

Communications by Regulatory Boards about Sexual Misconduct:

**Self-Audit Template
and Standards**

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Healthcare Regulatory Research Institute

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Information contained in this document is provided for general informational purposes only and should not be construed as legal advice.

Introduction

One of the many roles health professions regulatory boards play is to communicate information about sexual misconduct to their licensees (or otherwise regulated individuals) as well as clients, patients, and the general public. Information would include the laws, regulations, and policies about sexual misconduct, information for providers and practitioners about how to prevent and avoid it, and the duty they have to report known transgressions by their colleagues. Information would also include materials for the public and patients or clients who had experienced sexual misconduct by a health professional as to how to file a complaint

Over the past few decades, governmental websites have become the primary means of such communication. However, a scan of websites across the country reveals significant gaps in important and user-friendly information.

This document helps address those gaps. While it is primarily designed for boards that regulate the health professions, it may be useful for other professions and fields as well. It is divided into two sections. The first section provides a template for regulatory boards to conduct a self-audit of their own websites for components of meaningful communications about sexual misconduct. The audit is designed to be conducted by board administrators, staff, and/or board members. The audit template is organized into topics, ranging from general resources such as complaint forms for consumers to board policies and jurisdictional laws about sexual misconduct to the availability of a functioning search feature. For each topic area and its subcomponents, the individual or group conducting the audit can make observations and point to evidence – such as a specific web page or tab -- about whether the component is present. The evaluator might then make findings as to whether the component on that website is either aligned with standards (described below), aligned but has opportunities for improvement (OFI), or is not aligned with standards. A final section for each topic area provides space for the evaluator to note specifically what any opportunities for improvement might be.

The second section of the document provides standards that could be used to measure each of the topic areas in the audit template. For example, the standard for the topic area “Complaint form presence” is: “An online complaint form is easily accessed from board home and/or consumer page.” Someone conducting an audit could find that the website in question did indeed have an online complaint form for patients that could be accessed through just a couple of clicks from the home page; such a finding could be noted as “Aligned.” Another person evaluating another board’s website might find that a complaint form existed, but it took seven or more clicks to find it from the home page and the form clearly hadn’t been updated in many years; such a finding could be marked as “OFI” (opportunities for improvement). Yet another website audit might find no complaint form available anywhere on the site, resulting in a “Not Aligned” finding. Notes for specific opportunities for improvement can be made in each row’s final column.

The standards that are included can and should be tailored to each jurisdiction if there are relevant laws, regulations, or policies that need to be included. For example, if a state or jurisdiction in which a board is located has guidelines for how all complaint forms should be written (e.g. at a particular readability or literacy level) or processed, those standards should be added to the audit and standards for that board. As a reminder, a line is included at the end of each topic area that reads: “Add: Jurisdiction’s statutes/codes and rules that might serve as standards,” to prompt the inclusion of any relevant laws from the specific jurisdiction in which the audit is being used.

For more information about how this audit template was developed, the reasons behind its development, and the results of a national scan of regulatory boards’ website communications about sexual misconduct that led to the value of designing a template for regulatory bodies to conduct self-audits, please see, “Communicating About Physical Therapist Sexual Misconduct: Opportunities for Regulatory Boards” (2023), available on the HRRRI website (<https://www.hrrri.org/>

SECTION ONE COMMUNICATIONS AUDIT TEMPLATE

**For Use by Health Professions Regulatory Boards
In Conjunction with the Standards for Communications Audit Template to
Improve Communications about Sexual Misconduct**

Jurisdiction _____	Date: _____
Website URL: _____	Preparer: _____

Topic #	Topic & Standard Heading (See Standards)	Standards, Laws & Rules	Observations & Evidence	Findings			Opportunities for Improvement (OFI)
				Aligned	OFI	Not Aligned	
A.	Website						
A.1.	Options for aggrieved patients/clients	A.1.a.					
A.2.	Complaint form presence	A.2.a.					
	Complaint form components	A.2.b					
	Complaint form instructions, and process:	A.2.c.					
	• How to complete form	A.2.c.i.					
	• Who may submit form	A.2.c.ii.					

	• Confidentiality	A.2.c.iii.				
	• Process summary	A.2.c.iv.				
A.3.	Language					
	Readability level	A.3.a.				
	No euphemisms	A.3.b.				
	Clear definitions for:	A.3.c.				
	• Sexual misconduct	A.3.c.i				
	• Sexual abuse	A.3.c.ii.				
	• Sexual harassment	A.3.c.iii.				
	• Sexual relationship	A.3.c.iv.				
	• Sexual boundary violation	A.3.c.v.				
A.4.	Board policy regarding sexual misconduct:	A.4.a.				
	• States clearly that care never includes sex; board will investigate complaints and discipline licensees who violate laws/rules	A.4.a.i.				
	• Is written for both the public and licensees	A.4.a.ii.				

	<ul style="list-style-type: none"> Clearly defines "sexual misconduct," "sexual abuse," "sexual harassment," "sexual relationship," and "sexual boundary violation" 	A.4.a.iii.				
	<ul style="list-style-type: none"> Summarizes and links to relevant laws /rules 	A.4.a.iv.				
	<ul style="list-style-type: none"> Notes licensees may also be licensed in other jurisdictions 	A.4.a.v.				
	<ul style="list-style-type: none"> Links to relevant external resources 	A.4.a.vi.				
A.5.	Statutes and regulations	A.5.a.				
	Guidance on finding laws	A.5.b.				
A.6.	Functioning search feature:	A.6.				
	<ul style="list-style-type: none"> Returns board-relevant, appropriate information when searching for: 	A.6.a.				
	<ul style="list-style-type: none"> "sexual misconduct" 	A.6.a.i.				
	<ul style="list-style-type: none"> "sexual abuse" 	A.6.a.ii.				
	<ul style="list-style-type: none"> "sexual harassment" 	A.6.a.iii.				
	<ul style="list-style-type: none"> "sexual relationship" 	A.6.a.iv.				

	<ul style="list-style-type: none"> • "sexual boundary violation" 	A.6.a.v.					
	<ul style="list-style-type: none"> • Does not return inappropriate advertising when searching for information about sexual misconduct 	A.6.b					
	<ul style="list-style-type: none"> • Allows for filtering to discard irrelevant links 	A.6.c					
A.7.	Disciplinary actions by practitioner name and type if sexual misconduct	A.7.a					
A.8.	Duty to report information for practitioners	A.8.a.					
A.9.	Information about sexual misconduct CE for licensees	A.9.a					
A.10.	Public tab with general resources:	A.10.a					
	<ul style="list-style-type: none"> • "What is a [professional]?" 	A.10.a.i					
	<ul style="list-style-type: none"> • "What to expect at appointment" 	A.10.a.ii					
	<ul style="list-style-type: none"> • How to verify/look up license 	A.10.a.iii					

	<ul style="list-style-type: none"> • How to determine if a specific licensee has been disciplined 	A.10.a.iv					
	<ul style="list-style-type: none"> • Link to complaint form (See A.3.) 	A.10.a.v					
	<ul style="list-style-type: none"> • Link to sexual misconduct policy (See A.5.) 	A.10.a.vi					
	<ul style="list-style-type: none"> • Options for aggrieved patients (See A. 2.) 	A.10.a.vii.					

B.	Board Materials						
B.1.	Education for board members about sexual misconduct	B.1.a.					
B.2.	Instructions/guidance/support for investigators	B.2.a.					
B. 3.	CE for licensees/registrants	B.3.a.					
C.	Social Media, Written Communications, and more						
C.1.	Information for licensees on mobile devices, multiple platforms	C.1.a.					
C.2.	Self-reporting reminders	C.2.a.					
C.3.	Duty to report	C.3.a.					

SECTION TWO

STANDARDS for COMMUNICATIONS AUDIT TEMPLATE

For Use by Health Professions Regulatory Boards In Conjunction with the Communications Audit Template to Improve Communications about Sexual Misconduct

A. Website

This section of recommended standards for communicating about sexual misconduct by health professions' regulatory boards concerns public-facing websites of the health profession regulatory and licensing authorities (state or other jurisdiction), whether administered by the boards or by oversight government departments or agencies.

Standards and pages that are targeted to the public are starred (*) and extra care should be taken to ensure these pages are written clearly for the public in terms of readability levels, literacy levels, and definitions; and without euphemisms or discouraging language. If acronyms are used, accompanying terms also should be spelled out. Pages that are written primarily for the regulated profession (but are accessible by the public) should be labeled as such and may include more profession-specific language if appropriate but should never be misaligned or at odds with other sections of the public-facing website. While statutes and regulations themselves may be written primarily by and for legislators, attorneys, and regulatory administrators, in contrast, a board's policy about sexual misconduct – which can and should reference jurisdictional statutes and regulations – should be clear and understandable by the public. Working with counsel and legislatures, regulatory boards may also want to help update or clarify jurisdictional statutes or regulations that are not clear or still include outdated euphemistic language.

A.1. Options for aggrieved patients/clients*

Standard A.1.a. An easily found online page describes what the board can and cannot do for a patient/client who feels they have experienced sexual misconduct (or related term) by a regulated health professional (with links to complaint form, etc.), and describes other, non-regulatory options including civil and criminal systems, health care, mental health resources, with pros/cons or pluses/minuses of the different options.

See Therapy Exploitation Link Line (TELL) for potential model language.

[Add: Jurisdiction's statutes/codes and rules that might serve as standards]

A.2. Complaint form*

Standard A.2.a. An online complaint form is easily accessed from board home and/or consumer/public page.

Standard A.2.b. Complaint form itself is clear, easy to complete, free of language that would discourage complaints, and consistent with any associated instructions (*Standard A.2.c.*) regarding who may submit the form, options for submitting the form (online, telephone, mail), confidentiality, etc.

Standard A.2.c. Online information about the complaint form and process are provided in links from the complaint form and from the consumer/public page, at least, that include:

- *Standard A.2.c.i.* How to complete the form.
- *Standard A.2.c.ii.* Who may submit the form and whether anonymous complaints are accepted.
- *Standard A.2.c.iii.* Whether and to what degree information included in a complaint will be kept confidential.
- *Standard A.2.c.iv.* What the investigation and resolution processes look like at a high level but meaningfully for the complainant; how and to what degree will the complainant be involved in interviews, hearings, etc.; how and when will the licensee and others be notified and involved in interviews, hearings, etc.; what the timeline is estimated to be; what options for a final order and appeals are available; how the complainant can contact the board for information; how the complainant will be notified of final order.

[Add: Jurisdiction’s statutes/codes and rules that might serve as standards]

Examples include: Michigan Department of Licensing and Regulatory Affairs (LARA) Bureau of Professional Licensing, “A Citizen’s Guide to Filing a Complaint Against a Health Care Professional.”

A.3. Language and Definitions*

Standard A.3.a. All pages on the website that are meant for the public/patient/client/consumer are written at no higher than an 8th grade (U.S.) readability or literacy level unless another state or jurisdictional law or policy controls.

Standard A.3.b. Language and text throughout any pages for licensees/registrants and the public is clear and free of euphemisms when concerning sexual misconduct.

Standard A.3.c. Instead of euphemisms, the following terms are clearly defined, used, and referenced throughout the website:

- *Standard A.3.c.i.* Sexual misconduct
- *Standard A.3.c.ii.* Sexual abuse
- *Standard A.3.c.iii.* Sexual harassment

- *Standard A.3.c.iv.* Sexual relationship
- *Standard A.3.c.v.* Sexual boundary violation

[Add: Jurisdiction’s statutes/codes and rules that might serve as standards]

A.4. Board policy regarding sexual misconduct*

Standard A.4.a: A board policy regarding sexual misconduct can be easily found from the home page and/or the consumer/public page that:

- A.4.a.i: Clearly states that care never includes sex or sexual misconduct, and the board is committed to investigating complaints and disciplining licensees who violate laws and rules;
- A.4.a.ii.: Is written for both public and licensee audiences (in contrast to jurisdiction’s laws and rules);
- A.4.a.iii.: Uses clear language (not euphemisms) to define (at least) “sexual misconduct”; “sexual abuse”; “sexual harassment”; “sexual relationship”; and sexual boundary violation”;
- A.4.a.iv.: Provides summaries of and links to jurisdictional statutes/codes and administrative rules that reference or may regard sexual misconduct (using any terms, phrases, or language that could cover sexual misconduct) specific to the health profession and also to any broader category or profession or field;
- A.4.a.v. Acknowledges that health professional licensees may be also licensed in other jurisdictions, that laws and rules (and associated language and terms and disciplinary actions) may vary by jurisdiction; and
- A.4.a.vi: Considers links to external resources such as the professional association’s Code of Ethics and Sexual Misconduct Committees of state boards, professional associations, and/or associations of state boards.

[Add: Jurisdiction’s statutes/codes and rules that might serve as standards]

A.5. Laws/Statutes/Codes and Administrative Regulations/Rules

Standard A.5.a. Links from the home page to jurisdiction’s health profession’s statutes or codes (including practice act) and administrative rules can be found; as well as any statutes or codes and administrative rules regarding any broader jurisdictional categories (groups or professions, e.g. “allied health,” oversight professions (e.g. “medicine”), or others (e.g. “health” or “public health”) that apply to the health profession, especially as they may relate to sexual misconduct and/or filing consumer complaints about sexual misconduct.

Standard A.5.b. In addition to a link from the home page to the laws and rules described in Standard A.5.a., guidance is offered regarding how to find the specific sections of codes, statutes, and regulations that address sexual misconduct and related violations. This guidance could be included in the

board's policy on sexual misconduct and/or could be included elsewhere in materials designed for the public as well as licensees.

[Add: Jurisdiction's statutes/codes and rules that might serve as standards]

A.6. Search feature*

Standard A.6. The home page offers a functioning search feature that:

- *Standard A.6.a.* Returns appropriate and relevant board administrative materials regarding sexual misconduct, including but not limited to links to the board's policy on sexual misconduct and the complaint form, when used to search for:
 - *Standard A.6.a.i.* "sexual misconduct"
 - *Standard A.6.a.ii.* "sexual abuse"
 - *Standard A.6.a.iii.* "sexual harassment"
 - *Standard A.6.a.iv.* "sexual relationship"
 - *Standard A.6.a.v.* "sexual boundary violation"
- *Standard A.6.b.* Does not return inappropriate advertising – such as for external legal counsel or online relationship sites – when searching for information about sexual misconduct.
- *Standard A.6.c.* Allows for results to be filtered to discard irrelevant links, particularly when the search function is tied to broader government levels or departments.

[Add: Jurisdiction's statutes/codes and rules that might serve as standards]

A.7. Disciplinary information about licensees by name*

Standard A.7.a. An easily found section of website allows searches for regulated professionals by name to verify a license, status of license (including active, restricted, revoked, expired, suspended, on probation, etc.), dates of any restrictions or probationary periods, and clear information about any disciplinary actions taken by the board against a current or former licensee due to sexual misconduct or any related term or violation.

[Add: Jurisdiction's statutes/codes and rules that might serve as standards]

A.8. "Duty to Report" information for practitioners

Standard A.8.a. Clear information is posted on the website about licensees' duty to report any other licensee's sexual misconduct if known.

[Add: Jurisdiction's statutes/codes and rules that might serve as standards]

A.9. Continuing Education for licensees/practitioners

Standard A.9.a. Easy-to-locate information is on the website about how to find approved continuing education courses regarding sexual misconduct for licensees/practitioners.

[Add: Jurisdiction’s statutes/codes and rules that might serve as standards]

A.10. General Resources for Patients/Public/Consumers*

Standard A.10.a. A tab or link is present on the home page for “Public,” “Patients,” or “Consumers,” which includes links to resources including:

- *Standard A.10.a.i.* “What is a [insert name of health profession, e.g. PT/PTA; Nurse]?”
- *Standard A.10.b. ii.* What to expect (and not expect) at an appointment
- *Standard A.10.b. iii.* How to verify/look up a license
- *Standard A.10.b. iv.* How to determine if a specific licensee has been disciplined – including but not limited to for sexual misconduct in particular-- or under any restrictions
- *Standard A.10.b.v.* Complaint form (See A.2.)
- *Standard A.10.b.vi.* Policy about sexual misconduct (See A.4.)
- *Standard A.10.b.vii.* Options for aggrieved patients (See A.1.)

[Add: Jurisdiction’s statutes/codes and rules that might serve as standards]

B. Board materials

This section of recommended standards for communicating about sexual misconduct by health professions jurisdictional regulatory boards concerns internal websites of the boards whose access is restricted to members of the board and administrative staff; and other internal documents (soft- and hard-copy), software applications, and communication forums -- whether administered by the boards or by oversight government departments or agencies – that are designed for and limited to regulatory staff and board members.

B.1. Education for board members about sexual misconduct

Standard B.1.a. Education is available to all board members about sexual misconduct, including prevalence, laws and rules, policies, complaints and investigative processes, impacts on patients and co-workers, disciplinary hearings and orders, etc. Board members are expected to avail themselves of the education and information as part of their board service.

B.2. Instructions and guidance for investigators

Standard B.2.a. Boards ensure that instructions and guidance specialized to sexual misconduct complaints are provided to investigators – internal and external – before investigations or interviews are conducted.

B.3. Continuing education for practitioners

Standard B.3.a. Boards ensure that approved continuing education about sexual misconduct -- including what it is, how it affects patients and co-workers, the laws and rules against it, how to prevent it and how to report it should it occur – be available to practitioners.

[Add: Jurisdiction’s statutes/codes and rules that might serve as standards]

C. Social Media, Written Communications, and more

This section of recommended standards for communicating about sexual misconduct by health professions jurisdictional regulatory boards focuses on social media applications beyond internet websites that might be administered by jurisdictional regulatory boards and targeted to the health profession’s practitioners. While the functionality and popularity of these types of communication avenues may vary, their use can be effective. It might also be kept in mind that traditional written communications, sent via post, may continue to be appropriate for some licensees. Boards may employ multiple and varied ways to disseminate important information to practitioners of different generations and communication preferences.

C.1. Information for health professional practitioners

Standard C.1.a. Boards make information about sexual misconduct – including definitions as well as laws and rules – available to their licensees in methods that work on mobile devices and through means not limited to government websites, including for example, broadcast channels on YouTube and social media platforms such as LinkedIn and Instagram.

C.2. Self-reporting reminders for practitioners

Standard C.2.a. Boards disseminate reminders via means beyond their websites (including social media platforms and hard-copy mail) to licensees and applicants that practitioners are legally required to report investigations and decisions from civil and criminal cases that may affect their license and their practice, including sexual misconduct. Boards consider avenues for licensees to report sexual misconduct concern even if a complaint or action has not been made against them.

C.3. Duty to report

Standard C.3.a. Health professions regulatory boards notify and remind practitioners that they are legally required to report any knowledge of instances of sexual misconduct by a colleague or co-worker to regulatory board (and they may have other legal obligations as well); this notification should be made via traditional means (hard copy mail, website) as well as through social media platforms.

[Add: Jurisdiction’s statutes/codes and rules that might serve as standards]

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