



NATIONAL STANDARDS OF PRACTICE

for

Interpreters in Health Care

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INTRODUCTION

This introduction to the National Standards of Practice for Interpreters in Health Care explains the context in which the standards were developed, describes the process of development, and suggests ways in which the standards can be used.

In 2004, the National Council on Interpreting in Health Care¹ (NCIHC) published the National Code of Ethics for Interpreters in Health Care. Development of the code of ethics followed an extensive period of gathering input and counsel from working interpreters and their colleagues. Through a similar consensus-building process, the NCIHC has now developed a set of standards of practice for interpreters working in health care settings. This project built on the work in standards development at the individual state level, specifically on the pioneering work of the Massachusetts Medical Interpreters Association (MMIA)² and the California Healthcare Interpreting Association (CHIA)³. While we reviewed the Registry of Interpreters for the Deaf (RID) standards of practice⁴ and received input from American Sign Language interpreters, our focus and expertise lies in spoken language interpreting and therefore these standards represent a consensus on standards for spoken language interpreters.

WHAT ARE STANDARDS OF PRACTICE?

Standards of practice are a set of guidelines that define what an interpreter does in the performance of his or her role, that is, the tasks and skills the interpreter should be able to perform in the course of fulfilling the duties of the profession. Standards describe what is considered “best practice” by the profession and ensure a consistent quality of performance. For health care interpreters, the standards define the acceptable ways by which they can meet the core obligations of their profession – the accurate and complete transmission of messages between a patient and provider who do not speak the same language in order to support the patient-provider therapeutic relationship.

As in all professions, the field of interpreting is guided by ethical principles. These standards for health care interpreters show how professional interpreters respond to ethical and other considerations in the performance of their duties. Standards of practice are concerned with the “hows” of performance as compared with codes of ethics that focus on the “shoulds.” A code of ethics provides “a set of principles or values that govern the conduct of members of a profession while they are engaged in the enactment

1 A National Code of Ethics for Interpreters in Health Care. National Council on Interpreting in Health Care, 2004.

2 Massachusetts Medical Interpreters Association and Education Development Center, Inc. Medical Interpreting Standards of Practice. Newton: EDC, 1996.

3 California Standards for Healthcare Interpreters: Ethical Principles, Protocols, and Guidance on Roles & Intervention; California Healthcare Interpreting Association, 2002.

4 Registry of Interpreters for the Deaf; www.rid.org.

of that profession.”⁵ In other words, codes of ethics provide “guidelines for making judgments about what is acceptable and desirable behavior in a given context or in a particular relationship”⁶ while standards focus on the practical concerns of what the interpreter does in the performance of his or her role, offering “best practice” strategies for observing the principles of the code of ethics in day-to-day practice.

WHY ARE PROFESSIONAL STANDARDS OF PRACTICE FOR INTERPRETERS IN HEALTH CARE NEEDED?

Health care interpreting is a distinctive and specialized area of practice. Interpreters working in health care facilitate communication between providers and patients or families who do not share a language. Although in recent years health care facilities and agencies across the United States have made strides in providing linguistically appropriate services, the lack of qualified interpreters continues to be a barrier to health care for limited English proficient (LEP) patients. There has been a lack of clarity and consistency at the national level in defining the characteristics and competencies of a qualified health care interpreter, leaving interpreters and health care facilities, as well as other stakeholders, with little or no guidance in identifying the performance requirements of the interpreter role. As a result, the quality of health care interpreting across the country is uneven and inconsistent, leading to a dangerous potential for incomplete and inaccurate communication. The clinical and financial ramifications are documented in the research literature.

Nationally recognized standards of practice provide the necessary guideposts for improving the training of health care interpreters, helping to raise the quality and consistency of interpreting in health care. Just like medical protocols for physicians, these standards will provide guidance to interpreters as to what is expected of them and what constitutes good practice.

HOW WERE THE STANDARDS DEVELOPED?

The NCIHC Standards, Training and Certification (STC) committee developed the National Standards of Practice for Interpreters in Health Care by first commissioning an environmental scan of current practices and existing published standards, both nationally and internationally.⁷ A series of seven targeted focus groups were then conducted across the country. After analyzing the focus group and environmental scan results, an initial standards document was drafted. The draft standards were presented for feedback through a national survey of interpreters and those who work with them. The survey collected responses and comments from 632 interpreters and 141 non-interpreters.

⁵ A National Code of Ethics for Interpreters in Health Care, National Council on Interpreting in Health Care, 2004.

⁶ See Footnote 5.

⁷ Bancroft, Marjory. The Interpreter’s World Tour: An Environmental Scan of Standards of Practice for Interpreters.

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In the survey, the question “Should this standard be included (in the professional standards of practice for health care interpreters)?” was asked about each of the proposed standards. Each was approved for inclusion by a large majority of respondents, both interpreters and non-interpreters; almost all were approved by over 90% of respondents. This final document incorporates changes made by the STC committee after careful consideration of all the input from survey respondents.

HOW ARE THE STANDARDS OF PRACTICE ORGANIZED IN THIS DOCUMENT?

There are 32 standards of practice grouped under nine headings. The headings show the relationship of the standards to the nine ethical principles of the National Code of Ethics. Under each heading an objective is stated defining the overall goal of that set of standards. In addition, each ethical principle is restated in the corresponding section of the standard to show the relationship between the ethical principles and the standards of practice.

The standards are numbered consecutively for ease of reference. Each standard is accompanied by an example, intended to clarify the practical significance of the standard by illustrating one possible application. The examples are not comprehensive and should not be confused with the standards. They simply suggest ways in which the standards may be applied. To keep the document brief, only one example is given for each standard. When the standards are discussed in interpreter training, we expect many other examples will be provided.

A glossary of specialized terms used in this document is included as Appendix A.

HOW TO USE THE STANDARDS

These standards of practice are intended to be used as a reference by interpreters and those who work with, train, and employ interpreters. They are intended to guide the practice of all interpreters and to acquaint non-interpreters with the standards recognized within the interpreting profession.

The standards of practice in this document should be taken as a whole. While each standard has merit and can stand on its own, the full implication of each standard is best understood when seen in its connection and interdependence with the other standards. Therefore, each standard should be understood and practiced in the context of the whole.

It should also be understood that in every profession statements of ethical principles and standards of practice are concise summary statements of expectations and skills that a competent professional in that field should have. Having these documents does not eliminate the need for training and education. In fact, training is central to the continued

growth and development of the profession of health care interpreting.
Specifically, the standards should be used for:

A. TRAINING.

Supervisors, trainers, and training organizations are encouraged to adopt and promote these standards and to incorporate them into their training for health care interpreters. For the purposes of training, the examples that accompany each standard should be discussed and many other examples considered as further illustrations of good interpreting practice.

B. HIRING.

Hiring authorities can refer to these standards when interviewing or testing candidates for employment as interpreters in health care settings.

C. PERFORMANCE MONITORING.

These standards can be used, with other criteria, as a basis for performance evaluation and on-going quality assessment of interpreting services.

D. DISCUSSION ON CERTIFICATION OF PROFESSIONAL COMPETENCE.

These standards, together with the NCIHC National Code of Ethics, are intended to provide the basis for discussion on the merits of a certification process to assess the qualifications of interpreters working or preparing to work in health care settings.

In conclusion, these standards are intended to provide a common base of understanding of the profession, foster the consistency with which the profession is practiced, and improve the quality of interpreter services. They support existing policies in health care that focus on improving communication and access. As such, the standards benefit all stakeholders involved in the delivery of quality health services to LEP patients: health care interpreters, the health care organizations who contract their services, regulatory organizations that oversee quality control and risk management activities within health care facilities, and the patients and providers who use their services.



STANDARDS OF PRACTICE

■ ACCURACY

OBJECTIVE:

To enable other parties to know precisely what each speaker has said.

Related ethical principle:

Interpreters strive to render the message accurately, conveying the content and spirit of the original message, taking into consideration the cultural context.

1. The interpreter renders all messages accurately and completely, without adding, omitting, or substituting.

For example, an interpreter repeats all that is said, even if it seems redundant, irrelevant, or rude.

2. The interpreter replicates the register, style, and tone of the speaker.

For example, unless there is no equivalent in the patient's language, an interpreter does not substitute simpler explanations for medical terms a provider uses, but may ask the speaker to re-express themselves in language more easily understood by the other party.

3. The interpreter advises parties that everything said will be interpreted.

For example, an interpreter may explain the interpreting process to a provider by saying "everything you say will be repeated to the patient."

4. The interpreter manages the flow of communication.

For example, an interpreter may ask a speaker to pause or slow down.

5. The interpreter corrects errors in interpretation.

For example, an interpreter who has omitted an important word corrects the mistake as soon as possible.

6. The interpreter maintains transparency.

For example, when asking for clarification, an interpreter says to all parties, "I, the interpreter, did not understand, so I am going to ask for an explanation."

STANDARDS OF PRACTICE

CONFIDENTIALITY

OBJECTIVE:

To honor the private and personal nature of the health care interaction and maintain trust among all parties.

Related ethical principle:

Interpreters treat as confidential, within the treating team, all information learned in the performance of their professional duties, while observing relevant requirements regarding disclosure.

7. The interpreter maintains confidentiality and does not disclose information outside the treating team, except with the patient's consent or if required by law.

For example, an interpreter does not discuss a patient's case with family or community members without the patient's consent.

8. The interpreter protects written patient information in his or her possession.

For example, an interpreter does not leave notes on an interpreting session in public view.

IMPARTIALITY

OBJECTIVE:

To eliminate the effect of interpreter bias or preference.

Related ethical principle:

Interpreters strive to maintain impartiality and refrain from counseling, advising, or projecting personal biases or beliefs.

9. The interpreter does not allow personal judgments or cultural values to influence objectivity.

For example, an interpreter does not reveal personal feelings through words, tone of voice, or body language.

10. The interpreter discloses potential conflicts of interest, withdrawing from assignments if necessary.

For example, an interpreter avoids interpreting for a family member or close friend.

STANDARDS OF PRACTICE

RESPECT

OBJECTIVE:

To acknowledge the inherent dignity of all parties in the interpreted encounter.

Related ethical principle:

Interpreters treat all parties with respect.

11. The interpreter uses professional, culturally appropriate ways of showing respect.

For example, in greetings, an interpreter uses appropriate titles for both patient and provider.

12. The interpreter promotes direct communication among all parties in the encounter.

For example, an interpreter may tell the patient and provider to address each other, rather than the interpreter.

13. The interpreter promotes patient autonomy.

For example, an interpreter directs a patient who asks him or her for a ride home to appropriate resources within the institution.

CULTURAL AWARENESS

OBJECTIVE:

To facilitate communication across cultural differences.

Related ethical principle:

Interpreters strive to develop awareness of the cultures encountered in the performance of interpreting duties.

14. The interpreter strives to understand the cultures associated with the languages he or she interprets, including biomedical culture.

For example, an interpreter learns about the traditional remedies some patients may use

15. The interpreter alerts all parties to any significant cultural misunderstanding that arises.

For example, if a provider asks a patient who is fasting for religious reasons to take an oral medication, an interpreter may call attention to the potential conflict.

STANDARDS OF PRACTICE

ROLE BOUNDARIES

OBJECTIVE:

To clarify the scope and limits of the interpreting role, in order to avoid conflicts of interest.

Related ethical principle:

The interpreter maintains the boundaries of the professional role, refraining from personal involvement.

16. The interpreter limits personal involvement with all parties during the interpreting assignment.

For example, an interpreter does not share or elicit overly personal information in conversations with a patient.

17. The interpreter limits his or her professional activity to interpreting within an encounter.

For example, an interpreter never advises a patient on health care questions, but redirects the patient to ask the provider.

18. The interpreter with an additional role adheres to all interpreting standards of practice while interpreting.

For example, an interpreter who is also a nurse does not confer with another provider in the patient's presence, without reporting what is said.

STANDARDS OF PRACTICE

PROFESSIONALISM

OBJECTIVE:

To uphold the public's trust in the interpreting profession.

Related ethical principle:

Interpreters at all times act in a professional and ethical manner.

19. The interpreter is honest and ethical in all business practices.

For example, an interpreter accurately represents his or her credentials.

20. The interpreter is prepared for all assignments.

For example, an interpreter asks about the nature of the assignment and reviews relevant terminology.

21. The interpreter discloses skill limitations with respect to particular assignments.

For example, an interpreter who is unfamiliar with a highly technical medical term asks for an explanation before continuing to interpret.

22. The interpreter avoids sight translation, especially of complex or critical documents, if he or she lacks sight translation skills.

For example, when asked to sight translate a surgery consent form, an interpreter instead asks the provider to explain its content and then interprets the explanation.

23. The interpreter is accountable for professional performance.

For example, an interpreter does not blame others for his or her interpreting errors.

24. The interpreter advocates for working conditions that support quality interpreting.

For example, an interpreter on a lengthy assignment indicates when fatigue might compromise interpreting accuracy.

- 25. The interpreter shows respect for professionals with whom he or she works.**

For example, an interpreter does not spread rumors that would discredit another interpreter.

- 26. The interpreter acts in a manner befitting the dignity of the profession and appropriate to the setting.**

For example, an interpreter dresses appropriately and arrives on time for appointments.

PROFESSIONAL DEVELOPMENT

OBJECTIVE:

To attain the highest possible level of competence and service.

Related ethical principle:

Interpreters strive to further their knowledge and skills, through independent study, continuing education, and actual interpreting practice.

- 27. The interpreter continues to develop language and cultural knowledge and interpreting skills.**

For example, an interpreter stays up to date on changes in medical terminology or regional slang.

- 28. The interpreter seeks feedback to improve his or her performance.**

For example, an interpreter consults with colleagues about a challenging assignment.

- 29. The interpreter supports the professional development of fellow interpreters.**

For example, an experienced interpreter mentors novice interpreters.

- 30. The interpreter participates in organizations and activities that contribute to the development of the profession.**

For example, an interpreter attends professional workshops and conferences.

STANDARDS OF PRACTICE

ADVOCACY

OBJECTIVE:

To prevent harm to parties that the interpreter serves.

Related ethical principle:

When the patient's health, well-being or dignity is at risk, an interpreter may be justified in acting as an advocate.

31. The interpreter may speak out to protect an individual from serious harm.

For example, an interpreter may intervene on behalf of a patient with a life-threatening allergy, if the condition has been overlooked.

32. The interpreter may advocate on behalf of a party or group to correct mistreatment or abuse.

For example, an interpreter may alert his or her supervisor to patterns of disrespect towards patients.

APPENDIX A

GLOSSARY⁸

ADVOCACY: Advocacy is understood as an action taken on behalf of an individual that goes beyond facilitating communication, with the intention of supporting good health outcomes. In general, advocacy means that a third party (in this case, the interpreter) speaks for or pleads the cause of another party, thereby departing from an impartial role.

CERTIFICATION: A process by which a certifying body (usually a governmental or professional organization) attests to or certifies that an individual is qualified to provide a particular service. Certification calls for formal assessment, using an instrument that has been tested for validity and reliability, so that the certifying body can be confident that the individuals it certifies have the qualifications needed to do the job.

HEALTH CARE INTERPRETING: Interpreting that takes place in health care settings of any sort, including doctor's offices, clinics, hospitals, home health visits, mental health clinics, and public health presentations. Typically the interpretation occurs during an interview or encounter between a health care provider (doctor, nurse, lab technician) and a patient (or the patient and one or more family members).

INTERPRETER: A person who renders a message spoken or signed in one language into a second language. (See Professional Interpreter)

INTERPRETING: The process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately, and objectively in another language, taking the cultural and social context into account. [Within the language profession, the term translation is restricted to the process of converting written messages.]

INTERPRETING ASSIGNMENT: A period of time during which an interpreter performs his or her duties. An interpreting assignment may involve multiple encounters with patients and providers.

LIMITED ENGLISH PROFICIENCY (LEP): The inability to speak, read, write or understand the English language at a level that permits an individual to interact effectively with health care providers and social service agencies.⁹

⁸ These are selected definitions from Terminology of Health Care Interpreting: A Glossary of Terms. National Council on Interpreting in Health Care, 2001, 2005.

⁹ US Department of Health and Human Services: Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons. Federal Register. August 8, 2003; Volume 68 (153):47311-47323.

APPENDIX A

GLOSSARY

PARTIES: Individuals present during an interpreted encounter.

PROFESSIONAL INTERPRETER: Those who abide by a code of professional ethics.

REGISTER: A stylistic level of language used by a speaker. A speaker's choice of register is generally adapted to a particular topic, the parties spoken to, and the perceived formality of the situation.

SIGHT TRANSLATION: Translation of a written document into spoken or signed language. An interpreter reads a document written in one language and simultaneously interprets it into a second language.

TRANSPARENCY: The principle that during the encounter the interpreter informs all parties of any action he or she takes, including speaking for him- or herself, outside of direct interpreting.

TREATING TEAM: All health care providers involved in the care of a particular patient within a single facility.

Please note: this document was updated to include accessibility features in 2025.
Pagination may differ from original.

NOTES

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The National Standards of Practice for Interpreters in Health Care, produced by the National Council on Interpreting in Health Care (NCIHC), Inc., is the result of a systematic, deliberate, and reflective process. The NCIHC is confident that this document represents the standards that working interpreters believe are important in the practice of their profession. The document is designed as a guide for both interpreters and the health care systems in which they work, and is not meant to supplant or expand policy or regulations pertinent to the provision of competent interpreter services. The NCIHC regrets any inadvertent result which may arise from the application of these standards of practice.



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