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

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

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| Identifying and definitional attributes | |
| Metadata item type: | Data Element |
| Short name: | Additional clinician specialty involved in health-care incident |
| METEOR identifier: | 424965 |
| Registration status: | [Health!](https://meteor-uat.aihw.gov.au/RegistrationAuthority/14), Superseded 21/11/2013 |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](https://meteor-uat.aihw.gov.au/content/424973) |
| Value Domain: | [Clinical specialties code N[N]](https://meteor-uat.aihw.gov.au/content/329673) |

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| Value domain attributes | | |
| Representational attributes | | |
| Representation class: | Code | |
| Data type: | Number | |
| Format: | N[N] | |
| Maximum character length: | 2 | |
|  | **Value** | **Meaning** |
| Permissible values: | 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 |
|  | 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 |
|  | 57 | Rehabilitation medicine |
|  | 58 | Nephrology |
|  | 59 | Respiratory and sleep medicine |
|  | 60 | Rheumatology |
|  | 62 | Sports and exercise medicine |
|  | 63 | Radiation oncology (therapeutic radiology) |
|  | 65 | Urology |
|  | 66 | Vascular surgery |
|  | 67 | Other allied health (including complementary medicine) |
|  | 68 | 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 |
| Supplementary values: | 97 | Not applicable |
|  | 99 | Not stated/inadequately described |

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| 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 2011).  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; provide medical care before, during and after childbirth; and treat infertility by chemical or operative measures (RANZCOG 2011).  CODE 40   Obstetrics only  'Obstetrics only' includes obstetricians who only provide medical care before, during and after childbirth (RANZCOG 2011).  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 2009) 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 2011).  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. |

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| Source and reference attributes | |
| Submitting organisation: | Australian Institute of Health and Welfare |
| Steward: | [Australian Institute of Health and Welfare](https://meteor-uat.aihw.gov.au/content/246013) |
| Reference documents: | AIHW (Australian Institute of Health and Welfare) 2011. Public and private sector medical indemnity claims in Australia 2008–09. Safety and quality of health care series no.10. Cat. no. HSE 112. Canberra: AIHW  AMC (Australian Medical Council) 2009. The List of Australian Recognised Medical Specialties. Canberra. Viewed 16 November 2010, <<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) 2011. About the specialty. Viewed 20 October 2011, <<http://www.ranzcog.edu.au/the-ranzcog/about-specialty.html>> |

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| Data element attributes | |
| Collection and usage attributes | |
| Guide for use: | This data element should be used in conjunction with the data element: *Health-care incident— principal clinician specialty involved in health-care incident, clinical specialties code N[N]* 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.  Up to three codes may be selected for this data element.  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.  Where no clinical staff were involved in the incident (for example, where the claim relates to actions of hospital administrative staff) Code 97 ‘Not applicable’ should be recorded. |
| Source and reference attributes | |
| Submitting organisation: | Australian Institute of Health and Welfare |
| Steward: | [Australian Institute of Health and Welfare](https://meteor-uat.aihw.gov.au/content/246013) |
| Relational attributes | |
| Related metadata references: | Has been superseded by [Health-care incident—additional clinician specialty involved in health-care incident, clinical specialties code N[N]](https://meteor-uat.aihw.gov.au/content/532135)  [Health!](https://meteor-uat.aihw.gov.au/RegistrationAuthority/14), Standard 21/11/2013  See also [Health-care incident—principal clinician specialty involved in health-care incident, clinical specialties code N[N]](https://meteor-uat.aihw.gov.au/content/330143)  [Health!](https://meteor-uat.aihw.gov.au/RegistrationAuthority/14), Superseded 21/11/2013 |
| Implementation in Data Set Specifications: | [Medical indemnity DSS 2012-14](https://meteor-uat.aihw.gov.au/content/329638)  [Health!](https://meteor-uat.aihw.gov.au/RegistrationAuthority/14), Superseded 21/11/2013  ***Implementation start date:*** 01/07/2012 ***Implementation end date:*** 30/06/2014  ***Conditional obligation:*** Conditional on more than one clinician specialty being involved in the health-care incident that gave rise to a medical indemnity claim. |