Policy · MTR-POL-004 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 24.8

At a glance

- Any facilitator or agent is verified before the first patient is referred, and signs a written agreement.
- The agreement sets a standard of conduct and the fees the clinic has agreed.
- No fee is charged to a patient that the clinic has not agreed in writing.
- Each agent is verified again each year (MTR-REG-004).
- Stop and get help straight away if: an agent charges patients a fee the clinic never agreed.

1. Purpose

To make sure every facilitator or agent is verified, bound by a written standard of conduct, and accountable to the clinic (24.8).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

A facilitator or agent who brings patients to a clinic may promise things the clinic cannot deliver, or take money without a service. The clinic is responsible for who it works with.

5. Responsibilities

Role	Responsibility	Competence
International patient coordinator	Verifies and keeps the agreements	Manager

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Verify.

- Verify each agent before the first referral.

Key point: Verified.

Step 2. Agree in writing.

- Sign a written agreement with the standard of conduct and the agreed fees.

Key point: Agreed in writing.

Step 3. Re-verify yearly.

- Re-verify each agent each year and update MTR-REG-004.

Key point: Re-verified.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Agents verified and with a signed agreement before referral	100%	Yearly	International patient coordinator	Escalate to medical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
MTR-REG-004	Verified agents register	Register

17. Evidence

Reference	Note
E-009	Based on the WHO Patient Safety Curriculum Guide (2011) and the NICE guidance on venous thromboembolic diseases (NG158, 2020).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Medical Tourism Coordination for Clinics** (AMB-24)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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