To:

J[redacted]

HCCC
Level 13, 323
Castlereagh Street,
Sydney NSW 2000

From: Monte Elissa

[redacted] NSW

[redacted]™

Monte Elissa
B.App.Sc., Pthy., M.A.P.A.
PHYSIOTHERAPIST
Provider No: 2233778Y

[redacted] NSW [redacted]
Tel: [redacted]
Fax: [redacted]
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28/1/2014

Re: [redacted] complaint against Monte Elissa [PHY[redacted]]

Quote from Arthur Schopenhauer...
"All truth passes through three stages.
First it is ridiculed; Second, it is violently opposed;
And third, it is accepted as self evident.

We are in the middle of building a clinical Group Physiotherapy model- ie individual programs.
A question I do have is -**Why is [redacted] rebating for 'Classes' under 'Group' Physiotherapy**?

Dear J[redacted],

Your email and attachments were received on the 14th of January 2014. The following response hopefully addresses the points that have been raised.

Firstly, I acknowledge that there are a few things I need to address in the running of my practice. That said, I was in shock when I received your email as I have written multiple letters to authoritative bodies including [redacted] with close to NO response. I am willing to suspend my disbelief on how [redacted] have handled my situation and willing as I have always done to comply fully with you, [redacted] and any advice given.

I have no idea of the process or seriousness of the HCCC procedures. I can only be directed and go with the flow. I have enclosed extra information as I feel this gives a holistic view of my commitment to patients, the community and the health professional as a whole. I truly hope I convey the dedication and commitment of my life's work to you through this letter by being open and transparent. I declare my willingness to proceed fully through your processes so I may learn and improve my service and address any points that may arise.

I request that you keep an open mind considering I was one of the first independent Group Physiotherapists in the private practice community to have the courage and dedication to create this type of service, pretty much from scratch without a model, system or roadmap to follow.

I extend an open invitation to you or anyone from your organization to visit, see and/or discuss what we do, the challenges we are overcoming and the efforts we are making to transform the individual and the health system as a whole with our Landmark service.

It would be remiss of me not to say I am confused and depressed about the current situation. I have been racking my head to see how all this has come about. I have put it down to these things:

A) Following my dream – I feel I need to continue to tailor my direction to stream line it within the health system, its standards, guidelines and boundaries- all of which I respect and follow.

B) Communication issues with my letters- I have written to [redacted] (and other organizations) many times over the years to ask about guidelines, policies, documents etc relating to group physiotherapy for [redacted]- these can be found within the documents sent. My letter writing skills have failed me as I never received a response, any advice or information. In my commitment to do the right thing, I even wrote to [redacted]'s advertising department to get approval for a letter box flyer with [redacted] written on it-that, they did approve- I need to work out a way to get responses on such serious matters.

C) In the Group Physiotherapy areas I know I need to improve- this comes down to manpower, support, energy. This all could be done more efficiently if I knew "exactly" what is required for Group Physiotherapy. To create a new service, manage staff, pay all the bills including rent in [redacted] is a challenge- but one that I am up to.

D) I believe that comparing apples with apple is required here. I believe this could be improved. Most of the information for Physiotherapy guidelines is for one on one consults, changing to a Group Physiotherapy format I feel distinctly changes a number of things. For example- types of people/ conditions, personality types, leadership skills, group co-operation etc.

In some respects I feel the [redacted] audit was done a bit too quickly and felt it had a preconceived outcome. A lot (not all) of the points raised by the audit were simply factually not true. Our service (the way I practice) may be missing a few parts, I concede that, slim in some areas, but my commitment to build a robust service within guidelines stays firm.

Kindest regards,

Monte Elissa
B.App.Sc.Pthy. M.A.P.A.

Ps Please find copies of files as requested for:

Mr [redacted] (no longer a patient)
Mr [redacted] (no longer a patient)
Ms [redacted] (no longer a patient)
Ms [redacted]
Ms [redacted]
Mr [redacted]
Ms [redacted].

I have updated the files to the best of my recollection and ability.

Directly from the audit on the 16 of September 2013 - the Australian Physiotherapy Council- Australian Physiotherapy Standards was read.

The standards suggest many things and is very open to interpretation. I am very pleased to say that I believe that I fulfill on most things and there are a few things that I am working on as a direct result of reading the manual. Consideration needs to be given that we do **Group Physiotherapy** which is distinctly different than standard Physiotherapy. I commend HCF for - as I understand it - as being the first health fund to offer Group Physiotherapy, unfortunately with this new area of Physiotherapy, I am yet to see any substantial/ concrete information pertaining to a Group Physiotherapy definition, guidelines, policies and / or specific details. [redacted], institutions and other entities can only be encouraged to develop these over time with experience, patience and co-operation, so that it is massaged together in a way that is harmonious for health funds, practitioners, businesses and most importantly the patient. With guidelines in place, a practitioner like myself, can operate to full capacity within expectations.

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The following points I trust address the specific points raised within the audit.

The letter mentions:

1. Patient records were inadequate in the sense there was i) no assessments and or ii) reassessments, iii) no clear indication of members specific condition, iv) no treatment plans and v) progress note.

1) i) I accept that patient records is an area I need to improve. Probably the main one. I believe this in no way reflects the quality of service the patients receive. Unfortunately, I do disagree on the comments made above for a number of reasons. Each and every patient fills out a thorough written health assessment questionnaire which highlights their specific health issue(s). Anything that comes up in the written assessment is discussed before a standard assessment is done- height, weight, resting blood pressure, body fat percentage, girth measurements, flexibility, subV02 max test or 6 minute walk test. [keeping in mind that this is Group Physiotherapy using cardiovascular and resistance equipment (as I learnt at University)- so these are standard assessment measurements that are taken. Most of these measurements were mentioned by Hazel Mountford - Senior Cardiology Physiotherapist- Sir Charles Gairdner Hospital- Perth on an APA (Australian Physiotherapy) webinar on the 3rd of October 2013.] The patient then has a second practical assessment where they are tested on their capability to use some resistance pieces of equipment - a 1RM (One Repetition Max) test is performed which gives a starting weight as well as a goal weight (at this assessment an individual program is written based the doctors letter, the completed questionnaire, the initial assessment and practical assessment. Extra assessments are given- NOT directly related to physio- they fill out a eating diary form (which if returned with a poor diet, they are referred to a dietitian), also a wellness wheel is often completed.

**** Since the audit I have discovered that a more detailed assessment is required for a specific condition. This has now commenced in earnest with our patients and every new patient that attends a Group Physiotherapy session and will now be more thoroughly assessed with more subjective and objective assessments. Since the audit more assessments are being done in the functional realm for example- Up and go test, balance tests, grip strength, wall push up tests, 6 minute walk test etc. I am also collating a folder for assessment questionnaires for different parts of the body eg Modified Roland Morris Questionnaire, functional ability, psychological questionnaires- DASS, TAMPA scale, PRSS (Catastrophizing Sub-scale)and RMDQ to name a few. This area of the service has got my attention and is being transformed as you read this response.

I believe that the auditor wrote "no assessments" in the report. In my hindsight I did not fully explain how we do our assessments for Group Physiotherapy and I admit-now, we require even more specific assessments for the various conditions that are seen.

ii) We do do re-assessments. We reassess the patient after 13 Group sessions- with a quick and simple 1RM test. Another 1 RM test is performed after 13 weeks from initially starting their program. Each client is requested to do a 1RM test at the end of every 26 session program. Some patients/ clients decline due to fear in causing an injury- which is accepted. On some occasions the 1RM test is overlooked due to the dynamic nature of the group.

Also the initial tests of height, weight, resting blood pressure, body fat percentage, girth measurements, flexibility, subV02 max test or 6 minute walk test are performed after their first 26 session program and their second 26 session program. This is a requirement of the service.

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iii) The medical condition(s) can be found on the pre-exercise questionnaire, doctors reports, x-ray, CT-scan and or MRI reports. The programs should have the medical condition written on the base of the program file (in some cases this has been overlooked- an honest oversight- but can be easily seen on the pre mentioned documents)

iv) The treatment plan is the program that gets written- it is a plan/ program that the patient/ client follows. Each patient/ client knows what their plan is – they have an individual program with a list of selected therapeutic exercise / rehabilitation exercises clearly stated for them to do, these were chosen based on their written and physical assessment responses/ results and capability, requests and clinical findings. They have starting weights for them to start and goal weights for them to aim for and progress to.

v) The progress notes [more so a record of their values] are written on the plan/ program - ie the amounts that they perform, what exercise they do, the values- time- level- distance- weight levels, sets and reps. Some patients/ clients are better at recording values than others.

*** As a direct result of the audit, I have created another sheet to record all conversations related to pain, external practitioner appointments, home programs written, appliances advised/sold, etc this will start to show the amount of detail we give in assisting and serving our patients. Yes, "progress notes" is receiving my focused attention. I truly believed we were doing the right thing and keeping a satisfactory record.

[***SIDE NOTE- I share a patient with a well known "Group Physiotherapist"- there are not many of us. I will NOT mention any names, and do NOT want to get anyone into trouble, - when I asked my patient about assessments at this other practice, my patient responded - "I was only assessed at the beginning and never assessed again even after 8 years of doing claimable Group Physiotherapy with [redacted]", she also added "there is no way they would know what my health conditions are", she also added by saying- "although it is a different style of session that they provide, you do more specific programs for the individual for their needs and assess regularly"]. I only raise this, as Group Physiotherapy, even though it has been around by the health funds for about 10 years- is still a very new and emerging area of our profession. Once again I raise this above point for learning reasons. I am sure there are many Physiotherapists out there trying to do the right thing - but are unaware of 'exactly' what IS the right thing.

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The APA guidelines for **Group Physiotherapy** state:

A) **Records must be kept for each patient** (TICK) - and Yes am working on improving my records.

B) **Specific exercises that the patient performed during the session** (TICK) - as mentioned each patients gets an individual program, the exercises are listed on the program.

[***Side note: some physios I have heard are doing "classes" - ie where all the participants are doing the same exercises all at once- and [redacted] rebates for these classes. I struggle to see how a patient can be clinically assessed and given an INDIVIDUAL PROGRAM, for their INDIVIDUAL medical situation/condition and somehow do it in a class effectively. Even on this very point I believe [redacted] is struggling, like me and others, to understand how to administer clinical Group Physiotherapy dynamics. M[redacted] [redacted] is in a position of Claims Compliance officer- but this system of Classes (that I do not do) I believe is NOT complying effectively to a clinical model. I feel that responding to my letters, having a mature open conversation would assist myself, others, M[redacted] [redacted] ([redacted]) and organisations to forge a way forward with integrity and substance. Avoiding my questions is simply a greater challenge for me. I would be very interested to find out how Ms [redacted] views a "class" format under the Group Physiotherapy banner, as I am struggling to see how it is an effective modality as a clinical model specific to the individual, that satisfies the requirements for the Australian Standards for Physiotherapy.

C) **Expected clinical outcomes (This is an area I need to look into- to be honest I do not fully understand this point- but will research this point)** – What I can say is that we have basic goals for the programs which gives some direction for the patient.

D) **Notes don't have to be detailed** but a few sentences specific to the patient is sufficient.
(Not sure how you view this, but the program notes state- exercises, levels, sets and reps that the patient is performing. In my opinion this information fulfills - "a few sentences"-but not in sentence form. ***As mentioned above, an extra form has been created which will record all conversations related to pain, any external practitioner appointments, home programs written, appliances advised/sold, etc which will start to show the amount of detail we give in assisting and serving our patients. This should easily fulfill this point. Actions are now in place.

Extra note:

The file for [redacted] "A[redacted]" [redacted] was only partly shown at the audit as the initial notes were located later within another persons file.

In the audit by [redacted] many of the files had blank programs on the back that were not used- this may have looked like NO notes were written to someone taking a quick look. They were blank / non attended sessions and no values were required.

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2. Safety concerns in relation to our members as Mr Monte has no adequate procedures in place in the event of an adverse event.

I feel that the word "no" as in "no adequate procedures" is being used a bit too loosely.

We have many safety measures in place-

- We have health disclaimers- which the client reads and initials.
It says: -
"With exercise you are the only one that can feel the pain and sense the effort. It is **Very, very subjective**. Please be careful when self judging your effort and any symptoms. You may decline any exercise/ test suggestion. **Do you understand?**"
Then the client initials it.
I do recall that the auditor noticed that one of the older files did not have a place for the initials. Our service is a project that progresses everyday- as we are learning we are growing. The patients hear the warning regularly as many 1RM assessments are done very regularly and hear the warning. It is my policy.

- We have safety messages on the machines (extra ones on the walls have been added since the audit as can be seen below).

Equipment Usage Warning Sign

Do not do an exercise unless you have been shown by a practitioner.

Keep body and clothing free from all moving parts.

Inspect the machine prior to use DO NOT use if it appears to be damaged or inoperable

DO NOT attempt to fix a broken or jammed machine.

Be sure that the weight pin in correctly inserted.

Inspect all cables and belts and connections prior to use.

Do not use if any components are worn, frayed or damaged.

Personal Safety Sign

Please be aware of your body whilst exercising.

Stop exercising and alert a therapist if you get any of the following symptoms:

Dizziness or feeling faint

Increased shortness of Breath

Chest pain

Headache

Muscle weakness

Calf pain or swelling

If you are feeling any discomfort please STOP and talk with a therapist.
You may need to modify the exercise further to fit your specific needs.

DO NOT REMOVE THIS SIGN. REPLACE IF DAMAGED.

-We have an OH&S folder: With the following sections-

Emergency response, First Aid, Accidents/ Incidents, Hazards communication , Safe work practice, Risk management of OH&S Hazards, Staff Consultations on OH &S Matters. This is not 100% complete but contains a lot of information that is due to be formatted.

We also have a work health and safety site induction checklist from the University of Sydney that we go through with our students.

- We have electrotherapy warning signs displayed for excessive heat and burning risk. A pacemaker warning sign was immediately purchased as was mentioned at the audit.

- A Laerdal Heartstart defibrillator was immediately purchased following the audit when it was brought to my attention- expense is no issue- patient safety is first. (I did not know we were required to have one- on the first aid kit we had the details of the closest defibrillator). I have also been trained to use the defibrillator with valid CPR certificate. For extra safety I have done a First Aid course. This is current as I write this letter, but will lapse, as I withdrew from the update course to complete this response on time. I will do it again sometime soon. [I spoke to one of my well respected physiotherapy mentors and asked him out of interest, how many practices would have a defibrillator- he said not many at all.]

- In the audit, I was asked if I had a heart attack procedure. At best I probably gave a blank gaze. I forgot in the moment that one of the protocols was right behind me over my left shoulder, being right in front of the auditor. It is one of three strategically placed around the practice.

- We have a large heart rate guidance chart to show intensity levels and advise safe levels at the patients strength test/ initiation session.

- The heart rate maximum is calculated at 75% heart rate maximum (to the best of my knowledge the students at taught 80%) - so therefore we do it slightly safer.

- The RPE scales have been reinstated since the audit. These were used in the past, but I resorted to advising patients to exert themselves usually up to an 8/10 for effort. Case by case basis.

- As a rule patients are advised (once again on a case by case basis) not to cause - at the very most- a maximum of a 4/10 pain with their exercise when doing their program. This is used particularly when someone is new and struggling with their arthritis. This tip was obtained from Arthritis Australia.

- When a patient starts their program, they do NOT start at 40-50% of their maximum 1RM as taught at university and text books. The patients are placed on 20-30% starting weights. From my experience patients usually have a number of confounding factors and therefore we take it extra extra safe and start gentle.

- We have a folder which contains accident report forms and yes they are used for even minor incidents- and an action is taken to prevent any reassurances.

- Our public and liability insurance is always kept up to date.

-We have an admin folder which on the very first page has emergency contact numbers at hand including- My mobile number, [redacted] police station, RNSH, Mona Vale hospital, closest doctors/ medical centre, our business neighbours, helplines-diabetes, heartline, plus a short list of emergency numbers card.

- We have red tape placed on areas where people have bumped themselves- so patients have a visual warning.

- We use red cones as a warning when on the odd occasion a machine is not working- this is so the patient does not use it.

- We have a stocked first aid kit

- We have over written instructions on cardio machines to make them clear and easy to use for patient use. [the eldest client is 96 years young]. I have covered over the treadmill programs buttons (ie making them use the manual buttons only)- I have never heard of anyone doing this, but it prevents a patient accidentally pressing an automatic program which suddenly sends them running. We have a safety cut off switch- tether cord which we use for frail/ unsafe patients.

- On the initial pre exercise assessment form, if there is a red flag (or even a yellow flag) - ie unsure of someone's medical condition, they will be sent off to get a clearance from the doctor. We call the doctor if uncertain about a condition or intensity.

- Safety procedures and how to use equipment are gone through with all staff and students at their initiation. As well as where the first aid kit is. They are shown where the emergency procedures are. They are shown where the strength assessment warning instructions are and advised to use it. Their CPR certificate needs to be current, their insurance needs to be current.

- We have bells on all our machines so if there is ANY situation- ie the patient does not know how to use the machine or if there is any pain- they can ring the bell for assistance.

I am very proud to say that NO significant accident or episode has occurred over the 13 years as a result of any advice, instruction or supervision given. There will always be patients that stir up a bit of pain with rehab exercises- this is managed on a case by case basis with discussion, cause, advice. They are told to exclude/ include exercises to manage the situation. The reason for the excellent safety record, as I see it, is because of the initial assessments, being safe and having a steady approach, working closely with doctors and having an open, approachable communication style with a willingness to attend to any situation that arises and deal with it appropriately. Said another way, a professional environment is maintained.

I am proud of the safety record and how safety is a priority. I would like to think we are known in the area like Quantas, for having a great safety record. I think it would be irresponsible for any doctor to refer a patient to an unsafe therapeutic/ rehab environment - this is not the case, we enjoy a healthy relationship with the local doctors.

3. Mr Monte only had a vague recollection of the patient's and why they were attending his clinic.

3. My memory at the best of times is not my greatest strength. My father has memory health issues. I do not feel that either of the above are at play for the auditor to mention this.

The following may shed light on why the auditor mentioned this in the report for my "vague recollection"

A) I very work hard- I do get tired as a health professional, carer, boss, mentor, manager, supervisor, creator etc- when tired my memory is not as sharp as it could be.

B) I was put on the spot with the audit and the cascade of questions. The pressure I felt was not the best feeling and put me off my thoughts.

C) As stated before- my notes for recording do need improvement- that said if they were more thorough, I would have been able to recall the details that were requested much easier.

D) We have students that come and go and are delegated patients and tasks. This is no excuse- under my watch I should know everything, about every patient.

E) Group dynamics dilutes the specific nature of the "therapy/service" given. So the details would understandably, I hope, would be a little less than one on one therapy. Obviously, great notes would overcome this point.

I recall exactly why this point is being raised by the auditor- it was pertaining to a patient [redacted] [redacted]- Sundural Heamorrhage, that she asked me about. I am not proud to say this - but some patients are easier to deal with than others. I struggled on a personality level with Ms [redacted] and - I admit could have/ should have, paid closer attention to her. A challenge when people leave the group because of a client.

4. Mr Monte is iteming his receipts incorrectly when patients appear to be attending his clinic for fitness to use the gym equipment only.

4. We <u>do not</u> exist for general fitness. (although a few people attend for fitness with no aliments- but they do not claim with their health fund- to the best of my knowledge). The reason why this service was created is many, but notably because I was very unwell when I was a teenager. I had a Physio come and get me to walk again whilst I was a patient in hospital. This had a huge impact on me at the time. This service was set up to assist people with therapeutic exercise and rehab. Period.

It was proposed by the auditor that we are a gym:	**We are a therapeutic Exercise/ Rehab facility**
A gym usually signs people up for 12 months.	We do three month programs.
Gyms have attendance whenever you want	We have supervised appointments only
Gyms are large	We are small and supervised
Gyms do not have a Physio doing groups	We have a Physio and an Exercise Physiologist
Physiotherapy Uni students do NOT do student placements at a gym	We have regular students from Sydney University, NSW University, Western Sydney University. Students are studying Physiotherapy (including Masters) and Exercise Physiology.
I know we are called "[redacted]" what else would you call a medical orientated, therapeutic exercise rehab facility	We are a therapeutic exercise and rehab facility
We are NOT insured as a gym	We are insured as a Physio practice that does therapeutic exercise and rehab
Gyms do not have Uni qualified staff	We have university trained staff
Gym clients are for healthy people.	Doctors refer to us specifically for rehab Programs
Gyms are mostly the domain of younger people	99% of our patients/ clients are 50+.

Gyms have an array of classes eg pump	Each patient/ client gets an individual program which is reassessed and rewritten every 3 months **WE DO NOT DO CLASSES** - and challenge HCF on how they allow claiming for classes- I believe this is NOT a clinical model. As a compliance office how does Ms [redacted] justify this point?
Gyms have basic standard equipment	We have special adaptations to our equipment- eg bells for service and safety, Timers for cognitive impairment, rowing machine on supports for arthritic knees and TKR's, clear instruction signs, safety instructions on how to use the equipment correctly, supplementary resistance weights for a slow graded progression.
Gyms have minimal rehab equipment	We have plenty of rehab equipment (vibration therapy-for osteoporosis, circulation and stretching), wobble board, theratubing, theraband, balance equipment, stoke equipment (I was involved with some research with Sydney Uni for stoke recovery in the community), posture braces, medicine balls, swiss balls, TRX, balance discs, domes, cones, balance discs. Plus all the regular physio equipment- interferential, ultrasound, physio/ rehab gadgets etc
Gyms have mirrors	We do not (although we have been looking for a portable one for posture and technique for the patient)
Gyms have clients	We have patients

It would be very easy for someone to walk in and think it was a gym. In a brief audit, lack of time and understanding can be forgiven for this.

We are a "Group physiotherapy" practice- our means of treatment is therapeutic and rehab exercises- many principles I learned at University and ongoing courses. What was never taught to me was "Group Physiotherapy"- no structure, no format, no note/ record keeping- I spent years trying to find answers to my questions- from the health funds ([redacted] included), the association-APA, registration board, university etc- Many did not respond (Yes- including [redacted]). In support of these above mentioned institutions- this is an emerging area of Physiotherapy, not many people-if any, have mastered how to run a sole "Group Physiotherapy" private practice in the community. Purely (>95%) – Group Physiotherapy. In a clinical model that runs groups of individuals- not individual groups- ie CLASESS. Please explain to me how [redacted] allows groups of people all doing the same thing????? We do not. If there is no "working" independent Group Physiotherapy model, it would be hard to advise on one. So this begs the question- why after so many years of our service development, writing letters, open and transparent service delivery, do I end up with the HCCC when I have been creating and developing a new breakthrough, unique way of delivering "Group Physiotherapy" in its purest form of individual programs?

I feel more is going on behind the scenes.

A) [redacted] and the health funds do not know exactly the guidelines / policies to comply with for Group Physiotherapy in a way that works in the community. That is the only conclusion I can come up with for no response to my letters.

B) The APA (Australian Physiotherapy Association) and [redacted] do not have open/ clear/ transparent communication re Group Physiotherapy- as can be seen on the attachment.

C) [redacted] - M[redacted] [redacted] - has not responded to my many questions because she understandably does not know the exact answers.

D) I am wondering how many Physios are now using Group Physiotherapy for Pilates and Yoga and [redacted] have not been able to manage their "blowout" in the last couple of years and are now taking actions. I have been highlighted as I have come up on their statistics for longevity and quantity of Group Physiotherapy claims.

E) I feel that Group Physiotherapy is much harder to manage and it is becoming increasingly harder for [redacted] to administer- including rebate processing.

My biggest concern is that Private health funds discontinue "Group Physiotherapy" because it is too hard to manage. Done correctly, I believe it is a very powerful weapon to help people help themselves, take pressure off the health system and empower people to take responsibility for their own life and health- especially as we head into the challenges of the aging population.

What I do know is, that my agenda is to do as much good, to as many people, for as long as possible. To help patients with therapy that really works, to teach independence and carve out a new path for the future. Acupuncture was once called witchcraft and ridiculed- before it was understood, accepted and became mainstream. Group Physiotherapy is at its infancy- please do NOT kill me off or the service just because I have not a perfect practice- YET- each and every day takes me (us) one step closer. I understand you have the power to make or crush someone with a few clicks of the button or movements of a pen. I hope I have conveyed to you my authenticity, transparency, vulnerability, humanness and my (our) willingness to work with all parties to continue to fulfill, meet and exceed expectations. I also hope you get a sense of 12 years commitment, sacrifice, wanting to serve patients and the community, making every effort to do the right thing. If I have not convinced you- I have only disappointed myself- I made a personal commitment to our current Prime minister for my professional goal. I have put everything into the service- time, money, resources, creativity etc- everything to the point that at the age of 41- I have not purchased a home, I have not married - my whole life is within this letter and within the 4 walls of my practice that you are judging. This is the legacy I plan to leave on the planet. We all have to follow strictly to rules and regulations- in every instance, me included, I am doing the very best I can with the knowledge that I have. All individuals and organisations- including [redacted] and the HCCC make mistakes- they self reflect, research, learn from them, improve and then progress. My service is going through a transformation - updating files, doing functional assessments, more thorough assessments and more rigorous note taking, a collection of more written assessment questionnaires have been and are being collated. Discussions with Physiotherapy peers have started. - it should only be a short amount of time when the service is once again up to a standard I happy to put my name to.

Ps: Important random notes:

- I started the service **before** the health funds had an allocation for Group Physiotherapy. This service is my professional commitment. It has carved out a new path- and now I will investigate further the points that [redacted] have raised to satisfy each and every point.

- When health funds released a Group Physiotherapy rebate claiming item, I feel I went to great lengths to find out about guidelines, rules, regulations, policies. (see letters enclosed) Many sources were contacted by me, including [redacted]. I heard NO reply whatsoever even after multiple attempts. Some have said that they have failed me. I say, not to give up and keep on researching.

- With no responses from institutions I just had to keep going with my service/project of building a therapeutic exercise/ rehab facility. (I have patients/ clients to serve and bills to pay), doing the very best I could with the resources, knowledge and experience that I had.

- I am perplexed as to why I have not been given any chance to talk/ discuss about any points with [redacted] specific to Group Physiotherapy. Anything that has been brought to my attention, has been given no chance to be discussed or rectified before HCF approached the HCCC.

- [redacted] had copies of some of my clients files for **2 years** and did not say anything. Why did they not advise me that anything needed attention, even after I asked them?

- Finally after all is said and done I take **100% responsibility** for any points that need addressing . And give 100% credit to all the people that have helped me bring this service this far, it is to them (and future patients) that I continue to overcome each and every hurdle to build a stronger and compliant Group Physiotherapy + Group Exercise physiology practice.

Pss:

I would be very interested to have [redacted] answer my questions- if they had in the past I would not be in this position.

[redacted] have suggested 6 people per group physiotherapy session- where did they get that number from? What research can be provided?

How does a class (Group Physiotherapy) fit a clinical model of individual care?

Why did it take 2 years to audit me and refer me to the HCCC without any contact with me? In those 2 years of having a copy of my notes, [redacted] could have spoken to me about anything they noticed in the files and actions could have been taken by me to rectify anything they saw.

What exact list of actions is required to have [redacted] reinstate HICAPS claiming?

Quote from Arthur Schopenhauer...

“All truth passes through three stages.

First it is ridiculed;

Second, it is violently opposed;

And third, it is accepted as self evident.

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This current situation with [redacted] and the HCCC is the best thing that could have happened- Group Physiotherapy is now getting some attention.

May commonsense prevail.

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Immediate actions that have been taken since the audit:

Addressed details in the patients notes

Created a physical and written assessment manual ready for more thorough assessments

Doing more formal physio assessments as mention in the audit.

A defibrillator has been purchased

Pacemaker sign has been purchased and placed in the appropriate place

Dyspnea scale / RPE scale has been placed again around the room.

Letters have been written to all the health funds asking then about Group Physiotherapy.

Spoke with [redacted] that does a lot of "Group Physiotherapy" - in conversation with her. She mentioned, she has a meeting with [redacted] this Friday.

Further checklists and protocols have been modified to assist with patients/ clients adding notes on their program.

Australian Standards of Physiotherapy manual has been read and actions are being taken in this area.

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My Story- Summary

I was very sick when I was younger -aged 17. I spent 2 weeks in hospital and took 2 months off school. I ended up leaving school. A very traumatic year and an impact in my life.

I overcame many challenges, I ended going back to school and did well. Academically came in the top 5% in NSW for the HSC. Sporting success: Won 1st place in the 100m sprint in athletics, won long jump and 4th for cross country.

I choose to do Physiotherapy. Whilst doing Physio, I researched my illness I had when I was a teenager and recalled what a rheumatologist had told me. “Look after your health and keep fit and active.”

2 months after finishing Physio I registered the name MediGYM- I wanted to turn my negative health experience into a positive and build a therapeutic exercise and rehab facility. I also wanted to tackle the challenges of the aging population- back pain, chronic pain, arthritis, osteoporosis, etc

In 2001, I started [redacted] in reality in [redacted].
I built my plan. This is what I commit to in my professional career. This was started before “Group Physiotherapy” was a claimable private health fund item. I believe it is the very start of the future for Group Physiotherapy.

The service was lucky enough to win the [redacted] Daily Overall Winner on the Lower North Shore in 2003. Plus a couple of other awards since.

The service was commemorated by Tony Abbot when he was Federal Health Minister.

The service/ business has had its challenges and ups/downs. But the most frustrating part was and still is, the lack of communication and guidelines related to Group Physiotherapy. Persistence continues.

In one word- ‘CONFUSION’ reigns with health funds benefitting.