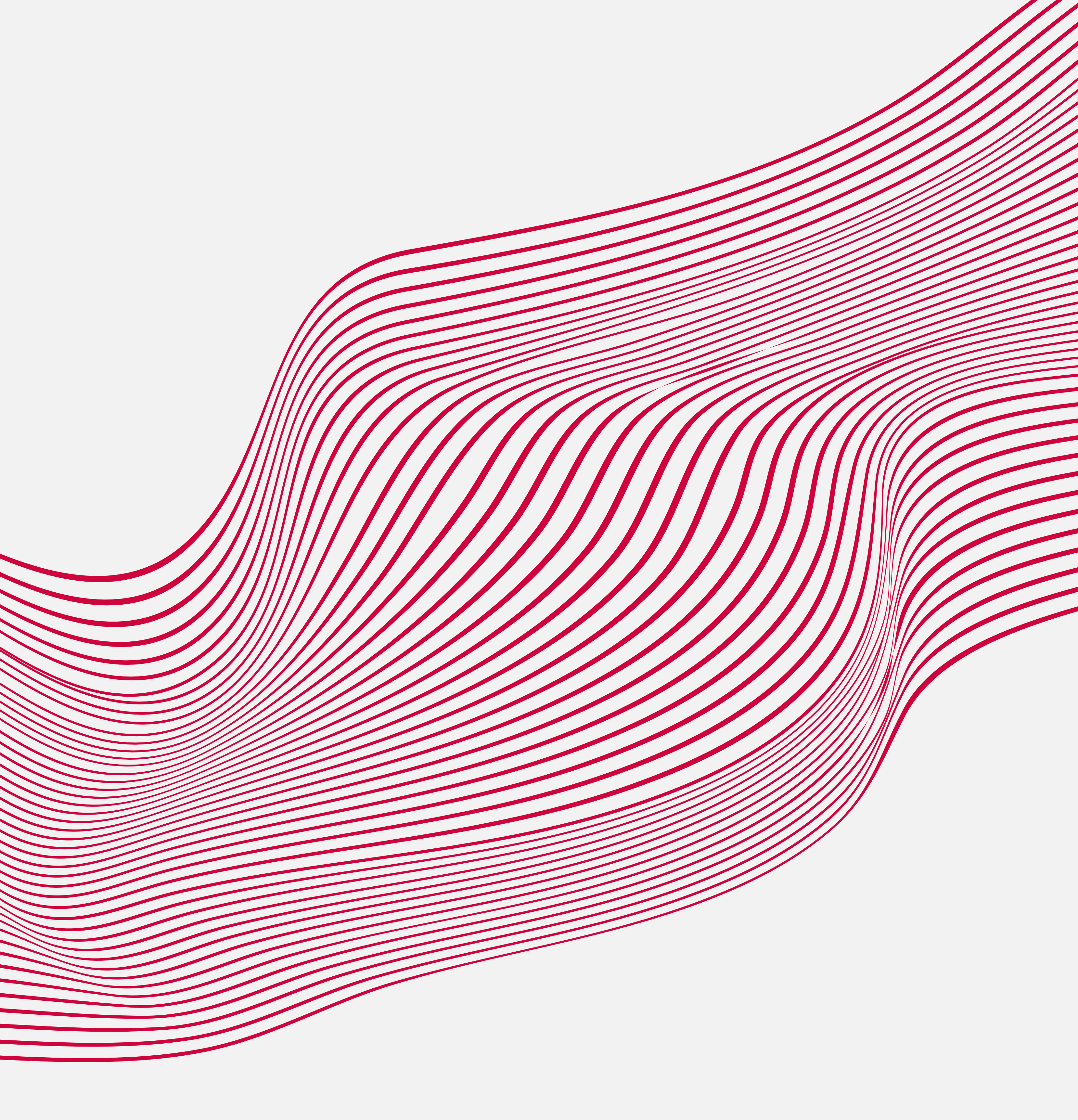
Almost all attributed their career moves to an interest in driving change on a larger scale than full-time clinical practice allows – a motivation that would surely be powerful to harness.

Looking ahead, building out these sorts of hybrid career pathways, and extending some of the routes which took these individuals into their leadership careers, could make a long-lasting positive impact on the healthcare sector. Doing so would allow us to retain the purposefulness and expertise of individual clinicians, while also giving breadth and stimulation that is inspiring and professionally fulfilling. Existing frameworks like Masters in Public Health, MBAs, and Fellowships like the Harkness, or Associate Medical Director roles at companies like Bupa have been pivotal in launching some of these individuals' careers beyond clinical practice.

For private sector organisations, these leaders' careers prove the huge benefits of investing in clincians' potential and providing sustainable and exciting pathways for them. Vitality is one business which has proactively prioritised building clinicians into leaders inside their organisation, and built best-in-class expertise in doing so. "Clinicians have a distinct ability to bring a voice to those who don't have a voice in the room," said Dr Keith Klintworth, Managing Director VitalityHealth at Vitality, when we spoke on this topic. "We know we want clinicians in leadership roles in our organisation, and we're committed to providing the roles, opportunities, and flex needed to retain them."

Offering clinicians opportunities to build their skills and interests away from clinical practice and care will feel counter-intuitive to many leaders whose most burning priority is delivering today's healthcare as safely and quickly as humanly possible. But my deep concern is that, unless we think seriously, in both the NHS and private health and care, about designing more flexible, wider-ranging, potential career paths for clinicians – which allow nurses, doctors, vets, physiotherapists, and their clinician colleagues to explore their interests in technology, innovation, leadership, and even operational management, as well as the more traditional routes of teaching, research and private practice – our sector risks losing more clinicians, and their dedication and skill, on which healthcare depends.

What follows is a series of insights from leaders who have successfully stepped into thriving careers away from clinical practice. There are reflections on the challenges facing clinicians today; on the inherent personality traits of those with an aptitude for leadership; and on the practical factors which have enabled individuals to succeed in broader commercial positions.



Lessons from clinician leaders

There are valuable lessons to be learnt from the leaders who have carved out creative career paths – about how organisations can support new professional routes for ambitious clinicians who seek broader responsibility; about what has allowed clinicians to transition into commercial leadership successfully; and about what clinical experience can bring to commercial roles in healthcare and beyond.

What are the current hurdles for aspiring clinician leaders?

The depth of specialty focus in clinical training. One of the primary issues lies in the deep focus of medical, nursing and veterinary education and early clinical training. Unlike most professions, clinical careers often require important personal decision-making at a very early age. "By the time you hit 17 or 18, you've already made the call to be a doctor," one leader reflected. "And then you're on the conveyor belt through medical school and training. This makes it emotionally hard to step out, and you never get the chance to build the muscle of thinking through career options."

Moreover, medical, nursing, dentistry and veterinary schools themselves can be relatively insular environments, where students are surrounded predominantly by others with the same aspirations, leaving little room for exposure to other career options. Interestingly, some of the leaders I spoke with credited their professional curiosity to having broad friendship groups, wider networks, or even studying in a collegiate environment at Oxford or Cambridge. "Being somewhere like Cambridge encouraged more multidisciplinary thinking," said one senior executive. "And it meant that my peer group wasn't made up solely of medics."

And once qualified, the focus narrows further, with clinicians expected to specialise relatively early in their careers compared to their peers in, for example, the law or accountancy. Focus on a single discipline is a necessary requirement for building expertise, but, as currently configured, can limit chances to think about wider opportunities.

The low profile of leadership in many public healthcare organisations. Across my conversations, clinicians consistently described beginning their careers in an environment, usually in the NHS, in which leadership was under-discussed as a discipline, and under-recognised as a skill that could be developed. The lack of a visible leadership culture they described within public healthcare meant management opportunities were often under-valued, and the impact of good leadership – on colleagues' professional development, for example – was under-appreciated. Conversely, when these leaders moved into different, in these cases private, contexts, they often spoke about the motivating power of working for colleagues who inspired them to think about their capacity to lead away from clinical practice.

Professional leadership, in a clinical context, is often separated in healthcare organisations from wider management and leadership of multi-functional teams and organisations. As such, early in their careers, many clinicians see one set of paths for their development within practice – peaking as Chief Medical Officers or Chief Nursing Officers – while another set of figures – Chief Operating Officers, or Chief Executives – come from wholly different backgrounds.

There isn't an abundance of role models from clinical backgrounds who lead as general managers: for midwives, physiotherapists, and allied health professionals this is doubly the case. As a result, clinicians' early career ambitions can become funnelled within their specialty area or professional group, rather than being stretched to embrace skills like operational or organisational leadership.

What drives decisions to transition into broader leadership?

Leadership qualities. All the leaders I spoke with share a handful of personality traits that have equipped them for leadership:

- → Curiosity – almost every leader I spoke with had a track record of asking interesting questions, wanting to explore lateral options, and sometimes of challenging the status quo. Many had, early on, considered other careers; others described wider interests, in languages, for example, or business, or technology.
- → Entrepreneurialism – a common theme in my conversations was a natural inclination for commercial thinking. A large proportion of the leaders I spoke with had at some point in their training or career launched sideline businesses, or introduced, or tried to introduce, new ways of working.
- → Courage – clinicians who leave full-time clinical practice are not afraid of taking risks, or of taking a lesser-known path, and have learnt to overcome fears associated with trying something new. They have, ultimately, chosen to back themselves, often in the face of colleagues or family members expressing concern about leaving a clearly-established route.
- → Focus – of the leaders I spoke with, many were laser-focused on building out the right combination of skills and experience to succeed in a commercial leadership role. Few would describe themselves as "falling in" to leadership.
- → Ambition – clinician leaders are often naturally ambitious, and have over-achieved throughout their careers and prior to training. This is also of course true of many coming into medical, nursing, or other clinical training environments.

A desire to drive change at scale. Clinician leaders are often inspired into commercial roles by an enthusiasm to bring about change on a much larger scale than full-time, individual patient-focused, clinical practice allows. Many leaders told me that they were driven to move roles after spotting a problem in a system, and seeking to be a part of the solution. "It's easier to influence the system from the outside than from the inside," was a recurring sentiment.

A frustration with the current state of play. Across the board, the leaders I spoke with told me that they were more greatly motivated by 'pull' factors than 'push' factors to leave full-time clinical practice. Moreover, several stressed the importance of clinicians stepping positively toward something different, rather than simply moving away from something which had become frustrating or demoralising. However, there were a number of recurring 'push' factors described.

First, many of those interviewed here described personal frustrations at experiencing a reluctance to change inside the NHS. Many described increasing numbers of their former colleagues also experiencing that frustration. Of those we spoke to, the decision to leave full-time practice was often coupled with a move into a more agile environment, where change happens more quickly, after experiences of trying to encourage colleagues to look at different ways of working.

Second, many of the leaders profiled in this report left full-time clinical practice in search of greater variety. Leaders mentioned looking to flex their leadership, commercial or technological muscles; seeking broader responsibilities; being stretched in new ways; and working beyond the refinement of clinical practice.

Third, ambitious leaders are often looking for autonomy and ambiguity, and to problem-solve on a wider canvas than can be possible within the NHS, where organisational boundaries and established career paths can limit the scope of how individuals see their potential for impact.

What factors enable clinicians to transition successfully into broader leadership roles?

A clinician's personal community and professional network. Almost all these leaders noted that they would not have made their career moves were it not for the people around them: professional mentors, supportive partners at home, family members in business, or peers or friends providing exposure to different careers such as technology, finance or consulting.

More specifically, many described proactively building networks, attending events in areas of interest, and connecting with key figures or potential colleagues. "Networking shouldn't be a dirty word", as one leader put it; "find your path finders", was another's way of framing the sometimes-uncomfortable experience of getting alongside those with the experience or knowledge to derisk career transitions. Sometimes all it takes is asking the right question of someone already in your network.

International experience, and particularly exposure to the US. Spending time outside of the UK can fast-track creative thinking about healthcare careers. Some of the leaders I spoke with mentioned that stints practising medicine in the developing world had given them greater breadth, and highlighted the relative narrowness of UK expectations of what's possible in healthcare.

Many leaders credited their transition to commercial leadership to time spent in the US, where the private healthcare system more naturally encourages entrepreneurialism and where commercial role models in healthcare are far more common. Through secondments, MBAs, or roles in the US, many of these leaders were able to gain a broader view of careers in healthcare, and build a more varied professional network.

> "Within the US, a key pathway for many clinicians is to run their own practice. You build your own business, do your own billing, manage your own teams, and keep your own records. So the absence of government-run healthcare in the US means that there are naturally more commercially-minded clinicians."
>
> **Chief Clinical Officer, digital healthcare business**

There is also an assumption in the US that major Healthcare institutions – both private and not-for-profit – can be led by CEOs with a medical background. As such, combined clinical and leadership careers paths are simultaneously more visible in the sector, better understood by clinicians, and more actively encouraged within organisations.

Undertaking an MBA, or broader training. MBAs were often critical inflexion points in these clinician leaders' careers, allowing them to meet other commercially-minded leaders outside healthcare, to learn the fundamentals of business, and to broaden their thinking about how to implement change. That said, more had made the transition without one, but having completed leadership training schemes, or Masters in other disciplines (Public Health, in particular), which they recognised had broadened their thinking, and built their comfort with what non-clinical careers could offer.

The systems in place. For lots of the leaders I spoke with, existing or former initiatives and schemes (both inside the NHS and from outside) were instrumental in inspiring a broader career. Some include:

- Opportunities to intercalate university degrees
- The Commonwealth Fund's Harkness Fellowship
- The Office of the Chief Medical Officer's secondment programmes
- Out of Training Programme Exercises
- Programmes from private healthcare companies, like Bupa's programme of Associate Medical Director appointments, or the AI and Digital Health Fellowship at Babylon (as was).

Part time roles. While some of these leaders felt they had to immerse themselves fully in a new role in order to test their fit with it, many took on their first non-clinical role on a part-time basis, and were passionate about the enabling impact of this structure. "It allowed me to try out a different role in a low-stakes way," said one leader, "and not immediately impact my identity as a doctor." Another recognised they may not have felt able to take the risk of a new role if their training supervisor hadn't kept open their previous role for them.

The luxury of time. Many spoke of taking months (even years) in the evenings, early mornings or weekends around clinical shifts to self-career coach, build networks, and apply and prep for interviews. For those who were able to take time away from paid work, this was a particular luxury – but not a prerequisite, as others on this list demonstrate.

What can clinical experience bring to leaders in commercial roles?

These clinician leaders have brought immeasurable, transferable, skills to broader leadership and commercial roles.

- Patient- (or customer-) centricity – an ability to stay focused on the needs of patients, future patients, and customers.
- Communication skills and emotional intelligence – including the ability to keep teams focused on immediate priorities, experience establishing relationships with patients and families under difficult circumstances, and an acceptance of the need to convey bad news and have high stakes-conversations.
- Legitimacy and empathy with clinical or care colleagues – bringing the weight of having walked in others' shoes to leadership roles in healthcare organisations.
- Understanding – of what it's like to be a clinician and the problems clinicians face. This can be particularly powerful in consulting, advisory and investing environments, where building relationships with clinical teams or former-clinician founders is a particular priority.
- Rapid observation and problem solving – there are multiple reads-across for diagnostic skills into non-clinical contexts.
- Deeply engrained ethics – built through years of clinical training and practice.
- Hard work – as one leader told me: "the long hours in hospitals prepared me for the rigour of consulting."

> "As a CEO, you're often presented with a problem and asked to look at a series of possibilities, before making a decision on next steps. This isn't so different from a doctor's appointment, in which you meet a patient, you observe a series of different things, you make inferences, you make a tentative diagnosis and then lay out a treatment plan and communicate it in the most empathetic way."
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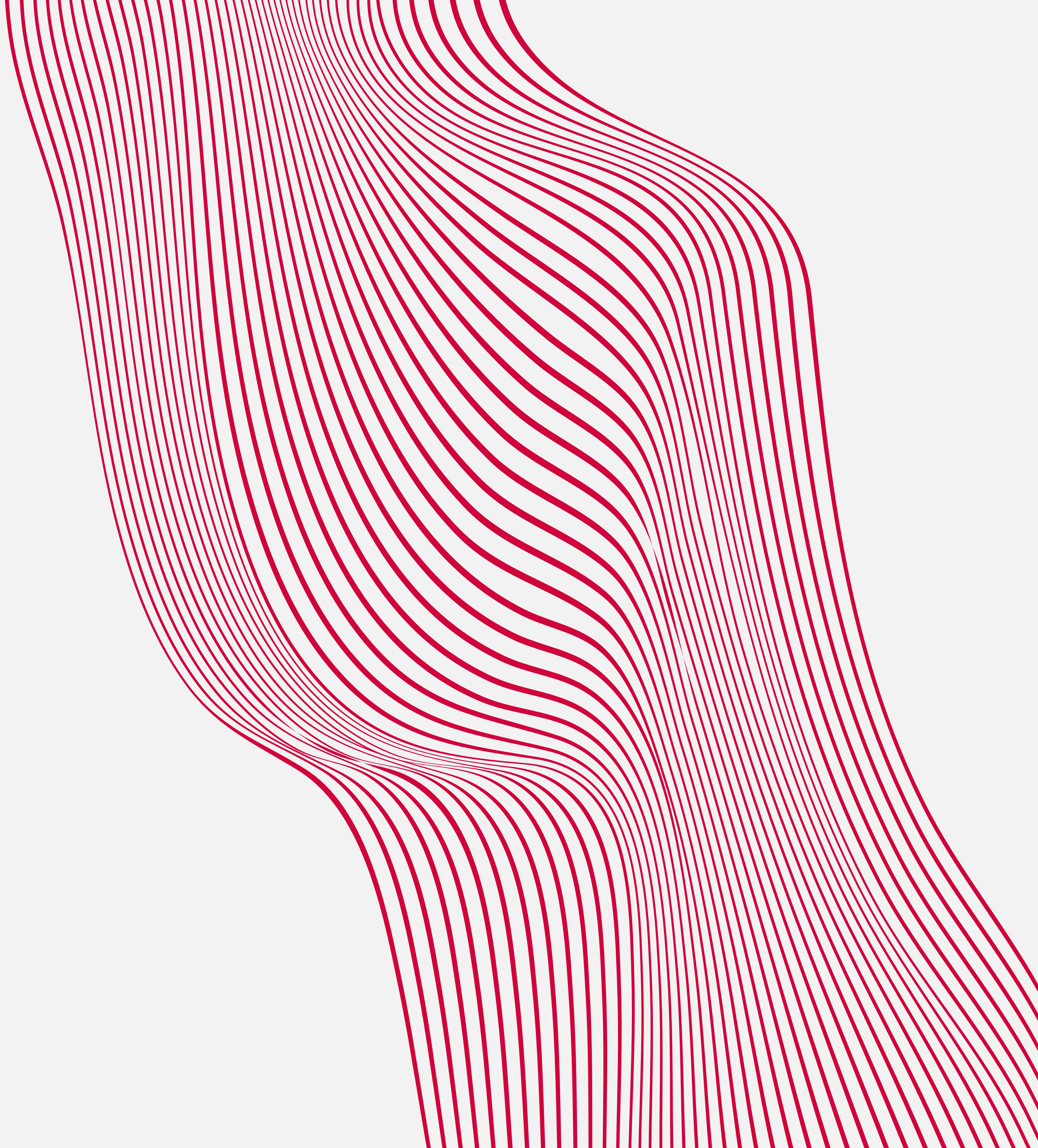
> **Chief Executive Officer, private healthcare business**



In conversation with clinician leaders

Over the past few months, I have sat down with clinician leaders who have left full-time practice to carve out careers which combine a commitment to patient care with a passion for broader leadership.

Each of these leaders has made deliberate decisions to move beyond the established healthcare career pathways, and has demonstrated ambition, focus and courage in doing so.

What follows is a collection of interviews with these leaders, in which we discuss the factors which drove them to their current role and what has enabled them to succeed.

Rebekah Cresswell

Chief Executive Officer
Priory

Rebekah Cresswell was appointed CEO at Priory in November 2021. A health visitor by early background, over the course of her career, Rebekah has managed large organisations during periods of change, overseeing the implementation of new systems and the delivery of quality improvements. Rebekah originally trained as a nurse, and held senior posts across the NHS before joining Priory.

How would you describe your training and early clinical career?

Growing up, I wanted to be a doctor. I came from a family without a lot of money, and missed my grades for medical school by one mark. Instead I secured a place at Liverpool University to study Nursing, and found it such an empowering, inspiring course. They really taught us we were going to be the leaders of the NHS, which fueled my ambition. After I qualified, we had six months to specialise. I opted for health visiting, and loved the autonomy, and the opportunity to directly help families and women. I learnt lessons in this role that I still use today, as touchstones for difficult decisions: on how to keep the child front and centre, on why building connection is critical, and on how thoughtfully to hold the sensitive personal information we can be entrusted with.

How did you build your leadership career?

I spent two years in my first health visitor role, and then three in a team leader role. I knew it was important to be in a job long enough to build credibility, and to grapple with the essential challenge of each position.

I then moved to Stockport to take on a professional development leader role. I felt I had to move away from the area where I'd begun my career to truly be seen as a leader, but once there I still had to win over a lot of people who'd been in the Trust a long time. I learnt to engage with colleagues quickly, and to demonstrate my expertise.

After that, I ran a Sure Start centre, which gave me experience in clinical governance, quality improvement, and in being accountable to a community. It was at Sure Start that I became a bit more known in the healthcare sector, when I invited a Minister to open the centre, which went on to become the first Children's Centre in the country. Then, in my next role, I proactively developed a toolkit for assessing the quality of different services, which was published in the HSJ and eventually picked up by 14 different Primary Care Trusts.

I left Sure Start to take on an Assistant Director role at NHS Northwest Strategic Health Authority, before joining Priory in 2012. I've now spent 11 years at Priority in four different roles, the last two and a half as CEO. As CEO, I have ensured the whole business hits its budgets, and prioritised culture, D&I and belonging. Staff turnover is now down by 13%, which makes a hugely positive impact on the quality of our patients' care.

> "Being a nurse, you must be able to talk to anyone, relay bad news, and adjust your approach for different audiences – all skills which are crucial as a CEO.

How has your clinical background shaped your leadership?

It's been critical, and given me a built-in compassion, because I've seen people during their toughest moments. It's also given me a 'customer service first' approach, which I love being able to bring to life in an independent healthcare environment. Being a nurse, you must be able to talk to anyone, relay bad news, and adjust your approach for different audiences – all skills which are crucial as a CEO. It's important to me that I can understand my colleagues' challenges and problems: my clinical background is part of helping me to do that, people know I have walked in their shoes to some extent.

What factors do you think have enabled you to succeed in your career?

I didn't just 'fall into' the position of CEO, it's something I always knew I wanted. Throughout my career, I consistently tried to take on more responsibility, gain additional experience, and made choices to grow my skills and get myself into positions of influence. Whatever I was doing, I made sure I was doing it really well, so I would always have good results to fall back on. I was open to the idea of my first Priory role when the NHS was disbanding SHAs, and I pushed myself, to learn how to operate in a commercial environment, to work with investors, and then as a CEO. Practically speaking, I had a career coach, and also spent time shadowing chief executives in my early career to identify what skills I needed to build.

What advice would you give to clinicians looking to broaden their careers?

I'd say be willing to take the opportunities when they come, and don't be too rigid in your approach to building your career. Now, in any area, I look for colleagues who learn everyday – be hungry for what more you can learn, what you need to get exposure to, to think about. The best quality healthcare services depend on people, people, people – as a clinician, we know how to connect and build trust, which, in leadership, is what makes those quality services happen.

Dr Partha Das

Chief Medical Officer
DaVita International

Dr Partha Das has held a variety of senior research and clinical management positions, including Advisor to the National Clinical Director for Kidney Care at the Department of Health in London. Partha is International Chief Medical Officer at DaVita Kidney Care, and an honorary consultant nephrologist at King's College Hospital, London.

Can you tell us about your early clinical career?

I went straight to medical school when I was 18. I wasn't sure which area of medicine to go into but realised quite early on that a bad decision about your chosen area of specialism can get you stuck on the wrong track for a long time. I am a nephrologist which involves caring for people living with kidney disease. I didn't get much guidance in choosing my specialty and in many ways it was serendipity that I found one that remains fulfilling to this day. I had many mis-steps: I was the first academic registrar in nephrology to be appointed in South London meaning I was training to be a clinician-scientist. But I soon realised it wasn't for me so I also became the first academic registrar to leave the programme. People don't do that very often and it was a tough decision but the right one in retrospect

I became interested in why healthcare systems and processes don't always work as planned. When a job advertisement came up pitched at improving the quality of national kidney care services hosted at the Department of Health (with a group called NHS Kidney Care), I thought it would be chance to explore this interest further. So began my journey into healthcare management and quality improvement.

> If it hadn't been for the non-traditional career pathway I wouldn't be where I am today.

What decisions do you think laid the groundwork for a broader leadership role?

I was lucky enough to be selected for the prestigious Harkness Fellowship based in the USA. My family and I moved to Boston, Massachusetts and that's where for the first time ever I experienced real mentorship (Thank you Dr Tom Lee at Press Ganey and Prof Sara Singer at Stanford).

It was enlightening and fulfilling to be in a completely different environment in the USA, working with incredibly smart healthcare leaders and academics. Towards the end of the fellowship I was introduced to the kidney care organisation DaVita and a few months later they approached me to say that they were looking for a nephrologist interested in systems and quality improvement to interview for their international CMO role. If it hadn't been for the non-traditional career pathway I wouldn't be where I am today.

Can you describe your work at DaVita?

I am accountable for the quality of care and experience for people with kidney disease who attend our clinics in 12 countries around the world. I sit on the executive team and report to our international CEO. My work includes clinical governance, quality improvement and assuring that we can provide the best possible care everywhere. At one level, I get to travel the world spending time talking to our doctors, nurses and most importantly patients, about how we can continually improve the lives of people living with kidney disease. It's a very compelling mission for me and helps me keep my true north star.

How does your clinical expertise impact your leadership?

I am an honorary consultant nephrologist working at King's College Hospital in London. I don't do nearly as much patient care as I used to do, but it keeps me connected to my specialty and with a lovely group of colleagues in the NHS. At DaVita, I represent the voice of patients in the board room, and they are placed at the centre of all company decisions. I think it's hard to be that advocate effectively if you're not in regular contact with patients. Experiencing the lived reality of people with kidney disease through my clinical practice very much shapes how I can help DaVita deliver the best quality and patient experience.

How can the Healthcare sector encourage people to think differently about their careers?

Healthcare needs to be much better at guiding early career clinicians into roles that will fulfil them and that they can excel at. We have to give them the chance to experience different, broader and more creative, career pathways than a conveyor belt. I try to identify emerging talent in my organisation and then work to mentor, nurture and develop them. I never experienced that until late on in my career so I want to make sure that history doesn't repeat itself with the next generation.

> Experiencing the lived reality of people with kidney disease through my clinical practice very much shapes how I can help DaVita deliver.

Andrew Elder

Deputy Managing Partner
Albion VC

Andrew Elder is Deputy Managing Partner at AlbionVC, a UK-focused venture capital investor managing approximately £1bn. A former neurosurgeon, he focuses on medical technologies and technology-enabled services to the healthcare and life-science sectors. He also oversees management of the UCL Technology Fund, a long-standing partnership between AlbionVC and UCL Business. Prior to joining AlbionVC he specialised in healthcare strategy at the Boston Consulting Group (BCG). He holds degrees in Medicine and Surgery from the University of Cambridge and is a Fellow of the Royal College of Surgeons.

How would you describe your early clinical career? What inspired you to train as a surgeon?

I came from a medical family, so that was part of it, but I also always loved Biology as a subject, and was fascinated by how things – bodies! – work. Most of all, I wanted to do a job which impacted people in a positive way. I thoroughly enjoyed studying medicine, and the six years of training afterwards. I think that's critical given the intensity and the type of work that we do.

What drove you to leave your career in medicine and move into investment?

There were some push factors – I realised I wasn't hugely keen on a career doing the same kind of surgery over and over – but it was mainly pull factors. I was fascinated by the commercial world, and really interested in research and innovation, and ultimately wanted my abilities to be tested in new ways. As I thought things through, and looked at different possibilities, I became very convinced I wanted to do VC, and consulting was the route I chose into that. Broadly, I think it's very important to be driven by pull factors, and not just driven by the push of dissatisfaction in your current role without taking the time to really consider your next move. My observation is that the people who leave industries in a negative way without making positive choices about their next steps are often the people who end up going back. However, my path out of medicine, whilst unusual-ish, wasn't an untrodden one. I left with a small cohort of peers, some of whom were really top-performers from medical school, all driven, curious and with a peer group elsewhere. My move to finance felt pro-active and positive (although I did have a lot of people asking me why I'd "wasted", as they saw it, six years of medical school).

I think it's very important to be driven by pull factors, and not just driven by the push of dissatisfaction in your current role.

In my late twenties, many of my friends were in finance or consulting, so I had an existing network and a frame of reference for what other possibilities were.

What were the enabling factors that encouraged success in your transition?

My university experience at Cambridge was helpful. Life there is lived in a cross-faculty way, so I didn't train in a medics-only, 'group think'-type environment, and I had lots of friends who weren't medics. In my late twenties many were in finance or consulting, so I had an existing network and a frame of reference for what other possibilities were. I also took six months out of work completely, to coach myself, to apply for new roles and to interview. This hiatus was incredibly valuable, giving me a mental clean break.

There weren't lots of role models, but I had a few people whom I looked up to, who showed me that it was possible to have a fascinating, broad career, and an altruistic future outside medicine. This was critical to me, and I think this matters to the overwhelming majority of clinicians.

Your first role out of medicine was healthcare strategy at BCG, before you moved into healthcare investing at AlbionVC. How has your background set you up for success in these roles?

While there are many different routes into healthcare strategy or investing, I have found being a medic has helped hugely. At BCG, I had the language, the credibility, and a firm understanding of how complex health systems worked, from hospitals and labs to insurers and payors. It meant I could apply my thinking and influence people from within an understood healthcare context. Now at AlbionVC, when we meet founders I often immediately understand the clinical problem they're trying to solve, and I've found my background can help to quickly build trust and mutual credibility.

More generically, training as a medic instils logical thinking, and the ability to engage with, understand, and work well with all sorts of people, at all sorts of places in their lives, both of which are huge positives in life in general.

Ross Farmer

Commercial Director
DrDoctor

Ross Farmer is owner of Support & Sustain, a private physiotherapy clinic in London, and Commercial Director at DrDoctor, a patient engagement platform providing remote care, patient-led booking and video consultations. Before his thirteen years of leadership roles, Ross trained as a physiotherapist in the NHS.

Tech companies are so keen for the kinds of skills you gain from being inside in the healthcare system.

Can you tell us about your early clinical career?

Growing up, I did a lot of high-level sport – I was six times British Judo champion. Initially, a physio career was something that allowed me to do what I was really interested in, which was everything body-related. The first day I turned up at university, physio clicked with me.

By the time I was two years qualified, I'd raced through pretty much all the additional CPD that was supposed to last you the next five to ten years. So, it meant I went up the ranks fairly quickly, progressing into more senior roles.

I asked my boss's boss to mentor me, and I won funding to do a Masters in Healthcare Leadership and Management. I saw this as training for a second career.

Moving organisations is something I've always done in my career – I've never waited for the opportunity to come up, I've moved looking for progression. So, I don't think it surprised people when I started looking at different career routes.

At what point did you decide to transition your career into commercial leadership?

I hit a point ten years ago where I realised that I'd done everything I could within the NHS. And then GP Federations came along. The idea made so much sense to me, bringing GP practices together to plan local healthcare across a community. I became CEO of one aged 33 – and it was an amazing learning curve. By this point, I'd developed a bit more business acumen, and I understood a lot more about how money really works. The local politics were a real challenge though, they were draining. The part of the role I really enjoyed was supporting new clinical pathways across the system and where I found my natural fit was in unlocking barriers to make the commercialisation of these pathways work (of course I didn't realise at the time that's what I was doing).

How did you make the move into health tech?

My wife works for Apple and, at the point I felt like leaving healthcare, asked me if I'd ever thought about health tech. It hadn't occurred to me that I could be a good fit there. And that's when I came across Livi, who were Europe's leading digital healthcare provider. It was like going from a grey brutalist building to living in technicolour. It was amazing. And just so many young talented people everywhere you looked, it was energising. Within three months, they'd made me Commercial Director for the UK business.

Joining Livi was like going from a grey brutalist building to living in technicolour.

I think, because of my background, I could see it a bit differently from everyone else in the business. They saw themselves as selling to individual GP practices, whereas I knew we could sell to 100 practices at a time with ICS contracting. That was the switch in approach that supercharged our growth.

The one thing I say to people when I meet them at events is that you've probably never stopped to think about how many useful skills you have. Tech companies are so keen for the sorts of skills you gain from being inside the healthcare system. You can really do anything with clinical qualifications, far more than a lot of people imagine, you just need confidence that you can add value.

How do you think being a clinician influences your leadership style?

I won't take a job that doesn't make me feel like I'm making a difference to people – that fundamental principle guided all my work as a clinician, and guides me still. There is a rapidly growing market of businesses looking to supply the NHS with tech solutions but many of them have corporate backgrounds and are built without a grounded reality in what the NHS really is. This is where clinicians can have a huge impact in helping them develop their offering and build strategies that align with the reality of the NHS.

Dr Ali Hasan

Chief Commercial Officer
Vitality Health

Dr Ali Hasan is Chief Commercial Officer at Vitality, and a non-executive Director and advisor across healthcare, financial services, tech, and life sciences. He has more than 15 years of experience across operational, executive and non-executive roles, and also undertakes independent advisory work with seed stage businesses.

Can you tell us about your early clinical career?

My clinical career almost didn't happen! My parents are both doctors, and I rebelled against the idea of becoming a doctor for many years as a teenager, before coming to my senses. In medical school, a distinction in my first term set out my expectations for the future; this encouraged me to try out a range of different things whilst an undergraduate, including research and teaching.

I was energised by the opportunity to be able to do things that made a change for populations, not just individuals, and at pace.

After considering lots of different specialties, I was convinced I wanted to become a GP – specifically, I had aspirations to an Academic Professor of Primary Care. After completing an Academic Foundation Program, I started on the first year of a GP training rotation.

I had also learned about McKinsey & Company through an event advertised in the back pages of the British Medical Journal. The event made consulting seem so compelling – I was energised by the opportunity to be able to do things that made a change for populations, not just individuals, and at pace. So, at the end of my third year of clinical practice, I started my year out of clinical practice. Now, coming up to 15 years later, I am still on my year out of clinical practice… much to my parents' disappointment!

What did your pathway into clinical leadership look like?

At McKinsey & Company I worked across a range of countries, across the Middle East, North America and Europe, and the majority of work I did was across healthcare payors and providers, pharmaceuticals, and medical products. After consulting, I considered a number of different opportunities. One opportunity was a role at Bupa, joining as Regional Medical Director. Bupa gave me a great experience in many ways – I was able to work on a range of really interesting areas, from developing analytical approaches to understanding provider cost-effectiveness, to medical policy and negotiations.

Approximately two years in, I was contacted by a recruiter about a role at what was then known as PruHealth (now Vitality). I initially approached this with some trepidation – I wasn't sure how this company could be substantially different from my current role, and what the role had to offer. However, the shared value approach, and direct commercial responsibility for the provider teams, appealed to me.

I've been at Vitality for just over nine years now. The role has grown substantially, from leading a team of around 25 people to now over 140. Alongside this, I have continued to enjoy a number of non-executive and advisory roles, which I started after leaving McKinsey.

What factors do you think have enabled your career success?

The thread that ties all these experiences together is my enthusiasm and willingness to push myself, try new things, and work on problems that give me energy. There is no substitute for hard work no matter how bright you are.

I also recognise that in addition to my hard work, a tremendous amount of my experience was luck – luck to have great friends and mentors, a great family and a supportive wife, for James Ridd at Hanover Search to have found my profile and contacted me for the Vitality role, and to have read the back pages of the BMJ during that A&E shift.

Typical skills and attributes associated with doctors – a scientific approach, empathy, influence – are also important. Doctors are typically confident dealing with complex problems, working across multiple stakeholders, and sharing information in an emotionally intelligent way.

Who have your influencers been throughout your career?

Everyone I've worked with has had an influence in some way or other. You can learn from anyone and some of my best negotiation and influencing approaches have been modelled by my children, both under ten. However, I have been lucky to be in close proximity to some really excellent leaders who have helped influence and guide me. For example, I have worked for Dr Keith Klintworth for nine years – he is an anaesthetist by training and the Managing Director at Vitality Health and has been a great support throughout my time with Vitality. As a NED and board member, I have worked with many great Chairs – including (but not limited to) Peter Wyman, Ian Dilks, Peter Molyneux, Stephen Collier, Romana Abdin, and the Chair in my first Board role, Maureen Coleman. Stuart Fletcher, ex-Group CEO of Bupa, has been an inspirational supporter and has helped transform my way of thinking. Amit Mantrow at Lockton, previously my manager at McKinsey, helped me see consulting and problem-solving in a way nobody else could. I could go on – the more I think about it the longer the list grows!

Ben Jacklin

Deputy Chief Executive Officer
CVS Group plc

Ben Jacklin has had more than 15 years' experience in the veterinary profession, initially specialising in equine orthopaedic surgery, and spent much of his clinical career working with the world's top thoroughbred racehorses in Melbourne, Australia and Newmarket, UK. Ben is currently Deputy Chief Executive at CVS Group plc, a leading integrated veterinary services provider.

Can you tell us about your clinical training and early career?

As a child, I had a passion for horse racing, and was probably more drawn to being a racehorse trainer initially. I decided to be a vet first, which gave me a potential gateway into racing and training. I did my veterinary degree at Cambridge, which is when I first realised that I was drawn very much to the commercial aspects, and while I was loving my studies, business had also started to appeal.

My parents encouraged me to qualify, and I became a horse vet, and as soon as I was in practice I became fascinated by the economics of how practices were run. It was a different time, and it was very old-fashioned, all politics and nepotism. All the partners in Melbourne and Newmarket they were almost exclusively men, with minimal diversity of any description. I thought about it deeply, and talked to people in other sectors, and I came to the view that we needed to think about the veterinary profession in the way professional services firms did. This meant looking after the people who hold the expertise which our customers need – the people were the currency of these businesses. So that was when I started to get really interested in not just the unit economics of a business and a practice, but how vet businesses should be organised and run.

I went to Harvard to do an executive education programme on leadership, and that was a real watershed moment for me.

Was there a pivotal moment that changed your career trajectory?

Around 2014, with my frustrations in practice at a peak, CVS approached me. They'd bought a hospital in Yorkshire and wanted somebody to run it. It was a proper sliding doors moment – I was in the specialist surgeon job that hundreds of surgical residents wanted, that I'd been working towards for years, and now here was this new idea. My mentor, a seasoned leader of a large corporate law firm, really encouraged me to make the leap.

I didn't have a management toolkit, but I did lots of reading on leadership and management, and then I went to Harvard to do an executive education programme on leadership, and that was a real watershed moment for me. I suddenly had genuine tools, knowledge and understanding for how I could drive change.

I quickly came to the view that our business was closer to those professional services firms I'd thought about, to law and accountancy, than it was to other areas of human healthcare, and I built a strategy for CVS in equine initially, and then across our practices, that centred around being a great place to work. It struck me that the 'war for talent' so talked about in other professional services was exactly what we faced in veterinary.

In your leadership role, what has distinguished you from your former peers?

Aside from luck and timing I'd say there are probably two things. The first is I had the bravery to go and do it, to seize a new opportunity when I was feeling frustrated with what clinical practice was offering me. I had people around me who helped me be brave enough to make a big leap, but ultimately, I had to do it.

The second thing is that I'm not sure I would have been happy in a veterinary role. Every two or three years I need a challenge. Where do we want to take the business next? Last year, I moved into the deputy chief executive role, and I am now also running the Australian part of our business, which has been a completely new experience. I do still see myself as a vet, but I don't ever see myself going back to practice: the dedication it requires to incremental, technical improvement, in a deeply specialist field, is a different commitment from those I think fulfil me professionally. My leadership work is just too interesting to me.

How can we inspire the next generation of clinicians to take on broader roles?

In terms of clinical careers, there are a few myths out there that need to be busted. People have a view that great vets or great doctors can't be managers. It's rubbish. They've never been taught, they've never been invested in. Some of them just sort of figured it out, and many failed along the way. What I've tried to do in CVS is be really specific – here is a whole set of skills that we should start teaching ambitious vets who are interested in leadership. Let's really invest in teaching these skills to some rising stars, because if you can get someone to lead who has the credibility of having been part of the profession, that's really powerful.

Let's really invest in teaching these skills to some rising stars, because if you can get someone to lead who has the credibility of having been part of the profession, that's really powerful.

Professor Sneh Khemka

Former Chief Executive Officer
SimplyHealth

Sneh Khemka was most recently CEO at SimplyHealth, a 150-year-old, purpose-driven UK healthcare company with revenues of circa £250m. Having trained as a surgeon, Sneh went on to successfully establish and sell his own business, before joining Bupa where he held a number of senior roles including Medical Director and Director of Healthcare Development. After Bupa, Sneh was appointed first as COO of Advanced Oncotherapy plc, a spin-off from CERN, and then as VP of Population Health & vHealth at Aetna International. Sneh is currently NED at the UK's leading laboratory company, Synnovis.

I remember one day walking into one of several glaucoma clinics and thinking to myself: this is not what I want to be doing for the rest of my life.

How would you describe your early career? What inspired you into a career in medicine?

I went to Edinburgh University to study medicine, largely because that's what my father did, and it felt like a stable career. While I had initially wanted to study French and Business, I've never once regretted doing medicine – it's a fantastic training ground in basic science, problem solving, communication and working under pressure. I knew I wanted to be a surgeon and opted for ophthalmology.

How did you make the move out of clinical practice?

By the time I was 31, I'd taken a specialist registrar training post in Manchester. I remember one day walking into one of several glaucoma clinics and thinking to myself: this is not what I want to be doing for the rest of my life. Trying to figure out where to go from that thought, I applied for job that I saw advertised in the back of the British Medical Journal, for an Assistant Medical Director position at Bupa, and got it. I brought a clinical background to the role, which is what they needed at that point in the business. At that time, there was something called an Out of Programme Training Exercise in the NHS, and I was granted permission to take the year off with Bupa, which helped make the decision – I didn't feel I was instantly closing the NHS door behind me.

After three months at Bupa I realised that I was never going back to full-time clinical medicine. I loved the corporate environment, the breadth of responsibility and the level of meritocracy which I'd never really experienced in the NHS. I was given great exposure – like presenting to the Board about governance issues – as quite a junior employee. And there was fantastic breadth; I was working globally across hospitals, care homes, and insurance.

We embarked on a strategy at Bupa to position the business not as a financial services company, but as a healthcare company. We were looking to prove that if you were with Bupa, you led a longer, happier and healthier life.

Where did your career lead you after that?

It came to a natural point to finish my journey at Bupa, and then I got recruited into Aetna. My role there was to set up a global version of their population health management business, Healthagen. I joined Aetna International with really not much more than an intention, and was asked to produce a strategy, build a team and build a business, which is what I went off and did.

Our first project, for example, was setting up an entirely new healthcare system in Qatar. We unified the local hospitals, put around 800 people on the ground, and created a fully integrated system with coding, data and delivery infrastructure. It was an enormously steep learning curve in commercial strategy, but the whole project was a success, and we ended up taking similar population health management systems to India, Korea, Dubai and Thailand. I've always equipped myself with business mentors and executive coaching, both of which I leant upon in this role.

It never felt unnatural for me to develop more business-focused skills and move away from clinical thinking.

What do you think has enabled you to succeed in broad leadership roles? What has set you on a different path from your peers in medical school?

I think some people are just naturally commercially-minded. I definitely am. It never felt unnatural to me to develop more business-focused skills and move away from clinical thinking. But my clinical background has helped me significantly throughout my career. Being a doctor has helped me keep my focus on the patient, and think about the impact on the front-line.

Dr Karen Kirkham

Chief Medical Officer and Clinical Partner Health Strategy Team
Deloitte

Dr Karen Kirkham has 30 years of clinical experience, complemented by significant leadership and executive roles. She has held senior leadership roles at NHS England and NHS Dorset Integrated Care System and practiced as a GP and senior partner until 2022. In August 2021, Karen was appointed as Chief Medical Officer at Deloitte UK.

Can you tell us about your career journey?

There were no medics in my family, but I knew at an early age that I wanted to be a doctor and was single-minded to achieve this goal. After training at the Middlesex Hospital Medical School, London (now part of UCH) I decided to train to be a General Practitioner. I did consider obstetrics and gynaecology as an alternative, but there were so few women role models in that field I didn't see how I'd be able to have a family and do well in my career. Ultimately, I found that General Practice enabled me to have a wonderful portfolio career, allowing me to develop specialty interests, to develop in leadership roles, and I was blessed to have this as a career alongside bringing up three wonderful kids.

Digital technology and data have hugely influenced the way we practise medicine.

I've had a thirty-year clinical career I am not sure how it has gone by so quickly! Medicine has changed so much in that time for the better: the huge advances in science and technology; the improved use of data for decision making; the massive improvements in health due to vaccinations; new therapies; advancement in long term condition management and the diagnostic and minimally invasive techniques that we have now. Excitingly, we are on the brink of genomic and precision medicine, and all this shows just how far medicine has progressed in a generation. Digital technology and data have hugely influenced the way we practise medicine and the increase in multi-professional teams with their skills development is a far cry from a generation ago. My practice embraced many of these advancements, and not only did medicine change but the way we deliver care has also changed. I always tried to retain continuity of care – for me that is so important for doctor and patient. General Practice also allowed me to step out into taking specialty roles in contraception, sexual health, and infertility.

A pivotal career move came in 2012 when I joined the Dorset Clinical Commissioning Group, as locality chair, then assistant clinical chair, and eventually becoming Clinical Lead of the Dorset Integrated Care System and had the opportunity to lead at scale transformation across acute, community and primary care.

How did you find the transition into a leadership role?

Dorset was my first senior leadership position, and I found myself on a board in a position where I could really make a difference for the local health system and the patients we served. I spent time developing my skills, navigating the complexity and politics of health systems and am grateful for the opportunity this gave me to learn about integrated care and new care models. I also spent some time travelling internationally to learn more from other countries and bringing back ideas to the UK. I was asked to join the NHS England primary care transformation team as Senior National Clinical Advisor, and subsequently Systems Transformation and Population Health Clinical Advisor, giving me a view on the national landscape of transformation and policy.

You're now Chief Medical Officer at Deloitte. Can you describe this role?

Working in consultancy comes with a level of ambiguity, complexity, and challenge. As Chief Medical Officer, I bring the clinical view and deep industry experience to the healthcare team supporting healthcare clients – from strategy to transformational change. I have often thought how similar consultancy skills are to those of clinicians: asking the right questions, working out what the problem really is, the root cause and thinking about the diagnostics and data needed to support making a diagnosis. I work alongside incredibly talented experts in a variety of fields from technology and digital to operational and financial improvement, leadership and workforce, data, and analytics. I lead the Deloitte Clinical Network in the UK and globally, bringing together colleagues with a variety of clinical backgrounds into a network, which gives me great insights internationally.

I have often thought how similar consultancy skills are to those of clinicians.

What do you think has enabled you to succeed in a leadership role?

Firstly, I've always been curious and happy to try a new path, and I've always backed myself. I'm not afraid to step out on an unconventional path, I'm comfortable in my own skin and have grown in confidence with deep industry knowledge, and my ability to work alongside and lead teams. Track record of delivery is important, and I have always tried to model the behaviours I want to see.

Secondly, I've been blessed to work with people who have noticed something in me and have given me opportunities that I could only have dreamed about. I am here because others put their belief and trust in me, and then guided, supported, and nurtured me to succeed.

Finally, I'm truly passionate about improving healthcare. I loved what I did both as a clinician and as a leader in health, in driving innovation and change for better outcomes and using insights to understand the needs of populations and citizens to deliver equitable care. I believe passionately that it is our collective responsibility to improve care for our patients who entrust their health to us, and to be the leaders we want to see.

Dr Robert Lavis

Chief Medical Officer
Medica

An experienced urology, head and neck and oncology radiologist, Dr Robert Lavis has held leadership roles in two major NHS Trusts and worked in several private healthcare institutions. Initially training in surgery and ENT, he moved to radiology with a focus on future imaging evolution, minimally invasive therapies and a mixture of imaging interpretation and direct patient care. In 2016 he began teleradiology reporting for Medica Reporting Limited (formerly plc). In 2020 Robert was offered a role as Clinical Director with Medica. He subsequently became Group medical Director in 2021 and is now Chief Medical Officer. With a focus on quality and compliance in radiology, he has been involved in virtual MDT developments, AI projects, IT developments and education.

How would you describe your early clinical career?

After I studied at the University of Birmingham Medical School, and also completed a BSc in Medical Biochemistry, I initially trained as a surgeon in the West Midlands, before then training as a Radiologist and gaining a PGCE in Medical Education. I enjoyed my training, and my studies, and at this point, my goal was to become a Consultant: I felt there were three career paths, Surgery, Medicine or General Practice. I didn't consider the possibility that there might be other routes, either within the NHS or externally.

I didn't consider the possibility that there might be other routes, either within the NHS or externally.

Your first experience in a leadership role was within the NHS. How did you find the transition into leadership?

I took up my first leadership position while working in Gloucester. I applied for a Clinical Director role, and enjoyed the experience and sense of responsibility of bringing two geographically separate departments together. Gloucester had launched an innovative scheme called '100 Leaders', which brought me into training on leadership, budgetary management, and autonomous decision-making. It also made me part of a network of other Clinical Directors, which was hugely valuable for exploring and playing with ideas and leaning on other experts. I wouldn't have necessarily signed up for this before it started – I'm not sure I'd have known what value to attach to it – but I found it hugely beneficial. And, when I moved on to work at Plymouth – which didn't have an equivalent programme – I found that the structures and leadership were poorer for the absence of that sort of programme.

You joined Medica Group in 2020. Can you tell us a bit about this move?

I'd done some reporting work on a very part-time basis with Medica previously, but it was a fairly scary idea to leave the NHS substantively. I had lots of questions about different levels of risk in the private sector. Crucially, I had the opportunity to try the role out, as the original position of Clinical Director was part-time. Looking back, I'm not sure I would have taken on a role outside of the NHS if it had been on a full-time basis – it would have been a big jump.

I stepped into the full-time Medical Director role in June 2021. We've been busy: I've built a team, been involved in acquisitions, and we have developed a new reporting platform. We piloted a scheme in which Registrars were on duty for us at night, fielding calls from our customers, and it reduced interruptions to senior colleagues by 50%. We're doing lots of work on AI, focusing on patient safety, and we now work with more than 60 overseas Radiologist colleagues, supporting their professional development.

What do you think enabled you to move into a broader clinical leadership role?

In retrospect, I think I knew when to seize opportunities. No one else wanted the Clinical Director job in Gloucester, so I went for it, and it kicked off the rest of my career. People in the NHS can be reluctant to work outside their core area, as they don't want to be blamed for any missteps or failings.

Blended work feels like the way forward, it's a much more sustainable model to allow people to continue to practise while also pursuing different careers.

It's much easier to make change happen outside the NHS, and realising that has been very motivating.

How do you feel the healthcare sector can support its ambitious leaders into broader clinical careers?

There certainly needs to be some flex. Blended work feels like the way forward, it's a much more sustainable model to allow people to continue to practise while also pursuing different careers and exploring options, keeping them connected to the NHS and engaged.

Lorraine McGarry-Wall

Former Chief Operating Officer
Runwood Homes

Lorraine McGarry-Wall was most recently Chief Operating Officer at Runwood Homes. A trained nurse, Lorraine spent more than two decades at Bupa Care Homes, before taking on leadership roles at Avery Healthcare, Brighterkind, Four Seasons Health Care and latterly Runwood Homes.

Can you describe your early clinical career?

I was always a very practical person, and I liked the range of options that nursing presented. I learnt on the job, and loved the variety of working in one department for a period of time and then moving on to something completely different, I was never bored. I qualified in Birmingham and then had to make the choice of which specialty I would focus on, I chose to work with elderly people. Many were surprised at this choice, it was the least popular specialty and considered the area to work if you couldn't get a job anywhere else, but that just made me double-down – why should older people be cared for by those who are doing less well in their careers?

I had found nursing within the confines of the NHS frustrating, so I gave serious thought to retraining as a midwife instead. But while I was waiting for that training to start, I worked in a care home, and completely loved it. I ended up opening a new wing as a staff nurse, very early in my career. It was a real sink or swim moment, but laid the groundwork for the rest of my career – looking back, I can see several points where I was offered an opportunity which I needed to stretch myself

I've always had an affinity for management, and been able to spot problems or potential improvements.

to take, and I always did that, and that's what pushed my career forwards.

You worked your way up through the care home sector, spending 21 years with Bupa Care Homes. What was your next move?

It got to a point where I needed a change, and I think I recognised that there was still something of a glass ceiling for nurses at Bupa: I suspect it applies across much of Healthcare, and of course so many nurses and nursing leaders are women. I moved to a smaller organisation – Avery Healthcare – as Operations Director, before part of the business was sold to Four Seasons. This period gave me a real breadth of understanding of how an entrepreneurial business worked, which I have found invaluable. I went on to stay within the Four Seasons Group working within a team that developed Brighterkind, of which I later became the COO. This part of my career gave me the best opportunity to use all my operational skills that I had been developing.

Have you always seen yourself as a leader?

Not explicitly – but I've always had an affinity for management, and been able to spot problems or potential improvements and then been ready to try and find solutions or implement change. I'm also a very curious person: in every role I've asked lots of questions about why things are done a certain way, this has helped me implement positive changes. I've always felt it was important to deliver on your word as well.

I have always been very driven by the end result, knowing that every decision that gets made will affect someone's life, either someone who is giving care or someone who is receiving it, often both. This outlook served me well when I stepped into COO roles; I felt it was important in the boardroom also, particularly with investors who understand the sector in a different way, but don't have the depth of operational understanding. I tried to make sure

I've always been used to thinking as part of a broader team, taking into account many different views on the same subject.

throughout my role that all conversations – and the decisions – came back to the consideration of people living and working in the homes. I think this stems from training as a nurse particularly – I've always been used to thinking as part of a broader team, taking into account many different views on the same subject. Happily, I've been lucky enough to work with a CEO who understands that everyone's voice should be heard – that's incredibly important.

Dr Louwai Muhammed

Chief Executive Officer and Co-Founder
CoSyne Therapeutics

Dr Louwai Muhammed is a neurologist with a background in biomedical entrepreneurship. He studied neuroscience at Cambridge and clinical medicine at Oxford, where he graduated top of his year and was the first medical student in Oxford history to be awarded merits in every exam. He was the top-ranking applicant in the UK to London academic medical training and was the highest scoring applicant to neurology specialist training in the UK. He was awarded a Kennedy Scholarship to Harvard where he studied entrepreneurship, negotiation, and communication. He also conducted research at MIT and was the winner of the MIT 100K Accelerate entrepreneurship competition. Prior to founding CoSyne, he established an internationally recognised teaching platform for medical students in war zones.

What was your route into a clinical career? Did you always know you wanted to be a doctor?

I come from a family of medics – my father and brother are doctors – and I knew that I wanted to be a doctor from about four years old. My goal at school was to cure Alzheimer's Disease. I grew up in Essex, before attending Cambridge to study preclinical medicine and neuroscience, and then Oxford to finish clinical school, before going to Harvard to learn about how science could be translated to benefit in the real world. I wanted to experience different approaches.

I was fortunate enough to win a Kennedy Scholarship to Harvard, which gave me the opportunity to structure my own study, so I learned about entrepreneurship at the Business School, negotiations at the Law School, the art of communication at the Politics School, and the nature of revolutionary ventures at MIT. It was incredibly stimulating and rounding, and it was an unusual experience for a medic at the time.

> My favourite saying is that "genius is common, but courage is rare."

I'd heard of the MIT $100K Competition when I was much younger and always wanted to enter, so I took the opportunity while in Boston. I put together an idea for a neurodiagnostic device because I wanted to experience the competition and didn't really think we would get far, but somehow our prototype won the Accelerate component of the competition!

You launched CoSyne, as a TechBio company with a mission to help patients with under-served brain diseases, in 2021. How would you describe this experience?

I founded CoSyne alongside Liisi Laaniste and Michael Johnson in a café in Charing Cross Hospital during the pandemic. Liisi left her post-doc and I turned down a Fellowship when we had just £27.54 in our company bank account. We did this because we really believed that computational biology was coming of age and could help a lot of people. We have now raised venture capital funding and built a team of twenty incredible scientists and engineers who are all aligned around our mission.

What do you think enabled you to take this career leap? What qualities do you need to launch a business like this?

My favorite saying is that "genius is common, but courage is rare." You certainly need a level of bravery, and a great deal of resilience because bad things will constantly happen. Eventually, you learn to adapt to prolonged periods of stress and uncertainty. We launched CoSyne in hugely uncertain circumstances, with no clarity of how long the uncertainty would last. I was redeployed as an emergency COVID medic during the pandemic, so I would literally look after COVID patients during the day and write the business plan at night.

> I'm certain that a startup of ten brilliant people rowing in unison is more effective than 100 unaligned people in a large corporation.

A collaborative and low ego mentality is also key. There must be absolute trust between the co-founders, and we are always working together against the problem rather than against each other. I'm certain that a startup of ten brilliant people rowing in unison is more effective than 100 unaligned people in a large corporation. Because of this, we're very careful about who we hire at CoSyne. We've spent time really focusing on the values that built the company, and everyone at CoSyne shares them – people, courage, collaboration, urgency, and integrity are at the centre of everything we do.

Dr Dan Mullarkey

Medical Director
Skin Analytics

Dr Dan Mullarkey is a qualified GP who has spent the past seven years working in the healthtech industry designing, deploying and assessing digital and AI technologies. He is particularly interested in post-market surveillance and real-world evidence generation and the collaboration between clinical and non-clinical members of the teams behind these novel technologies. Currently, Dan is the Medical Director and a member of the Senior Management Team at Skin Analytics, a British health technology and medical devices business building world-leading skin cancer pathways.

What led you to a career in medicine?

As an enthusiastic, though averagely-talented sportsman, I was initially planning to apply for physiotherapy but pivoted at the last minute to medicine, excited by the breadth of specialities on offer. I studied at the University of Nottingham, drawn there because it offered early interaction with patients, and really enjoyed elements of the course. However, as the years went on, I struggled to identify clinical role models and didn't feel a strong pull towards any speciality.

I stayed in the Midlands for my foundation years, and found myself confronted with the reality of being a junior doctor in the UK: struggling with the cycle of changing jobs every four months, inflexible rotas, apparent tolerance of systemic inefficiencies and feeling that all too often resourcing meant I wasn't able to do my best for the patients in front of me.

The medical 'career ladder' was the only path I had any visibility of at that time.

So I was dissatisfied and wobbling, but the medical 'career ladder' was the only path I had any visibility of at that time and so I came back to London to complete my GP training.

What was the pivotal moment that changed your career trajectory?

Towards the end of my GP training, it dawned on me that I was about to complete the 'ladder', but I still couldn't picture myself as a full-time GP, so needed to identify what I was passionate about. The next 6 to 12 months were a frantic exploration of the relatively nascent fields of sports medicine, lifestyle medicine and the more established public health.

Along the way I had a deep realisation that technology could revolutionise healthcare. I remember reflecting on the behaviour change driven by the early smartphones and feeling excited about the data captured by the newly released devices such as Fitbit and Apple Watch. You put those two things together and there is an opportunity to help the population at large and healthcare systems by reducing costs – all the benefits of prevention and earlier treatment.

My next step was a lot of cold outreach. I remember finding the Fitbit website and trying unsuccessfully to create a bit of luck there, and then contacting as many digital health companies as possible. Fortunate timing meant Babylon posted an advert for a new AI and Digital Health Fellowship and I was successful in applying, becoming one of the first Fellows hired on that scheme. That was my first exposure to a non-clinical role.

Can you tell us about your current work as Medical Director at Skin Analytics?

I'd been following Skin Analytics for a while as they had recently published a prospective clinical trial in a peer-reviewed medical journal, and I saw a company that had taken the time to build solid foundations in clinical evidence and regulatory requirements. When the opportunity to join came up I jumped at it and starting the week before the first Covid lockdown in March 2020.

The unmet need behind the business is that rates of skin cancer are increasing, dermatology is the highest referring urgent suspected cancer pathway in the UK and we've got a dermatology workforce that's really quite small with around one in four consultant posts unfilled. There's a mismatch between demand and capacity, and our technology can play a role in triaging patients, offering earlier reassurance to many and freeing up Dermatologist time to spend with the patients who need their expertise. The majority of our work is in the NHS, but we also have models with insurance providers, offering the patients the opportunity of an expert assessment remotely in the comfort of their homes.

I had a deep realisation that technology could revolutionise healthcare.

What do you think has enabled you to succeed in leadership?

I think I've got some way to go to truly 'succeed in leadership' but there are a number of areas to reflect on here. To start, jumping out of a defined career into the unknown was only possible with the support of my wife and family. Beyond that, I'd think about behaviours established from playing team sports, others learned through GP training and many more that I've picked up from observing leaders I admire. A solid top three principles would be:

1. Get comfortable asking the uncomfortable questions.
2. Get to know your relationship with risk. This is a skill well-honed in most clinicians but especially those in primary care. This does not mean a high risk tolerance, just an acceptance that you will find risk everywhere including in the status quo, and doing nothing is not always the safer option.
3. Humility. Accept you're not always going to be right, and build an environment where the people around you feel able to tell you when you're wrong.

Ashish Patel

Managing Director, Investment Banking
Houlihan Lokey

Ashish Patel spent four years working in the NHS in anesthetics and intensive care before leaving the profession to focus on business in healthcare. He is now a Managing Director in the Capital Markets Group at Houlihan Lokey, where he focuses on advising high growth private business on raising private capital from global institutions.

Can you describe your early career path?

I was very good at science at school – and when you're an Indian kid in North London and you're good at science, it doesn't take long before you start to say 'Oh, I think I might want to be a doctor.' And so, for lack of imagination or alternative choices, I decided to go to medical school. I thought it was a good thing to do, but in all honesty it wasn't a burning passion. Once I entered the field, I really enjoyed it. I really loved my time in medical school, and it was an immense privilege to be a doctor in the NHS. I did briefly toy with the idea of studying Economics at university instead, but the relative certainty of a career as a medic was a lot more attractive to me.

Trying to change how things were run within the NHS system felt impossible.

What did your transition out of medicine look like?

I always had intellectual and quasi-financial interests outside of medicine and, in 2013, I made a definitive judgment to stop practicing in the NHS. I felt that there were more possibilities outside the NHS, and greater potential to make a broader impact. Trying to change how things are run within the NHS system felt impossible.

I joined Babylon as a member of the founding team. It was a very early-stage business at this point – more of an idea or a concept than anything else. We had no offices, but there was an exceptional CEO who had an incredible track record, and a vision of healthcare that aligned with my own views. Although my medical knowledge wasn't unique, when my CEO posed a challenge, I genuinely believed it was possible. In me, he found somebody who was willing to try and navigate a never-before-trodden path, and take a lot of professional risk in doing so. In time I learned that the willingness to see the possible and figure out a way forward was a relatively uncommon characteristic.

After that business building experience, I joined Mercia, then a small VC fund where we set about trying to build a national investment business. My pitch to them was: I'll help you to navigate the healthcare landscape if you show me how to navigate the financial landscape. I spent the next few years meeting entrepreneurs and deploying capital, before joining Optum Ventures in 2019 and then moving to investment banking at Numis (now part of Deutstche Bank) in 2021, and Houlihan Lokey (a US bank) in 2024. At all points in my career, I've tried to seek out massive macro challenges (broken healthcare systems, poor capital allocation, gaps in growth capital), and to partner with ferociously intelligent and focused people to build businesses that put a major dent in these problems.

You need a willingness to take some personal risk, to keep your pride in your back pocket, and to not worry about failure too much.

You've had an unusual career path. Looking back, what do you think distinguished you from the people who were your clinical peers at medical school and early in your career?

My peers were often more academic than me, but they were anxious to be recognised for it. I had a willingness to be a fool before I became a master. When I thought about technology in healthcare, or investment, my mindset was: no one knows how to do this, that's why I'm here to figure it out. But that's quite a difficult approach to a lot of physicians – you need a willingness to take some personal risk, to keep your pride in your back pocket, and not to worry about failure too much.

In what way do you think your clinical background has been important in your leadership role?

It can be a very useful tool for understanding how healthcare companies work (or will struggle to work), and it's a great way to empathise and connect with healthcare entrepreneurs, to show them that you understand why their mission matters.

The second thing is, particularly in life sciences, having a sense of what the key regulatory hurdles are. Why are they important?

How do they de-risk this business over time? The third piece is around reimbursement, particularly the complexity of US reimbursement. If you're a clinician who spent any time working with complex organisations (on either side of the Atlantic), you'll realise that that clinical results can be disconnected from financial incentives. Helping CEOs to address these challenges and articulate what makes their company different is a powerful way of being able to accelerate some of the innovation that the industry and patients need.

Dr Satya Raghuvanshi

VP Clinical
Accurx

Dr Satya Raghuvanshi is VP Clinical at Accurx; a software company building the communication platform for the NHS and Integrated Care Systems. Since joining Accurx in 2020, she has supported product development of Accurx products across care settings, and led the initial growth of Accurx in Acute, Community and Mental Health Trusts. In her role she also oversees the in-house Clinical, Marketing and Policy teams. Prior to joining Accurx, Satya was an early Clinical AI & Digital Health fellow at Babylon Health working across the symptom checker and triage product, and a Paediatric trainee in North West London. As an NHS doctor with a background in public health, Satya is motivated by the desire to deliver value in healthcare systems, using her clinical knowledge to help build intuitive products to support patients and their healthcare teams, reduce inefficiencies in the delivery of care and ultimately, improve patient access and health outcomes.

How would you describe your early clinical career?

I always knew I wanted to do paediatrics. My dad was a paediatrician, but passed away when I was very young and I had a very romanticised version of what it was like to be a doctor. I had grown up on stories of how loved he was by his patients and never considered doing anything else. When I started medical school, I had aspirations to work in humanitarian paediatrics. I didn't really have any understanding of what the day-to-day medicine looked like or the realities of working within the NHS. I completed my Foundation years, and loved the work, but I found a mis-match between the impression I'd been given and what I expected from paediatrics.

To buy myself a bit more time, I opted to do an F3 year – which was unusual at the time – and spent time locuming in paediatrics in other hospitals. This was hugely valuable, giving me a much more rounded perspective and exposure to opportunities at places like the Royal Colleges. It helped me test my fit for the speciality, and reminded me why I loved it. As a result, I applied to specialty training while also applying for a Masters in Public Health. I wasn't confident that I'd receive a training number, and thought the Masters might help me pursue a career in humanitarian paediatrics. In the end, I ranked first in London so had a scope of paediatric jobs to choose from, and then, within a month of receiving the decision, was accepted onto the Public Health Masters programme.

What came next? How significant did your decision to do a Masters turn out to be?

Doing a Masters was incredibly formative for me. When I was accepted, my immediate supervisor was hesitant to approve it because of the impact on service provision with a loss of trainee, especially given it was my first nine months into training. I received some very sound guidance from a senior Consultant – they only saw the upside to a trainee gaining that experience and bringing it back to her paeditaric training, so that Consultant kept escalating the request until I got a 'yes'!

I studied in the US, and the course gave me exposure to health systems outside the NHS and a bigger picture view that went beyond one-to-one patient care. I gained a real understanding of the health system in its broadest sense, and I was able to meet people from different backgrounds, like engineers, who were contributing to healthcare in a really valuable way. It also made me realise that my skills were transferrable. I went to hackathons, for example, which I'd never experienced before. Whilst I was abysmal at the first couple, the experience really ignited a sense that solving complex and unbound problems in healthcare could be a really exciting challenge.

Once you'd finished your Masters, you returned to clinical practice. What was your thinking when, a few years later, you took a sideways step to become a Clinical AI & Digital Health Fellow at Babylon Health?

There is a very low appetite for change in the NHS. For example, in one role I proposed plans for a new paediatric assessment centre within an existing unit: it would have been a small change that we could demonstrate would have positive impact on flow through the hospital, and the push-back was that they'd already designed the layout of the new unit and so couldn't add something new or different. And, on a personal level, trying to improve the systems and processes whilst working a rota shift carried a high cognitive load that I found exhausting.

But I learnt that you can't hit your first hurdle and be felled by it. In 2019, I decided to apply for the Clinical AI & Digital Health fellowship at Babylon Health. And now, I've found that it's sometimes much easier to drive change in the NHS from the outside.

> “I realised that there is more than one way to apply skills learnt in clinical training.

What is it that you feel enabled you to take this different career path?

The people around me have been key. My husband was a chief technology officer for a healthcare start-up in the US, for example. He's very entrepreneurial and driven by a real sense of purpose. He challenges my thinking and assumptions about what's possible or expected of me in my career. I have been surrounded by friends and family who have supported me at every step in pursuing a non-traditional career path and given me the grace and support to figure things out.

There are also practical factors. There's no way I would have made the leap unless the Clinical AI fellowship that I started at Babylon had been paid. Once I'd taken that step, my thinking changed entirely. I realised I didn't have to be on the clinical training treadmill, and also that there is more than one way to apply skills learnt in clinical training.

Dr Sam Roberts

Chief Executive Officer
NICE

Dr Sam Roberts has been chief executive of NICE since 2022. Prior to her appointment, Sam was the managing director of health and care at Legal and General, and CEO at the Accelerated Access Collaborative. Sam originally trained as a doctor in South Africa and practised medicine in the UK, and Australia before undertaking an MBA. She then joined McKinsey and Company, before moving into leadership positions in UK healthcare, most recently with NICE, globally-recognised experts in evidence-based best practice and value for money in health and care.

Can you talk through your training and early clinical career?

I grew up in South Africa, and come from the sort of medical family who dissected sheep's hearts after school! I loved medical school, but the more I worked as a doctor, the more I found it hard to believe we were doing things in the best way.

I began to realise I enjoyed thinking about 'what could be', whereas a lot of my time as a junior doctor was focused on 'what is', and depends on rote learning, and doing the same thing many times over. I found myself endlessly thinking up new or different ways to get something done. I considered public health or a career in the not-for-profit space, and then one day, I heard someone from McKinsey talking on TV, and their comments really resonated with me. I ended up phoning McKinsey and asking them what I had to do to work with them.

They told me I should go and get an MBA, so I did, and then I spent the next two years as a generalist consultant in McKinsey. It was a great place to be a generalist, and I worked across FMCG, mining, and banking, and in operations and strategy projects. It was a brilliant training ground.

> I enjoyed thinking about 'what could be,' whereas a lot of my time as a junior doctor was focused on 'what is.' I found myself endlessly thinking up new or different ways to get something done.

After McKinsey, I moved into the NHS as a senior manager at UCLH, and completed a DPhil in evidence-based medicine, then did a stint at Legal and General in healthcare investing, where I had responsibility for identifying areas of investment across health and care, before joining NICE.

How does your clinical background impact your role today?

Being a doctor isn't a huge part of my identity – I stopped practising three years after qualifying. But it is super helpful to have been one, because I understand the system, the human body, and the fundamentals of scientific papers, for example, or how hospitals work. Having been a medic can also be useful for building relationships – with healthcare professionals and more generally – it means we have shared ground in common.

What do you think has enabled you to succeed in your role?

I think my breadth of experience has been very important to my career. Being a doctor is a fantastic grounding, but it doesn't teach you anything about how finances work, about how to develop a strategy, or about how to build a team or grow an organisation.

I've built an unusual toolkit, which combines experience from lots of different settings – consultancy, government, investing – and in different countries, and I think that diversity of experience has been very powerful, particularly when I think about my approach to leadership, and how I've built that.

When I look back, I recognise the path I took required a certain amount of resilience – when I phoned McKinsey to ask about working for them, their initial reaction was just to say no. Going off to get an MBA before coming back to them was a leap of faith – I knew I needed to broaden my career. As I think about it now, I have a "how could it be?" brain, where a lot of the best medics have "how is it?" brains – they understand their specialities deeply, and refine and hone their understanding over the course of their careers, becoming more and more expert, whereas I am quite a curious person. That has enabled me to build the breadth which I think supports my leadership.

I have also been quite proactive, building my knowledge and understanding in areas I think will become important, and building my network. Both of those things have helped me connect with opportunities which have in turn built my career.

> Being a doctor isn't a huge part of my identity – I stopped practising three years after qualifying. But it is super helpful to have been one, because I understand the system, the human body, and the fundamentals of scientific papers, for example, or how hospitals work.

Dr Tony Romero

Group Chief Executive Officer
CygnetHealth

Dr Tony Romero graduated as a Doctor of Medicine in Spain and went on to complete his psychiatric training within the NHS North London rotations. In 2002, he became Director of Psychiatric Services for NHP plc. In 2004, Dr. Romero co-founded Cambian Group, which went on to become one of the largest independent healthcare providers in the UK. In November 2017, Tony was appointed Group CEO of Cygnet.

How would you describe your early clinical career?

I knew I wanted to be a doctor from about three years old. I was curious about how our bodies worked: about why our headaches can go away when we drink a glass of water and how medicine works in the human body. Ultimately, I specialised in Psychiatry, but was keen to move away from the established and sometimes over-medicalised model of care. I always thought there was room to treat people more holistically.

I always thought there was room to treat people more holistically.

I realised I wasn't entirely fulfilled in full-time clinical practice, and that was a lesson for me, to be bold in making changes and not to be afraid to take on new opportunities. I moved towards management and leadership, putting in place a series of what I called five-degree changes designed to make doctors' lives better – five degrees because individually they were small things, but together they improved retention, recruitment, patient experience and economic outcomes. But I ran into lots of red tape making change in the NHS, so I decided I needed to embrace a new challenge and took a leap of faith into the independent sector.

Independent settings tend to be more agile, with fewer layers and less bureaucracy to navigate. It's much easier to get to know people beyond the ward and learn more about how the whole organisation operates and is run. Being in an independent healthcare business gave me a deeper understanding of the consequences of my clinical decisions for the wider organisation, for example, in terms of the impact on a colleague in nursing, or in operations – I don't think I'd had that picture of the whole organisation, and how it worked together, as a doctor in the NHS.

In 2004, you co-founded Cambian Group, which went on to become one of the largest independent healthcare providers in the UK. Tell us some more about that experience.

I never set out to be an entrepreneur. Our goal was to set up one hospital which would demonstrate our ideas about quality of care, and care for employees, and to use that to showcase how care could be done. We took a simple approach: We were not going to run a hospital where we wouldn't want our own relatives to be treated. In my mind, if you're clear on the level of quality you're setting out to achieve – and stay true to that standard in everything you do – people will understand, want to work with you, trust your care, and also be more open to listening, and perhaps forgiving, if things go wrong.

That philosophy of care was extended to all our staff. We ensured they had a good staff room, with complimentary refreshments and food included so they didn't have to spend their money fuelling themselves while providing the level of care we expected of them. And it didn't matter if someone was a cleaner or a consultant psychiatrist, every colleague was treated fairly as they all contributed to the patients' experience.

I wanted to commit myself fully to building a business. I was deliberate about building out a commercial and operational skillset.

It wasn't an easy journey. I took three years between leaving the NHS and starting Cambian, which I used to teach myself about HR, about P&Ls, and operations. I also stopped practising medicine entirely at this point. I wanted to commit myself fully to building a business. I was deliberate in building out a commercial and operational skillset, but even so, the first few months were incredibly hard.

Cambian merged with Cygnet Healthcare in 2016. Under your leadership, the group has grown to become one of the biggest providers of mental health services in the UK. How did that happen?

In 2016, I met the Chair of Universal Health Services – one of the largest hospital management companies in the US, which had acquired Cygnet in 2014. We welcomed the opportunity to become part of UHS and recognised the benefits that their considerable expertise and experience would bring. We merged our businesses and expanded our service provision in the UK. We ended up combining five companies, and spent the years leading up to Covid simplifying our business structure, getting everything in place, and building a vertically-integrated healthcare provider model.

What impact has your clinical background had on your leadership career?

You never lose the knowledge or the understanding of being a doctor. And having a medical background allows me to stay relevant. Critically, I think good clinical leaders can apply the skills of a doctor – empathy, problem-solving, relationship building – to commercial business functions like HR or Finance.

Julie Ross

Chief Executive Officer, UK & Ireland
PortmanDentex

Julie Ross joined Portman Dental Care in 2019 as Chief Commercial Officer before taking on the roles of Chief Operating Officer and then Managing Director. Now Chief Executive Officer for the combined PortmanDentex business, following last year's merger, Julie started her corporate career at Bain & Company, working across the world in multiple different sectors. A vet by training and background, Julie moved into commercial leadership with Pets at Home.

Having interesting problems to solve and the ability to work globally was important to me.

Can you describe your early career?

Growing up, I was laser-focused on being a vet. I spent my holidays working on farms and in stables, and felt like I shouldn't consider anything else because it was so important to be seen as completely committed. I trained at Cambridge, and while I loved university, I didn't love my course the way I felt I should have done – I think I always felt like I wanted something more. I'd spent time in the USA as a student working at some of the top equine hospitals which I did find very exciting and motivating so once I qualified, I applied for specialist training roles in the US and did four years practising equine veterinary medicine there and I did love it. But when I qualified as a specialist, I knew I wanted to step away from being a vet rather than continue on that career path.

How did you find the transition away from clinical practise?

Identifying what career path to take was incredibly challenging. I spent hours each week on my own career coaching, trying to work out what I wanted from life and from my work. Having interesting problems to solve and the ability to work globally was important to me, and I found I didn't want to do the same things over and over again – which of course clinicians have to do, that's how they build expertise.

I reconnected with the Cambridge Careers Service, and attended the milkround with the then current graduate cohort, which meant I had to swallow my pride after several years' working! At a Bain event I eventually met a doctor who had become a strategy consultant. He introduced me to others who had followed that path, and it felt like I'd met my kindred spirits. After a year of working at DEFRA, which I'd taken on to broaden beyond pure clinical practice, I joined Bain. It was phenomenal: in every interaction, it felt like I'd found my tribe.

I spent four years there and during that time completed an MBA at INSEAD, before being appointed into a strategy role at Pets at Home. After five years at Pets at Home, latterly as Commercial Director, I joined Portman Dental, first as Chief Commercial Officer: I'm now CEO of the combined PortmanDentex business.

What do you think enabled you to succeed in forging your very distinctive career path?

I've had to be very resilient, and simultaneously shrink my own ego while remaining driven. My move to the US after university was very formative – it gave me the confidence that I could make big moves, make friends, build a network and make things work for me. There's also a sense of calm that being a clinician brings you – you learn early on how to deal with very stressful and emotional situations and I think that helps in leadership. I'm also a big believer that diversity of all sorts is a positive force and my background means I see things differently from people with a more traditional background which I think is helpful.

What impact does your clinical background have on your approach to leadership?

Looking back, my veterinary background was an excellent, if not traditional, foundation. The (very) long hours training to be a specialist vet in the US certainly prepared me for the rigour and the hours of the consulting world and the emotional maturity clinical work instills in you was very helpful. I was

Today, I don't think of myself as a clinician – but I do see myself as a scientist. I am a corporate leader who happens to have been a clinician.

lucky to work with some of the best clinicians in the world in the US who mostly demonstrated an amazing characteristic I call "excellence without ego" and I think that was an amazing thing to see first-hand so early in my career (and very different to some other leadership styles I had experienced in the UK veterinary world). And lastly I think going through such a massive career transition was a very humbling experience and learning how to swallow my ego and be so resilient for so long has helped me many times in my career and my leadership journey.

But today, I don't think of myself as a clinician – although I do see myself as a scientist. I wear my qualification as a badge of pride but I am not a clinician playing at being a corporate leader – I am a corporate leader who happens to have been a clinician. It's part of the rich tapestry of experience which makes me who I am today.

Dr Farzeela Rupani

Chief Medical Officer for the UK and Europe, Colosseum Dental Group, Advisor to the Board of Directors and Executive Committee, Chair of European Medical Board

Dr Farzeela Rupani is a General Dental Practitioner, with a particular expertise in cosmetic dentistry and orthodontics. Since graduating, she has remained committed to the NHS and has practised in a number of clinics across London and Hertfordshire. She also spent nine years working for the General Dental Council enhancing her dento-legal skills and was a Management Consultant at KPMG working in the Healthcare Advisory division. Prior to joining Colosseum Dental Group, Farzeela was part of the Senior Leadership Team of a major dental distributor (DD Group).

Can you describe your career so far?

I completed my undergraduate training in Dentistry at King's College London. One of the best decisions I made was to embark on an intercalated BSc, and study something non-clinical for a year. I became the first dental student to study Management with Medical Sciences at Imperial College London, and absolutely loved it. When I qualified as a dentist in 2006, there was little flexibility or scope when it came to career pathways to enable clinicians to mix clinical and non-clinical roles.

I worked in a few clinics in my early post-graduate days and carried out several courses to enhance my clinical skills and offer a broader range of treatments to my patients. However, I had a real hunger for more. I spoke to a few of my doctor friends who had moved into non-clinical roles, and considered applying for an MBA, but in the end opted for an MSc in International Healthcare Management because the modules in this course were business and healthcare focused.

The MSc opened up several doors for me and led to a consulting role at KPMG. Arriving at KPMG was a real step-up. It felt like a completely different working environment, and I struggled initially with imposter syndrome. In addition, when I worked with senior leaders in hospital trusts, many of them questioned my knowledge and background because "I wasn't a real doctor". I tried not to let this affect me and it probably made me work even harder to prove the point that I could still add value. I loved consulting, and worked five days during the week at KPMG, and spent Saturdays seeing patients so that I could keep up my clinical skills.

One of the best decisions I made was to embark on an intercalated BSc, and study something non-clinical for a year.

Subsequently, I took on a role at the GDC within Fitness to Practise, initially as an Investigating Committee member and latterly as a Clinical Case Examiner, before joining DD Group. I joined Colosseum Dental as the UK CMO in January 2022 and was promoted to my European CMO role in September 2023.

What do you think equipped you to step away from a clinical career and pursue a broader leadership role?

I have always been quite entrepreneurial and liked the idea of solving problems. I also realised early on that if you are trying to lead or make changes in a clinical business, it is vital to understand and have worked in this environment at the frontline in order to gain the respect of your colleagues who you will eventually guide and direct. Initially, I wanted to own dental practices and actually nearly bought two practices, one in 2013 and one in 2015 – each time I was on maternity leave so had time to read through and complete the mountains of paperwork! I would drag my sons in their prams to viewings and appointments, people stared at me in surprise. However, both these potential purchases fell through due to legal discrepancies within the leases associated with the properties, so I knew this meant that I must look towards other opportunities to seize instead.

I know that my understanding of clinical practice is key to my strength in my role, which is at the heart of the business' success.

If I think about what could have helped me, it would have been great to have had a mentor who had followed a similar path. My benchmark for success was looking at doctors who had moved into consulting, pharma roles, investment banking, and whilst there were parallels, they weren't exact, I felt I had to forge my own path to quite a degree, which had its challenges.

How would you describe your role at Colosseum Dental?

I see myself as a commercial scientist. As Chief Medical Officer at Colosseum Dental I have to balance business priorities with clinical ones, and I know that my understanding of clinical practice is key to my strength in my role, which is at the heart of the business's success.

Dr Haidar Samiei

Clinical Director
EMIS Health

Dr Haidar Samiei is Clinical Director at EMIS Health, the UK leader in clinical IT systems for joined-up patient care. Prior to joining EMIS Health, Haidar was an Emergency Medicine Consultant, and has experience as a tech founder, building apps and software for clinicians. Haidar is still a practising doctor in the NHS.

How would you describe your early clinical career?

I come from an artistic family, and before I did medicine I studied various different subjects, including philosophy. But I always knew that I wanted to be a medic.

When I graduated, I really didn't understand the career opportunities available to me. I started my career in emergency medicine, because the idea of doing a bit of everything really appealed to me. I found it very fulfilling in its own way, but I did also start to have ideas about how we could differently organise A&E admissions, and that didn't immediately land well with my colleagues.

I really noticed that once you specialise, you start doing things and thinking in a very particular way to your specialty – ED medics are quite different in their psychology and approach from, say, anaesthetists, or GPs. And that can, in some ways, begin to strip you of individuality: your focus comes to be on learning to be like the senior Consultants in your speciality, it becomes about who you're going to become, not about who you are. I feel quite strongly that it's a dangerous pattern, because then entire specialty areas develop group-think, with very little diversity of thought.

I really noticed that once you specialise, you start doing things and thinking in a very particular way to your speciality, which can create group-think.

What inspired your move away from clinical practice?

I'd passed all the exams to become a Consultant, and just before I qualified, the iPhone was released. And I remember looking at it and thinking, "this changes everything", and going into work and saying that, and being met with slightly blank faces. It was a real inflexion point for me: that same day I started designing an app, called PZD, which helped medics with critical calculations for children arriving in the ED. I loved building it, and learning about coding, and graphic design, and, as it grew, how to navigate tight regulation in medicine. It did well – at one point it was the number two app on the medical bit of the app store, and medics all over the world were using it, which was exciting. But the reaction I received from many colleagues wasn't positive, I think because it had come from outside the established structures and processes, which I found disheartening.

I left full-time work at Leeds Teaching Hospital in 2016 when a Medical Director who was interested in my career development, and supportive of my wider interest and curiosity, recommended I apply for a post at EMIS. I was drawn to the idea of leadership and management, neither of which had much air- time in the hospitals I'd worked in. I was also excited to be in an environment wholly focused on innovation.

My responsibilities fell into three pillars: innovation, governance and evangelism. Interestingly, things have changed considerably in the seven years I've been with EMIS. The governance piece is now so much more significant than it ever has been.

My work focuses on ensuring our products have a strong clinical input at every stage of their life cycle, from inception, through design, development and in use. I still practise medicine, doing my shifts on Fridays and at the weekends: it's important to me. I know how to do something important, and, because of that, I feel committed to keeping doing it, and I like my patients, and I like my colleagues. Also, if I don't practise, I think I'll see less clearly where the future is going to be.

What has enabled you to carve out your distinctive career path?

It's definitely a combination of factors. First, I'm sure that what I think of as my diversity has propelled me forward: I think differently and I speak differently, and I bring different strengths to the table as a result of that. This comes with its challenges – it can be hard work always being the person who sees things differently – but it also means that people engage with me in a different way, and so we avoid the group-think that dominates so many conversations within healthcare.

I've always been happy to look into the unknown.

Second, I'm naturally inquisitive as a person. I've always been happy to look into the unknown, and been clear that I want to do things in a different way from my peers within clinical practice, and that has pushed me to explore paths that would have deterred others. As time has passed, I've seen the instincts I had early in my career coming good – I mean, the iPhone did change everything, and medicine is becoming more specialised, with more types of clinicians practising in more focused roles at more levels, be that trauma centres or frailty units – and that has given me greater confidence that I'm not seeing things that aren't there, but spotting good opportunities.

Sam Shah

Medical Strategist

Sam Shah is a seasoned medical strategist and a passionate digital health advocate. He is a clinician working across digital health, public health, technology and law. Sam's experience includes time in strategy consulting, in healthcare and NHS leadership roles, and working with start-ups and scale-ups. Between 2017 and 2019, he was the Director of Digital Development for NHS England, and was Chief Medical Officer at online healthcare provider Numan from 2020 to 2024, where he supported the growth and development of the startup.

How would you describe your early clinical career?

I decided I wanted to be a dentist around the age of six, and I became quite fixated on the idea as a child. But as I grew up, I found other interests, like public health, and as an undergrad I immersed myself in the topic. I had one tutor – Professor Ray Croucher – who was incredibly supportive at helping me pivot my thinking to encompass both dentistry and health economics. Thanks to his mentorship, I specialised in public health with health economics, which no-one had ever done before as part of dental specialist training, and it allowed me to dual practise easily across public health medicine and dentistry. By the time I had completed specialist training, I realised that I had lots of competing interests, and that I'd probably pursue a portfolio career path.

You've worked in many different facets of the global healthcare sector. Were you deliberate about building this breadth into your career?

Interestingly, not at all. In fact, I would say quite the opposite – my roles have all come through a bit of serendipity and seizing opportunities. When I left the NHS in 2008 and went into consulting with Finnamore, that was probably the biggest leap. Lots of people jokingly commented that I was going to the 'dark side', but it was the best thing I ever did. I received amazing support and was put on fascinating projects – and it made me realise just how much clinicians can offer in different working environments. As a clinician, you can offer the clinical understanding of a problem as well as the management side of things. It really changed my perspective on my career: I realised I didn't have to do clinical practice in a narrow, linear way.

> "I've always been juggling different things – I even had a full-time job during my clinical training while at University – so I've never felt tied to one discipline.

What are the factors that have enabled this sort of career? What do you feel differentiates you from your peers early in your career?

My background will have certainly played a role. My family has always been very outward-facing and curious about the world – they were merchants by background, so used to seeking opportunities. I grew up in an environment where it's the norm to be looking for the next thing, and no one was afraid of taking risks. I got exposure to the world of shipping,oil and steel very early on, so I've got that commerciality baked into my DNA. Stepping away from full-time clinical practice into a commercial role didn't feel as scary to me as it might have done otherwise.

I carried this exposure to a world outside clinical practice through my entire career. I've always been juggling different things – I even had a full-time job during my clinical training while at University – so I've never felt tied to one discipline.

How, in your view, should we be thinking differently about clinician careers?

I think there's a need to reframe how we discuss clinical skillsets. Clinicians are excellent at using logic to solve problems, and that's a hugely transferable skill. But when you've been in full-time clinical practice for years – and you're finding there's no place to climb – that concept can be hard to grasp. I've got peers who are burnt out from being within the NHS for decades, and they can't easily visualise their next steps; taking the leap outside of healthcare can be a daunting prospect. But I say to them: "what you're doing is management consulting. You've taken a problem, analysed it, and proposed solutions. You might call that healthcare, but in the rest of the world we call it management consulting."

> "I think there's a need to reframe how we discuss clinical skillsets. Clinicians are excellent at using logic to solve problems, and that's a hugely transferable skill.

Dr Harpreet Sood

VP Primary Care and Partnerships
Huma

Dr Harpreet Sood has experience in both national and international healthcare, and in strategy and implementation, with a particular focus on innovation, digital health and emerging technologies. Harpreet is currently VP Primary Care and Partnerships at global health tech company Huma, an NED at Wesleyan, and a Lecturer at Imperial Business School. Harpreet is also a practising Primary Care Doctor in the NHS in London.

Can you describe your clinical training and early career?

I've always had varied interests, and initially I wanted to pursue a career in business and finance. I ended up doing Medicine, but opted for an integrated degree where I spent one year studying management at Imperial Business School alongside my training. During my time at Imperial I set up an internship network for medical students looking for non-medically-focused placements.

I applied for a Masters at Harvard in between my Foundation years of training, and was offered a scholarship to study Public Health and International Health Policy in the US. Those two-and-a-half years really gave me the bug for entrepreneurialism and health tech. I came back to the UK when I was offered a remarkable opportunity at NHS England, in the CEO Simon Stevens' office, working with him on strategic policy changes. I think what Simon saw in me was someone who could think really broadly about the issues at hand, rather than perhaps a more expert, deeper, opinion on a narrower range of topics, with a vested interest.

I think what Simon Stevens saw in me was someone who could think really broadly about the issues at hand, rather than perhaps a more expert, deeper opinion on a narrower range of topics.

After a varied career, you're now VP, Primary Care and Partnerships at Huma – can you tell me a bit about your current work?

Huma has built a remote patient monitoring platform that advances connected care for patients, and accelerates research and therapies. In my role I've got the mandate and the autonomy to build our primary care business. I have five key responsibilities: identifying and building our commercial proposition; providing a strategic perspective to customers; being the clinical expert; raising our profile, and leading and developing teams internally. The role allows me to be entrepreneurial, and gives me the chance to bring together all the skills and experiences I've picked up throughout my career.

What do you feel has set you up for success in broader leadership roles?

I think I'd pinpoint three factors. First, I've always enjoyed taking risks, pursuing unknown avenues and just seeing where they'd take me. That sort of thinking has always come naturally to me.

Second, I spent a lot of time building my network and seeking mentors – both with the internship network but also during my time in the US. This gave me a broader view of the sorts

I spent a lot of time building my network and seeking mentors. This gave me a broader view of the sorts of organisations and roles that existed outside of clinical practice.

of organisations and roles that existed outside clinical practice. For me, I realised the top of the professional pyramid wasn't only, say, the President of the Royal College, but that it could also be a CEO of a healthcare business or the Secretary of State for Health.

Third, I was quite deliberate about building a broad set of skills. I spent a lot of time thinking, ok what do I need to learn to become a chief executive? So, I made sure I had a good understanding of finance, and of managing people, for example.

Dr Emma Stanton

Senior Vice President, Clinical
Oxford Nanopore Technologies

Dr Emma Stanton is SVP Clinical at Oxford Nanopore Technologies and Head of Oxford Nanopore Diagnostics. She is responsible for the global clinical strategy for the company, identifying how the technology platform can be applied to clinical, translational research and diagnostic settings. As well as building partnerships with industry and leading academic health systems to deliver Nanopore's innovative DNA and RNA sequencing technology platform to improve patient care around the world.

Can you describe your early clinical career?

I initially began my training as a surgeon, before switching to Psychiatry. There were two reasons for this: first, I realised that I didn't want to be operating every day for the rest of my life. However, the moment to switch training took place as my father was diagnosed with dementia and it struck me that no one was able to "fix" it in the way they'd have been able to help if he'd had a physical health condition. I was drawn to the complexity, and the unknowns to conquer in Psychiatry, particularly the subspecialty of neuropsychiatry which combined my training in both physical and mental health conditions.

Before completing my registrar training, I took a year out to sail around the world. I recall my supervisor at the time told me that I'd never be hired after that. I remember thinking "I'm not sure you're right." That sense of confidence has been important in my career. I look back on the narrowness of that thinking – surely a medic with the chutzpah to sail around the world, and the team-building experience and resilience they'd learn doing that, should be valued by the NHS?

And of course, when I came back, I found a fabulous next job in the NHS working at St Thomas Hospital, London.

Having more than one mentor is important: you may find that you benefit from different people's perspectives in different contexts.

I then worked as one of the Chief Medical Officer's Clinical Advisers, with Professor Sir Liam Donaldson when he was Chief Medical Officer for England. This gave me breadth (I also did an Executive MBA at Imperial College, London, during this time), and opened my eyes to what was happening in the broader healthcare ecosystem – both politically in the corridors of Westminster as well as internationally. I hugely respected Sir Liam's leadership through the swine 'flu outbreak, for example. It was Sir Liam who suggested that I would benefit from an understanding of private healthcare, and he helped me to secure a secondment at that time with Bupa.

While there, I applied for and was accepted onto the Commonwealth Fund Harkness Fellowship, which led to a stint at Harvard Business School and time at Harvard School of Public Health in Boston, USA. Following the Harkness Fellowship, I launched in to my leadership career – first as CEO at Beacon UK, where I was tasked with launching their UK subsidiary, and then at Four Eyes Insight, also as CEO.

What are the factors that you feel enabled you to succeed in a broader leadership role?

I'm a high-energy person, and I'm prepared to be proactive and to take a risk. During the pandemic, for example, I worked as Director for Supplies and Innovation at NHS Test and Trace. I'm also laser-focused on driving improved patient outcomes, and really interested in the most interesting and different ways to do that.

I've had some incredible mentors through my career too, people who have been generous with their ideas and reflections, and whose support I have hugely valued. Having more than one mentor is important: you may find that you benefit from different people's perspectives in different contexts. I've been fortunate with my mentors, and I have prioritised those relationships too, I think that's important to do.

You're currently Senior Vice President Clinical and Head of Oxford Nanopore Diagnostics. Can you talk a bit about that?

In my current role, I work closely with Oxford Nanopore's teams to determine how we optimally deploy the disruptive sequencing technology platforms into global healthcare applications. The technology can be used across a wide range of clinical pathways so prioritisation is critical. I am excited about the opportunity to collaborate with leading healthcare organisations globally to demonstrate how we can improve outcomes for patients through more personalised approaches to prescribing and earlier detection of cancer. I may no longer see patients directly as a clinician but my relentless motivation and commitment to improve care persists at my core and is what drives me every day.

I may no longer see patients directly as a clinician, but my relentless motivation and commitment to improve care persists.

Dr Rowan Wathes

Associate Director of Policy and Health Strategy
Parkinson's UK

With a background in clinical oncology, Dr Rowan Wathes is an experienced management consultant who has spent time at The PSC, formerly 2020 Delivery. She is currently Associate Director of Policy and Health Strategy at Parkinson's UK.

What first attracted you to a career in medicine?

Both my parents were academics, and my mum worked in a vet school. She thought I might be interested in medicine, but it was only ever one possible option of many. To be honest, I was on the fence about it until I applied. But once I got into medical school, I really enjoyed the training.

What shaped your understanding of leadership?

Two experiences stand out. One was when I was a junior doctor at Chelsea and Westminster Hospital, and the chief executive came to our induction. I was struck by the fact that she thought we were an important part of the system, worth spending time with.

Another moment that shaped me was during my oncology training at Imperial, when I worked very closely with Professor Katie Urch, who was the Lead Clinician for cancer at the time (she's now Chief Medical Officer at University Hospitals Sussex.) I did a quality improvement project on reducing length of stay, which I found hugely inspiring, and it was this project with Katie that contributed to me being accepted onto the National Medical Director's Clinical Fellow Scheme. If I hadn't done that Fellowship, I would probably still be doing clinical medicine.

It was an awesome experience – it opened my eyes to the world of how the NHS works at a system level, and how you can affect change through policy. It brought together my interest in medicine with my interest in politics. There were lifestyle benefits as well – I had some control of my life in a way that I'd never had as a junior doctor.

How did you make the decision move into commercial leadership?

I was not looking forward to the Fellowship ending, but I applied for my Registrar training number, specialising in clinical oncology. I was successful, and thought I'd landed my perfect job, and then I quickly realised it wasn't – there was no headspace to think, and not much room for creativity. When I thought about what would constitute my perfect day at work, it was more like the Fellowship experience.

I have a number of friends who are management consultants, and one of them thought 2020 Delivery – now The PSC – might be a good fit for me. It really matched my values, and I loved it there. We were doing great things, under really inspiring leadership, and I thrived. Then, about four years in, I realised it would be nice to see something through for a bit longer. I was also craving a bit of stability, as there was a lot of travel involved.

And then I saw the job at Parkinson's UK, which really drew me in because my dad had Parkinson's. Initially, I was responsible for service improvement, education of health and care professionals and professional engagement, and now I've also taken on the leadership of the policy and the campaigns teams.

The National Medical Director's Clinical Fellow Scheme was an awesome experience – it opened my eyes to the world of how the NHS works at a system level, and how you can affect change through policy.

Do you think having spent a chunk of your career as a clinician has helped you succeed in your current leadership role?

I still very much identify as an ex-doctor, and I love working with clinicians. We have clinical leads that guide us strategically and help deliver bits of our portfolio – I find that sort of scratches my 'hanging out with clinicians' itch, and I really like going back into hospital environments. My clinical background makes my job much easier, and I can immediately grasp what challenges clinicians might be facing, or how to present something in a way that's compelling for them.

My clinical background makes my job much easier, and I can immediately grasp what challenges clinicians might be facing.

Eugine Yafele

Chief Executive Officer
Monash Health

Eugine Yafele is currently CEO at Australian healthcare system Monash Health. Prior to joining the business in April 2024, Eugine held CEO roles at University Hospitals Bristol and Weston NHS Foundation Trust, and Dorset Healthcare University NHS Foundation Trust. In addition to bringing deep and broad experience across senior clinical, leadership and operational roles, Eugine is particularly interested in value-based healthcare and reducing health inequities.

How would you characterise your career so far?

I've certainly taken a lot of unusual steps to get to where I am! I trained as a mental health nurse, and worked in all sorts of different environments before taking up my first CEO role. As a newly qualified nurse, the first unorthodox decision I made was to go and work in rehabilitation, instead of in acute mental health care, which was where the majority of my peers were funnelled. Despite discouragement from the hospital, I was able to progress and seize lots of different opportunities there.

The second unorthodox decision was to leave the NHS at a high-point in my NHS career and move into the private sector. I was doing my MBA, and wanted some alternative experience. I ended up spending three and a half years in private companies. When I re-joined the NHS it was in my first clinical leadership role as Chief Nurse, which was a job I loved: I did it in a different way from the way I'd seen others do it before, and tried to focus on grit, strategy and leadership.

I'm really drawn to the power of the right sort of leadership; it can absolutely change lives.

Doing my MBA was a real turning point. It gave me a wider perspective, as well as a hugely valuable network.

Were you always drawn to broader clinical leadership?

Yes, I made an intentional effort to develop a career in leadership. It stemmed for me from a genuine passion for people. My thesis is that to provide the best possible experience for patients, you have to provide the best possible experience for staff. So, all the decisions I've made in my career have been in pursuit of this. I'm really drawn to the power of the right sort of leadership; it can absolutely change lives.

What is it that has enabled you to take your relatively untrodden career path and to strive for these broader roles?

My slightly delusional self-belief has played a big role! It has meant that I've been able to pitch with confidence to, for example, the Board of a large acute tertiary teaching trust – at University Hospitals Bristol & Weston – as a person whose leadership experience at that point was in a mental health and community services trust. The only connection I'd had with acute services previously was during my training, but my self-belief spurred me to make relevant connections between my track-record and the need and opportunity at UHBW, and importantly to tell the story in the right way, to take people on the journey.

This mindset also brings a sense of certainty to my leadership style, which I think is critical, both in periods of upheaval and during business-as-usual. People need to believe that they're safe with you.

More tactically, doing my MBA was a real turning point. It gave me a wider perspective, as well as a hugely valuable network.

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About the Author

Hatty Cadman leads the Healthcare practice at MBS. She brings a deep understanding of leadership and of Boards, a passion for the vibrancy, innovation and impact of healthcare businesses, and an absolute commitment to client service excellence. She has worked with Boards, investors and owners for nearly two decades, advising on executive and non-executive appointments, as well as on board review and development, and onboarding.

Across healthcare, she has delivered CEO, Chair, and clinical and functional leadership appointments to businesses across healthcare, clinical services, digital health, and research and innovation. She has also worked with UK government and the NHS, on CEO, Chair and NED, Medical Director and Chief Scientific Adviser appointments, amongst others.

Prior to joining MBS, Hatty spent a decade with Russell Reynolds Associates before leading the Healthcare practice at a board-level boutique search firm, where she also co-authored the business's diversity and inclusion plan. She graduated in History from the University of Oxford.

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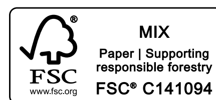

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