



Royal Flying Doctor Service
SOUTH EASTERN SECTION

Year in Review 2023-2024

GOING FURTHER
FOR OUR COMMUNITIES



Contents

Acknowledgement of Country

The Royal Flying Doctor Service (South Eastern Section) pay our respects to the traditional custodians of the lands we live and work on. We respect the knowledge of, and connection to, land, waters, and sky, Aboriginal people have. We pay respect to Elders past, present and emerging, as holders of knowledge and seek to work with Aboriginal peoples, families and communities on our journey of reconciliation.

Cover image:
Loyola Dowdy and Ta'larnie
Brown in Weilmoringle, NSW

Opposite: RFDSSSE Flight
Nurse, Lydia Newton, and
Retrieval Medical Officer,
Jonathan Storrar. Image
courtesy: Outback Car Trek

We are proud to be both a not for profit healthcare provider, and an essential part of the health system's frontline. With our centenary on the horizon, we are putting structures and strategies in place to ensure we will be there for another century.





Where we work

Map for illustrative purposes only

Across NSW and beyond, we deliver a range of health clinics and services, respond to medical emergencies and transfer patients with non-life-threatening conditions. The South Eastern Section collaborates in service delivery with RFDS sections across state borders, in particular with RFDS Queensland, Central Operations, Victoria and Tasmania.

● **Primary Health Clinic**

We provide early intervention, prevention, health information and screening, as well as chronic disease management services. We also provide visiting specialist clinics with medical consultants including ear, nose and throat specialists, dermatologists, eye specialists and a specialist breast care nurse (with the McGrath Foundation) who supports patients from diagnosis, and throughout treatment.

● **Remote Area Nurses on site**

Remote Area Nurses work from a fixed location 24/7, providing the community with reliable access to vital primary and emergency healthcare services.

● **GP Medical Practices**

Our GP practices provide non-emergency healthcare including immunisations and children's health checks, men's and women's health, chronic disease management, wound care, skin checks and minor surgical procedures.

● **Dental and Oral Health**

We deliver regular, vital dental and oral health services through our specialist dental van and fly-in fly-out (FIFO) clinics.

● **Mental Health and Alcohol and Other Drugs support services**

Our mental health team provides direct clinical services to people living in remote communities to improve their overall health and wellbeing.

● **Wellbeing Places**

Our Mental Health, Alcohol and Other Drugs team operate in these locations, providing a range of services from clinical treatment to educational workshops and programs to enhance wellbeing.

● **We've Got Your Back (WGYB) – Far West Region**

In partnership with Lifeline, we provide a mental health peer support program that engages people in the topic of mental health, provides advocacy for people impacted by drought and illness, and links people to services in their community

● **Guiding Rural Outback Wellbeing (GROW)**

The RFDS GROW (Guiding Rural & Outback Wellbeing) Program is a wellbeing engagement platform servicing schools and communities in rural and remote areas across Western NSW. The GROW Aquaponics Program supports schools with GROW Units that assist with STEM outcomes, sustainable food production, healthy lifestyle choices and early education and intervention for Mental Health, Alcohol and Other Drugs. The GROW Community Program provides wellbeing education, support pathways and facilitates events to bring health and wellbeing services to isolated communities.

● **Emergency retrieval service – provided to all regions within the state of NSW**

Our specialist doctors and flight nurses are on call 24/7 to provide emergency aeromedical retrievals (also called primary evacuations) for patients who are experiencing a medical emergency. These patients are provided with lifesaving medical care and are immediately transported, in our specially fitted-out medical aircraft and vehicles, to hospital for continued emergency treatment.

We also provide more than 400 medical chests with emergency pharmaceuticals and medical supplies in remote locations across the network.

● **Inter-hospital transfers including Air Ambulance locations**

This service is delivered from our bases in NSW. Transporting critically ill patients by air, to the specialist, lifesaving care they need, when they need it.

Our highly qualified medical teams are on call 24/7 to provide vital healthcare and transfer severely unwell (acute) patients, where there is a need for lifesaving, specialised care or equipment that is available at another hospital.

● **Non-Emergency Patient Transfers (NEPT)**

We transfer patients to and from the state capital's world-class hospitals or to their home to recover long-term.

● **Rural Aerial Health Service (RAHS)**

We improve access to healthcare for people in these communities by flying visiting doctors and medical specialists in and out on a regular, rostered basis.

● **Contracted Aeromedical Service Delivery**

We provide aircraft, pilots and engineers who work in partnership with healthcare personnel from Ambulance Tasmania, RFDS Tasmania, RFDS Victoria and the Ministry of Health.

Launceston – Our team of pilots and engineers based at Launceston are primarily responsible for delivering 24/7 aviation support to RFDS Tasmania and Ambulance Tasmania, who provide medical teams supporting communities across Tasmania and the Bass Strait Islands.

Essendon – From this facility, our team is contracted to support RFDS Victoria in the provision of weekly aeromedical NEPT services, including transportation of neonatal and paediatric patients.

● **South Eastern Section Bases**

We fly and drive out of our bases, delivering healthcare to people living in across rural, remote and regional NSW. Our bases in Dubbo and Broken Hill are also home to our state-of-the-art tourism Visitor Experience centres.

● **Support office**

Our Support Office provides a range of services that support the RFDS operations, such as Fundraising and IT.

Message from our CEO

This year I was honoured to mark 10 years as CEO of the Royal Flying Doctor Service South Eastern Section, and I can say with confidence that the last 12 months have brought more change to our sector and the communities we support than any other time during my tenure.

Skills shortages in regional areas. Healthcare providers retiring, leaving communities at risk of losing access to healthcare services. Costs – for fuel, equipment, medication hitting not just the hip pocket of everyday Aussies, but also impacting the RFDS and many other healthcare providers across regional NSW.

The current pinch of the economic climate has not been sudden. There is no one thing we can point to as a cause or a solution.

The cost of delivering healthcare has been going up for many years, putting pressure on the Royal Flying Doctor Service to do more with less. As a result, we've been increasingly relying on the generosity of our donors and supporters to keep many of our vital health services going.

In fact, 27 of the 37 essential healthcare services we deliver are either partially or entirely self-funded by the RFDS and its donors. While we're grateful for this critical donor support, our increasing reliance on philanthropy comes with an element of uncertainty around whether that support will be there year on year.

While we are operating under significant cost and funding pressures, the need for our services in regional NSW communities remains strong – and is in fact growing. It's not uncommon to hear from a local council or community group asking if the RFDS can come to their town. Because of this, we are constantly looking at how we can deliver the most impact with the limited resources we have.

Unfortunately, the cost pressures we are seeing are unlikely to ease any time soon, but the impact of the RFDS not being in these communities would be significant. Over the last five years, we delivered in excess of 360,000 occasions of care across primary health, mental health, dental, emergency care and patient transport. That's the equivalent of delivering care to the population of Broken Hill and Dubbo six times over.

We are there for regional and rural communities across NSW, who in some cases would not have access to healthcare if it weren't for the RFDS.

We take our responsibility to outback communities very seriously, and we understand that as an essential service provider we need to evolve in response to external forces as well as to meet growing demand. I am proud of the way we are continuing to innovate, to investigate how we can use technology to enhance our reach, and to continue to work closely with communities who want to invite us into their towns and to deliver more services.

We are proud to be both a not-for-profit healthcare provider, and an essential part of the health system's frontline. With our centenary looming, we are putting in the structures and strategies to ensure we will there for another century.

My heartfelt thanks goes to all of our people and supporters. Every person who works for the RFDS is a passionate supporter for equitable access to healthcare, and every dollar that flows to our organisation helps to ensure that your postcode is no barrier to quality and accessible healthcare.

I am confident there is an important role for the RFDS to play as part of the overarching healthcare network. I look forward to working with you and our people to help realise this aspiration.



Greg Sam
CEO, Royal Flying Doctor Service
(South Eastern Section)

BOARD OF DIRECTORS



Dr Saranne Cooke
(Chair)



Professor David Lyle
(Deputy Chair)



Anthony
(Tony) MacRae



David Ryan



Sanchia Treloar

Message from our Chair

I live in Bathurst in the beautiful Central West of NSW. It's been my home for many years. I've raised a family here. Established my professional career. Become part of the community. I am lucky enough to live in a part of NSW that is populated enough to attract many different services – education, services, shops, and of course, healthcare, are all accessible.

But for many people who live in the more remote parts of the state, they do not have that luxury. This is a point I took to heart during my recent visit to the wonderfully hospitable community of Packsaddle, 218km north of Broken Hill, where we host a regular primary care clinic.

The land is flat and sprawling, perfect for agricultural pastoralists, many of whom have been on the land for generations. In Packsaddle, the permanent population is around 75. It's a small, close-knit community.

There is no public school nearby, so local children attend the School of the Air. There is no pharmacy, so if someone falls ill, the RFDS Medical Chest Custodian calls us about appropriate medication. There is no GP or mental health specialist, so the community relies on our fortnightly visits to provide care. More recently, our child therapists have also started 'story time' sessions for young children to come together, connect and explore through reading and art.

Wear an RFDS uniform in Packsaddle, or any community like it, and you will be welcomed with open arms. The impact our people have on these communities – as healthcare providers, emergency specialists, and even a friendly ear, runs deep and wide.

Many of these communities can only stay in place because of the services we provide. This is a responsibility the RFDS takes very seriously.

We want people in our regions and on the land – we need them there, to help produce our food, the materials for our clothing, and the resources for our infrastructure. But we cannot expect these communities to survive, let alone thrive, in the absence of services and support.

And of course, our regions are the first to feel changes to the economy, cost of living pressures, and skills shortages.

This results in greater wait times to see fewer doctors, local emergency departments that triage to larger hospitals, and months-long waitlists to visit specialists a commercial flight away.

This dearth of accessible healthcare is not improving. New gaps are emerging. But the Royal Flying Doctor Service has a history of seeing a gap – an inequality of access to healthcare – as an opportunity, and a responsibility to help fill.

How can our organisation make the most difference, for the most people, in the current climate? We ask ourselves this all the time to ensure that we are investing our resources and expertise in the right areas.

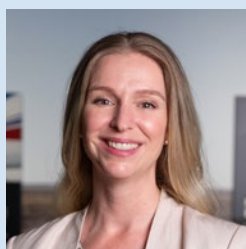
We will always be available for the most remote and vulnerable communities across the South Eastern Section, and I am proud of how our organisation continues to invest in primary healthcare, preventive care and wellbeing initiatives designed to keep regional, rural and remote communities healthier for longer. In this report we further explore how we are responding to current and emerging demands, and I could not be more proud of the essential interlink between our people, the communities we serve, and the longevity of our impressive regions.



Dr Saranne Cooke
Chair, Royal Flying Doctor Service
(South Eastern Section)



Andrew Monaghan



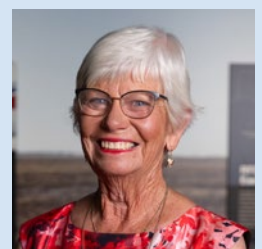
Amy Cooper



John Baird



Sam Maroulis



Elaine (Ruth) Sandow
(retired)



GOVERNMENT HOUSE
SYDNEY

Message from

**Her Excellency the Honourable Margaret Beazley AC KC
Governor of New South Wales
and Mr Dennis Wilson**

The motto of the Royal Flying Doctor Service: “*The Furthest Corner, the Finest Care*” reflects an almost century-long commitment to provide people with access to emergency and primary healthcare, regardless of how remote their locations. RFDS (South Eastern Section) lives this motto every day, every week, every year.

Initially operating to service the needs of the outback, today RFDS (South Eastern Section) functions as an integral part of the health system across the State, through the delivery of emergency retrievals, non-emergency patient transport, inter-hospital transfers and primary care clinics, ensuring NSW regional and rural communities have access to the healthcare which is essential to their wellbeing.

As the needs of these communities have changed, so too has RFDS. Adding to their historical provision of retrieval services and aerial patient transport, RFDS’ operating model now extends to providing mental health, alcohol and other drugs services and permanent GP clinics. This last initiative has been of critical importance in locations at risk of losing access to their healthcare provider. With clinics at Warren, Gilgandra and Condobolin, RFDS has, in the last 12 months, delivered more than 31,000 occasions of care in these communities for people who would otherwise have to travel several towns away to access healthcare services.

New and innovative programmes are also part of today’s story of the RFDS (South Eastern Section). Its partnership with Lifeline in the *We’ve Got Your Back* programme enables local champions - graziers who have been through hard times - to engage in peer-to-peer support, linking people to appropriate mental health services. Yet another programme, *Guiding Rural Outback Wellbeing (GROW)*, encourages students at small regional schools to use nutrient-rich water to create sustainable hydroponic vegetable gardens, improving both health outcomes and school attendance.

Clearly, the sky is *not* the limit for the Royal Flying Doctor Service.

We are honoured to be Patrons and thank the Royal Flying Doctor Service and its generous supporters and donors for your unwavering commitment to our regional and rural communities.

**Her Excellency the Honourable Margaret Beazley AC KC
Governor of New South Wales**

Mr Dennis Wilson

Where our funding comes from

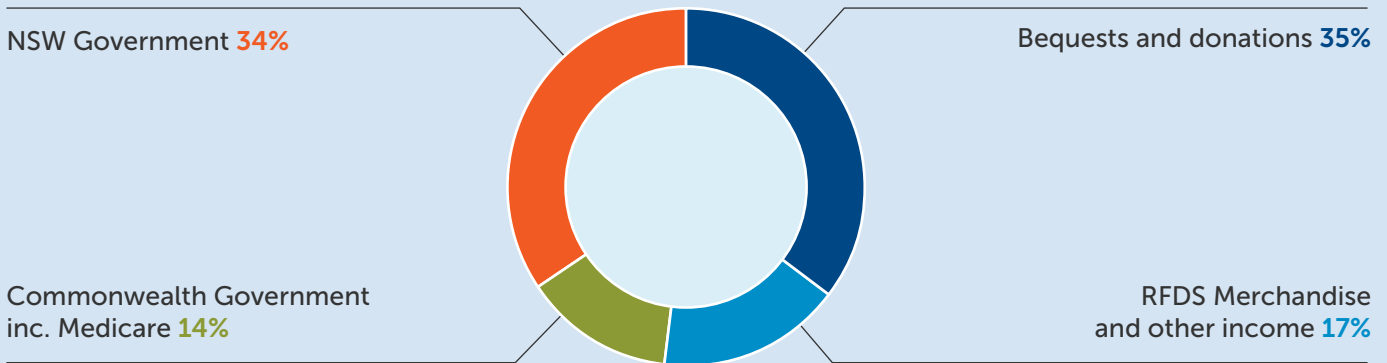
Every year demand for our services continues to rise, particularly as many healthcare providers in regional, rural and remote NSW continue to struggle with market changes, rising costs, and workforce shortages. As healthcare providers exit community or are unable to meet demand, the RFDS is looked to for support.

As an aeromedical healthcare provider with an extensive footprint, we are also not immune to these external pressures. For instance, in 2020, jet fuel prices were below US\$20 a barrel. By 2022 this had increased to over US\$180 a barrel, which is an 800% increase. By 2023 this cost had come down to US\$140 a barrel, which is still a 600% increase from 2020.

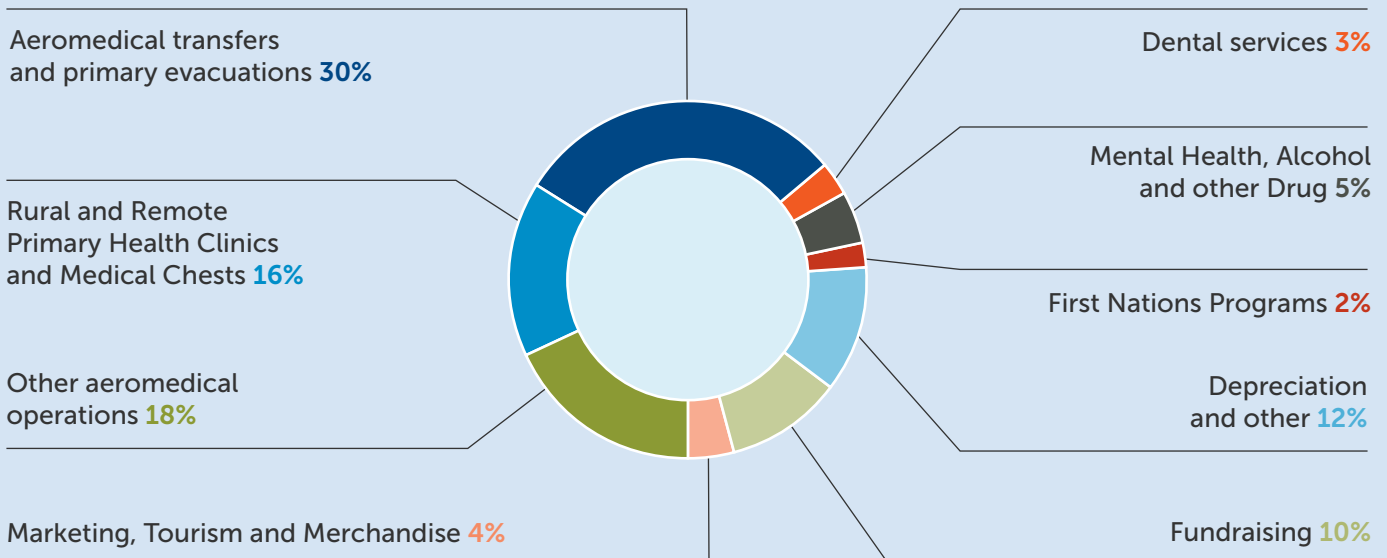
This irregular fluctuation of costs is felt across many parts of our organisation, squeezing every dollar we spend on supporting the regional, rural and remote communities who rely on our vital services.

It is why, particularly in the current climate, we remain enormously grateful for the continued support and generosity of our funders and donors. In the last financial year, more than half of our funding came from RFDS-driven philanthropy, bequests, donations, grants and contracts. The other half comes from State and Federal contracts.

WHERE THE FUNDING COMES FROM



WHAT OUR FUNDING SUPPORTS



2023-24

Snapshot of our year

We provided

91,160

occasions of care

31,032

occasions of primary healthcare



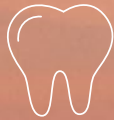
3,705

face-to-face mental health consultations



2,494

dental consultations



78

primary evacuations



473

telehealth consultations



3,978

inter-hospital transfers of patients ranging from low to high-acuity



Saved the GP clinic

in Condobolin from closing

24/7

Our specialist doctors and flight nurses provide emergency aeromedical retrievals

Employed

372 people across Broken Hill, Cobar, Condobolin, Dubbo, Bankstown, Essendon, Gilgandra, Launceston, Lightning Ridge, Warren and Sydney including:

48 medical practitioners

54 registered nurses

8 ambulance transport attendants

30 mental health, alcohol and other drugs clinicians

14 dental health practitioners

39 pilots

21 engineers

32 fundraisers

18 visitor experience specialists

108 support services



2/3
of our workforce
are regionally based



32,000
people were welcomed at our
Visitor Experience centres
in Broken Hill and Dubbo



14 aircraft have flown more than
3,269,000km



Named Australia's
Most Reputable Charity
by Charity RepTrak for
the 12th time



Voted as Australia's
Most Trusted Charity
by Reader's Digest

We deliver a range of primary health and emergency services to the Packsaddle community.



Supporting communities

An essential part of the health system, communities increasingly rely on the RFDS, for both life-saving emergency support and comprehensive primary care. From responding to the growth in need for mental health support, to stepping in when communities risk losing their only GP clinic, as community needs evolve, so do we – ensuring people get high-quality care, when and where it's most needed.

Since that very first flight in 1928, the RFDS has grown and adapted to change, and to new challenges, while always upholding its promise to provide a 'mantle of safety' to everyone who lives, works, and travels across rural, regional and remote Australia.

"We continue to respond to the shifting needs. While our core is still very much our emergency services and remote clinics, we've expanded to provide a whole suite of healthcare services that people living in cities often take for granted," says Jenny Beach, EGM Health Services Development for RFDSSE section.

"The RFDS has gone from having quite a well-defined service delivery based around a fly-in, fly-out model – emergency and retrieval and care – to now being embedded within communities through expansion of our primary care," says Jenny Beach.

"We now have people in uniform, driving cars, living in community – they are all part of the RFDS and this is significant in terms of a visible, permanent, connection with community."

"Our primary care has expanded considerably, because that's what the community needs ... that's where we're going to make the biggest difference to healthcare."

Jenny Beach

However, as Dr Shannon Nott, Chief Medical Officer and Executive General Manager of Health Services, says, the RFDS continues to face significant pressures and challenges.

"We are an essential part of the wider health network, people rely on us. But we are under pressure," says Dr Shannon Nott.

Market forces, rising operational costs, uncertainty of funding, shortage of health workers – from doctors, to nurses, to allied health professionals – is at a critical tipping point.

"Costs of running healthcare are huge, and the single biggest challenge we face as a healthcare provider in regional, rural and remote NSW, is finding a way to sustainably meet the enormous unmet need that exists for essential healthcare services, amid a system and operating environment that is riddled with challenges and barriers to that aim," says Dr Shannon Nott.

"In terms of our workforce, we have specialist staff, running 24/7 operations. They are highly skilled staff in high demand, workforce preferences are changing, including an ongoing decline in GPs in rural areas – and maintaining that level of service remains a challenge when costs are growing."

"Despite these challenges, we continue to work hard, evolving to meet community needs, ensuring we can continue to operate and deliver healthcare."

The increasing health need

Compounding the challenges and market forces, is an ever-increasing need for healthcare in regional, rural and remote NSW.

“We are seeing a constant and rising demand for healthcare in the communities we serve, exemplifying the importance of the RFDS as part of the wider health network to service these rural and regional communities,” says Dr Shannon Nott.

These health challenges are particularly severe in Western and Far Western NSW, where:



Non-Emergency Patient Transfer Nurse, Eddie Jacob, and Flight Nurse, Kerry Ukena.

Rate of potentially avoidable deaths in Western NSW is

49%

higher than that for NSW¹

Preventable hospital admissions

16%

higher for Western NSW than the rest of the State¹

The rate of suicide in Western NSW was

53%

higher than the national rate²

“Under pressure, we continue to deliver,” says Jenny Beach.

“We evolve as community needs evolve, and in the past year we’ve evolved, adapted, grown and consolidated services to ensure we can continue to support remote and regional communities with access to vital health services – including primary and allied health.”

96% of people say the RFDS is important for people living in rural and remote NSW

Access to quality, safe, and reliable healthcare shouldn’t be determined by your postcode, but the reality for many of the communities we support is that distance can be an overwhelming barrier.

We recently asked our communities to share their thoughts on healthcare in regional, rural and remote NSW to better facilitate conversations with our partners about what it’s like to live in the outer regions of the state, and the role the Royal Flying Doctor Service can continue to play long into the future.

An overwhelming majority (96%) of survey respondents (metro and non-metro) consider the services provided by RFDS to be “extremely important” or “very important” for Australians living in remote or rural NSW.

Three-quarters (75%) of respondents from Western NSW and the Far West would like more RFDS services delivered in their regions.

¹ Centre for Epidemiology and Evidence, NSW Ministry of Health: <http://www.healthstats.nsw.gov.au> (2022)

² Australian Institute of Health and Welfare National Mortality Data Base. :<https://www.aihw.gov.au/> Accessed: 10.10.2021. (2022)

“We are committed to rural, regional and remote communities having access to emergency care, GP, allied health and nursing services,” says Jenny Beach.

“The benefits of this are self-evident both in terms of health outcomes and reducing pressures on the health system.”

“We know that adding primary and preventive healthcare services in local areas has led to a reduction in emergency evacuations, because earlier identification and treatment means health problems are less likely to worsen to the point where someone needs to be moved out of their community and into a larger hospital.”

“Good primary care is important to people. Without it, and left untreated, people will die or have significant quality of life impacts.”

Dr Shannon Nott

It’s with these ultimate outcomes in mind, that the RFDS continues to evolve and be responsive, to meet the needs of the communities they serve.

“We have seen the demand and adapted our organisation. Our ability to change to meet need is most visible through our responsiveness to deliver greater primary health services, expand our dental offering, introduce mental health support, alcohol and other drug programs, wellbeing programs and play therapists,” says Dr Shannon Nott.

“We partner with public, private and other not-for-profit organisations and LHDs to deliver essential services across Far Western and Western NSW – such as emergency telehealth to multipurpose medical centres.”



Technology helping to connect people to vital care

From the day Alfred Traeger created the pedal radio, and gave them to communities to get help faster, telehealth has been part of RFDS.

Since then, the RFDS has done telephone consults remotely for people on stations, to dial in specialist consults and to support our volunteer Medical Chest Custodians to dispense vital medication.

As technology advances, a more sophisticated integration of telehealth is just a natural next step. Today we are seeing it reap benefits specifically where services aren’t usually available, such as in multipurpose medical centres and hospitals around the region, which don’t always have access to emergency doctors.

It’s playing an increasingly important role in overcoming challenges, bridging gaps and enabling the RFDS to do more with less.

“But perhaps the most visible evidence of evolution is saving several GP clinics from closure, to safeguard community access to healthcare services.”

“This is all on top of providing our 24/7 emergency retrieval service.”

“We are an integral part of the healthcare system. Who else can provide access to a GP, mental health support and dentist at one clinic. And then the next week run a workshop around positive parenting or have one of our amazing nurses at the local fair to talk to about common medical concerns? I am very proud of how our organisation continues to evolve.”

Greg Sam

Primary Health Nurse Abbey Barrett with patient and Enngonia resident Greg Oates.

A move into permanent GP clinics saves local community access to vital healthcare services

“Staff were so excited to get into the RFDS uniform. From day one they were keen to be seen as part of the RFDS, part of the community, and they are proud of working for the RFDS.”

Jenny Beach speaks of RFDS staff in our new GP clinics in Warren, Gilgandra and now also Condobolin.

“In the last 12 months, we’ve doubled down on medical services in these towns. We’ve saved these communities from having to travel several towns over to their nearest GP, and instead given these communities continuity of access to healthcare through these clinics,” she explains.

“They are evidence of the RFDS stepping in where many others cannot, where people are at risk of losing their GP services, where there’s a big need, and they could be left without any primary care if we didn’t step in.”

And the clinics have been transformative. In 2022, the RFDS stepped in to ensure the ongoing provision of GP services to the communities of Warren and Gilgandra.

“In doing so we preserved vital GP employees in these regions and continued to provide GP services to over 8,400 patients. Combined with our medical practice at the Clive Bishop Medical Centre in Broken Hill, these three practices provided over 28,700 occasions of care in the 2022-23 financial year,” says Jenny Beach.

Our four GP clinics delivered

62,559

occasions of essential primary healthcare last financial year.

It wasn’t long before another community reached out asking if the RFDS could come to their town. In January 2024, RFDSSE stepped in to keep the doors open of a GP clinic in Condobolin. The practice offers healthcare services including primary health, early intervention and prevention, health information and screening and chronic disease management.

“These GP clinics are an important evolution for RFDS and the communities we serve. When we project into the future, many small rural communities are expected to see population cliffs by the end of this decade,” says Dr Shannon Nott.



Primary Health Team Leader, Kerri Rothery with Fallon Gray at the Condobolin GP Clinic.

“As populations decline, there is a high likelihood of increasing socio-economic disadvantage, and we will see disproportionate levels of these people represented in terms of poorer health outcomes – such as increased chronic disease.”

“As this happens, these communities will be reliant on comprehensive primary care and the RFDS needs to ensure we can sustain primary care in those towns as those trends and predictions bear fruit,” he adds.

“We have saved three GP clinics, working with community to be responsive to needs, and we have an increasing role in rescuing GP medical practices in towns where existing providers have exited or failed,” Jenny Beach added.

“The more we can do to build the continuity of care and prevent problems, the less we need to retrieve and bring people in. You can make a huge difference working in primary care and we are committed to making these GP’s work, to get patients to come and see a doctor, which will ultimately result in achieving better health outcomes for these communities.”

Diagnosing type 1 diabetes – Augie’s story

“Every time I talk about it, I cry,” says Danielle Keenan, when she tries to explain her daughter Augie’s diagnosis with type 1 diabetes.

Caring for a sick child is always a challenge. But for many families living in regional and remote Australia, the added complexities of accessing healthcare appointments and the need to travel long distances to specialist services can be a frustrating and time-consuming experience.

When Augie’s Mum, Danielle, first noticed her normally bubbly and energetic daughter was becoming more and more lethargic and shedding weight from her already skinny frame, she knew something wasn’t right.

Danielle quickly arranged for her then six-year-old child to see the only available doctor at their local regional GP clinic. After receiving an initial test and diagnosis for a urinary tract infection, it wasn’t until a week later – with Augie still unwell and not responding to any medications – that a letter finally arrived, asking the family to return to the clinic to discuss Augie’s blood test results.

What followed was a frightening trip to the emergency department of their local hospital, followed by a 600km RFDS mercy dash from Broken Hill to Adelaide for specialist treatment.



The science around type 1 diabetes is hopeful, however the ongoing emotional challenges faced by children and families just like Augie and her mum are ever-present. From insulin dosing, carb counting, meters, pumps, continuous glucose monitoring, set changes (when the sensor and cannula have to be changed) – along with the literal highs and lows of hypos (dangerously low blood glucose levels) and hypers (very high blood glucose levels) – Augie and her Mum continue to live life with diabetes.



Top: Mum Danielle and daughter Augie.

Left: Augie says thank you to all the RFDS supporters.

Far left: Augie during her initial treatment and diagnosis with RFDS pilot, Michael Kerr.

The RFDS helped ease their journey, along with DiaBuddies, a Diabetes Queensland program to support children with diabetes and their parents, now being delivered over the internet. Here, Augie has met a little girl of the same age, and they’ve shown each other their dogs and diabetes teddy bears and compared insulin pumps. The girls’ mothers have organised to get the children together over the internet, despite living hours away from each other.

Watch Augie’s story here



Evidence-based programs help communities take greater control of their health and wellbeing

Whether it's helping people treat addiction, raising awareness for parents around how to talk to their kids about drugs and alcohol, encouraging women to do a breast screen, or tackling the growth in youth mental health, the RFDS is evolving its services and programs to mirror shifts in community need.

"From our Tackling Tobacco program to our partnership with the Alcohol and Drug Foundation, we don't just wait until there's a problem," says Vanessa Latham, Mental Health and Wellbeing Manager.

"We are trying to get in front of these risk factors and support people to make better, more informed decisions."

The RFDS delivers a range of essential multidisciplinary mental health, drug and alcohol, and wellbeing services including promotion, prevention, early intervention and clinical treatment to support children, adolescents, adults, and families.

"Every year we provide around 4,000 consultations – through face-to-face and virtual means including through outreach to about 26 remote communities where we offer mental health and drug and alcohol clinics and play therapy for children," says Vanessa Latham.

Vanessa says the need for mental health support, both preventative and responsive, is increasing each year.

"Mental health, alcohol and other drug services have grown significantly in a very short period of time. And we have also seen an increase in demand for many of the wellbeing programs we run across Western and Far Western NSW," adds Vanessa Latham.

"This is a reflection of the disproportionate mental illness in rural and remote communities, and also a reflection of some of the challenges our communities have from an environmental perspective."

Vanessa Latham

In the region we operate in, communities have gone through some of the worst droughts in history, and people are burdened with enormous financial pressures and cultural impacts.

"We've also had floods, with significant livestock losses, property damage; bushfires too had a significant impact. Our support, our services, our people, are working towards reducing the health impacts of these pressures," finishes Vanessa Latham.

The RFDS delivers a range of mental health and wellbeing services across Western and Far West NSW.



Supporting the youngest in our communities

Kids grow up differently in the bush. By four years old they know how to call the Flying Doctor. They know where the first aid kit is. Some even know how to apply a bandage!

They know all this because they have to. They might genuinely be the only person who can help in an emergency if something goes wrong.

But they also know all too well the pressures faced by their parents – from drought to floods, financial and livelihood pressures can take their toll. They overhear conversations about livestock dying because of lack of water and food. About how the family will pay their electricity bill. They absorb it all. It's pervasive. It's every day, month after month.

This is why the RFDS has responded with evidence-based play therapy programs to support families and children that may need a helping hand to make sense of their feelings in response to the challenges that come with living in some of the most remote areas of the State. Families can attend the Wellbeing Place in town, or they can make an appointment with our play therapists and counsellors when they travel to remote clinics. Our team also run regular wellbeing programs at schools across the Far West to help nurture positive social and emotional skills at a young age.

Our dental team is also a regular visitor at primary schools across Western and Far Western NSW. With a clear link between oral health and overall health, our dental van, and cuddly blue dragon, are on a mission to help young people build good oral hygiene practices to last a lifetime.



Dentist Mengzhu Wang and Dental Assistant Nicole Lees-Kelly see a student at St Patrick's Parish School, Brewarrina.

Right: Child & Family Mental Health Professional, Ali Lloyd, runs Story time to children at Packsaddle.



IN THE LAST FINANCIAL YEAR

More than
4,000
people have
participated in
166
GROW initiatives

Over
2,300
school students in the Far
West have participated in
200
school wellbeing classes

More than
2,100
participants have
joined one of
290
arts, yoga, tai chi or
meditation classes

Providing comprehensive primary care in the bush

Our network of fly-in, fly-out and drive-in, drive-out primary care remote clinics service more than 20 remote communities across Western and Far Western NSW which have limited or no on-site access to care.

The permanent populations in some of these communities could be in the dozens, but locals come from neighbouring properties and townships, far and wide, for their regular check-ups, check-ins, and health management plans.

We deliver essential and preventive services including diabetes surveillance, heart disease monitoring, and screening for cervical and other cancers.



Around

54%

of the people accessing our primary health services are women

“Getting out into the community and seeing rural and remote clients, it’s such an amazing opportunity to take healthcare to the clients, rather than them having to travel hundreds of kilometres to access healthcare.”

Abbey Barrett.



Breast Care Nurse, Jo Beven, with Project & Property Manager, Paula Ramien, and Health Service Coordinator, Sophie Ogilvie, attend a Women’s Health Day in Louth.

In her role as a Primary Health Nurse, Abbey helps educate people, especially women, to optimise their health.

“Through our nurse-led clinics we strive to promote the best health women can achieve by bringing to light the health checks they are eligible for. It’s a great opportunity for women to take some time out for themselves and to highlight to women the importance of looking after themselves in a relaxed environment,” she says.

With many women often putting the needs of others before themselves, Abbey says it is vital all women make their health a top priority.

“Research has shown that the health of a whole family or even a broader community is influenced by the health of the women involved in it. It is vital that women make their health a priority, not only to live a healthy life, but also for the wider impact they have on the systems in rural or remote areas,” she says.

“Some of these communities we service are many, many kilometres from metropolitan health services and by us delivering the services in the community, we are able to keep people in community for longer periods of time; and we know that patients have greater health outcomes by receiving care in their community.”

The RFDS is there, come rain, hail or shine

When extensive flooding hit regional, rural and remote areas of NSW, the RFDS stepped up to support communities across many of the disaster zones (including Bourke, Brewarrina, Central Darling, Cobar, Gilgandra, Walgett, Warren, Wentworth, and the Unincorporated Far West region).

In the 12 months, numbers of patients seen at many RFDS clinics in flood-hit rural NSW communities doubled, trebled or increased by even greater margins compared to patient numbers seen before the event.

As well as caring for dramatically increased numbers of patients, the RFDS was able to adjust the services provided – including the delivery of vaccinations against Japanese Encephalitis, a potentially fatal mosquito-borne disease that has been listed by NSW Health as being of ‘high concern’ in a number of affected LGAs since the floods occurred.

Our GPs, primary healthcare nurses, mental health clinicians, infection control nurses, alcohol and drug clinicians, and community engagement officers and others also undertook chronic disease screening and identification (including diabetes, heart disease, and some cancers); sexual health screening; mental health screening; pathology requests; counselling and treatment for alcohol and other drug use; early childhood development monitoring; women’s health clinics; and a range of vaccinations.

Underpinning our ability to continue this lifesaving work, was support from the Australian and NSW governments through funding as part of the NGO Flood Recovery Program.

“A happy mouth is a happy body” was the theme of this year’s World Oral Health Day, and it’s also the mantra which the RFDS dental team frequently repeat as they take the dental van to remote communities in NSW and beyond.

For more than 20 years the RFDS has provided dental services to communities in remote and rural NSW, providing a lifeline of accessible, high-quality dental care to residents who would otherwise struggle to see a dentist.

Over that time, the healthcare system has evolved in terms of understanding of the importance of oral health to overall health. Dentistry in the past has often been about pain relief, and ‘pearly white teeth’. Now, while there’s still a focus on pain relief, the message is filtering out to community that improving oral health brings broader benefits to overall health.

With a close link between poor oral health and serious conditions like type 2 diabetes, asthma and cardiovascular disease, our dental team continue to work hard to enable as many people as possible to access regular dental services.

“Working closely with the RFDS primary health teams, including GP services and mental health and drug and alcohol teams, and also with NSW Health and other partners, we deliver dental care at more than 30 locations,” says Lyn Mayne, who heads up the RFDSSE dental team.

A big part of what Lyn and her team do is focused on instilling good habits in children through taking the RFDS dental van to remote schools for dental check-ups, toothbrushing programs and oral health education. They also run sessions for ‘Mums and Bubs’, and in aged care facilities where possible.

The dental van, with full sterilisation facilities and an x-ray unit, makes it possible to provide a huge range of treatments including extractions, fillings, restorations, root canals as well as ‘check and cleans’.

Our team and the dental van were delighted to spend time with the children of St Patrick’s Parish School Brewarrina.

The dental team delivered nearly

2,500

occasions of care across

225

remote clinics



24/7 aeromedical services ensure hope is always on the horizon

The RFDS's emergency retrieval operations trace its roots back to our founding nearly a century ago, and still, today provide the basis for the famed 'mantle of safety' that ensures everyone – no matter how remote they are in the bush – is never beyond the reach of medical help when they need it.

Emergency retrievals have been continuously delivered in NSW since 1936, and our highly trained critical care doctors and flight nurses are available 24/7 in specially equipped aircraft to respond to calls from NSW Ambulance or directly from remote communities using our helpline.

Flight Nurse, Sarah Guest.
Bottom right: Flight Nurse, Michael Harper.



Within 30 minutes, doctors, nurses and pilots converge to get into the air and out to people in need. From our bases in Broken Hill and Dubbo we cover a vast area across Far Western and Western NSW, as well as pastoralist communities in the north east of South Australia and south west of Queensland.

“Multipurpose medical facilities in remote communities are also important healthcare hubs. While not always equipped for emergencies and health issues, the clinical staff at these facilities know they can call the RFDS 24/7 and speak to a highly trained medical professional on how to respond to a presenting patient,” says Dr Shannon Nott.

“While we are on the phone, we can simultaneously arrange for a team to be in the air and en route to the patient. It can be very daunting to respond to an emergency in an isolated community – but we have set up systems and relationships so that the RFDS is never far away.”

The RFDS's Non-Emergency Patient Transport (NEPT) service ensures patients from rural and remote areas can access hospital care, by providing door-to-door transport for cases that are not life-threatening or time-critical.

Dr Shannon Nott says this is another critical service that should not be underestimated.

“If you have an injury or a health issue that requires need specialist care or surgery, you are likely in some kind of pain or incapacity. Getting in a car, onto a train or an aircraft simply isn't viable for everyone and their condition. This is why our NEPT service is so essential,” explains Dr Shannon Nott.



We are on call 24/7 for emergency medical support across Western and Far Western NSW.



A Mother's Day to remember – Caitlin and Hardy's story

Early in her pregnancy, Caitlin had been diagnosed with gestational diabetes and placenta previa. This placed her in a high-risk pregnancy category, and when Caitlin began to experience pain and contractions at 32-weeks, she knew something wasn't right. Caitlin travelled to the local medical facility in Lightning Ridge, a small outback town in north-western NSW.

However, most remote medical facilities lack the specialist facilities to deal with complicated conditions like Caitlin's. Once assessed by the local nurses, the goal was to get Caitlin to the nearest hospital with a birthing ward as quickly as possible. With Lightning Ridge more than four hours from Dubbo by road, flying was the best option.

The RFDS team was called to transfer Caitlin to Dubbo Hospital where she was immediately rushed to theatre for an emergency caesarean.

Little Hardy was born at 9:09pm that night. With some complications for mother and baby, Hardy was next transferred to Nepean Hospital at Penrith, with Caitlin flown down by the RFDS to join him soon after.



Caitlin, baby Hardy, with dad Jamie, plus siblings Harrison and Hayden, at Lightning Ridge.

After two weeks in Sydney, Caitlin and Hardy were transferred back to Dubbo by the Flying Doctor, where they spent another two weeks before they finally went home to Lightning Ridge.

"It was such a difficult and scary time for us, but the Flying Doctor made it possible for us to get the help we needed. Without them, I don't know what would have happened to me or Hardy," says Caitlin.

Important foundations for culturally sensitive care

First Nations Health Wellbeing and Service Development Manager, Cory Paulson, is passionate about what he does and the benefits it brings to Indigenous communities across NSW.

“Perhaps the biggest area of immediate impact on First Nations communities, families and peoples is providing our essential services to regional and remote communities – primary health, mental health, medical retrievals, and specialty services,” says Cory.

In addition, a great deal of work is being undertaken behind the scenes to further influence how we deliver services, and how we improve those services to ensure they are culturally responsive and safe. This includes a First Nations strategic employment plan, cultural responsiveness framework, cultural clinical framework and ongoing partnership with First Nations community organisations.

“We are also establishing our first ever First Nations Community Advisory Group where First Nation members of community will help inform how the RFDS delivers culturally sensitive care,” says Cory Paulson.

The Community Advisory Group is vitally important to the RFDS’s understanding of culture, and ensuring the organisation and services represent the communities it serves and the people it works with.

“It will provide guidance, advice, and support to RFDSSE on matters relating to improving healthcare services and outcomes with First Nations communities, and it will advise on delivery of services that are culturally informed, safe, responsive and accessible for First Nations communities,” says Cory Paulson.

“The membership will be finalised in October 2024 and the group will inform our understanding of who Indigenous communities are, their expectations for language, communication and so on. They will set clear guidelines on how to engage, which the RFDS then takes forward to implement to ensure our service delivery meets the cultural and social goals and aspirations set out by the Community Advisory Group.”

“All these initiatives are working towards culturally safe service delivery, and influencing the scope of practice within our clinical teams. It’s also impacting how we are developing policies and processes to include First Nations culture in our services and how the organisation operates,” finishes Cory.

Kerri Rothery with patient and Weilmoringle resident Robyn Brown and her granddaughter, Ta’larnie Brown.



Supporting communities into the future

For nearly 100 years the RFDS has been providing healthcare, including primary care and lifesaving emergency care, to people who live, work and travel in rural, regional and remote Australia.

“We aspire to do that for another 100 and more,” says Jenny Beach.

This means investigating and evaluating opportunities to expand primary health services where the RFDS can have the most impact – and the need continues to grow. Jenny Beach is constantly in conversation with people who ask the RFDS to consider coming to their community.

“There are so many instances where people are looking for RFDS to come in and plug the gap. Funding is challenging, but there is such a great need.”

Jenny Beach

Thoughtfully and carefully is how the RFDS will continue to set itself up for a successful future of healthcare delivery that will achieve better health outcomes.

However, as Dr Shannon Nott explains, this may look different to how it’s looked in the past.

“Historically the RFDS was set up to meet real challenges in access and equity in rural and remote communities.

“At the heart of our services is community. But we know that with constrained resources into the future, and with advances in technology, what we delivered 40 years ago – although delivered with the same intent – may look different next year and beyond,” says Dr Shannon Nott.

Innovation has been key for the RFDS to develop models of care that address health access, aligning with universal healthcare principles, and providing universal healthcare coverage.

“This core business is absolutely crucial for the communities that we serve. And when we look at individual impact on those communities, without RFDS, there would be no healthcare provider in those communities,” Dr Shannon Nott adds.

Flight Nurse Kathryn Hines and Medical Registrar Jessica Kracht



The RFDS will continue to look not only at where it is today, but also how it will adapt to meet the needs of the health system and communities into the future. This is done in consultation with communities, healthcare partners, local health districts and government to review healthcare trends, demographic changes and market movements to respond to current and emerging needs. This is all done against a backdrop of funding pressures and nation-wide skills shortages.

“We don’t shy away from the fact that with all the ingredients, all the needs to be met, it will be challenging to do all of this with less – less workers, less funding,” says Jenny Beach.

Which is why the RFDS goes – as Jenny says: “thoughtfully and carefully.”

“We don’t jump into anything. We follow guiding principles, and work closely with others to have maximum impact – councils, LHDs, Rural Doctors Network, Primary Health Networks and so on – it’s critical we work well with them, collaborate with them, and think together with them,” finishes Jenny Beach.



Broken Hill Senior Base Pilot,
David Rogers.

Excellence in safety, quality and performance

Australia is one of the least densely populated countries in the world. In the interior, you can go hundreds of kilometres before seeing another person. It's one of the reasons why the RFDS is so important to remote communities. It's also why the RFDS invests so heavily in safety, quality, and performance. Because no matter how isolated the community or how remote a call from help comes from – you can trust the RFDS has the skills, resources, and support to meet any occasion.

Many have called the vital work of the RFDS 'extreme medicine', which is generally what you call medical care delivered in unconventional and challenging environments. With clinic rooms and emergency airstrips on private properties and small townships, and a dozen aircraft carefully fitted with lifesaving equipment, it's an apt description for what the RFDS does.

Specialist teams are providing the highest quality of care under an array of circumstances – providing hope on the horizon for nearly a century. However, the RFDS doesn't do this alone.

In an emergency, every second counts; and when flying into remote and rural properties, finding suitable airstrips to land is a critical part of attending an emergency safely, reliably and quickly. Which is why this year has seen a major project underway to update the register of several hundred airstrips across the South Eastern Section.

For the service the RFDS provides, there are some fairly basic but crucial requirements for airstrips – including an obstacle-free clear way at least 200m in all directions of the runway.

"The surface must be smooth enough for us to get down and do a safe, comfortable landing. If we've got cattle pats across the middle of a strip, if we've got sheep, cattle, goats, kangaroos, those things are always an issue for us to deal with. If we can address those things prior to landing, that makes our operation of the aircraft a lot easier and, most importantly, a lot safer," says Cameron Gibbs, Chief Pilot of RFDSSSE.

"Our current register lists more than 300 airstrips that we have assessed in the past. However, some of these airstrips we haven't operated to

in many years, if ever, and it is essential that we have accurate information on the current state of every airstrip."

The importance of accurate information cannot be overstated, which is why this ongoing data capture is vital to ensure that the RFDS can quickly assess how to best attend a medical event.

The airstrip register update is also an opportunity to educate landowners and the broader community on what they need to do to maintain an airstrip and any new regulatory requirements the RFDS may need to adhere to in the future.

"Ultimately it means that when we are called, we can go without delay," says Cameron Gibbs.

While the RFDS could be called to an emergency on private property, the NEPT teams and primary health teams are typically flown into small regional airports

"We've also engaged with regional airports on what our needs are in terms of length and width, with a view to maintaining, and where required, upgrading their airstrips so we can continue to access these too," Cameron Gibbs adds.

The project will prove invaluable for the RFDSSSE's pilots who may need to access these airstrips.

"Our teams fly to major airports, regional airports like Dubbo, Council-owned airstrips and private airstrips. We could have a pilot typically based in Dubbo or Broken Hill flying out to Bollards Lagoon in the far north-east of South Australia – we want them to be as informed as possible, so we can deliver our services safely," explains Cameron Gibbs.

Training “the best in the world”

On top of being informed, the RFDS also places huge importance on maintaining their pilots’ reputation as amongst the best trained in the world.

“We are a 24/7 operation and our people need to be capable of deploying on a life-saving mission at a moment’s notice. Training is key to maintaining our capabilities, along with the highest recruitment standards for our people,” says Mark Davey, Executive General Manager – Aviation & Operations for RFDSSE.

The RFDSSE has been flying Beechcraft KingAirs for 30 years. That long history has meant the RFDS has been able to create its own CASA approved training and checking system, which has been in play for over 25 years.

“All our significant training is undertaken in simulators and a key achievement in 2023-24 is enhancing and growing our expertise and capability with the simulator,” says David Connell, RFDSSE Head of Training & Checking.

By doing so, the RFDS has achieved higher levels of certification and CASA accreditation.

“Growing this capability enables us to train our own pilots to the highest standards possible and in turn, provides significant operational capability to the communities we serve,” says David Connell.

“This is the best flying job in Australia, and we are doing our best to make sure that remains the case. We have fantastic avionics support systems, great training and checking systems and 24/7 engineers,” says Cameron Gibbs.

“Some people will want to go fly a jet for a commercial airline. We encourage that ambition and traditionally we have been a feeder for the airlines – but in recent years we’ve seen the pendulum swing back. More and more we are getting highly experienced airline pilots who come to the RFDS wanting to do something more rewarding,” finished Cameron Gibbs.

RFDS Pilot Paul Martin



Dedicated engineers keep the Flying Doctor in the air

It takes a special aircraft to provide the vital healthcare and emergency services the Flying Doctor delivers to tens of thousands of people across the South Eastern Section every year.

With fourteen aircraft flying over 3.2 million kilometres in the last financial year, there is a regular catalogue of essential maintenance that needs to be done quickly and efficiently to keep specialists in the air.

This is why the RFDS has a team of dedicated engineers at the Broken Hill and Dubbo bases to support the whole lifecycle of an aircraft – from fit-out through to ongoing maintenance and repairs.

Hamish Curtis, who commenced with the RFDS in 2018 as an apprentice engineer, became a Licenced Aircraft Maintenance Engineer in 2024, is enjoying the challenge of working for one of the world's largest aeromedical organisations.

“Our team has a diverse range of skills, including those who look after the engine and airframe, known as B1 engineers, and those who manage the avionics, the aircraft's electronics, instruments and radio, known as B2 engineers. We also have apprentices who are working towards getting their aircraft maintenance engineer ticket, and eventually their Licenced Aircraft Maintenance Engineer qualification,” says Hamish.

And when it comes to a normal day, Hamish says there's really no such thing, with such a variety of work that makes every day a different and engaging challenge.



Hamish Curtis and Engineer Jonathon Edwards.

“You can be doing anything from a tyre change or replenishing oils, right through to what we call a major phase check, where we remove all of the interior and all of the panels. Some of those major works are projects that can take ten days, two weeks or, in rare cases, a month,” finished Hamish.

More than

40

pilots across the South Eastern Section

Our fleet of

14

aircraft are a mix of Beechcraft KingAir 200s and 350s

Over

3.2m

kilometres flown transporting patients and clinicians

Coordination and agility are key



The Flying Doctor is far more complex than a commercial airline – there are many layers to the services provided and the remote footprint covered. On top of that, when you are dealing with people’s lives, there is a higher bar to perform to.

“Health and aviation are both heavily regulated in their own right. The RFDS has to contend with both – the heavily regulated aviation and the heavily regulated clinical function, which both cross over and work together,” says Mark Davey.

“This drives a significant amount of complexity into how we operate.”

Another factor in this complexity is that a significant part of what the RFDS does is unscheduled. An airline has a set schedule, where everyone knows many weeks ahead what that schedule is. Crews can be allocated, maintenance scheduled – it’s consistent and certain.

But for RFDS, that’s not the case. We don’t always know in advance when we will fly and this drives significant complexity into our aeromedical operations requiring detailed planning, operational resilience and agility,” explains Mark Davey.

The Operations team, stretched across Dubbo and Broken Hill, is the nerve centre of the RFDS, taking emergency calls, and coordinating teams, clinics, aircraft and vehicles.

“A typical day in the Operations Centre is always different to the next. We coordinate Non-Emergency Patient Transfers, retrievals, clinic flights, aircraft, ambulance and other RFDS vehicles. We are also on call for 1800 DRS FLY, the Royal Flying Doctor Service’s emergency number for the most remote locations,” says Marg Moon, Operations Centre Team Lead, based out of Dubbo.

In a 24/7 operation, every day brings its own unique set of challenges. There could be multiple calls for support at the one time. A plane may have to turn back because of poor weather or get diverted mid-flight to attend an emergency retrieval.

“There are multiple things that can happen, but managing these priorities is critical. Every service we have is important for community; and when something happens, we make sure we deliver for our communities,” says Marg Moon.

“We just make it happen. It’s not an easy role, but it’s a vital one. And it’s hugely rewarding”

Marg Moon

RFDS Dubbo base Operations Centre Team Leader, Margaret Moon.

Flexible operations underpinned by robust governance

The magnitude of the RFDS operations is unmatched, as is the flexibility with which it operates. Underpinning this is robust governance, along with key partnerships, and a philosophy of continuous improvement, which supports the organisation and its people to deliver the highest quality care for all.

Mark Davey says this flexibility and quality of service provides the gateway for the RFDSSE to respond to changing community needs, such as providing additional ambulance services and improved aircraft availability.

“This has allowed us to fill gaps across the health network, by picking up additional surge flying for NSW Ambulance and additional NEPT tasks. Ultimately, it enables us to better help the community when they need it most,” says Mark Davey.

It’s a powerful example of the RFDS being a trusted partner to our stakeholders, showcasing its integral role in the healthcare system.

“In the past 12 months we have continued to differentiate ourselves through trust, confidence, and delivering on our consistent track record with partners,” says Mark Davey.

“We continually demonstrate that we are a trusted partner to many, and we play a fundamentally vital role within the health system.”

Mark Davey

A philosophy of continuous improvement

Distance should be no barrier to access to quality healthcare, and regional communities should be able to benefit from the same advantages as people living in metro areas. This is why the RFDS invests in services and technology to protect information, improving the safe storage and sharing of health information, and actively invites consumer feedback.

The RFDS also has a regular program of health audits and reaudits covering all eight of the National Safety and Quality Standards. In the last financial year, the RFDSSE conducted 78 audits, covering clinical reviews through to documentation reviews, supply and facility checks, and education checks.

Moving to digital records for remote consults

In the last financial year the RFDSSE has transitioned paperwork and administration for remote consultations and the Medical Chest program to a digital system.

By eliminating paper records the RFDS has automated processes, improved digital recording keeping for future care needs, and created an additional safety net to protect the privacy of patients and clients.

Real-time consumer feedback

In the last financial year, the RFDSSE received 871 pieces of feedback with an average satisfaction of 98%.

This level of relevant feedback was enabled by new digital tablets that travel with clinicians to points of care for consumers to fill in as they leave a service. This feedback is essential to help teams understand how to improve and better serve the community.

Tech integrations to support ongoing credentialling

With more than 350 people working across the organisation, there are a number of credentials that need to be obtained and maintained – for primary health clinicians, mental health specialists, medical registrars, pilots and engineers.

A new online portal automates notifications when credentials are due to be renewed, and monitoring systems with regulatory bodies means the RFDS can keep abreast of regulatory changes and requirements.

Simulation training ensures our medical team are always at the top of their game

Most training hospitals don't offer simulation training. But for the RFDS, it is core to its operations, especially in retrieval where the team can be presented with a wide range of low to critical medical episodes.

Oliver Hoelscher and Amanda Edwards are both fly-in-fly-out Flight Nurses based out of Broken Hill. They started with the RFDS at the same time last year and went straight into the RFDSSE's comprehensive 6-week orientation program.

"We do our first two weeks in Dubbo where we get put through our paces, including corporate orientation, but also rapid cycle simulation just to get familiar with the gear and equipment, policies and practices," explains Oliver Hoelscher.

From then, Flight Nurses are rostered onto a four-week program where they share shifts with an experienced flight nurse to show them the ropes and consolidate all the learning into real life before they are able to start flying on their own.

Flight Nurses and Medical Registrars also come together every six months to conduct extensive simulations. Organisations the RFDS may partner with during an emergency, such as VRA Rescue and NSW Ambulance, are also invited to run simulations to get the full experience on the ground.

"Normally when you come through hospitals, these simulations are quite consolidated and quick because everyone is time-poor. But we're given the opportunity to run the simulations for close to an hour to see what the true timeline would be," says Oliver.

"I can't stress how valuable that is, because it's so different to what you've ever done before," adds Amanda Edwards.

"The orientation week was brilliant. You run the scenarios as if they are real – and because you immerse yourself in them, they actually feel real," says Amanda.

Recently, Amanda was on a shift with a doctor she had been running simulations with when they were called to an accident with multiple people presenting with injuries. "That retrieval ran really smoothly because we'd done it; over and over and over again during orientation."

RFDS Flight Nurses and Medical Registrars undertake extensive simulations.



“It’s an amazing piece of the clinical governance puzzle, to make sure your people are skilled in this really tricky environment.”

Amanda Edwards

Technology to enhance the learning experience

Recently the RFDSSE Education team were lucky enough to add a Vimedix ultrasound simulator to its list of training equipment. This technology provides a comprehensive training platform for cardiac, pleural, abdominal, obstetric and gynae ultrasonography.

Unlike other ultrasound simulators, the Vimedix ultrasound simulator features a customisable, animated 3D and 4D display that is presented in real-time on a split screen next to the corresponding 2D ultrasound image. This feature dramatically enriches the learning experience as well as increases retention.

“We always talk about bringing the finest care to the furthest corner and this is how it is done; investing in technology and training content to improve the skills of our doctors and nurses,” says Michael Cook, Flight Nurse Educator.

“Ultrasound is the way forward – it has a higher specificity than x-ray in some clinical scenarios and has the advantage of being rapid, portable, repeatable, non-invasive and easily learned,” adds Michael Cook.

The RFDS offers world-class simulation training with emergency services partners.



Brendan Cullen from We've Got Your Back



Partnering for impact

It takes a village to ensure that all members of the community have the resources and services to thrive. This is an approach that is near to our hearts. Our partnerships – across the health industry and with governments, donors, partner organisations, community volunteers and businesses – play an essential role in supporting the RFDS to deliver vital health services to remote, rural and regional NSW communities in need.

The RFDS has grown in complexity as we have grown in scale to meet the growing demands of the communities we support. There were 37 core programs we delivered across Western and Far Western NSW in the last financial year. These were either funded by or delivered in partnership with more than 15 different partners.

37

core programs delivered in the last financial year

27

of those programs were either partially or wholly funded by RFDS philanthropic efforts

15

different partnerships supported the roll out of our core programs

In addition to this, the RFDS is a trusted and reliable partner for other partner organisations that leverage our depth and breadth of expertise and our significant footprint to bring evidence-based and innovative programs into the rural interior of NSW.

Our partnership with the Alcohol and Drug Foundation (ADF) is a wonderful example of this kind of successful collaboration.

The ADF is a leading not-for-profit committed to inspiring positive change and delivering evidence-based approaches to minimise alcohol and drug harm in Australian communities.

“The ADF provides a range of evidence-based tool kits to help communities deliver activities and prevention events around minimising harm from alcohol and other drugs (AOD),” says Kasey Hilderson from the Alcohol and Drug Foundation.

Our team are often out and about in the community to share education and information.



Our Lightning Ridge Wellbeing Place team Sara Smith, Loyola Dowdy and Sandra Thomas, at last year's Carols by Candlelight community event.

“We have evidence-based tool kits and activities for all ages and stages of life, which cover a range of issues: pharmaceutical, drug use, supporting teenagers. We also do community action against liquor licensing – how communities can stop new liquor licences being granted to venues,” says Kasey Hilderson.

Those tool kits and activities developed by the ADF are rolled out to organisations like the RFDS to co-design programs to best suit community needs, co-designed in consultation with the community. To do this effectively, Sara Smith, Wellbeing Community Engagement and Support Worker from RFDS in Lightning Ridge, says working closely with communities and the ADF is essential.

“It’s all about partnerships!” says Sara Smith.

“The RFDS and ADF have partnered for five years. Starting with a pilot for the GROW program in Gulargambone, we have now evolved to have five Local Drug Action Teams (LDATs) covering the towns of Broken Hill, Menindee, Warren, Trangie and also the Walgett Shire, which includes five townships alone.”

The LDAT in each location will take feedback from the community and other organisations in the community to identify the kinds of programs that would be most beneficial. This could be information sessions and materials about how parents and carers can talk to their children about drinking, smoking, or vaping. Alternatively, it could be a program to inform young people about how to minimise risk when using different substances.

“Our primary goal is prevention so people can make more informed choices. We create positive impact by delivering information about common drugs and wellbeing because they go hand in hand.”

Sara Smith

The fact the RFDS has five LDATs exemplifies the strength of the partnership between the two organisations.

“It’s unheard of,” says Kasey Hilderson. “It’s more than all other partner organisations across the country, the closest organisation has two LDATs. To have five is a model that’s been well developed on the RFDS end.

“They’ve taken it on in a structured way; and the key ingredient for success is that the RFDS has dedicated people delivering each LDAT – they have people in each area, who get into community and really understand the need to maximise the output and reach.”

“It’s really beneficial to community,” finishes Kasey Hilderson.

70
initiatives run
across the
financial year

6,162
young people,
parents and carers
reached

Mental Health, Alcohol and other Drugs Operations Manager for Broken Hill, Kayelene Crossing, can also attest to how working in partnership can have a remarkable impact.

Having seen first-hand how tobacco has affected her community's mental health and wellbeing, Kayelene was keen to work with Cancer Council NSW to deliver its Tackling Tobacco program.

"Tobacco is one of the main drugs of choice we see come through our door. People find it hard to give up, and many aren't able to find the right support," says Kayelene Crossing.

Cancer Council's Tackling Tobacco program aims to reduce smoking related harm amongst priority populations in NSW that experience high levels of social and economic disadvantage. The program is helping organisations like the RFDS to support people to quit smoking for good.

Throughout the one-year program, training was provided to almost all of our Alcohol & other Drug and Mental Health staff. The training covered everything from how to provide advice around quitting smoking, through to correct use of Nicotine Replacement Therapy, and other support to help people remain smoke-free.

"The staff really supported the program and are delivering Tackling Tobacco out in the remote communities," says Kayelene.

The programs are also being delivered as part of RFDSSE's range of mental health and wellbeing services, offered at the Wellbeing Place hubs at Broken Hill, Dubbo, Cobar, Lightning Ridge and beyond.

On top of educating RFDS teams, a grant and partnership with a Dubbo pharmacy meant the RFDSSE could purchase Nicotine Replacement Therapy (NRT) at cost price, and create 'quit kits' for over 270 people who wanted support to quit.

"These quit kits are reaching people through our wellbeing hubs and out in some of the most remote locations in NSW, covering a land mass of approximately 640,000 km²," says Kayelene Crossing.

"Thanks to this partnership our clinicians are now able to take NRT with them on our aeromedical outreach clinics, including to remote communities such as Wilcannia, White Cliffs and Tibooburra."

"One of our AoD clinicians was attending an outreach clinic when a man self-presented to the local emergency department complaining of chest pains after having a cigarette."

"The patient was quickly running out of breath and unable to keep up when playing with his young daughter, and he wanted to be around for her as long as possible."

"After extensive tests, he was referred to our GP clinic for follow-up, and the AoD clinician was able to provide brief smoking cessation support which included facilitating access to NRT. He was also provided with a pack of inhalers, lozenges and quick mist spray," finished Kayelene Crossing

The Tackling Tobacco program has been rolled out to remote communities across Western and Far Western NSW.



Partnerships to ensure no community is ever far from help

While living in a remote community can sometimes feel lonely, and allied health care providers are responsible for a large footprint, the RFDS is there to ensure that remote communities are never far from help.

In addition to running RFDS remote clinics, many of which we have been providing for decades, the RFDS also partners with Local Health Districts to support their teams in remote locations for both primary health and emergency care, and with local Councils to meet current and emerging needs.

GPs and primary care nurses may attend a regular clinic in the community, working hand in hand with the LHD to provide essential primary and preventative healthcare. Established multipurpose medical centres in Western and Far Western NSW know that there is an RFDS medical registrar just a phone call away if a patient presents with an injury or illness.

“For example, in Wilcannia, the RFDS utilises retrieval teams to provide telehealth services using NSW Health infrastructure to support the Far West Local Health District staff on site,” explains Dr Shannon Nott.

“In providing that support, we are able to access NSW Health medical records directly through their digital systems, which allows our clinicians to prescribe medications where appropriate, as well as having full visibility of patient records such as pathology results, imaging and other hospital documentation. In Wilcannia, RFDSSE emergency teams can provide 24/7 virtual support and retrieval/transport services if required and our GPs support aged care residents in the facility,” adds Dr Shannon Nott.

All of our partners and the community can rely on our emergency retrieval team to be in the air within 30 minutes. Hospitals can depend on the RFDS to help transport non-critical patients to the care they need, regardless of whether that care is in Sydney, Melbourne, or Adelaide – and back again.



While all parts of the healthcare sector remain under funding and resourcing pressures, particularly in regional, rural and remote communities, coming together with our partners to find innovative solutions is essential.

“When we do these things, it’s recognition of the importance of health to the fabric of the community – and that improving healthcare will improve that community,” says Dr Shannon Nott.

“It’s recognition of the whole of health throughout life, that primary care is key to preventing illness, and key to keeping people at home, or in community, and keeping them well for much longer.”

“When we work closely with Councils, with community, with businesses, with other health partners, we can do great things.”

Dr Shannon Nott

Delivered primary care across

14

local government areas

Discussed more than

2,200

test results

Developed around

800

care plans

The RFDS responds to the Special Commission of Inquiry into Healthcare Funding

In May 2024, the RFDSSE was invited to present to the Special Commission of Inquiry into Healthcare Funding during the hearings in Broken Hill. The primary task of the Inquiry is to conduct a holistic review of the funding of health services in NSW and identify opportunities to deliver higher quality, more timely, and more accessible patient-centric care.

As a not-for-profit healthcare provider committed to delivering vital healthcare to rural and remote communities that would otherwise have to go without, we know better than most about the rising cost of service delivery and the challenges our communities face when it comes to accessing timely healthcare services.

During our submission to the Inquiry we recognised the demands on the public purse and the strong competition for the health dollar, but it is our view that the health dollar should be prioritised and strategically invested to address the growing needs of the healthcare system and the growing inequities experienced by remote, rural and regional communities in NSW in accessing healthcare.

The RFDS was grateful for the opportunity to host the NSW Premier, Chris Minns, on a tour of our Broken Hill base. He is pictured with Regional Services Manager – Far West NSW, Jackie Hanniver.

In this respect, we put forward four guiding principles for consideration:

1. Equity

Funding and health programs should be applied through an equity lens to support health needs in rural and remote communities. This includes increased investment for rural and remote communities where access challenges are compounded by social determinants of health, workforce access and geography.

2. Access

Remote and regional communities need access to vital health services – including primary and allied health. The benefits of this are self-evident both in terms of health outcomes and reducing pressures on the health system. Not-for-profit organisations should be funded to provide medical and health services to rural and remote communities where the public health system cannot.

3. Certainty

Given the challenges of servicing remote and rural communities, short term grants or funding arrangements, be they 1, 3 or 5 years, do not provide the funding certainty needed to make significant investment and resource commitments. In our view, longer term contracts provide greater investment certainty.

4. Reimbursement of Actual Costs

Funding models should reflect the true, actual, costs of delivering health and medical services. Previous inquiries have found that activity-based funding models do not represent the true cost and nature of delivering these services. This is particularly the case with aeromedical services where activity-based funding does not reflect the true costs such as standby costs, full costs of use of aircraft or key personnel.



Partnerships extending reach into communities



The RFDS is privileged to have so many supporters opening doors and paving the way for our teams to make a real difference in regional, rural and remote communities. From the individual donors, coordinated fundraising campaigns and organised groups, the RFDS is grateful for the contributions of so many.

In 2024 we reflect on the critical role the Dubbo Support Group played in bringing an RFDS base to Western NSW – at different times acting in the role of advocate, fundraiser, and volunteer.

The Dubbo Support Group formed in 1993, under the esteemed leadership of former NSW Upper House member Judy Jakins. This was a full six years before our first flight out of Dubbo. The purpose of the Dubbo Support Group was to encourage all levels of government to recognise the need for a physical presence and funding to help bring the Flying Doctor to Western NSW through the creation of a base at Dubbo.

By March 1999, their tireless advocacy paid off with the former Federal Minister for Transport and Regional Services, John Anderson, committing \$4.5 million towards the development of a new Royal Flying Doctor Service base in Dubbo.

The first flights from the RFDS Dubbo base took off in July 1999. Initially, there were two planes, two pilots, two flight nurses, and one admin person in rented facilities at the Dubbo Airport. It was an excellent start, and the Dubbo Support Group was committed to ensuring the Royal Flying Doctor Service was well-equipped to support the communities of Western NSW.

It was estimated that more than \$350,000 would be required to fit out the hangar once it was completed. It was a large sum that spurred Judy and the Dubbo Support Group to reach out to their networks for support. Local businessman, Howard Laughton, was appointed as the chair of the RFDS Dubbo Base Appeal. Howard brought in others, including Pauline McAlister.

Annabel Peet and Bryan Wheatland from the Dubbo Support Group with the Mobile Education Unit.

“I had a phone call from Howard. We formed a committee and quickly got to work,” recalls Pauline. “Judy had been told that about \$360,000 was needed for the fit out, but we ended up raising \$500,000 in 12 months.”

From then on Pauline has always been involved in the Dubbo Support Group though the role has evolved over the years to meet the needs of the RFDS as it expanded and evolved.

“As a support group, we were here to help raise the funds and then when this place was opened, we all just stayed on board to help do the voluntary stuff. But it’s been a wonderful thing for the city really, it’s all about volunteers and volunteering,” finished Pauline.

Volunteers play a vital role in our organisation. In addition to helping raise funds, volunteers help to operate and maintain RFDS’s remote clinics, and help inform the services provided in community based on community feedback and demand.

“I’ve got to say that in my years as a member of the support group, and most other support group people will tell you this too, but the RFDS is one of the easiest organisations to raise money for because nobody ever says no.”

Pauline McAlister

The vital role of the Regional Advisory Committee

The Regional Advisory Committee (RAC) is a board-appointed sub-committee of volunteers from across Western and Far Western NSW and is the leading strategic community and consumer committee for the RFDSSE.

The Committee has a strategic role in advising on rural and regional priorities, advocating for their communities, and identifying local needs.

Feedback from the RAC has already helped the RFDSSE to understand where to put more resources, and improved communications at remote clinics.

However, the needs of communities can change due to a number of factors – changes to the environment, access to healthcare alternatives, people moving in and out of communities, and changing demographics.

The regular cycle of feedback from the RAC means the RFDS can respond by reviewing how often clinics are held, and which vaccination programs, or additional services are required.

The Committee has a strategic role in advising on rural and regional priorities, advocating for their communities, and identifying local needs.

Partnerships for connection, reassurance and hope

Our partnerships do more than deliver healthcare – they provide connection, reassurance, and hope. This is particularly true for our amazing network of supporters who give back to us as much as we give to them. Many of the people we support also go on to become volunteers, advocates and fundraisers. For these people, it's not just about saying thank you, it's about ensuring the Flying Doctor will be there for generations to come.

A moment in time can create a lifelong connection

In 1999, two-year-old Will Murray was run over by a tractor on the family's remote property 'Trilby'. His pelvis and leg were broken, as was one side of his ribs. He suffered serious internal injuries including a crushed liver and kidney. After a harrowing journey towards Bourke looking for care, the Flying Doctor were called to provide emergency care en route to Dubbo, and then on to Sydney, where Will spent two weeks recovering.

Now 27 years old, Will has no recollection of the accident, or the stay in Sydney, but admits he's been "accident prone ever since", so continues to be grateful to the Flying Doctor for the peace of mind of being a phone call away.

"Being so isolated we know just how vital the RFDS is," says Will.

Like the Murray's, the entire Louth community are huge advocates and supporters of the RFDS.

"Whenever there's any type of fundraising we're all there trying to do whatever we can because every little bit helps," says Will.

"Everyone out here understands just how valuable the service is and they are always happy to get behind supporting the cause."

Mum, Liz agrees, adding that through Trilby Station – their outback farm stay – more than \$12,000 is donated to the Flying Doctor each year through the generosity of family, friends, tourists and guests.

And their involvement with the Flying Doctor extends to more than just being service users and supporters. Both Liz and Will are custodians of an RFDS Medical Chest.

"The chest gets a fair workout. It is a massive help and takes the burden away," says Will.

Liz has also used the chest on multiple occasions.

"We've had a few evacuations from here with accidents and such. Being a chest custodian, it is just so good you can ring the Flying Doctor anytime of the day. I even remember talking with them at 2am one Christmas morning," says Liz.

Support from families like the Murray's and townships such as Louth show just how deeply embedded the Flying Doctor is in the communities it serves, who continuously give so much back to our organisation.



A fateful accident is a timely reminder

Two years ago, when her family featured on the front page of the Flyer, Liz Murray said the Flying Doctor could one day be the difference between life and death. An accident involving her young son, Will proved her correct.

Will was run over by a tractor on their remote sheep and cattle property, 'Trilby'. Will's pelvis was crushed and he suffered serious internal injuries. Luckily, Will's father was able to stop the tractor moments before the back wheels crushed him further.

An ambulance from Bourke, 150 kilometres away was called and the Murrays need to meet it half way. In the meantime, the Dubbo Flying Doctor Base was called to fly Will to Dubbo Base Hospital where a paediatric trauma team from Sydney waited. Will was then flown to the New Children's Hospital in Sydney.

"Now when I look back, I realise how close we came to losing Will. He never cried and remained conscious throughout the ordeal, so it wasn't until much later I realised the full seriousness of his injuries."

"The doctors say he probably would not have survived if he had not been flown to Dubbo so quickly."

"It only took Will a few weeks to recover and start being his cheery self. But, we still need to keep a close eye on him. It means we are regulars at the Louth Flying Doctor Clinic. The Clinic has been such an important part of Will's recovery. Instead of making a long drive to Dubbo for check ups, we only need to go 25 km to Louth," said Liz.

"A lot of tourists stay on the property and always ask what we would do if things go wrong. Little Will is living proof of just how important the Flying Doctor is and when things do go wrong."

Back with... says, Thanks to the Flying Doctor, Will has made a remarkable recovery and is back on 'Trilby' getting up to mischief once again.

Left: Headback in 1999. Also, Will, then aged 12, two years ago. At the time, neither Liz had no idea the boys would come from.

Grace Murray with Dental Support Officer, Clare Walter, at AgFair in Broken Hill.

The RFDS took great pleasure in attending Broken Hill's AgFair in 2024, the biggest biennial event on the Broken Hill and West Darling region calendar. It's an opportunity to meet supporters, but also to exchange information and connect communities to different services.

For instance, people could meet the team behind the lifesaving Medical Chest Program, which has been operating since 1942. Medical Chest Custodians could also update their details and talk to our organisers about how the program has been running in their community to help us make further modifications in the future.

Airstrip owners had the opportunity to talk to our pilots about managing their existing airstrips, what it's like to be a pilot flying to some of the most remote locations in NSW, north-eastern South Australia and south-western Queensland, or registering their airstrip with the RFDS for the very first time.

More than 50 people took advantage of our dental van for a quick check-up on site, many of whom had never used an RFDS dental service before.



But the showstopping event was the Teddy Bear Clinic, where 300 people came through over two-days to help Teddy make a very important visit to the clinic. Along the way, Teddy, with a special supportive human, meets all sorts of people, including the doctor, pilot, nurse, and play therapist.

While the RFDS is a common sight in these communities, it can still be scary for children to see a doctor or spend time at a clinic. The experience of meeting our team in a friendly, community setting, helps to reduce anxieties and fears about visiting the doctor and normalise the experience of visiting a clinic.

"The teddy's provide what we call therapeutic distancing, so the conversations weren't directly with the children, creating a safe emotional distance," says Lesley Harvey, Child, Adolescent and Family Clinical Lead.

"By putting a teddy or a toy in between the child and healthcare worker they're playing with, it provides better distancing to that health topic they're talking about," adds Lesley.



The RFDS can regularly be seen at community events, big and small, to talk about our services, provide health information and education, and opportunities to connect with the people delivering the services in their communities.

The generosity of our supporters is crucial to our success

Many supporters have their own unique connection to the RFDS. They may have used our services or know someone who has. They may have family connections from regional communities or a connection to another part of the world where access to healthcare is difficult.

There are also many organisations that understand the great value in our regional communities. Some of these organisations, like S. Kidman and Co. host RFDS for primary health clinics on their remote properties. Others, like diversified investment house, Soul Patts, provide generous support towards lifesaving equipment, funding and in-kind support.

In fact, the relationship between Soul Patts and the Flying Doctor extends more than 80 years, when Lewy Miall Pattinson, one of the co-founders of what was then called Washington H. Soul Pattinson, gifted the first RFDS-owned aircraft.

The De Havilland Dragon 1 operated out of Broken Hill throughout the 1940s and into the 1950s. If you happen to have a \$20 note, take it out and look at the etching of RFDS founder, Reverend John Flynn. Behind him, you will see the De Havilland Dragon 1 flying over Veldt Station in remote NSW.

“We may have moved on from the one De Havilland aircraft – but the moment Lewy Pattinson decided to make that gift to our organisation, WHSP opened the door for Far West NSW to have greater access to the vital healthcare services we still provide today,” says Greg Sam.

Since then, Soul Patts has gone on to ensure that every aircraft in the South Eastern Section is fitted out with Flightcell satcom units, allowing our pilots to communicate anywhere in the country at any altitude.

Regardless of the reasons for supporting the RFDS, the common thread between them is a genuine belief that everyone should have access to vital healthcare no matter where they live.

Additionally Soul Patts provided generous matched funding for an extraordinary fundraising appeal, meaning that the impact of every dollar donated by the public was doubled. We are honoured to continue this longstanding partnership with Soul Patts, underpinning delivery of vital healthcare in remote NSW.

Little supporters with big hearts

In 2022, RFDSSE met our youngest donor, Neroli, who, through her parents, made her first donation at just three months old. It was a record Neroli didn't hold long before little sister Emilyn made her first donation in the same month she was born!

Parents Chantel and Tino said it was an easy decision for both girls to become regular givers.

“We want the girls to understand they can help to save the life of a child just like them, who need medical care in a remote community,” says Chantel.

Having grown up on a farm in the Nambucca Valley, Chantel says she understood the importance of knowing the Flying Doctor was there to help those who weren't just down the road from a hospital.

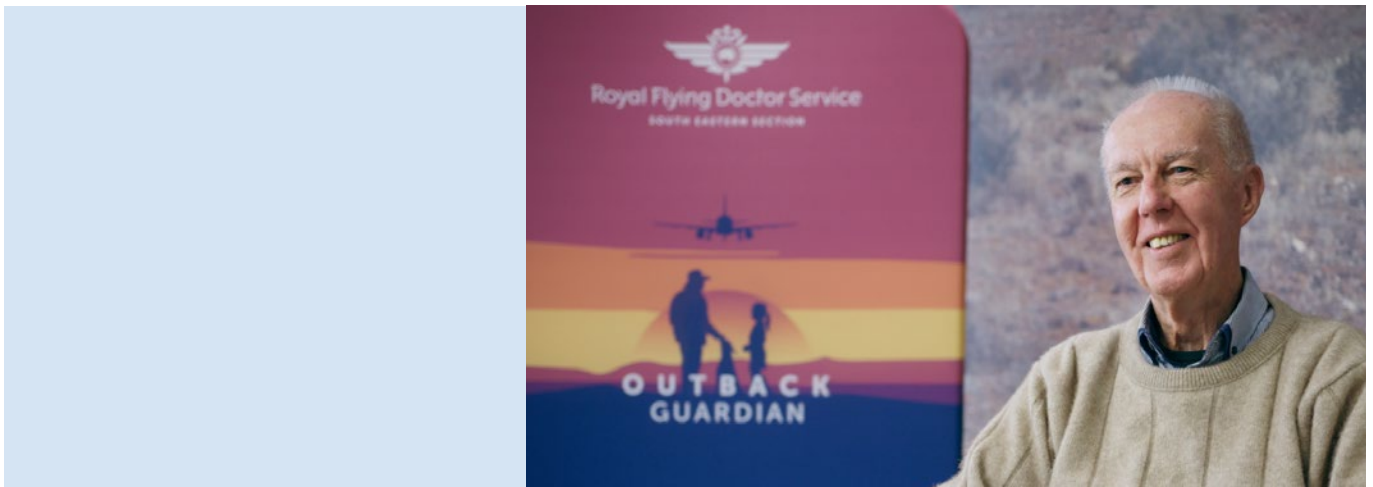
“Farms, mines, and rural communities do not have the same facilities that inner city hospitals do. The RFDS gives those people an equal chance of getting lifesaving treatment. To be able to offer lifesaving medical assistance to those in need when they are so isolated is truly a necessity and they shouldn't be taken for granted,” says Chantel.

The Moreno family went on a family trip to Dubbo in February 2024 and thoroughly enjoyed the RFDS Visitor Experience.

“It was a wonderful visit to get more of an insight into the work the Flying Doctor does. We really enjoyed the VIP service from the volunteers who spent time talking us about all things RFDS. It was a real highlight of our trip to Dubbo,” says Chantel.

The family is looking forward to continuing their donations to the Royal Flying Doctor Service for many years to come.





Gordon's important decision to become an Outback Guardian

We are thankful to our wonderful donors for their ongoing generosity over the last year. This support has a huge impact on our work delivering vital healthcare to rural, regional and remote communities. Support comes in many different ways, including through caring individuals who make a donation, community minded groups hosting a fundraiser and visionary people leaving a bequest in their Will.

Gordon Doyle is one of our special supporters who has decided to leave a gift in his Will to support the future of RFDS's work, to bring life-saving healthcare to the bush for generations to come. As an Outback Guardian member, Gordon kindly explains why he feels so passionately about supporting us this way.

Gordon says he had been interested in the Royal Flying Doctor Service for a long time before making the decision to become an Outback Guardian and include the organisation in his Will.

"There are probably two reasons principally for that. One, my mother's family is off a property in Central Western NSW, and I spent a lot of time there as a child. It was a wonderful experience, and I felt a great sense of privilege having that property in my family, but I also saw how tough life could be particularly if things went wrong," recounts Gordon.

"Two, in my life in Papua New Guinea, I've also lived in a very remote part of the New Guinea islands. I saw that when things went wrong there, I just had to cope. Yes, there was a road, but the road was cut by the river in bad weather, so I had to rely on the radio. So, I understand a little bit about how people in remote parts of Australia have to cope when they're in strife."

"This is where the Royal Flying Doctor Service is great, because people know that 24 hours a day 7 days a week 365 days a year, they're there to help if they need it. They're great," says Gordon.

Watch Gordon's story here



"...people know that 24 hours a day 7 days a week 365 days a year, they're there to help if they need it."

Gordon Doyle



Our people

Working at the RFDS is not just a job, it's a vocation. It's an organisation that draws people from all kinds of backgrounds, united in their belief that everyone should have access to vital healthcare no matter where they live. Against a backdrop of talent shortages in regional communities, and a growing national shortage of allied health professionals, the RFDS is creating career pathways and opportunities to attract and retain the right talent to help continue our mission.

Part of our approach is to understand challenges impacting a particular group of professionals and design innovative solutions and partnerships to reduce obstacles.

"For instance, one of the barriers to people becoming a GP, is the traditional 'contractor' model and uncertainty of remuneration that comes with that," says Dr Shannon Nott.

In response, the RFDS is working with Local Health Districts to implement its Single Employer Model, which takes many of the barriers away.

"We can take people on as an 'employee' which means they have choice and security. It provides people with a pathway and a variety of work opportunities. It makes for an interesting career path and is an ideal model for rural generalism; you can work in general practice, in the hospital, work in Dubbo hospital emergency department, do anaesthetics. You can do a whole range of things and it enables people to have the flexibility to shape work to what they may want."

The RFDS has done this for medical registrars for many years, and is now rolling it out more broadly across other healthcare roles.

"We are now evolving this on a broader scale, because it solves a lot of challenges, it benefits the healthcare professional, the RFDS, and it also ultimately benefits the people we provide services to – they have consistency of care and can trust those who are providing their care."

The RFDS also has numerous training pathways and programs, such as training and experience for critical care specialists or GPs, and integrating student placements into our primary care offering.

"Whether you are a student, a junior doctor considering if you want to be a critical care specialist, a GP, a nurse, pilot, engineer or one of our behind the scenes staff, the RFDS provides positive relationships and experiences, and helps train our people to always be better," says Dr Shannon Nott.

These programs ultimately increase the likelihood of these skilled workers staying in remote and rural communities for the long term, offering a richly rewarding alternative to a career in our metro areas.

We are setting up GP clinics in communities at risk of losing vital healthcare services

Dr Angela Gray and Dr Sarah Bird presented a RACGP Rural Showcase



Introducing a new generation to Rural Generalism

When over 30 university students travelled to Dubbo for the final stop of their RDN Rural Resident Medical Officer Cadet Weekend Trip in March, many were surprised by what they saw.

Among the cohort was fourth year University of New England student Gina Bowden.

She says the trip gave her the opportunity to connect with other medical students from around NSW and find clinical role models working in regional towns.

“[The trip] has just blown away all the expectations I had – especially Dubbo,” she says.

“Everybody was so passionate and enjoyed what they did. It was really inspirational to see how passionate they are about living and working in these rural areas. Visiting the Flying Doctor Base at Dubbo was a really good experience too – inspiring!”

The trip was hosted by Rural Doctors Network (RDN), which RFDS’s CMO, Dr Shannon Nott, has been associated with for many years. RDN, like the RFDS, is committed to creating and sustaining access to quality healthcare for all Australians, no matter where they live.

It was a visit to the RFDS base in Dubbo when Dr Seamus Barrett was a medical student that set him on a path towards becoming a Royal Flying Doctor GP supporting our remote clinics in the North West of NSW.

“I’m one of those people that came to Dubbo for two years but is still here over nine years later!” says Dr Seamus Barrett.

“The level of need in healthcare in the West was quite confronting when I moved here as an intern in 2015, and I have always wanted to contribute to the workforce addressing these needs,” he adds.

Seamus would work alongside RFDS specialists at Dubbo Base Hospital as colleagues as well as being involved in the continuity of care for patients being transferred to or from the Hospital under the care of RFDS.

“I was keenly following the work of the Primary Health team and was extremely excited to be able to join the team this year.

“I love being a Rural Generalist which sees me working in both General Practice and Anaesthesia. I’m passionate about rural health,” explains Dr Seamus Barrett.

Dr Shannon Nott is also passionate about Rural Generalism and regularly speaks to universities and peak bodies about the wide ranging personal and professional benefits of working in the regions.

Nearly universally when Dr Shannon Nott speaks with students – millennials, Gen Z – he says they are initially interested in three main things.

“They ask about work life balance; how much money they can earn; and the opportunities,” says Dr Shannon Nott.



Dr Seamus Barrett visited the RFDS base as a medical student

“And I tell the truth: you can have a fantastic work life balance, with family, benefits such as not being stuck in city traffic for hours a day.

“There is opportunity in abundance, you can choose your own adventure for what you want to do.” – Dr Shannon Nott

And Dr Shannon Nott says, as the health needs of communities evolve, so too does our work.

“As communities needs evolve, the RFDS evolves to meet those shifting needs. This then creates new opportunities in the RFDS – such as the new GP clinics we’ve opened, or new opportunities in mental health, research opportunities, primary health nurses, flight nurses.”

It's not just the opportunities and pathways the RFDS offer which attracts people.

For Flight Nurse Jackson Dowling, working with the RFDS has always been his “dream job” and he says it is all made possible thanks to generous supporters who ensure he and his colleagues can deliver vital emergency medical and primary healthcare services in rural, regional and remote NSW.

“For me it’s a dream job. I’d been working towards getting out here and in my time at the Flying Doctor, I have learnt so much already,” says Jackson Dowling.

Since starting with the Flying Doctor at its Dubbo base in 2023, Jackson has experienced a wide variety of places, people and retrievals that have opened his eyes to how crucial our services are in outback communities.

One such instance was when Jackson and a doctor were tasked to retrieve a man who sustained significant injuries in a car accident and needed to be transferred to a major metropolitan hospital for higher level care.

“The healthcare we delivered to him was lifesaving,” says Jackson.

“Clinically, it was a huge learning point because without our high-acuity services, remote communities would struggle which would be at the detriment of their health.”

The patient was able to express his gratitude to our retrieval team, including Jackson, but it was he who felt grateful.



Flight Nurse Jackson Dowling

“Without the Flying Doctor’s generous supporters, regional and remote people who live, work and travel in NSW would struggle with their access to healthcare. So that’s something I’m personally so grateful for,” he says.

“I feel so lucky and privileged to be able to deliver healthcare in these communities,” finished Jackson.

A career spanning a quarter of a century

Karen Barlow has been a flight nurse with the Royal Flying Doctor service for 25 years. She is one of the first people who started with the RFDS in Dubbo and has seen a lot over those two and a half decades.

“I’ve had many experiences I never thought I would ever have. For instance, I never thought that I would deliver a baby at Walgett airport! It was a beautiful day. We got the patient on the plane with her partner and she was chatting and everything was going along swimmingly, by the time we taxied to the take off point her waters broke.

“We came back down to the terminal, and she progressed really quickly. In no time we had this beautiful bouncing baby boy on the tarmac!”

Being an RFDS Flight Nurse is also about emotional support in addition to the medical care.

“Sometimes people haven’t been in an aircraft before; they’ve never flown – so add that to their anxiety of being unwell and it’s it can make for a very interesting flight!

“But once you close those doors and get them up in the air... If they’re well enough to look out the window – especially kids – their faces light up the cabin. It’s just beautiful. It can be stressful at times, but it’s very rewarding.”

Twenty-five years is a long time in any job. But for Karen the answer to what keeps her here is simple.

“I love it because it’s been amazing to watch RFDS grow from providing just retrieval service with three pilots, three nurses, and one receptionist working from small, rented

offices, to now having dental, primary health services, an education centre, a pilot training centre, and a popular visitors centre.

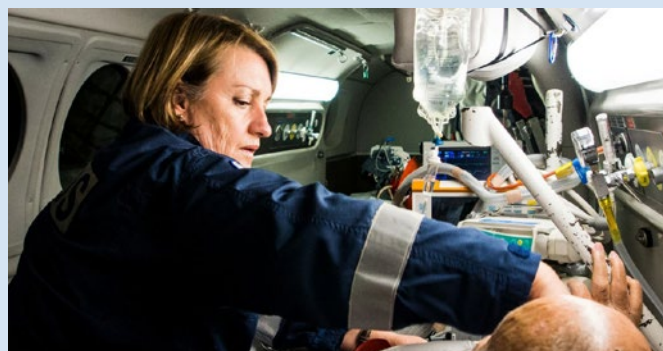
“It’s been amazing to be part of this evolution and growth, and we can’t do that without the community support and generous donations.

Karen shares a memory from before she joined the iconic organisation. It was late in the evening and Karen had travelled to the airport to pick up her brother. As they were leaving, they saw an RFDS aircraft coming in to land.

“I said to my brother, you know that would be a really cool job? Flying around, picking up patients.

“And it is. You will never find a better office. The sunsets and the sunrises are amazing, and the people I’ve met doing this job – I’ve never experienced anything like it. It’s been a fabulous 25 years.”

Karen Barlow has been a Flight Nurse with the RFDS for 25 years



Our people come from far and wide to provide care to communities who might otherwise go without



Dr Mina Arsanious and Dr Rebecca Burn are seeing more of each other than ever

As she stands in the RFDS mobile dental van, dental support officer Clare Walter beams. Originally from Geelong in Victoria, Clare and her husband have lived all over the country before relocating to Dubbo in NSW earlier this year.

“I once lived on a remote cattle station in the Kimberley (260kms from the nearest town), so I know the RFDS quite well,” says Clare Walter.

“Living in extremely remote areas you are assigned a Medical Chest from the RFDS which is like a mini chemist. Someone was always injured or sick so I was on the phone to them frequently to discuss medical treatment and administering of medicines.

“Also, my husband fell seven metres from a windmill, smashing his left foot and being knocked unconscious. At the time we were three hours from the station and then it was a further three hours to Kununurra hospital, so it was the RFDS to the rescue,” shares Clare.

Now Clare is in the driver’s seat of the RFDS dental van, helping to bring essential dental services to communities all around Western and Far Western NSW.

“This is actually a dentistry room on wheels. We can go to the people, and provide dental care from basic level all the way through to pain management for patients who otherwise wouldn’t be able to receive care.”

“We also support hundreds of children, schools and families through education too. This side of things is critical in prevention and is something many people take for granted.

Clare also says it’s the people she works with and meets, who make her days even better.

“I love to listen to their experiences and their journeys. I have learned a lot about working alongside communities and people who are underrepresented and underprivileged.”

Clare Walter



Megan Kingham and Clare Walter in Cobar

Married for three years, living and working as doctors in the UK, Dr Rebecca Burn and Dr Mina Arsanious were also attracted to the RFDS by the opportunity to support communities without easy access to healthcare.

“Being a lot smaller, you trip over yourself for running into hospitals in the southeast of UK,” says Dr Mina Arsanious.

“Whereas in Australia, we now look after an area almost 2.5 times the size of the UK, doing remote consults, flying out to communities.”

After re-locating and taking on the role of medical retrieval officer in 2023, Rebecca and Mina are having an experience of a lifetime.

“We really love working for the RFDS; it’s a really lovely organisation. We’ve felt really welcome from the very start and also it’s an organisation that you can see the impact it has on the community,” says Dr Mina Arsanious.

“Whenever we tell anyone what we do for a job, the gratitude that the community has for working for the RFDS is really amazing,” adds Dr Rebecca Burn.

Mina and Rebecca had heard about the Royal Flying Doctor Service throughout their training as the best civilian air medical service.

“We were absolutely chuffed when we got the opportunity to interview for the Royal Flying Doctor Service. Now we pinch ourselves that we’re actually working for them,” says Dr Mina Arsanious.

For Rebecca, the best part of her day are the missions.

“Working with our small team, you get to know your pilots and your nurses and we get to fly out to incredible places in NSW and meet some really incredible people in the community – both patients and the staff.”

“We also work alongside the RFDS primary care teams who are out in the community, working together to try and work out what’s the best way to get around the issues that may be stopping this person getting the care that they need,” adds Dr Rebecca Burn.

The pair have had the opportunity to look after some incredibly sick people, exacerbated by virtue of how isolated they are. Helping them, they say, is the biggest reward.

“When we get to fly in and be that difference, be that link that connects them to the care that they need there’s nothing like it. You really do feel like you’ve earned your worth in the job and you’ve made a difference to somebody’s life.”

Dr Rebecca Burn

Closer to home, Peter Crossing, a mental health professional based out of Broken Hill, grew up with the Royal Flying Doctor Service in his backyard.

“I grew up on Topar Station, a grazing property 58km east of Broken Hill, that has been in my family for 85 years where we ran Merino sheep and Shorthorn cattle. The Flying Doctor used to fly over our station on their way to and from Wilcannia as we lived right under that route,” says Peter Crossing.

Peter has been working in the community services field for 24 years and says that one of the challenges of his role has been getting people to book in to see the “mental health guy”.

“There is still some stigma around mental health and alcohol and other drug issues in some areas, but most people have worked out it is much smarter to engage with a worker instead of trying to deal with all their issues on their own.

“I try and help with this by mingling with the locals when I am not counselling at the clinics. This makes it easier for them to call me if they need help later as some trust and rapport has already been established in a casual and friendly way,” says Peter.

Peter really enjoys his role and the impact he has on the lives of people living in and around Broken Hill.

“I do what I do in the hope that eventually people can live happier and more fulfilling lives. Much of my counselling is based on discussing and encouraging healthy choices that can result in people then making small steps in a positive and healthy direction,” finished Peter Crossing.

Tilpa Clinic Host
Belinda Zanker
and resident Herb
Hemsley with
Peter Crossing



Our journey to reconciliation

The RFDS service area is diverse with a national service footprint of 7.69 million square km. We work across hundreds of different clan groups or 'nations', many with distinctive cultures, beliefs and languages. As one of a small handful of healthcare providers in these communities – or sometimes the only healthcare provider – it is our responsibility to ensure our services actively and purposefully contribute to Closing the Gap.

The Royal Flying Doctor Service has a Reconciliation Action Plan that represents the aspirations and commitments of the organisation across Australia. However, Greg Sam, CEO of RFDS South Eastern Section says that our approach to reconciliation is led locally, informed from within the service and around the service, through partnerships and relationships with community.

"A significant part of this process is listening, and shaping our services with mutual respect and understanding. A lot of our advice comes from our Aboriginal Leadership Group, and I want to acknowledge their counsel and its importance in driving the evolution of our relationships with First Nations communities," says Greg Sam.

In addition to creating strong connections to the First Nations communities we work with, the RFDS has stretch targets for First Nations representation in our workforce.

By the end of financial year, we aimed to have 5% of our workforce identified as Aboriginal or Torres Strait Islander. While we were able to lift representation to 3.8%, we recognise there is always more we can do to attract and retain First Nations staff.

Cory Paulson at the Broken Hill Base



Mental Health Professional Sandra Thomas with local resident Ta'larnie Brown

"We want to encourage more First Nations people to have a career with the RFDS. It is my aspiration that we will be seen as a culturally sensitive and safe organisation," says Greg Sam

"It feels great to work with an organisation that puts family first and lives values of, safety, reliability, trust and care," says Cory Paulson, First Nations Health and Wellbeing Service Manager.

"They do this in community, and they also do it with their workforce...that's why they have a 90+ year history in Australia."

Cory and his role are integral to how the RFDS operates now and into the future. He engages and listens to community, and then plans around how to get it right to ensure First Nations people are well considered in RFDS service delivery.

Along the way, the RFDS has supported Cory to advance in his education and career.

"The RFDS has supported me through becoming an Aboriginal Mental Health First Aid trainer and through my honours degree. As a First Nations worker within academia and community, they've enabled me to maintain my connections to community, country and culture – which matters the most to me," says Cory.

However, he says the best part of his role has been seeing the impact on First Nations people.

"They now know the RFDS is attached to me, and that we prioritise First Nations wellbeing. I've been able to build First Nations information about the RFDS and how we provide services with First Nations community, informed by First Nations people."

"Cultural safety is a big issue for all organisations that provide healthcare. Informing those processes long-term is vital to ensure we get it right. I get to talk about my culture, but it's also challenging to see how that fits into an organisation... getting that balance right is a joy," finished Cory Paulson.

What can you expect from our next RAP?

The RFDS National Reconciliation Action Plan is due for renewal in November 2024. This new RAP will take us to our 100 Year Anniversary and is an opportunity for the RFDS to commit to additional place-based and local targets with meaningful impact for people and communities.

To support this, all our people were invited to participate in a two-day RAP Summit, covering culturally safe service delivery, First Nations employment and opportunities for change to help inform our future targets. These include:

- Continue to build on and strengthen relationships with Aboriginal & Torres Strait Islander communities and partners, at local and national levels
- Develop and implement a National RFDS Aboriginal and Torres Strait Islander Supplier Strategy
- Successfully implement the National RFDS Aboriginal and Torres Strait Islander Employment Strategy
- Successfully implement the National RFDS Aboriginal and Torres Strait Islander Cultural Learning Strategy
- Continue to harness research activities and capabilities to inform policy and advocacy to improve Aboriginal and Torres Strait Islander health outcomes

Keeping our legacy alive as we head to 100

Sipping coffee in the café at the RFDS Dubbo Visitor Experience is a different experience than in most cafes.

“We are right next to a plane...” says James Findlay, radio host for ABC Western Plains, during an interview with Michelle Wishart who manages the RFDS Visitor Experience. The plane is a replica Fox Moth, the first RFDS aircraft to fly out of Broken Hill.

“People are often surprised by the size, and they love to find out about how many hours it flew, distance and hear some of the behind-the-scenes stories,” says Michelle Wishart.

“It’s a very cool piece of equipment. We can bring people in, open the doors, let them see inside and let them really experience what it would have been like to fly an aircraft back then, where they positioned the pilot, where the doctor would sit, where the stretcher went. They find this really interesting!”

As several schools and tour groups make their way through the Visitor Experience, Michelle says she is so proud of the important work the RFDS does.

“Having a centre like this is really great for the community to see what we do every day.”

The Visitor Experience, like the one in Broken Hill, was designed with the intention of raising awareness of how vital the RFDS is to remote communities across the outback. It showcases the famous emergency flight retrieval, but also explores all the other primary healthcare services the RFDS provides to tens of thousands of people every year.

“Most people know us as aeromedical emergency service, but a lot don’t know about the primary health. It’s such vital work to so many communities. It’s also a great for people to see what it’s like to work for the RFDS, and in these remote and rural locations.

With about 35 per cent of our funding generated through philanthropy and the generosity of supporter, the Visitor Experience is also helpful in gaining supporters.

“It’s vital for people to know how they can support us, whether it be as a volunteer, with a single donation or regular financial support. We couldn’t support communities without funding and support from community, government, businesses,” finished Michelle Wishart.

Michelle Wishart inside the Dubbo Visitor Experience



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Our work is not possible without the generosity of individuals, corporations, the government and the community.

We thank all the kind supporters of the Royal Flying Doctor Service of Australia (South Eastern Section). With your contributions we have proudly served outback Australians for more than 95 years. Help us continue this vital work well into the future by making a donation.

Send your donations to:

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