RACGP

# Interpreter use in general practice

## Information for GPs

## Background

Culturally and linguistically diverse (CALD) patients often have higher rates of disease and experience poorer health outcomes than the rest of the population. These communities have also been heavily impacted by the COVID-19 pandemic and general practitioners (GPs) have raised concerns that patients may be delaying appointments amid fears of contracting the virus.[1]

Boosting the uptake and use of interpreters in general practice is increasingly important to reduce health inequality in vulnerable communities and Australia becomes more culturally diverse

**Patients have a right to understand the information and recommendations they receive from their practitioners. Practitioners have a professional obligation to communicate effectively and to understand their patients' health concerns.**[2]

Research suggests that interpreters are underutilised in the primary care setting due a number of disincentives and barriers. These include financial concerns, the time-intensive nature of consultations involving interpreters, coordinating consent and the resources required to create an interpreter-friendly practice environment (eg extra training for practice staff). These barriers have fuelled perceptions around the inconvenience of engaging and working with interpreters.[3]

Greater use of interpreters can result in more effective healthcare provision, improved communication between clinicians and patients, better comprehension by patients of medical instructions, imposing unreasonable responsibility on a family member or friend to interpret for them, and mitigation of medico-legal risks around duty of care.[3]

### RACGP Standards

Criterion C1.4 in the *Standards for general practices* (5th edition) (the Standards) outlines requirements for accredited general practices with regard to interpreter and other communication services.

**Indicators**

**C1.4►A** Our practice endeavours to use an interpreter with patients who do not speak the primary language of our practice team.

**C1.4►B** Our practice endeavours to employ communication strategies to engage with patients who have difficulty accessing the service due to a communication impairment.

**C1.4 C** Our patients can access resources that are culturally appropriate, translated, and/or in plain English.

More information is available at this location in the Standards.

Other areas of the Standards where practices are asked to consider the needs of their CALD patients are listed below.

- Criterion C1.2 – Communications
- Criterion C1.3 – Informed patient decisions
- Criterion C1.5 – Costs associated with care initiated by the practice
- Criterion C4.1 – Health promotion and preventive care
- Criterion C7.1 – Content of patient health records
- Criterion QI2.1 – Health summaries
- Criterion GP2.3 – Engaging with other services

### RACGP advocacy

Medicare rebates do not adequately support patients and GPs for the additional time needed when an interpreter is required during a consultation, as well as the accompanying administrative work.[3,4] The RACGP supports increased Medicare rebates that reflect the true cost of high-quality service provision and to reduce out-of-pocket costs for patients.

As part of the 2023-24 Federal Budget the government announced funding for a range of measures the RACGP advocated for in its pre-budget submission, including a tripling of bulk billing incentives, a new Medicare Benefits Schedule (MBS) item for Level E (60-minute plus) consultations and funding for longer telephone appointments (>20 minutes). The RACGP will be monitoring the implementation of this funding to ensure it enables general practices to provide increased and higher quality services to CALD patients.

## Where can I find an interpreter?

The Translating and Interpreting Service (TIS National) is an interpreting service provided by the Department of Home Affairs for people who do not speak English. This service is available for agencies and businesses that need to communicate with their non-English speaking clients, including while at their GP. While some TIS National services can incur a fee, medical practitioners are able to access the Free Interpreting Service when delivering Medicare rebatable services in private practice.

TIS National has:

- more than 70 years' experience in language services
- access to more than 2700 interpreters in more than 150 languages.

Once GPs have registered for a TIS National client code, they can access the Free Interpreting Service to provide services to anyone in Australia who is eligible for Medicare. TIS National customers are free to choose either a male or female interpreter to align with patient preferences and can access interpreters in all states and territories, no matter where the GP resides. Practice support staff working with a private medical practitioner registered with TIS National can also access the service using the same client code. TIS National provides a job number at the start of every call which should be recorded by GPs and practice staff in the consultation notes for reference purposes. These job numbers are useful if a practice needs to provide evidence for why a longer-than-normal MBS consultation item was billed, or if the practice is charged for a translation service they believe should be free.

Interpreting services available include:

- immediate phone interpreting
- pre-booked phone interpreting
- pre-booked on-site interpreting
- telehealth video interpreting service.

More information is available on the TIS National website: Free Interpreting Service for private medical practitioners.

# Using an interpreter in a consultation

The following section is based on the RACGP accepted clinical resource Guide for Clinicians Working with Interpreters in Healthcare Settings produced by the Migrant and Refugee Women's Health Partnership. Using an interpreter in a consultation constitutes the presence of a third party. Accredited practices should ensure their processes meet Criterion C2.2 (Presence of a third party during a consultation) of the Standards.

## When to engage an interpreter

A GP should not assume a patient does not need an interpreter based solely on the patient's ability to hold a general conversation. Medical conversations often need to convey specific, complex information that must be strictly adhered to and require a sophisticated understanding of language to be properly understood. Patients may be embarrassed by or ashamed of their English proficiency and may not raise their difficulty with English comprehension to their GP voluntarily. While a patient's family/ friend, or a member of the practice team who speaks the same language, may seem a convenient solution, it is inappropriate as it does not ensure confidentiality, impartiality or accuracy of the translation.

Discussing difficult or sensitive topics such as end of life care, bad medical news and mental, sexual, or reproductive health can be uncomfortable, distressing or traumatic for those not appropriate to translate such conversations, including minors. Involving a translator in a consultation may be crucial to ensuring a patient provides informed consent before agreeing to a method of treatment. If a GP provides treatment to a patient with difficulties in English proficiency without using a translator, it may be difficult to prove informed consent was attained from a medico-legal perspective. Translators also help to ensure the patient has fully understood any instructions that have been given to them and, if followed, positive care outcomes are more likely.

If a GP believes the consultation may benefit from the use of an interpreter, they should offer to bring one into the consultation. If a patient refuses an interpreter the GP should first address the patient's concerns (confidentiality, impartiality, cost, speaking with someone of the appropriate gender etc). If the patient continues to refuse an interpreter, the GP should explain the interpreter is also for the GP's benefit, so they are confident everything is being communicated correctly and ensure they are doing their due diligence for the patient. If the patient continues to refuse an interpreter, the GP should note the patient's refusal in their consultation notes and proceed as best as they are able.

## Practising with an interpreter

### At the start of the consultation

When engaging an interpreter, it is best practice to briefs them on whom they are speaking to and what will be discussed without the patient present. It is possible the GP will need the interpreter to translate very difficult or sensitive subjects to their patient. The interpreter should ideally be aware of this before they begin translating so they can behave appropriately and for their own well-being. There may be some subjects that have significant cultural implications or are inappropriate to discuss with a particular gender that an interpreter may be able to advise the GP about before they proceed. Such a process can be difficult to implement in clinics in fee-for-service settings and when using call centre-based interpreters. Where possible, it is recommended practices develop processes that work for their circumstances to assess the need for an interpreter, gain consent and contact the interpreter before the patient is seen by their GP.

### During the consultation

After the interpreter is introduced, the consultation can continue largely as normal. The GP should continue to address the patient, make eye contact if culturally appropriate and use first person pronouns (eg continuing to say "Can you tell me if your chest hurts?" rather than "Ask him if his chest hurts"). For interpreters to fulfil their role they need to translate

exactly what is said to ensure the patient is fully able to participate in the consultation. When working with an interpreter GPs should speak at a reasonable speed, use appropriate pauses and avoid overlapping speech to make the interpretation more manageable. While interpreters often have strategies to manage long speech segments such as cutting in to interpret while others are speaking, interpreting simultaneously and asking for repetitions, these can be disruptive to the consultation. GPs should be mindful of the volume of information they are conveying and provide appropriate pauses to provide an opportunity for interpretation. If the interpreter begins using strategies to manage long speech segments or asks the GP to pause so they can translate, GPs may need to use smaller speech segments if possible for the consultation.

When speaking, the GP should use simple language and avoid colloquialisms, acronyms and technical language where possible. Where technical language or complex language is necessary, GPs should explain the terms and concepts in plain English as much as possible so the interpreter can convey those explanations to the patient. It is recommended that GPs confirm patients have understood what they have said by asking the patient to explain the GP's advice back to them or to outline what the next steps for treatment are back to the GP.

#### After the consultation

It may be beneficial to debrief with the interpreter to manage emotions, share insights into the translation and have both parties provide feedback. After a difficult consultation, it is valuable for parties to discuss what occurred and make sure they are emotionally safe. The interpreter can also provide feedback on the patient's linguistic and speech characteristics to give the GP additional insights into the consultation. Professional feedback can also be provided at this time to help the GP work better with an interpreter and to help the interpreter better manage their role as well.

# Billing for consultations involving interpreters

In June 2022, the Department of Health and Aged Care published a fact sheet which provides information on how to account for time taken to communicate with patients when claiming time-tiered MBS items.

When claiming for time-tiered MBS items, the total duration includes the time required to communicate effectively with the patient. Should more time than usual be required to effectively communicate with a patient, it is considered reasonable to claim a longer attendance item than might otherwise be expected for the service. This applies to both face-to-face and telehealth services.

In such situations, medical practitioners and other providers should record in the consultation notes why the additional time was required. For example, 'consultation extended due to use of interpreter', and if relevant citing the TIS job number.

This fact sheet was developed by the RACGP in response to member enquiries about billing longer consultation items when an interpreter is required. GPs can be assured that they are billing correctly if they need to spend more time with a patient requiring an interpreter, provided they meet all requirements in the relevant item descriptor.

Enquiries regarding billing rules and MBS item interpretation should be directed to askmbs@health.gov.au.

## Longer GP consultations

Longer consultations are generally considered those lasting 20 minutes or more. The relevant MBS item numbers for standard GP attendances are outlined below.

#### MBS item numbers for longer GP consultations (as of July 2023)

| Item number | Consultation type | Description | Rebate |
|---|---|---|---|
| 36 | Face-to-face | Level C 20–40 minutes | $79.70 |
| 44 | Face-to-face | Level D >40 minutes | $117.40 |

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| 91801 | Video | Level C 20–40 minutes | $79.70 |
| 91802 | Video | Level D >40 minutes | $117.40 |
| 93716 | Phone | Level C >20 minutes (eligibility for COVID-19 antivirals) | $79.70 |
| 91894 | Phone | Level C >20 minutes (MMM 6–7) | $79.70 |

Additional MBS item numbers for GP services can be found in the RACGP's MBS online tool. Longer consultation items are also available for services provided in:

- hospitals, institutions or homes
- residential aged care facilities
- an after-hours period.

# Further resources

- RACGP Guide: *Telehealth consultations with patients requiring an interpreter*
- RACGP *Guide for clinicians working with interpreters in healthcare settings*
- *Australian Refugee Health Practice Guide*
- GPs can register for a free TIS client code by calling 1300 131 450 or visiting the TIS website
- If you see patients from CALD backgrounds and use interpreters in your consultations, you may be interested in joining the RACGP's Refugee Health Specific Interests Group. Visit the RACGP Specific Interests website or email gpsi@racgp.org.au for more information.

# References

[1] Tsirtsakis A. Fears CALD patients avoiding healthcare during pandemic. newsGP, 3 August 2020. Available at www1.racgp.org.au/newsgp/clinical/fears-cald-patients-avoiding-healthcare-during-pan

[2] The Royal Australian College of General Practitioners. Standards for general practices. 5th edn. East Melbourne, Vic: RACGP, 2022.

[3] Migrant and Refugee Health Partnership. Interpreter engagement in general practice in Australia. Canberra: Migrant and Refugee Health Partnership, 2020.

[4] Saito S, Harris MF, Long KM, et al. Response to language barriers with patients from refugee background in general practice in Australia: findings from the OPTIMISE study. BMC Health Serv Res 2021;21,921.