

To: Diversion Committee

From: David Pating, M.D., Chair  
Diversion Advisory Council

Subject: Recommendations on Transition of Participants

The DAC made the following recommendations at their September 24, 2007 meeting:

1. Self-referrals should continue to be accepted to the Diversion Program, however, after January 1, 2008, they should be given “full disclosure” about the program’s closure, informed of other possible options or referral to an advice line such as CMA’s referral hotline or the updated Medical Board referral list.
2. Referrals in lieu of discipline should continue to be accepted to the Diversion Program, however, after January 1, 2008, they should be given “full disclosure” about the program’s closure and informed of other possible options. The Diversion Program is advised to look into alternatives for new referrals in lieu of diversion and Mr. Hepler is directed to determine if it is legal to refer to alternative programs. Legal counsel is requested to prepare an opinion as to whether the Medical Board of California could order a participant into another diversion program.
3. All participants should be evaluated by the Diversion Evaluation Committee (DEC) prior to program closure for evaluation and recommendations. Self-referred participants and referrals in lieu of discipline with over three years sobriety should be allowed to leave the program as “successfully completed” following a DEC endorsement and Program Manager approval. Self-referred participants with less than three years sobriety should be evaluated by the DEC to provide the Program Manager and participant specific recommendations on how to move forward.
4. The Diversion Program is advised that referrals in lieu of discipline with less than three years sobriety should be referred to an alternate program and legal counsel should examine permissible options. In all cases, participants should be evaluated by the DEC for other individual recommendations.
5. The Diversion Advisory Council advises that probation monitoring and the biological fluid testing do not completely protect the public safety. The DAC believes that the best protection for public safety is continuance of a physician health program similar to the Diversion Program. With this caveat, probationary monitoring could be enhanced by requiring participants on probation to attend existing diversion groups or referral to a diversion alternative program.