# 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** *(via videoconference)*

Witness 3.

**The CHAIR**: Welcome today. We will make a start so we can get the show on the road. The first thing that we will do is go through everyone here on the call. I am Joe McCracken. I am the Chair. We will go through the people here in the room and then we will go through the people that are on the Zoom call with you as well.

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

**Georgie CROZIER**: Georgie Crozier, Member for Southern Metro and also Shadow Minister for Health and ambulance services.

**Jacinta ERMACORA**: Jacinta Ermacora here, Member for Western Victoria Region. Hi, Witness 3.

**Rachel PAYNE**: Hi, Witness 3. I am Rachel Payne, from South-Eastern Metropolitan Region.

**Renee HEATH**: Renee Heath from Eastern Victoria Region.

**Sarah MANSFIELD**: Sarah Mansfield from Western Victoria Region.

**The CHAIR**: Perfect. Thanks very much. I am just going to read this out.

All evidence that is taken at this hearing today 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 or territories. However, it is important that you know that any comments that you make in this hearing, including effective repetition of what you have said in evidence, may not be afforded that same privilege. Basically, what that means is that if you say something in here and you repeat it outside, you are not protected by parliamentary privilege. It is also important to note that any action which seeks to impede or hinder a witness or threaten a witness for the evidence they would give or have given may constitute and be punishable as a contempt of Parliament.

We are recording all the evidence and will provide a proof to you of the Hansard transcript so you can go through it and see if there is anything that looks a bit funny and that you might want to correct.

For the record, can you just state your full name and any organisations that you are appearing on behalf of.

**Witness 3**: Witness 3, just on behalf of myself.

**The CHAIR**: On your own behalf – beautiful. What we will do is ask some questions. We know that you put a submission in. We will take that as read, but if you would like to give any opening statement before we ask questions, you have got time to do that now. It is over to you.

**Witness 3**: Hello, everyone. My name is Witness 3. I live and work in regional Victoria [redacted] of Ambulance Victoria. I am a registered paramedic practising at advanced support level and have spent much of my career with my home branch about 50 minutes. I have worked for Ambulance Victoria since 2017, when I moved interstate to accept a position as a graduate. My whole career has been spent serving the regional Victorian community, and being a paramedic has formed the majority of my adult life. I am also a mother of two, with both of my boys being born whilst working for Ambulance Victoria, and I have navigated new motherhood, parenting and being an emergency services worker with the support of my colleagues, who have become my closest friends.

Ambulance is a truly unique job – not one day is the same – spent with enthusiastic and passionate colleagues that drive you to be better and challenge you in ways you never thought possible. We see life in all its stages, in all its beauty and also in all of its ugly. It truly is the best job in the world.

My submission to the inquiry was inspired by my experiences working for Ambulance Victoria. As most young girls growing up in Australia, I was raised to aim high and told that girls can do anything that boys can do. You can imagine my surprise upon entering a professional workforce, one based in caring for people, that the reality is anything but that for women and caregivers in our service. Despite what is posted on social media

and how our workplace is marketed, those who have children, who take on caregiving roles and who must take up flexible work arrangements for other reasons are treated with disdain and as if they are a burden to the workforce. This pervasive attitude of upper management often comes at the taxpayers expense.

I have collected the data from my region since the start of the year, which has been updated since my submission, and it shows the following shifts were advertised for overtime. There were 276 day shifts, 85 afternoon shifts and 303 night shifts until yesterday, so from January to yesterday. That is not even considering the almost 770 recall requests that were made when additional staff were needed in addition to regular rostering. With these numbers in mind, one would assume any staff asking for FWA hours would be approved, as these vacancies occur on every day of the week. During negotiations, however, the answer is almost always no, and one must fight tooth and nail to even get the semblance of a reasonable roster.

This is not just my experience. A close friend had her original roster proposal rejected. She sent multiple different rosters back, all of which were rejected. Eventually, in sheer frustration, she asked them just to send her what worked for them, and they did. When she opened the file for the proposed roster, she realised they had sent her her original roster proposal, which they had rejected four months earlier, so she had been exposed to increased stress, pressure from management and the inevitable guilt tripping that they peddle, regarding needing to pull her weight and contribute meaningfully to the service, for nothing, as the whole time they had been able to accept the proposal.

A woman I studied with left ambulance altogether after her first child as she could not cope with the return to work and FWA process. Our service lost her six-plus years of experience and 100 per cent of their financial investment in her because of their failure to adapt to a modern workforce. Another mother who has left this service in favour of a more supportive state offered to do every Wednesday night, which in our area is a notoriously difficult shift to fill. She was rejected and asked to do an afternoon shift on the same night, which she was not able to do, so they cut her shift altogether. She was then forced to pick up the previously proposed night shift on overtime because she needed the pay, and she had warned them that she would do this, and they were happy for her to pick it up on overtime rather than give it to her at a normal rate of pay regularly.

These ‘No because I said no’ and ongoing deeply disturbing attitudes that mothers and caregivers in the service are a burden are literally costing the Victorian community money and experienced clinicians, and it is not just caregivers who suffer. Paramedics who have devoted 20 and 30 years to this service are being treated like they are a nuisance and would be better off retiring than to have an FWA to support themselves. These more experienced staff members, both male and female, are institutions in and of themselves and are irreplaceable. They are the calm hand on your shoulder in your first big job and the quiet ‘It’s okay not to be okay’ after your first paediatric arrest. They teach you how ambulance actually works outside of policy and guideline.

Who suffers because of the premature loss of these paramedics? The Victorian community. You cannot replace knowledge with inexperience, and you cannot retain staff that are fundamentally unappreciated by their employer. We have been calling for a change to the FWA process, for changes to the dispatch system and for improvements to our safety for some time. We have provided examples of cases to management, had a full-on VEOHRC review, collated data and lodged HSES forms, and nothing is done or we are blamed. At its core Ambulance Victoria cannot thrive when its management fundamentally dislikes its staff to the degree it currently does. Thank you for your time and the opportunity to present.

**The CHAIR**: Thanks, Witness 3. We will go through the questions. I will start off, and then we will go through people in the room, and then we will do the ones on the call. I have had a look through your submission, and you talk about the use of taxis, I think, at one point in there. Can you explain a bit more about that?

**Witness 3**: Yes. I will give you an example from my FWA. There are two ways that you can have an FWA. The first is a flex FWA. They give you a slightly higher rate of pay, I guess, and you do all the driving in your personal vehicle in your own time within the boundaries of our EBA. The other type is a fixed one, which is you start and finish at your rostered start time at a branch, and you can elect to take your car but the service is required to either give you a vehicle or book a taxi to drive to vacancies. For example, if I was to drive, say, from our branch in [redacted] on a non-flex shift to [redacted], Ambulance Victoria is charged the taxi fare down if there are no ambulances available in [redacted].

**The CHAIR**: That could cost quite a bit.

**Witness 3**: Yes. This is actually relatively recently, within the last six months – maybe a little bit more than that because I was negotiating my FWA. But my husband was rejected from having a month of flex fare essentially, and he did not want to take his ute because it is too big to drive. So he got them to book him a taxi, and all up the taxi fare there and back cost AV about $460, $490 from memory, for the taxi fare, when they could have paid him I think at the flex rate, which is maybe – you would have to check with the VAU representative, which I am sure you will talk to. I think it is about 100 bucks a shift for the flex.

**The CHAIR**: So the difference, if you extrapolate it out over the course of a year, would be extremely significant.

**Witness 3**: Yes, for those on FWAs who regularly work there, it is very expensive. So instead –

**The CHAIR**: I was going to ask you too – sorry to interrupt. But you also mentioned the – I do not want to say 'pushing' – encouragement of overtime work as opposed to other shifts. I think you said in your submission that if you do an overtime shift it does not count towards your leave entitlements accruing. Is that correct?

**Witness 3**: As far as I am aware. For me, just say I do two normal shifts, that goes towards my leave and stuff. If I pick up overtime, that shift is not something that is counted towards the regular hours that I would work in my defined benefit super or if I was to retire. They do the last two years of how much you work, but overtime is not counted as the hours worked, and I do not accrue more leave because I do a regular shift every month or whatever on overtime, as far as I am aware. Again, you will have to double check with the VAU.

**The CHAIR**: That is all right. We are talking about your experience, so that is fine. Lastly, you talked in your submission about bullying, harassment and those sorts of things and things being negotiated verbally but not put in writing. Can you talk just quickly about that?

**Witness 3**: I kind of call it in the shadow of the FWA process. You might get a rejection, for which they do not necessarily follow the outlines on the Fair Work page. They have a very specific, 'This is how you reject an FWA.' What they will just do is they will say, 'We can't support your FWA,' so they will verbally tell you it is because you are not really pulling your weight –

**The CHAIR**: But they will not put that in writing, really.

**Witness 3**: They will not put that in writing, so then you have to fight. For example, for my FWA that I did last time they told my husband that it was too expensive to have my FWA, but they did not put it in writing for about four or five months. We had had a stage 1 meeting. I had been paid to do a stage 1 meeting because you get paid to attend work on your day off – huge amount of stress, lots and lots of back and forth; eventually they put it in writing that they had never costed my FWA when they rejected it. Then I said, 'Can you just specifically tell me what's wrong with my FWA, because this is five months of negotiations and you've said you can't support it, but I don't know why you can't support it. I've provided you with evidence, I've supplied you data and I've costed it to the best of my abilities. What's going to actually get this across the line?' It was only at that stage that they provided me with, 'These are the shifts that don't work.' A lot of it is they will say to you verbally on the phone, if you have got a partner in ambulance – that is quite common; I have often had my husband used as a sounding piece for whether I will accept something. I mean, he has been told to make me keep my mouth shut. That was in the lead-up to the review. Often things are done where you cannot really –

**The CHAIR**: Indirectly.

**Witness 3**: Yes.

**The CHAIR**: I might pass it on, because my time has run out. I will pass it to Mr Batchelor. Thank you.

**Ryan BATCHELOR**: Thanks, Chair. Ms Witness 3, thanks so much for your evidence today, appearing and your submission. Your story of flexible work is pretty horrific in trying to get something that the *Fair Work Act* sets out as being a right to request. In your experience and in what you have been told – I am trying to unpack why things are happening so we can try and figure out how to make recommendations to fix them – do you think it is a problem with culture, do you think it is a problem with policy or do you think it is the way the

operational resourcing model works that contributes to the way that requests for flexible shifts or shorter shifts or what have you are treated so dimly by AV's HR?

**Witness 3**: I think it is culture and policy maybe a little bit. Most of the issues that we have are our surrounding people. Our managers do not understand the *Fair Work Act*, so when I do my grievance meeting, I will print out the *Fair Work Act* and I will bring the paperwork in and I will say, 'This isn't my opinion. You need to have replied by 21 days,' and they will say, 'I get you feel that way.' I am like, 'No, no, no; here's the legislation. This is the specific wording. You needed to do that; you haven't done it, so you haven't filled your requirement' and then they will be like, 'Don't get like that. Don't get all upset. It's all right.' Then I am like, 'I'm not trying to get upset, but this is four, five, six years into arguing with you every 12 months. It's frustrating, and I've explained to your predecessor and to your predecessor's predecessor that this is not how things are supposed to be negotiated. I've sent you guidelines. I've sent you all of this stuff, and you're still blaming me for needing a flexible work arrangement, even though I've given you the evidence and the data to say that my FWA is needed by this region.' So then they will be like, 'Oh, okay, well, we'll introduce stuff into policy', like it is now part of the policy that FWAs need to have 25 per cent of their shifts – I think 25 per cent – need to be night shifts. So if you send in an FWA and 25 per cent of the shifts that you work are not night shifts, they will advise you to cut day or afternoon shifts to boost the percentage of the night shifts. And as I have shown you, we have got plenty of –

**Ryan BATCHELOR**: Vacancies everywhere.

**Witness 3**: Yes.

**Ryan BATCHELOR**: I understand the last EBA had some better provisions in it requiring more flexible rostering, particularly to help promote gender equality. Has that just not translated into practice at all?

**Witness 3**: I think generally that is what we find. I think that what is written down on paper is not how it works from a management perspective. The managers do not view it with the flexibility they need to. I think VEOHRC in my opinion – which might be controversial – just gave them the education to be politically correct in the way they screw you over. They do not even know their region. They do not know the name of the ambulances. A lot of them are from Melbourne, for example, which is not a bad thing, but when I say 'You need these shifts because the Wednesday night shift is a second night shift, and lots of people drop that' – you need someone to come in. You need more people, say, on a Wednesday night, even though it is a weekday night; they will not know that. And so then I am sitting there having to negotiate and argue with them about certain things that they just – I do not even know how really to put it into words. It is like there is what they are supposed to do; the legislation and their policy says, no, you need to do this and be decent managers. But they do not want to do that, because they do not view us as assets to the service. We are just an issue. And whether it is me being a mum, whether it is some of our most experienced clinicians when they leave, they would rather we, in my opinion, just leave and get new graduates in. But then the problem with having new people is you lose the experience base, and that obviously poses patient safety issues.

**Ryan BATCHELOR**: Thanks.

**The CHAIR**: Thanks. I will pass it on to Ms Crozier now.

**Georgie CROZIER**: Thank you so much for being before us this afternoon. It is really enlightening evidence that you are providing from your perspective, Witness 3. Can I ask: I want to just follow on again around the experienced staff leaving, and I think you said the experienced staff provide supervision for those that are less experienced and provide support and mentoring, which is a really important aspect for anyone working in a high-pressure clinical environment like you do. I would love to just hear from you a little bit more on that in terms of how many staff you have seen that have left and the gaps and whether you feel that it is putting patients' lives at risk because you do not have that backup from experienced staff.

**Witness 3**: Yes. I guess I can give you my personal experience. I started in ambulance in 2017. The most inexperienced staff member I worked with in my graduate year was six years qualified, currently doing the MICA course at the time, so extremely qualified. Nowadays we have got graduate paramedics working with AP 12s – people who are within 12 months of qualification, so they have got their 12 months of their graduate program and they are within that second 12 months.

**Georgie CROZIER**: Okay. So is that now the norm?

**Witness 3**: In my opinion, that is the norm in our region for the vast majority of cases. And I know that in metro it is even worse. I was very lucky to start in rural, because when I started in rural and had experienced clinicians, that was already going on in metro.

**Georgie CROZIER**: That to me is really alarming – that you are saying that those very junior paramedics are then providing that experience to very, very junior paramedics, and therefore that is not a good outcome for patients.

**Witness 3**: No. And the thing is, you do not know what you do not know. You might know all the guidelines, but if you have been with someone who has been on the job for 20 years, they have seen pretty much everything. So they will go, 'Look, I know that right now you think that this is the way this is going to work, and that's what the book says: this is how this treatment pathway is going to work. But I've treated 400 people this way, and this is not how it actually works in the real world, so let's do it this way.'

**Georgie CROZIER**: I think that is a really critical point. I would like to understand: you are saying that is in your region, but when you are talking to your colleagues from around the state, is it their same experience as well?

**Witness 3**: Yes. The vast majority of people – sorry, my toddler is outside. My child was not supposed to be home, but now he is.

**A member**: We have all been there.

**Witness 3**: The vast majority of people that I trained with during my graduate program were very jealous that my clinicians were so experienced – in 2017. And now I am currently working in Bendigo central, and we have got graduates who occasionally will have an actual qualified clinical instructor; the vast majority of the time they are not even qualified clinical instructors they are working with.

**Georgie CROZIER**: I have got loads more questions; I am fast running out of time. Is ramping still a massive issue?

**Witness 3**: In Bendigo it has gotten better over the last few weeks, I would say over the last six weeks, but up until the change –

**Georgie CROZIER**: It was still a problem?

**Witness 3**: Yes – I mean, yes and no. I definitely think it has gotten better in the last probably four or five weeks, I would say. But long term, you know, the change of seasons brings different things, so I would not want to commit either way to whether it is fixed or not.

**Georgie CROZIER**: Thank you very much.

**Witness 3**: That is all right.

**The CHAIR**: I will now pass on to Ms Ermacora.

**Jacinta ERMACORA**: Thank you very much. And thanks for your contribution, Witness 3. It is me here. Look, I think we have got universal acceptance that diversity and inclusion lead to better decisions, whether that is in operational teams or whether it is in governance teams. So I think we will take that as a given. But given that there is rostering resistance to making flexible workplace arrangements for you, would you take that as resistance to diversity and inclusion? Whether it is deliberate or not, that is how it –

**Witness 3**: I think there are different types of sexism, and I think hopefully, most of the time, that old-style, blatant, in-your-face sexism is gone. But also institutionally Ambulance hired a whole bunch of women and then were like, 'Oh, hang on – you guys have children? What? What do you mean? Now you're going to have to be on flexible work arrangements. Oh, that's so inconvenient for us.' Whereas you look at other areas of the health sector, say, like nursing. They have had different rostering and staffing patterns for forever because women have always been traditionally involved in nursing. So I do not necessarily think all the time it is

malicious, but when they started employing women in Ambulance 30-plus years ago, they did not actually ever go, 'Well, as our population changes and as more women are in the workforce, we might actually have to fix our rostering.' They have had a long time to prepare, but they just never did. And I guess –

**Jacinta ERMACORA**: Would you say perhaps one recommendation from this inquiry could be that even though the policy space is supportive of diversity and inclusion, the rostering system, as it is at the moment, should be better structured to reflect that acceptance?

**Witness 3**: Yes, I think so. Especially in regional Victoria we do not have FWA trucks or anything like they have in metro. It is very much different.

**Jacinta ERMACORA**: Thank you. And just to jump to the uniqueness of each region, I think you were saying that Wednesday night – I am from Warrnambool – is a big night out in Warrnambool historically, not so much now. So if Melbourne are doing the rostering, they would not understand that that is sale day and it is a busy day that day and they should put more on. So would you say also the same needs to apply to unique community service needs – community needs on a place basis?

**Witness 3**: Yes. Back when I started they had rostering – team managers and stuff were more in control of rostering. Now it has kind of gone towards Melbourne. It is the same a little bit for leave as well. And then having management come up, often living in Melbourne – which is fine; you can commute – a lot of them have never lived and worked in the community and do not understand the specifics of, say, on Wednesday night lots of people dropping shifts because it is the second night shift or Sunday night being very difficult because they do not know their ambulance service and they do not know the specifics of shift patterns and which people work there – whether they are majority families who live at this branch. So that is where we find issues, where it is externalised or moved down to Melbourne. Does that make sense?

**Jacinta ERMACORA**: Yes, thank you. A lot of organisations have targets of achieving 25 per cent to 50 per cent of their staff on flexible arrangements because of the benefits of it, and not all those people need to be women either. Some organisations achieve flexibility for men so that they can take on more caring responsibilities, like finishing at 3 so they can pick up the kids. Would you say that is something that should happen within Ambulance Victoria?

**Witness 3**: Yes. I think there are obviously really unique pressures within emergency services in terms of them being 24-hour services. You cannot just be like, 'Sorry, mate, I know you've been in a car accident, but my shift ended, so see you.' There are those kinds of things that you need to take into account. But also, it is not just parents; it is the guys who have done 30-plus years of night shifts. I think it is pretty fair for them to need to do some day shifts towards the end of their career, and we do not want to lose all their experience. They can still provide value by doing day shifts. Do you know what I mean? It is not just parents, it is also – you know.

**Jacinta ERMACORA**: I know my time is up, but I just want to say that if you need to do something with your children, I am sure the committee could have you back in half an hour.

**Witness 3**: No, that is all right. My husband has gone back out, so he is all right.

**Jacinta ERMACORA**: Thank you.

**The CHAIR**: Thank you. We will pass on to Dr Heath now.

**Renee HEATH**: Thank you, Witness 3. It has been very good to hear from you. One thing that you mentioned that I just found so strange: you and your husband are both paramedics, and it seems that HR, or whoever you were talking to, would use your husband as a middleman rather than speaking directly with you, regardless of the fact that you are equally qualified and a health professional in your own right. Is that correct? Did I understand that correctly?

**Witness 3**: I would not say the HR-trained specific staff. It is more the ambulance management side – the people who are paramedics, essentially. It has generally been them who use my husband. Maybe they might call him and ask him, or they might bump into him at work and be like, 'Do you think Witness 3 would be happy to do this?' Probably for me, because my partner is an ambo, they have that opportunity. But I do think

sometimes that kind of speaks to the view that, I guess, my husband is my keeper, which I think is a little bit outdated.

**Renee HEATH**: It is a little bit outdated, I would tend to agree with you. Speaking of the word 'outdated', you said how the whole system is a little bit outdated and there has been an inability to adapt to a modern workforce. One recommendation that somebody else spoke about earlier in the day was potentially 5½-hour shifts, so you could get more of that younger workforce in. Is that something you would find beneficial?

**Witness 3**: I do not know. I really like the long shifts, and I like night shifts, which is a very controversial [inaudible]. But I think just generally they need to be more innovative with how they come up with –

**Renee HEATH**: Rostering.

**Witness 3**: They cannot just have 10-, 12- and 14-hour shifts. That just does not work anymore. And it does not work for all of the reasons – dispatch. It does not work because all ambulance work has just increased crazily. We are like the sounding board of the health system. Everyone needs us, and we are used by everyone, so the way ambulance works, those shifts cannot just be as rigid as they are. They do need more flexibility with shorter shifts.

**Renee HEATH**: Yes. Okay – with shorter shifts. Maybe that is one option.

**Witness 3**: Yes.

**Renee HEATH**: The other thing you mentioned was that some of your colleagues have 'left for more supportive states'. Those were I think the words you used.

**Witness 3**: Yes.

**Renee HEATH**: Is it a view that Victoria is a harder state to be an ambulance or a health professional in and there are other states that are doing it better?

**Witness 3**: Again, I can only speak from my experience.

**Renee HEATH**: That is fine; that is all we expect.

**Witness 3**: I was a baby ambo in Tassie, and we had a lot of Victorian paramedics who left and came over to Tassie when they decided to have kids. There are lifestyle factors – Tassie is a nice place to have kids. But my friends who have left for places like Tassie – I remember she was like, 'You'll never guess what happened.' I was like, 'What?' She was like, 'My manager called me and was like, "So, what do you want to do?"' She was like, 'What do you mean?' He was like, 'What do you want to do for your work? How do you want to structure it with your husband? You just let me know, and we'll pencil that in.' That does not happen here. I think Victoria is, I guess, very, very structured and rigid and very resistant to change, in my personal experience.

**Renee HEATH**: Thank you. That is all my questions as well.

**The CHAIR**: Thank you very much. Dr Mansfield.

**Sarah MANSFIELD**: Thank you. Thank you so much for your submission and your evidence. I was interested in your submission about the comments that you made about the mobile data terminal issues in rural areas, and I would love it if you could explain that a bit more.

**Witness 3**: You have probably seen the *Paramedics* TV show. They have got that data terminal in front of the ambulance, so they can scroll through CAD notes, they can read the input from the call taker and the dispatcher. In rural Victoria we do not have that at all. We have no way of knowing any scene information other than what the dispatcher tells us. Quite recently – as in the last couple of weeks – we got sent to a scene, and the only information we were given was 'There's a patient on scene who's suicidal with a knife. There are police on scene'. So we drove to this case. If you had access to the CAD notes, you could see the police have marked 'arrived' or police have been dispatched; you would be able to see whether they have actually arrived and said it is safe for you to proceed. We do not have access to that. When we arrived upon scene there were no police and there were two men in a dark driveway, and we then had to hightail it out of there. When we talked

to the comm centre again they were like, 'Oh, sorry. No, they were dispatched.' Without access to that CAD information, we cannot read that the caller is verbally aggressive or actually it is not 12B, it is 12A. We do not get any of that information; we solely rely on the dispatcher verbally over the radio. If they have any time pressures – which they do, because they have got KPIs – they might miscommunicate that or fail to communicate at all, and then we are put at risk by that and, I guess, the community, to that extent.

**Sarah MANSFIELD**: How long have you been asking for those for?

**Witness 3**: Since before I was in ambulance. We had a trial in 2017 for six months of a phone with the CAD data, and that trial for whatever reason was unsuccessful. I do not know why, because everyone who used it loved it. Since then they have been like, 'Yeah, one day we'll get it,' but we have never got it in rural –

**Sarah MANSFIELD**: And this is something that is standard issue in metro?

**Witness 3**: Yes. All metro ambulances have an MDT, which is the data terminal. We do not have it in rural.

**Sarah MANSFIELD**: Do you know what the barrier is in rural?

**Witness 3**: No. They say stuff to us like 'It doesn't work up here', which is not correct, because when metro ambulances come up to cover vacancies or whatever, it does work up here. I would assume it is cost or something or just the remnants of that left over from when it was metropolitan ambulance versus rural. Up until very recently – and they are still rolling out the new radios – we had radios where some of them were in service when I was in primary school, so they are very, very outdated. It is just like that rural and regional divide kind of thing.

**Sarah MANSFIELD**: We heard earlier from witnesses who talked about the challenges with staffing as well in rural areas, so it is not uncommon for one paramedic to be going out alone in some areas. Do you have any reflections on that?

**Witness 3**: Yes. In our area we are increasingly seeing ACOs – our community officers – filling vacancies that should be filled by ALS paramedics and then also ALS paramedics filling vacancies that should be filled by MICA paramedics. At the end of the day we really appreciate the ACOs, and I am sure our MICA colleagues appreciate having a second person for safety. But you need a suitably qualified person to fill a shift, and that is just not happening. And it is the same with those very regional spots – they are on their own and it is a safety issue, but also they are on their own clinically, so they are not having that second person to bounce ideas off. That is why Victoria has such a good ambulance service, having a dual paramedic or dual MICA.

**The CHAIR**: We have just run out of time, Ms Mansfield, so I will pass it on to Ms Payne.

**Rachel PAYNE**: Hi, Witness 3. Thank you for presenting before us today. I actually also have some questions on the NDT, so thank you for going through that. I am actually appalled that in this day and age of apps there is not some sort of accessibility there for you, particularly to mitigate those risks. But what I might do is just go back to – you made some interesting points about the flexible working arrangements, and you talked about your experience around how you have had to advocate for yourself and trying to work out with your manager what process would be best fitted for you. I wonder: can you just talk us through what some of the options for mediation or review of FWAs are and what your experience has been there?

**Witness 3**: Generally speaking, you just get – they are supposed to negotiate with you in good faith prior to 21 days, but that does not happen. Sometimes you will get a letter on the 21st day like: 'We're unable to support this.' Then it is up to you to really go, 'Well, hang on, I really need this, and here's the data, here's everything that I've pulled,' and they are just like, 'No, no, no, no, no.' Even when you are very specific – I am very specific. I am like, 'No, I'm asking you to provide me the reasonable business grounds, and I want them specifically relating to my FWA.' It takes months and grievance meetings to get that information, because they know that they do not have the information. They have said no because they have said no – this attitude of 'Well, we're not going to give it to you.' Another thing that they are doing now, which is so silly – our FWA committee apparently is not reviewing the application and the roster pattern together, so they are just rejecting the roster pattern. One of the tenets of the FWA process is weighing the cost to the employer versus the cost to the employee; you cannot do that if you have not read the application. So that is where we are having problems, because in my application I include all of this data. Then in the last meeting that I had before I got this FWA

approved, one of the managers commented, 'Now that you've provided all this data to us, this makes perfect sense.' I am like –

**Rachel PAYNE**: So you had to do all the work, yes.

**Witness 3**: I provided you this data five months ago. You just did not read the application because you now no longer review the application and the roster pattern together, which is insane.

**Rachel PAYNE**: It sounds like there are certain processes in place that should be followed but they are not necessarily followed, and that is including you receiving a rejection in writing and that appeal process. If someone is not that confident to advocate on behalf of themselves, they would probably just not receive that sort of agreement. Is that your view?

**Witness 3**: Yes. They will agree to the FWA but then use sick leave or, if they run out of sick leave, because they cannot work – say, my friend who has moved interstate could not do a Wednesday afternoon because afternoon included school pick-up. She could do a night; she could do the full night shift. It was just the timing period of her husband working a day shift and her working an afternoon that meant no-one was available to pick up the kids. So the issue with their lack of flexibility, the fact they do not listen, that they do not want to provide – they do not want a solution; they are happiest to just cut you if you do not sit there and argue like a dog with a bone. And it comes back to bite you. You do not get as many opportunities because you have to be – not hostile, but you do have to be very assertive, which they do not like.

**Rachel PAYNE**: Do you think this is just within Ambulance Victoria? You have mentioned experiences in other states or that you have friends who have had similar experiences in other states. Is this across the board within the sector, or is it just something that is noted within Ambulance Victoria?

**Witness 3**: I think Ambulance Victoria is a special beast. I think it is very well known for it, because they are very brazen with it. Friends that I have had in Queensland and in Tassie have had easier times with negotiating. I would not be confident in saying 100 per cent it is only Ambulance Victoria. But originally ambulance has its origins in the military, and for the vast majority of ambulance history it has been a male-dominated workforce.

**Rachel PAYNE**: Really helpful, thank you. Thanks for your time today.

**The CHAIR**: Thanks so much, Ms Payne. That brings an end to the questions. Witness 3, thanks so much for your submission and also the questioning today; it is really much appreciated. We will call this session to a close.

**Witness withdrew.**