

Center for Continuing Professional Development Cultural & Linguistic Competency (CLC) & Implicit Bias (IB) Standards for Continuing Medical Education

California state AB 1195 and AB 241 were both designed to “encourage physicians and surgeons to meet the cultural and linguistic concerns” of California’s diverse patient population. AB 1195, which became law in 2005, required CME to include content referable to cultural and linguistic competency, and AB 241, which became law in 2021, requires CME to include instruction in the understanding of implicit bias.

Although our CME office was able to satisfy AB 1195 requirements in its sponsored activities by including a handout listing and discussing major national and state legislation pertaining to the specified content, in 2020, the California Medical Association, in partnership with the ACCME, developed more rigid standards designed to encourage course chairs, planning committee members, and course faculty to consider the legislative intent of these two assembly bills when planning, developing and presenting content for CME activities, effective January 1, 2022.

As required by the new standards, included in this chair/planning committee/speaker packet, are the following materials:

- Definitions of cultural and linguistic competencies (CLC) and implicit bias (IB)
- Links to CLC and IB resources which you will find of value
- Resources that highlight racial disparities referable to the patient population served by the physicians towards whom the CME activity is directed and which offer reflection and actionable items designed to help mitigate the cultural and linguistic factors and implicit bias which perpetuates them

In your role as the course chair, you are obligated to reflect on healthcare disparities in the patient populations impacted by your CME program and, as appropriate, include content that helps address cultural, linguistic, and implicit bias factors which potentially cause or contributes to the disparities. In addition, as the course chair, you are strongly encouraged to include diverse planners, faculty and/or patient representatives in the activity planning process, where appropriate.

Cultural and Linguistic Competency (CLC)

The ability and readiness of health care providers and organizations to humbly and respectfully demonstrate, effectively communicate, and tailor delivery of care to patients with diverse values, beliefs, identities and behaviors, in order to meet social, cultural and linguistic needs as they relate to patient health.

Implicit Bias (IB)

The attitudes, stereotypes and feelings, either positive or negative, that affect our understanding, actions and decisions without conscious knowledge or control. Implicit bias is a universal phenomenon. When negative, implicit bias often contributes to unequal treatment and disparities in diagnosis, treatment decisions, levels of care and health care outcomes of people based on race, ethnicity, gender identity, sexual orientation, age, disability and other characteristics.

Diversity

Having many different forms, types, or ideas; shows variety. Demographic diversity can mean a group composed of people of different genders, races/ethnicities, cultures, religions, physical abilities, sexual orientations or preferences, ages, etc.

Resources | Cultural & Linguistic Competency & Implicit Bias

[Adverse Childhood Experiences: Tips to Help You Support Inclusivity and Equity](#)

[Beyond Health Care](#)

[Culturally Competent Healthcare Research](#)

[Culture and the Patient-Physician Relationship: Achieving Cultural Competency in Healthcare](#)

[Enhance Patient Care Through Better Cultural Awareness](#)

[Implicit Stereotyping and Medical Decisions](#)

[Physician, Know Thyself: The Professional Culture of Medicine as a Framework for Teaching Cultural Competence](#)

[Systemic Racism and U.S. Health Care](#)

[The Role of Social Determinants in Promoting Health and Health Equity](#)

[Unconscious Bias Training That Works](#)

Resources | Patient Populations and Disparities

[Health Disparities by Race and Ethnicity: The California Landscape](#)

[JAMA Assessment of Mortality Disparities by Wealth Relative to Other Measures of Socioeconomic Status Among US Adults](#)

[JAMA: Trends in Differences in Health Status and Health Care Access and Affordability by Race and Ethnicity in the United States, 1999-2018](#)

[Quality of Evidence Revealing Subtle Gender Biases in Science is in the Eye of the Beholder](#)

[Systemic Racism and U.S. Health Care](#)

Assembly Bills

[Assembly Bill No. 1195: Cultural and Linguistic Competency](#)

[Assembly Bill No. 241: Implicit Bias](#)

If you have any questions or concerns, please contact the Center for CPD's course lead or our team at UCLACCPD@mednet.ucla.edu.