

T R A N S C R I P T

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Ambulance Victoria

Melbourne – Friday 13 June 2025

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WITNESS

Witness 1.

The CHAIR: Just for the record, can you say your name and that you are speaking on behalf of yourself as an individual.

Witness 1: Yes, as an individual. My name is Witness 1.

The CHAIR: My name is Joe McCracken. I am Chair of this inquiry. I will also pass around to the rest of the inquiry to introduce themselves.

Michael GALEA: Hi there. My name is Michael Galea. I am the Deputy Chair of the inquiry, and I represent the south-east suburbs of Melbourne.

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

Georgie CROZIER: Hi, Witness 1. Georgie Crozier, Member for Southern Metropolitan Region and Shadow Minister for Health and ambulance services.

Witness 1: I know your name.

Anasina GRAY-BARBERIO: Welcome, Witness 1. My name is Anasina Gray-Barberio, and I am the state MP for Northern Metro Region.

The CHAIR: And we will go to Sarah online as well, and then Renee.

Sarah MANSFIELD: Sarah Mansfield, Member for Western Victoria.

Renee HEATH: Renee Heath, Member for Eastern Victoria Region.

The CHAIR: Perfect. Thanks so much. I have just got to read a few things and then we will get into it. All evidence taken is protected by parliamentary privilege as provided by the *Constitution Act 1975* and further subject to the provisions of the Legislative Council standing orders. Therefore the information that you provide during the hearing is protected by law. You are protected against any action for what you say during this hearing, but if you go elsewhere and say the same thing then you obviously do not have those same protections as what you do in here. Any false evidence or misleading of the committee may result in a contempt of Parliament.

This is a closed hearing, so the gallery has been cleared and the proceedings are not broadcast at all. All evidence is being recorded today, and you will get a transcript at the end which you can go and look through, and if there is anything that you did not say we can correct that at the time. All parts of it are going to be non-identified too if there are names, locations, words – all those sorts of things are taken out too.

I know that you might want to make a verbal submission as well based on what you want to say.

Witness 1: I think I just thought that I had to.

The CHAIR: Yes, yes. Well, you do not necessarily have to, but you can, and then we will go to questions as well. And as I said, if you hear the timer again, that is just us, not you, okay?

Witness 1: Sure.

The CHAIR: So, Witness 1, thanks very much again for coming in, and I will hand it over to you.

Witness 1: Thank you. I will just also give a little bit of a warning. Since all this has happened my speech sometimes does go into a loose stammer or stutter. So if I do that, just go with me. I am just going to read straightaway from this. There is not enough time to advise you of all I want to say in this 5 minutes, but this is just something that I have put together. A crucial point post my incident was upon seeing my AV psychologist and being told by him, 'Nothing you have told me I haven't heard before in 20 years.' My experience has

involved the management team, human resources and a return to work. Mainly the documents you would have got would have focused on the behaviour of those people, but there is a clinical aspect of it which has not been reconciled and probably never will be. It is all complicated, this experience with these management teams, by many in acting roles, therefore no continuity and no responsibility or accountability taken. An incident escalated, which I would have sent in the lawyers' letters. I think that gives the big run-down of what has been a three-year event, effectively. When I queried the process of what had led to my putting in the formal complaints and ending up coming here, I questioned the process and was going to follow the chain of command, which I did do. This then led to many questions being unanswered and a continuous change of goalposts.

It is definitely related to a psychological injury that I have sustained from this. I went on WorkCover a few months after this happened because of the stress of it. I was off for probably about 11 months. Part of that was being stalled for the return to come back. I was adamant from the start that I was going to come back, but there were many factors that led to the stalling that were not from me. The union was involved – no resolution with them. They were also part of the problem. The initial clinical concern became about behaviour, and this causes me significant distress because it was a clinical incident that led to all the behaviour that I will be talking about.

With my querying all of this stuff, one of the letters that I got from AV management suggested mediation to repair the relationships and also acknowledged that the incident could have been handled better, as that had been used by a few other people before it even got to that point. I had already been told by one other acting team manager, 'This has been handled so badly.' AV declined to participate in the mediation after three months of me waiting for HR to facilitate it. I was told 'Don't go back to work' by the union 'until you've had the mediation.' So it was three months of waiting for them to agree, and there was no reason given, just that it was a voluntary process and they did not want to take part.

The WorkCover body had been brought in to facilitate. A 'facilitated discussion' is what it was going to be called. I actually had to tell them, 'It's been cancelled. It's not happening.' They were not given any information either. I put formal complaints in via the union to the PSBD, and I was told by the PSBD, after a bit of investigation through that, they said at a meeting where my lawyer was present – because I engaged an external lawyer – 'We suggest to have a mediation.' I said, 'Like the one that never happened before?' They went, 'What are you talking about?' So whether they had even paid attention to me in the first place, I do not know. They said it would be through a crowd called Carfi – 'They're very good. They're independent. We've had a lot of success with them.' Carfi, I found out later from a friend who is a team manager, had already been discharged by AV, because they cost too much money, effectively. So it never occurred, the mediation there.

The mediation was then organised through PSBD, through AV itself, which I was suspicious of from the start – and I had good reason. The mediation was sabotaged by the mediation adviser – by him sending me an email to say, 'Can you give me a quick ring, because I've got to talk to you and it will be easier to speak on the phone rather than an email?' I prefer to have my discussions on email so I can have a hard copy. I rang him back, thinking he would probably tell me when this mediation would be going on, but here we go again – how long? He was telling me how he had spoken to one person and had been speaking to another and what they had said. I finally said to him, 'When's the mediation going to happen, mate? Just tell me when it's going to happen.' He said, 'This is it. This is the mediation now.' I became quite distressed at that and gave him a serve on the phone. I got home and wrote an email giving a serve again about that, because I had not been given any notice of it. There was no opportunity for preparation or support, which I had said I wanted, and he had said, 'Yes, yes. You will have.' I put in a formal complaint on that too, because it was just another let-down again. He basically said the whole time, 'I don't think they're going to want to have a face-to-face mediation but a modified mediation.' My lawyer said, 'What's a modified mediation?' So yes, AV did not want that second mediation. There were two failed mediations, and all I wanted was to be able to have a chance to discuss the clinical aspects of this case. I had been told, 'There's no problem. There's no problem. Everyone's just trying to be very supportive of you.' But there must have been a problem, because no-one wanted to meet with me to discuss it. I also have evidence from the department that they told me they had flagged it. That person has specifically told me that it was not flagged by them and there was no problem. She noticed I had been given incorrect feedback on this audit, and that is what I am never going to have the chance to discuss. And the behaviour has just rolled on from that.

I have since put in an FOI request for documents pertinent to the investigation through PSBD. Out of 24 documents, six documents I am not allowed to see at all. Six documents have got so much black on them I

do not know what is under there, and I am not allowed to see all the others due to certain sections of the Act saying it is against public interest and people may not speak so candidly if their confidentiality is betrayed. I would like to know what is under them. The other 12 documents were what I had given them anyway, so I have already seen those.

AV do not display their values of care, respect, accountability and excellence. We have often joked, a few of us, 'Why bother bringing in the new values that they brought in? The others were fine, but I guess if you don't want to adhere to them, why not just replace them with some others?' They certainly expect this back in return, but we do not get it. PSBD reiterated in letters to me after this that it is a closed case, and I have been instructed not to discuss this case with anyone and I am not to victimise anyone involved in the case or I will be facing disciplinary action. I have been told that there was no misconduct, which I personally doubt. But if I victimise anyone, then I can be disciplined for misconduct.

I have experienced so much shame and self-doubt since all this has happened, and it has been quite immense. It has affected my confidence personally and professionally. It has affected my health – not just mentally, but my physical health. It has affected my relation to a lot of people and my general trust. Trust has been betrayed, and this was done by people I thought were friends, who I liked and trusted. That is where the shame comes in – I believed what they told me until I found out it was not true, because I did not think it would happen to me, and I did not think that my management team would do that to me. I was advised by my legal team that I would not be advised to take this further, to court, even though I had a good case. He said, 'You've got to have pretty deep pockets, because they have a department that will be able to fight you all the way,' and he said, 'I also don't think it's good for your mental health.'

I do not want to go broke through this, and I also do not want to worsen an already present psychological injury. Even though I have returned back to work, it is always still there because I have no answers, and I know stories have probably been circulating about what happened which will not be the truth. Currently I do not have the option of many AV managers being willing to be my referees now for any other jobs that I may go for. Basically people do not want to really be involved, or they have heard something already or they are picking their sides, I guess.

I asked for a transfer – and was repeatedly told I could not be transferred to another branch – because I said it was an unsafe workplace. The psychologist I saw also wrote a letter to say it was an unsafe workplace. This was not addressed. They never spoke to my GP, but then in one of the letters it says there is no medical evidence for a transfer. I spoke to the chief executive officer before she left, who said, 'Let me know the roadblocks you're facing,' and all that. All I found out from her is that she had sent all the stuff I sent her on to their legal team. I never heard anything back. It is amazing – they can move people when they want to. I know of quite a few other people who have done certain stuff who have been transferred. It seems like they will transfer people when they have done the misconduct, not if they have been the victim of the misconduct, because I know of many people who have just been moved to another area when they have bullied others or done stuff.

I loved my job, which is why I am still working for AV. I have loved being a paramedic, and it has been a job that I have always enjoyed doing and still like doing. But they have ruined this for me through this, because the transparency that AV speaks of is not present unless they want it to be. It amazes me that, effectively, with this it could have all been resolved within a week if they could have just said, 'Shit, we made a mistake.' I would have said, 'No problem.' I am sorry to have got very emotional, but that is pretty much my 5 minutes.

The CHAIR: No, you have done well. Thanks so much for that. I am going to start off with some questions. Is that okay?

Witness 1: Of course.

The CHAIR: Then we will go through some of the other committee members and the ones online as well. I do not know where to start. There is a lot to digest there.

Witness 1: You have not even got the story.

The CHAIR: Yes.

Witness 1: I do not know if you have been able to read the letters.

The CHAIR: We have got your submission, so please consider that as read.

Witness 1: Great. There was more I wanted to bring, but my printer did not work, and I have just come back from being overseas as well. I have other stuff, but I just could not bring it today.

The CHAIR: There are other things that you are able to send us after this as well?

Witness 1: If I could, that would be great, yes.

The CHAIR: Absolutely. Anything you want to send us; we will organise that with Kieran over there.

Witness 1: Yes. There was only so much I could – so that is why I said, ‘Can I come and speak? I’ve got more to say.’

The CHAIR: Yes. I will just start the clock there, so I remember myself as well. Our job is to give recommendations going forward, and I am trying to think. Your experience obviously has been quite a traumatic one and is having a deep impact. The contact that you had with the people and culture unit at AV does not sound like it has been a positive one. What recommendations do you think we should take on board to change that type of experience so that it does not happen to other people?

Witness 1: I think you could get rid of who is in there for a start.

The CHAIR: Do you think it is a personnel matter or is it a structural matter as well?

Witness 1: Yes. It is both.

The CHAIR: Both.

Witness 1: As far as I am concerned, I do not think it is any different from the old PCU. Even though they like to say, ‘This is the new PSBD, and we’re all shiny and happy and very fluffy,’ they are not. I have felt so let down by those people. Everyone that I have come across either does not listen or they lie, or they then turn to, ‘Oh, let’s just intimidate you.’ I have experienced it all through them, and I did not expect that.

The CHAIR: We have heard other people come in and say that there is a toxic work culture. Would you agree?

Witness 1: Absolutely. Absolutely, I would agree.

The CHAIR: So we are talking things like –

Witness 1: Throughout AV and through PSBD.

The CHAIR: We are talking about things like intimidation and gaslighting?

Witness 1: Yes. That is what I have experienced. The gaslighting more than the intimidation – the gaslighting is enough.

The CHAIR: Favouritism?

Witness 1: Definitely.

The CHAIR: I know that can present in different ways –

Witness 1: That is right.

The CHAIR: for different people in different circumstances, but having read through your submission, I think it was obviously very full-on.

Witness 1: Yes.

The CHAIR: As you said before, you are seeing a psychologist, and I know that is not a step that –

Witness 1: I have seen probably four or five all up throughout this time, yes.

The CHAIR: I do not want to ask something that relives –

Witness 1: Go ahead. I have got nothing to hide. I am very open to it. I just cry generally. It is just the frustration more so of knowing that nothing changes.

The CHAIR: I guess my ultimate question is: what would you like to see change, particularly given your experiences?

Witness 1: It is hard to even answer that, but I know already that to try to change a work culture takes a lot of time, and you have also got to weed out half of what is there, because the culture that is there, the upper management, has already infected the mouldable ones that are getting brought up in there. I have no doubt that one of the people involved in mine was being promoted as a result of my thing. I cannot prove it, but I have a feeling that I was used as the problem to be solved for that person to get promoted. I cannot prove it at all, the same as I cannot prove who the ringleader is. But I have had a lot of time to think about a lot of this, and after a bit of time I thought, ‘That explains that conversation from a while ago now and this and that.’

The CHAIR: Yes, okay.

Witness 1: I am no spring chicken. I have been around in this for [REDACTED] years, so I have seen it happen to other people. I never thought it would happen to me. That is what makes me feel very naive now, because I stupidly thought if I just worked really hard and stayed out of the way and –

The CHAIR: Did your job.

Witness 1: did my job, I would be left alone, and I still was not. That is where a lot of the shame then comes in, but also there is a definite ageism thing within AV as well. They like their older people up in their senior management, because they are nice and cosy up there, but they do not like us dinosaurs with my vintage out on the road, because we know too much and we stand up for ourselves and we question things, and they do not like that. That culture is just continually perpetuated. I cannot be moulded; I am too old and too, you know –

The CHAIR: Don’t be so hard on yourself.

Witness 1: No, no, but I mean in ambulance years – I have been doing this for [REDACTED] years; I am old in ambulance years. According to AHPRA registration, I am grandfathered. I am a grandfather, I will have you know, because I do not have the degree – I have the diploma. I have been grandfathered, and I like that because I always respected those guys when I came through, but that is not there now. We know too much, so they do not want us around because we tell people what they are entitled to and what they do not have to do. There is a lot of culture of ‘Oh, you have got to make sure you follow the KPIs, and you have got to do that, and you have got to make this because then you can get promoted up,’ because that is what the culture is about, you know – do the tick and flick. Look, I came back to Victoria [REDACTED] years ago. When I left it was RAV – Rural Ambulance Victoria – and a totally different service to what I walked back into at AV. When I came back I thought, ‘What the hell have I done?’ I do not like it. I wanted to be back in Victoria, but if I could have [REDACTED] Ambulance Service instead of the Victorian ambulance service in Victoria, I would be a lot happier.

The CHAIR: I had better hand over to Michael, because my time has run out. I am so sorry to interrupt you there. I am still here, but I will hand over to Michael.

Witness 1: I do not know if I even answered your question, sorry.

The CHAIR: No, you did. Thank you very much.

Michael GALEA: And thank you for sharing your story with us today as well. I was actually going to ask you how long you had been with AV but with the ambulance service, I guess.

Witness 1: 24 years all up in ambulance – eight years with AV. I came back in [REDACTED]

Michael GALEA: Thank you.

Witness 1: And I am still employed with them now.

Michael GALEA: So about five years before the official injury incident date, you were work back working?

Witness 1: Five years before the official date I was in [REDACTED]

Michael GALEA: And you spoke about how you would sort of see things happen to other people. The question I ask is: how toxic was the work environment that you observed before that?

Witness 1: Before what happened to me?

Michael GALEA: Before what happened to you. Is there anything that you can share about that?

Witness 1: It sounds like I am harping about myself –

Michael GALEA: Not at all.

Witness 1: but I actually had more crap happen to me in the first region I came down to as well. So in two different regions I have experienced – which makes me start thinking, ‘What’s wrong with me? What have I done?’ I had not ever had any issues at a workplace until I came to AV. I think that is a big thing I have heard from other people: if you come from interstate, people give you a hard time because AV is the best, you know? They are world leaders, apparently – according to AV. I am saying that with sarcasm. Please note that.

Michael GALEA: Sorry to jump in, but does that come from fellow crew or does that come from above?

Witness 1: Above.

Michael GALEA: Above.

Witness 1: It is always coming from above.

Michael GALEA: Was it a sense of –

Witness 1: Occasionally sometimes from crews, but generally my impression all the time has always been – you might have your cliques, which you can deal with, but it is when it comes from your management teams and upwards, that is what controls your work environment and controls your life and whether you have a good or bad day.

Michael GALEA: Rosters, I assume –

Witness 1: Your rosters, where you are, who you work with.

Michael GALEA: has a big impact, yes.

Witness 1: Yes. Who you work with can be the thing, and if you ended up on any performance improvement plans as well. I mean, that is what happened with me, and that is part of what the thing was about.

Michael GALEA: Were the PIPs used as a weapon?

Witness 1: Yes, and I suspected that was what was happening straightaway, because initially when this happened, I thought, ‘I don’t understand what I’ve done wrong,’ which then made me think, ‘Maybe that’s the problem – I don’t know what I’ve done wrong,’ and because it was being said to me by someone I trusted and liked, because we had effectively trained together, I thought, ‘It must be true, and he’s MICA so it must be.’ And I thought, ‘Well, I know I’ve been really busy, I’ve been working on call, I’ve been working on my own as well.’ I thought, ‘I know I’ve been really busy and really tired,’ and I thought, ‘Maybe I just haven’t realised that I’m just not up to it anymore.’ So there was a lot of shame in thinking, ‘I’m not capable of my job.’

To have had the year delay in it, and not knowing in advance what that was like. You know, I had said, ‘Why has it taken so long?’ That was one of the questions, and then also, you know, ‘Why is this not dealt with?’ And

it was initially being dealt with earlier, I thought. Someone did come to see me, but then there was a long time between. But then also to be left like, 'Oh, here you go, you can now stay in this place where you are on your own and your closest backup is almost an hour away. We have effectively just told that you have not done this and that well, but see you in a week's time.' And then to not have any further follow-up on that. Yes, it has been a pretty horrible time. And believe it or not, the worst is behind me. I am in a better place, even though I do not probably look like it now.

Michael GALEA: Well, I am glad you are.

Witness 1: But I also know that I am just one person this is happening to. I will not be the only one. Part of why I have continued to keep doing this is because there are a lot of other people who have not had the resilience or endurance or just the general strength. Not giving them a hard time, but it is really hard to go through this stuff and keep fighting, because it is the whole David and Goliath thing.

Michael GALEA: Yes.

The CHAIR: I am going to hand over to Ms Crozier now, and she can ask some questions.

Witness 1: Sure.

Georgie CROZIER: Thank you, Chair, and thank you, Witness 1, for coming before us and just explaining your situation and your experience, just for us to understand, you know, the depth of what has occurred. I have just written a few notes as you have been speaking to us. I just want to go to the point that you made to Mr Galea when you said you are on your own and the closest backup was an hour away, and you thought you were doing okay but then somebody, you know, put doubt in your mind. Can you tell me a little bit about that? If you have been working on your own with that closest backup and that lack of support there, I think that is an important part that I would like to understand a bit more.

Witness 1: There are certain branches around the state in rural which basically do not get the workload to be able to mean that you can have two full-time ambos there. Those are the on-call branches. A few of them have changed to dual officer, where there are now two of them on call, and that is, you know, not only a clinical thing, having another person to bounce things off, but a fatigue issue and a safety thing as well. Where this happened is now a two officer, but it was a single officer at the time. You had an ACO – an ambulance community officer. These people are not trained. They have some training through AV, but they do not have a qualification as such. They call them volunteers; they get paid for the call out, so they are not volunteers. They are basically our driver. You might be able to ask them to do some things or say what you are going to do and see what they reckon, but they are not a paramedic. And it depends on their experience level – are they literally like a couple of weeks into doing this or have they been a paramedic student or a nurse student or have they been doing this for a few years? It started out being people who wanted to help their community, like the farmers around the area, and it has just grown on from there where it is now recognised as a bit of a way for paramedic students to come and get, you know, a bit of work and some exposure, which is all fine and good.

Georgie CROZIER: We have heard evidence about what they are doing, yes.

Witness 1: It is a lot of cognitive load on the paramedic working, because you are effectively working on your own with a driver. These people who are trained in CPR. They have a small cache of skills that they can do. Some of them have been raised up, but it depends again on the skill level of that person. The training they get is very ad hoc, and I know because I have delivered a bit of it. It is wanting so much more. Ambulance Victoria likes it, though, because they are cheap labour. When we have a lot of shifts going off, if they cannot get a paramedic, they try to fill it with the ACOs. A lot of junior paramedics get very upset by that because it is not great when you are junior already and you are having to then make a lot of the decisions yourself, because you do not know what you are going to a lot of the time.

Georgie CROZIER: Was that part of the problem for you, not to have that backup that you felt you needed?

Witness 1: The trouble for me in these cases – I actually quite liked being on my own, and I thought I handled everything fine. But when you have very sick patients it can be difficult because it depends on the skill level of that person that you are with. I have worked with students before, and I have got used to having to do a

lot of it on my own. But what I do not like about what happened throughout this situation with these cases – because I was on my own with an ACO for all of them – is that we are still looked at as a crew. I have been judged as a two-officer crew in these cases, and I was not a two-officer crew.

Georgie CROZIER: That is what I am getting at. Really, you were doing work that was perceived to be that of a two-officer crew, but you were there on your own with an ACO.

Witness 1: Yes, a two-officer crew. I have been judged for the audit as a two-officer crew, and it has not once got mentioned in the discussion I had with that CSO, ‘But yes, you were on your own.’ I know for the things that he had called out, I was thinking, ‘I’m on my own mate.’ And I was on my own for 40 minutes with this first person until I got backup. I had the radio, and I had the pager. I have got the patient’s family, who is distraught; I have got the patient; and I have got my officer, and it is his first day back from being off for a shoulder injury. He had been signed off, and he is like, ‘I can do CPR and that’s it. But I’m not confident with that and I’m not confident with that.’ So the equipment he was not confident with. So I had to do the best I could. And they say to you that you have just got to do the best you can. But then you do the best you can and you are still given a hard time. And I was like, ‘Well, that’s a bit rough.’ And again, this person – if they got questioned about it, I do not know. But probably they did not, because they are not qualified personnel.

Georgie CROZIER: Thank you.

The CHAIR: I am going to hand over to you, Ms Gray-Barberio.

Anasina GRAY-BARBERIO: Thank you very much, Chair. And thank you, Witness 1, for being here. I acknowledge that retelling the story can be traumatising, so I really appreciate your courage in sharing your lived experience. We had the equality opportunity human rights commission here. They spoke about one of their recommendations that has not been implemented by Ambulance Victoria, and that was around speaking-up culture. And what I am hearing from you today is that not only have you spoken up, you have not been listened to. That is evident in the lack of mediation that you have been able to pin down with Ambulance Victoria. Can you just tell us more about your experience and what you are seeing. Is this a common pattern in Ambulance Victoria, where people are speaking up but nothing substantial is being done to respond to issues?

Witness 1: It is all nice to have the little memo out there saying ‘Speak up’, you can do this, it is anonymous, we are all about making it a safe, fair and inclusive workplace and we are family friendly and want to look after our employees. It is my personal experience that it is not like that at all. I did speak up, I went through the chain of command and I thought I was really just going, ‘Hey, I don’t know if anyone’s realised.’ I thought there had just been a simple mistake done at first. And then when I realised, ‘Oh, God, this is actually something bigger’, when I brought it up, then the back-peddalling began, effectively. I was quite amazed at that, thinking, ‘No, it couldn’t be.’ If there was no problem – because I was getting assured, ‘No, no, no, there’s no problem’ – why did it then become such a problem to get hold of these people? For the first meeting, they could be there within a week – the first meeting that we had on Teams, with the woman from the union as my support – but then could not get hold of them again since. I think I got a cursory couple of emails maybe, if I was lucky, from my team manager saying, ‘Oh yes, how are you going?’. But it was not anything actually specific to me, it was more just inclusion of branch stuff as well and saying ‘when you come back’ – because initially I had said I would just take some time off, like, about a month or so. And then when it became clear that, no, actually I am not going to go back –

Anasina GRAY-BARBERIO: Do you mind if I just interrupt you? Sorry; my time is about to run out.

Witness 1: Sure. I am probably rambling.

Anasina GRAY-BARBERIO: I am so sorry. I apologise.

Witness 1: With the culture, definitely, my experience with others who have spoken up and mine is once you speak up, you are marked. If you are not already in a little group, if you are not favoured already, you are marked. I have found already, by speaking up, various people I know have – I do not blame them – been like, ‘I don’t want to get involved’ or ‘Oh, they haven’t done any of that to me.’ So it very much becomes a ‘he says, she says’. But it comes down to: how much do you want to push it? Do you speak up –

Anasina GRAY-BARBERIO: I will be super quick. What organisational healing do you recommend to the committee that could promote restorative engagement between paramedics and leadership?

Witness 1: Well, the idea that I got told of – this independent body called Carfi – sounded like a good idea at the time, but apparently that is a no-go. This was last year or the year before – I am trying to remember now when it was. 2023 definitely was when I got told, ‘Nup, not having it’. That was a few years ago, when I tried for the first mediation, and then after that again. I do not know, but you cannot be having local management handle complaints within the area. My response has been dealt with locally, which I have a problem with because it involves them. How can they investigate themselves? And – surprise, surprise – there is no problem.

The CHAIR: I am going to hand over to Mr Batchelor.

Ryan BATCHELOR: Thanks, Chair. Witness 1, thank you very much for coming in today and being so open with us. I just wanted to go back to the reflections you have as a ■-year practitioner. You are –

Witness 1: A dinosaur.

Ryan BATCHELOR: No. Your experiences are really valuable to us, because we hear a lot from people in organisations on theories and policies and systems, but actually people on the ground are critical to us better understanding what things are really like. We had an organisation come to us and talk about the benefits of the ACO model, and I am just interested in your comments about the limitations of it.

Witness 1: There are limitations, definitely.

Ryan BATCHELOR: So you would think it is not the solution?

Witness 1: No. Where I work now – I worked in the same area years ago when it was still Rural Ambulance Victoria, and they wanted to bring it in then. It was very much like a Western Australia based thing where they had a paramedic being driven around by a volunteer. It is cost friendly, and AV as a business – if you run it as a business, you go, ‘Yeah, we’re just going to get a driver and do that.’ But it is not like that, ultimately. Depending on – certain jobs you go to, it is a lot for one person. And again, if you talk about an ACO who is on their third day in, who has not had anything to do with this and has never seen someone, you have got someone else to worry about now. You do not even know if they are au fait with the skills.

Ryan BATCHELOR: Do you think that additional load of responsibility that is put on the paramedic who is accompanied by an ACO is recognised by Ambulance Victoria?

Witness 1: I think it is only recognised when it gets brought up – as in, when there is an issue. In my instance, it was then said, ‘We’ll send you off to another station for a break from the ACOs.’ But that is not –

Ryan BATCHELOR: It is not fixing the problem.

Witness 1: It does not change a thing. I mean, yes, that would be appreciated, and that was part of my role to go and relieve anyway, which that person seemed to not be aware of. I did not know if that was ‘Oh, we’ll send you for a thing because it’s part of your role’ or ‘We’re going to send you off because you’ve brought this up now.’ Mind you, when I said I wanted to talk about how some better training would be better – I think if you are keeping us to a level for registration as well, the level of what we have got to achieve every year, they need to have that too. It is not ever anything that is really – it becomes a lot of work for the paramedic when there is a really sick person. I can handle it because I have got used to working on my own and I trust my judgement after the experience I have had, but it can still be really hard when you end up having to do some of their job as well, like also telling them then and there how to speak on the radio while you are dealing with the person as well.

Ryan BATCHELOR: There is a big load in training –

Witness 1: Yes. And part of the reason I got audited on that case was because one of our skills is – when someone is getting a direct current shock in a cardiac arrest, it is 2 minutes. It had gone on to 4 minutes because our equipment does an alarm, and the person I was working on that job with was not familiar with the monitor, so they are not familiar with all of our equipment. I have lost count of the amount of times I have had to show one of them how to replace the oxygen or go through the monitor and say, ‘Can you do this and that?’ It is stuff that after a while you are like – I should not have to say the really basic stuff. I do not expect you to be doing

certain skills, but this is basic stuff, and if they were not an ACO, they are a student paramedic, they would be getting picked up on it by now. But no-one takes ownership of it either. You never know who to go to because there is always a revolving door of people acting up. And I suspect AV likes to do that because that way nothing ever gets done. You have someone acting this time, and it might depend on the personality of that person acting up whether they will do something or get something sorted out or not. So a lot of it is just this constant sitting there and waiting for things to get done, and you just give up after a while. When you get your anonymous survey – ‘anonymous survey’: ‘What do you suggest? Because we’re really interested in hearing.’ No, you are not, because nothing changes anyway. But the ACO model is flawed.

Ryan BATCHELOR: Thank you.

The CHAIR: We might have to move on. I am going to go to Dr Mansfield online and then Dr Heath afterwards. Sarah, over to you.

Sarah MANSFIELD: Thank you. Just to reiterate what some of the other members have indicated, I really appreciate you coming in here today and recognise that it is obviously very difficult sometimes to share those personal experiences, but they are very valuable for us in the work that we are trying to do here. I am sorry you have been through all of those things. We have heard from different people who have had all sorts of different challenges with navigating the AV system when they have had either [Zoom dropout] raising concerns or had complaints made against them. Both sides of that experience have been difficult. What are some key things that you would like to see done differently in how complaints are handled?

Witness 1: I think it sometimes does depend on what the complaint is as well, but I personally think if it is going to be something related to the management team it needs to already go out of the area. You do not get any say in any of that. Information is purposely kept from you, so you are just left in the dark – you are isolated. When you are on WorkCover that is another thing where you are isolated – you are left in the dark. I personally think that they hope that you go. That is not just my impression; there are a few people who have spoken to WorkCover, and everyone has the same feeling. I only knew I was working with AV because I got paid every fortnight, not because I had any follow-up. Whether it was because I had a psychological injury – ‘Oh, God, don’t talk to her’ – or what, that then further retraumatises you through that because you come into it and you are told, ‘We’re like a family’ and all that, and you certainly feel like you have been kicked out of the nest. If you are making a complaint, particularly if it is people that may be liked, you know that you are up for a hard time already. With certain people you will find out if they are going to stay friendly with you or not. I can certainly kiss any promotions within my career goodbye after doing this because they all talk as well. Sometimes I know that some people who should have got booted out of the service are still in. I think a lot of us are just so resigned to the fact that that it is just how it is.

When I went to make these complaints, I was actually advised by a few people I spoke to, saying, ‘Just let it go. Just move on. Just accept that it’s just AV being AV.’ I said, ‘No, that’s not good enough,’ because I can take it but there will be someone out there who will really struggle and they might kill themselves. People have before, and they still will. That is the thing that gets glossed over a lot. Most complaints are complaints for a reason, if it is followed through, not someone being petty back. But, unfortunately, if there is something that might be considered that or if someone does not like the fact that someone is complaining – I know that my senior manager was protected by a further-up senior manager as well, quite often. It just amazes me that some people get positions when they do not have the qualifications. Not many of them are actually qualified managers at all. A lot of nepotism is what goes on if you are one of the crowd and all. Sorry, I have probably got a couple of questions confused there anyway.

Sarah MANSFIELD: Thank you.

The CHAIR: I am going to go and throw to Dr Heath, who is the last member to have her questions, and she is online as well.

Renee HEATH: Thank you so much for sharing that. I know everyone has said it, but it is really worth you sharing it, because I think this is why we are having an inquiry like this. Hopefully we can see some changes. That amazed me that you were not even offered a support person when you had that surprise mediation. That is just unbelievable when there is a group of bullies, essentially. Is that something that you think needs to be changed from a structural point of view?

Witness 1: Yes. This person's title was [REDACTED], so I would think if you are the [REDACTED] you would probably know that. I had to actually then go on and complain again to get him spoken to. They said, 'He would like to apologise to you. Would you like that verbal or written?' I said, 'You can give it to me written, because it's the only one I'll get.' And I did get that. But it should not have even happened. This is supposed to be a professional organisation, and they are supposed to be looking after us and supposedly being trauma oriented as well. It is an absolute disgrace to think that an organisation that is supposed to be about looking after people declines to look after its own people.

Renee HEATH: To be so reckless and intentional, in a sense.

Witness 1: Yes. And if you do speak up, you effectively are punished for it: 'Don't mention the war. Don't knock the status quo. Everything is fine, particularly when we've had a VEOHRC review and we're doing all this and that.' Nothing has changed.

Renee HEATH: Yes. Thank you so much. Just in closing, you have said a few times, 'I'm so naive for this.' You are not. That system – that culture is wrong. The problem is not you being naïve, so hang in there and stay strong.

Witness 1: Thank you.

The CHAIR: Thanks very much. That concludes the questions from us as a committee. I just want to really thank you for your time today. I know it has been a challenge, but please know that we have heard what you have said.

Witness 1: Thank you. I feel like I have rambled a bit. Sorry about that. I find it is sometimes hard to – since it is a big effect this has had on me, even though I can do my job, trying to probably discuss stuff –

The CHAIR: To put it into words sometimes can be hard.

Witness 1: and put it into words and stay focused on some things about that, it is –

The CHAIR: We really appreciated today. Thanks so much. We will close the session now, but thank you again.

Witness 1: Thank you. Thank you for the opportunity.

Committee adjourned.