

GPs as directors

**Practical steps to move from
practice ownership to board
directorship**

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GPs as directors

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Foreword

How this guide was constructed

This guide addresses a clear gap. Many resources cover governance and board readiness, but none focus specifically on the skills and opportunities available to GPs moving from clinical or practice ownership roles into directorships.

We constructed the guide by drawing directly on international research showing the impact of doctors on boards, policy documents from professional bodies such as the RACGP and AMA, recommendations from the Royal Commission into Aged Care and governance education materials from organisations including the Australian Institute of Company Directors and the Governance Institute of Australia.

By combining this evidence base with information on board recruitment services and pathways, the guide sets out practical steps that GPs can follow to prepare for and pursue board appointments.

Editorial review panel

- [Dr Brenda Murrison](#)
- [Dr Maria Boulton](#)
- [Dr Bruce Willett](#)
- [Adj Prof John Kelly](#)
- [Dr Joe Kosterich](#)
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1 From practice to governance

Doctors bring critical value beyond the clinic

Doctors who leave practice ownership are finding that their skills can translate into valuable boardroom contributions. In fact, health organisations and governance bodies are actively encouraging more clinicians to join boards. New reforms in Australia's aged care sector require providers to strengthen clinical governance. One way to meet these standards is to form a board committee, led by a director with clinical care experience, to oversee the quality of care. These moves reflect a growing recognition that former GPs and other doctors can offer unique value in governance roles.

Evidence of impact

Research shows clear benefits. Organisations with doctors on their boards perform better. Hospital boards with clinicians see higher quality ratings and lower mortality rates. In the corporate sector, biotech firms led by physician directors report stronger innovation and higher market value.

How clinical insight changes decisions

Other reviews note that clinician participation contributes to 'higher business performance, clinical quality, and social outcomes', mainly because doctors can interpret complex clinical data, bring an ethos of public service and add cognitive diversity to board deliberations. In short, having a clinician at the table is not tokenism, it tangibly strengthens decision-making and organisational performance.

Benefits of doctors on boards

A person-centred perspective



A physician on the board will have their patients at the forefront of their minds and know what will appeal to them.

Clinicians tend to bring a person-centred perspective and a focus on quality that can sharpen board oversight. Many doctors also have hands-on experience in safety, quality improvement and risk management from years of clinical practice. This can translate into stronger clinical governance at the organisational level. Former GPs for instance, are used to navigating complex, high-stakes problems and making decisions with real human consequences. This mindset aligns well with overseeing high-quality, safe services.

Problem-solving and evidence-based thinking

Doctors also contribute rich problem-solving skills and a habit of evidence-based thinking. They digest data and research, which helps boards handle performance metrics and technical reports. Clinician directors can add to a board's cognitive diversity and offer competitive insights grounded in frontline experience. Moreover, physicians often carry a strong sense of ethics and public service. This reputation for 'altruism' can strengthen a board's focus on its social responsibilities and community outcomes. Especially in sectors like health care, aged care or education, having board members whose professional ethos is grounded in patient care can bolster trust with stakeholders and keep discussions anchored in service rather than pure commercial metrics.

Evidence of results

There is evidence that all these qualities aren't just theoretical – they produce results. A UK study found that hospital boards with more clinicians had better quality ratings and lower patient mortality rates.

In Australia, the Royal Commission into Aged Care identified a lack of clinical insight at the top as a weakness in many organisations, leading to recommendations for a better clinical skill-mix on boards. In response, many healthcare boards now deliberately recruit doctors and nurses to fill those knowledge gaps.

Dr Leanne Rowe is a clinical professor and former Chair of the Royal Australian College of General Practitioners (RACGP), with decades of board and governance experience. As she puts it: 'If a board has no clinicians, it must rely on reports from management or external advisors and critical warning signs might be missed. Simply put, clinicians help boards ask the right questions about safety and care that non-clinical directors may not even know to ask.' Dr Rowe's view is shaped by years overseeing both commercial and not-for-profit boards in healthcare. She argues that clinical voices sharpen board oversight, ensuring risks to patients are addressed and not just financial performance.

Versatility beyond health

Beyond the health sector, doctors are proving their versatility. Dr Jane Wilson, an Australian GP-turned-professional director has sat on some 40 boards since the 1980s. Her medical background, combined with an MBA opened doors to not only health and biotech boards but also roles in energy, agriculture, transport, the arts and even sports governance. Colleagues say her mix of medical and business acumen allows her to quickly grasp diverse industries and bring a fresh perspective to each situation. Another example is Dr Siân Goodson. Originally a GP practice owner, Dr Goodson now chairs the Board of the RACGP. In that role she pushes for frontline doctors and patients to have a voice. These cases show that ex-GPs can move into governance and widen their influence beyond traditional practice settings.

2 Challenges for doctors in governance

From hands on care to board-level thinking

Despite the clear benefits, doctors moving into governance must navigate some challenges. Stepping out of a hands-on clinical mindset into a board role is not always straightforward.

Gaps in business and financial literacy

One concern that may be raised is that doctors may not always have the same depth of business skills or financial literacy as career corporate directors. Boards operate in the language of budgets, risk appetite, strategy and compliance, and some GPs may need to build confidence in these areas. That said, many practice owners already manage budgets, staff and compliance and bring valuable business experience to the table. Where gaps do exist, formal training in governance, finance and fiduciary duties can help ensure new directors' step into board roles well prepared.

Role confusion

Role confusion is common. Clinicians act fast and fix problems directly, but a board role doesn't work that way. The job is oversight, not management. The shift can feel jarring. You don't lose your knowledge - you just have to use it differently. For example, a well-intentioned doctor on a hospital board may try to intervene in an operational issue such as a staffing shortage or a clinical policy. But governance best practice requires working through the CEO and management rather than bypassing them. Knowing where to draw that line is critical. The temptation to 'insist on managing rather than governing' is a common pitfall for new physician directors, one veteran observed.

Ethical conflicts

Ethical conflicts often arise. The Good medical practice: a code of conduct for doctors in Australia makes clear that doctors are expected to put patients first, yet companies, especially in the private sector, pursue financial imperatives. A doctor who joins the board of a healthtech startup can face real dilemmas. Profit goals pull one way; patient care pulls the other. The Israeli Medical Association looked at this and pointed out the tension: the market demands growth, but the doctor's code demands care. That clash doesn't render doctors unfit for boards, but it does necessitate their vigilance against conflicts of interest. Being upfront about loyalties, stepping back from certain votes, and knowing your legal duties as a director are vital.

Adjusting the mindset

None of this is unsolvable and as one review put it plainly: the strengths doctors bring outweigh the headaches, provided they know their governance role and stay alert to the risks. The real trick is adjusting your mindset, not avoiding the boardroom altogether.

**3 From
clinician
to board
director: a
mindset
shift**

Moving from decisions to consensus

Moving from the clinic to the boardroom requires a change in thinking. Clinicians make swift, authoritative decisions in their domain – a GP diagnoses and treats, often independently. In contrast, a board operates collectively and strategically.

Boards reach decisions through discussion, deliberation and consensus, not quick orders. Doctors frequently need time to adjust to this. As one experienced chair put it, it can be challenging to transition from a physician who is comfortable giving directives to a board member who provides direction. It means *'asking the right questions instead of giving the best answers'* – a learned skill for many doctors entering governance.

Learning to live with ambiguity

For many GPs, the real skill to develop in governance is learning to accept ambiguity. General practice often rewards clear, concrete outcomes – a diagnosis, a prescription, a test result. Board work is different.

Strategy, mission and risk are rarely black and white. The answers are slower, contested and sometimes unknowable. This can feel messy for clinicians used to resolving problems directly. The challenge is to tolerate that uncertainty and still guide the organisation with steady questions and oversight. It means resisting the instinct to jump into operations and instead holding management accountable for having a plan, the resources to deliver it and an explanation when results do not shift.

Trusting other professionals

Another aspect of mindset change is developing trust in other professionals. In clinical practice, especially in GP settings, doctors often work with a high degree of autonomy. On a board, you are one of many and likely not the subject-matter expert on finances, law or marketing. So you must rely on fellow directors and executives in those areas. Similarly, the organisation's management may do things differently from the way you would. Successful physician directors learn to support and constructively challenge management, rather than direct it.

Building credibility with the board

Credibility with non-medical board colleagues takes time. It comes through listening, contributing strategically and demonstrating your understanding of governance boundaries. Mentoring and induction can help, with senior directors coaching newcomers on the nuances of board dynamics. This is much like a senior doctor mentoring a junior, only now the subject is governance, not medicine.

From doer to steward

Doctors must recalibrate from being doers to being advisors and stewards. Those who make this shift find they can exert a different kind of influence, shaping the system they once worked in on the ground.

4 Pathways to board appointments for doctors

Board appointments: no set path, different rules

Finding a pathway onto a board is very different from applying for a clinical job. There is no standard rotation, no centralised system and no set criteria. Instead, board appointments are shaped by networks, reputation and timing. For doctors leaving practice, this can feel unfamiliar, but with a clear approach it is entirely achievable.

Many doctors worry that without prior board experience they will not be considered. In reality, most first-time directors start with none. Persistence and preparation matter far more. International research also shows that sitting on a board can bring professional benefits beyond governance itself. A Harvard Business Review study found that executives with board appointments were 44% more likely to be promoted, and earned on average, 13% more than peers without them. For GPs looking at transition or retirement, this reinforces that board service is not only possible but can also secure professional relevance and opportunity.

The hidden job market

Finding a board or governance role is often a new challenge for doctors leaving practice. Board appointments follow no standard application process or training rotation, unlike clinical jobs. In fact, the majority of director roles, by some estimates, around 80% are filled through networks and word-of-mouth rather than open advertisements. This means tapping into professional and community connections is crucial. Former GPs can start by letting colleagues, mentors and local leaders know they are interested in board work. Often, simply telling people you are seeking a board role will generate leads or referrals. Many opportunities arise informally when a current board member or chair hears of an enthusiastic, qualified doctor and gives them a call.

Advertised vacancies

About 20% of board vacancies are posted or handled by recruitment firms. So it's worth looking at platforms like the Australian Institute of Company Directors listings, Women on Boards, Board Directions or not-for-profit board registers. Responding to advertised roles can be effective, especially for first-time directors looking to build a portfolio. It's essential to have a well-crafted board CV and cover letter that highlight your governance-relevant skills (e.g. committee work, leadership roles, business experience) and clearly articulate what value you'd bring to that organisation. Be prepared to explain *why* you want to join a board; simply saying 'I'm a GP with 20 years' experience' is not enough. Chairs will want to know that you understand the organisation's mission and have a genuine motivation to contribute at the governance level.

Networking with decision-makers

Networking with decision-makers can also open doors. It may mean attending events held by the AICD or professional networking groups where you can meet board members and executives. If there's a particular organisation you'd love to get involved with (say, a local aged care provider or a charity), consider contacting the chair or a current director for a coffee. Not to ask for a position outright, but to learn what they look for and to express your interest. Personal recommendations often carry weight in board appointments, so building relationships is key.

Building governance experience

Importantly, clinicians should get some governance experience on their CV. One way is through committee service. Many doctors start by serving on the quality and safety committee of a hospital, the ethics committee of a university or a fundraising board of a charity. These roles, even if voluntary, let you experience governance in action and demonstrate your commitment.

As a bonus, they expand your network beyond the medical sphere. Professional colleges and associations (like the RACGP, AMA or specialist colleges) also often have council or committee positions for members, and these can be a springboard to larger boards. As one guide notes, volunteering for committee work in your health service or college is a tangible step that 'improves your director skill set' and signals your interest in governance.

Using recruitment services

Finally, using board recruitment services strategically can help. There are agencies and websites

dedicated to placing directors (including those targeting clinicians for health sector boards). Engaging with these services by submitting your profile or even signing up for programs that connect potential directors with boards can put you on the radar for openings that match your expertise. However, remember that a cold application via a recruiter is less likely to succeed than one accompanied by some personal connection or context. Often, the two approaches meet: you might hear about a role through a network and then go through a formal interview process.

A campaign, not a job hunt

In summary, getting on a board is more akin to a campaign than a job hunt. It involves building your reputation, extending your networks and sometimes patiently volunteering time. Still, the payoff can be a fulfilling 'second career' in governance where your medical background is a unique asset.

5 Building governance capability: training and support

Formal training with AICD

If you're a doctor aiming for governance roles, investing in further governance education will boost your credibility and confidence. Doctors often take formal training, such as the Australian Institute of Company Directors (AICD) Company Directors Course, which is considered the gold standard for board education in Australia.

Many medical professionals have done so. In fact, the RACGP now lists completion of the AICD Company Directors Course (or a commitment to doing it) as a key criterion for its board candidates. The course covers essentials like fiduciary duties, financial literacy, strategy and risk; filling the knowledge gaps that a clinical career might not cover. Doctors report that this training helps them feel more comfortable with corporate concepts and regulatory responsibilities when they step into directorships.

Governance Institute of Australia programs

Apart from AICD, the Governance Institute of Australia offers certificates and diplomas in governance practice, which can be valuable especially if you want a deep dive or a more flexible study option. These programs cover not just corporate boards, but also not-for-profit and public sector governance, aligning well if you're looking at charity boards or health service boards. They also often touch on the specifics of clinical governance and risk in healthcare, which can directly relate to a doctor's interests.

Pathways through medical colleges

Medical colleges and associations are also starting to provide leadership and governance pathways for clinicians. The RACGP, for example, has a Future Leaders Program that, while not solely governance-focused, develops leadership and strategic thinking skills in GPs (Dr Goodson credits this program as the launchpad for her governance journey). The Australian College of Health Service Management and the Royal Australasian College of Medical Administrators run programs geared toward doctors taking on management and executive roles, which dovetail with governance skills. Even short workshops or webinars on topics like 'doctors on boards' can be helpful to pick up tips and meet like-minded peers.

International initiatives

Internationally, there's recognition that targeted training helps clinicians transition to boards. The Israeli Medical Association has launched a first-of-its-kind physician directors' course in partnership with a university, teaching senior doctors the finance, law and management knowledge needed to serve as directors in healthtech companies. This kind of initiative underlines a key point: *clinical expertise alone is not enough*; you need to supplement it with governance know-how. The combination of the two is powerful.

Mentoring and networking support

Mentoring and networking support are also invaluable. Many doctors have found mentors in seasoned board directors or benefited from programs (sometimes run by institutes or health leadership organisations) that pair clinician-aspirants with experienced board members. These relationships can demystify the unwritten rules of board service and provide honest feedback on areas to develop. A mentor may coach you to read a balance sheet more effectively and speak up in the boardroom, so others hear your point.

A new professional development journey

Ultimately, a clinician aiming for governance should approach it as a new professional development journey. Just as you once learned the science of medicine, now you're learning the art of governance. Fortunately, there is a wealth of courses, resources and supportive networks to help. Doctors who take advantage of these pathways and combine them with their rich clinical insight are well placed to become highly effective board members. As one commentary put it, when doctors bridge the gap with proper training, boards gain the best of both worlds: medical insight and sound governance practice. The result can be not only a personally rewarding career shift for the doctor, but a real win for the organisations and communities those boards serve.

6 Step by step to getting on boards

Transferable skills from general practice

The skills you use daily in general practice, such as weighing risk, leading teams and making complex decisions are the same skills boards need. Boards benefit from the perspective of a GP who has worked with patients, managed risk and made complex decisions under pressure.

Overlap between doctors and directors

The qualities of a good doctor overlap strongly with those of an effective director. According to the AICD, the best directors demonstrate good judgement, communication, integrity, curiosity, confidence, discipline and a collaborative mindset. Studies show that doctors demonstrate very similar traits in practice. They solve problems in teams, they make ethical decisions and they lead. These competencies are directly transferable to the boardroom.

A trusted clinical perspective

Having a doctor on the board brings a trusted perspective. Clinical experience allows doctors to interpret patient care, clinical risk, and health systems in ways that inform governance decisions. In the health sector, this contribution is critical. Doctors' analytical training and evidence-based habits are also valuable in corporate strategy and oversight.

Credibility and community trust

Credibility is key and a GP often carries community trust. This credibility strengthens the board's connection to its mission and helps with stakeholder engagement.

Why boards want doctors

The overlap between what makes a good doctor and what makes a good director is significant. With preparation, a GP can be a highly effective non-executive director as boards increasingly see doctors as strong candidates.

**What
boards
look for
beyond
medical
skills**

Governance knowledge and experience

Prior governance exposure is highly valued. Serving on a hospital advisory committee, a college council or an ethics panel demonstrates your understanding of governance processes. Formal training, such as the AICD company directors course is not mandatory but builds confidence and ensures you know director duties and risks. Many doctors begin with voluntary roles on smaller not-for-profit boards or committees.

Executive and business skills

Boards seek directors with an understanding of finance, audit, risk, law, strategy, operations or technology. You do not need to be a financial expert, but you should be able to describe your value in business terms. Running a clinic involves budgeting, HR management, and compliance. Leading teams and projects demonstrates strategic ability. Present these experiences in terms of risk and outcomes.

Industry experience and networks

Connections often open doors as effectively as skills. A GP's clinical insight and professional networks are assets, especially in health. Be prepared to explain how your contacts and standing in the medical community could benefit an organisation, whether by influencing policy, understanding patient needs or building partnerships.

Demonstrable passion

Boards look for directors who care about their mission. If you are serious about joining a board, show that you care about what the organisation actually does. Learn how it works, understand its challenges and be ready to explain why its purpose matters to you.

Cultural fit and integrity

Fit is decisive in board appointments. Boards must trust that you will collaborate, respect governance processes, and protect their reputation. Professionalism, listening, discretion and respect for different views are essential. Integrity is assumed but still examined closely.

**Step 1: Identify
the right board
opportunities**

Leverage your medical niche

Your clinical background gives you a clear advantage in aged care, digital health, medical research, pharmacology and primary care. Also, organisations such as Primary Health Networks are encouraged to include GPs on their boards because of the value of frontline insight.

Broaden beyond healthcare

Many doctors serve successfully on boards outside the health sector, including education, finance, sport, transport and the arts. The skills of analysis, leadership and decision-making under pressure are widely transferable.

Define your criteria

Ask what matters most to you. Decide whether you want a paid or volunteer role. Consider whether travel and meeting frequency suit your current commitments.

Know your value proposition

Move beyond the statement 'I am a doctor'. Be clear about the unique strengths you bring, whether it is frontline clinical knowledge, business acumen from practice ownership or governance experience from college work.

Build a target list

Write down ten to fifteen organisations that interest you. Aim high but be realistic. Most first appointments are with community organisations, regional health services or professional bodies rather than ASX-listed boards. These early roles provide valuable experience and networks.

**Step 2:
Prepare
your board
CV and
pitch**

Develop a board-specific CV

A board CV is not a medical CV. Your board CV needs to show where you have worked at a strategic level. Spell out the leadership positions you have held, such as department head or clinic owner. Include any committees or boards you have served on, the budgets you have managed and the qualifications that strengthen your governance credentials, such as an MBA or formal director training. Present your experience in terms that make sense to a board rather than in the language of day-to-day clinical work. If you are unsure how it reads, ask an experienced director to review it or check the examples provided by AICD or Women on Boards.

Craft your verbal pitch

Be ready to explain why a board should appoint you. Keep it concise and frame it from the board's perspective. Show that you have done your due diligence by referring to their mission, strategy or current challenges. For example: 'I bring a deep understanding of frontline healthcare delivery and change management, which will help this aged care provider strengthen its clinical governance and navigate regulatory reform.' A pitch that links your skills directly to the organisation's stated priorities signals that you have taken the time to understand them.

Address gaps proactively

If you lack board experience, consider undertaking governance training such as the AICD Company Directors Course. Consider webinars and readiness programs. Serving on a committee or advisory council is one of the simplest ways to prove you understand how governance works. It also provides you with real examples to include on your CV and discuss during interviews.

Obtain references and endorsements

Board appointments often rely on references and informal checks. Identify respected figures who can vouch for your leadership, integrity and strategic ability. Make sure they can describe your non-clinical skills as well as your medical background.

Optimise your LinkedIn profile

Update your profile to reflect governance aspirations. Add board or committee roles, note training and state clearly that you are seeking board opportunities. Also, use the volunteering section to show you are open to nonprofit board work. Simply putting this out there often sparks conversations and can lead to opportunities.

**Step 3:
Network and
apply
strategically**

Leverage your network

Most board appointments are secured through personal connections. Estimates suggest around 80% are filled this way. Let colleagues, mentors and professional contacts know you are seeking a role. Weak ties are often valuable, as they introduce you to circles you would not otherwise reach. Be prepared to answer what type of board you are seeking and why you want to serve as a non-executive director.

Pursue advertised vacancies

Around 20% of vacancies are advertised. Platforms include LinkedIn, Seek, Indeed, Jora and specialist services such as the AICD Directorship Opportunities portal, Women on Boards and Board Direction. Pro Bono Australia, Volunteering Australia and the Institute of Community Directors list not-for-profit board positions. State and federal governments advertise roles on their own portals, including hospital boards and regulatory bodies.

Make direct approaches

If you are interested in a particular organisation, reach out to the chair or a director. Express interest in their mission and briefly outline how you could add value. Even if there is no vacancy, this can put you on their radar.

Prepare for the interview

Research the organisation's strategy, finances and governance structure. Be prepared to discuss risks, opportunities and your role in the discussion. Expect scenario questions and prepare your own thoughtful questions.

Follow up and stay persistent

After a meeting or interview, send a brief thank-you note. If unsuccessful, seek feedback where appropriate. Persistence is key, as many directors apply multiple times before securing a role.

Start small if needed

Community organisations, charities and local boards often provide the first opportunity. These roles are valuable and can lead to larger appointments later.

Be mindful of eligibility and liability

Directors must be over eighteen, not bankrupt and not disqualified by ASIC. Health and aged care boards often require background checks. When you join a board, you carry legal responsibilities and personal liability. Proper governance training and the right directors' insurance give you the protection and confidence to manage those risks.

Final guidance

Persistence pays off

Securing a board seat, particularly your first one, takes time and effort. Early rejections or silence are normal. Every experienced director has a story of the one that got away. Learn from each attempt, refine your approach and keep going. There is demand for doctors on boards, but often success depends on timing and the right connection.

Stay professional and patient

Be proactive without appearing desperate. Boards appoint when they are confident the fit is right. In the meantime, continue excelling in your current roles and building the skills and networks that make you an obvious choice. Patience is critical - you are building a long-term portfolio career rather than chasing a single position.

Leverage your unique perspective

As a doctor, you bring something that most finance or legal candidates cannot. Whether it is the trusted voice of clinical experience, a commitment to evidence-based decision-making, or a fresh way of framing problems, this perspective sets you apart. Many organisations, not only in health but also in insurance, technology and government, value having a director who can represent the community and ask questions that others may miss.

Keep learning and growing

Good directors never stop learning. After your first appointment, continue to build your skills through courses, workshops and by listening to experienced board members. Strengthen your grasp of finance, strategy and stakeholder management. The more you grow, the more prepared you will be for bigger roles or for building a portfolio of directorships in place of clinical work. Some doctors ultimately shape a portfolio career of multiple directorships instead of clinical practice.

Start talking about it

One of the simplest yet most effective steps is to inform people about your board aspirations. It requires no membership or expense. Opportunities often emerge when you least expect them. You might mention it to a colleague and learn that their partner sits on a board looking for a clinician, or a senior doctor may remember you when a college council role opens up. Many opportunities begin with a single conversation.

7 Quick reference: finding board opportunities

Board search

Here are a list of services as a starting point in your search. Remember though, that 80% of board positions are not advertised.

- [LinkedIn jobs](#): frequent board listings (set alerts)
- [Seek Volunteer](#): search for 'board' roles (volunteer boards often listed)
- [AICD directorship opportunities](#): member-only board vacancy listings
- [Women on Boards \(WOB\)](#): board vacancies for members (focus on diversity)
- [Board Direction](#): subscription service aggregating board vacancies
- [Pro Bono Australia](#): nonprofit board and committee positions
- [Community Directors \(ICDA\)](#): community/nonprofit board vacancies
- [State Government Portals](#): State board appointments (e.g. health boards)
- [Federal Government directory](#): lists of federal boards (check for EOI calls)
- [Ahpra Board and National Board appointments](#): lists vacancies

Sources for this guide

Evidence and examples are drawn from a range of reports and expert commentary, including policy statements by the AMA on physician board participation, research on the impact of clinicians in governance and case studies of doctors transitioning to director roles.

Additional insights on the clinician-to-director mindset come from leadership experts at the American Association for Physician Leadership, while practical guidance on securing board roles and necessary training is informed by governance institutes and industry surveys. These sources collectively highlight the growing trend and value of having former GPs and other clinicians contribute at the board level, as well as the preparations needed to ensure their success.

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Chris is a respected rural general practitioner, board director and eHealth leader with over thirty years of healthcare experience. He is a Fellow of the Australian Institute of Company Directors and has served in governance, strategy and innovation roles on numerous boards, including NPS MedicineWise and the Remote Vocational Training Scheme.

Chris's commitment to healthcare improvement spans national leadership as past President of the RACGP, transformative work with the National eHealth Transition Authority and practical consultancy with organisations like Telstra Health. Recognised for his clinical leadership and awarded a Member of the Order of Australia in 2013, he combines firsthand expertise in healthcare delivery with deep board experience in driving reform, adopting new technologies and supporting team-based care.

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Kate is a seasoned business strategist, publisher and entrepreneur with more than forty years' experience driving innovation in Australia's health, medical and wellness sectors. Beginning her career with nurse training and a Bachelor of Business, Kate combines clinical insight with strong business acumen to deliver high-impact healthcare communications and patient education initiatives.

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