

MBChB Programme: Medical Students are not to act as interpreters apart from exceptional situations

Appropriate independent professional interpreters are provided as needed for healthcare; medical students are not to be used as interpreters. Bypassing access to a professional independent interpreter disadvantages an already vulnerable patient group. Ultimately the responsibility to provide an adequate level of interpretation rests with the clinician providing care to the patient. There may be unexpected situations in which a medical student could be called upon appropriately to interpret, e.g. in an emergency whilst awaiting professional interpretation.

GMC Promoting Excellence states, *“In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.”* (R1.16). *“Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.”* (R2.11)

Students may be willing to consult independently with patients in a shared language, for their own learning, where they have made this purpose clear to the patient. But there are still important considerations here around language proficiency e.g. if sensitive issues arise, consent, technical language, complex issues and/or variations in dialect. This is particularly an issue where information needs to be transferred to the medical team, where this should be corroborated using a professional interpreter.

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