

## **GP clinical consultations in languages other than English**

*This advice is intended for international recruits and their clinical supervisors, but applies equally to all GPs and others working in primary care. It is based on learning from the pilot NHS International GP Recruitment programme in Lincolnshire which started in 2016.*

When is it appropriate for a GP to conduct a clinical consultation in NHS general practice in a language other than English?

The answer, in general terms, is that every consultation should be conducted in a manner that is respectful of the patient's background and culture, and best meets their clinical needs.

According to the [General Medical Council's Good Medical Practice](#), doctors must always act in their patients' best interests. So a patient being able to understand what their doctor says to them and be able to respond to questions is central to the consultation for adults and older children, and for the parents and guardians of small children.

It may make sense occasionally for a doctor to consult in a language other than English: this is most often where the doctor and patient are both fluent in another language and both find it easier to communicate with each other in it. In such cases, the doctor can add value to the consultation by accommodating the patient's language needs, which may include signing. The doctor should always check at the start of the consultation which language the patient would prefer and make a note of that in the patient's record.

Critically, all entries in clinical records in the NHS must be made in English, so that all members of the clinical and management team who legitimately have access to them can understand them, to support continuity of care and patient safety. A doctor conducting a consultation in another language must therefore take extra care to ensure that the entry in the clinical record is made in English and to the same standard as any other clinical consultation.

It is important that, whenever possible, the patient is empowered to represent himself or herself, with relatives in supporting roles. The doctor would be expected to apply sensitivity and discretion where the patient is judged not to have mental capacity.

Where a patient is accompanied and the accompanying person requests the consultation to be conducted in a particular language, the doctor must always check with the patient in which language they wish the consultation to be conducted. This may be particularly important in the case of patients who are elderly and / or have a sensory impairment when a relative might wish to speak on their behalf.

Where the accompanying person is the patient's carer, the doctor should ensure they explain the consultation and any actions needed in the language the accompanying person can understand.

What is not acceptable is for any member of the primary care team to speak with another in the presence of any patient in a language other than English that the patient does not understand; it is effectively speaking over a patient. As well as showing a lack of respect, it also excludes the patient and / or relative or carer, either intentionally or unintentionally, from understanding and participating in the conversation.

Another instance of when it is unhelpful to consult in a language other than English is when a doctor agrees to video consultations for future review with their clinical supervisor: unless the supervisor is fluent in that language, the review of the consultation will be of limited value to the consulting doctor under supervision. It is recommended that, when videoing consultations, few or none of the consultations videoed should be conducted in a language other than English: the doctor under supervision should not alter their usual consultation style to accommodate this, but merely select cases for video from those that are conducted in English.

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