

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

Witness 4.

The CHAIR: Thanks very much for coming in, Witness 4 and – sorry – [REDACTED], is it?

[REDACTED]: Well done. [REDACTED], support person for Witness 4.

The CHAIR: What we will do is an introduction of everyone here. There are a few people on the Zoom call as well, and they are appearing remotely. I have got to read a few things out, and then we will go through the process of getting it started. I am Joe McCracken. I am the Chair, and we will go through and introduce the rest of the committee.

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

Georgie CROZIER: Hello, Witness 4 and [REDACTED]. Georgie Crozier, Member for Southern Metropolitan Region, also Shadow Minister for Health and ambulance services.

The CHAIR: Renee Heath is online, and she is going to be driving at the moment. We have got Ann-Marie Hermans.

Ann-Marie HERMANS: Hello, Witness 4. Thank you for coming – and [REDACTED], was it? I am a Member for the South Eastern Metropolitan Region.

Rachel PAYNE: Hello, my name is Rachel Payne, also a Member for South Eastern Metropolitan Region. Thanks for presenting for us today.

Jacinta ERMACORA: Hello, thanks for coming. Jacinta Ermacora from Western Victoria Region.

The CHAIR: Perfect. Thanks. I think we have got Dr Mansfield as well. Is Dr Mansfield there? She might have dropped out, but she might come in too. Dr Mansfield is a Member for Western Victoria as well. She might come in during the proceedings. I will just read this out.

All evidence taken at this 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 states and territories. However, it is important for you to note that any comments that you make outside of the hearing, including effective repetition of what you said in evidence, may not be afforded that same privilege. Basically, what you say in here, if you repeat it outside, you do not get the same protections as when you say it in here.

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. I also remind others attending the hearing that you cannot disclose what each other has said and that sort of thing.

We also do provide the *Hansard* of the transcripts, so you will get an opportunity to read through that and review it, and if there are any things that you want to make corrections to, you can do that and send it back too. Just for the record, could you just please state your name and the organisations, if any, that you are appearing on behalf of.

Witness 4: Witness 4, and I am an individual representative.

The CHAIR: Beautiful, thanks for that. We have read your submission, Witness 4, so please take that as read. But before we go into questions, we want to give you the opportunity to give any words that you might want to to the committee before we fire away, so I will hand it over to you.

Witness 4: Thank you. I have tried to keep it short and concise, but it is a bit longer than I had hoped, so just let me know if I am running over time and I will try and condense it. But I would like to start by saying I would like to thank the Legal and Social Issues Committee for inviting me to provide in-person evidence today.

Before I start, I would like to say that the limited time may make it difficult to convey the serious nature of my treatment by Ambulance Victoria and that the level of trauma from the PTSD diagnosis has left me with a dissociative state, which means that I may not display the emotions that one would expect from the examples provided in my evidence. The evidence today will seem robotic and pre-planned. This is just an example of how badly the effect from AV affected my ability to feel and express emotions. I hope that the lack of emotion will not detract from the validity and the seriousness of the evidence that I provide today.

As the committee is aware, the treatment by Ambulance Victoria towards me led me to attempt to take my life in April 2021. I was in ICU for three days. I required three weeks of electroconvulsive therapy, long-term outpatient mental health therapy and ongoing psychiatric care, all at my expense. During my recovery I had instances where the nightmares were so bad that my blood pressure would spike at night, which in one instance caused a burst capillary in my eye, leaving me with temporarily reduced vision. I have not been able to get a good night's sleep without strong medication since the bullying started in 2014. Those medications have nasty side effects which have precluded me from continuing down these routes and using those medications long term. Up until late last year I was having daily suicidal ideations and dreams about going back to Ambulance Victoria headquarters and slitting my wrists not just because of what had occurred, leading to a long-term mental health injury, but because Ambulance Victoria appeared to be continuing to hinder me outside of my employment post time at Ambulance Victoria. I am lucky enough, though, that I found the medication that has all but eliminated my suicidal ideations. It is not on the PBS, and now I call it my \$140-approximately-a-month subscription to life, out of pocket.

Nevertheless I feel AV has really turned me into a broken human being. Throughout my time at Ambulance Victoria I started to develop the perception that unofficial criteria had been added to the inherent requirements and key selection criteria of the role of paramedic. It appeared to me that a key selection criterion required that if an employee was not fit to be bullied they were not fit to be a paramedic. As my career progressed I felt like the criteria expanded so that if an employee was not fit to be bullied, harassed, sexually harassed or sexually assaulted they were not fit to be a paramedic in Ambulance Victoria, and that was based on the stories that I was hearing from my colleagues.

Now, post VEOHRC volume 1 the then Ambulance Victoria CEO stated there that there had been a sort of lack of reporting, because people had not felt that it was going to make a difference or they did not want to be singled out. I had sometime earlier written to the CEO with multiple pages of allegations, and nothing had happened. [REDACTED] was right in saying that it was not going to make a difference, because in my case everything I did to try and raise these issues and have them resolved did not make a difference. To this day I feel personally betrayed by [REDACTED] and Ambulance Victoria, and I felt this statement was another attempt to publicly divert the actual issue of AV being aware and turning a blind eye to saying, 'We weren't aware, because people were scared.'

Multiple paramedics have told me that I had been singled out when I shared some of the experiences that I had gone through or provided review for the general progress reports that were written about me. I will try my best to summarise the most pertinent of those events; however, to truly gain an appreciation and understanding of what has occurred would take hours, unfortunately. My time started with Ambulance Victoria in 2013, with allegations of bullying reported to AV in 2014. WorkCover investigated the complaint and accepted the claim. Ambulance Victoria, however, dropped the investigation because the clinical instructor, the person who was assessing and training me, resigned. It was thus AV's position that the allegations were unsubstantiated and could not be used as a mitigating factor as AV resumed the performance management process; AV human resources declined to acknowledge the difference between unsubstantiated and uninvestigated.

Further examples of misconduct during my time involved an incident where a clinical instructor, witnessed by a clinical support officer who is a senior MICA paramedic, had told me that I had been terminated by AV, and they just did not want to tell me before Christmas, as AV were afraid that I would go to the media; this was despite having a signed letter from AV stating that I had more time and extra months to meet the goals set by AV. When this was brought to the attention of Ambulance Victoria, AV did not investigate if the clinical instructor had made up what had been said or if the group manager had actually told him the decision had already been made. I believe that in either situation these behaviours would be bordering on serious misconduct, if not misconduct, and that has left me with a deep, deep scar.

Transferring from the rural region to the metro region brought its own set of challenges which AV would not take into account in the performance management process. Interpretations of the clinical practice guidelines varied. As an example, we have a drug called methoxyflurane – it is the green whistle, for those who do not know – and it was commonly used as a frontline medication in the rural area for analgesia, against what the CPGs were. Then I came into metro where, no, it was an absolute last-line drug. You cannot use it until you have exhausted all other options. So going from being berated or receiving negative feedback in rural for not using methoxyflurane straight up and then coming to metro where I was using methoxyflurane straight up and being berated and marked down for that caused a lot of inconsistencies, and it took a toll on my performance and mental health. That is just one example.

The CHAIR: Witness 4, I will just interrupt you, and I do not mean to be rude – we have probably got about 5 minutes. I want people to be able to have the opportunity to ask you questions as well, so I will just highlight that for you, sorry.

Witness 4: No, that is okay. Just briefly, there were examples where I was working in the city and AV said if we could not keep you in the city, where would you want to go? My partner worked at Casey ED at the time, so I said anywhere in the south-eastern suburbs so that we can get on with our lives and build them. AV instead moved me to Footscray with no explanation, in the opposite direction. This was a contributing factor to the breakdown of my relationship with my partner. We had examples where AV policy, I felt, was that in terms of driving the ambulance, your paramedic offsider is supposed to navigate you to the job as a matter of safety because you do not want to be distracted driving to a job and thinking about the route, so you have someone to offload that task to. For a good deal of time that was how it was done, but then I had one clinical instructor at Footscray who started disciplinary and marking me down on my performance for following that accepted practice. The next month, I worked with another clinical instructor, and I tried to practice that skill, knowing I would go back the next month to the original clinical instructor. He told me to stop doing that; it was unsafe and not to continue on with that behaviour, so I did. And then, returning to the original clinical instructor I was marked down again and berated, essentially, for not practising that skill with the CI who would not allow me to. I did raise this with AV on multiple occasions with my direct line manager, and the CI was always supported over the safe working practices, and I have since confirmed with a senior MICA paramedic who was an HSR and a driver standards facilitator that, in fact, I was correct and it was appropriate for me to offload the navigation to another paramedic.

Again, this example was one of the 33 incident reports I submitted to the committee. I do not think the response by the head of the professional conduct unit actually addressed the issue raised, and I am concerned that these 33 incident reports are still unresolved at this time, despite AV saying, ‘No, we’ve resolved them, we’re not talking about them any further.’ In the multiple times I have tried to address those issues with AV, I have always been shut down with, ‘No, you can’t talk about it. It’s done – move on.’ Probably one of the biggest inconsistencies was the application of the clinical practice guidelines, which are almost like the bible of what we can and cannot do and how we go about that. Basically, I was in a situation where if I followed the guidelines, I could be marked down for poor performance for not adapting those guidelines to the situation and moving those guidelines. Then when I would follow those guidelines to the letter, I could be marked down for being too rigid and not showing my ability to adapt to the situation. Basically this created a situation where no matter what I did, AV could take exception to the route I was going with my clinical treatment.

An example of this is when I resuscitated someone, but I did not do it exactly by the book because I did not have the resources at the time to resuscitate that person by the book. So I adapted to the situation. We got the person back – we resuscitated them and got them to hospital. I was marked down on that because I did not follow the book. Then I attempted to resolve that with my managers and nothing occurred. At that point, I decided I was going to follow the book to the letter because I could not possibly get in trouble for following the book, and I was wrong, because I had multiple occasions where I did follow the book exactly to the letter and I was told, ‘No, you’re being too rigid’; ‘Witness 4 doesn’t demonstrate good clinical judgement in being able to adapt.’ And whenever I tried to ask for clarification on this AV would just simply ignore me. They would not do it. I believe that it is possible that the reason they would not do that is because going back on those examples would show a pattern of unreasonable management action tantamount to systemic bullying in the service. But it also meant that I could not progress and do what AV expected of me, because I could not. I was caught in a process of ‘I don’t know what’s right or wrong.’ And, again, despite putting all these comments in these reports, I was ignored. Nothing ever resolved.

The CHAIR: I am sorry, I did not notice – the 5 minutes has gone by quickly, probably.

Witness 4: Yes, sorry.

The CHAIR: Do you want to finish up and we can start with questions, or would you like to go straight to questions?

Witness 4: I will just quickly see if I can –

The CHAIR: Sorry, I do not mean to rush you.

Witness 4: No, do not be sorry. As I said, it is a lot to go through.

The CHAIR: We have all got access to your original submissions and the documents as well, so we have read them.

Witness 4: I think another point was that after my suicide attempt I did not hear from AV at all. No-one called me to check up on how I was going. Nobody called me to see what was happening. It actually took my psychologist finding [REDACTED] on LinkedIn and messaging him on LinkedIn before Ambulance Victoria actually formally responded to either me or his correspondence. As a result of that, I was put through extensive fitness-for-duty assessment criteria to determine if I was fit for the role of graduate ambulance paramedic, and at the conclusion I was told that I was fit for duty. At that point, AV served me with a notice to show cause as to why I should not be terminated from the job, so I had gone from having a suicide attempt and raising multiple issues to going through a fitness-for-duty process where Ambulance Victoria actually refused to tell me what would happen as an outcome of that, and then being presented with, 'Here's the report that says you're fit. Now here's a notice to show cause why you shouldn't be terminated.' Coincidentally, I was terminated from Ambulance Victoria the day before the VEOHRC volume 1 report came out showing the systemic issues that I had been raising.

I did put a *Freedom of Information Act* request in for the investigation into my suicide attempt. Ambulance Victoria declined under legal privilege, citing that their lawyers conducted the investigation. I was never contacted for a statement, none of my witnesses would have been contacted for a statement and none of the evidence I had to support my allegations in the suicide letter were ever asked for. AV concluded that they had done nothing wrong and there were no outstanding issues. Essentially I have been led to believe – I am not sure if you have read the VCAT order; I have not – that the presiding member, even though she affirmed the legal privilege over the public interest, noted that AV had admitted to deliberately using a law firm to investigate that complaint to use legal privilege. I have raised this with multiple organisations. The suicide letter did go to a number of politicians and the Minister for Ambulance Services and the Department of Health. I never heard back from them, and subsequent requests for meetings with the Minister for Ambulance Services were either referred back to VEOHRC or some other organisation.

I did raise some issues that there was potential that Ambulance Victoria, either intentionally or unintentionally, misled WorkSafe Victoria during an investigation. I did raise those issues, and they were noted in two of the 33 incident reports that were submitted. Ambulance Victoria did not investigate those further. I did take this not just to WorkSafe but also to the Ombudsman, AHPRA, the Victorian inspectorate and IBAC, and none of those agencies were actually interested in investigating any of the allegations, so I hit a roadblock. The final thing I want to say is that during the VCAT proceedings I did note some documents that I felt were in the committee's terms of reference and I did ask AV for permission to provide the committee with those documents. Ambulance Victoria responded through their law firm:

[QUOTE AWAITING VERIFICATION]

We confirm Ambulance Victoria does not consent to the disclosure of its materials, the materials filed by Ambulance Victoria in this proceeding, to the parliamentary inquiry.

So at that point, given that I was scared and I did not know how – I did try to seek legal advice about parliamentary privilege versus the VCAT Act and all that stuff. I was not able to get it, so I was hesitant to present any documents from those proceedings to the committee. To give you an example of how scared I was, I did lodge an unfair dismissal against Ambulance Victoria after my dismissal, and they actually used a loophole in the *Fair Work Act* to intimidate me – I felt intimidated – into dropping the unfair dismissal claim

because there was a subsection of the *Fair Work Act* that allowed them to apply for costs against me even if the Fair Work Commission had determined I had been unfairly dismissed, and I could not afford to take that risk of being found to have been unfairly dismissed and still have to pay their legal fees. That is another example where I feel like the accountability – I had no chance to question them or have that level of accountability shown. As I said, there is a lot more to it, and it is extensive.

The CHAIR: I can appreciate – I can see it – it has had a deep impact on you. Are you happy if we start questions?

Witness 4: Yes.

The CHAIR: We will go through questions. We will have probably about 3 minutes each or thereabouts. We will just fire them away. I will start off first and we will go through, and then we will do some online as well. Firstly, you said that you wrote to the minister at the time – do you remember who was the minister at the time that you wrote?

Witness 4: That is about the suicide letter? I think it was [REDACTED].

The CHAIR: Right. Okay. And no response?

Witness 4: I did not get a response. I heard grapevine rumours that she did ring up the CEO and said, ‘Can you please explain this?’ But again, I do not know. I did not have any direct kind of –

The CHAIR: You have got no evidence?

Witness 4: No, I have got no evidence. Sorry. I probably should not have said that.

The CHAIR: No, no, it is fine. I asked you a question, so it is fair enough. And you are protected by privilege here, so it is fine. You said in your submission that the performance management processes are used to intimidate, harass and bully staff. Can you expand on that particular aspect a bit more?

Witness 4: So there are a lot of things that people in paramedics appear to be performance managed for that I would not necessarily think –

The CHAIR: Can you give me an example? Are we talking big performance issues or smaller sort of –

Witness 4: Smaller sorts of things. I do not know how to explain it.

The CHAIR: Would it be like if you were 5 minutes late to a shift, or would it be –

Witness 4: Yes, 5 minutes late, or if someone just does not like you at a higher level, they will find a reason and go out of their way to find something that they can use to performance manage you, if that makes sense.

The CHAIR: Yes. So the example you gave in your opening before about how you got someone to be resuscitated, but it was a different sort of way, is that another example of –

Witness 4: I would say yes, it was.

The CHAIR: Because you did not exactly follow the script verbatim?

Witness 4: Yes, exactly. And Ambulance Victoria had actually flagged to my psychologist that I needed to be more flexible in the application of those guidelines, and so he had been working with me in a concerted effort to do that.

The CHAIR: Okay. Fair enough. And I think you mentioned too, on procedure, you said that there are multiple instances of senior staff, perhaps even executives, that do not follow AV procedure.

Witness 4: A good example of that is the policy regarding returning a graduate to the program. So at the time that Ambulance Victoria indicated that I was to do a fitness for duty, the Ambulance Victoria policy was that a graduate paramedic who had been away from the service for greater than 12 months would return to the

exact start of the program, and at greater than 12 months Ambulance Victoria decided to ignore that policy, and I could not get an answer as to why they would not follow it.

The CHAIR: Nothing in writing?

Witness 4: Nothing in writing. It is very common in Ambulance Victoria that they just simply ignore you if you have an issue. Regarding the inconsistency –

The CHAIR: Would they tell you verbally but not in writing?

Witness 4: In some cases, yes. In other cases they would just simply – their common catchphrase is ‘We’ve resolved it. We’re not going to go into detail. We consider it closed.’

The CHAIR: Okay. Sorry, my time is up. I am going to pass it over to Mr Batchelor.

Ryan BATCHELOR: Thanks, Chair. Mr Witness 4, thanks for your very detailed submission and for the appearance today. It has obviously been very distressing. One of the things that we have got to deal with as a parliamentary inquiry is making recommendations about ways that Ambulance Victoria could improve, not just looking at what has happened but also trying to figure out how to make recommendations about improvements for the future. Obviously there were some very distressing things that occurred to you when you started as a paramedic way back in 2013. What would you suggest that we could recommend to better support graduates, new members of the service, new paramedics, when they come into the system so that they are provided – whether it is better or different training or induction – with different avenues for support? What is it that you think we could recommend to improve things for new paramedics going forward?

Witness 4: I know during my time at Ambulance Victoria they transitioned to a new program. I have not actually experienced that new program. I have been told, and WorkSafe was told by Ambulance Victoria, that the new program is better and provides supports. This was later disputed by the head of the PCU in one of those 33 incident reports that I submitted, so I am not sure if Ambulance Victoria has already taken some steps into resolving that for new graduate paramedics. What I found useful for me when I initially started was that I was assigned a peer support contact who would proactively monitor me as part of their role and that I could reach out to them and talk to them directly.

Ryan BATCHELOR: And you found that peer support was a useful function?

Witness 4: I found it useful to an extent, but there is only so much support that they can provide when you are constantly facing a barrage of behaviour that affects your mental health.

Ryan BATCHELOR: Yes. And what else in terms of structure support policies do you think could have been improved at the start?

Witness 4: My honest opinion is that there is nothing that AV can do internally that will fix the issue. I believe that it is deeply rooted in the organisation. I believe that as an example, VEOHRC made some recommendations, and in VEOHRC’s latest update they did say that they felt Ambulance Victoria had not been meeting the mark –

Ryan BATCHELOR: They had not?

Witness 4: They had not been meeting the mark and not truly understanding the issues that were raised. And I think that VEOHRC said that they may still be breaching their duty of care in terms of that. I have been a big proponent that the Victorian Public Sector Commission has some powers that apply to the Victorian public service that do not really extend to the Victorian public sector and that those may be beneficial in addressing the issues of Ambulance Victoria via, I believe it is called, the review of actions. So that may be one external pathway that may help reduce the issues.

Ryan BATCHELOR: Thanks. Thanks, Chair.

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

Georgie CROZIER: Thank you Chair, and thank you very much, Witness 4, for being before us and for your evidence and your very detailed submission. I am sorry that you have had the experience that you had. You have been very courageous in telling us your story today, so thank you very much.

Can I go back to that issue that you spoke about when you were recovering after your attempted suicide, which must have been extremely traumatic for not only you but your family and friends. You said that you undertook a fitness-for-duty test. I think it was 12 months, was it? What was the period of time when you went back and did that test?

Witness 4: I believe it was between seven and 12 months after the suicide attempt had occurred.

Georgie CROZIER: Can you just explain to the committee what that test entailed? What did you have to do?

Witness 4: Part of the fitness for duty is that you see AV's contracted medical provider, and they have a panel of psychiatrists or different medical professionals for different injuries.

Georgie CROZIER: Yes.

Witness 4: And so I was required to attend an appointment with a psychiatrist, and the first appointment was – they determined that I was fit for alternate duties, so I was provided alternate duties, and then on review of that I attended the same doctor for a second fitness-for-duty, who determined that I was fit to return to the role.

Georgie CROZIER: Okay, so that 'alternate duties' – what were you allowed to do with that course of action?

Witness 4: That course of action meant that I was in the logistics centre at [REDACTED].

Georgie CROZIER: Yes.

Witness 4: I was not allowed to wear my paramedic uniform; I was given a logistics support officer uniform, and I carried out the role at the direction of the paramedic manager there in regard to logistics, COVID cleaning, COVID support.

Georgie CROZIER: And there was no problem with you undertaking that position?

Witness 4: No.

Georgie CROZIER: So that was provided to you, and you were given that support and given that okay by medical professionals within AV who had assessed you. So what did they say when Ambulance Victoria came back to you and had a different view? Did they present on your behalf to the executive or to your manager?

Witness 4: No. I had no contact with Injurynet, which was the contracted provider, outside those two appointments.

Georgie CROZIER: Okay.

Witness 4: I do not know what was said beyond the reports that were provided to me.

Georgie CROZIER: All right. And what time period did that overtake? How long were you working in logistics, that alternate element, to them saying you were all right to return full time?

Witness 4: So between the first appointment and the second appointment I believe it was 6 months, approximately. Then after that, I am not sure what timeframe. I think, as I said, as soon as the medical report was provided to me by Ambulance Victoria it came with a notice to show cause why I should not be terminated.

Georgie CROZIER: Okay. Thank you very much indeed.

The CHAIR: Thanks. Now, I understand Ms Ermacora does not have any questions. That is correct? So I will pass it on to –

Jacinta ERMACORA: I just wanted to say thank you very much for your contribution, and I think the others have pretty much asked my questions, so I am really keen to listen. Thanks.

The CHAIR: Yes, thank you. I will pass on to Dr Heath if she is online there.

Georgie CROZIER: She is driving.

The CHAIR: Oh, she is driving. Sorry, apologies; that is right. I will pass it on to Dr Mansfield.

Sarah MANSFIELD: Thank you and thank you for your submission and your presentation and I am sorry for all that you have been through – those experiences that you have shared with us. We have heard from several witnesses, and we have many submissions that indicate concerns about complaints processes and how they are handled within Ambulance Victoria. What would you like to see change in terms of those processes?

Witness 4: I think that I would like to see that there is more auditing and monitoring by external organisations such as the Victorian Public Sector Commission or other organisations as deemed appropriate by the Parliament to monitor those outcomes and determine: are they actually following processes, are they being fair and equitable in those processes? I would like to see a different pathway where managers – where the investigative unit is not led by a paramedic who does not have experience, who may not know people who are being investigated, and removing that conflict of interest from that process might assist in helping with those processes in place.

Sarah MANSFIELD: So something independent, a bit more independent from Ambulance Victoria?

Witness 4: Yes.

Sarah MANSFIELD: We also heard comments on the speed at which these things are dealt with. Do you have any comments about that or reflections based on your experience?

Witness 4: My experience was Ambulance Victoria simply denied the complaint or the issue. So I had no – it was a pretty quick response of ‘No, we don’t see an issue here, move on.’ So I cannot comment on general timeframes.

Sarah MANSFIELD: And did you feel there were clear pathways for where you could go next?

Witness 4: No. There were no clear pathways. One of the things that Ambulance Victoria told WorkSafe was that I had access to the grievance procedure, but I had tried to use the grievance procedure earlier and AV simply said, ‘We’re not accepting this as a grievance, so therefore it’s not a grievance.’ So essentially there were no pathways to resolve these issues.

Sarah MANSFIELD: And that pathway was another pathway within Ambulance Victoria, not something external?

Witness 4: Yes. Internal, not external. I do not believe there was – the only external pathway, I was told, was the Fair Work Commission.

Sarah MANSFIELD: Do you know of any other paramedics who have had similar experiences to you?

Witness 4: I know some. I know of some stories where some paramedics have had issues with performance, again citing conflicting expectations, but I do not know the exact details of them. And I have heard of other inappropriate conduct that has occurred.

Sarah MANSFIELD: Thank you.

The CHAIR: Thanks very much. I will pass over now to Ms Hermans.

Ann-Marie HERMANS: Witness 4, thank you so much for coming in and for sharing so candidly with us in your report and today. I think we all feel really dreadful for what you have experienced and the impact that this has had on you, both short and long term and in your professional journey. I do not have a lot of questions, but you mentioned very early in the piece that there was a comment that was circulated in your early days that if you are not bullied or sexually harassed or sexually assaulted, you are not really fit to be a paramedic at

Ambulance Victoria. That comment circulating around, did you see the impact of that on anybody else? Was that part of the culture that you found you were around in the early days and later on, or was there some difference in the culture over time?

Witness 4: That comment was more of a feeling I had, rather than a comment that was circulated per se. Sorry if I miscommunicated that. I definitely saw it happen to other people, and I definitely did not see a change in the culture. If anything, it got worse as time progressed.

Ann-Marie HERMANS: So you would say that perhaps in your more recent experiences with AV the culture has continued to deteriorate and to become perhaps more toxic. Would that be accurate, or could you elaborate on that, please?

Witness 4: It would be accurate up until the point that I was terminated from Ambulance Victoria in 2021. I could not really comment. I have heard stories, but I cannot really comment on those between 2021 and now when the inquiry was.

Ann-Marie HERMANS: In your personal experience – and thank you for your response – what would be one of the big things that could happen that would have changed the journey that you were on that would have made all the difference? I mean, there has obviously been peer support to some degree, but in your case you have not felt that genuine support or the person that you could go to. Is there anything in particular that you could feed back to us that you would say, ‘If this had been different, we may have had a different outcome for me and for others’?

Witness 4: I think if the processes were more robust and more open to scrutiny and accountability, then maybe that could have supported. I do know that during the early times in my cases the Victorian Auditor-General actually audited Ambulance Victoria and found a number of issues. And even though the report was tabled to Parliament, it was not really acted upon. There were several things in the VAGO report that I experienced consistently up until my termination.

Ann-Marie HERMANS: Thank you so much.

The CHAIR: Thanks very much. We will pass it on to Ms Payne.

Rachel PAYNE: Hi, Witness 4. Thank you very much for coming and sharing your story today. I know it has not been easy for you, but it is really important for us as a committee to hear from you and for you to be able to relay your experiences. I just want to reflect on, in your submission you talk more broadly about the performance management process and how the procedure around that process is quite different to your experience. As a committee we have to make recommendations. Would you like to provide a little bit more detail as to that performance management process that you experienced, but also how you would see it improved?

Witness 4: The performance management process is very much decided on ‘This is what we have decided. There are no mitigating circumstances. This is the way it is. You have not performed. There’s no reason why you shouldn’t have performed, so here’s your warning.’ There is no real discussion. It seems like when you have an opportunity to discuss at a meeting, Ambulance Victoria has already predetermined the outcome of that meeting, and they have already determined that ‘We’re going to issue this warning. This is just a formality. We have to meet with you, but we do not actually have to listen to your mitigating circumstances or assist you in that.’

Rachel PAYNE: From your understanding, that has not changed within Ambulance Victoria?

Witness 4: From my understanding, that has not changed. It may change depending on if you are well respected or liked in Ambulance Victoria. But if you are not well respected or liked in Ambulance Victoria – it is a very cliquey group – then they tend to want to get rid of you early on rather than support you with those issues, in my opinion.

Rachel PAYNE: Thank you; that is helpful. Thank you.

The CHAIR: No more questions at all from you? Does anyone else have any other questions at all?

A member: No, that was great.

The CHAIR: All right. We might finish this session there. On behalf of the committee, thank you very much for your contribution today. I know it has probably been quite a challenge for you, but you got through it, and you have done really well, so thanks very much. We will close this session now and wish you all the best.

Witness withdrew.