Public Health Scotland

NHSScotland Competency Framework for Interpreting

2020

NHS SCOTLAND

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Contents

Introduction

A short life working group with representatives from local and national NHS Boards was set up in 2017 to develop the NHSScotland Interpreting, Communication Support and Translation National Policy. This policy was initiated and developed as an action within the NHSScotland BSL Improvement Plan, and is now available at: www.healthscotland.scot/publications/interpreting-communication-support-and-translation-national-policy

To support implementation of this policy, the short life working group also updated the NHSScotland Competency Framework for Interpreting document. This framework was originally produced by NHS Health Scotland, in partnership with Elite Linguists, NHS Fife, NHS Greater Glasgow & Clyde, NHS Lothian and NHS Tayside.

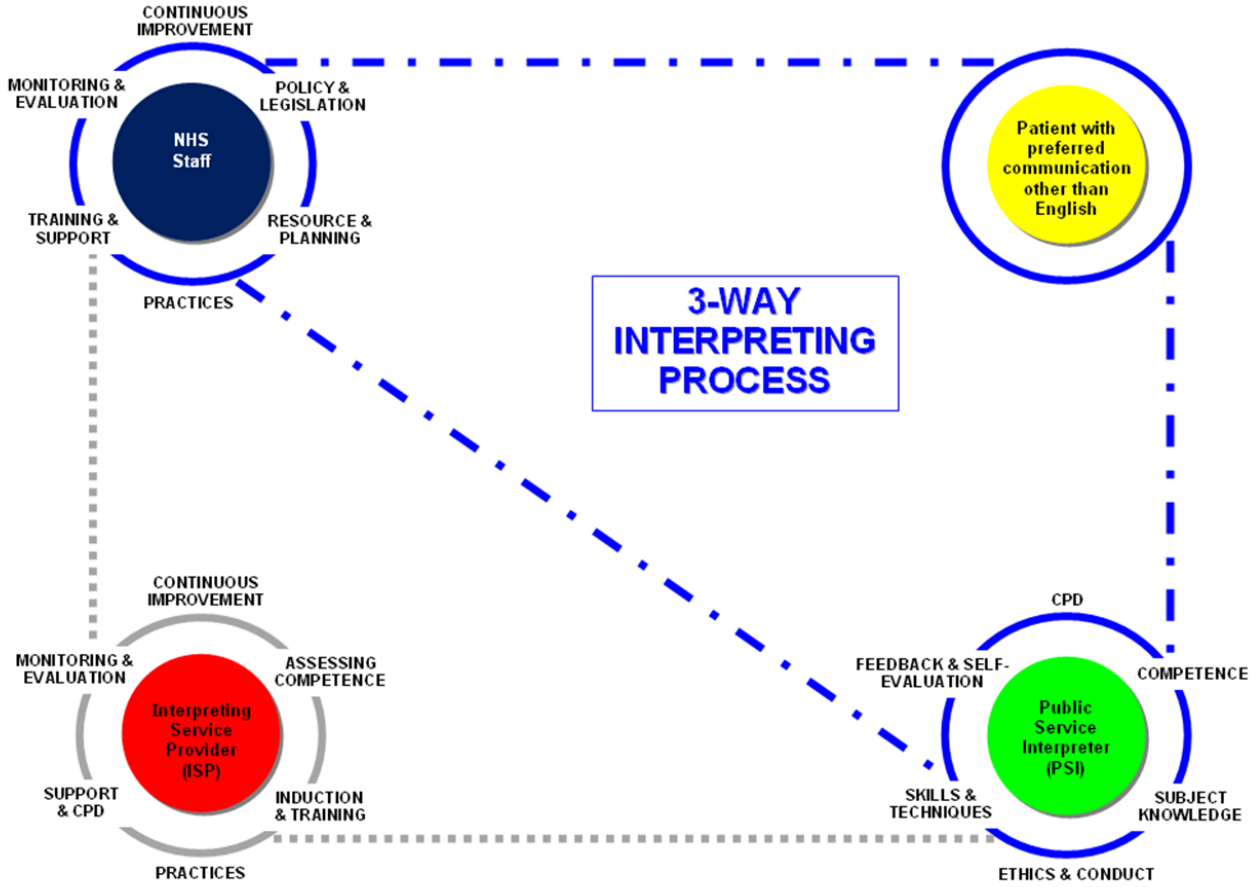
The purpose of the NHSScotland Interpreting, Communication Support and Translation National Policy is to provide guidance on NHSScotland's responsibilities to patients and carers who require support from interpreting or translation services. It will help to ensure that patients and carers have equal access to excellent patient care by helping staff to understand patients' and service users' healthcare needs. It will support staff to understand the interpreting and communication support they need to put in place to ensure that patients who do not speak or use English will have equitable access to the health services they provide.

In tandem, this NHSScotland Competency Framework for Interpreting provides clear, precise and simple guidance for those working with patients with preferred communication other than spoken English. It will help NHS staff, interpreting providers and interpreters to ensure interpreting is carried out safely and effectively, to provide patients with a quality service, and support them in their care pathways. While health and care service provision has changed to account for COVID-19, we would still encourage you to follow best practice and the further guidance set out below.

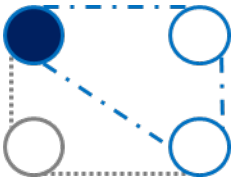
As services and agreements differ across each geographical area in Scotland, this document can be adapted to include local information relevant to interpreting.

Any feedback, comments or experience you have of using the framework will help to inform future improvements, and can be submitted to:
phs.generalpublications@phs.scot

Three-way interpreting process



NHS staff



NHS-1. Policy and legislation

NHS-1.1

Understanding of the policy: NHS staff understand the legal requirement and its rationale to provide interpreting services for patients with preferred communication other than spoken English when they access healthcare services. For the purposes of this policy, interpreting includes spoken language interpreting, British Sign Language (BSL) interpreting, remote interpreting, lip speaking, note taking and tactile BSL.

NHS-1.2

Commitment: NHS staff are committed to equality of access to healthcare services for patients with preferred communication other than spoken English, and continue to communicate the benefits of engaging interpreters to all parties.

NHS-2. Resource and planning

NHS-2.1

Communication: NHS staff are supported by effective local communication strategies to ensure they have a high level of awareness of their obligations to provide interpreters for patients with preferred communication other than spoken English.

NHS-2.2

Resource allocation: NHS staff are aware of the local arrangement for resource allocation for interpreting services.

NHS-2.3

Clear guidelines: NHS staff have access to and clear understanding of local guidelines and procedures relating to booking and working with interpreters. Refer to NHSScotland Interpreting, Communication Support and Translation National Policy for guidance. NHS-4.1, 4.2

NHS-3. Practices

NHS-3.1

Understanding the role of the interpreter: NHS staff understand the role of the interpreter, the complexity of the interpreting process, and the kind of difficulties and challenges interpreters may face. They help the interpreter by allowing an adequate working environment and appropriate seating arrangement wherever possible.

NHS-3.2

Assessing the requirement for an interpreter: NHS staff have a consistent local approach to assessing whether a patient requires and wants an interpreter to access healthcare services, or whether a practitioner requires an interpreter to treat a patient. They do not make assumptions based merely on the appearance and/or ethnicity of the patient or their ability to communicate in English.

NHS-3.3

Patient's refusal to have an interpreter: NHS staff follow the appropriate local procedures when a patient refuses an interpreter. They seek to understand the reasons for the refusal, explain the importance of using a professional interpreter and break down barriers where appropriate.

NHS-3.4

Working with interpreting service providers: NHS staff work closely with the interpreting service provider to improve systems and processes of the interpreting service provision and quality.

If the quality, standards or behaviour of the interpreter is not in line with the NHS values of Dignity and Respect, then NHS staff should report this to the interpretation services contract manager for the agency, or the NHS Board Interpreting Service manager. ISP-3.1

NHS-3.5

Providing information when booking interpreters: NHS staff seek to provide as much information about the assignment as possible, so that the interpreter can make an informed decision on whether to accept it. Information on whether the appointment is for a child, a mental health or termination appointment, or will involve clinical procedures and/or blood should be provided to ensure the allocated interpreter is competent and no conflict of interest arises. ISP-4.1; PSI-4.1

To account for General Data Protection Regulation (GDPR) and patient confidentiality, patients should not be identified at any stage, such as at time of booking or through monitoring/audit data.

NHS-3.6

Only engaging approved, competent interpreters: NHS staff only engages competent interpreters in order not to risk patient safety through potential misdiagnosis, wrong treatment or unnecessary repeat visits. This also helps minimise wasting resources. ISP-1; PSI-1

NHS-3.7

Interpreting as a three-way process: NHS staff recognise that interpreting is a three-way process. This means the interpreter is there to interpret for the practitioner as much as they are there to interpret for the patient with preferred communication other than spoken English. The practitioner is an active participant in the process whose words and actions have an influence on the communication.

NHS-3.8

Briefing for interpreters: NHS staff provide, whenever possible, a short briefing for the interpreter before the start of the consultation or treatment to aid effective communication.

NHS-3.9

Respect for interpreters: NHS staff respect interpreters as professional colleagues whose task is to facilitate effective communication as part of healthcare service delivery.

NHS-3.10

Health and safety of interpreters: NHS staff give due consideration to the health and safety of interpreters working on site, by not exposing them to unnecessary risks, such as radiation or infectious diseases; and by ensuring they are not subject to workplace violence, for example the interpreter should not be left alone with the patient. ISP-3.4

NHS-3.11

Continuity of interpreter: NHS staff assess whether a patient and the practitioner would benefit from having the same interpreter throughout the patient journey, based on a balance between the nature of their individual case, relevance and patient choice. However, it is appreciated that in larger systems, where demand for interpreters is high, continuity may not be possible for every patient. ISP-3.3

NHS-3.12

Debriefing for interpreters: NHS staff provide, whenever possible, a short debriefing for the interpreter after the consultation or treatment, especially following a traumatic or stressful session. This may take place straight after the session or at some point later, depending on the circumstances. ISP-4.2; PSI-4.7

NHS-4. Training and support

NHS-4.1

Training on how to book interpreters: NHS staff are trained to have a clear understanding of local guidelines and procedures for booking interpreters for patients with preferred communication other than spoken English.

NHS-4.2

Training on how to work with interpreters: NHS staff have access to training on how to work with interpreters to help maximise effective communication with patients with preferred communication other than spoken English. It includes how their participation influences the interpreting process and the communication, and what to expect from a competent interpreter.

NHS-4.3

Support for interpreters: NHS Boards work with their approved interpreting service provider(s) to provide access to additional support for interpreters where appropriate. For example, any contracted agency that is providing interpreting for an NHS Board should provide support for interpreters experiencing sensitive or traumatic appointments. For NHS Boards that provide interpreting support, or for independent interpreters, support should be offered by the Health Board through Occupational Therapy or other means. ISP-4.2; PSI-4.7

NHS-5. Monitoring and evaluation

NHS-5.1

Feedback: NHS Boards welcome and seek feedback from all three parties – patients, practitioners and interpreters – to improve service quality and customer satisfaction. ISP-5.1; PSI-5.1

NHS-5.2

Monitoring and evaluation processes: NHS Boards have in place robust and transparent local processes to monitor and evaluate the interpreting service they procure, using appropriate quantitative and qualitative performance indicators, and monitoring and evaluation tools. ISP-5.2

NHS-6. Continuous improvement

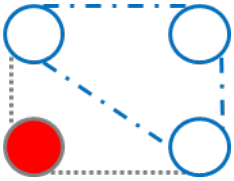
NHS-6.1

Commitment to continuous improvement: NHS Boards are fully committed to continuously improving the quality standard of healthcare services provided via an interpreter for patients with preferred communication other than spoken English. ISP-6.1; PSI-6.1

NHS-6.2

Structures and processes to support continuous improvement: NHS Boards use performance evaluation results and regular feedback to plan and implement their continuous improvement initiatives, and keep a record to chart progress and evidence outcomes. ISP-6.2; PSI-6.2

Interpreting service providers



ISP-1. Assessing competence

ISP-1.1

Recruitment and selection of interpreters: The interpreting service provider uses robust recruitment and selection procedures to select candidates who have the language competence, interpersonal skills and cultural awareness to work or be trained as interpreters. PSI-1.1, 1.2, 1.3

ISP-1.2

Assessment on language competence: Spoken language interpreters and translators should hold a professional qualification for interpreting and/or translation where possible. It is acknowledged, however, that it is not always possible to obtain a qualified interpreter for rarer and lesser spoken community languages. In these circumstances the use of an unqualified interpreter is acceptable. However, all unqualified spoken language interpreters should be independently language tested by an accredited agency and trained in medical language and how the NHS works before taking on NHS appointments. PSI-1.1

ISP-1.3

Disclosure: The interpreting service provider assesses the suitability of someone working as an interpreter in healthcare settings by applying the appropriate level of disclosure check. PSI-1.6

ISP-2. Induction and training

ISP-2.1

Induction for interpreters: The interpreting service provider provides induction for all interpreters to ensure they are familiarised with expectations, policies and procedures, the contexts and settings in which they interpret, and any support available to them.

ISP-2.2

Interpreter training: The interpreting service provider ensures all interpreters are trained to have a sound understanding of the role of the interpreter, ethics and boundaries, interpreting skills and techniques, coping strategies, and how to deal with cultural inferences. PSI-1.4

ISP-2.3

Capacity building: The interpreting service provider provides access to training materials and opportunities in order to help interpreters increase their knowledge of healthcare settings and medical terminology. PSI-2.1, 2.2

ISP-2.4

Training for admin/support staff: The interpreting service provider provides training for their admin/support staff to help them understand the role of the interpreter, the complexity of the interpreting process, the kind of difficulties and challenges interpreters may face, and the contexts and settings in which interpreters work.

ISP-3. Practices

ISP-3.1

Working with the NHS Board: The interpreting service provider works closely with the NHS Board to improve service provision and quality. NHS-3.4

ISP-3.2

Code of conduct: The interpreting service provider has in place a code of conduct that governs the conduct of their interpreters, as well as robust procedures to deal with any breach, for example relating to accuracy of the interpreting, impartiality of the interpreter, and keeping information confidential. PSI-3

ISP-3.3

Providing the most suitable interpreter: The interpreting service provider gives due consideration as to which interpreter is the most suitable to be sent to a given interpreting assignment, based, for instance, on their competence, subject knowledge, gender (if relevant), previous involvement with the case, and availability. NHS-3.6, 3.11

ISP-3.4

Health and safety of interpreters: The interpreting service provider gives due consideration to the health and safety of their interpreters, taking into account both the personal circumstances of the interpreter where appropriate and the requirements of the assignment. NHS-3.10

ISP-3.5

Insurance: The interpreting service provider has in place adequate and appropriate insurance cover for the interpreting services they provide, in particular public liability and professional indemnity insurance. PSI-1.7

ISP-3.6

Dealing with complaints: The interpreting service provider has robust, transparent and responsive procedures in place to deal with complaints, and cooperates with the NHS Board to go through NHS complaints procedures where appropriate.

ISP-4. Support and continuing professional development (CPD)

ISP-4.1

Pre-assignment support for interpreters: The interpreting service provider obtains as much pre-assignment information as possible, to enable the interpreter to make an informed decision on whether to accept an assignment – for example due to conflict of interest or competence – and to adequately prepare for the assignment if it is accepted. NHS-3.5; PSI-4.1, 4.2

ISP-4.2

Post-assignment support for interpreters: The interpreting service provider provides direct post-assignment support, such as a debrief and/or access to appropriate support for the interpreter if and when they require it, especially those who have engaged in a traumatic or stressful assignment. The interpreting service provider works with NHS staff to address any concerns or complaints relating to the health and safety of interpreters. NHS-3.12; PSI-4.7

ISP-4.3

Peer support: The interpreting service provider facilitates the development of peer support structures for their interpreters and provides opportunities for sharing experience, learning from and supporting each other.

ISP-4.4

CPD opportunities: The interpreting service provider encourages and provides access to CPD opportunities to help interpreters develop professional competence. PSI-5.2, 6.1

ISP-5. Monitoring and evaluation

ISP-5.1

Feedback: The interpreting service provider welcomes and seeks regular feedback from the NHS staff, interpreter, and patient (if working in conjunction with the NHS

Board for service quality evaluation where the issue of patient confidentiality is dealt with) to help improve service quality and customer satisfaction. NHS-5.1; PSI-5.1

ISP-5.2

Monitoring and evaluation processes: The interpreting service provider has in place robust and transparent processes to monitor and evaluate the interpreting service they provide, using appropriate quantitative and qualitative performance indicators, and monitoring and evaluation tools. NHS-5.2

ISP-6. Continuous improvement

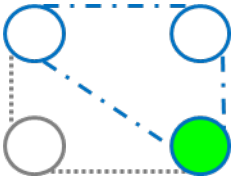
ISP-6.1

Commitment to continuous improvement: The interpreting service provider is fully committed to continuously improving the quality of the interpreting service provided to the NHS Board(s). NHS-6.1; PSI-6.1

ISP-6.2

Structures and processes to support continuous improvement: The interpreting service provider uses performance evaluation results and feedback to plan and implement their continuous improvement initiatives, and keeps a record to chart progress and evidence outcomes. NHS-6.2

Public service interpreters



PSI-1. Competence

PSI-1.1

Language competence in both languages: The interpreter is competent in both languages they interpret in. This competence is based on an assessment of their language ability and fluency in an interpreting context by an independent competent person and/or accrediting body. As a guide, for languages that are accredited via qualifications, the interpreter possesses a Diploma in Public Service Interpreting (DPSI) or equivalent, with DPSI Health as the preferred option for interpreters working in healthcare settings. For British Sign Language (BSL), the interpreter is a fully registered member with the Scottish Register of Language Professionals with the Deaf Community (SRLPDC). For languages that are not accredited via qualifications, the interpreter has demonstrable and evidenced language competence in both languages. NHS-3.6; ISP-1.1, 1.2

Please refer to the National Occupational Standards in Interpreting developed by the National Centre for Languages (CILT) for detailed information setting out the skills and knowledge required to be competent professional interpreters.

PSI-1.2

Interpersonal skills: The interpreter possesses good interpersonal skills and can interact effectively with people in different interpreting settings and situations. ISP-1.1

PSI-1.3

Cultural awareness: The interpreter has awareness and knowledge of the cultures of the languages they interpret in, and is able to sensitively draw attention to any cultural aspects which may affect effective communication. ISP-1.1

PSI-1.4

Interpreter training: The interpreter is trained to have a sound understanding of the role of the interpreter, ethics and boundaries, interpreting skills and techniques, coping strategies, and how to deal with cultural inferences. ISP-2.2

PSI-1.5

Experience: The interpreter has built up experience interpreting in healthcare settings over time. For example, an interpreter-in-training could practise in simulated scenarios; or they could, where appropriate and consent has been obtained, shadow more experienced interpreters in real-life scenarios before carrying out interpreting alone. Trainee BSL interpreters should never be the primary interpreter for a clinical appointment.

PSI-1.6

Disclosure: The interpreter possesses a current disclosure of an appropriate level to demonstrate that they are suitable to work in healthcare settings. ISP-1.3

PSI-1.7

Professional indemnity: The interpreter is fully covered by an appropriate level of professional indemnity insurance obtained through registration with a professional body offering such cover as part of its membership, or registration with a fully insured interpreting service provider, or by other independent arrangements. ISP-3.5

PSI-2. Subject knowledge

PSI-2.1

Healthcare settings: The interpreter understands the context of interpreting in healthcare settings, and as such has a good level of awareness of the healthcare system in Scotland and the roles and functions of healthcare practitioners. ISP-2.3

PSI-2.2

Medical terminology: The interpreter has knowledge of a range of medical terminology to help them interpret effectively and accurately in healthcare settings, and seeks to build upon this knowledge on an ongoing basis. ISP-2.3

PSI-3. Ethics and conduct

PSI-3.1

Conflict of interest: The interpreter declines to accept an assignment where there may be actual, potential or perceived conflict of interest, for example the patient is related to or personally known to the interpreter (actual); the patient has business dealings with a family member of the interpreter (potential); or the ethnic origin of the interpreter (perceived).

PSI-3.2

Respect: The interpreter treats all parties with respect and dignity, and does not judge or discriminate against any of the parties on any grounds.

PSI-3.3

Impartiality: The interpreter interprets for both parties who speak on their own behalf and make their own decisions. The interpreter does not advocate, show bias or preferences, or allow their own personal beliefs to interfere with the communication, for example the interpreter does not omit certain words simply because they do not agree with them due to their personal beliefs. The interpreter is fully aware of their

professional boundaries and is able to remain detached, particularly in stressful situations.

PSI-3.4

Confidentiality: The interpreter treats all information received in the course of their duty as strictly confidential, unless required by law to disclose information. The interpreter never derives any personal gain or advantage from such information.

PSI-3.5

Professionalism: The interpreter acts in a professional manner at all times. The interpreter is reliable, courteous, objective and able to maintain their composure in difficult or stressful situations. The interpreter adheres to the code of conduct as stipulated by the professional bodies and/or interpreting service providers they are registered with. ISP-3.2

PSI-4. Skills and techniques

PSI-4.1

Withdrawal from assignments: The interpreter declines or withdraws from assignments which are beyond their competence, may pose a conflict of interest, or involve situations that may interfere with impartiality, for example if the assignment relates to subject matters that they hold strong personal or religious beliefs in.

To account for GDPR and patient confidentiality, patients should not be identified at any stage, such as at time of booking or through monitoring/audit data. ISP-4.1

PSI-4.2

Preparation: The interpreter uses available pre-assignment information to prepare for the assignment to ensure they do their job as competently as possible. ISP-4.1

PSI-4.3

Explaining the role of the interpreter: The interpreter explains their role to both parties at the outset, making specific reference to impartiality, confidentiality, and the need to use first-person interpreting to facilitate direct communication between the parties.

PSI-4.4

Appropriate modes and techniques: The interpreter selects and uses the appropriate mode of interpreting demanded by the situation, switching from consecutive to simultaneous/whispered simultaneous and vice versa. The interpreter provides sight translation, for example interpreting a written text, competently as and when required. The interpreter intervenes only to ask for repetition, clarification or explanation, point out that a party may not have understood something, alert parties of a possible missed cultural inference, and informs all parties of the reason for the intervention.

PSI-4.5

Accuracy: The interpreter interprets accurately and completely the content and meaning of the original message, without projecting personal beliefs and prejudices into the communication. The interpreter stops and asks for clarification or explanation when they do not fully understand the message.

PSI-4.6

First-person interpreting: The interpreter interprets mainly in first-person mode to facilitate effective communication between the healthcare practitioner and the patient, in which they speak on their own behalf and make their own decisions. First-person interpreting helps avoid advocacy and the perception of advocacy, for example the interpreter interprets ‘Can I have some antibiotics?’ instead of saying ‘Can she have some antibiotics?’.

PSI-4.7

Accessing post-assignment support: The interpreter uses, where appropriate, post-assignment support available to them to help reflect and learn from their experiences and maintain a healthy working life. This could range from short and simple debriefing to accessing counselling services after traumatic assignments. NHS-3.12; ISP-4.2

PSI-5. Feedback and self-evaluation

PSI-5.1

Feedback: The interpreter welcomes and seeks feedback whenever possible to help improve their skills, techniques and knowledge. NHS-5.1; ISP-5.1

PSI-5.2

Self-evaluation: The interpreter evaluates and reflects on their own performance and any feedback they receive, and uses this to identify areas for improvement and plan for continuing professional development (CPD). ISP-4.4

PSI-6. Continuing professional development (CPD)

PSI-6.1

Commitment to CPD: The interpreter is fully committed to continuously improving their professional competence through skills development, training and research. NHS-6.1; ISP-6.1

PSI-6.2

Structures and processes to support CPD: The interpreter uses performance evaluation results and feedback to set objectives for their professional development over a period of time, seeks out opportunities to achieve these objectives, and keeps a record to chart progress and evidence outcomes.

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