Provincial Health Services Authority

Updated ASL Interpreter Qualifications

In July 2026, Provincial Language Services (PLS) is introducing a new online booking system to replace the current interpreter request process. The new booking system encompasses all PLS services including spoken and sign language interpreting, Communication Access Realtime Translation (CART), and intervenor services. This change will modernize workflows, streamline access, and reduce administrative burden for clinical teams and patients.

The new system supports the *Accessible BC Act* and responds to feedback about challenges in securing the right interpreter at the right time. It will help enable timely, equitable patient care and strengthen access to health care interpreting across the province.

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What this means for interpreters

A key change is that interpreters will be brought in-house to enable more direct coordination with PLS. Interpreters can expect:

- Automated scheduling and communication
- Opportunities to support health care access across the province
- Consistent process and standards for booking and scheduling
- Being part of an integrated, patient-centered system

Below, you'll find the updated qualifications and requirements for prospective interpreters, which were developed by a diverse, province-wide task force consisting of WAVLI Registered Sign Language Interpreters (RSLI) and Deaf Interpreters (DI).

Want to provide feedback? Email PMSLIS@phsa.ca.

Eligibility and requirements

1. What are the minimum requirements to apply to PLS?

- For scheduled onsite and/or virtual visit
  - Proof of WAVLI membership in good standing
- For scheduled virtual visit only
  - Proof of CASLI or Affiliate Chapters membership in good standing
- Community-based references

Registered Sign Language Interpreters (RSLI) must have:

- ASLPI Level 4.0 or higher
- Minimum of 4 years of community-based interpreting experience
  - At least 120 assignments or 240 interpreting hours

Deaf Interpreters (DI) must have:

- ASLPI Level 4.5 or higher
- Minimum of 2 years of community-based interpreting experience
  - At least 60 assignments or 120 interpreting hours

Health care interpreting experience is considered an asset.

2. What is community-based interpreting experience?

Community-based interpreting refers to work across a wide range of people and settings, including:

- Children, youth, adults, and seniors
- Social services, legal settings, business, and community events

Note: Educational interpreting and video relay services, on their own, are not considered community-based experience.

3. Is the experience requirement based on assignments or hours?

The requirement is based on equivalency. You can qualify by meeting either:

- The assignment threshold, or
- The total hours threshold

For example, 240 verified hours may meet the requirement even if completed in fewer than 120 assignments.

4. Does experience outside BC or through agencies count?

Yes. Experience gained outside BC or through agencies/third-party providers will be considered.

5. How are on-call shifts counted toward experience?

Only time spent actively interpreting during an assignment is counted. Standby or waiting time does not count.

6. How can new or recent interpreters meet the requirements?

PLS is exploring the development of a Health Care Interpreting Lattice to support new interpreters. This framework would outline training pathways and steps to help prepare for health care interpreting. More information will be shared as it becomes available.

7. Why is experience identified as an 'asset'?

This reflects a deliberate policy of choice, informed by both system needs and workforce realities. There are two considerations at play:

Patient safety and competence

Experience in health care settings is highly valuable and remains strongly preferred. It directly contributes to:

- Clinical understanding
- Ethical judgment in high-stakes situations
- Familiarity with care environments

System capacity and access

At the same time, PLS has a responsibility to:

- Address significant access gaps throughout the province
- Build and expand a sustainable workforce over time
- Ensure equitable access for patients, including in underserved regions

For this reason, the model:

- Requires a minimum level of experience
- Values health care interpreting experience as added strength
- But does not require it for entry

This is an example of where the framework reflects both professional standards and operational realities, including access and equity obligations across the health system.

8. How is 'competence' defined in health care interpreting?

At PLS, competence in health care interpreting is not defined by a single factor. It involves several different skill areas that are recognized in professional standards and research.

Our framework is informed by:

- ISO 21998:2020 – Healthcare Interpreting Standards
- CATIE Center – Domains and Competencies for Healthcare Interpreting
- Feedback from patients with lived experience
- Insights informed by review of relevant literature by Dr. Debra Russell

Across these sources, competence is understood to include:

- Language proficiency (both expressive and receptive)
- Interpreting skills (message equivalency, accuracy, processing under pressure)
- Ethical decision-making and role boundaries
- Cultural and contextual mediation
- Health care system knowledge and situational awareness

Health care interpreters must demonstrate competency across all of these areas to ensure safe and effective care.

Working with PLS

9. Are health care interpreters employees or contractors?

Interpreters working with PLS are independent contractors, not PHSA employees.

10. Will professional development transfer to PLS?

Yes. Health care specific professional development completed during the current year can be applied toward your PLS records.

11. How are interpreter rates determined?

PLS offers competitive rates that are benchmarked against industry standards and comparable health care settings. Interpreters engaged under PLS agreements, and rates are determined based on established criteria rather than negotiated individually for each interpreter.

12. Are interpreters compensated for professional development activities?

Interpreters operate as independent contractors and are considered self-employed under BC employment standards. As such, professional development is not compensated.

Ongoing professional development, including participation in training and maintaining readiness to meet role requirements, is considered part of their professional responsibilities.

13. Do interpreters need to maintain WorkSafeBC personal coverage?

Yes. Interpreters are required to maintain WorkSafeBC personal coverage appropriate to their status as independent contractors.

14. Do contracted interpreters qualify for the Health Care Protection Program?

Yes. Once contracted with PHSA, health care interpreters have extended coverage under the Health Care Protection Program (HCPP). This coverage applies to individuals engaged as interpreters under contract and is provided only to the extent and within the limits of liability specified in the agreement. For more information, refer to the HCPP Memorandum of Coverage.

15. Is PLS recruiting intervenors and captioners at this time?

No. These services will continue to be delivered through our existing vendor.

Booking and scheduling

16. Do I need to add my availability to the booking portal?

Adding your availability is encouraged, as it allows:

- Real-time visibility of schedules for health care teams
- More efficient and automated booking

17. What happens if I don't add my availability?

You may still be booked, but your chances will be lower, as the automated system prioritizes those who have entered their availability.

18. Will PLS prioritize virtual interpreting over on-site?

No, on-site interpreting is the preferred modality for most Deaf and Hard of Hearing patients and is the only workable modality for Deaf-Blind patients.

Interpreters can choose to do:

- On-site interpreting
- Virtual interpreting
- Or both

19. What will after-hours service look like for interpreters?

PLS is enhancing both its booking platform and call centre to better support after-hours requests. Patients and health care teams will be able to submit requests through phone or text, which will be integrated directly into the booking system.

The system will automatically broadcast requests to interpreters based on availability and service zone, including after hours. For example, if a request comes in for Burnaby General Hospital, the system will first notify interpreters who are available within the Burnaby service zone. If no interpreters are available, the request will expand to nearby zones to identify the next available interpreter.

This approach is designed to improve responsiveness and ensure timely access to interpreting services outside of regular hours.

20. Is there a minimum number of hours required to stay on the roster?

Yes. Interpreters are expected to indicate a minimum of 20 hours of availability per month on the booking platform. The minimum availability was introduced to ensure there is a consistent and sufficient pool of interpreters available in the system to meet patient demand. Previously, limited or inconsistent availability made it harder to match interpreters efficiently and resulted in gaps in coverage.

Establishing a baseline availability helps improve match rates, reduce last-minute coordination, and provide more reliable service for patients, while still allowing interpreters flexibility in whether they accept or complete assignments.

ASLPI requirements

21. What is the ASLPI?

The American Sign Language Proficiency Interview (ASLPI) is a standardized assessment that evaluates:

- Fluency and accuracy in ASL
- Ability to communicate complex ideas
- Use of appropriate grammar and vocabulary

Results are assigned as a proficiency level.

22. The ASLPI does not assess an interpreter's English speaking or reading level. How is this considered in the requirements?

While the ASLPI focuses on assessing ASL proficiency, interpreters' contracting with PLS are required to be WAVLI members. As WAVLI members, interpreters are expected to have completed interpreter training programs, which typically include Grade 12–level English requirements. This helps provide assurance that interpreters have the foundational English language skills needed for professional practice.

23. Is a Certificate of Interpretation (COI) acceptable instead of the ASLPI?

No. The ASLPI and COI measure different things. ASLPI is a language assessment that measures ASL proficiency, including fluency, grammar, and vocabulary. COI is an interpreting credential that evaluates skills such as decision-making, ethics, and performance. For health care interpreting, we require a consistent measure of ASL language proficiency to ensure clear and accurate communication.

24. Why is ASLPI required now?

PLS is introducing ASLPI to ensure consistent, high-quality care. Health care interpreting requires clear communication that directly affects:

- Patient safety
- Informed consent
- Quality of care

25. Why does PLS require ASLPI instead of using a health care interpreting screening?

The PLS Task Force did not recommend a separate health care interpreting screening. Instead, they recommended that interpreters who wish to work in health care settings first demonstrate strong ASL proficiency by completing the ASLPI and then build specialized knowledge through medical terminology training prior to joining the PLS health care interpreting pool.

26. Where can I take the ASLPI?

- https://slicanada.ca/aslpi/
- https://gallaudet.edu/american-sign-language-proficiency-interview-aslpi/

27. Who pays for the ASLPI?

Interpreters are responsible for covering the cost.

28. What if I already took the ASLPI?

If you already meet the requirements and have documentation, you can submit your existing results when applying.

29. The ASLPI can take time to complete and receive results. How will this be managed for new interpreters joining PLS?

We recognize that the ASLPI assessment process can take some time to complete and for results to be issued. To accommodate this, interpreters who are newly joining the PLS roster will be granted a three-month extension period following onboarding to complete the assessment and submit their results.

This approach is intended to support a smooth onboarding process while ensuring interpreters have sufficient time to meet the assessment requirements.

30. Is the Canadian Sign Language Competency Interview accepted?

Yes. Although Canadian Sign Language Competency Interview (CSLCI) is no longer offered in Canada, a Level 8 or higher will be accepted.

31. What is the role of ASLPI in the qualification framework?

ASLPI is being used to establish a minimum language proficiency threshold — not as a standalone measure of interpreting competence. In high-risk clinical environments, there must be a clear baseline ensuring that interpreters can:

- Communicate effectively on complex and abstract topics
- Demonstrate fluency, vocabulary range, and grammatical accuracy in ASL
- Sustain clear and coherent communication in real-time interactions

These expectations reflect the level of language proficiency required to safely support communication in medical contexts.

We recognize that ASLPI does not assess interpreting decision-making, ethics, or health care expertise. This is why experience, onboarding, and ongoing practice expectations remain critical.

Transition to PLS

32. What evidence informed the decision-making of these changes?

This framework is informed by a combination of formal standards, expert insight, and lived experience.

Standards and research

- ISO 21998:2020 – Healthcare Interpreting Standards
- CATIE Center – Domains and Competencies for Healthcare Interpreting
- Feedback from patients with lived experience
- Insights informed by review of relevant literature by Dr. Debra Russell

Community and practitioner input

- Deaf, Deaf-Blind, and Hard of Hearing Community Advisory Group
- Interpreter Task Force (RSLI and DI participation)

Patient experience Direct patient and community feedback has highlighted:

- Variability in the quality and accuracy of interpretation
- Delays and missed connections in accessing services
- Communication breakdowns impacting understanding and care

These lived experiences are a critical form of evidence, particularly in the context of *Eldridge v. British Columbia* and obligations under the *Accessible BC Act.*

PLS is accountable not only to professional standards, but also to address documented patient access barriers and safety risks.

33. Is this change based on a Ministry agenda that PLS is required to follow?

No. These changes are not driven by a Ministry directive. The recommendation to strengthen health care interpreting standards came from our Community Advisory Group, who over several years have expressed a desire to see higher, more consistent standards in health care settings.

In addition, PLS Task Force members—which included WAVLI RSLIs and DIs—provided recommendations on interpreter qualifications. Some of these recommendations were suggested to include standards aligned with the International Organization for Standardization in health care interpreting.

34. What is the recruitment timeline and what are the phases?

PLS is recruiting in phases beginning in May through July. An additional recruitment phase will begin in July. The initial goal is to establish a first pool of health care interpreters in advance of the booking platform launch, which is planned for July. Recruitment will continue on an ongoing basis to build and maintain interpreter capacity.

35. Who will manage interpreter contracts?

PLS will manage interpreter contracts as part of its provincial service model.

36. Will PLS continue using BoostLingo?

No. PLS is developing a new online booking system. WAVLI members will be involved in testing and feedback. More details will be shared as development progresses.

37. Will Wavefront roles transfer to PLS?

No. Wavefront will continue managing its own staff and interpreters. These roles will not be transferred to PLS.

38. How will PLS ensure ongoing community involvement to support culturally appropriate oversight and service delivery?

PLS has an established mechanism to ensure community voices remain central to oversight, training, and service delivery through the Community Advisory Group (CAG). Established in 2019, the CAG is made up of a diverse group of Deaf, Deaf-Blind, and Hard of Hearing community members who provide ongoing guidance to PLS. The CAG helps ensure training, service delivery, and quality improvement remain grounded in Deaf culture and reflect community values and priorities, supporting cultural integrity across services.

39. How will PLS evaluate outcomes for this change?

PLS will continuously evaluate outcomes based on:

- Patient access and experience
- Service timelines, continuity, and stability
- Interpreter participation and retention
- Feedback from community and practitioners

Mechanisms for feedback include:

- Advisory groups
- Direct platform feedback
- Ongoing partners engagement
- Survey