Australian Government
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Australia's medical indemnity claims 2010–11

SAFETY AND QUALITY OF HEALTH CARE SERIES NUMBER 13

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Authoritative information and statistics to promote better health and wellbeing

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Please note that there is the potential for minor revisions of data in this report. Please check the online version at <www.aihw.gov.au> for any amendments.

Foreword

Australia's medical indemnity claims 2010–11 presents information on public sector claims, and on public and private sectors combined, within a single report. Previously the Australian Institute of Health and Welfare published separate reports for the public sector and for the public and private sectors combined. Combining these two aspects within a single volume allows the range of available data to be accessed and compared more easily.

This report is based on the Medical Indemnity National Collection (MINC), created at the Institute following the decision by health ministers in 2002 to establish a national database for medical indemnity claims. The MINC was reviewed in 2010 and a number of improvements to how to report the MINC data were identified. *Australia's medical indemnity claims 2010–11* incorporates these improvements.

- This is the first MINC report to include state and territory reporting on public sector claims. Reporting this information greatly increases the value of the MINC information as it now reflects the differing medical indemnification experiences among the jurisdictions.
- This is also the first MINC report to present a long-term analysis of public sector claims, from the time of the alleged incident that gave rise to the claim, to when the claim was recognised by the health authority concerned and when the claim was eventually closed.
- *Australia's medical indemnity claims 2010–11* also provides information on health workforce numbers and public and private hospital service provision to allow the reader to place claim numbers in context.

Western Australia withdrew from the national MINC arrangements with effect from 2010–11. Consequently the information presented here excludes any 2010–11 public sector claims data from Western Australia.

The Institute and participating public and private medical indemnity insurers have worked diligently in improving the timeliness as well as the usefulness and quality of the MINC reports over the last few years. Comments from readers that may assist in the fuller realisation of the objectives of the MINC are always welcome.

David Kalisch

Director

August 2012

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Abbreviations

ACT	Australian Capital Territory
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
APRA	Australian Prudential Regulation Authority
DoHA	Department of Health and Ageing
ENT	Ear, Nose and Throat
ISA	Insurance Statistics Australia
MDO	medical defence organisation
METeOR	Metadata Online Registry
MIDWG	Medical Indemnity Data Working Group
MII	medical indemnity insurer
MINC	Medical Indemnity National Collection
MINC CC	Medical Indemnity National Collection Coordinating Committee
MINC (PS)	Medical Indemnity National Collection (Public Sector)
NCPD	National Claims and Policies Database
NSW	New South Wales
PSS	Premium Support Scheme
Qld	Queensland
SRG	Service Related Group
Vic	Victoria

Symbols

<	Less than
. .	Not applicable
n.a.	Not available
n.p.	Not published

Summary

This report presents data on Australia's medical indemnity claims in the public sector from 2006–07 to 2010–11, and in the public and private sectors combined from 2007–08 to 2010–11. There is more information available on public sector claims than on private sector claims, and most private sector claims data were not provided to the Institute for separate reporting.

Western Australia did not report its public sector claims data for 2010–11.

Claim numbers

Claims arise from allegations of problems in health service provision. A new claim is created when a reserve amount is placed against the costs expected to arise in closing the claim.

In 2010–11, about 1,500 new public sector claims and 1,400 closed public sector claims were reported. Between 2006–07 and 2009–10, there were between 1,000 and 1,600 new claims and between 1,000 and 1,700 closed claims (figures exclude Western Australia). Including Western Australia's public sector claims, there were between 1,100 and 1,700 new claims and between 1,100 and 1,800 closed claims between 2006–07 and 2009–10.

In the private sector there were about 1,300 new claims and 1,450 closed claims in 2010–11. For both types of claims, claim numbers were similar in 2008–09 and 2009–10, and more than the 1,000 new claims and 800 closed claims in 2007–08. In each year the total number of private sector claims open at some time during the year was smaller than the total number of public sector claims.

There was an increase in the combined number of public and private sector claims between 2007–08 and 2010–11. Total claims open at some time during the year increased from about 7,500 to 9,500 (figures exclude Western Australia).

Cost and duration

Of the public sector claims closed in 2010–11, 38% cost less than $10,000, 31% cost between $10,000 and $100,000, 22% cost between $100,000 and $500,000 and 9% cost $500,000 or more. Including private sector claims closed in 2010–11, 53% of combined public and private sector claims cost less than $10,000, 25% cost between $10,000 and $100,000, 16% cost between $100,000 and $500,000 and 6% cost $500,000 or more.

In 2010–11, as in previous years, claims associated with alleged incidents in public hospitals and day surgeries were often more costly than claims associated with private medical clinics. They respectively accounted for 75% and 11% of claims closed for $100,000 or more.

Of the public and private sector closed claims in 2010–11, 3% were finalised through a court decision, 49% were finalised through a negotiated settlement and 48% were discontinued. In both the public sector and public and private sectors combined, 73% of closed claims were finalised within 3 years of being opened, and 9−10% took more than 5 years to be settled.

Length of time between incident and claim closure

Public sector claims were grouped into cohorts based on their year of alleged incident. The length of time between incident and when the claim was opened was typically 1 to 2 years, and 3 to 4 years between the incident and when the claim was closed. For the claims of cohorts with incident years between 2001–02 and 2005–06, the proportion of claims closed within 5 years after the incident fluctuated within the narrow range of 74–79%.

1 Introduction

This report presents data on public and private sector medical indemnity claims for 2010–11 in the context of claims data from the immediately preceding years. Prior to this report, the AIHW published separate reports for the public sector, and for the public and private sectors combined.

The data comparisons exclude Western Australia public sector claims. These data were unavailable for 2010–11, and so are excluded from the data presented for previous years in most parts of the report to allow direct comparisons with the 2010–11 data.

Data on public sector medical indemnity claims are presented in chapters 3 and 4, and on public and private sector claims combined in chapters 5 and 6. This structure is used because more detailed data are available for public sector claims than private sector claims. In addition, most private sector data held by the AIHW are not available for separate publication.

Medical indemnity insurance provides clinicians with protection against financial loss resulting from claims of alleged negligence or breach of duty during the provision of health-care services. In Australia, this insurance is mainly provided within the public sector by state and territory health authorities. In the private sector, clinicians hold individual policies with medical indemnity insurers (MIIs). Private hospitals also have indemnification cover for hospital employees but their claims are out of scope for the Medical Indemnity National Collection (Chapter 2) on which this report is based.

The 2010–11 data presented in this report relate to claims that were open at any time during the reporting period, 1 July 2010 to 30 June 2011. With most but not all of these claims, a formal demand for compensation for alleged harm or other loss resulting from health care had been received by an MII or a public sector claims manager. There are five categories of claims represented in the data: all claims, new claims, closed claims, current claims and reopened claims (Box 1.1).

Medical indemnity claims can arise from any area of health service delivery. Whilst generally public sector medical indemnification covers public health services and private sector medical indemnification covers private health services, a proportion of the claims involving public sector medical indemnity insurers originate from alleged incidents in private settings, and a proportion of MII claims originate from alleged incidents in public settings. As an example of the former, some jurisdictions offer public cover to medical practitioners working in their private health clinics under particular circumstances (for example, if they are rurally based). As an example of the latter, visiting medical officers who treat private patients in public hospitals are often required to hold private medical indemnification (see Appendix 4 'Policy, administrative and legal features in each jurisdiction' in AIHW 2012a).

1.1 This report

The report has six chapters, with introductory information provided in Chapter 1 and the background to the collection summarised in Chapter 2. Chapter 3 includes information on the public sector claims in 2010–11 and presents selected data for some jurisdictions. Chapter 4 provides data on public sector claims from 2006–07 to 2010–11, and analysis of claims based on the year their reserve was set and based on the year of the alleged incidents that gave rise to the claims. Chapter 5 provides data on public and private sector medical

indemnity claims (combined) in 2010–11 and Chapter 6 provides data on public and private sector medical indemnity claims from 2007–08 to 2010–11.

There are also seven appendices. Appendices A to D respectively detail data items and definitions, provide data quality statements for the MINC public sector and private sector collections, detail differences between the public and private sectors in their claim management practices, and report any changes to jurisdiction policy, administrative and legal features since 2009–10. Appendices E and F respectively provide health sector contextual information for claims data and detailed data for some analyses presented in summary form in Chapter 4.

Box 1.1: Types of claims in scope for this report

All claims: public and private sector claims in scope (see below) that were open at any time between 1 July 2010 and 30 June 2011.

New claims: public sector claims in scope that had their reserve set, or private sector claims reported to the Australian Prudential Regulation Authority (APRA), between 1 July 2010 and 30 June 2011. These can be either closed or current.

Closed claims: any claims that were finalised by discontinuation, negotiation or a court decision, between 1 July 2010 and 30 June 2011.

Current claims: any claims in scope that remained open at 30 June 2011.

Reopened claims: current claims that had been considered closed at some point prior to 30 June 2011.

Most of the claims in scope are linked to a formal demand for compensation for alleged loss or harm. However, the scope also includes public sector potential claims; these are instances of suspected harm reported to the health authority claim manager that are considered likely to result in a formal demand at some point after the reporting period. The scope also includes potential claims in the private sector, where an MII has incurred preparatory expenses from investigating incidents reported to the MII by an insured clinician. With those cases, the MII is legally obligated to report the potential claim to APRA even if no formal demand for compensation has been received.

Also, a small number of MII claims in scope are additional to those reported to APRA. These relate to medical defence organisation (MDO) run-off, which is a scheme for claims lodged with private sector medical indemnity insurers in the years when they were still organised as MDOs rather than as MIIs.

Private hospital insurance claims (that is, claims against hospital employees as opposed to claims against individual practitioners) are not within the scope of the MINC. However, all claims against clinicians who maintain medical indemnity cover with an MII, and who practise within private hospitals, are included.

2 The Medical Indemnity National Collection

This chapter presents summary information on the Medical Indemnity National Collection (MINC), the data items and aspects of public and private sector medical indemnification relevant to the data provided by the two sectors. It also summarises the methods that were used in reporting the claims' characteristics, and introduces the health sector contextual information for interpreting claims data.

As outlined below, the MINC covers separate collections for public and private sector claims data. The Australian Institute of Health and Welfare (AIHW) is the national data custodian of both collections and is responsible for the collection, quality control, management and reporting of these data. All MINC data held by the AIHW are de-identified and treated in confidence by the AIHW.

Further information on the collections' background is presented at Appendix B.

2.1 MINC (public sector)

Health ministers decided at the Medical Indemnity Summit in April 2002 to establish a 'national database for medical negligence claims' to assist with informing future medical indemnity strategies. The collection was intended to help monitor the costs associated with health-care litigation and the financial viability of the medical indemnity insurance sector.

Following the decision of health ministers to establish a national medical negligence claims database, the Medical Indemnity Data Working Group (MIDWG) was convened under the auspices of the Australian Health Ministers' Advisory Council (AHMAC). The MIDWG includes representatives from the Australian Government Department of Health and Ageing (DoHA), the AIHW and state and territory health authorities. Since July 2002, the Council has funded the AIHW to work with the MIDWG to develop the MINC.

The public sector MINC is governed by an agreement between the DoHA, the AIHW and state and territory health authorities. It consists of public sector medical indemnity claims in the form of unit records submitted by states and territories. Collation of these data started in 2003.

Publication of claims data for the second 6 months of 2002–03 (January to June 2003) took place in December 2004 (AIHW 2004). Seven financial year reports on the public sector have been published subsequently, the last covering 2009–10 (AIHW 2012a). Publication or other release of MINC public sector data requires MIDWG endorsement.

Western Australia withdrew from the MINC public sector agreement with effect from 2010–11 and did not submit any 2010–11 MINC data.

2.2 MINC (private sector)

In 2004, the Australian Government introduced the Premium Support Scheme (PSS), as part of a comprehensive medical indemnity package to help eligible clinicians meet the cost of their private medical indemnity insurance (Medicare Australia 2010). MIIs provide information on private sector medical indemnity claims to the DoHA and the AIHW under

arrangements made following the introduction of the PSS. These arrangements include an agreement between the DoHA, the AIHW and individual MIIs relating to the private sector MINC.

The AIHW receives a combination of aggregated and unit record claims data from the private sector. The claims reported by the MIIs to the AIHW include the claims that they are required to report to the Australian Prudential Regulation Authority (APRA) (Box 1.1). Private sector claims data are not reported separately but are combined with the corresponding public sector data to produce combined sector medical indemnity information.

In mid-2005 the MINC Coordinating Committee (MINC CC) was established to manage the development and administration of medical indemnity data combined across the public and private sectors and to advise on the public release of these data. The committee consists of representatives from participating state and territory health authorities, DoHA, MIIs and the AIHW.

Any release or publication of aggregated public and private sector medical indemnity data is subject to agreement by the members of the MINC CC.

2.3 Claim management practices

Each state and territory health authority and each MII engages personnel to manage medical indemnity claims. Claims managers record claims as they arise, collect information on the associated circumstances, set a reserve amount to cover the likely financial cost to the health authority of settling the claim, and monitor the costs incurred in settling the claim.

Medical indemnity claims fit into two categories—actual or commenced claims (on which legal activity has commenced via a letter of demand, the issue of a writ, or a court proceeding) and potential claims (where a claims manager has placed a reserve against a health-care incident in the expectation that it may eventuate in an actual claim). MINC records relate to both of these categories (Box 1.1). The MINC does not include information on health-care incidents or adverse events that do not result in an actual claim or are not treated as potential claims.

2.4 Data items and definitions

In 2010–11 the MINC included 23 data items and 22 key terms as summarised in Appendix A. Definitions, classification codes, a guide for use and a brief history of the development of each item are documented in the *Medical indemnity national collection (public sector) network guide: data items and definitions for reporting period 2010–11*, which is available from the AIHW on request. Further details are available as part of the Medical Indemnity Data Set Specification published on the AIHW website through its Metadata Online Registry, METeOR (AIHW 2011c).

The MINC collects information about the 'claim subject', the patient who incurred the alleged harm that gave rise to the claim. The information includes the type of allegation of loss or harm, the circumstances surrounding the claim, and the clinician(s) involved. The sex and date of birth of the claim subject are also collected if available.

The claimant (that is, the person pursuing the claim) is often the claim subject but can also be any other person claiming for loss as a result of an incident.

Public sector

State and territory health authorities transmit MINC data to the AIHW annually for collation. The transmitted data represents the claim manager's 'best current knowledge' about the claims at 30 June of the year being reported on. The transmitted data are in the form of single claims (unit records), each typically corresponding to a single incident (alleged or reported).

The MINC master database holds the most up-to-date information available on Australia's public sector medical indemnity claims. Over the years, all jurisdictions have advised the AIHW of various changes that should be made to the coded data. These changes are reflected in the master database. (For further details, see Appendix B.) There are no updates available for Western Australia's data since its last reporting transmission for 2009–10 claims.

Private sector

While some MIIs transmitted their 2010–11 claims data directly to the AIHW, one MII transmitted claims data to Insurance Statistics Australia (ISA) which were then forwarded as data extracts to the AIHW. This arrangement is a continuation from the mid-2000s when ISA created its own version of APRA's National Claims and Policies Database (NCPD) for the dual purpose of reporting private sector data from most MIIs both to APRA and the AIHW.

Many of the data items collected by ISA are similar to or the same as MINC data items. These shared data items can be reported for the public and private sectors considered together. The MINC data items that map to ISA items are outlined in Appendix Table A.2. Some explanation is also included where data items do not map precisely.

Variation in claims reporting

MIIs report both commenced and potential claims. However, while all reporting jurisdictions provide the AIHW with data on commenced claims, just three jurisdictions provide data on potential claims. Also, there are differences between the public and private sectors in the management of claims, with implications for the interpretation of the claims data in this report. The main differences in claim management practices between the two sectors relevant to this report are outlined in Box 2.1. Further information on claim management practices can be found in Appendix C.

Box 2.1: Claim management practices

Public sector

A medical indemnity claim in the public sector is defined on the criterion of having a reserve placed against the estimated likely cost of settling the claim. Jurisdictions differ in the degree to which the report of a health-care incident triggers the setting of a reserve prior to any formal allegation of loss or harm creating a potential claim. Jurisdictions also differ in whether they report these potential claims to the AIHW or not.

In the public sector, the states and territories usually treat any allegations related to a single health-care incident as a single claim, even if it involves more than one health-care professional. All participating jurisdictions report on the principal clinician specialty involved in the allegation or incident, but they may also report up to three additional clinician specialties. This additional information can be used to make the public sector data on clinician specialties more like the data for the private sector where, as noted below, the involvement of several clinicians is likely to result in more than one claim.

Private sector medical indemnity insurers

MIIs provide professional indemnity insurance to individual clinicians. It is a common, but not uniform, practice for MIIs to open more than one claim for a single health-care incident if more than one clinician was involved in the incident that gave rise to the allegation of loss or harm. For example, an incident involving both an anaesthetist and an obstetrician may result in the initiation of a separate claim against each clinician.

As a result, individual claim sizes will often be less than the aggregated total cost incurred by the MII/s for a single allegation of loss or harm. Thus the reported cost of an individual claim in the private sector may not reflect the total payment made by insurers in respect of the claimant/s.

In addition, clinician specialties in the private sector are recorded according to their specialty as registered with their insurer rather than with their employing or contracting health service provider (as in the public sector). This difference has led to a methodological decision to combine certain categories of specialties for combined sector reporting (see Appendix C).

2.5 Policy, administrative and legal context

The state and territory governments manage public sector medical indemnity insurance. The law of negligence, as enacted in each state and territory, provides the legal framework for the management of claims for personal injury and death, including medical indemnity claims in both the public and private sectors.

The differences in state and territory legislation and insurance policy affect the nature and scope of MINC claims across Australia. Specific information relating to each jurisdiction is provided in AIHW (2012a) with an update for the Northern Territory in Appendix D. A particular area of difference between public sector health authorities is the coverage of visiting medical officers, private practitioners and students. State and territory tort law regarding medical indemnification also varies (Madden & McIlwraith 2008).

The main steps in the management of public sector claims are detailed in the description of the Medical Indemnity Data Set Specification (AIHW 2011c). Further information is also included for both the public and private sectors in Appendix C.

The status of a claim in any financial year depends on what happened to the claim in terms of these management processes. *New claims* are those with a reserve placed against them (public sector) or reported to APRA (private sector) during the financial year. *New claims*, and claims that were open at the start of the financial year, may be closed during the period, or else remain open as *Current claims* until the end of the period. *Closed claims* are claims that are closed at a point in time (and not subsequently reopened) during the reporting period. The category *All claims* refers to any claims open at any point during the reporting period (Box 1.1).

2.6 Reporting claim characteristics

The tables in chapters 3 to 6 and Appendix B include information on the number and/or proportion of claims recorded as *Not known*, as an indicator of data quality. However, when the purpose of a table is to compare the relative percentages of 'known' categories, inclusion of the *Not known* category can make interpreting the data difficult, as the percentages do not add up to 100%. Accordingly, in those tables that present the data as percentages where the rows (or the columns) add up to 100%, the *Not known* category is excluded from the proportions adding up to 100%.

Current claims still open at 30 June 2011 provide data relevant to current public sector liability for claims to be finalised at some future point. For this reason, where 'reserve range' is considered, *Current claims* are reported.

New claims have the advantage of capturing information on alleged health-care incidents close to the time of the alleged incidents, and so are sensitive to the changed characteristics of these allegations over time. Accordingly, several of the tables in chapters 4 and 6, where data for 2010–11 are compared with data from previous years, report on *New claims*. In these tables, the *Not known* rates are often lower for claims that were new during the earlier reported years, because the health authorities have been able to provide the AIHW with more complete data on these claims in the years since the claim had its reserve set.

Chapters 4 and 6 also provide some comparisons over the years for *Closed claims*, because there are some data items, such as 'total claim size', that cannot be determined until a claim is finalised. Some of the claims closed in a given year were subsequently reopened in a later year. They are still included in the data for the year in which they were first closed, because the inter-year comparisons being made here are on claim files that were closed in each of the years compared.

Chapter 4 and Appendix F presents an analysis over time of the cohorts of public sector claims as defined by the year the reserve was set (from 2003–04 to 2010–11) and their year of incident (from 2001–02 to 2010–11).

2.7 Health sector contextual information

Information on the number of registered clinicians is presented at Appendix E to provide a context for interpreting claim numbers. As many clinicians provide services across both the public and private sectors, and as the published workforce data are not specific to a sector, these data are most appropriate for interpreting data related to public and private sector claims combined.

The data should be interpreted with caution as clinical specialty definitions for workforce and medical claim purposes are not identical, and also the accuracy of the workforce estimates may not be as high as desirable.

In 2010, the introduction of a nationally administered Medical Workforce Survey completed at the time of registration enabled a 24.9 percentage point increase on the rate of response, from 53.1% in 2009 to 78.0% in 2010 (AIHW 2009c, 2011d 2011e, 2012e). However, the 2010 response rate should be interpreted with caution as two states, Queensland and Western Australia, were not included in the Medical Workforce Survey 2010. Also, 2010−11 claims may include claims against clinicians who are no longer in the workforce. Accordingly, dividing claim numbers by workforce specialty numbers to derive a 'rate' of claims per clinical specialty is not advised.

Contextual information on the delivery of health services in public and private hospitals from 2007−08 to 2010−11 is also provided at Appendix E. A time series is provided because many of the claims result from alleged incidents in the years preceding the year when the claim was opened (Section 4.10). Most of the MINC 'clinical service context' categories—which are reported (where known) for public sector claims (Section 3.1)—and many of the MINC clinical specialty categories can be related to publicly reported types of hospital service delivery. However, caution should be exercised in attempting to quantitatively relate claim numbers to hospital health service delivery information. The MINC clinical service contexts and clinical specialty categories do not align perfectly with types of hospital service delivery.

3 Public sector medical indemnity claims for 2010–11

This chapter presents a brief profile of the 5,176 reported public sector claims that were open at some point between 1 July 2010 and 30 June 2011 (Table 3.1). Over the period, there were 1,496 new claims opened (marked by the setting of a reserve), 1,408 claims that were closed (settled, for example, through negotiation or a court decision, or discontinued), and at 30 June 2011 there were 3,768 current claims (Box 3.1).

Table 3.1: Number of public sector claims by claim category, 1 July 2010 to 30 June 2011 (excluding Western Australia)

Claim category	Description	Number
New	Claims with a reserve set within the reporting period (1 July 2010 to 30 June 2011)	1,496
Current	Claims that remained open at 30 June 2011	3,768
Closed	Claims that were settled during the reporting period (1 July 2010 to 30 June 2011)	1,408
All	All claims open at some point during the reporting period (1 July 2010 to 30 June 2011)	5,176

Box 3.1: Status of claim

Current claims include three subcategories: potential claims, where a reserve has been set but no allegation of loss has been received; commenced claims, where the reserve has been set and an allegation of loss received; and reopened claims, which are current claims that had been considered closed at some point before 30 June 2011.

Discontinued claims include discontinued potential claims, where litigation has not yet commenced, and discontinued commenced claims, where litigation has commenced but the claim has been withdrawn or else closed by the claims manager due to operation of the statute of limitations or claim inactivity (AIHW 2011c).

Closed claims include a small number of structured settlements, which are settlements that allow for periodic payments to the claimant rather than a lump sum payment.

The data presented in this chapter cover public sector new claims, current claims and closed claims. Detailed comparisons of 2010–11 claims with claims from previous years are presented in Chapter 4.

3.1 New claims

This section provides information on claims that were opened in the 2010–11 year.

Clinical service context

'Clinical service context' specifies the area of clinical practice associated with the alleged health-care incident. Most of the categories correspond to a hospital department, but some relate to health services usually provided in settings outside hospitals. There are 32 possible categories, including the option to code the clinical service context as *Other* and provide additional text information.

In 2010–11, the three most commonly reported clinical service contexts (*General surgery, Emergency department* and *Obstetrics)* accounted for 38% of new claims (575 of 1,496).

Thirteen of the clinical service contexts were reported for fewer than 10 new claims. This is similar to corresponding data for 2008–09 and 2009–10 when between six and 16 clinical service contexts were reported for fewer than 10 new claims (AIHW 2011b, 2012a).

Table 3.2 presents jurisdictional data for eight frequently recorded clinical service contexts for new claims in 2010–11. These data exclude potential claims, which are reported to the MINC by just three jurisdictions (Section 2.2), and so would give a misleading impression of a relatively large number of claims in those three jurisdictions if potential claims data were included. For information on jurisdictional policy, administrative and legal features that may affect the recognition of medical indemnity claims and how their data are coded, see Appendix 4 in AIHW (2012a).

Health service setting

'Health service setting' describes the type of facility where the alleged incident took place, whether publicly or privately owned and whether a hospital/day surgery or some other type of facility.

For all clinical service contexts associated with new claims in 2010–11, more claims were linked to incidents in public hospitals and day surgeries than any other health service setting. This was the case for 74% of new claims overall, including 96% (1,108 of 1,159 claims) with a known health service setting. In comparison, just one new public sector claim in 2010–11 was associated with a private hospital or day surgery. The high proportion of incidents leading to public sector claims that are linked to public hospitals and day surgeries has been noted in previous MINC reports (AIHW 2011a, 2012a).

Primary incident/allegation type

'Primary incident/allegation type' describes what is alleged to have 'gone wrong'; that is, the area of possible error, negligence or problem that was of primary importance in giving rise to the claim. During 2010–11, *Procedure* was the most commonly recorded category for all new claims (26%), followed by *Diagnosis (20%)* and *Treatment* (16%). *Blood/blood product-related*, *Infection control* and *Device failure* were the least common primary incident/allegation types (each 1% or less) to be recorded as the alleged grounds for a claim (Table 3.3).

Procedure accounted for over half of all alleged incidents in the clinical service contexts of *Gynaecology* (67%), *Orthopaedics* (61%) and *General surgery* (59%). (These percentage comparisons exclude new claims where the incident/allegation type was not known, to assist the interpretability of the percentages, as explained in Section 2.4.) Incidents related to *Diagnosis* and *Treatment* were relatively more likely in *Emergency department* claims (accounting for 51% and 30% of these claims respectively). *Treatment* was also recorded for 43% of *Oncology* claims and 33% of claims with a clinical service context of *General medicine* (Table 3.4).

Table 3.2: New public sector claims (excluding potential claims)[(a)]: clinical service context, states and territories (excluding Western Australia), 2010–11

Clinical service context	NSW	Vic	Qld	Other[(b)]	Total
General surgery	169	48	15	26	258
Emergency department	42	86	12	38	178
Obstetrics	55	37	9	27	128
Orthopaedics	27	23	15	17	82
General practice	26	16	3	1	46
Gynaecology	11	21	2	8	42
Psychiatry	18	17	1	6	42
General medicine	12	18	4	6	40
All other clinical service contexts	83	61	23	47	214
Not applicable	2	0	2	0	4
Not known	96	19	0	6	121
Total	**541**	**346**	**86**	**182**	**1,155**
		Per cent (excluding *Not known*)			
General surgery	38.0	14.7	17.4	14.8	25.0
Emergency department	9.4	26.3	14.0	21.6	17.2
Obstetrics	12.4	11.3	10.5	15.3	12.4
Orthopaedics	6.1	7.0	17.4	9.7	7.9
General practice	5.8	4.9	3.5	0.6	4.4
Gynaecology	2.5	6.4	2.3	4.5	4.1
Psychiatry	4.0	5.2	1.2	3.4	4.1
General medicine	2.7	5.5	4.7	3.4	3.9
All other clinical service contexts	18.7	18.7	26.7	26.7	20.7
Not applicable	0.4	0.0	2.3	0.0	0.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Commenced and closed claims with their reserve set between 1 July 2010 and 30 June 2011. The 341 new potential claims reported by three jurisdictions are excluded.

(b) 'Other' includes South Australia, Tasmania, Australian Capital Territory and Northern Territory.

Notes

1. The 'clinical service context' categories listed separately here are the eight most frequently recorded categories; all other categories are combined in the category *All other clinical service contexts*.
2. The 121 claims coded *Not known* for clinical service context are excluded from the bottom half of this table. The number of claims on which the percentages here are based is 1,034.
3. Percentages may not add up exactly to 100.0 due to rounding.

Table 3.3: New public sector claims: clinical service context, by primary incident/allegation type, 1 July 2010 to 30 June 2011 (excluding Western Australia)

	Primary incident/allegation type[a]													
Clinical service context[b]	**P Procedure**	**Diagnosis**	**Treatment**	**General duty of care**	**Medication-related**	**Anaesthetic**	**Consent**	**Blood/ blood product-related**	**Infection control**	**Device failure**	**Other**	**Not known**	**Total**	**Percentage**
General surgery	150	29	29	15	7	18	6	2	0	0	0	4	260	17.4
Emergency department	9	92	55	15	5	1	1	3	0	0	0	0	181	12.1
Obstetrics	54	32	27	7	2	3	2	0	1	0	3	3	134	9.0
Orthopaedics	51	5	20	2	1	0	3	0	1	1	0	0	84	5.6
General practice	9	14	11	2	8	0	0	3	0	0	0	0	47	3.1
Psychiatry	3	7	13	19	2	0	0	1	0	0	1	1	47	3.1
Gynaecology	28	5	1	2	0	3	3	0	0	0	0	0	42	2.8
General medicine	4	9	13	6	4	0	0	1	2	0	0	1	40	2.7
Paediatrics	11	6	4	0	2	0	0	0	0	0	0	0	23	1.5
Oncology	3	4	9	0	5	0	0	0	0	0	0	0	21	1.4
All other clinical service contexts	56	29	43	18	13	3	4	1	3	0	2	2	174	11.6
Not applicable	0	1	1	2	0	0	0	0	0	0	0	0	4	0.3
Not known	8	71	13	3	4	0	0	0	1	0	1	338	439	29.3
Total	**386**	**304**	**239**	**91**	**53**	**28**	**19**	**11**	**8**	**1**	**7**	**349**	**1,496**	**100.0**
Per cent	*25.8*	*20.3*	*16.0*	*6.1*	*3.5*	*1.9*	*1.3*	*0.7*	*0.5*	*0.1*	*0.5*	*23.3*	*100.0*	*. .*

(a) See Appendix Table A.4 for examples of incident/allegation types.

(b) The 'clinical service context' categories listed separately here are the 10 most frequently recorded categories; all other categories are combined in the category *All other clinical service contexts*. These categories include *Cardiology* (16 claims), *Urology* (14 claims), *Hospital outpatient department* (12 claims), *Dentistry* (12 claims), *Plastic surgery* (11 claims), *Neurosurgery* (11 claims), *Neurology* (10 claims), *Radiology* (9 claims), *Intensive care* (9 claims), *Ophthalmology* (9 claims), *Community-based care* (8 claims), *Otolaryngology* (7 claims), *Vascular surgery* (7 claims), *Cardio-thoracic surgery* (5 claims), *Pathology* (4 claims), *Perinatology* (4 claims), *Public health* (4 claims), *Oral and maxillofacial surgery* (2 claims), *Rehabilitation* (1 claim) and *Cosmetic procedures* (0 claims).

Table 3.4: New public sector claims: clinical service context, by primary incident/allegation type (excluding *Not known*), 1 July 2010 to 30 June 2011 (excluding Western Australia) (per cent)

	Primary incident/allegation type											
Clinical service context	**Procedure**	**Diagnosis**	**Treatment**	**General duty of care**	**Medication-related**	**Anaesthetic**	**Consent**	**Blood/blood product-related**	**Infection control**	**Device failure**	**Other**	**Total**
General surgery	58.6	11.3	11.3	5.9	2.7	7.0	2.3	0.8	0.0	0.0	0.0	100.0
Emergency department	5.0	50.8	30.4	8.3	2.8	0.6	0.6	1.7	0.0	0.0	0.0	100.0
Obstetrics	41.2	24.4	20.6	5.3	1.5	2.3	1.5	0.0	0.8	0.0	2.3	100.0
Orthopaedics	60.7	6.0	23.8	2.4	1.2	0.0	3.6	0.0	1.2	1.2	0.0	100.0
General practice	19.1	29.8	23.4	4.3	17.0	0.0	0.0	6.4	0.0	0.0	0.0	100.0
Psychiatry	6.5	15.2	28.3	41.3	4.3	0.0	0.0	2.2	0.0	0.0	2.2	100.0
Gynaecology	66.7	11.9	2.4	4.8	0.0	7.1	7.1	0.0	0.0	0.0	0.0	100.0
General medicine	10.3	23.1	33.3	15.4	10.3	0.0	0.0	2.6	5.1	0.0	0.0	100.0
Paediatrics	47.8	26.1	17.4	0.0	8.7	0.0	0.0	0.0	0.0	0.0	0.0	100.0
Oncology	14.3	19.0	42.9	0.0	23.8	0.0	0.0	0.0	0.0	0.0	0.0	100.0
All other clinical service contexts	32.6	16.9	25.0	10.5	7.6	1.7	2.3	0.6	1.7	0.0	1.2	100.0
Not applicable	0.0	25.0	25.0	50.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0
Not known	7.9	70.3	12.9	3.0	4.0	0.0	0.0	0.0	1.0	0.0	1.0	100.0
Total	**33.7**	**26.5**	**20.8**	**7.9**	**4.6**	**2.4**	**1.7**	**1.0**	**0.7**	**0.1**	**0.6**	**100.0**

Notes

1. The 'clinical service context' categories listed separately here are the 10 most frequently recorded categories; all other categories are combined in the category *All other clinical service contexts*.
2. The 349 claims coded *Not known* for 'primary incident/allegation type' are excluded from this table. The number of claims on which the percentages presented here are based is 1,147.
3. Percentages may not add up exactly to 100.0 due to rounding.

Specialties of clinicians

The data item 'specialty of clinicians closely involved in incident' indicates the health-care providers who allegedly played the most prominent roles in the events that gave rise to a claim. These providers were not necessarily at fault and may not be defendants in the claim. There are 68 possible categories, including *Not applicable* in cases where no clinician is alleged to have been closely involved.

Up to four clinician specialties may be recorded for any one claim, so a summation of the total number of times that clinician specialties were reported for 2010–11 claims would exceed the total number of claims (Table 3.5).

*General practice – non-procedural (*10%*), Emergency medicine (*10%*)* and *General surgery* (9%) were the three most frequent clinician specialties recorded and combined made up over one-quarter (29%) of all new claims.

Four other specialties were recorded for 50 or more claims each, these being *General practice – procedural*, *Orthopaedic surgery*, *Obstetrics only* and *Psychiatry*. On the other hand, there were many clinician specialties recorded for fewer than 10 new claims in 2010–11, including 15 specialties not recorded for any claims. This is similar to previous years when most clinician specialties have been recorded for small proportions of MINC public sector claims (AIHW 2007, 2009a, 2011a, 2011b, 2012a).

Table 3.5: New public sector claims: specialties of clinicians closely involved in the alleged incident, 1 July 2010 to 30 June 2011 (excluding Western Australia)

Specialty of clinician	Number	Per cent of claims
General practice—non-procedural	147	9.8
Emergency medicine	142	9.5
General surgery	127	8.5
General practice—procedural	93	6.2
Orthopaedic surgery	85	5.7
Obstetrics only	81	5.4
Psychiatry	50	3.3
Nursing—general	41	2.7
Gynaecology only	38	2.5
Obstetrics and gynaecology	37	2.5
Anaesthetics	31	2.1
General and internal medicine	24	1.6
Neurosurgery	21	1.4
Cardiology	20	1.3
Midwifery	19	1.3
Diagnostic radiology	17	1.1
Paediatric medicine	17	1.1
Gastroenterology and hepatology	15	1.0
Paramedic and ambulance staff	15	1.0
Plastic and reconstructive surgery	14	0.9
Nursing—nurse practitioner	13	0.9
Urology	11	0.7
Dentistry	9	0.6
Neurology	9	0.6
Pharmacy	9	0.6
Vascular surgery	9	0.6
Geriatrics	8	0.5
Medical oncology	8	0.5
Ophthalmology	8	0.5
Cardio-thoracic surgery	7	0.5
Intensive care	7	0.5
Otolaryngology	7	0.5
Paediatric surgery	7	0.5
Neonatal/perinatal medicine	6	0.4
Pathology	6	0.4
Psychology	6	0.4
Clinical haematology	4	0.3

(continued)

Table 3.5 (continued): New public sector claims: specialties of clinicians closely involved in the alleged incident, 1 July 2010 to 30 June 2011 (excluding Western Australia)

Specialty of clinician	Number	Per cent of claims
Oral and maxillofacial surgery	4	0.3
Renal medicine	4	0.3
Colorectal surgery	2	0.1
Endocrinology	2	0.1
Infectious diseases	2	0.1
Respiratory and sleep medicine	2	0.1
Cosmetic surgery	1	0.1
Maternal-fetal medicine	1	0.1
Nuclear medicine	1	0.1
Osteopathy	1	0.1
Palliative medicine	1	0.1
Rehabilitation medicine	1	0.1
Rheumatology	1	0.1
Chiropractics	0	0.0
Clinical genetics	0	0.0
Clinical immunology	0	0.0
Clinical pharmacology	0	0.0
Dermatology	0	0.0
Medical administration	0	0.0
Nutrition	0	0.0
Occupational and environmental medicine	0	0.0
Physiotherapy	0	0.0
Podiatry	0	0.0
Public health	0	0.0
Reproductive endocrinology and infertility	0	0.0
Sports and exercise medicine	0	0.0
Therapeutic radiology	0	0.0
Urogynaecology	0	0.0
Other allied health	3	0.2
Other hospital-based medical practitioner	4	0.3
Not applicable	7	0.5
Not known	360	24.1
All new claims[(a)]	**1,496**	**100.0**

(a) Up to four different specialties may be recorded for each claim, and so some claims are represented in more than one row in this table. Hence, the numbers in the table cannot be summed to give the total number of all new claims and the percentage values cannot be summed to give 100%.

3.2 Current claims

This section reports information on claims that were current at 30 June 2011.

Reserve range and duration

Table 3.6 displays data on 'length of claim' by 'reserve range'. For current claims, the length of a claim is measured from the date the claim first had a reserve placed against it to the end of the financial year, in this case 30 June 2011. Four in 10 claims (40%) had been open for 12 months or less, with just 9% having remained open beyond 5 years.

The proportion of current claims with a reserve of less than $30,000 was 38% (1,426 claims), while 21% (772 claims) had a reserve range between $100,000 and less than $250,000, and 12% (456 claims) had a reserve value of at least $500,000.

A strong association is evident between the reserve range and how long a claim was open (Figure 3.1). For example, of the current claims with a reserve of less than $10,000, over three-quarters (520 claims, 78%) had been open for 24 months or less, compared with 5% open for more than 5 years. In contrast, current claims reserved at $500,000 or more had usually been open for more than 24 months (290 claims, 64%) and often for more than 5 years (28%).

A similar association between reserve range and claim duration was also noted for claims current at 30 June 2008 (AIHW 2011a), 30 June 2009 (AIHW 2011b) and 30 June 2010 (AIHW 2012a).

Table 3.6: Current public sector claims: length of claim (months), by reserve range ($), at 30 June 2011 (excluding Western Australia)

	Reserve range ($)							
Length of claim (months)	**<10,000**	**10,000–<30,000**	**30,000–<50,000**	**50,000–<100,000**	**100,000–<250,000**	**250,000–<500,000**	**500,000 or more**	**Total**
12 or less	154	517	99	180	342	127	82	1,501
13–24	366	110	53	141	196	88	84	1,038
25–36	68	63	40	64	104	80	62	481
37–48	35	28	16	40	58	36	66	279
49–60	8	14	5	15	22	30	33	127
61 or more	33	30	15	41	50	44	129	342
Total	**664**	**762**	**228**	**481**	**772**	**405**	**456**	**3,768**
Per cent	*17.6*	*20.2*	*6.1*	*12.8*	*20.5*	*10.7*	*12.1*	*100.0*
				Per cent				
12 or less	23.2	67.8	43.4	37.4	44.3	31.4	18.0	39.8
13–24	55.1	14.4	23.2	29.3	25.4	21.7	18.4	27.5
25–36	10.2	8.3	17.5	13.3	13.5	19.8	13.6	12.8
37–48	5.3	3.7	7.0	8.3	7.5	8.9	14.5	7.4
49–60	1.2	1.8	2.2	3.1	2.8	7.4	7.2	3.4
61 or more	5.0	3.9	6.6	8.5	6.5	10.9	28.3	9.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Note: Percentages may not add exactly to 100.0 due to rounding.

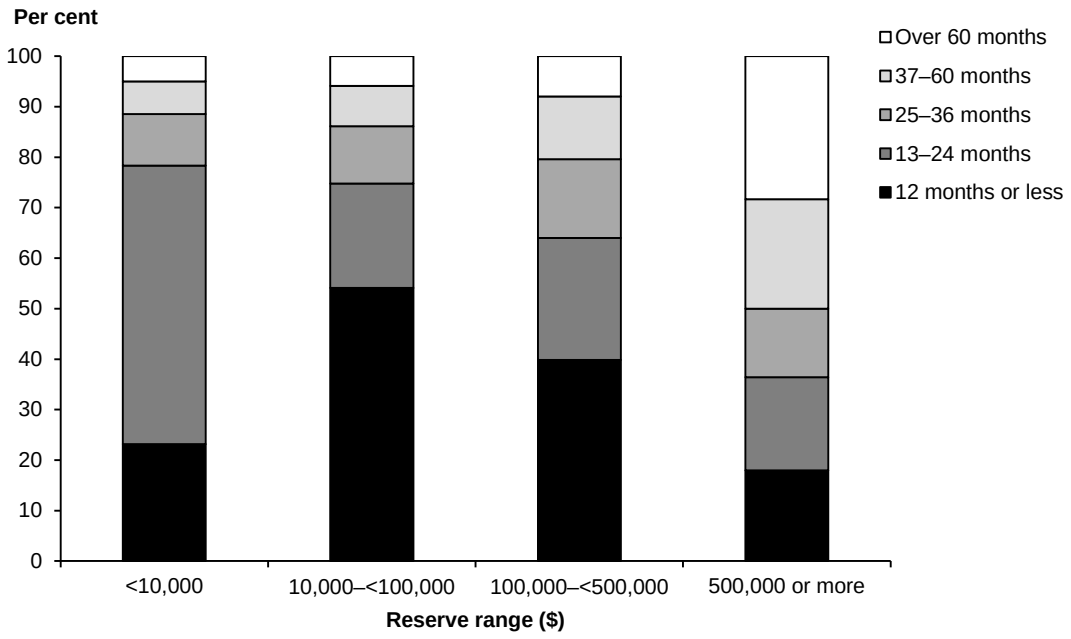


Figure 3.1: Current public sector claims: length of claim (months), by reserve range ($), 30 June 2011 (excluding Western Australia) (per cent)

Table 3.7 presents jurisdictional data on public sector medical indemnity claims' reserve range at 30 June 2011. These data exclude 912 potential claims, which are reported to the MINC by just three jurisdictions (Section 2.2), and so would give a misleading impression of a relatively large number of claims in those three jurisdictions. For information on jurisdictional policy, administrative and legal features that may affect the recognition of medical indemnity claims and how their data are coded, see Appendix 4 in AIHW (2012a).

Table 3.7: Current public sector claims (excluding potential claims)[(a)]: reserve range ($), states and territories (excluding Western Australia), at 30 June 2011

Reserve range ($)	NSW	Vic	Qld	Other[(b)]	Total
Less than 10,000	136	69	19	72	296
10,000–<30,000	141	115	78	87	421
30,000–<50,000	95	35	33	43	206
50,000–<100,000	138	106	63	86	393
100,000–<250,000	321	225	80	79	705
250,000–<500,000	193	87	39	72	391
500,000 or more	192	89	75	88	444
Total	**1,216**	**726**	**387**	**527**	**2,856**
			Per cent		
Less than 10,000	11.2	9.5	4.9	13.7	10.4
10,000–<30,000	11.6	15.8	20.2	16.5	14.7
30,000–<50,000	7.8	4.8	8.5	8.2	7.2
50,000–<100,000	11.3	14.6	16.3	16.3	13.8
100,000–<250,000	26.4	31.0	20.7	15.0	24.7
250,000–<500,000	15.9	12.0	10.1	13.7	13.7
500,000 or more	15.8	12.3	19.4	16.7	15.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Claims that were commenced or reopened at 30 June 2011. The 912 current potential claims reported by three jurisdictions are excluded.

(b) 'Other' includes South Australia, Tasmania, Australian Capital Territory and Northern Territory.

Note: Percentages may not add up exactly to 100.0 due to rounding.

3.3 Closed claims

This section includes information on claims closed during the 2010–11 year.

Length and cost of claims

The length or duration of a closed claim is measured from the date of reserve placement to when the claim was closed. The most frequently recorded duration was 13−24 months (31%), with 21% closed within 12 months of reserve placement, and another 21% closed between 25 and 36 months after reserve placement (Table 3.8). Compared with the 73% of claims closed within 3 years of when their reserve was placed, 17% took between 3 and 5 years to be closed, and 10% took more than 5 years.

'Total claim size' includes any legal defence and investigative costs as well as any payment made to the claimant/s. Of the claims closed in 2010−11, 38% cost less than $10,000 to close, including 3% that incurred no cost and 35% that involved a cost under $10,000. Just 9% of claims were settled for $500,000 or more.

The length of time taken to finalise closed claims was generally longer for larger settlements (Figure 3.2). Six in 10 (602 claims, 62%) of the 974 claims closed for less than $100,000—which made up 69% of closed claims—had been closed within 2 years of when the reserve was set (Table 3.5). In contrast, 63% of claims settled for between $100,000 and less than $500,000 had a duration longer than 2 years (197 of 312 claims), while the most common length of time to finalise claims settled for $500,000 or more was over 5 years (39%).

A similar relationship between length and cost of claims was observed for claims closed in 2008–09 and 2009–10 (AIHW 2011b, 2012a).

Table 3.8: Closed public sector claims: length of claim (months), by total claim size ($), 1 July 2010 to 30 June 2011 (excluding Western Australia)

	Total claim size ($)								
Length of claim (months)	**Nil**	**1–<10,000**	**10,000–<30,000**	**30,000–<50,000**	**50,000–<100,000**	**100,000–<250,000**	**250,000–<500,000**	**500,000 or more**	**Total**
12 or less	19	191	34	16	18	15	3	3	299
13–24	11	174	75	20	44	70	27	8	429
25–36	5	68	52	30	43	50	21	24	293
37–48	4	34	24	11	16	33	14	20	156
49–60	2	10	6	0	11	20	18	20	87
61 or more	3	14	7	12	20	22	19	47	144
Total	**44**	**491**	**198**	**89**	**152**	**210**	**102**	**122**	**1,408**
Per cent	*3.1*	*34.9*	*14.1*	*6.3*	*10.8*	*14.9*	*7.2*	*8.7*	*100.0*
					Per cent				
12 or less	43.2	38.9	17.2	18.0	11.8	7.1	2.9	2.5	21.2
13–24	25.0	35.4	37.9	22.5	28.9	33.3	26.5	6.6	30.5
25–36	11.4	13.8	26.3	33.7	28.3	23.8	20.6	19.7	20.8
37–48	9.1	6.9	12.1	12.4	10.5	15.7	13.7	16.4	11.1
49–60	4.5	2.0	3.0	0.0	7.2	9.5	17.6	16.4	6.2
61 or more	6.8	2.9	3.5	13.5	13.2	10.5	18.6	38.5	10.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Note: Percentages may not add up exactly to 100.0 due to rounding.

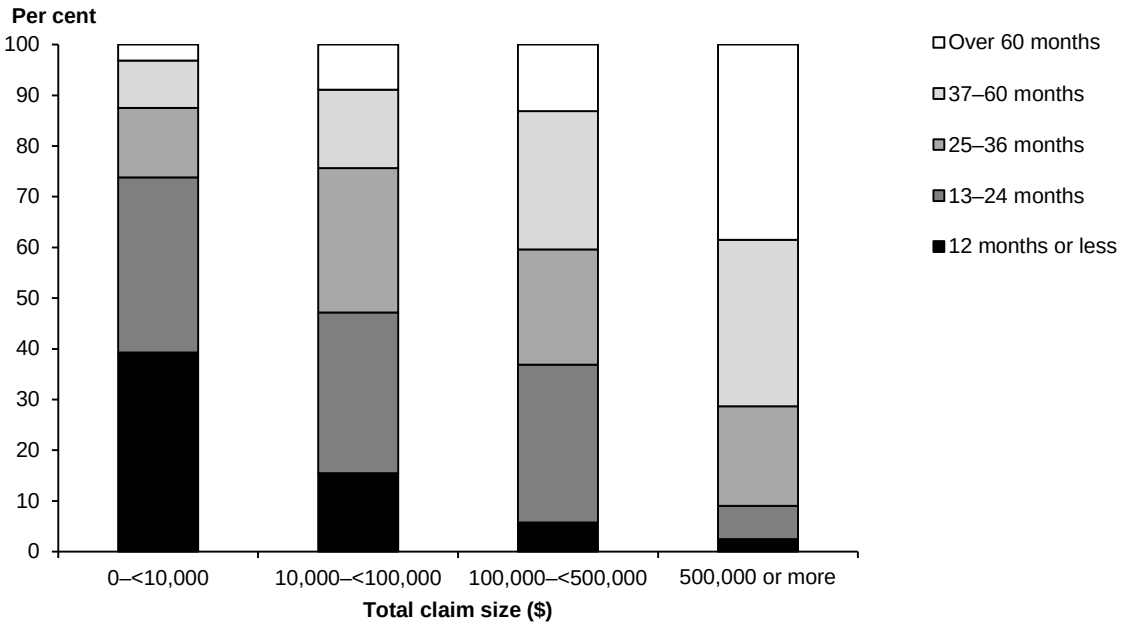


Figure 3.2: Closed public sector claims: length of claim (months), by total claim size ($), 1 July 2010 to 30 June 2011 (excluding Western Australia) (per cent)

Mode of claim finalisation and cost of claims

'Mode of claim finalisation' describes the process by which a claim was closed. Claims may be closed through state/territory complaints processes, court-based processes or other processes (which include cases where a claim is settled part way through a trial), or they may be discontinued.

About 42% of claims closed during 2010–11 were finalised through being *Discontinued*, including 1% that were potential claims and 41% that had commenced (Table 3.9). Most of the claims closed for no cost or for a cost less than $10,000 were *Discontinued* (96% and 76% respectively).

Settlement through a *Court decision* occurred quite rarely, with just 4% of closed claims finalised through this mode. In 2010–11, twice as many claims were finalised through *Court-based alternative dispute resolution processes* (8%).

Statutorily mandated compulsory conference process and *Court-based alternative dispute resolution processes* had the highest proportion closed for $500,000 or more (respectively, 8 of 26 claims, 31%; and 25 of 107 claims, 23%).

Jurisdictional information on claims closed during 2010–11 is presented for the data items total claim size (Table 3.10) and mode of settlement (Table 3.11). For information on jurisdictional policy, administrative and legal features that may affect the recognition of medical indemnity claims and how their data are coded, see Appendix 4 in AIHW (2012a).

Table 3.9: Closed public sector claims: mode of claim finalisation, by total claim size ($), 1 July 2010 to 30 June 2011 (excluding Western Australia)

	Total claim size ($)								
Mode of claim finalisation	**Nil**	**1–<10,000**	**10,000–<30,000**	**30,000–<50,000**	**50,000–<100,000**	**100,000–<250,000**	**250,000–<500,000**	**500,000 or more**	**Total**
Discontinued potential	0	12	8	0	0	0	0	0	20
Discontinued commenced	42	361	101	26	26	11	3	1	571
Settled—state/territory-based complaints processes	0	7	8	2	2	3	1	0	23
Settled—court-based alternative dispute resolution processes	0	1	5	3	18	29	26	25	107
Settled—statutorily mandated compulsory conference process	0	0	3	3	0	10	2	8	26
Settled—other	1	104	59	48	96	146	67	87	608
Court decision	1	6	14	7	10	11	3	1	53
Total	**44**	**491**	**198**	**89**	**152**	**210**	**102**	**122**	**1,408**
					Per cent				
Discontinued potential	0.0	2.4	4.0	0.0	0.0	0.0	0.0	0.0	1.4
Discontinued commenced	95.5	73.5	51.0	29.2	17.1	5.2	2.9	0.8	40.6
Settled—state/territory-based complaints processes	0.0	1.4	4.0	2.2	1.3	1.4	1.0	0.0	1.6
Settled—court-based alternative dispute resolution processes	0.0	0.2	2.5	3.4	11.8	13.8	25.5	20.5	7.6
Settled—statutorily mandated compulsory conference process	0.0	0.0	1.5	3.4	0.0	4.8	2.0	6.6	1.8
Settled—other	2.3	21.2	29.8	53.9	63.2	69.5	65.7	71.3	43.2
Court decision	2.3	1.2	7.1	7.9	6.6	5.2	2.9	0.8	3.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Table 3.10: Closed public sector claims[(a)]: total claim size ($), states and territories (excluding Western Australia), 2010–11

Total claim size ($)	NSW	Vic	Qld	Other[(b)]	Total
Nil	0	33	4	7	44
1–10,000	264	93	87	47	491
10,000–<30,000	81	55	32	30	198
30,000–<50,000	59	7	12	11	89
50,000–<100,000	96	31	13	12	152
100,000–<250,000	135	42	23	10	210
250,000–<500,000	52	36	11	3	102
500,000 or more	65	37	16	4	122
Total	**752**	**334**	**198**	**124**	**1,408**
			Per cent		
Nil	0.0	9.9	2.0	5.6	3.1
1–10,000	35.1	27.8	43.9	37.9	34.9
10,000–<30,000	10.8	16.5	16.2	24.2	14.1
30,000–<50,000	7.8	2.1	6.1	8.9	6.3
50,000–<100,000	12.8	9.3	6.6	9.7	10.8
100,000–<250,000	18.0	12.6	11.6	8.1	14.9
250,000–<500,000	6.9	10.8	5.6	2.4	7.2
500,000 or more	8.6	11.1	8.1	3.2	8.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Claims closed between 1 July 2010 and 30 June 2011.

(b) 'Other' includes South Australia, Tasmania, Australian Capital Territory and Northern Territory.

Note: Percentages may not add up exactly to 100.0 due to rounding.

Table 3.11: Closed public sector claims[a]: mode of settlement, states and territories (excluding Western Australia), 2010–11

Mode of settlement	NSW	Vic	Qld	Other[b]	Total
Discontinued potential claim	0	8	0	12	20
Discontinued commenced claim	269	151	122	29	571
Settled—state/territory-based complaints processes	0	9	13	1	23
Settled—statutorily mandated compulsory conference process	0	0	22	4	26
Settled—court-based alternative dispute resolution processes	0	78	13	16	107
Settled—other	436	88	26	58	608
Court decision	47	0	2	4	53
Total	**752**	**334**	**198**	**124**	**1,408**
			Per cent		
Discontinued potential claim	0.0	2.4	0.0	9.7	1.4
Discontinued commenced claim	35.8	45.2	61.6	23.4	40.6
Settled—state/territory-based complaints processes	0.0	2.7	6.6	0.8	1.6
Settled—statutorily mandated compulsory conference process	0.0	0.0	11.1	3.2	1.8
Settled—court-based alternative dispute resolution processes	0.0	23.4	6.6	12.9	7.6
Settled—other	58.0	26.3	13.1	46.8	43.2
Court decision	6.3	0.0	1.0	3.2	3.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Claims closed between 1 July 2010 and 30 June 2011.

(b) 'Other' includes South Australia, Tasmania, Australian Capital Territory and Northern Territory.

Note: Percentages may not add up exactly to 100.0 due to rounding.

4 Changes over time to public sector medical indemnity claims, 2006–07 to 2010–11

This chapter focuses on an overview of public sector claims data covering the five reporting periods from July 2006 to June 2011. It is based on the most current data for each reporting period, as recorded in the MINC master database (Appendix B). In particular, data providers have taken the opportunity to rescind records of questionable status as medical indemnity claims, including those closed prior to 2009–10 (see AIHW 2012a).

The data presented here exclude Western Australia. It is not possible to deduce detailed information on Western Australia's claims in previous years by comparing the data in sections 4.2 to 4.10 with previous years' published data. This is because the data presented here incorporate updates to previously reported claims data.

The 'time series' tables in this chapter present data on claims assigned to one year or another based on the timing of a unique event in a claim's life. This is to ensure that claims are counted just once in each analysis. One such unique event is the setting of the reserve, which allows claims to be assigned to different years based on when they became new claims. A second example is closure of the claim, allowing closed claims to be assigned to different years based on when they were closed.

New claims are the more useful class of claims to consider when monitoring changes over time in the incidents or allegations giving rise to claims. This is because the reserve is set when a health authority recognises that a claim may arise or has arisen as a result of a health-care incident or allegation. Closed claims, on the other hand, are more informative when the focus is on claim aspects that relate to claim closure, such as mode of settlement and claim size.

The high *Not known* rates observed for new claims and current claims on most data items (Appendix Table B.1) are generally highest for the year in which the claim was new. A claim that was new in one year is likely to be better documented in subsequent years, particularly the year in which the claim was closed. As a result, new claims from several years ago have lower *Not known* rates than those opened in 2010–11.

The denominators in the bottom half of all of the columns in the Chapter 4 tables exclude claims that are recorded as *Not known* for the tabulated data item. This allows the proportions for the different years to be directly compared, notwithstanding the differences between the years in their *Not known* rates.

This chapter concludes with an analysis over time of two types of cohorts of public sector claims. The claim cohorts that are analysed are the cohorts based on the year their reserve was set and the cohorts based on the year of the alleged incidents that gave rise to the claims.

4.1 Claim numbers

Table 4.1 presents public sector claim numbers between 2006–07 and 2010–11 for new claims, current claims (claims open at the end of each period) and closed claims (those closed during each period) which together make up all of the claims open during the period. Current claims include potential claims where a reserve has been set but litigation has not begun, commenced claims where litigation has begun, and claims which were reopened after having been closed in a previous period.

Western Australia's claim numbers are excluded from Table 4.1 to allow direct comparison of 2010–11 claim numbers with those from previous years.

Table 4.1: All public sector claims: number of claims, by status of claim, 2006−07 to 2010−11 (excluding Western Australia)

	Year				
Status of claim	**2006–07**	**2007–08**	**2008–09**	**2009–10**	**2010–11**
New claims	1,041	1,214	1,223	1,586	1,496
Current claims					
Potential (not yet commenced)	468	431	353	657	912
Commenced	2,501	2,581	2,541	2,800	2,652
Reopened	80	142	151	194	204
Current claims at the end of each financial year	3,049	3,154	3,045	3,651	3,768
Closed claims	1,709	1,152	1,383	1,039	1,408
All claims (open at any time during the period)	**4,758**	**4,306**	**4,428**	**4,690**	**5,176**

Note: See Table 6.1 for public sector claim numbers from 2006–07 to 2009–10 that include Western Australia.

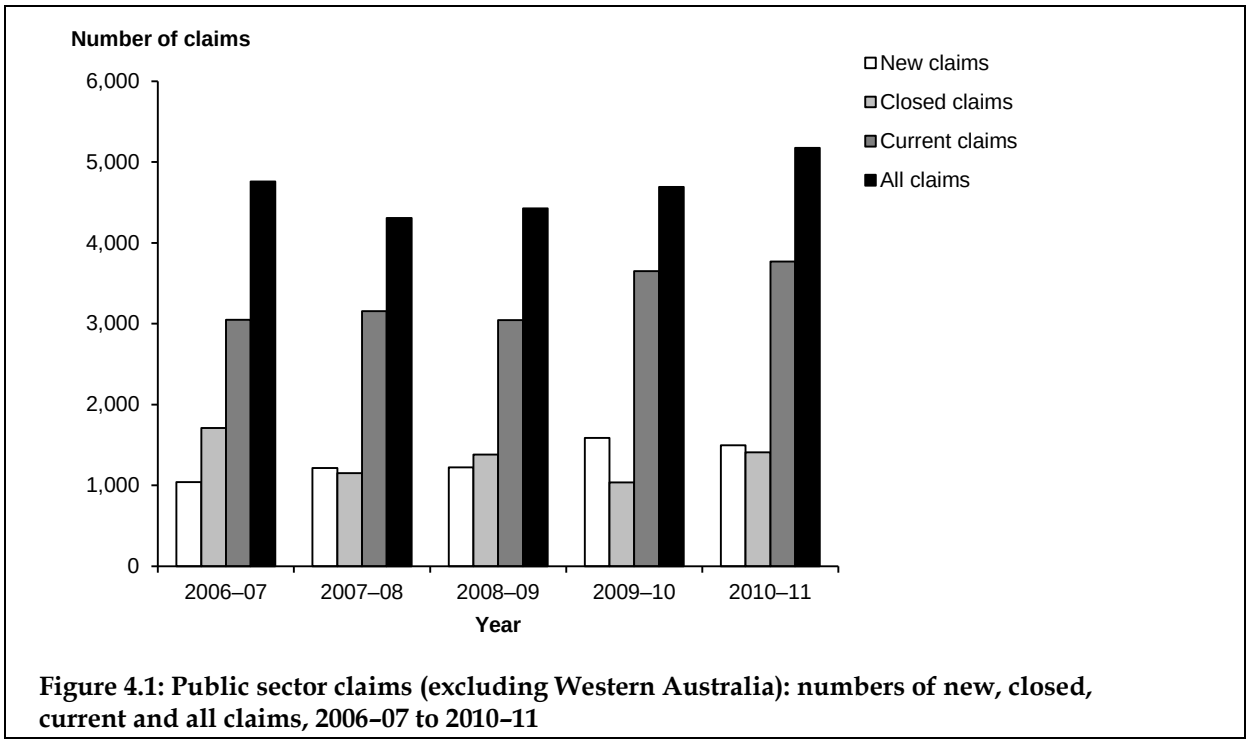


Figure 4.1: Public sector claims (excluding Western Australia): numbers of new, closed, current and all claims, 2006–07 to 2010–11

The 2010–11 year had the largest number of claims in terms of all claims (about 5,200) and current claims (about 3,800). Between 2006–07 and 2009–10, the number of all claims was between 4,300 and 4,800 (in round terms), while the number of current claims was between 3,000 and 3,700 in round terms. The number of closed claims was highest in 2006–07 (about 1,700), compared with about 1,000 to 1,400 in other years (Figure 4.1). The number of reopened claims rose steadily from 80 in 2006–07 to 204 in 2010–11.

Table 4.1 also presents the numbers of new claims that had their reserve set during each period. They are shown separately as they may be either current or closed at the end of the year when their reserve was set. There were about 1,500 new claims in 2010–11, a decrease from the previous year's 1,600 claims but 300–450 more than between 2006–07 and 2008-09.

4.2 New claims: clinical service context and primary incident/allegation type

'Clinical service context' specifies the area of clinical practice associated with the alleged health-care incident (Section 3.1). Table 4.2 presents the numbers and proportions of new claims associated with the 10 clinical service contexts most commonly recorded between 2006–07 and 2010–11. Of these, *Emergency department, General surgery,* and *Obstetrics* were the three most frequently recorded in each of the years (Figure 4.2).

For 2010–11, excluding the 439 new claims where the clinical service context was *Not known*, *General surgery* accounted for 25% (260 of 1,057 claims), *Emergency department* for 17% (181 of 1,057 claims) and *Obstetrics* for 13% (134 of 1,057 claims). The proportion of claims accounted for by *General surgery* was higher in 2010–11 than in the previous 4 years, whereas the proportions accounted for by *Emergency department* and *Obstetrics* were lower. Another difference between the years is that *Gynaecology* was the fourth most common clinical service context in 2008–09 but in other years it was *Orthopaedics* (Table 4.2).

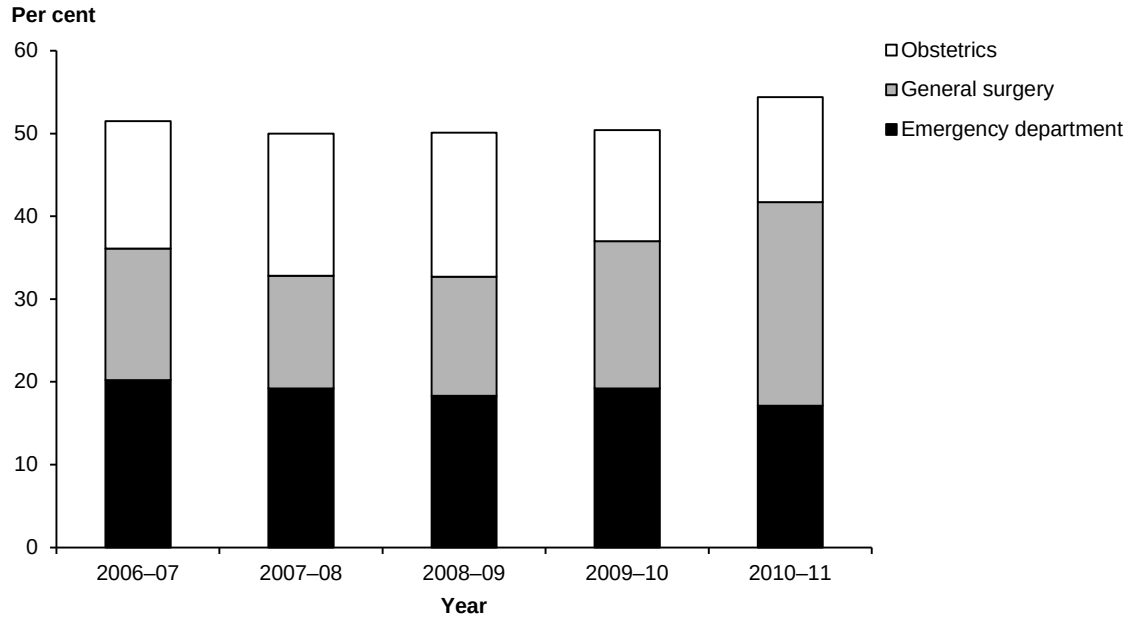
'Primary incident/allegation type' describes the area of possible error, negligence or problem that was of primary importance in giving rise to the claim. For new claims during 2010–11, the most frequently recorded primary incident/allegation types were *Procedure*, *Diagnosis* and *Treatment* (Table 4.3; Figure 4.3). They were respectively associated with 386, 304 and 239 new claims, or as a proportion of cases where the primary incident/allegation type was known, 34%, 27% and 21%, respectively. Similar proportions were recorded in the years between 2006–07 and 2009–10 (respectively, 26–32%, 23–29% and 20–26%).

In 2010–11, over half of new claims with a clinical service context of *General surgery* (59%), *Gynaecology* (67%) and *Orthopaedics* (61%) reported *Procedure* as the primary incident/allegation type. For each of these clinical service contexts the proportion of *Procedure* related claims was higher in 2010–11 than in any of the preceding 4 years (Table 4.5).

Between 2006–07 and 2010–11, *Diagnosis* was the most common primary incident/allegation type for the clinical service context of *Emergency department* and was also frequently reported for *Obstetrics* claims. Since 2006–07 around half (46–57%) of *Emergency department* and one-quarter (24–32%) of *Obstetrics* new claims were *Diagnosis* related (tables 4.4 and 4.5).

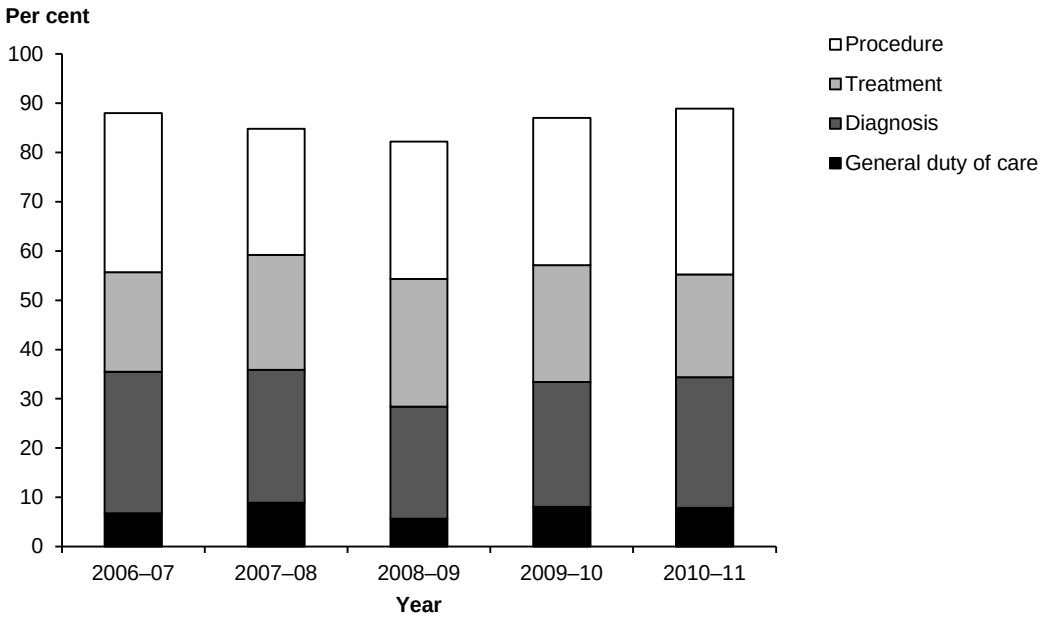
General duty of care and *Treatment* were the most frequently recorded primary incident/allegation types for *Psychiatry* new claims from 2006–07 to 2010–11. The proportion of *General duty of care* claims was higher in 2010–11 than in previous years (41%, compared

with 14–37%) while the proportion of *Treatment* related claims was lower (28%, compared with 31–58%).



Note: See also Table 4.2

Figure 4.2: New public sector claims: three most frequently recorded clinical service contexts, 2006–07 to 2010–11 (excluding Western Australia) (per cent)



Note: See also Table 4.3.

Figure 4.3: New public sector claims: four most frequently recorded primary incident/ allegation types, 2006–07 to 2010–11 (excluding Western Australia) (per cent)

Table 4.2: New public sector claims: clinical service context, 2006−07 to 2010−11 (excluding Western Australia)

	Year				
Clinical service context	**2006–07**	**2007–08**	**2008–09**	**2009–10**	**2010–11**
Emergency department	206	220	200	226	181
General surgery	162	156	158	209	260
Obstetrics	157	198	191	158	134
Orthopaedics	79	81	66	98	84
Psychiatry	72	70	72	87	47
Gynaecology	54	54	103	62	42
General practice	25	63	62	46	47
General medicine	50	69	23	49	40
Paediatrics	24	40	33	25	23
Cardiology	30	25	19	26	16
All other clinical service contexts	160	169	167	190	179
Not applicable	0	3	1	1	4
Not known	22	66	128	409	439
Total	**1,041**	**1,214**	**1,223**	**1,586**	**1,496**
	Per cent (excluding *Not known*)				
Emergency department	20.2	19.2	18.3	19.2	17.1
General surgery	15.9	13.6	14.4	17.8	24.6
Obstetrics	15.4	17.2	17.4	13.4	12.7
Orthopaedics	7.8	7.1	6.0	8.3	7.9
Psychiatry	7.1	6.1	6.6	7.4	4.4
Gynaecology	5.3	4.7	9.4	5.3	4.0
General practice	2.5	5.5	5.7	3.9	4.4
General medicine	4.9	6.0	2.1	4.2	3.8
Paediatrics	2.4	3.5	3.0	2.1	2.2
Cardiology	2.9	2.2	1.7	2.2	1.5
All other clinical service contexts	15.7	14.7	15.3	16.1	16.9
Not applicable	0.0	0.3	0.1	0.1	0.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Notes

1. The 'clinical service context' categories listed separately here are the 10 most frequently recorded categories across the 5 years; all other categories are combined in the category *All other clinical service contexts*.
2. Percentages may not add up exactly to 100.0 due to rounding.

Table 4.3: New public sector claims: primary incident/allegation type, 2006−07 to 2010−11 (excluding Western Australia)

Primary incident/allegation type	2006–07	2007–08	2008–09	2009–10	2010–11
Procedure	330	298	311	362	386
Diagnosis	294	314	253	306	304
Treatment	207	271	289	287	239
General duty of care	70	103	64	98	91
Medication-related	47	71	69	70	53
Consent	20	28	64	28	19
Anaesthetic	25	25	19	18	28
Blood/blood product-related	8	16	25	11	11
Infection control	5	8	4	12	8
Device failure	3	4	2	5	1
Other	14	24	14	13	7
Not known	18	52	109	376	349
Total	**1,041**	**1,214**	**1,223**	**1,586**	**1,496**
		Per cent (excluding *Not known*)			
Procedure	32.3	25.7	27.9	29.9	33.7
Diagnosis	28.7	27.0	22.7	25.3	26.5
Treatment	20.2	23.3	25.9	23.7	20.8
General duty of care	6.8	8.9	5.7	8.1	7.9
Medication-related	4.6	6.1	6.2	5.8	4.6
Consent	2.0	2.4	5.7	2.3	1.7
Anaesthetic	2.4	2.2	1.7	1.5	2.4
Blood/blood product-related	0.8	1.4	2.2	0.9	1.0
Infection control	0.5	0.7	0.4	1.0	0.7
Device failure	0.3	0.3	0.2	0.4	0.1
Other	1.4	2.1	1.3	1.1	0.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Note: Percentages may not add up exactly to 100.0 due to rounding.

Table 4.4: New public sector claims: selected primary incident/allegation types, by selected clinical service contexts, 2006−07 to 2010−11 (excluding Western Australia)

	Clinical service context				
Primary incident/allegation type	**2006–07**	**2007–08**	**2008–09**	**2009–10**	**2010–11**
			Emergency department		
Diagnosis	118	107	92	108	92
Treatment	52	56	59	68	55
Other	36	57	48	47	34
Not known	0	0	1	3	0
Total	**206**	**220**	**200**	**226**	**181**
			General surgery		
Procedure	92	66	84	106	150
Diagnosis	19	23	13	26	29
Treatment	16	29	28	36	29
Other	32	38	32	41	48
Not known	3	0	1	0	4
Total	**162**	**156**	**158**	**209**	**260**
			Obstetrics		
Procedure	76	71	68	62	54
Diagnosis	42	48	51	49	32
Treatment	22	47	43	23	27
Other	11	30	25	19	18
Not known	6	2	4	5	3
Total	**157**	**198**	**191**	**158**	**134**
			Orthopaedics		
Procedure	42	39	34	45	51
Other	37	41	32	51	33
Not known	0	1	0	2	0
Total	**79**	**81**	**66**	**98**	**84**
			Gynaecology		
Procedure	34	30	33	37	28
Other	20	24	70	25	14
Not known	0	0	0	0	0
Total	**54**	**54**	**103**	**62**	**42**
			Psychiatry		
Treatment	30	22	42	40	13
General duty of care	22	26	10	12	19
Other	19	22	20	33	14
Not known	1	0	0	2	1
Total	**72**	**70**	**72**	**87**	**47**

Table 4.5: New public sector claims: selected primary incident/allegation types, by selected clinical service contexts, 2006−07 to 2010−11 (excluding Western Australia and *Not known*) (per cent)

	Clinical service context				
Primary incident/allegation type	**2006–07**	**2007–08**	**2008–09**	**2009–10**	**2010–11**
			Emergency department		
Diagnosis	57.3	48.6	46.2	48.4	50.8
Treatment	25.2	25.5	29.6	30.5	30.4
Other	17.5	25.9	24.1	21.1	18.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			General surgery		
Procedure	57.9	42.3	53.5	50.7	58.6
Diagnosis	11.9	14.7	8.3	12.4	11.3
Treatment	10.1	18.6	17.8	17.2	11.3
Other	20.1	24.4	20.4	19.6	18.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Obstetrics		
Procedure	50.3	36.2	36.4	40.5	41.2
Diagnosis	27.8	24.5	27.3	32.0	24.4
Treatment	14.6	24.0	23.0	15.0	20.6
Other	7.3	15.3	13.4	12.4	13.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Orthopaedics		
Procedure	53.2	48.8	51.5	46.9	60.7
Other	46.8	51.3	48.5	53.1	39.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Gynaecology		
Procedure	63.0	55.6	32.0	59.7	66.7
Other	37.0	44.4	68.0	40.3	33.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Psychiatry		
Treatment	42.3	31.4	58.3	47.1	28.3
General duty of care	31.0	37.1	13.9	14.1	41.3
Other	26.8	31.4	27.8	38.8	30.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Note: Percentages may not add up exactly to 100.0 due to rounding.

4.3 New claims: principal clinician specialty

'Principal clinician specialty' indicates the specialty of the health-care provider who allegedly played the most prominent role in the events that gave rise to a claim. The 10 principal clinician specialties most commonly recorded for new claims between 2006–07 and 2010–11 are presented in Table 4.6.

For most principal clinician specialties, there is not much variation between the years in the proportion of claims associated with that clinician specialty. Examples include *Emergency medicine* (10−14%), *General surgery* (8−11%), *Orthopaedic surgery* (6−8%) and *Obstetrics only* (6−9%). However, there are three principal clinician specialties that account for a notably higher proportion of claims in some years than in other years. These are *General practice – non-procedural* (12% in 2007–08 and 13% in 2010–11), *General practice – procedural* (8−9% in 2008–09 to 2010–11) and *Obstetrics and gynaecology* (7−10% in 2008–09 and 2009–10) (Table 4.6; Figure 4.4).

Table 4.6: New public sector claims: principal clinician specialty, 2006−07 to 2010−11 (excluding Western Australia)

Principal clinician specialty	2006–07	2007–08	2008–09	2009–10	2010–11
Emergency medicine	146	149	110	144	140
General surgery	106	96	102	136	124
General practice—non-procedural	63	135	64	34	146
Orthopaedic surgery	80	78	66	100	85
Obstetrics only	93	94	76	69	69
General practice—procedural	27	48	92	108	93
Obstetrics and gynaecology	43	63	111	85	35
Psychiatry	44	46	35	54	48
Gynaecology only	36	37	61	30	38
General nursing	29	26	31	42	29
All other specialties	339	362	343	364	322
Not applicable	14	12	16	25	7
Not known	21	68	116	395	360
Total	**1,041**	**1,214**	**1,223**	**1,586**	**1,496**

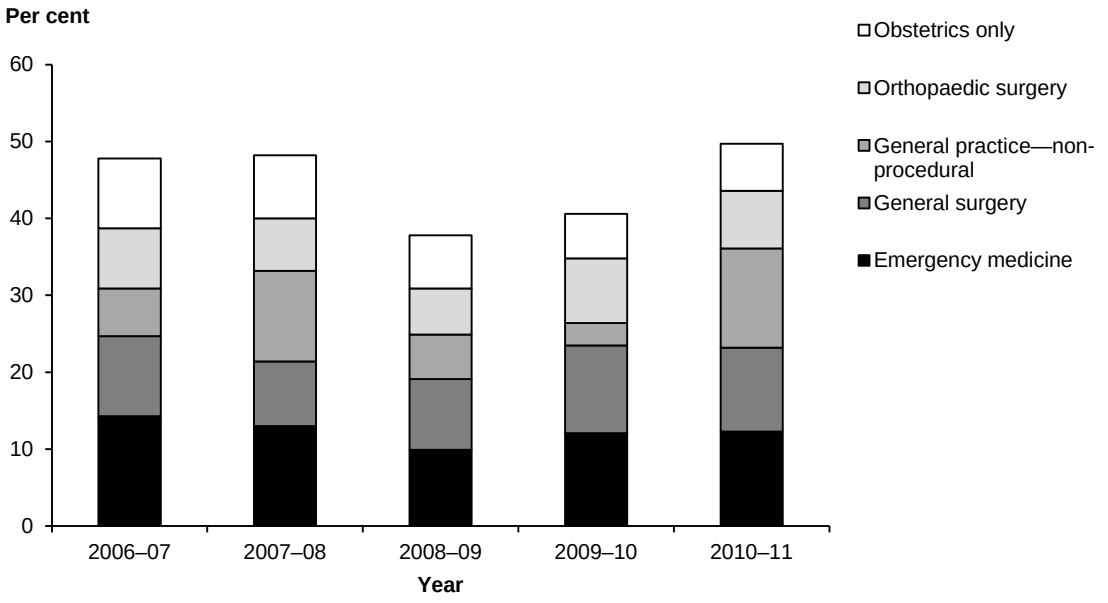
(continued)

Table 4.6 (continued): New public sector claims: principal clinician specialty, 2006−07 to 2010−11 (excluding Western Australia)

Principal clinician specialty	2006–07	2007–08	2008–09	2009–10	2010–11
			Per cent (excluding *Not known*)		
Emergency medicine	14.3	13.0	9.9	12.1	12.3
General surgery	10.4	8.4	9.2	11.4	10.9
General practice—non-procedural	6.2	11.8	5.8	2.9	12.9
Orthopaedic surgery	7.8	6.8	6.0	8.4	7.5
Obstetrics only	9.1	8.2	6.9	5.8	6.1
General practice—procedural	2.6	4.2	8.3	9.1	8.2
Obstetrics and gynaecology	4.2	5.5	10.0	7.1	3.1
Psychiatry	4.3	4.0	3.2	4.5	4.2
Gynaecology only	3.5	3.2	5.5	2.5	3.3
General nursing	2.8	2.3	2.8	3.5	2.6
All other specialties	33.2	31.6	31.0	30.6	28.3
Not applicable	1.4	1.0	1.4	2.1	0.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Notes

1. The 'principal clinician specialty' categories listed separately here are the 10 most frequently recorded categories across the 5 years; all other categories are combined in the category *All other specialties*.
2. Percentages may not add up exactly to 100.0 due to rounding.



Note: See also Table 4.6.

Figure 4.4: New public sector claims: five most frequently recorded principal clinician specialties, 2006−07 to 2010−11 (excluding Western Australia) (per cent)

4.4 New claims: primary body function/structure affected

The data item 'primary body function/structure affected' specifies the main body function or structure of the claim subject alleged to have been affected as a result of the events that gave rise to a claim. *Death* is recorded for this data item in cases where the patient's death is reported for this data item.

The two most commonly recorded 'primary body function/structure affected' categories for 2010–11 were *Death* and *Neuromusculoskeletal and movement-related.* As a proportion of new claims (excluding those *Not known* for this data item), they respectively accounted for 24% and 23% of claims. These were also the most commonly recorded categories in each year from 2006–07 to 2009–10 (Table 4.7; Figure 4.5).

Another commonly recorded category in 2010–11 was *Mental and nervous system*, accounting for 22% of new claims, higher than in any of the previous 4 years (14−18%). The *Genitourinary and reproductive* category, on the other hand, accounted for a lower proportion of new claims in 2010–11 (8%) than any of the previous years (12−19%).

In 2010–11, *Neuromusculoskeletal and movement-related* claims were most commonly related to the clinical service contexts of *Orthopaedics* (69 claims, 83%) and *Emergency department* (60 claims, 34%). Also, *Death* was most commonly recorded for the clinical service contexts of *General surgery* (68 claims, 27%), *Emergency department* (47 claims, 27%) and *Psychiatry* (26 claims, 55%). Similar proportions were recorded for 2009–10 claims, except for *General surgery* claims associated with *Death*, which increased from 14% to 27% (tables 4.8 and 4.9).

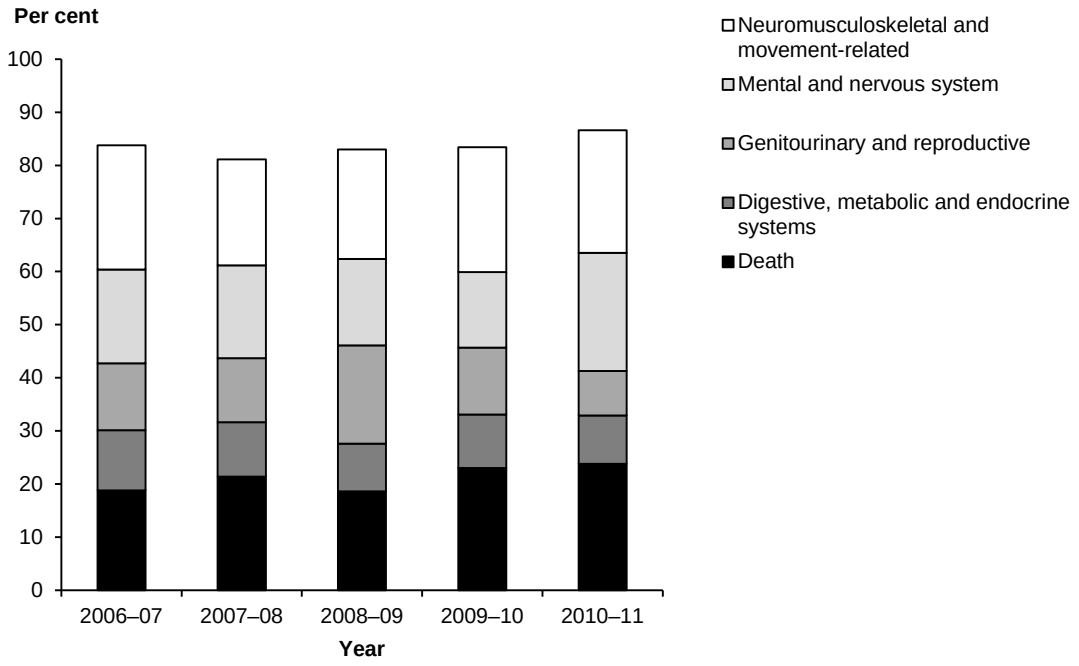
Mental and nervous system claims accounted for a relatively high proportion of 2010–11 claims associated with *Obstetrics* (54 claims, 42%) and *General surgery* (66 claims, 26%). The association of these claims with *General surgery* was lower between 2006–07 and 2009–10 (8−12%) than in 2010–11.

Table 4.7: New public sector claims: primary body function/structure affected, 2006−07 to 2010−11 (excluding Western Australia)

Primary body function/structure affected	2006–07	2007–08	2008–09	2009–10	2010–11
Neuromusculoskeletal and movement-related	238	229	228	288	252
Mental and nervous system	180	201	180	174	243
Genitourinary and reproductive	128	139	204	155	92
Digestive, metabolic and endocrine systems	115	117	99	124	100
Cardiovascular, haematological, immunological and respiratory	65	89	67	69	51
Skin and related structures	43	57	58	70	41
Sensory, including eye and ear	30	24	35	40	32
Voice and speech	14	19	11	10	7
Death	191	246	205	282	260
No body function/structure affected	11	27	18	14	15
Not known	26	66	118	360	403
Total	**1,041**	**1,214**	**1,223**	**1,586**	**1,496**
		Per cent (excluding *Not known*)			
Neuromusculoskeletal and movement-related	23.4	19.9	20.6	23.5	23.1
Mental and nervous system	17.7	17.5	16.3	14.2	22.2
Genitourinary and reproductive	12.6	12.1	18.5	12.6	8.4
Digestive, metabolic and endocrine systems	11.3	10.2	9.0	10.1	9.1
Cardiovascular, haematological, immunological and respiratory	6.4	7.8	6.1	5.6	4.7
Skin and related structures	4.2	5.0	5.2	5.7	3.8
Sensory, including eye and ear	3.0	2.1	3.2	3.3	2.9
Voice and speech	1.4	1.7	1.0	0.8	0.6
Death	18.8	21.4	18.6	23.0	23.8
No body function/structure affected	1.1	2.4	1.6	1.1	1.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Notes

1. See Appendix Table A.5 for specific examples of types of alleged harm for each of the body function/structure categories.
2. Percentages may not add up exactly to 100.0 due to rounding.



Note: See also Table 4.7.

Figure 4.5: New public sector claims: five most frequently recorded primary body function/ structure categories affected, 2006−07 to 2010−11 (excluding Western Australia) (per cent)

Table 4.8: New public sector claims: selected primary body functions/structures affected, by selected clinical service contexts, 2006−07 to 2010−11 (excluding Western Australia)

	Clinical service context				
Primary body function/structure affected	**2006–07**	**2007–08**	**2008–09**	**2009–10**	**2010–11**
			Emergency department		
Neuromusculoskeletal and movement-related	57	56	53	77	60
Mental and nervous system	30	32	25	25	22
Death	60	72	55	56	47
Other	59	59	66	67	48
Not known	0	1	1	1	4
Total	**206**	**220**	**200**	**226**	**181**
			General surgery		
Neuromusculoskeletal and movement-related	29	24	23	36	37
Mental and nervous system	12	13	19	16	66
Digestive, metabolic and endocrine systems	53	56	51	66	47
Death	18	28	18	28	68
Other	49	34	45	61	38
Not known	1	1	2	2	4
Total	**162**	**156**	**158**	**209**	**260**

(continued)

Table 4.8 (continued): New public sector claims: selected primary body functions/structures affected, by selected clinical service context, 2006–07 to 2010–11 (excluding Western Australia)

	Clinical service context				
Primary body function/structure affected	**2006–07**	**2007–08**	**2008–09**	**2009–10**	**2010–11**
			Obstetrics		
Mental and nervous system	67	67	65	47	54
Genitourinary and reproductive	36	50	51	38	32
Death	20	31	34	38	24
Other	29	39	35	26	19
Not known	5	11	6	9	5
Total	**157**	**198**	**191**	**158**	**134**
			Orthopaedics		
Neuromusculoskeletal and movement-related	63	58	56	76	69
Other	14	22	10	21	14
Not known	2	1	0	1	1
Total	**79**	**81**	**66**	**98**	**84**
			Gynaecology		
Genitourinary and reproductive	32	33	93	43	24
Other	22	21	10	18	18
Not known	0	0	0	1	0
Total	**54**	**54**	**103**	**62**	**42**
			Psychiatry		
Mental and nervous system	17	26	20	27	14
Death	34	32	41	45	26
Other	14	11	10	11	7
Not known	7	1	1	4	0
Total	**72**	**70**	**72**	**87**	**47**

Table 4.9: New public sector claims: selected primary body functions/structures affected, by selected clinical service contexts, 2006−07 to 2010−11 (excluding Western Australia and *Not known*) (per cent)

	Clinical service context				
Primary body function/structure affected	**2006–07**	**2007–08**	**2008–09**	**2009–10**	**2010–11**
			Emergency department		
Neuromusculoskeletal and movement-related	27.7	25.6	26.6	34.2	33.9
Mental and nervous system	14.6	14.6	12.6	11.1	12.4
Death	29.1	32.9	27.6	24.9	26.6
Other	28.6	26.9	33.2	29.8	27.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			General surgery		
Neuromusculoskeletal and movement-related	18.0	15.5	14.7	17.4	14.5
Mental and nervous system	7.5	8.4	12.2	7.7	25.8
Digestive, metabolic and endocrine systems	32.9	36.1	32.7	31.9	18.4
Death	11.2	18.1	11.5	13.5	26.6
Other	30.4	21.9	28.8	29.5	14.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Obstetrics		
Mental and nervous system	44.1	35.8	35.1	31.5	41.9
Genitourinary and reproductive	23.7	26.7	27.6	25.5	24.8
Death	13.2	16.6	18.4	25.5	18.6
Other	19.1	20.9	18.9	17.4	14.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Orthopaedics		
Neuromusculoskeletal and movement-related	81.8	72.5	84.8	78.4	83.1
Other	18.2	27.5	15.2	21.6	16.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Gynaecology		
Genitourinary and reproductive	59.3	61.1	90.3	70.5	57.1
Other	40.7	38.9	9.7	29.5	42.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Psychiatry		
Mental and nervous system	26.2	37.7	28.2	32.5	29.8
Death	52.3	46.4	57.7	54.2	55.3
Other	21.5	15.9	14.1	13.3	14.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Note: Percentages may not add up exactly to 100.0 due to rounding.

4.5 Current claims: reserve range and duration

Table 4.10 displays data on 'reserve range' and the average length of claims. For current claims, the length of a claim is measured from the date the claim first had a reserve placed against it to the end of the financial year in question.

Since 2006–07 the proportion of current claims with a reserve range of less than $10,000 has fluctuated, from a high of 24% in 2007–08 to a low of 18% in 2010–11. Apparent trends over time include an increase in the proportion reserved for between $100,000 and less than $250,000 (16% to 21%) and a decrease in the proportion reserved for $500,000 or more (16% to 12%).

The average length of current claims decreased from 29 months in 2006–07 to 25 months in 2009–10 and 2010–11.

Table 4.10: Current public sector claims: reserve range ($) and average length of claim (months), 2006−07 to 2010−11 (excluding Western Australia)

Reserve range ($)	2006–07	2007–08	2008–09	2009–10	2010–11
1–<10,000	625	756	666	985	664
10,000–<30,000	486	489	400	432	762
30,000–<50,000	194	205	213	221	228
50,000–<100,000	460	365	387	468	481
100,000–<250,000	501	517	542	656	772
250,000–<500,000	305	312	354	390	405
500,000 or more	478	510	483	499	456
Total	**3,049**	**3,154**	**3,045**	**3,651**	**3,768**
Average length of claim (months)	*28.9*	*28.3*	*27.4*	*24.6*	*24.5*
			Per cent		
1–<10,000	20.5	24.0	21.9	27.0	17.6
10,000–<30,000	15.9	15.5	13.1	11.8	20.2
30,000–<50,000	6.4	6.5	7.0	6.1	6.1
50,000–<100,000	15.1	11.6	12.7	12.8	12.8
100,000–<250,000	16.4	16.4	17.8	18.0	20.5
250,000–<500,000	10.0	9.9	11.6	10.7	10.7
500,000 or more	15.7	16.2	15.9	13.7	12.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

4.6 Closed claims: cost and duration

The average time between when the reserve was placed and the claim was closed stayed between 31 and 35 months since 2006–07. Although claim length increased between 2006–07 and 2009–10, in 2010–11 it decreased back from 35 to 31 months (Table 4.11).

There has been a shift towards more costly claims since 2007–08. The proportion of claims closed for $100,000 to less than $500,000 and for $500,000 or more increased from 14% to 22% and from 5% to 9%, respectively (Table 4.11). The figures are not adjusted for inflation.

Table 4.11: Closed public sector claims: total claim size ($) and average length of claim (months), 2006−07 to 2010−11 (excluding Western Australia)

Total claim size ($)	2006–07	2007–08	2008–09	2009–10	2010–11
Less than 10,000	746	607	683	448	535
10,000–<100,000	596	319	349	279	439
100,000–<500,000	281	164	237	222	312
500,000 or more	86	56	112	90	122
Not known	0	6	2	0	0
Total	**1,709**	**1,152**	**1,383**	**1,039**	**1,408**
Average time to be closed (months)	*30.7*	*32.9*	*33.0*	*35.4*	*31.0*
		Per cent (excluding *Not known*)			
Less than 10,000	43.7	53.0	49.5	43.1	38.0
10,000–<100,000	34.9	27.8	25.3	26.9	31.2
100,000–<500,000	16.4	14.3	17.2	21.4	22.2
500,000 or more	5.0	4.9	8.1	8.7	8.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

4.7 Closed claims: mode of claim finalisation

'Mode of claim finalisation' describes the process by which a claim was closed. Claims may be closed through state/territory-based complaints processes, court-based processes and 'Other' processes (which include cases where a claim is settled part way through a trial) or they may be discontinued (Section 3.3).

Discontinuation accounted for 37−50% of closed claims over the period 2006–07 to 2010–11, including 74−81% closed for less than $10,000 (tables 4.12 and 4.13). On both counts, the proportion was higher for 2008–09 than for any other year.

The data suggest that there has been a shift away from settlement through *State/territory-based complaints processes* since 2006–07, with a decrease in the proportion of claims settled in this mode from 12% to 2%. In 2006–07 over one-quarter of claims (26%) settled for $10,000 to less than $100,000 were settled through this mode (tables 4.12 and 4.13).

Settlement through a *Statutorily mandated compulsory conference process* or a *Court decision* were comparatively rare events, with 4% or less of closed claims finalised through these modes in any year between 2006–07 and 2010–11. During these years, about twice as many claims were finalised as a result of *Court-based alternative dispute resolution processes* (7–13%) and around 10 times as many (34–43%) were *Settled – other*. The claims settled through '*Other*' processes accounted for between one-half and three-quarters (55−76%) of the claims settled for $100,000 or more, depending on the year.

Table 4.12: Closed public sector claims: total claim size ($), by mode of claim finalisation, 2006−07 to 2010−11 (excluding Western Australia)

Total claim size ($)	Mode of claim finalisation	2006–07	2007–08	2008–09	2009–10	2010–11
Less than 10,000	Discontinued	560	450	555	333	415
	Settled—state/territory-based complaints processes	46	47	17	8	7
	Settled—court-based alternative dispute resolution processes	3	4	3	10	1
	Settled—statutorily mandated compulsory conference process	1	0	0	0	0
	Settled—other	112	93	98	90	105
	Court decision	24	11	10	7	7
	Not known	0	2	0	0	0
	Total	**746**	**607**	**683**	**448**	**535**
10,000–<100,000	Discontinued	75	79	136	88	161
	Settled—state/territory-based complaints processes	153	17	19	27	12
	Settled—court-based alternative dispute resolution processes	77	35	26	28	26
	Settled—statutorily mandated compulsory conference process	15	3	8	10	6
	Settled—other	241	165	141	116	203
	Court decision	35	19	19	10	31
	Not known	0	1	0	0	0
	Total	**596**	**319**	**349**	**279**	**439**
100,000 or more	Discontinued	3	4	5	8	15
	Settled—state/territory-based complaints processes	3	2	11	8	4
	Settled—court-based alternative dispute resolution processes	63	38	69	97	80
	Settled—statutorily mandated compulsory conference process	14	2	19	23	20
	Settled—other	278	160	231	172	300
	Court decision	6	14	14	4	15
	Not known	0	0	0	0	0
	Total	**367**	**220**	**349**	**312**	**434**
Total	Discontinued	638	534	697	429	591
	Settled—state/territory-based complaints processes	202	66	47	43	23
	Settled—court-based alternative dispute resolution processes	143	77	98	135	107
	Settled—statutorily mandated compulsory conference process	30	5	27	33	26
	Settled—other	631	418	470	378	608
	Court decision	65	44	43	21	53
	Not known	0	8	1	0	0
	Total	**1,709**	**1,152**	**1,383**	**1,039**	**1,408**

Note: The totals at the bottom of the table include claims closed for an unknown amount: 6 in 2007−08 and 2 in 2008−09.

Table 4.13: Closed public sector claims: total claim size ($), by mode of claim finalisation, 2006−07 to 2010−11 (excluding Western Australia and *Not known*) (per cent)

Total claim size ($)	Mode of claim finalisation	2006–07	2007–08	2008–09	2009–10	2010–11
Less than 10,000	Discontinued	75.1	74.4	81.3	74.3	77.6
	Settled— state/territory-based complaints processes	6.2	7.8	2.5	1.8	1.3
	Settled— court-based alternative dispute resolution processes	0.4	0.7	0.4	2.2	0.2
	Settled—statutorily mandated compulsory conference process	0.1	0.0	0.0	0.0	0.0
	Settled—other	15.0	15.4	14.3	20.1	19.6
	Court decision	3.2	1.8	1.5	1.6	1.3
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
10,000–<100,000	Discontinued	12.6	24.8	39.0	31.5	36.7
	Settled—state/territory-based complaints processes	25.7	5.3	5.4	9.7	2.7
	Settled—court-based alternative dispute resolution processes	12.9	11.0	7.4	10.0	5.9
	Settled—statutorily mandated compulsory conference process	2.5	0.9	2.3	3.6	1.4
	Settled—other	40.4	51.9	40.4	41.6	46.2
	Court decision	5.9	6.0	5.4	3.6	7.1
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
100,000 or more	Discontinued	0.8	1.8	1.4	2.6	3.5
	Settled—state/territory-based complaints processes	0.8	0.9	3.2	2.6	0.9
	Settled—court-based alternative dispute resolution processes	17.2	17.3	19.8	31.1	18.4
	Settled—statutorily mandated compulsory conference process	3.8	0.9	5.4	7.4	4.6
	Settled—other	75.7	72.7	66.2	55.1	69.1
	Court decision	1.6	6.4	4.0	1.3	3.5
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total	Discontinued	37.3	46.6	50.4	41.3	42.0
	Settled—state/territory-based complaints processes	11.8	5.8	3.4	4.1	1.6
	Settled—court-based alternative dispute resolution processes	8.4	6.7	7.1	13.0	7.6
	Settled—statutorily mandated compulsory conference process	1.8	0.4	2.0	3.2	1.8
	Settled—other	36.9	36.5	34.0	36.4	43.2
	Court decision	3.8	3.8	3.1	2.0	3.8
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Note: Percentages may not add up exactly to 100.0 due to rounding.

4.8 Closed claims: extent of harm

The 'extent of harm' describes the overall effect of the alleged incident on the claim subject in terms of impairment, activity limitation or participation restriction. Extent of harm is analysed with respect to claims closed between 2006–07 and 2010–11, rather than new claims (tables 4.14 and 4.15). This is because information on the extent of harm is more complete at the time the claim is closed than when it is new (Appendix Table B.1).

In 2009–10 and 2010–11, the reported categories were *Mild injury* (up to 25% impairment), *Moderate injury* (within the range of 25−50% impairment) and *Severe injury* (more than 50% impairment), as well as *Death, Not applicable* and *Not known*. The MIDWG agreed to use these categories so that the public sector extent of harm data could be aligned with the private sector 'severity of loss' data.

Previously, the MINC categories were *Temporary harm (less than 6 months duration), Minor harm (6 months or more duration)* and *Major harm (6 months or more duration)*, in addition to *Death, Not applicable* and *Not known* (which have not changed). Analysis of the claims reported in both the 2008–09 and 2009–10 data supplied from states and territories showed that a clear majority of *Temporary harm* claims in 2008–09 were reported as *Mild injury* claims in 2009–10; the same was true in comparing *Minor harm* with *Moderate injury,* and *Major harm* with *Severe injury,* between the two years (AIHW 2012a). Accordingly, the MIDWG endorsed the categories used here to present time series data on extent of harm (tables 4.14 and 4.15).

A higher proportion of closed claims was associated with *Minor harm/Moderate injury* than any other category in each year from 2006–07 to 2010–11. There was little variation in the proportion recorded, which stayed between 33% and 35% (excluding claims where the extent of harm was *Not known*). The proportions for the other extent of harm categories also varied within small ranges—20–25% for *Major harm/Severe injury*, 18–26% for *Temporary harm/Mild injury* and 16–21% for *Death*.

There is a strong relationship between claim size and extent of harm. Depending on the year, *Temporary harm/Mild injury* accounted for 29–45% of claims closed for less than $10,000 between 2006–07 and 2010–11, compared with 3–8% closed for $100,000 or more. In contrast, *Major harm/Severe injury* accounted for 38–47% of claims closed for $100,000 or more compared with just 9–19% closed for less than $10,000. The category of *Minor harm/Moderate injury* accounted for similar proportions of claims in the $10,000 to less than $100,000 (31–44%) and $100,000 or more categories (32–39%).

Table 4.14: Closed public sector claims: total claim size ($), by extent of harm, 2006−07 to 2010−11 (excluding Western Australia)

Total claim size ($)	Extent of harm	2006–07	2007–08	2008–09	2009–10	2010–11
Less than 10,000	Temporary harm/Mild injury	221	148	160	161	237
	Minor harm/Moderate injury	178	130	160	126	146
	Major harm/Severe injury	105	92	96	45	48
	Death	136	97	122	74	88
	No body function/structure affected	15	12	20	24	11
	Not known	91	128	125	18	5
	Total	**746**	**607**	**683**	**448**	**535**
10,000–<100,000	Temporary harm/Mild injury	154	53	49	71	85
	Minor harm/Moderate injury	256	125	142	84	162
	Major harm/Severe injury	91	73	70	54	71
	Death	73	52	76	58	108
	No body function/structure affected	5	5	3	1	8
	Not known	17	11	9	11	5
	Total	**596**	**319**	**349**	**279**	**439**
100,000 or more	Temporary harm/Mild injury	24	14	19	10	35
	Minor harm/Moderate injury	118	80	113	120	161
	Major harm/Severe injury	172	87	149	125	163
	Death	40	32	62	51	67
	No body function/structure affected	12	2	2	0	4
	Not known	1	5	4	6	4
	Total	**367**	**220**	**349**	**312**	**434**
Total	Temporary harm/Mild injury	399	217	228	242	357
	Minor harm/Moderate injury	552	335	415	330	469
	Major harm/Severe injury	368	254	315	224	282
	Death	249	181	261	183	263
	No body function/structure affected	32	19	25	25	23
	Not known	109	146	139	35	14
	Total	**1,709**	**1,152**	**1,383**	**1,039**	**1,408**

Table 4.15: Closed public sector claims: total claim size ($), by extent of harm, 2006−07 to 2010−11 (excluding Western Australia and *Not known*) (per cent)

Total claim size ($)	Extent of harm	2006–07	2007–08	2008–09	2009–10	2010–11
Less than 10,000	Temporary harm/Mild injury	33.7	30.9	28.7	37.4	44.7
	Minor harm/Moderate injury	27.2	27.1	28.7	29.3	27.5
	Major harm/Severe injury	16.0	19.2	17.2	10.5	9.1
	Death	20.8	20.3	21.9	17.2	16.6
	No body function/structure affected	2.3	2.5	3.6	5.6	2.1
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
10,000–<100,000	Temporary harm/Mild injury	26.6	17.2	14.4	26.5	19.6
	Minor harm/Moderate injury	44.2	40.6	41.8	31.3	37.3
	Major harm/Severe injury	15.7	23.7	20.6	20.1	16.4
	Death	12.6	16.9	22.4	21.6	24.9
	No body function/structure affected	0.9	1.6	0.9	0.4	1.8
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
100,000 or more	Temporary harm/Mild injury	6.6	6.5	5.5	3.3	8.1
	Minor harm/Moderate injury	32.2	37.2	32.8	39.2	37.4
	Major harm/Severe injury	47.0	40.5	43.2	40.8	37.9
	Death	10.9	14.9	18.0	16.7	15.6
	No body function/structure affected	3.3	0.9	0.6	0.0	0.9
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total	Temporary harm/Mild injury	24.9	21.6	18.3	24.1	25.6
	Minor harm/Moderate injury	34.5	33.3	33.4	32.9	33.6
	Major harm/Severe injury	23.0	25.2	25.3	22.3	20.2
	Death	15.6	18.0	21.0	18.2	18.9
	No body function/structure affected	2.0	1.9	2.0	2.5	1.6
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

4.9 Analysis over time of claim cohorts based on the year their reserve was set

This section extends the analysis of new claims back in time to 2003–04. It treats the new claims in each year as a cohort of claims and presents information on the number and proportion of claims that were closed by the following years, and for how much they were closed. The analysis starts with 2003–04 because this is the first year that MINC public sector data were available for the whole year (Section 2.1). The numbers of new claims were 1,466 in 2003–04, 1,272 in 2004–05, 1,527 in 2005–06, and between 1,041 and 1,586 between 2006–07 and 2010–11 (Appendix Table F.1).

Time taken for claims to close

A MINC claim cannot be closed before its reserve is set; hence, the year the reserve is set is the first year in which a claim can be closed. The data for the analysis are presented in Appendix tables F.1 and F.2. As shown in Table F.2, between 5% and 13% of claims were closed in the year they were opened across the time series.

A larger number of claims were closed in the year following the year the reserve was set. Table F.1 shows this increase in terms of the number of claims closed by the following year. The proportion of claims closed by the following year varied between 28% and 47%, depending on the year. (The proportion of new 2010–11 claims that were closed by the year after the reserve was set will become known when the 2011–12 MINC data are available.)

The majority of claims were closed by the end of the second year following the year the reserve was set (2005–06 for claims opened in 2003–04, 2006–07 for claims opened in 2004–05, and so forth). The proportion of these closed claims varied between 57% and 67%, depending on the year (Table F.2). However, some claims took longer to close than the majority of claims. For example, 52 (4%) of the claims with their reserve set in 2003–04 were still open at the end of the 2010–11 year.

Figure 4.6 presents the data in Table F.2 in graphical form. For each cohort of claims, there was a near linear increase in the proportion of claims closed by the first, the second and the third year after the year the reserve was set. By this time, between 74% and 83% of claims in each cohort (2003–04 to 2008–09 cohorts) had been closed. There then followed a gradual increase in the proportion of claims closed by the fourth and the fifth year after the reserve was set. For each cohort 10% or less of claims took more than 5 years to close.

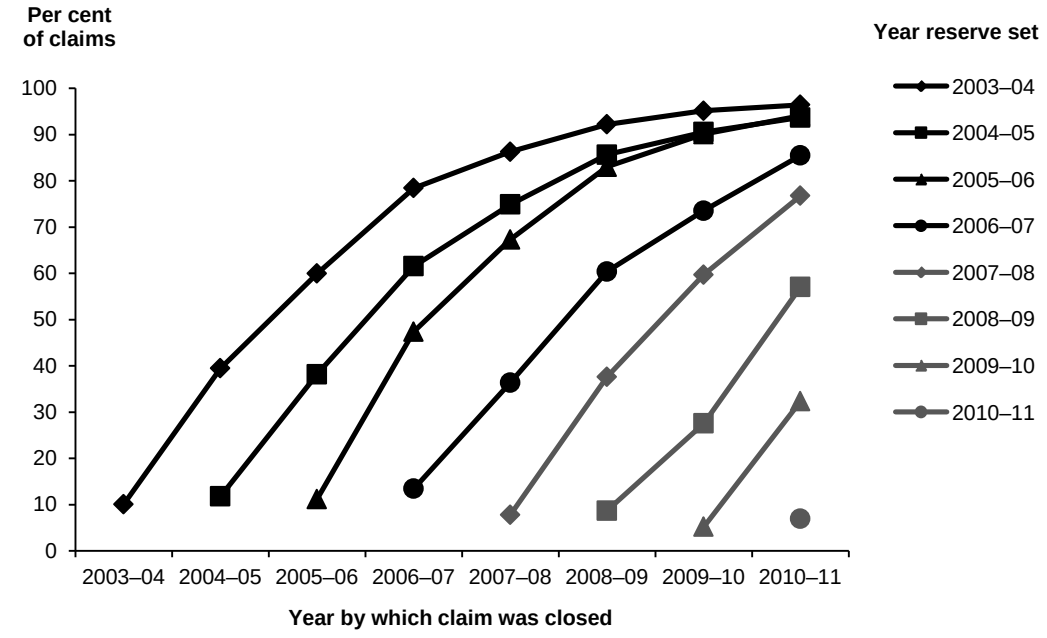


Figure 4.6: Proportion of public sector claims closed by year, by year reserve set (excluding Western Australia)

Time taken for claims of different claim size to close

As noted in Section 3.3, more costly claims tend to take a longer time to be closed. Accordingly, the claims closed for different amounts would be expected to differ from each other in terms of the proportions that were closed within a given number of years after the reserve was set. Appendix Table F.3 presents data on the 1,414 closed claims with their reserve set in 2003–04 and which had been closed by the end of 2010–11. Appendix tables F.4 to F.10 present corresponding data on closed claims with their reserve set between 2004–05 and 2010–11. These tables show that the number of claims closed for less than $10,000 (which includes those closed for nil cost) is always larger than the number closed for $10,000 to less than $100,000. This, in turn, is always larger than the number closed for $100,000 to less than $500,000, while the number closed for at least $500,000 is always the smallest.

Figures 4.7 and 4.8 present the data for the cohorts of claims with their reserve set in 2003–04 and 2004–05 respectively. In both cases, claims closed for less than $10,000 accounted for just over 40% of all claims within 3 years of when the reserve was set. Within 4 years of the setting of the reserve, the proportion that were closed for less than $10,000 had plateaued to slightly less than 50% of the claims in both claim cohorts.

The proportion of claims in both cohorts that were closed for between $10,000 and less than $100,000 increased at a slower rate for the first 3 years after the reserve was set, and plateaued within 5 years to 25−30% of claims.

The proportion of claims in both cohorts that were closed for between $100,000 and less than $500,000 increased gradually without a clear plateau for up to 7 years after the reserve was set. The same was true of claims closed for $500,000 or more.

Claim cohort analysis provides additional contextual information to the observation that claims with a larger total claim size tend to take longer to close. The proportion of claims to be closed for $100,000 or more is limited to around 20−25%, because within 6 years after the reserve was set, around 75% of claims have been closed for less than $100,000. In addition, the proportion potentially closed for $500,000 or more is small, in the order of 5% of claims in any cohort.

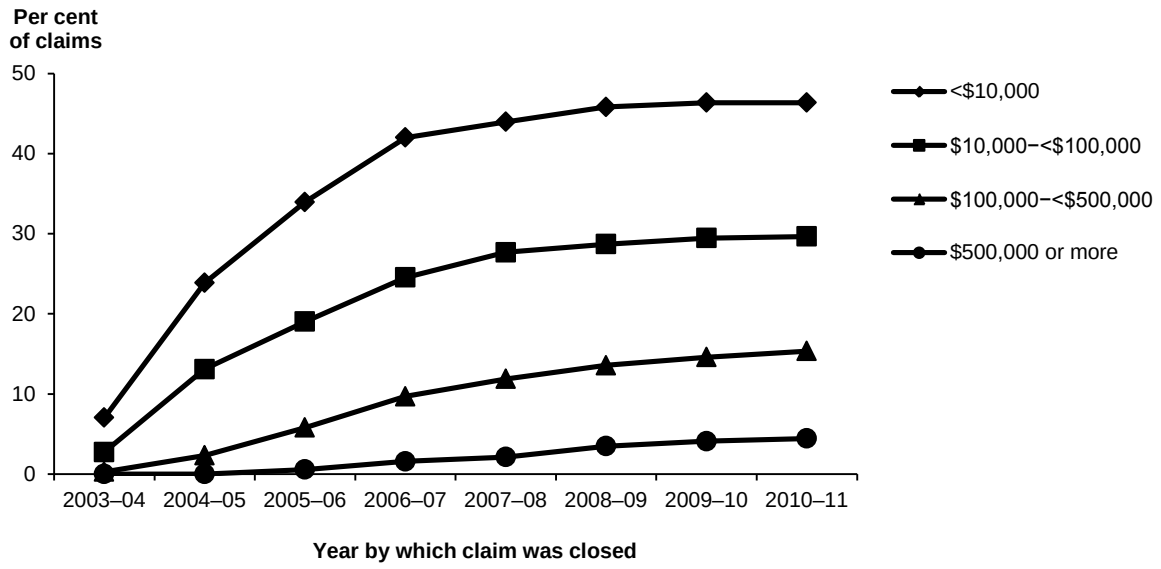


Figure 4.7: Public sector claims with their reserve set in 2003–04: proportions closed for different claim size categories, by year

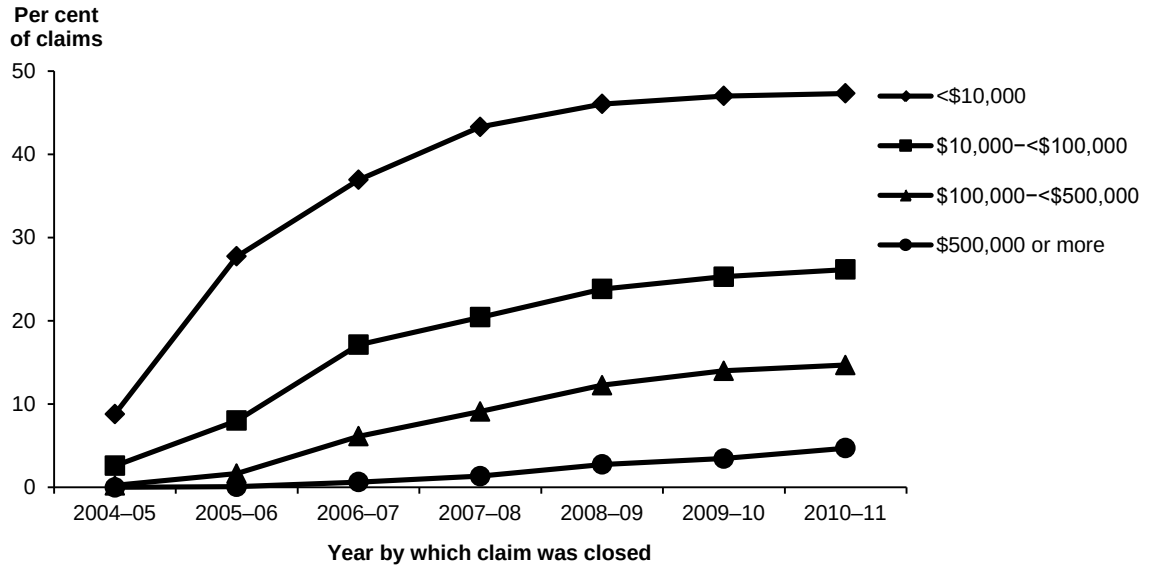


Figure 4.8: Public sector claims with their reserve set in 2004–05: proportions closed for different claim size categories, by year

4.10 Analysis over time of claim cohorts based on year of incident

Claims can be grouped into separate cohorts based on the year of their alleged incident. The term 'incident' in this context should be understood as any matter leading to a medical indemnity claim rather than a health-care incident as understood in the context of safety of health care. Year of incident provides a wider time window than reserve year for the analysis of cohorts of claims because it allows claims to be tracked over the period between the incident and the point when the health authority recognised the existence of the claim by setting a reserve against it.

The analysis provided here considers the cohorts of claims with their incident year between 2001–02 and 2010–11. The data for claims with a 2001–02 incident year are presented in Appendix Table F.11 and the data for claims with a later incident year are presented in Appendix tables F.12 to F.20. In these tables, the status of claim categories *Unnotified* and *Alleged* are marked as *Not applicable* for the year 2010–11. This is because both of these categories refer to claims that have not yet had a reserve placed against them by the year in question (here, 2010–11), but the definition of public sector claims in scope for MINC purposes requires them to have had their reserve placed by 2010–11.

Progression from incident to claim closure

The progression from an incident to closed claim is illustrated in Table F.11 and Figure 4.9 for the 1,320 claims with a 2001–02 incident year. In the year of the incident, 1,048 of these claims (79%) had not yet had a reserve placed against them. These included 145 claims (11%) that had been notified to health authorities in the form of an allegation of loss (*Alleged*), and 903 claims (68%) for which health authorities had no record of the incident (*Unnotified*). Just 272 claims (21%) had a reserve placed against them during the year, including 2 claims (<1%) that had been closed in the same year as the incident.

By 2002–03, the year following the incident, approximately as many claims were open claims with a reserve placed against them (*Reserved*, 43%) as remained *Unnotified* (44%). An additional 10% of the 1,320 claims had been closed by 2002–03. In the following 2 years, the proportion of claims that were *Reserved* stayed at just over 40%. This is because, although approximately 200 claims each year were having a reserve placed against them and so were no longer *Unnotified*, about the same number of claims were being closed in both years.

By 2005–06, the majority of claims with a 2001–02 incident year had been closed (60%). However, there was also a small number of incidents that came to the health authority's attention well after the incident year. For instance, the 2010–11 MINC data included 13 new claims with a 2001–02 incident year, one of which was associated with an allegation of loss in 2009–10 and 12 of which had remained *Unnotified* up to that time.

Claim size analysis

Cohorts of closed claims grouped by year of incident can also be analysed in terms of the different proportions closed for the various claim sizes by year of/after the incident. The data for closed claims with a 2001–02 and a 2002–03 incident year are presented respectively in Appendix tables F.21 and F.22, and the percentages are graphed in figures 4.10 and 4.11.

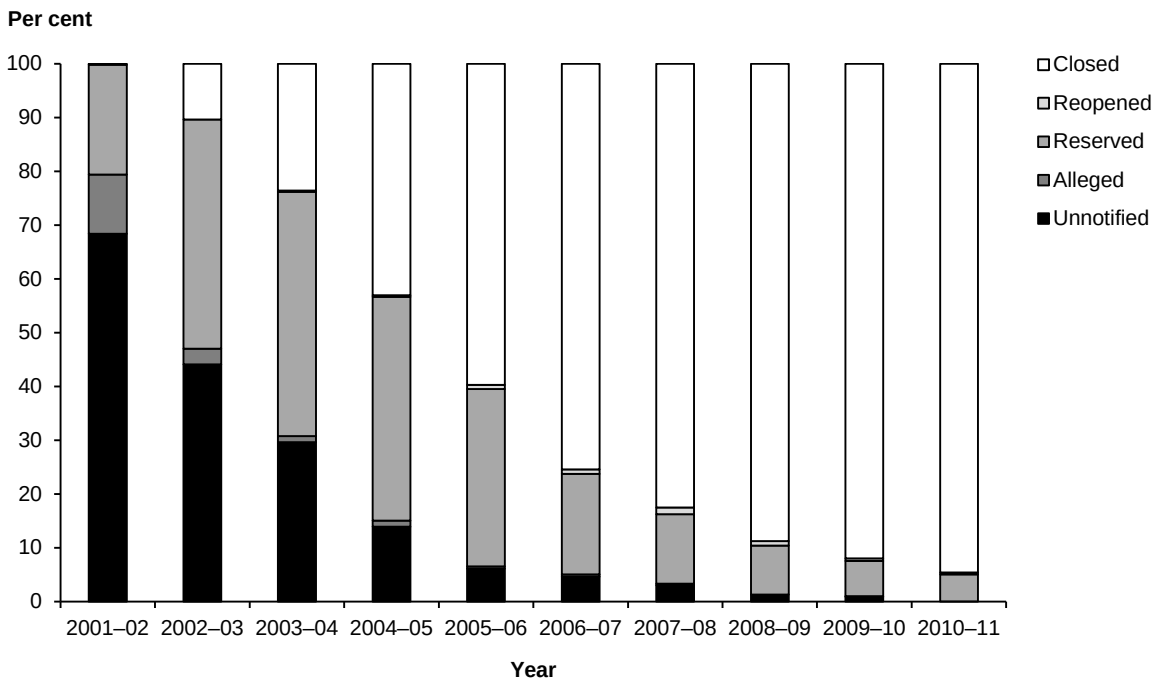


Figure 4.9: Public sector claims with a 2001−02 year of incident: status of claim, by year of/after the incident (excluding Western Australia) (per cent)

With the claims closed for less than $10,000, the proportion began to rise steeply in the incident year and then plateaued within 6 years. With the claims closed for $10,000 to less than $100,000, the proportion began to rise moderately steeply 2 years after the incident year and then plateaued within 6 years of the incident year. With the claims closed for $100,000 to less than $500,000, the rise in the proportion was gradual for the first 3 years after the incident, slightly steeper for the next 1 to 2 years and then gradual after that. With the claims closed for $500,000 or more, the proportion was less than 1% of claims up to 5 years after the incident, after which it rose very gradually to slightly exceed 3% of claims.

The shape of the proportions in figures 4.10 and 4.11 is different from the shape of the proportions in figures 4.7 and 4.8. This is because the former start with the year of incident whereas the latter start with the year the reserve was set. Within the first 1 to 2 years of the incident, very few of the claims that will arise are finalised, and when they are finalised most are closed for less than $10,000. If the incident year and the following year are left aside, the curves in figures 4.10 and 4.11 closely resemble those in figures 4.7 and 4.8.

Appendix tables F.21 and F.22 also show that around three-quarters of claims with a 2001−02 or 2002−03 year of incident had been closed for less than $100,000 by 2010−11 (respectively, 992 of 1,320 claims, or 75% and 1,029 of 1,354 claims, or 76%).

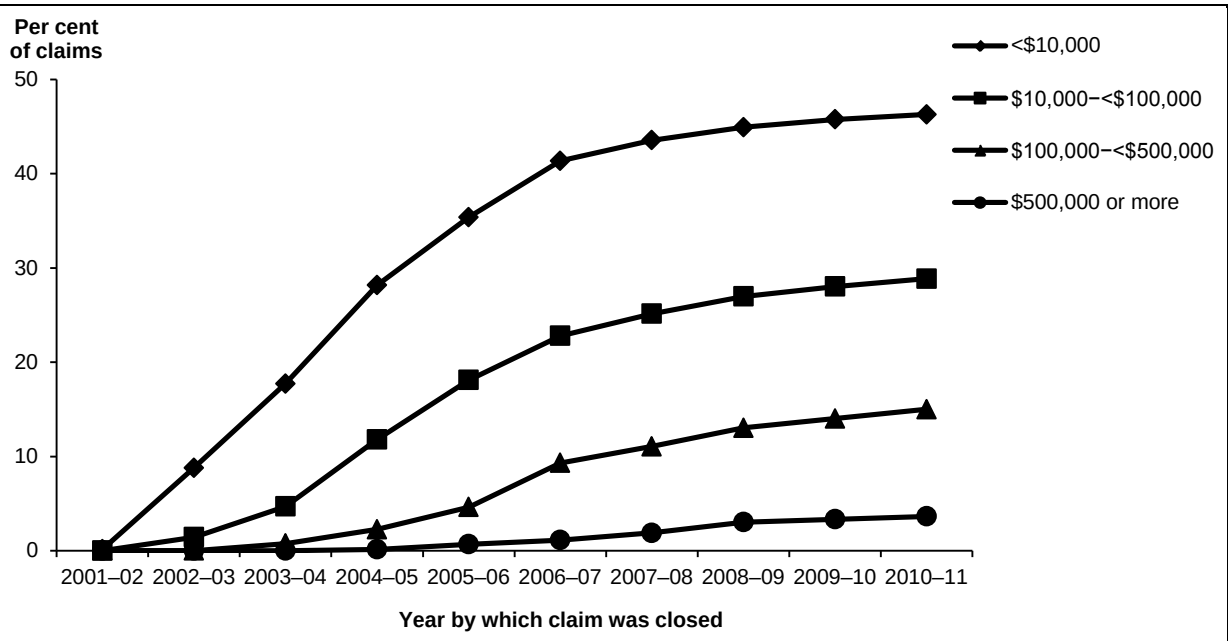


Figure 4.10: Public sector claims with a 2001–02 year of incident: proportions closed for different claim size categories, by year

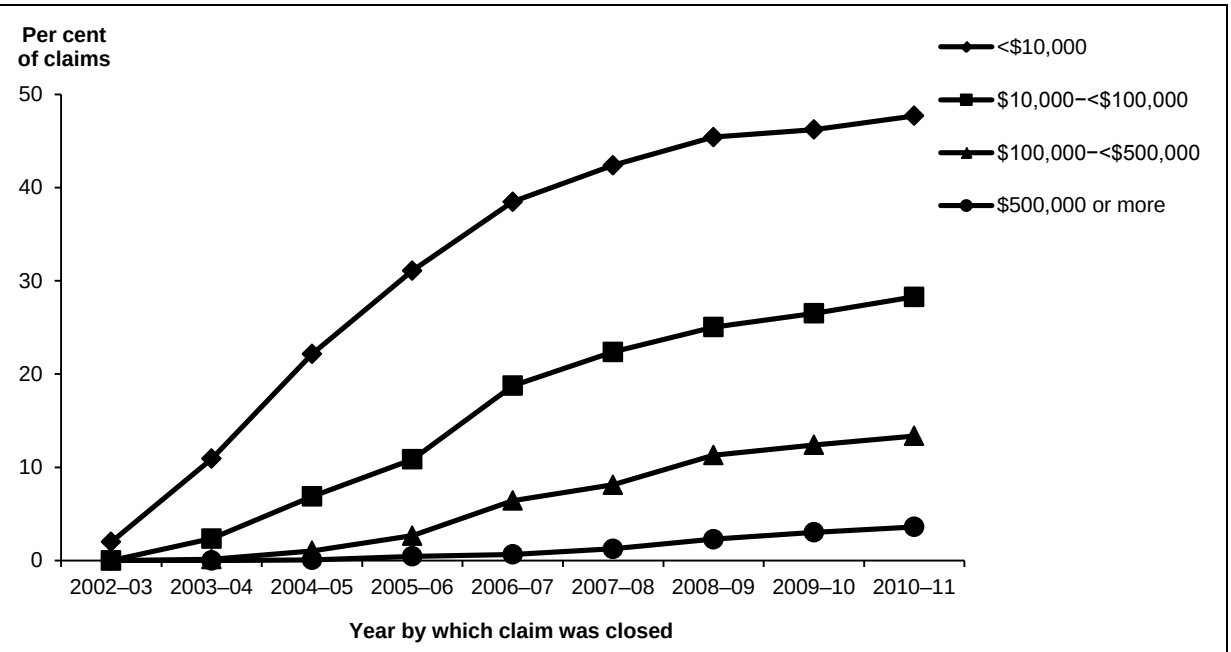


Figure 4.11: Public sector claims with a 2002–03 year of incident: proportions closed for different claim size categories, by year

5 Public and private sector medical indemnity claims for 2010–11

This chapter presents a profile of the 9,669 reported public and private sector claims that were open at some point between 1 July 2010 and 30 June 2011 (Table 5.1). The data on private sector claims have been provided to the AIHW for the purpose of aggregated reporting with the data on public sector claims, which are the same claims as reported on in Chapter 3.

During 2010–11, there were 2,796 new claims opened or notified, 2,852 claims that were closed (settled, for example, through negotiation or a court decision, or discontinued), and at 30 June 2011 there were 6,817 current claims (see Box 1.1 for a description of new claims, closed claims, current claims and all claims).

Table 5.1: Number of public sector claims (excluding Western Australia) and private sector claims, by claim category, 1 July 2010 to 30 June 2011

Claim category	Description	Number
New	Claims opened or notified within the reporting period (1 July 2010 to 30 June 2011)	2,796
Current	Claims that remained open at 30 June 2011	6,817
Closed	Claims that were settled during the reporting period (1 July 2010 to 30 June 2011)	2,852
All	All claims open at some point during the reporting period (1 July 2010 to 30 June 2011)	9,669

Note: See Table 6.1 for claim numbers for the public sector and private sector considered separately.

In the tables that provide data on clinician specialty, all records of involved health professionals are included in the public sector counts; that is, one claim may be reported against several clinician specialties (Box 2.1). Accordingly, the total reports associated with the various clinician specialties will exceed the number of claims, and will also exceed 100% when expressed as percentages (tables 5.4, 5.5, 5.17 and 5.18).

5.1 New claims: health service setting

Public sector claims can arise from alleged incidents in private sector health settings and vice versa. Therefore the number of new claims in public settings and private settings (Table 5.2) does not equal the respective number of new public sector and private sector claims (Table 6.1). For instance, of the 1,159 new 2010–11 public sector claims with a known health service setting, 1,108 (96%) were associated with a public hospital/day surgery and just 1 with a private hospital/day surgery (Section 3.1). From this it can be deduced that of the 1,212 new private sector claims in 2010–11 with a known health service setting, 299 (25%) were associated with private hospitals and day surgeries.

In 2010–11, a larger number of new public and private sector claims were associated with public sector settings than private sector settings. Almost half (46% or 1,295) of new claims were reported as occurring within a public setting. Of these claims, 98% (1,272) occurred within a public hospital or day surgery. *Other public setting* – for instance public community health centres and residential aged care services—was associated with 1% of new claims (Table 5.2).

A private health service setting was the health service setting recorded for 37% (1,038) of new claims. Of these claims, 29% (300) claims occurred in a private hospital or day surgery while one-half (524 claims) were recorded for private medical clinics. *Other private setting*—for instance residential aged care services—was associated with 8% of new claims.

Other health service settings, which include patients' homes and 'Medihotels' (Victorian Department of Health 2009), were recorded for 1% of new 2010–11 claims. The health service setting was *Not known* in 15% of new claims.

5.2 New claims: primary incident/allegation type

'Primary incident/allegation type' describes what is alleged to have gone wrong; that is, the area of possible error, negligence or problem that is determined to be of primary importance in giving rise to the claim. In 2010–11, the most commonly recorded primary incident/allegation category was *Procedure,* accounting for 28% (774) of new claims (Table 5.2). *Diagnosis* and *Treatment* were the next most frequently recorded incident/allegation types, associated with 19% (541) and 15% (427) of new claims (respectively).

General duty of care accounted for 7% of new claims, while the other categories each accounted for 4% or less of new claims. The primary incident/allegation type was *Not known* for 16% of new claims.

Procedure was the most frequently recorded primary incident/allegation type for claims arising from an incident that occurred in a public hospital or day surgery (38%), followed by *Diagnosis* (24%) and *Treatment* (19%) (Table 5.3).

For claims arising from an incident occurring in a private hospital or day surgery, *Procedure* was the most frequently recorded primary incident/allegation type, accounting for 58% of new claims. *Diagnosis* was the most frequently recorded primary incident/allegation type in a private medical clinic, accounting for 36% of new claims, while in *Other private settings, Treatment* was recorded for 40% and *Procedure* for 29% of new claims.

Table 5.2: New public (excluding Western Australia) and private sector claims: primary incident/allegation type, by health service setting, 1 July 2010 to 30 June 2011

Primary incident/allegation type	Health service setting								
	Public hospital/day surgery[(a)]	Other public setting[(b)]	Private hospital/day surgery[(c)]	Private medical clinic[(d)]	Other private setting[(e)]	Other[(f)]	Not known	Total	Per cent
Procedure	473	1	169	63	61	0	7	774	27.7
Diagnosis	298	7	21	162	38	8	7	541	19.3
Treatment	233	3	44	52	85	8	2	427	15.3
General duty of care	85	5	14	63	3	9	8	187	6.7
Medication-related	51	0	6	42	5	1	4	109	3.9
Anaesthetic	33	0	15	3	0	0	0	51	1.8
Consent	21	1	4	10	1	0	2	39	1.4
Blood/blood product-related	11	0	1	0	0	0	0	12	0.4
Infection control	6	1	0	0	1	0	0	8	0.3
Device failure	3	0	1	0	3	0	0	7	0.3
Other	39	5	16	54	16	11	54	195	7.0
Not known	19	0	9	75	1	1	341	446	16.0
Total	**1,272**	**23**	**300**	**524**	**214**	**38**	**425**	**2,796**	**100.0**
Total per cent	*45.5*	*0.8*	*10.7*	*18.7*	*7.7*	*1.4*	*15.2*	*100.0*	*. .*

(a) Includes public psychiatric hospitals.

(b) Includes public community health centres, residential aged care services, hospices and alcohol and drug rehabilitation centres.

(c) Includes private psychiatric hospitals.

(d) Private clinics providing investigation and treatment on a non-residential, day-only basis, including 24-hour medical clinics and general practitioner surgeries.

(e) Includes private residential aged care services, hospices, and alcohol and drug rehabilitation centres.

(f) Includes patients' homes and 'Medihotels'.

Notes

1. Public sector claims can arise from incidents in private sector health settings and vice versa. Therefore, the number of claims in public sector health settings and private sector health settings does not equal the respective number of public sector and private sector claims. See Table 6.1 for numbers of public sector and private sector claims.

2. Percentages may not add up exactly to 100.0 due to rounding.

Table 5.3: New public (excluding Western Australia) and private sector claims: primary incident/allegation type (excluding *Not known*), by health service setting, 1 July 2010 to 30 June 2011 (per cent)

Primary incident/allegation type	Health service setting							
	Public hospital/day surgery[(a)]	Other public setting[(b)]	Private hospital/day surgery[(c)]	Private medical clinic[(d)]	Other private setting[(e)]	Other[(f)]	Not known	Total
Procedure	37.7	4.3	58.1	14.0	28.6	0.0	8.3	32.9
Diagnosis	23.8	30.4	7.2	36.1	17.8	21.6	8.3	23.0
Treatment	18.6	13.0	15.1	11.6	39.9	21.6	2.4	18.2
General duty of care	6.8	21.7	4.8	14.0	1.4	24.3	9.5	8.0
Medication-related	4.1	0.0	2.1	9.4	2.3	2.7	4.8	4.6
Anaesthetic	2.6	0.0	5.2	0.7	0.0	0.0	0.0	2.2
Consent	1.7	4.3	1.4	2.2	0.5	0.0	2.4	1.7
Blood/blood product-related	0.9	0.0	0.3	0.0	0.0	0.0	0.0	0.5
Infection control	0.5	4.3	0.0	0.0	0.5	0.0	0.0.	0.3
Device failure	0.2	0.0	0.3	0.0	1.4	0.0	0.0	0.3
Other	3.1	21.7	5.5	12.0	7.5	29.7	64.3	8.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Includes public psychiatric hospitals.
(b) Includes public community health centres, residential aged care services, hospices and alcohol and drug rehabilitation centres.
(c) Includes private psychiatric hospitals.
(d) Private clinics providing investigation and treatment on a non-residential, day-only basis, including 24-hour medical clinics and general practitioner surgeries.
(e) Includes private residential aged care services, hospices, and alcohol and drug rehabilitation centres.
(f) Includes patients' homes and 'Medihotels'.

Notes

1. The 446 claims coded *Not known* for 'primary incident /allegation type' are excluded from this table. The number of claims on which the percentages here are based is 2,350.
2. Percentages may not add up exactly to 100.0 due to rounding.

5.3 New claims: specialty of clinician and primary incident/allegation type

The 'specialty of clinician/s closely involved in incident' provides information relating to the specialty of the health-care provider or providers who allegedly played the most prominent role/s in the events that led to a claim. Certain clinician specialties such as *General practice* are more common in the private sector whereas others such as *Emergency medicine* are more concentrated in the public sector.

For claims in the MINC private sector collection, only the specialty of the policy holder (an individual clinician) is generally recorded for each claim. However, for claims in the public sector, up to four codes may be recorded for this data item to cater for those situations that involved more than one clinician. Thus a single public sector claim may potentially be counted up to four times in tables 5.4 and 5.5.

The 12 most commonly recorded clinical specialty categories during 2010–11 feature in tables 5.4 and 5.5. *General practice* (612 records) and *Obstetrics and gynaecology* (226 records) were the most frequently recorded specialties, associated with 22% and 8% respectively of new claims (or 25% and 9%, excluding claims with *Not known* clinician specialty).

There were differences between the clinical specialties in the proportions of claims that were associated with different primary incident/allegation types, as the following examples illustrate (Table 5.5):

- Where the primary incident/allegation type was Procedure, between 14% and 16% of the claims had a recorded clinician specialty of General practice, Orthopaedic surgery, General surgery and Obstetrics and gynaecology.
- Where the primary incident/allegation type was Diagnosis, 39% of claims were associated with the clinician specialty of General practice and 15% of claims with Emergency medicine.
- Where the primary incident/allegation type was General duty of care, 28% of claims were associated with the clinician specialty of General practice and 18% with Psychiatry.
- Where the primary incident/allegation type was Medication-related, 47% of claims were associated with the clinician specialty of General practice.

Table 5.4: New public (excluding Western Australia) and private sector claims: specialties of clinicians involved, by primary incident/allegation type, 1 July 2010 to 30 June 2011

	Primary incident/allegation type												
Specialty of clinician/s[(a)]	**Procedure**	**Diagnosis**	**Treatment**	**General duty of care**	**Medication-related**	**Anaesthetic**	**Consent**	**Blood/blood product-related**	**Infection control**	**Device failure**	**Other**	**Not known**	**Total**
General practice[(b)]	127	212	59	52	49	3	8	0	0	1	66	35	612
Obstetrics and gynaecology[(c)]	109	33	52	4	4	2	9	0	1	0	2	10	226
General surgery	114	30	20	10	5	0	6	5	2	1	6	7	206
Orthopaedic surgery	115	9	31	11	4	0	4	0	0	2	6	11	193
Emergency medicine	9	80	40	10	5	0	0	0	0	0	6	0	150
Psychiatry	1	10	16	33	4	0	0	0	0	0	19	2	85
Anaesthetics	15	1	2	4	2	47	0	0	1	0	6	6	84
Diagnostic radiology	9	47	8	2	0	0	1	0	0	0	2	3	72
Neurosurgery	24	7	3	0	1	0	1	0	0	0	2	2	40
General nursing	6	6	10	11	2	0	0	1	0	0	0	0	36
General and internal medicine	8	6	9	3	3	1	0	0	1	0	1	1	33
Other hospital-based medical practitioner[(d)]	8	13	2	6	1	0	0	0	0	0	15	9	54
All other specialties[(e)]	247	104	188	39	28	1	9	6	3	3	66	16	710
Not applicable[(f)]	0	0	4	3	0	0	0	0	0	0	0	0	7
Not known	1	2	6	2	4	0	1	0	0	0	1	344	361
Total[(g)]	**774**	**541**	**427**	**187**	**109**	**51**	**39**	**12**	**8**	**7**	**195**	**446**	**2,796**

(a) Only the 12 clinician specialty categories that were most frequently recorded for new claims are listed; all other categories are combined in the category *All other specialties*.

(b) Includes both procedural and non-procedural general practitioners.

(c) Includes specialists in *Obstetrics only*, *Gynaecology only* and *Obstetrics and gynaecology*.

(d) *Other hospital-based medical practitioner* includes junior doctors, resident doctors, house officers and other medical practitioners who do not have a specialty.

(e) Covers all clinician specialty categories other than the 12 that are individually listed.

(f) Indicates that no clinical staff were involved in the incident (for example, where the claim relates to actions of hospital administrative staff).

(g) This is the total number of claims for which each primary incident/allegation type was recorded. A given clinician specialty may be recorded only once for a single claim in the private sector, but up to four different specialties may be recorded for a public sector claim. Therefore, some public sector claims are represented in more than one row, and so the column totals exceed the number of claims.

Table 5.5: New public (excluding Western Australia) and private sector claims: specialties of clinicians involved (excluding *Not known*), by primary incident/allegation type, 1 July 2010 to 30 June 2011 (per cent)

	Primary incident/allegation type												
Specialty of clinician/s[(a)]	**Procedure**	**Diagnosis**	**Treatment**	**General duty of care**	**Medication-related**	**Anaesthetic**	**Consent**	**Blood/blood product-related**	**Infection control**	**Device failure**	**Other**	**Not known**	**Total**
General practice[(b)]	16.4	39.3	14.0	28.1	46.7	5.9	21.1	0.0	0.0	14.3	34.0	34.3	25.1
Obstetrics and gynaecology[(c)]	14.1	6.1	12.4	2.2	3.8	3.9	23.7	0.0	12.5	0.0	1.0	9.8	9.3
General surgery	14.7	5.6	4.8	5.4	4.8	0.0	15.8	41.7	25.0	14.3	3.1	6.9	8.5
Orthopaedic surgery	14.9	1.7	7.4	5.9	3.8	0.0	10.5	0.0	0.0	28.6	3.1	10.8	7.9
Emergency medicine	1.2	14.8	9.5	5.4	4.8	0.0	0.0	0.0	0.0	0.0	3.1	0.0	6.2
Psychiatry	0.1	1.9	3.8	17.8	3.8	0.0	0.0	0.0	0.0	0.0	9.8	2.0	3.5
Anaesthetics	1.9	0.2	0.5	2.2	1.9	92.2	0.0	0.0	12.5	0.0	3.1	5.9	3.4
Diagnostic radiology	1.2	8.7	1.9	1.1	0.0	0.0	2.6	0.0	0.0	0.0	1.0	2.9	3.0
Neurosurgery	3.1	1.3	0.7	0.0	1.0	0.0	2.6	0.0	0.0	0.0	1.0	2.0	1.6
General nursing	0.8	1.1	2.4	5.9	1.9	0.0	0.0	8.3	0.0	0.0	0.0	0.0	1.5
General and internal medicine	1.0	1.1	2.1	1.6	2.9	2.0	0.0	0.0	12.5	0.0	0.5	1.0	1.4
Other hospital-based medical practitioner[(d)]	1.0	2.4	0.5	3.2	1.0	0.0	0.0	0.0	0.0	0.0	7.7	8.8	2.2
All other specialties[(e)]	32.0	19.3	44.7	21.1	26.7	2.0	23.7	50.0	37.5	42.9	34.0	15.7	29.2
Not applicable[(f)]	0.0	0.0	1.0	1.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3
Total[(g)]	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Only the 12 clinician specialty categories that were most frequently recorded for new claims are listed; all other categories are combined in the category *All other specialties*.

(b) Includes both procedural and non-procedural general practitioners.

(c) Includes specialists in *Obstetrics only*, *Gynaecology only* and *Obstetrics and gynaecology*.

(d) *Other hospital-based medical practitioner* includes junior doctors, resident doctors, house officers and other medical practitioners who do not have a specialty.

(e) Covers all clinician specialty categories other than the 12 that are individually listed.

(f) Indicates that no clinical staff were involved in the incident (for example, where the claim relates to actions of hospital administrative staff).

(g) The 361 claims coded *Not known* for specialty of clinician are excluded from this table. The number of claims on which the percentages here are based is 2,435. Because some clinician specialties are represented in more than one row, the percentages presented here do not sum vertically to 100 per cent.

5.4 New claims: sex and age group of claim subjects and primary incident/allegation type

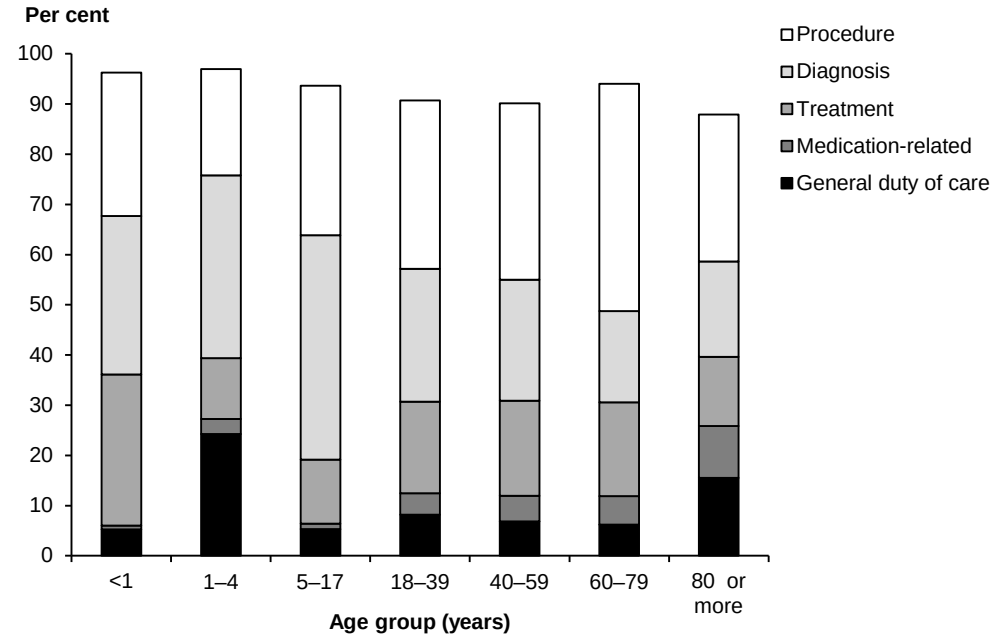
Procedure was the most common primary incident/allegation type for every adult age category for new public and private sector claims (Figure 5.1). The proportion of new claims with *Procedure* as the incident/allegation type varied between 45% for adults aged 60–79 and 29% for adults aged 80 or more. On the other hand, *Diagnosis* was the most common primary incident/allegation type for babies and claim subjects aged 1–4 and 5–17.

During 2010–11, 6% (173) of new public and private sector claims related to babies aged less than 1; the corresponding figures for persons aged 1–17 were 6% (158) and for adults (aged 18 or more) 73% (2,051). The age of the claim subject was not known in 15% (414) of new claims (Table 5.6).

The claim subject was female in 54% of new claims in 2010–11 and male in 39%. Sex was unknown for 7% of claims. The larger number of female compared to male adult claim subjects for new claims was particularly a feature of the 18–39 age group. In this age group, the number of female claim subjects was almost twice the number of male claim subjects.

In the cases of babies and persons aged 1–17, the claim subject was more often male than female.

As previously noted, the three most common primary incident/allegation types for new claims were *Procedure, Diagnosis* and *Treatment*, in that order. This is true for both male claim subjects (respectively, 33%, 28% and 18% of their claims) and female claim subjects (respectively, 36%, 22% and 20% of their claims) (Table 5.7).



Note: See also Table 5.7.

Figure 5.1: New public (excluding Western Australia) and private sector claims: five most frequently recorded primary incident/allegation types, by claim subject's age group, 2010–11 (per cent)

Table 5.6: New public (excluding Western Australia) and private sector claims: primary incident/allegation type, by age group and sex of claim subject, 1 July 2010 to 30 June 2011

Primary incident/ allegation type	Age group (years)								
	<1	1–4	5–17	18–39	40–59	60–79	80 or more	Not known	Total
Males									
Anaesthetic	0	0	0	6	6	4	0	0	16
Blood/blood product-related	0	0	0	3	2	1	0	0	6
Consent	1	0	1	2	5	0	0	0	9
Device failure	0	0	0	1	3	1	0	0	5
Diagnosis	21	6	30	60	92	37	6	12	264
General duty of care	5	7	3	23	20	13	3	13	87
Infection control	0	0	0	0	1	1	1	0	3
Medication-related	1	0	0	10	16	6	1	7	41
Procedure	20	3	16	75	95	74	9	17	309
Treatment	23	2	6	34	56	31	4	15	171
Other	3	0	1	6	5	2	3	5	25
Not known	21	8	9	39	29	32	6	23	167
Total males	*95*	*26*	*66*	*259*	*330*	*202*	*33*	*92*	*1,103*
Females									
Anaesthetic	0	0	0	7	18	7	0	3	35
Blood/blood product-related	0	0	1	2	1	1	1	0	6
Consent	0	0	0	11	13	2	0	4	30
Device failure	0	0	0	0	1	0	0	1	2
Diagnosis	21	6	12	108	84	27	5	14	277
General duty of care	2	1	2	28	30	9	6	7	85
Infection control	0	0	0	1	3	0	0	1	5
Medication-related	0	1	1	16	21	14	5	3	61
Procedure	17	4	12	138	161	86	8	34	460
Treatment	17	2	6	82	82	35	4	24	252
Other	1	1	2	20	14	2	2	20	62
Not known	11	4	8	68	56	31	9	42	229
Total females	*69*	*19*	*44*	*481*	*484*	*214*	*40*	*153*	*1,504*
Persons[(a)]									
Anaesthetic	0	0	0	13	24	11	0	3	51
Blood/blood product-related	0	0	1	5	3	2	1	0	12
Consent	1	0	1	13	18	2	0	4	39
Device failure	0	0	0	1	4	1	0	1	7
Diagnosis	42	12	42	168	176	64	11	26	541
General duty of care	7	8	5	52	50	22	9	34	187
Infection control	0	0	0	1	4	1	1	1	8
Medication-related	1	1	1	27	37	20	6	16	109
Procedure	38	7	28	213	256	160	17	55	774
Treatment	40	4	12	116	138	66	8	43	427
Other	4	1	4	26	19	4	5	132	195
Not known	40	14	17	109	88	63	16	99	446
Total persons	**173**	**47**	**111**	**744**	**817**	**416**	**74**	**414**	**2,796**

(a) 'Persons' includes 189 claims for persons whose sex was indeterminate or unknown.

Table 5.7: New public (excluding Western Australia) and private sector claims: primary incident/allegation type (excluding *Not known*), by age group and sex of claim subject, 1 July 2010 to 30 June 2011 (per cent)

Primary incident/ allegation type	Age group (years)								
	<1	1–4	5–17	18–39	40–59	60–79	80 or more	Not known	Total
Males									
Anaesthetic	0.0	0.0	0.0	2.7	2.0	2.4	0.0	0.0	1.7
Blood/blood product-related	0.0	0.0	0.0	1.4	0.7	0.6	0.0	0.0	0.6
Consent	1.4	0.0	1.8	0.9	1.7	0.0	0.0	0.0	1.0
Device failure	0.0	0.0	0.0	0.5	1.0	0.6	0.0	0.0	0.5
Diagnosis	28.4	33.3	52.6	27.3	30.6	21.8	22.2	17.4	28.2
General duty of care	6.8	38.9	5.3	10.5	6.6	7.6	11.1	18.8	9.3
Infection control	0.0	0.0	0.0	0.0	0.3	0.6	3.7	0.0	0.3
Medication-related	1.4	0.0	0.0	4.5	5.3	3.5	3.7	10.1	4.4
Procedure	27.0	16.7	28.1	34.1	31.6	43.5	33.3	24.6	33.0
Treatment	31.1	11.1	10.5	15.5	18.6	18.2	14.8	21.7	18.3
Other	4.1	0.0	1.8	2.7	1.7	1.2	11.1	7.2	2.7
Total males	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Females									
Anaesthetic	0.0	0.0	0.0	1.7	4.2	3.8	0.0	2.7	2.7
Blood/blood product-related	0.0	0.0	2.8	0.5	0.2	0.5	3.2	0.0	0.5
Consent	0.0	0.0	0.0	2.7	3.0	1.1	0.0	3.6	2.4
Device failure	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.9	0.2
Diagnosis	36.2	40.0	33.3	26.2	19.6	14.8	16.1	12.6	21.7
General duty of care	3.4	6.7	5.6	6.8	7.0	4.9	19.4	6.3	6.7
Infection control	0.0	0.0	0.0	0.2	0.7	0.0	0.0	0.9	0.4
Medication-related	0.0	6.7	2.8	3.9	4.9	7.7	16.1	2.7	4.8
Procedure	29.3	26.7	33.3	33.4	37.6	47.0	25.8	30.6	36.1
Treatment	29.3	13.3	16.7	19.9	19.2	19.1	12.9	21.6	19.8
Other	1.7	6.7	5.6	4.8	3.3	1.1	6.5	18.0	4.9
Total females	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Persons									
Anaesthetic	0.0	0.0	0.0	2.0	3.3	3.1	0.0	1.0	2.2
Blood/blood product-related	0.0	0.0	1.1	0.8	0.4	0.6	1.7	0.0	0.5
Consent	0.8	0.0	1.1	2.0	2.5	0.6	0.0	1.3	1.7
Device failure	0.0	0.0	0.0	0.2	0.5	0.3	0.0	0.3	0.3
Diagnosis	31.6	36.4	44.7	26.5	24.1	18.1	19.0	8.3	23.0
General duty of care	5.3	24.2	5.3	8.2	6.9	6.2	15.5	10.8	8.0
Infection control	0.0	0.0	0.0	0.2	0.5	0.3	1.7	0.3	0.3
Medication-related	0.8	3.0	1.1	4.3	5.1	5.7	10.3	5.1	4.6
Procedure	28.6	21.2	29.8	33.5	35.1	45.3	29.3	17.5	32.9
Treatment	30.1	12.1	12.8	18.3	18.9	18.7	13.8	13.7	18.2
Other	3.0	3.0	4.3	4.1	2.6	1.1	8.6	41.9	8.3
Total persons	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Notes

1. The 446 claims coded *Not known* for 'primary incident/allegation type' are excluded from this table. The number of claims on which the percentages presented here are based is 2,350.
2. Percentages may not add up exactly to 100.0 due to rounding.

5.5 New claims: primary body function/structure affected

The 'primary body function/structure affected' specifies the main body function or structure of the claim subject that is alleged to have been affected as a result of the health-care incident (see Appendix Table A.5 for coding examples).

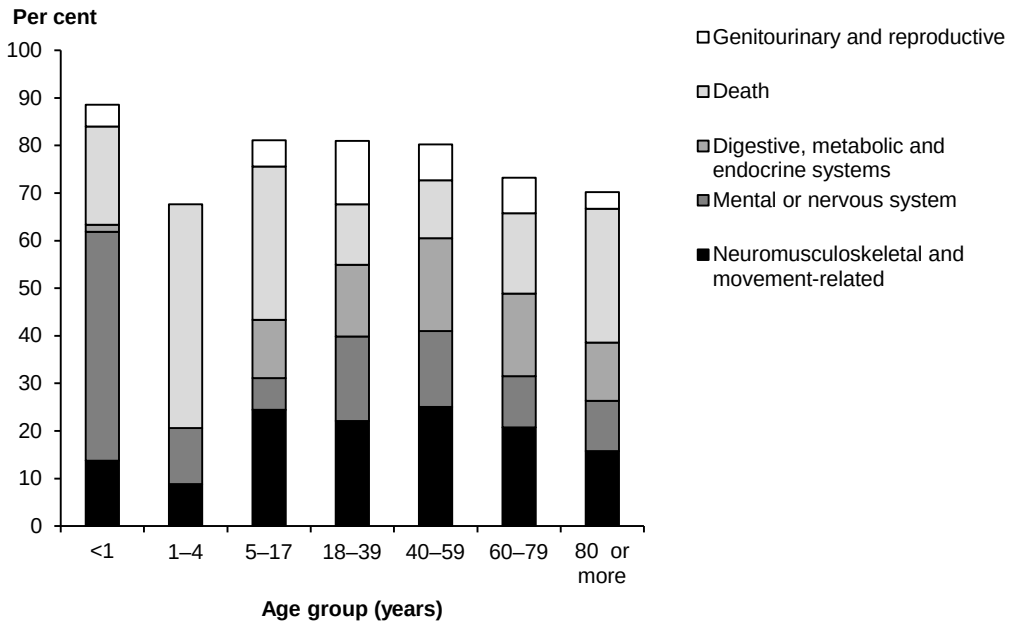
During 2010–11, the most frequently recorded primary body function/structure affected for public and private sector new claims was *Neuromusculoskeletal and movement-related*. It was recorded for 17% of claims (476 of 2,796).

The next 3 most frequently recorded categories were *Digestive, metabolic and endocrine systems* (369 claims, 13%), *Mental and nervous system* (364 claims, 13%) and *Death* (340 claims, 12%). The first 2 of these categories were more often recorded for female claim subjects than male claim subjects (respectively, 248 claims or 16% and 220 claims or 15%). On the other hand, *Death* was more often recorded for male claim subjects (186 claims or 17%).

Genitourinary and reproductive effects were recorded for a higher proportion of claims involving female than male adult claim subjects (135 claims (9%) and 58 claims (5%), respectively). Those claims where no body function/structure of the claim subject was affected represented 8% (223) of new claims. For 460 (16%) of new claims, the primary body function/structure affected was *Not known*.

There was considerable variation in the primary body function/structure affected depending on the claim subject's age group (Figure 5.2). *Neuromusculoskeletal and movement-related* was the category most frequently recorded for adults aged 18–39, 40–59 and 60–79 (Table 5.9). On the other hand, *Death* was the category most frequently recorded for children aged 1–4 (47%), persons aged 5–17 (32%) and adults aged 80 or more (28%).

Where the claim subject was a baby, *Mental and nervous system* was by far the most frequently recorded category, for both sexes and particularly for males. The proportion of new baby claims associated with *Mental and nervous system* damage was 48% (63 claims) (Figure 5.2).



Note: See also Table 5.9.

Figure 5.2: New public (excluding Western Australia) and private sector claims: five most frequently recorded primary body function/structure affected categories, by claim subject's age group, 2010–11 (per cent)

Table 5.8: New public (excluding Western Australia) and private sector claims: primary body function/structure affected, by age group and sex of claim subject, 1 July 2010 to 30 June 2011

Primary body function/ structure affected	Age group (years)								
	<1	1–4	5–17	18–39	40–59	60–79	80 or more	Not known	Total
Males									
Cardiovascular, haematological, immunological and respiratory	2	1	1	9	20	15	1	4	53
Death	12	8	18	34	57	34	9	14	186
Digestive, metabolic and endocrine systems	2	0	6	31	35	27	3	12	116
Genitourinary and reproductive	3	0	4	14	21	11	2	3	58
Mental and nervous system	38	2	6	22	40	21	2	10	141
Neuromusculoskeletal and movement-related	9	1	15	69	84	27	5	13	223
Sensory functions and structures	2	3	1	12	13	20	1	3	55
Skin and related structures	2	1	2	17	10	5	0	2	39
Voice and speech	0	1	2	5	5	4	2	2	21
No function/structure affected	2	2	1	6	4	5	3	7	30
Not known	23	7	10	40	41	33	5	22	181
Total males	*95*	*26*	*66*	*259*	*330*	*202*	*33*	*92*	*1,103*
Females									
Cardiovascular, haematological, immunological and respiratory	4	1	0	11	28	6	2	3	55
Death	15	8	10	45	31	27	7	9	152
Digestive, metabolic and endocrine systems	0	0	5	64	106	36	4	33	248
Genitourinary and reproductive	3	0	1	70	33	16	0	12	135
Mental and nervous system	25	2	0	89	75	18	4	7	220
Neuromusculoskeletal and movement-related	8	2	7	70	97	48	4	15	251
Sensory functions and structures	1	0	3	9	18	21	3	3	58
Skin and related structures	1	0	5	26	25	10	2	9	78
Voice and speech	0	0	0	3	4	0	0	0	7
No function/structure affected	0	2	2	25	12	5	3	19	68
Not known	12	4	11	69	55	27	11	43	232
Total females	*69*	*19*	*44*	*481*	*484*	*214*	*40*	*153*	*1,504*
Persons[(a)]									
Cardiovascular, haematological, immunological and respiratory	6	2	1	21	48	21	3	8	110
Death	27	16	29	80	88	61	16	23	340
Digestive, metabolic and endocrine systems	2	0	11	95	141	63	7	50	369
Genitourinary and reproductive	6	0	5	84	54	27	2	15	193
Mental and nervous system	63	4	6	112	115	39	6	19	364
Neuromusculoskeletal and movement-related	18	3	22	139	181	75	9	29	476
Sensory functions and structures	3	3	4	21	31	41	4	9	116
Skin and related structures	3	1	7	43	35	15	2	11	117
Voice and speech	0	1	2	8	9	4	2	2	28
No function/structure affected	2	4	3	31	16	10	6	151	223
Not known	43	13	21	110	99	60	17	97	460
Total persons	**173**	**47**	**111**	**744**	**817**	**416**	**74**	**414**	**2,796**

(a) 'Persons' includes 189 claims for persons whose sex was indeterminate or unknown.

Table 5.9: New public (excluding Western Australia) and private sector claims: primary body function/structure affected (excluding *Not known*), by age group and sex of claim subject, 1 July 2010 to 30 June 2011 (per cent)

Primary body function/ structure affected	Age group (years)								
	<1	1–4	5–17	18–39	40–59	60–79	80 or more	Not known	Total
Males									
Cardiovascular, haematological, immunological and respiratory	2.8	5.3	1.8	4.1	6.9	8.9	3.6	5.7	5.7
Death	16.7	42.1	32.1	15.5	19.7	20.1	32.1	20.0	20.2
Digestive, metabolic and endocrine systems	2.8	0.0	10.7	14.2	12.1	16.0	10.7	17.1	12.6
Genitourinary and reproductive	4.2	0.0	7.1	6.4	7.3	6.5	7.1	4.3	6.3
Mental and nervous system	52.8	10.5	10.7	10.0	13.8	12.4	7.1	14.3	15.3
Neuromusculoskeletal and movement-related	12.5	5.3	26.8	31.5	29.1	16.0	17.9	18.6	24.2
Sensory functions and structures	2.8	15.8	1.8	5.5	4.5	11.8	3.6	4.3	6.0
Skin and related structures	2.8	5.3	3.6	7.8	3.5	3.0	0.0	2.9	4.2
Voice and speech	0.0	5.3	3.6	2.3	1.7	2.4	7.1	2.9	2.3
No function/structure affected	2.8	10.5	1.8	2.7	1.4	3.0	10.7	10.0	3.3
Total males	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Females									
Cardiovascular, haematological, immunological and respiratory	7.0	6.7	0.0	2.7	6.5	3.2	6.9	2.7	4.3
Death	26.3	53.3	30.3	10.9	7.2	14.4	24.1	8.2	11.9
Digestive, metabolic and endocrine systems	0.0	0.0	15.2	15.5	24.7	19.3	13.8	30.0	19.5
Genitourinary and reproductive	5.3	0.0	3.0	17.0	7.7	8.6	0.0	10.9	10.6
Mental and nervous system	43.9	13.3	0.0	21.6	17.5	9.6	13.8	6.4	17.3
Neuromusculoskeletal and movement-related	14.0	13.3	21.2	17.0	22.6	25.7	13.8	13.6	19.7
Sensory functions and structures	1.8	0.0	9.1	2.2	4.2	11.2	10.3	2.7	4.6
Skin and related structures	1.8	0.0	15.2	6.3	5.8	5.3	6.9	8.2	6.1
Voice and speech	0.0	0.0	0.0	0.7	0.9	0.0	0.0	0.0	0.6
No function/structure affected	0.0	13.3	6.1	6.1	2.8	2.7	10.3	17.3	5.3
Total females	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Persons									
Cardiovascular, haematological, immunological and respiratory	4.6	5.9	1.1	3.3	6.7	5.9	5.3	2.5	4.7
Death	20.8	47.1	32.2	12.6	12.3	17.1	28.1	7.3	14.6
Digestive, metabolic and endocrine systems	1.5	0.0	12.2	15.0	19.6	17.7	12.3	15.8	15.8
Genitourinary and reproductive	4.6	0.0	5.6	13.2	7.5	7.6	3.5	4.7	8.3
Mental and nervous system	48.5	11.8	6.7	17.7	16.0	11.0	10.5	6.0	15.6
Neuromusculoskeletal and movement-related	13.8	8.8	24.4	21.9	25.2	21.1	15.8	9.1	20.4
Sensory functions and structures	2.3	8.8	4.4	3.3	4.3	11.3	7.0	2.8	5.0
Skin and related structures	2.3	2.9	7.8	6.8	4.9	4.2	3.5	3.5	5.0
Voice and speech	0.0	2.9	2.2	1.3	1.3	1.1	3.5	0.6	1.2
No function/structure affected	1.5	11.8	3.3	4.9	2.2	2.8	10.5	47.6	9.5
Total persons	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Notes

1. The 410 claims coded *Not known* for 'primary body function/structure affected' are excluded from this table. The number of claims on which the percentages presented here are based is 2,386.
2. Percentages may not add up exactly to 100.0 due to rounding.

5.6 Current claims: duration and reserve range

Duration of current 2010–11 claims is measured as the number of months between when the reserve was placed (public sector claims) or date of the report (MII claims) to 30 June 2011 (Appendix Table A.2). The 'reserve range' is the estimated cost, in broad dollar ranges, of closing a claim as set by the jurisdictional authority or the MII against each claim.

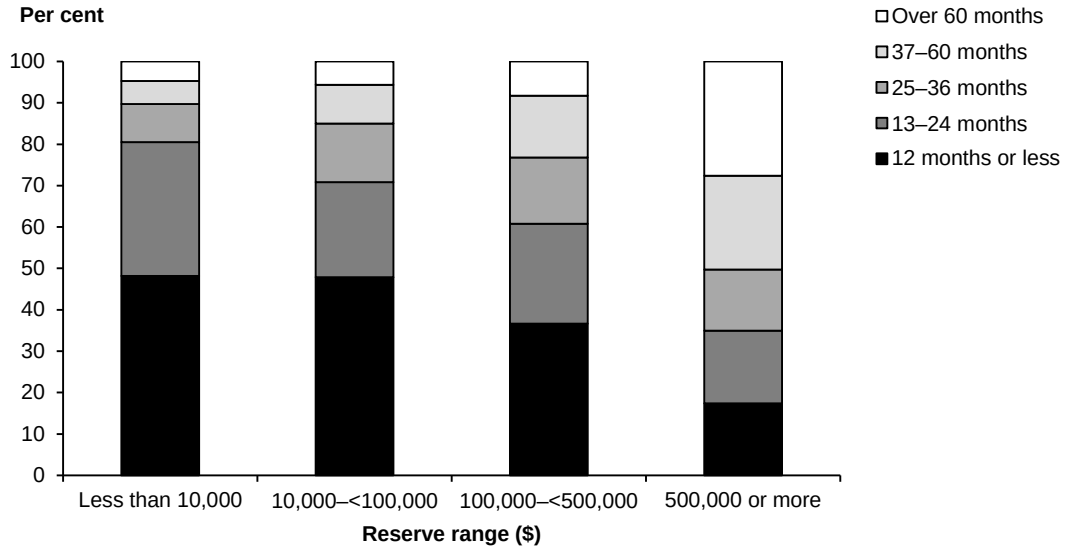
Of the public and private sector claims open at the end of 2010–11, 23% (1,543 of 6,817) had been open for less than 6 months, 68% (4,641 claims) for up to 2 years, 81% (5,545 claims) for up to 3 years and 8% (539) had been open after more than 5 years (tables 5.10 and 5.11).

Of the claims open at the end of the period, 68% (4,639) of claims had a reserve of less than $100,000, including 28% (1,876 claims) with a reserve of less than $10,000. There were 571 current claims (8%) with a reserve set between $250,000 and less than $500,000 and 587 (9%) with a reserve set at $500,000 or more.

For claims with a reserve set at less than $10,000, 48% (904 of 1,876 claims) had been open for 1 year or less, contrasting with the 6% (114 claims) open for more than 4 years and the 5% (88 claims) open for more than 5 years.

Claims with their reserve set at $250,000 to less than $500,000 and especially $500,000 or more tended to have remained open for a longer period than other current claims. The proportions of these claims open for more than 5 years were, respectively, 11% in the $250,000 to less than $500,000 range (62 of 571 claims) and 28% of those reserved for at least $500,000 (162 of 587 claims).

The association between higher reserve sizes and the length of time a claim was open is illustrated in Figure 5.3.



Note: See also Table 5.11.

Figure 5.3: Current public (excluding Western Australia) and private sector claims: length of claim (months), by reserve range ($), 30 June 2011 (per cent)

Table 5.10: Current public (excluding Western Australia) and private sector claims[a]: reserve range ($), by duration of claim (months), at 30 June 2011

	Duration of claim at 30 June 2011 (months)[b]												
Reserve range ($)	**<6**	**6–12**	**13–18**	**19–24**	**25–30**	**31–36**	**37–42**	**43–48**	**49–54**	**55–60**	**>60**	**Total**	**Per cent**
Less than 10,000	537	367	378	229	111	61	56	23	16	10	88	1,876	27.5
10,000–<30,000	473	370	143	145	102	68	45	36	14	13	59	1,468	21.5
30,000–<50,000	105	106	70	60	60	31	20	15	8	4	30	509	7.5
50,000–<100,000	106	163	116	101	67	62	34	35	15	19	68	786	11.5
100,000–<250,000	195	215	149	106	73	73	55	36	21	27	70	1,020	15.0
250,000–<500,000	86	87	72	57	55	54	32	21	23	22	62	571	8.4
500,000 or more	41	61	54	49	46	41	41	45	23	24	162	587	8.6
Total	**1,543**	**1,369**	**982**	**747**	**514**	**390**	**283**	**211**	**120**	**119**	**539**	**6,817**	**100.0**

(a) Current claims are claims that are open, including reopened claims, at 30 June 2011.
(b) Duration of claim is calculated from 'date reserve set' (if known) or else 'date of report' to 30 June 2011.

Table 5.11: Current public (excluding Western Australia) and private sector claims[a]: reserve range ($), by duration of claim (months), at 30 June 2011 (per cent)

	Duration of claim at 30 June 2011 (months)[b]											
Reserve range ($)	**<6**	**6–12**	**13–18**	**19–24**	**25–30**	**31–36**	**37–42**	**43–48**	**49–54**	**55–60**	**>60**	**Total**
Less than 10,000	28.6	19.6	20.1	12.2	5.9	3.3	3.0	1.2	0.9	0.5	4.7	100.0
10,000–<30,000	32.2	25.2	9.7	9.9	6.9	4.6	3.1	2.5	1.0	0.9	4.0	100.0
30,000–<50,000	20.6	20.8	13.8	11.8	11.8	6.1	3.9	2.9	1.6	0.8	5.9	100.0
50,000–<100,000	13.5	20.7	14.8	12.8	8.5	7.9	4.3	4.5	1.9	2.4	8.7	100.0
100,000–<250,000	19.1	21.1	14.6	10.4	7.2	7.2	5.4	3.5	2.1	2.6	6.9	100.0
250,000–<500,000	15.1	15.2	12.6	10.0	9.6	9.5	5.6	3.7	4.0	3.9	10.9	100.0
500,000 or more	7.0	10.4	9.2	8.3	7.8	7.0	7.0	7.7	3.9	4.1	27.6	100.0
Total	**22.6**	**20.1**	**14.4**	**11.0**	**7.5**	**5.7**	**4.2**	**3.1**	**1.8**	**1.7**	**7.9**	**100.0**

(a) Current claims are claims that are open, including reopened claims, at 30 June 2011.
(b) Duration of claim is calculated from 'date reserve set' (if known) or else 'date of report' to 30 June 2011.

Note: Percentages may not add up exactly to 100.0 due to rounding.

5.7 Closed claims: duration and total claim size

Duration of closed 2010–11 claims is measured as the number of months between when the reserve was placed (public sector claims) or date of the report (MII claims) to when the claim was closed. Three-quarters (73%, 2,094 claims) of closed 2010–11 claims had a duration of up to 3 years, while 9% had a duration of more than 5 years.

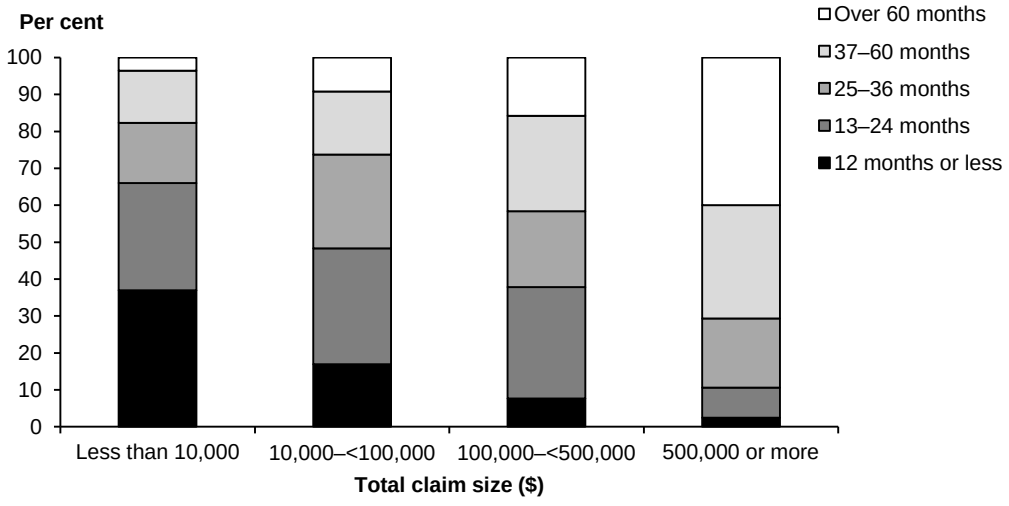
The 'total claim size' is the total amount paid to the claimant, as well as any legal or investigative defence costs, recorded in broad dollar ranges for closed claims (following a negotiated outcome, a court order or a decision by the claim manager to discontinue a claim). The amount paid to the claimant includes any interim payments and may include claimant legal costs.

In 2010–11, there were 53% (1,522) of public and private sector claims closed for less than $10,000, including 12% (354 claims) closed for no cost. At the other end of the scale, 160 claims (accounting for 6% of closed claims) were settled for over $500,000. The proportion closed for $10,000 to less than $100,000 was 25% (726 claims), and the proportion closed for $100,000 to less than $500,000 was 16% (444 claims) (tables 5.12 and 5.13).

Just over one-third, 35% (123 of 354 claims) closed for no cost had durations between 31 and 42 months. The proportions of these no-cost claims settled within 6 months or taking more than 4 years to settle were small; 8% (27 claims) and 5% (16 claims), respectively.

Around 61% of claims closed for a small cost−less than $10,000−were settled within 18 months (710 of 1,168 claims). A duration of 5 years or more was recorded for 14% (73 of 536) of claims settled for $50,000 to less than $250,000, 21% (31 of 148) of claims settled for between $250,000 and less than $500,000, and 40% (64 of 160) of claims settled for $500,000 or more.

The association between total claim size and the length of time to close a claim is illustrated in Figure 5.4.



Note: See also Table 5.13.

Figure 5.4: Closed public (excluding Western Australia) and private sector claims: total claim size ($), by duration of claim (months), 1 July 2010 to 30 June 2011 (per cent)

Table 5.12: Closed public (excluding Western Australia) and private sector claims: total claim size ($), by duration of claim (months), 1 July 2010 to 30 June 2011

	Duration of claim (months)[(a)]												
Total claim size ($)	**<6**	**6–12**	**13–18**	**19–24**	**25–30**	**31–36**	**37–42**	**43–48**	**49–54**	**55–60**	**>60**	**Total**	**Per cent**
Nil cost	27	32	43	44	35	60	63	34	4	6	6	354	12.4
Less than 10,000	183	320	207	148	90	64	44	38	14	12	48	1,168	41.0
10,000–<30,000	19	52	72	52	47	32	24	13	6	4	16	337	11.8
30,000–<50,000	7	16	17	18	28	16	13	8	8	1	17	149	5.2
50,000–<100,000	9	20	32	37	34	27	13	11	13	10	34	240	8.4
100,000–<250,000	4	26	39	56	36	23	28	16	17	12	39	296	10.4
250,000–<500,000	1	3	13	26	16	16	11	8	10	13	31	148	5.2
500,000 or more	0	4	8	5	16	14	12	10	17	10	64	160	5.6
Total	**250**	**473**	**431**	**386**	**302**	**252**	**208**	**138**	**89**	**68**	**255**	**2,852**	**100.0**

(a) Duration of claim is calculated from 'date reserve set' (if known), or else 'date of report', to the date when the claim was closed.

Table 5.13: Closed public (excluding Western Australia) and private sector claims: total claim size ($), by duration of claim (months), 1 July 2010 to 30 June 2011 (per cent)

	Duration of claim (months)[(a)]											
Total claim size ($)	**<6**	**6–12**	**13–18**	**19–24**	**25–30**	**31–36**	**37–42**	**43–48**	**49–54**	**55–60**	**>60**	**Total**
Nil cost	7.6	9.0	12.1	12.4	9.9	16.9	17.8	9.6	1.1	1.7	1.7	100.0
Less than 10,000	15.7	27.4	17.7	12.7	7.7	5.5	3.8	3.3	1.2	1.0	4.1	100.0
10,000–<30,000	5.6	15.4	21.4	15.4	13.9	9.5	7.1	3.9	1.8	1.2	4.7	100.0
30,000–<50,000	4.7	10.7	11.4	12.1	18.8	10.7	8.7	5.4	5.4	0.7	11.4	100.0
50,000–<100,000	3.8	8.3	13.3	15.4	14.2	11.3	5.4	4.6	5.4	4.2	14.2	100.0
100,000–<250,000	1.4	8.8	13.2	18.9	12.2	7.8	9.5	5.4	5.7	4.1	13.2	100.0
250,000–<500,000	0.7	2.0	8.8	17.6	10.8	10.8	7.4	5.4	6.8	8.8	20.9	100.0
500,000 or more	0.0	2.5	5.0	3.1	10.0	8.8	7.5	6.3	10.6	6.3	40.0	100.0
Total	**8.8**	**16.6**	**15.1**	**13.5**	**10.6**	**8.8**	**7.3**	**4.8**	**3.1**	**2.4**	**8.9**	**100.0**

(a) Duration of claim is calculated from 'date reserve set' (if known), or else 'date of report', to the date when the claim was closed.

Note: Percentages may not add up exactly to 100.0 due to rounding.

5.8 Closed claims: total claim size and mode of finalisation

A claim can be finalised through a variety of processes, such as a court decision, negotiation or discontinuation (including the claim being withdrawn by the claimant). For public and private sector claims combined, the *Negotiated* category includes four settlement modes that are recorded separately for public sector claims considered on their own (Appendix tables A.2 and A.6).

Of the 2,850 public and private sector claims closed between 1 July 2010 and 30 June 2011 with known mode of finalisation, 3% (92) were finalised through a court decision, 49% (1,404) were finalised through negotiation and 48% (1,354) were discontinued (tables 5.14 and 5.15).

Discontinuation was the most frequently recorded mode of finalisation for claims closed for no cost (91% or 321 claims) or for a cost of less than $30,000 (918 of 1,505 claims, or 61%). Discontinuation was rarely recorded for claims closed for $50,000 or more (67 of 844 claims, or 8%).

Around 88% (740 of 844 claims) with a claim size of $50,000 or more were settled through negotiation. Court decisions were the least frequently recorded mode of claim finalisation for the 2010–11 reporting period (3%), especially if the claim size was nil cost (1%).

5.9 Closed claims: total claim size and health service setting

In 2010–11, the proportions of closed public and private sector claims related to the various health service settings (Table 5.16) were similar to the proportions recorded for new claims (Table 5.2). *Public hospital or day surgery* accounted for 54% (1,546) of closed claims. This category was followed by *Private medical clinic* recorded for 22% (626) of closed claims, and *Private hospital/day surgery*, recorded for 12% (341) of closed claims.

Of claims closed for less than $10,000, including those closed for no cost, one-half (762 of 1,522, or 50%) were associated with a private health setting. A lower proportion (663 claims, 44%) was associated with a public health setting.

Settled claims with a claim size of $100,000 or more accounted for 21% of all closed claims with a known health service setting. These claims made up a larger proportion of claims associated with public settings (442 of 1,573 claims, 28%) than claims associated with private settings (141 of 1,128 claims, 13%). However, some or all of this discrepancy may be due to different claim management practices between the two sectors. As noted in Section 2.2, public sector claim sizes generally reflect the costs associated with all providers involved in a single health-care incident, whereas in the private sector the costs arising from a single incident may be spread across several claims.

Table 5.14: Closed public (excluding Western Australia) and private sector claims: total claim size ($), by mode of claim finalisation, 1 July 2010 to 30 June 2011

	Mode of claim finalisation			
Total claim size ($)	**Court decision**	**Negotiated**	**Discontinued**	**Total[(a)]**
Nil cost	3	30	321	354
Less than 10,000	20	397	749	1,168
10,000–<30,000	21	147	169	337
30,000–<50,000	11	90	48	149
50,000–<100,000	12	183	45	240
100,000–<250,000	18	261	17	296
250,000–<500,000	5	139	4	148
500,000 or more	2	157	1	160
Total	**92**	**1,404**	**1,354**	**2,852**

(a) Total includes 2 private sector claims where mode of claim finalisation was *Not known*.

Table 5.15: Closed public (excluding Western Australia) and private sector claims: total claim size ($), by mode of claim finalisation (excluding *Not known*), 1 July 2010 to 30 June 2011 (per cent)[(a)]

	Mode of claim finalisation			
Total claim size ($)	**Court decision**	**Negotiated**	**Discontinued**	**Total**
Nil cost	0.8	8.5	90.7	100.0
Less than 10,000	1.7	34.0	64.2	100.0
10,000–<30,000	6.2	43.6	50.1	100.0
30,000–<50,000	7.4	60.4	32.2	100.0
50,000–<100,000	5.0	76.3	18.8	100.0
100,000–<250,000	6.1	88.2	5.7	100.0
250,000–<500,000	3.4	93.9	2.7	100.0
500,000 or more	1.3	98.1	0.6	100.0
Total	**3.2**	**49.2**	**47.5**	**100.0**

(a) Percentages are based on the 2,850 claims with known claim size and mode of claim finalisation.

Table 5.16: Closed public (excluding Western Australia) and private sector claims: total claim size ($), by health service setting, 1 July 2010 to 30 June 2011

	Health service setting							
Total claim size ($)	Public hospital/ day surgery[(a)]	Other public setting[(b)]	Private hospital/ day surgery[(c)]	Private medical clinic[(d)]	Other private setting[(e)]	Other[(f)]	Not known	Total
Nil cost	111	1	53	148	22	10	9	354
Less than 10,000	540	11	155	273	111	11	67	1,168
10,000–<30,000	211	7	33	61	6	1	18	337
30,000–<50,000	98	0	10	27	7	0	7	149
50,000–<100,000	148	4	28	50	3	4	3	240
100,000–<250,000	213	2	24	36	10	2	9	296
250,000–<500,000	105	1	19	18	1	0	4	148
500,000 or more	120	1	19	13	1	1	5	160
Total	**1,546**	**27**	**341**	**626**	**161**	**29**	**122**	**2,852**
Per cent	*54.2*	*0.9*	*12.0*	*21.9*	*5.6*	*1.0*	*4.3*	*100.0*
				Per cent				
Nil cost	7.2	3.7	15.5	23.6	13.7	34.5	7.4	12.4
Less than 10,000	34.9	40.7	45.5	43.6	68.9	37.9	54.9	41.0
10,000–<30,000	13.6	25.9	9.7	9.7	3.7	3.4	14.8	11.8
30,000–<50,000	6.3	0.0	2.9	4.3	4.3	0.0	5.7	5.2
50,000–<100,000	9.6	14.8	8.2	8.0	1.9	13.8	2.5	8.4
100,000–<250,000	13.8	7.4	7.0	5.8	6.2	6.9	7.4	10.4
250,000–<500,000	6.8	3.7	5.6	2.9	0.6	0.0	3.3	5.2
500,000 or more	7.8	3.7	5.6	2.1	0.6	3.4	4.1	5.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Includes public psychiatric hospitals.

(b) Includes public community health centres, residential aged care services, hospices, and alcohol and drug rehabilitation centres.

(c) Includes private psychiatric hospitals.

(d) Private clinics providing investigation and treatment on a non-residential, day-only basis, including 24-hour medical clinics and general practitioner surgeries.

(e) Includes private community health centres, residential aged care services, hospices, and alcohol and drug rehabilitation centres.

(f) Includes patients' homes and 'Medihotels'.

Notes

1. Public sector claims can arise from incidents in private sector health settings and vice versa. Therefore, the number of claims in public settings and private settings does not equal the respective number of public sector and private sector claims. See Table 6.1 for numbers of public sector and private sector claims.

2. Percentages may not add up exactly to 100.0 due to rounding.

5.10 Closed claims: total claim size and specialty of clinician

Public and private sector claims closed between 1 July 2010 and 30 June 2011 were very similar to new claims in terms of which clinician specialties were most frequently recorded among these claims (see Section 5.3). The 11 principal clinician specialties most commonly recorded for closed public and private sector claims in 2010–11 are presented in Table 5.17. *General practice* and *Obstetrics and gynaecology* were recorded for 25% and 15% (699 and 430 respectively) of closed claims. The other frequently recorded specialties were *General surgery*, *Orthopaedic surgery* and *Emergency medicine* (216, 185 and 148 claims respectively), each associated with 5–8% of claims (Table 5.17). *All other specialities*, which includes all specialties other than the 11 that are individually listed, was recorded for 27% of closed claims.

Claims associated with *Diagnostic radiology* had the highest proportion of claims closed for no cost (39%). Claims associated with *Emergency medicine* and *General nursing* had the highest proportion settled for $100,000 to less than $500,000 (respectively, 37 of 148 claims, 25%; and 11 of 47 claims, 23%). Claims associated with *Emergency medicine* (12%) and *Obstetrics and gynaecology* (10%) had the highest proportion settled for $500,000 or more (tables 5.17 and 5.18).

Table 5.17: Closed public (excluding Western Australia) and private sector claims: specialties of clinicians involved, by total claim size ($), 1 July 2010 to 30 June 2011

	Total claim size ($)									
Specialty of clinician/s[(a)]	Nil cost	Less than 10,000	10,000–<30,000	30,000–<50,000	50,000–<100,000	100,000–<250,000	250,000–<500,000	500,000 or more	Total	Per cent
General practice[(b)]	99	302	79	38	66	64	19	32	699	24.5
Obstetrics and gynaecology[(c)]	23	159	54	33	36	53	28	44	430	15.1
General surgery	19	80	30	13	20	30	17	7	216	7.6
Orthopaedic surgery	20	73	20	8	8	18	22	16	185	6.5
Emergency medicine	7	49	20	8	10	21	16	17	148	5.2
Anaesthetics	22	72	10	6	6	2	3	3	124	4.3
Diagnostic radiology	39	32	2	3	10	13	1	1	101	3.5
Psychiatry	9	32	16	5	9	7	3	1	82	2.9
General nursing	1	17	8	2	6	7	4	2	47	1.6
Cardiology	8	14	8	1	5	2	3	1	42	1.5
Other hospital-based medical practitioner[(d)]	9	37	11	1	3	2	4	2	69	2.4
All other specialties[(e)]	96	315	100	32	63	80	38	54	778	27.3
Not applicable[(f)]	1	11	2	1	3	3	0	1	22	0.8
Not known	1	2	2	1	0	1	0	0	7	0.2
Total[(g)]	**354**	**1,168**	**337**	**149**	**240**	**296**	**148**	**160**	**2,852**	**100.0**

(a) Only the 11 clinician specialty categories that were most frequently recorded for closed claims are listed; all other categories are combined in the category *All other specialties*.

(b) Includes both procedural and non-procedural general practitioners.

(c) Includes specialists in *Obstetrics only*, *Gynaecology only*, and *Obstetrics and gynaecology*.

(d) *Other hospital-based medical practitioner* includes junior doctors, resident doctors, house officers and other medical practitioners who do not have a specialty.

(e) Covers all clinician specialty categories other than the 11 that are individually listed.

(f) Indicates that no clinical staff were involved in the incident (for example, where the claim relates to actions of hospital administrative staff).

(g) This is the total number of claims for which each claim size was recorded. A given specialty may be recorded only once for a single claim in the private sector, but up to four different specialties may be recorded for a public sector claim. Therefore, some public sector claims are represented in more than one row, and so the column totals exceed the number of claims.

Table 5.18: Closed public (excluding Western Australia) and private sector claims: specialties of clinicians involved (excluding *Not known*), by total claim size ($), 1 July 2010 to 30 June 2011 (per cent)

	Total claim size ($)								
Specialty of clinician/s[(a)]	**Nil cost**	**Less than 10,000**	**10,000–<30,000**	**30,000–<50,000**	**50,000–<100,000**	**100,000–<250,000**	**250,000–<500,000**	**500,000 or more**	**Total**
General practice[(b)]	14.2	43.2	11.3	5.4	9.4	9.2	2.7	4.6	100.0
Obstetrics and gynaecology[(c)]	5.3	37.0	12.6	7.7	8.4	12.3	6.5	10.2	100.0
General surgery	8.8	37.0	13.9	6.0	9.3	13.9	7.9	3.2	100.0
Orthopaedic surgery	10.8	39.5	10.8	4.3	4.3	9.7	11.9	8.6	100.0
Emergency medicine	4.7	33.1	13.5	5.4	6.8	14.2	10.8	11.5	100.0
Anaesthetics	17.7	58.1	8.1	4.8	4.8	1.6	2.4	2.4	100.0
Diagnostic radiology	38.6	31.7	2.0	3.0	9.9	12.9	1.0	1.0	100.0
Psychiatry	11.0	39.0	19.5	6.1	11.0	8.5	3.7	1.2	100.0
General nursing	2.1	36.2	17.0	4.3	12.8	14.9	8.5	4.3	100.0
Cardiology	19.0	33.3	19.0	2.4	11.9	4.8	7.1	2.4	100.0
Other hospital-based medical practitioner[(d)]	13.0	53.6	15.9	1.4	4.3	2.9	5.8	2.9	100.0
All other specialties[(e)]	12.3	40.5	12.9	4.1	8.1	10.3	4.9	6.9	100.0
Not applicable[(f)]	4.5	50.0	9.1	4.5	13.6	13.6	0.0	4.5	100.0
Total	**12.4**	**41.0**	**11.8**	**5.2**	**8.4**	**10.4**	**5.2**	**5.6**	**100.0**

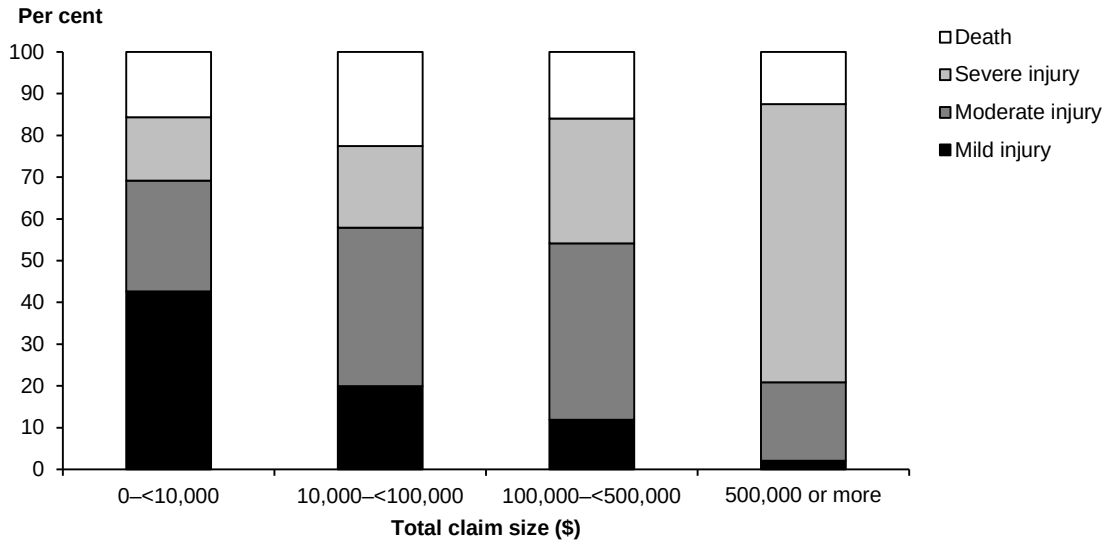
(a) Only the 11 clinician speciality categories that were most frequently recorded for closed claims are listed; all other categories are combined in the category *All other specialities*.
(b) Includes both procedural and non-procedural general practitioners.
(c) Includes specialists in *Obstetrics only*, *Gynaecology only*, and *Obstetrics and gynaecology*.
(d) Other *hospital-based medical practitioner* includes junior doctors, resident doctors, house officers and other medical practitioners who do not have s specialty.
(e) Covers all clinician specialty categories other than the 11 that are individually listed.
(f) Indicates that no clinical staff were involved in the incident (for example, where the claim relates to actions of hospital administrative staff).

Note: Percentages may not add up exactly to 100.0 due to rounding.

5.11 Closed claims: total claim size and extent of harm

There is a strong relationship between claim size and extent of harm (Figure 5.5). Where the extent of harm was *No body function/structure affected*, 76% of public and private sector claims were closed for less than $10,000 (100 of 132 claims, including no cost claims). In the case of *Mild injury*, 74% (482 of 655 claims) were closed for less than $10,000 compared with less than 1% closed for $500,000 or more, and in the case of *Moderate injury*, 41% (300 of 728) claims were closed for less than $10,000 compared with 4% closed for $500,000 or more. In contrast, the proportion of claims with *Severe injury* that were closed for less than $10,000 was just 34% (171 of 506 claims), while 19% were closed for $500,000 or more (Table 5.19).

Where *Death* was the recorded extent of harm, 12% of claims were closed for no cost, another 68% for a cost less than $100,000, and just 5% for $500,000 or more.



Note: See also Table 5.19.

Figure 5.5: Closed public (excluding Western Australia) and private sector claims: total claim size ($), by extent of harm, 1 July 2010 to 30 June 2011 (per cent)

Table 5.19: Closed public (excluding Western Australia) and private sector claims: total claim size ($), by extent of harm, 1 July 2010 to 30 June 2011

	Extent of harm						
Total claim size ($)	Mild injury	Moderate injury	Severe injury	Death	No body function/ structure affected	Not known	Total
Nil cost	85	74	70	46	41	38	354
1–<10,000	397	226	101	131	59	254	1,168
10,000–<30,000	76	98	46	62	13	42	337
30,000–<50,000	22	45	26	27	7	22	149
50,000–<100,000	25	91	49	50	5	20	240
100,000–<250,000	36	111	66	47	6	30	296
250,000–<500,000	11	56	52	16	1	12	148
500,000 or more	3	27	96	18	0	16	160
Total	**655**	**728**	**506**	**397**	**132**	**434**	**2,852**
			Per cent				
Nil cost	13.0	10.2	13.8	11.6	31.1	8.8	12.4
1–<10,000	60.6	31.0	20.0	33.0	44.7	58.5	41.0
10,000–<30,000	11.6	13.5	9.1	15.6	9.8	9.7	11.8
30,000–<50,000	3.4	6.2	5.1	6.8	5.3	5.1	5.2
50,000–<100,000	3.8	12.5	9.7	12.6	3.8	4.6	8.4
100,000–<250,000	5.5	15.2	13.0	11.8	4.5	6.9	10.4
250,000–<500,000	1.7	7.7	10.3	4.0	0.8	2.8	5.2
500,000 or more	0.5	3.7	19.0	4.5	0.0	3.7	5.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Note: Percentages may not add up exactly to 100.0 due to rounding.

6 Public and private sector medical indemnity claims, 2007–08 to 2010–11

This chapter presents an overview of public and private sector claims data covering the four reporting periods from July 2007 to June 2011. The 'time series' available for these claims starts with the year 2007–08 because this was the first year that the MINC CC endorsed presentation of private sector claim numbers (AIHW 2011g).

The public sector claims data that are included in sections 6.2 to 6.11 exclude Western Australia, for which MINC data for 2010–11 were unavailable. This is to allow direct comparisons across the years. The other public sector data are the most current data for each reporting period, as recorded in the MINC master database (Appendix B). Unit record updates are not available for most private sector claims and so the private sector data included here for 2007–08 to 2009–10 have not been updated from previous years.

6.1 Claim numbers

Table 6.1 presents the reported claim numbers for 2010–11 and compares them with claim numbers for 2007–08 to 2009–10. The definitions of the categories of claim are provided in Box 1.1. Closed claims added to current claims sum to all claims, while new claims can be either closed or current depending on whether they were closed in the year when they were opened. Reopened claims are current claims that had previously been closed.

Claim numbers as reported are larger overall for the public sector (even excluding Western Australia) than the private sector in every year, with between 139 and 1,031 more claims in the public sector (depending on the year). The number of new claims, reopened claims, closed claims and current claims is also usually larger in the public sector than in the private sector; however, there are exceptions, such as new claims in 2008–09 and closed claims in 2009–10 (whether or not Western Australian claims are included in the public sector claims count).

When claims across both sectors are considered, a general increase over the years in the number of new claims, closed claims, current claims and all claims is apparent (Figure 6.1).

Table 6.1: Number of public sector and private sector claims, by claim category, 2006–07 to 2010–11

Claim category	2006–07[(a)]	2007–08	2008–09	2009–10	2010–11
			Public sector (including Western Australia)		
New	1,145	1,287	1,282	1,667	n.a.
Reopened	99	149	159	198	n.a.
Closed	1,807	1,264	1,473	1,115	n.a.
Current	3,307	3,373	3,234	3,846	n.a.
All	5,114	4,637	4,707	4,961	n.a.
			Public sector (excluding Western Australia)		
New	1,041	1,214	1,223	1,586	1,496
Reopened	80	142	151	194	204
Closed	1,709	1,152	1,383	1,039	1,408
Current	3,049	3,154	3,045	3,651	3,768
All	4,758	4,306	4,428	4,690	5,176
			Private sector		
New	n.p.	963	1,334	1,280	1,300
Reopened	n.p.	66	97	13	13
Closed	n.p.	824	1,226	1,471	1,444
Current	n.p.	2,451	2,875	3,080	3,049
All	n.p.	3,275	4,101	4,551	4,493
			Total (including Western Australia)		
New	n.p.	2,250	2,616	2,947	n.a.
Reopened	n.p.	215	256	211	n.a.
Closed	n.p.	2,088	2,699	2,586	n.a.
Current	n.p.	5,824	6,109	6,926	n.a.
All	n.p.	7,912	8,808	9,512	n.a.
			Total (excluding Western Australia)		
New	n.p.	2,177	2,557	2,866	2,796
Reopened	n.p.	208	248	207	217
Closed	n.p.	1,976	2,608	2,510	2,852
Current	n.p.	5,605	5,920	6,731	6,817
All	n.p.	7,581	8,529	9,241	9,669

n.p. Not published.

(a) The MINC CC has not approved publication of 2006–07 private sector or combined sector claim numbers.

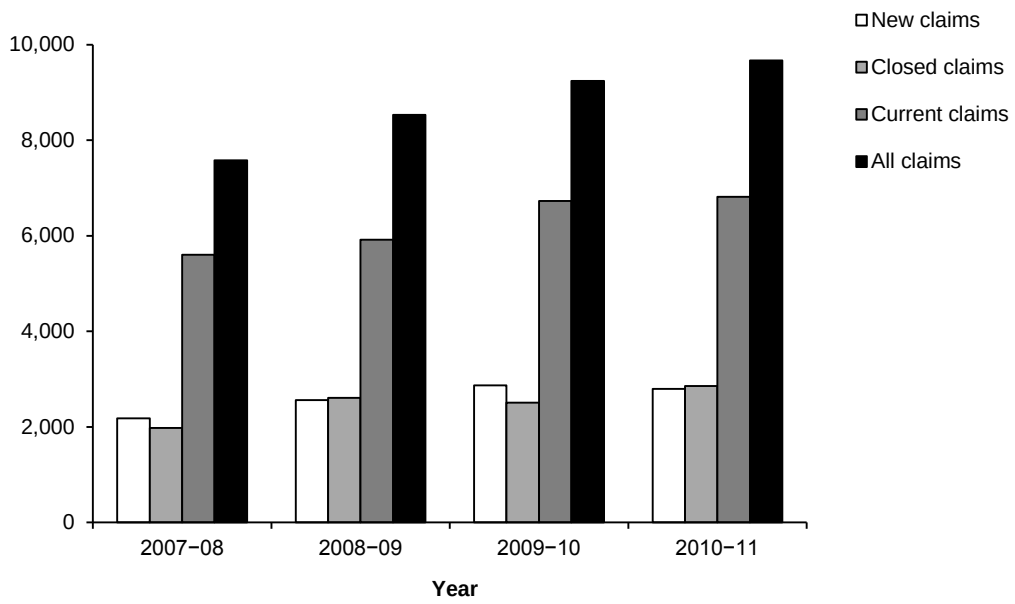


Figure 6.1: Public sector (excluding Western Australia) and private sector claims: numbers of new, closed, current and all claims, 2007–08 to 2010–11

6.2 New claims: health service setting and primary incident/allegation type

'Health service setting' refers to the setting in which the incident that gave rise to a claim took place. Similar to 2010–11, a larger number of new public and private sector claims were associated with public sector settings than private sector settings in 2007–08, 2008–09 and 2009–10 (Table 6.2). (Figures exclude Western Australian public sector claims.)

'Primary incident/allegation type' describes what is alleged to have gone wrong; that is, the area of possible error, negligence or problem that is determined to be of primary importance in giving rise to the claim. The most commonly recorded categories of primary incident/allegation types for new public and private sector claims from 2007–08 to 2010–11—each accounting for 19% or more of claims in each year—were *Procedure*, *Diagnosis* and *Treatment* (tables 6.2 and 6.3). The only other primary incident/allegation types to account for 5% or more of new claims by year were *General duty of care*, *Medication-related* and, specifically in 2007–08 and 2008–09, *Consent*.

Over the period, the proportion of new claims relating to *Procedure* increased—from 24% in 2007–08 to 33% in 2010–11. This increase was evident for claims whether associated with private hospitals and day surgeries (43% to 58%), public hospitals and day surgeries (27% to 38%) or private medical clinics (6% to 14%).

The proportion of new claims associated with private medical clinics with *Treatment* as the primary incident/allegation type decreased from 18% to 12% over the same period. The proportion of claims associated with public hospitals and day surgeries that were *Diagnosis* related remained steady, between 22% and 26%, for each of the 4 years.

Table 6.2: New public (excluding Western Australia) and private sector claims: selected primary incident/allegation types in different health service settings, 2007–08 to 2010–11

	Health service setting			
Primary incident/allegation type	**2007–08**	**2008–09**	**2009–10**	**2010–11**
		Public hospital/day surgery[a]		
Procedure	309	330	387	473
Diagnosis	304	264	311	298
Treatment	271	298	280	233
General duty of care	90	67	102	85
Medication-related	71	68	69	51
Other	114	158	107	113
Not known	37	20	51	19
Total	**1,196**	**1,205**	**1,307**	**1,272**
		All public sector settings[b]		
Total	**1,228**	**1,216**	**1,341**	**1,295**
		Private hospital/day surgery[c]		
Procedure	109	158	215	169
Treatment	27	29	43	44
Other	116	128	128	78
Not known	65	3	15	9
Total	**317**	**318**	**401**	**300**
		Private medical clinic[d]		
Procedure	23	55	75	63
Diagnosis	75	119	225	162
Treatment	65	90	76	52
General duty of care	41	43	55	63
Medication-related	40	40	32	42
Other	124	250	59	67
Not known	83	17	19	75
Total	**451**	**614**	**541**	**524**
		All private sector settings[e]		
Total	**808**	**1,115**	**1,076**	**1,038**
		All health service settings		
Procedure	454	596	718	774
Diagnosis	426	447	616	541
Treatment	378	463	450	427
General duty of care	170	145	182	187
Medication-related	121	130	119	109
Anaesthetic	60	50	66	51
Consent	115	158	84	39
Blood/blood-product related	16	25	13	12
Infection control	13	11	15	8
Device failure	5	7	11	7
Other	173	387	157	195
Not known	246	138	435	446
Total	**2,177**	**2,557**	**2,866**	**2,796**

(a) Includes public psychiatric hospitals.

(b) Includes small numbers of *Other public setting* claims as well as *Public hospital/day surgery* claims.

(c) Includes private psychiatric hospitals.

(d) Private clinics providing investigation and treatment on a non-residential, day-only basis, including 24-hour medical clinics and general practitioner surgeries.

(e) Includes small numbers of *Other private setting* claims as well as *Private hospital/day surgery* and *Private medical clinic* claims.

Table 6.3: New public (excluding Western Australia) and private sector claims: selected primary incident/allegation types in different health service settings, 2007−08 to 2010−11 (excluding *Not known*) (per cent)

	Health service setting			
Primary incident/allegation type	**2007–08**	**2008–09**	**2009–10**	**2010–11**
		Public hospital/day surgery[(a)]		
Procedure	26.7	27.8	30.8	37.7
Diagnosis	26.2	22.3	24.8	23.8
Treatment	23.4	25.1	22.3	18.6
General duty of care	7.8	5.7	8.1	6.8
Medication-related	6.1	5.7	5.5	4.1
Other	9.8	13.3	8.5	9.0
Total	**100.0**	**100.0**	**100.0**	**100.0**
		Private hospital/day surgery[(b)]		
Procedure	43.3	50.2	55.7	58.1
Treatment	10.7	9.2	11.1	15.1
Other	46.0	40.6	33.2	26.8
Total	**100.0**	**100.0**	**100.0**	**100.0**
		Private medical clinic[(c)]		
Procedure	6.3	9.2	14.4	14.0
Diagnosis	20.4	19.9	43.1	36.1
Treatment	17.7	15.1	14.6	11.6
General duty of care	11.1	7.2	10.5	14.0
Medication-related	10.9	6.7	6.1	9.4
Other	33.7	41.9	11.3	14.9
Total	**100.0**	**100.0**	**100.0**	**100.0**
		All health service settings		
Procedure	23.5	24.6	29.5	32.9
Diagnosis	22.1	18.5	25.3	23.0
Treatment	19.6	19.1	18.5	18.2
General duty of care	8.8	6.0	7.5	7.9
Medication-related	6.3	5.4	4.9	4.6
Anaesthetic	3.1	2.1	2.7	2.2
Consent	6.0	6.5	3.5	1.7
Blood/blood-product related	0.8	1.0	0.5	0.5
Infection control	0.7	0.5	0.6	0.3
Device failure	0.3	0.3	0.5	0.3
Other	9.0	16.0	6.5	8.3
Total	**100.0**	**100.0**	**100.0**	**100.0**

(a) Includes public psychiatric hospitals.
(b) Includes private psychiatric hospitals.
(c) Private clinics providing investigation and treatment on a non-residential, day-only basis, including 24-hour medical clinics and general practitioner surgeries.

6.3 New claims: specialty of clinician and primary incident/ allegation type

The 'specialty of clinician/s closely involved in incident' provides information relating to the specialty of the health-care provider or providers who allegedly played the most prominent role/s in the events that led to a claim. Tables 6.4 and 6.5 present claims data for eight clinician specialties in terms of the primary incident/allegation types frequently recorded for those clinician specialties.

Over 100 new claims associated with the clinician specialties of *Orthopaedic surgery*, *General surgery*, *Obstetrics and Gynaecology* and *General practice* had *Procedure* recorded as their primary incident/allegation type in one or more years between 2007–08 and 2010–11. In the cases of *Orthopaedic surgery* and *General practice*, there was a notable rise in the proportion of claims that were *Procedure* related in 2010–11, compared with the preceding years.

Diagnosis related claims were common for the clinician specialties of *Diagnostic radiology*, *Emergency medicine*, *General practice* and *Obstetrics and gynaecology*. These claims accounted for just over half (52−53%) of *Emergency medicine* claims in each year from 2007–08 to 2010–11. The proportions of *General practice* and *Obstetrics and gynaecology* claims that were *Diagnosis* related were more variable between the years, respectively ranging between 22% and 37%, and between 15% and 25%.

Treatment was a quite commonly reported primary incident/allegation type for the clinician specialties of *Emergency medicine, General practice, Obstetrics and gynaecology*, *Psychiatry*, *General surgery* and *Orthopaedic surgery*. For several of these clinician specialties, there was considerable variation between the years in terms of the proportion of their new claims that were *Treatment* related. For instance, just 10% of *Obstetrics and gynaecology* claims in 2009–10 were *Treatment* related compared with 20−25% in the other years. Similarly, the proportion of *Psychiatry* claims with a primary incident/allegation type of *Treatment* varied between 15% and 37%. With *Psychiatry* claims in the years with a low proportion of *Treatment* related claims, there was a high proportion of claims relating to *General duty of care*, 46% in 2007–08.

Table 6.4: New public (excluding Western Australia) and private sector claims: selected primary incident/allegation types recorded for specialties of clinicians involved, 2007–08 to 2010–11

	Specialty of clinician			
Primary incident/allegation type	**2007–08**	**2008–09**	**2009–10**	**2010–11**
		Anaesthetics		
Anaesthetics	44	38	54	47
Other	20	29	56	31
Not known	5	0	4	6
Total	**69**	**67**	**114**	**84**
		Diagnostic radiology		
Diagnosis	24	51	47	47
Other	17	23	14	22
Not known	32	0	2	3
Total	**73**	**74**	**63**	**72**
		Emergency medicine		
Diagnosis	84	62	76	80
Treatment	42	33	50	40
Other	32	23	21	30
Not known	1	1	1	0
Total	**159**	**119**	**148**	**150**
		General practice[(a)]		
Procedure	43	62	73	127
Diagnosis	120	141	186	212
Treatment	92	125	98	59
General duty of care	37	51	51	52
Medication-related	49	58	37	49
Other	125	217	78	78
Not known	55	11	22	35
Total	**521**	**665**	**545**	**612**
		General surgery		
Procedure	78	88	127	114
Treatment	21	21	39	20
Other	47	60	60	65
Not known	15	4	1	7
Total	**161**	**173**	**227**	**206**

(continued)

Table 6.4 (continued): New public (excluding Western Australia) and private sector claims: selected primary incident/allegation types recorded for specialties of clinicians involved, 2007−08 to 2010−11

	Specialty of clinician			
Primary incident/allegation type	**2007–08**	**2008–09**	**2009–10**	**2010–11**
		Obstetrics and gynaecology[(b)]		
Procedure	108	127	143	109
Diagnosis	45	50	70	33
Treatment	63	66	28	52
Other	39	86	41	22
Not known	15	6	8	10
Total	**270**	**335**	**290**	**226**
		Orthopaedic surgery		
Procedure	73	75	95	115
Treatment	24	19	29	31
Other	37	49	45	36
Not known	12	1	6	11
Total	**146**	**144**	**175**	**193**
		Psychiatry		
Treatment	11	26	29	16
General duty of care	33	10	21	33
Other	28	34	41	34
Not known	2	4	1	2
Total	**74**	**74**	**92**	**85**

(a) Includes both procedural and non-procedural general practitioners.
(b) Includes specialists in *Obstetrics only*, *Gynaecology only*, and *Obstetrics and gynaecology*.

Note: For total numbers of primary incident/allegation types see Table 6.2.

Table 6.5: New public (excluding Western Australia) and private sector claims: selected primary incident/allegation types recorded for specialties of clinicians involved, 2007–08 to 2010–11 (excluding *Not known*) (per cent)

	Specialty of clinician			
Primary incident/allegation type	**2007–08**	**2008–09**	**2009–10**	**2010–11**
		Anaesthetics		
Anaesthetics	68.8	56.7	49.1	60.3
Other	31.3	43.3	50.9	39.7
Total	100.0	100.0	100.0	100.0
		Diagnostic radiology		
Diagnosis	58.5	68.9	77.0	68.1
Other	41.5	31.1	23.0	31.9
Total	100.0	100.0	100.0	100.0
		Emergency medicine		
Diagnosis	53.2	52.5	51.7	53.3
Treatment	26.6	28.0	34.0	26.7
Other	20.3	19.5	14.3	20.0
Total	100.0	100.0	100.0	100.0
		General practice[(a)]		
Procedure	9.2	9.5	14.0	22.0
Diagnosis	25.8	21.6	35.6	36.7
Treatment	19.7	19.1	18.7	10.2
General duty of care	7.9	7.8	9.8	9.0
Medication-related	10.5	8.9	7.1	8.5
Other	26.8	33.2	14.9	13.5
Total	100.0	100.0	100.0	100.0
		General surgery		
Procedure	53.4	52.1	56.2	57.3
Treatment	14.4	12.4	17.3	10.1
Other	32.2	35.5	26.5	32.7
Total	100.0	100.0	100.0	100.0
		Obstetrics and gynaecology[(b)]		
Procedure	42.4	38.6	50.7	50.5
Diagnosis	17.6	15.2	24.8	15.3
Treatment	24.7	20.1	9.9	24.1
Other	15.3	26.1	14.5	10.2
Total	100.0	100.0	100.0	100.0
		Orthopaedic surgery		
Procedure	54.5	52.4	56.2	63.2
Treatment	17.9	13.3	17.2	17.0
Other	27.6	34.3	26.6	19.8
Total	100.0	100.0	100.0	100.0
		Psychiatry		
Treatment	15.3	37.1	31.9	19.3
General duty of care	45.8	14.3	23.1	39.8
Other	38.9	48.6	45.1	41.0
Total	**100.0**	**100.0**	**100.0**	**100.0**

(a) Includes both procedural and non-procedural general practitioners.

(b) Includes specialists in *Obstetrics only*, *Gynaecology only*, and *Obstetrics and gynaecology*.

Note: Percentages may not add up exactly to 100.0 due to rounding.

6.4 New claims: sex and age group of claim subjects and primary incident/allegation type

This section provides a profile of the patients involved in the alleged health-care incident ('sex and age group of claim subject') and of the patient's alleged body function/structure affected. The age of claim subjects refers to their age at the time of the alleged incident that gave rise to the claim.

In 2009–10, data on the age of claim subjects were presented in terms of the seven age groups used in the public sector MINC reports, whereas previous public and private sector reports presented data only in terms of those aged less than 1, between 1–17 and 18 or more. To enable a time series analysis, data are presented in terms of three age categories: less than 1, between 1–17 and 18 or more (Figure 6.2; tables 6.6 and 6.7).

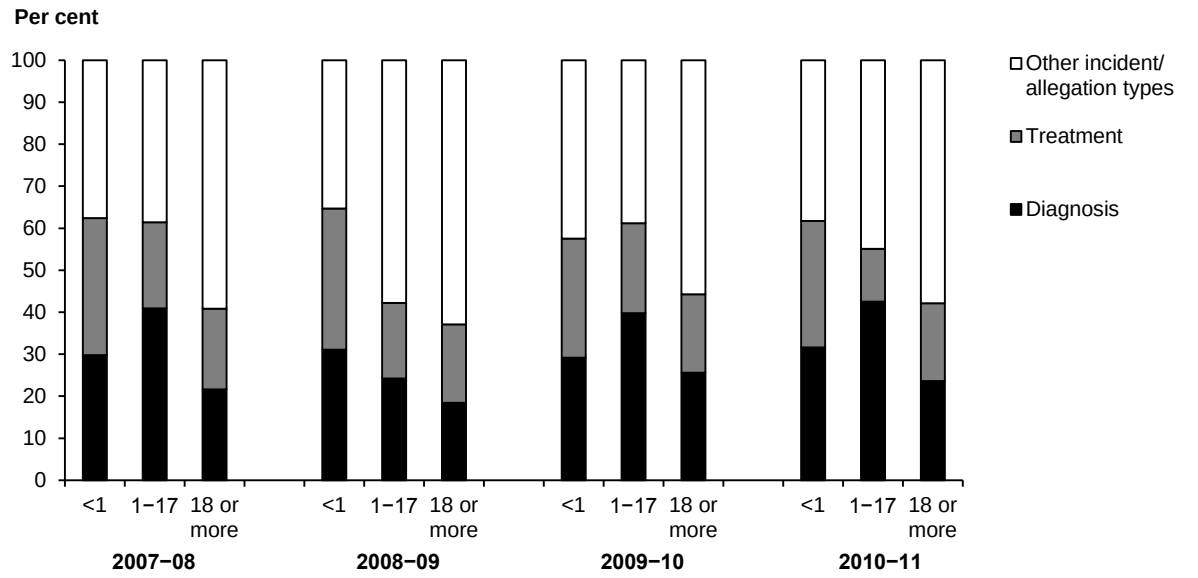


Figure 6.2: New claims: age group (years), by primary incident/allegation type, 2007–08 to 2010–11

Between 2007–08 and 2010–11, a relatively high proportion of new claims with the claim subject recorded as a baby had a primary incident/allegation type of *Treatment* (28−34%, depending on the year) or *Diagnosis* (29−32%).

Diagnosis and *Treatment* were also the most common primary incident/allegation type recorded for claim subjects aged 1 to 17 in 2007–08 to 2009–10 (but not in 2010–11). For adults *Procedure, Diagnosis* and *Treatment* were the most common primary incident/allegation types.

The relatively high proportion of new claims in 2007–08 and 2008–09 associated with *Consent*, compared to 2009–10 and 2010–11 (Table 6.3), was particularly a feature of claims with a female claim subject (Table 6.7).

Table 6.6: New public (excluding Western Australia) and private sector claims: selected primary incident/allegation types, by age group and sex of claim subject, 2007–08 to 2010–11

Primary incident/ allegation type	2007–08			2008–09			2009–10			2010–11		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
Aged less than 1												
Diagnosis	20	22	42	17	21	38	9	21	31	21	21	42
Treatment	22	24	47	23	18	41	10	17	30	23	17	40
Other	25	27	54	21	22	43	25	18	45	30	20	51
Not known	3	6	10	0	2	4	25	20	50	21	11	40
Total	**70**	**79**	**153**	**61**	**63**	**126**	**69**	**76**	**156**	**95**	**69**	**173**
Aged 1–17												
Diagnosis	28	26	54	30	13	43	24	13	39	36	18	54
Treatment	16	11	27	12	20	32	11	10	21	8	8	16
Other	20	28	53	53	37	103	20	14	38	31	25	57
Not known	7	6	15	1	1	2	12	9	22	17	12	31
Total	**71**	**71**	**149**	**96**	**71**	**180**	**67**	**46**	**120**	**92**	**63**	**158**
Aged 18 or more												
Procedure	135	237	375	138	352	491	193	410	612	253	393	646
Diagnosis	126	187	316	134	206	341	205	269	485	195	224	419
Treatment	117	166	288	144	210	354	155	193	354	125	203	328
General duty of care	61	66	127	31	59	90	53	74	146	59	73	133
Medication-related	42	46	88	36	60	97	48	49	104	33	56	90
Other	72	164	242	87	234	321	67	106	194	53	106	159
Not known	69	103	178	12	17	31	98	142	254	106	164	276
Total	**622**	**969**	**1,614**	**582**	**1,138**	**1,725**	**819**	**1,243**	**2,149**	**824**	**1,219**	**2,051**

(continued)

Table 6.6 (continued): New public (excluding Western Australia) and private sector claims: selected primary incident/allegation types, by age group and sex of claim subject, 2007–08 to 2010–11

Primary incident/ allegation type	2007–08			2008–09			2009–10			2010–11		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
All age groups												
Procedure	160	281	454	182	401	596	239	465	718	309	460	774
Diagnosis	175	239	426	189	247	447	256	344	616	264	277	541
Treatment	159	209	378	188	270	463	192	245	450	171	252	427
General duty of care	71	84	170	41	72	145	69	85	182	87	85	187
Medication-related	52	55	121	45	69	130	58	54	119	41	61	109
Anaesthetic	18	41	60	17	31	50	20	20	66	16	35	51
Consent	22	89	115	28	130	158	25	52	84	9	30	39
Blood/blood product-related	6	10	16	11	14	25	6	25	13	6	6	12
Infection control	9	3	13	6	4	11	9	5	15	3	5	8
Device failure[(b)]	4	1	5	2	3	7	7	4	11	5	2	7
Other	38	57	173	73	132	387	19	47	157	25	62	195
Not known	91	130	246	22	35	138	149	204	435	167	229	446
Total	**805**	**1,199**	**2,177**	**804**	**1,408**	**2,557**	**1,049**	**1,550**	**2,866**	**1,103**	**1,504**	**2,796**

Note: 'Persons' includes claims for males, females and persons whose sex was indeterminate or unknown.

Table 6.7: New public (excluding Western Australia) and private sector claims: selected primary incident/allegation types (excluding *Not known*), by age group and sex of claim subject, 2007–08 to 2010–11 (per cent)

	2007–08			2008–09			2009–10			2010–11		
Primary incident/ allegation type	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**
Aged less than 1												
Diagnosis	29.9	30.1	29.4	27.9	34.4	31.1	20.5	37.5	29.2	28.4	36.2	31.6
Treatment	32.8	32.9	32.9	37.7	29.5	33.6	22.7	30.4	28.3	31.1	29.3	30.1
Other	37.3	37.0	37.8	34.4	36.1	35.2	56.8	32.1	42.5	40.5	34.5	38.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Aged 1–17												
Diagnosis	43.8	40.0	40.3	31.6	18.6	24.2	43.6	35.1	39.8	48.0	35.3	42.5
Treatment	25.0	16.9	20.1	12.6	28.6	18.0	20.0	27.0	21.4	10.7	15.7	12.6
Other	31.3	43.1	39.6	55.8	52.9	57.9	36.4	37.8	38.8	41.3	49.0	44.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Aged 18 or more												
Procedure	24.4	27.4	26.1	24.2	31.4	29.0	26.8	37.2	32.3	35.2	37.3	36.4
Diagnosis	22.8	21.6	22.0	23.5	18.4	20.1	28.4	24.4	25.6	27.2	21.2	23.6
Treatment	21.2	19.2	20.1	25.3	18.7	20.9	21.5	17.5	18.7	17.4	19.2	18.5
General duty of care	11.0	7.6	8.8	5.4	5.3	5.3	7.4	6.7	7.7	8.2	6.9	7.5
Medication-related	7.6	5.3	6.1	6.3	5.4	5.7	6.7	4.5	5.5	4.6	5.3	5.1
Other	13.0	18.9	16.9	15.3	20.9	18.9	9.3	9.6	10.2	7.4	10.0	9.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(continued)

Table 6.7 (continued): New public (excluding Western Australia) and private sector claims: selected primary incident/allegation types (excluding *Not known*), by age group and sex of claim subject, 2007–08 to 2010–11 (per cent)

Primary incident/ allegation type	2007–08			2008–09			2009–10			2010–11		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
All age groups												
Procedure	22.4	26.3	23.5	23.3	29.2	24.6	26.6	34.5	29.5	33.0	36.1	32.9
Diagnosis	24.5	22.4	22.1	24.2	18.0	18.5	28.4	25.6	25.3	28.2	21.7	23.0
Treatment	22.3	19.6	19.6	24.0	19.7	19.1	21.3	18.2	18.5	18.3	19.8	18.2
General duty of care	9.9	7.9	8.8	5.2	5.2	6.0	7.7	6.3	7.5	9.3	6.7	8.0
Medication-related	7.3	5.1	6.3	5.8	5.0	5.4	6.4	4.0	4.9	4.4	4.8	4.6
Anaesthetic	2.5	3.8	3.1	2.2	2.3	2.1	2.2	1.5	2.7	1.7	2.7	2.2
Consent	3.1	8.3	6.0	3.6	9.5	6.5	2.8	3.9	3.5	1.0	2.4	1.7
Blood/blood product-related	0.8	0.9	0.8	1.4	1.0	1.0	0.7	1.9	0.5	0.6	0.5	0.5
Infection control	1.3	0.3	0.7	0.8	0.3	0.5	1.0	0.4	0.6	0.3	0.4	0.3
Device failure[(b)]	0.6	0.1	0.3	0.3	0.2	0.3	0.8	0.3	0.5	0.5	0.2	0.3
Other	5.3	5.3	9.0	9.3	9.6	16.0	2.1	3.5	6.5	2.7	4.9	8.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Notes

1. 'Persons' includes claims for males, females and persons whose sex was indeterminate or unknown.
2. Percentages may not sum exactly to 100.0 due to rounding.

6.5 New claims: primary body function/structure affected

The 'primary body function/structure affected' specifies the main body function or structure of the claim subject that is alleged to have been affected as a result of the health-care incident (see Appendix Table A.5 for coding examples).

Where the claim subject was a baby, the *Mental and nervous system* and *Death* categories were the most frequently recorded for new claims between 2007–08 and 2010–11 for both sexes. *Mental and nervous system* was more commonly recorded for male than female babies, while female babies outnumbered males in *Death* claims (tables 6.8 and 6.9).

As of 2007–08, *Neuromusculoskeletal and movement-related* and *Death* have been the most frequently recorded categories for claim subjects aged 1–17. While the proportion of these claims associated with *Neuromusculoskeletal and movement-related* has remained relatively stable over this period, at around 23% of claims, claims associated with *Death* was 36% in 2010–11, up from approximately 20% in the previous years.

For adult claim subjects the most frequently recorded categories of primary body functions/structures affected were *Neuromusculoskeletal and movement-related (*at around 22% of new claims) and *Death (*at around 15% of new claims) since 2007–08. For both categories, the proportions of claims for adult males were higher than the proportions for adult females.

On the other hand, the category *Genitourinary and reproductive* was recorded for a higher proportion of claims involving female (11–21%) than male (5–7%) adult claim subjects between 2007–08 and 2010–11.

Table 6.8: New public (excluding Western Australia) and private sector claims: selected primary body functions/structures affected, by age group and sex of claim subject, 2007–08 to 2010–11

Primary body function/ structure affected	2007–08			2008–09			2009–10			2010–11		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
Aged less than 1												
Death	10	15	25	4	14	18	7	18	28	12	15	27
Mental and nervous system	27	20	47	35	22	58	29	25	57	38	25	63
Other	29	40	72	20	23	43	12	14	27	22	17	41
Not known	4	4	9	2	4	7	21	19	44	23	12	42
Total	**70**	**79**	**153**	**61**	**63**	**126**	**69**	**76**	**156**	**95**	**69**	**173**
Aged 1–17												
Death	15	13	28	14	12	26	10	9	21	26	18	45
Neuromusculoskeletal and movement-related	16	14	31	20	17	37	15	9	24	16	9	25
Other	38	40	82	56	35	99	31	22	58	33	21	54
Not known	2	4	8	6	7	18	11	6	17	17	15	34
Total	**71**	**71**	**149**	**96**	**71**	**180**	**67**	**46**	**120**	**92**	**63**	**158**
Aged 18 or more												
Death	134	126	262	121	124	245	152	134	307	134	110	245
Digestive, metabolic and endocrine systems	74	98	174	79	125	204	108	163	275	96	210	306
Genitourinary and reproductive	33	138	172	31	221	252	40	194	240	48	119	167
Mental and nervous system	63	121	184	43	132	175	77	117	200	85	186	272
Neuromusculoskeletal and movement-related	145	187	339	131	227	358	191	236	430	185	219	404
Sensory functions and structures	44	51	96	26	44	71	42	58	101	46	51	97
Other	113	204	327	111	184	297	116	191	340	111	162	274
Not known	16	44	60	40	81	123	93	150	256	119	162	286
Total	**622**	**969**	**1,614**	**582**	**1,138**	**1,725**	**819**	**1,243**	**2,149**	**824**	**1,219**	**2,051**

(continued)

Table 6.8 (continued): New public (excluding Western Australia) and private sector claims: selected body functions/structures affected, by age group and sex of claim subject, 2007–08 to 2010–11

Primary body function/ structure affected	2007–08			2008–09			2009–10			2010–11		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
All age groups												
Cardiovascular, haematological, immunological and respiratory	56	76	133	50	58	110	59	58	128	53	55	110
Death	166	160	346	152	162	339	181	175	388	186	152	340
Digestive, metabolic and endocrine systems	84	110	197	100	166	270	141	212	367	116	248	369
Genitourinary and reproductive	44	152	201	39	231	274	45	215	267	58	135	193
Mental and nervous system	106	157	270	86	171	271	122	157	289	141	220	364
Neuromusculoskeletal and movement-related	180	234	428	168	271	444	225	278	506	223	251	476
Sensory functions and structures	46	56	105	36	54	93	47	69	118	55	58	116
Skin and related structures	31	76	110	37	76	115	46	106	155	39	78	117
Voice and speech	5	16	21	6	5	11	7	12	20	21	7	28
No function/structure affected	62	108	270	66	85	290	39	65	215	30	68	223
Not known	25	54	96	64	129	340	137	203	413	181	232	460
Total	**805**	**1,199**	**2,177**	**804**	**1,408**	**2,557**	**1,049**	**1,550**	**2,866**	**1,103**	**1,504**	**2,796**

Note: 'Persons' includes claims for males, females and persons whose sex was indeterminate or unknown.

Table 6.9: New public (excluding Western Australia) and private sector claims: selected primary body functions/structures affected (excluding *Not known*), by age group and sex of claim subject, 2007–08 to 2010–11 (per cent)

Primary body function/ structure affected	2007–08			2008–09			2009–10			2010–11		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
Aged less than 1												
Death	15.2	20.0	17.4	6.8	23.7	15.1	14.6	31.6	25.0	16.7	26.3	20.6
Mental and nervous system	40.9	26.7	32.6	59.3	37.3	48.7	60.4	43.9	50.9	52.8	43.9	48.1
Other	43.9	53.3	50.0	33.9	39.0	36.1	25.0	24.6	24.1	30.6	29.8	31.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Aged 1–17												
Death	21.7	19.4	19.9	15.6	18.8	16.0	17.9	22.5	20.4	34.7	37.5	36.3
Neuromusculoskeletal and movement-related	23.2	20.9	22.0	22.2	26.6	22.8	26.8	22.5	23.3	21.3	18.8	20.2
Other	55.1	59.7	58.2	62.2	54.7	61.1	55.4	55.0	56.3	44.0	43.8	43.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Aged 18 or more												
Death	22.1	13.6	16.9	22.3	11.7	15.3	20.9	12.3	16.2	19.0	10.4	13.8
Digestive, metabolic and endocrine systems	12.2	10.6	11.2	14.6	11.8	12.7	14.9	14.9	14.5	13.6	19.9	17.3
Genitourinary and reproductive	5.4	14.9	11.1	5.7	20.9	15.7	5.5	17.7	12.7	6.8	11.3	9.4
Mental and nervous system	10.4	13.1	11.8	7.9	12.5	10.9	10.6	10.7	10.6	12.1	17.6	15.4
Neuromusculoskeletal and movement-related	23.9	20.2	21.8	24.2	21.5	22.3	26.3	21.6	22.7	26.2	20.8	22.8
Sensory functions and structures	7.3	5.5	6.2	4.8	4.2	4.4	5.8	5.3	5.3	6.5	4.8	5.5
Other	18.6	22.1	21.0	20.5	17.4	18.5	16.0	17.5	18.0	15.7	15.2	15.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(continued)

Table 6.9 (continued): New public (excluding Western Australia) and private sector claims: selected body functions/structures affected (excluding *Not known*), by age group and sex of claim subject, 2007–08 to 2010–11 (per cent)

Primary body function/ structure affected	2007–08			2008–09			2009–10			2010–11		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
All age groups												
Cardiovascular, haematological, immunological and respiratory	7.2	6.6	6.4	6.8	4.5	5.0	6.5	4.3	5.2	5.7	4.3	4.9
Death	21.3	14.0	16.6	20.5	12.7	15.3	19.8	13.0	15.8	20.2	11.9	14.6
Digestive, metabolic and endocrine systems	10.8	9.6	9.5	13.5	13.0	12.2	15.5	15.7	15.0	12.6	19.5	15.8
Genitourinary and reproductive	5.6	13.3	9.7	5.3	18.1	12.4	4.9	16.0	10.9	6.3	10.6	8.3
Mental and nervous system	13.6	13.7	13.0	11.6	13.4	12.2	13.4	11.7	11.8	15.3	17.3	15.6
Neuromusculoskeletal and movement-related	23.1	20.4	20.6	22.7	21.2	20.0	24.7	20.6	20.6	24.2	19.7	20.4
Sensory functions and structures	5.9	4.9	5.0	4.9	4.2	4.2	5.2	5.1	4.8	6.0	4.6	5.0
Skin and related structures	4.0	6.6	5.3	5.0	5.9	5.2	5.0	7.9	6.3	4.2	6.1	5.0
Voice and speech	0.6	1.4	1.0	0.8	0.4	0.5	0.8	0.9	0.8	2.3	0.6	1.2
No function/structure affected	7.9	9.4	13.0	8.9	6.6	13.1	4.3	4.8	8.8	3.3	5.3	9.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Notes

1. 'Persons' includes claims for males, females and persons whose sex was indeterminate or unknown.
2. Percentages may not add up exactly to 100.0 due to rounding.

6.6 Current claims: reserve range and duration

The 'reserve range' of a claim is the estimated cost, in broad dollar ranges, of closing a claim set by the jurisdictional authority or MII against each current claim. Between 2007–08 and 2010–11, the proportion of current claims with a reserve range of less than $10,000 steadily decreased from 48% to 28%, while the proportion with a reserve range of $10,000 to less than $100,000 steadily increased from 26% to 41% (Table 6.10). The proportion reserved for $100,000 to less than $500,000 also increased slightly over the period, from 17% to 23%, whereas the proportion reserved for $500,000 or more remained stable at around 9%.

Tables 6.10 and 6.11 present data relating the reserve range of current claims to their duration. The start date for measuring the duration of a claim is either the date the claim first had a reserve placed (public sector claims) or the date the claim was reported by the insured medical practitioner to a private insurer (private sector claims). The end date for measuring claim duration is 30 June for current claims still open at this time.

As noted in Section 5.6, the reserve range for 2010–11 current claims was associated with their duration. This was also the case for current claims in the 3 preceding years (Table 6.11). For instance, in every year, claims with duration of 12 months or less made up a higher proportion of claims with a reserve less than $10,000 than any other reserve range category. In contrast, claims with duration of more than 5 years made up a higher proportion of claims with a reserve range of $500,000 or more than any other reserve range category.

There were fluctuations over the 4 years in the relationship between reserve range and claim duration. For instance, of the current claims with a reserve range of less than $10,000 and open at the end of the reporting period, the proportion of claims open for 12 months or less ranged from 44% to 64%.

6.7 Closed claims: total claim size and duration

The 'total claim size' is the total amount paid to the claimant, as well as any legal or investigative defence costs, recorded in broad dollar ranges for closed claims. Between 2007–08 and 2010–11, the proportion of claims closed for less than $10,000 decreased from 62% to 53%, while the proportion closed for $100,000 or more increased from 15% to 21% (Table 6.12).

The duration of closed claims is measured from the date the claim was opened to the date the claim was closed. Between 2007–08 and 2010–11, the proportion closed within 12 months or less fluctuated between 17% and 25% and the proportion taking 13−24 months to close increased from 25% to 29% (Table 6.13). There was a corresponding decrease in the proportions that took 25−36 and 37−60 months to close (respectively, 26% to 19% and 23% to 18%). These trends were particularly evident for particular claim size categories. For instance, the proportion closed for less than $10,000 and taking 12 months or less to close increased from 22% to 37% (Table 6.13).

Regardless of this trend towards shorter duration for closed claims, a constant feature over the years was for less costly claims to be closed within a shorter time than more costly claims. For instance, the proportion of claims closed for less than $10,000 and taking more than 5 years to close was always 9% or less, but it was always 22% or more for claims closed for $100,000 or more.

Table 6.10: Current public (excluding Western Australia) and private sector claims: reserve range ($), by duration of claim (months), 2007−08 to 2010−11

Reserve range ($)	Duration of claim (months)	2007–08	2008–09	2009–10	2010–11
Less than 10,000	12 or less	1,172	1,481	1,448	904
	13–24	712	395	531	607
	25–36	390	199	298	172
	37–60	259	136	171	105
	61 or more	133	93	132	88
	Total	**2,666**	**2,304**	**2,580**	**1,876**
	Per cent of current claims	*47.6*	*38.9*	*38.3*	*27.5*
10,000–<100,000	12 or less	529	775	769	1,323
	13–24	303	435	629	635
	25–36	245	282	363	390
	37–60	246	260	245	258
	61 or more	151	142	168	157
	Total	**1,474**	**1,894**	**2,174**	**2,763**
	Per cent of current claims	*26.3*	*32.0*	*32.3*	*40.5*
100,000–<500,000	12 or less	307	406	458	583
	13–24	194	236	358	384
	25–36	136	184	205	255
	37–60	187	210	207	237
	61 or more	110	130	145	132
	Total	**934**	**1,166**	**1,373**	**1,591**
	Per cent of current claims	*16.7*	*19.7*	*20.4*	*23.3*
500,000 or more	12 or less	110	102	105	102
	13–24	83	95	99	103
	25–36	75	80	95	87
	37–60	125	119	128	133
	61 or more	138	158	177	162
	Total	**531**	**554**	**604**	**587**
	Per cent of current claims	*9.5*	*9.4*	*9.0*	*8.6*
Total	12 or less	2,118	2,765	2,780	2,912
	13–24	1,292	1,162	1,617	1,729
	25–36	846	745	961	904
	37–60	817	725	751	733
	61 or more	532	523	622	539
	Total	**5,605**	**5,920**	**6,731**	**6,817**
	Per cent of current claims	***100.0***	***100.0***	***100.0***	***100.0***

Table 6.11: Current public (excluding Western Australia) and private sector claims: reserve range ($), by duration of claim (months), 2007−08 to 2010−11 (per cent)

Reserve range ($)	Duration of claim (months)	2007–08	2008–09	2009–10	2010–11
Less than 10,000	12 or less	44.0	64.3	56.1	48.2
	13–24	26.7	17.1	20.6	32.4
	25–36	14.6	8.6	11.6	9.2
	37–60	9.7	5.9	6.6	5.6
	61 or more	5.0	4.0	5.1	4.7
	Total	**100.0**	**100.0**	**100.0**	**100.0**
10,000–<100,000	12 or less	35.9	40.9	35.4	47.9
	13–24	20.6	23.0	28.9	23.0
	25–36	16.6	14.9	16.7	14.1
	37–60	16.7	13.7	11.3	9.3
	61 or more	10.2	7.5	7.7	5.7
	Total	**100.0**	**100.0**	**100.0**	**100.0**
100,000–<500,000	12 or less	32.9	34.8	33.4	36.6
	13–24	20.8	20.2	26.1	24.1
	25–36	14.6	15.8	14.9	16.0
	37–60	20.0	18.0	15.1	14.9
	61 or more	11.8	11.1	10.6	8.3
	Total	**100.0**	**100.0**	**100.0**	**100.0**
500,000 or more	12 or less	20.7	18.4	17.4	17.4
	13–24	15.6	17.1	16.4	17.5
	25–36	14.1	14.4	15.7	14.8
	37–60	23.5	21.5	21.2	22.7
	61 or more	26.0	28.5	29.3	27.6
	Total	**100.0**	**100.0**	**100.0**	**100.0**
Total	12 or less	37.8	46.7	41.3	42.7
	13–24	23.1	19.6	24.0	25.4
	25–36	15.1	12.6	14.3	13.3
	37–60	14.6	12.2	11.2	10.8
	61 or more	9.5	8.8	9.2	7.9
	Total	**100.0**	**100.0**	**100.0**	**100.0**

Note: Percentages may not add up exactly to 100.0 due to rounding.

Table 6.12: Closed public (excluding Western Australia) and private sector claims: total claim size ($), by duration of claim (months), 2007−08 to 2010−11

Total claim size ($)	Duration of claim (months)	2007–08	2008–09	2009–10	2010–11
Less than 10,000	12 or less	268	521	445	562
	13–24	346	446	411	442
	25–36	345	340	284	249
	37–60	205	200	199	215
	61 or more	52	83	126	54
	Total	**1,216**	**1,590**	**1,465**	**1,522**
	Per cent of closed claims	*61.5*	*61.0*	*58.4*	*53.4*
10,000–<100,000	12 or less	63	71	69	123
	13–24	99	145	168	228
	25–36	111	125	97	184
	37–60	137	143	128	124
	61 or more	57	77	106	67
	Total	**467**	**561**	**568**	**726**
	Per cent of closed claims	*23.6*	*21.5*	*22.6*	*25.5*
100,000 or more	12 or less	12	18	15	38
	13–24	40	77	85	147
	25–36	59	91	95	121
	37–60	102	149	146	164
	61 or more	74	120	133	134
	Total	**287**	**455**	**474**	**604**
	Per cent of closed claims	*14.5*	*17.4*	*18.9*	*21.2*
Total	12 or less	345	610	532	723
	13–24	488	668	664	817
	25–36	515	556	476	554
	37–60	445	494	473	503
	61 or more	183	280	365	255
	Total	**1,976**	**2,608**	**2,510**	**2,852**
	Per cent of closed claims	***100.0***	***100.0***	***100.0***	***100.0***

Note: The totals at the bottom of the table include claims closed for an unknown amount: 6 in 2007−08, 2 in 2008−09 and 3 in 2009−10.

Table 6.13: Closed public (excluding Western Australia) and private sector claims: total claim size ($), by duration of claim (months), 2007−08 to 2010−11 (excluding *Not known*) (per cent)

Total claim size ($)	Duration of claim (months)	2007–08	2008–09	2009–10	2010–11
Less than 10,000	12 or less	22.0	32.8	30.4	36.9
	13–24	28.5	28.1	28.1	29.0
	25–36	28.4	21.4	19.4	16.4
	37–60	16.9	12.6	13.6	14.1
	61 or more	4.3	5.2	8.6	3.5
	Total	**100.0**	**100.0**	**100.0**	**100.0**
10,000–<100,000	12 or less	13.5	12.7	12.1	16.9
	13–24	21.2	25.8	29.6	31.4
	25–36	23.8	22.3	17.1	25.3
	37–60	29.3	25.5	22.5	17.1
	61 or more	12.2	13.7	18.7	9.2
	Total	**100.0**	**100.0**	**100.0**	**100.0**
100,000 or more	12 or less	4.2	4.0	3.2	6.3
	13–24	13.9	16.9	17.9	24.3
	25–36	20.6	20.0	20.0	20.0
	37–60	35.5	32.7	30.8	27.2
	61 or more	25.8	26.4	28.1	22.2
	Total	**100.0**	**100.0**	**100.0**	**100.0**
Total	12 or less	17.4	23.4	21.1	25.4
	13–24	24.6	25.6	26.5	28.6
	25–36	26.1	21.3	19.0	19.4
	37–60	22.5	18.9	18.9	17.6
	61 or more	9.3	10.7	14.6	8.9
	Total	**100.0**	**100.0**	**100.0**	**100.0**

Note: Percentages may not add up exactly to 100.0 due to rounding.

6.8 Closed claims: total claim size and mode of finalisation

A claim can be finalised through a variety of processes, such as a court decision, negotiation or discontinuation (including the claim being withdrawn by the claimant).

Between 2007–08 and 2010–11, the number of closed public and private sector claims settled through negotiated settlements increased, from 810 to 1,404 claims (Table 6.14). This increase was evident for all claim size categories but especially for those closed for $100,000 or more (264 to 557 claims over the period).

In terms of proportions of closed claims, the main distinction was between the first 2 years (2007–08 and 2008–09)—when 41% or less were closed through negotiation—and the last 2 years (2009–10 and 2010–11)—when approximately one-half were closed through negotiation (Table 6.15). There was a corresponding decrease in the proportion of claims closed through discontinuation (around 57% in 2007–08 and 2008–09 compared with around 47% in 2009–10 and 2010–11).

The proportion of claims closed through a court decision was consistently small; 6% in 2008–09 and 3% in the other years.

6.9 Closed claims: total claim size and health service setting

Tables 6.16 and 6.17 present data relating the claim size of closed claims to the health service setting where the alleged incident that gave rise to the claim occurred. The proportion of closed claims related to different health service settings fluctuated over the years. The 2010–11 profile is similar to the 2008–09 profile in associating just over half of claims with a *Public hospital/day surgery*, about 23% of claims with a *Private medical clinic*, close to 15% of claims with a *Private hospital/day surgery*, and a small proportion of claims with *Other settings* (for instance, patients' homes and Medihotels).

There was a consistent pattern for low-cost claims to be more strongly associated with a *Private medical clinic* and higher cost claims to be more strongly associated with a *Public hospital/day surgery*. For instance, *Private medical clinic* claims accounted for 23–29% of claims closed for less than $10,000 in each year from 2007–08 to 2010–11, but just 7–11% of claims closed for $100,000 or more. In contrast, *Public hospital/day surgery* claims consistently accounted for 38–53% of claims closed for less than $10,000 compared with 71–80% of claims closed for $100,000 or more.

Table 6.14: Closed public (excluding Western Australia) and private sector claims: total claim size ($), by mode of claim finalisation, 2007–08 to 2010–11

Total claim size ($)	Mode of claim finalisation	2007–08	2008–09	2009–10	2010–11
Less than 10,000	Court decision	25	89	19	23
	Negotiated	227	225	484	427
	Discontinued	962	1275	961	1,070
	Not known	2	1	1	0
	Total	**1,216**	**1,590**	**1,465**	**1,522**
10,000–<100,000	Court decision	19	44	35	44
	Negotiated	319	298	341	420
	Discontinued	128	219	192	262
	Not known	1	0	0	0
	Total	**467**	**561**	**568**	**726**
100,000 or more	Court decision	18	33	13	25
	Negotiated	264	413	447	557
	Discontinued	5	9	14	22
	Not known	0	0	0	0
	Total	**287**	**455**	**474**	**604**
Total	Court decision	62	166	67	92
	Negotiated	810	936	1,273	1,404
	Discontinued	1,096	1,504	1,169	1,354
	Not known	8	2	1	0
	Total	**1,976**	**2,608**	**2,510**	**2,852**

Note: The totals at the bottom of the table include claims closed for an unknown amount: 6 in 2007–08, 2 in 2008–09 and 3 in 2009–10.

Table 6.15: Closed public (excluding Western Australia) and private sector claims: total claim size ($), by mode of claim finalisation (excluding *Not known*), 2007−08 to 2010−11 (per cent)

Total claim size ($)	Mode of claim finalisation	2007–08	2008–09	2009–10	2010–11
Less than 10,000	Court decision	2.1	5.6	1.3	1.5
	Negotiated	18.7	14.2	33.1	28.1
	Discontinued	79.2	80.2	65.6	70.4
	Total	**100.0**	**100.0**	**100.0**	**100.0**
10,000–<100,000	Court decision	4.1	7.8	6.2	6.1
	Negotiated	68.5	53.1	60.0	57.9
	Discontinued	27.5	39.0	33.8	36.1
	Total	**100.0**	**100.0**	**100.0**	**100.0**
100,000 or more	Court decision	6.3	7.3	2.7	4.1
	Negotiated	92.0	90.8	94.3	92.2
	Discontinued	1.7	2.0	3.0	3.6
	Total	**100.0**	**100.0**	**100.0**	**100.0**
Total	Court decision	3.2	6.4	2.7	3.2
	Negotiated	41.2	35.9	50.7	49.3
	Discontinued	55.7	57.7	46.6	47.5
	Total	**100.0**	**100.0**	**100.0**	**100.0**

Note: Percentages may not add up exactly to 100.0 due to rounding.

Table 6.16: Closed public (excluding Western Australia) and private sector claims: total claim size ($), by health service setting, 2007−08 to 2010−11

Total claim size ($)	Health service setting	2007–08	2008–09	2009–10	2010–11
Less than 10,000	Public hospital/day surgery	613	718	502	651
	Private hospital/day surgery	218	298	289	208
	Private medical clinic	271	452	388	421
	Other	55	99	145	166
	Not known	59	23	141	76
	Total	**1,216**	**1,590**	**1,465**	**1,522**
10,000–<100,000	Public hospital/day surgery	316	348	278	457
	Private hospital/day surgery	49	90	81	71
	Private medical clinic	54	84	129	138
	Other	21	31	35	32
	Not known	27	8	45	28
	Total	**467**	**561**	**568**	**726**
100,000 or more	Public hospital/day surgery	218	359	315	438
	Private hospital/day surgery	29	50	63	62
	Private medical clinic	22	31	48	67
	Other	10	7	19	19
	Not known	8	8	29	18
	Total	**287**	**455**	**474**	**604**
Total	Public hospital/day surgery	1,153	1,427	1,096	1,546
	Private hospital/day surgery	296	438	434	341
	Private medical clinic	347	567	566	626
	Other	86	137	199	217
	Not known	94	39	215	122
	Total	**1,976**	**2,608**	**2,510**	**2,852**

Note: The totals at the bottom of the table include claims closed for an unknown amount: 6 in 2007−08, 2 in 2008−09 and 3 in 2009−10.

Table 6.17: Closed public (excluding Western Australia) and private sector claims: total claim size ($), by health service setting, 2007−08 to 2010−11 (excluding *Not known*) (per cent)

Total claim size ($)	Health service setting	2007–08	2008–09	2009–10	2010–11
Less than 10,000	Public hospital/day surgery	53.0	45.8	37.9	45.0
	Private hospital/day surgery	18.8	19.0	21.8	14.4
	Private medical clinic	23.4	28.8	29.3	29.1
	Other	4.8	6.3	11.0	11.5
	Total	**100.0**	**100.0**	**100.0**	**100.0**
10,000–<100,000	Public hospital/day surgery	67.7	62.0	48.9	62.9
	Private hospital/day surgery	10.5	16.0	14.3	9.8
	Private medical clinic	11.6	15.0	22.7	19.0
	Other	4.5	5.5	6.2	4.4
	Total	**100.0**	**100.0**	**100.0**	**100.0**
100,000 or more	Public hospital/day surgery	78.1	80.3	70.8	74.7
	Private hospital/day surgery	10.4	11.2	14.2	10.6
	Private medical clinic	7.9	6.9	10.8	11.4
	Other	3.6	1.6	4.3	3.2
	Total	**100.0**	**100.0**	**100.0**	**100.0**
Total	Public hospital/day surgery	61.3	55.5	47.8	56.6
	Private hospital/day surgery	15.7	17.0	18.9	12.5
	Private medical clinic	18.4	22.1	24.7	22.9
	Other	4.6	5.3	8.7	7.9
	Total	**100.0**	**100.0**	**100.0**	**100.0**

Note: Percentages may not add up exactly to 100.0 due to rounding.

6.10 Closed claims: total claim size and specialty of clinician

The distribution of total claim sizes for the five clinician specialty categories that were most frequently recorded for closed public and private sector claims is presented in tables 6.18 and 6.19. These data show that the proportion of closed claims associated with *General practice* increased steadily from 2007–08 to 2010–11, whereas the proportions associated with the other clinician specialty categories fluctuated over the years.

Where *General practice* was the recorded clinician specialty, the cost of closing claims tended to be less than for the other four clinician specialty categories. Each year (except 2007–08), *General practice* was recorded for a higher proportion of claims closed for less than $10,000 than claims closed for $100,000 or more. The opposite was true for the other clinician specialty categories *Obstetrics and Gynaecology*, *General surgery*, *Orthopaedic surgery* and *Emergency medicine*. They were recorded for a smaller proportion of claims closed for less than $10,000 than claims closed for $100,000 or more.

6.11 Closed claims: total claim size and extent of harm

Beginning with the 2009-10 data, the MIDWG agreed to revise the MINC public sector extent of harm categories to better align with APRA's National Claims and Policies Database (NCPD) 'severity of loss' data item (Appendix Table A.2). As a consequence, extent of harm data were included in the public and private sector medical indemnity claims report for the first time in 2009–10 (AIHW 2012b). Therefore, just 2 years of data can be presented.

The proportion of public and private sector claims closed in each of the extent of harm categories was similar for 2009–10 and 2010–11—around 27% of claims closed were for *Temporary harm/Mild injury*, 30% for *Minor harm/Moderate injury*, 20% for *Major harm/Severe injury* and 15% for *Death (*tables 6.20 and 6.21*)*.

Any differences between 2009–10 and 2010–11 in the proportion of claims closed for different amounts and the related extent of harm were minor. Both sets of figures illustrate the tendencies noted in Section 5.11 for *Temporary harm/Mild injury* to be associated with low-cost claims (accounting for around 39% of claims closed for less than $10,000) and *Major harm/Severe injury* to be associated with higher costs claims (accounting for 39% or more of claims closed for $100,000 or more).

Table 6.18: Closed public (excluding Western Australia) and private sector claims: total claim size ($), by specialties of clinicians involved, 2007−08 to 2010−11

Total claim size ($)	Specialty of clinician/s	2007–08	2008–09	2009–10	2010–11
Less than 10,000	General practice[(a)]	260	368	387	401
	Obstetrics and Gynaecology[(b)]	170	202	169	182
	General surgery	129	130	84	99
	Orthopaedic surgery	85	106	93	93
	Emergency medicine	67	78	67	56
	All other specialties	520	739	685	703
	Not applicable	4	8	7	12
	Not known	26	49	3	3
	Total	**1,216**	**1,590**	**1,465**	**1,522**
10,000–<100,000	General practice[(a)]	89	114	158	183
	Obstetrics and Gynaecology[(b)]	67	76	72	123
	General surgery	38	48	47	63
	Orthopaedic surgery	43	47	36	36
	Emergency medicine	38	45	33	38
	All other specialties	193	262	236	307
	Not applicable	4	5	5	6
	Not known	9	9	1	3
	Total	**467**	**561**	**568**	**726**
100,000 or more	General practice[(a)]	46	50	69	115
	Obstetrics and Gynaecology[(b)]	42	87	99	125
	General surgery	22	41	48	54
	Orthopaedic surgery	31	56	45	56
	Emergency medicine	25	67	44	54
	All other specialties	127	180	206	233
	Not applicable	2	1	2	4
	Not known	1	13	1	1
	Total	**287**	**455**	**474**	**604**
Total	General practice[(a)]	395	532	614	699
	Obstetrics and Gynaecology[(b)]	280	366	340	430
	General surgery	189	220	179	216
	Orthopaedic surgery	159	209	174	185
	Emergency medicine	131	191	144	148
	All other specialties	844	1,183	1,130	1,243
	Not applicable	10	14	14	22
	Not known	36	71	5	7
	Total	**1,976**	**2,608**	**2,510**	**2,852**

(a) Includes both procedural and non-procedural general practitioners.

(b) Includes specialists in *Obstetrics only*, *Gynaecology only*, and *Obstetrics and gynaecology*.

Notes

1. A given clinician specialty may be recorded only once for a single claim in the private sector, but up to four different specialties may be recorded for a public sector claim. Therefore, each year there were some public sector claims represented more than once, and so the column totals exceed the total number of claims.
2. The totals at the bottom of the table include claims closed for an unknown amount: 6 in 2007−08, 2 in 2008−09 and 3 in 2009−10.

Table 6.19: Closed public (excluding Western Australia) and private sector claims: total claim size ($), by specialties of clinicians involved, 2007–08 to 2010–11 (excluding *Not known*) (per cent)

Total claim size ($)	Specialty of clinician/s	2007–08	2008–09	2009–10	2010–11
Less than 10,000	General practice[(a)]	21.8	23.9	26.5	26.4
	Obstetrics and Gynaecology[(b)]	14.3	13.1	11.6	12.0
	General surgery	10.8	8.4	5.7	6.5
	Orthopaedic surgery	7.1	6.9	6.4	6.1
	Emergency medicine	5.6	5.1	4.6	3.7
	All other specialties	43.7	48.0	46.9	46.3
	Not applicable	0.3	0.5	0.5	0.8
	Total	**100.0**	**100.0**	**100.0**	**100.0**
10,000–<100,000	General practice[(a)]	19.4	20.7	27.9	25.3
	Obstetrics and Gynaecology[(b)]	14.6	12.8	12.7	17.0
	General surgery	8.3	8.7	8.3	8.7
	Orthopaedic surgery	9.4	8.5	6.3	5.0
	Emergency medicine	8.3	8.2	5.8	5.3
	All other specialties	42.1	47.5	41.6	42.5
	Not applicable	0.9	0.9	0.9	0.8
	Total	**100.0**	**100.0**	**100.0**	**100.0**
100,000 or more	General practice[(a)]	16.1	11.3	14.6	19.1
	Obstetrics and Gynaecology[(b)]	14.7	19.7	20.9	20.7
	General surgery	7.7	9.3	10.1	9.0
	Orthopaedic surgery	10.8	12.7	9.5	9.3
	Emergency medicine	8.7	15.2	9.3	9.0
	All other specialties	44.4	40.7	43.6	38.6
	Not applicable	0.7	0.2	0.4	0.7
	Total	**100.0**	**100.0**	**100.0**	**100.0**
Total	General practice[(a)]	20.4	21.0	24.5	24.6
	Obstetrics and Gynaecology[(b)]	14.4	14.4	13.6	15.1
	General surgery	9.7	8.7	7.1	7.6
	Orthopaedic surgery	8.2	8.2	6.9	6.5
	Emergency medicine	6.8	7.5	5.7	5.2
	All other specialties	43.5	46.6	45.1	43.7
	Not applicable	0.5	0.6	0.6	0.8
	Total	**100.0**	**100.0**	**100.0**	**100.0**

(a) Includes both procedural and non-procedural general practitioners.
(b) Includes specialists in *Obstetrics only*, *Gynaecology only*, and *Obstetrics and gynaecology*.

Note: A given clinician specialty may be recorded only once for a single claim in the private sector, but up to four different specialties may be recorded for a public sector claim. Therefore, each year there were some public sector claims represented more than once, and so the column sums of percentages exceed 100 per cent.

Table 6.20: Closed public (excluding Western Australia) and private sector claims: total claim size ($), by extent of harm, 2009−10 and 2010−11

Total claim size ($)	Extent of harm	2009–10	2010–11
Less than 10,000	Temporary harm/Mild injury	482	482
	Minor harm/Moderate injury	343	300
	Major harm/Severe injury	155	171
	Death	155	177
	No body function/structure affected	142	100
	Not known	188	292
	Total	**1,465**	**1,522**
10,000–<100,000	Temporary harm/Mild injury	111	123
	Minor harm/Moderate injury	156	234
	Major harm/Severe injury	98	121
	Death	90	139
	No body function/structure affected	40	25
	Not known	73	84
	Total	**568**	**726**
100,000 or more	Temporary harm/Mild injury	19	50
	Minor harm/Moderate injury	161	194
	Major harm/Severe injury	185	214
	Death	61	81
	No body function/structure affected	1	7
	Not known	47	58
	Total	**474**	**604**
Total	Temporary harm/Mild injury	612	655
	Minor harm/Moderate injury	660	728
	Major harm/Severe injury	438	506
	Death	306	397
	No body function/structure affected	186	132
	Not known	308	434
	Total	**2,510**	**2,852**

Table 6.21: Closed public (excluding Western Australia) and private sector claims: total claim size ($), by extent of harm (excluding *Not known*), 2009−10 and 2010−11 (per cent)

Total claim size ($)	Extent of harm	2009–10	2010–11
Less than 10,000	Temporary harm/Mild injury	37.7	39.2
	Minor harm/Moderate injury	26.9	24.4
	Major harm/Severe injury	12.9	13.9
	Death	12.1	14.4
	No body function/structure affected	11.1	8.1
	Total	**100.0**	**100.0**
10,000–<100,000	Temporary harm/Mild injury	22.4	19.2
	Minor harm/Moderate injury	31.5	36.4
	Major harm/Severe injury	19.8	18.8
	Death	18.2	21.7
	No body function/structure affected	8.1	3.9
	Total	**100.0**	**100.0**
100,000 or more	Temporary harm/Mild injury	4.4	9.2
	Minor harm/Moderate injury	37.7	32.5
	Major harm/Severe injury	43.3	39.2
	Death	14.3	14.8
	No body function/structure affected	0.2	1.3
	Total	**100.0**	**100.0**
Total	Temporary harm/Mild injury	27.8	27.1
	Minor harm/Moderate injury	30.0	30.1
	Major harm/Severe injury	19.9	20.9
	Death	13.9	16.4
	No body function/structure affected	8.4	5.5
	Total	**100.0**	**100.0**

Note: Percentages may not add up exactly to 100.0 due to rounding.

Appendix A: MINC data items and key terms

This appendix presents tables with explanatory information on MINC data items and key terms. The MINC public sector data items and related private sector medical indemnity data items are listed in tables A.1 and A.2, along with coding examples in tables A.4 to A.6. Table A.3 provides definitions of key MINC terms.

Table A.1: MINC data items and definitions for public sector data

Data item	Definition
1. Claim identifier	An identity number that, within each health authority, is unique to a single claim, and remains unchanged for the life of the claim.
2. Nature of claim — loss to claim subject	A broad description of the categories of loss allegedly suffered by the claim subject (that is, the patient) that form a basis for this claim.
3. Nature of claim — loss to other party/parties	A broad description of the categories of loss allegedly suffered by another party or parties (that is, people other than the patient) that form a basis for this claim.
4. Claim subject′s date of birth	Date of birth of the claim subject.
5. Claim subject′s sex	Sex of the claim subject.
6. Incident/allegation type	The high-level category describing what is alleged to have 'gone wrong'; that is, the area of the possible error, negligence or problem that was of primary importance in giving rise to the claim, reflecting key causal factors. (Up to three additional incident/allegation categories may also be recorded.)
7. Clinical service context	The area of clinical practice or hospital department in which the patient was receiving a health-care service when the incident/allegation occurred.
8. Body function/structure affected — claim subject	The primary body function or structure of the claim subject (that is, the patient) alleged to have been affected as a result of the incident/allegation. (Up to three additional body function/structure categories may also be recorded.)
9. Extent of harm — claim subject	The extent or severity of the overall harm to the claim subject (that is, the patient).
10. Date incident occurred	Calendar month and year in which the incident that is the subject of the claim occurred.
11. Where incident occurred	Australian Standard Geographical Classification Remoteness Structure category for the location where the incident occurred.
12. Health service setting	Health service provider setting in which the incident giving rise to the claim occurred.
13. Claim subject′s status	Whether the claim subject (that is, the patient) was a public or private patient, resident or non-admitted patient at the time of the incident.
14. Specialty of clinicians closely involved in incident	Clinical specialties of the health-care providers who played the most prominent roles in the incident that gave rise to the claim.
15. Date reserve first placed against claim	Calendar month and year in which a reserve was first placed against the claim.
16. Reserve range	The estimated size of the claim, recorded in broad dollar ranges.
17. Date claim commenced	Calendar month and year in which the claim commenced, as signalled by the issue of a letter of demand, issue of writ, an offer made by the defendant, or other trigger.
18. Date claim closed	Calendar month and year in which the claim was settled, a final court decision was delivered, or the claim file was closed (whichever occurred first).
19. Mode of claim finalisation	Description of the process by which the claim was finalised.
20. Total claim size	The amount agreed to be paid to the claimant in total settlement of the claim, plus defence legal costs, recorded in broad dollar ranges.
21. Status of claim	Status of the claim in terms of the stage it has reached in the process from a reserve being set to file closure.
22. Claim payment details	An indication of whether a damages payment was made to the claimant and, if so, whether the payment was to the claim subject and/or another party/parties.
23. Claim record particulars flag	Aspects of the claim record relevant to its interpretation.

Private sector

Insurance Statistics Australia (ISA) received claims data from one MII and then transmitted the data to the AIHW. Accordingly, only those data items that are compatible between the ISA database and the MINC can be reported for public and private sector claims combined. Table A.2 relates the MINC and ISA data items.

Table A.2: MINC and ISA data items used for combined public and private sector claims data

MINC data item	ISA data item	Definition of MINC and ISA data items and explanation of mapping between collections
4. Claim subject's date of birth	36. Claimant/patient year of birth	Year of birth of claim subject. This data item is used to calculate claim subject's age at incident using MINC item 10, 'date incident occurred' and ISA item 9, 'date of loss'.
5. Claim subject's sex	37. Claimant/patient sex	Sex of the claim subject.
6a. Primary incident/allegation type	15. Cause of loss	Description of the area of alleged error, negligence or problem that primarily gave rise to the claim. The MINC category 'device failure' is mapped to the ISA category 'Faulty/contaminated equipment'. There is concordance between the other MINC and ISA data items.
8a. Primary body function/structure affected — claim subject	16. Body functions or structures affected	The primary body function or structure of the claim subject alleged to have been affected. There is concordance between these items. Death is not included in the ISA item, instead being identified using ISA item 17, 'Severity of loss – patient dies from this incident'.
9. Extent of harm — claim subject	17. Severity of loss	This data item was mapped as outlined below. *Severity of loss (17)* — *MINC Extent of harm* L1, L2 map to — Mild injury M1, M2 map to — Moderate injury S1, S2 map to — Severe injury S6 maps to — Death
10. Date incident occurred	9. Date of loss	Date the alleged harm or other loss occurred.
12. Health service setting	14.3. Venue where procedure performed	The venue where health care was delivered, whether public or private sector or other, whether a hospital/day surgery or other. There is concordance between these items.
14. Specialties of clinicians closely involved in incident	14.2. Specialty of practitioner at the time the incident occurred	Clinical specialties of the health care providers involved in the alleged harm that gave rise to the claim. The categories for these items align well between the collections. The ISA specifications have separate codes for several allied health and complementary medicine fields which are subsumed within the MINC category 'Other allied health (including complementary medicine)'. In the ISA collection, 'student practitioner or intern' is a separate category. MINC codes students based on the specialty in which they are training in, and classifies interns with 'other hospital-based medical practitioners'.

(continued)

Table A.2 (continued): MINC and ISA data items used for combined public and private sector claims data

MINC data item	ISA data item	Definition of MINC and ISA data items and explanation of mapping between collections
15. Date reserve first placed against claim	10. Date of report	This ISA item is the date on which the matter is notified to the insurer. It may occur slightly before or after the date that the MII sets a reserve, which corresponds to 'date reserve placed' in the MINC. Because of this potential discrepancy these two data items are not identical.
16. Reserve range	20. Gross payments to date 22. Gross case estimate at end of reporting period	Estimate of the cost of the claim upon its finalisation. For current claims, the ISA items divide the reserve amount between the amount already paid and the amount expected to be paid. Addition of these two dollar amounts produces the reserve estimate, which can be mapped to MINC ranges.
18. Date claim file closed or structured settlement agreed	11. Date finalised	Calendar month and year in which the claim was settled, or a final court decision was delivered or when the claim file was closed because the claim had been inactive for a long time.
19. Mode of claim finalisation 1 Settled through state/territory-based complaints processes 2 Settled through court-based alternative dispute resolution processes 3 Settled through statutorily mandated compulsory conference process 4 Settled—other 5 Court decision 8 Discontinued commenced claim 9 Discontinued potential claim 7 Not yet known	18.2. Settlement outcome A = Award X = No award N = Negotiated W = Withdrawn	Description of the process by which the claim was closed. This data item was mapped as outlined below. Settlement outcome (18.2) → MINC Mode of claim finalisation A maps to 5 X maps to 5 N maps to 1, 2, 3 or 4 W maps to 8 or 9 The mapping is not exact because a claim may be withdrawn as part of an active settlement process rather than through discontinuation of an inactive claim.
20. Total claim size	20. Gross payments to date	The amount to be paid to the claimant in settlement of the claim, plus defence legal and investigation costs, recorded in broad dollar ranges. ISA records exact dollar amounts. These were mapped to MINC ranges.
21. Status of claim 10 Not yet commenced—claim file open 11 Not yet commenced—claim file closed 20 Commenced—claim file open 30 Commenced—claim file closed 32 Structured settlement—claim file open 33 Structured settlement—claim file closed 40 Claim previously closed now reopened	3. Status at end of reporting period C for Current F for Closed R for Reopened	Status of the claim in terms of the stage in the process from commencement to finalisation. MINC categories 10 and 20 map to ISA 'C'. MINC categories 11, 30, 32 and 33 map to ISA 'F'. MINC 40 maps to ISA 'R'.

Table A.3: Definitions of key MINC terms

MINC term	Definition
Claim	'Claim' is used as an umbrella term to include **medical indemnity claims** that have materialised and **potential claims**. A single claim (that is, a single record) in the MINC may encompass one or more claims made by a single **claimant** in respect of a particular **health-care incident**, and may involve multiple defendants.
Claimant	The person who is pursuing a claim. The 'claimant' may be the **claim subject** or may be an **other party** claiming for loss allegedly resulting from the incident.
Claim manager	The person who is responsible for all or some aspects of the management of the claim, on behalf of the health authority.
Claim subject	The person who received the health-care service and was involved in the **health-care incident** that is the basis for the **claim**, and who may have suffered, or did suffer, **harm** or other **loss**, as a result. That is, the 'claim subject' is the person who was the patient during the incident.
Current claim	A claim that has yet to be finalised.
Closed claim	Public sector – a claim that has been closed (total claim size determined), settled or where a final court decision has been made, including claims finalised with total claim size yet to be determined. Medical indemnity insurers – a claim for which no more payments are expected and all expected recoveries have been received from third parties other than re-insurers.
Harm	Death, disease, injury, suffering, and/or disability experienced by a person.
Health authority	The government department or agency with responsibility for health care in the Commonwealth of Australia, and in each of the states and territories of Australia.
Health care	Services provided to individuals or communities to promote, maintain, monitor or restore health.
Health-care incident	An event or circumstance resulting from **health care** that may have led, or did lead, to unintended and/or unnecessary **harm** to a person, and/or a complaint or **loss**.
Health-care professional	A person who is registered by a state or territory to provide medical, nursing or allied health care.
Incident	In the context of this data collection, 'incident' is used to mean **health-care incident.**
Insured	A **health-care professional** who holds a medical indemnity policy with a **medical indemnity insurer** or indemnity with a state or territory government. A health-care facility insured under state or territory insurance arrangements.
Loss	Any negative consequence, including financial loss, experienced by a person.
Medical indemnity	'Medical indemnity' includes professional indemnity for health professionals whether they operate as independent contractors, or as employees or agents of health authorities who are covered by health authority professional indemnity arrangements.
Medical indemnity claim	A 'medical indemnity claim' is a claim for compensation for **harm** or other **loss** that may have resulted, or did result, from a **health-care incident**.
Medical indemnity insurer	A body corporate authorised under section 12 of the *Insurance Act 1973 (Cwlth)*, or a Lloyd's underwriter within the meaning of that Act, which, in carrying on insurance business in Australia, enters into contracts of insurance providing **medical indemnity** cover.
Other party	Any party or parties not directly involved in the **health-care incident** but claiming for loss allegedly resulting from the incident. The 'other party' is not the person who was the patient during the incident.
Potential claim	A matter considered by the relevant authority as likely to eventuate into a **claim**, and that has had a **reserve** placed against it.
Reopened claim	A current claim that had been previously categorised as **closed**.
Reserve	The dollar amount that is the best current estimate of the likely cost of the **claim** when closed. The amount should include claimant legal costs and defence costs but exclude internal claim management costs.

Table A.4: Coding examples for selected incident/allegation types

Incident/allegation type	Example of incident or allegation
Consent	Failure to warn
Medication-related	Includes type, dosage and method of administration issues
Procedure	Failure to perform a procedure
	Wrong procedure performed
	Wrong body site
	Post-operative complications
	Failure of procedure
	Post-operative infection
	Intra-operative complications
Treatment	Delayed treatment
	Treatment not provided
	Complications of treatment
	Failure of treatment
Other	Medico-legal reports
	Disciplinary inquiries and other legal issues
	Breach of confidentiality
	Record keeping/loss of documents
	Harassment and discrimination

Table A.5: Coding examples for body function/structure categories

Body function/structure coding category	Examples of types of harm alleged/claimed
1. Mental functions/structures of the nervous system	Psychological harm—for example, nervous shock Subdural haematoma Cerebral palsy
2. Sensory functions/the eye, ear and related structures	Vestibular impairment Injury to the structure of the eye or ear
3. Voice and speech functions/structures involved in voice and speech	Dental injuries Injuries to the structure of the nose or mouth
4. Functions/structures of the cardiovascular, haematological, immunological and respiratory systems	Injury to the spleen or lungs Generalised infection Deep vein thrombosis/pulmonary embolism Vascular or artery damage Conditions affecting major body systems—such as cancer that has progressed and no longer affects a single body part or system
5. Functions and structures of the digestive, metabolic and endocrine systems	Hepatitis Injury to the gall bladder, bowel or liver
6. Genitourinary and reproductive functions and structures	Injury to the breast Injury to male or female reproductive organs Injury to the kidney Injury to the bladder
7. Neuromusculoskeletal and movement-related functions and structures	Loss of function due to inappropriate casting of joint
8. Functions and structures of the skin and related structures	Burns
9. Death	*Death* is recorded where the incident was a contributory cause of the death of the claim subject
10. No body function/structure affected	Failed sterilisation, where there is no consequent harm to body functions or structures

Table A.6: Coding examples for mode of claim finalisation

Mode of finalisation	Explanation
Court decision	In the public sector data, *Court decision* includes claims where a court decision has directed the outcome of a claim. In the private sector data, *Court decision* includes claims where damages were awarded to the plaintiff by court (either initially or on appeal) and where the case was awarded against the plaintiff by the court (either initially or on appeal) and the MII incurs costs only.
Negotiated	In the public sector data, *Negotiated* includes proceedings conducted in state/territory health rights and health complaints bodies; mediation, arbitration, and case appraisal provided under civil procedure rules; settlement conferences required by statute as part of a pre-court process; and other instances where a claim is settled part way through a trial. In the private sector data, *Negotiated* includes settlement outcomes where an amount is paid to the plaintiff other than by court direction.
Withdrawn	In the public sector data, *Withdrawn* includes claims that have been closed due to withdrawal by claimant, or operation of statute of limitations, or where the claim manager decided to close the claim file because of long periods of inactivity, and instances where a claim is discontinued part way through a trial. In the private sector data, *Withdrawn* includes claims where the claimant withdrew the claim and the MII incurs costs only.

Appendix B: Data quality

Medical Indemnity National Collection (Public Sector) data quality statement

Summary of key issues

- The Medical Indemnity National Collection (Public Sector), or MINC (PS), is a dataset that contains information on the number, nature and costs of public sector medical indemnity claims in Australia. Medical indemnity claims are claims for compensation for harm or other loss allegedly due to the delivery of health care.
- Data on medical indemnity claims may change over the life of a claim as new information becomes available or the reserve amount set against the likely cost of closing the claim is revised.
- Western Australia's data are not available for the MINC (PS) for the 2010–11 year.
- Although there are coding specifications for national medical indemnity claims data, there are some variations between jurisdictional health authorities that are party to the MINC (PS) in how they report their medical indemnity claims.

Description

The MINC (PS) contains information on medical indemnity claims against providers covered by public sector medical indemnity arrangements. The health services covered may have been provided in settings such as hospitals, outpatient clinics, private general practitioner surgeries, community health centres, residential aged care facilities or mental health-care establishments, or during the delivery of ambulatory care.

States and territories use their data to monitor the costs incurred from claims of harm or other loss allegedly caused through the delivery of health services covered by public sector medical indemnity arrangements.

The MINC (PS) includes:

- basic demographic information on the 'claim subject' (patient) at the centre of an alleged health-care incident
- information on the alleged incident, such as the incident date, a description of what allegedly 'went wrong', the clinical service context and the clinical specialties involved
- the alleged harm to the patient
- when the reserve was set and for how much
- the status of the claim along the process towards being closed
- for closed claims, when and how they were closed, the cost of closing the claim and the details of any payments to claimants (whether the patient or a related party).

Institutional environment

The AIHW is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* (Cwlth) to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management Board, and accountable to the Australian Parliament through the Health and Ageing portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national data sets based on data from each jurisdiction, to analyse these data sets and to disseminate information and statistics.

The Australian Institute of Health and Welfare Act, in conjunction with compliance with the *Privacy Act 1988* (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality. For further information see the AIHW website <www.aihw.gov.au>.

Data for the MINC (PS) are supplied to the AIHW by state and territory health authorities under the terms of the MINC (PS) Agreement. The MINC (PS) Agreement governs the AIHW's collection and use of the MINC (PS) data. The Agreement includes the state and territory health authorities (excluding Western Australia since January 2011), the Australian Government Department of Health and Ageing, and the AIHW as cosignatories. Representatives from all of these agencies make up the Medical Indemnity Data Working Group (MIDWG), which oversees the MINC.

The MINC (PS) includes data for January to June 2003 and for each financial year from 2003–04 to 2010–11. The 2010–11 data cover the period from 1 July 2010 to 30 June 2011. Western Australian data were not available for 2010–11.

Timeliness

The reference period for this data set is 2010–11. Participating states and territories agreed to provide 2010–11 data to the AIHW by August 2011 and all data were transmitted by October 2011.

The data were originally planned for publication in June 2012 and were published in September 2012.

Accessibility

Australia's medical indemnity claims 2010–11 includes two chapters dedicated to public sector claims data. There are eight previous AIHW reports on public sector medical indemnity claims between 2002–03 (6 months only) and 2009–10. All are available without charge on the AIHW website. Links to the reports are listed sequentially at:

<http://www.aihw.gov.au/publications/medical-indemnity/>.

Interactive data cubes for MINC PS 2010–11 data will follow the release of the *Australia's medical indemnity claims 2010–11* report. Interactive data cubes for earlier years are available at:

< http://www.aihw.gov.au/medical-indemnity-datacubes/>.

Release or publication of MINC public sector data requires the unanimous consent of the MIDWG. Interested parties can request access to MINC (PS) aggregated data not available online or in reports via the AIHW Communications, Media and Marketing Unit on (02) 6244 1032 or via email to info@aihw.gov.au.

Interpretability

Information to aid in the interpretation of the public sector data in *Australia's medical indemnity claims 2010–11* is presented in Chapter 2 and Appendix A, and in the Medical Indemnity Data Set Specification at:

<http://meteor.aihw.gov.au/content/index.phtml/itemID/329638/>.

Relevance

The MINC (PS) includes information on medical indemnity claims against the public sector including 'potential claims'. A potential claim is a matter considered by the relevant authority as likely to materialise into a claim and that has had a reserve placed against it. The MINC (PS) does not include information on health-care incidents or adverse events that do not result in an actual claim (commenced claims) or that are not treated as potential claims.

Western Australia did not report any data to the MINC (PS) for 2010–11 and so the available national data excludes Western Australia for 2010–11.

There is some variation between reporting jurisdictions in terms of which cases fall within the scope of the MINC (PS), due to different reserving practices. For 2010–11, 100% of all public sector claims considered by reporting jurisdictions to fall within scope were reported to the AIHW.

Many of the data items in the MINC (PS) collect information on the patient or 'claim subject' (the person who received the health-care service and was involved in the health-care incident that is the basis for the claim) and who may have suffered, or did suffer, harm or other loss as a result. The patient may or may not be a claimant, that is, the person/s pursuing the claim. In the case of potential claims, there may be no claimant. Information is not collected on the claimant as such.

The MINC (PS) 2010–11 data covers new claims that had a reserve amount set against them between 1 July 2010 and 30 June 2011, previously closed claims that were reopened during the year, and ongoing claims from the previous year.

Information on Indigenous identification was not collected in 2010–11.

Accuracy

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

The time required to collect all the information relevant to a medical indemnity claim can be lengthy. A coding of *Not known* is used when information is not currently available but may become available during the lifetime of a claim. When claims are new, the *Not known* rates for some data items can be quite high. This means that the proportions for the coded values for these same claims will change in the future as *Not known* codings are replaced with the relevant information.

The circumstances of a claim may make a data item not applicable; for instance, 'specialty of clinicians closely involved in incident' would be *Not applicable* if no clinician was involved. For the data items 'nature of claim—loss to claim subject' and 'nature of claim—loss to other party/parties' the difference between *Not known* and *Not applicable* is sometimes not clear cut and the codes have sometimes been used interchangeably.

Three incident/allegation categories, *Treatment*, *Medication-related* and *Procedure*, have not been fully defined. There appear to be some interventions recorded as *Treatment* by some jurisdictions but as *Medication-related* or *Procedure* by other jurisdictions.

Coherence

The AIHW MINC (PS) master database holds the most up-to-date information available on Australia's public sector medical indemnity claims. Several jurisdictions have audited their medical indemnity claims collections in recent years, or detected changes that should be made to the coded data, and all changes are reflected in the master database.

Occasionally, a health authority has requested the AIHW to remove a previously transmitted record; for instance, if it involves public liability rather than medical indemnity. As a result of these changes, the data reported by the AIHW on medical indemnity claims for any particular year are subject to change.

There have been a number of enhancements to the MINC (PS) specifications since the initial data collection in 2003. While the enhancements have been designed to retain comparability with previously collected data, the following changes to the 2009–10 data specifications require comment.

A new *Discontinued potential claim* coding option was introduced. Discontinuation means that the claim file is closed without there being any court decision or negotiated settlement with a claimant. Before 2009–10, to discontinue a potential claim data providers were required to also give it a claim commencement date and report it as a *Discontinued commenced claim*.

A new coding option *Rescinded – not a medical indemnity claim* was introduced for erroneous claim records and potential claims that, in retrospect, should not have had a reserve set against them because their likelihood of eventuating into an actual claim was low. Prior to 2009–10, when data providers wanted to remove these sorts of claim records from their list of current claims, they either reported the claim as closed or requested the AIHW to delete the claim from the master database. The coding option resulted in a marked drop in the

proportion of claims discontinued for $0 compared with the data published for years prior to 2009–10.

For the data items 'nature of claim—loss to claim subject' and 'nature of claim—loss to other party/parties', *Medical costs* used to be subsumed under *Other loss*, but it was recognised as a separate category beginning with the 2009–10 specifications. This change improves the alignment of these data items with the 'Gross Claim Payments by Heads of Damage' data item (No. 25) for the private sector MIIs in the Australian Prudential Regulation Authority (APRA) National claims and Policies Database (NCPD).

Three of the 'extent of harm' categories were changed to align them with the World Health Organization's International Classification of Functioning, Disability and Health, and also to allow the codes recognised for NCPD data item 17 'Severity of injury' to be mapped on to the MINC (PS) codes. Analysis of the claims data demonstrated continuity between the 2009–10 and 2010–11 categories and those of previous years. By and large, claims that used to have an extent of harm *Temporary – duration of less than 6 months* were now coded *Mild injury*, and claims that used to have an extent of harm *Minor, with duration of 6 months or more* or *Major, with duration of 6 months or more* were now respectively coded *Moderate injury* and *Severe injury*.

Prior to 2009–10, only the claim subject's year of birth was collected. Collection of the claim subject's date of birth allows more accurate calculation of the claim subject's age at the time of the incident.

The option to record *Not known* for any data items for closed claims was restricted to rare circumstances only. Consequently, there was a marked drop in the *Not known* rates for claims closed in 2009–10 compared to previous years. There was also greater consistency between jurisdictions in using the *Not applicable* coding option (rather than *Not known*) to record the absence of any compensatory payment to the claim subject, and/or another party, when a claim was closed. Consequently, *Not known* rates for closed claims in 2010–11 varied between 0% and just 1%.

A number of MINC (PS) data items are identical or similar to NCPD data items collected on private sector medical indemnity claims by APRA and by Insurance Statistics Australia (ISA) for provision to APRA. The MINC (Private Sector) held at the AIHW is based on data items in common between the MINC (PS) and the NCPD data collected by ISA. Public and private sector data for 2010–11 are jointly reported in the AIHW's *Australia's medical indemnity claims 2010–11* report, and in the AIHW's reports on combined public and private sector claims data for earlier years.

The public sector and private sector differ in how they deal with claims against multiple clinicians. In the public sector, in most cases a single claim record is created for each health-care incident or chain of health-care incidents, and the involvement of multiple clinician specialties is recorded by recording up to three additional specialties as well as the principal specialty. For MIIs, it is a common practice to open more than one claim for a single health-care incident if more than one clinician was involved in the incident that gave rise to the allegation of harm or other loss. As a result, individual claim sizes will often be less than the aggregated total cost incurred by the MII(s) for a single allegation of harm or other loss. Thus the reported cost of an individual claim in the private sector may not reflect the total payment made by insurers in respect of the claimants. Also, where clinician specialty data are combined across the public and private sectors, the public sector claim record may

include multiple clinician specialties, and so the total number of recorded clinician specialties will exceed the number of claims.

In addition, clinician specialties in the private sector are recorded according to their specialty as registered with their insurer rather than with their employing or contracting health-service provider (as in the public sector). This difference has led to a methodological decision to combine the *Obstetrics*, *Gynaecology* and *Obstetrics and gynaecology* categories, as well as the *General practitioner – procedural* and *General practitioner – non-procedural* categories, for combined sector reporting.

Medical Indemnity National Collection (Private Sector) data quality statement

Summary of key issues

- The Medical Indemnity National Collection (Private Sector), or MINC (Private Sector), is a data set that contains information on the number, nature and costs of private sector medical indemnity claims in Australia. Medical indemnity claims are claims for compensation for harm or other loss allegedly due to the delivery of health care.
- Data on medical indemnity claims may change over the life of a claim as new information becomes available or the reserve amount set against the likely cost of closing the claim is revised.
- Although there are coding specifications for private sector medical indemnity claims data, there are some variations between medical indemnity insurers (MIIs) in how they report medical indemnity claims.

Description

Medical practitioners and some other clinicians who work in the private sector are required to hold professional indemnification to cover costs of claims for compensation arising from allegations of problems with the delivery of health-care services.

The MINC (Private Sector) contains data about claims managed by private sector medical indemnity insurers. The claims reported by the MIIs to the AIHW include the claims that they are required to report to the Australian Prudential Regulation Authority (APRA). Claims made against private hospitals covered by private hospital insurance arrangements are not included in the collection.

The MINC (Private Sector) includes:

- basic demographic information on the 'claim subject' (patient) at the centre of the alleged health-care incident
- information on the alleged incident such as a description of what allegedly went wrong and the clinical specialties involved
- the alleged harm to the patient
- when the reserve was set and for how much
- for closed claims, when and how they were closed, and the cost of closing the claims.

Institutional environment

The AIHW is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* (Cwlth) to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management Board, and accountable to the Australian Parliament through the Health and Ageing portfolio. The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national data sets based on data from each jurisdiction, to analyse these data sets and disseminate information and statistics.

The Australian Institute of Health and Welfare Act, in conjunction with compliance with the *Privacy Act* 1988 (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality. For further information see the AIHW website <www.aihw.gov.au>.

In 2004, the Australian Government introduced the Premium Support Scheme (PSS) as part of a comprehensive medical indemnity package to help eligible clinicians meet the cost of their private medical indemnity insurance. Under the PSS, the Australian Government entered into standard contracts with MIIs which require MIIs to provide medical indemnity claims data to the AIHW.

The Medical Indemnity National Collection Coordinating Committee (MINC CC) oversees the AIHW's collection and use of the MINC (Private Sector) data. The MINC CC includes representatives from the state and territory health authorities, the Australian Government Department of Health and Ageing (DoHA), the AIHW and each of the MIIs.

The MINC (Private Sector) includes data for each financial year from 2005–06 to 2010–11. The 2010–11 data cover the period from 1 July 2010 to 30 June 2011.

Timeliness

The reference period for this data set is 2010–11. MIIs and/or their reporting agent Insurance Statistics Australia (ISA) provided 2010–11 private sector data over the period November 2011 to March 2012.

The data were originally planned for publication in June 2012 and were published in September 2012.

Accessibility

Australia's medical indemnity claims 2010–11 includes two chapters that report on private sector claims combined with public sector claims. There are five previous AIHW reports on combined public and private sector claims data covering the years 2005–06 to 2009–10. All are available without charge on the AIHW website. Links to the reports are listed sequentially at:

<http://www.aihw.gov.au/publications/medical-indemnity/>.

Any other release of private sector medical indemnity claims data, or aggregated public and private sector data, is subject to unanimous consent by the members of the MINC CC. Apart from claim numbers by sector, all published data that use MINC private sector data combine it with public sector data.

Interpretability

Information to aid in interpreting the combined public and private sector medical indemnity claims data may be found in 'Appendix A: MINC data items and key terms'. The information specifies how the public and private sector code values relate to each other and any areas where there is not complete agreement between the two sets of code values.

Relevance

The MINC (Private Sector) includes information on medical indemnity claims against individual practitioners who were covered by insurance with an MII for the purposes of the claim. In 2010–11, as in previous years, all private sector medical indemnity claims legally required to be reported to APRA were reported to the AIHW. Some of the claims reported by MIIs relate to medical defence organisation (MDO) run-off, which is a scheme for claims lodged with private sector medical indemnity insurers in the years when they were still organised as MDOs rather than MIIs.

Most of the reported claims in scope have arisen from a formal demand for compensation for alleged harm or other loss to the patient and/or a related party. The scope also includes cases where an MII has incurred preparatory expenses from investigating health-care incidents reported to the MII by an insured clinician. With those cases, the MII is legally obliged to report the potential claim to APRA even if no formal demand for compensation has been received.

Private hospital insurance claims (that is, claims against hospitals or hospital employees) do not fall within the scope of the MINC (Private Sector). However, all claims against clinicians who maintain medical indemnity cover with an MII, and who practise within private hospitals, are included.

The MINC (Private Sector) does not include information on health-care incidents or adverse events that have not led to a claim for compensation or that have not resulted in preparatory costs to an MII.

Many of the data items in the MINC (Private Sector) collect information on the patient or 'claim subject' (the person who received the health-care service and was involved in the health-care incident that is the basis for the claim) and who may have suffered, or did suffer, harm or other loss as a result. The patient may or may not be a claimant—that is, the person/s pursuing the claim. Where the MII is investigating a case reported by an insured clinician, there may be no claimant. Information is not collected on the claimant as such.

The MINC (Private Sector) 2010–11 data includes new claims in scope that have arisen between 1 July 2010 and 30 June 2011, previously closed claims that were reopened during the year, and ongoing claims from the previous year.

No information on claim subjects' Indigenous identification is collected.

Accuracy

The MINC (Private Sector) includes a combination of unit record and aggregated claims data. The MIIs can elect to submit their data either directly to the AIHW, as unit records or as aggregated data in a pre-publication format, or through ISA. ISA provides MII data to the AIHW as aggregated data. The MII data submitted as unit records are in accordance with the specifications of the MINC (Public Sector), except that the data provided for the incident/allegation type *Device failure* category specifically refer to *Faulty/contaminated equipment* in APRA's National Claims and Policies Database.

Data providers are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Potential errors are queried with data providers, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

The time required to collect all the information relevant to a medical indemnity claim can be lengthy. A coding of *Not known* is used when information is not currently available but may become available during the lifetime of a claim. The interpretation of the proportions for a number of data items will be affected by the relatively high *Not known* rates, especially for new claims, which tend to have the highest *Not known* rates.

Coherence

The MINC (Private Sector) specifications were developed as a common ground between two previously established data set specifications. One of these was the AIHW's MINC (Public Sector) in use for recording public sector medical indemnity claims data. The other was the National Claims and Policies Database (NCPD) developed by APRA for claims data from MIIs. In consultation with APRA and the AIHW, Insurance Statistics Australia (ISA) developed an expanded version of the NCPD. This allowed ISA to report claims data from MIIs that were then members of the Medical Indemnity Insurance Association of Australia. ISA reported the data items to APRA that APRA required and the data items to AIHW that the MINC CC had agreed on for reporting.

In 2009−10, the MINC (Public Sector) 'extent of harm' categories were revised to better align with the NCPD data item 17 'severity of loss' categories. As a consequence, extent of harm data were reported for the first time in 2009–10.

The public sector and private sector differ in how they deal with claims against multiple clinicians. In the public sector, in most cases a single claim record is created for each health-care incident, and the involvement of multiple clinician specialties is recorded by recording up to three additional specialties as well as the principal specialty. In the private sector, it is a common practice for a single health-care incident to result in more than one claim if more than one clinician was involved in the incident that gave rise to the allegation of harm or other loss. As a result, individual claim sizes will often be less than the aggregated total cost incurred by the MII/s for a single allegation of harm or other loss.

Thus, the reported cost of an individual claim in the private sector may not reflect the total payment made by insurers in respect of the claimants.

In addition, clinician specialties in the private sector are recorded according to their specialty as registered with their insurer rather than with their employing or contracting health service provider (as in the public sector). This difference has led to a methodological decision to combine the *Obstetrics*, *Gynaecology* and *Obstetrics and gynaecology* categories, as well as the *General practitioner – procedural* and *General practitioner – non-procedural* categories, for combined sector reporting.

Statistics on data coverage, completeness and quality

Public sector

Western Australia did not report public sector claims data for 2010–11. The other jurisdictions have reported 100% of their claims data for 2010–11. All jurisdictions including Western Australia reported nearly or exactly 100% of their claims data between 2006–07 and 2009–10 (AIHW 2012a).

MINC data pertain to a particular reporting period and record, to the jurisdictions' best knowledge, their data at the close of the reporting period. Any claims that are current at the end of one reporting period should be present in the data supplied for the next reporting period, until such time as the claim is closed. Jurisdictions are not required to report on claims after the reporting period in which they were closed, but they may do so (especially if new information has come to light).

As with previous years' data, the AIHW undertook data cleaning and validation checks on the 2010–11 public sector data it received. The AIHW raised queries when changes in data codes since the 2009–10 recording period appeared to be illogical or unexpected—for example, claim status changing from *Closed* to *Commenced*. Reporting jurisdictions were informed of discrepancies and asked to investigate and clarify any uncertainties.

Not known rates

A coding of *Not known* is used when information is not currently available but may become available during the lifetime of a claim. Beginning with the 2009–10 data transmission, the MIDWG agreed that when closed public sector claims are reported to the MINC, all of the information fields should be known except in rare circumstances. Where data items were reported as *Not known* for claims that were closed in 2010–11, the AIHW either ascertained the *Not known* status for the data item or else required the jurisdiction to provide known information. As a result, the *Not known* rates for 2010–11 closed claims are nil for 7 data items and no more than 1% for any of the data items (Table B.1).

The time required to collect all of the information relevant to a claim can be lengthy. As a result, *New claims* with their reserve first set in 2010−11 generally have slightly higher *Not known* rates than *Current claims*, many of which have been open for several years (Table 3.6). The three data items ('nature of claim—loss to claim subject', 'nature of claim—loss to other party/parties' and 'extent of harm—claim subject') have the higher *Not known* rates for new and current claims. This is because the correct value to record for these items is often not possible to determine until the claim is closed.

Table B.1: MINC data items[(a)]: number and proportion of public sector claims for which *Not known* was recorded, 1 July 2010 to 30 June 2011 (excluding Western Australia)

	New claims		Current claims		Closed claims		All claims	
Item	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
Nature of claim—loss to claim subject	1,100	73.5	2,793	74.1	8	0.6	2,801	54.1
Nature of claim—loss to other party/parties	627	41.9	1,566	41.6	11	0.8	1,577	30.5
Extent of harm—claim subject	604	40.4	1,423	37.8	14	1.0	1,437	27.8
Claim subject's status	435	29.1	1,052	27.9	2	0.1	1,054	20.4
Clinical service context	439	29.3	1,001	26.6	2	0.1	1,003	19.4
Principal clinician specialty	360	24.1	896	23.8	2	0.1	898	17.3
Primary body function/structure affected	403	26.9	922	24.5	2	0.1	924	17.9
Primary incident/ allegation type	349	23.3	865	23.0	1	0.1	866	16.7
Health service setting	337	22.5	782	20.8	2	0.1	784	15.1
Where incident occurred	338	22.6	675	17.9	0	0.0	675	13
Claim subject's date of birth	141	9.4	382	10.1	17	1.2	399	7.7
Claim subject's sex	53	3.5	218	5.8	0	0.0	218	4.2
Claim record particulars flag	43	2.9	66	1.8	11	0.8	77	1.5
Additional body function/structure affected	0	0.0	3	0.8	0	0.0	3	0.5
Additional incident/ allegation type	0	0.0	1	0.2	1	0.4	2	0.3
Additional clinician specialties	1	1.4	1	0.3	0	0.0	1	0.3
Total claims	**1,496**	**100.0**	**3,768**	**100.0**	**1,408**	**100.0**	**5,176**	**100.0**
Items relevant only to closed claims								
Claim payment details	. .	. .	. .	. .	0	0.0	. .	. .
Mode of claim finalisation	. .	. .	. .	. .	0	0.0	. .	. .
Total claim size	. .	. .	. .	. .	0	0.0	. .	. .

. . Not applicable

(a) Table B.1 does not include the data items 'Date incident occurred', 'Date reserve first placed against claim', 'Reserve range' and 'Status of claim', which are required to be completed for all MINC public sector claim records. It also excludes 'Date claim commenced' and 'Date claim closed' which should be left blank, respectively, for claims that have not yet been commenced or closed.

Private sector

The MII claims in scope for MINC purposes include the claims that MIIs are required to report to APRA as well as a small number of MDO run-off claims (Box 1.1). In 2010–11, as in previous years since 2004–05, MIIs reported 100% of their claims data in scope to the AIHW.

In cases where the MIIs report unit records directly to the AIHW, data validation of the unit records was undertaken as described above for public sector claims data.

Some MIIs reported their 2010–11 data as tables of data previously endorsed by the MINC CC as the data tables to be completed and submitted by these MIIs. Validation of these data tables was undertaken by detecting and correcting any internal inconsistencies and by ensuring that any unusual patterns in the data compared with other MII data had a reasonable explanation. For example, where a data item was reported on by an MII in multiple tables for the same type of claim, and there were discrepancies for one or more coded values between the totals, the MII was requested to clarify and correct the discrepancies.

Not known rates (public and private sector claims combined)

MIIs as well as public sector data providers use the code *Not known* in cases where information is not currently available but may become available during the lifetime of a claim. However, the *Not known* rates for private sector claims can be calculated only for those data items reported by all MIIs and only for the types of claims for which all MIIs report the data item in question. Also, because detailed data are not presented for private sector claims on their own, the *Not known* rates of interest are those that apply to public and private sector claims combined (Table B.2).

The time required to collect all of the information relevant to a claim can be lengthy. As a result, *New claims* first opened or reported in 2010−11 generally have higher *Not known* rates than *All claims*, while *Closed claims* have the lowest *Not known* rates (where a comparison with other types of claims can be made).

Table B.2: MINC data items[(a)]: number and proportion of combined public sector claims (excluding Western Australia) and private sector claims for which *Not known* was recorded, 1 July 2010 to 30 June 2011

	New claims		Closed claims		All claims	
Item	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
New, closed and all claim items						
Health service setting	425	15.2	122	4.3	1,164	12.0
Clinician specialty	361	12.9	7	0.2	914	9.5
New and all claim items						
Claim subject's age group	414	14.8	. .	. .	1,189	12.3
Primary incident/ allegation type	446	16.0	. .	. .	1,176	12.2
Primary body function/structure affected	540	19.3	. .	. .	1,148	11.9
Claim subject's sex	189	6.8	. .	. .	570	5.9
Closed claim items						
Extent of harm—claim subject	. .	. .	434	15.2	. .	. .
Mode of claim finalisation	. .	. .	2	0.1	. .	. .
Total claim size	. .	. .	0	0.0	. .	. .
Total claims	**2,796**	**100.0**	**2,852**	**100.0**	**9,669**	**100.0**

. . Not applicable

(a) Table B.2 does not include the data items 'Date claim opened' and 'Reserve range', which are required to be completed for all reported claims. It also excludes 'Date claim closed' which should be left blank for claims that have not yet been closed.

Appendix C: Public and private sector claim management practices

Public sector

Arrangements for public sector medical indemnity insurance are governed by state and territory legislation and associated policies. Claim management practices vary between jurisdictions, and in some jurisdictions there are different processes for small and large claims. Claims are managed in house by the state or territory health authority for some jurisdictions; in others, a body independent from the health authority manages claims. Some legal work may be outsourced to private law firms. A full explanation of the policy, administrative and legal features of each jurisdiction is available in *Australia's public sector medical indemnity claims 2009–10* (AIHW 2012a).

An allegation of harm or, in some jurisdictions, a health-care incident that could lead to a public sector medical indemnity claim is notified to the state or territory claims management body by the health facility concerned. If the likelihood of a claim eventuating is considered sufficiently high, a reserve is placed, based on an estimate of the likely cost of settling the claim. Various events can signal the start of a claim: for example, a writ or letter of demand may be received from the claimant's solicitor, or the defendant may make an offer to a claimant to settle a matter before a writ or letter has been issued. As a claim progresses, the reserve is monitored and adjusted if necessary.

In the public sector, the defendant of a claim is typically the health authority responsible for having employed or contracted the health-care professional/s alleged to have been negligent in the performance of their duties. Accordingly, the allegation of harm usually gives rise to a single claim even if more than one health-care professional is involved. This is a different practice from the private sector where a single claimant can generate multiple claims—one for each clinician being sued. Another difference is that nurses and administrative staff, who would generally be hospital employees rather than individually insured clinicians in terms of private sector medical indemnification, may well be among the professionals involved in public sector claims. Some jurisdictions cover claims against private clinicians working in public hospitals as well as claims against the hospital (and its employees).

Most public sector records within the MINC correspond to a single claim related to a claimant, usually the 'claim subject' but sometimes a dependent or other relative. Where there are two claimants—the claim subject and one other party—this would also be treated as a single claim. However, there is more variation where the claimants are multiple other parties, in which case the jurisdiction may record multiple claims (AIHW 2012a). Also, it is possible for a single claim to cover multiple claim subjects; for instance, a class action with a single plaintiff who represents several people who collectively bring a claim to court.

A public sector claim may be finalised in several ways: through state/territory complaints processes, court-based alternative dispute resolution processes, or in court. In some jurisdictions, settlement through a mandated conference process must be attempted before a claim can go to court. In some cases, a settlement is agreed between the claimant and defendant, independent of any formal process. In addition, a claim file that has remained inactive for a long time may be closed. Claims that have been closed can subsequently be reopened.

Private sector

MIIs provide professional indemnity insurance to individual clinicians. Typically, a separate claim is opened for each clinician implicated in the allegation of loss or harm. This is so the relevant proportion of the overall cost of claims can be allocated against the policy limits of individual clinicians, and is an explicit requirement of both the High Cost Claims Scheme and the Exceptional Claims Scheme. (Under the High Cost Claims Scheme, the Australian Government reimburses medical indemnity insurers, on a per claim basis, 50% of the insurance payout over $300,000 up to the limit of the practitioner's cover, for claims notified on or after 1 January 2004. The Exceptional Claims Scheme is the Australian Government's scheme to cover clinicians for 100% of the cost of private practice claims, either a single very large claim or an aggregate of claims that are above the limit of their medical indemnity contracts of insurance, so that clinicians are not personally liable for 'blue sky' claims.) Also, claims related to a single allegation of loss or harm could appear on more than one MII database when individual defendants hold medical indemnity insurance with different insurers. Where a public hospital is involved, claims may appear on both MII and health authority databases.

As a result of the above, the reported cost of an individual claim in the private sector may not reflect the total payment made by each insurer in respect of the claimant/s. Also, the reported number of claims cannot be assumed to equal the number of clinical incidents leading to claims against insured clinicians.

MIIs derive an estimate for the likely cost of a claim. This is referred to as the 'reserve', which is the expected total amount of payment to be made on behalf of the insured clinician. It takes into account estimated payments to be made by any other clinicians and institutions (for example, hospitals) involved. Estimated plaintiff and defendant legal costs are included in the reserve. Estimates are reviewed regularly. When the claim is closed, the incurred cost represents all costs paid (usually, on behalf of a single insured) in respect of the claim, including legal costs.

'Potential claims' in the private sector claims are considered in scope for the purposes of this report if preparatory legal expenses have been incurred and the claim has been reported to APRA. They are not included if the only action taken is to record an estimate relating to a possible claim that may ensue against an insured clinician.

MIIs charge different premiums for different clinical specialties based on the complexity of the medical procedures typically performed by the insured clinician (ACCC 2009). In addition, private sector clinicians are not covered to practise outside of their registered specialty or specialties. Accordingly, they are subject to financial incentives to adjust their provision of services in line with affordable premium levels, in ways that do not apply to public sector practitioners. As an example of differences in average premiums, an obstetrician pays approximately twice what a gynaecologist does, and procedural general practitioners pay more than non-procedural general practitioners, especially if the procedures include cosmetic surgery or obstetrics (ACCC 2009). The MINC CC has recommended, for the purposes of the combined sector report, that the AIHW combine the MINC *Obstetrics*, *Gynaecology* and *Obstetrics and gynaecology* categories, as well as the *General practitioner – procedural* and *General practitioner – non-procedural* categories. This is to minimise the distortions that may arise from assuming strict comparability between the public and private sector specialty categories.

Appendix D: Changes to jurisdiction, policy, administrative and legal features

This Appendix notifies readers of changes between 2009–10 and 2010–11 in state and territory medical indemnity claims management policy, administrative and legal features. Northern Territory was the only jurisdiction to notify the AIHW of any changes in this regard, as shown below. Appendix 4 'Policy, administrative and legal features in each jurisdiction' in AIHW (2012a) presents the rest of the relevant information for the Northern Territory as well as the relevant information for the other jurisdictions.

Northern Territory

Old text applicable for 2009−10:

The maximum amount of damages the court may award for non-pecuniary loss is as declared by the Minister on or before 1 October each year after the year in which the Act commenced. On 1 October 2009 the Minister declared this amount to be $457,000.

New text applicable for 2010−11:

The maximum amount of damages the court may award for non-pecuniary loss is as declared by the Minister on or before 1 October each year after the year in which the Act commenced. On 3 September 2010 the Minister declared this amount to be $476,500.

Appendix E: Health sector contextual information

This appendix provides contextual information for claim numbers. It first provides health workforce data from 2007 to 2010, which are relevant to the interpretation of combined public and private sector claim numbers. It then provides data on the volume of public and private hospital services from 2007–08 to 2010–11. These data are relevant to the interpretation of public sector claim numbers as well as combined public and private sector claim numbers (Section 2.7).

Health workforce

The health workforce information was collected in the AIHW Medical Labour Force Surveys from 2007 to 2009, the AIHW Nursing and Midwifery Labour Force Surveys from 2007 to 2009, and the Medical Workforce Survey 2010. These surveys provide a range of health workforce data, such as number of employed medical practitioners and nurses, and their average working week hours.

A useful measure of health workforce supply is the Full-time equivalent (FTE) number, which can be calculated as the number of employed medical practitioners and nurses, multiplied by their average working week hours, divided as the standard working week of 40 hours for medical practitioners, and 38 hours for nurses.

Medical workforce

As the scope and coverage of the Medical Workforce Survey 2010 is different to that of the AIHW Medical Labour Force Survey in previous years, it is recommended that comparisons between data from 2010 and previous years be made with caution. For example, in the Medical Workforce Survey 2010 there were 23 specialty categories listed, while the AIHW Medical Labour Force Surveys 2007 to 2009 listed over 50 specialty categories. The Medical Workforce Survey 2010 does not include Queensland and Western Australia because the closing date for the registration in these states occurred after the national registration deadline of 30 September 2010. The response rate for the other states and territories was 78.0%. The response rate for the AIHW Medical Labour Force Survey in 2007, 2008, and 2009 was 69.9%, 68.7%, and 53.1%, respectively. Responses to the surveys were weighted to account for non-responses, but not for the non-inclusion of Queensland and Western Australia in 2010.

Table E.1 presents data on the FTE number of medical practitioners who spent most of their time as clinicians, from 2007 to 2010.

Nursing and midwifery workforce

There was no nursing workforce data available for 2010. The response rate for the Nursing and Midwifery Labour Force Surveys in previous years was 49.6% in 2007, 46.6% in 2008 and 44.4% in 2009. There has been a gradual increase in FTE number for nurses, from 230,762 in 2007, to 239,725 in 2008, to 242,521 in 2009, and 244,547 in 2011 (AIHW 2009c, 2010b, 2011e, 2012e). These figures were weighted according to account for non-responses.

Table E.1: Full-time equivalent (FTE)[a]: number of medical practitioners who spent most of their time as clinicians, 2007 to 2010[b]

	FTE number			
Main specialty of practice	**2007**	**2008**	**2009**	**2010[b]**
Addiction medicine[c]	. .	. .	. .	22
Anaesthesia[d]	3,621	3,835	4,089	2,587
Dermatology	399	394	451	301
Emergency medicine	855	964	1,054	707
General practice	23,518	23,188	24,615	17,010
Intensive care medicine	326	327	419	280
Medical administration	39	20	19	6
Obstetrics and Gynaecology	1,540	1,662	1,714	1,205
Occupational and environmental medicine[e]	68	62	78	106
Ophthalmology	834	826	858	644
Paediatrics and child health[f]	1,105	1,111	1,275	972
Pain medicine	79	89	81	21
Palliative medicine	172	139	146	64
Pathology[g]	1,068	997	1,166	646
Physician	*5,397*	*5,362*	*5,871*	*4,382*
Cardiology	979	1,003	925	. .
Clinical genetics	73	57	42	. .
Clinical haematology	263	218	259	. .
Clinical immunology	100	98	94	. .
Clinical pharmacology	21	28	19	. .
Endocrinology	332	377	370	. .
Gastroenterology	643	609	708	. .
General medicine	603	601	736	. .
Geriatrics	328	331	415	. .
Infectious diseases	161	171	211	. .
Medical oncology	344	345	375	. .
Neurology	403	403	415	. .
Nuclear medicine	172	136	180	. .
Renal medicine	293	309	379	. .
Respiratory and sleep medicine	242	216	288	. .
Rheumatology	246	284	258	. .
Thoracic medicine	194	176	197	. .
Psychiatry	2,366	2,354	2,615	1,780
Public health medicine	59	61	42	10
Radiology[h]	1,736	1,783	1,765	1,291
Rehabilitation medicine	251	271	311	273
Sexual health medicine[c]	. .	. .	. .	26
Sport and exercise medicine[c]	. .	. .	. .	46

(continued)

Table E.1 (continued): Full-time equivalent (FTE)[a] number of medical practitioners who spent most of their time as clinicians, 2007 to 2010[b]

	FTE number			
Main specialty of practice	**2007**	**2008**	**2009**	**2010[b]**
Surgery	*4,567*	*4,590*	*4,817*	*3,421*
Cardiothoracic surgery	222	184	175	. .
General surgery	1,352	1,319	1,345	. .
Neurosurgery	205	215	225	. .
Oral and maxillofacial surgery	68	68	76	. .
Orthopaedic surgery	1,086	1,191	1,394	. .
Otolaryngology (ENT)	416	401	483	. .
Paediatric surgery	95	79	83	. .
Plastic surgery	394	400	347	. .
Urology	359	366	388	. .
Vascular surgery	236	220	200	..
Other surgery	134	147	101	. .
Other specialties	37	20	12	. .
Not stated/ Not applicable[c]	. .	. .	. .	343
Total	**48,037**	**48,055**	**51,398**	**36,143**

. . Not applicable

(a) FTE number measures the number of standard-hour workloads worked by employed medical practitioners. FTE number is calculated as the number of employed medical practitioners in a particular category multiplied by the average hours worked by employed medical practitioners in the category, divided by the standard working week hours. Forty hours are assumed to be a standard working week and equivalent to one FTE.

(b) The 2007 to 2009 FTE numbers are based just on medical practitioners who spent most of their time as clinicians, whereas the 2010 FTE numbers also include medical practitioners who did not spend most of their time as clinicians. However, the 2010 data exclude medical practitioners registered in Queensland and Western Australia.

(c) New categories in the Medical Workforce Survey 2010 include: Addiction medicine, Sexual health medicine, Sport and exercise medicine, and Not stated/ Not applicable.

(d) 2007 to 2009 Anaesthesia numbers include Intensive care anaesthesia.

(e) Occupational and environmental medicine listed as Occupational medicine in the AIHW Medical Labour Force Surveys 2007 to 2009.

(f) Paediatrics and child health listed as Paediatric medicine in the AIHW Medical Labour Force Surveys 2007 to 2009.

(g) 2007 to 2009 Pathology numbers include: Anatomical pathology, Clinical chemistry, Cytopathology, Forensic pathology, General pathology, Haematology, Immunology and Microbiology.

(h) 2007 to 2009 Radiology numbers include Diagnostic radiology and Radiation oncology. 2010 Radiology number includes Radiology and Radiation Oncology.

Sources: AIHW 2009b, 2010a, 2011d, 2012c.

Hospital services

Hospitals in Australia are categorised as either public or private. Public hospitals provide a larger volume of services than private hospitals. For instance, in 2010–11 there were around 5.3 million 'separations' (admitted patient episodes of care) in Australia's public hospitals compared to around 3.6 million separations in Australia's private hospitals (AIHW 2012d).

The data presented here for public hospitals exclude Western Australia, to provide a context for the claims data, which (except for Table 6.1) exclude Western Australia's public sector claims. As noted in Section 5.1, when the health service setting is known, 96% of new 2010–11 public sector claims were linked to public hospitals (including day surgeries) and 25% of new 2010–11 private sector claims were linked to private hospitals (including day surgeries).

One type of contextual information on the volume of hospital services is the number of separations (Table E.2) and patient days (Table E.3) for each Service Related Group (SRG). The SRG classification is based on Australian Refined Diagnosis Related Groups (AR-DRGs) aggregations and categorises admitted patient episodes into groups representing clinical divisions of hospital activity. SRGs are used to assist in planning services, analysing and comparing hospital activity, examining patterns of service needs and access, and projecting potential trends in services (AIHW 2012d).

A second type of contextual information is the volume of emergency, outpatient and other non-admitted patient services in public and private hospitals (Table E.4). At the time of reporting, private hospital data were available just for 2008–09 and 2009–10, but the available data are sufficient to show that public hospitals provide the major share of non-admitted patient services in Australia.

It is not advisable to assume that the MINC clinical service context and clinical specialty categories have a straightforward relationship with hospital service provision categories. For instance, some MINC categories, such as *General practice*, are difficult to relate to any hospital service provision category. Similarly, there are some SRG categories such as *Renal dialysis* that are difficult to relate to any MINC category. Even when the MINC category and the hospital service provision category have the same name, it should not be assumed that the categories are identical, because the purpose of recording the category information differs between medical indemnification documentation and hospital activity monitoring.

There were various changes between 2009–10 and 2010–11 in how the AR-DRG information was aggregated into SRG categories. These changes were related to the introduction of AR-DRG version 6.0 in 2010–11 to replace AR-DRG version 5.2 used for the 2009–10 data. The main changes were:

- the I69 DRG aggregated with SRG 14 *Endocrinology* for 2007–08 to 2009–10 was aggregated with SRG 25 *Rheumatology* for 2010–11
- the J64, T60 and T62 DRGs aggregated with SRG 18 *Immunology and infections* for 2007–08 to 2009–10 were aggregated with SRG 27 *Non subspecialty−medicine* for 2010–11
- SRG 45 *Ear, nose and throat* for 2007–08 to 2009–10 was combined with SRG 48 *Head and neck surgery* for 2010–11 (and the SRG renamed *Ear, nose and throat*; *Head and neck surgery*)
- SRG 66 *Social admission* for 2007–08 to 2009–10 was discontinued for 2010–11 and the DRG that had been assigned to it was divided by parts between SRGs 16 *Diagnostic gastrointestinal endoscopy*, 22 *Renal medicine*, 27 *Non subspecialty−medicine* and 52 *Urology*

- SRG 76 *Definitive paediatric medicine* for 2007–08 to 2009–10 was discontinued for 2010–11 and the DRGs that had been aggregated under it were divided between SRGs 24 *Respiratory medicine*, 27 *Non subspecialty−medicine*, 48 *Ear, nose and throat*; *Head and neck surgery* and 73 *Qualified neonate*
- SRG 82 *Psychiatry* for 2007–08 to 2009–10 was divided between SRGs 82 *Psychiatry−acute* and 83 *Psychiatry−non acute* (a new category) for 2010–11 depending on whether the hospital service category was for acute or non-acute care
- SRG 85 was changed from *Geriatrics−non acute* for 2007–08 to 2009–10 to *Psychogeriatric care* for 2010–11, and limited to separations with a *Psychogeriatric* care type (excluding separations with a *Geriatric evaluation and management* care type, previously aggregated under SRG 85)
- SRG 88 *Acute definitive geriatrics* for 2007–08 to 2009–10 was discontinued for 2010–11 and the DRGs that had been aggregated under it were divided between SRGs 27 *Non subspecialty−medicine* and 49 *Orthopaedics*.

For details on these changes and information on other changes, see AIHW (2012d).

Also, patient days are not included for *Unqualified neonates*, who are first (including single) infants born live in a hospital who are not admitted to an intensive care facility in a hospital and are not admitted to or remain in hospital without their mother.

For further technical information on the SRG and non-admitted patient service categories, see AIHW (2009d, 2010c, 2011f, 2012d).

Table E.2: Service Related Groups: hospital separations, 2007–08 to 2010–11

	Public hospitals (excluding Western Australia)				Private hospitals			
Service Related Group	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**2007–08**	**2008–09**	**2009–10**	**2010–11**
11 Cardiology	262,288	258,943	264,364	279,745	52,159	51,064	53,317	55,442
12 Interventional cardiology	57,893	59,307	60,765	62,456	67,789	69,108	71,727	75,812
13 Dermatology	18,860	20,075	20,339	20,017	4,533	4,622	5,335	4,305
14 Endocrinology	43,710	44,783	45,281	29,759	10,414	9,880	10,859	4,483
15 Gastroenterology	185,699	191,996	203,018	261,108	157,475	165,338	178,819	189,031
16 Diagnostic gastrointestinal endoscopy	102,892	106,100	108,157	124,162	329,967	329,685	344,130	412,246
17 Haematology	71,021	70,607	72,383	52,208	34,657	34,430	36,749	31,923
18 Immunology and infections	93,212	96,005	103,235	45,022	19,837	19,831	20,829	9,750
19 Oncology	50,451	50,552	51,776	41,656	41,773	41,820	43,139	25,246
20 Chemotherapy	99,418	103,402	112,994	116,421	176,372	186,653	196,952	208,958
21 Neurology	141,437	148,611	155,874	165,384	26,898	29,158	30,639	31,419
22 Renal medicine	58,029	65,645	64,482	51,793	18,549	20,753	22,087	35,698
23 Renal dialysis	740,012	785,728	832,508	878,463	164,480	183,825	199,803	209,569
24 Respiratory medicine	205,802	215,930	216,496	244,519	76,513	78,198	81,262	84,246
25 Rheumatology	11,772	13,536	14,830	25,132	5,386	5,917	6,701	10,490
26 Pain management	24,662	25,861	25,935	28,136	23,362	25,459	25,547	29,515
27 Non subspecialty–medicine	137,405	135,758	139,640	246,665	102,659	109,908	120,938	85,712
41 Breast surgery	13,564	14,027	14,215	15,700	16,633	17,299	16,918	33,907
42 Cardiothoracic surgery	13,779	14,303	14,406	14,411	10,914	11,085	10,695	10,218
43 Colorectal surgery	66,920	68,496	71,159	40,559	48,648	49,496	52,511	47,259
44 Upper gastrointestinal surgery	59,960	61,924	66,280	68,094	41,666	43,852	42,475	41,582
45 Ear, nose and throat[(a)]	6,580	6,866	7,080	. .	7,868	8,029	8,812	. .
46 Neurosurgery	35,311	36,835	38,069	67,852	41,585	44,117	47,211	47,266
47 Dentistry	22,488	22,380	22,622	22,581	93,575	96,624	100,675	97,613
48 Head and neck surgery[(a)]	76,599	79,438	80,638	114,351	93,224	96,868	100,936	115,360
49 Orthopaedics	258,253	263,721	268,729	272,387	273,155	280,478	296,224	309,333
50 Ophthalmology	78,810	81,413	83,369	85,108	189,522	199,417	217,834	216,241

(continued)

Table E.2 (continued): Service Related Groups: hospital separations, 2007–08 to 2010–11

	Public hospitals (excluding Western Australia)				Private hospitals			
Service Related Group	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**2007–08**	**2008–09**	**2009–10**	**2010–11**
51 Plastic and reconstructive surgery	89,672	92,108	93,551	79,803	146,558	148,007	154,318	143,972
52 Urology	112,526	119,039	123,968	132,523	124,624	128,111	136,045	151,866
53 Vascular surgery	37,596	38,915	40,131	42,412	33,197	31,949	32,005	33,784
54 Non subspecialty–surgery	228,560	239,864	246,871	263,646	93,310	91,828	95,969	125,426
61 Transplantation	884	996	1,050	1,108	38	34	25	25
62 Extensive burns	2,393	3,064	3,222	1,700	136	236	185	59
63 Tracheostomy	8,299	8,652	8,846	9,273	1,363	1,282	1,246	1,189
66 Social admission[(a)]	2,259	2,228	2,087	. .	400	183	137	. .
71 Gynaecology	136,803	137,016	137,966	139,059	204,316	211,874	217,230	214,196
72 Obstetrics	284,164	282,019	279,370	281,324	98,797	98,513	101,602	97,442
73 Qualified neonate	43,838	50,712	50,245	36,606	18,389	19,899	19,852	19,329
74 Unqualified neonate	160,240	151,154	152,967	162,589	45,133	44,570	46,834	45,089
75 Perinatology	10,148	10,532	10,877	17,772	0	0	0	0
76 Definitive paediatric medicine[(a)]	52,309	45,338	44,766	. .	2,567	2,199	2,055	. .
81 Drug and alcohol	60,381	62,429	61,270	55,015	22,270	25,148	28,073	8,369
82 Psychiatry–acute	122,042	122,107	123,916	137,786	106,232	118,295	129,104	132,289
83 Psychiatry–non acute[(a)]	. .	. .	. .	2,275	. .	. .	. .	897
84 Rehabilitation	67,591	69,769	74,975	102,001	117,718	139,034	169,323	200,952
85 Geriatrics–non acute; Psychogeriatric care[(a)]	18,034	21,277	22,270	1,715	6,944	6,692	8,190	6,336
86 Palliative care	20,206	23,017	25,349	27,019	5,766	5,281	5,016	5,506
87 Maintenance	17,498	18,090	18,574	20,961	1,887	2,197	2,477	1,968
88 Acute definitive geriatrics[(a)]	29,283	30,317	31,389	. .	6,576	6,417	6,729	. .
89 Unallocated	4,546	3,859	4,185	5,173	9,184	7,332	9,100	7,189
Total	**4,446,099**	**4,574,744**	**4,720,489**	**4,893,449**	**3,175,018**	**3,301,995**	**3,508,549**	**3,618,507**

. . Not applicable

(a) There were various differences between the SRG classifications reported for 2007–08 to 2009–10 and for 2010–11, as spelled out in the text.

Sources: AIHW 2009d, 2010c, 2011f, 2012d.

Table E.3: Service Related Groups: patient days, 2007–08 to 2010–11

Service Related Group	Public hospitals (excluding Western Australia)				Private hospitals			
	2007–08	2008–09	2009–10	2010–11	2007–08	2008–09	2009–10	2010–11
11 Cardiology	806,922	773,952	758,640	781,936	223,266	214,748	216,493	224,683
12 Interventional cardiology	205,254	205,711	205,757	214,269	162,949	167,042	171,372	177,496
13 Dermatology	46,792	48,608	47,083	46,149	14,745	14,236	14,678	10,637
14 Endocrinology	190,574	189,063	185,389	113,009	57,550	54,292	51,729	21,018
15 Gastroenterology	514,351	523,850	543,424	652,646	258,876	264,953	280,799	302,998
16 Diagnostic gastrointestinal endoscopy	156,087	159,350	160,579	184,965	353,780	352,203	366,791	437,761
17 Haematology	255,944	250,505	257,087	230,191	94,156	93,212	97,072	85,605
18 Immunology and infections	371,761	375,953	407,953	99,427	93,610	92,889	97,835	19,234
19 Oncology	273,141	265,992	263,021	236,677	175,424	168,605	160,989	135,113
20 Chemotherapy	99,514	103,468	113,086	116,565	176,430	186,747	196,992	209,003
21 Neurology	582,639	580,951	577,095	569,326	141,980	137,252	136,761	132,447
22 Renal medicine	220,898	234,810	236,861	165,809	65,335	69,724	70,430	67,595
23 Renal dialysis	740,271	786,599	833,383	878,930	164,696	183,922	199,813	209,953
24 Respiratory medicine	981,318	1,004,817	965,146	1,061,681	307,874	305,650	292,613	311,273
25 Rheumatology	31,109	33,857	35,077	72,742	13,160	12,720	13,868	26,085
26 Pain management	40,425	41,908	42,568	46,572	31,877	34,123	34,127	43,508
27 Non subspecialty–medicine	394,028	391,524	410,346	1,067,740	172,206	173,303	182,208	317,549
41 Breast surgery	28,630	29,493	29,945	33,429	34,170	35,719	34,822	59,834
42 Cardiothoracic surgery	146,080	147,048	145,977	152,820	116,106	117,954	113,281	109,706
43 Colorectal surgery	308,340	310,268	318,636	230,981	188,442	185,209	189,299	169,390
44 Upper gastrointestinal surgery	259,208	264,920	276,502	279,741	121,396	121,497	119,811	119,879
45 Ear, nose and throat[(a)]	20,829	20,603	21,611	. .	17,445	17,031	17,844	. .
46 Neurosurgery	267,115	266,221	281,515	340,388	242,032	247,800	262,182	256,026
47 Dentistry	24,095	23,943	24,265	24,349	93,915	96,921	100,931	97,844
48 Head and neck surgery[(a)]	106,696	109,903	111,706	175,070	102,949	105,664	110,486	132,927
49 Orthopaedics	1,074,994	1,081,384	1,095,579	1,073,572	783,914	789,960	822,139	849,579
50 Ophthalmology	103,578	105,519	107,124	108,739	193,651	203,337	221,603	220,187

(continued)

Table E.3 (continued): Service Related Groups: patient days, 2007–08 to 2010–11

	Public hospitals (excluding Western Australia)				Private hospitals			
Service Related Group	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**2007–08**	**2008–09**	**2009–10**	**2010–11**
51 Plastic and reconstructive surgery	190,510	197,200	200,192	180,911	213,340	216,010	223,339	211,575
52 Urology	243,500	252,933	253,686	269,211	236,707	241,369	247,905	263,362
53 Vascular surgery	278,742	278,891	274,829	285,273	148,431	139,324	135,973	140,221
54 Non subspecialty–surgery	669,765	694,174	715,134	681,053	247,965	243,837	256,118	296,976
61 Transplantation	16,600	18,099	19,331	21,105	428	297	224	250
62 Extensive burns	23,721	27,861	28,048	19,251	661	889	838	656
63 Tracheostomy	269,120	278,111	279,545	289,656	45,044	42,686	42,774	40,551
66 Social admission[(a)]	26,458	29,322	21,052	. .	10,473	2,281	1,710	. .
71 Gynaecology	219,436	215,972	215,268	215,735	294,218	294,384	299,825	294,937
72 Obstetrics	789,128	768,373	757,358	754,100	429,455	422,100	435,268	412,244
73 Qualified neonate	240,695	260,430	261,468	169,788	109,188	188,121	123,653	120,810
74 Unqualified neonate[(b)]	0	0	0	0	0	0	0	0
75 Perinatology	197,447	203,881	204,619	294,862	0	0	0	0
76 Definitive paediatric medicine[(a)]	104,092	87,068	84,703	. .	5,637	4,944	4,752	. .
81 Drug and alcohol	164,724	175,433	174,328	120,744	99,073	104,256	121,407	30,486
82 Psychiatry–acute	1,332,850	1,320,062	1,363,544	1,482,924	566,463	578,073	652,552	693,025
83 Psychiatry–non acute[(a)]	. .	. .	. .	390,686	. .	. .	. .	1,196
84 Rehabilitation	1,277,031	1,281,505	1,337,913	1,620,968	729,855	776,054	877,220	966,400
85 Geriatrics–non acute; Psychogeriatric care[(a)]	513,184	539,431	532,910	84,211	38,022	35,618	57,106	43,758
86 Palliative care	251,332	273,418	288,192	306,290	68,388	63,024	59,785	67,141
87 Maintenance	836,425	714,713	657,558	512,661	62,077	69,368	47,671	46,849
88 Acute definitive geriatrics[(a)]	254,955	251,815	249,961	. .	63,439	62,929	64,762	. .
89 Unallocated	55,382	43,251	43,261	50,805	35,847	30,652	32,327	30,044
Total	**16,205,660**	**16,242,163**	**16,418,293**	**16,707,967**	**7,806,573**	**7,892,929**	**8,262,177**	**8,407,813**

. . Not applicable

(a) There were various differences between the SRG classifications reported for 2007–08 to 2009–10 and for 2010–11, as spelled out in the text.

(b) Patient days for separations with a care type of *Unqualified neonate* have been excluded.

Sources: AIHW 2009d, 2010c, 2011f, 2012d.

Table E.4: Non-admitted patient services: individual occasions of service, 2007–08 to 2010–11

Type of service	Public hospitals (excluding Western Australia)				Private hospitals[(a)]			
	2007–08	2008–09	2009–10	2010–11	2007–08	2008–09	2009–10	2010–11
Emergency department	6,322,499	6,388,373	6,773,562	6,773,562	n.a.	500,645	527,000	n.a.
Outpatient care	14,670,939	14,740,643	14,887,427	14,660,442	n.a.	2,000,000	2,100,000	n.a.
Pathology	7,579,873	8,173,546	7,841,773	8,316,108	n.a.	190,000	253,000	n.a.
Radiology and organ imaging	2,972,760	2,969,968	3,031,137	2,978,281	n.a.	n.a.	n.a.	n.a.

(a) Published data on private hospital occasions of non-admitted patient services, from the Australian Bureau of Statistics Private Health Establishments Collection, do not cover *Radiology and organ imaging*, are often published in round numbers, and are not available for 2007–08 and not yet available for 2010–11.

Sources: ABS 2010, 2011; AIHW 2009d, 2010c, 2011f, 2012d.

Appendix F: Claim cohort analysis data

This appendix presents tables with data obtained from analysing cohorts of public sector claims over time. The claim cohorts were based either on the year their reserve was set or the date of the alleged incident.

There were 8 cohorts of claims based on the year their reserve was set, from 2003–04 to 2010–11. Tables F.1 and F.2 present the number of claims in each of these cohorts and the number and proportion that were closed in the year their reserve was set or a following year. Tables F.3 to F.10 present data on the cost of closing the claims relative to how many years had elapsed since their reserve was set.

There were 10 cohorts of claims based on their year of incident, from 2001–02 to 2010–11. Tables F.11 to F.20 show the number of claims in each cohort, and how many had progressed from incident to reserved claim to closed claim in the incident year or a following year (up to 2010–11). Tables F.21 and F.22 include information on total claim size for closed claims in the 2 cohorts of claims with a 2001–01 or 2002–03 year of incident.

Table F.1: Cumulative number of public sector closed claims by year, by year reserve set (excluding Western Australia)

	Year by which claim was closed									
Year reserve set	**2003–04**	**2004–05**	**2005–06**	**2006–07**	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**Still current**	**Total claims**
2003–04	148	579	879	1,150	1,265	1,352	1,395	1,414	52	1,466
2004–05		150	486	783	953	1,090	1,152	1,192	80	1,272
2005–06			171	724	1,028	1,268	1,376	1,436	91	1,527
2006–07				140	379	629	766	890	151	1,041
2007–08					95	457	725	932	282	1,214
2008–09						107	338	699	526	1,225
2009–10							83	513	1,073	1,586
2010–11								104	1,392	1,496

Table F.2: Proportion of public sector claims closed by year, by year reserve set (per cent) (excluding Western Australia)

	Year by which claim was closed									
Year reserve set	**2003–04**	**2004–05**	**2005–06**	**2006–07**	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**Still current**	**Total claims**
2003–04	10.1	39.5	60.0	78.4	86.3	92.2	95.2	96.5	3.5	100.0
2004–05		11.8	38.2	61.6	74.9	85.7	90.6	93.7	6.3	100.0
2005–06			11.2	47.4	67.3	83.0	90.1	94.0	6.0	100.0
2006–07				13.4	36.4	60.4	73.6	85.5	14.5	100.0
2007–08					7.8	37.6	59.7	76.8	23.2	100.0
2008–09						8.7	27.6	57.1	42.9	100.0
2009–10							5.2	32.3	67.7	100.0
2010–11								7.0	93.0	100.0

Table F.3: Public sector claims with their reserve set in 2003–04[(a)]: number and proportion closed by year, by total claim size ($) (excluding Western Australia)

	Year by which claim was closed							
Total claim size ($)	**2003–04**	**2004–05**	**2005–06**	**2006–07**	**2007–08**	**2008–09**	**2009–10**	**2010–11**
Less than 10,000	103	350	498	616	645	672	680	680
10,000–<100,000	40	192	279	360	406	421	432	435
100,000–<500,000	4	34	85	142	174	199	214	225
500,000 or more	0	0	8	23	31	51	60	65
Not known	1	3	9	9	9	9	9	9
Total	**148**	**579**	**879**	**1,150**	**1,265**	**1,352**	**1,395**	**1,414**
				Per cent of claims				
Less than 10,000	7.0	23.9	34.0	42.0	44.0	45.8	46.4	46.4
10,000–<100,000	2.7	13.1	19.0	24.6	27.7	28.7	29.5	29.7
100,000–<500,000	0.3	2.3	5.8	9.7	11.9	13.6	14.6	15.3
500,000 or more	0.0	0.0	0.5	1.6	2.1	3.5	4.1	4.4
Not known	0.1	0.2	0.6	0.6	0.6	0.6	0.6	0.6
Total	**10.1**	**39.5**	**60.0**	**78.4**	**86.3**	**92.2**	**95.2**	**96.5**

(a) The total number of claims with their reserve set in 2003–04 was 1,466 (Table F.1).

Note: Percentages may not sum exactly to the total due to rounding errors.

Table F.4: Public sector claims with their reserve set in 2004−05[(a)]: number and proportion closed by year, by total claim size ($) (excluding Western Australia)

	Year by which claim was closed						
Total claim size ($)	**2004–05**	**2005–06**	**2006–07**	**2007–08**	**2008–09**	**2009–10**	**2010–11**
Less than 10,000	112	353	470	551	586	598	602
10,000−<100,000	33	102	218	260	303	322	333
100,000−<500,000	3	21	78	116	156	178	187
500,000 or more	0	1	8	17	35	44	60
Not known	2	9	9	9	10	10	10
Total	**150**	**486**	**783**	**953**	**1,090**	**1,152**	**1,192**
			Per cent of claims				
Less than 10,000	8.8	27.8	36.9	43.3	46.1	47.0	47.3
10,000−<100,000	2.6	8.0	17.1	20.4	23.8	25.3	26.2
100,000−<500,000	0.2	1.7	6.1	9.1	12.3	14.0	14.7
500,000 or more	0.0	0.1	0.6	1.3	2.8	3.5	4.7
Not known	0.2	0.7	0.7	0.7	0.8	0.8	0.8
Total	**11.8**	**38.2**	**61.6**	**74.9**	**85.7**	**90.6**	**93.7**

(a) The total number of claims with their reserve set in 2004−05 was 1,272 (Table F.1).

Note: Percentages may not sum exactly to the total due to rounding errors.

Table F.5: Public sector claims with their reserve set in 2005−06[(a)]: number and proportion closed by year, by total claim size ($) (excluding Western Australia)

	Year by which claim was closed					
Total claim size ($)	**2005–06**	**2006–07**	**2007–08**	**2008–09**	**2009–10**	**2010–11**
Less than 10,000	136	421	599	701	722	728
10,000−<100,000	30	257	347	413	441	454
100,000−<500,000	4	41	69	120	160	187
500,000 or more	0	4	12	33	52	66
Not known	1	1	1	1	1	1
Total	**171**	**724**	**1,028**	**1,268**	**1,376**	**1,436**
			Per cent of claims			
Less than 10,000	8.9	27.6	39.2	45.9	47.3	47.7
10,000−<100,000	2.0	16.8	22.7	27.0	28.9	29.7
100,000−<500,000	0.3	2.7	4.5	7.9	10.5	12.2
500,000 or more	0.0	0.3	0.8	2.2	3.4	4.3
Not known	0.1	0.1	0.1	0.1	0.1	0.1
Total	**11.2**	**47.4**	**67.3**	**83.0**	**90.1**	**94.0**

(a) The total number of claims with their reserve set in 2005-06 was 1,527 (Table F.1)

Note: Percentages may not sum exactly to the total due to rounding errors.

Table F.6: Public sector claims with their reserve set in 2006−07[(a)]: number and proportion closed by year, by total claim size ($) (excluding Western Australia)

	Year by which claim was closed				
Total claim size ($)	**2006–07**	**2007–08**	**2008–09**	**2009–10**	**2010–11**
Less than 10,000	102	262	374	421	450
10,000−<100,000	33	91	179	212	242
100,000−<500,000	4	19	58	104	147
500,000 or more	1	3	14	25	47
Not known	0	4	4	4	4
Total	**140**	**379**	**629**	**766**	**890**
			Per cent of claims		
Less than 10,000	9.8	25.2	35.9	40.4	43.2
10,000−<100,000	3.2	8.7	17.2	20.4	23.2
100,000−<500,000	0.4	1.8	5.6	10.0	14.1
500,000 or more	0.1	0.3	1.3	2.4	4.5
Not known	0.0	0.4	0.4	0.4	0.4
Total	**13.4**	**36.4**	**60.4**	**73.6**	**85.5**

(a) The total number of claims with their reserve set in 2006−07 was 1,041 (Table F.1).

Note: Percentages may not sum exactly to the total due to rounding errors.

Table F.7: Public sector claims with their reserve set in 2007−08[(a)]: number and proportion closed by year, by total claim size ($) (excluding Western Australia)

	Year by which claim was closed			
Total claim size ($)	**2007–08**	**2008–09**	**2009–10**	**2010–11**
Less than 10,000	73	321	442	488
10,000−<100,000	21	93	178	262
100,000−<500,000	0	34	85	142
500,000 or more	0	8	19	39
Not known	1	1	1	1
Total	**95**	**457**	**725**	**932**
		Per cent of claims		
Less than 10,000	6.0	26.4	36.4	40.2
10,000−<100,000	1.7	7.7	14.7	21.6
100,000−<500,000	0.0	2.8	7.0	11.7
500,000 or more	0.0	0.7	1.6	3.2
Not known	0.1	0.1	0.1	0.1
Total	**7.8**	**37.6**	**59.7**	**76.8**

(a) The total number of claims with their reserve set in 2007−08 was 1,214 (Table F.1).

Note: Percentages may not sum exactly to the total due to rounding errors.

Table F.8: Public sector claims with their reserve set in 2008−09[(a)]: number and proportion closed by year, by total claim size ($) (excluding Western Australia)

	Year by which claim was closed		
Total claim size ($)	**2008–09**	**2009–10**	**2010–11**
Less than 10,000	88	233	350
10,000−<100,000	13	68	208
100,000−<500,000	5	33	119
500,000 or more	1	4	22
Total	**107**	**338**	**699**
	Per cent of claims		
Less than 10,000	7.2	19.0	28.6
10,000−<100,000	1.1	5.6	17.0
100,000−<500,000	0.4	2.7	9.7
500,000 or more	0.1	0.3	1.8
Total	**8.7**	**27.6**	**57.1**

(a) The total number of claims with their reserve set in 2008−09 was 1,225 (Table F.1).

Note: Percentages may not sum exactly to the total due to rounding errors.

Table F.9: Public sector claims with their reserve set in 2009−10[(a)]: number and proportion closed by year, by total claim size ($) (excluding Western Australia)

	Year by which claim was closed	
Total claim size ($)	**2009–10**	**2010–11**
Less than 10,000	62	309
10,000−<100,000	20	135
100,000−<500,000	1	63
500,000 or more	0	6
Total	**83**	**513**
	Per cent of claims	
Less than 10,000	3.9	19.5
10,000−<100,000	1.3	8.5
100,000−<500,000	0.1	4.0
500,000 or more	0.0	0.4
Total	**5.2**	**32.3**

(a) The total number of claims with their reserve set in 2009−10 was 1,586 (Table F.1).

Note: Percentages may not sum exactly to the total due to rounding errors.

Table F.10: Public sector claims with their reserve set in 2010−11[(a)]: number and proportion closed by year, by total claim size ($) (excluding Western Australia)

	Year by which claim was closed
Total claim size ($)	**2010–11**
Less than 10,000	75
10,000−<100,000	25
100,000−<500,000	4
500,000 or more	0
Total	**104**
	Per cent of claims
Less than 10,000	5.0
10,000−<100,000	1.7
100,000−<500,000	0.3
500,000 or more	0.0
Total	**7.0**

(a) The total number of claims with their reserve set in 2010–11 was 1,496 (Table F.1)

Table F.11: Public sector claims with a 2001–02 year of incident: status of claim, by year (excluding Western Australia)

	Year									
Status of claim	**2001–02**	**2002–03**	**2003–04**	**2004–05**	**2005–06**	**2006–07**	**2007–08**	**2008–09**	**2009–10**	**2010–11**
Unnotified[(a)]	903	582	391	184	81	61	40	17	12	. .
Alleged[(b)]	145	39	15	15	5	6	4	0	1	. .
Reserved[(c)]	270	562	600	549	436	246	170	120	87	67
Reopened[(d)]	0	0	3	4	10	11	17	11	6	4
Closed[(e)]	2	137	311	568	788	996	1,089	1,172	1,214	1,249
Total[(f)]	**1,320**	**1,320**	**1,320**	**1,320**	**1,320**	**1,320**	**1,320**	**1,320**	**1,320**	**1,320**
					Per cent					
Unnotified	68.4	44.1	29.6	13.9	6.1	4.6	3.0	1.3	0.9	. .
Alleged	11.0	3.0	1.1	1.1	0.4	0.5	0.3	0.0	0.1	. .
Reserved	20.5	42.6	45.5	41.6	33.0	18.6	12.9	9.1	6.6	5.1
Reopened	0.0	0.0	0.2	0.3	0.8	0.8	1.3	0.8	0.5	0.3
Closed	0.2	10.4	23.6	43.0	59.7	75.5	82.5	88.8	92.0	94.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) No record of the incident in the health authority's claim recording system.

(b) The health authority has recorded receipt of a formal complaint, letter of demand or other 'trigger' for the claim but has not yet placed a reserve against the claim.

(c) The health authority has placed a reserve against the claim, whether potential or commenced.

(d) The health authority had closed the claim file at some previous point but had reopened it by 30 June of the year in question.

(e) The claim file was closed (and not reopened) by 30 June of the year in question.

(f) The number of unrescinded claims with their reserve set by 30 June 2011 and with a date of incident during the year 2001−02.

Notes

1. Claims in scope are defined by their reserve having been set by 30 June 2011, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2010−11.

2. Percentages may not add up exactly to 100.0 due to rounding.

Table F.12: Public sector claims with a 2002–03 year of incident: status of claim, by year (excluding Western Australia)

	Year								
Status of claim	**2002–03**	**2003–04**	**2004–05**	**2005–06**	**2006–07**	**2007–08**	**2008–09**	**2009–10**	**2010–11**
Unnotified[(a)]	869	541	400	175	101	68	28	15	. .
Alleged[(b)]	46	44	28	17	12	1	3	1	. .
Reserved[(c)]	412	584	514	539	349	255	172	128	80
Reopened[(d)]	0	0	0	5	13	18	5	8	7
Closed[(e)]	27	185	412	618	879	1,012	1,146	1,202	1,267
Total[(f)]	**1,354**	**1,354**	**1,354**	**1,354**	**1,354**	**1,354**	**1,354**	**1,354**	**1,354**
					Per cent				
Unnotified	64.2	40.0	29.5	12.9	7.5	5.0	2.1	1.1	. .
Alleged	3.4	3.2	2.1	1.3	0.9	0.1	0.2	0.1	. .
Reserved	30.4	43.1	38.0	39.8	25.8	18.8	12.7	9.5	5.9
Reopened	0.0	0.0	0.0	0.4	1.0	1.3	0.4	0.6	0.5
Closed	2.0	13.7	30.4	45.6	64.9	74.7	84.6	88.8	93.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) No record of the incident in the health authority's claim recording system.

(b) The health authority has recorded receipt of a formal complaint, letter of demand or other 'trigger' for the claim but has not yet placed a reserve against the claim.

(c) The health authority has placed a reserve against the claim, whether potential or commenced.

(d) The health authority had closed the claim file at some previous point but had reopened it by 30 June of the year in question.

(e) The claim file was closed (and not reopened) by 30 June of the year in question.

(f) The number of unrescinded claims with their reserve set by 30 June 2011 and with a date of incident during the year 2002−03.

Notes

1. Claims in scope are defined by their reserve having been set by 30 June 2011, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2010−11.
2. Percentages may not add up exactly to 100.0 due to rounding.

Table F.13: Public sector claims with a 2003–04 year of incident: status of claim, by year (excluding Western Australia)

	Year							
Status of claim	**2003–04**	**2004–05**	**2005–06**	**2006–07**	**2007–08**	**2008–09**	**2009–10**	**2010–11**
Unnotified[(a)]	813	560	320	157	89	46	24	. .
Alleged[(b)]	40	51	28	24	8	2	2	. .
Reserved[(c)]	352	441	570	431	358	226	155	104
Reopened[(d)]	0	0	1	15	19	10	15	14
Closed[(e)]	35	188	321	613	766	956	1,044	1,122
Total[(f)]	**1,240**	**1,240**	**1,240**	**1,240**	**1,240**	**1,240**	**1,240**	**1,240**
				Per cent				
Unnotified	65.6	45.2	25.8	12.7	7.2	3.7	1.9	. .
Alleged	3.2	4.1	2.3	1.9	0.6	0.2	0.2	. .
Reserved	28.4	35.6	46.0	34.8	28.9	18.2	12.5	8.4
Reopened	0.0	0.0	0.1	1.2	1.5	0.8	1.2	1.1
Closed	2.8	15.2	25.9	49.4	61.8	77.1	84.2	90.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) No record of the incident in the health authority's claim recording system.

(b) The health authority has recorded receipt of a formal complaint, letter of demand or other 'trigger' for the claim but has not yet placed a against the claim.

(c) The health authority has placed a reserve against the claim, whether potential or commenced.

(d) The health authority had closed the claim file at some previous point but had reopened it by 30 June of the year in question.

(e) The claim file was closed (and not reopened) by 30 June of the year in question.

(f) The number of unrescinded claims with their reserve set by 30 June 2011 and with a date of incident during the year 2003−04.

Notes

1. Claims in scope are defined by their reserve having been set by 30 June 2011, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2010−11.
2. Percentages may not add up exactly to 100.0 due to rounding.

Table F.14: Public sector claims with a 2004–05 year of incident: status of claim, by year (excluding Western Australia)

	Year						
Status of claim	**2004–05**	**2005–06**	**2006–07**	**2007–08**	**2008–09**	**2009–10**	**2010–11**
Unnotified[(a)]	762	371	258	116	55	19	. .
Alleged[(b)]	64	52	24	15	2	2	. .
Reserved[(c)]	330	543	416	405	287	205	132
Reopened[(d)]	0	3	5	12	27	23	17
Closed[(e)]	43	230	496	651	828	950	1050
Total[(f)]	**1,199**	**1,199**	**1,199**	**1,199**	**1,199**	**1,199**	**1,199**
				Per cent			
Unnotified	63.6	30.9	21.5	9.7	4.6	1.6	. .
Alleged	5.3	4.3	2.0	1.3	0.2	0.2	. .
Reserved	27.5	45.3	34.7	33.8	23.9	17.1	11.0
Reopened	0.0	0.3	0.4	1.0	2.3	1.9	1.4
Closed	3.6	19.2	41.4	54.3	69.1	79.2	87.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) No record of the incident in the health authority's claim recording system.

(b) The health authority has recorded receipt of a formal complaint, letter of demand or other 'trigger' for the claim but has not yet placed a reserve against the claim.

(c) The health authority has placed a reserve against the claim, whether potential or commenced.

(d) The health authority had closed the claim file at some previous point but had reopened it by 30 June of the year in question.

(e) The claim file was closed (and not reopened) by 30 June of the year in question.

(f) The number of unrescinded claims with their reserve set by 30 June 2011 and with a date of incident during the year 2004−05.

Notes

1. Claims in scope are defined by their reserve having been set by 30 June 2011, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2010−11.
2. Percentages may not add up exactly to 100.0 due to rounding.

Table F.15: Public sector claims with a 2005–06 year of incident: status of claim, by year (excluding Western Australia)

	Year					
Status of claim	**2005–06**	**2006–07**	**2007–08**	**2008–09**	**2009–10**	**2010–11**
Unnotified[(a)]	669	446	325	117	39	. .
Alleged[(b)]	53	44	7	6	2	. .
Reserved[(c)]	314	405	380	433	373	251
Reopened[(d)]	2	4	18	33	43	33
Closed[(e)]	41	180	349	490	622	795
Total[(f)]	**1,079**	**1,079**	**1,079**	**1,079**	**1,079**	**1,079**
			Per cent			
Unnotified	62.0	41.3	30.1	10.8	3.6	. .
Alleged	4.9	4.1	0.6	0.6	0.2	. .
Reserved	29.1	37.5	35.2	40.1	34.6	23.3
Reopened	0.2	0.4	1.7	3.1	4.0	3.1
Closed	3.8	16.7	32.3	45.4	57.6	73.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) No record of the incident in the health authority's claim recording system.

(b) The health authority has recorded receipt of a formal complaint, letter of demand or other 'trigger' for the claim but has not yet placed a reserve against the claim.

(c) The health authority has placed a reserve against the claim, whether potential or commenced.

(d) The health authority had closed the claim file at some previous point but had reopened it by 30 June of the year in question.

(e) The claim file was closed (and not reopened) by 30 June of the year in question.

(f) The number of unrescinded claims with their reserve set by 30 June 2011 and with a date of incident during the year 2005−06.

Notes

1. Claims in scope are defined by their reserve having been set by 30 June 2011, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2010−11.
2. Percentages may not add up exactly to 100.0 due to rounding.

Table F.16: Public sector claims with a 2006–07 year of incident: status of claim, by year (excluding Western Australia)

	Year				
Status of claim	**2006–07**	**2007–08**	**2008–09**	**2009–10**	**2010–11**
Unnotified[(a)]	760	493	363	119	. .
Alleged[(b)]	38	6	11	9	. .
Reserved[(c)]	300	463	402	503	409
Reopened[(d)]	2	6	17	31	42
Closed[(e)]	39	171	346	477	688
Total[(f)]	**1,139**	**1,139**	**1,139**	**1,139**	**1,139**
			Per cent		
Unnotified	66.7	43.3	31.9	10.4	. .
Alleged	3.3	0.5	1.0	0.8	. .
Reserved	26.3	40.6	35.3	44.2	35.9
Reopened	0.2	0.5	1.5	2.7	3.7
Closed	3.4	15	30.4	41.9	60.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) No record of the incident in the health authority's claim recording system.

(b) The health authority has recorded receipt of a formal complaint, letter of demand or other 'trigger' for the claim but has not yet placed a reserve against the claim.

(c) The health authority has placed a reserve against the claim, whether potential or commenced.

(d) The health authority had closed the claim file at some previous point but had reopened it by 30 June of the year in question.

(e) The claim file was closed (and not reopened) by 30 June of the year in question.

(f) The number of unrescinded claims with their reserve set by 30 June 2011 and with a date of incident during the year 2006−07.

Notes

1. Claims in scope are defined by their reserve having been set by 30 June 2011, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2010−11.
2. Percentages may not add up exactly to 100.0 due to rounding.

Table F.17: Public sector claims with a 2007–08 year of incident: status of claim, by year (excluding Western Australia)

	Year			
Status of claim	**2007–08**	**2008–09**	**2009–10**	**2010–11**
Unnotified[(a)]	716	461	258	. .
Alleged[(b)]	14	12	5	. .
Reserved[(c)]	374	461	532	560
Reopened[(d)]	1	1	16	33
Closed[(e)]	18	188	312	530
Total[(f)]	**1,123**	**1,123**	**1,123**	**1,123**
		Per cent		
Unnotified	63.8	41.1	23.0	. .
Alleged	1.2	1.1	0.4	. .
Reserved	33.3	41.1	47.4	49.9
Reopened	0.1	0.1	1.4	2.9
Closed	1.6	16.7	27.8	47.2
Total	**100.0**	**100.0**	**100.0**	**100.0**

(a) No record of the incident in the health authority's claim recording system.

(b) The health authority has recorded receipt of a formal complaint, letter of demand or other 'trigger' for the claim but has not yet placed a reserve against the claim.

(c) The health authority has placed a reserve against the claim, whether potential or commenced.

(d) The health authority had closed the claim file at some previous point but had reopened it by 30 June of the year in question.

(e) The claim file was closed (and not reopened) by 30 June of the year in question.

(f) The number of unrescinded claims with their reserve set by 30 June 2011 and with a date of incident during the year 2007−08.

Notes

1. Claims in scope are defined by their reserve having been set by 30 June 2011, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2010−11.
2. Percentages may not add up exactly to 100.0 due to rounding.

Table F.18: Public sector claims with a 2008–09 year of incident: status of claim, by year (excluding Western Australia)

	Year		
Status of claim	**2008–09**	**2009–10**	**2010–11**
Unnotified[(a)]	571	184	. .
Alleged[(b)]	12	10	. .
Reserved[(c)]	327	605	623
Reopened[(d)]	2	4	7
Closed[(e)]	28	137	310
Total[(f)]	**940**	**940**	**940**
	Per cent		
Unnotified	60.7	19.6	. .
Alleged	1.3	1.1	. .
Reserved	34.8	64.4	66.3
Reopened	0.2	0.4	0.7
Closed	3.0	14.6	33.0
Total	**100.0**	**100.0**	**100.0**

(a) No record of the incident in the health authority's claim recording system.

(b) The health authority has recorded receipt of a formal complaint, letter of demand or other 'trigger' for the claim but has not yet placed a reserve against the claim.

(c) The health authority has placed a reserve against the claim, whether potential or commenced.

(d) The health authority had closed the claim file at some previous point but had reopened it by 30 June of the year in question.

(e) The claim file was closed (and not reopened) by 30 June of the year in question.

(f) The number of unrescinded claims with their reserve set by 30 June 2011 and with a date of incident during the year 2008−09.

Notes

1. Claims in scope are defined by their reserve having been set by 30 June 2011, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2010−11.
2. Percentages may not add up exactly to 100.0 due to rounding.

Table F.19: Public sector claims with a 2009–10 year of incident: status of claim, by year (excluding Western Australia)

	Year	
Status of claim	**2009–10**	**2010–11**
Unnotified[(a)]	354	. .
Alleged[(b)]	9	. .
Reserved[(c)]	509	731
Reopened[(d)]	2	5
Closed[(e)]	24	162
Total[(f)]	**898**	**898**
	Per cent	
Unnotified	39.4	. .
Alleged	1.0	. .
Reserved	56.7	81.4
Reopened	0.2	0.6
Closed	2.7	18.0
Total	**100.0**	**100.0**

(a) No record of the incident in the health authority's claim recording system.

(b) The health authority has recorded receipt of a formal complaint, letter of demand or other 'trigger' for the claim but has not yet placed a reserve against the claim.

(c) The health authority has placed a reserve against the claim, whether potential or commenced.

(d) The health authority had closed the claim file at some previous point but had reopened it by 30 June of the year in question.

(e) The claim file was closed (and not reopened) by 30 June of the year in question.

(f) The number of unrescinded claims with their reserve set by 30 June 2011 and with a date of incident during the year 2009−10.

Notes

1. Claims in scope are defined by their reserve having been set by 30 June 2011, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2010−11.
2. Percentages may not add up exactly to 100.0 due to rounding.

Table F.20: Public sector claims with a 2010–11 year of incident: status of claim, by year (excluding Western Australia)

	Year
Status of claim	**2010–11**
Unnotified[(a)]	. .
Alleged[(b)]	. .
Reserved[(c)]	379
Reopened[(d)]	2
Closed[(e)]	30
Total[(f)]	**411**
	Per cent
Unnotified	. .
Alleged	. .
Reserved	92.2
Reopened	0.5
Closed	7.3
Total	**100.0**

(a) No record of the incident in the health authority's claim recording system.

(b) The health authority has recorded receipt of a formal complaint, letter of demand or other 'trigger' for the claim but has not yet placed a reserve against the claim.

(c) The health authority has placed a reserve against the claim, whether potential or commenced.

(d) The health authority had closed the claim file at some previous point but had reopened it by 30 June of the year in question.

(e) The claim file was closed (and not reopened) by 30 June of the year in question.

(f) The number of unrescinded claims with their reserve set by 30 June 2011 and with a date of incident during the year 2010−11.

Note: Claims in scope are defined by their reserve having been set by 30 June 2011, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2010−11.

Table F.21: Public sector claims with a 2001–02 year of incident[(a)]: number and proportion closed by year, by total claim size ($) (excluding Western Australia)

	Year by which claim was closed									
Total claim size ($)	**2001–02**	**2002–03**	**2003–04**	**2004–05**	**2005–06**	**2006–07**	**2007–08**	**2008–09**	**2009–10**	**2010–11**
Less than 10,000	2	116	234	372	467	546	575	593	604	611
10,000−<100,000	0	19	62	156	239	301	332	356	370	381
100,000−<500,000	0	0	10	30	61	123	146	172	185	198
500,000 or more	0	0	0	2	9	15	25	40	44	48
Not known	0	2	5	8	12	11	11	11	11	11
Total	**2**	**137**	**311**	**568**	**788**	**996**	**1,089**	**1,172**	**1,214**	**1,249**
						Per cent of claims				
Less than 10,000	0.2	8.8	17.7	28.2	35.4	41.4	43.6	44.9	45.8	46.3
10,000−<100,000	0.0	1.4	4.7	11.8	18.1	22.8	25.2	27.0	28.0	28.9
100,000−<500,000	0.0	0.0	0.8	2.3	4.6	9.3	11.1	13.0	14.0	15.0
500,000 or more	0.0	0.0	0.0	0.2	0.7	1.1	1.9	3.0	3.3	3.6
Not known	0.0	0.2	0.4	0.6	0.9	0.8	0.8	0.8	0.8	0.8
Total	**0.2**	**10.4**	**23.6**	**43.0**	**59.7**	**75.5**	**82.5**	**88.8**	**92.0**	**94.6**

(a) The total number of claims with a year of incident in 2001−02 was 1,320 (Table F.11).

Note: Percentages may not sum exactly to the total due to rounding errors.

Table F.22: Public sector claims with a 2002–03 year of incident[(a)]: number and proportion closed by year, by total claim size ($) (excluding Western Australia)

Total claim size ($)	Year by which claim was closed								
	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11
Less than 10,000	27	148	300	421	521	574	615	626	646
10,000–<100,000	0	32	93	147	254	303	339	359	383
100,000–<500,000	0	2	14	36	87	110	153	168	181
500,000 or more	0	0	1	6	9	17	31	41	49
Not known	0	3	4	8	8	8	8	8	8
Total	**27**	**185**	**412**	**618**	**879**	**1,012**	**1,146**	**1,202**	**1,267**
	Per cent of claims								
Less than 10,000	2.0	10.9	22.2	31.1	38.5	42.4	45.4	46.2	47.7
10,000–<100,000	0.0	2.4	6.9	10.9	18.8	22.4	25.0	26.5	28.3
100,000–<500,000	0.0	0.1	1.0	2.7	6.4	8.1	11.3	12.4	13.4
500,000 or more	0.0	0.0	0.1	0.4	0.7	1.3	2.3	3.0	3.6
Not known	0.0	0.2	0.3	0.6	0.6	0.6	0.6	0.6	0.6
Total	**2.0**	**13.7**	**30.4**	**45.6**	**64.9**	**74.7**	**84.6**	**88.8**	**93.6**

(a) The total number of claims with a year of incident in 2002–03 was 1,354 (Table F.12)

Note: Percentages may not sum exactly to the total due to rounding errors.

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Australia's medical indemnity claims 2010–11 looks at the number, nature and costs of public sector (excluding Western Australia) and private sector medical indemnity claims. In 2010–11, there were more new claims in the public than the private sector (1,500 and 1,300 respectively) and similar numbers closed across the sectors (1,400 in the public sector and 1,450 in the private sector). About half of closed claims (53%) were for less than $10,000, compared with 41% that were settled for between $10,000 and $500,000, and 6% settled for $500,000 or more.

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