Health-care incident—additional clinician specialty involved in health-care incident, clinical specialties code N[N]

Identifying and definitional attributes

Metadata item type: Data Element

Short name: Additional clinician specialty involved in health-care incident

METEOR identifier: 532135

Registration status: • Health, Standard 21/11/2013

Definition: The clinical specialty of the health-care provider(s) who played a role in the health-

care incident that gave rise to a medical indemnity claim, in addition to the principal

clinician responsible, as represented by a code.

Data Element Concept: Health-care incident—additional clinician specialty involved in health-care incident

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N[N]

Maximum character length: 2

Permissible values:

Value Meaning

- 3 Cardiology
- 4 Cardio-thoracic surgery
- 5 Chiropractics
- 6 Clinical genetics
- 7 Haematology (clinical)
- 8 Immunology and allergy (clinical)
- 9 Clinical pharmacology (excluding pharmacy)
- 11 Cosmetic surgery
- 13 Dentistry
- 14 Dermatology
- 15 Diagnostic radiology
- 16 Otolaryngology
- 17 Emergency medicine
- 18 Endocrinology
- 21 Gastroenterology and hepatology
- 22 General medicine
- 23 General practice-non-procedural
- 24 General practice-procedural

- 25 General surgery
- 26 Geriatric medicine
- 27 Gynaecology only
- 28 Infectious diseases
- 29 Intensive care medicine
- 30 Medical oncology
- 31 Midwifery
- 32 Neurology
- 33 Neurosurgery
- 34 Neonatal or perinatal medicine
- 35 Nuclear medicine
- 36 Nursing-general
- 37 Nursing-nurse practitioner
- 38 Nutrition or dietician
- 39 Obstetrics and gynaecology
- 40 Obstetrics only
- 41 Occupational and environmental medicine
- 42 Ophthalmology
- 44 Orthopaedic surgery
- 45 Osteopathy
- 46 Paediatrics (general)
- 47 Paediatric surgery
- 48 Paramedical and ambulance staff
- 49 Pathology
- 50 Pharmacy (excluding clinical pharmacology)
- 51 Physiotherapy
- 52 Plastic and reconstructive surgery
- 53 Podiatry
- 54 Psychiatry
- 55 Psychology
- 56 Public health medicine
- 57 Rehabilitation medicine
- 58 Nephrology
- 59 Respiratory and sleep medicine
- 60 Rheumatology
- 62 Sports and exercise medicine
- Radiation oncology (therapeutic radiology)
- 65 Urology
- 66 Vascular surgery
- Other allied health (including complementary medicine)
- Other hospital-based medical practitioner
- 71 Anaesthesia
- 72 Maternal-fetal medicine
- 73 Medical administration

- 75 Oral and maxillofacial surgery
- 76 Palliative medicine
- 77 Urogynaecology
- 78 Reproductive endocrinology and infertility
- 79 Addiction medicine
- 80 Paediatric emergency medicine
- 81 Sexual health medicine
- 82 Pain medicine
- 83 Community child health
- 84 Gynaecological oncology
- 85 Obstetrical and gynaecological ultrasound

Supplementary values:

Value Meaning

- 97 Not applicable
- 99 Not stated/inadequately described

Collection and usage attributes

Guide for use: CODE 13 Dentistry

'Dentistry' excludes oral and maxillofacial surgery.

CODE 15 Diagnostic radiology

'Diagnostic radiology' includes diagnostic ultrasound.

CODE 16 Otolaryngology

'Otolaryngology' includes ear, nose, throat, head and neck surgeons.

CODE 22 General medicine

'General medicine' includes general and internal medicine physicians and endoscopy.

CODE 25 General surgery

'General surgery' includes surgical procedures, including colorectal surgery.

CODE 27 Gynaecology only

'Gynaecology only' includes gynaecologists who only diagnose, treat and aid in the prevention of disorders of the female reproductive system (RANZCOG 2013).

CODE 31 Midwifery

'Midwifery' includes registered midwives only.

CODE 35 Nuclear medicine

'Nuclear medicine' includes radiotherapy and radiation oncology.

CODE 36 Nursing-general

'Nursing-general' includes enrolled and registered nurses.

CODE 37 Nursing-nurse practitioner

'Nursing-nurse practitioner' includes registered nurse practitioners only.

CODE 39 Obstetrics and gynaecology

'Obstetrics and gynaecology' includes specialists who carry out gynaecological examinations, diagnosis and operations on women; discuss suitable contraceptive methods with referred patients; provide medical care before, during and after childbirth; deliver babies through normal procedures or by caeserean section; examine mothers and babies after childbirth to check for complications; and treat infertility by chemical or operative measures (RANZCOG 2013).

CODE 40 Obstetrics only

'Obstetrics only' includes obstetricians who only provide medical care before, during and after childbirth (RANZCOG 2013).

CODE 41 Occupational and environmental medicine

'Occupational and environmental medicine' should be used for doctors only; occupational therapists should be recorded at Code 67.

CODE 46 Paediatrics

'Paediatrics' excludes neonatal or perinatal medicine and paediatric surgery.

CODE 49 Pathology

'Pathology' includes general pathology, anatomical pathology, chemical pathology, pathological haematology, pathological immunology and clinical microbiology.

CODE 59 Respiratory and sleep medicine

'Respiratory and sleep medicine' includes thoracic medicine.

CODE 67 Other allied health (including complementary medicine)

'Other allied health (including complementary medicine)' 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.

CODE 68 Other hospital-based medical practitioners

'Other hospital-based medical practitioners' includes junior doctors, resident doctors, house officers, interns, and other clinicians who do not have a specialty.

CODE 71 Anaesthesia

'Anaesthesia' includes general anaesthesia, paediatric anaesthesia and intensive care anaesthesia.

CODE 82 Pain medicine

'Pain medicine' includes specialists in managing severe pain problems in the areas of acute pain, cancer pain and chronic pain (Faculty of Pain Medicine 2003).

CODE 97 Not applicable

'Not applicable' should be used where no clinical or medical administration staff were involved in the incident.

CODE 99 Not stated/inadequately described

'Not stated/inadequately described' should be used when the information is not currently available. Not stated/inadequately described should not be used when a claim is closed.

Comments:

The general aim of this list is to include all categories that might be of relevance to medical indemnity claims. The medical specialties included in this value domain are taken from the List of Australian Recognised Medical Specialties, a list approved by the Minister for Health and Ageing (AMC 2013) and from the lists of clinical specialties developed by various health authorities for use in their medical indemnity data collections.

The categories of medical specialists align well between the Australian Prudential Regulation Authority (2006) National Claims and Policies Database (NCPD) and the Medical Indemnity National Collection (MINC). The NCPD specifications have separate codes for several allied health and complementary fields which are subsumed within the MINC category 'Other allied health (including complementary medicine)'. In the NCPD, 'student practitioner or intern' is a separate category. The MINC codes students based on the speciality they are training in, and classifies interns with 'Other hospital-based medical practitioners' (AIHW 2013).

Recording the specialty of the individual clinician at this data element does not imply that the individual was 'at fault'. These individuals may or may not be defendants in the medical indemnity claim.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Steward: Australian Institute of Health and Welfare

Reference documents: AlHW (Australian Institute of Health and Welfare) 2013. Australia's medical

indemnity claims 2011–12. Safety and quality of health care series no.14. Cat. no.

HSE 137. Canberra: AlHW

AMC (Australian Medical Council) 2013. The List of Australian Recognised

Medical Specialties. Canberra. Viewed 17 July 2013,

http://www.amc.org.au/images/Recognition/

AMC-list-of-specialties.pdf

APRA (Australian Prudential Regulation Authority) 2006. Data specifications National Claims and Policies Database Document Number 3.1. Canberra: APRA

Faculty of Pain Medicine 2003. Application for specialty recognition by the Faculty of Pain Medicine to the Australian Medical Council. Melbourne: Australian and New

Zealand College of Anaesthetists. Viewed 25 May 2011,

http://www.anzca.edu.au/fpm/news-and-reports/

FPM_AMCSub.pdf

RANZCOG (The Royal Australian and New Zealand College of Obstetricians and

Gynaecologists) 2013. About the specialty. Viewed 17 July 2013, http://www.ranzcog.edu.au/the-ranzcog/about-specialty.html

Data element attributes

Collection and usage attributes

Guide for use:

This data element should be used in conjunction with the data element: <u>Health-care incident—principal clinician specialty involved in health-care incident, clinical specialties code N[N]</u> to record the specialties of the clinicians who played a prominent role in the incident that gave rise to the medical indemnity claim. That is, the individuals whose actions/omissions are directly implicated in 'what went wrong'. These individuals may or may not be defendants in the medical indemnity claim.

For a particular clinician, the specialty recorded should be the main clinical area in which that clinician has formal qualifications (or, in the case of a specialist-in training, is working towards gaining formal qualifications), and/or in which that clinician primarily practices. The specialty recorded may not be the area in which the clinician was working at the time of the incident. For example, if a clinician involved in the incident was a general surgeon, but was working in the Emergency department when the incident occurred, Code 25 'General surgery' should be recorded.

Where a private doctor was closely involved in the incident, the specialty of the private doctor should be recorded.

This data element should be completed on the basis of available information about the specialty of clinicians closely involved in the incident; specialty should not be assumed based on other information. For example, if the incident occurred in the course of repair to an aortic abdominal aneurysm, Code 66 'Vascular surgery' should only be recorded where there is information to confirm that a vascular surgeon was among the clinicians involved.

Where a registrar was closely involved in the incident, the specialty for which the registrar was training at the time of the incident should be recorded.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Steward: Australian Institute of Health and Welfare

Relational attributes

Related metadata references:

Supersedes <u>Health-care incident—additional clinician specialty involved in health-care incident, clinical specialties code N[N]</u>

• Health, Superseded 21/11/2013

See also <u>Health-care incident—principal clinician specialty involved in health-care incident, clinical specialties code N[N]</u>

Health, Standard 21/11/2013

Implementation in Data Set Specifications:

Medical indemnity NBPDS 2014-Health, Standard 21/11/2013

Implementation start date: 01/07/2014

Conditional obligation:

Conditional on more than one clinician specialty being involved in the health-care incident that gave rise to a medical indemnity claim.

DSS specific information:

This data element relates to more than one clinician being involved in the health-care incident that gave rise to a medical indemnity claim. Up to three codes may be reported for this data element.