

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]

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:	Clinical specialties code N[N]

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 (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
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
	83	Community child health
	84	Gynaecological oncology
	85	Obstetrical and gynaecological ultrasound
Supplementary values:	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 caesarean 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, chiroprapist, 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: AIHW (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: AIHW

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: [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.

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 [Health-care incident—additional clinician specialty involved in health-care incident, clinical specialties code N\[N\]](#)
[Health!](#), Superseded 21/11/2013

See also [Health-care incident—principal clinician specialty involved in health-care incident, clinical specialties code N\[N\]](#)
[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.