MACH CALD INCLUSION PRINCIPLES

Best Practice for Translations:

- ☐ When consenting CALD participants to trials, translation of PICFs is preferable and highly encouraged, but is not an absolute requirement **if** a certified interpreter is used
- ☐ Translated information (PICFs especially) can be important reference material for CALD participants, especially for contact information
- ☐ Translations should be in the participants' preferred language
- ☐ Translations must be accurate, culturally appropriate, not likely to cause harm, and communicate concepts effectively

Best Practice for Funding:

- ☐ All health services organisations should consider having **core funding** for interpreter and translation services to support trial participants
- ☐ Interpreters should be provided at **no cost** to the trial participant/family/community
- ☐ Interpreter services should be added to the supporting department list that researchers need to seek approval from
- ☐ Study budgets should include expense items that cover interpreter services and increased staff time at visits

Best Practise for Access:

- ☐ All trial participants should be able to access an interpreter at all trial related visits
- ☐ Family members/friends should not be used as interpreters, unless the matter is urgent and an interpreter is not available, or the participant refuses
- ☐ CALD participants may prefer a family member or friend interprets for them. However, all efforts must be made to provide certified interpreter support, and to educate the participant on why, before considering this
- ☐ CALD participants are encouraged to have family, friends, or elders present in addition to an interpreter

Best Practice for Interpreter Qualifications:

- ☐ Certified interpreters need to be NAATI accredited and have health/medical interpreter experience
- ☐ Certified interpreters are required to remain impartial, understand specialist concepts, the importance of accuracy, and the completeness of messages, and convey meanings of medical terminology that may not have an equivalent word in the target language

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Tips for staff:

- Build translation and interpreter services into your CT Budgets
- Try and provide trial, research, and/or study-related information in multiple formats (spoken, written, video, visual, etc)
- Engage interpreter services at your org and how to brief interpreters prior to study visits (PICF in advance?)
- Get advice from your REG office on how to engage written services to translate PICFs
- Do training to understand and support CALD communities and develop awareness and understanding (if available at your org)
- Routinely allow for more time when engaging with CALD participants, family, friends, elders, and interpreters

Tips for trial participants:

- Hospital website to include a page for trial participants – with links to interpreter services and resources about clinical trials
- Signs with links to videos about clinical trials in other languages (eg. ACTA "What are clinical trials" https://bit.ly/ACTACIET CALDER "Clinical Trials and You" https://bit.ly/critcareunimelb)
- Put up signs in CT spaces indicating that interpreters can be provided (in most common languages spoken/requested)

Tips for hospital policies and procedures:

- Institutional guidelines should underpin commitment to CALD trial participants (including staff training)
- For trials that specifically target CALD communities:
  - establish standing arrangements with interpreter services and for translation of documents,
  - include CALD engagement strategies in the protocol
- For trials with CALD participant incidental recruitment:
  - provide info on how to engage interpreter services on a case-by-case basis,
  - require sponsors to quickly provide translated PICFs to participants (and expedited HREC notification)

For consideration by each site:

- To what extent is your health service organisation willing to allow non-certified interpreters (family, friends, medical staff, etc) to be involved in the interpreting process for CALD participants?
- Factors may include: Institutional & study-specific risk, urgency, burden on "interpreter", accuracy, conflict of interest, documentation, validity, cost, availability…

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