CULTURAL AND LINGUISTIC COMPETENCY IN CONTINUING MEDICAL EDUCATION POLICY

INTRODUCTION:
The Accreditation Council of Continuing Medical Education (ACCME) expects accredited providers to operate business and management policies and procedures of their CME program so that their obligations and commitments are met. As part of this accreditation requirement, the ACCME expects that accredited providers located in California will be in compliance with all applicable California state laws regarding continuing medical education delivered in California. CA A.B. 1195 requires that cultural and linguistic competencies are incorporated into the formulation and planning of Continuing Medical Education (CME) programs.

The Keck School of Medicine of the University of Southern California Office of Continuing Medical Education incorporates cultural and linguistic competencies in the formulation and planning of Continuing Medical Education (CME) courses in order to maintain, develop, or increase the knowledge, skills, and professional performance that a physician uses to provide care, or improve the quality of care provided for patients.

POLICY:
Educational activities should include, but are not limited to, the following criteria:

1. Scientific or clinical content with direct bearing on the quality or cost-effective provision of patient care, community or public health, or preventive medicine;
2. Quality assurance or improvement, risk management, health facility standards, or the legal aspects of clinical medicine;
3. Bioethics or professional ethics;

A.B. 1195 provides for three ways to comply with the law:

1. Address cultural competency, a set of integrated attitudes, knowledge, and skills that enables a health care professional to care effectively for patients from diverse cultures, groups, and communities. Items to be addressed include linguistic skills, cultural information to establish therapeutic relationships, cultural data in diagnosis and treatment, and cultural and ethnic data applying to the process of clinical care. To comply with the cultural competency requirement, an activity should include one or more of the following:
   a. applying linguistic skills to communicate effectively with the target population;
   b. utilizing cultural information to establish therapeutic relationships;
   c. eliciting and incorporating pertinent cultural data in diagnosis and treatment;
   d. understanding and applying cultural and ethnic data to the process of clinical care.
2. Address linguistic competency, the ability of a physician to provide patients who do not speak English or who have limited ability to speak English with direct communication in the patient’s primary language. To comply with the linguistic competency requirement, an activity may incorporate translation/interpretation resources and/or strategies into activity materials.

3. Provide review and explanation of relevant federal and state laws and regulations regarding linguistic access.

EXEMPTION:
At the activity site, KSOM OCME will provide supporting documents and resources to the physicians, including, but not limited to, handouts, websites, patient education, and local resources. Continuing medical education activities that are exempt from these requirements include those activities solely dedicated to research and other activities that do not contain patient care components (such as leadership).

IMPLEMENTATION / MONITORING:
Documentation of compliance will be presented on the application and/or planning form for the CME activity. This policy will be included in the planning packet for activity directors and faculty so that the program and presentations will comply with the law.