

PART 14

MINIMUM STANDARDS FOR HEALTH EQUITY CONTINUING EDUCATION

PROGRAMS FOR HEALTH CARE PROFESSIONALS

NEW SECTION

WAC 246-12-700 Purpose.

The purpose of WAC 246-12-710 through 246-12-750 is to set minimum standards for health equity continuing education programs for health care professionals. Both trainers and health care professions may set standards for trainings that exceed these standards. Training specific to a profession must comply with that profession's rules for continuing education.

NEW SECTION

WAC 246-12-710 Definitions.

The definitions in this section apply throughout WAC 246-12-601 through 246-12-650 unless the context clearly requires otherwise.

(1) "Department" means the Washington state department of health.

(2) "Health professional" means an individual licensed or holding a retired active license in one of the health professions listed in RCW 18.130.040(2)(a).

(3) "Model list" means the list of trainings that meet minimum standards established by the department of health pursuant to RCW 43.70.442.

(4) "Structural competency" means a shift in medical education away from pedagogic approaches to stigma and inequalities that emphasize cross-cultural understandings of individual patients, toward attention to forces that influence health outcomes at levels above individual interactions. Structural competency reviews existing structural approaches to stigma and health inequities developed outside of medicine and proposes changes to United States medical education that will infuse clinical training with a structural focus.

(5) "Cultural safety" means an examination by health care professionals of themselves and the potential impact of their own culture on clinical interactions and health care service delivery. This requires individual health care professionals and health care organizations to acknowledge and address their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided. In doing so, cultural safety encompasses a critical consciousness where health care professionals and health care organizations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities, and as measured through progress towards achieving health equity. Cultural safety requires

health care professionals and their associated health care organizations to influence health care to reduce bias and achieve equity within the workforce and working environment.

NEW SECTION

WAC 246-12-720 Health Equity Continuing Education Program Requirements.

- (1) Each health profession under RCW 18.130.040(2)(a) must complete XX hours in health equity continuing education training every four years.
- (2) Other continuing education training courses may satisfy the minimum requirements for health equity continuing education topics.
- (3) Training must be provided using a modality and number of sessions in accordance with each health profession's rules for continuing education.

NEW SECTION

WAC 246-12-730 Training content.

Minimum standards for training content:

- (1) Instruction on skills to address the structural factors, such as bias, racism, and poverty, that manifest as health inequities. These skills include individual-level and system-level intervention, and self-reflection to assess how the licensee's social position can influence their relationship with patients and

their communities. These skills enable a health care professional to care effectively for patients from diverse cultures, groups, and communities, varying in race, ethnicity, gender identity, sexuality, religion, age, ability, socioeconomic status, and other categories of identity.

(2) The courses must assess the licensee's ability to apply health equity concepts into practice.

(3) Course topics may include, but are not limited to:

- a. Strategies for recognizing patterns of health care disparities on an individual, institutional, and structural level and eliminating factors that influence them;
- b. Intercultural communication skills training, including how to work effectively with an interpreter and how communication styles differ across cultures;
- c. Implicit bias training to identify strategies to reduce bias during assessment and diagnosis;
- d. Methods for addressing the emotional well-being of children and youth of diverse backgrounds;
- e. Ensuring equity and antiracism in care delivery pertaining to medical developments and emerging therapies;
- f. Structural competency training addressing five core competencies;
 - i. Recognizing the structures that shape clinical interactions;
 - ii. Developing an extraclinical language of structure;
 - iii. Rearticulating "cultural" formulations in structural terms;
 - iv. Observing and imagining structural interventions; and
 - v. Developing structural humility; and

- vi. Cultural safety training.

NEW SECTION

WAC 246-12-640 Training quality. Minimum standards for training quality:

- (1) For the purpose of continuing improvement, health professionals shall be offered an evaluation assessing training quality and participant learning. Completed evaluations will be returned to the trainer or publisher of the training.
- (2) Trainers and training developers must have demonstrated knowledge and experience related to health equity and:
 - (a) An active license to practice as a health care professional; or
 - (b) A bachelor's degree or higher in public health, social science, education or a related field from an accredited college or university; or
 - (c) At least ~~XX~~ years of experience delivering training in health equity.
- (3) Data referenced in the training must be current within four years, and research referenced in the training must be based on current empirical research and known best practices.

NEW SECTION

WAC 246-12-650 Training approval processes.

(1) The secretary will approve health equity education programs that meet the requirements outlined in this chapter.

(2) The secretary shall evaluate and approve trainings that meet the minimum standards described in WAC 246-12-730.

(3) Approved trainings will be published on the model list beginning July 1, 2023.

(4) If the secretary notifies a training program of the secretary's intent to deny approval and inclusion on the model list, the training program, through its authorized representative, may request an adjudicative proceeding pursuant to the appeal process in chapter 246-10 WAC. A request for an adjudicative proceeding must be in writing, state the basis for contesting the adverse action, include a copy of the adverse notice and be served on and received by the department within twenty-eight days of the date the department mailed the adverse notice. The authorized representative of the training program may submit a new application for the secretary's consideration.

(5) If the secretary notifies an approved training program of the secretary's intent to revoke approval, the training program, through its authorized representative, may request an adjudicative proceeding pursuant to the appeal process in chapter 246-10 WAC. A request for an adjudicative proceeding must be in writing, state the basis for contesting the adverse action, include a copy of the adverse notice and be served on and received by the department within twenty-eight days of the applicant's or license holder's receipt of the adverse notice. If a request for adjudicative proceeding is not received by the department

within twenty-eight days of the date the department mailed the adverse notice, the secretary's decision is final. The authorized representative of the training program must provide proof that the deficiencies which resulted in withdrawal of the secretary's approval have been corrected before requesting reapproval.

DRAFT