Cultural and Linguistic Competency and Implicit Bias Best Practices for Continuing Medical Education

The California Medical Association's (CMA) continuing medical education (CME) team has updated cultural and linguistic competency (CLC) standards and created standards for implicit bias (IB) that reduce health disparities, as well as comply with state law. CME providers must meet the various components to comply with state law effective January 1, 2022, and thereafter[1].

To support CME providers in implementing the standards, CMA has compiled best practices at the activity and program/institution levels. While they are not required, the best practices are examples of how to excel in this work.

BEST PRACTICES: CME ACTIVITIES

1) DEVELOP EVALUATION

- Develop CLC or IB-specific evaluation questions related to CLC factors or disparities in care and IB that were identified during reflections on patient population.

2) FOLLOW-UP

- Follow-up on evaluation after 3-6 months.

[1] Business and Professions Code 2190.1 exempts activities which are dedicated solely to research or other issues that do not contain a direct patient care component. Activities with no applicable CLC or relevant IB content must be documented.

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3) DATA

- Provide data on specific underrepresented groups and topics of CME activity to learners.

4) IMPACT

- Conduct an annual, standalone CME activity on cultural and linguistic inequities or IB, as it relates to health care, including information on how CLC or IB impacts access to care and health outcomes.

5) PATIENT REPRESENTATIVES

- Include diverse patient representatives in CME activity.

6) LEARNING OBJECTIVE

- Identify at least one learning objective, related to CLC or IB in all applicable activities.

BEST PRACTICES: PROGRAM/ORGANIZATION

1) PARTICIPATE

- Participate in your organization's diversity, equity and inclusion (DEI) efforts.

2) CONTRIBUTE (CLC)

- Contribute to the identification of personal, interpersonal, institutional, structural and cultural barriers to health equity.

3) CONTRIBUTE (IB)

- Contribute to the identification of previous or current unconscious biases and misinformation and their impact on health outcomes.

4) PROVIDE INFORMATION ON CULTURAL IDENTITY

- Provide information about cultural identity across diverse communities with an emphasis on racial or ethnic groups and disparities within health care.

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5) PROVIDE INFORMATION ON COMMUNICATING

- Provide information about communicating more effectively across identities, including racial, ethnic, religious and gender.

6) ADOPT PERSPECTIVES

- Adopt perspectives of diverse, local constituency groups and experts on racial, identity, cultural and provider relations in the community and impact on health outcomes.

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