2nd October 2017

**MYAN WA Interpreters in Medical Settings**

**Working Group – 2**

* Meeting opened By Craig Webster at 10.00am
* The Department of Health confirmed that they do have a Languages policy that is mandatory but the issue is how this policy is used.
* It was agreed that the group is well versed in the issue and the challenges associated with interpreter use in medical settings, the focus of this and subsequent meetings should be a strategy with a focus on Primary Health and the use of interpreters by GPs.
* Private practices aren’t bound by the policy. Whilst it is becoming standard in training of new doctors, there is a lack of buy-n and ownership taken in established practices. There needs to be a two-pronged approach including education and implementation.
* It was suggested that in Tertiary health there is the opportunity to implement a CaLD Liaison Officer similar to ATSI Liaison Officers in public hospitals.
* There is pilot-program beginning at Mirrabooka Medical Centre for HEHS (Humanitarian Entrants Health Services) that this working group should link in with and review the results of.
* WAPHA and the WA GP Network need to be involved in the working group moving forward.
* There should also be a focus on practical and learned behaviour. Both practitioner and patient should be able to book longer appointments to account for the language barriers and this demonstrates a tension for corporate GP models. A related issue is that the Health Dept. are diverting patients into mainstream services earlier when there is a need for more of a ‘soft entry’.
* There is perhaps a need then for the group to identify and build the capacity of Primary Health Champions in the sector.
* Practice Managers have regular network meetings and they should also be included as they are the initial point of contact for patients.
* 3 of the main focus areas of a strategy need to be: Privacy, Competency and Expertise.
* There is a need to make competency and sensitivity in the area of CaLD Health, a matter of course in practice. The Health Consumer’s Council can help here focus on the ‘human’ side of the issue and strongly advocate the consequences to individuals when these things don’t happen in medical settings.
* POSSIBLE ACTION – WAGP Network and WAPHA focused education update on interpreter services in health settings. This should include background, personal perspective with a drawcard being PD points. One was run a few years ago, however, there was extremely low attendance.
* It was suggested that the interest in the area may be boosted by targeting the Insurers as unfortunately, potential legal costs may be the best way to gain interest in this area. The AMA sponsors events such as this and there is an existing network available for these events.
* There is also a gap in the ‘Tessa’s Passport’ as it does not have a dedicated space for patients to put their language/dialect. This could be an area of improvement for future editions, modelled on OMI’s ‘I need an interpreter’ cards.
* POSSIBLE ACTION – ensure that everyone in MYAN WA’s network has information and access to ‘I need an interpreter’ cards as some people are still unaware of them and/or how to access them. LG’s have a role in this too to ensure that they are in public spaces such as libraries and settlement services should all have them too.
* Health Dept. data shows that interpreter use in health settings is growing each year. The issue seems to be more in the use and availability of professional interpreters, staff turnover (loss of CA training) and consumer reluctance to insist and/or make complaints on difficulties in gaining interpreter access.
* Another gap is in Allied Health Services (optometrists, dentists etc.) in which cost is a barrier.
* There is an opportunity here in that the network could raise the profile of professional interpreter services. POSSIBLE ACTION – include WAITI (Western Australian Institute of Translators and Interpreters) in the conversation.
* There are some specific points in service where the network can inject the message. For example, when a patient is discharged from the ED on the discharge summary letter that is sent to GPs. There is space to put on the front of this, the patient’s language needs. This can also help to bridge the gap between Primary and Tertiary health. ACTION – identify and record this and other interception points in health.
* There are opportunities to inform patients of their rights in OSCO training, AMEP and at Centrelink . A targeted approach for consumers with training for staff is an opportunity here.
* There is a need to also understand that as humanitarian entrants move through the system, they lose support workers that help translate medical information. If a patient has only gained Conversational of School English skills, it is extremely difficult for them to understand Medical English/jargon. Interrupted education, complex trauma and culture also come into play here.
* There is also a need for health providers to give young people an easy and safe “out” of interpreting for family members. They need to know that it is the health provider’s responsibility to provide translation services and recognise the inappropriateness of asking young people to be involved in this area.
* AGREED IMMEDIATE ACTIONS –

ACTION – Formally approach WAPHA, AMA, RACGP and WAPHA to engage on this issue to provide an education session that attracts PD points for GPs.

ACTION – Next MYAN WA network meeting to focus on this area. Louise from the Health Consumers Council is willing and able to present. It was suggested that a Shout Out speaker could provide a personal perspective of navigating the health system with particular reference to being an unofficial interpreter.

ACTION – The working group to identify the key points in health services that intervention can occur. This will require having the right people around the table from WAPHA, AMA, RACGP and WAPHA.