Ten Years of Certification: Now what?

By Izabel E. T. de V. Souza, M.Ed., CMI-Spanish, Ph.D.

It is hard to believe that medical interpreters have had national certification for the past 10 years. When the first national certification for medical interpreters was launched at the IMIA Conference, on October 9th, 2009, in front of 500 attendees, we had no idea what would come ahead. Yet knew that we were making the right decision to move forward.

What has happened since certification became a reality?

An important development was the expansion of certification testing languages: National Board added Vietnamese, Korean, Cantonese, Mandarin, and Russian.

Also, the National Board added proctored online testing, for both written and oral exams, as an optional format of testing, while maintaining it's on demand anytime testing at third-party testing centers.

It is hard to believe how far medical interpreting has come:

- ATA now includes medical/healthcare certified interpreters as voting members
- IMIA created a Facebook page limited to certified interpreters (CHI, CMI, RID), called *Medical and Healthcare Interpreters Unite*
- Salary surveys show medical/healthcare interpreter salaries have increased
- Many hospitals and companies require or strongly prefer certified interpreters, while some have even paid interpreters to get certified
- There is increased parity of status with certified court interpreters and certified sign language interpreters
- There is greater recognition of medical interpreting as a profession.

So now what? A ten-year anniversary seems like a good point in time to reflect on where to go next. The National Board maintains that language-specific skills need to be tested by language-specific exams and that it is working to expand into more languages in the future. While this is an important issue, the reality is that these exams are very costly to produce and it will take time; we must be patient.

Now, lets address some other issues that may be easier to advance: Prerequisites. The parameters set in 2009 were never intended to be maintained long term. The idea back then by all involved, at least in the National Board side, was to eventually increase the parameters in order to continue the professionalization efforts for medical interpreters.

At the moment the age prerequisite is set at 18 years of age. Most professions do not have an age requirement, but medical interpreting does require the communicative, psychological, and social maturity to handle difficult discussions of disease, death and dying, producing vicarious trauma. I would say raising the age to 21 years of age would be wise to protect those that enter the profession.

Now let's talk about medical interpreting education. We have all known that 40 hours is simply not enough. Many programs have recognized this fact and voluntarily increased to 60 or 80 hours. More programs are moving to or being developed as yearlong post-secondary programs housed in

university settings. At a minimum it needs to be raised to 60 or 80 hours. Studies have shown that interpreting errors diminish with 100 hours of education.

It is important to note that while the public takes it for granted that all certificants meet all the prerequisites, this may not be true. Unless every prerequisite is verified, there is no guarantee that an applicant meets them. Currently, only the National Board reviews compliance with each prerequisite from every candidate. It is an arduous process, but important service. CCHI uses the audit method, which, while accepted by NCCA accreditation, means many candidates go unverified. This is another area that can be easily improved.

Many will fear that raising certification standards means interpreters may lose their certification or right to practice. First of all, professional development is not static. It is an ever-changing movement as professions are in constant transformation. In most professions, newly added requirements apply only to new applicants, for practical reasons. Increasing entry requirements increases our professional status. The unfortunate reality is that too few interpreters have been certified in the last ten years, and the majority of medical interpreters are still practicing without any third-party proof of competence. This is unsustainable as it puts patients at risk and keeps hospitals liable. I have heard of a 50% oral exam-passing rates in some languages, which could mean that over 50% of practicing interpreters taking the oral exams, may be unqualified to practice. Most importantly, without a large enough number of certified interpreters in each state, we cannot advocate for certification as a requirement of practice. I urge all reading this to do their part in promoting certification. It is our responsibility.

I wish to thank the National Board for inviting me to write this article for their celebratory issue of the National Board newsletter. I also wish to thank all the countless volunteers that have made certification possible and continue to promote and advance this. If you have not become certified, take the plunge; you will not regret it. Let us all work together to ensure patients and providers are protected, by being served by certified interpreters.