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MEDICAL INTERPRETING TRAINING IN UK HIGHER EDUCATION AS A DETERMINANT OF PATIENT SAFETY

Abstract. The relevance of the study is due to the growing linguistic diversity in the UK healthcare system and the increased risk of communication errors in clinical practice, which directly affect patient safety, quality of medical care and treatment outcomes. In the NHS, language barriers remain a significant factor in clinical risks, which highlights the need for high-quality training of medical interpreters in the higher education system. The aim of the article is to analyse the training of medical interpreters in higher education institutions in the UK from the perspective of patient safety and determining the contribution of educational models to the formation of professional competences to minimize communication risks. The research methods include analysis and synthesis of scientific sources on interpreting studies and medical communication, comparative analysis of educational models of interpreter training in the UK, a systematic approach to considering the relationship between education and the healthcare system, as well as content analysis of NHS regulatory documents and university curricula. The scientific novelty lies in the comprehensive consideration of the training of medical interpreters in the UK precisely in relation to patient safety, as well as in the isolation of the competency structure of professional training with an emphasis on the risk-oriented component. The practical significance lies in the possibility of using the results to improve educational programs in interpreting, as well as to develop interprofessional interaction between educational institutions and the healthcare system. The results of the study indicate that the training of medical interpreters in the UK is integrated into the Interpreting Studies programs, is characterized by a combination of research- and practice-oriented approaches, but remains fragmented and insufficiently standardized. This creates a gap between academic training and the real-world demands of the clinical environment, which has direct implications for patient safety.

Keywords: medical interpreting, higher education, UK, NHS, intercultural communication, interpreter training.

НАВЧАННЯ УСНОГО МЕДИЧНОГО ПЕРЕКЛАДУ В СИСТЕМІ ВИЩОЇ ОСВІТИ ВЕЛИКОЇ БРИТАНІЇ ЯК ЧИННИК БЕЗПЕКИ ПАЦІЄНТІВ

Анотація. Актуальність дослідження зумовлена зростанням лінгвістичної різноманітності в системі охорони здоров'я Великої Британії та підвищеним ризиком комунікативних помилок у клінічній практиці, які безпосередньо впливають на безпеку пацієнтів, якість медичної допомоги та результати лікування. У Національній службі охорони здоров'я (NHS) мовні бар'єри залишаються значним фактором клінічних ризиків, що підкреслює необхідність якісної підготовки фахівців у галузі усного медичного перекладу в системі вищої освіти. Метою статті є аналіз підготовки фахівців з усного медичного перекладу у вищих навчальних закладах Великої Британії крізь призму безпеки пацієнтів та визначення внеску освітніх моделей у формування професійних компетентностей для мінімізації комунікативних ризиків. Методи дослідження включають аналіз та синтез наукових джерел з перекладознавства та медичної комунікації, порівняльний аналіз освітніх моделей підготовки перекладачів у Великій Британії, системний підхід до розгляду взаємозв'язку між освітою та системою охорони здоров'я, а також контент-аналіз нормативних документів NHS та університетських навчальних програм. Наукова новизна полягає у всебічному розгляді підготовки медичних перекладачів у Великій Британії саме крізь призму безпеки пацієнтів. Практичне значення полягає в можливості використання результатів для вдосконалення освітніх програм з перекладознавства та усного перекладу, а також для розвитку міжпрофесійної взаємодії між навчальними закладами та системою охорони здоров'я. Результати дослідження свідчать про те, що підготовка фахівців у галузі усного медичного перекладу у Великій Британії інтегрована в програми з перекладознавства та усного перекладу і характеризується поєднанням дослідницьких та практично-орієнтованих підходів.

Ключові слова: усний медичний переклад, вища освіта, Велика Британія, Національна служба охорони здоров'я, міжкультурна комунікація, підготовка перекладачів.

INTRODUCTION

The problem formulation. Effective communication in healthcare is a key determinant of patient safety, quality of care and clinical outcomes. In the multilingual environment of the UK healthcare system, ensuring accurate medical interpreting and language support services is of particular importance as an integral component of safe clinical practice (Hale, S., 2007, p. 260; Yousaf, R., et al., 2025, 7p.). According to the NHS, approximately one million people in the UK have limited English language skills, which significantly increases the risks of misunderstandings during healthcare provision, delays in diagnosis and the prescription of inappropriate treatment. Language barriers are consistently associated with poorer access to healthcare and an increased likelihood of adverse clinical outcomes (Rana, K., 2023).

Within the NHS, patient safety is increasingly conceptualised through the lens of communication risks. Research shows that language barriers can lead to medication errors, incorrect diagnoses, unnecessary diagnostic procedures and, in extreme cases, preventable deaths (Navarro, J., et al., 2016; Yousaf, R., et al., 2025, p. 6). Furthermore, current NHS frameworks for improving healthcare quality highlight that communication difficulties are not only associated with clinical risks but also with systemic inefficiencies, including increased emergency admissions, rising healthcare costs and increased risk of litigation for patient harm (NHS England, n.d.). These risks are compounded when non-professional interpreters are used, including patients' relatives or healthcare staff without appropriate language training, raising serious ethical and safety concerns (Klete□ka-Pulker, M et al., 2021, p. 612).

Despite the availability of interpreting and interpreting services in NHS settings, their use remains uneven. Research shows that professional interpreting services are often undervalued in clinical practice, and healthcare professionals often resort to informal solutions or avoid using interpreters altogether (Rana, K., 2023). This situation highlights a significant gap between policy recommendations and actual healthcare practice, where communication breakdowns continue to pose a threat to patient safety.

In this context, the role of higher education institutions that train future medical interpreters is growing. Universities not only train language specialists, but also indirectly influence patient safety in healthcare systems (Angelelli, C. V., 2004, p. 200). At the same time, educational programs differ significantly in their structure, the level of integration of linguistic training, medical knowledge and practical skills of intercultural communication. This raises the question of how effectively modern training models prepare graduates for the complex requirements of the real clinical environment.

Given the growing recognition of communication as a critical element of patient safety in global healthcare systems, there is a need for a thorough analysis of the organization of medical interpreter training in higher education institutions in the United Kingdom. Understanding these educational practices is important for identifying ways to improve professional training in order to reduce communication-related risks and increase the level of safety and equity in the provision of healthcare.

Despite the growing body of research on the role of language communication in patient safety, there is relatively little systematic research that specifically focuses on the training of medical interpreters in UK higher education institutions in the context of patient safety. Existing research has tended to focus on either general aspects of medical interpreting or the organisation of interpreting services in the healthcare system, with little attention paid to how university education programmes develop competences that are critical to minimising clinical risks (Hale, S., 2007, p. 261; Yousaf, R., et al., 2025, p. 5). Thus, there is a need for a comprehensive analysis of educational models for the training of medical interpreters in the UK from the perspective of their contribution to improving patient safety.

AIM OF THE RESEARCH

The aim of this paper is to analyse the training of medical interpreters in higher education institutions in the United Kingdom from the perspective of patient safety, as well as to determine the role of modern educational models in the formation of professional competences necessary to minimize communication risks in the clinical environment.

To achieve the aim, the following tasks were defined:

1. to analyse the role of language communication in the patient safety system within the NHS;
2. to characterize the place of medical interpreting in the modern healthcare system of the United Kingdom;
3. to investigate the features of the training of medical interpreters within the Interpreting Studies programs;
4. to determine the main models of professional training (research-oriented and practice-oriented);
5. to identify the key competences of medical interpreters in the context of ensuring clinical safety;
6. to analyse the main problems and limitations of the interpreter training system in the United Kingdom;
7. to substantiate the importance of improving educational practices for increasing patient safety.

RESEARCH METHODS

The article uses a set of general scientific and special research methods, including analysis and synthesis to summarize scientific sources on interpreting studies, medical communication and patient safety; comparative analysis to compare different models of training medical interpreters in the UK; a systemic approach to consider interpreter training as a component of a single health and education system; generalization and interpreting to formulate conclusions about the effectiveness of educational models; as well as content analysis of regulatory and academic sources (NHS documentation, university programs and scientific publications) to identify key trends in the field of interpreter training.

RESULTS OF THE RESEARCH

Medical interpreting in the modern healthcare system of the United Kingdom performs a critically important function in ensuring patient safety (Hale, S., 2007, p. 261; Yousaf, R., et al., 2025, p. 5), as it directly affects the accuracy of clinical communication, decision-making and the quality of medical care. Within the NHS, interpreting and language support services are not considered auxiliary services but structural components of the accessibility of medical services.

The relevance of this issue is confirmed by the scale of linguistic diversity in the United Kingdom. NHS England estimates that over one million people in the country have limited English language skills, creating a systemic risk of communication breakdowns in clinical practice (Rana, K., 2023). Language barriers in the healthcare are directly linked to poorer access to primary and specialist care, delayed diagnosis and an increased risk of treatment complications.

Within the clinical safety framework, medical interpreting plays a role in reducing the risks associated with communication errors. Official NHS documents highlight that language barriers are a key factor in patient safety incidents (NHS England, n.d.).

A particularly critical aspect is the role of communication errors as a factor in serious medical incidents. NHS analysis and other patient safety studies show that communication breakdowns between healthcare professionals and patients are regularly reported in clinical incident reports (NHS England, n.d.; Navarro, J., et al., 2016).

The practical consequences of such errors are well illustrated by numerous clinical cases. One of the most famous international examples is the “Intoxicado” case (Angelelli, C. V., 2004, p. 131). Such cases demonstrate that language errors in medicine can have a direct impact on patient survival and quality of life.

In this context, the interpreter in the medical environment performs a much broader role than a purely linguistic one (Hale, S., 2007, p. 67). The modern paradigm of medical interpreting sees the interpreter as a safety mediator.

At the same time, the NHS operates as a de facto multilingual healthcare system, in which interpreting services are essential infrastructure (Care Quality Commission, 2022). Despite the existence of official interpreting services, research and reports indicate that their use in clinical practice is uneven (Rana, K., 2023), sometimes leading to the involvement of non-professional interpreters.

Medical interpreting training in UK higher education institutions is provided within a broader system of Translation Studies and Interpreting Studies programmes, which combine linguistic training, the development of interpreting skills and a gradual specialisation in professional communication, including in the medical context (Рцchhacker, F., 2016, p. 110; Hale, S., 2007, p. 160). Most UK universities do not have separate full-time undergraduate programmes exclusively in medical interpreting; instead, medical specialization is integrated into master’s programmes through separate modules, clinically-oriented courses or practice-oriented components (Kelly, D., 2005, p. 89; Laviosa, S., & Cleverton, V., 2006).

Typical educational trajectories include master’s programs in interpreting, such as MA Translation and Interpreting, MA Interpreting Studies, or more modern options that include a technological component, such as Translation, Interpreting and AI at the University of Surrey, where students master both classical interpreting techniques and digital technologies, including machine translation and terminology management tools (University of Surrey, 2025). Similar programs operate at leading universities, including UCL, University of Leeds, University of Manchester, Newcastle University and Heriot-Watt University, which have established centres of interpreting studies and close links with the professional community (University of Leeds, 2025; University of Manchester, 2026; Newcastle University, 2025; Heriot-Watt University, 2025).

The following types of degree programmes can be distinguished:

1. Translation Studies programmes focus on translation, terminology, localisation and interpreting technology. For example, the MA Translation and Interpreting Studies at the University of Manchester includes modules on localisation, project management, audiovisual interpreting and specialised interpreting for professional areas, including medical and crisis communication (University of Manchester, 2026). Although the medical component is not central, it is often included in the ‘specialised interpreting’ or ‘public service interpreting’ blocks (Hale, S., 2007, p. 29).

2. Interpreting Studies programmes aim at the development of simultaneous and consecutive interpreting, including in institutional contexts (courts, hospitals, civil service) (Рцchhacker, F., 2016, p. 55). Many programmes explore the social, ethical and cognitive aspects of interpreting, including in medical situations (Moser-Mercer, B., 2008, p. 19).

3. In medical/public service interpreting modules, individual components of medical interpreting are usually integrated into wider programmes as specialist modules. For example, at Queen’s University Belfast, the Public Service Interpreting module covers medical, legal and diplomatic contexts, with an emphasis on professional ethics, the role of the interpreter and the management of complex communication situations in hospitals (Council of Europe, 2020; NHS England, n.d.-a). Such modules are the closest to developing the competences of a medical interpreter in an NHS setting.

Educational approaches in the UK demonstrate significant variability between universities, which can be conditionally divided into two models. The first one is the research-oriented model. It is typical for universities with a strong research profile (e.g. UCL, University of Leeds, University of Manchester). It involves a significant number of theoretical courses in interpreting studies, an emphasis on cognitive, sociolinguistic and discursive aspects of interpreting, limited but high-quality practical training (Shaw, S., et al., 2017, p. 128). In this model, medical interpreting is considered rather as part of the broader concept of institutional interpreting or public service interpreting (Hale, S., 2007, p. 34).

Another model is practice-based model which is presented by universities that actively integrate training formats, simulations and collaboration with professional organizations (e.g. Heriot-Watt University, Newcastle University) (Heriot-Watt University, 2025; Newcastle University, 2025). This model is characterized by intensive interpreting practice, simulations of clinical and crisis situations, development of rapid response skills in real-time conditions, use of conference laboratories and role-playing scenarios (Moser-Mercer, B., 2008, p. 19). Practice-based programs better approximate the real conditions of the NHS, where the interpreter must operate under high pressure and limited time (NHS England, n.d.-b).

An important trend is the gradual integration of medical subjects into language and interpreting programs. This is done through medical interpreting modules in public service interpreting courses (Hale, S., 2007, p. 67), the use

of clinical cases, simulation practices, teaching medical terminology and the basics of clinical discourse (Angelelli, C. V., 2004, p. 112). For example, a number of programmes teach students not only to interpret terms, but also to understand clinical logic, which is critical for patient safety (Council of Europe, 2020; NHS England, n.d.-b).

One of the key trends is the development of collaboration between universities and the NHS system, which provides access to real clinical scenarios, involvement of practicing interpreters and doctors, internships in health institutions, development of standards of professional training (NHS England, n.d.-a; NHS England, n.d.-b). At the same time, such collaboration remains uneven, creating a gap between academic training and the real demands of medical practice (Council of Europe, 2020).

Thus, the system of training medical interpreters in the UK is diverse, heterogeneous and embedded within broader interpreting studies programmes (Рцchhacker, F., 2016, p. 78; Hale, S., 2007, p. 67). At the same time, it demonstrates structural heterogeneity in the level of integration of medical competences, which directly affects the readiness of graduates to work in the NHS and, consequently, patient safety (NHS England, n.d.-b).

The training of medical interpreters in the UK is based on a competence-based education approach, within which professional readiness is determined not only by the level of language proficiency, but also by the ability to function effectively in institutional contexts, in particular in the healthcare sector (Shaw, S., et al., 2017, p. 134; Рцchhacker, F., 2016, p. 78). In modern interpreting studies programs, competences are formed through a combination of theoretical training, simulation practice and gradual immersion in professional scenarios, including medical situations that simulate real NHS conditions (Moser-Mercer, B., 2008, p. 27; Hale, S., 2007, p. 67). In the structure of medical interpreter training, five key blocks of competences can be distinguished: linguistic, medical, ethical, intercultural and risk-oriented. Each of them is directly related to the concept of patient safety, as errors in interpreting can lead to clinically significant consequences (World Health Organization, 2019; Karliner, L. S., et al., 2007, p. 729).

The formation of professional competences of medical interpreters in the UK occurs through the integration of linguistic, medical, ethical, intercultural and risk-oriented training (Shaw, S., et al., 2017, p. 134; Рцchhacker, F., 2016, p. 78). This multi-dimensional approach directly impacts the level of patient safety in the NHS.

Linguistic competence is a basic component of interpreter training, but in the medical context it becomes specialized (Mikkelson, H., 2014, p. 165). University programs in the UK include training in skills such as consecutive and simultaneous interpreting, sight interpreting, note-taking and working with terminology databases (Рцchhacker, F., 2016, p. 78).

For example, modules on interpreting include doctor-patient simulations, where students must promptly convey clinically complex information, including symptoms, diagnoses and treatment recommendations. In this context, the role of practice-oriented learning and simulations is emphasized (Moser-Mercer, B., 2008, p. 27).

Medical literacy is a key element of interpreter training, as quality interpreting is impossible without understanding the clinical content of the message (Angelelli, C. V., 2004, p. 131).

Official British and international guidelines also emphasize the need for medical literacy as a component of safe communication in healthcare (World Health Organization, 2019).

Another central component of the professional training of an interpreter in a medical environment is ethical competence (Hale, S., 2007, p. 67; Roberts, R. P., 1997, p. 15). It includes the principles of confidentiality, accuracy and impartiality, which are basic in public service interpreting. The principle of informed consent is particularly important, as the interpreter ensures the patient's full understanding of medical information, which is directly related to the quality of clinical decision-making (Karliner, L. S., et al., 2007, p. 729).

Intercultural competence is critically important in the multinational environment of the NHS (Angelelli, C. V., 2004, p. 131; Hale, S., 2007, p. 67). The interpreter must take into account the cultural characteristics of the perception of illness, pain and the authority of the doctor. A separate modern area of training is the development of risk management competences in medical interpreting. The interpreter in a clinical environment actually performs the function of a safety intermediary, since any error can affect clinical decisions (World Health Organization, 2019; Karliner, L. S., et al., 2007, p. 729).

It should be noted that in current approaches to the training of medical interpreters in the UK, patient safety is not considered as a side effect of training, but as an integrated learning outcome. This concept is consistent with the overall NHS strategy to reduce preventable harm, where communication errors are identified as one of the key factors in clinical incidents (World Health Organization, 2019; Karliner, L. S., et al., 2007, p. 726). In this context, the quality of interpreter training is directly correlated with the ability of future professionals to prevent errors in clinical communication that affect diagnosis, treatment and patient safety.

Despite significant progress in the development of interpreting education in the UK and the gradual integration of public service interpreting components into curricula, the system of training medical interpreters remains fragmented and exhibits a number of structural limitations. These challenges directly affect the readiness of graduates to work in the NHS and, consequently, the level of patient safety, since it is the interpreter who often acts as a critical element in the chain of clinical communication (World Health Organization, 2019; Hale, S., 2007, p. 67).

One of the key problems is the significant variability in the structure and content of interpreting training programs. Leading universities such as UCL, University of Leeds, University of Manchester, Heriot-Watt University offer comprehensive master's programmes in interpreting, but even among them there are significant differences in the degree of specialisation in the medical context (Рцchhacker, F., 2016, p. 78; Shaw, S., et al., 2017, p. 134).

For example, in some programmes medical interpreting is integrated as a separate module within public service interpreting, while in others medical topics are limited to examples in general institutional interpreting courses. This leads to a situation where graduates from different universities have different levels of readiness to work in NHS clinical settings (Hale, S., 2007, p. 67).

In less specialised programmes students may not have systematic experience of working with clinical scenarios, creating a gap between academic training and the real demands of the medical environment.

Despite the extensive use of simulations, students' real-world access to clinical environments remains limited. In most university programmes, practical training takes the form of role-playing or laboratory simulations, while direct immersion in real NHS settings is fragmented (Moser-Mercer, B., 2008, p. 27).

This means that students are often not exposed to the full range of real-world clinical situations, such as:

- multidisciplinary consultations;
- medical emergencies in A&E;
- complex oncology or palliative discussions;
- situations of high emotional burden (trauma-informed communication).

The result is a gap between simulated competence and real-world performance, which is critical from a patient safety perspective (World Health Organization, 2019).

Another significant challenge is the insufficient level of interdisciplinary integration between interpreting faculties and medical schools. In most cases, interpreting programs operate autonomously, without the systematic involvement of medical teachers or joint training modules with future doctors (Bowen, S., 2015; Karliner, L. S., et al., 2007, p. 729).

While interprofessional education (IPE) is actively developing in modern medical education in the UK, interpreting programs are often left out of this process.

At the same time, doctors and medical staff also do not always receive sufficient training in effective interaction with interpreters, which further complicates the three-way communication "doctor-interpreter-patient".

A significant systemic challenge is the lack of a single mandatory standard of competences for medical interpreters at the UK level. Although professional codes exist (e.g. NRPSI), they are not a standard part of university curricula (Hertog, E., & van der Veer, B., 2006, p. 13; Shaw, S., et al., 2017, p. 134).

A particular systemic challenge is the continued use of informal interpreters in clinical settings. Despite NHS policies to use professional interpreters, ad hoc interpreters (relatives, friends or staff) are still used in practice (Kletečka-Pulker, M., et al., 2021, p. 612; Karliner, L. S., et al., 2007, p. 729).

Such practices are particularly common in situations such as emergency medical services (Accident and Emergency – A&E), psychiatric consultations, socially sensitive cases. This poses serious risks to patient safety, including loss or distortion of clinically important information, breach of confidentiality, misinterpretation of symptoms.

Thus, the current system of training of medical interpreters in the UK is characterized by a combination of the high academic level of individual programs with a number of structural limitations. The unevenness of training, insufficient clinical integration, lack of standardization and the persistence of informal interpreting practices create challenges that directly affect the quality of clinical communication and patient safety in the NHS system (Bowen, S., 2001; World Health Organization, 2025).

CONCLUSIONS AND PROSPECTS OF FURTHER RESEARCH

Research shows that language barriers in the UK healthcare system remain a significant risk factor for patient safety, leading to diagnostic errors and reduced quality of care. In this context, medical interpreting plays a key role in ensuring the accuracy of clinical communication and supporting safe decision-making.

Medical interpreter training in the UK is mainly provided within the framework of Translation Studies and Interpreting Studies programmes, where the medical component is integrated into general educational modules. Two main models of training have been identified: research-based and practice-based, the latter being closer to real clinical practice.

However, the training system remains heterogeneous and insufficiently standardized, creating a gap between academic education and NHS requirements. Increasing the level of interdisciplinary integration and practical training are key conditions for strengthening patient safety in clinical communication contexts.

Drawing on the UK experience is important for developing global practices in ensuring patient safety and improving healthcare systems internationally.

Prospects for further research include an in-depth study of the effectiveness of different models of training medical interpreters in the UK, as well as a comparative analysis of international educational practices with the aim of developing unified competency standards aimed at improving patient safety in clinical communication.

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