

# Claims and complaints insights

# **Practices**



1 in 14

Avant practice policyholders had a matter raised about the provision of care each year.\*

The types of matters indemnified for practices include regulatory complaints (44%), claims for compensation (28%), employment disputes (20%) and other matters (7%).

\*Five-year average Data source: matters indemnified 2016-17 to 2020-21

#### Staff behaviour issues

Most complaints and claims in this category involved patient communication and access to care issues:



Communication, manner and empathy (e.g. failure to communicate results to the patient, disrespectful towards the patient, discrimination) 35%



Access and availability (e.g. poor appointment management, inadequate access to the doctor, long waiting time) 22%



Continuity of care (e.g. termination of doctor-patient relationship) 15%



2020-21

Other 28%.

(% of total complaints and claims related to practice staff behaviour.)

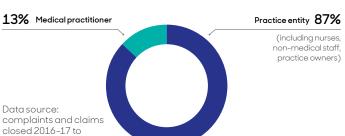
# Patient information issues

Most of the allegations in this category related to:

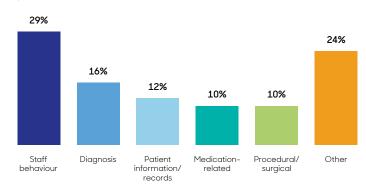
- Use and disclosure 63%
- Administration of records (e.g. failure to or inappropriate transfer of records) 15%.

(% of total complaints and claims related to patient information.)

# Party against whom the complaint or claim was made



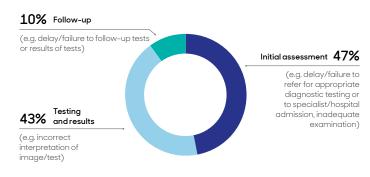
Regulatory complaints and compensation claims against practices related to:



Data source: complaints and claims closed 2016-17 to 2020-21

## Diagnosis issues

Issues resulting in delayed, missed or wrong diagnosis in each stage were the basis of diagnosis-related allegations.



(% of total complaints and claims related to diagnosis.)

# Key points

- The most common issues in practice complaints and claims were staff behaviour relating to patient communication, and access to the doctor.
- Poor referral process, inadequate examination and incorrect interpretation of test results were the main concerns that led to diagnosis-related allegations.
- Most claims and complaints were raised against the practice, including nurses, non-medical staff and owners.
  It is important to ensure your practice holds appropriate indemnity insurance to cover acts of your staff.
- Practices met the standard of care expected in 7 out of 10 claims and complaints.

The above retrospective review is of routinely collected and coded data. Our review is based on 567 compensation claims and regulatory complaints involving Avant practice policyholders across Australia. All claims and complaints were closed over the five-year period from July 2016 to June 2021. Practice entities include general practice centres, day surgeries, medical centres offering various types of specialist care, radiology/pathology/imaging centres, among others.

#### Practice standard of care assessment

Experts and/or regulators assessed that practices met the standard of care in 7 out of 10 claims and complaints.



Glossary

- 1. Matters include claims, complaints, coronial cases and other matters such as employment disputes and Medicare.
- Claims refers to claims for money, compensation and civil claims.
- 3. Complaints relates to formal complaints to regulators.
- **4.** Employment disputes are matters where Avant defends members against complaints or supports members to resolve employment issues.
- 5. Medicare matters include Medicare investigations and audits.

### Resources

Practices can contact the Medico-legal Advisory Service (MLAS) for expert medico-legal advice. If you receive a claim or complaint, contact us (avant.org.au/MLAS) on 1800 128 268 – available 24/7 in emergencies.

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



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