Draft NMC Regulations, 2022

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1	Only NMC-registered medical doctors can use the prefix **Med Dr** before their names.	
2	Each doctor shall be issued a **unique I.D.** by the NMC and the same shall be mandatory to be used in all documents and stamps issued by him.	What is the role of SMC in registering to the NMC, when registration fees are paid to the SMC and not the NMC?
3	The privilege of mentioning awards, honours, degrees not recognised by NMC (like DIploma in Diabetology, Gold medalist, Fellowship, etc) has been discontinued. **Only recognised medical qualifications** can be appended to the name.	● Doctors work hard to educate and keep their medical knowledge up to date throughout their lives. During this lifelong learning, some of them acquire awards, honours, knowledge-enhancing skills & qualifications and achievements. ● They should be allowed to use such honours on the sign-boards and letterheads. ● Special qualifications make a distinction between a more-educated doctor from another without them. Else, it would discourage further education (even if not recognised by NMC) by doctors. ● As for the NMC-recognised qualifications, the space immediately after the name may be reserved for suffixing them.
4	It carries forward the legacy of MCI in expecting doctors **NOT to mention 'Cardiologist' for M.D. (Internal Medicine)** specialists i.e. a specialist shall not claim to be a clinical specialist unless he has NMC recognised training and qualification in that branch.	
5	Allopathic doctors **shall not employ AYUSH** practitioners. However, if a doctor does employ such an AYUSH doctor, then the ultimate responsibility shall be on the employee himself as well as the doctor responsible for employing such a person.	

6	A doctor qualified to practise allopathy and homeopathy/ayurveda cannot practise both. He can practise **ONLY one pathy**.	
7	**Short courses** in homeopathy/ayurved by an allopathic doctor- cannot practise homeopathy/ayurved. ? Short courses (even if recognised) in **Diabetology/Cardiology**- cannot practice as a Diabetologist/Cardiologist.	
8	**CPD** (continuous professional development) credit hours (30 in no.) shall be updated online on NMC website against the name of the doctor, and shall be mandatory for renewal of registration every 5 years.	
9	After having been registered under the NMC, for practising in another State, a '**License To Practice**' (LTP) shall be applied by the doctor and shall have to be granted by the said SMC within 7 days.	● After registering with the NMC, it is not clear if the NMC mandates a LTP for practising in a 'primary State' to which the doctor belongs. ● The registration fees are submitted to the SMC. What is the role of SMC in the registration process if the registration is to be centrally held by the NMC?
10	Doctors can **refuse to continue consultation** if due fees are not paid by the patient. Not applicable in emergencies and in government hospitals.	
11	**Solicitation** of patients by doctors, directly or indirectly, is prohibited- whether by a trust, a corporate or a govt hospital.	
12	Generic names of drugs- a doctor has to prescribe drugs using **generic names only**.	● This is deleterious to patients' interest. ● Doctors should be given the option of mentioning generic as well as branded names. With such an option, the legal requirement of NMC Regulations as well as the intention with which the NMC has drafted the Regulations shall also be served. ● Often patients demand a

		prescription of best quality medicines- in such a scenario doctors should be allowed to mention reputable/trustable brands of medicines. It is well known that medicines of spurious/questionable quality are available in the Indian market. ● By making generic-only prescriptions mandatory, the so-called greed-for-brands is NOT eliminated. It is merely shifted from the doctor's chamber to the chemist's shop. ● Chemists shall supply medicines with profitable margins even if they are of sub-standard quality.
13	Doctors shall **not use online forums** or agents to procure patients. (It does not bar telemedicine / online consultations. It only bars solicitation by doctors.)	
14	**Recommending**, endorsing, approving, giving a certificate, etc for a commercial product, appliance or therapeutic article with one's name/signature/photograph is prohibited. (It does not mean you cannot write professional articles for public education or research under your name.)	● Is recommending khaadi products for doctors by the NMC not a violation of this regulation? After all, the products are not free. Money shall exchange hands and shall benefit the coffers of the govt of India.
15	Can announce (**advertise**) ONLY within 3 months of the following - (1) On starting practice (2) On change of type of practice (3) On changing 6 address (4) On temporary absence from duty (5) On resumption of practice (6) On succeeding to another practice (7) Public declaration of charges. The number of times one can announce is not restricted.	
16	Can announce (**advertise**) about the name of the institution, type of patients, facilities, and fees, but not one's own name.	
17	Can sell medicines to one's own patients.	
18	**Medical record-keeping** has more clarity now- required to maintain records for 3 years for both in-patients and out-patients, as per proforma.	

19	Medical **records shall be supplied** within 5 working days (earlier it was 3 days). In emergencies, they should be supplied on the same day.	
20	Shall fully digitise all **medical records** within 3 years of the publication of the regulations.	● The longevity of productive life and hence medical practice by no. of years by senior doctors is increasing. They work till their last breath. ● Many senior doctors are not conversant with technology and cannot afford separate staff for record keeping. They cannot digitise their medical records even after 3 years from the date of publication of these guidelines. ● It should be replaced with voluntariness on part of the doctor for digitising medical records.
21	A **separate register** is to be maintained- with details of all certificates issued to patients. (Medical certificates are already required to be printed and chronologically numbered, per MCI Regulations of 2002.)	
22	**Social/Electronic media** guidelines- to be published- for conduct of doctors on social media.	
23	**Ten types of further guidelines by NMC**: (i) Consent guidelines, (ii) Guidelines on reasonable care and skill, (iii) Telemedicine guidelines, (iv) guidelines on Generic Drugs and Prescription, (v) CPD guidelines and accreditation of organisations, (vi) Code of Ethics, (vii) Guidelines on Penalties for Misconduct including the monetary penalty, (viii) Advertisement Guidelines, (ix) End of Life guidelines, Guidelines on Research, and (x) Guidelines on Interaction with Pharmaceuticals - also to be published.	
24	Can choose patients except in an emergency- **can refuse** and refer	

	patients/relatives who are abusive, unruly or violent.	
25	Doctors (including their families) **shall not receive** any gifts, travel facilities, cash, etc from Pharma companies.	
26	Doctors shall not be involved in any scientific activity **sponsored** by any Pharma company, directly or indirectly.	● This is a restriction on the right to education provided by the constitution of India. ● This is a retrograde step in medical education & continuous professional development of doctors. Doctors should be allowed to participate in medical education activities which may not be NMC-approved for CPDs, whether or not these activities are sponsored by Pharma companies or trusts/NGOS/hospitals. Doctors cannot be expected to fund their own CPD programs, else this will increase the burden of fees on patients. ● This will disallow CME programs funded by hospital administration for its own staff/employees. ● Even govt hospitals may not hold CMEs for its PG students as funding may be involved in tea & snacks, etc. ● This will disallow medical camps sponsored by RWAs and social organizations. ● Association of doctors, whether IMA branches or speciality associations, should be allowed to conduct funded CMEs as they are NGOs and work for the social cause and indirectly for the benefit of patients. ●
27	Doctors may be required to **file an affidavit** for earnings/benefits from pharma companies in the last 5 years.	
28	EMRB / SMC can initiate **suo-moto** case against a doctor.	● Suo-moto cognizance by NMC has the potential to be misutilised. Many patients dissatisfied from hospital bills or who want to fleece the

		hospitals/doctors of money, take to social media to defame and make false allegations of medical negligence against doctors/hospitals. (The complaints of excessive billing are disguised as complaints of medical negligence.) Such complaints taken suo-moto cognizance of by the NMC will only harass gullible doctors/hospitals. ● Suo-moto cognizance by NMC should be removed.
29	**Complaints by patients** can be entertained ordinarily within 2 years.	Two years for entertaining complaints by patients is a long time. Ordinarily, such a time limit should be dampened to 3 months, as complaints made later are mostly after-thought and initiated by gred-infested advocates on commission basis.
30	**Representation by a lawyer**, in defence of the doctor, is categorically disallowed at the NMC/SMC.	
31	**Penalty**- provision for award of monetary penalty to the aggrieved party.	
32	**Unregistered doctors**- NMC can charge upto 10 times the fee for LTP from doctors if found practising without it.	
33	**NMC may direct doctors** to undergo training courses / ethics sensitisation as part of the ethics violation.	
34	Powers of EMRB/SMC shall be the same as that of a C**ivil Court** as under CPC, 1908.	
35	SMC to conduct **enquiry within 6 months** of complaint, otherwise EMRB can direct it to conduct daily hearings until the case is closed.	
36	**Penalties** (Guideline 4) - 5 levels of penalties, exoneration of doctor, Level 1 is reformation, Level 2 is suspension from practice for upto 30 days, Level 3 is upto	

	3 months, Level 4 is upto 3 years, Level 5 is permanent deletion of name.	
37	The **Consent Form** must be procedure-specific. Pre-printed procedure-specific informed consent can be made available after prior approval from the SMC or EMRB.	● Securing approval for each & every surgery & anaesthesia by all the hospitals in the country is impractical and impossible. ● The SMC / EMRB should provide procedure-specific consent forms. ● It will save doctors in court as well, as we can say that the consent form is provided by regulatory authorities, and that it is not home-made.
38	In major surgeries, it is in the interest of the patient to execute an advance medical directive (**AMD**) nominating a legal representative who can give consent on their behalf if required for further procedures during surgery when the patient is incapacitated.	
39	**Consent in minors**- to be obtained from parents/guardians; but 'assent' should be obtained in > 8 year old children.	● There is no provision of 'assent' under Indian law. It is a vague word. It creates confusion between consent and assent. ● The law permits consent, not assent. ● What is the legal basis of the age of 8 years for assent? Why not 9 years or 7 years? ● The relevant age for consent in minors in < 18 years for all purposes.
40	Under no circumstances will the **patient's data** be posted on social media.	
41	**Conduct of doctors on social media** (Guideline 6) - Doctors should avoid discussing the treatment of patients on public social media or prescribing medicine to patients on the public social media platform. If a patient approaches doctors through public social media, the doctor should guide the patient toward a telemedicine consultation or in-person consultation as the situation warrants. Doctors should not post patients'	

	photographs or scan images on social media. Once an image is posted in social media, it becomes data that is owned by the social media company or the general public.	
42	Doctors **should not** directly or indirectly indulge in the practice of **purchasing** “likes”, “followers”, or “paid ratings” (payments made to list names at the top) as this amounts to soliciting patients.	
43	Doctors should **refrain from sharing** images of healed/cured patients, or surgery/procedure videos or images displaying impressive results under any circumstances.	
44	**CPD (Guideline 10) vis-a-vis CME** - CPD is a more holistic approach – it recognises the need for the health professional to develop all facets – this goes beyond knowledge and skills to include, among others effective communication, evaluation of emerging evidence, the practice of ethics, the application of law in healthcare, and an understanding of public health, health policy and health economics, among others.	
45	**Categories of CPD** - Category 1 CPD: 70 % of the programme can be devoted to knowledge updates and skill development within the specified subject area essential for patient care. Category 2 CPD: 30% of the programme should be devoted to cross-disciplinary areas which include, bioethics, professionalism, communication, public health, policy, evaluating evidence, biostatistics etc. Category 3 CPD: Self- directed online CPD/ scholarly work.	• Requirement of 30% credits is impractical and unfounded. • What is the basis of 30% credits relating to medical ethics (& related concepts)?
46	**Online or offline CPD**- Category 1 and 2 can be online/face-to-face or hybrid, while Category 3 cannot be > 50% online.	

47	Active **participation of learners has to be ensured,** and documented through exercise during the CPD or online questionnaires e.g. google forms. Participants should not be given certificates of CPD points if they have not attended the whole programme. Every CPD programme should have an internal evaluation process which can broadly assess key participant learnings (Kirkpatrick's 4 levels of learning evaluation).	
48	Every doctor is responsible to meet their **mandated CPD points** on a yearly basis, and update it onto the EMRB/SMC portal on a regular basis. Doctors have to attend both Cat.1 and Cat.2 CPDs in 70:30 proportion. Not more than 50 % shall be Cat.3 barring special situations.	
49	It is expected to obtain **6 CPD points every year** but at least 3 credit points must be obtained per year. A minimum of 30 CPD credit points must be obtained at the end of 5 years **for renewal** of licence.	
50	**CPD Credit rating** - Conferences, symposia, seminars, and workshops • Online synchronous OR blended learning activities = 0.25 credits/hour of active learning; Invited speaker = 1 credit/hour in national & 0.75 credits in State; Oral presentation = 1 credit-hour; Poster presentation = 0.5 credit-hour.	
51	**Telemedicine** practice guidelines have been improved / revised- year 2022.	
52	**Consent for telemedicine** is not mandatory if initiated by the patient (implied consent). However, it is mandatory if initiated by a caregiver/HCW or for recording video/audio during teleconsultation (Explicit informed consent, as per sample format). For illiterate patients, it can be read aloud to	• Ordinarily, senior citizens are consulted through their relatives(caregivers). Caregivers are required to sign the informed consent form. Not everyone has a printer at home, or knows how to digitally sign a certificate/informed consent form. It is impractical and discourages teleconsultation of senior

	patients, for others signature is mandatory.	citizens/infirm or dependent patients. ● Informed consent form to be signed should be removed and replaced by implied consent. ● Similarly, not all HCWs can prrint/digitally sign the informed consent form. It sould also be replaced by imlied consent. ● After all it is the patient through a caregiver/HCW who has initiated the teleconsultation- doctor has not initiated the teleconsultation.
53	**Sample** informed consent format is appended as Annexure 4 of the Regulations2022.	

NMC = National Medical Commission
SMC = State Medical Council
EMRB = Ethics & Medical Registration Board (of NMC)
LTP = License to practice

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