

Action Item	Owner	Item Category: Executive Legislative Operations IT HR	More Workgroup Input Needed?	Work Needed to Complete	Status (Next Steps in BOLD)	Expected Completion Date
1 Duty to Report to the Medical Board. The Medical Board should identify any current Ohio medical license holders who had knowledge sufficient to form a belief that Strauss had violated the rules governing Ohio physician-licensees, but did not report that conduct to the Medical Board, so that the Board might investigate whether there was an actionable failure to report.						
1.A The Board should review investigations relating to Strauss (96-1534A, 96-1534B, and 96-0999A) and the OSU report to identify current license holders who failed to report Strauss to the Medical Board in order to determine whether to initiate an investigation into that failure to report. The same course of action may be warranted in relation to other sexual impropriety, or illegal activity, cases in which the Board finds that historically it pursued an action against the offending physician's license but did not investigate those who failed to report that behavior.	IESR, Legal	Operations	Not at this time	<ol style="list-style-type: none"> 1. Pull list of all sexual misconduct complaints from 1979-Present 2. Establish criteria for order of review 3. Create checklist to documents the components of the review 4. Order files from offsite storage 5. Measure time needed to perform a review and align resources as needed 6. Proceed with review of files 	<ol style="list-style-type: none"> 1. List of closed sexual misconduct cases pulled 2. List sorted by criteria to identify potential offenders still practicing 3. Sample review complete 4. Strauss Committee input needed on checklist criteria and double-blind review plan 5. Set up meeting with OPAA to spread word of contract work for prosecutors to review cases 6. Finalize contracts with victim coordinators to review cases 	2/28/2020
1.B On July 10, 2019, the Working Group sent a letter to the University asking that it provide an unredacted copy of its report to the Medical Board, and that it identify by name the numerous medical professionals identified in its report by title or description, only, who may have had information regarding Strauss' activity violating the rules governing Ohio physician licensees. In response, the University provided the unredacted report to the Medical Board for the first time, but did not directly identify those described in its report.	Executive, Legal	Operations	Not at this time	<ol style="list-style-type: none"> 1. Set up meeting with OSU to discuss release of unidentified physicians in Perkins-Coie report 2. Review spreadsheet of physicians identified in OSU rosters 3. Add physicians named in P-C report to those who are unidentified 4. Discuss with S/SM the opening of complaints (9/28 rounds) 	<ol style="list-style-type: none"> 1. Meeting with OSU to refine list of unnamed individuals completed 10/4/19 2. Proceed with investigations 	10/25/2019
1.C The Medical Board should develop an internal, mandatory reporting requirement for its staff – particularly, but not exclusively, investigators – to ensure that when any employee of the Board uncovers information suggesting that a licensee failed to report information sufficient to support a belief of sexual impropriety the employee must submit a report promptly to the his or her supervisor outlining the newly discovered information and recommending an investigation unless the failure to report is already the subject of or incorporated within an open investigation.	Legal, HR	HR	Not at this time	<ol style="list-style-type: none"> 1. Draft internal memo requiring opening of complaint in all instances of suspected sexual impropriety 2. Review draft 3. Signatures from all staff collected 	<ol style="list-style-type: none"> 1. Draft policy completed 2. Take to Strauss Committee to review draft and approve for implementation 	11/13/2019
1.D The Medical Board maintains an anonymous hotline for reporting physician misconduct, including sexual impropriety. The Board should take prompt action to increase both public and licensee awareness of the hotline, prominently use its website to facilitate anonymous complaints, and should clarify that non-physicians can provide tips on potential misconduct, including criminal activity, of licensees.	IT, Comms, Legal	IT	Not at this time	<ol style="list-style-type: none"> 1. Identify potential vendors or internal solutions to set up a hotline 2. Develop messaging for hotline 3. Develop process to receive and act upon hotline calls, including opening a complaint 	<ol style="list-style-type: none"> 1. Research and order of new telephone line complete 2. Need to get victim coordinators under contract to review script for hotline message 3. Get Strauss Committee approval of message and release 4. Post hotline information on website 	10/31/2019
1.E The Medical Board should require that physician continuing education requirements toward maintaining a medical license include training on the duty to report pursuant to Ohio Revised Code § 4731.224, including, as necessary, revising the Medical Board's rules contained in Ohio Administrative Code Ch. 4731-10, "Licensing: Continuing Education."	Comms, Legislative	Legislative	Not at this time	<ol style="list-style-type: none"> 1. Develop CME content 2. Identify certification body for CME 3. Determine mechanism (legislative or rule) to require CME on Duty to Report 4. Launch CME 	<ol style="list-style-type: none"> 1. Listing of Strauss Working Group legislative items is complete 2. Bring to Med Bd Strauss Committee in November with recommendation for short-term video to be created while CME is sought 	6/30/2020

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1.F	The Medical Board should review North Carolina H.B. 228, Section 8, page 221, which created an affirmative duty for licensees to report suspected sexual misconduct, within 30 days.11 These would include incidents of sexual impropriety that a licensee reasonably believes to have occurred with a patient. In North Carolina, as of October 1, 2019, licensees who fail to report such conduct would be subject to discipline, and individuals who made reports in good faith would be immune from civil liability for such reporting. The Medical Board shall review and consider appropriate Ohio-specific revisions to such duty that would bolster Ohio's sexual impropriety patient protection.	Legal, IESR	Operations	Not at this time	<ol style="list-style-type: none"> 1. Pull NC statute and rule and circulate internally and to board members for review and comment 2. Summarize report and develop suggested changes to Ohio Med Bd rules / laws 3. Circulate changes to Policy Committee in November, 2019 	<ol style="list-style-type: none"> 1. Legal Staff is pulling the NC materials, as well as some similar materials from Delaware 2. Materials will present them to the Med Bd Strauss Committee in November 	11/13/2019
1.G	The Medical Board should consider amendments to the application for a license or renewal of the license to include: (i) a checkbox by which the applicants signify that they acknowledge and understand the licensee's duty to report; and (ii) a checkbox for the applicants to disclose whether they have engaged in conduct prohibited by the Medical Board's rules regarding Sexual Misconduct and Impropriety (Ohio Admin. Code §§ 4731-26-01 to -03). This will reinforce the duty to report and effectively require periodic self-reporting.	Licensure, Legal	Operations	Not at this time	<ol style="list-style-type: none"> 1. Develop changes to applications 2. Confirm with Licensure Committee and full Board 3. Implement changes to application 	<ol style="list-style-type: none"> 1. Drafting of a new question for new / renewal application forms is complete 2. Materials were presented and approved by the board in October. 3. Updated questions will be loaded into eLicense 	10/31/2019
1.H	Review of 25 years of closed sexual misconduct cases to identify any cases that should be reopened and investigated.	IESR, Legal	Operations	Not at this time	See 1A	<ol style="list-style-type: none"> 1. Strauss Committee input needed on checklist criteria and double-blind review plan 2. Set up meeting with OPAA to spread word of contract work for prosecutors to review cases 3. Finalize contracts with victim coordinators to review cases 	2/28/2020

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2 Law Enforcement. The Medical Board should develop by the end of calendar year 2019 a protocol to work consistently and closely with law enforcement upon receipt of allegations of sexual impropriety that may implicate criminal conduct, remaining mindful of administrative procedures, constitutional protections against self-incrimination, confidentiality, and survivor-centered and trauma-informed investigations.							
2.A	The Working Group recommends that the Medical Board's plan include a plan to establish meaningful ties to local law enforcement in areas of the state having the highest incidence of sexual impropriety investigations, including with established victim advocacy programs in those agencies and Sexual Assault Response Teams (SARTs)	IESR	Operations	Not at this time	1. Identify areas of state with highest occurrences of sexual misconduct allegations (focus on largest cities, at a minimum) 2. Identify existing contacts in all areas 3. Seek points of contact for areas where an existing contact does not exist 4. Document and retain lists of points of contact for both LE and local victim advocates	1. The board's committee and staff have identified OHSP, OPAA, Buckeye County Sheriffs, and the Chiefs of Police associations to contact. 2. Contact with all associations has been made; arranging individual meetings now 3. Working to coordinate a full group meeting by the end of October.	2/28/2020
2.B	The Working Group recommends that the Medical Board's plan include instruction to contact law enforcement upon the opening of a sexual impropriety investigation to determine whether law enforcement has received or is investigating allegations against the subject of the Medical Board's investigation	IESR	Operations	Not at this time	1. Develop mechanism to require LE contact in all sexual misconduct cases 2. Leverage contacts from item 2A to share information 3. Document the date and nature of the contact with LE in eLicense system	1. In a meeting with LE associations, we intend to define rules of engagement for the notification to LE of sexual misconduct cases. 2. Reports of Investigations will have a mandatory "Contact LE" section that must demonstrate that the task was done. ROI should be updated by 12/31/19	12/31/2019
2.C	The Working Group recommends that the Medical Board's plan include guidance on when to involve law enforcement or the prosecutor's office so that the dual purposes of law enforcement conducting a criminal investigation and the Medical Board conducting an administrative investigation are best served.	IESR	Operations	Not at this time	1. Identify points of contact for major associations (e.g. OPAA) in the state 2. Identify points of contact to assist the Med Bd in defining "rules of engagement" for sexual misconduct investigations 3. Embed agreed-upon rule into the ROI checklist and investigator manual, as well as Sexual Misconduct protocol	1. The board's committee and staff have identified OHSP, OPAA, Buckeye County Sheriffs, and the Chiefs of Police associations to contact. 2. Contact with all associations has been made; arranging individual meetings now 3. Working to coordinate a full group meeting by the end of October.	12/31/2019
2.D	The Working Group recommends that the Medical Board's plan include Medical Board staff training in recognizing criminal sexual abuse, which is not a substitute for consulting law enforcement or local prosecutors.	HR, IERS	HR	Not at this time	1. Identify training provider for sexual criminal abuse 2. Train staff initially 3. Develop a plan for ongoing training for staff	1. HR and Investigations have arranged for a former prosecutor in the Attorney General's office to provide this training for board staff. 2. Staff will be arranging the content and timing before the end of October 3. Training is set for Wednesday, December 11th from 1-2 p.m.	12/31/2019
2.E	Early involvement of law enforcement is critical where potential criminal conduct is detected, both to gather information for the Medical Board investigation as well as to aide law enforcement to identify and investigate criminal activity. As a result, depending upon the nature of the conduct, victims, and specific circumstances of each case, the Medical Board's protocol must allow for its employees to exercise sound investigative judgment on when to diverge from that protocol and contact law enforcement immediately and directly, without risking internal or disciplinary reprimand.	IESR	Operations	Not at this time	1. Update investigator manual and sexual misconduct protocol to allow for greater flexibility in sexual misconduct investigations, as well as directions on early LE involvement	1. The ROI can be updated to include a notification to LE of any criminal conduct as soon as it is noted. 2. Draft changes to Investigator Manual will be brought to the Med Bd Strauss Committee in November	10/31/2019
2.F	The Medical Board expressed interest in amending the sexual battery statute(s) in Revised Code Chapter 29 so that a violation in the context of certain physician-patient relationships constitutes criminal conduct by the nature of that relationship. The Working Group recommends that the Medical Board pursue this and other initiatives to better define and allow effective prosecution of criminal sexual conduct by physicians, including, for example, extending statutes of limitation and defining physician criminal conduct. Additionally, the Medical Board should review recent changes to North Carolina law enacted August 1, 2019 from House Bill 228, Part VI, beginning on page 20, which created a new criminal offense, punishable as a felony for sexual contact or penetration under pretext of medical treatment. A similar statute in Ohio would serve to deter physicians from this type of felonious conduct in the future.	IESR, Legal, Legislative	Legislative	Not at this time	1. Take to Med Bd Strauss Committee to make a recommendation to the Policy Committee 2. Pending outcome of the Strauss Committee, take to Policy Committee for further action	1. Staff is compiling a comprehensive list of legislative items to present to our Policy Committee in October 2. Draft language of a potential statute change will be presented to the Med Bd Strauss Committee in November	12/31/2019

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2.G	While the Working Group focused on the Strauss investigation and the above recommendations focus on investigating criminal sexual conduct, the Medical Board is encouraged to apply the lessons learned and techniques developed to include law enforcement in any case in which illegal activity is suspected or uncovered.	IESR	Operations	Not at this time	1. Identify lessons learned and best practices on notification of law enforcement 2. Review investigator manual, enforcement and standards review processes, and all protocols to insert LE notification where appropriate	1. The Investigator Manual will be updated to require notification to LE of any criminal conduct as soon as it is noted, as well as required notification in the ROI. 2. A draft of the updated Investigator Manual will be presented to the Med Bd Strauss Committee in November	2/28/2020

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3 Quality Assurance. The Medical Board should implement a practice of quality assurance not only to ensure that an investigation is opened when it should be, but to review the decision of whether the investigation merits moving from investigation to enforcement against the physician's license.							
3.A	The Medical Board should access available resources by entering into a consulting agreement with the Office of Internal Audit in the Office of Budget and Management to ensure its internal controls are model policies and to suggest process improvements where necessary. Further, the Medical Board should engage the Auditor of State to perform a compliance and/or performance audit of the Medical Board's adherence to its own standards regarding investigation of sexual impropriety allegations.	HR, Legal, IESR, Hearing Unit	Operations	Not at this time	<ol style="list-style-type: none"> 1. Contact OBM to get a better understanding of their available services 2. Agree to scope and timeframe of engagement 3. Med Bd begins compiling existing information and process documents 4. Collaborate with auditor to identify gaps in processes and documentation 5. Implement corrections identified 	<ol style="list-style-type: none"> 1. Meeting with OBM is set for 9/30/2019 to begin discussions about this engagement. 2. OBM agreed to revisit an audit after the board has implemented some of the Working Group's Recommendations 3. Staff is also investigating outside auditing services from the FSMB and other audit firms 	2/28/2020
3.B	The Medical Board should develop a practice to regularly review the decisions, or a meaningful percentage thereof, made by the Secretary and Supervising Member to close a sexual impropriety case without investigation or to close a case after investigation and without referral for law enforcement. That review should include legal staff, investigative staff, and an internal or outside victim advocate.	Legal, IESR, Board Members	Operations	Not at this time	<ol style="list-style-type: none"> 1. Identify team members to fill the sexual misconduct close case review team 2. Identify reporting and checklist criteria for the review of cases 3. Develop reporting mechanisms for the team's actions 4. Bring proposed criteria and review process to full board for approval 5. Implement team to review proposed cases to be closed 	<ol style="list-style-type: none"> 1. The updated checklist for sexual misconduct cases can be de-identified to give members insight into the scenarios of cases without jeopardizing their impartiality. The board is going to continue to provide an audit-level volume of these cases to members to get their feedback and provide guidance to the Secretary and Supervising members and staff. 2. The Med Bd Strauss Committee's guidance on the checklist in November will guide next steps for de-identification of the checklists for external review 	11/1/2019
3.C	The Medical Board should consider a review of the manner in which investigative reports are delivered to enforcement attorneys, and whether and how to deliver them to Board Members other than the Secretary and Supervising Member involved in approving them for enforcement, so that the Board, as a whole, is informed at least of the basis for closing sexual impropriety cases even if not informed of the identity of the subject of the allegation.	Legal, IESR, Board Members	Operations	Not at this time	<ol style="list-style-type: none"> 1. Develop mechanism to document details of investigation without disclosing licensee or patient information 2. Identify board members to review de-identified case details and opine on them 3. IESR should follow up on any additional investigation needed as part of the review and report back to the reviewing members 	<ol style="list-style-type: none"> 1. The updated checklist for sexual misconduct cases can be de-identified to give members insight into the scenarios of cases without jeopardizing their impartiality. The board is going to continue to provide an audit-level volume of these cases to members to get their feedback and provide guidance to the Secretary and Supervising members and staff. 2. The Med Bd Strauss Committee's guidance on the checklist in November will guide next steps for de-identification of the checklists for review by other members 	2/28/2020
3.D	The Medical Board should continue its practice of reviewing aging cases and reviewing the time taken to complete investigations, not to the detriment of the quality of those investigations, but to ensure that a case is investigated and any citation issued promptly, and never again permitted to languish inactive.	IESR, Legal, Hearing Unit	Operations	Not at this time	<ol style="list-style-type: none"> 1. Review Red List process with Med Bd Strauss Committee members to get feedback on format and timing 2. Make any adjustments suggested by the committee in consultation with S/SM 3. Issue Red List with any updated parameters 	<ol style="list-style-type: none"> 1. Med Board Strauss Committee will review the aged case (a.k.a. "Red List") criteria in November, with a new aged case list created in early November. 	10/31/2019

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3.E	The Medical Board should review the practices of comparable state medical boards, to assess the use of a similar two-member team to oversee investigations, and to identify feasible quality assurance methods.	Legal, IESR, Policy Committee	Legislative	Not at this time	1. Identify practices from other states 2. Compile recommendations and sent to Med Bd Strauss Committee 3. If statutory changes are needed to affect changes, send to Policy Committee 4. If changes are non-statutory, implement	1. Staff has contacted the Federation of State Medical Boards to assess what information they have that we could leverage to fulfill this requirement.	2/28/2020

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4 Confidentiality and Transparency. The investigation confidentiality afforded in Ohio Revised Code § 4731.22(F)(5) should not be a shield from oversight of inappropriate inaction such as that in the Strauss investigation. The Medical Board should take steps within the current statute, and support legislative amendment, to allow greater transparency within the Board and with the public, and be prepared to report back to this Working Group by Tuesday, October 1, 2019 on those efforts.						
4.A	Legal, IESR, Legislative	Legislative	Not at this time	1. Draft sample language to affect the desired language change 2. Seek a legislative vehicle to put it in and get LSC to draft 3. Language passed and implemented	1. Staff is compiling a comprehensive list of legislative items to present to our Policy Committee in November	12/31/2019
4.B	Legal, IESR, Comms	Operations	Not at this time	1. Leveraging materials developed in 3.C, create a reporting mechanism for this info 2. Place metrics and appropriate investigative information on the website to demonstrate the board's progress	1. The Medical Board has launched a website that provides information on our investigative process, training for licensees, and reporting information for victims. It will also track the board's progress on the Workgroup's recommendations.	2/28/2020
4.C	Legal, IESR, Board Members, Legislative	Operations & Legislative	Not at this time	1. Review statute to identify avenues and scenarios by which this information could be released. 2. If statute change is needed, Legislative team will seek changes 3. Develop protocol for release of info 4. Get approval from Med Bd Strauss Committee and full board to proceed	1. Staff is compiling a comprehensive list of legislative items to present to our Policy Committee in November	2/28/2020
4.D	Legal, IESR, Board Members, Legislative	Operations & Legislative	Not at this time	1. Review statute to identify avenues and scenarios by which this information could be released. 2. If statute change is needed, Legislative team will seek changes 3. Develop protocol for release of info 4. Get approval from Med Bd Strauss Committee and full board to proceed	1. Staff is compiling a comprehensive list of legislative items to present to our Policy Committee in November	2/28/2020
4.E	Legal, IESR, Comms	Operations	Not at this time	1. Leveraging materials developed in 3.C and 4.B, create a reporting mechanism for this info 2. Place metrics and appropriate investigative information on the website to demonstrate the board's progress	1. The updated checklist for sexual misconduct cases can be de-identified to give members insight into the scenarios of cases without jeopardizing their impartiality. The board is going to continue to provide an audit-level volume of these cases to members to get their feedback and provide guidance to the Secretary and Supervising members and staff. 2. The Med Bd Strauss Committee's guidance on the checklist in November will guide next steps for de-identification of the checklists for external review	2/28/2020
4.E.1	Legal, IESR, Comms, Legislative	Operations	Not at this time	1. Leveraging materials developed in 3.C and 4.B, create a reporting mechanism for this info 2. Place metrics and appropriate investigative information on the website to demonstrate the board's progress	1. As part of the development of 4.E, we will compile quarterly metrics and narratives that detail the board's success in implementing new sexual misconduct procedures.	2/28/2020

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4.E.2	In addition, under § 4731.22(F)(6), the Medical board is required to quarterly report how many cases are still pending. The Working Group recommends adding additional descriptors about the pending cases, including the date the complaint was received or opened, the case number assigned, the type of license or certificate to practice, if any, held by the individual against whom the complaint is directed, a brief categorical description of the type of complaint as alleged and a requirement that it include "... for any investigations that remain pending after one year, the reasons the investigations remain pending."	Legal, IESR, Comms, Legislative	Operations	Not at this time	1. Leveraging materials developed in 3.C and 4.B, create a reporting mechanism for this info 2. Place metrics and appropriate investigative information on the website to demonstrate the board's progress	1. As part of the development of 4.E, we will compile quarterly metrics and narratives that detail the board's success in implementing new sexual misconduct procedures.	2/28/2020	
4.E.3	While the Board should pursue statutory changes to this effect, the current statute should not prohibit the Board from taking these steps immediately.	Legal, IESR, Comms	Operations	Not at this time	1. Leveraging materials developed in 3.C and 4.B, create a reporting mechanism for this info 2. Place metrics and appropriate investigative information on the website to demonstrate the board's progress	1. The new case review checklist is already being tested, and will be electronically implemented in all new investigations by the end of the year.	2/28/2020	
4.F	The Working Group recommends a time-limit on confidentiality under § 4731.22(F)(5), or, at least, the confidentiality reserved to the Board's investigation materials, with continued protection of patient and other information that is confidential regardless of its inclusion in an investigation. Such limitations may include a provision to make the report of investigation available, subject to appropriate redaction, once formal action is taken against a physician licensee.	Legislative			1. Med Bd Strauss Committee analyzes the statute and identify opportunities to set a time limit. Sends to Policy Committee for review 2. Upon approval of Policy, seek legislative language and drafting 3. Legislative change occurs 4. In the 90-day implementation period, update protocols and policies to reflect the new time limit.	1. Staff is compiling a comprehensive list of legislative items to present to our Policy Committee in November	2/28/2020	
4.G	As part of its October 1, 2019 report, the Medical Board shall make any additional recommendations to the Working Group which would allow for more transparency in its investigations and the closure of complaints when no action is taken by the board, including changes to § 4731.22(F)(5) and the viability of a sunset to investigative confidentiality.	Legislative			1. Board members and staff identify list of immediately actionable items, and combine with project management materials 2. Med Bd Strauss Committee members review materials and report prior to 10/1/19. 3. Report sent to Workgroup on 10/1/19	1. When a sexual misconduct case is proposed for closure without action, we are currently requiring review by an independent internal group to confirm a thorough investigation. 2. Complete	10/1/2019	

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5 Board and staff structure and process. The Medical Board should review the current board structure and workflow to ensure that its processes are appropriate for its work. In addition, the Medical Board should analyze its current staffing divisions and make suggestions that would improve its work.						
5.A The Medical Board should review and compare the Board's number, structure and processes to other appropriately sized state medical boards, using available national membership resources as examples where appropriate, in order to determine whether there are recommendations for changes to the Medical Board of Ohio's size, membership, structure or member-involved processes. This review and recommendation should include a review of the existing roles of the Supervising Member and Secretary. The review should also inform whether other medical boards include member(s) from law enforcement.	Legal, IESR, Policy Committee	Legislative	Not at this time	<ol style="list-style-type: none"> 1. Identify practices from other states working with the FSMB 2. Compile recommendations and sent to Med Bd Strauss Committee 3. If statutory changes are needed to affect changes, send to Policy Committee 4. If changes are non-statutory, implement 	<ol style="list-style-type: none"> 1. Staff has contacted the Federation of State Medical Boards to assess what information they have that we could leverage to fulfill this requirement. 	2/28/2020
5.B The Working Group acknowledges pronounced conflict between the Medical Board's investigative staff and both its Members and its enforcement staff. The Medical Board should evaluate the conflict(s) between its investigative and enforcement staff, as well as investigative staff and management, and provide suggested resolution(s) that would encourage all staff to work collaboratively, as the Board cannot achieve its best work for protecting the public when tensions between these factions inhibit meaningful collaboration toward their shared goal.	IESR, Legal, Executive, Board Members	HR	Not at this time	<ol style="list-style-type: none"> 1. Poll Med Bd Strauss Committee and HR for ideas on staff engagement and feedback 2. Conduct teamwork exercises to identify and address issues of conflict 3. Develop action plan to remediate issues of conflict 4. Implement solutions 	<ol style="list-style-type: none"> 1. The Board's Human Resources staff has investigating State and external resources who can perform employee engagement and teambuilding activities to address this issue. 2. Med Bd Strauss Committee and full board approved scheduling trainings 3. Staff will proceed with scheduling trainings, with a projected completion in January, 2020 	2/28/2020

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6 Sexual Impropriety Investigations. The Medical Board should use victim advocates in the investigative process. Its investigative and enforcement staff, at a minimum, should receive training on, and tools to address, the unique aspects of sexual impropriety case investigations.							
6.A	The Working Group recommends, and the Medical Board indicated that it has begun, developing victim advocacy expertise internally, and identifying the victim advocacy network(s) available in law enforcement and prosecutors' offices, including investigators becoming involved in area Sexual Assault Response Teams (SARTs) where they exist.	IESR, Legal, Executive	Operations	Not at this time	1. Provide an update on current victim coordinator acquisition status 2. Working with OPAA, identify as many counties as possible that have victim advocates and engage them for a partnership 3. Develop an ongoing roster of counties that offer services and connect internal and contracted Med Bd staff to foster relationships with those counties	1. The Board released an open call for qualified Victim Coordinators in July. 2. Staff screened the first 3 candidates the week of 9/16/19 and has contracts out to all three. 3. Contracts received from 2 coordinators on 10/7/19 4. As soon as funds are encumbered and POs released, we will bring them in for a full process review of all relevant materials	2/28/2020
6.B	The Medical Board should build upon the training its staff received in May 2019 on this subject, and by the end of calendar year 2019:		HR	Not at this time	See 6.B.1-6.B.3	1. The board's Investigators and Enforcement Attorneys will be taking the AG-endorsed 5-day FETI training for trauma-informed investigations in November of 2019. 2. Tentatively Complete	12/31/2019
6.B.1	Develop annual training goals for investigative and enforcement staff on survivor-centered and trauma-informed investigative techniques	IESR, HR	HR	Not at this time	1. Develop training content goals for annual training 2. Identify a partner(s) who can provide this training on an ongoing basis to staff	1. The board will build on its contract with FETI or Justice 3D (a training firm) to develop annual trauma-informed training for all staff, with more content developed for investigative and enforcement staff.	12/31/2019
6.B.2	In consultation with a victim advocate, finalize the proposed "Sexual Misconduct Complaint Protocol" presented to the Working Group	IESR	Operations	Not at this time	1. Finalize contract with a victim coordinator 2. Review draft protocol and insert coordinator insight into process and content 3. Bring updated protocol to board for input and ratification	1. Victim Coordinators are now under contract 2. Staff will review the Sexual Misconduct Protocol with them to get their input and implement their suggestions 3. The Board will approve changes to the protocol by 12/31/19.	12/31/2019
6.B.3	In consultation with victim advocates and investigative professionals, update the investigation manual accordingly, allowing for modern investigative practices that take into account the survivor's needs and preferences, such as:	IESR	Operations	Not at this time	1. Finalize contract with a victim coordinator 2. Review investigator manual with coordinator, and insert coordinator insight into process and content 3. Bring updated protocol to board for input and ratification	1. Victim Coordinators are now under contract 2. Staff will review the Investigator Manual with them to get their input and implement their suggestions 3. The Board will approve changes to the manual by 12/31/19.	12/31/2019
6.B.3.a	eliminating administrative closure of sexual impropriety cases when a survivor fails to come forward initially,	IESR	Operations	Not at this time	1. Finalize contract with a victim coordinator 2. Review investigator manual with coordinator, and insert coordinator insight into process and content 3. Bring updated protocol to board for input and ratification	1. Staff will review and amend the Sexual Misconduct protocol to ensure that there is no time limit to investigation of sexual misconduct cases. 2. Staff will present draft changes to the Investigator Manual to the Med Bd Strauss Committee in November 3. Staff will make changes to the Manual based on Med Bd Strauss Committee and victim coordinator feedback 3. The Board will approve changes to the protocol by 12/31/19.	12/31/2019

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		6.B.3.b	allowing multiple interviews and conducting the interviews at the times of the survivor's or witnesses' choosing (including outside of regular business hours or the regular workweek),	IESR	Operations	Not at this time	1. Finalize contract with a victim coordinator 2. Review investigator manual with coordinator, and insert coordinator insight into process and content 3. Bring updated protocol to board for input and ratification	1. Staff will review and amend the Sexual Misconduct protocol and Investigator Manual to ensure that there is flexibility to interview victims and witnesses appropriately. 2. Staff will present draft changes to the Investigator Manual to the Med Bd Strauss Committee in November 3. Staff will make changes to the Manual based on Med Bd Strauss Committee and victim coordinator feedback 3. The Board will approve changes to the protocol by 12/31/19.	12/31/2019
		6.B.3.c	removing the requirement that meetings with complainants and witnesses in sexual impropriety investigations must be conducted in a neutral location, and	IESR	Operations	Not at this time	1. Finalize contract with a victim coordinator 2. Review investigator manual with coordinator, and insert coordinator insight into process and content 3. Bring updated protocol to board for input and ratification	1. Staff will review and amend the Sexual Misconduct protocol and Investigator Manual to ensure that there is flexibility to interview victims and witnesses appropriately. 2. Staff will present draft changes to the Investigator Manual to the Med Bd Strauss Committee on 10/16/19 3. Staff will make changes to the Manual based on Med Bd Strauss Committee and victim coordinator feedback 3. The Board will approve changes to the protocol by 12/31/19.	12/31/2019
		6.B.3.d	eliminating the provision that finds a survivor's refusal to meet at a neutral location or provide information via remote means "adequate grounds for closure."	IESR	Operations	Not at this time	1. Finalize contract with a victim coordinator 2. Review investigator manual with coordinator, and insert coordinator insight into process and content 3. Bring updated protocol to board for input and ratification	1. Staff will review and amend the Sexual Misconduct protocol and Investigator Manual to ensure that there is flexibility to interview victims and witnesses appropriately. 2. Staff will present draft changes to the Investigator Manual to the Med Bd Strauss Committee in November 3. Staff will make changes to the Manual based on Med Bd Strauss Committee and victim coordinator feedback 3. The Board will approve changes to the protocol by 12/31/19.	12/31/2019
6.C	The Medical Board should consider establishing specialized team(s) for sexual impropriety cases, and such team(s) should consult with the Ohio Attorney General's Office to develop the approach to both administrative matters and criminal referrals.			IESR, AG	Operations	Not at this time	1. Continue to develop IESR team approach (Inv, EA, SR, Victim Coordinator) 2. Engage AG with the investigative manual, protocols, processes, etc., for review 3. Bring suggested changes to Med Bd Strauss Committee and full board for discussion and ratification 4. Implement changes and revisit regularly	1. Staff will review and amend the Sexual Misconduct protocol and Investigator Manual to implement a team approach. 2. Staff will present draft changes to the Investigator Manual to the Med Bd Strauss Committee in November 3. Staff will make changes to the Manual based on the Attorney General's Office, Med Bd Strauss Committee, and victim coordinator feedback 3. The Board will approve changes to the protocol by 12/31/19.	2/28/2020

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7 Considerations for Additional Study or Information by the Medical Board.						
7.A In light of the Working Group's review and recommendations, the Medical Board should consider the following to further ensure reporting misconduct:						
7.A.1 The impact of amending Ohio Revised Code § 2921.22, "Failure to report a crime or knowledge of a death or burn injury," specifically to include a duty to report certain criminal acts by physicians practicing in Ohio regardless of whether they rise to the level of a felony; alternatively, whether an Ohio criminal law should be created or existing law amended to raise certain criminal acts by physicians to the felony level, thus subjecting them to mandatory reporting under the current version of §2921.22.	Legislative, IESR, Legal	Legislative	Not at this time	1. Take to Med Bd Strauss Committee to make a recommendation to the Policy Committee 2. Pending outcome of the Strauss Committee, take to Policy Committee for further action	1. Staff is compiling a comprehensive list of legislative items to present to our Policy Committee in in November	12/31/2019
7.A.2 Regardless of the conclusion above, the impact of replacing the "knowing" standard in § 2921.22 with one similar to Ohio Revised Code § 2151.42 which requires "anyone who knows, or has reasonable cause to suspect based on facts that would cause a reasonable person in a similar position to suspect that" a reportable offense by the physician has occurred.	Legislative, IESR, Legal	Legislative	Not at this time	1. Take to Med Bd Strauss Committee to make a recommendation to the Policy Committee 2. Pending outcome of the Strauss Committee, take to Policy Committee for further action	1. Staff is compiling a comprehensive list of legislative items to present to our Policy Committee in in November	12/31/2019
7.A.3 The impact of the Medical Board reporting allegations of a physician-licensee's sexual impropriety to other state medical boards (such as through the National Practitioner Data Bank or other body, subject to timing and other reporting criteria) even if the Medical Board has not taken any enforcement action against a licensee, and consider the constitutional and legal protections surrounding such action.	IESR, Legal, Comms	Operations	Not at this time	1. Research ability to report investigative and/or non-formal action to other states' medical boards 2. Contact FSMB about ideas of mechanisms to use to report information 3. Confirm process by which the FSMB shares information to other states to ensure that it adequately notifies other states	1. Legal staff has begun analyzing confidentiality statutes to find mechanisms for greater sharing of non-formal-action information. 2. Staff has engaged the FSMB to discuss opportunities for investigative information sharing to other states outside of formal reporting processes. 3. Staff will compile suggestions from the FSMB to present to the Med Bd Strauss Committee in November	2/28/2020

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8 Medical Board Recommendations to the Strauss Working Group							
8.A	Amending Ohio Revised Code § 4731.22 to permit the Board to proceed to citation against a physician's license based solely on an indictment;	Legislative, IESR, Legal	Legislative	Not at this time	1. Take to Med Bd Strauss Committee to make a recommendation to the Policy Committee 2. Pending outcome of the Strauss Committee, take to Policy Committee for further action	1. The Med Bd Strauss Committee is expected to meet prior to the November 2019 board meeting. The committee will review these recommendations and direct staff on how to proceed. 2. Any statute or rule changes that are suggested will be added to the other legislative items in the Workgroup's recommendations.	12/31/2019
8.B	Amending Ohio Revised Code § 4731.22(O) to allow the Board the ability to fine licensees who are required to complete non-disciplinary remedial education but fail to do so;	Legislative, IESR, Licensure, Legal	Legislative	Not at this time	1. Take to Med Bd Strauss Committee to make a recommendation to the Policy Committee 2. Pending outcome of the Strauss Committee, take to Policy Committee for further action	1. The Med Bd Strauss Committee is expected to meet prior to the November 2019 board meeting. The committee will review these recommendations and direct staff on how to proceed. 2. Any statute or rule changes that are suggested will be added to the other legislative items in the Workgroup's recommendations.	12/31/2019
8.C	Amending Ohio Revised Code § 4731.01 to increase the Medical Board membership by authorizing the Governor to appoint at least one additional "consumer" Board Member, to serve a term concurrent with the Governor's term;	Board Members, Legal, Legislative	Legislative	Not at this time	1. Take to Med Bd Strauss Committee to make a recommendation to the Policy Committee 2. Pending outcome of the Strauss Committee, take to Policy Committee for further action	1. The Med Bd Strauss Committee is expected to meet prior to the November 2019 board meeting. The committee will review these recommendations and direct staff on how to proceed. 2. Any statute or rule changes that are suggested will be added to the other legislative items in the Workgroup's recommendations.	12/31/2019
8.D	Amending Ohio Revised Code Chapter 23 in order to provide the Medical Board access to peer review information.	Legislative, IESR, Legal	Legislative	Not at this time	1. Take to Med Bd Strauss Committee to make a recommendation to the Policy Committee 2. Pending outcome of the Strauss Committee, take to Policy Committee for further action	1. The Med Bd Strauss Committee is expected to meet prior to the November 2019 board meeting. The committee will review these recommendations and direct staff on how to proceed. 2. Any statute or rule changes that are suggested will be added to the other legislative items in the Workgroup's recommendations.	12/31/2019