

Ten years of the NHS Clinical Entrepreneur Programme

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Received 6 May 2026

DISCUSSION

The National Health Service (NHS) Clinical Entrepreneur Programme is a workforce development programme. Over the past decade, it has given clinicians and other NHS staff a route to develop leadership, innovation, and implementation skills while remaining connected to service^{1,2}. That matters because the NHS has long struggled with the familiar problem that frontline staff are expected to deliver and improve care, yet often with limited time, permission, or support to do so. In that context, the CEP has offered a structured way to retain and develop people who might otherwise feel that innovation is only possible outside the NHS. Entering its tenth year, the CEP has grown from a small pilot cohort into one of the largest entrepreneurial workforce-development programmes for healthcare professionals internationally.

The available CEP literature is broadly consistent, showing that the programme helps staff build practical capability while also strengthening a sense that innovation can sit within NHS careers rather than against them^{1,2}. This is supported by Hoang and Perkmann's study of physician entrepreneurship, which found that early career NHS doctors involved in entrepreneurial activity were often motivated by organisational improvement rather than private gain, and many remained committed to NHS careers even as they adjusted their professional pathways³. Taken together, it frames the CEP as a programme responding to workforce needs around development, retention, and agency.

A high number of Clinical Entrepreneur alumni have reported taking on NHS leadership roles. The wider NHS leadership literature shows that leadership development programmes repeatedly report gains in confidence, systems awareness, strategic thinking, and ability to lead change^{4,5,6}. Review evidence suggests that the most effective programmes do not succeed because of curriculum content alone, but because they combine mentoring, project work, peer networks, and organisational sponsorship^{7,8}. These

features explain why the CEP has shown traction. Its value lies not simply in teaching innovation, but in creating the conditions in which staff can act on what they see in practice.

Close to 400 staff have been retained in the NHS due to the programme. Across NHS workforce studies, intention to stay is shaped by developmental opportunity, supportive leadership and perceived organisational support^{9,10,11,12}. The CEP addresses several of these factors by offering staff community, recognition, and a legitimate pathway for improvement work. Programmes of this kind can strengthen belonging and make NHS careers more sustainable for staff who are motivated to improve services. Beyond skills development, the programme appears to provide a sense of belonging for staff whose improvement ambitions might otherwise feel peripheral to conventional NHS career structures.

The programme's wider contribution appears to be cultural. The NHS has many good ideas, but the route from idea to adoption remains fragmented and difficult to navigate¹³. Research on health service innovation points to recurring barriers, including lack of protected time, weak organisational support, burnout, and difficulty moving beyond pilots^{14,15}. Against this background, the CEP has helped legitimise innovation as part of NHS work. That is important for the workforce, but also for the system, because culture change often begins when staff believe improvement is both expected and possible.

The CEP acknowledges the ethical arguments around innovation and commercialisation^{16,17}. All types of innovations and businesses are supported on the programme (as long as patient care or system improvements can be justified), from charities, social enterprises and community interest companies to health pathway developments, software-as-a-service and commercial venture-capital-backed businesses. The CEP continues to emphasise patient interest, responsible innovation, social value and alignment with NHS values.

Equity also continues to be central to the programme as it progresses. Leadership and innovation development opportunities in the NHS are not experienced equally^{18,19} and underrepresented staff or underrepresented clinical areas are targeted during the ‘call for applications’, aiming for access and support to be distributed fairly across professions, backgrounds, and career stages.

The programme began in 2016 with a narrower professional base, initially accommodating around 100 doctors (of which 8% were female) and has widened over 10 years, accepting 235 members of a wide multidisciplinary NHS workforce in 2026 (with closer to 50% women). Representation of all four nations of the NHS has strengthened cross-boundary learning and innovation capability. More recent expansion to include patient entrepreneurs reflects a wider shift toward co-production and recognition that lived experience is also a valued source of innovation expertise. Partnerships with the Alzheimer’s Society to support a small dedicated cohort of ‘dementia innovators’ is also continuing within the main programme.

The CEP also functions as an entry point into the wider NHS innovation ecosystem, helping staff navigate pathways for testing, adoption, procurement and scale. The CEP’s sister programme is the ‘InSites’ programme of 18 innovation friendly hospitals looking to support, pilot and implement innovations¹⁹.

After ten years, the CEP continues to grow. Its importance lies not only in the innovations that emerge from it, but in the kind of workforce it helps build: staff who are better equipped to lead change, more able to work across boundaries, and more likely to see improvement as part of their NHS role^{1,2}. At a time when the NHS needs to retain talent, strengthen leadership, and build a more adaptive innovation culture, which is a contribution considered worth sustaining into the future by the NHS 10 year health plan²⁰.

Funding: There are no funders for this article

Contributorship statement: All authors contributed to the draft, which was updated with input from others in the wider clinical entrepreneur programme team.

Competing Interests statement: All authors have employed roles within the NHS clinical entrepreneur programme. Tony Young is listed as a member of the editorial board of BMJ Innovations.

Acknowledgments: The authors would like to thank Jennifer Petty for initial contributions to the first draft, and Alexander Ganzerla for

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