What Clinicians Fail to See When They Mix Private Practice and Business Mindset Transcript

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Season 3 Introduction

All right, welcome back to season 3 of All right, welcome back to season 3 of the clinician founder podcast. Today I'm the clinician founder podcast. Today I'm joined again by Mr. Malapakola, a joined again by Mr. Malapakola, a consultant plastic surgeon and medical consultant plastic surgeon and medical director at clinican. Malipa has already director at clinican. Malipa has already been on the podcast before. So we then been on the podcast before. So we then discussed his journey going from an NHS discussed his journey going from an NHS consultant to building a private consultant to building a private practice and his own clinic. But this practice and his own clinic. But this season I want to go a layer deeper. This season I want to go a layer deeper. This is not just a conversation about private is not just a conversation about private practice, cosmetic surgery or building a practice, cosmetic surgery or building a clinic. It's going to be a conversation clinic. It's going to be a conversation about what it takes to become a founder about what it takes to become a founder as a clinician. What changes when you as a clinician. What changes when you move from being responsible for your own move from being responsible for your own clinical work to being responsible for a clinical work to being responsible for a whole patient experience? What do you whole patient experience? What do you learn about leadership, risk, money, learn about leadership, risk, money, identity, standards, and time? What do identity, standards, and time? What do you wish you had known before making the you wish you had known before making the leap? And for clinicians who are leap? And for clinicians who are thinking about private practice, thinking about private practice, building a clinic, starting a venture, building a clinic, starting a venture, or simply creating more autonomy in or simply creating more autonomy in their career, this episode should give their career, this episode should give you a more honest look at the journey you a more honest look at the journey behind the polished version. So, welcome behind the polished version. So, welcome back, Malipa. Really great to have you back, Malipa. Really great to have you here.

here.

Life After Leaving the NHS

here. >> Thank you. Thanks for having me again. >> Thank you. Thanks for having me again. >> Yeah. So, I'm really curious what's >> Yeah. So, I'm really curious what's happened in your world since we last happened in your world since we last spoke. Um, and where is clinic at right spoke. Um, and where is clinic at right now?

now? now? >> So, I think last time we spoke it was I >> So, I think last time we spoke it was I was still in doing my NHS consultants was still in doing my NHS consultants job and um in in June. So in about a job and um in in June. So in about a month's time, it's going to be one year month's time, it's going to be one year since I resigned. And yeah, I've kind of since I resigned. And yeah, I've kind of completely switched from doing any like completely switched from doing any like kind of fixed routine NHS work to kind of fixed routine NHS work to focusing on clinic and other things focusing on clinic and other things related to it and then the growth of the related to it and then the growth of the business and yeah being away from from business and yeah being away from from from being in that employed job has from being in that employed job has really helped accelerate the whole really helped accelerate the whole process. So yeah, I think we've really process. So yeah, I think we've really really really really really I think really significantly grown. So I think really significantly grown. So the clinic itself has become I think we the clinic itself has become I think we since the last time we spoke it's since the last time we spoke it's tripled the amount of turnover and we've tripled the amount of turnover and we've got benches in other countries. We've got benches in other countries. We've got other things allied to just the got other things allied to just the building of clinics. So it's and we've building of clinics. So it's and we've also created the right sort of network also created the right sort of network >> and I think that that that's kind of one >> and I think that that that's kind of one of the really big things I think that as of the really big things I think that as a founder and especially as a doctor you a founder and especially as a doctor you think you need to do everything think you need to do everything yourself. So I really really progressed yourself. So I really really progressed from being a from you know what what I from being a from you

know what what I wanted to be from just being a doctor to wanted to be from just being a doctor to actually a business person and I think actually a business person and I think I'm really well on the way. I think that I'm really well on the way.

Why the Resignation Happened

I think that that's I'm super excited for Clinican. that's I'm super excited for Clinican. Obviously I've been a part of the Obviously I've been a part of the Clinican journey along the way as well.

Clinican journey along the way as well. So it's super exciting and I'm hearing So it's super exciting and I'm hearing in there there's what it means to have a in there there's what it means to have a job. There's growth of Clinican and then job. There's growth of Clinican and then there's also a lot more about people in there's also a lot more about people in there. So take me back to that last day there. So take me back to that last day of your job as an NHS consultant. How of your job as an NHS consultant. How did that feel? Yeah, I actually remember did that feel? Yeah, I actually remember that cuz I post on LinkedIn about this.

that cuz I post on LinkedIn about this. So So So >> yeah, >> yeah, >> yeah, >> and actually that was one of the most >> and actually that was one of the most wellreceived sort of posts that got wellreceived sort of posts that got reposted and lots of people saw it and reposted and lots of people saw it and and it resonated with people and and it resonated with people and interestingly off just off of that post interestingly off just off of that post I had some interesting conversations. I I had some interesting conversations. I remember talking to the staff and I remember talking to the staff and I remember talking to like managers and remember talking to like managers and things like that as well as the things like that as well as the colleagues and the other consultant colleagues and the other consultant colleagues. The thing that really stood colleagues. The thing that really stood out for me was that I remember having a out for me was that I remember having a conversation with some of the nurses conversation with some of the nurses that I work with really closely and that I work with really closely and they're like, "Are you are you are you they're like, "Are you are you are you sad? Are you do you regret it sad? Are you do you regret it >> and obviously had this conversation I >> and obviously had this conversation I think I had it with yourself and I also think I had it with yourself and I also had it with my wife and things like had it with my wife and things like that." And when I when I put the that." And when I when I put the resignation letter in, yes, I felt sad.

resignation letter in, yes, I felt sad. >> And I think I think there's two elements >> And I think I think there's two elements to it. One was that I, you know, this is to it. One was that I, you know, this is the end of the in my head this was the the end of the in my head this was the end of the NHS journey. this is the end end of the NHS journey. this is the end of me of me being you know a trainee being a being you know a trainee being a consultant and that's you know 19 years consultant and that's you know 19 years at that stage so it's a long process at that stage so it's a long process after finishing medical school so after finishing medical school so including medical school it would be 24 including medical school it would be 24 years of being in this whole process years of being in this whole process yeah yeah yeah >> 25 actually so >> 25 actually so >> actually 26 cuz I was my BCS and >> actually 26 cuz I was my BCS and everything so all of that stuff put everything so all of that stuff put together it was obviously um quite together it was obviously um quite seismic you know that more than half my seismic you know that more than half my life spent within the NHS kind of like life spent within the NHS kind of like block and but by the time it came to the block and but by the time it came to the last day it was sad in the sense that I last day it was sad in the sense that I I had to say bye to like colleagues and I had to say bye to like colleagues and it was like the nursing colleagues the it was like the nursing colleagues the doctors and everything and it was really doctors and everything and it was really time that they felt time that they felt >> actually quite tearary and even some of >> actually quite tearary and even some of the patients did which I thought was the patients did which I thought was quite nice I did as well quite nice I did as well >> but when I walked out I felt a sense of >> but when I walked out I felt a sense of relief.

relief. relief. >> Wow. >> Wow. >> Wow. So, and in a way I actually felt like So, and in a way I actually felt like this is yeah, I'm on the right path. You this is yeah, I'm on the right path. You know, I didn't have any doubts about it.

know, I didn't have any doubts about it. >> Okay. >> Okay. >> Okay. >> And I know I'm I'm a bit of a optimist. >> And I know I'm I'm a bit of a optimist.

So, it isn't always the most sensible So, it isn't always the most sensible way of thinking about things, but I knew way of thinking about things, but I knew that like, you know what, I put in the that like, you know what, I put in the right sort of the right groundwork for right sort of the right groundwork for what I want to build. And uh I think we what I want to build. And uh I think we were well on the way of like especially were well on the way of like especially with Clinican as well as some of the with Clinican as well as some of the Allied bits as well.

Allied bits as well. >> I thought no, that's fine. it's fine. >> I thought no, that's fine. it's fine. And uh it did, you know, we had a bit of And uh it did, you know, we had a bit of a financial hit. We had a bit of a a financial hit. We had a bit of a >> reassessment of like >> reassessment of like my working week my working week >> and even the the social side of things >> and even the the social side of things which you kind of don't realize until which you kind of don't realize until you step away from completely.

you step away from completely. >> Yeah, it's huge, isn't it? I mean, like >> Yeah, it's huge, isn't it? I mean, like more than half your life, that's a huge more than half your life, that's a huge identity as well. And and I think like identity as well.

Identity Shift and Personal Growth

And and I think like even if it makes a lot of sense like even if it makes a lot of sense like like Ali Abdal talked about this when he like Ali Abdal talked about this when he was doing his YouTube thing is like was doing his YouTube thing is like until he made millions he still couldn't until he made millions he still couldn't step away from you know the the whole step away from you know the the whole doctor identity and so but it sounds doctor identity and so but it sounds like you you sort of just knew in your like you you sort of just knew in your heart that like this was the right heart that like this was the right decision or what was it that made it the decision or what was it that made it the right time? What was it that made you go right time? What was it that made you go yes now it's time to submit the yes now it's time to submit the resignation letter resignation letter >> for me? So I was a clinical lead for the >> for me? So I was a clinical lead for the department and it was only a small department and it was only a small department. There's only three of us. It department. There's only three of us. It was a deliberate reason why I chose that was a deliberate reason why I chose that job because it helps fit in with my job because it helps fit in with my private practice and helped me allowed private practice and helped me allowed to build a business as well at the same to build a business as well at the same time. So, you know, arguably you could time. So, you know, arguably you could say it was an easy job to step away from say it was an easy job to step away from and yeah, I'd say that that's a fair and yeah, I'd say that that's a fair assessment. So, being in a teaching assessment. So, being in a teaching teaching trust and stuff like that would teaching trust and stuff like that would be a lot more difficult. But I feel like be a lot more difficult. But I feel like I feel like you being because I was I feel like you being because I was doing such a large percentage of the doing such a large percentage of the department's work.

department's work. >> M >> M >> M >> it was deeply frustrating cuz it wasn't >> it was deeply frustrating cuz it wasn't us working together as a team as a us working together as a team as a consultant body for one.

consultant body for one. >> The second thing is that the the >> The second thing is that the the managers and and sadly this kind of went managers and and sadly this kind of went really high up surprisingly high up in really high up surprisingly high up in after I reassessed it as to how how after I reassessed it as to how how little they care.

little they care. >> And I'm not even talking about like us >> And I'm not even talking about like us as clinicians. I'm talking about the as clinicians. I'm talking about the patients cuz one of the reasons I I patients cuz one of the reasons I I actually chose to resign was some of the actually chose to resign was some of the patient safety stuff, you know, patient safety stuff, you know, >> and then it's been really interesting to >> and then it's been really interesting to see that a number of like what would be see that a number of like what would be deemed whistleblowers, which I think I deemed whistleblowers, which I think I suppose I would come under that umbrella suppose I would come under that umbrella to a degree, all get you you get kind of to a degree, all get you you get kind of like like like castigated for being that castigated for being that >> in the trust that you're in.

>> in the trust that you're in. >> And you're not trying to do this out of >> And you're not trying to do this out of malice. It's just purely to try to help malice. It's just purely to try to help improve the situation. You know, the

improve the situation. You know, the whole right principles for why the NHS whole right principles for why the NHS is the NHS.

is the NHS. >> And I think that was really really >> And I think that was really really disheartening. disheartening. disheartening. >> Yeah. >> Yeah.

>> Yeah. >> You know, and every time you try to do >> You know, and every time you try to do something right, it wasn't even like, something right, it wasn't even like, look, I'm not the type to just sit and look, I'm not the type to just sit and complain. I want to if I'm if there's complain. I want to if I'm if there's something to do, I'll do it.

something to do, I'll do it. >> Yeah. >> Yeah. >> Yeah. >> And then you can talk about it and then >> And then you can talk about it and then hopefully you convince other people hopefully you convince other people that, you know, it's sensible to follow.

that, you know, it's sensible to follow. But I'm not the type to just kind of But I'm not the type to just kind of like go whine about this person doesn't like go whine about this person doesn't do this, this person doesn't do that. if do this, this person doesn't do that. if I do it and I still can't manage it, I do it and I still can't manage it, then I think that's where I feel that then I think that's where I feel that there's a bit of a problem. So, I think there's a bit of a problem. So, I think that really really tipped it over the that really really tipped it over the edge.

edge. edge. >> Okay. >> Okay. >> Okay. >> And that was the main trigger because I >> And that was the main trigger because I think it was also I think it was it was think it was also I think it was it was starting to affect my mental health, you starting to affect my mental health, you know. So, like I know like my wife would know. So, like I know like my wife would be be be >> she could tell the night before I had to >> she could tell the night before I had to go to the NHS part of my working week go to the NHS part of my working week and she was just like, "Yeah, I can tell and she was just like, "Yeah, I can tell it's it's not fun. you're not you're not it's it's not fun. you're not you're not any fun.

any fun. >> Yeah. >> Yeah. >> Yeah. >> You know, there's a a shift in your mood >> You know, there's a a shift in your mood and things like that. and things like that. >> Yeah.

>> Yeah. >> Yeah. >> And even she commented straight after I >> And even she commented straight after I I finished and got back home. He's like, I finished and got back home. He's like, "You look "You look >> brighter." >> brighter." >> brighter." >> Yeah. Yeah. So, it was quite sad. It was >> Yeah. Yeah. So, it was quite sad. It was quite sad that I have to get to that quite sad that I have to get to that point, but then I guess Yeah.

point, but then I guess Yeah. >> Yeah. Clearly some pull factors with >> Yeah. Clearly some pull factors with where Clin Clinican was heading and then where Clin Clinican was heading and then some push factors as well. What has it some push factors as well. What has it meant for your identity since you've meant for your identity since you've left?

left? left? >> For me, in my my own personal thought >> For me, in my my own personal thought about my identity is now that I'm I'm about my identity is now that I'm I'm I'm not really clinical, you know, I'd I'm not really clinical, you know, I'd say at best it's 50/50.

say at best it's 50/50. >> And at worst, it's probably like say >> And at worst, it's probably like say 7030 not clinical. 7030 not clinical. >> Okay.

>> Okay. >> Okay. >> So, I've become more and more dedicated >> So, I've become more and more dedicated towards the growth in the business. I've towards the growth in the business. I've been able to focus a lot more and I been able to focus a lot more and I think I've actually been able to develop think I've actually been able to develop >> clinic and and some of the stuff that >> clinic and and some of the stuff that we've got going on internationally as we've got going on internationally as well which is now I'm getting to that well which is now I'm getting to that point where I was you know when we point where I was you know when we started having the conversations early started having the conversations early on about coaching and stuff like that.

on about coaching and stuff like that. >> Yeah. >> Yeah. >> Yeah. >> And yeah and I think that was actually >> And yeah and I think that was actually one of the pushes that I felt.

one of the pushes that I felt. >> Okay. >> Okay. >> Okay. >> Where the coaching that I had with >> Where the coaching that I had with yourself especially the actionship I yourself especially the actionship I think was really vital. even though at think was really vital.

Private Practice vs Building a Business

even though at that stage we had the clinic running for that stage we had the clinic running for about 3 years about 3 years >> but I I remember having that >> but I I remember having that conversation with you you were initially conversation with you you were initially like no it's not worth you doing this like no it's not worth you doing this and I was like no I'd like to do it just and I was like no I'd like to do it just because I want to understand myself and because I want to understand myself and I I felt that was what you were taking I I felt that was what you were taking people on the journey off so you know people on the journey off so you know I've kind of got in head first don't I've kind of got in head first don't know if it's structured don't know if know if it's structured don't know if it's like sensible but we've got in um it's like sensible but we've got in um and I think I just wanted a chance to and I think I just wanted a chance to re-evaluate the situation for myself and re-evaluate the situation for myself and then see if that's something that could then see if that's something that could then translate into proper accelerated then translate into proper accelerated growth which I think it helps. Yeah, growth which I think it helps. Yeah, really, really exciting, especially the really, really exciting, especially the Gallup assessment, the strengths Gallup assessment, the strengths assessment at that point. And I think, assessment at that point. And I think, you know, I could see for you that you know, I could see for you that moment it really kind of clicked and it moment it really kind of clicked and it was like actually if these are all my was like actually if these are all my strengths, why am I doing all of that strengths, why am I doing all of that stuff? And then, you know, it's like if stuff? And then, you know, it's like if if that you you've always had a very if that you you've always had a very clear vision of like where you want your clear vision of like where you want your life to be, where you want your kids' life to be, where you want your kids' life to be, what you want clinic to life to be, what you want clinic to mean. And it's like, okay, if that's the mean. And it's like, okay, if that's the end goal, then where where am I putting end goal, then where where am I putting my time right now? Why is that different my time right now? Why is that different to where my destination should be? So to where my destination should be? So yeah, really really interesting moment yeah, really really interesting moment for I I think the whole group has has for I I think the whole group has has done a lot since then and I think it's done a lot since then and I think it's given everybody quite a lot of insights.

given everybody quite a lot of insights. So that that's super exciting and it's So that that's super exciting and it's nice to hear that for you as well nice to hear that for you as well there's that like ownership of your new there's that like ownership of your new identity of where you're stepping into.

identity of where you're stepping into. What would you say that you know now What would you say that you know now that you wish you knew earlier from a I that you wish you knew earlier from a I suppose from a business point of view? I suppose from a business point of view? I have these conversations quite a lot have these conversations quite a lot with Swiss and my wife and I think it's with Swiss and my wife and I think it's quite interesting because one thing that quite interesting because one thing that then one one thing that always comes up then one one thing that always comes up is like oh I wish we did this at the is like oh I wish we did this at the start or I wish we knew this at the start or I wish we knew this at the start start start >> but the reality I find is that unless >> but the reality I find is that unless you're willing to dive in and it doesn't you're willing to dive in and it doesn't have to be a completely formulated have to be a completely formulated clearly defined pathway or even an idea clearly defined pathway or even an idea by just getting into it I actually find by just getting into it I actually find that you're that's where you learn that you're that's where you learn >> okay >> okay >> okay >> and your mistakes can be expensive but >> and your mistakes can be expensive but you learn, you know, as long as you're you learn, you know, as long as you're you're attuned to to kind of wanting to you're attuned to to kind of wanting to learn.

learn. learn. >> Yeah. >> Yeah. >> Yeah. >> You can earn learn a lot. >> You can earn learn a lot. And I don't I personally it's one of the And I don't I personally it's one of the reasons why I don't really I've never reasons why I don't really I've never really liked these kind of like say really liked these kind of like say self-help books and things

like that.

self-help books and things like that. >> I don't see the point of it because at >> I don't see the point of it because at the end of the day, you're trying to the end of the day, you're trying to gain an understanding from other gain an understanding from other people's experience. Yes, it's useful.

people's experience. Yes, it's useful. >> Yeah. >> Yeah. >> Yeah. >> But that can't be the way that you try >> But that can't be the way that you try and live your life.

and live your life. >> You're going to learn what you have to >> You're going to learn what you have to learn by doing what you have to do. learn by doing what you have to do.

>> Yeah. Because I think it's very >> Yeah. Because I think it's very specific, isn't it? It's very specific specific, isn't it? It's very specific to your life.

to your life. >> It's very specific to you as a person. >> It's very specific to you as a person. And I think it's very specific to what And I think it's very specific to what industry you're trying to get into or industry you're trying to get into or whatever because I want to do business.

whatever because I want to do business. I want to be a business owner, not the I want to be a business owner, not the business um I don't want to be running business um I don't want to be running it as such.

it as such. >> Yeah. >> Yeah. >> Yeah. >> So that's a very different mindset and I >> So that's a very different mindset and I think it's also nowhere.

think it's also nowhere. >> It's also very different from what >> It's also very different from what private practice is, right? Like I think private practice is, right? Like I think a lot of people a lot of people >> there's this weird overlap of saying, >> there's this weird overlap of saying, "Oh, I'm going to go private and then "Oh, I'm going to go private and then I'm going to open my own clinic." I'm going to open my own clinic." >> And I think some people confuse the two.

>> And I think some people confuse the two. What What's your take on it? What What's your take on it? >> I think they're completely different. I >> I think they're completely different. I think doing private work, you're think doing private work, you're basically moving from an employer, which basically moving from an employer, which is clearly defined as the NHS. Yeah.

is clearly defined as the NHS. Yeah. >> To another employer, >> To another employer, >> right? And when I say another employer, >> right? And when I say another employer, that may be essentially it's your that may be essentially it's your private patients who kind of own you, private patients who kind of own you, but that may be via a clinic. It may be but that may be via a clinic. It may be via one of the chain of hospitals via one of the chain of hospitals >> or it may be your own enterprise. But if >> or it may be your own enterprise. But if you're doing this and you're and you're you're doing this and you're and you're the only clinician in your in your the only clinician in your in your clinic, that clinic still owns your clinic, that clinic still owns your time, time, time, >> you know, and you're swapping time for >> you know, and you're swapping time for money.

money. money. >> So that mindset of running, you know, >> So that mindset of running, you know, you you end up being able to Yes. you you you end up being able to Yes. you earn a lot more and your time is is more earn a lot more and your time is is more fairly reflective of your value, you fairly reflective of your value, you know, what you think is your value at know, what you think is your value at least because that's how you price it.

least because that's how you price it. >> But at the end of the day, you can't >> But at the end of the day, you can't step away from that work and still step away from that work and still expect to earn anything.

expect to earn anything. >> Still trading time for money. >> Still trading time for money. >> Yeah. And and that's where I think the >> Yeah. And and that's where I think the key thing is when you then own a key thing is when you

then own a business or you're running a business, business or you're running a business, >> it's not so much about you the >> it's not so much about you the individual having to individual having to always do to do everything. But so this always do to do everything. But so this again there's nuances to this isn't again there's nuances to this isn't there and and you know we we've had many there and and you know we we've had many discussions about this but the key discussions about this but the key nuance I feel is that if you're trying nuance I feel is that if you're trying to do a business where you want it to be to do a business where you want it to be first based on longevity and also first based on longevity and also something that is something that is >> fairly you know it it is other people >> fairly you know it it is other people can do the work then you do need to kind can do the work then you do need to kind of define processes you need to define of define processes you need to define the pathways you need to do all the back the pathways you need to do all the back office stuff office stuff >> and actually that is a lot lot more work >> and actually that is a lot lot more work than doing the actual clinical work. And than doing the actual clinical work. And I think that's where as a as a I think that's where as a as a consultant what we what we consultant what we what we >> us as a group I would say from a if I'm >> us as a group I would say from a if I'm looking at it from a clinician's point looking at it from a clinician's point of view of view >> is that we always think like >> is that we always think like >> I don't want to do the admin. I don't >> I don't want to do the admin. I don't want to do those meetings.

want to do those meetings. >> Yeah. >> Yeah. >> Yeah. >> That's the boring stuff. Doing the >> That's the boring stuff. Doing the clinical stuff is what I've trained for.

clinical stuff is what I've trained for. That's what I'm good at. Let me focus on That's what I'm good at. Let me focus on that. that. that. >> Yes. That is and I think that's the key >> Yes. That is and I think that's the key definition. That's the bit of clinical definition. That's the bit of clinical work that's private.

work that's private. work. work. work. >> Yeah. >> Yeah. >> Yeah. >> But actually the business is in reality, >> But actually the business is in reality, if you think about it from an NHS point if you think about it from an NHS point of view, it's everything that you do of view, it's everything that you do that's not clinical.

that's not clinical. >> That's not okay. And so so when you when >> That's not okay. And so so when you when you think about private clinics, I guess you think about private clinics, I guess for the moment, let's keep it just in for the moment, let's keep it just in the UK. When you think about private the UK. When you think about private clinics in the UK, what really is the clinics in the UK, what really is the business about business about >> getting patients? [laughter] I think >> getting patients? [laughter] I think it's is bringing awareness of your it's is bringing awareness of your brand.

brand. brand. >> Yeah. >> Yeah. >> Yeah. >> Okay. So actually, yeah, it's a brand >> Okay. So actually, yeah, it's a brand building. It's basically brand building.

building. It's basically brand building. And and I think that the mistake that And and I think that the mistake that people I think the thing that people people I think the thing that people make the mistake of is to make the mistake of is to >> to always think about >> to always think about >> uh the cash, >> uh the cash, >> the instant cash, you know.

>> the instant cash, you know. >> Yeah. >> Yeah. >> Yeah. >> Yes. You've gone on from being an NHS >> Yes. You've gone on from being an NHS consultant and now you're just doing consultant and now you're just doing this for the money. Yes, you're doing it this for the money. Yes, you're doing it for the money, for the money, >> but you also have to understand the >> but you also have to understand the value of brand building value of brand building >> and the the long-term implications of >> and the the long-term implications of that brand building. What what do you that brand building. What what do you think people get wrong about money and think people get wrong about money and brand building in in businesses?

brand building in in businesses? >> I think especially as consultants, you >> I think especially as consultants, you just think that I'm a consultant. I can just think that I'm a consultant. I can tell you what to do, tell you what to do, >> do my work. It's not like they're not >> do my work. It's not like they're not your juniors anymore. You know, these your juniors anymore. You know, these are separate companies. And one of the are separate companies. And one

of the big problems I think that like most big problems I think that like most doctors will have is just presuming that doctors will have is just presuming that you can say I' I've handed it over to a you can say I' I've handed it over to a marketing company and then expect marketing company and then expect outcomes, you know?

outcomes, you know? So, if you don't take the time to So, if you don't take the time to understand what the marketing is, what understand what the marketing is, what you're trying to target and and and you're trying to target and and and really be willing to engage in it really be willing to engage in it actively, and I'm not talking about actively, and I'm not talking about making videos and, you know, doing making videos and, you know, doing podcasts and things like that. Yes, podcasts and things like that. Yes, they're useful, but they're only one they're useful, but they're only one tiny part in the entire marketing tiny part in the entire marketing spectrum.

spectrum. spectrum. >> Okay? And I think you either have to you >> Okay? And I think you either have to you have to get involved but have to get involved but >> I think one of the the key >> I think one of the the key differentiators this why I'm able to differentiators this why I'm able to make clinically more successful is you make clinically more successful is you have to work with people who want to do have to work with people who want to do the other bits the other bits >> you know and and I think that's where >> you know and and I think that's where where I think people just don't don't where I think people just don't don't understand it's not as easy as putting understand it's not as easy as putting out regular Instagram shots or whatever out regular Instagram shots or whatever or whatever those things are called or or whatever those things are called or Tik Tok reels or you know like YouTube Tik Tok reels or you know like YouTube videos and all these kind of they videos and all these kind of they they'll help, but you need to understand they'll help, but you need to understand where does that plug into what you want where does that plug into what you want to achieve and then be able to be very to achieve and then be able to be very deliberate deliberate deliberate >> because you know we've made the mistake >> because you know we've made the mistake as well where we spent a lot of money in as well where we spent a lot of money in the tens of thousands the tens of thousands >> over the 5 years because it was now 5 >> over the 5 years because it was now 5 years since we've had the clinic. It's years since we've had the clinic. It's it's it would be six digits.

it's it would be six digits. >> Yeah, probably six. Yeah. [laughter] >> Yeah, probably six. Yeah. [laughter] It's not a small amount of money. It's not a small amount of money.

Brand Building, Marketing, and Money

Thankfully, we've been able to sustain Thankfully, we've been able to sustain this, but at the same time, this could this, but at the same time, this could bankrupt you. And I think, you know, bankrupt you. And I think, you know, it's this thing I think that it I think it's this thing I think that it I think it's quite interesting. My dad is a it's quite interesting. My dad is a retired consultant and he did a he did retired consultant and he did a he did private practice.

private practice. >> And when he used to do private practice, >> And when he used to do private practice, it was very much like the hospital will it was very much like the hospital will look after it, look after it, >> right? You know and that's something >> right? You know and that's something that I hear from from colleagues that I hear from from colleagues contemporaries now who are like the contemporaries now who are like the hospital will look after it hospital will look after it >> you know they go and work say they may >> you know they go and work say they may work for independence they may work for work for independence they may work for chains but they still just say the chains but they still just say the hospital will look after it they look hospital will look after it they look after the admill they look after the after the admill they look after the they'll just get the patients in and all they'll just get the patients in and all of that kind of stuff but that's not of that kind of stuff but that's not what makes you successful first off if what makes you successful first off if you're just doing private work and it you're just doing private work and it definitely will that'll make your definitely will that'll make your business fail if that's what you're business fail if that's what you're aiming to build aiming to build >> right so if if people so as a clinic >> right so if if people so as a clinic owner you know, you really need to do owner you know, you really need to do what these private hospitals are what these private hospitals are offering clinicians so that other offering clinicians so that other clinicians can come and just work in in clinicians can come and just work in in your clinic essentially and the value your clinic essentially and the value really lies in the brand and the network really lies in the brand and the network that you build off of that brand.

that you build off of that brand. >> Yeah. Yeah, I think so. I think it's it >> Yeah. Yeah, I think so. I think it's it is primarily the is primarily the the the enterprise for it being known the the enterprise for it being known for what it does.

for what it does. >> Is it worthwhile for clinicians to do >> Is it worthwhile for clinicians to do this? I I personally don't think it's this? I I personally don't think it's for everyone, for everyone, >> you know. I think it's it's actually >> you know. I think it's it's actually really really really difficult. You really really really difficult. You know, if you're doing this by yourself, know, if you're doing this by yourself, then I think it's almost impossible.

then I think it's almost impossible. >> And I think it's not it's not something >> And I think it's not it's not something that I if you know, you can make it that I if you know, you can make it work, but this can be to the detriment work, but this can be to the detriment of everything in your life if you're of everything in your life if you're doing it by yourself.

doing it by yourself. >> And if you're naive enough to think >> And if you're naive enough to think that, you know, I can do everything and that, you know, I can do everything and I'm just going to manage it all.

I'm just going to manage it all. >> Yeah. then you'll there's a certain >> Yeah. then you'll there's a certain ceiling you'll reach very quickly. One ceiling you'll reach very quickly. One of the consultants I remember I had when of the consultants I remember I had when I was a trainee we said you know you can I was a trainee we said you know you can get to 200,000 really easily and I know get to 200,000 really easily and I know as a trainer you're just like 200,000 as a trainer you're just like 200,000 I'd love to reach 200,000 you know I'd love to reach 200,000 you know >> but like it it it's surprising how much >> but like it it it's surprising how much that turnover and really understanding that turnover and really understanding that the turnover doesn't mean that's that the turnover doesn't mean that's how much you're getting at the end of how much you're getting at the end of it.

it. it. >> Yeah. You know, so that's and that's >> Yeah. You know, so that's and that's again if you're looking at it just from again if you're looking at it just from your private practice point of view, if your private practice point of view, if you're doing it for business, 200,000, you're doing it for business, 200,000, >> you know, it quickly disappears.

>> you know, it quickly disappears. >> Yeah. Yeah. >> Yeah. Yeah. >> Flow. >> Flow. >> Flow. >> Yeah. Yeah. I think this just the cost >> Yeah. Yeah. I think this just the cost of doing little things adds up so of doing little things adds up so quickly that you just can't you can't quickly that you just can't you can't you can't justify the business even you can't justify the business even existing. I think existing. I think >> and I think it's actually a mistake >> and I think it's actually a mistake where I I I think what's happening in where I I I think what's happening in the UK is that I see that there's a the UK is that I see that there's a trend happening.

trend happening. >> Okay. >> Okay. >> Okay. >> Other countries are very much >> Other countries are very much further down this path where they have further down this path where they have embraced private healthcare decades ago.

embraced private healthcare decades ago. >> Yeah. >> Yeah. >> Yeah. >> Some are a bit more recently fair >> Some are a bit more recently fair enough. But in the UK we're well behind enough. But in the UK we're well behind the curve. M the curve. M >> and I think in the UK people are now >> and I think in the UK people are now starting clinicians are starting to starting clinicians are starting to realize actually clinicians and patients realize actually clinicians and patients are starting to realize that sometimes are starting to realize that sometimes it's just better to just pay for the it's just better to just pay for the service.

service. service. >> Okay. >> Okay. >> Okay. >> And because of that there has been a >> And because of that there has been a significant lag because everyone was significant lag because everyone was previously like I don't want to do the previously like I don't want to do the marketing. I don't want to do the marketing. I don't want to do the letters. I don't want to do letters. I don't want to do >> Y and Zed. The enterprise will look >> Y and Zed. The enterprise will look after it.

after it. >> Yeah. >> Yeah. >> Yeah. But speaking to like some friends and But speaking to like some friends and stuff like that, the C apparently the stuff like that, the C apparently the CPC in the last 12 to 18 months, there's CPC in the last 12 to 18 months, there's been a the highest spike in like CQC been a the highest spike in like CQC applications applications applications in history for like the CPC.

in history for like the CPC. >> Oh wow. >> Oh wow. >> May not be not it may not be a massive >> May not be not it may not be a massive amount, but you know that's still still amount, but you know that's still still a significant amount.

a significant amount. >> Yeah. >> Yeah. >> Yeah. >> And it's gone from like the CQC getting >> And it's gone from like the CQC getting the authorizations done in 8 weeks to the authorizations done in 8 weeks to now something like apparently it's a now something like apparently it's a year. It's coming up to a year for them year. It's coming up to a year for them to authorize an application. just huge to authorize an application. just huge volumes of new clinics and new health volumes of new clinics and new health care services opening.

care services opening. >> Yeah. And that's what I think. So people >> Yeah. And that's what I think. So people have gone from saying I I don't want to have gone from saying I I don't want to do any of it to I'll do everything. And do any of it to I'll do everything. And and there's going to be a lot of people and there's going to be a lot of people who are going to do it.

who are going to do it. >> There'll be a lot of failure. >> There'll be a lot of failure. >> I think because again I think physicians >> I think because again I think physicians doctors are very much like look I'm an doctors are very much like look I'm an intelligent person. I got to medical intelligent person. I got to medical school. I finished my training. I I am a school. I finished my training. I I am a smart person. Therefore if I can do smart person. Therefore if I can do medicine I can do business.

medicine I can do business. >> Yeah. And I think that's where now I see >> Yeah. And I think that's where now I see the UK market is going to be like the UK market is going to be like massive inflation for the number of massive inflation for the number of facilities that are available.

facilities that are available. >> Yeah. >> Yeah. >> Yeah. >> And then there'll be a massive downturn. >> And then there'll be a massive downturn. Then it'll start to equalize to to kind Then it'll start to equalize to to kind of match other countries. But I think of match other countries. But I think there's a good few years for that to there's a good few years for that to happen before it actually gets there's happen before it actually gets there's going to be a lot of boom and bust. I going to be a lot of boom and bust. I think it's a lot of people trying to think it's a lot of people trying to move into the space and saying, "Oh, I'm move into the space and saying, "Oh, I'm I'm a fantastic clinician, but that I'm a fantastic clinician, but that doesn't translate across." Is there doesn't translate across." Is there anything about being like a subsp anything about being like a subsp specialist really niche clinician that specialist really niche clinician that is useful or can be useful if someone's is useful or can be useful if someone's also setting up a private clinic?

also setting up a private clinic? >> Yes and no. Yeah, arguably if you're if >> Yes and no. Yeah, arguably if you're if you're like one of a handful in the you're like one of a handful in the country, then yeah, arguably.

country, then yeah, arguably. >> But the the reality is that is more >> But the the reality is that is more useful when you're further down your useful when you're further down your consultant's kind of like timeline.

consultant's kind of like timeline. If you've developed the niche and you're If you've developed the niche and you're a new consultant, the big problem is a new consultant, the big problem is that people won't trust you.

that people won't trust you. >> And I think I didn't think that because >> And I think I didn't think that because I was just like, well, no, I'm NHS I was just like, well, no, I'm NHS trained. I'm like, you know, I've done trained. I'm like, you know, I've done everything in the UK. I've got my PhD everything in the UK. I've got my PhD and I've got my F FRCS and all that and I've got my F FRCS and all that stuff.

stuff. stuff. >> And you do like the deep plane facelift, >> And you do like the deep plane facelift, which like there's only a couple of which like there's only a couple of people in the UK that do that, right?

people in the UK that do that, right? >> Yeah. And like our stem cell stuff, >> Yeah. And like our stem cell stuff, that's really unique. We're the only that's really unique. We're the only clinic in the country clinic in the country >> but it patients we've seen patients who >> but it patients we've seen patients who had googled us and contacted us right had googled us and contacted us right when we opened 5 years ago when we opened 5 years ago >> and then they've come back now and said >> and then they've come back now and said oh you're still here so now it means oh you're still here so now it means that you're legit.

that you're legit.

Niche, Service, and Market Reality

>> Okay, >> Okay, >> Okay, >> you see and I think that's the key thing >> you see and I think that's the key thing where now people are actually saying where now people are actually saying like you you need to be there for a like you you need to be there for a certain period of time. You as a certain period of time. You as a clinician clinician clinician >> but actually more importantly you as a >> but actually more importantly you as a business need to existed for a certain business need to existed for a certain amount of time to have that credibility.

amount of time to have that credibility. >> Okay. So I I think yes the niche helps >> Okay. So I I think yes the niche helps but at the same time I don't think the but at the same time I don't think the niche is is required. There's so much niche is is required. There's so much work to be done work to be done >> and again I think that's one of the the >> and again I think that's one of the the the mistakes that I think especially in the mistakes that I think especially in plastics we're very protective of our plastics we're very protective of our sphere.

sphere. sphere. >> Yeah. >> Yeah. >> Yeah. >> But >> But >> But I think it's the failure to recognize I think it's the failure to recognize where did plastic surgery come from for where did plastic surgery come from for example.

example. example. >> You know plastic surgery isn't a >> You know plastic surgery isn't a standalone specialtity that evolved standalone specialtity that evolved before everyone else.

before everyone else. >> Yeah. You know we have actually the >> Yeah. You know we have actually the founder of modern plastic surgery is is founder of modern plastic surgery is is is an ENT surgeon in the UK is an ENT surgeon in the UK >> right >> right >> right >> technically the founder of plastic >> technically the founder of plastic surgery is is a Brahman to like a Hindu surgery is is a Brahman to like a Hindu from like from our end of the world and from like from our end of the world and >> yeah this was sorry >> yeah this was sorry >> first nose job >> first nose job >> exactly yeah >> exactly yeah >> yeah exactly so that's that's like >> yeah exactly so that's that's like thousands of years old you know so thousands of years old you know so what's really important is actually what's really important is actually understanding that you need to work understanding that you need to work together and actually building that together and actually building that professional network is important professional network is important keeping up good relationships with other keeping up good relationships with other colleagues and things like that and and colleagues and things like that and and because there's so many things that because there's so many things that simple things like say taking out lumps simple things like say taking out lumps and bumps and bumps >> seeing patients in a timely manner for >> seeing patients in a timely manner for say if it was a GP practice say if it was a GP practice >> just being available having longer slots >> just being available having longer slots to see patients and and being able to be to see patients and and being able to be seen not to be like restricted I seen not to be like restricted I understand NHS GPS have huge understand NHS GPS have huge restrictions restrictions restrictions the time etc etc but at the end of the the time etc etc but at the end of the day the GP is just doing general day the GP is just doing general practice.

practice. practice. >> Yeah. >> Yeah. >> Yeah. >> General part of general practice. >> General part of general practice. >> If they just kind of like they have >> If they just kind of like they have longer slots and patients can discuss longer slots and patients can discuss more than one problem, more than one problem, >> patients will talk to them, >> patients will talk to them, >> you know. So yes, having the niche helps >> you know. So yes, having

the niche helps to probably get to that point sooner, to probably get to that point sooner, but at the same time actually I think but at the same time actually I think it's really important to understand that it's really important to understand that it isn't the niche that makes you it isn't the niche that makes you successful. It's actually the service successful. It's actually the service that makes you successful.

that makes you successful. Okay. Okay. Okay. >> And I think that's underpinning all >> And I think that's underpinning all private work, private work, >> the service that's actually >> the service that's actually patiententric and delivering what the patiententric and delivering what the patient wants rather than just a niche patient wants rather than just a niche subsp specialty that you can deliver and subsp specialty that you can deliver and sort of flipping it on its head. And so sort of flipping it on its head. And so I guess if you kind of go further like I guess if you kind of go further like looking at these trends and these looking at these trends and these patient experiences that you now have, patient experiences that you now have, you know, growing clinic in with you know, growing clinic in with advertising and marketing and all of advertising and marketing and all of those side of things. If you were to those side of things. If you were to start over, if you were starting from start over, if you were starting from scratch, first of all, would you even scratch, first of all, would you even open a clinic in 2026?

open a clinic in 2026? >> Yes, definitely. [clears throat] What I >> Yes, definitely. [clears throat] What I would say is that I I would open it, we would say is that I I would open it, we opened it in a place where the uh opened it in a place where the uh location is brilliant, but it's very location is brilliant, but it's very very hard for people to see us, you very hard for people to see us, you know, so there's no kind of cross know, so there's no kind of cross traffic. People don't just see us or traffic. People don't just see us or know us.

know us. >> So, the marketing is really vital. And I >> So, the marketing is really vital. And I think the difference I would make is think the difference I would make is actually to go to somewhere with high actually to go to somewhere with high footfall, you know, footfall, you know, >> okay, >> okay, >> okay, >> and high footfall specific to what you >> and high footfall specific to what you want to be offering, you know, so say want to be offering, you know, so say diabetes care. So you you kind of go to diabetes care. So you you kind of go to where there's a shedload of people who where there's a shedload of people who have those kind of issues and kind of have those kind of issues and kind of work off of it that way.

work off of it that way. For me personally, yes, I would always For me personally, yes, I would always want to move on to the business side want to move on to the business side because I just don't see us being because I just don't see us being in an employed capacity as as I in an employed capacity as as I mentioned earlier on whether that's NHS mentioned earlier on whether that's NHS or private and and that's not or private and and that's not sustainable in the long term because it sustainable in the long term because it doesn't allow you to mitigate for risks doesn't allow you to mitigate for risks which you know we've had such massive which you know we've had such massive versus co wars and all these kind of versus co wars and all these kind of things.

things. things. >> Yeah. Yeah. >> Yeah. Yeah. >> So having those shocks to the system at >> So having those shocks to the system at least I think business in the UK yeah least I think business in the UK yeah it's it's a little bit difficult but at it's it's a little bit difficult but at the same time it's more likely to give the same time it's more likely to give you you you a greater degree of security. Some a greater degree of security. Some people disagree with this and I know people disagree with this and I know colleagues disagree with this and like colleagues disagree with this and like oh no it's more stable to just keep an oh no it's more stable to just keep an NHS job.

NHS job. >> So that's why each is their own and I >> So that's why each is their own and I don't think that's why I don't think don't think that's why I don't think it's for everyone.

it's for everyone. >> Okay. So you would start a clinic, you'd >> Okay. So you would start a clinic, you'd do it in a high footfall area and would do it in a high footfall area and would you you'd probably do it do a similar you you'd probably do it do a similar clinic or would you now think that clinic or would you now think that actually it being plastics related or actually it being plastics related or surgery related is irrelevant and I just surgery related is irrelevant and I just do it differently. I think the thing is do it differently. I think the thing is I think one of the things that because I think one of the things that because obviously yourself and I have tried to obviously yourself and I have tried to offer a service for for doctors who want offer a service for for doctors who want to start clinics but they

just they to start clinics but they just they don't know where to start.

don't know where to start. >> And the key bit of feedback that I find >> And the key bit of feedback that I find is actually the lack of money. is actually the lack of money.

>> That's the key reason that they can't do >> That's the key reason that they can't do it. it. it. >> Yeah. >> Yeah. >> Yeah. >> It's funding. So I think we had the >> It's funding. So I think we had the funding. So, I would still kind of go to funding. So, I would still kind of go to aim to what we've produced, but I aim to what we've produced, but I wouldn't get there so quickly. I think wouldn't get there so quickly. I think that's what I would do. So, I'd stagger that's what I would do. So, I'd stagger it to kind of start off, but it's also it to kind of start off, but it's also arguably you'd say, so we we are in our arguably you'd say, so we we are in our clinic, we could do gas and and like clinic, we could do gas and and like full on like, you know, overnight stays full on like, you know, overnight stays and things like that.

and things like that. >> Yes. It's a mad way to start, >> Yes. It's a mad way to start, >> but it also means that we're now ready >> but it also means that we're now ready to just kind of carry on.

to just kind of carry on. >> Yeah. you know, whereas trying to build >> Yeah. you know, whereas trying to build it now, you know, there's like the you it now, you know, there's like the you have to put in for permissions, you'd have to put in for permissions, you'd have to wait for the builders, there's have to wait for the builders, there's all the associated costs of development all the associated costs of development as well that are really shot up as well that are really shot up >> since we've done it.

>> since we've done it. >> So then, you know, I think it swings and >> So then, you know, I think it swings and roundabouts. I think it's realistically roundabouts. I think it's realistically what can you afford to lose what can you afford to lose >> is how you need to see it when you're >> is how you need to see it when you're starting a business.

starting a business. >> If you lost everything, could you would >> If you lost everything, could you would you just be still okay to carry on you just be still okay to carry on living?

living? living? >> Yeah. Yeah. What are you willing to >> Yeah. Yeah. What are you willing to lose? That's such a such a good way to lose?

Starting a Clinic and Managing Risk

That's such a such a good way to look at it and be like, actually, if I'm look at it and be like, actually, if I'm willing to lose it, why not put it into willing to lose it, why not put it into something that I believe in?

something that I believe in? >> Speaking of believing in, how has it >> Speaking of believing in, how has it been in terms of balancing been in terms of balancing business demands and I'll say clinical business demands and I'll say clinical values? Because I think especially as an values? Because I think especially as an NHS clinician, we have a certain NHS clinician, we have a certain perspective of what healthcare should be perspective of what healthcare should be and how it should be delivered and how and how it should be delivered and how healthcare ecosystem should look like.

healthcare ecosystem should look like. Have you ever struggled to balance the Have you ever struggled to balance the two and how did you manage it? two and how did you manage it?

We I haven't personally and that's We I haven't personally and that's partly because I had the clarity of partly because I had the clarity of thought I think when I was when we were thought I think when I was when we were setting up setting up >> early on. I knew what I was going to be >> early on. I knew what I was going to be doing. So I knew that I had to be doing. So I knew that I had to be thinking about this proactively.

thinking about this proactively. But I do know colleagues who have But I do know colleagues who have struggled

and and they've ended up some struggled and and they've ended up some have ended up chasing money. You know, I have ended up chasing money. You know, I think the phrase that I've heard is that think the phrase that I've heard is that they're going to pay someone, they may they're going to pay someone, they may as well pay me, you know, which as well pay me, you know, which >> to me is really unethical, but you know, >> to me is really unethical, but you know, whatever sits with you, you need to be whatever sits with you, you need to be able to sleep at night. And that it able to sleep at night. And that it sounds so cheesy, but it's so true.

sounds so cheesy, but it's so true. >> If you're able to go to sleep at night >> If you're able to go to sleep at night with whatever decision you've made, with whatever decision you've made, that's fine. Again, to a degree, I that's fine. Again, to a degree, I think, you know, you have to kind of be think, you know, you have to kind of be within the guidelines of what the NHS within the guidelines of what the NHS and what not the NHS to be honest, it's and what not the NHS to be honest, it's more the insurance companies, I think, more the insurance companies, I think, is what is what helps to define it. as is what is what helps to define it. as long as you kind of let them know.

long as you kind of let them know. >> And I think the NHS, one of the key >> And I think the NHS, one of the key things I find is that especially if things I find is that especially if you're like a you're like a clinician who's in the NHS and you clinician who's in the NHS and you haven't had the experience of other haven't had the experience of other healthare systems, healthare systems, that I think is one of the key hurdles that I think is one of the key hurdles to really understanding and realizing to really understanding and realizing what could be done.

what could be done. Okay. So when I say this, one of the Okay. So when I say this, one of the ways to think about it is when ways to think about it is when [clears throat] we talk about say [clears throat] we talk about say surgery, surgery, surgery, >> okay, especially say plastic surgery.

>> okay, especially say plastic surgery. >> Yeah. >> Yeah. >> Yeah. >> There's a whole load of procedures that >> There's a whole load of procedures that are done only with general anesthetic.

are done only with general anesthetic. >> Okay. >> Okay. >> Okay. >> Can you do it with sedation? Can you do >> Can you do it with sedation? Can you do it with local anesthetic? No.

it with local anesthetic? No. >> No. >> No. >> No. >> And this isn't just a it's not just a >> And this isn't just a it's not just a surgical mindset to say no to it. It's surgical mindset to say no to it. It's the anist. It's the associated staff and the anist. It's the associated staff and things like that. The entire system is things like that. The entire system is in all reality is at least 10 to 12 in all reality is at least 10 to 12 years behind continental Europe.

years behind continental Europe. >> Okay. Wow. >> Okay. Wow. >> And not so far. >> And not so far. >> Yeah. It's just so far. It's so so far >> Yeah. It's just so far. It's so so far removed.

removed. removed. >> Yeah. >> Yeah. >> Yeah. >> And when you bring this like I remember >> And when you bring this like I remember having a conversation when we opened having a conversation when we opened with one of the consultant anesthetists with one of the consultant anesthetists nearby and I said look we can do tummy nearby and I said look we can do tummy tucks you know we can do tummy tucks on tucks you know we can do tummy tucks on distation local anesthetic. The guy just distation local anesthetic. The guy just refused to answer my calls after that.

refused to answer my calls after that. He's like this guy's crazy. And I was He's like this guy's crazy. And I was like, you realize that like in like huge like, you realize that like in like huge cosmetic centers in South America, in cosmetic centers in South America, in Europe, in like in Asia, they do this, Europe, in like in Asia, they do this, you know, like for example in Brazil, you know, like for example in Brazil, there's a really really famous plastic there's a really really famous plastic surgeon called Io Pasangi, surgeon called Io Pasangi, >> okay?

>> okay? >> okay? >> Is in his 90s and like he's like an >> Is in his 90s and like he's like an absolute god in cosmetic surgery. He absolute god in cosmetic surgery. He this is when I was a traininee, so 10 this is when I was a traininee, so 10 years ago. his clinic in in in Brazil years ago. his clinic in in in Brazil was doing breast augmentations under was doing breast augmentations under local anesthetic in like a barn style local anesthetic in

like a barn style theater. So you'd have the patients theater. So you'd have the patients talking to each other as they're having talking to each other as they're having their surgery done.

their surgery done. >> Oh wow. >> Oh wow. >> Okay. >> Okay. >> Okay. >> That sounds crazy. >> That sounds crazy. >> Yeah. And I and and you know you're not >> Yeah. And I and and you know you're not saying that you know we we need to take saying that you know we we need to take undue risks, undue risks, >> but I find attent essentially when >> but I find attent essentially when you're in the UK and you talk to other you're in the UK and you talk to other UK clinicians, there's a degree of UK clinicians, there's a degree of arrogance.

arrogance. arrogance.

Leadership, Trust, and Delegation

>> In the UK we just think we're the UK, we >> In the UK we just think we're the UK, we do it the best. do it the best. >> Yeah. And it's like well if you think >> Yeah. And it's like well if you think it's the best let's just kind of let's it's the best let's just kind of let's use some simple parameters for use some simple parameters for measurements then measurements then >> he's coming to the PhD side you know you >> he's coming to the PhD side you know you want to then quantify it prove it to me.

want to then quantify it prove it to me. >> Yeah. >> Yeah. >> Yeah. >> So how many papers are written about >> So how many papers are written about innovative things from the UK?

innovative things from the UK? >> How many how many people do you see >> How many how many people do you see going round from the UK to other going round from the UK to other countries talking about the value of countries talking about the value of what should be done? H you know you what should be done? H you know you don't you don't see these things and I don't you don't see these things and I find that that in itself is the mindset find that that in itself is the mindset where I find it's it's really important where I find it's it's really important for you as a clinician to understand for you as a clinician to understand where is your mindset in this and how where is your mindset in this and how much awareness really do you have much awareness really do you have because there's obviously all the because there's obviously all the unknowns unknowns and then the known unknowns unknowns and then the known unknowns and things like that and I unknowns and things like that and I think think think >> placing yourself in that in that in that >> placing yourself in that in that in that context is really important context is really important >> and actually it kind of circles around >> and actually it kind of circles around and I'm not trying to plug yourself but and I'm not trying to plug yourself but you No, I think at the end of the day, you No, I think at the end of the day, if you don't understand yourself, if you don't understand yourself, you don't understand your your place in you don't understand your your place in the spectrum of what's happening, the spectrum of what's happening, >> you're not going to move on.

>> you're not going to move on. You're not really not going to improve. You're not really not going to improve. I can't see how you can improve. I can't see how you can improve.

And and I know it seems like you know And and I know it seems like you know theoretically what you offer is is a a theoretically what you offer is is a a luxury from a clinician's point of view luxury from a clinician's point of view but actually this is fundamental but actually this is fundamental >> you know I would argue that like say >> you know I would argue that like say more developed uh healthcare economies more developed uh healthcare economies this is like a key thing that people go this is like a key thing that people go through.

through. through. >> Yeah. >> Yeah. >> Yeah. >> You know you understand physiology you >> You know you understand physiology you understand the anatomy but you also understand the anatomy but you also understand yourself understand yourself >> yourself. Yeah.

>> yourself. Yeah. >> You know >> You know >> hugely. Yeah. And I think that's lacking >> hugely. Yeah. And I think that's lacking in the UK. in the UK.

>> And I mean is is is not an unknown >> And I mean is is is not an unknown reason why big companies and

corporates reason why big companies and corporates and you know industries invest in their and you know industries invest in their people and people development and people and people development and there's like billions of dollars spent there's like billions of dollars spent on this every year sometimes every month on this every year sometimes every month on developing people. And in the NHS on developing people. And in the NHS we're unfortunately at a time where that we're unfortunately at a time where that those sort of resources are being pulled those sort of resources are being pulled away. You can no longer get free away. You can no longer get free coaching. you can never no longer get coaching. you can never no longer get that sort of employee support and that sort of employee support and development support. Whatever level development support. Whatever level you're at, even if you're a senior you're at, even if you're a senior leader, I think people are really leader, I think people are really struggling to get both the time to do struggling to get both the time to do that self-development work, but also to that self-development work, but also to hire or work alongside a coach or hire or work alongside a coach or somebody who can help them with that.

somebody who can help them with that. And I think people leave the NHS who And I think people leave the NHS who think they're going to do something think they're going to do something outside with a similar mindset. And outside with a similar mindset. And yeah. Yeah. I mean, we're both saying yeah. Yeah. I mean, we're both saying the same thing, of course, that like the same thing, of course, that like self-development and understanding self-development and understanding yourself and understanding where you're yourself and understanding where you're heading because, you know, even as heading because, you know, even as you're saying that, I'm like, I don't you're saying that, I'm like, I don't know if you saw this saw it this way.

know if you saw this saw it this way. I'm like, you've got this really nice I'm like, you've got this really nice combination of having seen other combination of having seen other healthare systems with the MD work and healthare systems with the MD work and then done your PhD work, which brings then done your PhD work, which brings the critical analysis. You've seen your the critical analysis. You've seen your dad do the private practice. You've dad do the private practice. You've seen, you know, your consultants do it seen, you know, your consultants do it differently. You've you've had this differently. You've you've had this vision for a clinic. And it's it's very vision for a clinic. And it's it's very interesting how all of that's kind of interesting how all of that's kind of come together. And sometimes I'll have come together. And sometimes I'll have these conversations and people have so these conversations and people have so much wealth of knowledge and experience much wealth of knowledge and experience across different domains, but they're across different domains, but they're choosing to invest in just one of them choosing to invest in just one of them and just like put all the eggs in that and just like put all the eggs in that one basket. And it's like why are you one basket. And it's like why are you playing the game on hard mode? Like play playing the game on hard mode? Like play to your advantage and and actually just to your advantage and and actually just have fun with it and and move that way.

have fun with it and and move that way. So that that's been super exciting. So, So that that's been super exciting. So, how do you look at who you are now as a how do you look at who you are now as a founder versus who you are as a as a founder versus who you are as a as a surgeon? And and I'll say this also surgeon? And and I'll say this also specifically highlighting the specifically highlighting the communication skills and people skills communication skills and people skills that surgeons are renowned for in that surgeons are renowned for in general.

general. general. >> Yeah, >> Yeah, >> Yeah, >> I think I have I don't want to say move >> I think I have I don't want to say move beyond. I don't want it to be arrogant beyond. I don't want it to be arrogant to I don't want it to come across like to I don't want it to come across like I'm being arrogant here. And I just I'm being arrogant here. And I just mean, you know, when I say move beyond, mean, you know, when I say move beyond, it's like it it's drilled into you when it's like it it's drilled into you when you're a trainee. You know, this is how you're a trainee. You know, this is how you have to be, you know, yes, you need you have to be, you know, yes, you need to get good sort of communication. It's to get good sort of communication. It's teamwork and all of that kind of stuff, teamwork and all of that kind of stuff, but at the end of the day, you're the but at the end of the day, you're the figurehead because it's on your it's on figurehead because it's on your it's on your neck. If if if something goes your neck. If if if something goes wrong, you know, you're responsible.

wrong, you know, you're responsible. That in itself has been a useful thing That in itself has been a useful thing

because it's the same attitude you have because it's the same attitude you have to take when you're building your own to take when you're building your own company or companies. So that is a company or companies. So that is a useful thing.

useful thing. >> The arrogance I think is something that >> The arrogance I think is something that actually is a massive hindrance actually is a massive hindrance >> and I don't think I've I've had >> and I don't think I've I've had self-belief but I'm not arrogant enough self-belief but I'm not arrogant enough to think like you know I own God's gift to think like you know I own God's gift to everything and everyone you know I've to everything and everyone you know I've never had that.

never had that. >> I know that's caused me a detrimental >> I know that's caused me a detrimental effect because like for example with the effect because like for example with the F FRCS when I was doing it because I F FRCS when I was doing it because I didn't sound arrogant didn't sound arrogant for me I know I failed at the first time for me I know I failed at the first time because I didn't sound as cocky as I because I didn't sound as cocky as I should have.

should have. >> Right. And when I put that into play the >> Right. And when I put that into play the next time, next time, >> I think I was doing pretty well, >> I think I was doing pretty well, >> you know, and I passed it fine. So, it's >> you know, and I passed it fine. So, it's like that is this there this, you know, like that is this there this, you know, being a sodian isn't always a bad thing, being a sodian isn't always a bad thing, but I don't I think it is also you have but I don't I think it is also you have to be willing enough to to reflect back to be willing enough to to reflect back and be really really critical of and be really really critical of yourself.

yourself. yourself. >> And that's one of the things I am I'm >> And that's one of the things I am I'm I may be like critical of other people, I may be like critical of other people, but I'm far more critical of myself than but I'm far more critical of myself than I am of anyone else. And that's not just I am of anyone else. And that's not just about the technical criticality. It's about the technical criticality. It's about what what are you actually going about what what are you actually going to be like as a person? How are you to be like as a person? How are you going to be when you behave? How are you going to be when you behave? How are you going to is is what you're doing right, going to is is what you're doing right, >> you know, because just say for the >> you know, because just say for the clinic, you we've got to the point many clinic, you we've got to the point many times where we were just like when I times where we were just like when I spoke to my wife, she's like, do we need spoke to my wife, she's like, do we need to shut the clinic down?

to shut the clinic down? >> And it's like for me it was it was not a >> And it's like for me it was it was not a choice. It wasn't going to happen. And I choice. It wasn't going to happen.

Reflection, Motivation, and Team Building

And I think that's a degree of the think that's a degree of the stubbornness that I know you you get stubbornness that I know you you get through training as a surgeon. But then through training as a surgeon. But then >> yeah, >> yeah, >> yeah, >> you have to be willing to reflect >> you have to be willing to reflect through throughout through throughout and and that's why some of the silly and and that's why some of the silly things that you know you'd say like you things that you know you'd say like you know these these assessments that we know these these assessments that we have as trainees have as trainees >> you be like oh my god why do I need to >> you be like oh my god why do I need to reflect why do I need to reflect and reflect why do I need to reflect and >> it's actually really important to do >> it's actually really important to do that that that >> yes you may not need to document it the >> yes you may not need to document it the way that what you documented reflecting way that what you documented reflecting >> yeah you need to be willing to reflect >> yeah you need to be willing to reflect and and I do a lot of reflection. So say and and I do a lot of reflection. So say for example a simple thing like say when for example a simple thing like say when I do a facelift you know I play it in my I do a facelift you know I play it in my head multiple times before you do it head multiple times before you do it >> and then you play back what you did >> and then you play back what you did after surgery multiple times after surgery multiple times >> and it's not just the oneoff and is kind >> and it's not just the oneoff and is kind of say oh no it's done it's fine you can of say oh no it's done it's fine you can kind of like block it out I I don't work kind of like block it out I I don't work like that I

think that in itself has like that I think that in itself has helped me to get a bit helped me to get a bit >> kind of accelerate beyond the standard >> kind of accelerate beyond the standard process if if you kind of just did it as process if if you kind of just did it as a norm. But I think most most clinicians a norm. But I think most most clinicians do do that.

do do that. >> Okay. >> Okay. >> Okay. >> And what what keeps you motivated now >> And what what keeps you motivated now both as a clinician still and also as a both as a clinician still and also as a founder?

founder? founder? >> I think as a clinician I'm kind of I do >> I think as a clinician I'm kind of I do enjoy the work. You know, it's really enjoy the work. You know, it's really satisfying when you can do good quality satisfying when you can do good quality work and everyone appreciates it. And I work and everyone appreciates it. And I think sometimes I look back think you think sometimes I look back think you get it, you know, I think it's about 15 get it, you know, I think it's about 15 15 20,000 operations are done now. And 15 20,000 operations are done now. And when you do that, it's it's it's kind of when you do that, it's it's it's kind of easy to get a bit blaszeise about.

easy to get a bit blaszeise about. >> But I yeah, I get the good feedback I >> But I yeah, I get the good feedback I get is from patients and these are like, get is from patients and these are like, you know, NHS, these are private and you know, NHS, these are private and they're like, oh, that was that's that they're like, oh, that was that's that looks beautiful. And you're just like, looks beautiful. And you're just like, really? I think that was okay. I think I really? I think that was okay. I think I can do better. So that's been good. And can do better. So that's been good. And I think but I think from my from my I think but I think from my from my business point of view I feel like business point of view I feel like really really really really I'm I'm getting there. You know we got I'm I'm getting there. You know we got approached by one of the some of some approached by one of the some of some people to say look would they be people to say look would they be interested to would people be would we interested to would people be would we be willing to sell our clinic for be willing to sell our clinic for example and this was for like eight example and this was for like eight digits.

digits. digits. >> Wow. >> Wow. >> Wow. >> You know so that's pretty satisfying. >> You know so that's pretty satisfying. >> And we've got to like an you know we >> And we've got to like an you know we we're getting to a million pound we're getting to a million pound turnover. Yes. It may not be a massive turnover. Yes. It may not be a massive amount in terms of like business scale, amount in terms of like business scale, especially globally, but it's it's a especially globally, but it's it's a it's a it's a it's a nominal figure that has it's a it's a nominal figure that has some value and I think people can can some value and I think people can can see the value to go from zero to a see the value to go from zero to a million is is no small feat. I feel so million is is no small feat. I feel so that's satisfying. But the big thing for that's satisfying. But the big thing for me is that I I can see where this is now me is that I I can see where this is now fitting it is fitting into what I into fitting it is fitting into what I into the narrative I'm trying to build. And the narrative I'm trying to build. And that's not just from a professional that's not just from a professional point of view. It's also from a personal point of view. It's also from a personal point of view point of view >> where I am actually getting to spend >> where I am actually getting to spend more time with my family. I'm actually more time with my family. I'm actually being able to grow that part as well as being able to grow that part as well as as well as the the business.

as well as the the business. >> How do you balance all of that? I mean, >> How do you balance all of that? I mean, you're on the go all the time. How do you're on the go all the time. How do you balance family business and still you balance family business and still maintaining clinical acumen and skill?

maintaining clinical acumen and skill? >> I think I'm a bit on the spectrum first >> I think I'm a bit on the spectrum first off. So, most Yeah. So, so most of it is off. So, most Yeah. So, so most of it is actually because I I end up siloing actually because I I end up siloing different bits. So you I find that it's different bits. So you I find that it's quite just to give you some context. My quite just to give you some context. My brothers are are one's an investment brothers are are one's an investment banker and one's a dentist and they're banker and one's a dentist and they're just kind of like how why you how can just kind of like how why you how can you do so much you do so much >> just focus on one thing and just do that >> just focus on one thing and just do that thing. I was like thing. I was like >> how can you not do more than one thing?

>> how can you not do more than one thing? It's so boring just doing one thing. I It's so boring just doing one thing. I don't understand. So for me it's very don't understand. So for me it's very much about like being able to silo it much about like being able to silo it off. You know it hits 5:00 you just you off. You know it hits 5:00 you just you your mind switches and it should be your mind switches and it should be fairly seamless. And I think again fairly seamless. And I think again clinically we we have to do this isn't clinically we we have to do this isn't it? you move on from one patient to the it? you move on from one patient to the next patient. Especially something like next patient. Especially something like emergency medicine which is even crazier emergency medicine which is even crazier paces. But say for example for us we we paces. But say for example for us we we have like have like >> outpatient clinics. You've got to deal >> outpatient clinics. You've got to deal with that patient. You've got to deal with that patient. You've got to deal with their concerns. They may be happy with their concerns. They may be happy after a reconstruction. The next patient after a reconstruction. The next patient is you're telling them they've got is you're telling them they've got melanoma and they may have 3 months.

melanoma and they may have 3 months. >> You know these are hard things to change >> You know these are hard things to change and you by going through this process and you by going through this process you actually learn that mental you actually learn that mental flexibility. So yeah, I think I think flexibility. So yeah, I think I think that's that's kind of where you you I I that's that's kind of where you you I I can I found that you can adapt.

can I found that you can adapt. >> So you pull those skills and you bring >> So you pull those skills and you bring that into business and say actually that into business and say actually you've still got to be really you've still got to be really disciplined even if the stakes may be disciplined even if the stakes may be higher and you know money has to be made higher and you know money has to be made or you know we've got to get patience or or you know we've got to get patience or else you keep it siloed.

else you keep it siloed. >> Yeah. Exactly. And I think it's also um >> Yeah. Exactly. And I think it's also um the one of the key reasons why I think the one of the key reasons why I think I'm able to get to su to to be I'm able to get to su to to be successful is not because of me myself.

successful is not because of me myself. It's it's the team that I've built. You It's it's the team that I've built. You know, I think know, I think >> and and to be honest, underpinning all >> and and to be honest, underpinning all of it is my wife.

of it is my wife. >> So having that sort of team, especially >> So having that sort of team, especially really early on, is really really really early on, is really really critical to the success. And we wouldn't critical to the success. And we wouldn't be able to reach this if it was just me be able to reach this if it was just me >> or we would have hit the ceiling very >> or we would have hit the ceiling very quickly. like I said to you that 200,000 quickly.

Mentorship, Self-Belief, and Finding Your Path

like I said to you that 200,000 you know you could easily get there and you know you could easily get there and you're just like I can't go I can't get you're just like I can't go I can't get beyond this point beyond this point >> and then obviously you know adding on >> and then obviously you know adding on yourself then you've got like the the yourself then you've got like the the more junior members of the team and more junior members of the team and things like that and I'm able to things like that and I'm able to thankfully I feel like I'm able to thankfully I feel like I'm able to inspire them enough to want to do what inspire them enough to want to do what we need them to do but then they're also we need them to do but then they're also they're also a be proactive enough to they're also a be proactive enough to deliver those things deliver those things >> as well. Yeah, I think it's it's like a >> as well. Yeah, I think it's it's like a combination. I think it's also the combination. I think it's also the arrogance of not thinking you're just it arrogance of not thinking you're just it >> just because now I'm seen as the, you >> just because now I'm seen as the, you know, technically I was like a know, technically I was like a co-founder for this and things like that co-founder for this and things like that and you maybe the the clinical and you maybe the the clinical figurehead, you're not the reason you figurehead, you're not the reason you you need to have that humility and I you need to have that humility and I think a lot of I think that's one thing think a lot of I think that's one thing that stops a lot of people.

that stops a lot of people. >> What's something that you've learned >> What's something that you've learned about trust that you wish everybody about trust that you wish everybody knew? I find that actually if you if you knew? I find that actually if you if you identify the right person and you're identify the right person and you're willing to give them the trust, most willing to give them the trust, most people will actually strive to achieve people will actually strive to achieve that, that, that, >> they want to satisfy that trust that >> they want to satisfy that trust that you've given them.

you've given them. But you have to be willing to give up But you have to be willing to give up the control. And I think that's the control. And I think that's something that a lot of people struggle something that a lot of people struggle with. And I think that's one of the with. And I think that's one of the things that actually stops business from things that actually stops business from going from like anme into something big.

going from like anme into something big. you know, it essentially is a lifestyle you know, it essentially is a lifestyle type business because they can't let go type business because they can't let go >> um for whatever aspect it is.

>> um for whatever aspect it is. >> Yeah. You have to you have to fill the >> Yeah. You have to you have to fill the spaces with somebody who's not you and spaces with somebody who's not you and trust that they will deliver at some trust that they will deliver at some point.

point. point. >> Yeah. Yeah. And I think it's also what I >> Yeah. Yeah. And I think it's also what I find really interesting as well is that find really interesting as well is that you know because you recommend to me a you know because you recommend to me a number of books that I've read and it's number of books that I've read and it's it's it's always really satisfying to it's it's always really satisfying to see that I I was able to act on those see that I I was able to act on those things and most of the things that the things and most of the things that the book had suggested I actually book had suggested I actually unknowingly had done a degree of them unknowingly had done a degree of them >> you know so for me that is I know you >> you know so for me that is I know you say that's confirmation bias and I think say that's confirmation bias and I think to a degree it is but at least I feel to a degree it is but at least I feel like I'm actually I I'm actually heading like I'm actually I I'm actually heading into the field where I feel most like into the field where I feel most like innately innately innately developed to do.

developed to do. >> Yeah. >> Yeah. >> Yeah. >> You know, yeah, the Gallup thing for me >> You know, yeah, the Gallup thing for me was huge kind of understanding those top was huge kind of understanding those top five and five and >> the top one for me was strategy. the one >> the top one for me was strategy. the one below that was like achievement and and below that was like achievement and and that for I know personally that's that for I know personally that's through sheer kind of like guts and through sheer kind of like guts and determination determination determination >> and it's not something that comes >> and it's not something that comes innately innately innately >> but that came second which is quite >> but that came second which is quite satisfying.

satisfying. satisfying. >> Yeah. >> Yeah. >> Yeah. >> But but also >> But but also >> you need to know what you can and can't >> you need to know what you can and can't do do do >> you know and and and that that kind of >> you know and and and that that kind of thing if you do have trust issues then thing if you do have trust issues then you need to be able to have someone that you need to be able to have someone that you can chat to.

you can chat to. >> Yeah. >> Yeah. >> Yeah. You know, you may not be able to You know, you may not be able to physically pass on that responsibility physically pass on that responsibility to someone else. But if you've got say to someone else. But if you've got say at least a business partner at least a business partner >> minimum, I would say then that business >> minimum, I would say then that business partner has to be someone who can partner has to be someone who can counteract what you're like.

counteract what you're like. >> Yeah. >> Yeah. >> Yeah. >> You know, so like >> You know, so like >> Yeah. Exactly. And the balance is really >> Yeah. Exactly. And the balance is really important to get important to get >> Yeah. That's so interesting. The other >> Yeah. That's so interesting. The other book that I gave you, Beyond book that I gave you, Beyond Entrepreneurship by Jim Collins, he's Entrepreneurship by Jim Collins, he's written another book that just this written another book that just this April came out. It's called What to Make April came out. It's called What to Make of a Life where he studies like of a Life where he studies like thousands of hours of publicly

thousands of hours of publicly documented lives of people from like documented lives of people from like ages ago and like people who are still ages ago and like people who are still alive as well. And he he one of the alive as well. And he he one of the things he's identified in people who've things he's identified in people who've had like a successful or a fulfilling had like a successful or a fulfilling life is this thing where he calls what life is this thing where he calls what he calls going hedgehog mode where it's he calls going hedgehog mode where it's like you know these people found what like you know these people found what they were like innately good at and then they were like innately good at and then they created a home for that like they created a home for that like natural way of doing things. he calls it natural way of doing things. he calls it like their natural encodings and then like their natural encodings and then they just go into like hedgehog mode they just go into like hedgehog mode where they like protect that with where they like protect that with intensity and just like kind of double intensity and just like kind of double down on like oh this is really who I am down on like oh this is really who I am and then there's a purpose behind it and and then there's a purpose behind it and there's like time and space and there's like time and space and resources to help develop that and resources to help develop that and that's when they're like life really that's when they're like life really goes on a trajectory and these people go goes on a trajectory and these people go on to become either the president or on to become either the president or like really worldrenowned or world class like really worldrenowned or world class or you know noble laureates or whatever or you know noble laureates or whatever and just like really change a field and and just like really change a field and I think there's is many of us especially I think there's is many of us especially in this clinic clinician founder world in this clinic clinician founder world that I keep talking to who are that I keep talking to who are struggling to do something meaningful struggling to do something meaningful with their life and are just looking for with their life and are just looking for like where do I even start where do I like where do I even start where do I fit in don't get me wrong there's enough fit in don't get me wrong there's enough people also looking just for like people also looking just for like alternate jobs and like looking for alternate jobs and like looking for looking actually for private practice looking actually for private practice but think they want to open a clinic but think they want to open a clinic because they're confusing the two because they're confusing the two there's lots of them but there's also a there's lots of them but there's also a small subset of people that are have small subset of people that are have really amazing natural encodings and you really amazing natural encodings and you we've met some of them in the action we've met some of them in the action trip and yeah just getting people to go trip and yeah just getting people to go in that space and like for me that this in that space and like for me that this book has been I guess my bias of being book has been I guess my bias of being like oh this is the thing that I've been like oh this is the thing that I've been thinking about and talking about and now thinking about and talking about and now someone's actually researched it and someone's actually researched it and studied it and it's like oh thank you studied it and it's like oh thank you for proving the point it's it's super for proving the point it's it's super exciting and it's really nice to see you exciting and it's really nice to see you step into that place as well because I I step into that place as well because I I I know that's energizing and I know I know that's energizing and I know that's like compounding like day after that's like compounding like day after day and year after year and like I I day and year after year and like I I could do the amount [snorts] of coaching could do the amount [snorts] of coaching I do versus the amount of clinical work I do versus the amount of clinical work I do and if I like the clinical work I do and if I like the clinical work often leaves me drained whereas the often leaves me drained whereas the coaching work rarely leaves me drained coaching work rarely leaves me drained and there's just like compounding growth and there's just like compounding growth on top of that. So yeah, totally totally on top of that. So yeah, totally totally with you on that. Yeah, because I think with you on that. Yeah, because I think I remember reading a quick review about I remember reading a quick review about that about that book actually and I that about that book actually and I think it was like it I think that that's think it was like it I think that that's where where where >> you you sent me a link once for for like >> you you sent me a link once for for like someone on Facebook I think had posted someone on Facebook I think had posted something from the INTJ group or something from the INTJ group or something like that and I think that the something like that and I think that the question was who do you look up to question was who do you look up to >> you know who who's your kind of >> you know who who's your kind of >> mentor >> mentor >> mentor >> mentor yeah and I think the guy whoever >> mentor yeah and I think the guy whoever it was had written there said I don't it was had written there said I don't have any mentors I am my own mentor for have any mentors I am my own mentor for >> and I think it's like yeah when you read >> and I think it's like yeah when you read it purely objectively you've never met it purely objectively you've never met this person and then they say that you this person and then they say that you just think what a cocky little just think what a cocky little >> and and I completely get that.

>> and and I completely get that. >> Yeah. >> Yeah. >> Yeah. >> But then I think you text me and said do >> But

then I think you text me and said do you have a mentor?

you have a mentor? >> And I was like no in all honesty I think >> And I was like no in all honesty I think again like kind of purely reflecting again like kind of purely reflecting what that guy said. I I do think I am my what that guy said. I I do think I am my own mentor.

own mentor. >> Yeah. You know, I think what I've done >> Yeah. You know, I think what I've done is what I want to do is not is not is what I want to do is not is not something that I see anyone else doing something that I see anyone else doing or anyone else has done it in the same or anyone else has done it in the same way that what I'm trying to do.

way that what I'm trying to do. >> Yeah. >> Yeah. >> Yeah. >> Um that's not to say that it isn't. I'm >> Um that's not to say that it isn't. I'm sure there there will be some if you sure there there will be some if you know that there's loads of people who know that there's loads of people who have lived and existed. There will be have lived and existed. There will be someone who's done it. I don't know of someone who's done it. I don't know of them.

them. them. >> But my source of inspiration is not >> But my source of inspiration is not anyone else. anyone else. >> Yeah. It's a very >> Yeah. It's a very innate like very internal. I I I that's innate like very internal. I I I that's one of the things where I find it very one of the things where I find it very very difficult to understand this whole very difficult to understand this whole celebrity culture. Why do people read celebrity culture. Why do people read all these say for example obviously Elon all these say for example obviously Elon Musk is massive but you know there's a Musk is massive but you know there's a lot of like oh god I need to be like lot of like oh god I need to be like Elon Musk or days off and things like Elon Musk or days off and things like that. what they've done is amazing. You that. what they've done is amazing. You know, I'm not I'm not trying to play know, I'm not I'm not trying to play that down at all. But it's like again, that down at all. But it's like again, just cuz they've done it, you can't live just cuz they've done it, you can't live their life and then say, "Oh, no. I did their life and then say, "Oh, no. I did exactly what Bezos did and I'm not I'm exactly what Bezos did and I'm not I'm not as rich as him." not as rich as him." >> It's kind of like it doesn't quite work >> It's kind of like it doesn't quite work like that.

like that. >> Yeah. >> Yeah. >> Yeah. >> Do you know what I mean? >> Do you know what I mean? >> Yeah. There really isn't a formula. And >> Yeah. There really isn't a formula. And if there was a formula, I'd probably say if there was a formula, I'd probably say figure out what what you're naturally figure out what what you're naturally good at, which isn't what somebody else good at, which isn't what somebody else would be good at. Yeah. And I think would be good at. Yeah. And I think there is there's a degree of that stuff there is there's a degree of that stuff that you know you are an individual that you know you are an individual there is that part that that's actually there is that part that that's actually really important to understand.

really important to understand. >> I know when I spoke to some of the >> I know when I spoke to some of the plastic surgeons like colleagues and I plastic surgeons like colleagues and I said to them look do this coaching which said to them look do this coaching which you know it's it it sounds in all you know it's it it sounds in all honesty it sounds really wishy-washy.

honesty it sounds really wishy-washy. [snorts] [snorts] [snorts] Okay. From a purely kind of like if you Okay. From a purely kind of like if you stand back and objective you just think stand back and objective you just think oh my god this looks like something oh my god this looks like something you'd say this is happening in the ' you'd say this is happening in the ' 60s. you know, get in touch with 60s. you know, get in touch with yourself, man, and all that stuff. It's yourself, man, and all that stuff. It's like, no, no, like, no, no, >> it it that sounds like that, but >> it it that sounds like that, but actually when you drill down to actually actually when you drill down to actually going through and especially the way you going through and especially the way you kind of delivered it, kind of delivered it, >> it was it was tiny like bite-sized >> it was it was tiny like bite-sized pieces that actually really helped you pieces that actually really helped you to kind of get to the to that point, to kind of get to the to that point, what whatever it is you needed to what whatever it is you needed to achieve. And I think I'm sure like I achieve. And I think I'm sure like I know most of the cohort from that are know most of the cohort from that are doing pretty well, doing pretty well, >> you know, and I think even if they're >> you know, and I think even if they're not doing well from a from a from a not doing well from a from a from a business point of view, they've actually business point of view, they've actually

gotten to the point where I know that gotten to the point where I know that everyone was at the end of it very everyone was at the end of it very pleased with what they went through.

pleased with what they went through. >> Yeah. >> Yeah. >> Yeah. >> Um and that was literally what 6 weeks, >> Um and that was literally what 6 weeks, 8 weeks.

8 weeks. >> Yeah, that was like Yeah. meant to be >> Yeah, that was like Yeah. meant to be six weeks became seven weeks. But yeah, six weeks became seven weeks. But yeah, yeah, I'm really pleased as well. I yeah, I'm really pleased as well. I think everyone worked really hard. Um, I think everyone worked really hard. Um, I was telling my wife about this. She's was telling my wife about this. She's like, "Your clients are not easy like, "Your clients are not easy people." And I was like, "Yeah, they're people." And I was like, "Yeah, they're they're generally not, but they're also they're generally not, but they're also high achievers and they're the kind of high achievers and they're the kind of people that I love working with because people that I love working with because half what I think like 50% of us are half what I think like 50% of us are surgeons in the group." Um, and and that surgeons in the group." Um, and and that brings with it specific personality brings with it specific personality type. And I think we're all high type. And I think we're all high achievers. Like there's more than one of achievers. Like there's more than one of you who've done PhDs and like big stuff.

you who've done PhDs and like big stuff. So, you know, there's there's high So, you know, there's there's high standards to live up to and big shoes to standards to live up to and big shoes to fill. So, I'm really pleased with like fill. So, I'm really pleased with like how everyone's been happy and like seen how everyone's been happy and like seen growth and seen development and been growth and seen development and been getting closer to what they're hoping to getting closer to what they're hoping to get to. Um, and yeah, hoping that 2026 get to. Um, and yeah, hoping that 2026 you're good.

you're good. >> Well, no. So, that's that's the thing >> Well, no. So, that's that's the thing you see where you have [clears throat] you see where you have [clears throat] to be you have to be willing to step out to be you have to be willing to step out of your comfort zone and say yes you of your comfort zone and say yes you have done coaching with other people for have done coaching with other people for example, but example, but >> has it gotten you to the point that you >> has it gotten you to the point that you want to get to? No. If it hasn't, then want to get to? No. If it hasn't, then you have to be open-minded enough to you have to be open-minded enough to say, "Look, I'm going to try someone say, "Look, I'm going to try someone else." else." else." >> Yeah.

>> Yeah. >> Yeah. >> You know, it's in the same way like >> You know, it's in the same way like dating, isn't it? You don't have to get dating, isn't it? You don't have to get married to the first person that you married to the first person that you see.

see. see. >> Yeah. >> Yeah. >> Yeah. >> You know, some people be like, "Oh, >> You know, some people be like, "Oh, dating is not for me." dating is not for me." >> Yeah. Yeah. Or Yeah. It's that or that, >> Yeah. Yeah. Or Yeah. It's that or that, isn't it? And it's like, no, actually, isn't it? And it's like, no, actually, sometimes you just need to meet a few sometimes you just need to meet a few people and then you you get it.

people and then you you get it. >> And I think that same sort of principle >> And I think that same sort of principle has to apply here. has to apply here.

>> Yeah. Yeah, you know, yes, we managed to >> Yeah. Yeah, you know, yes, we managed to hit it off and like you know, we've been hit it off and like you know, we've been chaffing for now. It's going to be like chaffing for now. It's going to be like really really really >> two and a half, I think 3 years in >> two and a half, I think 3 years in November, I think it is, which is a November, I think it is, which is a crazy amount of time, crazy amount of time, >> but like you kind of like, well, that's >> but like you kind of like, well, that's that's kind of like, that's kind of like, >> yeah, there's luck.

>> yeah, there's luck. >> There's chance. >> There's chance. >> Yeah, >> Yeah, >> Yeah, >> you can factor that in, but that doesn't >> you can factor that in, but that doesn't need to be the only way of kind of need to be the only way of kind of assessing success or not.

assessing success or not. >> The first time I did it, it didn't work. >> The first time I did it, it didn't work. And that's that's the end of it. And that's that's the end of it.

>> I don't think that's the way of doing >> I don't think that's the way of doing it. it. it. >> Yeah. No, I'm so glad we we found each >> Yeah. No, I'm so glad we we found each other and like equally getting involved other and like equally getting involved in what Clinican is doing and getting to in what Clinican is doing and getting to work with the people in Clinican. I work with the people in Clinican. I mean, you've developed a fantastic team mean, you've developed a fantastic team and your ability to share a vision and and your ability to share a vision and not just stay motivated yourself, but to not just stay motivated yourself, but to motivate others has been inspiring to motivate others has been inspiring to see as well. So, I'm I'm super glad and see as well. So, I'm I'm super glad and I'm super stoked and as always, it's I'm super stoked and as always, it's really nice to have you back for another really nice to have you back for another episode on the podcast. And hopefully episode on the podcast. And hopefully you found this conversation slightly you found this conversation slightly different from what we talked about last different from what we talked about last time. And I'm hoping that the coming few time. And I'm hoping that the coming few episodes and season 3 will be the same.

episodes and season 3 will be the same. I have some really exciting guests lined I have some really exciting guests lined up. So, anyone listening to this who's up. So, anyone listening to this who's not yet subscribed or following me, do not yet subscribed or following me, do consider following and subscribing. Um, consider following and subscribing. Um, on that note, I'm going to say thanks on that note, I'm going to say thanks for being on another episode of the for being on another episode of the Clinician Founder Podcast. Uh, stay Clinician Founder Podcast. Uh, stay tuned for more.

tuned for more.