

# > COMMUNITY HEALTHCARE DELIVERY FUNDING



ANNUAL REPORT  
**12/13**

*The furthest corner. The finest care.*



**Royal Flying Doctor Service**  
SOUTH EASTERN SECTION



**Our mission:  
To provide excellence  
in aeromedical and  
primary healthcare  
across Australia.**



The RFDS team arrives at Wilcannia airport for their regular clinic.

Cover: Mick O'Conner and his son Jake attend the RFDS clinic in Tibooburra.



# Proudly serving Australia for 85 years

**2013 marks the 85th anniversary of the Royal Flying Doctor Service (RFDS). While the RFDS has played an important part in Australia's history, it is also very much part of its future.**

**More than 60 years ago the RFDS was acknowledged by former Prime Minister Sir Robert Menzies as "perhaps the single greatest contribution to the effective settlement of the far distant country that we have witnessed in our time".**

**We are still just as relevant to rural and remote Australia today.**

**The RFDS exists because the community wants us to be there. Our services act as a safety net for those who live, work or travel across the south eastern section of Australia; an area twice the size of France.**

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RFDS Dr Mike Hill demonstrates how the RFDS safely transports patients during the Royal visit to Longreach in 2012.



The Hill family visit the RFDS Tibooburra clinic for their healthcare needs.

# Our strategic approach;

## Our strategic plan at the RFDS SE starts and ends with our patients and the communities in which they live, work or travel through.

As a recognised health provider everything we do is driven by the health service needs of these rural and remote areas. We work to ensure this is reflected in the services we deliver. From 24-hour emergency evacuations to our regular primary healthcare clinics, we are continually assessing these services to ensure they best meet the requirements of the communities we serve.

We also work to ensure the transport platforms we use to deliver these services are clinically-driven and reflect the community and patients' needs while providing a safe operational environment for patients and staff.

As part of our strategic plan we continue to work towards becoming the preferred provider of aeromedical transport services in south eastern Australia. In order to reach this goal we are evaluating the possibility of rotary wing in addition to our traditional fixed wing aircraft, as a platform to deliver some of our services where appropriate. We are also working towards a centrally co-ordinated standardised fixed wing aeromedical fleet, delivering a common patient experience across our section.

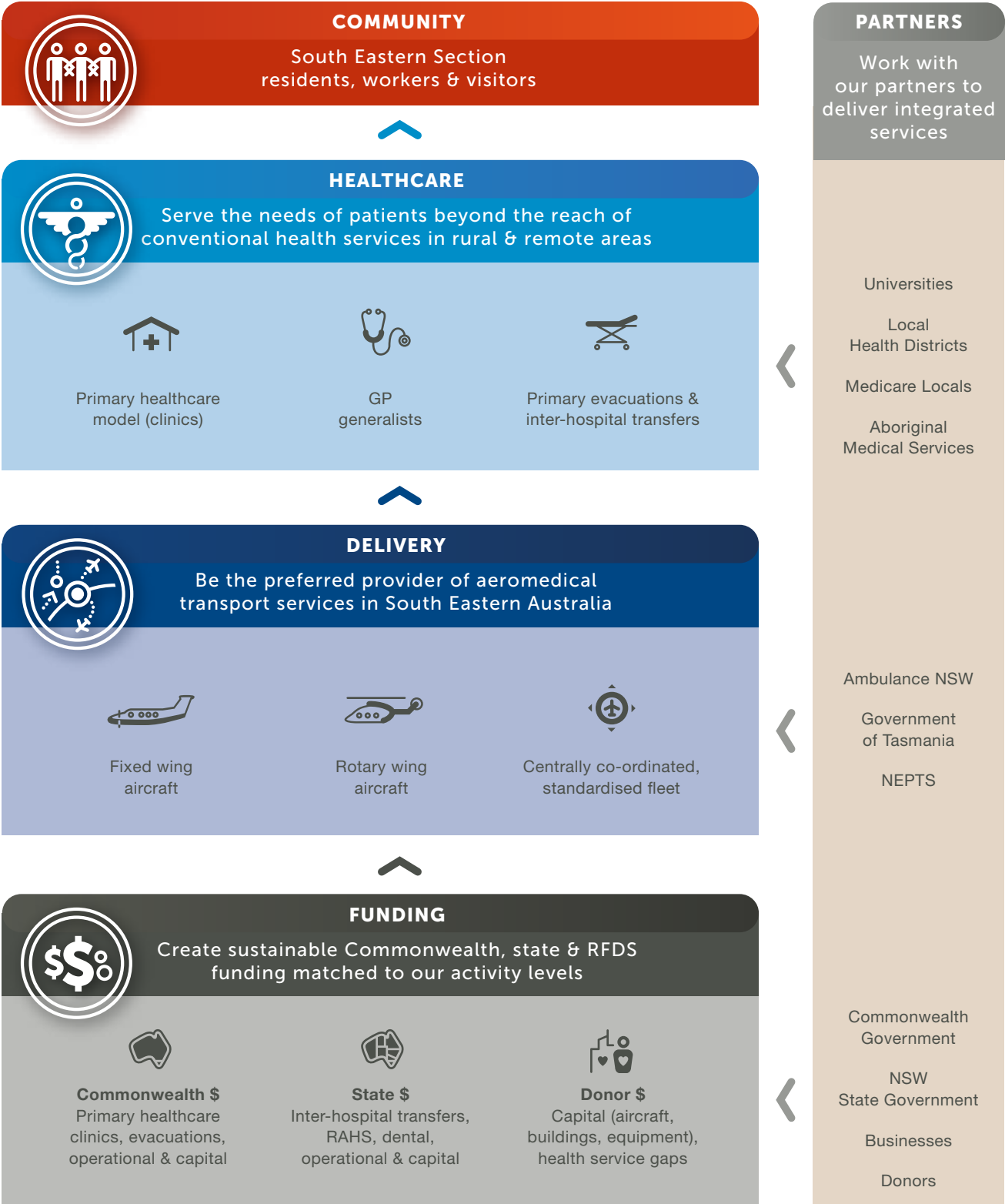
As well as considering current service needs and how we will deliver them, we are also ensuring the next generation of health professionals is prepared to tackle remote health challenges in the future. For this reason we work closely with a number of organisations across our region including universities who specialise in rural and remote medicine. All of our partner organisations help us in some way to deliver integrated services which address unmet demands across NSW.

In order to meet these demands the RFDS SE is working with our state and Commonwealth funders to develop a sustainable funding model incorporating Commonwealth, state and RFDS donor funds.

Currently Commonwealth Government funding supports RFDS primary healthcare clinics and primary evacuations. Additionally, the NSW State Government funding contributes to RFDS inter-hospital transfers, Rural Aerial Health Service operations and dental services from our Broken Hill, Dubbo and Bankstown bases. Partial funding for capital expenses such as aircraft and buildings comes from the Commonwealth Government.

While the communities we serve know that we are always putting their needs at the forefront of our operations, they in turn support us. Their support is tangible. Donations from the community are an essential part of our funding model and contribute much-needed funds towards the purchase of aircraft, equipment and operational bases.

# Patient and community led







# Community

**People choose to live and work remotely. Holidaymakers cross vast spaces in the Outback, often on their own. And when the unexpected happens, the RFDS is only a phone call away.**

1

## Living remotely

Kerryn Marshall and her husband, Sean, have been on their 7,300 ha sheep farm at Goodooga, NSW, for about two years.

In that time they have called on the RFDS twice. The first was when the couple's baby arrived ten days early.

Kerryn gave birth on the veranda but began haemorrhaging following the delivery.

An RFDS team flew mother and baby Vicki from Lightning Ridge to Dubbo, where Kerryn's condition was stabilised at the local hospital. But a shortage of beds meant a subsequent trip to Orange, again with the RFDS.

Thankfully, Kerryn made a full recovery but months later, the Marshall's son, Harry, 2, fell ill.

He was showing symptoms of meningococcal disease, which is potentially fatal if untreated. Doctors requested the RFDS transport the boy to Dubbo for further tests.

Fortunately, young Harry only had a virus – so now all four members of the Marshall family are thriving.

"If it wasn't for the Royal Flying Doctor Service, I'd almost certainly be dead," Kerryn said. "It's such a reassurance to know they are there."



Vicki and Harry Marshall.

2

## Holidaying remotely

Working as a bus driver, Bob Duke thought he was in robust good health. While camping out at Menindee Lake earlier this year, however, he collapsed.

"Everything just drained out of me," Bob, 67, recalled.

Over the next four days, his heart would stop six times.

An ambulance from Broken Hill was dispatched and on the way to the Base Hospital Bob passed in and out of consciousness.

Medical staff undertook chest compression CPR and he was then transferred onto an RFDS flight to Royal Adelaide Hospital, where they inserted a pacemaker.

"What happened to me, how the RFDS helped me ... no amount of donations is enough," Bob said.



Bob Duke and his wife Dorothy.

3

## Working remotely

The RFDS clinic at Moomba was set up to look after workers at Santos oil and gas plants in the vast Strzelecki Desert.

Moomba is 640 km from Broken Hill and over 1,000 km from Adelaide. When accidents happen, help from the Flying Doctor is vital.

While Santos provides this service to its field staff, the company doesn't hesitate to scramble its emergency helicopter to aid 'local' residents.

Mark Davis has worked for Santos for 26 years.

"I felt pretty crook one morning at work and it turned out I had gangrene in my appendix. They gave me a 50/50 chance of survival and thankfully the Flying Doctor got me to hospital in time.

"My family worry about me working in such a remote spot. Knowing the RFDS is here to look after us makes them feel a lot better."



Mark Davis.



# The year's highlights

## Solid financial performance

Over **4,700** clinics facilitated this year, an increase of almost **13%**

Celebrated

**85 years** of bringing the finest care to the furthest corners

Aircraft named for the RFDS Friends in the UK by TRH The Prince of Wales and The Duchess of Cornwall

Over **54,200** patient contacts

Purchased new **aircraft**

Almost **\$5million** received in bequests

**256**

Dental clinics delivered by TOOTH program in its first year of operation

Commenced **new contract** with the Tasmanian Ambulance Service



# Message from the President



**This year marks the 85th anniversary of the Royal Flying Doctor Service (RFDS). Since the first flight in 1928, the RFDS has played a vital role in the story of Australia. It is our history that gives us a deep connection to the communities we serve and it is the future health of these rural and remote communities to which we are strongly committed.**

It has been a year of both accomplishment and celebration across the RFDS SE in 2012/13. The 85th anniversary celebrations began in October 2012 with The Symphony of Australia and Gavin Lockley's production of *My Country Australia* held at the Sydney Opera House. I would like to sincerely thank Michael Crouch AO and the Friends of the RFDS Committee for this successful, inspiring night in support of the work of the Flying Doctor.

The RFDS Dubbo Support Group and Broken Hill Women's Auxiliary are a constant support from within the communities we serve. In 2013 they raised \$195,000 and \$90,000 respectively from their anniversary balls, a wine show and of course the famous Broken Hill Women's Auxiliary Christmas puddings. Their dedication and continued support is to be commended.

I would also like to acknowledge and thank the Outback Car Trekkers who, this year, raised over \$1,155,500 on their 3,300 km car trek from Bathurst in NSW to Coolool in Queensland. This is an astonishing achievement. I'm excited to hear that next year's route treks through remote Western Australia and into the Kimberley to mark the Trek's own 25-year anniversary.

The RFDS aircraft, staff and health programs were on display at the Open Days held at RFDS Bankstown and Dubbo bases. RFDS supporters and the general public showed their enthusiasm for the work of the Flying Doctor as they toured our aircraft and watched demonstrations. One of the most memorable and delicious aspects of the Bankstown Open Day was the wonderful 85th birthday cake baked by the Country Women's Association.

To see out our 85th year of serving Australia I attended two more wonderful events; an 85th anniversary celebration at Government House in August hosted by our Patrons, Professor Marie R Bashir AC CVO, Governor of NSW and Sir Nicholas Shehadie AC OBE, and our Open Day at Broken Hill Base in October 2013.

We are extremely grateful to our Patrons for their continued support this year.

The RFDS has a tradition of acknowledging exceptional RFDS supporters by naming an aircraft in their honour. I was delighted to be in Longreach in the presence of TRH The Prince of Wales and Duchess of Cornwall when they officially named an RFDS aircraft 'RFDS Friends in the UK, Patron HRH The Prince of Wales', to acknowledge the fundraising efforts of the UK-based group that has been raising funds for the RFDS since 2003, with The Prince of Wales as their Patron.

I was also very proud to be in Dubbo when an RFDS aircraft was named in honour of the late Dr Bruce Reid AM, KNO, Hon. DSc Econ, who as well as being a great Australian entrepreneur, was a wonderful and generous friend to the RFDS.

This year our Broken Hill and Dubbo visitor centres have been rated the No.1 attraction in their city on travel website TripAdvisor. This is a wonderful achievement and a reflection of the high quality of experience provided for tourists at both centres.

I would like to thank the RFDS SE Board for their work and commitment in 2012/13. We have continued to focus on ensuring the work of the RFDS directly supports the needs of the communities it serves and that those essential services continue to be adequately funded. I also extend my thanks to all the dedicated and hardworking staff across our bases who ensure these services are delivered 24 hours a day, 365 days a year.

Our CEO Clyde Thomson will be retiring at the end of 2013, and as such this will be the last Annual Report under his stewardship. On behalf of the Board, staff, members and supporters of the RFDS SE I would like to pass on to Clyde our most sincere thanks for an excellent job done over the last 39 years. His enthusiasm, dedication and expertise have served the organisation extremely well over this time, and we wish him all the very best for the future.

A handwritten signature in blue ink that reads 'J Milhinch'.

**John Milhinch OAM**  
President  
South Eastern Section



# Chief Executive Officer's report



**As a recognised and highly regarded health provider, both of primary healthcare as well as emergency services, everything we do is driven by the health service needs of the rural and remote communities we serve. Over the last year our primary healthcare clinics have increased by almost 13%, with 4,728 clinics facilitated this year. This rise directly reflects the increased demand for primary healthcare services across our region.**

## **More than just a service provider – part of the community**

We know that more primary healthcare services are needed in the bush because we are an integrated part of the communities we serve. We are more than a health provider to these areas; we are their security net. We are with them in an emergency as well as providing the everyday healthcare they need to survive.

Conversely, in 2012/13 we have seen a decline in emergency rescues and telehealth consultations; down 20% and 5.8% respectively this year. This is the 'reactive' part of our services and directly reflects what is happening in the bush. While these emergency services peaked last year, due to an increase in activity in the bush following the end of the drought, activity has now stabilised and we are back on par with the number of emergencies we would usually respond to in an average year.

One of the ways we gather community feedback on current healthcare needs across our region is through our Regional Advisory Committee. Chaired by Board member Terry Clark, this sub-committee of the Board is made up of geographically representative members who gather community input and report back to the Board on the healthcare issues and needs of their respective areas.

One of the key concerns of communities is not just who will provide healthcare services now, but also in the future. We are in a unique position to address this issue. The RFDS SE continues to work closely with a number of organisations such as universities which specialise in training the next generation of rural health workers, as well as Aboriginal Medical Services, Local Health Districts and Medicare Locals.

We have a long standing partnership with Broken Hill Hospital and the University of Sydney Department of Rural Health in Broken Hill, to develop a training module for 'GP Generalists'. This module is designed to give GPs an even wider range of skills, ensuring they are able to cope effectively with all the unique challenges that working in a remote healthcare system brings.

## **Delivering our services – doctors who fly**

Once we establish the health needs across our region we then determine how best to deliver them. The distances we need to cover mean that aviation is most often the answer. I sometimes find that people concentrate too much on the 'flying' and not enough on the 'doctor' within our name.

Aviation is an important part of our health delivery model, however, it is important to remember it's the transport platform which allows us to bring these services to where they are needed most.

While the way we deliver our services often sets us apart from other health providers or emergency services, we are also unique because of our integration within the communities we serve; our values and goals are aligned with theirs.

We are part of the social infrastructure of these communities and they in turn feel a sense of ownership of the RFDS. As a result, they support us through many dedicated fundraising groups and events each year. The Dubbo Support Group, the Broken Hill Women's Auxiliary, the Silver City Treadlers, Coopers Cup and the Outback Car Trekkers (to name just a few) take pride in the funds they raise and in seeing these funds go back into the communities in which they live, or in some cases, travel through.





**Our goal is to position the Broken Hill Base for the next 10-15 years with inherent flexibility to accommodate further change over time, without the need for additional major capital investment in aircraft or buildings.**

#### **Funding successful services**

I am pleased to report that thanks to our committed supporters the RFDS SE is in good financial shape. The funding we receive from both the state and Commonwealth government together with our generous donors allows us to continue to expand our services from Broken Hill, purchase new aircraft and begin the planned expansion of the Broken Hill Base. Crucially we are able to continue to plan our operations with a sense of security for the future of the RFDS SE.

The Broken Hill Base expansion will mean the establishment of new healthcare and administrative amenities to create dramatically improved work and patient care facilities.

Our goal is to position the Broken Hill Base for the next 10-15 years with inherent flexibility to accommodate further change over time, without the need for additional major capital investment in aircraft or buildings.

We will continue with the planned expansion of our Dubbo Base to become an integrated primary health service centre, based on the medical model developed in Broken Hill.

One of the significant achievements of 2012/13 has been the success of The Outback Oral Treatment and Health (TOOTH) program, which completed its first full year of operation. I was delighted to see this dental service, made possible through a unique collaboration with the Investec and Gonski foundations, along with support from the Outback Car Trek, has already made such a positive impact on the dental health of the remote communities it serves.

An equally vital healthcare service to rural communities is the Rural Women's GP Service (RWGPS). In November we welcomed the announcement at Broken Hill by the Commonwealth Government Minister for Health and Medical Research, the Hon. Tanya Plibersek MP, of a two-year extension of funding for the RWGPS. This meant the RFDS will be able to continue this important service until June 2015. My thanks especially go to the Country Women's Association for the part they played in securing this crucial funding.

During 2012/13 we continued our negotiations with the state Government to achieve a single contract in NSW for all traditional services, thereby simplifying our relationship and achieving operational and administrative efficiencies.

#### **Celebrating an outstanding organisation**

Last year I had the pleasure of attending a ceremony on behalf of the RFDS nationally as we were inducted into the Australian Aviation Hall of Fame, as the first recipient of the 'Southern Cross Award'.

The RFDS was honoured as an organisation which has made an outstanding contribution to aviation and I was pleased to accept the award on behalf of the RFDS and its staff, past and present.

It was especially poignant given that 2013 is the 85th year of the Flying Doctor proudly serving rural and remote Australia – an accomplishment we have spent this year celebrating.

Finally, I would like to thank those who have worked with us throughout the year including the Premier of NSW, the Hon. Barry O'Farrell MP, the Hon. Jillian Skinner MP, Senator John Williams, Mr Troy Grant MP, the Hon. Victor Dominello MP, the Hon. Kevin Humphries MP, the Hon. Sussan Ley MP, Mr Mark Coulton MP, the Hon. John Cobb MP and the Board of the RFDS Tasmania.

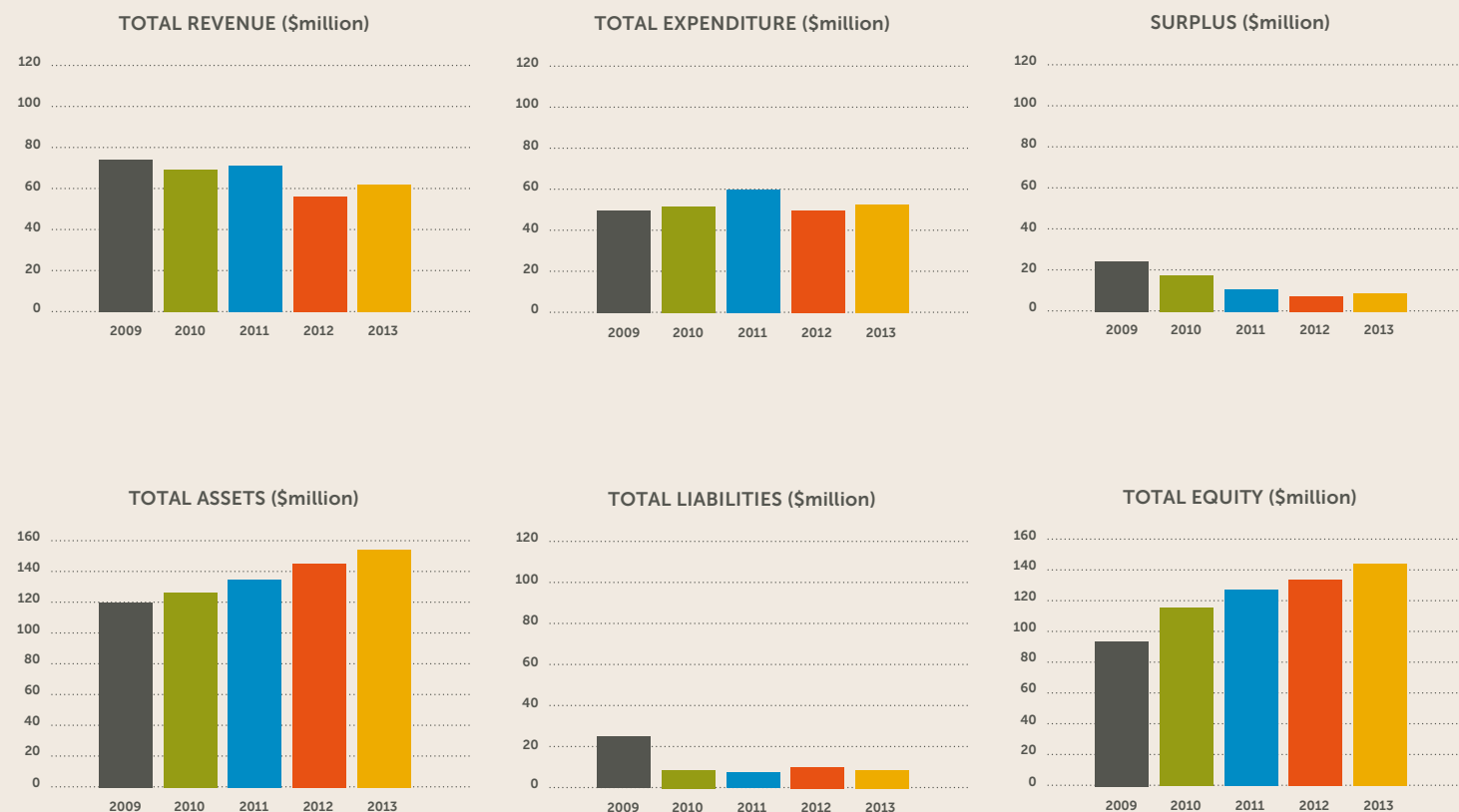
This will be my last Annual Report, ahead of my retirement at the end of 2013 after 27 years as CEO and 39 years with the RFDS. I would like to thank Ms Barbara Ellis, my Executive Assistant who has supported me during my tenure as CEO and in particular the Board for their support and guidance. The South Eastern Section is in a strong operational and financial position. This would not have been possible without the support of our donors, our supporters and our staff for which I am deeply grateful.

**Clyde S Thomson GM MBA MAP FAIM**  
Chief Executive Officer  
RFDS South Eastern Section

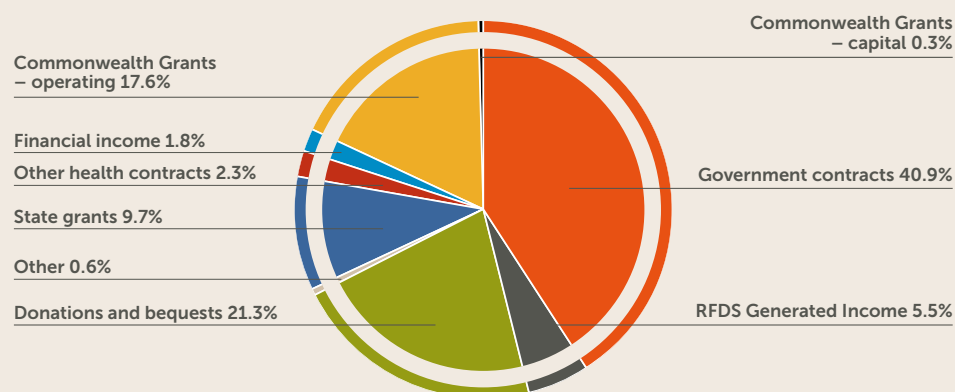


# Financial summary

## Key financial data over five years



## Where our funding comes from







# Our bases

**The RFDS SE Section delivers a diverse range of health and aviation services from bases in Broken Hill, Dubbo, Mascot, Bankstown, Essendon, Launceston and Moomba (operated on behalf of Santos Ltd).**

Broken Hill is our headquarters. Corporate Services, Human Resources, Health Services and our CEO are all based there.

Broken Hill operates as the RFDS SE hub. Emergency retrievals, telehealth consultations, clinics, inter-hospital transfers and training of medical students all take place from Broken Hill.

From Broken Hill we conduct Fly-Around Clinics, administer Medical Chests, run our communications systems and conduct routine and heavy aircraft maintenance.

We also have a very popular visitors' centre in Broken Hill that is a leading tourist attraction in the region.

From our Dubbo Base we provide inter-hospital transfers, the tasking of aircraft for the Rural Aerial Health Service (RAHS), as well as emergency retrievals. All aeromedical evacuations which occur from our Dubbo Base are tasked by the NSW Air Ambulance Operations Centre in Sydney.

The RFDS Education Centre at Dubbo Base is a leading tourist attraction, providing visitors with both our history and an up-to-date briefing of our activities.

In the future we hope to further expand the primary healthcare services offered from the Dubbo Base, with it becoming a vital hub for additional primary healthcare services including general practice, dental, maternal care, women's and children's health, and health education.

The first of these – The Outback Oral Treatment and Health (TOOTH) program – was launched last year. TOOTH serves the communities of Lightning Ridge, Collarenebri, Goodooga and Bourke with regular 'fly in' dental clinics.

Our base at Mascot, Sydney, supports the provision of air ambulance services state-wide under a contract with the Ambulance Service of NSW.

There are five aircraft based there. In addition, aviation management, including quality and safety, will be fully located in Sydney by the end of the 2013 calendar year.

Also in Sydney, from our Bankstown Base we transport specialist doctors and nurses to remote locations under the Rural Aerial Health Service program.

Essendon Base houses our maintenance control and pilot training in addition to aircraft undertaking our Non-Emergency Patient Transfer Service (NEPTS).

At Launceston, Tasmania, our base delivers aeromedical services for Ambulance Tasmania – providing aircraft, pilots and engineers.

And our medical facilities at Moomba, Ballera and most recently Mereenie provide medical assistance to more than 1,200 Santos Ltd employees working in the oil and gas fields, as well as those living in the surrounding area.



RFDS Broken Hill Base.



RFDS Dubbo Base.





# Healthcare

**From 24-hour emergency evacuation and telehealth consultations to primary healthcare clinics that include mental health, chronic disease management and dental services, the RFDS is dedicated to serving the needs of communities that exist beyond the reach of conventional health services.**



Dr John Wenham speaks  
with local Mick Fox outside  
Tibooburra clinic in remote NSW.





**Our health strategy is focussed on delivering health services in partnership with local health providers with the needs of the community firmly at the forefront.**

## Emergency services

The RFDS provides a 24-hour medical evacuation service to anyone who is seriously ill or injured and who requires evacuation by air from a location without adequate medical facilities.

Our Beechcraft King Air B200 and B350 aircraft are configured as flying intensive care units.

Our aircraft carry high-tech medical equipment including a ventilator and multi-parameter monitor which checks blood oxygen levels, cardiac irregularities, blood pressure and pulse. This equipment doubles as a defibrillator.

Our health staff frequently work alone and are therefore highly trained, with additional skills you might not find in the average GP or nurse. Doctors have a mix of primary healthcare and critical care skills. Our flight nurses have a critical care background and are all qualified midwives.

Our pilots operate with no co-pilot and assist with loading and unloading patients from aircraft.

Motor vehicle accidents and work-related injuries, broken bones, heart attacks and strokes, sudden and severe chest pain, respiratory failure and snake bite, are just some of the medical emergencies our teams commonly encounter.

In addition to regular airfields, RFDS aircraft land on Outback airstrips, on dustpans at remote stations and occasionally on isolated stretches of highway.

The RFDS SE delivers its emergency evacuation service from our Broken Hill and Dubbo bases across regional and remote NSW, southwest Queensland and north eastern South Australia.

Our emergency retrieval crews are on stand-by 24/7, 365 days a year. It's our proud claim that no patient is more than two hours away from the Flying Doctor's help.

This year we conducted 614 emergency evacuations.

## Patient transfers

In 2012/13 patient transfers comprised nearly 15 per cent of RFDS SE patient contacts.

Inter-hospital transfers involve the aeromedical transport of patients between hospital facilities. This usually occurs when patients with serious illness or injury require medical retrieval to a large regional or tertiary centre for definitive care.

Additionally, the RFDS provides a dedicated Non-Emergency Patient Transfer Service (NEPTS) for regional and rural patients in Victoria. This fee-paying service enables the fast, comfortable transfer of high, medium and low acuity patients within Victoria and beyond. This year we transported 273 patients under NEPTS, an increase of 76 per cent on last year.

In 2012/13 we transported 8,002 patients in total as part of these services. This is a 1.9 per cent increase on last year.

## Case Study

### Hayden's freak accident

Eleven year old Hayden Lew and his dad, Peter, were fishing at their property on the Macquarie River near Dubbo.

They'd already landed some big fish when Hayden planted a home-made fishing pole called a springer in the ground. Somehow it swung around and hit him in the face.

"Uh-oh Dad," said Hayden. "I think I've got a hook in my eye."

Peter looked up, saw a hook protruding from his son's closed eye and tried to keep calm. "Yes mate, you have," he said quietly.

He cut the line, told his son to keep his eyes closed, picked him up and drove straight to Dubbo Base Hospital.

Doctors there were worried the hook might have penetrated Hayden's eye so called the RFDS to transport him to Westmead Hospital in Sydney.

"His dad didn't try to extract the hook, which was exactly the right thing to do," said RFDS flight nurse Kerry-Lee Hassan.

Mum Heidi accompanied Hayden on the flight. "People ask me how I coped and I tell them it's because Kerry-Lee was such a caring and professional flight nurse. She kept us all calm."

Within an hour and a half Hayden was in the emergency department at Westmead Hospital. Thankfully doctors found no sign of damage to his eye and the hook was extracted in surgery.

"I can't speak too highly of the care we received from the RFDS," said Heidi.

Hayden before surgery.





## Clinic services and primary healthcare

**Residents of rural and remote communities continue to show poorer health outcomes than residents in metropolitan centres. Potentially preventable hospitalisations occur at more than twice the rate in remote Australia compared to major cities.**

*Australia's Health 2012, Australian Institute for Health and Welfare (AIHW)*

To address this, the RFDS SE Section continues to expand its primary healthcare and clinic services.

The focus is on prevention and a team-based management approach to disease. This includes:

- general practice clinics
- mental health clinics
- dental health services
- women's child and family health services

In 2012/13, RFDS-facilitated primary healthcare services were a significant part of our overall operations. This year we had 40,291 patient contacts across 4,728 primary healthcare clinics – up from 4,190 last year.

We offer comprehensive health promotion and disease management through our regular clinics, covering areas such as mental health, women's and children's health and breast care.

## General practice

General practice doctors are much less available in remote Australia, and people on average have to travel further to see them.

People living in regional and remote areas were more than five times as likely as those living in major cities to travel over one hour to see a GP (Australian Bureau of Statistics, 2011).

RFDS GPs and GP registrars held 899 clinics and conducted 8,257 consultations in 2012/13. They provided general medical care and diagnosed and treated acute conditions, including

the ongoing management of chronic medical problems.

Our teams undertake minor surgical procedures, conduct cancer screening and are actively involved in clinical disease prevention.

## Rural Women's GP Service

The Rural Women's GP Service (RWGPS) has been operating since 2000 in the RFDS SE Section.

The RWGPS aims to improve primary healthcare services for women in rural and remote areas who have little access to female GPs. The RWGPS is also open to all members of the community, including men and children.

Within the SE Section, our female GPs conducted 364 clinics in at least 31 locations, seeing 4,180 patients across NSW, Victoria and Tasmania during 2012/13.

These female doctors also ran seven health education sessions in six communities attended by almost 370 people. Topics included osteoporosis, menopause and women's health as well as sessions on female and male reproduction at a local school.

Additionally, 15 doctors from Tasmania, Victoria and NSW attended an RWGPS professional development day in Melbourne in June 2013.

## RFDS practice nurse

The RFDS practice nurse is instrumental in helping people in remote communities manage chronic disease, regularly visiting 17 remote communities.

In 2012/13, our practice nurse had 217 patient contacts across 80 clinics. At the Australian Primary Health Care Nurses Association 2013 Conference RFDS SE practice nurse Trish McCarron was awarded a High Commendation for her work with us.

## Child and maternity health

The RFDS women's and child family health nurse regularly visits 17 clinics over a territory of 640,000 sq km, providing preconception, antenatal and postnatal care and advice, as well as Pap smears, immunisations and child health checks. In 2012/13, she assisted 591 patients.

Additionally, NSW Health public health officer trainee Emma Quinn presented a paper at the 12th National Rural Health Conference 2013, 'Investigation of evidence-based maternity care for women in remote communities in Far West NSW.' Part of Emma's research was undertaken while on secondment with the RFDS Broken Hill.

We used Emma's research to update our guidelines and policies to include aspects around maternity care provision to women in remote communities in far west NSW.

We also developed an antenatal shared care tool for GPs and midwives that outlines the tests, investigations and information that need to be conducted in the first, second and third trimesters of pregnancy. These tools will help us continue to provide evidence-based maternity care for women in far west NSW.

## Telehealth (remote consultation service)

RFDS GPs provide a 24-hour over-the-phone medical consultation service. Whenever they receive a call, our doctors have access to our electronic medical record system through a confidential portal to ensure continuity of care. In 2012/13, 5,060 over-the-phone consultations took place from our Broken Hill Base, down from 5,373 the previous year.

**RFDS medical officer  
Dr John Wenham removes a stitch  
from the eye of Deanne Pearce at  
the RFDS Wilcannia clinic.**



**RFDS medical officer Dr Mike Hill  
loads a patient onto the RFDS flying  
intensive care unit.**







**In 2012/13, our healthcare specialists and GPs conducted 4,728 clinics and saw 40,291 patients.**

## Medical Chests

The RFDS Medical Chest program has operated since 1942 and allows our doctors to prescribe medications via remote, over-the-phone consultations.

Active Medical Chests can be found in 469 remote homesteads and stations, in parks and police stations, in hotels and roadhouses, and in schools and on mining exploration sites.

They contain a range of pharmaceutical and non-pharmaceutical drugs with 'prescription only' medication administered on the authority of an RFDS doctor.

At the tiny settlement of Innamincka, 1,065 km north east of Adelaide, pub managers Greg and Jill Ross daily welcome Outback travellers.

As custodians of the RFDS Medical Chest Jill knows all about the Royal Flying Doctor Service.

"I came equipped with a full hypochondriac's first aid kit then I saw this amazing Medical Chest and I stopped worrying."

Hundreds of tourists pass through Innamincka each year.

"In the short time we've been here we've seen everything from broken ribs, stubbed toes, asthma attacks, stomach pains, abscesses and suspected heart attacks. Just having access to antibiotics makes such a difference. People are so grateful when they realise that treatment is available they sometimes break down in tears."

## Specialists

**The further people live away from major cities, the less healthy they are likely to be.**

*Australia's Health 2012, Australian Institute for Health and Welfare*

On almost any day of any week, an RFDS plane is taking off or landing on a remote airstrip somewhere in the Outback.

Apart from our emergency work, any number of medical and healthcare specialists could be on board.

Our regular teams may include a dentist, a psychologist, a drug and alcohol counsellor and a GP as well as an endocrinologist, psychiatrist, dermatologist and an ophthalmologist, to name a few.

Consultations are conducted at varying locations. These range from consulting rooms in small Outback hospitals, to local halls, a spare room in a station or farmhouse or even on a bench under the shade of tree.

In 2012/13, our healthcare specialists and GPs conducted 4,728 clinics and saw 40,291 patients.

## Dental

Oral disease continues to be one of the most widespread yet preventable health problems in Australia.

The Outback Oral Treatment and Health (TOOTH) program was launched in early 2012 to address the serious and untreated dental disease of those living in remote

areas, where access to care is a significant challenge and dental decay in children is five times the national average.

Operating out of our Dubbo Base, TOOTH serves the communities of Lightning Ridge, Collarenebri, Goodooga and Bourke, with regular 'fly in' dental clinics performed by an RFDS dentist and dental therapist.

In its first 12 months, the program has already made a positive impact in the remote communities it serves.

Through the provision of 256 TOOTH dental clinics TOOTH brought much needed regular dental services and oral health education to complement those already on the ground. In its first year the program provided urgent and preventative dental care to 1,610 patients, consisting of 931 adults and 679 children.

Many people in remote communities who have not seen a dentist for years are now regular patients of TOOTH.

TOOTH also provides invaluable student mentoring, giving dental students unprecedented experience in Outback dentistry and oral health.

Our original dental program out of Broken Hill continues to provide extensive dental treatment and oral health education to the people of the far west. Since its inception in 1998, there have been 27,000 patient appointments, with 2,600 patient visits over the last 12 months.

The Broken Hill dental program also provides an excellent student mentoring program, with 19 students taking part this year.

### Case study

## Adam Barrett

For dental student Adam Barrett, his time with the RFDS TOOTH program has been life changing.

"It's been confronting and rewarding," Adam said. "This is what I want to do now... help people who don't normally have access to dental care."

The fifth-year Charles Sturt University student is from Terrigal, NSW, and said he had been planning to enter private practice.

"I had no idea that I would find working with rural and remote people so compelling.

"It has really opened up my eyes to what's needed and the good that can be done."

Adam, 33, said he planned to return to Outback practice after graduation.



Oral therapist Rebecca Hovington, volunteer student Adam Barrett (centre) and dentist Callum Addison.



Four year old Jordan with RFDS women, child and family health nurse Jacqueline Noble at the RFDS White Cliffs clinic.



**The whole thing is a journey and it's very nice to see women through that journey. And then they come back for their second and third child maybe, and the relationship continues.**

#### Case Study

### Jacqueline Noble, women's and child family health nurse

For RFDS flight nurses, delivering babies is always a possibility. They are all experienced midwives.

But for Jacqueline Noble, our women's and child family health nurse, delivering babies is a rare occurrence.

Based out of our base in Broken Hill, Jacqueline began with the RFDS in 2007. Three to four days a week she visits one of 17 clinics in her territory.

It's the continuity of care in her role with Outback women and families which, the 48-year-old says, makes her job so enjoyable.

"The bread and butter of what I do are Pap smears, breast awareness, child health checks and immunisation, advice and information around child health and antenatal and postnatal care.

"All of our flight nurses are midwives because it's always possible they will be involved in some sort of labour or delivery care but we always strive not to put people in that situation.

"You don't want to have a birth on a plane at 20,000 feet if you can avoid it."

So part of Jacqueline's role in preparing expectant mothers for the arrival of their baby is to put all the planning in place to avoid this happening if possible.

And Jacqueline's other roles – women's, child and family health nurse – mean her ongoing contact with families often continues well after the birth.

"The whole thing is a journey and it's very nice to see women through that journey. And then they come back for their second and third child maybe, and the relationship continues."





People in the bush often live in such isolation that they don't see people for weeks at a time.

## Mental health

**"People who live in remote areas have just the same difficulties as anyone else but it is much harder for them to access services because major centres can be several hours drive away."**

*Denise Perkins, RFDS psychologist*

The RFDS mental health team consists of a psychologist, an alcohol and other drugs counsellor, a mental health nurse and a community psychologist.

In 2012/13 the mental health team held 366 clinics in 17 locations and provided 844 individual services. This is a 22 per cent increase on last year in terms of patient numbers.

Remote locations frequently mean no designated counselling room. Sessions can take place in some unusual settings such as the back steps of a hall, a picnic bench or simply by going for a walk with someone.

Additionally, RFDS staff work around seasonal activities such as shearing, and utilise phone, email and Skype to maintain contact between visits.

Services included:

- one-on-one counselling and therapeutic support
- screenings for stress, depression and anxiety
- workshops on managing stress
- education and support for reducing alcohol and drug dependency

Apart from regular RFDS clinics, community events are an important part of the team's work. These focus on community capacity building – increasing knowledge and reducing stigma – with a strong focus on positive mental health and wellbeing.

For instance, Triple P (Positive Parenting Program) training was taken out to a number of small communities through Wellbeing Trivia nights, where a third of the questions involved some emotional wellbeing content and were part of an educational and fun program.

'Navigate Your Life', an innovative RFDS program on emotional wellbeing run for the first time this year, offered tools for people to get the best out of their lives.

The team undertook programs at Broken Hill, Innamincka Station, Tibbooburra, White Cliffs, Tilpa and Ivanhoe. International men's health expert Stephen Carroll was part of the team, helping facilitate discussions on relationships, men's sexual health, physical and mental health and depression.

During a Ladies' Day event on Durham Downs in South East Queensland, around 100 participants learnt more about the importance of health and wellbeing in a workshop on stress and relaxation.

The team offered screening for anxiety and depression and McGrath Elders breast care nurse Jo Beven undertook breast examinations. RFDS staff ran workshops on mindfulness and relaxation.

## McGrath Elders breast care nurse

**"Women can be really amazing when they get diagnosed with a life threatening disease. We do our best to make sure women living remotely have support as they continue to work and get back to their normal lives again."**

*McGrath Elders breast care nurse Jo Beven*

In June 2011, the RFDS partnered with the McGrath Foundation in a healthcare initiative to support remote Australian women experiencing breast cancer.

Thanks to the McGrath Foundation and the fundraising efforts of Elders staff nationally, a McGrath Elders breast care nurse is now stationed at the Royal Flying Doctor Service Base in Broken Hill.

Jo Beven travels across the region by plane, to support Australian families in rural and remote areas experiencing breast cancer.

In the last 12 months, she has conducted 650 patient contacts, to support over 50 women and their families experiencing breast cancer.

Jo makes home visits and also holds clinics in 18 remote locations across three states (NSW, northern South Australia and south western Queensland).

She meets with other health professionals and undertakes additional patient contact via video conferencing and by phone.

"People in the bush often live in such isolation that they don't see people for weeks at a time.

It's good for them to have contact with a nurse who understands their issues with treatment and side effects. We all use the phone and internet for all aspects of our lives, but nothing replaces human contact, especially at such a challenging time as going through cancer treatment."



RFDS psychologist Denise Perkins chats with an RFDS supporter at the RFDS Bankstown Open Day.



RFDS TOOTH dentist Callum Addison performs an extraction on Bridget Adams at the Collarenebri TOOTH clinic.



McGrath Elders breast care nurse Jo Bevan supported 50 families experiencing breast cancer this year.





## TOOTH has created an interest in the path of rural dentistry with six CSU students volunteering to treat patients in their holidays.

### Students and GP registrars

**“There are vastly insufficient numbers of GPs and other health professionals in rural and remote Australia.”**

*Rural Health Workforce Australia  
Senate submission, 2012*

The shortage of doctors and dentists in remote Australia remains at critical levels. One way to address this is to increase students' exposure to rural conditions and patients.

We are dedicated to training the next generation of health professionals by giving medical students access to unique experiences in rural and remote medicine and encouraging them to return to practice in these areas at the end of their studies.

The RFDS SE Section partnership with the University of Sydney sees RFDS medical officers holding teaching positions at the University of Sydney, Department of Rural Health, in Broken Hill and the School of Rural Health in Dubbo.

Students are also given the opportunity to attend RFDS clinics and join on-call emergency flights to gain a unique experience in remote medicine.

In Broken Hill in 2012/13 three medical students were placed with the RFDS along with 19 dental students. There were another 30 RFDS-assisted medical placements through our telehealth division and at clinic sessions at remote sites at Wilcannia and Menindee.

Out of Broken Hill, medical students were placed on 38 flights as observers.

The RFDS also has placements for GP registrars in their final year of training. Their experience with us is both challenging and hands-on, focusing on our flying clinic services and emergency care.

Student doctors are regularly placed on flights out of Dubbo, with on average more than 100 students a year joining our medical teams during Outback visits.

Our Dubbo-based doctors provide medical student supervision and conduct regular lectures at the University of Sydney School of Rural Health and Dubbo Clinical School.

This involves delivering structured clinical teaching in critical care to medical students in the hospital, simulation lab and during aero medical retrievals. We are also involved in aero medical research in conjunction with the school.

Dental students are also regularly placed at Dubbo.

The Outback Oral Treatment and Health (TOOTH) program offers clinical placements for final year dental students and oral health therapy students from three universities.

In 2012/13 40 dental and oral health therapy students from Charles Sturt, Griffith and Sydney universities participated in the TOOTH program.

TOOTH has created an interest in the path of rural dentistry with six CSU students volunteering to treat patients in their holidays.

Additionally there were three qualified dentists plus one dental assistant who volunteered to assist the program.

### Case study

## Helping new doctors choose to work in the Outback



Post graduate medical student Justin Gladman is a descendant of the Wiradjuri people in NSW. After he finishes his medical degree at Flinders University and then completes training, he'll start working for the RFDS in Broken Hill.

The decision to study medicine was sealed when the RFDS offered to find a sponsor for Justin in return for a commitment that he worked for us when he qualified.

By sponsoring Justin with the help of the Bennelong Foundation, the RFDS will gain a doctor who appreciates the cultural habits and constraints of our Indigenous patients.

Justin was encouraged to attend university by his family but many Indigenous people face barriers to further education.

“That includes lack of funds and practical considerations such as moving away from community,” says Justin. “Sponsorship and mentoring from the RFDS was certainly a big help for me.”



Dr Malcolm Moore with students Liyasha Goonetilleke and Toby Hulf.



Dental students Thong Vu and Theodore Costa with TOOTH program dentist Callum Addison.



Damian Mannion is seen by Bernie Higgins, a final year Sydney University medical student, at Wilcannia Hospital.





# Delivery

**Our transport platform exists to ensure the safest, most time efficient and cost effective delivery of health services across the RFDS SE Section.**



RFDS engineers prepare the  
King Air B200 for its busy day in the air.

## As part of our strategic plan we aim to be the preferred provider of aeromedical transport services in South Eastern Australia.

**We are exploring the possibility of using rotary wing, in addition to our traditional fixed wing aircraft, as a platform to deliver some of our health services where appropriate. We are also working towards a centrally co-ordinated standardised fleet, delivering a common patient experience across our section.**

## Aviation and engineering

RFDS pilots and engineers are responsible for the safe and efficient transport of our doctors, nurses, specialists and patients.

The focus of our aviation and engineering division has been to streamline and standardise our fleet to maximise cost and human resource efficiencies. We have also focused on upgrading our aircraft with advanced avionics and medical equipment and to ensure the best training for our pilots and engineers.

This year our aircraft flew 5,015,068 km. That's the equivalent of 6.5 return trips to the moon.

Over 2012/13 four new state-of-the-art planes were introduced to the RFDS SE fleet.

A King Air B200C was added to our Launceston Base, in support of our Ambulance Service of Tasmania contract. Under this contract, we provide aircraft, pilots and engineers.

In NSW, three King Air BC200C aircraft entered service as part of our Ambulance Service of New South Wales contract. This was in addition to two King Air B350C aircraft purchased last year.

These new aircraft brought the SE Section fleet to 19.

Aircraft in service since 2008 feature an innovative modular fit-out with a hydraulically operated cargo door and overhead stretcher lifting device. All planes have been modified with specialist aeromedical interiors and are fitted with advanced, high-technology avionics.

These new systems include weather radar, real-time weather graphics, electronic charts and 3D flight plan maps.

RFDS pilots underwent significant further training in 2012/13 to ensure their efficient and safe operation of the new cockpit environments in aircraft that entered service.

B350 pilots now achieve their full endorsement in the simulator and then undertake additional simulator sessions through Line Operations Flying Training (LOFT).

LOFT is simulator/line training using representative flight segments that contain normal, abnormal, and emergency procedures that may be expected in line operations.

An instructor monitors the pilot's performance then reviews the flight or flights with the pilot afterwards.

Back at base, training continues under an In Command Under Supervision (ICUS) system where a pilot performs the duties of a pilot in command, but under supervision.

All pilots undergo a final line check before they are cleared to fly in all aspects of work for the RFDS.

Also this year the move of the Aviation Management team from Essendon to Sydney commenced. A new office location was identified and the position of general manager operations was established, with the positions of quality and safety manager and engineering manager moved. The balance of the team will be moved by the end of 2013.

Aviation operations at Essendon will continue with the RFDS Non-Emergency Patient Transfer Service (NEPTS).

Ongoing aircraft upgrades are planned to standardise the medical fit-out throughout the aircraft fleet.

### Case study

## Concentration, commitment and care

For RFDS senior base pilot Mark Woods, it's the assignments involving children that seem to last in his memory.

"Every job requires concentration, commitment and care", says the father-of-two.

"But without doubt, transporting a child has the biggest affect on me, especially the ones who are about the same age as my two."

Mark, 49, has been flying with the RFDS for seven years. He is based at Mascot. His children are aged five and three.

Mark recalls being on the way to Cobar, 700 km north-west of Sydney, when he was rerouted to Lightning Ridge. A woman in labour was experiencing severe difficulties and needed an urgent transfer to Dubbo Base Hospital.

"The operation was time critical but we managed to get the mother to Dubbo and the baby was a healthy delivery.

If we had not been in the area at the time the baby probably wouldn't have survived."







Barbara Ellis  
executive  
assistant to  
Clyde Thomson.  
Barbara has  
worked for the  
RFDS SE for  
48 years.



Across all levels and departments,  
RFDS SE operates on an ethos of  
service excellence, compassionate  
care and going the extra mile. 

## Safety

The RFDS SE Section continued its commitment to safety and quality.

Throughout the organisation we promote a culture of safety, with a process of ongoing review and practice improvement following any incidents. Our goal is to improve processes and procedures in our working environment to protect the health and well-being of our staff and patients.

This was best demonstrated in January 2013 by the continuation of the RFDS SE certification against Australian/New Zealand Standard AN/NZS\_ISO 9001:2008 Quality Management Systems and the recent addition to the certification, Core Standards for Quality and Safety in Healthcare.

The RFDS SE has continued its association with International Standards Certifications (ISC) Pty Ltd (since 2009) for our ongoing certification requirements against AS/NZS ISO 9001:2008.

Along with our commitment to quality and maintaining our certification, the RFDS SE works closely with the Civil Aviation Safety Authority (CASA), the Australian Transport Safety Bureau (ATSB), and other regulators on matters relating to legislative compliance and as required through investigations into aviation and clinical issues that may arise.

The aviation division and other aircraft operators in the same class will experience significant regulatory change over the coming 12 months, specifically under Civil Aviation Safety Regulation (CASR) Part 119 - Australian Air Transport Operators – certification and management - and Part 135 - Conducting Passenger Transport Service (PTS) small aeroplanes.

Further change may result from CASR Part 145 – Approved Maintenance Organisations. Currently CASR Part 145 is only for Regular Public Transport operators (RPT).

A key element of the regulatory change affecting the RFDS will be the upgrading of the RFDS SE Safety Management System (aligning to CASR Part 119), embedding risk management and risk-based decision making into all aspects of our operation.

This year the Audit and Risk Committee approved the RFDS SE Risk Matrix. With this approval the Safety and Quality department took immediate steps to integrate this matrix into the existing electronic safety management system, Air Maestro.

The RFDS SE Risk Matrix is now the primary tool in assessing risk at a strategic and operational level across the SE Section.

We have a long history of consistently high standards in safety and quality in our field.

The changes slated by the regulator will prescribe the need for ongoing training and development of management and staff.

## Staff

The RFDS SE Section currently employs 186 staff.

They comprise GPs, flight nurses, dentists, mental health workers, pilots, engineers, radio operators, fundraisers, marketing and PR practitioners, administration support officers and management positions.

But despite such diverse backgrounds and training, all our people are united in their shared passion for rural and remote health.

Across all departments and levels, RFDS SE operates on an ethos of service excellence, compassionate care and going the extra mile.

HR is based at our corporate head office in Broken Hill. It oversaw a number of key appointments in 2012/13.

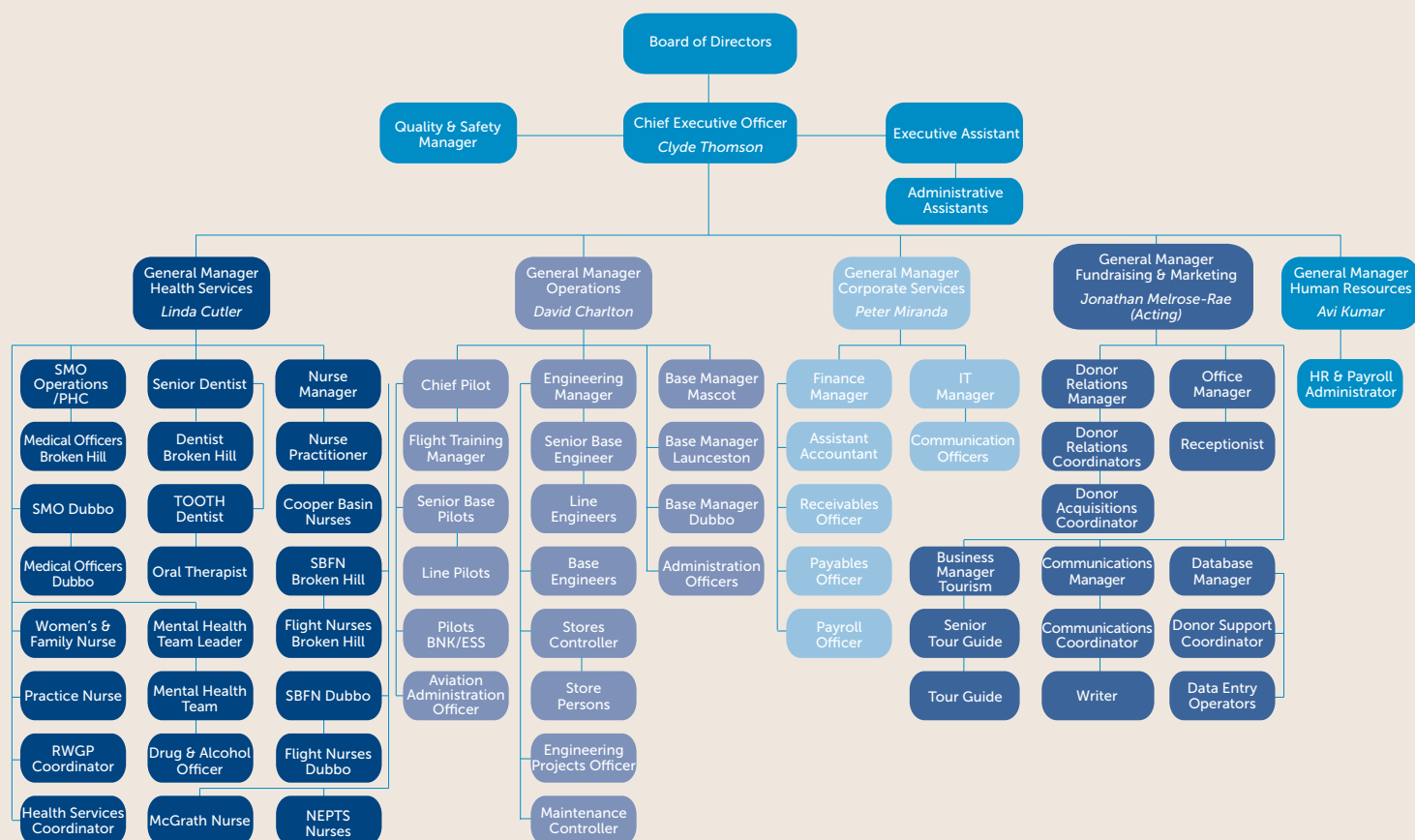
Among these were a new general manager of Health Services, a new dentist for The Outback Oral Treatment and Health program (TOOTH), a new base manager at Mascot and a new quality and safety manager.

Other recruitments have included doctors, nurses, pilots, engineering and administration staff. Under its current plan the HR department will continue to maintain its focus on attracting the highest quality pilots and doctors to work in our rural and remote bases.

Additionally, five RFDS SE staff attended a health and safety representative course in Dubbo in November.

This course is recognised by WorkCover New South Wales and is a requirement under the new *Work Health & Safety Act 2012*.

## Structure



### 2012/13 RFDS SE Section Staff

	F/T	P/T
Doctors	8	1
Dental	4	-
Nurses/Flight Nurses	21	11
Mental Health/Drug Alcohol	4	1
Pilots	47	-
Engineering	26	-
Engineering Support	6	9
Radio Staff	2	1
Communications & Fundraising	7	7
Administration	21	6
Merchandising & Other	1	3
<b>TOTAL</b>	<b>147</b>	<b>39</b>



Despite such diverse backgrounds and training, all our people are united in their shared passion for rural and remote health.



# Corporate services, HR, marketing and fundraising

**On the ground, helping to keep our doctors, pilots and nurses in the air, are the human resources (HR), corporate services, and marketing and fundraising departments.**

They work behind the scenes to support our medical evacuation, hospital transfer and clinical work.

In early 2013 the HR department initiated a survey to gauge staff attitudes to the work environment and processes. The first employee 'Have Your Say' survey was conducted across all SE Section staff in all locations.

The general management team then undertook face-to-face feedback sessions at all bases in April and is currently implementing improvement procedures as a result of this.

In March, department heads and members of the general management team attended a one-day Enterprise Bargaining Agreement Framework training session to ensure across-the-organisation compliance with the Fair Work Act.

Our HR department has continued its focus on ensuring our workforce consists of the right mix of health and aviation professionals required to provide essential services to Outback communities.

Recruitment is always a challenge in rural and remote Australia and the HR team keep looking for opportunities to provide a multitude of employee benefits that make RFDS positions attractive to prospective employees.

Additionally, the team aims to implement ongoing policies and structures to support employment flexibility, create

an equitable and diverse workplace and a safe and supportive 'just culture' in the RFDS SE.

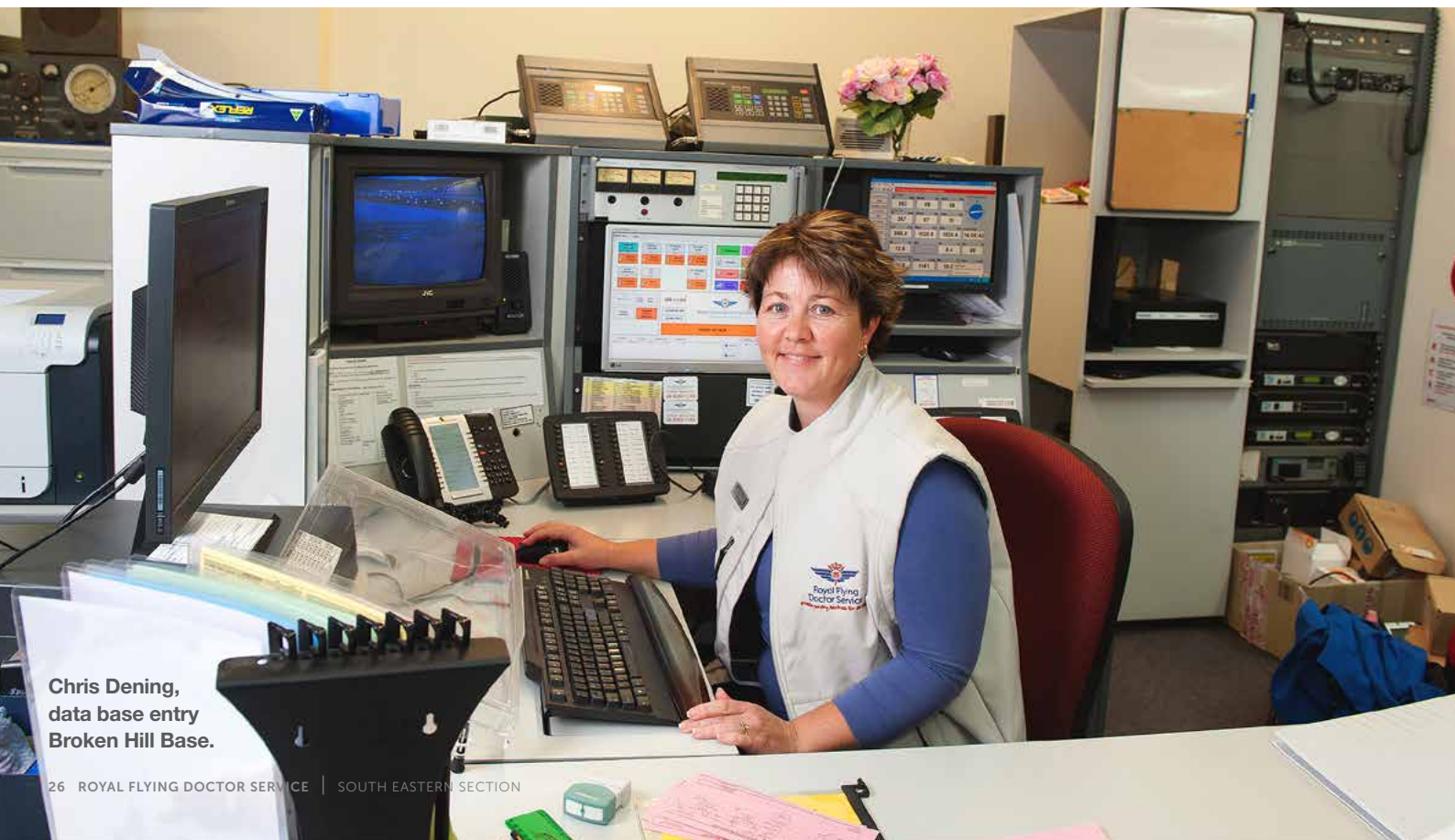
Based at Broken Hill, our corporate services department oversees the finance and IT functions.

Areas of responsibility include performance and financial reporting, tracking creditors, collection of monies, purchase order processing and IT system maintenance.

In Sydney, our marketing and fundraising department operates to raise awareness of the work we do as well as raise vital funds to support our operations.

This role is crucial because the RFDS is not fully funded by the Commonwealth or state governments.

In 2012/13 the marketing and fundraising team focused particularly on attracting new and younger supporters through events such as our annual Bankstown Open Day, which was opened up to the public, and a dress-up charity screening of *The Great Gatsby*.



Chris Dening,  
data base entry  
Broken Hill Base.

## Volunteers

Volunteering has been part of the RFDS since we began in 1928.

We depend on our volunteers.

As a not-for-profit organisation relying on donations to meet the shortfall in government funding for our operations, they are essential in keeping our costs down.

Volunteer help comes in many forms.

In our marketing and fundraising office in Sydney, volunteers assist during mail-outs and help with other administrative tasks.

Volunteers played a vital role in allowing us to put on events such as our Open Day in Bankstown and a fundraising film screening.

At our Dubbo Base, volunteers manage and run the Education Centre and shop, and assist with countless other important duties.

Across the region volunteers deliver medications, maintain bush airstrips, run barbecues, help get our staff to clinics, run stalls and events and assist us in numerous other ways.

Ten volunteer speakers take the RFDS story out to community groups and schools across our section. Over the past year they gave 80 presentations to a variety of audiences ranging from small groups to up to 100.

Some of our corporate supporters such as Qantas, Rabobank, Liberty International Underwriters, Medtronic and BAE Systems encourage their staff to volunteer at our events, such as Open Days at Bankstown and Dubbo.

In recognition of the importance of our volunteers the RFDS this year signed up to the NSW Government's new Statement of Principles for the Recognition of Volunteer Rights.

This statement outlines key principles in volunteer management, including being respectful, including volunteers in decisions that affect them and celebrating their contribution.

By adopting these principles we publicly acknowledge the valuable work of and contribution made by our volunteers.

### Case Study

## Graham Walker

With more than 23 years' service, Graham Walker is the longest-serving volunteer in the SE Section's Sydney office.

During that time he has undertaken a wide variety of administrative and fundraising tasks and now runs an annual golf event that has raised more than \$187,000.

Graham is a familiar face at nearly all of our Sydney-based community events and will often travel further afield to lend a hand if asked.

He was a foundation member of the Flying Doctor Society when it began in 1991.


"The RFDS is one of my passions," Graham, 75, says.

I read about it at school and in my own heart I've got the passion for the bush. I've done a bit of work in the bush over the years.

I first got involved with the RFDS as a volunteer during the first Open Day at Bankstown back in the nineties.

And what do I get back in return? The satisfaction of helping, of knowing I've done my bit. I love to do it. I love being a part of the Flying Doctor."



And what do I get back in return? The satisfaction of helping, of knowing I've done my bit. I love to do it. I love being a part of the Flying Doctor. 



# Governance

## The Board of Directors is committed to responsible corporate governance.

In accordance with the Australian Stock Exchange Corporate Governance Council's Principles of Good Corporate Governance and Best Practice Recommendations, the Board has established a sound framework of corporate governance practices that it considers appropriate for the South Eastern Section of the Royal Flying Doctor Service.

The Board recognises it is accountable to members and stakeholders for the performance of the organisation and, to that end, is responsible for implementing a system of corporate governance that operates in the best interests of members while also addressing the interests of other key stakeholders.

### Board role and responsibility

The Board guides and monitors the performance and management of the RFDS on behalf of the members, by whom it is elected and to whom it is accountable. The Board Charter clearly defines the matters that are reserved for the Board, and those that the Board has delegated to management.

### RFDS SE Board

The Board continues to implement its strategy for improving the delivery of its emergency and primary health services across the Section through the continued development of its medical models for Broken Hill and Dubbo bases.

The Broken Hill medical model will increase our capacity to provide general practice and primary health services at the Base, which will also strengthen our service delivery to the communities served by the Base.

In Dubbo, SE Section is working with the Western Local Health District to expand its primary health services which are underpinned by the successful RFDS Gonski/Investec TOOTH dental program across NSW.

Further development of the Dubbo medical model will occur through the strengthening of our partnership with the Dubbo Base Hospital to include accredited training for emergency medical registrars who will work with the RFDS emergency retrieval services.

Both the Broken Hill and Dubbo medical models will operate within an academic framework provided by our partnership with the Sydney University Medical School.

The Board continues to work with the RFDS National Office to develop an RFDS section-wide strategic framework that will develop an effective cost model that will identify appropriate Commonwealth and state funding contributions.

### RFDS SE sub-committees of the Board for 2012/13

Sub Committee	Members	Meetings held
<b>Audit &amp; Risk Management Committee</b>	Mrs Elizabeth Johnstone Chairman Mr John Gall OAM Mr John Milhinch OAM Mr Lyell Strambi Mr Clyde Thomson GM Mr Peter Miranda	Quarterly
<b>Regional Advisory Committee</b>	Mr Terry Clark Chairman Mr John Gall OAM Mrs Ruth Sandow Mrs Kathryn Fargher Mrs Julie McClure Mrs Joan Treweeke Mr John Milhinch OAM (Ex officio) Mr Clyde Thomson GM (Ex officio)	Quarterly
<b>Medical &amp; Health Advisory Committee</b>	Prof Bruce Robinson Chairman Dr Randall Greenberg Dr Ian McPhee Mrs Ruth Sandow Mrs Joan Treweeke Professor David Lyle Ms Linda Cutler GM Health Services Str Judy Whitehead Senior Flight Nurse Mr John Milhinch OAM (Ex Officio) Mr Clyde Thomson GM (Ex Officio)	Quarterly
<b>Board Appointments Committee</b>	Mr John Milhinch OAM Mrs Joan Treweeke Mr Clyde Thomson GM	Annually or as required
<b>Board Executive Committee</b>	The President, Vice President and Treasurer The Chairman of the Regional Advisory Committee, who is required to be a member of the Board Chief Executive Officer	Quarterly or as required

**The Board of the RFDS SE Section for 2012/13 (left to right):** John Milhinch, Joan Treweeke, John Gall, Terry Clark, Elaine (Ruth) Sandow, Elizabeth Johnstone, Professor Bruce Robinson, Lord Glendonbrook, Lyell Strambi, Clyde Thomson.



**John Milhinch** OAM  
**President and Member of  
the Board Executive**

Chairman, RFDS Board Appointments Committee. Member, RFDS Audit & Risk Management Committee; Trustee of the Royal Flying Doctor Service Friends in the United Kingdom.

Former Director, Europcar Asia Pacific; Chairman, RFDS National Superannuation Fund; Formerly General Manager Strategic Investments and Investor Relations, Accor Asia Pacific.

**Joan Treweeke** LLB  
**Vice President and  
Member of the Board Executive**

Member, RFDS Board Appointments Committee. Former President of the SE Section, Resident SE Section Network area; Member, National Parks and Wildlife Service Northern Plains Advisory Committee; Chair, Yawarra Meamei Women's Group Inc; Board Member Western NSW Local Health District; Member of Management Committee Contact Inc.

**John Gall** OAM  
**Treasurer**

Member of the Board Executive. Member, Regional Advisory Committee and Member RFDS Audit & Risk Management Committee. Resident grazier in the South Eastern Section network area.

**Terry Clark**  
**Director and Member of  
the Board Executive**

Chairman, Regional Advisory Committee. Resident of the SE Section Network area; President, RFDS Dubbo Support Group since 2003; Past Director Dubbo Tourism Association; Former member Dubbo Tourism Advisory Committee.

**Elaine (Ruth) Sandow**  
**Director**

Member, RFDS Regional Advisory Committee and Medical Advisory Committee. Former Registered Nurse; Resident grazier in the SE Section Network area; Founding Member and Chairperson of the Milparinka Heritage & Tourism Association Inc.

**Elizabeth Johnstone**  
LLB MA (Hons) BA (Hons) FAICD  
**Director, Chairman, RFDS Audit & Risk  
Management Committee**

Former Partner and Practice Head (Company Law and Governance) Blake Dawson now Ashurst; Current Senior Consultant DLA Piper; Current directorships: Chairman KinCare; Director, ASX Compliance Board, Macquarie University Hospital; Sydney Writers Festival; Fellow, Australian Institute of Company Directors; Prior BPW/Qantas Business Woman of the Year. Former directorships: Auditing and Assurance Standards Board, Australian Press Council, Institute of Compliance.

**Professor Bruce Robinson** MD MSc FRACP  
**Director**

Chairman, Medical Advisory Committee. Dean, Sydney Medical School; Head, Cancer Genetics Laboratory, Kolling Institute; Chairman, Hoc Mai, the Australian Vietnam Medical Foundation; Fellow of the Australian Institute of Company Directors.

**Lord Glendonbrook** CBE  
**Director** Resigned (23 May 2013)

Trustee 'The Michael Bishop Foundation'; Life peer as Baron Glendonbrook of Bowden from 1 February 2011; Conservative Member of House of the Lords from 22 March 2011; Honorary Degree of Doctor and Laws; Avuncular Chairman of BMI British Midland; Former owner of airline British Midland Airways Ltd; Trustee of the Royal Flying Doctor Service Friends in the United Kingdom.

**Lyell Strambi** BBus  
**Director**

Member, RFDS Audit & Risk Management Committee. Chief Executive Officer Qantas Domestic; Former Chief Operating Officer, Virgin Atlantic Airways; Former Executive General Manager, Ground Services, Ansett Australia Ltd; Fellow of the Australian Institute of Company Directors; Fellow of the Royal Aeronautical Society.

**Clyde Thomson** GM MBA MAP FAIM  
**Chief Executive Officer**

Board Member of the Far West Medicare Local; Board Member of the Far West Local Health District; Board Member of AMREF Flying Doctors; Trustee of the Royal Flying Doctor Service Friends in the United Kingdom.





# Funding

**The RFDS SE Section is a not-for-profit organisation that is funded by a combination of Commonwealth, state and RFDS funds matched to the services we provide, and driven by community need.**



NSW Premier Barry O'Farrell toured the RFDS Dubbo Base in October 2012.



**Support from RFDS donors is tangible. RFDS local support groups in the community have funded the redevelopment of our bases as well as vital medical and aviation equipment on board our aircraft.**

Commonwealth Government funding supports RFDS primary healthcare clinics and primary evacuations while state Government funding supports RFDS inter-hospital transfers, Rural Aerial Health Service operations and dental services from Broken Hill Base. Partial funding for capital expenses such as aircraft and buildings comes from the Commonwealth Government (while the state Government lease our aircraft in Mascot).

The RFDS SE Section is very much reliant on financial support from individual donors, corporates, community fundraisers and its own investments and contracts. These funds are mainly used to purchase aircraft and equipment and redevelop operational bases. While most of these funds are used for capital purposes we also use donor and corporate funds to commence programs such as the TOOTH program and our practice nurse. Once we have demonstrated the need for these and that we are best placed to run these programs we encourage Commonwealth and state governments to fund these programs going forward.

We are continually working towards our goal of reaching agreement on a single contract with both the Commonwealth and state governments that will create greater efficiencies, be sustainable and improve transparency.

## Commonwealth Government funding

In 2012/13 the RFDS SE Section received funding from the Commonwealth Government for emergency retrievals as well as our primary healthcare services.

The RFDS facilitated 4,728 clinics including GP clinics and specialist nursing services. For remote communities in far west NSW such as the towns of Ivanhoe, Tibooburra, Innamincka and Wiawera Station these regular RFDS clinics are their only opportunity to see a doctor locally.

Funding from the Commonwealth was also provided for emergency retrievals. In the last year 614 emergency retrievals were undertaken from our Dubbo and Broken Hill bases.

## State Government funding

The RFDS SE Section has received support from the state Government to fund inter-hospital transfers over the past year. 8,002 inter-hospital transfers took place, delivering patients to hospitals with equipment and skills to manage their condition or repatriating patients to hospitals in their home town.

The RFDS SE administers the Rural Aerial Health Service (RAHS) from its Dubbo Base. The aim of the RAHS is to provide a timely and cost efficient aerial transport service for health specialists and allied health staff to locations approved by the various NSW Area Health Services (AHS). The RAHS objectives include the provision of a quality, professional and safe service within the available resources to provide relevant health services to rural and remote NSW communities. In any one year we fly over 2,000 clinicians to over 25 destinations.

The NSW Government also funds the RFDS Broken Hill Dental Scheme. The scheme is delivered in collaboration with Maari Ma Aboriginal Health Service and the Far West Health Service. It provides dental services to eligible patients in Broken Hill as well as through Corrections Health Services in Broken Hill and Ivanhoe, in addition to a number of locations across the RFDS network. Since its inception in 1998, there have been 27,000 patient appointments, with 2,600 patient visits over the last 12 months.



NSW Minister for Health  
Jillian Skinner during a  
visit to Broken Hill Base.

## RFDS funding

The RFDS SE Section undertakes contracted service delivery with Air Ambulance NSW, Ambulance Tasmania and Santos Ltd. Surplus from these contracts provide funds that assist in filling the gap left by the deficit from government funding versus operational needs and creates economies of scale for RFDS traditional operations.

Support from RFDS donors is tangible. RFDS local support groups in the community have funded the redevelopment of our bases as well as vital medical and aviation equipment on board our aircraft. Most importantly they have, in many cases, funded the purchase of aircraft, ensuring the Flying Doctor can continue flying.

Corporate relationships as well as major fundraising initiatives have resulted in the funding of Fly Around Clinics and the TOOTH dental program. See more detailed information about RFDS donor funding for the past year on page 32.

## Our funding aim

The RFDS SE Section's goal is to reach agreement on a 'single contract' funding model with the state and Commonwealth governments for operational and capital funds. This will ensure the efficient and effective use of resources in the delivery of services to rural and remote areas of NSW. It is also envisaged that by having one contract, negotiations will be streamlined with the NSW Ministry of Health, saving time and adding to the transparency of funding provided to the RFDS.



## RFDS SE supporters

### Donors

The RFDS is more than a medical service, we are part of the fabric of the communities we serve. You will often find us at local events and gatherings, keeping in touch with local people.

We exist because communities need us to be there, often providing the only medical care available.

Since our first flight in 1928, the RFDS has always relied on the financial support of the people and communities we serve.

This year our donors and supporters have contributed a significant amount of funds to the RFDS SE Section.

We received \$8,139,359 in donations from a range of generous individuals, community groups, businesses, trusts and foundations.

Over this year, the funding provided by our donors and supporters has enabled us to continue vital services, as well as expand many of our primary healthcare services such as mental health, breast care and dental care.

Funding from these donors, supporters and partners also allowed us to purchase the vital and life saving equipment we need.

Donors such as long-term Flying Doctor supporter Peter Robinson visited Broken Hill earlier this year to see his donation in action.

Last year, Mr Robinson, along with two anonymous donors, donated \$16,000 towards the purchase of a ventilator for our Broken Hill Base.

Other donors support us through membership via regular monthly and annual contributions.

Many donors also join our John Flynn Legion acknowledging their intention to leave the RFDS a gift in their Will.

This can make a significant difference to our funding. This year the total of generous bequests received was \$4,939,424.

### Business support

Support from some of Australia's largest companies is also essential to the ongoing operation of the RFDS.

It helps us meet the continuing health needs of Australians living remotely.

Qantas have been long term supporters of the RFDS and have previously sponsored our Fly Around Clinics. This financial year they provided \$10,000 worth of flights that were used as prizes for raffles and auctions.

As well as volunteering at our events, Liberty International Underwriters staff provided \$10,000 to the RFDS through donations this financial year.

At BAE Systems Australia staff fundraising initiatives include an annual BAE charity golf day, donation tins in BAE offices, an Easter guessing competition, and Mother's Day raffles. This year their staff raised more than \$17,000.

Other corporate donors included Bayer Crop Science, Australian Wool Network, Bridgestone Earthmover Tyres and the Australian Wool Exchange.

Companies including Basair Aviation College, Goodman Fielder and Batlow Apples all donated products for our events this year.

### Philanthropic support

In some cases, philanthropic support can mean the difference between being able to provide a service or not. We recognised the urgent need for a dental service in remote communities but we did not have the funds to get started.

The Investec Foundation is the philanthropic arm of Investec Bank Australia Limited. The Gonski Foundation was established in 2002 by Investec Bank Australia Chairman, Mr David Gonski AC, and his wife, Orli, with the sole purpose of giving back to the community.

With the help of these two organisations, as well as RFDS donors, we were able to see our much needed dental service, The Outback Oral Treatment and Health (TOOTH) program, take off from our Dubbo Base last year.

In addition to the Gonski Foundation and Investec Foundation support for the TOOTH program, we have received support from the John T Reid Trust and the Corio Foundation for dental consumables, as well as a significant donation from an anonymous individual donor.



**Over this year, the funding provided by our donors and supporters has enabled us to continue vital services, as well as expand many of our primary healthcare services such as mental health, breast care and dental care.**



RFDS flight nurse Karen Barlow answered questions from young supporters at the Bankstown Open Day 2013.

RFDS supporters and members are invited annually to attend our Opens Days where they can tour an aircraft and meet our staff.





## Major fundraisers

### Broken Hill Women's Auxiliary \$90,000

**WHEN:** Throughout 2012/13

Each year in October the Broken Hill Women's Auxiliary makes about 2,000 special RFDS Christmas puddings costing \$20 plus postage and packing. 2013 will be their 58th year of production.

The Auxiliary also hosted the 2013 Broken Hill Flying Doctor Ball in June.

### Santos Cooper Cup \$137,416

**WHEN:** November 2012

This annual clash between the workers of the Santos Cooper Basin oil and gas field and the 'bushies' of the Moomba district of north western South Australia has been keenly contested for the past 33 years.

The Cooper Cup is played at the MCG (Moomba Cricket Ground) which is located 1,600 km from Melbourne in the Strzelecki Desert.

### Dubbo Support Group \$195,000

**WHEN:** Throughout 2012/13

The Dubbo Support Group holds a number of fundraisers through the year, including seasonal raffles and a popular wine show. It is also the beneficiary of fundraising efforts by local organisations and the recipient of donations from charitable bodies such as the Lions Club and Dubbo South Rotary Club. It has raised a total of \$1.8 million for the RFDS.

### Flying Doctor Outback Car Trek \$1,155,501

**WHEN:** June 2013

The 24th annual Outback Car Trek again tested the endurance of the more than 300 participants and their 100 or so specially modified pre-1978 machines from all over Australia. This year they travelled 3,300 km from Bathurst in NSW to Coolumb on Queensland's Sunshine Coast across some of the most rugged and remote terrain in Australia raising money and awareness of the RFDS along the way.

A portion of the funds raised by the Trek will support The Outback Oral Treatment and Health (TOOTH) dental program.

### Silver City Bush Treadlers \$58,313

**WHEN:** July/August 2012

For the 16th straight year the Silver City Bush Treadlers, founded by Broken Hill local June Files OAM, saddled up to raise funds for the RFDS.

The cyclists and a support crew tackled a unique, seven-week triple 'dare' that took them to some of New South Wales' and Queensland's most remote and inspiring places along a 2,200 km route.

All up, 67 cyclists undertook different sections.

The event has raised more than \$349,342 since it began.

## Overseas support

The RFDS has a high profile overseas. Last year our Broken Hill Visitors' Centre welcomed hundreds of international visitors. As well as the interest in the Service from overseas travellers we are also lucky enough to receive support from a number of overseas organisations.

The RFDS Friends in the UK is an important fundraising group. They ensure an 'on the ground' presence in a significant market where 400,000 Australians have made their home.

Under the patronage of HRH The Prince of Wales, the group has raised more than \$3m since its inception a decade ago. This year it raised over \$142,000 for the RFDS nationally.

We were also delighted to welcome His Royal Highness and HRH The Duchess of Cornwall to Longreach in Queensland on 5 November. The Royal couple unveiled a SE Section aircraft in honour of the RFDS Friends in the UK. The aircraft, MVX, was named 'RFDS Friends in the UK, Patron HRH The Prince of Wales'.

The RFDS German Fan Club has also contributed a significant amount to the RFDS. Since their establishment in 1995 the group has raised more than \$100,000 and tirelessly works to raise funds and promote the RFDS across Germany.

## Creative fundraisers

RFDS supporters come up with clever ways to raise money.

The team at the Murwillumbah Truck Centre held a 'Dinner with a band' night and raised \$7,000. Staff at the NSW Department of Agriculture, Fisheries and Forestry raised \$11,600 through a trivia night. Melbourne resident Peter Cain and friend David Brown raised \$4,537 through 'Fifty Shades of Curry' – a 3,000km trek through India in a petrol motor-powered rickshaw over 10 days.

And RFDS supporter Diana Cottle from Mooball, NSW, raised \$135 at a family reunion.



Santos Cooper Cup.



Outback Car Trek.



HRH The Prince of Wales at an RFDS aircraft naming in Longreach in honour of RFDS Friends in the UK.



Silver City Bush Treadlers.



# Message from our Patrons



**As joint patrons of the Royal Flying Doctor Service (South Eastern Section) we would like to congratulate the Service on the extraordinary achievement of providing healthcare to rural and remote Australia for 85 years.**

Since the very first Flying Doctor flight from Cloncurry, Queensland in 1928 the outstanding women and men of the Flying Doctor have been dedicated to serving fellow Australians who live and work on the land and who have helped this country to grow and prosper.

Over many decades the Flying Doctor has become so much more than an emergency health service, rescuing people when accidents and illness strike. Indeed, the Service has become a trusted, everyday part of remote communities across the country. The RFDS now provides primary healthcare services including dental care, mental health care and chronic disease management and prevention, services that are aimed at improving the long term health of remote communities. It is a commitment to quality healthcare for all Australians that has stood the test of time.

This historic milestone could never have been reached without those who stand in support of the doctors, nurses and pilots of the RFDS. They are volunteers, donors, community fundraisers, corporate organisations and governments who continue to provide the encouragement and stability required to keep the focus on helping others.

We are always delighted to celebrate exceptional RFDS supporters such as the late Dr Bruce Reid AM, KNO, Hon.DSc Econ. In February we attended an aircraft naming ceremony in Dubbo where an RFDS aircraft was named in honour of this great Australian entrepreneur and friend of the RFDS.

The passion shown by Royal Flying Doctor Service supporters from volunteers to benefactors is testament not only to the Services history but to its future; of which we are tremendously proud to be a part.

Professor Marie R Bashir AC CVO  
Governor of New South Wales

Sir Nicholas Shehadie AC OBE



**The passion shown by Royal Flying Doctor Service supporters from volunteers to benefactors is testament not only to the Services history but to its future; of which we are tremendously proud to be a part.**

# Director's Report

For the year ended 30 June 2013

1. The Directors present their report together with the financial report of the Royal Flying Doctor Service of Australia (South Eastern Section) ("the Service"), for the financial year ended 30 June 2013 and the auditor's report thereon.

The names of Board members holding office at any time during or since the end of the financial year were:

Mrs. JH Treweeke, Mr. J Gall OAM, Mr. JR Milhinch OAM, Mr. T Clark, Mr. B. G. Robinson, Mrs. E.M Johnstone, Mrs. E.R. Sandow, Lord Glendonbrook CBE, Mr. L. Strambi

Particulars of Directors' qualifications, experience and special responsibilities are set out on page 29 of the Annual Report.

2. The principal activity of the Service during the financial year was the provision of aeromedical services.

There were no changes in the nature of the activities during the period.

3. The total surplus for the year was \$8,969,243 (2012 \$7,727,047).
4. The Service is an institution not for gain, limited by guarantee.
5. Since the end of the financial year Directors are not aware of any matter or circumstances, not otherwise dealt with in this report or the accounts, that has significantly affected or may significantly affect the operations of the Service, the results of those operations or the state of affairs of the Service in subsequent financial years.
6. No Director of the Service since the end of the previous financial year has received or become entitled to receive a benefit by reason of a contract made by the Service or by a related corporation with the Director or with a firm of which they are a member or with a company in which they have a substantial financial interest.
7. There are currently no significant developments or changes to activities likely to affect the state of affairs of the service.
8. A review of the operations of the Service is contained in the Review of Operations on pages 1 to 36 of the Annual Report.
9. The number of Directors' meetings (including meetings of committees of Directors) and number of meetings attended by each of the Directors of the Service during the financial year are:

Board	Attended/Meetings held
Mr John Milhinch OAM	5/5
Mrs Joan Treweeke	4/5
Mr John Gall OAM	4/5
Mr Terry Clark	5/5
Prof Bruce Robinson	4/5
Mrs Elizabeth Johnstone	4/5
Mrs Ruth Sandow	5/5
Lord Glendonbrook CBE (Resigned 23 May 2013)	1/4
Mr Lyell Strambi	4/5
Mr Michael Burgess Associate Director (Resigned 1 November 2012)	3/3

Board Executive	Attended/Meetings held
Mr John Milhinch OAM	3/5
Mrs Joan Treweeke	4/5
Mr John Gall OAM	5/5
Mr Terry Clark	5/5

Audit and Risk Management Committee	Attended/Meetings held
Mrs Elizabeth Johnstone	4/4
Mr John Gall OAM	3/4
Mr John Milhinch OAM	3/4
Mr Lyell Strambi	2/4

10. Company Secretary – Mr. Clyde Thomson GM MBA MAP FAIM was appointed to the position of company secretary in 1986. Mr Thomson has over thirty years of experience in aeromedical operations and has been the Executive Director of the South Eastern Section for over 20 years.

11. The Lead Auditor's Independence Declaration is set out on page 38 and forms part of the directors report for the financial year ended 30 June 2013.

For and on behalf of the Board in accordance with a resolution of the Board



**John Milhinch**  
President  
29 August 2013



**John Gall**  
Director  
29 August 2013



# Lead Auditor's Independence Declaration



## Auditor's Independence Declaration

As lead auditor for the audit of the Royal Flying Doctor Service of Australia (South Eastern Section) for the year ended 30 June 2013, I declare that to the best of my knowledge and belief, there have been:

- a) no contraventions of the auditor independence requirements of the *Corporations Act 2001* in relation to the audit; and
- b) no contraventions of any applicable code of professional conduct in relation to the audit.

This declaration is in respect of the Royal Flying Doctor Service during the period.

A handwritten signature in black ink, appearing to read 'Kevin Reid'.

Kevin Reid  
Partner

Adelaide  
29 August 2013

# Statement of Comprehensive Income

For the year ended 30 June 2013

	Note	2013 \$	2012 \$
Revenue	2	46,528,934	43,822,223
Other income	2	13,864,817	12,826,132
		60,393,751	56,648,355
Administration		4,457,230	4,396,887
Aviation costs		13,141,399	13,362,585
Amortisation of engines		2,093,164	1,714,814
Depreciation	10	7,347,220	6,247,815
Employment costs	3	22,856,225	21,168,973
Facilities costs		889,386	889,204
Marketing expenses		911,632	865,915
Other expenses		868,464	907,307
<b>Results from operating activities</b>		<b>7,829,031</b>	<b>7,094,855</b>
Financial income		1,140,212	764,040
Financial expenses		-	(131,848)
<b>Net financing income / (expense)</b>	5	<b>1,140,212</b>	<b>632,192</b>
<b>Surplus for the year before income tax</b>		<b>8,969,243</b>	<b>7,727,047</b>
Income tax expense	1(k)	-	-
<b>Surplus for the year</b>		<b>8,969,243</b>	<b>7,727,047</b>
<b>Other comprehensive income</b>			
Change in fair value of available for sale investments		489,515	(132,847)
<b>Total comprehensive income for the year</b>		<b>9,458,758</b>	<b>7,594,200</b>

# Statement of Changes in Equity

For the year ended 30 June 2013

	Note	Revaluation Reserve	Fair value Reserve	Retained Earnings	Total
Balances at 1 July, 2011		5,499,935	355,650	121,333,890	127,189,475
Change in fair value of available for sale investments		-	(132,847)	-	(132,847)
Change in value of land & buildings		(312,509)	-	-	(312,509)
Surplus for the year		-	-	7,727,047	7,727,047
Total comprehensive income for the year		(312,509)	(132,847)	7,727,047	7,281,691
<b>Balances at 30 June, 2012</b>		<b>5,187,426</b>	<b>222,803</b>	<b>129,060,937</b>	<b>134,471,166</b>
Balances at 1 July, 2012		5,187,426	222,803	129,060,937	134,471,166
Change in fair value of available for sale investments			489,515		489,515
Surplus for the year		-	-	8,969,243	8,969,243
Total comprehensive income for the year		-	489,515	8,969,243	9,458,758
<b>Balances at 30 June, 2013</b>	13, 14	<b>5,187,426</b>	<b>712,318</b>	<b>138,030,180</b>	<b>143,929,924</b>



# Statement of Financial Position

As at 30 June 2013

	Note	2013 \$	2012 \$
<b>Assets</b>			
Cash and cash equivalents	6	24,613,551	19,667,996
Trade receivables and other receivables	7	8,179,807	8,704,907
Financial assets	8	27,738	-
Inventories	9	2,089,049	1,865,637
<b>Total current assets</b>		<b>34,910,145</b>	<b>30,238,540</b>
Property, plant and equipment	10	112,190,974	110,955,634
Investments	8	5,532,120	3,314,414
<b>Total non current assets</b>		<b>117,723,094</b>	<b>114,270,048</b>
<b>Total assets</b>		<b>152,633,239</b>	<b>144,508,588</b>
<b>Liabilities</b>			
Trade and other payables	11	4,163,131	5,743,310
Employee benefits	12	3,795,008	3,619,805
Unearned income		212,522	-
Financial liabilities		-	199,448
<b>Total current liabilities</b>		<b>8,170,661</b>	<b>9,562,563</b>
Employee benefits	12	532,654	474,859
<b>Total non current liabilities</b>		<b>532,654</b>	<b>474,859</b>
<b>Total liabilities</b>		<b>8,703,315</b>	<b>10,037,422</b>
<b>Net assets</b>		<b>143,929,924</b>	<b>134,471,166</b>
<b>Equity</b>			
Reserves	13	5,899,744	5,410,229
Retained earnings	14	138,030,180	129,060,937
<b>Total equity</b>		<b>143,929,924</b>	<b>134,471,166</b>

# Cash Flow Statement

For the year ended 30 June 2013

	Note	2013 \$	2012 \$
<b>Cash flows from operating activities</b>			
Government grants		17,042,169	15,894,104
Contracts		32,193,270	30,188,567
Receipts from fundraising		12,680,136	11,050,591
Receipts from customers		1,465,357	2,237,986
Payments to suppliers/ATO		(47,908,412)	(46,644,247)
<b>Net cash flows from operating activities</b>	15	<b>15,472,520</b>	<b>12,727,001</b>
<b>Cash flows from investing activities</b>			
Capital grant		178,608	1,665,318
Proceeds from sale of property, plant and equipment		1,296,690	3,015,137
Payments for property, plant and equipment		(11,785,192)	(9,008,108)
Interest received		854,375	537,421
Dividends received		143,216	226,619
Transfers (to) / from investment portfolio		(1,346,606)	(763,795)
Settlement of foreign exchange contracts		131,944	(131,848)
<b>Net cash flows used in investing activities</b>		<b>(10,526,965)</b>	<b>(4,459,256)</b>
<b>Cash flows from financing activities</b>			
Interest expense		-	-
<b>Net cash flows used in financing activities</b>		<b>-</b>	<b>-</b>
<b>Net increase/(decrease) in cash held</b>		<b>4,945,555</b>	<b>8,267,745</b>
<b>Cash and cash equivalents at the beginning of the year</b>		<b>19,667,996</b>	<b>11,400,251</b>
<b>Cash and cash equivalents at the end of the year</b>	6	<b>24,613,551</b>	<b>19,667,996</b>



# Notes to and forming part of the Financial Statements

For the year ended 30 June 2013

## Note 1: Significant Accounting Policies

The principal accounting policies adopted in the preparation of these Financial Statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

### (a) Reporting entity

The Royal Flying Doctor Service of Australia (South Eastern Section), ("the Service"), is domiciled in Australia. The address of the Service's registered office is Broken Hill Airport, Broken Hill NSW 2880. The financial report of the Service is for the financial year ended 30 June 2013. The Service is an institution not for gain, limited by guarantee.

### (b) Basis of preparation

#### (i) Statement of compliance

The financial report is a general purpose financial report, which has been prepared in accordance with Australian Accounting Standards ("AASBs") (including Australian Interpretations) adopted by the Australian Accounting Standards Board ("AASB") and the *Corporations Act 2001*. The Service is a not-for-profit entity for the purpose of preparing the financial statements. The financial statements were approved by the Board of Directors on 29 August 2013.

#### (ii) Basis of preparation

The financial statements have been prepared on the historical cost basis except for the following which are stated at their fair value:

- financial instruments classified as available for sale and foreign exchange contracts; and
- freehold land and buildings.

#### (iii) Accounting estimates

The service makes estimates and assumptions concerning the future. The resulting accounting estimates will, by definition, seldom equal the related actual results.

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that may have a financial impact on the entity and that are believed to be reasonable under the circumstances.

The estimates and assumptions that have a risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below:

#### Depreciation and amortisation

Management estimates the useful lives and residual values of property, plant and equipment based on the expected period of time over which economic benefits from use of the asset will be derived. Management reviews useful life assumptions on an annual basis, having consideration to variables, including historical and forecast usage rates, technological advancements and changes in legal and economic conditions.

Refer to note 1(c) for details of current depreciation rates used.

#### (iv) Functional and presentation currency

The financial statement is presented in Australian dollars, which is the Service's functional currency.

### (c) Property, plant and equipment

#### (i) Owned assets

Items of property, plant and equipment are stated at cost less accumulated depreciation (see below) and impairment losses (see accounting policy 1(h)), with the exception of freehold land and buildings, which are stated at fair value.

#### (ii) Leased assets

Leases in terms of which the Service assumes substantially all the risks and rewards of ownership are classified as finance leases.

Lease in which a significant portion of the risks and rewards of ownership are not transferred to the Service as lessee are classified as operating leases (note 16). Payments made under operating leases are charged to profit and loss on a straight line basis over the period of the lease.

#### (iii) Depreciation

With the exception of land, depreciation is charged to the income statement on a straight line basis over the estimated useful lives of each part of an item of property, plant and equipment.

The estimated useful lives in the current and comparative periods are as follows:

Buildings	40 to 60 years
Plant equipment, furniture and intangibles	10 to 15 years
Aircraft and related equipment	10 to 20 years
Motor Vehicles	7 to 25 years

The residual value, the useful life and the depreciation method applied to an asset are reassessed at least annually

#### (iv) Qualifying assets

The Service capitalises borrowing costs directly attributable to the acquisition, construction or production of a qualifying asset as part of the cost of that asset.

#### (v) Deposits paid on aircraft purchased

Cash deposits paid by the Service when purchasing an aircraft are recorded as a prepayment until the transfer of the aircraft occurs at which time the aircraft is classified as property, plant and equipment at cost.

### (d) Investments

Financial instruments held by the Service which are classified as being available-for-sale are stated at fair value, with any resultant gain or loss being recognised directly in equity, except for impairment losses which are recognised through profit and loss. When these investments are derecognised, the cumulative gain or loss previously recognised directly in equity is recognised in profit or loss. Where these investments are interest-bearing, interest calculated using the effective interest method is recognised in the Statement of Comprehensive Income.

The fair value of financial instruments classified as available-for-sale is their quoted bid price at the balance sheet date. Financial instruments classified as available-for-sale investments are recognised/derecognised by the Service on the date it commits to purchase/sell the investments. They are included in non-current assets unless the investment matures or management intends to dispose of the investment within the 12 months of the end of the reporting period. Investments are designated as available for sale if they do not have fixed maturities and fixed or determinable payments and management intends to hold them for the medium to long term.

### **(e) Trade and other receivables**

Trade and other receivables are stated at their amortised cost less impairment losses (see accounting policy 1(h)). Collectability of trade receivables is reviewed on an ongoing basis. Debts which are known to be uncollectable are written off by reducing the carrying amount directly. An allowance account is used when there is objective evidence that the Service will not be able to collect all amounts due according to the original terms of the receivables.

### **(f) Inventories**

Inventories include aircraft spare parts and souvenirs. Inventories are valued at the lower of cost and current replacement cost. Inventory identified as obsolete is written off in the Statement of Comprehensive Income.

### **(g) Cash and cash equivalents**

Cash and cash equivalents comprise cash on hand, call deposits and highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

### **(h) Impairment**

The carrying amounts of the Service's assets, other than inventories (see accounting policy 1(f)) are reviewed at each balance sheet date to determine whether there is any indication of impairment. If any such indication exists, the asset's recoverable amount is estimated.

An impairment loss is recognised whenever the carrying amount of an asset or its cash generating unit exceeds its recoverable amount. Impairment losses are recognised in the Statement of Comprehensive Income unless an asset has previously been revalued, in which case the impairment loss is recognised as a reversal to the extent of that previous revaluation in equity with any excess recognised through profit and loss.

When a decline in the fair value of an available-for-sale financial asset has been recognised directly in equity and there is objective evidence that the asset is impaired, the cumulative loss that has been recognised directly in equity is recognised in the profit and loss even though the financial asset has not been derecognised. The amount of the cumulative loss that is recognised in profit or loss is the difference between the acquisition cost and current fair value, less any impairment loss on that financial asset previously recognised in profit and loss.

#### **(i) Calculation of recoverable amount**

The recoverable amount of the Service's receivables carried at amortised cost is calculated as the present value of estimated future cash flows, discounted at the original effective interest rate. Receivables with a short duration are not discounted.

Impairment of receivables is not recognised until objective evidence is available that a loss event has occurred. Significant receivables are individually assessed for impairment annually.

#### **(ii) Reversals of impairment**

Impairment losses are reversed where there is an indication that the impairment loss may no longer exist and there has been a change in the estimate used to determine the recoverable amount.

An impairment loss in respect of a receivable carried at amortised cost is reversed if the subsequent increase in recoverable amount can be related objectively to an event occurring after the impairment loss was recognised. An impairment loss in respect of an investment in an equity instrument classified as available-for-sale is not reversed through profit or loss. An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised.

### **(iii) Derecognition of financial assets and liabilities**

A financial asset is derecognised when:

- the rights to receive cash flows from the asset have expired;
- the Service retains the rights to receive cash flows from the asset, but has assumed an obligation to pay them in full to a third party; or
- the Service has transferred its rights to receive cash flows from the asset and either has transferred substantially all the risks and rewards of the asset or has transferred control of the asset.

A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expired.

When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised in profit and loss.

### **(i) Employee benefits**

#### **(i) Defined contribution superannuation funds**

Obligations for contributions to defined contribution superannuation funds are recognised as an expense in profit and loss as incurred.

#### **(ii) Long-term service benefits**

The Service's net obligation in respect of long-term service benefits is the amount of the future benefit that employees have earned in return for their service in the current and prior periods. The obligation is calculated using expected future increases in wage and salary rates including related on-costs and expected settlement dates.

#### **(iii) Wages, salaries and annual leave**

Liabilities for employee benefits for wages, salaries and annual leave that are expected to be settled within 12 months of the reporting date represent present obligations resulting from employees' services provided to reporting date, are calculated at undiscounted amounts based on remuneration wage and salary rates that the Service expects to pay as at reporting date including related on-costs, such as workers compensation.

### **(j) Trade and other payables**

These amounts represent liabilities for goods and services provided to the Service prior to the end of the financial year which are unpaid. Trade and other payables are stated at their amortised cost. Trade payables are non-interest bearing and are normally settled on 30 day terms.

### **(k) Income Tax**

The Service is exempt from Income Tax.

### **(l) Revenue**

#### **(i) Services rendered**

Revenue from services rendered is recognised in the Statement of Comprehensive Income in proportion to the stage of completion of the transaction at the balance sheet date. No revenue is recognised if there are significant uncertainties regarding recovery of the consideration due or the costs incurred or to be incurred cannot be measured reliably.



# Notes to and forming part of the Financial Statements

For the year ended 30 June 2013

## (l) Revenue continued

### (ii) Government grants

Government grants are recognised in the balance sheet initially as deferred income until there is reasonable assurance that it will be received and that the Service will comply with the conditions attaching to it. Grants that compensate the Service for expenses incurred are recognised as revenue in the profit and loss on a systematic basis in the same periods in which the expenses are incurred.

## (m) Expenses

### (i) Operating lease payments

Payments made under operating leases are recognised in the Statement of Comprehensive Income on a straight line basis over the term of the lease.

### (ii) Net financing costs

Net financing costs comprise interest payable on borrowings calculated using the effective interest method, interest receivable on funds invested and dividend income. Borrowing costs are expensed as incurred and included in net financing costs.

Interest income is recognised in the Statement of Comprehensive Income as it accrues, using the effective interest method. Dividend income is recognised in the Statement of Comprehensive Income on the date the Service's right to receive payments is established which in the case of quoted securities is ex-dividend date.

## (n) Goods and services tax

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the taxation authority. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated with the amount of GST included. The net amount of GST recoverable from, or payable to, the ATO is included as a current asset or liability in the balance sheet.

Cash flows are included in the statement of cash flows on a gross basis. The GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the ATO are classified as operating cash flows.

## (o) Foreign Currency

### (i) Foreign currency transactions

Transactions in foreign currencies are translated at the foreign exchange rate ruling at the date of the transaction. Monetary assets and liabilities denominated in foreign currencies at the balance sheet date are translated to Australian dollars at the foreign exchange rate ruling at that date. Foreign exchange differences arising on translation are recognised in the profit and loss. Non-monetary assets and liabilities that are measured in terms of historical cost in a foreign currency are translated using the exchange rate at the date of the transaction.

Non-monetary assets and liabilities denominated in foreign currencies that are stated at fair value are translated to Australian dollars at foreign exchange rates ruling at the dates the fair value was determined.

### (ii) Financial statements of foreign operations

The assets and liabilities of foreign operations are translated to Australian dollars at foreign exchange rates ruling at the balance sheet date. The revenues and expenses of foreign operations are translated to Australian dollars at rates ruling at the dates of the transactions.

### (iii) Derivative financial instruments

The Service uses derivative financial instruments to hedge its exposure to foreign exchange risks arising from operating, financing and investing activities.

Derivative financial instruments are recognised initially at fair value. Subsequent to initial recognition, derivative financial instruments are stated at fair value. The gain or loss on remeasurement to fair value is recognised immediately in profit or loss.

## (p) New standards and interpretations not yet adopted

A number of new standards, amendments to standards and interpretations are effective for annual periods beginning after 1 July 2013, and have not been applied in preparing these financial statements. The entities assessment of the impact of these new standards and interpretations is set out below.

**AASB 9 Financial Instruments, AASB 2009-11 Amendments to Australian Accounting Standards arising from AASB 9, AASB 2010-7 Amendments to Australian Accounting Standards arising from AASB 9 (December 2010) and AASB 2012-6 Amendments to Australian Accounting Standards – Mandatory Effective Date of AASB 9 and Transition Disclosures** (effective for annual periods beginning on or after 1 January 2015)

AASB 9 Financial Instruments addresses the classification, measurement and derecognition of financial assets and financial liabilities. The standard is not applicable until 1 January 2015 but is available for early adoption.

When adopted, the standard will affect in particular the Service's accounting for its available-for-sale financial assets. The Service does not plan to adopt this standard early and the extent of the impact has not been determined.

**AASB 2012-5 Amendments to Australian Accounting Standard arising from Annual Improvements 2009-2011 cycle** (effective for annual periods beginning on or after 1 January 2013)

In June 2012, the AASB approved a number of amendments to Australian Accounting Standards as a result of the 2009-2011 annual improvements project. The Service will apply the amendments from 1 July 2013. On initial application, the entity will need to make adjustments to Property, Plant & Equipment per the amendment to AASB 116. The amendment clarifies that spare parts and servicing equipment are classified as property, plant and equipment rather than inventory when they meet the definition of property, plant and equipment.

**AASB 2012-3 Amendments to AASB 136 Recoverable Amount Disclosures for Non-Financial Assets** (effective 1 January 2014)

The AASB has made small changes to some of the disclosures that are required under AASB 136 Impairment of Assets. These may result in additional disclosures if the service recognises an impairment loss or the reversal of an impairment loss during the period. They will not affect any of the amounts recognised in the financial statements. The Service intends to apply the amendment from 1 July 2014.

## Note 2: Revenue

	2013 \$	2012 \$
<b>Revenue</b>		
Government grants – commonwealth	10,842,181	10,462,185
Government grants – state	5,987,466	5,431,919
Government contracts	25,157,423	22,876,982
Other Health contracts	1,417,486	1,357,478
Cost recoveries	2,643,964	3,209,692
Merchandising	480,414	483,967
	<b>46,528,934</b>	<b>43,822,223</b>
<b>Other income</b>		
Capital grants – commonwealth	178,608	1,665,318
Bequests	4,939,424	2,630,540
Donations	8,139,359	8,420,051
Net gain of disposal of property, plant and equipment	233,060	42,283
Other income	374,366	67,940
	<b>13,864,817</b>	<b>12,826,132</b>
<b>Total revenue</b>	<b>60,393,751</b>	<b>56,648,355</b>

## Note 3: Employment costs

	2013 \$	2012 \$
Wages and salaries	18,152,620	17,291,878
Other associated personnel expenses	2,927,269	2,320,450
Contributions to defined contribution superannuation funds	1,590,244	1,523,899
Increase in provisions for employee leave entitlements	186,092	32,746
<b>Total</b>	<b>22,856,225</b>	<b>21,168,973</b>

## Note 4: Auditor's remuneration

During the year the following fees were paid or payable for services provided by the auditor of the Service, its related practices and non-related audit firms.

	2013 \$	2012 \$
<b>Audit services</b>		
Auditors of the service		
Audit of financial report – PwC	39,550	38,000
Audit of income & expenditure statements requiring an acquittal opinion – PwC	15,450	15,000
Audit of financial report – KPMG	-	7,602
<b>Total</b>	<b>55,000</b>	<b>60,602</b>



# Notes to and forming part of the Financial Statements

For the year ended 30 June 2013

## Note 5: Net financing income / (expense)

	2013 \$	2012 \$
Interest income	854,375	537,421
Dividend income	120,873	130,495
Imputation credits	22,343	96,124
Gain on interest rate swap	10,677	-
Realised gain on foreign exchange	131,944	-
<b>Financial income</b>	<b>1,140,212</b>	<b>764,040</b>
Realised loss on foreign exchange	-	131,848
<b>Financial expense</b>	<b>-</b>	<b>131,848</b>
<b>Net financing income / (expense)</b>	<b>1,140,212</b>	<b>632,192</b>

## Note 6: Cash and cash equivalents

	2013 \$	2012 \$
Cash on hand	2,350	2,117
Cash at bank	7,414,247	12,123,460
Term deposits	16,995,240	7,331,500
BT investment trust	201,714	210,919
<b>Cash and cash equivalents in the statement of cash flows</b>	<b>24,613,551</b>	<b>19,667,996</b>

## Note 7: Trade and other receivables

	2013 \$	2012 \$
Trade debtors	6,717,231	5,359,913
Provision for doubtful debt	(385,871)	(385,871)
Other receivables & prepayments	1,848,447	3,730,865
<b>Total</b>	<b>8,179,807</b>	<b>8,704,907</b>

## Note 8: Financial assets

	2013 \$	2012 \$
<b>Current</b>		
Foreign exchange contract – at fair value	27,738	-
<b>Non current</b>		
Term deposits	2,046,000	843,000
Listed equity securities available for sale – at fair value	3,486,120	2,471,414
	5,532,120	3,314,414
<b>Total</b>	<b>5,559,858</b>	<b>3,314,414</b>

## Note 9: Inventories

	2013 \$	2012 \$
Aviation stores	1,905,397	1,741,223
Marketing stores	183,652	124,414
<b>Total</b>	<b>2,089,049</b>	<b>1,865,637</b>

## Note 10: Property, plant and equipment

	Freehold land and buildings at fair value	Leasehold land and buildings at cost	Aircraft hulls at cost	Aircraft engines at cost	Aircraft fit outs at cost	Aircraft WIP at cost	Plant and equipment at cost	Land and buildings WIP at cost	Total
Balance at 1 July 2011	7,790,173	7,654,351	95,171,906	16,397,552	6,568,156	36,727,036	7,208,336	906,736	178,424,246
Transfers	-	-	-	-	683,698	-	(683,698)	-	-
Acquisitions	20,490	55,244	-	885,272	340,313	4,404,586	553,885	2,748,318	9,008,108
Disposals	-	-	(17,170,379)	(5,025,146)	-	-	(403,230)	-	(22,598,755)
Work in progress capitalised	3,528,299	-	17,434,441	3,000,000	6,018,924	(26,453,365)	101,235	(3,629,534)	-
Revaluation increments/(decrements)	(1,268,962)	-	-	-	-	-	-	-	(1,268,962)
Balance at 30 June 2012	10,070,000	7,709,595	95,435,968	15,257,678	13,611,091	14,678,257	6,776,528	25,520	163,564,637
Balance at 1 July 2012	10,070,000	7,709,595	95,435,968	15,257,678	13,611,091	14,678,257	6,776,528	25,520	163,564,637
Transfers	-	19,518	64,372	-	(40,448)	104,820	(148,262)	-	-
Acquisitions	84,943	84,165	198,053	1,277,752	803,811	8,378,933	767,369	266,573	11,861,599
Disposals	-	-	(5,626,594)	(1,984,095)	-	-	(825,222)	-	(8,435,911)
Work in progress capitalised	-	-	13,588,296	3,000,000	6,573,714	(23,162,010)	-	-	-
Balance at 30 June 2013	10,154,943	7,813,278	103,660,095	17,551,335	20,948,168	-	6,570,413	292,093	166,990,325
<b>Depreciation</b>									
Balance at 1 July 2011	761,553	819,076	52,299,482	7,772,137	1,099,312	-	2,434,884	-	65,186,444
Transfers	-	-	-	-	218,223	-	(218,223)	-	-
Amortisation charge for the year	-	-	-	1,714,814	-	-	-	-	1,714,814
Depreciation charge for the year	194,899	543,535	3,944,429	-	840,794	-	724,158	-	6,247,815
Disposals	-	-	(15,988,451)	(3,448,768)	-	-	(146,399)	-	(19,583,618)
Revaluation – accumulated depreciation	(956,452)	-	-	-	-	-	-	-	(956,452)
Balance at 30 June 2012	-	1,362,611	40,255,460	6,038,183	2,158,329	-	2,794,420	-	52,609,003
Balance at 1 July 2011	-	1,362,611	40,255,460	6,038,183	2,158,329	-	2,794,420	-	52,609,003
Transfers	-	10,015	34,103	-	34,521	-	(78,639)	-	-
Amortisation charge for the year	-	-	-	2,093,164	-	-	-	-	2,093,164
Depreciation charge for the year	253,874	244,959	4,302,693	-	1,795,803	-	749,891	-	7,347,220
Disposals	-	-	(5,268,738)	(1,537,036)	-	-	(444,262)	-	(7,250,036)
Revaluation – accumulated depreciation	-	-	-	-	-	-	-	-	-
Balance at 30 June 2012	253,874	1,617,585	39,323,518	6,594,311	3,988,653	-	3,021,410	-	54,799,351
<b>Carrying amounts</b>									
At 1 July 2011	7,028,620	6,835,275	42,872,424	8,625,415	5,468,844	36,727,036	4,773,452	906,736	113,237,802
At 30 June 2012	10,070,000	6,346,984	55,180,508	9,219,495	11,452,762	14,678,257	3,982,108	25,520	110,955,634
At 1 July 2012	10,070,000	6,346,984	55,180,508	9,219,495	11,452,762	14,678,257	3,982,108	25,520	110,955,634
At 30 June 2013	9,901,069	6,195,693	64,336,577	10,957,024	16,959,515	-	3,549,003	292,093	112,190,974



# Notes to and forming part of the Financial Statements

For the year ended 30 June 2013

## Note 10: Property, plant and equipment *continued*

### (i) Land and buildings work in progress (WIP)

During the financial year ended 30 June 2013, some minor works were undertaken in Sussex St, Sydney.

### (ii) Aircraft work in progress (WIP)

During the financial year ended 30 June 2013, the remaining two new B200 aircraft being BL166 and BL168, commenced service at our Mascot Base for the NSW Air Ambulance contract.

While in Launceston one new B200 aircraft, BL170 commenced service in May 2013 for the Tasmanian Air Ambulance contract. The Service has also ordered an additional B200 aircraft which standardises the configuration of aircraft across bases to allow greater flexibility. Aircraft WIP has a zero balance at present as the aircraft that has been ordered is being manufactured and the deposit paid on this aircraft is recorded as a prepayment.

### (iii) Freehold land and buildings carried at valuation

An independent valuation of the Service's freehold land and buildings was performed by Broken Hill Valuers and National Property Valuers (NSW) to determine the fair value of the land and buildings as at 30 June 2012. The valuation was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction.

The valuation was based on independent assessments. The carrying amount that would have been recognised had the assets been carried at cost is \$10,382,509.

The Directors have reviewed the valuation at 30 June 2012, and believe that this valuation remains appropriate.

### (iv) Aircraft and related equipment carried at cost

All aircraft and related equipment are carried at cost as determined by the Board on 25 July 2011.

Three B200 aircraft were transferred from WIP during the 2012/13 financial year while one older aircraft was sold.

## Note 11: Trade and other payables

	2013 \$	2012 \$
Trade payables	1,714,260	3,023,108
GST payable	559,492	203,415
Accrued expenses	1,889,379	2,516,787
<b>Total</b>	<b>4,163,131</b>	<b>5,743,310</b>

## Note 12: Employee benefits

	2013 \$	2012 \$
<b>Current</b>		
Salary and wages accrued	498,514	467,557
Liability for long service leave	1,418,480	1,343,780
Liability for annual leave	1,878,014	1,808,468
	3,795,008	3,619,805
<b>Non current</b>		
Liability for long service leave	532,654	474,859
<b>Total</b>	<b>4,327,662</b>	<b>4,094,664</b>

### Amounts not expected to be settled within the next 12 months

The current provision for employee benefits includes accrued annual leave and long service leave. For long service leave it covers all unconditional entitlements where employees have completed the required period of service and also those where employees are entitled to pro-rata payments in certain circumstances. The entire amount of the provision of \$1,418,480 (2012 - \$1,343,780) is presented as current, since the service does not have an unconditional right to defer settlement for any of these obligations. However, based on past experience, the service does not expect all employees to take the full amount of accrued leave or require payment within the next 12 months. The following amounts reflect leave that is not to be expected to be taken or paid within the next 12 months.

	2013 \$	2012 \$
Current leave obligations expected to be settled after 12 months	1,655,622	1,665,909

## Note 13: Reserves

### Revaluation reserves

The revaluation reserve relates to land and buildings measured at fair value in accordance with applicable Australian Accounting Standards.

### Fair Value reserve

The fair value reserve includes the cumulative net change in the fair value of available-for-sale investments until the investment is derecognised through sale. Impairment losses are recognised in the profit and loss.

## Note 14: Retained Earnings

The Service retains earnings in order to provide the necessary funds to support the net assets required to meet its strategic objectives. These net assets include cash retained in order to provide for future capital requirements. Details of capital commitments at 30 June 2013 are set out in note 16.

## Note 15: Reconciliation of cash flows from operating activities

	2013 \$	2012 \$
<b>Cash flows from operating activities</b>		
<b>Surplus for the year</b>	8,969,243	7,727,047
Adjustments for depreciation	7,347,220	6,247,815
Amortisation of aircraft engine overhaul	2,093,164	1,714,814
(Gain) / loss on sale of fixed assets	(233,060)	(42,283)
Reclassification of assets expensed	45,840	-
Interest income classified as investing	(854,375)	(537,421)
Dividend income	(143,216)	(226,619)
Capital grants classified as investing	(178,608)	(1,665,318)
Bequests of Investments	(398,647)	(274,648)
(Gain) / loss on foreign exchange realised	(131,944)	131,848
(Gain) / loss on foreign exchange contract unrealised	(10,677)	199,448
<b>Operating surplus before changes in working capital and provisions</b>	16,504,940	13,274,683
<b>Changes in assets and liabilities</b>		
Increase / (decrease) in deferred government grants	212,522	-
Increase / (decrease) in payables	(1,779,627)	2,121,964
Increase in employee benefits	232,998	129,351
(Increase) / decrease in receivables and other assets	525,100	(2,586,440)
(Increase) in inventories	(223,412)	(212,557)
<b>Net cash from operating activities</b>	<b>15,472,520</b>	<b>12,727,001</b>

## Note 16: Commitments for expenditure

	2013 \$	2012 \$
<b>Operating leases</b>		
Leases as lessee		
Non-cancellable operating lease rental are payable as follows:		
Within one year	243,274	255,284
Later than one year but not later than five years	602,222	98,053
Later than five years	652,586	171,594
<b>Total lease commitments</b>	<b>1,498,082</b>	<b>524,931</b>

The Service leases property under operating leases. These leases generally provide the Service with a right of renewal at which time terms are renegotiated.

During the financial year ended 30 June 2013, \$221,502 was recognised as an expense in the Statement of Comprehensive Income in respect to operating leases (2012: \$237,133).

# Notes to and forming part of the Financial Statements

For the year ended 30 June 2013

## Note 16: Commitments for expenditure *continued*

### Capital commitments

	2013 \$	2012 \$
<b>Land and buildings</b>		
Contracted but not provided for and payable, and due within 12 months	715,000	-
Whilst not contracted for, the Board and management have determined to incur costs for the following amount within the next 12 months on the project:	2,900,000	2,700,000
<b>Aircraft</b>		
Contracted but not provided for and payable, and due within 12 months:	15,212,488	8,293,866
<b>Plant &amp; equipment</b>		
Contracted but not provided for and payable, and due within 12 months:	1,603,700	-
<b>Total capital commitments</b>	<b>20,431,188</b>	<b>10,993,866</b>

## Note 17: Financial risk management

### (a) Risk management framework

Identification, measurement and management of risk is a priority for the Service. The provision of aeromedical services carries a number of diverse risks which may have a material impact on the Service's financial position and performance. Consequently, the Board has established a framework covering accountability, oversight, measurement and reporting to maintain high standards of risk management throughout the Service.

The Service allocates specific roles in the management of risk to executives and senior managers and to the Board and Executive Committees. This is undertaken within an overall framework and strategy established by the Board. The Board's objective is to maintain a strong capital base to enable the Service to continue to provide aeromedical services and to constantly improve the services provided. There has been no change to Capital Management by the Board during the financial year.

The Service has exposure to the following risks from its use of financial instruments:

- Credit risk;
- Liquidity risk; and
- Market risk.

### (b) Credit risk

Credit risk is the potential risk of financial loss resulting from the failure of a client to meet their obligations to the Service on time and in full, as contracted. It arises principally from the Service's receivables from customers and investment securities.

### Management of credit risk

The Service's exposure to credit risk is influenced mainly by the individual characteristics of each customer and investment. The demographics of the Service's customer base, including the default risk of the industry and country in which customers operate, has less of an influence on credit risk.

Approximately 70 percent (2012: 71 percent) of the Service's total revenue is attributable to Government Grants and Government Contracts with a further 22 percent (2012: 20 percent) attributable to bequests and donations. The Service is of the opinion the credit risk associated with this revenue is minimal.

Maximum Service credit exposures for financial assets are analysed below:

	2013 \$	2012 \$
<b>Maximum credit risk exposure</b>		
Cash on hand	2,350	2,117
Cash at bank	7,414,247	12,123,460
Term deposits	19,041,240	8,174,500
BT investment trust	3,687,834	2,682,333
Foreign exchange contract - at fair value	27,738	-
Trade debtors	6,331,360	4,974,042
Other receivables & prepayments	1,848,447	3,730,865
<b>Total exposures</b>	<b>38,353,216</b>	<b>31,687,317</b>



Trade receivables are analysed as follows:

	2013 \$	2012 \$
<b>Gross receivables</b>		
Not past due	6,194,280	4,797,324
Past due up to 3 months	522,951	562,589
Impaired	(385,871)	(385,871)
<b>Total</b>	<b>6,331,360</b>	<b>4,974,042</b>

#### Impaired trade receivables

The Service establish an allowance for impairment that represents the estimate of incurred losses in respect of trade and other receivables and investments. The main components of this allowance are a specific loss component that relates individually significant exposures. During the year ended 30 June 2013 no impairment loss was booked (2012: Nil).

#### Investments

The Service limits its exposure to credit risk by only investing in liquid securities through BT Funds Management. Management does not expect any counterparty to fail to meet its obligations under its investment portfolio which is actively managed by BT Funds Management and reported to management.

#### (c) Liquidity risk

Liquidity risk is the risk that the Service does not have sufficient financial resources to meet its obligations when they come due, or will have to do so at excessive cost.

#### Management of liquidity risk

The Service's liquidity policy is designed to ensure it has sufficient funds to meet its obligations as they fall due. The Service's approach to managing liquidity is to ensure, as far as possible, that it will always have sufficient liquidity to meet its liabilities when due, under both normal and stressed conditions, without incurring unacceptable losses or risking damage to the Service's reputation.

#### Exposure to liquidity risk

The Service ensures that it has sufficient cash on demand to meet expected operational expenses, including the servicing of financial obligations; this excludes the potential impact of extreme circumstances that cannot reasonably be predicted, such as natural disasters.

Contractual maturities for financial liabilities on a gross cash flow basis are analysed below:

	Carrying amount \$	Contractual cash flows \$	6 months or less \$	6 to 12 months \$	1 to 5 years \$	More than 5 years \$
<b>As at June 2013</b>						
Other liabilities (excluding non financial liabilities)	2,273,752	2,273,752	2,273,752	-	-	-
Accruals and deferred income (excluding non financial liabilities)	1,889,379	1,889,379	1,889,379	-	-	-
<b>As at June 2012</b>						
Other liabilities (excluding non financial liabilities)	3,226,523	3,226,523	3,226,523	-	-	-
Accruals and deferred income (excluding non financial liabilities)	2,516,787	2,516,787	2,516,787	-	-	-

# Notes to and forming part of the Financial Statements

For the year ended 30 June 2013

## Note 17: Financial risk management *continued*

### (d) Market risk

Market risk is the risk that movements in interest rates, foreign exchange rates, equity prices or commodity prices will affect the Service's surpluses. Market risk arises in both the Service's trading portfolio and its acquisition of aircraft.

#### Management of market risks

The Service enters into derivatives, and also incurs financial liabilities, in order to manage market risks. All such transactions are carried out within the guidelines set by the Board. Generally the Service seeks to take out forward exchange contracts to facilitate the purchase of aircraft and engines in order to manage volatility in the Statement of Comprehensive Income.

#### Interest rate risk

Market risk centres on interest rate risk arising from changes in the shape and direction of interest rates (yield curve risk) as well as mismatches in the re-pricing term of assets and liabilities.

At reporting date the interest rate profile of the Service's interest-bearing financial instruments was:

	2013 \$	2012 \$
<b>Fixed rate instruments</b>		
Financial assets	16,995,240	7,331,500
Financial liabilities	-	-
	<b>16,995,240</b>	<b>7,331,500</b>
<b>Variable rate instruments</b>		
Financial assets	7,615,961	12,334,379
Financial liabilities	-	-
	<b>7,615,961</b>	<b>12,334,379</b>

The Service does not have any exposure to interest rate movements for fixed rate instruments.

#### Fair Value sensitivity analysis for variable rate instruments

A change of 100 basis points in interest rates at reporting date would have increased (decreased) surplus or loss by the amounts shown below. This analysis assumes that all other variables, remain constant.

	100bp increase	100bp decrease
<b>30-Jun-13</b>		
Variable rate instruments	76,160	(76,160)
<b>30-Jun-12</b>		
Variable rate instruments	7,219	(7,219)

#### Management of interest rate risk

Interest rate risk is monitored by management under guidelines and limits defined by the Board.

#### Foreign currency risk

The Service is exposed to foreign currency risk on purchases that are denominated in a currency other than AUD. The currencies giving rise to this risk are primarily U.S. Dollars.

The entity uses forward exchange contracts to reduce its foreign currency risk. The forward exchange contracts mature within one year after the balance sheet date.

In respect of other monetary assets and liabilities held in currencies other than AUD, the entity ensures that the net exposure is kept to an acceptable level, by buying or selling foreign currencies at spot rates where necessary to address short term imbalances.

The financial risk to the Service in foreign currency risk has been shown through the maturity profile of financial liabilities throughout this note.

Changes in the fair value of forward exchange contracts that economically hedge monetary assets and liabilities in foreign currencies and for which no hedge accounting is applied are recognised in the Statement of Comprehensive Income. Both the changes in fair value of the forward contracts and the foreign exchange gains and losses relating to monetary items recognised as part of 'net financing income / (expense)' (see note 5).

A 10% strengthening of the Australian Dollar against the United States Dollar would have increased (decreased) profit or loss by \$1,446,716. This analysis assumes that all other variables remain constant.

#### (e) Fair values

The fair value of financial assets and liabilities is equal to the carrying amounts shown in the Service's balance sheet.

#### (f) Equity price risk

(i) Equity price risk arises from available-for-sale equity securities held by the Service. These investments are marked to market and the carrying value shown in note 8. Investments are managed by BT Financial Group who apply a conservative investment portfolio mix as per policy set by the Board.

##### Sensitivity analysis of market risks

##### (ii) Analysis of equity price risk

Investment securities	Value as at 30/6/13 \$	Change in unit prices %	Impact on income statement %	Value as at 30/6/12 \$	Change in unit prices %	Impact on equity \$
	3,486,120	-2.5%	(87,153)	2,471,414	-2.5%	(61,785)
		-5.0%	(174,306)		-5.0%	(123,571)

A strengthening of unit prices will have an equal but opposite effect on the above, on the basis that all other variables remain constant.

#### (g) Fair value hierarchy

The table below analyses financial instruments carried at fair value, by valuation method. The different levels have been defined as follows;

- Level 1: quoted prices (unadjusted) in active markets for identical assets or liabilities
- Level 2: inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices).

	30 June 2013			30 June 2012		
	Level 1	Level 2	Total	Level 1	Level 2	Total
Available-for-sale financial assets	3,486,120	-	3,486,120	2,471,414	-	2,471,414
Financial assets designated as fair value through income statement	-	27,738	27,738	-	-	-
	3,486,120	27,738	3,513,858	2,471,414	-	2,471,414
Financial liabilities designated as fair value through income statement	-	-	-	-	199,448	199,448
	3,486,120	27,738	3,513,858	2,471,414	199,448	2,670,862

#### (h) Capital management

The Board's policy is to maintain a strong capital base to sustain future development and to continue to enhance the services provided by the Service.

## Note 18: Related parties

##### Transactions with key management personnel

In addition to its salaries, the entity also provides non-cash benefits to key management personnel, and contributes to a post-employment defined contribution superannuation fund on their behalf.

Key management personnel are Chief Executive Officer Clyde Thomson, General Manager Medical Services Linda Cutler, General Manager Corporate Services Peter Miranda, General Manager Human Resources Avi Kumar, General Manager Operations David Charlton, General Manager Fundraising and Marketing Jane Austin, Flight Operations Manager Darryl Brooks, Engineering Manager Justin Degotardi.

##### Key management personnel compensation

The key management personnel compensation included in 'Employment Costs' (see note 3) are as follows:

	2013 \$	2012 \$
Short term employee benefits	1,914,136	1,926,649
Long term employee benefits	120,199	130,516
	2,034,335	2,057,165

##### Other key management personnel transactions

The terms and conditions of the transactions with key management personnel were no more favourable than those available, or which might reasonably be expected to be available, on similar transactions to non-key management personnel related entities on an arm's length basis.



# Notes to and forming part of the Financial Statements

For the year ended 30 June 2013

## Note 19: Controlled entities

	Country of Incorporation	Ownership Interest	
		2013 %	2012 %
Parent entity			
Royal Flying Doctor Service of Australia (SE Section)			
Subsidiary			
Royal Flying Doctor Service of Australia – Friends of the UK	United Kingdom	100	100
Royal Flying Doctor Service of Australia (South Eastern Section) New South Wales Operations	Australia	100	100
Royal Flying Doctor Service of Australia (South Eastern Section) Tasmanian Operations	Australia	100	100
Royal Flying Doctor Service of Australia (South Eastern Section) Victorian Operations	Australia	100	100

Consolidated financial statements comprising the Service and the controlled entities are not prepared as the controlled entities' results, assets and liabilities are not material.

## Note 20: Information required by condition 7 3 (c) (Vi) of the authority conditions pursuant to the *Charitable Fundraising Act 1991*

	2013 \$	2012 \$
Gross income from fundraising	7,671,734	8,169,443
Total cost of fundraising	2,200,500	1,933,435
Funds disbursed for Royal Flying Doctor projects	11,149,626	3,034,167
Excess/(shortfall) of total income from fundraising over funds disbursed	(5,678,392)	3,201,841
	%	%
Total costs to gross income from fundraising	29	24
Net excess/(shortfall) to gross income from fundraising	(74)	39
Total disbursements for projects to total expenditure	507	157
Total disbursements for projects to total income received	145	37

## Note 21: Members' guarantee

The Service is incorporated under the *Corporations Act 2011* and is a company limited by guarantee. In the event the Service is wound up, the Constitution states that each constitutional member is required to contribute a maximum of \$2.00 each towards meeting any outstanding obligations of the Service. At 30 June 2013, the number of constitutional members was 134 (2012: 239).

## Note 22: Contingent liabilities and contingent assets

There are no contingent liabilities or contingent assets as at 30 June 2013.

# Directors' Declaration

1. In the opinion of the directors of the Royal Flying Doctor Service of Australia (South Eastern Section)

(a) the financial statements and notes set out on pages 39 to 54, are in accordance with the Corporations Act 2001, including:

- (i) giving a true and fair view of the financial position of the Service as at 30 June 2013 and of its performance, as represented by the results of its operations and its cash flows, for the financial year ended on that date; and
- (ii) complying with Australian Accounting Standards and the Corporations Regulations 2001; and

(b) there are reasonable grounds to believe that the Service will be able to pay its debts as and when they become due and payable.

Dated the 29 August 2013

Signed in accordance with a resolution of the Directors



**John Milhinch**  
President  
29 August 2013



**John Gall**  
Director  
29 August 2013

## Declaration in Respect of Fundraising Appeals

I, John Milhinch, Chairman of the Board of Directors of the Royal Flying Doctor Service of Australia (South Eastern Section) declare that in my opinion:

(a) the financial report gives a true and fair view of the state of affairs with respect to fundraising appeals;

(b) the provisions of the Charitable Fundraising Act 1991 and the regulations under that Act and the conditions attached to the authority have been complied with; and

(c) the internal controls exercised by the Royal Flying Doctor Service of Australia (South Eastern Section) are appropriate and effective in accounting for all income received.



**John Milhinch**  
President  
29 August 2013

# Independent Auditor's Report

## Report on the Financial Report

We have audited the accompanying financial report of Royal Flying Doctor Service of Australia (South Eastern Section) (the company), which comprises the statement of financial position as at 30 June 2013, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

### Directors' responsibility for the financial report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

### Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Independence

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*.

### Auditor's opinion

In our opinion, the financial report of Royal Flying Doctor Service of Australia (South Eastern Section) is in accordance with the *Corporations Act 2001*, including:

- a) giving a true and fair view of the company's financial position as at 30 June 2013 and of its performance for the year ended on that date; and
- b) complying with Australian Accounting Standards including the Australian Accounting Interpretations and the *Corporations Regulations 2001*.

### Report on the requirements of the NSW Charitable Fundraising Act 1991 and the NSW Charitable Fundraising Regulations 2008

We have audited the financial report as required by Section 24(2) of the *NSW Charitable Fundraising Act 1991*. The directors of the company are responsible for the preparation and presentation of the financial report in accordance with the *NSW Charitable Fundraising Act 1991* and *NSW Charitable Fundraising Regulations 2008*. Our responsibility is to express an opinion on the financial report based on our audit.

### Auditor's Opinion

In our opinion:

- (a) The financial report and associated records have been properly kept, during the financial year ended 30 June 2013, in accordance with:
  - (i) sections 20(1), 22(1-2) and 24(1-3) of the *NSW Charitable Fundraising Act 1991*; and
  - (ii) Sections 9(6) and 10 of the *NSW Charitable Fundraising Regulations 2008*.
- (b) Money received as a result of fundraising appeal activities conducted by the company during the financial year ended 30 June 2013 has been properly accounted for and applied in accordance with the above mentioned Act and Regulations.

PricewaterhouseCoopers

PricewaterhouseCoopers



Kevin Reid  
Partner

Adelaide  
29 August 2013



# Corporate and Government Supporters



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**Mascot Base**

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Sydney Airport  
Sydney NSW 2020  
T 02 8374 2400

**Bankstown Base**

2/458 Airport Ave  
Bankstown Airport  
Bankstown NSW 2200  
T 02 9791 1199

**Launceston Base**

Hangar 90, Launceston Airport  
305 Evandale Rd  
Western Junction TAS 7212  
T 03 6391 0500

**Essendon Base**

Cnr Nomad Rd & Bristol St  
Essendon VIC 3041  
T 03 9299 5350

## How you can help

Thanks to the kind support of individuals, corporations, the government and the community, the Royal Flying Doctor Service has proudly served Australia for 85 years. Help us continue to be there in the future.

**To help us deliver the finest care to the furthest corners of Australia you can:**

- > Send your donation to Royal Flying Doctor Service, Reply Paid 3537 Sydney NSW 2001
- > Phone us on 02 9941 8888 or 1300 669 569
- > Visit our website [flyingdoctor.org.au](http://flyingdoctor.org.au) to make an online donation
- > Visit us at our Broken Hill Visitor Centre and our Dubbo Education Centre to see the RFDS in action. Both centres were voted number one attraction on TripAdvisor in their city.

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**Royal Flying Doctor Service**

*Proudly serving Australia for 85 years*