DRAFT RECOMMENDATION THREE

Natalya Mytareva, CCHI

Instructions: Use the Information Sheet describing the required design elements needed for each recommendation to draft your ideas on how the State of Washington can support having more qualified medical interpreters.

1.	**Testing entities** • Must have expertise and sustainable resources to develop and update tests. • Must have the necessary technology to deliver online tests. • Must have the resources to maintain and update the technology routinely. • Must have processes that align with national and industry standards of medical interpreter testing.	
	All of the above are of utmost importance. Testing is a science-based process and requires considerable resources and expertise to ensure the validity of test results, which ultimately means safety of health care delivered to patients with limited English proficiency. As far as financial resources are concerned, any initial test development of 1 test (e.g., a knowledge test in English, a Spanish interpreting test, a Mandarin interpreting test, etc.) currently would require about $200,000. Additionally, there are per-exam delivery costs (which vary roughly from $80 to $200 per 1 seat, depending on the test type, i.e., multiple-choice or performance, and a test delivery company) as well as annual technical maintenance cost. Every testing program also should plan for psychometric reports and continuous test updates (every 2-5 years) to monitor the validity of its tests. These maintenance costs currently could be averaged at about $60,000 annually per test. I also would recommend seeking an accredited testing program. Many professions, especially in the healthcare context, recognize the importance of accreditation of their certification programs and seek such accreditation by the National Commission for Certifying Agencies (https://www.credentialingexcellence.org/Accreditation/Earn-Accreditation/NCCA). This accreditation ensures all of the above-mentioned parameters are met, and monitors compliance through annual reports and a reaccreditation process every 5 years.	
2.	**Technology** • 24/7 access to registration/scheduling. • Virtual testing, or easily accessible test centers. • Virtual proctors / ID verification available (e.g., through ProctorU service) • Quick written test score reporting turn-around (immediate or within 48 hours for written tests). • Reasonable cost to candidates based on industry standards.	
	Points 2-3: I would caution about virtual testing. As an organization who has been offering virtual testing since May 2020, we know the limitations and security concerns inherent in virtual proctoring. As a Board member of the National Commission for Certifying Agencies, I can say that we see a trend now, in 2022-23, among testing entities, especially in healthcare professions, to limit virtual testing compared to the pandemic years of 2020-21. For CCHI, the volume of remote testing (which our candidates choose themselves if they wish) dropped from about 70% in 2020 to 25% in 2022 and 2023. Also, virtual testing is not appropriate for audio performance interpreting exams because of both technology inadequacy and test security concerns (i.e., if a performance test is compromised by a test taker, the testing entity would have to discontinue the test and develop a new one which is an expensive and time-consuming process, see my response to #1). Point 4: While a quick turn-around for reporting written tests results is possible in a draft form	

	(e.g., CCHI informs a candidate of a pass/fail at the submission point of such tests), any reputable testing entity must review the scores (run psychometric analysis) to determine that there was no cheating involved and no other irregularities present before they release the official scores to candidates, and that process may take 1-2 weeks. Releasing official scores within 48 hours may seem as a good practice, but it may be detrimental to the candidate (if a failed result is due to testing irregularity) or to the public (if a passing score is because a candidate cheated on the exam). Point 5: As far as reasonable cost, the current fees charged by testing companies to testing entities like CCHI are in the range of $80-$200 per 1 exam delivery/seat. When a testing entity develops its pricing to candidates, it must add the costs of the overall test development and maintenance and, for performance interpreting exams, of test scoring by human raters. Taking this into account, a reasonable exam fee for a multiple-choice ("written") exam is around $200 and for a performance interpreting exam - around $350-400. I think it is advisable for the state to seek grants to offset some cost of testing for candidates.
3.a.	**Prerequisites and screening** • Proof of bilingual and multi-lingual proficiency: Passing score of a formal test, school diplomas of education conducted in the target language, experience living in the target language-speaking country, and documented work experience. • Training in interpreting skills.
	Fully agree. I believe the state DSHS may take a role of verifying these parameters for candidates. This way the state will have data about which areas of interpreter training or which languages need more resources to support candidates who seek national certification. Often, in CCHI experience, applicants cannot provide documentation to meet the eligibility criteria of language proficiency or medical interpreter training. And often, candidates fail because of lack of language-specific interpreter training or because of lack of their English language proficiency. I believe these areas are the ones that DSHS may make a really meaningful impact on. Specifically: a) contract with language proficiency testing vendors like LTI or ALTA to offer tests to WA interpreters and bilingual providers b) monitor and approve training programs preparing for certification (CCHI as an accredited certification entity cannot do that as it constitutes a conflict of interest by our accreditation standards).
3.b.	**Test content** • Proficiency in English and target languages. • Domain knowledge: Healthcare system, medical terminology, and procedures • Medical interpreter ethics. • Interpreting skills (e.g., sight translation, consecutive interpretation, and memory retention).
	According to the psychometrics and testing industry practices, for a test to be valid, it must be based on a job analysis which includes a profession-wide national survey and is conducted every 5-7 years. All CCHI's tests are based on such job analysis which we conduct every 6 years (e.g., https://cchicertification.org/uploads/CCHI_Job_Analysis_Report_2022.pdf).
3.c.	**Test quality** • Tests must meet national standards and federal requirements.

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• Tests must be valid and reliable.
• Testing entities must provide reports demonstrating test validity and reliability
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Absolutely, and accreditation ensures this (see my response to #1). The challenge is in how a testing entity would proof its tests validity, etc. A third-party accreditation that is specifically focused on this, like NCCA, is an established mechanism for many professions.
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Resources to support clients and healthcare providers
• A platform accessible by healthcare providers to look for interpreters.
• Approved continuing education (CE) courses.
• Certification distribution and revocation systems.
• Customer complaint resolution process.
• Other customer services.
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All of these are important. I think this is where DSHS has an ability to provide state-relevant services compared to a national process. For example, CCHI does have all of the above (e.g., see our registry at https://cchi.learningbuilder.com/Search/Public/MemberRole/Registry) but we are a national entity which is bound by our accreditation. And NCCA accreditation requires us not to limit CE courses only to "approved" ones, while DSHS may approve and require WA interpreters to complete CE courses relevant to the state of WA. Similarly, while CCHI has a revocation system (e.g., https://cchicertification.org/sanctions/), the state may have more resources available to monitor interpreters' compliance.
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