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# Using interpreters

## A guide for GPs


### Background

Australia is one of the most multilingual countries in the world. In their working lives, all doctors will need to communicate with patients whose languages they do not speak.

### Objective

To outline Australia's system for providing interpreters for medical consultations, and to discuss optimal ways of working with these interpreters.

### Discussion

Australia has the world's largest free telephone interpreter service for doctors. All general practitioners claiming Medicare consultations can contact this service, quote a doctor code or Medicare provider number, and generally receive an interpreter within 3 minutes. Onsite interpreters can be booked if required. State and territory health services can also provide onsite and telephone interpreters. Despite this, interpreters are underused in Australia. Practices can improve their uptake of interpreters by establishing routine systems to contact interpreters when needed; however nation wide measures are also needed, including education and providing incentives through the Medicare fee structure. Decisions about when to contact an interpreter will be determined by patient or doctor request, the nature of the illness, and/or the subject of the consultation. The quality of interpreted consultations can be improved if the GP speaks slowly and speaks to the patient, not the interpreter; allows time for the interpreter to interpret the elements of the consultation to the patient; and remains in charge of the consultation. Information in many languages is now widely available on the internet, and can be a useful supplement to the interpreted consultation.


**Keywords:** general practitioners; translating; vulnerable populations; quality of care; communication barriers

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Australia is one of the most multilingual countries in the world, but also one of the most monolingual. Four out of 5 Australians speak only English; but among the 20% who speak another language, 400 languages are spoken.[1] Although Australia has many bilingual doctors, nearly 80% of consultations are conducted in English, and only 3% of general practitioners conduct more than half their consultations in a language other than English.[2] The diversity of languages exceeds the capacity of any doctor to communicate with all patients using his or her own language skills.

Fortunately, interpreter services in Australia for doctors are highly accessible compared to those in other countries. However, interpreter services remain underused, and frequently misunderstood, by GPs.[3] Reasons appear to be related to faith in 'in house' bilingual staff, beliefs about the preference of patients for family members to interpret, and a lack of practice systems to contact interpreters. Numerous studies have demonstrated that interpreters are viewed as cumbersome to access and challenging to use in day-to-day practice.[3–5] Front office staff often consider accessing interpreters to be the doctor's problem, and GPs in turn are often inexperienced and unaware of interpreter services.[3,4] The fallback position tends to be to 'get by' in English or by using a family member to interpret.

Evidence suggests that using interpreters where needed improves both the quality and safety of health care.[6,7] Patients are more confident with their care when trained interpreters are used.[8] Failure to use an interpreter when one was needed has been determined to be a breach of duty of care in United States of America courts.[9] It is likely that such an argument could also be mounted in Australia, where interpreters are readily available to GPs and their appropriate use forms part of The Royal Australian College of General Practitioners *Standards for general practices* (see *Resources*), which are used by Australian General Practice Accreditation Ltd (see *Resources*) as part of the accreditation process for general practice clinics in Australia.

This article outlines Australia's health care interpreter system, and discusses key communication issues when using interpreters. Consultations with interpreters are different from noninterpreted consultations, but the skills can be readily learned and are likely to improve communication skills for noninterpreted consultations.

## Accessing interpreters

Interpreters work with the spoken word, while translators work with the written word. Most employed interpreters are accredited through the National Accreditation Authority for Translators and Interpreters (NAATI) (see *Resources*). This body is internationally unique,[10] and sets the standards against which interpreters and translators are tested and/or accredited in 57 languages.

Access to language support services is a national population based initiative, in contrast to many other countries.[11] Doctors can access two sets of interpreting services: the national Translating and Interpreting Service (TIS) and state or territory health funded services (*Table 1*). Larger hospitals also fund their own in-house interpreters in priority languages.

### The Translating and Interpreting Service

TIS, set up by the then Department of Immigration in 1977, is now the largest interpreting service in the country, and also provides services to New Zealand. TIS operates from a call centre in Melbourne and is linked to 1500 interpreters speaking 160 languages around Australia. Doctors in immediate need of an interpreter should call, or ask their receptionist to call, the Doctors Priority Line (see *Resources*), which undertakes to provide a telephone interpreter within 3 minutes. The call operator will ask the doctor for their code number. Doctors who have not previously used the service can quote their Medicare provider number and will be given a code number (if you have forgotten your code number, TIS can locate it by linking it with your provider number). It is not necessary to disclose the identity of the patient to TIS.

Translating and Interpreting Service interpreting services are free for any GP providing a Medicare rebateable consultation, and for their receptionists (who can use the doctor's code number for this purpose) for arranging appointments and providing results. From December 2008, pharmacists can also access TIS services at no cost (6 months after the introduction of this initiative 25% of pharmacies had registered for this service).[12] TIS can also translate key documents, such as immunisation records, into English at no cost.

Onsite interpreters are available through both TIS and state and territory health services. These interpreters can often provide more outreach to patients than the TIS interpreter can. In some states, these services are free to government funded agencies, but in most cases a charge will be levied for profit businesses.

### Auslan and Indigenous languages

Indigenous language support has lagged behind services for migrant Australians, and there is no national system akin to TIS for Indigenous Australians. However, there are local services available (*Table 1*). The National Auslan Interpreter Booking and Payment Service can arrange free sign interpreters to attend a wide range of clinical consults, including those run by allied health practitioners (*Table 1*, see *Resources* ). They also provide video sign interpreting for GPs in rural areas.

## When to use an interpreter

Decisions about when to contact an interpreter before a consultation will be determined by patient request, the nature of the illness and/or the subject of the consultation. Command over a second language can slip with illness or distress, so even quite competent speakers of English as a second language may on occasion need an interpreter. Complex consultations likely to require an interpreter include:

- where self management with adjustment of medication is required (eg. insulin regimens, asthma management approaches)
- where matters that are socially or psychologically complex are raised (eg. mental health, sexual health matters, personal distress)
- where matters of patient safety are concerned (eg. intimate partner violence, risk of harm to self or reported risk of harm to others)
- consultations where patients cannot make decisions without full information (eg. therapeutic options for serious illness, consent for interventions).

Sometimes the need for an interpreter becomes apparent after the consultation has started. In these cases, the doctor should state that they would like to contact an interpreter to understand the problem better, and contact TIS. In most cases the 3–5 minutes lost in engaging an interpreter will be readily compensated for by a more efficient and safer consultation.

Face-to-face interpreters may occasionally be preferable to telephone interpreters for intimate examinations (where same-gender interpreters are preferable) and for mental health consultations.

## Working with interpreters

Working with an interpreter helps to refine GPs' consultation skills. Detailed guidelines for working with interpreters are available from the Australian Institute of Interpreters and Translators[13] (see *Resources*). The Victorian Transcultural Psychiatry Unit has produced specific guidelines for working with interpreters in mental health settings, which are also of relevance to GPs.[14] Some simple tips for working with interpreters are:

- speak to the patient, not the interpreter. The interpreter should become part of the background, not the object of your communication efforts. Use the first person when speaking to the patient; make eye contact with the patient. The interpreter will also use the first person when communicating the patient's words
- allow time for the interpreter to interpret what you say. Health care interpreters almost always work in consecutive mode, that is, they interpret your words to the patient in a turnabout fashion. The doctor speaks a few sentences, and then pauses to allow the interpreter to interpret those sentences. While the interpreter speaks, the doctor can observe the patient, and formulate the next question and the direction of the consultation. It is this thinking and observing time that enables an interpreted consultation to become as efficient as any other consultation, as there is less 'wasted' time in the consultation. Learning to use this 'negative space' when the doctor is silent and observing can lead to more skilled communication with all patients[15]

**Table 1. Publicly funded health interpreting services in Australia**

| Region | Name of service | Availability of service | Languages covered |
|---|---|---|---|
| Australia wide | Translating and Interpreting Service (TIS)<br>(Department of Immigration and Citizenship)<br>Doctors Priority Line 1300 131 450 | 24 hours a day, 7 days a week. Fee free, rapid access service for GPs charging Medicare rebateable services. Prefer telephone interpreters, but can arrange face-to-face interpreter bookings<br>Book online at www.immi.gov.au/living-in-australia/help-with-english/help_with_translating/booking.htm (ideally allow 2 weeks) | Over 160 languages. Does not include Indigenous languages |
| | National Auslan Booking and Payment Service (sign language services) | Free booked service for GPs. Provides face-to-face and video use of interpreters<br>Book online at www.nabs.org.au/03_booking_form.php | Auslan |
| Victoria | Contractee with Department of Human Services (ONCALL Translating and Interpreting Ltd)<br>Telephone 03 9867 3788 | 24 hours a day, 7 days a week. For services within the Department of Human Service system, including community health | A list is available at www.oncallinterpreters.com |
| New South Wales | Health Language Services (NSW Health) (formerly South East Sydney and South West Sydney area)<br>Telephone 02 9828 6088 | 24 hours a day, 7 days a week. Free for services within the NSW public health system | 91 languages. A list is available at www.sswahs.nsw.gov.au/SSWAHS/Interpreter |
| | Health Care Interpreter Service (NSW Health)<br>Illawarra: telephone 02 4274 4211<br>Shoalhaven: telephone 1800 247 272 | 24 hours a day, 7 days a week, business hours. Available to GPs | |
| | Health Care Interpreter Service (NSW Health)<br>Sydney West Area Health Service<br>Telephone 02 9840 3456 | 24 hours a day, 7 days a week. Free for services within the NSW public health system and correctional health services | 120 languages. A list is available at www.wsahs.nsw.gov.au/services/hcis/languages.htm |
| | Rural Health Care Interpreter Service<br>Hunter New England Health Service, covers rural NSW (NSW Health)<br>Freecall 1800 674 994 (business hours)<br>Freecall 1800 674 994 (24 hours) | 24 hours a day, 7 days a week. Fee free for services within the NSW public health system | A list is available at www.hnehealth.nsw.gov.au/multiculturalhealth/interpreter_services |
| Northern Territory | Non-Indigenous languages: Interpreting and Translating Services NT<br>(Department of Housing, Local Government and Regional Services)<br>Telephone 1800 676 254<br>www.itsnt.nt.gov.au | Business hours, Monday to Friday. Fee free for community and nonprofit nongovernment agencies. Fee for services to private businesses | 38 languages. A list is available at www.itsnt.nt.gov.au/countries_and_their_languages_spoken |
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| | Indigenous languages:<br>Aboriginal Interpreting Service<br>(Department of Housing, Local Government and Regional Services)<br>Darwin: telephone 08 8999 8353<br>Alice Springs: telephone 08 8951 5576 | Booking service, 24 hours. There is a fee for this service. Users are requested to brief the interpreter beforehand on the topic of the consultation | Over 60 languages. A list is available at www.dlgh.nt.gov.au/ais/aboriginal_regions_and_languages |
| South Australia | South Australian Interpreting and Translating Centre (Government of SA)<br>Telephone 08 8226 1990 | 24 hour service. There is a fee for this service | Over 112 languages. Includes provision of interpreting services for Pitjantjatjara and Yankunytjatjara |
| Queensland | Contractee with Queensland Health (ONCALL Translating and Interpreting Ltd)<br>Telephone 07 3018 0333 | 24 hours a day, 7 days a week. For services within the Queensland health system, including community health | A list is available at www.oncallinterpreters.com<br>Queensland has no publicly funded Indigenous language interpreter services |
| Tasmania | Non-Indigenous languages: uses TIS | [See above, Translating and Interpreting Service] for Tasmanian public health services | Languages available through TIS |
| Western Australia | Non-Indigenous languages: uses TIS | [See above, Translating and Interpreting Service] for WA public health services | Languages available through TIS |
| | Indigenous languages (Government of WA)<br>Kimberley Interpreting Services<br>Telephone 08 9192 3981 | Booking service in business hours. There is a fee for this service. Based in Broome | 18 Kimberley and Central Desert languages |
| Australian Capital Territory | Migrant Health Unit (ACT Health)<br>Telephone 02 6205 3333 | Fee free services to GPs and specialists, as well as those within the public sector | Seven languages. A list is available at www.health.act.gov.au/c/health?a=da&did=10040621&template=25 |

- signpost the elements of the consultation to the patient, so that he or she understands the direction of the consultation. Using constructions such as, 'I need to ask you some questions about your cough, and after than I will examine you' are good practice in any consultation and create a shared sense of understanding about the consultation
- ensure that you remain in charge of the consultation. Interpreted consultations are often more directed by the doctor than noninterpreted consultations. Bursts of speech by the patient need to be broken up by the doctor, even interrupting, to give the interpreter time to interpret. Similarly, an inexperienced interpreter who spends a great deal of time communicating with the patient needs to be brought back to the task at hand to communicate any misunderstandings the patient may have directly to the doctor. Maintaining eye contact with the patient and a still, interested body stance are clear ways of indicating that you are the person directing the consultation. Loss of control over the consultation is a classic pitfall of using family members as interpreters
- speak more slowly if you are an Australian born English speaker. Australians speak quite rapidly and with the front of their mouths. This means they do not project particularly well, and they can speak with minimal lip movements. Even patients who are good speakers of English as a second language may find your English rapid and blurred. Many Australian women speak with a light intonation. If you have this type of voice, you may have to consciously use your diaphragm when using a telephone interpreter to ensure that the interpreter can hear you without you having to strain your voice
- provide supporting health information when needed. Information about health conditions, treatments and investigations is available in 63 languages at the New South Wales Multicultural Health Communication Service website and in 64 languages from the Victorian Health Translations Directory (see *Resources*). Health resources are indexed by language and topic, with English translations, and can be printed.

## Practice level systems issues

Practices can become more attuned to identifying need, contacting and using interpreters as routine practice by addressing the systems issues outlined in *Table 2*.

## National level systems issues

Changes at the national level that will help drive uptake of interpreters include:

- more detailed assessment of practice level systems to use interpreters by accreditation teams, and
- the introduction of a Medicare payment for using interpreters.

## Barriers to using interpreters

Despite Australia's widespread provision of interpreters, in general there is still a reluctance from GPs to use them. This can be attributed to: misconceptions about the service, the impact of a bad experience using an interpreter, and preference for a family or bilingual staff member to be used as the interpreter.

**Table 2. Practice level changes to increase uptake of interpreters**

- List the telephone number(s) for interpreters in the practice telephone directory
- Ensure all doctors have TIS code numbers which are readily accessible for receptionists
- Indicate that interpreters are available in signage in the waiting room and practice pamphlets
- Install speaker telephones for each room
- Routinely collect language spoken and English competence data for all patients
- Maintain a register of languages spoken by all staff, and their proficiency
- Establish ongoing training for practice staff, including receptionists, in identifying the need for interpreters and using them when required
- For practices that have patients from a range of non-English speaking backgrounds for whom staff cannot identify the language, print out the language identifier flip chart from the Find Your Language tool at www.healthtranslations.vic.gov.au/bhcv2/bhcht.nsf and keep it as a resource at the reception desk

## Misconceptions

- About access: many doctors continue to believe that there is a cost to using interpreters. This is only true of some services, and is not true of TIS. Many are unaware that the service is available after hours (*Table 3, Case study 1*)
- About responsibility to access an interpreter: from a medicolegal and quality perspective, it is the responsibility of the treating doctor, not the patient, to ensure an interpreter is present (*Table 3, Case study 2*). When making referrals to specialists, the language spoken by the patient and the need for an interpreter should be stated. The referral letter may need to state how to access TIS, as it is not uncommon for the specialist or their receptionist to state that the referring doctor should book the interpreter (GPs cannot use their own code number to arrange an interpreter for another doctor)
- About confidentiality and medicolegal risk: some doctors have expressed concern that interpreters pose a risk to patient confidentiality. Such breaches are more likely among untrained interpreters, as professional interpreters work to a code of ethics which covers confidentiality.[16] Patients from small communities who are concerned about breaches of confidentiality with onsite interpreters are often happy to use a telephone interpreter who is anonymous and likely to be located in a different city. *Table 4* outlines a case where having an interpreter protected the doctor from medicolegal risk
- That interpreted consultations take longer: despite this widely held perception, the lengthening of consultations by interpreters is not supported by the literature.[17] An interpreted consultation is a skill, but because it uses pared back communication, can usually be conducted without extending the consultation unduly, provided interpreters are available.

**Table 3. Knowledge barriers to using interpreters**

**Case study 1**

Problem: Not knowing how to get an interpreter

An overseas student on a backpacking holiday was brought to the emergency department of a small regional hospital. He had a malleolar fracture which would need open reduction and internal fixation. His language, Ukrainian, was not spoken by anyone at the hospital. The staff decided to keep him comfortable overnight by giving him pain relief and deferred getting consent for the operation until the morning staff came on, when they knew there was an overseas trained doctor who spoke Ukrainian. The staff expressed some concern about not knowing if he was allergic to morphine, but decided to go ahead and give it to him.

Comment: The patient was denied information about his treatment for 7 hours, and given a medication without knowing if it was safe for him. This potentially risky situation could have been avoided by contacting a telephone interpreter from the Translating and Interpreting Service.

**Case study 2**

Problem: Not knowing whose responsibility it is to get an interpreter

While talking at a workshop, Dr J said that he was rather surprised that there should be any need for doctors to contact interpreters. He said that he was perfectly happy for his patients to use interpreters, and stated so in his practice leaflet: 'This is an interpreter friendly practice. Patients are welcome to bring an interpreter with them whenever they wish'. He observed that there couldn't have been much need for interpreters, because it was rare for patients to present to a consultation with one.

Comment: Patients who organise their own interpreters generally bear the cost, which acts as a disincentive to getting an interpreter. The GP, on the other hand, is able to access interpreters at no cost.

**Table 4. Interpreters and quality consultations**

**Case study 3**

Mrs JB had not been seen at the practice before. She presented with subacute onset of pain in the right knee and hip and left side of her abdomen. She brought a supporter from her community with her, who was very anxious about Mrs JB's pain and concerned that Mrs JB might be fobbed off, as she had been at other general practices. Mrs JB had an anxious demeanour, and requested that her friend interpret, but then appeared to be arguing with the friend. You decided to request that the friend wait outside and arranged a telephone interpreter. Fortunately, Mrs JB spoke a language for which TIS could quickly locate an interpreter, and the consultation continued after a break of 5 minutes. With the aid of the interpreter, it became apparent that the pain was nonanatomical in nature, and followed a period of some stress. Several times the interpreter pointed out that it was difficult to make sense of the content of the patient's speech. It became apparent that Mrs JB had a formal thought disorder and was globally suspicious. You arranged for a later, longer appointment and also contacted the mental health team.

The patient later formally complained about you to the Medical Board, stating that you had asked for a bribe and that you had asked inappropriate questions. The interpreter was able to confirm that this was not the case.

## Influence of bad experiences

Not all interpreting experiences are good. Some of the newer languages spoken in Australia currently only have interpreters at paraprofessional level, that is, the lowest level of accreditation by NAATI.[18] Interpreters at this level represent a pragmatic solution to providing language support to the most needy Australians and may not have the level of skills of most health interpreters, who are accredited at the professional level. If your interpreting experience has been less than satisfactory, you should alert the employing organisation.

## Preference for family or bilingual staff members as interpreter

The ideal situation is for the doctor and patient to speak the same language. Using other clinicians (eg. nurses) as interpreters is convenient, but depends on the quality of interpreting the nurse can give.[19] Using family members introduces a range of family dynamics into the consultation, which may not always be beneficial, and has been shown to result in poorer quality, longer consultations.[20]

# Conclusion

Australia has such linguistic diversity that all doctors will need at some stage to use an interpreter. Australia provides a suite of services, including interpreters, and health information resources in community languages,[21,22] which is unparalleled in scope and availability anywhere in the world. To enable doctors to take up these opportunities, general practices need to become proactive about accessing interpreters as an organisational routine,[23] and doctors need to practise and become confident using both onsite and telephone interpreters.

In addition, the Commonwealth Government should underscore the importance of using interpreters by adding a small Medicare incentive for consultations where interpreters are used.

## Resources

- Australian General Practice Accreditation Ltd: www.qip.com.au
- RACGP *Standards for general practices* (3rd edn): www.racgp.org.au/standards
- The National Accreditation Authority for Translators and Interpreters (NAATI): www.naati.com.au
- Doctors Priority Line: 1300 131 450
- Forms to register with the Translating and Interpreting Service (and get a doctor code number): www.immi.gov.au/living-in-australia/help-with-english/help_with_translating/_pdf/doctors-free-interpreting-registration-form.pdf
- AUSIT Guidelines for health care professionals working with interpreters: www.ausit.org/pics/HealthGuide08.pdf
- NSW Multicultural Health Communication Service. Patient health information in 63 languages: www.mhcs.health.nsw.gov.au/publicationsandresources/languages.asp
- Victorian Health Translations Directory. Patient health information in 64 languages: www.healthtranslations.vic.gov.au
- National Auslan Interpreter booking service: www.nabs.org.au.

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Conflict of interest: Christine Phillips is a member of the ACT Regional Advisory Committee for the National Accreditation Authority for Translators & Interpreters.

## References

1. Australian Bureau of Statistics. Proficiency in spoken English/language by age by sex. Australia Cat No. 20680. Canberra: Australian Bureau of Statistics, 2008.
2. Britt H, Miller GC, Charles J, et al. General practice activity in Australia 2007–8. GP Series No 22. Canberra: Australian Institute of Health and Welfare, 2008.
3. Huang Y-T, Phillips C. Telephone interpreters in general practice: bridging the barriers to their use. Aust Fam Physician 2009;38:443–6.
4. Atkin N. Getting the message across – professional interpreters in general practice. Aust Fam Physician 2008;37:174–6.
5. Centre for Culture Ethnicity and Health – Health Sector Development. Working effectively with professional interpreters in private general practice. Available at www.multicultural.vic.gov.au/Web24/rwpgslib.nsf/GraphicFiles/Working+Effectively+with+Interpreters+in+Private+General+Practice/$file/Interpreter+report.pdf [Accessed January 2010].
6. Flores G. The impact of medical interpreter services on the quality of health care: a systematic review. Med Care Res Rev 2005;62:255–99.
7. Brach C, Fraser I. Can cultural competency reduce racial and ethnic health disparities? A review and conceptual model. Med Care Res Rev 2000;57(Suppl 1):181–217.
8. Garcia EA, Roy LC, Okada PJ, Perkins SD, Wiebe RA. A comparison of the

influence of hospital-trained, ad hoc, and telephone interpreters on perceived satisfaction of limited English-proficient parents presenting to a pediatric emergency department. Pediatr Emerg Care 2004;20:373–8.
9. Bird S. Lost without translation. Aust Fam Physician 2008;37:1023–4.
10. Ozolins U, Clyne M. Immigration and language policy in Australia. In: Extra G, Gorta D, editors. The other languages of Europe. Clevedon: Cromwell Press, 2001.
11. Partida Y. Addressing language barriers: building response capacity for a changing nation. J Gen Intern Med 2007;22(Suppl 2):347–9.
12. Department of Immigration and Citizenship. Annual report 2008–9. 2.1.5 Free Translating Services. Available at www.immi.gov.au/about/reports/annual/2008-09/html/outcome2/output2-1-5.htm [Accessed 20 January 2010].
13. Australian Institute of Interpreters and Translators, Inc. AUSIT Guidelines for health professionals working with interpreters. Available at www.ausit.org/pics/HealthGuide08.pdf [Accessed 20 January 2010].
14. Victorian Transcultural Psychiatry Unit. Guidelines for working effectively with interpreters in mental health settings. July 2006. Available at www.vtpu.org.au/docs/interpreter/VTPU_GuidelinesBooklet.pdf [Accessed 20 January 2010].
15. Buetow SA. Something in nothing: negative space in the clinician-patient relationship. Ann Fam Med 2009;7:80–3.
16. Australian Institute of Interpreters and Translators. Code of ethics for interpreters and translators. Available at www.ausit.org/eng/showpage.php3?id=650 [Accessed January 2010].
17. Thornton JD, Pham K, Engelberg RA, Jackson JC, Curtis JR. Families with limited English proficiency receive less information and support in interpreted intensive care unit family conferences. Crit Care Med 2009;37:89–95.
18. National Accreditation Authority for Translators and Interpreters. Accreditation by testing. Available at www.ausit.org/eng/showpage.php3?id=650 [Accessed January 2010].
19. Elderkin-Thompson V, Silver RC, Waitzkin H. When nurses double as interpreters: a study of Spanish-speaking patients in a US primary care setting. Soc Sci Med 2001;52:1343–58.
20. Karliner LS, Jacobs EA, Chen AH, Mutha S. Do professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of the literature. Health Serv Res 2007,42:727–54.
21. NSW Health. NSW Multicultural Health Communication Service. Available at www.mhcs.health.nsw.gov.au/index.asp [Accessed January 2010].
22. Department of Human Services, Victoria. Health translations directory. Available at www.healthtranslations.vic.gov.au/bhcv2/bhcht.nsf [Accessed January 2010].
23. Greenhalgh T, Voisey C, Robb N. Interpreted consultations as 'business as usual'? An analysis of organisational routines in general practices. Sociol Health Illn 2007;29:931–54.

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