

00;00;00;00 - 00;00;28;07

Cale

Welcome to Grin + Bare It. A show that uncovers the remarkable stories from one of the most demanding industries in the world - healthcare. From inventors and trailblazer nurses to frontline workers and scientific experts, we explore the biggest challenges faced in healthcare and how these brilliant people have solved them. I'm your host, Cale Donovan, an award-winning entrepreneur and co-founder of Bare, one of Australia's largest end-of-life providers.

00;00;28;09 - 00;00;53;10

Cale

On today's episode, I'm speaking with Vu Tran. Vu is best known for co-founding the Aussie unicorn Go1, one of the world's leading online learning platforms. What's lesser known about VU is that he's a practising GP and he's launched One MRI, a company dedicated to making medical imaging more accessible to patients across Australia. Vu has also recently co-founded Black Sky Industries, a defence tech business.

00;00;53;13 - 00;01;15;05

Cale

Yeah, Vu's a rare blend of medical practitioner and entrepreneur. On first glance, it seems a bit strange that a person can simultaneously be working on defence technology and care for patients. But in speaking with Vu, it becomes really obvious what he cares about—helping Aussies stay healthy, maintaining their independence, and building companies that can benefit all of our society.

00;01;15;07 - 00;01;43;18

Cale

On this episode, we cover Vu's journey and the astounding breadth of his work. Specifically, we explore what it's like building a billion dollar business while still being a GP. The evolving role of GPs in being a patient guide, not their sole source of truth. We talked about the pros and cons when considering One MRI's full body scans. And we'll get Vu's reflections on why sovereignty and self-determination are so important in an uncertain world.

00;01;43;21 - 00;01;53;04

Cale

Yeah, this is a really diverse chat with one of Australia's great founders, Vu Tran. I hope you enjoyed the episode.

00;01;53;07 - 00;01;56;07

Cale

Vu, thank you for joining and welcome to the show.

00;01;56;12 - 00;01;58;00

Vu

Thank you very much for having me..

00;01;58;00 - 00;02;11;13

Cale

Vu, we're going to speak a lot about, being a GP and building businesses. You've, you've had remarkable success. I do have a question, though, like, why are you still a practising GP?

00;02;11;15 - 00;02;46;02

Vu

It's a really good question, and it's one that I really appreciate because it allows me to be able to share a bit more about the sort of things that motivate me. I've had the privilege of growing my previous business, Go1 with my best mates from high school, so I always say that, you know, I got into the entrepreneurship game and I got into building business in the sort of the online and software space, well before I started medical school, we started in high school. So, you know, we looked at it back then and we go, oh, the Mark Zuckerberg is the centre of this world. They weren't successful because they didn't go to university. They were probably successful despite not going to university. And I think that's something that we think about from a correlation and causation sort of point of view.

00;02;46;05 - 00;03;09;20

Vu

For me personally, I've been really fortunate in that I started this business with my best mates. There are four of us, so I've got three fellow co-founders and Go1. So for me, you know, the first part view is I guess I'm going backwards. First, I'm sharing with you the how and the how part of it is that the way that we've always approached problems as a team and I've taken with me into other businesses is the question isn't "Can we do something?"

00;03;09;22 - 00;03;38;05

Vu

We always try and reframe it as to "How do we do something?", right? You know, can I go to medical school and grow a business? Can I do my residency internship and registrar training and grow a business? And the question shouldn't be "Can I?", the question needs to be reframed to "How can I" or "How do we?". Now, if you ask me the question of going well after founding a you know, co-founding a \$3 billion company in education, technology and building this company out, why do I keep practising in general practice. Well, I still practise one and a half days a week.

00;03;38;05 - 00;03;58;18

Vu

Well, technically, one and a half sessions a week. My choice to do that. I'm very fortunate and I'm not doing that as a job. I'm not doing that, you know, for the money or for the income. It's a lot about building practice. I'm there to see my patient, for my patients, and I'm very fortunate to be able to have, you know, sources of income from other areas outside of general practice.

00;03;58;21 - 00;04;15;28

Vu

So that is something that I know I'm incredibly privileged to have that not everyone else has. The second part that it comes back to is the reason why I do it. And this is the honest truth of it, is because it's the one opportunity each week that I don't have to think about the businesses that I run or that I'm growing.

00;04;16;00 - 00;04;37;06

Vu

Now, you yourself know, as an entrepreneur, it is damn hard to switch off. It is bloody hard not to think about the thing that you're working on, both out of excitement and anxiety. It is really hard as a parent and as an entrepreneur, not to think about your business, not to think about checking your emails, checking your, your messages, all these different things while you're with your kids.

00;04;37;07 - 00;05;11;06

Vu

I find that really difficult. But when I'm in general practice and I'm seeing patients and I'm talking to you as a patient right now as an example, I can't check my emails. I can't check my phone. I can't jump on a phone call or do a podcast. Right. The other side that it comes out to is that I work in an area that I love. In the great city of Logan, it's a lower socioeconomic working class sort of area that I work in, and I love my patients, and they have really challenging lives, a lot of them. You know, if you think about issues like the cost of living, if you think about challenges that are occurring in society at the moment, they're at the coalface and exposed to a lot of that.

00;05;11;09 - 00;05;36;03

Vu

And so from my perspective, when I walk out of general practice tonight, I will tell you, if you want to catch me at the best emotional state I could be in. It's probably at about 9:00 tonight, if you want to catch me at the worst emotional state, it's probably at about 8:30 because it's pretty heavy after you come out of general practice, because I walk out and I'm in the world's crap, and then I decompress when I'm driving home and I go, Holy cows, I've got a great life.

00;05;36;07 - 00;05;52;04

Vu

I'm very privileged. It gives me perspective and it grounds me. So it's a very long answer to a very simple question, but one, it's the opportunity to sort of practice a bit of mindfulness once a week on a regular, enforced basis. And the second part of it is it gives me a bit of gratitude for the opportunities I have in what I do.

00;05;52;07 - 00;06;00;06

Vu

And then I wake up on Friday morning and I go, look, the weekend's only a few hours away. So, you know, that's pretty much why I do it. And I don't think you'll see me ever give it up.

00;06;00;08 - 00;06;22;21

Cale

It's really interesting. I, it would be interesting to talk to other, maybe GPs who work, you know, not full time to see if they find that they have similar experience in the mindfulness. Almost like, I can't be distracted, in that role. And again, like you say, it just gives you perspective after, after doing a day or two in practice.

00;06;22;23 - 00;06;38;12

Cale

One question that did come from your answer for me was if your co-founders didn't view Go1, that business that you started together, as a vehicle to pursue, you know, your personal passions, would you have still done medicine anyway?

00;06;38;14 - 00;06;58;09

Vu

I think the answer is yes, because, you know, I was already on that journey, right? And it is something that for me personally, but I also know for my co-founders, being able to do something that has impact is incredibly important. And I come back to where there's a will, there's a way. If I didn't do it simultaneously, I probably would have done it sequentially, right?

00;06;58;11 - 00;07;17;25

Vu

So I think it's just something that's really important. It's also helped inform a lot of what I do, trying to spend 12, 24, 36 months helping someone overcome meth addiction. That is hard. That is difficult. And you're exposed to all the challenges that they go through. It's the reason why I also share with you that you'll never see me do this five days a week.

00;07;17;28 - 00;07;32;17

Vu

I take my head off to practise and to do that because I get to choose to be there, you know, one and a half days a week. It's a choice to me, and I'm very privileged when it comes to that. But I know for a lot of practitioners it's really hard. And that's why for me, I take my hat off to people who do that.

00;07;32;19 - 00;07;48;09

Vu

It's a really challenging thing to do. And I think unless you've been in that, you know, you know, in the arena, in that sense, it's incredibly hard and it's not made for everyone. And I put my hand up to say that it's definitely something that I'm not made for, to be able to do full time.

00;07;48;11 - 00;08;14;08

Cale

I think one interesting point you're making though there is that, yeah, not in day or good and bad or whatever that looks like. That perspective is helpful. So, you know, breadth over a

professional life. And that might be, you know, in terms of study, it might not be like this building these or making billion dollar businesses, but actually is helpful because you can pull experiences or you can draw something from the other to benefit you.

00;08;14;11 - 00;08;49;08

Cale

It's very hard. We understand certainly at Bare as well, but the way you've really garnered a lot and value beyond the work itself is kind of the perspective that it can put on the other things that you do professionally and probably personally as well. I did want to jump into One MRI. And it's a business that you started, the name's very literal as yeah, inherently the purpose of the business is to provide people with access to a whole body MRI. And, you know, the way you say it is, it gives people peace of mind and ideally, better health. Why did you start it amongst all the other things that you could be doing?

00;08;49;10 - 00;09;02;17

Vu

It started a bit, as a bit of, a bit of a brain fart, right? Like I'm sitting there at dinner with my wife and I said, look, I'm really curious about being able to do a full body scan and a full body MRI, but I know myself as a doctor, as a general practitioner, no one would ever do it.

00;09;02;18 - 00;09;19;27

Vu

No one would. No one would give me a referral for it. I don't even need a referral for actually find someone who's willing to do it. So sitting over dinner and she said, you know, why don't you do it? I said, well, okay, long story short, in the last 18 to 24 months, we have 10,000 Australians now waiting for a full body scan.

00;09;19;27 - 00;09;42;18

Vu

Well, we've partnered with providers all over Australia to be able to deliver these full body scans. And we have patients coming through left, right and centre who are scanning at the moment. I want to rewind back a little bit and after had this idea and we put together this website, I went to my friends because my medical school friends are some of my closest friends that I have, and I remember having breakfast with them, and one's a cardiologist, the other one's a obstetrician gynaecologist, and we're having breakfast.

00;09;42;18 - 00;10;03;07

Vu

And I said, hey guys, I really want to do this full body MRI thing. And both of them straight up said, you can't, you shouldn't. It's terrible. Don't do it. And but that is the reaction that I probably will have for most clinicians and most people in the clinical space. And the concerns they have are incredibly valid. The second was really interesting because one of them said, well, what happens if you stop finding stuff?

00;10;03;09 - 00;10;22;00

Vu

What if you find cancer? And then we found it and I said, well, and we had this whole discussion and what it really came back to, and the point that I was trying to make and the thing that I would urge anyone who's got an idea is to find those who object to it and really have deep, meaningful and respectful conversation with them.

00;10;22;00 - 00;10;39;18

Vu

And if they're really close friends of yours, even better, because that trust is there. And these, these guys were where they were. Exactly. I didn't know I needed it then, but they were really good because they actually helped me test the hypothesis internally up here of going, well, why? Why is it important? Whether we like it or not?

00;10;39;24 - 00;11;03;00

Vu

At the end of the day, the average punter, the average person on the street, is going to be more interested in their healthcare in the future, than ever before. As a clinician, I want a patient who is curious and interested and bought into their health and wants to know more and wants to do something. It is a good thing that patients are curious and they go, well, what happens when I look at the wrong stuff when they get bad information, I go, well, that's what we're here for.

00;11;03;02 - 00;11;20;08

Vu

To be able to use that advice and use that trust. We give them the opportunities to learn, and I'll say more and give them a trusted perspective. So for me, the way I look at it is that people are going to want to do full body scans at some stage in the future as technology improves, as it gets cheaper, as it gets more accessible.

00;11;20;14 - 00;11;36;09

Vu

They're already being done everywhere else in the world. In the United States, as an example, there's a few companies that are doing them, but the question of them coming to Australia is not a matter of if, but when. But the opportunity here is to be able to do it in a way that actually I feel comfortable with. There's two things that I point out.

00;11;36;10 - 00;12;18;13

Vu

Number one is that when we do, do these scans, the consent process is incredibly important in how we help inform people. What are the limitations in scans, what are the things that it helps with? One of the things I'm good at identifying and better identifying and ultimately what we do before we even scan you Cale, we'll rule you out and say we will not scan you if you're high risk because we say to you, going, this scan is not here to be able to, you know, be a way, be it, be a surrogate or substitute for your, your regular screening or what you do. Our scan, the way we're

positioning right now is the ability to give you an insight into what your body is doing and how it works and how it looks, and using that to be able to help feed your curiosity about your own healthcare.

00;12;18;16 - 00;12;34;26

Vu

So what we're doing is not trying to provide a substitute for screening or anything like that. What we're doing is we're trying to provide people with the opportunity to learn more about their bodies, to feed their curiosity, while at the same time, if we are able to detect things, to actually give them the opportunity to work through that.

00;12;34;28 - 00;12;52;21

Vu

And that's why what we do is we go through a rigorous screening and consenting process, and then afterwards we actually do, we walk you through those results no differently to the way your doctor would walk you through your results if you went and got an x ray, but also provide advice and recommendations. And those two pieces are incredibly important.

00;12;52;23 - 00;13;09;21

Vu

So if I could summarise that really quickly for you, it's one this is where the world's going. And as a clinician, I think to myself, how do we make sure that we play a role and how to shape that in a way that we think is beneficial to the patient? And on the other end of the equation, I think it's about understanding that patient autonomy is incredibly important.

00;13;09;29 - 00;13;31;02

Vu

And our job as doctors is not to say yes or no. Our job as doctors has been to provide advice, potentially provide an opinion and being able to enable patients in a way that doesn't cause them any harm. You know, there's four pillars of medical ethics. You know, Beneficence, Non-Maleficence, Autonomy and Justice. You know, most people will say do no harm first, which I strongly agree with.

00;13;31;09 - 00;13;53;21

Vu

They think about benefits. What are the benefits? But one of the things we often forget, but it's incredibly important, is that autonomy piece when it comes back to it. And I think understanding and respecting patient autonomy is really important. The last thing we want to do as doctors and clinicians, especially as general practitioners who are at the frontline, is undermine the patient, undermine them in terms of their confidence in us, but also their willingness and curiosity.

00;13;53;21 - 00;14;03;21

Vu

Like, I'm so sorry. I mean, I'll get off my soapbox, but that is genuinely kind of the angle. And I guess the rationale for being out of thinking about going, why am I pursuing this further down that rabbit hole.

00;14;03;27 - 00;14;36;25

Cale

Yeah. I mean, there's a couple of things that came to mind for me, which is that, you know, the amount of say direct consumer businesses that aim to cut out the agent, in between, they just die that death because the incumbent agent in this case, a GP. And I'm not saying necessarily that your business will go through, you know, distribution of GP, but, is so strong the incumbency that it becomes too expensive, too hard, you kind of always working around that as a roadblock to having people access a product or service.

00;14;36;27 - 00;14;50;09

Cale

Do you see a world where GP's will eventually far and wide if numbers or information? Or as you said, just the macro trend of people being more sophisticated, that'll eventually change the way in which they approach their relationship with their patients.

00;14;50;12 - 00;15;11;09

Vu

I think I'm already seeing it and I'm part of the generation who is doing that. I think a lot of us view our relationships with patients rather than a doctor-patient relationship, more of a doctor-patient partnership, right. And I think that partnership approach is really important. Where, you know, I think about medical school and how they taught us about autonomy and the importance of autonomy when it comes to patients.

00;15;11;12 - 00;15;28;19

Vu

You think about the change when it comes to things. And I know that you've spoken up before on your different episodes about things like dying, good death, and what Palliation looks like. Those sorts of things are incredibly important, where we're respecting the autonomy and the wishes of the patients much more than we would of a few decades ago.

00;15;28;21 - 00;15;49;13

Vu

And so from that perspective, I think it's a no-brainer to say, I guess, primary medical care is going is more as a partnership than it is as a doctor-patient sort of relationship. And that, to me is incredibly important. I see that trend occurring and I don't see it stopping. General practice to me is we're providing service.

00;15;49;15 - 00;16;06;14

Vu

And I think sometimes when we, when we're at the coalface. And again, I'm privileged because I don't have to do it five days a week. I think sometimes as doctors, we think that the fact that we're seeing the patient, it's a privilege for the patient, right? We're giving them our time. And I think we've got to really flip that and going the patient is choosing to see us in many circumstances.

00;16;06;17 - 00;16;23;17

Vu

And so it's something that we've got to value. And it's something that we've got to understand is that we're providing a service. It is not that we're giving them access to a privilege. And I know it sounds very harsh to say that it makes general practitioners sound very arrogant. And I'm not speaking on behalf of general practitioners when I do say that, but I can definitely see it.

00;16;23;17 - 00;16;42;18

Vu

Sometimes you get to it to a point where, you know, take it or leave it. You don't have to come and see me go. You can see anybody else. But the flip side of that, that it comes back to is I think it's important to understand that, you know, in a lot of circumstances, patients are coming to us in a very vulnerable state and a lot of trust. And it's incumbent on us to be able to provide that service to them.

00;16;42;20 - 00;17;08;03

Cale

I mean, I'm not sure that relationship between sort of person looking for a GP and at the GP or the health infrastructure generally is entirely accurate for me. Like that. It's very difficult to find, ongoing GP. It's very difficult to find that person and, you know, have that service delivery in a timely fashion. As a general rule. And I may be an anomaly, but I think-

00;17;08;04 - 00;17;22;01

Vu

I think, you know, I think I think you're right. That's what I'm trying to say to you, is that I don't think that's the case at the moment. It's incredibly transactional. Right. But to really unlock the full benefits, it has to turn from a transaction to a partnership. And what I'm trying to say is that I don't think we're at that today.

00;17;22;05 - 00;17;38;29

Vu

I think there's a chance we run into that in the future, or that builds up more in the future as, patients have more interest in their care, they earn it. And as a result of that, they're looking for less transaction and more of that sort of engagement as a partner around their healthcare. Again, very idealistic for me to think about.

00;17;39;02 - 00;17;56;09

Vu

But as I said, I work in a very high volume bulk billing space, and it still runs into that same idea of going, you've got a bit you've got a sort of balance, that transactional. It is really you cannot deal with really intense mental health patients and drug addiction patients in a transactional way. That's probably the easiest way for me to describe to you.

00;17;56;11 - 00;18;14;10

Vu

Right? It is. And I use that as an example, as the most extreme cases where, you know, the system isn't necessarily geared to that in the way that payments work and those sorts of things. But I guarantee you that be it to be able to adapt to sort of modern medicine, it will need to think about how that works.

00;18;14;13 - 00;18;38;09

Cale

So in a partnership model, which I, I think is fantastic, one of the core concerns is that rising amount of misinformation about very niche, you know, in specific health applications that people, yeah, have access to. Right. And so we've had previous guests that have, you know, spent a lot of their time trying to be objective and approachable and just sort of debunk things that their patients have seen or heard.

00;18;38;11 - 00;18;49;09

Cale

How do you see that playing out over time? In a world where everyone has access to everything, they're taking inherently more autonomy over their health. But they may be getting actually bad information as part of that health process.

00;18;49;11 - 00;19;07;12

Vu

I- trust. Well, at the end of the day, if they trust some tweets on Twitter or some posting to a Facebook group more than they trust their GP, that issue is not Facebook's issue. That's the GP's problem. That's what I'll say to you. And so that's that's what I'm trying to come back to, is that you kind of have that trust in a transactional relationship.

00;19;07;12 - 00;19;23;24

Vu

It's really hard. You don't have that baseline trust. And so therefore as a result of that, a Facebook group that is spruiking X, Y and Z probably has more trust than you have with that GP because you've never met them before. So, all I'm trying to say to you is it doesn't surprise me. And in fact, that will become more common.

00;19;23;26 - 00;19;44;06

Vu

And the real antidote to that is actually building trust and building strong relationships. Which is why, you know, I went back to before of going the overlap of skills between salespeople in the

enterprise software space and GPs is incredibly strong, because good GPs can sell. And I don't mean that in a sinister way, I just mean that in a way of being of trust.

00;19;44;08 - 00;19;59;07

Vu

And so my two cents that it comes back to is that you're 100% right, but it's also incumbent on us as GPs to build better and stronger relationships where we earn that trust. You know, ultimately that trust is earned. It's not a right on the GP's part.

00;19;59;10 - 00;20;21;05

Cale

Yeah, I'd love to get some other advice actually for certain types of listeners here, what is your best piece of advice for the ability to contact shift and juggling sort of a number of different things at once. You, for you, it's obviously GP you know defence business, One MRI, and I'm sure many other things do you have any, you know hardened tips on how to really do that well.

00;20;21;05 - 00;20;39;12

Vu

I'd give you the tips of like write everything down, have a to do list and focus on that. I've, I've had the same To-Do list since I was 15, but I'm 35 now, so for 20 years I've had the same to-do list. Andrew, who's known, know me since we were kids, knows that I have had the same structured To-Do list that is written on the Microsoft Word document.

00;20;39;12 - 00;20;58;19

Vu

It's not on a calendar. It is literally a Microsoft word document that is now a Google Docs document. So at least it's on the cloud where I literally write down everything I need to do and break it down into a handmade calendar. Right? That's just my personal way of doing it. But you know, when you have lots of topics, being able to segment and break those topics down to what they're applicable to is really important.

00;20;58;19 - 00;21;17;23

Vu

But I think about Stephen Covey's The 7 Habits of Highly Effective People. I know if you read that book, it's an oldie but goodie. Stephen breaks it down to several things that that really resonate with me. And, and once you've read it a few times, you see it in, in life, you see it in the world. You see how it truly does come back to successful people.

00;21;17;26 - 00;21;48;26

Vu

The first thing is first things first, right? Prioritisation. Right? First things first. And so for me, it doesn't matter how many different spinning plates I have going on at once. For me, having these basic principles is another book called Principles by Ray Dalio incredibly valuable. But you know, for me, some of my basic rules are family is first I say that I know that I was saying

that I'm not always present, but ultimately, when it comes down to decision making, you know, the catch all the the wild card, the thing that trump the trump card that trumps everything else is going to be family, right?

00;21;48;26 - 00;22;23;24

Vu

It matters, particularly now that I have kids. The second part that it comes back to is being able to prioritise the things that are most important within each, each bucket. I call them buckets like, bucket everything into different things. Every business that I'm involved in is in a bucket. And I go, I'll take all these buckets and go stack right these buckets in terms of priority, in terms of what's the most important bucket in my family, that's the least important bucket. And then within those buckets you will have tasks, jobs, priorities. And and then that allows you to be able to stack rank those things. So I'm being very technical when I say that. But ultimately what it comes back to is that it's just me putting in practice first things first and prioritisation.

00;22;23;27 - 00;22;38;16

Vu

And so I just, you know, again, I go back to Stephen Covey's, 7 Habits of Highly Effective People. And I put that right in front. And first things first is a really good principle. He actually opens up the book talking about that. The other principle that I take into account is circle of concern and circle of influence.

00;22;38;19 - 00;22;56;26

Vu

So I deal a lot with patients with anxiety. And what I do is I grab a piece of paper and I draw two circles, I draw a big circle, and I put a scene it - all the stuff you're worried about in life sits in this big circle that sits here. Now, inside the circle, let's draw another circle and that I'm going to put an I on it.

00;22;56;28 - 00;23;16;25

Vu

And that's for your circle of influence. The things you're worried about that you can actually do something about. Acknowledge, don't ignore the things in the outer circle, but realise you can't do anything about it. And then let's go pick a fight with stuff on the inner circle, because that's where you're going to be able to get most bang for your buck in terms of your time and energy.

00;23;16;27 - 00;23;33;22

Vu

And that's really relevant to when I'm dealing with patients with anxiety. I define anxiety as a feeling of lack of control. And when I draw these two circles for them and I talk about the inner circle in the outer circle, I say to them, here are the things you're worried about. Now let's pick a fight with something on the inner circle.

00;23;33;24 - 00;23;52;14

Vu

And what does that allow you to do? It puts you more in control. The reason why I'm telling that to you is that when it comes to not just prioritisation, it's always picking the battles that you can actually fight and win because some of them you can't. And so for me, when it comes to that, it's not just about prioritisation around what's important, how it's important.

00;23;52;16 - 00;24;09;15

Vu

It's also having part of that that that metric being is it something I can do something about. So prioritisation is around ROI. And then using this sort of circle of concern, circle of influence is actually almost like your expected value. Right. Is it likely I'm actually going to be able to do anything and move the needle on this?

00;24;09;21 - 00;24;25;16

Vu

And how important is this? And combining those two things and I'd like to say to you that that is exactly how my mind works every single day. But then I get a screaming two year old here, right now, where the best thing I can do is like. And I sit with him in front of the TV until he calms down, right?

00;24;25;18 - 00;24;35;19

Vu

And so you break all your rules, just like you do as a parent a lot of the time. But just having those sort of guidelines I find for me have been really important. And it's something I've learned a lot from trial and error.

00;24;35;21 - 00;25;08;19

Cale

So I love that a lot, particularly of this circle of influence. I think it's like time a little bit on that. You prioritise all you like, but if you can't actually impact the outcome, like it's a little bit redundant anyway to certainly have that in, in your world. So the second bit of advice, people who, you know, maybe the early in their medical career, maybe they're studying still, maybe they're late in the medical career, but I think possibly less relevant that are looking at starting doing something else - business, it may be a hobby, it might be something separate. You've done this, so do you have any advice for those folks?

00;25;08;21 - 00;25;51;27

Vu

I think as doctors we're risk averse in general. Right. And so we should be, you know, one of doctor is a cowboy at the end of the day. In general practice, you will never see me experiment with a new drug on a patient because we're top of the funnel. As general practitioners, we deal with more of the population than the specialists in their respective fields do, and we do with a broader set of patients with much more diverse - I guess, characteristics that occur. So that's why I think by nature, as general practitioners, I'm very conservative when it comes to

treatments. And out there. So even though I'm studying, you know, I've built One MRI and we are doing things like full body scans. They're noninvasive. They're not, we're not putting contrast in them. We're not radiating them because MRI don't have radiation.

00;25;52;03 - 00;26;19;05

Vu

So as a result of that, you know, we are less likely to cause damage than we were if we were to do something a bit more invasive. So bringing that back when it comes to thinking about sort of how we approach business or opportunities, doctors are really conservative, full stop. If you assume that in general, doctors are quite conservative in terms of how they approach things, that's probably because it's been ingrained to us that we're used to dealing with people's lives and their health.

00;26;19;05 - 00;26;42;05

Vu

And so therefore, you don't want to say experimenting with them. So unfortunately, or fortunately. But unfortunately that also goes into our day to day lives outside of general practice. We whether or not whether it's beaten into us or it's in our nature, when we start medical school, we all end up being very, very conservative in terms of what we do and how we approach things, or at least a lot of it's a gross generalisation, but I look at my peers, my colleagues, and I'll say that is the case.

00;26;42;08 - 00;27;02;04

Vu

Now, one thing when it comes to is, you know, from being an entrepreneur, life is not structured. You don't know what you're doing tomorrow, next week, next month, next year. You're flying by the seat of your pants. No matter how good your plan is, you are responding to adversity on a day to day basis and challenges and opportunities on a minute by minute basis.

00;27;02;07 - 00;27;18;21

Vu

So you've got to combine our conservative nature with the fact that our lives are structured to the extent that we know what the next 30 to 40 years of our lives potentially look like. And then you sit there and you go, they are the things that actually work against us when it comes to taking a risk and being an entrepreneur.

00;27;18;24 - 00;27;37;02

Vu

So I think knowing why you might find being an entrepreneur challenging is just as important as thinking about how you might make that transition. But the other bit of advice that I would give you is that it doesn't matter how old you are, there is no better time than now because that opportunity cost gets greater the longer you wait.

00;27;37;04 - 00;27;57;11

Vu

At the end of the day, it's a willingness and a mindset piece to be able to get over our desire for structure in our conservative nature, and understand that not being conservative in a non-clinical setting is a good thing. And it's- sorry, but it's not necessarily a good thing. But it's an opportunity and it's not necessarily a risk, but also at the same time is backing yourself and trusting your instinct.

00;27;57;14 - 00;28;14;02

Vu

The saying that it comes back to is how you manage that risk is down to each individual and what they do and what they see and what their opportunity is. But my question I always fast forward 10 or 15 years from now. What is your regret going to be that you didn't take that opportunity, you didn't take, you didn't explore that opportunity.

00;28;14;02 - 00;28;33;06

Vu

You dip your toe in the water or we regret that you did do it. It failed miserably. And now you're back doing what you did yesterday. Because the one thing about lots of medical jobs, my home, the business that I built today could crash and burn tomorrow, and I could move to any part of Australia and get a job tomorrow.

00;28;33;08 - 00;28;50;18

Vu

I could go to Dubbo and get a job. I could go to, you know, Sydney and get a job. I could get a Northern Territory, get a job tomorrow. There are very few professions and medicine is one of the only professions where I think you could go anywhere in the country and get a job the next day if you're ready to roll.

00;28;50;21 - 00;29;20;12

Cale

Yeah, I think it's really. That's a great point, which is if you couple it with the conservatism of, I kind of chose this career because, you know, I do want some structure. That structure builds a pretty reasonable foundation to take risk. It would be remiss of me not to talk about this briefly. I do want to segue away from healthcare, although, you know, you could argue it's semi-related because if the world plays out in a certain way, it would have an enormous impact on our healthcare system.

00;29;20;15 - 00;29;41;02

Cale

But beyond GP, One MRI, you know, all of your other commitments, you actually have now become involved in a defence tech business. I'm not sure if that's the right phrasing, but, recently, you know, rebranded as Black Sky i=Industries. Can you tell folks what exactly this is?

00;29;41;04 - 00;29;59;24

Vu

One MRI to a lot of people is controversial if you're in the medical space doing full body scans, that, that can be very challenging for people. A little bit more challenging is, you know, a set of people when I step back from, from the first company I founded Go1, which is now a very strong, successful company, be able to step back from that and really think, what do I want to do next?

00;29;59;24 - 00;30;14;10

Vu

So One MRI is one of those things I say to people. I did my own version of eat, pray, love. And then I ended up on the topic of guided weapons is really what I kind of, you know, the world that I walked into, it's about four years ago, is when my daughter was about 18 months old.

00;30;14;12 - 00;30;38;10

Vu

My priorities and my view of the world really shifted. And those who have children will understand just how profoundly, you know, kids can just change your perspective of what is important, where you spend your time. And one of the really big challenges I had was, was war, and I still am, I should probably more today than I was five years ago, is around the context of just where the world's going, and in particular when it comes to geopolitical stability and war.

00;30;38;13 - 00;30;52;05

Vu

I'm beginning to be really frank. I'm really worried about World War 3. I think there are a lot of other people out there who are worried about where that goes. You know, there were just all these things that are occurring in the world that made me really worried about where things went. And then I think about the context of where we're at in Australia.

00;30;52;05 - 00;31;25;04

Vu

So we're about to go to the Pacific Islands and recruit about 6000 Pacific Islanders to join our Army, because we're short about 6000 troops. Now, my kids, when they grow up, if they choose to join the military serve, I'll be proud of them and I'll be happy, you know, be happy for them. Do that. But if there's a world where my kids grow up, where they're forced to join the military because there is conflict and there's global conflict, and we don't have enough people to serve, and all these things have happened, and we're equipped with subpar equipment, and we haven't used our brains, intelligence, and resources to prepare for that.

00;31;25;07 - 00;31;52;14

Vu

I'll feel really disappointed in myself that I didn't do enough to try and do something about it. And as I said to you earlier in the, in the podcast, I was un really privileged to have had lots of opportunities to build really great networks and to really have lots of resources available. And so for me, the opportunity to be able to look at doing something that is entirely different from online

education and healthcare, almost on the opposite end of the spectrum, but is potentially just as, if not more impactful in terms of where I think the world is going, is super important as well.

00;31;52;17 - 00;32;16;15

Vu

What's even more controversial is the space that I chose to focus on with my new co-founders, and Blake and Karl are in the area of weapons of missiles. Right. And that's incredibly controversial on a whole bunch of fronts. Right. I think the important thing to understand is that it's really hard, and in fact, it's impossible to have a defence system, the defence apparatus, a defence force without any form of lethality.

00;32;16;17 - 00;32;48;09

Vu

So the reality we have to understand is just like it's just as important to be able to think of end of life when it comes to healthcare, it is just as important to think of lethality when it comes to having a defence system to defend a country. And one of the biggest things that I'm challenged by is the fact that we manufacture very little of that defence goods in Australia, close to not, yeah, we spend \$55 billion a year on defence and we don't have we have one company, Austal, which builds ships, one company in the top 100 defence companies in the world.

00;32;48;11 - 00;33;06;07

Vu

So in other words, to me, my inference is most of our money that we spend on defence goods goes to offshore companies. Now, the challenges that Covid, if it's taught us nothing, it is the fact that supply chain and self-reliance and resilience is incredibly important. And in the context of a world war, that's even more important than ever before.

00;33;06;13 - 00;33;29;22

Vu

The challenges that we don't have, even normal manufacturing industries that we might have had 60 years ago to lean on in the event of a global conflict. And so we don't have that spine of manufacturing capability that we could lean on and convert the defence industry if anything was to happen to go down. So I'll give you a very long winded answer, but my concerns and my worries about where the world is going is one of the key drivers.

00;33;29;22 - 00;34;21;14

Vu

The second part of it is just our reliance on countries like the US, who are really important allies, except what it means is that all we are is we're subjected to the military industrial complex of the USA. And I don't mean that in a derogatory way. It's just more so to say that we have to buy everything of other countries, such as the US, our ability to have autonomy when it comes to the choices of what we do, whether it be to get involved in a war, whether it be to support our allies in the world or whatever it might be, making sure that we're not dependent on others for the things we need to arm our men and women and defend our country, is also incredibly important.

Ultimately, for me, when it comes to defence, the way I best describe how I view it is something called the Porcupine or the Echidna strategy. Have you ever heard of that before? Ultimately, it's going how do we turn Australia to something that's incredibly spiky, like an Echidna?

00;34;21;17 - 00;34;37;19

Vu

So no one wants to come and bite us or eat us for dinner. The Echidna does not have those spines to go out there and kill something, and, you know, to be the aggressor, it is getting the spines up to make sure that a predator understands that it's incredibly hard to digest and eat, and they probably should think twice before they come after it for dinner.

00;34;37;20 - 00;34;57;16

Vu

Right? That's, that's the simplest analogy that I can think of. And what I really want to aspire to do is to be able to sort of reimagine and change what that military industrial complex looks like, so that we do have sovereignty so that we do have self-reliance and I could sit there and complain about the whole system as much as I want for the next decade, or I can get inside and do something about it.

00;34;57;18 - 00;35;16;05

Vu

And this is genuinely me at a very small level, at a very small way, finding great people to work with and trying to change that. If we had the best graduates of some of our universities come out and say, instead of working for Facebook or Google, I want to go and work for an Australian defence company, that actually adds to our sovereignty.

00;35;16;07 - 00;35;34;10

Vu

I think that's only a good thing because it means we become more self-reliant and then that comes down to us like the really good governments who make really good decisions, who keep us out of wars, who keep us safe, and who allow us to be able to continue to prosper. So I'm on my, I'm on my sort of soapbox about this, but this is this to me.

00;35;34;10 - 00;35;53;26

Vu

You know One MRI was, it's great, is a great opportunity to be able to do something that is different and that is important. What I'm doing here with Black Sky Industries is the opportunity do something that I'm very passionate about, because I think of where this end outcome looks and it's the opportunity to do something instead of just kind of throwing stones from the sidelines, if you will.

00;35;54;03 - 00;36;01;20

Cale

Super interesting. Also, it's the branding trick Black Sky Industries versus Porcupine Industries could have been a win. It should have been out there.

00;36;01;22 - 00;36;04;26

Vu

I mean, this is the industry feels a bit more difficult.

00;36;04;26 - 00;36;25;21

Cale

Bit more approachable at least though. So it feels like the public would accept Porcupine Industries versus Black Sky much quicker. Like if you, I know that they are highly, highly interrelated, but if you had a spectrum of sovereignty and supply chain effectively, like what is the bigger, the bigger problem or what's the thing that you're most passionate about of those two.

00;36;25;23 - 00;36;44;25

Vu

Can I say that it's always going to be sovereignty because supply chain will be able to figure out. Beautiful I want to go a step further, it's innovation and sovereignty. It's one thing to be able to make things, but it's another thing to be able to say, you know, we have some of the best and brightest people in the world, and we ship them off shore to go and work for other companies rather than have to keep them here in Australia and get them building great things.

00;36;44;28 - 00;37;06;27

Vu

And the reason why they leave is because there's opportunities don't exist. We need to build more great opportunities in the tech space. The last things in the canvas of this world have transformed the tech workforce we have in Australia. We are incredibly competitive when it comes to producing great engineers or great people in software or technology, because there's an industry here that is growing that will keep giving them jobs.

00;37;07;00 - 00;38;02;19

Vu

And so for me, retaining that talent really enriches us as a country and as an economy. And if you think about that in the defence space, that is really important, that innovation is super important. So I would say your point around sovereignty and supply chain and through innovation in a way of going, if we have sovereignty over the facilities and manufacturing and the companies that are doing what they do, we also win the IP and the innovation that occurs there, then we'll have, we will naturally build up the supply chain and the mum and dad workshops and suppliers that build into those businesses, and you kind of end up with a situation where a rising tide lifts all ships. But the flip side of for me is every dollar we spend inefficiently on defence, we're also robbing other frontline services such as healthcare, infrastructure and a whole bunch of other things as well. And when we are shipping those

dollars offshore, that's money that is not going into our economy and that is profit that is not being cycled through.

00;38;02;21 - 00;38;13;13

Vu

And that's also a potential value that we're missing out on as a country as well. So again, there are the indirect effects of having a truly sovereign defence industry here in Australia that I'm a really big advocate for.

00;38;13;19 - 00;38;37;08

Cale

Super interesting. Hey, I know family is your number one priority by a long way. Do you have concerns that if this actually goes well, what I say goes, well, the business grows and becomes a household name, that it will have reputational impacts on your family, i.e. you're seen as an arms dealer or you get into a much larger sort of public debate about this.

00;38;37;11 - 00;39;00;15

Vu

I'll be honest with you, that's why I'm having these conversations with someone like yourself on this podcast so I can go into range, and so I can be on the record in long form and not just be quoted in an article on the AFR and have people insinuate who I am, right? They can hear me have a long conversation with you about my motives, why I'm doing things, they can understand that things like, like, family are incredibly important to me.

00;39;00;18 - 00;39;23;20

Vu

They can understand that I hopefully have values that, you know, people can actually, I guess, buy into or at least understand the perspective from where I'm coming from. I don't expect everyone to agree with me, but I do hope that they understand that I'm coming from a sincere, sincere place where I am motivated by a mission that is beyond just trying to build a great, big, profitable company. And actually, there's a bit of purpose there.

00;39;23;23 - 00;39;36;16

Cale

Yeah, so let's project many years forward. You've achieved a hell of a lot, actually, in a really short space of time. You are writing your own eulogy. What are you writing and how do you want to be remembered?

00;39;36;18 - 00;40;00;17

Vu

I hope great dad, great husband. That's number one. Great son. Yeah. Great brother like that. That great friend. Yeah, I, sincerely those are the things that matter most to me. I hit my friends, look back on their time that they've known me, and think that I've always been a good friend to them. I hope that my wife sees that I've been a great husband, that my kids think that I've been

a great dad, and I hope my mom and dad think that I'm a great son, and I hope my brothers and sister think that I've been a great brother.

00;40;00;19 - 00;40;16;26

Vu

That to me is the most important part. I've chosen to go into businesses only with people who I care about and have friendships with. Outside of that, the legacy of what I do, whether it be Go1, One MRI, what I do as a general practitioner, what I do in Black Sky, I'll be honest with you, I could care less about it.

00;40;17;00 - 00;40;35;03

Vu

Like right now in Go1, every second, three people are doing learning and learning a new skill. So in time we've been on this. Yeah, we've been recording this for just over an hour. So in this hour we have delivered training to 10,000 people all over the world. In this time that we've been having this conversation, I know we've built something that was already had impact.

00;40;35;03 - 00;40;51;14

Vu

What's even crazier is I know that we've got the ability to do quantum's more impact through what we've done in Go1. And I'm really proud that I've been part of that journey and been able to help build that. My impact on the world is going to be for my children. I really do hope that it's not about the impact I have as an individual.

00;40;51;16 - 00;41;07;27

Vu

It's an impact that they'll have and they want, their kids, hopefully, if they decide to have kids and what their kids will have, because ultimately, some of the most influential people that we've seen throughout our lifetimes or throughout throughout history, it's not been because of those people, but it's actually been because of those who have brought them up and those sorts of things as well.

00;41;07;29 - 00;41;31;17

Vu

So for me, it's not about the, the greatest impact I hope to have on the world. It's actually going to be after I move on, after I'm gone. It's going to be what my kids or their kids or their kids achieve. And somehow I've played a role in doing that. I know it's very philosophical, but if I set my kids up for success or their kids up for success, or their kids up for success through values and passing that down to them, I'm happy to have played that role. Everything else is just the cream on top.

00;41;31;19 - 00;41;55;19

Cale

Also beautiful, by the way, but also no pressure on their future generations. Hey, final question. The reason for the show title Grin + Bare It is because it's also a piece of advice given to people when they're struggling with something. It's just, you know, get on with it. Basically. Do you have a single takeaway for people listening who are experiencing a really challenging time or difficult problem?

00;41;55;19 - 00;41;59;11

Cale

Can be professionally, personally? What's your advice there?

00;41;59;14 - 00;42;25;22

Vu

I'm going to deal with a lot of this in the next few hours. When I get into general practice, but I will share with you is that when I start this, when I start a conversation, someone is having very challenging time and I say this incredibly respectfully, you are not unique. And so when you realise that you are not unique and you realise that this is not something that is happening to you and that you know the rest of the world is normal and you're the abnormal one, you also learn to understand that people get through it because you aren't solving these problems for the first time.

00;42;25;22 - 00;42;44;15

Vu

They have been solved before. People have gotten through it before and when you realise that there are thousands, tens of thousands, hundreds of thousands and millions of people in your same circumstances right now with a slight degree of variance, and that they all will get through it in some way or form. It gives you a little bit more confidence that you will be able to get through it as well.

00;42;44;17 - 00;43;07;27

Vu

So the best bit of advice I can give you is realize that you're not unique. It's not a way of not saying get over yourself, but realise that you're not unique and as a result of that, you feel a lot less like this is something that you're being attacked by or affected by, and that this is no different to having asthma or catching a cold and realising you have to manage it and prevent it from happening again. That's the goal. It's about managing things.

00;43;07;29 - 00;43;41;24

Cale

Amazing advice for you amongst many, many nuggets you've dropped through this episode. It's actually been very far reaching. We started with GP, went through One MRI, ended up talking about defence. I think it all surmises to me for you about this genuine care of improvement of the human condition, whether that's, you know, individually in the GP room, whether that's structurally within healthcare, educating folks and now, you know, potentially giving Australia

some more sovereignty and protecting our future generations. I just want to say thank you so much for joining us. I've loved every minute.

00;43;41;26 - 00;43;49;09

Vu

It's been a pleasure. And thank you very much for having me.

00;43;49;12 - 00;44;23;07

Cale

Thank you so much for listening to this week's episode. I hope you enjoyed it. As always, I would love your feedback, questions, or any suggestions that you have to someone that I should be speaking to next as our guest. You can find me on LinkedIn, or you can find the Grin + Bare It podcast on TikTok and Instagram. Now the best way to support this show, if you did like it, is leave your feedback, subscribe wherever you get your podcasts, or simply share it with your friends and colleagues. Thank you so much again. See you next time on Grin + Bare It.