

## Medical Interpreter Roster and Registry: Summary of August 12 Draft Proposal Four

This proposal phases in a roster of medical interpreters and a registry of medical interpreters between 2010 and 2014.

**Mandatory nature:** After 2014 medical providers in Minnesota may only hire in *languages of greater diffusion (LGD)* and in *languages of moderate diffusion (LMD)* interpreters who are on the registry of medical interpreters, except in certain rural areas which have a special dispensation which is reviewed each year. There will not be a roster of interpreters for *languages of greater diffusion* or *languages of moderate diffusion* except for rural areas with a dispensation. In *languages of lesser diffusion* medical providers must hire an interpreter on the registry of medical interpreters, unless none is locally available, then they must hire an interpreter on the roster of medical interpreters, unless none is locally available. When hiring an interpreter not on the roster, they must submit an on-line form to the roster agency with the name, language, and contact information and a 50 word (max) statement regarding why a non-rostered/non-registered interpreter was used.

**The Registry:** The registry will include two levels: full-status and interim-status. Full-status requirements are preferred requirements and interim-status requirements are minimum requirements. People may remain at interim-status indefinitely. The registry will be available for all languages, but the mandatory nature of the registry will only pertain to LGD and LMD status languages. In searches for interpreters, full-status interpreters will be displayed first, and interim-status interpreters will be displayed second.

**Weighted Roster:** The roster is a self-reported roster, and employers must verify information themselves during hiring. The roster includes fields where interpreters may enter information regarding tests they have taken and courses they have taken, as well as contact information and availability. The roster is not available for LGD and LMD languages except for certain rural areas. Names will be listed based on a weight given to certain verifiable variables, such as language proficiency, skills tests passed, and courses taken, so that more qualified, rostered interpreters will be listed first if they provide documentation for items which meet a registry requirement. The basic search will include a list of verifiable items (2i, 2ii, 2iii, 3a, 3b, 4, 5)

### Roster Requirements:

1. at least 18 years old
2. Criminal Background Check
3. Agrees to abide by the NCIHC Code of Ethics

**Registry: Interim Status: Minimum Requirements:** After 2014, interim status interpreters will need to have:

1. Meets roster requirements
2. at least 180 classroom hours (with an assumed 360 homework hours) of training.
  - a. The 180 hours must include
    - i. at least 45 hours on the ethics, the role of the interpreter, and process management including at least 10 hours of role plays and discussion of role plays;
    - ii. at least 45 hours of interpreter skills training to include note-taking, memory exercises, and error analysis of the students' own interpreting; and
    - iii. at least 45 hours of glossary development and medical terminology to include the development of a sample bilingual glossary in preparation for a hypothetical interpreting assignment.
3. Language proficiency in both languages they will interpret. This can be demonstrated by taking a course which has a language proficiency requirement and which is on the approved list, or by taking an approved test, or by meeting one of the equivalency definitions.
4. Knowledge of medical terminology. This can be demonstrated either by taking a class which is approved as satisfying this requirement due to the nature of an exam which must be passed at the end of the class, or by taking an approved exam, or by meeting one of the equivalency definitions.
5. Accuracy in their interpretations. This can be demonstrated by passing an approved skills test.

### Registry: Full-status

1. Bachelor's degree in any field,
2. 18 credit or greater certificate, or associate's degree or higher in interpreting from a program which is able to satisfy 1, 2, and 3 of the interim-status requirements, and go beyond them.
3. Accuracy in interpretation as demonstrated by passing an approved skills test.
4. 1000 hours of work experience for LGD and LMD classified languages; 400 hours of work experience for LLD classified languages.

### Phasing in the system

By Jan 1, 2011: All medical interpreters must be on the roster.

By Jan 1, 2012: LGD and LMD designated languages must meet the following Interim Status Requirements: 2i, and 3. Some non-credit courses, such as *Bridging the Language Gap* and *Community Interpreting* taken prior to 2011 will be allowed to meet the requirement for 2i. After 1/1/2012 they will not be accepted.

By Jan 1, 2013: LGD and LMD designated languages must meet the following Interim Status Requirements: 2ii.

By Jan 1, 2014: LGD and LMD designated languages must meet the following Interim Status Requirements: 2iii, 4, and 5. Some courses which included medical terminology (mt), but not glossary development taken prior to 2011 may be accepted if students also took *Introduction to Translation*. After 2011, mt courses must include a 1 credit class or independent study on glossary development.