भारतीय मानक
Indian Standard

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पर्यटन और संबंधित सेवाएँ — चिकित्सा पर्यटन — सेवा अपेक्षाएं (आईएसओ 22525:2020, संशोधित)

Tourism and Related Services — Medical Tourism — Service Requirements (ISO 22525 : 2020, MOD)

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NATIONAL FOREWORD

This Indian Standard is a modified adoption of International Standard ISO 22525:2020 'Tourism and related services — Medical tourism — Service requirements'. This standard was adopted by the Bureau of Indian Standards, after the draft finalized by the Medical Value Travel Services and Wellness Services Sectional Committee had been approved by the Services Sector Division Council.

This standard has been prepared as a modified standard of ISO 22525 in order to improve implementability of the standard in the country. Certain modifications due to national legal requirements and the particular needs of industry have been made. These technical deviations have been added directly to the clauses to which they refer. A complete list of modifications, together with their justification, is given in Annex C. Also, certain modifications have been made in the titles of the clauses for better appreciation and applicability considering their uses in Indian context. For comparison purposes, a list of the clauses in the standard and the corresponding clauses in the International Standard is given in the informative Annex D.

In this standard, the following editorial changes have also been made:

a) In the sub-clause 6.4.3 the word 'heathcare' is replaced by 'healthcare';
b) In the sub-clause 6.5.5 (a) the word 'clinic' is replaced by 'clinical';
c) In the sub-clause 6.5.5 the word 'regimen' is replaced by 'regimens';
d) In the sub-clause 6.7.1 the 'decimal comma' has been replaced by the word 'and'.

The number of people travelling from one country to another searching for healthcare has quickly increased in recent years. Several factors make India a popular medical tourism destination. These include the presence of world-class hospitals, skilled medical professionals and superior quality healthcare; low treatment costs compared to other countries; unavailability of treatment in medical tourists' home countries or desire of medical tourists to skip long waiting lists; and credibility in traditional systems of medicine as well as increased global demand for wellness services like Yoga and meditation. Furthermore, the growing demand within this global market has benefited from the ease and affordability of international travel as well as technological progress and information about the possibilities that the internet offers. Treatments include oncology treatment, organ transplant, neuro and spine surgeries, cardiac procedures, orthopaedic surgeries, bariatric surgery, cosmetic, laser surgery, dentistry and Ayush therapeutic interventions especially Ayurvedic Panchakarma therapies. Ayush comprises traditional and non-conventional systems of healthcare and healing.

Multiple stakeholders are involved in the medical tourism value chain, including medical professionals (for example, doctors of all systems of medicine recognized under applicable Indian law and registered with appropriate statutory authority), healthcare providers (for example, clinics and hospitals of all systems of medicine recognized under applicable Indian law), facilitators, hotels/guest houses and other interested parties (for example, insurance companies and embassies/high commissions/consulates). Development of medical tourism faces many challenges, such as simplifying the administrative tasks, enhancing and adapting healthcare procedures and post-treatment care, adapting suitable accessible stay arrangements for prolonged stay 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, the quality requirements for providing medical tourism services, considering the different stakeholders involved, in order to meet the expectations of medical tourists. This standard fulfills the need of aforementioned quality requirements.

In this standard, the structure given in International standard has been retained as such for easy comparison of the content and structure of the two standards.

Annex A is integral part of the standard and Annex B is for information only.

Indian Standard

TOURISM AND RELATED SERVICES — MEDICAL TOURISM — SERVICE REQUIREMENTS (ISO 22525 : 2020, MOD)

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.

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

3.4
healthcare provider
organisation where *medical tourists* (3.9) are given medical consultation, diagnosis, rehabilitation and medical or surgical treatment for all systems of medicine recognized under applicable Indian law

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, marma therapists, panchakarma technician etc.

3.6
medical procedure
action intended to deliver *healthcare* (3.3)

EXAMPLE Diagnosis, treatment, therapeutics and tests.

3.7
medical professional
A professional qualified in any of the legally recognized system of medicine and registered by the Authority or by the body governing such profession and constituted under a statute, as may be applicable

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 discharge

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 (for example 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 (for example 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 (for example 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/ Medical Attendant);

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 the main destination entrance points (for example airports) shall be offered. Appropriate vehicles and facilities for differently abled medical tourists 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 (that is 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.

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:

a) pre-travel and pre-treatment;

b) treatment;

c) post-treatment, including return home and follow-up.

The facilitator shall:

1) have specific knowledge of the healthcare sector;

2) 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;

3) keep documented information of the medical procedure.

The minimum competencies for facilitators shall be as specified in Annex B.

5.2 Pre-travel and pre-treatment

The facilitator shall:

a) collect general information from the medical tourist so the appropriate treatment can be offered by the healthcare provider and, when requested by the medical professional, submit a form to be completed by the medical tourist to inform the medical professional of his or her medical history;

b) provide the medical tourist with the information needed regarding the medical professional, healthcare provider and/or its own services and expertise;

c) ensure that an application form is completed by the medical tourist; the application form shall include at least the medical tourist's contact details, language preference and submission of privacy policy, and shall allow the medical tourist to explain his or her needs or case;

d) contact the medical tourist in order to get additional information to that previously provided through the application form, regarding his or her special needs, concerns and expectations, quotation and requested time frame for the treatment;

e) request from the healthcare provider information regarding, for example, the medical professional, treatment, test benefits, possible general risks and complications of the treatment, length of stay and estimated time to discharge and recovery time, and inform the patient accordingly, referring the medical tourist to the healthcare provider for a medical process explanation;

f) provide the medical tourist with general information regarding the travel arrangements offer (for example general visa information when needed, transfer information);

g) ensure that the medical tourist has given formal consent for their personal information to be collected and disseminated to the medical professional;

h) ensure that the requested medical data and tests (for example magnetic resonance imaging, X-rays, photos, clinical laboratory test results) are provided by the medical tourist when needed for the medical procedure;

i) agree with the medical tourist about the most convenient travel dates;

j) agree with the medical tourist about the accommodation facilities and other concierge services needed; the facilitator should suggest an accommodation provider which meets the medical tourist's needs (that is in terms of accessibility, nutrition and a companion person/ Medical Attendant);

k) request from the healthcare provider a quotation for the treatment;

l) inform the medical tourist about the following:

1) the necessary travel documents, such as passport and visa acquisition and their estimated costs;

2) the possibility that the treatment might be cancelled for medical reasons once the medical tourist is at the healthcare provider;

3) the possibility that the selected doctor will not be not available due to unforeseen circumstance; in this case, an alternative shall be determined in consultation with the medical tourist;

4) the payment policy;

5) the responsibility of every party in the process (facilitator and healthcare provider);

6) the applicable legislation, which is the one in the country where the treatment is carried out;

m) after receiving all the information (including the medical process as well as the concierge services), send a final quotation of all services to the medical tourist for approval; this quotation shall be clear enough to allow them to identify what is included and what is not; coverage in case of complications (if any) shall be determined;

n) book the treatment with the healthcare provider;

o) arrange concierge services, taking into account the medical tourist's special needs and requests;

p) send in advance the complete travel information to the medical tourist, above all departure and arrival dates at destination;

q) ensure that administrative personnel of the facilitator have no access to clinical data.

5.3 Treatment

The facilitator shall stay in contact with the healthcare provider to monitor and ensure the correct fulfilment of the agreement during the whole treatment and assist the medical tourist in case of unsatisfactory results.

5.4 Post-treatment

5.4.1 General

The facilitator shall stay in contact with the healthcare provider to monitor and ensure the correct development of the agreement during the post-treatment and act as a mediator in case of complications or unsatisfactory results.

Specifically, during the recovery period at the destination (if any), the facilitator, as mediator, shall ensure the medical tourist receives from the healthcare provider the necessary post-treatment follow-up, according to the medical procedure.

The facilitator shall ensure that the accommodation is adapted to the medical tourist's specific needs.

5.4.2 Return home and follow-up

If the facilitator is responsible for the medical tourist’s return home process, he shall plan this process according to the specific needs of the medical tourist.

The facilitator should ensure a follow-up service once the medical tourist is back home.

6 Requirements for healthcare providers

6.1 General

The healthcare provider shall:

a) define and communicate its insurance policy for medical tourists;

b) ensure effective communication with the medical tourist;

c) inform the medical tourist of their rights and respect these.

Note: Annex A includes information about the rights and duties of the medical tourist.

6.2 Information

6.2.1 Information about the healthcare provider

The healthcare provider shall inform the medical tourist about the following:

a) the name of the healthcare provider in the local language and in English;

b) service hours, availability of staff, emergency phone numbers and staff involved in and in charge of the medical procedure;

c) the accessibility characteristics of the facilities and services (for example registration process, services offered, emergency advice);

d) accepted insurance, costs, payment methods and financial assistance possibilities;

e) concierge services offered to the medical tourist and companions/ Medical Attendant, such as transportation services, accommodation (including information about types and length of stay);

f) ancilliary services of the healthcare provider (for example library, cafeteria, laundry service);

g) visa requirements;

h) cancellation policy; the evidence of the acceptance by the medical tourist shall be kept;

i) the healthcare provider’s responsibilities when the treatment is denied or interrupted for medical reasons;

j) the conditions regarding a change of healthcare provider; if this happens, evidence of the acceptance by the medical tourist shall be kept;

k) information about the insurance coverage that the healthcare provider holds.

The healthcare provider should display recognitions, certificates and accreditations that support their knowledge and expertise in the health field.

6.2.2 Information about the treatments

For each type of treatment offered, the healthcare provider shall inform the medical tourist about the following:

a) associated risks, possible side effects or reactions (allergies), contraindications, medication; specifically, treatments which are not suitable in cases of pregnancy or a specified illness shall be identified and communicated;

b) pre-treatment (preparation), post-treatment and follow-up;

c) quotation;

d) techniques used, drugs, follow-up and other similar procedures and services not covered by the quotation;

e) clothing and personal items allowed;

f) indications of the preparation required by certain tests (for example dietary specifications);

g) specifications about the treatment in a way which can be understood by the medical tourist; this notification should be documented.

6.3 General service provision

The healthcare provider shall:

a) determine if a schedule for consultation and admission in advance shall be offered, depending on the services provided;

b) provide the required documentation for admission;

c) establish a method to deal with conflicts or situations in which the medical tourist does not agree with the medical opinion on the risk linked with the interruption of the treatment (for example signature of a declaration of exemption from liability of the healthcare provider);

d) define the steps to be followed in case any medical emergency or complication occurs (for example person to contact, medical transportation);

e) offer to the medical tourist the option to interrupt the treatment at any time, even when there is a previous informed consent;

f) give the medical tourist the option to revoke the informed consent; in cases where an informed consent is revoked or there is a voluntary discharge, a record shall be kept by the healthcare provider together with the medical history;

g) respect the medical tourist's last will, informing them about the legal framework, if applicable;

h) facilitate the relevant records when the medical tourist asks for a second opinion or changes the treating doctor for that purpose;

The healthcare provider should establish specific measures to protect the medical tourist's belongings.

6.4 Staff

6.4.1 Staff planning and coordination

The healthcare provider shall:

a) define the workforce needed depending on criteria like the demand of services, shifts, specialization of the centre and opening hours;

b) identify and document the different job positions needed and their responsibilities;

c) implement and document the steps to coordinate the attention to each medical tourist.

6.4.2 Qualification requirements

The different job profiles for the previously identified job positions shall be defined, considering:

a) capacities, skills knowledge and certificates required (for example certificate of membership);

b) responsibilities and duties.

Medical professional and healthcare staff shall have an official diploma according to their job position and specialty. Specifically, healthcare staff of technical degree (for example nurses, physical therapists, panchakarma therapists, physicists, image diagnostic technicians, analysts, opticians, medical laboratory scientists, blood bank specialists) shall conform to the relevant requirements (for example civil liability insurance, membership certificate, licence for X-ray operators).

For those job positions in contact with medical tourists, special attention shall be paid to medical tourists' orientation and language skills.

6.4.3 Training

The healthcare provider shall offer the training required for the employees. Therefore, a training plan for the different working areas shall be defined and implemented. This plan may contain training activities provided by both external and internal staff.

In order to design this plan, the healthcare provider shall identify the training needs of the employees. The frequency of the training activities shall be defined, as well as the follow-up mechanisms.

The following topics and any other relevant need for the healthcare provider should be considered within the training plan, depending on the job position:

a) courtesy rules, considering the segmentation of medical tourists, culture approach, values and needs;

b) foreign languages, taking into account the countries of origin of the medical tourists;

c) information technology skills;

d) quality requirements;

e) assisting people with special needs (such as persons with disabilities and elderly people);

f) risk, fire and accident prevention;

g) dealing with emergency situations;

h) food safety (when applicable);

i) medical tourist rights and duties;

j) informed consent;

k) ethics.

The healthcare provider shall define a minimum period of training for new staff, considering staff experience, internal procedures and job positions. Records of the training should be kept.

6.5 Medical service provision

6.5.1 Admission process

The admission process shall be defined and documented according to medical criteria. The healthcare provider shall:

a) admit a medical tourist only if the necessary care and services can be provided in a suitable environment;

b) ensure that medical tourists are uniquely identified to avoid mistakes (for example with a bracelet);

c) determine if a prior medical examination or screening is needed to admit a medical tourist, in which case a schedule for consultation and admission should be established in advance; if the medical tourist is admitted, he or she shall be addressed to the proper care unit;

d) have specific instructions to keep medical tourists under observation;

e) provide information about payment methods and medical providers' facilities;

f) define how to reserve a room at the healthcare provider and how to book ancilliary and concierge services, when needed.

6.5.2 Medical tourist history

The medical tourist's care shall be planned and recorded on the medical tourist's history by qualified staff. The medical tourist's history shall be accessible only to authorized staff and shall include at least the medical procedures performed on the medical tourist, medication, surgical information, type of anaesthesia used (if needed), reactions and outcomes.

6.5.3 Informed consent

a) The medical tourist shall be informed about those issues related to the planned medical procedure, in order to make an informed decision.

b) The healthcare provider shall have documented procedures and forms to obtain, when needed, the medical tourist's informed consent before the treatment, considering a cooling-off period.

c) Documented procedures shall include who, besides the medical tourist, is allowed to give the informed consent.

d) The informed consent shall be documented and shall specifically include:

    1) explanation of the treatment and contraindications;

    2) benefits of the treatment;

3) risks of the treatment;

4) specific risks for the medical tourist;

5) therapeutic alternatives.

e) The informed consent shall be signed by the medical tourist or their legal representative if they lack the capacity to sign it.

f) The healthcare provider shall give the medical tourist the option to ask questions if he or she has any doubt, and the healthcare provider shall answer them. The informed consent can be asked for more than once during the treatment if the risk of the medical procedures to be carried out is high. Furthermore, the option to revoke the informed consent shall be given to the medical tourist.

g) The informed consent shall be available and officially translated into a language which can be understood by the medical tourist.

h) The medical tourist's personal data shall be available only to authorized staff.

6.5.4 Rooms

When the healthcare provider offers rooms in its own facilities, these shall have the necessary space for the medical tourist and the adequate equipment.

These rooms shall have adjustable natural lighting, thermal insulation and air conditioning to ensure a comfortable temperature for the medical tourist, as well as acoustic insulation and conditioning to allow the medical tourist to rest. They shall have an accessible bathroom en suite.

6.5.5 Discharge

The healthcare provider shall document a procedure to discharge a medical tourist, either to return home or to be transferred to another healthcare provider or accommodation at the destination.

The discharge process shall include a complete discharge report, indications about the timing to issue it and the obligation to record it as a part of the medical history. The discharge report shall include at least:

— the admission or entry causes and diagnosis;

— the dates of entry and discharge;

— the results of the tests which are significant in the medical tourist procedure;

— the medical procedures which have been carried out by the healthcare provider;

— the health condition when discharging;

— the significant drugs provided, including the medication after discharge to be taken by the medical tourist;

— the follow-up instructions.

Regarding the discharge procedure, the following requirements shall be met:

a) one copy of the discharge report shall be recorded as a part of the clinical history and another copy shall be delivered to the medical tourist; the given record cannot be changed afterwards and shall be signed by the medical professional in charge of the medical tourist;

b) temporary discharge shall be considered, when needed, as well as the recommendations to be followed during those permissions;

c) specific instructions to be followed by the medical tourist shall be provided to them and to their companions/ Medical Attendant;

d) the healthcare provider shall consider the country of origin (or returning country) of the medical tourist when prescribing drugs, following treatment or both, taking into consideration, for example, non-accessible drugs and illegal drugs or treatments;

e) in case the medical tourist is transferred to another healthcare provider following the recommendation of the original healthcare provider in order to receive further care, a cooperation and coordination system shall be defined to guarantee the level of service; in case of transfer to another healthcare provider, the original healthcare provider shall:

— have determined first that the healthcare provider to which the medical tourist is going to be transferred can fulfil the needs of that medical tourist;

— establish the transfer conditions, according to the health situation of the medical tourist, as well as the equipment needed for the transfer;

— inform the healthcare provider where the medical tourist is being transferred, about his or her special needs and required medical monitoring, drugs and any other relevant information to be communicated;

— identify responsibilities at each stage of the transfer and communicate them clearly to the different parties involved;

— provide a discharge report to the healthcare provider to which the medical tourist is going to be transferred;

— assign a qualified person to monitor the health situation of the medical tourist while transferring them to another healthcare provider; this person shall have also a copy of the discharge report;

— consider if a companion/ Medical Attendant is needed in the case of transfers managed by the healthcare provider;

— make a follow-up of the transfer, if applicable;

f) situations where it is not possible to transfer the medical tourist to another healthcare provider shall be considered.

g) facilitator Shall be kept informed about the above process (wherever applicable)

6.5.6 The medical tourist's follow-up

The healthcare provider shall define the follow-up procedure, assist the medical tourist in the post-treatment follow-up and act accordingly.

6.6 Nutrition

Nutrition is an integral part of the medical service and a very important element in the treatment of the medical tourist. The culinary offer shall include balanced and healthy options, such as vegetarian and salt-free options.

When offering catering services, the nutrition regimens should consider:

a) the health status of the medical tourist: provision of specific diets for medical tourists suffering from cardiovascular disease, gastrointestinal disease, diabetes or allergies;

b) personalized diets: the preparation of personal nutritional regimen considering the eating habits and preferences of the medical tourist.

6.7 Safety and security

6.7.1 General

The healthcare provider shall assess the risks and define the protective measures to be taken to ensure the maximum level of safety for the medical tourist and staff.

These measures shall at least include:

a) the designation of a responsible body for health, safety and security;

b) the prevention and mitigation of clinical risks;

c) the prevention and mitigation of general risks and accidents;

d) food and hygiene arrangements;

e) first aid, fire protection and emergency measures;

f) staff training.

The healthcare provider shall plan, organize, control and monitor the preventive and protective measures defined after the risk assessment.

The healthcare provider shall keep a special health and safety archive that includes at least:

1) the documented risk assessment and the corresponding protective measures;

2) the health and safety system arrangements (procedures and instructions);

3) the emergency response and evacuation procedures, considering medical tourists with special needs;

4) the routine health and safety inspections;

5) the accident investigation records;

6) the arrangements for handling hazardous substances, including the corresponding safety data sheets;

7) the records of staff training, including mock evacuations.

6.7.2 Food safety

The healthcare provider shall define the necessary measures to ensure food safety for its medical tourists. These measures shall cover, as a minimum, the control of supplies, the traceability of the food, the control of its preservation and the qualification of staff to handle food. The healthcare provider shall conform with the hazard assessment critical control points (HACCP) or good manufacturing practices (GMP) for food delivery.

6.7.3 Pest control and disinfection

A program for the extermination of rodents, disinfection and pest control shall be defined, taking into account the location and the specific condition of the facilities. For the application of products either by its own staff or by external staff, the healthcare provider shall have a copy of the authorization and sanitary registration of the products to be used.

At the same time, the healthcare provider shall consider the actions necessary to control and prevent contamination in susceptible facilities such as cooling towers, heat exchangers, tanks, showers, hot water taps, heated swimming pools, ornamental fountains, sprinkling systems, fire protection systems and cold-water facilities in general.

6.7.4 Security measures and medical tourist properties

The healthcare provider shall define the measures to ensure the security of the medical tourist and the staff on its premises. This includes the assets belonging to the medical tourist, the staff or the healthcare provider itself.

The premises should have external monitoring and control actions in place such as security guards, video cameras, control of car park keys and special attention during the loading and unloading of luggage.

Regarding security within the facilities of the healthcare provider:

a) all staff shall be identified;

b) access to the premises and medical wards (where relevant) shall be controlled day and night;

c) the rooms shall be furnished with the necessary mechanisms to guarantee privacy and security.

6.7.5 Fire risk assessment and protection

The healthcare provider shall define the necessary measures to ensure fire protection according to the results of the risk assessment.

Emergency exits shall be duly signposted, permanently free from obstacles and easily opened from the inside without any form of lock, such as chains or padlocks.

6.7.6 Emergency and evacuation plan

The healthcare provider shall establish, implement and maintain an emergency plan that defines:

a) the response to emergency situations, including the provision of first aid;

b) the necessary training for the planned response;

c) the periodic testing and exercising of the planned response capability;

d) the communication of the plan to all staff, including their duties and responsibilities relating to its execution;

e) the communication to medical tourists, visitors and other third parties;

f) the communication with the relevant emergency response services and other government or local authorities where necessary.

An emergency drill shall be conducted periodically and the results shall be documented.

The healthcare provider shall inform the medical tourist and their companions/ Medical Attendant, if needed, on how to act in the case of emergency and evacuation.

6.8 Cleaning, disinfection, sterilization and maintenance

6.8.1 Cleaning, disinfection and sterilization

The healthcare provider shall designate a responsible person to ensure cleaning, disinfection and sterilization.

A cleaning and aseptic plan shall be defined, documented and implemented based on the clinical risk assessment. The healthcare provider shall ensure a high level of cleanliness, taking into account the healthcare provision, the needs and the cleaning routines. All the healthcare provider's facilities (for example common areas, rooms) shall be properly cleaned and disinfected. The healthcare provider shall perform bacteriologic and microbiological controls in the environment to support the efficacy of the cleaning and disinfection products.

Cleaning activities should be carried out in a way that minimizes the discomfort of the medical tourist.

6.8.2 Maintenance

The healthcare provider shall designate a person responsible for maintenance.

All the healthcare provider's facilities (common areas and those for individual treatments) shall be properly maintained. Maintenance activities shall be carried out without disturbing the medical tourist.

ANNEX A

(*Clause* 6.1)

(*Informative*)

Rights and duties of the medical tourist

A.1 Rights of the medical tourist

A.1.1 General

The general rights of the medical tourist are as follows:

a) the right to human dignity, respect of free will and privacy, which will guide any activity aimed at obtaining, using, filing, safeguarding and forwarding public information and documents;

b) the right to respect for privacy, personality and human dignity, and the right to receive healthcare free from any type of discrimination;

c) the right to be properly informed, in understandable terms, about the risk factors, situations and causes regarding public and individual health.

A.1.2 Privacy

The medical tourist has the right to confidentiality of any information related to procedure and stay or treatment in the institution as well as in public health institutions.

A.1.3 Information

The medical tourist has the following rights to information:

a) the right to continuous and complete information in understandable terms about the medical procedure, including diagnosis, prognosis and treatment options;

b) the right to be informed about the possibility of using diagnostic and therapeutic procedures provided to the patient for educational or research programmes, which could under no circumstances bring additional known health risks; in any event, previous

information and written authorization are necessary, as well as an agreement from the doctor in charge and the management of the health centre;

c) the right to receive the information requested by the medical tourist with special needs regarding aspects such as accessibility and nutrition.

The people authorized by the patient also have the right to be informed in the same terms as the patient.

A.1.4 Autonomy

The medical tourist has the following rights to autonomy:

a) any action regarding the patient's health requires their free and voluntary consent, after being fully informed about the care to be given and after being made aware of the different options that are available in their case;

b) the right to obtain certificates regarding their state of health;

c) the right to access all documents from the medical records and obtain a copy of the information contained in them, without detriment to third-party rights to confidentiality;

d) the right to express their will in advance, so that it is fulfilled by the time they come to a situation when they are not able to express their will personally, regarding their healthcare and treatment or, in case of death, regarding the end use of the corpse and organs.

A.2 Duties of the medical tourist

The healthcare provider may ask the medical tourist:

a) to comply with the sanitary requirements that apply to the entire population, as well as specific requirements determined by health services;

b) to use the premises with due respect to habitability, hygiene and security;

c) to ensure proper use of the resources offered by the healthcare provider, mainly regarding the use of services, work leave or permanent incapacity procedures, and therapeutic and social benefits;

d) to show due respect to the rules established by the centre and to the staff that provide the services;

e) to sign, in case of foregoing healthcare actions and treatment, the relevant document clearly expressing that the patient has been properly informed and that he or she refuses the recommended medical procedure;

f) to inform them as quickly as possible about not making use of a scheduled service;

g) to cooperate with health authorities in disease prevention;

h) to provide data about his or her health or physical state in a fair and true manner, and to help obtain such data, mainly when they are necessary on grounds of public interest or health assistance;

j) to inform them about any anomalies he or she notices in the structure, organization and functioning of healthcare facilities and services.

ANNEX B

(*Clause* 5.1)

(*Normative*)

Minimum competency requirements and recommendations for facilitators

Facilitators are responsible for assisting a patient in seeking and achieving quality medical procedures. They assist medical tourists to navigate through a series of regulatory systems, healthcare providers and accommodation facilities in order to seek appropriate care. Facilitators play an important role in the practice of medical tourism. Also, the quality of the facilitation may impact the health of the medical tourist. The minimum competency requirements and recommendations for facilitators are as follows:

a) Knowledge of the travel market

1) Facilitators shall be competent and fully familiar with the local licensing laws and regulation.
2) Facilitators shall have the competence to develop medical tourism packages, individual services or both, taking the minimum legal requirements into consideration (when applicable).
3) Facilitators shall have the necessary knowledge of rules and conditions for conducting international transactions (for example payments, transfers), if applicable.

b) Knowledge of the medical travel motivations

1) Facilitators should understand the basic medical tourism value chain, the main stakeholders and the key issues that motivate a medical tourist to seek a medical intervention outside their usual country of residence.

2) Facilitators should understand the needs and expectations of the medical tourist and their companions/ Medical Attendant.

c) Minimum medical knowledge

1) Facilitators should know their limits regarding the provision of advice relating to treatments or outcomes.

2) Facilitators shall refrain from giving medical advice in any way.

d) Knowledge on how to manage potential conflict of interest

1) Facilitators shall ensure transparency in their transactions with the medical tourist.

e) Knowledge of the medical tourism destination

1) Facilitators should have adequate knowledge of the medical tourism destination they are proposing.

f) Customer care

1) Facilitators should possess customer care skills practiced throughout all touch points from the initial contact to the follow-up care.

2) Facilitators should be aware of the cultural and linguistic peculiarities of the host medical destination.

3) Facilitators should be aware of the legal protections as well as the applicable medical liability documents.

g) Ethical marketing

1) Facilitators shall provide the medical tourist with objective, reliable and updated information.

2) Facilitators should ensure their websites are properly managed and regularly updated.

ANNEX C

(*National Foreword*)

CHANGES MADE IN THE STANDARD AFTER ADDITION/REPLACEMENT OF THE TEXT IN ISO 22525:2021

Clause/Sub clause of this Standard	***Modifications from ISO***
National Foreword	The first paragraph of Introduction has been included as second paragraph of Foreword. At the end of the first paragraph replace: 'Treatments include oncology treatment, organ transplant, neuro and spine surgeries, cardiac procedures, orthopaedic surgeries, bariatric surgery, cosmetic, laser surgery' with 'Treatments include oncology treatment, organ transplant, neuro and spine Surgeries, cardiac procedures, orthopaedic surgeries, bariatric surgery, cosmetic, laser surgery, dentistry and Ayush therapeutic interventions especially Ayurvedic Panchkarma therapies.' Explanation: i) Apart from the modern mainstream medical treatment, India is much popular for the alternate systems of medicine like Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy (AYUSH). In Ayush Panchkarma therapies, kashar sutra etc, are a group of important therapeutic interventions. ii) Considering the importance of treatment the order of the treatment has been changed.
National Foreword	The first paragraph of Introduction has been included as second paragraph of Foreword. Add at the end of second paragraph: Ayush comprises traditional and non-conventional systems of health care and healing. Explanation: In India, alternate system of medicines like Ayush is popular.

National Foreword	The second paragraph of Introduction has been included as third paragraph of Foreword. Replace the text of the third paragraph of Introduction by: Multiple stakeholders are involved in the medical tourism value chain, including medical professionals (for example doctors of all systems of medicine recognized under applicable Indian law and registered with appropriate statutory authority), healthcare providers (for example clinics and hospitals of all systems of medicine recognized under applicable Indian law), facilitators, hotels/guest houses and other interested parties (for example insurance companies and embassies / high commissions / consulates). The development of medical tourism faces many challenges, such as simplifying the administrative tasks, enhancing and adapting healthcare procedures and post-treatment care, adapting suitable accessible stay arrangements for prolonged stay and coordinating travel arrangements. These might present some difficulties for healthcare providers in meeting medical tourists' expectations Explanation: i) To cover the need of accessible stay arrangements for prolonged stay. ii) To cover all recognized systems of medicines in India.
National Foreword	The third paragraph of the Introduction has been included as fourth paragraph of National Foreword. Delete the word 'minimum'. Explanation: The term is restrictive in nature.
3.4 healthcare provider	Add at the end of definition: 'for all systems of medicine recognized under applicable Indian law'. Explanation: To include all recognized systems of medicine in India.
3.5 healthcare staff	Add at the end of the example: marma therapists, panchakarma technician etc. Explanation: To include health care staff specific to traditional medicine.
3.7 medical professional	Replace the term as well as definition of Medical Staff with: Medical Professional

	'A professional qualified in any of the legally recognized system of medicine and registered by the Authority or by the body governing such profession and constituted under a statute, as may be applicable'. Explanation: The term medical doctor was not defined and definition of medical staff given covered the work being carried out by medical doctor.
4.3.3 Transportation services	Replace the term 'Physical Disability' with 'differently abled medical tourists'. Explanation: Disability is restrictive in nature.
5.2 Pre-travel and pre-treatment (a) (b)	Replace the term 'medical doctor' with 'medical professional'. Explanation: The term medical doctor was not defined and definition of medical staff given covered the work being carried out by medical doctor. A common word/notation (medical professionals) was given for term medical doctor and medical staff. Also refer changes specified in 3.7(a)
5.2 Pre-travel and pre-treatment (e) (g)	Replace 'Medical staff' with 'medical professional'. Explanation: Modified due to change in the definition of Medical Staff. *See* also changes specified for clause 3.7
5.2 Pre-travel and pre-treatment (j) 6.2.1 Information about the healthcare provider (e)	Replace the term 'companion' with 'companion/medical attendant'. Explanation: aligning terminology to facilitate visa and other travel related requirements of medical attendant in India.
6.4.2 Qualification requirements	To add after Physical therapists: Panchkarma therapists, Explanation: To include healthcare staff of Traditional System of Medicines in India.
3.10 Temporary Discharge 6.5.5 Discharge (b)	Replace the term 'Temporary Exit Allowance' with "Temporary Discharge". Explanation: In Indian context the term used is 'Temporary Discharge'.
6.5.5 Discharge	Add after last bullet (f): (g) facilitator Shall be kept informed about the above process (wherever applicable) Explanation: To improve the process.

4.3.4 Accommodation services	Delete: Note: For additional information about accessibility requirements see ISO 21902. Explanation: As per IS 12:2005 Guide for drafting and presentation of Indian Standards (Fourth Revision) reference to publications other than Indian standard shall be avoided.

ANNEX D

(*National Foreword*)

LIST OF CLAUSES IN INDIAN STANDARD AND CORRESPONDING CLAUSES IN INTERNATIONAL STANDARD

Clause/Sub clause of ISO Standard	***Clause/Sub clause of Indian Standard***
Foreword	National Foreword
Introduction	Modified and merged in National Foreword
1.Scope	1.Scope
2. Normative references	2. Normative references
3 Terms and definitions 3.1 concierge service 3.2 facilitator 3.3 healthcare 3.4 healthcare provider 3.5 healthcare staff 3.6 medical procedure 3.7 medical staff 3.8 medical tourism 3.9 medical tourist 3.10 temporary exit allowance 3.11 treatment	3 Terms and definitions 3.1 concierge service 3.2 facilitator 3.3 healthcare 3.4 healthcare provider (modified) 3.5 healthcare staff (modified) 3.6 medical procedure 3.7 medical professional (modified definition and term used) 3.8 medical tourism 3.9 medical tourist 3.10 temporary discharge (term changed) 3.11 treatment
4 General requirements 4.1 General 4.2 Visa arrangements 4.3 Concierge services 4.3.1 General 4.3.2 Foreign languages and translation services. 4.3.3 Transportation services 4.3.4 Accommodation services 4.4 Medical tourist satisfaction monitoring and action plan	4 General requirements 4.1 General 4.2 Visa arrangements 4.3 Concierge services (modified) 4.3.1 General 4.3.2 Foreign languages and translation services. 4.3.3 Transportation services 4.3.4 Accommodation services 4.4 Medical tourist satisfaction monitoring and action plan

5 Requirements for facilitators. 5.1 General 5.2 Pre-travel and pre-treatment 5.3 Treatment 5.4 Post-treatment 5.4.1 General 5.4.2 Return home and follow-up	5 Requirements for facilitators. 5.1 General 5.2 Pre-travel and pre-treatment (modified) 5.3 Treatment 5.4 Post-treatment 5.4.1 General 5.4.2 Return home and follow-up
6 Requirements for healthcare providers 6.1 General 6.2 Information 6.2.1 Information about the healthcare provider 6.2.2 Information about the treatments 6.3 General service provision 6.4 Staff 6.4.1 Staff planning and coordination 6.4.2 Qualification requirements. 6.4.3 Training 6.5 Medical service provision 6.5.1 Admission process 6.5.2 Medical tourist history 6.5.3 Informed consent 6.5.4 Rooms 6.5.5 Discharge 6.5.6 The medical tourist’s follow-up 6.6 Nutrition 6.7 Safety and security 6.7.1 General 6.7.2 Food safety 6.7.3 Pest control and disinfection 6.7.4 Security measures and medical tourist properties 6.7.5 Fire risk assessment and protection 6.7.6 Emergency and evacuation plan 6.8 Cleaning, disinfection, sterilization and maintenance 6.8.1 Cleaning, disinfection and sterilization. 6.8.2 Maintenance	6 Requirements for healthcare providers 6.1 General 6.2 Information (modified) 6.2.1 Information about the healthcare provider 6.2.2 Information about the treatments 6.3 General service provision. 6.4 Staff 6.4.1 Staff planning and coordination 6.4.2 Qualification requirements (modified) 6.4.3 Training (modified) 6.5 Medical service provision 6.5.1 Admission process 6.5.2 Medical tourist history 6.5.3 Informed consent 6.5.4 Rooms 6.5.5 Discharge (modified) 6.5.6 The medical tourist’s follow-up 6.6 Nutrition 6.7 Safety and security 6.7.1 General (modified) 6.7.2 Food safety 6.7.3 Pest control and disinfection 6.7.4 Security measures and medical tourist properties 6.7.5 Fire risk assessment and protection 6.7.6 Emergency and evacuation plan 6.8 Cleaning, disinfection, sterilization and maintenance 6.8.1 Cleaning, disinfection and sterilization. 6.8.2 Maintenance
Annex A (informative) Rights and duties of the medical tourist	Annex A (informative) Rights and duties of the medical tourist

Annex B (normative) Minimum competency requirements and recommendations for facilitators	Annex B (normative) Minimum competency requirements and recommendations for facilitators
-	Annex C Changes made in the standard after addition/replacement of the text in ISO 22525:2021
-	Annex D
Bibliography	Bibliography

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[5] ISO 21542, *Building construction — Accessibility and usability of the built environment*

[6] ISO 21902, *Tourism and related services — Accessible tourism for all — Requirements and recommendations*

[7] ISO 22870, *Point-of-care testing (POCT) — Requirements for quality and competence*

[8] ISO 22886, *Healthcare organization management — Vocabulary*

[9] ISO 31000, *Risk management — Guidelines*

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