

March 31, 2005

Cultural Competency Bill Clarified

Message from S. Manzoor Abidi, MD, President

Dear Colleagues:

Acting Governor Richard Codey has signed S-144, which mandates training in cultural competency for physicians and for medical students. Since the signing, many physicians have spoken out against the mandate, and, in the process, are propagating rumors and misinformation. I wish to take a few seconds to set the record straight on this issue.

Myth: The Legislature assumes that physicians are prejudiced or incompetent and approved this bill as a punitive action because of our medical liability reform advocacy.

Fact: New Jersey is an ethnically diverse state, whose physician population is nearly 50% IMGs. Numerous studies show that ignoring or improperly addressing race, gender or cultural differences can impede the physician/patient relationship and affect treatment compliance. This is an issue that, **as professionals concerned with quality of care**, we should be willing to address. This bill received nearly unanimous support from Republicans and Democrats in both houses.

Myth: The bill requires an onerous 16 credit hours.

Fact: The final version of the bill did not specify credit hours. The Board of Medical Examiners will be responsible for identifying appropriate **one-time** training for relicensure, which could conceivably be as simple as attending a lecture at your hospital, reading an article or viewing a videotape.

Myth: MSNJ knew nothing — and did nothing — about the bill.

Fact: The bill was originally introduced in 2002. MSNJ and UMDNJ successfully lobbied the sponsor for several amendments, including removal of specified credit hours. MSNJ's IMG Section supported the bill, and the Council on Legislation and Board of Trustees eventually voted "no position" on the bill, aware of the likely backlash from the public, the media and the Legislature for opposing training on this critical patient care issue.

MSNJ's Institute of Medicine and Public Health has already started developing appropriate curriculum to deliver a high-quality, informative program.

We have always fought to bar unwanted government intrusion on the practice of medicine, particularly if there is no benefit to the delivery of our services. Many physicians believe that cultural competency training may be useful in enhancing New Jersey's patient safety and quality of care. MSNJ agrees that this goal is worthwhile.

Yours in medicine,

