

Submission
No 93

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

Name: Suppressed
Date received: 25/06/2008

Partially Confidential

Contents

Introduction.....Page 1

Paramedic levels.....Page
1

Career Progression.....Page
6

On-Call.....Page 8

Relief Staff.....Page
10

Funding.....Page
11

Conclusion.....Page
12

Committee members,

My name is [REDACTED] I am a fully practicing qualified paramedic in rural New South Wales. I have worked in both metropolitan and rural locations for the ambulance service over the past 2 and half years and like many Paramedics love my job, but concede that there are a lot of changes that need to be made within the service to improve staff recruitment, retention, career progression and most importantly patient care. I do not pretend to know it all, or to even have the answers. As stated above I have only been in the service for a short time. But what I can tell you is that I have seen a decline in Paramedic morale since I started this job and I am very concerned about that. Admittedly, I have also been somewhat disappointed in the Ambulance service, in what it offers and how it treats its employees.

Throughout my submission there are a number of points I will be raising in relation to staff training, career progression, OH&S and the effect the ambulance service has on our lives.

As Paramedics our levels are: -

1. Initial training period (Level 1) - conducted mainly at headquarters in Sydney, involving 8 weeks of instruction to people who may or may not have medical experience/knowledge. Minimum requirement is a senior first aid certificate. This training consists of Service familiarisation i.e. code of conduct, OH&S, risk management, privacy legislation; followed by various anatomy and physiology lectures, practical sessions and assessments on skills, written exams and scenarios. Following successful completion graduates are Level 1 trainee paramedics. They are

under the supervision of 1 officer (level 2 or 3P1 normally) for up to 12 months. These officers responsible for the trainee are given no specific education on how to train new paramedics, no extra allowances or any other compensation for the extra added responsibility of looking after a trainee. It is a huge responsibility, one that is more often than not forced onto paramedics. Why? The official/unofficial reason behind it all is the increasing attrition rate of experienced officers + increasing demands on ambulance service resources → increase in recruiting, larger class sizes to pump out more trainees leading to fewer qualified officers to take on trainees. Particularly in Sydney, Wollongong, Newcastle and the Central Coast where the majority of trainees do their initial on-road practicum (up to 12 months). Often, trainees are partnered with level 2 officers (explained below) who are themselves not qualified paramedics and are expected to take full responsibility for a trainee and make important, unsupported decisions in high pressure, high risk situations. This is completely unacceptable; it jeopardises patient care and places unreasonable pressure and stress on paramedics.

Prior to returning to Rozelle for In-Service 1, officers are expected to have completed their own study and complete distance education modules provided by the ambulance service, however outdated they are. This is often done (or not) in their own time. As you can expect metropolitan Paramedics are busy. There is rarely any down time and the expectation of self education while in work time is unrealistic (no allocated study leave). The ambulance service expects or rather counts on the dedication of paramedics to their jobs. We do a lot of study and extracurricular activities in our own time to keep up to date knowledge and skills wise to ensure patients receive good care.

2. In-Service 1 (Level 2) – After the on-road practicum period trainees return to the education centre in Rozelle to complete 3 weeks training for advancement to level 2. This involves building upon skills learnt during the last training period and on road as well as the introduction of new skills and pharmacology's. Practical and theoretical exams complete this training; successful officers advance to level 2. This is followed by a further 18-24 months on road experience where you are not yet a qualified paramedic; a time to build upon skills learnt, gaining experience from every job and from your peers. But as explained above officers are frequently having trainees forced upon them when they themselves are new to the demanding paramedic role.

Advancement to level 2 also comes with it an expectation from the ambulance service that you will go wherever they want to send you, regardless of your wishes. During the recruitment phase all candidates are 'encouraged' to sign a form that says you will agree to work anywhere in the state. This all sounds ok when you really want to become a Paramedic, for many acceptance into this job is a dream come true; you will sign anything to secure employment. The time between signing this form and when the Ambulance Service sends you a letter informing you of your permanent posting out 'whoop whoop' could be up to 2 years. A lot changes in a person's life in that length of time. So the expectation of uprooting paramedics and often whole families can be a very traumatic experience. Fortunately for me I cannot comment on the difficulties but I can empathise with many officers and friends who have gone through difficult times (and continue to do so) because of ambulance service demands on their lives.

I'm not sure how familiar committee members are with some of the towns that have ambulance stations. There are many. Some towns are larger than others,

but one station I have experience at is in a town called Ardlethan (approx. 120kms north of Wagga Wagga), this station is notorious for being what we call a 'revolving door station' i.e. as soon as a paramedic gets their posting they either apply to leave or resign. Here are some of the reasons why: The station is atrocious; 2 small rooms in a run down medical clinic; no suitable accommodation for officers to live in; very few facilities for educational or social opportunities (not family friendly). The town has a population of approx. 400 people; workload is very low approx 20 cases per month. So work-wise job satisfaction and motivation decreases, skills become rusty; essentially there are very few opportunities in towns like these!

with half a dozen or so other paramedics from surrounding stations to fill the gaps in the roster until they can force other officers out there and then the cycle starts all over again.

During this time of often 'forced exile' paramedics can apply for positions that are advertised on a fortnightly basis at stations that have vacancies. Successful applicants are chosen by completing a 4-6 page application addressing selection criteria plus an interview conducted over the phone with 3 panel members; 2 ambulance employee's and 1 independent. A criminal records check is also conducted as well as a referee and sick leave check. I believe this process discriminates against people who have taken more than 6 sick days in a year. This is unacceptable; we are surrounded day in and day out by SICK people.

This application process is often more competitive than actually getting into the ambulance service.

All recruitment for the ambulance service is conducted in Sydney, there is no local recruiting centres in the country, limited external advertising (bar the website) so not surprisingly the majority of people that apply to work in the ambulance

service are from metropolitan areas. This is where one of the main problems of recruiting and retention lies; by not recruiting state wide the ambulance service sets themselves up for the situation they find themselves in today i.e. majority of paramedics wanting to work metro. And understandably this is where their life is, their family, friends, social life and expecting officers to give this up is unrealistic and unsustainable. As a result you have officers frequently changing stations which is incredibly expensive for the service, leaves gaps at many stations that are poorly staffed to begin with and most importantly this whole moving thing breaks up families and relationships; it creates unnecessary stress for officers in an already stressful profession.

For the record not all paramedics are forced to work in the country. I am one of the minorities who is more than happy to work in a rural environment because I have country ties.

3. In-Service 2 – Following successful completion of level 2 another 3 week training course is scheduled involving more education and expansion of skills. This in-service involves quite a large step-up from the paramedic practice involved in the prior 2 levels. Successful completion of this course elevates you to 3P1 level – Qualified Paramedic; you receive the ambulance service diploma (no external recognition) and this is about as far as most officer's get.

Career Progression – Essentially non-existent.

There are not many avenues for paramedics to pursue either in or outside of the 'on-road' stream. The ambulance service does not support external education,

any scholarships or incentives. Would it not be in their best interests to provide opportunities for staff? For example paramedic education is an important part of the ambulance service should paramedics not be supported to gain teaching qualifications at a university if they want to later change over to the educational side of the service and teach other paramedics? I almost think it should be mandatory because some of those paramedics 'teaching' us do a shocking job. The education section at Rozelle has been known as the resting place for burnt out officers who don't want to work on road anymore. I believe that this is generally not the case anymore, with the exception of a few 'educators' who have been there for many years. Like paramedics, teaching is a passion and those officers who want to pursue this should be supported and given every opportunity to do so; to gain the necessary qualifications for the vitally important role of educating current and future paramedics who are in turn responsible for the lives of the general public.

As mentioned above once the qualified level is reached, further education and job opportunities kind of dry up. The next and final clinical level 'available' to officers is Intensive Care paramedic. But to reach this level you have to live and work in the metro areas, as courses are not open to country officers. This in itself seems backward. In country areas you often have patients in your care for longer periods of time, and when you finally get to a hospital there may not be a doctor there to receive your patient. There is limited back-up available i.e. other officers may be hours away, some areas are not serviced by medical retrieval helicopters because of the distance, or the medical retrieval plane may not be able to assist so it is not unheard of for officers to have seriously ill patients in their care with no assistance. Should all paramedics not be able to be the best they can be in order to benefit patients? Every paramedic should have the opportunity to advance to the highest clinical level in the ambulance service if he/she has the ability to do so.

There are a few stations out there in the country where the MOL (minimum operating level) is 1 paramedic i.e. a single officer rostered to cover that town. Here is a personal example of my experience working in Ardlethan, it was my first day in the town, completely unfamiliar with the area and I was rostered single on-call (explained below) a job came in for a patient on a property 40km's out of town so I drove out to the property and treated my patient on scene and waited 1 and a half hours for another paramedic to arrive. There was no radio communication, no phone coverage I was out of range and not contactable for that entire length of time. Thankfully I was safe and my patient did not have life threatening injuries.

The above example is not an isolated incident it has happened to every single relief officer I know that has worked at Ardlethan. What makes this even more concerning is that there is no other available assistance in the town i.e. no Fire Brigade, no SES, no Rural fire Brigade, no VRA and most importantly rarely a police officer in town. The local police officer works out of Temora and is sometimes in Ardlethan at night. The closest assistance is 70km away. I'm not sure about other NSW towns but again I'm sure that my Ardlethan example is not an isolated one.

I feel it is purely luck on the ambulance services part (not to mention skilled paramedics) that many patient deaths have not occurred as a direct result of inadequate officer training, poor staffing levels and not equipping paramedics with the most advanced skills, equipment and pharmacology's available.

More needs to be done in providing Paramedics with future job opportunities. I believe that by doing this the service will retain more officers. But more importantly the problem of officer retention needs to be addressed at the very beginning. In recruitment. There needs to be more done in getting people from the country to apply for the ambulance service, these potential country applicants need to be

supported throughout the entire process. They need to be guaranteed a job at the rural centre of their choice (their home town) following initial training and the first on road practicum. By this I mean the placement for Paramedics needs to change. For example, expecting a person to commit to 12 months in the city of Sydney and leave behind the family in Bourke is not realistic. A better solution would be for the paramedic to attend initial training in Rozelle for 2 months followed by completing the on road practicum period in Dubbo to gain experience at a busier station. Following successful completion of level 1 the paramedic should then be placed at their home town of Bourke. This would solve a lot of staffing problems.

On-Call - Is a requirement for all paramedics at country stations and involves paramedics taking an ambulance home following completion of their rostered shift and making themselves 'available' for when an emergency call comes in. This comes about because most country stations do not have night shifts because of the decreased workload. Time spent on call varies depending on your stations roster, but for ease of understanding I will use the example of a commonly used roster at a 3 person station. Paramedic's work 7 days have 2 off then back on for 7 more followed by 5 days off, working hours are typically 0800 - 1600. Paramedics are on call every night (1600 - 0800) of their days on except on the 7th day; that equates to 24hrs a day for 7 days straight. As you would expect this can lead to serious sleep deprivation and fatigue issues if officers are frequently called throughout the night. Being a station of only 3 officers, with 1 officer being on days off and 2 on duty, there is not much room for error i.e. anybody off sick, on annual leave, out of town on a case and the town can be left uncovered. Back-up depends on where the town is located, 70km in the case of Ardlethan. These shortfalls in the roster are covered by relief staff (explained below), overtime, or towns are simply left short and inadequately covered.

In the country on-call eats into your time with family and friends, officers can never plan anything for certain and if it was an occasional requirement then you would put up with it; but for many it is up to 20 nights in a 28 day period, month in month out. On-call is a standard requirement, non negotiable. This means that you have to be careful or take the risk of being interrupted if you decide to have people over for dinner, going out for a meal, a movie or even joining a sporting team. Murphy's Law is frequently applied to us Paramedics i.e. if you have something planned you'll be called out on a job. It may last 10 mins or 6 hours, you just never know. Another issue is that officers receive an on-call allowance of \$60 per week, worked out on the above requirements for officers at 3 person stations that equates to approx. 75 cents per hour while on call.

In essence, the ambulance service owns us. They have the power to decide what town we live in, how close your house has to be to respond to emergency calls, you cannot plan anything for certain in your life. Will I be home on time? Not sure, I might have to do a 5 hr return trip to wagga to transport a patient 5 mins before my 12 hr shift has finished. I can be contacted and asked anytime of the day or night to respond to an emergency call. Here is a personal example of fatigued officers being pushed past the safe limit.

How is that safe? Why on earth am I being contacted? I can tell you it was not a trip that required an immediate response either. The service takes advantage of the good natured dedication we have to our job, to the patients we care about with little regard to the impact this has on our health and families.

There is no set 'fatigue policy' in place for officers who don't get adequate sleep. There is nothing in writing that says if you don't get a set amount of uninterrupted down time then you should not come into work until you do. So again the ambulance service takes advantage of paramedics' heartfelt dutiful obligation to come to work and perform what can be lifesaving tasks when profoundly fatigued. Everyone from time to time puts up with a bit of sleep deprivation but for country officers this is ongoing, a career of interrupted sleep and unrealistic demands.

Relief staff – Designated paramedics required to work at other ambulance stations when requested by the ambulance service. At my station _____ there are _____ officer _____ of those are relief staff, myself included. We are required to work at _____ when staff shortages demand it. At present relief demands outnumber available relief staff. Since taking up my position here in _____ I have spent more nights away from home than in it, with more days worked at other stations than my permanent posting at _____. At any one time we spend up to 5 days and nights a week away working at short staffed stations. This is not conducive to having a life. I have presently put on hold any hope of getting involved in my new community. I cannot join a sporting team, own a dog, make friends through socialising and maintaining relationships has quite frankly been difficult. I imagine if I had a partner and children (like many paramedics) that the difficulties in juggling work and home life demands would be huge.

This relief gig is not always temporary either. For me this frequent interruption in my life is expected to be ongoing for many years. As promotion to the 'main line' roster (where officers do not go on relief), is dependent on staff movements i.e. resignations, retirements, changing stations etc. [redacted] is a stable station with a low attrition rate hence the expectation of a minimum 3 years on the relief line should I decide to remain in this town.

So for relief officers the problems are compounded. Not only do you have the interruption of on-call but you have to deal with being sent to unfamiliar towns, staying in motels and living an unglamorous nomadic lifestyle; all negatively impacting on your ability to achieve a sustainable work/life balance.

Funding - I know nothing about the financial side of the ambulance service. But as we all know health care is a bottomless pit. I believe the ambulance service needs more funding; it should not be under the NSW Health 'umbrella'. We are an emergency service and should be funded as such.

Money is a huge problem in the ambulance service, not only funding the running of the service but the wages of its employees. If job satisfaction didn't matter to me I could quite happily forgo the stress and responsibility and get a job at a supermarket and be paid the same hourly wage, or more. How do you think this makes officers feel? Valued? Certainly not. Staff retention problems exist in part due to the inadequate salaries offered to Paramedics whose responsibilities have

increased exponentially in recent years without a comparable increase in pay or benefits.

In conclusion I would like to thank you for reading what may or may not have been an enlightening submission and say that I could go on but it is late and the deadline is near, but I hope I have given you some understanding of the difficulties we face in our day to day lives working as Paramedics. I hope that many of my colleagues have submitted their experiences too because there are many stories from officers that have been around a while that need to be told.