



**ASSESSOR GUIDE  
FOR  
MEDICAL VALUE TRAVEL FACILITATOR  
PROGRAM**

## 1. Introduction

Empanelment of Medical Value Travel Facilitators (MVTF) scheme is an incentive to improve quality and safety of medical tourists. The National Accreditation Board for Hospitals and Healthcare Providers (NABH) provides third-party compliance empanelment to medical value travel facilitators.

The on-site assessment is carried out by a team of NABH empanelled Assessor(s). The assessment is carried out systematically for comprehensive review of the quality and operational systems within the facility. The objective evidence so collected forms the basis for arriving at a judgment for recommendation by the assessor.

This guide has been prepared based on the general practices followed by similar bodies and the experience of experts of the country. This document accordingly aims to:

- a. Provide the guidance to the Assessors during the assessment
- b. Ensure uniformity of assessment and reporting, and
- c. Eliminate ambiguities or doubts about the interpretation of requirements(s).

## 2. Role of Assessment Team

The role of NABH Assessment team is to conduct on-site assessment of applicant facilitators and provide the report to NABH.

The objective of the on-site assessment is to obtain evidence on compliance with respect to NABH empanelment criteria, applicable laws and regulations.

Since Medical Travel Facilitator (MTF) certification requires compliance with NABH empanelment Criteria. The assessment team should consider conformances against these criteria's in the assessment. Thus, the member(s) of the assessment team would be required to exercise their scientific judgmental skill and form their opinion regarding extent of conformance with respect to laid down criteria.

Notwithstanding the strength of the NABH system, the success of the empanelment scheme depends on the assessment team who performs on-site assessment and, thus, plays a vital role in determining the credibility and value.

Team members are required to maintain the confidentiality on the matters/ subjects related to the organization.

### **Role of Assessor**

Before the start of assessment, Assessor shall prepare an assessment schedule in MVTF 1. The Assessor should clearly understand the areas/ activities to be assessed. He/she must review the organization documented system to verify compliance with the requirements of NABH empanelment criteria. He/she should assess to verify that the documented SOPs, policy & procedures and records are implemented & effective, as described and record observations in MVTF 2. He should be completing the Checklist.

### **3. On-Site Assessment**

The assessor and the names of his/her organization from which he/she belong are intimated to the organization for seeking their consent. NABH also assures that the assessor does not have any competitive position with the applicant organization. NABH also ensures that assessor do not have any direct/ in-direct relationship with the organization or they/ or their organization.

Consent is obtained for the date(s) of the assessment from the assessor and the organization. A written communication is sent to all the team members with the following documents:

- Application form of the organization
- Copy of internal audit report
- Copy of minutes of management review meeting
- Confidentiality form (NABH I&C\_MTF 01)
- Travel expenditure form

Assessor shall plan assessment programme. This shall include the distribution of work, if required by the Assessor. The format of the assessment schedule to be finalized is given at MVTF-1.

### **4. Opening Meeting**

Principal Assessor shall have an opening meeting with facilitator representatives where he/she get acquainted with the organization and briefed the management about the objective and plan of the assessment.

### **5. Assessment**

The assessment activities include:

- The assessor shall proceed to various sections/department of the organization as planned earlier.
- The Assessor should verify the effectiveness of Quality System and related documents using audit techniques and shall raise non-conformities. The Assessor shall use MVTF-2 to record the findings.
- The Assessor(s) should also thoroughly examine the technical competence of the organization in terms of manpower, qualification, experience, up to date knowledge, services provided and other related elements.

- The object of assessment is to ascertain by observations of the activities whether the work of the organization is being carried out in accordance with the 'empanelment criteria for Medical Value Travel Facilitator'. Assessor shall record detailed non conformities as they occur on MVTF-3. Each non conformity shall be countersigned by the accompanying organization representative.
- During assessment, Assessor would discuss with the management representative of the organization whether the facilitator is participating in the continual quality improvement Programme. They would look for their performance and action taken if the performance was unsatisfactory.
- The Checklist provided should be verified and completed during the course of the assessment.

## **6. Compilation of assessment report**

The Assessment report should consist of various documents in the order as indicated in MVTF-4. Each form or checklist should be carefully filled in. The pages should be serially numbered.

Assessor shall compile the observations (MVTF-2) and summary on non-compliance (MVTF-3). A copy of non conformities, if any raised in MVTF-3 shall be given to the organization.

## **7. Follow up**

Medical Travel Facilitator shall have a maximum of 30 days to close all the non conformities and submit corrective actions to NABH. A copy of such corrective actions shall be forwarded to Assessor for their comments, whether to accept or otherwise.

## Assessment Schedule - MVTF 1

<b>Name &amp; address of the Organization:</b>					
<b>Coordinator:</b>					
<b>Date(s) of Visit:</b>					
<b>Type of Visit:</b> Assessment / Surveillance					
<b>Assessment Standard:</b> Essential criteria for Medical Travel Facilitator					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"><b>Assessment Timings</b></td> <td style="width: 70%; padding: 5px;"><b>Opening/Closing Meeting</b> Date/Time</td> </tr> <tr> <td>Morning: AM to PM Afternoon: PM to PM</td> <td>Opening Meeting: Closing Meeting:</td> </tr> </table>		<b>Assessment Timings</b>	<b>Opening/Closing Meeting</b> Date/Time	Morning: AM to PM Afternoon: PM to PM	Opening Meeting: Closing Meeting:
<b>Assessment Timings</b>	<b>Opening/Closing Meeting</b> Date/Time				
Morning: AM to PM Afternoon: PM to PM	Opening Meeting: Closing Meeting:				
<b>Assessment schedule:</b> Principal Assessor to provide details of activities taken up him/her and by the technical expert in the following format and obtained their signature.					
<b>Name and Expertise of the Assessor</b>	Schedule of Department/ Section/ Activity to be Assessed (date wise)				
	Day 1				
<b>Principal Assessor</b>	Morning	Afternoon			
<b>Trainee Assessor/Expert</b>					
Signature of Assessor					



## Assessor's Observations - MVTF 2



## Assessor's Summary on Non-Conformity - MVTF 3

(Please use separate sheet for raising each Non Conformity)

Facilitator:	
Date:	Type of Assessment: Assessment / Surveillance/ Renewal
<b>NON-CONFORMITY (NC) RAISED:</b>	
Ref to Essential criteria for certification of Medical Travel Facilitator attached below	
<b>CORRECTIVE ACTION TAKEN/ PROPOSED BY THE ORGANIZATION:</b>	
Signature & Name of Facilitator Representative	
<b>REMARKS BY ASSESSOR, IF ANY:</b>	
Signature & Name of Assessor	



## **Summary of the Assessment - MVTF 4**

<b>Name &amp; address of the Organization:</b>					
Facilitator Coordinator:		Date(s) of Visit:			
Type of Visit: <i>Assessment / Surveillance / Renewal</i>					
Assessor:					
Trainee Assessor:					
Date of earlier visit and Purpose:					
<b>ASSESSMENT SUMMARY:</b>					
Enclosures	MVTF 1	MVTF 2	MVTF 3	MVTF 4	
Acknowledgement by Authorized Signatory of the Facilitator & Date			Signature of Assessor & Date		

## Declaration of Impartiality, Confidentiality & Integrity

(To be filled in by each Assessor and enclosed with the Assessment report)

<b>Name</b>		<b>Assessor ID :</b> (To be filled in by NABH Sect.)
<b>Designation</b>		
<b>Organisation</b>		
<b>Address</b>		
<b>Capacity</b>	Assessor / Trainee Assessor	
<b>Health care organisation Assessed</b>		
<b>Date of visit(s)</b>		
<b>Type of visit</b>	Assessment / Surveillance / Renewal	

I \_\_\_\_\_, hereby declare that

- I have not offered any consultancy, guidance, supervision or other services to the organization, in any way.
- I am/ am not\* an ex-employee of the organization and am/ am not\* related to any person of the management of the organization.
- I got an opportunity to go through various documents of the above organization and other related information that might have been given by NABH. I undertake to maintain strict confidentiality of the information acquired in course of discharge of my responsibility and shall not disclose to any person other than that required by NABH.

\* strike out which is not applicable

Date:	
Place :	Signature

## Checklist to be used by the Assessor during on-site assessment

SL No.	Section	Elements to be observed	Guidance	Scoring based on documentation & Record (0 / 5 / 10)
1.	<b>Technical and infrastructure specifications of the Organization</b>	A. Name of the Facilitator B. Valid registration number of the Organization C. Permanent location with full address D. PAN Number, TAN Number and Service Tax Number	<ul style="list-style-type: none"> <li>The organization working as a medical tourism facilitator shall be legally identifiable and registered in India and</li> <li>Organization shall possess a copy of registration certificate.</li> </ul>	
2.	<b>Organization Information</b>	A. vision, mission and objective B. Organogram C. Manpower details D. Language Translators E. Office Facilities	<ul style="list-style-type: none"> <li>Organization should have its vision, mission and objective.</li> <li>Organization must provide manpower details with an updated Organogram.</li> <li>Must provide details about the language translators in handling an organization's communication needs for overseas clients.</li> <li>Office must have basic facilities like computer, photocopy, scanner, Fax and Internet availability to carry day to day activities.</li> </ul>	
3.	<b>Facilities Provided by the Organization</b>	A. List of Associated hospitals B. Package rate including discount if any for treatment & additional services offered C. Fair distribution principle criteria adopted for recommendation of a hospital	<ul style="list-style-type: none"> <li>Organization shall mention the list of hospitals that are empaneled/associated for their services on the official website.</li> <li>Organization must have defined package rate for the treatment procedures being offered in order to bring accountability and</li> </ul>	

		<p>D. Disclaimer's policy for accommodation &amp; travel Facilitation services</p> <p>E. Follow up services</p>	<p>transparency in the entire payment procedure.</p> <ul style="list-style-type: none"> <li>• The facilitator shall have a documented policy for recommending a hospital to the client.</li> <li>• Organization should follow &amp; describe in the detail the fair distribution principle for selecting most appropriate associated hospital for clients.</li> <li>• Organization shall specify the policy and procedures for accommodation and travel services required by the clients.</li> <li>• Organization must possess a copy of CRM (Customer relationship Management) initiative plan for services upon return.</li> </ul>	
4.	<b>Privacy Policy &amp; Procedures</b>	<p>A. Confidentiality and privacy for the clients</p> <p>B. Disclaimer's policy for facilitation services provided</p>	<ul style="list-style-type: none"> <li>• Organization should have documented policy regarding confidentiality and privacy of client information.</li> <li>• Organization must have policy and procedures for handling liabilities arising out of the facilitation service</li> </ul>	
5.	<b>General Policy &amp; Procedures</b>	<p>A. Principle/factors used for selection of associated hospital</p> <p>B. Terms of Reference (TOR) for payment modalities and package rate for services offered.</p>	<ul style="list-style-type: none"> <li>• Organization shall specify the factors most commonly used for selection of most appropriate hospital for their clients.</li> <li>• Facilitator should provide detailed quotation of the</li> </ul>	

			<p>package cost (including companion &amp; attendants) as per the requirement of the client.</p> <ul style="list-style-type: none"> <li>Organization shall specify the mode of payment accepted from the hospitals</li> </ul>	
<b>6.</b>	<b>Organization Responsibilities</b>	<p>A. Website Requirements</p> <p>B. Security, Archival &amp; Retention Policy of Patient Documents &amp; Records.</p> <p>C. Complaint Redressal system</p> <p>D. Continual Quality improvement</p> <p>E. Internal audit/ Self-Assessment</p>	<ul style="list-style-type: none"> <li>Organization must have official website containing all the necessary information for the client reference.</li> <li>The facilitator shall have a laid down policy &amp; procedure for privacy, storing &amp; retention of client's documents &amp; secure information.</li> <li>Organizational must have defined policy and procedures for the resolution of complaints or feedback received from clients &amp; their companion</li> <li>Organization shall have a system for recording of processing time (TAT) for each patient.</li> <li>The organization shall have documented plan &amp; procedures for internal audit &amp; Management review with proper timelines.</li> </ul>	