

# Textual genres and genre systems for medical and health translation training

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**Abstract:** Translation competence has become a central topic in discussions on translator training. This article explores the pedagogical value of textual genres and genre systems in the training of medical and health translators. The argument is that genre competence — considered in its socio-communicative, formal, and cognitive dimensions — significantly contributes to the development of key components of medical translation competence, including textual and communicative proficiency, thematic and terminological knowledge, cultural awareness, and socio-professional skills. A review of major theoretical models of translation competence and current research on the specific competences required of medical translators reveals that genre-based approaches help trainees (a) understand professional communicative practices, (b) interpret the expectations of different discourse communities, and (c) produce culturally appropriate target texts. The study concludes with a proposal for a series of genre- and genre-system-based training tasks designed to strengthen translators' versatility, contextual awareness and professional proficiency within medical communication.

**Keywords:** medical translator training, medical translation competence, textual genres, genre systems, genre competence

## 1. Introduction<sup>1</sup>

Over the past three decades, the notion of translation competence has become one of the most widely discussed issues concerning translation training and practice and a sub-field of research in itself in Translation Studies (Galán-Mañas & Hurtado, 2015; Göpferich, 2009; Hurtado, 2007, 2017; Hurtado & Alves, 2009; Kelly, 2005, 2007; Kiraly 2000; Martínez-Carrasco, 2024; Montalt et al., 2008; Muñoz-Miquel, 2016, 2023; PACTE, 2005, 2009; Schäffner & Adab, 2000). There is a broad consensus that translation competence is a multifaceted construct built upon interrelated competences (García-Izquierdo, 2011; Kelly, 2005, 2007; PACTE, 2005, 2009).

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Previous research by the GENTT group (García Izquierdo, 2005) has established that textual genre as a category combining the socio-communicative, formal, and cognitive dimensions of communication provides a useful framework for studying professional communicative interaction. Additionally, the notion of genre system enables a better understanding of the complex communicative dynamics within socio-professional communities (Ezpeleta-Piorno, 2012a). When incorporated into translator training programmes, these concepts have clearly shown their potential to enhance specific translation competences (Borja et al., 2009; Conde, 2014; Montalt et al., 2008).

Methodologically grounded in literature review and analytical argumentation, the present study explores the pedagogical use of textual genres and genre systems for the training of medical and health translators. Although this translation is traditionally associated with complex and highly specialised texts, it encompasses a wide spectrum of genres, participants, and communicative situations that are culturally driven (González Darriba, 2018; Lin & Ji, 2019). The hypothesis is that developing competence in genres and genre systems not only fosters translators' integration into professional discourse communities — as socialised communication agents rather than peripheral participants (Borja, 2013) — but also contributes meaningfully to the development of health and medical translation competence. The research questions are: How does studying textual genres and genre systems contribute to the acquisition of medical translation competence among translation students? Can we design pedagogical tasks that would improve medical translation competence? To answer these questions, a theoretical review of the existing literature on the competences identified as essential for health and medical translators will be undertaken. This will be followed by a conceptual integration connecting established translation competence models with textual genre theories in order to discuss how each dimension of genre (socio-communicative, formal and cognitive) can enhance the specific competence clusters required for medical translation. Finally, the applied pedagogical proposal will consist of a set of examples of training tasks designed to foster translation competence in medical contexts through the strategic use of textual genres and genre systems.

## **2. Translation competence and professional practice**

Lasnier (2000) has defined competence as a complex expertise resulting from the integration, mobilisation, and organisation of a combination of abilities and skills (which can be cognitive, affective, psycho-motor, or social) and declarative knowledge used efficiently in situations with common characteristics. In the field

of Translation Studies, competence has been discussed since the 1980s. Proposals come from both the academic and research communities, as well as from the professional and institutional sectors, to regulate professional standards or to systematise professional accreditation. It is undeniable that competences have become a cornerstone in establishing methodological foundations and designing teaching programmes and learning tasks.

The term *competence* was first used by Toury (1980) to explore specific aspects of translation practice. Kiraly (2000) distinguishes *translation competence* (the ability to produce an acceptable text) from the wider spheres of *translator competence*, which “entails being able to use tools and information to create communicatively successful texts that are accepted as good translation within the community concerned” (p. 13) and involves joining professional communities.

Neubert (2000) argues that in dealing with translation competence, we need to consider seven contextual factors underlying the knowledge and skills a translator requires. Firstly, (1) the complexity, (2) the heterogeneity, and (3) the approximate nature of the expert knowledge translators possess. It is impossible to encompass all the declarative knowledge intrinsic to the range of fields in which they work. Consequently, translation competence will always be in an open-ended state of acquisition, which requires translators to engage in (4) ongoing training, in other words, to be capable of constantly assimilating new knowledge and adapting it appropriately to the conditions of the target discourse, and for this they must be (5) creative. To achieve the desired results, translators must also be aware of (6) the situationality of translation and be capable of adapting to both new and recurring situations. In addition, they must possess tools for properly managing the unsteady situations that arise due to (7) the historicity of their work.

The research group PACTE (2005, 2009) has proposed a model of translation competence defined as an underlying system of knowledge required to be able to translate, which comprises various interrelated sub-competences: 1) the bilingual sub-competence; 2) the extralinguistic sub-competence; 3) the translational sub-competence; 4) the instrumental sub-competence; and 5) the strategic sub-competence, which is crucial. Similarly, in Kelly’s view (2005, 2007), translation competence is a macro-competence that includes the various abilities, skills, knowledge, and even attitudes that professional translators possess and that are brought into play in translation as an expert activity.

The institutional and professional sectors have also made relevant contributions to the issue. The Optimale project (Optimising Professional

Translator Training in a Multilingual Europe)<sup>2</sup> was a direct response to the growing concern of institutions and universities to integrate the needs of the profession into their curricula. One of the aims was to draw up a detailed picture of the translation sector's needs in terms of competences (Valero-Garcés & Toudic, 2015). It ran in parallel with the launch of the European Masters Network (EMT). Integrated by translation scholars and professionals, the network has defined a reference framework of competences applicable to translators' training at master's degree level (EMT Board, 2022). National Accreditation Authority for Translators and Interpreters (NAATI, 2025) in Australia and the American Translators Association (ATA) have established and validated the knowledge, skills and attributes (KSAS) on which the professions of translator and interpreter are based. If the identified KSAS are organised in terms of the area of competency (here understood as the KSAS successful people have) we observe that NAATI, EMT and ATA share significant areas of approach: 1) language competency; 2) intercultural competency; 3) research competency; 4) technological competency; 5) thematic competency; 6) transfer competency; 7) service provision competency; and 8) ethical competency.

In the past decades or so, the relationship between textual genres from specialised fields and the acquisition of translation competence has been explored by GENTT members. More specifically, Borja (2012), Ezpeleta-Piorno (2012a), Muñoz-Miquel (2016, 2023), Muñoz-Miquel, Ezpeleta-Piorno and Saiz-Hontangas (2018), and Muñoz-Miquel, Montalt and García-Izquierdo (2012, 2020) have focused on the particularities of medical and health translator competence: 1) the acquisition of thematic and terminological knowledge; 2) the ability to carry out advanced searches; 3) the acquisition of textual and communicative expertise; 4) the acquisition of cultural knowledge; and 5) the development of interpersonal and professional skills. Muñoz-Miquel (2023) has defined and validated a series of competence clusters to articulate the competences specific to medical translators and essential to their training: 1) the textual and communicative cluster; 2) the thematic and terminological cluster; 3) the documentary and technological cluster; 4) the socio-professional and interpersonal cluster; 5) the cultural cluster; and 6) the attitudinal cluster. In a similar line, López-Rodríguez and Sánchez-Cárdenas (2021) state that, in addition to linguistic and cultural competence, health translators also need strategic, methodological,

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thematic, technological, and interpersonal competences to be able to provide highly professional service. Karwacka (2018), from a pedagogical perspective, has listed the following competences: 1) proficiency in specialised medical language; 2) background medical knowledge; 3) compliance with appropriate standards and conventions; 4) use of medical databases, repositories of texts, dictionaries, CAT tools, etc.; 5) decision-making, thoroughness, honesty, etc. From the community translation approach, Crezee and Soon (2023) emphasise the importance of cultural appropriateness. Thus, translators working in healthcare should have appropriate medical training but also must be able to act as intercultural experts and produce texts adapted to the cultural requirements of the target language (Lin & Ji, 2019).

### **3. Textual genres, genre competence and medical translation competence**

Textual genre is a process, a recognisable communicative event (Swales, 1990), socially constructed that gradually emerges, evolves, and finally disappears, adapting to specific communicative needs (Bhatia, 2004). It is also the vehicle for carrying out certain types of activities and constructing meanings (Bazerman, 1994). It can also be defined as a product, as the satisfactory enactment of a specific communicative intention which is characterised by being conventional and typified (Bazerman, 1999). According to Berkenkotter and Huckin (2016), genres can be regarded as artifacts that offer recognisable responses to the demands of a range of situations and present an identifiable structure and texture so that participation is made possible, and understanding is activated (Bazerman, 1999). In sum, textual genres are conventionalised forms of texts that fulfil a specific function in particular social situations in the culture they belong to, and that serve the communicative purposes of the participants involved. Based on the empirical and theoretical research carried out by GENTT (Borja et al., 2009; García-Izquierdo, 2005; Montalt et al., 2008), textual genre can be understood as a multifaceted notion that encompasses three complementary dimensions: a) the socio-communicative dimension, which considers the participants involved, the different discursive practices that determine the actions performed by socio-professional groups; b) the formal and conventional aspects that correspond to the expectations of receivers generated by the socio-communicative context and that guide the processes of creating and understanding texts; and c) the cognitive dimension, how each community comprehends, organises and transforms its interactions.

Table 1: GENTT proposal for the analysis of textual genres

<b>Textual genre</b>	
<b>Socio-communicative dimension</b>	
-	Participants, their status and role
-	Register: <ul style="list-style-type: none"> <li>- Tenor and degree of formality</li> <li>- Socio-professional field</li> <li>- Mode</li> </ul>
-	Context of the communicative situation
-	Purpose of the interaction
-	Meta-genres (regulations, norms or laws that govern the genre)
-	Relevant cultural and social aspects
<b>Formal dimension</b>	
-	Macro-structure <ul style="list-style-type: none"> <li>- Sections</li> <li>- Moves</li> <li>- Terminological density</li> </ul>
-	Micro-structure <ul style="list-style-type: none"> <li>- Lexical cohesion</li> <li>- Terminology (terms and how terminology is dealt with)</li> <li>- Phraseology</li> <li>- Modality</li> <li>- Syntactic complexity</li> <li>- Legibility</li> <li>- Readability</li> <li>- Ambiguity</li> </ul>
<b>Cognitive dimension</b>	
-	Genre as a conceptual template (logical relation between information and internalisation)
-	Texts as a routine-automatic process, depending on the genre they belong to
-	Comprehensibility
-	Relevance (mnemonic and emphasis elements)
-	Inference (the knowledge or aspects that must be inferred to understand the text)
-	Ambiguity
-	Presuppositions and prior knowledge assumed or required of the reader
-	Expectations (the information that the reader expects to find when reading the text)

For a genre to be considered as such, it must be recognised and shared by the members of the community in which it occurs. Moreover, whether individuals belong to a socio-professional community or not is determined not only by having common objectives and knowledge within their areas of knowledge but also, and

necessarily, by the fact that they are familiar with the genres they commonly use to interact with each other and to do their work (Yates & Orlikowski, 2002).

Text genres have been established as a useful means for translators to socialise in the communities of practice, and as a desirable vehicle for specialised translation activity (Borja, 2013; Borja & García-Izquierdo, 2014; Ezpeleta-Piorno, 2012a; Martínez-Carrasco, 2024), where one can analyse both the formal, purely linguistic features of a text and master the discursive and textual characteristics of medical communication (Mayor Serrano, 2006) together with the surrounding socio-cultural elements of the culture a particular genre is ascribed to. As Olohan (2016) has stated, specialised translation requires developing familiarity with the genres that are essential to the profession. This involves identifying and accessing relevant texts in both languages, reading them to gain an understanding of the topic and its terminology, and becoming familiar with the ways specialists communicate, whether they are company core data sheets, package leaflets, or scientific research articles. Medical translators must be aware of the differences that a particular genre presents in the source and target languages to obtain a target text that complies with the features that a specific genre presents in the target culture, and therefore with readers' expectations (Goretti, 2018).

Also, text genres have been successfully used as a pedagogical tool for specialised translation training in the past three decades or so (Bhatia, 2004; Calvi & Rafael, 2022; Conde, 2014; Karwacka, 2018; Mayor Serrano, 2006; Olohan, 2016, etc.). Indeed, GENTT carries out extensive research on text genres in specialised translation settings, advocating the use of genres to articulate the training of future specialised translators and thus shape the corresponding translation syllabi (Borja, 2012; Borja & García-Izquierdo, 2014; Borja et al., 2009; Ezpeleta-Piorno, 2012a; García-Izquierdo, 2005; García-Izquierdo & Montalt, 2013; Martínez-Carrasco, 2024; Montalt & González Davis, 2007; Muñoz-Miquel, 2016, 2023; Muñoz-Miquel et al., 2018; Muñoz-Miquel et al., 2012, 2020; etc).

Now, based on previous studies and research, I will establish a relationship between genre competence in each of the dimensions that frame it, and the competences that (as seen in the previous section) have been identified as specific to medical and health translation. Becoming skilled at textual genres from a socio-communicative perspective makes it possible to establish who the participants are, their status and role, their degree of specialisation, and the purpose of the interaction according to the context of the socio-communicative situation. Likewise, it facilitates knowing and adhering to the meta-genres (regulations, norms, laws, etc.) that may govern the genre, and the social and cultural aspects

relevant to the socio-professional community (Ezpeleta-Piomo, 2012b). If we agree that commonly understood pragmatic features of languages, such as lexical density, clarity, (in)directness, and politeness, are linked to culture (Katan & Taibi, 2021), and that genre competence facilitates the recognition of cultural and intercultural values, perceptions, and forms of interaction (Biel, 2018; Borja & García-Izquierdo, 2014), then it can be concluded that genre competence enhances the ability to understand and produce the communicative conventions that are typical of particular cultures or socio-professional groups and, consequently, generate acceptability of texts. This is relevant when considering medical translation as a form of community translation — that seeks to empower disempowered social groups and give them access to information, services, and participation (Taibi, 2017, 2024; Taibi & Ozolins, 2016) — as it can contribute to producing translations that meet the needs of these groups and promote good health (Crezee & Soon, 2023). The cultural knowledge of differences in health systems, social norms, beliefs about health and illness, labels of medicines and trademarks, ways of reporting symptoms, systems of measurement and weight, ways of expressing grief or pain, etc., reinforces the ability to translate the asymmetries arising from these differences. In addition, socio-communicative genre competence can help translators acquire the flexibility and ability to adapt to the changes brought about by new needs and forms of communicative interaction.

The formal perspective of genres regards them as structured, conventionalised phenomena. The formal traits they present have been sanctioned by the community that uses them, rather than other traits that would be linguistically acceptable but do not fit the agreed patterns. These include its macro-structural characteristics, such as the sections, the moves, and micro-structural traits such as the discourse and texture expected, the degree of formality and the way the receiver is addressed, the modality, the connectors, the main features of medical terminology and phraseology, the terminological density, the phraseology, the utilisation of non-verbal graphic elements, and so forth. Thus, command of the characteristics and conventions of the most common medical genres on the market (e.g. clinical trial protocols, informed consents, research articles, patient information leaflets, etc.) can be acquired. Formal genre competence can enhance proficiency in specialised medical discourse in a given language pair and assess compliance with appropriate standards and conventions.

From a cognitive perspective, genre competence may facilitate the comprehension of texts, rendering it a routine and potentially automated process, contingent on the genre in question. Furthermore, it may function as a conceptual

template, enabling the establishment of logical relationships between information and its internalisation, and facilitating textual analysis and drafting skills. Genre command can enhance the decision-making process.

Table 2: Medical and health translation competences enhanced through textual genre competence

<b>Communicative dimension of genre</b>
<ul style="list-style-type: none"><li>- Ability to use the most appropriate register according to the socio-communicative context</li><li>- Ability to use the most appropriate terminology according to the socio-communicative context</li><li>- Cultural knowledge of differences in health systems, social norms, beliefs about health and illness, ways of reporting symptoms, systems of measurement and weight, ways of expressing grief or pain, etc.</li><li>- Ability to translate the asymmetries arising from these differences</li><li>- Ability to translate to empower and meet the needs of disempowered social groups</li><li>- Ability to translate the same text into the different varieties of a language, or into a neutral variety</li></ul>
<b>Formal dimension of genre</b>
<ul style="list-style-type: none"><li>- Command of the characteristics and conventions of the most common medical genres on the market (e.g. clinical trial protocols, informed consents, research articles, patient information leaflets, etc.)</li><li>- Knowledge of the main features of medical terminology and phraseology</li><li>- Ability to deal with the challenges medical terminology and phraseology pose</li><li>- Proficiency in specialised medical language in a given language pair</li><li>- Compliance with appropriate standards and conventions of a given genre</li></ul>
<b>Cognitive dimension of genre</b>
<ul style="list-style-type: none"><li>- Comprehension, textual analysis, and drafting skills</li><li>- Decision-making, thoroughness</li><li>- Knowledge of the disciplines that the medical genres belong to</li></ul>

In summary, working with text genres in their different dimensions can contribute to the acquisition and improvement of competences related to textual and communicative skills; thematic and terminological knowledge, cultural awareness; and interpersonal and professional skills. All of them are specific to health and medical translation and essential to its training (Crezee & Soon, 2023; Katan & Taibi, 2021; Karwacka, 2018; Montalt & González Davis, 2007; Muñoz-Miquel, 2023).

#### 4. Genre systems and medical translation

As organised structures, genres modulate the incorporation of the members involved in a particular social interaction and are a powerful source of communicative rules for community action and activity. In many cases, genres are linked to each other to constitute structures that coordinate communicative actions in genre systems (Bazerman, 1994; Berkenkotter, 2001; Yates & Orlikowski, 2002). They create expectations about the purpose, content, and form, including the structural and linguistic elements of the system as a whole and the genres of which it is composed. A genre system also designates the participants in the communication, who typically initiate which genres and to whom those genres are typically addressed. The various genres are also interrelated by their timing, which may be qualitative or quantitative, and their location, whether physical or virtual.

Table 3: Analysis of genre systems

Genre system
- <i>Purpose</i> of the communicative interaction
- <i>Content</i> of the whole system as well as content of its constituent genres
- <i>Participants</i> —who typically initiate which genres, and to whom such genres are typically addressed and the role they play
- <i>Form</i> —including expectations about structuring devices and linguistic elements
- <i>Location</i> for the entire system and its specific genres. It may be physical or virtual
- <i>Timing</i> for the entire system and its specific genres. It may be physical or virtual
- <i>Metagenres</i> or regulations governing its composition and publication
- <i>Genres</i> involved in the system and their sequence of composition

An approach to texts based on genre systems underlines the relations of interdependence established among genres through complex, dynamic networks that serve an ultimate overall purpose and involve legal implications and practical consequences. They are particularly productive when it comes to (a) determining and getting to know the participants and their roles in the communication interaction that governs the whole structure; (b) identifying the textual requirements and characteristics of the system as a whole and of each of its constituent genres; and (c) understanding the purpose and function of the system as a whole and the specific purpose and function fulfilled by each of its constituent genres (Ezpeleta-Piorno, 2012a, 2012b).

#### 5. Tasks for medical translation training by genres and genre systems

As previously stated, medical translation has traditionally been associated with complex and highly specialised texts; however, the tasks, roles, and

responsibilities expected of translators are evolving and encompass a wide spectrum of assignments, participants, communicative situations, and text genres. In previous sections, it has been illustrated that mastering textual genres and genre systems can be useful for acquiring medical translation competence. They can be mainly used to recognise the participants (experts or laypeople) and to reproduce the way socio-professional communities of different cultures communicate; to acquire textual and communicative medical expertise, to be familiar with the texture and structure of texts, and to improve mastery of the features and conventions of the most common medical genres on the market (e.g. clinical trial protocols, informed consents, research articles, patient information leaflets, etc.).

The following examples of tasks, based on genre and genre systems competence, are intended to improve the competences required of medical translators in a learner-centred environment.

Table 4: Examples of tasks based on medical genres

*For a given example of a medical genre, such as the clinical guideline:*

- *Summarise the information provided by an example of the medical genre.*
- *Infer the purpose of the interaction.*
- *Identify who the participants are and their roles. Are they experts or laypeople? What is the degree of authority they each have?*
- *Establish the social function of this medical genre. Which is the mode of the medical interaction? What is the functional tenor of the situation? Is the speaker trying to persuade, discipline, or recommend?*

Genres are defined in the first place by the communicative purpose they are intended to fulfil. This is what determines how participants interact and the rest of their features. The socio-communicative dimension shapes how meaning is constructed, conveyed, and interpreted through different texts. Translators must identify agents, roles, power dynamics, degree of specialisation, and situational context of the genre. The situational context is the convention that a given linguistic utterance is appropriate to a certain use. Translators need to take into account that socio-cultural contexts: (a) determine the conventions of genres in each culture; (b) play a key role in the emergence of new genres, since they respond to particular communicative needs that may or may not be common to different cultures; and (c) set the tone for the evolution of genres, since they adapt to the changes that occur in the culture in which they are used. Thus, there may be genres that do not exist in the target culture or have different textual characteristics.

*Given a medical genre, such as the fact sheet for patients, identify the aspects that characterise the formal dimension of the genre. These may be related to the:*

- *Macro-structure*
- *Micro-structure*
- *Terminology*

<ul style="list-style-type: none"> <li>· <i>Phraseology</i></li> <li>· <i>Modality</i></li> <li>· <i>Syntactic complexity</i></li> </ul> <p>The conventions which characterise genres are the formal features sanctioned by the community of use, which chooses them to the detriment of others that would be linguistically acceptable but do not conform to the agreed patterns. These refer to the directly observable elements of the communicative event: its structural characteristics and the intratextual aspects it presents (including the lexicon employed, the degree of terminological density, the syntactic complexity, the use of non-verbal graphic elements, etc.).</p>
<p><i>For a written example of a medical genre, such as informed consent, answer the following questions:</i></p> <ul style="list-style-type: none"> <li>· <i>Is the text visually clear and easy to read (legible)?</i></li> <li>· <i>Do the language complexity, sentence structure, vocabulary, organisation, and overall coherence of the text contribute to the comprehension (readability) of the text?</i></li> <li>· <i>What presuppositions are evident in the text?</i></li> <li>· <i>How does ambiguity impact the interpretation of the information?</i></li> <li>· <i>What expectations does the text create for the reader?</i></li> </ul> <p>Considering the cognitive aspects of texts may help to infer how comprehension and interpretation work for certain genres.</p>
<p><i>Compare the macrostructural and microstructural traits of a medical genre in the source culture and the target culture.</i></p> <ul style="list-style-type: none"> <li>- <i>Macro-structure: pattern, sections, moves, etc.</i></li> <li>- <i>Micro-structure: lexical cohesion, terminology, phraseology, modality, syntactic complexity, etc.</i></li> </ul> <p>The way texts are organised and structured in the translated text does not always depend on the source text, and possible different discursive conventions in the target language should be considered. The focus is on macrostructural and intratextual areas where there may be divergences in the use of conventions between the source and target socio-professional groups.</p>
<p><i>Translate equigenetically and interlinguistically (translation between languages of the same genre) an example of a research article or a clinical case report.</i></p> <p>This would be the most conventional example of a medical translation task.</p>

Table 5: Examples of tasks based on medical genre systems

<p><i>Identify the genres that constitute a genre system, such as the clinical trial.</i></p> <p>This can be a good way to start familiarising oneself with genre systems and the way communities or socio-professional groups organise and communicate. The concept of a genre system, consisting of different genres that serve a specific social purpose and are enacted by all genres involved, is particularly useful for studying and understanding social interaction.</p>
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*For a given medical genre system, identify the common flow of genres and the final purpose and content of the interaction.*

A genre system creates expectations regarding its socially recognised purpose and that of the genres that make it up. Genres are interconnected to form a structure that coordinates communicative actions, they also create expectations about the content of the entire system, as well as the sequence and content of its constituent genres.

*Identify for a given medical genre system the participants involved and their roles. Establish if they are producers or receivers, who typically initiates which genres, and to whom such genres are typically addressed. Are they experts or laypeople?*

Different genres within a genre system may be associated with different senders and receivers. The size of the groups communicating in medical settings can be very different, ranging from small research institutes to large international organisations or potential patients in one or more countries. Identifying the role of the participants, who initiates the communicative act and who receives it, and whether they are specialists or patients, determines the formal and discursive characteristics of the texts.

*Find the regulatory body (or meta-genres) for a certain medical genre system in the source culture and the target culture.*

Medical interaction is often subject to regulations that vary substantially from one region to another. These meta-genres standardise and stabilise typicality in terms of the macro and microstructure of texts and provide a valuable way to understand the dynamics of institutional interrelations. They rule the flow of information and the way this must be provided, including expectations about media, structuring devices, and linguistic elements. Translators must consider these differences to produce culturally appropriate texts in the target culture.

*Compare a genre system, such as the medicinal product information, in two different health systems.*

In some professional areas, to achieve specific objectives such as the authorisation of a medicinal product, translators must undertake translation projects that include all or a certain number of the genres of the system. Translators should be aware that genre systems serving the same communicative purpose may differ greatly from one country or health system to another. If the translation assignment involves a genre system, it will be necessary to adapt the locutionary, illocutionary and perlocutionary aspects of the source genre system to the target genre system.

## 6. Final remarks

Traditionally, subject matter expertise has been considered highly relevant for medical translators; however, research has shown that their tasks extend beyond

the translation of specialised texts, covering a diverse, often interdisciplinary range of genres and text types (Muñoz-Miquel et al., 2020).

I have reviewed the notion of translation competence as the set of abilities and skills a translator must possess to carry out his or her professional work with an assurance of efficacy, efficiency and quality, to highlight the competences that are particularly relevant in the field of medical and health translation. These are grouped in six main areas: the textual and communicative; the thematic and terminological; the documentary and technological; the socio-professional and interpersonal; the cultural; and the attitudinal.

Approaches to medical translation training based on genre and genre systems address the need to focus on cross-disciplinary, communicative, intercultural, and professional competences. The three complementary dimensions of genre — the socio-communicative, formal and cognitive — facilitate observing and studying the actions that certain social groups perform through discursive practices and allow translators to focus on the specific areas of real communication that occur in professional fields and are culturally determined. Genre competence can contribute to the acquisition and improvement of abilities related to textual and communicative skills; thematic and terminological knowledge; cultural awareness; and interpersonal and professional skills. Similarly, genre systems can be useful for obtaining contextual information, understanding complex communicative activities in professional communities, and detecting how social groups behave in their communicative practices.

To enable medical translators to manage the processes of translating medical texts and to improve the appropriateness and acceptability of the texts they produce, I propose a series of tasks mainly based on genres and genre systems analysis. They are intended to acquire and improve some of the competences required of medical translators, particularly those related to textual and communicative expertise, contextual and cultural knowledge, and the development of professional skills. Also, they are intended to help them gain flexibility and versatility to meet the changes imposed by new needs and forms of communicative interaction.

The new directions that the profession of medical translation and writing is currently taking and the possibilities that language technologies offer invite us to explore new interdisciplinary and interprofessional perspectives beyond the classical approaches to translation training, which should continue to be investigated through research.

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