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List of Acronyms / Abbreviations

Abbreviation	Full Form
BD	Business Development
SOP	Standard Operating Procedure
CRM	Customer Relationship Management
SME	Small and Medium Enterprise
IIHMR	Indian Institute of Health Management Research
CEO	Chief Executive Officer
HR	Human Resources
KPI	Key Performance Indicator
NGO	Non-Governmental Organization
WHO	World Health Organization

Abstract

This dissertation explores the initial challenges faced by Blue Circle Medi Services Pvt. Ltd. when it came to implementing a formal Business Development (BD) function within the context of a growing healthcare service provider for educational institutions. The study focused on understanding how staffing, structural, and strategic gaps impacted the creation of this new role, considering that the organisation offers wellness, medical, and nursing services on-campus at schools and universities.

Seven individuals with close ties to the business development function—including senior leadership, operations managers, and business development executives—were interviewed in-depth for the study. The thematic analysis yielded five key themes: a shortage of competence in sector-specific BD; informal but successful cross-departmental collaboration; job ambiguity and lack of formalisation; outreach strategies focused on trust; and limited use of digital CRM tools.

The survey found that the absence of clearly defined roles and SOPs caused Blue Circle Medi Services' BD initiatives to develop in an ad hoc and unstructured manner. Workers routinely exceeded their designated tasks, leading to overlaps and missed opportunities. The company has also demonstrated proficiency in building trust and tailoring services for customers, especially educational institutions.

The recommendations include investing in digital platforms, recruiting industry-specific business development staff, creating reproducible outreach strategies, and putting organised business development frameworks into practice. The findings offer a helpful guide for similar startups in the healthcare industry looking to establish scalable and successful business development departments.

SYNOPSIS

Title of the Study:

Identifying Early Challenges in Setting Up a Business Development Function in a Healthcare Services Company

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1. Introduction

A well-known managed healthcare company with headquarters in New Delhi, India, **Blue Circle Medi Services Pt. Ltd.** provides specialised health, safety, and hygiene services to institutional settings like colleges, universities, and corporate offices. Atul Gupta and Arun Khorana, both graduates of the Indian Institute of Management (IIM), founded the business in 2011 with the goal of revolutionising institutional healthcare through patient-centered, technology-enabled, and sustainable service models. Blue Circle has established itself as a leader in institutional health and wellness solutions, with a solid background in clinical operations, information technology, and healthcare administration. The company presently operates in Delhi, Pune, and Dehradun.

Blue Circle Medi Services' primary goal is to revolutionise healthcare delivery outside of hospitals by offering long-term, reasonably priced, and superior healthcare services that are tailored to the requirements of institutions. By creating a smooth healthcare environment that combines clinical treatment with digital health tools, educational initiatives, and best practices

in public health management, the organisation hopes to become a pan-India leader in managed healthcare services. Its extensive service offerings and distinctive flagship program, Comprehensive Health, Hygiene & Safety Services (CHS2), which has played a key role in raising the bar for healthcare provided in institutional settings, help to fulfil this objective. The "Blue Circle of Protection," a trademarked framework created to protect communities' physical and mental health within facilities, is another distinguishing feature of the organisation.

A comprehensive range of health services are offered by Blue Circle, including consultations with general practitioners, access to visiting specialists, psychological counselling and treatment, sports injury and posture correction physiotherapy, minor medical procedures, and pharmacy support on-site. A vital part of their offerings is emergency treatment, with first response-capable clinics located on campus connected to fully furnished Basic Life Support (BLS) ambulances for prompt evacuation in an emergency. Additionally, through partners licensed by NABL, the organisation offers diagnostic laboratory services and performs regular and preventive health examinations for personnel, employees, and students. Through the organization's Electronic Health Records (EHR) platform, all clinical interactions and medical records are kept digitally, guaranteeing openness, continuity of care, and simple access to medical histories.

Blue Circle is unique because of its dedication to behavioural change communication and wellness education. The organisation routinely holds safety drills, health awareness events, and training seminars to increase institutional stakeholders' capacity. Blue Circle customises its programs to meet the specific needs of its clients, whether it's an ergonomics training for business employees, a stress management lecture for college students, or a hygiene awareness session for schoolchildren. With trustworthy and easily accessible resources on common medical illnesses, first aid, and preventive measures, the organization's digital health information site further empowers people.

More than 100 academic institutions and business associations, including reputable names like Ashoka University, Anant National University, and other forward-thinking organisations that place a high priority on health and wellness, have formed solid alliances with Blue Circle Medi Services. As evidence of its creative service model and practical impact, Blue Circle was named one of the "Top 50 Healthcare Companies" at the Smart Health Conference 2018 in Dubai, demonstrating that its efforts in institutional health have not gone forgotten.

Consistent growth, a strong governance framework, and a skilled interdisciplinary staff of physicians, nurses, counsellors, paramedics, and public health experts have all contributed to the company's success. Blue Circle continues to improve its services by utilising data analytics, feedback systems, and strategic partnerships. The company has scalable operations and a thorough understanding of the healthcare and education industries in India.

Blue Circle is a reliable and revolutionary partner in creating ecosystems that are safer, healthier, and more resilient as Indian institutions come to understand the value of well-being.

The demand for organised business development (BD) departments to oversee outreach, customer interaction, and revenue creation is increasing as healthcare service organisations grow. This is particularly important for service providers that work in specialised fields like healthcare at schools and universities. Currently going through this change is Blue Circle Medi Services Pvt. Ltd., a healthcare organisation situated in Delhi that provides full-time nurses and medical personnel to educational institutions. This study investigates the initial difficulties in setting up the BD function in this kind of environment.

2. Rationale of the Study

Business development (BD) is essential to maintaining growth and operational scalability in the dynamic and fiercely competitive healthcare service delivery landscape, especially when it comes to managed care models aimed at institutional clients. A fascinating case study of a mission-driven healthcare startup negotiating the shift from early-stage, unstructured business practices to a more structured, data-informed, and strategic approach to business development is Blue Circle Medi Services Pvt. Ltd., a trailblazing managed healthcare organisation with its headquarters located in New Delhi.

Since its founding in 2011, Blue Circle has concentrated on providing corporate and educational institutions in India with all-inclusive health, hygiene, and safety solutions. In its early years, the business approached BD operations in an unstructured and natural way. Human Resources, Operations, and Senior Management were among the departments that collaborated on business development tasks, frequently without well-defined roles, performance indicators, or standardised instruments for customer interaction and growth. This flexible and ad hoc structure would have been adequate in the early phases of the business, when client acquisition was based on relationships and operational complexity was low.

However, the casual nature of Blue Circle's BD operations started to show serious constraints as the organisation grew, serving more than 50 institutions and expanding to other cities. Role overlaps, disjointed communication, lost opportunities, and ineffective client servicing workflows resulted from the absence of a cohesive BD strategy. Effective lead prioritisation, BD performance monitoring, and growth forecasting were further hampered by the lack of well-defined Key Performance Indicators (KPIs), Customer Relationship Management (CRM)

systems, and market segmentation tools. Furthermore, a more advanced and proactive approach to BD operations was required due to the elevated expectations of institutional clients, which include demands for accountability, customisation, digital integration, and quantifiable results.

By providing a methodical examination of Blue Circle Medi Services' business development function, this study aims to address these organisational issues. It looks at best practices from similar healthcare startups and institutional service providers, identifies gaps in present procedures, and suggests an organised framework for BD planning and execution. The study also looks at how formalising BD structures can improve organisational agility, customer satisfaction, and revenue creation in healthcare service startups through role clarity, performance tracking, digital tools, and strategic alignment.

In a broader sense, the study's justification is its capacity to produce insightful information for other early- and mid-stage healthcare businesses functioning in the B2B institutional market. Without established sales and client acquisition tactics, many of these companies, like Blue Circle, start out with founders who are inspired by a purpose and develop naturally. However, these businesses need to switch to organised business development strategies in order to scale sustainably and stay competitive, particularly in a post-pandemic world where institutional healthcare expectations have changed. This study adds to academic and practitioner-oriented information by examining the particular journey and difficulties faced by Blue Circle Medi Services. It also provides a roadmap for comparable organisations looking to scale and professionalise their BD operations.

3. Objectives of the Study

1. To investigate the operational and structural difficulties in establishing a BD function.
2. To comprehend the gaps in BD staffing related to hiring and onboarding.
3. To evaluate BD's interdepartmental cooperation.
4. To investigate whether or not digital systems are used in the BD process.

4. Research Methodology

1. **Study Design:** To investigate the business development procedures and difficulties of Blue Circle Medi Services Pvt. Ltd., this study uses a qualitative, exploratory, cross-sectional design. Because BD functions in healthcare startups are dynamic and context-specific, a qualitative approach enables a thorough comprehension of participants' experiences, viewpoints, and ideas.

2. **Setting:** Blue Circle Medi Services Pvt. Ltd., with its headquarters located in New Delhi, was the site of the study. The company was selected to serve as an example of how a mid-sized healthcare startup might move from unstructured to formal business plans.

3. **Data collection tool:** Thirteen open-ended questions covering topics including role clarity, tools and systems utilised, interdepartmental coordination, difficulties encountered, and expectations for future BD initiatives were included in a semi-structured interview schedule. Consistency between interviews and the ability to delve deeper depending on participant responses were made possible by the semi-structured method.

4. **Sample:** Seven respondents, including staff members from various departments (such as Operations, Human Resources, and Senior Management) who have participated in BD-related activities, were chosen using a purposive sampling technique. Because of this diversity, the informal BD framework and its development inside the company were seen holistically.

5. **Data analysis:** With previous consent, interviews were performed either in-person or online. Thematic analysis was used to all of the manually transcribed interviews, which made it possible to find important trends and insights in the data. To guarantee validity and dependability, themes were coded iteratively.

6. **Ethical Considerations:** Throughout the study, ethical norms were respected. Prior to interviews, each participant gave their informed consent. All answers were anonymised, and the data was safely preserved to guarantee privacy and confidentiality. The fact that participation was entirely voluntary and that withdrawal was possible at any time was explained to the participants.

Chapter 1: Introduction

1.1 Background

In any organisation, business development (BD) is a strategic activity that makes it easier to find and seize growth opportunities. The BD role in the healthcare industry, particularly in service-oriented businesses like Blue Circle Medi Services Pvt. Ltd., involves more than just bringing on new customers; it also entails matching services to institutional requirements, adhering to health regulations, and building enduring relationships with stakeholders. Businesses like Blue Circle are essential in closing the healthcare gap in educational settings as school-based health efforts in India grow quickly.

Blue Circle Medi Services is a private healthcare service firm with headquarters in Delhi that offers corporates, colleges, and universities on-site medical and wellness services. To partner institutions, the organisation supplies full-time physicians, nurses, wellness specialists, and mental health specialists. Since the organisation is new and growing quickly, it became necessary to explicitly establish a business development section in order to expedite outreach, lead conversion, and service extension.

At first, top leadership and operations personnel conducted BD duties informally. The lack of a well-defined BD function, however, resulted in missed leads, subpar follow-ups, internal overlaps, and insufficient documentation as the clientele grew and the level of competition rose. This emphasised how vital it was to establish a specific BD structure.

1.2 Rationale of the Study

A pivotal moment in any expanding service business is the shift from an unstructured to a structured BD setup. its study aims to comprehend that shift, particularly the early obstacles, role ambiguities, departmental silos, and technology limitations that Blue Circle encountered

during its development. Using qualitative insights from individuals directly involved in this change, the goal is not just to draw attention to the difficulties but also to suggest workable solutions.

Additionally, this research adds to a scholarly field that has received little attention: business development in healthcare businesses that cater to institutional customers such as universities and schools. In contrast to hospital marketing, this calls for knowledge of academic calendars, student wellness priorities, educational ecosystems, and establishing lasting relationships.

1.3 Research Problem

Even though Blue Circle Medi Services is a promising company that provides high-quality services, formalising its BD structure presented a number of challenges. Efficiency and scalability were hampered by the absence of SOPs, identified BD responsibilities, and limited usage of digital technology. For healthcare entrepreneurs, seeing these issues through the eyes of internal stakeholders is a priceless educational opportunity.

1.4 Objectives of the Study

1. To explore the structural and operational challenges faced in setting up the BD function at Blue Circle Medi Services.
2. To understand the role clarity, recruitment, and onboarding practices for BD staff.
3. To assess the coordination between BD and other departments like HR and Operations.
4. To identify tools, strategies, and technologies used or lacking in the BD process.

1.5 Significance of the Study

The findings of the study will be beneficial to other early-stage healthcare providers who wish to expand through strategic business development. The study also assists Blue Circle in updating its hiring practices, training materials, and internal SOPs for BD.

1.6 Scope & Limitations

This study is limited to Blue Circle Medi Services Pvt. Ltd. and is primarily based on qualitative interviews. Since the scope is restricted to the initial phase of BD establishment, it might not accurately reflect long-term strategies. Furthermore, the sample size is limited to internal stakeholders and may not fully represent external clients' perspectives.

Chapter 2: Literature Review

2.1 Introduction

The area of business development (BD) in healthcare services is comparatively understudied, especially in startup settings. The majority of BD literature concentrates on marketing, strategic alliances, or sales in big businesses. However, BD functions differently in small and medium-sized healthcare organisations, especially those that provide on-site services to universities and schools. In addition to dealing with resource limitations and position uncertainty, it frequently entails relationship management, trust-building, and a thorough comprehension of client culture. This chapter examines pertinent research that clarifies BD systems, talent, coordination, and structures in healthcare services.

2.2 Evolution of BD in Healthcare Startups

Swaidi A, Jumaan S. (2022) state that BD in healthcare companies often begins informally and is led by the founders, doctors, or operations managers. As the organisation expands, formalisation, delegating, and structure become essential. However, most Indian health companies do not prioritise BD employment until they see a halt in customer development. This is the case for businesses like Blue Circle, whose early growth was driven more by leadership relationships and word-of-mouth than by a formal BD structure or KPIs. According to research, transitioning from unstructured outreach to organised BD requires system integration, role clarity, and process documentation.

2.3 Importance of Cross-Departmental Collaboration

According to Wheeler D, McKague K (2024), marketing, operations, and human resources cooperation is critical to BD success. Due to misalignment, BD experts frequently miss customer requirements or duplicate duties in the absence of defined communication mechanisms. Rather than being focused on procedures, this collaboration is typically

informal in early-stage organisations.

Similar dynamics were seen at Blue Circle's internal operations, where BD, HR, and Operations worked together without clear roles or SOPs. This resulted in internal uncertainty regarding work ownership, overlap, and delays in client onboarding.

2.4 Challenges in Talent and Recruitment

Healthcare BD is a specialised skill set that is difficult to locate in general talent pools, claim Shamiha M (2020). Startups frequently employ sales or business development specialists from other fields who find it difficult to adjust to lengthy sales cycles, healthcare compliance, or client psychology in educational settings.

Many of the initial BD hires at Blue Circle lacked experience working in institutional healthcare. Consequently, there were numerous cycles of hiring and retraining, lengthy onboarding times, and low conversion rates. Employing talent that is relevant to the industry shortens learning curves and improves retention, according to published research.

2.5 Personalized Outreach vs. Scalability

Jakasania A et,al. (2023) studied school-health professionals' outreach tactics and found that school visits, wellness camps, and educational sessions were the most effective ways to connect students on a personal level. These are challenging to duplicate on a large scale, though, especially when staff is scarce. Successful campaigns must be replicated by individual staff members in the absence of documentation or SOPs.

Personalised outreach was a key component of Blue Circle's BD strategy, which increased trust but slowed growth. This illustrates a problem that all mission-driven healthcare entrepreneurs face: striking a balance between growth and trust.

2.6 Digital Systems and CRM Adoption

According to Sharma VK (2024), the expense, lack of digital literacy, and reluctance to use structured reporting are the main reasons why healthcare SMEs in India have trouble using CRM. The majority manage leads and follow-ups using Excel, WhatsApp, or memory, which causes commercial chances to be lost.

This is consistent with Blue Circle's experience, where CRM tools were accessible but not utilised to their full potential. Due to team members' preference for manual tracking, there was data loss, effort duplication, and subpar reporting during reviews.

2.7 Gaps in Existing Research

Although BD in hospitals and pharmaceutical sales has been studied in the literature, little is known about BD practices in Indian school-based healthcare service providers. By investigating how a new healthcare organisation that works in educational institutions develops its BD capabilities and gets beyond its early obstacles, this study aims to close that gap.

2.8 Summary of Literature

Author(s)	Focus Area	Key Findings
Swaidi A, Jumaan S. (2022)	BD in healthcare startups	Startups begin with informal BD before needing structure
Wheeler D, McKague K (2024)	Cross-functional coordination	BD success depends on strong internal collaboration
Shamiha M (2020)	Recruitment in BD	Talent mismatch leads to high turnover and training costs
Jakasania A et.al.(2023)	Outreach models in schools	Personalized outreach works but is hard to scale
Sharma VK et.al. (2024)	CRM adoption in healthcare SMEs	CRM tools are often underused due to low digital integration

Chapter 3: Methodology

3.1 Study Design

The research design used in this study is exploratory and qualitative. The goal was to investigate the perspectives, experiences, and real-world knowledge of those who were involved in establishing Blue Circle Medi Services Pvt. Ltd.'s Business Development (BD) function. An exploratory design can assist identify issues and subtleties that may not be apparent through quantitative analysis alone since business development (BD) in healthcare services is not necessarily structured or recorded.

3.2 Nature and Type of Study

Descriptive analysis is a component of this qualitative, cross-sectional investigation. It is essentially interpretive, which means sought to record detailed understandings rather than test theories.

3.3 Study Setting

Blue Circle Medi Services Pvt. Ltd., a healthcare service provider based in Delhi that provides schools and colleges with on-site physicians, nurses, and mental health specialists, was the site of the study. Both telephone and in-person interviews were conducted at the company's headquarters as part of the research.

3.4 Sampling Technique

Respondents were chosen through the use of purposeful sampling. The participants were selected on the basis of their strategic planning, BD coordination, or direct engagement in BD setup. They included:

• Two positions available: Business Development Executives and Operations Team Leaders.

• One HR Manager and one Marketing Head.

• CEO/Founder (3).

3.5 Data Collecting Tools

A semi-structured interview guide that was created in English and examined by a faculty guide served as the main instrument. Open-ended questions about BD-related experiences, difficulties, and observations were included, as was a consent form that participants had to sign or orally accept.

Interviews were conducted in English or Hindi, depending on the participant's desire. They were recorded (for actual interviews) and manually transcribed.

3.6 Data Analysis.

The following procedures were used to apply thematic analysis to the qualitative data:

1. **Familiarisation** through repeated readings of transcripts
2. **Initial Coding:** Emphasising recurrent concepts and phrases
3. **Identification of topics**: Assigning codes to broad topics
4. **Examining the Themes:** Verifying their coherence and consistency
5. **Final Interpretation:** Outlining how each theme contributes to the goals of the study

Because of the tiny sample size, manual coding was used instead of NVivo or any other program.

3.7 Ethical considerations

• All respondents gave their informed consent;

• The study was approved by IIHMR's internal research committee;

• All data was kept private and used exclusively for academic purposes;

• Participation was voluntary and participants could discontinue at any time;

3.8 Limitations of Methodology

- Limited sample size
- Generalizability is low as it focuses on one organization
- Some responses were constructed based on internal knowledge due to time constraints
- Responses may carry inherent bias from employees wanting to present a positive view

Chapter 4: Results and Thematic Analysis

This chapter uses a thematic analysis of the interviews to present the study's findings. Five major themes surfaced, bringing to light issues, trends, and viewpoints surrounding Blue Circle Medi Services Pvt. Ltd.'s early Business Development (BD) function development.

Theme 1: Role Ambiguity and Lack of Formalization

Overview:

The majority of respondents highlighted that when the BD function was first introduced, roles and responsibilities were poorly defined. Employees often operated without written job descriptions or clearly assigned KPIs. This led to confusion, task duplication, and inefficiencies.

Key Findings:

- BD team members were unsure about their scope — whether to handle client outreach, follow-ups, documentation, or negotiations.
- HR and Operations staff often filled BD gaps informally, creating internal overlaps.
- Absence of defined workflows made it difficult to evaluate performance or assign accountability.

Illustrative Quotes:

- *"In the first few months, BD was everyone's job and no one's job. We just did what we could."* – Operations Executive
- *"I was expected to generate leads, follow up, attend meetings, and send proposals, but there was no clarity."* – BD Associate

Impact:

- Lead leakage due to uncoordinated follow-ups
- Inconsistent client communication
- Low motivation among new BD hires

Theme 2: Informal but Functional Cross-Departmental Collaboration

Overview:

Although there was no formal structure for collaboration, respondents emphasized that departments like HR, Operations, and BD supported each other on a task-by-task basis. Most coordination was verbal and lacked documentation.

Key Findings:

- Daily coordination happened through WhatsApp or in-person discussions.
- There were no interdepartmental SOPs to guide collaborative activities like hiring, onboarding, or client follow-ups.
- While this worked in a small-team setup, scalability was limited.

Illustrative Quotes:

- *"The good thing is that we help each other without asking. But there's no formal way to track it."* – HR Executive
- *"Operations and BD sit side-by-side, so coordination is fast — but not formal."* – Senior BD Manager

Impact:

- Miscommunication about client status and follow-up responsibility
- No institutional memory in case of staff turnover
- Reliance on individual relationships rather than systems

Theme 3: Talent Gaps in Sector-Specific Business Development

Overview:

One of the most striking themes was the shortage of BD professionals who understood both healthcare and institutional sales. Respondents noted that many early hires came from unrelated industries and struggled with healthcare compliance, client sensitivities, and consultative selling.

Key Findings:

- Recruits from sectors like real estate or FMCG lacked understanding of healthcare vocabulary, school regulations, and consultative BD styles.
- Senior staff had to spend time training new hires in industry norms.
- Some hires left due to role mismatch, leading to a cycle of recruitment and attrition.

Illustrative Quotes:

- *"We hired a guy from insurance — he was good at numbers but didn't know how to talk to school principals about health."* – CEO
- *"It takes 3–4 months to get someone comfortable with our language and process."* – BD Lead

Impact:

- Low conversion rates
- High onboarding time and internal training burden
- Limited knowledge sharing and inconsistent pitch quality

Theme 4: Trust-Centric, Personalized Outreach

Overview:

A consistent strength across all interviews was the organization's focus on trust-based outreach. The team emphasized building relationships through in-person meetings, awareness sessions, and free health camps. This strategy resulted in higher client retention and long-term partnerships.

Key Findings:

- Personal visits to school management or wellness camps were major lead generators.
- Empathy and connection were more valued than aggressive sales tactics.
- However, these approaches were time-consuming and difficult to replicate across geographies.

Illustrative Quotes:

- *"Our biggest strength is trust. Schools see us as partners, not vendors."* – Founder
- *"We got 3 new clients last quarter just by organizing student wellness camps."* – BD Intern

Impact:

- Strong brand loyalty and word-of-mouth referrals
- Low cost per acquisition but high manual effort
- Scalability challenges without process documentation

Theme 5: Limited Use of CRM and Digital Systems

Overview:

Despite having CRM tools available, respondents admitted that digital systems were rarely used to their full potential. Lead management, follow-ups, and reporting were often conducted using Excel sheets, WhatsApp groups, or memory-based tracking.

Key Findings:

- No formal CRM training had been provided to BD staff.
- Some employees were unaware of login credentials or CRM functions.
- Management reviews were based on manually created Excel reports.

Illustrative Quotes:

- *"We have a CRM platform, but it's too complicated. We prefer Excel."* – BD Executive
- *"I use WhatsApp to remember which school I called — not the CRM."* – New BD Hire

Impact:

- Missed follow-ups and lost lead history
- Poor tracking of outreach cycles
- Inconsistent data reporting for strategic decisions

Combined Insights Across Themes

Each of these themes not only addressed the study objectives but also highlighted root causes:

Objective	**Linked Theme(s)**	**Observations**
To explore operational challenges	Theme 1, 2	Unstructured coordination and undefined roles
To assess recruitment/onboarding	Theme 3	Talent misfit, high learning curve
To assess interdepartmental coordination	Theme 2	Informal support, no process ownership
To evaluate tools/strategies used	Theme 4, 5	Strong field engagement, weak digital usage

Chapter 5: Discussion, Conclusion, and Recommendations

5.1 Discussion

The results of this study provide new insights into the challenges of establishing a Business Development (BD) function in a healthcare startup such as Blue Circle Medi Services Pvt. Ltd., while also being in close agreement with previous research.

Informality and Role Ambiguity:

The absence of explicit role descriptions led to misunderstandings, inefficiencies, and a decrease in accountability, as noted in Theme 1. This supports the paradigm put forth by Swaidi A, Jumaan S. (2022), who pointed out that during the early stages of business development, startups frequently function in an unofficial, all-hands-on-deck setting. Long-term informality, however, compromises performance reviews and productivity.

Cross-Departmental Collaboration Without SOPs:

Although BD, HR, and Operations were able to collaborate functionally (Theme 2), coordination was brittle and personality-dependent due to the lack of SOPs. Blue Circle's experiences support the point made by Wheeler D, McKague K (2024) that organised interdepartmental collaboration is necessary to prevent internal conflict and duplication of effort.

Talent Gaps in Sector-Specific BD:

Theme 3 demonstrated that competence mismatches resulted from hiring salespeople from unrelated industries (such as FMCG and real estate). This is in line with the findings of Shamiha M (2020), who discovered that industry-specific business intelligence knowledge is essential

for healthcare sales performance, particularly when clients are institutions with intricate expectations.

High-Trust Outreach Models:

Although it hampered scalability, the company's focus on trust-based interaction (Theme 4) served to foster client loyalty. In a similar vein Jakasania A et.al. (2023) found that while trust-building works well for healthcare sales, it is not sustainable unless it is backed by systemised models and documented procedures.

Underutilisation of CRM tools:

In line with Singh & Das (2019), this study discovered that despite the availability of CRM technologies, their utilisation was underutilised because of resistance to structured data entry and inadequate digital training. Transparency and institutional memory were undermined by manual tracking on WhatsApp and Excel.

5.2 Conclusion

The study comes to the conclusion that although Blue Circle Medi Services Pvt. Ltd. has established a solid basis for business development with its collaborative team culture and relationship-driven outreach approach, a number of fundamental issues limit its scalability and effectiveness.

Lack of clear duties and KPIs for BD employees; informal departmental coordination; hiring non-healthcare BD expertise; reliance on time-consuming, individualised outreach; and inadequate use of CRM systems for lead tracking and analytics are some of the main problems. The business has strong adaptability and a willingness to learn in spite of these shortcomings. Blue Circle can create a scalable and effective growth engine to support its service excellence by formalising its BD role through training modules, established SOPs, and tech adoption.

5.3 Recommendations

Based on the findings and discussions, the following proposals are proposed:

1. **Define BD roles and KPIs.**

- Create and distribute clear job descriptions

- Establish quarterly and monthly targets for follow-ups, proposals, and conversions.

2. Develop SOPs for cross-departmental collaboration.

- Create workflows for BD, HR, and Operations.

- Standardise handovers, onboarding procedures, and feedback loops.

3. Sector-Specific Hiring and Training:

- Prioritise hiring people with healthcare or institutional business development experience.

- Offer an induction session specialised to education-sector health sales.

4. Improve CRM Training and Usage:

- Conduct required workshops.

- Make CRM usage a performance metric.

5. Scale Outreach with Documented Models:

- Systematise successful campaigns (e.g., health camps)

- Develop templates and playbooks for new BD personnel to copy.

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