T R A N S C R I P T

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Ambulance Victoria

Melbourne – Thursday 5 June 2025

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WITNESS

Christopher Baker.

The CHAIR: Welcome to you, Chris. This is the committee here. I am the Chair Joe McCracken, and I will get everyone to just introduce themselves.

Ryan BATCHELOR: Ryan Batchelor, Member for the Southern Metropolitan Region.

Renee HEATH: Renee Heath, Eastern Victoria Region.

Ann-Marie HERMANS: Ann-Marie Hermans, South-Eastern Metropolitan Region.

Georgie CROZIER: Georgie Crozier, Member for Southern Metropolitan Region and Shadow Minister for Health and ambulance services.

The CHAIR: Online, Rachel.

Rachel PAYNE: Hi there. I am Rachel Payne from South-Eastern Metropolitan Region

Sarah MANSFIELD: And Sarah Mansfield, Member for Western Victoria.

The CHAIR: Perfect.

Christopher BAKER: Wonderful. No-one from northern Victoria, the northern region?

The CHAIR: Sadly. And Jacinta has just come online too. Jacinta is Western Victoria.

All evidence taken at the hearing is protected by parliamentary privilege as provided by the *Constitution Act 1975*, the *Defamation Act 2005* and, where applicable, the provisions of reciprocal legislation in other Australian states and territories. However, it is important to note that any comments you make outside the hearing, including effective repetition of what you have said in evidence, may not be afforded that same privilege. So that basically means –

Christopher BAKER: Understood.

The CHAIR: Okay, good. It is also important to note that any action which seeks to impede or hinder a witness or threaten a witness or the evidence they would give or have given may be punishable as a contempt of Parliament. I also reminder all others attending the hearing that they may not disclose to any person any evidence that has been provided today.

We have all done the introduction, so that is all good. Can I just get you, for the Hansard record, to state your name and any organisations that you are appearing on behalf of or just on behalf of yourself.

Christopher BAKER: My name is Christopher Michael Baker, and I am here representing myself personally.

The CHAIR: Perfect, thank you. We have probably got about 2 or 3 minutes for opening remarks. You can take your submission as read, but are there any extra comments you would like to make before we get into questions?

Christopher BAKER: I have put something together. Thanks, Mr Chairman. Good morning to all the members of the inquiry. My name is Christopher Baker. I am a registered paramedic. I hold a bachelor of arts degree majoring in legal studies and political sciences from La Trobe University and completed further courses of study in paramedical sciences in 2002 through Victoria University. I have owned an RTO specialising in non-emergency patient transport and first-aid services training, and I work a lot with graduate paramedics. I have always worked in private practice since graduating in Australia, in most of the Australian ambulance jurisdictions and overseas as well. I deliberately chose not to work for a judicial ambulance service. That was by choice, as I learned as early as 1999 that the ambulance service was a career I was very passionate about but I believe the service itself is very toxic. I believe that that has been well documented in both media and with

government and non-government organisation reports. In 2017 I grandfathered into registration with AHPRA and have worked in various paramedic roles since then. I am passionate about the industry and try to advocate for change where I can. I have met with several members of Parliament, including ALP and Liberal–National members as well as ministers, shadow ministers and crossbenchers, and I hope that that shows my passion in the industry.

I thank you for the opportunity to address critical issues affecting Ambulance Victoria's operations. I am particularly interested in discussions on the ambulance service and private operations, especially around section 15 of the *Ambulance Services Act*, which actually provides the core objectives of Ambulance Victoria. That section talks about rapid emergency response, specialised medical care and patient-centred services, and my submission focuses primarily on how Ambulance Victoria's dominance in call taking, dispatch and the non-emergency patient transport sector contributes to many inefficiencies, including ramping and delays. It undermines competition and compromises patient care.

For clarity I have personally broken these down into four major categories, purely due to the time and resources constraints that you guys have. They are certainly not the only areas that I am interested in, but I wanted to make sure that I only brought stuff that was relevant to you guys. I can continue on, but I am happy to stop there.

The CHAIR: Yes, we can explore it through questions if you like.

Christopher BAKER: However it works for you, sir.

The CHAIR: All right, perfect. Well, we will start with questions. I am first up. You mentioned in your submission that you think AV has lost sight of its purpose. What do you mean by that?

Christopher BAKER: Section 15 of the *Ambulance Services Act* actually speaks about what Ambulance Victoria's role is as recommended by Parliament. If you go through it, there are really two areas that it talks about. One of them is quality service, and that is actually a recent amendment. But the original objectives were basically to respond rapidly to medical emergencies; provide specialised medical skills to maintain life and reduce injuries in emergencies and during transport; deliver safe, patient-centred and appropriate services; operate specialised transport for emergency medical treatment – and that is a distinction I want to make, that it talks about emergency services; and foster continuous improvement in care quality and safety. And the one that they, in my mind, have truly lost sight of but it is sort of irrelevant to this inquiry is provide first-aid public education – not services but public education around first aid. I believe that whilst they still look at that as part of their core function, they have really moved away from that. And that is evidenced in the fact that – and I have got the statistics if you want them, sir, but I am not going to bore you with it – we dedicate a large number of our ambulance resources to the movement of non-emergency patients.

If you extrapolate from that and look at the way ambulance tendering has worked, the current non-emergency patient transport tender was raised in 2014. It was best described as exclusionary: they excluded players rather than tried to get participants in it. It is now 2025, so it has meant the same tender has not been redone since 2014 and it has been extended until 2028. Now, I and a compatriot of mine – my compatriot has since left the industry. He put in a submission and it was bench-binned, which basically meant they turned around and said, 'It doesn't meet what we want.' That was because he had said that he could not specifically provide bariatric services, which was a requirement under the tender, although he put in additional ways of getting around that. Since then there have been a number of providers that have come into the industry that have bypassed all of those requirements. He was bankrupted by that decision, and I can name, probably off my top of my head, four or five other organisations that have been bankrupted in similar ways. But I think we are currently up to about 13 or 14 companies that have either been bankrupted or lost their licensing by the way Ambulance Victoria procure their services, just in the NEPT space.

The CHAIR: Yes, okay. That is a lot.

Christopher BAKER: It is. It is a lot. I have spoken to the Ombudsman's office. The last time I spoke to the Ombudsman was pre COVID – and forgive me, I have sort of lost track of dates and times, but pre and post COVID is the way everyone is talking these days. The last time I spoke to the Ombudsman's office, they basically said, 'Look, taking on Ambulance Victoria will take up too many of our resources.'

The CHAIR: Yes. I might pass it on to Mr Batchelor now.

Ryan BATCHELOR: Thanks, Chair. Thanks, Mr Baker. Just on this issue of non-emergency patient transport, you talk about the problem of monopolisation and its impact on industry competition and innovation. How do you think the system should work?

Christopher BAKER: Quite simply?

Ryan BATCHELOR: Yes.

Christopher BAKER: I believe the first-aid sector can be done similarly; I have held licences in both. In relation to NEPT specifically, in my mind, the application and receipt of a licence by a provider should be prima facie evidence that they can do the work. There do not need to be contracts provided. Then if you provide every NEPT provider by the number of licences that they hold, because it is licensed by number of vehicles and MDT, mobile data terminal, for each ambulance, those crews and persons like me could come up and say, 'I am willing to put on seven ambulances today' – and I will use the word 'ambulance' if that is okay – 'This is my crewing mix. I've got two that have got low acuity. I've got one that's medium. I've got two that are high.' And that would go straight through to what is now called Triple Zero Victoria, and they would have total carte blanche over those vehicles. If you were a hospital, Mr Batchelor, you would call up and say, 'I've got Dr Heath, who I need to transport from here to there.' That would come up on the MDT exactly like an emergency ambulance would do it – the closest car with the appropriate resource would get the job.

Ryan BATCHELOR: And what are the reasons given for that sort of an approach not being adopted here in Victoria?

Christopher BAKER: From my personal opinion, it comes down to ambulance control. Basically what they are doing is they are using a cost approach. So until very recently, until HealthShare took it over, Ambulance Victoria were responsible for all of that sector. Most people that have put in contracts – and as I have said, the last time was around 2014. It was cost driven.

Ryan BATCHELOR: Do you mean by 'cost driven' it was cheaper for Ambulance to do it?

Christopher BAKER: No, it was cheaper for NEPT to do it, in my mind. But what they have basically done is tried to maintain control of the sector. So again, my personal opinion – very difficult to back up – is that ambulance services are an empire-driven organisation. You may have heard that from other people, I do not know, but they are basically all about making Ambulance Victoria the core entity. We have AHPRA as a regulator, as a paramedic, but I do not seem to report to AHPRA. I see everything that I do is regulated by Ambulance Victoria. Where I can do events and the events that I get excluded from are around Ambulance Victoria requirements – all that sort of stuff.

Ryan BATCHELOR: What impact do you think this is having on the ambulance system here in Victoria?

Christopher BAKER: On the ambulance system? If we are dedicating so many resources to the non-emergency sector – and I have got a quote for you here, if I can read that into evidence for you. The report on government services 2025 revealed Victoria's non-emergency responses account for 36.2 per cent of total AV responses – that is non-emergency – in 2023–24, second only to Western Australia and far above the national average of 23.1 per cent. We dedicate 5.1 per cent of our identified fleet to NEPT vehicles – and this is just Ambulance Victoria, not the private sector – compared to WA's 12.7 per cent. AV is therefore likely using emergency ambulances for non-emergency patient transport tasks, unlike New South Wales, which is 6 per cent, and South Australia, 13.5 per cent, which leverage private providers more effectively than we do in Victoria. Obviously that puts a strain on emergency resources. It exacerbates issues, which I know you are all worried about, which are things like costs, delays, ramping and of course the headline number, which is 66 per cent of code 1 responses being responded to in time.

The CHAIR: All right. We might move on to Ms Crozier.

Georgie CROZIER: Thank you very much, Chair. Thank you very much, Mr Baker, for being before us. Can I go on to this very important issue of the non-emergency patient transport. Did you have any undertaking with the inquiry that was conducted by the government into the review?

Christopher BAKER: By Mr McGhie?

Georgie CROZIER: Yes.

Christopher BAKER: The only aspects I have been able to get around in that – until yesterday I did not even know the report had been released.

Georgie CROZIER: It took a while.

Christopher BAKER: I have made several freedom-of-information requests. I have been stifled a lot by Ambulance Victoria.

Georgie CROZIER: Sorry, what do you mean about your FOI and the stifling?

Christopher BAKER: The only way I can get information out of Ambulance Victoria is through FOI requests. I have put in several, and I am still waiting for stuff that I wanted to bring before the committee today that I am still waiting from November and December to get back.

Georgie CROZIER: What are you asking them for?

Christopher BAKER: I have asked for details of how the due diligence was run for anybody that has had an NEPT contract since 2014, what processes they went into, how they actually made contact with the government, how the government contacted them, whether it was Ambulance Victoria and what due diligence practices they went through. I made that request I think in January. It went to the Department of Health. They returned it and sent it to HealthShare Victoria, and HealthShare Victoria is still sitting on it. It would be, very simply put, probably way past the 90 days for both of those.

Georgie CROZIER: Okay. Just to get back to the government's review into the NEPT, were you asked to present or did you request to submit to that inquiry? Did you go before any panel?

Christopher BAKER: No. Most of the people that I have spoken to, including a former owner – I have held an NEPT licence, and so has my compatriot that I spoke about before. We asked how that was going to be run, and we were basically informed it was going to be a closed shop. Mr McGhie was going to run that review, and that would be the be-all and end-all.

Georgie CROZIER: So you do not think that was an open, transparent process to conduct a proper review into the non-emergency patient transport system here in Victoria?

Christopher BAKER: Absolutely not.

Georgie CROZIER: Okay. What do you think should have occurred in relation to that review?

Christopher BAKER: To start with, it would have been nice if people who held licences or had licences currently or in the last five to 10 years were specifically invited to that and informed about it and asked for details around it. Ms Crozier, just off the top of my head, there would have to be about 17 players that have lost licences because of bankruptcy or loss of contract. Most of those people would have a reason they would love to come before a committee like this. That is why I am here. I have had two or three others that have said, 'Look, I'm too scared to go before a committee.' I have got people who currently hold licences that will not come before the committee because they are worried that that licence will be reviewed, if I can use that word.

Georgie CROZIER: Do they feel threatened by AV or by government? What are they threatened by?

Christopher BAKER: I think AV would be the most appropriate answer, but I also believe that there is a lack of distinction between DOH.

Georgie CROZIER: Okay. And do you think Ambulance Victoria wants to take over this entire non-emergency patient transport system?

Christopher BAKER: Absolutely.

Georgie CROZIER: Thank you.

The CHAIR: I might have to move on there. Ms Ermacora.

Jacinta ERMACORA: I am thinking about the notion of a marketplace and competition. Just from listening to you, would you see yourself as in competition with Ambulance Victoria or ideally competing for the ambulance marketplace?

Christopher BAKER: My simple answer to that would be: absolutely. Ambulance Victoria dominates the NEPT sector. They create barriers to entry, they stifle competition and in my mind they actually breach the national competition policy, specifically around competitive neutrality. Mr McGhie's report – which, as I said, I only got a hold of in the last 24 hours, so forgive me, I am not across it – notes fragmented procurement and low transport volumes for private providers, which limits and stifles competition. The *Competition and Consumer Act 2010* requires government entities like AV to compete fairly, yet the 2014 NEPT tender – which, as I have already stated, has been extended – imposed restrictive conditions, which I have also touched on, which were designed deliberately, in my opinion, to exclude smaller operators like patient transport Australia, as an example.

I have been told there is a reference through *Latrobe Valley Express* reporting on the reforms transferring NEPT procurement to HealthShare that suggests that prior AV control favoured larger providers and was a deliberate attempt to stifle and bring players back.

Jacinta ERMACORA: So would your vision be that the ideal is that even Ambulance Victoria is privatised?

Christopher BAKER: No, quite the opposite. I am a member of a political party. I am quite happy to share that I am a member of the Liberal Party. My belief is that the ambulance service, public hospitals, fire service, police and public transport are social requirements and can be fully funded by government for emergency. In the non-emergency space, in the commercialised space, those areas should remain fully outside of that.

Jacinta ERMACORA: So just to clarify that, Chris, would you see that the non-emergency space is a pure marketplace or a quasi market?

Christopher BAKER: No, it should be a full marketplace. I think there is actually the ability –

Jacinta ERMACORA: So 100 per cent of the people using that service could afford to pay the full cost of that service without subsidy?

Christopher BAKER: No. I think if it was subsidised appropriately –

Jacinta ERMACORA: That would be quasi market, then, where government plays a role.

Christopher BAKER: Then quasi, yes.

Jacinta ERMACORA: In fact it would not exist without government. Is that –

The CHAIR: Sorry, Ms Ermacora. We have just run out of time. I have to move on, I am afraid. Ms Heath. Dr Heath, sorry.

Renee HEATH: You are forgiven, Mr Chair. Thank you so much for coming in and for your submission. You provided some recommendations for reform. Can you expand on the ideas you have put forward and talk about how they would help AV overcome some of the current issues?

Christopher BAKER: I have six primary recommendations. I actually have a lot more, but I will just stick to the six if that is okay. Independent call taking and dispatch – now, I believe it was the Kennett government but it may have been Bracks that privatised call taking and dispatch, and Ambulance Victoria said in those days that they would do everything in their power to get it back, because if you can control the gate, you can control the service, and that is my belief as well. So I would like to see the government implement a neutral system to ensure fair resource allocation, reducing those inefficiencies. If you can control who the ambulance is moving the people, you can control the sector. It is as simple as that.

I would like to see Ambulance Victoria totally refocus on emergencies and exit the NEPT sector holus-bolus, including getting rid of the MATS system, the medium acuity transport sector, to prioritise section 15 obligations, allowing independent providers to thrive.

I would like to enforce competitive neutrality. I would like to see an investigation into Ambulance Victoria's procurement and tender practices, either through the ACCC or the Victorian competitive neutrality complaints office, to remove those barriers to entry. This may include requiring Ambulance Victoria to hold NEPT licences and a first-aid services licence. I do not know if you are aware, but under those Acts there is no requirement for the service to hold those licences. There was Mr Davis and another person in 2003, whose name I can find in my notes if I was to look, who basically said in those days that having them not have licences is going to destroy the industry, and unfortunately they were right. So they are supposed to comply with the spirit of the Act, but nobody would comply with the spirit of the Act if there was no sanctioning – if there is a reason that they do not have to comply – is my argument there. So I would like to see them have to follow the same – if they are going to stay in the sector, they should be held to the same account. We could enhance event first-aid services capabilities by amending regulations that allow first-aid service providers to transport stable patients, and I am happy to expand on that in any way, shape or form you would like. I would like to see transparency improved. There should be timely FOI responses and auditing of AV spending. There have been a lot of grants recently. There was $100 million in emergency funding recently; I would like to know where it has gone. Everyone I speak to says most of it has gone into buildings, not into paramedics or equipment. And finally, allow NEPT providers to work without contract, using their NEPT licence and crewing to use market forces to determine what vehicles are on the road. I can tell you I would put 15 vehicles down around western Victoria tomorrow, because I know that is the busiest area. The system has been created in other areas such as towing allocation and works very, very well.

The CHAIR: Thank you. I will pass it on to Dr Mansfield.

Sarah MANSFIELD: Thank you, and thank you for your submission and your presentation.

Christopher BAKER: You are welcome.

Sarah MANSFIELD: In terms of efficiency, you have pointed out there are problems with the efficiency and responsiveness of the non-emergency patient transport system. I guess the way I sort of look at it is that if you had more centralised oversight of that and less fragmentation through having a wide variety of private providers – so if AV had more capacity to be able to determine where it allocates resources – could that not lead to improved efficiency?

Christopher BAKER: In my humble opinion, no. Ambulance Victoria, from what I have seen, is very union driven and very empire driven, and unfortunately that is creating more and more inefficiencies. I think, from a basic level, having an organisation like Triple Zero Victoria is a fantastic idea, but having it managed by the head of the ambulance service, the head of the police, the head of the fire service basically brings it back into that quasi or in fact government area. As I keep saying, allowing Ambulance Victoria to gatekeep is the problem – silly things like having a vehicle come from Melbourne to Mildura to pick up a patient and bring them back when there is a vehicle from Melbourne going to Mildura with a patient on board, simply because they have got a different contract, means I cannot pick up from that hospital and bring to this one. That has led to hundreds of inefficiencies, and that is before you start looking at greenhouse gases, fuel, overtime requirements, all that sort of stuff, and just the actual bed ramping. I read somewhere, and I can find it here if I look hard enough, that about 30 per cent of our beds or 15 per cent of our beds are waiting for NEPT transfers. So we can move that 15 per cent of people more efficiently, and getting back to the point of your question, I believe if Ambulance Victoria were to stand away from that and allow market forces to work, the market would pick up all that slack. There are something like 22,500 registered paramedics in Australia. Only 70 per cent of them work for jurisdictional ambulance services across the country. That means you have got something like 7000 paramedics out there that would be more than willing to step into this space so long as there were clear guidelines that it is only non-emergency transport. I have been asked by Associate Professor Eade if it is my aim to totally privatise the sector. Professor Eade was the chief paramedic for Victoria. That is not my belief. My belief is let the ambulance service do their job, let the market do the rest of it.

The CHAIR: We have got about 5 seconds left, Dr Mansfield.

Sarah MANSFIELD: Okay. So what happens in an area where there is not a lot of market demand, I suppose, for a non-emergency transport? How do we service those areas?

Christopher BAKER: Mr Chair, may I answer that?

The CHAIR: Yes, just quickly.

Christopher BAKER: Very, very simply, I am a small provider; I would have no problem. That would give me a leg into the sector, and if you start small and get the opportunity, you can grow. It is as simple as that.

The CHAIR: Okay, thank you. We will now go to Mrs Hermans.

Ann-Marie HERMANS: I noted that you mentioned the resources being used inefficiently, and I am assuming that is because you were discussing the non-emergency transport and the way that is used. Is there any other way that you feel that our resources are being used inefficiently through AV being the gatekeeper?

Christopher BAKER: Not just in the NEPT space but also in the first-aid space. If you look back into DISPLAN around COVID especially, please do not quote me on the numbers, but I know we had at least 10 NEPT-licensed companies in that period of time. The first thing that AV did, under what is now SHERP, was to activate organisations that are not licensed to transport patients. They activated St John's first-aid services. I think they activated Life Saving Victoria and the Red Cross – forgive me, I am just clarifying that, because I do not want to give a false statement. That led to inefficiencies there.

Ann-Marie HERMANS: You mentioned also that there have been a number of businesses that have actually gone bankrupt or have been effectively muscled out of the industry. Do you care to expand on that and how that is actually –

Christopher BAKER: I would, and I hope my friend does not get mad with me. There was a company in eastern Victoria called Advanced Medical Transport. That company was owned and operated by a single operator who started when licensing came out. He basically made a complaint to the Ombudsman around inefficiencies and concerns with how contracts work and payments and oversight by Ambulance Victoria. Ambulance Victoria, as you know, have their own minister, and we have got Ms Crozier here as the shadow minister in that area. How many organisations have their own minister? But basically what they did was when he made that complaint to the Ombudsman's office – and this is an allegation; I have not been able to prove this – they basically went to the hospitals in that region and said, 'We'll move all your non-emergency patients for five to 10 months.' Nobody can compete with that. They are a monolith. They have got a huge budget, and they could basically just walk in and say, 'We'll do the lot.' So the owner of that company basically sold his licence at a huge loss to what is now the Royal Flying Doctor Service and walked away in tears.

Another friend of mine, who owned another company – I have already mentioned their name if you want to go back through the minutes: when he found out that he did not have a contract, he was going to [redacted]. It was only that I could get a special meeting with the ambulance service to go in and actually meet with them. They said, 'Oh, we're going to debrief everybody.' I said, 'This guy's [redacted] you need to see him today.' And when I walked in – I had a committee much like this – one of the gentlemen introduced himself, and he said, 'Oh, Chris Baker, I know you.' When I asked what he was, he said, 'I'm counsel for ambulance services, and I know your name very well. You are well known to management at Ambulance Victoria.'

Ann-Marie HERMANS: What does that mean?

Christopher BAKER: Well, it means that I have pushed back a lot on a lot of things. I am well known within the industry as being somebody who thinks Ambulance Victoria can do their job better, and I am happy to tell them in polite ways, such as coming to committees like this.

Ann-Marie HERMANS: Thank you very much.

The CHAIR: Thank you. Ms Payne.

Rachel PAYNE: Thank you, Chair. And thank you, Mr Baker, for your submission and presenting before us today. Just to take it back to the non-emergency patient transfer, in your submission you talked us through some case studies, and in reference to those case studies whereby transport delays occurred which caused patient

distress and long wait times, I am just wondering if you can talk the committee through a bit more specific detail about what these contractual restrictions are.

Christopher BAKER: Okay. I have got two that I have in my background submission. On one of them, company A was dispatched to collect a patient from a rural health service or to a health service. On arrival that service had no returning patient. They picked up a patient in Melbourne and went to Mildura, and we have seen today's paper, so we know Mildura is in crisis at the moment. When they got up there, they handed over the patient, and as they went to leave the triage nurse said, 'We've got a patient going back to Melbourne.' When they made inquiries, they were told that a vehicle had been dispatched from Melbourne to pick up that patient from a different provider. This was all NEPT, through Ambulance Victoria dispatch systems, to pick up that patient, and that was because Mildura's health service had a different contract to metropolitan Melbourne and it would have been crossing boundaries and all that sort of stuff. So that led to that inefficiency there.

The one that concerns me the most – and this is just one of several: I did a routine transport from a hospital in metropolitan Melbourne, and when I walked in I was wearing the branding of one patient transport company. The triage nurse came across, appropriately but heated, and basically said, 'Where have you guys been? This patient's been waiting basically 12 hours to get a transport out.'

When I went over to introduce that patient and myself, it was a different patient than the one I had on my paperwork, and I was told in no uncertain terms I could not transport that patient even though they had had a longer wait time and was directed to the patient that I had that had only just basically been dispatched. There was no reason why I could not have taken either of the patients. They were both metropolitan transfers. We quite often see that for people in that scenario, waiting for a long, long time builds on their distress. As you would understand, as paramedics we see people at their most vulnerable. One of the roles that I believe paramedics have – and it is part of the reason why I am here today – is to advocate on behalf of those people. I am a strong believer in advocacy, and that is why I am here.

Rachel PAYNE: So based on the limitations of those contracts, patient-centred care you would say is lacking in that space?

Christopher BAKER: Patient-centric care, to my mind, is secondary or tertiary in the ambulance services' mind. The way it was put to me recently is: is the ambulance service a regulator, a player, a competitor or a mixture of all three? Unfortunately, they cannot make up their mind as to which way it runs.

Rachel PAYNE: Thank you.

The CHAIR: Rightio. Thanks very much. We have run out of time.

Christopher BAKER: I understand.

The CHAIR: Thanks very much for your contribution, and we will close this session.

Christopher BAKER: If I can just put it on the record very quickly, I thank you for running this inquiry. I personally agree with Ms Crozier, there needs to be a royal commission into the sector, and I am happy that you have got at least this far. So thank you, everybody, for your time, including everybody at home.

Witness withdrew.