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RULE ADOPTIONS
LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

Adopted New Rule: N.J.A.C. 13:35-6.25

Cultural Competency Training

Proposed: June 4, 2007 at 39 N.J.R. 2202(a).

Adopted: December 12, 2007 by the Board of Medical Examiners, Mario A. Criscito, M.D., President.

Filed: February 29, 2008 as R.2008 d.77, with technical changes not requiring additional public notice and comment (see N.J.A.C. 1:30-6.3).

Authority: N.J.S.A. 45:9-7.2, 7.3 and 7.4; 45:1-15.1; and 45:9-2.

Effective Date: April 7, 2008.

Expiration Date: March 17, 2010.

Federal Standards Statement

A Federal standards analysis is not required because the new rule was proposed pursuant to N.J.S.A. 45:9-7.2 through 7.4, and is not subject to any Federal requirements or standards.

Full text of the adoption follows (additions to the proposal indicated in boldface with asterisks *thus*; deletions from the proposal indicated in brackets with asterisks *[thus]*):

13:35-6.25 Cultural competency training

(a) When used in this section, the following terms shall have the following meanings unless the context clearly indicates otherwise:

"College of medicine" means a college accredited by the Liaison Committee on Medical Education, the American Osteopathic Association (AOA), or other accrediting agency with comparable accrediting standards as recognized by the New Jersey Board of Medical Examiners. Schools accredited by the Council of Podiatric Medical Education (CPME) to confer the degree D.P.M. in New Jersey shall be considered colleges of medicine for purposes of this section.

"Continuing medical education" or "CME" means post-secondary educational activity, which must be: 1. designated Category 1, as defined in the American Medical Association (AMA) Physicians Recognition Award booklet, incorporated herein by reference, as amended and supplemented and available at www.ama-assn.org; 2. designated Category 1a, 1b or 2A in the AOA CME Guide for Osteopathic Physicians, incorporated herein by reference, as amended and supplemented, and available at www.do-online.org; 3. prescribed *[hours]* *credit*, as designated by the American *[Association]* *Academy* of Family *[Practitioners]* *Physicians* (AAFP) Commission on Continuing Professional Development *in the AAFP CME Guidelines, incorporated herein by reference, as amended and supplemented and available at www.aafp.org*; or 4. approved contact hours, as designated by the Council on Podiatric Medical Education (CPME); and which must be provided by sponsors accredited, recognized or approved at the time of the educational activity by the Accreditation Council on Continuing Medical Education (ACCME), the AOA, the AAFP, or as to podiatrists, the CPME.

"Cultural competency training" means a curriculum developed in consultation with the Association of American Medical Colleges (AAMC) or another nationally recognized organization, which reviews medical school curricula, designed to address the problem of race and gender-based disparities in medical treatment decisions and to improve the sensitivity to and awareness of values in diverse communities that may affect the delivery of health care.

"Physician" means an individual holding an M.D. or D.O. degree licensed pursuant to N.J.S.A. 45:9-1 et seq.

"Podiatrist" means an individual holding a D.P.M. degree licensed pursuant to N.J.S.A. 45:5-1 et seq.

"Post-secondary education" means education obtained in a professional school, graduate medical education or continuing medical education consisting of courses with content deemed, by the Board, to be substantially equivalent to cultural competency curriculum criteria established by the Board.

"Practitioner" means a physician or a podiatrist.

(b) Each college of medicine in this State shall provide cultural competency training, as identified in (d) below, completion of which shall be required as a condition of receiving a diploma from a college of medicine in this State.

(c) Cultural competency training for CME credit shall be offered by each college of medicine in this State. The training shall satisfy the criteria for cultural competency training established by the Board.

(d) To be recognized in satisfaction of the cultural competency training requirement applicable to licensees, any CME program of instruction shall be of at least six hours duration, offered in the classroom, or through workshops, over the internet or through other venues, that provides:

1. A context for the training, common definitions of cultural competence, race, ethnicity and culture and tools for self-assessment;
2. An appreciation for the traditions and beliefs of diverse patient populations, at multiple levels -- as individuals, in families and as part of a larger community;
3. An understanding of the impact that stereotyping can have on medical decision-making;
4. Strategies for recognizing patterns of health care disparities and eliminating factors influencing them;
5. Approaches to enhance cross-cultural clinical skills, such as those relating to history-taking, problem solving and promoting patient compliance; and
6. Techniques to deal with language barriers and other communication needs, including working with interpreters.

(e) A physician who was licensed to practice medicine prior to March 24, 2005, and who did not receive instruction in cultural competency training as part of the curriculum of a college of medicine shall, as a condition of the next renewal after March 24, 2008, document completion of CME or equivalent post-secondary education in cultural competency training pursuant to (d) above before being granted licensure renewal by the Board. Cultural competency training shall be in addition to the CME required by the Board at N.J.A.C. 13:35-6.15.

(f) A podiatrist who was licensed to practice podiatry prior to March 24, 2005, and who did not receive instruction in cultural competency training as part of the curriculum of a college of medicine shall, as a condition of the next renewal after March 24, 2008, document completion of CME or equivalent post-secondary education in cultural competency training pursuant to (d) above before being granted licensure

renewal by the Board. Cultural competency training may be included in the CME required by the Board at N.J.A.C. 13:35-6.15.

(g) A practitioner licensed to practice after March 24, 2005, but on or before June 29, 2007, who did not receive instruction in cultural competency training as part of the curriculum of a college of medicine, as a condition of the next renewal after March 24, 2008, shall document completion of CME or equivalent post-secondary education in cultural competency training pursuant to (d) above before being granted licensure renewal by the Board. Cultural competency training may be included in the CME required by the Board at N.J.A.C. 13:35-6.15.

(h) A practitioner licensed to practice on or after the date of the expiration of the next licensure cycle (June 30, 2007 for physicians and October 31, 2007 for podiatrists) who did not receive instruction in cultural competency training as part of the curriculum of a college of medicine, shall document completion of CME or equivalent post-secondary education in cultural competency training pursuant to (d) above by the end of the next complete renewal cycle after he or she was licensed. Cultural competency training may be included in the CME required by the Board at N.J.A.C. 13:35-6.15.

(i) The Board, or its designee, may waive the cultural competency training CME requirement for an applicant who is applying for relicensure and who can demonstrate to the satisfaction of the Board that he or she has attained the substantial equivalent of the cultural competency training CME requirement through completion of a similar course in his or her post-secondary education.