

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 5 (*via videoconference*).

The CHAIR: I am Joe McCracken, and I am Chair of the committee. Ryan, do you want to go?

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

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

Ann-Marie HERMANS: Hi, Witness 5. I am Ann-Marie Hermans. I am Member for the South-Eastern Metropolitan Region.

Jacinta ERMACORA: It is Jacinta Ermacora here, Western Victoria MP.

Sarah MANSFIELD: Sarah Mansfield, Western Victoria.

The CHAIR: And I think we have got a couple of others that might be joining us just in a few moments. Witness 5. We just had a break before this, so they might just still be coming back. I will just read this out for you.

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 Australian states or territories. However, it is important to note that any comments you make outside the hearing, including effective repetition of what you have said in evidence, may not be afforded that same privilege. What it means is what you say in here, if you repeat it outside, it may not necessarily be protected out there. It is also important to note that any action which seeks to impede or hinder a witness or threaten a witness for the evidence that they would give or have given may constitute and be punishable as a contempt of Parliament.

We are recording the evidence, and we will provide a proof version of the Hansard transcript at the earliest opportunity for you, so if there are any mistakes or any corrections you want to make, you can make those as well.

So, Witness 5, for the record and for Hansard, can you please state your name and the organisation, if any, that you are appearing on behalf of, please. If there are none, just say, 'Witness 5 in an individual capacity'.

Witness 5: Okay. My name is Witness 5, and I am just here in an individual capacity.

The CHAIR: Perfect. Thanks very much. And we have got your submission. You can take that as read, but you have got an opportunity now to give an introduction and then we will go to questions, if you like, Witness 5. So I will hand it over to you.

Witness 5: I do have a little 5-minute spiel just to give a bit of background. A couple of things have changed since the submission. My name is Witness 5.

I began my career as a full-time paramedic, a role I held for before transitioning to a flexible work arrangement following the births of my children.

Like many working parents in emergency services, I rely heavily on flexible, predictable and safe working conditions to maintain both professional performance and family responsibilities. This submission outlines key concerns regarding the working conditions of paramedics within Ambulance Victoria, with a particular focus on practices within the Barwon South West region. It highlights critical operational safety and procedural issues affecting staff wellbeing, patient care and service efficiency.

The first of these key issues is unsafe rostering practices. Paramedics continue to work 14-hour night shifts, often without predictable or adequate rest breaks. These shifts are frequently extended through overtime, leading to work periods that increase fatigue and compromise safety for staff, patients and the community.

Ambulance Victoria agreed to recently introduce 8-hour night shifts. However, these shifts are currently only available to paramedics requiring a flexible work arrangement and even then only in combination with continued 14-hour night shifts. AV has explicitly stated that the intention of the short night shifts is that the full night shifts will not be reduced, which undermines the very purpose of introducing shorter night shifts – to promote safer working conditions and enable a better work-life balance. By limiting access and failing to reduce the overall number of extended night shifts, the initiative does little to address fatigue, equity or staff wellbeing. It represents a superficial response rather than a genuine commitment to improving rostering practices and supporting sustainable careers in frontline emergency care.

Flexible work arrangement applications lack direct consultation between staff and decision-makers, violating the principles of transparent and inclusive consultation. In Barwon South West blanket decisions are applied without regard to individual circumstances. Ambulance Victoria has also failed to meet the legislative 21-day response requirement under the *Fair Work Act 2009*. This causes negotiations to be unnecessarily protracted as well as causing overwhelming anxiety, mental stress and fatigue on paramedics. Many rural paramedics on FWAs are voluntarily willing to be fully flexible with their shifts however are being forced to sign agreements that conflict with the intentions of the terms of the enterprise bargaining agreement, particularly in relation to spare shift arrangements. Under current practice, rural paramedics are unable to opt to be fully flexible.

When allocated a spare shift at a different location, they are often required to first report to their home branch before travelling to the secondary shift location. This unnecessary relocation occurs during paid operational hours. This inefficiency impacts ambulance response times and delays ambulance availability, particularly during critical periods, as paramedics are in transit to the secondary location rather than responding to call-outs. In some cases rural paramedics are required to use taxis for the secondary transfer, further increasing operational costs for Ambulance Victoria. These practices result in a measurable loss of frontline capacity at the start and also at the end of the shifts, undermining patient care, increasing response times and reducing overall system effectiveness in addition to undermining flexibility goals. Metropolitan Melbourne paramedics, however, have the ability to be fully flexible.

Our current payslips are unclear, often misaligned with timecards and do not clearly itemise penalties and allowances. This makes it difficult for staff to verify their pay and identify errors. There is a lack of consistent and informed leadership across the organisation. Management often lacks frontline understanding, which leads to poor communication, low morale and failed reform implementation.

So a quick summary of the proposed solutions would be to modernise rostering, improve fatigue management, reform the FWA process, streamline spare shifts to allow paramedics on FWAs to be fully flexible in rural as an option, enhance payslip clarity and develop leadership capability. These reforms are essential to protect paramedic wellbeing, ensure patient safety and restore confidence in the systems that govern our emergency services. The concerns outlined in this submission reflect broader systemic issues that require urgent and transparent resolution. Thank you for your time.

The CHAIR: Thanks, Witness 5. I will start off with a question, and then we will go to the rest of the committee members. You talked about a lot of different things in your submission. The one that I want to talk about is you said in your submission that you tried to approach the committee for flexible working arrangements. Is that correct?

Witness 5: Yes. We have a Barwon South West committee.

The CHAIR: Yes, and you said that you wanted to communicate with them before they gave a refusal to you. Is that right?

Witness 5: What happens is you can put your application in to the team manager, the team manager sends it to the committee, the committee makes a decision, they send that back through to the team manager and then they send that communication back through to you.

The CHAIR: I guess the point I am saying is: when you get a refusal, do you have an opportunity to talk about the different issues that you raised with regard to flexible working arrangements at all, or do you just submit your application and a number of different steps happen before you get a notification saying it has been approved or denied?

Witness 5: Information has come back to us to state you need to consider these things, so there is an opportunity to be able to try and provide that. But what we are getting is blanket responses. For me, I was informed that I needed to abide by what my branch did. I had to perform [REDACTED], which was in no way feasible in relation to my situation, and I was unable to speak to the decision-makers, which was the committee specifically, to be able to address my case and outline my own personal circumstances.

The CHAIR: Yes, that is the point I was getting at. So you were not able to talk to the committee and outline what your particular situation was, and why it was important to you?

Witness 5: No.

The CHAIR: Why is that?

Witness 5: I have never had that opportunity.

The CHAIR: Is that a systemic thing? No-one has that opportunity to do that?

Witness 5: No, no-one has that opportunity to speak to the Fair Work committee themselves and be able to represent themselves in front of that committee. You must go through your team manager. Once that rejection is in place, you have the opportunity to go through a grievance process. You can sit down with an area manager and HR as a stage 1, and the stage 2 is the regional director and HR, but you cannot go in front of that committee.

The CHAIR: Okay. Thanks very much, Witness 5. I am going to pass on to Mr Batchelor now. My time has expired.

Ryan BATCHELOR: Thanks, Chair. Witness 5, thanks for appearing today. Fourteen-hour shifts do seem quite concerning for those with family responsibilities. What is your understanding about why they remain a bedrock of the rostering system, particularly in rural areas?

Witness 5: Archaic practices is probably the best way to explain it. I believe they were introduced in the 1980s. We followed what the firefighters did, which was a 10–14 roster, and things have not changed. In metropolitan Melbourne they are trying to remove a second night shift; however, an individual 14-hour night shift is quite harrowing. I can certainly advocate that you do not necessarily want to get a paramedic at 6:30 in the morning after they have already completed 13½ hours, particularly if they have not had a break. I understand that there needs to be more reform around that, and that is potentially in the pipeline but I think we are a long way off, considering that they have tried to introduce these eight-hour night shifts, which you can only do if you combine them with a 14-hour night shift in your roster.

Ryan BATCHELOR: Right. From an operational point of view and a staff wellbeing point of view, dealing with fatigue issues what do you think would be a better set of standard rostering arrangements? What do you think would be better than the current system?

Witness 5: Certainly a reduction of the amount of hours that need to be completed in a night shift. I think they have just always stuck with 14. I think that it is sort of set in its way in relation to the mathematical calculation. But I think the idea behind not dropping the 14 hours is that we need more resources to be able to facilitate if those hours were to reduce. So if everyone was doing 10-hour night shifts, clearly we would probably need more resources, more ambulances and more paramedics, and it is a cost thing in relation to that. But yes, it is getting to the point where – you were able to sleep on night shifts, [REDACTED] we are not getting that rest and we are not getting those adequate breaks that we require. This is why we need to get up to speed in relation to what is happening around us. Fatigue is a real issue with these 14-hour night shifts now.

Ryan BATCHELOR: Thank you. My time is about up, so I will let –

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

Georgie CROZIER: Thank you very much, Ms Witness 5, for your evidence and your submission. I want to just first talk about the leadership. In your submission you say there is a noticeable absence of consistent, effective leadership within the organisation. Are you talking about your local area or are you talking more broadly for AV in its entirety?

Witness 5: I think it sort of goes more broadly. I have seen [REDACTED] CEOs obviously go through Ambulance Victoria [REDACTED] We are obviously about to embark on another CEO. I think it really sort of stems from there as to the type of leadership and what flows down. The team managers that I have had over the years have been most remarkable – and the senior team managers. But once you start to get further up the chain in relation to area managers and regional directors – and this goes for metropolitan Melbourne as well as regional – there is a clear lack of transparency in relation to those communications of what is actually happening on the ground and what they need to achieve businesswise.

Georgie CROZIER: Thank you very much for that. Can I go back to an answer to, I think, Mr Batchelor's question around – you say you do not want to get a paramedic at 6.30 in the morning, because you are at 13 and a half hours. Do you think that those long hours are contributing to worse patient outcomes?

Witness 5: They can certainly have an effect, yes.

Georgie CROZIER: Has anyone died that you are aware of because of paramedics being so fatigued – a mistake has been made or something has not happened?

Witness 5: I would not be able to give you a clear case in relation to that. I can certainly point you to the direction of the Myrtleford case where a paramedic nearly died because they had been working 18-plus hours.

Georgie CROZIER: Yes. Could I say, you said that [REDACTED] years ago there were rest periods to counteract the fatigue, and that does not happen anymore. What were the rest periods? What happened [REDACTED] years ago when you were able to have a rest?

Witness 5: To be honest, I think that was more regional areas, rural areas. [REDACTED] metropolitan Melbourne, so we did not have a huge amount of rest, but there was certainly the ability to close your eyes and be able to get maybe more than half an hour of a nap in to be able to get to the rest of your 14 hours. I think given the public is calling the ambulance a lot more, there are a lot more chronic illnesses that are around, certainly COVID has played its part.

Georgie CROZIER: It is that greater demand, so there is no opportunity to have that break.

Witness 5: And the other thing would be hospital ramping.

Georgie CROZIER: Yes. Still rife in the Barwon area?

Witness 5: Yes. Still rife.

Georgie CROZIER: Thank you.

The CHAIR: Thanks very much. We are now going to move on to Ms Ermacora.

Jacinta ERMACORA: Hello. Thanks, Witness 5. Obviously, I apologise for being remote from Warrnambool today. An answer to Ms Crozier's question – you said that up to the senior team managers that they are an awesome group or do an awesome job and you feel connected, and then when it gets to – what are the two other levels that you said?

Witness 5: There seems to be a disconnect from area manager and regional director.

Jacinta ERMACORA: And regional director. Okay, so what happens in between senior team managers, which seem to be responsive? What happens between those people and the area managers and regional directors? What are the differences? Are they more remote? Are they centralised? What is going on there from your perspective?

Witness 5: From my perspective, senior team managers spend a lot more time on the ground, so they are with paramedics, they are helping out paramedics, and they have the ability to be in field. They will conduct jobs with paramedics so they stay within the paramedic frame of mind and they are aware of all the issues that are occurring, whereas it is more businesslike from area manager to regional director and above, so there is a greater avenue for disconnect.

Jacinta ERMACORA: And are they centralised in Melbourne for all regions or is there an area manager located physically in each area?

Witness 5: I believe they are located in regard to the local divisions, so there is one for every division. However, they are not necessarily on the ground out on the ambulances; they will either be, I am assuming, working from home or in an office space. I know that there is a regional office in Barwon South West, and that is where the area manager of our particular area utilises that office.

Jacinta ERMACORA: Right, so that could be up to 3 to 4 hours away from where ambulance practitioners are actually operating?

Witness 5: Well, yes, it depends where they are working from. I am assuming that they can work remotely if they so choose. I believe that they probably have similar arrangements for work if needed.

Jacinta ERMACORA: So what would you improve about that issue?

Witness 5: I believe that –

Jacinta ERMACORA: Or what would you change?

Witness 5: Consultation I think is one of the key areas – consultation and actually communication, because I do not believe that they are taking on enough information to help warrant that change. Like the example of the committee, you do not have an opportunity to voice what is happening for you and how you can work with what the needs of the organisation are as well as your own. You just get that blanket shutdown, and I feel that that is throughout various areas of that leadership.

Jacinta ERMACORA: Can I indulge, Joe, just one short little one further?

The CHAIR: All right, 10 seconds, yes.

Jacinta ERMACORA: Thank you. So at that level, which is not right up the top – regional directors, area managers – do they have the authority to make minor reforms to do things better, or do they seem inflexible?

Witness 5: It seems inflexible. I know that they have some hardship in relation to trying to get things over the line from the executive team, but yes, again, I probably cannot answer that to – that is to the best of my knowledge, and that is what I have been informed of from them: ‘It’s not us, it’s the executive team.’

Jacinta ERMACORA: Thanks, Witness 5. That is great.

The CHAIR: We will move on to Dr Mansfield.

Sarah MANSFIELD: Thank you. Thank you for your submission and for your evidence. In your submission you talked about the challenges with applying for flexible work arrangements, and that is something we have heard from other witnesses. What would you like to see changed with respect to that?

Witness 5: So to give you a quick snapshot, I have a flexible work arrangement now that is very similar to the one I applied for the year before. [REDACTED]

[REDACTED] I would like to see a lot more transparency, a lot more communication and a lot more ability for them to actually go, ‘Okay, what do you need to be able to turn up to work?’ and taking our concerns and our responsibilities more seriously rather than doing blanket decisions of going, ‘No, you work here, you must do this, you can do these hours, we’re making this across the board.’ It is supposed to be an individualised process, but it is so blanketed, and they make it so difficult that so many people are going casual now because they cannot go through that process, or they see them going through that process, and we are losing so many good people because of that, because it is such a harrowing process of trying to just get a roster

that is able to be family friendly and works for Ambulance Victoria too. These 8-hour shifts are – [REDACTED]
[REDACTED] I was shut down and told,
'No, you cannot reduce your 14-hour night shifts,' [REDACTED].

Sarah MANSFIELD: You mentioned that quite a lot of people are being put off. Do you know people that have been put off by the process?

Witness 5: Absolutely. They have gone casual; some have left the job entirely. It is really sad to see that that is a reason that somebody is having to leave a job that they love, that they have studied for and that they really enjoy.

Sarah MANSFIELD: Is this unique to where you are located, or is it something that you hear about across the board?

Witness 5: I have got to say, Barwon South West has been harder to go through the FWA process with than [REDACTED] the metropolitan region.

Sarah MANSFIELD: Okay. So it is not a standard approach across the state?

Witness 5: In other rural areas they have the Fair Work committee, and I know that they have also had issues in relation to the Fair Work committee and the blanket decisions. I have not spoken to anyone recently in regard to metropolitan Melbourne, but certainly in the rural regions we are all having difficulties.

Sarah MANSFIELD: Thank you.

The CHAIR: Thanks very much. I will now hand over to Mrs Hermans.

Ann-Marie HERMANS: Thank you so much, Witness 5, for coming in and for your time and your submission. I have only got a couple of questions because a lot of my questions have already been asked. Just to give you an opportunity, in case there is anything additional you wanted to add on the issue – because it is a big issue – of fatigue on performance and safety: you have alluded to 8-hour shifts as a solution. Can you just talk a little bit more about what you have experienced and what you think can be done to enhance performance and prevent that significant fatigue that so many people are experiencing and the safety issues that go with it? Are there any other suggestions that you might have?

Witness 5: [REDACTED]

[REDACTED] We could have some form of rotation that would happen with regard to that for those that wanted to work those shorter hours. It gives the ability for that flexibility for those that need the first part of the night and those that do not necessarily need that or can work the later part of the night. It is certainly a suggestion. [REDACTED]

Ann-Marie HERMANS: Thank you. I appreciate that. One more thing that you have not perhaps talked about is pay slip transparency and timelines not marrying up. What have you experienced in this space? Is it actually an issue that you are aware of and that you are experiencing and that others have experienced? Would you like to share with us a bit about how this could be improved and what your experience has been?

Witness 5: The solution to this is basically our time sheets need to marry up with our actual pay slips. We are a week out, and so are all of our allowances. It is really difficult to ascertain, particularly if you might be doing different hours or you do overtime – to coordinate. What you are actually seeing on your timecard is not reflected in what you are seeing on your pay slip. It has been an ongoing issue for years, prior to me coming in, but there does not seem to be a fix that they are allowing. The payroll team has certainly – it has been a bit of an issue in relation to trying to get many things fixed in there.

Ann-Marie HERMANS: It is interesting, given that we are in a digital age now, that there has not been a solution for this. Thank you so much.

The CHAIR: Thanks, Mrs Hermans. Lastly, I will ask Ms Payne.

Rachel PAYNE: Thank you, Chair, and thank you, Witness 5, for your submission and presenting before us today. I think most of the questions that I had you have actually answered, but I wanted to throw back to you: we have heard from a lot of witnesses over the inquiry process in relation to the disparity between being employed in a regional setting compared to being employed in a metro setting; I just wanted to know if you wanted to reflect on that a little bit more broadly outside of your submission.

Witness 5: Yes. One of the things that is a huge disparity at the moment is metropolitan Melbourne paramedics are allowed to be flexible, so they will be told where their shift is going to be and they can just head towards that shift and they will be there at their start time. What has happened in the recent EBA is that – again, this relates to Barwon South West; I am assuming that this is happening in many rural regions – they are stating to paramedics that they are only allowed to be flexible on their night shift; for day shifts and for afternoon shifts rosters will tell you whether or not you can be flexible and then get an allowance. If you are open, you are going to your shift and your shift start time is 7 o'clock. If you have not been allocated – and we have been told that, you know, those allocations have to be made or you have to tell rosters 2 hours prior to your start time, which is 5 o'clock in the morning; prior to that they are not even there – and you are happy to be flexible, you start at your branch and then you are sent away to another branch to actually complete your shift. Now, if that journey takes you half an hour, that is half an hour of ambulance response time that you are not at that shift for. That can occur at the end of your shift too; you can finish at 4:30pm so you can be back at your shift by 5:00 pm – again, another half an hour that there is no dual response for an ambulance. So not allowing paramedics that want to be flexible for those shifts is a huge disparity when Melbourne metropolitan paramedics can do it but we cannot. So there is that lack of ambulance response time – a real danger to the community. We are also allowed to get taxis if we need to move to those secondary locations, so it increases the costs for AV there too, yes.

Rachel PAYNE: We also heard of some of the risk mitigation procedures that are in place around I think they are called mobile data terminals that are accessible for metro paramedics but not regional paramedics. Have you experienced any sort of issue around risk because of this?

Witness 5: Yes, absolutely. When the new iPads were coming in for us to complete our VACIS and the recording of all of our information I thought that was a great opportunity to go, 'Okay, will these be our mobile data terminals? Will we be able to mount them and be able to utilise that same information?' But the answer was no, because we could not allegedly have anything that would mount the iPad safely onto the ambulance. So I have noticed a great difference, particularly coming from Melbourne – you have to input the actual address; you do not get the location of interest of patients that are potentially undesirable or have a violent background et cetera. You do not necessarily get all of that information that you would on the MDT. So yes, there is a big disparity in relation to that.

Rachel PAYNE: Great. Thank you for your information.

The CHAIR: Rightio, that concludes all the questioning for this session. Witness 5, I really want to thank you for your submission and your contribution today and for taking all of our questions as well. You provided a lot of great insights that I am sure are going to go towards the final report, so thank you very much for that. That ends the session for today, and we will call it a close. Thanks once again, Witness 5.

Committee adjourned.