A FABULOUS MEDIA FIELD GUIDE

The NMC Advertising *Rulebook*

The new rules for how doctors & hospitals can market — and a practical guide to staying compliant.

Issued by	Effective	For
NMC · EMRB	**6 October 2026**	**Doctors & Hospitals**

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START HERE

What changed, and why it matters

On **6 October 2026**, the National Medical Commission's Ethics & Medical Registration Board (EMRB) issued a public notice on how registered medical practitioners and their institutions may advertise. It took effect **immediately**.

It builds on the **Registered Medical Practitioner (Professional Conduct) Regulations, 2023**, and was framed in view of the Supreme Court proceedings in **Writ Petition (Civil) No. 1160/2023**.

The short version

The shortcuts a lot of healthcare marketing relied on — testimonials, before-and-after photos, "best in the city", paid reviews, buying rankings — are now off the table. What's left is what always worked best: being **genuinely useful and provably honest**.

RULE 01 · SCOPE

It all counts as advertising now

The notice is explicit: advertising isn't just hoardings and newspaper ads. If it promotes a doctor or an institution, these rules apply.

- **Social media** posts, reels and stories
- **Influencer & sponsored** content
- **Podcasts** and public interviews used to promote a practice
- **AI-generated** or AI-assisted promotional content
- The usual **print, outdoor and digital** ads

Why it matters: teams that thought "this is just a reel, not an ad" are now in scope. Every promotional surface has to meet the same bar.

RULE 02 · WHAT'S OUT

The claims & proof you can no longer use

OUT

Patient testimonials & reviews

Doctors and hospitals may not collect testimonials, endorsements or reviews from patients for promotion, or use fake or manipulated ones. **Patient consent alone does not make a promotional testimonial permissible.**

OUT

Before-and-after & "cured patient" images

Sharing images of healed or cured patients as promotion is not allowed.

OUT

Superlative & guaranteed claims

No claims of superiority, guaranteed accuracy, guaranteed outcomes or comparisons. In practice that retires **"best", "No.1", "100% success"** and **"painless"** — unless independently verifiable.

RULE 03 · WHAT'S OUT · AI

Bought attention, soliciting & unlabelled AI

OUT

Paid reviews & bought rankings

No paying for reviews, likes or followers. No paying so search algorithms push your name to the top. **Earning** rankings with useful content is a different thing — and still allowed.

OUT

Soliciting patients via agents

No soliciting patients directly or indirectly, including through online forums or agents engaged to procure patients. Arrangements built around procuring individual patients need a hard review.

CONDITION

AI is allowed — if you label it

AI-made promotional content must carry a **clear "AI" disclosure**. No synthetic patients, no synthetic endorsements, no AI claims about diagnosis, treatment or outcomes.

RULE 04 · ACCOUNTABILITY

"Our agency posted it" is not a defence

Content run through an agency or any third-party platform stays the responsibility of the **doctor and the hospital**. Compliance is now part of the brief — not an afterthought.

THE PENALTIES ESCALATE

1st	Warning + mandatory ethics training
2nd	Censure + monetary penalty
3rd	Suspension of registration, **3–6 months**
Serious	Misleading cures / inducement / mass solicitation → **6–12 months**
Repeated	Removal from the medical register for **1–3 years**

A show-cause notice comes first (via the State Medical Council); appeals go to the EMRB within 60 days. For a practising doctor, time off the register isn't a marketing problem — it's existential.

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THE GOOD NEWS

What still works — and works better now

When the shortcuts go, the brands that invested in substance win by default. All of this is squarely allowed:

- **Health education & awareness** — public-health and academic content, as long as it isn't soliciting patients. The biggest open lane.
- **Factual information** — departments, specialities, facilities, qualifications and fees, stated plainly.
- **A website that answers before the call** — the most compliant, most effective asset you can own.
- **Legitimate SEO** — earned rankings from useful, accurate content.
- **Consented, de-identified stories** where the law permits — the bar is high, not zero.
- **Labelled, honest AI** — disclosed, with a human checking every claim.

COMPLIANCE GUIDE · 01

The 10-point compliance checklist

Run every healthcare account against this. If you can't tick it, fix it this week.

- [ ] **No patient testimonials or reviews** used in any promotion.
- [ ] **No before/after or "cured patient" images.**
- [ ] **No "best / No.1 / 100% / painless"** or guaranteed-outcome claims.
- [ ] **No paid reviews, bought followers or paid ranking.**
- [ ] **All AI promo content carries a clear "AI" label.**
- [ ] **Reels, podcasts & influencer posts** reviewed as advertising.
- [ ] **Agency & fee arrangements** aren't tied to procuring patients.
- [ ] **Patient images/data** only where law permits, consented & de-identified.
- [ ] **Facts only** on equipment, facilities & fees — no superlatives.
- [ ] **Someone named** owns compliance sign-off before anything publishes.

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COMPLIANCE GUIDE · 02

Fix it: red-flag → compliant

Same goal, compliant execution. A few common swaps:

✗ DON'T	✓ DO
"Best cardiac hospital in the city — 100% success."	"A dedicated cardiac unit with 24×7 cath-lab and <specific> facilities."
Patient video: "Dr. X saved my life, go to them!"	An explainer: "What to expect during an angioplasty," by the department.
Before/after gallery of skin-treatment patients.	Factual page on the procedure, who it's for, risks and fees.
AI-generated "patient" testimonial reel, unlabelled.	AI-assisted explainer, clearly labelled "Made with AI," facts human-checked.

COMPLIANCE GUIDE · 03

Your 30-day compliance plan

1

Audit everything live

Pull every active social post, reel, ad, review widget and landing page. List what breaches the notice.

2

Pull the clear breaches now

Testimonials, before/after, superlative and guaranteed claims, unlabelled AI — take them down first.

3

Review fees & agency terms

Check nothing ties spend to procuring individual patients; re-brief your agency with compliance in the scope.

4

Rebuild on substance

Swap shortcuts for education, factual pages, and a site that answers patients' real questions.

5

Name an owner & a sign-off

One person approves every publish against the checklist. Keep a record.

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HOW WE HELP

A compliance-first healthcare marketing partner

We're re-auditing every healthcare account we manage against the 6 October notice — and we can run the same review for you.

We audit

- Live social, ads & reviews
- Agency & fee structures
- AI usage & labelling

We rebuild

- Education-led content
- Factual, high-intent pages
- Earned, legitimate SEO

Get a compliance-first audit

Not sure where your marketing stands against the new rules? That's exactly the review we run.

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SOURCES & NOTES

Based on the **NMC EMRB public notice dated 6 October 2026**, the **Registered Medical Practitioner (Professional Conduct) Regulations, 2023**, and **Writ Petition (Civil) No. 1160/2023**.

This guidebook is a plain-language summary for marketers and administrators. It is not legal advice. For compliance decisions, read the full NMC notice and consult your medico-legal advisor.

Stay compliant.
Build trust.

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