QUALITY ASSURANCE REPORT

This report is a compilation of the process which culminated in the final draft of the industry standard and the agreed implementation strategies which will facilitate its adoption and enforcement within the CARIFORUM territories.
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Health and Wellness Standards Report

1.0 Introduction and Overview

This report represents the quality assurance report as presented in the work plan outlined in the Inception Report. It proposes a draft quality policy and standard criteria for the CARIFORUM health and wellness sector and the findings of the following consultancy activities, which were used to inform its development and recommendations for its implementation strategies. The document entails the following sections:

- A Global Quality Assurance Report that presents an overview of the findings on health and wellness standards in Europe, Asia and North America (Section 1).
- A CARIFORUM Quality Assurance Report that presents an overview of the findings on mandatory and voluntary health and wellness standards in CARIFORUM (Section 2).
- A Gap Analysis Report that benchmarks the global health and wellness standards against those identified in CARIFORUM (Section 3).
- A Draft Quality Policy and Standard Criteria for CARIFORUM in accordance with the global benchmark (Section 4).
- CARIFORUM Situation Analysis – Findings from the site missions and recommendations to close existing gaps (Section 5).
- Proposal on administrative arrangements for managing the roll out of the standards in pilot countries; recommendations on administration of training and any tools required to support implementation of the standards (Section 6). This section will make specific reference to:

  i. Administrative arrangements and process for managing the implementation of standards
  ii. The type of assistance and mechanisms for providing assistance to support firms interested in implementing the standards
  iii. The role of C-SWA in supporting the implementation and adoption of regional standards
  iv. Scheduling of the implementation of the standards

- Findings of the Stakeholder Symposium on the Development of Standards for the Regional Health and Wellness Sector (Section 7).

2.0 GLOBAL QUALITY ASSURANCE REPORT

2.1 Overview of Health and Wellness Standards in Europe, Asia and North America

Standards are critical for the development of any industry. They govern the quality of the service and products provided by industry practitioners and also help to mitigate risks both from a business and destination perspective. Standards have been the spine of the quality control framework for the development of the global health and wellness sector, fuelled by advances in indigenous creations,
innovations in products and services, especially with the use of natural and environmentally friendly products in Asia, Europe, North America and most recently in the Caribbean. Standards are therefore critical in managing the development of the sector.

In Europe, established standards by the International Standards Organisation (ISO), European Spas Association (ESPA) and national associations such as the German Spa Association and British International Spa Association (BISA) have been important features of the European spa industry and they have been used to establish the baseline criteria for certification at the national and regional levels. Similarly in Asia, the Thai Spa Association, Spa Association of Singapore and the Bali Spa and Wellness Association are examples of national associations which have established standard criteria for quality assurance purposes in their territories and in extension, regionally. In North America, there are various service associations and bodies such has International SPA Association (ISPA), Spa Quality LLC (as an example of a private company in this field) and Leading Spas of Canada which have established norms for their members and subscribers of their quality criteria.

Most of the established standard criteria in the three global regions have been developed in the last decade. The Europeans have proven to be the pioneers in standardising the health and wellness sector during this period. The Austrian Committee for Improving Quality established the Guideline Health Tourism – Best Health Austria in 2004 which is one of the early certification schemes.

This report will outline the various important standards, guidelines and codes of best practice in the global health and wellness sector. It will also highlight the consistent requirements and the prioritised areas which these criteria addressed. The report will also be used to assist in identifying gaps within the current quality assurance framework of the thriving health and wellness sector in CARIFORUM.

2.2 European Health and Wellness Sector
The health and wellness industry in Europe has an old tradition, which could be traced back to Rome over 2,000 years ago. This involves mainly the usage of thermal water for health purposes. The middle-European Spa-tradition is mainly present in France, Belgium, Germany, Austria, Switzerland, Italy, Czech Republic, Slovakia, Hungary, Romania and Poland. Wellness services could be found in Europe since around the 1980s. According to the estimation of the European Spas Association, approximately 18,000 wellness-facilities (wellness-hotels, day-spas, hotel-spas, and thermal spas) exist in Europe. An additional 1,400 spa-towns exist also in Europe.

2.2.1 Development of Standards of the Health and Wellness Industry in Europe
Unique standards for health and wellness products and services hardly existed in Europe. The European Spas Association developed such criteria in the last decade to establish industry standards for its members. Table 1 shows a summary of quality standards and certification/accreditation systems in Europe specified for spa services.
Table 1. Summary of Quality Standards and Certification/Accreditation Systems in Europe Specifically for Spa Services.

<table>
<thead>
<tr>
<th>Country</th>
<th>Standard / System</th>
<th>Managed by</th>
<th>Date introduced</th>
<th>Key Areas covered</th>
</tr>
</thead>
</table>
                       |                                                                                  |                     | • Product requirements  
                       |                                                                                  |                     | • Quality Management  
                       |                                                                                  |                     | • Safety & Hygiene    |
| World wide         | ISO TC/228/WG 2 PG Wellness Spa – Draft, not published yet                        | International Standardisation Organisation | 2012            | • Requirements on Infrastructure  
                       |                                                                                  |                     | • Product requirements  
                       |                                                                                  |                     | • Quality Management  
                       |                                                                                  |                     | • Safety & Hygiene    |
| Europe Worldwide applicable | EuropeSpa med – Quality criteria for Medical Spas and Medical Wellness Providers | European Spas Association        | 2006            | • Requirements on Infrastructure  
                       |                                                                                  |                     | • Product requirements  
                       |                                                                                  |                     | • Service relevant aspects  
                       |                                                                                  |                     | • Quality Management  
                       |                                                                                  |                     | • Safety & Hygiene    |
| Europe Worldwide applicable | EuropeSpa wellness – Quality criteria for Hotel Spas, Day Spas and Thermal Spas, not published yet | European Spas Association        | 2008            | • Requirements on Infrastructure  
                       |                                                                                  |                     | • Product requirements  
                       |                                                                                  |                     | • Service relevant aspects  
                       |                                                                                  |                     | • Quality Management  
                       |                                                                                  |                     | • Safety & Hygiene    |
| Austria            | Guideline Health Tourism – Best Health Austria                                   | Austrian Committee for improving quality | 2004            | • Requirements on Infrastructure  
                       |                                                                                  |                     | • Product requirements  
                       |                                                                                  |                     | • Service relevant aspects  
                       |                                                                                  |                     | • Quality Management  |
| Germany            | Association Criteria “Wellness Hotel”                                           | German Hotel Association (IAH)    | 2011            | • Requirements on Infrastructure  |
| Great Britain      | Spa Accreditation Scheme – Standards and Quality Guidance                        | British International Spa Association (BISA) & Spa Business | 2011            | • Requirements on Infrastructure  
<pre><code>                   |                                                                                  |                     | • Service relevant aspects |
</code></pre>
<table>
<thead>
<tr>
<th>Country</th>
<th>Standard / System</th>
<th>Managed by</th>
<th>Date introduced</th>
<th>Key Areas covered</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Association</td>
<td></td>
<td>• Quality Management</td>
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<td></td>
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<td></td>
<td></td>
<td>• Safety &amp; Hygiene</td>
</tr>
<tr>
<td>Germany</td>
<td>Definitions – Quality Standards for the official Recognition of Health Resorts,</td>
<td>German Spas Association</td>
<td>2011</td>
<td>• Requirements on Infrastructure</td>
</tr>
<tr>
<td></td>
<td>Relaxation Resorts and Medical Springs</td>
<td></td>
<td></td>
<td>• Service relevant aspects</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Safety &amp; Hygiene</td>
</tr>
<tr>
<td>Germany, Austria, Switzerland</td>
<td>Quality Criteria for Wellness Hotels</td>
<td>Wellness Hotels Germany GmbH</td>
<td>2011</td>
<td>• Requirements on Infrastructure</td>
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<tr>
<td></td>
<td></td>
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<td></td>
<td>• Service relevant aspects</td>
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<tr>
<td>Austria</td>
<td>Quality Standards for Wellness</td>
<td>ALPINE WELLNESS INTERNATIONAL</td>
<td>2004 / 2007</td>
<td>• Requirements on Infrastructure</td>
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<tr>
<td></td>
<td>Wellness</td>
<td></td>
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<td>• Service relevant aspects</td>
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<tr>
<td>Tunisia</td>
<td>TOURISM SERVICES – GOOD PRACTICES IN THALASSOTHERAPY; Tunisian Standard NT 126.05</td>
<td>Tunisian Standardisation Organisation</td>
<td>2007</td>
<td>• Requirements on Infrastructure</td>
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<td></td>
<td>• Product requirements</td>
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<td>• Quality Management</td>
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<td></td>
<td>• Safety &amp; Hygiene</td>
</tr>
<tr>
<td>France</td>
<td>Thalasso - La CharteQualité</td>
<td>Association of Thalasso-Therapy in France</td>
<td>2012</td>
<td>• Requirements on Infrastructure</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>• Product requirements</td>
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<td></td>
<td></td>
<td>• Service relevant aspects</td>
</tr>
<tr>
<td>Spain</td>
<td>Health Spas Service Requirements</td>
<td>Asociación Española de Normalización y Certificatión</td>
<td>2007</td>
<td>• Requirements on Infrastructure</td>
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<tr>
<td></td>
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<td>• Product requirements</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>• Safety &amp; Hygiene</td>
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</tbody>
</table>
2.2.2 ISO/DIS 28621(2012): Medical spas using natural resources - in preparation

The ISO/DIS 28621(2012) intends to promote the correct management and customer satisfaction as well as to clarify to the user, the difference between the spa mineral-medicinal treatment and other types of services and to guarantee an optimal service. There was also a need to standardize i) the service requirements of spa-mineral medicinal water treatments which arose due to the proliferation and ii) the increase in professional development of other services such as Thalasso-therapy and wellness. The main objectives of this standard is to differentiate the use of mineral waters for medicinal purposes as observed in some countries, to point out the important differences with the use of natural resources in medical spas with other business sectors and to integrate the sanitation criteria in the entities with such services.

It is necessary to indicate that this international standard is applied to medical spas that use natural resources in the provision of the service and establishes the requirements for such provision. This standard does not cover criteria that correspond to the medical profession and it does not apply to accommodation and to catering services. The use of natural resources (natural local remedies) from several sources is mainly based on experience of the beneficial effects achieved with many illnesses over the years. These positive effects have been observed at medical spas for generations and can also be objectively measured mainly due to modern medical advances. Natural resources can be classified as follows: healing waters, healing gases, peloids, climate, and specific natural local products. There is also a wide range of local remedies, including mineral baths, saline baths, thermal baths, peloid baths, Kneipp Therapy and Thalasso-therapy.

2.2.3 ISO TC/228/WG 2 PG Wellness Spa – Draft, not published

This international standard aims to define, establish and develop the quality requirements of wellness spa services, as well as to provide guidelines for the selection of relevant measurement methods, to ensure their effectiveness and adaptation. The development of this standard is at an early stage.

2.2.4 EuropeSpa med – Quality criteria for Medical Spas and Medical Wellness Providers

Under the name “EuropeSpa med” the European Spas Association provides a set of approximately 1,000 criteria to evaluate medical spa facilities on infrastructure, safety and hygiene. The evaluation scheme covers the following areas:

- Medical area
- Quality management
- Therapy and diagnostic area
- Swimming pools
- Sauna area
- Gastronomy
A certification according to EuropeSpa med will be done by independent organisations.

### 2.2.5 EuropeSpa wellness – Quality criteria for Wellness Hotels, Hotel Spas, Day Spas and Thermal Spas

Under the name “EuropeSpa wellness” the European Spas Association provides a set of approximately 1,300 criteria to evaluate wellness facilities (wellness hotels, hotel spas, thermal spas and day spas) on the fields infrastructure, safety and hygiene.

The evaluation scheme covers the following areas:

- Wellness area
- Quality management
- Treatment area
- Swimming pools
- Sauna area
- Gastronomy
- Accommodation

An onsite evaluation will be done every 18 months (announced audit and anonymous audit alternatively). A certification according to Europe Spa med will be done by independent organisations.

### 2.2.6 Guideline Health Tourism – Best Health Austria

In Austria in the year 2004 under the support of the Austrian Ministry of Economy, the evaluation scheme “Best Health Austria” was started. The target is to give a quality guideline for hotels, thermal baths, curative facilities and spa clinics. The guideline focuses on business philosophy (management, nature, business partnerships and social engagement) and organizational requirements (staff, education, protocols, communication, and satisfaction of the clients). Additional requirements focus on the products in general, the service and the infrastructure (rooms, therapy, nutrition and hygiene). In Austria, approximately 13 facilities are certified under “Best Health Austria”.

### 2.2.7 Association Criteria “Wellness Hotel” of the Hotel Association of Germany (IAH)

The Hotel Association of Germany (IAH) created an overview set of standards to describe the requirements for a wellness hotel with an entire wellness philosophy. The criteria derive from the following areas:
- Near natural position of the hotel
- Eco-sensitive company
- Wellness-vital kitchen
- Emission-free areas
- Creation of products
- Consultation and care
- Spa- and wellness area

From its structure, the criteria are constructed similarly to the national classification with hotel-stars.

2.2.8 Spa Accreditation Scheme – Standards and Quality Guidance of BISA (Great Britain)

The Spa Accreditation Scheme of BISA seeks to improve quality in the spa industry in Great Britain. An assessor will carry out a mystery shopper visit by booking a treatment or package and visiting as a normal client on the appointed day to enable them to see the spa in operation from the consumer viewpoint.

This assessment will be done under the following headings:

- Information and enquiries
- Booking and arrival
- Changing rooms
- Quality and condition of treatment rooms
- The treatment
- Quality and condition of relaxation room
- Quality of wet and heat facilities / experiences
- Quality of ancillary areas
- Range and quality of food and beverage provision
- Hospitality
- Cleanliness

2.2.9 Definitions – Quality Standards for the official Recognition of Health Resorts, Relaxation Resorts and Medical Springs of the German Spas Association

In order to receive funding by the health insurance companies in Germany, every Spa town or individual organization has to fulfill specific requirements. Additionally the terms permitted for curative and prevention treatments are defined in this standard. In general to use the title “Bad”, the towns have to fulfill these requirements. The quality standard regulates the following areas:

- Natural or regional specifics
- Requirements on spa towns (infrastructure, environmental protection, car-traffic, noise-protection, protection of thermal water etc.)
- Natural remedies – definition, hygiene, extraction or mining (peloids), medical evaluation
- Requirements on thermal water, healing gas and peloid-analysis
- Evaluation of the bio-climate and air quality

A certification will be done by commissioners appointed by regional authorities. Normally a certification will be done every 10 years.

### 2.2.10 Quality Criteria for Wellness Hotels of the Wellness Hotels Germany GmbH

The Wellness Hotels Germany GmbH is a private company. The aim of the certification is to carry out advertising for the own members.

- Near natural position of the hotel
- Eco-sensitive company
- Wellness-vital kitchen
- Emission-free areas
- Creation of products
- Consultation and care
- Wellness center:
  - Hygiene
  - Changing room
  - Bathing area
  - Sauna area
  - Fitness, Sport, anti-stress strategies
  - Quality aspects for Wellness-treatments
  - Spa consultation
  - Creation of products
  - Quality assurance measurements

Certification is done by TÜV Rheinland.

### 2.2.11 Quality Standards Wellness – of Alpine Wellness International GmbH

Alpine Wellness is a wellness concept which is specifically designed for the high mountain regions in Austria, Switzerland, Southern-Germany and Italy.

Important aspects of this concept are:

- Knowledge about the region
- Minimum 1,200 m altitude reachable within 15 minutes
2.2.12 TOURISM SERVICES – GOOD PRACTICES IN THALASSOTHERAPY; Tunisian Standard NT 126.05

The Tunisian Standard NT 126.05 focuses on hygiene and safety related to infrastructure, equipment, human resources, methods and raw materials in Thalasso-therapy institutions. It does not deal with the therapeutic virtues supposed to be offered by Thalasso-therapy but provides a platform for specialized institutions to ensure improved services and hence their customers’ satisfaction.

Quality requirements are described for

- Seaweed
- Baths
- Marine mud
- Sea water
- Therapists
- Massages
- Phyco-cosmetics
- Thalasso-therapy
- Infrastructure specially for treatment with marine products
- Drinking water supply
- Waste water
- Extraction, transport, storage and application of sea water, seaweeds and sea mud
- Quality management aspects

2.2.13 Thalasso - La CharteQualité of the Association of Thalasso-Therapy in France

In France, there is a strict division between classical curative measures (e.g. with thermal water) and the Thalasso-therapy. Many Thalasso-therapy centres are members of the Association of Thalasso-therapy. These centres subscribe to a quality charter which they fulfill as a member. Important aspects in the charter are:
- An exceptional seaside location, a protected environment: There could not be Thalasso-therapies in cities, on mountains or elsewhere; they are exclusively in a prime location by the sea.
- The use of natural seawater: Under the understanding of Thalasso-therapy, fresh seawater heated to a comfortable temperature recharges the body by transferring minerals and trace elements through the skin. The water is never kept more than 24 hours.
- Medical surveillance for a serene cure: A medical check-up is advised when starting a cure. The doctor will work to create a schedule and to respond to the individual needs for advice before the cure.
- A qualified and attentive team of professionals: The treatments need to be carried out and supervised by experienced staff, trained in different treatment techniques: physiotherapist, hydro-therapists, dieticians, sports instructors, beauticians and many more.
- An optimal hygiene and security guarantee: Thalasso-therapy centres are subjected to very rigorous regulatory constraints and are regularly monitored and evaluated by investigating the seawater’s quality and the marine products used during treatments.
- Standardized and well-maintained systems: The accredited centres have specially designed, top quality high-tech equipment that are constantly serviced to comply with the quality standards and to optimize the use of seawater.

2.2.14 Health Spas Service Requirements of the Asociación Espanola de Normalización y Certificación, Spain

Spain provides a norm for medical wellness facilities. This norm describes the infrastructure, quality control aspects and responsibilities for:

- Reception
- Medical services
- Staff
- Cleanliness and Hygiene
- Cuisine and diets
- Installations
- Air condition

The SCTE – Spanish Tourism Quality System – certifies the services, the facilities and the management of the Spanish tourist companies under this norm. This is a voluntary certification that indicates businesses’ commitment to implementing improvements in the quality of their products and services. The Institute for Spanish Tourism Quality (ICTE) is the private and independent Spanish body that certifies these Quality Systems.

2.3 Overview of the Health and Wellness Industry in Asia

Several countries in Asia have been taking advantage of their rich cultural heritage, diverse array of healing traditions, unspoiled natural environments, service-oriented people and other resources to
establish and catapult their growth of health and wellness sector. Asian spas are able to offer centuries-old treatments and remedies based on Eastern religions and traditions, such as Buddhist meditation, Hindu philosophies and Ayurvedic practices. These spas not only respond to the strong interest of many Western consumers in holistic, sustainable and preventive health, but also enable Asian populations, particularly the emerging middle class, to more easily take advantage of their own traditional therapies and healing techniques passed down for generations.

2.3.1 Development of Standards the Health and Wellness Industry in Asia
Within the past decade, countries such as Thailand, Malaysia, Singapore and Indonesia have moved to establish or upgrade national quality systems and accreditation mechanisms in the sector. In some instances, these systems are led by the private sector spa associations; in others, the systems have been developed by the government; and in other countries, systems developed by both sectors are in operation or being introduced. At the regional level, the ongoing project to introduce an Association of Southeast Asian Nations (ASEAN) Spa Standard in the ten member countries by 2015 is particularly noteworthy. Table 2 shows a summary of the quality standards and certification/accreditation systems in Asia.

Table 2. Summary of a Select Quality Standards and Certification/Accreditation Systems in Asia.

<table>
<thead>
<tr>
<th>Countries</th>
<th>Standard/System</th>
<th>Managed by</th>
<th>Date Introduced</th>
<th>Areas Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thailand</td>
<td>World Class Spa Standard Process</td>
<td>Ministry of Public Health</td>
<td>Legislation introduced April 2004</td>
<td>The establishment/facility The spa operator including duties and responsibilities Spa services The spa service provider Security</td>
</tr>
<tr>
<td></td>
<td>Thai Spa Excellence Quality Standard</td>
<td>Thai Spa Association</td>
<td>October 2011</td>
<td>Facilities and infrastructure Spa operation control and license Sanitation and cleanliness Personnel (certification, grooming, training, etc.) Monitoring and improvement</td>
</tr>
<tr>
<td>Malaysia</td>
<td>Star Rating System</td>
<td>Joint – Ministry of Tourism and Spa Associations</td>
<td>2011</td>
<td>Relevant licenses and documents Facilities and equipment Products and treatments offered Standard operating procedures Staff qualifications and Staff facilities</td>
</tr>
</tbody>
</table>
2.3.2 World Class Spa Standard Process

Thailand’s Ministry of Public Health (MPH) registers spa operators and then certifies those who apply (and pass) through its World Class Spa Standard process, which is perceived to retain more local, rather than international, importance. In 2004, Thailand embarked on a five-year strategic plan, spearheaded by the MPH, to establish Thailand as the ‘Centre of Excellent Health of Asia’. The plan focused on three key areas: medical services, healthcare services and Thai herbal products. The three leading products under the “Healthcare Services” category were health spas, traditional Thai massage, and long-stay
healthcare products and services. Under the Ministerial Announcement dated 21 April 2004 issued by the MPH, the Ministry assumed the role of custodian overseeing the growth and development of the spa sector with one of its duties being to assist in the development of quality standards, registration, certification and regulation, and legislation. Mechanisms were put in place to ensure compliance and enforcement, with processes to drive the systematic improvement of standards. The comprehensive plan also included guidelines and measures to ensure fair pricing.

The 2004 legislative provisions set out five sets of standards that make up the overall standard governing Thai spas as required by Thai law. These articles of law are currently in force as follows:

- Standards related to the establishment/facility
- Standards related the spa operator including duties and responsibilities
- Standards for the provision of spa services
- Standards related to the spa service provider
- Standards pertaining to security

**2.3.3 Thai Spa Association Thai Spa Excellence Quality Standard**

Established in 2003, the Thai Spa Association is a non-profit organisation consisting of 81 Thai and 19 international members that promote and help further development of the spa industry in Thailand. Building on the government’s standards referenced above, the Thai Spa Association has developed with the Geneva-based independent auditing firm, SGS (Thailand) Limited, a voluntary Thai Spa Excellence Quality Standard. This is an internationally-designed audit and certification programme specifically for spas, which seeks to offer regular and independent monitoring to enhance spa safety, reduce accident risks and set the highest standard of services, thereby providing an independent quality endorsement for spa.

The standard covers five areas:

i. Requirement 1: Facilities and Infrastructure
ii. Requirement 2: Spa operation control and license
iii. Requirement 3: Sanitation and cleanliness
iv. Requirement 4: Personnel (certification, grooming, training, etc.)
v. Requirement 5: Monitoring and Improvement

The process for certification is as follows:

1. Register with SGS
2. Training for the requirement of “Thai Spa Excellence Quality Standard™”
   - Awareness (1 day)
   - Standard Establishment (1 day)
2.3.4 Spa Rating Classification System of Malaysia

Malaysia is one of the first countries in the world to create a recognised Star Rating classification for local spas within the country. The system enables spa guests to visit a spa and know what kind of service and facilities to expect from the number of stars given. Just like for hotels, the Star Rating is from 1 Star to 5 Stars, with 5 being the highest and most luxurious. Guidelines and requirements for the rating of spas were developed by the Malaysian Ministry of Tourism together with the knowledgeable spa associations, which also assume responsibility for inspecting the spas to be rated before the panel determines the Star Rating to be awarded. The following areas are evaluated and assessed:

- Relevant Licenses and Documents
- Facilities and Equipment
- Products and Treatments Offered
- Standard Operating Procedures
- Staff qualifications and Staff Facilities
- Aesthetic Design and Features

2.3.5 Spa Association of Singapore Accreditation Programme

To maintain a high professional standard for the spa industry and ensure that members are committed to delivery of these standards, the Spa Association of Singapore established a Spa Accreditation Programme in 2002. There is a pre-qualifying assessment to ascertain whether the establishment satisfies the general definition of a spa, which is as follows:

- **Facility and Equipment**: The venue must have a well-planned layout with due consideration to privacy, safety, hygiene etc. There must be a hydro-therapy facility.
- **Services**: The provision of a variety of services, including massage, aroma-therapy, hydro-therapy, beauty therapy, body wrap and body scrub, as well as sales of related products and total health and wellness services, such as dietary and nutritional advice, wellness screening, and slimming services

The assessment includes the following areas:

- **Management Commitment** – Quality, Communication, Product Development and Tourism
- **General Business Practices** – Advertising, Promotion and Business Transaction
- **Staff** - Recruitment, Training and Development and Professionalism
- **Tangibles** - General Environment and Equipment
To be accredited, spa operators apply to the Spa Association for ordinary membership and pay a non-refundable assessment fee. An assessor then visits the establishment. Upon passing the Accreditation Programme, the spa outlet is admitted as an ordinary member for a maximum of two years, is issued with a Certificate of Accreditation and is listed as an Accredited Spa in all the Association’s marketing communication materials. The outlet is required to participate in the renewal of the accreditation status at the end of the two years’ validity in order to renew membership with the Association.

2.3.6 CaseTrust Accreditation for Spa and Wellness Businesses in Singapore
In October 2008, the Singapore Ministry of Trade and Industry appointed CaseTrust as the accreditation body for the spa and wellness industry and mandated CaseTrust to develop an accreditation programme to raise professional standards in the industry. CaseTrust is the accreditation arm of the Consumers Association of Singapore (CASE), and is Singapore’s de facto standard for companies who wish to demonstrate their commitment to fair trading and transparency to consumers. Since its inception in 1999, CaseTrust has worked to raise industry standards in various industries, including: spa and wellness, travel agencies, motor vehicle, employment agencies, online e-commerce businesses, renovation and interior design and retail storefronts. The CaseTrust Accreditation for Spa and Wellness businesses was launched on April 14th, 2010. The businesses that are accredited are given a decal that is displayed in their premises. In order to qualify for the CaseTrust for Spa and Wellness Businesses Accreditation Scheme, the applicant must not have five (5) or more complaints lodged against it with breaches of the Consumer Protection Fair Trading Act (CPFTA) with CASE, and must have a clean track record with the relevant authorities in the last twelve (12) months before the date of application.
Applicants should hold a Police Category 1 Licence, which has the following requirements:

<table>
<thead>
<tr>
<th>Category</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Investment</td>
<td>Renovation/asset value greater than or equal to $50,000 (mandatory)</td>
</tr>
<tr>
<td></td>
<td>Floor area greater than 100 m² (mandatory)</td>
</tr>
<tr>
<td></td>
<td>Minimum 2 year lease (mandatory)</td>
</tr>
<tr>
<td>Skilled Employees</td>
<td>80% masseuses/therapists certified (mandatory)</td>
</tr>
<tr>
<td>Business Image</td>
<td>Uniform for staff based on decency (mandatory)</td>
</tr>
<tr>
<td>Business Management</td>
<td>Operator does not have vice-related records (mandatory)</td>
</tr>
</tbody>
</table>

Other pre-requisites for spas applying to be accredited are as follows:

- Qualified therapists on staff who are courteous, caring and professional
- Premises must be hygienic
- No form of selling allowed in the treatment room
- Five days rest period for all contracts signed (excluding Saturday, Sunday and public holidays)
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- Observe the CaseTrust Code of Practice
- Allow CaseTrust representatives reasonable access to the spa on request to confirm Code of Practice is being observed
- Meet or exceed the CaseTrust criteria
- Agree to be assessed bi-annually. In the event of complaints, to be assessed randomly by authorised representatives of CaseTrust

The criteria framework for the CaseTrust standard includes four key sections defined by 47 criteria:

- **Policies**: Goods and Services; Terms and Conditions of Sales; Pricing and Payment; Security
- **Communication**: External Communication; Advertising and Promotion
- **Systems and Practices**: Retailing; Feedback Management; Security; Products and Services; Facility; Hygiene and Safety
- **Personnel**: Performance; Knowledge; Dressing; Safety

Benefits to accredited spas include the following:

- Free listing on CaseTrust website
- Advertising opportunities organised by CaseTrust
- Display the CaseTrust logo at entrances, on brochures, advertisements, name cards, websites and any other marketing communications materials
- Funding to assist in the accreditation process

### 2.3.7 Bali Spa and Wellness Association Standards and Practices

The Bali Spa and Wellness Association (BSWA) is a non-profit organisation representing Bali’s spa and wellness industry. The BSWA was established in 2005 to develop and promote Bali’s spa offerings through education, exchange of ideas, networking and growth initiatives. All BSWA members are required to comply with the following standards and practices:

- Staff
- Safety and Security
- Guest Relations
- Services
- Code of Ethics
- Supplier/Vendor Relations

### 2.3.8 Association of Southeast Asian Nations (ASEAN) Spa Standards

The 10 ASEAN member-states of Brunei Darassalam, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand and Vietnam are currently working on an AESAN spa standard aimed at increasing the quality of spa human resources, services and facilities in more than 3,500 accredited spas currently operating in the member countries. The new initiative is part
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of the ASEAN tourism strategic plan. The standard will include a certification process that would be used in all ASEAN countries and the aim is to introduce the process by 2015. A draft spa standard, based on the inputs of the delegates from the National Tourism Organizations (NTOs) and ASEAN Secretariat as well as executives from private spa associations in the member countries, has been developed.

2.3.9 Manual of Internationally Prescribed Policies and Procedures in Spa Operation

The spa operations manual was developed with funding assistance provided by the European Union Asia Invest Programme to enhance the capacity of spa operators and owners as part of the Internationalising the Operation of Spas in the Philippines, Thailand, Malaysia and Indonesia project. It was created by an editorial board comprising members of the Spa Association of Philippines, the Thai Spa Association, the Association of Malaysian Spas and the Bali Spa and Wellness Association.

The spa operations manual provides valuable information and tools to the spa owner and operator and acts as a comprehensive guide for the development of an in-house spa operating manual. The information is designed to act as a framework to create an SOP to meet each organisation’s specific needs and situations. It is also a recommended reference for all spa related training institutions.

2.3.10 Intelligent Spas Spa Operating Procedures Manuals

Intelligent Spas is a 100% independent research company specialising in the spa industry. Founded in Singapore in 2001, it has pioneered spa industry research in the Asia Pacific region and continues to publish a range of Spa Business and Operations Manuals, Spa Consumer Surveys and Spa Industry Surveys to assist the development and growth of this important industry.

The spa operating procedures manuals are available for purchase in traditional Chinese and English and are designed to assist spa businesses raise service standards, improve customer satisfaction, create and maintain spa ambience, implement employee training and reduce costs associated with waste and inefficient processes. The topic-focused manuals are ideal for improving a particular problem area of spa operations, or for providing a complete and consistent set of standard operating procedure manuals to effectively train all spa employees and efficiently operate a professional spa facility. The content is designed to be applicable to different types and sizes of spa facilities and to allow operators to implement industry best practices. The manuals are as follows:

- Client Interaction & Service Standards Manual
- Housekeeping and Spa Presentation Manual - Housekeeping and presentation are not only critical in providing a clean, hygienic and safe environment, but also to assist with the establishment and continuation of spa ambience.
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- Spa Employee Handbook Manual - provides spa managers and supervisors with a useful tool to reduce interruptions and enable employees to work self-sufficiently.

Key Features of the Manuals are as follows:
- Critical spa policy items describing spa rules, standards and strategies.
- Comprehensive spa procedure items outlining detailed sequence of tasks.
- An editable file format for easy customisation (Site, Enterprise and Consultant Licenses only).
- Ready-to-use forms, checklists, scripts and samples to complete customized manuals.
- Supporting process maps illustrating the flow of policy and procedure items, ideal for training.

2.4 Health and Wellness Industry in North-America
The North American health and wellness sector continues to thrive in a similar trend to other regions. In the ’70s – due to a dramatic increase of the costs in the US-American health system – on behalf of the US-American government, the pioneers in wellness developed an integrated health concept based on prevention and personal responsibility. Consumers’ perspective on health became increasingly focused on prevention and fitness. They are increasingly seeking the spa experience as an alternative or complement to other leisure activities. According to figures of the International Spas Association in the year 2010, over 19,900 spas are in the USA, (mainly day spas) with over 150 million spa visits. In 2010, US$12.8 billion in revenue was generated by the U.S. spa industry and in May 2011, there were 338,600 total employees, an increase of two percent compared to the previous year.

Several associations and institutes in the USA cover interests of wellness providers:

- Day Spa Association (DAS), Medical Spa Association (IMSA)
- The Spa Association (SPAA)
- International Spa Association (ISPA)
- American Massage Therapy Association
- Associated Bodywork and Massage Professionals
- United States Board of Cosmetology
- Green Spa Network
- International Health, Racquet and Sportsclub Association
- IDEA Health & Fitness Association
- National Wellness Institute

2.4.1 Development of Standards of the Health and Wellness Industry in North America
The standards are not as extensive as in Europe and Asia. The standard criteria focus mainly on staff-training. Table 3 shows a summary of the quality standards and certification/accreditation systems in North America.
Table 3. Summary of Select of Quality Standards and Certification/Accreditation Systems in North America.

<table>
<thead>
<tr>
<th>Country</th>
<th>Standard / System</th>
<th>Managed by</th>
<th>Date introduced</th>
<th>Areas covered mainly</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>Therapeutic Massage &amp; Bodywork</td>
<td>National Certification Board for Therapeutic Massage &amp; Bodywork (NCBTMB)</td>
<td>2012</td>
<td>• Staff education</td>
</tr>
<tr>
<td>USA</td>
<td>Acupuncture and Oriental Medicine</td>
<td>National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)</td>
<td>2012</td>
<td>• Staff education</td>
</tr>
<tr>
<td>USA</td>
<td>Cosmetology</td>
<td>National Accrediting Commission of Cosmetology Arts &amp; Sciences (NACCAS)</td>
<td>2012</td>
<td>• Staff education</td>
</tr>
<tr>
<td>USA</td>
<td>Global Best Practices for the Spa Industry</td>
<td>International SPA Association (ISPA)</td>
<td>2012</td>
<td>• Requirements on Infrastructure • Product requirements • Service relevant aspects • Quality Management • Safety &amp; Hygiene</td>
</tr>
<tr>
<td>USA</td>
<td>The international standards of spa excellence</td>
<td>Spa Quality LLC</td>
<td>2012</td>
<td>• Requirements on Infrastructure • Product requirements • Service relevant aspects • Quality Management • Safety &amp; Hygiene</td>
</tr>
<tr>
<td>Canada</td>
<td>Quality Assurance Approved-Programme</td>
<td>Leading Spas of Canada</td>
<td>Quality Assurance Approved</td>
<td>• Requirements on Infrastructure • Product requirements</td>
</tr>
</tbody>
</table>
2.4.2 US-training standards: Therapeutic Massage & Bodywork, Acupuncture and Oriental Medicine, Cosmetology – not published

These training standards provide a standardised curriculum for training staff-professionals. The individual training programme is not published.

2.4.3 Global Best Practices for the Spa Industry (ISPA)

The International Spas Association (ISPA) recommends best practices to encourage spas to maintain a defined quality level. These best practices are meant to provide guidance to all spas globally and are not regulated by ISPA. It includes for example the following aspects:

- Human resources and staff
- Safety (facility, staff, guests)
- Guest Relations
- Service and guest experience
- Accounting and business practices

The best practices could be downloaded from the internet (www.experienceispa.com).

2.4.5 The International Standards of Spa Excellence (Spa Quality LLC)

The international standards of spa excellence are published by a private company. It contains a description of the common elements of successful Spas in an organised framework that every spa should follow by the opinion of the authors. The publisher describes that the guideline is a summarizing of the work by spa professionals worldwide representing destination spas, hotel and resort spas, day spas, medical spas, spa consultants, spa assessors, spa publications, spa authors, spa practitioners and spa insurance companies.

2.4.6 Quality Assurance Approved Program for Canadian Spas (Leading Spas of Canada) – not published

This program is developed by the Leading Spas of Canada. To receive recognition as a “Quality Assurance Approved” spa, the organizers describe that on-site assessments are conducted, examining each spa’s standards regarding sterilization of instruments, hygiene standards in treatment protocols, equipment and facility safety, cleanliness, proper safety and security procedures, staff certification and education, proper signage and customer service standards. To ensure proper standards for the staff, human resource processes are examined as well, in addition to the spas marketing materials being reviewed to confirm required information including cancellation and gratuity policies, rates and menu of services are
3.0 CARIFORUM QUALITY ASSURANCE REPORT

3.1 Development of Health and Wellness Standards in CARIFORUM

The Caribbean is considered to have great potential in the global health and wellness sector provided that it meets certain pre-requisites and international benchmarks. The regional sector is positioned to be an integral impact factor in the diversification of the Caribbean’s tourism product. It can achieve this by taking advantage of Caribbean’s attributes such as climate, natural diversity, advances in information technology and globalisation of fashion trends.

The sector is still considered an informal sector in CARIFORUM and only few territories have strategically placed the sector in their strategic plan for the development of their tourism product. The Jamaica Tourist Board, the marketing arm of the Ministry of Tourism, worked in collaboration with Jamaica Trade and Invest to establish a draft strategy for the continued development of the health and wellness sector, reference: X JAM/02/80. This document clearly outlines the acknowledgement of wellness tourism and the strategic development of this niche market. The thrust is to market wellness tourism in three sub divisions:

- Boutique Wellness Spa Tourism
- Destination Wellness Resort Spa Tourism
- Spa Town Attractions

The whole island of Jamaica will be the tourism product and the TPDCo will have its monitoring and evaluation role stretched to encompass the whole product. The spa services standards; currently - FDJS 319: 2012 Final Draft Jamaican Standard Specification for Spa Entities - will form the criteria for the monitoring.

In the Region, only two territories had established drafts of standard and/or code of practice for the health and wellness sector. These were FDJS 319: 20122 Final Draft Jamaican Standard Specification for Spa Entities in Jamaica and DNS Health and Safety Guide for Beauty and Wellness Facilities in St. Lucia. Only two territories have allied health which has complete regulatory oversight of the sector and its human resources. Standards and other quality assurance criteria from other sources such as the Public Health, Tourism and Occupational Health and Safety legislations (Acts) and other formal sectors may have some interplay with the health and wellness sector. These are highlighted in the quality assurance matrix outlining the standard, guidelines and legislations in the five (5) visited CARIFORUM territories.
Table 4. Summary of a Select Quality Standards and Certification/Accreditation Systems in CARIFORUM.

<table>
<thead>
<tr>
<th>Country</th>
<th>Standard / System</th>
<th>Managed by</th>
<th>Date introduced</th>
<th>Key Areas covered</th>
</tr>
</thead>
</table>
                                                                       |                                                                  |                    | - Hygiene  
                                                                       |                                                                  |                    | - Health and Safety  
                                                                       |                                                                  |                    | - Training  
                                                                       |                                                                  |                    | - Maintenance and Security  
                                                                       |                                                                  |                    | - Food and Beverage  
                                                                       |                                                                  |                    | - Traditional Therapies  |
| St. Lucia     | DNS Health and Safety Guide for Beauty and Wellness Facilities                     | St. Lucia Bureau of Standards & Allied Health Council           | 2012            | - General Requirements – registration, advertising etc  
                                                                       |                                                                  |                    | - Operational Requirements – preparation of clients, operator hygiene, waste management  
                                                                       |                                                                  |                    | - Facility Accommodation and Safety  
                                                                       |                                                                  |                    | - Staff Requirements and Responsibilities  
                                                                       |                                                                  |                    | - Emergency Procedures  
                                                                       |                                                                  |                    | - Record Keeping  
                                                                       |                                                                  |                    | - Greviances and Complaints  |


This standard sets out the requirements for spa services offered in resort areas as a part of their health and wellness programme. It was developed to assist in the sustainability of the health and wellness options in the tourism product offerings. The standard is intended to ensure that the physical, social and environmental aspects of the tourism product’s services are of a standard conducive to a
wholesome vacation experience. It will be used as a guide for all spa operators within the tourism industry and will be monitored by the Tourism Product Development Company Inc. (TPDCo).

The standard covers the following areas:

- Management responsibilities
- Hygiene
- Health and Safety
- Training
- Maintenance and Security
- Food and Beverage
- Traditional Therapies

3.3 DNS Health and Safety Guide for Beauty and Wellness Facilities

This standard sets out a series of requirements and health and safety practices to be observed in the operation of business establishments in the domestic beauty and wellness sector. It is intended to provide best practices to new and existing service providers of the sector to encourage standardisation and in turn improve the quality of service offered to clients. The requirements of the standard are articulated in the Barbershop Act 1978 of St. Lucia. The guidelines also take into consideration aspects of the sector that has since emerged from the enactment of the aforementioned Act.

The following areas are covered in the guidelines:

- General requirements – registration, advertising etc.
- Operational requirements – preparation of clients, operator hygiene, waste management
- Facility accommodation and safety
- Staff requirements and responsibilities
- Emergency procedures
- Record keeping
- Grievances and complaints

4.0 GAP ANALYSIS REPORT

4.1 Benchmarking Process

The UWI consultancy team created a benchmarking process which was used to guide the development of quality assurance criteria for CARIFORUM. Activity 1 and 2 of the proposed work plan provided inputs for the benchmarking process. Activity 1 involved the gathering of information from the region on existing mandatory criteria (laws and regulations) and voluntary criteria in five CARIFORUM states (presented in Section 2). These sites were strategically evaluated and selected based on criteria established in ANNEX 3 of the inception report. Established private and public sector entities involved in the monitoring and evaluation of the sector in each the selected countries were also assessed.
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Activity 2 involved data collection and a review of other global regions which have established health and wellness sectors. This review was facilitated using a standardised approach by focussing on criteria addressing quality management systems, safety and hygiene practices in the selected regions. Both mandatory and voluntary criteria were assessed using a matrix system. This matrix will form the basis for the recommendation of the criteria for the CARIFORUM Standard (Activity 3). The benchmarking exercise continues after the stakeholders’ consultation and getting industry feedback on the implementation of the proposed standards (post the stakeholders’ symposium). The final drafted standards will comprise of current existing criteria within the region, global best practises and industry driven input on voluntary requirements. A proposed action plan for the regional implementation will result and conclude the exercise as documented in the inception report.

The areas which were assessed for health and wellness criteria regionally and internationally are classified as follows:

- Requirements on infrastructure
- Product requirements for health and wellness services
- Service relevant aspects
- Quality management system (especially for spas)
- Safety and hygiene
  - Treatments
  - Agents
  - Infrastructure
  - Food
- Certification programmes
- Personnel

As highlighted in the sector review, established standards in the health and wellness sector broadly covers the requirement on infrastructure, product requirements, quality management, human resources, and safety and hygiene. The areas listed above were expanded for clarity in the development stages of the CARIFORUM standard.

The findings of activity 2 were used to generate a matrix with the above areas outlining established standards, guidelines and codes of best practice. Areas which were heavily regulated across the regions were prioritised as major components for consideration in the proposed CARIFORUM standard. These areas were rated and compared with the current existing regulatory framework observed from activity 1. The global health and wellness matrix is shown in Table 5.
Table 5. Table Showing the Global Matrix of Health and Wellness Standards, Guidelines and Codes of Best Practice for Europe, Asia and North America and the Prioritised Rating for Criteria Development in CARIFORM.

<table>
<thead>
<tr>
<th>Area</th>
<th>Asia</th>
<th>North America</th>
<th>Europe</th>
<th>CARIFORM – Priority Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements on Infrastructure</td>
<td>A1, A2, A3, A4, A5, A8, A9</td>
<td>NA 1, NA 2, NA 3, NA 7, NA 8, NA 9</td>
<td>E1,E2,E3,E4,E6,E7,E8,E9,E10,E18, E19,E21,E22</td>
<td>1</td>
</tr>
<tr>
<td>Product requirements health &amp; wellness</td>
<td>A3, A5, A6, A9</td>
<td>NA 7, NA 8, NA 9</td>
<td>E1,E2,E3,E7, E19, E21,E22</td>
<td>4</td>
</tr>
<tr>
<td>Service relevant aspects</td>
<td>A1, A4, A7, A9</td>
<td>NA 2, NA 3, NA 7, NA 8, NA 9</td>
<td>E1,E2,E4,E18</td>
<td>6</td>
</tr>
<tr>
<td>Quality Management (specially for Spas)</td>
<td>A1, A2, A3, A4, A5, A6, A7, A8, A9</td>
<td>NA 2, NA 3, NA 7, NA 8, NA 9</td>
<td>E1,E2,E15,E16,E20,E21,E22</td>
<td>2</td>
</tr>
<tr>
<td>Safety &amp; Hygiene – Treatments</td>
<td>A2, A7, A5, A8</td>
<td>NA 2, NA 7, NA 8, NA 9</td>
<td>E1,E2, E21,E22, E23</td>
<td>5</td>
</tr>
<tr>
<td>Safety &amp; Hygiene – Agents</td>
<td>A8</td>
<td>NA 2, NA 7, NA 8, NA 9</td>
<td>E1,E6,E8,E16,E20,E21, E22,E25</td>
<td>8</td>
</tr>
<tr>
<td>Safety &amp; Hygiene - Infrastructure</td>
<td>A8</td>
<td>NA 3, NA 7, NA 8, NA 9</td>
<td>E1,E4,E5,E9,E10,E15,E21, E22, E23</td>
<td>7</td>
</tr>
<tr>
<td>Safety &amp; Hygiene - Food</td>
<td>A8</td>
<td>NA 7, NA 8, NA 9</td>
<td>E1,E17, E24, E25</td>
<td>10</td>
</tr>
<tr>
<td>Personnel</td>
<td>A1, A 2, A 3, A 4, A 5, A 6, A 5, A8</td>
<td>NA 3, NA 4, NA 5, NA 6, NA 7, NA 8, NA 9</td>
<td></td>
<td>9</td>
</tr>
</tbody>
</table>

**Key**
- E1 European Spas Association (2011): Quality criteria for Wellness Hotels, Hotel Spas, Thermal Spas and Day Spas – the international certification EuropeSpa wellness (not published)
E 2  Austrian Committee for improving quality – Guideline Health Tourism (not published)
E 3  German Hotel Association, IHA (2011): Association Criteria “Wellness Hotel”
E 5  Working Group “Hygiene” of the Public Health Services in Mecklenburg-Vorpommern, Germany (2004): Hygiene requirements for wellness treatments
E 6  German Spas Association (2011): Definitions – Quality Standards for the official Recognition of Health Resorts, Relaxation Resorts and Medical Springs
E 7  Wellness Hotels Germany GmbH (2011) – Quality Standards
E 8  European Spas Association, Committee 4 (2006): Terms of Definitions for Medical Spas in Europe
E 9  Health Ministry of Austria: Regulation about Hygiene in Swimming Pools, Sauna Areas, Warm Air- and Steam Bathes as well as small bathing ponds
E 11  German Committee on Medical Wellness (2011): Synopsis of Quality Management Standards regarding Medical Wellness and “HOSPITALITY & SPA”
E 13  Regional Standards, e.g. Turinigian Survey on Food-Safety and Consumer Protection (2002): Frame Hygiene Plan for Facilities and Businesses were due to activities with humans through blood pathogens could be transferred (Piercing and Tattooing, Cosmetic-, Manicure-, and Pedicure Establishments
E 16  EU-Guideline Chemicals
E 18  German Working Group Medical Wellness (2011): Summary Medical Wellness and Hospitality & Spa Quality -Management Standards
E 19  ALPINE WELLNESS INTERNATIONAL (2004): Quality Standards
E 21  Tunisian Standard NT 126.05 (2007): TOURISM SERVICES – GOOD PRACTICES IN THALASSOTHERAPY (not published)
E 22  ISO/DIS 28621(2012): Medical spas using natural resources — Service requirements (not published)
E 23  German Trade Association for health service and public welfare (2009): Risk Evaluation in Beauty- and Wellness Areas
E 24  COMMISSION DIRECTIVE 2003/40/EC of 16 May 2003 establishing the list, concentration limits and labeling requirements for the constituents of natural mineral waters and the conditions for using ozone-enriched air for the treatment of natural mineral waters and spring waters
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E 26  EuropeSpa med / EuropeSpa wellness (European Spas Association, Brussels)
E 27  Best Health Austria / Best Health International (Austria)
E 27  Wellness Stars (Germany), Medical Wellness Stars (Germany) (criteria not published)
E 28  Alpine Wellness (Austria)
E 29  “Q” Certificate of the Spanish Tourism Institute (criteria not published)
E 30  Quality Label of Swiss Tourism (Switzerland)
E 31  Wellness im Kurort / Prävention im Kurort (German Spas Association)
E 32  Medispa (Czech Republic) (criteria not published)
E 33  Wellness-Certificate of the German Wellness Association (criteria not published)
E 34  Well vital (Bavaria)

A 1  World Class Spa Standard Process, Ministry of Public Health, Thailand
A 2  Thai Spa Excellence Quality Standard, Thai Spa Association
A 3  Star Rating System, Ministry of Tourism and Spa Associations of Malaysia
A 4  Spa Accreditation Programme, Spa Association of Singapore
A 5  Association of South East Asian Nations, Spa Standards (2015)
A 7  Bali Spa and Wellness Association Standards and Practices, Bali Spa and Wellness Association
A 8  CaseTrust Accreditation for Spa and Wellness Businesses
A 9  Association of Southeast Asian Nation (ASEAN) Spa Standards
A10  Intelligent Spas Spa Operating Procedures Manuals

NA 1  Leading Spas of Canada: Standards & Practices
NA 2  Leading Spas of Canada: Standards & Practices for Medical Esthetics
NA 3  Leading Spas of Canada: Code of Ethics
NA 4  Therapeutic Massage and Bodywork - National Certification Board for Therapeutic Massage & Bodywork
NA 5  Acupuncture and Oriental Medicine - National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)
NA 6  Cosmetology - National Accrediting Commission of Cosmetology Arts & Sciences (NACCAS)
NA 7  Global Best Practices for the Spa Industry- International SPA Association (ISPA)
NA 8  The International Standards of Spa Excellence – Spa Quality LLC
NA 9  Quality Assurance Approved Programme – Leading Spas of Canada

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Similarly to the rating process which was done to identify the critical global themes in the standard criteria, a rating system was used to highlight the current foci of the regional health and wellness regulatory framework. This matrix was a summary of the current existing standards and regulations in the CARIFORUM region. Areas which had an abundance of established standards were rated higher than other areas. The current standards, legislation, codes of best practice and their emphasis across CARIFORUM are shown in Table 6.
Table 6. Showing the Current Standards, Legislation, Codes of Best Practice and Their Emphasis Rating Across CARIFORUM.

<table>
<thead>
<tr>
<th>Area</th>
<th>Asia</th>
<th>North America</th>
<th>Europe</th>
<th>CARIFORUM – Priority Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements on Infrastructure</td>
<td>A1, A2, A3, A4, A5, A8, A9</td>
<td>NA 1, NA 2, NA 3, NA 7, NA 8, NA 9</td>
<td>E1, E2, E3, E4, E6, E7, E8, E9, E10, E18, E19, E21, E22</td>
<td>1</td>
</tr>
<tr>
<td>Product requirements health &amp; wellness</td>
<td>A3, A5, A6, A9</td>
<td>NA 7, NA 8, NA 9</td>
<td>E1, E2, E3, E7, E19, E21, E22</td>
<td>4</td>
</tr>
<tr>
<td>Service relevant aspects</td>
<td>A1, A4, A7, A9</td>
<td>NA 2, NA 3, NA 7, NA 8, NA 9</td>
<td>E1, E2, E4, E18</td>
<td>6</td>
</tr>
<tr>
<td>Quality Management (specially for Spas)</td>
<td>A1, A2, A3, A4, A5, A6, A7, A8, A9</td>
<td>NA 2, NA 3, NA 7, NA 8, NA 9</td>
<td>E1, E2, E15, E16, E20, E21, E22</td>
<td>2</td>
</tr>
<tr>
<td>Safety &amp; Hygiene – Treatments</td>
<td>A2, A7, A5, A8</td>
<td>NA 2, NA 7, NA 8, NA 9</td>
<td>E1, E2, E21, E22, E23</td>
<td>5</td>
</tr>
<tr>
<td>Safety &amp; Hygiene – Agents</td>
<td>A8</td>
<td>NA 2, NA 7, NA 8, NA 9</td>
<td>E1, E6, E8, E16, E20, E21, E22, E25</td>
<td>8</td>
</tr>
<tr>
<td>Safety &amp; Hygiene - Infrastructure</td>
<td>A8</td>
<td>NA 3, NA 7, NA 8, NA 9</td>
<td>E1, E4, E5, E9, E10, E15, E21, E22, E23</td>
<td>7</td>
</tr>
<tr>
<td>Safety &amp; Hygiene - Food</td>
<td>A8</td>
<td>NA 7, NA 8, NA 9</td>
<td>E1, E17, E24, E25</td>
<td>10</td>
</tr>
<tr>
<td>Personnel</td>
<td>A1, A 2, A 3, A 4, A 5, A 6, A 5, A 8, A9</td>
<td>NA 3, NA 4, NA 5, NA 6, NA 7, NA 8, NA 9</td>
<td>E1, E2, E3, E4, E6, E7, E8, E9, E10, E18, E19, E21, E22</td>
<td>9</td>
</tr>
</tbody>
</table>

**Key**

DR 1  ANTEPROYECTO NORDOM 71:8-001. DIGENOR 2009 – Todos los derechos reservados (Draft)

DR 2  PROPUESTA NORDOM 71:8-002. Date: 2009-02-25. DIGENOR 2009 – Todos los derechos reservados (Draft)
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UWI Health and Wellness Consultancy Team – Development of Standards for the Regional Health and Wellness Sector

DR 3  Normas de Bueno Practicas de Manufactura Farmaceutica – 2ed - Normas y Procedimentos para el Programa Nacional de Medicamentos.

DR 4  Normas Farmacologicas Para el Registro de Medicamentos – 2da Edicion - Normas y Procedimentos para el Programa Nacional de Medicamentos.

DR 5  Normas para el Registro Sanitorio de Medicamentos Naturales y Homeopaticos - Normas y Procedimentos para el Programa Nacional de Medicamentos.

DR 6  Normas y Procedimentos para la Importacion y Exportacion de Productos Farmaceuticos - Normas y Procedimentos para el Programa Nacional de Medicamentos.

DR 7  Normas Nac. Para la Vigilancia Epidemiologica de Enfermedades Transmisibles y otros Eventos – 1998

DR 8  INFOTEP Training Courses - Santo Domingo. Dominican Republic.

DR 9  REQUISITOS PARA LA OBTENCION DE LICENCIAS DE OPERACIÓN DE CENTROS DE MASAJES COMO PERSONAS MORALES

DR 10 REQUISITOS PARA LA OBTENCION DE LICENCIAS DE OPERACIÓN DE CENTROS DE MASAJES COMO PERSONAS FISICAS

DR 11 REQUISITOS PARA LA OBTENCION DE LICENCIAS DE OPERACIÓN DE CENTROS DE MASAJES COMO PERSONAS MORALES, DENTRO DE INSTALACIONES HOTELERAS

JM 1  FDJS 319: 20122 Final Draft Jamaican Standard Specification for Spa Entities


JM 5  JS 170: Part 7. 1992 Cosmetics. Part 7: Methods of Test for the Efficacy of Antimicrobial Preservatives in Water Based Cosmetics


JM 7  JS CRS 16:2012: Botanical Cosmetics

JM 8  Public Health Act (Food Handling) Regulations 1998

JM 9  Public Health Act (Hairdressers, Beauty Therapists, Cosmetologists and Beauty Salon) Regulations 2004

JM 10 Public Health Act (Barbers and Barbershops) Regulations 2004

JM 11 Public Health Act (Swimming Pools) Regulations 2000

JM 12 Ministry of Health Recreational Water Quality Monitoring Programme (RWQMP)

JM 13 Ministry of Health RWQMP Guidelines for Special Swimming Pools

JM 14 Registration of Business Name Act

JM 15 Fire Brigade Act

JM 16 Food Storage and Prevention of Infestation Act

JM 17 Tourist Accommodation Act

JM 18 Processed Food Act
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JM 19  Food and Drug Act
JM 20  NCTVET Competency Standards (Level 1 – 4)
JM 21  NCTVET Accreditation Standard

CM 1  CARICOM Standard for Organically Produced Foods (Draft)
CM 2  Consideration of a Draft Regional Policy and Regulatory Framework for the Provision of Professional Services in the CSME

SL 2  SLNS 13: 2005 Packaged Water
SL 3  SLNS 18Pt. 1:1993 Labeling of Commodities – General Requirements
SL 4  SLNS 18Pt. 2:1993 Labeling of Commodities – Pre-packaged Goods
SL 5  SLNS 18Pt. 3:1993 Labeling of Commodities – Pre-packaged Foods
SL 6  SLNS 22:2003 Standard for Accommodation Sector
SL 7  SLNS 75: 2003 Standards for Food and Beverage Preparation
SL 8  SLNS 83: 2010 Guidelines for Recreational Water Quality
SL 9  SLCP 1 Pt. 1 1995 Principles of Food Hygiene
SL 10  SLCP 2:1998 Processing and Handling of Frozen Foods
SL 11  SLCP 5: 2005 Code of Hygiene Practice for the Preparation and Sale of Street Vended Foods
SL 12  SLCP 6: 2006 Code of Practice for Packaging and Transport of Fresh Fruits and Vegetables
SL 13  SLCP 7:2006 Code of Good Agricultural Practices for the Production of Fresh Produce
SL 14  SLCP 8:2006 Code of Practice for Bakeries
SL 18  SLNS/ISO 19011:2002 Guidelines for quality and/or Environmental Management Systems Auditing
SL 19  DNS Health and Safety Guide for Beauty and Wellness Facilities

TT 1  TTS 22 Part 2 2008 Requirements for Tourist Accommodation – Part 2: Bed and Breakfast and Self Catering
TT 2  TTS 22 -3:2011 Requirements for Tourist Accommodation – Part 3: Villas
TT 3  PAS 22-4:2011 Requirements for Tourist Accommodation – Part 4: ECO-LODGE
TT 4  Food and Drugs Act Chapter 30.01
TT 5  NTA-TVET Competency Standards (Level 1-4)
TT 6  Occupational Safety and Health Act 2004
UWI Health and Wellness Consultancy Team – Development of Standards for the Regional Health and Wellness Sector

TT 7 Water and Sewage Act Chapter 54:40
TT 8 Tourism Development Act Chapter 87:22
TT 12 TTS/ISO 19011:2007 Guidelines for Quality and/or Environmental Management Systems Auditing

BB 1 Qualifications for Registration with the Barbados Association of Professional Massage Therapists (BAPMT)
BB 2 Barbados Association of Professional Massage Therapists Occupational Standards for Remedial and Therapeutic Massage
BB 3 BARBADOS ASSOCIATION OF PROFESSIONAL MASSAGE THERAPISTS: STANDARDS OF PRACTICE
BB 4 NCTVET Competency Standards (Level 1 – 2)
BB 5 NCTVET Accreditation Standard
BB 6 BNS 30:1976 Processed foods (general) (NB Mandatory Standard)
BB 7 BNS CP 1: Part 1:2004 General principles of food hygiene - Food production and processing
BB 8 BNS CP 4:1995 Hygienic practice for poultry processing (revised)
BB 9 BNS CP 6:1978 Hygienic conditions for fruit and vegetable canning units
BB 10 BNS CP 13:1979 Fresh meat
BB 11 BNS CP 14:1979 Ante-mortem and post-mortem inspection of slaughter animals
BB 12 BNS CP 15:1980 Hygienic practice for processed meat products
BB 13 BNS CP 31:2002 Primary production, harvesting and packing of fresh fruit and vegetables
BB 14 BNS CP 33:2011 Processing and handling of quick frozen foods
BB 15 BNS CRCP 8:2010 Inbound tour operators
The findings of activity 2 were compared with the CARIFORUM matrix for consistency and to highlight emphasis on specific areas as prioritised from the global review. Consistent elements of the comparison were noted. Recommendations to establish equivalency for inconsistent areas across the global and regional matrices were noted with justification. Table 8 outlines the comparison of the global and regional health and wellness quality assurance criteria outlining consistencies and recommendations. A proposed emphasis ranking number (in parenthesis) was assigned to the specific area of the standard criteria which will form the CARIFORUM Standard Manual.

Table 8. Comparison of the Global and Regional Health and Wellness Quality Assurance Criteria Outlining Consistencies and Recommendations.

<table>
<thead>
<tr>
<th>Areas</th>
<th>Global Review Rating</th>
<th>Current CARIFORUM Emphasis Rating</th>
<th>Consistencies and Recommendations (Proposed CARIFORUM Ranking)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements on Infrastructure</td>
<td>1</td>
<td>3</td>
<td>Develop specific criteria assessing infrastructure comparative to global requirements. (2)</td>
</tr>
<tr>
<td>Product requirements health &amp; wellness</td>
<td>4</td>
<td>1</td>
<td>CARIFORUM seems to have more than the requirement adjudicating specifications for products in the wellness industry. This is likely to be due to i) strong background in manufacturing and ii) a rich natural resources in the region which have been infused into product development. (1)</td>
</tr>
<tr>
<td>Service relevant aspects</td>
<td>6</td>
<td>8</td>
<td>CARIFORUM does not emphasize these criteria as is globally practiced. Efforts to establish equivalent criteria to international norms are pertinent. (5)</td>
</tr>
<tr>
<td>Quality Management (specially for Spas)</td>
<td>2</td>
<td>7</td>
<td>Quality management system (QMS) is regarded as mandatory in global wellness entities. CARIFORUM trails in the establishment of criteria for QMS, especially for spas. Criteria must be proposed to close this significant gap. (3)</td>
</tr>
<tr>
<td>Safety &amp; Hygiene – Treatments</td>
<td>5</td>
<td>9</td>
<td>Safety and hygiene is another area which has established mandatory criteria. CARIFORUM requires additional criteria ensuring that practitioners are aware of safety and hygienic best practice when applying treatments to clients. (6)</td>
</tr>
<tr>
<td>Safety &amp; Hygiene – Agents (Pharmaceuticals, herbs etc)</td>
<td>8</td>
<td>10</td>
<td>Global and regional practices displayed some parity. The current existing criteria can be tweaked for equivalence to global norms. (10)</td>
</tr>
<tr>
<td>Safety &amp; Hygiene - Infrastructure</td>
<td>7</td>
<td>6</td>
<td>Global and regional practices displayed some parity. This is likely due to the high priority placed on this area due to tourism product monitoring or general Public and environmental health inspections from the ministries of health. (8)</td>
</tr>
<tr>
<td>Safety &amp; Hygiene -</td>
<td>10</td>
<td>4</td>
<td>CARIFORUM is knowledgeable about food safety</td>
</tr>
</tbody>
</table>


### Areas

<table>
<thead>
<tr>
<th>Areas</th>
<th>Global Review Rating</th>
<th>Current CARIFORUM Emphasis Rating</th>
<th>Consistencies and Recommendations (Proposed CARIFORUM Ranking)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td></td>
<td></td>
<td>standards such as HACCP. Even though the standard is voluntary, GMPs are enforced for i) export markets and ii) the food safety in tourism. CARIFORUM ranks higher in prioritising this area which is a competitive advantage. (7)</td>
</tr>
<tr>
<td>Training/Certification</td>
<td>3</td>
<td>5</td>
<td>CARIFORUM has established training facilitated through the national training agencies and private entities in member states. While this was observed as positive attributes, there are still quality concerns based on the training standards and the extent of the application of these standards in the sector. Capacity building and a review of the established industry training standards will assist in closing gaps between global and regional practices. Centralising training and developing continuous training will also assist in this regard. (4)</td>
</tr>
<tr>
<td>Personnel</td>
<td>9</td>
<td>2</td>
<td>CARIFORUM places a lot of emphasis on personnel criteria. These criteria address soft skills, attire, safety and hygienic requirements. This is likely the case because i) regional tourism interest, possibly the largest economical sector for the region ii) tourism product standards and mandatory requirements for entities which area part of the tourism sector and ii) public health acts which stresses hygienic and safety criteria for persons who operate formally and informally in the sector. This emphasis must be supported in the proposed standards. (9)</td>
</tr>
</tbody>
</table>
5.0  PROPOSED QUALITY POLICY AND STANDARD CRITERIA

Quality Policy: Striving to deliver quality products and services in the Caribbean’s Health and Wellness Sector to propel regional harmonisation, integration and economic development.

Quality Requirements for Wellness Facilities providing Health and Wellness Services in the CARIFORUM Region

Introduction

Validity (which area the standard covers)

1. Definition of terms

   - **Wellness Hotels**
     (Entire Wellness-philosophy, hotel underlies a wellness-motto, wellness-cuisine, wellness-programs, hotel-spa, swimming pool and sauna-area, fitness-area, outdoor and indoors exercise activities, relaxation programs, beauty-area, philosophy of protection of the environment)

   - **Day Spas**
     (Spa area in a hotel with minimum: reception and consulting zone, treatment-area, relaxation area, sanitary area. Day spas can also contain a beauty area, fitness-area, swimming pools and a sauna area etc.).

   - **Thermal Spas**
     (Pool-facility with natural or artificial thermal water of min. 32 °C in one basin and the infrastructure-requirements as described under day spa)

   - **Hotel Spas**
     (Spa area in a hotel – like Day Spa)

2. Quality Requirements

2.1 Quality Management (Wellness Hotels, Hotel Spas, Thermal Spas, Day Spas)

   - General requirements
     - Documentation (Manual SOPs)
     - Quality Assurance Manager

   - Organisation
     - Compliance
     - Processes
     - Documentation (quality manual, incl. SOPs etc.),
     - Monitoring
- Staff
  - Knowledge (education, advanced training)
  - Motivation
  - Awareness

- Products health & wellness
  - Marked-Design
  - Safety-Design
  - Product-Description (technical, service, infrastructure),
  - Legal conformity

- Services
  - Service-principles (maybe to provide in the standard)
  - Service-processing
  - Handling of complaints

- Communication
  - Advertising
  - Presentation in media
  - In-house-communication with the client

- Outsourced processes and services
  - Suppliers
  - External contractors in the house

- Safety
  - Safety management (planning, processing, monitoring)
  - Emergencies (technical, medical)

2.2 Structure Quality

- General requirements
  - Legal aspects
  - Compliance aspects

- Infrastructure
  - Wellness Hotels – Wellness-Aspects
    - Welcome / reception
    - Hotel-infrastructure
    - Rooms
    - Gastronomy
    - Spa (see “Hotel Spa”)
    - Outdoor-Area
• Spa area (Hotel Spas, Thermal Spas, Day Spas)
  ▪ In General
  ▪ Reception (incl. consulting area)
  ▪ Changing Room, sanitary area
  ▪ Swimming pool
  ▪ Sauna
  ▪ Treatments
  ▪ Cosmetic

• Fitness
  ▪ Outdoor
  ▪ Indoor
    ▪ Fitness-area
    ▪ Gymnastic room

- Service

• General aspects
• Infrastructure
• Welcome
• Consulting
  ▪ Products
  ▪ Processes

• Treatment plan
• Service-aspects in the fitness area (indoor / outdoor)
• Service-aspects regarding relaxation programmes and courses
• Preparation of the guest (changing room, information about products etc.)
• Treatment
• After the treatment
  ▪ Changing room
  ▪ Consultation of the guest

• Drinks and Snacks
• Relaxation-area
• Depart

- Safety & hygiene

• Treatments
  ▪ Medical check-up
  ▪ Staff-hygiene
  ▪ Guest-hygiene
  ▪ Communication between guest and therapist

• Agents
  ▪ Air
- Surfaces
- Water
- Oil
- Packages and masks
- Peelings
- Aromas
- Herbs

- Infrastructure
  - S&H in rooms
  - S&H regarding equipment
  - Cleaning

- Gastronomy
  - Delivery and storage
  - Preparation
  - Provision of food and drinks
  - Quality assurance aspects (HACCP)

3. Certification System

- Criteria, expert board
- Organisation providing the certification
- Auditors
- Publication of the certified facilities
- Mediation
6.0 SITUATION ANALYSIS – FINDINGS FROM THE SITE MISSIONS IN THE CARIFORUM REGION AND RECOMMENDATIONS TO CLOSE EXISTING GAPS

6.1 Health Wellness Stakeholders
During the knowledge seeking missions in the five CARIFORUM states (Dominican Republic, Jamaica, St. Lucia, Trinidad and Tobago and Barbados), over 35 services were evaluated by the UWI Consultancy Team. These evaluations were facilitated by both qualitative and quantitative analysis of data collected by survey instruments ANNEX I and II of the inception report. Interviews were primarily used to determine the respondents’ knowledge and awareness of standards and to ascertain their use of quality assurance mechanism within the health and wellness sector. While the findings may be not representative of the whole region, they provide some insight into the quality assurance framework of the territories which were evaluated by the consultants and found to have the most established quality assurance mechanisms for the sector.

These stakeholders were broken down into five main groups.

6.1.1 Wellness Service Providers (11 services)
100% of these service providers were private sector entities with a majority, 72%, of the businesses, owned solely by the proprietors. All of the businesses were locally owned. 27% of them were also involved in training as well as offering beauty and massage therapy. 72% of these entities operate as resort spas. 54% of the same entities also provide a walk in day spa service. The main services provided by all entities were beauty and massage therapies. 45% of the sample also provided mind and body fitness training. The businesses reported a trained staff compliment of 67 – 100% however noted that all therapists were trained and certified in the service they provide.

All businesses were aware of standards and 90% indicated that they had a quality policy and a quality management system. However 54% of the sample indicated that their management systems were not accredited. When asked to name the accrediting entity by those who responded in the affirmative, the responses indicated that there was a lack of understanding of site inspection by regulatory entities and training site assessors. All the entities reported that they were compliant with documentation and had all the standard operating procedures pertaining to safety and hygiene, management systems and customer feedback documented. The respondents were split on the difficulty to implement a quality management system in their entities. 27% of the sample reported that training (on site and continuous) was a major internal issue affecting the implementation. Other issues raised were finances, documentation and hiring of staff.

55% of the respondents indicated that were not members of a health and wellness association. 63% indicated that local and international marketing would be an expectation if they joined any such group.
The service providing entities were also visually inspected to check their compliance with global best practice in the spa industry. 63% were reasonable compliant with emergency regulations. Only 45% of the businesses’ staff was participating in regularly training. 70% of the staff members in all entities were properly attired when in contact with guests. Most of the entities had the basic physical infrastructure outlined for spas i.e. reception area, changing room, relaxation room, treatment room, beauty room and sauna. The spa menus were reasonable consistent in the type of therapies and treatments offered. The overall environment in the business entities was consistently clean and calm. 70% of the entities had consultation forms which would solicit various health impairments relevant to the types of treatments offered by the service providers. There was some variability in the quality of treatment rooms with larger establishment adhering to international norms more consistently than smaller establishments.

Generally, most persons were aware of the importance of cleaning and disinfecting. 70% of the respondents were able to outline their cleaning protocol. However, only 20% of the sample was able to indicate that the cleaning agents were from reputable sources. The main concern stemmed from entities which utilize a lot of water in their services with whirl pools, swimming pools and Jacuzzis. There was no objective evidence that disinfecting and sanitisation of the water were practiced. These criteria are usually mandatory for establishments and are usually enforced by the Ministries of Health through their environmental health officers. Safety and hygiene requirements for saunas in general were only shown to be addressed by 27% of the respondents.

6.1.2 Wellness Product Providers (4 services)

100% of wellness product providers are locally based private sector entities which were owned solely by the proprietors. All the businesses have been in operation for over six years. 75% of these entities were also involved in service provision and training as well as wellness product provision. These entities also had a full complement of trained and certified staff.

All entities indicated that they have a system which managed the quality of their products; however, only 50% indicated that they were accredited. All the entities reported that they had a documented quality management system. 100% reported that they have SOPs for training and certification. Only 50% reported that they had SOPs for good manufacturing practices. 75% had SOPs for the testing of raw materials and end products. 100% indicated that they had procedures for quality control and 75% of the respondents reported that they had internal audits and management reviews to discuss quality issues.

All entities had procedures for customer feedback. 50% of the respondents indicated that implementing a system of quality was difficult. They cited that training (on site and continuous) and documentation were internal obstacles to the implementation process. External obstacles were cited as lack of regulation and standards governing the sector. 50% of the entities were associated with wellness associations however all entities mentioned that local and international marketing would be the main expectation from associating with a trade association. Only one entity mentioned that training/accreditation would be an expectation from associating with a trade organisation.
6.1.3 Training Centers (8 services)

Training in this sector is facilitated by technical and vocational educational programmes. These are either done directly through public sector national training agencies or accredited private entities. 50% of the observed entities were public/private sector collaborative entities. 100% of the centers were locally based with 87% of them listed as sole ownership companies.

All the respondents offered approved programmes in cosmetology and massage therapy. 25% of these entities also offered body and mind fitness training. All entities reported that they provide training for the health and wellness sector in their territory and that they had qualified persons to provide the training. 87.5% of the respondents indicated that they use local or international standards in training persons for the sector. 50% of the training entities were offering standardised TVET programmes i.e. NVQ and CVQ competency standardised courses. These were standardised from levels 1 to 5 with 50% of the entities providing levels 1 – 3 training. Only one entity used standardised courses from the international holistic training accredited bodies, CIBTAC and CIDESCO. INFOTEP in the Dominican Republic had a similar process of standardising courses and accrediting private training institutions as in the case of the national training agencies and TVET councils in the CARICOM territories.

75% of the training institutions reported that they had a quality policy and 87.5% indicated that they had quality manuals which governed their operations and services. 75% of the institutions had SOPs governing training and certification. 75% reported that they have SOPs governing the quality control of their services. 100% of the respondents reported that they have SOPs governing internal audits and management review of their services. 75% of the respondents indicated that it was difficult to implement a quality assurance system within their business entities. The internal obstacles mentioned by the respondents during the implementation process were poor conformance by staff, financing, training and documentation. The external obstacles were poor conformance by third party associated entities; lack of regulation, delays in legislation, training/certification and inertia associated with the accreditation process.

Only 25% of the training entities were associated with a wellness trade organization. These entities were also private training centres. 62.5% of the institutions indicated that local and international promotion of their services would be an expectation of associating with a trade organization.

6.1.4 Regulators (8 services)

The regulators of the health and wellness sector in the territories span from the bureaus of standard agencies, national training agencies, inspectorate sections of the ministries of health and the tourism product development entities. 75% of the entities interviewed were from the public sector while 25% were public/private collaborative entities. All entities responded in the affirmative when asked if they approve/accredit entities/professionals in the health and wellness sector. All regulators also indicated that they had trained personnel to assess the quality of services and products in the sector.

All the regulators had a system that governed its own quality in their services. All the bureaus of standard had the critical elements of the ISO 9001 which addresses quality management systems. The
The scope of the monitoring was also restricted to the area in which the regulator is commissioned. The public and environmental health unit of the ministries of health focused on criteria addressing public health. This mainly included safety, hygiene and sanitation criteria. Most of these criteria were law and were referenced from the public health acts in the territories. The bureaus of standards played a dual role in most instances. Firstly, they were tasked with developing the standards addressing product/service quality and safety. Secondly, the bureaus played a role in the monitoring and evaluation of product/service quality and safety in the sector. National training agencies played an important role in maintaining the quality of affiliated training institutions. This was done by establishing TVET accreditation criteria and training site qualification criteria which are monitored by an assessor team from the TVET councils or national training agencies.

The tourism product development companies were more developed in some territories. They have a product quality division which is mandated to ensure that the tourism quality is maintained within the tourism jurisdiction. They have established their own criteria which are based mainly on public health, tourism, occupational health and safety legislation of the territories. In some instances, local standards exist which govern the quality of the tourism product and these are used in the monitoring and evaluation of entities offering such services and products to tourists.

It must be noted that there were a lot of interplay in the regulation of various sectors. Hence, standards derived from local and international bodies such as HACCP, ISO 9001, ISO 14001 were cross referenced and formed the basis of sector related standard criteria. It must be noted that only two territories had established drafts of standard and/or code of practice for the health and wellness sector. These were FDJS 319: 20122 Final Draft Jamaican Standard Specification for Spa Entities in Jamaica and DNS Health and Safety Guide for Beauty and Wellness Facilities in St. Lucia. It was also noted that allied health councils were established in St. Lucia and Trinidad and Tobago. The scope of the monitoring and evaluation process is not well endowed and focus to strengthen their breadth and depth in scope is recommended.

6.1.5 Marketing Entities (4 services)

The premier tourism marketing entities in the territories were also assessed for their attitudes towards the use of standards as baseline criteria for marketing/promoting business entities. 50% of these entities were private sector based organisations and the other 50% were based in the public sector.

These entities were locally based marketing agencies. 75 % of the entities marketed health and wellness services/products to locals and tourists. The main tourism markets were Central America, South America, Europe, North America and India.

All companies confirmed that they have baseline criteria for potential clients. The first criterion was that all businesses must be registered entities. The other criteria were sector specific criteria such as established codes of best practice, tourism product standards and criteria from the tourism and public health acts (legislation).
100% of the marking entities reported that they have a customer feedback system; however, only 50% of the same entities reported the feedback to the marketed business entities.

Trinidad and Tobago has established through the Trinidad and Tobago Bureau of Standards in collaboration the Tourism Development Company, a certification programme for all tourism operators and entities called Trinidad and Tobago Tourism Industry Certificate (TTTIC), a voluntary certification programme. The Jamaica Tourist Board, the marketing arm of the Ministry of Tourism, worked in collaboration with Jamaica Trade and Invest to establish a draft strategy for the continued development of the health and wellness Sector, reference: X JAM/02/80. This document clearly outlines the acknowledgement of wellness tourism and the strategic development of this niche market. The thrust is to market wellness tourism in three sub divisions:

- Boutique Wellness Spa Tourism
- Destination Wellness Resort Spa Tourism
- Spa Town Attractions

The whole island of Jamaica will be the tourism product and the TPDCo will have its monitoring and evaluation role stretched to encompass the whole product. The spa services standards; currently - FDJS 319: 2012 Final Draft Jamaican Standard Specification for Spa Entities - will form the criteria for the monitoring.

Table 9. Gap Analysis of Quality Assurance Issues Affecting the Health and Wellness Sector in the Five (5) CARIFORUM Territories

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Strengths</th>
<th>Weaknesses</th>
<th>Recommendations</th>
</tr>
</thead>
</table>
| Service Providers | **Stakeholders’ Profile**  
• Most service providers are private sector based.  
• Some service providers are involved in training.  
• A high trained staff complement.  
**Quality Assurance Issues**  
• Majority of the service providers had a quality policy and QMS.  
• Physical infrastructures for spas were consistent to global norms in a majority of entities.  
• Persons were able to outline sanitation/disinfection  

| **Quality Assurance Issues**  
• Approximately 50% of service providers did not have accredited QMS.  
• Training (onsite & continuous), finances, limited physical and human resources were highlighted as critical issues affecting implementation of standards.  
• No objective evidence that sanitisation/disinfection protocols are practiced.  
• Safety and hygienic practices in saunas |
|-----------------|--------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
|                 | **Develop standard manual which will document criteria for:**  
• Hygiene  
• Safety  
• Efficacy  
• Quality Management System  
• Environment Management System  
• Recommend the formation of a monitoring and evaluation framework for inspection/certification functions in the sector. |
## Development of Standards for the Regional Health and Wellness Sector

<table>
<thead>
<tr>
<th>Stakeholders’ Profile</th>
<th>Quality Assurance Issues</th>
<th>Actions and Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Product Manufacturers</strong></td>
<td><strong>Hygiene</strong></td>
<td>Develop standard manual which will document criteria for:</td>
</tr>
<tr>
<td>- Most product manufacturers are private sector based.</td>
<td><strong>Safety</strong></td>
<td>- Hygiene</td>
</tr>
<tr>
<td>- Most entities are also involved in training and service provision.</td>
<td><strong>Efficacy</strong></td>
<td>- Safety</td>
</tr>
<tr>
<td>- High trained staff complements.</td>
<td><strong>Quality Management System</strong></td>
<td>- Efficacy</td>
</tr>
<tr>
<td>- Majority of the service providers had a quality policy and QMS.</td>
<td><strong>Environment Management System</strong></td>
<td>- Quality Management System</td>
</tr>
<tr>
<td>- Most entities had SOPs for training.</td>
<td><strong>Training</strong></td>
<td>- Environment Management System</td>
</tr>
<tr>
<td>- Entities had SOPs for testing raw materials, end products and quality control.</td>
<td><strong>Documentation</strong></td>
<td>- Recommend the formation of a monitoring and evaluation framework for inspection/certification functions in the sector.</td>
</tr>
<tr>
<td>- Entities have management reviews and audits.</td>
<td><strong>Standards</strong></td>
<td>- Institute mandatory continuing professional training</td>
</tr>
<tr>
<td>- Most entities had customer feedback mechanism.</td>
<td><strong>Regulation</strong></td>
<td>- for product manufacturing.</td>
</tr>
</tbody>
</table>

- Inspection of entities is practiced and some compliance was noted.
- Onsite training will be standard criteria in HW standard criteria.
- Strengthen national and regional private sector bodies to lobby the adoption of standards. The national coalition of services institutions and their regional association could play a significant role in advocating for statutory framework for the health and wellness sector.
<table>
<thead>
<tr>
<th>Stakeholders’ Profile</th>
<th>Stakeholders’ Profile</th>
<th>Stakeholders’ Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training Institutions</strong></td>
<td><strong>Stakeholders’ Profile</strong></td>
<td><strong>Stakeholders’ Profile</strong></td>
</tr>
<tr>
<td><em>Mainly facilitated by technical and vocational educational training (TVET)</em> programmes through NTAs and private entities.</td>
<td><em>Training was diversified but certain areas of health and wellness sector such as body and mind fitness were not prominent.</em></td>
<td><em>Support the efforts by the National Training Agencies (NTAs), TVET Councils and the Caribbean Association of National Training Agencies (CANTA) in the development of national and regional TVET standards for the sector.</em></td>
</tr>
<tr>
<td><em>Most entities used local and international standards in training persons.</em></td>
<td><em>Training in the TVET programmes needs to be articulated above level 3 in areas practiced in the sector.</em></td>
<td><em>Collaboration between the UWI and the CANTA for capacity development in terms of curricula development and diversification of programme in the TVET training. Invite industry stakeholders to play a critical role in the facilitation of training under the established UWI/CANTA framework.</em></td>
</tr>
<tr>
<td><em>A sizeable magnitude of entities use approved standardised NTA/TVET Council programmes.</em></td>
<td><em>Poor conformance by staff and third party entities, financing, training, certification processes, documentation, and lack of regulation, delays in legislation, training/certification and inertia associated with the accreditation process were all cited as obstacles to implementing a system of quality.</em></td>
<td><em>Advocate the importance of establishing QMS in service provision in training.</em></td>
</tr>
<tr>
<td><em>Most entities have trained facilitators.</em></td>
<td><em>Most entities had a quality manual and policy in place.</em></td>
<td></td>
</tr>
<tr>
<td><em>SOPs in training, quality control, management reviews and audits were well established.</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Regulators

### Stakeholders’ Profile
- Monitoring exist in the sector:
  - Public and environmental health unit of the **ministries of health**.
  - Bureaus of Standards
  - **National training agencies**
  - Tourism product development companies

### Quality Assurance Issues
- Legislation exists for mandatory requirements.
- National and International standards exist for monitoring:
  - Tourism product standards
  - ISO 9001; HACCP;
  - DNS Health and Safety Guide for Beauty and Wellness Facilities in St. Lucia
  - ETC

### Stakeholders’ Profile
- Multiple sources of monitoring activities without much coordination of efforts in the industry.
- Monitoring is more robust in tourism jurisdictions.
- The lack of established tourism product development companies.

### Quality Assurance Issues
- Only two territories established the relevant regulatory council to monitor allied health services.

## Marketing Companies

### Stakeholders’ Profile
- Majority of these firms market health and wellness services to locals and tourist.
- Private and public sector representatives.
- Markets are already

### Stakeholders’ Profile
- Weak private and public sector collaboration.

### Quality Assurance Issues
- Marginal amount of customer feedback

### Stakeholders’ Profile
- Regulators must establish more dialogue on the formation of a single entity that has final responsibility of the certification of facilities and personnel in the sector. Such entities are established in St. Lucia and Trinidad and Tobago – Allied Health Councils.
- Expand monitoring from tourism jurisdictions only to wellness entities outside of these regions.
- Work with training institutions to establish mandatory continuing professional training.
- Strengthening the private sector to lobby for regulatory framework. The national coalition of service institutions and their regional association can assist the regional wellness associations in advocating for an appropriate regulatory framework work at the national and regional level.
established wellness destinations: Europe, North America, South America & India.

**Quality Assurance Issues**
- Most companies use baseline service/product quality criteria for marketing wellness entities. Established criteria is based on:
  - Established codes of best practice
  - Tourism product standards
  - Tourism Act (legislation)
  - Public Health Act (legislation)
  - Most entities had a strong customer feedback system

reported to marketed entities.
- Most territories in CARIFORUM have not recognized the health and wellness sector within their tourism diversification and strategic planning initiatives.

must play a role in sector development locally and internationally.
- These entities must also assist in maintaining standard criteria by establishing the standard requirements as criteria for marketing.
7.0 PROPOSED ADMINISTRATIVE ARRANGEMENTS FOR THE IMPLEMENTATION OF THE STANDARDS – Consultants’ View Before Stakeholders’ Symposium

The following represents a proposal on administrative arrangements for managing the roll out of the standards in pilot countries; recommendations on administration of training and any tools required to support implementation of the standards. This section will make specific reference to:

i. Administrative arrangements and the process for managing the implementation of standards
ii. The type of assistance and mechanisms for providing assistance to support firms interested in implementing the standards
iii. The role of C-SWA in supporting the implementation and adoption of regional standards
iv. Scheduling of the implementation of the standards

The implementation strategy will focus on the following initiatives within the sector:

a. Approval and Acceptance of the final quality policy and standard by private sector stakeholders.
b. Training, Qualifications, Individual and Facility Certification
c. Transition of the Standard from Industry to Regional Standard

7.1 Approval and Acceptance of the Final Quality Policy and Standard by Private Sector Stakeholders

7.1.1 Administrative Arrangements and Processing

a. The first draft of the standard will be perused by the project steering committee and feedback provided to the UWI consultants.
b. The revised draft standard will be submitted to the project steering committee (PSC) by the UWI consultants with a list of stakeholders (associations) for national and regional consultation.
c. National and regional consultation on the proposed standard will be undertaken for 3 – 4 weeks.
d. A regional symposium on the establishment of the quality assurance mechanism will be hosted by the Caribbean Export Development Agency.
e. All feedback from the consultations will be scrutinised for making alterations to the proposed standards by the UWI consultants.

7.1.2 Assistance and Mechanisms for Providing Assistance to Support Firms

The most critical component required for success of the implementation strategies is to have sufficient consultations with the stakeholders inclusive of service/product providers, trainers, regulators and marketers.
a. Stakeholder consultation will be afforded at the level of the PSC and regionally when the standards will be disseminated to the following national and regional entities:

   i. Caribbean Network of Coalition Service Industries
   ii. CROSQ and the following standard bureaus – Jamaica, Trinidad and Tobago, Barbados, St. Lucia, Dominican Republic & Belize.
   iii. Caribbean Hotel and Tourism Association
   iv. Caribbean Spa and Wellness Association
   v. INFOTEP - Dominican Republic
   vi. Caribbean Association of National Training Agencies

b. The entities below should play a significant role of lobbying regional governments to mobilise the standards into national standards for the health and wellness sector and to support the proposed quality assurance framework:

   i. Caribbean Network of Coalition Service Industries
   ii. Caribbean Hotel and Tourism Association
   iii. Caribbean Spa and Wellness Association
   iv. INFOTEP - Dominican Republic

c. A regional symposium on the established quality assurance measures will be hosted by the Caribbean Export Development Agency. This will be scheduled after the preliminary consultations with the above stakeholders.

7.1.3 The Role of the Caribbean Spa and Wellness Association (C-SWA) in the Aforementioned Activities

C-SWA will participate in the consultations at the level of the PSC, regional consultations within their chapters and at the stakeholders’ symposium as documented above.

7.1.4 Scheduling of the Activities

a. The first draft of the standard was submitted to the PSC on December 5th, 2012. The document was reviewed by the PSC and their feedback was sent to the UWI consultants prior the suggested resubmission date.

b. The revised standards manual and the proposal of its implementation were resubmitted to the PSC on December 12th, 2012.

c. The regional and national consultations will have duration of 3 – 4 weeks. The consultants received the feedback from the consultations on January 24th, 2013.

d. The regional symposium on the established quality assurance measures was hosted April 18-19th, 2013.
e. The final report and the recommendations on the implementation strategies of the regional quality assurance mechanisms were submitted on April 28th, 2013.

7.2 Training, Qualifications and Individual and Facility Certification

7.2.1 Administrative Arrangements and Processing

a. The proposed training will be done in a two tier process with two main objectives.
   i. Train the Trainer and Assessor Training - to assist in the initial implementation strategy.
   ii. Ongoing training for the purpose of individual certification and continuous professional training (CPT) as prescribed in the standard for licensing purposes.

b. Both training components must be undertaken by proven entities with a track record of educational excellence. The following mechanisms are proposed to assure the sector of attaining these recommendations:
   i. Train the Trainer and Assessor Training
      - Establish a tender process which enables training entities with the required attributes, inclusive of multi-territorial training sites, to bid for the training exercise.
      - Training must be able to be delivered via dual or multi-modal approaches i.e. onsite practicum and long distance instruction or any other modalities. This will increase the efficiency of training the sector and reduces the training cost throughout the Caribbean region.
      - The development of training manuals and other teaching resources must be afforded under the terms of reference of the tender request.
      - An effective assessment/evaluation system of the proposed training is critical to the success of the learning experience. Learning objectives must be parallel to the assessment. Training must be tested at various levels of cognitive skills i.e. comprehension, analysis and application and possibly synthesis in some areas.
      - It is anticipated that post training implementation activities will be a part of the overall assessment. This should last a period of 6 months at minimum and should include the auditing of the sites which are implementing the standard by trainers and trainees.
      - Certification must be awarded to trainees who were successful in the Train the Trainer and Assessor training programme. The institution offering the certification must be reputable.

   ii. Ongoing Training for the Purpose of Individual Certification and Continuous Professional Training (CPT)
      - This training component will be the mainstay training requirement for the sustainability of the health and wellness sector. It will encompass the current Caribbean vocational qualification (CVQs) certifications being provided by the NTA/TVET councils in the territories of the CARICOM region. It also will facilitate the proposed annual licensing criteria for individuals plying their trade in the service/product subsector as expressed in the standard.
      - Competency standards for Caribbean vocational qualification must be established in critical service areas by the Caribbean Association of National
Training Agencies in collaboration with the TVET Councils to facilitate the training being proposed.

- Table 10 outlines a list of competency standards currently offered in Jamaica through the national training agency in collaboration with the TVET council. These are an important set of standards to be established as CVQs at first instance to mobilise the Regional harmonisation of training in the sector.

- Continuous professional training (CPT) will be built upon the basis established by the competency standards. Continuous professional training (CPT) will form part of the criteria for licensing individuals plying their trade in the health and wellness sector annually.

- The standard highlights the minimum qualifications for persons operating specific job functions. The proposed minimum qualifications are Caribbean vocational qualification at specific levels as highlighted in the standard. These are also conveyed in Table 10.

- Certification Bodies
  - Certification of persons for the CVQ qualification will be done by the TVET councils in collaboration with the NTAs.
  - Licensing of individuals to ply trade in the sector will be done by an established professional council. St. Lucia and Trinidad and Tobago have established allied health councils which operate under their respective ministries of health. Persons with qualification outside the Caribbean vocational qualification may request the established professional council to verify the equivalency of their qualification and grant their license to work within the sector.
  - Certification of facilities should be done by national certification bodies or by institutions responsible for the maintenance of tourism product quality. The Tourism Product Development Company Inc (TPDCo) in Jamaica would be a good example of the latter certification body. The wellness sector in Jamaica falls under the tourism product hence TPDCo is entrusted with the responsibility of maintaining product quality.
Table 10. List of Competency Standards in the Health and Wellness Sector in Jamaica and Accredited Institutions Undertaking the Training.

<table>
<thead>
<tr>
<th>COMPETENCY STANDARDS</th>
<th>LEVEL</th>
<th>CURRICULUM AVAILABLE</th>
<th>ACCREDITED INSTITUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cosmetology</td>
<td>Level 1</td>
<td>✓</td>
<td>HEART School of Cosmetology Community Based Training</td>
</tr>
<tr>
<td>Cosmetology</td>
<td>Level 2</td>
<td>✓</td>
<td>HEART School of Cosmetology Institute of Cosmetology, Aesthetics and Professional Study</td>
</tr>
<tr>
<td>Cosmetology</td>
<td></td>
<td></td>
<td>Newport Vocational Training Centre</td>
</tr>
<tr>
<td>Cosmetology</td>
<td></td>
<td></td>
<td>Veronique’s Enterprise Limited</td>
</tr>
<tr>
<td>Nail Technology</td>
<td>Level 2</td>
<td>✓</td>
<td>HEART School of Cosmetology Community Based Training</td>
</tr>
<tr>
<td>Nail Technology</td>
<td>Level 3</td>
<td>✓</td>
<td>Face Place Institute of Aesthetics</td>
</tr>
<tr>
<td>Barbering</td>
<td>Level 2</td>
<td>✓</td>
<td>HEART School of Cosmetology Community Based Training</td>
</tr>
<tr>
<td>Barbering</td>
<td>Level 3</td>
<td>✓</td>
<td>HEART School of Cosmetology</td>
</tr>
<tr>
<td>Hair Styling</td>
<td>Level 2</td>
<td>✓</td>
<td>HEART School of Cosmetology</td>
</tr>
<tr>
<td>Cosmetology (Chemical Technology)</td>
<td>Level 2</td>
<td>✓</td>
<td>HEART School of Cosmetology</td>
</tr>
<tr>
<td>General Beauty Therapy</td>
<td>Level 2</td>
<td>✓</td>
<td>Face Place Institute of Aesthetics</td>
</tr>
<tr>
<td>General Beauty Therapy</td>
<td>Level 3</td>
<td>✓</td>
<td>Face Place Institute of Aesthetics</td>
</tr>
<tr>
<td>Massage Therapy</td>
<td>Level 3</td>
<td>✓</td>
<td>Community Based Training</td>
</tr>
<tr>
<td>Massage Therapy</td>
<td>Level 4</td>
<td>✓</td>
<td>HEART School of Cosmetology</td>
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<td>Massage Therapy</td>
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</tr>
<tr>
<td>Massage Therapy</td>
<td></td>
<td></td>
<td>Unique Touch Institute Limited</td>
</tr>
<tr>
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<td>Veronique’s Enterprise Limited</td>
</tr>
<tr>
<td>Spa Therapy</td>
<td>Level 2</td>
<td>✓</td>
<td>Face Place Institute of Aesthetics</td>
</tr>
<tr>
<td>Spa Therapy</td>
<td></td>
<td></td>
<td>Unique Touch Institute Limited</td>
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</tbody>
</table>
## Development of Standards for the Regional Health and Wellness Sector

<table>
<thead>
<tr>
<th>COMPETENCY STANDARDS</th>
<th>LEVEL</th>
<th>CURRICULUM AVAILABLE</th>
<th>ACCREDITED INSTITUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Level 3</td>
<td>✓</td>
<td>Face Place Institute of Aesthetics</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Unique Touch Institute Limited</td>
</tr>
<tr>
<td></td>
<td>Level 4</td>
<td></td>
<td>Face Place Institute of Aesthetics</td>
</tr>
<tr>
<td>Professional Makeup Artistry</td>
<td>Level 3</td>
<td>✓</td>
<td>HEART School of Cosmetology</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Face Place Institute of Aesthetics</td>
</tr>
<tr>
<td></td>
<td>Level 4</td>
<td>✓</td>
<td>Face Place Institute of Aesthetics</td>
</tr>
<tr>
<td>Hairdressing</td>
<td>Level 3</td>
<td>✓</td>
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</tr>
<tr>
<td></td>
<td>Level 4</td>
<td>✓</td>
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</tr>
<tr>
<td>Salon Management</td>
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</tr>
<tr>
<td>Fitness Instructing</td>
<td>Level 3</td>
<td>✓</td>
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<tr>
<td>Wellness Programme Planning</td>
<td>Level 4</td>
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<td></td>
</tr>
<tr>
<td>Trichology</td>
<td>Level 5</td>
<td></td>
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</tr>
</tbody>
</table>

### 7.2.2 Assistance and Mechanisms for Providing Assistance to Support Firms

#### a. Train the Trainer and Assessor Training
- Six territories inclusive of Jamaica, Barbados, St. Lucia, Belize, Dominican Republic and Dominica will be considered for the pilot implementation exercise.
- Eighteen (18) persons will be nominated from the six territories identified for the proposed pilot implementation process. These persons will be evaluated by criteria established by the trainers and the project steering committee to ensure their appropriateness for the proposed training.
- The trainees will be assigned to eighteen (18) health and wellness firms selected based on criteria established by the trainers and PSC as a part of the post training assessment activities.
- The entities in the post training activity will be afforded consultancy at minimum expenditure/rate during the implementation stages as an incentive.

#### b. Ongoing Training, Individual Certification, Continuous Professional Training and Facility Certification
- Development of professional councils in the appropriate government ministries will be an important aspect of the regulatory framework. This affords the execution of the individual licensing criteria and the quality assurance measures that will ensure qualified persons plying their trade in the sector. These councils might be best suited in the Ministry of Health or Ministry of Industry and Commerce.
- Development of national certification entities that will be able to certify that health and wellness entities are in conformance with the established standard.
- The national NTA/TVET councils must accredit and approve regional training centres that have tentacles within the region to facilitate training in smaller territories without
national training agencies. A prime example is the University of the West Indies, Open Campus which has displayed its commitment to this effort.

- National and regional sector associations can develop a point system for the standard and establish different conformance levels for businesses which may be useful in increasing their competitiveness in marketing and adding value to their service/product provision. Other entities such as the certification bodies may play a significant role in this exercise. Such a system is currently used in the European Spa Industry.
- Certified trainers from the proposed Train the Trainer programme will be allowed to function as consultants to assist other firms in meeting the standard.

### 7.2.3 The Role of the Caribbean Spa and Wellness Association (C-SWA) in the Aforementioned Activities

a. C-SWA will assist in the nomination process of the trainees and the wellness entities which will be a part of the post training activities of the Train the Trainer and Assessor Training component.

b. C-SWA can assist in the development of the scoring system based on the established standard to allow businesses to increase their competitiveness in marketing and value added service/product options. Other entities such as the certification bodies may play a significant in this exercise.

c. C-SWA could become a member of an advisory board/panel of accredited entities which offer continuous professional training.

### 7.2.4 Scheduling of the Activities

a. The Train the Trainers and Assessor Workshop
   - The tendering process for the Train the Trainer and Assessor training must established and announced by the September 30th, 2013.
   - The actual training should be scheduled January 10th, 2014. This time allows for the sourcing of resources (physical, human and financial), the nomination and evaluation of the trainees and the entities for the post training activities by the trainers and the PSC.
   - The duration of the training should be no more than 2 weeks and should include at least practicum and long distance training options.
   - The post training activities should last no longer than 6 months and should conclude by July 31st, 2014.

b. Ongoing Training for the Purpose of Individual Certification and Continuous Professional Training and Facility Certification
   - Competency standards for Caribbean vocational qualifications shown in Table 10 must be established in critical service areas by the Caribbean Association of National Training Agencies in collaboration with the TVET Councils by the end of the post training activities associated with the Train the Trainer and Assessor Training. The proposed date is July 31st, 2014.
   - Continuous professional training will form part of the criteria for relicensing individuals plying their trade in the health and wellness sector and entities
wishing to provide training must seek accreditation from the established professional council by August 31st, 2014.

- Certification bodies must be established according to the following schedule:
  o Certification of persons for CVQ qualification in the competency standard should initiate July 31st, 2014 by the TVET Councils in collaborations with the NTAs.
  o Professional councils such as the entities formed in St. Lucia and Trinidad and Tobago must be established in countries participating in the pilot exercise under their respective ministries of health or any other appropriate ministries by the July 31st, 2014.
  o Certification of facilities should be done by an independent certification body. This body must be functional by September 30th, 2014.

7.3 Transition of the Industry and National Standard to a Regional Standard

7.3.1 Administrative Arrangements and Processing

a. The health and wellness standard will be fully operated in CARIFORUM territories.
b. The standard will be nominated to be transitioned into a regional standard and will be submitted to CROSQ to initiate the process.
c. CROSQ will establish a regional technical team to review the standard and ensure its generalisability across the region.
d. CROSQ will facilitate the required process for the adoption of the standard to a regional standard.
e. The professional council in each territory will contribute members to form a regional council who will monitor and provide advice on matters relating to the regional regulatory framework.
f. The regional council will also function as a final appeal entity for arbitrary matters not resolved at the local council.

7.3.2 Assistance and Mechanisms for Providing Assistance to Support Firms

a. CROSQ will seek the assistance of the regional bureaus for the establishment of a technical committee to review the standard.
b. The national professional councils through their respective government ministries will facilitate the structural and financial requirements of the regional council.

7.3.4 The Role of the Caribbean Spa and Wellness Association (C-SWA) in the Aforementioned Activities

a. C-SWA, a regional wellness association, may participate in the regional consultations facilitated by CROSQ to provide industry insight.
7.3.5 Scheduling of the Activities

a. The health and wellness standard will be fully operated in CARIFORUM territories by December 31st, 2013.

b. The standard will be nominated to be transitioned into a regional standard and will be submitted to CROSQ to initiate the process by February 28th, 2014. CROSQ will initiate the consultation process by March 20th, 2014.

c. A regional professional council will form July 31st, 2014.
8.0 STAkeholder symposium on the development of standards for the regional health and wellness sector

8.1 Background to the Stakeholder Symposium

While several studies have shown that H&WT is one of the fastest growing segments of the tourism industry, the efforts to build this segment of the Caribbean’s tourism product has not maximised the region’s full potential and the growth of H&WT in the Caribbean has not kept pace with this industry’s growth in European and North American markets. It is postulated that the Caribbean will realise its full potential in the global H&WT provided that it has a clear development strategy and meets international norms for quality management systems, health and safety.

The major constraints contributing to the inertia in developing the regional health and wellness sector are the lack of a clear strategic approach for its development and promotion, and the lack of a central quality assurance framework. Based on findings from site missions in five territories considered to be leaders in the sector in February 2012, only two territories have placed the sector in their strategic plan for the development of their tourism product. Only two territories had established draft standards and/or code of practice for the health and wellness sector. These standard documents are FDJS 319: 20122 Final Draft Jamaican Standard Specification for Spa Entities in Jamaica and DNS Health and Safety Guide for Beauty and Wellness Facilities in St. Lucia. Only two territories have regulatory allied health bodies which have some oversight of the sector and its human resources.

In order to be internationally competitive the regional health and wellness sector must adopt international best practices and develop a Unique Selling Point (USP) that would differentiate it from its competitors.

8.2 Objective(s) of the Symposium

1. To review the current draft of the CARIFORUM H&W Industry Standards and discuss and agree on specific areas which require revision.

2. To discuss experiences and lessons learnt from national efforts to develop and implement standards and integrate the lessons learnt into implementation strategies for the regional standards.

3. To clarify roles and responsibilities of the regional agencies, national agencies and spa managers and operators in implementing the industry standards.

4. To provide a forum for stakeholders to share their perspectives and experiences on standards development, adoption and implementation in the Caribbean and elsewhere.

5. To provide an up-to-date report on performance, outputs and outcomes of the regional health and wellness programme to date.
6. To reach agreement on goals and objectives, key actions, resource requirements as part of the standard implementation.

8.3 Participants
The meeting targeted both private and public sector representatives in the national and regional spa and wellness industry. More specifically, service providers, product manufacturers, certification and licensing authorities, regional public health representatives, and national and regional tourism policy makers.

8.4 Programme
The programme was developed through consultations with representatives from the Project Steering Committee, including the Caribbean Export Development Agency, the Caribbean Development Bank, and the University of the West Indies. Please see programme in Appendix II of the report.

8.5 Outcomes of the Symposium
8.5.1 Objective one (1): To review the current draft of the CARIFORUM H&W Industry Standards and discuss and agree on specific areas which require revision.

The general consensus from the stakeholders was that the proposed industry standard is reflective of the terms of reference for the consultancy and the document is well-written, comprehensive and commendable. The health and wellness practitioners highlighted that the critical areas of the standard which should be prioritized during the implementation stages of the document were certification of facilities, personnel, products and training curriculum. At the end of the workshop, C-SWA approved a motion to adopt the standard in principle as the industry standard.

The stakeholders also outlined that while natural outdoor spas, such as sulfur springs and mineral baths, proved to be difficult in the establishing technical requirements which are auditable, they believe it was an important component of the Caribbean spa experience and should be included in the standard. The stakeholders also agreed that the term “masseurs” should be replaced with “massage therapists”. This change was justified by new terminology change in the legislation in the USA to remove term “masseur”.

There were concerns of the complexity of the language in some components of the standard and also the document’s depth. The consultants commented that the language is composed for precision and conduciveness to the auditing process. Nevertheless, it was suggested that simplified language, pictures and handbooks would be useful in the implementation phase of
the standard. It was recognised that not only would implementation manuals be needed, especially for small and medium enterprises, but that material would also be required to support public awareness and education activities, as well as for marketing and promoting the standard among industry practitioners.
Table 1 Standard Consultation Matrix Indicating Suggested Amendments to the Draft Industry Standard.

<table>
<thead>
<tr>
<th>Clause No./Sub-clause No./Annex/Appendix</th>
<th>Clause/Paragraph/Figure/Table/Note which requires the change</th>
<th>Type of Comment (ed/te/ge)</th>
<th>Justification for change</th>
<th>Proposed change</th>
<th>Consultants’ Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout the document</td>
<td>Masseuse/Masseur</td>
<td>ge</td>
<td>Remove the term masseuse/masseur in the document. Jargon outdated. New terminology in the legislation in the USA to remove term “masseur”.</td>
<td>Massage therapist</td>
<td>Amendment made.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Incorporate standards for outdoor SPAs. The Caribbean possesses a wide body of natural spas that are part of the HW landscape and must be considered.</td>
<td>Guidelines for the use of natural spas will be incorporated in the standard based on scientific research. Data on applicable specification must be ascertained.</td>
<td>Amendment made as requested by the stakeholders.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Simplify the document in implementation manuals and other materials for the implementation of various aspects of the standards. Critical areas: Certification – Facility, Products, Personnel and Curriculum.</td>
<td>The consultants envision that these views will be considered strongly when the standard is being implemented.</td>
</tr>
</tbody>
</table>
8.5.2 Objective two and three (2 & 3):

To discuss experiences and lessons learnt from national efforts to develop and implement standards and integrate the lessons learnt into implementation strategies for the regional standards;

To clarify roles and responsibilities of the regional agencies, national agencies and spa managers and operators in implementing the industry standards;

The presentations on days 1 and 2 from the Saint Lucian and Jamaican speakers contributed to attaining objectives 2 and 3 of the symposium. The outcomes of workshops 2 and 3 also contributed significantly to attaining the objectives. Workshop 2 addressed the key stakeholders at the national and regional levels who will contribute to the quality and regulatory framework to support the implementation of the industry standard. Workshop 3 addressed the synergies between the national and regional stakeholders which would help to harmonise efforts across the territories.

Table 12 outlines the key stakeholders in the national and regional sectors, summarises their current roles and proposed roles.
# Table 12 Showing the Key Stakeholders, Their Resources, Current and Proposed Roles in the Implementation Phase of the Industry Standard.

<table>
<thead>
<tr>
<th>Key Stakeholders</th>
<th>Available Resources</th>
<th>Current Role in the Health &amp; Wellness Sector (if any)</th>
<th>Proposed Role in the Implementation and Adaptation Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Spa Association</td>
<td>Knowledge based personnel</td>
<td>Advocacy</td>
<td>1. Lead the process by advocating with support from appropriate agencies and networks to: a. Facilitate the national implementation of the spa industry standard; b. facilitate the appropriate training and movement of spa industry workers in the region.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Facilitate Spa Expos nationally and regionally.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. Facilitate the recognition of the health and wellness sector as a national and regional economic engine.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. Facilitate the public education required to create a positive public image of spas, spa workers and the spa industry to achieve the required and relevant support from the key stakeholders and value chain partners.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4. Collaborate with the National Bureau of Standards and other standards/licensing agencies to understand the process of developing and implementing a standard.</td>
</tr>
<tr>
<td>Ministry of Tourism</td>
<td>Marketing and technical personnel.</td>
<td>General support to the process of development of policy for the establishment, monitoring and promotion of tourism entities.</td>
<td>Leading a legislative process that would be required to make the spa standard a functional menu of criteria to assist in maintaining the tourism product.</td>
</tr>
<tr>
<td>Tourism Board</td>
<td>Marketing and technical personnel</td>
<td>General support to the process of monitoring, evaluating and promotion of tourism entities.</td>
<td>Facilitate the use of existing and developing innovative mechanisms to promote and market local spas which are in conformance to the industry standard via LIAT Magazine, World Travel Market, etc.</td>
</tr>
</tbody>
</table>
## Development of Standards for the Regional Health and Wellness Sector

| Ministry of Health | Health officials and inspectorates | Licensing | 1. Inspection of spa operations  
2. Facilitate the continuous training of spa workers in the aspects of hygiene and sanitation as may be demanded to meet industry standards. |
|-------------------|------------------------------------|-----------|----------------------------------------------------------------------------------|
| Ministry of Agriculture | Agricultural personnel and physical resources | None or not known | 1. Assess the need for local products in the spa industry on the request of the National Spa Association.  
2. Programme the training of farmers to produce items for local spa operators to meet the required agricultural production standards. |
| National Accreditation Boards | Technical Support and legislative advice | None, or not known | 1. To facilitate the national recognition of qualified spa workers.  
2. To operate or facilitate the accreditation of incoming spa workers from outside or within the region.  
3. Give support to the national implementation of a spa industry standard. |
| National Coalition of Services Industries | Lobbyists | Currently lobby and try to advance the agenda of the service sector at the national level. | 1. Give support to the national spa operators to energize the national and regional sectors by fostering their growth.  
2. Facilitate the recognition of the sector as important subsector of the tourism and other hospitality industries.  
3. Address on behalf of the national spa association, the issue of free movement of health and wellness workers at the OECS and CARIFORUM level and facilitate the necessary processes. |
2. Facilitate training of industry personnel. | 1. Promote and manage the process of developing benchmarked national vocational qualifications in all the health and wellness related operations as required or outlined by the national health and wellness practitioners.  
2. Monitor, evaluate and accredit the national wellness training programmes in the country.  
3. In collaboration with the tertiary level institutions in the country, facilitate the development and delivery of post graduate and accredited tertiary spa and other wellness training programmes. |
<table>
<thead>
<tr>
<th>Organization</th>
<th>Role Description</th>
<th>Action Plan</th>
</tr>
</thead>
</table>
| Ministry of Trade                                 | Policy makers                                                                    | 1. Research the trade related restrictions to import and export of products used in the spa and wellness industry and implement the required legislative or procedural actions.  
2. Reduce the procedural time related to importing regionally manufactured spa and wellness industry products.  
4. In collaboration with the National Coalition of Service Industries and the national spa association, identify the national “Trade in Services Issues” that will hamper the implementation of industry standards at national level, and take the legislative and procedural action required. |
| National Hotel Association                        | Knowledge based personnel and hotel operators.                                   | 1. Accommodating and implementing health and wellness industry standards.  
2. Facilitating the brand recognition of industry compliant entities and spa workers. |
| National Associations of Small Hotels             | Knowledge based personnel and hotel operators.                                   | 1. Accommodating and implementing health and wellness industry standards.  
2. Facilitating the brand recognition of industry compliant entities and spa workers. |
| National Bureau of Standards                      | Standard development officers                                                     | 1. To support the national spa associations in the implementation of a national wellness industry standard.  
2. Facilitate the training of trainers and auditors  
3. Facilitate audits  
4. Facilitate the reinforcement of the three critical elements of the standard, i.e. the products used, spa facilities and personnel working in the industry within the sector.  
6. Collaborate with the national spa and wellness practitioners or association to sensitize members of the process of developing and implementing a standard. |
| Private Training Entities                         | Training facilities and personnel                                                | Develop and deliver programmes to complement the service offerings in the health and wellness sector. |
### Development of Standards for the Regional Health and Wellness Sector

<table>
<thead>
<tr>
<th>Organization</th>
<th>Role</th>
<th>Responsibilities</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTO- Caribbean Tourism Organisation</td>
<td>Marketing and technical personnel</td>
<td>1. Advocating on behalf of tourism service operators regionally. 2. Assist in human resources capacity development in the regional tourism sector. 3. Promote the regional tourism sector.</td>
<td>Promote the regional health and wellness sector on the basis of its newly acquired quality assurance system.</td>
</tr>
<tr>
<td>CROSQ-CARICOM Regional Organisation for Standards and Quality.</td>
<td>Technical standard officers</td>
<td>Assist in the current drafting of the regional standards for the hospitality, product and tourism sectors.</td>
<td>1. Provide support at the regional level for the adopting of the industry standard into a regional standard. 2. Assist in building capacity regionally to ensure conformity in technical aspects of the industry standard.</td>
</tr>
<tr>
<td>Caribbean Export Development Agency</td>
<td>Trade advisors</td>
<td>Facilitate the development of the regional health and wellness sector – Cart FUND Project.</td>
<td>Facilitate adoption of the industry standard by C-SWA and to facilitate the implementation strategies at the micro and macro levels.</td>
</tr>
<tr>
<td>CANTA – Caribbean Association of National Training Associations</td>
<td>Regional national training agencies and NVQ/CVQ standard officers</td>
<td>1. Facilitate the adoption of the NVQs to CVQs. 2. Establish the educational framework for the regional service industry. 3. Facilitate the articulation of the training levels associated with the respective training programmes.</td>
<td>Developing CVQs for the health and wellness sector by adopting NVQs or developing competency standards from a needs basis analysis for the sector.</td>
</tr>
<tr>
<td>CHTA – Caribbean Hotel and Tourism Association</td>
<td>Hospitality and knowledge based stakeholders</td>
<td>Regional advocate for hotels and tourism entities.</td>
<td>Promote and facilitate the regional implementation of standards by its members and hotel associations.</td>
</tr>
<tr>
<td>C-SWA – Caribbean Spa and Wellness Association</td>
<td>Knowledge based service stakeholders</td>
<td>Regional advocate for its members.</td>
<td>1. Advocate among its membership the importance of adopting the industry standard. 2. Advise on training and other needs of the service.</td>
</tr>
</tbody>
</table>
### Table 13 Showing the Synergies between the National and Regional Initiatives.

<table>
<thead>
<tr>
<th>National and Regional Synergies</th>
<th>Entity/Group Responsibility</th>
<th>Description of Programme/Initiative</th>
<th>Process Description</th>
<th>Expected Impact on the Health and Wellness Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standards for and Certification of Persons</strong> CARIFORUM Education for Employment Project–Conversion of NVQ to CVQ</td>
<td>CANTA – Caribbean Association of National Training Agencies Equivalent of Allied Health Council professional association that represents the sector - B’dos in the process of formalising a similar council</td>
<td>To strengthen CANTA’s capacity to focus on technical and vocational education and training (TVET) programmes across the region.</td>
<td>- NTA submits standard for consideration to CVQ - Sector specific information to inform NVQ adoption to form CVQ. CVQ - Provides equivalency and mutual recognition and facilities free movement of skilled labor (CSME). Professional councils will play a role in licensing personnel annually. It is anticipated that continual professional training will be a licensing criteria.</td>
<td>-Creation of harmonized regional qualifications for the development of the health and wellness work force <strong>Used as the basis for Mutual recognition:</strong> CVQ vs ITEC vs CIBTAC vs CIDESCO vs City and Guilds</td>
</tr>
</tbody>
</table>
8.5.2.1 Additional Notes for Standard for and the Certification of Persons in the Sector

In addressing the synergies between the national and regional initiatives on training and certification, there was a general consensus that there is a need for additional training in soft skills e.g. engaging with the customer, customer service and sales within the health and wellness sector. The proposed mechanism to address this issue is similar to the process description outlined in the Table 13. A NTA would be required to submit a revised NVQ with the amendments addressing further soft skills training to CANTA for adoption as a CVQ.
8.5.2.1.1 Harmonizing Efforts through Regional Funded Projects

The following projects were identified as current or proposed regional funded projects with likely avenues to support the implementation phase the health and wellness standard:

- Organisation of American States (OAS) project funding – to develop model legislation to foster the development of a regional regulatory framework and to foster proper governance of the regional sector.
  - 10th European Development Fund – modernizing of the Standards Acts (build capacity with the member states to draft legislation)
  - Regional Policy Development through CARICOM

- CROSQ Conformity Assessment – Certification of product quality conformity can be strengthened by regional efforts to build testing laboratories’ capacities. C-SWA can also be assisted by CROSQ to develop certification scheme to assist in the branding and the use of certification marks as a marketing tool.

- The Growth Strategy Forum Project with the World Bank, the Ministry of Education and TVET Council in St. Lucia to establish CVQs in tourism health and wellness services.

- An additional CVQ project currently underway in St. Lucia with funding from Canada.

The need for a comprehensive data collection exercise to identify other related planned and ongoing projects and initiatives was recognised, as well as the need for a mechanism(s) for information sharing among stakeholders.

8.5.3 Objective four and six (4 & 6):

To provide a forum for stakeholders to share their perspectives and experiences on standards development, adoption and implementation in the Caribbean and elsewhere

To reach agreement on goals and objectives, key actions, resource requirements as part of the standard implementation

The experience of Saint Lucia in developing and implementing a health and wellness standard and regulating the local sector was a critical fixture in the programme and also facilitated the coverage of the objectives 4 and 6. The Coalition of Service Industries in St. Lucia outlined a model which can be replicated throughout the region to initiate the adoption and implementation of the industry standard. While the presented implementation strategies in
Jamaica had a different process for facilitating the standard development and implementation i.e. through the Tourism Board, it was evident that both territories had adequate stakeholder consultation and consensus from the service providers.

In summary, the strategy documented by symposium participants based on the experiences of both Saint Lucia and Jamaica was as follows:

**Standard Development**
- Appointment of a technical committee
- Document Draft
- Stakeholder Consultations
  - Allied Health Council (St. Lucia)/Tourism Product Development Agency (Jamaica)
  - Ministry of Education
  - Hair, Beauty and Spa Association
  - Ministry of Health
  - Bureau of Standards
- Finalise Document

**Standard Implementation**
- Adoption of the Standard as Industry Standard
- Train the Trainer Programme
- Assessment and Compliance Monitoring
- Mentorship Programme
- Public Relations
- Gazette/ Legislative / Regulatory Framework

**National Regulatory Framework**
- Establishment of Allied Health Councils/Professional Councils
- Establishment of Certification bodies
- Regularised Inspections from the Ministries of Health – Public Health Inspectorate and Ministries of Tourism – Product Development and Quality Departments
- Development of Standardised Curriculum by TVET Council and Programme Delivery from Accredited Training Institutions

**Regional Regulatory Framework**
- Develop a Regional Standard
- Establish a Regional Regulatory Policy and Framework – inclusive of a regional council similar to regional medical and dental councils
- Harmonise Standardised Training through CVQ Offerings Facilitated by CANTA
Establish Regional Efforts in Product Development and Support Testing Facilities

Tables 14 – 17 outline the discussed action plans for the implementation of health and wellness standards in the regional sector in consideration of the Saint Lucia and Jamaican models. These implementation components address the realities of the health and wellness sector and were considered appropriate by the stakeholders at the symposium. The implementation efforts expected to be applied to the small to medium sized enterprises and large enterprises as well as efforts at the national and regional levels are outlined in detail. As expected, large enterprises will not require as much support as small to medium size enterprises but there are some consistencies between both types of entities which will realise the success of the implementation process.

Table 18 represents a summary of the recommended strategy and action plan for the Regional health and wellness sector by the consultants in consideration of the stakeholders’ comments. It identifies the critical steps in the standard implementation process and should be able to assist in the development strategy for the CARIFORUM’s health and wellness sector. The steps are identified at the micro and macro levels but they are also arranged based on their perceived importance and urgency over a period of June 2013 to September 2016.
### Table 14 outlining the five (5) critical components of the standard implementation strategy at the micro and macro levels for Small and Medium Size Enterprises.

<table>
<thead>
<tr>
<th>Overall Aim or Objective</th>
<th>Strategy to achieve the Aim</th>
<th>Performance Indicator</th>
<th>Deadline</th>
<th>Lead Persons/Entities</th>
</tr>
</thead>
</table>
| Implementation of the Standard | 1. Sensitisation and “buy-in” of the Standard  
- Caribbean Export disseminates information to key stakeholders | - SME’s receive the standards and demonstrate commitment to implement the document  
- Quarterly town hall meetings  
- Task force established  
- Examples of best practices from other SMEs (at least 3) | July 2013  
October 2013 | Task Force  
C-SWA |
| 2. Implementation of the Standards (certification and training)  
- Form a body comprised of a group of trainers  
- Customize the training plan to meet needs of SMEs  
- Audit/ Assessment of all spa and wellness operators | - SMEs placed within mentoring relationships (at least 16)  
- New items in the Tourism Development Act added for SME incentives for the implementation of the standard  
- Wellness operators conforming to the standard (at least 50%) | August 2014 | C-SWA/ Coalition of Services Industries/Ministry of Tourism |
| 3. Capacity Building  
- Mentorship programs in place  
- Cross training | - Policy for SME spa and wellness business development  
- Structured incentives regime formed and included in annual government budget for SMEs  
- Grant proposals disseminated (at least 5)  
- Procurement of small business grants | January 2015 | C-SWA/ Coalition of Services Industries/Ministry of Tourism |
| 4. Advocacy, Policy Development and | - Public relations publications  
- Websites | October 2015 | Coalition of Service Industries/Ministry |


## Development of Standards for the Regional Health and Wellness Sector

<table>
<thead>
<tr>
<th>Legislation</th>
<th>Incentives</th>
<th>of Commerce and Industry</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Publish via Caribbean Growth Forum website</td>
<td>- Incentives</td>
<td>- Reports of “pressure group” meetings with government</td>
</tr>
<tr>
<td>- Create a “pressure group” comprised of hotel association, small business association and key stakeholders to advocate for the needs of SME’s that meets with Government quarterly</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Resource Mobilization</th>
<th>Grant proposals</th>
<th>January 2016</th>
<th>CEDA/C-SWA</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Identify persons to write Grant proposals</td>
<td>- Funds</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table 15 Outlining the Components of the Standard Implementation Strategy at the Micro and Macro Levels for Large Enterprises.

<table>
<thead>
<tr>
<th>Overall Aim &amp; Objective</th>
<th>Strategy to achieve the aim</th>
<th>Performance Indicator</th>
<th>Deadline</th>
<th>Lead persons/entity</th>
</tr>
</thead>
</table>
| **Bench Marking**       | Encourage all to adopt and implement the standard | • National and Regional Audit  
  • Inspection, for example, using mystery shoppers | 24 to 36 months  
  Phase one: 6 to 8 months  
  Phase two: month 8 to month 24  
  Phase three: month 24 to month 36 | • C-SWA  
  • National regulatory authorities e.g. Ministry of health; Allied Health Councils, certification bodies |
| **Standard Curriculum for International Certification** | Establish an internationally recognized curriculum and training programme as well as a Train the Trainer Programme with routine assessment and evaluation | • National and Regional Audits  
  • Inspection for example using mystery shoppers | December 2013 | • C-SWA  
  • UWI  
  • CANTA  
  • TVET Councils |
| **Implement the Occupational & Health and Safety Standards**  
  Ref: ISO/TC 228 (Tourism Health & Wellness Sector) | All large wellness facilities to comply with the established occupational health and safety standards | • National and Regional Audits  
  • Inspection for example using mystery shoppers  
  • Global recognition by industry leading advisors such as SpaFinder, TripAdvisor and Caribbean Travel & Leisure. | June 2016 | • C-SWA  
  • Local Bureau of Standards  
  • CROSQ in association with ISO |
| **Signature Caribbean Products** | • Developing a unique Caribbean spa brand for signature treatments and products.  
  • Develop quality control for regional manufacturers so that the large entities feel | • Collaboration between practitioners and product developers  
  • Accredited regional testing laboratories  
  • Regional products in wellness entities | March 2014 | • C-SWA  
  • Leading Spa product developers within the region – UWI and other private developers  
  • Bureaus of Standards |
Table 16 Outlining the Components of the Standard Implementation Strategy at the National level.

<table>
<thead>
<tr>
<th>Overall Aim and Objective</th>
<th>Strategy to achieve the aim</th>
<th>Performance Indicator</th>
<th>Deadline</th>
<th>Lead Person/Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption and or Adaption of the industry standard into the local context.</td>
<td>Sign off the industry standard by C-SWA</td>
<td>Signed Agreement</td>
<td>April 2013</td>
<td>Chair C-SWA</td>
</tr>
</tbody>
</table>
| | Approach the National Coalition of Services Industries to assist in organising and mobilising the industry. C-SWA can assist this effort. | • Membership registrations of national and regional wellness associations.  
• Organised structure and movement of the resultant association.  
• Strategic plan for the way forward inclusive of the key stakeholders (public and private sectors) | May 2013 | C-SWA |
| | Pilot programme for the industry standards (implementation) | Report on outcomes from implementation. | October 2013 | National Coalition of Service Industries, C-SWA and Standard Bureaus |
| | • Public education and awareness to industry stakeholders and practitioners (those along the value chain) about standards and quality control.  
• Develop and Implement Strategic Plan: Feedback from sessions held - % of total population reached.  
• Report on outcomes. | | December 2013 | National Coalition of Service Industries, C-SWA and Standard Bureaus |
### Development of Standards for the Regional Health and Wellness Sector

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeline</th>
<th>Responsible Body</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity building</strong>&lt;br&gt;• Gauge the relevance of the regional standard locally</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Comprehensive Communication Strategy</strong>&lt;br&gt;Develop and implement a strategic plan - Terms of Reference (consultancy),&lt;br&gt;• Minutes of meetings held&lt;br&gt;• Consultancy reports&lt;br&gt;• Strategies should include: Facebook and other social media and letters to relevant ministers</td>
<td>May 2014</td>
<td>National Coalition of Service Industries and C-SWA</td>
</tr>
<tr>
<td><strong>Industry standard to be proposed as a regional standard</strong>: Bureau of standards to submit to CROSQ for the adoption process to proceed.</td>
<td>Regional standard at the end of the process.</td>
<td>July 2015</td>
</tr>
</tbody>
</table>
### Table 17 outlining the components of the standard implementation strategy at the Regional level.

<table>
<thead>
<tr>
<th>Overall Aim or Objective</th>
<th>Strategy to achieve the aim</th>
<th>Performance Indicator</th>
<th>Deadline</th>
<th>Lead persons/entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish regional harmonised standards (general requirements) for health and wellness tourism sector</td>
<td>1. Proposal for harmonisation of standards as regional standards</td>
<td>• Receipt of proposal from national body</td>
<td>• By July 2013</td>
<td>C-SWA through local National Bureau of Standards (eg. BNSI)</td>
</tr>
<tr>
<td></td>
<td>2. Establish regional technical committee/taskforce to review standards</td>
<td>• Nomination letters received from relevant stakeholder organisations</td>
<td>• By December 2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Standards presented to COTED</td>
<td>• Copy of Savingram from CARICOM Secretariat</td>
<td>• By November 2014</td>
<td></td>
</tr>
<tr>
<td>Certification of workforce</td>
<td>1. Establish baseline data of certification programmes and training providers in the Caribbean</td>
<td>• Database of training programmes and training entities</td>
<td>• By July 2013</td>
<td>CANTA (working with C-SWA)</td>
</tr>
<tr>
<td></td>
<td>2. Establish mechanism for determining equivalencies of certification from training programmes</td>
<td>• Reports</td>
<td>• By January 2014</td>
<td>CANTA</td>
</tr>
<tr>
<td></td>
<td>3. Identify funding sources (CDB, IDB, EU, Commonwealth Secretariat, etc.)</td>
<td>• Proposals and funds available</td>
<td>• Ongoing</td>
<td>Caribbean Export</td>
</tr>
<tr>
<td></td>
<td>4. Make existing standards and programmes accessible across the region</td>
<td>• Standards and programmes available online</td>
<td>• By December 2013</td>
<td>CANTA</td>
</tr>
</tbody>
</table>
## Development of Standards for the Regional Health and Wellness Sector

<table>
<thead>
<tr>
<th>Area</th>
<th>Activities</th>
<th>Expected Outcomes</th>
<th>Responsible Parties</th>
</tr>
</thead>
</table>
| **Certification of facilities** | 1. Establish baseline data of types of existing health and wellness facilities  
2. Development of regional certification mechanism for health and wellness entities | - Database  
- Certification regime | - By September 2013  
- December 2013 | C-SWA  
National Bureau of Standards and other designated bodies |
| **Establish regional regulatory framework** | 1. Determine existing legislations in CARIFORUM states  
2. Develop policy framework  
3. Initiate discussions on a regional health council | - Report  
- Policy submitted to COTED  
- Minutes of meetings of national professional council members | - By December 2013  
- By December 2014 | C-SWA, CTO and Regional Coalition of Services, National Professional Councils |
| **Product research and development** | 1. Establish baseline of natural products and other resources used in | - Database and reports | - By December 2013 | C-SWA working with UWI and other national bodies |
2. Develop market intelligence
3. Establish research and product development processes for selected products

- Research information and approved processes
Table 18 outlining the recommended components of the industry standard implementation strategy in consideration of the stakeholders’ comments & the consultants’ views.

<table>
<thead>
<tr>
<th>Implementation Strategy</th>
<th>Performance Indicator(s)</th>
<th>Timeline for completion</th>
<th>Lead Persons/Entities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard Development</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Appointment of a technical committee</td>
<td>• An established technical committee</td>
<td>June 2013</td>
<td>• University of the West Indies</td>
</tr>
<tr>
<td>• Document Draft Standard</td>
<td>• Draft standard</td>
<td></td>
<td>• Caribbean Export Development Agency</td>
</tr>
<tr>
<td>• Facilitate stakeholder Consultations</td>
<td>• Reports from stakeholder consultations</td>
<td></td>
<td>• Project Steering Committee</td>
</tr>
<tr>
<td>• Finalise Industry Standard</td>
<td>• Final industry standard</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Standard Implementation at Micro (Entity) Level</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Adoption of the Standard as the Industry Standard</td>
<td>• Formal adoption by national and Regional wellness associations</td>
<td>June 2013</td>
<td>• C-SWA</td>
</tr>
<tr>
<td>• Public Relations and Advocacy</td>
<td>• Active and up to date C-SWA website with news release</td>
<td>June 2013</td>
<td>• C-SWA</td>
</tr>
<tr>
<td>• Capacity Building</td>
<td>• Wellness publications</td>
<td></td>
<td>• National Coalition of Service Industries</td>
</tr>
<tr>
<td>o Train the Trainer programme</td>
<td>• Certified management consultants and assessors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Cross training</td>
<td>• An established mentorship programme (Pilot with 15 wellness entities in CARIFORUM)</td>
<td>August 2014</td>
<td>• National Coalition of Service Industries</td>
</tr>
<tr>
<td>o Mentorship programme</td>
<td></td>
<td></td>
<td>• C-SWA</td>
</tr>
<tr>
<td>o Establish pressure groups of service providers to function as lobbyists</td>
<td></td>
<td></td>
<td>• Ministry of Commerce &amp; Industry</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Standard Bureaus</td>
</tr>
<tr>
<td>Establishing the National Regulatory Framework</td>
<td>Pressure group(s) formed</td>
<td>August 2014</td>
<td>C-SWA, UWI, CANTA &amp; TVET Councils</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>--------------------------</td>
<td>-------------</td>
<td>----------------------------------</td>
</tr>
</tbody>
</table>
| ● Development and Dissemination of Standardised Curriculum by TVET Councils and Programme Delivery from Accredited Training Institutions (Competency Standards Level 1-4)  
  o Collect baseline data on relevant training programmes regionally  
  o Standardise training content benchmarked against industry needs  
  o Dissemination of training material regionally | ● Database of training programmes  
  ● Reports on programme development  
  ● List of new programmes - CVQs | |
| ● Establishment of Allied Health Councils/Professional Councils | ● Professional councils established in CARIFORUM states | August 2014 | |
| ● Establishment of Competent Certification Bodies | ● Established certification bodies | August 2014 | |
| ● Assessment and Compliance Monitoring | ● Audit reports | October 2014 | |
| ● Continuing Professional Training (CPT) Provision | ● List of accredited CPT providing entities | October 2014 | |

Ministries of Health/Industry and Commerce  
National Coalition of Service Industries  
Certification Bodies  
C-SWA  
National Coalition of Service Industries
### Establishing the Regional Regulatory Framework

<table>
<thead>
<tr>
<th>Establish Regional Efforts in Product Development and Support for Testing Facilities</th>
<th>Database of natural resources</th>
<th>October 2014</th>
<th>Ongoing</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Develop a database on natural resources for product development</td>
<td>o Grant proposals and awards from financial sources</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>o Locate funding for research and development (R&amp;D)</td>
<td>o Market analysis report</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>o Establish market intelligence</td>
<td>o R&amp;D Reports</td>
<td>October 2014</td>
<td></td>
</tr>
<tr>
<td>o Conduct R&amp;D of products</td>
<td>o An established system for testing lab capacity development</td>
<td>October 2014</td>
<td></td>
</tr>
<tr>
<td>o Establish mechanisms to support testing facilities</td>
<td></td>
<td>September 2015</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Develop a Regional Standard</th>
<th>Proposal for regional standard</th>
<th>September 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Proposal for the industry standard to become a regional standard</td>
<td>o Nomination from relevant stakeholders for membership of the technical committee</td>
<td></td>
</tr>
<tr>
<td>o Establishing a regional technical committee</td>
<td>o Reports from COTED</td>
<td></td>
</tr>
<tr>
<td>o Standards presented to COTED</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Establish a Regional Regulatory Policy and Structure</th>
<th>Policy submitted to COTED</th>
<th>September 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Establish a regional council</td>
<td>o Established Regional council</td>
<td></td>
</tr>
<tr>
<td>o Regional certification mechanism for entities</td>
<td>o Minutes of national and regional council meetings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o An established regional certification scheme</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional Councils</th>
<th>• UWI &amp; C-SWA</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Caribbean Export &amp; C-SWA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• UWI</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• CROSQ/Standard Bureaus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• C-SWA through a local Standards Bureau</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• CROSQ</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• CARICOM/CARIFORUM Secretariat</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• CARICOM/CARIFORUM Secretariat</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• CROSQ &amp; Standard Bureaus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• C-SWA</td>
<td></td>
</tr>
</tbody>
</table>
Further Development and Harmonisation of Industry Based Training Standards (Level 5 and beyond)
- Collect baseline data on relevant training programmes regionally and globally
- Standardise training content benchmarked against industry needs
- Secure funding for programme development
- Dissemination of training material regionally

| Database of training programmes |
| Reports on programme development |
| Grant proposals and awards from financial sources |
| List of new programmes, CVQs |

September 2016

- CANTA
- Regional Council
APPENDIX I – Programme for the Stakeholder Symposium on the Development of Standards for the Health and Wellness Sector

**Thursday April 18th 2013**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00 – 09:00</td>
<td>Registration of participants</td>
<td></td>
</tr>
</tbody>
</table>
| 09:05 – 09:35  | Opening Remarks                                                       | 1. Mr. Titus Preville, Board Member, Caribbean Export Development Agency & Permanent Secretary, Ministry of Commerce, Business Development and Consumer Affairs, Saint Lucia  
2. Mr. Steve Andrews, Chairperson of CSWA                                      |
<p>| 9:50 – 10:15   | Coffee Break                                                         |                                                                                               |
| 10:20 – 11:05  | The Essential Components of and Experience Working with a Quality Management System at Body Holiday Le Sport Resort &amp; Discussion. | Body Holiday Le Sport – Mr. Andrew Barnard                                                   |
| 11:10 – 12:00  | Presentation of the Draft Standard for CARIFORUM’s Health and Wellness Sector &amp; Discussion. | UWI Consultants - Dr. Damian Cohall &amp; Mr. Ken Mullin                                         |
| 12:00 – 13:20  | Lunch                                                                |                                                                                               |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Presenter/Organizer</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00 – 14:30</td>
<td>Perspectives and Experiences on the Adoption and Implementation of Standards/Quality Assurance Systems in the Health and Wellness Sector – Jamaica</td>
<td>Tourism Product Development Company Inc – Ms. Sheryl Lewis</td>
</tr>
<tr>
<td>14:30 – 15:00</td>
<td>Implementation Options at the Micro and Macro Levels</td>
<td>Ms. Sonia Johnson &amp; Mr. Ken Mullin</td>
</tr>
<tr>
<td>15:00 – 17:00</td>
<td>Break out groups according to the following themes:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Incorporating lessons learnt into the current draft of the regional standards</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Key stakeholders and their roles in the implementation and adaptation process – (form to be circulated with name, role and available resources)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. National and regional synergies in the implementation process</td>
<td></td>
</tr>
<tr>
<td>17:00 – 17:15</td>
<td>Wrap-up and Preview of Day 2</td>
<td>UWI Consultants - Dr. Damian Cohall &amp; Mr. Ken Mullin</td>
</tr>
</tbody>
</table>

**Friday April 19th 2013**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Presenter/Organizer</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:45 – 9:45</td>
<td>Presentations on Breakout Groups &amp; QA</td>
<td>Ms. Sonia Johnson &amp; Mr. Ken Mullin</td>
</tr>
<tr>
<td>Time</td>
<td>Session Description</td>
<td>Presenter/Coordinator</td>
</tr>
<tr>
<td>-----------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>9:45 – 10:15</td>
<td>Key Ideas from Break Out Groups</td>
<td>Ms. Sonia Johnson, Mr. Ken Mullin and Dr. Damian Cohall</td>
</tr>
<tr>
<td>10:15 – 10:30</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>10:30 – 11:00</td>
<td>Presentation on the Jamaican Experience with CVQs</td>
<td>Mr. Fitzroy Blake, NTA/TVET Council - Jamaica</td>
</tr>
<tr>
<td></td>
<td>Presentation on the Allied Health Council in St. Lucia</td>
<td>Dr. Urban Seraphin, Chairman – Allied Health Council of St. Lucia</td>
</tr>
<tr>
<td>11:00 – 12:15</td>
<td>Break-out Groups to Develop SMART(^1) Action Plans for Implementation of the Industry Standards</td>
<td></td>
</tr>
<tr>
<td>12:15 – 13:30</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>13:30 – 14:45</td>
<td>Break-out Groups to Develop SMART(^1) - Action Plans for Implementation of the Industry Standards</td>
<td></td>
</tr>
<tr>
<td>14:45 – 15:00</td>
<td>Coffee Break</td>
<td></td>
</tr>
<tr>
<td>15:00 – 16:00</td>
<td>Plenary Discussion - Action Plans</td>
<td></td>
</tr>
<tr>
<td>16:00 – 16:30</td>
<td>Vote of Thanks and The Way Forward</td>
<td>CSWA &amp; Caribbean Export</td>
</tr>
</tbody>
</table>

\(^1\)SMART: Specific, Measurable, Achievable, Realistic and Time bound.
APPENDIX II - List of Participants Invited to the Stakeholder Symposium on the Development of Standards for the Health and Wellness Sector

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>NAME</th>
<th>TITLE</th>
<th>ORGANIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANTIGUA &amp; BARBUDA</td>
<td>Mrs. Gillian Shillingford</td>
<td>Spa Manager</td>
<td>Curtain Bluff</td>
</tr>
<tr>
<td>ANTIGUA &amp; BARBUDA</td>
<td>Ms. Jennifer Maynard</td>
<td>Agritourism Consultant</td>
<td>Ministry of Tourism and Civil Aviation</td>
</tr>
<tr>
<td>BELIZE</td>
<td>Ms. Jonelle Hemmans</td>
<td>Standard Development Officer</td>
<td>Standard Development Office, Belize Tourism Board</td>
</tr>
<tr>
<td>BAHAMAS</td>
<td>Ms. Renee Johnson</td>
<td>Managing Director</td>
<td>Renees Beauty Salon</td>
</tr>
<tr>
<td>BARBADOS</td>
<td>Ms. Madge Dalrymple</td>
<td>TOURISM DEVELOPMENT OFFICER I</td>
<td>Ministry Of Tourism</td>
</tr>
<tr>
<td>BARBADOS</td>
<td>Mr. Steve Andrews</td>
<td>Managing Director</td>
<td>Soothing Touch Spa</td>
</tr>
<tr>
<td>BARBADOS</td>
<td>Mr. Julian Boyce</td>
<td>Manager - Recreation</td>
<td>Hilton Barbados Resort</td>
</tr>
<tr>
<td>DOMINICA</td>
<td>Mrs. Samantha Letang</td>
<td>Quality Assurance Officer</td>
<td>Discover Dominica Authority</td>
</tr>
<tr>
<td>DOMINICA</td>
<td>Ms Lilian Piper</td>
<td>OWNER</td>
<td>THE GLAM Day Spa</td>
</tr>
<tr>
<td>DOMINICAN REPUBLIC</td>
<td>Mr. Belarmino Rodriguez</td>
<td>Managing Director</td>
<td>Caribbean Labs &amp; Traders</td>
</tr>
<tr>
<td>GRENADA</td>
<td>Ms. Marie Roberte Laurent</td>
<td>Owner</td>
<td>BELZEB</td>
</tr>
<tr>
<td>GRENADA</td>
<td>Ms. Rosemary Charles</td>
<td>Managing Director</td>
<td>Carolus Caribbean Cosmetics</td>
</tr>
<tr>
<td>JAMAICA</td>
<td>Ms. Carolyn Jobson</td>
<td>Spa Manager</td>
<td>Jamaica Inn Kyara Spa</td>
</tr>
<tr>
<td>JAMAICA</td>
<td>Ms. Sheryll Lewis</td>
<td>Licence Processing Manager</td>
<td>Ministry of Tourism</td>
</tr>
<tr>
<td>JAMAICA</td>
<td>Mr. Fitzroy Blake (Representing CANTA)</td>
<td>Director, Standards and Assessment Development</td>
<td>NCTVET</td>
</tr>
<tr>
<td>ST. KITTS AND NEVIS</td>
<td>Mrs. Marguerite Hull</td>
<td>Asst. Spa Manager</td>
<td>St Kitts Marriott</td>
</tr>
<tr>
<td>ST. LUCIA</td>
<td>Dr. Urban Seraphin J.P.</td>
<td>Chairman-Allied Health Council of St. Lucia</td>
<td>Allied Health Council</td>
</tr>
<tr>
<td>ST. LUCIA</td>
<td>Ms. Yvonne Agard</td>
<td>Executive Director</td>
<td>Saint Lucia Coalition of Services</td>
</tr>
<tr>
<td>ST. LUCIA</td>
<td>Ms. Tessa Clement</td>
<td>Spa Manager</td>
<td>Touch Therapies Day Spa</td>
</tr>
<tr>
<td>ST. LUCIA</td>
<td>Mr. Louis Lewis</td>
<td>Director of Tourism</td>
<td>St. Lucia Tourist Board</td>
</tr>
<tr>
<td>ST. LUCIA</td>
<td>Kimia Ghafari</td>
<td>Spa Manager</td>
<td>Anse Chastanet &amp; Jade Mountain Resort</td>
</tr>
<tr>
<td>ST. LUCIA</td>
<td>Tzarmallah Haynes</td>
<td>Head of Standards Development Department</td>
<td>Saint Lucia Bureau of Standards</td>
</tr>
</tbody>
</table>
## Development of Standards for the Regional Health and Wellness Sector

<table>
<thead>
<tr>
<th>Country</th>
<th>Business/Individual</th>
<th>Position/Role</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST. LUCIA</td>
<td>Alana Lansiquot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST. LUCIA</td>
<td>Mr. Andrew Barnard</td>
<td>Marketing Director</td>
<td>Body Holiday Le Sport</td>
</tr>
<tr>
<td>ST. LUCIA</td>
<td>Nerdin St. Rose</td>
<td>VP, Marketing &amp; Sales</td>
<td>Saint Lucia Tourist Board</td>
</tr>
<tr>
<td>ST. LUCIA</td>
<td>Lucia Ross</td>
<td></td>
<td>Cool water day spa</td>
</tr>
<tr>
<td>ST. LUCIA</td>
<td>Louise King</td>
<td></td>
<td>LessStress Inc</td>
</tr>
<tr>
<td>ST. LUCIA</td>
<td>Anika Emmanuel</td>
<td></td>
<td>Holistic Theraphy School:</td>
</tr>
<tr>
<td>ST. LUCIA</td>
<td>Martha Willie</td>
<td></td>
<td>Holistic Theraphy School:</td>
</tr>
<tr>
<td>ST. LUCIA</td>
<td>Antonia Floissac</td>
<td></td>
<td>The Health and Beauty Day Spa:</td>
</tr>
<tr>
<td>ST. LUCIA</td>
<td>Patricia Emmanuel</td>
<td></td>
<td>Healing Mini Spa</td>
</tr>
<tr>
<td>ST. LUCIA</td>
<td>Tracey Farin</td>
<td></td>
<td>Face to Face:</td>
</tr>
<tr>
<td>ST. LUCIA</td>
<td>Clara King</td>
<td></td>
<td>Dreamstylists</td>
</tr>
<tr>
<td>ST. LUCIA</td>
<td>Tessa Clement</td>
<td></td>
<td>Touch Therapies</td>
</tr>
<tr>
<td>ST. LUCIA</td>
<td>Cecilia (Surname)</td>
<td></td>
<td>Cecilia Beauty Salon</td>
</tr>
<tr>
<td>ST. LUCIA</td>
<td>Gasper George</td>
<td>Project Officer</td>
<td>Office of Private Sector Relations</td>
</tr>
<tr>
<td>ST. VINCENT &amp; THE GRENADINES</td>
<td>Ms. Angenella Young</td>
<td>Research and Information Development Assistant</td>
<td>Invest SVG</td>
</tr>
<tr>
<td>ST. VINCENT &amp; THE GRENADINES</td>
<td>Ms. Faylene Scrubb</td>
<td>Chief Operating Officer</td>
<td>St. Vincent and The Grenadines Tourism Authority</td>
</tr>
<tr>
<td>ST. VINCENT &amp; THE GRENADINES</td>
<td>Ms. Sarog Narang</td>
<td>Spa Manager</td>
<td>Buccament Bay Resort</td>
</tr>
<tr>
<td>SURINAME</td>
<td>Mrs. Udia Kolf</td>
<td>Managing Director</td>
<td>Jean-Sami Therapeutisch Centre</td>
</tr>
<tr>
<td>TRINIDAD AND TOBAGO</td>
<td>Ms. Yannicka Brown</td>
<td>Standards Officer II</td>
<td>Trinidad and Tobago Bureau of Standards</td>
</tr>
<tr>
<td>TRINIDAD AND TOBAGO</td>
<td>Ms. Roxanne Hepburn</td>
<td>Spa Manager</td>
<td>L’ImageParfaite Day Spa</td>
</tr>
<tr>
<td>TRINIDAD AND TOBAGO</td>
<td>Andrew Ramoutar</td>
<td>Partner</td>
<td>L’ImageParfaite Day Spa</td>
</tr>
<tr>
<td>BARBADOS</td>
<td>Dr. Damian H. Cohall</td>
<td>Chief Consultant</td>
<td>UWI Regional Health &amp; Wellness Standards Team</td>
</tr>
<tr>
<td>BARBADOS</td>
<td>Mr. Kenneth Mullin</td>
<td>Consultant</td>
<td>UWI Regional Health &amp; Wellness Standards Team</td>
</tr>
<tr>
<td>BARBADOS</td>
<td>Ms. Sonia Johnson</td>
<td>Consultant</td>
<td>UWI Regional Health &amp; Wellness Standards Team</td>
</tr>
<tr>
<td>BARBADOS</td>
<td>Ms Bonita Morgan</td>
<td>Director of Human</td>
<td>Caribbean Tourism</td>
</tr>
<tr>
<td></td>
<td>Resources</td>
<td>Organization</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
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<td></td>
</tr>
<tr>
<td>BARBADOS</td>
<td>Mr. Fulgence StPrix</td>
<td>Technical Officer- Standards</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CROSQ</td>
<td></td>
</tr>
<tr>
<td>BARBADOS</td>
<td>Ms. June Alleyne Griffin</td>
<td>CARTFund Consultant</td>
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<td>BARBADOS</td>
<td>Mr. David Gomez</td>
<td>Manager, Trade and Export Development</td>
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<td>Ms. Gayle Gollop</td>
<td>Advisor-Trade Advocacy</td>
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<td>TRINIDAD AND TOBAGO</td>
<td>Ms. Roxanne Hepburn</td>
<td>Spa Manager</td>
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