

Submission
No 177

**THE MANAGEMENT AND OPERATIONS OF THE NSW
AMBULANCE SERVICE**

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Partially Confidential

Submission

Inquiry into Management and Operations of the Ambulance Service New South Wales.

My name is _____ and I am a former employee of the Ambulance Service of New South Wales. I would ask that my name be removed from this submission if published. Although I am out of the service the tentacles reach far and wide and still cause me reasons to be wary.

My employ with the Service was brief however the Impact on my life was devastating and will be with me for the rest of my life.

I commenced a 12 week induction at Rozelle in _____ and realised quite soon into those 12 weeks that there was a boy's club culture within the service, particularly within the ranking officers that constituted senior management.

I became aware of an assumption that one needed to go through some sort of initiation prior to being recognised as capable and or accepted within the fold. Regardless of your age or past life experiences, unless you had proved yourself to be able to mix with the right people the 'in the know' clique; you were not to be trusted or afforded any undue respect.

This extended to general courtesy as well – if there was a level 5 or rescue course in at Rozelle at the same time – don't dare expect to get in front of them in the cafeteria line or share a large lunch table with them. You were a junior staff member and should be treated as such (even though you may be 20 years older)

There was no attempt made by any instructor or management staff to curb this or explain it, they would join in. Often you would overhear senior staff and instructors having a dig at the 'probies' (those on probation) and making fun of them audibly. It may be about a person's aptitude but usually about their size, posture, hair do, ethnicity or background, attitude etc.

There was a requirement to have your MR driver's licence prior to commencing level 1 training. Our driving instruction consisted of a brief run around a back street in Rozelle in a very old no longer in operation F100, from memory focusing on how to park near the kerb! There was one other day where we were split up (there were approx. 50 in our class) and we drove to the Hawkesbury station in a mini bus!

No person qualified to assess driving skills was present on either day. I had already produced my MR license and historical data on my RTA driving history so why was I needing to be assessed again by unqualified persons? I found this laughable and still do.

At the conclusion of the 12 weeks we were assigned to a station for a 10 or 12 week period (a roster). There is no introduction or assistance given to you as to whom to report to or how to approach your first day, what to expect – its again part of that initiation. Weeding out the tough from the weak. I didn't expect to have my hand held, but even some brief notes would have been helpful. I decided to go to my allocated station the day or so before to try and meet some people. Hard to do though when they may be out for the entire shift for 3 days running. You realise early that you are in every sense of the words – on your own.

Probies are assigned to a senior officer – a joke in itself. That senior officer may well have just come out of their own probationary period. They have no teaching or training qualifications and from my experience all but one actually wanted to be placed in that situation. They didn't want to be training someone else when they felt they were still learning themselves. It's too much pressure and responsibility and in my opinion is a large factor contributing to the low morale within the service.

Station officers may tell you that each officer was given a say in the matter as to whether a probie was assigned to you or not – but that's not really a true reflection of what happens. The norm would be something along the lines of take the probie or I'll swap your line or put you single for the roster or put you with that idiot who is clinically dangerous and the reason why nobody wants to work with them.

They don't want you – and you don't learn. Hardly conducive to a healthy working environment and one where you are achieving the objectives of learning as much as you can and putting the theoretical learning into practice.

I also experienced quite a lot of resistance being one of the 12 week probies. This seemed to threaten other officers. They were displeased that we were being taught to a clinical level that they thought was too advanced for level 1 officers and that we should have to do it tough like they did – I think the threat was that we may know more than they did and show them up and that was taboo.

I understand that the classes are no longer 12 weeks. I would question if this was because the service can't afford to wait that long for new officers. It seems to me that they are advertising far more frequently for new staff now – I would hate to think that Rozelle has turned into a sausage factory to fill lines on rosters and satisfy the Minister. These are people's lives we are dealing with not a call centre. Clearly – the more knowledge you have as to how the body works and why certain drugs do certain things – is a benefit to those who place their trust in your hands. What are the objectives of training new officers?

station was particularly noticeable as far as the boys club goes. This station experienced what is termed 'good trauma' It was a busy station and got really good work. The officers were for the most part experienced and loved what they did. The officer assigned to most probationers was nothing short of an egotistical bully and loved being assigned a new probie. She loved the power it brought and loved that the station officer was the recruitment officer and before the person was assigned the personality had already been assessed and targeted. I have to add that these two people were of the same sexual persuasion and that club is far thicker than the boys club – you will never ever break those ranks. We would leave jobs to go and visit or drop off whatever was needed to that station officer if she was not on duty. One night the station officer's daughter was in an ED waiting room – we turned up in full uniform to 'pressure' triage. Just a little perk of the club and the job.

I was yelled at, faces pulled at me if I made a mistake and told that I should just shut up and do what I was told and watch otherwise what I put on your report will stay with you for the rest of your career – so do what I say and we won't have a problem. There is nowhere to go when faced with this kind of attitude – you are told by other members of staff that there really is no escaping this – if you go to the station officer – you will be the laughing joke the next morning on the whole station as those two will catch up for dinner and work out how they are going to 'sort you out'. You can't learn when you are scared to even try.

Some jobs required level 5 attendance in addition to the primary care response. There are two that stick in my mind.

At the end of one job a very senior level 5 officer came to me while I was filling out my paperwork and complimented me on my CPR technique. He was surprised at the output generated and said that he had never seen a person's CPR generate the rhythm I managed to. The training officer said to me – well that's great he does not give out compliments often – but there is so much more you need to do don't think that will get you though. – just had to put you down.

Another job with the same crew – I asked the very large, strong, male senior officer to help me carry a person and take the heavy end being the head and shoulders– he did this no questions asked. Then – when we got back to the station I was yelled at and reprimanded by the training officer for even asking him – 'don't you ever do that again – you are the trainee you do the hard jobs until you reach that level – don't ever do that again its not the done thing – he has already done his time this is your turn to do the hard staff. We would all be working as a team for the good of the patient I assumed. In addition we were told at Rozelle that it's quite acceptable to use bystanders to help you in a lift – why can't another big burly male who knows how to lift give you a hand?

Clearly this is just a power / ego type of rant. If the patient is needing treatment and can't walk – why can't another officer knows how to lift give you a hand?

If your night shift ran over time for example and left you standing on the station with 8 hours till your next start time, and an hour each way driving to your bed – there was no way in hell you would contemplate arriving late for your shift so you could get more than 5 hours sleep before you did it all again. Co-ord know when you finish and when you are due to start again – they know there is no way you could possibly get the rest your body needs in the time given, but who cares – it fills the line on the roster and keeps the numbers and response times looking good for that area manager – so get on with it and stop causing problems. And if you kill someone on the next shift you better have a good reason and write a good report !

The station officers and District Officers accept that this method of training is appropriate, beneficial, and wouldn't dream of questioning the methods or reasons. It's a Military like initiation and you will go through it and make it or you will leave – they really don't care.

I was injured on a job. I was made to do something that I didn't want to do and I am now paying for it for the rest of my life. My injuries have now multiplied and will continue to deteriorate for the rest of my life.

When it first happened I was contacted by the service and told that GIO would be in contact with me and would look after me. At this time I really didn't think about professional executives within the service having the same attitudes as the on road staff in relation to junior officers and people that just couldn't cut it – as I found out this is how I was seen. Oh well another one bites the dust so to speak – however – I didn't want to go away I wanted to recover and return to the road. I liked the work. This caused a nuisance to the service that they tried very hard to do away with.

I had various people from various agencies calling me all giving me different advice and information contrary to what my Doctor was telling me and recommending for me. The Service told me that an external specialist (case worker) would be contacting me and work together with my Doctor to get me back on track.

The service clearly has an aim when dealing with injured workers – get rid of them or get them back on the road as quickly as possible. If my Doctor wrote that I need treatment for another 4 weeks – I was harassed as to the reasons why and questioned if I thought that was really needed. I would get calls at home any time of the day and probed as to the exact conversation between myself and my doctor and asked if I thought that my Dr was really up to speed with it all – why don't you see one of the GIO Dr's they are used to dealing with these cases etc. That first 6 months was constantly trying to get me to abandon the Dr I had used for years and follow the lead of their Dr who no doubt was primed as to how the Service wanted things to work.

When I was ready to come back to work on light duties I was assigned a co-ordinator with some fancy title that I can't remember now who operated out of Rozelle and worked under – I forget the title held but it was of some sort.

This co-ordinator clearly had a heart and actually knew her job. She was quickly taken off my case. I think they worked out that I wasn't going to be a door mat and just do what ever they wanted - I was interested in getting better and returning to work - but I knew that if that was done too quickly the chances of re-injuring myself were very high and I would be in even deeper water.

I was then assigned another co-ordinator from _____ - I'll never forget that woman's name - I never met her thankfully. I was ready for light duties and there were a few options that I had been talk about but _____ assured me there was nothing - there was a clerical position an hour and a half drive away though.... Clearly that was not going to be suitable - so nothing - It was clear that they were trying to make things very difficult for me and teach me a lesson. One conversation _____ actually said to me - 'you don't really get a say in this remember that.'

I found my own work - I made calls and visited people. I organised everything and then told that I had 'heard' there was a position available that would suit me well. She was livid that I had gone behind her back and found something when she kept telling me that there was absolutely nothing if I didn't take the one and a half hour drive away position. The position she was favouring was either difficult to fill or she wanted to prove to someone that if I could drive that far then my injury could not possibly be as bad as the paper work and MRI's were saying.

I had covered all my bases though and she couldn't come up with any valid excuses as to why I couldn't start working in the light duties position I had found for myself. That's when the daily phone calls started about 'how much do you weigh' 'are you still able to manage sex' etc - totally unacceptable questions from a non-medical member of staff over the phone at my place of work within earshot of others.

I felt very pressured by the Service to ask my Doctor to up my hours - he resisted but I insisted. I did this all to appease the service - I was not quite aware of it at the time but the harassment brought on depression, exacerbating the whole situation. I have no doubt in my mind and neither did all of the professionals at the time and since - that the injury did not cause my depression the AGNSW treatment of me did.

It was a very long hard road full of victimisation, bullying, harassment and intimidation by the senior management of the service that was not going to stop until they had got rid of me. At one point I could sense that the differences in what was said in meetings with the various co-ordinators and senior management were so totally different from the information being filled out in my reports, that there was clear collusion and planning going on behind the scenes. At one point that there was in my mind no other option but to tape the meetings. I informed my (third) co-ordinator that these were my feelings and checked that this would be OK. She agreed and said that she would bring in the tape recorder.

Conveniently on the meeting day she called and informed me that she had forgotten the tape recorder. I explained that was no problem as I had brought my own as a back up. She was enraged. The meeting took place and was very abrupt and all parties bar me were being clearly cautious. At the end of the meeting the Ambulance Service Management officer - got up and took the tape from the tape recorder and informed me that I was not allowed to have it. It was my tape and my recorder and I had cleared it with all parties before hand to tape the meeting - but no go. This is the type of behaviour senior management carry on with. Appalling yes - but what the hell were they so scared about and so determined to hide?

I received a call from the co-ordinator at one point telling me that the external rehab consultant had decided that she would attend my next Doctors appointment with me - they were clearly thinking that they needed to be there to make sure I was above board - So many X-Rays and MRI's clearly showed the damage - but that was not good enough. The

external consultant arrived in the surgery waiting room and bombarded me in front of 15 other people and informed me that she has been informed by the Ambulance Service that there are no more chances for me you can't extend this situation anymore and I have been told to recommend to the Service that they release you from employment and you will have to work this all out yourself.

I was gutted, by the time the Doctor was ready to see me I was in tears and unable to speak – My doctor realised what was going on and ordered the 'external consultant' to leave the room. This woman's words were that she had been instructed by the service – meaning

In the midst of all this I had DO's calling me threatening me with further Legal Action unless I returned all of my uniforms immediately. I understood from that point that I was going to be terminated no matter what. They did not want to contemplate my returning to work – they had broken me.

After I commenced legal proceedings the Service sent me to a rehab specialist in Baulkham Hills. The specialist spent 4 hours with me, concluding at the end "I can clearly see that you have had to fight for absolutely everything here and have not got an ounce of support from the service" "I am going to recommend to the service that you be given the assistance you require rather than pursuing this wild goose chase" Funny how that submission was never allowed in my court case. I won and I have moved on with my life but it has taken the best part of ten years.

In my efforts to put the past behind me I have managed to forget many of the bloody details. I have simply wiped them from my mind.

I was not aware that this inquiry was happening until informed by another former officer who now resides overseas. I realise this submission is being submitted after the published closing date. However, I ask the committee to consider the contents regardless. There are so many former officers who could give you an insight into how the service perpetuates their make or break attitude rather than the guide and develop for the good of all concerned attitude.

I was not counted as an officer who tendered their resignation. I found myself another public service position and so was included in a transferred staff count. When Mr Roachford submits his evidence as to the numbers of officers who resign – I would say that people like myself are not counted in those figures. If there were only 5% of officers resigning annually why do they need to employ a figure much higher than that?

I disagree with Ambulance Officers being promoted into management positions without the appropriate qualifications being attained. The jobs are secured on faith rather than on merit. Anyone can promote themselves at an interview but can you perform the work expected without previous experience or qualification – well in the service you can but in the real world – probably not.

The fish starts smelling at the head. The Service is mismanaged and out of control. The work performed by the officers is very specialised and a testament to the individual characters who turn up for work each and every day. They want to make a difference in the world and help people and seem to believe that they are going to be able to ignore the inconsistencies and the failures of the management making the rules. Most realise far too late that this is an ambitious dream and soon they too will realise that the machine always wins.