Australian Government
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Australia's medical indemnity claims 2012–13

SAFETY AND QUALITY OF HEALTH CARE SERIES NO. 15

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Authoritative information and statistics to promote better health and wellbeing

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Contents

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Abbreviations

ACCC	Australian Competition and Consumer Commission
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
APRA	Australian Prudential Regulation Authority
ENT	Ear, Nose and Throat
FTE	full-time equivalent
MDO	medical defence organisation
METeOR	Metadata Online Registry
MIDWG	Medical Indemnity 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 publishable because of small numbers, confidentiality or other concerns about the quality of the data

Summary

This report presents data on Australia's public sector medical indemnity claims, and public and private sector claims combined, from 2008–09 to 2012–13. The data do not include public sector claims for Western Australia, which did not report its claims data for 2010–11 to 2012–13.

Claims arise from allegations of negligence or breach of duty of care 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. A claim is closed after being finalised through a court decision, a negotiated settlement between claimant and insurer, or discontinuation (either by the insurer, or the claimant's withdrawing the claim).

Claim numbers

The number of new public sector claims was less in 2012–13 (about 950) than any of the previous 4 years (1,200–1,400) while the number of closed public sector claims was higher (about 1,500) compared with the previous 4 years (1,100–1,400).

The number of new private sector claims remained steady at 3,200 to 3,300 per year from 2010–11 to 2012–13. This was higher than the 2,300–2,500 new private sector claims in 2008–09 and 2009–10. Yet the number of closed private sector claims increased each year, from 2,400 to 3,800.

There were about 14,000 public and private sector claims open at some stage during the year for the 2010–11 to 2012–13 years, compared with 12,500 for 2008–09 and 2009–10.

New claims

The proportion of new public and private sector claims (combined) against general practitioners was less in 2012–13 (23%) than any of the previous 4 years (28–32%). The proportion of new claims against Obstetrics and gynaecology specialists decreased from 12% in 2008–09 to 8% in 2012–13. The proportion of new claims allegedly associated with *Digestive, metabolic and endocrine systems* increased from 10% to 24% between 2008–09 and 2012–13.

Closed claims

Between 2008–09 and 2012–13, there was a decrease in the proportion of public sector claims closed for less than $10,000 and a corresponding increase in the proportion closed for $100,000 to less than $500,000. Yet for public and private sector claims combined, there was little change over the years in the claim size category proportions, including the 63–65% closed for less than $10,000. Between 2008–09 and 2012–13 there was a trend towards 2 features associated with less costly claims: a higher proportion of claims associated with a mild rather than a severe extent of harm to the patient, and a shift towards more claims connected with a private medical clinic rather than a public hospital/day surgery.

Length of time between health-care incident and claim closure

With public sector claims, the length of time between health-care incident and when a claim was opened was on average about 2 years, and 3 to 4 years between the incident and when a claim was closed. The proportion of claims closed within 5 years of the incident fluctuated between 70 and 78% of claims with incident years between 2001–02 and 2007–08.

1 Introduction

This report presents data on public and private sector medical indemnity claims for 2012–13 in the context of claims data from the immediately preceding years. The report excludes Western Australia public sector claims; as was the case for 2010–11 and 2011–12, these data were unavailable for 2012–13. Accordingly they are excluded from the data presented for previous years in most parts of the report, to allow direct comparisons with the 2012–13 data.

Medical indemnity insurance gives clinicians protection against financial loss resulting from claims of alleged negligence or breach of duty of care during the provision of health-care services (Box 1.1). 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 not included in the Medical Indemnity National Collection (MINC) on which this report is based.

Box 1.1: Public and private sector medical indemnity claims

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 (see Appendix C for further information). 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 2012–13 data presented in this report relate to claims that were open at any time during the reporting period, 1 July 2012 to 30 June 2013. There are 5 categories of claims represented in the data: all claims, new claims, closed claims, current claims and reopened claims (Box 1.2). With most but not all of these claims, an MII or a public sector claims manager has received a formal demand for compensation for alleged harm or other loss resulting from health care.

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 the private sector data held by the AIHW are not available for separate publication.

This report includes more reliable and accurate private sector claims data for 2008–09 to 2011–12 (Section 2.4). As a result, the historical data for combined public and private sector claims presented in this report are not comparable with the data for those years published in previous MINC reports. Readers should use the updated data published in this report.

1.1 Structure of this report

The report has 6 chapters, with introductory information given in Chapter 1 and the background to the collection summarised in Chapter 2. Chapter 3 includes information on

public sector claims in 2012–13 and presents selected data for some jurisdictions. Chapter 4 provides data on public sector claims from 2008–09 to 2012–13, as well as analysis of claims based on the year a reserve was set and based on the year of an alleged incident that gave rise to the claims. Chapter 5 presents data on public and private sector medical indemnity claims (combined) in 2012–13. Chapter 6 provides data on public and private sector medical indemnity claims from 2008–09 to 2012–13.

Box 1.2: Types of claims included in this report

All claims: all public and private sector claims in scope (see below) that were open at any time between 1 July 2012 and 30 June 2013.

New claims: claims in scope that had their reserve set between 1 July 2012 and 30 June 2013, or claims first reported to an MII during the same period (in the case of private sector claims whose reserve date is not reported to the MINC). New claims can be either closed or current at the end of the year.

Closed claims: any claims that were finalised by discontinuation, negotiation or a court decision between 1 July 2012 and 30 June 2013.

Current claims: any claims in scope that remained open at 30 June 2013.

Reopened claims: current claims that had been considered closed at some point before 30 June 2013.

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 the Australian Prudential Regulation Authority (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 2013).

Private hospital insurance claims (for example, claims against hospital employees as opposed to claims against individual practitioners) are not within the scope of the MINC.

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 features of claims that arose in 2012–13, and how they compare with claims that arose between 2008–09 and 2011–12. Current claims are the appropriate category for information on the expenses (including predicted future expenses) related to 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.

This report is broadly similar in its structure to the reports for 2010–11 (AIHW 2012b) and 2011–12 (AIHW 2013a). Yet there is a difference in that the detailed tables in the main body of the previous reports are now placed in appendices, with only summary tables now appearing in the chapters.

The 8 appendices in this report provide the following information. 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 relevant jurisdiction policy, administrative and legal features since 2011–12. Appendix E provides health sector contextual information for claims data. Appendices F and G present additional tables with detailed data for public sector claims, and Appendix H presents additional tables with detailed data for public and private sector claims combined.

2 The Medical Indemnity National Collection

This chapter presents summary information on the 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 the two separate collections for public and private sector claims data. The 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 (claimant, practitioner and health service provider all unnamed) and are treated in confidence by the AIHW.

Further information on the background to the collections 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, the AIHW and state and territory health authorities. It consists of public sector medical indemnity claims in the form of records on individual claims 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 and 2011–12 public sector data have also been reported, in the same reports as the private sector data (AIHW 2012b, 2013a).

Western Australia withdrew from the MINC public sector agreement with effect from 2010–11 and did not submit any MINC data for the 2010–11 to 2012–13 reference years.

2.2 MINC (private sector)

There are 4 MIIs currently trading in Australia and also a general insurer, QBE Insurance, which used to offer medical indemnity policies through its underwriting agent, Invivo. With the sale of Invivo to Medical Insurance Group Australia in March 2013, QBE ceased to offer new policies, but retained responsibility for claims already started against practitioners previously insured by QBE and managed by Invivo.

Starting with 2012–13, all 4 currently trading MIIs agreed to provide the AIHW with unit records for the claims that they are required to report to APRA (Box 1.2) for its National Claims and Policies Database (NCPD). Also, the QBE claims are represented by unit records transmitted by Invivo to the AIHW in December 2012, a few months before the sale of Invivo to Medical Insurance Group Australia. This means that the 2012–13 additions and changes for some QBE claims are not included in the database (Appendix B).

The 2012–13 MII claims reported to the AIHW include relatively high *Not known* rates for most data items (Appendix Table B.2). An MII can elect to report its claim records to APRA

(and thus to the AIHW) at a very early stage of investigation, accounting for these high *Not known* rates. However, the unit record updates transmitted to the AIHW for the 2008–09 to 2011–12 reference years include much lower *Not known* rates (Section 2.4).

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.

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 and some private sector claims) or reported to APRA (other private sector claims) 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 1.2).

2.4 Data items and definitions

In 2012–13 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 2012–14 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—including updated information on claims that were current in previous years. The transmitted data are in the form of single claims (unit records), each typically corresponding to a single incident (as defined in Appendix Table A.3).

The AIHW 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, and these changes are reflected in the master database. (For further details, see Appendix B.) Data is not available for Western Australia for 2012–13, with the latest available information for this State now relating to 2009–10 claims.

Private sector

The data items that the MIIs report to the AIHW centre on a core set of common items as agreed to by the MIIs (Appendix B). These data items include NCPD items similar to or the same as the MINC items supplemented by three MINC items (Appendix Table A.2). MIIs may also update claims data from previous years, and these changes can be accommodated in situations where the AIHW has received unit records that relate to the claims.

These unit record updates are reflected in the much lower numbers of *Not known* cases for 2008–09 to 2011–12, compared with 2012–13, for several of the data items reviewed in Chapter 6 (combining private with public sector claims for reporting purposes). They also resulted, for this report, in a much larger number of claims being reported for these years than were previously available for reporting (for instance, Chapter 6 in AIHW 2013a). Accordingly, any previous reporting of combined public and private sector medical indemnity claims data by the AIHW is superseded with this report.

Variations in claims reporting

MIIs report both commenced and potential claims. Yet while all reporting jurisdictions provide the AIHW with data on commenced claims, just 4 jurisdictions supply 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 2 sectors relevant to this report are outlined in Box 2.1. Further information on claim management practices can be found in 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. The 2009–10 public sector report (AIHW 2012a) provided specific information relating to each jurisdiction, with an update for the Northern Territory in Appendix D of this report.

2.6 Approaches to reporting claim characteristics

The tables in chapters 3 to 6 and appendices F to H include information on the number and/or proportion of claims recorded as *Not known*, as an indicator of data quality. Yet 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%.

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 before 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.

Current claims still open at 30 June 2013 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 changes in the features of these allegations over time. Accordingly, several of the tables in chapters 4 and 6 and appendices F and H, where data for 2012–13 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 supply the AIHW with more complete data on these claims in the years since the claim first had its reserve set.

Chapters 4 and 6 and appendices F to H 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 G present an analysis over time of the cohorts of public sector claims as defined by the year the reserve was set (from 2003–04 to 2012–13) and their year of incident (from 2001–02 to 2012–13).

The 'time series' data presented in chapters 4 and 6 and appendices F to H exclude Western Australia's public sector claims, so as to allow comparability of the 2010–11 to 2012–13 data with the data from previous years.

Many of the tables in this report include small numbers and/or numbers based on small denominators. The potential for these numbers to disclose confidential information was considered and judged not to present any risk. Also, the percentages calculated on the basis of these small numbers are presented as they are found to be stable across the reference years for which MINC data have been provided.

For combined sector reporting, the MINC CC advised the AIHW to combine the MINC *Obstetrics*, *Gynaecology* and *Obstetrics and gynaecology* categories, as well as the *General practitioner – procedural* and *General practitioner – non-procedural* categories. This was to minimise the distortions that may arise from assuming strict comparability between the public and private sector specialty categories. This advice was followed for the 2007–08 to 2011–12 reference periods. In 2012–13, the MINC CC agreed to report specialists in *Gynaecology* separately and to retain just specialists in *Obstetrics* and *Obstetrics and gynaecology* in the combined *Obstetrics and gynaecology* category. This division allows separate reporting of specialists in the field who respectively are and are not professionally qualified to perform obstetric procedures. It also allows the medical specialty information for combined 2012–13 public and private sector claims to be reported with as much detail as possible, while avoiding incompatibilities between the public and private sector medical categories caused by the higher premiums that private sector doctors would have to pay for medical specialty registrations that are deemed more risky (Appendix C).

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 (AIHW 2013a).

Also, contextual information on the delivery of health services in hospitals from 2008–09 to 2012–13 is given in Appendix E. Most of the MINC 'clinical service context' categories—which are reported (where known) for public sector claims (Section 4.2)—and many of the MINC clinician specialty categories can be related to publicly reported types of hospital service delivery. A time series is provided because many of the claims result from alleged incidents that occurred in the years before the year when the claim was opened (Section 4.6). The public hospital data exclude Western Australia whereas the private hospital data include Western Australia. This is because most of the 2012–13 claims that arose from incidents in public hospitals were public sector claims, whereas almost all of the 2012–13 claims that arose from incidents in private hospitals were private sector claims (Section 5.1).

3 Public sector medical indemnity claims for 2012–13

This chapter presents a brief profile of the 4,339 reported public sector claims open at some point between 1 July 2012 and 30 June 2013 (Table 3.1). Over the period, 947 new claims were opened (marked by the setting of a reserve) and 1,535 claims were closed (settled, for example, through negotiation or a court decision, or discontinued). At 30 June 2013 there were 2,804 current claims (Box 1.2).

Table 3.1: Number of public sector claims by claim category, 1 July 2012 to 30 June 2013 (excluding Western Australia)

Claim category	Description	Number
New	Claims with a reserve set within the reporting period (1 July 2012 to 30 June 2013)	947
Current	Claims that remained open at 30 June 2013	2,804
Closed	Claims that were finalised during the reporting period (1 July 2012 to 30 June 2013)	1,535
All	All claims open at some point during the reporting period (1 July 2012 to 30 June 2013)	4,339

The data presented in this chapter cover public sector new claims, current claims and closed claims. Detailed comparisons of 2012–13 claims with claims from previous years are presented in Chapter 4.

3.1 New claims

This section presents information on the 947 claims that were opened in the 2012–13 year.

Clinical service context

'Clinical service context' specifies the area of clinical practice connected 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.

In 2012–13, the 3 most commonly reported clinical service contexts were *Emergency department, General surgery* and *Obstetrics* (Table 3.2). Together they accounted for 47% of the 734 new claims with a known clinical service context (see Section 2.6).

At the other end of the scale, some clinical service contexts are rarely implicated in claims. For instance, 16 clinical service contexts were associated with fewer than 10 new claims in 2012–13 (Appendix Table F.1), and between 6 and 17 clinical service contexts were reported for fewer than 10 new claims between the 2008–09 and 2011–12 reference years.

Table 3.3 presents jurisdictional data for 7 frequently recorded clinical service contexts for new claims in 2012–13. These data leave out 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 *Australia's public sector medical indemnity claims 2009–10* (AIHW 2012a).

Table 3.2: Clinical service context for new claims, by health service setting, public sector claims (excluding Western Australia), 1 July 2012 to 30 June 2013

Clinical service context[a]	Health service setting			Total
	Public hospital/ day surgery[b]	Other[c]	Not known	
Emergency department	120	2	0	122
General surgery	114	0	0	114
Obstetrics	106	1	0	107
Orthopaedics	62	0	0	62
General medicine	57	0	0	57
General practice	33	4	0	37
Gynaecology	33	0	0	33
All other clinical service contexts	181	19	0	200
Not applicable[d]	2	0	0	2
Not known	78	2	133	213
Total	**786**	**28**	**133**	**947**
	% (excluding *Not known* health service setting)			
Emergency department	98.4	1.6	. .	**100.0**
General surgery	100.0	0.0	. .	**100.0**
Obstetrics	99.1	0.9	. .	**100.0**
Orthopaedics	100.0	0.0	. .	**100.0**
General medicine	100.0	0.0	. .	**100.0**
General practice	89.2	10.8	. .	**100.0**
Gynaecology	100.0	0.0	. .	**100.0**
All other clinical service contexts	90.5	9.5	. .	**100.0**
Not applicable[d]	100.0	0.0	. .	**100.0**
Not known	97.5	2.5	. .	**100.0**
Total	**96.6**	**3.4**	**. .**	**100.0**

. . Not applicable

(a) The 'clinical service context' categories listed separately here are the 7 most frequently recorded categories; all other categories are combined in the category *All other clinical service contexts*. See Appendix Table F.1 for counts for these other categories.

(b) Includes public psychiatric hospitals.

(c) *Other* covers the *Other public setting*, *Private hospital/day surgery*, *Private medical clinic*, *Other private setting* and *Other* 'health service setting' categories. See Table 5.2 for an explanation of these categories.

(d) 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 133 claims coded *Not known* for health service setting are excluded from the bottom half of this table. The number of claims on which the percentages here are based is 814.
2. Percentages may not add up exactly to 100.0 due to rounding.

Table 3.3: Clinical service context for new public sector claims (excluding potential claims)[(a)], states and territories (excluding Western Australia), 1 July 2012 to 30 June 2013

Clinical service context	NSW	Vic	Qld	Other[(b)]	Total
Emergency department	33	35	10	14	92
Obstetrics	27	15	6	30	78
General surgery	23	18	11	24	76
Orthopaedics	14	17	n.p.	n.p.	45
Gynaecology	3	13	n.p.	n.p.	30
General medicine	10	5	5	8	28
General practice	6	3	14	4	27
All other clinical service contexts	59	39	12	33	143
Not applicable	1	0	0	0	1
Not known	3	29	12	29	73
Total	**179**	**174**	**75**	**165**	**593**
		% (excluding *Not known*)			
Emergency department	18.8	24.1	15.9	10.3	17.7
Obstetrics	15.3	10.3	9.5	22.1	15.0
General surgery	13.1	12.4	17.5	17.6	14.6
Orthopaedics	8.0	11.7	n.p.	n.p.	8.7
Gynaecology	1.7	9.0	n.p.	n.p.	5.8
General medicine	5.7	3.4	7.9	5.9	5.4
General practice	3.4	2.1	22.2	2.9	5.2
All other clinical service contexts	33.5	26.9	19.0	24.3	27.5
Not applicable	0.6	0.0	0.0	0.0	0.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

n.p. Not published.

(a) Commenced and closed claims with their reserve set between 1 July 2012 and 30 June 2013. The 354 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 7 most frequently recorded categories; all other categories are combined in the category *All other clinical service contexts*. See Appendix Table F.1 for counts for these other categories.
2. The 73 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 520.
3. Percentages may not add up exactly to 100.0 due to rounding.

Health service setting

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

The great majority of new 2012–13 public sector claims with a known health service setting (97%) were related to alleged incidents in a public hospital or day surgery (Table 3.2). With regard to the 7 most frequently recorded clinical service contexts, there was a difference between *General practice* (89% related to a public hospital or day surgery) and the other 6 clinical service contexts (98–100% related to a public hospital or day surgery).

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 71 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 2012–13 claims would exceed the total number of claims (Table 3.4).

The 2 clinician specialties recorded most often for new 2012–13 claims were *General surgery* (11%) and *Emergency medicine* (10%). There were 9 other specialties connected with between 2% and 7% of new claims, including *Orthopaedic surgery*, both non-procedural and procedural general practice, and *Obstetrics and gynaecology*, *Obstetrics only* and *Gynaecology only*.

Table 3.4: Specialties of clinicians closely involved in an alleged incident[(a)] for new public sector claims (excluding Western Australia), 1 July 2012 to 30 June 2013

Specialty of clinician	Number	% of claims
General surgery	107	11.3
Emergency medicine	92	9.7
Orthopaedic surgery	70	7.4
General practice—non-procedural	59	6.2
General practice—procedural	52	5.5
Obstetrics and gynaecology	45	4.8
Obstetrics only	36	3.8
General nursing	32	3.4
Psychiatry	26	2.7
Anaesthesia	23	2.4
Gynaecology only	21	2.2
All other clinician specialties	247	26.1
Not applicable[(b)]	3	0.3
Not known	205	21.6
All new claims[(c)]	**947**	**100.0**

(a) The 'clinician specialty' categories listed separately here are the 11 most frequently recorded categories; all other categories are combined in the category *All other clinician specialties*. See Appendix Table F.2 for counts for these other categories.

(b) The *Not applicable* category covers claims for health-care incidents not associated with any identifiable clinician specialty or medical administration staff.

(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%.

On the other hand, there were many clinician specialties recorded for fewer than 10 new claims in 2012–13, including 18 specialties not recorded for any claims (Appendix Table F.2).

This is similar to previous years when most clinician specialties have been recorded for small proportions of MINC public sector claims.

In 22% of claims the clinician specialty closely connected with the incident was *Not known*.

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. Three of the general categories—*Procedure*, *Treatment* and *Medication-related*—include subcategories.

The 3 general categories recorded most often for new 2012–13 claims were *Diagnosis*, *Procedure* and *Treatment*, accounting for respectively 25%, 24% and 21% of claims. Also, 2 of the *Procedure* subcategories, those related to post-operative and intra-operative complications, were recorded for 5% or more of claims. These proportions are larger than the 4% (*General duty of care*) to <1% (*Blood/blood-product related* and *Device failure*) of claims associated with the 8 less frequently recorded general categories (Table 3.5).

The primary incident/allegation type was *Not known* for 17% of claims.

Appendix Table F.3 provides supplementary information on the variation in the proportions of claims by clinical service context associated with each primary incident/allegation type.

3.2 Current claims

This section reports information on the 2,804 claims that were current at 30 June 2013.

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 2013. More than 3 in 10 claims (34%) had been open for 12 months or less, with just 10% having remained open beyond 5 years.

The proportion of current claims with a reserve of less than $50,000 was 31% (876 claims), while 42% (1,187 claims) had a reserve range between $100,000 and less than $500,000, and 16% (450 claims) had a reserve value of at least $500,000.

A clear association is evident between the reserve range and how long a claim was open. For example, of the 192 current claims with a reserve of less than $10,000, just over half (54%) had been open for 12 months or less, compared with 8% open for more than 5 years. In contrast, relatively few of the 450 current claims reserved at $500,000 or more had been open for 12 months or less (14%) whereas nearly one-third had been open for more than 5 years (30%).

A similar association between reserve range and claim duration was also noted for public sector claims current at 30 June in recent years before 2012–13.

Table 3.5: Primary incident/allegation types for new public sector claims (excluding Western Australia), 1 July 2012 to 30 June 2013

Primary incident/allegation type	Number	%
Failure to perform procedure	25	2.6
Failure of procedure	17	1.8
Wrong procedure	15	1.6
Procedure—wrong body site	1	0.1
Procedure—intra-operative complications	50	5.3
Procedure—post-operative complications	78	8.2
Procedure—post-operative infection	12	1.3
Procedure—other	30	3.2
Total procedure	**228**	**24.1**
Treatment not provided	15	1.6
Delayed treatment	45	4.8
Failure of treatment	38	4.0
Treatment complications	36	3.8
Treatment—other	69	7.3
Total treatment	**203**	**21.4**
Medication—type/dosage	16	1.7
Medication—administration method	11	1.2
Medication—other	0	0.0
Total medication-related	**27**	**2.9**
Diagnosis	232	24.5
General duty of care	37	3.9
Anaesthetic	17	1.8
Consent	17	1.8
Infection control	7	0.7
Blood/blood product-related	2	0.2
Device failure	1	0.1
Other	12	1.3
Not known	164	17.3
Total	**947**	**100.0**

Note: Percentages for the *Procedure*, *Treatment* and *Medication-related* subcategories may not add up exactly to the percentages for the *Procedure*, *Treatment* and *Medication-related* categories due to rounding.

Table 3.6: Length of claim (months) for current public sector claims (excluding Western Australia), by reserve range ($), at 30 June 2013

	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	103	267	42	90	262	120	63	947
13–24	35	190	38	76	183	132	75	729
25–36	20	69	25	63	133	81	67	458
37–48	13	8	9	25	65	59	67	246
49–60	6	5	6	16	33	29	45	140
61 or more	15	13	12	21	43	47	133	284
Total	**192**	**552**	**132**	**291**	**719**	**468**	**450**	**2,804**
%	*6.8*	*19.7*	*4.7*	*10.4*	*25.6*	*16.7*	*16.0*	*100.0*
				%				
12 or less	53.6	48.4	31.8	30.9	36.4	25.6	14.0	33.8
13–24	18.2	34.4	28.8	26.1	25.5	28.2	16.7	26.0
25–36	10.4	12.5	18.9	21.6	18.5	17.3	14.9	16.3
37–48	6.8	1.4	6.8	8.6	9.0	12.6	14.9	8.8
49–60	3.1	0.9	4.5	5.5	4.6	6.2	10.0	5.0
61 or more	7.8	2.4	9.1	7.2	6.0	10.0	29.6	10.1
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.

Table 3.7 presents jurisdictional data on public sector medical indemnity claims' reserve range at 30 June 2013. These data leave out 657 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 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 *Australia's public sector medical indemnity claims 2009–10* (AIHW 2012a).

Table 3.7: Reserve range ($) for current public sector claims (excluding potential claims)[a], states and territories (excluding Western Australia), at 30 June 2013

Reserve range ($)	NSW	Vic	Qld	Other[b]	Total
1–10,000	17	20	22	75	134
10,000–<30,000	39	57	75	83	254
30,000–<50,000	27	34	17	37	115
50,000–<100,000	69	56	35	66	226
100,000–<250,000	232	208	56	87	583
250,000–<500,000	179	112	44	76	411
500,000 or more	199	74	74	77	424
Total	**762**	**561**	**323**	**501**	**2,147**
			%		
1–10,000	2.2	3.6	6.8	15.0	6.2
10,000–<30,000	5.1	10.2	23.2	16.6	11.8
30,000–<50,000	3.5	6.1	5.3	7.4	5.4
50,000–<100,000	9.1	10.0	10.8	13.2	10.5
100,000–<250,000	30.4	37.1	17.3	17.4	27.2
250,000–<500,000	23.5	20.0	13.6	15.2	19.1
500,000 or more	26.1	13.2	22.9	15.4	19.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Claims that were commenced or reopened at 30 June 2013. The 657 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.

3.3 Closed claims

This section includes information on the 1,535 claims closed during the 2012–13 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 duration recorded most often was 13–24 months (31%), with 19% closed within 12 months of reserve placement, and another 22% closed between 25 and 36 months after reserve placement (Table 3.8). While approximately 72% of claims were closed within 3 years from when their reserve was placed, 18% 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 2012–13, 38% cost less than $10,000 to close, including about 15% that incurred no cost and 22% 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% (443 claims) and 25% (382 claims). Just 9% of claims were settled for $500,000 or more.

The length of time taken to finalise closed claims was generally longer for larger settlements. Of the 1,021 claims closed for less than $100,000—which made up 67% of closed claims—6 in 10 (605 claims, 59%) had been closed within 2 years of when the reserve was set. In contrast,

63% of claims settled for between $100,000 and less than $500,000 had a duration longer than 2 years (239 of 382 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 recent years before 2012–13.

Table 3.8: Length of claim (months) for closed public sector claims (excluding Western Australia), by total claim size ($), 1 July 2012 to 30 June 2013

	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	66	125	26	11	27	29	5	1	290
13–24	98	106	71	29	46	70	39	23	482
25–36	42	53	48	30	31	69	33	26	332
37–48	16	31	29	7	14	39	19	27	182
49–60	2	11	14	6	12	16	14	14	89
61 or more	11	17	12	13	17	24	25	41	160
Total	**235**	**343**	**200**	**96**	**147**	**247**	**135**	**132**	**1,535**
%	*15.3*	*22.3*	*13.0*	*6.3*	*9.6*	*16.1*	*8.8*	*8.6*	*100.0*
					%				
12 or less	28.1	36.4	13.0	11.5	18.4	11.7	3.7	0.8	18.9
13–24	41.7	30.9	35.5	30.2	31.3	28.3	28.9	17.4	31.4
25–36	17.9	15.5	24.0	31.3	21.1	27.9	24.4	19.7	21.6
37–48	6.8	9.0	14.5	7.3	9.5	15.8	14.1	20.5	11.9
49–60	0.9	3.2	7.0	6.3	8.2	6.5	10.4	10.6	5.8
61 or more	4.7	5.0	6.0	13.5	11.6	9.7	18.5	31.1	10.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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

Jurisdictional information on the total size of claims closed during 2012–13 is presented in Table 3.9. 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 *Australia's public sector medical indemnity claims 2009–10* (AIHW 2012a).

Table 3.9: Total claim size ($) for closed public sector claims, states and territories (excluding Western Australia), 1 July 2012 to 30 June 2013

Total claim size ($)	NSW	Vic	Qld	Other[(a)]	Total
Nil	95	101	9	30	235
1–<10,000	111	84	73	75	343
10,000–<30,000	61	83	35	21	200
30,000–<50,000	47	26	8	15	96
50,000–<100,000	83	30	18	16	147
100,000–<250,000	126	65	31	25	247
250,000–<500,000	77	31	19	8	135
500,000 or more	76	19	18	19	132
Total	**676**	**439**	**211**	**209**	**1,535**
			%		
Nil	14.1	23.0	4.3	14.4	15.3
1–<10,000	16.4	19.1	34.6	35.9	22.3
10,000–<30,000	9.0	18.9	16.6	10.0	13.0
30,000–<50,000	7.0	5.9	3.8	7.2	6.3
50,000–<100,000	12.3	6.8	8.5	7.7	9.6
100,000–<250,000	18.6	14.8	14.7	12.0	16.1
250,000–<500,000	11.4	7.1	9.0	3.8	8.8
500,000 or more	11.2	4.3	8.5	9.1	8.6
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.

Mode of claim finalisation

'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). Instead, they may be discontinued, either as potential claims or as commenced claims.

The data are presented by jurisdiction as there are differences between the jurisdictions in the proportions that are closed through state/territory complaints processes, statutorily mandated compulsory conference processes, court-based alternative resolution processes and court decisions (Table 3.10). Overall, however, the two most common finalisation modes were *Discontinued* (46%) and *Settled – other* (40%). Just a small proportion of claims were settled through a *Court decision* (3%).

Table 3.10: Mode of claim finalisation for closed public sector claims, states and territories (excluding Western Australia), 1 July 2012 to 30 June 2013

Mode of claim finalisation	NSW	Vic	Qld	Other[(a)]	Total
Discontinued potential claim	104	22	n.p.	n.p.	138
Discontinued commenced claim	122	262	111	74	569
Settled—state/territory-based complaints processes	0	7	11	1	19
Settled—statutorily mandated compulsory conference process	0	0	51	0	51
Settled—court-based alternative dispute resolution process	0	74	20	16	110
Settled—other	415	74	17	103	609
Court decision	35	0	n.p.	n.p.	39
Total	**676**	**439**	**211**	**209**	**1,535**
			%		
Discontinued potential claim	15.4	5.0	n.p.	n.p.	9.0
Discontinued commenced claim	18.0	59.7	52.6	35.4	37.1
Settled—state/territory-based complaints processes	0.0	1.6	5.2	0.5	1.2
Settled—statutorily mandated compulsory conference process	0.0	0.0	24.2	0.0	3.3
Settled—court-based alternative dispute resolution process	0.0	16.9	9.5	7.7	7.2
Settled—other	61.4	16.9	8.1	49.3	39.7
Court decision	5.2	0.0	n.p.	n.p.	2.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

n.p. Not published.

(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, 2008–09 to 2012–13

This chapter presents an overview of public sector claims data covering the 5 reporting periods from July 2008 to June 2013. It is based on the most current data for each reporting period, as recorded in the MINC master database (described in Appendix B).

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 4.7 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 (see Section 2.6 for further information).

This chapter finishes with an analysis of two types of cohorts of public sector claims over time. 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 2008–09 and 2012–13 for new claims, and also for 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.

The 2012–13 year was similar to 2008–09 and 2009–10 in terms of all claims (about 4,300), substantially less than the 4,600–4,700 claims recorded for 2010–11 and 2011–12. The 2012–13 year differs from the previous 4 years in terms of its high representation of claims that are closed rather than current. More claims were closed during this year than during any of the previous 4 years (about 1,500, compared with 1,100 to 1,400), whereas the number of current claims at the end of the year was less than for any of the previous 4 years (about 2,800, compared with 2,900 to 3,300).

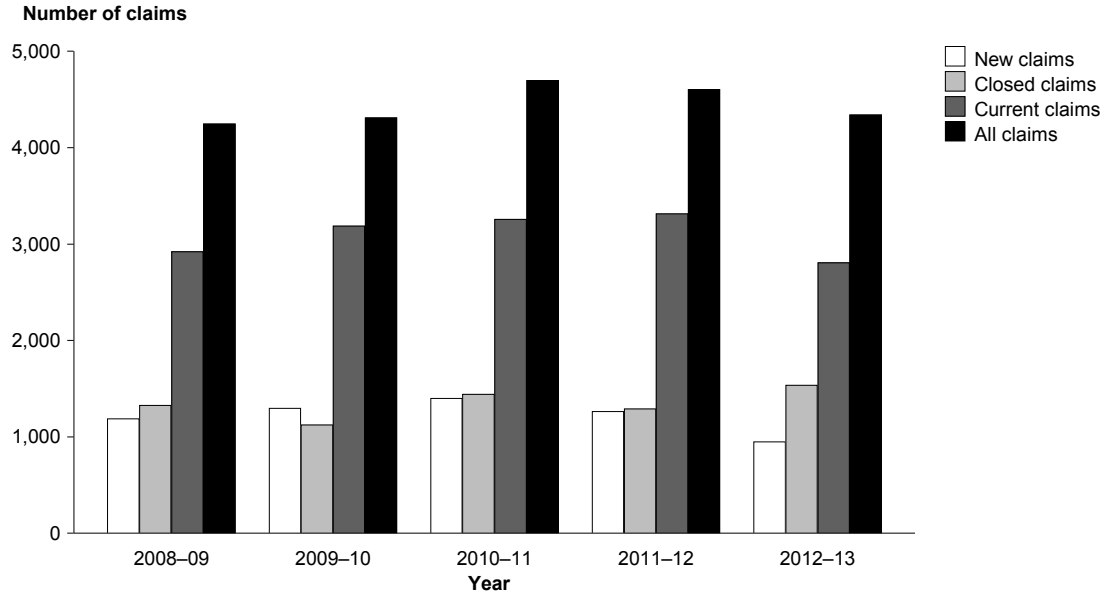
Table 4.1 also presents the numbers of new claims that had their reserve set during each period. They are shown separately as they may be either current or closed at the end of the year when their reserve was set. There were fewer new claims (about 950) recorded for 2012–13 than for any of the previous 4 years (1,200 to 1,400). Comparison between Table 3.3 and the corresponding table in the 2 previous MINC reports (AIHW 2012b, 2013a) shows that the drop in new claim numbers applies to New South Wales, Victoria and Queensland, but not for South Australia, Tasmania, the ACT and Northern Territory combined.

Table 4.1: Number of public sector claims, by status of claim, 2008–09 to 2012–13 (excluding Western Australia)

	Year				
Status of claim	**2008–09**	**2009–10**	**2010–11**	**2011–12**	**2012–13**
New claims	1,187	1,295	1,397	1,261	947
Current claims					
Potential (not yet commenced)[(a)]	242	277	348	462	657
Commenced	2,532	2,727	2,720	2,702	1,996
Reopened	145	181	188	148	151
Current claims at the end of each financial year	*2,919*	*3,185*	*3,256*	*3,312*	*2,804*
Closed claims	1,327	1,122	1,440	1,289	1,535
All claims (open at any time during the period)	**4,246**	**4,307**	**4,696**	**4,601**	**4,339**

(a) The apparent increase in the number of potential claims over the years reflects the fact that some 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 2011–12 and 2012–13 may be lower in future MINC reports.

Note: See Table 6.1 for public sector claim numbers for 2008–09 and 2009–10 that include Western Australia.



Source: Table 4.1.

Figure 4.1: Numbers of new, closed, current and all public sector claims, 2008–09 to 2012–13 (excluding Western Australia)

4.2 New claims

Clinical service context

'Clinical service context' identifies the type of clinical practice connected 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

2008–09 and 2012–13. Of these, *Emergency department, General surgery* and *Obstetrics* were the 3 contexts recorded most often in each of the years (Figure 4.2).

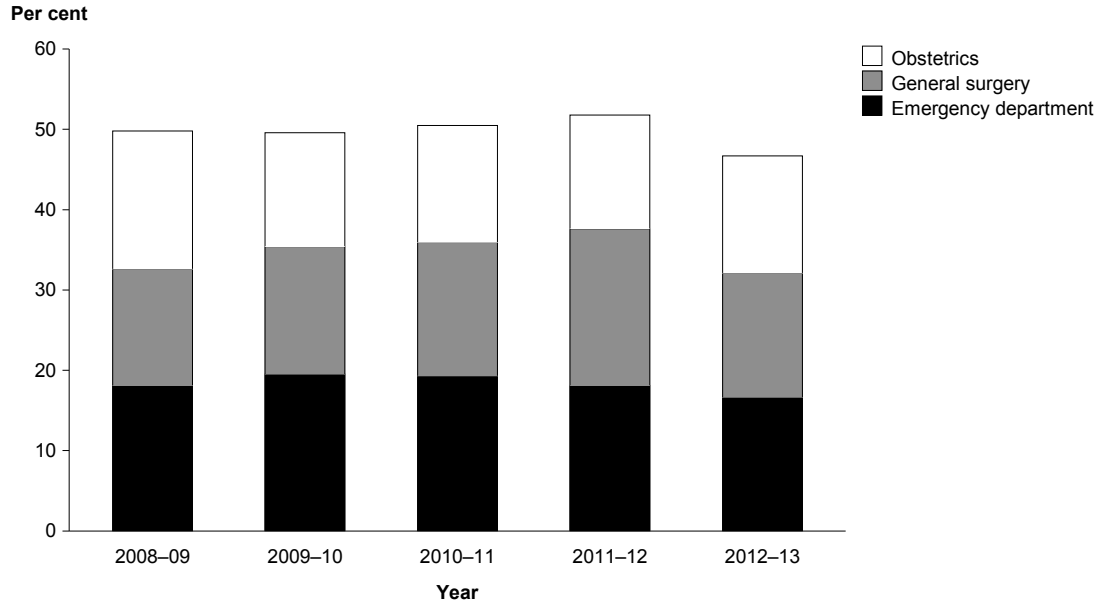
Table 4.2: Clinical service context for new public sector claims (excluding Western Australia), 2008–09 to 2012–13

	Year				
Clinical service context	**2008–09**	**2009–10**	**2010–11**	**2011–12**	**2012–13**
Emergency department	210	247	254	199	122
General surgery	168	202	218	215	114
Obstetrics	200	180	192	156	107
Orthopaedics	77	102	104	76	62
General medicine	22	52	40	26	57
General practice	57	43	50	58	37
Gynaecology	113	65	61	44	33
Psychiatry	76	97	66	58	27
Cardiology	21	31	27	42	23
Paediatrics	34	28	46	21	17
All other clinical service contexts	182	221	252	202	133
Not applicable[(a)]	0	1	6	4	2
Not known	27	26	81	160	213
Total	**1,187**	**1,295**	**1,397**	**1,261**	**947**
		% (excluding *Not known*)			
Emergency department	18.1	19.5	19.3	18.1	16.6
General surgery	14.5	15.9	16.6	19.5	15.5
Obstetrics	17.2	14.2	14.6	14.2	15.0
Orthopaedics	6.6	8.0	7.9	6.9	8.4
General medicine	1.9	4.1	3.0	2.4	7.8
General practice	4.9	3.4	3.8	5.3	5.0
Gynaecology	9.7	5.1	4.6	4.0	4.5
Psychiatry	6.6	7.6	5.0	5.3	3.7
Cardiology	1.8	2.4	2.1	3.8	3.1
Paediatrics	2.9	2.2	3.5	1.9	2.3
All other clinical service contexts	15.7	17.4	19.1	18.3	18.1
Not applicable[(a)]	0.0	0.1	0.5	0.4	0.3
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 1,160 in 2008–09, 1,269 in 2009–10, 1,316 in 2010–11, 1,101 in 2011–12 and 734 in 2012–13.
3. Percentages may not add up exactly to 100.0 due to rounding.



Source: Table 4.2.

Figure 4.2: Three clinical service contexts most frequently recorded for new public sector claims (excluding Western Australia), 2008–09 to 2012–13 (per cent)

For 2012–13, excluding the 213 new claims where the clinical service context was *Not known*, *Emergency department* accounted for 17% of 734 claims, *General surgery* for 16% and *Obstetrics* for 15%. The proportions of claims accounted for by *Emergency department* and *General surgery* were lower in 2012–13 than in the previous 3 years (and the previous 4 years in the case of *Emergency department*). Another difference between the years is that *Gynaecology* was the fourth most common clinical service context in 2008–09 but in other years *Orthopaedics* was in this category (Table 4.2).

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 11 principal clinician specialties most commonly recorded for new claims between 2008–09 and 2012–13 are presented in Table 4.3.

The 2 specialties recorded most often in every year except 2008–09 were *General surgery* and *Emergency medicine* (Figure 4.3). Yet *Emergency medicine* accounted for a smaller proportion of new claims in 2012–13 (12%) than the previous 3 years (13–16%). On the other hand, a steady increase in the proportion of claims against the clinician specialty of *General surgery*, from 10% in 2008–09 to 14% in 2012–13, is apparent. This is despite the 2012–13 decrease in the proportion of claims associated with *General surgery* as a clinical service context (Table 4.2).

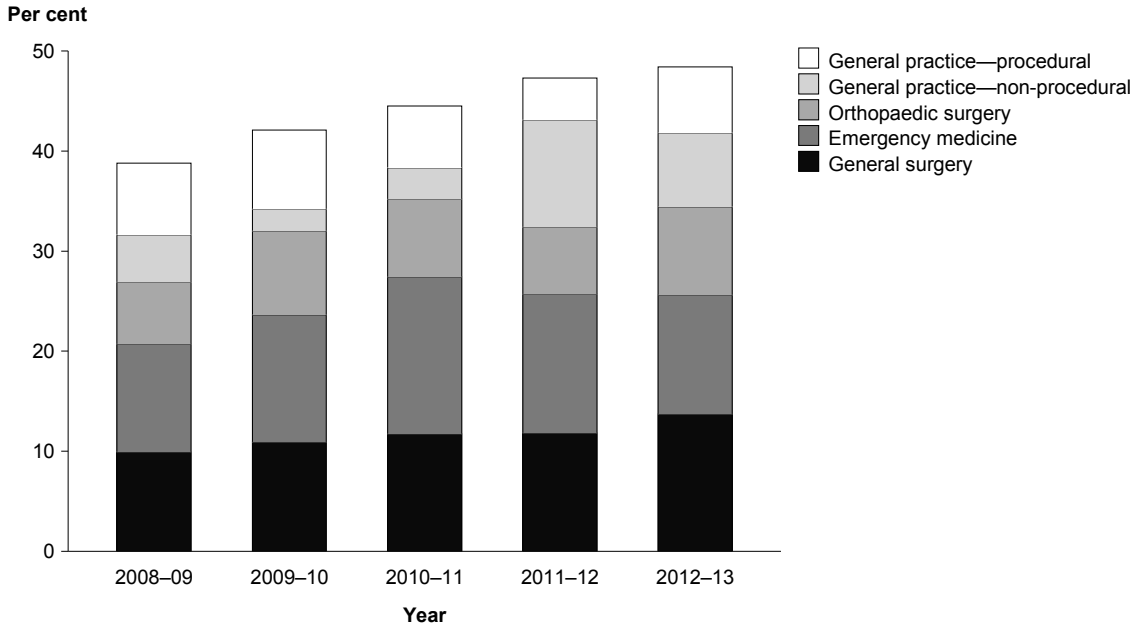
Not much variation exists between the annual proportions of claims associated with some of the other clinician specialties. Examples include *Orthopaedic surgery* and *Psychiatry*. However, there are 2 principal clinician specialties that account for a notably higher proportion of claims in a particular year. These are *General practice – non-procedural* (11% in 2011–12) and *Obstetrics and gynaecology* (11% in 2008–09).

Table 4.3: Principal clinician specialty for new public sector claims (excluding Western Australia), 2008–09 to 2012–13

	Year				
Principal clinician specialty	**2008–09**	**2009–10**	**2010–11**	**2011–12**	**2012–13**
General surgery	115	139	154	132	102
Emergency medicine	125	162	207	155	88
Orthopaedic surgery	72	107	103	75	65
General practice—non-procedural	54	28	41	120	55
General practice—procedural	83	100	82	47	49
Obstetrics and gynaecology	122	86	68	73	41
Obstetrics only	85	83	85	43	33
Psychiatry	41	65	58	44	25
General nursing	33	41	34	36	23
Gynaecology only	66	34	43	39	21
Anaesthesia	18	37	43	25	19
All other specialties	336	378	393	325	218
Not applicable	10	13	9	3	3
Not known	27	22	77	144	205
Total	**1,187**	**1,295**	**1,397**	**1,261**	**947**
		% (excluding *Not known*)			
General surgery	9.9	10.9	11.7	11.8	13.7
Emergency medicine	10.8	12.7	15.7	13.9	11.9
Orthopaedic surgery	6.2	8.4	7.8	6.7	8.8
General practice—non-procedural	4.7	2.2	3.1	10.7	7.4
General practice—procedural	7.2	7.9	6.2	4.2	6.6
Obstetrics and gynaecology	10.5	6.8	5.2	6.5	5.5
Obstetrics only	7.3	6.5	6.4	3.8	4.4
Psychiatry	3.5	5.1	4.4	3.9	3.4
General nursing	2.8	3.2	2.6	3.2	3.1
Gynaecology only	5.7	2.7	3.3	3.5	2.8
Anaesthesia	1.6	2.9	3.3	2.2	2.6
All other specialties	29.0	29.7	29.8	29.1	29.4
Not applicable	0.9	1.0	0.7	0.3	0.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Notes

1. The 'principal clinician specialty' categories listed separately here are the 11 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 1,160 in 2008–09, 1,273 in 2009–10, 1,320 in 2010–11, 1,117 in 2011–12 and 742 in 2012–13.
3. Percentages may not add up exactly to 100.0 due to rounding.



Source: Table 4.3.

Figure 4.3: Five principal clinician specialties most frequently recorded for new public sector claims (excluding Western Australia), 2008–09 to 2012–13 (per cent)

Primary incident/allegation type

'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 2012–13, the most frequently recorded primary incident/allegation types were *Diagnosis*, *Procedure* and *Treatment* (Table 4.4; Figure 4.4). The proportion of claims associated with *Diagnosis* steadily increased from 2008–09 through to 2012–13.

Appendix tables F.4 and F.5 provide supplementary information on the variation between the most frequently recorded clinical service contexts in their proportions of claims associated with the main primary incident/allegation types, for the years 2008–09 to 2012–13.

Primary body function/structure affected

The data item 'primary body function/structure affected' specifies the main body function or structure of the patient 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.

Mental and nervous system was the most commonly recorded category for 2012–13. As a proportion of new claims (excluding those *Not known* for this data item), it accounted for 24% of claims, compared with 15–20% in the years between 2008–09 and 2011–12 (Table 4.5; Figure 4.5).

The other 2 most commonly recorded 'primary body function/structure affected' categories were *Death* and *Neuromusculoskeletal and movement-related*. The proportion of claims associated with *Death* peaked at around 30% of 2011–12 new claims, compared with 19–24% in the other years. On the other hand, the proportion of claims associated with

Neuromusculoskeletal and movement-related effects has remained fairly steady, between 19% and 23%, throughout the period 2008–09 to 2012–13.

Appendix tables F.6 and F.7 provide supplementary information on the variation between the most frequently recorded clinical service contexts in their proportions of claims associated with the main categories of primary body function/structure affected, for the years 2008–09 to 2012–13.

Table 4.4: Primary incident/allegation type for new public sector claims (excluding Western Australia), 2008–09 to 2012–13

	Year				
Primary incident/allegation type	**2008–09**	**2009–10**	**2010–11**	**2011–12**	**2012–13**
Diagnosis	252	323	358	308	232
Procedure	347	388	404	368	228
Treatment	314	328	329	252	203
General duty of care	67	95	106	76	37
Medication-related	62	53	41	52	27
Consent	66	31	24	24	17
Anaesthetic	17	23	33	18	17
Infection control	4	14	10	5	7
Blood/blood product-related	17	5	8	10	2
Device failure	6	6	2	3	1
Other	15	11	9	12	12
Not known	20	18	73	133	164
Total	**1,187**	**1,295**	**1,397**	**1,261**	**947**
			% (excluding *Not known*)		
Diagnosis	21.6	25.3	27.0	27.3	29.6
Procedure	29.7	30.4	30.5	32.6	29.1
Treatment	26.9	25.7	24.8	22.3	25.9
General duty of care	5.7	7.4	8.0	6.7	4.7
Medication-related	5.3	4.2	3.1	4.6	3.4
Consent	5.7	2.4	1.8	2.1	2.2
Anaesthetic	1.5	1.8	2.5	1.6	2.2
Infection control	0.3	1.1	0.8	0.4	0.9
Blood/blood product-related	1.5	0.4	0.6	0.9	0.3
Device failure	0.5	0.5	0.2	0.3	0.1
Other	1.3	0.9	0.7	1.1	1.5
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 1,167 in 2008–09, 1,277 in 2009–10, 1,324 in 2010–11, 1,128 in 2011–12 and 783 in 2012–13.

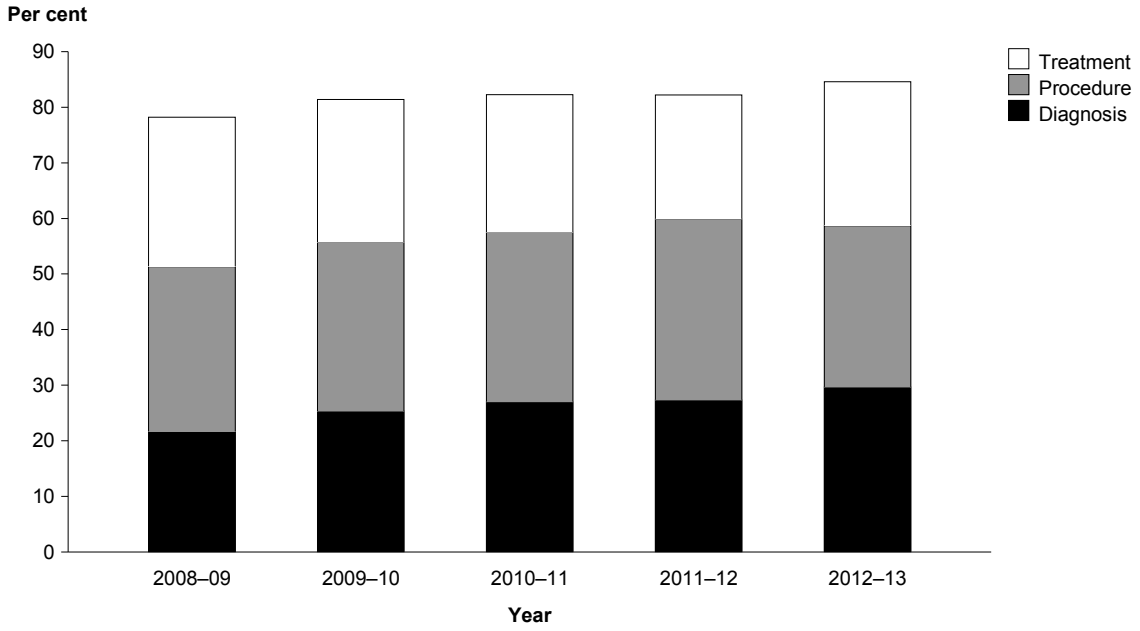
2. Percentages may not add up exactly to 100.0 due to rounding.

Table 4.5: Primary body function/structure affected categories for new public sector claims (excluding Western Australia), 2008–09 to 2012–13

Primary body function/structure affected	2008–09	2009–10	2010–11	2011–12	2012–13
Mental and nervous system	186	195	263	217	179
Neuromusculoskeletal and movement-related	246	299	303	211	153
Genitourinary and reproductive	214	154	128	101	85
Digestive, metabolic and endocrine systems	104	128	132	104	57
Cardiovascular, haematological, immunological and respiratory	70	65	62	65	52
Skin and related structures	61	74	54	49	38
Sensory, including eye and ear	36	44	38	26	20
Voice and speech	10	10	10	10	5
Death	216	294	313	332	152
No body function/structure affected	20	15	16	8	9
Not known	24	17	78	138	197
Total	**1,187**	**1,295**	**1,397**	**1,261**	**947**
		% (excluding *Not known*)			
Mental and nervous system	16.0	15.3	19.9	19.3	23.9
Neuromusculoskeletal and movement-related	21.2	23.4	23.0	18.8	20.4
Genitourinary and reproductive	18.4	12.1	9.7	9.0	11.3
Digestive, metabolic and endocrine systems	8.9	10.0	10.0	9.3	7.6
Cardiovascular, haematological, immunological and respiratory	6.0	5.1	4.7	5.8	6.9
Skin and related structures	5.2	5.8	4.1	4.4	5.1
Sensory, including eye and ear	3.1	3.4	2.9	2.3	2.7
Voice and speech	0.9	0.8	0.8	0.9	0.7
Death	18.6	23.0	23.7	29.6	20.3
No body function/structure affected	1.7	1.2	1.2	0.7	1.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

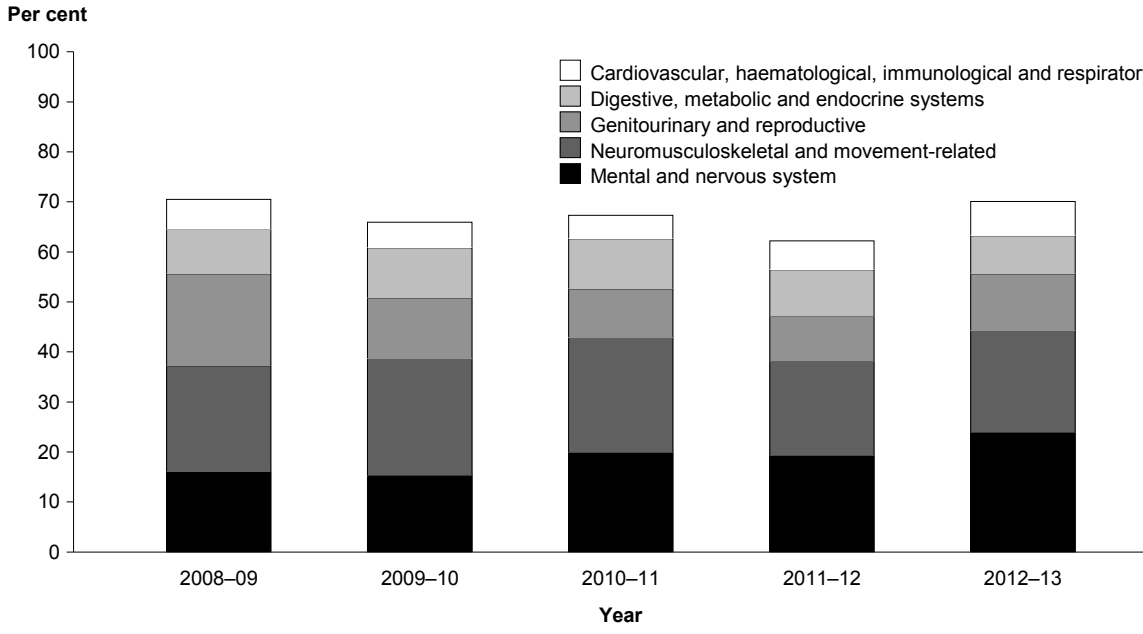
Notes

1. See Appendix Table A.5 for particular 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 1,163 in 2008–09, 1,278 in 2009–10, 1,319 in 2010–11, 1,123 in 2011–12 and 750 in 2012–13.
3. Percentages may not add up exactly to 100.0 due to rounding.



Source: Table 4.4.

Figure 4.4: Three primary incident/allegation types most frequently recorded for new public sector claims (excluding Western Australia), 2008–09 to 2012–13 (per cent)



Source: Table 4.5.

Figure 4.5: Five primary body function/structure affected categories most frequently recorded for new public sector claims (excluding Western Australia), 2008–09 to 2012–13 (per cent)

4.3 Current claims

Table 4.6 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 2008–09 claims include those claims current at 30 June 2009, and their duration is calculated from when the reserve was set (in 2008–09 or a preceding year) to 30 June 2009.

Since 2008–09 and 2009–10, the proportion of current claims with a reserve range of less than $10,000 has decreased, from around 22% to a low of 7% in 2012–13. During the same period, there has been an increase in the proportion reserved for between $100,000 and less than $250,000 (around 18% to 26%) and the proportion reserved for between $250,000 and less than $500,000 (around 11% to 17%). However, the proportion reserved for $500,000 or more has remained steady at around 16%.

The average duration of current claims in 2012–13, 28 months, was slightly higher than in any of the previous 4 years (25 to 27 months).

Table 4.6: Reserve range ($) and average length of claim (months) for current public sector claims (excluding Western Australia), 2008–09 to 2012–13

Reserve range ($)	2008–09	2009–10	2010–11	2011–12	2012–13
1–<10,000	638	723	657	556	192
10,000–<30,000	379	399	421	542	552
30,000–<50,000	180	201	206	181	132
50,000–<100,000	334	356	352	343	291
100,000–<250,000	529	592	658	689	719
250,000–<500,000	334	378	425	485	468
500,000 or more	525	536	537	516	450
Total	**2,919**	**3,185**	**3,256**	**3,312**	**2,804**
Average length of claim (months)	*27.4*	*25.7*	*25.0*	*25.9*	*28.0*
			%		
1–<10,000	21.9	22.7	20.2	16.8	6.8
10,000–<30,000	13.0	12.5	12.9	16.4	19.7
30,000–<50,000	6.2	6.3	6.3	5.5	4.7
50,000–<100,000	11.4	11.2	10.8	10.4	10.4
100,000–<250,000	18.1	18.6	20.2	20.8	25.6
250,000–<500,000	11.4	11.9	13.1	14.6	16.7
500,000 or more	18.0	16.8	16.5	15.6	16.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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

4.4 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. The duration for a closed claim is the length of time (months) between when the reserve was placed and when the claim was closed in each of the 5 reference years covered in Table 4.7.

From 2008–09 to 2012–13 there has been a shift towards a larger proportion of moderately costly claims. The proportion of claims closed for $100,000 to less than $500,000 increased from around 18% to 25% between 2008–09 and 2012–13. At the same time, the proportion closed for a cost between $1 and less than $10,000 decreased from 36% to 22%. On the other hand, the proportion of claims closed for $500,000 or more has remained steady, at around 9%, while the proportion of claims closed for no cost was higher in 2012–13 than in any of the previous 4 years.

The average time between when the reserve was placed and the claim was closed fluctuated between 31 and 35 months between 2008–09 and 2012–13. Although claim length increased between 2008–09 and 2009–10, it then dipped from about 35 months to 31 months in 2010–11 to 2012–13 (Table 4.7).

Table 4.7: Total claim size ($) and average length of claim (months) for closed public sector claims (excluding Western Australia), 2008–09 to 2012–13

Total claim size ($)	2008–09	2009–10	2010–11	2011–12	2012–13
Nil	138	84	48	135	235
1–<10,000	476	387	503	344	343
10,000–<30,000	171	139	201	170	200
30,000–<50,000	71	62	91	80	96
50,000–<100,000	113	97	157	121	147
100,000–<250,000	156	167	213	209	247
250,000–<500,000	87	82	104	105	135
500,000 or more	114	104	123	125	132
Total	**1,327**	**1,122**	**1,440**	**1,289**	**1,535**
Average time to be closed (months)	*33.6*	*35.4*	*31.2*	*30.6*	*31.5*
			%		
Nil	10.4	7.5	3.3	10.5	15.3
1–<10,000	35.9	34.5	34.9	26.7	22.3
10,000–<30,000	12.9	12.4	14.0	13.2	13.0
30,000–<50,000	5.4	5.5	6.3	6.2	6.3
50,000–<100,000	8.5	8.6	10.9	9.4	9.6
100,000–<250,000	11.8	14.9	14.8	16.2	16.1
250,000–<500,000	6.6	7.3	7.2	8.1	8.8
500,000 or more	8.6	9.3	8.5	9.7	8.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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

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).

The two most common categories of finalisation mode throughout the 5 years from 2008–09 to 2012–13 are *Discontinued* and *Settled – other* (Table 4.8; Figure 4.6). The proportion of closed claims that were *Discontinued* varied between 41% and 48%, while the proportion of *Settled – other* claims varied between 36% and 43%, together accounting for between 78% and 86% of closed claims for this period.

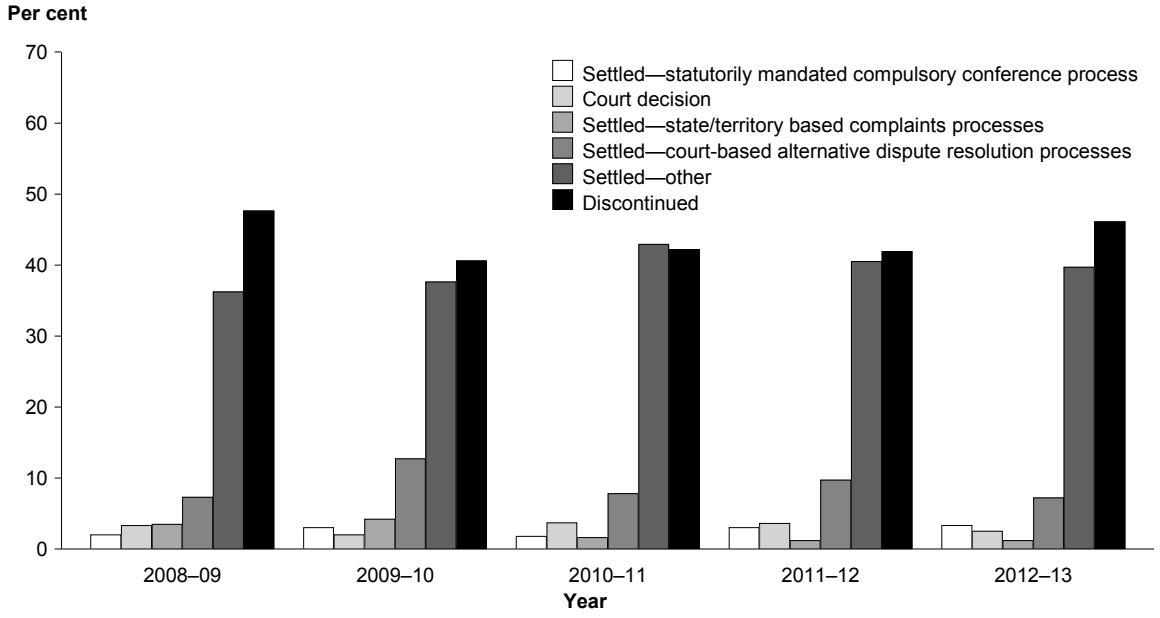
With the less frequently recorded modes of claim finalisation, there appears to have been generally little change over the same period. For instance, the proportion of claims closed through a *Court decision* has stayed between 2% and 4%. The only sign of much variation between the years is the 13% of claims closed in 2009–10 through *Settled – court-based alternative dispute resolution processes*, compared with 7 to 10% in other years.

Appendix tables F.8 and F.9 give supplementary information on the variation between the different claim size categories in terms of their proportions closed through the different modes of claim finalisation, for the years 2008–09 to 2012–13.

Table 4.8: Mode of claim finalisation for closed public sector claims (excluding Western Australia), 2008–09 to 2012–13

Mode of claim finalisation	2008–09	2009–10	2010–11	2011–12	2012–13
Discontinued	631	453	607	539	707
Settled—state/territory-based complaints processes	47	47	23	16	19
Settled—court-based alternative dispute resolution processes	97	142	112	125	110
Settled—statutorily mandated compulsory conference process	27	33	26	39	51
Settled—other	480	420	616	521	609
Court decision	44	22	53	46	39
Not known	1	5	3	3	0
Total	**1,327**	**1,122**	**1,440**	**1,289**	**1,535**
		% (excluding *Not known*)			
Discontinued	47.6	40.6	42.2	41.9	46.1
Settled—state/territory-based complaints processes	3.5	4.2	1.6	1.2	1.2
Settled—court-based alternative dispute resolution processes	7.3	12.7	7.8	9.7	7.2
Settled—statutorily mandated compulsory conference process	2.0	3.0	1.8	3.0	3.3
Settled—other	36.2	37.6	42.9	40.5	39.7
Court decision	3.3	2.0	3.7	3.6	2.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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



Source: Table 4.8.

Figure 4.6: Claim finalisation modes for closed public sector claims (excluding Western Australia), 2008–09 to 2012–13 (per cent)

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 2008–09 and 2012–13, rather than new claims. 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 2012–13, 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* (no body function/structure affected) and *Not known*. In 2008–09 and previous reference years, 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 the comparability between the *Temporary harm* and *Mild injury* categories, the *Minor harm* and *Moderate injury* categories and the *Major harm* and *Severe injury* categories (AIHW 2012a), leading to the joint categories presented here (tables 4.9 and 4.10).

There are indications of change over time in the extent of harm categories recorded for closed claims (Figure 4.7). Between 2008–09 and 2012–13 (excluding claims where the extent of harm was *Not known*), the proportion connected with *Temporary harm/Mild injury* increased from 17% to 29%, while the proportion connected with *Major harm/Severe injury* decreased from 27% to 15%. The proportion connected with the patient's *Death* fluctuated somewhat but increased overall from 19% to 25%. 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 connected with *Temporary harm/Mild injury* increased from 5% in 2008–09 to 12% in 2012–13, while the proportion connected with *Major harm/Severe injury* decreased from 44% to 29% over the same period.

Table 4.9: Total claim size ($) for closed public sector claims, by extent of harm, 2008–09 to 2012–13 (excluding Western Australia)

Total claim size ($)	Extent of harm	2008–09	2009–10	2010–11	2011–12	2012–13
Less than 10,000	Temporary harm/Mild injury	144	168	244	223	269
	Minor harm/Moderate injury	168	132	147	106	124
	Major harm/Severe injury	101	47	51	44	40
	Death	87	79	89	79	124
	No body function/structure affected	13	24	11	12	11
	Not known	102	21	9	15	10
	Total	**615**	**471**	**551**	**479**	**578**
10,000–<100,000	Temporary harm/Mild injury	48	74	85	89	115
	Minor harm/Moderate injury	147	93	165	100	135
	Major harm/Severe injury	72	56	76	59	46
	Death	76	63	110	111	142
	No body function/structure affected	3	1	8	6	3
	Not known	9	11	5	6	2
	Total	**355**	**298**	**449**	**371**	**443**
100,000 or more	Temporary harm/Mild injury	18	13	35	47	60
	Minor harm/Moderate injury	114	136	162	146	184
	Major harm/Severe injury	155	141	166	151	146
	Death	64	57	69	87	119
	No body function/structure affected	2	0	4	4	1
	Not known	4	6	4	4	4
	Total	**357**	**353**	**440**	**439**	**514**
Total	Temporary harm/Mild injury	210	255	364	359	444
	Minor harm/Moderate injury	429	361	474	352	443
	Major harm/Severe injury	328	244	293	254	232
	Death	227	199	268	277	385
	No body function/structure affected	18	25	23	22	15
	Not known	115	38	18	25	16
	Total	**1,327**	**1,122**	**1,440**	**1,289**	**1,535**

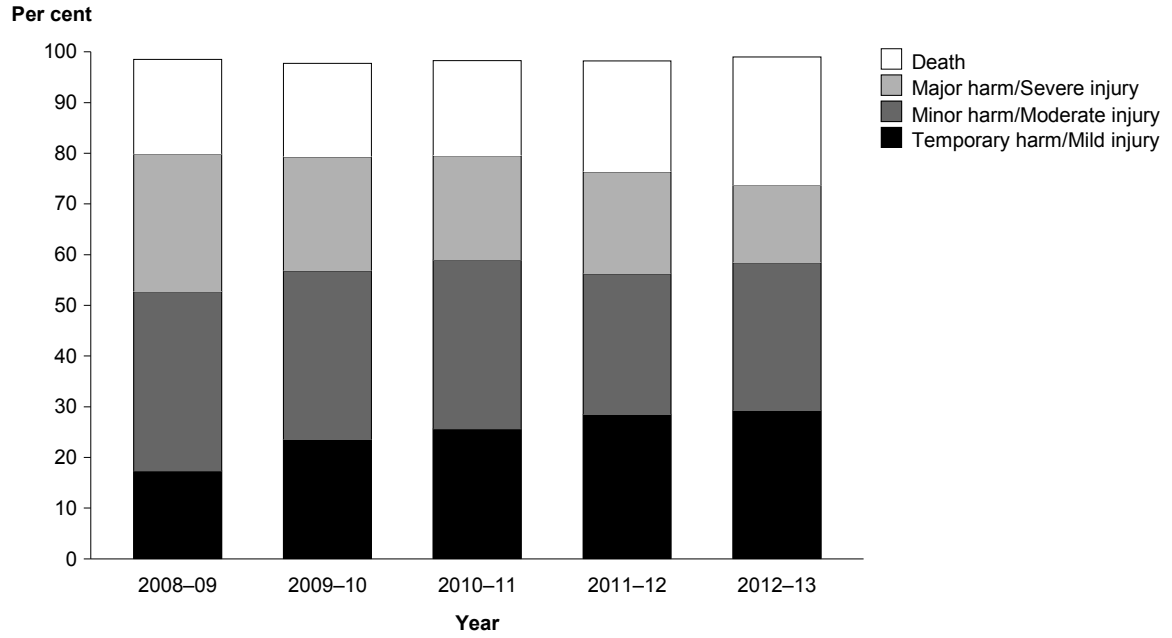
Table 4.10: Total claim size ($) for closed public sector claims, by extent of harm, 2008–09 to 2012–13 (excluding Western Australia and *Not known*) (per cent)

Total claim size ($)	Extent of harm	2008–09	2009–10	2010–11	2011–12	2012–13
Less than 10,000	Temporary harm/Mild injury	28.1	37.3	45.0	48.1	47.4
	Minor harm/Moderate injury	32.7	29.3	27.1	22.8	21.8
	Major harm/Severe injury	19.7	10.4	9.4	9.5	7.0
	Death	17.0	17.6	16.4	17.0	21.8
	No body function/structure affected	2.5	5.3	2.0	2.6	1.9
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
10,000–<100,000	Temporary harm/Mild injury	13.9	25.8	19.1	24.4	26.1
	Minor harm/Moderate injury	42.5	32.4	37.2	27.4	30.6
	Major harm/Severe injury	20.8	19.5	17.1	16.2	10.4
	Death	22.0	22.0	24.8	30.4	32.2
	No body function/structure affected	0.9	0.3	1.8	1.6	0.7
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
100,000 or more	Temporary harm/Mild injury	5.1	3.7	8.0	10.8	11.8
	Minor harm/Moderate injury	32.3	39.2	37.2	33.6	36.1
	Major harm/Severe injury	43.9	40.6	38.1	34.7	28.6
	Death	18.1	16.4	15.8	20.0	23.3
	No body function/structure affected	0.6	0.0	0.9	0.9	0.2
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total	Temporary harm/Mild injury	17.3	23.5	25.6	28.4	29.2
	Minor harm/Moderate injury	35.4	33.3	33.3	27.8	29.2
	Major harm/Severe injury	27.1	22.5	20.6	20.1	15.3
	Death	18.7	18.4	18.8	21.9	25.3
	No body function/structure affected	1.5	2.3	1.6	1.7	1.0
	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 1,212 in 2008–09, 1,084 in 2009–10, 1,422 in 2010–11, 1,264 in 2011–12 and 1,519 in 2012–13.
2. Percentages may not add up exactly to 100.0 due to rounding.

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 2008–09 and 2012–13, compared with 5–12% closed for $100,000 or more. In contrast, *Major harm/Severe injury* accounted for 29–44% of claims closed for $100,000 or more, compared with just 7–20% closed for less than $10,000. Accordingly, the modest change over time in overall total claim size (Table 4.7), despite the impact of inflation during the period, may be related to a tendency for milder effects on the patients in the extent of harm they underwent.



Source: Table 4.10.

Figure 4.7: Proportions of closed public sector claims (excluding Western Australia) associated with mild, moderate and severe injury and with death, 2008–09 to 2012–13 (per cent)

4.5 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. The numbers of new claims were 1,430 in 2003–04, 1,207 in 2004–05, 1,429 in 2005–06, and between 947 and 1,397 for each of the years between 2006–07 and 2012–13 (Appendix Table G.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 G.1 and G.2.

Across the time series, between 7% and 13% of claims were closed in the year they were opened. The proportion of claims closed by the following year varied between 31% and 47%. (The proportion of new 2012–13 claims that were closed by the year after the reserve was set will become known when the 2013–14 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 59% and 70%, yet some claims took longer to close than the majority of claims. For example, 23 (2%) of the claims with their reserve set in 2003–04 were still open at the end of 2012–13.

Figure 4.8 presents the data in Appendix Table G.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 2009–10 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 2007–08), about 7% of claims took more than 5 years to close.

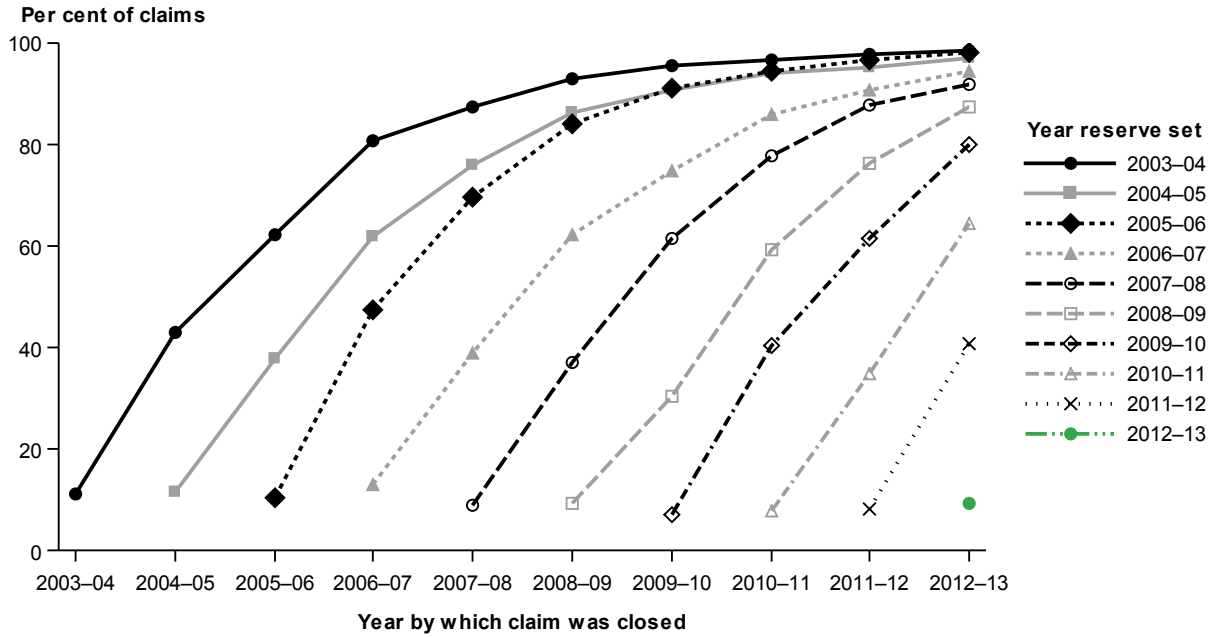


Figure 4.8: Proportion of public sector claims (excluding Western Australia) closed by year, by year reserve set

Time taken for claims of different claim size to close

More costly claims tend to take longer to be closed (Section 3.3). 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 G.3 presents data on the 1,407 closed claims with their reserve set in 2003–04 and which had been closed by the end of 2012–13. Appendix tables G.4 to G.12 present corresponding data on closed claims with their reserve set between 2004–05 and 2012–13. These tables show that the number of claims closed for less than $10,000 (which includes those closed for no 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 4.9 and 4.10 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 of claims closed for less than $10,000 had plateaued at around 45% in both claim cohorts.

The proportions 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 at 25–30% of claims.

The proportions 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 9 years after the reserve was set. The same was true of claims closed for $500,000 or more.

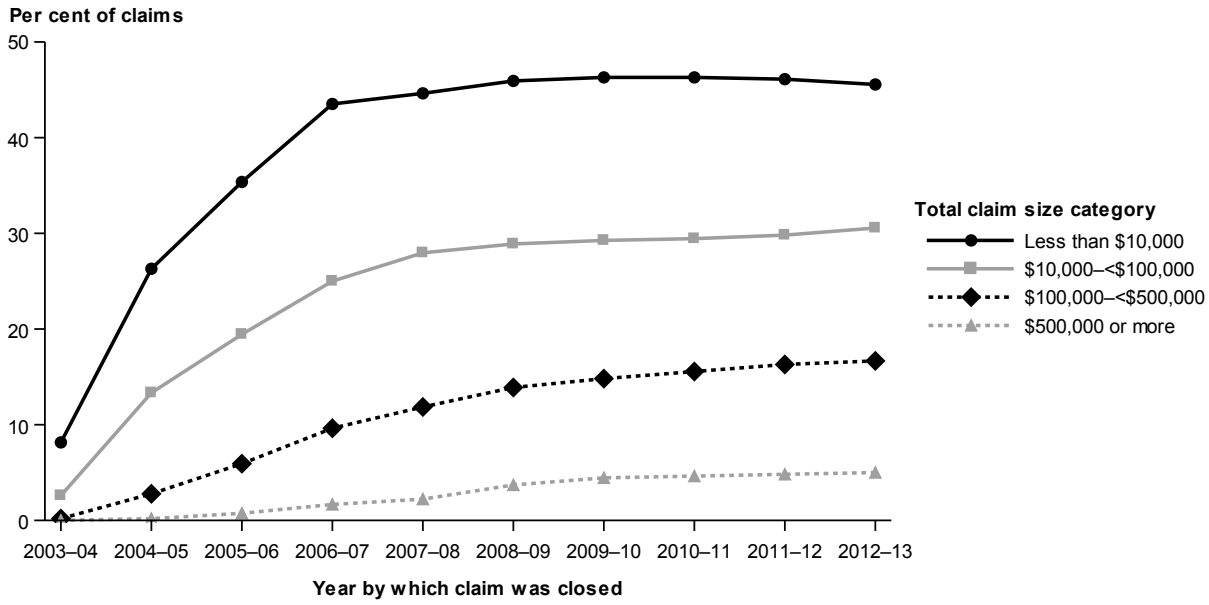


Figure 4.9: Public sector claims (excluding Western Australia) with their reserve set in 2003–04: proportions closed for different claim size categories, by year

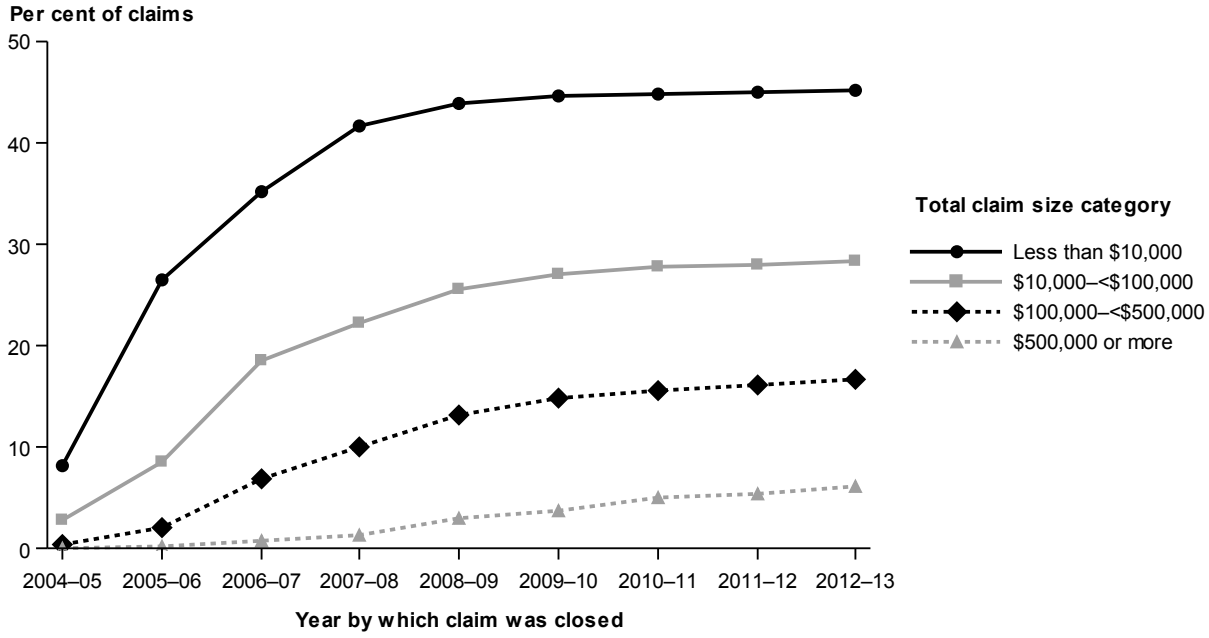


Figure 4.10: Public sector claims (excluding Western Australia) with their reserve set in 2004–05: proportions closed for different claim size categories, by year

Claim cohort analysis gives further 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 70–75% of claims have been closed for less than $100,000. Also, the

proportion potentially closed for $500,000 or more is small, around 5−7% of claims in any cohort.

4.6 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 allows 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 further 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*.

The analysis presented here considers the cohorts of claims with their incident year between 2001–02 and 2012–13. The data for claims with a 2001–02 incident year are presented in Appendix Table G.13 and the data for claims with a later incident year are presented in Appendix tables G.14 to G.24. In these tables, the status of claim categories *Unnotified* and *Alleged* are marked as *Not applicable* for the year 2012–13. 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, 2012–13), but the definition of public sector claims in scope for MINC purposes requires them to have had their reserve placed by 2012–13.

Progression from incident to claim closure

The progression from incident to closed claim is illustrated in Appendix Table G.13 and Figure 4.11 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%). A further 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 2012–13 MINC data included 1 new claim with a 2001–02 incident year, which had remained *Unnotified* up to that time.

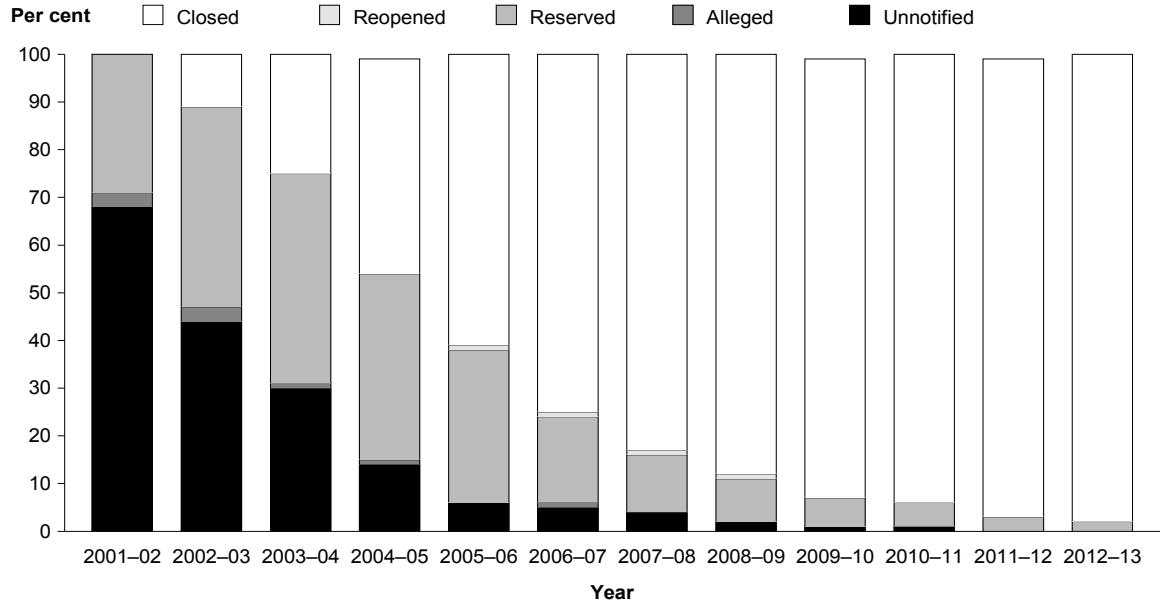


Figure 4.11: Public sector claims (excluding Western Australia) with a 2001–02 year of incident: status of claim, by year of/after the incident (per cent)

Considering claims that have arisen from incidents in the years from 2001–02 to 2010–11, it can be seen that more than half of the claims remained *Unnotified* in the year of the incident (Appendix tables G.13 to G.22). 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 78% of claims had been closed (Appendix tables G.13 to G.19, applicable to claims with an incident year between 2001–02 and 2007–08).

In summary, the average length of time between health-care incident and when a claim was opened was about 2 years, and 3 to 4 years between the incident and when a claim was closed.

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 G.25 and G.26, and the percentages are graphed in figures 4.12 and 4.13.

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 5% of claims.

The shape of the proportions in figures 4.12 and 4.13 is different from the shape of the proportions in figures 4.9 and 4.10. 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 4.12 and 4.13 closely resemble those in figures 4.9 and 4.10. 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 G.25 and G.26 also show that just over three-quarters of claims with a 2001–02 or 2002–03 year of incident had been closed for less than $100,000 by 2012–13.

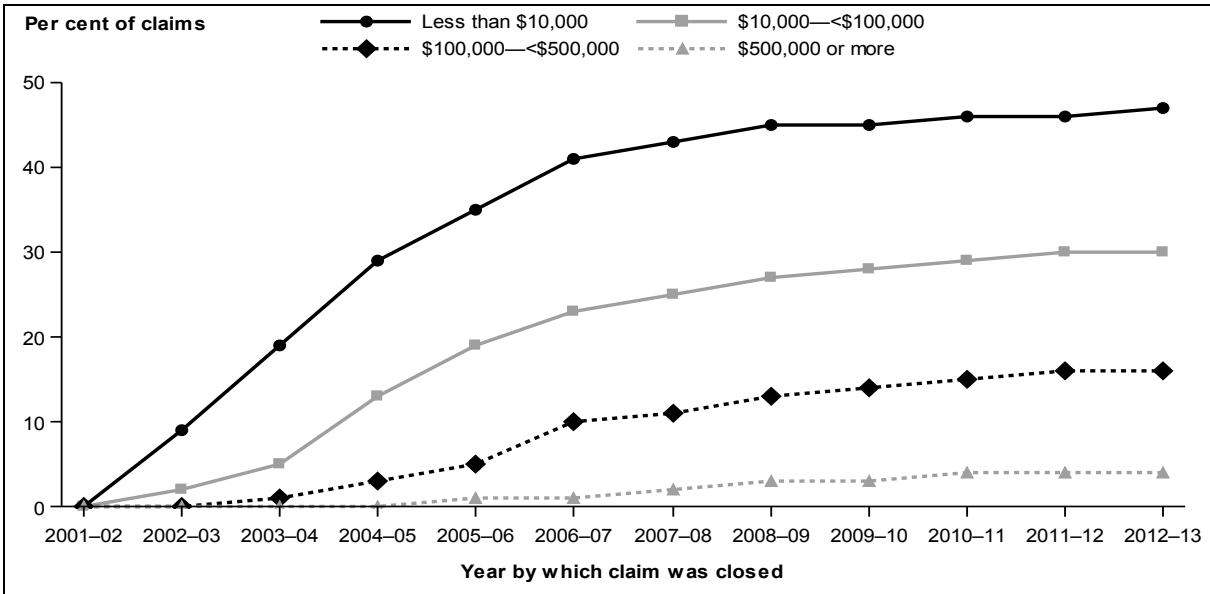


Figure 4.12: Public sector claims (excluding Western Australia) with a 2001–02 year of incident: proportions closed for different claim size categories, by year

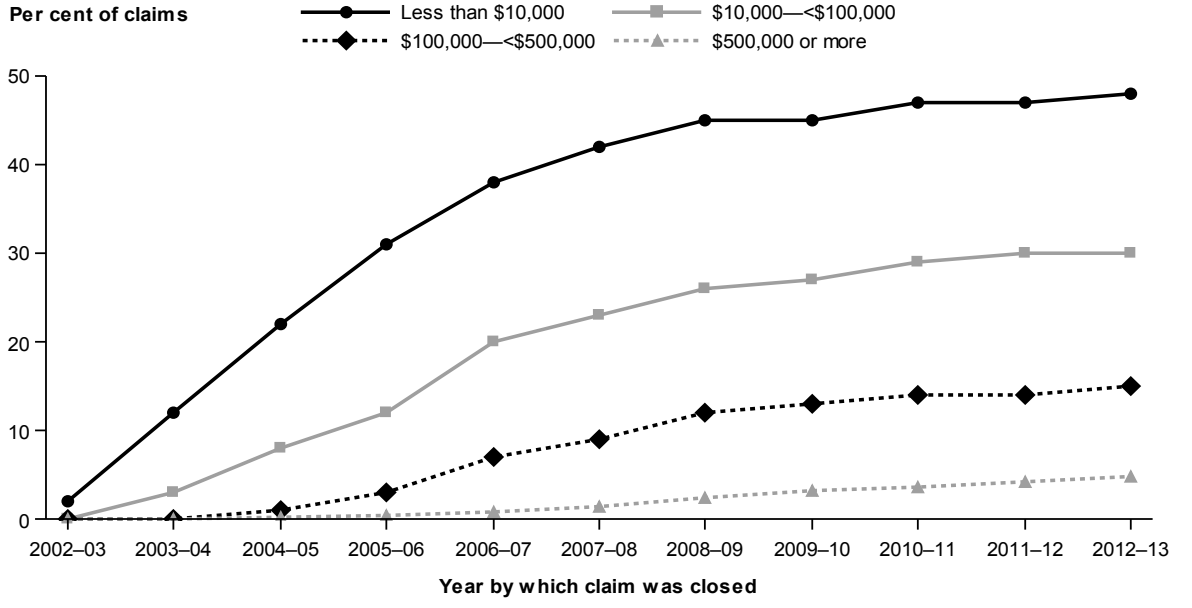


Figure 4.13: Public sector claims (excluding Western Australia) with a 2002–03 year of incident: proportions closed for different claim size categories, by year

5 Public and private sector medical indemnity claims for 2012–13

This chapter presents a profile of the 13,666 reported public and private sector claims that were open at some point between 1 July 2012 and 30 June 2013 (Table 5.1). The data on private sector claims have been supplied to the AIHW for aggregated reporting with the data on public sector claims, which are the same claims as reported on in Chapter 3.

During 2012–13, there were 4,225 new claims opened or notified, 5,309 claims that were closed (settled, for example, through negotiation or a court decision, or discontinuation), and at 30 June 2013 there were 8,357 current claims. (See Box 1.2 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 2012 to 30 June 2013

Claim category	Description	Number
New	Claims opened or notified within the reporting period (1 July 2012 to 30 June 2013)	4,225
Current	Claims that remained open at 30 June 2013	8,357
Closed	Claims that were finalised during the reporting period (1 July 2012 to 30 June 2013)	5,309
All	All claims open at some point during the reporting period (1 July 2012 to 30 June 2013)	13,666

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

5.1 New claims

This section provides information on the 4,225 new claims that were opened in the 2012–13 year.

Health service setting

Public sector claims can arise from alleged incidents in private sector health settings and vice versa (Box 1.1). 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 814 new 2012–13 public sector claims with a known health service setting, 786 (97%) were associated with a public hospital/day surgery (Table 3.2) and 1 with a private hospital/day surgery. From this it can be deduced that, of the 1,297 new private sector claims in 2012–13 with a known health service setting, 116 (9%) were connected with public hospitals and day surgeries and 294 (23%) with private hospitals and day surgeries.

In 2012–13, just over one-fifth (22% or 930) of new claims were reported as occurring within a public setting. Of these claims, 97% (902) arose within a public hospital or day surgery. *Other public setting* – for instance public community health centres and residential aged care services—was connected with the other 3% (Table 5.2).

A private health service setting was the health service setting recorded for 27% (1,147) of new claims. Of these claims, 26% (295) arose in a private hospital or day surgery while 42% (479 claims) were recorded for private medical clinics.

The health service setting was *Not known* in 50% of new claims.

Table 5.2: Health service setting for new public (excluding Western Australia) and private sector claims, 1 July 2012 to 30 June 2013

Health service setting	Number	% of claims
Public hospital/ day surgery[(a)]	902	21.3
Other public setting[(b)]	28	0.7
Private hospital/ day surgery[(c)]	295	7.0
Private medical clinic[(d)]	479	11.3
Other private setting[(e)]	373	8.8
Other[(f)]	34	0.8
Not known	2,114	50.0
Total	**4,225**	**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 2014).

Note: 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.

Specialty of medical practitioner

The 'specialty of medical practitioner' is derived from the MINC data item 'specialty of clinician/s closely involved in incident'. The latter 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. When reporting combined public and private sector claims, reporting is restricted to medical practitioners, because the majority of private sector non-medical practitioners are not covered by MII insurance.

There are differences between the medical specialties most commonly reported for the combined sectors and those reported for the public sector on its own. This is because certain medical 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. Yet for claims in the public sector, up to 4 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 4 times in tables 5.3 and Appendix table H.1.

The 12 medical specialty categories recorded most commonly during 2012–13 feature in Table 5.3. *General practice* was the most commonly recorded specialty, associated with 493 (12%) of new claims, or 25%, excluding claims with a non-medical or *Not known* clinician specialty. *General practice* is also the medical specialty with the largest number of practitioners (Appendix Table E.1). Four other specialties often recorded were *General surgery*, *Orthopaedic surgery*, *Obstetrics and gynaecology* and *Emergency medicine*.

Table 5.3: Specialties of medical practitioners[a] closely involved in the alleged incident for new public (excluding Western Australia) and private sector claims, 1 July 2012 to 30 June 2013

Specialty of medical practitioner	Number	% of claims
General practice[b]	493	11.7
General surgery	166	3.9
Orthopaedic surgery	156	3.7
Obstetrics and gynaecology[c]	121	2.9
Emergency medicine	102	2.4
Anaesthesia	76	1.8
Plastic and reconstructive surgery	64	1.5
Psychiatry	55	1.3
Diagnostic radiology	50	1.2
Cardiology	46	1.1
Gynaecology only	41	1.0
Ophthalmology	37	0.9
Other hospital-based medical practitioner[d]	73	1.7
All other medical specialties	277	6.6
Not applicable[e]	445	10.5
Not known	2,094	49.6
All new claims[f]	**4,225**	**100.0**

(a) The 'medical specialty' categories listed separately here are the 13 most frequently recorded categories; all other categories are combined in the category *All other medical specialties*. See Appendix Table H.1 for counts for these other categories.

(b) Combines the categories *General practice—non-procedural* and *General practice—procedural* (Section 2.6).

(c) Combines the categories *Obstetrics and gynaecology* and *Obstetrics only* (Section 2.6).

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

(e) The *Not applicable* category covers claims for health-care incidents not associated with any identified medical practitioner.

(f) Up to 4 different specialties may be recorded for a public sector claim, and so some claims are represented in more than 1 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%.

Patients' sex and age group

Almost half of the reported new claims for 2012–13 (2,052 of 4,225 claims, 49%) are *Not known* for both the sex and age group of the patient at the centre of the incident. This not only makes the available data hard to understand but also opens up the possibility of considerable changes to the proportional representation of the categories involved as additional information on the claims is collected in the future.

However, on the available data, claims involving female patients (1,225 cases, or 58%) considerably outnumber claims involving male patients (891 cases, or 42%). This bias towards female patients is also found with every age group except the <1, 5–17 and 80 or more age groups. A similarly greater representation of female than male patients for most age groups and for claims overall has been observed for combined public and private sector

claims ever since the collection of a detailed breakdown of age-group data began with the 2009–10 reference year (AIHW 2012b, 2012c, 2013a).

As in previous years (AIHW 2012b, 2012c, 2013a), the age group associated with the largest number of combined public and private sector claims is the 40–59 category, closely followed by the 18–39 category. On the other hand, the 3 age groups associated with the smallest number of claims are the 1–4, 80 or more, and 5–17 categories (in that order).

Table 5.4: Patients' sex and age group (years) for new public (excluding Western Australia) and private sector claims, 1 July 2012 to 30 June 2013

	Age group									
Sex	<1	1–4	5–17	18–39	40–59	60–79	80 or more	Not known	Total	Total per cent
Males	63	10	47	187	253	165	23	143	891	21.1
Females	45	11	49	390	350	168	19	223	1,255	29.7
Not known	5	0	3	4	10	4	1	2,052	2,079	49.2
Total	**113**	**21**	**99**	**581**	**613**	**337**	**43**	**2,418**	**4,225**	**100.0**
%	*2.7*	*0.5*	*2.3*	*13.8*	*14.5*	*8.0*	*1.0*	*57.2*	*100.0*	. .
				% (excluding *Not known* sex)						
Males	58.3	47.6	49.0	32.4	42.0	49.5	54.8	39.1	41.5	. .
Females	41.7	52.4	51.0	67.6	58.0	50.5	45.2	60.9	58.5	. .
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**. .**

. . Not applicable

Note: The 2,079 claims coded *Not known* for 'sex' are excluded for calculating the percentages presented in the bottom half of the table, which are based on 2,146 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 assessed to be of primary importance in giving rise to the claim. The 11 general categories reported for public sector claims (Table 4.4) are reduced to 10 categories for reporting combined public and private sector claims, because *General duty of care* is not an NCPD category (Appendix Table A.2).

In 2012–13, the most common primary incident/allegation category was *Other*, recorded for 22% of new claims (Table 5.5). However, most of these records (729 of 936, 78%) relate to claims where the patient's age group was *Not known*. This association indicates that the *Other* category was often used where the primary incident/allegation type was effectively *Not known*, which was recorded for a further 37% of new claims. As for the categories predominantly recorded for claims where the patient's age group was known, the 3 most common categories were *Procedure, Diagnosis* and *Treatment*, respectively associated with 638 (15%), 460 (11%) and 451 (11%) of new claims. All other categories were associated with between just 2 and 70 new claims.

There is some variation between the age groups in terms of the proportion of claims associated with *Procedure*, *Diagnosis* and *Treatment* (Figure 5.1). *Procedure* and *Diagnosis*, and to a lesser degree *Treatment*, were similar to each other in terms of their proportionate representation in the <1 and 80 or more age groups, and also in the 1–4 and 5–17 age groups considered together. Where *Procedure* stood out as the most frequently reported category was for all of the 18–39 to 60–79 age groups. Comparison with the data from the 2008–09 to

2011–12 reference years shows a consistent pattern for *Procedure*, *Diagnosis* and *Treatment* to account for similar proportions of baby claims, whereas with patients aged 1–17, *Diagnosis* has regularly been the primary incident/allegation type recorded most often. Also, *Procedure* and *Diagnosis* have consistently been the most frequently recorded category for adults aged 18 or more considered together (Appendix tables H.12 and H.13).

Supplementary information on the primary incident/allegation types reported for new 2012–13 claims is provided in Appendix H. Appendix Tables H.2 and H.3 relate this data item to health service setting, Appendix tables H.6 and H.7 relate it to medical practitioner specialty, while Appendix tables H.10 and H.11 relate it to age group for male and female patients as well as patients overall.

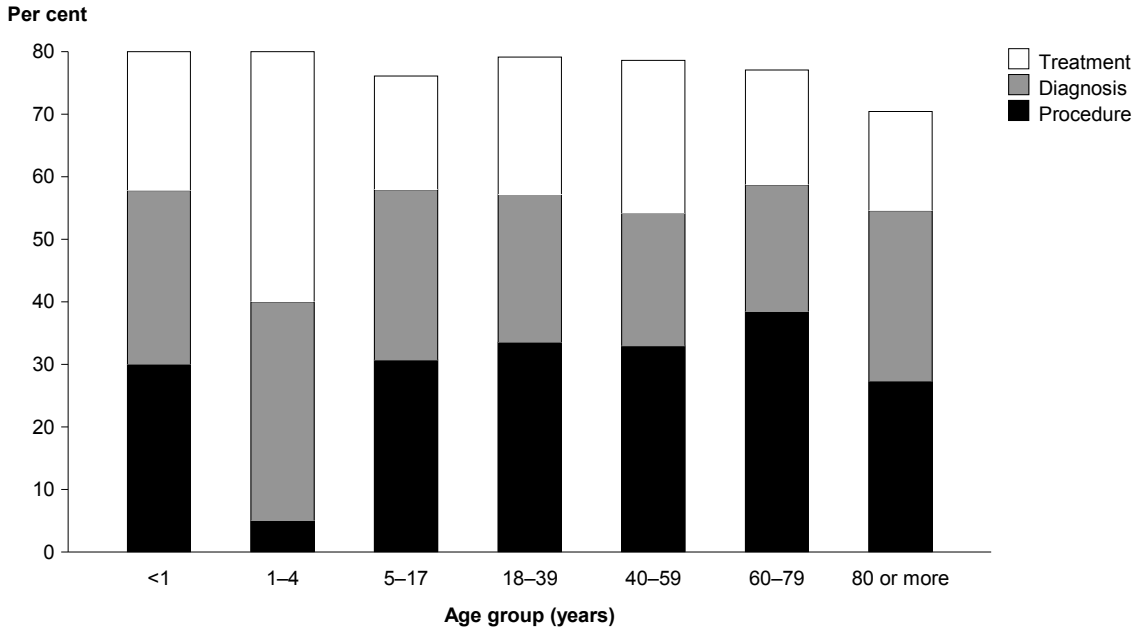
Table 5.5: Primary incident/allegation type for new claims, by patients' age group, public (excluding Western Australia) and private sector claims, 1 July 2012 to 30 June 2013

	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**
Anaesthetic	1	0	1	6	12	9	2	10	41
Blood/blood product-related	1	0	0	0	0	1	0	0	2
Consent	0	0	1	6	10	3	0	7	27
Device failure	0	0	0	0	1	4	0	3	8
Diagnosis	25	7	24	127	122	63	12	80	460
Infection control	0	1	3	1	1	1	0	2	9
Medication-related	3	1	3	21	15	16	2	9	70
Procedure	27	1	27	181	188	119	12	83	638
Treatment	20	8	16	118	140	57	7	85	451
Other[(a)]	12	2	12	72	71	30	8	729	936
Not known	24	1	12	49	53	34	0	1,410	1,583
Total	**113**	**21**	**99**	**581**	**613**	**337**	**43**	**2,418**	**4,225**
	% (excluding *Not known* primary incident/allegation type)								
Anaesthetic	1.1	0.0	1.1	1.1	2.1	3.0	4.7	1.0	1.6
Blood/blood product-related	1.1	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.1
Consent	0.0	0.0	1.1	1.1	1.8	1.0	0.0	0.7	1.0
Device failure	0.0	0.0	0.0	0.0	0.2	1.3	0.0	0.3	0.3
Diagnosis	28.1	35.0	27.6	23.9	21.8	20.8	27.9	7.9	17.4
Infection control	0.0	5.0	3.4	0.2	0.2	0.3	0.0	0.2	0.3
Medication-related	3.4	5.0	3.4	3.9	2.7	5.3	4.7	0.9	2.6
Procedure	30.3	5.0	31.0	34.0	33.6	39.3	27.9	8.2	24.1
Treatment	22.5	40.0	18.4	22.2	25.0	18.8	16.3	8.4	17.1
Other[(a)]	13.5	10.0	13.8	13.5	12.7	9.9	18.6	72.3	35.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Includes the MINC categories *General duty of care* and *Other,* and the NCPD categories *Legal expense coverage* (LE) and *Other* (OR).

Notes

1. See Appendix Table A.4 for examples of selected incident/allegation types.
2. The 1,583 claims coded *Not known* for 'primary incident/allegation type' are excluded for calculating the percentages presented in the bottom half of the table, which are based on 2,642 claims.
3. Percentages may not add up exactly to 100.0 due to rounding.



Source: Table 5.5.

Figure 5.1: Three primary incident/allegation types most frequently recorded for new claims, by patients' age group, public (excluding Western Australia) and private sector claims, 1 July 2012 to 30 June 2013 (excluding *Not known*) (per cent)

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 2012–13, the 2 categories recorded most often for new public and private sector claims were *Digestive, metabolic and endocrine systems* (642 claims, 15%) and *Neuromusculoskeletal and movement-related* (551 claims, 13%). The next 2 most frequently recorded categories were *Mental and nervous system* and *Death*.

Those claims where no body function/structure of the claim subject was affected represented 4% of new claims. For 37% of new claims, the primary body function/structure affected was *Not known* (Table 5.6).

There was some variation in the primary body function/structure affected depending on the patients' age group (Figure 5.2). The most frequently recorded categories were *Digestive, metabolic and endocrine systems* for the 18–39, 40–59 and 60–79 age categories, *Mental and nervous system* for the <1 and 1–4 age categories, and *Death* for the 80 or more age category (Figure 5.2).

The 2012–13 new claims are similar to the 2008–09 to 2011–12 new claims in some respects but not in others (Appendix tables H.16 and H.17). Similarities include a greater number of baby claims associated with alleged *Mental and nervous system* effects than any other of the categories, and a proportion of adult claims (patients aged 18 and above) of 15–20% associated with alleged *Neuromusculoskeletal and movement-related* effects. On the other hand, the proportion of claims for patients aged 1–17 associated with the *Mental and nervous system* category was higher in 2012–13 (24%) than any year between 2008–09 and 2011–12 (10–15%). Also, the proportion of claims associated with the *Digestive, metabolic and endocrine systems*

category for patients aged 18 or more was 24% in 2012–13, higher than the 13–16% for new claims reported between 2008–09 and 2011–12.

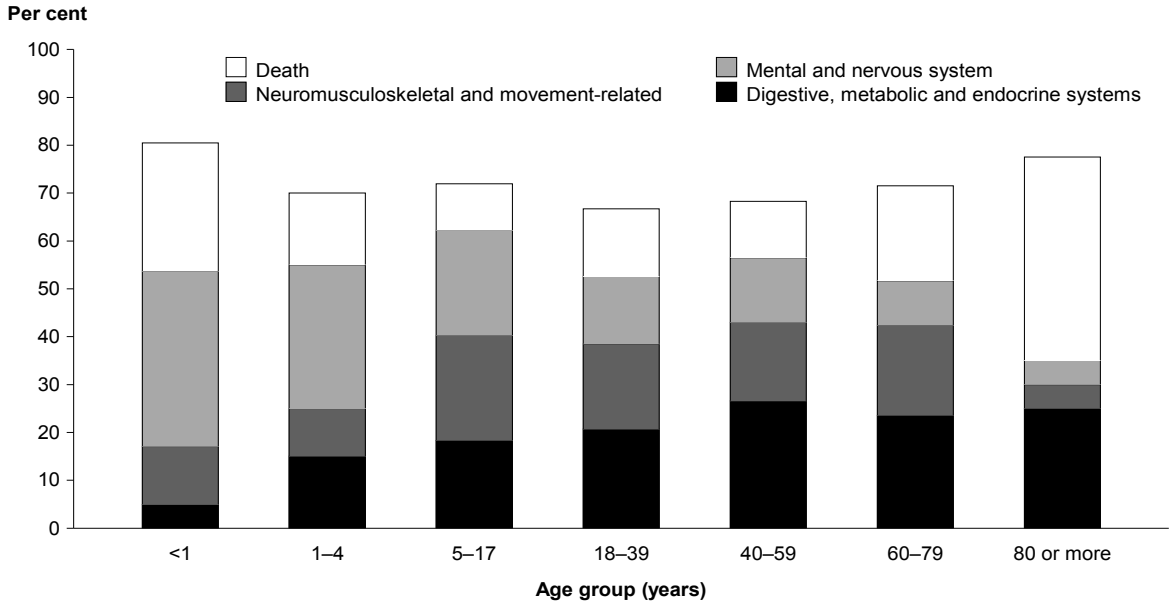
For supplementary information on how the primary body function/structure affected categories relate to age groups for males and females as well as patients overall, see Appendix tables H.14 and H.15.

Table 5.6: Primary body function/structure affected for new claims, by patients' age group, public (excluding Western Australia) and private sector claims, 1 July 2012 to 30 June 2013

Primary body function/structure affected	Age of patient at time alleged incident occurred								
	< 1	1–4	5–17	18–39	40–59	60–79	80 or more	Not known	Total
Cardiovascular, haematological, immunological and respiratory	2	3	5	33	27	26	2	107	205
Death	22	3	8	74	67	60	17	53	304
Digestive, metabolic and endocrine systems	4	3	15	108	149	72	10	281	642
Genitourinary and reproductive	7	0	4	64	53	12	0	59	199
Mental and nervous system	30	6	18	74	77	28	2	97	332
Neuromusculoskeletal and movement-related	10	2	18	88	82	53	2	296	551
Sensory functions and structures	1	1	4	19	30	18	3	51	127
Skin and related structures	3	1	5	44	45	19	0	32	149
Voice and speech	1	0	0	1	3	0	1	2	8
No function/structure affected	2	1	5	15	24	11	3	99	160
Not known	31	1	17	61	56	38	3	1,341	1,548
Total	**113**	**21**	**99**	**581**	**613**	**337**	**43**	**2,418**	**4,225**
	% (excluding *Not known* primary body function/structure affected)								
Cardiovascular, haematological, immunological and respiratory	2.4	15.0	6.1	6.1	4.8	8.7	5.0	9.9	7.7
Death	26.8	15.0	9.8	14.2	12.0	20.1	42.5	4.9	11.4
Digestive, metabolic and endocrine systems	4.9	15.0	18.3	20.8	26.8	24.1	25.0	26.1	24.0
Genitourinary and reproductive	8.5	0.0	4.9	12.3	9.5	4.0	0.0	5.5	7.4
Mental and nervous system	36.6	30.0	22.0	14.2	13.8	9.4	5.0	9.0	12.4
Neuromusculoskeletal and movement-related	12.2	10.0	22.0	16.9	14.7	17.7	5.0	27.5	20.6
Sensory functions and structures	1.2	5.0	4.9	3.7	5.4	6.0	7.5	4.7	4.7
Skin and related structures	3.7	5.0	6.1	8.5	8.1	6.4	0.0	3.0	5.6
Voice and speech	1.2	0.0	0.0	0.2	0.5	0.0	2.5	0.2	0.3
No function/structure affected	2.4	5.0	6.1	2.9	4.3	3.7	7.5	9.2	6.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Notes

1. The 1,548 claims coded *Not known* for 'primary body function/structure affected' are excluded for calculating the percentages presented in the bottom half of the table, which are based on 2,677 claims.
2. Percentages may not add up exactly to 100.0 due to rounding.



Source: Table 5.6.

Figure 5.2: Four 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 2012 to 30 June 2013 (excluding *Not known*) (per cent)

5.2 Current claims

This section reports information on the 8,357 claims that were current at 30 June 2013.

Duration and reserve range

Duration of current 2012–13 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 2013 (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 2012–13, 44% (3,687 of 8,357) had been open for up to 1 year, 69% (5,766 claims) for up to 2 years, 83% (6,962 claims) for up to 3 years and 6% (520) had been open after more than 5 years (Table 5.7).

Of the claims open at the end of the period, 68% (5,677) of claims had a reserve of less than $100,000, including 26% (2,128 claims) with a reserve of less than $10,000. There were 737 current claims (9%) with a reserve set between $250,000 and less than $500,000 and 690 (8%) with a reserve set at $500,000 or more.

For claims with a reserve set at less than $10,000, 62% (1,317 of 2,128 claims) had been open for 1 year or less, contrasting with the 4% (90 claims) open for more than 4 years.

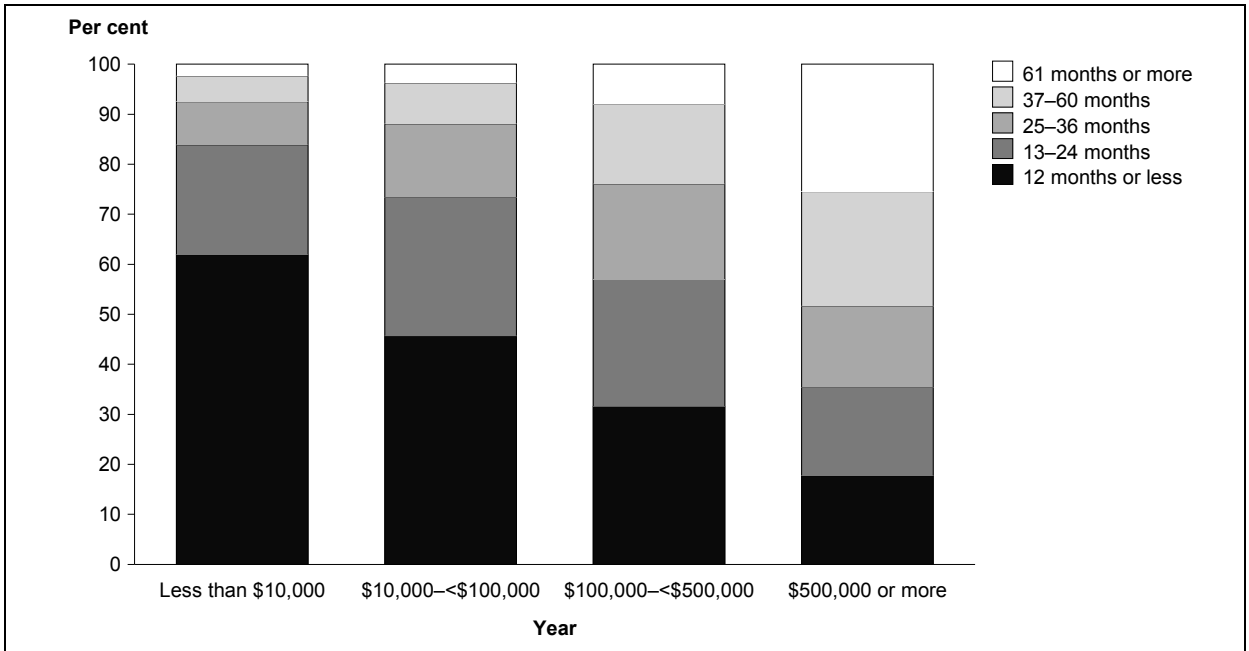
On the other hand, claims with their reserve set at $500,000 or more tended to have remained open for a longer period than other current claims. The proportion of these claims open for more than 5 years was 26% (176 of 690 claims).

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

Table 5.7: Length of claim (months) for current public (excluding Western Australia) and private sector claims, by reserve range ($), at 30 June 2013

	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	1,317	1,140	180	300	430	198	122	3,687
13–24	467	591	152	241	316	190	122	2,079
25–36	184	245	108	168	236	143	112	1,196
37–48	70	66	41	83	111	84	96	551
49–60	39	42	22	37	73	49	62	324
61 or more	51	41	41	51	87	73	176	520
Total	**2,128**	**2,125**	**544**	**880**	**1,253**	**737**	**690**	**8,357**
%	*25.5*	*25.4*	*6.5*	*10.5*	*15.0*	*8.8*	*8.3*	*100.0*
				%				
12 or less	61.9	53.6	33.1	34.1	34.3	26.9	17.7	44.1
13–24	21.9	27.8	27.9	27.4	25.2	25.8	17.7	24.9
25–36	8.6	11.5	19.9	19.1	18.8	19.4	16.2	14.3
37–48	3.3	3.1	7.5	9.4	8.9	11.4	13.9	6.6
49–60	1.8	2.0	4.0	4.2	5.8	6.6	9.0	3.9
61 or more	2.4	1.9	7.5	5.8	6.9	9.9	25.5	6.2
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.



Source: Table 5.7.

Figure 5.3: Duration of claim (months) for current claims, by reserve range ($), public (excluding Western Australia) and private sector claims, at 30 June 2013 (per cent)

5.3 Closed claims

This section includes information on the 5,309 claims closed during the 2012–13 year.

Duration and total claim size

Duration of closed 2012–13 claims is measured as the number of months between when the reserve was placed (public sector and some MII claims) or the date of the report (other MII claims) and when the claim was closed. Four-fifths (80%, 4,253 claims) of closed 2012–13 claims had a duration of up to 3 years, while 6% 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 2012–13, there were 63% (3,333) of public and private sector claims closed for less than $10,000, including 13% (695 claims) closed for no cost. At the other end of the scale, 180 claims (accounting for 3% of closed claims) were settled for over $500,000. The proportion closed for $10,000 to less than $100,000 was 22% (1,174 claims), and the proportion closed for $100,000 to less than $500,000 was 12% (622 claims) (Table 5.8).

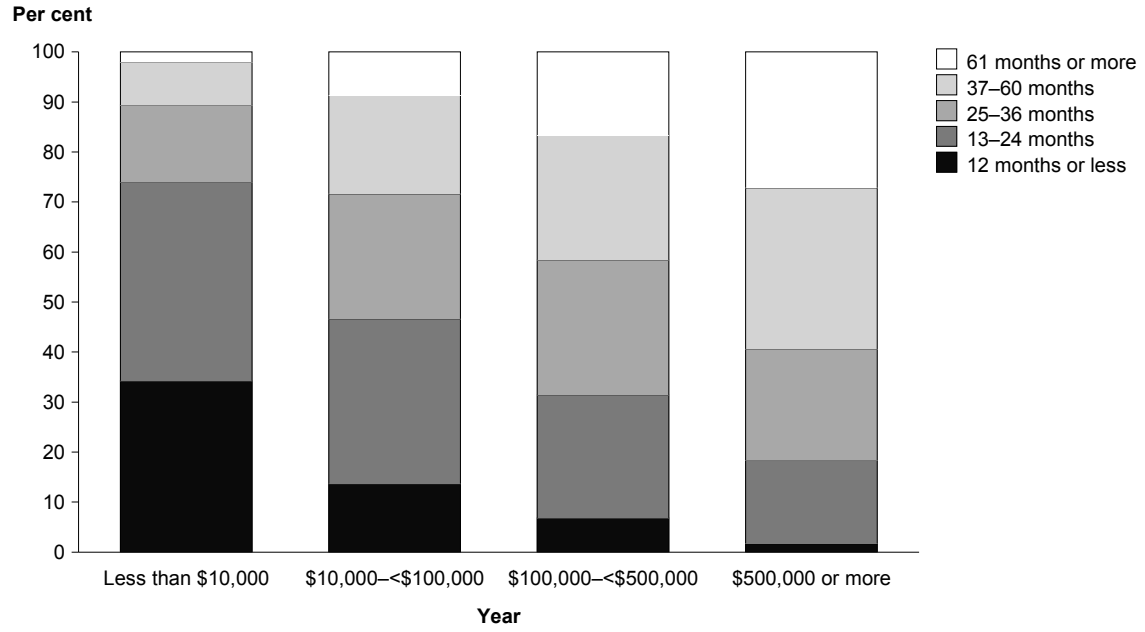
Table 5.8: Length of claim (months) for closed public (excluding Western Australia) and private sector claims, by total claim size ($), 1 July 2012 to 30 June 2013

	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	170	970	101	25	34	35	7	3	1,345
13–24	239	1,084	229	70	88	98	55	30	1,893
25–36	155	359	158	57	78	112	56	40	1,015
37–48	80	124	83	26	37	69	33	40	492
49–60	27	56	31	22	33	31	22	18	240
61 or more	24	45	34	27	41	52	52	49	324
Total	**695**	**2,638**	**636**	**227**	**311**	**397**	**225**	**180**	**5,309**
%	*13.1*	*49.7*	*12.0*	*4.3*	*5.9*	*7.5*	*4.2*	*3.4*	*100.0*
					%				
12 or less	24.5	36.8	15.9	11.0	10.9	8.8	3.1	1.7	25.3
13–24	34.4	41.1	36.0	30.8	28.3	24.7	24.4	16.7	35.7
25–36	22.3	13.6	24.8	25.1	25.1	28.2	24.9	22.2	19.0
37–48	11.5	4.7	13.1	11.5	11.9	17.4	14.7	22.2	9.3
49–60	3.9	2.1	4.9	9.7	10.6	7.8	9.8	10.0	4.5
61 or more	3.5	1.7	5.3	11.9	13.2	13.1	23.1	27.2	6.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

About 74% of claims closed for less than $10,000, including those with a nil cost, were settled within 2 years (2,463 of 3,333 claims). A duration of 5 years or more was recorded for 13% (93 of 708) of claims settled for $50,000 to less than $250,000, 23% (52 of 225) of claims settled

for between $250,000 and less than $500,000, and 27% (49 of 180) of claims settled for $500,000 or more.

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



Source: Table 5.8.

Figure 5.4: Duration of claim (months) for closed claims, by total claim size ($), public (excluding Western Australia) and private sector claims, 1 July 2012 to 30 June 2013 (per cent)

Mode of claim finalisation and total claim size

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). For 2012–13, the *Discontinued* category includes closed private sector claims where the claimant did not have legal representation. Not of all these claims for previous reference years were counted as *Discontinued*, and so the data in Table 5.9 is not comparable with the combined public and private sector data on claim finalisation modes published in previous reports in this series (for instance, tables 5.12 and 6.14 in AIHW 2013a).

Of the 5,309 public and private sector claims closed between 1 July 2012 and 30 June 2013, 4% were finalised through a court decision, 21% were finalised through negotiation and 75% were discontinued (Table 5.9).

Discontinuation was the most frequently recorded mode of finalisation for claims closed for no cost (667 of 695 claims, 96%) or for a cost of less than $50,000 (3,064 of 3,501 claims, or 88%). Discontinuation was less often recorded for claims closed for $100,000 or more (120 of 802 claims, or 15%).

About 71% (572 of 802 claims) with a claim size of $100,000 or more were settled through negotiation.

Table 5.9: Total claim size ($) for closed claims, by mode of claim finalisation, public (excluding Western Australia) and private sector claims, 1 July 2012 to 30 June 2013

	Mode of claim finalisation			
Total claim size ($)	Court decision	Negotiated	Discontinued[a]	Total[b]
Nil	7	20	667	695
1–<10,000	15	218	2,405	2,638
10,000–<30,000	16	101	519	636
30,000–<50,000	15	72	140	227
50,000–<100,000	30	159	122	311
100,000–<250,000	47	270	80	397
250,000–<500,000	35	163	27	225
500,000 or more	28	139	13	180
Total	**193**	**1,142**	**3,973**	**5,309**
	% (excluding *Not known* mode of finalisation)			
Nil	1.0	2.9	96.1	100.0
1–<10,000	0.6	8.3	91.2	100.0
10,000–<30,000	2.5	15.9	81.6	100.0
30,000–<50,000	6.6	31.7	61.7	100.0
50,000–<100,000	9.6	51.1	39.2	100.0
100,000–<250,000	11.8	68.0	20.2	100.0
250,000–<500,000	15.6	72.4	12.0	100.0
500,000 or more	15.6	77.2	7.2	100.0
Total	**3.6**	**21.5**	**74.9**	**100.0**

(a) Includes closed private sector claims coded as 'Plaintiff does not have legal representation' (Appendix Table A.2).

(b) Total includes 1 claim closed for $0 by an unknown mode of finalisation.

Total claim size and health service setting

In 2012–13, the proportions of closed public and private sector claims related to the various health service settings (Table 5.10) were somewhat different from the proportions recorded for new claims (Section 5.1). With the closed claims, a similar number was associated with a *Private medical clinic* (1,553 claims) as with a *Public hospital/day surgery* (1,781 claims), whereas with the new claims, the number of *Private medical clinic* claims was just over one-half of the number of *Public hospital/day surgery* claims. However, the reported closed and new 2012–13 claims were similar in that the number connected with a *Private hospital/day surgery* was about one-third of the number connected with a *Public hospital/day surgery*.

Of claims closed for less than $10,000, including those closed for no cost, about one-half (1,734 of 3,333, or 52%) were associated with a private health setting. A lower proportion (798 claims, 24%) was connected with a public health setting.

Settled claims with a claim size of $100,000 or more accounted for 18% of all closed claims with a known health service setting (775 of 4,425 claims). These claims made up a larger proportion of claims associated with public settings (528 of 1,855 claims, 28%) than claims associated with private settings (237 of 2,433 claims, 10%). Yet some of this discrepancy may be due to different claim management and reporting practices between the two sectors. For

instance, as explained in Box 2.1, public sector claim sizes generally reflect the costs connected 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 5.10: Total claim size ($) for closed claims, by health service setting, public (excluding Western Australia) and private sector claims, 1 July 2012 to 30 June 2013

	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	255	6	127	199	86	8	14	695
1–<10,000	499	38	245	910	167	79	700	2,638
10,000–<30,000	240	17	54	175	26	24	100	636
30,000–<50,000	112	5	23	51	4	10	22	227
50,000–<100,000	151	4	41	81	7	6	21	311
100,000–<250,000	251	3	36	81	7	5	14	397
250,000–<500,000	138	0	27	38	9	3	10	225
500,000 or more	135	1	17	18	4	2	3	180
Total	**1,781**	**74**	**570**	**1,553**	**310**	**137**	**884**	**5,309**
Per cent	*33.5*	*1.4*	*10.7*	*29.3*	*5.8*	*2.6*	*16.7*	*100.0*
	% (excluding *Not known* health service setting)							
Nil	14.3	8.1	22.3	12.8	27.7	5.8	. .	15.4
1–<10,000	28.0	51.4	43.0	58.6	53.9	57.7	. .	43.8
10,000–<30,000	13.5	23.0	9.5	11.3	8.4	17.5	. .	12.1
30,000–<50,000	6.3	6.8	4.0	3.3	1.3	7.3	. .	4.6
50,000–<100,000	8.5	5.4	7.2	5.2	2.3	4.4	. .	6.6
100,000–<250,000	14.1	4.1	6.3	5.2	2.3	3.6	. .	8.7
250,000–<500,000	7.7	0.0	4.7	2.4	2.9	2.2	. .	4.9
500,000 or more	7.6	1.4	3.0	1.2	1.3	1.5	. .	4.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**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 2014).

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. The 884 claims coded *Not known* for 'health service setting' are excluded for calculating the percentages presented in the bottom half of the table, which are based on 4,425 claims.
3. Percentages may not add up exactly to 100.0 due to rounding.

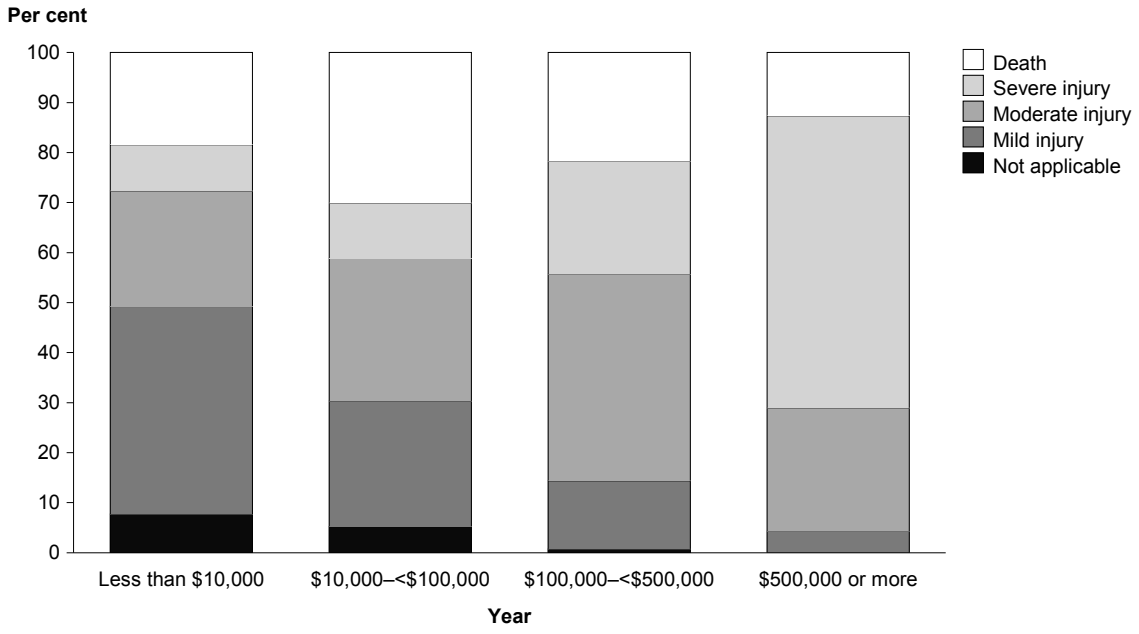
Total claim size and extent of harm

The 'extent of harm' describes the overall effect of the alleged incident on the patient in terms of impairment, activity limitation or participation restriction. In 2012–13, the 5 categories reported by both public sector data providers and MIIs 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* (*No body function/structure affected*) and *Not known*.

For public and private sector claims closed in 2012–13, a larger proportion of claims were associated with *Mild injury* (20%) than with *Moderate injury* (18%) or *Severe injury* (9%). The proportion associated with *Death* was 14%. The extent of harm was recorded as *Not applicable* for 4% of claims and as *Not known* for 36% of claims (Table 5.11).

A strong association existed between claim size and extent of harm to the patient (Figure 5.5). Where the extent of harm was *No body function/structure affected*, 75% of public and private sector claims were closed for less than $10,000 (140 of 188 claims, including no cost claims). In the case of *Mild injury*, 72% (757 of 1,052 claims) were closed for less than $10,000 compared with 1% closed for $500,000 or more. In the case of *Moderate injury*, 45% (420 of 936) claims were closed for less than $10,000 compared with 4% closed for $500,000 or more. In contrast, the proportion of claims with *Severe injury* that were closed for less than $10,000 was just 35% (169 of 487 claims), while 20% were closed for $500,000 or more.

Where *Death* was the recorded extent of harm, 46% (336 of 734 claims) were closed for less than $10,000, another 35% (254 claims) for a cost between $10,000 and less than $100,000, and just 3% for $500,000 or more.



Source: Table 5.11.

Figure 5.5: Extent of harm (injury categories and *Not applicable*) for closed claims, by total claim size ($), public (excluding Western Australia) and private sector claims, 1 July 2012 to 30 June 2013

Table 5.11: Total claim size ($) for closed claims, by extent of harm, public (excluding Western Australia) and private sector claims, 1 July 2012 to 30 June 2013

	Extent of harm						
Total claim size ($)	**Mild injury**	**Moderate injury**	**Severe injury**	**Death**	**No body function/structure affected**	**Not known**	**Total**
Nil	288	139	55	87	16	110	695
1–<10,000	469	281	114	249	124	1,401	2,638
10,000–<30,000	118	106	38	132	30	212	636
30,000–<50,000	37	51	14	60	7	58	227
50,000–<100,000	56	84	41	62	7	61	311
100,000–<250,000	55	144	73	80	2	43	397
250,000–<500,000	22	90	55	43	2	13	225
500,000 or more	7	41	97	21	0	14	180
Total	**1,052**	**936**	**487**	**734**	**188**	**1,912**	**5,309**
Per cent	*19.8*	*17.6*	*9.2*	*13.8*	*3.5*	*36.0*	*100.0*
	% (excluding *Not known* extent of harm)						
Nil	27.4	14.9	11.3	11.9	8.5	. .	17.2
1–<10,000	44.6	30.0	23.4	33.9	66.0	. .	36.4
10,000–<30,000	11.2	11.3	7.8	18.0	16.0	. .	12.5
30,000–<50,000	3.5	5.4	2.9	8.2	3.7	. .	5.0
50,000–<100,000	5.3	9.0	8.4	8.4	3.7	. .	7.4
100,000–<250,000	5.2	15.4	15.0	10.9	1.1	. .	10.4
250,000–<500,000	2.1	9.6	11.3	5.9	1.1	. .	6.2
500,000 or more	0.7	4.4	19.9	2.9	0.0	. .	4.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

. . Not applicable

Notes

1. The 1,912 claims coded *Not known* for 'health service setting' are excluded for calculating the percentages presented in the bottom half of the table, which are based on 3,397 claims.
2. Percentages may not add up exactly to 100.0 due to rounding.

6 Changes over time to public and private sector medical indemnity claims, 2008–09 to 2012–13

This chapter presents an overview of public and private sector claims data covering the 5 reporting periods from July 2008 to June 2013.

Unit records have been provided by most of the MIIs for the reference years considered here. This allows a major update to the private sector data included here for the 2008–09 to 2011–12 comparison years (Section 2.4), complemented by a less pronounced update to the public sector data. The public sector claims data included in sections 6.2 to 6.4 exclude Western Australia, for which MINC data for 2010–11 to 2012–13 were unavailable. This is to allow direct comparisons across the years.

6.1 Claim numbers

Table 6.1 presents the reported claim numbers for 2012–13 and compares them with the 2008–09 to 2011–12 claim numbers. The definitions of the categories of claim are given in Box 1.2. 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.

The number of all private sector claims increased from about 8,100 in 2008–09 to 9,500 in 2011–12, before declining to 9,300 claims in 2012–13. There totals reflect the increase in the number of claims closed during each year between 2008–09 and 2012–13 (2,400 to 3,800), and the number of new private sector claims rising from about 2,300 in 2008–09 and 2009–10 to 3,200 or more in 2010–11 to 2012–13.

When public and private sector claim numbers are added together, the decrease in the numbers of new, current and all claims between 2011-12 and 2012-13 is apparent, contrasting with the increase in the number of closed claims between those years (Figure 6.1).

6.2 New claims

This section compares the 2012–13 data for new public and private sector claims with the 2008–09 to 2011–12 data on 3 data items: specialty of clinician, primary incident/allegation type and primary body function/structure affected. For tables with more detailed presentations of these data items in relation to other relevant variables, see Appendix H.

Table 6.1: Number of public sector and private sector claims, by claim category, 2008–09 to 2012–13

Claim category	2008–09	2009–10	2010–11	2011–12	2012–13
			Public sector (including Western Australia)		
New	1,246	1,376	n.a.	n.a.	n.a.
Reopened	153	185	n.a.	n.a.	n.a.
Closed	1,417	1,198	n.a.	n.a.	n.a.
Current	3,108	3,380	n.a.	n.a.	n.a.
All	4,525	4,578	n.a.	n.a.	n.a.
			Public sector (excluding Western Australia)		
New	1,187	1,295	1,397	1,261	947
Reopened	145	181	188	148	151
Closed	1,327	1,122	1,440	1,289	1,535
Current	2,919	3,185	3,256	3,312	2,804
All	4,246	4,307	4,696	4,601	4,339
			Private sector		
New	2,487	2,272	3,201	3,264	3,278
Reopened	12	51	67	109	127
Closed	2,387	2,567	3,056	3,149	3,774
Current	5,716	5,906	6,016	6,400	5,553
All	8,103	8,505	9,113	9,549	9,327
			Total (including Western Australia)		
New	3,733	3,648	n.a.	n.a.	n.a.
Reopened	165	236	n.a.	n.a.	n.a.
Closed	3,804	3,765	n.a.	n.a.	n.a.
Current	8,824	9,286	n.a.	n.a.	n.a.
All	12,628	13,083	n.a.	n.a.	n.a.
			Total (excluding Western Australia)		
New	3,674	3,567	4,598	4,525	4,225
Reopened	157	232	255	257	278
Closed	3,714	3,689	4,496	4,438	5,309
Current	8,635	9,091	9,272	9,712	8,357
All	12,349	12,812	13,809	14,150	13,666

n.a. Not available.

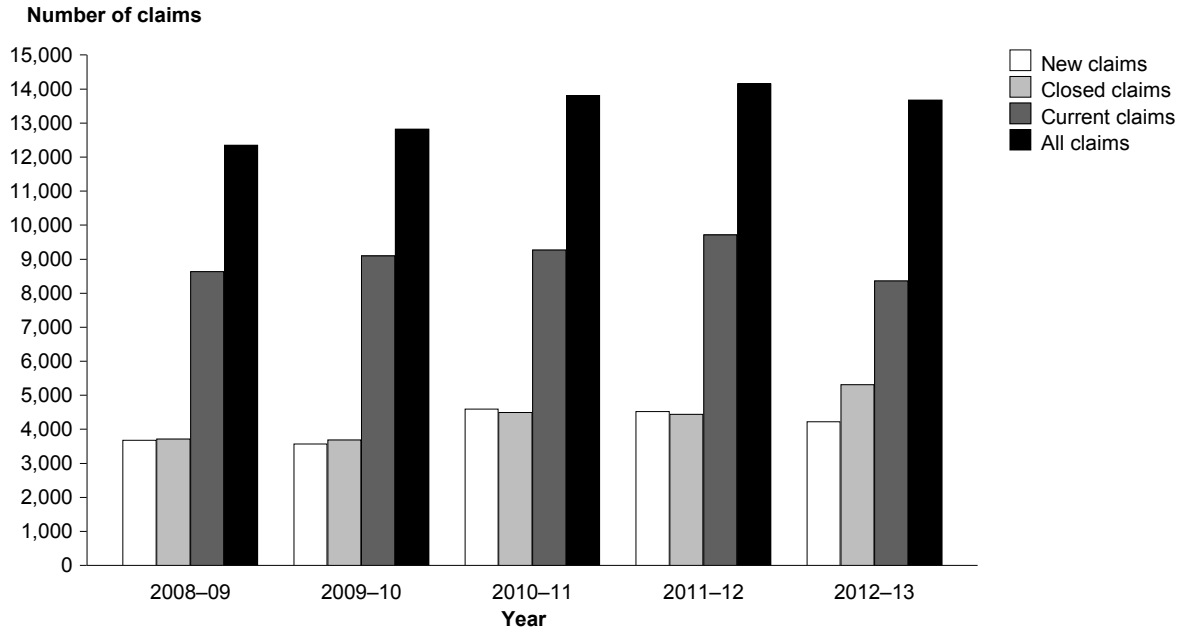


Figure 6.1: Numbers of new, closed, current and all claims, public sector (excluding Western Australia) and private sector claims, 2008–09 to 2012–13

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. Table 6.2 presents data on the numbers and proportions of claims connected with the 9 specialty categories reported in Chapter 6 of *Australia's medical indemnity claims 2011–12* (AIHW 2013a). There are some differences between these categories and the categories reported in Chapter 5 of this report. This is because the detailed medical practitioner data available for 2012–13 (Appendix Table H.1) is not available for the years when not all of the MIIs submitted unit records. For instance, 2012–13 is the first year for which complete data on the claims connected with *Plastic and reconstructive surgery* became available. Similarly, with the available data for 2011–12 and preceding reference years, the data reported by one MII for *Obstetrics and gynaecology* included specialists in *Gynaecology only* as well as specialists in *Obstetrics only* and *Obstetrics and gynaecology*.

As Table 6.2 and Figure 6.2 show, the proportion of new claims connected with *General practice* was lower in 2012–13 (23%) than any of the previous 4 years (28–32%), counterbalanced by a high proportion of the *All other specialities* category in 2012–13. However, a steady decrease in the proportion of claims connected with *Obstetrics and gynaecology*, from 12% in 2008–09 to 8% in 2012–13, is also observable. As for the other clinician specialties listed in Table 6.2, their proportional contribution to new claims over the years wavered within a narrow band, for instance, 6–8% in the case of *General surgery*, 5–7% in the case of *Orthopaedic surgery* and 4–5% in the case of *Emergency medicine*.

Table 6.2: Clinician specialties for new public (excluding Western Australia) and private sector claims, 2008–09 to 2012–13

	Year				
Clinician specialty[a]	**2008–09**	**2009–10**	**2010–11**	**2011–12**	**2012–13**
General practice[b]	1,176	995	1,296	1,335	493
General surgery	230	266	324	283	166
Obstetrics and gynaecology[c]	441	364	406	337	162
Orthopaedic surgery	171	204	267	281	156
Emergency medicine	140	177	227	175	102
Anaesthesia	118	149	177	162	76
Psychiatry	136	148	202	201	55
Diagnostic radiology	124	97	122	109	50
Other hospital-based medical practitioner[d]	180	155	325	313	73
All other specialties	1,012	1,072	1,263	1,305	866
Not applicable[e]	10	13	9	3	3
Not known	31	34	88	155	2,094
Total[f]	**3,674**	**3,567**	**4,598**	**4,525**	**4,225**
		% (excluding *Not known*)[g]			
General practice[b]	32.3	28.2	28.7	30.5	23.1
General surgery	6.3	7.5	7.2	6.5	7.8
Obstetrics and gynaecology[c]	12.1	10.3	9.0	7.7	7.6
Orthopaedic surgery	4.7	5.8	5.9	6.4	7.3
Emergency medicine	3.8	5.0	5.0	4.0	4.8
Anaesthesia	3.2	4.2	3.9	3.7	3.6
Psychiatry	3.7	4.2	4.5	4.6	2.6
Diagnostic radiology	3.4	2.7	2.7	2.5	2.3
Other hospital-based medical practitioner[d]	4.9	4.4	7.2	7.2	3.4
All other specialties	27.8	30.3	28.0	29.9	40.6
Not applicable[e]	0.3	0.4	0.2	0.1	0.1
Total[f]	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) The 'clinician specialty' categories listed separately here are the 9 most frequently recorded categories for 2012–13; all other categories are included in the category *All other specialties*.

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

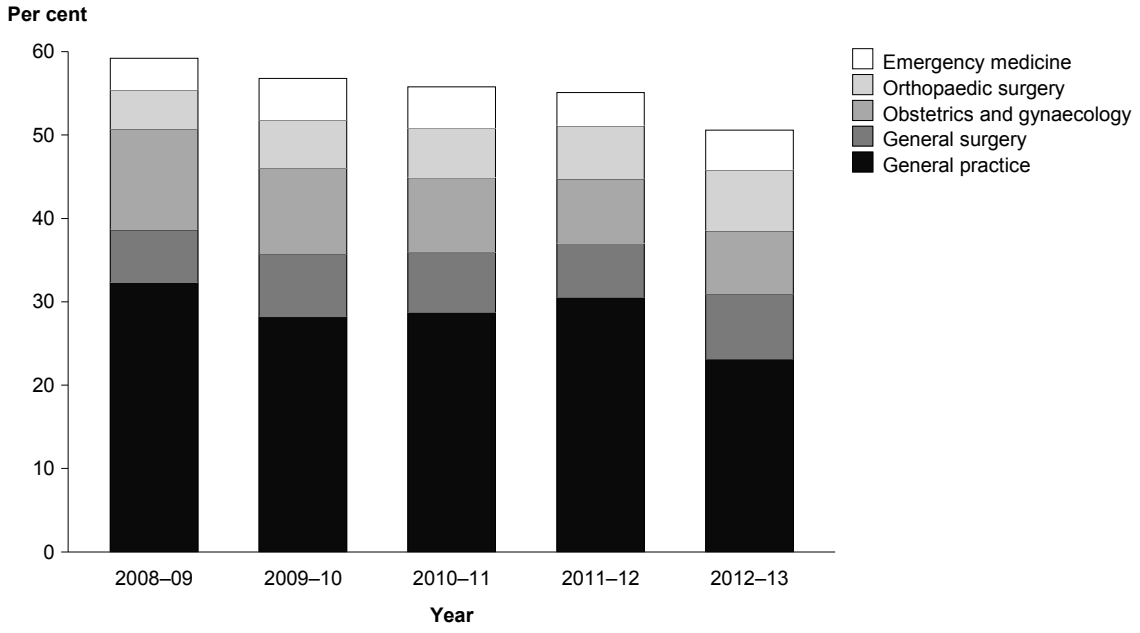
(c) Includes specialists in *Obstetrics*, *Gynaecology*, and *Obstetrics and gynaecology*.

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

(e) The *Not applicable* category covers claims for health-care incidents not associated with any identifiable clinical specialty.

(f) The totals in the top half of the table are the number of new claims for the year. 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 new claims. Also, the percentages in the bottom half of the table cannot be summed vertically to 100%.

(g) Excluding claims with a *Not known* clinician specialty, the number of claims on which the percentages are based is 3,643 for 2008–09, 3,533 for 2009–10, 4,510 for 2010–11, 4,370 for 2011–12 and 2,131 for 2012–13.



Source: Table 6.2.

Figure 6.2: Five medical practitioner specialties most frequently recorded for new public sector (excluding Western Australia) and private sector claims, 2008–09 to 2012–13 (per cent)

'Primary incident/allegation type' describes what is alleged to have gone wrong; that is, the area of possible error, negligence or problem that is assessed to be of primary importance in giving rise to the claim. Table 6.3 presents their numbers and proportions recorded for new claims between 2008–09 and 2012–13, including *Other*, which is a compound category to accommodate differences between the MINC and NCPD categories (Appendix Table A.2).

Leaving aside *Other* claims, it can be seen that *Procedure*, *Diagnosis* and *Treatment* were the 3 most frequently recorded categories each year. In 2012–13, compared with previous years, a slightly higher proportion of claims was associated with *Procedure* (24%, compared with 21–23%) and *Treatment* (17%, compared with 12–16%) than in the previous 4 years. There also appears to have been a steady decline in the proportion of claims associated with *Diagnosis*, from 33% in 2008–09 to 17% in 2012–13 (Figure 6.3)

There were 3 categories, *Infection control*, *Device failure* and *Blood/blood-product related*, consistently recorded for 20 or fewer new claims per year.

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). *Death* is recorded when the incident that gave rise to the claim is implicated in the patient's decease.

From 2008–09 to 2012–13, an increasing number and proportion of new claims were associated with effects to the *Digestive, metabolic and endocrine systems* (Table 6.4; Figure 6.4). During the same period there was a corresponding decrease in the proportion associated with *Genitourinary and reproductive* effects. In 2008–09 to 2011–12, but not in 2012–13, the 3 most frequently recorded categories were *No body function/structure affected*, *Death* and *Neuromusculoskeletal and movement-related*. On the other hand, the proportion of new claims associated with alleged *Mental and nervous system* effects stayed at 11–12% throughout the period.

Table 6.3: Primary incident/allegation type for new public (excluding Western Australia) and private sector claims, 2008–09 to 2012–13

	Year				
Primary incident/allegation type	**2008–09**	**2009–10**	**2010–11**	**2011–12**	**2012–13**
Procedure	779	823	934	860	638
Diagnosis	1,184	1,112	1,133	941	460
Treatment	507	569	592	481	451
Medication-related	213	164	139	111	70
Anaesthetic	54	61	69	52	41
Consent	87	47	57	51	27
Infection control	11	23	19	8	9
Device failure	9	15	8	8	8
Blood/blood product-related	20	9	12	10	2
Other[(a)]	761	701	1,329	1,512	936
Not known	49	43	306	491	1,583
Total	**3,674**	**3,567**	**4,598**	**4,525**	**4,225**
			% (excluding *Not known*)		
Procedure	21.5	23.4	21.8	21.3	24.1
Diagnosis	32.7	31.6	26.4	23.3	17.4
Treatment	14.0	16.1	13.8	11.9	17.1
Medication-related	5.9	4.7	3.2	2.8	2.6
Anaesthetic	1.5	1.7	1.6	1.3	1.6
Consent	2.4	1.3	1.3	1.3	1.0
Infection control	0.3	0.7	0.4	0.2	0.3
Device failure	0.2	0.4	0.2	0.2	0.3
Blood/blood product-related	0.6	0.3	0.3	0.2	0.1
Other[(a)]	21.0	19.9	31.0	37.5	35.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Includes the MINC categories *General duty of care* and *Other,* and the NCPD categories *Legal expense coverage* (LE) and *Other* (OR).

Notes

1. Excluding claims with a *Not known* primary incident/allegation type, the number of claims on which the percentages are based is 3,625 in 2008–09, 3,524 in 2009–10, 4,292 in 2010–11, 4,034 in 2011–12 and 2,642 in 2012–13.

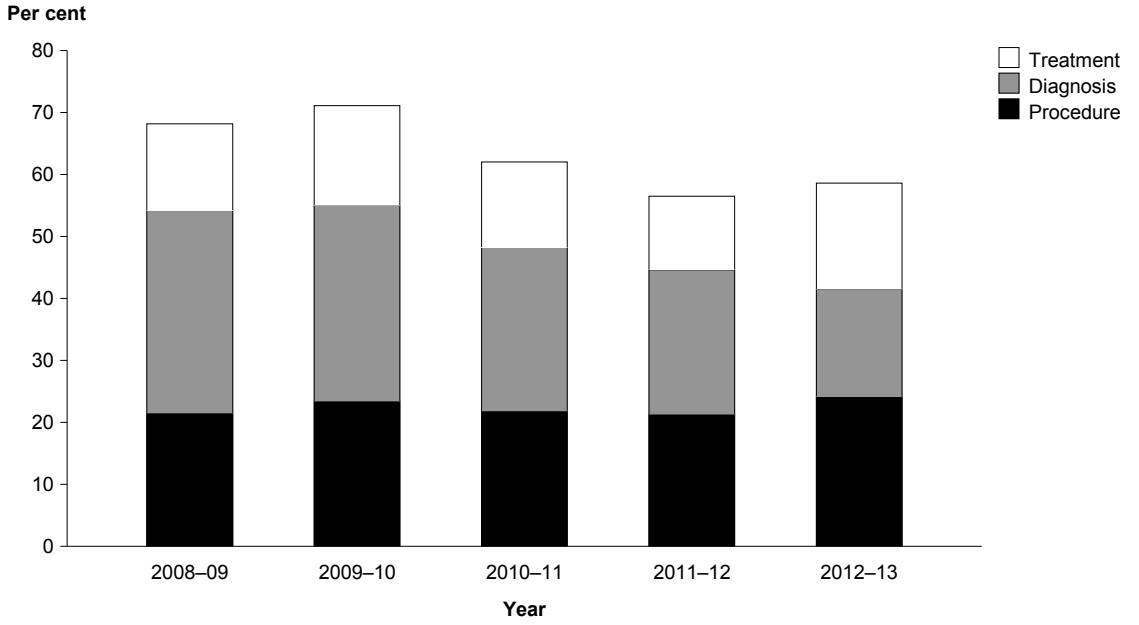
2. Percentages may not add up exactly to 100.0 due to rounding.

Table 6.4: Primary body function/structure affected categories for new public (excluding Western Australia) and private sector claims, 2008–09 to 2012–13

Primary body function/structure affected	2008–09	2009–10	2010–11	2011–12	2012–13
Digestive, metabolic and endocrine systems	345	408	515	535	642
Neuromusculoskeletal and movement-related	537	566	668	609	551
Mental and nervous system	421	397	516	498	332
Cardiovascular, haematological, immunological and respiratory	211	178	185	238	205
Genitourinary and reproductive	409	331	350	375	199
Skin and related structures	225	200	192	228	149
Sensory, including eye and ear	138	152	184	175	127
Voice and speech	20	21	13	22	8
Death	543	614	568	678	304
No body function/structure affected	731	645	1,267	971	160
Not known	94	55	140	196	1,548
Total	**3,674**	**3,567**	**4,598**	**4,525**	**4,225**
		% (excluding *Not known*)			
Digestive, metabolic and endocrine systems	9.6	11.6	11.6	12.4	24.0
Neuromusculoskeletal and movement-related	15.0	16.1	15.0	14.1	20.6
Mental and nervous system	11.8	11.3	11.6	11.5	12.4
Cardiovascular, haematological, immunological and respiratory	5.9	5.1	4.1	5.5	7.7
Genitourinary and reproductive	11.4	9.4	7.9	8.7	7.4
Skin and related structures	6.3	5.7	4.3	5.3	5.6
Sensory, including eye and ear	3.9	4.3	4.1	4.0	4.7
Voice and speech	0.6	0.6	0.3	0.5	0.3
Death	15.2	17.5	12.7	15.7	11.4
No body function/structure affected	20.4	18.4	28.4	22.4	6.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

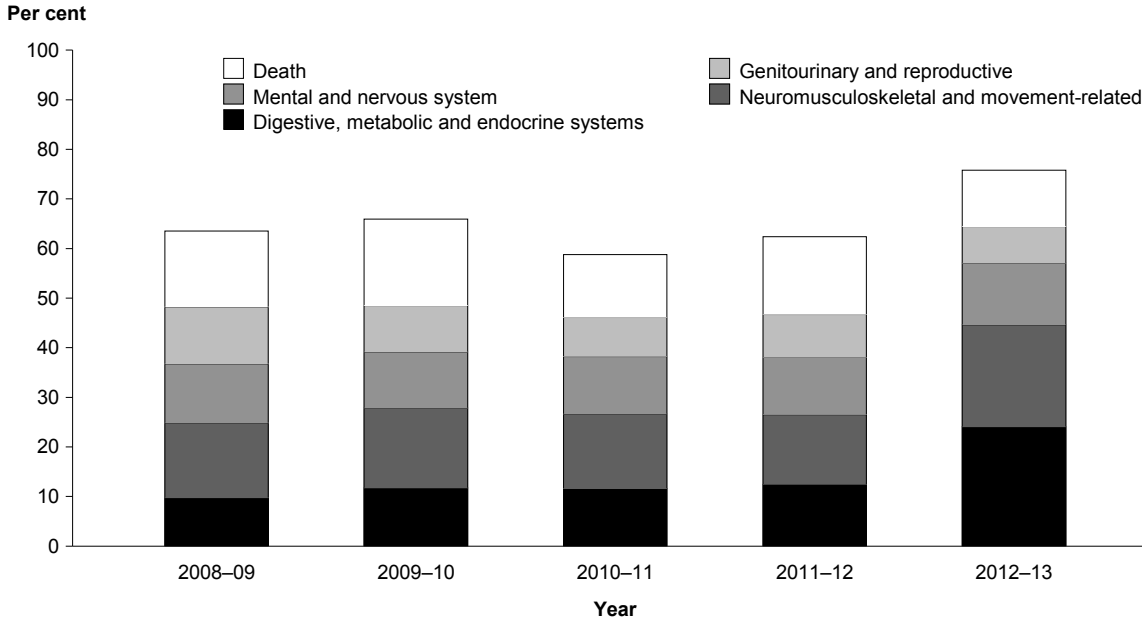
Notes

1. Excluding claims with *Not known* primary body function/structure affected, the number of claims on which the percentages are based is 3,546 in 2008–09, 3,512 in 2009–10, 4,458 in 2010–11, 4,329 in 2011–12 and 2,677 in 2012–13.
2. Percentages may not add up exactly to 100.0 due to rounding.



Source: Table 6.3.

Figure 6.3: Three primary incident/allegation types frequently recorded for new public sector (excluding Western Australia) and private sector claims, 2008–09 to 2012–13 (per cent)



Source: Table 6.4.

Figure 6.4: Five primary body function/structure affected categories frequently recorded for new public sector (excluding Western Australia) and private sector claims, 2008–09 to 2012–13 (per cent)

6.3 Current claims

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.

From 2008–09 to 2012–13, the two categories that cover the smallest reserve ranges—the $1–<10,000 and $10,000–<30,000 categories—consistently accounted for just over one-half of current claims (Table 6.5). Yet over the years their combined proportion steadily declined, from 57% in 2008–09 to 51% in 2012–13. This decline is particularly apparent for the $1–<10,000 category, which decreased from 39% to 26% over the years as a proportion of current claims, partly compensated by the increase from 19% to 25% of the $10,000–<30,000 category.

The decline from 2008–09 to 2012–13 in the proportion of current claims with a reserve range of less than $30,000 was counterbalanced by a slight increase over the years in the proportions with moderately high reserve ranges, for instance, the $100,000–250,000 category (12% to 15%) and the $250,000–$500,000 category (7% to 9%). The proportion with a reserve range of $500,000 or more stayed at 8–9% throughout the period.

For supplementary information illustrating the relationship between the reserve range and duration of a current claim for the years from 2008–09 to 2012–13, see Appendix tables H.18 and H.19.

Table 6.5: Reserve range ($) for current public (excluding Western Australia) and private sector claims, 2008–09 to 2012–13

Reserve range ($)	2008–09	2009–10	2010–11	2011–12	2012–13
1–<10,000	3,327	3,285	3,021	3,103	2,128
10,000–<30,000	1,614	1,853	1,954	2,111	2,125
30,000–<50,000	518	566	622	651	544
50,000–<100,000	801	898	973	1,002	880
100,000–<250,000	1,020	1,062	1,184	1,256	1,253
250,000–<500,000	601	670	749	780	737
500,000 or more	754	789	810	809	690
Total	**8,635**	**9,123**	**9,313**	**9,712**	**8,357**
			%		
1–<10,000	38.5	36.0	32.4	32.0	25.5
10,000–<30,000	18.7	20.3	21.0	21.7	25.4
30,000–<50,000	6.0	6.2	6.7	6.7	6.5
50,000–<100,000	9.3	9.8	10.4	10.3	10.5
100,000–<250,000	11.8	11.6	12.7	12.9	15.0
250,000–<500,000	7.0	7.3	8.0	8.0	8.8
500,000 or more	8.7	8.6	8.7	8.3	8.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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

6.4 Closed claims

The 'total claim size' is the total amount paid to a claimant, as well as any legal or investigative defence costs, recorded in broad dollar ranges for closed claims. This section compares the years from 2008–09 to 2012–13 in terms of the total claim size of their closed claims, along with further analyses that relate total claim size to health service setting and extent of harm over the years. For supplementary information that illustrates the relationship between total claim size and the duration of a claim before it was closed, see Appendix tables H.20 and H.21. For supplementary information on the variation between the most frequently reported medical practitioner specialties in terms of the size of the closed claims connected with them, see Appendix tables H.22 and H.23.

The proportions of claims closed for each of the total claim size categories were very similar throughout the 2008–09 to 2012–13 period (Table 6.6). For instance, the $1–<10,000 category accounted for about one-half of the claims (50–52%) in every year. When these claims are aggregated with the claims closed for no cost, the proportion closed for less than $10,000 stayed at 63–65% throughout the period (Appendix Table H.20). The similarity across the years is also apparent for the claim size categories that account for the smallest proportions of closed claims: the $30,000–<50,000, $250,000–<500,000 (both 4% throughout) and $500,000 or more (3–4%).

Table 6.6: Total claim size ($) for closed public (excluding Western Australia) and private sector claims, 2008–09 to 2012–13

Total claim size ($)	2008–09	2009–10	2010–11	2011–12	2012–13
Nil	495	480	522	561	695
1–<10,000	1,908	1,924	2,351	2,246	2,638
10,000–<30,000	383	406	491	520	636
30,000–<50,000	159	146	185	191	227
50,000–<100,000	208	187	276	259	311
100,000–<250,000	254	265	325	317	397
250,000–<500,000	146	132	166	183	225
500,000 or more	159	147	176	161	180
Total	**3,714**	**3,689**	**4,496**	**4,438**	**5,309**
		% (excluding *Not known*)			
Nil	13.3	13.0	11.6	12.6	13.1
1–<10,000	51.4	52.2	52.3	50.6	49.7
10,000–<30,000	10.3	11.0	10.9	11.7	12.0
30,000–<50,000	4.3	4.0	4.1	4.3	4.3
50,000–<100,000	5.6	5.1	6.1	5.8	5.9
100,000–<250,000	6.8	7.2	7.2	7.1	7.5
250,000–<500,000	3.9	3.6	3.7	4.1	4.2
500,000 or more	4.3	4.0	3.9	3.6	3.4
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 2 claims closed for an unknown amount in 2008–09, 2 claims closed for an unknown amount in 2009–10, and 4 claims closed for an unknown amount in 2010–11.
2. Percentages may not add up exactly to 100.0 due to rounding.

Health service setting

'Health service setting' refers to the setting in which the incident that gave rise to a claim took place. The 3 most commonly recorded health service settings are *Public hospital/day surgery*, *Private hospital/day surgery* and *Private medical clinic*. Accordingly, these are the 3 categories focused on here, with all other settings classified as *Other*.

The data presented relating health service setting to total claim size in tables 6.7 and 6.8 are illustrated in Figure 6.5.

Table 6.7: Total claim size ($) for closed claims, by health service setting, public (excluding Western Australia) and private sector claims, 2008–09 to 2012–13

Total claim size ($)	Health service setting	2008–09	2009–10	2010–11	2011–12	2012–13
Less than 10,000	Public hospital/day surgery	705	623	729	651	754
	Private hospital/day surgery	326	352	430	357	372
	Private medical clinic	590	772	1,061	1,262	1,109
	Other	100	184	229	272	384
	Not known	682	473	424	265	714
	Total	**2,403**	**2,404**	**2,873**	**2,807**	**3,333**
10,000–<100,000	Public hospital/day surgery	360	310	484	413	503
	Private hospital/day surgery	110	89	102	138	118
	Private medical clinic	143	172	220	260	310
	Other	34	44	38	51	100
	Not known	101	124	108	108	143
	Total	**748**	**739**	**952**	**970**	**1,174**
100,000 or more	Public hospital/day surgery	380	356	442	441	524
	Private hospital/day surgery	68	66	73	73	80
	Private medical clinic	29	59	87	87	137
	Other	61	20	25	34	34
	Not known	23	43	40	26	27
	Total	**561**	**544**	**667**	**661**	**802**
Total	Public hospital/day surgery	1,446	1,289	1,655	1,505	1,781
	Private hospital/day surgery	505	508	606	568	570
	Private medical clinic	762	1,004	1,371	1,609	1,556
	Other	195	248	292	357	518
	Not known	806	640	572	399	884
	Total	**3,714**	**3,689**	**4,496**	**4,438**	**5,309**

Note: The totals at the bottom of table include 2 claims closed for an unknown amount in 2008–09, 2 claims closed for an unknown amount in 2009–10, and 4 claims closed for an unknown amount in 2010–11.

Table 6.8: Total claim size ($) for closed claims, by health service setting (excluding *Not known*), public (excluding Western Australia) and private sector claims, 2008–09 to 2012–13 (per cent)

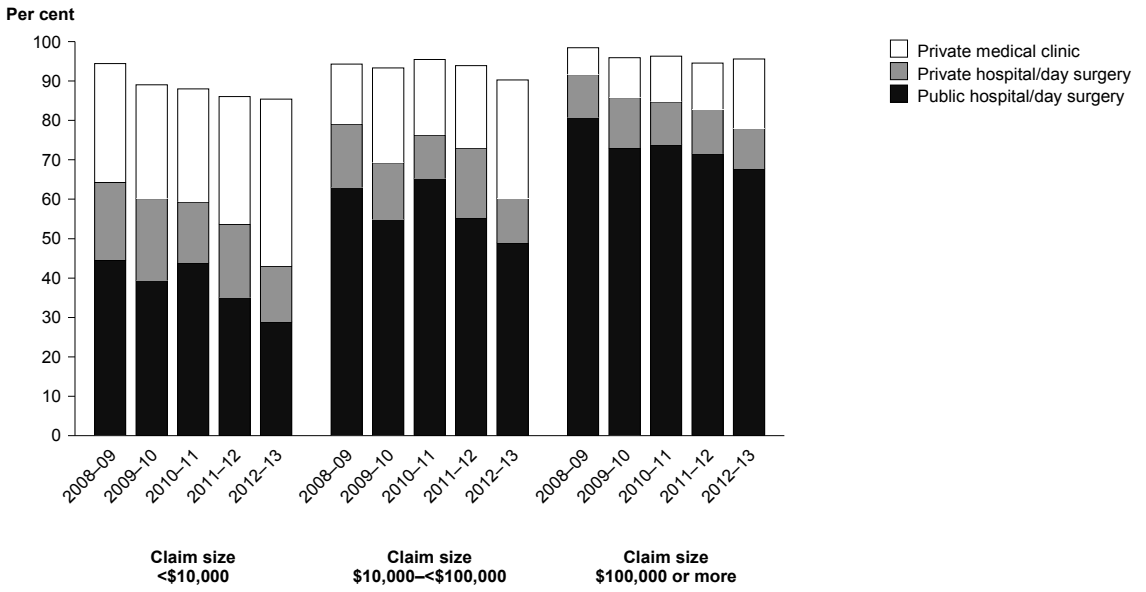
Total claim size ($)	Health service setting	2008–09	2009–10	2010–11	2011–12	2012–13
Less than 10,000	Public hospital/day surgery	41.0	32.3	29.8	25.6	28.8
	Private hospital/day surgery	18.9	18.2	17.6	14.0	14.2
	Private medical clinic	34.3	40.0	43.3	49.6	42.3
	Other	5.8	9.5	9.4	10.7	14.7
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
10,000–<100,000	Public hospital/day surgery	55.6	50.4	57.3	47.9	48.8
	Private hospital/day surgery	17.0	14.5	12.1	16.0	11.4
	Private medical clinic	22.1	28.0	26.1	30.2	30.1
	Other	5.3	7.2	4.5	5.9	9.7
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
100,000 or more	Public hospital/day surgery	70.6	71.1	70.5	69.4	67.6
	Private hospital/day surgery	12.6	13.2	11.6	11.5	10.3
	Private medical clinic	5.4	11.8	13.9	13.7	17.7
	Other	11.3	4.0	4.0	5.4	4.4
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total	Public hospital/day surgery	49.7	42.3	42.2	37.3	40.2
	Private hospital/day surgery	17.4	16.7	15.4	14.1	12.9
	Private medical clinic	26.2	32.9	34.9	39.8	35.2
	Other	6.7	8.1	7.4	8.8	11.7
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Notes

1. Excluding claims with a *Not known* health service setting, the number of claims on which the percentages presented here are based is 2,908 for 2008–09, 3,049 for 2009–10, 3,924 for 2010–11, 4,039 for 2011–12 and 4,425 for 2012–13.
2. Percentages may not add up exactly to 100.0 due to rounding.

The proportion of closed claims associated with a *Public hospital/day surgery* decreased from 50% in 2008–09 to 37–40% in 2011–12 and 2012–13. Claims associated with a *Private medical clinic*, on the other hand, increased from 26% of the total in 2008–09 to 35–40% in 2011–12 and 2012-13. Accordingly, the last 2 reference years differ from the previous 3 years in their higher proportion of claims with a health service setting generally connected with less costly claims.

Claims connected with a *Private medical clinic* made up more than one-third (34–50%, depending on year) of claims closed for less than $10,000, and about one-quarter (22–30%) of claims closed for $10,000 to less than $100,000, but just a small proportion (5–18%) of claims closed for $100,000 or more. In contrast, claims connected with a *Public hospital/day surgery* accounted for the majority (68–71%) of claims closed for $100,000 or more, and a smaller proportion (26–41%) of claims closed for less than $10,000.



Source: Table 6.8.

Figure 6.5: Health service setting for closed claims, by total claim size, public (excluding Western Australia) and private sector claims, 2008–09 to 2012–13 (per cent)

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. 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 2012a). Therefore, just 4 years of data can be presented (tables 6.9 and 6.10).

Two observations previously made for public sector claims between 2008–09 and 2012–13 (Section 4.7) apply equally to combined public and private sector claims for the 4 years considered here (Figure 6.6). The first observation is the strong association between extent of harm and claim size, with *Mild injury* frequently recorded for claims costing less than $10,000 to close, but *Severe injury* being more characteristic of claims closed for $100,000 or more. The second observation is the increase over time in the proportion of closed claims connected with *Mild injury* and a corresponding decrease in the proportion connected with *Severe injury*.

Accordingly, the extent of harm to patients who were the subject of medical indemnity claims appears to have been progressively less for claims closed between the years 2009–10 and 2012–13. This was associated with a shift towards less costly claims.

Table 6.9: Total claim size ($) for closed claims, by extent of harm, public (excluding Western Australia) and private sector claims, 2009–10 to 2012–13

Total claim size ($)	Extent of harm	2009–10	2010–11	2011–12	2012–13
Less than 10,000	Mild injury	558	683	681	757
	Moderate injury	440	476	400	420
	Severe injury	186	233	178	169
	Death	336	387	329	336
	No body function/structure affected	119	164	115	21
	Not known	765	930	1,104	1,630
	Total	**2,404**	**2,873**	**1,608**	**3,333**
10,000–<100,000	Mild injury	116	140	171	211
	Moderate injury	171	270	227	241
	Severe injury	107	146	100	93
	Death	129	195	197	254
	No body function/structure affected	51	54	56	6
	Not known	164	147	219	369
	Total	**739**	**952**	**970**	**1,174**
100,000 or more	Mild injury	22	53	64	84
	Moderate injury	178	219	204	275
	Severe injury	206	244	204	225
	Death	67	85	125	144
	No body function/structure affected	12	19	15	1
	Not known	60	47	49	73
	Total	**544**	**667**	**661**	**802**
Total	Mild injury	696	876	916	1,052
	Moderate injury	789	965	831	936
	Severe injury	499	623	482	487
	Death	532	667	651	734
	No body function/structure affected	184	239	215	28
	Not known	989	1,126	1,343	2,072
	Total	**3,689**	**4,496**	**4,438**	**5,309**

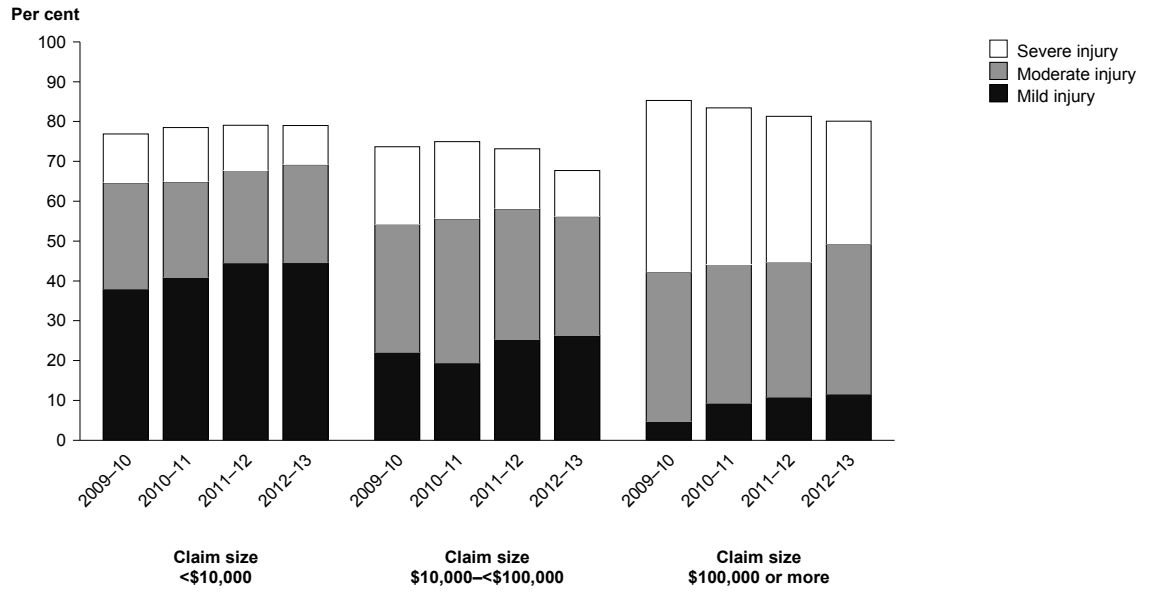
Note: The totals at the bottom of the table include 2 claims closed for an unknown amount in 2009–10 and 4 claims closed for an unknown amount in 2010–11.

Table 6.10: Total claim size ($) for closed claims, by extent of harm (excluding *Not known*), public (excluding Western Australia) and private sector claims, 2009–10 to 2012–13 (per cent)

Total claim size ($)	Extent of harm	2009–10	2010–11	2011–12	2012–13
Less than 10,000	Mild injury	34.0	35.2	40.0	44.5
	Moderate injury	26.8	24.5	23.5	24.7
	Severe injury	11.3	12.0	10.5	9.9
	Death	20.5	19.9	19.3	19.7
	No body function/structure affected	7.3	8.4	6.8	1.2
	Total	**100.0**	**100.0**	**100.0**	**100.0**
10,000–<100,000	Mild injury	20.2	17.4	22.8	26.2
	Moderate injury	29.8	33.5	30.2	29.9
	Severe injury	18.6	18.1	13.3	11.6
	Death	22.5	24.2	26.2	31.6
	No body function/structure affected	8.9	6.7	7.5	0.7
	Total	**100.0**	**100.0**	**100.0**	**100.0**
100,000 or more	Mild injury	4.5	8.5	10.5	11.5
	Moderate injury	36.7	35.3	33.3	37.7
	Severe injury	42.5	39.4	33.3	30.9
	Death	13.8	13.7	20.4	19.8
	No body function/structure affected	2.5	3.1	2.5	0.1
	Total	**100.0**	**100.0**	**100.0**	**100.0**
Total	Mild injury	25.8	26.0	29.6	32.5
	Moderate injury	29.2	28.6	26.8	28.9
	Severe injury	18.5	18.5	15.6	15.0
	Death	19.7	19.8	21.0	22.7
	No body function/structure affected	6.8	7.1	6.9	0.9
	Total	**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 presented here are based is 2,700 for 2009–10, 3,370 for 2010–11, 3,095 for 2011–12 and 3,237 for 2012–13.
2. Percentages may not add up exactly to 100.0 due to rounding.



Source: Table 6.10.

Figure 6.6: Extent of harm for closed claims, by total claim size, public (excluding Western Australia) and private sector claims, 2009–10 to 2012–13 (per cent)

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. State/territory identifier	The state or territory health service against which the claim has been lodged.
2. 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.
3. Type of compensatory payment to patient	A broad description of the categories of loss for which the patient is receiving compensation.
4. 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.
5. Patient's date of birth	Date of birth of the patient allegedly harmed by the incident.
6. Patient's sex	Sex of the patient allegedly harmed by the incident.
7. Patient's Indigenous status	Aboriginal, Torres Strait Islander or other status of the patient allegedly harmed by the incident.
8. 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.)
9. 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.
10. 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.)
11. Extent of harm—patient	The extent or severity of the overall harm to the patient.
12. Date incident occurred	Date on which the incident that is the subject of the claim occurred.
13. Where incident occurred	Australian Standard Geographical Classification Remoteness Structure category for the location where the incident occurred.
14. Health service setting	Health service provider setting in which the incident giving rise to the claim occurred.
15. 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.
16. 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.
17. Date reserve first placed against claim	Date on which a reserve was first placed against the claim.
18. Reserve range	The estimated size of the claim, recorded in broad dollar ranges.
19. 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.
20. Date claim closed	Date on which the claim file was closed.
21. Mode of claim finalisation	Description of the process by which the claim was finalised.
22. 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.
23. 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.
24. 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.
25. Claim record particulars flag	Aspects of the claim record relevant to its interpretation.

Private sector

The AIHW received the 2012–13 MINC data transmitted by the MIIs in 2 separate formats. One format involved unit records populated with the MINC public sector data items (Table A.1) and the codes for these items. The second format focused on unit records that had originally been prepared for the NCPD held by APRA. The NCPD and MINC data items and codes are not identical, and so Table A.2 details the relationship between them for the data items reported in chapters 5 and 6. Also, those MIIs that submitted NCPD-based unit records added fields covering patients' date of birth and sex, and the health service setting of the alleged incident, as there are no NCPD equivalents for these MINC data items.

For further information on the MII 2012–13 data submitted to the AIHW, see Appendix B.

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

MINC data item	NCPD data item	Definition of MINC and NCPD data items and explanation of mapping between collections
5. Patient's date of birth	. .	Date of birth of the patient allegedly harmed by the incident. This data item is used to calculate patient's age at incident using MINC item 12, 'date incident occurred' and NCPD Claims 9, 'date of loss'.
6. Patient's sex	. .	Sex of the patient allegedly harmed by the incident.
8a. Primary incident/allegation type	Claims 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 NCPD category *Faulty/contaminated equipment*. The NCPD has no equivalent for the MINC category *General duty of care*, while the MINC has no equivalent for the NCPD category *Legal expense coverage*. For mapping purposes, both are combined with *Other*. There is concordance between the other MINC and NCPD data items.
10a. Primary body function/structure affected —patient	Claims 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.
11. Extent of harm—patient	Claims 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 maps to — Moderate injury M2 and S1 to S5 map to — Severe injury S6 maps to — Death
12. Date incident occurred	Claims 9. Date of loss	Date the alleged harm or other loss occurred.
13. Health service setting	. .	The venue where health care was delivered, whether public or private sector or other, whether a hospital/day surgery or other.
15. Specialties of clinicians closely involved in incident	Policies 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 NCPD 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)*.

(continued)

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

MINC data item	NCPD data item	Definition of MINC and NCPD data items and explanation of mapping between collections
17. Date reserve first placed against claim	Claims 10. Date of report	The NCPD 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 2 data items are not identical.
18. Reserve range	Claims 20. Gross payments to date Claims 22. Gross case estimate at end of reporting period	Estimate of the cost of the claim upon its finalisation. For current claims, the NCPD items divide the reserve amount between the amount already paid and the amount expected to be paid. Addition of these 2 dollar amounts produces the reserve estimate, which can be mapped to MINC ranges.
20. Date claim file closed or structured settlement agreed	Claims 11. Date finalised	Date on which the claim file was closed.
21. 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 99 Not yet known	Claims 18. Litigation status N = Plaintiff does not have legal representation U = Plaintiff has legal representation but claim has not been resolved L = Plaintiff has obtained legal advice and settlement reached by negotiation V = Case settled by court W = Plaintiff has legal representation and withdraws claims	Description of the process by which a closed claim was finalised. This data item was mapped as outlined below. Settlement outcome (18.2) → MINC Mode of claim finalisation L maps to 1, 2, 3 or 4 V maps to 5 N maps to 8 or 9 U maps to 8 or 9 W maps to 8 or 9 The mapping is not exact because a claimant without legal representation may negotiate with the insurer, or a claim may be withdrawn as part of an active settlement process, rather than through discontinuation of an inactive claim.
22. Total claim size	Claims 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. NCPD records exact dollar amounts. These are mapped to MINC ranges.
23. 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	Claims 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 NCPD 'C'. MINC categories 11, 30, 32 and 33 map to NCPD 'F'. MINC category 40 maps to NCPD 'R'.

. . Not applicable

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 1 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.
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 in 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) 2012–13 data quality statement

Summary of key issues

- The Medical Indemnity National Collection (Public Sector), or MINC (PS), is a data set 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 2012–13 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 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>.

State and territory health authorities supply data to the AIHW for the MINC (PS) 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 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 2012–13. The 2012–13 data cover the period from 1 July 2012 to 30 June 2013. Western Australian data were not available for 2012–13.

Timeliness

The reference period for this data set is 2012–13. Participating states and territories agreed to provide 2012–13 data to the AIHW by August 2013. The initial transmission was completed by October 2013 and all data were transmitted in their final form by January 2014.

The data were originally planned for publication in May 2014 and were published in July 2014.

Accessibility

Australia's medical indemnity claims 2012–13 includes 2 chapters dedicated to public sector claims data. There are 10 previous AIHW reports on public sector medical indemnity claims between 2002–03 (6 months only) and 2011–12. 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 2012–13 data will follow the release of the *Australia's medical indemnity claims 2012–13* 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 2012–13* is presented in Chapter 2 and Appendix A, and in the Medical Indemnity Data Set Specification 2012–14 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 that the relevant authority considers 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 2012–13 and so the available national data excludes Western Australia for 2012–13. This was also the case for 2010–11 and 2011–12.

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 2012–13, as for 2010–11 and 2011–12, 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) 2012–13 data covers new claims that had a reserve amount set against them between 1 July 2012 and 30 June 2013, previously closed claims that were reopened during the year, and ongoing claims from the previous year.

Accuracy

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes thorough 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 circumstances giving rise to claims. 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 assessed for the great majority of public sector claims at an early stage in the investigations.

Information on patients' Indigenous identification was first collected in 2011–12 and again in 2012–13. Several jurisdictions do not routinely collect this information for their claims, and it was reported for just 25% of 2012–13 claims. Accordingly, the data quality is too low to be considered for reporting.

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 added 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 the AIHW reports 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 first data collection in 2003. While the enhancements have been designed to retain comparability with previously collected data, there are certain changes to the 2009–10 to 2011–12 data

specifications that were carried on for the 2012–13 data specifications. These changes are detailed in the 2011–12 MINC (PS) data quality statement (AIHW 2013b).

Also, a number of MINC (PS) data items are identical or similar to the National Claims and Polices Database (NCPD) data items collected on private sector medical indemnity claims by the Australian Prudential Regulation Authority. The MINC (Private Sector) held at the AIHW is based on data items in common between the MINC (PS) and the data formerly collected by Insurance Statistics Australia for its own version of the NCPD. Public and private sector data for 2012–13 are jointly reported in the AIHW's *Australia's medical indemnity claims 2012–13* report.

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 that insurers make 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.

Medical Indemnity National Collection (Private Sector) 2012–13 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.
- All 4 medical indemnity insurers (MIIs) still trading at the end of the financial year reported unit records to the AIHW for all of their MINC (Private Sector) claims in scope for 2012–13. The QBE claims are represented by a transmission of unit records from Invivo to the AIHW towards the end of the 2012 calendar year, and so are missing any additions and changes to those unit records between January and June 2013.
- 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 that private sector MIIs manage. 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.

As for the public sector, the MINC (Private Sector) data for 2012–13 consists of unit records.

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 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 supply 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, the AIHW and each of the MIIs.

The MINC (Private Sector) includes data for each financial year from 2005–06 to 2012–13. The 2012–13 data cover the period from 1 July 2012 to 30 June 2013.

Timeliness

The reference period for this data set is 2012–13. The MIIs still trading at the end of the financial year provided 2012–13 private sector data over the period July to November 2013. The available data on QBE Insurance claims were received toward the end of December 2012 from Invivo (the underwriting agent for QBE at that time).

The data were originally planned for publication in May 2014 and were published in July 2014.

Accessibility

Australia's medical indemnity claims 2012–13 includes 2 chapters that report on private sector claims combined with public sector claims. This follows the format for the MINC reports set out for the 2010–11 data. There are also 5 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 2012–13*. 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 2 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 2012–13, 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 that MIIs reported relate to medical defence organisation (MDO) run-off, which is a scheme for claims lodged with private sector MIIs 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 that an insured clinician has reported to the MII. 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 (commenced claims) or that have not resulted in preparatory costs to an MII (potential claims).

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) 2012–13 data includes new claims in scope that have arisen between 1 July 2012 and 30 June 2013, 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

Data providers are primarily responsible for the quality of the data they supply. Some MIIs transmit claim records that APRA has previously validated, along with supplementary items not included in APRA's National Claims and Polices Database (NCPD). These records were checked for consistency, paying particular attention to issues connected with their conversion from APRA to MINC unit records and the codes for the supplementary items. Other MIIs transmit claim records that are based on the MINC (Public Sector) specifications. These 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 available records from Invivo (QBE's underwriting agent) represent the state of relevant QBE Insurance claims in late 2012 rather than at 30 June 2013. Therefore, the available data are incomplete in missing any new QBE claims between late 2012 and June 2013, and inaccurate in that some of the claims recorded as still current in late 2012 may have been closed by June 2013.

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 used as their data for the MINC *Device failure* category ('incident/allegation type'). Some data such as 'clinical service context' might not be collected by an MII and so cannot be supplied.

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. This point applies with particular force to the 2012–13 data, contrasting with the lower *Not known* rates for previous years' data, which can now incorporate more mature claims information. 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 incidents. 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 or not at all.

Coherence

The MINC (Private Sector) specifications were developed as a common ground between 2 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 version of the NCPD developed by Insurance Statistics Australia for reporting claims MII data both to APRA and the MINC (Private Sector).

The change between the 2011–12 and 2012–13 reference years, from some to all of the MIIs reporting unit records to the AIHW has generally not affected how the private sector data categories are mapped to the MINC categories for combined public and private sector data

reporting. However, 1 MINC data item that has been affected is 'mode of claim finalisation'. The most similar NCPD data item, 'Litigation status', has some categories that map directly to the MINC categories and some—notably, *Plaintiff does not have legal representation*—that do not. For the purposes of the 2012–13 combined public and private sector data, this category has been mapped to the MINC *Discontinued* category. However, not all MIIs followed the same course for reporting their claims data to the AIHW for the 2011–12 and preceding years. Accordingly, the combined public and private sector data on mode of claim finalisation are not comparable between 2012–13 and the preceding reference years.

The public sector and private sector differ in how they deal with claims against multiple clinicians. In the public sector, in most cases a single claim record is created for each health-care incident, 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.

Also, 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* and *Obstetrics and gynaecology* categories, as well as the *General practitioner – procedural* and *General practitioner – non-procedural* categories, for combined sector reporting.

APRA produces 'Level 2 reports' that include aggregated financial information on private sector medical indemnity claims. These reports are available at <http://www.ncpd.apra.gov.au/Home/Home.aspx>.

Statistics on 2012–13 *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. As a result, *New claims* with their reserve first set in 2012–13 generally have slightly higher *Not known* rates than *Current claims*, many of which have been open for a number of years (Section 4.6). For instance, the *Not known* rate is 23% for new claims compared with 18% for current claims for clinical service context, and 14% compared with 12% for health service setting.

However, there are 3 data items—'Type of compensatory payment to patient', 'Type of compensatory payment to other party/parties' and 'Extent of harm'—which are often not determinable until a claim is closed. Accordingly, their *Not known* rates for claims current at 30 June 2013 range between 30% and 72% (Table B.1). Also, 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 2013.

Table B.1: MINC data items[a]: number and proportion of public sector claims for which *Not known* was recorded, 1 July 2012 to 30 June 2013 (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	824	87.0	2,482	88.5	776	50.6	3,385	75.1
Type of compensatory payment to patient	622	65.7	2,014	71.8	1	0.1	2,016	46.4
Type of compensatory payment to other party/parties	552	58.3	1,505	53.7	0	0.0	1,505	34.7
Extent of harm—patient	301	31.8	834	29.7	16	1.0	850	19.6
Clinical service context	213	22.5	491	17.5	0	0.0	491	11.3
Principal clinician specialty	205	21.6	464	16.5	0	0.0	464	10.7
Primary body function/structure affected	197	20.8	447	15.9	0	0.0	447	10.3
Primary incident/allegation type	164	17.3	401	14.3	1	0.1	402	9.3
Patient's date of birth	153	16.2	336	12.0	47	3.1	383	8.8
Patient's health-care status	152	16.1	390	13.9	0	0.0	390	9.0
Health service setting	133	14.0	327	11.7	0	0.0	327	7.5
Where incident occurred	133	14.0	322	11.5	0	0.0	322	7.4
Patient's sex	19	2.0	54	1.9	1	0.1	55	1.3
Additional body functions/structures affected[b]	0	0.0	2	0.6	3	1.5	5	0.9
Additional incident/allegation types[b]	0	0.0	0	0.0	1	0.3	1	0.1
Additional clinician specialties involved[b]	0	0.0	0	0.0	0	0.0	0	0.0
Total claims	**947**		**2,804**		**1,535**		**4,339**	
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.

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 2012–13, the AIHW either confirmed with the jurisdiction that the *Not known* recording was fully correct or else requested the jurisdiction to provide known information. As a result, the *Not known* rates for 2012–13 closed claims are 1% or less for most data items (Table B.1).

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 (51%). This is because 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 thus included in the MINC report). This is because, if the data item is not reported by an MII, it is not known if the data item is not known or just not reported. The *Not known* rates are higher than their corresponding public sector *Not known* rates for all data items for new, closed and all claims (Table B.2). They are also considerably higher than their counterpart *Not known* rates for 2011–12 private sector data (AIHW 2013a). In the case of new claims, as discussed in Chapter 6, this would appear to reflect the reporting of a large number of claims to APRA at an early stage in their investigation. In the case of closed claims, this may reflect a practice of not pursuing complete data on a claim after a decision has been made to discontinue it.

Because the presentation of detailed data applies specifically to public and private sector claims combined, the *Not known* rates for the combined sectors are also of interest (Table B.3). Updates to unit records (where available) for the reference years leading up to 2012–13 have often resulted in lower *Not known* rates for new claims for those years. For instance, new claims' *Not known* rates for primary incident/allegation type between 2008–09 and 2011–12 varies within the range 1–11%, compared with 37% for 2012–13 (Table 6.3).

Table B.2: MINC data items[(a)]: number and proportion of private sector claims for which *Not known* was recorded, 1 July 2012 to 30 June 2013

	New claims		Closed claims		All claims	
Item	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
New, closed and all claim items						
Primary incident/ allegation type	1,419	43.3	570	15.1	2,024	21.7
Clinician specialty involved	1,889	57.6	615	16.3	2,152	23.1
Health service setting	1,981	60.4	884	23.4	2,783	29.8
Primary body function/structure affected	1,351	41.2	1,223	32.4	2,947	31.6
Patient's sex	2,060	62.8	1,380	36.6	3,598	38.6
Patient's date of birth	2,265	69.1	1,734	45.9	4,470	47.9
Extent of harm—patient	2,083	63.5	1,896	50.2	4,613	49.5
Closed claim items						
Mode of claim finalisation	. .	. .	1	<0.1	. .	. .
Total claim size	. .	. .	0	0.0	. .	. .
Total claims	**3,278**		**3,774**		**9,327**	

. . 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 and private sector claims for which *Not known* was recorded, 1 July 2012 to 30 June 2013

	New claims		Closed claims		All claims	
Item	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
New, closed and all claim items						
Primary incident/ allegation type	1,583	37.5	571	10.8	2,426	17.8
Clinician specialty involved	2,094	49.6	615	11.6	2,616	19.1
Health service setting	2,114	50.0	884	16.7	3,110	22.8
Primary body function/structure affected	1,548	36.6	1,223	23.0	3,394	24.8
Patient's sex	2,079	49.2	1,381	26.0	3,653	26.7
Patient's date of birth	2,418	57.2	1,781	33.5	4,853	35.5
Extent of harm—patient	2,384	56.4	1,912	36.0	5,463	40.0
Closed claim items						
Mode of claim finalisation	. .	. .	1	<0.1	. .	. .
Total claim size	. .	. .	0	0.0	. .	. .
Total claims	**4,225**		**5,309**		**13,666**	

. . 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, the claimant's solicitor may send in a writ or letter of demand, 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. Yet 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. Also, 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 clinician) in respect of the claim, including legal costs.

'Potential claims' in the private sector claims are considered in scope for 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). Also, 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).

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

This appendix notifies readers of changes between 2009–10 and 2012–13 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 *Australia's medical indemnity claims 2009–10* (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 2012−13:

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 2013 the Minister declared this amount to be $571,000.

Appendix E: Health sector contextual information

This appendix provides contextual information for claim numbers. It first provides health workforce data from 2008 to 2012, 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 2008–09 to 2012–13. 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 for 2008 and 2009, the AIHW Nursing and Midwifery Labour Force Surveys for 2008 and 2009, the Medical Workforce Survey 2010, the Medical Workforce Survey 2011 and the Medical Workforce Survey 2012. 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 and the Medical Workforce Survey 2012. For example, the Medical Workforce Surveys of 2010 and 2011 listed 23 specialty categories, while the AIHW Medical Labour Force Surveys 2008 and 2009 and the Medical Workforce Survey 2012 listed more than 50 specialty categories. Accordingly, it is advised that comparisons between data from 2010 or 2011 and data from other years be made with caution.

With respect to the Medical Workforce Survey 2012 (AIHW 2014a), for the purposes of this report, relevant data have been made available for all active practitioners (Table E.1). Accordingly, there will be some inflation of the 2012 figures in comparison with the 2011 figures, which are based only on practitioners who spent most of their time as clinicians.

The response rates for the 2011 and 2012 Medical Workforce Survey were 85.3% and 90.1% respectively. 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 2008 and 2009 was 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: Full-time equivalent (FTE)[a] medical practitioners, 2008 to 2012[b]

	FTE number				
Main specialty of practice	**2008**	**2009**	**2010**	**2011**	**2012**
Addiction medicine[c]	. .	. .	22	37	71
Anaesthesia[d]	3,835	4,089	2,587	3,663	3,711
Dermatology	394	451	301	398	428
Emergency medicine	964	1,054	707	1,009	1,179
General practice	23,188	24,615	17,010	24,896	26,157
Intensive care medicine	327	419	280	389	672
Medical administration	20	19	6	18	168
Obstetrics and gynaecology	*1,662*	*1,714*	*1,205*	*1,666*	*1,773*
Specialist obstetrics and gynaecology	. .	. .	. .	. .	1,491
Gynaecological oncology	. .	. .	. .	. .	53
Maternal-fetal medicine	. .	. .	. .	. .	46
Obstetrics and gynaecological ultrasound	. .	. .	. .	. .	80
Reproductive endocrinology and infertility	. .	. .	. .	. .	64
Urogynaecology	. .	. .	. .	. .	36
Occupational and environmental medicine	62	78	106	148	193
Ophthalmology	826	858	644	855	882
Paediatrics	1,111	1,275	972	1,416	1,704
Pain medicine	89	81	21	31	88
Palliative medicine	139	146	64	85	146
Pathology	997	1,166	646	964	1,170
Physician	*5,362*	*5,871*	*4,382*	*5,943*	*6,706*
Cardiology	1,003	925	. .	. .	1,152
Clinical genetics	57	42	. .	. .	33
Clinical haematology	218	259	. .	. .	286
Clinical immunology	98	94	. .	. .	100
Clinical pharmacology	28	19	. .	. .	21
Endocrinology	377	370	. .	. .	452
Gastroenterology and hepatology	609	708	. .	. .	714
General medicine	601	736	. .	. .	762
Geriatrics	331	415	. .	. .	429
Infectious diseases	171	211	. .	. .	266
Medical oncology	345	375	. .	. .	449
Nephrology	309	379	. .	. .	408
Neurology	403	415	. .	. .	465
Nuclear medicine	136	180	. .	. .	188
Respiratory and sleep medicine	216	288	. .	. .	544
Rheumatology	284	258	. .	. .	287
Thoracic medicine	176	197	. .	. .	. .
Psychiatry	2,354	2,615	1,780	2,445	2,818
Public health medicine	61	42	10	32	161

(continued)

Table E.1 (continued): Full-time equivalent (FTE)[a] medical practitioners, 2008 to 2012[b]

	FTE number				
Main specialty of practice	**2008**	**2009**	**2010**	**2011**	**2012**
Radiation oncology	295	269	170	284	304
Radiology	. .	. .	848	1,640	1,712
Diagnostic radiology	1,488	1,496	. .	. .	1,689
Rehabilitation medicine	271	311	273	294	314
Sexual health medicine[c]	. .	. .	26	41	62
Sport and exercise medicine[c]	. .	. .	46	91	114
Surgery	*4,590*	*4,817*	*3,421*	*4,949*	*5,146*
Cardiothoracic surgery	184	175	. .	. .	185
General surgery	1,319	1,345	. .	. .	1,607
Neurosurgery	215	225	. .	. .	254
Oral and maxillofacial surgery	68	76	. .	. .	98
Orthopaedic surgery	1,191	1,394	. .	. .	1,362
Otolaryngology (ENT)	401	483	. .	. .	455
Paediatric surgery	79	83	. .	. .	95
Plastic surgery	400	347	. .	. .	429
Urology	366	388	. .	. .	415
Vascular surgery	220	200	. .	. .	225
Other surgery	147	101	. .	. .	20
Other specialties	20	12	. .	. .	. .
Not stated/Not applicable[c]	. .	. .	343	539	. .
Total	**48,055**	**51,398**	**36,143**	**51,843**	**56,980**

. . 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 1 FTE.

(b) The 2008, 2009 and 2011 FTE numbers are based just on medical practitioners who spent most of their time as clinicians, whereas the 2010 and 2012 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, 2011 and 2012 include: Addiction medicine, Sexual health medicine, Sport and exercise medicine, and (in 2010 and 2011) Not stated/Not applicable (Not stated/inadequately described).

(d) 2008 and 2009 Anaesthesia numbers include Intensive care anaesthesia.

Sources: AIHW 2010a, 2011b, 2012d, 2013c; National Health Workforce Data Set Medical Practitioners 2012.

Nursing and midwifery workforce

The response rate for the Nursing and Midwifery Labour Force Surveys was 46.5% in 2008, 44.4% in 2009, 85.1% in 2011 and 93.3% in 2012. There has been a gradual increase in FTE numbers for nurses, from 237,520 in 2008, to 242,521 in 2009, 247,246 in 2011 and 255,174 in 2012 (AIHW 2013d). These figures were weighted to account for non-responses. No nursing workforce data were available for 2010.

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 2012–13 there were around 5.7 million 'separations' (admitted patient episodes of care) in Australia's public hospitals and around 3.9 million separations in Australia's private hospitals (AIHW 2014b).

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, 97% of new 2012–13 public sector claims were linked to public hospitals (including day surgeries) and 23% of new 2012–13 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 2014b).

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 2011–12, 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 hard to relate to any hospital service provision category. Similarly, there are some SRG categories such as *Renal dialysis* that are hard 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, and AR-DRG version 6.0x in 2011–12 and 2012–13 (AIHW 2014b), 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 2008–09 and 2009–10 was aggregated with SRG 25 *Rheumatology* from 2010–11.
- The J64, T60 and T62 DRGs aggregated with SRG 18 *Immunology and infections* for 2008–09 and 2009–10 were aggregated with SRG 27 *Non subspecialty – medicine* from 2010–11.
- SRG 45 *Ear, nose and throat* for 2008–09 and 2009–10 was combined with SRG 48 *Head and neck surgery* from 2010–11 (and the SRG renamed *Ear, nose and throat*; *Head and neck surgery*).

- SRG 66 *Social admission* for 2008–09 and 2009–10 was discontinued from 2010–11, and the DRG that had been assigned to it was divided by parts between SRGs 16 *Diagnostic gastrointestinal endoscopy*, 22 *Renal medicine*, 27 *Non subspecialty – medicine* and 52 *Urology*.
- SRG 76 *Definitive paediatric medicine* for 2008–09 and 2009–10 was discontinued from 2010–11, and the DRGs that had been aggregated under it were divided between SRGs 24 *Respiratory medicine*, 27 *Non subspecialty – medicine*, 48 *Ear, nose and throat*; *Head and neck surgery* and 73 *Qualified neonate*.
- SRG 82 *Psychiatry* for 2008–09 and 2009–10 was divided between SRGs 82 *Psychiatry – acute* and 83 *Psychiatry – non acute* (a new category) from 2010–11, depending on whether the hospital service category was for acute or non-acute care.
- SRG 85 was changed from *Geriatrics – non acute* for 2008–09 and 2009–10 to *Psychogeriatric care* from 2010–11, and limited to separations with a *Psychogeriatric* care type (excluding separations with a *Geriatric evaluation and management* care type, previously aggregated under SRG 85, re-assigned to other categories).
- SRG 88 *Acute definitive geriatrics* for 2007–08 to 2009–10 was discontinued for 2010–11 to 2012–13, 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 (2012e, 2013e, 2014b).

Also, patient days are not included for *Unqualified newborn* (*neonate*), who are first (including single) infants born live in a hospital who are not admitted to an intensive care facility in a hospital and/or 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 (2010b, 2011c, 2012e, 2013e, 2014b).

Table E.2: Service Related Groups: hospital separations[a], 2008–09 to 2012–13

	Public hospitals (excluding Western Australia)					Private hospitals				
Service Related Group	2008–09	2009–10	2010–11	2011–12	2012–13	2008–09	2009–10	2010–11	2011–12	2012–13
11 Cardiology	258,943	264,364	279,745	289,655	281,214	51,064	53,317	55,442	56,780	57,863
12 Interventional cardiology	59,307	60,765	62,456	62,336	62,817	69,108	71,727	75,812	77,714	78,768
13 Dermatology	20,075	20,339	20,017	20,391	19,874	4,622	5,335	4,305	4,545	4,480
14 Endocrinology	44,783	45,281	29,759	31,403	30,578	9,880	10,859	4,483	4,791	4,871
15 Gastroenterology	191,996	203,018	261,108	273,606	270,402	165,338	178,819	189,031	203,998	211,659
16 Diagnostic gastrointestinal endoscopy	106,100	108,157	124,162	120,016	115,883	329,685	344,130	412,246	416,174	414,058
17 Haematology	70,607	72,383	52,208	52,243	51,924	34,430	36,749	31,923	33,691	35,394
18 Immunology and infections	96,005	103,235	45,022	46,827	47,219	19,831	20,829	9,750	10,855	11,848
19 Oncology	50,552	51,776	41,656	42,521	42,669	41,820	43,139	25,246	24,093	24,255
20 Chemotherapy	103,402	112,994	116,421	112,536	106,387	186,653	196,952	208,958	226,998	237,914
21 Neurology	148,611	155,874	165,384	176,377	180,398	29,158	30,639	31,419	34,753	37,706
22 Renal medicine	65,645	64,482	51,793	52,077	52,703	20,753	22,087	35,698	40,265	38,553
23 Renal dialysis	785,728	832,508	878,463	922,666	935,221	183,825	199,803	209,569	217,805	229,139
24 Respiratory medicine	215,930	216,496	244,519	251,473	247,706	78,198	81,262	84,246	87,780	91,294
25 Rheumatology	13,536	14,830	25,132	26,162	26,666	5,917	6,701	10,490	11,671	11,591
26 Pain management	25,861	25,935	28,136	29,550	28,952	25,459	25,547	29,515	32,492	34,330
27 Non subspecialty—medicine	135,758	139,640	246,665	256,428	262,890	109,908	120,938	85,712	86,808	91,344
41 Breast surgery	14,027	14,215	15,700	16,270	17,054	17,299	16,918	33,907	34,309	35,155
42 Cardiothoracic surgery	14,303	14,406	14,411	14,806	15,486	11,085	10,695	10,218	10,658	11,056
43 Colorectal surgery	68,496	71,159	40,559	43,098	43,086	49,496	52,511	47,259	49,339	50,131
44 Upper gastrointestinal surgery	61,924	66,280	68,094	70,383	71,036	43,852	42,475	41,582	42,129	44,695
45 Ear, nose and throat[b]	6,866	7,080	. .	. .	. .	8,029	8,812	. .	. .	. .
46 Neurosurgery	36,835	38,069	67,852	69,861	71,876	44,117	47,211	47,266	49,920	51,941
47 Dentistry	22,380	22,622	22,581	22,062	21,147	96,624	100,675	97,613	100,106	101,772
48 Head and neck surgery[b]	79,438	80,638	114,351	119,117	115,729	96,868	100,936	115,360	117,636	121,943
49 Orthopaedics	263,721	268,729	272,387	277,628	273,980	280,478	296,224	309,333	319,010	320,386
50 Ophthalmology	81,413	83,369	85,108	88,897	87,239	199,417	217,834	216,241	234,557	244,428
51 Plastic and reconstructive surgery	92,108	93,551	79,803	79,791	80,428	148,007	154,318	143,972	147,416	147,749

(continued)

Table E.2 (continued): Service Related Groups: hospital separations[(a)], 2008–09 to 2012–13

	Public hospitals (excluding Western Australia)					Private hospitals				
Service Related Group	**2008–09**	**2009–10**	**2010–11**	**2011–12**	**2012–13**	**2008–09**	**2009–10**	**2010–11**	**2011–12**	**2012–13**
52 Urology	119,039	123,968	132,523	137,768	140,924	128,111	136,045	151,866	156,707	158,386
53 Vascular surgery	38,915	40,131	42,412	43,839	43,411	31,949	32,005	33,784	36,396	35,827
54 Non subspecialty—surgery	239,864	246,871	263,646	274,913	267,196	91,828	95,969	125,426	132,117	133,788
61 Transplantation	996	1,050	1,108	1,092	1,250	34	25	25	19	17
62 Extensive burns	3,064	3,222	1,700	1,713	1,787	236	185	59	55	55
63 Tracheostomy	8,652	8,846	9,273	8,954	8,906	1,282	1,246	1,189	1,165	1,086
66 Social admission[(b)]	2,228	2,087	. .	. .	. .	183	137	. .	. .	. .
71 Gynaecology	137,016	137,966	139,059	140,101	135,769	211,874	217,230	214,196	226,802	224,669
72 Obstetrics	282,019	279,370	281,324	249,669	269,977	98,513	101,602	97,442	99,380	101,317
73 Qualified neonate	50,712	50,245	36,606	57,886	58,664	19,899	19,852	19,329	19,541	18,886
74 Unqualified neonate	151,154	152,967	162,589	144,501	147,128	44,570	46,834	45,089	46,726	48,138
75 Perinatology	10,532	10,877	17,772	20,005	20,208	n.a.	n.a.	n.a.	n.a.	n.a.
76 Definitive paediatric medicine[(b)]	45,338	44,766	. .	. .	. .	2,199	2,055	. .	. .	. .
81 Drug and alcohol	62,429	61,270	55,015	55,940	54,214	25,148	28,073	8,369	8,164	10,099
82 Psychiatry—acute	122,107	123,916	137,786	142,564	144,614	118,295	129,104	132,289	140,796	148,160
83 Psychiatry—non acute[(b)]	. .	. .	2,275	2,630	3,870	. .	. .	897	882	470
84 Rehabilitation	69,769	74,975	102,001	112,249	121,712	139,034	169,323	200,952	227,317	241,160
85 Geriatrics—non acute; Psychogeriatric care[(b)]	21,277	22,270	1,715	1,650	1,693	6,692	8,190	6,336	6,204	6,321
86 Palliative care	23,017	25,349	27,019	29,801	31,751	5,281	5,016	5,506	5,864	6,006
87 Maintenance	18,090	18,574	20,961	22,366	22,409	2,197	2,477	1,968	1,968	2,027
88 Acute definitive geriatrics[(b)]	30,317	31,389	. .	. .	. .	6,417	6,729	. .	. .	. .
89 Unallocated	3,859	4,185	5,173	7,029	7,467	7,332	9,100	7,189	5,007	10,734
Total	**4,574,744**	**4,720,489**	**4,893,449**	**5,067,850**	**5,070,514**	**3,301,995**	**3,508,549**	**3,618,507**	**3,791,403**	**3,891,469**

. . Not applicable

n.a. Not available

(a) Records for *Hospital boarder* and *Posthumous organ procurement* care types have been excluded.

(b) There were various differences between the SRG classifications reported for 2008–09 to 2009–10 and for 2010–11 to 2012–13, as detailed in the text.

Sources: AIHW 2010b, 2011c, 2012e, 2013e, 2014b.

Table E.3: Service Related Groups: patient days[a], 2008–09 to 2012–13

Service Related Group	Public hospitals (excluding Western Australia)					Private hospitals				
	2008–09	2009–10	2010–11	2011–12	2012–13	2008–09	2009–10	2010–11	2011–12	2012–13
11 Cardiology	773,952	758,640	781,936	775,774	752,830	214,748	216,493	224,683	227,437	232,007
12 Interventional cardiology	205,711	205,757	214,269	211,195	213,258	167,042	171,372	177,496	181,406	179,183
13 Dermatology	48,608	47,083	46,149	46,433	43,604	14,236	14,678	10,637	11,153	11,226
14 Endocrinology	189,063	185,389	113,009	114,811	107,596	54,292	51,729	21,018	21,318	20,294
15 Gastroenterology	523,850	543,424	652,646	675,265	665,925	264,953	280,799	302,998	324,946	334,764
16 Diagnostic gastrointestinal endoscopy	159,350	160,579	184,965	179,124	173,022	352,203	366,791	437,761	442,987	439,790
17 Haematology	250,505	257,087	230,191	233,287	233,682	93,212	97,072	85,605	89,686	93,758
18 Immunology and infections	375,953	407,953	99,427	101,641	103,827	92,889	97,835	19,234	20,367	22,136
19 Oncology	265,992	263,021	236,677	232,334	224,974	168,605	160,989	135,113	126,112	126,842
20 Chemotherapy	103,468	113,086	116,565	112,598	106,391	186,747	196,992	209,003	227,037	237,946
21 Neurology	580,951	577,095	569,326	573,532	571,773	137,252	136,761	132,447	139,980	142,055
22 Renal medicine	234,810	236,861	165,809	166,773	172,007	69,724	70,430	67,595	71,723	70,836
23 Renal dialysis	786,599	833,383	878,930	919,723	935,543	183,922	199,813	209,953	217,813	229,149
24 Respiratory medicine	1,004,817	965,146	1,061,681	1,081,615	1,043,586	305,650	292,613	311,273	318,948	342,063
25 Rheumatology	33,857	35,077	72,742	75,171	73,126	12,720	13,868	26,085	28,460	27,522
26 Pain management	41,908	42,568	46,572	48,556	46,390	34,123	34,127	43,508	47,259	48,924
27 Non subspecialty—medicine	391,524	410,346	1,067,740	1,078,728	1,083,557	173,303	182,208	317,549	319,918	334,268
41 Breast surgery	29,493	29,945	33,429	33,510	35,936	35,719	34,822	59,834	59,654	62,050
42 Cardiothoracic surgery	147,048	145,977	152,820	156,844	158,736	117,954	113,281	109,706	114,625	116,704
43 Colorectal surgery	310,268	318,636	230,981	236,289	231,622	185,209	189,299	169,390	167,183	166,027
44 Upper gastrointestinal surgery	264,920	276,502	279,741	284,429	285,328	121,497	119,811	119,879	125,044	130,849
45 Ear, nose and throat[b]	20,603	21,611	. .	. .	. .	17,031	17,844	. .	. .	. .
46 Neurosurgery	266,221	281,515	340,388	338,020	337,192	247,800	262,182	256,026	267,891	273,879
47 Dentistry	23,943	24,265	24,349	23,644	22,794	96,921	100,931	97,844	100,374	102,058
48 Head and neck surgery[b]	109,903	111,706	175,070	179,497	177,703	105,664	110,486	132,927	136,119	142,083
49 Orthopaedics	1,081,384	1,095,579	1,073,572	1,072,765	1,038,777	789,960	822,139	849,579	873,410	864,879
50 Ophthalmology	105,519	107,124	108,739	110,912	109,444	203,337	221,603	220,187	238,507	248,176
51 Plastic and reconstructive surgery	197,200	200,192	180,911	181,162	180,537	216,010	223,339	211,575	214,835	216,050

(continued)

Table E.3 (continued): Service Related Groups: patient days[a], 2008–09 to 2012–13

	Public hospitals (excluding Western Australia)					Private hospitals				
Service Related Group	**2008–09**	**2009–10**	**2010–11**	**2011–12**	**2012–13**	**2008–09**	**2009–10**	**2010–11**	**2011–12**	**2012–13**
52 Urology	252,933	253,686	269,211	269,544	272,929	241,369	247,905	263,362	267,557	268,052
53 Vascular surgery	278,891	274,829	285,273	283,863	262,131	139,324	135,973	140,221	141,666	133,459
54 Non subspecialty—surgery	694,174	715,134	681,053	696,211	677,844	243,837	256,118	296,976	306,926	303,670
61 Transplantation	18,099	19,331	21,105	21,230	22,867	297	224	250	161	150
62 Extensive burns	27,861	28,048	19,251	18,636	18,700	889	838	656	525	389
63 Tracheostomy	278,111	279,545	289,656	272,131	266,598	42,686	42,774	40,551	38,421	37,904
66 Social admission[b]	29,322	21,052	. .	. .	. .	2,281	1,710	. .	. .	. .
71 Gynaecology	215,972	215,268	215,735	215,838	207,509	294,384	299,825	294,937	304,618	300,173
72 Obstetrics	768,373	757,358	754,100	767,149	760,755	422,100	435,268	412,244	416,695	421,082
73 Qualified neonate	260,430	261,468	169,788	212,581	211,393	188,121	123,653	120,810	124,597	120,816
74 Unqualified neonate[c]	0	0	0	0	0	0	0	0	0	0
75 Perinatology	203,881	204,619	294,862	311,864	307,050	n.a.	n.a.	n.a.	n.a.	n.a.
76 Definitive paediatric medicine[b]	87,068	84,703	. .	. .	. .	4,944	4,752	. .	. .	. .
81 Drug and alcohol	175,433	174,328	120,744	118,364	120,192	104,256	121,407	30,486	28,375	33,871
82 Psychiatry—acute	1,320,062	1,363,544	1,482,924	1,565,988	1,502,755	578,073	652,552	693,025	741,494	768,667
83 Psychiatry—non acute[b]	. .	. .	390,686	452,507	472,810	. .	. .	1,196	984	483
84 Rehabilitation	1,281,505	1,337,913	1,620,968	1,693,282	1,731,971	776,054	877,220	966,400	1,060,000	1,097,036
85 Geriatrics—non acute; Psychogeriatric care[b]	539,431	532,910	84,211	58,308	78,268	35,618	57,106	43,758	42,061	44,349
86 Palliative care	273,418	288,192	306,290	321,839	326,068	63,024	59,785	67,141	71,203	68,482
87 Maintenance	714,713	657,558	512,661	549,336	473,186	69,368	47,671	46,849	58,945	45,723
88 Acute definitive geriatrics[b]	251,815	249,961	. .	. .	. .	62,929	64,762	. .	. .	. .
89 Unallocated	43,251	43,261	50,805	65,040	60,372	30,652	32,327	30,044	27,638	31,122
Total	**16,242,163**	**16,418,293**	**16,707,967**	**17,137,343**	**16,902,558**	**7,892,929**	**8,262,177**	**8,407,813**	**8,746,058**	**8,872,946**

. . Not applicable

n.a. Not available

(a) Records for *Hospital boarder* and *Posthumous organ procurement* care types have been excluded.

(b) There were various differences between the SRG classifications reported for 2008–09 to 2009–10 and for 2010–11 to 2012–13, as detailed in the text.

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

Sources: AIHW 2010b, 2011c, 2012e, 2013e, 2014b.

Table E.4: Non-admitted patient services: individual occasions of service, 2008–09 to 2012–13

Type of service	Public hospitals (excluding Western Australia)					Private hospitals[(a)]				
	2008–09	2009–10	2010–11	2011–12	2012–13	2008–09	2009–10	2010–11	2011–12	2012–13
Emergency department	6,388,373	6,567,057	6,773,562	6,864,576	6,957,340	500,645	527,000	516,200	530,600	n.a.
Outpatient care	14,740,643	14,887,427	14,660,442	14,624,178	13,244,645	1,309,000	1,320,000	1,175,000	1,192,100	n.a.
Pathology	8,173,546	7,841,773	8,316,108	9,584,488	8,778,160	190,000	253,000	351,400	249,800	n.a.
Radiology and organ imaging	2,969,968	3,031,137	2,978,281	3,000,989	2,589,742	n.a.	n.a.	119,700	127,300	n.a.

n.a. Not available

(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 2012–13. The 2010–11 and 2011–12 figures 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, 2013; AIHW 2010b, 2011c, 2012e, 2013e, 2014b.

Appendix F: Public sector claims detailed tables

This appendix presents complete data on the clinical service context and clinician specialty information for new 2012–13 claims as well as the relationship of clinical service context to primary incident/allegation type (tables F.1 to F.3). It also provides time-series data on new claims between 2008–09 and 2012–13 for selected clinical service contexts in terms of their associations with primary incident/allegation type and primary body function/structure affected (tables F.4 to F.7). It also provides data on the relationship between mode of claim finalisation and total claim size for claims closed between 2008–09 and 2012–13 (tables F.8 and F.9).

Readers are advised to be aware that the data do not relate to the years of the incidents that gave rise to the claims. As detailed in Section 4.8, there can be a gap of up to 10 years or so between the incident date and when the resulting claim is either opened or closed.

Table F.1: Clinical service contexts for new public sector claims, 1 July 2012 to 30 June 2013 (excluding Western Australia)

Specialty of clinician	Number	%
Emergency department	122	12.9
General surgery	114	12.0
Obstetrics	107	11.3
Orthopaedics	62	6.5
General medicine	57	6.0
General practice	37	3.9
Gynaecology	33	3.5
Psychiatry	27	2.9
Cardiology	23	2.4
Paediatrics	17	1.8
Neurosurgery	12	1.3
Oncology	11	1.2
Urology	11	1.2
Plastic surgery	10	1.1
Hospital outpatient department	9	1.0
Dentistry	8	0.8
Radiology	8	0.8
Community-based care	7	0.7
Intensive care	6	0.6
Neurology	5	0.5
Otolaryngology	4	0.4
Ophthalmology	3	0.3
Pathology	3	0.3
Public health	3	0.3
Cardio-thoracic surgery	2	0.2

(continued)

Table F.1 (continued): Clinical service contexts for new public sector claims, 1 July 2012 to 30 June 2013 (excluding Western Australia)

Specialty of clinician	Number	%
Vascular surgery	2	0.2
Oral and maxillofacial surgery	1	0.1
Perinatology	1	0.1
Cosmetic procedures	0	0.0
Rehabilitation	0	0.0
Other	27	2.9
Not applicable[(a)]	2	0.2
Not known	213	22.5
Total	**947**	**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.

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

Table F.2: Specialties of clinicians closely involved in the alleged incident for new public sector claims, 1 July 2012 to 30 June 2013 (excluding Western Australia)

Specialty of clinician	Number	% of claims
General surgery	107	11.3
Emergency medicine	92	9.7
Orthopaedic surgery	70	7.4
General practice—non-procedural	59	6.2
General practice—procedural	52	5.5
Obstetrics and gynaecology	45	4.8
Obstetrics only	36	3.8
General nursing	32	3.4
Psychiatry	26	2.7
Anaesthesia	23	2.4
Gynaecology only	21	2.2
Cardiology	19	2.0
Midwifery	19	2.0
Nursing practitioner	17	1.8
General medicine	16	1.7
Paediatrics	16	1.7
Diagnostic radiology	12	1.3
Paramedic and ambulance staff	11	1.2
Intensive care medicine	10	1.1
Neurology	10	1.1
Urology	10	1.1
Clinical haematology	9	1.0
Neurosurgery	8	0.8
Plastic and reconstructive surgery	7	0.7
Cardio-thoracic surgery	6	0.6

(continued)

Table F.2 (continued): Specialties of clinicians closely involved in the alleged incident for new public sector claims, 1 July 2012 to 30 June 2013 (excluding Western Australia)

Specialty of clinician	Number	% of claims
Gastroenterology and hepatology	6	0.6
Psychology	6	0.6
Clinical genetics	5	0.5
Dentistry	5	0.5
Otolaryngology	5	0.5
Vascular surgery	5	0.5
Medical oncology	4	0.4
Nephrology	4	0.4
Pathology	4	0.4
Geriatric medicine	3	0.3
Ophthalmology	3	0.3
Oral and maxillofacial surgery	3	0.3
Clinical immunology and allergy	2	0.2
Public health	2	0.2
Respiratory and sleep medicine	2	0.2
Rheumatology	2	0.2
Infectious diseases	1	0.1
Maternal-fetal medicine	1	0.1
Medical administration	1	0.1
Neonatal medicine	1	0.1
Occupational medicine	1	0.1
Paediatric surgery	1	0.1
Pharmacy	1	0.1
Physiotherapy	1	0.1
Radiation oncology	1	0.1
Other allied health[(a)]	2	0.2
Other hospital-based medical practitioner	5	0.5
Not applicable[(b)]	3	0.3
Not known	205	21.6
All new claims[(c)]	**947**	**100.0**

(a) *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.

(b) The *Not applicable* category covers claims for health-care incidents not associated with any identifiable clinician specialty or medical administration staff.

(c) Up to 4 different specialties may be recorded for each claim, and so some claims are represented in more than 1 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%.

Note: There were 18 clinician specialties not associated with any new 2012–13 claim: Addiction medicine, Chiropractics, Clinical pharmacology, Cosmetic surgery, Dermatology, Endocrinology, Nuclear medicine, Nutrition, Osteopathy, Paediatric emergency medicine, Pain medicine, Palliative medicine, Podiatry, Rehabilitation medicine, Reproductive endocrinology and infertility, Sexual health medicine, Sports medicine and Urogynaecology.

Table F.3: Clinical service context for new public sector claims, by primary incident/allegation type, 1 July 2012 to 30 June 2013 (excluding Western Australia)

	Primary incident/allegation type												
Clinical service context[a]	**Diagnosis**	**Procedure**	**Treatment**	**General duty of care**	**Medication-related**	**Anaesthetic**	**Consent**	**Infection control**	**Blood/ blood product-related**	**Device failure**	**Other**	**Not known**	**Total**
Emergency department	60	5	43	9	2	0	2	0	1	0	0	0	122
General surgery	22	63	17	2	2	3	2	0	1	0	0	2	114
Obstetrics	31	37	17	4	0	4	0	0	0	0	4	10	107
Orthopaedics	5	31	23	1	0	0	1	0	0	0	0	1	62
General medicine	27	3	12	6	4	4	0	0	0	0	1	0	57
General practice	22	2	8	1	2	1	0	0	0	1	0	0	37
Gynaecology	2	25	2	1	0	1	2	0	0	0	0	0	33
All other clinical service contexts	49	43	62	13	14	3	8	4	0	0	3	1	200
Not applicable[b]	1	0	0	0	0	0	1	0	0	0	0	0	2
Not known	13	19	19	0	3	1	1	3	0	0	4	150	213
Total	**232**	**228**	**203**	**37**	**27**	**17**	**17**	**7**	**2**	**1**	**12**	**164**	**947**
	% (excluding *Not applicable* and *Not known* clinical service context)												
Emergency department	27.5	2.4	23.4	24.3	8.3	0.0	13.3	0.0	50.0	0.0	0.0	0.0	16.7
General surgery	10.1	30.1	9.2	5.4	8.3	18.8	13.3	0.0	50.0	0.0	0.0	14.3	15.6
Obstetrics	14.2	17.7	9.2	10.8	0.0	25.0	0.0	0.0	0.0	0.0	50.0	71.4	14.6
Orthopaedics	2.3	14.8	12.5	2.7	0.0	0.0	6.7	0.0	0.0	0.0	0.0	7.1	8.5
General medicine	12.4	1.4	6.5	16.2	16.7	25.0	0.0	0.0	0.0	0.0	12.5	0.0	7.8
General practice	10.1	1.0	4.3	2.7	8.3	6.3	0.0	0.0	0.0	100.0	0.0	0.0	5.1
Gynaecology	0.9	12.0	1.1	2.7	0.0	6.3	13.3	0.0	0.0	0.0	0.0	0.0	4.5
All other clinical service contexts	22.5	20.6	33.7	35.1	58.3	18.8	53.3	100.0	0.0	0.0	37.5	7.1	27.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) The 'clinical service context' categories listed separately here are the 7 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.

Note: The 215 claims with a *Not applicable* or *Not known* clinical service context are excluded from the bottom half of the table. The number of claims on which the percentages presented here are based is 732 claims.

Table F.4: Selected primary incident/allegation types for new public sector claims, by selected clinical service context, 2008–09 to 2012–13 (excluding Western Australia)

	Clinical service context				
Primary incident/allegation type	**2008–09**	**2009–10**	**2010–11**	**2011–12**	**2012–13**
			Emergency department		
Diagnosis	98	123	141	115	60
Treatment	64	80	71	53	43
Other	48	44	42	31	19
Not known	0	0	0	0	0
Total	**210**	**247**	**254**	**199**	**122**
			General surgery		
Procedure	94	114	110	128	63
Treatment	28	30	35	29	17
Diagnosis	15	24	30	28	22
Other	31	34	43	29	10
Not known	0	0	0	1	2
Total	**168**	**202**	**218**	**215**	**114**
			Obstetrics		
Procedure	78	79	72	63	37
Diagnosis	48	52	51	35	31
Treatment	50	31	46	30	17
Other	21	18	21	24	12
Not known	3	0	2	4	10
Total	**200**	**180**	**192**	**156**	**107**
			Orthopaedics		
Procedure	39	50	57	44	31
Other	38	52	47	31	30
Not known	0	0	0	1	1
Total	**77**	**102**	**104**	**76**	**62**
			General medicine		
Diagnosis	4	12	10	7	27
Treatment	4	18	14	9	12
Other	14	22	15	10	18
Not known	0	0	1	0	0
Total	**22**	**52**	**40**	**26**	**57**
			General practice		
Diagnosis	10	12	17	25	22
Treatment	33	12	16	12	8
Other	14	19	17	21	7
Not known	0	0	0	0	0
Total	**57**	**43**	**50**	**58**	**37**

Table F.5: Selected primary incident/allegation types for new public sector claims, by selected clinical service context, 2008–09 to 2012–13 (excluding Western Australia and *Not known*) (per cent)

	Clinical service context				
Primary incident/allegation type	**2008–09**	**2009–10**	**2010–11**	**2011–12**	**2012–13**
			Emergency department		
Diagnosis	46.7	49.8	55.5	57.8	49.2
Treatment	30.5	32.4	28.0	26.6	35.2
Other	22.9	17.8	16.5	15.6	15.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			General surgery		
Procedure	56.0	56.4	50.5	59.8	56.3
Treatment	16.7	14.9	16.1	13.6	15.2
Diagnosis	8.9	11.9	13.8	13.1	19.6
Other	18.5	16.8	19.7	13.6	8.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Obstetrics		
Procedure	39.6	43.9	37.9	41.4	38.1
Diagnosis	24.4	28.9	26.8	23.0	32.0
Treatment	25.4	17.2	24.2	19.7	17.5
Other	10.7	10.0	11.1	15.8	12.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Orthopaedics		
Procedure	50.6	49.0	54.8	58.7	50.8
Other	49.4	51.0	45.2	41.3	49.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			General medicine		
Diagnosis	18.2	23.1	25.6	26.9	47.4
Treatment	18.2	34.6	35.9	34.6	21.1
Other	63.6	42.3	38.5	38.5	31.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			General practice		
Diagnosis	17.5	27.9	34.0	43.1	59.5
Treatment	57.9	27.9	32.0	20.7	21.6
Other	24.5	44.2	34.0	36.2	18.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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

Table F.6: Selected primary body function/structure affected categories for new public sector claims, by selected clinical service context, 2008–09 to 2012–13 (excluding Western Australia)

	Clinical service context				
Primary body function/structure affected	**2008–09**	**2009–10**	**2010–11**	**2011–12**	**2012–13**
			Emergency department		
Neuromusculoskeletal and movement-related	57	83	77	41	46
Mental and nervous system	26	32	38	23	15
Death	58	65	76	87	36
Other	68	67	63	47	25
Not known	1	0	0	1	0
Total	**210**	**247**	**254**	**199**	**122**
			General surgery		
Digestive, metabolic and endocrine systems	57	69	63	60	30
Mental and nervous system	19	12	31	39	25
Neuromusculoskeletal and movement-related	27	35	35	27	12
Death	18	26	45	39	12
Other	46	59	44	47	34
Not known	1	1	0	3	1
Total	**168**	**202**	**218**	**215**	**114**
			Obstetrics		
Mental and nervous system	65	58	83	66	42
Genitourinary and reproductive	52	43	43	26	23
Death	39	46	44	35	18
Other	40	33	20	20	9
Not known	4	0	2	9	15
Total	**200**	**180**	**192**	**156**	**107**
			Orthopaedics		
Neuromusculoskeletal and movement-related	65	79	85	65	45
Other	12	23	18	11	16
Not known	0	0	1	0	1
Total	**77**	**102**	**104**	**76**	**62**
			General medicine		
Mental and nervous system	5	3	4	2	24
Neuromusculoskeletal and movement-related	3	8	10	11	7
Death	4	20	8	4	7
Other	10	21	17	9	16
Not known	0	0	1	0	3
Total	**22**	**52**	**40**	**26**	**57**
			General practice		
Mental and nervous system	9	5	11	16	10
Neuromusculoskeletal and movement-related	17	12	15	10	6
Death	10	12	12	18	7
Other	21	13	12	14	13
Not known	0	1	0	0	1
Total	**57**	**43**	**50**	**58**	**37**

Table F.7: Selected primary body function/structure affected categories for new public sector claims, by selected clinical service context, 2008–09 to 2012–13 (excluding Western Australia and *Not known*) (per cent)

	Clinical service context				
Primary body function/structure affected	**2008–09**	**2009–10**	**2010–11**	**2011–12**	**2012–13**
			Emergency department		
Neuromusculoskeletal and movement-related	27.3	33.6	30.3	20.7	37.7
Mental and nervous system	12.4	13.0	15.0	11.6	12.3
Death	27.8	26.3	29.9	43.9	29.5
Other	32.5	27.1	24.8	23.7	20.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			General surgery		
Digestive, metabolic and endocrine systems	34.1	34.3	28.9	28.3	26.5
Mental and nervous system	11.4	6.0	14.2	18.4	22.1
Neuromusculoskeletal and movement-related	16.2	17.4	16.1	12.7	10.6
Death	10.8	12.9	20.6	18.4	10.6
Other	27.5	29.4	20.2	22.2	30.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Obstetrics		
Mental and nervous system	33.2	32.2	43.7	44.9	45.7
Genitourinary and reproductive	26.5	23.9	22.6	17.7	25.0
Death	19.9	25.6	23.2	23.8	19.6
Other	20.4	18.3	10.5	13.6	9.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Orthopaedics		
Neuromusculoskeletal and movement-related	84.4	77.5	82.5	85.5	73.8
Other	15.6	22.5	17.5	14.5	26.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			General medicine		
Mental and nervous system	22.7	5.8	10.3	7.7	44.4
Neuromusculoskeletal and movement-related	13.6	15.4	25.6	42.3	13.0
Death	18.2	38.5	20.5	15.4	13.0
Other	45.5	40.4	43.6	34.6	29.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			General practice		
Mental and nervous system	15.8	11.9	22.0	27.6	27.8
Neuromusculoskeletal and movement-related	29.8	28.6	30.0	17.2	16.7
Death	17.5	28.6	24.0	31.0	19.4
Other	36.8	31.0	24.0	24.1	36.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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

Table F.8: Total claim size ($) for closed public sector claims, by mode of claim finalisation, 2008–09 to 2012–13 (excluding Western Australia)

Total claim size ($)	Mode of claim finalisation	2008–09	2009–10	2010–11	2011–12	2012–13
Less than 10,000	Discontinued	485	348	428	383	472
	Settled—state/territory-based complaints processes	17	9	7	3	4
	Settled—court-based alternative dispute resolution processes	3	10	1	2	2
	Settled—statutorily mandated compulsory conference process	0	0	0	0	0
	Settled—other	99	92	105	75	89
	Court decision	10	7	7	13	11
	Not known	1	5	3	3	0
	Total	**615**	**471**	**551**	**479**	**578**
10,000–<100,000	Discontinued	140	96	164	146	200
	Settled—state/territory-based complaints processes	19	29	12	8	12
	Settled—court-based alternative dispute resolution processes	24	28	28	22	15
	Settled—statutorily mandated compulsory conference process	8	10	6	10	8
	Settled—other	144	124	208	162	189
	Court decision	20	11	31	23	19
	Not known	0	0	0	0	0
	Total	**355**	**298**	**449**	**371**	**443**
100,000 or more	Discontinued	6	9	15	10	35
	Settled—state/territory-based complaints processes	11	9	4	5	3
	Settled—court-based alternative dispute resolution processes	70	104	83	101	93
	Settled—statutorily mandated compulsory conference process	19	23	20	29	43
	Settled—other	237	204	303	284	331
	Court decision	14	4	15	10	9
	Not known	0	0	0	0	0
	Total	**357**	**353**	**440**	**439**	**514**
Total	Discontinued	631	453	607	539	707
	Settled—state/territory-based complaints processes	47	47	23	16	19
	Settled—court-based alternative dispute resolution processes	97	142	112	125	110
	Settled—statutorily mandated compulsory conference process	27	33	26	39	51
	Settled—other	480	420	616	521	609
	Court decision	44	22	53	46	39
	Not known	1	5	3	3	0
	Total	**1,327**	**1,122**	**1,440**	**1,289**	**1,535**

Table F.9: Total claim size ($) for closed public sector claims, by mode of claim finalisation (excluding *Not known*), 2008–09 to 2012–13 (excluding Western Australia) (per cent)

Total claim size ($)	Mode of claim finalisation	2008–09	2009–10	2010–11	2011–12	2012–13
Less than 10,000	Discontinued	79.0	74.7	78.1	80.5	81.7
	Settled—state/territory-based complaints processes	2.8	1.9	1.3	0.6	0.7
	Settled—court-based alternative dispute resolution processes	0.5	2.1	0.2	0.4	0.3
	Settled—statutorily mandated compulsory conference process	0.0	0.0	0.0	0.0	0.0
	Settled—other	16.1	19.7	19.2	15.8	15.4
	Court decision	1.6	1.5	1.3	2.7	1.9
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
10,000−<100,000	Discontinued	39.4	32.2	36.5	39.4	45.1
	Settled—state/territory-based complaints processes	5.4	9.7	2.7	2.2	2.7
	Settled—court-based alternative dispute resolution processes	6.8	9.4	6.2	5.9	3.4
	Settled—statutorily mandated compulsory conference process	2.3	3.4	1.3	2.7	1.8
	Settled—other	40.6	41.6	46.3	43.7	42.7
	Court decision	5.6	3.7	6.9	6.2	4.3
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
100,000 or more	Discontinued	1.7	2.5	3.4	2.3	6.8
	Settled—state/territory-based complaints processes	3.1	2.5	0.9	1.1	0.6
	Settled—court-based alternative dispute resolution processes	19.6	29.5	18.9	23.0	18.1
	Settled—statutorily mandated compulsory conference process	5.3	6.5	4.5	6.6	8.4
	Settled—other	66.4	57.8	68.9	64.7	64.4
	Court decision	3.9	1.1	3.4	2.3	1.8
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total	Discontinued	47.6	40.6	42.2	41.9	46.1
	Settled—state/territory-based complaints processes	3.5	4.2	1.6	1.2	1.2
	Settled—court-based alternative dispute resolution processes	7.2	12.7	7.8	9.7	7.2
	Settled—statutorily mandated compulsory conference process	2.0	3.0	1.8	3.0	3.3
	Settled—other	36.2	37.6	42.9	40.5	39.7
	Court decision	3.3	2.0	3.7	3.6	2.5
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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

Appendix G: 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 10 cohorts of claims based on the year their reserve was set, from 2003–04 to 2012–13. Tables G.1 and G.2 present the number of claims in each of these cohorts and the number and proportion closed in the year their reserve was set or a following year. Tables G.3 to G.12 present data on the cost of closing the claims relative to how many years had elapsed since their reserve was set.

There were 12 cohorts of claims based on their year of incident, from 2001–02 to 2012–13. Tables G.13 to G.24 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 2012–13). Tables G.25 and G.26 include information on total claim size for closed claims in the 2 cohorts of claims with respectively a 2001–01 and 2002–03 year of incident.

Table G.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**	**2012–13**	**Still current**	**Total claims**
2003–04	159	613	891	1,152	1,251	1,330	1,365	1,381	1,396	1,407	23	1,430
2004–05		137	458	747	917	1,040	1,097	1,134	1,149	1,171	36	1,207
2005–06			148	677	993	1,203	1,301	1,350	1,382	1,404	25	1,429
2006–07				128	382	612	736	846	894	931	53	984
2007–08					99	414	692	873	985	1,033	90	1,123
2008–09						109	362	705	904	1,037	150	1,187
2009–10							92	522	795	1,035	260	1,295
2010–11								108	488	902	495	1,397
2011–12									104	516	745	1,261
2012–13										88	859	947

Table G.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**	**2012–13**	**Still current**	**Total claims**
2003–04	11.1	42.9	62.3	80.6	87.5	93.0	95.5	96.6	97.6	98.4	1.6	100.0
2004–05		11.4	37.9	61.9	76.0	86.2	90.9	94.0	95.2	97.0	3.0	100.0
2005–06			10.4	47.4	69.5	84.2	91.0	94.5	96.7	98.3	1.7	100.0
2006–07				13.0	38.8	62.2	74.8	86.0	90.9	94.6	5.4	100.0
2007–08					8.8	36.9	61.6	77.7	87.7	92.0	8.0	100.0
2008–09						9.2	30.5	59.4	76.2	87.4	12.6	100.0
2009–10							7.1	40.3	61.4	79.9	20.1	100.0
2010–11								7.7	34.9	64.6	35.4	100.0
2011–12									8.2	40.9	59.1	100.0
2012–13										9.3	90.7	100.0

Table G.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**	**2012–13**
Less than 10,000[b]	116	377	507	622	638	657	662	661	660	652
10,000–<100,000	38	190	279	358	401	413	419	421	426	437
100,000–<500,000	4	41	86	139	171	198	212	223	232	238
500,000 or more	0	2	10	24	32	53	63	67	69	71
Not known	1	3	9	9	9	9	9	9	9	9
Total	**159**	**613**	**891**	**1,152**	**1,251**	**1,330**	**1,365**	**1,381**	**1,396**	**1,407**
					% of claims					
Less than 10,000	8.1	26.4	35.5	43.5	44.6	45.9	46.3	46.2	46.2	45.6
10,000–<100,000	2.7	13.3	19.5	25.0	28.0	28.9	29.3	29.4	29.8	30.6
100,000–<500,000	0.3	2.9	6.0	9.7	12.0	13.8	14.8	15.6	16.2	16.6
500,000 or more	0.0	0.1	0.7	1.7	2.2	3.7	4.4	4.7	4.8	5.0
Not known	0.1	0.2	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6
Total	**11.1**	**42.9**	**62.3**	**80.6**	**87.5**	**93.0**	**95.5**	**96.6**	**97.6**	**98.4**

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

(b) There was a small decrease in the number of these claims in 2010−11 to 2012–13 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 G.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**	**2012–13**
Less than 10,000	99	320	424	504	530	538	541	544	545
10,000–<100,000	33	103	224	268	309	326	336	337	342
100,000–<500,000	4	25	82	120	158	180	189	195	202
500,000 or more	0	2	9	17	35	45	60	65	74
Not known	1	8	8	8	8	8	8	8	8
Total	**137**	**458**	**747**	**917**	**1,040**	**1,097**	**1,134**	**1,149**	**1,171**
					% of claims				
Less than 10,000	8.2	26.5	35.1	41.8	43.9	44.6	44.8	45.1	45.2
10,000–<100,000	2.7	8.5	18.6	22.2	25.6	27.0	27.8	27.9	28.3
100,000–<500,000	0.3	2.1	6.8	9.9	13.1	14.9	15.7	16.2	16.7
500,000 or more	0.0	0.2	0.7	1.4	2.9	3.7	5.0	5.4	6.1
Not known	0.1	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7
Total	**11.4**	**37.9**	**61.9**	**76.0**	**86.2**	**90.9**	**94.0**	**95.2**	**97.0**

(a) The total number of claims with their reserve set in 2004–05 was 1,207 (Table G.1).

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

Table G.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**	**2012–13**
Less than 10,000	111	369	547	633	644	648	650	650
10,000–<100,000	32	260	353	412	436	447	455	464
100,000–<500,000	4	43	79	122	166	188	196	204
500,000 or more	0	4	13	34	54	66	80	85
Not known	1	1	1	2	1	1	1	1
Total	**148**	**677**	**993**	**1,203**	**1,301**	**1,350**	**1,382**	**1,404**
				% of claims				
Less than 10,000	7.8	25.8	38.3	44.3	45.1	45.3	45.5	45.5
10,000–<100,000	2.2	18.2	24.7	28.8	30.5	31.3	31.8	32.5
100,000–<500,000	0.3	3.0	5.5	8.5	11.6	13.2	13.7	14.3
500,000 or more	0.0	0.3	0.9	2.4	3.8	4.6	5.6	5.9
Not known	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Total	**10.4**	**47.4**	**69.5**	**84.2**	**91.0**	**94.5**	**96.7**	**98.3**

(a) The total number of claims with their reserve set in 2005–06 was 1,429 (Table G.1).

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

Table G.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**	**2012–13**
Less than 10,000	88	252	352	388	406	412	415
10,000–<100,000	35	103	183	215	244	257	269
100,000–<500,000	4	24	63	107	149	167	182
500,000 or more	1	3	14	26	47	58	65
Total	**128**	**382**	**612**	**736**	**846**	**894**	**931**
				% of claims			
Less than 10,000	8.9	25.6	35.8	39.4	41.3	41.9	42.2
10,000–<100,000	3.6	10.5	18.6	21.8	24.8	26.1	27.3
100,000–<500,000	0.4	2.4	6.4	10.9	15.1	17.0	18.5
500,000 or more	0.1	0.3	1.4	2.6	4.8	5.9	6.6
Total	**13.0**	**38.8**	**62.2**	**74.8**	**86.0**	**90.9**	**94.6**

(a) The total number of claims with their reserve set in 2006–07 was 984 (Table G.1).

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

Table G.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**	**2012–13**
Less than 10,000	78	276	390	428	443	454
10,000–<100,000	21	95	188	261	300	316
100,000–<500,000	0	35	90	143	182	196
500,000 or more	0	8	24	41	60	67
Total	**99**	**414**	**692**	**873**	**985**	**1,033**
			% of claims			
Less than 10,000	6.9	24.6	34.7	38.1	39.4	40.4
10,000–<100,000	1.9	8.5	16.7	23.2	26.7	28.1
100,000–<500,000	0.0	3.1	8.0	12.7	16.2	17.5
500,000 or more	0.0	0.7	2.1	3.7	5.3	6.0
Total	**8.8**	**36.9**	**61.6**	**77.7**	**87.7**	**92.0**

(a) The total number of claims with their reserve set in 2007–08 was 1,123 (Table G.1).

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

Table G.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**	**2012–13**
Less than 10,000	88	240	353	383	409
10,000–<100,000	15	73	210	290	326
100,000–<500,000	5	44	120	181	227
500,000 or more	1	5	22	50	75
Total	**109**	**362**	**705**	**904**	**1,037**
			% of claims		
Less than 10,000	7.4	20.2	29.7	32.3	34.5
10,000–<100,000	1.3	6.1	17.7	24.4	27.5
100,000–<500,000	0.4	3.7	10.1	15.2	19.1
500,000 or more	0.1	0.4	1.9	4.2	6.3
Total	**9.2**	**30.5**	**59.4**	**76.2**	**87.4**

(a) The total number of claims with their reserve set in 2008−09 was 1,187 (Table G.1).

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

Table G.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**	**2012–13**
Less than 10,000	67	316	421	485
10,000–<100,000	23	137	219	294
100,000–<500,000	2	63	133	213
500,000 or more	0	6	22	43
Total	**92**	**522**	**795**	**1,035**
		% of claims		
Less than 10,000	5.2	24.4	32.5	37.5
10,000–<100,000	1.8	10.6	16.9	22.7
100,000–<500,000	0.2	4.9	10.3	16.4
500,000 or more	0.0	0.5	1.7	3.3
Total	**7.1**	**40.3**	**61.4**	**79.9**

(a) The total number of claims with their reserve set in 2009–10 was 1,295 (Table G.1).

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

Table G.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**	**2012–13**
Less than 10,000	78	290	446
10,000–<100,000	26	116	252
100,000–<500,000	4	72	169
500,000 or more	0	10	35
Total	**108**	**488**	**902**
	% of claims		
Less than 10,000	5.6	20.8	31.9
10,000–<100,000	1.9	8.3	18.0
100,000–<500,000	0.3	5.2	12.1
500,000 or more	0.0	0.7	2.5
Total	**7.7**	**34.9**	**64.6**

(a) The total number of claims with their reserve set in 2010–11 was 1,397 (Table G.1).

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

Table G.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**	**2012–13**
Less than 10,000	64	283
10,000–<100,000	32	139
100,000–<500,000	8	83
500,000 or more	0	11
Total	**104**	**516**
	% of claims	
Less than 10,000	5.1	22.4
10,000–<100,000	2.5	11.0
100,000–<500,000	0.6	6.6
500,000 or more	0.0	0.9
Total	**8.2**	**40.9**

(a) The total number of claims with their reserve set in 2011–12 was 1,261 (Table G.1).

Table G.12: Public sector claims with their reserve set in 2012–13[(a)]: number and proportion closed by year, by total claim size ($) (excluding Western Australia)

	Year by which claim was closed
Total claim size ($)	**2012–13**
Less than 10,000	58
10,000–<100,000	19
100,000–<500,000	11
500,000 or more	0
Total	**88**
	% of claims
Less than 10,000	6.1
10,000–<100,000	2.0
100,000–<500,000	1.2
500,000 or more	0.0
Total	**9.3**

(a) The total number of claims with their reserve set in 2012–13 was 947 (Table G.1).

Table G.13: 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**	**2012–13**
Unnotified[(a)]	890	575	388	186	84	64	46	24	19	6	1	. .
Alleged[(b)]	35	38	15	15	5	6	4	0	1	1	0	. .
Reserved[(c)]	384	555	573	516	416	235	163	115	77	59	44	28
Reopened[(d)]	0	0	2	2	10	8	14	9	5	3	2	2
Closed[(e)]	2	143	333	592	796	998	1,084	1,163	1,209	1,242	1,264	1,281
Total[(f)]	**1,311**	**1,311**	**1,311**	**1,311**	**1,311**	**1,311**	**1,311**	**1,311**	**1,311**	**1,311**	**1,311**	**1,311**
						%						
Unnotified	67.9	43.9	29.6	14.2	6.4	4.9	3.5	1.8	1.4	0.5	0.1	. .
Alleged	2.7	2.9	1.1	1.1	0.4	0.5	0.3	0.0	0.1	0.1	0.0	. .
Reserved	29.3	42.3	43.7	39.4	31.7	17.9	12.4	8.8	5.9	4.5	3.4	2.1
Reopened	0.0	0.0	0.2	0.2	0.8	0.6	1.1	0.7	0.4	0.2	0.2	0.2
Closed	0.2	10.9	25.4	45.2	60.7	76.1	82.7	88.7	92.2	94.7	96.4	97.7
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**

. . 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 2013 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 2013, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2012–13.

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

Table G.14: 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**	**2012–13**
Unnotified[(a)]	856	532	396	175	100	67	28	15	2	0	. .
Alleged[(b)]	43	42	26	16	12	1	3	1	0	0	. .
Reserved[(c)]	409	569	493	520	338	240	166	122	76	47	25
Reopened[(d)]	0	0	0	5	13	19	5	8	7	4	2
Closed[(e)]	29	194	422	621	874	1,010	1,135	1,191	1,252	1,286	1,310
Total[(f)]	**1,337**	**1,337**	**1,337**	**1,337**	**1,337**	**1,337**	**1,337**	**1,337**	**1,337**	**1,337**	**1,337**
						%					
Unnotified	64.0	39.8	29.6	13.1	7.5	5.0	2.1	1.1	0.1	0.0	. .
Alleged	3.2	3.1	1.9	1.2	0.9	0.1	0.2	0.1	0.0	0.0	. .
Reserved	30.6	42.6	36.9	38.9	25.3	18.0	12.4	9.1	5.7	3.5	1.9
Reopened	0.0	0.0	0.0	0.4	1.0	1.4	0.4	0.6	0.5	0.3	0.1
Closed	2.2	14.5	31.6	46.4	65.4	75.5	84.9	89.1	93.6	96.2	98.0
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 2013 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 2013, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2012–13.

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

Table G.15: 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**	**2012–13**
Unnotified[(a)]	807	565	329	167	99	57	36	12	3	. .
Alleged[(b)]	38	47	27	24	8	2	2	2	1	. .
Reserved[(c)]	336	425	557	417	334	219	145	96	74	47
Reopened[(d)]	0	0	1	14	19	9	14	12	10	9
Closed[(e)]	38	182	305	597	759	932	1,022	1,097	1,131	1,163
Total[(f)]	**1,219**	**1,219**	**1,219**	**1,219**	**1,219**	**1,219**	**1,219**	**1,219**	**1,219**	**1,219**
					%					
Unnotified	66.2	46.3	27.0	13.7	8.1	4.7	3.0	1.0	0.2	. .
Alleged	3.1	3.9	2.2	2.0	0.7	0.2	0.2	0.2	0.1	. .
Reserved	27.6	34.9	45.7	34.2	27.4	18.0	11.9	7.9	6.1	3.9
Reopened	0.0	0.0	0.1	1.1	1.6	0.7	1.1	1.0	0.8	0.7
Closed	3.1	14.9	25.0	49.0	62.3	76.5	83.8	90.0	92.8	95.4
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 2013 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 2013, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2012–13.
2. Percentages may not add up exactly to 100.0 due to rounding.

Table G.16: 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**	**2012–13**
Unnotified[(a)]	748	381	270	130	68	36	23	9	. .
Alleged[(b)]	57	51	24	15	1	1	0	0	. .
Reserved[(c)]	299	515	400	384	279	186	119	85	60
Reopened[(d)]	0	3	6	11	27	23	16	11	6
Closed[(e)]	31	185	435	595	760	889	977	1,030	1,069
Total[(f)]	**1,135**	**1,135**	**1,135**	**1,135**	**1,135**	**1,135**	**1,135**	**1,135**	**1,135**
					%				
Unnotified	65.9	33.6	23.8	11.5	6.0	3.2	2.0	0.8	. .
Alleged	5.0	4.5	2.1	1.3	0.1	0.1	0.0	0.0	. .
Reserved	26.3	45.4	35.2	33.8	24.6	16.4	10.5	7.5	5.3
Reopened	0.0	0.3	0.5	1.0	2.4	2.0	1.4	1.0	0.5
Closed	2.7	16.3	38.3	52.4	67.0	78.3	86.1	90.7	94.2
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 2013 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 2013, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2012–13.

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

Table G.17: 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**	**2012–13**
Unnotified[(a)]	693	487	369	163	94	54	14	. .
Alleged[(b)]	52	44	7	6	2	1	1	. .
Reserved[(c)]	275	373	358	414	334	231	162	105
Reopened[(d)]	1	4	19	35	40	30	14	6
Closed[(e)]	35	148	303	438	586	740	865	945
Total[(f)]	**1,056**	**1,056**	**1,056**	**1,056**	**1,056**	**1,056**	**1,056**	**1,056**
				%				
Unnotified	65.6	46.1	34.9	15.4	8.9	5.1	1.3	. .
Alleged	4.9	4.2	0.7	0.6	0.2	0.1	0.1	. .
Reserved	26.0	35.3	33.9	39.2	31.6	21.9	15.3	9.9
Reopened	0.1	0.4	1.8	3.3	3.8	2.8	1.3	0.6
Closed	3.3	14.0	28.7	41.5	55.5	70.1	81.9	89.5
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 2013 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 2013, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2012–13.

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

Table G.18: 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**	**2012–13**
Unnotified[(a)]	820	572	445	203	74	26	. .
Alleged[(b)]	38	6	9	8	3	0	. .
Reserved[(c)]	276	421	389	481	401	278	182
Reopened[(d)]	2	6	15	30	41	23	19
Closed[(e)]	30	161	308	444	647	839	965
Total[(f)]	**1,166**	**1,166**	**1,166**	**1,166**	**1,166**	**1,166**	**1,166**
				%			
Unnotified	70.3	49.1	38.2	17.4	6.3	2.2	. .
Alleged	3.3	0.5	0.8	0.7	0.3	0.0	. .
Reserved	23.7	36.1	33.4	41.3	34.4	23.8	15.6
Reopened	0.2	0.5	1.3	2.6	3.5	2.0	1.6
Closed	2.6	13.8	26.4	38.1	55.5	72.0	82.8
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 2013 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 2013, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2012–13.

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

Table G.19: 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**	**2012–13**
Unnotified[(a)]	861	611	427	166	48	. .
Alleged[(b)]	15	18	11	8	0	. .
Reserved[(c)]	310	431	476	509	465	265
Reopened[(d)]	1	1	16	33	25	22
Closed[(e)]	18	144	275	489	667	918
Total[(f)]	**1,205**	**1,205**	**1,205**	**1,205**	**1,205**	**1,205**
			%			
Unnotified	71.5	50.7	35.4	13.8	4.0	. .
Alleged	1.2	1.5	0.9	0.7	0.0	. .
Reserved	25.7	35.8	39.5	42.2	38.6	22.0
Reopened	0.1	0.1	1.3	2.7	2.1	1.8
Closed	1.5	12.0	22.8	40.6	55.4	76.2
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 2013 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 2013, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2012–13.

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

Table G.20: 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**	**2012–13**
Unnotified[(a)]	948	621	429	126	. .
Alleged[(b)]	13	14	6	2	. .
Reserved[(c)]	308	519	538	625	463
Reopened[(d)]	2	4	7	17	26
Closed[(e)]	27	140	318	528	809
Total[(f)]	**1,298**	**1,298**	**1,298**	**1,298**	**1,298**
			%		
Unnotified	73.0	47.8	33.1	9.7	. .
Alleged	1.0	1.1	0.5	0.2	. .
Reserved	23.7	40.0	41.4	48.2	35.7
Reopened	0.2	0.3	0.5	1.3	2.0
Closed	2.1	10.8	24.5	40.7	62.3
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 2013 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 2013, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2012–13.

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

Table G.21: 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**	**2012–13**
Unnotified[(a)]	658	339	180	. .
Alleged[(b)]	14	8	3	. .
Reserved[(c)]	324	507	497	436
Reopened[(d)]	2	5	9	22
Closed[(e)]	24	163	333	564
Total[(f)]	**1,022**	**1,022**	**1,022**	**1,022**
		%		
Unnotified	64.4	33.2	17.6	. .
Alleged	1.4	0.8	0.3	. .
Reserved	31.7	49.6	48.6	42.7
Reopened	0.2	0.5	0.9	2.2
Closed	2.3	15.9	32.6	55.2
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 2013 and with a date of incident during the year 2009–10.

Notes

1. Claims in scope are defined by their reserve having been set by 30 June 2013, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2012–13.

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

Table G.22: 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**	**2012–13**
Unnotified[(a)]	377	138	. .
Alleged[(b)]	17	11	. .
Reserved[(c)]	304	445	408
Reopened[(d)]	1	3	10
Closed[(e)]	31	133	312
Total[(f)]	**730**	**730**	**730**
		%	
Unnotified	51.6	18.9	. .
Alleged	2.3	1.5	. .
Reserved	41.6	61.0	55.9
Reopened	0.1	0.4	1.4
Closed	4.2	18.2	42.7
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 2013 and with a date of incident during the year 2010–11.

Notes

1. Claims in scope are defined by their reserve having been set by 30 June 2013, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2012–13.

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

Table G.23: Public sector claims with a 2011–12 year of incident: status of claim, by year (excluding Western Australia)

	Year	
Status of claim	**2011–12**	**2012–13**
Unnotified[(a)]	198	. .
Alleged[(b)]	8	. .
Reserved[(c)]	245	344
Reopened[(d)]	0	7
Closed[(e)]	17	117
Total[(f)]	**468**	**468**
	%	
Unnotified	42.3	. .
Alleged	1.7	. .
Reserved	52.4	73.5
Reopened	0.0	1.5
Closed	3.6	25.0
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 2013 and with a date of incident during the year 2011–12.

Notes

1. Claims in scope are defined by their reserve having been set by 30 June 2013, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2012–13.

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

Table G.24: Public sector claims with a 2012–13 year of incident: status of claim, by year (excluding Western Australia)

	Year
Status of claim	**2012–13**
Unnotified[(a)]	. .
Alleged[(b)]	. .
Reserved[(c)]	156
Reopened[(d)]	0
Closed[(e)]	15
Total[(f)]	**171**
	%
Unnotified	. .
Alleged	. .
Reserved	91.2
Reopened	0.0
Closed	8.8
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 2013 and with a date of incident during the year 2012–13.

Note: Claims in scope are defined by their reserve having been set by 30 June 2013, and so the *Unnotified* and *Alleged* 'status of claim' categories are *Not applicable* for 2012–13.

Table G.25: 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**	**2012–13**
Less than 10,000	2	120	252	379	464	542	568	584	594	601	604	611
10,000–<100,000	0	21	65	168	245	303	333	356	370	382	388	393
100,000–<500,000	0	0	11	35	66	127	147	172	189	199	210	211
500,000 or more	0	0	0	2	9	15	25	40	45	49	50	55
Not known	0	2	5	8	12	11	11	11	11	11	12	11
Total	**2**	**143**	**333**	**592**	**796**	**998**	**1,084**	**1,163**	**1,209**	**1,242**	**1,264**	**1,281**
						%						
Less than 10,000	0.2	9.2	19.2	28.9	35.4	41.3	43.3	44.5	45.3	45.8	46.1	46.6
10,000–<100,000	0.0	1.6	5.0	12.8	18.7	23.1	25.4	27.2	28.2	29.1	29.6	30.0
100,000–<500,000	0.0	0.0	0.8	2.7	5.0	9.7	11.2	13.1	14.4	15.2	16.0	16.1
500,000 or more	0.0	0.0	0.0	0.2	0.7	1.1	1.9	3.1	3.4	3.7	3.8	4.2
Not known	0.0	0.2	0.4	0.6	0.9	0.8	0.8	0.8	0.8	0.8	0.9	0.8
Total	**0.2**	**10.9**	**25.4**	**45.2**	**60.7**	**76.1**	**82.7**	**88.7**	**92.2**	**94.7**	**96.4**	**97.7**

(a) The total number of claims with a year of incident in 2001–02 was 1,311 (Table G.13).

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

Table G.26: 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**	**2012–13**
Less than 10,000	28	154	298	408	506	558	595	607	629	634	637
10,000–<100,000	0	35	102	158	261	307	341	360	384	397	399
100,000–<500,000	0	2	17	40	88	117	158	171	181	189	201
500,000 or more	1	1	2	7	11	20	32	44	49	57	65
Not known	0	2	3	8	8	8	9	9	9	9	8
Total	**29**	**194**	**422**	**621**	**874**	**1,010**	**1,135**	**1,191**	**1,252**	**1,286**	**1,310**
						%					
Less than 10,000	2.1	11.5	22.3	30.5	37.8	41.7	44.5	45.4	47.0	47.4	47.6
10,000–<100,000	0.0	2.6	7.6	11.8	19.5	23.0	25.5	26.9	28.7	29.7	29.8
100,000–<500,000	0.0	0.1	1.3	3.0	6.6	8.8	11.8	12.8	13.5	14.1	15.0
500,000 or more	0.1	0.1	0.1	0.5	0.8	1.5	2.4	3.3	3.7	4.3	4.9
Not known	0.0	0.1	0.2	0.6	0.6	0.6	0.7	0.7	0.7	0.7	0.6
Total	**2.2**	**14.5**	**31.6**	**46.4**	**65.4**	**75.5**	**84.9**	**89.1**	**93.6**	**96.2**	**98.0**

(a) The total number of claims with a year of incident in 2002–03 was 1,337 (Table G.14).

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

Appendix H: Public and private sector claims detailed tables

This appendix provides complete data on the medical practitioner specialties collected for new public and private sector claims in 2012–13 (Table H.1). It also provides data for new claims between 2008–09 and 2012–13 on the relationship between health service setting and primary incident/allegation type (tables H.2 to H.5), the relationship between clinician specialty and primary incident/allegation type (tables H.6 to H.9), and patient demographics for primary incident/allegation type and primary body function/structure affected (tables H.10 to H.17). It also provides data for current claims between 2008–09 and 2012–13 on the relationship between claim duration and reserve range (tables H.18 and H.19). This appendix also provides data for closed claims between 2008–09 and 2012–13 on the relationship of total claim size to claim duration (tables H.20 and H.21) and clinician specialty (tables H.22 and H.23).

Readers are advised to be aware that the data do not relate to the years of the incidents that gave rise to the claims. As shown for public sector claims (Section 4.8), there can be a gap of up to 10 years or so between the incident date and when the resulting claim is either opened or closed.

Table H.1: Specialties of medical practitioners closely involved in the alleged incident for new public (excluding Western Australia) and private sector claims, 1 July 2012 to 30 June 2013

Specialty of medical practitioner	Number[(a)]	% of claims
General practice[(b)]	493	11.7
General surgery	166	3.9
Orthopaedic surgery	156	3.7
Obstetrics and gynaecology[(c)]	121	2.9
Emergency medicine	102	2.4
Anaesthesia	76	1.8
Plastic and reconstructive surgery	64	1.5
Psychiatry	55	1.3
Diagnostic radiology	50	1.2
Cardiology	46	1.1
Gynaecology only	41	1.0
Ophthalmology	37	0.9
General medicine	27	0.6
Neurosurgery	25	0.6
Paediatrics	25	0.6
Gastroenterology and hepatology	23	0.5
Neurology	21	0.5
Urology	17	0.4
Otolaryngology	14	0.3
Intensive care medicine	13	0.3
Pathology	12	0.3
Clinical haematology	11	0.3

(continued)

Table H.1 (continued): Specialties of medical practitioners closely involved in the alleged incident for new public sector claims, 1 July 2012 to 30 June 2013 (excluding Western Australia)

Specialty of clinician	Number	% of claims
Cardio-thoracic surgery	9	0.2
Vascular surgery	9	0.2
Paediatric surgery	8	0.2
Medical oncology	6	0.1
Radiation oncology	6	0.1
Respiratory and sleep medicine	6	0.1
Rheumatology	5	0.1
Clinical genetics	5	0.1
Geriatric medicine	4	0.1
Clinical immunology and allergy	4	0.1
Nephrology	4	0.1
Oral and maxillofacial surgery	4	0.1
Dermatology	3	0.1
Sports medicine	3	0.1
Infectious diseases	2	<0.1
Occupational medicine	2	<0.1
Public health	2	<0.1
Cosmetic surgery	1	<0.1
Endocrinology	1	<0.1
Maternal-fetal medicine	1	<0.1
Medical administration	1	<0.1
Neonatal medicine	1	<0.1
Nuclear medicine	1	<0.1
Rehabilitation medicine	1	<0.1
Other hospital-based medical practitioner[(d)]	73	1.7
Not applicable[(e)]	445	10.5
Not known	2,094	49.6
All new claims[(f)]	**4,225**	**100.0**

(a) There were 8 medical practitioner specialties not associated with any new claims in 2012–13 and so not listed in Table H.1: *Addiction medicine*, *Clinical pharmacology*, *Paediatric emergency medicine*, *Pain medicine*, *Palliative medicine*, *Reproductive endocrinology and infertility*, *Sexual health medicine* and *Urogynaecology*.

(b) Combines the categories *General practice—non-procedural* and *General practice—procedural* (Section 2.6).

(c) Combines the categories *Obstetrics and gynaecology* and *Obstetrics only* (Section 2.6).

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

(e) The *Not applicable* category covers claims for health-care incidents not associated with any identifiable medical practitioner specialty.

(f) Up to 4 different specialties may be recorded for any public sector claim, and so some claims are represented in more than 1 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%.

Table H.2: Primary incident/allegation type for new claims, by health service setting, public (excluding Western Australia) and private sector claims, 1 July 2012 to 30 June 2013

	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	261	0	181	56	123	1	16	638	15.1
Diagnosis	242	11	23	150	28	3	3	460	10.9
Treatment	209	5	23	30	176	3	5	451	10.7
Medication-related	28	3	5	32	1	1	0	70	1.7
Anaesthetic	19	0	17	0	0	0	5	41	1.0
Consent	17	0	2	0	8	0	0	27	0.6
Infection control	7	0	1	0	1	0	0	9	0.2
Device failure	1	0	4	0	3	0	0	8	0.2
Blood/blood product-related	2	0	0	0	0	0	0	2	<0.1
Other[g]	82	5	26	158	31	26	608	936	22.2
Not known	34	4	13	53	2	0	1,477	1,583	37.5
Total	**902**	**28**	**295**	**479**	**373**	**34**	**2,114**	**4,225**	**100.0**
Total per cent	*21.3*	*0.7*	*7.0*	*11.3*	*8.8*	*0.8*	*50.0*	*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 2014).

(g) Includes the MINC categories *General duty of care* and *Other,* and the NCPD categories *Legal expense coverage* (LE) and *Other* (OR).

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 H.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 2012 to 30 June 2013 (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	30.1	0.0	64.2	13.1	33.2	2.9	2.5	24.1
Diagnosis	27.9	45.8	8.2	35.2	7.5	8.8	0.5	17.4
Treatment	24.1	20.8	8.2	7.0	47.4	8.8	0.8	17.1
Medication-related	3.2	12.5	1.8	7.5	0.3	2.9	0.0	2.6
Anaesthetic	2.2	0.0	6.0	0.0	0.0	0.0	0.8	1.6
Consent	2.0	0.0	0.7	0.0	2.2	0.0	0.0	1.0
Infection control	0.8	0.0	0.4	0.0	0.3	0.0	0.0	0.3
Device failure	0.1	0.0	1.4	0.0	0.8	0.0	0.0	0.3
Blood/blood product-related	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Other[g]	9.4	20.8	9.2	37.1	8.4	76.5	95.4	35.4
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).

(g) Includes the MINC categories *General duty of care* and *Other,* and the NCPD categories *Legal expense coverage* (LE) and *Other* (OR).

Notes

1. The 1,583 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 2,642.
2. Percentages may not add up exactly to 100.0 due to rounding.

Table H.4: Selected primary incident/allegation types for new claims, by selected health service setting, public (excluding Western Australia) and private sector claims, 2008–09 to 2012–13

	Health service setting				
Primary incident/allegation type	**2008–09**	**2009–10**	**2010–11**	**2011–12**	**2012–13**
			Public hospital/day surgery[a]		
Procedure	402	439	461	412	261
Diagnosis	366	400	383	356	242
Treatment	322	328	331	251	206
Medication-related	66	58	44	52	31
Other	267	262	271	309	128
Not known	11	6	14	31	34
Total	**1,434**	**1,493**	**1,504**	**1,411**	**902**
			All public sector settings[b]		
Total	**1,455**	**1,538**	**1,549**	**1,482**	**930**
			Private hospital/day surgery[c]		
Procedure	247	288	301	284	181
Diagnosis	56	54	62	49	23
Treatment	31	51	51	34	23
Anaesthetic	27	29	26	30	17
Other	105	110	99	150	38
Not known	4	5	27	66	13
Total	**470**	**537**	**566**	**613**	**295**
			Private medical clinic[d]		
Procedure	57	41	77	73	54
Diagnosis	585	498	455	394	150
Treatment	74	71	74	50	30
Medication-related	104	79	68	42	35
Other	301	256	882	825	157
Not known	6	8	170	245	53
Total	**1,127**	**953**	**1,726**	**1,629**	**479**
			All private sector settings[e]		
Total	**1,795**	**1,700**	**2,574**	**2,538**	**1,147**

(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 H.5: Selected primary incident/allegation types for new claims, by selected health service setting, public (excluding Western Australia) and private sector claims, 2008–09 to 2012–13 (excluding *Not known*) (per cent)

	Health service setting				
Primary incident/allegation type	**2008–09**	**2009–10**	**2010–11**	**2011–12**	**2012–13**
			Public hospital/day surgery[(a)]		
Procedure	28.3	29.5	30.9	29.9	30.1
Diagnosis	25.7	26.9	25.7	25.8	27.9
Treatment	22.6	22.1	22.2	18.2	23.7
Medication-related	4.6	3.9	3.0	3.8	3.6
Other	18.8	17.6	18.2	22.4	14.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Private hospital/day surgery[(b)]		
Procedure	53.0	54.1	55.8	51.9	64.2
Diagnosis	12.0	10.2	11.5	9.0	8.2
Treatment	6.7	9.6	9.5	6.2	8.2
Anaesthetic	5.8	5.5	4.8	5.5	6.0
Other	22.5	20.7	18.4	27.4	13.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Private medical clinic[(c)]		
Procedure	5.1	4.3	4.9	5.3	12.7
Diagnosis	52.2	52.7	29.2	28.5	35.2
Treatment	6.6	7.5	4.8	3.6	7.0
Medication-related	9.3	8.4	4.4	3.0	8.2
Other	26.9	27.1	56.7	59.6	36.9
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.

Table H.6: Specialties of medical practitioners involved for new claims, by primary incident/allegation type, public (excluding Western Australia) and private sector claims, 1 July 2012 to 30 June 2013

	Primary incident/allegation type											
Specialty of medical practitioner[a]	**Procedure**	**Diagnosis**	**Treatment**	**Medication-related**	**Anaesthetic**	**Consent**	**Infection control**	**Device failure**	**Blood/blood product-related**	**Other[b]**	**Not known**	**Total**
General practice	50	174	46	32	3	1	0	0	0	159	28	493
General surgery	91	25	19	3	0	3	0	0	1	15	9	166
Orthopaedic surgery	89	14	25	1	0	1	0	2	0	10	14	156
Obstetrics and gynaecology	44	28	15	0	2	1	0	1	0	13	17	121
Emergency medicine	1	53	35	1	0	2	0	0	0	10	0	102
Anaesthetics	18	2	5	3	35	0	0	0	0	8	5	76
Plastic and reconstructive surgery	27	3	14	0	0	0	0	0	0	15	5	64
Psychiatry	1	9	13	11	0	1	0	0	0	18	2	55
Diagnostic radiology	10	28	1	1	0	0	0	0	0	6	4	50
Cardiology	23	5	7	2	0	0	0	0	0	8	1	46
Gynaecology only	26	5	4	0	0	2	0	0	0	2	2	41
Ophthalmology	23	5	1	0	0	2	0	0	0	4	2	37
Other hospital-based medical practitioner	9	5	8	2	0	0	0	0	0	41	8	73
All other medical specialties[c]	77	84	46	12	1	4	1	1	0	41	11	277
Not applicable[d]	137	30	212	3	1	9	1	4	1	44	3	445
Not known	24	9	25	2	4	1	7	0	0	550	1,472	2,094
Total[e]	**638**	**460**	**451**	**70**	**41**	**27**	**9**	**8**	**2**	**936**	**1,583**	**4,225**

(a) Only the 13 medical practitioner specialty categories that were most frequently recorded for new claims are listed; all other categories are combined in the category *All other medical specialties*. See Table H.1 for explanatory notes on the medical practitioner categories.

(b) Includes the MINC categories *General duty of care* and *Other,* and the NCPD categories *Legal expense coverage* (LE) and *Other* (OR).

(c) Covers all medical practitioner specialty categories other than the 13 that are individually listed.

(d) The *Not applicable* category covers claims for health-care incidents not associated with any identified medical practitioner.

(e) 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 1 row, and so the column totals may exceed the number of claims.

Table H.7: Specialties of medical practitioners involved (excluding *Not known*) for new claims, by primary incident/allegation type, public (excluding Western Australia) and private sector claims, 1 July 2012 to 30 June 2013 (per cent)

	Primary incident/allegation type											
Specialty of medical practitioner[a]	**Procedure**	**Diagnosis**	**Treatment**	**Medication-related**	**Anaesthetic**	**Consent**	**Infection control**	**Device failure**	**Blood/blood product-related**	**Other[b]**	**Not known**	**Total**
General practice	8.1	38.6	10.8	47.1	8.1	3.8	0.0	0.0	0.0	41.2	25.2	23.1
General surgery	14.8	5.5	4.5	4.4	0.0	11.5	0.0	0.0	50.0	3.9	8.1	7.8
Orthopaedic surgery	14.5	3.1	5.9	1.5	0.0	3.8	0.0	25.0	0.0	2.6	12.6	7.3
Obstetrics and gynaecology	7.2	6.2	3.5	0.0	5.4	3.8	0.0	12.5	0.0	3.4	15.3	5.7
Emergency medicine	0.2	11.8	8.2	1.5	0.0	7.7	0.0	0.0	0.0	2.6	0.0	4.8
Anaesthesia	2.9	0.4	1.2	4.4	94.6	0.0	0.0	0.0	0.0	2.1	4.5	3.6
Plastic and reconstructive surgery	4.4	0.7	3.3	0.0	0.0	0.0	0.0	0.0	0.0	3.9	4.5	3.0
Psychiatry	0.2	2.0	3.1	16.2	0.0	3.8	0.0	0.0	0.0	4.7	1.8	2.6
Diagnostic radiology	1.6	6.2	0.2	1.5	0.0	0.0	0.0	0.0	0.0	1.6	3.6	2.3
Cardiology	3.7	1.1	1.6	2.9	0.0	0.0	0.0	0.0	0.0	2.1	0.9	2.2
Gynaecology only	4.2	1.1	0.9	0.0	0.0	7.7	0.0	0.0	0.0	0.5	1.8	1.9
Ophthalmology	3.7	1.1	0.2	0.0	0.0	7.7	0.0	0.0	0.0	1.0	1.8	1.7
Other hospital-based medical practitioner	1.5	1.1	1.9	2.9	0.0	0.0	0.0	0.0	0.0	10.6	7.2	3.4
All other medical specialties[c]	12.5	18.6	10.8	17.6	2.7	15.4	50.0	12.5	0.0	10.4	9.9	13.0
Not applicable[d]	22.3	6.7	49.8	4.4	2.7	34.6	50.0	50.0	50.0	11.4	2.7	20.9
Total[e]	**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 13 medical practitioner specialty categories that were most frequently recorded for new claims are listed; all other categories are combined in the category *All other medical specialties*. See Table H.1 for explanatory notes on the medical practitioner categories.

(b) Includes the MINC categories *General duty of care* and *Other,* and the NCPD categories *Legal expense coverage* (LE) and *Other* (OR).

(c) Covers all medical practitioner specialty categories other than the 13 that are individually listed.

(d) The *Not applicable* category covers claims for health-care incidents not associated with any identified medical practitioner.

(e) The 2,094 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 2,131. Because some claims are represented in more than 1 row, the percentages presented here may not sum vertically to 100%.

Table H.8: Selected primary incident/allegation types for new claims, by selected specialty of clinician involved, public (excluding Western Australia) and private sector claims, 2008–09 to 2012–13

	Specialty of clinician				
Primary incident/allegation type	**2008–09**	**2009–10**	**2010–11**	**2011–12**	**2012–13**
			Emergency medicine		
Diagnosis	72	94	124	103	53
Treatment	45	61	57	40	35
Other	23	22	46	32	14
Not known	0	0	0	0	0
Total	**140**	**177**	**227**	**175**	**102**
			General practice[(a)]		
Procedure	70	69	74	111	50
Diagnosis	526	439	430	363	174
Treatment	104	99	65	63	46
Medication-related	112	83	69	46	32
Other	354	296	578	640	163
Not known	10	9	80	112	28
Total	**1,176**	**995**	**1,296**	**1,335**	**493**
			General surgery		
Procedure	129	143	156	133	91
Treatment	21	36	36	28	19
Other	72	87	116	87	47
Not known	0	0	16	35	9
Total	**222**	**266**	**324**	**283**	**166**
			Obstetrics and gynaecology[(b)]		
Procedure	181	178	157	121	70
Diagnosis	78	93	71	61	33
Treatment	71	33	77	33	19
Other	133	55	77	88	22
Not known	8	5	24	34	19
Total	**471**	**364**	**406**	**337**	**161**
			Orthopaedic surgery		
Procedure	104	115	149	150	89
Treatment	23	29	38	18	26
Other	43	60	61	70	27
Not known	0	0	19	43	14
Total	**170**	**204**	**193**	**281**	**156**

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

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

Note: 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 1 clinician specialty.

Table H.9: Selected primary incident/allegation types for new claims, by selected specialty of clinician involved, public (excluding Western Australia) and private sector claims, 2008–09 to 2012–13 (excluding *Not known*) (per cent)

	Specialty of clinician				
Primary incident/allegation type	**2008–09**	**2009–10**	**2010–11**	**2011–12**	**2012–13**
			Emergency medicine		
Diagnosis	51.4	53.1	54.6	58.9	52.0
Treatment	32.1	34.5	25.1	22.9	34.3
Other	16.4	12.4	20.3	18.3	13.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			General practice[(a)]		
Procedure	6.0	7.0	6.1	9.1	10.8
Diagnosis	45.1	44.5	35.4	29.7	37.4
Treatment	8.9	10.0	5.3	5.2	9.9
Medication-related	9.6	8.4	5.7	3.8	6.9
Other	30.4	30.0	47.5	52.3	35.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			General surgery		
Procedure	58.1	53.8	50.6	53.6	58.0
Treatment	9.5	13.5	11.7	11.3	12.1
Other	32.4	32.7	37.7	35.1	29.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Obstetrics and gynaecology[(b)]		
Procedure	39.1	49.6	41.1	39.9	49.3
Diagnosis	16.8	25.9	18.6	20.1	23.2
Treatment	15.3	9.2	20.2	10.9	13.4
Other	28.7	15.3	20.2	29.0	15.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Orthopaedic surgery		
Procedure	61.2	56.4	60.1	63.0	62.7
Treatment	13.5	14.2	15.3	7.6	18.3
Other	25.3	29.4	24.6	29.4	19.0
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.

Table H.10: Primary incident/allegation type for new claims, by patients' sex and age group, public (excluding Western Australia) and private sector claims, 1 July 2012 to 30 June 2013

	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	1	1	6	7	1	2	19
Blood/blood product-related	1	0	0	0	0	1	0	0	2
Consent	0	0	0	1	3	3	0	2	9
Device failure	0	0	0	0	0	1	0	1	2
Diagnosis	12	2	16	51	60	34	7	29	211
Infection control	0	0	0	0	0	0	0	0	0
Medication-related	3	0	2	6	8	8	1	2	30
Procedure	14	1	7	55	81	57	5	26	246
Treatment	10	5	9	42	49	26	4	35	180
Other[(a)]	10	1	4	23	24	9	5	23	99
Not known	12	1	8	8	22	19	0	23	93
Total males	*63*	*10*	*47*	*187*	*253*	*165*	*23*	*143*	*891*
Females									
Anaesthetic	0	0	0	5	6	2	1	6	20
Blood/blood product-related	0	0	0	0	0	0	0	0	0
Consent	0	0	1	5	7	0	0	5	18
Device failure	0	0	0	0	1	3	0	2	6
Diagnosis	12	5	8	75	62	29	5	46	242
Infection control	0	1	3	1	1	1	0	0	7
Medication-related	0	1	1	15	7	8	1	5	38
Procedure	12	0	20	124	106	62	7	53	384
Treatment	9	3	7	75	88	31	3	45	261
Other[(a)]	2	1	6	49	43	20	2	30	153
Not known	10	0	3	41	29	12	0	31	126
Total females	*45*	*11*	*49*	*390*	*350*	*168*	*19*	*223*	*1,255*
Persons[(b)]									
Anaesthetic	1	0	1	6	12	9	2	10	41
Blood/blood product-related	1	0	0	0	0	1	0	0	2
Consent	0	0	1	6	10	3	0	7	27
Device failure	0	0	0	0	1	4	0	3	8
Diagnosis	25	7	24	127	122	63	12	80	460
Infection control	0	1	3	1	1	1	0	2	9
Medication-related	3	1	3	21	15	16	2	9	70
Procedure	27	1	27	181	188	119	12	83	638
Treatment	20	8	16	118	140	57	7	85	451
Other[(a)]	12	2	12	72	71	30	8	729	936
Not known	24	1	12	49	53	34	0	1,410	1,583
Total persons	**113**	**21**	**99**	**581**	**613**	**337**	**43**	**2,418**	**4,225**

(a) Includes the MINC categories *General duty of care* and *Other,* and the NCPD categories *Legal expense coverage* (LE) and *Other* (OR).

(b) 'Persons' includes 2,079 claims for patients whose sex was indeterminate or unknown.

Table H.11: 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 2012 to 30 June 2013 (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	2.0	0.0	2.6	0.6	2.6	4.8	4.3	1.7	2.4
Blood/blood product-related	2.0	0.0	0.0	0.0	0.0	0.7	0.0	0.0	0.3
Consent	0.0	0.0	0.0	0.6	1.3	2.1	0.0	1.7	1.1
Device failure	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.8	0.2
Diagnosis	23.5	22.2	41.0	28.5	26.0	23.3	30.4	24.2	26.4
Infection control	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Medication-related	5.9	0.0	5.1	3.4	3.5	5.5	4.3	1.7	3.8
Procedure	27.5	11.1	17.9	30.7	35.1	39.0	21.7	21.7	30.8
Treatment	19.6	55.6	23.1	23.5	21.2	17.8	17.4	29.2	22.6
Other[(a)]	19.6	11.1	10.3	12.8	10.4	6.2	21.7	19.2	12.4
Total males	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Females									
Anaesthetic	0.0	0.0	0.0	1.4	1.9	1.3	5.3	3.1	1.8
Blood/blood product-related	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Consent	0.0	0.0	2.2	1.4	2.2	0.0	0.0	2.6	1.6
Device failure	0.0	0.0	0.0	0.0	0.3	1.9	0.0	1.0	0.5
Diagnosis	34.3	45.5	17.4	21.5	19.3	18.6	26.3	24.0	21.4
Infection control	0.0	9.1	6.5	0.3	0.3	0.6	0.0	0.0	0.6
Medication-related	0.0	9.1	2.2	4.3	2.2	5.1	5.3	2.6	3.4
Procedure	34.3	0.0	43.5	35.5	33.0	39.7	36.8	27.6	34.0
Treatment	25.7	27.3	15.2	21.5	27.4	19.9	15.8	23.4	23.1
Other[(a)]	5.7	9.1	13.0	14.0	13.4	12.8	10.5	15.6	13.6
Total females	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Persons									
Anaesthetic	1.1	0.0	1.1	1.1	2.1	3.0	4.7	1.0	1.6
Blood/blood product-related	1.1	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.1
Consent	0.0	0.0	1.1	1.1	1.8	1.0	0.0	0.7	1.0
Device failure	0.0	0.0	0.0	0.0	0.2	1.3	0.0	0.3	0.3
Diagnosis	28.1	35.0	27.6	23.9	21.8	20.8	27.9	7.9	17.4
Infection control	0.0	5.0	3.4	0.2	0.2	0.3	0.0	0.2	0.3
Medication-related	3.4	5.0	3.4	3.9	2.7	5.3	4.7	0.9	2.6
Procedure	30.3	5.0	31.0	34.0	33.6	39.3	27.9	8.2	24.1
Treatment	22.5	40.0	18.4	22.2	25.0	18.8	16.3	8.4	17.1
Other[(a)]	13.5	10.0	13.8	13.5	12.7	9.9	18.6	72.3	35.4
Total persons	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Includes the MINC categories *General duty of care* and *Other,* and the NCPD categories *Legal expense coverage* (LE) and *Other* (OR).

Notes

1. The 1,583 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 2,642.
2. Percentages may not add up exactly to 100.0 due to rounding.

Table H.12: Selected primary incident/allegation types for new claims, by patients' age group and sex, public (excluding Western Australia) and private sector claims, 2008–09 to 2012–13

Primary incident/ allegation type	2008–09			2009–10			2010–11			2011–12			2012–13		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
Aged less than 1															
Procedure	21	20	41	23	14	38	26	20	47	23	19	42	14	12	27
Diagnosis	29	31	60	21	27	49	27	25	52	13	31	44	12	12	25
Treatment	25	28	53	14	19	35	25	20	46	10	12	23	10	9	20
Other	9	13	24	10	14	25	12	13	25	9	17	26	14	2	17
Not known	0	1	2	2	0	3	13	7	26	9	22	32	12	10	24
Total	**84**	**93**	**180**	**70**	**74**	**150**	**103**	**85**	**196**	**64**	**101**	**167**	**62**	**45**	**113**
Aged 1–17															
Procedure	19	15	34	13	11	24	13	26	39	19	16	35	8	20	28
Diagnosis	48	29	77	42	29	71	55	32	87	27	35	62	18	13	31
Treatment	11	12	23	14	13	27	14	12	26	11	23	34	14	10	24
Other	27	18	45	21	12	30	38	29	68	24	31	56	8	14	24
Not known	0	0	0	0	0	0	10	3	13	9	9	20	8	3	13
Total	**105**	**74**	**179**	**90**	**65**	**152**	**130**	**102**	**233**	**90**	**114**	**207**	**56**	**60**	**120**
Aged 18 or more															
Procedure	195	452	648	238	470	711	281	491	775	381	287	669	198	299	500
Diagnosis	280	416	702	284	406	694	316	340	667	254	340	598	152	171	324
Treatment	154	241	395	190	256	446	189	271	461	205	143	348	121	197	322
Other	280	435	719	263	367	576	347	489	852	304	517	823	108	178	292
Not known	12	14	28	7	16	25	73	121	198	92	232	332	49	82	136
Total	**921**	**1,558**	**2,492**	**982**	**1,515**	**2,452**	**1,206**	**1,712**	**2,953**	**1,236**	**1,519**	**2,770**	**628**	**927**	**1,574**

(continued)

Table H.12 (continued): Selected primary incident/allegation types for new claims, by patients' age group and sex, public (excluding Western Australia) and private sector claims, 2008–09 to 2012–13

	2008–09			2009–10			2010–11			2011–12			2012–13		
Primary incident/ allegation type	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**
All age groups															
Procedure	254	521	779	287	530	823	340	586	934	484	370	860	246	384	638
Diagnosis	428	560	1,184	401	541	1,112	462	480	1,133	360	573	941	211	242	460
Treatment	207	298	507	245	321	569	250	334	592	269	211	481	180	261	451
Medication-related	86	110	213	68	90	164	55	75	139	50	59	111	30	38	70
Anaesthetic	21	32	54	20	35	61	19	49	69	26	25	52	19	20	41
Consent	14	73	87	20	26	47	16	40	57	28	22	51	9	18	27
Infection control	9	2	11	16	6	23	5	14	19	2	5	8	0	7	9
Device failure	2	5	9	10	6	15	4	4	8	4	4	8	2	6	8
Blood/blood product-related	9	11	20	4	4	9	6	5	12	5	4	10	2	0	2
Other[(a)]	243	332	761	220	305	701	387	519	1,329	430	947	1,512	99	153	936
Not known	16	21	49	13	20	44	105	167	306	126	321	491	93	126	1,583
Total	**1,289**	**1,965**	**3,674**	**1,304**	**1,884**	**3,567**	**1,649**	**2,273**	**4,598**	**1,784**	**2,541**	**4,525**	**891**	**1,255**	**4,225**

(a) Includes the MINC categories *General duty of care* and *Other,* and the NCPD categories *Legal expense coverage* (LE) and *Other* (OR).

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

Table H.13: 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, 2008–09 to 2012–13 (per cent)

	2008–09			2009–10			2010–11			2011–12			2012–13		
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	21.7	23.0	33.8	18.9	25.9	28.9	25.6	27.6	41.8	24.1	31.1	28.0	34.3	30.3
Diagnosis	34.5	33.7	33.7	30.9	36.5	33.3	30.0	32.1	30.6	23.6	39.2	32.6	24.0	34.3	28.1
Treatment	29.8	30.4	29.8	20.6	25.7	23.8	27.8	25.6	27.1	18.2	15.2	17.0	20.0	25.7	22.5
Other	10.7	14.1	13.5	14.7	18.9	17.0	13.3	16.7	14.7	16.4	21.5	19.3	28.0	5.7	19.1
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 1–17															
Procedure	18.1	20.3	19.0	14.4	16.9	15.8	10.8	26.3	17.7	23.5	15.2	18.7	16.7	35.1	26.2
Diagnosis	45.7	39.2	43.0	46.7	44.6	46.7	45.8	32.3	39.5	33.3	33.3	33.2	37.5	22.8	29.0
Treatment	10.5	16.2	12.8	15.6	20.0	17.8	11.7	12.1	11.8	13.6	21.9	18.2	29.2	17.5	22.4
Other	25.7	24.3	25.1	23.3	18.5	19.7	31.7	29.3	30.9	29.6	29.5	29.9	16.7	24.6	22.4
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	21.5	29.3	26.3	24.4	31.4	29.3	24.8	30.9	28.1	33.3	22.3	27.4	34.2	35.4	34.8
Diagnosis	30.8	26.9	28.5	29.1	27.1	28.6	27.9	21.4	24.2	22.2	26.4	24.5	26.3	20.2	22.5
Treatment	16.9	15.6	16.0	19.5	17.1	18.4	16.7	17.0	16.7	17.9	11.1	14.3	20.9	23.3	22.4
Other	30.8	28.2	29.2	27.0	24.5	23.7	30.6	30.7	30.9	26.6	40.2	33.8	18.7	21.1	20.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(continued)

Table H.13 (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, 2008–09 to 2012–13 (per cent)

	2008–09			2009–10			2010–11			2011–12			2012–13		
Primary incident/ allegation type	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**
All age groups															
Procedure	20.0	26.8	21.5	22.2	28.4	23.4	22.0	27.8	21.8	29.2	16.7	21.3	30.8	34.0	24.1
Diagnosis	33.6	28.8	32.7	31.1	29.0	31.6	29.9	22.8	26.4	21.7	25.8	23.3	26.4	21.4	17.4
Treatment	16.3	15.3	14.0	19.0	17.2	16.2	16.2	15.9	13.8	16.2	9.5	11.9	22.6	23.1	17.1
Medication-related	6.8	5.7	5.9	5.3	4.8	4.7	3.6	3.6	3.2	3.0	2.7	2.8	3.8	3.4	2.6
Anaesthetic	1.6	1.6	1.5	1.5	1.9	1.7	1.2	2.3	1.6	1.6	1.1	1.3	2.4	1.8	1.5
Consent	1.1	3.8	2.4	1.5	1.4	1.3	1.0	1.9	1.3	1.7	1.0	1.3	1.1	1.6	1.0
Infection control	0.7	0.1	0.3	1.2	0.3	0.7	0.3	0.7	0.4	0.1	0.2	0.2	0.0	0.6	0.3
Device failure	0.2	0.3	0.2	0.8	0.3	0.4	0.3	0.2	0.2	0.2	0.2	0.2	0.3	0.5	0.3
Blood/blood product-related	0.7	0.6	0.6	0.3	0.2	0.3	0.4	0.2	0.3	0.3	0.2	0.2	0.3	0.0	0.1
Other[(a)]	19.1	17.1	21.0	17.0	16.4	19.9	25.1	24.6	31.0	25.9	42.7	37.5	12.4	13.6	35.4
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**

(a) Includes the MINC categories *General duty of care* and *Other,* and the NCPD categories *Legal expense coverage* (LE) and *Other* (OR).

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.

Table H.14: 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 2012 to 30 June 2013

	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	0	3	12	11	16	2	6	51
Death	7	1	6	28	35	27	9	14	127
Digestive, metabolic and endocrine systems	3	1	5	30	61	33	5	37	175
Genitourinary and reproductive	6	0	1	9	13	5	0	0	34
Mental and nervous system	18	3	7	31	34	12	1	18	124
Neuromusculoskeletal and movement-related	7	1	7	44	34	34	0	12	139
Sensory functions and structures	1	1	3	4	15	11	2	8	45
Skin and related structures	2	1	0	9	15	5	0	6	38
Voice and speech	0	0	0	0	2	0	0	0	2
No function/structure affected	1	1	5	4	12	5	2	10	40
Not known	17	1	10	16	21	17	2	32	116
Total males	*63*	*10*	*47*	*187*	*253*	*165*	*23*	*143*	*891*
Females									
Cardiovascular, haematological, immunological and respiratory	1	3	2	21	15	10	0	6	58
Death	14	2	2	45	31	33	8	20	155
Digestive, metabolic and endocrine systems	1	2	10	77	85	39	4	67	285
Genitourinary and reproductive	1	0	2	55	40	7	0	10	115
Mental and nervous system	11	3	11	42	43	16	1	36	163
Neuromusculoskeletal and movement-related	3	1	11	43	47	18	2	14	139
Sensory functions and structures	0	0	1	15	15	7	1	1	40
Skin and related structures	0	0	5	35	29	14	0	12	95
Voice and speech	1	0	0	1	1	0	1	0	4
No function/structure affected	1	0	0	11	12	6	1	11	42
Not known	12	0	5	45	32	18	1	46	159
Total females	*45*	*11*	*49*	*390*	*350*	*168*	*19*	*223*	*1,255*
Persons[(a)]									
Cardiovascular, haematological, immunological and respiratory	2	3	5	33	27	26	2	107	205
Death	22	3	8	74	67	60	17	53	304
Digestive, metabolic and endocrine systems	4	3	15	108	149	72	10	281	642
Genitourinary and reproductive	7	0	4	64	53	12	0	59	199
Mental and nervous system	30	6	18	74	77	28	2	97	332
Neuromusculoskeletal and movement-related	10	2	18	88	82	53	2	296	551
Sensory functions and structures	1	1	4	19	30	18	3	51	127
Skin and related structures	3	1	5	44	45	19	0	32	149
Voice and speech	1	0	0	1	3	0	1	2	8
No function/structure affected	2	1	5	15	24	11	3	99	160
Not known	31	1	17	61	56	38	3	1,341	1,548
Total persons	**113**	**21**	**99**	**581**	**613**	**337**	**43**	**2,418**	**4,225**

(a) 'Persons' includes 2,079 claims for patients whose sex was indeterminate or unknown.

Table H.15: 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 2012 to 30 June 2013 (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	0.0	8.1	7.0	4.7	10.8	9.5	5.4	6.6
Death	15.2	11.1	16.2	16.4	15.1	18.2	42.9	12.6	16.4
Digestive, metabolic and endocrine systems	6.5	11.1	13.5	17.5	26.3	22.3	23.8	33.3	22.6
Genitourinary and reproductive	13.0	0.0	2.7	5.3	5.6	3.4	0.0	0.0	4.4
Mental and nervous system	39.1	33.3	18.9	18.1	14.7	8.1	4.8	16.2	16.0
Neuromusculoskeletal and movement-related	15.2	11.1	18.9	25.7	14.7	23.0	0.0	10.8	17.9
Sensory functions and structures	2.2	11.1	8.1	2.3	6.5	7.4	9.5	7.2	5.8
Skin and related structures	4.3	11.1	0.0	5.3	6.5	3.4	0.0	5.4	4.9
Voice and speech	0.0	0.0	0.0	0.0	0.9	0.0	0.0	0.0	0.3
No function/structure affected	2.2	11.1	13.5	2.3	5.2	3.4	9.5	9.0	5.2
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	3.0	27.3	4.5	6.1	4.7	6.7	0.0	3.4	5.3
Death	42.4	18.2	4.5	13.0	9.7	22.0	44.4	11.3	14.1
Digestive, metabolic and endocrine systems	3.0	18.2	22.7	22.3	26.7	26.0	22.2	37.9	26.0
Genitourinary and reproductive	3.0	0.0	4.5	15.9	12.6	4.7	0.0	5.6	10.5
Mental and nervous system	33.3	27.3	25.0	12.2	13.5	10.7	5.6	20.3	14.9
Neuromusculoskeletal and movement-related	9.1	9.1	25.0	12.5	14.8	12.0	11.1	7.9	12.7
Sensory functions and structures	0.0	0.0	2.3	4.3	4.7	4.7	5.6	0.6	3.6
Skin and related structures	0.0	0.0	11.4	10.1	9.1	9.3	0.0	6.8	8.7
Voice and speech	3.0	0.0	0.0	0.3	0.3	0.0	5.6	0.0	0.4
No function/structure affected	3.0	0.0	0.0	3.2	3.8	4.0	5.6	6.2	3.8
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	2.4	15.0	6.1	6.3	4.8	8.7	5.0	9.9	7.7
Death	26.8	15.0	9.8	14.2	12.0	20.1	42.5	4.9	11.4
Digestive, metabolic and endocrine systems	4.9	15.0	18.3	20.8	26.8	24.1	25.0	26.1	24.0
Genitourinary and reproductive	8.5	0.0	4.9	12.3	9.5	4.0	0.0	5.5	7.4
Mental and nervous system	36.6	30.0	22.0	14.2	13.8	9.4	5.0	9.0	12.4
Neuromusculoskeletal and movement-related	12.2	10.0	22.0	16.9	14.7	17.7	5.0	27.5	20.6
Sensory functions and structures	1.2	5.0	4.9	3.7	5.4	6.0	7.5	4.7	4.7
Skin and related structures	3.7	5.0	6.1	8.5	8.1	6.4	0.0	3.0	5.6
Voice and speech	1.2	0.0	0.0	0.2	0.5	0.0	2.5	0.2	0.3
No function/structure affected	2.4	5.0	6.1	2.9	4.3	3.7	7.5	9.2	6.0
Total persons	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Notes

1. The 1,548 claims coded *Not known* for 'primary body function/structure affected' are excluded from this table. The number of claims on which the percentages presented here are based is 2,677.
2. Percentages may not add up exactly to 100.0 due to rounding.

Table H.16: Selected primary body function/structure affected categories for new claims, by patients' age group and sex, public (excluding Western Australia) and private sector claims, 2008–09 to 2012–13

	2008–09			2009–10			2010–11			2011–12			2012–13		
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	9	25	36	14	19	34	14	15	29	17	20	38	7	14	22
Mental and nervous system	43	29	73	34	26	69	45	36	82	17	27	44	18	11	30
Other	29	37	67	20	29	45	28	27	57	18	38	56	21	8	30
Not known	1	2	3	2	0	2	11	5	41	12	16	29	17	12	31
Total	**82**	**93**	**179**	**70**	**74**	**150**	**98**	**83**	**189**	**64**	**101**	**167**	**63**	**45**	**113**
Aged 1–17															
Death	21	10	31	19	13	32	32	24	57	23	31	55	7	4	11
Mental and nervous system	17	9	26	17	6	23	10	12	22	8	19	27	10	14	24
Neuromusculoskeletal & movement-related	23	14	37	18	12	30	29	13	42	9	15	24	8	12	20
Other	41	40	82	35	32	69	53	50	104	45	42	89	21	25	47
Not known	3	0	3	1	0	0	5	2	7	5	7	12	11	5	18
Total	**105**	**73**	**179**	**90**	**63**	**154**	**129**	**101**	**232**	**90**	**114**	**207**	**57**	**60**	**120**
Aged 18 or more															
Death	219	195	416	246	229	476	219	170	399	219	258	477	99	117	218
Digestive, metabolic & endocrine systems	118	171	289	130	198	329	148	275	425	200	212	412	129	205	339
Genitourinary and reproductive	47	306	356	50	235	287	75	219	297	149	132	284	27	102	129
Mental and nervous system	87	179	266	98	160	258	128	226	358	133	173	306	78	102	181
Neuromusculoskeletal & movement-related	172	260	433	216	272	489	263	287	555	212	287	501	112	110	225
Other	257	390	634	233	377	619	341	477	813	268	400	675	127	195	324
Not known	21	31	54	9	25	36	32	42	76	55	57	115	56	96	158
Total	**921**	**1,532**	**2,448**	**982**	**1,496**	**2,494**	**1,206**	**1,696**	**2,923**	**1,236**	**1,519**	**2,770**	**628**	**927**	**1,574**

(continued)

Table H.16 (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, 2008–09 to 2012–13

	2008–09			2009–10			2010–11			2011–12			2012–13		
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	105	103	211	85	91	178	84	98	185	72	158	238	51	58	205
Death	276	261	543	313	295	614	302	246	568	295	377	678	127	155	304
Digestive, metabolic & endocrine systems	142	200	345	163	241	408	178	328	515	260	270	535	175	285	642
Genitourinary and reproductive	68	338	409	67	261	331	90	255	350	180	187	375	34	115	199
Mental and nervous system	162	249	421	162	223	397	201	299	516	208	290	498	124	163	332
Neuromusculoskeletal & movement-related	227	307	537	252	311	566	319	335	668	252	353	609	139	139	551
Sensory functions and structures	49	84	138	60	87	152	84	95	184	70	101	175	45	40	127
Skin and related structures	65	156	225	56	143	200	58	125	192	104	119	228	38	95	149
Voice and speech	11	9	20	7	14	21	4	9	13	9	5	22	2	4	8
No function/structure affected	153	216	731	127	191	645	276	422	1,267	254	574	971	40	42	160
Not known	31	42	94	12	27	55	53	61	140	80	107	196	116	159	1,548
Total	**1,289**	**1,965**	**3,674**	**1,304**	**1,857**	**3,567**	**1,649**	**2,273**	**4,598**	**1,784**	**2,541**	**4,525**	**891**	**1,255**	**4,225**

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

Table H.17: 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, 2008–09 to 2012–13 (per cent)

	2008–09			2009–10			2010–11			2011–12			2012–13		
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	11.1	27.5	20.5	20.6	25.7	23.0	16.1	19.2	17.3	32.7	23.5	27.5	15.2	42.4	26.8
Mental and nervous system	53.1	31.9	41.5	50.0	35.1	46.6	51.7	46.2	48.8	32.7	31.8	31.9	39.1	33.3	36.6
Other	35.8	40.7	38.1	29.4	39.2	30.4	32.2	34.6	33.9	34.6	44.7	40.6	45.7	24.2	36.6
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**
Aged 1–17															
Death	20.6	13.7	17.6	21.3	20.6	20.8	25.8	24.2	25.3	27.1	29.0	28.2	15.2	7.3	10.8
Mental and nervous system	16.7	12.3	14.8	19.1	9.5	14.9	8.1	12.1	9.8	9.4	17.8	13.8	21.7	25.5	23.5
Neuromusculoskeletal & movement-related	22.5	19.2	21.0	20.2	19.0	19.5	23.4	13.1	18.7	10.6	14.0	12.3	17.4	21.8	19.6
Other	40.2	54.8	46.6	39.3	50.8	44.8	42.7	50.5	46.2	52.9	39.3	45.6	45.7	45.5	46.1
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															
Death	24.3	13.0	17.4	25.3	15.6	19.4	18.7	10.3	14.0	18.5	17.6	18.0	17.3	14.1	15.4
Digestive, metabolic & endocrine systems	13.1	11.4	12.1	13.4	13.5	13.4	12.6	16.6	14.9	16.9	14.5	15.5	22.6	24.7	23.9
Genitourinary and reproductive	5.2	20.4	14.9	5.1	16.0	11.7	6.4	13.2	10.4	12.6	9.0	10.7	4.7	12.3	9.1
Mental and nervous system	9.7	11.9	11.1	10.1	10.9	10.5	10.9	13.7	12.6	11.3	11.8	11.5	13.6	12.3	12.8
Neuromusculoskeletal & movement-related	19.1	17.3	18.1	22.2	18.5	19.9	22.4	17.4	19.5	18.0	19.6	18.9	19.6	13.2	15.9
Other	28.6	26.0	26.5	23.9	25.6	25.2	29.0	28.8	28.6	22.7	27.4	25.4	22.2	23.5	22.9
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 H.17 (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, 2008–09 to 2012–13 (per cent)

	2008–09			2009–10			2010–11			2011–12			2012–13		
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	8.3	5.4	5.9	6.6	4.9	5.1	5.3	4.4	4.1	4.2	6.5	5.5	6.6	5.3	7.7
Death	21.9	13.6	15.2	24.2	15.9	17.5	18.9	11.1	12.7	17.3	15.5	15.7	16.4	14.1	11.4
Digestive, metabolic & endocrine systems	11.3	10.4	9.6	12.6	13.0	11.6	11.2	14.8	11.6	15.3	11.1	12.4	22.6	26.0	24.0
Genitourinary and reproductive	5.4	17.6	11.4	5.2	14.1	9.4	5.6	11.5	7.9	10.6	7.7	8.7	4.4	10.5	7.4
Mental and nervous system	12.9	12.9	11.8	12.5	12.0	11.3	12.6	13.5	11.6	12.2	11.9	11.5	16.0	14.9	12.4
Neuromusculoskeletal & movement-related	18.0	16.0	15.0	19.5	16.7	16.1	20.0	15.1	15.0	14.8	14.5	14.1	17.9	12.7	20.6
Sensory functions and structures	3.9	4.4	3.9	4.6	4.5	4.3	5.3	4.3	4.1	4.1	4.1	4.0	5.8	3.6	4.7
Skin and related structures	5.2	8.1	6.3	4.3	7.9	5.7	3.6	5.7	4.3	6.1	4.9	5.3	4.9	8.7	5.6
Voice and speech	0.9	0.5	0.6	0.5	0.8	0.6	0.3	0.4	0.3	0.5	0.2	0.5	0.3	0.4	0.3
No function/structure affected	12.2	11.2	20.4	9.8	10.3	18.4	17.3	19.1	28.4	14.9	23.6	22.4	5.2	3.8	6.0
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.

Table H.18: Reserve range ($) for current claims, by duration of claims (months), public (excluding Western Australia) and private sector claims, 2008–09 to 2012–13

Reserve range ($)	Duration of claim (months)	2008–09	2009–10	2010–11	2011–12	2012–13
Less than 10,000	12 or less	1,437	1.482	1,475	1,570	1,317
	13–24	611	632	533	560	467
	25–36	318	287	225	224	184
	37–60	230	213	143	144	109
	61 or more	731	671	645	605	51
	Total	**3,327**	**3,285**	**3,021**	**3,103**	**2,128**
	Per cent of current claims	*38.5*	*36.0*	*32.4*	*32.0*	*25.5*
10,000–<100,000	12 or less	1,247	1,529	1.753	1,760	1,620
	13–24	711	856	830	1,030	984
	25–36	379	446	470	446	521
	37–60	367	284	312	340	291
	61 or more	229	202	184	188	133
	Total	**2,933**	**3,317**	**3,549**	**3,764**	**3,549**
	Per cent of current claims	*34.0*	*36.4*	*38.1*	*38.8*	*42.5*
100,000–<500,000	12 or less	564	612	760	695	628
	13–24	338	429	431	547	506
	25–36	242	264	299	314	379
	37–60	260	254	289	307	317
	61 or more	217	173	154	173	160
	Total	**1,621**	**1,732**	**1,933**	**2,036**	**1,990**
	Per cent of current claims	*18.8*	*19.0*	*20.8*	*21.0*	*23.8*
500,000 or more	12 or less	160	173	190	163	122
	13–24	132	149	158	156	122
	25–36	113	113	119	133	112
	37–60	146	155	161	165	158
	61 or more	203	199	182	192	176
	Total	**754**	**789**	**810**	**809**	**690**
	Per cent of current claims	*8.7*	*8.6*	*8.7*	*8.3*	*8.3*
Total	12 or less	3,408	3,796	4,178	4,188	3,687
	13–24	1,792	2,066	1,952	2,293	2,079
	25–36	1,052	1,110	1,113	1,117	1,196
	37–60	1,003	906	905	956	875
	61 or more	1,380	1,245	1,165	1,158	520
	Total	**8,635**	**9,123**	**9,313**	**9,712**	**8,357**
	Per cent of current claims	***100.0***	***100.0***	***100.0***	***100.0***	***100.0***

Table H.19: Reserve range ($) for current claims, by duration of claims (months), public (excluding Western Australia) and private sector claims, 2008–09 to 2012–13 (per cent)

Reserve range ($)	Duration of claim (months)	2008–09	2009–10	2010–11	2011–12	2012–13
Less than 10,000	12 or less	43.2	45.1	48.8	50.6	61.9
	13–24	18.4	19.2	17.6	18.0	21.9
	25–36	9.6	8.7	7.4	7.2	8.6
	37–60	6.9	6.5	4.7	4.6	5.1
	61 or more	22.0	20.4	21.4	19.5	2.4
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
10,000–<100,000	12 or less	42.5	46.1	49.4	46.8	45.6
	13–24	24.2	25.8	23.4	27.4	27.7
	25–36	12.9	13.4	13.2	11.8	14.7
	37–60	12.5	8.6	8.8	9.0	8.2
	61 or more	7.8	6.1	5.2	5.0	3.7
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
100,000–<500,000	12 or less	34.8	35.3	39.3	34.1	31.6
	13–24	20.9	24.8	22.3	26.9	25.4
	25–36	14.9	15.2	15.5	15.4	19.0
	37–60	16.0	14.7	15.0	15.1	15.9
	61 or more	13.4	10.0	8.0	8.5	8.0
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
500,000 or more	12 or less	21.2	21.9	23.5	20.1	17.7
	13–24	17.5	18.9	19.5	19.3	17.7
	25–36	15.0	14.3	14.7	16.4	16.2
	37–60	19.4	19.6	19.9	20.4	22.9
	61 or more	26.9	25.2	22.5	23.7	25.5
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total	12 or less	39.5	41.6	44.9	43.1	44.1
	13–24	20.8	22.6	21.0	23.6	24.9
	25–36	12.2	12.2	12.0	11.5	14.3
	37–60	11.6	9.9	9.7	9.8	10.5
	61 or more	16.0	13.6	12.5	11.9	6.2
	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 H.20: Total claim size ($) for closed claims, by duration of claim (months), public (excluding Western Australia) and private sector claims, 2008–09 to 2012–13

Total claim size ($)	Duration of claim (months)	2008–09	2009–10	2010–11	2011–12	2012–13
Less than 10,000	12 or less	860	1,009	1,275	1,336	1,140
	13–24	699	637	799	796	1,323
	25–36	451	378	367	346	514
	37–60	273	248	326	196	287
	61 or more	120	132	101	118	69
	Total	**2,403**	**2,404**	**2,868**	**2,792**	**3,333**
	Per cent of closed claims	*64.7*	*65.2*	*63.9*	*63.2*	*62.8*
10,000–<100,000	12 or less	115	119	180	184	160
	13–24	171	210	295	286	387
	25–36	168	133	219	211	293
	37–60	183	163	163	204	232
	61 or more	111	114	92	80	102
	Total	**748**	**739**	**949**	**965**	**1,174**
	Per cent of closed claims	*20.2*	*20.0*	*21.1*	*21.8*	*22.1*
100,000 or more	12 or less	28	20	44	51	45
	13–24	97	108	151	148	183
	25–36	113	99	133	139	208
	37–60	172	167	183	193	213
	61 or more	151	150	156	129	153
	Total	**561**	**544**	**667**	**660**	**802**
	Per cent of closed claims	*15.1*	*14.8*	*14.9*	*14.9*	*15.1*
Total	12 or less	1,003	1,150	1,499	1,571	1,345
	13–24	968	955	1,249	1,230	1,893
	25–36	732	610	719	696	1,015
	37–60	629	578	672	593	732
	61 or more	382	396	349	327	324
	Total	**3,714**	**3,689**	**4,488**	**4,417**	**5,309**
	Per cent of closed claims	***100.0***	***100.0***	***100.0***	***100.0***	***100.0***

Note: The totals at the bottom of table include 2 claims closed for an unknown amount in 2008–09, 2 claims closed for an unknown amount in 2009–10, and 4 claims closed for an unknown amount in 2010–11.

Table H.21: Total claim size ($) for closed claims, by duration of claim (months), public (excluding Western Australia) and private sector claims, 2009–09 to 2012–13 (excluding *Not known*) (per cent)

Total claim size ($)	Duration of claim (months)	2008–09	2009–10	2010–11	2011–12	2012–13
Less than 10,000	12 or less	35.8	42.0	44.5	47.9	34.2
	13–24	29.1	26.5	27.9	28.5	39.7
	25–36	18.8	15.7	12.8	12.4	15.4
	37–60	11.4	10.3	11.4	7.0	8.6
	61 or more	5.0	5.5	3.5	4.2	2.1
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
10,000–<100,000	12 or less	15.4	16.1	19.0	19.1	13.6
	13–24	22.9	28.4	31.1	29.6	33.0
	25–36	22.5	18.0	23.1	21.9	25.0
	37–60	24.5	22.1	17.2	21.1	19.8
	61 or more	14.8	15.4	9.7	8.3	8.7
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
100,000 or more	12 or less	5.0	3.7	6.6	7.7	5.6
	13–24	17.3	19.9	22.6	22.4	22.8
	25–36	20.1	18.2	19.9	21.1	25.9
	37–60	30.7	30.7	27.4	29.2	26.6
	61 or more	26.9	27.6	23.4	19.5	19.1
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total	12 or less	27.0	31.2	33.4	35.6	25.3
	13–24	26.1	25.9	27.8	27.8	35.7
	25–36	19.7	16.5	16.0	15.8	19.1
	37–60	16.9	15.7	15.0	13.4	13.8
	61 or more	10.3	10.7	7.8	7.4	6.1
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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

Table H.22: Total claim size ($) for closed claims, by specialties of clinicians involved, public (excluding Western Australia) and private sector claims, 2008–09 to 2012–13

Total claim size ($)	Health service setting	2008–09	2009–10	2010–11	2011–12	2012–13
Less than 10,000	General practice[(a)]	765	809	979	950	820
	Obstetrics and gynaecology[(b)]	234	236	259	229	225
	General surgery	168	118	154	156	159
	Orthopaedic surgery	121	105	128	127	153
	Emergency medicine	66	77	66	75	84
	All other specialties	1,024	1,073	1,295	1,286	1,383
	Not applicable	9	7	12	3	5
	Not known	51	13	7	5	561
	Total	**2,438**	**2,438**	**2,900**	**2,831**	**3,333**
10,000–<100,000	General practice[(a)]	199	233	279	288	318
	Obstetrics and gynaecology[(b)]	88	87	137	110	101
	General surgery	57	57	71	63	86
	Orthopaedic surgery	53	38	42	52	56
	Emergency medicine	47	35	39	62	84
	All other specialties	321	304	412	425	528
	Not applicable	5	5	5	1	1
	Not known	11	2	0	3	47
	Total	**781**	**761**	**985**	**1,004**	**1,174**
100,000 or more	General practice[(a)]	89	96	133	112	142
	Obstetrics and gynaecology[(b)]	100	105	133	118	138
	General surgery	43	54	57	74	90
	Orthopaedic surgery	65	49	60	61	64
	Emergency medicine	69	48	55	50	80
	All other specialties	218	229	263	303	349
	Not applicable	1	2	4	0	1
	Not known	13	2	1	2	7
	Total	**598**	**585**	**706**	**720**	**802**
Total	General practice[(a)]	1,053	1,138	1,391	1,350	1,280
	Obstetrics and gynaecology[(b)]	423	428	530	457	464
	General surgery	268	229	282	293	335
	Orthopaedic surgery	240	192	230	240	273
	Emergency medicine	182	160	160	187	248
	All other specialties	1,563	1,608	1,973	2,014	2,260
	Not applicable	15	14	21	4	7
	Not known	75	17	8	10	615
	Total	**3,819**	**3,786**	**4,595**	**4,555**	**5,309**

(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 table include 2 claims closed for an unknown amount in 2008–09, 2 claims closed for an unknown amount in 2009–10, and 4 claims closed for an unknown amount in 2010–11.

Table H.23: Total claim size ($) for closed claims, by specialties of clinicians involved (excluding *Not known*), public (excluding Western Australia) and private sector claims, 2008–09 to 2012–13 (per cent)

Total claim size ($)	Health service setting	2008–09	2009–10	2010–11	2011–12	2012–13
Less than 10,000	General practice[(a)]	32.5	33.8	34.2	34.1	29.4
	Obstetrics and gynaecology[(b)]	9.9	9.8	9.1	8.2	8.1
	General surgery	7.1	4.9	5.4	5.6	5.7
	Orthopaedic surgery	5.1	4.4	4.5	4.6	5.5
	Emergency medicine	2.8	3.2	2.3	2.7	3.0
	All other specialties	43.5	44.8	45.3	46.1	49.6
	Not applicable	0.4	0.3	0.4	0.1	0.2
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
10,000–<100,000	General practice[(a)]	27.0	31.6	29.4	29.9	28.2
	Obstetrics and gynaecology[(b)]	11.9	11.8	14.4	11.4	9.0
	General surgery	7.7	7.7	7.5	6.5	7.6
	Orthopaedic surgery	7.2	5.2	4.4	5.4	5.0
	Emergency medicine	6.4	4.7	4.1	6.4	7.5
	All other specialties	43.6	41.2	43.4	44.2	46.9
	Not applicable	0.7	0.7	0.5	0.1	0.1
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
100,000 or more	General practice[(a)]	16.2	17.7	20.0	17.0	17.9
	Obstetrics and gynaecology[(b)]	18.2	19.4	20.0	17.9	17.4
	General surgery	7.8	10.0	8.6	11.2	11.3
	Orthopaedic surgery	11.9	9.0	9.0	9.3	8.1
	Emergency medicine	12.6	8.9	8.3	7.6	10.1
	All other specialties	39.8	42.3	39.5	46.0	43.9
	Not applicable	0.2	0.4	0.6	0.0	0.1
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total	General practice[(a)]	28.9	31.0	31.0	30.6	27.2
	Obstetrics and gynaecology[(b)]	11.6	11.7	11.8	10.4	9.8
	General surgery	7.4	6.2	6.3	6.6	7.1
	Orthopaedic surgery	6.6	5.2	5.1	5.4	5.8
	Emergency medicine	5.0	4.4	3.6	4.2	5.3
	All other specialties	43.0	43.8	44.0	45.7	48.0
	Not applicable	0.4	0.4	0.5	0.1	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.

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List of tables

List of figures

List of boxes

This report presents data on the number, nature and costs of public sector and private sector medical indemnity claims for 2012–13 in the context of claims data from the previous 4 years. In 2012–13, the number of new public sector claims was about 950 (less than any of the previous 4 years) and the number of new private sector claims about 3,300 (similar to the previous 2 years). The number of closed public sector claims was about 1,500 (slightly higher than any of the previous 4 years) while the number of private sector claims closed each year rose continually from about 2,400 in 2008–09 to 3,800 in 2012–13.