# Clinician to Founder: How Doctors Can Build Businesses Beyond Medicine Transcript

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## Introduction to Clinician Founders

What is a clinician founder? Why does the future belong to them? Yeah, really good question. So I think huge difference between being just a clinicians being a founder as well.

And I the idea of being founder for me is the sense of ownership and sense responsibility for creating something and it doesn't particularly have to be business.

It could be a community, it could a work flow, could it be patient pathway. Could be something that you've really brought to life and the idea of clinicians doing this really stems back again to the word impact where there's something that we're really passionate about and there is something we are really keen to bring to live and that's what we want to focus in on.

So I guess what clinician founders don't often get right is the fact that being a clinician doesn't necessarily make you a founder and being founder needs you to really focus on just one problem rather than the variety of skills that clinicians have.

and all of the change and people that we can help. More patients, more authority, and more freedom. I'm Brett Gregory, founder of Doctor Talks, where we're democratizing the creator economy for doctors.

Welcome to the show. Welcome to another edition of the Doctor Talks podcast. I'm your host, Brett Gregory, founder of DoctorTalks, where we are democratizing the creator economy for doctors.

And today we have a very special guest for you, I am interviewing Dr. Shube, who is host of The Founder Clinician podcast, and we're gonna be talking today about what clinician founders get right and wrong.

Dr Shub, welcome to the program. Oh, thanks so much for having me, Brett. Pleasure to be here. Thanks so for being here! Do us a favor, please introduce yourself, tell us about your background and how you came to what you're doing today.

Absolutely, yeah. So I'm Shub. I am an Emergency Medicine Senior Registrar here in the UK. And while in this journey, I have been very, very fascinated by the idea of leading change in medicine and healthcare.

## Shub's Background and Career Pivot

and something that I think a lot of your viewers will probably resonate with. My journey started in India, that's where I did medicine. I came to the UK to specialize in emergency medicine and there's something about going halfway up the rung when you start to realize that actually is the final destination, the career that i'm working towards, is that going to give me the life that have been working so hard towards?

And for me, answer was harder and harder no, unfortunately not. And that's really when this whole journey began of like, okay, what am I actually after?

What is it about my career? what do I want to leave behind in this world when all of this is over? And the word that kind of kept coming up was impact.

How do i make an impact? How to scale my impact, how do they reach more people? After a brief stint of near burnout, almost leaving medicine entirely to go into management consulting, I've kind of come full circle and went down the road of quality improvement, actually learning what measuring and improving healthcare is all about, and

found myself enjoying the world and the skills of being an executive coach.

And so now I work as part-time in the emergency department, so about two or three days there. And the rest of my time is spent working with clinician founders as a coach, building a community of clinician, founders building tools and AI things that can help them implement their work better.

Um, and yeah, in it just, that's sort of where I am right now. Uh, really love bringing ideas to life and helping people bring their ideas. Well, I love that you're building a community of clinician founders.

That's part of the community that we're trying to build here at Doctor Talk. So I'm a big fan. Tell us why do so many doctors feel kind of successful on paper, but trapped in real life?

Yeah, it's really the expansion of what the whole education system sort of is about, isn't it? Yeah. We're so, I want to say groomed, if that's the right word here, to achieve more and more on paper.

And we're given these hoops to jump through and these mountains to climb and we become really good at that. I think a lot of doctors want get to a place where we can serve others and not just doctors.

All sorts of clinicians, anyone who's patient facing has that, intention behind the work they put in. And we get really good at kind of, you know, passing an exam, getting a degree, being able to do more, going and doing a fellowship, studying something, and getting another exam and then doing more.

We just get into this pattern of needing that external approval, that certificate, the piece of paper that tells us that we can actually do. there is this whole concept of industrialization of healthcare.

And I'm not sure if you've heard about this, Brett, from, I heard Dr. Zubin Damani, who was ZDoc, yeah, so he talks about, this is really interesting, he talked about like healthcare 1.

## Why Doctors Feel Trapped

0 where the doctor was like the center of the community and you'd kind of really have a lot of trust and faith in him and then healthcare 2.0 where, you know, it kind of went all wonky and doctors had too much power apparently.

And so now we're in this era where the narrative is about how doctors shouldn't have so much, the power should lie with everybody else. So, I work in systems and sort of a lot of my colleagues work systems where We want to change things, we want improve the system, but we no longer have the power to do that, yet we have to responsibility for when it goes wrong.

And that tension sort of is where a lot of this sits. Sorry, I've kind of forgotten. No, no, that's fine. We just, you know, why do so many doctors feel successful on paper but trapped in life?

And you were doing a pretty good job answering. Thanks. Yeah. So that sort what happens. I think we're in this narrative in a system where we are entering with the expectations of an older version of healthcare, and we become really successful at that.

But at the end of it, we're in a system that actually isn't the same anymore. And so despite working super hard towards trying to make a change, We actually just get trained to being a small part of the big machine, a smaller cog in the wheel, And that's where we get stuck.

So it's the system that traps the doctors. And yeah, I've heard that many times. So let's talk about getting untrapped, getting that kind of freedom. I think there's a lot of clinicians that have started their own practice that haven't even thought of themselves as a founder, as the business founder because they're a doctor first.

What is a clinician founder? Why does the future belong to them? Yeah, good, really good question. So I think huge difference between being just a clinician, being a founder as well.

And I. Think the idea of being. A founder for me is the sense of ownership and sense. Of responsibility for creating something and it doesn't particularly have to be a business.

It could be. brought to life and the idea of clinicians doing this really stems back again to the word impact where there's something that we're really passionate about and there is something we are really keen to bring to live and that's what we want to focus in on.

So I guess what clinician founders don't often get right is the fact that being a clinician doesn't necessarily make you a founder. And being a founder needs you to really focus in on just one problem rather than the variety of skills that clinicians have.

And all of the change and all the people that we can help. Meaning become more of a specialist rather then a general practitioner. Is that what you mean?

In some ways, and I think not just within the clinical sphere that you have, so we're very used to being deep specialists in solving a particular kind of patient's problem, but really understanding everything around that problem that exists.

So, you know, what are the trends that are causing that to happen? What are risk factors?

## What Makes a Clinician Founder

Similar to what we think about for our patients, really broadening that around problems at scale rather than just a diagnosis. Okay, and so, you know, what do doctors misunderstand about becoming a founder?

Yeah, so the big one. So this was my own journey with a lot of ideas being stolen, ideas not coming to life and trying to help other founders bring it to live as well.

The thing that I think we get most wrong is that we wait for this brilliant, amazing idea to kind of open the doors for us. You know we're looking for a newer version of ourselves, a new career, and we're just waiting that, ah, there's going to be something.

And we've seen this a lot right now with AI and vibe coding. We're like, oh, we have the idea for the next big app, that's gonna open doors, make more money, have freedom, impact, all of that stuff.

Unfortunately, you probably know this, being a founder yourself, Brett, it doesn't work that way. The YouTubers make it sound a lot easier than it actually is in real life.

Yeah, I get it. Absolutely. And there's this whole sense of ignoring yourself for the sake of a bigger idea. I think that's where we miss the opportunity.

Clinicians are so close to meaningful problems and we see them on on such a regular basis that we really understand it in a deeper scale than probably no one else in this world, especially when it comes to healthcare, the system of healthcare beyond just patients.

And so what I think we should focus on instead of the idea is becoming the kind of person that brings those ideas to life. And to me, that's really what a founder is, understanding what it takes to test the idea, find if it's meaningful for you and for the other person, and then actually build systems around it that allow you to scale that and do that alongside your clinical practice as well.

and is becoming a founder. So being a founders not for everyone. It sounds like, oh, this is great. I'm gonna have all this freedom and get to express myself and make something wonderful, but it's not four everyone, so just tell us off top of your head, who's it for and who might it not be for?

Yeah, so the way I kind of look at it is, in my mind, at any given time, there's kind two types of clinicians. The

masters and let's call the other ones the innovators.

So the masters are the ones that are really focused on their craft and they love to go deeper and deeper. And I know people who are surgeons, but also non-surgeons who were really craft focused and really wanted just the happy working within the system as it.

## Who Should and Shouldn't Become a Founder

Um, and there is another group of technicians that really unhappy with the systems and, they recognize that no matter how good they get, it's not good enough for them.

The system will never allow them to flourish. Yeah. And that's kind of where I found myself as well and what, you know, looking back may have been burnout, and I've seen this in a lot of my coaching clients aswell, is like that sense of frustration with the work, thinking that it's just too long and they're doing too much.

I don't think burnout is a problem of doing to much, I think it is problem a misalignment. Um, because when we, when find this alignment for them, and we find what is the problem worth solving for.

We do so much more and it's so more energizing. So yeah, going back to your question, really, I think there's, there, the people who really love their mastery and they're not really interested in changing the system, becoming a founder is probably not for you, but if you're really Got that frustration and if you're burning to kind of make a change and bring a new idea to life, I think those are the ones that taking on the founder journey is going to be really valuable for.

Yeah. I, tend to agree with you and as you, want to pull on, the thread of burnout. You mentioned burnout and is burnout really the problem or is there something deeper there going on?

I think burnout exists a hundred percent. You know, we've, all known colleagues who've gone there and I've think, you know people have told me that she'll be burning out.

My wife's told, me she will be running out and this was like just post COVID. So it certainly exists. But I, think you, know solving the problem of burnout is where difference of opinion might come in.

Do you can take time off? You can have wellness, You, can do a lot of things, but Everyone's got a different reason for burning out. And I think if your reason is misalignment, is the moral injury that clinicians go through as a result of being put in situations where we can't actually execute and help the people we're trained to help.

I that problem needs a completely different solution and needs clinicians to take back ownership of their career and really build the life for themselves that they always got into this for in the first place.

Okay. Well, I love that. And so you talked about masters and innovators. Innovators are the ones who might find that being a founder is for them. Why do you feel that those doctors who are innovator, why do they need a personal brand now?

And what is a Personal Brand? That's such a good question. Personal brand is one of those ugly words for doctors alongside money, especially in the UK.

We don't like to talk about money. For me, it really comes down to being of service. You know, imagine if McDonald's didn't really tell you what McDonald was about.

## Burnout, Misalignment, and Ownership

Sometimes it's confusing when they say I'm loving it, but you at the end of the day, you know that in the business of happiness and the of serving you food and serving your burgers.

And I think personal brand is just the same. It's about letting people know what to expect of you and what they should come to you for. That's the simplest way for me, a personal brand exists.

So it's all about like, what stories do you go on about? What do make yourself associated with so that when somebody does come to you, they already know they've come the right place.

And I think it is so important because as an innovator, as someone who's trying to lead a change, people need to have trust in you. People need know exactly what you're trying achieve.

It is your personal brands that people see even before they hear your message. Even before the hear of the idea that you are trying bring to life. So highly hugely important.

So, and then, but a lot of people think like personal brand. Is that marketing that you're talking about? What does that look like in practice? Yeah. So for me, my coaching process kind of goes find, test and build, right?

So the find bit is really internal. It's understanding yourself first, it's understand what you're working towards, its understanding what are the associations that people already make about you.

For example, I love chai and it is one of those things that I want people to associate me with. And so my calendar booking, for example is have chay which should rather than a coffee call.

Um, it's, those little things, so it, It's not, is the little bit of messaging and understanding what it is internally, then you test it externally. So I tested in, in LinkedIn slogans, podcasts, email sign-offs, you know, just be an internal message that you send to people.

The little message on your badge, what does that say? Do you want that to particularly say something that, You want to be associated with, and then eventually build it out to build out the system.

How do you regularly incorporate the messaging, the associations that the moment they think about that thing, they'll also think of you and vice versa.

Can you share any case studies or examples of any of your clients or favorite people that you've worked with that have this personal brand that would help us with this explanation?

Yeah, absolutely. So I've got a really good friend and client. His name is Dr. Bhargav.

## Personal Brand for Clinician Innovators

He has recently published a book, well, it's one of those books, called Becoming FR Chem. And he's a fellow emergency physician. I'm sorry, becoming FR CEM.

It's the fellow of the Royal College of Emergency Medicine. It's one of those big exams that we really need to pass. And so he, like me, has trained in India initially, is in the UK now, and he's got a very interesting background of having done a lot of theater while he was younger.

So for him, that was his unique lens towards the world. When we worked together, we found that that's the association that he would be wanting to be known for.

And so that kind of stretched out to realizing that, okay, if you're going to be working on this exam, you've taken a unique approach towards this example.

How do you let other people know about this? So how do combine the world of emergency medicine, exams and education with theater play? And so one of the reasons his book is called Becoming FR Chem is because the idea isn't to just pass an exam, it's to become the person that can pass the exam.

And he really leverages his experience with theater to bring those techniques into how do you show up in this clinical scenario, this fake clinical scenarios where you're acting as someone who's already passed the exams to be able to pass exam?

And so that's how we brought that alignment together for him. And he now is the person who does theater, becoming FRCAM, OSCE prep, simulation work. Wow.

I love it. So taking that personal brand, take something that is personally you and putting that together as part of your marketing. Absolutely. And yes, he has a LinkedIn.

Yes, He's going to come on my podcast and talk about his whole journey soon. Those are all elements of expressing your personal and brand. But the personal, brand itself is his unique combination of who he is and where he comes from and what he wants to be known for.

Great, I love it. Okay, so what hidden value are most clinicians sitting on right now? Yeah. So I think the big ones are really underestimating how close they are to a problem.

One of the people I work with, she's an eye surgeon, and she has done a PhD on actually culture change in surgical training. And the surgeons listening to this might resonate with the culture of training and surgery being very different to other specialties.

She's actually done her PhD where she managed to implement and sustain culture changes. You know, being from the space has allowed her to really deeply understand the problem and take it further and express how that lands.

So essentially working with her, what we've been managing to do is systematize her PhD work so that we can actually scale that culture change to many other places.

When I think about that example, it's very clear to me that nobody else who isn't as close to that problem could create something of that value.

## Hidden Value and Leveraging Expertise

So it was only the fact that she was that deep in it, has firsthand experience of what surgical training is actually like, which allowed her to then do the PhD and actually create a meaningful solution that could be sustained.

So the hidden value is the body of knowledge that you as a clinician are sitting on, correct? Body of Knowledge and just the day-to-day experience that we have with the problem over and over again.

And then that's the Hidden Value where I always, so I get this a lot as the founder of Doctor Talks when I tell doctors, hey, did you know you can build your personal brand by being a guest on podcasts and get your information out to a broad audience very quickly for free.

And the question that I get a lot or the pushback or responses, why would anybody want to hear from me? Hasn't this topic been discussed ad nauseum on podcasts?

And I have to remind them how valuable you are as a doctor, a clinician, And how and you know that this is true because when you go to a cocktail party, everybody wants to ask you about their personal medical questions.

And you can capitalize this your value is so much more than you probably think it is the perceived value from a non clinician like me. towards you as a doctor, a clinician is very, very high.

They want to hear from you, they need to from hear you. So even if somebody has talked about a particular topic on podcasts before, don't think that people don t want also hear form you they do, the need hear to you and that's that hidden value that I think pretty much all clinicians are sitting on this body of knowledge, body work and you can articulate it out to people who really want to hear from you where they really need it.

And my favorite way to do that is being a guest on podcasts. So what do smart clinicians stay stuck with? Or why do Smart Clinicians stay with ideas for years?

Yeah. So I think, um, going back to that concept of waiting for the idea to kind of open doors for you is really a big bottleneck. I, think we overestimate the power of that big idea and the change it can create and underestimate the amount of effort it takes to actually get there.

Oftentimes there's. ideas that come up to come to clinicians and I have conversations around this all the time where, you know, oh, I just, i've got an idea for an app or, You know what?

I want to launch a course or you, know if, if I can just sell this one thing to this company and make a change in this instrument, it'll, It'll fix everything.

really, really fantastic ideas. However, when it comes to actually executing on it and the realization of the amount of effort it takes to get people behind it, to lead the change, help people understand and see the vision for the problem that suddenly turns out you're the only one who's been noticing for last five years, is what ends up making people go, actually, I don't have the time for this.

I have patients waiting. you know, fending for my family, I've got people to feed and I don't have time for this. And there, there's that little stuckness and then they look back three years later and say, Oh, wish I actually did that.

## Why Smart Clinicians Stay Stuck

Yeah. Um, yeah. Absolutely. So what is doing less to achieve more actually mean for clinicians? Yeah. So I don't know if you've got more conversations with clinicians where you hear about them doing their clinical work.

They do a bit of locum work, they do do bit advising for a health tech company. Maybe they're working on an app in the background and they are doing a lot of things, but the thing they miss is traction.

For me, the idea of becoming a founder is doing less. It's taking on less number of problems. In fact, just take on one problem and do more for that problem so that you can achieve more in that program.

And it could be as simple as having a conversation with three people and understanding what the problem looks like from the other perspective. You'd be surprised by the amount of change that brings towards how you were planning to actually implement it, how your plan to launch it.

The words you are going to use on your landing page or the post you're going write about it I love, I mean, as you were talking, that made me think of the Pareto Principle, the 80-20 rule, where 20% of what you do achieves 80% to the results.

But if you actually keep going a little deeper, so you 80 20, and then go down to 20%, of 20%. And then you do that one more time. What you find is there's 1% of what you did that achieves 50% percent of the results.

And so you can really boil it down to just one thing. If you get really, really good at one that delivers a lot of value, that is very high leverage, allows you to do less and achieve a whole lot more.

I love that. Lastly, what do you tell a clinician with a meaningful idea who feels too busy, too junior, or too late to start? I often don't tell them much.

I ask them, what do you want to leave this world with? Because I've had far too many conversations where I asked them what is this all about? Why are you here?

why are we having this conversation? And it comes down to the one thing where they want. Leave this word to have their life, knowing that they've contributed to world, everything that were truly capable of.

And unfortunately, being just a doctor, just the clinician and employed role doesn't allow you to fulfill that anymore.

## Getting Started and Where to Find Shub

And they just want to find what that is for them. Yeah. All right. Last question before we end, what is one piece of advice you can leave for our listeners or the clinicians who either want, to be a founder or are starting founders?

I think I'd say get exploring. It's a long journey. Uh, it's painful journey, but it is absolutely a worthwhile journey so get started. Listen to podcasts, uh, like this one and, and the clinician found a podcast and find, get on LinkedIn.

I, I thing many doctors aren't on linkedin. Get on Linkedin, that's where a lot of founders are. How can our audience find you if they want to have chai with Chubb?

I am very much active on LinkedIn with my name Shubhendu Kulshrisht or on Instagram as at Shubsaysimpact or head to my website, theclinicianfounder.com.

And there's lots more details on there for people to find me. All right, we'll have those links in the description. Dr. Shubh, thank you so much. We appreciate you coming on to Doctor Talks to help democratize our creator economy for doctors.

Pleasure to be here. Thanks for having me, Greg. That's another edition of DoctorTalks. I'm your host, Brett Grigory. Looking forward to seeing you again on the next one.

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We'll see you next time.