Legislative Council
Legal and Social Issues Committee

Ambulance Victoria

Inquiry
October 2025

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About the Committee

Functions

The Legislative Council Legal and Social Issues Standing Committee will inquire into and report on any proposal, matter or thing concerned with community services, education, gaming, health, and law and justice.

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Terms of reference

Inquiry into Ambulance Victoria

On 14 August 2024, the Legislative Council agreed to the following motion:

That this house requires the Legal and Social Issues Committee to inquire into, consider and report, no later than 31 August 2025, on the core issues impacting the management and functions of Ambulance Victoria, including but not limited to:

(1) issues involving call taking, dispatch, ambulance ramping, working conditions and workloads of paramedics;

(2) procurement practices, including contract management and oversight, and their adequacy in ensuring transparency, fairness, and value for public funds and identification of any systemic patterns of mismanagement or lack of oversight;

(3) allegations of fraud and embezzlement and the adequacy of financial controls and oversight to prevent misconduct;

(4) governance and accountability;

(5) the workplace culture within Ambulance Victoria, with a focus on occupational health and safety impacts, including to the morale and wellbeing of paramedics and employees; and

(6) any other related matters the committee considers relevant.

On 17 June 2025, the Legislative Council resolved to extend the reporting date to 14 October 2025.

Chair's foreword

This Inquiry is of the utmost importance to the future of ambulance services in Victoria.

I thank every individual who contributed, especially those who did so at great personal risk. The number of confidential and name withheld submissions is evidence of the climate of fear within Ambulance Victoria. Many employees told us they feared retaliation for speaking the truth. That alone is a cause for concern.

We must also recognise the extraordinary contribution of paramedics, call takers and emergency service workers. They show up every day, often in life-threatening situations, to save lives. They work long hours, under intense pressure, and too often without the support they deserve. Our gratitude must be matched by genuine reform.

The evidence presented is stark: Ambulance Victoria is an organisation in crisis. Progress on the Victorian Equal Opportunity and Human Rights Commission's review has been minimal. The Professional Standards and Behaviours Department has failed to deliver meaningful change. A toxic culture continues to thrive—marked by bullying, harassment, nepotism and reprisals against those who challenge authority. Leadership has misused complaints processes against its own staff, creating deep and widespread distrust.

Governance failures run deep. A lack of paramedicine expertise on the Board has contributed to poor decision-making. Senior executives were recalled by the Committee to correct misleading testimony to this very Inquiry, with the matter now referred to the Ombudsman. Many witnesses told us that executives lack the skills to foster a safe and respectful workplace. Informal cliques, a rigid hierarchy and a culture of cover-ups mean that staff who raise concerns are sidelined, punished, or forced out.

Excessive workloads are pushing paramedics to breaking point. Regional staff are particularly vulnerable, isolated from adequate support. Stress, burnout and psychological injury are now common. The Triple Zero triage system, overly risk-averse, is contributing to resource misallocation, while ambulance ramping continues to undermine patient outcomes. These problems are made worse by systemic failures across the hospital system—shortages of capacity, delayed discharges and gaps in primary care.

Even the most basic functions are failing. Staff struggle with payslips that are confusing and incomplete. Misaligned pay cycles make it harder for employees to challenge entitlements.

There have been small attempts to bring about change, however little has materialised.

Change at Ambulance Victoria is not optional—it is urgent and badly needed. Reform must be driven by accountability, transparency and cultural renewal. Improvements

must be made not only for the benefit of paramedics, but for the patients they serve and every Victorian who depends on an ambulance in their hour of need.

Finally, I would like to thank my fellow Committee Members for their hard work and support throughout this Inquiry in what continues to be an extremely busy Parliament. Can I also please thank the Committee Secretariat: Sylvette Bassy, Julie Barnes, Alyssa Topy, Matt Newington, Niamh McEvoy, Kieran Crowe and Patrick O'Brien.

I commend this Report to the House.

Joe McCracken MLC
Chair

Executive summary

Chapter 1

Chapter 1 begins with a short summary of the how the Committee carried out this Inquiry, including submissions received and hearings held by the Committee.

The Chapter then provides an overview of Ambulance Victoria — its objectives, finances and history — and the context in which it operates. This includes the services Ambulance Victoria provides, its place within the wider health system and the call taking and dispatch system used in Victoria.

Chapter 1 concludes by introducing the Independent Review into Workplace Equality in Ambulance Victoria carried out by the Victorian Equal Opportunity and Human Rights Commission (VEOHRC). The Committee drew heavily on this Review's three phases. VEOHRC identified major problems in Ambulance Victoria's culture and made recommendations for Ambulance Victoria to implement. The Committee addresses many of these recommendations throughout this Final Report where they coincide with evidence received by the Committee.

Chapter 2

Chapter 2 focuses on issues within Ambulance Victoria, referred to by stakeholders as the organisation's culture.

The Committee provides evidence addressing the question of whether Ambulance Victoria is a 'toxic workplace'. This includes the relatively high number of 'confidential' and 'name withheld' submissions the Inquiry received and what the Committee learnt from those submissions and from speaking with witnesses at the hearings it held.

The issues covered in Chapter 2 are:

- bullying, discrimination, harassment and gaslighting
- fear of retaliation, payback and victimisation for speaking out
- leadership and management dysfunction.

The Committee found that these are ongoing issues at Ambulance Victoria. As such, it makes recommendations that Ambulance Victoria continue to implement specific recommendations previously made by VEOHRC. Importantly, Ambulance Victoria must constantly update both its employees and the Department of Health on its progress meeting these recommendations.

This is because the Committee concluded that too many Ambulance Victoria employees are not aware of the approach taken by Ambulance Victoria in response to VEOHRC's Review and the work it has already done trying to improve its culture. The Committee has included a short summary of this work towards the end of Chapter 2.

The Chapter concludes with an explanation of memorial gatherings held in 2021 at which Ambulance Victoria provided 'Guards of Honour' in breach of the COVID-19 restrictions at the time.

Chapter 3

Chapter 3 looks at Ambulance Victoria's service delivery and the factors that influence how well meets its responsibilities.

Ambulance Victoria's Statement of Priorities determines its responsibility to deliver:

- high-quality and safe care; and
- timely access to care.

Ambulance Victoria performs well on the first of these indicators, with Victoria able to boast of world-leading paramedics and clinical care. However, Ambulance Victoria performs poorly regarding timely access to care, continually missing its targets.

Chapter 3 investigates several pressures that contribute to Ambulance Victoria performing poorly in this area:

- Issues with call taking software and 'over-triaging'.
- Ambulance ramping.
- An increase in demand.
- Changing population health needs.

Chapter 3 continues with a discussion on operational staffing and resourcing. This includes evidence regarding how single paramedic responders and the use of Ambulance Community Officers affect paramedics and the provision of care in rural and regional Victoria. The Committee also received evidence on Ambulance Victoria's slow update of communications technology and the pressing need to improve the technology it provides to paramedics.

Chapter 3 concludes by summarising three other areas of importance identified by stakeholders:

- Non-emergency patient transport — including a Review of this sector concluded in January 2025.
- Payroll issues within Ambulance Victoria.
- A recent data breach at Ambulance Victoria.

Findings and recommendations

2 Understanding Ambulance Victoria's internal issues

3 Ambulance Victoria's service delivery

FINDING 46: Shortfalls in ambulance resourcing in large regional centres can cause a cascade effect, with ambulances in surrounding areas required to cover the shortfall. This leads to service gaps which can put patients at risk. 90

FINDING 47: Understaffing leaves little room for contingencies such as staff absence due to sicknesses or WorkCover, particularly at night. Resourcing in regional areas was reported by a number of stakeholders as inadequate. 90

FINDING 48: Issues such as over-triaging and ambulance ramping are major causes of the misallocation of Ambulance Victoria's resources. 90

FINDING 49: It is difficult to determine the optimum resourcing Ambulance Victoria requires to meet its performance targets until issues such as over-triaging and ambulance ramping have been addressed. 90

RECOMMENDATION 17: That Ambulance Victoria investigate ways to increase the number of paramedic graduate employment pathways. 90

RECOMMENDATION 18: That Ambulance Victoria conduct a review of resourcing for large regional centres to determine whether it is sufficient. Such a review should take into account current service needs and the impact of pressures such as over-triaging and ambulance ramping on resourcing. 90

FINDING 50: The following concerns were reported on how Ambulance Community Officers (ACOs) are used in rural and regional Victoria when responding to emergencies alongside paramedics:

- Paramedics feel pressure making clinical decisions by themselves because ACOs are not qualified to assist them with some clinical decision making.
- An inferior level of care may be provided when an ACO attends with a single paramedic or when ACOs attend by themselves.
- Paramedics may attend cases by themselves if an ACO is not available. This can put paramedics and patients at risk. 93

RECOMMENDATION 19: That Ambulance Victoria examine the shortcomings of single-response paramedic units and investigate best practice approaches. 93

Acronyms

ACO	Ambulance Community Officer
AMA	Australian Medical Association
AMPDS	Advanced Medical Priority Dispatch System
AV	Ambulance Victoria
CERT	Community Emergency Response Team
CRM	Clinical Response Model
ED	Emergency Department
FWA	Flexible Work Arrangement
IAED	International Academies of Emergency Dispatch
MICA	Mobile Intensive Care Ambulance
NEPT	Non-Emergency Patient Transport
PSBD	Professional Standards and Behaviours Department
PTSD	Post-Traumatic Stress Disorder
RAD	Revised Ambulance Dispatch
TZV	Triple Zero Victoria
VACIS	Victorian Ambulance Clinical Information System
VACU	Victorian Ambulance Counselling Unit
VAU	Victorian Ambulance Union
VEOHRC	Victorian Equal Opportunity and Human Rights Commission
VVED	Victorian Virtual Emergency Department

Chapter 1
The Inquiry and Ambulance Victoria

1.1 Conduct of the Inquiry

This Report is a compilation of the Committee's investigations, evidence gathering and research during the Inquiry.

The Committee was referred the Inquiry by the Legislative Council on 14 August 2024 with a reporting date of 31 August 2025. The Committee sought and was granted an extension for the reporting date to 14 October 2025, to allow time to properly analyse the evidence it had received.

The Committee accepted 189 submissions with 16 coming from organisations and 174 from individuals. The Committee accepted 84 submissions as name withheld and 36 submissions as confidential. All confidentiality requests came from individuals with the main reason given being fear of retribution from Ambulance Victoria.[1] These issues are explored further in Chapter 2.

The Committee held hearings over four days with key stakeholders including unions, regulatory bodies, current and former Ambulance Victoria employees, and the Department of Health. This included evidence from six witnesses who asked for their evidence to be taken in a closed hearing and for their name to be withheld from publication.

A detailed breakdown of the Committee's Inquiry process is provided in Appendix A.

1.2 About Ambulance Victoria

Ambulance Victoria is the emergency and non-emergency ambulance service provider in Victoria. It is a statutory authority established by an order of the Governor in Council under the *Ambulance Services Act 1986.*[2]

The objectives of Ambulance Victoria defined under the Act are detailed in Box 1.1 below.

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1 See for example: Name withheld, *Submission 125*, p. 3; Name withheld, *Submission 135*, p. 3; Name withheld, *Submission 154*, p. 1.

2 *Ambulance Services Act 1986* (Vic), s 23.

Box 1.1 Objectives of Ambulance Victoria under the *Ambulance Services Act 1986*

The objectives of Ambulance Victoria are to:

- respond rapidly to requests for help in a medical emergency
- provide specialised medical skills to maintain life and to reduce injuries in emergency situations and while moving people requiring those skills
- provide safe, patient-centred and appropriate services
- provide specialised transport facilities to move people requiring emergency medical treatment
- provide services for which specialised medical or transport skills are necessary
- foster continuous improvement in the quality and safety of the care and services it provides
- foster public education in first aid.

Source: *Ambulance Services Act 1986*, s 15.

Ambulance Victoria is overseen by a Board of Directors. The Board is established under s 17 of the Act and is appointed by the Governor in Council on the recommendation of the Minister for Ambulance Services.

The functions of the Board are specified under s 18 of the Act. Broadly, these include:

- ensuring the objectives of Ambulance Victoria are met to the maximum extent that is practicable
- developing and monitoring compliance with key strategies, including statements of priorities, strategic plans, codes of conduct and financial and accountability systems
- monitoring the performance of Ambulance Victoria
- developing arrangements with other health, emergency and community service agencies.

At the time this Report was adopted there were nine members appointed to the Board. Although the Board had a diverse range of experience in emergency management, healthcare and public administration, none of the members had experience as a paramedic.[3] Some stakeholders expressed concern over this lack of direct experience and noted that only recently has there been paramedic representation at senior management level.[4]

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3 Ambulance Victoria, *Ambulance Victoria Board*, <https://www.ambulance.vic.gov.au/ambulance-victoria-board> accessed 19 August 2025.

4 Paul Holman, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 5.

The Act also establishes the position of Chief Executive Officer of Ambulance Victoria. The functions of the Chief Executive Officer include:

- managing the operations of Ambulance Victoria
- assisting the Board to carry out its functions
- informing the Board, Department Secretary and Minister of issues of public concerns or risks that may affect Ambulance Victoria.[5]

The Chief Executive Officer reports directly to the Board.

Figure 1.1 below provides an overview of Ambulance Victoria's executive structure.

Figure 1.1 Ambulance Victoria executive structure

Source: Ambulance Victoria, 'Ambulance Victoria Executive', <https://www.ambulance.vic.gov.au/ambulance-victoria-executive> accessed 16 July 2025.

Ambulance Victoria employs over 7,000 staff, the majority of whom are on-road clinical employees.[6] Ambulance Victoria also engages first responders to support emergency medical response in regional communities, including:

- casual Ambulance Community Support Officers (CSOs, 952 employed in 2023–24, accounted for in on-road clinical employees)
- Community Emergency Response Team volunteers (CERT, 207 engaged in 2023–24).[7]

Table 1.1 below provides a breakdown of employed staff as reported in Ambulance Victoria's 2023–24 Annual Report.

5 *Ambulance Services Act 1986* (Vic), s 21(3).

6 On road staff include Paramedics, Team Managers, Patient Transport Officers, Retrieval Registrars, Clinic Transport Officers and Clinical Instructors.

7 Ambulance Victoria, *Become a first responder*, <https://www.ambulance.vic.gov.au/become-first-responder> accessed 19 August 2025.

Table 1.1 Ambulance Victoria total numbers (FTE), 2023–24

Employee Numbers (FTE) – Annual Report Category	2023–24
On Road Clinical Employees	4,886.9
Operation Support and Managerial Employees	651.1
Other Managerial, Professional and Administrative Employees	628.3
Total	**6,166.3**

Source: Ambulance Victoria, *2023–24 Annual Report*, p. 32.

Ambulance Victoria is primarily funded by government operating and capital grants. Other sources of revenue include:

- transport fees
- membership fees
- donations and bequests
- interest payments.[8]

Figure 1.2 below shows Ambulance Victoria's income between 2019–20 and 2023–24. This includes a small decrease in income in 2023–24, which the organisation attributed to:

- government support for the COVID-19 response ending,
- a reduction in transport fee income due to protected industrial action; and
- a change in the funding arrangements associated with Triple Zero Victoria (TZV), the call taker for emergency calls in Victoria (see section 1.4 below).[9]

Figure 1.2 Excerpt of Ambulance Victoria's summary of financial results, 2019–20 to 2023–24.

Summary of Financial Results	2023-24 $000	2022-23 $000	2021-22 $000	2020-21 $000	2019-20 $000
Total Income from Transactions	**1,482,636**	1,614,373	1,481,874	1,288,269	1,188,563
Total Expenses from Transactions	**(1,494,416)**	(1,607,483)	(1,453,587)	(1,298,929)	(1,175,241)

Source: Ambulance Victoria, *2023–24 Annual Report*, p. 80.

8 Ambulance Victoria, *2023–24 Annual Report*, p. 89.

9 Ambulance Victoria, *Submission 186*, p. 80.

1.2.1 Timeline of ambulance services in Victoria

Ambulance Victoria in its current form was established on 1 July 2008, following a merger of the Metropolitan Ambulance Service, Rural Ambulance Victoria, and the Alexandra and District Ambulance Service.

Ambulance services in Victoria date back to at least 1883, when St John Ambulance association was founded.[10] Figure 1.3 below provides a summary of key events in Victoria's ambulance services history.

Figure 1.3 Timeline of key events in Victoria's ambulance services

1883
Ambulance services in Victoria date back to at least 1883, when St John Ambulance association was founded. They began ambulance services using carts known as Ashford Litters.

1899
Horse-drawn services began operating.

1910
The first motorised ambulances began operating.

1916
St John Ambulance separated its roles which led to the creation of the Victorian Civil Ambulance Service.

1948
Alexandra and District Ambulance Service formed. The area serviced comprised the districts of Alexandra, Eildon and Marysville (formally the shire of Alexandra).

Early 1970s
Mobile Intensive Care Ambulance (MICA) services were first successfully trialled in 1971, with the first purpose-built MICA ambulance introduced in 1972.

1980s
Metropolitan Ambulance Service created. 16 regional services amalgamated into 4.

1986
Helicopters used to rescue trauma patients.

1997
Regional services amalgamated into Rural Ambulance Victoria (aside from Alexandra and District Ambulance Service).

Late 1990s
Non-emergency patient transport separated from regular ambulance services.

1 July 2008
Ambulance Victoria as a modern organisation was established, following a merger of the Metropolitan Ambulance Service, Rural Ambulance Victoria and the Alexandra and District Ambulance Service. Greg Sassella was appointed as inaugural Chief Executive Officer (CEO), having served as CEO of the Metropolitan Ambulance Service since 2002.

November 2014
Greg Sassella resigned as CEO of Ambulance Victoria.

December 2014
Ambulance Victoria Board resigned at the request of the incoming Premier Andrews. This request was due to ongoing pay disputes with paramedics over a two-year period and criticisms of disciplinary action taken and dropped against paramedics who took part in union campaigning whilst in uniform. Premier Andrews referred the pay dispute to the Fair Work Commission for resolution.

January 2015
Ambulance Performance and Policy Consultative Committee (APPCC) established to address significant performance issues facing Victoria's ambulance services including slow response times, poor workforce morale and 'ramping'.

10 Ambulance Victoria, *Ambulance Victoria Chas Martin OAM Museum*, <https://www.ambulance.vic.gov.au/ambulance-victoria-chas-martin-oam-museum> accessed 20 August 2025.

1

November 2015
New Ambulance Victoria Board and acting Chief Executive Officer appointed.

December 2015
APPCC report published.

July 2016
Tony Walker appointed as ongoing CEO of Ambulance Victoria.

October 2020
Members of Ambulance Victoria workforce came forward detailing allegations of discrimination, sexual harassment, bullying and victimisation at the organisation. Ambulance Victoria requested an independent review by the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) to assess workplace equality following reports.

November 2021
Volume I of the VEOHRC report published.

March 2022
Volume II of the VEOHRC report published.

January 2023
Jane Miller appointed as CEO of Ambulance Victoria following Tony Walker's resignation in December 2022.

June 2024
Audit of the implementation of VEOHRC's priority recommendations commenced.

August 2024
Andrew Crisp appointed as interim CEO of Ambulance Victoria following Jane Miller's resignation in August 2024.

January 2025
VEOHRC published the progress evaluation audit report.

February 2025
A new enterprise agreement comes into effect.

July 2025
Jordan Emery appointed and commenced as CEO of Ambulance Victoria.

Source: Legislative Council Legal and Social Issues Committee.

1.3 Operating context

In Victoria, the Department of Health, Ambulance Victoria and health services share responsibility for providing emergency healthcare services throughout the State.

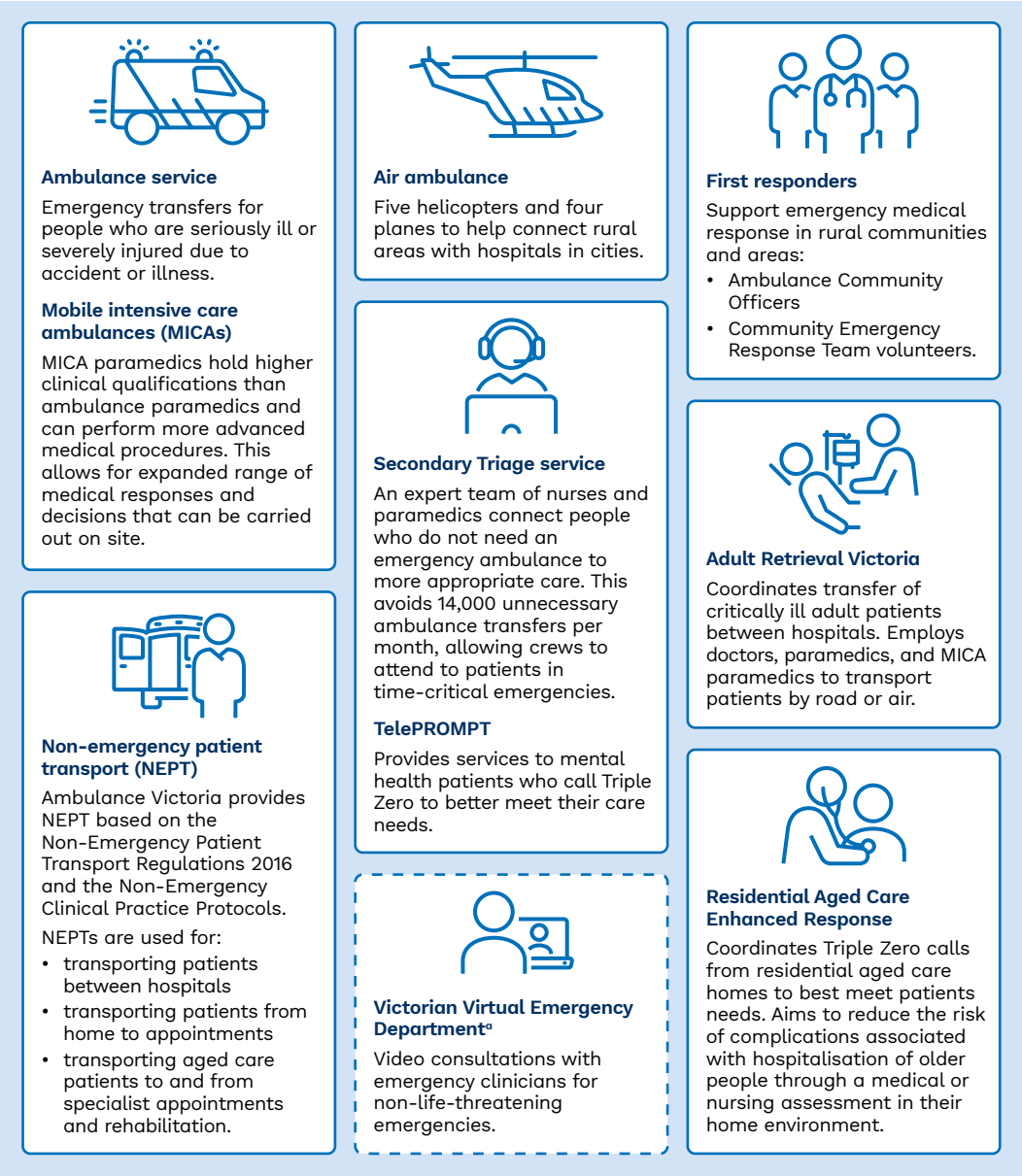
The Department is responsible for setting standards and providing funding and oversight of whole-of-health-system performance monitoring. It provides oversight and support to Ambulance Victoria. It has a range of responsibilities under the *Ambulance Services Act*. Support provided by the Department includes:

- advice on Act operations
- developing policy and plans
- funding, monitoring and evaluating services
- education and training
- ensuring safe and appropriate patient-centred care
- data collection and analysis.[11]

11 Presentation to the Committee from Naomi Bromley, Acting Deputy Secretary, Hospitals and Health Services Division, 20 June 2025, p. 2.

Ambulance Victoria's core function is to provide emergency pre-hospital medical response services. It also provides other services, including non-emergency patient transport, adult retrieval, emergency management and air ambulance.[12] Ambulance Victoria also works closely with TZV.

1.3.1 Services provided by Ambulance Victoria



a. Victorian Virtual Emergency Department is run as a statewide service by the Northern Hospital. It is not a service provided by Ambulance Victoria.

Source: Legislative Council Legal and Social Issues Committee.

12 Ambulance Victoria, *Submission 186*, p. 10.

Calls for ambulances have increased nearly 50% in the last five years, driven by a range of factors including population growth, an ageing population with more complex medical needs and an increase in mental health call outs.[13] Ambulance Victoria's service provision and the pressures on service delivery are discussed in Chapter 3.

1.3.2 Ambulance services and the health system

Victoria's health system can be characterised based on the care provided to meet an individual's need. This includes:

- Primary care—a first point of contact with the health system. Primary care services are usually:
  - a pathway to other services
  - a point of coordination between other services
  - located in the community
  - directly connected to people's daily lives and to the management of their wellbeing.[14]
- Hospital care—public and private hospitals provide a range of care and services to Victorians, including in these settings:
  - Emergency care: sudden and serious illness or injuries that require immediate care.
  - Inpatient care: refers to formal admission to a hospital such as a procedure requiring an overnight stay, extended treatment for an illness or rehabilitation after a procedure.
  - Outpatient care: medical services provided without requiring admission to hospital. This includes X-rays and similar scans, blood tests and consultations. Outpatient care also refers to people in an emergency department who are not admitted to a hospital ward.

Ambulance Victoria's primary interaction with the health service system is with emergency departments in hospitals across Victoria. However, it also interacts with community, primary health and social services, hospitals and health and aged care providers, and emergency services. Ambulance Victoria also works with health service partners to provide mental health reform, the Victorian Stroke Telemedicine service and alternate pathways to care.[15]

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13 Anthony Carlyon, Executive Director, Specialist Operations and Coordination, Ambulance Victoria, public hearing, Melbourne, 20 June 2025, *Transcript of evidence*, pp. 10–11.

14 Department of Health, *Primary care*, <https://www.health.vic.gov.au/primary-and-community-health/primary-care> accessed 21 August 2025.

15 Ambulance Victoria, *Submission 186*, p. 7.

1.3.3 The Emergency Medical Response Program

The Committee acknowledges that since 1998, firefighters in Victoria have played a role as first responders in medical emergencies. The Emergency Medical Response (EMR) program sees firefighters attend and respond to 'Priority 0' incidents. Evidence provided to the Committee indicates that as of April 2024, 3,600 Fire Rescue Victoria firefighters and officers had been trained to respond to EMR Priority 0 incidents.

The EMR program administered by firefighters provides a significant additional workforce capacity to manage medical emergencies.

1.3.4 Ambulance Victoria's Statement of Priorities

Ambulance Victoria's service delivery and accountability agreement is specified in its Statement of Priorities.[16] This is an agreement with the Victorian Government and ensures Ambulance Victoria's strategic priorities are aligned with the Government's policy directions and priorities.

The Statement of Priorities sets out the annual high-level strategic performance priorities for Ambulance Victoria and is designed to be consistent with the Department of Health's *Strategic Plan 2023–27*. The Strategic Plan is the Victorian Government's primary policy for the State's health service.

The plan details seven strategic directions, each with a series of priority initiatives:

1. Keeping people healthy and safe in the commmunity
2. Providing care closer to home
3. Keep innovating and improving care
4. Improving Aboriginal health and wellbeing
5. Moving from competition to collaboration
6. A stronger and more sustainable health workforce
7. A safe and sustainable health, wellbeing and care system.

Under its Statement of Priorities, Ambulance Victoria has agreed to the following priorities:

- Excellence in clinical governance
- Operating within budget
- Improving equitable access to healthcare and wellbeing

16 Department of Health, *Statement of Priorities: 2024–25 Agreement between the Minister for Ambulance Services and Ambulance Victoria*, <https://www.health.vic.gov.au/sites/default/files/2025-04/ambulance-victoria-statement-of-priorities-2024-25-signed.pdf> accessed September 2025.

- A stronger workforce
- Moving from competition to collaboration.

Each priority has stated goals and deliverables.[17] Within the 'stronger workforce' priority, Ambulance Victoria must develop a People Plan, which will respond to the findings of a recent Victorian Equal Opportunity and Human Rights Commission (VEOHRC) implementation audit into Ambulance Victoria. VEOHRC's audit is discussed in section 1.5 below and Chapter 2.

1.3.5 Ambulance Victoria's performance priorities

As part of its Statement of Priorities, Ambulance Victoria has several performance priorities. These include performance measures on quality and safety of care and timely access to care. The performance priorities are discussed in Chapter 3 of this Report.

1.4 Call taking and dispatch

Ambulance call taking and dispatch is managed jointly by Ambulance Victoria and Triple Zero Victoria. TZV is also responsible for call taking and dispatch for police, fire and the SES.

The national Emergency Call Service (000) is managed by the Australian Communications and Media Authority[18] and is a responsibility of the Commonwealth Government. Emergency calls to 000 in Australia are initially answered by Telstra, where an operator asks for the caller's required emergency service and their location. The call is then transferred to the relevant State or Territory emergency call authority.[19]

Calls to 000 have increased over the past ten years with around 2,800 calls to 000 for ambulances in Victoria received daily during 2024. This is illustrated in Figure 1.5 below.

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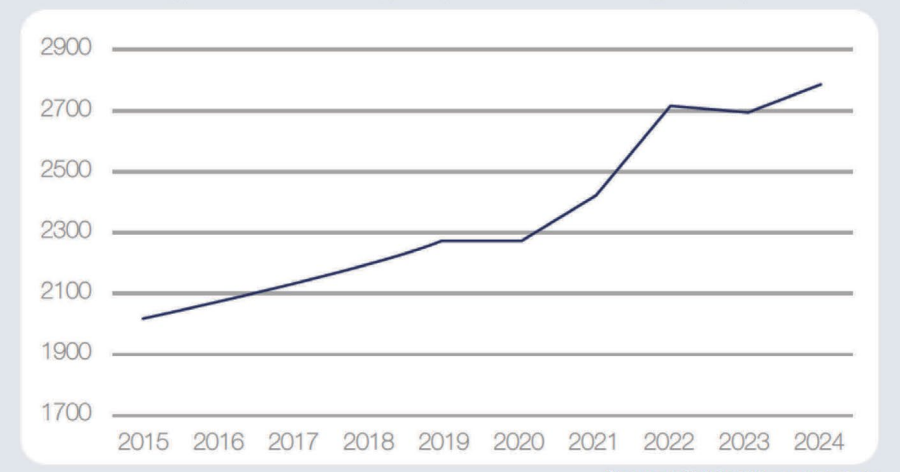
17 Department of Health, *Statement of Priorities: 2024–25 Agreement between the Minister for Ambulance Services and Ambulance Victoria*, <https://www.health.vic.gov.au/sites/default/files/2025-04/ambulance-victoria-statement-of-priorities-2024-25-signed.pdf> accessed September 2025, pp. 7–11.

18 Australian Communications and Media Authority, *Emergency calls*, <https://www.acma.gov.au/emergency-calls> accessed 22 August 2025.

19 Ibid.

Figure 1.5 Emergency calls answered for ambulances 2015 to 2024



Source: Ambulance Victoria, *Submission 186*, p. 13.

In Victoria, TZV uses a computer-aided dispatch system, ProQA, to process calls and determine the 'event type'. Ambulance Victoria then use this event type to decide the appropriate response. Ambulance Victoria staff provide support within TZV's State Emergency Communications Centres through clinical, logistical and resource management oversight and direction.[20]

Where the caller's condition is triaged as potentially high acuity the case is referred for an ambulance dispatch. Where the caller's condition is triaged as medium or low acuity the caller is transferred to Ambulance Victoria's secondary triage team for further assessment. This accounts for approximately 40% of events created by TZV. Secondary triage has a range of alternate services available, including telehealth options, depending on the needs of the patient.[21]

In 2023–24, the secondary triage team trialled and introduced an Australasian-first video-assisted triage service to improve patient assessment and reduce the need for emergency ambulance dispatch.[22]

Figure 1.6 below provides an overview of the various patient pathways.

20 Ambulance Victoria, *Submission 186*, p. 16.

21 Ibid, p. 17.

22 Ibid.

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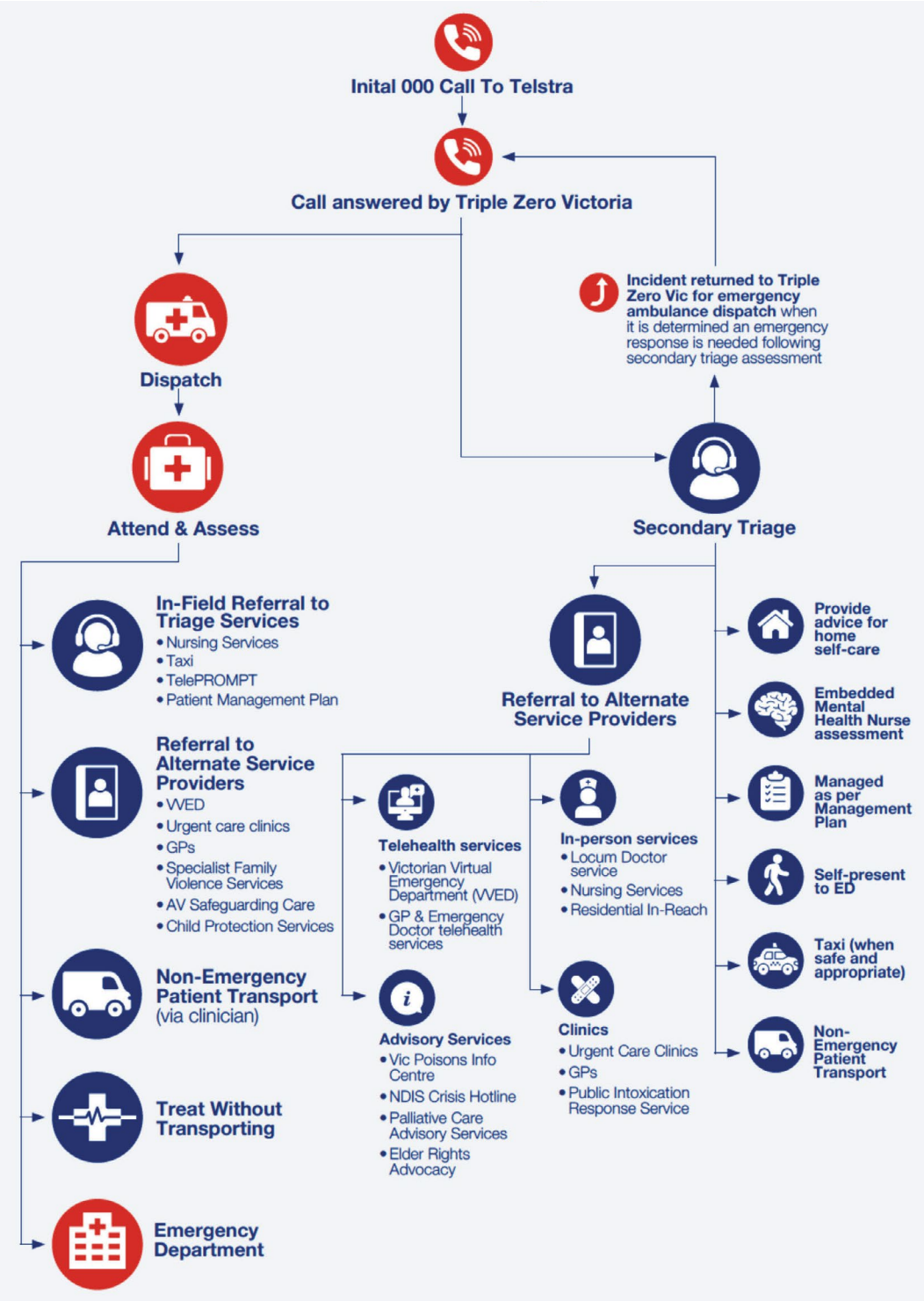
Figure 1.6 Patient pathways to care after a call to 000



Source: Ambulance Victoria, *Submission 186*, p. 17.

Ambulance Victoria oversees other elements that combine to determine the most appropriate clinical response. Its Clinical Response Model describes all the elements that determine Ambulance Victoria's response, which include:

- the emergency and non-emergency dispatch grid (which determines the right level of response and assigns a priority code for each call)
- structured call taking processes and systems
- operational instructions and clinical guidelines for primary triage
- the configuration of the Advanced Medical Priority Dispatch System.[23]

Chapter 3 discusses the Clinical Response Model, including the 'over-triaging' of calls and the impact this has on the misallocation of resources by Ambulance Victoria.

1.4.1 Triple Zero Victoria

TZV is a statutory authority established under the *Triple Zero Victoria Act 2023*. It succeeded the Emergency Services Telecommunications Authority in 2022, following a review into that agency's capability and services.[24] It is unique in Australia in that emergency services in other jurisdictions' call taking and dispatch sit within the services themselves.[25]

TZV is primarily funded by government grants.[26] It also receives additional revenue for specific projects, through other operating revenue and from interest payments. It employed 1,275 staff as at 30 June 2024. [27]

1.5 VEOHRC's Independent Review into Workplace Equality in Ambulance Victoria

In October 2020, a number of people came forward publicly to share allegations of discrimination, sexual harassment, bullying and victimisation at Ambulance Victoria. On 2 December 2020, the Board of Ambulance Victoria requested VEOHRC to conduct a review into sex discrimination, sexual harassment and gender equality at Ambulance Victoria. It would also consider the broader state of workplace equality in the organisation, such as equal pay, equal representation and flexible working arrangements.

The review was split into three phases, which are summarised in Table 1.2.

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23 Ambulance Victoria, *Submission 186*, p. 15.

24 Graham Ashton AM APM, *Emergency Services Telecommunications Authority, Capability and Service Review: Final Report,* 2022.

25 Anthony Carlyon, *Transcript of evidence*, p. 14.

26 Used to provide Emergency Altering System, Mobile Data Network, Metropolitan Mobile Radio, Regional Mobile Radio and Managed Device Service services to emergency services organisations.

27 Triple Zero Victoria, *Annual Report 2023–24*, p. 70.

Table 1.2 Phases of the Independent Review into Workplace Equality in Ambulance Victoria

Independent Review	Summary
Phase 1	• Independent Review's report is published in two volumes. • Volume I was published on 30 November 2021 and focused on issues relating to safety, respect and trust. • Volume II was published on 31 March 2022 and focused on equal, fair and inclusive workplace practices. • Across both volumes, 43 recommendations were made. • AV accepted the recommendations in full.
Phase 2	• Between March 2022 and June 2024, VEOHRC engaged with AV to provide guidance on the implementation of recommendations made in Phase 1. • In July 2022, AV published a roadmap to support the implementation of the recommendations. This was later updated to reflect an outcomes-focused model. • VEOHRC and AV agreed to prioritise 25 of the 43 recommendations ('the priority recommendations').
Phase 3	• Progress Evaluation Audit of AV's implementation of the priority recommendations. • Audit commenced in June 2024. • Audit published on 21 January 2025.

Source: Victorian Equal Opportunity and Human Rights Commission, <https://www.humanrights.vic.gov.au/legal-and-policy/research-reviews-and-investigations/ambulance-victoria-review/initial-reports>; Ambulance Victoria,<https://www.ambulance.vic.gov.au/sites/default/files/2024-12/Your-AV-Roadmap-Outcomes-Focussed-Model.pdf>.

1.5.1 Findings from Phase 1 of the Independent Review

The Independent Review found that discrimination, sexual harassment, bullying and victimisation were widespread within Ambulance Victoria. VEOHRC found that a lack of respect had become normalised. Unlawful and harmful behaviour was reported to often occur in plain sight. Of the 2,163 Ambulance Victoria staff that responded to VEOHRC's survey, participants reported the following experiences:[28]

Figure 1.7 Ambulance Victoria staff responses to the VEOHRC survey

Source: Victorian Equal Opportunity and Human Rights Commission, *Independent Review into Workplace Equality in Ambulance Victoria, Volume 1*, 2021, p. 5.

28 Victorian Equal Opportunity and Human Rights Commission, *Independent Review into Workplace Equality in Ambulance Victoria, Volume 1*, 2021, p. 5.

VEOHRC found that alleged perpetrators of bullying and harassment were often reported to be in senior positions, while sexual harassment was more often allegedly perpetrated by co-workers. There was a low perception of safety among staff and unlawful conduct was reported to occur in isolated and unsupervised work environments, such as in vehicles.

Like other employers, Ambulance Victoria is required to take reasonable and proportionate measures to eliminate discrimination, sexual harassment and victimisation under s 15 of the *Equal Opportunity Act 2010*. However, VEOHRC found that efforts by Ambulance Victoria to prevent harmful and unlawful behaviour were insufficient and did not comply with the Act. Further, VEOHRC found that there was a lack of training and support for managers and leadership regarding safe and positive workplace practices.

VEOHRC noted a lack of trust among staff towards the organisation. It also noted a lack of reporting of unlawful and harmful behaviours and a 'profound dissatisfaction' among survey participants towards the process for making discrimination and bullying complaints.[29]

Some Ambulance Victoria staff reported to VEOHRC that the impact of unlawful and harmful behaviour included mental and physical distress and, in some cases, resulted in suicidal ideation or attempted suicide. A lack of support or response from Ambulance Victoria compounded these experiences for some staff.

VEOHRC identified six drivers of unlawful and harmful behaviour, which are summarised in Figure 1.8 below.

Figure 1.8 Drivers of unlawful and harmful behavior in Ambulance Victoria

Power imbalances	Organisational tolerance and culture of silence	Leadership and management gaps
• The abuse of formal and informal power • Hierarchical command and control structures • Gender inequality	• A permissive environment • The threat of victimisation • Lack of perpetrator accountability	• Inadequate role modelling • Autocratic leadership styles • Management capability gaps
Disproportionate focus on operational KPIs	**Structural barriers**	**Work-related risk factors**
• An imbalance of priorities • Corporate and operational divide	• Endorsement requirements for progression and promotion • Systems unsupportive of flexible work	• Isolated or remote work • Organisational change • High stress environment

Source: Victorian Equal Opportunity and Human Rights Commission, Independent Review into Workplace Equality in Ambulance Victoria, Volume 1, 2021, p. 8.

29 Victorian Equal Opportunity and Human Rights Commission, *Independent Review into Workplace Equality in Ambulance Victoria, Volume 1*, 2021, p. 11.

1.5.2 Findings from Phase 3 of the Independent Review

Phase 3 of the review focused on assessing the extent to which Ambulance Victoria had implemented the 25 priority recommendations. During the audit, VEOHRC identified four barriers to implementing workplace reform relating to the recommendations laid out in Volumes I and II. These are summarised in Box 1.2 below.

Box 1.2 Barriers to implementing workplace reform relating to the recommendations identified in VEOHRC review

A focus on compliance over actioning organisational change (referred to as change management). Employees feeling they are not adequately engaged in reform nor feeling a positive impact from reforms, which undermines the effectiveness of change management processes. This can prevent long-term reform and undermine employee confidence in reform being achieved.[30]

Investment in an identified paramedic archetype of 'white, non-disabled man described as "confidential and stoic"'. Continued focus on this archetype may undermine the implementation of recommendations that seek to improve flexibility, the complaints process, and workplace equality and training.[31]

An inconsistent approach to workplace flexibility. VEOHRC concluded that improving flexibility would improve several of the 'pervasive cultural issues' identified in Phase 1. However, the Phase 3 audit found lack of flexibility to be an ongoing issue. This in turn would continue to put some sections of the workforce at a disadvantage and undermine workforce confidence in leadership to implement change to workplace flexibility.[32]

A rigid structural environment. This relates to, among other things, rigid processes for payroll and rostering. The perpetuation of rigid processes can undermine wider reform efforts.[33]

Source: Victorian Equal Opportunities and Human Rights Commission, I*ndependent Review into Workplace Equality in Ambulance Victoria, Barriers and Enablers to Reform, accessed 20 August 2025.*

VEOHRC also identified four organisational practices that could enable reform in Ambulance Victoria. These are explained in Box 1.3 below.

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30 The Victorian Equal Opportunities and Human Rights Commission has linked this barrier to recommendations 1, 6, 7, 9, 13, 31 and 42.

31 Victorian Equal Opportunities and Human Rights Commission, Independent Review into Workplace Equality in Ambulance Victoria, <https://reports.humanrights.vic.gov.au/reports/ambulance-victoria-review-progress-evaluation-audit/sections/reform-enablers-and-barriers/barrier-an-inconsistent-approach-to-workplace-flexibility>. The Commission has linked this barrier to recommendations 6, 8, 9, 13, 28, 31, 33 and 37.

32 The Victorian Equal Opportunities and Human Rights Commission has linked this barrier to recommendations 28, 31, 33, 36 and 42.

33 The Victorian Equal Opportunities and Human Rights Commission has linked this barrier to recommendations 16, 28 and 31.

Box 1.3 Organisation practices that could enable reform in Ambulance Victoria

Enhancing communication. This could improve workforce engagement with reforms, build confidence among the workforce, reduce a sense of disconnect among the geographically dispersed workforce and minimise misunderstanding among the workforce regarding the status of reform implementation.[34]

Building a culture of prevention. This could reassure the workforce that Ambulance Victoria is committed to a safe workplace and build trust and confidence among the workforce in Ambulance Victoria's leadership.[35]

Utilising distributed leadership. This means 'collaborative, autonomous practices managed by a network of formal and informal leaders across an organisation'. Though Ambulance Victoria has expressed a preference for this approach, it is 'not yet happening in a systematic and supported way'. Achieving distributed leadership would promote a more diverse and inclusive leadership, enable managers to perform their roles, support a more psychologically safe workplace and build trust in leadership achieving workplace reforms.[36]

Harnessing workforce commitment to their roles and to serving the community. This could be achieved through enhanced opportunities for the workforce to contribute to shaping reforms. This in turn could improve trust and confidence and provide greater buy-in from the workforce for reforms.[37]

Source: Victorian Equal Opportunities and Human Rights Commission, I*ndependent Review into Workplace Equality in Ambulance Victoria, Barriers and Enablers to Reform, accessed 20 August 2025.*

Table 1.3 below summarises the 25 priority recommendations and the conclusions drawn by VEOHRC in the Phase 3 audit. The colour coding of recommendations indicates the extent to which each recommendation had been implemented at the time of the audit's publication in January 2025.

This Committee draws particular attention to priority recommendations 13, 14, 15, 23 and 28, as these recommendations relate to concerns addressed throughout this Report.

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34 The Victorian Equal Opportunities and Human Rights Commission has linked this enabler to recommendations 1, 6, 7, 8, 12, 13, 15, 16, 18, 20, 23, 31, 40, 41 and 42.

35 The Victorian Equal Opportunities and Human Rights Commission has linked this enabler to recommendations 7, 8, 13, 14, 33, 36, 37, 42.

36 Victorian Equal Opportunities and Human Rights Commission, Independent Review into Workplace Equality in Ambulance Victoria, <https://reports.humanrights.vic.gov.au/reports/ambulance-victoria-review-progress-evaluation-audit/sections/reform-enablers-and-barriers/enabler-utilising-distributed-leadership-1>. The Commission has linked this enabler to recommendations 6, 7, 14, 37.

37 The Victorian Equal Opportunities and Human Rights Commission has linked this enabler to recommendations 1, 9, 20 and 40.

Table 1.3 Summary of Phase 3: Progress Evaluation Audit

A	B	C	D	E
Recommendation not yet commenced	Recommendation in planning and development	Recommendation implemented to a moderate extent	Recommendation implemented to a significant extent	Recommendation implemented and embedding

Recommendation		Summary
D	**Recommendation 1:** The Executive Committee should learn through reflective practice	At the time of the audit, senior leadership had engaged in reflective practice but not team leaders. VEORHC recommended that reflective practice be implemented at all levels of leadership. It also encouraged the adoption of a participiatory approach.
C	**Recommendation 3:** Develop a holistic, evidence-based prevention plan for harmful workplace conduct	A Prevention Strategy was approved at the August 2024 AV Board meeting (later than recommended by VEOHRC). The Strategy only specifies actions to address specific drivers and risk factors identified in Volume I of the report at a high level. VEOHRC concluded AV has taken a reactive, not proactive, apprach to safety and prevention. It also said there has been missed opportunities to holistically implement this recommendation with others, such as recommendation 6.
C	**Recommendation 6:** Protect safety in isolated environments through regular safety audits	Following a safety audit in August 2023, AV developed a roadmap to implementing 23 of the audit's accepted recommendations – of which 7 were due for delivery in 2024. However, VEOHRC did not find evdience of this delivery. The only policy to address safety concerns appeared to be the installation of privacy locks in bathrooms and other private settings. VEOHRC said a failure to audit safety concerns in mobile environments (i.e., ambulances) was a missed opportunity and that there was an 'urgent need for proactive and systemic approaches to improving safety in isolated environments in order to be compliant with the positive duty'.
C	**Recommendation 7:** Adopt a new set of organisational values to guide behaviour	New organisational values and a 3-year implementation plan were approved by AV's Board in April 2023. However, the launch of the values at an offsite leadership meeting around the same time that the AV Service Awards were cancelled due to budget constraints was controversial to some and had an impact on workforce morale. This derailed implementation and embedding of the values. Further work is needed to embed the values, which could be supported by harnessing distributed leadership particularly among regional leaders who could hold regular, local events and communications on the values.
A	**Recommendation 8:** Encourage a 'speak up' culture and incorporate Upstander training across at least 75% of the workforce by winter 2024	Failure to implement a prevention plan within six months of Volume II has resulted in missed opportunities for AV to develop a 'speak up' culture. Levels of incivility have remained high and bystanders are not adequately supported. The Prevention Strategy does not adequately provide support options for bystanders and the revised complaint policy does not recognise the role of bystanders. The Upstander program is not expected until Financial Year 2025 – this step is critical to meeting this recommendation.
B	**Recommendation 9:** Reintroduce Workplace Equality Contact Officers (ECOs) in the regions and establish a Local Champions Network	A pilot of ECOs is ongoing with a view to incrementally expanding the program across the state. Work to develop a champions network was discontinued in 2022–23 but appears to have resumed in 2024. However, VEOHRC concluded that champions were not a 'safe or effective choice at this time' because of ongoing power imbalances, a feeling among the workforce that 'little change' on the ground, and low psychological safety.

	Recommendation	Summary
C	**Recommendation 12:** Establish a Steering Committee to monitor and oversee reforms and implementation of these recommendations	The membership of the Steering Committee does not meet the recommendation; it does not consist of 'a range of internal and external representatives from the Executive Committee, the workforce, unions and professional associations, the Department of Health and subject matter experts'. VEOHRC suggested the membership of the Steering Committee be updated to reflect this.
D	**Recommendation 13:** Establish a victim-centred and fair report and complaint system	AV established the Professional Standards and Behaviours Department (PSBD) to replace the Professional Conduct Unit. It had been operational for one year at the time of the audit.
E	**Recommendation 14:** Enhance perceptions of independence and support the capability of the complaints team	This has been largely achieved through the creation of the PSBD. However, at the time of the audit only 4 out of 22 PSBD positions had been filled. In addition, due to a higher than expected case load, AV is at risk of not providing sufficient resourcing to manage complaints. This may be a reason why 80% of complainants surveyed expressed dissatisfaction with the complaints process. It also said that local managers need to be better equipped to help resolve incivility complaints referred to them by the PSBD. The Leading Together program is a positive start but further and sustained work is required to build manager capability. This alongside effective resourcing of the PSBD are key to ensuring the workforce trust the complaints process and come forward.
D	**Recommendation 15:** Introduce anonymous internal and external reporting pathways. Communicate and promote these to staff	AV established the SpeakUp report and complaint service through which complainants can remain anonymous. Though not implemented within VEOHRC's recommended timeframe, data compiled by AV suggests it is being used by the workforce, though familiarity was lower among certain sections of the workforce like part-time and casual staff. However, survey data suggests confidence in the process is low and that some of the workforce think it is used to make vexatious complaints. VEOHRC argued the confidence in SpeakUp could be built by building understanding of what is a vexatious complaint and how these are not tolerated.
C	**Recommendation 16:** Revise complaint handling policies and procedures into a single policy that embeds a victim-centred approach	The recommendation has been partially implemented. For example, AV policies do not provide information on victimisation or how the performance of the complaints and reporting process will be monitored. VEOHRC found that victimisation is still a 'signficant' issue at AV, that trust in the complaints management system remains low, that there are gaps in policies and workforce experiences of a fair, person-centred and trauma-informed complaint process. It also said there is room to enhance understanding of complaint handling and policies. VEOHRC said a key to building trust in the process 'is to ensure that what is documented in policy is consistently found in practice'.
E	**Recommendation 18:** Develop resources to support accessibility of the report and complaint system	AV had provided the required resources on complaints process, briefed leaders on the PSBD and communicated it to the workforce. VEOHRC recommended that AV should provide further information on external reporting pathways such as FairWork, SafeWork and VEOHRC.
B	**Recommendation 19:** Regularly publish de-identified case studies of complaint outcomes and information on the complaint system's performance	AV had not published case studies due to issues with maintaining confidentiality. However, it reported to VEOHRC in October 2024 that had begun publishing de-identified case studies. Prior to this an AI- generated information video has been disseminated to the workforce as an alternative.
B	**Recommendation 20:** Establish performance measures for the reporting and complaints system	VEOHRC found that AV was yet to establish benchmarks to measure the performance of its report and compliant system. It also had not consulted the Department of Health nor the health sector to inform leading practice performance benchmarks. AV said it would develop benchmarks in 2025.

	Recommendation	Summary
C	**Recommendation 21:** Develop a service-delivery improvement strategy to learn lessons and improve service delivery at the earliest opportunity	VEOHRC found that AV had developed the Professional Standards Continuous Improvement Framework but no strategies to monitor or identify victimisation. AV had also not provided complaint handlers and managers with training and guidance on identifying and addressing systemic issues. VEOHRC suggested AV reconsider its approach due to resourcing demands on the PSBD and the above points. It emphasised that training could reduce demand on the PSBD. Robust feedback mechanisms and a review of the PSBD's scope of complaints would also assist in service-delivery improvement.
E	**Recommendation 23:** Engage with experts (e.g., in unlawful conduct), the workforce and unions to implement a reformed complaint system	VEOHRC found AV to have fulfilled this recommendation but advised that AV continue to engage with these groups when reviewing the complaints system 'to ensure it meets workforce needs and continues to reflect best practice'.
D	**Recommendation 25:** Increase AV Board diversity. Report annually on Board diversity and Board efforts to achieve workplace equality	AV had updated its Board diversity and skills matrix and expanded the Board diversity demographic data it collects – which was included in the 2022–23 Annual Report. However, VEOHRC found that there was scope to improve data collection and reporting on Board diversity by, for example, including information on the Board and AV's work to promote equality in the annual report. It also found that AV had only undertaken limited work with the Victorian Government on reforming section 17(3) of the *Ambulance Services Act 1986* (Vic) to require the Minister to consider diversity when recommending appointments to the AV Board.
C	**Recommendation 28:** Remove structural barriers to career advancement and allow paramedics to complete the MICA program while working flexibly	VEOHRC noted improvements to the flexibility of the MICA program. However, it found some evidence that managerial endorsement still occurs in reference checks for program applicants and that this partially determined eligibility for shortlisting. For this reason it advised that AV review its approach to implementing this recommendation. It also advised that the accessibility of the MICA program recruitment process could be improved e.g., by allowing non-written submissions.
B	**Recommendation 31:** Update AV's flexibile work policy, adopt the Victorian Public Service 'all roles flex' approach and support local flexibility strategies	VEOHRC found that AV's 'progress towards improving workplace flexibility is still significantly below expectations'. It did not find evidence of AV enhancing the role of People and Culture nor of obtaining funding for full-scale implementation. Flexible working arrangements (FWAs) are still limited to certain groups, such as parents and carers, who have a formal application approved. People with FWAs continue to report impacts hindering their career progression. AV intends to action this recommendation via its Flexibility @ AV Plan. However, VEOHRC said 'serious consideration should be given to its viability if the required resourcing is not assigned'. VEOHRC advised AV to prioritise this work and noted the role distributed leadership and adequate resourcing can play. It also encouraged AV to introduce more reasonable adjustment policies to suit a broader range of people, e.g., with medical conditions, with a disability, or who are transitioning to retirement.
A	**Recommendation 33:** Build knowledge, capability and accountability for flexible working practices	At the time of the audit's publication, AV intended to implement this recommendation in 2025. VEOHRC found AV 'had undertaken limited activities to achieve change for this recommendation. Despite this, employees appear to be more aware of their rights and more comfortable discussing flexibility in the workplace'. VEOHRC found AV had made limited progress in embedding information on flexibile working to graduates and new employees and only built some knowledge of this among managers. However, it found no evidence of workplace flexibility KPIs for managers. It advised AV prioritise training for the workforce and managers on rights and obligations under the *Equal Opportunity Act 2010* (Vic) and develop KPIs relating to flexibile working for managers.

	Recommendation	Summary
C	**Recommendation 36:** Strengthen workplace equality education and training for all employees (by July 2023) and advanced training for managers and leaders (by December 2022)	AV rolled out two e-learning modules on workplace equality which had good update and received positive feedback. AV planned to follow on from this by rolling out face-to-face training as part of the Upstander program. VEOHRC found that the modules were not rolled out in the recommended timeframe nor accompanied by incentives for completion or completion target-rates. It argued this contributed to a lack of understanding and confidence among managers about how to respond to unlawful behaviour and incivility. VEOHRC noted the importance of continuous learning and that, at a minimum, the workforce should complete the modules. AV should also explore other education pathways and include information on the *Equal Opportunity Act 2010* (Vic).
D	**Recommendation 37:** Develop and embed improved management and leadership training for middle and frontline managers	AV updated and relaunched the Leading Together program in October 2023. It received generally positive reviews in the AV workforce survey (those responses were limited to 273). However, AV had failed to ensure that by December 2022, managers have professional development plans that include key performance indicators relating to workplace equality and people management. This is required for recommendation 37 to be considered fully implemented. The Leading Together program should be regularly updated to include the most up-to-date workplace equality information.
E	**Recommendation 40:** Update and strengthen key corporate governance documents	VEOHRC found AV had implemented this recommendation.
E	**Recommendation 41:** The Board should engage in a reflective practice workshop to review and discuss the drivers of harmful and unlawful behaviour. The Board and Executive Committee should build in regular reflective practice	The Board participated in four reflective practice sessions in 2023. However, VEOHRC found that the workforce lacked confidence in senior leadership to make changes to improve workplace safety and equality. VEOHRC said this could indicate either the outcomes of the reflective practice have not been commuicated to the workforce or the Board failed to identify the drivers of discrimination, sexual harassment, bullying and victimisation.
C	**Recommendation 42:** Engage in organisation-wide reflective practice on the findings of this review. The process should be victim and trauma-informed, be aware of power imbalances and offer a safe space to reflect	AV senior leaders and other staff participated in reflective practice in 2021 and 2022. VEOHRC found that, though commitment to reflective practice among leaders seemed high, cultural change efforts were not being felt by the wider workforce. VEOHRC found that AV's approach to communicating to the workforce about reform progress is undermining efforts. It noted the importance of adopting a communication approach that is trauma-informed, aware of power imbalances and seeks to create safe spaces and practices for reflection and discussion.

Source: Victorian Equal Opportunities and Human Rights Commission, I*ndependent Review into Workplace Equality in Ambulance Victoria,* Assessment of the priority recommendations, <https://reports.humanrights.vic.gov.au/reports/ambulance-victoria-review-progress-evaluation-audit/sections/recommendations> accessed 20 August 2025.

Chapter 2
Understanding Ambulance Victoria's internal issues

2.1 Introduction

This Chapter discusses the evidence that the Committee heard on Ambulance Victoria's internal issues, also referred to by stakeholders as the organisation's culture.

The Committee examined Ambulance Victoria's approach to management and its treatment of its employees, including evidence on workplace culture and working conditions and workloads. This Chapter explores the causes of Ambulance Victoria's internal issues and looks at the impact on employees' occupational health and safety, morale, and wellbeing.

Finally, the Chapter considers evidence that the Committee received concerning how Ambulance Victoria is addressing internal issues. The Committee makes several recommendations aimed at helping Ambulance Victoria continue to improve its culture.

The Committee notes that there has been a high turnover in senior executive leadership of Ambulance Victoria for a sustained period of time. Since the time of the Committee's hearings with Ambulance Victoria management in June 2025, there have been further changes of leadership. At the time this Report was adopted, Jordan Emery, formerly of the Tasmanian and NSW ambulance services, was appointed ongoing CEO of Ambulance Victoria. He appeared briefly before the Committee at its hearing in August 2025.

> I think what has been very important for me is getting out and listening to and learning from people, and they have given me a whole raft of feedback. I have got another 30 or 40 I think visits – the exact number I am not quite sure – right across all parts of the State. I want to keep collating all of that information and then work in partnership with our people to design solutions.[1]

The CEOs in the five years before Mr Emery's appointment were:

- Professor Tony Walker ASM, CEO, 2014–2022
- Jane Miller, CEO, 2023–2024
- Andrew Crisp, Interim CEO, 2024–2025.

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1 Jordan Emery, CEO, Ambulance Victoria, public hearing, Melbourne, 29 August 2025, *Transcript of evidence,* p. 23.

The Committee was also informed that:

- Danielle North was Acting CEO between 9 September 2024 to 29 September 2024.
- Anthony Carlyon was Acting CEO between 30 September 2024 to October 2024.[2]

2.1.1 The work of the Victorian Equal Opportunity and Human Rights Commission

As noted in Chapter 1, the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) conducted an Independent Review into Workplace Equality in Ambulance Victoria. Its work began in October 2020 and it published Volume 1 of the Review in 2021, which detailed its findings on Ambulance Victoria's culture and workplace practices. Volume 1 also included 43 recommendations with 25 marked for priority.

The second phase of VEOHRC's work allowed for Ambulance Victoria to implement these recommendations, followed by a third phase report, released in 2025, which assessed the level of implementation.

The Committee notes the expertise of the Commission and the in-depth work it has done with Ambulance Victoria exploring these issues. Much of the evidence received by the Committee in this Inquiry relating to Ambulance Victoria's culture and working conditions was in line with the findings of VEOHRC's review.

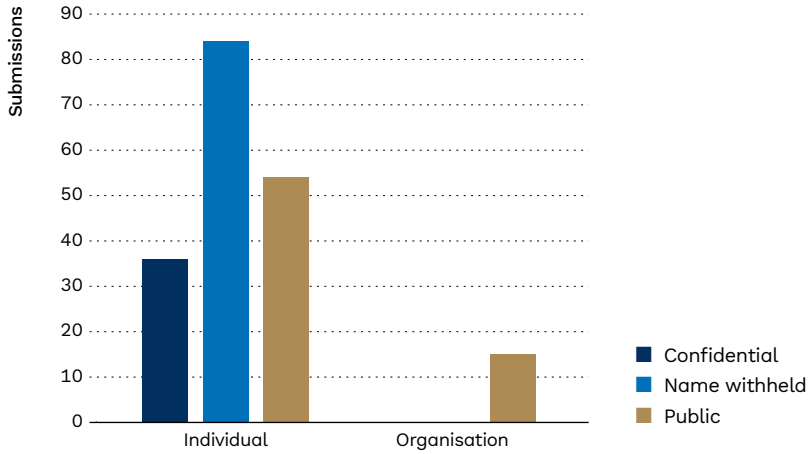
Rather than make its own recommendations that would duplicate what has already been recommended by VEOHRC and is already underway, the Committee has made further recommendations around VEOHRC's recommendations that accord with the findings of this Report. The Committee adds that it is critical for Ambulance Victoria to keep its employees and the Department of Health informed of its progress addressing the issues raised in the Independent Review.

2.2 What did the Committee learn from the high number of requests for confidentiality?

The Committee notes that a significant number of stakeholders requested either partial or full confidentiality for their submissions. Figure 2.1 shows the distribution of stakeholder requests for confidentiality. Public submissions from both organisations and individuals accounted for 36.51% of total submissions that the Committee accepted. Name withheld (44.44%) and confidential submissions (19.05%) both accounted for 63.49% of total submissions that the Committee accepted.

2 Correspondence from Jordan Emery, CEO, Ambulance Victoria to Joe McCracken, Chair, Legislative Council Legal and Social Issues Committee, received 13 August 2025, pp. 1–2.

Figure 2.1 Who made requests for submissions confidentiality?

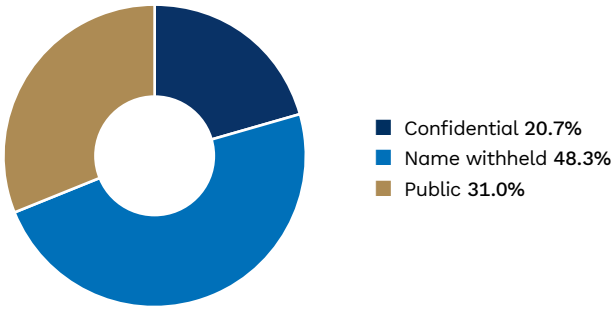


Source: Legislative Council Legal and Social Issues Committee.

When the submissions data accounts for individual stakeholders only, name withheld submissions represent nearly 50% and confidential submissions are nearly 20% (see Figure 2.2). The Committee consistently heard the following reasons from individuals requesting name withheld or confidential submissions:

- fear of retribution including bullying, harassment, disciplinary action or job loss
- concerns that speaking out could limit career progression
- speaking out publicly might worsen an already hostile workplace
- concerns over psychological harm, victimisation or safety
- fear of managers monitoring public submissions.[3]

Figure 2.2 What percentage of individual submissions requested confidentiality?



Source: Legislative Council Legal and Social Issues Committee.

3 Legislative Council Legal and Social Issues Committee.

Many individuals who requested name withheld or confidential submission identified as Ambulance Victoria employees.[4] The reasons given for confidentiality requests indicate that many Ambulance Victoria employees do not feel comfortable speaking publicly about their concerns. Despite changes made following VEOHRC's report, a number of witnesses suggested that a workplace culture remains that deters employees from raising concerns or making submissions publicly. Section 2.3 explores the issues stakeholders raised about Ambulance Victoria's workplace culture in greater detail.

FINDING 1: The high amount of confidential and name withheld submissions is evidence that many current and former employees are still afraid to speak publicly regarding the significant and concerning workplace issues at Ambulance Victoria for fear of reprisal.

2.3 What do stakeholders say about Ambulance Victoria's workplace?

> **Ambulance Victoria's leaders are responsible for setting workplace culture and leading change.**
>
> Julia Manning, Senior Consultant, Human Rights Solutions, Victorian Equal Opportunity and Human Rights Commission, public hearing, Melbourne, 13 June 2025, *Transcript of evidence*, p. 42.

> **I feel like morale within this organisation is very low … As a team manager I do not feel supported to lead my team and this is very distressing and frustrating. I do not like the workplace culture of our senior managers who do not seek to understand current workplace conditions.**
>
> Victorian Ambulance Union, *Submission 168,* p. 82 (quoting a member of the union).

Evidence provided by VEOHRC emphasised to the Committee that Ambulance Victoria's progress on workplace equality varied across different priority areas:

- a lot of progress on the complaints systems has occurred but rebuilding trust and confidence in the complaints systems requires ongoing work
- progress on safety has occurred but not as much as expected
- progress on improving workplace flexibility has been slow and limited

4 Legislative Council Legal and Social Issues Committee.

- improvements on leadership and governance have broadly progressed but workforce trust is still low.[5]

Stakeholders challenged the effectiveness and responsiveness of Ambulance Victoria's efforts to improve workplace culture.[6] The Committee received evidence from a range of stakeholders, including current and former Ambulance Victoria employees with professional backgrounds covering paramedicine to corporate services, that indicated workplace culture issues remain a persistent problem. Evidence reflected the following themes:

- toxic workplace culture[7]
- poor working conditions[8]
- systemic burnout and poor mental health.[9]

Consequently, Sections 2.4 to 2.6 discuss the issues stakeholders raised about Ambulance Victoria's workplace culture and subsequently, why progress on change has been prolonged.

The Committee gained further evidence on Ambulance Victoria's culture (and other issues) during a confidential public hearing. Appendix B contains a high-level summary of the main issues and concerns raised by the witnesses that day.

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5 Victorian Equal Opportunity and Human Rights Commission, *Submission 136;* Ambulance Victoria, *Submission 186,* pp. 48–52; Anita L'Enfant, Manager, Human Rights Solutions, Victorian Equal Opportunity and Human Rights Commission, public hearing, Melbourne, 13 June 2025, *Transcript of evidence*, pp. 40–49; Julia Manning, Senior Consultant, Human Rights Solutions, Victorian Equal Opportunity and Human Rights Commission, public hearing, Melbourne, 13 June 2025, *Transcript of evidence*, pp. 40–49; Aimee Cooper, Manager, Legal, Victorian Equal Opportunity and Human Rights Commission, public hearing, Melbourne, 13 June 2025, *Transcript of evidence*, pp. 40–49; Jesse Maddison, Executive Director, People and Culture, Ambulance Victoria, public hearing, Melbourne, 20 June 2025, *Transcript of evidence,* pp. 39–51; Fleur Behrens, Director, Professional Standards and Behaviours, Ambulance Victoria, public hearing, Melbourne, 20 June 2025, *Transcript of evidence,* pp. 39–51.

6 Name withheld, *Submission 12,* p. 1–2; Name withheld, *Submission 12a,* p. 1; Name withheld, *Submission 77,* p. 1; Andrew McDonell, *Submission 96,* pp. 2–4; Name withheld, *Submission 116,* p. 3; Name withheld, *Submission 135,* p. 2; Name withheld, *Submission 138,* p. 2; Name withheld, *Submission 143,* p. 8; Name withheld, *Submission 143a,* p. 1; Name withheld, *Submission 146,* p. 1; Ray Bange OAM, *Submission 148,* pp. 15–26; Ambulance Managers and Professionals Association, *Submission 187,* p. 2.

7 Name withheld, *Submission 7,* p. 1; Name withheld, *Submission 62,* p. 2; Name withheld, *Submission 64,* p. 1; Heather Kennedy, *Submis*sion *88*, p. 1; Andrew McDonell, *Submission 96,* pp. 1–3; Name withheld, *Submission 97,* p. 1; Name withheld, *Submission 111,* p. 1; Name withheld, *Submission 125,* pp. 1–3; Name withheld, *Submission 131,* p. 1; Ray Bange OAM, *Submission 148,* pp. 25–27; Name withheld, *Submission 162,* p. 1; Name withheld, *Submission 163,* pp. 2–3; Name withheld, *Submission 169,* p. 1; Ray Michelle, *Submission 188,* p. 1.

8 Name withheld, *Submission 62,* p. 1; Name withheld, *Submission 72,* p. 1; Name withheld, *Submission 78,* p. 1; Name withheld, *Submission 85,* p. 1; Name withheld, *Submission 86,* p. 1; Name withheld, *Submission 102,* pp. 1–2; Name withheld, *Submission 107,* pp. 2–3; Name withheld, *Submission 112,* p. 1; Name withheld, *Submission 116,* p. 1; Name withheld, *Submission 118,* p. 2; Name withheld, *Submission 125,* pp. 1–3; Name withheld, *Submission 143,* p. 5; Name withheld, *Submission 146,* p. 4; Ray Bange OAM, *Submission 148,* p. 26; Name withheld, *Submission 165,* p. 1.

9 Paul Holman, *Submission 82,* p. 2; Name withheld, *Submission 83,* p. 1; Name withheld, *Submission 85,* p. 1; Name withheld, *Submission 97,* p. 1; Name withheld, *Submission 101,* p. 1; Name withheld, *Submission 110,* p. 1; Name withheld, *Submission 111,* p. 1; Name withheld, *Submission 125,* pp. 1–3; Name withheld, *Submission 127,* p. 3; Name withheld, *Submission 131,* p. 1; Nicole Blyth, *Submission 144,* p. 3; Name withheld, *Submission 146,* p. 5; Ray Bange OAM, *Submission 148,* pp. 24–35; Peter Lock, *Submission 150,* p. 1; Name withheld, *Submission 154a,* pp. 1–2; Name withheld, *Submission 165,* pp. 1–3; Name withheld, *Submission 166,* pp. 2–28; Victorian Ambulance Union, *Submission 168,* p. 14; Name withheld, *Submission 182,* p. 3; Name withheld, *Submission 183,* p. 2; Ray Michelle, *Submission 188,* p. 2.

2.4 Is Ambulance Victoria's workplace culture toxic?

> **The CHAIR: We have heard other people come in and say that there is a toxic work culture. Would you agree?**
>
> **Witness 1: Absolutely. Absolutely, I would agree.**
>
> Joe McCracken, public hearing, Melbourne, 13 June 2025, *Transcript of evidence,* p. 73; Witness 1, public hearing, Melbourne, 13 June 2025, *Transcript of evidence,* p. 73.

> **I stupidly thought if I just worked really hard and stayed out of the way and did my job, I would be left alone, and I still was not … they do not like us dinosaurs with my vintage out on the road, because we know too much and we stand up for ourselves and we question things, and they do not like that. That culture is just continually perpetuated.**
>
> Witness 1, public hearing, Melbourne, 13 June 2025, *Transcript of evidence,* p. 73.

Stakeholders who provided evidence on Ambulance Victoria's workplace culture, described a range of harmful behaviours and norms that contributed to this culture. These behaviours included:

- bullying, discrimination, harassment and gaslighting
- fear of retaliation, payback and victimisation for speaking out
- leadership and management dysfunction.

As shown in Table 1.3 in Chapter 1, Ambulance Victoria has implemented priority recommendations addressing these issues at varying levels. Yet, many stakeholders expressed that these behaviours and norms remain widespread and pervasive in Ambulance Victoria's workplace culture.[10] The next sections discuss these behaviours in greater detail.

2.4.1 Concerns around bullying, discrimination and harassment and gaslighting

> **This independent review into workplace equality in Ambulance Victoria took place because of courageous whistleblowers who spoke up about unlawful conduct. These concerns were validated by the commission during phase 1 of the review, which found concerningly high experiences of discrimination, sexual harassment, bullying and victimisation among Ambulance Victoria's workforce.**
>
> Julia Manning, Senior Consultant, Human Rights Solutions, Victorian Equal Opportunity and Human Rights Commission, public hearing, Melbourne, 13 June 2025, *Transcript of evidence*, p. 41.

10 Name withheld, *Submission 12,* p. 1; Name withheld, *Submission 77,* p. 1; Name withheld, *Submission 88,* p. 1; Name withheld, *Submission 111,* p. 1; Name withheld, *Submission 125,* pp. 3–4; Name withheld, *Submission 135,* p. 2; Victorian Equal Opportunity & Human Rights Commission, *Submission 136,* p. 2; Name withheld, *Submission 166,* p. 2; Victorian Ambulance Union, *Submission 168,* p. 14; Witness 3, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 55; Anita L'Enfant, *Transcript of evidence,* p. 41.

In its submission to the Inquiry, VEOHRC highlighted data from its Phase 1 Report survey. The data from 2,163 responses indicated 'widespread reports of incivility, disrespect, discrimination, sexual harassment, bullying and victimisation'.[11] Anita L'Enfant, Manager, Human Rights Solutions for VEOHRC explained that of 'the types of experiences that [VEOHRC] received in the statistics … most of the survey respondents reported discrimination'. This included:

- 47.2% of survey respondents reported experiencing discrimination that presented as verbal, physical or written abuse
- 17.4% reported experiencing sexual harassment
- 52% reported experiencing bullying, and that was in the form of exclusion from work activities, particularly in isolated settings.[12]

VEOHRC stated in its submission that while the Phase 3 audit found that many recommendations relating to safety 'have been commenced or completed […] the intent behind the recommendation is not being realised and meaningful change is not being experienced by the workforce'.[13] VEOHRC explained that 'risks and behaviours identified in Phase 1 are still occurring and the organisation may be non-compliant with its workplace safety positive duty obligations'.[14]

Ambulance Victoria's 2024 People Matters Survey results show that the workforce experiences higher rates of negative behaviours compared to the public sector overall and comparator groups.[15] Figure 2.3 reveals data for specific negative behaviours. While the data suggest that negative behaviours are decreasing at Ambulance Victoria, the Committee notes that the 2024 response rate for Ambulance Victoria was 15% (1,168 people).[16] This is also lower than the 2023 response rate of 19% (1,513 people).[17] The 2024 response rate for AV is far lower than the Public Sector's overall response rate of 44%.[18]

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11 Victorian Equal Opportunity & Human Rights Commission, *Submission 136,* p. 2.

12 Anita L'Enfant, *Transcript of evidence,* pp. 45–46.

13 Victorian Equal Opportunity & Human Rights Commission, *Submission 136,* p. 3.

14 Ibid.

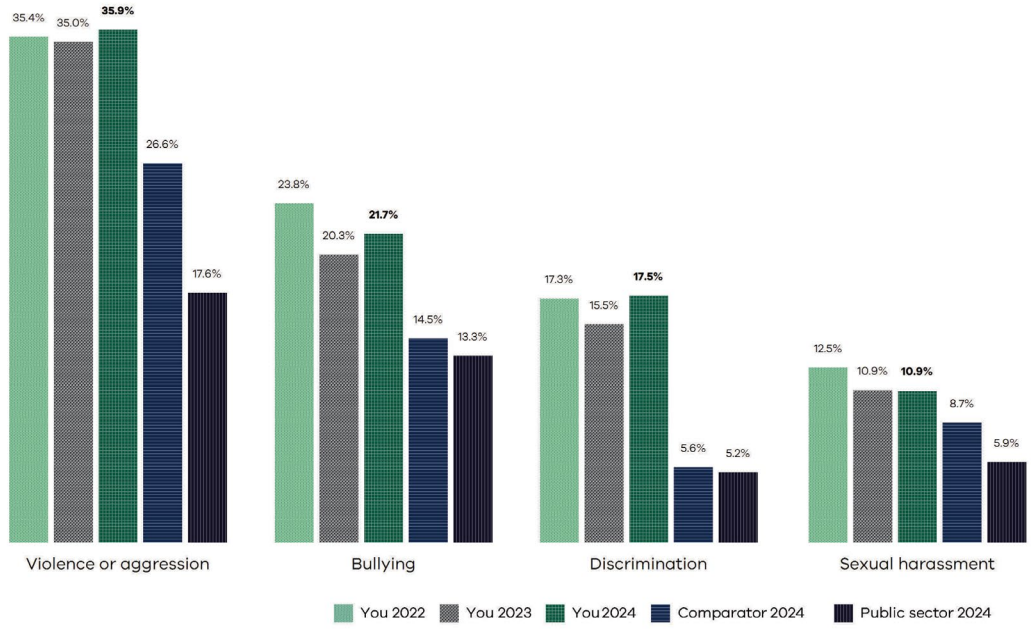
15 Victorian Public Sector Commission, *Ambulance Victoria 2024 People Matter Survey results report,* Victorian State Government, Melbourne, 2024, p. 23.

16 Ibid., p. 7.

17 Ibid.

18 Ibid.

Figure 2.3 Ambulance Victoria 2024 People Matters survey: negative behaviours outcomes



Source: Victorian Public Sector Commission, *Ambulance Victoria 2024 People Matter Survey results report,* Victorian State Government, Melbourne, 2024, p. 23.

Notably, Ambulance Victoria's 2024 People Matter Survey highlighted that 22% of staff said they experienced bullying of which:

- 54% said it was by a manager or supervisor
- 41% said it was a colleague
- 75% said that incivility was the main type of bullying they experience.[19]

The Committee heard from stakeholders who suggested that bullying, harassment and discrimination remain pervasive and ingrained in Ambulance Victoria's workplace culture.[20] Ian Hunt, a Delegate from the Ambulance Managers and Professionals Association, expressed that bullying occurs 'in pockets of the organisation' and suggested that Ambulance Victoria's culture of bullying had not improved much since VEOHRC's reports.[21]

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19 Ibid., pp. 24–25.

20 Name withheld, *Submission 12,* p. 1; Name withheld, *Submission 54,* p. 1; Heather Kennedy, *Submission 88,* p. 1; Andrew McDonell, *Submission 96,* p. 2; Name withheld, *Submission 101,* p. 1; Name withheld, *Submission 111,* p. 1; Name withheld, *Submission 125,* pp. 1–3; Name withheld, *Submission 135,* p. 2; Name withheld, *Submission 143a,* p. 1; Name withheld, *Submission 146,* p. 2; Ray Bange OAM, *Submission 148,* pp. 19–34; Name withheld, *Submission 154,* pp. 1–2; Name withheld, *Submission 166,* p. 2; Name withheld, *Submission 182,* pp. 6–8; Ian Hunt, Delegate, Ambulance Managers and Professionals Association, Professionals Australia, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 43.

21 Ian Hunt, *Transcript of evidence,* p. 43.

One witness expressed that bullying was both a personnel and structural matter, emphasising that many individuals 'have just been moved to another area when they have bullied others or done stuff'.[22] Another witness stated that their experience showed 'a pattern of unreasonable management action tantamount to systemic bullying in the service'.[23]

Examples of bullying, discrimination and harassment that the Committee heard from stakeholders included:

- Management or senior staff misusing performance management processes to intimidate or gaslight staff.[24]
- Individuals described experiences of verbal abuse and physical harm.[25]
- Stakeholders described age and gender discrimination, specifically career progression and development opportunities were restricted.[26]
- Many stakeholders specifically stressed the prevalence of sexual harassment.[27]

The Committee received compelling evidence regarding sexual harassment within Ambulance Victoria, with one submitter describing a deeply hostile work environment for women. The submitter stated, 'female paramedics are subjected to inappropriate and predatory sexual conduct. AVs work environment is generally one that is hostile towards women'.[28]

Another submitter identified what they felt to be Ambulance Victoria's mishandling of sexual harassment cases. They revealed that their 'perpetrator was allowed back in the workforce after 5 out of 8 allegations were substantiated' despite them 'requiring an intervention order to be put in place by Victoria Police due to concerns regarding my safety'.[29] This echoed broader concerns about the pervasiveness of sexual harassment within Ambulance Victoria, with one stakeholder asserting, 'Misogyny is rife and this culture seems to be learnt on the job'.[30]

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22 Witness 1, public hearing, Melbourne, 13 June 2025, *Transcript of evidence,* p. 70.

23 Witness 4, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 72.

24 Name withheld, *Submission 7,* p. 1; Name withheld, *Submission 125,* p. 3; Name withheld, *Submission 143,* p. 7; Name withheld, *Submission 146,* p. 2; Name withheld, *Submission 166,* pp. 2–25; Name withheld, *Submission 179,* p. 1; Witness 1, public hearing, Melbourne, 13 June 2025, *Transcript of evidence,* p. 72; Witness 4, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* pp. 73–75.

25 Name withheld, *Submission 7,* p. 1; Name withheld, *Submission 54,* p. 1; Name withheld, *Submission 64,* p. 1; Name withheld, *Submission 70.1,* p. 1; Andrew McDonell, *Submission 96,* p. 2; Name withheld, *Submission 125,* p. 1; Nicole Blyth, *Submission 144,* p. 2; Name withheld, *Submission 179,* p. 1.

26 Witness 3, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* pp. 54–58; Paul Holman, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 2; Michael Stephenson, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* pp. 3–11; Witness 1, public hearing, Melbourne, 13 June 2025, *Transcript of evidence,* p. 73; Paul Holman, *Submission 82,* pp. 2–3; Andrew McDonell, *Submission 96,* p. 2; Name withheld, *Submission 118,* p. 1; Name withheld, *Submission 138,* pp. 1–2; Name withheld, p. 1; *Submission 146,* Name withheld, *Submission 153,* pp. 1–2.

27 Name withheld, *Submission 54,* p. 1; Name withheld, *Submission 77;* Name withheld, *Submission 125,* p. 3; Name withheld, *Submission 138*; Ray Bange OAM, *Submission 148,* p. 26; Witness 4, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 71; Julia Manning, *Transcript of evidence,* p. 41.

28 Name withheld, *Submission 138,* p. 2.

29 Name withheld, *Submission 54,* p. 1.

30 Heather Kennedy, *Submission 88,* p. 1.

Ambulance Victoria's 2024 People Matters survey showed that of those who responded, 11% had experienced sexual harassment, of which:

- 63% said the top type was sexually suggestive comments or jokes that made me feel offended (in either a group or one on one situation)
- 46% said it was by a colleague
- 94% did not submit a formal complaint, of which 58% said the top reason was "I didn't think it would make a difference".[31]

Jesse Maddison, Executive Director of People & Culture at Ambulance Victoria acknowledged the issues and stated that cultural change is an ongoing process:

> While AV has implemented a number of strategies to improve the culture, we realise that sustained change requires ongoing commitment and effort, and we are committed to creating a positive and respectful workplace where everyone thrives.[32]

Fleur Behrens, Director of the Professional Standards and Behaviours Department (PSBD) added:

> Arising from the VEOHRC report there were six design principles that were part of the recommendations, and we really took those and brought those to life. That is around being person centred; accessible; flexible; timely; fair and impartial; and transparent and accountable. We built those into the structure of our department in terms of there are three different teams in my department that report to me. I have a case management triage team, an investigations team and a policy and research team. And that really supports our function in terms of we have embedded the person-centred approach. When someone makes a complaint to us, they are allocated to a case manager. That case manager responds to them 95 per cent of the time – at the moment, based on our current data – within two business days, and that person follows their matter from end to end.[33]

FINDING 2: The Committee received substantial evidence identifying widespread cultural problems within Ambulance Victoria, including nepotism, bullying, harassment, gaslighting and intimidation.

FINDING 3: There has been limited or no progress on many of the recommendations made by the Victorian Equal Opportunity and Human Rights Commission's review of Ambulance Victoria. Even in areas where the Victorian Equal Opportunity and Human Rights Commission identified progress in its Phase 3 Audit, many employees do not share that view and reported experiencing no meaningful changes in workplace culture.

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31 Victorian Public Sector Commission, *Ambulance Victoria 2024 People Matter Survey results report,* Victorian State Government, Melbourne, 2024, pp. 29–31.

32 Jesse Maddison, Executive Director, People and Culture, Ambulance Victoria, public hearing, Melbourne, 20 June 2025, *Transcript of evidence*, p. 23.

33 Fleur Behrens, Director, Professional Standards and Behaviours, Ambulance Victoria, public hearing, Melbourne, 20 June 2025, *Transcript of evidence*, pp. 44–45.

RECOMMENDATION 1: That Ambulance Victoria continue to implement the Victorian Equal Opportunity and Human Rights Commission's recommendations, particularly priority recommendations 3, 6, 7 and 42.

RECOMMENDATION 2: That Ambulance Victoria regularly update its employees and the Department of Health on its progress in addressing the recommendations of the Victorian Equal Opportunity and Human Rights Commission's report.

RECOMMENDATION 3: That Ambulance Victoria ensure that employees have opportunities to provide regular feedback about Ambulance Victoria's implementation and progress of the Victorian Equal Opportunity and Human Rights Commission's recommendations.

2.4.2 Fear of retaliation, payback and victimisation for speaking out

> **I was stood down and ultimately suspended, not for misconduct but for raising concerns. Rather than receive support, I was isolated, ignored and retaliated against by senior managers within the wellbeing division.**
>
> Ray Michelle, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 48.

> **There is a significant culture of fear inside AV …**
>
> Name withheld, *Submission 135,* p. 1.

VEOHRC's submission stated that 34.5% of respondents in the Phase 1 survey reported experiencing victimisation.[34] In the Phase 3 audit, VEOHRC identified that Ambulance Victoria has made 'some of the most [progress]' on the issue of complaints although some gaps remain.[35] VEOHRC noted that priority recommendation 8, which calls on Ambulance Victoria to 'encourage a "speak up" culture and incorporate Upstander training across at least 75% of the workforce by winter 2024', has not yet commenced.[36] However, VEOHRC emphasised that the launch of the PSBD marks a significant improvement.[37]

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34 Victorian Equal Opportunity & Human Rights Commission, *Submission 136,* p. 2.

35 Ibid., p. 3.

36 Victorian Equal Opportunity & Human Rights Commission, *Barriers and Enablers to Reform,* accessed <https://reports.humanrights.vic.gov.au/reports/ambulance-victoria-review-progress-evaluation-audit/sections/reform-enablers-and-barriers> accessed 20 August 2025.

37 Ibid.

Yet, the Committee heard that many stakeholders feel that victimisation and a fear of reprisal continue to shape Ambulance Victoria's workplace culture.[38] Concerning the nature of victimisation, the Committee heard that stakeholders:

- were bullied, harassed or discriminated against after making complaints[39]
- were professionally stalled, stood down or suspended after raising concerns or making complaints[40]
- complaints were supressed, ignored, dismissed, mishandled or purposefully drawn out with vague or no outcomes.[41]

Jesse Maddison, Executive Director of People and Culture at Ambulance Victoria, agreed that intimidation, bullying and gaslighting clearly exist currently in Ambulance Victoria.

In evidence given Mr Maddison noted the current culture and practices are not appropriate, and there is still more work to be done to address systemic workplace culture issues in Ambulance Victoria:

> **The CHAIR:** We are talking bullying, nepotism, abuse. I mean, this is not low-level stuff, and this is more than just training. This is serious.
>
> **Jesse MADDISON:** It is hard obviously, Chair, to respond to specific cases without the detail, and I am not here to argue about people's experience, because it is clearly not appropriate where that is occurring. What we are on, as I indicated earlier, is a journey, and I think we have come some of the way. Are we at the destination yet? Clearly not.[42]

The Committee received more recent data on victimisation and fear of reprisal from the Victorian Ambulance Union (VAU). In February 2024, VAU partnered with several universities to produce a survey on workplace culture at Ambulance Victoria. Overall, the results showed that many Ambulance Victoria employees do not feel confident and safe to voice ideas for fear of negative outcomes. See Table 2.1. for relevant findings from the survey.

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38 Andrew McDonell, Submission 96, p. 2; Name withheld, *Submission 125,* pp. 1–2; Name withheld, Submission 135, p. 1; Victorian Equal Opportunity & Human Rights Commission, *Submission 136,* pp. 2–3; Ray Bange OAM, *Submission 148,* pp. 34–35; Victorian Ambulance Union, *Submission 168,* pp. 92–120; Ambulance Managers & Professionals Association *Submission 187,* p. 2; Anita L'Enfant, *Transcript of evidence,* pp. 41–47; Pierce Tyson, *Transcript of evidence,* p. 38; Ian Hunt, *Transcript of evidence,* p. 43; Julia Manning, *Transcript of evidence,* p. 41; Ray Michelle, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 50.

39 Andrew McDonell, *Submission 96,* pp. 1–5; Name withheld, *Submission 125,* pp 1–3; Name withheld, *Submission 129,* pp. 2–3; Ray Michelle, *Submission 188,* pp. 1–4; Pierce Tyson, *Transcript of evidence,* p. 43; Witness 1, public hearing, Melbourne, 13 June 2025, *Transcript of evidence,* p. 76; Ray Michelle, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* pp. 47–50; Ray Michelle, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* pp. 47–50; Witness 4, public hearing, Melbourne, 5 June 2025, *Transcript of evidence*, p. 73.

40 Name withheld, *Submission 9,* p. 1; Andrew McDonell, *Submission 96,* pp. 1–5; Ray Michelle, *Submission 188,* pp. 1–4; Ian Hunt, *Transcript of evidence,* p. 43; Witness 1, public hearing, Melbourne, 13 June 2025, *Transcript of evidence,* p. 76; Paul Holman, *Transcript of evidence*, p. 2; Witness 4, public hearing, Melbourne, 5 June 2025, *Transcript of evidence*, p. 73; Anita L'Enfant, *Transcript of evidence,* p. 47.

41 Name withheld, *Submission 9,* p. 1; Name withheld, *Submission 12A,* p. 1; Name withheld, *Submission 71.1*, p. 1; Name withheld, *Submission 77,* pp. 2–3; Andrew McDonell, *Submission 96,* pp. 1–5; Name withheld, *Submission 125,* pp 1–3; Name withheld, *Submission 129,* pp. 2–3; Ray Bange OAM, *Submission 148,* p. 34; Pierce Tyson, *Transcript of evidence,* p. 43; Witness 1, public hearing, Melbourne, 13 June 2025, *Transcript of evidence,* p. 76; Ray Michelle, *Transcript of evidence,* pp. 47–50; Witness 4, public hearing, Melbourne, 5 June 2025, *Transcript of evidence*, p. 73.

42 Jesse Madison, *Transcript of evidence*, p. 42.

Table 2.1 Key findings on Ambulance Victoria's workplace environment and wellbeing from VAU's survey

Workplace theme	Finding
Psychological safety: 'refers to a sense of confidence and safety that individuals will not be attacked, ridiculed, or penalised for proposing or voicing ideas'.	Overall, respondents reported a mean of **2.68 out of 5** for items related to psychological safety. • 24% reported that they feel confident in bringing up problems and tough issues while 46% do not. • 77% reported feeling that they are personally singled out when they make a mistake in the organisation.
Employee silence: 'where an employee withholds information, ideas and/or opinions about work-related improvements … employee silence is often fuelled by either the fear of retribution of voicing or the futility of not getting a response'.	Overall, respondents reported a mean score of **3.73 out of 5** for items related to employee silence. • 75% reported that they remained silent because of fear of adverse consequences. • 73% reported staying silent for fear of negative outcomes from speaking up. • 61% reported withholding information because it would make them vulnerable to colleagues or managers. • 58% kept silent because they felt like they would not be met with a sympathetic ear. • 44% reported that they may stay silent because they felt that managers are not willing to listen their concerns. • 88% reported that they keep silent due to a sense of futility.

Notes

- Findings from the survey are based on 540 useable responses.
- Respondents used a 5-point scale (1 = strongly disagree to 5 = strongly agree) to answer questions.

Source: Victorian Ambulance Union, *Submission 168,* pp. 92–95; Ibid., pp. 117–120.

The Committee heard from stakeholders who were fearful of speaking up, citing the negative treatment others had experienced.[43] Pierce Tyson from the Ambulance Managers and Professionals Association told the Committee that although 'that culture of fear and not wanting to speak out does not exist as what it did a year ago' many employees remain unsure about raising concerns directly. Mr Tyson explained that he continues to speak with Ambulance Victoria employees who 'feel it will go nowhere, they will not be taken seriously, or they will be putting a target on their back'.[44]

The Committee heard many similar feelings from stakeholders who identified as Ambulance Victoria employees:

> it is a culture of retaliation and harm[45]

> the day I put the complaint I lost all my shifts[46]

43 Name withheld, *Submission 71,* p. 2; Name withheld, *Submission 83,* p. 2; Andrew McDonell, *Submission 96,* pp. 1–4; Name withheld, *Submission 110,* p. 1; Name withheld, *Submission 135,* p. 1; Ray Bange OAM, *Submission 148,* p. 35; Name withheld, *Submission 154a,* p. 2; Name withheld, *Submission 162,* p. 2; Name withheld, *Submission 163,* p. 3; Victorian Ambulance Union, *Submission 168,* p. 14; Ibid. pp. 92–95; Name withheld, *Submission 173,* p. 1; Ray Michelle, *Submission 188,* p. 1; Pierce Tyson, *Transcript of evidence,* p. 43; Julia Manning, *Transcript of evidence,* p. 42.

44 Pierce Tyson, *Transcript of evidence,* p. 43.

45 Ray Michelle, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 48.

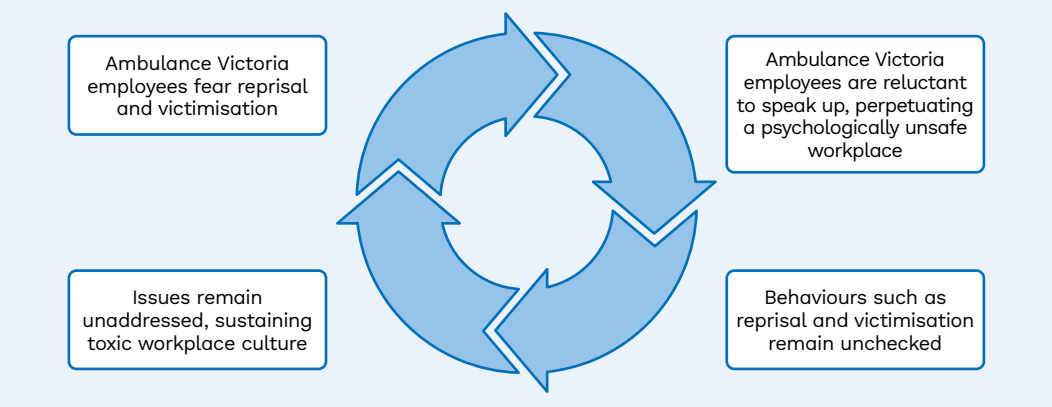
46 Name withheld, *Submission 9,* p. 1.

> dismissive responses to legitimate workplace concerns, including the trivialisation of formal harassment complaints … I was discriminated against and victimised while I advocated for safe and durable work conditions[47]

> once you speak up, you are marked.[48]

Figure 2.4 shows how employee silence for fear of reprisal and victimisation perpetuates a psychologically unsafe workplace.

Figure 2.4 How fear of reprisal and victimisation perpetuates toxic workplace culture



Source: Legislative Council Legal and Social Issues Committee.

The Committee heard from Ambulance Victoria's new Professional Standards and Behaviours Department, which commenced in June 2023 in response to the VEOHRC report. Jesse Madison said:

> We acknowledge that there have been a number of public submissions relating to cultural issues, alleged misconduct, bullying and harassment, and there is obviously work to do in that space. The safety and wellbeing of our people remains our number one priority, and we want to build a fair culture of respect, care and integrity where people feel safe and supported so our frontline paramedics can do the work that is absolutely important for the community. While AV has implemented a number of strategies to improve the culture, we realise that sustained change requires ongoing commitment and effort, and we are committed to creating a positive and respectful workplace where everyone thrives.[49]

VEOHRC noted that the PSBD has had a positive impact.

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47 Name withheld, *Submission 125,* p. 1.

48 Witness 1, public hearing, Melbourne, 13 June 2025, *Transcript of evidence,* p. 76.

49 Jesse Maddison, *Transcript of evidence*, p. 40.

> In phase 3 we found the establishment of the professional standards and behaviours department has been seen largely as a positive. You will see in our report we refer to that as providing a good framework for AV to handle complaints.[50]

Some stakeholders suggested to the Committee that Ambulance Victoria's complaints systems have not improved, specifically within the PSBD.[51] Reflecting on whether Ambulance Victoria employees trust the current complaints system, Ray Michelle, former chaplain of Ambulance Victoria stated, 'absolutely not'.[52] The Committee heard similar concerns from stakeholders:

> PSBD are remarkably disingenuous in their reporting of their performance, and have recently been investigated by WorkSafe for their management of complaint'[53]

> Interactions with PSBD have made the experience of reporting inappropriate behaviour worse and has led to significant psychological injury to those involved[54]

> I have made multiple complaints … to the newly formed PSBD at AV, and in return have been victimised, or blatantly gaslit.[55]

Consequently, stakeholders expressed significant uncertainty that Ambulance Victoria's new complaints system had adequately addressed workplace culture issues such as victimisation and fear of reprisal.

The Committee notes that a restorative engagement scheme was recommended by VEOHRC. Such a scheme would provide present and former Ambulance Victoria employees an avenue to share their account of adverse conduct and for employers to acknowledge that past wrongs occurred and that individuals suffered as a result.[56]

A restorative engagement scheme is being established but is yet to commence. Ambulance Victoria informed the Committee the scheme is being managed by the Department of Justice and Community Services,[57] which has undertaken consultation on the scheme to inform policy options for Government.[58]

The Committee notes that there have been changes, but stakeholders said there had been no meaningful impact. There is a tension between the perception of the changes by leadership and the reality felt on the ground.

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50 Anita L'Enfant, Manager, Human Rights Solutions, Victorian Equal Opportunity and Human Rights Commission, public hearing, Melbourne, 13 June 2025, *Transcript of evidence*, p. 41.

51 Name withheld, *Submission 12,* p. 1; Name withheld, *Supplementary Submission 12a,* p. 1; Name withheld, *Submission 54,* p. 1; Name withheld, *Submission 71.1,* p. 1; Name withheld, *Submission 101,* p. 1; Name withheld, *Submission 125,* p. 3; Witness 1, public hearing, Melbourne, 13 June 2025, *Transcript of evidence,* pp. 70–72.

52 Ray Michelle, *Transcript of evidence,* p. 52.

53 Name withheld, *Submission 12,* p. 2.

54 Name withheld, *Submission 71.1,* p. 1.

55 Name withheld, *Submission 125,* p. 3.

56 Victorian Equal Opportunity Human Rights Commission, I*ndependent Review into Workplace Equality in Ambulance Victoria*, Volume 1, 2022, p. 327.

57 AV responses to additional questions, received 15 August 2025, p. 4.

58 Victorian Government, *Ambulance Victoria Restorative Engagement Scheme*, <https://www.vic.gov.au/redress-ambulance-victoria> accessed 25 August 2025.

FINDING 4: Many Ambulance Victoria staff are afraid to speak out due to fear of reprisals and reprimand from Senior Management.

FINDING 5: In response to the Victorian Equal Opportunity and Human Rights Commission's report, in June 2023, Ambulance Victoria established the new Professional Standards and Behaviours Department to address workplace behaviours.

FINDING 6: Many Ambulance Victoria staff feel that the establishment of the Professional Standards and Behaviours Department to date, has yet to lead to meaningful workplace culture reform.

FINDING 7: Evidence shows that there have been cases where complaints mechanisms have been misused by management against Ambulance Victoria staff who make public complaints, reinforcing a culture of fear and silence and undermining trust in the complaints process.

FINDING 8: The Ambulance Victoria Restorative Engagement Scheme recommended by the Victorian Equal Opportunity and Human Rights Commission is yet to commence.

RECOMMENDATION 4: That Ambulance Victoria continue to implement the recommendations of the Victorian Equal Opportunity and Human Rights Commission's Independent Review, in particular recommendations 2, 8, 13, 14, 15, 16, 18, 19, 20, 21 and 23.

2.4.3 Identified issues with management and leadership

> **There is also a toxic culture, particularly prevalent in senior leadership which in part stems from a disconnect between managers and the staff they manage.**
>
> Name withheld, *Submission 62,* p. 2.

> **delegated authority to decision-making is set far too high within management structures of Ambulance Victoria. This has fostered a toxic and disempowered culture which pervades various parts of the organisation.**
>
> Ambulance Managers & Professionals Association, *Submission 187,* p. 6.

The Committee heard from stakeholders that dysfunctional leadership and management remains an ongoing problem for Ambulance Victoria employees. Many stakeholders emphasised to the Committee that they have low trust in senior

management.[59] In its submission, the VAU highlighted data which showed that 69% of VAU members 'did not feel confident that senior management treated them fairly'.[60]

Ambulance Victoria's 2024 People Matters Survey noted similar trends:

- 8% of staff who did the survey agreed with "My organisation has made improvements based on the survey results from last year", a -4% change from 2023
- 21% of staff who did the survey agreed with "Senior leaders provide clear strategy and direction", a -4% change from 2023.[61]

Stakeholders identified several reasons regarding management and leadership behaviour that damage Ambulance Victoria's workplace culture:

- leadership and management is disconnected from frontline staff, making decisions that ignore or dismiss staff's realities[62]
- leadership and management mishandle complaints with a lack of accountability and transparency [63]
- unqualified individuals are appointed to manager or leadership roles.[64]

Pierce Tyson from the Ambulance Managers and Professionals Association noted some extraordinary circumstances he had been made aware of through his role:

> Even a couple of months ago, I had a very senior manager in the organisation raise with me that they believed they could save the organisation $300,000 to $500,000 with changes to what they were doing. But they felt they did not want to bring this up because it would mean that that saving would justify cutting their staff and their

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59 Victorian Ambulance Union, *Submission 168,* pp. 52–56; Victorian Equal Opportunity & Human Rights Commission, *Submission 136,* p. 4.

60 Victorian Ambulance Union, *Submission 168,* p. 60.

61 Victorian Public Sector Commission, *Ambulance Victoria 2024 People Matter Survey results report,* Victorian State Government, Melbourne, 2024, p. 51.

62 Name withheld, *Submission 54,* p. 2; Name withheld, *Submission 55,* p. 1; Name withheld, *Submission 62,* p. 2; Name withheld, *Submission 71,* p. 1; Name withheld, *Submission 73,* p. 1; Paul Holman, *Submission 82,* pp. 2–5; Name withheld, *Submission 106,* p. 1; Name withheld, *Submission 109,* p. 1; Name withheld, *Submission 111,* p. 2; Name withheld, *Submission 115,* pp. 3–4; Name withheld, *Submission 116,* pp. 2–3; Cynthia Gane, *Submission 117,* p. 1; Name withheld, *Submission 118*, p. 3; Name withheld, *Submission 131,* p. 1; Name withheld, *Submission 132,* pp. 2–3; Name withheld, *Submission 135,* pp. 2–3; Name withheld, *Submission 143,* pp. 6–7; Ray Bange OAM, *Submission 148,* p. 26; Name withheld, *Submission 162,* p. 1; Name withheld, *Submission 163,* pp. 2–3; Victorian Ambulance Union, *Submission 168,* p. 3; Ibid., pp. 45–48; Ambulance Managers & Professionals Association, *Submission 187,* p. 6; Witness 5, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* pp. 83–84; Paul Holman, *Transcript of evidence,* p. 11; Julia Manning, *Transcript of evidence,* p. 42; Ibid., p. 46.

63 Name withheld, *Submission 12,* p. 1; Name withheld, *Submission 39,* p. 1; Name withheld, *Submission 77,* p. 1; Name withheld, *Submission 97,* p. 1; Name withheld, *Submission 125,* pp. 1–3; Name withheld, *Submission 129,* pp. 2–3; Victorian Equal Opportunity & Human Rights Commission, *Submission 136,* p. 3; Name withheld, *Submission 138,* pp. 1–2; Name withheld, *Supplementary Submission 143a,* p. 1; Ray Bange OAM, *Submission 148,* pp. 34–35; Name withheld, *Submission 166,* pp. 3–27; Ray Michelle, *Submission 188,* p. 1; Witness 4, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* pp. 71–75; Michael Stephenson, *Transcript of evidence,* pp. 7–8; Ray Michelle, *Transcript of evidence,* pp. 49–52; Witness 1, public hearing, Melbourne, 13 June 2025, *Transcript of evidence,* pp. 70–71; Ibid., p. 78.

64 Name withheld, *Submission 86,* p. 1; Andrew McDonell, *Submission 96,* pp. 1–3; Name withheld, *submission 112,* p. 1; Name withheld, *submission 118*, p. 3; Name withheld, *Submission 135,* pp. 2–3; Name withheld, *Submission 143,* p. 7; Name withheld, *Submission 146,* pp. 1–2; Ray Bange OAM, *Submission 148,* p. 26; Name withheld, *Submission 162,* p. 1; Name withheld, *Submission 163,* pp. 2–3; Name withheld, *Submission 169,* p. 3; Name withheld, *Submission 169,* p. 3; Name withheld, *Submission 182,* p. 1; Michael Stephenson, *Transcript of evidence,* p. 3; Witness 3, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 57; Witness 1, public hearing, Melbourne, 13 June 2025, *Transcript of evidence,* p. 78.

> team – which it would not. They did not feel comfortable raising this cost saving to the organisation because it would actually have a negative impact on them in the first place.[65]

Section 2.7 examines Ambulance Victoria's governance structure and accountability in greater detail, including how the organisation's leadership and management contributes to broader workplace issues.

The Committee notes that Ambulance Victoria has begun the process of implementing VEOHRC's priority recommendations to address workplace culture issues. This includes the implementation of the Upstander program to foster a culture where people are empowered to speak up and stand up against inappropriate behaviours and uphold Ambulance Victoria values. Ambulance Victoria has also implemented the Leading Together program, which includes management skills workshops to facilitate positive behavioural change.[66]

Anita L'Enfant told the Committee that

> **Michael GALEA:** Do you have any commentary on where that is landing in your most recent review – the culture of the senior executive management, as perhaps compared to previous leadership, in relation to these issues that you have identified and the willingness and drive to right these issues that you have identified?
>
> **Anita L'ENFANT:** Yes, you are absolutely right. The senior leadership – in fact the executive – has almost completely changed, with a whole new team. Throughout our progress evaluation audit we had a strong commitment from leadership to be wanting to see the changes. We worked really closely with them throughout to ensure that we understood where the areas of need were and where certain recommendations were not landing, and we had cooperation all the way through. Even with changes in leadership all that way through, that cooperation was there. By the end when we delivered the report itself that commitment was as strong as it was all the way through.[67]

Ambulance Victoria's 'People Plan 2025–28' includes an undertaking to develop and implement plans to prevent, as far as practical, bullying, sexual harassment, occupational violence or aggression, exposure to traumatic content or events, and high job demands.[68]

The Committee notes that over the last five years, Ambulance Victoria has had six chief executive officers. The constant change in senior leadership has eroded trust in the leadership of Ambulance Victoria and results in widespread cynicism.

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65 Pierce Tyson, *Transcript of evidence*, p. 46.

66 Ambulance Victoria, Inquiry into Ambulance Victoria public hearings, response to questions on notice received 17 July 2025, p. 3.

67 Anita L'Enfant, *Transcript of evidence*, pp. 43–44.

68 Ambulance Victoria, Inquiry into Ambulance Victoria public hearings, response to questions on notice received 17 July 2025, p. 3.

Former Ambulance Victoria Interim CEO, now Board Chair, Andrew Crisp, and former Board Chair Shelly Park, were asked questions about this:

> **The CHAIR:** Now, Mr Crisp, we have had six CEOs in the last five years. You talked about trust in leaders. How can staff have trust in leaders when they keep changing?
>
> **Andrew CRISP:** It is a fair question. I recall a conversation I had when I went out to visit a branch, and I was talking to some paramedics. They were quite young, but everyone looks young to me. This paramedic, you know, I was talking about what I wanted to do in the role, and she said, 'Well, how much time should I really invest in you?' And it was a fair comment, because she knew that I was interim. I had made it quite clear. Shelly can speak to the recruitment of the new CEO, but I am sure that we have selected the right person, who is here for the long haul around this to really drive the change that is required.
>
> **The CHAIR:** But I mean, you would have to concede that over the last five years there has been a terrible amount of change in senior leadership.
>
> **Shelly PARK:** Oh, there absolutely has.
>
> **The CHAIR:** And that has had an impact on the organisation that probably would not be positive.[69]

When he appeared before the Committee, the new CEO Jordan Emery was eager to highlight his interest in addressing management and leadership practices.

> I am focused on our people. I am focused on creating a safe, fair, inclusive organisation, keeping them connected to the decision-making and ensuring that I listen and learn from their experiences and incorporate that into the way we do business as an organisation going forward.[70]

Section 2.9 below includes more information on how Ambulance Victoria has started to address this issue.

FINDING 9: There is widespread dissatisfaction and distrust among Ambulance Victoria staff toward management and leadership, which perpetuates poor workplace culture.

FINDING 10: Constant changes in senior leadership have not had a positive influence on the workplace culture at Ambulance Victoria.

FINDING 11: The Committee received substantial evidence from employees and managers who believed that there was a widespread toxic and at times dysfunctional workplace culture in the organisation, and attributed ultimate responsibility for this to failures in leadership.

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69 Andrew Crisp, *Transcript of evidence*, p. 64; Shelly Park, Chair, Ambulance Victoria, public hearing, Melbourne, *Transcript of evidence*, p. 64.

70 Jordan Emery, CEO, Ambulance Victoria, public hearing, Melbourne, 29 August 2025, *Transcript of evidence*, p. 22.

FINDING 12: A lack of paramedicine experience on the Board at Ambulance Victoria contributed to significant failings in governance.

RECOMMENDATION 5: That Ambulance Victoria continue to implement the Victorian Equal Opportunity and Human Rights Commission's recommendations, particularly priority recommendations 25, 36, 37 and 42.

RECOMMENDATION 6: That the Minister for Ambulance Services consider the skills and composition of the board at Ambulance Victoria, including a requirement to have representation on the board with direct paramedicine experience and expertise.

2.5 Factors that influence paramedics' working conditions

> **It is a very damaging experience to go to these cases and not get the ability to have a bit of downtime and de-stress and vent to your colleagues, and bang, you are off to another one, which is probably why we are seeing the lifespan of paramedics is really shortened now.**
>
> Danny Hill, public hearing, Melbourne, 13 June 2025, *Transcript of evidence,* p. 37.

The Committee heard that Ambulance Victoria paramedics face unique working conditions compared to employees operating in the corporate parts of the organisation. The Committee consistently heard that paramedics' working conditions are inflexible and rigid, with high workloads resulting in physical and mental fatigue. These issues are described further below.

2.5.1 Parademics face working conditions that are inflexible and rigid

The Committee consistently heard from stakeholders that paramedics continue to face working conditions that are inflexible and rigid, undermining Ambulance Victoria's efforts to improve workplace equality. Drawing on data from its 2024 workplace survey which examined paramedics' experiences, the VAU found that 'work-life balance appears to be one of the lowest of all indicators in this study, at 1.78 out of 5'.[71]

VEOHRC told the Committee that 'an inconsistent approach to workplace flexibility' represents an ongoing barrier to workplace equality reform at Ambulance Victoria.[72] VEORHC's submission reinforced findings from the Phase 3 Progress Audit which stated that:

- Ambulance Victoria has made limited progress on key flexible work recommendations

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71 Victorian Ambulance Union, *Submission 168,* p. 111.

72 Victorian Equal Opportunity & Human Rights Commission, *Submission 136,* p. 4.

- staff from all areas of Ambulance Victoria want better workplace flexibility
- Ambulance Victoria's slow progress has generated high levels of workforce dissatisfaction.[73]

Anita L'Enfant from the Commission elaborated on the barriers to flexible work, stating 'Some of it is the outdated systems and the rostering system'.[74] She explained that 'individuals would look to have reasonable adjustments or flexible work and then the system itself would not let those things happen'.[75]

The Committee heard evidence from many stakeholders who stated that Flexible Work Arrangements (FWAs) remain difficult and challenging to obtain.[76] The Committee heard that management and leadership remain unsupportive and resistant towards employees seeking FWAs. Examples given included:

- deliberate delays to discourage paramedics from obtaining FWAs
- confusing or inconsistent decision-making during the FWA process
- unsubstantiated or random reasons for rejection
- managers outright ignoring legal obligations.[77]

Stakeholders expressed the view that management's lack of understanding concerning employees' need for flexibility in the workplace reinforced the view that leadership is disconnected from the frontline realities of paramedics.[78] Stakeholders told the Committee:

> [This] process of having to renegotiate a FWA every 6–12 months and go through the same process, often with completely different management … is extremely stressful.[79]
>
> Paramedics needing flexible work arrangements (FWA) are put through a forever changing punitive process in order to achieve adjustments.[80]

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73 Ibid., p. 3.

74 Anita L'Enfant, *Transcript of evidence,* p. 43.

75 Ibid.

76 Name withheld, *Submission 54,* p. 1; Name withheld, *Submission 80,* pp. 1–2; Name withheld, *Submission 85,* p. 1; Andrew McDonell, *Submission 96,* pp. 1–3; Name withheld, *Submission 107,* pp 2–3; Name withheld, *Submission 112,* p. 1; Name withheld, *Submission 118,* pp. 1–2; Victorian Equal Opportunity & Human Rights Commission, *Submission 136,* pp. 2–3; Name withheld, *Submission 146,* pp. 1–5; Name withheld, *Submission 154,* p. 2; Name withheld, *Submission 182,* p. 1; Tristan Dolling, *Submission 184,* p. 1; Witness 3, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 55; Ibid., pp. 57–62; Witness 5, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* pp. 80–85; Danny Hill, public hearing, Melbourne, 13 June 2025, *Transcript of evidence,* pp. 36–37.

77 Name withheld, *Submission 54,* p. 1; Name withheld, *Submission 80,* pp. 1–2; Name withheld, *Submission 85,* pp. 1–2; Andrew McDonell, *Submission 96,* p. 3; Name withheld, *Submission 107,* pp. 2–3; Name withheld, *Submission 118,* p. 1; Name withheld, *Submission 146,* p. 1; Ibid., pp. 4–5; Name withheld, *Submission 154,* p. 2; Name withheld, *Submission 162,* p. 2; Tristan Dolling, *Submission 184,* p. 2; Witness 3, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* pp. 55–62; Witness 5, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* pp. 81–86.

78 Anita L'Enfant, *Transcript of evidence,* p. 41; Danny Hill, *Transcript of evidence,* pp. 36–37.

79 Name withheld, *Submission 80,* p. 1.

80 Name withheld, *Submission 85,* p. 1.

> AV regularly rejects FWA requests, makes employees go through numerous grievance meetings and having to go to the Fair Work Commission before approving an FWA.[81]

Some stakeholders expressed that a lack transparency and proper channels for communication further complicates the FWA process.[82] One stakeholder explained that they were 'not allowed to communicate directly with the FWA Committee'.[83] Another witness stated that 'no-one has that opportunity to speak to the Fair Work committee themselves … You must go through your team manager.'[84]

Many stakeholders also indicated that rostering practises remain unsupportive and perpetuate working conditions that pose significant psychological risks to paramedics.[85] Several stakeholders stated that 14-hour night shifts remain common, adding that these shifts frequently run over schedule, leading to severe cumulative fatigue and stress.[86] Stakeholders provided the Committee with other examples on how current rostering practices threaten paramedics' psychological safety and wellbeing:

- shifts can exceed 24 hours, leaving paramedics without sleep for long periods[87]
- paramedics receive rosters with disruptive shift rotations, forcing abrupt transitions between day, afternoon, and night shifts[88]
- rosters do not factor in time for downtime or debriefs between calls leading to relentless workload with no recovery.[89]

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81 Name withheld, *Submission 107,* p. 3.

82 Witness 3, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 61; Witness 5, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 82; Name withheld, *Submission 118,* p. 2.

83 Name withheld, *Submission 118,* p. 2.

84 Witness 5, *Transcript of evidence,* p. 82.

85 Name withheld, *Supplementary Submission 19a*, p. 1; Grant Parker, *Submission 38,* p. 1; Name withheld, *Submission 39,* p. 1; Name withheld, *Submission 54,* p. 1; Name withheld, *Submission 65,* p. 1; Name withheld, *Submission 71,* p. 2; Matthew Di Toro, *Submission 79,* p. 1; Name withheld, *Submission 80,* pp. 1–2; Name withheld, *Submission 85,* pp. 1–2; Name withheld, *Submission 86,* p. 1; Name withheld, *Submission 92,* pp. 2–4; Name withheld, *Submission 102,* pp. 1–2; Name withheld, *Submission 112,* p. 1; Name withheld, *Submission 115,* pp. 2–3; Name withheld, *Submission 116,* p. 1; Name withheld, *Submission 118,* p. 2; Name withheld, *Submission 143,* pp. 8–9; Name withheld, *Submission 146,* pp. 3–4; Ray Bange OAM, *Submission 148,* p. 34; Name withheld, *Submission 162,* p. 2; Name withheld, *Submission 177,* pp. 1–2; Name withheld, *Submission 179,* p. 1; Name withheld, *Submission 182,* p. 1; Tristan Dolling, *Submission 184,* pp. 1–2; Michael Stephenson, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 9; Witness 3, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* pp. 55–59; Witness 5, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 82.

86 Grant Parker, *Submission 38,* p. 1; Name withheld, *Submission 62,* p. 2; Name withheld, *Submission 78,* p. 1; Name withheld, *Submission 92,* p. 3; Name withheld, *Submission 115,* p. 3; Name withheld, *Submission 116,* p. 1; Name withheld, *Submission 118,* pp. 1–2; Name withheld, *Submission 143,* pp. 5–6; Victorian Ambulance Union, *Submission 168,* p. 3; Ian Hunt, *Transcript of evidence,* p. 44; Michael Stephenson, *Transcript of evidence,* p. 9; Witness 5, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* pp. 81–85; Witness 3, *Transcript of evidence,* p. 60; Witness 1, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 22.

87 Name withheld, *Submission 62,* p. 2; Name withheld, *Submission 92,* p. 3; Name withheld, *Submission 143,* pp. 8–9; Name withheld, *Submission 182,* p. 3; Tristan Dolling, *Submission 184,* p. 1.

88 Name withheld, *Submission 80,* pp. 1–2; Name withheld, *Submission 92,* pp. 3–4; Name withheld, *Submission 102,* pp. 3–4; Name withheld, *Submission 115,* pp. 2–3; Name withheld, *Submission 116,* p. 1; Name withheld, *Submission 118,* pp. 1–3; Name withheld, *Submission 143,* pp. 5–6; Ibid., pp. 8–9.

89 Name withheld, *Submission 39,* p. 1; Brendan Webster, *Submission 76,* p. 1; Name withheld, *Submission 78,* p. 1; Name withheld, *Submission 85,* p. 1; Name withheld, *Submission 107,* p. 1; Name withheld, *Submission 111,* pp. 1–2; Name withheld, *Submission 115,* p. 3; Name withheld, *Submission 116,* p. 1; Name withheld, *Submission 143,* pp. 8–9; Name withheld, *Submission 146,* pp. 3–4; Name withheld, *Supplementary Submission 154a,* p. 2; Victorian Ambulance Union, *Submission 168,* p. 3; Ibid., p. 8; Ambulance Managers & Professionals Association (AMPA), *Submission 187,* p. 3; Ian Hunt, *Transcript of evidence,* p. 44; Witness 1, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 18; Ibid., p. 27; Witness 5, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* pp. 82–83; Danny Hill, *Transcript of evidence,* p. 36.

Consequently, the Committee heard that the rigidity of rostering, particularly a resistance to accommodate FWAs, forces staff to choose between their career and wellbeing.[90] Several stakeholders echoed similar feelings about the inflexibility and rigidity of rostering to the Committee:

> AVs rostering options are stuck in the 1990s when working a 4/4 on/off roster was achievable and family lives were structured differently …[91]

> Ambulance hired a whole bunch of women and then were like, "Oh, hang on – you guys have children? What? What do you mean? Now you're going to have to be on flexible work arrangements. Oh, that's so inconvenient for us"[92]

> The workplace preaches flexibility, but causes an unnecessary level of added pressure and stress for my peers when trying to organise FWAs … to gain an appropriate work life balance[93]

> those who have children, who take on caregiving roles and who must take up flexible work arrangements for other reasons are treated with disdain and as if they are a burden.[94]

The Committee notes that Ambulance Victoria has begun the process of reforming its approach to shifts. Some of which are articulated in Ambulance Victoria's People Plan 2025–28. This includes:

- a rostering reform program called People Based Rostering, which aims to eliminate the double 14-hour night shift
- embedding flexible working practices across the operational workforce by June 2025
- a short night shift initiative that introduces additional 8-hour night shifts.
- the new Ambulance Victoria Enterprise Agreement 2024, which provides improved working conditions, including increased protections at the end of shifts to reduce incidental overtime
- pathways for longer term part-time employment.[95]

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90 Name withheld, *Submission 79,* p. 1; Name withheld, *Submission 80,* pp. 1–2; Name withheld, *Submission 110,* p. 2; Witness 2, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 18; Witness 3, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 57; Ibid., p. 62; Danny Hill, *Transcript of evidence,* p. 37.

91 Name withheld, *Submission 80,* p. 2.

92 Witness 3, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 58.

93 Victorian Ambulance Union, *Submission 168,* p. 33.

94 Witness 3, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 55.

95 Ambulance Victoria, *Submission 186*, pp. 26–29.

A new payroll and HR system is also being implemented. Gavin Gusling, Chief Information Officer, Business Technology and Programs for Ambulance Victoria explained to the Committee:

> We had to do the system that was at the most risk for the organisation, and that was our rostering system. So we have replaced the rostering system; it went live for all the prime rostered staff late last year, and we are in the middle of doing our volunteer workforce now. That will complete in August. We will then kick off the HRIS project, which will replace both our core HR systems, and that includes our payroll system.[96]

Section 2.9 below includes more information on how Ambulance Victoria has started to address this issue.

Chapter 3 continues to discuss working conditions, specifically examining how Ambulance Victoria's current service delivery model affects paramedics working conditions.

FINDING 13: Ambulance Victoria's paramedics continue to operate in working conditions which are rigid and inflexible, compromising their wellbeing and safety.

FINDING 14: Ambulance Victoria staff want better workplace flexibility, work–life balance and the ability to negotiate in good faith with Ambulance Victoria.

RECOMMENDATION 7: That Ambulance Victoria continue to implement the Victorian Equal Opportunity and Human Rights Commission's recommendations, particularly priority recommendations 28, 31 and 33.

2.5.2 How excessive workloads and understaffing affect mental health

> **workload is identified as a major factor in burnout and stress on the AV workforce**
>
> Victorian Ambulance Union, *Submission 168*, p. 14.

The VAU highlighted data from its workplace survey concerning burnout and support at work. The results stated that:

- respondents reported a very low mean score of 1.73 out of 5 for items related to organisation support at work
- respondents reported a higher mean score for coworker emotional support (3.86 out of 5) compared to manager support at work (2.93 out of 5)
- 72% of respondents reported that they have reached the point of burnout

96 Gavin Gusling, Chief Information Officer, Business Technology and Programs, Ambulance Victoria, public hearing, Melbourne, 20 June 2025, *Transcript of evidence*, p. 29.

- 83% of respondents felt that their organisation did not care about their wellbeing
- 3% of respondents felt that the organisation they worked with showed a great deal of concern for them
- 50% reported that managers would care about their wellbeing.[97]

Similarly, Ambulance Victoria's 2024 People Matters Survey noted that according to those who responded:

- 31% said they had high to severe stress in 2024, compared to 21% of staff across the public sector
- 94% said they experienced mild to severe stress, and of that 94%, 37% said the top reason was workload
- 50% said they felt burnt out at work.[98]

The Committee heard from paramedics that excessive workloads and understaffing are common at Ambulance Victoria, exacerbating the risk of psychological harm.[99] Many paramedics emphasised that:

- their work can be psychologically demanding
- mental health support at Ambulance Victoria was currently inadequate
- the mental and physical burden of work is further compounded by understaffing.[100]

According to Ambulance Victoria, there has been an increase in the number of paramedics from 3,854 in 2019 to 4,874 in 2024, a 26% increase. The average case load per paramedic in metropolitan Melbourne has also declined slightly over this period from 126 cases per paramedic in 2019 to 123.4 cases per paramedic in 2024. According to the Productivity Commission's Report on Government Services 2025, over the last decade Ambulance Victoria's staffing levels of qualified ambulance officers has grown faster than Victoria's population, and the number of ambulance officers per head of population is above the national average.

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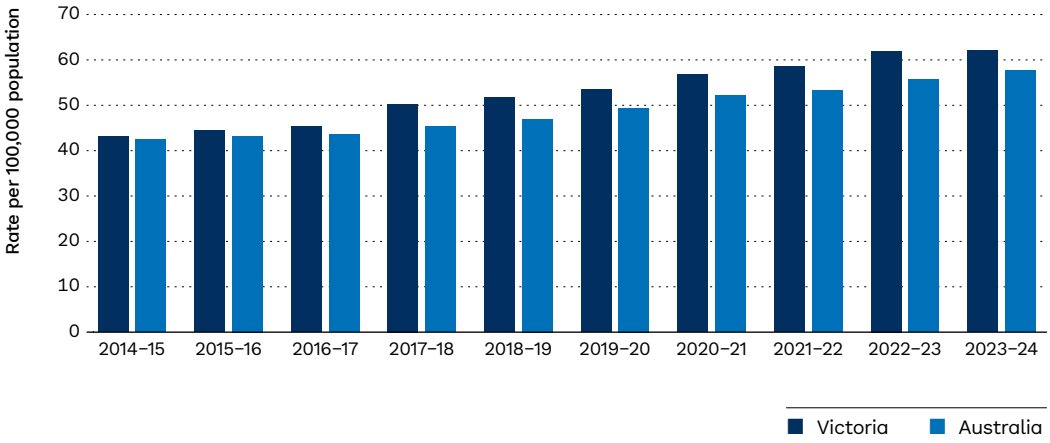
97 Victorian Ambulance Union, *Submission 168,* pp. 103–127.

98 Victorian Public Sector Commission, *Ambulance Victoria 2024 People Matter Survey results report,* Victorian State Government, Melbourne, 2024, pp. 14–17.

99 Name withheld, *Supplementary Submission 19a,* p. 1; Name withheld, *Submission 50,* p. 1; Name withheld, *Submission 76,* p. 1; Name withheld, *Submission 78,* p. 1; Name withheld, *Submission 79,* p. 1; Name withheld, *Submission 85,* pp. 1–2; Name withheld, *Submission 92,* pp. 2–5; Name withheld, *Submission 111,* pp. 1–2; Name withheld *Submission 116,* pp. 1–2; Name withheld, *Submission 127,* p. 3; Name withheld, *Submission 146,* p. 8; Name withheld, *Submission 165,* pp. 1–2; Name withheld, *Submission 177,* pp. 1–2; Name withheld, *Submission 182,* p. 3; Ambulance Managers & Professionals Association (AMPA), *Submission 187,* p. 6; Danny Hill, *Transcript of evidence,* p. 35; Witness 1, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 17; Ibid., p. 27; Witness 2, public hearing, Melbourne, 5 June 2025, p. 18.

100 Name withheld, *Submission 7,* p. 1; Name withheld, *Submission 54,* pp. 1–2; Name withheld, *Submission 71,* pp. 1–2; Name withheld, *Submission 74,* p. 1; Name withheld, *Submission 83,* pp. 1–2; Name withheld, *Submission 85,* p. 1; Name withheld, *Submission 92,* p. 1; Ibid., p. 6; Andrew McDonell, *Submission 96,* p. 2; Name withheld, *Submission 97,* p. 1; Name withheld, *Submission 101,* p. 1; Name withheld, *Submission 110,* p. 1; Name withheld, *Submission 125,* pp. 1–2; Name withheld, *Submission 144,* pp. 2–3; Name withheld, *Submission 146,* p. 2; Ray Bange OAM, *Submission 148,* p. 26; Ibid., p. 31; Ibid., p. 35; Name withheld, *Supplementary Submission 154a,* pp. 1–2; Name withheld, *Submission 165,* pp. 1–3; Name withheld, *Submission 166,* pp. 3–5; Ibid., p. 10; Ibid., p. 18; Name withheld, *Submission 183,* p. 2; Ray Michelle, *Submission 188,* p. 1.

Figure 2.5 Qualified ambulance officers in Victoria and Australia per 100,000 of population



Source: Productivity Commission, *Report on Government Services 2025*, 2025, Data tables, 11 Ambulance Services.

FINDING 15: Over the last decade Ambulance Victoria's staffing levels of qualified ambulance officers has grown faster than Victoria's population.

The Committee heard evidence from stakeholders who described a growing pattern of Ambulance Victoria deploying single-responder paramedics, which results in a higher mental burden and workload compared to paramedics who respond in teams. The Committee heard that in rural and regional Victoria paramedics working alone or with less clinically qualified Ambulance Community Officers (ACOs) face a 'much higher risk of psychological injury' than other paramedics.[101] This issue is discussed further in Chapter 3.

A contributor to the VAU workplace survey explained the psychological risk associated with understaffing in the face of excessive workloads:

> The impact that the single response model has on the mental health of both MICA and ALS paramedics, particularly in rural and remote areas. Single responders face increased stress and an unacceptable cognitive load due to the lack of paramedic support. It is causing psychological injury to many staff and although AV are aware of this through data captured by VACU [Victorian Ambulance Counselling Unit] they have not addressed the issue.[102]

Overall, excessive workloads, particularly from working alone, place 'enormous cognitive and emotional burden' on paramedics, leading to widespread mental health issues.[103]

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101 Name withheld, *Submission 71,* p. 1

102 Victorian Ambulance Union, *Submission 168,* p. 44.

103 Name withheld, *Submission 110,* p. 1.

FINDING 16: Excessive paramedic workloads place undue pressure on employees and add high risk to occupational health and safety.

FINDING 17: Regional paramedics are particularly at risk of poor mental health, psychological injury, and stress due to a lack of paramedic support and working as single responders.

FINDING 18: Workload is a significant factor driving paramedic burnout, stress and ultimately resignations.

FINDING 19: Gaps in staffing caused by rostering, and resource allocation is resulting in increased pressure on currently employed paramedics.

The Committee notes that Ambulance Victoria has begun the process of implementing VEOHRC's priority recommendations to address paramedics' working conditions. See Section 2.9 below for more on Ambulance Victoria's response.

Chapter 3 continues to examine how Ambulance Victoria's approaches to staffing and workload affect paramedics' ability to delivery Ambulance Victoria services to the community. The next section discusses the mental health support available to Ambulance Victoria employees.

2.6 Mental health and psychological safety of Ambulance Victoria employees

The Committee heard that Ambulance Victoria employees have access to several forms of support to manage their mental health and psychological safety:

- external support through WorkCover
- peer support and clinical psychologists
- VACU counselling line.

However, the Committee heard from stakeholders who questioned the effectiveness and accessibility of current psychological support systems and processes. Several stakeholders stated that WorkCover processes and mental health resources actually exacerbate psychological distress among paramedics.

2.6.1 WorkCover system's impact on mental health injuries

Several stakeholders who identified as Ambulance Victoria employees told the Committee that mental health injury claims are not properly investigated, with some

cases dismissed as unsubstantiated without proper inquiry.[104] One stakeholder explained that the process itself becomes a source of trauma and described it as a 'game of roulette', with some investigations taking up to two years while claimants face financial hardship.[105]

The Committee heard many similar feelings from stakeholders who identified as Ambulance Victoria employees:

> The continuous stress, fatigue, and understaffing have resulted in four rural clinicians being on long-term WorkCover, with limited prospects of returning. These officers faced a serious lack of support and harassment from AV management.[106]
>
> I have seen some of the most stoic paramedics – CSO MICA paramedics – have to leave the job under a WorkCover cloud and suffer PTSD.[107]
>
> When you are on WorkCover that is another thing where you are isolated – you are left in the dark. I personally think that they hope that you go. That is not just my impression; there are a few people who have spoken to WorkCover, and everyone has the same feeling.[108]

The Committee heard that Ambulance Victoria staff on WorkCover encountered overt hostility, including pressure to return to work prematurely, verbal attacks from managers for following medical advice, and legal intimidation to drop unfair dismissal claims.[109] Stakeholders argued that the current approach can have devastating consequences, with some reporting worsening mental health, 'including complex PTSD and suicidal ideation'[110] due to hostile and drawn-out investigations.[111]

The Committee received evidence from Ambulance Victoria clarifying that 'Return-to-work plans are created when it is deemed appropriate after an employee has accessed WorkCover and is ready to return to work at AV'.[112] Ambulance Victoria outlined the current context of WorkCover cases for its MICA workforce, stating that of the 586 active MICA employees:

- 9 (1.5%) of the MICA workforce were on sick leave for a period of a month or more during May 2025

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104 Name withheld, *Submission 166,* p. 5; Witness 4, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 71;

105 Name withheld, *Submission 125,* p. 2.

106 Name withheld, *Submission 111,* p. 1.

107 Witness 2, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 18.

108 Witness 1, public hearing, Melbourne, 13 June 2025, *Transcript of evidence,* p. 78.

109 Nicole Brownlie, *Submission 75,* p. 1; Name withheld, *Submission 97,* pp. 1–2; Name withheld, *Submission 111,* p. 1; Name withheld, *Submission 125,* pp. 1–2; Name withheld, *Submission 138,* pp. 1–2; Nicole Blyth, *Submission 144,* pp. 1–3; Name withheld, *Submission 165,* p. 3; Name withheld, *submission 166,* Name withheld, *submission 169,* p. 1; Name withheld, *Submission 179,* p. 1; Witness 1, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 23; Ibid., p. 25; Ibid., p. 27; Witness 4, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 71; Witness 1, public hearing, Melbourne, 13 June 2025, *Transcript of evidence,* p. 70; Ibid., p. 78.

110 Name withheld, *Submission 54,* p. 2.

111 Ray Michelle, *Submission 188,* p. 2; Witness 4, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 71.

112 Ambulance Victoria, Inquiry into Ambulance Victoria public hearings, response to questions on notice received 17 July 2025, p. 7.

- The status of the 26 MICA paramedics on WorkCover as of May 2025 is as follows:
  - 21 have a return-to-work plan in place, with six undertaking their usual full work duties
  - 3 do not have a return-to-work plan in place as of yet, however they will, once it is assessed that these employees are ready to return to work
  - 2 employees have medically retired, and AV has not been notified of a return to work by the WorkCover agent.[113]

The Committee heard that Ambulance Victoria does not use formal return-to-work plans for long-term sick leave.[114] Ambulance Victoria clarified to the Committee that returning clinical staff undergo a tailored education plan to ensure clinical competency and safety, which is developed according to operational guidelines and supported by local leadership.[115] Ambulance Victoria told the Committee that this process also accommodates individual requirements, such as FWAs.[116]

FINDING 20: Some stakeholders raised concerns about Ambulance Victoria's handling of WorkCover cases, suggesting that the current process can exacerbate poor mental health among paramedics.

FINDING 21: A lack of support from Ambulance Victoria has resulted in poor return to work outcomes, sometimes resulting in resignation or ongoing psychological conditions such as post-traumatic stress disorder.

2.6.2 Inadequate mental health support

The Committee consistently heard from stakeholders who identified as Ambulance Victoria employees that the organisation's mental health support framework fails to address the chronic psychological toll of frontline work.[117]

Stakeholders explained that while peer support programs and clinical psychology services exist, they operate reactively, with no structured debriefing system for single responders after traumatic incidents.[118] The Committee heard from one submission

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113 Ibid.

114 Ibid.

115 Ibid.

116 Ibid.

117 Name withheld, *Submission 74,* p. 1; Paul Holman, *Submission 82,* p. 2; Name withheld, *Submission 85,* pp. 1–2; Nicole Blyth, *Submission 144,* pp. 2–3; Witness 1, public hearing, Melbourne, 5 June 2025, *Transcript of evidence*, p. 27; Witness 2, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* pp. 18–19; Ibid., p. 21; Witness 1, public hearing, Melbourne, 13 June 2025, *Transcript of evidence,* p. 71; Ibid., p. 78; Ray Michelle, *Transcript of evidence,* p. 52; Witness 4, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 71; Ibid., p. 75.

118 Name withheld, *Submission 71,* pp. 1–2; Name withheld, *Submission 78,* p. 1; Name withheld, *Submission 92,* p. 6; Name withheld, Supplementary Submission 154a, pp. 1–2; Name withheld, *Submission 165,* p. 3; Name withheld, *Submission 179,* p. 1; Name withheld, *Submission 183,* p. 2.

that the VACU counselling line delivers inconsistent service, frequently failing to return calls, stating:

> You are told at the end of any written communication 'please reach out to VACU 24/7 for support'. When you call the VACU counselling line, in distress, the clinician on the other end is mediocre at best 50% of the time, that's if they actually call you back at all.[119]

Other stakeholders argued that stigma remains pervasive, with many paramedics viewing trauma as an inevitable job hazard and fearing professional repercussions for seeking help.[120]

The Committee received evidence from stakeholders who stated that management demonstrates systemic disregard for medical advice, pressuring staff with invasive questionnaires and ignoring treating professionals' recommendations regarding work capacity.[121] Most critically, many witnesses stated that Ambulance Victoria leadership fails to recognise cumulative trauma, dismissing the psychological impact of repeated exposure to critical incidents while fatigued.[122] The Committee heard several reoccurring issues from stakeholders concerning inadequate mental health support:

> The mental health support available to paramedics is wholly inadequate. While optional counselling is available, it relies on individuals recognising their own need for support.[123]

> Management do not care for our health and wellbeing. I do not feel comfortable or safe expressing any concerns to them because when you do you are classified as 'difficult' and a 'complainer'.[124]

> There is very little support or even acceptance within the management of Ambulance Victoria regarding the long-term accumulative effects of performing the Paramedic role.[125]

Anthony Carlyon told the Committee:

> We have a very robust counselling service at Ambulance Victoria. We have not only peer support – so those paramedics absolutely would have received a call from a peer support officer, so that is a paramedic or somebody that is also a responder and understands how we deliver our services. In addition to that we have our in-field team managers and senior managers that would respond and go and see those people and

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119 Name withheld, *Submission 85,* p. 1.

120 Name withheld, *Submission 74,* p. 1; Ray Bange OAM, *Submission 148,* p. 31; Name withheld, *Submission 165,* p. 3; Witness 1, public hearing, Melbourne, 13 June 2025, *Transcript of evidence,* p. 71; Ibid., pp. 73–74; Witness 2, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 18; Witness 4, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 71.

121 Name withheld, *Submission 62,* p. 2; Name withheld, *Submission 85,* pp. 1–2; Name withheld, *Submission 125,* pp. 2–3; Name withheld, *Submission 165,* p. 3; Name withheld, *Submission 166,* pp. 24–25; Witness 4, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 73; Witness 1, public hearing, Melbourne, 13 June 2025, *Transcript of evidence,* p. 70.

122 Name withheld, *Submission 71,* p. 1; Name withheld, *Submission 74,* p. 1; Name withheld, *Submission 83,* pp. 1–2; Name withheld, *Submission 111,* p. 1; Name withheld, *Supplementary Submission 154a,* pp. 1–2; Witness 1, public hearing, Melbourne, 13 June 2025, *Transcript of evidence,* pp. 69–71.

123 Name withheld, *Submission 165,* p. 2.

124 Name withheld, *Submission 74,* p. 1.

125 Name withheld, *Submission 83,* p. 1.

> make sure they are okay, follow-ups the next day et cetera, offerings of psychological support and counselling through our psychological services. I think our Victorian Ambulance Clinician's unit is recognised as one of the best going around, and we would have given them every support, notwithstanding these things do hit people hard; they do hit people hard.[126]

The Committee notes that Ambulance Victoria has begun the process of implementing VEOHRC's priority recommendations to address issues concerning Ambulance Victoria employees' mental health and psychological health. This includes a Psychosocial Social Framework to address risks such as occupational violence, trauma, bullying and harassment.

In addition, the Health and Safety Action Plan 2023–2026 and the Mental Health and Wellbeing Action Plan 2022–2025 guide actions to improve staff health and safety. See Section 2.9 below for more on Ambulance Victoria's response.

FINDING 22: Many stakeholders expressed that Ambulance Victoria's management remains unsupportive of employees experiencing poor mental health, with more support mechanisms needed to protect paramedics against psychological risks in the workplace.

FINDING 23: Paramedics describe Ambulance Victoria's current mental health support systems as inadequate, with the mental and physical burden of work further compounded by understaffing.

RECOMMENDATION 8: That Ambulance Victoria be more supportive of staff mental health by significantly investing in supports and programs which have a meaningful and tangible benefit.

2.7 Payroll services and issues associated with fraud

Shortcomings in Ambulance Victoria's payroll section were raised by many current and former employees. The Committee heard the systems used to process pay were archaic and that the team were understaffed with an enormous workload. This resulted in frequent mistakes in the pay of Ambulance Victoria's staff. In addition, accusations of fraud were levelled against members of the team who were accused of falsely claiming overtime.

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126 Anthony Carlyon, *Transcript of evidence*, p. 13.

Submitters reported the following problems:

- Payroll slips that are hard to understand, with inadequate information about additional payments. This makes it difficult to discover whether overtime or allowances have been paid.[127]
- Fortnightly pay periods do not align with timecards or allowances.[128]
- Manual entry of entitlements.[129]
- Difficulty in raising queries with payroll staff about pay discrepancies.[130]

Pierce Tyson, Victorian Lead of the Ambulance Managers and Professionals Association, noted that some systems are not even digitised, leading to significant problems:

> The systems are so archaic. An example I can give is that manual punch cards are still used for some parts of the organisation for pay, and what this meant is that a forensic accountant could not go through anything because there was no digital footprint.[131]

The VAU told the Committee it had presented Ambulance Victoria with 124 payroll disputes in the month of November 2024 alone.[132]

In this environment, six members of the payroll team were accused of fraud for falsely claiming overtime for shifts they did not work in July 2024.[133] Allegations against five staff members were found to be unsubstantiated[134] and a referral to Victoria Police was made regarding the remaining member of staff who no longer works at Ambulance Victoria.[135] The Ambulance Managers and Professionals Association said the issue exposes many of the flaws in external monitoring audits and a failure to account for the organisation's complex systems and programs.[136]

Ambulance Victoria's submission said that it is working to improve governance in the payroll team, recruit new staff and introduce new systems:

> In August 2023 there was an internal audit of Payroll Services, processes and activities that identified a need for AV to improve and strengthen its business processes and internal controls in respect of AV's payroll activities. AV is currently undertaking a large program of work to improve payroll governance mechanisms including the upskilling payroll employees, recruitment of a new position, Director, Payroll Services and

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127 Name withheld, *Submission 94*, p. 6; Name withheld, *Submission 163*, p. 1.

128 Name withheld, *Submission 118*, p. 2.

129 Name withheld, *Submission 132*, p. 4.

130 Name withheld, *Submission 163*, p. 1.

131 Pierce Tyson Victorian Lead, Ambulance Managers and Professionals Association, public hearing, Melbourne, 5 June 2025, *Transcript of evidence*, p. 41.

132 Victorian Ambulance Union, *Submission 168*, p. 12.

133 ABC News, *Ambulance Victoria employees suspended over alleged fake overtime rort*, 25 July 2024, <https://www.abc.net.au/news/2024-07-25/ambulance-victoria-alleged-fake-overtime-rort-employees/104139628> accessed 15 August 2025.

134 Ambulance Managers and Professionals Association, *Submission 187*, pp. 5–6.

135 Ambulance Victoria, *Submission 189*, p. 40.

136 Ambulance Managers and Professionals Association, *Submission 187*, pp. 5–6.

exploring opportunities to maximise digital solutions to enhance payroll functions. AV is already seeing the benefit of these improvements with a decrease in payroll complaints, errors and backlog.[137]

The Committee was informed a project to replace the payroll and HR systems was due to begin in July 2025.[138]

FINDING 24: Payslips for Ambulance Victoria Staff are difficult to understand and often have inadequate information, making it difficult to discern overtime payments or ask questions.

FINDING 25: Fortnightly pay periods do not align with timecards or allowances, making it more difficult for employees to question workplace entitlements.

RECOMMENDATION 9: That Ambulance Victoria publicly report on the implementation of its new Human Resources and Payroll System.

2.8 Factors contributing to poor workplace culture and working conditions

The preceding sections gave evidence about the incidence of issues relating to poor workplace culture and working conditions at Ambulance Victoria. This section highlights the interrelating common factors that contribute to these issues. They include issues relating to Ambulance Victoria's hierarchical culture and informal power groupings, gaps in management capability and a pursuit of operational effectiveness at the expense of employee wellbeing.

2.8.1 Ambulance Victoria's hierarchical culture and informal power groupings

Section 2.4 previously gave examples of bullying and victimisation occurring at Ambulance Victoria. Evidence provided to the Committee illustrated the existence of a hierarchical culture and informal power groupings, which create an environment where challenging management authority is discouraged. This can lead to victimisation against those who make complaints and enable complaints to be dismissed or covered up.

The VEOHRC report asserted that Ambulance Victoria's rigid hierarchy and top-down command and control structures were shaped by its military origins. This has instilled an expectation that the orders of those in positions of authority will be followed

137 Ambulance Victoria, *Submission 189*, p. 40.

138 Gavin Gusling, *Transcript of evidence*, p. 29.

without question.[139] This aligns with evidence the Committee received. For example, a submitter said:

> Once logged on at work, we simply become a number and must follow orders. If we question an order or voice a concern (normally regarding safety, fatigue, meals) we are, in no polite manner, told to just do it and stop complaining.[140]

The VEOHRC report also described 'longstanding informal networks of power within Ambulance Victoria, where an individual's membership or non-membership in recognised 'cliques' or 'clubs', or allegiance with certain people could influence how they were treated in the workplace and their access to opportunities'.[141] Again, evidence received by the Committee accorded with this observation. A witness assessed how individuals are treated if they raise a complaint, based on their standing with others at Ambulance Victoria:

> With the culture, definitely, my experience with others who have spoken up and mine is once you speak up, you are marked. If you are not already in a little group, if you are not favoured already, you are marked. I have found already, by speaking up, various people I know have – I do not blame them – been like, 'I don't want to get involved' or 'Oh, they haven't done any of that to me.'.[142]

A witness at a public hearing discussed performance management and said that treatment depended on whether you were 'well respected or liked in Ambulance Victoria. But if you are not well respected or liked in Ambulance Victoria – it is a very cliquey group – then they tend to want to get rid of you early on rather than support you.'[143] Another witness argued that 'if you step the wrong way, you look the wrong way, you come from the wrong background…or you happen to upset the wrong person, your career is ended' or their life could be made 'a living hell'.[144]

Another witness said:

> clearly when an organisation is not functioning well, you look to the structure, and what that structure looks like I am not sure, but there is quite a lot of commentary from inside the organisation at the moment about the way it is structured. So it is clear and it is obvious to people that the structure is probably not right. I mean, obviously – and I said it, I think, at the start – you have to have people in the organisation and you have to have a board that is capable of major organisational change and transformational change and a leadership at the executive that are capable of that, and that that is not the way people are perceived in that organisation at the moment. I do not think you

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139 Victorian Equal Opportunity Human Rights Commission, I*ndependent Review into Workplace Equality in Ambulance Victoria*, Volume 1, 2022, p. 293.

140 Name withheld, *Submission 74*, p. 1.

141 Victorian Equal Opportunity Human Rights Commission, I*ndependent Review into Workplace Equality in Ambulance Victoria*, Volume 1, 2022, p. 297.

142 Witness 1, *Transcript of evidence*, p. 78.

143 Witness 4, *Transcript of evidence*, p. 78.

144 Inquiry into Ambulance Victoria: Summary note of confidential hearing, p. 3.

> have got a leader who is obviously capable of major transformational change. So that, structurally I think, needs to be resolved.[145]

Another submitter highlighted a 'job[s] for mates 'culture where 'mates will be protected' regardless of their conduct.[146] The Committee was provided an allegation of clinical negligence which resulted in the death of a patient that was not reported for clinical review. The witnesses added that the covering up of cases is 'absolutely rife...it goes on all the time'.[147]

Another witness said, 'The thing with Ambulance Victoria is, because they have grown their own, they are all friends and they all socialise, so they sweep things under the carpet if it is their friends.' [148]

FINDING 26: A hierarchical culture and informal power groupings exist at Ambulance Victoria. This has created an environment where challenging management authority is discouraged or even punished.

FINDING 27: Many who challenged managerial authority or made a complaint provided evidence to the Committee that workplaces issues are regularly covered up or dismissed by Ambulance Victoria.

FINDING 28: Ambulance Victoria employees experience an organisational culture characterised by 'cliquey' groups that protect each other. This results in 'outsiders' who are often ignored for advancement, punished, or workplace conditions are made difficult to the point where the target feels they have no option but to resign due to this culture.

2.8.2 Capability gaps for managers

The Committee heard another factor contributing to cultural problems at Ambulance Victoria is capability gaps in management. The Committee was provided evidence of: promotions for those who support management or other informal power groupings; and of inadequate training for managers who continue to model negative cultural traits they have been exposed to.

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145 Michael Stephenson, *Transcript of evidence*, p. 12.

146 Name withheld, *Submission 163*, p. 1.

147 Inquiry into Ambulance Victoria: Summary note of confidential hearing, p. 4.

148 Ibid., p. 5.

Witness 1 believed a person involved in their alleged mishandling of a performance review was being promoted because they were collaborating to dismiss their complaint:

> I have no doubt that one of the people involved in mine was being promoted as a result of my thing. I cannot prove it, but I have a feeling that I was used as the problem to be solved for that person to get promoted.[149]

Others gave examples of alleged perpetrators of bullying and other misconduct receiving promotions.[150]

Witness 1 gave their view that some unqualified people get promotions at Ambulance Victoria due to nepotism:

> It just amazes me that some people get positions when they do not have the qualifications. Not many of them are actually qualified managers at all. A lot of nepotism is what goes on if you are one of the crowd and all.[151]

A submitter said that promotions lack transparency and 'it seems to be who you know and cosy up to.'[152]

Andrew McDonnel, a former employee of Ambulance Victoria, stated that managers do not receive appropriate training and model inappropriate behaviours, which further intrenches poor behaviour:

> AV managers learn via an internal informal mentoring system, where inappropriate culture is passed on as normal management practices and many inappropriate behaviours are seen as normal (which are often rewarded). Most advertising for AV managers are internal and not open to the broader experienced world outside of AV. The result is what you don't know, you don't know, but you think you know, is the normal management practice. Successful internal applicants don't question the culture or behaviours as they have no other experiences or training, it is the normal. The cycle continues.[153]

The VEOHRC report identified autocratic leadership style and management capability gaps as enablers for a culture of bullying and victimisation. The report stated: 'Leaders failing to role model respectful workplace conduct is not only causing harm to individuals but it is also likely to be setting the tone and signalling to others that this type of behaviour is acceptable.'[154]

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149 Witness 1, *Transcript of evidence*, p. 73.

150 Inquiry into Ambulance Victoria: Summary note of confidential hearing, p. 5.

151 Witness 1, *Transcript of evidence*, p. 78.

152 Heather Kennedy, *Submission 88*, p. 1.

153 Andrew McDonnell, *Submission 96*, p. 4.

154 Victorian Equal Opportunity Human Rights Commission, I*ndependent Review into Workplace Equality in Ambulance Victoria*, Volume 1, 2022, p. 297.

As noted by multiple witnesses, Ambulance Victoria Executives appear to lack the experience and qualifications to undertake their roles effectively. This undermines the ability of Ambulance Victoria to function effectively.

In evidence given regarding the experience and qualifications of management at Ambulance Victoria, Mr Holman noted:

> Yes, it is the biggest issue, I think. It started in the 1990s, when someone thought it was a good idea to change our culture. We have had everything from nurses, accountants, HR, police and firemen all put in senior operational paramedic positions, and it continues today. Just recently we had a chief superintendent or assistant superintendent of police that for 18 months was the <REDACTED>. All good people, but they are not paramedics.[155]

Anthony Carlyon noted that that Ambulance Victoria had ways they are attempting to improve management:

> We have also delivered upstander training and leadership development training for the vast majority of managers in our organisation. It is really about leadership, it is not about KPIs. This is not about anything other than really supporting our people to do the best job that they possibly can.[156]

The Committee notes that Ambulance Victoria has implemented the Leading Together program in response to these issues, which include management skills workshops to promote positive behaviour change. It is not clear what impact these programs have had so far.

FINDING 29: Multiple witnesses told the Committee that many managers and executives at Ambulance Victoria do not have the skills or experience to model a positive workplace culture or undertake their roles effectively.

FINDING 30: Leaders with autocratic styles are not only causing significant harm to individuals, they may be perpetuating and role modelling bad behaviour which is enabling a culture of bullying and victimisation.

FINDING 31: Trust in management and management decision-making is low. The new leadership at Ambulance Victoria has a significant task to improve trust in management and management decision making.

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155 Paul Holman, *Transcript of evidence*, p. 5.

156 Anthony Carlyon, *Transcript of evidence*, p. 21.

2.8.3 A pursuit of operational effectiveness at the expense of employee wellbeing

The Committee was informed of a culture of prioritising operational effectiveness at the expense of employee wellbeing. In this environment, meeting operational demand subsumes considerations such as paramedic fatigue and mental health. It also leads management to delay or dismiss applications for FWAs. A submitter said:

> In AV, phrases like "operational demand" and "not operationally viable" are euphemisms that reduce ethical and legal issues into seemingly acceptable business language. Throughout my career at AV, "operational demand" has been routinely used to deny individual requests—sometimes just days before they are set to take effect. This practice undermines paramedics' hard work and planning and negates the human element by dismissing legitimate needs …
>
> … Rather than engaging with the moral and legal realities, AV relies on the ambiguous "operational demand" language to maintain power dynamics that favour economic expediency over individual safety and rights of paramedics and patients.[157]

The same submitter said Ambulance Victoria's practices: 'systematically drain paramedics' physical and mental energy. Rather than fostering recovery and sustainable work, the system drives talented individuals away from the profession through top-down, autocratic management.'[158]

This issue was also raised by VEOHRC. Participants in that review believed there was a lack of genuine action about the impact of prioritising operational KPIs over employee safety and wellbeing. They attributed this in part to external political pressure and scrutiny of ambulance response times.[159]

The Committee heard this attitude lead Ambulance Victoria to make accessing FWAs difficult. Danny Hill, Secretary of the Victorian Ambulance Union said 'Operational demand wins over the priorities of the workforce every single time. When you have got a system that is crushed by its workload our members do not get the support that they need. It is harder for them to negotiate flexible work arrangements.'[160]

Section 2.5.1 gave an overview of the difficulties faced by paramedics accessing FWAs. This includes delaying applications and refusing applications without providing explanation.[161] Ambulance Victoria acknowledged the process can be 'a frustration for everyone' and that 'obviously, one of the things that are looked at is operational

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157 Name withheld, *Submission 125*, p. 3.

158 Ibid.

159 Victorian Equal Opportunity Human Rights Commission, I*ndependent Review into Workplace Equality in Ambulance Victoria*, Volume 1, 2022, p. 149.

160 Danny Hill, *Transcript of evidence*, p. 36.

161 Witness 3, *Transcript of evidence*, p. 61.

requirements. People put their hand up to work in what is clearly a 24/7, 365-day organisation, and they have other competing priorities as well.'[162]

Ambulance Victoria informed the Committee that it has begun implementing roster reform called 'people-based rostering'. Part of this program will remove the double 14-hour night shift and will develop a more sustainable rostering model and 'a strategy to embed flexible working practices across Ambulance Victoria's operational workforce by June 2025.'[163]

This work includes the application process for FWAs, with Ambulance Victoria's submission stating that 'updated communication on FWA processes has been distributed to all operational employees and leaders to support effective FWA management and resource allocation'.[164]

RECOMMENDATION 10: That Ambulance Victoria develops a culture that achieves operational effectiveness without compromising employee wellbeing.

2.9 What is Ambulance Victoria doing to address its culture?

> **Clearly the report from VEOHRC indicates that there is, and I would say from my short time that there is clearly a range of areas that need improvement.**
>
> Jesse Maddison, Executive Director, People and Culture, Ambulance Victoria, public hearing, Melbourne, 20 June 2025, *Transcript of evidence,* p. 41.

Many stakeholders expressed to the Committee that Ambulance Victoria's progress in implementing workplace culture reform following the VEOHRC review has been ineffective and too slow. The Ambulance Managers Professionals Association indicated that 'key reforms have still not been implemented or even commenced' in relation to VEOHRC's 2022 report on institutional bullying and victimisation.[165] Pierce Tyson from the Ambulance Managers and Professionals Association stated that VEOHRC's report 'was really meant to be a wake-up call for AV, and in the end it was basically a snooze button'.[166]

As highlighted in Chapter 1, VEOHRC identified that Ambulance Victoria has made varied progress on the 25 priority recommendations in its Phase 3 progress audit. Anita L'Enfant from VEOHRC clarified to the Committee that Ambulance Victoria's strategy

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162 Jesse Maddison, Executive Director, People & Culture, Ambulance Victoria, public hearing, Melbourne, 20 June 2025, *Transcript of evidence*, p. 43.

163 Ambulance Victoria, *Submission 186*, p. 27.

164 Ibid.

165 Ambulance Managers & Professionals Association, *Submission 187,* p. 2.

166 Pierce Tyson, Victorian Lead, Ambulance Managers and Professionals Association, Professionals Australia, public hearing, Melbourne, 5 June 2025, *Transcript of evidence,* p. 38.

focused on implementing foundational reforms early in the reform period, particularly in governance and leadership. She stated this was an intentional choice aimed to establish a strong base before addressing other areas.[167]As a result, Ambulance Victoria's reform strategy was 'difficult to see and not as visible … and that has contributed to the low morale'.[168]

Jesse Maddison, Executive Director for People and Culture at Ambulance Victoria, acknowledged 'there have been a number of public submissions relating to cultural issues, alleged misconduct, bullying and harassment, and there is obviously work to do in that space'.[169] Mr Maddison stated that 'AV has implemented a number of strategies to improve the culture' and emphasised that 'sustained change requires ongoing commitment and effort'.[170]

Ambulance Victoria's submission drew attention to several key actions that form part of its implementation of VEOHRC's priority recommendations review. Ambulance Victoria emphasised that these actions have been undertaken or completed as part of its 'cultural journey' towards change and they are summarised in Table 2.2.

Table 2.2 How is Ambulance Victoria reforming its workplace culture following the VEOHRC review

Action	Explanation
Improving Ambulance Victoria's complaints systems and processes	Establishment of the Professional Standards and Behaviours Department (PSBD) on 5 June 2023, reporting directly to the CEO • Dual function to manage and respond to alleged unlawful and harmful workplace behaviours and to prevent workplace harm by supporting a safe workplace and addressing integrity risks. • Responsible for managing and resolving complaints, investigating alleged misconduct, designing and delivering evidence-based prevention activities, and identifying systemic drivers of workplace harm. Ambulance Victoria has introduced a participant experience survey and monthly continuous improvement processes are used to gather feedback on the complaints handling process.
Addressing sexual harassment	Introduced its first standalone sexual harassment policy, which applies a zero-tolerance approach. Ambulance Victoria stated that 19% of sexual harassment complaints since the Department's opening resulted in employment termination.
Bullying and incivility	The implementation of the Upstander program aims to reduce harm and foster a culture where people are empowered to speak up and stand up against inappropriate behaviours and uphold the AV values. Ambulance Victoria's People Plan 2025–28 articulates its goal of developing and implementing plans to prevent, as far as practical, bullying, sexual harassment, occupational violence or aggression, exposure to traumatic content or events and high job demands.

167 Anita L'Enfant, *Transcript of evidence,* p. 43.

168 Ibid.

169 Jesse Maddison, Executive Director, People and Culture, Ambulance Victoria, public hearing, Melbourne, 20 June 2025, *Transcript of evidence,* p. 40.

170 Ibid.

Action	Explanation
New organisational values	The new values, Accountability, Respect, and Excellence (CARE), were co-designed with employees and launched in mid-2024 to set expectations for workplace conduct.
Improving leadership development and stability	Ambulance Victoria Leadership Development Framework. Ambulance Victoria Leadership Behaviours Framework. The Leading Together program to promote positive behaviour change. Healthy Leaders, Healthy Teams workshop. Creation of a centralised Workforce and Establishment Management Unit. A Daily Operating System (DOS) has been implemented to enhance connection between leaders at different levels.
Workplace flexibility and rostering reform	Ambulance Victoria has initiated a rostering reform program, progressing People Based Rostering (PBR), which aims to eliminate the double 14-hour night shift. A coordinated program to embed flexible working practices across the operational workforce is planned by June 2025. A short night shift initiative introduces additional 8-hour night shifts to increase overnight resourcing and support employee flexibility. the new Ambulance Victoria Enterprise Agreement 2024 (AVEA 2024) provides improved working conditions, including increased protections at the end of shifts to reduce incidental overtime. Ambulance Victoria is exploring pathways for longer term part-time employment to address the high proportion of flexible work arrangements. Ambulance Victoria's People Plan 2025–28, which will introduce initiatives to Reduce fatigue and improve wellbeing through roster reform, with a focus on a phased removal of 14-hour shifts and improve access, awareness and consistency of flexible work arrangements and part-time employment.
Health, safety and wellbeing	Ambulance Victoria has implemented a Psychosocial Social Framework to address risks such as occupational violence, trauma, bullying and harassment. A Fatigue Management Working Group and procedure has been established. Ambulance Victoria emphasised that services such as internal/external psychologists, chaplaincy, peer support programs, and evidence-based early intervention programs (SOLAR, SIREN, SMART 2.0, Family Safe Space) are available to staff. Ambulance Victoria engaged an independent consultant in 2023 to conduct safety audits of several Ambulance Victoria work sites. Ambulance Victoria drew attention to the Health and Safety Action Plan 2023–2026 and the Mental Health and Wellbeing Action Plan 2022–2025, which guide actions to improve staff health and safety.
Diversity and inclusion	Ambulance Victoria has developed a Diversity and Inclusion Action Plan and Framework. Ambulance Victoria has created five dedicated roles, including a Senior Lead and Program Leads for Aboriginal & Torres Strait Islander, Disability Inclusion, Gender Equality, and Culturally and Racially Marginalised communities, to strengthen diversity and inclusion.
Reconciliation Action Plan (RAP)	Ambulance Victoria has developed a RAP to build stronger relationships with Aboriginal and Torres Strait Islander people and increase cultural sensitivity within the organisation.

Source: Ambulance Victoria, *Submission 186*; Ambulance Victoria, *Transcript of evidence*.

Ambulance Victoria emphasised to the Committee that workplace cultural reform is an ongoing journey that requires sustained commitment and openness to feedback from its workforce. The Committee heard that there is a continuous effort from leadership to strengthen governance and accountability frameworks, to support both operational and corporate functions and consequently improve Ambulance Victoria's workplace equality.

FINDING 32: While Ambulance Victoria has implemented several initiatives and actions aimed at reforming workplace culture, there is little evidence of meaningful impact.

2.10 Data breach

The Committee asked Ambulance Victoria about a recent data breach where the personal details of 3000 Ambulance Victoria employees were sent by an employee to their personal email address prior to leaving the organisation.[171]

Gavin Gusling from Ambulance Victoria said the data was detected leaving the organisation and it was raised with the cybersecurity team. Daniel Howarth told the Committee that the data had been located, cleaned up and analysis of the user's devices showed that it had not been captured, stored or forwarded on elsewhere.[172]

2.11 The 2021 memorial gatherings – correction of evidence

As part of the Inquiry, the Committee received a submission informing it that Ambulance Victoria had hosted a post-funeral memorial gathering (also referred to as a 'Guard of Honour') for a paramedic at Ambulance Victoria's Super Response Centre East in Bayswater North on 30 September 2021. At the time, Melbourne was under COVID-19 lockdown restrictions and public gatherings were not permitted.[173]

The submission stated that the lead of the Professional Conduct Unit and a senior manager organised the event, which was 'actively supported by the Local Area Manager, Chief of Staff, and was approved by the CEO'.[174] There were approximately 40 paramedic attendees including 'the AV Commander, Area Managers, Clinical Support Officers, and the Pipes and Drums Band'.[175]

The submitter stated that 'On-shift paramedics (despite their objections to the funeral event) were directed to rearrange ambulances for the event and to hand over the keys to their ambulances to allow the beacons to be turned on for the hearse' and that 'a warning was placed by the communications centre on an ambulance vehicle to ensure they would not be dispatched to a patient whilst travelling from the west'.[176]

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171 Herald Sun, '*personal-details-of-3000-ambulance-victoria-workers-stolen-in-massive-data-theft*', 28 March 2025, accessed 15 August 2025; Gavin Gusling, *Transcript of evidence*, p. 26.

172 Daniell Howarth, Director, Technical Services & Cyber Security, public hearing, Melbourne, 20 June 2025, *Transcript of evidence*, p. 30.

173 Pandemic Declaration Accountability and Oversight Committee, Review of the Pandemic (Quarantine, Isolation and Testing) Orders, 2022, pp. 18–28; Premier of Victoria, 'Slowing The Spread And Keeping Our State Safe', *media release*, 1 September 2021; see: STATEWIDE RESTRICTIONS FROM 11.59PM THURSDAY 2 SEPTEMBER 2021, p. 1, <https://www.premier.vic.gov.au/sites/default/files/2021-09/210901%20-%20Table%20of%20Restrictions_0.pdf>.

174 Name withheld, Submission 129, p. 1.

175 Ibid.

176 Ibid., p. 2.

The Committee notes media reports quoting Interim Chief Executive Officer Andrew Crisp that a second 'post-funeral honour guard took place for a deceased paramedic in 2021'.[177]

According to the submitter, the event was reported to Ambulance Victoria. An investigation was undertaken by the Independent Broad-based Anti-corruption Commission (IBAC) and the matter was referred back to Ambulance Victoria to take action.[178] Ambulance Victoria informed the Committee that it 'engaged external legal advisors to undertake an independent, external investigation of the Guards of Honour issue'.[179] The Committee asked for a copy of the report prepared by the external legal advisors. However, Ambulance Victoria declined to provide it, citing legal professional privilege.[180]

At a public hearing, the Committee asked Anthony Carlyon and Danielle North, Executive Director, Regional Operations, Ambulance Victoria, when they were first made aware of the event.

Mr Carlyon replied that 'I had no awareness at the time at all. I had no awareness of the investigation.' He added that he 'had some awareness that there was an investigation in relation to COVID'[181] but was unaware of the exact details.

Ms North replied that 'I did not know anything about that event until it became public this year in the media reporting in April'.[182]

In correspondence after the public hearing, Jordan Emery informed the Committee that both Ms North and Mr Carlyon wished to correct the evidence they provided at the public hearing. After checking email records, both Ms North and Mr Carlyon confirmed that they had in fact been aware of the memorial gatherings earlier than they initially advised the Committee.

Mr Carlyon advised he was sent an email in September 2024 with an attachment referring to the gatherings, Ms North was sent an email in September 2021 referring to the gatherings.

Mr Emery's correspondence to the Committee on 13 August 2025 stated that neither Ms North nor Mr Carylon had deliberately misled the Committee. Ms North and Mr Carylon confirmed this at a subsequent public hearing on 29 August 2025 and apologised to the Committee for providing incorrect evidence.

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177 ABC News online, 'Ambulance Victoria confirms it allowed a second COVID-era illegal post-funeral gathering', 30 April 2025, <https://www.abc.net.au/news/2025-04-30/ambulance-victoria-second-funeral-gathering-during-covid/105232190> accessed 28 August 2025.

178 Name withheld, Submission 129, p. 2.

179 Ambulance Victoria, response to questions on notice received 17 July 2025, p. 6.

180 Ibid.

181 Anthony Carlyon, *Transcript of evidence*, pp. 18–19.

182 Danielle North, Executive Director, Regional Operations, Ambulance Victoria, public hearing, Melbourne, 20 June 2025, *Transcript of evidence*, p. 56.

FINDING 33: Current and former senior executives from Ambulance Victoria deliberately misled the Parliamentary Inquiry and covered up evidence relating to the illegal gatherings that occurred through the COVID-19 Pandemic.

FINDING 34: Current and former senior executives were required to be recalled to the Parliamentary Inquiry following the misleading evidence provided.

2.11.1 Further information received in response to questions on notice on 12 September 2025

On 12 September 2025, the Committee received answers to questions on notice from Ambulance Victoria arising from its public hearing on 29 August 2025. The response from Mr Emery was in relation to the Guards of Honour affair. He stated:

> While Ambulance Victoria has not identified an explicit written record of authorisation pertaining to the guards of honour, the attached emails identified to me involvement of the CEO's office, including the former CEO at that time, Mr Tony Walker in authorising guards of honour attendance.[183]

Emails provided by Mr Emery identify acknowledgement of the event by the CEO's office and Ms North. This includes correspondence that shows:

- a family member of the deceased person thanking the Chief of Staff in the CEO's office for organising the event.[184]
- Ms North noting that a copy of the family member's thanks is being passed to the former CEO, Tony Walker.[185]
- Ms North's correspondence to an Ambulance Victoria staff member noting the family member's email and thanking them for their work in relation to the event.[186]
- Ms North asking for the family member's thanks to be captured in a feedback process.[187]

The Committee has referred the matter of the Guards of Honour to the Victorian Ombudsman under s 16 of the *Ombudsman Act 1973*.

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183 Jordan Emery, CEO, Ambulance Victoria, response to questions on notice, received 12 September 2025, p. 3.

184 Jordan Emery, response to questions on notice, Attachment 2.2, p. 1.

185 Jordan Emery, response to questions on notice, Attachment 2.3, p. 1.

186 Jordan Emery, response to questions on notice, Attachment 2.4, pp. 1–3.

187 Jordan Emery, response to questions on notice, Attachment 2.5, pp. 1–3.

Chapter 3
Ambulance Victoria's service delivery

3.1 Introduction

The Committee found that Ambulance Victoria's performance is mixed in relation to a number of metrics relating to the quality of its care. The Committee heard Victoria's paramedics are some of the best in the world, delivering care when people need it most. The Committee also heard how Victoria's cardiac response and survival rates are the best in Australia, and is amongst the best in the world. However, Ambulance Victoria falls short of its targets in relation to response times. This is due to a number of factors, both systemic and endemic.

This Chapter discusses Ambulance Victoria's performance indicators before addressing the main pressures it faces in meeting these indicators. These include the technology used in call taking and ambulance ramping. It then outlines how Ambulance Victoria approaches operational staffing and resources to respond to these pressures.

The Chapter ends with a brief discussion on other relevant issues the Committee received evidence on throughout this Inquiry: non-emergency patient transport, payroll problems, and a recent data breach at Ambulance Victoria.

3.2 Ambulance Victoria's performance indicators

As explained in Chapter 1, Ambulance Victoria's Statement of Priorities determines its responsibility to deliver:

- high-quality and safe care
- timely access to care.

3.2.1 Quality and safety of care

Ambulance Victoria performs well against its targets around high-quality and safe care. Ambulance Victoria provided data (Figure 3.1) from 2019–20 to 2023–24 on its performance priorities in these areas.

Figure 3.1 Ambulance Victoria's performance indicators in relation to high quality and safe care 2019–20 to 2023–24

SOP — High Quality and Safe Care	Target	2023-24	2022-23	2021-22	2020-21	2019-20
Pain Management						
Percentage of patients experiencing severe cardiac or traumatic pain whose level of pain was reduced significantly.	90%	92.1%	92.3%	92.6%	92.5%	91.8%
Transport performance						
Percentage of acute adult stroke patients transported to definitive care within 60 minutes.	90%	98.6%	98.1%	98.3%	98.5%	97.9%
Percentage of major trauma patients that meet destination compliance.	85%	95.5%	93.1%	94.8%	92.6%	95.4%
Cardiac survival						
Percentage of adult cardiac arrest patients surviving to hospital.Percentage of adult cardiac arrest patients surviving to hospital discharge.	50%	56.7%	55.5%	54.7%	52.5%	54.6%
Percentage of adult cardiac arrest patients surviving to hospital discharge	25%	33.1%	31.7%	28.3%	30.3%	33.9%
Infection prevention and control						
Percentage of healthcare workers immunised for influenza	Between 84-94%	94%	90.8%	54.4%	93.8%	86.9%
Patient experience						
Percentage of respondents who rated care and treatment received from paramedics as good or very good.	95%	97.4%	97.8%	97.7%	98.1%	98%
Percentage of respondents who rated care, treatment, advice and/or transport received from the ambulance service as good or very good.	95%	94.4%	95.5%	96.1%	97.1%	97%

Source: Ambulance Victoria, *Submission 186*, pp. 11–12.

Evidence from stakeholders about Ambulance Victoria's quality of care supports this data. Danny Hill, Secretary of the Victorian Ambulance Union (VAU), told the Committee: 'We have some of the best paramedics anywhere in the world right here in Victoria'.[1] Ray Bange said 'Ambulance Victoria is recognised globally for its innovation, research and quality of care and that its clinical outcomes compare favourably with other Australian jurisdictions.'[2]

The Committee also heard from a number of patients or relatives of patients who talked highly of the care they received and wished to express their gratitude to the Ambulance Victoria staff who were there in their time of need.

Nessie Brooks described the professionalism and expertise of Air Ambulance staff attending to her husband in rural Victoria:

> Twice we have had to call an ambulance for my husband Robert Brooks due to heart issues. On both occasions he was air lifted to RMH. On one occasion they gave him CPR and saved his life. Also on one occasion I had to have an ambulance called for myself

1 Danny Hill, Secretary, Victorian Ambulance Union, public hearing, Melbourne, 13 June 2025, *Transcript of evidence*, p. 29.

2 Ray Bange OAM, *Submission 148*, p. 6.

> due to anaphylaxis. We cannot praise Ambulance Victoria highly enough. Being in a rural environment we would have expected delays but on each occasion they were prompt, professional and extremely helpful.[3]

Suzanne Prendergast talked about the care and dedication of paramedics who treated her:

> The care they provide is outstanding and we are blessed to have such dedicated and capable people in our community. I am so lucky to have had a quick responding team, who were trained to know how to treat me and also offer support and kind words to my family in that moment. I have come out of this fully functional and am forever grateful to those who helped me on that day.[4]

Carmel Hards described the work of MICA paramedics who saved her husband's life:

> Last year I had a number of occasions to call for an ambulance for my husband who has COPD & CCF, a deadly double. The MICA paramedics who came to our home not only took care of my husband but also of myself. They were prompt, courteous, knowledgeable & empathetic. They saved my husband's life on more than one occasion.[5]

While Ambulance Victoria meets its performance indicators in relation to high quality and safe care, it should be noted that the Committee was provided evidence of cases of clinical negligence. This includes an example of paramedics on clinical placements in hospitals learning to administer anaesthetics to patients without a Department of Health clinical placement agreement and Ambulance Victoria failing to report deaths to Safer Care Victoria.[6]

FINDING 35: Ambulance Victoria consistently meets its performance targets for high quality and safe care, including in the metrics of transport performance, cardiac survival and patient experience.

FINDING 36: Many paramedics are professional and dedicated in their clinical work and the service they provide to the community.

RECOMMENDATION 11: That Ambulance Victoria ensure that all adverse events, including deaths, are reported to Safer Care Victoria.

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3 Nessie Brooks, *Submission 26*, p. 1.

4 Suzann Pendergast, *Submission 37*, p. 2.

5 Carmel Hards, *Submission 67*, p. 1.

6 Inquiry into Ambulance Victoria: Summary note of confidential hearing, Appendix B, p. 3.

3.2.2 Timely access to care

Ambulance Victoria performs less well in its performance priorities regarding timely access to care. These measures mostly relate to how quickly ambulances are able to respond to emergencies. Table 3.1 from Ambulance Victoria's 2023–24 Annual Report shows the target indicators and the actual performance for that financial year.

Table 3.1 Ambulance Victoria's timely access to care performance measures, 2023–24

Key Performance Measure	2023–24 target	2023–24 actual
Percentage of emergency (Code 1) incidents responded to within 15 minutes – statewide	85%	66.3%
Percentage of emergency (Priority 0) incidents responded to within 13 minutes – statewide	85%	77.3%
Percentage of emergency (Code 1) incidents responded to within 15 minutes in centres with a population greater than 7,500	90%	77.2%
Percentage of triple zero cases where the caller receives advice or service from another health provider as an alternative to an emergency ambulance response – statewide	15%	17.7%
Percentage of patients transferred from ambulance to ED within 40 minutes	90%	65%
Average ambulance hospital clearing time	20 mins	29.8 mins

Source: Ambulance Victoria, *2023–24 Annual Report*, p. 67.

Ambulance Victoria acknowledged the need to improve its timely access to care performance.[7]

The Committee heard of several pressures that contribute to Ambulance Victoria performing poorly in these areas. These include:

- issues with call taking software and 'over-triaging'
- ambulance ramping
- an increase in demand
- changing population health needs.

These issues are discussed in the following sections.

7 Ambulance Victoria, *Submission 186*, p. 44.

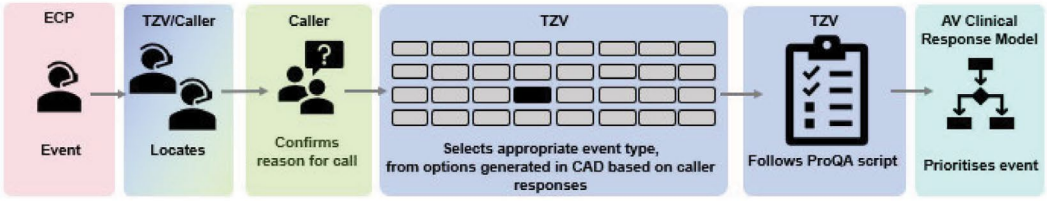
3.3 Pressures on service delivery

3.3.1 Call taking and 'over-triaging'

As discussed in Chapter 1, emergency calls for ambulances are managed by Triple Zero Victoria (TZV) with oversight and assistance from Ambulance Victoria. Calls are processed using a structured call taking triage software called ProQA. Part of the ProQA software is a dispatch system called the Advanced Medical Priority Dispatch System (AMPDS). ProQA works by prompting TZV call takers to ask a series of questions about the injuries, signs and symptoms reported by callers. Based on their responses, an algorithm generates an ambulance 'event type' which has a correlating level of dispatch priority, based on Ambulance Victoria's Clinical Response Model.[8]

Figure 3.2 below gives an overview of the process.

Figure 3.2 The call taking process



Source: Ambulance Victoria, *Submission 186*, p. 67.

Ambulance Victoria's Clinical Response Model is the collective term for the elements that combine to determine Ambulance Victoria's response. This includes the program ProQA, which contains AMPDS, and the dispatch grid. The dispatch grid is an Ambulance Victoria guideline that helps assign the priority code that determines the level of urgency and resources sent to a call out.[9]

Figure 3.3 below shows the ambulance response codes, ranging from Code 1 priority 0 (the most urgent) to Code 3 (the least urgent). For the purposes of this Report Code 1 priority 0 and Code 1 priority 1 will be considered together.

8 Ambulance Victoria, *Submission 186*, p. 14.

9 Inspector General of Emergency Management, *Review of Victoria's emergency ambulance call answer performance COVID-19 pandemic-related 000 demand surge*, 2022, p. 147.

Figure 3.3 Ambulance response priority codes

Priority	Code	Definition	Example
0	1	Priority 0 denotes the highest priority incidents. They require a 'lights and sirens' response and usually involve sending additional resources such as a mobile intensive care ambulance. Priority 0 incidents are a subset of Code 1 incidents.	• Cardiac or respiratory arrest • Major trauma/severe injuries
1	1	Priority 1 incidents are high priority and time critical, requiring a lights and sirens response. Priority 1 incidents are a subset of Code 1 incidents.	• Chest pain • Shortness of breath • Overdoses
2	2	Code 2 incidents are urgent but do not require a lights and sirens response unless the responding ambulance encounters significant delays (e.g. heavy traffic).	• Broken leg • Minor haemorrhage
3	3	Code 3 incidents are the lowest priority emergency classification. These incidents are not urgent.	• Non-traumatic back pain • Headache

Source: Graham Ashton, *Capability and Service Review: Final Report*, report for the Emergency Services Telecommunications Authority, 2022, p. 33.

Code 2 and 3 cases may be passed on to Ambulance Victoria's secondary triage to consider other care pathways than hospital emergency departments. The Committee heard that these systems work well to ensure prudent use of emergency resources for the most serious cases. The following sections will discuss the 'over-triaging' of Code 1 cases only.

The over-triaging of Code 1 cases

There was a notable amount of criticism from Inquiry stakeholders about the emergency call taking system. The Committee heard the call taking system is calibrated to quickly identify serious, time-critical cases.[10] However, in doing so it is risk averse and can incorrectly classify cases that do not require an urgent response.[11] This was referred to by stakeholders as 'over-triaging'. The Committee was told that over-triaging ties up scarce resources, leading to longer wait times and potentially adverse clinical outcomes.[12]

The submission from Ambulance Victoria explained that AMPDS is 'sensitive in identifying time-critical conditions, but specificity is often poor'. As a result, over-triaging 'is a common problem which is not unique to Victoria, or AMPDS.'[13]

10 Name withheld, *Submission 143*, p. 5.

11 Danny Hill, *Transcript of evidence*, p. 34.

12 Danny Hill, *Transcript of evidence*, pp. 30–32; Name withheld, *Submission 149*, p. 2; Name withheld, *Submission 146*, pp. 6–7.

13 Ambulance Victoria, *Submission 186*, p. 14.

At a public hearing, Anthony Carlyon, then Executive Director, Specialist Operations and Coordination at Ambulance Victoria said 'We do err on the side of caution. The call-taking and dispatch system today has strengths and weaknesses; I think we accept that from the system, and we are committed to work through those.'[14]

Mr Carylon, was questioned about response times to patients in critical conditions:

> **CHAIR:** submission 25 – that cites a 5-hour wait for a patient in a critical condition. Is that acceptable?
>
> **Anthony CARLYON:** No, it is not. I cannot recall the submission itself. What we would say is we take these examples of any sorts of patient harm not only seriously but we feel true emotion when we are not serving the Victorian community as we need to today. We do have to have a system that prioritises the sickest patients. In general terms, we think we get that right. But the pragmatic reality is there are cases in the community today where, for a range of reasons, we do not get the response that we would like to provide.[15]

The Committee was informed the reasons for this are related to the question-and-answer component of ProQA used at TZV. Call takers are required to follow a series of questions set out in 32 protocols that align with the primary symptom reported (e.g. chest pain).[16] The VAU told the Committee that call takers are prohibited from deviating from the script or using their judgement when taking calls with the result being 'a system that searches for the worst-case scenario rather than the most likely scenario'.[17]

The rigidity of the triage assessment practices was also discussed by TZV. It stated: 'TZV staff are required to select the most appropriate event type based on the information provided by the caller. They do not determine the priority of an event and cannot change the event priority or response.'[18]

Ambulance Victoria explained that the software itself cannot be altered to prevent over-triaging, as it is 'a commercial product produced by the International Academies of Emergency Dispatch (IAED).'[19] The company takes an 'evidence based, peer reviewed approach'[20] to updating its software and 'AV and TZV cannot independently make changes to the questions or answer options within the system or make changes to the event types available for selection'.[21] Any proposals to change the software must be submitted to IAED for consideration.[22]When he appeared before the

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14 Anthony Carlyon, Executive Director, Specialist Operations and Coordination, Ambulance Victoria, public hearing, Melbourne, 20 June 2025, *Transcript of evidence*, p. 14.

15 Anthony Carlyon, *Transcript of evidence*, p. 13.

16 Victorian Ambulance Union, *Submission 168*, p. 5; Inspector General for Emergency Management, *Review of Victoria's emergency ambulance call answer performance – COVID-19 pandemic-related 000 demand surge*, 2022, p. 39.

17 Victorian Ambulance Union, *Submission 168*, p. 5.

18 Ambulance Victoria, *Submission 186*, p. 67.

19 Ibid, p. 14.

20 Ibid.

21 Ibid.

22 Ibid.

Committee, new CEO Jordan Emery expressed his desire to focus on this issue: 'I want to improve code 1 response performance and reduce code 1 response times for Victoria.'[23]

The call taking software used by Triple Zero Victoria and Ambulance Victoria to triage cases is calibrated to identify life threatening cases quickly and consistently. However, in doing so it can wrongly categorise cases that are not life threatening as emergency cases.

FINDING 37: As a result of the risk averse triage system, paramedics are sometimes dispatched to incidents with priority codes that overestimate the priority level, or do not require an ambulance response at all.

FINDING 38: Ambulance Victoria staff and paramedics consistently report instances of over-triaging or misdiagnosis by call-takers due to the inflexibility of the call-taking software.

The impact of over-triaging

In its submission, the VAU gave an example of a common example that would result in over-triaging because of ProQA:

> A common example is the patient who calls 000 when they have a toothache. If the caller describes having pain in their jaw, the case is likely to be dispatched as a Code 1 chest pain by the system, as some patients suffering chest pain also have jaw pain. Previously, call-takers could clarify that the main problem that prompted the patient's call is toothache pain only. The ability to ask clarifying questions has been removed, and paramedics have reported a significant increase in toothache cases being dispatched as Code 1 chest pain.[24]

Figure 3.4 below gives other examples from stakeholders of over-triaging by ProQA and what ambulance crews discovered was the actual problem when they arrived.

23 Jordan Emery, CEO, Ambulance Victoria, public hearing, Melbourne, 29 August 2025, Transcript of evidence, p. 22.

24 Victorian Ambulance Union, *Submission 168*, p. 5.

Figure 3.4 Examples given by stakeholders of over-triage of Code 1 cases by ProQA

Source: Name withheld, *Submission 149*, p. 2; Danny Hill, Secretary, Victorian Ambulance Union, public hearing, Melbourne, 13 June 2025, *Transcript of evidence*, pp. 30, 32.

The VAU provided the Committee with the results of a recent survey of its members that found:

> Only 1% of respondents said that the dispatch coding aligned with patient acuity 80% of the time or greater. Most respondents report that an accurate coding only occurred 20% of the time.[25]

25 Victorian Ambulance Union, *Submission 168*, p. 5.

The Committee heard that by being risk averse, the system is actually creating risk because patients may have to wait longer for ambulances to become available.[26]

When responding to a question regarding the upgrading of software for call and dispatch, Mr Hill noted:

> The upgrades to the software build on the risk aversion. We have actually had lines of questioning where, for example, someone has called up and said, 'I've got abdominal pain.' 'Does the pain go to your chest?' 'Yes.' A common one is jaw pain and toothaches. People call up saying, 'I've got a toothache.' The toothache becomes jaw pain, and jaw pain is a sign of a heart attack. So those are questions that are often asked. TZV call takers used to have the ability to ask further questions. 'But what you're calling for, you're saying, is the toothache?' 'Yes, that's right.' That would be categorised as a toothache. But those lines of questioning were removed, so it grabs the worst-case scenario. The design of the system is to be risk averse and to eliminate as much risk as possible.[27]

This may have life threatening consequences. A submitter told the Committee that over-triaging of cases was 'leaving truly sick or dying Victorians with a delayed or no ambulance response' and that 'often these people are never even given a chance to survive the medical/traumatic event they have encountered'.[28]

Danny Hill said that this is having an impact on Ambulance Victoria's performance indicators for reaching Code 1 cases on time 'and it will probably get worse'.[29] He added the issue led to a 'crushing, overwhelming, unstainable workload' faced by paramedics. It also had flow on effects for workplace culture, the relationship with management and occupational safety.[30]

The Committee was not provided data on how accurately event codes align with actual patient conditions when paramedics arrive. Ambulance Victoria's submission said: 'AV uses the clinical information collected by paramedics through the Victorian Ambulance Clinical Information System (VACIS) to identify the clinical acuity of patients within each event type.'[31]

However, this information is used to refine Ambulance Victoria's Clinical Response Model, which relates to its dispatch role, rather than assist it to get the right event assigned earlier during the call taking process.[32] The VAU advocated for the VACIS data on call taking system accuracy to be published and inform performance measures.[33] The Committee agrees this would help Ambulance Victoria to address the issue.

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26 Danny Hill, *Transcript of evidence*, p. 34.

27 Danny Hill, *Transcript of evidence*, p. 34.

28 Name withheld, *Submission 146*, pp. 6–7.

29 Danny Hill, *Transcript of evidence*, pp. 30–31.

30 Ibid.

31 Ambulance Victoria, *Submission 186*, p. 16.

32 Ibid.

33 Victorian Ambulance Union, *Submission 168*, p. 5.

The Committee also notes that the Inspector-General for Emergency Management reviewed Victoria's emergency ambulance call answer performance during COVID-19.[34] The Committee believes that the Inspector-General should work with Ambulance Victoria to determine if incorrect event allocation is causing adverse events.[35]

FINDING 39: Wrongly categorised Code 1 cases are a misallocation of ambulance resources and have been shown to lead to longer wait times for some emergency cases and potentially adverse clinical outcomes.

RECOMMENDATION 12: That Ambulance Victoria introduce performance indicators around the accuracy of the call taking triage process, particularly in relation to Code 1 cases. Ambulance Victoria should then publish data in its Annual Reports on the number of Code 1 cases where it was discovered the event type assigned during the call taking process did not match the actual problem.

RECOMMENDATION 13: That the Inspector-General for Emergency Management in Victoria undertake and publish a review of emergency ambulance call answer performance in order to improve the call taking process and reduce cases of over-triaging.

Clinical oversight of call taking

As stated, the ProQA software allows for speed and consistency in triaging callers. These are strengths which may be compromised if the software were badly altered in an attempt to address over-triaging. Instead, stakeholders offered the solution of improving oversight by Ambulance Victoria clinicians to better allow TZV staff to flag potentially incorrect event types.

The Committee was informed of two initiatives aimed at providing clinical oversight of the triaging of cases. The first is a discontinued pilot program called the Revised Ambulance Dispatch (RAD) program.[36] The second is the work of Ambulance Victoria communications clinicians.

In relation to the RAD program, the VAU described it as a pilot program that occurred in stages between 2017 and 2019. It included providing additional dispatchers and making changes to dispatch practices. The final stage was to include paramedics in

34 See: Inspector-General for Emergency Management Victoria, *Review of Victoria's emergency ambulance call answer performance COVID-19 pandemic-related 000 demand surge*, 2022.

35 A potential adverse event is an event for which Triple Zero Victoria and/or emergency service organisations' management of emergency telecommunications was not in accordance with performance expectations and/or organisational policies, procedures, or standards, and exposed members of the public or emergency service organisations to risk.

36 Victorian Ambulance Union, *Submission 168*, p. 7.

the call taking process.[37] Danny Hill from the VAU explained: 'RAD was about having for every four call takers one paramedic listening in on those calls, providing some nuance, some clinical oversight.'[38]

The final stage of the RAD program was not completed because it was interrupted by the COVID-19 pandemic. The VAU said that 'there appears to have been no attempt to revisit the RAD project and complete this work or any other work to improve call taking accuracy'.[39]

Another, current, way of providing clinical oversight on the call taking process are Ambulance Victoria's communications clinicians.[40] The submission from Ambulance Victoria said of their call taking advice role:

> events may also be referred by the TZV Dispatcher to AV communications staff, for review or direction. AV Communications staff are employed by AV and can alter an event priority or response requirements. TZV Dispatchers must comply with directions they receive from AV communications staff in relation to an event.[41]

However, the Committee heard that communications clinicians are severely understaffed. A submitter said although TZV staff can identify cases for review, 'the communications centre lacks the resources to actually do so.'[42]

A communications clinician in regional Victoria gave evidence to the Committee. He said that the team at the Ballarat State Emergency Communications Centre was chronically understaffed and overworked. He added that 'the clinician group has been raising OH&S issues, workplace morale, extreme workload and physical and mental fatigue for about four years.' He also said that the issues had resulted in presentations to WorkSafe:

> as a result of the stress and the lack of support we actually presented to WorkSafe on four different occasions, and we have had four provisional improvement notices – two that were actually supported by WorkSafe, which we raised, and two that they have actually raised and they have implemented as a result of the stress.[43]

As a result, five of the nine staff in the team were on WorkCover.[44]

Danny Hill added that ambulance services in other Australian jurisdictions use clinical oversight to override event types prescribed by ProQA because the call taking

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37 Ibid, p. 5.

38 Danny Hill, *Transcript of evidence*, p. 32.

39 Victorian Ambulance Union, *Submission 168*, p. 5.

40 Ambulance Victoria, *Submission 186*, p. 16.

41 Ibid, p. 67.

42 Name withheld, *Submission 143*, p. 5.

43 Witness 1, public hearing, Melbourne, 5 June 2025, *Transcript of evidence*, pp. 17–18.

44 Witness 1, *Transcript of evidence*, pp. 17–18.

responsibility sits with the ambulance service alone, rather than a separate agency such as TZV.[45]

The Committee was informed that TZV call takers may in fact know when the coding of event is incorrect. For example, a submitter said:

> Often times the call taker will know that the coding of the event is incorrect (eg chest pain for a person who has called for toothache pain) but have no power to intervene and override the incorrect coding of the event.[46]

It is clear to the Committee that, short of bringing call taking back under the complete control of Ambulance Victoria, more clinical staff are required to provide oversight of call taking. It believes that Ambulance Victoria should increase the number of staff available to provide clinical oversight at the State Emergency Communications Centres. This may be communications clinicians or other clinical staff as Ambulance Victoria sees fit.[47] Ambulance Victoria should assume responsibility for the clinical decisions of overriding the event type assigned by ProQA.

FINDING 40: The failure to complete the Rapid Ambulance Dispatch program has impacted the ability to improve call taking accuracy.

RECOMMENDATION 14: That Ambulance Victoria adopt clinical oversight similar to other jurisdictions that are able to override the event types prescribed by ProQA.

FINDING 41: Triple Zero Victoria staff are able to flag what they believe are incorrect event types and refer them to Ambulance Victoria for review prior to ambulance dispatch. The Committee heard evidence that there are too few Ambulance Victoria clinical staff overseeing the call taking process with the power to override the event type assigned by the software.

RECOMMENDATION 15: That Ambulance Victoria increase the number of clinical staff assigned to oversee the call taking process at State Emergency Communications Centres. This may include communications clinicians or other clinical staff as Ambulance Victoria see fit. Ambulance Victoria should also encourage Triple Zero Victoria staff to be more confident in flagging what they believe to be incorrect event types.

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45 Danny Hill, *Transcript of evidence*, p. 36.

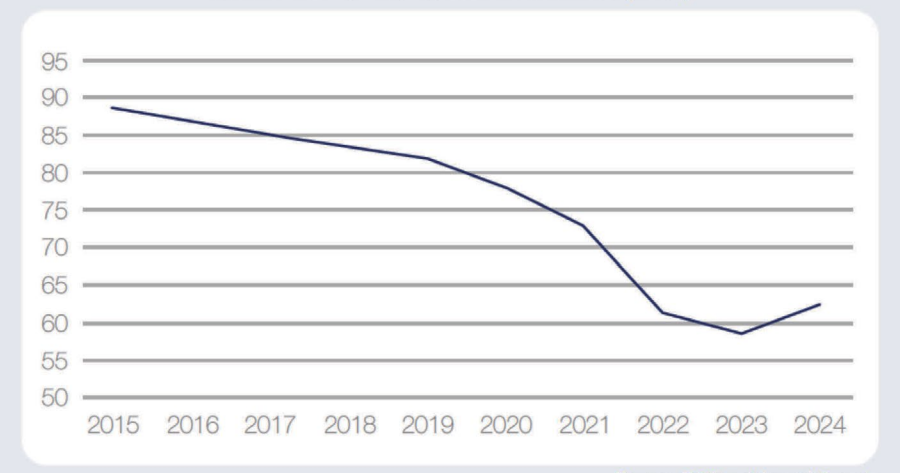
46 Name withheld, *Submission 146*, pp. 6–7.

47 Stage 3 of the Revised Ambulance Dispatch program provides a model for how this might be done. See: Victorian Ambulance Union, *Submission 168*, pp. 7–8.

3.3.2 Ambulance ramping

Ambulance ramping is the term used when ambulances are unable to offload patients at emergency departments. Paramedics are then required to stay with their patients until they can be admitted.[48] Figure 3.5 shows the proportion of patients who are transferred within 40 minutes has been in decline for the last decade, from above 85% in 2015 to 64.9% in 2023–24.

Figure 3.5 The percentage of patients transferred to emergency departments within 40 minutes



Source: Ambulance Victoria, *Submission 186*, p. 21.

The Committee received evidence about ambulance ramping causing adverse clinical outcomes.

One submitter said their mother was ramped at Albury Hospital for five hours. She believed this prevented immediate treatment of 'an intracranial bleed, which lead to her being placed in palliative care before her death'.[49]

The Committee was informed of another death in the Hume region. Denise Anderson spoke about the father of the Mayor of Towong shire, who was transported by ambulance from Corryong to Albury Hospital where he spent five hours ramped. He died the next day.[50]

It is increasingly common for patients to be advised by emergency services that it would be quicker to make their own way to and emergency department because of ramping.[51]

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48 Ambulance Victoria, *Submission 186*, pp. 20–21.

49 Name withheld, *Submission 15*, p. 1.

50 Denise Anderson, public hearing, Melbourne, 5 June 2025, *Transcript of evidence*, p. 19.

51 Sandy Knights, *Submission 16*, p. 1; Vince Aitkin, *Submission 20*, p. 1.

The Committee heard from a number of current and former Ambulance Victoria staff about the state of Ambulance Ramping in Victoria. One submitter said:

> Ramping is out of control. I mean, it is an incredibly dangerous circumstance. You have got people who have got significant illnesses and are significantly unwell ramped on ambulance stretchers, being cared for by paramedics when these patients are there to be admitted to hospital. It is a problem not just here obviously, but it is a problem that has become incredibly problematic in Victoria.[52]

The Committee heard how ramping also has an impact on paramedics. A submitter wrote:

> over time this has altered the paramedic identity, forging an unhealthy normalisation of standing in hospital corridors wiling away the hours, rather than engaging in prehospital work as we are trained for. It is de-skilling and de-motivating our frontline workers.[53]

The Committee heard from the VAU that the impact of Ambulance Ramping is so severe that paramedics are ready to leave the workforce:

> **The CHAIR:** I am imagining a lot of your members are – correct me if I am wrong – incredibly frustrated that that is the case at the moment, that they have to endure that, for what, 6, 8, 10 hours?
>
> **Danny HILL:** Yes, and ready to quit as a result. I mean, they train hard. They have done a degree. Some of them have gone on to do further postgraduate study in intensive care. We have got the best paramedics anywhere in the world right here. They can hear on the radio that there are cases out there in the community that they can get to and they can make a big difference, and they are not able to get to them. I noticed, in one of the other presentations earlier, talk about paramedics working in community care. That is going to be a real risk for us – that people will say, 'Well, I can actually practise my skills in the primary care area.' I think that is going to be a real risk for us if we do not return. The members want to be busy. They do not want to sit around. They want to be busy doing the work they signed up to do.[54]

The Committee was also told that Ambulance Victoria could in fact be considered to be properly resourced were it not for ambulance ramping. The Committee was told by Michael Stephenson:

> The reality of it is you probably have the right amount of people or more than the amount of people you need, you have got the right amount of funding, you have got the right amount of ambulances, but they are not working as ambulances; they are standing in ques at the hospital.[55]

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52 Michael Stephenson, public hearing, Melbourne, 5 June 2025, *Transcript of evidence*, p. 8.

53 Name withheld, *Submission 142*, p. 1.

54 Danny Hill, Transcript of evidence, pp. 31–32.

55 Michael Stephenson, *Transcript of evidence*, p. 13.

FINDING 42: Ambulance ramping has a significant negative impact on clinical outcomes, paramedic morale and Ambulance Victoria's resourcing.

The causes of ambulance ramping

The Committee heard the causes of ambulance ramping—more completely defined as 'patient flow'—are systemic and not within the scope of Ambulance Victoria alone to fix. The Australian Medical Association (AMA) provided an overview of the primary drivers of ambulance ramping. They include:

- A shortage of hospital capacity.
- Delayed discharges from hospitals due to a lack of community-based care, including rehabilitation, aged care and community-based mental health services.
- A shortage of healthcare staff in hospitals.
- Administrative inefficiencies in hospitals.[56]

Solutions to ambulance ramping

The Committee was provided with a number of suggestions for easing ambulance ramping. The solutions suggested were systemic, encompassing several parts of the health system.

The AMA said simply adding hospital beds is not enough. It advocated a strategy of:

- Strengthening primary care services, including General Practice, chronic disease management programs and community mental health.
- Increasing access to rehabilitation, aged care and mental health services to ensure appropriate outpatient care that allows patients to leave hospital.
- Addressing workforce shortages in hospitals.
- Addressing administrative burdens.[57]

Ambulance Victoria and the Department of Health informed the Committee of a number of initiatives addressing ambulance ramping. These include:

- the 'Fit to Sit' policy, whereby if a clinician determines a patient is fit to wait in the emergency department by themselves for treatment, then the paramedics can return to the road

56 Australian Medical Association, *Submission 137*, p. 1.

57 Ibid.

- the Standards for Safe and Timely Ambulance and Emergency Care, which are standards to improve patient flow, including targets for 20-minute clearing of patients[58]
- the Victorian Virtual Emergency Department, which is a free statewide public health service providing medical advice via a video connection to emergency doctors and nurses.[59]

The Committee heard that the Victorian Virtual Emergency Department has had a successful take up, with some patients accessing it through Ambulance Victoria's secondary triage service as well as through the public web portal.[60] Naomi Bromley from the Department of Health said that about 550 cases are seen each day, with more capacity being added to aim to take 1,750 calls per day.[61]

Urgent Care Clinics also have a role to play in reducing demand on hospital emergency departments, which in turn assists in addressing ramping. The Department of Health has reported that, as of late 2024, more than 7,000 people a week attend an Urgent Care Clinic. The Department estimate that half of these patients would have otherwise attended an emergency department.

There are 29 Urgent Care Clinics operating in Victoria, of which 17 are jointly funded by the Victorian and Commonwealth Governments. The remaining 12 are solely funded by the Victorian Government.

The Committee notes the multifaceted systemic causes of ambulance ramping, which require a multi-agency response. This includes primary care services, which are the responsibility of the Commonwealth Government. Ray Bange informed the Committee that 'stand-alone measures focused solely on AV will not solve dangerous overcrowding in Emergency Departments (EDs) or fix deeper problems in community healthcare delivery'.[62]

The Committee agrees with this assessment. While the impacts of ambulance ramping are acutely felt by paramedics and the patients they support, the causes and solutions do not lie with the ambulance service alone. It is beyond the scope of this Inquiry into Ambulance Victoria to adequately address the causes and scrutinise recommendations for such a broad and complex issue. As such, it does not seek to make a suite of recommendations in relation to ambulance ramping.

FINDING 43: Systemic widespread failures across the hospital system including a shortage of hospital capacity, delayed discharge, and gaps in primary and community care is leading to an increase in ambulance ramping resulting in worse patient outcomes.

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58 Ambulance Victoria, *Submission 186*, pp.22–23; Naomi Bromley, Acting Deputy Secretary, Hospitals and Health Services Division, Department of Health, public hearing, 20 June 2025, *Transcript of evidence*, p. 2.

59 Ibid.

60 Naomi Bromley, *Transcript of evidence*, p. 4.

61 Ibid.

62 Ray Bange OAM, *Submission 148*, p. 3.

FINDING 44: Initiatives such as the Victorian Virtual Emergency Department and Urgent Care Clinics all have a role to play in reducing the pressure on hospital emergency departments.

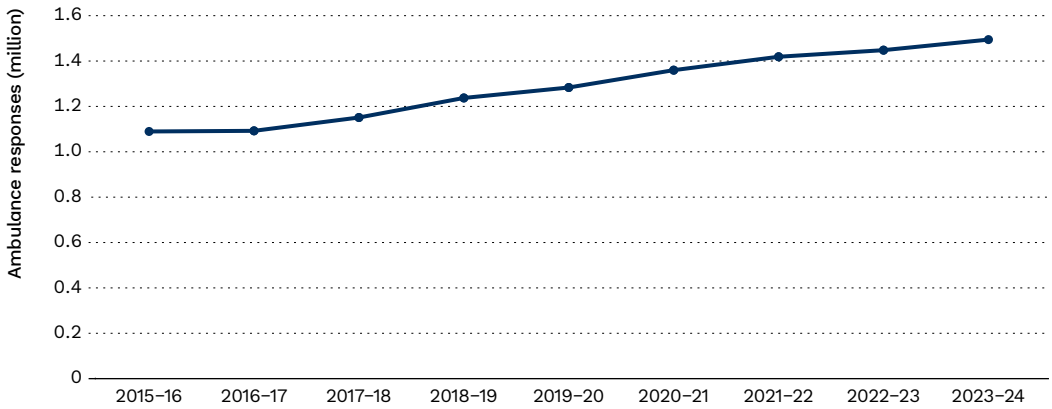
RECOMMENDATION 16: That the Victorian Government work with Ambulance Victoria and the health networks to ensure accurate and public reporting of ambulance ramping data.

3.3.3 An increase in demand

Demand for ambulance services is increasing. Ambulance Victoria noted a 17.1% increase in demand for emergency medical services and a 35.1% increase in Code 1 cases in the last five years.[63]

Figure 3.6 below shows the increase in ambulance responses from 1,089,556 in 2015–16 to 1,494,486 in 2023–24.

Figure 3.6 Number of ambulance responses 2015–16 to 2023–24

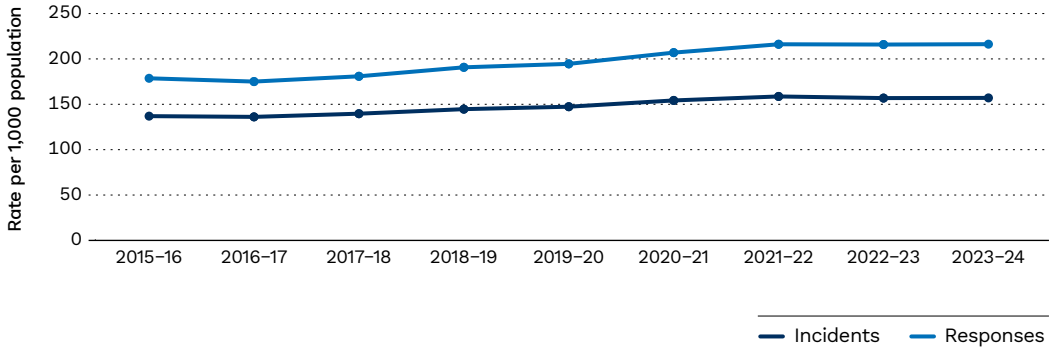


Source: Ambulance Victoria, *Submission 186*, p. 11.

Figure 3.7 below shows that the ambulance responses per 1,000 Victorians increased from 178.8 in 2015–16 to around 216 in 2021–22, where it has remained stable for the last three years.

63 Ambulance Victoria, *Submission 186*, p. 10.

Figure 3.7 Ambulance incidents and responses, per 1,000 population



Source: Productivity Commission, *Report on Government Services 2025*, 2025, Data tables, 11 Ambulance Services.

In evidence to the Committee, Naomi Bromley from the Department of Health discussed the growth in demand for ambulance services in Victoria, and that this is not isolated to this state:

> Victoria's paramedics are responding to more than a thousand code 1 lights-and-sirens cases every day, and that is a 23 per cent increase from over five years ago, when the number of cases was about 860 per day. I will say that is not unique to Victoria.[64]

Ambulance Victoria attributed the increase in demand to systemic issues, including:

- population growth
- an ageing population
- an increase in patients presenting with complex co-morbidities
- an increase in mental health and alcohol and other drugs cases
- a lack of timely access to out-of-hospital care.[65]

The Committee heard that these factors mean paramedics are increasingly responding to non-emergency call outs. Danny Hill from the VAU told the Committee that while this work is important, 'it does not require an emergency ambulance and it certainly does not justify blocking paramedics from responding to real emergencies in the community'.[66]

In 2023–24, 36% of Ambulance Victoria responses were categorised as non-emergency, compared with a national average of 23%.[67] Figure 3.8 gives a comparison of Ambulance responses, by type for 2023–24 in both Victoria and Australia.

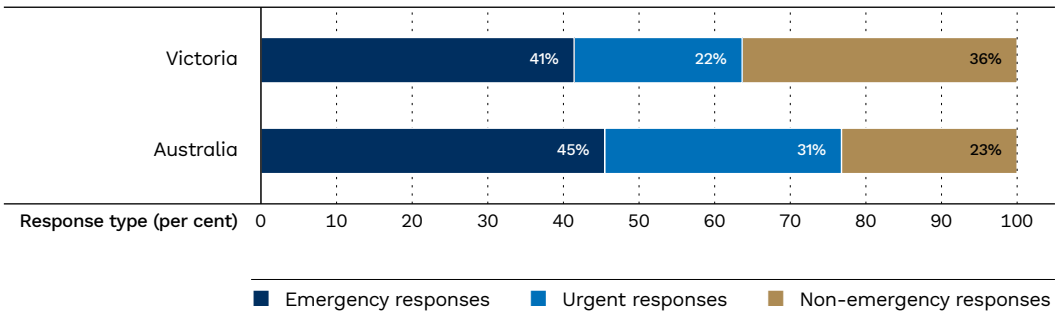
64 Naomi Bromley, *Transcript of evidence*, p. 2.

65 Ambulance Victoria, *Submission 186*, p. 10.

66 Danny Hill, *Transcript of evidence*, p. 30.

67 Productivity Commission, *Report on Government Services 2025*, 2025, Data tables, 11 Ambulance Services.

Figure 3.8 Amblance responses, by type 2023–24



Source: Productivity Commission, *Report on Government Services 2025*, 2025, Data tables, 11 Ambulance Services.

The Committee is aware that Ambulance Victoria has invested in alternative care pathways that divert emergency callers away from an ambulance response. These include the Victorian Virtual Emergency Department, TelePROMPT, Urgent Care Centres and nursing services. Take-up of these services has increased from 7% of 000 cases in 2015 to 17% in 2024, taking pressure off ambulance resources.[68]

FINDING 45: Due to changes in population health needs, Ambulance Victoria is responding to increasing demand to provide community health-oriented services in addition to its traditional role of emergency pre-hospital care and transport. This non-emergency work is taking up operational resources.

3.4 Operational staffing and resourcing

The Committee was eager to use this Inquiry to understand the resources Ambulance Victoria requires to meet is performance targets. In response to pressures on service delivery, Ambulance Victoria has increased its operational capacity in recent years, including paramedics and equipment. However, the Committee heard that issues with insufficient staffing across Victoria remain.

In 2023–24, Ambulance Victoria had more than 5,000 (4,874 FTE) on-road paramedics, as well as approximately 1,200 Ambulance Community Officers (ACOs) and Community Emergency Response Teams delivering lifesaving care.[69] According to the Ambulance Victoria submission, this is the highest number of paramedics, volunteers and first responders of any State or Territory in Australia.[70]

Ambulance Victoria has been increasing its paramedic workforce. Figure 3.9 shows the increase from 2018–19 to 2023–24.

68 Ambulance Victoria, *Submission 186*, pp. 23–24.

69 Ibid, p 7.

70 Ibid.

Figure 3.9 Ambulance Victoria's paramedics (Full Time Equivalent), 2019–2024

	2023-24	2022-23	2021-22	2020-21	2019-20	2018-19
Paramedics (FTE)	4,874	5,028	4,781	4,342	4,174	3,854

Source: Ambulance Victoria, *Submission 186*, p. 31.

Ambulance Victoria has also increased the number of MICA trainees, from 35 in 2018 to 83 in 2023–24. It is currently working to establish an additional 40 MICA paramedics in regional Victoria by 2027.[71]

A number of submitters identified shortages in operational staff, particularly in regional areas. This was creating staff burnout and a high proportion of absences, which further exacerbate staff shortages. The level of staff and resourcing in regional areas was described as a particular issue, with the Committee receiving evidence on:

- Ballarat[72]
- Bendigo[73]
- Geelong[74]
- Albury–Wodonga.[75]

The Committee heard that resourcing in these areas is inflexible[76] and has not kept pace with population growth. As a result, the workload for crews is high and ramping means resources from smaller towns are dispatched to the larger centres, leaving gaps in coverage in the surrounding areas.[77] A submitter outlined this issue in relation to Albury–Wodonga:

> the population within the catchment area has grown at a staggering amount, with more subdivisions/developments in all the smaller towns and localities. All these areas feed into the greater health hub which is ABH [Albury Base Hospital]. The urgent care areas (Emergency/Short stay etc) are unable to cope as there are no beds for patients to be moved to once their emergency presentation is attended to …
>
> … Ambulances cannot unload their patients if there are no beds in Emergency, it's as simple as that. Being from Corryong (2 hours Ambulance drive from Albury), the turnaround time for our crews is a minimum 6 hours. If our crews are delayed at hospital (sometimes for 3–4 hours), that leaves our town without coverage for 10 hours.[78]

Ambulance ramping is addressed above in Section 3.3.2.

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71 Ibid, p. 32.

72 Name withheld, *Submission 78*, p. 1.

73 Name withheld, *Submission 50*, p. 1; Name withheld, *Submission 94*, p. 4.

74 Name withheld, *Submission 62*, p. 1.

75 Name withheld, *Submission 92*, p. 3; Name withheld, *Submission 33*, p. 1.

76 Witness 2, public hearing, Melbourne, 5 June 2025, *Transcript of evidence*, p. 26.

77 Name withheld, *Submission 50*, p. 1; Name withheld, *Submission 73,* p. 1.

78 Name withheld, *Submission 33*, p. 1.

The use of ACOs in rural and regional Victoria to respond to emergencies alongside a single paramedic was also identified as an issue of concern by some stakeholders.[79] This is discussed in Section 3.4.1 below.

Submitters reported a sense of gradual decline where 'in rural regions people are still struggling to get basic equipment'.[80] Fleet resources were also reported as being neglected with one mechanic covering a large geographical area and responsible for at least 13 ambulances plus other vehicles.[81]

The Committee was informed by a submitter that in Ballarat between 2016 and 2024, there was a 43% increase in workloads at night, yet resourcing has not changed since 2006. The submitter said the workload for the paramedics is unsustainable resulting in long wait times for patients.[82]

The Victorian Coroners Court provided the Committee with a copy of a finding into the death of a woman in Kyabram, in which the deceased overdosed on medication and used a ligature to end her life. The Coroner noted:

> the ambulance response to her stated emergency (the potential deliberate overdose of medication) did not occur within the target response time, and this was primarily due to there being no available ambulance resources.[83]

The Coroner also noted that the woman ended her life by hanging, and it 'cannot be known if earlier attendance by emergency services would have altered the outcome in this case'.[84] In passing the finding to the Committee, the Coroner commented 'The inability to dispatch an ambulance in this case, and the apparent ongoing resourcing pressures upon Ambulance Victoria, are a matter of concern relating to public health and safety.'[85]

Albury–Wodonga and the wider Hume region was singled out by a number of stakeholders as an area experiencing an acute lack of ambulance coverage. The factors contributing to this include:

- ambulance ramping at Albury hospital[86]
- ambulance resourcing not keeping up with an increase in population[87]
- a lack of MICA ambulances and air ambulance resources.[88]

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79 Name withheld, *Submission 92*, p. 2.

80 Name withheld, *Submission 94*, pp. 6–7.

81 Ibid.

82 Name withheld, *Submission 78*, p. 1.

83 Coroners Court Victoria, Finding into a death without inquest, COR 2021 006144, p. 8.

84 Ibid.

85 Ibid.

86 Grant Parker, *Submission 38,* p. 1.

87 Ibid.

88 Name withheld, *Submission 92*, p. 3.

A submitter said that Hume sends more trauma patients to the Alfred Trauma centre than any other region in the State, including Melbourne, yet does not have an air ambulance.[89]

The Committee also heard response times data in rural Victoria is skewed by not having to report the response times for ambulances that come from more than 15 km away.[90] The submitter said 'There is a very large cohort of cases, particularly in larger population centres that do not get reported on at all because they fall outside of the reporting criteria for response times.' [91]

The Committee was also informed of insufficient staffing in metropolitan Melbourne. Heather Kennedy said 'Every night of the week, there are too few crews, especially MICA, to cover metropolitan Melbourne.'[92] Another submitter, Matthew Ditoro, agreed: 'Almost every night in Melbourne the Emergency Response Plan is activated, it's not due to an unexpected increase in cases, it's due to the lack of available night shift crews'.[93] While another submitter told the Committee:

> AV standard resourcing levels overnight are profoundly low. Resourcing only meets minimum demand on night shifts. If there is any increase in demand or other external factor reducing resource availability (e.g. ED delays), AV is unable to meet service demands.[94]

A reason given for insufficient staffing by some stakeholders was sick leave, due to burnout.[95] Part of this sick leave is in relation to people on WorkCover.[96] Ambulance Victoria informed the Committee that in May 2025, 26 of the 586 MICA paramedics were on WorkCover, while nine were on sick leave of a month or more.[97]

The average number of standard WorkCover claims per 100 full time employees for Ambulance Victoria in 2023–24 was 10.4.[98] This compares to 8.5 for Fire Rescue Victoria staff and 6.22 for Victoria Police.[99] Danny Hill said the number is 'very, very high' and would amount to several hundred staff.[100]

The Committee did not only hear concerns about a shortage of paramedics. Pierce Tyson, Victorian Lead from the Ambulance Managers and Professionals Association

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89 Name withheld, *Submission 150*, p. 1.

90 Name withheld, *Submission 50*, p. 1.

91 Ibid.

92 Heather Kennedy, *Submission 88*, p. 1.

93 Matthew Di Toro, *Submission 79*, p. 1.

94 Name withheld, *Submission 177*, p. 1.

95 Name withheld, *Submission 135*, p. 1.

96 Michael Stephenson, *Transcript of evidence*, p. 3.

97 Danielle North, Executive Director (Regional Operations), Ambulance Victoria, public hearing, Melbourne, 20 June 2025, *Transcript of evidence*, p. 59; Ambulance Victoria, Response to questions on notice, p. 6.

98 Ambulance Victoria, *2023–24 Annual Report*, p. 33.

99 Fire Rescue Victoria, *2023–24 Annual Report*, p. 64; Victoria Police, Annual Report, 2023–24, p. 12.

100 Danny Hill, *Transcript of evidence*, p. 38.

said that while there had been an increase in paramedic staff in recent years, there had been no corresponding increase in corporate staff:

> [there has been] no proportionate investment of corporate, administrative and managerial staff has been made to support them [the paramedics]. We have seen attrition, stagnation and cuts. It is not just unfair, it is completely unsustainable, and we have seen that time and time again, particularly over the last few years.[101]

The Committee was told that, overall, there is a glut of graduate paramedics with too few graduate positions at Ambulance Victoria available to meet the supply.[102] Indeed, the Committee heard that a new centre of excellence for paramedicine is being built at Victoria University that will further increase the number of paramedicine graduates. However, the Committee did not receive sufficient evidence to comment further on the supply of graduate paramedics in Victoria.

FINDING 46: Shortfalls in ambulance resourcing in large regional centres can cause a cascade effect, with ambulances in surrounding areas required to cover the shortfall. This leads to service gaps which can put patients at risk.

FINDING 47: Understaffing leaves little room for contingencies such as staff absence due to sicknesses or WorkCover, particularly at night. Resourcing in regional areas was reported by a number of stakeholders as inadequate.

FINDING 48: Issues such as over-triaging and ambulance ramping are major causes of the misallocation of Ambulance Victoria's resources.

FINDING 49: It is difficult to determine the optimum resourcing Ambulance Victoria requires to meet its performance targets until issues such as over-triaging and ambulance ramping have been addressed.

RECOMMENDATION 17: That Ambulance Victoria investigate ways to increase the number of paramedic graduate employment pathways.

RECOMMENDATION 18: That Ambulance Victoria conduct a review of resourcing for large regional centres to determine whether it is sufficient. Such a review should take into account current service needs and the impact of pressures such as over-triaging and ambulance ramping on resourcing.

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101 Pierce Tyson, Senior Organiser Victoria, Ambulance Managers & Professionals Association, public hearing, Melbourne, 5 June 2025, *Transcript of evidence*, p. 28.

102 Name withheld, *Submission 70*, pp. 1–2.

3.4.1 Single paramedic response and the role of Ambulance Community Officers

The Committee received evidence on the role of Ambulance Community Officers (ACOs). These are casual paid roles[103] used in rural and regional Victoria to:

- assist paramedics, or
- staff remote areas where a paramedic resource has not been allocated.

ACO positions require fewer formal qualifications than paramedics, with a requirement for a Certificate II in Medical Service First Response.[104] The Committee heard during this Inquiry that ACOs may include paramedic students wanting experience in a first responder role or members of the local community wishing to serve their friends and neighbours.

In some rural and regional areas, a single paramedic will respond to a call with an ACO. Other areas, particularly remote areas, are staffed by ACOs only.[105] In some cases a single paramedic will respond without an ACO if none are available.[106]

There was praise for the work ACOs do. At a public hearing a paramedic said: 'At the end of the day we really appreciate the ACOs and I am sure our MICA colleagues appreciate having a second person for safety.'[107]

However, stakeholders raised the following concerns regarding the roles of ACOs:

- Paramedics felt undue pressure making clinical decisions by themselves because an ACO is not qualified to assist with some clinical decision-making. This could cause psychological harm to paramedics.[108]
- An inferior level of care may be provided to the patient in cases where an ACO attends with a paramedic and also in cases when ACOs attend by themselves.[109]
- Paramedics may attend cases by themselves if an ACO is not available, due to rostering misalignment or ACO vacancies.[110] This can put paramedics and patients at risk.[111]
- Another witness simply said: 'the ACO model is flawed'.[112]

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103 Ambulance Community Officer roles are also referred to as volunteer roles.

104 Ambulance Victoria, '*Become a first responder*', <https://www.ambulance.vic.gov.au/become-first-responder> accessed 10 August 2025.

105 Michela Clarke, public hearing, Melbourne, 5 June 2025, *Transcript of evidence*, p. 65.

106 Name withheld, *Submission 92*, p. 2; Michela Clarke, *Submission 114*, p. 1.

107 Witness 3, public hearing, Melbourne, public hearing, 5 June 2025, *Transcript of evidence*, p. 61.

108 Name withheld, *Submission 92*, p. 2; Name withheld, *Submission 109*, p. 1; Name withheld, *Submission 71*, p. 1.

109 Name withheld, *Submission 92*, p. 2; Witness 3, *Transcript of evidence*, p. 61; Name withheld, *Submission 109*, p. 1.

110 Name withheld, *Submission 92*, p. 2; Michela Clarke, *Submission 114*, p. 1.

111 Witness 2, *Transcript of evidence,* p. 21; Michaela Clarke, *Transcript of evidence*, p. 65.

112 Witness 1, public hearing, Melbourne, public hearing, 13 June 2025, *Transcript of evidence*, p. 78.

A submitter summed up the issue, saying:

> The expectation that a paramedic can manage a patient alone for extended periods or with a volunteer that offers limited clinical support, places an enormous cognitive and emotional burden on the paramedic. They are solely responsible for assessing, treating, and managing the patient, often waiting significant time for backup.[113]

Witness 2 at a public hearing told the Committee that the options for treatment when responding as a single paramedic were limited. They gave an example of a patient death which also led to a paramedic quitting:

> So if you turn up by yourself – you will get sent to a cardiac arrest, you are there by yourself; basically clinically all you can do is CPR, but there are more things that you could do if you had a partner, like airway management or giving medications. But really until your backup arrives you are just doing CPR, and the outcome of that is generally poor for the patient and then it is poor for the paramedic because he walks away from there feeling like he could have done more but he did not.
>
> Another example I could give was an SRU paramedic sitting roadside at a motorbike accident. Single guy – his backup was so far away that he basically sat there and watched this guy die, and that affected him mentally to the point where he has now left the service.[114]

Some stakeholders advocated for all responses to be undertaken by two paramedics.[115] This would:

- improve clinical outcomes[116]
- improve paramedic safety and mental wellbeing.[117]

One submitter noted that New South Wales transitioned to a two-paramedic response 'years ago', and that Victoria Police no longer sends out officers alone.[118] Another submitter said:

> The responding of single emergency workers is a practice that is no longer adopted or accepted by an increasing number of Emergency Service Organisations (ESOs) on grounds of responder safety.[119]

A submitter said that a double-paramedic response has been recommended to Ambulance Victoria, but 'This recommendation is consistently dismissed by AV as it is considered unachievable as it requires increased funding from the State Government.'[120]

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113 Name withheld, *Submission 109*, p. 1.

114 Witness 2, *Transcript of evidence*, p. 21.

115 Ibid, p. 18.

116 Name withheld, *Submission 92*, p. 2.

117 Ibid; Name withheld, *Submission 72*, p. 1.

118 Name withheld, *Submission 109*, p. 1.

119 Name withheld, *Submission 182*, p. 9.

120 Name withheld, *Submission 92*, p. 2.

The Committee understands that the resourcing required to introduce additional paramedics in ambulance teams to replace ACOs would be significant. As a result, it stops short of recommending such an action and instead recommends that Ambulance Victoria undertake a feasibility study to understand the costs and benefits associated with this change.

FINDING 50: The following concerns were reported on how Ambulance Community Officers (ACOs) are used in rural and regional Victoria when responding to emergencies alongside paramedics:

- Paramedics feel pressure making clinical decisions by themselves because ACOs are not qualified to assist them with some clinical decision making.
- An inferior level of care may be provided when an ACO attends with a single paramedic or when ACOs attend by themselves.
- Paramedics may attend cases by themselves if an ACO is not available. This can put paramedics and patients at risk.

RECOMMENDATION 19: That Ambulance Victoria examine the shortcomings of single-response paramedic units and investigate best practice approaches.

3.4.2 Communications technology

Ambulance Victoria has, until recently, been slow to adopt some communications and technology tools that have become commonplace in other emergency services and healthcare settings. In regional Victoria, many paramedics do not have access to mobile data terminals that provide information about the patient and digital radios are yet to be rolled out across the State. Paramedics have only recently been issued iPads (discussed below) to assist with their clinical work, despite being a feature of other healthcare settings for some time.

A lack of digital radios and mobile data terminals in regional Victoria

The Committee was told that Ambulance Victoria is working to connect regional paramedics to digital radio and mobile data networks. This will allow more reliable communication, replace the paging dispatch system and enable mobile data terminals so that paramedics can access more information about patients while on the road.[121]

Currently, paramedics in most regional locations rely on analogue radios to communicate. The analogue radios were described by stakeholders as unreliable[122]

121 Gavin Gusling, Chief Information Officer, Business Technology & Programs, Ambulance Victoria, public hearing, Melbourne, 5 June 2025, *Transcript of evidence*, p. 31.

122 Name withheld, *Submission 62*, p. 2.

and time consuming.[123] Another said 'up until very recently – and they are still rolling out the new radios – we had radios where some of them were in service when I was in primary school, so they are very, very outdated'.[124]

Andrew Crisp, former Interim CEO at Ambulance Victoria told the Committee he was 'surprised' there were no digital radios when he started in the role, as it is something Victoria Police use statewide.[125]

Ambulance Victoria informed the Committee that mobile data to enable mobile data terminals was being rolled out in 2026 as 'upgrades to the supporting Telstra network continue'.[126] Gavin Gusling, Chief Information Officer at Ambulance Victoria said that 100 vehicles in the most remote parts of the State would receive satellite connection to ensure connectivity.[127]

Mr Gusling added that the organisation was working with Emergency Management Victoria to provide an app called PSCore that would contain dispatch and patient information. It would be accessible on mobile devices, including the iPads that are being rolled out to paramedics. Ultimately, it would replace mobile data terminals so that all ambulances would have access to the same dispatch information.[128]

The Committee is heartened to learn that the analogue radio and paging dispatch systems in regional Victoria are being replaced with digital systems, including an app that will take on the functions of a mobile data terminal. This will provide paramedics with up-to-date call out information to help them treat patients and navigate potentially unsafe situations. Such upgrades are important for paramedic and patient safety and should be prioritised as a matter of urgency.

Use of iPads

Ambulance Victoria informed the Committee that it had recently provided iPads to paramedics to assist with their clinical work. They replace 'outdated VACIS tablets' which were primarily used to record patient care records.[129]

Anthony Carlyon gave an example of how the iPads are being used for clinical support on the road:

> we had a fantastic story out of Mansfield recently where one of our paramedics went and provided an education. They actually brought up a patient suffering from croupe

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123 Anthony Carlyon, *Transcript of evidence*, p. 20.

124 Witness 3, *Transcript of evidence,* pp. 60–61.

125 Andrew Crisp, Interim Chief Executive Officer, Ambulance Victoria, public hearing, Melbourne, 20 June 2025, *Transcript of evidence*, p. 54.

126 Ambulance Victoria, responses to questions on notice received 17 July 2025, p. 3.

127 Gavin Gusling, *Transcript of evidence*, p. 20.

128 Ibid, p. 31.

129 Ambulance Victoria, *2023–24 Annual Report,* p. 29.

> and allowed the patient or their family to listen to croupe, as an example. So there is an ability to provide some education through that technology.[130]

Gavin Gusling explained iPads were used to:

> make information accessible, to connect the workforce back into the corporate organisation better, and as you heard earlier today, it allows the workforce to connect patients to the right care at the right time. That includes things like VVED [Victorian Virtual Emergency Department].[131]

The iPads can also allow paramedics to video call communications clinicians to receive clinical advice, an improvement on using telephones.[132] Eventually, the iPads will be the devices used for the PSCore app.[133] Anthony Carlyon described the introduction of iPads as the biggest change in the last few years in terms of technological adaptation.[134]

The introduction of iPads for Ambulance Victoria operational staff is welcome. However, it is striking that mobile technology that has been a feature of other healthcare settings for some time, particularly since COVID-19,[135] is only now being introduced by Ambulance Victoria. Given the benefits to connectivity and clinical applications, the roll out of such mobile devices should have happened sooner.

FINDING 51: Some investment is being made into digital communications and information technology for ambulances in regional Victoria so that paramedics will have better access to up-to date patient information and more reliable communications. There has been positive feedback, however, the rollout remains incomplete.

RECOMMENDATION 20: That Ambulance Victoria urgently complete the rollout of digital communications and information technology for ambulances in regional Victoria.

3.5 Non-emergency patient transport

Non-emergency patient transport (NEPT) is an important part of the pre-hospital system. It is used for transporting patients between hospitals, transporting patients from home to appointments, and transporting aged care patients to and from specialist appointments and rehabilitation. NEPT is privatised in Victoria.[136]

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130 Anthony Carlyon, *Transcript of evidence*, p. 20.

131 Gavin Gusling, *Transcript of evidence*, p. 27.

132 Ibid.

133 Anthony Carlyon, *Transcript of evidence*, p. 20.

134 Ibid.

135 See for example Virtual Care (Telehealth), <https://www.health.vic.gov.au/patient-care/telehealth> accessed 12 August 2025.

136 Department of Health, *Non-Emergency Patient Transport Review, Final Report*, 2025, p. 8.

3.5.1 The Non-Emergency Patient Transport Review

In 2022, the Victorian Government commissioned a review into the NEPT sector. The report was published in January 2025. Box 3.1 shows the outcomes of the review including the strengths and challenges identified in the sector as well as a summary of the recommendations.

Box 3.1 The Non-Emergency Patient Transport Review outcomes

Strengths

- Services are delivered by a skilled and dedicated workforce.
- NEPT services free up Ambulance Victoria's emergency crews to respond to the most time-critical patients.
- Quality and safety appears to be strengthening since regulatory reforms were enacted in 2021.
- Patient satisfaction appears to be generally high and adverse patient safety incidents rare.

Challenges

- Patients expect more accessible, appropriate and timely NEPT services.
- Ambulance Victoria is seeking to embed and strengthen the role of NEPT in connecting 000 callers to appropriate care to improve the availability of emergency ambulances.
- Hospitals are looking for a streamlined system that is more responsive to their needs and that provides equitable access in rural areas.
- NEPT staff wish to work more strictly within their scope of practice, to focus on those who genuinely need NEPT services, to have fair employment conditions and opportunities for more training and support.
- The system is structurally inefficient, with unnecessarily complex purchasing arrangements, fragmented delivery approaches, underutilisation of modern technology and limited reform to drive efficiency.

(Continued)

Box 3.1 Continued

Recommendations

- To separate planned and unplanned NEPT services, with Ambulance Victoria taking responsibility for unplanned NEPT services.
- A centralised booking and dispatch system.
- If NEPT services remain outsourced to private companies:
  - Implement centralised commissioning to consolidate contracts.
  - Government intervention to improve contestability.
  - Social procurement clauses: standard pay, entitlements, reduced casualisation.
- Expectations, roles and responsibilities for NEPT services need to be clearly articulated, including:
  - Governance integrated into health system standards.
  - Monitoring of NEPT system performance and patient experience of services.
- NEPT workforce plan that identifies system needs.

Source: Department of Health, *Non-Emergency Patient Transport Review, Final Report*, 2025, pp. 5, 9, 12–13.

3.5.2 Issues raised by stakeholders regarding non-emergency patient transport

The Committee heard from private NEPT providers, including St John Ambulance, the Royal Flying Doctor Service and others. They raised concerns that the length of NEPT contracts is too short to allow companies to provide certainty and stability for their workforce, increase investment in resources and provide cost efficiencies such as shared procurement. They advocate for five-to-ten year contracts, as in other jurisdictions.[137]

The Committee also heard from Chris Baker, who works in the industry. He was critical of the tendering process for NEPT services, stating it was exclusionary[138] and that Ambulance Victoria favours select market players, including St John Ambulance.[139] According to Mr Baker, there has not been a tendering process since 2014 and several NEPT providers who did not receive contracts at that time have ceased operation.[140]

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137 Andrew Morrison, General Manager of Mobile Patient Care, Royal Flying Doctor Service, public hearing, Melbourne, 13 June 2025, *Transcript of evidence*, p. 20.

138 Christopher Baker, public hearing, Melbourne, 5 June 2025, *Transcript of evidence*, pp. 30–33.

139 Christopher Baker, *Submission 122*, p. 3.

140 Chris Baker, *Transcript of evidence*, pp. 30–33.

The Committee was also told that:

- under-resourcing of NEPT services in regional areas is causing non-emergency work to be given to Ambulance Victoria.[141]
- that clinic transport services are only available in metropolitan Melbourne.[142]

The Committee was informed that the Department of Health is working though the recommendations of the NEPT review. This includes centralised tendering to ensure appropriate coverage across the State[143] and reduced duplication of services.[144]

A Government response to the NEPT review listed work being done to minimise unplanned responses to 000 callers so that NEPT providers can focus on planned responses.[145] Ambulance Victoria is also ensuring that NEPT ambulances have access to the same communications and mobile data technology available in ambulances, to assist with coordination and improve patient outcomes.[146]

FINDING 52: The non-emergency patient transport sector is a critical part of the Victorian health system providing resources to assist with non-emergency patient transportation and assisting with emergency service response.

RECOMMENDATION 21: That the Victorian Government release its response to the non-emergency patient transport review as a matter of priority to provide certainty for the sector.

Adopted by the Legislative Council Legal and Social Issues Committee
Parliament of Victoria, East Melbourne
15 September 2025

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141 Name withheld, *Submission 92*, pp. 7–8.

142 Council on the Ageing, *Submission 121*, pp. 6, 9.

143 Naomi Bromley, *Transcript of evidence*, p. 8.

144 Mary-Anne Thomas, Minister for Ambulance Services, 'Reforms underway for non-emergency patient transport', *media release*, 10 January 2025.

145 Ibid.

146 Andrew Morrison, *Transcript of evidence*, 13 June 2025, p. 20.

Appendix A
About the Inquiry

A.1 Submissions

1	Name withheld
2	Glenda Black
3	Rob Johnson
4	Confidential
5	Confidential
6	Peter Dring
7	Name withheld
8	Kace Ross
9	Louise Bohmer
10	Janice Welsh
11	Julie Coleman
12	Name withheld
12a	Name withheld
13	Stanley Edmiston
14	Ellen Jameson
15	Name withheld
16	Sandy Knights
17	Peter Jones
18	Vincent Coleman
19	Name withheld
19a	Name withheld
20	Vincent Aitkin
21	Name withheld
22	Heather McFarland
23	Name withheld
24	Ronald Lutton
25	Name withheld
26	Nessie Brooks
27	Johanna Reade
28	Michelle Peterson
29	Name withheld
30	Peter Towers
31	Lorraine Ellis
32	Gordon Cooper
33	Name withheld
34	Name withheld
35	Name withheld
36	Name withheld
37	Suzann Pendergast
38	Grant Parker
39	Name withheld
40	Paul O'Connor
41	Name withheld
42	Name withheld
43	Denise Rowland
44	Jenny Bolton
45	Name withheld
46	Pamela Coates
47	The Police Association Victoria
48	Claudia Bouma
49	Confidential
50	Name withheld
51	Name withheld
52	Name withheld
53	Lance Simmons
54	Name withheld
55	Name withheld
56	Jill Collins
57	Name withheld
58	Gabrielle Foord

59	Confidential
60	Steve Forbes
61	Confidential
62	Name withheld
63	Peter Zupan
64	Name withheld
65	Name withheld
66	Michael Johnson
67	Carmel Hards
68	Not Used
69	Confidential
70	Name withheld
71	Name withheld
72	Name withheld
73	Name withheld
74	Name withheld
75	Nicole Brownlie
76	Brendan Webster
77	Name withheld
78	Name withheld
79	Matthew Di Toro
80	Name withheld
81	Confidential
82	Paul Holman
83	Name withheld
84	Confidential
85	Name withheld
86	Name withheld
87	Confidential
88	Heather Kennedy
89	Name withheld
90	Rupert Dalley
91	Name withheld
92	Name withheld
93	Confidential
94	Name withheld
95	Gateway Health Limited
96	Andrew McDonell
97	Name withheld
98	Name withheld
99	Name withheld
100	Jennifer Wood
101	Name withheld
102	Name withheld
103	Confidential
104	HCommunity Homecare and Clinic
105	Name withheld
106	Name withheld
107	Name withheld
108	Confidential
109	Name withheld
110	Name withheld
111	Name withheld
112	Name withheld
113	Denise Anderson
114	Michela Clarke
115	Name withheld
116	Name withheld
116a	Name withheld
117	Cynthia Gane
118	Name withheld
119	Confidential
120	Confidential
121	COTA Victoria and Senior Rights Victoria (SRV)
122	Christopher Baker
123	RFDS (Royal Flying Doctor Service) and St John Ambulance Victoria
124	RACGP — The Royal Australian College of General Practitioners Ltd
125	Name withheld
126	Confidential
127	Name withheld
128	Confidential
129	Name withheld

130	Name withheld
131	Name withheld
132	Name withheld
133	Suicide Prevention Australia
134	Confidential
135	Name withheld
136	Victorian Equal Opportunity & Human Rights Commission
137	AMA Victoria
138	Name withheld
139	Confidential
140	Confidential
141	Confidential
142	Name withheld
143	Name withheld
143a	Name withheld
144	Nicole Blyth
145	Confidential
146	Name withheld
147	Confidential
148	Ray Bange OAM
149	Name withheld
150	Peter Lock
151	Confidential
152	Name withheld
153	Name withheld
154	Name withheld
154a	Name withheld
155	Confidential
156	Confidential
157	Trevor Bergman
158	Confidential
159	Confidential
160	Samantha Burbidge
161	Confidential
162	Name withheld
163	Name withheld
164	Confidential
165	Name withheld
166	Name withheld
167	Fire Rescue Victoria
168	Victorian Ambulance Union
169	Name withheld
170	Name withheld
171	Confidential
172	Name withheld
173	Confidential
174	Alliance of Rural & Regional Community Health (ARRCH)
175	Confidential
176	Confidential
177	Name withheld
178	Confidential
179	Name withheld
180	Confidential
181	Confidential
182	Name withheld
183	Name withheld
184	Tristan Dolling
185	United Firefighters Union (Vic)
186	Ambulance Victoria
187	Ambulance Managers & Professionals Association (AMPA)
188	Ray Michelle
189	Name withheld
190	Indigo and Towong Councils

A

A.2 Public hearings

29 August 2025

Federation Room, Parliament House, East Melbourne, Victoria

Witness	Position and Organisation
Jordan Emery	Chief Executive Officer, Ambulance Victoria
Danielle North	Executive Director (Regional Operations), Ambulance Victoria
Anthony Carlyon	Former Executive Director (Specialist Operations and Coordination), Ambulance Victoria

25 June 2025

Legislative Council Committee Room, G1 & G2, East Melbourne, Victoria

Confidential Hearing

20 June 2025

Meeting Room G6, G1 & G2, East Melbourne, Victoria

Witness	Position and Organisation
Naomi Bromley	Acting Deputy Secretary, Hospitals and Health Services Division, Department of Health
Anthony Carlyon	Former Executive Director (Specialist Operations and Coordination), Ambulance Victoria
Tegwyn McManamny	Executive Director (Quality & Clinical Innovation), Ambulance Victoria
Gavin Gusling	Chief Information Officer (Business Technology & Programs), Ambulance Victoria
Shannon Elston	Director (Data & Solutions), Ambulance Victoria
Daniel Howarth	Director (Technical Services & Cyber Security), Ambulance Victoria
Jesse Maddison	Executive Director (People & Culture), Ambulance Victoria
Fleur Behrens	Head of Professional Standards & Behaviours Division, Ambulance Victoria
Andrew Crisp	Interim Chief Executive Officer, Ambulance Victoria
Shelly Park	Chair, Ambulance Victoria
Danielle North	Executive Director (Regional Operations), Ambulance Victoria

13 June 2025

Davui Room, G1 & G2, East Melbourne, Victoria

Witness	Position and Organisation
Peter Marshall	Branch Secretary, United Firefighters Union (Vic)
Wayne Gatt	Secretary, The Police Association Victoria
Darren Midgley	Alliance of Rural & Regional Community Health (ARRCH)
Anita L'Enfant	Manager, Human Rights Solutions, Victorian Equal Opportunity & Human Rights Commission
Julia Manning	Senior Consultant, Human Rights Solutions, Victorian Equal Opportunity & Human Rights Commission
Aimee Cooper	Head of Legal, Victorian Equal Opportunity & Human Rights Commission
Patrice O'Brien	Chief Engagement Officer, Victoria University
Professor Peter Cameron	Director of The Alfred Emergency Academic Centre and Professor of Emergency Health Services Research at Monash University
Danny Hill	Secretary, Victorian Ambulance Union
Andrew Morrison	General Manager of Mobile Patient Care, Royal Flying Doctor Service (RFDS) Victoria
Rob McManus	General Manager – Transport Services, St John Ambulance Victoria
Witness 1	

5 June 2025

Davui Room, G1 & G2, East Melbourne, Victoria

Witness	Position and Organisation
Michael Stephenson	
Paul Holman	
Witness 1	
Witness 2	
Denise Anderson	
Christopher Baker	
Pierce Tyson	Senior Organiser Victoria, Ambulance Managers & Professionals Association (AMPA)
Ray Michelle	
Witness 3	
Michela Clarke	
Witness 4	
Witness 5	

Appendix B
Inquiry into Ambulance Victoria: Summary note of confidential hearing

On Wednesday 25 June 2025, the Legislative Council Legal and Social Issues Committee held a confidential hearing as part of its Inquiry into Ambulance Victoria. The Committee spoke to several witnesses with experience of working for Ambulance Victoria. This note is a high-level summary of the main issues and concerns raised by the witnesses the Committee spoke to that day. The names and identifying features of the witnesses have been removed and this document has been approved for publication by the witnesses.

B.1 Workload and working practices

Witnesses made the following points regarding work locations:

- Providing a service in rural areas can be complex because it was increasingly difficult to find paramedics and volunteers who want to work in those areas. For example, family commitments could be a barrier for some.
- 'Joining AV is a lottery, as once you are in it is almost impossible to get a transfer'; loopholes in AV's transfer policy enabled the organisation to avoid transferring crew on waiting lists to their preferred locations.

One witness was critical of paramedics being sent to mental health cases and argued that these cases should be a police issue.

It was suggested that the expectation on volunteer paramedics could be higher compared to volunteer roles with other emergency services, and that this could create a barrier to ensuring sustainable volunteer levels, particularly in areas outside of Melbourne.

B.1.1 Roster and on-call model

One witness argued that the original on-call model was not designed to have crews going out every night. However, one witness said that Ambulance Victoria was at a point where, 'due to workload, resourcing and community needs' this was happening. One witness argued there was a lack of data on:

- The length of the shifts worked by paramedics and volunteers.
- What breaks paramedics and volunteers get during, and between, shifts.

- What paramedics and volunteers are doing during their shifts. For example, there was a lack of real-time understanding regarding whether crews are ramped at hospitals.

One witness was critical of roster patterns and argued that the new end-of-shift management framework brought in by clause 51.1 of the Ambulance Victoria Enterprise Bargaining Agreement 2024 would not work because it failed to provide consistency during the crossover period of shifts. That witness recommended the introduction of an additional, shorter shift to ensure smoother crossover between the end of day shifts and the start of night shifts. For example, if a day shift ended and the night shift started at 5 pm, a crossover shift could operate between 3 pm and 7 pm. This could ensure that patients requiring care around 5 pm are covered without requiring day shift crews to work overtime. That witness argued that the introduction of a crossover shift could benefit paramedics seeking flexible work arrangements, such as those with caring responsibilities.

B.2 Triage and dispatch

Some witness expressed concerns with the triage system. One witness said: 'We have a triage system that is so painfully inaccurate that it would be funny if it were not killing people …'. That witness argued that due to poor triage accuracy, ambulance resources are almost continually being used to attend to non-emergency cases that are being misidentified as emergencies and many of these cases would be better referred to other healthcare providers. This prevented crews attending high acuity patients.

The following recommendations were put to the Committee regarding triage:

- Introduce some clinical oversight and flexibility (balanced with a high degree of caution) to the triage process. This could help eliminate obvious misdiagnosis and reduce unnecessary 'lights and sirens' responses.
- Address the three most common symptoms to be inaccurately coded: shortness of breath, altered conscious state and chest pain. If a patient could speak to the operator, and could do so lucidly, it would be likely that the first and second symptoms do not apply. It was acknowledged that chest pain could be more difficult to determine but greater involvement of clinicians in the diagnosis could be helpful.

In addition, one witness said that emergency ambulances were routinely used for non-emergency cases. They argued this was a result of the State not having enough non-emergency ambulance resources (especially in regional areas) and by local hospital urgent care centres 'who simply do not seem to want to wait a bit longer for the non-emergency ambulance' and therefore request transfers through the emergency system.

B.3 Workplace culture

One witness argued that Ambulance Victoria was held in high regard by the public but that the opposite view was held internally. Another witness observed that, compared with other organisations where they had worked, staff could be disrespectful to each other and that this attitude was normalised in the workplace.

One witness argued that 'if you step the wrong way, you look the wrong way, you come from the wrong background … or you happen to upset the wrong person, your career is ended' or their life could be made 'a living hell'. Another witness noted that mobbing – a form of workplace bullying – was very common in Ambulance Victoria. That witness observed it against a female in a senior role at Ambulance Victoria.

One witness observed that this negative culture at Ambulance Victoria, coupled with the fact Ambulance Victoria holds a monopoly over paramedicine in Victoria, could force people to practice interstate or overseas.

B.3.1 Inappropriate behaviour and inappropriate sexual behaviour

The Committee was told by several witnesses about cases involving inappropriate behaviour and inappropriate sexual behaviour in Ambulance Victoria:

- One witness spoke about how female paramedics were asked for sexual favours in return for a pass in their clinical education.
- The Committee was told about cases where a paramedic would have to bribe their MICA Clinical Instructor with a gift to pass their MICA training. The witness said this issue has been raised with the executive and the Professional Standards and Behaviours Department (PSBD) but that nothing had happened.
- One witness said they were aware of a paramedic that had multiple allegations of sexual assault against their name, but that person continued in their role because there was not enough evidence to support the allegations.
- One witness had personally experienced unwanted touching from other colleagues and noted that other colleagues had experienced sexual assaults.
- The Committee was told about a senior paramedic who had sexually assaulted junior staff under their management. That senior paramedic was later promoted.

One witness said that sexual and physical violence in Ambulance Victoria was 'very prevalent' and had been normalised in Ambulance Victoria. They said that 'there are not many females that I have spoken to that have not been accosted in their training'. The witness noted that male staff are subject to violence but observed that they are more often subjected to physical violence, threats and bullying than sexual violence. The witness added that there were no controls in place to protect people from such behaviour but for an online learning course about sexual abuse. Finally, the witness argued that options to work as a paramedic in Victoria are limited and some may fear that speaking out could risk their career.

B.3.2 Wellbeing of staff

One witness noted that paramedics were suffering from PTSD due to the traumatic cases they are involved in. In one case, the Committee was told that a paramedic had suicide ideation due to the stress and PTSD caused by their job.

The Committee was told that working conditions may cause some paramedics to shift from full-time contracts to casual contracts to, for example, avoid burn out. One witness argued that '... for most paramedics it is the organisation and the way [paramedics] are treated that cause burnout'.

One witness was concerned about the impact the roster and on-call model had on the wellbeing and safety of staff and volunteers due to fatigue. The case of Jim Avard was noted as an example of fatigue. One witness said poor fatigue management was caused by more than flawed rostering. They argued that fatigue was, in part, driven by staff who may feel a duty of care to the community to continue working or because of a financial incentive of double pay and a cultural acceptance of this practice. In addition, the witness argued that the model in rural locations was 'probably outdated, both for the needs of the paramedic and the community'. It was noted that WorkSafe Victoria had been involved and had issued Improvement Notices.

B.3.3 Examples of clinical negligance and internal mechanisms for raising complaints

Some witnesses made concerning allegations of negligent clinical patient care by paramedics. This includes an example of paramedics on clinical placements in hospitals practising anaesthetics on patients without a Department of Health clinical placement agreement.

Some witnesses had made formal reports to Ambulance Victoria about their colleagues' conduct in other instances of negligent clinical patient care, including a case in which a patient died, but argued that Ambulance Victoria had failed to investigate.

One witness argued there was a failure to adhere to policy and procedure, both from clinical staff and management. That witness also said there were cases where Ambulance Victoria had failed to report to Safer Care Victoria regarding deaths – contrary to mandatory reporting requirements imposed on health services in relation to sentinel events. They added that the covering up of cases is 'absolutely rife ... it goes on all the time'.

Some witnesses said it was they who received negative responses, including being victimised by management after submitting complaints, not the staff against whom they had submitted the complaints. In some cases, the staff members against whom allegations were made were not removed from duty. Some were even promoted.

One witness, who was bullied and harassed by other staff at Ambulance Victoria, said it was 'really disappointing' that, despite pursuing multiple grievance mechanisms, there was no change and that others had also experienced similar behaviour.

One witness said: 'The thing with Ambulance Victoria is, because they have grown their own, they are all friends and they all socialise, so they sweep things under the carpet if it is their friends'.

Professional Standards and Behaviours Department

Some witnesses were sceptical about the effectiveness of Ambulance Victoria's internal mechanisms to manage complaints, namely the PSBD. It was argued that the internal conduct review process lacked impartiality and independence. One witness said they were aware of friends of accused persons providing witness statements to either corroborate the accused persons' version of events or to undermine the character of the complainant.

It was argued that the PSBD was not working towards rectifying poor and negligent clinical care and the subsequent cover ups. Though one witness said they initially found the PSBD process to be supportive, their confidence in the system was undermined when, some months later, the staff member against whom a bullying claim was substantiated was promoted.

Though one witness recognised that the PSBD had the SpeakUp mechanism to allow staff to anonymously raise concerns, the witness argued that internal oversight:

> is like giving the fox the keys to the henhouse and saying, 'Don't eat the chickens.' You know, letting them do it themselves, they just do not appear to be able to manage it internally. We have got all the processes in place where you would expect sustained change to occur, and it just does not.

That witness and other witnesses argued that oversight should be conducted externally. One witness added that any external body should not be allowed to employ any current or former Ambulance Victoria employees.

B.4 Leadership

Some witnesses accepted that Ambulance Victoria is a clinical, emergency service. However, they also recognised that, at the senior level, Ambulance Victoria was a business and that other disciplines beyond paramedicine were required to ensure Ambulance Victoria operated efficiently and effectively. The witnesses therefore accepted that it might not be necessary for people with paramedicine backgrounds to fill every senior leadership or management role. In addition, it was noted that Ambulance Victoria did not have a Chief Financial Officer and that one should be appointed.

One witness said that an increase in people from non-paramedic backgrounds in leadership roles would be a 'really big culture change'. That witness noted that a

person who had not progressed up the ranks as a paramedic would need to work 'extra hard' to be accepted and respected. That witness also suggested that an education piece could encourage that culture change.

Finally, some witnesses spoke about the turnover within senior roles and argued that the number of people in 'acting' positions was 'a real problem'.

B.5 Service provision

Witnesses put to the Committee that:

- The Ambulance Victoria model and service provision model were outdated.
- Ambulance Victoria does not use evidence-based practice, nor does it look to international models of best practice.
- Ambulance Victoria's educational frameworks and guidance were ineffective.
- In some cases, guidance was ignored and potentially put patient safety at risk.

Witnesses argued that:

- More transparency and greater regulation were required.
- The powers in the Ambulance Act 1986 need to be reviewed and reformed.
- Standardised practice, good skills and safe outcomes for patients and the public were required.
- Ambulance Victoria should be decentralised.

B.6 Non-Emergency Patient Transport (NEPT)

One witness told the Committee that NEPT was 'being used to prop up' the provision of advanced life system by Ambulance Victoria. However, that witness expressed concern about the funding of NEPT services. They argued that NEPT providers were undercutting each other which was resulting in 'a race to the bottom line'.

B.7 Payroll

It was noted that frustration regarding outstanding payroll complaints is widespread across the Ambulance Victoria workforce. One witness argued that, despite a 'rapidly expanding bureaucracy', staff faced 'constant battles' regarding matters such as being paid correctly. The witness said that some staff can wait months, even years, to get a simple payroll issue resolved.

One witness argued that the main issue around payroll was an inefficient payroll system. Current procedures for claiming items like the Living Away from Home allowance or allowances for single crew ambulances are burdensome and require sign off, as opposed to being automatically applied via the rostering system.

B.8 Ramping

One witness argued that the primary reason for a lack of ambulances was hospital ramping. They argued ramping can worsen patient outcomes, increase staff burnout and de-skill staff. The witness argued that hiring more paramedics would not resolve ramping issues and added that:

> [Paramedics] are frustrated at being constantly treated like a bandaid to cover for the problems in the broader health system, such as ramping but also the lack of primary care, lack of palliative care and lack of mental health services.

B.9 Victorian Equal Opportunities and Human Rights Commission (VEOHRC)

One witness was critical of the lack of organisational change since the VEOHRC review into Ambulance Victoria:

> I am expecting our leaders to do what VEOHRC uncovered, to make the changes that VEOHRC said we needed to make. I am expecting them to stamp out this behaviour, to make change so that people are safe at work, and that is just not happening.

Another witness said that some in leadership roles had expressed the view that VEOHRC 'had gone away' and that Ambulance Victoria would go back to previous practices. It was argued that the culture of protectionism and nepotism evolved under the tenure of a previous CEO but is still going on despite the VEOHRC review.

B.10 Evidence to this inquiry

One witness said that Ambulance Victoria staff had circulated statements to staff reminding them that they could be held in violation of the public service code of conduct for making submissions to this inquiry.

Extract of proceedings

Extracts of proceedings Legislative Council Standing Order 23.20(5) requires the Committee to include in its report all divisions on a question relating to the adoption of the draft report. All Members have a deliberative vote. In the event of an equality of votes, the Chair also has a casting vote.

The Committee divided on the following questions during consideration of this report. Questions agreed to without division are not recorded in these extracts.

Committee Meeting – 12 September 2025

Mr Galea moved, that in Chapter 1 the following text be added:

'1993 – The Cranbourne branch of the Metropolitan Ambulance Service is privatised by the Kennett government. Crews were required to work 24-hour shifts and there was a significant deterioration of service provided to the community.'

The question was put.

The Committee divided.

Ayes 4	Noes 4
Michael Galea	Joe McCracken
Ryan Batchelor	Georgie Crozier
Rachel Payne	Renee Heath
Lee Tarlamis	Anasina Gray-Barberio

Question negatived with Chair's casting vote.

Mr Galea moved, that in Chapter 2 a new heading be inserted for Section 2.4: 'Behavioural culture'.

The question was put.

The Committee divided.

Ayes 4	Noes 4
Michael Galea	Joe McCracken
Ryan Batchelor	Georgie Crozier
Rachel Payne	Renee Heath
Lee Tarlamis	Anasina Gray-Barberio

Question negatived with Chair's casting vote.

Mr Galea moved, that in Chapter 2 the following Recommendation be deleted:

'That the Minister for Health consider the position of the entire board and senior leadership in Ambulance Victoria.'

The question was put.

The Committee divided.

Ayes 5	Noes 3
Michael Galea	Joe McCracken
Ryan Batchelor	Georgie Crozier
Anasina Gray-Barberio	Renee Heath
Rachel Payne	
Lee Tarlamis	

Question agreed to.

Mr Galea moved, that in Chapter 2 a new Finding be added:

'A new enterprise agreement came into effect in February 2025. The new agreement includes a number of reforms to end-of-shift management, the implementation of which has now begun.'

The question was put.

The Committee divided.

Ayes 4	Noes 4
Michael Galea	Joe McCracken
Ryan Batchelor	Georgie Crozier
Rachel Payne	Renee Heath
Lee Tarlamis	Anasina Gray-Barberio

Question negatived with Chair's casting vote.

Ms Crozier moved, that in Chapter 2 the following Finding be added:

'Current and former senior executives from Ambulance Victoria deliberately misled the Parliamentary inquiry and covered up evidence relating to the illegal gatherings that occurred through the COVID-19 Pandemic.'

The question was put.

The Committee divided.

Ayes 4	Noes 4
Joe McCracken	Michael Galea
Georgie Crozier	Ryan Batchelor
Anasina Gray-Barberio	Rachel Payne
Renee Heath	Lee Tarlamis

Question agreed with Chair's casting vote.

Ms Crozier moved, that in Chapter 2 the following Finding be added:

'Current and former senior executives and board members were complicit in the cover ups that have occurred following the illegal Guard of Honour that occurred during COVID when the strictest of restrictions were being applied and enforced to the Victorian community.'

The question was put.

The Committee divided.

Ayes 3	Noes 5
Joe McCracken	Michael Galea
Georgie Crozier	Ryan Batchelor
Renee Heath	Anasina Gray-Barberio
	Rachel Payne
	Lee Tarlamis

Question negatived.

Mr Galea moved, that in Chapter 3 the following Finding be added:

'Ambulance Victoria consistently meets its performance targets for high quality and safe care, including in the metrics of transport performance, cardiac survival and patient experience.'

The question was put.

The Committee divided.

Ayes 5	Noes 3
Michael Galea	Joe McCracken
Ryan Batchelor	Georgie Crozier
Anasina Gray-Barberio	Renee Heath
Rachel Payne	
Lee Tarlamis	

Question agreed to.

Mr Galea moved, that in Chapter 3 the following Finding be added:

'It is a growing service. At the moment I think about 550 cases are seen each day through the virtual emergency department. There has been some additional funding announced as part of this year's state budget, so $436.7 million has been announced over seven years, and the objective there is to build VVED. What we are aiming for is to have about 1,750 calls per day, because there is a lot more capacity across the state. Naomi Bromley, DH.'

The question was put.

The Committee divided.

Ayes 3	Noes 5
Ryan Batchelor	Joe McCracken
Michael Galea	Georgie Crozier
Lee Tarlamis	Anasina Gray-Barberio
	Renee Heath
	Rachel Payne

Question negatived.

Mr Galea moved, that in Chapter 3 the following text be added:

'Urgent Care Clinics also have a role to play in reducing demand on hospital emergency departments, which in turn assists in addressing ramping. The Department of Health has reported that, as of late 2024, more than 7,000 people a week attend an Urgent Care Clinic, and estimate that half of these patients would have otherwise attended an emergency department. There are 29 Urgent Care Clinics operating in Victoria, of which 17 are jointly funded by the Victorian and Commonwealth Governments. The remaining 12 are solely funded by the Victorian Government.'

The question was put.

The Committee divided.

Ayes 5	Noes 3
Michael Galea	Joe McCracken
Ryan Batchelor	Georgie Crozier
Anasina Gray-Barberio	Renee Heath
Rachel Payne	
Lee Tarlamis	

Question agreed to.

Mr Galea moved, that in Chapter 3 the following text be added:

'They are taking best practice for ambulance transfers at the ED interface and making that the minimum standard across Victoria. This system-wide effort is improving patient flow and reducing pressure on our busy EDs. Naomi Bromley, DH.'

The question was put.

The Committee divided.

Ayes 4	Noes 4
Michael Galea	Joe McCracken
Ryan Batchelor	Georgie Crozier
Rachel Payne	Anasina Gray-Barberio
Lee Tarlamis	Renee Heath

Question negatived with Chair's casting vote.

Mr Galea moved, that in Chapter 3 the following text be added:

'The Committee notes that the 2025/26 Victorian State Budget has allocated $58.4 million in additional funding over two years to address ramping. Furthermore, the Department of Health's Standards for Timely Ambulance and Emergency Care was implemented in February this year.'

The question was put.

The Committee divided.

Ayes 3	Noes 5
Ryan Batchelor	Joe McCracken
Michael Galea	Georgie Crozier
Lee Tarlamis	Anasina Gray-Barberio
	Renee Heath
	Rachel Payne

Question negatived.

Mr Galea moved, that in Chapter 3 the following Finding be added:

'The Victorian Government has announced $58.4 million in new output funding to address ramping in the 2025/26 State Budget.'

The question was put.

The Committee divided.

Ayes 3	Noes 5
Ryan Batchelor	Joe McCracken
Michael Galea	Georgie Crozier
Lee Tarlamis	Anasina Gray-Barberio
	Renee Heath
	Rachel Payne

Question negatived.

Mr Galea moved, that in Chapter 3 the following Finding be added:

'Take up of alternative care pathways for non-critical cases by 000 callers has increased from 7% of cases in 2015 to 17% in 2024.'

The question was put.

The Committee divided.

Ayes 3	Noes 5
Ryan Batchelor	Joe McCracken
Michael Galea	Georgie Crozier
Lee Tarlamis	Anasina Gray-Barberio
	Renee Heath
	Rachel Payne

Question negatived.

Mr Galea moved, that in Chapter 3 the following text be added:

'The Committee notes that the 2025/26 Victorian State Budget has allocated $84.2 million in additional funding to Ambulance Victoria over two years to improve access to ambulance services in regional Victoria. Four ambulance branches (Cobram, Korumburra, Mansfield and Yarrawonga) are to be upgraded to 24-hour operation, an additional four rural Peak Period Units will be resourced to manage periods of high demand and a temporary dual paramedic operation of 15 crews will be maintained.'

The question was put.

The Committee divided.

Ayes 3	Noes 5
Ryan Batchelor	Joe McCracken
Michael Galea	Georgie Crozier
Lee Tarlamis	Anasina Gray-Barberio
	Renee Heath
	Rachel Payne

Question negatived.

Mr Galea moved, that in Chapter 3 the following Finding be added:

'The Victorian Government has announced $84.2 million in additional output funding for rural and regional ambulance resourcing in the 2025/26 State Budget.'

The question was put.

The Committee divided.

Ayes 3	Noes 5
Ryan Batchelor	Joe McCracken
Michael Galea	Georgie Crozier
Lee Tarlamis	Anasina Gray-Barberio
	Renee Heath
	Rachel Payne

Question negatived.

Minority report

Inquiry into Ambulance Victoria

Government members additional comments

October 2025

Victorians rely on the paramedics at Ambulance Victoria in times of their most acute and pressing needs. Our paramedics are among the most dedicated and hard-working servants of the Victorian community, who deserve our support and respect for their life saving work.

The Government members of the Committee wish to clearly state our support for the work paramedics do every day, and do not want the critiques of the organisational practices and historical issues at Ambulance Victoria made in this report to in any way detract from or undermine our collective support for our paramedics and the work they do.

Improving the organisational culture at Ambulance Victoria

The evidence presented to this inquiry was often stark in highlighting the problems within Ambulance Victoria as an organisation. The evidence we heard was often raw and heartfelt. We thank all witnesses who bravely gave evidence about their experiences in the organisation.

The Victorian Equal Opportunity and Human Rights Commission's independent review of Ambulance Victoria in 2021 highlighted serious issues with of discrimination, sexual harassment, victimisation, and bullying in the organisation. Between the release of the initial reports and the end of 2024, there were 25 updates before finalising the progress evaluation audit in early 2025.

The efforts of those leaders in Ambulance Victoria who are driving organisational change must be acknowledged and supported. Progress is being made. Their drive for improvement should not be diminished or derailed by the tone in some sections of the majority report of this inquiry.

The majority report of this inquiry chose to use language in certain findings about the current state of Ambulance Victoria that some who are working in the organisation may feel undermining or demoralising. This Committee's report is not intended to cast a shadow on the good work of many, but rather to shine a spotlight on the failings of a few.

Instability in the leadership of Ambulance Victoria has also been a serious issue in recent years that has hampered efforts to address the issues. The commencement of a new Chief Executive Officer on 30 June 2025, and the appointment of a new Chair of the Board of Ambulance Victoria from 1 July 2025 represent an important opportunity for a refresh and a recommitment to improving Ambulance Victoria's future trajectory.

Serving paramedics have good cause to be more optimistic about the future. And those seeking to serve our community by becoming a paramedic in the future should not be deterred by this report. There is a vast store of goodwill for the work of Victoria's paramedics, and a determination by the Victorian Government to continue to drive improvements in our state's ambulance service.

Investing in improving the future of Ambulance Victoria

The Committee's majority report also fails to adequately acknowledge the additional resourcing and support that is being provided to address the issues facing Ambulance Victoria through the new enterprise bargaining agreement and investments made in the recent State Budget. As seen in the extract of proceedings, a majority of the Committee did not support the inclusion of certain information relevant to improving Ambulance Victoria's organisation and service delivery.

The new enterprise agreement, which came into effect in February this year, marks a notable step forward in working conditions for paramedics, and warrants further prominence than it has been lent by the majority report. Specifically, the changes to end-of-shift management practices which seek to limit unplanned overtime are a significant reform aimed at supporting the workforce.

The system allows paramedics to mark which shifts they do not wish to work overtime on, with early data from Ambulance Victoria showing that these requests are honoured to within an hour 89% of the time. The implementation of these measures is still underway, and the Government members encourage

Ambulance Victoria to keep its employees and their unions regularly updated on the implementation and the results of them.

The 2025/26 State Budget included two new output initiatives specifically targeting ambulance services. It has allocated $58.4 million over two years to improve ambulance offloading at hospitals, by providing additional beds and short stay units in hospitals.

It has also allocated $84.2 over two years to expand ambulance resources in regional Victoria, with the rollout of four Rural Peak Period Units, the ongoing operation of 15 dual paramedic crews upgraded from single response units, and the conversion of the Cobram, Korumburra, Mansfield and Yarrawonga ambulance branches to 24-hour operation.

The inclusion of such information would not detract in any way from the issues identified in the report, however the failure to include it denies valuable context from the report and undermines its authority.

The operational performance of Ambulance Victoria sits within a broader health system that has been witnessing extraordinary increases in demand, and with that come additional pressures that need to be addressed. The Victorian Government has been making significant investments in our health and hospital system, in addition to additional support for paramedics, that should help to improve the performance of the system. These should be acknowledged in this report.

These measures include the Victorian Virtual Emergency Department and Urgent Care Clinics, of which the Committee received evidence about during the inquiry.

The efforts and investments from the Victorian Government could be better supported with additional investment by the Commonwealth Government in urgent primary care supports, and with additional funding for public hospitals. Whilst we welcome recent primary healthcare investments made by the Commonwealth, equal funding support for all 29 of Victoria's Urgent Care Clinics would be a welcome further investment.

Evidence about the 2021 guards of honour

The Committee heard evidence and made findings about the 2021 guards of honour that were held for paramedics who died during the COVID-19 pandemic. These gatherings were held in breach of public health orders in force at the time.

Under initial questioning, two senior Ambulance Victoria employees denied knowledge of the gatherings until they were reported publicly. Upon subsequent review, the incoming CEO – who was not present at the initial hearings – discovered email correspondence that showed these two senior officers were

sent emails that would have made them aware of these events earlier than they told the committee. The officials were recalled to explain their evidence, and subsequently further documents were provided to the Committee by the new CEO.

Witnesses to parliamentary committees should give honest evidence, and it is very disappointing that evidence on such a contentious issue from 2021 needed to be corrected. The parliament must take seriously any instances of knowingly false or misleading evidence being provided to a committee.

However, the willingness of the incoming CEO to make sure that the record was corrected should be commended. Mr Emery told the committee on 29 August 2025:

> *I recognise as an organisation that we have a significant amount of work to do to improve our culture, governance and, perhaps most importantly, restore the trust in our organisation of the Victorian community, noting that paramedics and indeed many other healthcare professionals enjoy enormous trust, and I think that is rightly held. It is why I am so committed to honesty and transparency. It underscored my decision to make the correction to this inquiry on 13 August[.]*

The events surrounding the 2021 guard of honour have previously been referred by Ambulance Victoria to the Independent Broad-Based Anti-Corruption Commission (IBAC) for investigation. The committee – by majority – decided as part of this inquiry to refer these matters to the Victorian Ombudsman using the powers in section 16 of the Ombudsman Act 1973. The Ombudsman is obliged by section 16 to investigate a referral by a parliamentary committee in this manner.

Government members are of the view that these are matters better dealt with by IBAC, rather than the Ombudsman using a section 16 referral.

Concluding remarks

The Government members again wish to thank our paramedics for their hard work and dedication to serving Victorians. We are committed to ongoing support to improve workplace culture and practices within Ambulance Victoria, to further enable the emergency medicine system to support the healthcare needs of all Victorians.

Michael Galea MLC

Ryan Batchelor MLC

Lee Tarlamis MLC