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)*

Michela Clarke.

The CHAIR: I am Joe McCracken. I am the Chair of the committee here. Nice to say g'day, Michaela. I am going to introduce the rest of the committee now, and we will go around those in the room and then those on the call.

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

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

Rachel PAYNE: I am Rachel Payne, Member for South-Eastern Metropolitan Region.

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

The CHAIR: We are meant to have a couple that will be coming on soon as well. They will be on in a minute. We have got Ms Jacinta Ermacora, who is a Member for Western Victoria Region, and we have also got Dr Sarah Mansfield, who is a Member for Western Victoria Region. There is Ms Ermacora now, but we should be all right to go.

I will just read this out. All evidence that is taken at the hearing is protected by parliamentary privilege as provided by the *Constitution Act 1975*, the *Defamation Act 2005* and, where applicable, the provisions of reciprocal legislation in other Australian states and territories. It is important that you note that any comments you make outside the hearing, which includes effective repetition of what you have said in evidence here today, may not hold that same privilege. So if you say one thing here and you say the same thing outside, you may not be protected. It is also important to note that any action which seeks to impede, hinder or threaten a witness for any evidence they would give or have given may constitute and be punishable for contempt of Parliament.

We are recording the evidence and will provide a proof transcript to you from Hansard, and that gives you an opportunity to look through that and correct any things that might have been mis-said or anything like that.

Very good. So just for the Hansard record, can you please state your name and any organisations, if any, that you are appearing on behalf of.

Michela CLARKE: Michaela Clark. I am appearing in relation to Ambulance Victoria.

The CHAIR: Just on your own behalf, not on behalf of anyone else?

Michela CLARKE: On my own behalf, yes.

The CHAIR: No worries. Cool. All right. We have all got your submission and you can take that as read. Would you like to make any opening statements before we go to questions at all?

Michela CLARKE: I will just clarify how the ACO process actually works, just to make it clear. Out regionally in Victoria we utilise ACOs to make up for a workforce that we probably would not be able to do otherwise. They are integral to being able to have service delivery out in the regions. We operate based mostly – and I can speak mostly for Loddon Mallee because that is where I am rostered – on an eight-six. So we have two paramedics at a branch that rotate and swap over on a day, and they work one-on-one with ACOs. The ACOs traditionally were drawn from the communities, but these communities – mine is Sea Lake – are very small. I have a population of 610 to draw from, and over 50 per cent are over 50 years old. So it makes it very difficult to draw volunteers from that pool. In the past a process has been introduced where paramedic students are encouraged to become ACOs, one, to give them the experience of on-road, but also to help us meet that need.

Where branches are closer to university towns or cities – I will use Bendigo, Heathcote and Inglewood as an example – those branches, like Heathcote and Inglewood, tend to be oversubscribed, because students quite often are struggling for money, because they are students and they are studying, so they cannot afford to be

driving distances like from Bendigo to Sea Lake to do a shift. So it is harder to recruit from that pool for that, which makes branches like Sea Lake, Ouyen, Cohuna and Nyah West struggle to get that ACO base to actually help us fill out. At the moment Sea Lake, Cohuna and Nyah work quite tightly between us because we need about 21 ACOs per roster to be able to fill our roster, or 21 per team. At the moment Cohuna, Nyah and Sea Lake share 18 between us. We have about, on average, eight or six between the three branches, so when the team managers do our rosters, we are working tightly in between us so that we can actually share our ACOs across those teams.

Part of our problem is that the ACO recruitment process is so difficult and so slow to get people through that we struggle to get them through or we lose them, because they have graduated before they even get to be on road. It has been three years that we have been asking for an improved recruitment. Part of the problem has been that there has been no-one sitting in the recruitment seat managing the program. The program is a springboard. If nothing happens within a certain timeframe, the recruit or applicant gets archived and then is lost unless someone actually goes looking for them in that process. As the team manager, I can have someone apply and not actually know that they have applied, and they get archived before it gets to the point where it triggers an email to me asking if I want that applicant to continue through the process. That is where we start with the problem, and then the minimum that they can move through this system takes at least six months – if there is someone; what has happened in the last three years is that they have been putting people in that position on light duties.

I was really lucky last year that the person that was there I worked with when I was in metro, so I had that personal connection to keep mine moving through. When you have got that person there, they can start ticking them through. It still takes a minimum of six months, if you have that, when the team manager and that person in recruitment are actually actively pushing them through the system. I have got one that just missed out on the last intake, which is happening now, and she has been in the system now for three years. She archived several times, and that is partly her fault – I will say 'fault' – because she did not put her details or what she needed to do next in time, but she applied at the same time that one of my graduates has been on road for two years and has finished her paramedicine course. We finally have someone in that recruitment seat now, and they are working through a thousand applicants. There does not appear to be any hierarchy. They are just working through chronologically, so branches like Heathcote and Inglewood, who are oversubscribed and have a lot more people that have applied, will, by sheer percentages, end up with people on the courses before branches like Nyah, Sea Lake or Cohuna, who might only have three or four that have applied.

I know I am doing my work to get people to apply. It is something that I work really hard on, and I offer a little bit more because at Sea Lake I need to have value added to what I can offer my ACOs, and one of the ways that we do it is to structure our roster so that when I do have students that are coming up from Bendigo, they are coming up to do multiple shifts in a row so that, one, they are only doing one trip in certain amounts of time, and they are more likely to get work, because our workload is low, but when we do go out, we are out for a long time, and the work that we are doing is significant. It is not like in metro, where we are going to anything. Most people in the country will not call us until it is diabolically dire, and so it is a huge learning experience for these students. It is one of those things. And I treat them like they are graduate paramedics as well, so while they are still working within their scope, they are getting that opportunity to be in the jockey seat, as we call it, where they are driving the job with my backing up to make sure that they do not miss anything. So it is a massive learning experience for them, but that is what I have to do to try and encourage students to come out to places like Sea Lake.

We have had difficulty in finding out what has been going on. We have had difficulty in actually being able to escalate, to be able to get these things happening quicker for the branches that are desperate. I am working often now because I cannot fill my roster, and I am working one up in an area where we do not have a local policeman, who is off on PTSD. In our neighbouring town, which is 15 to 20 minutes away, theirs is off on PTSD. I do not have police backup within an hour, and I am expected to go out as a single officer into places where up until recently we have not had very good radio reception. Our new radios are awesome, I will say that, and that is a bonus. But I do not have paramedic backup for at least an hour either out there. So by not having that second person with us it puts the paramedic at risk – and it is not just Sea Lake; it is something that is happening across all the regions. Loddon Mallee has a much higher dependence on ACOs, so I think we are seeing it at a higher rate in Sea Lake. And now we are also having the added disadvantage that we are having to look at fatigue problems as well in relation to ACOs, and I know that that is important, but it is feeling like it is going to be a one size fits all and not taking into account how we as small branches actually actively already

manage our fatigue. It will not allow back-to-back rostering like we have been doing now. Without being able to do that, I am going to lose at least three out of my six that I already have and put my rostering at even more disadvantage than what I already am.

The CHAIR: Michela, are you happy if we ask you some questions now?

Michela CLARKE: Oh, absolutely, yes.

The CHAIR: No worries. I will go first off, and we will just circle around the committee members. You have answered a lot of the questions that I wanted to talk about, but the one in particular that I still think sticks out is the one about how you said applications are sort of archived or lost in the system after a particular period of time. How do you think we could change the system so that people are not lost like that?

Michela CLARKE: It either needs to have more eyes on the program so that it can be – so whether it is broken down into regions or whether there are just more people put into that role so that they can stay on top of the applications and keep them moving.

The CHAIR: Is that an old system, though? Is it a system that is old? Is it old technology that is being used? What is the actual issue that is driving this so that we can make recommendations so it does not happen?'

Michela CLARKE: I think it is just the functionality of that system. It is the way Springboard works. If there is no activity on it, it will archive. Part of the problem is that the team managers do not have overview of what is happening either. When I have someone that looks like they are going to apply, I ask them to text me that they have actually applied, and when there is someone in the seat, I can actually then email them and say, 'Can you please clarify that this person has applied?'

The CHAIR: So as a team manager you do not get any notification at all that someone has applied; you are blind.

Michela CLARKE: I get it as probably – I think it is stage 2, where an email is generated from the system to me to say, 'This person has applied for a position with you. Are you happy for that to continue?' I say yes, and that flicks them into the next step.

The CHAIR: Okay. That is all I wanted to clarify. Thanks very much for that. I will hand it over to Mr Batchelor.

Ryan BATCHELOR: Thanks, Chair. Thanks, Michela. Just forgive my ignorance: how long have you had these ambulance community officers sort of working as part of the network? How long are we talking about?

Michela CLARKE: I have only been out there three and a bit years. I actually went out there – sorry, I have got one of those cats that likes to push things off tables, so he is trying to push my laptop off. It has been several years. Look, it has got to be over six, but more than that I could not tell you, sorry.

Ryan BATCHELOR: How many shifts or call-outs are you seeing the ACOs participating in? I am just trying to get a sense of how important it is, or what part of the rostering or the function of the local crews are being filled by these ACOs.

Michela CLARKE: Okay. So there are two ways we use ACOs: we have branches that are standalone ACO branches – Donald would be an example of that, where they solely rely on ACOs – so 24 hours a day they need to have two ACOs rostered together, and if they get dispatched to a case, they are backed by a paramedic crew. With the paramedic ACO branches – the 8/6 branches that run a paramedic and an ACO – it is every shift. I am on from Thursday till Thursday, and I will have an ACO rostered on with me as much as I can roster them on, for a day or a night or a day and a night, depending on how we go about it, to fill that roster. Without them, I am working by myself, and that is the same for all the branches around me. So Ouyen, Nyah, Cohuna, Kerang is another one – we all run with one ACO and a paramedic.

Ryan BATCHELOR: Obviously you think that they are an important part – I do not want to put words in your mouth – but what role do they play functionally?

Michela CLARKE: They are essential. They are essential, because if I do not have them, I am working by myself. I can get there and I can do work on a patient, but I cannot move them without someone to help me. But also, from a safety perspective, I need that other person with me, so they are 100 per cent essential for us to be able to deliver service to regional people.

Ryan BATCHELOR: Thanks. Thanks, Chair.

The CHAIR: Thanks very much. I will pass to Ms Crozier.

Georgie CROZIER: Okay. Thank you very much, Ms Clarke, for being before us this afternoon. Again, I want to just follow up on this. You say they are essential to support you in the work that you are doing as a paramedic. Given that you have described that area up in the north-west parts of Victoria, could you explain to the committee the area and the distance that you are talking about, just to give some perspective for committee members on the times between those towns and why you need a paramedic.

Michela CLARKE: As a branch, Sea Lake covers about 10,000 square kilometres, which is about the size of I think it is Vanuatu. We overlap with several other branches, but that is our area. Our closest hospital is Swan Hill, and it is a small district hospital that does not supply all services. We tend to use the air wing a lot, and we have got issues with that as well, as far as we cannot get the planes into Sea Lake, and we were landlocked during the two years of floods. Swan Hill is our closest hospital; it takes us an hour to get there. The road is terrible. There are sections of that where we are having to slow down to 70 kilometres an hour, so it is increasing our time there.

Georgie CROZIER: That is actually an important issue. I was sort of being a bit silly then, but you just said that you have got to slow down to 70 k's because it is too dangerous. Is that because the road has not been maintained? Or is it some other structural issue?

Michela CLARKE: This particular section of road has actually been redone after the floods. However, it is starting to break down again and we are having to slow down again. It is a whole lot of waves, and as you go over it, the back of the ambulance is bouncing, which is creating issues for us in that.

Georgie CROZIER: How long ago was that road done up?

Michela CLARKE: A year, 18 months.

Georgie CROZIER: So it is breaking down after a year, and you have got to slow down because the road is not suitable for taking patients at high speed.

Michela CLARKE: Correct, yes.

Georgie CROZIER: Okay. That is an issue that I probably was not going to question you on, but I think it is actually a really important one because that is therefore impeding you to be able to deliver patients to hospitals in a safe and timely manner.

Michela CLARKE: Yes, correct. I have actually been bucked out of the seat at the back when we have had a person having a heart attack in the back of the truck. We call them a truck.

Georgie CROZIER: Sorry, could you just repeat that?

Michela CLARKE: I have been bucked out of the seat.

Georgie CROZIER: Bucked out of the seat?

Michela CLARKE: Yes, from the bump. I had to be unbuckled because I was actively treating the patient, and at that point we hit a bump. And that particular hole is still there. I was actually bucked out of the seat.

Georgie CROZIER: Have you made a complaint about that?

Michela CLARKE: It is known. Yes.

The CHAIR: We might have to move on, thanks.

Georgie CROZIER: Okay. Thank you. I have got more questions, but I will move on.

Michela CLARKE: I have not finished, sorry. Swan Hill is our closest. We do I think on average 380 jobs in a year for Sea Lake. It is about a job a day, but our minimum turnaround is 4 hours. We can do up to 10 hours in one case if we end up going to, say, Mildura or Horsham, which are two of our other closer hospitals as well, and it is not unusual for it to happen.

The CHAIR: I am going to hand over to Ms Ermacora now.

Jacinta ERMACORA: Michela, thanks very much for your contribution. I think similar to Georgie, I am very interested in the uniqueness of outer regional Victoria because the story and the service profile are quite different and the service experience is different as a result. I am interested in how the management system supports you. It sounds very formulaic in terms of appointment and in terms of rostering. Are there any kinds of solutions or suggestions you would make around that level of delegation? Should it be lower? Should it be management that are more directly involved in your region? What would you suggest?

Michela CLARKE: I think there needs to be more visibility for the team managers to see how the applicants are going through that system. For the one that has taken three years, if I had more knowledge of where her application was, I could have had more impact on her and assisted her possibly to get her application and uploading of documents and things done a bit better than it was done. The last step before they actually go on to the course is the medical, and part of that is serology testing to make sure that their immunisations are current and working. Quite often hep B is the one that they end up having to have boosters of, and it would be helpful if either that one ran concurrently with some of the other stages so that it did not hold them up – because once they have a booster, then it is several months before they can then be retested to be able to go on – or if it could be that they do the course but they do not become patient facing until they actually are cleared. There are a couple of different ways. Part of the problem is there has been a lack of communication or listening to what we need, and the other thing is actually having a better hierarchy of who gets their applicants through the system quicker than other places. Heathcote has got 21 applicants. In the last course in November last year, which was supposed to be specifically for Loddon Mallee, they ended up with a couple on there. Cohuna, Nyah and I ended up with nobody on it, and we are desperate for ACOs.

Jacinta ERMACORA: I am wondering too, just listening to you: do you anticipate any changes as a result of the paramedic practitioner reforms that are going to come in the future? Do you think that will help outer regional communities? What would you propose for your regional community?

Michela CLARKE: I do not think the practitioner is going to change emergency things. I think they are going to be very, very helpful for more of our chronic stuff or potentially getting patients to call us in a more timely manner, because they might not think that they are taking up an ambulance. That is our biggest thing: they are so stoic out there that they will not call us until they are, like I said, diabolically dire. The last one we had was just over a month ago. He came up to the branch because he did not want to call 000 but was actually actively dying. We thought we were not going to get him to the chopper in time, but we did. Potentially they are going to help as far as that goes. What could help? I think the system that we have got works really well if we treat these volunteers with the respect that they deserve because of what they are doing. I have got half and half; half of my staff are students and half are your ordinary person from the town who just wants to look after their community. For this month that I am away – this is another problem – my position was not backfilled. My ACOs are working together as a team because they will stand a double ACO crew up to cover when we do not have a paramedic, and they are working even though they are not getting paid to do it. They consult rosters and they contact the control room to see if there is a paramedic working that day, and if there is not, they work between themselves to make sure that two of them are available to fill the shifts so that the community is still being covered. I think there needs to be a higher recognition of what it is that they do and how much the system is propped up by them. We would fall over if it were not for them. Yes, I think that is part of it too.

Jacinta ERMACORA: Yes. Thank you.

The CHAIR: We might have to move on. Now, Dr Heath has indicated that she does not have a question, so I will move straight on to you, Dr Mansfield.

Sarah MANSFIELD: Thank you. I am interested in what sort of structural changes you would like to see that might assist with some of like – it sounds like there is a bit of inefficiency in how the ACOs are managed,

and there could be better systems implemented that mean we make better use of that potential workforce. What sort of structural changes would you like to see in Ambulance Victoria around that?

Michela CLARKE: As far as recruitment or as far as actually using them?

Sarah MANSFIELD: Both, I guess.

Michela CLARKE: As far as recruitment goes, I think there needs to be maybe some of the steps that are part of that – there are 13 stages that they go through before they are actually inducted. Some of that should go back to the team managers so that blocks of it can be done in a hit and hopefully be done quicker. I think there needs to be priority placed on branches that need recruitment done quicker than places like, say, Heathcote and Inglewood. Then, as far as on-road goes, I think there needs to be more discussion and a collaborative approach as far as how we roster and how we work with our ACOs, to give them the best experiences we can give as well. Particularly, like my students who are going to become paramedics and who will stay regional as well, but also those who are just from their community and are doing it for their community.

We need to realise that we are not a one-size-fits-all. Sea Lake has very different needs to Heathcote and Inglewood. Heathcote is so close and has so many applicants, and Inglewood runs their ACOs as a separate and extra resource to a double paramedic crew, so their needs are different as well. We cannot do it one-size-fits-all. One-size-fits-all fits everyone badly. Unless we get a voice in this conversation – and up until now we have not had one – we cannot fix it. I can only see that with the new rules that are going to come in with fatigue management, branches like mine are going to be severely disadvantaged by that. We need to be able to have a voice, and we need to actually come up with solutions that work for our type of branch.

Sarah MANSFIELD: Thank you.

The CHAIR: Thanks. Mrs Hermans, would you like to ask any questions at all? I know you might have missed the start of this, but if there are any questions that come to mind, please feel free.

Ann-Marie HERMANS: Thank you. Nice to meet you, Michela. I am Ann-Marie Hermans, representing the South-Eastern Metropolitan Region. I do appreciate that I missed the earlier part of your presentation. But given that you have mentioned a number of things that we could do differently that would improve services for you – and you have mentioned, you know, fast-tracking the hep B and having that earlier – it sounds like, with these 13 stages, that you have actually given it some thought and these are the areas where we actually could make significant improvements. Are there any other areas that you have not yet had an opportunity to share with us where we could fast-track or make those improvements so that there would be a better service provided for people in these outer regional areas?

Michela CLARKE: Potentially changing the system so that there is an added bonus for university students to travel to these outer regions as well and whether they are paid travel and petrol allowances for that – whether it be a bit more like a point system like New South Wales use for their paramedics where they get preference so they gain points when they go out to hard-to-fill areas and then they get a choice of where they can go back to; whether that is put into place as well so that we are not – and rosters have used this, and it has frustrated me no end, when it comes to putting in paramedics to fill in at places like us, they scrape the bottom of the barrel, and so we are not necessarily getting the right people into the spot. As long as they have got a bum in the seat, they do not care. And that is more paramedic, but I am talking with ACOs to try and encourage students to come out there. I am different in that I have come from metro, and I was a clinical instructor for quite a long time and am a driving instructor as well, so I used that skill set to offer bonuses for my grads to come out there. So I have got one who could be at a branch closer, but she has said to people, 'I know where my bread is buttered, and I won't get this experience anywhere but with Michaela,' so she comes to Sea Lake specifically because I am actually treating her like she is a student paramedic, and she is getting that experience in that seat. So it is that value-adding that we are trying to give as well. Part of my thing is education as well, so I think it is important anyway, but it is something that she is going to get out of it, and she is going to be a great paramedic. I can see her being in intensive care, and she is regional, so we are going to keep her in the region, and that is so important because we cannot get paramedics out there. Sea Lake has been vacant, our second line has been vacant, for the last three years, and we have not been able to fill it.

Ann-Marie HERMANS: Sorry to cut in on you, but just if I –

The CHAIR: Sorry to be a pain, but we have just run out of time, I am afraid.

Ann-Marie HERMANS: Just a quick one.

The CHAIR: 10 seconds.

Ann-Marie HERMANS: There is no financial incentive at the moment that is additional to the normal pay for paramedics, and there is no financial incentive for any volunteers at this point in time for them to be in these regional areas: is that correct or not?

Michela CLARKE: At Sea Lake there are two hard-to-fill categories. Sea Lake is category 1, so there is additional pay to go out there. The problem, even in the short term for getting secondments out there, is getting people released by metro to come out and fill. There are paramedics that would love to come out just for the break or to come out for the different work – we cannot get them out there. As far as ACOs go, they only get paid if they get called out. As part of our new EBA they will be getting paid $5 to be on call, and that is part of the difficulty that we are going to have with this new system. Because they are getting paid that call, they are not going to be able to do – what we have been told, and there is nothing that has been clear about it – back-to-back shifts, which means that it is not worth their while to come out to places like Sea Lake, so we need it to be different for us.

The CHAIR: Okay, thanks so much for that. Michaela, that finishes up this session at the moment. So we are going to end the broadcast, but thanks very much for your contribution today, and of course good luck for the rest of Italy as well.

Michela CLARKE: Thank you.

The CHAIR: No worries. Thanks very much.

Witness withdrew.