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Getting the message across

Professional interpreters in general practice

Background

Evidence and quality standards support the use of professional interpreters and discourage the use of family interpreters in medical consultations. The Northern Division of General Practice documented the use of professional and family interpreters in local general practices, together with barriers and possible facilitators in the use of professional interpreters.

Method

Two complementary surveys were conducted in September 2006: practices were surveyed through a brief phone interview; and a written questionnaire with multiple choice and Likert scale questions was distributed to general practitioners attending division training sessions during the same period.

Discussion

Surveys of practices and GPs found the use of professional interpreters is uncommon. Over two-thirds of practices reported never using the free Doctors Priority Line phone interpreting service. Family members were frequently used as interpreters, with most GPs preferring to use family rather than professional interpreters. Over a third of practices were unaware of the Doctors Priority Line. Findings suggested that relevant standards are commonly not understood or implemented.

Benefits from the use of professional interpreters with patients of non-English speaking backgrounds (NESB) include improved quality of patient care, better health outcomes, increased access to services and greater patient satisfaction.[1–3] A recent systematic literature review showed that quality of care is compromised when patients of limited English proficiency need, but do not get, interpreters.[4] Risks of using the family members of patients as interpreters are well documented: quality of care is inferior and more interpreter errors occur with untrained ad hoc interpreters who are more likely to commit errors with potential clinical consequences.[4,5]

The Royal Australian College of General Practitioners (RACGP) *Standards for general practices* recommend the use of professional interpreters. They warn: 'the use of friends or relatives in sensitive clinical situations or where serious decisions have to be made may be hazardous'... and state: 'where possible, practices should use appropriately qualified medical interpreters'.[6] Accredited general practices must have policies and procedures for communicating with patients who are not proficient in the primary language of its general practitioner(s). The RACGP standards also require practices to have a list of contact numbers for interpreter services. The National Health and Medical Research Council (NHMRC) advises medical practitioners to use professional interpreters 'when and wherever possible' with patients not fluent in English.[7]

In 2000 the Australian Government introduced the 'Doctors Priority Line', a free professional interpreter services for private GPs. The service provider, the Translating and Interpreting Service (TIS), aims to connect a phone interpreter within 3 minutes. Onsite interpreters can be booked in advance (www.immi.gov.au).

Although use of professional interpreters is standard practice in public health services, previous studies suggest a low level of use of professional interpreters in general practice.[3,8] The Northern Division of General Practice, based in metropolitan Melbourne (Victoria), set out to audit the use of interpreters and awareness of interpreter services in its local practices, and to identify barriers and enabling factors for the use of professional interpreters.

As this audit was carried out to advise division programs and member practices, in consultation with the Community Advisory Group and with advice from the Refugee Health Small Learning Group, ethics approval was not sought.

Method

Two complementary surveys were conducted in September 2006. Practices were surveyed through a brief phone interview, a strategy chosen to maximise participation. A written questionnaire with multiple choice and Likert scale questions was distributed to GPs attending division training sessions during the same period.

Participants

Twenty-six percent of residents in the division's catchment were born in non-English speaking countries and 9% (19 200 people) have poor proficiency in English.[9]

For the practice survey a target of 50 interviews was set. Major suburbs were selected on the division's printed map of practices, which included 89 local practices. The interviewer followed a written script, which invited the person answering the telephone to respond.

The written questionnaire was distributed at four division professional development sessions. The division has approximately 500 members, but membership is not restricted to the catchment.

Results

Response

The interview target was exceeded as 61 (69%) participated. Those interviewed were mostly practice managers or receptionists (82%). Nonrespondent practices either did not answer or excused themselves as too busy. Only 4% of practices reported no patients with poor English. The written questionnaire was completed by 46 GPs.

Use of interpreters

The phone survey confirmed that the use of professional interpreting services was low, with 68% of practices reporting that they never used professional phone interpreters, and 81% reporting never using face-to-face interpreters. The responses of GPs to the written questionnaire suggested a similar picture; with 71% reporting that they use professional interpreters less than once per year.

The phone survey showed that family members are frequently used to interpret: 80% of practices reported using family members (or friends) weekly or more often, with 35% using family members daily. The written survey indicated similar tendencies: 35% of GPs reported using family members as interpreters 'at every opportunity', while only 11% reported using family members rarely. Fifty-five percent of GPs preferred to use family members rather than arrange a professional interpreter.

Sixty-eight percent of practices said they would arrange a professional interpreter if a patient requested one; however 30% said they would not. Most practices (82%) did not see a need to use professional interpreters more in their practice. The written questionnaire showed that most GPs (80%) agreed that using an interpreter is needed to obtain informed consent where the GP cannot communicate well with the patient.

Table 1. Phone survey – main reasons for not using interpreters (multiple responses permitted)

Response	Number	Percent
Bilingual or multilingual GPs/staff	36	60
Not needed	22	37
Family	22	37
Time consuming	4	7
Patient awareness	3	5
Cost to practice	3	5
Inconvenient or difficult	2	3
Unavailable	2	3
Language rare	1	2
Other arrangements	1	2
Patient preference	1	2
Bad experience	1	2

In the phone survey, only 61% of practices were aware of the free Doctor Priority Line interpreter service. In the questionnaire, 64% of GPs reported they were aware of how to access the service, while 21% indicated they would like training in effectively using an interpreter.

Barriers to using interpreters

Three main reasons were given for not using professional interpreters (multiple responses were permitted). Most common (64%) was the presence of bilingual GPs or staff. Other common responses (both 37%) were that interpreters were not needed, and that family members were used.

Practices were asked: 'What do you think would encourage the use of interpreters in your practice? Can you give one example?' Almost half the respondents (46%) gave a nonspecific response: 'if needed'. A further 24% suggested that the patient needs to trigger interpreter use, through patient request, education or awareness.

Although time, cost or accessibility were raised by only a small percentage of practices (<6%), the majority (54%) of GPs agreed that the extra time needed to use phone interpreters was too long to be practical in general practice. Only 10% of GPs agreed that it is too expensive to use an interpreter.

Discussion

These findings have important implications for promoting best practice in communication and for the implementation of RACGP standards.

Results confirm that, despite the introduction of the free service, professional interpreters are still infrequently used in general practice. Family interpreters are widely used. They are not only regarded as an acceptable alternative, but are preferred to professional interpreters by the majority of GPs surveyed. There was no mention of family interpreter use being restricted (as the RACGP advises) to minor problems. Of particular concern is that 30% of practices reported that they would not arrange an interpreter if asked. These results suggest that information and education is needed on health and legal risks of

Table 2. Phone survey – 'what would encourage the use of interpreters in your practice?'

Response	Number	Percent
If needed	26	46
Patient request	8	14
Patient awareness	3	5
Patient education	3	5
Cost	3	5
Easier access	3	5
Time	2	4
Not sure	9	16

ineffective communication. The RACGP Standard 1.2.3 provides guidance on interpreter use.[4] Education on interpreter use could be developed and promoted as part of the accreditation process, and as part of GP postgraduate training and in continuing medical education.

Lack of awareness of the fee free services by a substantial minority of practices and GPs indicates a need for further promotion and education. Many practices surveyed implied that patients need to request an interpreter, but previous studies suggest patients are also unaware that fee free services are available.[2,5] The results support initiatives to help non-English speakers request an interpreter, such as the recently introduced 'interpreter cards'.[10]

Although few practices raised interpreter cost as a barrier, financial incentives such as a Medicare item or a Practice Incentive Payment for interpreter use, may encourage and promote the use of interpreters in private general practice.

Strengths and limitations of this study

The phone survey obtained a high response rate by conducting a short interview with available personnel. The person answering the phone decided whether to respond themselves or to pass on the call, and the interviewee's experience or status was not controlled. The sample for the written questionnaire had many inadequacies. The sample of 46 was small; GPs present and prepared to fill out a questionnaire at an evening training session may not be representative. Results of the GP questionnaire survey in general supported information obtained from the phone survey of practices.

In the phone survey, the most common reason given for not using interpreters was that GPs or staff spoke patient languages. General practitioner languages were noted, and suggest (as observed elsewhere) an imperfect match between GP and patient languages.[3] In addition, the high reported use of family interpreters confirms that bilingual GPs are frequently not available in the patient's language. The wording of this question meant that the survey did not fully elicit perceived barriers to professional interpreter use.

Practical outcomes

The findings from these surveys supported and informed a pilot training program for GPs and practice staff – 'Working effectively with professional interpreters: setting up your general practice' – conducted by the Centre for Culture, Ethnicity and Health with the Northern and North West Melbourne Divisions of General Practice in January 2007. An unintended outcome of this project was to highlight the valuable services provided by bilingual GPs. This resource is documented in a list of GPs speaking community languages published by the division.

Recommendations

- Education for all general practice personnel on the evidence for using professional interpreters, and on the practical skills of interpreter use.
- Further promotion and review of the Doctors Priority Line.
- Empowerment of patients to request an interpreter, eg. through the interpreter card system.
- Financial incentives for practices to use professional interpreters.
- Support for initiatives to help patients access GPs speaking their own language.
- Using nonmedical staff to interpret must be clearly distinguished from consultations using bilingual medical professionals. Unless these staff members have the specific skills of medical interpreting, using them brings most of the risks of using family members, together with the issue of patient privacy.
- Investigation of the possibility of providing medical interpreter training for practice staff with appropriate language skills.

Conflict of interest: none declared.

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