EDUCATION AND HEALTH STANDING COMMITTEE

REVIEW OF WA'S CURRENT AND FUTURE HOSPITAL AND COMMUNITY HEALTH CARE SERVICES

TRANSCRIPT OF EVIDENCE TAKEN
AT PERTH
TUESDAY, 1 SEPTEMBER 2009

SESSION ONE

Members

Dr J.M. Woollard (Chairman)
Ms L.L. Baker (Deputy Chairman)
Mr P.B. Watson
Mr I.C. Blayney
Mr P. Abetz

Hearing commenced at 8.30 am

KELLY, MR DAVID
Secretary, Liquor, Hospitality and Miscellaneous Union,
examined:

THOMAS, MR JOHN ROBERT
Station Manager, St John Ambulance,
examined:

The CHAIRMAN: On behalf of the Education and Health Standing Committee, I thank you for your interest and your appearance before us today. The purpose of this hearing is to assist the committee in gathering evidence for its inquiry into the review of Western Australia's current and future hospital and community healthcare services. You have been provided with a copy of the committee's specific terms of reference.

At this stage I will introduce myself, Janet Woollard, and the other members of the committee present today: Mr Peter Abetz, Ms Lisa Baker and Mr Peter Watson.

This committee is a committee of the Legislative Assembly and this hearing is a formal procedure of Parliament and therefore commands the same respect given to proceedings in the house. Even though the committee is not asking you to provide evidence on oath or affirmation, it is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament. As a public hearing, Hansard staff are here with us making a transcript of the proceedings for the public record. If you refer to any documents during your evidence, it would assist Hansard if you could provide the full title for the record. We also have with us on my right Mr Tim Hughes and Ms Renee Gould, our research officers. Before we proceed to questions, have you completed the "Details of Witness" form?
Mr Kelly: Yes.
Mr Thomas: Yes, I have.

The CHAIRMAN: Do you understand the notes at the bottom of the form about giving evidence to a parliamentary committee?

Mr Thomas: Yes, I do.

Mr Kelly: Yes.

The CHAIRMAN: Did you receive and read the information for witnesses briefing sheet provided with the "Details of Witness" form today?

Mr Thomas: Yes, I did.

Mr Kelly: Yes.

The CHAIRMAN: Do you have any questions in relation to being a witness at today's hearing?

Mr Thomas: No.

Mr Kelly: No, I do not.

The CHAIRMAN: Would you please state the capacity in which you appear before the committee today? We might start with Dave and then move to you, John.

Mr Kelly: Thank you very much, Dr Woollard.

The CHAIRMAN: Janet is fine, Dave.

Mr Kelly: Janet; all right, thank you. My name is David Kelly. I am the secretary of the Liquor, Hospitality and Miscellaneous Union. I appear today with John Thomas, who is the president of our ambulance section of the union. Probably the two main issues that we would like to deal with today I will ask John in a minute to talk to you about some issues relating to the ambulance service. We represent the paramedics and other officers who staff the ambulance service. There are two particular issues that we want to talk to you today about in respect of the ambulance service. The first is the provision of ambulance services in the country. St John's offer a predominantly volunteer-based ambulance service in the country. We have some grave concerns about the long-term viability of that service for country Western Australia. John is also going to talk about the problems that the service has had in attracting paramedics to the service in general, not just in the country; so I will ask John to talk about that. I would then like just to say a few words about some concerns that we have got about the support services in our public hospitals. We also represent approximately 7 000 or 8 000 workers in the public hospital system. We represent everyone basically from enrolled nurses through to cleaners, caterers, orderlies and the like, and we have got some concerns about the viability of the workforce in that area. But if the committee is happy I will ask John to address you about the ambulance service.

The CHAIRMAN: We have 45 minutes for this hearing, so we might give John 20 minutes and then we will give Dave 20 minutes, and then we will have five minutes to sum up and as you make your presentation —

Mr Kelly: I do not think I will need 20 minutes.

Mr Thomas: Thanks, Dave and thanks Janet. My name is John Thomas and I have been employed by the ambulance service of Western Australia with St John Ambulance for 29 years now, and I have been president of the ambulance officers union for some 15 years or so. Basically the situation is that in the country we have outside the metropolitan region approximately 105 volunteer sub-centres that operate independently. There are paramedics stationed at 13 of those. Twelve of those stations also rely on volunteer support to staff a vehicle on a daily basis and one, which is Bunbury, has a total paramedic crew; so they do not require any assistance, other than Australind, which is a subsidiary sub-centre that operates on an ad hoc basis if there are additional calls.

Basically we believe that in our opinion there are grater areas in rural Western Australia that could require paramedics, and they are such big areas like Karratha, Esperance, the Margaret River region and Australind, which totally rely on volunteers to staff the vehicles. Recently St John's and WACS—Western Australian Country Health Service—introduced a rural paramedic model, or trial, basically at towns like Kununurra and Newman, and that was one officer, not so much to do the calls and do the responses but to recruit, retain and train volunteers and mentor them so that they could actually do the call-outs in Kununurra, Wyndham and in Newman. It is funny—I have been away a couple of days. I returned home last night and I had an email copied to me from the officer in Kununurra saying that the workload is so immense up there now that he is working 24 hours a day, seven days a week because the perception of the local community is that there is a paramedic in town so that person should be available for every call, which is just unrealistic. They are some of the discussions we had primarily with the organisation prior to installing this type of officer into the country. We believe that where there are paramedics in the country there should be full paramedics without the reliance upon volunteers because volunteers, like everybody else in the community, require a job; so that the paramedic who is on duty—he or she—is at the station. When a job comes in, they ring for a volunteer. These people are undergoing their job. They may be at home in between night shifts, whatever the case may be.

The fact is the response time and the reliance upon volunteers is very subjective.

[8.40 am]

The CHAIRMAN: We actually had St John here yesterday and I believe that in Newman and Kununurra, where they are introducing the new paramedic role, it is based on the number of calls.

Therefore, possibly from what you are saying, it may be that the call system needs to be finetuned a bit and maybe in some areas it is one paramedic and —

Mr Thomas: I was going to come to that as one of my dot points. We believe, and we have spoken about this a number of times, that if a town requires paramedics as such that there should be full paramedic staffing in that town. They should be looking at opening major centres, which are required because of workload or whatever the case may be, and by introducing some trigger mechanisms for the staffing, which could be a population quota or caseload—it could be a number of things—but primarily at the moment it is operated and dictated to by voluntary participation. For a town like Esperance that might do 700, 800 or 1 000 calls a year—I do not have those statistics in front of me—St John's perspective is that we have a very big volunteer base there so we do not need paramedics; it is only in places like Kununurra, which has struggled for volunteers, and Broome, because it is a very seasonal area, that they have difficulty in raising an ambulance. One of the things that we have raised with the organisation is to put in some sort of trigger mechanism, whether it is caseload or a population load—they do not actually have that in place.

Mr P. ABETZ: When St John were here they told us that if there are 3 000 calls a year that that triggers full paramedic crews, and if it is 1 500 to 2 000 calls a year that that then triggers a situation where you have one paramedic plus volunteers, so we were told they definitely have trigger mechanisms based on caseload, which would seem to be an appropriate measure. Are you suggesting that is not the case?

Mr Thomas: I will give you a classic example, Peter. Norseman has two paramedics and the caseload is 100 calls a year.

Mr P. ABETZ: Are they fully paid?

Mr Thomas: They are fully paid paramedics.

Ms L.L. BAKER: Do you know why?

Mr Thomas: Yes, because they cannot get volunteers. That is what I am saying: volunteers dictate whether or not paramedics are required in the town. I have argued many, many times that you need paramedics in a town, but Norseman is a classic example where they do roughly 80 to 100 calls a year but because they cannot get volunteers and because of the political pressure that has been up there in the past, they have installed two paramedics there. Therefore, that would not meet St John's criteria.

Mr P.B. WATSON: So, John, would those people be used in any other areas in the town, at the hospital?

Mr Thomas: No, they just sit and wait for a call and that is a big difficulty. I will talk about some of the issues with attracting staff to country regions also.

The CHAIRMAN: I got the impression that the idea is that the paramedics will work as a train-the-trainer program and will recruit those volunteers and train those volunteers so you see an improvement in services.

Mr Thomas: In towns like Norseman and the two areas that they have a trial running—Kununurra and Newman—yes, that is basically their role. They have a country manager who is based in Perth who goes around and looks after certain volunteer sub-centres. The thing is they put, as I call it, a pseudo-manager to do both roles in Kununurra and Newman trialling that. I took over Busselton when we moved from full volunteers to the paramedic volunteer model in Busselton, and the expectations are that the volunteers say, "Well, there are paramedics here now, they're getting paid, and I don't need to come in." Therefore, there is a big drop off in volunteer status because of this expectation from the community and the volunteers, and that is a growing trend.

Mr P. ABETZ: Can you just enlighten us on that? We were actually told that, I cannot remember which town it was, one place had major issues with getting enough volunteers and they actually put

the paramedic into the town. I will look in my notes and find it because I am not quite sure which town it was but it was somewhere up in the north west anyway. It actually led to a massive increase in the number of volunteers and it is actually working extremely well because the volunteers now have somebody who takes an interest in them and develops a sense of team and a sense of community around that. My background is that I am certainly used to working with volunteers, having been the paid person in the church context, and you work with a big group of volunteers to get things done. It certainly is a great way to get community involvement and it has sort of social benefits in terms of getting people involved in serving the community and so on. I am just a little puzzled about where you are coming from with that one.

Mr Thomas: That would be Kununurra because we had some real community problems up there when I worked in the operations centre as one of the managers. The fact was that we could not get people to turn out, especially, there is a bit of a race situation up there. If it was an Indigenous person, the volunteers would not go out to them because they had a history, so that was one of the many triggers that put paramedics into it. But if you would just bear with me for a second, I just got this off my server last night and it is from the relief paramedic manager in Kununurra. He has written to the two managers in Perth saying —

> Just thought I'd make you aware of an uncharacteristically busy period in Kununurra.
>
> On Friday 28th Aug, 7 jobs attended and 7 patients transferred.

In the 27 hours from Saturday through to Sunday there were 11 jobs attended, 16 patients treated, 14 patients transported, three sporting events covered and four flying doctor transfers.

> The team at Kununurra pulled together very well to cover this demand due to fortuitous (and rare) availability over the weekend, although there is a fairly clear trend towards an increasing workload overall. This is only going to increase with the planned expansion of the Ord.
>
> The workload for the Paramedic Manager position is also steadily increasing, and to be perfectly honest is becoming unrealistic for one person. Despite my best efforts to have some quality down time, I have to date been unable to achieve this. On the two occasions since starting here on the 22nd July that I have turned my work phone off, both Wyndham and Kununurra Sub-Centres have struggled to raise crews to respond to ambulance calls, and expressed disappointment that I was not able to be contacted. This morning I was woken by a volunteer at my residence informing me of a high speed vehicle rollover 90 kms out of town requiring my attendance.
>
> There is a very real expectation from the hospital, other emergency services, the volunteers and the general community that a paramedic will be available 24/7 to respond to emergencies in this large and remote region. In anticipation of your response, I do not think it is sufficient to simply educate everyone on the need for respite, or to enforce the message that this is fundamentally a volunteer staffed service. Non availability of a Paramedic in times of emergency is likely to reflect badly on the Ambulance Service and potentially create disharmony within the Sub-Centre itself.
>
> It is definitely time to seriously consider placement of an additional Paramedic in Kununurra …
>
> Please don't consider this information a general whinge, I am … enjoying the challenges of this role.

And it is signed. That is fact and they are the things that we said would create problems by putting one officer into a town. People say that there is a paramedic in town and if their child is run over or has an emergency and it happens to be that person's off time then it creates problems. But basically we have gone through those issues.

Mr P.B. WATSON: John, can I just ask you about the volunteers? I know the ones in Albany are getting on; they are not young people any more.

Mr Thomas: Yes, that is correct.

Mr P.B. WATSON: Are you finding that there are people coming through from the younger age group or are they just dropping off and then not being replaced?

Mr Thomas: As in?

Mr P.B. WATSON: Volunteers.

Mr Thomas: When I went to Busselton, that was one of my tasks. Busselton has this awe about the fact that they had 78 volunteers; it is the strongest sub-centre in the state for volunteers—I cannot disprove that. I contacted the organisation and got them to send me down the list that showed volunteers active. There were 78 volunteers on the list; by the time I went through and found that most of them had left town or passed on—it was not a current list—I ended up 17 volunteers in Busselton to staff the service, which is a very, very busy town for transfers, and of those four were fly in, fly out officers, and half of the others were basically workers, so they are only available for the nights.

[8.50 am]

It does put a very big strain on resources. Volunteers are not like they used to be 10, 15 or 20 years ago. There is a change in culture, I suppose, for want of a better word. I cannot answer that question. The numbers are inflated somewhat by St John. We believe that there are fewer than 2 000 volunteers in the state. They tell us there is somewhere in the vicinity of 4 000. The other thing I found is that of the 17 volunteers I had, three were multi-listed, because they work out of Port Hedland. They put their names down in case they are in town. It is a bit of a misnomer.

Mr Kelly: John, do you want to say something about the difference in the quality of service that is provided.

Mr Thomas: Yes. Apart from the trigger mechanisms, we believe that to bring up a fully staffed paramedic service in rural areas, another 50 officers would be needed.

The CHAIRMAN: We are told that —

Mr P. ABETZ: St John is seeking an extra 187 paramedics.

Mr Thomas: That is mainly for the metropolitan region.

The CHAIRMAN: They did not actually say that.

Mr P. ABETZ: They are making provision for the anticipated expansion of population in towns in the north, like Kununurra—that is, to put two there. That was to occur over four or five years—whatever the contract is with the government.

Mr Thomas: It is four years. We are of the opinion that in places like Kununurra, where there is a massive workload and region, two officers—I have worked in Albany, Busselton, Kalgoorlie and Norseman, and two officers in a town does not work.

The CHAIRMAN: Do you have a bottom line? I come from a nursing background and we have nurse-patient ratios. Do you have a bottom-line formula that you are pushing to St John in terms of call-outs and the required number of paramedics in country areas?

Mr Thomas: We have put a number of factors to them. They basically tell us that it is dependent upon case load and so on.

The CHAIRMAN: They have built this formula on case load. If they are saying one paramedic for 1 500 to 2 000 people, and you are saying —

Mr Kelly: It also depends on what level of service you provide. If you are happy with volunteers, you can deal with 10 000 cases just by having enough volunteers. One of the issues that we have concerns about is that, based on the workload, people are getting a very substandard service in those country towns. A volunteer ambulance officer does not provide anywhere near the service that a paramedic provides. In that sense, St John is not comparing apples with apples. We say that big country towns deserve a proper paramedic service that you would get in the metropolitan area.

The CHAIRMAN: You have to put forward what is your bottom line. You are not giving us your bottom line.

Mr Thomas: Our bottom line is that if you need paramedics in Broome, there should be paramedics. You should not have to rely on volunteer assistance in big regional towns.

Mr P. ABETZ: To enable that to happen, what areas of the overall health budget should have their funding cut? That becomes the question.

Ms L.L. BAKER: No, Peter, that is not appropriate.

Mr Thomas: I cannot comment on that.

Mr P. ABETZ: That becomes the question in terms of the balance —

The CHAIRMAN: We will take time out for a minute.

Mr P. ABETZ: Can I finish what I am saying, Madam Chair?

The CHAIRMAN: I will give Peter two minutes to finish.

Mr P. ABETZ: It is a naughty question to ask.

Mr Thomas: It is very naughty really.

Mr P. ABETZ: It is one of the issues. Anybody who has to manage budgets has to look at what is the most cost effective way, or what taxes must be increased, to enable that to happen.

Mr P.B. WATSON: Peter, we are not here as the government; we are here as a committee.

Mr P. ABETZ: The question for me is for you to say that a place like Kununurra, which is obviously growing—from that email you read, it is obviously not enough to have one person there.

The CHAIRMAN: Would you hold on for a moment? I am awfully sorry, but I will ask the witnesses to step outside for two minutes.

Proceedings suspended from 8.55 to 9.00 am

The CHAIRMAN: I come back to the concerns that you raised about the workload that has been placed on paramedics in various country towns. You said that sometimes the volunteer list that appears on paper is not the actual volunteer list that is effective in those areas. If you have a good volunteer support base, is that adequate for those busier areas—that is, that one paramedic can cope, with good volunteer support—or were you saying that in those busier centres, even with a good volunteer support base, there needs to be more than one paramedic there?

[9.00 am]

Mr Thomas: Basically what we are saying is that if the requirement in a rural setting is to install paramedic services, it should be a minimum of eight officers. That is what it takes in Bunbury to run a current rostering system and supply two paramedics per ambulance, 24/7, 365 days a year.

We are saying that country towns should have a minimum of eight paramedics. In saying that, we acknowledge that Norseman, which is out of the loop, so to speak, possibly could go back to volunteers due to its workload, but then St John will say, because they cannot get volunteers, that they would need to put paramedics up there. That would be a discussion situation. But what we have done here—you are quite welcome to look at this—is that we have done a comparison between what it takes to get a person who walks in off the street to paramedic status and a person

who walks in off the street to become a volunteer, regardless of where they are. If you look at the service that is provided by paramedics compared with volunteers, without demeaning volunteers in any way, shape or form, because I have worked with a lot of them, the gap is quite wide, and widening, because of the fact of the introduction of skills. If you give me a moment, I can go through it.

Basically, for a paramedic, there is the three-year university degree now, a Batchelor of Science at Edith Cowan University, or equivalent. It is a year of full-time study, pre-employment. On entering the service, it is a 12 to 14-week induction school, followed by six months on-road with a senior paramedic as a tutor, and then a grade 2 school in their third year, and units of study at the university during the third-year course; a one-year period of internship, working at a paramedic level under paramedic supervision, post obtaining the university degree; two weeks of comprehensive advanced driving course pre-employment, and a annual reaccreditation in advanced life-support skills through the continuing education program, or refresher training, as we call it, for all career staff. We have advanced life-support skills, such as injections, which are intramuscular and intravenous; advanced airway management, intubation of ALI/MA; intravenous cannulation; fluid infusion; manual defibrillation. We can give medication, sleep and sedate; seizure medication, schedule 8; fentanyl; ketamine, which an analgesic; life-support medication such as adrenaline, glucogine, midazolam, paraperadol; and adrenaline and cardiac arrest, naloxone. Ambulance officers undertaking a paramedic degree are not able to work with anyone who is lower than a paramedic rank. All career ambulance vehicles must have at least one paramedic qualified on each ambulance. That is basically the road to becoming a paramedic.

To become a volunteer ambulance officer, it is an introduction to ambulance care, or volunteer driver, as it is known; it is 16 hours of training, introduction to the ambulance care; it is a one to two-day driving course, which comprises in-house sub-centre training in basic ambulance skills. Then the primary ambulance care officer, which they call volunteer grade 1, is 64 hours of training, which is four weekends; able to use a few basic drugs and basic life support skills—those drugs are over-the-counter purchased; annual skills maintenance program, to maintain their skills. The advanced ambulance care officer, which is a volunteer grade 2, is an additional 16 hours of training, which is a weekend; a few additional skills and medications, which is salbutamol; annual skills maintenance. Volunteers at grade 2 level can work towards a certificate 4 in basic emergency care. However, there are no additional skills or medications involved with this course, and volunteers still work to the highest level of training as a volunteer ambulance officer grade 2. Volunteers work on the road with a variety of skill mix and qualifications. For instance, two primary ambulance care officers could attend an ambulance call or the crew could consist of one primary ambulance care officer and one volunteer driver. Therefore, an advanced ambulance care or officer grade 2 may not be part of the crew. The volunteers are only trained in basic ambulance care.

There is a huge difference between paramedics and volunteers. Just giving one comparative, in the metropolitan area, if a call comes in and it is a cardiac arrest or a perceived cardiac arrest, it is a double-crew response. The reason for that is that in St John's own training process, they say that to give adrenaline for cardiac arrest with defib and proper CPA, it takes four trained officers. In the country, you are responding with a volunteer who may never have been to a cardiac arrest and does not know the routine on how to set up IVs, so basically that person is denied that capability because the paramedic has to do all the defibrillating and do the intubation, if he elects to go down that track, or maintain the airway and do CPR effectively. So it is a real gap between skills in the metropolitan area and the services offered in the rural area.

The CHAIRMAN: Before I move on to questions, because the committee members are dying to ask you questions, Dave, I hope you are going to accept the fact that I am going to cut you short today, after John, because this is obviously a very important area, but we will give you an opportunity to come back later in the hearing process. It is a different group of workers that you are

wanting to come and talk about in the tertiary sector. I am sorry. I had not realised that this would be —

Mr Kelly: As interesting.

[9.10 am]

The CHAIRMAN: — as interesting. I might start with Peter, and then we will move around.

Mr P.B. WATSON: Would your union be happy with an arrangement by which, to try to get these people into regional areas, they would work with the hospital and be on call for St John Ambulance?

Mr Thomas: We have looked at many things. I worked in the Queensland ambulance service prior to moving to Western Australia 30 years ago or so, and I have had a lot to do with ambulance services on a national level. Some states, such as Queensland, have paramedics installed in every town. Obviously, the workload in some of those towns, like here, does not warrant a full paramedic service. They actually have adjuncts to their duties, which may be working as an assistant or an orderly in the local hospital. They might assist as a theatre technician in, for example, Maryborough Hospital in Queensland. The hospital there actually funds the ambulance service. Those people have multi-roles in some of these rural areas throughout Australia. We would be open to anything; we do not basically say that someone who goes to Norseman is entitled to sit there with their feet up, watching videos 24/7 until a call comes in, because that is not good for them, for their skills development or for the community when an emergency arises. We have always had an open dialogue with the organisation about that.

Mr P. ABETZ: No such arrangements exist at the moment in Western Australia?

Mr Thomas: Not in Western Australia.

Ms L.L. BAKER: I have another question about capacity. Did I hear you right when you said that there need to be eight paramedics in every town in Western Australia?

Mr Thomas: No.

Ms L.L. BAKER: Can you tell me your definition of the capacity you are talking about? I am a bit confused.

Mr Thomas: We are saying that some towns have cried out for extra staff due to workload or due to lack of volunteer response, or whatever the case may be. Let us take Broome: Broome could not find volunteers to do the job, so St John Ambulance sent two paramedics there on a four-days-on, four-days-off basis. Those officers work 96 hours with volunteer assistance. Broome, being a very seasonal town, people come and go, and we cannot train volunteers overnight. It takes a long time to gain that experience. We are saying that if the move is being made to install paramedics, they need two paramedics available 24/7, and the only roster that can do that is the 10/14 roster, which requires eight officers.

Ms L.L. BAKER: I would really appreciate having the number of towns in Western Australia to which this might apply, or any kind of hard information you might have.

Mr Thomas: Straight off the bat, we currently have 13, of which 12 have a volunteer/paramedic component. Bunbury is the only one that stands alone and always has been full paramedics. In saying that, we could basically take Norseman out of the equation, which leaves 11. They vary from between two officers to six officers, depending on what model they are running. I do not know whether St John Ambulance went over that part.

The CHAIRMAN: Could I just interject? Lisa is asking for some fairly detailed information. You are able to provide us with a response to questions through supplementary information, so maybe you could take that question away and think about which towns this question applies to in Western Australia. One of our members was a bit concerned, because some towns have populations of

maybe only 20, 30 or 50 people, and thought you were asking for a paramedic service in each town. It is obvious you are not asking for that; you are asking for paramedics in major towns where the population is over a certain number.

Mr Thomas: Absolutely; even with the other review that is going on, we acknowledge the fact that rural Western Australia is a very big place, and that 90 per cent of the towns in rural Western Australia would never warrant and will never get a paramedic service.

The CHAIRMAN: Following today's hearings, you will be given a copy of the transcript. After you have checked the transcript and returned it to us, we ask you to then provide us with a list of the towns that you believe should have paramedic services, the number of paramedics required for each of those towns, and maybe you might want to include something about the ratio between paramedics and volunteers that is required in those towns.

Mr Thomas: I will include the current towns, the staffing levels, the amount of volunteer participation they currently require, and our perceived goals.

The CHAIRMAN: That would be wonderful, because it will make it a lot easier for the committee to look at what is happening.

Mr P.B. WATSON: You said that you had only 17 active volunteers. Would you be able to provide an update, not from St John Ambulance, but from the people on the ground?

Mr Thomas: Yes, I could do that.

The CHAIRMAN: If it is possible to provide that with your supplementary information, it would be appreciated. The transcript has to be returned within 10 days. Please make sure that you check the transcript, and if you require a little longer to get that supplementary information, I am sure the committee will be happy to give you a bit of additional time, because it is quite a lot of information that we are asking of you, and we would appreciate that.

Does that cover the concerns you raised earlier, Peter?

Mr P. ABETZ: Yes. You said that in some of the smaller country towns, the 10/14 roster requires eight paramedics. Some towns would not quite warrant that arrangement in terms of the size of the population and the case load. I understood from what you said that you are open to the system in Queensland, which St John Ambulance is also considering in Western Australia. Would you consider it to be an adequate model for the smaller country towns that do not warrant the big pattern to have two paramedics with an ambulance, assisted by volunteers, so that they can have proper time off? Would you consider that to be workable?

Mr Thomas: It depends on the caseload. That is what we have looked at. Currently, the three stations running like that are in Broome and Northam—both are really in trouble, in Northam's case because of the amount of transfers that come out of Northam Hospital—and Norseman, which is not in trouble; they are just taking it easy!

Mr P.B. WATSON: Ramp time was mentioned yesterday. Was it 1 600 hours?

Mr P. ABETZ: Six thousand five hundred hours.

Mr P.B. WATSON: Does that put a lot of pressure on you guys?

Mr Thomas: Yes, vice pressure. It really is a problem. We have spoken to the previous government and the current government, and we have made a submission to the Department of Health about trying to avert ramping, but that is a whole other story. It puts a lot of pressure on metropolitan resources, especially at night-time when our resourcing is reduced by approximately 60 per cent. We are a 24-hour emergency service, but the organisation thinks we operate only between 8.00 am and 4.30 pm and that ramping stops after that.

The CHAIRMAN: Dave, thank you very much for coming along; we look forward to re-booking you to come back and see us another time!

Mr Kelly: That is all right; we come as a team, Janet!

The CHAIRMAN: John, you obviously have other things you would like to have brought up, so I again ask you to provide by way of supplementary information the additional factors you wanted to bring to the committee's attention. If the committee has a look at them and has further questions, we will contact you and ask if you can come back, but hopefully your supplementary submission will be adequate for the committee to fully look at these areas.

Thank you for your evidence before the committee today. A transcript of this hearing will be forwarded to you for correction of minor errors. Any such corrections must be made and the transcript returned within 10 days from the date of the letter attached to the transcript. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added by these corrections, and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points as we have discussed, please include a supplementary submission for the committee's consideration when returning your corrected transcript. Thank you for coming today.

Hearing concluded at 9.19 am