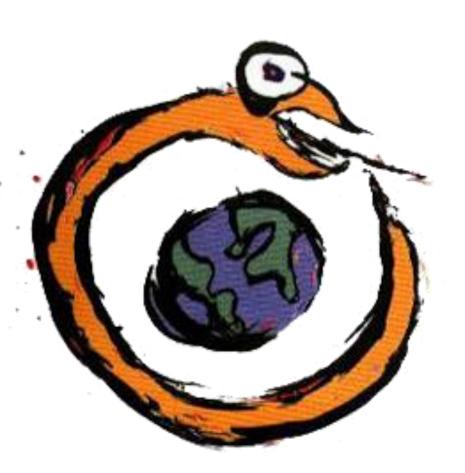


Transparency and accountability

Who are the boards of directors from corporatized public portuguese hospitals (period 2005-2010)



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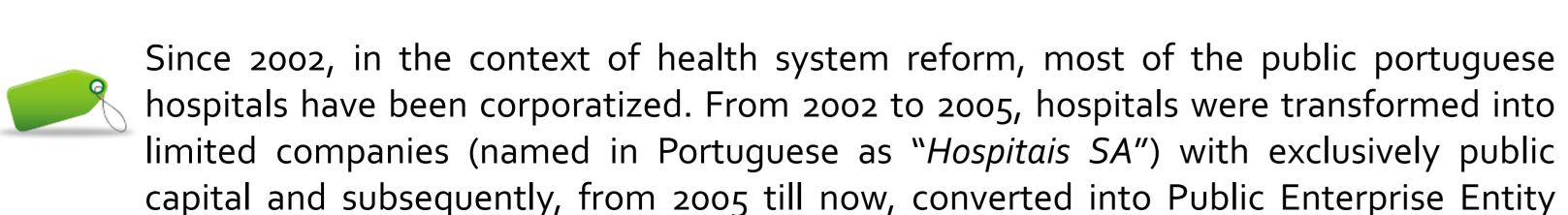
Hospitals (PEEH).

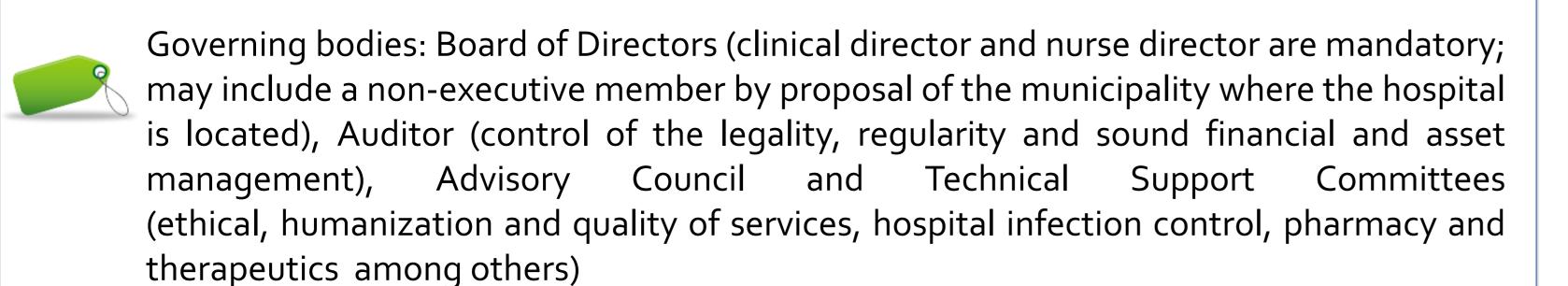
Vitor Raposo

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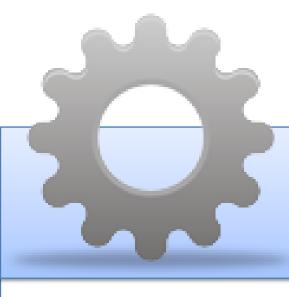


OBJECTIVES

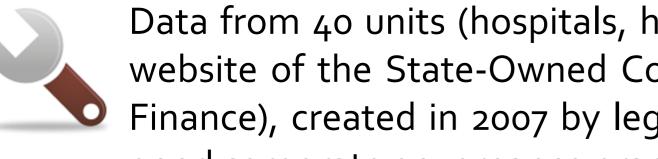




Characterize the structure (composition, size and origin), turnover, skills/expertise and experience of Boards of Directors of corporatized public Portuguese hospitals for the period 2005-2010.



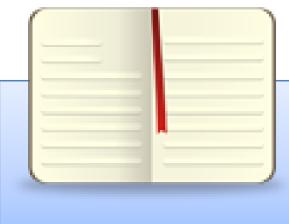
METHODS



Data from 40 units (hospitals, hospital centres and local health units) obtained at the website of the State-Owned Companies Sector (Directorate General of Treasury and Finance), created in 2007 by legal resolution (RCM no 49/2007) under the adoption of good corporate governance practices in public state owned companies.



Data related with the governance model/governing bodies was used to characterize the composition, size and turnover; analysis of 208 individual curricula (members of governing bodies) was used to characterize the origin, background and experience (using coding classes in the areas of administration/management and clinical).



CONCLUSIONS



The majority of boards have 5 elements, larger boards (6/7 elements) are associated with hospital centres and local health units (more complex). In about half (45%) of hospitals, the CEO is a doctor. There are no non-executive members appointed by the municipalities. Since 2005, most hospitals had 2 boards having mostly been renewed the mandate.



Medicine degree predominates in the board (because CEO is a doctor and the clinical directors), followed by law and, with lower representation, economics and management (those latter predominate in executives).



Specific skills/expertise in health management is dominated by post-graduate and specialization courses, especially hospital administration (inside executives) and management of health services (medical directors and nurses directors).



The board members come mainly from the public sector. Only a small number of its members, before integrating the board, had only experience in the private sector (banking / finance and other services).



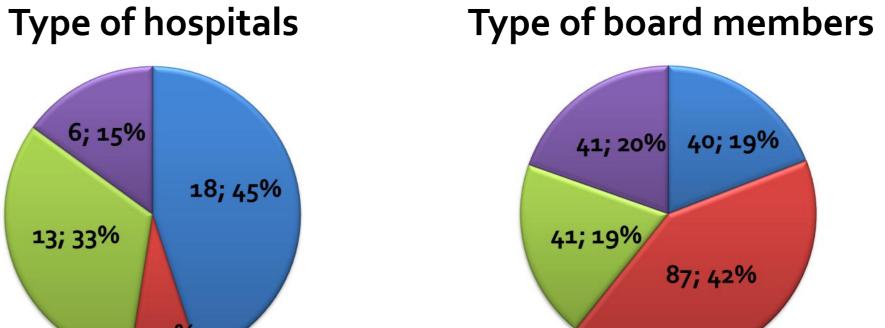
On average, nursing director and the executives have an effective greater experience (in the health sector) than the CEO and medical directors.

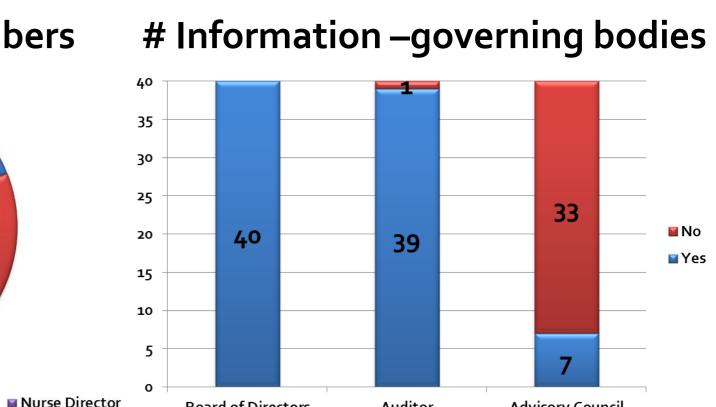
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RESULTS







Board turnover

Units had a total of 70 boards (min: 1; max: 3).

- Most units had 2 boards (65%).
- Only 42 boards (60%) underwent more than one mandate (2 mandates 14; 3 mandates - 1).



Board size and composition

- Average members age is 52 years.
- Mostly male gender (63.5%).
- Number of board members between 4 elements (22.5%) to 7 (17.5%), mode is 5 (47.5%).
- Higher size (6 and 7) associated mainly to hospital centres and local health units.
- In 18 boards (45%) the CEO is a doctor.
- No non-executive members appointed by the municipalities.

	Size					
Unity	4	5	6	7	Total	
Hospital Centre	2	6	5	5	18	
Hospital Centre	6	7			13	
Oncology hospital	1	1		1	3	
Local Health Unit		5		1	6	
Total	9	19	5	7	40	



Basic qualifications

- Degree in medicine (31.8%), nursing (19.4%), law (17.5%), economics (11.8%) and management (8.1%).
- In 40 CEOs predominate medicine (45%), economy (23%), law (18%) and management (8%)
- In 87 executives dominate the law (24.5%), economics (18.4%) and management (16.1%).



Specific skills/expertise in health management

- Prevalence of post-graduate (49%), specialization courses (32%) and MSc (10%).
- In CEOs and executives predominates graduate degree in hospital administration.



Background

- Mainly from the public health sector
- Few members (5.4%) had only experience in the private sector (banking / finance and other services).

Experience in health care sector

	Average	Min	Max	STD
Board members	15,4	0	32	9,8
President	10,8	5,5	16	4,4
Executive	15,7	0	32	10,4
Clinical Director	11,2	10	20	1,1
Nurse Director	15,5	9	28	3,7



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FCT Fundação para a Ciência e a Tecnologia