



Promoting the engagement of interpreters in Victorian health services

June 2013

This is a summary of the report "Promoting the engagement of interpreters in Victorian health services" by the Victorian Foundation for Survivors of Torture (Foundation House). The report documents findings from a two year study that was undertaken in response to regular reports from clients with low English proficiency about not being provided with a credentialed interpreter when accessing health care. Reports from other sources indicate that the issue is widespread and longstanding in Victoria and nationally.

The full report can be accessed at: <http://www.foundationhouse.org.au/LiteratureRetrieve.aspx?ID=121443>

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Effective communication between health practitioners and their clients is fundamental to ensure the safety and quality of health care. Around 4 per cent of Victorians speak English 'not well' or 'not at all'.¹ For these members of the community, effective communication in a health setting cannot be achieved without an interpreter who has the necessary range of skills to undertake the task competently and ethically. Yet evidence shows that there are many occasions when credentialed interpreters are not engaged even though they should be, creating risks for both clients and health practitioners.

Communication in health care settings allows the health practitioner to accurately understand the client's health concerns and symptoms. It enables the client to be able to provide informed consent, understand diagnoses, receive information and understand risks associated with medication or treatment. Compliance with follow-up care also requires effective communication, as does the client's ability to advise the practitioner of any adverse effects or other concerns regarding treatment.



Foundation House

The Victorian Foundation for Survivors of Torture

¹ Australian Bureau of Statistics. (2006). *Proficiency in Spoken English / Language by age for time series, Cat. No. 2068.0, 2006 Census Tables - Victoria (State).*

Professional interpreting has been a key discipline in the health sector in Victoria for over 30 years. However evidence shows that the engagement of credentialled interpreters is still not commensurate with the needs of the community. The issue is of concern nationally. A recent study found that a client with low English proficiency had only a one in one hundred chance of having a professional interpreter engaged when visiting a general practitioner in Australia.²

Shortfalls in the provision of interpreting services constitute a major barrier to addressing inequalities in health care.

This study examined a range of evidence about the barriers to - and facilitators of - the engagement of interpreters, as experienced by the health sector more broadly and individual practitioners. Based on the evidence examined, recommendations are made in relation to:

- Strengthening legislation, organisational and professional guidelines and standards
- Closing gaps in Commonwealth funding for interpreters
- Ensuring Victorian Government funding for interpreters for state administered and funded health services is commensurate with need
- Adjusting the national funding formula for hospitals to provide weighting for the engagement of interpreters when patients have low English proficiency
- Encouraging health services and tertiary institutions to routinely provide training on working with interpreters in professional development and professional practice education
- Promoting population based planning and organisational development to ensure policy and practices are in place for effective and efficient engagement of credentialled interpreters to meet a variety of demands across language groups
- Developing initiatives to ensure the supply of interpreters in new-arrival languages and the capacity of the National Accreditation Authority for Translators and Interpreters (NAATI) to test in these languages.

The evidence also indicates that there is an insufficient supply of credentialled interpreters who have skills in working in complex health environments. There is a compelling case for a broad national workforce and industry review.

Recommendations

The numbering of recommendations relates to the chapters where they are located in the full report.

Chapter 1: Reasons to engage credentialled interpreters

Recommendation 1.1: The Victorian Government should commission a study of the relationship between effective provision of interpreting services and hospital admission rates, emergency department presentations and length of stay.

Chapter 2: Standards, policies and laws

Recommendation 2.1: The Victorian Parliament should include provisions in the new Mental Health Act that health practitioners should engage credentialled interpreters when required; and that it is mandatory for an interpreter to be engaged for crisis situations and in relation to involuntary admissions and treatment.

Recommendation 2.2: The Royal Australian and New Zealand College of Obstetricians and Gynaecologists should strengthen its advice to members in relation to engagement of credentialled interpreters within its *Code of Ethical Practice and Guidelines for consent and the provision of information regarding proposed treatment*.

Recommendation 2.3: The Quality Improvement Council should incorporate reference to the engagement of credentialled interpreters in the accreditation standards for health and community services.

Recommendation 2.4: The evaluation of the National Safety and Quality of Health Service Standards for public hospitals should specifically examine whether the standards and guidance are adequate to ensure that hospital and day procedure services provide credentialled interpreters as a matter of course when required.

² Phillips, C. & Travaglia, J. (2011). Low levels of uptake of free interpreters by Australian doctors in private practice: secondary analysis of national data. *Australian Health Review*, 35(4).

Recommendation 2.5: The Victorian Health Minister should propose to Commonwealth, state and territory health ministers that detailed advice about good practice in the engagement of interpreters be provided in the implementation guidelines for the National Standards for Mental Health Services.

Recommendation 2.6: The Royal Australian College of General Practice should include specific guidance about the engagement of credentialed interpreters in the accreditation standards for general practices.

Chapter 5: Barriers to the engagement of credentialed interpreters

Recommendation 5.1: The Australian Government should fund access to fee-free interpreting services for all allied health practitioners providing Medicare-funded services.

Recommendation 5.2: In the next edition of the Operational Guidelines for Access to Allied Psychological Services (ATAPS) program, the Department of Health and Ageing should strengthen the advice provided to Medicare Locals to promote engagement of credentialed interpreters when required.

Recommendation 5.3: The Australian Government should fund additional access to fee-free interpreting services for pharmacists working in private practice for non-PBS prescription medications and non-prescription medicines.

Recommendation 5.4: In order to allow for adequate consultation time for specialist physicians when a client requires interpreting services, the Australian Government should permit physicians to charge for four item 133s under the Medical Benefits Schedule over the calendar year.

Recommendation 5.5: The Australian Government should review costs associated with engagement of interpreting services by general and specialist medical practices and, based on that review, consider any appropriate Medical Benefits Schedule changes.

Recommendation 5.6: The Australian Government should include access to fee-free interpreting services for oral health services funded under the Dental Health Reform package announced in 2012.

Recommendation 5.7: The Independent Hospital Pricing Authority should include price loadings for the provision of interpreting services as a component of the national pricing for public hospital services.

Recommendation 5.8: The Victorian Government should review the funding model for Maternal and Child Health Services to take account of costs associated with using interpreting services, including administration and clinical time.

Recommendation 5.9: The Victorian Government should reinstate funding for interpreting services for public oral health services.

Recommendation 5.10: The Victorian Government should ensure that funding for interpreting services for community health services and the Australian College of Optometry is commensurate with demand, including direct allocations and credit line access.

Recommendation 5.11: The Victorian Government should provide a budget allocation for interpreting services associated with all new funding for health services, similar to the model used for the Refugee Health Nurse program.

Recommendation 5.12: The Victorian Government should within relevant language services policy and practice guidelines include:

- directions on determining clients' need for interpreting services
- a decision tree on whether to use on-site, telephone or videoconferencing for any particular consultation
- a self-assessment checklist for organisations to use when reviewing their language services provision
- advice about the most appropriate approach to discussing with the client their need for an interpreter.

Recommendation 5.13: The Royal Australian College of General Practice should provide advice to the Medical Software Industry Association that client management systems include interpreter required, language spoken and country of birth.

Recommendation 5.14: The Commonwealth, states and territories should fund the National Accreditation Authority for Translators and Interpreters Inc to ensure timely testing of new-arrival languages for smaller language groups at professional and paraprofessional levels.

Recommendation 5.15: The Commonwealth, states and territories should consider investment in additional educational opportunities for new-arrival communities to ensure an adequate supply of interpreters with the introduction of improved NAATI accreditation systems.

Recommendation 5.16: The Commonwealth Government should lead a broad review to ensure that Australia has an interpreting and translating workforce and industry to sustainably meet current and projected requirements for language services in key areas of government responsibilities.

Recommendation 5.17: The Victorian Government should propose to Commonwealth, state and territory governments that a study be undertaken to identify the most effective approaches to a national interpreter card or similar mechanism.

Chapter 6: Facilitators of the engagement of credentialled interpreters

Recommendation 6.1: Victorian tertiary providers should ensure education on working with interpreters is a component of practice-ready health practitioner courses.

Recommendation 6.2: Health services should ensure that induction of all staff includes skills development related to policy and procedures for engaging and working with interpreters.

Recommendation 6.3: The Victorian Office for Multicultural Affairs and Citizenship should consider including language services resources on its website, including organisational guides and professional development resources.

Recommendation 6.4: The Commonwealth Department of Health and Ageing and the Victorian Government should explore the potential for Telehealth and similar videoconferencing services to deliver cost-effective interpreting services.

Recommendation 6.5: The Australian Government should ensure that the needs assessment reports prepared by Medicare Locals include data about English proficiency and languages other than English of the populations in their areas, in order to indicate possible demand for interpreters.

Recommendation 6.6: All health services should have policies and procedures in place for the engagement of and working with credentialled interpreters.

Recommendation 6.7: The Victorian Government should support health services to review interpreting services, and to trial innovations and other quality improvements in interpreting services delivery.

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Foundation House was established in 1987 to assist survivors of torture and other traumatic experiences, of refugee backgrounds, who have settled in Victoria. Our major areas of work include:

- counselling and advocacy with more than 3000 survivors each year;
- learning and professional development for service providers in the health, education and welfare sectors;
- supporting newly arrived young people to increase their education, training and employment opportunities;
- conducting research and advocacy to improve policies and services affecting the health and wellbeing of people of refugee backgrounds.