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Australia's medical indemnity claims

2011–12

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Authoritative information and statistics to promote better health and wellbeing

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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	Australian Government 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 because of small numbers, confidentiality or other concerns about the quality of the data

Summary

This report presents data on Australia's medical indemnity claims in the public sector, and in the public and private sectors combined, from 2007–08 to 2011–12. The data exclude public sector claims for Western Australia, which did not report its claims data for 2010–11 and 2011–12.

Claims arise from allegations of negligence or breach of duty by health-care practitioners during the delivery of health services. A new claim is created when a reserve amount is placed against the costs expected to arise in closing the claim.

Claim numbers

In 2011–12, approximately 1,300 new and 1,300 closed public sector claims were reported. From 2007–08 to 2010–11, there were between 1,100 and 1,550 new claims and between 1,100 and 1,400 closed claims (excluding Western Australia). Including Western Australia's public sector claims, there were between 1,200 and 1,600 new claims and between 1,200 and 1,400 closed claims between 2007–08 and 2009–10.

In the private sector there were about 1,700 new claims and 1,700 closed claims in 2011–12. These claim numbers are larger than the 1,000 to 1,400 new claims and 800 to 1,550 closed claims reported for the private sector between 2007–08 and 2010–11. As a result, the total number of private sector claims in 2011–12 exceeded the total number of public sector claims, whereas in previous years the opposite was true.

Between 2007–08 and 2011–12, total claims open at some time during the year increased from about 7,500 to 10,300 (excluding Western Australia).

Claim costs and circumstances

Of the 1,281 public sector claims closed in 2011–12, 37% cost less than $10,000, 29% cost between $10,000 and $100,000, 25% cost between $100,000 and $500,000, and 10% cost $500,000 or more. From 2003–04 through to 2011–12, the proportion of public sector claims closed for $500,000 or more constantly increased.

Including private sector claims closed in 2011–12, 54% of the 2,978 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 5% cost $500,000 or more.

Between 2007–08 and 2011–12, the proportion of new public sector claims associated with the clinical service context of *General surgery* increased, from 14% to 21%. Over the same period, there was also an increase in the proportion of new claims associated with *Procedure* (for instance, a surgical procedure or childbirth delivery) as the alleged problem, both for public sector claims (26% to 33%) and public and private sector claims combined (24% to 35%).

In 2011–12, 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 and with private hospitals and day surgeries. They respectively accounted for 72%, 12% and 11% of claims closed for $100,000 or more.

Length of time between health-care incident and claim closure

On average, the length of time between incident and when the claim was opened was about 2 years, and 3 to 4 years between the health-care incident and when the claim was closed. The proportion of claims closed within 5 years of the incident fluctuated between 70 and 79% for claims with incident years between 2001–02 and 2006–07.

1 Introduction

This report presents data on public and private sector medical indemnity claims for 2011–12 in the context of claims data from the immediately preceding years. The data comparisons exclude Western Australia public sector claims; as was the case for 2010–11, these data were unavailable for 2011–12. Accordingly they are excluded from the data presented for previous years in most parts of the report, to allow direct comparisons with the 2011–12 data.

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 (MINC) on which this report is based.

Medical indemnity claims can arise from any area of health service delivery. Generally, public sector medical indemnification covers public health services, and private sector medical indemnification covers private health services. However, 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).

The 2011–12 data presented in this report relate to claims that were open at any time during the reporting period, 1 July 2011 to 30 June 2012. 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 5 categories of claims represented in the data: all claims, new claims, closed claims, current claims and reopened claims (Box 1.1).

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.

Box 1.1: Types of claims included in this report

All claims: public and private sector claims in scope (see below) that were open at any time between 1 July 2011 and 30 June 2012.

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 2011 and 30 June 2012. These can be either closed or current.

Closed claims: any claims that were finalised by discontinuation, negotiation or a court decision, between 1 July 2011 and 30 June 2012.

Current claims: any claims in scope that remained open at 30 June 2012.

Reopened claims: current claims that had been considered closed at some point before 30 June 2012.

Claims 'in scope' are mostly 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.

A small number of MII claims in scope are additional to those reported to APRA. These relate to the medical defence organisation (MDO) 'run-off' scheme. This 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 (Department of Health and Ageing 2013).

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.

1.1 Structure of 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 public sector claims in 2011–12 and presents selected data for some jurisdictions. Chapter 4 provides data on public sector claims from 2007–08 to 2011–12, as well as 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 2011–12. Chapter 6 provides data on public and private sector medical indemnity claims from 2007–08 to 2011–12.

Chapters 3 to 6 follow the same structure in presenting information on claims: claim numbers, new claims, current claims and closed claims. New claims are the appropriate category for information on the characteristics of claims that arose in 2011–12, and how they compare with claims that arose between 2007–08 and 2010–11. Current claims are the appropriate category for information on the expenses (including predicted future expenses) associated with claims while they are still open.

Closed claims are the appropriate category for information that is not known until a claim is closed, such as the total cost associated with closing a claim and how the claim was finalised.

There are also six 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 2010–11. 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.

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 that can assist in interpreting claims data.

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)

The public sector MINC is governed by an agreement between the Australian Government Department of Health and Ageing (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 were subsequently published, the last covering 2009–10 (AIHW 2012a). The 2010–11 public sector data have also been reported, in the same report as the private sector data (AIHW 2012b).

Western Australia withdrew from the MINC public sector agreement with effect from 2010–11 and has not submitted any 2010–11 or 2011–12 MINC data.

2.2 MINC (private sector)

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.

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 circumstances associated with claims, set a reserve amount to cover the likely financial cost to the insurer 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).

2.4 Data items and definitions

In 2011–12 the MINC included 25 data items and 21 key terms as summarised in Appendix A. Definitions and classification codes are available from the Medical Indemnity Data Set Specification published on the AIHW website through its Metadata Online Registry, METeOR (AIHW 2011a).

The MINC collects information about 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 patient are also collected if available.

The claimant (that is, the person pursuing the claim) is often the patient 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 represent 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 submission for 2009–10 claims.

Private sector

While MIIs vary in the data items they collect, they all collect a core set of data items as specified by Insurance Statistics Australia (ISA). Many of these data items 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 four 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 public sector medical indemnity claim occurs when a reserve is placed against the estimated likely cost of settling a 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. Jurisdictions also differ in whether or not they report these potential claims to the AIHW.

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 3 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 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 case of 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.

The main steps in the management of public sector claims are detailed in the description of the Medical Indemnity Data Set Specification (AIHW 2011a). 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 2012 provide data on the current liability of claims to be finalised. 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 changed characteristics of these allegations over time. Accordingly, several of the tables in chapters 4 and 6, where data for 2011–12 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 earlier years, because data providers 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 are 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 2011–12) and their year of incident (from 2001–02 to 2011–12).

The 'time series' data presented in Chapters 4 and 6 exclude Western Australia's public sector claims, so as to allow comparability of the 2010–11 and 2011–12 data with the data from previous years.

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. Many clinicians provide services in both the public and private sectors, and the published workforce data are not specific to sector. Therefore, the medical workforce data are most appropriate for interpreting data related to public and private sector claims combined.

For several reasons, the data should be interpreted with caution, and dividing claim numbers by workforce specialty numbers to derive a 'rate' of claims per clinician specialty is not advised.

Clinician specialty definitions for workforce and medical claim purposes are not identical, and claims may arise against clinicians after they have left the workforce. Also, the workforce estimates cover all states and territories in most years but not in 2010, as Queensland and Western Australia were not part of the Medical Workforce Survey 2010 (see Appendix E for details). In comparison, as previously noted, the combined public and private sector claims data do not include Western Australia's public sector claims. Also, accuracy of the workforce estimates may not be as high as desirable. For instance, the 2009 estimates are based on a response rate of just 53.1%.

Contextual information on the delivery of health services in public and private hospitals from 2007–08 to 2011–12 is also provided at Appendix E. A time series is provided because many of the claims result from alleged incidents that occurred in the years preceding the year when the claim was opened (Section 4.10). The public hospital data exclude Western Australia whereas the private hospital data include Western Australia. This is because most of the 2011–12 claims that arose from incidents in public hospitals were public sector claims, whereas all of the 2011–12 claims that arose from incidents in private hospitals were private sector claims (Section 5.1).

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 clinician 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 clinician specialty categories do not align precisely with categories of hospital service delivery.

3 Public sector medical indemnity claims for 2011–12

This chapter presents a brief profile of the 5,084 reported public sector claims open at some point between 1 July 2011 and 30 June 2012 (Table 3.1). Over the period, 1,328 new claims were opened (marked by the setting of a reserve) and 1,281 claims that were closed (settled, for example, through negotiation or a court decision, or discontinued). At 30 June 2012 there were 3,803 current claims (Box 3.1).

Table 3.1: Number of public sector claims by claim category, 1 July 2011 to 30 June 2012 (excluding Western Australia)

Claim category	Description	Number
New	Claims with a reserve set within the reporting period (1 July 2011 to 30 June 2012)	1,328
Current	Claims that remained open at 30 June 2012	3,803
Closed	Claims that were finalised during the reporting period (1 July 2011 to 30 June 2012)	1,281
All	All claims open at some point during the reporting period (1 July 2011 to 30 June 2012)	5,084

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 2012.

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 2011a).

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 2011–12 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 2011–12 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 outside hospitals. There are 32 possible categories, including the option to code the clinical service context as *Other* and provide additional text information.

In 2011–12, the 3 most commonly reported clinical service contexts (*General surgery, Emergency department* and *Obstetrics)* accounted for 37% of new claims (490 of 1,328) (Table 3.2).

Seventeen of the clinical service contexts were reported for fewer than 10 new claims. Similarly, between 2008–09 and 2010–11, between 6 and 16 clinical service contexts were reported for fewer than 10 new claims (AIHW 2011b, 2012a, 2012b).

Table 3.4 presents jurisdictional data for 8 frequently recorded clinical service contexts for new claims in 2011–12. These data exclude potential claims, which are reported to the MINC by just 4 jurisdictions (Section 2.4), and so would give a misleading impression of a relatively large number of claims in those 4 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 2011–12, more claims were linked to incidents in public hospitals and day surgeries than any other health service setting (data not shown). This was the case for 75% of new claims overall (1,001 of 1,328), including 96% (1,001 of 1,038 claims) with a known health service setting. In comparison, no new public sector claims in 2011–12 were 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 2011b, 2012a, 2012b).

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 2011–12, *Procedure* was the most commonly recorded category for all new claims (25%), followed by *Diagnosis (20%)* and *Treatment* (18%). *Blood/blood product-related*, *Infection control* and *Device failure* were the least common primary incident/allegation types (each less than 1%) to be recorded as the alleged grounds for a claim (Table 3.2).

Procedure accounted for more than half of all alleged incidents in the clinical service contexts of *Gynaecology* (74%), *General surgery* (61%) and *Orthopaedics* (52%). (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 2.6.) Incidents related to *Diagnosis* and *Treatment* were relatively more likely in *Emergency department* claims (accounting for 50% and 29% of these claims respectively). *Treatment* was also recorded for 32% of claims with a clinical service context of *Cardiology* (Table 3.3).

Table 3.2: Clinical service context for new public sector claims, by primary incident/allegation type, 1 July 2011 to 30 June 2012 (excluding Western Australia)

	Primary incident/allegation type[a]													
Clinical service context[b]	**Procedure**	**Diagnosis**	**Treatment**	**General duty of care**	**Medication-related**	**Consent**	**Anaesthetic**	**Blood/ blood product-related**	**Infection control**	**Device failure**	**Other**	**Not known**	**Total**	**Per cent**
General surgery	120	22	26	8	2	9	8	1	1	0	0	1	198	14.9
Emergency department	9	77	45	7	11	1	0	3	0	0	1	1	155	11.7
Obstetrics	52	28	29	1	4	3	2	3	0	0	8	7	137	10.3
Orthopaedics	39	14	12	7	1	0	0	1	1	0	0	1	76	5.7
Psychiatry	1	9	12	19	10	1	0	0	0	0	1	0	53	4.0
General practice	13	20	12	4	3	0	0	0	1	0	0	0	53	4.0
Cardiology	11	9	13	0	7	0	0	0	1	0	0	0	41	3.1
Gynaecology	28	2	4	2	1	1	0	0	0	0	0	2	40	3.0
All other clinical service contexts	49	47	52	14	6	3	5	0	1	1	0	0	178	13.4
Not applicable[c]	0	0	0	1	0	0	0	0	0	0	0	0	1	0.1
Not known	14	38	28	8	2	2	0	1	0	0	1	302	396	29.8
Total	**336**	**266**	**233**	**71**	**47**	**20**	**15**	**9**	**5**	**1**	**11**	**314**	**1,328**	**100.0**
Per cent	*25.3*	*20.0*	*17.5*	*5.3*	*3.5*	*1.5*	*1.1*	*0.7*	*0.4*	*0.1*	*0.8*	*23.6*	*100.0*	*. .*

. . Not applicable

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

(b) The 'clinical service context' categories listed separately here are the 8 most frequently recorded categories; all other categories are combined in the category *All other clinical service contexts*. These categories include *General medicine* (21 claims), *Neurology* (19 claims), *Paediatrics* (17 claims), *Urology* (13 claims), *Oncology* (12 claims), *Dentistry* (9 claims), *Hospital outpatient department* (9 claims), *Radiology* (9 claims), *Plastic surgery* (8 claims), *Intensive care* (7 claims), *Cardio-thoracic surgery* (6 claims), *Neurosurgery* (5 claims), *Ophthalmology* (5 claims), *Perinatology* (4 claims), *Vascular surgery* (4 claims), *Otolaryngology* (3 claims), *Pathology* (3 claims), *Cosmetic procedures* (1 claim), *Public health* (1 claim), *Community-based care* (0 claims), *Oral and maxillofacial surgery* (0 claims) and *Rehabilitation* (0 claims).

(c) The *Not applicable* category covers claims for health-care incidents that lack an identifiable clinical service context, for instance incidents in a hospital's public access areas or complaints against disclosure of a patient's medical records.

Table 3.3: Clinical service context for new public sector claims, by primary incident/allegation type (excluding *Not known*), 1 July 2011 to 30 June 2012 (excluding Western Australia) (per cent)

	Primary incident/allegation type											
Clinical service context[(a)]	**Procedure**	**Diagnosis**	**Treatment**	**General duty of care**	**Medication-related**	**Consent**	**Anaesthetic**	**Blood/ blood product-related**	**Infection control**	**Device failure**	**Other**	**Total**
General surgery	60.9	11.2	13.2	4.1	1.0	4.6	4.1	0.5	0.5	0.0	0.0	100.0
Emergency department	5.8	50.0	29.2	4.5	7.1	0.6	0.0	1.9	0.0	0.0	0.6	100.0
Obstetrics	40.0	21.5	22.3	0.8	3.1	2.3	1.5	2.3	0.0	0.0	6.2	100.0
Orthopaedics	52.0	18.7	16.0	9.3	1.3	0.0	0.0	1.3	1.3	0.0	0.0	100.0
Psychiatry	1.9	17.0	22.6	35.8	18.9	1.9	0.0	0.0	0.0	0.0	1.9	100.0
General practice	24.5	37.7	22.6	7.5	5.7	0.0	0.0	0.0	1.9	0.0	0.0	100.0
Cardiology	26.8	22.0	31.7	0.0	17.1	0.0	0.0	0.0	2.4	0.0	0.0	100.0
Gynaecology	73.7	5.3	10.5	5.3	2.6	2.6	0.0	0.0	0.0	0.0	0.0	100.0
All other clinical service contexts	27.5	26.4	29.2	7.9	3.4	1.7	2.8	0.0	0.6	0.6	0.0	100.0
Not applicable[(b)]	0.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0
Not known	14.9	40.4	29.8	8.5	2.1	2.1	0.0	1.1	0.0	0.0	1.1	100.0
Total	**33.1**	**26.2**	**23.0**	**7.0**	**4.6**	**2.0**	**1.5**	**0.9**	**0.5**	**0.1**	**1.1**	**100.0**

(a) The 'clinical service context' categories listed separately here are the 8 most frequently recorded categories; all other categories are combined in the category *All other clinical service contexts*.

(b) The *Not applicable* category covers claims for health-care incidents that lack an identifiable clinical service context, for instance incidents in a hospital's public access areas or complaints against disclosure of a patient's medical records.

Notes

1. The 314 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 1,014.
2. Percentages may not add up exactly to 100.0 due to rounding.

Table 3.4: Clinical service context for new public sector claims (excluding potential claims)[(a)], states and territories (excluding Western Australia), 1 July 2011 to 30 June 2012

Clinical service context	NSW	Vic	Qld	Other[(b)]	Total
General surgery	97	40	14	25	176
Emergency department	48	57	24	19	148
Obstetrics	56	35	9	25	125
Orthopaedics	27	15	12	14	68
Psychiatry	19	23	8	2	52
General practice	22	16	10	1	49
Cardiology	16	17	3	5	41
Gynaecology	8	13	5	10	36
All other clinical service contexts	45	67	18	28	158
Not applicable	0	0	0	1	1
Not known	70	13	9	20	112
Total	**408**	**296**	**112**	**150**	**966**
		Per cent (excluding *Not known*)			
General surgery	28.7	14.1	13.6	19.2	20.6
Emergency department	14.2	20.1	23.3	14.6	17.3
Obstetrics	16.6	12.4	8.7	19.2	14.6
Orthopaedics	8.0	5.3	11.7	10.8	8.0
Psychiatry	5.6	8.1	7.8	1.5	6.1
General practice	6.5	5.7	9.7	0.8	5.7
Cardiology	4.7	6.0	2.9	3.8	4.8
Gynaecology	2.4	4.6	4.9	7.7	4.2
All other clinical service contexts	13.3	23.7	17.5	21.5	18.5
Not applicable	0.0	0.0	0.0	0.8	0.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Commenced and closed claims with their reserve set between 1 July 2011 and 30 June 2012. The 362 new potential claims reported by 4 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 8 most frequently recorded categories; all other categories are combined in the category *All other clinical service contexts*.
2. The 112 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 854.
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 73 possible categories, including *Not applicable* in cases where no clinician is alleged to have been closely involved.

Up to 4 clinician specialties may be recorded for any one claim, so a summation of the total number of times that clinician specialties were reported for 2011–12 claims would exceed the total number of claims (Table 3.5).

General practice – non-procedural (157 claims, 12%), *Emergency medicine* (120 claims, 9%) and *General surgery* (112 claims, 8%) were the 3 most frequently recorded clinician specialties.

Three other specialties were recorded for 50 or more claims each, these being *Orthopaedic surgery*, *Obstetrics and gynaecology* and *General nursing*. On the other hand, there were many clinician specialties recorded for fewer than 10 new claims in 2011–12, including 25 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, 2011b, 2011c, 2012a, 2012b).

Table 3.5: Specialties of clinicians closely involved in the alleged incident[(a)] for new public sector claims, 1 July 2011 to 30 June 2012 (excluding Western Australia)

Specialty of clinician	Number	Per cent of claims
General practice—non-procedural	157	11.8
Emergency medicine	120	9.0
General surgery	112	8.4
Orthopaedic surgery	73	5.5
Obstetrics and gynaecology	61	4.6
General nursing	54	4.1
General practice—procedural	45	3.4
Obstetrics only	43	3.2
Cardiology	37	2.8
Psychiatry	37	2.8
Gynaecology only	34	2.6
Anaesthesia	24	1.8
General medicine	21	1.6
Nursing practitioner	21	1.6
Midwifery	18	1.4
Paramedic and ambulance staff	18	1.4
Gastroenterology and hepatology	17	1.3
Neurosurgery	16	1.2
Diagnostic radiology	15	1.1
Intensive care medicine	15	1.1
Medical administration	12	0.9
Urology	12	0.9
Medical oncology	11	0.8
Neurology	11	0.8
Paediatrics	9	0.7
Plastic and reconstructive surgery	9	0.7

(continued)

Table 3.5 (continued): Specialties of clinicians closely involved in the alleged incident[a] for new public sector claims, 1 July 2011 to 30 June 2012 (excluding Western Australia)

Specialty of clinician	Number	Per cent of claims
Ophthalmology	8	0.6
Psychology	8	0.6
Cardio-thoracic surgery	7	0.5
Pathology	7	0.5
Vascular surgery	6	0.5
Dentistry	5	0.4
Otolaryngology	5	0.4
Paediatric surgery	5	0.4
Neonatal medicine	4	0.3
Nephrology	4	0.3
Clinical haematology	3	0.2
Respiratory and sleep medicine	3	0.2
Colorectal surgery	2	0.2
Physiotherapy	2	0.2
Endoscopy	1	0.1
Geriatric medicine	1	0.1
Occupational medicine	1	0.1
Public health	1	0.1
Rheumatology	1	0.1
Other allied health[b]	4	0.3
Other hospital-based medical practitioner	5	0.4
Not applicable	0	0.0
Not known	333	25.1
All new claims[c]	**1,328**	**100.0**

(a) Only the clinical specialties associated with one or more new 2011–12 claims are presented in this table. There were also 25 clinical specialty categories not associated with any claims: *Addiction medicine*, *Chiropractics*, *Clinical genetics*, *Clinical immunology and allergy*, *Clinical pharmacology*, *Cosmetic surgery*, *Dermatology*, *Endocrinology*, *Infectious diseases*, *Maternal-fetal medicine*, *Nuclear medicine*, *Nutrition*, *Oral and maxillofacial surgery*, *Osteopathy*, *Paediatric emergency medicine*, *Palliative medicine*, *Pharmacy*, *Podiatry*, *Radiation oncology*, *Rehabilitation medicine*, *Reproductive endocrinology and infertility*, *Sexual health medicine*, *Sports medicine* and *Urogynaecology*.

(b) *Other allied health* includes: acupuncturist, allergy and asthma consultant, alternative health services, audiologist, audiometrist, Chinese medicine therapist, chiropodist, dental hygienist, dental technician, drug and alcohol counsellor, hygiene consultant, naturopath, occupational health and safety practitioner, occupational therapist, optometrist, social worker, speech pathologist, speech therapist and therapeutic masseur.

(c) Up to 4 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 per cent.

3.2 Current claims

This section reports information on claims that were current at 30 June 2012.

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 2012. More than 3 in 10 claims (36%) 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 36% (1,374 claims), while 22% (844 claims) had a reserve range between $100,000 and less than $250,000, and 13% (493 claims) had a reserve value of at least $500,000.

Table 3.6: Length of claim (months) for current public sector claims, by reserve range ($), at 30 June 2012 (excluding Western Australia)

	Reserve range ($)							
Length of claim (months)	**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	100	512	47	124	343	172	66	1,364
13–24	58	293	47	122	230	133	93	976
25–36	265	55	25	80	134	88	79	726
37–48	12	17	14	34	58	62	66	263
49–60	7	9	12	16	23	28	49	144
61 or more	29	17	12	30	56	46	140	330
Total	**471**	**903**	**157**	**406**	**844**	**529**	**493**	**3,803**
Per cent	*12.4*	*23.7*	*4.1*	*10.7*	*22.2*	*13.9*	*13.0*	*100.0*
				Per cent				
12 or less	21.2	56.7	29.9	30.5	40.6	32.5	13.4	35.9
13–24	12.3	32.4	29.9	30.0	27.3	25.1	18.9	25.7
25–36	56.3	6.1	15.9	19.7	15.9	16.6	16.0	19.1
37–48	2.5	1.9	8.9	8.4	6.9	11.7	13.4	6.9
49–60	1.5	1.0	7.6	3.9	2.7	5.3	9.9	3.8
61 or more	6.2	1.9	7.6	7.4	6.6	8.7	28.4	8.7
Total	**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.

A clear 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, 90% (423 claims) had been open for 36 months or less, compared with 6% open for more than 5 years. In contrast, current claims reserved at $500,000 or more had usually been open for more than 36 months (255 claims, 52%) and often for more than 5 years (28%).

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

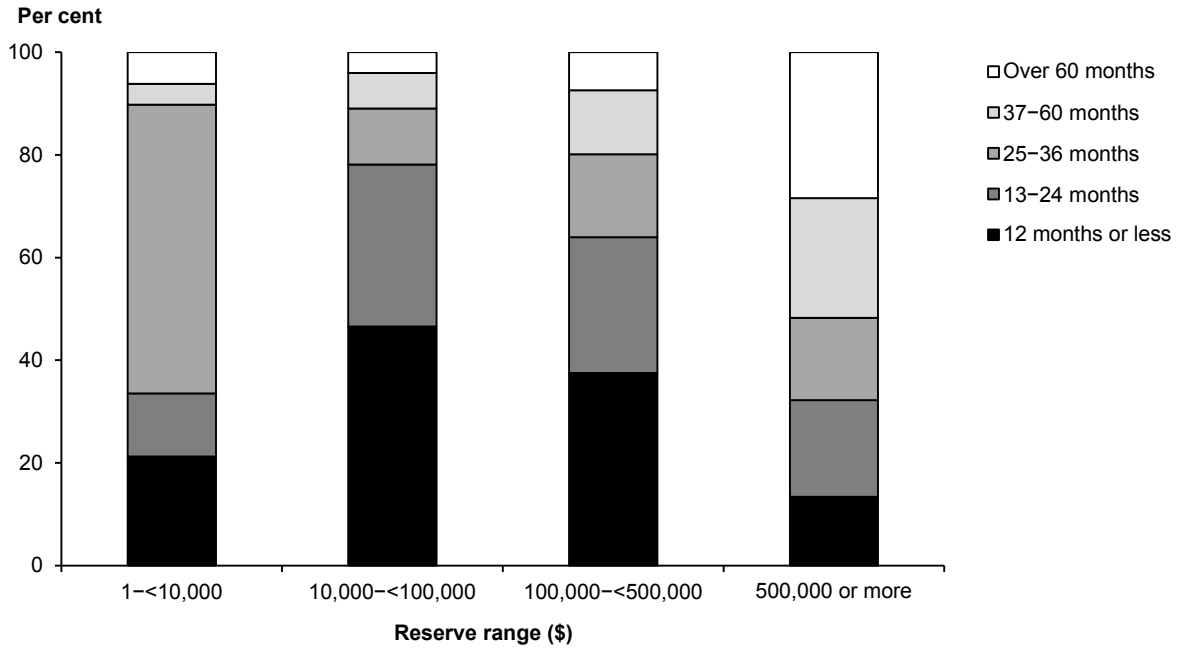


Figure 3.1: Length of claim (months) for current public sector claims, by reserve range ($), at 30 June 2012 (excluding Western Australia) (per cent)

Table 3.7 presents jurisdictional data on public sector medical indemnity claims' reserve range at 30 June 2012. These data exclude 1,043 potential claims (Table 4.1), which are reported to the MINC by just 4 jurisdictions (Section 2.4), and so would give a misleading impression of a relatively large number of claims in those 4 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).

3.3 Closed claims

This section includes information on claims closed during the 2011–12 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 (29%), with 22% closed within 12 months of reserve placement, and another 19% closed between 25 and 36 months after reserve placement (Table 3.8). While approximately 70% of claims were closed within 3 years from when their reserve was placed, 20% 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 2011–12, 37% cost less than $10,000 to close, including 10% that incurred no cost and 26% that involved a cost under $10,000. The proportions closed for $10,000 to less than $100,000 and $100,000 to less than $500,000 were respectively 29% (367 claims) and 25% (318 claims). Just 10% 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 (520 claims, 62%) of the 836 claims closed for less than $100,000—which made up 65% of closed claims—had been closed within 2 years of when the reserve was set (Table 3.8). In contrast, 62% of claims settled for between $100,000 and less than $500,000 had a duration longer than 2 years (196 of 318 claims), while the most common length of time to finalise claims settled for $500,000 or more was more than 5 years (31%).

A similar relationship between length and cost of claims was observed for public sector claims closed in 2008–09, 2009–10 and 2010–11 (AIHW 2011b, 2012a, 2012b).

Table 3.7: Reserve range ($) for current public sector claims (excluding potential claims)[(a)], states and territories (excluding Western Australia), at 30 June 2012

Reserve range ($)	NSW	Vic	Qld	Other[(b)]	Total
1–10,000	43	41	35	73	192
10,000–<30,000	92	114	106	90	402
30,000–<50,000	45	30	19	43	137
50,000–<100,000	107	99	44	79	329
100,000–<250,000	346	243	90	88	767
250,000–<500,000	225	103	51	93	472
500,000 or more	223	81	71	86	461
Total	**1,081**	**711**	**416**	**552**	**2,760**
			Per cent		
1–10,000	4.0	5.8	8.4	13.2	7.0
10,000–<30,000	8.5	16.0	25.5	16.3	14.6
30,000–<50,000	4.2	4.2	4.6	7.8	5.0
50,000–<100,000	9.9	13.9	10.6	14.3	11.9
100,000–<250,000	32.0	34.2	21.6	15.9	27.8
250,000–<500,000	20.8	14.5	12.3	16.8	17.1
500,000 or more	20.6	11.4	17.1	15.6	16.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Claims that were commenced or reopened at 30 June 2012. The 1,043 current potential claims reported by 4 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.

Table 3.8: Length of claim (months) for closed public sector claims, by total claim size ($), 1 July 2011 to 30 June 2012 (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	58	125	38	12	17	25	10	1	286
13–24	43	129	44	23	31	63	24	17	374
25–36	20	39	32	20	32	48	24	29	244
37–48	3	20	28	18	22	27	26	23	167
49–60	2	7	14	3	10	22	11	18	87
61 or more	6	17	10	4	9	23	15	39	123
Total	**132**	**337**	**166**	**80**	**121**	**208**	**110**	**127**	**1,281**
Per cent	*10.3*	*26.3*	*13.0*	*6.2*	*9.4*	*16.2*	*8.6*	*9.9*	*100.0*
					Per cent				
12 or less	43.9	37.1	22.9	15.0	14.0	12.0	9.1	0.8	22.3
13–24	32.6	38.3	26.5	28.8	25.6	30.3	21.8	13.4	29.2
25–36	15.2	11.6	19.3	25.0	26.4	23.1	21.8	22.8	19.0
37–48	2.3	5.9	16.9	22.5	18.2	13.0	23.6	18.1	13.0
49–60	1.5	2.1	8.4	3.8	8.3	10.6	10.0	14.2	6.8
61 or more	4.5	5.0	6.0	5.0	7.4	11.1	13.6	30.7	9.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

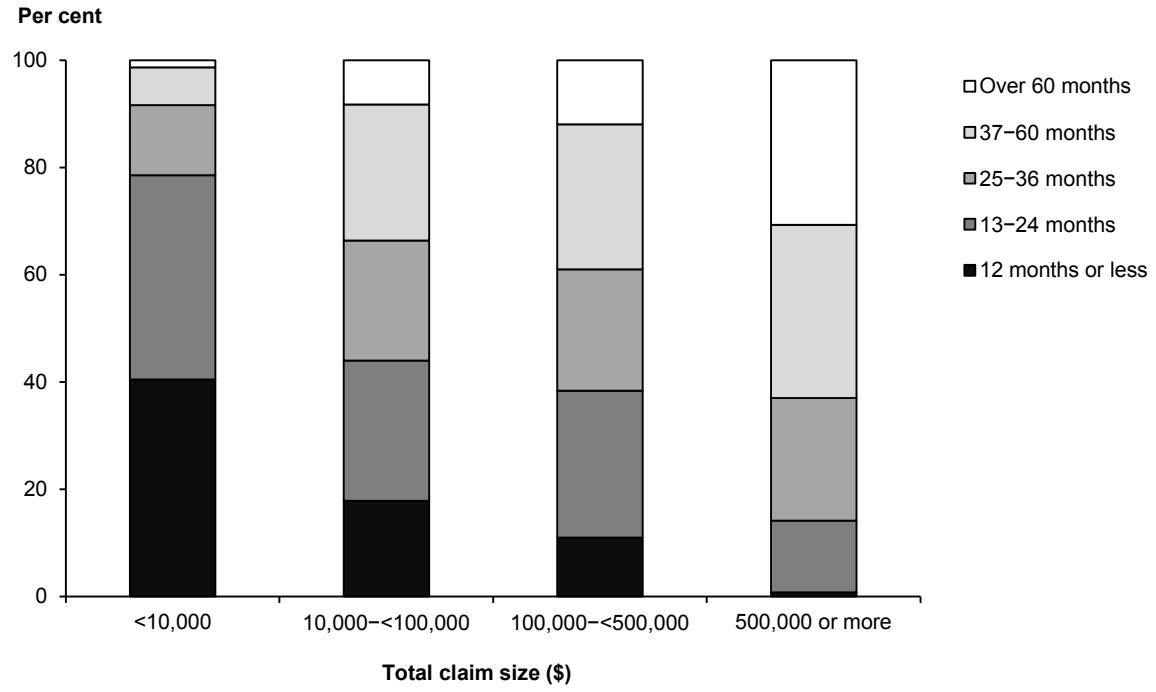


Figure 3.2: Length of claim (months) for closed public sector claims, by total claim size ($), 1 July 2011 to 30 June 2012 (excluding Western Australia) (per cent)

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.

Just over 40% of claims closed during 2011–12 were finalised through being *Discontinued*, including 3% that were potential claims and 38% that had commenced (Table 3.9). Most of the claims closed for no cost or for a cost less than $10,000 were *Discontinued* (98% and 73% respectively).

Settlement through a *Court decision* occurred quite rarely, with just 4% of closed claims finalised through this mode. Settlements through *State/territory-based complaints processes* and *Statutorily mandated compulsory conference processes* were similarly rare. In 2011–12, fewer claims were finalised through these 3 modes combined than through a *Court-based alternative dispute resolution process* (10%).

Jurisdictional information on claims closed during 2011–12 is presented by total claim size (Table 3.10) and mode of finalisation (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: Mode of claim finalisation for closed public sector claims, by total claim size ($), 1 July 2011 to 30 June 2012 (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 claim	1	17	17	4	2	1	0	0	42
Discontinued commenced claim	129	228	82	24	19	9	0	0	491
Settled—state/territory-based complaints processes	0	n.p.	n.p.	n.p.	n.p.	5	0	0	16
Settled—statutorily mandated compulsory conference process	0	n.p.	n.p.	n.p.	n.p.	13	9	7	39
Settled—court-based alternative dispute resolution process	0	2	2	5	14	49	23	27	122
Settled—other	2	74	51	36	69	123	76	92	523
Court decision	0	13	10	7	7	8	2	1	48
Total	**132**	**337**	**166**	**80**	**121**	**208**	**110**	**127**	**1,281**
					Per cent				
Discontinued potential claim	0.8	5.0	10.2	5.0	1.7	0.5	0.0	0.0	3.3
Discontinued commenced claim	97.7	67.7	49.4	30.0	15.7	4.3	0.0	0.0	38.3
Settled—state/territory-based complaints processes	0.0	n.p.	n.p.	n.p.	n.p.	2.4	0.0	0.0	1.2
Settled—statutorily mandated compulsory conference process	0.0	n.p.	n.p.	n.p.	n.p.	6.3	8.2	5.5	3.0
Settled—court-based alternative dispute resolution process	0.0	0.6	1.2	6.3	11.6	23.6	20.9	21.3	9.5
Settled—other	1.5	22.0	30.7	45.0	57.0	59.1	69.1	72.4	40.8
Court decision	0.0	3.9	6.0	8.8	5.8	3.8	1.8	0.8	3.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

n.p. Not published, to prevent disclosure of small claim numbers that are identifiable to Queensland (see Table 3.11).

Table 3.10: Total claim size ($) for closed public sector claims, states and territories (excluding Western Australia), 1 July 2011 to 30 June 2012

Total claim size ($)	NSW	Vic	Qld	Other[(a)]	Total
Nil	33	82	5	12	132
1–<10,000	129	97	48	63	337
10,000–<30,000	65	58	22	21	166
30,000–<50,000	43	24	8	5	80
50,000–<100,000	70	29	15	7	121
100,000–<250,000	103	76	19	10	208
250,000–<500,000	65	23	16	6	110
500,000 or more	74	26	18	9	127
Total	**582**	**415**	**151**	**133**	**1,281**
			Per cent		
Nil	5.7	19.8	3.3	9.0	10.3
1–<10,000	22.2	23.4	31.8	47.4	26.3
10,000–<30,000	11.2	14.0	14.6	15.8	13.0
30,000–<50,000	7.4	5.8	5.3	3.8	6.2
50,000–<100,000	12.0	7.0	9.9	5.3	9.4
100,000–<250,000	17.7	18.3	12.6	7.5	16.2
250,000–<500,000	11.2	5.5	10.6	4.5	8.6
500,000 or more	12.7	6.3	11.9	6.8	9.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) *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: Mode of claim finalisation for closed public sector claims, states and territories (excluding Western Australia), 1 July 2011 to 30 June 2012

Mode of claim finalisation	NSW	Vic	Qld	Other[(a)]	Total
Discontinued potential claim	9	25	0	8	42
Discontinued commenced claim	156	215	72	48	491
Settled—state/territory-based complaints processes	0	11	4	1	16
Settled—statutorily mandated compulsory conference process	0	0	39	0	39
Settled—court-based alternative dispute resolution process	0	86	20	16	122
Settled—other	370	77	16	60	523
Court decision	47	1	0	0	48
Total	**582**	**415**	**151**	**133**	**1,281**
			Per cent		
Discontinued potential claim	1.5	6.0	0.0	6.0	3.3
Discontinued commenced claim	26.8	51.8	47.7	36.1	38.3
Settled—state/territory-based complaints processes	0.0	2.7	2.6	0.8	1.2
Settled—statutorily mandated compulsory conference process	0.0	0.0	25.8	0.0	3.0
Settled—court-based alternative dispute resolution process	0.0	20.7	13.2	12.0	9.5
Settled—other	63.6	18.6	10.6	45.1	40.8
Court decision	8.1	0.2	0.0	0.0	3.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) *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, 2007–08 to 2011–12

This chapter presents an overview of public sector claims data covering the 5 reporting periods from July 2007 to June 2012. 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 before 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 4.8 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 a particular year 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. Another possible event is the 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 2011–12.

Where percentage data are presented, the denominators 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 the 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 and Figure 4.1 present public sector claim numbers between 2007–08 and 2011–12 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 that were reopened after having been previously closed.

Western Australia's claim numbers are excluded from Table 4.1 to allow direct comparison of 2011–12 claim numbers with those from previous years.

Table 4.1: Number of public sector claims, by status of claim, 2007–08 to 2011–12 (excluding Western Australia)

	Year				
Status of claim	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**2011–12**
New claims	1,120	1,190	1,549	1,524	1,328
Current claims					
Potential (not yet commenced)[(a)]	194	254	562	778	1,043
Commenced	2,620	2,543	2,721	2,703	2,610
Reopened	138	146	183	191	150
Current claims at the end of each financial year	*2,952*	*2,943*	*3,466*	*3,672*	*3,803*
Closed claims	1,182	1,327	1,121	1,432	1,281
All claims (open at any time during the period)	**4,134**	**4,270**	**4,587**	**5,104**	**5,084**

(a) The apparent increase in the number of potential claims over the years reflects the fact that many of the claims that had been reported as potential in previous years have subsequently been rescinded by the reporting jurisdictions. If this continues into the future, then the numbers of potential claims shown here for 2008–09 to 2011–12 may be lower in future MINC reports.

Note: See Table 6.1 for public sector claim numbers from 2007–08 to 2009–10 that include Western Australia.

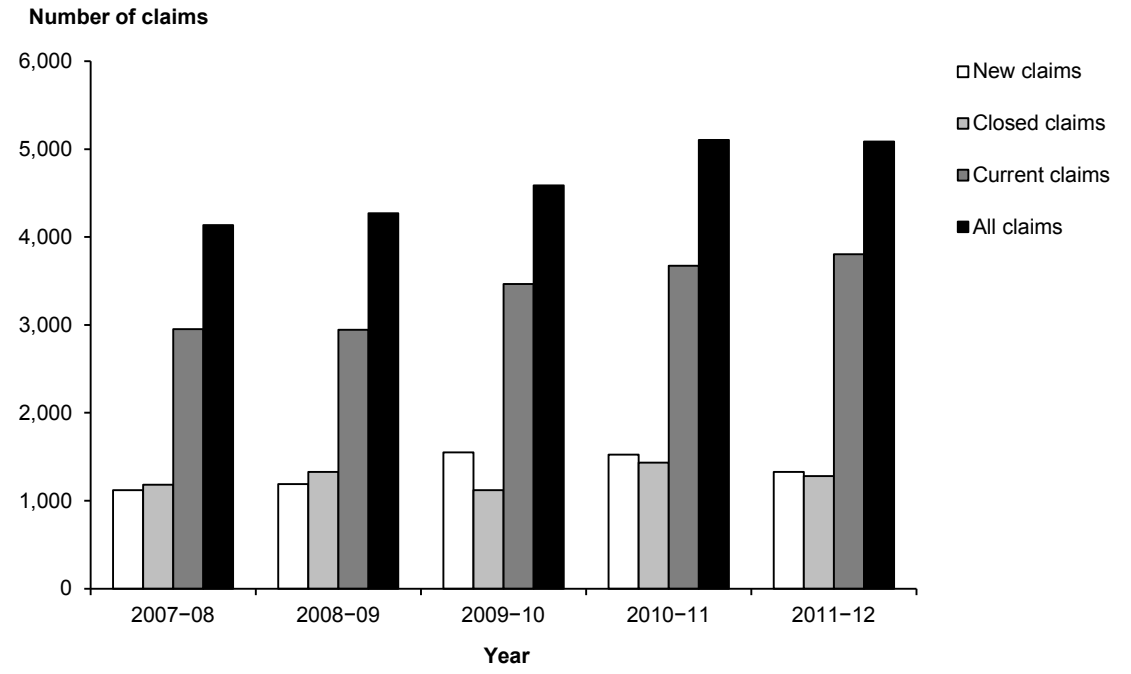


Figure 4.1: Numbers of new, closed, current and all public sector claims, 2007–08 to 2011–12 (excluding Western Australia)

The 2011–12 year was similar to 2010–11 in terms of all claims (about 5,100) and, to a lesser degree, closed claims and current claims (about 1,300 and 3,800, respectively, in 2011–12). The numbers for current claims and all claims were lower between 2007–08 and 2009–10. The number of claims closed per year varied from 1,100 to 1,400 between 2007–08 and 2011–12.

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 1,300 new claims in 2011–12, somewhat fewer than the 1,500 new claims in 2009–10 and 2010–11, but more than the 1,100 new claims in 2007–08 and 2008-09.

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

'Clinical service context' identifies the type 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 2007–08 and 2011–12. Of these, *Emergency department, General surgery,* and *Obstetrics* were the three most frequently recorded in each of the years (Figure 4.2).

For 2011–12, excluding the 396 new claims where the clinical service context was *Not known*, *General surgery* accounted for 21% of 932 claims, *Emergency department* for 17% and *Obstetrics* for 15%. The proportion of claims accounted for by *General surgery* was higher in 2011–12 than in the previous 4 years, whereas the proportion accounted for by *Emergency department* was 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 2011–12, the most frequently recorded primary incident/allegation types were *Procedure*, *Diagnosis* and *Treatment* (Table 4.3; Figure 4.3*)*. The proportion of claims associated with *Procedure* steadily increased from 2007–08 through to 2011–12.

In 2011–12, around half of new claims with a clinical service context of *General surgery* and *Orthopaedics* reported *Procedure* as the primary incident/allegation type (tables 4.4 and 4.5). This was also the case for the years between 2007–08 and 2010–11.

Between 2007–08 and 2011–12, *Diagnosis* was the most common primary incident/allegation type for the clinical service context of *Emergency department* and was also frequently reported for *Obstetrics* and *General practice* claims. *Treatment* was also a frequently recorded primary incident/allegation types for these three clinical service contexts as well as for *Psychiatry*.

Table 4.2: Clinical service context for new public sector claims, 2007–08 to 2011–12 (excluding Western Australia)

	Year				
Clinical service context	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**2011–12**
General surgery	152	163	205	230	198
Emergency department	216	207	238	238	155
Obstetrics	177	196	169	171	137
Orthopaedics	81	73	101	99	76
Psychiatry	58	76	94	57	53
General practice	64	61	45	53	53
Cardiology	23	19	29	27	41
Gynaecology	53	111	67	59	40
General medicine	63	22	51	42	21
Paediatrics	37	32	28	35	17
All other clinical service contexts	157	174	210	228	140
Not applicable[(a)]	3	0	1	4	1
Not known	36	56	311	281	396
Total	**1,120**	**1,190**	**1,549**	**1,524**	**1,328**
	Per cent (excluding *Not known*)				
General surgery	14.0	14.4	16.6	18.5	21.2
Emergency department	19.9	18.3	19.2	19.1	16.6
Obstetrics	16.3	17.3	13.7	13.8	14.7
Orthopaedics	7.5	6.4	8.2	8.0	8.2
Psychiatry	5.4	6.7	7.6	4.6	5.7
General practice	5.9	5.4	3.6	4.3	5.7
Cardiology	2.1	1.7	2.3	2.2	4.4
Gynaecology	4.9	9.8	5.4	4.7	4.3
General medicine	5.8	1.9	4.1	3.4	2.3
Paediatrics	3.4	2.8	2.3	2.8	1.8
All other clinical service contexts	14.5	15.3	17.0	18.3	15.0
Not applicable[(a)]	0.3	0.0	0.1	0.3	0.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) The *Not applicable* category covers claims for health-care incidents that lack an identifiable clinical service context, for instance incidents in a hospital's public access areas or complaints against disclosure of a patient's medical records.

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. Excluding claims with a *Not known* clinical service context, the number of claims on which the percentages are based is 1,084 in 2007–08, 1,134 in 2008–09, 1,238 in 2009–10, 1,243 in 2010–11 and 932 in 2011–12.
3. Percentages may not add up exactly to 100.0 due to rounding.

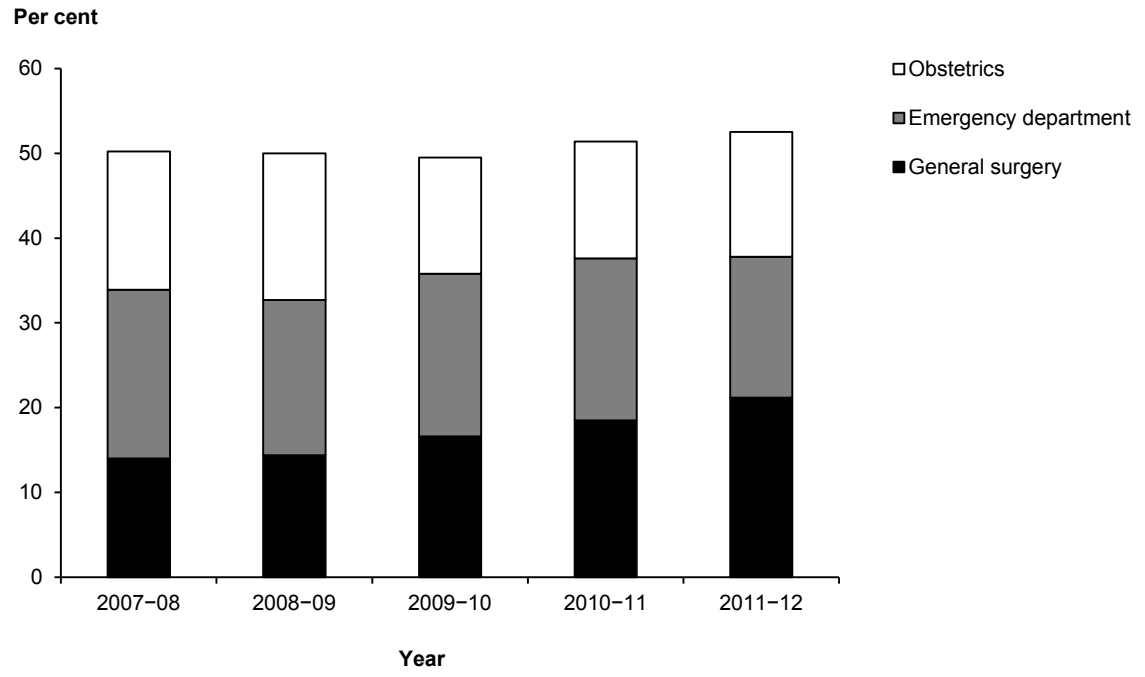
Table 4.3: Primary incident/allegation type for new public sector claims, 2007–08 to 2011–12 (excluding Western Australia)

	Year				
Primary incident/allegation type	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**2011–12**
Procedure	281	330	379	401	336
Diagnosis	316	250	319	352	266
Treatment	264	316	325	303	233
General duty of care	79	66	101	105	71
Medication-related	59	63	52	38	47
Consent	28	66	30	20	20
Anaesthetic	26	18	21	32	15
Blood/blood product-related	14	16	5	7	9
Infection control	8	4	13	9	5
Device failure	4	4	4	2	1
Other	17	14	11	9	11
Not known	24	43	289	246	314
Total	**1,120**	**1,190**	**1,549**	**1,524**	**1,328**
	Per cent (excluding *Not known*)				
Procedure	25.6	28.8	30.1	31.4	33.1
Diagnosis	28.8	21.8	25.3	27.5	26.2
Treatment	24.1	27.6	25.8	23.7	23.0
General duty of care	7.2	5.8	8.0	8.2	7.0
Medication-related	5.4	5.5	4.1	3.0	4.6
Consent	2.6	5.8	2.4	1.6	2.0
Anaesthetic	2.4	1.6	1.7	2.5	1.5
Blood/blood product-related	1.3	1.4	0.4	0.5	0.9
Infection control	0.7	0.3	1.0	0.7	0.5
Device failure	0.4	0.3	0.3	0.2	0.1
Other	1.6	1.2	0.9	0.7	1.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Notes

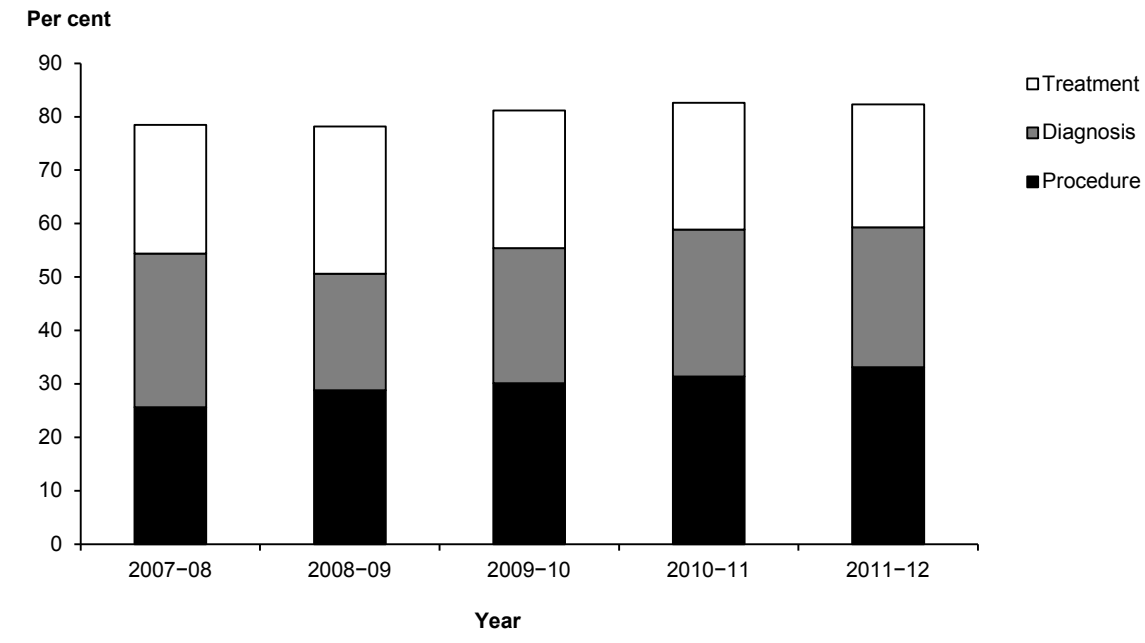
1. Excluding claims with a *Not known* primary incident/allegation type, the number of claims on which the percentages are based is 1,096 in 2007–08, 1,147 in 2008–09, 1,260 in 2009–10, 1,278 in 2010–11 and 1,014 in 2011–12.

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



Note: See also Table 4.2.

Figure 4.2: Three clinical service contexts most frequently recorded for new public sector claims, 2007–08 to 2011–12 (excluding Western Australia) (per cent)



Note: See also Table 4.3.

Figure 4.3: Three primary incident/allegation types most frequently recorded for new public sector claims, 2007–08 to 2011–12 (excluding Western Australia) (per cent)

Table 4.4: Selected primary incident/allegation types for new public sector claims, by selected clinical service context, 2007–08 to 2011–12 (excluding Western Australia)

	Clinical service context				
Primary incident/allegation type	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**2011–12**
			General surgery		
Procedure	66	88	112	120	120
Treatment	30	31	30	29	26
Diagnosis	24	13	26	34	22
Other	32	31	36	47	29
Not known	0	0	1	0	1
Total	**152**	**163**	**205**	**230**	**198**
			Emergency department		
Diagnosis	110	96	114	124	77
Treatment	57	66	77	70	45
Other	49	45	46	44	32
Not known	0	0	1	0	1
Total	**216**	**207**	**238**	**238**	**155**
			Obstetrics		
Procedure	62	73	72	61	52
Diagnosis	49	49	50	43	28
Treatment	39	48	29	43	29
Other	26	22	17	20	21
Not known	1	4	1	4	7
Total	**177**	**196**	**169**	**171**	**137**
			Orthopaedics		
Procedure	39	38	47	56	39
Other	41	35	53	43	36
Not known	1	0	1	0	1
Total	**81**	**73**	**101**	**99**	**76**
			Psychiatry		
Treatment	26	41	55	19	12
General duty of care	13	11	15	20	19
Other	19	24	23	17	22
Not known	0	0	1	1	0
Total	**58**	**76**	**94**	**57**	**53**
			General practice		
Diagnosis	20	11	12	19	20
Treatment	15	35	13	15	12
Other	29	15	20	18	21
Not known	0	0	0	1	0
Total	**64**	**61**	**45**	**53**	**53**

Table 4.5: Selected primary incident/allegation types for new public sector claims, by selected clinical service context, 2007–08 to 2011–12 (excluding Western Australia and *Not known*) (per cent)

	Clinical service context				
Primary incident/allegation type	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**2011–12**
			General surgery		
Procedure	43.4	54.0	54.9	52.2	60.9
Treatment	19.7	19.0	14.7	12.6	13.2
Diagnosis	15.8	8.0	12.7	14.8	11.2
Other	21.1	19.0	17.6	20.4	14.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Emergency department		
Diagnosis	50.9	46.4	48.1	52.1	50.0
Treatment	26.4	31.9	32.5	29.4	29.2
Other	22.7	21.7	19.4	18.5	20.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Obstetrics		
Procedure	35.2	38.0	42.9	36.5	40.0
Diagnosis	27.8	25.5	29.8	25.7	21.5
Treatment	22.2	25.0	17.3	25.7	22.3
Other	14.8	11.5	10.1	12.0	16.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Orthopaedics		
Procedure	48.8	52.1	47.0	56.6	52.0
Other	51.3	47.9	53.0	43.4	48.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Psychiatry		
Treatment	44.8	53.9	59.1	33.9	22.6
General duty of care	22.4	14.5	16.1	35.7	35.8
Other	32.8	31.6	24.7	30.4	41.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			General practice		
Diagnosis	31.3	18.0	26.7	36.5	37.7
Treatment	23.4	57.4	28.9	28.8	22.6
Other	45.3	24.6	44.4	34.6	39.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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

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 2007–08 and 2011–12 are presented in Table 4.6.

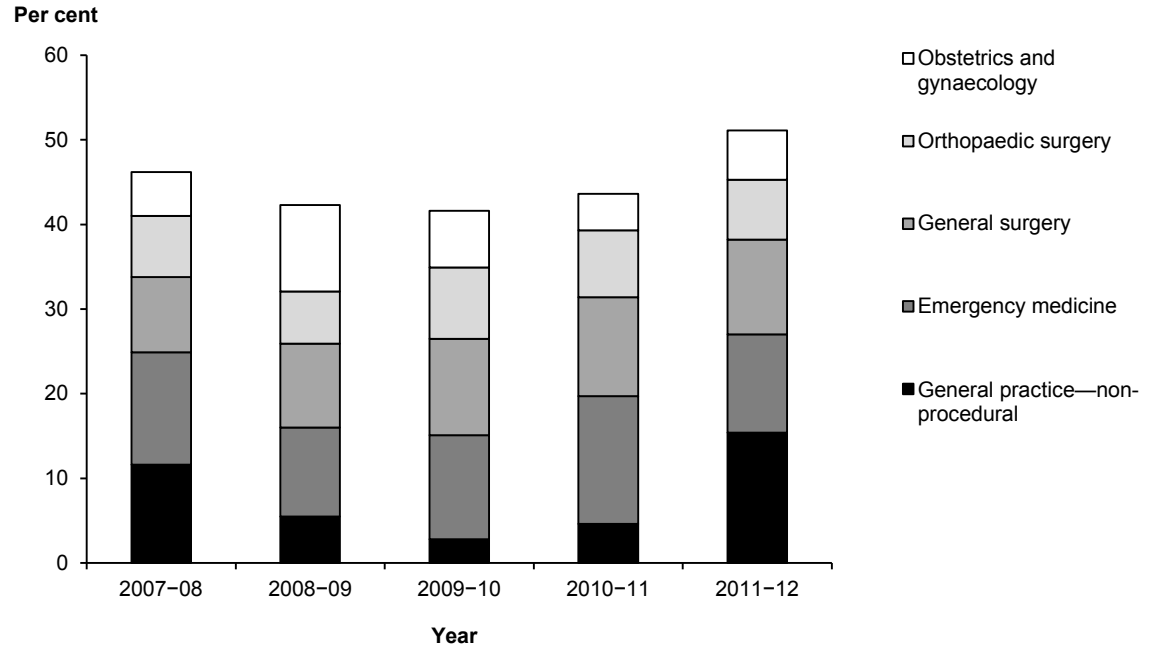
Table 4.6: Principal clinician specialty for new public sector claims, 2007–08 to 2011–12 (excluding Western Australia)

Principal clinician specialty	2007–08	2008–09	2009–10	2010–11	2011–12
General practice—non-procedural	125	62	35	59	153
Emergency medicine	144	119	153	192	115
General surgery	96	112	142	149	111
Orthopaedic surgery	78	70	105	100	71
Obstetrics and gynaecology	56	116	83	54	58
General practice—procedural	48	94	106	100	41
Obstetrics only	85	80	77	78	39
Psychiatry	34	40	60	49	37
Gynaecology only	36	64	33	44	34
General nursing	28	33	43	33	32
All other specialties	340	337	399	404	304
Not applicable	12	10	11	7	0
Not known	38	53	302	255	333
Total	**1,120**	**1,190**	**1,549**	**1,524**	**1,328**
		Per cent (excluding *Not known*)			
General practice—non-procedural	11.6	5.5	2.8	4.6	15.4
Emergency medicine	13.3	10.5	12.3	15.1	11.6
General surgery	8.9	9.9	11.4	11.7	11.2
Orthopaedic surgery	7.2	6.2	8.4	7.9	7.1
Obstetrics and gynaecology	5.2	10.2	6.7	4.3	5.8
General practice—procedural	4.4	8.3	8.5	7.9	4.1
Obstetrics only	7.9	7.0	6.2	6.1	3.9
Psychiatry	3.1	3.5	4.8	3.9	3.7
Gynaecology only	3.3	5.6	2.6	3.5	3.4
General nursing	2.6	2.9	3.4	2.6	3.2
All other specialties	31.4	29.6	32.0	31.8	30.6
Not applicable	1.1	0.9	0.9	0.6	0.0
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; all other categories are combined in the category *All other specialties*.
2. Excluding claims with a *Not known* principal clinician specialty, the number of claims on which the percentages are based is 1,082 in 2007–08, 1,137 in 2008–09, 1,247 in 2009–10, 1,269 in 2010–11 and 995 in 2011–12.
3. Percentages may not add up exactly to 100.0 due to rounding.

For some principal clinician specialties, there is not much variation between the years in the proportion of claims associated with some clinician specialties. Examples include *Emergency medicine*, *General surgery*, *Orthopaedic surgery* and *Psychiatry*. However, there are 3 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 15% in 2011–12), *General practice – procedural* (8–9% in 2008–09 to 2010–11) and *Obstetrics and gynaecology* (10% in 2008–09) (Table 4.6; Figure 4.4).



Note: See also Table 4.6.

Figure 4.4: Five principal clinician specialties most frequently recorded for new public sector claims, 2007–08 to 2011–12 (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 alleged incident is implicated in a patient's death.

Death was the most commonly recorded category for 2011–12. As a proportion of new claims (excluding those *Not known* for this data item), it accounted for 30% of claims, compared with 18–24% in the years between 2007–08 and 2010–11 (Table 4.7; Figure 4.5).

The other two most commonly recorded 'primary body function/structure affected' categories were *Mental and nervous system* and *Neuromusculoskeletal and movement-related.* Each was associated with around 20% of 2011–12 new claims. Similar proportions were recorded for 2007–08 to 2010–11 claims.

In 2011–12, *Death* was associated with around half of the claims related to the clinical service contexts of *Psychiatry* (31 claims, 59%) and *Emergency department* (74 claims, 49%). The

association between *Death* and *Emergency department* was higher than in any year between 2007–08 and 2010–11 (26–32%) (tables 4.8 and 4.9).

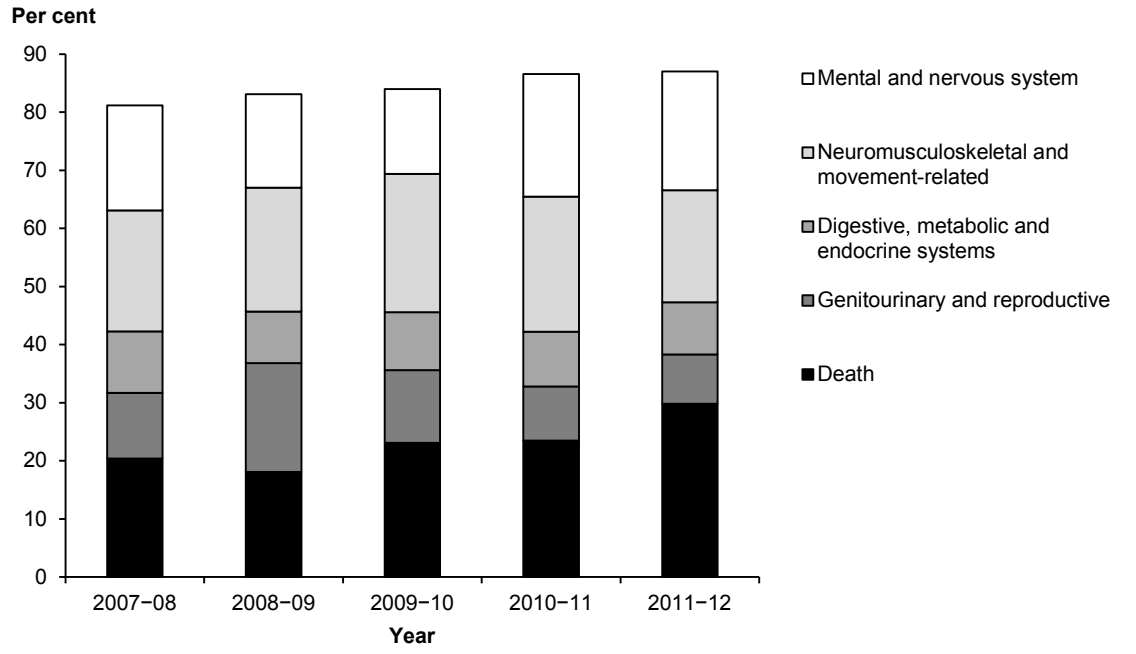
Claims with *Mental and nervous system* as the 'primary body function/structure affected' category accounted for more than one-third of 2011–12 claims associated with *Obstetrics* and *Psychiatry*. *Neuromusculoskeletal and movement-related* claims were most commonly recorded for the clinical service context of *Orthopaedics*, and *Digestive, metabolic and endocrine systems* claims for the clinical service context of *General surgery* (85% and 27%, respectively). Similar proportions were recorded for 2010–11 claims.

Table 4.7: Primary body function/structure affected categories for new public sector claims, 2007–08 to 2011–12 (excluding Western Australia)

Primary body function/structure affected	2007–08	2008–09	2009–10	2010–11	2011–12
Mental and nervous system	196	184	185	264	200
Neuromusculoskeletal and movement-related	225	243	302	292	189
Digestive, metabolic and endocrine systems	115	102	127	118	88
Genitourinary and reproductive	122	214	158	117	83
Cardiovascular, haematological, immunological and respiratory	83	69	67	58	54
Skin and related structures	58	60	73	48	43
Sensory, including eye and ear	23	36	42	36	20
Voice and speech	20	10	9	9	8
Death	221	207	293	295	292
No body function/structure affected	21	17	13	16	4
Not known	36	48	280	271	347
Total	**1,120**	**1,190**	**1,549**	**1,524**	**1,328**
		Per cent (excluding *Not known*)			
Mental and nervous system	18.1	16.1	14.6	21.1	20.4
Neuromusculoskeletal and movement-related	20.8	21.3	23.8	23.3	19.3
Digestive, metabolic and endocrine systems	10.6	8.9	10.0	9.4	9.0
Genitourinary and reproductive	11.3	18.7	12.5	9.3	8.5
Cardiovascular, haematological, immunological and respiratory	7.7	6.0	5.3	4.6	5.5
Skin and related structures	5.4	5.3	5.8	3.8	4.4
Sensory, including eye and ear	2.1	3.2	3.3	2.9	2.0
Voice and speech	1.8	0.9	0.7	0.7	0.8
Death	20.4	18.1	23.1	23.5	29.8
No body function/structure affected	1.9	1.5	1.0	1.3	0.4
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. Excluding claims with *Not known* primary body function/structure affected, the number of claims on which the percentages are based is 1,084 in 2007–08, 1,142 in 2008–09, 1,269 in 2009–10, 1,253 in 2010–11 and 981 in 2011–12.
3. Percentages may not add up exactly to 100.0 due to rounding.



Note: See also Table 4.7.

Figure 4.5: Five primary body function/structure affected categories most frequently recorded for new public sector claims, 2007–08 to 2011–12 (excluding Western Australia) (per cent)

Table 4.8: Selected primary body functions/structures affected categories for new public sector claims, by selected clinical service context, 2007–08 to 2011–12 (excluding Western Australia)

	Clinical service context				
Primary body function/structure affected	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**2011–12**
			General surgery		
Digestive, metabolic and endocrine systems	54	56	69	55	51
Mental and nervous system	13	18	11	42	40
Neuromusculoskeletal and movement-related	23	25	33	41	22
Death	26	17	29	46	40
Other	35	46	61	45	38
Not known	1	1	2	1	7
Total	**152**	**163**	**205**	**230**	**198**
			Emergency department		
Neuromusculoskeletal and movement-related	55	58	83	70	28
Mental and nervous system	31	27	28	37	13
Death	68	53	61	68	74
Other	61	68	65	59	37
Not known	1	1	1	4	3
Total	**216**	**207**	**238**	**238**	**155**

(continued)

Table 4.8 (continued): Selected primary body functions/structures affected categories for new public sector claims, by selected clinical service context, 2007–08 to 2011–12 (excluding Western Australia)

	Clinical service context				
Primary body function/structure affected	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**2011–12**
			Obstetrics		
Mental and nervous system	70	66	53	70	49
Genitourinary and reproductive	39	53	41	38	25
Death	30	37	42	38	29
Other	32	36	31	20	16
Not known	6	4	2	5	18
Total	**177**	**196**	**169**	**171**	**137**
			Orthopaedics		
Neuromusculoskeletal and movement-related	58	62	79	78	64
Other	22	11	21	19	11
Not known	1	0	1	2	1
Total	**81**	**73**	**101**	**99**	**76**
			Psychiatry		
Mental and nervous system	23	23	33	20	19
Death	27	42	50	30	31
Other	7	11	11	7	3
Not known	1	0	0	0	0
Total	**58**	**76**	**94**	**57**	**53**
			General practice		
Mental and nervous system	9	9	5	14	13
Neuromusculoskeletal and movement-related	11	18	13	14	12
Death	16	11	12	12	15
Other	28	23	14	13	12
Not known	0	0	1	0	1
Total	**64**	**61**	**45**	**53**	**53**

Table 4.9: Selected primary body functions/structures affected categories for new public sector claims, by selected clinical service context, 2007–08 to 2011–12 (excluding Western Australia and *Not known*) (per cent)

	Clinical service context				
Primary body function/structure affected	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**2011–12**
			General surgery		
Digestive, metabolic and endocrine systems	35.8	34.6	34.0	24.0	26.7
Mental and nervous system	8.6	11.1	5.4	18.3	20.9
Neuromusculoskeletal and movement-related	15.2	15.4	16.3	17.9	11.5
Death	17.2	10.5	14.3	20.1	20.9
Other	23.2	28.4	30.0	19.7	19.9
Total	100.0	100.0	100.0	100.0	100.0
			Emergency department		
Neuromusculoskeletal and movement-related	25.6	28.2	35.0	29.9	18.4
Mental and nervous system	14.4	13.1	11.8	15.8	8.6
Death	31.6	25.7	25.7	29.1	48.7
Other	28.4	33.0	27.4	25.2	24.3
Total	100.0	100.0	100.0	100.0	100.0
			Obstetrics		
Mental and nervous system	40.9	34.4	31.7	42.2	41.2
Genitourinary and reproductive	22.8	27.6	24.6	22.9	21.0
Death	17.5	19.3	25.1	22.9	24.4
Other	18.7	18.8	18.6	12.0	13.4
Total	100.0	100.0	100.0	100.0	100.0
			Orthopaedics		
Neuromusculoskeletal and movement-related	72.5	84.9	79.0	80.4	85.3
Other	27.5	15.1	21.0	19.6	14.7
Total	100.0	100.0	100.0	100.0	100.0
			Psychiatry		
Mental and nervous system	40.4	30.3	35.1	35.1	35.8
Death	47.4	55.3	53.2	52.6	58.5
Other	12.3	14.5	11.7	12.3	5.7
Total	100.0	100.0	100.0	100.0	100.0
			General practice		
Mental and nervous system	17.2	29.5	29.5	26.4	23.1
Neuromusculoskeletal and movement-related	14.1	14.8	11.4	26.4	25.0
Death	25.0	18.0	27.3	22.6	28.8
Other	43.8	37.7	31.8	24.5	23.1
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. For instance, the 2007–08 claims include those claims current at 30 June 2008, and their duration is calculated from when the reserve was set (in 2007–08 or a preceding year) to 30 June 2008.

Since 2007–08 the proportion of current claims with a reserve range of less than $10,000 has fluctuated, from a high of 27% in 2009–10 to a low of 12% in 2011–12. Apparent trends over time include an increase in the proportion reserved for between $100,000 and less than $250,000 (16% to 22%) and a decrease in the proportion reserved for $500,000 or more (18% to 13%).

The average length of current claims decreased between 2007–08 and 2010–11 from 29 months to 24 months. The 2011–12 figure, 26 months, was average by the standards of the previous 4 years.

Table 4.10: Reserve range ($) and average length of claim (months) for current public sector claims, 2007–08 to 2011–12 (excluding Western Australia)

Reserve range ($)	2007–08	2008–09	2009–10	2010–11	2011–12
1–<10,000	745	618	917	738	471
10,000–<30,000	378	362	387	584	903
30,000–<50,000	184	191	199	193	157
50,000–<100,000	313	346	394	411	406
100,000–<250,000	483	531	621	731	844
250,000–<500,000	314	352	399	470	529
500,000 or more	535	543	549	545	493
Total	**2,952**	**2,943**	**3,466**	**3,672**	**3,803**
Average length of claim (months)	*29.1*	*27.9*	*24.7*	*24.4*	*26.1*
			Per cent		
1–<10,000	25.2	21.0	26.5	20.1	12.4
10,000–<30,000	12.8	12.3	11.2	15.9	23.7
30,000–<50,000	6.2	6.5	5.7	5.3	4.1
50,000–<100,000	10.6	11.8	11.4	11.2	10.7
100,000–<250,000	16.4	18.0	17.9	19.9	22.2
250,000–<500,000	10.6	12.0	11.5	12.8	13.9
500,000 or more	18.1	18.5	15.8	14.8	13.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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

4.6 Closed claims: cost and duration

The average time between when the reserve was placed and the claim was closed fluctuated between 31 and 35 months between 2007–08 and 2011–12. Although claim length increased

between 2007–08 and 2009–10, in 2010–11 and 2011–12 it decreased 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 15% to 25% and from 5% to 10%, respectively (Table 4.11). The trend towards a higher proportion of claims closed for $500,000 or more can be traced from 2003–04 right through to 2011–12 (AIHW 2011b, 2011c, 2012a, 2012b). The figures are not adjusted for inflation.

Between 2007–08 and 2011–12, there has been a trend for the proportion of current claims reserved for $500,000 or more to more closely approximate the proportion of closed claims settled for $500,000 or more. These proportions were respectively 18% and 5% in 2007–08, compared with 13% and 10% in 2011–12.

Table 4.11: Total claim size ($) and average length of claim (months) for closed public sector claims, 2007–08 to 2011–12 (excluding Western Australia)

Total claim size ($)	2007–08	2008–09	2009–10	2010–11	2011–12
Less than 10,000	608	615	469	545	469
10,000–<100,000	335	355	298	446	367
100,000–<500,000	180	243	249	317	318
500,000 or more	58	113	104	123	127
Not known	1	1	1	1	0
Total	**1,182**	**1,327**	**1,121**	**1,432**	**1,281**
Average time to be closed (months)	*33.1*	*33.7*	*35.3*	*31.2*	*30.7*
		Per cent (excluding *Not known*)			
Less than 10,000	51.5	46.4	41.9	38.1	36.6
10,000–<100,000	28.4	26.8	26.6	31.2	28.6
100,000–<500,000	15.2	18.3	22.2	22.2	24.8
500,000 or more	4.9	8.5	9.3	8.6	9.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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

4.7 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 between 41–48% of closed claims over the period 2007–08 to 2011–12. *Discontinued* claims made up a high proportion, between 74–80%, of claims closed for less than $10,000 (tables 4.12 and 4.13).

There appears to have been a shift away from settlement through *State/territory-based complaints processes* since 2007–08, particularly with regard to claims closed for less than $10,000. The proportion of these low-cost claims settled in this mode decreased over the 5 years from 8% to 1% (tables 4.12 and 4.13).

Table 4.12: Total claim size ($) for closed public sector claims, by mode of claim finalisation, 2007–08 to 2011–12 (excluding Western Australia)

Total claim size ($)	Mode of claim finalisation	2007–08	2008–09	2009–10	2010–11	2011–12
Less than 10,000	Discontinued	448	486	347	421	375
	Settled—state/territory-based complaints processes	47	17	9	7	3
	Settled—court-based alternative dispute resolution processes	4	3	10	1	2
	Settled—statutorily mandated compulsory conference process	0	0	0	0	0
	Settled—other	96	99	91	105	76
	Court decision	11	10	7	7	13
	Not known	2	0	5	4	0
	Total	**608**	**615**	**469**	**545**	**469**
10,000–<100,000	Discontinued	85	140	96	163	148
	Settled—state/territory-based complaints processes	18	19	29	12	8
	Settled—court-based alternative dispute resolution processes	34	24	28	28	21
	Settled—statutorily mandated compulsory conference process	3	8	10	6	10
	Settled—other	171	144	124	206	156
	Court decision	24	20	11	31	24
	Not known	0	0	0	0	0
	Total	**335**	**355**	**298**	**446**	**367**
100,000 or more	Discontinued	4	6	9	15	10
	Settled—state/territory-based complaints processes	2	11	9	4	5
	Settled—court-based alternative dispute resolution processes	42	69	104	83	99
	Settled—statutorily mandated compulsory conference process	3	19	23	20	29
	Settled—other	172	237	204	303	291
	Court decision	15	14	4	15	11
	Not known	0	0	0	0	0
	Total	**238**	**356**	**353**	**440**	**445**
Total	Discontinued	538	632	452	599	533
	Settled—state/territory-based complaints processes	67	47	47	23	16
	Settled—court-based alternative dispute resolution processes	80	96	142	112	122
	Settled—statutorily mandated compulsory conference process	6	27	33	26	39
	Settled—other	439	480	419	614	523
	Court decision	50	44	22	53	48
	Not known	2	1	6	5	0
	Total	**1,182**	**1,327**	**1,121**	**1,432**	**1,281**

Note: The totals at the bottom of the table include 1 claim closed for an unknown amount in each of 2007–08, 2008–09, 2009–10 and 2010–11.

Table 4.13: Total claim size ($) for closed public sector claims, by mode of claim finalisation, 2007–08 to 2011–12 (excluding Western Australia and *Not known*) (per cent)

Total claim size ($)	Mode of claim finalisation	2007–08	2008–09	2009–10	2010–11	2011–12
Less than 10,000	Discontinued	73.9	79.0	74.8	77.8	80.0
	Settled—state/territory-based complaints processes	7.8	2.8	1.9	1.3	0.6
	Settled—court-based alternative dispute resolution processes	0.7	0.5	2.2	0.2	0.4
	Settled—statutorily mandated compulsory conference process	0.0	0.0	0.0	0.0	0.0
	Settled—other	15.8	16.1	19.6	19.4	16.2
	Court decision	1.8	1.6	1.5	1.3	2.8
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
10,000−<100,000	Discontinued	25.4	39.4	32.2	36.5	40.3
	Settled—state/territory-based complaints processes	5.4	5.4	9.7	2.7	2.2
	Settled—court-based alternative dispute resolution processes	10.1	6.8	9.4	6.3	5.7
	Settled—statutorily mandated compulsory conference process	0.9	2.3	3.4	1.3	2.7
	Settled—other	51	40.6	41.6	46.2	42.5
	Court decision	7.2	5.6	3.7	7	6.5
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
100,000 or more	Discontinued	1.7	1.7	2.5	3.4	2.2
	Settled—state/territory-based complaints processes	0.8	3.1	2.5	0.9	1.1
	Settled—court-based alternative dispute resolution processes	17.6	19.4	29.5	18.9	22.2
	Settled—statutorily mandated compulsory conference process	1.3	5.3	6.5	4.5	6.5
	Settled—other	72.3	66.6	57.8	68.9	65.4
	Court decision	6.3	3.9	1.1	3.4	2.5
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total	Discontinued	45.6	47.7	40.5	42.0	41.6
	Settled—state/territory-based complaints processes	5.7	3.5	4.2	1.6	1.2
	Settled—court-based alternative dispute resolution processes	6.8	7.2	12.7	7.8	9.5
	Settled—statutorily mandated compulsory conference process	0.5	2.0	3.0	1.8	3.0
	Settled—other	37.2	36.2	37.6	43.0	40.8
	Court decision	4.2	3.3	2.0	3.7	3.7
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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

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 2007–08 and 2011–12. 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 were *Settled – other* (36–43%). Claims settled through '*Other*' processes accounted for around two-thirds of the claims settled for $100,000 or more, depending on the year.

4.8 Closed claims: extent of harm

The 'extent of harm' describes the overall effect of the alleged incident on the patient in terms of impairment, activity limitation or participation restriction. Extent of harm is analysed with respect to claims closed between 2007–08 and 2011–12, 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).

For 2009–10 to 2011–12, 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 2 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).

There are indications of change over time in the extent of harm categories recorded for closed claims (excluding claims where the extent of harm was *Not known*). Between 2007–08 and 2011–12, the proportion associated with the patient's *Death* increased from 12% to 22%, while the proportion associated with *Major harm/Severe injury* decreased from 30% to 20%. Similarly, between 2008–09 and 2011–12, the proportion of claims associated with *Temporary harm/Mild injury* increased from 17% to 28%, while the proportion associated with *Minor harm/Moderate injury* decreased from 36% to 28%. These changes can also often be observed when looking at claims closed for different amounts. For instance, in the case of claims closed for $100,000 or more, the proportion associated with *Death* increased from 9% in 2007–08 to 20% in 2011–12. And in the case of claims closed for less than $10,000, the proportion associated with *Major harm/Severe injury* decreased from 23% to 9% over the same period.

There is a strong relationship between claim size and extent of harm. Depending on the year, *Temporary harm/Mild injury* accounted for 28–48% of claims closed for less than $10,000 between 2007–08 and 2011–12, compared with 4–11% closed for $100,000 or more. In contrast, *Major harm/Severe injury* accounted for 35–44% of claims closed for $100,000 or more, compared with just 9–23% closed for less than $10,000. The category of *Minor harm/Moderate injury* accounted for similar proportions of claims in all 3 total claim size categories.

Table 4.14: Total claim size ($) for closed public sector claims, by extent of harm, 2007–08 to 2011–12 (excluding Western Australia)

Total claim size ($)	Extent of harm	2007–08	2008–09	2009–10	2010–11	2011–12
Less than 10,000	Temporary harm/Mild injury	152	143	167	239	220
	Minor harm/Moderate injury	143	169	132	146	104
	Major harm/Severe injury	114	100	46	50	40
	Death	74	87	77	89	79
	No body function/structure affected	12	13	24	11	12
	Not known	113	103	23	10	14
	Total	**608**	**615**	**469**	**545**	**469**
10,000–<100,000	Temporary harm/Mild injury	56	48	74	85	84
	Minor harm/Moderate injury	129	147	93	164	100
	Major harm/Severe injury	101	72	56	74	58
	Death	33	76	63	110	112
	No body function/structure affected	6	3	1	8	6
	Not known	10	9	11	5	7
	Total	**335**	**355**	**298**	**446**	**367**
100,000 or more	Temporary harm/Mild injury	19	17	13	35	49
	Minor harm/Moderate injury	92	114	136	162	145
	Major harm/Severe injury	100	155	141	166	153
	Death	20	64	57	69	87
	No body function/structure affected	2	2	0	4	4
	Not known	5	4	6	4	7
	Total	**238**	**356**	**353**	**440**	**445**
Total	Temporary harm/Mild injury	228	208	254	359	353
	Minor harm/Moderate injury	364	430	361	472	349
	Major harm/Severe injury	315	327	244	291	251
	Death	127	227	197	268	278
	No body function/structure affected	20	18	25	23	22
	Not known	128	117	40	19	28
	Total	**1,182**	**1,327**	**1,121**	**1,432**	**1,281**

Table 4.15: Total claim size ($) for closed public sector claims, by extent of harm, 2007–08 to 2011–12 (excluding Western Australia and *Not known*) (per cent)

Total claim size ($)	Extent of harm	2007–08	2008–09	2009–10	2010–11	2011–12
Less than 10,000	Temporary harm/Mild injury	30.7	27.9	37.4	44.7	48.4
	Minor harm/Moderate injury	28.9	33.0	29.6	27.3	22.9
	Major harm/Severe injury	23.0	19.5	10.3	9.3	8.8
	Death	14.9	17.0	17.3	16.6	17.4
	No body function/structure affected	2.4	2.5	5.4	2.1	2.6
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
10,000–<100,000	Temporary harm/Mild injury	17.2	13.9	25.8	19.3	23.3
	Minor harm/Moderate injury	39.7	42.5	32.4	37.2	27.8
	Major harm/Severe injury	31.1	20.8	19.5	16.8	16.1
	Death	10.2	22.0	22.0	24.9	31.1
	No body function/structure affected	1.8	0.9	0.3	1.8	1.7
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
100,000 or more	Temporary harm/Mild injury	8.2	4.8	3.7	8.0	11.2
	Minor harm/Moderate injury	39.5	32.4	39.2	37.2	33.1
	Major harm/Severe injury	42.9	44.0	40.6	38.1	34.9
	Death	8.6	18.2	16.4	15.8	19.9
	No body function/structure affected	0.9	0.6	0.0	0.9	0.9
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total	Temporary harm/Mild injury	21.6	17.2	23.5	25.4	28.2
	Minor harm/Moderate injury	34.5	35.5	33.4	33.4	27.9
	Major harm/Severe injury	29.9	27.0	22.6	20.6	20.0
	Death	12.0	18.8	18.2	19.0	22.2
	No body function/structure affected	1.9	1.5	2.3	1.6	1.8
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Notes

1. Excluding claims with a *Not known* extent of harm, the number of claims on which the percentages are based is 1,054 in 2007–08, 1,210 in 2008–09, 1,081 in 2009–10, 1,413 in 2010–11 and 1,253 in 2011–12.

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

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 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 money 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 1,430 in 2003–04, 1,204 in 2004–05, 1,436 in 2005–06, and between 983 and 1,549 between 2006–07 and 2011–12 (Appendix Table F.1).

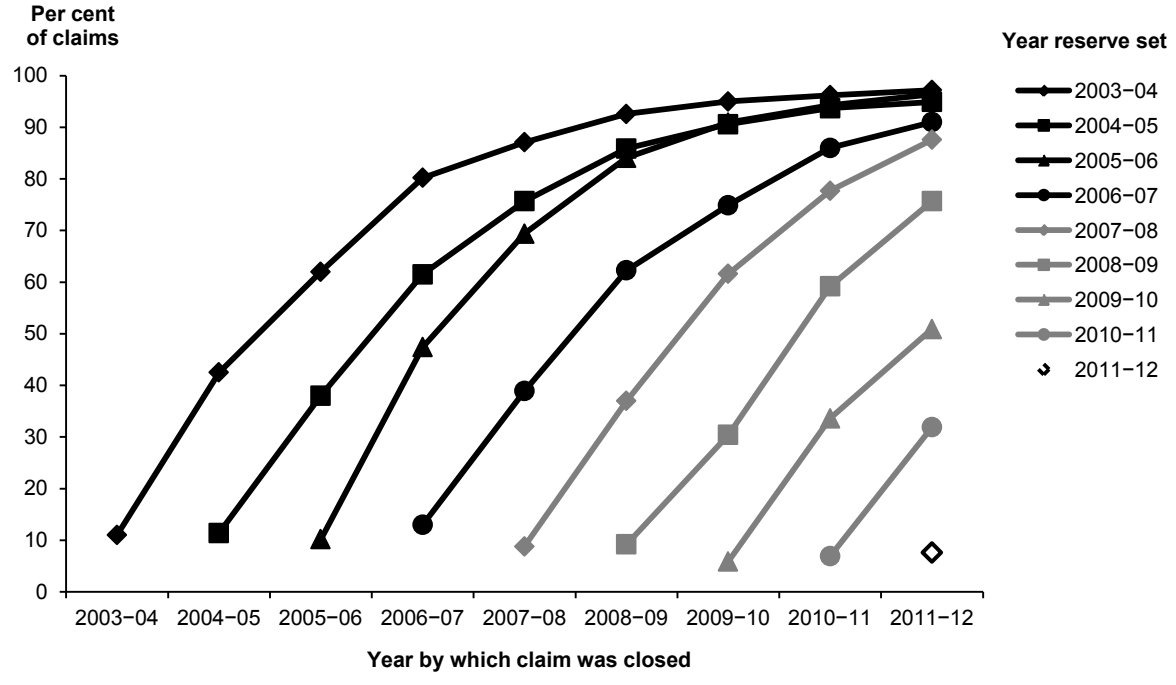
Time taken for claims to close

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.

Across the time series, between 6% and 13% of claims were closed in the year they were opened (Table F.2). 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 30% and 47%. (The proportion of new 2011–12 claims that were closed by the year after the reserve was set will become known when the 2012–13 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 51% and 69% (Table F.2). However, some claims took longer to close than the majority of claims. For example, 40 (3%) of the claims with their reserve set in 2003–04 were still open at the end of the 2011–12 year.

Figure 4.6 presents the data in Table F.2 in graphical form. For each cohort of claims, the proportion of claims closed by the first, the second and the third year after the year the reserve was set follow a nearly linear increase. By the third year, between 76% and 84% 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 (up to 2006–07), about 10% of claims took more than 5 years to close.



Note: See also Appendix Table F.2.

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

More costly claims tend to take longer 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 1,390 closed claims with their reserve set in 2003–04 and which had been closed by the end of 2011–12. Appendix tables F.4 to F.11 present corresponding data on closed claims with their reserve set between 2004–05 and 2011–12. 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 at around 45% 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 rose at a slower rate for the first 3 years after the reserve was set, and plateaued within 5 years to 25–30% of claims.

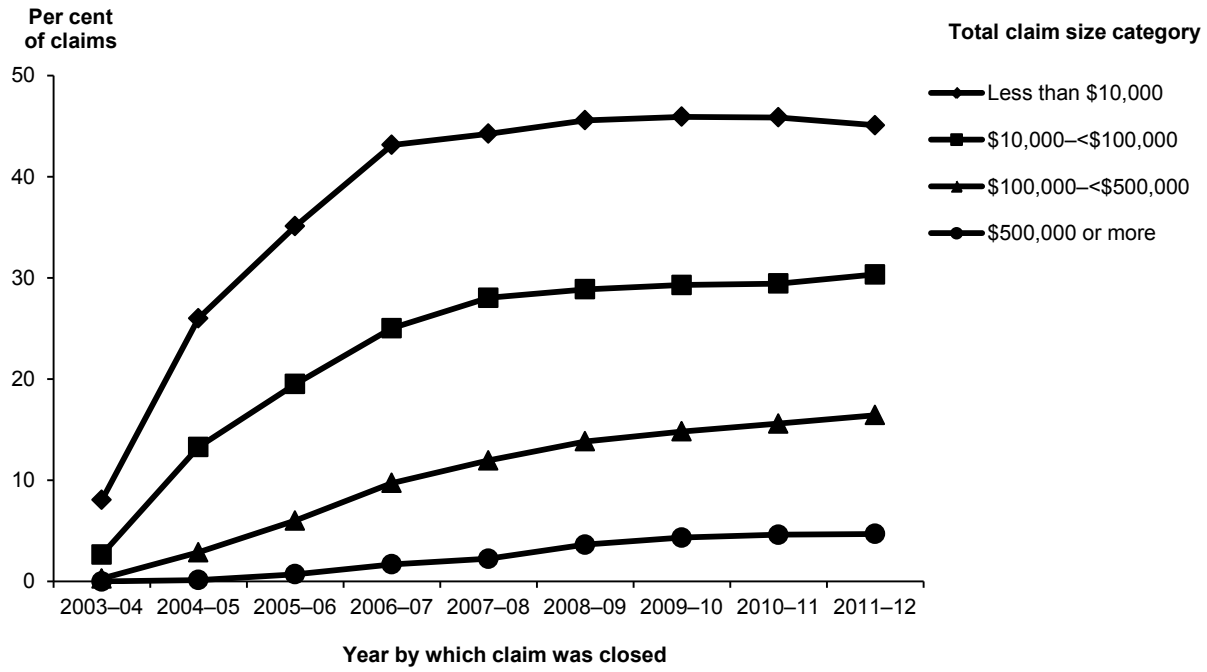
The proportion of claims in both cohorts that were closed for between $100,000 and less than $500,000 rose gradually without a clear plateau for up to 8 years after the reserve was set. The same was true of claims closed for $500,000 or more.

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 5−10% of claims in any cohort.

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

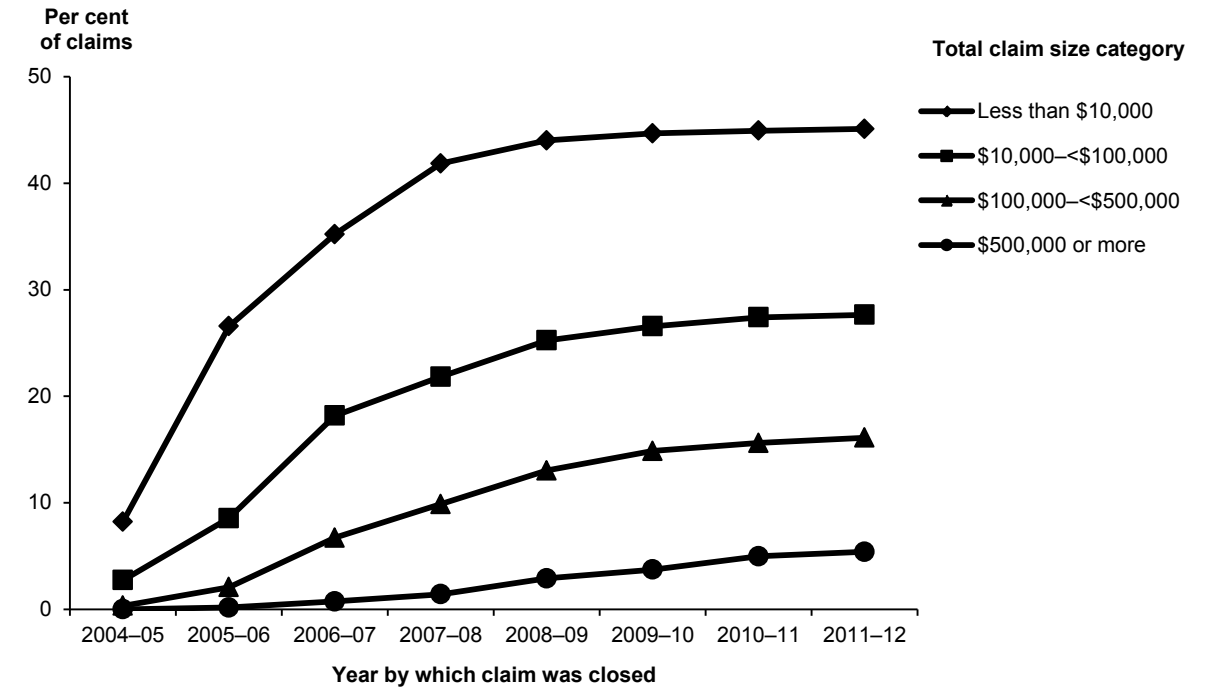
Claims can be grouped into separate cohorts based on the year that their alleged incident took place. The term 'incident' in this context should be understood as any matter leading to a medical indemnity claim rather than a health-care incident as understood in the context of safety of health care.

Year of incident provides a wider time window than reserve year for the analysis of cohorts of claims. 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. In this analysis, claims with their reserve set are *Reserved* claims (whether *Potential* or *Commenced*). Two additional categories are introduced for this analysis to cover the status of claims between an incident and the point where a reserve was set. *Alleged* claims cover cases where the health authority received notification of the impending claim before setting a reserve. *Unnotified* claims cover the period of time, perhaps brief or perhaps lasting years, before the claim was either *Alleged* or *Reserved*.



Note: See also Appendix Table F.3.

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



Note: See also Appendix Table F.4.

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

The analysis provided here considers the cohorts of claims with their incident year between 2001–02 and 2011–12. The data for claims with a 2001–02 incident year are presented in Appendix Table F.12 and the data for claims with a later incident year are presented in Appendix tables F.13 to F.22. In these tables, the status of claim categories *Unnotified* and *Alleged* are marked as *Not applicable* for the year 2011–12. 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, 2011–12), but the definition of public sector claims in scope for MINC purposes requires them to have had their reserve placed by 2011–12.

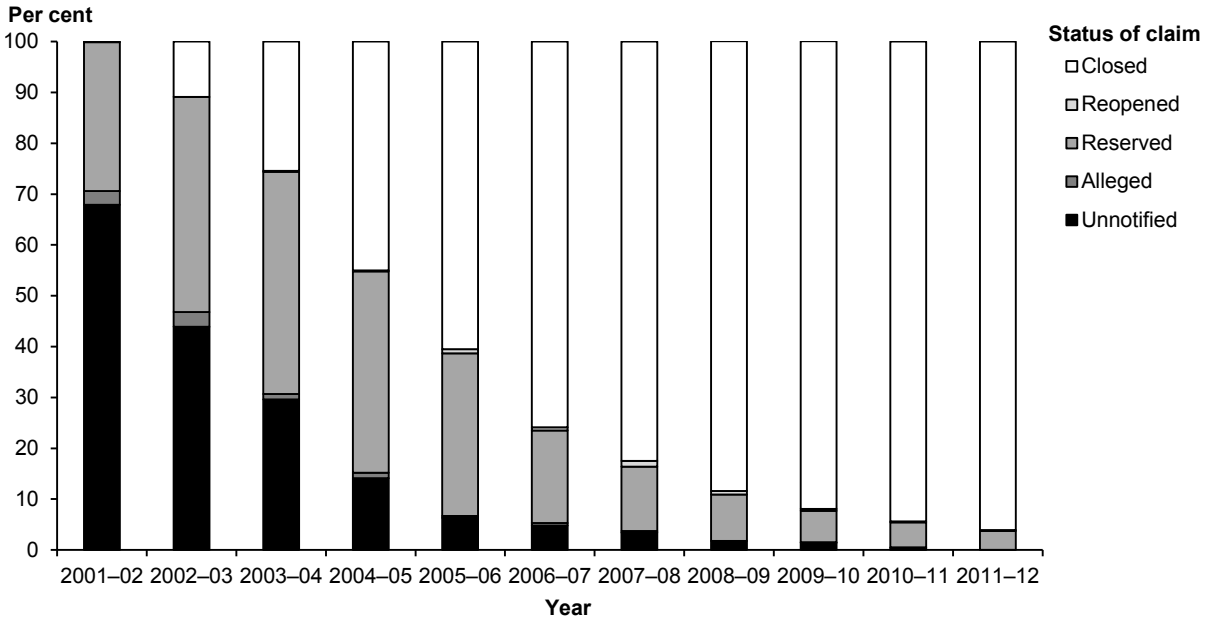
Progression from incident to claim closure

The progression from incident to closed claim is illustrated in Table F.12 and Figure 4.9 for the 1,311 claims with a 2001–02 incident year. In the year of the incident, 925 of these claims (71%) had not yet had a reserve placed against them. These included 35 claims (3%) that had been notified to health authorities in the form of an allegation of loss (*Alleged*), and 890 claims (68%) for which health authorities had no record of an incident (*Unnotified*). Just 386 claims (29%) 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*, 42%) as were *Unnotified* (44%). An additional 11% of the 1,311 claims had been closed by 2002–03. In the following 2 years, the proportion of claims that were *Reserved* stayed at around 40%. This is because, although about 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 (61%). 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 2011–12 MINC data included 6 new claims with a 2001–02 incident year, one of which was associated with an allegation of loss in 2010–11 and 5 of which had remained *Unnotified* up to that time.

Considering claims that have arisen from incidents in the years from 2001–02 to 2008–09, it can be seen that more than half of the claims remained *Unnotified* in the year of the incident (Appendix tables F.12 to F.19). However, by the following year or the second year after the incident, the majority of claims had had a reserve placed against them (here including *Reopened* and *Closed* claims as well as *Reserved* claims). By the fifth year after the incident, between 70 and 79% of claims had been closed (Appendix tables F.12 to F.17, applicable to claims with an incident year between 2001–02 and 2006–07).



Note: See also Appendix Table F.12.

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)

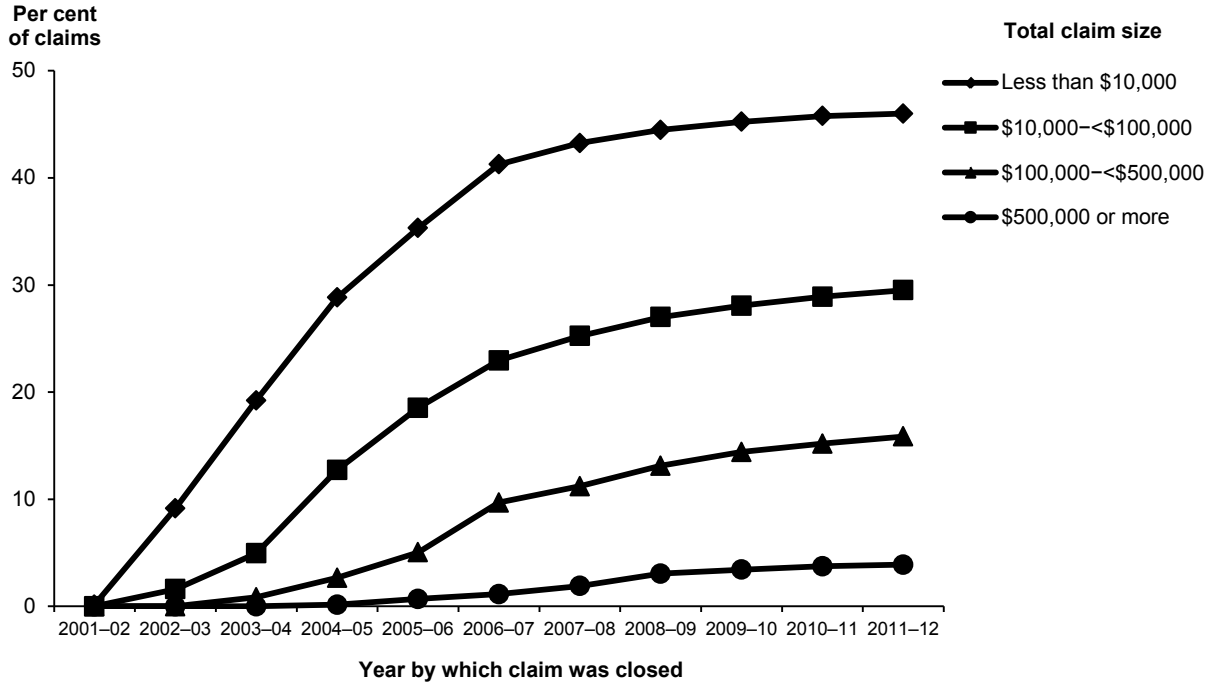
Claim size analysis

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.23 and F.24, and the percentages are graphed in figures 4.10 and 4.11.

For the claims closed for less than $10,000, the proportion began to rise steeply in the incident year and then plateaued within 6 years. For 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. For 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. For 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 approximately 4% of claims.

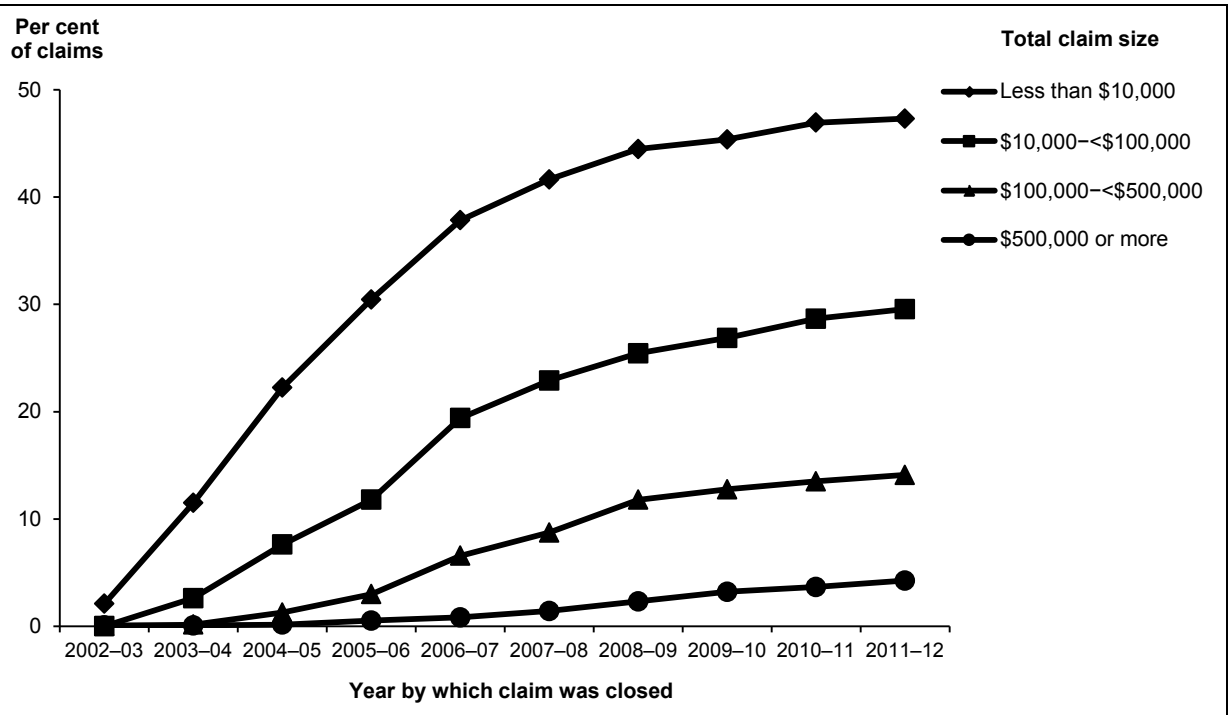
The shape of the proportions in figures 4.10 and 4.11 is different from the shape of the proportions in figures 4.7 and 4.8. This is because the former start with the year of incident whereas the latter start with the year the reserve was set. Within the first 1 to 2 years after the incident, very few 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. Thus, the two sets of curves provide complementary perspectives on the relationship between claim size and how long it takes for medical indemnity matters to be settled.

Appendix tables F.23 and F.24 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 2011–12.



Note: See also Appendix Table F.23.

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



Note: See also Appendix Table F.24.

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 2011–12

This chapter presents a profile of the 10,299 reported public and private sector claims that were open at some point between 1 July 2011 and 30 June 2012 (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 2011–12, there were 3,066 new claims opened or notified, 2,978 claims that were closed (settled, for example, through negotiation or a court decision, or discontinuation), and at 30 June 2012 there were 7,321 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 2011 to 30 June 2012

Claim category	Description	Number
New	Claims opened or notified within the reporting period (1 July 2011 to 30 June 2012)	3,066
Current	Claims that remained open at 30 June 2012	7,321
Closed	Claims that were settled during the reporting period (1 July 2011 to 30 June 2012)	2,978
All	All claims open at some point during the reporting period (1 July 2011 to 30 June 2012)	10,299

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

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 1,038 new 2011–12 public sector claims with a known health service setting, 1,001 (96%) were associated with a public hospital/day surgery (Section 3.1) and none with a private hospital/day surgery. From this it can be deduced that of the 1,605 new private sector claims in 2011–12 with a known health service setting, 500 (31%) were associated with private hospitals and day surgeries.

In 2011–12, just over one-third (37% or 1,131) of new claims were reported as occurring within a public setting. Of these claims, 99% (1,120) arose within a public hospital or day surgery. *Other public setting* – for instance public community health centres and residential aged care services—was associated with the other 1% (Table 5.2).

A private health service setting was the health service setting recorded for 48% (1,483) of new claims. Of these claims, 34% (500) claims occurred in a private hospital or day surgery while 47% (698 claims) were recorded for private medical clinics.

The health service setting was *Not known* in 14% 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 2011–12, the most commonly recorded primary incident/allegation category was *Procedure,* accounting for 27% of new claims (Table 5.2). *Diagnosis* and *Treatment* were the next most frequently recorded incident/allegation types, while the other categories each accounted for 5% or less of new claims. The primary incident/allegation type was *Not known* for 22% 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, followed by *Diagnosis* and *Treatment* (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 64% of new claims. *Diagnosis* was the most frequently recorded primary incident/allegation type in a private medical clinic. In *Other private settings, Treatment* was recorded for 50% and *Procedure* for 28% of new claims.

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 11 most commonly recorded clinical specialty categories during 2011–12 feature in tables 5.4 and 5.5. *General practice* was the most commonly recorded specialty, associated with 21% of new claims (640 of 3,066 records), or 23%, excluding claims with *Not known* clinician specialty. Three other frequently recorded specialties were *Orthopaedic surgery*, *Obstetrics and gynaecology* and *General surgery*.

Table 5.2: Primary incident/allegation type for new claims, by health service setting, public (excluding Western Australia) and private sector claims, 1 July 2011 to 30 June 2012

	Health service setting								
Primary incident/allegation type	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	377	1	280	82	78	0	13	831	27.1
Diagnosis	268	4	27	174	28	5	7	513	16.7
Treatment	233	0	34	57	138	6	5	473	15.4
General duty of care	73	1	11	40	12	5	3	145	4.7
Medication-related	46	3	8	28	0	1	4	90	2.9
Anaesthetic	16	0	35	2	1	0	0	54	1.8
Consent	22	0	3	7	8	0	1	41	1.3
Device failure	1	0	6	1	2	0	0	10	0.3
Blood/blood product-related	8	1	0	0	0	0	0	9	0.3
Infection control	5	0	0	1	0	0	0	6	0.2
Other	33	1	32	65	12	10	74	227	7.4
Not known	38	0	64	241	6	2	316	667	21.8
Total	**1,120**	**11**	**500**	**698**	**285**	**29**	**423**	**3,066**	**100.0**
Total per cent	*36.5*	*0.4*	*16.3*	*22.8*	*9.3*	*0.9*	*13.8*	*100.0*	*. .*

. . Not applicable

(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' (Victorian Department of Health 2009).

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: Primary incident/allegation type (excluding *Not known*) for new claims, by health service setting, public (excluding Western Australia) and private sector claims, 1 July 2011 to 30 June 2012 (per cent)

	Health service setting							
Primary incident/allegation type	**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	34.8	9.1	64.2	17.9	28.0	0.0	12.1	34.6
Diagnosis	24.8	36.4	6.2	38.1	10.0	18.5	6.5	21.4
Treatment	21.5	0.0	7.8	12.5	49.5	22.2	4.7	19.7
General duty of care	6.7	9.1	2.5	8.8	4.3	18.5	2.8	6.0
Medication-related	4.3	27.3	1.8	6.1	0.0	3.7	3.7	3.8
Anaesthetic	1.5	0.0	8.0	0.4	0.4	0.0	0.0	2.3
Consent	2.0	0.0	0.7	1.5	2.9	0.0	0.9	1.7
Device failure	0.1	0.0	1.4	0.2	0.7	0.0	0.0	0.4
Blood/blood product-related	0.7	9.1	0.0	0.0	0.0	0.0	0.0	0.4
Infection control	0.5	0.0	0.0	0.2	0.0	0.0	0.0	0.3
Other	3.0	9.1	7.3	14.2	4.3	37.0	69.2	9.5
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' (Victorian Department of Health 2009).

Notes

1. The 667 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 2,399.
2. Percentages may not add up exactly to 100.0 due to rounding.

Table 5.4: Specialties of clinicians involved for new claims, by primary incident/allegation type, public (excluding Western Australia) and private sector claims, 1 July 2011 to 30 June 2012

	Primary incident/allegation type												
Specialty of clinician(s)[a]	**Procedure**	**Diagnosis**	**Treatment**	**General duty of care**	**Medication-related**	**Anaesthetic**	**Consent**	**Device failure**	**Blood/blood product-related**	**Infection control**	**Other**	**Not known**	**Total**
General practice[b]	122	168	76	37	34	4	6	2	2	1	77	111	640
Orthopaedic surgery	142	21	17	5	1	0	0	4	1	0	7	43	241
Obstetrics and gynaecology[c]	107	35	34	3	6	1	5	0	1	0	9	36	237
General surgery	114	24	27	3	1	1	6	0	1	3	5	35	220
Emergency medicine	6	71	28	7	6	0	0	0	3	0	2	1	124
Anaesthesia	17	2	4	4	4	44	1	1	0	0	7	13	97
Cardiology	20	11	17	3	5	0	0	0	0	1	5	7	69
Psychiatry	0	9	18	26	2	0	2	0	0	0	10	2	69
Diagnostic radiology	15	33	3	0	0	0	1	0	0	0	2	11	65
General nursing	8	9	6	18	10	0	0	0	0	2	0	1	54
Other hospital-based medical practitioner[d]	8	22	6	6	2	1	1	0	0	0	20	36	102
All other specialties[e]	285	133	244	37	29	4	18	3	0	1	80	67	901
Not applicable[f]	0	0	0	0	0	0	0	0	0	0	0	0	0
Not known	5	9	9	2	1	0	1	0	1	0	5	304	337
Total[g]	**831**	**513**	**473**	**145**	**90**	**54**	**41**	**10**	**9**	**6**	**227**	**667**	**3,066**

(a) Only the 11 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 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 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 4 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 may exceed the number of claims.

Table 5.5: Specialties of clinicians involved (excluding *Not known*) for new claims, by primary incident/allegation type, public (excluding Western Australia) and private sector claims, 1 July 2011 to 30 June 2012 (per cent)

	Primary incident/allegation type												
Specialty of clinician(s)[a]	**Procedure**	**Diagnosis**	**Treatment**	**General duty of care**	**Medication-related**	**Anaesthetic**	**Consent**	**Device failure**	**Blood/blood product-related**	**Infection control**	**Other**	**Not known**	**Total**
General practice[b]	14.8	33.3	16.4	25.9	38.2	7.4	15.0	20.0	25.0	16.7	34.7	30.6	23.5
Orthopaedic surgery	17.2	4.2	3.7	3.5	1.1	0.0	0.0	40.0	12.5	0.0	3.2	11.8	8.8
Obstetrics and gynaecology[c]	13.0	6.9	7.3	2.1	6.7	1.9	12.5	0.0	12.5	0.0	4.1	9.9	8.7
General surgery	13.8	4.8	5.8	2.1	1.1	1.9	15.0	0.0	12.5	50.0	2.3	9.6	8.1
Emergency medicine	0.7	14.1	6.0	4.9	6.7	0.0	0.0	0.0	37.5	0.0	0.9	0.3	4.5
Anaesthesia	2.1	0.4	0.9	2.8	4.5	81.5	2.5	10.0	0.0	0.0	3.2	3.6	3.6
Cardiology	2.4	2.2	3.7	2.1	5.6	0.0	0.0	0.0	0.0	16.7	2.3	1.9	2.5
Psychiatry	0.0	1.8	3.9	18.2	2.2	0.0	5.0	0.0	0.0	0.0	4.5	0.6	2.5
Diagnostic radiology	1.8	6.5	0.6	0.0	0.0	0.0	2.5	0.0	0.0	0.0	0.9	3.0	2.4
General nursing	1.0	1.8	1.3	12.6	11.2	0.0	0.0	0.0	0.0	33.3	0.0	0.3	2.0
Other hospital-based medical practitioner[d]	1.0	4.4	1.3	4.2	2.2	1.9	2.5	0.0	0.0	0.0	9.0	9.9	3.7
All other specialties[e]	34.5	26.4	52.6	25.9	32.6	7.4	45.0	30.0	0.0	16.7	36.0	18.5	33.0
Not applicable[f]	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
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 11 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 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) The 337 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 2,729. Because some claims are represented in more than one row, the percentages presented here may not sum vertically to 100 per cent.

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 13% and 17% of the claims had a recorded clinician specialty of *General practice*, *Orthopaedic surgery*, *General surgery* or *Obstetrics and gynaecology*.
- Where the primary incident/allegation type was *Diagnosis*, 33% of claims were associated with the clinical specialty of *General practice* and 14% of claims with *Emergency medicine*.
- Where the primary incident/allegation type was *General duty of care*, 26% of claims were associated with the clinical specialty of *General practice* and 18% with *Psychiatry*.
- Where the primary incident/allegation type was *Medication-related*, 38% of claims were associated with the clinician specialty of *General practice*.

5.4 New claims: patients' sex and age group and primary incident/allegation type

During 2011–12, 4% (127) of new public and private sector claims related to babies aged less than 1; the corresponding figures for persons aged 1–17 were 5% (161) and for adults (aged 18 or more) 73% (2,230). The age of the patient was not known in 18% (548) of new claims (Table 5.6).

The patient was female in 54% of new claims in 2011–12 and male in 37%. Sex was unknown for 9% of claims. The larger number of adult females compared to males was particularly a feature of the 18–39 age group. In this age group, the number of females was almost twice the number of males.

In the cases of babies and persons aged 1–4, the patient was more often male than female.

As previously noted, the 3 most common primary incident/allegation types for new claims were *Procedure, Diagnosis* and *Treatment*, in that order. This is true for both male and female patients (Table 5.7).

Procedure was also the most common primary incident/allegation type for every patient age category except patients aged 1–4 (Figure 5.1). For these patients, *Diagnosis* was the most common primary incident/allegation type (35%). For the other age categories, the proportion of new claims with *Procedure* as the incident/allegation type varied between 30% and 43%.

Table 5.6: Primary incident/allegation type for new claims, by patients' sex and age group, public (excluding Western Australia) and private sector claims, 1 July 2011 to 30 June 2012

	Age of patient at time alleged incident occurred								
Primary incident/allegation type	**< 1**	**1–4**	**5–17**	**18–39**	**40–59**	**60–79**	**80 or more**	**Not known**	**Total**
Males									
Anaesthetic	1	0	0	2	10	7	0	3	23
Blood/blood product-related	0	0	1	0	0	0	0	0	1
Consent	0	0	0	2	4	2	1	0	9
Device failure	0	0	0	0	3	2	0	0	5
Diagnosis	14	6	13	53	90	24	2	19	221
General duty of care	1	0	2	16	13	12	0	9	53
Infection control	1	0	0	1	1	0	0	0	3
Medication-related	0	2	3	13	9	11	1	2	41
Procedure	15	8	8	56	132	58	3	38	318
Treatment	12	7	13	48	62	30	1	31	204
Other	3	0	0	10	6	3	1	8	31
Not known	20	6	8	57	55	35	6	40	227
Total males	*67*	*29*	*48*	*258*	*385*	*184*	*15*	*150*	*1,136*
Females									
Anaesthetic	1	0	0	6	10	4	2	5	28
Blood/blood product-related	1	1	0	4	1	0	0	0	7
Consent	0	0	0	11	15	2	0	4	32
Device failure	0	0	0	0	4	0	0	1	5
Diagnosis	7	10	10	85	102	35	5	25	279
General duty of care	0	2	0	15	31	18	5	13	84
Infection control	0	0	0	1	0	1	0	0	2
Medication-related	1	2	2	8	15	7	5	4	44
Procedure	14	1	18	121	202	86	8	52	502
Treatment	12	5	6	76	104	27	4	32	266
Other	4	1	2	19	20	5	1	17	69
Not known	12	5	14	122	92	39	4	48	336
Total females	*52*	*27*	*52*	*468*	*596*	*224*	*34*	*201*	*1,654*
Persons[(a)]									
Anaesthetic	2	0	0	8	21	12	2	9	54
Blood/blood product-related	1	1	1	4	1	0	0	1	9
Consent	0	0	0	13	19	4	1	4	41
Device failure	0	0	0	0	7	2	0	1	10
Diagnosis	21	16	25	140	192	60	7	52	513
General duty of care	1	2	2	32	46	30	5	27	145
Infection control	1	0	0	2	1	1	0	1	6
Medication-related	1	4	5	21	24	18	6	11	90
Procedure	29	9	26	180	337	144	12	94	831
Treatment	25	12	19	124	167	57	5	64	473
Other	9	2	2	29	27	9	2	147	227
Not known	37	12	23	198	165	85	10	137	667
Total persons	**127**	**58**	**103**	**751**	**1,007**	**422**	**50**	**548**	**3,066**

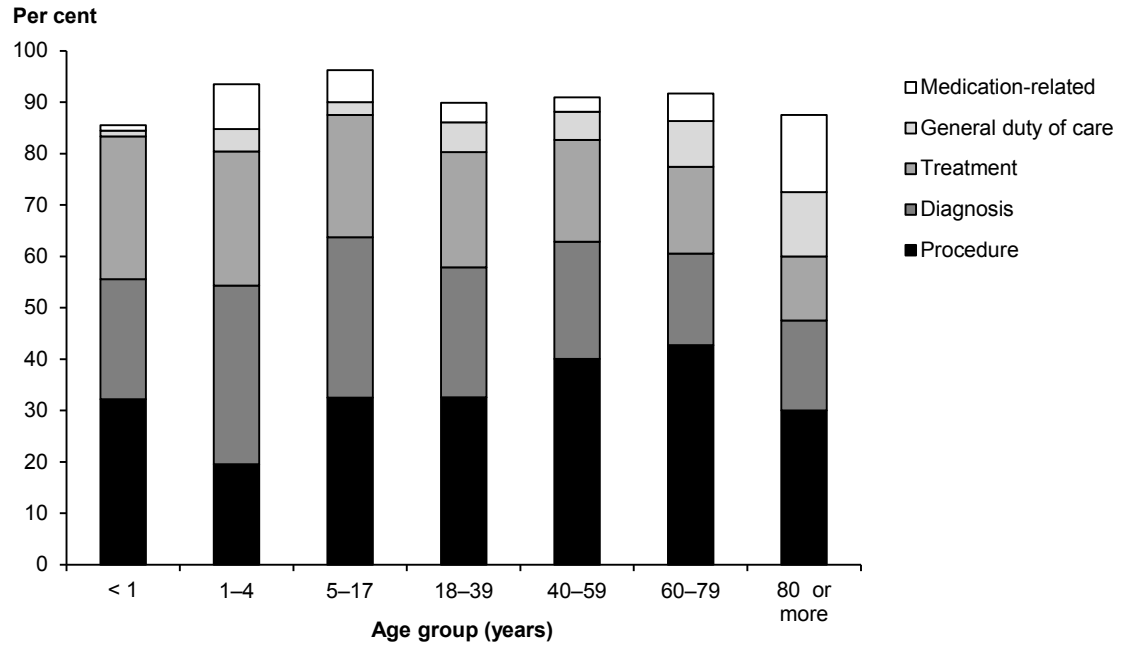
(a) 'Persons' includes 276 claims for patients whose sex was indeterminate or unknown.

Table 5.7: Primary incident/allegation type (excluding *Not known*) for new claims, by patients' sex and age group, public (excluding Western Australia) and private sector claims, 1 July 2011 to 30 June 2012 (per cent)

	Age of patient at time alleged incident occurred								
Primary incident/allegation type	**< 1**	**1–4**	**5–17**	**18–39**	**40–59**	**60–79**	**80 or more**	**Not known**	**Total**
Males									
Anaesthetic	2.1	0.0	0.0	1.0	3.0	4.7	0.0	2.7	2.5
Blood/blood product-related	0.0	0.0	2.5	0.0	0.0	0.0	0.0	0.0	0.1
Consent	0.0	0.0	0.0	1.0	1.2	1.3	11.1	0.0	1.0
Device failure	0.0	0.0	0.0	0.0	0.9	1.3	0.0	0.0	0.6
Diagnosis	29.8	26.1	32.5	26.4	27.3	16.1	22.2	17.3	24.3
General duty of care	2.1	0.0	5.0	8.0	3.9	8.1	0.0	8.2	5.8
Infection control	2.1	0.0	0.0	0.5	0.3	0.0	0.0	0.0	0.3
Medication-related	0.0	8.7	7.5	6.5	2.7	7.4	11.1	1.8	4.5
Procedure	31.9	34.8	20.0	27.9	40.0	38.9	33.3	34.5	35.0
Treatment	25.5	30.4	32.5	23.9	18.8	20.1	11.1	28.2	22.4
Other	6.4	0.0	0.0	5.0	1.8	2.0	11.1	7.3	3.4
Total males	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Females									
Anaesthetic	2.5	0.0	0.0	1.7	2.0	2.2	6.7	3.3	2.1
Blood/blood product-related	2.5	4.5	0.0	1.2	0.2	0.0	0.0	0.0	0.5
Consent	0.0	0.0	0.0	3.2	3.0	1.1	0.0	2.6	2.4
Device failure	0.0	0.0	0.0	0.0	0.8	0.0	0.0	0.7	0.4
Diagnosis	17.5	45.5	26.3	24.6	20.2	18.9	16.7	16.3	21.2
General duty of care	0.0	9.1	0.0	4.3	6.2	9.7	16.7	8.5	6.4
Infection control	0.0	0.0	0.0	0.3	0.0	0.5	0.0	0.0	0.2
Medication-related	2.5	9.1	5.3	2.3	3.0	3.8	16.7	2.6	3.3
Procedure	35.0	4.5	47.4	35.0	40.1	46.5	26.7	34.0	38.1
Treatment	30.0	22.7	15.8	22.0	20.6	14.6	13.3	20.9	20.2
Other	10.0	4.5	5.3	5.5	4.0	2.7	3.3	11.1	5.2
Total females	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Persons									
Anaesthetic	2.2	0.0	0.0	1.4	2.5	3.6	5.0	2.2	2.3
Blood/blood product-related	1.1	2.2	1.3	0.7	0.1	0.0	0.0	0.2	0.4
Consent	0.0	0.0	0.0	2.4	2.3	1.2	2.5	1.0	1.7
Device failure	0.0	0.0	0.0	0.0	0.8	0.6	0.0	0.2	0.4
Diagnosis	23.3	34.8	31.3	25.3	22.8	17.8	17.5	12.7	21.4
General duty of care	1.1	4.3	2.5	5.8	5.5	8.9	12.5	6.6	6.0
Infection control	1.1	0.0	0.0	0.4	0.1	0.3	0.0	0.2	0.3
Medication-related	1.1	8.7	6.3	3.8	2.9	5.3	15.0	2.7	3.8
Procedure	32.2	19.6	32.5	32.5	40.0	42.7	30.0	22.9	34.6
Treatment	27.8	26.1	23.8	22.4	19.8	16.9	12.5	15.6	19.7
Other	10.0	4.3	2.5	5.2	3.2	2.7	5.0	35.8	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 667 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 2,399.
2. Percentages may not add up exactly to 100.0 due to rounding.



Note: See also Table 5.7.

Figure 5.1: Five primary incident/allegation types most frequently recorded for new claims, by patients' age group, public (excluding Western Australia) and private sector claims, 1 July 2011 to 30 June 2012 (excluding *Not known*) (per cent)

5.5 New claims: primary body function/structure affected

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

During 2011–12, the 2 most frequently recorded categories for new public and private sector claims were *Neuromusculoskeletal and movement-related* and *Digestive, metabolic and endocrine systems*.

The next 3 most frequently recorded categories were *Death*, *Mental and nervous system* and *Genitourinary and reproductive*. *Genitourinary and reproductive* effects were recorded for a higher proportion of claims involving female than male patients.

Those claims where no body function/structure of the claim subject was affected represented 9% of new claims. For 13% of new claims, the primary body function/structure affected was *Not known*.

There was some variation in the primary body function/structure affected depending on the patients' age group (Figure 5.2). *Neuromusculoskeletal and movement-related* was the category recorded for around 20% of patients in each adult category (Table 5.9). On the other hand, *Death* was the category most frequently recorded for patients aged 1–4 (34%) and 5–17 (24%).

Where the patient was a baby, *Mental and nervous system* was the most frequently recorded category, associated with 34% of claims (Figure 5.2).

Table 5.8: Primary body function/structure affected categories for new claims, by patients' sex and age group, public (excluding Western Australia) and private sector claims, 1 July 2011 to 30 June 2012

	Age of patient at time alleged incident occurred								
Primary body function/structure affected	**< 1**	**1–4**	**5–17**	**18–39**	**40–59**	**60–79**	**80 or more**	**Not known**	**Total**
Males									
Cardiovascular, haematological, immunological and respiratory	1	1	1	10	21	17	1	10	62
Death	11	5	13	48	67	25	2	24	195
Digestive, metabolic and endocrine systems	2	1	5	33	70	25	1	33	170
Genitourinary and reproductive	8	1	3	17	19	7	0	5	60
Mental and nervous system	16	6	4	25	55	13	1	9	129
Neuromusculoskeletal and movement-related	7	4	8	58	73	31	2	16	199
Sensory functions and structures	0	3	4	15	12	13	3	6	56
Skin and related structures	1	2	2	14	18	13	0	6	56
Voice and speech	0	0	0	0	0	1	0	0	1
No function/structure affected	0	0	2	4	14	9	1	14	44
Not known	21	6	6	34	36	30	4	27	164
Total males	*67*	*29*	*48*	*258*	*385*	*184*	*15*	*150*	*1,136*
Females									
Cardiovascular, haematological, immunological and respiratory	2	2	0	19	19	9	1	6	58
Death	8	11	7	67	68	35	8	17	221
Digestive, metabolic and endocrine systems	1	4	12	57	117	38	6	45	280
Genitourinary and reproductive	0	0	4	82	63	12	0	16	177
Mental and nervous system	14	0	7	41	85	14	2	15	178
Neuromusculoskeletal and movement-related	5	1	5	64	99	46	8	22	250
Sensory functions and structures	3	0	1	11	27	22	2	11	77
Skin and related structures	2	2	5	30	37	17	3	18	114
Voice and speech	0	0	0	1	4	2	0	1	8
No function/structure affected	3	2	1	21	19	2	0	28	76
Not known	14	5	10	75	58	27	4	22	215
Total females	*52*	*27*	*52*	*468*	*596*	*224*	*34*	*201*	*1,654*
Persons[(a)]									
Cardiovascular, haematological, immunological and respiratory	3	4	1	30	44	27	2	25	136
Death	20	16	21	115	135	60	10	44	421
Digestive, metabolic and endocrine systems	4	5	18	92	192	67	7	86	471
Genitourinary and reproductive	9	2	7	105	84	19	0	25	251
Mental and nervous system	30	6	11	68	140	27	3	28	313
Neuromusculoskeletal and movement-related	12	5	13	130	179	82	10	43	474
Sensory functions and structures	4	3	6	26	39	36	6	22	142
Skin and related structures	3	4	7	46	57	32	3	26	178
Voice and speech	0	0	0	1	5	3	0	2	11
No function/structure affected	4	2	3	25	33	11	1	186	265
Not known	38	11	16	113	99	58	8	61	404
Total persons	**127**	**58**	**103**	**751**	**1,007**	**422**	**50**	**548**	**3,066**

(a) 'Persons' includes 276 claims for patients whose sex was indeterminate or unknown.

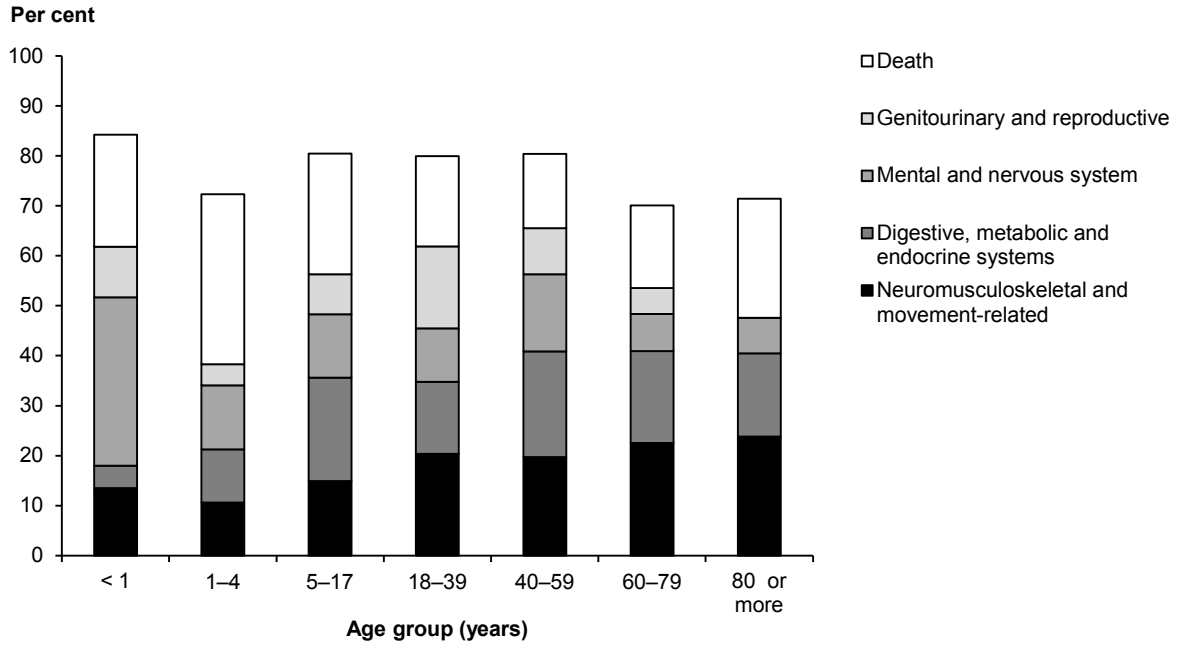
Table 5.9: Primary body function/structure affected categories (excluding *Not known*) for new claims, by patients' sex and age group, public (excluding Western Australia) and private sector claims, 1 July 2011 to 30 June 2012 (per cent)

	Age of patient at time alleged incident occurred								
Primary body function/ structure affected	**< 1**	**1–4**	**5–17**	**18–39**	**40–59**	**60–79**	**80 or more**	**Not known**	**Total**
Males									
Cardiovascular, haematological, immunological and respiratory	2.2	4.3	2.4	4.5	6.0	11.0	9.1	8.1	6.4
Death	23.9	21.7	31.0	21.4	19.2	16.2	18.2	19.5	20.1
Digestive, metabolic and endocrine systems	4.3	4.3	11.9	14.7	20.1	16.2	9.1	26.8	17.5
Genitourinary and reproductive	17.4	4.3	7.1	7.6	5.4	4.5	0.0	4.1	6.2
Mental and nervous system	34.8	26.1	9.5	11.2	15.8	8.4	9.1	7.3	13.3
Neuromusculoskeletal and movement-related	15.2	17.4	19.0	25.9	20.9	20.1	18.2	13.0	20.5
Sensory functions and structures	0.0	13.0	9.5	6.7	3.4	8.4	27.3	4.9	5.8
Skin and related structures	2.2	8.7	4.8	6.3	5.2	8.4	0.0	4.9	5.8
Voice and speech	0.0	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.1
No function/structure affected	0.0	0.0	4.8	1.8	4.0	5.8	9.1	11.4	4.5
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	5.3	9.1	0.0	4.8	3.5	4.6	3.3	3.4	4.0
Death	21.1	50.0	16.7	17.0	12.6	17.8	26.7	9.5	15.4
Digestive, metabolic and endocrine systems	2.6	18.2	28.6	14.5	21.7	19.3	20.0	25.1	19.5
Genitourinary and reproductive	0.0	0.0	9.5	20.9	11.7	6.1	0.0	8.9	12.3
Mental and nervous system	36.8	0.0	16.7	10.4	15.8	7.1	6.7	8.4	12.4
Neuromusculoskeletal and movement-related	13.2	4.5	11.9	16.3	18.4	23.4	26.7	12.3	17.4
Sensory functions and structures	7.9	0.0	2.4	2.8	5.0	11.2	6.7	6.1	5.4
Skin and related structures	5.3	9.1	11.9	7.6	6.9	8.6	10.0	10.1	7.9
Voice and speech	0.0	0.0	0.0	0.3	0.7	1.0	0.0	0.6	0.6
No function/structure affected	7.9	9.1	2.4	5.3	3.5	1.0	0.0	15.6	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	3.4	8.5	1.1	4.7	4.8	7.4	4.8	5.1	5.1
Death	22.5	34.0	24.1	18.0	14.9	16.5	23.8	9.0	15.8
Digestive, metabolic and endocrine systems	4.5	10.6	20.7	14.4	21.1	18.4	16.7	17.7	17.7
Genitourinary and reproductive	10.1	4.3	8.0	16.5	9.3	5.2	0.0	5.1	9.4
Mental and nervous system	33.7	12.8	12.6	10.7	15.4	7.4	7.1	5.7	11.8
Neuromusculoskeletal and movement-related	13.5	10.6	14.9	20.4	19.7	22.5	23.8	8.8	17.8
Sensory functions and structures	4.5	6.4	6.9	4.1	4.3	9.9	14.3	4.5	5.3
Skin and related structures	3.4	8.5	8.0	7.2	6.3	8.8	7.1	5.3	6.7
Voice and speech	0.0	0.0	0.0	0.2	0.6	0.8	0.0	0.4	0.4
No function/structure affected	4.5	4.3	3.4	3.9	3.6	3.0	2.4	38.2	10.0
Total persons	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Notes

1. The 404 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 2,662.

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



Note: See also Table 5.9.

Figure 5.2: Five primary body function/structure affected categories most frequently recorded for new claims, by patients' age group, public (excluding Western Australia) and private sector claims, 1 July 2011 to 30 June 2012 (excluding *Not known*) (per cent)

5.6 Current claims: duration and reserve range

Duration of current 2011–12 claims is measured as the number of months between when the reserve was placed (public sector and some MII claims) or date of the report (other MII claims) to 30 June 2012 (Appendix Table A.2). The 'reserve range' is the cost of closing a claim, in broad dollar ranges, as estimated by the jurisdictional authority or the MII against each claim.

Of the public and private sector claims open at the end of 2011–12, 19% (1,410 of 7,321) had been open for less than 6 months, 67% (4,887 claims) for up to 2 years, 83% (6,038 claims) for up to 3 years and 7% (516) had been open after more than 5 years (Table 5.10).

Of the claims open at the end of the period, 61% (4,468) of claims had a reserve of less than $100,000, including 20% (1,465 claims) with a reserve of less than $10,000. There were 788 current claims (11%) with a reserve set between $250,000 and less than $500,000 and 757 (10%) with a reserve set at $500,000 or more.

For claims with a reserve set at less than $10,000, 49% (725 of 1,465 claims) had been open for 1 year or less, contrasting with the 5% (79 claims) open for more than 4 years and the 4% (53 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, 9% in the $250,000 to less than $500,000 range (70 of 788 claims) and 25% of those reserved for at least $500,000 (190 of 757 claims).

Table 5.10: Reserve range ($) for current claims[a], by duration of claim (months), public (excluding Western Australia) and private sector claims, at 30 June 2012

	Duration of claim at 30 June 2012 (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	403	322	142	140	207	131	27	14	18	8	53	1,465	20.0
10,000–<30,000	454	467	305	196	74	75	35	18	16	8	42	1,690	23.1
30,000–<50,000	77	96	83	48	32	29	19	12	13	12	19	440	6.0
50,000–<100,000	137	155	150	115	79	63	51	28	13	23	59	873	11.9
100,000–<250,000	199	299	209	166	124	80	56	43	22	27	83	1,308	17.9
250,000–<500,000	88	141	120	93	83	48	51	40	30	24	70	788	10.8
500,000 or more	52	71	81	78	61	65	55	37	29	38	190	757	10.3
Total	**1,410**	**1,551**	**1,090**	**836**	**660**	**491**	**294**	**192**	**141**	**140**	**516**	**7,321**	**100.0**
							Per cent						
Less than 10,000	27.5	22.0	9.7	9.6	14.1	8.9	1.8	1.0	1.2	0.5	3.6	100.0	. .
10,000–<30,000	26.9	27.6	18.0	11.6	4.4	4.4	2.1	1.1	0.9	0.5	2.5	100.0	. .
30,000–<50,000	17.5	21.8	18.9	10.9	7.3	6.6	4.3	2.7	3.0	2.7	4.3	100.0	. .
50,000–<100,000	15.7	17.8	17.2	13.2	9.0	7.2	5.8	3.2	1.5	2.6	6.8	100.0	. .
100,000–<250,000	15.2	22.9	16.0	12.7	9.5	6.1	4.3	3.3	1.7	2.1	6.3	100.0	. .
250,000–<500,000	11.2	17.9	15.2	11.8	10.5	6.1	6.5	5.1	3.8	3.0	8.9	100.0	. .
500,000 or more	6.9	9.4	10.7	10.3	8.1	8.6	7.3	4.9	3.8	5.0	25.1	100.0	. .
Total	**19.3**	**21.2**	**14.9**	**11.4**	**9.0**	**6.7**	**4.0**	**2.6**	**1.9**	**1.9**	**7.0**	**100.0**	**. .**

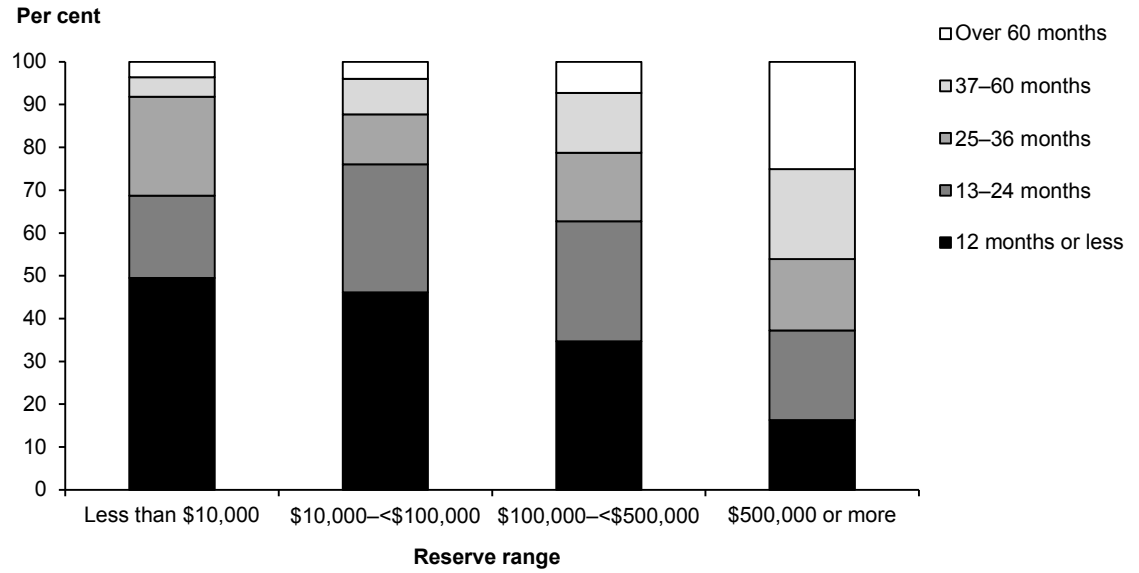
. . Not applicable

(a) Current claims are claims that are open, including reopened claims, at 30 June 2012.

(b) Duration of claim is calculated from ‘date reserve set’ (if known) or else ‘date of report’ to 30 June 2012.

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

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 5.10.

Figure 5.3: Duration of claim (months) for current claims, by reserve range ($), public (excluding Western Australia) and private sector claims, at 30 June 2012 (per cent)

5.7 Closed claims: duration and total claim size

Duration of closed 2011–12 claims is measured as the number of months between when the reserve was placed (public sector and some MII claims) or date of the report (other MII claims) and when the claim was closed. Three-quarters (76%, 2,254 claims) of closed 2011–12 claims had a duration of up to 3 years, while 8% 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 2011–12, there were 54% (1,608) of public and private sector claims closed for less than $10,000, including 17% (493 claims) closed for no cost. At the other end of the scale, 158 claims (accounting for 5% of closed claims) were settled for over $500,000. The proportion closed for $10,000 to less than $100,000 was 25% (743 claims), and the proportion closed for $100,000 to less than $500,000 was 16% (469 claims) (Table 5.11).

Around 58% of claims closed for less than $10,000, including those with a nil cost, were settled within 18 months (928 of 1,608 claims). A duration of 5 years or more was recorded for 12% (61 of 512) of claims settled for $50,000 to less than $250,000, 16% (29 of 181) of claims settled for between $250,000 and less than $500,000, and 30% (48 of 158) of claims settled for $500,000 or more.

Table 5.11: Total claim size ($) for closed claims, by duration of claim (months), public (excluding Western Australia) and private sector claims, 1 July 2011 to 30 June 2012

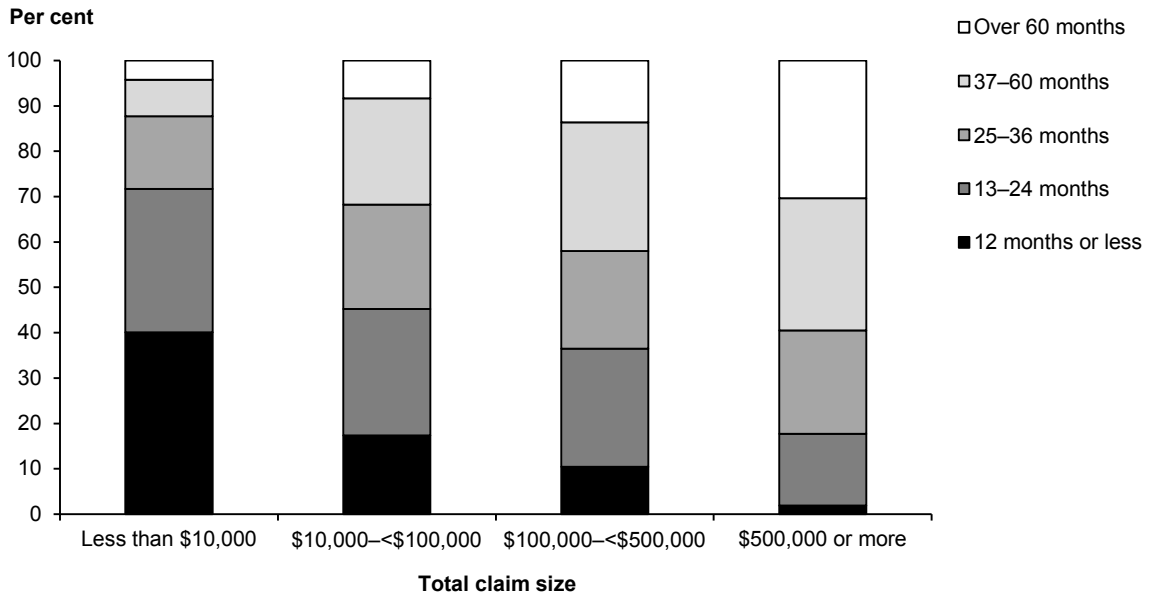
	Duration of claim (months)[a]												
Total claim size ($)	**<6**	**6–12**	**13–18**	**19–24**	**25–30**	**31–36**	**37–42**	**43–48**	**49–54**	**55–60**	**>60**	**Total**	**Per cent**
Nil cost	51	90	87	78	70	62	30	8	1	4	12	493	16.6
Less than 10,000	228	275	197	147	78	48	40	24	16	6	56	1,115	37.4
10,000–<30,000	35	50	64	40	46	37	33	21	12	6	24	368	12.4
30,000–<50,000	4	15	29	17	25	12	18	13	5	1	12	151	5.1
50,000–<100,000	3	22	29	28	29	22	30	15	13	7	26	224	7.5
100,000–<250,000	5	30	50	32	36	25	24	21	15	15	35	288	9.7
250,000–<500,000	2	12	25	15	23	17	19	21	6	12	29	181	6.1
500,000 or more	0	3	14	11	16	20	10	17	8	11	48	158	5.3
Total	**328**	**497**	**495**	**368**	**323**	**243**	**204**	**140**	**76**	**62**	**242**	**2,978**	**100.0**
						Per cent							
Nil cost	10.3	18.3	17.6	15.8	14.2	12.6	6.1	1.6	0.2	0.8	2.4	100.0	. .
Less than 10,000	20.4	24.7	17.7	13.2	7.0	4.3	3.6	2.2	1.4	0.5	5.0	100.0	. .
10,000–<30,000	9.5	13.6	17.4	10.9	12.5	10.1	9.0	5.7	3.3	1.6	6.5	100.0	. .
30,000–<50,000	2.6	9.9	19.2	11.3	16.6	7.9	11.9	8.6	3.3	0.7	7.9	100.0	. .
50,000–<100,000	1.3	9.8	12.9	12.5	12.9	9.8	13.4	6.7	5.8	3.1	11.6	100.0	. .
100,000–<250,000	1.7	10.4	17.4	11.1	12.5	8.7	8.3	7.3	5.2	5.2	12.2	100.0	. .
250,000–<500,000	1.1	6.6	13.8	8.3	12.7	9.4	10.5	11.6	3.3	6.6	16.0	100.0	. .
500,000 or more	0.0	1.9	8.9	7.0	10.1	12.7	6.3	10.8	5.1	7.0	30.4	100.0	. .
Total	**11.0**	**16.7**	**16.6**	**12.4**	**10.8**	**8.2**	**6.9**	**4.7**	**2.6**	**2.1**	**8.1**	**100.0**	**. .**

. . Not applicable

(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.

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 5.11.

Figure 5.4: Duration of claim (months) for closed claims, by total claim size ($), public (excluding Western Australia) and private sector claims, 1 July 2011 to 30 June 2012

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 4 settlement modes that are recorded separately for public sector claims considered on their own (Appendix tables A.2 and A.6).

Of the 2,978 public and private sector claims closed between 1 July 2011 and 30 June 2012, 3% were finalised through a court decision, 50% were finalised through negotiation and 47% were discontinued (Table 5.12).

Discontinuation was the most frequently recorded mode of finalisation for claims closed for no cost (92% or 454 claims) or for a cost of less than $30,000 (832 of 1,483 claims, or 56%). Discontinuation was rarely recorded for claims closed for $50,000 or more (65 of 851 claims, or 8%).

Around 88% (753 of 851 claims) with a claim size of $50,000 or more were settled through negotiation.

Table 5.12: Total claim size ($) for closed claims, by mode of claim finalisation, public (excluding Western Australia) and private sector claims, 1 July 2011 to 30 June 2012

	Mode of claim finalisation			
Total claim size ($)	**Court decision**	**Negotiated**	**Discontinued**	**Total**
Nil cost	3	36	454	493
Less than 10,000	28	458	629	1,115
10,000–<30,000	23	142	203	368
30,000–<50,000	14	87	50	151
50,000–<100,000	13	165	46	224
100,000–<250,000	15	258	15	288
250,000–<500,000	4	174	3	181
500,000 or more	1	156	1	158
Total	**101**	**1,476**	**1,401**	**2,978**
		Per cent		
Nil cost	0.6	7.3	92.1	100.0
Less than 10,000	2.4	39.3	53.9	100.0
10,000–<30,000	6.3	38.6	55.2	100.0
30,000–<50,000	9.3	57.6	33.1	100.0
50,000–<100,000	5.8	73.7	20.5	100.0
100,000–<250,000	5.2	89.6	5.2	100.0
250,000–<500,000	2.2	96.1	1.7	100.0
500,000 or more	0.6	98.7	0.6	100.0
Total	**3.4**	**49.6**	**47.0**	**100.0**

5.9 Closed claims: total claim size and health service setting

In 2011–12, the proportions of closed public and private sector claims related to the various health service settings (Table 5.13) were similar to the proportions recorded for new claims (Table 5.2). *Public hospital or day surgery* accounted for 45% (1,350) of closed claims. This category was followed by *Private medical clinic* recorded for 24% (718) of closed claims, and *Private hospital/day surgery*, recorded for 16% (480) of closed claims.

Of claims closed for less than $10,000, including those closed for no cost, more than one-half (947 of 1,608, or 59%) were associated with a private health setting. A lower proportion (543 claims, 34%) was associated with a public health setting.

Settled claims with a claim size of $100,000 or more accounted for 22% of all closed claims with a known health service setting (627 of 2,839 claims). These claims made up a larger proportion of claims associated with public settings (452 of 1,386 claims, 33%) than claims associated with private settings (158 of 1,403 claims, 11%). 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 5.13: Total claim size ($) for closed claims, by health service setting, public (excluding Western Australia) and private sector claims, 1 July 2011 to 30 June 2012

	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	148	7	105	156	48	13	16	493
Less than 10,000	380	8	181	344	113	25	64	1,115
10,000–<30,000	178	3	67	77	15	5	23	368
30,000–<50,000	83	2	22	29	5	0	10	151
50,000–<100,000	123	2	36	41	6	5	11	224
100,000–<250,000	202	9	31	37	5	0	4	288
250,000–<500,000	110	2	26	27	10	1	5	181
500,000 or more	126	3	12	7	3	1	6	158
Total	**1,350**	**36**	**480**	**718**	**205**	**50**	**139**	**2,978**
Per cent	*45.3*	*1.2*	*16.1*	*24.1*	*6.9*	*1.7*	*4.7*	*100.0*
				Per cent				
Nil cost	11.0	19.4	21.9	21.7	23.4	26.0	11.5	16.6
Less than 10,000	28.1	22.2	37.7	47.9	55.1	50.0	46.0	37.4
10,000–<30,000	13.2	8.3	14.0	10.7	7.3	10.0	16.5	12.4
30,000–<50,000	6.1	5.6	4.6	4.0	2.4	0.0	7.2	5.1
50,000–<100,000	9.1	5.6	7.5	5.7	2.9	10.0	7.9	7.5
100,000–<250,000	15.0	25.0	6.5	5.2	2.4	0.0	2.9	9.7
250,000–<500,000	8.1	5.6	5.4	3.8	4.9	2.0	3.6	6.1
500,000 or more	9.3	8.3	2.5	1.0	1.5	2.0	4.3	5.3
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' (Victorian Department of Health 2009).

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.

5.10 Closed claims: total claim size and specialty of clinician

Public and private sector claims closed between 1 July 2011 and 30 June 2012 were similar to new claims in terms of which clinician specialties were most frequently recorded among these claims (see Section 5.3). The 12 principal clinician specialties most commonly recorded for closed public and private sector claims in 2011–12 are presented in Table 5.14. *General practice* and *Obstetrics and gynaecology* were recorded for 22% and 12% of closed claims. The other frequently recorded specialties were *General surgery, Orthopaedic surgery* and *Emergency*

medicine, each associated with 6–8% of claims (Table 5.14). *All other specialities*, which includes all specialties other than the 12 that are individually listed, was recorded for 29% of closed claims.

Claims associated with *Diagnostic radiology* and *Anaesthesia* had the highest proportion of claims closed for no cost (respectively, 27% and 25%). Claims associated with *Urology* and *General surgery* had the highest proportion settled for $100,000 to less than $500,000 (respectively, 13 of 41 claims, 32%; and 63 of 247 claims, 26%). Claims associated with *General nursing* (7 of 60 claims, 12%) and *Cardiology* (5 of 47 claims, 11%) had the highest proportion settled for $500,000 or more (tables 5.14 and 5.15).

Table 5.14: Specialties of clinicians involved for closed claims, by total claim size ($), public (excluding Western Australia) and private sector claims, 1 July 2011 to 30 June 2012

	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]	117	257	80	44	48	40	33	27	646	21.7
Obstetrics and gynaecology[c]	36	120	44	23	29	57	21	37	367	12.3
General surgery	29	89	27	11	17	39	24	11	247	8.3
Orthopaedic surgery	31	77	20	8	24	25	24	11	220	7.4
Emergency medicine	23	44	28	11	20	24	16	13	179	6.0
Anaesthesia	27	53	13	2	3	6	3	3	110	3.7
Diagnostic radiology	29	35	10	6	3	13	6	7	109	3.7
Psychiatry	14	29	15	8	11	5	9	7	98	3.3
General nursing	8	19	4	3	6	6	7	7	60	2.0
Cardiology	9	17	1	1	7	6	1	5	47	1.6
Urology	8	11	6	1	2	9	4	0	41	1.4
Other hospital-based medical practitioner[d]	8	49	16	6	9	5	2	3	98	3.3
All other specialties[e]	163	325	115	34	57	70	45	50	859	28.8
Not applicable[f]	0	3	0	0	0	0	0	0	3	0.1
Not known	0	1	1	2	0	2	1	0	7	0.2
Total[g]	**493**	**1,115**	**368**	**151**	**224**	**288**	**181**	**158**	**2,978**	**100.0**

(a) Only the 12 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 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 claim size was recorded. A given specialty may be recorded only once for a single claim in the private sector, but up to 4 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. Similarly, the percentages in the last column sum to more than 100 per cent.

Table 5.15: Specialties of clinicians involved (excluding *Not known*) for closed claims, by total claim size ($), public (excluding Western Australia) and private sector claims, 1 July 2011 to 30 June 2012

	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]	18.1	39.8	12.4	6.8	7.4	6.2	5.1	4.2	100.0
Obstetrics and gynaecology[c]	9.8	32.7	12.0	6.3	7.9	15.5	5.7	10.1	100.0
General surgery	11.7	36.0	10.9	4.5	6.9	15.8	9.7	4.5	100.0
Orthopaedic surgery	14.1	35.0	9.1	3.6	10.9	11.4	10.9	5.0	100.0
Emergency medicine	12.8	24.6	15.6	6.1	11.2	13.4	8.9	7.3	100.0
Anaesthesia	24.5	48.2	11.8	1.8	2.7	5.5	2.7	2.7	100.0
Diagnostic radiology	26.6	32.1	9.2	5.5	2.8	11.9	5.5	6.4	100.0
Psychiatry	14.3	29.6	15.3	8.2	11.2	5.1	9.2	7.1	100.0
General nursing	13.3	31.7	6.7	5.0	10.0	10.0	11.7	11.7	100.0
Cardiology	19.1	36.2	2.1	2.1	14.9	12.8	2.1	10.6	100.0
Urology	19.5	26.8	14.6	2.4	4.9	22.0	9.8	0.0	100.0
Other hospital-based medical practitioner[d]	8.2	50.0	16.3	6.1	9.2	5.1	2.0	3.1	100.0
All other specialties[e]	19.0	37.8	13.4	4.0	6.6	8.1	5.2	5.8	100.0
Not applicable[f]	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0
Total	**16.6**	**37.5**	**12.4**	**5.0**	**7.5**	**9.6**	**6.1**	**5.3**	**100.0**

(a) Only the 12 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 12 that are individually listed.

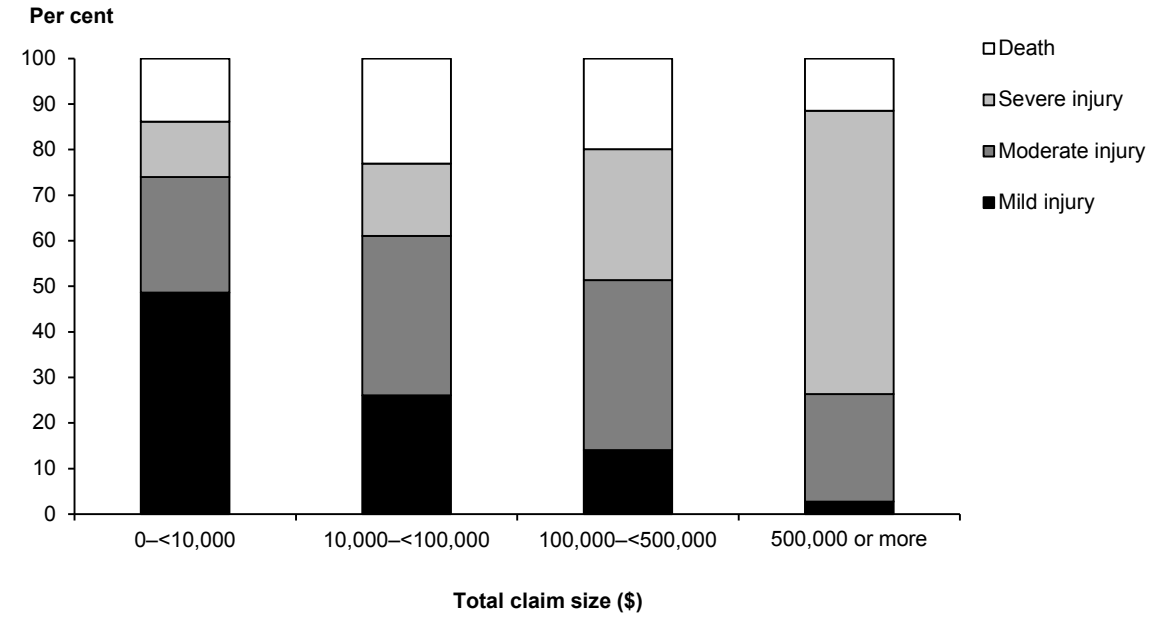
(f) Indicates that no clinical staff were involved in the incident (for example, where the claim relates to actions of hospital administrative staff).

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 association between claim size and extent of harm to the patient (Figure 5.5). Where the extent of harm was *No body function/structure affected*, 73% of public and private sector claims were closed for less than $10,000 (114 of 156 claims, including no cost claims). In the case of *Mild injury*, 73% (607 of 837 claims) were closed for less than $10,000 compared with less than 1% closed for $500,000 or more. In the case of *Moderate injury*, 43% (317 of 737) claims were closed for less than $10,000 compared with 5% 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 32% (152 of 471 claims), while 20% were closed for $500,000 or more (Table 5.16).

Where *Death* was the recorded extent of harm, 12% of claims were closed for no cost, another 63% for a cost less than $100,000, and just 4% for $500,000 or more.



Note: See also Table 5.16.

Figure 5.5: Extent of harm for closed claims, by total claim size ($), public (excluding Western Australia) and private sector claims, 1 July 2011 to 30 June 2012 (per cent)

Table 5.16: Total claim size ($) for closed claims, by extent of harm, public (excluding Western Australia) and private sector claims, 1 July 2011 to 30 June 2012

	Extent of harm						
Total claim size ($)	Mild injury	Moderate injury	Severe injury	Death	No body function/structure affected	Not known	Total
Nil cost	194	113	49	50	60	27	493
Less than 10,000	413	204	103	123	54	218	1115
10,000–<30,000	95	99	46	65	15	48	368
30,000–<50,000	31	46	18	34	7	15	151
50,000–<100,000	38	75	36	46	14	15	224
100,000–<250,000	42	100	70	55	4	17	288
250,000–<500,000	20	65	57	33	1	5	181
500,000 or more	4	35	92	17	1	9	158
Total	**837**	**737**	**471**	**423**	**156**	**354**	**2,978**
Per cent	*28.1*	*24.7*	*15.8*	*14.2*	*5.2*	*11.9*	*100.0*
				Per cent			
Nil cost	23.2	15.3	10.4	11.8	38.5	7.6	16.6
Less than 10,000	49.3	27.7	21.9	29.1	34.6	61.6	37.4
10,000–<30,000	11.4	13.4	9.8	15.4	9.6	13.6	12.4
30,000–<50,000	3.7	6.2	3.8	8.0	4.5	4.2	5.1
50,000–<100,000	4.5	10.2	7.6	10.9	9.0	4.2	7.5
100,000–<250,000	5.0	13.6	14.9	13.0	2.6	4.8	9.7
250,000–<500,000	2.4	8.8	12.1	7.8	0.6	1.4	6.1
500,000 or more	0.5	4.7	19.5	4.0	0.6	2.5	5.3
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 2011–12

This chapter presents an overview of public and private sector claims data covering the 5 reporting periods from July 2007 to June 2012.

The public sector claims data included in sections 6.2 to 6.11 exclude Western Australia, for which MINC data for 2010–11 and 2011–12 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). The private sector data included here have also been updated compared with when previously reported where unit records are available.

6.1 Claim numbers

Table 6.1 presents the reported claim numbers for 2011–12 and compares them with claim numbers for 2007–08 to 2010–11. 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.

There were around 1,700 new private sector claims in 2011–12, more than in any of the previous 4 years (1,000 to 1,400 claims). There were also around 1,700 closed private sector claims in 2011–12, in this case continuing the trend towards a growth in the number of these claims (from 800 in 2007–08 to 1,550 in 2010–11). Comparison with the numbers of public sector claims over the years is complicated by the non-availability of Western Australia's claims for 2010–11 and 2011–12. However, between 2010–11 and 2011–12 the number of these claims decreased, from around 1,500 to 1,300 (new claims) and 1,400 to 1,300 (closed claims).

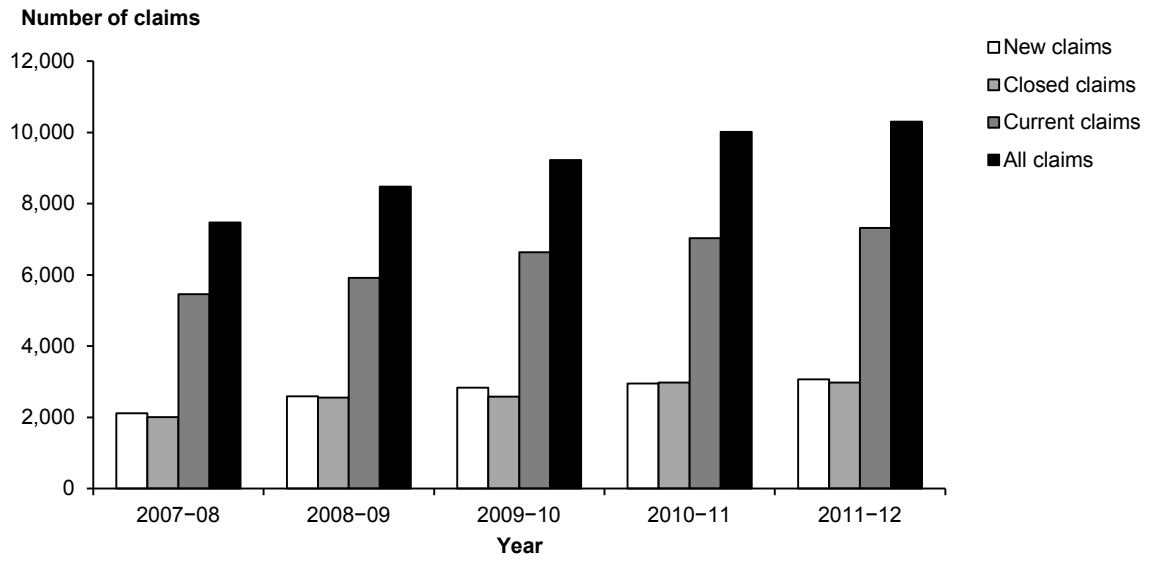
Considering all private sector claims, their number has continually increased from approximately 3,300 claims in 2007–08 to approximately 5,200 claims in 2011–12. In 2011–12 there were about as many private sector claims as public sector claims (excluding Western Australia). The same is true for the previous three years, 2008–09 to 2010–11. The situation was different in 2007–08, when there were about 800 more public sector claims (excluding Western Australia) than private sector claims.

With respect to the 3 years for which Western Australian data were provided, there were more public sector than private sector claims, especially in 2007–08.

When claims across both sectors are considered, a consistent 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, 2007–08 to 2011–12

Claim category	2007–08	2008–09	2009–10	2010–11	2011–12
			Public sector (including Western Australia)		
New	1,193	1,249	1,630	n.a.	n.a.
Reopened	145	154	187	n.a.	n.a.
Closed	1,294	1,417	1,197	n.a.	n.a.
Current	3,175	3,137	3,665	n.a.	n.a.
All	4,469	4,554	4,862	n.a.	n.a.
			Public sector (excluding Western Australia)		
New	1,120	1,190	1,549	1,524	1,328
Reopened	138	146	183	191	150
Closed	1,182	1,327	1,121	1,432	1,281
Current	2,952	2,943	3,466	3,672	3,803
All	4,134	4,270	4,587	5,104	5,084
			Private sector		
New	999	1,402	1,285	1,426	1,738
Reopened	66	97	13	13	11
Closed	828	1,232	1,466	1,549	1,697
Current	2,506	2,971	3,169	3,362	3,518
All	3,334	4,203	4,635	4,911	5,215
			Total (including Western Australia)		
New	2,192	2,651	2,915	n.a.	n.a.
Reopened	211	251	200	n.a.	n.a.
Closed	2,122	2,649	2,663	n.a.	n.a.
Current	5,681	6,108	6,834	n.a.	n.a.
All	7,803	8,757	9,497	n.a.	n.a.
			Total (excluding Western Australia)		
New	2,119	2,592	2,834	2,950	3,066
Reopened	204	243	196	204	161
Closed	2,010	2,559	2,587	2,981	2,978
Current	5,458	5,914	6,635	7,034	7,321
All	7,468	8,473	9,222	10,015	10,299



Note: See also Table 6.1.

Figure 6.1: Numbers of new, closed, current and all claims, public sector (excluding Western Australia) and private sector claims, 2007–08 to 2011–12

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. In 2011–12, a larger number of new public and private sector claims were recorded for private sector settings than public sector settings. This is a change from 2007–08 to 2010–11, when there were more new claims associated with public sector settings than private sector settings (Table 6.2).

'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 2011–12—each accounting for 18% 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* and, specifically in 2007–08 and 2008–09, *Medication-related* and *Consent*.

Over the period, the proportion of new claims relating to *Procedure* increased—from 24% in 2007–08 to 35% in 2011–12. This increase was evident for claims whether associated with private hospitals and day surgeries (45% to 64%), public hospitals and day surgeries (27% to 35%) or private medical clinics (6% to 18%).

The proportion of new claims associated with *Treatment* as the primary incident/allegation type remained steady, between 19% and 21%, for each of the 5 years. The proportion of claims associated with private medical clinics that were *Diagnosis* related peaked at 45% in 2009–10.

Table 6.2: Selected primary incident/allegation types for new claims, by selected health service setting, public (excluding Western Australia) and private sector claims, 2007–08 to 2011–12

	Health service setting				
Primary incident/allegation type	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**2011–12**
			Public hospital/day surgery[a]		
Procedure	295	357	414	488	377
Diagnosis	306	263	320	340	268
Treatment	264	324	308	302	233
General duty of care	74	71	105	97	73
Medication-related	59	62	53	35	46
Other	106	152	102	115	85
Not known	32	18	32	18	38
Total	**1,136**	**1,247**	**1,334**	**1,395**	**1,120**
			All public sector settings[b]		
Total	**1,165**	**1,261**	**1,372**	**1,421**	**1,131**
			Private hospital/day surgery[c]		
Procedure	116	174	232	214	280
Diagnosis	14	22	25	24	27
Treatment	27	32	36	48	34
Anaesthetic	31	23	33	23	35
Other	70	84	56	40	60
Not known	65	3	13	7	64
Total	**323**	**338**	**395**	**356**	**500**
			Private medical clinic[d]		
Procedure	23	57	75	64	82
Diagnosis	79	119	222	161	174
Treatment	68	91	70	53	57
General duty of care	41	43	48	57	40
Medication-related	41	41	32	45	28
Other	124	250	46	54	76
Not known	83	17	19	73	241
Total	**459**	**618**	**512**	**507**	**698**
			All private sector settings[e]		
Total	**828**	**1,146**	**1,042**	**1,112**	**1,483**
			All health service settings		
Procedure	457	654	770	855	831
Diagnosis	435	453	625	597	513
Treatment	377	500	480	546	473
General duty of care	147	146	178	193	145
Medication-related	111	127	102	97	90
Anaesthetic	61	52	71	68	54
Consent	115	162	82	41	41
Device failure	5	9	10	8	10
Blood/blood product-related	14	16	7	7	9
Infection control	13	11	15	10	6
Other	166	390	149	188	227
Not known	218	72	345	340	667
Total	**2,119**	**2,592**	**2,834**	**2,950**	**3,066**

(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: Selected primary incident/allegation types for new claims, by selected health service setting, public (excluding Western Australia) and private sector claims, 2007–08 to 2011–12 (excluding *Not known*) (per cent)

	Health service setting				
Primary incident/allegation type	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**2011–12**
			Public hospital/day surgery[(a)]		
Procedure	26.7	29.0	31.8	35.4	34.8
Diagnosis	27.7	21.4	24.6	24.7	24.8
Treatment	23.9	26.4	23.7	21.9	21.5
General duty of care	6.7	5.8	8.1	7.0	6.7
Medication-related	5.3	5.0	4.1	2.5	4.3
Other	9.6	12.4	7.8	8.4	7.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Private hospital/day surgery[(b)]		
Procedure	45.0	51.9	60.7	61.3	64.2
Diagnosis	5.4	6.6	6.5	6.9	6.2
Treatment	10.5	9.6	9.4	13.8	7.8
Anaesthetic	12.0	6.9	8.6	6.6	8.0
Other	27.1	25.1	14.7	11.5	13.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Private medical clinic[(c)]		
Procedure	6.1	9.5	15.2	14.7	17.9
Diagnosis	21.0	19.8	45.0	37.1	38.1
Treatment	18.1	15.1	14.2	12.2	12.5
General duty of care	10.9	7.2	9.7	13.1	8.8
Medication-related	10.9	6.8	6.5	10.4	6.1
Other	33.0	41.6	9.3	12.4	16.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			All health service settings		
Procedure	24.0	26.0	30.9	32.8	34.6
Diagnosis	22.9	18.0	25.1	22.9	21.4
Treatment	19.8	19.8	19.3	20.9	19.7
General duty of care	7.7	5.8	7.2	7.4	6.0
Medication-related	5.8	5.0	4.1	3.7	3.8
Anaesthetic	3.2	2.1	2.9	2.6	2.3
Consent	6.0	6.4	3.3	1.6	1.7
Device failure	0.3	0.4	0.4	0.3	0.4
Blood/blood product-related	0.7	0.6	0.3	0.3	0.4
Infection control	0.7	0.4	0.6	0.4	0.3
Other	8.7	15.5	6.0	7.2	9.5
Total	**100.0**	**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.

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

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 8 clinician specialties in terms of their frequently recorded primary incident/allegation types.

More than 100 new claims associated with the clinician specialties of *Obstetrics and gynaecology*, *General surgery*, *Orthopaedic surgery* and *General practice* had *Procedure* recorded as their primary incident/allegation type in one or more years between 2007–08 and 2011–12. In the cases of *Orthopaedic surgery* and *General practice*, there was a rise in the proportion of claims that were *Procedure*-related in 2011–12 compared with the preceding years.

Diagnosis related claims accounted for 50 per cent or more of the claims associated with the clinician specialties of *Diagnostic radiology* and *Emergency medicine* from 2007–08 through to 2011–12. They also accounted for 21–43% of *General practice* claims and 15–25% of *Obstetrics and gynaecology* claims over the same period.

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, the proportion of *Obstetrics and gynaecology* claims with a primary incident/allegation type of *Treatment* varied between 11% and 27%.

Table 6.4: Selected primary incident/allegation types for new claims, by selected specialty of clinician involved, public (excluding Western Australia) and private sector claims, 2007–08 to 2011–12

	Specialty of clinician				
Primary incident/allegation type	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**2011–12**
			Anaesthesia		
Anaesthetics	38	47	59	61	44
Other	21	37	54	35	40
Not known	5	0	5	5	13
Total	**64**	**84**	**118**	**101**	**97**
			Diagnostic radiology		
Diagnosis	24	51	49	48	33
Other	17	23	13	23	21
Not known	32	0	2	3	11
Total	**73**	**74**	**64**	**74**	**65**
			Emergency medicine		
Diagnosis	87	66	78	112	71
Treatment	36	42	58	49	28
Other	29	20	20	43	24
Not known	0	0	1	0	1
Total	**152**	**128**	**157**	**204**	**124**

(continued)

Table 6.4 (continued): Selected primary incident/allegation types for new claims, by selected specialty of clinician involved, public (excluding Western Australia) and private sector claims, 2007–08 to 2011–12

	Specialty of clinician				
Primary incident/allegation type	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**2011–12**
			General practice[(a)]		
Procedure	45	70	77	77	122
Diagnosis	124	134	232	159	168
Treatment	90	114	91	88	76
General duty of care	37	55	44	56	37
Medication-related	50	55	31	51	34
Other	122	219	69	81	92
Not known	55	11	23	34	111
Total	**523**	**658**	**567**	**546**	**640**
			General surgery		
Procedure	81	106	127	135	114
Treatment	26	23	34	32	27
Other	40	63	58	68	44
Not known	14	3	2	5	35
Total	**161**	**195**	**221**	**240**	**220**
			Obstetrics and gynaecology[(b)]		
Procedure	104	136	155	124	107
Diagnosis	48	50	72	42	35
Treatment	55	71	31	68	34
Other	34	88	36	22	25
Not known	14	6	7	10	36
Total	**255**	**351**	**301**	**266**	**237**
			Orthopaedic surgery		
Procedure	74	96	113	124	142
Treatment	24	28	34	25	17
Other	37	62	36	36	39
Not known	12	0	5	8	43
Total	**147**	**186**	**188**	**193**	**241**
			Psychiatry		
Treatment	16	32	20	38	18
General duty of care	20	11	28	22	26
Other	27	36	29	33	23
Not known	2	4	1	2	2
Total	**65**	**83**	**78**	**95**	**69**

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

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

Notes

1. For total numbers of primary incident/allegation types see Table 6.2.
2. A given specialty may be recorded only once for a single claim in the private sector, but up to 4 different specialties may be recorded for a public sector claim. Therefore, some public sector claims are represented in the figures for more than one clinician specialty.

Table 6.5: Selected primary incident/allegation types for new claims, by selected specialty of clinician involved, public (excluding Western Australia) and private sector claims, 2007–08 to 2011–12 (excluding *Not known*) (per cent)

	Specialty of clinician				
Primary incident/allegation type	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**2011–12**
			Anaesthesia		
Anaesthetics	64.4	56.0	52.2	63.5	52.4
Other	35.6	44.0	47.8	36.5	47.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Diagnostic radiology		
Diagnosis	58.5	68.9	79.0	67.6	61.1
Other	41.5	31.1	21.0	32.4	38.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Emergency medicine		
Diagnosis	57.2	51.6	50.0	54.9	57.7
Treatment	23.7	32.8	37.2	24.0	22.8
Other	19.1	15.6	12.8	21.1	19.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			General practice[(a)]		
Procedure	9.6	10.8	14.2	15.0	23.1
Diagnosis	26.5	20.7	42.6	31.1	31.8
Treatment	19.2	17.6	16.7	17.2	14.4
General duty of care	7.9	8.5	8.1	10.9	7.0
Medication-related	10.7	8.5	5.7	10.0	6.4
Other	26.1	33.8	12.7	15.8	17.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			General surgery		
Procedure	55.1	55.2	58.0	57.4	61.6
Treatment	17.7	12.0	15.5	13.6	14.6
Other	27.2	32.8	26.5	28.9	23.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Obstetrics and gynaecology[(b)]		
Procedure	43.2	39.4	52.7	48.4	53.2
Diagnosis	19.9	14.5	24.5	16.4	17.4
Treatment	22.8	20.6	10.5	26.6	16.9
Other	14.1	25.5	12.2	8.6	12.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Orthopaedic surgery		
Procedure	54.8	51.6	61.7	67.0	71.7
Treatment	17.8	15.1	18.6	13.5	8.6
Other	27.4	33.3	19.7	19.5	19.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Psychiatry		
Treatment	25.4	40.5	26.0	40.9	26.9
General duty of care	31.7	13.9	36.4	23.7	38.8
Other	42.9	45.6	37.7	35.5	34.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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

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

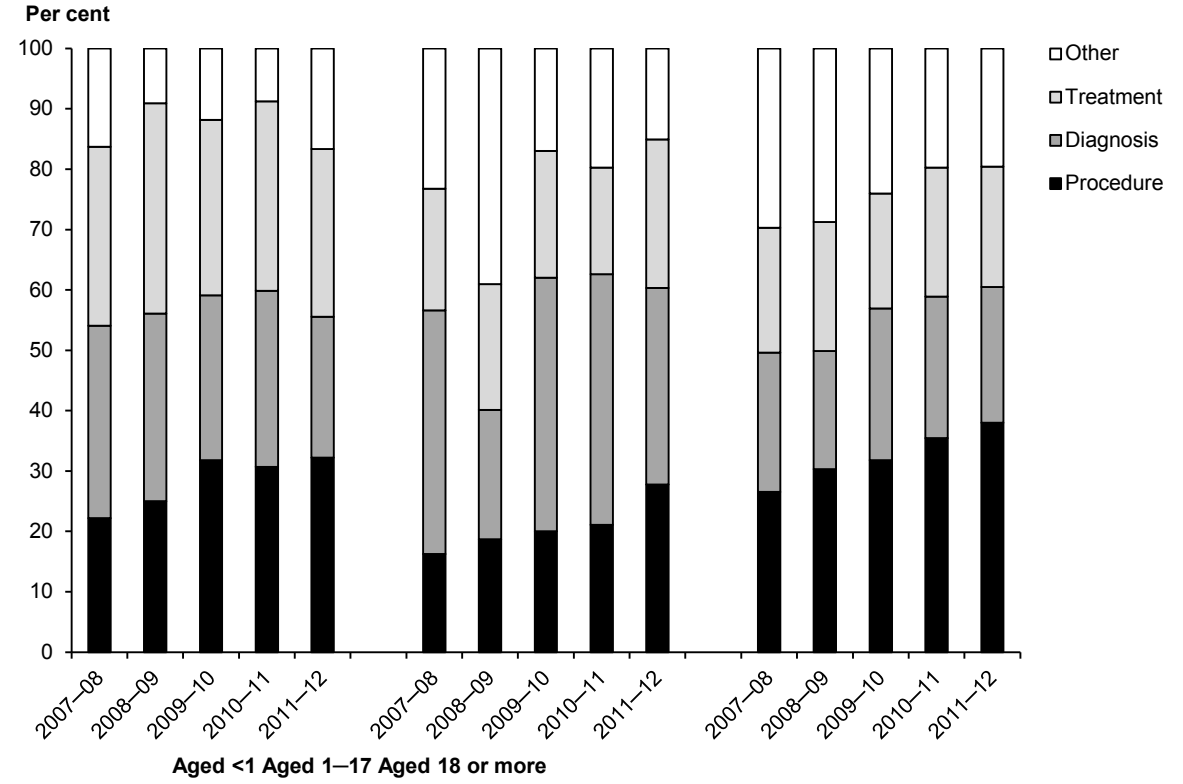
Note: Percentages may not add up exactly to 100.0 due to rounding.

6.4 New claims: patients' sex and age group and primary incident/allegation type

This section presents 5 years of data on new claims in terms of the variation of the primary incident/allegation type according to the patients' sex and age group. Age group is assigned based on the patients' age at the time of the alleged incident that gave rise to the claim.

Prior to the MINC public and private sector report for 2009–10, data on the patients' age group were presented in terms of 3 age categories: less than 1, between 1–17 and 18 or more. Accordingly, these age categories are used in presenting a time series analysis going back to 2007–08 (tables 6.6 and 6.7).

Procedure, Diagnosis and *Treatment* were the 3 most common primary incident/allegation types for all age categories in each of the years. The gradual increase over the years in the proportion of *Procedure*-related claims, noted previously, also applied to each of the age groups (Figure 6.2).



Note: See also Table 6.7.

Figure 6.2: Primary incident/allegation type for new claims, by age group (years), public (excluding Western Australia) and private sector claims, 2007–08 to 2011–12

Table 6.6: Selected primary incident/allegation types for new claims, by patients' age group and sex, public (excluding Western Australia) and private sector claims, 2007–08 to 2011–12

Primary incident/ allegation type	2007–08			2008–09			2009–10			2010–11			2011–12		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
Aged less than 1															
Procedure	16	14	30	18	15	33	22	12	35	21	20	42	15	14	29
Diagnosis	20	23	43	19	22	41	10	19	30	18	22	40	14	7	21
Treatment	16	23	40	25	21	46	13	17	32	25	17	43	12	12	25
Other	12	8	22	5	7	12	6	6	13	8	4	12	6	7	15
Not known	1	6	8	0	1	2	21	19	44	18	11	36	20	12	37
Total	**65**	**74**	**143**	**67**	**66**	**134**	**72**	**73**	**154**	**90**	**74**	**173**	**67**	**52**	**127**
Aged 1–17															
Procedure	4	16	21	17	17	34	11	7	20	18	13	31	16	19	35
Diagnosis	28	24	52	26	13	39	26	14	42	40	21	61	19	20	41
Treatment	16	10	26	16	22	38	9	12	21	13	13	26	20	11	31
Other	14	12	30	37	21	71	11	4	17	19	9	29	8	10	19
Not known	5	6	13	1	1	2	9	6	16	11	9	21	14	19	35
Total	**67**	**68**	**142**	**97**	**74**	**184**	**66**	**43**	**116**	**101**	**65**	**168**	**77**	**79**	**161**
Aged 18 or more															
Procedure	137	236	376	152	383	535	212	454	676	272	432	705	249	417	673
Diagnosis	130	194	326	139	205	345	217	305	534	215	250	466	169	227	399
Treatment	121	167	293	152	225	377	184	215	405	161	263	425	141	211	353
Other	154	260	420	158	347	507	170	246	511	153	239	393	130	210	347
Not known	61	95	161	11	12	25	79	124	219	84	128	213	153	257	458
Total	**603**	**952**	**1,576**	**612**	**1,172**	**1,789**	**862**	**1,344**	**2,345**	**885**	**1,312**	**2,202**	**842**	**1,322**	**2,230**

(continued)

Table 6.6 (continued): Selected primary incident/allegation types for new claims, by patients' age group and sex, public (excluding Western Australia) and private sector claims, 2007–08 to 2011–12

	2007–08			2008–09			2009–10			2010–11			2011–12		
Primary incident/ allegation type	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**
All age groups															
Procedure	164	280	457	204	438	654	256	501	770	335	514	855	318	502	831
Diagnosis	179	245	435	193	250	453	260	350	625	288	307	597	221	279	513
Treatment	157	209	377	204	290	500	216	255	480	219	318	546	204	266	473
General duty of care	58	74	147	41	72	146	67	84	178	99	83	193	53	84	145
Medication-related	49	48	111	46	65	127	46	49	102	38	54	97	41	44	90
Anaesthetic	19	41	61	19	30	52	23	41	71	19	48	68	23	28	54
Consent	22	89	115	29	133	162	26	50	82	8	33	41	9	32	41
Device failure	4	1	5	3	4	9	7	3	10	4	4	8	5	5	10
Blood/blood product-related	5	9	14	8	8	16	3	3	7	3	4	7	1	7	9
Infection control	9	3	13	6	4	11	9	5	15	5	5	10	3	2	6
Other	34	54	166	74	132	390	16	43	149	25	61	188	31	69	227
Not known	75	119	218	16	22	72	118	165	345	128	180	340	227	336	667
Total	**775**	**1,172**	**2,119**	**843**	**1,448**	**2,592**	**1,047**	**1,549**	**2,834**	**1,171**	**1,611**	**2,950**	**1,136**	**1,654**	**3,066**

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

Table 6.7: Selected primary incident/allegation type (excluding *Not known*) for new claims, by patients' age group and sex, public (excluding Western Australia) and private sector claims, 2007–08 to 2011–12 (per cent)

	2007–08			2008–09			2009–10			2010–11			2011–12		
Primary incident/allegation type	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**
Aged less than 1															
Procedure	25.0	20.6	22.2	26.9	23.1	25.0	43.1	22.2	31.8	29.2	31.7	30.7	31.9	35.0	32.2
Diagnosis	31.3	33.8	31.9	28.4	33.8	31.1	19.6	35.2	27.3	25.0	34.9	29.2	29.8	17.5	23.3
Treatment	25.0	33.8	29.6	37.3	32.3	34.8	25.5	31.5	29.1	34.7	27.0	31.4	25.5	30.0	27.8
Other	18.8	11.8	16.3	7.5	10.8	9.1	11.8	11.1	11.8	11.1	6.3	8.8	12.8	17.5	16.7
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**	**100.0**	**100.0**	**100.0**
Aged 1–17															
Procedure	6.5	25.8	16.3	17.7	23.3	18.7	19.3	18.9	20.0	20.0	23.2	21.1	25.4	31.7	27.8
Diagnosis	45.2	38.7	40.3	27.1	17.8	21.4	45.6	37.8	42.0	44.4	37.5	41.5	30.2	33.3	32.5
Treatment	25.8	16.1	20.2	16.7	30.1	20.9	15.8	32.4	21.0	14.4	23.2	17.7	31.7	18.3	24.6
Other	22.6	19.4	23.3	38.5	28.8	39.0	19.3	10.8	17.0	21.1	16.1	19.7	12.7	16.7	15.1
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**	**100.0**	**100.0**	**100.0**
Aged 18 or more															
Procedure	25.3	27.5	26.6	25.3	33.0	30.3	27.1	37.2	31.8	34.0	36.5	35.4	36.1	39.2	38.0
Diagnosis	24.0	22.6	23.0	23.1	17.7	19.6	27.7	25.0	25.1	26.8	21.1	23.4	24.5	21.3	22.5
Treatment	22.3	19.5	20.7	25.3	19.4	21.4	23.5	17.6	19.0	20.1	22.2	21.4	20.5	19.8	19.9
Other	28.4	30.3	29.7	26.3	29.9	28.7	21.7	20.2	24.0	19.1	20.2	19.8	18.9	19.7	19.6
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**	**100.0**	**100.0**	**100.0**

(continued)

Table 6.7 (continued): Selected primary incident/allegation type (excluding *Not known*) for new claims, by patients' age group and sex, public (excluding Western Australia) and private sector claims, 2007–08 to 2011–12 (per cent)

	2007–08			2008–09			2009–10			2010–11			2011–12		
Primary incident/ allegation type	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**
All age groups															
Procedure	23.4	26.6	24.0	24.7	30.7	26.0	27.6	36.2	30.9	32.1	35.9	32.8	35.0	38.1	34.6
Diagnosis	25.6	23.3	22.9	23.3	17.5	18.0	28.0	25.3	25.1	27.6	21.5	22.9	24.3	21.2	21.4
Treatment	22.4	19.8	19.8	24.7	20.3	19.8	23.3	18.4	19.3	21.0	22.2	20.9	22.4	20.2	19.7
General duty of care	8.3	7.0	7.7	5.0	5.0	5.8	7.2	6.1	7.2	9.5	5.8	7.4	5.8	6.4	6.0
Medication-related	7.0	4.6	5.8	5.6	4.6	5.0	5.0	3.5	4.1	3.6	3.8	3.7	4.5	3.3	3.8
Anaesthetic	2.7	3.9	3.2	2.3	2.1	2.1	2.5	3.0	2.9	1.8	3.4	2.6	2.5	2.1	2.3
Consent	3.1	8.5	6.0	3.5	9.3	6.4	2.8	3.6	3.3	0.8	2.3	1.6	1.0	2.4	1.7
Device failure	0.6	0.1	0.3	0.4	0.3	0.4	0.8	0.2	0.4	0.4	0.3	0.3	0.6	0.4	0.4
Blood/blood product-related	0.7	0.9	0.7	1.0	0.6	0.6	0.3	0.2	0.3	0.3	0.3	0.3	0.1	0.5	0.4
Infection control	1.3	0.3	0.7	0.7	0.3	0.4	1.0	0.4	0.6	0.5	0.3	0.4	0.3	0.2	0.3
Other	4.9	5.1	8.7	8.9	9.3	15.5	1.7	3.1	6.0	2.4	4.3	7.2	3.4	5.2	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**	**100.0**	**100.0**	**100.0**

Notes

1. 'Persons' includes claims for males, females, and patients whose sex was indeterminate or unknown.
2. Percentages may not add up 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 patient 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 patient was a baby, *Mental and nervous system* was the most frequently recorded category for new claims, followed by *Death*, between 2007–08 and 2011–12 for both sexes (tables 6.8 and 6.9).

Between 2007–08 and 2010–11, *Neuromusculoskeletal and movement-related* and *Death* were the most frequently recorded categories for patients aged 1–17. However, in 2011–12 the *Digestive, metabolic and endocrine systems* category was recorded more frequently than *Neuromusculoskeletal and movement-related*. The proportion of claims associated with *Death* was about 30% in 2010–11 and 2011–12, up from about 17% in the previous years.

For adult patients aged 18 or more, *Neuromusculoskeletal and movement-related* was the most frequently recorded category, consistently accounting for around 22% of new claims since 2007–08. The proportion of new claims associated with effects to the *Digestive, metabolic and endocrine systems* rose gradually from 12% in 2007–08 to 18% in 2011–12, while the proportion associated with *Death* remained steady at around 15% of new claims.

From 2007–08 through to 2011–12, the *Genitourinary and reproductive* category was recorded for a higher proportion of claims involving female (12–21%) than male (5–7%) adult patients.

Table 6.8: Selected primary body function/structure affected categories for new claims, by patients' age group and sex, public (excluding Western Australia) and private sector claims, 2007–08 to 2011–12

	2007–08			2008–09			2009–10			2010–11			2011–12		
Primary body function/structure affected	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**
Aged less than 1															
Death	11	14	25	5	16	21	8	17	28	12	14	26	11	8	20
Mental and nervous system	27	21	48	39	23	63	30	22	55	36	30	66	16	14	30
Other	25	34	61	22	24	46	16	15	31	23	19	44	19	16	39
Not known	2	5	9	1	3	4	18	19	40	19	11	37	21	14	38
Total	**65**	**74**	**143**	**67**	**66**	**134**	**72**	**73**	**154**	**90**	**74**	**173**	**67**	**52**	**127**
Aged 1–17															
Death	15	11	26	14	12	26	9	7	18	28	20	49	18	18	37
Digestive, metabolic & endocrine systems	7	9	16	6	10	16	7	8	16	8	6	14	6	16	23
Neuromusculoskeletal & movement-related	16	12	29	19	17	36	13	9	22	22	9	31	12	6	18
Other	27	32	61	52	28	88	28	15	47	33	20	53	29	24	56
Not known	2	4	10	6	7	18	9	4	13	10	10	21	12	15	27
Total	**67**	**68**	**142**	**97**	**74**	**184**	**66**	**43**	**116**	**101**	**65**	**168**	**77**	**79**	**161**
Aged 18 or more															
Death	126	112	240	128	131	259	159	148	332	150	134	284	142	178	320
Digestive, metabolic & endocrine systems	73	100	175	81	130	211	129	190	329	126	237	363	129	218	358
Genitourinary and reproductive	32	134	166	33	234	268	38	206	250	54	143	198	43	157	208
Mental and nervous system	58	122	180	44	130	174	87	132	225	92	198	292	94	142	238
Neuromusculoskeletal & movement-related	142	191	340	140	239	379	207	267	477	208	241	450	164	217	401
Other	156	259	420	149	237	388	170	278	525	178	245	424	166	246	427
Not known	16	34	55	37	71	110	72	123	207	77	114	191	104	164	278
Total	**603**	**952**	**1,576**	**612**	**1,172**	**1,789**	**862**	**1,344**	**2,345**	**885**	**1,312**	**2,202**	**842**	**1,322**	**2,230**

(continued)

Table 6.8 (continued): Selected primary body function/structure affected categories for new claims, by patients' age group and sex, public (excluding Western Australia) and private sector claims, 2007–08 to 2011–12

	2007–08			2008–09			2009–10			2010–11			2011–12		
Primary body function/structure affected	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**
All age groups															
Cardiovascular, haematological, immunological and respiratory	53	74	128	51	61	114	57	59	126	57	65	118	62	58	136
Death	158	144	322	160	171	355	185	185	403	205	175	381	195	221	421
Digestive, metabolic & endocrine systems	83	113	199	102	173	279	142	205	358	152	284	440	170	280	471
Genitourinary and reproductive	43	145	192	42	245	292	47	219	275	64	159	225	60	177	251
Mental and nervous system	100	159	267	92	175	282	127	167	305	146	239	391	129	178	313
Neuromusculoskeletal & movement-related	176	236	426	181	283	470	233	293	531	253	275	538	199	250	474
Sensory functions and structures	48	56	107	38	58	99	51	68	123	58	67	135	56	77	142
Skin and related structures	33	77	113	44	77	124	48	113	164	48	83	134	56	114	178
Voice and speech	5	17	22	8	4	12	5	13	19	5	8	13	1	8	11
No function/structure affected	53	99	238	69	90	299	47	66	207	64	92	262	44	76	265
Not known	23	52	105	56	111	266	105	161	323	119	164	313	164	215	404
Total	**775**	**1,172**	**2,119**	**843**	**1,448**	**2,592**	**1,047**	**1,549**	**2,834**	**1,171**	**1,611**	**2,950**	**1,136**	**1,654**	**3,066**

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

Table 6.9: Selected primary body function/structure affected categories (excluding *Not known*) for new claims, by patients' age group and sex, public (excluding Western Australia) and private sector claims, 2007–08 to 2011–12 (per cent)

	2007–08			2008–09			2009–10			2010–11			2011–12		
Primary body function/structure affected	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**
Aged less than 1															
Death	17.5	20.3	18.7	7.6	25.4	16.2	14.8	31.5	24.6	16.9	22.2	19.1	23.9	21.1	22.5
Mental and nervous system	42.9	30.4	35.8	59.1	36.5	48.5	55.6	40.7	48.2	50.7	47.6	48.5	34.8	36.8	33.7
Other	39.7	49.3	45.5	33.3	38.1	35.4	29.6	27.8	27.2	32.4	30.2	32.4	41.3	42.1	43.8
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**	**100.0**	**100.0**	**100.0**
Aged 1–17															
Death	23.1	17.2	19.7	15.4	17.9	15.7	15.8	17.9	17.5	30.8	36.4	33.3	27.7	28.1	27.6
Digestive, metabolic & endocrine systems	10.8	14.1	12.1	6.6	14.9	9.6	12.3	20.5	15.5	8.8	10.9	9.5	9.2	25.0	17.2
Neuromusculoskeletal & movement-related	24.6	18.8	22.0	20.9	25.4	21.7	22.8	23.1	21.4	24.2	16.4	21.1	18.5	9.4	13.4
Other	41.5	50.0	46.2	57.1	41.8	53.0	49.1	38.5	45.6	36.3	36.4	36.1	44.6	37.5	41.8
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**	**100.0**	**100.0**	**100.0**
Aged 18 or more															
Death	21.5	12.2	15.8	22.3	11.9	15.4	20.1	12.1	15.5	18.6	11.2	14.1	19.2	15.4	16.4
Digestive, metabolic & endocrine systems	12.4	10.9	11.5	14.1	11.8	12.6	16.3	15.6	15.4	15.6	19.8	18.1	17.5	18.8	18.3
Genitourinary and reproductive	5.5	14.6	10.9	5.7	21.3	16.0	4.8	16.9	11.7	6.7	11.9	9.8	5.8	13.6	10.7
Mental and nervous system	9.9	13.3	11.8	7.7	11.8	10.4	11.0	10.8	10.5	11.4	16.5	14.5	12.7	12.3	12.2
Neuromusculoskeletal & movement-related	24.2	20.8	22.4	24.3	21.7	22.6	26.2	21.9	22.3	25.7	20.1	22.4	22.2	18.7	20.5
Other	26.6	28.2	27.6	25.9	21.5	23.1	21.5	22.8	24.6	22.0	20.5	21.1	22.5	21.2	21.9
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**	**100.0**	**100.0**	**100.0**

(continued)

Table 6.9 (continued): Selected primary body function/structure affected categories (excluding *Not known*) for new claims, by patients' age group and sex, public (excluding Western Australia) and private sector claims, 2007–08 to 2011–12 (per cent)

	2007–08			2008–09			2009–10			2010–11			2011–12		
Primary body function/structure affected	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**
All age groups															
Cardiovascular, haematological, immunological and respiratory	7.0	6.6	6.4	6.5	4.6	4.9	6.1	4.3	5.0	5.4	4.5	4.5	6.4	4.0	5.1
Death	21.0	12.9	16.0	20.3	12.8	15.3	19.6	13.3	16.0	19.5	12.1	14.4	20.1	15.4	15.8
Digestive, metabolic & endocrine systems	11.0	10.1	9.9	13.0	12.9	12.0	15.1	14.8	14.3	14.4	19.6	16.7	17.5	19.5	17.7
Genitourinary and reproductive	5.7	12.9	9.5	5.3	18.3	12.6	5.0	15.8	11.0	6.1	11.0	8.5	6.2	12.3	9.4
Mental and nervous system	13.3	14.2	13.3	11.7	13.1	12.1	13.5	12.0	12.1	13.9	16.5	14.8	13.3	12.4	11.8
Neuromusculoskeletal & movement-related	23.4	21.1	21.2	23.0	21.2	20.2	24.7	21.1	21.1	24.0	19.0	20.4	20.5	17.4	17.8
Sensory functions and structures	6.4	5.0	5.3	4.8	4.3	4.3	5.4	4.9	4.9	5.5	4.6	5.1	5.8	5.4	5.3
Skin and related structures	4.4	6.9	5.6	5.6	5.8	5.3	5.1	8.1	6.5	4.6	5.7	5.1	5.8	7.9	6.7
Voice and speech	0.7	1.5	1.1	1.0	0.3	0.5	0.5	0.9	0.8	0.5	0.6	0.5	0.1	0.6	0.4
No function/structure affected	7.0	8.8	11.8	8.8	6.7	12.9	5.0	4.8	8.2	6.1	6.4	9.9	4.5	5.3	10.0
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**	**100.0**	**100.0**	**100.0**

Notes

1. 'Persons' includes claims for males, females, and patients 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 2011–12, the proportion of current claims with a reserve range of less than $10,000 steadily decreased from 49% to 20%, while the proportion with a reserve range of $10,000 to less than $100,000 steadily increased from 24% to 41% (Table 6.10). The proportion reserved for $100,000 to less than $500,000 also increased over the period, from 17% to 29%, whereas the proportion reserved for $500,000 or more remained stable at around 10%.

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 (that is, claims still open at that time).

As noted in Section 5.6, the reserve range for 2011–12 current claims was associated with their duration. This was also the case for current claims in the 4 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 5 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 43% to 65%.

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 2011–12, the proportion of claims closed for less than $10,000 decreased from 61% to 54%, 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 2011–12, the proportion closed within 12 months or less fluctuated between 17% and 28% 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 16%). 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 40% (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 18% or more for claims closed for $100,000 or more.

Table 6.10: Reserve range ($) for current claims, by duration of claims (months), public (excluding Western Australia) and private sector claims, 2007–08 to 2011–12

Reserve range ($)	Duration of claim (months)	2007–08	2008–09	2009–10	2010–11	2011–12
Less than 10,000	12 or less	1,151	1,486	1,430	1,132	725
	13–24	724	378	522	679	282
	25–36	393	196	280	176	338
	37–60	259	132	167	99	67
	61 or more	139	98	142	99	53
	Total	**2,666**	**2,290**	**2,541**	**2,185**	**1,465**
	Per cent of current claims	*48.8*	*38.7*	*38.3*	*31.1*	*20.0*
10,000–<100,000	12 or less	482	759	740	1,157	1,386
	13–24	255	428	617	602	897
	25–36	215	272	346	375	352
	37–60	224	238	222	233	248
	61 or more	146	136	159	137	120
	Total	**1,322**	**1,833**	**2,084**	**2,504**	**3,003**
	Per cent of current claims	*24.2*	*31.0*	*31.4*	*35.6*	*41.0*
100,000–<500,000	12 or less	296	415	466	648	727
	13–24	194	238	352	392	588
	25–36	126	182	198	255	335
	37–60	186	208	195	231	293
	61 or more	107	133	145	134	153
	Total	**909**	**1,176**	**1,356**	**1,660**	**2,096**
	Per cent of current claims	*16.7*	*19.9*	*20.4*	*23.6*	*28.6*
500,000 or more	12 or less	117	137	119	139	123
	13–24	94	99	126	120	159
	25–36	84	87	94	115	126
	37–60	128	130	136	144	159
	61 or more	138	162	179	167	190
	Total	**561**	**615**	**654**	**685**	**757**
	Per cent of current claims	*10.3*	*10.4*	*9.9*	*9.7*	*10.3*
Total	12 or less	2,046	2,797	2,755	3,076	2,961
	13–24	1,267	1,143	1,617	1,793	1,926
	25–36	818	737	918	921	1,151
	37–60	797	708	720	707	767
	61 or more	530	529	625	537	516
	Total	**5,458**	**5,914**	**6,635**	**7,034**	**7,321**
	Per cent of current claims	***100.0***	***100.0***	***100.0***	***100.0***	***100.0***

Table 6.11: Reserve range ($) for current claims, by duration of claims (months), public (excluding Western Australia) and private sector claims, 2007–08 to 2011–12 (per cent)

Reserve range ($)	Duration of claim (months)	2007–08	2008–09	2009–10	2010–11	2011–12
Less than 10,000	12 or less	43.2	64.9	56.3	51.8	49.5
	13–24	27.2	16.5	20.5	31.1	19.2
	25–36	14.7	8.6	11.0	8.1	23.1
	37–60	9.7	5.8	6.6	4.5	4.6
	61 or more	5.2	4.3	5.6	4.5	3.6
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
10,000–<100,000	12 or less	36.5	41.4	35.5	46.2	46.2
	13–24	19.3	23.3	29.6	24.0	29.9
	25–36	16.3	14.8	16.6	15.0	11.7
	37–60	16.9	13.0	10.7	9.3	8.3
	61 or more	11.0	7.4	7.6	5.5	4.0
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
100,000–<500,000	12 or less	32.6	35.3	34.4	39.0	34.7
	13–24	21.3	20.2	26.0	23.6	28.1
	25–36	13.9	15.5	14.6	15.4	16.0
	37–60	20.5	17.7	14.4	13.9	14.0
	61 or more	11.8	11.3	10.7	8.1	7.3
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
500,000 or more	12 or less	20.9	22.3	18.2	20.3	16.2
	13–24	16.8	16.1	19.3	17.5	21.0
	25–36	15.0	14.1	14.4	16.8	16.6
	37–60	22.8	21.1	20.8	21.0	21.0
	61 or more	24.6	26.3	27.4	24.4	25.1
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total	12 or less	37.5	47.3	41.5	43.7	40.4
	13–24	23.2	19.3	24.4	25.5	26.3
	25–36	15.0	12.5	13.8	13.1	15.7
	37–60	14.6	12.0	10.9	10.1	10.5
	61 or more	9.7	8.9	9.4	7.6	7.0
	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 6.12: Total claim size ($) for closed claims, by duration of claim (months), public (excluding Western Australia) and private sector claims, 2007–08 to 2011–12

Total claim size ($)	Duration of claim (months)	2007–08	2008–09	2009–10	2010–11	2011–12
Less than 10,000	12 or less	270	513	443	583	644
	13–24	341	400	424	491	509
	25–36	346	335	289	260	258
	37–60	210	197	202	221	129
	61 or more	53	83	126	54	68
	Total	**1,220**	**1,528**	**1,484**	**1,609**	**1,608**
	Per cent of closed claims	*60.7*	*59.7*	*57.4*	*54.0*	*54.0*
10,000–<100,000	12 or less	62	73	72	133	129
	13–24	109	147	173	233	207
	25–36	114	125	103	191	171
	37–60	141	145	132	126	174
	61 or more	57	77	106	68	62
	Total	**483**	**567**	**586**	**751**	**743**
	Per cent of closed claims	*24.0*	*22.2*	*22.7*	*25.2*	*24.9*
100,000 or more	12 or less	13	18	17	41	52
	13–24	45	79	99	148	147
	25–36	63	93	100	127	137
	37–60	108	153	158	167	179
	61 or more	77	120	142	137	112
	Total	**306**	**463**	**516**	**620**	**627**
	Per cent of closed claims	*15.2*	*18.1*	*20.0*	*20.8*	*21.1*
Total	12 or less	345	604	532	757	825
	13–24	495	626	696	872	863
	25–36	523	553	492	578	566
	37–60	460	496	492	514	482
	61 or more	187	280	374	259	242
	Total	**2,010**	**2,559**	**2,587**	**2,981**	**2,978**
	Per cent of closed claims	***100.0***	***100.0***	***100.0***	***100.0***	***100.0***

Note: The totals at the bottom of the table include 1 claim closed for an unknown amount in each of 2007−08, 2008−09, 2009−10 and 2010−11.

Table 6.13: Total claim size ($) for closed claims, by duration of claim (months), public (excluding Western Australia) and private sector claims, 2007–08 to 2011–12 (excluding *Not known*) (per cent)

Total claim size ($)	Duration of claim (months)	2007–08	2008–09	2009–10	2010–11	2011–12
Less than 10,000	12 or less	22.1	33.6	29.9	36.2	40.0
	13–24	28.0	26.2	28.6	30.5	31.7
	25–36	28.4	21.9	19.5	16.2	16.0
	37–60	17.2	12.9	13.6	13.7	8.0
	61 or more	4.3	5.4	8.5	3.4	4.2
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
10,000–<100,000	12 or less	12.8	12.9	12.3	17.7	17.4
	13–24	22.6	25.9	29.5	31.0	27.9
	25–36	23.6	22.0	17.6	25.4	23.0
	37–60	29.2	25.6	22.5	16.8	23.4
	61 or more	11.8	13.6	18.1	9.1	8.3
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
100,000 or more	12 or less	4.2	3.9	3.3	6.6	8.3
	13–24	14.7	17.1	19.2	23.9	23.4
	25–36	20.6	20.1	19.4	20.5	21.9
	37–60	35.3	33.0	30.6	26.9	28.5
	61 or more	25.2	25.9	27.5	22.1	17.9
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total	12 or less	17.2	23.6	20.6	25.4	27.7
	13–24	24.6	24.5	26.9	29.3	29.0
	25–36	26.0	21.6	19.0	19.4	19.0
	37–60	22.9	19.4	19.0	17.2	16.2
	61 or more	9.3	10.9	14.5	8.7	8.1
	Total	**100.0**	**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 claim 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 2011–12, the number of closed public and private sector claims settled through negotiated settlements increased, from around 840 to 1,480 claims (Table 6.14). This increase was evident for all claim size categories but especially for those closed for $100,000 or more (from 280 to 590 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 42% or less were closed through negotiation—and the last 3 years (2009–10 to 2011–12), when about one-half were closed through negotiation. There was a corresponding decrease in the proportion of claims closed through discontinuation (around 55% in 2007–08 and 2008–09 compared with around 48% in 2009–10 to 2011–12).

The proportion of claims closed through a court decision was consistently small; 7% in 2008–09 and 3–4% in the other years.

6.9 Closed claims: total claim size and health service setting

Tables 6.15 and 6.16 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 2011–12 profile is similar to the 2009–10 profile in associating slightly less than half of claims with a *Public hospital/day surgery*, about one-quarter of claims with a *Private medical clinic*, about 17% of claims with a *Private hospital/day surgery*, and about 10% 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 24–33% of claims closed for less than $10,000 in each year from 2007–08 to 2011–12, but just 7–12% of claims closed for $100,000 or more. In contrast, *Public hospital/day surgery* claims consistently accounted for 35–53% of claims closed for less than $10,000 compared with 72–81% of claims closed for $100,000 or more.

Claims associated with a *Private hospital/day surgery* were intermediate in terms of the costs they incurred in being closed. They accounted for similar proportions of the claims closed for less than $10,000 (16–21%) and the claims closed for $100,000 or more (10–13%) between 2007–08 and 2011–12.

Table 6.14: Total claim size ($) for closed claims, by mode of claim finalisation, public (excluding Western Australia) and private sector claims, 2007–08 to 2011–12

Total claim size ($)	Mode of claim finalisation	2007–08	2008–09	2009–10	2010–11	2011–12
Less than 10,000	Court decision	25	89	19	33	31
	Negotiated	231	230	486	426	494
	Discontinued	962	1,208	974	1,146	1,083
	Not known	2	1	5	4	0
	Total	**1,220**	**1,528**	**1,484**	**1,609**	**1,608**
10,000–<100,000	Court decision	24	45	36	54	50
	Negotiated	325	299	350	428	394
	Discontinued	134	223	200	269	299
	Not known	0	0	0	0	0
	Total	**483**	**567**	**586**	**751**	**743**
100,000 or more	Court decision	19	34	13	32	20
	Negotiated	282	418	488	564	588
	Discontinued	5	10	15	24	19
	Not known	0	1	0	0	0
	Total	**306**	**463**	**516**	**620**	**627**
Total	Court decision	68	168	68	119	101
	Negotiated	838	947	1,324	1,418	1,476
	Discontinued	1,102	1,441	1,189	1,439	1,401
	Not known	2	3	6	5	0
	Total	**2,010**	**2,559**	**2,587**	**2,981**	**2,978**
		Per cent (excluding *Not known*)				
Less than 10,000	Court decision	2.1	5.8	1.3	2.1	1.9
	Negotiated	19.0	15.1	32.9	26.5	30.7
	Discontinued	79.0	79.1	65.9	71.4	67.4
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
10,000–<100,000	Court decision	5.0	7.9	6.1	7.2	6.7
	Negotiated	67.3	52.7	59.7	57.0	53.0
	Discontinued	27.7	39.3	34.1	35.8	40.2
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
100,000 or more	Court decision	6.2	7.4	2.5	5.2	3.2
	Negotiated	92.2	90.5	94.6	91.0	93.8
	Discontinued	1.6	2.2	2.9	3.9	3.0
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total	Court decision	3.4	6.6	2.6	4.0	3.4
	Negotiated	41.7	37.1	51.3	47.6	49.6
	Discontinued	54.9	56.4	46.1	48.4	47.0
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Notes

1. The totals at the bottom of the top half of the table include 1 claim closed for an unknown amount in each of 2007–08, 2008–09, 2009–10 and 2010–11.
2. The percentages in the bottom half of the table may not add up exactly to 100.0 due to rounding.

Table 6.15: Total claim size ($) for closed claims, by health service setting, public (excluding Western Australia) and private sector claims, 2007–08 to 2011–12

Total claim size ($)	Health service setting	2007–08	2008–09	2009–10	2010–11	2011–12
Less than 10,000	Public hospital/day surgery	615	667	522	662	528
	Private hospital/day surgery	218	297	278	237	286
	Private medical clinic	274	453	386	439	500
	Other	53	83	146	183	214
	Not known	60	28	152	88	80
	Total	**1,220**	**1,528**	**1,484**	**1,609**	**1,608**
10,000–<100,000	Public hospital/day surgery	330	352	296	468	384
	Private hospital/day surgery	49	90	78	80	125
	Private medical clinic	54	85	130	139	147
	Other	23	32	36	33	43
	Not known	27	8	46	31	44
	Total	**483**	**567**	**586**	**751**	**743**
100,000 or more	Public hospital/day surgery	235	366	355	443	438
	Private hospital/day surgery	29	50	63	66	69
	Private medical clinic	23	31	49	70	71
	Other	11	7	20	22	34
	Not known	8	9	29	19	15
	Total	**306**	**463**	**516**	**620**	**627**
Total	Public hospital/day surgery	1,181	1,386	1,174	1,574	1,350
	Private hospital/day surgery	296	437	419	383	480
	Private medical clinic	351	569	565	652	718
	Other	87	122	202	234	291
	Not known	95	45	227	138	139
	Total	**2,010**	**2,559**	**2,587**	**2,981**	**2,978**

Note: The totals at the bottom of the table include 1 claim closed for an unknown amount in each of 2007–08, 2008–09, 2009–10 and 2010–11.

Table 6.16: Total claim size ($) for closed claims, by health service setting (excluding *Not known*), public (excluding Western Australia) and private sector claims, 2007–08 to 2011–12 (per cent)

Total claim size ($)	Health service setting	2007–08	2008–09	2009–10	2010–11	2011–12
Less than 10,000	Public hospital/day surgery	53.0	44.5	39.2	43.5	34.6
	Private hospital/day surgery	18.8	19.8	20.9	15.6	18.7
	Private medical clinic	23.6	30.2	29.0	28.9	32.7
	Other	4.6	5.5	11.0	12.0	14.0
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
10,000–<100,000	Public hospital/day surgery	72.4	63.0	54.8	65.0	54.9
	Private hospital/day surgery	10.7	16.1	14.4	11.1	17.9
	Private medical clinic	11.8	15.2	24.1	19.3	21.0
	Other	5.0	5.7	6.7	4.6	6.2
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
100,000 or more	Public hospital/day surgery	78.9	80.6	72.9	73.7	71.6
	Private hospital/day surgery	9.7	11.0	12.9	11.0	11.3
	Private medical clinic	7.7	6.8	10.1	11.6	11.6
	Other	3.7	1.5	4.1	3.7	5.6
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total	Public hospital/day surgery	61.7	55.1	49.7	55.4	47.6
	Private hospital/day surgery	15.5	17.4	17.8	13.5	16.9
	Private medical clinic	18.3	22.6	23.9	22.9	25.3
	Other	4.5	4.9	8.6	8.2	10.3
	Total	**100.0**	**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 clinical specialty categories that were most frequently recorded for closed public and private sector claims is presented in tables 6.17 and 6.18. The proportion of closed claims associated with these clinical specialties fluctuated within a narrow band between 2007–08 and 2011–12: 21–24% in the case of *General practice*, 12–15% in the case of *Obstetrics and gynaecology*, 7–10% in the case of *General surgery*, 7–8% in the case of *Orthopaedic surgery* and 5–7% in the case of *Emergency medicine*.

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, *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*. With few exceptions, 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, data on extent of harm were included in the public and private sector medical indemnity claims report for the first time in 2009–10 (AIHW 2012c). Therefore, just 3 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 from 2009–10 to 2011–12—around 30% of claims closed were for *Temporary harm/Mild injury*, 30% for *Minor harm/Moderate injury*, 20% for *Major harm/Severe injury* and 16% for *Death (*tables 6.19 and 6.20*)*.

The data illustrate the tendency noted in Section 5.11 for *Temporary harm/Mild injury* to be associated with low-cost claims (accounting for 38–45% of claims closed for less than $10,000) and *Major harm/Severe injury* to be associated with higher costs claims (accounting for 37–43% or more of claims closed for $100,000 or more).

Table 6.17: Total claim size ($) for closed claims, by specialties of clinicians involved, public (excluding Western Australia) and private sector claims, 2007–08 to 2011–12

Total claim size ($)	Health service setting	2007–08	2008–09	2009–10	2010–11	2011–12
Less than 10,000	General practice[(a)]	265	373	388	417	374
	Obstetrics and gynaecology[(b)]	175	183	173	188	156
	General surgery	128	127	84	104	118
	Orthopaedic surgery	88	105	95	99	108
	Emergency medicine	61	64	73	56	67
	All other specialties	513	654	694	757	804
	Not applicable	4	9	7	12	3
	Not known	24	48	4	3	1
	Total	**1,220**	**1,528**	**1,484**	**1,609**	**1,608**
10,000–<100,000	General practice[(a)]	89	115	163	186	172
	Obstetrics and gynaecology[(b)]	68	79	74	126	96
	General surgery	42	48	51	66	55
	Orthopaedic surgery	42	47	37	41	52
	Emergency medicine	42	46	34	38	59
	All other specialties	203	251	244	319	339
	Not applicable	4	5	5	5	0
	Not known	9	9	0	3	3
	Total	**483**	**567**	**586**	**751**	**743**
100,000 or more	General practice[(a)]	51	50	79	119	100
	Obstetrics and gynaecology[(b)]	44	87	104	127	115
	General surgery	22	41	52	55	74
	Orthopaedic surgery	34	56	48	57	60
	Emergency medicine	28	69	48	54	53
	All other specialties	138	183	223	242	279
	Not applicable	2	1	2	4	0
	Not known	1	13	1	1	3
	Total	**306**	**463**	**516**	**620**	**627**
Total	General practice[(a)]	405	538	630	722	646
	Obstetrics and gynaecology[(b)]	287	350	352	442	367
	General surgery	192	216	187	225	247
	Orthopaedic surgery	164	208	180	197	220
	Emergency medicine	131	179	155	148	179
	All other specialties	855	1,088	1,161	1,318	1,422
	Not applicable	10	15	14	21	3
	Not known	34	70	5	7	7
	Total	**2,010**	**2,559**	**2,587**	**2,981**	**2,978**

(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 4 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 1 claim closed for an unknown amount in each of 2007–08, 2008–09, 2009–10 and 2010–11.

Table 6.18: Total claim size ($) for closed claims, by specialties of clinicians involved (excluding *Not known*), public (excluding Western Australia) and private sector claims, 2007–08 to 2011–12 (per cent)

Total claim size ($)	Health service setting	2007–08	2008–09	2009–10	2010–11	2011–12
Less than 10,000	General practice[(a)]	22.2	25.2	26.2	26.0	23.3
	Obstetrics and gynaecology[(b)]	14.6	12.4	11.7	11.7	9.7
	General surgery	10.7	8.6	5.7	6.5	7.3
	Orthopaedic surgery	7.4	7.1	6.4	6.2	6.7
	Emergency medicine	5.1	4.3	4.9	3.5	4.2
	All other specialties	42.9	44.2	46.9	47.1	50.0
	Not applicable	0.3	0.6	0.5	0.7	0.2
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
10,000–<100,000	General practice[(a)]	18.8	20.6	27.8	24.9	23.2
	Obstetrics and gynaecology[(b)]	14.3	14.2	12.6	16.8	13.0
	General surgery	8.9	8.6	8.7	8.8	7.4
	Orthopaedic surgery	8.9	8.4	6.3	5.5	7.0
	Emergency medicine	8.9	8.2	5.8	5.1	8.0
	All other specialties	42.8	45.0	41.6	42.6	45.8
	Not applicable	0.8	0.9	0.9	0.7	0.0
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
100,000 or more	General practice[(a)]	16.7	11.1	15.3	19.2	16.0
	Obstetrics and gynaecology[(b)]	14.4	19.3	20.2	20.5	18.4
	General surgery	7.2	9.1	10.1	8.9	11.9
	Orthopaedic surgery	11.1	12.4	9.3	9.2	9.6
	Emergency medicine	9.2	15.3	9.3	8.7	8.5
	All other specialties	45.2	40.7	43.3	39.1	44.7
	Not applicable	0.7	0.2	0.4	0.6	0.0
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total	General practice[(a)]	20.5	21.6	24.4	24.3	21.7
	Obstetrics and gynaecology[(b)]	14.5	14.1	13.6	14.9	12.4
	General surgery	9.7	8.7	7.2	7.6	8.3
	Orthopaedic surgery	8.3	8.4	7.0	6.6	7.4
	Emergency medicine	6.6	7.2	6.0	5.0	6.0
	All other specialties	43.3	43.7	45.0	44.3	47.9
	Not applicable	0.5	0.6	0.5	0.7	0.1
	Total	**100.0**	**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 4 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 6.19: Total claim size ($) for closed claims, by extent of harm, public (excluding Western Australia) and private sector claims, 2009–10 to 2011–12

Total claim size ($)	Extent of harm	2009–10	2010–11	2011–12
Less than 10,000	Temporary harm/Mild injury	491	537	607
	Minor harm/Moderate injury	347	319	317
	Major harm/Severe injury	158	180	152
	Death	159	185	173
	No body function/structure affected	139	101	114
	Not known	190	287	245
	Total	**1,484**	**1,609**	**1,608**
10,000–<100,000	Temporary harm/Mild injury	113	129	164
	Minor harm/Moderate injury	165	240	220
	Major harm/Severe injury	100	127	100
	Death	94	142	145
	No body function/structure affected	41	25	36
	Not known	73	88	78
	Total	**586**	**751**	**743**
100,000 or more	Temporary harm/Mild injury	22	52	66
	Minor harm/Moderate injury	176	196	200
	Major harm/Severe injury	202	221	219
	Death	67	86	105
	No body function/structure affected	2	7	6
	Not known	47	58	31
	Total	**516**	**620**	**627**
Total	Temporary harm/Mild injury	626	718	837
	Minor harm/Moderate injury	688	755	737
	Major harm/Severe injury	461	529	471
	Death	320	413	423
	No body function/structure affected	182	133	156
	Not known	310	433	354
	Total	**2,587**	**2,981**	**2,978**

Note: The totals at the bottom of the table include 1 claim closed for an unknown amount in each of 2009–10 and 2010–11.

Table 6.20: Total claim size ($) for closed claims, by extent of harm (excluding *Not known*), public (excluding Western Australia) and private sector claims, 2009–10 to 2011–12 (per cent)

Total claim size ($)	Extent of harm	2009–10	2010–11	2011–12
Less than 10,000	Temporary harm/Mild injury	37.9	40.6	44.5
	Minor harm/Moderate injury	26.8	24.1	23.3
	Major harm/Severe injury	12.2	13.6	11.2
	Death	12.3	14.0	12.7
	No body function/structure affected	10.7	7.6	8.4
	Total	**100.0**	**100.0**	**100.0**
10,000–<100,000	Temporary harm/Mild injury	22.0	19.5	24.7
	Minor harm/Moderate injury	32.2	36.2	33.1
	Major harm/Severe injury	19.5	19.2	15.0
	Death	18.3	21.4	21.8
	No body function/structure affected	8.0	3.8	5.4
	Total	**100.0**	**100.0**	**100.0**
100,000 or more	Temporary harm/Mild injury	4.7	9.3	11.1
	Minor harm/Moderate injury	37.5	34.9	33.6
	Major harm/Severe injury	43.1	39.3	36.7
	Death	14.3	15.3	17.6
	No body function/structure affected	0.4	1.2	1.0
	Total	**100.0**	**100.0**	**100.0**
Total	Temporary harm/Mild injury	27.5	28.2	31.9
	Minor harm/Moderate injury	30.2	29.6	28.1
	Major harm/Severe injury	20.2	20.8	17.9
	Death	14.1	16.2	16.1
	No body function/structure affected	8.0	5.2	5.9
	Total	**100.0**	**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. Type of compensatory payment to patient	A broad description of the categories of loss for which the patient is receiving compensation.
3. Type of compensatory payment to other party/parties	A broad description of the categories of loss for which a party other than the patient is receiving compensation.
4. Patient's date of birth	Date of birth of the patient allegedly harmed by the incident.
5. Patient's sex	Sex of the patient allegedly harmed by the incident.
6. Patient's Indigenous status	Aboriginal, Torres Strait Islander or other status of the patient allegedly harmed by the incident.
7. 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 3 additional incident/allegation categories may also be recorded.)
8. 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.
9. Body function/structure affected—patient	The primary body function or structure of the patient alleged to have been affected as a result of the incident/allegation. (Up to 3 additional body function/structure categories may also be recorded.)
10. Extent of harm—patient	The extent or severity of the overall harm to the patient.
11. Date incident occurred	Date on which the incident that is the subject of the claim occurred.
12. Where incident occurred	Australian Standard Geographical Classification Remoteness Structure category for the location where the incident occurred.
13. Health service setting	Health service provider setting in which the incident giving rise to the claim occurred.
14. Patient's health-care status	Whether the patient was a public or private patient, resident or non-admitted patient at the time of the incident.
15. Specialty of clinicians closely involved in incident	Clinical specialties of the health-care provider(s) who played the most prominent roles in the incident that gave rise to the claim.
16. Date reserve first placed against claim	Date on which a reserve was first placed against the claim.
17. Reserve range	The estimated size of the claim, recorded in broad dollar ranges.
18. Date claim commenced	Date on 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.
19. Date claim closed	Date on which the claim was settled, a final court decision was delivered, or the claim file was closed (whichever occurred first).
20. Mode of claim finalisation	Description of the process by which the claim was finalised.
21. Total claim size	The amount agreed to be paid to the claimant in total settlement of the claim, plus defence legal and investigative costs, recorded in broad dollar ranges.
22. 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.

(continued)

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

Data item	Definition
23. Claim payment details	An indication of whether a damages payment was made to the claimant and, if so, whether the payment was to the patient and/or another party/parties.
24. Claim record particulars flag	Aspects of the claim record relevant to its interpretation.
25. State/territory identifier	The state or territory health service against which the claim has been lodged.

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. Patient's date of birth	36. Claimant/patient year of birth	Year of birth of the patient allegedly harmed by the incident. 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. Patient's sex	37. Claimant/patient sex	Sex of the patient allegedly harmed by the incident.
7a. 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.
9a. Primary body function/structure affected —patient	16. Body functions or structures affected	The primary body function or structure of the patient 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'.
10. Extent of harm—patient	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
11. Date incident occurred	9. Date of loss	Date the alleged harm or other loss occurred.
13. 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.

(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. 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*.
16. Date reserve first placed against claim	10. Date of report	The 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.
17. 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.
19. 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.
20. 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.
21. 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.

(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
22. 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	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 **patient** or may be an **other party** claiming for loss allegedly resulting from the incident.
Claims manager	The person who is responsible for all or some aspects of the management of the claim, on behalf of the health authority.
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	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.

(continued)

Table A.3 (continued): Definitions of key MINC terms

MINC term	Definition
Medical indemnity claim	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.
Patient	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.
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 a court (either initially or on appeal) and where the case was awarded against the plaintiff by a 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.
Discontinued	In the public sector data, *Discontinued* 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, *Discontinued* includes claims where the claimant withdrew the claim and the MII incurs costs only.

Appendix B: Data quality

This appendix presents data quality statements for the Medical Indemnity National Collection (Public Sector) and for Medical Indemnity National Collection (Private Sector). These statements provide information on aspects such as the timeliness, accessibility, interpretability, relevance, accuracy and coherence of the data. This appendix also presents information on the circumstances under which data items in the public and/or private sector collections are recorded as *Not known*.

Medical Indemnity National Collection (Public Sector) 2011–12 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. These claims are claims made to public sector medical indemnity providers 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 2011–12 year. Otherwise, coverage was 100% in terms of the claims that reporting jurisdictions considered to fall within the scope of the collection.
- 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 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 clinician 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 2011–12. The 2011–12 data cover the period from 1 July 2011 to 30 June 2012. Western Australian data were not available for 2011–12.

Timeliness

The reference period for this data set is 2011–12. Participating states and territories agreed to provide 2010–11 data to the AIHW by August 2012. The initial transmission was completed by November 2012 and all data were transmitted in their final form by December 2012.

The data were originally planned for publication in April 2013 and were published in June 2013.

Accessibility

Australia's medical indemnity claims 2011–12 includes two chapters dedicated to public sector claims data. There are nine previous AIHW reports on public sector medical indemnity claims between 2002–03 (6 months only) and 2010–11. 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 2011–12 data will follow the release of the *Australia's medical indemnity claims 2011–12* 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 2011–12* 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 made to public sector medical indemnity providers 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 2011–12 and so the available national data excludes Western Australia for 2011–12. This was also the case 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 2011–12, as for 2010–11, 100% of all public sector claims considered by reporting jurisdictions to fall within scope were reported to the AIHW. All jurisdictions including Western Australia reported nearly or exactly 100% of their claims data between 2007–08 and 2009–10 (AIHW 2012a).

Many of the data items in the MINC (PS) collect information on the patient at the centre of 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) 2011–12 data covers new claims that had a reserve amount set against them between 1 July 2011 and 30 June 2012, previously closed claims that were reopened during the year, and ongoing claims from the previous year.

Information on patients' Indigenous identification was collected in 2011–12. This was the first year that this information was collected for the MINC, and it was reported for just 27% of 2011–12 claims. Accordingly, the data quality is too low to be considered for reporting.

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.

New claims are of particular interest to the MINC because they reflect differences between the year being reported on and previous years in terms of claim characteristics. However, the information that health authorities can provide for new claims may be less reliable than the information that can be provided for claims from previous years. This is because it takes time to investigate the circumstances of a claim and to ascertain the information collected during preliminary investigations. Also, some claim characteristics, such as the extent of harm to a patient and the body function or structure primarily affected, may change during the lifetime of a claim. Only a minority of data items, such as the date of an alleged incident and the patient's demographic information, can be reliably established for the great majority of public sector claims at an early stage in the investigations.

Coherence

MINC data pertain to a particular reporting period and record, to the jurisdictions' best knowledge, their data at the close of the reporting period. Jurisdictions report a data item as *Not known* if the information is not currently available but may become available during the lifetime of a claim. Data items may also become *Not known* when a previously closed claim is reopened. For instance, total claim size for a reopened claim is *Not known* because the additional cost that will be incurred in reclosing the claim should be aggregated with the previously reported cost of closing the claim. These sorts of changes to the data are registered in the AIHW MINC (PS) master database, which holds the most up-to-date information available on Australia's public sector medical indemnity claims.

The jurisdictions may also advise the AIHW on an ad hoc basis of updates that should be made to their data on the master database. For instance, several jurisdictions audited their medical indemnity claims collections in the late 2000s. Jurisdictions have also advised the AIHW of changes that should be made to unit records, including requests to remove previously transmitted records; for instance, if they involve 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 and 2011–12 data specifications require comment.

A new *Discontinued potential claim* coding option was introduced for the 2009–10 data. 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*.

Another new coding option, *Rescinded – not a medical indemnity claim*, was introduced for 2009–10. This option is selected 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 reported the claim as closed, or requested the AIHW to delete the claim from the master database (applying also to closed claims). Before this coding option became available, the MINC reports reported a higher proportion of claims discontinued for $0 than is the case with the 2009–10 and later MINC reports.

For the data items 'type of compensatory payment to patient' and 'type of compensatory payment to another 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 improved 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).

The 2009–10 specifications also changed three of the 'extent of harm' categories to align them with the World Health Organization's International Classification of Functioning, Disability and Health. This also allowed the MINC (PS) codes to be mapped on to the codes recognised for NCPD data item 17 'Severity of injury'. Analysis of the MINC (PS) 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 patient's year of birth was collected. Collection of the patient's date of birth allows more accurate calculation of the patient's age at the time of the incident.

Prior to 2011–12, the dates for when the incident occurred, the reserve was placed, the claim was commenced and the claim was closed were collected just in terms of their month and year. Beginning in 2011–12, information on the day field of these dates was also collected.

An additional change made with the 2011–12 specifications involved renaming the data item 'nature of claim—loss to claim subject (patient)' as 'type of compensatory payment to patient', and renaming the data item 'nature of claim—loss to other party/parties' as 'type of compensatory payment to other party/parties'. These name changes followed MIDWG advice that these data items were being used specifically to record the basis on which a claimant or claimants were awarded compensation, which may differ from the categories of loss alleged by the claimant(s). Also, coding options were introduced to record all cases where the patient and/or other parties did not receive any compensatory payment. Previously, there had been some inconsistency between jurisdictions in whether to record cases like these as *Not applicable* or *Not known*. Due to the specification changes, for claims that were closed in 2011–12, the data items 'type of compensatory payment to patient' and 'type of compensatory payment to other party/parties' were unambiguously reported — as either irrelevant to the issue of compensatory payment to the claimant or in terms of the one or more loss categories for which the claimant was compensated.

The 2011–12 data specifications also included more complete definitions of the *Treatment*, *Medication-related* and *Procedure* incident/allegation types than had previously been set down. In the 2010–11 and earlier data transmissions, some interventions reported as *Treatment* by some jurisdictions had been reported as *Medication-related* or *Procedure* by other jurisdictions.

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 2011–12 are jointly reported in the AIHW's *Australia's medical indemnity claims 2011–12* report.

APRA produces 'Level 2 reports' that include aggregated financial information on private sector medical indemnity claims. These reports are available free of charge to subscribers who create an account at <http://www.ncpd.apra.gov.au/Home/Home.aspx>. ISA formerly published statistical reports based on the claims data from MIIs that were members of the Medical Indemnity Industry Association of Australia. Its last report covered the years from 1995–96 to 2006–07.

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) 2011–12 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.
- Data were reported to the AIHW for all MINC (Private Sector) claims in scope for 2011–12.
- 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 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 clinician 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 2011–12. The 2011–12 data cover the period from 1 July 2011 to 30 June 2012.

Timeliness

The reference period for this data set is 2011–12. MIIs and/or their reporting agent Insurance Statistics Australia (ISA) provided 2011–12 private sector data over the period November to December 2012. This was in compliance with the MIIs' agreement to provide the AIHW with annual claims data on negotiated request.

The data were originally planned for publication in April 2013 and were published in June 2013.

Accessibility

Australia's medical indemnity claims 2011–12 includes two chapters that report on private sector claims combined with public sector claims. This follows the format for the MINC reports established for the 2010–11 data. There are also 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' of *Australia's medical indemnity claims 2011–12*. 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 2011–12, 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 at the centre of 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) 2011–12 data includes new claims in scope that have arisen between 1 July 2011 and 30 June 2012, previously closed claims that were reopened during the year, and ongoing claims from the previous year.

No information on patients' 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.

With the data items reported by the AIHW for the public and private sectors combined, the alignment between the private and public sector data is not always exact (see the section on Coherence, below). For instance, data collected by MIIs on *Faulty/contaminated equipment* is utilised as their data for the MINC *Device failure* category ('incident/allegation type').

With the data items not included in the MINC reports, the MII data submitted as unit records vary in their accordance with the specifications of the MINC (Public Sector). For instance, information on 'clinical service context' might not be collected by an MII and so cannot be provided.

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. Some data items have relatively high *Not known* rates and this may affect the interpretation of the proportions that can be presented. Also, some claim characteristics, such as the extent of harm to a patient and the body function or structure primarily affected, may change during the lifetime of a claim.

Compared to public sector claims, private sector claims are more focused on the insured clinician and less focused on hospital incident reports. Accordingly, compared with public sector claims, some information such as clinician specialty tends to be ascertained at an earlier stage of investigation for private sector claims, whereas other information such as patient demographics may be ascertained at a later stage.

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 2011–12 *Not known* rates

Public sector

Jurisdictions report a medical indemnity claim data item as *Not known* when the information is not currently available but may become available during the lifetime of a claim. Some data items are relevant only to closed claims and so were reported as *Not known* for any claims that were open at 30 June 2012. Three other data items – 'Type of compensatory payment to patient', 'Type of compensatory payment to other party/parties' and 'Extent of harm' – are often not determinable until a claim is closed. Accordingly, their *Not known* rates for claims current at 30 June 2012 range between 38% and 79% (Table B.1).

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 2011–12, 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 2011–12 closed claims are less than 1% for most data items (Table B.1).

There is little difference between new claims and current claims in their *Not known* rates. Around 8% of new claims are also closed claims (Table F.2) and so the jurisdictions have ascertained the appropriate information for these claims in the process of closing them. On the other hand, relevant information is also accumulated for claims while they are still open. Accordingly, the *Not known* rates for current claims that have been open for more than one year are lower than the *Not known* rates for new current claims.

The *Not known* rates for 'patient's Indigenous status' are very high for new and current claims, around 90%, and quite high even for closed claims (15%). This is because 2011–12 is the first year for which these data were reported, and not all jurisdictions have included this data item in the claims information they regularly collect.

Private sector

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 (Table B.2). These *Not known* rates are higher than the public sector *Not known* rates for some data items and lower for other data items. Examples where they are higher include 'extent of harm' (closed claims) and patient's sex and age group. Examples where they are lower include 'clinician specialty involved' (except for closed claims) and 'primary body/function structure affected'.

Because the presentation of detailed data applies specifically to public and private sector claims combined, the *Not known* rates for the combined sectors are of main interest (Table B.3).

Table B.1: MINC data items[(a)]: number and proportion of public sector claims for which *Not known* was recorded, 1 July 2011 to 30 June 2012 (excluding Western Australia)

	New claims		Current claims		Closed claims		All claims	
Item	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
Patient's Indigenous status	1,175	88.5	3,530	92.8	186	14.5	3,716	73.1
Type of compensatory payment to patient	948	71.4	3,005	79.0	1	0.1	3,006	59.1
Type of compensatory payment to other party/parties	672	50.6	1,827	48.0	6	0.5	1,833	36.1
Extent of harm—patient	482	36.3	1,445	38.0	28	2.2	1,473	29.0
Patient's health-care status	392	29.5	1,084	28.5	1	0.1	1,085	21.3
Clinical service context	396	29.8	1,034	27.2	1	0.1	1,035	20.4
Primary body function/structure affected	347	26.1	946	24.9	1	0.1	947	18.6
Principal clinician specialty	333	25.1	935	24.6	1	0.1	936	18.4
Primary incident/allegation type	314	23.6	891	23.4	1	0.1	892	17.5
Health service setting	290	21.8	814	21.4	1	0.1	815	16.0
Where incident occurred	287	21.6	788	20.7	1	0.1	789	15.5
Patient's date of birth	112	8.4	330	8.7	13	1.0	343	6.7
Patient's sex	23	1.7	150	3.9	2	0.2	152	3.0
Claim record particulars flag	0	0.0	18	0.5	0	0.0	18	0.4
Additional clinician specialties involved[(b)]	0	0.0	0	0.0	1	0.9	1	0.3
Additional incident/allegation types[(b)]	0	0.0	0	0.0	2	0.8	2	0.2
Additional body functions/structures affected[(b)]	0	0.0	1	0.3	0	0.0	1	0.2
Total claims	**1,328**	**100.0**	**3,803**	**100.0**	**1,281**	**100.0**	**5,084**	**100.0**
Items relevant only to closed claims								
Claim payment details	. .	. .	. .	. .	1	0.1	. .	. .
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', 'status of claim' and 'state/territory identifier', 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.

(b) The denominator for these data items is less than the number for total claims shown in bold in the table, because most claims are not coded for an additional clinician specialty, incident/allegation type, or body function/structure affected.

Table B.2: MINC data items[a]: number and proportion of private sector claims for which *Not known* was recorded, 1 July 2011 to 30 June 2012

	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	133	7.7	137	8.1	454	8.7
Clinician specialty involved	4	0.2	5	2.9	12	2.3
New and all claim items						
Patient's age group	436	25.1	. .	. .	1,069	20.5
Primary incident/ allegation type	353	20.3	. .	. .	639	12.3
Patient's sex	253	14.6	. .	. .	525	10.1
Primary body function/structure affected	57	3.3	. .	. .	218	4.2
Closed claim items						
Extent of harm—patient	. .	. .	323	19.0	. .	. .
Mode of claim finalisation	. .	. .	0	0.0	. .	. .
Total claim size	. .	. .	0	0.0	. .	. .
Total claims	**1,738**	**100.0**	**1,697**	**100.0**	**5,215**	**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.

Table B.3: 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 2011 to 30 June 2012

	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	423	13.8	138	4.6	1,269	12.3
Clinician specialty involved	337	11.0	7	0.2	949	9.2
New and all claim items						
Primary incident/ allegation type	667	21.8	. .	. .	1,531	14.9
Patient's age group	548	17.9	. .	. .	1,412	13.7
Primary body function/structure affected	404	13.2	. .	. .	1,165	11.3
Patient's sex	276	9.0	. .	. .	677	6.6
Closed claim items						
Extent of harm—patient	. .	. .	351	11.8	. .	. .
Mode of claim finalisation	. .	. .	0	0.0	. .	. .
Total claim size	. .	. .	0	0.0	. .	. .
Total claims	**3,066**	**100.0**	**2,978**	**100.0**	**10,299**	**100.0**

. . Not applicable

(a) Table B.3 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 patient but sometimes a dependant or other relative. Where there are two claimants—the patient 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 patients; 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 2011–12 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 2011−12:

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. Effective 1 October 2011 the Minister declared this amount to be $511,500.

Appendix E: Health sector contextual information

This appendix provides contextual information for claim numbers. It first provides health workforce data from 2007 to 2011, 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 2011–12. 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, the Medical Workforce Survey 2010 and the Medical Workforce Survey 2011. 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

The scope and coverage of the Medical Workforce Survey 2010 and Medical Workforce Survey 2011 are different from those of the AIHW Medical Labour Force Survey in previous years. For example, the Medical Workforce Surveys of 2010 and 2011 listed 23 specialty categories, while the AIHW Medical Labour Force Surveys 2007 to 2009 listed more than 50 specialty categories. Accordingly, it is recommended that comparisons between data from 2010 or 2011 and data from previous years be made with caution.

The response rate for the 2011 Medical Workforce Survey was 85.3%. The Medical Workforce Survey 2010 did 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 2011.

Table E.1: Full-time equivalent (FTE)[a]: number of medical practitioners who spent most of their time as clinicians, 2007 to 2011[b]

	FTE number				
Main specialty of practice	**2007**	**2008**	**2009**	**2010[b]**	**2011**
Addiction medicine[c]	. .	. .	. .	22	37
Anaesthesia[d]	3,621	3,835	4,089	2,587	3,663
Dermatology	399	394	451	301	398
Emergency medicine	855	964	1,054	707	1,009
General practice	23,518	23,188	24,615	17,010	24,896
Intensive care medicine	326	327	419	280	389
Medical administration	39	20	19	6	18
Obstetrics and gynaecology	1,540	1,662	1,714	1,205	1,666
Occupational and environmental medicine[e]	68	62	78	106	148
Ophthalmology	834	826	858	644	855
Paediatrics and child health[f]	1,105	1,111	1,275	972	1,416
Pain medicine	79	89	81	21	31
Palliative medicine	172	139	146	64	85
Pathology[g]	1,068	997	1,166	646	964
Physician	*5,397*	*5,362*	*5,871*	*4,382*	*5,943*
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	2,445
Public health medicine	59	61	42	10	32
Radiology[h]	1,736	1,783	1,765	1,291	1,924
Rehabilitation medicine	251	271	311	273	294
Sexual health medicine[c]	. .	. .	. .	26	41
Sport and exercise medicine[c]	. .	. .	. .	46	91

(continued)

Table E.1 (continued): Full-time equivalent (FTE)[a] number of medical practitioners who spent most of their time as clinicians, 2007 to 2011[b]

	FTE number				
Main specialty of practice	**2007**	**2008**	**2009**	**2010[b]**	**2011**
Surgery	*4,567*	*4,590*	*4,817*	*3,421*	*4,949*
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	539
Total	**48,037**	**48,055**	**51,398**	**36,143**	**51,843**

. . 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 and 2011 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. The 2010 data do not include medical practitioners registered in Queensland and Western Australia.

(c) New categories in the Medical Workforce Survey 2010 and 2011 include: Addiction medicine, Sexual health medicine, Sport and exercise medicine, and Not stated/Not applicable (Not stated/inadequately described).

(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. The 2010 and 2011 pathology subspecialties are not separately listed.

(h) 2007 to 2009 Radiology numbers include Diagnostic radiology and Radiation oncology. 2010 and 2011 Radiology numbers include Radiology and Radiation oncology.

Sources: AIHW 2009b, 2010a, 2011d, 2012d, 2013a.

Nursing and midwifery workforce

No nursing workforce data were available for 2010. The response rate for the Nursing and Midwifery Labour Force Surveys was 49.6% in 2007, 46.5% in 2008, 44.4% in 2009 and 86.2% in 2011. There has been a gradual increase in FTE number for nurses, from 230,762 in 2007, to 237,520 in 2008, to 242,521 in 2009, and 244,548 in 2011 (AIHW 2012e). These figures were weighted to account for non-responses.

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 2011–12 there were around 5.7 million 'separations' (admitted patient episodes of care) in Australia's public hospitals and around 3.8 million separations in Australia's private hospitals (AIHW 2013b).

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 2011–12 public sector claims were linked to public hospitals (including day surgeries) and 31% of new 2011–12 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 2012f).

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 to 2010–11, 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 and 2011–12.
- 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 and 2011–12.
- 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 2011–12 (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 2011–12, 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 2011–12, 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 and 2011–12, 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 2011–12, 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 2011–12, 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 (2012f, 2013b).

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 (2009c, 2010b, 2011e, 2012f, 2013b).

Table E.2: Service Related Groups: hospital separations, 2007–08 to 2011–12

	Public hospitals (excluding Western Australia)					Private hospitals				
Service Related Group	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**2011–12**	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**2011–12**
11 Cardiology	262,288	258,943	264,364	279,745	289,655	52,159	51,064	53,317	55,442	56,780
12 Interventional cardiology	57,893	59,307	60,765	62,456	62,336	67,789	69,108	71,727	75,812	77,714
13 Dermatology	18,860	20,075	20,339	20,017	20,391	4,533	4,622	5,335	4,305	4,545
14 Endocrinology	43,710	44,783	45,281	29,759	31,403	10,414	9,880	10,859	4,483	4,791
15 Gastroenterology	185,699	191,996	203,018	261,108	273,606	157,475	165,338	178,819	189,031	203,998
16 Diagnostic gastrointestinal endoscopy	102,892	106,100	108,157	124,162	120,016	329,967	329,685	344,130	412,246	416,174
17 Haematology	71,021	70,607	72,383	52,208	52,243	34,657	34,430	36,749	31,923	33,691
18 Immunology and infections	93,212	96,005	103,235	45,022	46,827	19,837	19,831	20,829	9,750	10,855
19 Oncology	50,451	50,552	51,776	41,656	42,521	41,773	41,820	43,139	25,246	24,093
20 Chemotherapy	99,418	103,402	112,994	116,421	112,536	176,372	186,653	196,952	208,958	226,998
21 Neurology	141,437	148,611	155,874	165,384	176,377	26,898	29,158	30,639	31,419	34,753
22 Renal medicine	58,029	65,645	64,482	51,793	52,077	18,549	20,753	22,087	35,698	40,265
23 Renal dialysis	740,012	785,728	832,508	878,463	922,666	164,480	183,825	199,803	209,569	217,805
24 Respiratory medicine	205,802	215,930	216,496	244,519	251,473	76,513	78,198	81,262	84,246	87,780
25 Rheumatology	11,772	13,536	14,830	25,132	26,162	5,386	5,917	6,701	10,490	11,671
26 Pain management	24,662	25,861	25,935	28,136	29,550	23,362	25,459	25,547	29,515	32,492
27 Non subspecialty—medicine	137,405	135,758	139,640	246,665	256,428	102,659	109,908	120,938	85,712	86,808
41 Breast surgery	13,564	14,027	14,215	15,700	16,270	16,633	17,299	16,918	33,907	34,309
42 Cardiothoracic surgery	13,779	14,303	14,406	14,411	14,806	10,914	11,085	10,695	10,218	10,658
43 Colorectal surgery	66,920	68,496	71,159	40,559	43,098	48,648	49,496	52,511	47,259	49,339
44 Upper gastrointestinal surgery	59,960	61,924	66,280	68,094	70,383	41,666	43,852	42,475	41,582	42,129
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	69,861	41,585	44,117	47,211	47,266	49,920
47 Dentistry	22,488	22,380	22,622	22,581	22,062	93,575	96,624	100,675	97,613	100,106
48 Head and neck surgery[(a)]	76,599	79,438	80,638	114,351	119,117	93,224	96,868	100,936	115,360	117,636
49 Orthopaedics	258,253	263,721	268,729	272,387	277,628	273,155	280,478	296,224	309,333	319,010
50 Ophthalmology	78,810	81,413	83,369	85,108	88,897	189,522	199,417	217,834	216,241	234,557

(continued)

Table E.2 (continued): Service Related Groups: hospital separations, 2007–08 to 2011–12

	Public hospitals (excluding Western Australia)					Private hospitals				
Service Related Group	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**2011–12**	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**2011–12**
51 Plastic and reconstructive surgery	89,672	92,108	93,551	79,803	79,791	146,558	148,007	154,318	143,972	147,416
52 Urology	112,526	119,039	123,968	132,523	137,768	124,624	128,111	136,045	151,866	156,707
53 Vascular surgery	37,596	38,915	40,131	42,412	43,839	33,197	31,949	32,005	33,784	36,396
54 Non subspecialty—surgery	228,560	239,864	246,871	263,646	274,913	93,310	91,828	95,969	125,426	132,117
61 Transplantation	884	996	1,050	1,108	1,092	38	34	25	25	19
62 Extensive burns	2,393	3,064	3,222	1,700	1,713	136	236	185	59	55
63 Tracheostomy	8,299	8,652	8,846	9,273	8,954	1,363	1,282	1,246	1,189	1,165
66 Social admission[(a)]	2,259	2,228	2,087	. .	. .	400	183	137	. .	. .
71 Gynaecology	136,803	137,016	137,966	139,059	140,101	204,316	211,874	217,230	214,196	226,802
72 Obstetrics	284,164	282,019	279,370	281,324	249,669	98,797	98,513	101,602	97,442	99,380
73 Qualified neonate	43,838	50,712	50,245	36,606	57,886	18,389	19,899	19,852	19,329	19,541
74 Unqualified neonate	160,240	151,154	152,967	162,589	144,501	45,133	44,570	46,834	45,089	46,726
75 Perinatology	10,148	10,532	10,877	17,772	20,005	0	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	55,940	22,270	25,148	28,073	8,369	8,164
82 Psychiatry—acute	122,042	122,107	123,916	137,786	142,564	106,232	118,295	129,104	132,289	140,796
83 Psychiatry—non acute[(a)]	. .	. .	. .	2,275	2,630	. .	. .	. .	897	882
84 Rehabilitation	67,591	69,769	74,975	102,001	112,249	117,718	139,034	169,323	200,952	227,317
85 Geriatrics—non acute; Psychogeriatric care[(a)]	18,034	21,277	22,270	1,715	1,650	6,944	6,692	8,190	6,336	6,204
86 Palliative care	20,206	23,017	25,349	27,019	29,801	5,766	5,281	5,016	5,506	5,864
87 Maintenance	17,498	18,090	18,574	20,961	22,366	1,887	2,197	2,477	1,968	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	7,029	9,184	7,332	9,100	7,189	5,007
Total	**4,446,099**	**4,574,744**	**4,720,489**	**4,893,449**	**5,067,850**	**3,175,018**	**3,301,995**	**3,508,549**	**3,618,507**	**3,791,403**

. . Not applicable

(a) There were various differences between the SRG classifications reported for 2007–08 to 2009–10 and for 2010–11 to 2011–12, as detailed in the text.

Sources: AIHW 2009c, 2010b, 2011e, 2012f, 2013b.

Table E.3: Service Related Groups: patient days, 2007–08 to 2011–12

Service Related Group	Public hospitals (excluding Western Australia)					Private hospitals				
	2007–08	2008–09	2009–10	2010–11	2011–12	2007–08	2008–09	2009–10	2010–11	2011–12
11 Cardiology	806,922	773,952	758,640	781,936	775,774	223,266	214,748	216,493	224,683	227,437
12 Interventional cardiology	205,254	205,711	205,757	214,269	211,195	162,949	167,042	171,372	177,496	181,406
13 Dermatology	46,792	48,608	47,083	46,149	46,433	14,745	14,236	14,678	10,637	11,153
14 Endocrinology	190,574	189,063	185,389	113,009	114,811	57,550	54,292	51,729	21,018	21,318
15 Gastroenterology	514,351	523,850	543,424	652,646	675,265	258,876	264,953	280,799	302,998	324,946
16 Diagnostic gastrointestinal endoscopy	156,087	159,350	160,579	184,965	179,124	353,780	352,203	366,791	437,761	442,987
17 Haematology	255,944	250,505	257,087	230,191	233,287	94,156	93,212	97,072	85,605	89,686
18 Immunology and infections	371,761	375,953	407,953	99,427	101,641	93,610	92,889	97,835	19,234	20,367
19 Oncology	273,141	265,992	263,021	236,677	232,334	175,424	168,605	160,989	135,113	126,112
20 Chemotherapy	99,514	103,468	113,086	116,565	112,598	176,430	186,747	196,992	209,003	227,037
21 Neurology	582,639	580,951	577,095	569,326	573,532	141,980	137,252	136,761	132,447	139,980
22 Renal medicine	220,898	234,810	236,861	165,809	166,773	65,335	69,724	70,430	67,595	71,723
23 Renal dialysis	740,271	786,599	833,383	878,930	919,723	164,696	183,922	199,813	209,953	217,813
24 Respiratory medicine	981,318	1,004,817	965,146	1,061,681	1,081,615	307,874	305,650	292,613	311,273	318,948
25 Rheumatology	31,109	33,857	35,077	72,742	75,171	13,160	12,720	13,868	26,085	28,460
26 Pain management	40,425	41,908	42,568	46,572	48,556	31,877	34,123	34,127	43,508	47,259
27 Non subspecialty—medicine	394,028	391,524	410,346	1,067,740	1,078,728	172,206	173,303	182,208	317,549	319,918
41 Breast surgery	28,630	29,493	29,945	33,429	33,510	34,170	35,719	34,822	59,834	59,654
42 Cardiothoracic surgery	146,080	147,048	145,977	152,820	156,844	116,106	117,954	113,281	109,706	114,625
43 Colorectal surgery	308,340	310,268	318,636	230,981	236,289	188,442	185,209	189,299	169,390	167,183
44 Upper gastrointestinal surgery	259,208	264,920	276,502	279,741	284,429	121,396	121,497	119,811	119,879	125,044
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	338,020	242,032	247,800	262,182	256,026	267,891
47 Dentistry	24,095	23,943	24,265	24,349	23,644	93,915	96,921	100,931	97,844	100,374
48 Head and neck surgery[(a)]	106,696	109,903	111,706	175,070	179,497	102,949	105,664	110,486	132,927	136,119
49 Orthopaedics	1,074,994	1,081,384	1,095,579	1,073,572	1,072,765	783,914	789,960	822,139	849,579	873,410
50 Ophthalmology	103,578	105,519	107,124	108,739	110,912	193,651	203,337	221,603	220,187	238,507

(continued)

Table E.3 (continued): Service Related Groups: patient days, 2007–08 to 2011–12

	Public hospitals (excluding Western Australia)					Private hospitals				
Service Related Group	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**2011–12**	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**2011–12**
51 Plastic and reconstructive surgery	190,510	197,200	200,192	180,911	181,162	213,340	216,010	223,339	211,575	214,835
52 Urology	243,500	252,933	253,686	269,211	269,544	236,707	241,369	247,905	263,362	267,557
53 Vascular surgery	278,742	278,891	274,829	285,273	283,863	148,431	139,324	135,973	140,221	141,666
54 Non subspecialty—surgery	669,765	694,174	715,134	681,053	696,211	247,965	243,837	256,118	296,976	306,926
61 Transplantation	16,600	18,099	19,331	21,105	21,230	428	297	224	250	161
62 Extensive burns	23,721	27,861	28,048	19,251	18,636	661	889	838	656	525
63 Tracheostomy	269,120	278,111	279,545	289,656	272,131	45,044	42,686	42,774	40,551	38,421
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	215,838	294,218	294,384	299,825	294,937	304,618
72 Obstetrics	789,128	768,373	757,358	754,100	767,149	429,455	422,100	435,268	412,244	416,695
73 Qualified neonate	240,695	260,430	261,468	169,788	212,581	109,188	188,121	123,653	120,810	124,597
74 Unqualified neonate[(b)]	0	0	0	0	0	0	0	0	0	0
75 Perinatology	197,447	203,881	204,619	294,862	311,864	0	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	118,364	99,073	104,256	121,407	30,486	28,375
82 Psychiatry—acute	1,332,850	1,320,062	1,363,544	1,482,924	1,565,988	566,463	578,073	652,552	693,025	741,494
83 Psychiatry—non acute[(a)]	. .	. .	. .	390,686	452,507	. .	. .	. .	1,196	984
84 Rehabilitation	1,277,031	1,281,505	1,337,913	1,620,968	1,693,282	729,855	776,054	877,220	966,400	1,060,000
85 Geriatrics—non acute; Psychogeriatric care[(a)]	513,184	539,431	532,910	84,211	58,308	38,022	35,618	57,106	43,758	42,061
86 Palliative care	251,332	273,418	288,192	306,290	321,839	68,388	63,024	59,785	67,141	71,203
87 Maintenance	836,425	714,713	657,558	512,661	549,336	62,077	69,368	47,671	46,849	58,945
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	65,040	35,847	30,652	32,327	30,044	27,638
Total	**16,205,660**	**16,242,163**	**16,418,293**	**16,707,967**	**17,137,343**	**7,806,573**	**7,892,929**	**8,262,177**	**8,407,813**	**8,746,058**

. . Not applicable

(a) There were various differences between the SRG classifications reported for 2007–08 to 2009–10 and for 2010–11 to 2011–12, as detailed in the text.

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

Sources: AIHW 2009c, 2010b, 2011e, 2012f, 2013b.

Table E.4: Non-admitted patient services: individual occasions of service, 2007–08 to 2011–12

Type of service	Public hospitals (excluding Western Australia)					Private hospitals[(a)]				
	2007–08	2008–09	2009–10	2010–11	2011–12	2007–08	2008–09	2009–10	2010–11	2011–12
Emergency department	6,322,499	6,388,373	6,567,057	6,773,562	6,864,576	n.a.	500,645	527,000	516,200	n.a.
Outpatient care	14,670,939	14,740,643	14,887,427	14,660,442	14,624,178	n.a.	1,309,000	1,320,000	1,175,000	n.a.
Pathology	7,579,873	8,173,546	7,841,773	8,316,108	9,584,488	n.a.	190,000	253,000	351,400	n.a.
Radiology and organ imaging	2,972,760	2,969,968	3,031,137	2,978,281	3,000,989	n.a.	n.a.	n.a.	119,700	n.a.

(a) Published data on private hospital occasions of non-admitted patient services, from the Australian Bureau of Statistics Private Health Establishments Collection, are often published in round numbers, and are not available for 2007–08 and not yet available for 2011–12. The 2010–11 figure for *Outpatient care* includes *Other medical/surgical diagnostic*, *Mental health*, *Alcohol and drug*, *Pharmacy*, *Allied health services*, *Outreach services* and *Other*. The 2008–09 and 2009–10 *Outpatient care* figures also include *Radiology and organ imaging*.

Sources: ABS 2010, 2011, 2012; AIHW 2009c, 2010b, 2011e, 2012f, 2013b.

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 9 cohorts of claims based on the year their reserve was set, from 2003–04 to 2011–12. 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.11 present data on the cost of closing the claims relative to how many years had elapsed since their reserve was set.

There were 11 cohorts of claims based on their year of incident, from 2001–02 to 2011–12. Tables F.12 to F.22 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 2011–12). Tables F.23 and F.24 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**	**2011–12**	**Still current**	**Total claims**
2003–04	158	608	886	1,147	1,246	1,324	1,359	1,375	1,390	40	1,430
2004–05		137	458	741	911	1,034	1,091	1,128	1,143	61	1,204
2005–06			146	681	997	1,207	1,305	1,354	1,385	51	1,436
2006–07				128	382	612	736	845	895	88	983
2007–08					99	414	690	870	981	139	1,120
2008–09						109	362	704	901	289	1,190
2009–10							92	520	789	760	1,549
2010–11								105	486	1,038	1,524
2011–12									101	1,227	1,328

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

	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**	**2011−12**	**Still current**	**Total claims**
2003–04	11.0	42.5	62.0	80.2	87.1	92.6	95.0	96.2	97.2	2.8	100.0
2004–05		11.4	38.0	61.5	75.7	85.9	90.6	93.7	94.9	5.1	100.0
2005–06			10.2	47.4	69.4	84.1	90.9	94.3	96.4	3.6	100.0
2006–07				13.0	38.9	62.3	74.9	86.0	91.0	9.0	100.0
2007–08					8.8	37.0	61.6	77.7	87.6	12.4	100.0
2008–09						9.2	30.4	59.2	75.7	24.3	100.0
2009–10							5.9	33.6	50.9	49.1	100.0
2010–11								6.9	31.9	68.1	100.0
2011–12									7.6	92.4	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**	**2011–12**
Less than 10,000[b]	115	372	502	617	633	652	657	656	645
10,000–<100,000	38	190	279	358	401	413	419	421	434
100,000–<500,000	4	41	86	139	171	198	212	223	235
500,000 or more	0	2	10	24	32	52	62	66	67
Not known	1	3	9	9	9	9	9	9	9
Total	**158**	**608**	**886**	**1,147**	**1,246**	**1,324**	**1,359**	**1,375**	**1,390**
				Per cent of claims					
Less than 10,000	8.0	26.0	35.1	43.1	44.3	45.6	45.9	45.9	45.1
10,000–<100,000	2.7	13.3	19.5	25.0	28.0	28.9	29.3	29.4	30.3
100,000–<500,000	0.3	2.9	6.0	9.7	12.0	13.8	14.8	15.6	16.4
500,000 or more	0.0	0.1	0.7	1.7	2.2	3.6	4.3	4.6	4.7
Not known	0.1	0.2	0.6	0.6	0.6	0.6	0.6	0.6	0.6
Total	**11.0**	**42.5**	**62.0**	**80.2**	**87.1**	**92.6**	**95.0**	**96.2**	**97.2**

(a) The total number of claims with their reserve set in 2003–04 was 1,430 (Table F.1).

(b) There was a small decrease in the number of these claims in 2010−11 and 2011–12 compared to 2009–10. This is because some of these claims were reopened and then closed again for a larger amount than $10,000, and so they are counted in a claim size category other than *Less than 10,000*.

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

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**	**2011–12**
Less than 10,000	99	320	424	504	530	538	541	543
10,000–<100,000	33	103	219	263	304	320	330	333
100,000–<500,000	4	25	81	119	157	179	188	194
500,000 or more	0	2	9	17	35	45	60	65
Not known	1	8	8	8	8	9	9	8
Total	**137**	**458**	**741**	**911**	**1,034**	**1,091**	**1,128**	**1,143**
				Per cent of claims				
Less than 10,000	8.2	26.6	35.2	41.9	44.0	44.7	44.9	45.1
10,000–<100,000	2.7	8.6	18.2	21.8	25.2	26.6	27.4	27.7
100,000–<500,000	0.3	2.1	6.7	9.9	13.0	14.9	15.6	16.1
500,000 or more	0.0	0.2	0.7	1.4	2.9	3.7	5.0	5.4
Not known	0.1	0.7	0.7	0.7	0.7	0.7	0.7	0.7
Total	**11.4**	**38.0**	**61.5**	**75.7**	**85.9**	**90.6**	**93.7**	**94.9**

(a) The total number of claims with their reserve set in 2004–05 was 1,204 (Table F.1).

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

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**	**2011–12**
Less than 10,000	110	368	546	632	643	647	649
10,000–<100,000	31	264	357	416	440	451	460
100,000–<500,000	4	44	80	123	167	189	196
500,000 or more	0	4	13	34	54	66	79
Not known	1	1	1	2	1	1	1
Total	**146**	**681**	**997**	**1,207**	**1,305**	**1,354**	**1,385**
				Per cent of claims			
Less than 10,000	7.7	25.6	38.0	44.0	44.8	45.1	45.2
10,000–<100,000	2.2	18.4	24.9	29.0	30.6	31.4	32.0
100,000–<500,000	0.3	3.1	5.6	8.6	11.6	13.2	13.6
500,000 or more	0.0	0.3	0.9	2.4	3.8	4.6	5.5
Not known	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Total	**10.2**	**47.4**	**69.4**	**84.1**	**90.9**	**94.3**	**96.4**

(a) The total number of claims with their reserve set in 2005–06 was 1,436 (Table F.1).

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

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**	**2011–12**
Less than 10,000	88	252	352	388	406	411
10,000–<100,000	35	103	183	215	243	256
100,000–<500,000	4	24	63	107	149	169
500,000 or more	1	3	14	26	47	59
Total	**128**	**382**	**612**	**736**	**845**	**895**
			Per cent of claims			
Less than 10,000	9.0	25.6	35.8	39.5	41.3	41.8
10,000–<100,000	3.6	10.5	18.6	21.9	24.7	26.0
100,000–<500,000	0.4	2.4	6.4	10.9	15.2	17.2
500,000 or more	0.1	0.3	1.4	2.6	4.8	6.0
Total	**13.0**	**38.9**	**62.3**	**74.9**	**86.0**	**91.0**

(a) The total number of claims with their reserve set in 2006–07 was 983 (Table F.1).

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

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**	**2011–12**
Less than 10,000	78	276	388	425	439
10,000–<100,000	21	95	188	261	302
100,000–<500,000	0	35	90	143	180
500,000 or more	0	8	24	41	60
Total	**99**	**414**	**690**	**870**	**981**
			Per cent of claims		
Less than 10,000	7.0	24.6	34.6	37.9	39.2
10,000–<100,000	1.9	8.5	16.8	23.3	27.0
100,000–<500,000	0.0	3.1	8.0	12.8	16.1
500,000 or more	0.0	0.7	2.1	3.7	5.4
Total	**8.8**	**37.0**	**61.6**	**77.7**	**87.6**

(a) The total number of claims with their reserve set in 2007–08 was 1,120 (Table F.1).

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

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**	**2011–12**
Less than 10,000	88	240	352	380
10,000–<100,000	15	73	210	290
100,000–<500,000	5	44	120	180
500,000 or more	1	5	22	51
Total	**109**	**362**	**704**	**901**
		Per cent of claims		
Less than 10,000	7.4	20.2	29.6	31.9
10,000–<100,000	1.3	6.1	17.6	24.4
100,000–<500,000	0.4	3.7	10.1	15.1
500,000 or more	0.1	0.4	1.8	4.3
Total	**9.2**	**30.4**	**59.2**	**75.7**

(a) The total number of claims with their reserve set in 2008−09 was 1,190 (Table F.1).

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

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**	**2011–12**
Less than 10,000	67	314	411
10,000–<100,000	23	137	218
100,000–<500,000	2	63	137
500,000 or more	0	6	23
Total	**92**	**520**	**789**
	Per cent of claims		
Less than 10,000	4.3	20.3	26.5
10,000–<100,000	1.5	8.8	14.1
100,000–<500,000	0.1	4.1	8.8
500,000 or more	0.0	0.4	1.5
Total	**5.9**	**33.6**	**50.9**

(a) The total number of claims with their reserve set in 2009–10 was 1,549 (Table F.1).

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**	**2011–12**
Less than 10,000	76	288
10,000–<100,000	25	116
100,000–<500,000	4	72
500,000 or more	0	10
Total	**105**	**486**
	Per cent of claims	
Less than 10,000	5.0	18.9
10,000–<100,000	1.6	7.6
100,000–<500,000	0.3	4.7
500,000 or more	0.0	0.7
Total	**6.9**	**31.9**

(a) The total number of claims with their reserve set in 2010–11 was 1,524 (Table F.1).

Table F.11: Public sector claims with their reserve set in 2011–12[(a)]: number and proportion closed by year, by total claim size ($) (excluding Western Australia)

	Year by which claim was closed
Total claim size ($)	**2011–12**
Less than 10,000	65
10,000–<100,000	28
100,000–<500,000	8
500,000 or more	0
Total	**101**
	Per cent of claims
Less than 10,000	4.9
10,000–<100,000	2.1
100,000–<500,000	0.6
500,000 or more	0.0
Total	**7.6**

(a) The total number of claims with their reserve set in 2011–12 was 1,328 (Table F.1).

Table F.12: 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**	**2011–12**
Unnotified[(a)]	890	575	388	185	83	63	45	23	18	5	. .
Alleged[(b)]	35	38	15	15	5	6	4	0	1	1	. .
Reserved[(c)]	384	555	573	519	420	239	167	119	81	64	49
Reopened[(d)]	0	0	2	2	10	8	14	9	5	3	2
Closed[(e)]	2	143	333	590	793	995	1,081	1,160	1,206	1,238	1,260
Total[(f)]	**1,311**	**1,311**	**1,311**	**1,311**	**1,311**	**1,311**	**1,311**	**1,311**	**1,311**	**1,311**	**1,311**
						Per cent					
Unnotified	67.9	43.9	29.6	14.1	6.3	4.8	3.4	1.8	1.4	0.4	. .
Alleged	2.7	2.9	1.1	1.1	0.4	0.5	0.3	0.0	0.1	0.1	. .
Reserved	29.3	42.3	43.7	39.6	32.0	18.2	12.7	9.1	6.2	4.9	3.7
Reopened	0.0	0.0	0.2	0.2	0.8	0.6	1.1	0.7	0.4	0.2	0.2
Closed	0.2	10.9	25.4	45.0	60.5	75.9	82.5	88.5	92.0	94.4	96.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

. . Not applicable

(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 has 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 claims with their reserve set by 30 June 2012 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 2012, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2011–12.

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

Table F.13: 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**	**2011–12**
Unnotified[(a)]	859	535	399	178	103	70	31	18	4	. .
Alleged[(b)]	43	42	26	16	12	1	3	1	0	. .
Reserved[(c)]	409	569	493	520	338	240	166	122	78	52
Reopened[(d)]	0	0	0	5	13	19	5	8	7	4
Closed[(e)]	29	194	422	621	874	1,010	1,135	1,191	1,251	1,284
Total[(f)]	**1,340**	**1,340**	**1,340**	**1,340**	**1,340**	**1,340**	**1,340**	**1,340**	**1,340**	**1,340**
					Per cent					
Unnotified	64.1	39.9	29.8	13.3	7.7	5.2	2.3	1.3	0.3	. .
Alleged	3.2	3.1	1.9	1.2	0.9	0.1	0.2	0.1	0.0	. .
Reserved	30.5	42.5	36.8	38.8	25.2	17.9	12.4	9.1	5.8	3.9
Reopened	0.0	0.0	0.0	0.4	1.0	1.4	0.4	0.6	0.5	0.3
Closed	2.2	14.5	31.5	46.3	65.2	75.4	84.7	88.9	93.4	95.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

. . Not applicable

(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 has 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 claims with their reserve set by 30 June 2012 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 2012, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2011–12.
2. Percentages may not add up exactly to 100.0 due to rounding.

Table F.14: 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**	**2011–12**
Unnotified[(a)]	801	560	323	162	94	52	32	9	. .
Alleged[(b)]	39	50	28	24	8	2	2	1	. .
Reserved[(c)]	337	426	561	421	338	223	148	99	77
Reopened[(d)]	0	0	1	14	19	9	14	12	10
Closed[(e)]	37	178	301	593	755	928	1,018	1,093	1,127
Total[(f)]	**1,214**	**1,214**	**1,214**	**1,214**	**1,214**	**1,214**	**1,214**	**1,214**	**1,214**
					Per cent				
Unnotified	66.0	46.1	26.6	13.3	7.7	4.3	2.6	0.7	. .
Alleged	3.2	4.1	2.3	2.0	0.7	0.2	0.2	0.1	. .
Reserved	27.8	35.1	46.2	34.7	27.8	18.4	12.2	8.2	6.3
Reopened	0.0	0.0	0.1	1.2	1.6	0.7	1.2	1.0	0.8
Closed	3.0	14.7	24.8	48.8	62.2	76.4	83.9	90.0	92.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

. . Not applicable

(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 has 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 claims with their reserve set by 30 June 2012 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 2012, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2011–12.

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

Table F.15: 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**	**2011–12**
Unnotified[(a)]	741	373	262	122	60	28	15	. .
Alleged[(b)]	58	51	24	15	1	1	0	. .
Reserved[(c)]	297	516	401	385	280	187	120	87
Reopened[(d)]	0	3	6	11	27	23	16	11
Closed[(e)]	31	184	434	594	759	888	976	1,029
Total[(f)]	**1,127**	**1,127**	**1,127**	**1,127**	**1,127**	**1,127**	**1,127**	**1,127**
				Per cent				
Unnotified	65.7	33.1	23.2	10.8	5.3	2.5	1.3	. .
Alleged	5.1	4.5	2.1	1.3	0.1	0.1	0.0	. .
Reserved	26.4	45.8	35.6	34.2	24.8	16.6	10.6	7.7
Reopened	0.0	0.3	0.5	1.0	2.4	2.0	1.4	1.0
Closed	2.8	16.3	38.5	52.7	67.3	78.8	86.6	91.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

. . Not applicable

(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 has 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 claims with their reserve set by 30 June 2012 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 2012, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2011–12.

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

Table F.16: 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**	**2011–12**
Unnotified[(a)]	686	480	362	155	77	38	. .
Alleged[(b)]	52	44	7	6	2	1	. .
Reserved[(c)]	278	376	361	418	347	243	173
Reopened[(d)]	1	4	19	35	40	30	14
Closed[(e)]	34	147	302	437	585	739	864
Total[(f)]	**1,051**	**1,051**	**1,051**	**1,051**	**1,051**	**1,051**	**1,051**
				Per cent			
Unnotified	65.3	45.7	34.4	14.7	7.3	3.6	. .
Alleged	4.9	4.2	0.7	0.6	0.2	0.1	. .
Reserved	26.5	35.8	34.3	39.8	33.0	23.1	16.5
Reopened	0.1	0.4	1.8	3.3	3.8	2.9	1.3
Closed	3.2	14.0	28.7	41.6	55.7	70.3	82.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

. . Not applicable

(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 has 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 claims with their reserve set by 30 June 2012 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 2012, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2011–12.

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

Table F.17: 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**	**2011–12**
Unnotified[(a)]	799	551	424	179	46	. .
Alleged[(b)]	38	6	9	9	3	. .
Reserved[(c)]	275	420	388	482	408	281
Reopened[(d)]	2	6	15	30	41	23
Closed[(e)]	30	161	308	444	646	840
Total[(f)]	**1,144**	**1,144**	**1,144**	**1,144**	**1,144**	**1,144**
			Per cent			
Unnotified	69.8	48.2	37.1	15.6	4.0	. .
Alleged	3.3	0.5	0.8	0.8	0.3	. .
Reserved	24.0	36.7	33.9	42.1	35.7	24.6
Reopened	0.2	0.5	1.3	2.6	3.6	2.0
Closed	2.6	14.1	26.9	38.8	56.5	73.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

. . Not applicable

(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 has 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 claims with their reserve set by 30 June 2012 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 2012, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2011–12.

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

Table F.18: 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**	**2011–12**
Unnotified[(a)]	835	584	388	121	. .
Alleged[(b)]	15	18	11	9	. .
Reserved[(c)]	308	430	489	529	489
Reopened[(d)]	1	1	16	33	25
Closed[(e)]	18	144	273	485	663
Total[(f)]	**1,177**	**1,177**	**1,177**	**1,177**	**1,177**
			Per cent		
Unnotified	70.9	49.6	33.0	10.3	. .
Alleged	1.3	1.5	0.9	0.8	. .
Reserved	26.2	36.5	41.5	44.9	41.5
Reopened	0.1	0.1	1.4	2.8	2.1
Closed	1.5	12.2	23.2	41.2	56.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

. . Not applicable

(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 has 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 claims with their reserve set by 30 June 2012 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 2012, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2011–12.

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

Table F.19: 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**	**2011–12**
Unnotified[(a)]	889	504	303	. .
Alleged[(b)]	13	14	6	. .
Reserved[(c)]	309	578	608	700
Reopened[(d)]	2	4	7	17
Closed[(e)]	27	140	316	523
Total[(f)]	**1,240**	**1,240**	**1,240**	**1,240**
		Per cent		
Unnotified	71.7	40.6	24.4	. .
Alleged	1.0	1.1	0.5	. .
Reserved	24.9	46.6	49.0	56.5
Reopened	0.2	0.3	0.6	1.4
Closed	2.2	11.3	25.5	42.2
Total	**100.0**	**100.0**	**100.0**	**100.0**

. . Not applicable

(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 has 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 claims with their reserve set by 30 June 2012 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 2012, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2011–12.

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

Table F.20: 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**	**2011–12**
Unnotified[(a)]	508	157	. .
Alleged[(b)]	12	6	. .
Reserved[(c)]	491	706	699
Reopened[(d)]	2	5	9
Closed[(e)]	24	163	329
Total[(f)]	**1,037**	**1,037**	**1,037**
	Per cent		
Unnotified	49.0	15.1	. .
Alleged	1.2	0.6	. .
Reserved	47.3	68.1	67.4
Reopened	0.2	0.5	0.9
Closed	2.3	15.7	31.7
Total	**100.0**	**100.0**	**100.0**

. . Not applicable

(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 has 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 claims with their reserve set by 30 June 2012 and with a date of incident during the year 2009–10.

Note: Claims in scope are defined by their reserve having been set by 30 June 2012, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2011–12.

Table F.21: Public sector claims with a 2010–11 year of incident: status of claim, by year (excluding Western Australia)

	Year	
Status of claim	**2010–11**	**2011–12**
Unnotified[(a)]	270	. .
Alleged[(b)]	9	. .
Reserved[(c)]	381	559
Reopened[(d)]	2	3
Closed[(e)]	30	130
Total[(f)]	**692**	**692**
	Per cent	
Unnotified	39.0	. .
Alleged	1.3	. .
Reserved	55.1	80.8
Reopened	0.3	0.4
Closed	4.3	18.8
Total	**100.0**	**100.0**

. . Not applicable

(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 has 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 claims with their reserve set by 30 June 2012 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 2012, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2011–12.

Table F.22: Public sector claims with a 2011–12 year of incident: status of claim, by year (excluding Western Australia)

	Year
Status of claim	**2011–12**
Unnotified[(a)]	. .
Alleged[(b)]	. .
Reserved[(c)]	272
Reopened[(d)]	0
Closed[(e)]	18
Total[(f)]	**290**
	Per cent
Unnotified	. .
Alleged	. .
Reserved	93.8
Reopened	0.0
Closed	6.2
Total	**100.0**

. . Not applicable

(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 has 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 claims with their reserve set by 30 June 2012 and with a date of incident during the year 2011–12.

Note: Claims in scope are defined by their reserve having been set by 30 June 2012, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2011–12.

Table F.23: 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**	**2011–12**
Less than 10,000	2	120	252	378	463	541	567	583	593	600	603
10,000–<100,000	0	21	65	167	243	301	331	354	368	379	387
100,000–<500,000	0	0	11	35	66	127	147	172	189	199	208
500,000 or more	0	0	0	2	9	15	25	40	45	49	51
Not known	0	2	5	8	12	11	11	11	11	11	11
Total	**2**	**143**	**333**	**590**	**793**	**995**	**1,081**	**1,160**	**1,206**	**1,238**	**1,260**
						Per cent					
Less than 10,000	0.2	9.2	19.2	28.8	35.3	41.3	43.2	44.5	45.2	45.8	46.0
10,000–<100,000	0.0	1.6	5.0	12.7	18.5	23.0	25.2	27.0	28.1	28.9	29.5
100,000–<500,000	0.0	0.0	0.8	2.7	5.0	9.7	11.2	13.1	14.4	15.2	15.9
500,000 or more	0.0	0.0	0.0	0.2	0.7	1.1	1.9	3.1	3.4	3.7	3.9
Not known	0.0	0.2	0.4	0.6	0.9	0.8	0.8	0.8	0.8	0.8	0.8
Total	**0.2**	**10.9**	**25.4**	**45.0**	**60.5**	**75.9**	**82.5**	**88.5**	**92.0**	**94.4**	**96.1**

(a) The total number of claims with a year of incident in 2001–02 was 1,311 (Table F.12).

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

Table F.24: Public sector claims with a 2002–03 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 ($)	**2002–03**	**2003–04**	**2004–05**	**2005–06**	**2006–07**	**2007–08**	**2008–09**	**2009–10**	**2010–11**	**2011–12**
Less than 10,000	28	154	298	408	507	558	596	608	629	634
10,000–<100,000	0	35	102	158	260	307	341	360	384	396
100,000–<500,000	0	2	17	40	88	117	158	171	181	189
500,000 or more	1	1	2	7	11	19	31	43	49	57
Not known	0	2	3	8	8	9	9	9	8	8
Total	**29**	**194**	**422**	**621**	**874**	**1,010**	**1,135**	**1,191**	**1,251**	**1,284**
					Per cent					
Less than 10,000	2.1	11.5	22.2	30.4	37.8	41.6	44.5	45.4	46.9	47.3
10,000–<100,000	0.0	2.6	7.6	11.8	19.4	22.9	25.4	26.9	28.7	29.6
100,000–<500,000	0.0	0.1	1.3	3.0	6.6	8.7	11.8	12.8	13.5	14.1
500,000 or more	0.1	0.1	0.1	0.5	0.8	1.4	2.3	3.2	3.7	4.3
Not known	0.0	0.1	0.2	0.6	0.6	0.7	0.7	0.7	0.6	0.6
Total	**2.2**	**14.5**	**31.5**	**46.3**	**65.2**	**75.4**	**84.7**	**88.9**	**93.4**	**95.8**

(a) The total number of claims with a year of incident in 2002–03 was 1,340 (Table F.13).

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

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This report presents data on the number, nature and costs of public sector (excluding Western Australia) and private sector medical indemnity claims for 2011–12.

There were more new claims and closed claims in the private sector (around 1,700 in both cases) than the public sector (around 1,300 in both cases).

Around half of closed claims (54%) were for less than $10,000 compared with 41% that were settled for between $10,000 and $500,000 and 5% that were settled for $500,000 or more.