St. Joseph Health
Santa Rosa Memorial

I. Policy

Cultural/Linguistic Competency Policy

II. Purpose

A CME provider must be in compliance with all California State laws regarding continuing medical education, including Assembly Bill 1195 regarding Cultural and Linguistic competency as well as Essential Area 3.2.1.

III. Definitions

A. ACCME – Accreditation Council for Continuing Medical Education is the nationally recognized accrediting agency for continuing medical education.

B. *AMA PRA Category 1 Credit*™– AMA's Physician's Recognition Award Credit System; also, referred as Category 1 CME.

C. CMA – California Medical Association is an advocacy organization active in the legal, legislative, reimbursement and regulatory areas on behalf of California physicians and their patients.

D. CME – Continuing Medical Education: Educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession.

E. CME Provider – Hospitals, professional societies and other entities that provide accredited CME to physicians.

F. Cultural Competency – A set of integrated attitudes, knowledge, and skills that enables a health care professional or organization to care effectively for patients from diverse cultures, groups, and communities.

G. Linguistic Competency – The ability of a physician and surgeon to provide patients who do not speak English or who have limited ability to speak English, direct communication in the patient's primary language.

H. Cultural Diversity – Looks at differences in a population concerning economics, ethnicity, language, age, gender or any other established group differences inside that the population in question.

I. Health Disparities – Differences in care or access to care that may arise from a variety of sources such as difference in disease incidence, risk, burden, access to care, diagnosis, testing, treatment, or adherence.

J. Gap - Difference between what is being done vs. what should be (ideal or best

practice).

IV. Text

A. Provider meets or exceeds minimum requirements of AB 1195 by the following:
   1. Acknowledge within their CME mission statement the importance of culture and communication for delivering effective health care and establish a commitment to educate physicians to deliver culturally and linguistically appropriate care.
   2. Determine and document the CLC gaps of the learners for each CME activity.
   3. Assess for each planned CME activity any evidence of health disparities that have been linked to cultural or linguistically related practice gaps (i.e. physician knowledge, competence, or performance) found within the relevant physician learners/patient community. If no cultural or linguistic health or health care disparities or practice gaps are identified, this should be documented.
   4. Generate at least one educational component for each activity that addresses a specific need underlying the identified cultural/linguistic competency-based quality gap.
   5. Evaluate whether or not the learners have improved their knowledge, competence, performance, and/or patient care relating to CLC.

B. All *AMA PRA Category 1 Credit*™ CME activities that relate to patient care must include a CLC component.

C. Exceptions to this guideline are for CME activities that do not deal with direct patient care.

V. Procedure

A. When planning a CME activity, information should be gathered relative to the subject and presented to the planners.

B. Planners will determine and document the CLC gaps of their learners

C. Planners will write a measurable desired outcome to be met.

D. When inviting faculty to make a presentation, the CME Coordinator will inform faculty of the AB 1195 law and tell him/her our learner gaps, the desired outcome we want, and whatever CLC information the CME Coordinator can gather relative to the subject.

E. The faculty confirmation letter will include:
   a. Information relative to the law and our expectations
   b. The CLC desired outcome
   c. A CLC form that is signed by faculty agreeing to discuss the CLC desired outcome

F. CME Coordinator will add the CLC desired outcome to the publicity sent to the learners.

G. The activity evaluation form will list the CLC desired outcome and ask learners what they will do differently after attending the activity.

VI. References

A. IMQ/CMA CME Accreditation Standards Manual
B. AB 1195 Law

VII. Cross-References

A. Faculty Letter

VIII. Associated Documents

A. Cultural/Linguistics Competency Form

IX. Approvals

A.	CME Committee	March 15, 2012, March, 2017
B.	Medical Executive Committee	April 10, 2012, April 11, 2017
C.	Board of Directors	April 17, 2012, April 25, 2017
D.		