

PCRS Policy – California Assembly Bill 1195

In compliance with California Assembly Bill 1195 (Chapter 514), it is the policy of PCRS to incorporate in all continuing medical education courses provided in the State of California on or after July 1, 2006; curriculum in the subjects of cultural and linguistic competency in the practice of medicine.

It is the intent of PCRS to encourage physicians and surgeons to meet the cultural and linguistic concerns of a diverse patient population through appropriate professional development.

PCRS shall provide educational activities that meet the standards of the Division of Licensing and serve to maintain, develop, or increase the knowledge, skills, and professional performance that a physician and surgeon uses to provide care, or improve the quality of care provided for patients, including, but not limited to, educational activities that meet any of the following criteria:

- (1) Have a scientific or clinical content with a direct bearing on the quality or cost-effective provision of patient care, community or public health, or preventive medicine.
- (2) Concern quality assurance or improvement, risk management, health facility standards, or the legal aspects of clinical medicine.
- (3) Concern bioethics or professional ethics.
- (4) Are designed to improve the physician-patient relationship.

In order to satisfy the requirements of this policy continuing medical education courses shall address at least one or a combination of the following:

(1) Cultural competency. "Cultural competency" means 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. At a minimum, cultural competency is recommended to include 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) Linguistic competency. "Linguistic competency" means 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.

(3) A review and explanation of relevant federal and state laws and regulations regarding linguistic access, including, but not limited to, the federal Civil Rights Act (42 U.S.C. Sec. 1981, et seq.), Executive Order 13166 of August 11, 2000, of the President of the United States, and the Dymally-Alatorre Bilingual Services Act (Chapter 17.5 (commencing with Section 7290) of Division 7 of Title 1 of the Government Code).