



AN INDUSTRY BRIEFING FROM GRAIL

What's Changing in the Bench You're Building

Your senior RA director took a competitor call. Your senior biostatistician retires in eighteen months. Your 2030 bench is being shaped by decisions you were not invited to. A briefing for Chief Human Resources Officers at mid-market European medtech firms.

PREPARED BY

Johan Grönstedt · GRAIL

FOR

European mid-market medtech
people leaders

DATE

April 2026

Tuesday, 7:42 a.m.

Every CHRO at a mid-sized European medtech firm has had the same Tuesday. Three things in the inbox. Your VP Regulatory Affairs forwarded a resignation from your senior RA reviewer. Fifteen years at the firm, the only person who has lived your last three Class IIb submissions end to end, the one who navigated every notified-body conversation since the MDR transition. She went to a competitor that ships in eighteen months. Your CFO attached the Mercer thriving report to Friday's GMT calendar invite, with a single-line note: "need your read before this lands with the board." Your CEO forwarded a note from the head of clinical affairs. The works council has opened framework-agreement consultations on three AI deployments she did not know had shipped.

You have held this seat for four years. The pattern used to be simple. Hire the right specialists. Train them well. Keep the works council in the loop. Protect the regulatory and clinical bench. The business was understandable.

Something changed. Your junior pipeline compressed quietly over 2024 and 2025 because the analyst-prep work that trained regulatory associates into senior reviewers is running on agents. Your A-players are reading every AI deployment as a signal about whether the firm is being redesigned for them or around them. Your senior reviewer who resigned on Friday was not the first warning. Your thriving signal dropped at the last engagement survey and nobody reconstructed the function-level story. Your works council has more evidence of shadow AI use than sanctioned use.

You do not have a retention problem. You have a craft problem. Your firm's bench architecture is being written every week in decisions you were not invited to. The question is not whether to have one. It is whose handwriting the one you already have is in. Your senior RA director read it last month. Your senior biostatistician read it the same week. Your 2030 bench is being shaped by decisions that look like budget items and are actually architecture.

This briefing covers what is happening in your sector, what it means for the people function you run, and the three questions your leadership team should answer before the next GMT.

Medtech just lost the apprenticeship that built the senior bench

For two decades, the architecture of a mid-market medtech firm ran on a simple bench-build. Regulatory associates spent their first five years drafting post-market surveillance reports, monitoring literature, assembling GSPRs, and running clinical-evidence searches. Clinical research associates ran their first five years on case report forms, adverse-event documentation, and routine site monitoring. Biostatisticians spent their first five years on standard analyses. Over fifteen to twenty years, the best of them became senior reviewers, clinical affairs leads, and principal scientists. The firm's regulatory and clinical capability compounded one cohort at a time. That apprenticeship is the layer most exposed to AI today.

The agents are already shipping. RegDesk for GSPR assembly. Veeva Vault RIM for technical-file management. Rimsys for medtech-specific registrations. The FDA itself runs an internal Claude-based assistant for review work. Mid-market AI-native medtech firms are signing on with faster submission cycles and smaller regulatory teams. PwC committed a billion dollars to AI training across professional functions, acknowledging the apprenticeship problem without a proven solution. Your regulatory-affairs market alone is forecast to grow from one billion to nearly seven billion in eight years. None of this is the future. All of it shipped in the last eighteen months.

Your apprenticeship for a senior reviewer ran on five years of analyst-prep that is no longer yours to give. The question is whether the bench gets rebuilt before the next senior search becomes unfillable.

The procurement conversation has shifted underneath you at the same time. Hospital systems no longer buy on clinical-champion adoption alone. They buy on health-economics evidence and HTA data. EU HTA extends to high-risk devices in 2026. Your medical-device reps were trained for the previous procurement world. The new conversation requires a different kind of commercial knowledge than the one your reps have. The CHROs who see all three pressures together (senior-specialist retention, junior-pathway collapse, commercial-skill shift) and act on the bench architecture deliberately are the ones whose firms ship Class IIb submissions on time in 2028. The ones who treat them as separate problems wait twelve to eighteen months for the next external senior hire who never comes.

Your people function is feeling it every day

Your talent acquisition. Your senior RA reviewer resigned on Friday. Your last three external senior searches each took nine to fourteen months at retained-search fees of 30 to 35 percent of first-year comp. The replacements came in at a 25 to 40 percent premium because MDR-experienced talent is structurally scarce across Europe. Your best lateral recruit of the last two quarters came from an AI-native medtech competitor. A-players do not quit on the spot. They start looking quietly. By the time retention moves in the dashboard, they have already decided.

Your L&D. Your L&D budget is allocated to RAPS certification, MDR-readiness modules, compliance training, and an annual conference. None of it is designed for continuous in-the-work coaching with senior reviewers, agent-paired daily practice, or cohort rotation across regulatory, clinical, and biostatistics. Two populations are forming whether you designed it or not. The top decile is using AI daily for literature monitoring and regulatory precedent and building judgement that compounds weekly. The rest is practicing not-knowing.

Your compensation architecture. Your senior-specialist bands reward years of submission experience. Agents are compressing the analyst hours that built that experience. Your senior RA director, your senior biostatistician, and your senior clinical affairs lead see the math earlier than your committee does. With an unfillable search market and AI-native competitors paying 25 to 40 percent premiums, the senior bench is reading every comp run for a signal. Your last counter-offer signalled to the rest of the bench that the path to a 20 percent raise is taking a competitor call.

Your employee relations and works council. Your works council has opened framework-agreement consultations on three AI deployments that shipped without HR in the room. The regulatory load on people functions has stacked: AI-literacy documentation, high-risk-system obligations on recruiting and performance management, works-council framework agreements, data-minimisation in agent tools touching clinical data. None of it shows up on the cost-reduction deck. All of it lands on you.

Your workforce planning and succession. Your 2030 bench has six names: the next RA director, the next head of clinical affairs, the next senior biostatistician, the next principal scientist, the next CTO, the next head of post-market surveillance. Three came through analyst-prep that agents have already absorbed. The external senior hire in 2030 costs a 30 to 40 percent premium, takes eighteen months to integrate, and brings the previous firm's submission history. The CHRO who cut the junior layer in 2024 is the CHRO blamed for the 2031 opening with no internal candidate.

The apprenticeship clock was always the architecture

Your sector is repricing the bench from below because the analyst-prep layer is compressing. Your people function is stretched because every deployment decision, every budget line, every framework agreement is a fragment of a bench-architecture strategy that somebody is writing and you are not always in the room when they do. Same force, two altitudes. But there is a third thing happening that most mid-market medtech CHROs have not named yet.

Your firm's bench architecture is being written every week. The RegDesk licence approved in regulatory affairs. The headcount line cut in post-market surveillance. The framework agreement opened without HR in the room. Your senior RA director read the handwriting last month. Your senior biostatistician read it the same week. Your 2030 bench is being shaped by decisions that look like budget items and are actually architecture.

The watchmaking apprenticeship at Vacheron Constantin built master watchmakers in seven years because the apprentice sat next to the master on real movements from week one, not in a training cohort down the hall. The apprentice's hands did the simplest tasks while watching the hardest judgement calls. Graduation was earned on the work, not on time-in-seat. The apprenticeship clock was the architecture. That architecture is available to your firm for the first time in two decades, because agents make it affordable to put regulatory associates next to senior reviewers on live notified-body interactions, instead of next to first drafts of post-market surveillance reports.

You can tell which camp a firm is in from a single question. Of your successors on the 2030 list, which ones came through work that still exists? Most mid-market medtech firms cannot answer. The ones that can have already rebuilt the bench architecture.

You have twelve to eighteen months to author the answer deliberately, or the cost-reduction deck on the CFO's desk writes it for you. Same technology. Same workforce. Different outcome depending on whose handwriting the answer is in.

What most firms are doing. What the winners are doing instead.

Every medtech CHRO has had the AI conversation. Most are making the same four decisions. A smaller group is making different ones.

THE DEFAULT PATH

Restrict AI tools for compliance reasons

Most of your reviewers use AI anyway on personal accounts. A-players read restriction as mistrust and start looking quietly.

Cut the junior layer for this year's number

Cheaper function in Q1. Empty senior bench by 2030. External RA director hire at a 30 to 40 percent premium.

Counter-offer the senior who took the call

Fixes retention this quarter. Tells the rest of the bench that taking competitor calls is the path to a 20 percent raise.

Ship the annual engagement survey as your main HR deliverable

Your cadence is slower than the CFO's quarterly deck. Cost-reduction writes the bench answer. You inherit the damage.

THE WINNERS' PATH

Publish three rules by submission stage

Pre-submission strategy stays human. Post-market drafts are agent-drafted, human-reviewed. Audit trail writes itself.

Ship one role redesigned as a triad on live submissions

Senior reviewer plus regulatory associate plus agent ensemble as one unit. Apprenticeship compresses fifteen years to seven.

Senior specialists author their own redesigns first

Senior RA director, senior clinical affairs lead, senior biostatistician each redesign their own role at task level in eight weeks.

Publish the for-them memo in first 100 days

Two pages, co-signed by the CEO, referenced every quarter. Every AI deployment gets decoded against it.

Same workforce. Same twelve months. Opposite outcomes. The difference is whose hand is on the pen.

Talent Gravity. Capability Compounding. Succession Readiness.

Three questions every medtech CHRO is tracking. None of them used to be the same question. They are now.

01 · TALENT GRAVITY

Is your senior bench staying because of you, or despite you?

Your senior RA reviewer resigned on Friday to an AI-native competitor. Your last three external senior searches each took nine to fourteen months. A single RA director departure delays a Class IIb submission twelve to eighteen months. A-players watch which way you lean the first time something goes wrong. The ones who start looking quietly have already decided.

02 · CAPABILITY COMPOUNDING

Is the median regulatory associate sharper in December than in January?

Two populations are forming in every medtech firm. The top decile is using AI daily for literature monitoring and regulatory precedent and building judgement that compounds weekly. The rest is practicing not-knowing. Your L&D budget funds RAPS certification and an annual conference. Neither moves the median. The firms pulling ahead are making the 90th-percentile workflow the firm's default workflow.

03 · SUCCESSION READINESS

Of your 2030 bench, how many came through work that still exists?

Your successor list has six names. At least three of them came through the analyst-prep work that agents have already absorbed. You have not replaced the pathway. The external senior hire in 2030 costs a 30 to 40 percent premium and brings the previous firm's submission history. The bench architecture gets rebuilt now or gets inherited as a gap.

What the firms winning this play are actually doing

Four concrete moves any medtech CHRO can start this quarter. Each addresses one sub-function. Pulled together, they become one answer the firm compounds on.

1

Talent: publish the for-them memo in your first 100 days

Two pages, signed by the CEO. What this firm believes humans are for. Which roles are being redesigned around senior-junior-agent triads on live submissions. Which roles are being created (a hybrid health-economics-evidence team pulling biostatisticians and key-account reps). What happens to someone whose role changes materially. Referenced every quarter. Every AI deployment after it gets decoded against this memo. Without the memo, every deployment is decoded against rumour.

2

L&D: ship one role redesigned as a triad on live submissions this quarter

Senior RA reviewer, regulatory associate, and agent ensemble as one inseparable submission unit. The associate does not fetch literature for the senior. The associate operates the agent ensemble in front of the senior on live notified-body interaction prep from week one. The senior watches the judgement calls in real time and intervenes at the decision-level moments. Your exposure-to-judgement hours for that associate go from one hundred fifty a year on the old apprenticeship to fourteen hundred on this one. The apprenticeship clock compresses fifteen years to seven. Start with regulatory affairs. Template the next two from the learning.

3

Succession: senior specialists author their own redesigns first

Do not ship a firm-wide redesign to the next leadership offsite. That presentation fails because the senior specialists being asked to approve it are the ones whose craft gets compressed. Invert. Ask your senior RA director, your senior clinical affairs lead, and your senior biostatistician each to redesign their own role at the task level in eight weeks. They bring it to the leadership offsite as work they authored. The three loudest possible critics become the three loudest possible defenders. Their successors inherit work they shaped, not work the CHRO imposed.

4

Trust: publish three rules, one escalation, one red line

Three rules about what the workforce can do with AI without asking permission, calibrated by submission stage and clinical-trial stage. One rule about what requires review before it leaves the firm. One rule about what never goes to an agent. Pre-submission strategy and notified-body conversations never go to an agent. GSPR assembly and post-market surveillance summary drafts are agent-drafted, human-reviewed. Published. Defended to the board when an experiment fails. Your senior bench watches which way you lean the first time something goes wrong.

The only firm that joins workforce authorship to working architecture

The medtech CHRO has four places to go. None can do what we do.

The Big Four human-capital practices (Deloitte, Mercer, Korn Ferry, Willis Towers Watson) run survey-benchmark models with audit-relationship conflicts. Every firm's bench answer looks different. A benchmark smooths the differences that matter most.

The specialist regulatory and clinical search firms (ProClinical, NES Fircroft, Premier Talent, Sigma-Aldrich Talent) sell finding scarce people. The MDR-experienced talent shortage is structural across Europe. Their model assumes you import craft. Your firm has to build it.

The HR-tech vendors (Workday, SuccessFactors, Eightfold, Gloat, Phenom, Personio) sell platform software. The data encoding which RA directors carry which submission histories IS your bench architecture in machine-readable form. Building on the vendor stack licenses it back to the vendor.

The L&D platforms and certification academies (LinkedIn Learning, Coursera, Sana Labs, RAPS) sell content libraries and certification courses. Submission-quality judgement is a pattern-exposure problem, not a content-library problem. A platform cannot rebuild the apprenticeship architecture agents have collapsed.

The market offers four things you have already said no to. GRAIL is the fifth option.

WHAT YOU GET

Senior advisory that speaks GMT, not HR-deck

Working architecture your team uses the same week

One role redesigned at task level with the incumbent in the room

A for-them memo the CEO co-signs in your first 100 days

No vendor lock-in at any phase of the engagement

WHY IT MATTERS

Founded by operators who have carried people-adjacent seats

Business first, technology second

Three weeks from first meeting to working architecture

Your team keeps the architecture, you own the IP

Every next step earned by what just shipped, never assumed

Three sessions with your people leadership. Working architecture from week one.

We start with your people leadership team because the change cannot outrun the team's personal understanding of what is possible. Three workshops. Each delivers standalone value. Each earns the right to the next.

WORKSHOP 01

How to think

Walk through what is happening in your sector and inside your people function. Draft the first page of your for-them memo in the room, with your CEO present. Your leadership team leaves with a shared view of what the firm believes humans are for and the first draft of the document the CEO will co-sign.

WORKSHOP 02

Your people architecture

A half-day build. Your Head of Talent, Head of L&D, Head of Compensation, and Head of Employee Relations each leave with working architecture tuned to their function. Task-level role-mapping agent. Senior-specialist redesign facilitation. Framework-agreement drafting for the works council. Three-rules trust document by submission stage.

WORKSHOP 03

Ready to run

Refined architecture based on real use. The first role redesigned as a triad on a live submission with the incumbent in the room. The published for-them memo, co-signed. The senior-specialist redesign-council kickoff. The CFO conversation with numbers the board can check: external-search-cost math, cohort-retention forecast, succession-readiness count.

Three weeks. No IT project. No board vote needed to start. The architecture your people function is already running on when we finish.

For your next GMT

The questions where your people leadership cannot agree on an answer are the ones worth an hour on the agenda. Ask these honestly.

If you asked three of your best senior specialists privately tomorrow whether the firm's AI strategy is being done for them or to them, what would they say? Do you know the names, and can you describe the evidence for what they would say?

Walk me through one role in your firm that has been redesigned at the task level in the last twelve months. Who did the redesign, what did it change, and what does the incumbent do with their week that they did not do before?

Of the six names on your 2030 bench, how many came through the analyst-prep work that agents have already absorbed? What is replacing the pathway for the ones whose pathway is gone?

Your bench architecture is being written this quarter in deployment decisions, budget lines, and framework-agreement openings. How many of those fragments are you the author of, and how many are you decoding after they ship?

Of your senior specialists (the RA director, the senior clinical affairs lead, the senior biostatistician), have any of them been asked to author their own redesign yet, or are they waiting to be presented with one of yours?

If any of these produces a disagreement in your people leadership, that is the conversation worth having before the next leadership offsite.

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