BOARD PLANNING

The annual marketing plan a board will fund

Build it from demand pools and payback, not a channel calendar, and only two pages survive the room.

Swipe →

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TWO PLANS

The one you build and the one that gets discussed

WORKING PLAN	Channel mix, CRM roadmap, campaign calendar, hiring requests
BOARD PLAN	Shorter, blunter, organised around questions you did not choose
THE GAP	Where most marketing heads lose the room

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WHAT THE BOARD ASKS

"

Will this function, given a certain amount of money, move revenue by a predictable amount, in a predictable place, without creating a risk the group cannot see coming?

Everything else in the plan is supporting material.

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START HERE

Build from demand pools, not channels

1. OPD footfall in the local catchment
2. IPD conversion from that OPD base
3. The international desk
4. The insurance and TPA channel that decides what a bed is worth

Some units need demand, others need conversion. One channel mix for both does neither well.

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THE LANGUAGE

Defend spend against a P&L line, not a funnel

USE	Cost per admission, contribution by payer mix, receivables days, occupancy
DROP	Click-through rates, cost per lead, engagement scores
CRM	Justify on the appointments it protects, not seat licences

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THE PUSHBACK

Four questions the room always asks

- **Payback period**
  How many months, and what if it slips a quarter?
- **Channel concentration**
  How much rides on one platform or one algorithm change?
- **Doctor dependency**
  How much volume rides on two or three consultants?
- **Capacity fit**
  Can the units process this demand, or does the wait list grow?

Doctor dependency is the one marketing heads underweight most.

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SEQUENCING

Earn trust in reviewable steps

Q1	Smallest defensible pilot plus steady-state spend
Q2	Scale what the pilot proved, hold what it did not
H2	Larger bets: new market, spare-capacity specialty, TPA relationships
RESERVE	Reallocate without a fresh board approval every time

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TWO PAGES

What survives the room

- Page one: demand and revenue by pool, spend and payback stated plainly
- Page two: concentration, doctor dependency, what could make it wrong
- Everything else sits in an appendix nobody asks for
- Write the two pages first, in week one of planning

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ORDER OF OPERATIONS

Before the deck exists

1. Build from unit-level demand pools before any channel calendar
2. Translate every spend line with finance, not after the fact
3. Name concentration and doctor risks before the board does
4. Sequence across four quarters with a genuine reserve
5. Rehearse against twelve months of unit P&L reviews

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READ THE FULL GUIDE

The CMO annual plan, board view, in full

- Where the plan gets its credibility
- What a CFO and a medical director should ask
- The one number a board should ask for
- gauravphogat.com/the-cmo-annual-plan-the-board-view

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