Policy · MTR-POL-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 24.3

At a glance

- A competent interpreter is provided for consent, treatment discussions and discharge instructions (MTR-FRM-003).
- Staff who speak some of the language do not replace a competent interpreter for consent.
- The patient is asked which language they read, and consent is given in that language.
- Interpreter use is recorded for each contact.
- Stop and get help straight away if: a patient signs consent in a language they do not read.

1. Purpose

To make sure every foreign patient understands their consent and care through a competent interpreter (24.3).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

A foreign patient who cannot understand the consent or the discharge instructions cannot take part in their own care. A competent interpreter is needed for these moments, not a relative or a child.

5. Responsibilities

Role	Responsibility	Competence
International patient coordinator	Arranges interpreters and records use	Manager
Treating clinician	Uses the interpreter for consent and discharge	Clinician

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Arrange the interpreter.

- Arrange a competent interpreter for each consent and treatment discussion.

Key point: Arranged.

Step 2. Confirm the language.

- Ask the patient which language they read, and give consent in that language.

Key point: Confirmed.

Step 3. Record.

- Record the interpreter used for each contact (MTR-FRM-003).

Key point: Recorded.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Consent discussions with a competent interpreter where needed	100%	Monthly	International patient coordinator	Escalate to medical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
MTR-FRM-003	Interpreter use record	Record

17. Evidence

Reference	Note
E-009	Based on the WHO Patient Safety Curriculum Guide (2011) and the NICE guidance on venous thromboembolic diseases (NG158, 2020).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- Medical Tourism Accreditation: The International Patient Office (H-08)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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