

**Revised Framework  
Public Protection and Physician Health Program  
October 31, 2007**

On July 26, 2007, the Medical Board of California voted to close the Physician Diversion Program on June 30, 2008. The following represents joint preliminary recommendations on the goals and parameters of a new Public Protection and Physician Health Program in California that will serve to protect California patients.

We stand ready to work with the Legislature, the Medical Board and the larger community of interested parties to fashion a state-of-the-art public protection/physician health program for California. We believe that the citizens of the state deserve the protection such a program offers. Only by having the ability to identify and monitor impaired physicians until they regain the ability to practice safely is the public interest protected.

CMA, CPA, and CSAM recommend that the California Public Protection and Physician Health Program entity be established expeditiously with the following goals:

- To ensure the safety and protection of patients.
- To focus on early intervention, assessment and monitoring for physicians with significant health impairments that may impact their ability to practice.

The following are specific operational recommendations. A California Public Protection and Physician Health Program should be:

1. Established as a formal, legislatively sanctioned, not-for-profit, independent but publically accountable entity.
2. Regularly audited for clinical quality and fiscal integrity.
3. Supported by a stable and continuing source of funds from professional licensing fees.
4. Structured to provide a continuum of medically based services including comprehensive assessment, triage and monitoring services for behavioral disorders, including psychiatric, substance abuse and possibly other medical conditions.
5. Open to voluntary, and board referred participants
6. Confidential for compliant participants.
7. Coordinator of a statewide system for drug testing with a Medical Review Officer (MRO) employed to assure the oversight of procedures and toxicology reporting and standards.
8. Actively engaged with Physician Wellbeing Committees in all phases of the assessment, triage and monitoring of physicians.
9. Providing training of wellbeing committees, evaluators and other contract or volunteer personnel associated with the program.
10. Governed by a board composed of both physicians and non-physicians with expertise in physician health and impairment; managed by a Medical Director who is knowledgeable and responsive to the Board; and staffed by individuals with strong clinical training where participant contact is required.