THE CMO ROLE

What the hospital CMO owns now

The mandate has widened past campaigns and hoardings. Here is where it runs, and where it must stop.

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WHAT CHANGED

The job the description never caught up with

THEN	Print space, a few health camps, a monthly lead sheet
NOW	Demand, brand, digital front door, CRM, doctor marketing, PR
GAP	Not communication. The role changed faster than the job description.

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THE MANDATE

Six areas a CMO signs off every month

1. Demand generation: search, social, listings, camps, referrals
2. Brand: the promise and how every unit represents it
3. Digital front door: website, app, chatbot, contact-centre scripts
4. CRM and patient communication: recall, reminders, WhatsApp threads
5. Doctor-facing marketing, PR and reputation

Some groups also route the international desk through marketing. Ask explicitly, do not assume.

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SINGLE VS GROUP

Activation at one unit, architecture across many

SINGLE	Approve the camp calendar, sit in doctor onboarding, watch weekly enquiries
GROUP	One CRM, one brand system, one content and paid-media engine
TRADE-OFF	Centralisation is cheaper at scale and resented by unit heads in year one

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BOUNDARY ONE

The medical director's line

- Survival rates, complication rates, comparative outcome language
- Never approved by marketing alone, no campaign-deadline exceptions
- Credentialing and privileging stay with the medical director
- Marketing nurtures the referral relationship; it does not decide who operates

A campaign pulled two days before launch over one surgeon's caseload claim is the system working.

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Informing the price is the CMO's job; setting it is not, and confusing the two damages both functions.

Bring elasticity, what a package must include, where a price point loses volume. Then let the P&L owner sign.

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PUSH BACK

Handed to marketing because nobody else claims it

- Clinical outcomes messaging and comparative claims
- Setting the price itself
- Doctor credentialing decisions
- Patient safety communication during an active clinical incident
- Capacity and scheduling decisions

Say clearly whose call it is. Owning it dilutes accountability for demand and brand.

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INDIAN TEXTURE

What makes the job different here

- CRM decisions are really WhatsApp Business API decisions
- A few respected local doctors can outpull any campaign in Tier 2
- DPDP: a defensible record of what each patient consented to
- NMC guidelines: no superiority claims, no unverifiable outcomes

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FIRST TWO WEEKS

If you are stepping into the role

- Agree clinical and pricing boundaries in writing with the MD and CFO
- Map current spend to booked patients
- Fix the enquiry-to-appointment path
- Set one measurement standard across units, build a doctor-facing plan

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READ THE FULL GUIDE

What the hospital CMO owns, in full

- The doctor-facing programme nobody puts in the JD
- How the mandate shifts from one unit to a group
- The scoping exercise as the first real test
- gauravphogat.com/what-the-hospital-cmo-role-owns-now

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