

Supplementary  
Submission  
No 100a

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

**Name:** Suppressed

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*Partially Confidential*

The following is in addition to the information provided by myself in an earlier document.

The NSW Ambulance Service has always, in my experience, conducted itself without regard for staff morale or welfare, and especially in more recent years, without regard to the provision of high-quality pre-hospital emergency medical care to the sick and injured public of NSW.

Staff have always been regarded as 'bums on seats', referring to the number of staff it feels necessary to appear to provide a service to the community rather than the quality of care that it provides. Staff are in no way made to feel valued by their employer, and this contributes to the poor morale and work ethic of the employees. Divisions between staff have always been encouraged by the management structure, with staff in the communications centres often referred to the paramedics who work on the road providing an ambulance service to the community as 'road scum'. Road staff can be overheard referring to the communications centre staff in similarly derogatory terms. Management seem to delight in this division as it prevents staff from uniting together and possibly forcing change.

Archaic would best describe the management style of the NSW Ambulance Service, and a more apt or accurate term would be as an "Old Boys Club". Appointments to promotional positions are still made without regard to merit, and staff are usually either bullied to keep from appealing positions, or are so demoralised by the process that it becomes completely overwhelming for the individual involved as no support is offered. It is still commonplace to refer to appointments to promotional positions obtained by female staff members to be referred to as 'due to the 3 Ts', which refers to "Tits, Twat, and Tears", and coined by male staff members to explain why they did not succeed in obtaining a sought after position or post if a female staff member was appointed. Further to this, it is also commonplace for individuals who hold management positions to have very little respect from both their peers and underlings, as it is felt that within the ambulance service people are promoted to their level of incompetence. One manager I am aware of, who has been trained to Advanced Life Support level, I was told was voted by his ALS course as "The person most likely to kill someone with a HeartStart". HeartStart is a brand of defibrillator common to ambulance vehicles prior to 2005, when they were replaced by Zoll brand defibrillators. This does not exactly inspire confidence in the managers among staff, especially junior staff. Other managers have been known to hide in their offices, refusing to attend to motor vehicle accidents or cardiac arrests, or simply acknowledge the radio call and then conveniently either arrive after another ambulance, or simply never arrive. Management of the NSW Ambulance Service, especially lower-to-middle management, is a rest-home for the old, the infirm, and the incompetent to spend the rest of their days on the taxpayers dollar building their superannuation and contributing nothing but frustration to the rank and file.

Paramedics are ridiculously underpaid considering the responsibility that they are charged with on a day to day basis. However, both the Ambulance Service as an organisation and the paramedics themselves need to realise that there is a very good reason why they receive such paltry financial reward for their service. How does the organisation differentiate between those staff members who are dedicated to their duty and their studies, and those who are not? When staff are able to take a number of years to reach the level of a qualified ambulance officer, failing exams, working with training officer after training officer and still being stamped as 'unfit for human consumption' because they are unable to fully perform the required duties and demonstrate the required knowledge, and yet the NSW Ambulance Service continues their employment as a paramedic, on what basis do the staff as a whole

deserve a pay rise? I can recall one particular trainee who, when I asked him why he decided to become a paramedic, stated "because I think it's easier than what I used to do", and previously he was charged with the enormous responsibility of filling pot-holes for a local council, it makes me gravely concerned for the future of the organisation. Another trainee felt that sitting on the front fence of the ambulance station reading a tabloid women's magazine was a productive way to spend her day, rather than studying or completing station duties. Even after 10 years as a paramedic, I still felt it more important to read text-books and medical journals and complete station duties than to read tabloid magazines, so I was at a loss to understand how a person in their first year of service could justify this attitude. I am even further at a loss to understand how the NSW Ambulance service supports this attitude. Considering that this organisation crows on an annual basis about being voted as 'Australia's Most Trusted Profession' by Reader's Digest subscribers, their attitudes and performance suggest that they are far from professional.

Bullying and harassment within the organisation has been an on-going problem for a number of years, to which the large number of staff suicides is a testament. The NSW Ambulance Service often refuses to intervene in one-on-one issues, and resourceful staff and stations are intelligent enough to realise that if they band together then they are more likely to achieve their desired outcome. Mob mentality is a feature of the disciplinary process within the NSW Ambulance Service, with the outcome of this callous torment often the death of the victim. I myself was a victim of a pack mentality, encouraged by the Professional Standards and Conduct Unit, with the staff members behind the allegations running a book and taking bets upon when I would commit suicide. As a side bet, I was told that they were also running a book upon whom, either myself or another staff member in another town within the same region, would do it first. Such is the staff members of the NSW Ambulance Service – the caring professionals whom the public are encouraged to turn to in the event of injury or illness.

Many issues within the NSW Ambulance Service are 'swept under the carpet' as it were, kept away from the public eye lest it detract from the glossy image the service prefers to portray. Much like Theodore Bundy, the NSW Ambulance Service is sociopathic in nature, quietly killing staff by pushing them to taking their own lives while holding itself out there as the darling of the community.

There are other issues within the NSW Ambulance Service that I am sure that the public are unaware of that are not limited to suicide. Drugs such as midazolam, a drug in the same family with the same side-effects as Rohypnol (and it too can be administered orally) are missing from stores across the State. Staff members who report these items as missing, in accordance with the service's protocols and procedures, are often the people placed under the most intense scrutiny, and this only leads to cover-ups and lies. While there are protocols for recording drugs administered, there is often little or no checks done upon these records to ensure that they are accurate. This leaves the door open for both abuse and misuse of dangerous drugs by the staff. Alcohol use and abuse by staff is widely known within the paramedical community, and unfortunately is seen in some circles as 'just another one of those things'.

Smaller communities are afraid to speak out and complain about the problems with the paramedics who work in their area, for fear of reprisals from the staff and of losing the ambulance service entirely. Many rural stations have a virtual revolving door upon their station, with junior staff with only 12 months training being forced to work at these stations, only to either resign or transfer to another, more desirable station within a short period of

time. These junior staff members are often working for the first time unsupervised as a paramedic, with little training and even less experience. Combine that with the perception that rural stations are 'retirement stations' where other, older staff go to serve out their twilight years who often have competency/clinical issues, then these smaller communities are already behind the 8 ball. Ambulance staff will usually attend to cases and transport the patient to the local hospital without complaint, but usually only with a minimum of treatment, either due to their incompetence or lack of experience / training. With the shortages faced by NSW Health, insofar as many rural community hospitals are without doctors on evenings and weekends, the fear felt by many of these communities is understandable.

Compounding the problems are the lack of training opportunities available to staff, especially rural staff. Staff are required to work on-call in remote locations, with few days off, and without access to the opportunities that staff in larger centres have. Staff development days are virtually unheard of, and the clinical support officers are viewed with suspicion by incompetent staff, so visits are often discouraged by these station managers. Training is also not often viewed as important. I was posted to a rural community in 1997 (at my own request), and finally attended a 4WD training course in 2006. I had been scheduled for one prior to this, however was taken off the course so that a manager could attend in my place. After this, it was seen as though I had had experience, and more junior staff were given training opportunities as they often complained loudly whereas more experienced staff are often happy to wait their turn. Unfortunately, they are often repeatedly passed over for these opportunities, and then when they do ask questions, they are accused of being troublemakers and bullied into silence. The squeaky wheel gets the grease is not evident any where more than within the NSW Ambulance service.

Is it any surprise then that the NSW Ambulance Service suffers from staff shortages? A rhetorical question, but a valuable one nonetheless. Staff leave the service in droves, disillusioned by the bully-boy tactics of management who only care about the surface of the fruit and are not concerned by the decay underneath. Competent clinicians dedicated to increasing their knowledge and skills base are becoming outnumbered by the pot-hole fillers, who see life as a paramedic as an easy employment option that is neither physically or intellectually taxing, when in fact the reverse is true. Or at least it should be. To be a paramedic is not what it used to be, and these days, there are fewer 'good' paramedics than ever before. There are fewer and fewer paramedics who willingly surrender their time and effort to become better at their job, instead electing to wait at the trough to be spoon-fed by a management team concerned with precious little than appearances. There are no longer standards to aspire to, instead anybody with a first aid certificate and a driver's licence can apply and be successful to train as a paramedic. There is no longer a bar to get over to achieve a high standard of patient care – the bar that once was is now a line drawn in the sand, and it is quickly disappearing. It should come as no surprise that the training facility for paramedics, as well as the NSW Ambulance Service state headquarters, is on the grounds of a mental health facility in Rozelle, Sydney. What paramedics have known for many years is finally making its way to the public eye – the lunatics are running the asylum.