



Using Interpreters in General Practice

Accessing interpreting services in general practice is **free** and easy using **Translating Interpreting Services (TIS)**.

There is no cost for using TIS interpreting services when providing services that are:

- Medicare-rebateable;
- delivered in private practice; and
- provided to non-English speakers who are Australian citizens or Australian permanent residents.

*All clients referred from the Humanitarian Entrant Health Service (HEHS) are eligible to access **TIS** services (many of your other clients may be too!).*

TIS offers two streams of service:

- Pre booked onsite or phone interpreting; *and*
- The Doctors Priority Line 24/7 telephone interpreting service for medical practitioners.

Four out of five Australians speak only English, but among the 20% who speak another language, 400 languages are spoken. The diversity of languages exceeds the capacity of any doctor to communicate with all patients using his or her own language skills.¹

A best practice approach

The RACGP *Standards for General Practice* (4th edition) highlights the professional obligation of GPs to enable patients to make informed decisions regarding their care. This extends to the patient's right to understand and be understood⁴.

The use of interpreters for patients with limited English proficiency assists in obtaining informed consent and enables informed decision making for their care.

It is the responsibility of the treating doctor (*not the patient*) to arrange an interpreter when required.

If you identify the need for an interpreter during a consult *The Doctors Priority Line* is available. Ninety percent of calls are connected with an interpreter within three minutes.

Barriers and misconceptions

Many barriers to interpreter usage are based on misconceptions.

A common misconception is that using an interpreter lengthens consultation times. In contrast, the literature indicates that because interpreted consultations utilise a pared back communication style, they can usually be conducted without extending the consultation time³.

Other considerations

The use of family members as interpreters does **not** meet best practice. There is no way to determine their level of English proficiency, nor if their interpretation is accurate and reflective. The use of family members has been shown to result in longer, poorer quality consultations³.

Under no circumstances should children under the age of eighteen be used as interpreters.

When making referrals to a specialist for patients who require interpreters, please include:

- The patients need for an interpreter,
- The language spoken.

All **TIS** interpreters operate under the confidentiality agreement outlined in the *Australian Institute of Interpreters and Translators (AUSIT) Code of Ethics*. However, in smaller communities or in emerging languages a telephone interpreter may be preferred to onsite interpreting to protect patient confidentiality.



This document can be made available in alternative formats on request for a person with a disability.

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24 HOURS A DAY, SEVEN DAYS A WEEK
www.tisnational.gov.au

REFERENCES

¹Australian Bureau of Statistics (2008) Proficiency in spoken English/language by age by sex. Australia Cat No. 20680. Canberra: Australian Bureau of Statistics.

²Department of Immigration and Border Protection Translating and Interpreting Service (TIS National) website.

<http://www.tisnational.gov.au/>

³Christine Phillips (2010) 'Using Interpreters: A guide for GPs'

<http://www.racgp.org.au/download/documents/AFP/2010/April/201004phillips.pdf>

⁴RACGP Standards for general practices (4th edition) [Criterion 1.2.3]

<http://www.racgp.org.au/your-practice/standards/standards4thedition/practice-services/1-2/interpreter-and-other-communication-services/>