



# Citizen Advocacy Center

## **SELECTING PUBLIC MEMBERS FOR HEALTH LICENSING BOARDS**

### **Qualities Appointment Secretaries and Public Members Consider Important**

*Results of a Survey by the Citizen Advocacy Center*

**Fall, 1993**

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# SELECTING PUBLIC MEMBERS FOR HEALTH LICENSING BOARDS

## Qualities Appointment Secretaries and Public Members Consider Important

*Results of a Survey by the Citizen Advocacy Center*

### PREFACE

In July, 1993, the Citizen Advocacy Center (CAC) surveyed both the public members and the governors' appointment secretaries (or staff persons with appointment responsibilities) of the 50 states and the Virgin Islands in order to identify their views as to the key characteristics that should be considered when selecting public members for health licensing boards. [A copy of the survey is attached.] The idea for this appraisal was suggested by the CAC Advisory Panel at the 1992 CAC Annual Meeting. This survey is part of an ongoing project of the CAC to develop a "criteria document" examining the health licensing board member selection process.<sup>1</sup>

Seventy-nine public members, representing the thirty-seven states listed below, responded to this survey. Thirty-five of the public members sit on medical licensing boards (MLB). Sixteen of the public members are on nursing home administrator licensing boards (NHA), and eighteen sit on nursing licensing boards (NLB). Eight responses were received from public members whose board affiliation was not reported. The public members came from the following states:

Arizona  
Arkansas  
California  
Colorado  
Connecticut  
Delaware  
Florida  
Georgia  
Hawaii  
Illinois

Iowa  
Kansas  
Kentucky  
Maine  
Maryland  
Massachusetts  
Minnesota  
Missouri  
Montana  
Nevada

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<sup>1</sup> Jack D'Angelo, a first-year law student at American University, and Jamshid Mousavinezhad, a student at George Washington University, contributed greatly to the development and analysis of this survey.

New Hampshire  
New Hampshire  
New Jersey  
New York  
North Carolina  
Ohio  
Oklahoma  
Oregon  
Pennsylvania

Rhode Island  
South Carolina  
Texas  
Utah  
Vermont  
Washington  
Wisconsin  
Wyoming

Seventeen appointment secretaries, from the states listed below, responded to this survey:

Delaware  
Georgia  
Idaho  
Kentucky  
Maine  
Massachusetts  
Minnesota  
Mississippi  
New Jersey

New Mexico  
New York  
North Dakota  
Ohio  
Utah  
Virginia  
Virgin Islands  
Wyoming

CAC undertook this survey for the purpose of soliciting information about the qualities that should be considered when appointing public members to health licensing boards. CAC also sought to compare the responses of the public members already on such boards with those of the appointment secretaries responsible for making future selections. The survey itself consists of twenty-two questions, divided into six sections:

- eligibility requirements for public members
- importance of public interest background
- educational background
- importance of personal skills
- other relevant criteria, and
- qualities involved in the composition of licensing boards.

The public members were asked four additional questions concerning public/professional member percentages and criteria for professional members.

## EXECUTIVE SUMMARY

- o Fifty-six of the seventy-seven public member respondents (73%) reported that, when selecting a public member for health licensing boards, the statement: "previous involvement with institutions providing health care services shall not automatically disqualify a candidate and in certain cases may even be considered a positive factor" -- came closer to their beliefs than the statement: "...any person who has, or ever has had, a possible substantial relationship with a health provider is rendered ineligible." Correspondingly, thirteen of the seventeen appointment secretaries (77%) reported that the first statement comes closest to what they believe.
- o Forty-five of the seventy-nine public members (57%) rank a record of participation in or a dedication to public service as the most important public interest background for a public member to possess. Eleven of the seventeen appointment secretaries (65%) agreed, with both groups placing such a dedication ahead of an association with a consumer or public interest organization, and a working relationship with the health care academic community.
- o Forty-nine of the seventy-nine public members (62%) believe that there should be a minimum educational requirement for public members of health licensing boards. Twenty-two of these forty-nine (45%) would require an undergraduate degree. By contrast, nine of the seventeen appointment secretaries (53%) said they do not believe there should be a minimum educational requirement.
- o With regard to personal skills, the sixty-six public member respondents rank "communication skills" as the most important quality of a public member, slightly ahead of "decision-making/rule-making skills." These qualities, in turn, are followed by leadership, public relations, negotiating, and lobbying skills. The sixteen appointment secretary respondents for the most part concur with this ranking, except in deeming negotiating skills slightly more important than public relations skills.
- o With regard to the composition of the licensing board, the sixty-seven public member respondents rank "specialized knowledge and/or expertise" as the most important quality for a board to possess. This is followed by representation of different types of health care facilities/settings, representation of different geographic areas, representation of the academic community, gender balance, and racial/ethnic balance. The sixteen appointment secretary respondents concur with this ranking.

- o Finally, only the public members were asked what the ideal percentage of public members on their licensing board would be. Twenty-one of the seventy-four public member respondents said 25%; sixteen said 33%; fourteen said 0-24%, with the rest of the categories receiving single-digit support.

## SURVEY RESULTS

### QUESTION I. A. and B.

- I. WHICH STATEMENT AND RATIONALE COMES CLOSEST TO WHAT YOU BELIEVE CONCERNING THE PAST CONNECTION OF A PUBLIC MEMBER WITH A HEALTH CARE PROVIDER?<sup>2</sup>
- A. *The appearance of conflict of interest and, on occasion, actual conflict of interest implications are raised when public members are selected for health licensing boards. Some boards, in order to assure that public members are truly independent in their judgment, take an approach that would require public representatives to be eligible voting residents of the State, knowledgeable in consumer health concerns, and neither be, nor ever have been, associated with the provision of health care or be enrolled in any health related educational program. Therefore, any person who has, or ever has had, a possible substantial relationship with a health provider is rendered ineligible.*
- B. *Other boards also desire to eliminate the potential for conflicts of interest; however, they believe the above criteria may unjustly deprive fully qualified members of the public the opportunity to serve on a health licensing board. Alternatively, these boards would require representatives of the public be individuals who, while they have no current or immediate association to the provision of health care, are knowledgeable about health care issues. Previous involvement with institutions providing health care services shall not automatically disqualify a candidate. Certain types of previous relationships with health care providers (i.e. former service as a public member, a retired nurse, etc.) are considered positive factors, not disqualifying factors.*

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<sup>2</sup> Of the seventy-nine surveys returned by public members, seventy-seven responses were tallied. Two public members did not answer this question.

Fifty-six of the seventy-seven public member respondents reported that, when selecting a public member for health licensing boards, statement "B" -- that "[p]revious involvement with institutions providing health care services shall not automatically disqualify a candidate and in certain cases may even be considered a positive factor" -- comes closer to their beliefs than statement "A," that "...any person who has, or ever has had, a possible substantial relationship with a health provider is rendered ineligible."

In addition, three public members reported specific responses along with their selection. The specific responses were as follows:

California            The answer is definitely statement B because A is not in the best interest of the public--it eliminates knowledgeable people.

California            Although I do not agree with either statement completely, I believe that my association with and employment in health care has not prevented but enhanced my service.

Florida                I do not agree totally with either statement --some knowledge is helpful, but conflicts of interest is a different issue--depends on the past experiences.

Correspondingly, thirteen of the seventeen appointment secretaries reported that statement "B" comes closest to what they believe. Additionally, Idaho's appointment secretary commented that "each case must be considered individually."

**QUESTION II. A. [SEE TABLE I]**

**1. PLEASE RANK THE RELATIVE IMPORTANCE OF A RECORD OF PARTICIPATION IN OR A DEDICATION TO PUBLIC SERVICE.**

With regard to a public interest background, forty-five of the seventy-nine public members consider a record of participation in or a dedication to public service a "very important" quality for a public member to possess, with nineteen other members finding it "important." Twelve public members find such a record "somewhat important," while only three find it "not important."

A slightly lower percentage, eight of the seventeen appointment secretaries, consider a record of participation in or a dedication to public service "very important"; six find it "important." Three appointment secretaries find such a record "somewhat important," while none find it "not important."

**2. PLEASE RANK THE RELATIVE IMPORTANCE OF AN ASSOCIATION WITH A RECOGNIZED CONSUMER OR PUBLIC INTEREST ORGANIZATION WITHIN THE STATE OR COMMUNITY.**

With regard to a public interest background, an association with a recognized consumer or public interest organization within the state or community is perceived by thirty-two of the seventy-nine public members as "not important," with twenty-three others considering it only "somewhat important." Fifteen public members find such an association "important," while nine public members judge it "very important."

Similarly, nine of the seventeen appointment secretaries reported that an association with a recognized consumer or public interest organization within the state or community was only "somewhat important," with four others regarding it as "not important." Three of the appointment secretaries consider it "important," with only one finding it "very important."



TABLE I. IMPORTANCE OF SELECTED BACKGROUNDS

PUBLIC MEMBERS:

<u>BACKGROUND</u>	<u>RANKING</u>			
	very impt	important	somewhat impt	not impt
Public Service	45	19	12	3
Public Interest	9	15	23	32
Academic Community	6	15	23	34

APPOINTMENT SECRETARIES:

<u>BACKGROUND</u>	<u>RANKING</u>			
	very impt	important	somewhat impt	not impt
Public Service	8	6	3	0
Public Interest	1	3	9	4
Academic Community	0	3	7	6

3. PLEASE RANK THE RELATIVE IMPORTANCE OF A WORKING RELATIONSHIP WITH THE HEALTH CARE ACADEMIC COMMUNITY.<sup>3</sup>

With regard to a public interest background, thirty-four of the seventy-eight public member respondents reported that a working relationship with the health care academic community is "not important" for a public member, while twenty-three other members regard it as only "somewhat important." Six public members find such a relationship "important," with another six considering it "very important."

Analogously, seven of the sixteen appointment secretary respondents regard a working relationship with the health care academic community as "somewhat important," with six others seeing it as "not important." Only three secretaries find such a relationship "important," while none find it "very important."

4. BASED ON YOUR KNOWLEDGE AND EXPERIENCE, PLEASE RANK IN ORDER OF IMPORTANCE, ENTERING A "1" NEXT TO THE MOST IMPORTANT, DOWN TO "4" NEXT TO THE LEAST IMPORTANT.<sup>4</sup>  
*[SEE TABLE II]*

Participation in/dedication to public service

Participation in/dedication to public service is clearly perceived as the most important public interest background quality for a public member to possess. Public members gave it forty-five rankings of "1," thirteen rankings of "2," two rankings of "3," and two rankings of "4."

Appointment secretaries concur in judging participation in/dedication to public service as the most important quality, giving it eleven rankings of "1," four rankings of "2," one ranking of "3," and zero of "4."

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<sup>3</sup> A public member of a medical licensing board did not answer this question.

<sup>4</sup> This question was misunderstood by some respondents to mean rank each question individually on a scale of 1-4, rather than rank in order of comparative importance from 1 down to 4. Thus, there were sixteen public members from various licensing boards and one appointment secretary excluded from the results.

TABLE II. RELATIVE IMPORTANCE OF SELECTED BACKGROUNDS

PUBLIC MEMBERS:

<u>BACKGROUND</u>	<u>RANKING</u>			
	one	two	three	four
Public Service	45	13	2	2
Public Interest	5	23	21	10
Academic Community	0	14	28	15
Other	12	10	3	5

APPOINTMENT SECRETARIES:

<u>BACKGROUND</u>	<u>RANKING</u>			
	one	two	three	four
Public Service	11	4	1	0
Public Interest	2	8	3	2
Academic Community	0	2	10	3
Other	3	1	1	0

### Association with recognized consumer interest organizations

Considered to be the second most important criteria, association with recognized consumer interest organizations was given twenty-three rankings of "2," twenty-one rankings of "3," ten rankings of "4," and five rankings of "1" by the public members. Three members did not rank this criteria.

Similarly, appointment secretaries gave association with recognized consumer interest organizations eight rankings of "2," three rankings of "3," two rankings of "1," and two rankings of "4." One appointment secretary did not rank this criteria.

### Relationship to health care academic community

Third in importance, a relationship to the health care academic community was given twenty-eight rankings of "3," fourteen rankings of "2," fourteen rankings of "4," and zero rankings of "1" by the public members. Six members did not rank this criteria.

Appointment secretaries recorded ten rankings of "3," three rankings of "4," one ranking of "2" and zero rankings of "1." One appointment secretary did not rank this criteria.

### Other

The thirty-one public members who responded to this question recorded twelve rankings of "1," ten rankings of "2," five rankings of "4" and three rankings of "3." The importance of time, knowledge, and impartiality were three of the more common comments made regarding the qualities a public member should possess in order to best serve the public interest. The specific responses are as follows:

#### Medical Licensing Boards

- o Experience or an association with health care issues.
- o Knowledge of the political process.
- o Willingness to participate fully-- attend meetings, sit on panels, do homework and necessary research, etc.
- o Self-confidence to know how and when to question the assessment of others.

- o Experience and knowledge of health care or the administrative process. Time to devote to the position.
- o Commitment to represent lay interests and knowledge about the provision of health services.
- o Knowledge of the function of state government.
- o Interest and dedication.
- o Good relationship with legislators.
- o Track record (i.e., professional or personal through voluntary activities) for ability to work with a group while also being willing to represent own position.
- o Willingness to protect the general public. Ability to speak and address health care licensing issues.
- o An objective desire to represent the public.
- o Should be independent of all groups.
- o A good listener, a fair judge.
- o Highly educated but non-medical.
- o Common sense.
- o Lobbying experience.

Nursing Home Administrator Licensing Boards

- o Working relationship in the health care field.
- o Character.
- o Minimum educational background.
- o Understanding of the governmental process, agency purpose and goals, and ethical business practices.

### Nursing Licensing Boards

- o Ability to provide time to participation.
- o Ability to learn and/or understand issues and various points of view being presented by both those inside and outside of the profession being regulated.
- o Being truly a lay person. (i.e.- neither a doctor, nurse, clergyman, elected official, professor, nor "above all" a lawyer.)
- o Leadership experiences.
- o Able to relate to needs of "all" consumers.
- o Time to serve. Willingness to learn about health profession.
- o Experience with health care.
- o Resourceful and well-informed about health care.
- o Interest in health care.

### Affiliation Unidentifiable

- o Common sense, willingness to question, time and attendance.

The five appointment secretaries who provided "other criteria" that a public member should have in order to best serve the public interest had three rankings of "1," one ranking of "2," and one ranking of "3." Their specific responses are:

- o Knowledge of area of concern.
- o Desire to serve -- commitment.
- o Interest in achieving a higher goal.
- o Willingness and time to serve.
- o Reliable and responsible.
- o Demonstrated ability to think fairly, rationally, and intelligently.

## **QUESTION II. B.**

- 1. DO YOU BELIEVE THERE SHOULD BE A MINIMUM EDUCATIONAL REQUIREMENT FOR PUBLIC MEMBERS OF HEALTH LICENSING BOARDS?**

Forty-nine of the seventy-nine public members believe that there should be a minimum educational requirement for public members. However, nine of the seventeen appointment secretaries do not believe there should be such a requirement.

- 2. IF YES, WHAT SHOULD THE MINIMUM EDUCATIONAL REQUIREMENT BE?**

Of the forty-nine public members that believe there should be a minimum educational requirement, twenty-two would require an undergraduate degree. Sixteen would require a high school diploma or equivalent, eight chose "two years of college," while four opted for a "graduate degree."

Of the eight appointment secretaries that believe there should be a minimum educational requirement, four would require an undergraduate degree, three a high school diploma, while one chose "two years of college." None of the appointment secretaries chose a graduate degree.

## **QUESTION II. C. [SEE TABLE III]**

- 1. PLEASE RANK THE RELATIVE IMPORTANCE OF DEMONSTRATED LEADERSHIP SKILLS.**

Thirty-seven of the seventy-nine public members consider leadership skills an "important" personal skill in a public member, with another thirty members regarding them as "very important." Twelve public members find leadership skills "somewhat important," with none seeing them as "not important."

Somewhat less decisive overall, six of the seventeen appointment secretaries regard leadership qualities in public members as "important," with four others finding

TABLE III. IMPORTANCE OF SELECTED PERSONAL SKILLS

PUBLIC MEMBERS:

<u>SKILL</u>	<u>RANKING</u>			
	very impt	important	somewhat impt	not impt
Leadership	30	37	12	0
Communication	48	31	1	0
Public Relations	17	36	23	3
Decision-Making	49	25	4	0
Negotiating	17	28	27	7
Lobbying	9	26	28	16

APPOINTMENT SECRETARIES:

<u>SKILL</u>	<u>RANKING</u>			
	very impt	important	somewhat impt	not impt
Leadership	4	6	7	0
Communication	8	9	0	0
Public Relations	1	6	10	0
Decision-Making	5	12	0	0
Negotiating	3	7	10	1
Lobbying	1	5	7	4



them "very important". Seven of the seventeen appointment secretaries regard leadership qualities in public members as only "somewhat important," though none find them "not important."

**2. PLEASE RANK THE RELATIVE IMPORTANCE OF COMMUNICATION SKILLS.**

Forty-eight of the seventy-nine public members consider the communication skills of a public member to be "very important," with thirty-one finding them "important." Only one member finds such skills "somewhat important," and none consider them "not important."

Similarly, nine of the seventeen appointment secretaries consider communication skills to be "important," with eight others seeing them as "very important." None of the appointment secretaries find communication skills "somewhat important" or "not important."

**3. PLEASE RANK THE RELATIVE IMPORTANCE OF PUBLIC RELATIONS SKILLS.**

Of the seventy-nine public members, thirty-six consider the public relations skills of a public member to be "important," with seventeen others finding them to be "very important." Twenty-three public members find such skills to be "somewhat important," while three consider them "not important."

On the other hand, ten of the seventeen appointment secretaries consider the public relations skills of a public member to be only "somewhat important," though none see them as "not important." Six appointment secretaries see the public relations skills of a public member as "important," while only one finds them to be "very important."

**4. PLEASE RANK THE RELATIVE IMPORTANCE OF DECISION-MAKING/RULE-MAKING SKILLS.**

Forty-nine of the seventy-nine public members consider decision-making/rule-making skills to be "very important" personal skills, with another twenty-five finding them to be "important." Only four public members categorize such skills as "somewhat important," with none considering them "not important."

Twelve of the seventeen appointment secretaries believe decision-making/rule-making skills to be "important," with five finding them "very important." None of the appointment secretaries find them "somewhat important" or "not important."

**5. PLEASE RANK THE RELATIVE IMPORTANCE OF NEGOTIATING/  
BARGAINING SKILLS.**

Twenty-eight of the seventy-nine public members see the negotiating/bargaining skills of a public member to be "important," with seventeen finding them "very important." Twenty-seven of the seventy-nine public members consider such skills as "somewhat important," with seven deeming them "not important."

Analogously, seven of the seventeen appointment secretaries consider negotiating/bargaining skills to be "important," with three finding them "very important." Six others find these skills to be "somewhat important," with one respondent considering them "not important."

**6. PLEASE RANK THE RELATIVE IMPORTANCE OF LOBBYING SKILLS.**

Of the seventy-nine public members, twenty-eight responded that lobbying skills are only "somewhat important," with sixteen considering them "not important." Twenty-six members find these skills to be "important," while only nine see them as "very important."

Along the same lines, seven of the seventeen appointment secretaries reported lobbying skills as "somewhat important," with four deeming these skills to be "not important." Five appointment secretaries classified lobbying skills as "important," with one respondent considering them to be "very important."

7. **BASED ON YOUR KNOWLEDGE AND EXPERIENCE, PLEASE RANK IN ORDER OF IMPORTANCE, ENTERING A "1" NEXT TO THE MOST IMPORTANT PERSONAL SKILL, DOWN TO A "7" NEXT TO THE LEAST IMPORTANT PERSONAL SKILL.<sup>5</sup> [SEE TABLE IV]**

### Communication skills

With regard to personal skills, the sixty-six public member respondents overall rank communication skills as the most important quality of a public member, giving it twenty-one rankings of "1," twenty-three rankings of "2," fifteen rankings of "3," five rankings of "4," and two rankings of "5." There were no rankings recorded below "5."

Similarly, the sixteen appointment secretary respondents consider the communications skills of a public member to be the most important personal skill, giving it seven rankings of "1," eight rankings of "2," zero rankings of "3," and one ranking of "4." There were no rankings recorded below "4"

### Decision-making/rule-making skills

The second-most important skill according to the sixty-six public member respondents, decision-making/rule-making skills received twenty-three rankings of "1," sixteen rankings of "2," fifteen rankings of "3," seven rankings of "4," and five rankings of "5." No public member ranked decision-making/rule-making skills below "5."

Decision-making/rule-making skills are also considered by the sixteen appointment secretary respondents to be the second most important personal skill of a public member, receiving eight rankings of "3," four rankings of "1," and four rankings of "2." There were no rankings recorded below "3."

### Leadership skills

The sixty-six public members consider the leadership skills of a public member the third most important personal skill, giving it nineteen rankings of "3," fifteen

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<sup>5</sup> This question was misunderstood by some respondents to mean rank each question individually on a scale of 1-7, rather than rank in order of comparative importance from 1 down to 7. Thus, there were thirteen public members from various licensing boards and one appointment secretary excluded from the results.

TABLE IV. RELATIVE IMPORTANCE OF PERSONAL SKILLS

PUBLIC MEMBERS:

<u>SKILL</u>	<u>RANKING</u>						
	one	two	three	four	five	six	seven
Communication	21	23	15	5	2	0	0
Leadership	15	13	19	11	6	2	0
Decision-Making	23	16	15	7	5	0	0
Public Relations	3	5	8	23	18	6	3
Negotiating	0	7	6	16	23	16	0
Lobbying	0	0	2	3	11	46	4
Other	4	2	1	1	1	1	5

APPOINTMENT SECRETARIES

<u>SKILL</u>	<u>RANKING</u>						
	one	two	three	four	five	six	seven
Communication	7	8	0	1	0	0	0
Decision-Making	4	4	8	0	0	0	0
Leadership	3	1	3	4	5	1	0
Public Relations	0	1	1	7	5	1	1
Negotiating	1	0	4	3	5	3	0
Lobbying	0	0	0	1	1	11	2
Other	1	0	0	1	0	0	1

rankings of "1," thirteen rankings of "2," eleven rankings of "4," six rankings of "5," and two rankings of "6." There were no rankings recorded below "6."

Similarly, the sixteen appointment secretary respondents pegged leadership skills as the third-ranked skill in importance, giving it five rankings of "5," three rankings of "3," three rankings of "1," three rankings of "4," one ranking of "2," and one ranking of "6."

### Public relations skills

Public relations skills, fourth in importance according to the sixty-six public members, received twenty-three rankings of "4," eighteen rankings of "5," eight rankings of "3," six rankings of "6," five rankings of "2," three rankings of "1," and three rankings of "7."

However, the sixteen appointment secretary respondents downgraded the public relations skills of a public member to fifth in importance overall, giving it seven rankings of "4," five rankings of "5," one ranking of "3," one ranking of "2," one ranking of "6," one ranking of "7" and zero rankings of "1."

### Negotiating/bargaining skills

The sixty-six public members placed the negotiating/bargaining skills of a public member fifth in importance among personal skills, giving it twenty-three rankings of "5," sixteen rankings of "4," eleven rankings of "6," seven rankings of "2," six rankings of "3," three rankings of "7," and no rankings of "1."

On the other hand, indicating that they believe negotiating/bargaining skills to be more somewhat more important, the sixteen appointment secretary respondents categorized such skills fourth in importance, giving it five rankings of "5," four rankings of "3," three rankings of "4," three rankings of "6," and one ranking of "1."

### Lobbying skills

The least important of the six personal skills, according to the sixty-six public members, lobbying skills received forty-six rankings of "6," eleven rankings of "5," four rankings of "7," three rankings of "4," and two rankings of "3." There were no rankings of either "2" or "1."

The sixteen appointment secretary respondents concur in deeming lobbying skills

least important, giving it eleven rankings of "6," two rankings of "7," one ranking of "5," one ranking of "4," and one ranking of "2." There were no rankings of "3" or "1."

### Other

The sixteen public members who responded to this question recorded five rankings of "7," four rankings of "1," two rankings of "2," and one ranking of "3," "4," "5," and "6." The importance of listening skills were cited by many as a key personal quality for public members. The specific responses are as follows:

#### Medical Licensing Boards

- o Knowledge or experience with health care.
- o Asking different questions than commonly asked by M.D. or looking at things differently than M.D.'s do.
- o My concern with this area is many people that could do a good job may not have the known skills –especially women and minorities– but serving on these boards is a good experience to develop the skills and recognition for future service.
- o Knowledge of state government functions and operations.
- o Management skills which are different than leadership skills. It involves budgets (money), time management, education and determining outcomes. Also need job descriptions or limitations.
- o Willingness to accept instructions and learn.
- o Listening comprehension.
- o Dedication to public service.
- o Listening skills.
- o Common sense.

### Nursing Home Administrator Licensing Boards

- o Available time.
- o Ability to work with others.
- o Investigation skills -- necessary when appropriate legal action needs to be taken.
- o Nursing Home Advisory Committee members.

### Nursing Licensing Boards

- o Capability and dedication to provide time to the role.
- o Historical sense.
- o Team player.

### Affiliation Unidentifiable

- o Ability to make best decisions, not the easiest, based on all the facts.
- o Honesty; common sense.

The three appointment secretaries who responded to this question recorded one ranking of "1," one ranking of "4," and one ranking of "7." Their specific responses were as follows:

- o Availability for consultation and meetings.
- o Willing to make the commitment.
- o Genuine impartial concern for the public and for those who come before the Board for hearings.

## QUESTION II. D.

1. **WOULD YOU RECOMMEND ANY OTHER CRITERIA THAT SHOULD BE CONSIDERED WHEN SELECTING A PUBLIC MEMBER FOR A HEALTH LICENSING BOARD? (PLEASE DESCRIBE BRIEFLY.)**

Forty-eight public members provided "other criteria" that should be considered when selecting a public member for a health licensing board. Time/dedication and honesty/integrity are among the criteria highlighted by many members. The specific responses are as follows:

### Medical Licensing Boards

- o Dedication-- a major commitment for a volunteer job is needed when an individual accepts a board position.
- o Knowledge or experience with health care. Integrity and respect in the community. Leadership and public service involvement. Public interest protection.
- o Able to dedicate the time needed.
- o Time, energy, and dedication are the most important criteria. The other skills can be developed.
- o Being able to listen with an open mind to all situations.
- o Sincere, honest, dedicated. Protect consumer, be fair with the professional.
- o Previous experience on boards and/or commissions.
- o Knowledge of appropriate process in decision-making.
- o Willingness to take the time to study issues to be addressed.
- o Ethical, commitment, open-minded; not judgmental, good listener, creative.
- o Available time and interest in protecting the public.
- o Should have the time necessary to attend meetings, seminars, conclaves, etc.



- o Integrity.
- o Willing to spend a lot of time and dedication to public service.
- o Knowledge of health care systems, terminology, equipment, technology, etc. Prior public service history. Honesty and integrity. Familiarity with government. Some knowledge in health care law. Speaking and writing skills. Ability to read and digest legal information.
- o Minimum time participation.
- o A thick skin -- no matter what action is taken there is always a group that is unhappy.
- o Ability to analyze information, verbal or written and be willing to defend a minority position when necessary.
- o Effort should be made to see that boards are diverse i.e.- 50% women and other cultural groups represented.
- o A sense of humor. Skilled in working with diverse people and in stressful situations. Someone empathetic and not easily intimidated.
- o Experience in a public arena.

#### Nursing Home Administrator Licensing Boards

- o Past community service in other areas.
- o Available time to attend meetings.
- o Natural ability to work with others. Knowledge of the work of the organization. Ability to make decisions.
- o Specialized knowledge and expertise. Public service. Representation of a variety of health care institutions.
- o Someone who can work with the University systems to establish more programs for N.H. Administrators.
- o Experience of working or visiting people that are in a home.

- o Experience as a consumer of health care service.
- o Resistance to pressure from health professionals on the board.

### Nursing Licensing Boards

- o Have the time to attend meetings and serve on committees. Public members should be made aware of the time required.
- o There should be alteration by recognized community leadership of the candidates. Demonstrated dedication to provide the necessary time to carry out responsibility of role-- especially preparation for discussion of agenda items.
- o Age criteria (minimum 50 years - maximum 75 years of age). Term limits (seven year maximum). Marital and breeding status (prefer male grandparents living with wife of a comparable age).
- o Ability to learn and/or understand issues and various points of view being presented by both those inside and outside of the profession being regulated.
- o Ethnic representation. Include males and females.
- o Dependability; commitment to attending. Strong personal sense of self-worth. Not too many silent members.
- o A willingness to service the public is the only criteria.
- o Should be well read and an independent thinker.
- o Some knowledge of health care issues, problems, and concerns.
- o Experience in working with governmental agencies.
- o Understanding of government.

### Affiliation Unidentifiable

- o Must have a sincere desire to do what is best for all people.

- o Time; dedication.
- o It is important that members be from all over the state and not mainly the most populated areas.
- o Individuals should have earned the trust of their community.
- o I believe a background in law or legal type courses would be beneficial in extrapolating law/regulations to actual application.
- o A person highly recognized; honesty and integrity; no politicians.

Seven appointment secretaries reported "other criteria" that should be considered when selecting a public member for a health licensing board. The specific responses were as follows:

- o Geographic distribution. Gender equity.
- o Ability to attend all meetings. Willing to take the time to learn.
- o An understanding of the long-range goals.
- o Some knowledge of public health care.
- o Dependability; ability to relate to other board members.
- o Are they willing to serve -- meaning attend all the board meetings from start to finish. This can involve as much as thirty-five plus work days every year. Public members should be aware of the actual work commitment.
- o Our primary consideration is finding a thinking, participating, contributing person.

### QUESTION III. A.

1. **HOW IMPORTANT IS IT THAT A HEALTH LICENSING BOARD BE COMPOSED OF MEMBERS WHO POSSESS SPECIALIZED KNOWLEDGE OR EXPERTISE IN A PARTICULAR FIELD?<sup>6</sup> [SEE TABLE V]**

With regard to the composition of the licensing board, thirty-nine of the seventy-six respondents consider specialized knowledge or expertise in a particular field to be "very important," with twenty-three finding it "important." Eleven public members see such knowledge as "somewhat important," with only three deeming it "not important."

Similarly, ten of the seventeen appointment secretaries believe specialized knowledge or expertise in a particular field to be a "very important" factor to consider in composing a board, with two others seeing it as "important." Five appointment secretaries consider specialized knowledge to be "somewhat important," with no one seeing it as "not important."

2. **HOW IMPORTANT IS IT THAT A HEALTH LICENSING BOARD BE COMPOSED OF MEMBERS THAT REPRESENT DIFFERENT TYPES OF HEALTH CARE FACILITIES AND/OR SETTINGS?**

Thirty-two of the seventy-seven public member respondents believe that representation of different types of health care facilities and/or settings is a "very important" factor in composing a board, with twenty-seven finding it "important." Thirteen public members find it to be "somewhat important," while five consider it to be "not important."

To an even stronger degree, eleven of the seventeen appointment secretaries consider representation of different types of health care facilities and/or settings to be "very important," with three classifying it as an "important" factor. Two appointment secretaries find it to be "somewhat important," with only one believing it "not important."

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<sup>6</sup> Two of the seventy-nine total public members did not respond to questions IIIA.1-5. Another's answer to this question ("not important for public members but important for professional members") was not included in this tally.

TABLE V. IMPORTANCE OF BOARD QUALITIES

PUBLIC MEMBERS:

<u>SKILL</u>	<u>RANKING</u>			
	very impt	important	somewhat impt	not impt
Specialized Knowledge	39	23	11	3
Representation of Facilities	32	27	13	5
Representation of Academic Community	13	27	20	16
Representation of Geographic Areas	24	32	19	2
Gender Balance	19	21	24	1
Racial/Ethnic Balance	22	18	24	13

APPOINTMENT SECRETARIES:

<u>SKILL</u>	<u>RANKING</u>			
	very impt	important	somewhat impt	not impt
Specialized Knowledge	10	2	5	1
Representation of Facilities	11	3	2	1
Representation of Academic Community	5	5	6	1
Representation of Geographic Areas	10	6	1	0
Gender Balance	9	5	2	1
Racial/Ethnic Balance	8	6	1	2

**3. HOW IMPORTANT IS IT THAT A HEALTH LICENSING BOARD BE COMPOSED OF MEMBERS FROM THE HEALTH CARE ACADEMIC COMMUNITY?<sup>7</sup>**

Twenty-seven of the seventy-six public member respondents see inclusion of the academic community on health licensing boards as "important," with thirteen others seeing it as "very important." Twenty members consider it "somewhat important," with sixteen deeming it "not important."

Analogously, five of the seventeen appointment secretaries consider representation of the health care academic community on health licensing boards to be "important," with five others considering it "very important." Six of the seventeen appointment secretaries find such representation only "somewhat important," with one finding it "not important."

**4. HOW IMPORTANT IS IT THAT A HEALTH LICENSING BOARD BE COMPOSED OF MEMBERS THAT REPRESENT DIFFERENT GEOGRAPHIC AREAS?**

Thirty-two of the seventy-seven public member respondents consider representation of different geographic areas on health licensing boards to be "important," with an additional twenty-four seeing it as "very important." Nineteen members see geographic diversity as "somewhat important," while only two consider it to be "not important."

In contrast, ten of the seventeen appointment secretaries consider representation of different geographic areas on health licensing boards to be "very important," with six finding it to be "important." Only one appointment secretary finds geographic representation to be "somewhat important," with no one seeing it as "not important."

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<sup>7</sup> Another public member did not respond to this question.

**5. HOW IMPORTANT IS IT THAT A HEALTH LICENSING BOARD'S COMPOSITION REPRESENT A BALANCE IN TERMS OF GENDER?<sup>8</sup>**

Twenty-one of the seventy-seven public member respondents consider gender balancing on a board to be "important," with nineteen others viewing it as "very important." Twenty-four respondents see it as "somewhat important," while thirteen find it to be "not important." It is interesting that of the seventeen public members who are from nursing licensing boards, twelve of them consider gender balance on health licensing boards to be only "somewhat important," with two others finding it "not important." Two NLB members find gender balancing to be "important," with only one considering it to be "very important."

Significantly less split in their views, nine of the seventeen appointment secretaries consider gender balancing to be "very important," with five finding it "important." Two others find it "somewhat important," while none consider gender balancing "not important."

**6. HOW IMPORTANT IS IT THAT A HEALTH LICENSING BOARD'S COMPOSITION REPRESENT A BALANCE IN TERMS OF RACE AND/OR ETHNICITY?**

Of the seventy-seven public member respondents, twenty-two see racial and/or ethnic balancing as "very important," with eighteen others seeing it as "important." Twenty-four public members see racial/ethnic balancing as "somewhat important," with thirteen finding it "not important."

To a significantly stronger degree, eight of the seventeen appointment secretaries consider racial and/or ethnic balancing "very important" with six labeling it "important." One respondent finds it "somewhat important," while two characterize such balancing as "not important."

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<sup>8</sup> Two of the seventy-nine total public members did not respond to this question or the next one.

7. **BASED ON YOUR KNOWLEDGE AND EXPERIENCE, PLEASE RANK IN ORDER OF IMPORTANCE, ENTERING A "1" NEXT TO THE MOST IMPORTANT QUALITY, DOWN TO A "7" NEXT TO THE LEAST IMPORTANT QUALITY.<sup>9</sup> [SEE TABLE VI]**

**Specialized knowledge and/or expertise**

The sixty total public member respondents clearly perceive specialized knowledge and/or expertise as the most important factor to consider in composing a board; it received thirty-three rankings of "1," twelve rankings of "2," six rankings of "3," six rankings of "4," two rankings of "6," and one ranking of "5." Seven public members did not respond to this category. More specifically, from the thirty public members who sit on medical licensing boards, specialized knowledge and/or expertise received twenty rankings of "1," one ranking of "2," one ranking of "3," four rankings of "4," and two rankings of "6." Two medical board members did not respond to this category.

Analogously, the sixteen appointment secretary respondents gave specialized knowledge eight rankings of "1," three rankings of "2," one ranking of "3," two rankings of "4," and two rankings of "6."

**Representation of different types of health care facilities and/or settings**

The sixty total public member respondents pegged representation of different types of health care facilities and/or settings as the second most important factor, giving it twenty-six rankings of "2," thirteen rankings of "1," eight rankings of "3," six rankings of "5," five rankings of "4," and two rankings of "6." Seven public members did not respond to this category.

Concurrently, the sixteen appointment secretary respondents see facility/setting representation as second in importance, giving it six rankings of "1," five rankings of "2," one ranking of "3," one ranking of "4," two rankings of "5" and one ranking of "6."

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<sup>9</sup> This question was misunderstood by some respondents to mean rank each question individually on a scale of 1-7, rather than rank in order of comparative importance from 1 down to 7. Thus, there were twelve public members from various licensing boards and one appointment secretary excluded from the results.



TABLE VI. RELATIVE IMPORTANCE OF BOARD QUALITIES

PUBLIC MEMBERS:

<u>QUALITY</u>	<u>RANKING</u>						
	one	two	three	four	five	six	seven
Specialized Knowledge	33	12	6	6	1	1	0
Representation of Facilities	13	26	8	5	6	2	0
Representation of Geographic Areas	5	9	19	12	8	5	0
Representation of Academic Community	0	3	17	14	13	13	0
Gender Balance	4	5	3	16	14	16	1
Racial/Ethnic Balance	1	4	8	6	18	21	2
Other	3	0	0	1	1	0	4

APPOINTMENT SECRETARIES:

<u>QUALITY</u>	<u>RANKING</u>						
	one	two	three	four	five	six	seven
Specialized Knowledge	8	3	1	2	0	2	0
Representation of Facilities	6	5	1	1	2	1	0
Representation of Geographic Areas	2	3	3	7	0	1	0
Representation of Academic Community	0	1	5	3	3	4	0
Gender Balance	0	4	4	1	5	2	0
Racial/Ethnic Balance	0	2	2	2	4	4	1
Other	0	0	0	0	0	0	2

### Representation of different geographic areas

The sixty public member respondents believe that the third most important quality for a health licensing board is that it be composed of members that represent different geographic areas, giving it nineteen rankings of "3," twelve rankings of "4," nine rankings of "2," eight rankings of "5," five rankings of "1," five rankings of "6," and 2 rankings of "7." Seven public members did not respond to this category.

Analogously, the sixteen appointment secretaries also believe that the third most important quality for a health licensing board is geographic diversity, giving it seven rankings of "4," three rankings of "3," three ranking of "2," two ranking of "1," and one ranking of "6."

### Representation of the health care academic community

The sixty public member respondents consider representation of the academic community the fourth most important factor in composing a health licensing board, giving it seventeen rankings of "3," fourteen rankings of "4," thirteen rankings of "5," three rankings of "2," and thirteen rankings of "6." Seven public members did not respond to this category.

By contrast, the sixteen appointment secretaries believe that representation of the health care academic community is only the fifth most important factor, giving it four rankings of "6," five rankings of "3," three ranking of "4," three rankings of "5," and one ranking of "2."

### Gender balance

For the sixty public members, the fifth most important quality for a health licensing board is that it be balanced according to gender -- this factor received sixteen rankings of "6," sixteen rankings of "4," fourteen rankings of "5," six rankings of "2," four rankings of "1," three rankings of "3," and one ranking of "7." Seven public members did not respond to this category. The sixteen public members who sit on nursing licensing boards perceive gender balance on a licensing board as less important, giving this category eleven rankings of "6," three rankings of "4," one rankings of "5," and one ranking of "7."

For the sixteen appointment secretaries, however, gender balancing is the fourth most important quality, with five rankings of "5," four rankings of "3," four rankings of "2," one ranking of "4," and two rankings of "6."

### Racial/ethnic balance

According to the sixty public member respondents, the least important quality in composing a licensing board is racial/ethnic balance, which received twenty-one rankings of "6," eighteen rankings of "5," eight rankings of "3," six rankings of "4," four rankings of "2," two rankings of "7," and one ranking of "1." Seven public members did not respond to this category.

Similarly, the sixteen appointment secretary respondents see the racial and/or ethnic balance on the board as the least important factor, giving it four rankings of "6," four rankings of "5," two rankings of "4," two rankings of "3," two rankings of "2," and one ranking of "7."

### Other

The eleven public members who identified "other criteria" recorded four rankings of "7," three rankings of "1," one ranking of "4," and one ranking of "5." Their specific responses are as follows:

#### Medical Licensing Boards

- o Age-- M.D.'s over 45 years old are often different than those under 45.
- o Willingness to give available, necessary time.
- o Balance of public and doctor members.

#### Nursing Home Administrator Licensing Boards

- o A balanced ratio of Administrators, a public member-at-large, a senior representative, and professional individuals.

#### Nursing Licensing Boards

- o Diversity
- o Sophistication and common sense.

- o Young professionals and mature professionals.
- o Issues and concerns in the nursing field.

**Unidentifiable Affiliation**

- o Willing to devote quality time to serve.

The two appointment secretaries who reported using "other criteria" recorded two rankings of "7." Their specific responses are as follows:

- o Education
- o Representative from non-academic health care community

**QUESTION III. B.**

- 3. BASED ON YOUR KNOWLEDGE AND EXPERIENCE, WHAT WOULD BE THE IDEAL PERCENTAGE OF PUBLIC MEMBERS ON YOUR LICENSING BOARD?<sup>10</sup> [SEE TABLE VII]**

Twenty-one of the seventy-four public member respondents said the ideal percentage of public members on their licensing board would be 25%; sixteen said 33%; fourteen said 0-24%; seven said 26-32%; seven said 34-49%; six members, of whom five are from medical licensing boards, said 50%; and three members, all from nursing home administrator boards, said 51% or above. Five public members did not answer this question.

**QUESTION IV.**

- A. BASED ON YOUR EXPERIENCE, WHAT CRITERIA SHOULD BE CONSIDERED WHEN APPOINTING A PROFESSIONAL MEMBER TO HEALTH LICENSING BOARD? (PLEASE DESCRIBE BRIEFLY.)**

Sixty-eight of the seventy-nine public members responded to this question; their specific answers were as follows:

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<sup>10</sup> The final two questions were asked only of public members.

TABLE VII. IDEAL PERCENTAGE OF PUBLIC MEMBERS ON LICENSING BOARD

Public Members:

<u>0-24%</u>	<u>25%</u>	<u>26-32%</u>	<u>33%</u>	<u>34-49%</u>	<u>50%</u>
14	21	7	16	3	6

## Medical Licensing Boards

- o Commitment/dedication/desire
- o Judgement based on knowledge and public service. Recommended by the medical community.
- o The professional should have a general knowledge of his or her field and have no affiliations with industry representatives. The appearance of improprieties is greater on many members of health licensing medical boards if they belong to a professional organization, i.e. C.M.A.
- o Professional members must be willing and able to carry their fair share of the workload. All of us have time constraints and must be considerate of other members.
- o Ability and desire to participate. Prior involvement in the community and with the public. Not having too many extra activities. Experience at taking an oppositional stance. Education may be overcome. Lay out all the time and horror stories before they come in.
- o Experience, leadership, and recognition in the doctor's field. Different specialists. Different geographic areas.
- o Any doctor appointed to the board should have a good reputation and be extremely knowledgeable in his particular field of medicine. Have the interest of the board. Able to vote for or against the individual, not the profession.
- o Fair, honest, sincere, dedicated, willingness to serve.
- o Areas of expertise needed on the boards. Represent different locations in the state (urban and rural). Time availability.
- o Longevity in practice. Open-minded. Thorough. A balance of various specialties on the board.
- o Specialty balance. Ethnic and gender sensitivity.
- o Desire to protect public and ability to analyze issues beyond limitation imposed by his or her area of specialization.

- o Someone concerned with patient welfare.
- o I do not like having board members appointed by what political party is in office. We lose some of our best people because of that.
- o Knowledgeable -- no previous contact with boards (disciplining).
- o Objectivity. Quality of service to profession. Concern for keeping the profession "clean" and protect the public. Willingness to take the "heat" for decisions.
- o A person who is: interested in how medical care is served to the consumers, familiar with various settings where medical care is offered, and previous experiences in practice settings.
- o Experience. Record. Community status. Availability.
- o License in good standing; integrity within that professional community; interest and dedication.
- o Some training should be in place to ensure knowledge and appropriate skills as new members assume their roles.
- o Practice specialization; a dedication to the safe practice of medicine.
- o Background knowledge in health care. Willingness to read and learn. Communication skills. Leadership qualities. Assertiveness skills. Willingness to develop a position and stick to it. Involvement with consumer advocacy groups.
- o A balance of professional expertise within the area of health your dealing with.
- o Currently in practice. Well-rounded. Extremely competent in specialty. Objective.
- o Upon review of reputation and practice experience, the most critical is time participation. If busy practicing, cannot function as a board member.
- o "Clean" license, not on the board of state medical society, what specialty could be most helpful to the current board membership.

- o Open-minded. Willing to admit some M.D.'s should not be licensed. Ability to accept opinions of public members.
- o A public service orientation and background. The ability and willingness to devote the time required. Recognized expertise in the field of specialization.
- o Degree of education. Experience in a public arena. Willingness to fight for the state's consumers. Ability to work with professional people. Good communication skills.
- o Person respected in the community/state for their skill and professionalism. Demonstrated professional ability. Ability to get along with people.

#### Nursing Home Administrator Licensing Boards

- o Interest and involvement in the "whole" health care picture, not just their own field.
- o Active in the profession. Excellent record. Fine character.
- o Training and actual work in the field. Active practitioner.
- o Specialized knowledge and expertise. Representation of a variety of health care institutions. Public service.
- o Should be a balance between for-profit and not-for-profit members.
- o The appointee should be an individual who is engaged in working with patients of an institution such as a licensed nursing home so they have been concerned with chronically ill patients of this age.
- o One who can view health care from a perspective much broader than his or her own expertise.
- o Should have some experience in working with older adults in nursing homes.
- o Desire.



- o Without knowledge of the industry you are regulating, you are making uninformed decisions.
- o Independence/integrity/intelligence.
- o Not all a part of an industry association. Some should be independent. Some should be from non-profit and some from profit institutions.
- o Respect and credibility with other professionals.

#### Nursing Licensing Boards

- o Dedication to public service.
- o Open-minded. Look at each issue. Respect fellow members opinions.
- o Demonstrated leadership qualities. Interest in and knowledge of health care.
- o Accurate and clear communication ability. Endorsement by community (organization). Dedication and capability of candidate to provide participation in the deliberative process.
- o Avoid lawyers like the plague. They tend to distort, dominate, and become confused as to their role. Clergymen are also ill-suited. Women tend to micro-manage. Members of the body should be licensed. Need breadth of vision. Freedom from "union commitments." Perspective. Strong educational qualifications.
- o Demonstrated open-mindedness. Ability to protect the public, not just the profession.
- o Minimum five years professional experience. Two degree nurses to one non-degree nurse and at least one master's degree nurse.
- o An excellent record in their profession. Many years of experience and proven ability as leaders and communicators.
- o Each board should have representation from educational, RN, LPN, Long Term Care. Representation from different geographic areas, and racial/ethnic areas.

- o General knowledge. Specialized expertise. Sufficient time to serve.
- o Interest in the greater good of the profession. Time and commitment to serve. Ability to overcome "territorial" issue for greater good.
- o Same personal skills required of public members.
- o Active in some form of health care as a nurse.
- o Dedication to public service; leadership and communication skills; good decision-making skills and public relation skill.
- o Experience in some health field.
- o Knowledge of the profession. Friendly attitude. Patience. Helpful.
- o Knowledge of the profession.

**Affiliation Unidentifiable**

- o Is he/she concerned with peoples' welfare or are they just interested in promoting their own welfare.
- o Should be well-experienced and reliable member of their professions with the ability to judge and punish one of their peers when necessary.
- o Reputation as a professional and as an individual person.
- o No professional association affiliation now or ever.
- o Must be a practicing physician with understanding of a variety of settings in practice (office/academic/community hospital).
- o Try to select good sound members who can be impartial in all decisions.
- o Education and experience.

# APPENDIX

STATE \_\_\_\_\_

LICENSING BOARD \_\_\_\_\_

APPOINTMENT CRITERIA SURVEY

I. ELIGIBILITY REQUIREMENTS FOR PUBLIC MEMBERS

*[Please read the following two statements, "A" and "B."]*

- A. The appearance of conflict of interest and, on occasion, actual conflict of interest implications are raised when public members are selected for health licensing boards. Some boards in order to assure that public members are truly independent in their judgment, take an approach that would require public representatives to be eligible voting residents of the State knowledgeable in consumer health concerns, and neither be, nor ever have been, associated with the provision of health care or be enrolled in any health related educational program. Therefore, any person who has, or ever has had, a possible substantial relationship with a health provider is rendered ineligible.
  
- B. Other boards also desire to eliminate the potential for conflicts of interest; however, they believe the above criteria may unjustly deprive fully qualified members of the public the opportunity to serve on a health licensing board. Alternatively, these boards would require representatives of the public be individuals who, while they have no current or immediate association to the provision of health care, are knowledgeable about health care issues. Previous involvement with institutions providing health care services shall not automatically disqualify a candidate. Certain types of previous relationships with health care providers (i.e. former service as a public member, a retired nurse, etc.) are considered positive factors, not disqualifying factors.

Which statement and rationale comes closest to what you believe concerning the past connection of a public member with a health care provider?

\_\_\_\_\_ A

\_\_\_\_\_ B

**II. CRITERIA FOR PUBLIC MEMBERS**

**A. CONNECTION WITH PUBLIC INTEREST**

Please rank the relative importance of the following qualities:

	<u>Very</u> <u>Important</u>	<u>Important</u>	<u>Somewhat</u> <u>Important</u>	<u>Not</u> <u>Important</u>
1. A record of participation in or a dedication to public service	_____	_____	_____	_____
2. An association with a recognized consumer or public interest organization within the state or community	_____	_____	_____	_____
3. A working relationship with the health care academic community	_____	_____	_____	_____
4. Based on your knowledge and experience, please rank in order of importance, entering a "1" next to the <u>most</u> important, down to "4" next to the <u>least</u> important.				

- \_\_\_\_\_ Participation in/dedication to public service
- \_\_\_\_\_ Association with recognized consumer interest organizations
- \_\_\_\_\_ Relationship to health care academic community
- \_\_\_\_\_ Other (please identify) \_\_\_\_\_

**B. EDUCATIONAL BACKGROUND**

1. Do you believe there should be a minimum educational requirement for public members of health licensing boards?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

2. If yes, what should the minimum educational requirement be?

- \_\_\_\_\_ High school diploma
- \_\_\_\_\_ Two years of college
- \_\_\_\_\_ Undergraduate degree
- \_\_\_\_\_ Graduate degree

**C. PERSONAL SKILLS**

Please rank the relative importance of the following personal skills:

	<u>Very</u> <u>Important</u>	<u>Important</u>	<u>Somewhat</u> <u>Important</u>	<u>Not</u> <u>Important</u>
1. Demonstrated leadership skills	_____	_____	_____	_____
2. Communication skills	_____	_____	_____	_____
3. Public relations skills	_____	_____	_____	_____
4. Decision-making/ rule-making skills	_____	_____	_____	_____
5. Negotiating/ bargaining skills	_____	_____	_____	_____
6. Lobbying skills	_____	_____	_____	_____

7. Based on your knowledge and experience, please rank in order of importance, entering a "1" next to the most important personal skill, down to a "7" next to the least important personal skill.

- \_\_\_ Leadership skills
- \_\_\_ Communication skills
- \_\_\_ Public relations skills
- \_\_\_ Decision-making/rule-making skills
- \_\_\_ Negotiating/bargaining skills
- \_\_\_ Lobbying skills
- \_\_\_ Other (please identify) \_\_\_\_\_

**D. OTHER CRITERIA**

1. Would you recommend any other criteria that should be considered when selecting a public member for a health licensing board? (Please describe briefly.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### III. COMPOSITION OF THE LICENSING BOARD

#### A. LICENSING BOARD QUALITIES

1. How important is it that a health licensing board be composed of members who possess specialized knowledge or expertise in a particular field?  
  
 Very important  
 Important  
 Somewhat important  
 Not important
  
2. How important is it that a health licensing board be composed of members that represent different types of health care facilities and/or settings?  
  
 Very important  
 Important  
 Somewhat important  
 Not important
  
3. How important is it that a health licensing board be composed of members from the health care academic community?  
  
 Very important  
 Important  
 Somewhat important  
 Not important
  
4. How important is it that a health licensing board be composed of members that represent different geographic areas?  
  
 Very important  
 Important  
 Somewhat important  
 Not important
  
5. How important is it that a health licensing board's composition represent a balance in terms of gender?  
  
 Very Important  
 Important  
 Somewhat important  
 Not important

6. How important is it that a health licensing board's composition represent a balance in terms of race and/or ethnicity?

- Very important
- Important
- Somewhat important
- Not Important

7. Based on your knowledge and experience, please rank in order of importance, entering a "1" next to the most important quality, down to a "7" next to the least important quality.

- Specialized knowledge and/or expertise
- Representation of different types of health care facilities and/or settings
- Representation of the academic community
- Representation of different geographic areas
- Gender balance
- Racial/ethnic balance
- Other (please identify) \_\_\_\_\_

**B. PUBLIC/PROFESSIONAL MEMBER PERCENTAGES**

1. What are the total number of members on your health licensing board? \_\_\_\_\_
2. How many board members are public members? \_\_\_\_\_
3. Based on your knowledge and experience, what would be the ideal percentage of public members on your licensing board?

- 0-24%
- 25%
- 26-32%
- 33%
- 34-49%
- 50%
- 51% or above

**IV. CRITERIA FOR PROFESSIONAL MEMBERS**

A. Based on your experience, what criteria should be considered when appointing a professional member to a health licensing board? (Please describe briefly.)

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