

DR ANTHONY FOURIE

MBChB · MBA · CD(SA)

NON-EXECUTIVE DIRECTOR · AUDIT, RISK AND CLINICAL GOVERNANCE · HEALTHCARE AND REGULATED SERVICES · SOUTH AFRICA AND UNITED KINGDOM

Johannesburg, South Africa · South African and British citizen
+27 00 000 0000 · name@example.com · linkedin.com/in/example

BOARD PROFILE

Non-executive director with three current appointments across listed, charitable and private equity backed healthcare organisations, following thirty-one years in clinical practice and healthcare leadership, the last eight as chief executive and executive director of a JSE-listed private hospital group with revenue of R31.4 billion. Eight years inside a listed boardroom and two building an independent portfolio have given close familiarity with the board's side of the audit, remuneration and social and ethics mandates, and with the point at which oversight stops and management begins.

Brings a clinical qualification to a board table that rarely has one. Healthcare boards carry patient safety as a fiduciary exposure alongside financial and regulatory risk, and few directors can interrogate a serious adverse event report or an infection surveillance trend without relying wholly on management's interpretation of it. Governance training is formal rather than assumed, holding the Chartered Director (SA) designation and the Institute of Directors Certificate in Company Direction in the United Kingdom. Seeking one further non-executive appointment or committee chairmanship in healthcare, health insurance or regulated consumer services.

BOARD CONTRIBUTION

Clinical Assurance. Independent challenge on patient safety, quality and clinical risk reporting, without dependence on management's framing of the evidence.

Sector Capital Judgement. A tested view of healthcare capital cases, bed occupancy assumptions and disposal timing, formed across a full cycle including a pandemic.

Dual-Code Fluency. Practical application of King IV and King V in South Africa and the UK Corporate Governance Code, including the differing independence and tenure conventions of each.

CURRENT BOARD APPOINTMENTS

Non-Executive Director

JSE-listed medical schemes administrator and health insurer · R12.6bn annual contribution income
JUN 2024 – PRESENT · Member, Audit and Risk Committee · Member, Social and Ethics Committee

Independent Non-Executive Director

UK-registered healthcare charity · £84m annual income · 11 sites
SEP 2025 – PRESENT · Chair, Quality and Safety Committee · Member, Nominations Committee

Non-Executive Director

Private equity backed diagnostics business · R2.3bn revenue · four countries
APR 2026 – PRESENT · Member, Remuneration Committee

PRIOR BOARD AND COMMITTEE APPOINTMENTS

- **Chair**, UK day-surgery joint venture (group-controlled, non-independent seat), 2019 – 2023
- **Non-Executive Director**, unlisted medical devices distributor, R840 million revenue, 2019 – 2024 · Member, Audit Committee
- **Executive Director**, JSE-listed private hospital group, 2018 – 2026 · Attended the audit and risk, remuneration and social and ethics committees by standing invitation, not as a member

EXECUTIVE CAREER IN BRIEF

Group Chief Executive Officer

APR 2018 – FEB 2026

JSE-listed private hospital group · R31.4bn revenue · 18,600 employees

Scope: **34 hospitals** and **4,100 registered beds** across South Africa and two SADC markets, held as chief executive and executive director. Retired on schedule following a planned internal succession.

EVIDENCE OF JUDGEMENT

- **Capital Discipline**: Recommended a **R6.8 billion** capital programme sequenced against covenant headroom rather than demand forecasts, and deferred two approved hospital builds when occupancy assumptions weakened.
- **Assurance Architecture**: Established group clinical governance reporting directly to the board, giving directors a standing line of sight over serious adverse events, infection surveillance and mortality review outside the executive reporting chain; hospital-acquired infection rates fell group-wide from **4.1 to 1.9 per 1,000 patient days**, independently audited.

GOVERNANCE COMPETENCIES

Board, Capital and Stakeholder: Fiduciary duty · King V application and explanation · UK Corporate Governance Code · Capital allocation oversight · Remuneration governance · Social and ethics mandate

Assurance, Risk and Clinical: Audit committee oversight · Combined assurance · Risk appetite setting · Clinical governance · Patient safety assurance · Serious incident and mortality review

EDUCATION AND GOVERNANCE CREDENTIALS

Chartered Director (SA), Institute of Directors South Africa, 2021 · **Certificate in Company Direction**, Institute of Directors, United Kingdom, 2024 · **Audit Committee Programme**, Gordon Institute of Business Science, 2023 · **MBA**, University of Cape Town Graduate School of Business, 2007 · **MBChB**, University of Stellenbosch, 1995

Registered with the Health Professions Council of South Africa, MP0000000 (retained, non-practising).

INDEPENDENCE, CAPACITY AND CONFLICTS

Independence. Independent in relation to all three current appointments. Does not present as independent in relation to the JSE-listed hospital group, where executive service ended in February 2026. King V treats executive service within the preceding three financial years as a factor against independence, and the UK Corporate Governance Code sets the equivalent period at five years.

Time capacity. Current appointments commit approximately **48 days per annum**. Capacity for one further non-executive appointment or committee chairmanship of up to **20 days**, with no executive commitments and no advisory or consulting engagements held.

Conflicts. Holds a residual shareholding of less than **0.1%** of the issued capital of the JSE-listed hospital group, disclosed to each board on which he serves, and would recuse from any matter involving that group or its subsidiaries. No other declarable interests.

Availability. Resident in South Africa with an established United Kingdom base, and holds an unrestricted right to work in both markets.