

Would you be shocked to know the NHS routinely uses unqualified interpreters?

By Phil Muriel, Non-Executive Director, NRPSI



In recent weeks, a number of media stories have highlighted the threat to life posed by the use of unqualified interpreters by the NHS. In response to this, I felt compelled to take part in a letter campaign initiated by the National Register of Public Service Interpreters that invited Registered Interpreters to write to their local MPs to ask whether the NHS Trust in their area adheres to NHS guidelines for commissioners on the use of interpreting and translation services. These guidelines recommend that interpreters should be registered with NRPSI and hold a Level 6 Diploma in Public Service Interpreting (DPSI) Health qualification.

I recently received a response from my MP, who enclosed the answers he'd sought from my local NHS Trust. The information provided confirmed that, because there are not enough Registered Interpreters with a Level 6 DPSI Health qualification, the Trust (or rather, the language agency it commissions) uses Community Interpreters with a Level 3 or 4 interpreting qualification.

This information in itself wasn't a big surprise; it is well known among those in my interpreting circles that Community Interpreters handle a significant proportion of the interpreting assignments in my area. However, it does highlight a big problem that must be addressed, namely the need for a national regulator and register of Community Interpreters holding an accredited, Ofsted-approved Level 3 or 4 interpreting qualification. Indeed, to further raise the standards of public service interpreting, which exist to protect the public, it is imperative that all those interpreting for the public services are regulated and registered at the level appropriate to their professional qualifications and experience. So, a register of Level 3 or Level 4 Community Interpreters is urgently needed.

The second problem is that I know from personal experience, and anecdotal evidence from peers and public sector colleagues, that some language agencies routinely use not only under-qualified individuals (those who have attended a Level 1 'taster' interpreting course or who possess a Level 2 (=GCSE) interpreting certificate that serves only as a foundation for the entry-standard Level 3 interpreting qualification) but also unqualified bilinguals to carry out interpreting in healthcare settings – this is totally unacceptable!

Thirdly, it has to be said that the NHS is not without fault in this matter, as I and my colleagues often come across examples of NHS staff encouraging patients to bring a friend

or relative (including children) to interpret for them when they should book a professional interpreter.

As long as this situation is allowed to continue unchallenged, things will never improve and the wellbeing of the public and healthcare workers will continue to be put at risk by poor interpreting practice. If there aren't enough Registered Interpreters to meet demand, the answer isn't to use under-qualified or unqualified individuals; to the contrary, the answer is for the NHS to strengthen its own guidelines and to make it a requirement (not a recommendation) that the interpreters it works with are properly qualified and registered with the appropriate organisation.

21/03/2023