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Tourism and related services — Medical tourism — Service requirements

*Tourisme et services connexes — Tourisme médical — Exigences de
service*

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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

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For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT), see www.iso.org/iso/foreword.html.

This document was prepared by Technical Committee ISO/TC 228, *Tourism and related services*.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

Introduction

The number of people travelling from one country to another searching for healthcare has quickly increased in recent years. Some of the reasons for this are the competitive prices that certain countries offer, the unavailability of treatment in medical tourists' home countries and the desire of medical tourists to skip long waiting lists. Furthermore, the growing demand within this global market has benefited from the ease and affordability of international travel as well as technological progress and the possibilities that the internet offers. Treatments include cosmetic surgery, dentistry, laser surgery for eyes, spinal disc replacement, brain surgery (e.g. cerebral valve adaptation), oncologic surgery (e.g. tumorexeresis or complete organ removal), bariatric surgery (e.g. gastric bypass) and cardiac bypass surgery.

Multiple stakeholders are involved in the medical tourism value chain, including facilitators, healthcare providers (e.g. clinics and hospitals), professionals (e.g. doctors) and other interested parties (e.g. insurance companies and consulates). The development of medical tourism faces many challenges, such as simplifying the administrative tasks, enhancing and adapting healthcare procedures and post-treatment care, and coordinating travel arrangements. These might present some difficulties for healthcare providers in meeting medical tourists' expectations.

There is an obvious need, therefore, to define, at an international level, the minimum quality requirements for providing medical tourism services, considering the different stakeholders involved, in order to meet the expectations of medical tourists.

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Tourism and related services — Medical tourism — Service requirements

1 Scope

This document establishes the requirements and recommendations for facilitators and healthcare providers in medical tourism.

This document intends to ensure quality service provision for tourists in order to meet the expectations of tourists travelling for medical reasons as a primary motivation.

This document does not apply to thalassotherapy centres, medical spas or wellness spas.

2 Normative references

There are no normative references in this document.

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

- ISO Online browsing platform: available at <https://www.iso.org/obp>
- IEC Electropedia: available at <http://www.electropedia.org/>

3.1

concierge service

service provided by the *facilitator* (3.2); the *healthcare provider* (3.4) or both to enhance the medical tourist's experience

EXAMPLE Pick-up or return to the airport, medical and leisure activity escort, parking services, translation services, babysitting, cleaning staff, drivers, 24-h personal attention, accommodation rental.

3.2

facilitator

medical- tourism- specialized intermediary which aids the medical tourist in the process of contracting medical services

Note 1 to entry: some facilitators also completely or partly arrange concierge services, flights or accommodation for the medical tourist.

EXAMPLE Travel agency, medical cluster, the international department of a healthcare provider.

3.3

healthcare

activities to maintain and improve the health of individuals or the general population

[SOURCE: ISO 22886:2020, 3.11.2]

3.4

healthcare provider

organisation where *medical tourists* (3.9) are given medical consultation, diagnosis, rehabilitation and medical or surgical treatment

EXAMPLE Clinic, hospital, rehabilitation centre.

3.5

healthcare staff

qualified staff who provide clinical services to *medical tourists* (3.9)

EXAMPLE Nurse practitioner, physician's assistant, emergency medical technician, radiography staff, dietician.

3.6

medical procedure

action intended to deliver *healthcare* (3.3)

EXAMPLE Diagnosis, treatment, therapeutics and tests.

3.7

medical staff

graduates in medicine who meet the legal requirements for the practice of the profession

3.8

medical tourism

international or national travel which has *healthcare* (3.3) as a primary motivation

3.9

medical tourist

person travelling for *healthcare* (3.3)

Note 1 to entry: The reasons for such travel include medical consultation, diagnosis, rehabilitation and medical or surgical treatment.

3.10

temporary exit allowance

permission given to the *medical tourist* (3.9) to leave the *healthcare provider* (3.4) and continue the *treatment* (3.11) afterwards, when the treatment is carried out in several stages

Note 1 to entry: In some treatments, such as oncology, the treatment is carried out over several periods.

3.11

treatment

healthcare (3.3) given to the *medical tourist* (3.9) for an illness, injury or disease in order to make them healthy or to improve their quality of life

4 General requirements

4.1 General

This clause establishes the requirements for quality service in medical tourism and applies to both the facilitator and the healthcare provider.

The facilitator and the healthcare provider shall:

- a) provide the medical tourist with documented information about their specialties, the services offered and their field of expertise;
- b) cooperate with each other and with the medical tourist to facilitate the process, providing the medical tourist with the required information regarding both the travel and the medical procedure;

- c) have appropriate insurance for their activities;
- d) identify the legal requirements that apply to them (e.g. operating licence, authorization of the health authority, health transport, food safety, hazardous waste management, X-ray facilities) and ensure that these are taken into account when offering and providing the services;
- e) define and implement a documented procedure to identify the different job profiles of the organization managing the personal and clinical data of medical tourists and establish the level of permissions necessary to access that information for each job profile;
- f) ensure confidentiality and data protection for medical tourists (e.g. separate records for clinical data and administrative data); it is highly recommended that software systems are implemented which allow the management of and control the access to this information (e.g. tests, results, diagnostics);
- g) recommend contracting an insurance policy to cover possible complications of the treatment when this is not included in the given quotation, considering also other expenses for death and repatriation (for the medical tourist and their companions);
- h) implement a management system that evidences quality service provision and appropriate internal management.

4.2 Visa arrangements

The facilitator, the healthcare provider or both should identify and document the visa requirements for international medical tourists, where applicable and at least for those countries of origin where most of their medical tourists come from.

In some cases, the healthcare provider can write an invitation letter when requested by the medical tourist.

4.3 Concierge services

4.3.1 General

Concierge services can be offered either by the facilitator or the healthcare provider.

The facilitator or healthcare provider shall define the services offered for their medical tourists' convenience. For that purpose, it should analyse, for example:

- a) the treatments offered;
- b) the average stay of the medical tourists;
- c) the origin of the medical tourists;
- d) the languages and other cultural issues related to the medical tourists.

4.3.2 Foreign languages and translation services

The facilitator and the healthcare provider shall communicate and provide their services in at least one foreign language, which shall be determined considering the countries of origin of their medical tourists. When translation services are required, these services shall be provided.

The facilitator and healthcare provider shall have a list or access to contact details related to translation service providers.

4.3.3 Transportation services

Transportation services from from the main destination entrance points (e.g. airports) shall be offered. Appropriate vehicles and facilities for medical tourists with physical disabilities should be provided. The medical tourists shall be informed of applicable conditions in advance.

Transportation to the accommodation facilities at the destination shall be provided by the healthcare provider or the facilitator (upon request, if applicable). The transportation should be appropriate to the medical condition of the medical tourists.

4.3.4 Accommodation services

When, due to the type of treatments carried out by the healthcare provider (i.e. follow-up activities and recovery), an accommodation service outside the healthcare provider is needed, the facilitator and the healthcare provider shall cooperate with accommodation providers and other service companies at the destination in order to offer practical information. The accommodation should account for the needs and requirements of people with disabilities.

NOTE For additional information about accessibility requirements see ISO 21902¹⁾.

The opportunity to book those services together with the treatment as a package should be available.

4.4 Medical tourist satisfaction monitoring and action plan

Both the healthcare provider and the facilitator shall measure and monitor medical tourist satisfaction with their own service. Also, concierge services, when applicable, shall be measured and monitored.

The results obtained from this evaluation shall be available for the staff involved so that the healthcare provider, the facilitator or both implement an action plan to improve medical tourist satisfaction. They shall also handle medical tourists' complaints.

The results obtained from the monitoring plan of medical tourist satisfaction as well as the actions taken to improve medical tourist satisfaction shall be recorded.

5 Requirements for facilitators

5.1 General

Medical tourism is divided into three major processes:

- pre-travel and pre-treatment;
- treatment;
- post-treatment, including return home and follow-up.

The facilitator shall:

- a) have specific knowledge of the healthcare sector;
- b) document its relationship with the healthcare provider through a contract, which includes the procedure to be followed by both parties; this contract shall also ensure the data protection of the medical tourists;
- c) keep documented information of the medical procedure.

The minimum competencies for facilitators shall be as specified in [Annex B](#).

1) Under preparation. Stage at the time of publication: ISO/DIS 21902:2020.