

Claims and complaints insights

Psychiatrists

1 in **8**

Avant psychiatrist members were subject to a complaint, claim, coronial case or another type of matter about the provision of their care each year.

Five year average shown. Data source: matters indemnified FY2018-22

Types of matters

- More than half of the matters indemnified for psychiatrists were complaints to regulators (55%).
- A significant proportion were coronial cases (27%).
- Only a small proportion (4%) were claims for compensation.



- Regulatory complaints
- Coronial matters
- Employment disputes
- Claims for compensation
- Other (includes Medicare)

Our medico-legal data

The following retrospective review is of routinely collected and coded data. Our review is based on 742 regulatory complaints and compensation claims and 163 coronial matters involving Avant members who are psychiatrists across Australia. All matters were closed over the five-year period from July 2017 to June 2022 (FY2018-22).

These insights may help you better understand and manage your medico-legal risks, and optimise the quality and safety of your care.

Complaints

55% of cases against psychiatrists were regulatory complaints. The main reasons for the complaints were:



Data source: complaints closed FY2018-22

Practitioner factors

Most practitioner-related allegations related to:

- Patient communication, manner and empathy e.g. failure to communicate results and other information, being brusque, rude or intimidating to patients (39%)
- Professional boundary transgressions (23%)
- Impairment (10%).

(% of total practitioner factors shown)

Medication-related issues

48% of medication-related allegations referred to prescribing issues e.g. inappropriate prescribing, change or cessation of dosage. Medications most commonly involved were:

- Quetiapine
- Lithium
- Fluoxetine

Prescribing drugs of dependence (34%) was another area of concern. Medications frequently involved were:

- Dexamphetamine
- Alprazolam
- Diazepam

(% of total medication-related issues shown)

Management/treatment

73% of management/treatment allegations related to provision of care including treatment plans e.g. delay or lack of appropriate treatment plan, failure to appropriately schedule psychiatric patient or premature discharge or cessation of treatment.

(% of total management/treatment issues shown)

Assessment of the care provided (complaints only)

Experts and/or regulators assessed that psychiatrists met the standard of care in 8 out of 10 complaints.

(% of complaints where the assessment of the expected standards on the main factor is known)

Claims for compensation

A small percentage of cases (4%) against psychiatrists were claims for compensation. Common reasons for the claims were:

- Practitioner factors (e.g. issues concerning ethics/professional boundaries)
- Medical reports or other assessment (e.g. inadequate or inappropriate assessment).

Coronial cases

Coronial cases* comprised 27% of overall matters. Our data showed the following diagnoses were most commonly reported in cases: depressive disorders (40%), schizophrenia spectrum and other psychotic disorders (21%), anxiety disorders (10%), trauma and stressor related disorders (9%), and bipolar and related disorders (4%).

Most coronial cases were finalised without an inquest.



*Coronial cases in this analysis were cases that were reported to the coroner/"reportable deaths" and appointed a solicitor.

Data source: coronial matters closed FY2018-22

Key points

- Psychiatrists are more likely to be subject to a complaint or involved in a coronial matter than to be sued for compensation.
- The majority of complaints against psychiatrists related to practitioner factors, medication, management/ treatment, and medical reports and assessments.
- Psychiatrists met the expected standard of care in 81% of complaints.
- Nearly 8 in 10 coronial cases where we assisted members were finalised without requiring an inquest.

Support in dealing with coronial cases

Coronial investigations often take more than a year for the evidence to be gathered, the process can be drawn out and stressful. At the inquest, the patient's family are likely to be distressed and seeking answers. These factors can compound the significant emotional impact of a patient's death and are important reasons to make sure practitioners are supported through the process.

The ways Avant has provided support include:

- being the point of contact for the police and coroner's office
- ensuring you have all available material and helping you to draft coronial statements
- reviewing your statement from a medical and legal perspective to help you provide an accurate report while not inadvertently compromising your interests or your rights
- providing peer medical support
- advising and assisting through the investigation
- representing you at inquest, or providing advice if you are represented by another entity such as a hospital
- connecting you with our Personal Support Program on 1300 360 364 or Doctor's Health Advisory Service if required.

Even if the death occurred in a hospital setting and you are indemnified by the hospital, we still recommend you contact us.

Our role will be to support you through the process and ensure your interests are protected.

Glossary

- Reportable deaths are violent, unnatural or unexpected deaths or deaths in unusual or suspicious circumstances. These include deaths that occur in care or in custody.
- 2. Matters include claims, complaints, coronial cases and other matters such as employment disputes and Medicare.
- 3. Claims refers to claims for money, compensation and civil claims.
- 4. Complaints relates to formal complaints to regulators.
- 5. Employment disputes are matters where Avant defends members against complaints or supports members to resolve employment issues.
- 6. Medicare matters include Medicare investigations and audits.

Resources

- Help Avant to help you in coronial inquests
- Avant factsheet: <u>Coronial investigations</u> and inquests

If you receive a claim or complaint, contact us (avant.org.au/MLAS) on 1800 128 268 for expert medico-legal advice on how to respond – available 24/7 in emergencies.

For any queries on this analysis, please contact us at research@avant.org.au

For more information on our educational materials, visit the Avant Learning Centre, **avant.org.au/avant-learning-centre**, where you will find articles, case studies, podcasts, webinars, videos, factsheets and many other resources.





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IMPORTANT: Avant routinely codes information collected in the course of assisting member doctors in medico-legal matters into a standardised, deidentified dataset. This retrospective analysis was conducted using this dataset. The findings represent the experience of these doctors in the period of time specified, which may not reflect the experience of all doctors in Australia. This publication is not comprehensive and does not constitute legal or medical advice. You should seek legal or other professional advice before relying on any content, and practise proper clinical decision-making with regard to the individual circumstances. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgement or seek appropriate professional advice relevant to their own particular practice. Compliance with any recommendations will not in any way guarantee discharge of the duty of care owed to patients and others coming into contact with the health professional or practice. Avant is not responsible to you or anyone else for any loss suffered in connection with the use of this information. Information is only current at the date initially published [July 2023]. © Avant Mutual Group Limited 2023. MJN-1284 06/23 (DT-3271)