STATE MEDICAL BOARDS AND MEDICAL DISCIPLINE

A STATE-BY-STATE REVIEW

OFFICE OF INSPECTOR GENERAL

OFFICE OF EVALUATION AND INSPECTIONS

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INTRODUCTION

In April 1990, we issued a draft report entitled "State Medical Boards and Medical Discipline." The report was a follow-up to one we issued in June 1986. It was prepared as a result of a study requested by Congressman Ron Wyden, Chairman of the Subcommittee on Regulation, Business Opportunities and Energy of the Committee on Small Business of the United States House of Representatives.

The report served as the focus for a Congressional hearing convened by Chairman Wyden on June 8, 1990. During that hearing, Inspector General Richard P. Kusserow elaborated on the report's central theme: that although there has been some improvement in the boards' capabilities in recent years, they still reflect serious shortcomings in their identification, review, and disposition of cases.

In the report we identified a number of actions that the Federal Government could take to help State governments to address the identified shortcomings. For instance, to help the State boards obtain better information on cases involving the provision of inadequate medical care, we called for the Health Care Financing Administration within the U.S. Department of Health and Human Services to propose legislation mandating that the Medicare-funded Peer Review Organizations (PROs) share case information with the medical boards when the first sanction notice is sent to a physician. We found that without such a mandate, the PROs are unlikely to share much case information.

At the same time, we recognized that if the capability and performance of the State boards are to improve significantly, the major actions must be taken by the States themselves. Toward this end, we offered some general recommendations to State governments and to the National Governors' Association, Council of State Governments, the National Conference of State Legislatures, and the Federation of State Medical Boards.

Our purpose in presenting this brief follow-up report is to help individual State governments, the State government associations, and others gain a better comparative understanding of some key characteristics that bear on State board performance in carrying out disciplinary responsibilities. Such an understanding, we believe, can help clarify the extent and type of actions which should be taken by State governments.

We organize the report in terms of the three major components of the disciplinary sphere: (1) the identification of cases, (2) the review of cases, and (3) the disposition of cases. In each section we provide an introductory overview and then present comparative data for all 50 States and for the District of Columbia (hereafter referred to as a State). In nearly all cases, the data are taken from the

1989-90 edition of the Exchange, published by the Federation of State Medical Boards.

More extensive State-by-State information is available in the Exchange. In this report, we have attempted to highlight those items that are particularly relevant to the boards' conduct of their disciplinary responsibilities and to the findings and recommendations of our April 1990 draft report.

IDENTIFICATION OF CASES

In our April 1990 report (hereafter referred to as the prior report) we indicated that the PROs, the State Medicaid agencies, and the Medicare carriers were referring few cases to the State medical boards. We expressed particular concern about the lack of referral activity between the PROs and State medical boards and called for legislation mandating that the PROs share case information with the boards at the time they send the first sanction notice to a physician.

Yet, because of actions taken by the States, we found that the overall number of referrals or complaints being received by the State boards was increasing, often significantly. Through mandatory reporting laws, immunity protections, and license reregistration requirements, the States have greatly facilitated the identification of physicians who may warrant disciplinary action. Tables 1, 2, and 3 indicate the scope of these actions among the 51 States.

The mandatory reporting and immunity protection laws are the most pervasive. The former apply in 50 of the States, with mandatory reporting by hospitals (45 States) and by liability insurance carriers (33 States) being the most common. The immunity protections are extended to reporting sources in 47 of the States, protections to board members being most prominent (44 States) and those to individuals or organizations voluntarily reporting in good faith being the least prominent (31 States).

TABLE 1

MANDATORY REPORTING LAWS, BY REPORTING SOURCE, 1989

STATE	AL	CRT	HSP	OHE	LIAB	SMS	PRO
AL	X		X				
AK	X	X	X	X			
AZ	X	X	X	X	X	X	
AR	X		X				
CA		X	X	X	X		
CO	X		X		X		
CT	X		X			X	
DE	X		X	X		X	X
DC				X			
FL	X		X	X	X	X	X
GA			X		X		
HI	X	X	X	X	X	X	
ID	X		X				
IL			X	X	X	X	
IN			X				
IA	X		X		X		
KS	X		X	X	X	X	
KY	X	X	X		X	X	
LA					X		
ME	X		X	X	X	X	X
MD		X	X	X			
MA		X	X	X	X	X	
MI		X	X	X	X		
MN	X	X	X	X	X	X	X
MS			X			X	
MO	X		X	X	X		
MT	X						
NE							
NV	X	X	X	X	X	X	
NH	X	X	X	X	X	X	
NJ			X		X		
NM	X		X	X	X		
NY	X	X	X	X	X	X	
NC			X		X		
ND	X						
OH	X	X	X		X	X	
OK			X	X	X	X	X
OR	X		X		X	X	X
PA	X	X	X				
RI		X	X	X	X	X	X
SC			X	X	X		
SD			X				
TN				X			
TX	X	X	X	X	X	X	
UT	X		X	X		X	
VT			X				
VA	X	X	X	X	X	X	
WA	X	X	X	X	X	X	X
WV	X	X	X	X	X	X	X
WI			X		X		
WY	X		X	X	X	X	
TOTAL	31	19	45	29	33	25	9

KEY: AL=All Licensees; CRT=Courts; HSP=Hospitals; OHE=Other Health Care Provider Entities; LIAB=Liability Insurance Carriers; SMS=State Medical/Osteopathic Societies; PRO=Professional Review Organizations

SOURCE: Federation of State Medical Boards, Exchange, 1989-1990.

TABLE 2

IMMUNITY PROTECTION LAWS, BY INDIVIDUALS/ORGANIZATIONS COVERED, 1989

STATE	BM	BS	RBL	AGF
AL	X		X	
AK	X	X	X	X
AZ	X	X	X	X
AR				
CA	X	X		X
CO	X	X	X	X
CT	X	X	X	X
DE	X	X		
DC	X	X		X
FL	X	X	X	X
GA	X	X	X	X
HI	X	X		
ID	X	X	X	X
IL	X	X	X	X
IN	X	X	X	X
IA	X	X	X	X
KS	X	X	X	X
KY	X	X	X	X
LA	X	X	X	X
ME	X	X	X	X
MD	X	X	X	X
MA				X
MI	X		X	
MN	X	X	X	X
MS	X	X	X	X
MO	X	X	X	X
MT	X	X	X	
NE	X			
NV	X	X	X	X
NH	X	X		
NJ				X
NM	X	X	X	X
NY	X	X	X	X
NC			X	
ND	X	X		
OH	X	X	X	X
OK				
OR	X	X	X	X
PA				
RI	X	X	X	X
SC	X	X	X	X
SD	X		X	
TX	X	X		
TN	X	X	X	X
UT	X	X	X	
VT	X		X	
VA	X	X	X	X
WA	X	X	X	
WV	X	X	X	
WI				
WY	X		X	
TOTAL	44	38	37	31

KEY: BM=Board Members; BS=Board Staff; RBL=Individuals/Organizations Required by Law to Protect; AGF=Any Individual/Organization Reporting in Good Faith

SOURCE: Federation of State Medical Boards, Exchange, 1989-90.

TABLE 3

LICENSE REGISTRATION REQUIREMENTS, BY TYPE OF INFORMATION REQUIRED, 1989

STATE	OLB	HSP	PS	DAA	DEA	PMI	LSJ	FC
AL	X	X	X	X	X	X	X	X
AK	X	X	X	X		X	X	X
AZ	X	X		X	X	X	X	X
AR	X	X	X				X	X
CA								
CO	X	X		X	X	X	X	X
CT	X							X
DE	X	X	X				X	X
DC	X							X
FL								
GA	X			X	X		X	X
HI	X							
ID								
IL								
IN	X				X			X
IA								
KS	X	X		X	X	X	X	X
KY	X	X	X	X	X	X	X	X
LA	X	X	X	X	X	X	X	X
ME	X	X	X	X	X	X	X	X
MD	X	X	X	X	X	X	X	X
MA	X	X	X	X	X	X	X	X
MI								
MN	X	X	X	X	X	X	X	X
MS								
MO	X	X	X	X	X	X	X	X
MT	X	X	X	X	X		X	X
NE								
NV	X	X	X	X	X		X	X
NH	X	X	X	X	X	X	X	X
NJ	X	X	X				X	X
NM	X	X	X	X	X	X	X	X
NY								
NC	X	X	X	X	X	X	X	X
ND	X	X	X					X
OH	X	X		X	X			X
OK	X	X	X	X	X	X	X	X
OR	X	X	X	X	X	X	X	X
PA	X	X	X	X	X			X
RI								
SC	X	X	X	X	X	X	X	X
SD	X	X	X	X	X	X		X
TN								
TX		X	X				X	
UT	X	X	X	X	X	X		X
VT	X	X	X	X	X	X	X	X
VA	X	X	X	X	X	X	X	X
WA								
WV	X	X	X	X	X	X	X	X
WI								
WY	X	X	X	X	X	X	X	X
TOTAL	37	33	29	30	29	24	29	36

KEY: OLB=Other Licensing Boards' information: disciplinary actions/sanctions taken, voluntary surrenders; HSP=Hospitals' information: disciplinary actions/sanctions taken, voluntary resignations from staff; PS=Professional Societies' information: disciplinary actions/sanctions taken, membership withdrawals; DAA=Personal Drug/Alcohol Abuse/Addictions; DEA=Loss or restriction of Drug Enforcement Administration registration; PMI=Physical/Mental Illness potentially affecting safe practice; LSJ= Liability awards, Settlements, or Judgments against applicant; FC=Conviction of Felony Charges against applicant or applicant's entry of guilty or nolo contendere pleas to felony charges

SOURCE: Federation of State Medical Boards, Exchange, 1989-1990

REVIEW OF CASES

One of the central messages of our prior report is that the State boards have not been granted the resources necessary to keep up with their expanded caseloads and to conduct careful reviews of complex cases involving the quality of medical care delivered. As a result, case backlogs have remained as a serious problem, with investigators often having active caseloads of 50-60 or more.

Tables 4, 5, and 6 offer some useful background on the resource shortfall of the boards. Table 4 indicates that in 33 of the States, the license renewal fee, which serves as the major source of revenue for the boards, is less than $100 a year. Table 5 further reveals that in 22 of the States, the income obtained from such fees is not necessarily dedicated or otherwise reserved for board use. As we noted in our prior report, many States use the income obtained from license renewal fees for purposes unrelated to the workings of their medical boards.

Table 6, which addresses only those boards that function independently of a central agency, indicates that the investigatory resources of the boards are quite modest. Among the 38 boards listed, 29 have fewer than 5 full-time investigators. Moreover, our prior work suggested that very few of these investigators have clinical training in the health care field.

In recent years, State governments have granted their State medical boards with increased authorities to sanction physicians. Table 7 indicates that in all 51 States, the boards now have the authority to revoke or suspend a physician's license or to impose some kind of limitation on a physician's practice; that in 49 States, they can put a physician on probation; that in 45 States, they can impose an emergency suspension (although the restrictions typically associated with such suspensions result in their being used very rarely).

Yet, as tables 7, 8, and 9 reveal, major limitations remain. Thirty-three States still cannot impose a fine on a licensee (table 7); at least 22 (2 are not available) still cannot require a physician to take an examination concerning his or her medical skill, even though it has reason to believe such an examination is necessary (table 8); and 33 still do not have the authority to discipline a licensee already disciplined in another State without conducting a new hearing (table 9). The latter limitation results in considerable duplication of work by the boards and in less investigatory time being available to handle other referrals or complaints.

We do not have State-by-State data that address other factors that we have found inhibit the boards' capacity to review cases expeditiously and effectively. Such factors include (1) the fragmented, multi-tiered process often characterizing a State's efforts in investigating and preparing cases, conducting hearings, and imposing disciplinary

actions, and (2) the "clear and convincing" standard of proof upon which most boards must base their disciplinary actions.

TABLE 4

ANNUAL LICENSE RENEWAL FEES, 1988

STATE	FEE
AL	$ 50.00
AK	200.00
AZ	150.00
AR	25.00
CA	127.50
CO	48.50
CT	160.00
DE	35.00
DC	60.00
FL	125.00
GA	37.50
HI	100.00
ID	90.00
IL	100.00
IN	25.00
IA	75.00
KS	115.00
KY	65.00
LA	100.00
ME	50.00
MD	45.00
MA	50.00
MI	40.00
MN	115.00
MS	40.00
MO	30.00
MT	50.00
NE	50.00
NV	150.00
NH	150.00
NJ	80.00
NM	60.00
NY	73.33
NC	25.00
ND	60.00
OH	50.00
OK	100.00
OR	105.00
PA	0.00
RI	235.00
SC	80.00
SD	100.00
TN	35.00
TX	202.00
UT	37.50
VT	50.00
VA	62.50
WA	85.00
WV	100.00
WI	41.00
WY	40.00

SOURCE: American Medical Association, U.S. Medical Licensure Statistics and Current Licensure Requirements, 1989.

TABLE 5

LICENSURE-RELATED REVENUES DEDICATED OR OTHERWISE RESERVED FOR BOARD USE, 1989

STATE	FUNDS DEDICATED/RESERVED YES	NO
AL	X	
AK		X
AZ	X	
AR	X	
CA	NOT AVAILABLE	
CO	X	
CT		X
DE		X
DC		X
FL	X	
GA		X
HI		X
ID	X	
IL	X	
IN		X
IA		X
KS	X	
KY	X	
LA	X	
ME	X	
MD		X
MA		X
MI		X
MN		X
MS		X
MO	X	
MT	NOT AVAILABLE	
NE	X	
NV	X	
NH		X
NJ	X	
NM	X	
NY		X
NC	X	
ND	X	
OH		X
OK	X	
OR	X	
PA	X	
RI	X	
SC		X
SD		X
TN		X
TX	X	
UT		X
VT		X
VA	X	
WA	X	
WV	X	
WI		X
WY	X	
TOTAL	27	22

SOURCE: Federation of State Medical Boards, Exchange, 1989-90

TABLE 6

NUMBER OF FULL TIME INVESTIGATIVE STAFF, INDEPENDENT STATE MEDICAL BOARDS, 1989

STATE	# FT INVESTIGATIVE STAFF
AL	3
AK	1
AZ	6
AR	0
CA	63
CO	2
DE	0
GA	6
HI	0
ID	1
IN	STAFF PROVIDED THROUGH CENTRAL AGENCY
IA	0
KS	0
KY	4
LA	2
ME	0
MI	0
MN	9
MS	3
MO	8
MT	0
NV	1
NH	0
NJ	0
NM	1
NC	0
ND	0
OH	12
OK	3
OR	2
PA	0
SC	4
SD	0
TX	NOT AVAILABLE
VT	0
WV	1
WI	STAFF PROVIDED THROUGH CENTRAL AGENCY
WY	0
MEDIAN	1

KEY: Independent=Board exercises all licensing and disciplinary powers, though some clerical services may be provided by a central agency.

SOURCE: Federation of State Medical Boards, Exchange, 1989-90.

TABLE 7

ALLOWABLE ACTIONS OR SANCTIONS, 1989

STATE	REV	SSUS	SUS	PRO	LL	STP	FN	PRR	PBR	LDC	LC
AL	X	X	X	X	X	X	X	X	X	X	X
AK	X	X	X	X	X	X	X	X	X	X	X
AZ	X	X	X	X	X	X	X			X	X
AR	X		X		X			X	X	X	
CA	X		X	X	X	X			X		
CO	X	X	X	X	X	X		X	X	X	X
CT	X	X	X	X	X	X	X		X	X	
DE	X	X	X	X	X		X	X	X	X	X
DC	X	X	X	X	X		X	X	X	X	X
FL	X	X	X	X	X	X	X		X		X
GA	X	X	X	X	X	X	X	X	X	X	X
HI	X	X	X	X	X	X	X				
ID	X	X	X	X	X	X		X	X	X	X
IL	X	X	X	X	X	X			X	X	
IN	X	X	X	X	X	X		X	X	X	
IA	X	X	X	X	X	X	X		X	X	X
KS	X	X	X	X	X			X	X		X
KY	X	X	X	X	X	X	X	X	X	X	X
LA	X	X	X	X	X	X	X		X	X	X
ME	X	X	X	X	X	X					X
MD	X	X	X	X	X	X		X	X	X	
MA	X	X	X	X	X	X	X		X	X	
MI	X	X	X	X	X	X	X		X		
MN	X	X	X		X	X	X		X		
MS	X	X	X	X	X	X		X	X	X	
MO	X	X	X	X	X	X		X	X	X	X
MT	X	X	X	X	X			X	X	X	X
NE	X	X	X	X	X	X	X	X	X	X	
NV	X	X	X	X	X	X	X		X	X	X
NH	X		X	X	X			X		X	X
NJ	X	X	X	X	X	X	X	X	X	X	X
NM	X	X	X	X	X	X	X		X		
NY	X	X	X	X	X	X	X	X	X		
NC	X	X	X	X	X	X		X	X	X	X
ND	X	X	X	X	X	X	X	X	X	X	X
OH	X		X	X	X				X		
OK	X		X	X	X	X			X	X	X
OR	X	X	X	X	X	X	X	X			X
PA	X	X	X	X	X	X	X	X	X	X	X
RI	X		X	X	X		X	X	X	X	X
SC	X	X	X	X	X	X	X	X	X		
SD	X	X	X	X	X	X		X	X	X	
TN	X	X	X	X	X	X			X	X	X
TX	X	X	X	X	X	X		X		X	
UT	X	X	X	X	X	X		X	X	X	X
VT	X	X	X	X	X				X	X	
VA	X	X	X	X	X	X	X		X		
WA	X	X	X	X	X	X	X		X	X	
WV	X	X	X	X	X	X	X		X	X	X
WI	X	X	X	X	X	X		X	X	X	X
WY	X	X	X	X	X			X	X	X	X
TOTAL	51	45	51	49	51	41	28	30	45	36	32

KEY: REC=Revocation of License; SSUS=Summary Suspension of License; SUS=Suspension of License; PRO=Probation; LL=License Limitation or Restriction; STP=Stipulations or Consent Agreements; FN=Collection of Fine; PRR=Private Reprimand; PBR=Public Reprimand; LDC=Letter/Decree of Censure; LC=Letter of Concern

SOURCE: Federation of State Medical Boards, Exchange, 1989-90.

TABLE 8

TYPES OF EXAMINATIONS BOARDS MAY REQUIRE OF LICENSEES, 1989

STATE	PHYSICAL	MENTAL	MEDICAL KNOWLEDGE	MEDICAL SKILL
AL	X	X		
AK	X	X		
AZ	X	X	X	X
AR				
CA	X	X	X	
CO	X	X		
CT				
DE	X	X		
DC	X	X	X	X
FL	X	X	X	X
GA	X	X	X	X
HI	X	X	X	
ID	X	X		
IL	X	X		
IN	X	X	X	X
IA	X	X	X	X
KS	X	X		
KY	X	X		
LA	X	X	X	
ME	X	X		
MD	X	X	X	X
MA	X	X	X	X
MI	X	X		
MN	X	X	X	X
MS	X	X	X	X
MO	X	X	X	X
MT		NOT AVAILABLE		
NE	X	X	X	X
NV	X	X	X	X
NH			X	X
NJ	X	X	X	X
NM				
NY	X	X		
NC	X	X	X	X
ND	X	X	X	X
OH	X	X	X	X
OK	X	X	X	X
OR	X	X	X	X
PA	X	X		
RI	X	X	X	X
SC	X	X	X	X
SD	X	X	X	X
TN		X	X	
TX	X	X	X	X
UT	X	X	X	X
VT				
VA	X	X	X	
WA		NOT AVAILABLE		
WV	X	X		
WI	X	X	X	X
WY	X	X	X	X
TOTAL	43	44	32	27

SOURCE: Federation of State Medical Boards, Exchange, 1989-90.

TABLE 9

RECIPROCITY AMONG THE STATES CONCERNING DISCIPLINARY ACTIONS TAKEN BY THE STATE BOARDS, 1989

	DALJ		SDALJ	
STATE	1	2	1	2
AL	X		X	
AK	X			
AZ	X			
AR	X			
CA	X			
CO			X	
CT			X	
DE		X		
DC			X	
FL	X			
GA	X			
HI			X	
ID				X
IL			X	
IN		X		
IA	X	X	X	
KS			X	
KY	X			
LA	X			
ME	X			
MD			X	
MA			X	X
MI			X	
MN	X			
MS		X		
MO		X	X	
MT	X			
NE			X	
NV				X
NH		X		
NJ		X		
NM		X		
NY				X
NC		X		
ND	X			
OH			X	
OK		X		
OR		X	X	
PA	X			
RI			X	X
SC			X	
SD			X	
TN			X	
TX			X	
UT	X		X	
VT				X
VA	X		X	
WA		X		
WV			X	
WI	X			
WY				X
TOTAL	18	12	23	7

SOURCE: Federation of State Medical Boards, Exchange, 1989-90.

KEY: DALJ (1-2)=Any disciplinary action taken by another licensing juris or SDALJ (1-2)=Specific disciplinary action of another juris. Grounds for original action must be valid grounds in both juris [1=new hearing required; 2=new hearing not required]

DISPOSITION OF CASES

Each State medical board informs the Federation of State Medical Boards (FSMB) of formal actions it has taken against physicians. These State-by-State submissions provide the basis for the data in tables 10 and 11.

These data, as we noted in our prior report, can be somewhat misleading. This is because in addition to initial adverse actions they also include any subsequent modifications to those actions. Thus, if a board put an individual physician on probation, subsequently modified the probation, and at a later point terminated it, that physician would account for three board actions to the FSMB.

Nevertheless, the FSMB data provide a reasonable indicator of the extent to which State boards are disciplining physicians. In this regard, tables 10 and 11 indicate that from 1985 to 1987 (the latest year for which validated data are available), there were widespread variations in the rate of actions taken by the State boards. Clearly, some State boards were much more inclined to discipline physicians than were others.

It is important to add that in cases where there is some basis for concern, but not enough to warrant disciplinary action, many State boards take private, nondisciplinary actions that are not reported to FSMB. These might include referrals to impaired physician programs as well as various kinds of educational interventions intended to address deficiencies in a physician's practice skills.

TABLE 10

SERIOUS DISCIPLINARY ACTIONS PER 1,000 LICENSEES, 1985-1987

STATE	ACTIONS PER 1,000 LICENSEES
AL	4.39
AK	10.03
AZ	7.42
AR	5.01
CA	5.22
CO	8.37
CT	2.45
DE	11.33
DC	5.43
FL	11.91
GA	18.72
HI	12.22
ID	8.37
IL	7.34
IN	13.81
IA	14.80
KS	4.60
KY	15.41
LA	7.14
ME	6.52
MD	3.96
MA	7.60
MI	4.37
MN	8.37
MS	12.39
MO	12.56
MT	2.35
NE	3.07
NV	18.28
NH	4.00
NJ	10.56
NM	4.00
NY	9.56
NC	6.16
ND	8.72
OH	7.18
OK	15.02
OR	13.02
PA	3.35
RI	8.00
SC	10.28
SD	8.14
TN	3.92
TX	4.49
UT	10.65
VT	3.83
VA	10.03
WA	5.89
WV	15.70
WI	8.48
WY	2.64
MEDIAN	8.00

KEY: SERIOUS DISCIPLINARY ACTIONS=Revocations, suspensions, and probations; LICENSEES=Those licensed and practicing in the State.

SOURCE: Federation of State Medical Boards, Federation Bulletin, 1985-1987 editions.

TABLE 11

TOTAL BOARD ACTIONS PER 1,000 LICENSEES, 1985-1987

STATE	ACTIONS PER 1,000 LICENSEES
AL	8.77
AK	10.03
AZ	32.10
AR	17.55
CA	7.68
CO	12.49
CT	3.80
DE	14.87
DC	6.57
FL	24.28
GA	31.24
HI	16.74
ID	15.35
IL	12.28
IN	22.13
IA	21.18
KS	20.60
KY	23.54
LA	11.29
ME	13.03
MD	6.80
MA	10.40
MI	6.06
MN	13.59
MS	32.22
MO	23.22
MT	4.71
NE	5.38
NV	30.90
NH	4.67
NJ	20.71
NM	8.00
NY	11.39
NC	12.32
ND	17.43
OH	14.25
OK	27.25
OR	25.36
PA	5.89
RI	11.50
SC	15.62
SD	20.34
TN	7.96
TX	11.73
UT	26.74
VT	11.49
VA	21.35
WA	14.45
WV	21.40
WI	16.22
WY	2.64
MEDIAN	14.25

KEY: LICENSEES=Those licensed and practicing in the State.

SOURCE: Federation of State Medical Boards, Federation Bulletin, 1985-87 editions.

CONCLUSION

Each State medical board is a product of its State government environment and is in some way unique. Each works within a distinctive political, economic, and social context.

Yet the boards do address the same basic issues and have the same basic objectives. Through a regular review of comparative data along the lines presented in this report, State officials can gain a better understanding of the strengths and weaknesses of their own boards. It can also help them determine the kinds of actions that they can take to improve their boards' performance.

In this context, we recommended in our prior report that the State boards, working through the FSMB, commit themselves to the development of performance indicators which they can regularly use to assess their performance. Such indicators, particularly if expressed in terms of ratios or percentages, would facilitate comparisons not only between boards in different States, but of a particular board's own performance over time.