

TRANSCRIPT

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Ambulance Victoria

Melbourne – Friday 13 June 2025

MEMBERS

Joe McCracken – Chair

Michael Galea – Deputy Chair

Ryan Batchelor

Anasina Gray-Barberio

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Sarah Mansfield

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Aiv Puglielli

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Richard Welch

WITNESSES

Peter Marshall, Secretary, Victoria branch, United Firefighters Union of Australia; and

Wayne Gatt, Secretary, Police Association Victoria.

The CHAIR: Welcome to the public hearings of the Legal and Social Issues Committee. I declare open the committee hearing for the Inquiry into Ambulance Victoria. Please ensure that all mobile phones are switched off or on silent, just to minimise background noise.

Firstly, I would like to acknowledge the original custodians of the land, the Aboriginal peoples, and pay respect to elders past, present and emerging.

I would now like to introduce our committee. I am Joe McCracken, Chair. We will go through the other members as well.

Michael GALEA: Michael Galea, South-Eastern Metropolitan.

Ryan BATCHELOR: Ryan Batchelor, Southern Metropolitan Region.

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

Anasina GRAY-BARBERIO: Anasina Gray-Barberio, Northern Metro.

John BERGER: John Berger, Southern Metro.

Sarah MANSFIELD: Sarah Mansfield, Western Victoria.

The CHAIR: Have we got any others online at all?

Rachel PAYNE: Rachel Payne, South-Eastern Metropolitan.

The CHAIR: Perfect, thank you. All evidence taken is protected by parliamentary privilege as provided by the *Constitution Act 1975* and further subject to the provisions of the Legislative Council standing orders. Therefore, the information you provide during this hearing is protected by law. You are protected against any action for what you say during this hearing, but if you go elsewhere and repeat the same things, those comments may not be protected by this privilege. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

All evidence is being recorded, and you will be provided with a proof version of the transcript following the hearing. Transcripts will ultimately be made public and posted on the committee's website.

For the Hansard record, would you please state your name and the organisation that you are appearing on behalf of?

Peter MARSHALL: Peter Marshall, Secretary, United Firefighters Union Victoria branch.

Wayne GATT: Wayne Gatt, Secretary of the Police Association Victoria.

The CHAIR: Thanks very much. I understand that you have got a presentation that you would like to go through as well, Peter. I will hand it over to you to go through that, and then we will go through some questions. Is that all right?

Peter MARSHALL: Yes, no problem. Thank you very much.

The CHAIR: Over to you.

Visual presentation.

Peter MARSHALL: First of all, I appreciate the committee giving us the opportunity. If I could just take you through the work, the background is that Fire Rescue Victoria is the only fire service in Australia that provides a co-response to ambulance services to the extent that it does. Sadly, we want to let the committee know that this program is currently at risk, and I will explain a little bit later why. The program first emerged in 1998 as a trial program in relation to co-response with an ambulance service, to try and get better patient outcomes for predominantly cardiac arrest, priority zero calls, which are really unconscious, non-breathing patients. FRV have a strategic location plan for their fire stations, which means their normal response time is around 7.7 minutes. That early intervention was one of the drivers for this program.

Time-critical response – the key performance indicator for EMR is 9.2 minutes for Fire Rescue Victoria, and we are able to achieve this most of the time because of the rapid response that is required because of the strategic location plan. Firefighters – first of all, we are very lucky to have the ambulance service we have and the paramedics, so I just want to make sure that there is no –

We work cooperatively with them – this is a program that assists, does not replace. I just want to make that very clear. So firefighters arrive first on scene at EMR calls prior to AV 50 per cent of the time. In the context of AV response, the target set by Ambulance for code 1 ‘lights and sirens’ is 15 minutes for 85 per cent of – currently, based on data, it is published at 64.2 per cent. We just want to make the comment it is no fault of the paramedics; as I said, we are very lucky to have the level of paramedics we do, but it is clear they are under pressure – increased caseload, problems with dispatch and what clearly appears to be under-resourcing. We do not make that as a political comment; we just make that as an observation. However, that is a matter for the VAU.

One of the key performance outcomes is that 41 per cent of patients are transferred to hospital and return to circulation as a result of the early intervention of EMR. You can see that on 17 February 2025 FireCom, which is the dispatch system that actually records, had recorded 9731 EMR calls in the previous 12 months which FRV responded to. As I said, they have responded to priority zero calls, which are predominantly people who are who are in cardiac arrest; they are not conscious, unbreathing. 41 per cent of those patients are transported to hospital and return to circulation because of, one, the early intervention of the firefighters – their job is not to replace ambulance officers; their job is to maintain life or bring back life until the ambulance arrives on scene.

As you can see, here is the data in relation to the compliance for response time; this is prior to the fire service reform. It is well up in and around the 90s; sometimes it will go down to 85 per cent, but the compliance is good. The four rows above are after fire service reform, and that is FRV data.

New data for the committee in the context of key performance indicators for emergency medical response: FRV has performed better than the required response times for 15 consecutive quarters. We provide the committee with the most recent quarter data – by the way, you all got a copy of this. As you can see there, the percentage of emergency incidents in the fifth column: 97.9 per cent, 96, 98, 93, 100 per cent. The compliance is well above what is required. It is a 90-percentile requirement; we are far exceeding that. I will say that this is becoming very compromised due to the ageing fleet. I do not make that as a political comment; it is just the fact that the ageing fleet of FRV has resulted in appliances breaking down on numerous occasions.

FRV and EMR training – as of April 2024, 2157 of those in division A, which is the old MFB, and 1434 of those in division B hold EMR qualifications – those are the old CFA career professional firefighters. FRV frequently co-responds with Ambulance Victoria to the priority zero incidents for patients who are unconscious, non-breathing or have no pulse – not conscious, not breathing or breathing uncertain – or are likely soon to be in those conditions. It is a dual response; we get dispatched at the same time. Common examples of those emergencies include cardiac arrest predominantly, stroke, drowning, anaphylaxis and drug overdose.

Firefighters responding to EMR incidents are dispatched at the same time as Ambulance Victoria paramedics to these types of life-threatening emergencies. They have always done road trauma, industrial accidents, gunshots, stabbings, mass casualty incidents, severe bleeding, burns and mass casualties such as Bourke Street are more of a new evolution in this particular type of response.

Emergency medical response program – this program is at risk, and it is at risk for this reason: firefighters are now considering whether they will continue in this role, and there is a reason for that. In 2022 and 2023 AV

engaged in a process of upgrading dispatch systems. Since 30 June 2023 the subset of EMR codes responded to by firefighters as part of the EMR is depicted in the corresponding table. These are new codes. They are new work, and they are a new skill set – new training. They require an additional skill set and response by firefighters.

That is the new calls – you have got a copy of this; they are too small to show on the screen. Essentially they are new work; they are new types of incidents that firefighters go to. They require additional training and also an upgrade of equipment. A case study recently went to the Fair Work proceedings in relation to this new work, and we sought an allowance for it. I understand that is not the domain of this particular committee, but you need to understand that this program is now at risk because of what was submitted by Fire Rescue Victoria in those proceedings. In 2024 we lodged an application at Fair Work for an increase in EMR allowance on the grounds of new systems of work and increased work value. As previously mentioned, firefighters now respond additionally – and they had to actually upgrade to new equipment – to new classes of incidents, including gunshot wounds and stabbings as well as mass casualties. They undertake additional training and complete additional paperwork, including patient care record systems. There is also a greater disability associated with this, including the higher emotional and psychological impact associated with attending more prevalent traumatic incidents such as gunshots and stabbings.

This is why this program is at risk. Fair Work will make a decision based on the evidence today, but when your employer actually submits to the public – it is now on the public record – that this new work is marginal at best, you have to ask the question of what the impact is on the firefighters who actually perform this work. That was how this new work – which includes stabbings, gunshot wounds and mass casualties – has been described: marginal at best. This program is the only program in Australia. No other fire service and no other state has this program. It requires a high level of training. Firefighters, like all emergency service workers, go about their work without seeking accolades, but when the work they do – in which, really, they respond to dead people and bring those people back as best they can – is described as marginal at best, it has a significant impact on morale. That is why they are now considering whether they will continue this work.

The key points – I have rushed through this, I suppose, and I do appreciate the time, but I want to make these points. Victoria is the only state that has this co-response program of FRV and AV. It is not a first-aid program; it is advanced first aid. They carry defibrillators, oxygen and other equipment. It is just not something that someone can simply do by doing a first-aid course. It is highly trained. The EMR program is an enormous success in early intervention, working cooperatively with AV, resulting in greater patient outcomes and saving lives. That is a matter of record. Monash University conducted a report on the success of the program. The early intervention, for no other reason than the strategic location and the commitment of the firefighters, resulted in, as you are able to view from the statistics, 41 per cent of people who were non-breathing and unconscious – who predominantly were dead when the firefighters arrived – actually got transferred to the hospital and actually survived. FRV must continue undertaking additional specialist EMR training. As I said, it is not a first-aid course. It is additional training on top of the acquisition of skills. Four times a year they actually have clinical instruction from Ambulance Victoria, as well as having to be recertified every three years in conjunction with Monash University.

The submission to this committee is simply this: you do have a valued program, which no state other than Victoria has. At the very least, firefighters need an apology for being told that the work they do is marginal at best. FRV firefighters deserve an apology, to say the least. The devaluation of their work has resulted in numerous hurt and stress, and FRV firefighters are considering withdrawing from responding to this type of work. It is not their core work. It has become their core work only because of that groundbreaking program. But when your employer tells you that – and on the public record, by the way – it is marginal at best, given the fact that 41 per cent of people actually survive as a result of early intervention and they have now actually taken on the additional roles of responding to gunshot wounds, mass casualties, a whole range of other things, for that to be downgraded as ‘marginal at best’ is probably one of the most denigrating statements I have seen.

Georgie CROZIER: Who said that?

Peter MARSHALL: That was by the barrister acting on behalf of Commissioner Freeman, Tony Matthews and Tom McPherson from FRV. Now, all is fair in love and war and the Fair Work Commission for an argument, but when you denigrate the work of these people it really does have a significant effect. As I said,

they do not have to do this new work, and at the moment they are actually considering not to do it anymore. Why would they?

So as a result of the denigration of the role of FRV firefighters, whereas they had a chance to state it on transcript at the Fair Work Commission that the work of firefighters do in context of changed codes and enhanced response to more traumatic events such as stabbings and shootings is 'marginal at best' – really? Marginal at best? This has caused enormous stress and hurt amongst firefighters as a result.

The UFU has written to FRV to say we will be withdrawing from those new type of calls. We do not have to do them. Firefighters serve the community the same as police and ambulance officers, and they do not seek accolades. But when the work they do is denigrated to such an extent that this was, you really have to ask the question of what impact that has on the emergency responders. Essentially, the EMR program is groundbreaking. I can guarantee you no other state in Australia has this program. No other fire service performs this work to the level of the training. It has been highly successful in saving life through early intervention, but the program is now at risk. Why is it at risk? Not because of money but because of the denigration of the work they do as 'marginal at best'. Now, I could go on about that, but you can hear it in my voice. I am happy to take any questions. But we are just saying that we do not have to do this work. At the very least, an apology is owed to the firefighters.

The CHAIR: Thank you. We have got your submission too, Mr Gatt. Would you like to make any opening statements, or are you happy to go straight to questions?

Wayne GATT: I am happy to go straight to questions. I do not want to bore you with details I have already provided.

The CHAIR: No worries. That is fine. We will start off with questions then. I will go first. Mr Marshall, I was interested in your submission, particularly where you talked about morale.

Peter MARSHALL: Yes.

The CHAIR: There are a lot of different things that are affecting morale at the moment. What is your view of the emergency services tax and how that is impacting morale?

Peter MARSHALL: The emergency services tax?

The CHAIR: Yes.

Michael GALEA: But how is that relevant to ambulances?

Peter MARSHALL: Well, the emergency service –

The CHAIR: Ambulance morale.

Peter MARSHALL: To answer your question, the problem with the emergency services tax – it is not a levy – is that governments can do whatever they want, but when they use the name of firefighters and emergency services to raise money that ultimately will not go there – and we are talking \$2.14 billion extra – it is highly offensive. You would be aware, as would all your committee members, that 42 per cent of the fleet of FRV is out of date. The recent announcements talked about a rolling replacement program of \$10 million a year; probably four or five appliances at best. So if you ask me what the effect is, the reality is that initially the legislation left out Fire Rescue Victoria. It actually was a budget cut. It was 87.5 per cent mandatory prior to the proposed Bill, and then the Bill changed that to not exceeding 87.5 per cent. What that meant was it was a budget cut; it did not have to be 87.5 per cent. Now, as I understand through various manoeuvres in Parliament, it is now 90 per cent.

Ryan BATCHELOR: Just on a point of order, we are here to talk about ambulances and the connection between the ambulance service and the firefighting service.

Peter MARSHALL: If I could just answer, they correspond with ambulance. You asked me what the effect on firefighters is.

The CHAIR: On morale, yes.

Peter MARSHALL: The reality is they have not got the trucks to do the job, and that is corresponding with the ambulance services. If you ask me about the Bill, the Bill does nothing to provide a greater response in the context of the 42 per cent that are out of date, and it has affected morale because obviously there is a lot of discussion in the public arena and people are pointing their finger at volunteers and firefighters saying, 'Well, this is because of you.' No, it is not.

The CHAIR: I appreciate that. I might leave my time there, because I know we are short. I will go to Mr Galea.

Michael GALEA: Thank you, Chair. Thank you both for joining us this morning. Mr Gatt, your submission talks about the opportunity to improve information sharing between AV and VicPol in regard to the work that you do together. Can I get some more detail from you on how you would see this working in practice? Is it at the level of officers engaging with each other? Is it at a corporate level? What is the point at which you see the most opportunity for better collaboration?

Wayne GATT: Thanks, Deputy Chair. It is at a systems level. Police, fortunately – and as you would expect – hold significant amounts of information about premises we would be attending. Some of that information is provided to Ambulance Victoria but not all of that information, particularly information that pertains to an individual's warning flags. For example, if we were attending a premises and the person there is known to be violent on presentation of police or other responders, that is important information for not only police to know but for all emergency services that respond. The reason I say that is that often what police officers see and experience is Ambulance Victoria – and I say through no fault of their own, and I do not in any way disregard the need for them to take their safety very seriously – sitting off and waiting to respond on the basis that information can be unknown. Should that information provide indicators that would suggest a police response or police car response is required, absolutely we understand the need for that and we fully endorse it, as indeed I would for my members. The reality is if clarity can be provided to paramedics in Victoria through the improvement of their own systems and information sharing between emergency service workers and the departments and the agencies, then indeed that not only provides better outcomes for those workers, like police, but improves safety outcomes for paramedics as well. Paramedics, through their association or through their union and indeed through paramedics on the street, continue to complain that those information gaps continue to exist. If it is a safety issue for them, it becomes an efficiency issue for us.

Michael GALEA: I guess it is how you get that balance right between knowing when to do the call-out – and it is probably never going to be 100 per cent foolproof – for your members supporting paramedics on a job.

Wayne GATT: Deputy Chair, all we would say is that information is key to that decision-making. So if paramedics or indeed paramedics at Triple Zero are equipped with all of the information, then those decisions – or indeed their supervisors can make decisions about whether an RV prior to attendance is required and to what extent it is required. It is about putting the safety of these workers first. Police are trained to do this part of our job very well, and we accept that, but we also accept that paramedics in Victoria are not.

Michael GALEA: Thank you.

The CHAIR: Thank you. I will pass now to Ms Crozier.

Georgie CROZIER: Thank you very much, Chair. Thank you both for being before the committee. I know time is of the essence, and I have got so many questions. And thank you on behalf of your membership for your work in keeping the community safe. Could I ask, firstly, Mr Marshall, very quickly: you have written to the FRV, and you have stated that you will be withdrawing from responding to the EMR program or the work done –

Peter MARSHALL: Not the program in title, but those new calls. We do not have to do that work.

Georgie CROZIER: It has been in place for almost 30 years – since 1998?

Peter MARSHALL: No. The program has –

Georgie CROZIER: Or 2020?

Peter MARSHALL: The program has, but these new calls came in in 2023–24.

Georgie CROZIER: You provided that in your presentation, and I will go back to that if I have got time, just in relation to those responses. In the interests of time, Mr Gatt, can I just move to you? I know that there has been a huge amount of frustration for your members to be sitting in emergency departments with patients, especially those mental health patients. Can you just explain a little bit more to the committee about that issue and what you see as a better way forward in managing that particular issue?

Wayne GATT: Well, I am not sure it is just what we see; the government accepted the recommendations of the 2019 royal commission, which directed our response to a health-led response. Since those recommendations were made in our industry we have seen little discernible change.

Georgie CROZIER: But they have not been implemented.

Wayne GATT: No. And indeed the *Mental Health and Wellbeing Act* reforms were removed by amendment, removing the capacity of ambulance officers to take those people more regularly into the care of hospitals. So indeed our members continue to carry the burden of transport of mental health injured people in our community when a police response, to be quite honest, in many cases is actually detrimental to their care and long-term recovery. It can also have tragic consequences. Without perhaps at this committee talking about them, given the sensitivities of those, we see all too frequently when a primary police response to a mental health crisis in the community can have tragic consequences. Indeed we also continue to question why it is that any emergency service has to respond initially. When we do, it is a continued failing of the preventative and community-based services that should be in place to prevent crisis in the first instance. We are just not seeing enough of that yet.

Georgie CROZIER: In the last few seconds I have got, have you done an assessment of the hours spent by police sitting with these patients in emergency departments?

Wayne GATT: We have not updated that. But I note that at the time of the royal commission we were attending one of these incidents every 12 minutes.

Georgie CROZIER: Is it getting worse?

Wayne GATT: It is not discernibly different.

Georgie CROZIER: Okay. Thank you.

The CHAIR: Thank you. I will move on to Ms Gray-Barberio.

Anasina GRAY-BARBERIO: Thank you, Chair. Good morning, Mr Marshall and Mr Gatt. Mr Marshall, I would like to go to you first. What has the level of uptake been of the emergency medical response program amongst the firefighters? You spoke earlier about how they are now contemplating whether they will be part of this program. What has the level of uptake been, and what are the factors influencing firefighters in participating in this program?

Peter MARSHALL: The uptake is 100 per cent, with the qualifier that recruits are not fully trained until after the 12-month period of their probation – they do some training, but the final training is at 12 months. The main factor is morale. The main factor is the stress, the trauma and the increased workload, but more importantly, when their work is described as ‘marginal at best’, that has actually had a rippling effect within the fire service to the point where people are saying, ‘Well, why would I do this anymore?’

Anasina GRAY-BARBERIO: Thank you. And just quickly, will this affect your memorandum of understanding with Ambulance Victoria if you are deciding to withdraw from taking some of these phone calls?

Peter MARSHALL: More importantly, it will affect the whole program. You have seen the stats and the figures. What it will do is put enormous pressure on Ambulance Victoria because firefighters will not be doing early response – that early intervention just simply will not be there. That is the government’s problem, not our problem. The government will have to employ more ambulance officers and more ambulances. Nine thousand calls we respond to. That is in the last 12 months – 9000 calls.

Anasina GRAY-BARBERIO: So will you be breaching your MOU?

Peter MARSHALL: We will not be. The long and short of it is that those new calls – the gunshot wounds, the mass casualties – are not part of any requirement for us to perform that work. We are only doing that out of goodwill. But the long and short of it is that the comment about ‘It’s marginal at best’ – I do not know how you could describe gunshot wounds or mass casualties as marginal at best. That has rippled through firefighters’ morale like you would not believe.

Anasina GRAY-BARBERIO: I appreciate your response there, Mr Marshall. Just quickly over to you, Mr Gatt, if I may. You said in your submission you would like to see significant procedural changes necessary for transitioning to a health-led response. Can you speak more to that in the last 20 seconds? How do you envision those procedures changing to a more health-led response?

Wayne GATT: I could not do better justice to this than the comment a member gave me last week. He said he turned up at a mental health crisis at a member of the community’s home and they said, ‘Why are you here?’ And he said, ‘I don’t know.’ Why are we still attending mental health crises where the person is not violent and where there is not a risk to that person? It should be health led.

Anasina GRAY-BARBERIO: Thank you.

The CHAIR: Thank you. I will now pass over to Mr Batchelor.

Ryan BATCHELOR: Thanks, Chair. Thanks, gentlemen, for coming in. Mr Gatt, just to follow on from Mr Galea’s questions about better improving information sharing, because clearly it is important for the paramedics when they front up to emergency calls to have a better and fuller understanding of what they are walking into; we obviously want more of that. Getting into more specifics about how we could get there, are the barriers legislative, procedural or technical?

Wayne GATT: I think potentially all of the above. Unpicking any legislative barriers for information sharing is a necessary part of procedural change. Enabling Triple Zero to have access, so making sure that information systems can share –

Ryan BATCHELOR: So they need access? Just because we have to make recommendations out of the committee, I want to get specific. What sort of things do they need to get access to?

Wayne GATT: Access to person warning flags and premises warning flags to ensure that they can understand if there is a risk. I understand there may be sensitivities around police intelligence that may not be able to be as easily shared, but there has to be some consideration to making sure –

Ryan BATCHELOR: You think that there are sufficient flags in the system that would not divulge the sort of intelligence we want to keep in police’s hands but have some sort of flag to Triple Zero that says to the paramedic –

Wayne GATT: Warning of violence, yes.

Ryan BATCHELOR: ‘Warning here: you’ve got to be careful going in’ or something like that.

Wayne GATT: Yes, without question. There are similar warning flags that we would get, and they can be generic in nature –

Ryan BATCHELOR: So they do not have to go into all the detail.

Wayne GATT: They do not have to disclose the intelligence, but you certainly could disclose the warning of itself, which would give rise to a different response, and a legitimate response, from ambulance or paramedic workers.

Ryan BATCHELOR: Just so we can understand what it would look like in practice, how do you think that would look different for that response call?

Wayne GATT: In that response it may well be a co-response with police.

Ryan BATCHELOR: So you would be better equipped to go in pre-armed, pre-warned I suppose, with a dual response.

Wayne GATT: Indeed. It may cause a supervisor to make further inquiries to understand the context – to actually then realise: is it a risk that we are likely to confront as ambulance workers? But indeed it might also facilitate and expedite an ambulance response – so stop sitting off when that is not required and respond more readily, more quickly and more directly when it can be.

Ryan BATCHELOR: Do you think on the technical side – I know you are not a technical systems expert with computers –

Wayne GATT: It is what my kids tell me.

Ryan BATCHELOR: That is right. Me too. Do you think the systems can talk to each other?

Wayne GATT: I do not think they can, but I think they have to. I think the point you should get from today's session is that police, paramedics and firefighters are part of one emergency service in Victoria, and anything that impacts service delivery for one of those agencies down the track has an impact on the others.

Ryan BATCHELOR: Yes. That is my time.

The CHAIR: We are out of time. Thanks very much. I am going to pass over to Dr Mansfield online now.

Sarah MANSFIELD: Thank you. Thank you both for appearing today and for your submissions. Mr Marshall, I would like to start with you. Can you for the committee just expand a bit more on some of those statistics that you were talking about before? The timing is obviously critical when it comes to an emergency response. Can you outline the timeframes that firefighters are able to respond to these sorts of incidents in and how that fits into the overall emergency response?

Peter MARSHALL: Yes, I can, Dr Mansfield. Can I say that in that PowerPoint presentation you got response time data, so the criteria are within 9.2 minutes for FRV to respond to an EMR call; 90 per cent OS is the criteria. They far exceed that. You have not got it in front of you, but in the last 15 consecutive quarters we have far exceeded that response time. We were actually as high as 100 per cent compliance, and the lowest one was around 92.1 per cent. As I understand it, for every minute after 4 minutes there is a 10 per cent reduction in chance of recovery. When you have a look at the context of FRV's response, the early intervention, 41 per cent of patients are actually, if you like, brought back to life and transferred to hospital. That is a significant program with significant outcomes. It is not 'marginal at best'.

Sarah MANSFIELD: If FRV was no longer involved in that work, you indicated before that that would be obviously more workload pushed onto Ambulance Victoria. But what might that mean in terms of those response times and the success and the patient outcomes that you have highlighted there?

Peter MARSHALL: With the patient outcomes, I cannot predict what will happen, but 41.5 per cent would not have that early intervention, that is for sure. It is not firefighters' position though. You can put aside whether it is a Fair Work matter about allowance, but when their employer, who is a representative of the government, describes the work they do – bringing someone who is actually deceased back to life – as 'marginal at best', it is highly offensive. Morale is a really big factor in emergency services at the moment – a huge factor. We are under enormous pressure. They have not got the right fire trucks. They have been in industrial disputation for a very long time. All they want to do is protect the community, but when their employer – on the public record, by the way; anyone can go on the public record – describes this groundbreaking program as 'marginal at best', it is highly offensive.

The CHAIR: I have to move on there, I am afraid, Dr Mansfield. I am going to pass it over to Mr Berger.

John BERGER: Thank you, Chair, and thank you, Mr Marshall and Mr Gatt, for your appearance this morning. I will, for transparency, Chair, just bring you to the point that I know Peter from my previous role as a branch secretary of the Transport Workers Union.

Peter MARSHALL: And very good secretary that you were.

John BERGER: Thank you, Peter. Peter, just in terms of the question I have, how does the trauma experienced by firefighters in an ERM event compare to the trauma experienced by firefighters in the other parts of their role?

Peter MARSHALL: Well, it is interesting. One of the greatest transformations in the work we do is traditionally, before EMR was introduced, the job of a firefighter was to go into a building if there was a person reported trapped, retrieve that person and then hand it over to the ambulance service. The transition was the greatest transition in the work, whereas in an EMR role, you are actually responsible for treating that person and trying to maintain life until the ambulance officers get there. Now, that involved a significant shift in the pressure, if you like, the stress to workers, because imagine this: you rock up – and we respond to SIDS, we respond to suicides, we respond to cardiac arrests – you have got the family members around and the firefighters are responsible because of that early response time in trying to revive that person, with the enormous emotional expectations of the family and the loved ones around that particular person. The transition for the workers is you are no longer going into a burning building to retrieve someone and hand it over to the ambulance service. Your new role is to actually be first on scene and your job is to maintain life until the ambulance gets there. It is a significant shift in the, if you like, stress in the workplace.

John BERGER: Wayne, does that same question apply to the police?

Wayne GATT: No, I do not think so, to be honest. I mean, our role primarily is an enforcement role. We have an ancillary role to protect life as well, but not in the formalised setting that my colleagues are. But indeed, I mean, to the extent that we are concerned about their resourcing levels, if they are under-resourced in those services, then an impact is felt on our members because delays in response times mean that we have to render first aid for extended periods of time and be involved in critical incidents that sometimes have people who are in life-threatening situations that need that care. That care, as basic as it might be, is provided by police. It is not a criticism of Ambulance Victoria at all; it is just a reflection of the intensity of their work and the continuing demand on their service, particularly in areas of non-emergency work, I might add.

John BERGER: Back to you, Peter. I am just interested to know what the partnership is like between AV and you. Has it been successful?

Peter MARSHALL: Well, not AV. I do not deal with AV as an employer, but certainly with the ambulance employees union we have got a very good relationship. Emergency service workers – police, ambulance, fire – on the ground work very well together. They have got a high level of camaraderie and respect for each other. The relationship with our union and the ambulance employees union, if you like, or the new name of the union is really, really good. This is a program that is embraced by all. It is not a program that seeks to take away the work of ambulance officers. We actually co-respond. Our job is to maintain life until the ambulance officers get there. I will say it again: I do not know if people understand just how lucky we are to have the sort of level of training and expertise of the ambulance officers in Victoria we have. I know that is renowned globally through my global alliance discussions.

The CHAIR: I am afraid we are going to have to move on, lastly, to Ms Payne.

Rachel PAYNE: Thank you, Chair, and thank you, Mr Gatt and Mr Marshall, for presenting before us today and representing your members. Some of the questions I had have already been answered, but I just wanted to circle back around to the EMR and problems with dispatch and the observation you made, Mr Marshall, around those problems with dispatch. With emergency call-outs, from your data it seems as though FRV are arriving before AV. Is that correct?

Peter MARSHALL: Yes, it is, and that is the whole purpose of the program. It is no criticism of ambulance officers. The fire service works on what they call a fire curve of 7.7 minutes. That is scientifically based. If you can get there within 7.7 minutes, you are able to contain that fire to the room of origin, as well as the chance of a rescue being greatly enhanced. If you overlay that to the community, that means that that rapid response can provide an early intervention to maintain life until the ambulance arrives there. As I said, we are the only state in this country that has got this program to the level of training it has.

Rachel PAYNE: And why do you think that fire rescue are arriving before Ambulance Victoria? Is it the problems with dispatch and some of that information sharing and systems not talking to one another?

Peter MARSHALL: No, we are dispatched at the same time as ambulance officers. It is the same call. I understand there are resourcing issues in the ambulance service, but that is a matter for Danny. It is not a matter for me. Certainly we do note the ever-increasing workload, if you like. Even our calls have gone up to around 10,000. There is an ageing population, there are more people and there are different types of events with the various narcotics out there, so there are whole range of new challenges putting pressure on the system.

Rachel PAYNE: What we heard from some of the witnesses that have presented before you today was that there is a real disparity for ambulance officers who either work in regional areas or in more metropolitan areas. Would you have any comment on that around response times and dispatch?

Peter MARSHALL: It is not a matter for me to speak on that, because I am not aware of it. I think Danny is best to speak on that. But what I do know is this program that I am talking about is only applicable to Fire Rescue Victoria career professional firefighters, which consist of the old MFB firefighters and the old CFA career firefighters. It is the only type of program of its type to the level of training and equipment they are trained in.

Rachel PAYNE: Thank you. Just more broadly –

The CHAIR: Sorry, we have just run out of time. There are two more questions in the room, and then we will wrap up. I know we started a little bit late, Ms Crozier and Mr Galea, but we have just got to be conscious of time too. Ms Crozier.

Georgie CROZIER: Thank you, Chair. Very quickly, given these call-outs, Mr Marshall, the 9000 that you have said FRV have responded to in these –

Peter MARSHALL: 12 months.

Georgie CROZIER: Yes. What discussions have you had with the ambulance union around the gaps? Clearly you are meeting that demand where they cannot, and we know that ramping is rife. Ambulances are getting stuck at emergency departments. Have you had a discussion around the severity of the calls and what is actually happening with the ambulance union?

Peter MARSHALL: No, we have not had that discussion, other than firefighters observe that ambulance officers are under ever-increasing pressure. Firefighters give that feedback all the time.

Georgie CROZIER: But clearly, given those 9000 calls and the 41 per cent that you say that you are responding to, with life-changing impacts, this is a serious issue. If you were not there, then that is a lot of people potentially that would die.

Peter MARSHALL: Perhaps people might want to think about that when they make comments about the work that firefighters do as being ‘marginal at best’ and the impact that has on those people, because it is a very stressful role, EMR. When morale is really bad, and everyone knows morale is very bad in the fire service at the moment and across emergency services, and when people in charge make those comments and put on the public record that this is ‘marginal at best’, the impact has rippled through firefighters to the point where – ‘I like serving the community; I’m not required to do this work’ – it is having an extra psychological effect.

Georgie CROZIER: Are they going to leave early?

The CHAIR: I have got to go to Mr Galea after this.

Peter MARSHALL: There is a huge morale problem in the fire service at the moment. They have been in dispute with this government for five years. Putting that aside, the reality is, again, when the leader of the organisation, obviously under the direction of the solicitor-general or whoever it was, says that this work is ‘marginal at best’ –

Georgie CROZIER: We have got that point.

Peter MARSHALL: Well, that is the point I want to make.

The CHAIR: I am going to have to move on to Mr Galea, and then we will have to wrap up.

Michael GALEA: Thank you, Chair. Mr Marshall, just to clarify as well, the basis on which EMR calls are made out is based on the priority. I understand that you have an issue with what has been discussed, but it is not based on AV workload or pressure at any particular point in time, it is based on the priority of the job that your members get called out to. Is that correct?

Peter MARSHALL: They respond to a key set of criteria, which is specified in the types of calls they go to. But in response to the other question, the firefighters obviously work very closely with ambulance officers, and they are seeing an ever-increasing pressure on those.

Michael GALEA: Thank you. I do have more, but I understand we are out of time.

The CHAIR: Thank you very much. Thank you again for appearing today. We really appreciate your time and your energy that you bring today. That brings this session to a close.

Witnesses withdrew.