

## **231114 NHS Sourcing of Interpreting and Translation Services, including Draft Standards**

### **Introduction**

The main problems in public service interpreting for the future are: retention of experts; and attracting new talent in to a sustainable pipeline. These are linked and can be related to simple causes.

Without protection of title for public service Interpreting (PSI) and without recognition of PSI as a regulated profession with national standards, there will always be a lack of respect of the status of professional practitioners. Is PSI a profession or an occupation which anyone can do, be they a 15-year-old son acting on behalf of his mother in a doctor's consulting room or someone with a degree in philology looking to supplement their income with a 'little interpreting in the doctor's surgery or the local hospital'.

This lack of respect for the profession leads to devolution of power over language services to those who do not understand the intricacies of interpreting or translating. By allowing those with a focus on managing tight budgets for the Trust and then those in agencies, who are concerned with profits, dividends to shareholders and shareholder value, to control the lists of interpreters available to the NHS, this lack of respect leads to a dissolution of standards in PSI.

Such a devolution leads to:

- Inadequate pseudo interpreters being engaged
- Inadequate engagement fees
- Shocking terms and conditions
- Steady diaspora of professionals
- Easier for them to make a living doing something other as cheaper low-grade options are engaged
- The public at risk where people who do not speak English die due to poor interpreting services or are sent down when they are innocent and the reverse – released when guilty
- Waste of money where health professionals cannot do their jobs well, people die due to poor communication, cases are re-opened due to poor interpreting or days in court are wasted with large sums of money misused for the want of a professional public service interpreter.

It is time the NHS recognised the need for national standards, accepted the status of regulated and Registered Public Service Interpreters (RPSIs) and paid fees commensurate with qualifications and experience.

In the UK we have a variety of cultures, ethnicities and nationalities living, working and raising their families. There are challenges faced by those who choose to live in the UK, the main one has to be the barriers created by not speaking English as a first language. This is particularly true when it comes to accessing key services these people are going to need, such as the NHS.

NHS medical professionals and management appreciate medical interactions are more often than not complex and stressful, never more so than when these interactions are conducted in a language the patient cannot understand. The NHS recognises those patients who do not speak English compromise their ability to access the appropriate health services and receive effective medical care. Entering a hospital may be the first time these individuals may interact with a public sector organisation - and hospital can be a very confusing and unsettling environment.

Miscommunication due to lack of English language skills will result in poor healthcare outcomes for these individuals who do not speak English. It could also result in increased healthcare costs due to missed appointments, misdiagnosis and inability to follow treatment plans.

It is vital to ensure patients who have Limited English Proficiency (LEP), including speech AND hearing disabilities, have access to the communication tools required to allow complete understanding of their diagnosis, and proposed treatment and to ensure that each patients' communication needs are met.

Interpreters act as a go-between during conversations service users (patients) are going to have with service providers (medical professional) within the NHS. Interpreters aid both parties to be understood, for the service user to know what is going to happen to them and what their diagnosis is, as well as for the service provider to properly understand what is happening with the service user and give them the right and accurate diagnosis.

Residents of the UK should have no hindrance to access public sector services – and not speaking English is a major hindrance; see Part 7 of the Immigration Act; <https://www.gov.uk/government/publications/immigration-bill-part-7-language-requirements-for-public-sector-workers> ; Part 7 of the act ensures there is no language barrier to members of the public accessing public services.

### **Historical Background of Interpreting Services in the NHS**

Language interpreting has not always been offered within the NHS. This may have been because it was not seen as something that was 'needed' before more people from overseas decided to move to the UK. It may also have been because there may not have been a commitment from the NHS to ensure every potential patient or service user could get equal access to the services provided by the NHS.

More often than not a family member would act as an informal-interpreter (untrained, unqualified and in-experienced) for the service user. Sadly, there are still times when family members, friends or non-professional pseudo-interpreters are engaged in NHS settings. This presents a number of risks to the patient/ service user as a friend or family member is most unlikely to know how to provide a professional service, not have any subject matter expertise, all leading to inaccurate interpreting and therefore incorrect information or advice being given. In some cases, children are still being used to interpret in consulting rooms.

## Legal Requirements

Under The Equalities Act 2010 people who do not speak English have the right to be provided with an interpreter when they are dealing with public sector organisations. The Equalities Act 2010 prohibits direct or indirect discrimination on the basis of a protected characteristic, such as race or religion – implicit in this is language:

( <https://www.gov.uk/government/publications/translations-and-interpreters> )

The right is also enshrined in the European Convention on Human Rights.

With reference to health services in the UK, it is the responsibility of NHS service providers to ensure interpreting and translation services are made available to their patients free at the point of delivery.

Healthcare professionals themselves should check with their Trust employer about their service's interpreter booking processes: <https://www.england.nhs.uk/wp-content/uploads/2018/09/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf>. **As the guidance for commissioners states: ‘Spoken language interpreters should be registered with the National Register of Public Service Interpreters (NRPSI) and hold a Diploma in Public Sector Interpreting (Health)’; see page 17 of this document.**

The NHS has a legal responsibility to make sure that the services they provide are equally accessible to all sections of the community. Guidance to services also makes clear that a professional interpreter should always be offered where language is an issue in discussing health matters:

<https://www.healthwatch.co.uk/advice-and-information/2022-05-19/does-nhs-have-provide-interpreter>

Of interest, the Police and Criminal Evidence Act 1984 (PACE), section 13, dictates that a suspect must not be interviewed unless arrangements are made for a **person capable of interpreting to assist the suspect to understand and communicate**. PACE is the short form for the Police and Criminal Evidence Act 1984. This Act governs the major part of police powers of investigation including, arrest, detention, interrogation, entry and search of premises, personal search and the taking of samples.

The police have a legal duty under (PACE) to make sure that arrangements are in place for the provision of a suitably qualified and independent interpreter for a person who is deaf or who does not understand English.; see

[https://www.google.co.uk/search?q=pacelaws+uk+and+interpreting&scas\\_esv=569153003&sxsrf=AM9HkKlMAG43\\_d9USqOabit28fSxYNslgA%3A1695912604461&ei=nJIVZeLiG\\_u2hbIPr-uEMA&ved=0ahUKewjioO\\_ixs2BAxV7W0EAHa81AQYQ4dUDCA8&oq=pacelaws+uk+and+interpreting&gs\\_lp=Egxnd3Mtd2l6LXNlcniHXbH2UgbGF3cyB1ayBhbmQgaW50ZXJwcmV0aW5nMgUQIRigAUjAS1DOEliBOnABeAGQAQCYAZoBoAHPCqoBBDE2LjG4AQzIAQD4AQHCAgoQABhHGNYEGLADwglGEAAYFhgewgllEAAYigUYhgPCAggQIRgWGB4YHcICBxAhGKABGAriAwQYACBBiAYBkAYI&scient=gws-wiz-serp](https://www.google.co.uk/search?q=pacelaws+uk+and+interpreting&scas_esv=569153003&sxsrf=AM9HkKlMAG43_d9USqOabit28fSxYNslgA%3A1695912604461&ei=nJIVZeLiG_u2hbIPr-uEMA&ved=0ahUKewjioO_ixs2BAxV7W0EAHa81AQYQ4dUDCA8&oq=pacelaws+uk+and+interpreting&gs_lp=Egxnd3Mtd2l6LXNlcniHXbH2UgbGF3cyB1ayBhbmQgaW50ZXJwcmV0aW5nMgUQIRigAUjAS1DOEliBOnABeAGQAQCYAZoBoAHPCqoBBDE2LjG4AQzIAQD4AQHCAgoQABhHGNYEGLADwglGEAAYFhgewgllEAAYigUYhgPCAggQIRgWGB4YHcICBxAhGKABGAriAwQYACBBiAYBkAYI&scient=gws-wiz-serp)

Of note, even the Crown Prosecution Service states the right to an interpreter is an integral part of the right to a fair trial. It is a principle of English common law that the Defendant must be able to understand the charges made against them and be able to properly defend themselves.

See <https://www.cps.gov.uk/legal-guidance/interpreters>. Of note the CPS states: **‘interpreters ‘working within the Criminal Justice System should be registered on the National Register of Public Service Interpreters (NRPSI) given NRPSI is an independent, voluntary public interest body and the core role is to ensure that standards within the profession are maintained for the benefit of the public and interpreters’.**

When it comes to the courts, the Ministry of Justice and Her Majesty’s Courts and Tribunal Service (HMCTS), the need for defendants in court to be able to understand the proceedings, using an interpreter, if necessary, was identified in the landmark R v Iqbal Begum Court of Appeal ruling which stated:

***‘It is beyond the understanding of this court that it did not occur to someone that the reason for her [the defendant’s] silence..... was simply because she was not being spoken to in a language which she understood.’***

The 1993 Runciman Royal Commission on Criminal Justice recommended that a **national register of qualified interpreters** should be established with the aim of ‘using only interpreters with proven competence and skills, who are **governed by a nationally recognised code of conduct’.**

### **Launch of the National Register of Public Service Interpreters**

Following the Royal Commission, **NRPSI was established in 1994 with the support of the (then) Institute of Linguists (IoL) and funded by the Nuffield Foundation, developing a model for the provision of public services across language and culture. The emphasis was on providing reliable communication in response to the multi-lingual nature of modern UK and public services’ need to provide access to all, irrespective of language barriers and protected from political or financial considerations – protecting those who do not speak English and shielding public sector organisations from poor language service delivery.**

NRPSI became independent of the Chartered Institute of Linguists (CIoL) on 1st April 2011 and is an independent not-for-profit organisation.

Every interpreter on the National Register has met the standards that were set and agreed with a wide range of stakeholders for education, training and practice in public service.

All Registrants are subject to the NRPSI Code of Professional Conduct and allegations are investigated by an independent Professional Conduct Committee and Disciplinary Committee; see <https://www.nrpsi.org.uk/for-clients-of-interpreters/complaints-about-interpreters.html>

Important to note disciplinary processes, guided by the code of Professional Conduct, are handled independently of NRPSI's secretariat, with the committees manned by judges, magistrates, barristers, solicitors as well as experienced RPSIs; See <https://www.nrpsi.org.uk/for-clients-of-interpreters/disciplinary-committee.html>

Using the National Register to find an interpreter ensures that not only qualified professional practitioners are engaged, but that the interpreter can be held accountable should their conduct or competence fall below the high standards expected of a Registered Public Service Interpreter (RPSI)

NRPSI is the UK's independent voluntary regulator of professional interpreters specialising in public service. The National Register is free of charge to access and searchable online. We maintain a public register of professional, qualified and accountable interpreters, who adhere to the Code of Professional Conduct:

[http://www.nrpsi.org.uk/downloads/NRPSI Code of Professional Conduct 22.01.16.pdf](http://www.nrpsi.org.uk/downloads/NRPSI%20Code%20of%20Professional%20Conduct%2022.01.16.pdf)

When an interpreter is working in a public service setting, usually in a potentially life-changing or life-threatening interview situation, they are the only person who understands what both of the other parties are saying. If the professional ability and integrity of the interpreter cannot be relied upon, the potential for abuse of the public's trust is clear.

NRPSI's core function is to protect the public and the public purse from poor practice in interpreting and to ensure those engaged as interpreters in the public sector are appropriately qualified, have the right levels of experience, and are ready to carry out interpreting assignments.

The risks and ramifications of not using highly qualified and experienced, accredited, independently regulated and registered public service interpreters in the courts, in police interview rooms and in doctors' consulting rooms, to name but a few of the scenarios in which they should be used, is incalculable; why take the risk.

### **Recent Communication with key NHS Policy Makers**

With regard to the NHS, please note the recent letter to the government, shadow minister and also to the CEO of the NHS; <https://www.nrpsi.org.uk/news-posts/Click-here-to-read-the-open-letter-sent-to-the-Health-Minister-and-Shadow-Health-Minister-about-the-death-of-a-Gloucester-mother-who-tragically-died-owing-to-a-delay-in-post-birth-treatment-and-poor-interpreting-services.html>

Note NRPSI asking Registrants to write to their MPs regarding the shocking way in which many Trusts handle interpreting issues; <https://www.nrpsi.org.uk/news-posts/Join-the-campaign-to-lobby-for-improvements-in-NHS-language-service-delivery-for-patients-and-save-lives-by-clicking-here.html>. See <https://www.nrpsi.org.uk/news-posts/If-you-disagree-with-this-statement-then-click-here-people-can-have-legal-representatives-who-can-help-Friends-family-and-non-government-organisations-can-also-assist-the-person.html>

As we know, NRPSI is accepted as central to best practice; sadly, the NHS is so under-funded, these best practice guidelines are more often than not ignored.

Follow up letter re NHS

<https://www.nrpsi.org.uk/news-posts/Click-here-to-read-NRPSI-follow-up-lobbying-with-the-NHS.html>

On 8<sup>th</sup> August 2023 NRPSI was informed that [the NHS's Healthcare Inequalities Improvement team will be leading a language-services scoping review; see the letter dated 8th August 2023](https://www.nrpsi.org.uk/news-posts/The-NHS-s-Healthcare-Inequalities-Improvement-team-will-be-leading-a-language-services-scoping-review-see-the-letter-dated-8th-August-2023) (<https://www.nrpsi.org.uk/news-posts/The-NHS-s-Healthcare-Inequalities-Improvement-team-will-be-leading-a-language-services-scoping-review-see-the-letter-dated-8th-August-2023.html>).

The letter stated: 'Ensuring solutions are identified which that will bring about the necessary changes – we are very much welcoming the opportunity to speak to NRPSI'.

With reference to the above, the following statement was published on the National Register of Public Service Interpreters' (NRPSI's) website on 1<sup>st</sup> September 2023 ( <https://www.nrpsi.org.uk/news-posts/NRPSI-supports-the-call-from-The-Shadow-Health-Secretary-The-British-Medical-Association-and-some-senior-Conservatives-for-the-regulation-of-NHS-managers-initiated-by-the-recent-Lucy-Letby-case-click-here.html> ):

### **NRPSI STATEMENT ON THE REGULATION OF NHS MANAGERS**

**1 September 2023**

*As the voluntary regulator of public service interpreters, the National Register of Public Service Interpreters (NRPSI: [www.nrpsi.org.uk](http://www.nrpsi.org.uk) ) supports the call from The Shadow Health Secretary, The British Medical Association and some senior Conservatives for the regulation of NHS managers initiated by the recent Lucy Letby case. (See The Guardian: 'Labour vows to make NHS managers accountable after Lucy Letby failings', 28 August).*

*We believe in safeguarding the public and providing them with access to the very best that our public services exist to provide – including our health service. This involves supporting public sector professionals to do their jobs as effectively and efficiently as possible, free from the fear of being undermined or let down by the incompetence or misconduct of those facing little or no regulation who work in related fields.*

*The only way to accomplish this is through greater accountability, which can only be achieved via independent regulation of those professionals that doctors, nurses and other medical practitioners rely on in order to be able to do their job. Independent regulation isn't about restriction, nor should it be about over-complication, it is about enabling people to do their job with confidence, knowing that a transparent system and procedure exists to protect them and others should things go wrong.*

*NRPSI has been campaigning for only Registered Interpreters with the requisite qualifications and practical experience to be engaged in healthcare settings for some time.*

*We, therefore, welcome the recent commitment from the Department of Health and Social Care (DHSC) to undertake a review of community languages translation and interpretation (CLTI) services across the NHS and the invitation to consult on this. It is only right that this takes place immediately to ensure those interpreters working with NHS medical professionals are held to equally high professional standards.*

**Mike Orlov, Executive Director and Registrar  
National Register of Public Service Interpreters (NRPSI)**

Note the answer given by Lord Markham, Parliamentary Under Secretary of State at the Department of Health and Social Care, to the following written parliamentary question from Baroness Coussins regarding interpreting and translation services in the NHS (HL10219):

**Question:**

To ask His Majesty's Government whether the scoping review of issues and options for improving community languages translation and interpreting services in the NHS has been completed; and if not, when it is expected to be completed, and when the detailed terms of reference and timetable for this review will be published. (HL10219)

Tabled on: 18 September 2023

**Answer:**

**Lord Markham:**

The Healthcare Inequalities Improvement Team in NHS England are completing a scoping and options review of the most effective and appropriate national interventions to facilitate improvements in community language translation, and interpretation services, to meet the needs of communities; and support equitable access, experience, and outcomes for all.

The team are aiming to complete the scoping and options appraisal in November 2023 and to agree recommendations in March 2024. There has not been a decision regarding the publication of the terms of reference.

Date and time of answer: 27 Sep 2023 at 15:05.

Also note the following announcement (<https://slator.com/uk-national-health-service-launching-gbp-400m-language-services-tender/>) indicating all Chartered Institute of Linguist members (CIOL) and Institute of Translation and Interpreting (ITI) members are qualified to operate as professional public service interpreters in NHS settings.

Although all members of both Institutes are qualified linguists as per their membership regulations, not all have the vocational qualifications or experience to act as public service interpreters or translators in NHS settings and certainly not all are regulated and registered with the National Register.

Where 'NVQ' is mentioned, there is no definition as to which grades are acceptable on this proposed framework: is it:

- NVQ Level 1 equivalent to 3-4 GCSE grades 1 - 3 (D-G)
- NVQ Level 2 equivalent to 4-5 GCSE grades 4 - 9 (A\*-C)
- NVQ Level 3 equivalent to 2 A Levels

Then also note NRPSI's follow up letter re the NHS: <https://www.nrpsi.org.uk/news-posts/Click-here-to-read-NRPSI-follow-up-lobbying-with-the-NHS.html>

NRPSI was approached on 3<sup>rd</sup> October 2023 to join the NHS for a meeting on 9<sup>th</sup> November 2023 – yet this flawed proposed framework seems to have been already publicised as noted above ( <https://slator.com/uk-national-health-service-launching-gbp-400m-language-services-tender/> ).

NRPSI notes there has not yet been a decision regarding the publication of the terms of reference for the NHS review, but the team are aiming to complete the scoping and options appraisal in November 2023 and to agree recommendations in March 2024; how does this impact the already announced proposed framework?

Of note, in October 2023 there was a job advertised from LLS (the old Capita TI side of the company) where the special instructions were:

*"Special instructions to the interpreter*

*You will be required to assist the client with hiring of a new in-house interpreter, your name and phone number will be provided to the client who will phone you at the time of the session and then you will need to go through some interview questions with them and provide a score."*

**This is for a large NHS hospital and poses a risk to the public; it seems no qualifications are required – either for the assessor or for the 'in house interpreter'. Engagement fee mentioned is £14.00.**

Note below advice published by the Government

### **Advice and guidance on the health needs of migrant patients for healthcare practitioners.**

#### **Guidance**

<https://www.gov.uk/government/collections/migrant-health-guide>

<https://www.gov.uk/guidance/language-interpretation-migrant-health-guide>



## Language interpreting and translation: migrant health guide

**From: [Office for Health Improvement and Disparities](#)**

Last updated

22 March 2021

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### Main messages

General Medical Council guidance states that all possible efforts must be made to ensure effective communication with patients. This includes arrangements to meet patients' communication needs in languages other than English.

Language interpreting is the conversion of one spoken language into another. Language translation is the conversion of one written language into another.

Language is very important to providing optimal patient care. Working with language interpreters and translators can reduce communication barriers between practitioner and patient. It has been shown to improve safety with respect to diagnosis and prescription.

A person with good conversational fluency in English may not be able to understand, discuss or read health-related information proficiently in English. They may be reluctant to request or accept professional interpreting and translation services due to fear of costs, inconvenience, or concerns about confidentiality.

Where language is a problem in discussing health matters, NHS England and NHS Scotland guidance stipulate that a professional interpreter should always be offered, rather than using family or friends to interpret. Working with professional interpreters will:

- ensure accuracy and impartiality of interpreting
- minimise legal risk of misinterpretation of important clinical information (for example informed consent to undergo clinical treatments and procedures)
- minimise safeguarding risk (for example for victims of human trafficking, where the trafficker may introduce themselves as family member or friend and speak on behalf of the patient)
- allow family members and friends to attend appointments and support the patient (emotionally and with decision-making) without the added pressure of needing to interpret
- foster trust with the patient

It is inappropriate to use children as interpreters.

An interpreter should be present in all situations where there are concerns about child safety or gender-based violence.

Not everyone can read or write in their preferred language or have the level of literacy required to understand health related written information. Check this before offering translated written materials. Visual content like images and diagrams may be more helpful when a person has low health literacy. Automated online translating systems or services such as Google Translate should be avoided in healthcare settings as there is no assurance of the quality of the translations.

Record a patient's language and interpreting needs in their healthcare record. Pass on this information when referring them to other health professionals.

What is language interpreting and translation?

Language interpreting is the conversion of one spoken language into another. Language translation is the conversion of one written language into another.

Interpreting and translation can also be used in the context of signed languages and tactile writing systems like Braille.

A person with good conversational fluency in English may not be able to understand, discuss or read health-related information proficiently in English. They may be reluctant to request or accept professional interpreting and translation services due to fear of costs, inconvenience, or concerns about confidentiality.

General Medical Council guidance states that all possible efforts must be made to ensure effective communication with patients. This includes arrangements to meet patients' communication needs in languages other than English because language is very important to providing optimal patient care. Working with language interpreters and translators can reduce communication barriers between practitioner and patient. It has been shown to improve safety with respect to diagnosis and prescription. If a patient requires interpreting and translation to access appointments and health-related information, they will also likely require interpreting and translation services for other communications with health services. This includes booking, cancelling and rescheduling appointments, and reading appointment letters. Migrant patients experiencing language barriers may not know how to initiate contact with a health service via an interpreter. They may be detrimentally impacted by health service policies that discharge patients from a service if they do not initiate contact with the service to arrange or cancel appointments.

Language interpreting general principles

Where language is a problem in discussing health matters, NHS England and NHS Scotland guidance stipulate that a professional interpreter should always be offered, rather than using family or friends to interpret.

Working with professional interpreters will:

- ensure accuracy and impartiality of interpreting
- minimise legal risk of misinterpretation of important clinical information (for example informed consent to undergo clinical treatments and procedures)

- minimise safeguarding risk (for example for victims of human trafficking, where the trafficker may introduce themselves as family member or friend and speak on behalf of the patient)
- allow family members and friends to attend appointments and support the patient (emotionally and with decision-making) without the added pressure of needing to interpret
- foster trust with the patient

It is inappropriate to use children as interpreters. Children are not likely to have the language competency and health literacy in English or any other languages to discuss complicated health concerns. They may also experience vicarious trauma through listening to and relaying sensitive and distressing information concerning their family member's health.

It is important to record in the patient's health record and other associated patient administrative systems:

- the patient's preferred spoken language (including dialect)
- the patient's preferred written language (including their level of literacy or health literacy in their preferred language)
- whether the patient requires an interpreter

Include this information when referring patients to other healthcare professionals. This helps other healthcare professionals to become aware of the patient's language needs and preferences. It will also help health services to understand and respond to the patterns of language accessibility needs within their service.

Identifying a person's preferred language

If a person cannot verbally tell you their preferred spoken language, use language chart tools to help identify their language:

- The National Register of Public Service Interpreters has produced a [Language Identification Chart](#) of commonly spoken languages
- The Refugee Council has also produced a [Language Identification Chart](#) (PDF, 810KB) covering 62 different languages for refugees and asylum seekers

Where relevant, check the person's preferred language dialect or variety (for example Mandarin vs. Cantonese, and Farsi vs. Dari).

Offering language services

Migrants Organise has produced a good practice guide to interpreting, which has information for patients about using interpreting services, particularly:

- to help patients and their families understand why they should communicate with health services through a formal interpreter
- why interpreting is important
- how to use an interpreting service correctly

It is available in English, Arabic, Bengali, Chinese and Somali.

Safeguarding and refusal of professional interpreting

Professional interpreting services can help to protect patients from coercion. It can also help healthcare professionals to identify patients with hidden adult or child protection issues, and those at risk of human trafficking, gender-based violence and other forms of abuse.

An interpreter should be present in all situations where there are concerns about child safety or gender-based violence. Face-to-face interpreting should be provided if there are suspected child protection issues. Staff should provide separate interpreters for the child and parent to allow the child's voice to be heard independently.

The importance of professional interpreting should be explained to the patient. If the patient still insists on using a friend, family member or carer to interpret, this decision should be communicated by the patient in their preferred language and confirmed without the presence of their family member, friend or carer. The decision should be documented in the patient's healthcare record and signed by the patient.

Requesting an interpreter

**It is the responsibility of NHS service providers (PDF, 413KB) to ensure interpreting and translation services are made available to their patients free at the point of delivery. Healthcare professionals should check with their employer about their service's interpreter booking processes.**

Since interpreted communication requires the delivery of messages at least twice (once in the original language, and once in the converted language), plan for the interpreted session to take around double the length of time as a session without an interpreter.

Interpreting services can be provided face-to-face, over the phone or via other means like videoconference. [NHS Scotland](#) provides advice on determining whether face-to-face interpreting is necessary on a case-by-case basis during the COVID-19 pandemic.

Requesting the same interpreter to ensure continuity of care can be beneficial for appointments related to mental health, trauma, sensitive topics (for example gender-specific concerns), maternity appointments, end-of-life care, child health, other vulnerabilities (for example dementia, learning disabilities), and a series of therapeutic interventions.

NHS 111 (telephone 111) can provide a confidential interpreter covering a wide range of languages for those using the service.

Information about health and health services in Scotland is available on NHS Inform, and interpreting services can be provided on request. Some non-clinical services also provide language support.

For example, the Chinese National Healthy Living Centre also provides a multi-lingual health helpline. Professional interpreters will have different levels of qualifications and experiences in their respective languages, and not all are trained to work in healthcare settings and competently use health-related terminology.

You can check with the language service provider if you can request an interpreter in a specific language who has experience working in healthcare or a higher level of interpreting qualification.

**In some settings, interpreters must be registered with an appropriate regulatory body. Why not all?**

The online directories of interpreting and translation professional associations in the UK also provide information about language service providers (the commercial agencies engaging public service interpreters), their experiences and qualifications:

- [Institute of Translation and Interpreting](#)
- [Chartered Institute of Linguists](#)
- [Association of Translation Companies](#)

Practical guidance about working with an interpreter

Before beginning an interpreted session, healthcare professionals should:

- check the interpreter's name, language and dialect, gender, and any other requirements against the booking request
- allow time to brief the interpreter about the session ahead, including health topics and terminology to be discussed, and clinical procedures to be explained. Give the interpreter time to note down any terminology or concepts that are new to them
- interpreters may require additional time to interpret in sessions that involve detailed linguistic assessment procedures (for example mental health assessments, mental state examinations, speech and language therapy assessments)

During the interpreted session, healthcare professionals should:

- check there are no conflicts of interest between the interpreter and patient/family before starting the session (for example the patient may happen to know the interpreter in a personal capacity and may not wish to proceed with the session to avoid disclosing their personal health information)
- speak directly to the patient and make eye contact with them
- use short and clear sentences, 1 to 2 sentences at a time, allowing the interpreter to interpret before continuing. Encourage the patient to also speak in this way
- if working with phone interpreters, provide them with verbal descriptions of the setting and any objects/images discussed
- allow for pauses in the flow of conversation to clarify any miscommunications
- Teach back can be a useful tool when discussing information via an interpreter, particularly if the patient has lower literacy levels

After the interpreted session, healthcare professionals should:

- Allow time for a debrief with the interpreter to discuss any aspects of the session that were unclear or needed further clarification.
- Record details about the interpreted session in the patient's healthcare record. This should include the date and time of the interpreted session, a booking reference number where possible, and the interpreter's full name, language and dialect, and gender. This helps healthcare professionals and patients to express their views about the interpreted session and provide feedback to the language service provider about a specific experience.

Give the interpreter an opportunity to decline proceeding with the session at any point before, during or after the session. Interpreters may experience vicarious trauma or distress when discussing certain health topics or aspects of the patient's background (for example violence or torture).

For further advice on how to work with interpreters in healthcare settings, refer to guidelines such as:

- Working with interpreters in health settings developed by the British Psychological Society
- Guide for clinicians working with interpreters in healthcare settings (PDF, 794KB) developed by the Migrant and Refugee Health Partnership in Australia
- Best practice guide for working with British Sign Language/English interpreters (PDF, 230KB) developed by the Association of Sign Language Interpreters in the UK

Feedback about interpreted healthcare appointments

Commissioners should ensure clear processes are in place to allow patients, healthcare professionals and interpreters to provide feedback about their experiences and the quality of language services provided. All parties should be supported to provide and receive feedback in their preferred language and format. Further information about setting up feedback processes can be found in the NHS England Guidance for Commissioners: Interpreting and Translation Services in Primary Care and NHS Scotland Interpreting, Communication Support and Translation National Policy.

Clear documentation of the details of the interpreted session in the patient's healthcare record can support the feedback process.

Written translations

Health related written documents (for example health information leaflets) in English which are usually made freely available to patients should be translated where needed into other languages at no cost to the patient (PDF, 413KB).

Not everyone can read or write in their preferred language or have the level of literacy required to understand health related written information. A person's preferred written language may also be different from their preferred spoken language. Check whether a person can read health related information in their preferred language before offering translated written materials.

If written information requires translation, always provide it in plain English to the translator. Audio-recorded spoken interpretation of information may be an alternative to providing translated written materials if the person has difficulties reading their preferred language. Visual content like images and diagrams may be more helpful when a person has low health literacy.

Not all spoken language interpreters are trained in written language translation, and vice versa. Always check this before asking an interpreter to provide on-the-spot 'sight translations' of information (that is reading written information out loud in the patient's preferred language).

Inviting another translator to proof-read a translated document is a good way of ensuring high quality translation, particularly when producing translated materials that will be made accessible to the general public.

Automated online translating systems or services such as Google Translate should be avoided (PDF, 413KB) in healthcare settings as there is no assurance of the quality of the translations.

Sources of existing translated health-related information include:

- NHS.UK, NHS Inform and NHS Heron provide a series of health information translated into other languages
- Doctors of the World has produced translated health related information

- EthnoMED is a US website with a range of patient education materials in different languages

While using visual aids should not replace the need for professional interpreting and translation, various tools have been developed to facilitate communication with people whose first language is not English:

- The Ward Communication Tool developed by Queensland Health in Australia provides healthcare related picture-symbol based communication boards in 30 languages (PDF, 513KB)
- The British Red Cross and NHS Emergency Multilingual Phrasebook is available in Albanian, Amharic, Arabic, Bengali, Bosnian-Bosanski, Chinese, Czech, Farsi, French, German, Greek, Gujarati, Hindi, Hungarian, Italian, Japanese, Korean, Kurdish, Lingala, Macedonian, Pashto, Polish, Portuguese, Punjabi, Romanian, Russian, Slovak, Somali, Spanish, Swahili, Tamil, Turkish, Ukranian, Urdu, Vietnamese and Welsh
- Picture Communication Tool

Documents provided to healthcare professionals in other languages by the patient or on behalf of the patient should be translated into English as soon as possible where there is an identified clinical need.

ENDS

**Anecdotal example of a professional, accredited, regulated and Registered Public Service Interpreter who can be found on NRPSI**

Please see below the LinkedIn Post from Amina Saif, who is a great example of a NRPSI Registrant:

- Level 6 vocational qualifications
- A minimum of 400 hours experience
- Adheres to the Code of Professional Conduct  
(see [http://www.nrpsi.org.uk/downloads/NRPSI\\_Code\\_of\\_Professional\\_Conduct\\_22.01.16.pdf](http://www.nrpsi.org.uk/downloads/NRPSI_Code_of_Professional_Conduct_22.01.16.pdf) )
- Knows she is accountable to NRPSI's Professional Conduct Committee  
(see [http://www.nrpsi.org.uk/downloads/NRPSI\\_Disciplinary\\_Framework\\_and\\_Procedures\\_22.01.16.pdf](http://www.nrpsi.org.uk/downloads/NRPSI_Disciplinary_Framework_and_Procedures_22.01.16.pdf) )
- Has been on NRPSI since 2004, renewing each year ( see <https://www.nrpsi.org.uk/for-interpreters/renew-your-registration.html> )
- Is the best possible protection of patients for an NHS Trust



[Amina Saif](#) Amina Saif • 1st • 1st 🏠 Qualified Hindi, Urdu and Punjabi Interpreter/Translator | Conference Interpreter | Communications Specialist | Simultaneous Interpreter 🏠 Qualified Hindi, Urdu and Punjabi Interpreter/Translator | Conference Interpreter | Communications Specialist | Simultaneous Interpreter  
[3days ago](#) •

*I am thrilled to announce that I am Simultaneously interpreting for Spire Bushey hospital. I will be helping a doctor and his patient in an important consultation and I am so pleased to be part of this important job*

Please read the NRPSI article written by Mike Orlov published in *Health Business* magazine:

<https://healthbusinessuk.net/features/nhs-and-interpreting-services>

### **Realities**

The main role of interpreters is someone who can speak English (the 'source' language) and the other ('target') language and ensure that the service provider can communicate effectively with the service user. They will interpret, there and then, the information that the service provider needs to know to make a diagnosis. Then they will interpret and relay this diagnosis (and the treatment plans for the future) to the service user. Note 'interpreting' and 'interpretation' are different processes, demanding totally different approaches.

Interpreters providing a service within the NHS should always be suitably qualified to protect the patient and shield the service provider from making errors which can lead to the death of a patient.

Ideally being a professional practitioner on NRPSI – being a regulated and Registered Public Service Interpreter with a Level 6 vocational qualification as well as all the other aspects of being on NRPSI.

There will be needs in the NHS where a Level 3 qualified Community Interpreter can also be engaged; sadly, there is currently no independent regulator or register for this level, although an association has been launched. As a matter of priority, there is a need for government support for the launch of and management of a Level 3 to Level 6 National Register of Community Interpreters, separate to but linked with NRPSI.

### **Draft Qualifications Experience and Regulators for the NHS**

This proposed draft is based on page 17 from <https://www.england.nhs.uk/wp-content/uploads/2018/09/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf>

*The NEL collaborative will ensure the successful supplier to provide the services identified in this Specification will protect the professionalism of language services in the Trusts. Bidders should consider this and recommend the most optimum contracting methodology, which achieves all the benefits required, but allow Trusts to be invoiced as individual entities.*

*As noted, this specification is not exhaustive and may form part of a binding document for the provision of these services.*

*The NEL Collaborative aim to leverage the benefit of the collective volumes across the Trusts to obtain financial and contract management efficiencies, ensuring fair remuneration, terms and conditions for professional public service interpreters and translators. Bidders should consider this when preparing their bids.*



*Professional interpreting is a specific skill which requires training, appropriate qualifications, accredited experience, adherence to a code of professional conduct, independent regulation and registration, conducted on an annual basis and fair remuneration recognising the status of the interpreter.*

*There are limited numbers of suitably qualified interpreters for both BSL and spoken languages, demanding protection of language professionals hearing capability.*

*Remuneration, terms and conditions of engagement will be commensurate with qualifications and experience. Ensuring protection of professional interpreters and translators is a key platform for this framework.*

### **Qualifications and Regulators for Interpreters for Deaf People**

*Organisations must ensure that the communication and language professional holds relevant interpreting qualifications and, in the case of British Sign Language (BSL), has achieved BSL level 6 or an honours degree in their second language, in line with NRCPD (The National Registers of Communication Professionals working with Deaf and Deafblind People) registration requirements or RBSLI requirements.*

*Those working in health and social care settings must have sufficient knowledge of medical terminology in order to communicate information effectively.*

*Registration with the regulators (NRCPD or RBSLI) confirms interpreters hold suitable qualifications, are subject to a code of conduct and complaints process, have appropriate insurance, hold an enhanced disclosure from the Disclosure and Barring Service and are encouraged to engage in continuing professional development.*

### **Qualifications, Experience and the Regulator for Interpreters for Spoken Languages**

*Where possible, spoken language interpreters must be registered with the National Register of Public Service Interpreters (NRPSI) and hold a Diploma in Public Sector Interpreting (Health) or have independently accredited experience of Health settings as well as verified Level 6 or above public service interpreting qualifications as Registrants on NRPSI. Registrants with Full status on NRPSI also have a minimum of 400 hours of relevant experience.*

*Where an interpreter does not hold a DPSI (Health) it may be acceptable to use an interpreter who either:*

- Is a native speaker in English and another language who also has a minimum of an NVQ level 3 qualification in community interpreting, or,*
- In addition to their own native language has ILETS level 7.5 (English) and also has a minimum of NVQ level 3 qualification in interpreting*

*These spoken language interpreters working in health and social care settings must have sufficient knowledge of medical terminology in order to communicate information effectively.*

*Registration with NRPSI confirms spoken language interpreters hold suitable qualifications, are subject to a code of conduct and complaints process, hold an enhanced disclosure from the Disclosure and Barring Service and are encouraged to engage in continuing professional development.*

### **Translators**

*Professional translation is a specific skill which requires training, appropriate qualifications, accredited experience, adherence to a code of professional conduct, independent regulation and registration, conducted on an annual basis and fair remuneration recognising the status of the translator.*

*People used to translate written documents should hold at least one of the following qualifications:*

- *Qualifications and Credit Framework Level 7 qualification in translation such as the Institute of Linguists Educational Trust (IoLET) Diploma in Translation (DIPTrans)*
- *A masters level qualification in translation*
- *An honours language degree with recognised post-graduate qualification in translation, checked by an independent body such as the National Register of Public Service Translators*
- *A recognised post-graduate qualification in translation, accredited by an independent body such as the National Register of Public Service Translators*

ENDS

14<sup>th</sup> November 2023