

Submission
No 62

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

Name: Mrs Kylie Lamey

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**The Director
General Purpose Standing Committee No. 2
Parliament House
Macquarie St**

Enquiry into the management and operations of the NSW Ambulance Service

I have been a proud Ambulance Officer for 14 years, following in my father's footsteps. I have worked in both metropolitan and country locations and performed various roles including communications. I now believe my career is over, not because I wish for this or because of anything I have done, but because of the ongoing bullying and discrimination from senior management.

Females in the Ambulance Service

I am a female and for the first 12 years of my career I worked in the Ambulance Service without any encountered problems. Three years ago I became pregnant and subsequently engaged in light duties as part of pregnancy. Since having children I have found it increasingly difficult to manage working as an Ambulance Officer with a family. This is not because I have done anything or my personal situation; it is because of the inability of the Ambulance Service to be flexible in any way. I feel worthless, a burden on senior management and the community and I believe that all of my skills and experience has counted for nothing. *All because I had children.* I know that in other government organisations women with children are not treated with contempt and efforts are made (both real and through policy) to manage women with families and their work commitments. While policy exists within the Ambulance Service, it is largely disregarded. After having children I returned to work on reduced hours, to enable me to

manage work/family balance. Working reduced hours with the Ambulance has become increasingly difficult because of the inflexibility and stubbornness of senior management to negotiate any suitable arrangement. Female Ambulance Officers in the city are treated differently to those in the country. My decision to move to the country to serve bush communities has ultimately bought an end to my career, because I have children. Moreover, whilst falling pregnant again in the country, the Ambulance Service were again so inflexible as to not be able to (or willing to) negotiate with me in terms of any alternate duties, I had no other alternative but to use all my leave entitlements to go off work some 13 weeks before I wanted too. It was their way, take unpaid leave or resign. Again, I feel worthless and feel like all my 14 years experience and clinical skills count for nothing.

I do not believe that, when I return from maternity leave, that there will be a job for me and there is anecdotal evidence of this. I strongly believe that women with family responsibilities are too much of a burden to the Ambulance Service. They don't want to deal with the issue, they have no interest in accommodating women with families and I feel like I am nothing but an inconvenience.

Why is it that other government organisations (both state and federal) make efforts to accommodate women with families? Is it the case that the NSW Ambulance Service is really only a job for men, or perhaps women who have no intention of having a family? Why isn't the workforce planning unit planning for women in the ambulance service?

Internal grievance mechanisms

I believe that complaints are not handled well with the Ambulance Service. I have no confidence in the ability of senior management to deal with complaints and grievances. In my experience senior management are arrogant and the management of

human resources is poor. I have made a complaint to the Professional Standards and conduct unit in February. I have received one short letter acknowledging receipt of the complaint but no other contact has been made with me. This related to my complaint of discrimination, bullying and harassment against a senior manager. Communication is non-existent.

Promotions and transfers

I believe that the promotions process is unaccountable and not transparent. I believe that there is significant corruption in this area and I have encountered this directly. Gaining promotion in the Ambulance Service is more about who you know, not your clinical and management skills. It appears certainly not to be based on merit. Again, as a female with a family I feel completely disadvantaged in this area. I have had an unfortunate experience when I was overtly discriminated against in a promotional opportunity because of my family responsibilities.

Transfers within the Ambulance Service are poorly dealt with. Lateral transfers on compassionate grounds are made so difficult that it is virtually impossible. Again, this puts families at a significant disadvantage. If a female has a partner (ie. another emergency service worker) who transfers, there is no provision to allow spousal transfers. It is a case of 'too bad'. The only option is to take leave without pay or resign. The inflexibility in this area is a significant problem for those in non-metropolitan areas.

General

I believe that the Ambulance Service treats its officers poorly. It appears that the Service is crying out for officers to join, however once an officer has joined they have little interest in maintaining positive relationships with their staff to decrease attrition

rates. I feel like I am disposable, and being a woman with other responsibilities, have no long term career as an Ambulance Officer in this state. I wonder about the significant money spent training and developing me over the years, along with the experience I have gained, being disregarded so easily.