

COMMUNITY > HEALTHCARE DELIVERY FUNDING



Annual Report 2013/14



Royal Flying Doctor Service
SOUTH EASTERN SECTION

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OUR MISSION >

To provide excellence in
aeromedical and primary
healthcare across Australia.

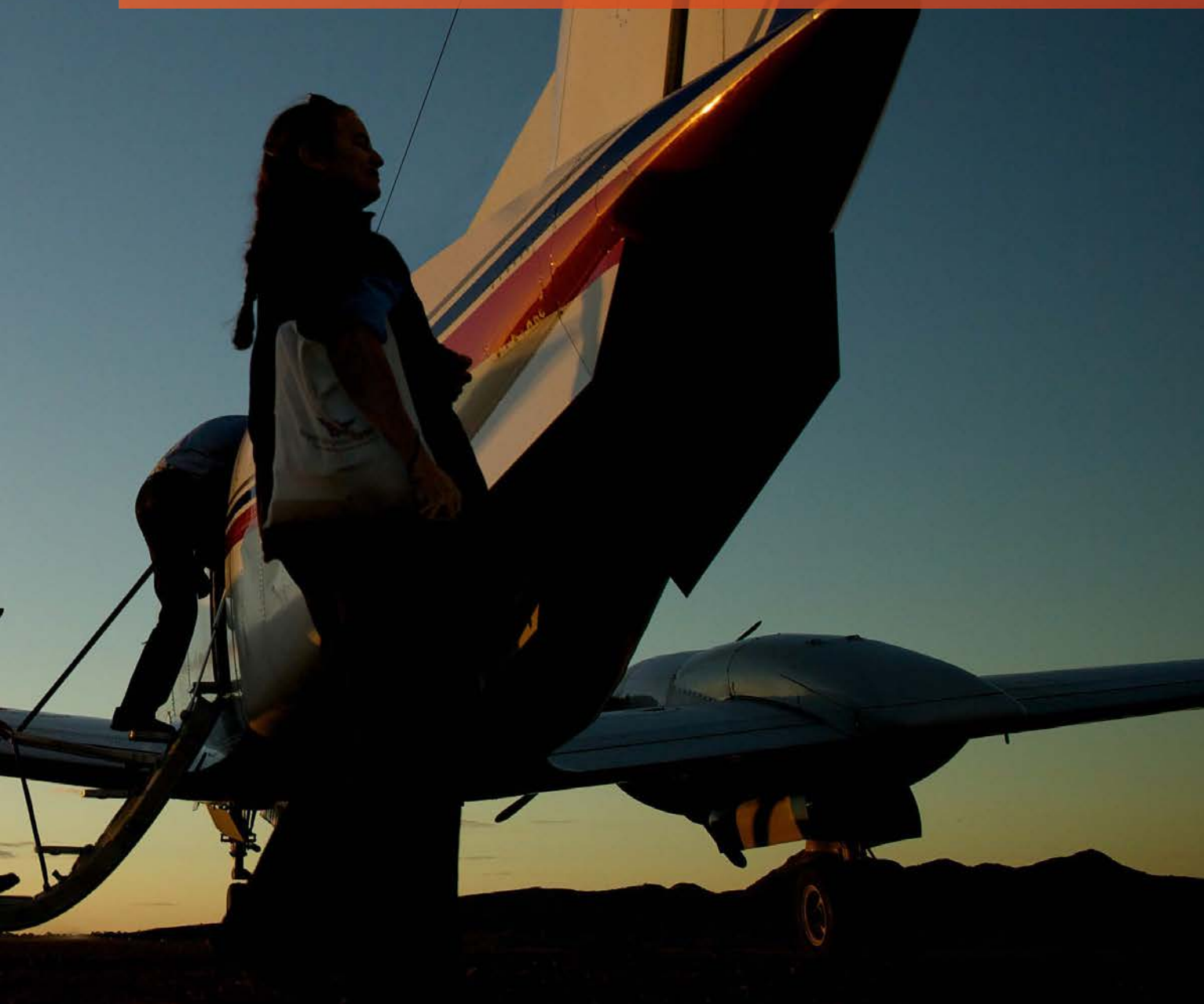
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With another day at the clinic over, the RFDS healthcare team prepare to fly back home.
Cover Outback families rely on the Flying Doctor for all health services.

Providing essential healthcare to the Outback was the dream of Flying Doctor founder, the Rev. John Flynn. Almost a century ago he pioneered the possibilities of aircraft and radio communications to save lives in the vast inland of Australia and battled to find the people and the financial support to create and sustain his dream.

Ever since, the Royal Flying Doctor Service (RFDS) has endeavoured to bring the best possible healthcare services to Australians living in rural and remote areas. We consistently look to innovation to build services and improve health outcomes to help ensure that people are not medically disadvantaged by where they live, work or travel.

With an increasing need for our services, innovation remains a crucial factor in the sustainability of the RFDS SE Section. A major new development this year, the 'multi-role' internal aircraft configuration which allows for a much greater flexibility of services, will both deliver faster medical support across all types of healthcare and increase the longevity of our aircraft. We are proud to continue to improve healthcare in the Outback, year by year. We believe that everyone should have equal access to healthcare, no matter where they live.



Our strategic approach >

As a trusted and recognised healthcare provider, our strategic approach is based around providing timely, accessible and appropriate healthcare to rural and remote communities for those who live, work or travel there.

We work to ensure that our services best meet the requirements of the communities we serve and regularly assess how we provide each service to ensure we can meet an increasing need and improve on service delivery.

Because services can range from an emergency evacuation at any time of the day or night to providing regular healthcare clinics in remote locations, the transport platform used depends on a range of factors. These include the clinical requirements of the service, the patients' and communities' needs and the necessity to provide a safe operational environment for patients and staff.

Our strategic plan also sets down the goal of the RFDS SE Section becoming the preferred provider of aeromedical transport services in south eastern Australia. This goal means we must understand and be responsive to patient transport needs within the broader health system.

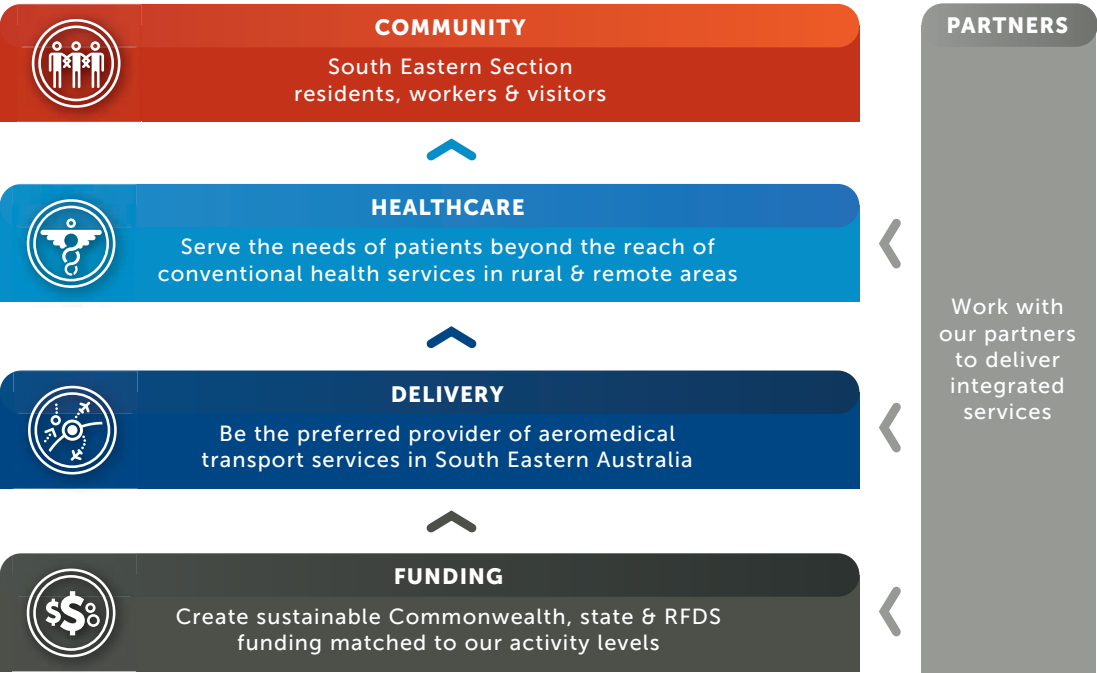
We also look to achieve a standardised fixed-wing aeromedical fleet, delivering a common patient experience across our section.

Additionally we must ensure that as demand for our services grows, so does the number of future health professionals prepared and available to meet the challenges of providing remote healthcare. For this reason we work closely with a number of organisations across our region, including universities which specialise in rural and remote medicine. All our partner organisations help deliver integrated services addressing unmet demands across NSW.

We are also working with state and Commonwealth governments to develop a sustainable funding model incorporating Commonwealth, state and donor funds.

Commonwealth and state government funding supports RFDS primary healthcare clinics and aeromedical evacuations while state government funding also supports the Rural Aerial Health Service, operations and dental services from Broken Hill Base. Partial funding for capital expenses such as aircraft comes from the Commonwealth and state governments while the Commonwealth Government also provides partial funding for buildings.

Donations from the community are an essential part of our funding model and contribute much-needed funds towards enabling health services, including the purchase of aircraft, equipment and operational bases.





3
2
1

Healthcare

The RFDS provides healthcare in three main ways: running regular primary healthcare clinics with nurses and other allied healthcare providers; providing GPs trained in the challenges of remote medicine and accessed either through clinics or by phone (remote consultations) and through emergency evacuations and patient transfers.

1

Oral Health Education clinic

RFDS oral health therapist Rebecca Hovington takes dental health education clinics once a year to childcare facilities in all the areas covered by The Outback Oral Treatment and Health (TOOTH) program. Working in partnership with a dental assistant from the Local Area Health Service, they show children how to brush their teeth correctly and teach the importance of regular brushing and good diet.

They also dress the children up in the types of gowns and masks worn during dental procedures to normalise trips to the dental clinic.

"We also do simple screens with each child where they sit on a chair in a separate room and we use a mirror to look in their mouths," explains Rebecca.

"If they're nervous about this process they can bring a special friend. If we see anything which needs work then we write a letter for mum and dad and they can make an appointment time. Then when the children come in for an appointment they already know us and are familiar with the gowns and it becomes a normal thing."



Oral health therapist Rebecca Hovington encourages children to clean their teeth at a Lightning Ridge childcare centre.

2

GP clinics

For grazier Rowan Young, the Tibooburra clinic, which the RFDS holds regularly in the medical centre rooms at one end of the main street, is an important service for him and his family's health.

"I don't get here often enough," he admits, having driven 85km for his appointment. "It's nothing major today, just a couple of scripts and a check-up."

Rowan's family rely on the RFDS, not just for the normal medical checks and appointments any family requires, but also for emergencies. Rowan and both his children have had emergency evacuations, and his son's life was saved through one such fly-out.

"They're a terrific service and great people," says Rowan of the RFDS. "It's quickly accessible and we can get on the phone nearly straight away and access the right drugs in the Medical Chest and they can get us to hospital if we need it."

"It's our 'security blanket'," he concludes, unconsciously echoing Flying Doctor founder John Flynn's desire to provide a 'mantle of safety' for the Outback.



Rowan Young is thankful for the Flying Doctor.

3

Emergency evacuation

Graham Rich doesn't remember the accident which brought his motorcycling trip to an abrupt end just past Cameron Corner, where the boundary lines of Queensland, NSW and South Australia meet.

"I was travelling with two other blokes and apparently I ploughed into a 'bulldust' hole," he recalls, referring to potholes made virtually invisible by the accumulation of dust and road dirt.

"The first thing I remember is standing on the side of the road in a paddock with the other bloke. There was no pain, I didn't feel anything at all."

But after riding about 40km back to the Cameron Corner store on his badly damaged bike, Greg's condition deteriorated.

The woman in the store took one look at Greg and phoned for the Flying Doctor and Graham was evacuated to Broken Hill Base Hospital.

Graham says he was relieved help came so quickly.

"Plenty of Outback bike riders have called on the RFDS and will continue to do so," he says. "It's a unique service."



Graham Rich being loaded onto an RFDS plane by Dr John Wenham after his motorcycle accident.

Flight Services building
and associated Broken Hill Base

infrastructure improvements

Appointment of
new CEO

Greg Sam

Completion of two years of the

TOOTH

dental program which showed
impressive improvements in
dental health across the four
remote communities covered

The new

multi-role aircraft

delivered – enhancing
the flexibility of the
RFDS aircraft fleet



2013/14



Launch of our

educational simulator

at schools and community events, taking the RFDS story to the next generation of supporters (above)

Diversification of primary healthcare delivery, including

fly-in clinics

and community event health 'pit stops' (right)



6,009

telehealth consultations

this year, a 19 per cent increase

Keeping the Doctor flying >

Delivering healthcare to the rural and remote communities we serve is at the forefront of every activity involved with supporting the Royal Flying Doctor Service South Eastern (RFDS SE) Section. Whether it's fundraising auxiliaries holding balls or making Christmas puddings, major events like the Outback Car Trek or open days and visitors centres raising community awareness, we all work to keep the 'Doctor' flying.

Over the past three years of my current term as president of the South Eastern Section, I have been privileged to see so many examples of generosity of all kinds as well as to visit some of the areas where the services of the Flying Doctor are so vital and so appreciated.

Without the hard work of so many people we could not continue to develop and improve healthcare services for all those living, visiting and working in the Outback who depend on us.

In the past year we finalised celebrations of our 85th anniversary with a special event at Government House in August 2013 and an open day at Broken Hill last October.

In March this year I attended the premiere of the King of the Air musical, a celebration of aviation history, which was organised by Mr Michael Crouch AO in support of the work of the RFDS. I would like to sincerely thank Mr Crouch and The Friends of the RFDS for this inspiring event.

In April Mr Crouch was honoured for his long-term personal support and fundraising efforts through his chairmanship of The Friends of the RFDS, with an aircraft naming ceremony. The ceremony, performed by Her Excellency Professor The Honourable Dame Marie Bashir AD CVO, Governor of NSW and Sir Nicholas Shehadie AC OBE, recognised the huge amount of support the section has received from Mr Crouch. The RFDS aircraft was named Shanny, in honour of Mr Crouch's wife.

The Outback Car Trek celebrated its 25th anniversary, with over \$1.2 million raised in this year's 6,000 km trek from Alice Springs to Margaret River, via Broome, making an astonishing total of \$22.7 million raised over the quarter century of its existence.

Again this year, the Broken Hill Women's Auxiliary were a continued support, raising \$85,000 from their famous Christmas puddings and a well-attended ball held in May, while the RFDS Dubbo Support Group raised \$213,051 from a variety of events.

I was also pleased to note that our visitor centres in Broken Hill and Dubbo continue to rate very highly on travel website TripAdvisor. Such centres are not just important in promoting and supporting the work of the RFDS, they are also a vital part of their communities in encouraging tourism to the area, which in turn supports many other local businesses.



I would like to thank the RFDS SE Section Board for their work and commitment in 2013/14 and to thank outgoing treasurer John Gall OAM for his dedication. The Board continues to focus on ensuring that there is adequate funding so that the RFDS SE Section can meet the healthcare needs of the communities depending on us.

I would also like to acknowledge the importance of the dedicated and hardworking staff across our bases who ensure our services can be delivered 24 hours a day, year round.

I would also like to welcome on board our new CEO, Greg Sam, who joined us in February this year, following the retirement of Clyde Thomson AM GM. Greg's background in government and primary healthcare in rural and remote Australia prepares him well to lead our organisation into the future as the preeminent health provider to those who live, work or travel in rural and remote Australia.

A handwritten signature in blue ink, reading 'John Milhinch'.

John Milhinch OAM
President
RFDS SE Section

Improving, innovating and sustaining >

The Royal Flying Doctor Service (RFDS) has a proud tradition of innovation and improvement in the delivery of healthcare services. With the extraordinary distances and difficult geography of our countryside, the determination to find ways to better assist and safeguard people in rural and remote communities will always be a priority for the RFDS.

Improvements in healthcare

The RFDS was founded to provide a 'mantle of safety' for those outside the reach of urban and regional services and for almost nine decades it has been successful in its mission, evacuating those in need of urgent hospital care and, increasingly, providing a range of primary healthcare services and inter-hospital transfers.

From the earliest days, the RFDS has always been seeking ways to improve the health services available to those who live, work or visit the regions far from the assistance people in urban areas take for granted.

The RFDS pioneered improvements in communications and recognised that health services were not just about rescuing someone after an accident or with a serious health condition, but also in providing the primary healthcare services which kept people not only physically well, but also mentally healthy.

Today's services also take a holistic view of health, with recognition of the additional stresses that isolation and drought can place on individuals, families and communities. In remote and rural areas each family can be separated by considerable distance from the next and opportunities for social activities are restricted in ways unimaginable to a family in the suburbs.

The delivery and development of quality primary healthcare which is appropriate to each community's needs is a priority for the Service. With good management, many health issues do not go on to become emergencies.

We work in partnership with other local providers where possible to maximise resources and improve delivery possibilities.

This year marks the second successful year of The Outback Oral Treatment and Health (TOOTH) program, made possible through a unique funding collaboration with the Investec and Gonski foundations, along with support from funds raised from the Outback Car Trek. Results have been good with positive signs of improvement being a decrease in extractions and an increase in restorative services.

The Rural Women's GP Service also continues to June 2015, providing an important choice in gender of doctors for both men and women in areas where some can be reluctant to seek medical assistance with particular health issues from male doctors.

Over the last year the number of healthcare clinics have increased by six per cent with 5,022 clinics facilitated across our region over the past year.

Our healthcare teams also took part in community events such as Agfair at Broken Hill and the Gilgandra Show, providing complimentary health checks and increasing awareness of our primary healthcare services.



The RFDS SE Section also continues to work in partnership with a range of organisations to create sustainable services and encourage the training of the next generation of rural healthcare workers. We have a longstanding partnership with Broken Hill Base Hospital and the University of Sydney Department of Rural Health in Broken Hill which is developing a training module for GP 'generalists', giving GPs the skills to ensure they can cope effectively with the challenges that remote healthcare brings.

Innovation in delivery

Aviation was the key to conquering the vast distances that people faced almost a century ago when they needed medical assistance, but even then it was not the only method of service delivery. Medical consultations over the radio were soon implemented (and today continue as our telehealth program), while the arrival of a doctor with any spare time soon brought about an impromptu clinic in the early days.

Today healthcare outcomes are the focus around which everything else is designed. Where better roads mean that some clinics can be delivered more efficiently by road, our team drives. Where an opportunity arises to provide support for people to attend a two-day workshop near our base, away from their properties, we run one.



Pilot Otto Peeters chocks the wheel after landing for Wiawera clinic.

While fixed-wing aircraft have traditionally been our mode of service, best suited to flying the distances needed across the Outback, we will continue to assess all transport platforms depending on service requirements. Our foremost consideration, as ever, is how best to provide healthcare to the communities reliant on our services.

Most recently we have developed a 'multi-role' reconfiguration system to allow aircraft to rapidly alter their interiors depending on the type of service required at the time. This will enable us to use aircraft much more efficiently, saving both time and money in providing vital services.

Quality and safety

We have a long history of consistently high standards in quality and safety in the field of aeromedical services and we continue to work to improve standards to meet with government regulations and maintain our excellent reputation.

We work towards improvements across the spectrum of our organisation, developing staff skills and accreditation and raising standards and awareness as part of ongoing development to ensure the RFDS is the preeminent health provider to those who live, work or travel in rural and remote Australia.

Sustainability

The great challenge for the RFDS SE Section, and many other charities and not-for-profits, is to provide an increasing range of important services while remaining sustainable. We can only do this by continuing our proud tradition of innovation and improvement, constantly focussing on how we can provide the best healthcare services in partnership not only with the communities we serve, but with other local providers, with government and with our supporters and donors.

I am pleased to report that thanks to the broad-ranging support we receive, the RFDS SE Section is in sound financial shape. Funding from both state and Commonwealth governments together with our generous donors allows us to purchase new aircraft and continue to expand our services to meet the need. Demand for RFDS services is higher than ever; last year we noted a 26 per cent growth in national activity since 2006.

We value our ongoing relationship with all levels of government, and will continue to work progressively over the coming year to ensure that the quality and value of the services we deliver meets the needs of our funders and patients alike.

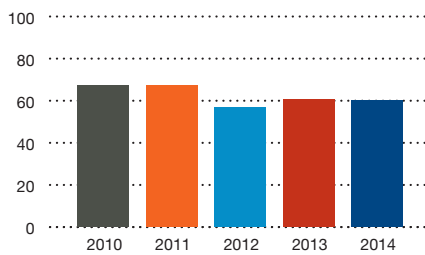
Importantly, the RFDS was again voted the country's most reputable not-for-profit organisation, ranking highest in the 2013 AMR Charity Reputation Index for the third year running. This is a testament to the proud history of the organisation and a challenge for all of us to try and ensure we retain this accolade for our services.

Finally, I would like to thank everyone in the RFDS SE Section, from the Board and outgoing CEO, Mr Clyde Thomson AM GM, to staff and the many associated organisations for their welcome and their hard work in ensuring we can look forward with confidence to providing excellence in healthcare services to those we serve.

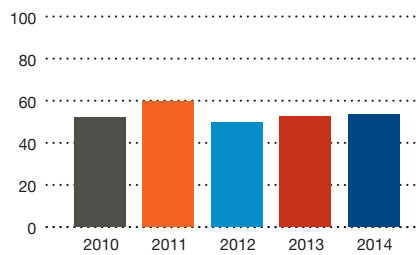
Greg Sam
Chief Executive Officer
RFDS SE Section

Key financial data over five years >

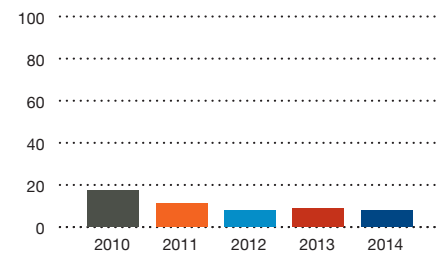
TOTAL REVENUE (\$ million)



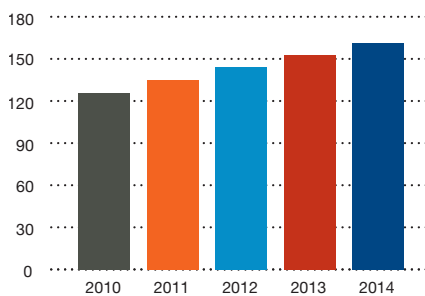
TOTAL EXPENDITURE (\$ million)



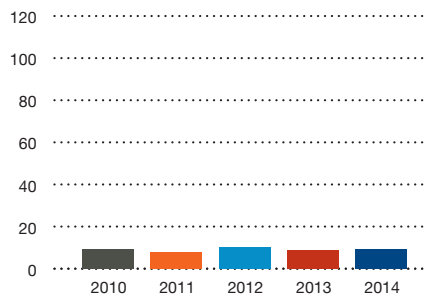
SURPLUS (\$ million)



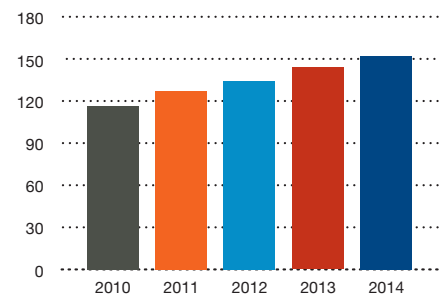
TOTAL ASSETS (\$ million)



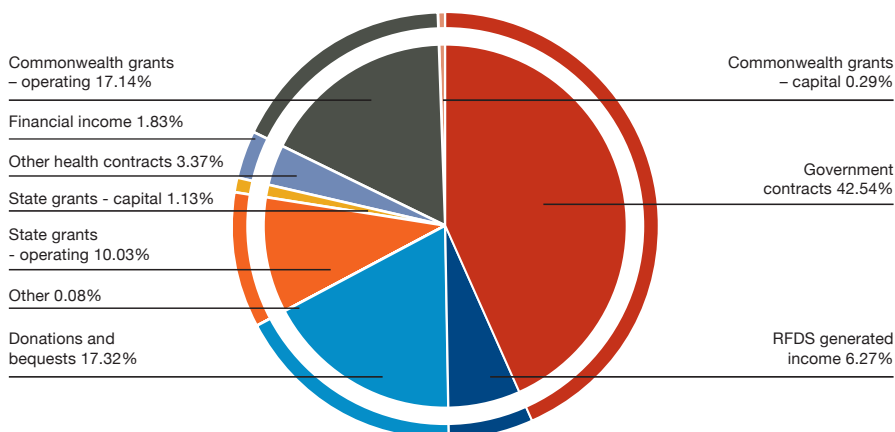
TOTAL LIABILITIES (\$ million)

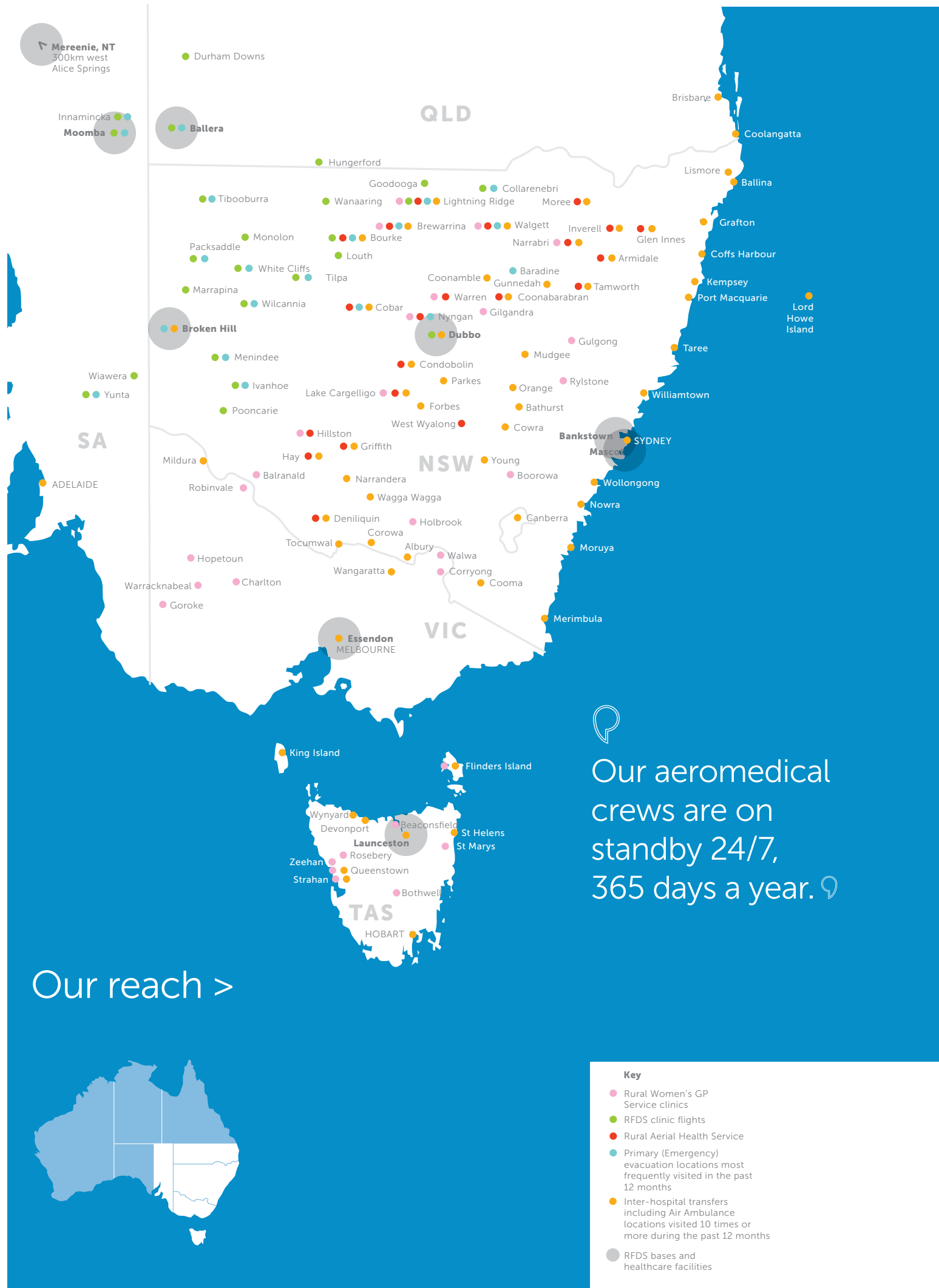


TOTAL EQUITY (\$ million)



Where our funding comes from >





Our bases >

The RFDS SE Section bases are key to the delivery of a range of healthcare and aviation services. Bases are located at Broken Hill, Dubbo, Mascot, Bankstown, Essendon, and Launceston, as well as providing 24-hour nursing services (both clinic and emergency) to the Cooper Basin Oil and Gas fields (operated on behalf of Santos Ltd) from bases in Moomba, Ballera and Mereenie.

All major bases now have base managers, enabling a common approach to operational support and consistency in the delivery of aeromedical services.

Broken Hill is home to our Corporate Services, Human Resources and Health Services. Earlier this year, the CEO position was moved from this base to our Sydney office.

Broken Hill operates as the RFDS SE Section hub with emergency retrievals, telehealth consultations, clinics, inter-hospital transfers and training of medical students all taking place in this base.

Fly-around clinics, Medical Chest, communications systems and routine and heavy maintenance of aircraft are also run from Broken Hill.

The Bruce Langford Visitors Centre at Broken Hill Base is a popular tourist attraction in the region and provides engaging information about the Service as well as souvenirs and other merchandise for sale.

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

Additionally, Dubbo Base also assists our Essendon base with the Non-Emergency Patient Transfer Service (NEPTS).

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

Currently the primary healthcare service from our Dubbo base is The Outback Oral Treatment and Health (TOOTH) program, serving 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 contract with the Ambulance Service of NSW.

There are five aircraft, 25 pilots and 13 engineers based there. In addition, aviation management, including quality and safety, now operates from Mascot, having moved from Essendon late last year.

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

Our Essendon base houses maintenance control and pilot training, in addition to the aircraft undertaking NEPTS in conjunction with Dubbo Base.

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

We also have medical facilities at Moomba, Ballera and Mereenie which provide medical assistance to more than 1,200 Santos Ltd employees working in the oil and gas fields or living in the surrounding area.

Broken Hill Base has a viewing platform for visitor tours.



Dubbo Base's Education Centre is home to the popular flight simulator, at right.



Healthcare >

We provide essential healthcare services for people who live, work or visit rural and remote areas through clinics, GP services, emergency evacuations and inter-hospital transfers. We believe that everyone should have equal access to healthcare, no matter where in Australia they live.



TOOTH dentist Callum Addison oversees students at Collarenebri clinic.

Emergency services

The RFDS is best-known for providing 24-hour medical evacuation services for anyone who is seriously injured or ill. While our emergency evacuations are the most dramatic of the broad range of essential medical services we provide, they actually only account for a small percentage of our patient contacts each year.

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

The RFDS SE Section delivers emergency evacuation services from our Broken Hill, Dubbo and Mascot bases (from Mascot as part of our contract with Ambulance NSW) across regional and remote NSW, south west Queensland and north eastern South Australia. Our aeromedical crews are on standby 24/7, 365 days a year.

Anyone who requires evacuation by air from a location without adequate medical facilities is flown by our Beechcraft King Air B200, B200C and B350C aircraft which are configured as flying intensive care units.

We are in the process of introducing the first of a world-first 'multi-role' configuration (designed by the RFDS), which will allow more flexibility within our fleet and therefore enable even more effective use of our aircraft.

High-tech medical equipment carried on these aircraft includes a ventilator and multi-parameter monitor which checks blood oxygen levels, cardiac irregularities, blood pressure and pulse. This equipment also doubles as a defibrillator.

Because our health staff frequently work alone they are very highly trained, with additional skills not usually found in the average GP or nurse. Doctors have a mix of primary healthcare and critical care skills, and our flight nurses have a critical care background and are all qualified midwives.

RFDS pilots often fly the aircraft alone and assist the clinical crew with loading and unloading patients from aircraft.

Pilots are called upon to land on anything from regular airfields to Outback airstrips, on dustpans at remote stations and occasionally on remote stretches of highway. This year we conducted 688 emergency evacuations.

Patient transfers

Inter-hospital transfers involve aeromedical transport of patients between hospital facilities in areas where land transport is unavailable or the journey would take too long. In 2013/14, patient transfers comprised 14.4 per cent of RFDS SE Section patient contacts.

Transfers are usually required when patients with a serious illness or injury require medical retrieval to a large regional or tertiary centre for specialist facilities and care.

The RFDS SE Section also provides a Non-Emergency Patient Transfer Service (NEPTS). This fee-paying service enables the fast, comfortable transfer of high, medium and low acuity patients. This year we transported 379 patients under NEPTS, an increase of 38.8 per cent on last year.

In 2013/14 we transported 7,671 patients in total as part of these services.



CASE STUDY

Beau

Beau, aged nine months, had been unwell for a couple of days, but overnight his symptoms worsened and his mother Rosie knew he needed to see a doctor. Rosie and her young family had recently moved to Menindee, so they drove to an RFDS clinic in town which was being held that day. When Dr Mike Langran heard Beau's laboured breathing, he put aside his other patients to take Beau straight to the resuscitation room to get him on a nebuliser.

When Beau's oxygen levels began to drop again the doctor knew he had to

call for an emergency evacuation to a hospital.

"I really appreciated how the mother and people at remote clinics must feel while they are waiting for help," said Dr Langran. "Every minute can feel like a long time when you're with a very sick patient."

Beau and Rosie were flown to Broken Hill where her anxious husband and three older boys joined them. Fortunately, Beau's breathing was able to be stabilised and the family returned home within a few days.

"Young children can become ill so quickly," said Rosie. "If the RFDS weren't there, what would have happened? It's a long drive to Broken Hill; would we have made it in time?"

Clinic services and primary healthcare

Providing primary healthcare services to residents of rural and remote areas is a major part of the work of the RFDS. Poorer health outcomes and potentially preventable hospitalisations are much higher in rural and remote regions than in metropolitan areas.

The RFDS is the preeminent healthcare provider in rural and remote regions and is constantly expanding its primary healthcare and clinic services to address the increasing needs of these communities. We focus on prevention and use a team-based management approach to disease. This includes:

- > general practice clinics
- > mental health and counselling services
- > chronic disease management programs
- > dental health services
- > women's, child and family health services

We deliver these services through clinics, GP services in person and by telephone, RFDS practice nurses and specialists. We also provide and support community health promotion events, including events specifically targeting men's health, community check-ups and health and wellbeing initiatives during times of drought.

In 2013/14 the RFDS SE Section facilitated primary healthcare services included 38,554 patient contacts across 5,022 primary healthcare clinics – up six per cent from last year.

Continuous quality improvement is also a part of our healthcare service development.

The RFDS SE Section is Certified (accredited) under ISO 9001:2008 Quality in Healthcare Standards. The ISO certification process incorporates the accreditation requirements of the Australian Commission on Safety and Quality in Health Care and its mandatory National Safety and Quality Health Service Standards (NSQHS). The primary healthcare service also gains accreditation from Australian General Practice Accreditation Limited (AGPAL) and the traditional base clinic currently has full accreditation until April 4, 2017.

All staff play a role in RFDS Accreditation processes both for ISO9001:2008 and AGPAL. RFDS policies have been developed to meet both ISO9001:2008 requirements as well as the NSQHS.

Quality clinical audits based on risk are conducted on a regular basis with the findings reviewed and reported on both at senior management level and staff meetings.

Conference presentations by staff this year included Medical Officer Dr Mike Hill, from our Broken Hill base, presenting at the Queenstown (New Zealand) meeting of the Aero Medical Society of Victoria, and General Manager Health Services Linda Cutler at the Resus at the Park conference in Sydney.



The Shiner family in Tibbooburra clinic waiting area.

General practice

Increasing access to general practice doctors is an important part of the RFDS SE Section healthcare services as there are fewer GPs in remote areas, with people living in rural and remote locations far more likely to have to travel long distances to see a GP.

RFDS SE Section GPs and GP registrars held 937 clinics and conducted 8,996 consultations, an increase of nine per cent, in 2013/14. They provided general medical care, diagnosis and treatment of acute conditions as well as management of chronic diseases such as diabetes.

Our teams also undertake minor surgical procedures, conduct a broad range of screening activities and are actively involved in clinical disease prevention. Currently there are almost equal numbers of male and female GPs, offering good gender choice.

Specialists

Providing access to specialists is vital for meeting the acute, and in some cases chronic, needs of many of our network patients in remote communities. The RFDS SE Section clinic teams routinely include GPs, dentists, a drug and alcohol counsellor, a psychologist, practice nurse, child and family nurse and may include a dermatologist, an ear, nose and throat specialist or an ophthalmologist. Schedules are set in response to identified needs across our geographic service area and the availability of visiting specialists.

Consultations are conducted in clinics held at health service sites, local halls or in a spare room at a homestead.

In 2013/14 our healthcare specialists conducted 2,834 clinics and saw 13,271 patients, an increase of 11 per cent.

We also facilitated 24 clinics by visiting specialists who saw 253 patients, an increase of 58 per cent on last year due to greater specialist availability. In addition, as part of the Rural Aerial Health Service, we facilitated 933 clinics.

Flight nurses

Our flight nurses are registered nurses with midwifery certification and experience in the critical care field (Emergency or ICU). Flight nurses' work is challenging and requires a diversified skills set. Flight nurses often work in isolation as the sole practitioner on flights and therefore require high levels of education and experience. The RFDS ensures that our nurses are supported with the necessary ongoing training to ensure skill levels and certifications are retained.

This year, a contract between the RFDS SE Section and Broken Hill Base Hospital has made it much easier for flight nurses based at Broken Hill to keep midwifery skills up to date.

All certified midwives have to undertake 300 hours every five years in direct maternity care to maintain their registration. This can be a problem in small rural areas but the RFDS provides time away from their RFDS duties for nurses to work in midwifery at Broken Hill Base Hospital. This keeps our workforce up to date with emergency-trained midwives.

"Other flight nurses want to work with us because we give them time to work in hospital so they can keep their midwifery certification current," explains Linda Cutler, General Manager Health Services.

Tracey King, Senior Flight Nurse, says that aside from staying current and maintaining skills, the midwifery certification placement for four weeks each year builds a relationship with the hospital staff and an awareness of what the RFDS does.

"It's a really positive thing," says Tracey. "We're supporting junior staff at the hospital with advanced clinical skills and it's a great midwifery refresher for us so we can maintain our midwifery skills so when they're called on within our emergency role we can respond appropriately."

"It also means we're not having to send staff away for up-skilling and training purposes. I've done a survey between us and the hospital staff and it's a really positive thing. I love midwifery and I'm now presenting on these midwifery shifts and how they impact on our service at the Aeromedical Services of Australasia and Flight Nurses of Australia Medical Conference."



Dubbo flight nurse Christine Minchell prepares to head out on a flight.

Flight nurses often work in isolation as the sole practitioner on flights.



CASE STUDY

Amy Parkinson

Being a flight nurse with the Flying Doctor had been RFDS SE Section 2012 Midwifery Scholarship winner Amy Parkinson's dream job since she was four years old and watching the Flying Doctors television series.

"I went straight from high school into nursing at university," says Amy, who grew up in Maitland, NSW. "I managed to get a job in intensive care at Gosford Hospital after that, and then worked in the neonatal intensive care unit at Royal North Shore Hospital. I loved

working there and it gave me a great background for my midwifery training, which is a qualification I knew I needed to obtain to work for the RFDS.

"I've been here since January and I love it. Broken Hill is a beautiful place and the people are very friendly. I've been to a lot of very remote places already on emergency flights and seen parts of this country I never thought I would see.

"It's very humbling how genuinely thankful people are to see us arrive. I've never experienced anything quite like that working anywhere else."

Telehealth (remote consultation service)

The telehealth program is an important part of the RFDS SE Section healthcare services as it provides patients living in remote areas the option of phoning in to speak to a GP. We provide a 24-hour, seven-days-a-week service which enables any patient in the network to call for advice. This type of consultation avoids the difficulties of having to travel to a clinic which may only be available weekly, or even monthly. If the patient lives near to a nurse-run hospital site, they can be seen and assessed and their case discussed with the doctor via the telephone.

Doctors access our electronic medical record system through a confidential portal to ensure continuity of care.

Telehealth can also provide first-response advice in an emergency, advising and assessing the next steps required.

Remote patients often also have a Medical Chest and the telehealth GP can offer advice on anything they may need to use, which is vital for first aid in case of accident or emergency.

Telehealth is an accessible, effective and efficient way of providing healthcare and more RFDS consultations are done by phone than on the ground. As video calls become more accessible, they will become part of the consultation.

RFDS senior medical officer Dr John Wenham, who works from our Broken Hill base, says that the most important element of telehealth is ensuring they take a good clinical history.

"If patients feel that we have listened carefully and understood their condition and circumstances, they are happier and feel more confident in our advice," says Dr Wenham.

"Phone consultations are a normal part of the health system in the UK, where I previously worked. It's not done because of distance, but because it's convenient and effective. Working with rural and remote locations it's essential.

"If someone is assessed as requiring further assistance we can find their nearest clinic and book them in or organise an emergency evacuation, if clinically appropriate. Sometimes we are contacted by nurses at remote clinics and we can either advise them, and where necessary, speak directly to the patient."

In 2013/14, 6,009 over-the-phone consultations took place from our Broken Hill base, up 19 per cent from 5,060 the previous year, due to increased activity in the Mental Health Team due to drought stresses and additionally our McGrath Elders breast care nurses has seen a significant increase in referrals.

Medical Chests

The RFDS Medical Chest program allows our doctors to prescribe medications via over-the-phone consultations. This program has operated since 1942 and has not only saved many lives but provided many isolated communities with immediate access to necessary treatments which would otherwise require hours of travel to obtain.

Active Medical Chests are found across Australia and in our section can be found in 477 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 drugs and non-pharmaceutical items, with prescription-only medication administered on the authority of an RFDS doctor.

RFDS practice nurse

The RFDS practice nurse is a major healthcare contact for people in remote communities, managing chronic disease and assisting with immunisations, women's health checks and other regular screening activities.

In 2013/14 our practice nurse had 689 patient contacts across 149 clinics in 18 locations, a significant increase due to the development of this role over the past year.



Above Jenny Treloar rolls out the Medical Chest at Waiwera.

Left Local communities take care of facilities we use.

A young family waits for the Wiawera clinic to open.



Photo: Wolter Peeters/Fairfax Media

Rural Women's GP Service

The Rural Women's GP Service (RWGPS), established in 2000, aims to give people in rural and remote areas a gender choice of doctor by providing a female GP to centres where there is very limited or no access to female GPs.

Sheree Quinn, Program Coordinator for the RWGPS, says that even though they do see men, the majority of their patients are female.

"Many women and girls feel more comfortable seeing a female doctor," says Sheree. "In many towns we find that our first patients are those female health staff from the local area who value being able to see a different doctor than those they work with every day."

"At our recent professional development day, one of our GPs commented that some people come to see us with their stories, whether it be depression, anxiety or some other mental illness, because they know they can tell us the whole story, and tomorrow afternoon we will be flying home and they will not see us again for a few weeks."

Sheree says that many GPs on the program have been visiting the same towns for up to 13 years because they know they make a difference.

From January, our RWGP service was split, with the Victorian Section of the Royal Flying Doctor Service now running their own clinics. Thus statistics this year vary from the first to the second half of the financial year.

For the first half of the financial year our female GPs conducted 180 clinics in 29 locations seeing 1,940 patients across NSW, Victoria and Tasmania. During the second half of the financial year there were 121 clinics at 22 locations seeing 1,368 patients across NSW and Tasmania.

The RWGPS also held well-attended forums on incontinence and puberty and were involved in the successful Mental Health Pit Stop at the Gilgandra Show.

Additionally, a joint professional development day in Sydney had 14 doctors from NSW, Victoria and Tasmania attending.

Maternity wheel

A cardboard wheel featuring the main checking points and questions to be asked by GPs during pregnancy health checks was developed by Emma Quinn, a visiting biostatistical trainee, Dr Rebecca Jacobs and nurse Jacqueline Noble. It is now available in all GP surgeries in Broken Hill and in hospitals.

Child and maternal health

Providing healthcare services for mothers and children is important for families living in the Outback.

The RFDS women's and child family health nurse, based in Broken Hill, regularly visits 18 clinics across a territory of over 640,000 square kilometres, providing pre-conception, antenatal and postnatal care and advice as well as Pap smears, immunisations and child health checks. In 2013/14 she assisted 404 patients.

McGrath Elders breast care nurse

Thanks to the McGrath Foundation and the fundraising efforts of Elders staff nationally, a McGrath Elders breast care nurse is stationed at our Broken Hill base.

Jo Bevan travels across the region by air to support women in rural and remote areas experiencing breast cancer. She makes home visits and also holds clinics at 18 remote locations across three states (NSW, northern South Australia and south western Queensland) and undertakes additional patient contact by phone.

In the last 12 months she has conducted 188 patient contacts to support women and their families. Additionally she has had 403 phone contacts, a 178 per cent increase from the previous year, due to a much higher rate of breast cancer.

Mental health

While mental health issues suffered in rural and remote areas are similar to those in urban areas, problems are exacerbated by isolation and lack of easy access to services, and outcomes can be more severe. The RFDS SE Section mental health team consists of a psychologist, an alcohol and other drugs counsellor, a mental health nurse and a community psychologist.

Services include one-on-one counselling and therapeutic support; screenings for stress, depression and anxiety; workshops on managing stress and education and support for reducing drug and alcohol dependency. Services are delivered in person as well as by Skype, phone and email.

When there are serious issues requiring treatment the problems of isolation compound the situation...

"People are naturally quite resilient living out here but when there is drought, they are working seven days a week on a property, and they are under financial pressures it adds up," says team leader Stephanie Busby.

"Then if they have children they often have to either home-school them or have them live away for schooling, perhaps in town with a parent if they are younger, and this all increases difficulties.

"The work/life balance can be very hard to find when families are isolated and everything is a long way away and relationships suffer."

Over the past four years that the team has been working for the RFDS, there has been an increasing acceptance of the need to seek help for mental health issues, although a stigma still remains, particularly for men, according to Stephanie.

"When one bloke admits something to his mates the others realise that they're not the only one," says Vanessa Latham, a mental health nurse.

"But there is still a lot of pretence that everything is OK and shame and embarrassment from failure to cope the way they think everyone else is."

Drug and alcohol program coordinator, Graham Archer, says that problems with substance abuse cut across all demographics.

"In small towns it is often more obvious and sometimes mates will help their friends get help," says Graham.

"Unfortunately it can also become quite a co-dependent situation where the problems are just hidden away.

"When there are serious issues requiring treatment the problems of isolation compound the situation because it's very hard to get someone who is already not coping with life to actually catch public transport across long distances to where clinics are located. You can't just put them in a taxi."

RFDS mental health team members Stephanie Busby and Vanessa Latham on The Palace Hotel verandah during the *Do Yourself a Favour* workshop in Broken Hill.



331

mental health phone consultations, a 318 per cent increase on last year.

To raise community awareness of mental health problems and treatment available from the RFDS, the mental health team have been involved with a number of initiatives, as well as running their regular clinics.

In November 2013 they flew relationships expert Dr Rosie King around to Pincally Station, Tibooburra, Whitecliffs, Tilpa, Wilcannia, Pooncarie, Ivanhoe and Wiawera, with Dr King speaking at gatherings in each centre.

In April this year they participated in a two-day men's health 'pit stop' at Broken Hill's Agfair, which aimed to provide check-ups across a range of health issues and direct men to further help where required. They also participated in a similar event aimed at both men and women at the Gilgandra Show in May, as well as a two-day health and well-being workshop for those on the land (see case study).

These events are not counted in the statistics below.

In 2013/14 the team provided 844 individual services at clinics held in 18 locations. In addition they made 331 contacts via telephone, more than three times the number of phone sessions in the previous year. Phone services can be much more accessible for people with family responsibilities and living far from clinic locations.

CASE STUDY

Do Yourself a Favour

In May a two-day workshop was held in Broken Hill for people living in isolated areas to come together and share a series of talks and discussions on the particular health issues common to people living on the land in times of drought.

The event, entitled *Do Yourself a Favour*, was supported through special funding and was designed to enable people to leave their property for a couple of days with accommodation and meals provided overnight to make it accessible to all.

"Giving people the opportunity to take even a short break from the 24/7 life on the land and meet with others in the same situation is really valuable," says RFDS SE Section General Manager Health Services Linda Cutler.

"They can focus on the workshops we're delivering and socialise with others in breaks and during meals."

The workshops were divided into two groups so that the issues affecting younger and older age groups could be addressed separately. Sessions included goals and planning, working within relationships, maintaining mental and physical fitness, dealing with the changes to physical abilities brought about by aging, succession



One of the workshop groups learning how to better manage their health.

planning and communication, as well as information on first aid techniques and preparing and maintaining emergency airstrips.

"Initial feedback was very positive, with many couples asking to be informed of future similar events," says mental health nurse Vanessa Latham.

Brendan and Jacinta Cullen, who drove from their property 270 kilometres north of Broken Hill, were among those who attended.

"Brendan and I found it a great opportunity to meet staff of the RFDS in a casual setting on a more personal basis," says Jacinta Cullen, three weeks after the event.

The Cullens found making the face-to-face connections helpful and the workshops informative and practical.

"It's great to put a face to a name that could be the person helping you in a life or death situation," says Jacinta. "We are much more aware of the help that is available to us through the RFDS and the work that is being done to prevent mental illness as well as treat it.

"We thoroughly enjoyed the guest speakers who were both informative and entertaining and I have already put into practice some skills learned."



Dentist Callum Addison with patient Bridget in Collarenebri.

1,795

The number of patients treated by the TOOTH program in 2013/14.

Dental health

Across Australia, oral disease is one of the most widespread yet preventable health problems and this is even more so in rural and remote locations.

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

Operating from 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 second 12 months, the program has made significant impact on the communities it serves, with fewer extractions being performed, showing dental health is improving.

The TOOTH program is seeing great results through much-needed regular dental services and oral health education, delivered across four locations. This year the program has provided urgent and preventative dental care to 1,795 patients, at 266 clinics.

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

The original dental program, provided from our Broken Hill base, continues to provide extensive dental treatment and oral health education to communities in far western NSW. There were 2,595 patient visits over the past year.

Dental students also gain valuable insight from the student mentoring program, with 83 students taking part in clinic flights over the year.

CASE STUDY

Nigel Clarke

Collarenebri resident and sole parent of three, Nigel Clarke, 49, says TOOTH is now an essential part of his life.

He and his children, aged seven, eight and 12, have been regular users since it began in early 2012.

"I've been three times over the past year," Nigel said. "They did a filling last time and I had to come back and get some more work done."

"My kids also use this service. We're very lucky to have it. Walgett is the nearest alternative but without access to a car we can't get there. Without this service me and the kids would be stuck."



Students and GP registrars

The shortage of doctors and dentists in remote Australia continues at critical levels, and even regional towns often struggle to attract adequate numbers of medical staff.

The RFDS SE Section is proactive in addressing this issue to help ensure we are able to continue to attract the health professionals essential for our service.

Training the next generation of health professionals by giving medical students access to the unique experiences, challenges and rewards of rural and remote medicine is the key to 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 insights into remote medicine.

In Broken Hill in 2013/14, two medical students, one of whom was the Fred McKay Scholarship recipient, spent up to two weeks with the RFDS. There were 26 students placed in our remote sites of Wilcannia and Menindee. These are serviced by RFDS clinics three times a week where the students parallel-consult with the RFDS doctors.

Out of Broken Hill, 105 medical students were placed on clinic flights.

The RFDS SE Section also has placements for GP registrars in their final year of training. Their experience with us is hands-on, giving them the opportunity to fully engage with remote medicine, focussing on our flying clinic services and emergency care.

Student doctors are also placed on flights out of Dubbo with, on average, more than 15 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 aeromedical retrievals. We are also involved in aeromedical research in conjunction with the school.

105

medical students were placed on clinic flights out of Broken Hill in 2013/14.

CASE STUDY

Jared Kilday

As a child, RFDS medical officer Dr Jared Kilday, used to watch the Flying Doctor television series with his mother, a nurse, who wanted to work for the RFDS. While she didn't achieve that aim, Jared is currently in his final year of GP training for the Australian College of Rural and Remote Medicine and is now

working from the RFDS Broken Hill base.

"I've done a year of advanced skills in anaesthetics and in the emergency department and this is the final year of training, to put it all together and have a challenge," says Jared.

"I am enjoying it and it's fulfilling the criteria of putting everything into practice; you never know what you're going to get," he says. "All the clinics are so different and I enjoy the day to day variety."



CASE STUDY

Sam Simpson

Tasmanian dental assistant Sam Simpson spent two weeks in Broken Hill, thanks to a scholarship sponsored by RFDS Tasmania and supported by the TasTAFE and the Women's Auxiliary Australian Air Force.

The John Flynn Dental Assistant

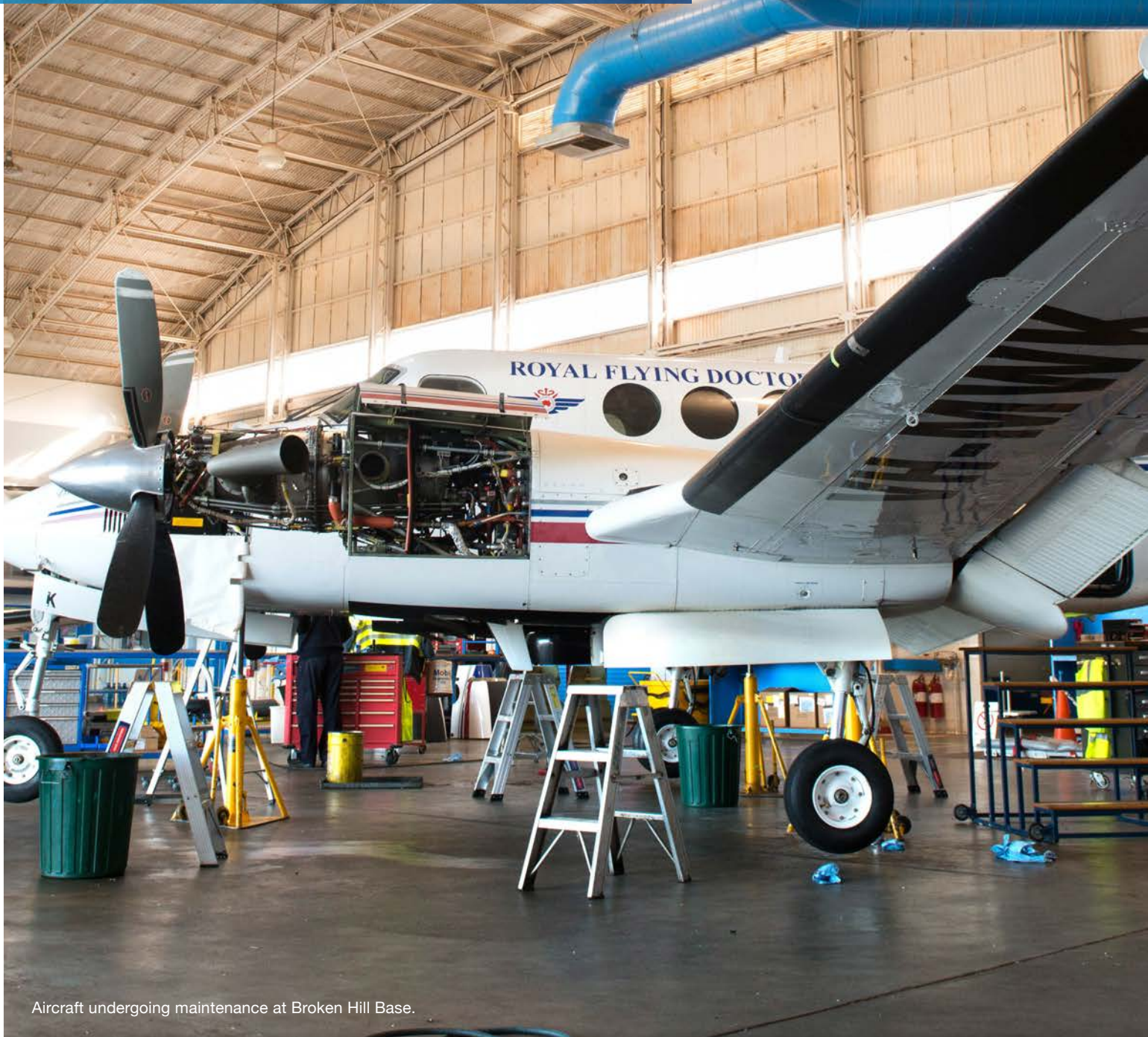
Scholarship, now in its ninth year, encourages students to consider a future career in remote dentistry. While undertaking his placement, Sam flew to a range of remote locations that provided insight into dentistry practise in remote areas.

"It was fascinating to learn how the RFDS facilitates dental care in Outback communities," says Sam. "This experience has definitely enhanced my dental skills and I am thankful to the RFDS for the opportunity."



Delivery >

The RFDS SE Section operations staff ensure the safe and efficient transport of our doctors, nurses, specialists, and patients.



Aircraft undergoing maintenance at Broken Hill Base.

Operations

The operations team includes pilots, engineers, base managers and operational support. The mission of the Aviation and Operations team is to deliver excellence in operational support to the Health Service teams.

To achieve this objective, the focus of the Operations team comprises a three-pronged approach:

- > maximising efficiencies of cost and human resources by streamlining and standardising the fleet
- > upgrading the fleet with advanced avionics and state-of-the-art medical equipment
- > ensuring best-in-class training for RFDS SE Section pilots and engineers

Earlier this year we incorporated Increased Gross Weight modifications into a number of our aircraft, increasing the maximum gross weight of the aircraft from the standard limit of 12,500 pounds to 13,500 pounds. The increase in allowable gross weight enables the aircraft to carry increased fuel, which has the potential to cut required refuelling stops, thereby increasing the efficiency of our journeys.

We have also introduced to the Service the first of our 'multi-role' aircraft. The first of these aircraft was converted from an existing ten year-old aircraft and now has the latest patient handling and communications systems and is capable of performing aeromedical, specialised and non-emergency patient transfer and clinic transport missions.

The SE Section aircraft fleet is currently 19 strong. With the implementation of our Fleet Plan, which includes new aircraft and withdrawal of older aircraft, we plan to have 16 aircraft by the end of 2015.

The aircraft in service since 2008 - in addition to our multi-role aircraft - 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.

All pilots achieve their full endorsement in the flight simulator and then undertake additional simulator sessions through Line Operations Flying Training (LOFT). LOFT is simulator 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 and reviews the simulated flight or flights with the pilot afterwards to point out errors or good decisions that were made.

Back at the base, training continues under an In Command, Under Supervision (ICUS) system. Pilots undergo a final line check before they are cleared to fly in all aspects of work for the RFDS.

It can take up to three months to induct, train and clear to line a new pilot who already has extensive qualifications and experience.

This past year saw the move of the Aviation and Operations team from Essendon to Mascot. Aviation operations at Essendon continue with the RFDS Non Emergency Patient Transfer Service.

In preparation for upcoming regulatory changes and ongoing team evolution, there is significant preparation work being undertaken in terms of industry consultation and additional training across the whole team. This training includes training and assessment, project management, human factors/crew resource management and safety auditing.



Above The new multi-role interior configuration set up for an evacuation.

Left The overhead stretcher-lifting device ensures that a patient can be safely loaded by two people.

Safety

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

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

The Quality and Safety department has commenced a roll-out of face-to-face training with the introduction to safety management systems to all operational staff. The coming year will see this safety management introduction training program delivered to non-operational staff with the objective of continually improving the safety culture in our organisation.

The immediate effect of the safety management training and education program has been a dramatic increase in proactive and reactive reporting rates across all divisions. The RFDS SE Section has observed a 22 per cent increase in total safety reports in the second half of the financial year.

The RFDS SE Section has continued its association with International Standards Certifications (ISC) Pty Ltd for our ongoing certification requirements against the Quality Standard AS/NZS ISO 9001:2008. This year has seen the continuation of the RFDS SE Section certification against the Quality Standard and the Core Standards for Safety and Quality in Healthcare.

Key operational managers tested our in-house emergency response capability. As a result, an enhancement of the RFDS SE Section Emergency Response Plan was undertaken. The Emergency Response Plan incorporates the use of a central emergency response phone number which is diverted to the responsible manager. The emergency number ensures staff have ready access to management in the event of a serious incident.

The Quality and Safety department will be employing a quality and safety officer in the new financial year. The quality and safety officer will be tasked with assisting the department to further develop policy and procedures, while maintaining legislative compliance.

CASE STUDY

Magnus Badger

Senior base pilot Magnus Badger has been flying with the RFDS SE Section for 25 years, clocking up 13,000 hours flown covering an area of 640,000 square kilometres.

It wasn't until Magnus was attending college that piloting became a viable career option. Originally from Adelaide, Magnus earned his pilot's licence and took a job flying tourists around the Flinders Ranges.

At the age of 28, he started work with the RFDS at the Broken Hill base. A typical day sees Magnus sign on at 6.45am to organise the flight plan for the day, checking the weather and arranging fuelling while the engineers conduct their daily inspections of the aircraft.

A crew of eight – usually two doctors, a women's health nurse, mental health workers and sometimes others – fly out at 7:45am.

Magnus says there is some pressure flying in remote areas, but he keeps a level head.

"Occasionally we get the aircraft bogged on wet airstrips. I ran into some emus once and hit a couple of kangaroos, but no major damage."

When Magnus retires he plans to buy a plane and travel further afield, travelling around Australia.





A selection of staff from Sydney, Broken Hill and Dubbo at our health screening event at the Gilgandra Show.

Staff

The RFDS SE Section currently employs 200 staff in eight locations across NSW, Tasmania, Victoria and the Cooper Basin.

Staff include GPs, flight nurses, dentists, mental health workers, pilots and engineers.

Regardless of background, location or training, all RFDS staff are united in their shared passion for rural and remote health and operate with an ethos of service, excellence and compassionate care to achieve the best result for our patients.

There were a number of key appointments in 2013/14, including the selection of a new CEO, Greg Sam, who is now based with his executive assistant in Sydney and a new General Manager Marketing and Fundraising, also Sydney-based.

A new Broken Hill base manager position was created and filled to ensure consistency of operational management across all bases. Additionally, a new workforce planner role has been implemented to assist with the development of the workforce structure.

Other new positions include mental health team leader, document controller and an apprentice engineer role, while two additional nurses have been recruited for the new Santos Merinee gas field site we service.

All incoming staff now undertake the new employee induction which can be completed online prior to commencement, allowing staff to begin work with a greater understanding of the organisation.

As part of the new National Workplace Health and Safety Act, ten staff representatives attended a health and safety course in Broken Hill in June.



All RFDS staff are united in their shared passion for rural and remote health.

2013/14 RFDS SE SECTION STAFF

	F/T	P/T
Doctors	11	1
Medical Specialists	-	5
Dental	2	1
Nurses/Flight Nurses	20	15
Mental Health/ Drug Alcohol	3	-
Pilots	46	2
Engineering	29	4
Engineering Support	5	0
Radio Staff	2	1
Operational Coordinators	-	-
Public Relations & Fundraising	9	6
Administration	26	6
General Hands	-	1
Merchandising & Other	1	4
TOTAL	154	46



Because the RFDS is not fully funded by the Commonwealth or state governments, it is essential that people are regularly reminded of the work done by the Flying Doctor. 

Corporate services, HR, marketing and fundraising

Overseeing finance and IT, recruiting and supporting staff and fundraising and increasing awareness of our services are all part of the human resources (HR), corporate services and marketing and fundraising departments' responsibilities.

In late 2013, a staff survey was conducted across all SE Section staff. This survey provided valuable information on areas for attention as well as highlighting areas which had improved since the previous survey, held in late 2012.



Dubbo Base Administrator, Kendall Graham.

New CEO Greg Sam travelled to all bases in the early part of the year to meet with staff and management and share feedback received in the survey. Work continues on implementing tangible outcomes of the survey.

With such a diverse workforce in mostly rural and remote locations, recruitment is always a challenge. Hence the HR team, based at Broken Hill, continues to work on providing a wide range of employee benefits to make RFDS employment attractive to prospective employees and to retain staff through appropriate engagement.

A new initiative, the Employee Rewards Program, recognises and demonstrates appreciation of employees who make an outstanding contribution to the operational and/or strategic endeavours of the Service.

Additionally, staff with longstanding tenure from five years upwards, also receive recognition and this year we acknowledged the service of a number of staff across the section.

The corporate services department is based at Broken Hill and oversees the finance and IT functions of the organisation.

Responsibilities include performance and financial reporting, participation in tenders and contracts, processing and paying creditors, invoicing and collection of monies, bank reconciliations, payroll, purchase order processing and IT system maintenance.

Our marketing and fundraising department operates from Sydney, raising vital funds, increasing awareness in the community and producing a range of newsletters and other materials to support the work of the RFDS, including assisting the healthcare, HR and operations teams with their communications needs.

Because the RFDS is not fully funded by the Commonwealth or state governments, it is essential that people are regularly reminded of the work done by the Flying Doctor. Positive media coverage and increased awareness of the RFDS means that fundraising campaigns can be more successful and new, as well as younger, donors can be attracted to supporting the RFDS, while our regular supporters are kept informed of how their donations are used.

In 2013/14 the fundraising focus was on developing regular giving, which allows for better planning; as well as highlighting our services to people in cities, through the use of the educational simulator at events such as the Royal Easter Show, where 16,000 people visited our stand.



Corporate volunteers from Medtronic helped out with the flight simulator at Sydney's Royal Easter Show.

Volunteers

The RFDS was born out of a sense of fellowship with Australians wherever they lived and volunteering has been part of this organisation since it was established in 1928. Volunteers are essential to help us continue to deliver our services.

Volunteering duties come in many forms, and all are important to us and help keep our costs down.

Across the region volunteers take responsibility for Medical Chests, maintain bush airstrips, run barbecues,

stalls and other fundraising and awareness events, help get our staff to clinics and assist us in many other ways.

At our Dubbo base volunteers run the Education Centre and shop and assist with a range of other important tasks.

In our marketing and fundraising office in Sydney, volunteers assist with various administrative tasks which would otherwise require more staff.

Big events such as open days and having a stand for the ten days of the Royal Easter Show could not happen without volunteers, yet these events are

crucial for introducing more city folk to the vital work of the RFDS. Engagement with new people builds our support base and allows us to find more donors to ensure we can continue and expand our services as demand increases.

Partner organisations and corporate supporters including Ambulance NSW, Bridgestone, Coca Cola Amatil, Event Cinemas (AHL), Liberty International, Macquarie Bank, Marsh, Medtronic, Qantas and Rabobank encourage staff to volunteer at events such as the Royal Easter Show and other open days and special occasions. These enthusiastic volunteers enable staff to focus on their specialties.

Our volunteer speaker program (see case study, below), which currently has seven speakers, takes the Flying Doctor story out to community groups and schools across our region. Each year they help to raise awareness of the work of the RFDS to groups and this also helps us develop engagement and more support.

In recognition of the importance of our volunteers, we are proud to have signed up to the NSW Government's Statement of Principles for the Recognition of Volunteer Rights, which publicly acknowledges the valuable work of our volunteers.



CASE STUDY

Doug and Karen Roser

As the volunteer coordinators of the SE Section's Speakers Program for the past eight years, Doug and Karen Roser operate as a well-practised 'tag team' with their own roles.

Doug, who joined the airforce at 15 to become an apprentice and moved on to civil aviation before retirement, grew up on the Darling Downs and always had a great appreciation of the work of the Flying Doctor.

"I started as a volunteer speaking about the service in 2005 and then was asked to take over as coordinator in 2006," explains Doug. "I still do talks

as well as organising other speakers but I couldn't do it without Karen's help with all the logistics. She accompanies me everywhere and makes sure I'm organised.

"We have a changing group of around seven wonderful speakers who are passionate about the Service. We do from 80 to 120 events a year around Sydney, Newcastle, Maitland, Wollongong, Canberra and Wagga for clubs and organisations such as PROBUS, Lions, View and Rotary.

"We are still thoroughly enjoying it. The Royal Flying Doctor Service just exemplifies the great Australian spirit of helping your mate," says Doug.

Governance >

The Board of Directors of the Royal Flying Doctor Service South Eastern (RFDS SE) Section has continued to develop an appropriate diversity of directors during a year of evolution.

With a commitment to responsible corporate governance, in accordance with the Australian Stock Exchange Corporate Governance Council's principles, the Board has overseen the appointment of a new treasurer, Anthony MacRae, following the resignation of former treasurer John Gall OAM, and welcomed new CEO, Greg Sam, following the resignation of Clyde Thomson AM GM.

Role and responsibility

The Board is accountable to members and stakeholders for the performance of the organisation and 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.

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

Strategy

The Board continues to oversee the RFDS SE Section strategy to sustain and improve delivery of its core emergency, aeromedical and primary healthcare services across the Section; as well as leveraging our existing capabilities and developing complementary service opportunities to support provision of our services.

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

RFDS SE Section sub-committees of the Board for 2013/14

Sub-Committee	Members	Meetings held
Audit and Risk Committee	Mrs Elizabeth Johnstone Chair Mr John Gall OAM (resigned February 2014, did not attend February meeting) Mr Anthony MacRae (joined February 2014, attended February meeting) Mr John Milhinch OAM Mr Lyell Strambi Mr Clyde Thomson AM GM (withdrew February 2014) Mr Greg Sam (joined February 2014) Mr Peter Miranda	Quarterly
Regional Advisory Committee	Mr Terry Clark Chairman Mrs Joan Treweeke Mrs Ruth Sandow Mrs Julie McClure Mrs Kathy Fargher Ms Linda Cutler President Chief Executive Officer	Quarterly
Medical and Health Advisory Committee	Prof Bruce Robinson Chairman Dr Ian McPhee – resigned September 2013 Dr Randall Greenberg Mrs Joan Treweeke Mrs Ruth Sandow Prof David Lyle Ms Linda Cutler GM Health Services Str Judy Whitehead Nurse Manager President Chief Executive Officer	Quarterly
Board Appointments Committee	President Vice President Chief Executive Officer	Annually or as required
Board Executive Committee	President Vice President 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



Top row L-R John Milhinch, Joan Treweeke, John Gall, Terry Clark, Ruth Sandow.

Bottom row L-R Elizabeth Johnstone, Professor Bruce Robinson, Lyell Strambi, Anthony MacRae.

Board of Directors >

John Milhinch OAM

PRESIDENT AND MEMBER OF 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. Chairman, RFDS National Superannuation Fund, Former Director, Europcar Asia Pacific. 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, RFDS Regional Advisory Committee and the Medical & Health Advisory Committee; Former President of the SE Section, Resident SE Section Network area; Member, National Parks and Wildlife Service Northern Plains Regional Advisory Committee; Chair, Yawarra Meamei Women's Group Inc; Board Member Western NSW Local Health District; Board Member Far West Medicare Local; Board Member of the Royal Far West.

John Gall OAM

TREASURER – RESIGNED NOV 2013 RETIRED FEB 2014

Treasurer, member of the Board Executive, Audit and Risk Management Committee up to 2013 AGM. Member, Rural Advisory Committee until retirement. 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 and Tourism Association Inc.

Elizabeth Johnstone

LLB MA (Hons) BA (Hons) FAICD

DIRECTOR

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; 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.

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.

Anthony Michael MacRae

DIRECTOR

TREASURER SINCE FEB 2014

General Manager Mortgage, Broker Distribution at Westpac Banking Corporation. Former State General Manager, Commercial Banking NSW at Westpac Banking Corporation; Former Acting CEO, General Manager 3rd Party Distribution, Head of Broker Business and Head of Operations and IT at RAMS Financial Group Pty Ltd; Former Head of Sales at PMI Mortgage Insurance Ltd; Former Operations & Direct Sales Director at Virgin Money; Former Business Consultant/Project Director at AXA/Ipac.

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.



Across the Outback, Australians depend on the RFDS when there is a medical emergency.

Commonwealth and state government funding supports RFDS primary healthcare clinics and aeromedical evacuations while state government funding also supports Rural Aerial Health Service operations and dental services from Broken Hill Base. Partial funding for capital expenses such as aircraft comes from both Commonwealth and state governments while the Commonwealth also provides partial funding for buildings. 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.

Commonwealth Government funding

In 2013/14 the RFDS SE Section received funding from the Commonwealth Government for emergency retrievals as well as our primary healthcare services.

The RFDS facilitated 5,022 clinics including GP clinics and specialist nursing services. For remote communities in far west NSW such as the towns of White Cliffs and Wanaaring, 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 688 emergency retrievals were undertaken in total from our Dubbo and Broken Hill bases, a 12 per cent increase on the previous year.

State Government funding

The RFDS SE Section has received support from the state government to fund inter-hospital transfers and clinics over the past year. 7,671 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 Section administers the Rural Aerial Health Service (RAHS) from our Dubbo base. The aim of 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 Local Health Districts. The objectives of RAHS 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. Last year RAHS delivered 933 clinics.

The NSW Government also funds the RFDS Broken Hill Dental Scheme, established in 1998. The scheme is delivered in collaboration with Maari Ma Aboriginal Health Service and the Far West Health Service to provide dental services to eligible patients in Broken Hill as well as Correctional Health Services in Broken Hill and Ivanhoe; in addition to a number of locations across the RFDS network. There have been 2,595 patient appointments over the past 12 months.

RFDS funding

The RFDS SE Section undertakes contracted service delivery with Ambulance NSW, Ambulance Tasmania and Santos Ltd. Surpluses from these contracts provide funds that assist in filling the gap between the total cost of our services and funding from state and Commonwealth governments. These contracts also provide 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 in many cases, they have 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 detailed information about RFDS donor funding for the past year on page 32.

RFDS SE Section supporters >

Donors

The Royal Flying Doctor Service is not just a vital medical service for rural and remote communities, it is also an integral part of those communities.

Our services are the 'mantle of safety' that founder John Flynn wanted to provide for people living in the isolation of the Outback and since 1928, that dream is a reliable and ever-growing reality.

The RFDS was founded with the support of people who understood its importance and wanted to ensure those people living, working and travelling in remote areas could also have the reassurance of medical assistance when needed.

The ongoing generosity of our donors is essential to ensuring that our services will be there as demand continues to grow. Our medical and healthcare services are often the only medical care available and are not just important in keeping families healthy on isolated settlements and properties, but

critical in providing emergency care and retrieval when things go badly wrong in the Outback.

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

We received \$8.4 million in donations from a range of generous individuals, community groups, businesses, trusts and foundations.

This is a 4.5 per cent increase over the previous 12 months. We also received an additional \$2,106,633 in bequests.

Over the past 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 and dental care.

Funding from these generous donors, supporters and partners also allowed us to purchase the vital and lifesaving aeromedical and health equipment we need to continue to take the finest care to the furthest corner.



I am always humbled by the work the RFDS does, I really am. It is such a unique service; one that evokes passion, rawness and a great sense of Australia.📍

Lysia O'Keefe, Donor



The RFDS 'flying intensive care unit' stands by while a patient is prepared for loading onboard.



RFDS staff provide free health checks at the Gilgandra Show.



TOOTH volunteer dentists David and Jenny Hancock on the Outback Trek also did talks on dental health at schools along the way.

Business support

It's not just support from individual Australians that enables the RFDS to deliver vital services to the communities of the Outback. Support from some of Australia's largest companies is essential to the ongoing operation of the RFDS.



It helps us meet the continuing health needs of those living in remote Australia.

Rabobank have sponsored a trial Health Screening program in rural NSW. This Health Pit Stop, conducted at the Gilgandra Show, provided complimentary health screenings to both town and country people who attended the show. Ten health professionals were on hand to steward attendees through eight health stations as diverse as skin cancer awareness and mental health. Over 104 people were seen in two days with a high number of GP referrals being issued.

At BAE Systems Australia, staff fundraising initiatives include donation tins in BAE offices, an Easter guessing competition, Mother's Day raffles and donations through workplace giving. This year staff raised more than \$11,500.

Other corporate donors included Australian Wool Network, Bridgestone Earthmover Tyres, State Water Corporation and Just Cuts, who are also major contributors to the Outback Car Trek.

The Royal Agricultural Society of NSW provided substantial space for the RFDS SE Section to be present with our educational simulator at this year's Sydney Royal Easter Show. This enabled us to interact with over 16,000 Show visitors who were able to talk to RFDS pilots and staff about our work in the Outback, as well as get on board a life-sized recreation of one of our 'flying intensive care units'.

 Without philanthropic support, it would not be possible to provide some services. 

Philanthropic support

Without philanthropic support, it would not be possible to provide some services, such as the current dental health program supported over the past two years by the Investec Foundation, the philanthropic arm of Investec Bank Australia Ltd and the Gonski Foundation.

With the help of these two foundations as well as RFDS donors, we were able to see our much needed dental service, The Outback Oral Treatment and Health (TOOTH) program continue for another year, and to see resulting improvements in dental health in the areas serviced by the program.

At the end of financial year we received funding from Baxter Charitable Foundation towards our fly around outreach medical clinics, remote consultation rooms in Dubbo and special-purpose litters. Gandevia Foundation has also provided funding for provision of outreach medical clinics.

Collier Charitable Fund provided funding towards our Fly Around Clinics.

Major fundraisers >



Silver City Bush Treadlers

\$36,625

WHEN: JULY/AUGUST 2013

For the 17th straight year the Silver City Bush Treadlers, founded by Broken Hill local June Files OAM, saddled up to raise funds for the RFDS.

This year their journey started in Hay and covered just over 600km through picturesque back roads (above) and stations as well as some national parks, finishing back in Hay.

The event has now raised more than \$450,000 since it began.

Dubbo Support Group

\$213,051

WHEN: ALL YEAR

The 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 \$3 million for the RFDS since its inception and was the largest contributor to the development of the Dubbo Base. We also acknowledge the valuable work that the support group provide in running the Education Centre and Gift Shop at Dubbo Base.



Flying Doctor Outback Car Trek

\$1,247,475

WHEN: JUNE 2014

The 25th annual Outback Car Trek (above right) celebrated a quarter of a century of fundraising for the RFDS and in total has raised an astonishing \$22.7 million over that time.

This year again tested the endurance of the more than 70 participants and their specially modified pre-1978 machines from all over Australia. They travelled over 6,000 km from Alice Springs in the NT to Margaret River in WA, via Broome, across some of the most rugged and remote terrain in Australia, raising money and awareness of the RFDS along the way.

Santos Cooper Cup

\$85,398

WHEN: OCTOBER 2013

This annual friendly between the workers of the Santos Cooper Basin oil and gas field and the 'bushies' of the Moomba district has been keenly contested for the past 34 years.

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

Broken Hill Women's Auxiliary

\$85,000

WHEN: ALL YEAR

Outback Christmas traditions come in all shapes and sizes. For the Broken Hill Women's Auxiliary Christmas starts in October when they get together and make around 2,000 special RFDS Christmas puddings. The recipe has been closely guarded for the past 59 years and they sell out before the puddings are even finished being made!

This year the Broken Hill Women's Auxiliary again hosted a ball to raise funds for the RFDS. Around 1,000 guests enjoyed an evening of great music and memories; a welcome addition to the Broken Hill social calendar.



\$11,000

The amount raised by Richard Hincks in 55 eventful days sailing.

Creative fundraisers

RFDS supporters come up with many creative ways to raise funds.

Casey Cherry, 27, raised over \$10,000 for the RFDS last April by independently driving his modified Polaris buggy 80 kilometres from the front gate of the station to the homestead, via the site of the accident which made him a quadriplegic. The accident occurred when Casey was 20 and was thrown off his motorbike while riding on a property outside Broken Hill. He broke his neck in four places and was flown out by the RFDS to Adelaide where he spent almost a year recovering. He now requires 24/7 care but considers himself very lucky to be alive, thanks to the Flying Doctor.

Richard Hincks, a Rabobank Rural Sydney branch manager, also raised just over \$11,000 for the RFDS by competing in Leg Five of the Clipper Around the World, as part of Team Garmin. Sailing with a crew of 19 from Brisbane to China via Singapore on a 74ft yacht, the voyage (pictured above), took 55 very eventful and memorable days, often in wild weather conditions, past some stunning scenery.

"The support shown from everyone who has donated to the Flying Doctors was a highlight," says Richard. "They do such important work."

The tenth anniversary Macquarie Links RFDS Golf Day this year was held in honour of the late Frank Bulliss, the primary organiser behind this event, and raised \$15,564, contributing to a total of more than \$187,000 over the past decade.

WorldFlight Australia is a virtual round-the-world flight that has raised over \$180,000 for the RFDS SE Section through the use of fixed-base flight simulators. The Boeing 747-400 full motion cockpit simulator operates throughout the year offering simulator rides for a donation. In addition each November, 15 pilots take the simulator on a virtual round-the-world flight which raises up to \$15,000 for RFDS during the flight.

A message from our patrons >

As joint patrons of the Royal Flying Doctor Service South Eastern (RFDS SE) Section, we are always interested in the many ways in which the RFDS continues to meet the needs of those who work, live or travel throughout the great Australian Outback.

When asked about the role of the Royal Flying Doctor Service, many individuals residing in urban areas will answer that they 'fly in' and 'rescue the sick or injured'. While this is certainly true, the Royal Flying Doctor Service also does much more than that. As Patrons for more than a decade, we have seen how much the primary healthcare contribution of the Royal Flying Doctor Service has expanded. Ranging from breast care nurses to dentists and mental health professionals, the RFDS is continually working to redress the imbalance between country and city healthcare access.

Certainly, providing services to the Outback has always required both determination and ingenuity to overcome the many challenges of responding to distance, communications and funding. Fortunately, continual innovation has always been a strength of the Royal Flying Doctor Service. Indeed, a necessity to overcome early problems, such as being able to communicate over long distances, saw the invention of the pedal radio. This year's latest development, the multi-role

aircraft fit out, makes the best possible use of resources, enabling even better aircraft services for evacuations, patient transfers and clinic services.

For the RFDS, continuing to provide for the ever-increasing healthcare needs of those living, working and travelling through the Outback requires a determination to find solutions. Thus over the years, many different ways of providing accessible healthcare have been developed.

The telehealth service, where a doctor is available by telephone and by video-conferencing communication, is crucial in emergencies and most useful where any face-to-face service, even visiting a clinic, is often a matter of hours of long-distance travel. The Medical Chest, a locked supply of pharmaceutical and non-pharmaceutical items supervised by responsible community members, is the solution for people where a pharmacist is based many hundreds of kilometres distant.



Outback health services may not be identical to urban ones, but they are effective and efficient. The RFDS is always looking for new ways of better serving Outback communities. Most importantly, they are relied on and trusted by those communities who know and have direct experience of their vital services.

We are indeed proud to have been joint patrons of the RFDS SE Section for the past 12 years and to have observed the continuing development of this great service for those many Australians who live or work beyond urban areas. We are confident that the combination of determination and innovation which we have witnessed will see the Flying Doctor successfully into the future. We thank all those whose support enables the Royal Flying Doctor Service to continue such vital work.

A handwritten signature in blue ink, reading 'Marie Bashir'.

Professor Dame Marie R Bashir AD CVO
Governor of New South Wales

A handwritten signature in blue ink, reading 'Nicholas Shehadie'.

Sir Nicholas Shehadie AC OBE

Directors' report >

FOR THE YEAR ENDED 30 JUNE 2014

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 2014 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 BG Robinson, Mr T MacRae, Mrs EM Johnstone, Mrs ER Sandow, Mr L Strambi

Particulars of Directors' qualifications, experience and special responsibilities are set out on page 28-29 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 \$7,923,773 (2013 \$8,969,243).
4. The Service is a company 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 27 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	5/5
Mr John Gall OAM (retired February 2014)	2/2
Mr Terry Clark	4/5
Prof Bruce Robinson	3/5
Ms Elizabeth Johnstone	4/5
Mrs Ruth Sandow	5/5
Mr Lyell Strambi	3/5
Mr Anthony MacRae (joined October 2013)	4/4

Board Executive	Attended/Meetings held
Mr John Milhinch OAM	4/4
Mrs Joan Treweeke	4/4
Mr John Gall OAM (retired February 2014)	1/1
Mr Terry Clark	4/4
Mr Anthony MacRae (joined October 2013)	4/4

Audit and Risk Management Committee	Attended/Meetings held
Ms Elizabeth Johnstone	4/4
Mr John Gall OAM (retired February 2014)	4/4
Mr Anthony MacRae (joined October 2013)	1/1
Mr John Milhinch OAM	4/4
Mr Lyell Strambi	1/1

10. Company Secretary – Mr Greg Sam was appointed to the position of company secretary in 2014. Mr Sam has over 20 years of experience in corporate governance and health services management.

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 2014.

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



John Milhinch
President
29 August 2014



Anthony MacRae
Director
29 August 2014

Lead auditor's independence declaration



As auditor for the audit of the Royal Flying Doctor Service of Australia (South Eastern Section) for the year ended 30 June 2014, I declare that to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit.

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

Kevin Reid

PricewaterhouseCoopers
Adelaide
28th August 2014

Statement of comprehensive income

FOR THE YEAR ENDED 30 JUNE 2014

	Note	2014 \$	2013 \$
Revenue	2	48,543,663	46,528,934
Other income	2	11,518,900	13,864,817
		60,062,563	60,393,751
Administration		4,546,969	4,457,230
Aviation costs	9	11,205,165	13,141,399
Amortisation of engines		2,089,161	2,093,164
Depreciation	10	7,582,153	7,347,220
Employment costs	3	24,490,392	22,856,225
Facilities costs		974,340	889,386
Marketing expenses		1,411,446	911,632
Other expenses		772,304	868,464
Surplus from operating activities		6,990,633	7,829,031
Financial income		1,119,194	1,140,212
Financial expenses		(186,054)	-
Net financing income	5	933,140	1,140,212
Surplus for the year before income tax		7,923,773	8,969,243
Income tax expense	1(k)	-	-
Surplus for the year		7,923,773	8,969,243
Other comprehensive income			
Items that maybe reclassified to profit or loss			
Change in fair value of available-for-sale investments		354,640	489,515
Total comprehensive income for the year		8,278,413	9,458,758

Statement of changes in equity

FOR THE YEAR ENDED 30 JUNE 2014

	Notes	Revaluation Reserve	Fair value Reserve	Retained Earnings	Total
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
Balances at 30 June, 2013		5,187,426	712,318	138,030,180	143,929,924
Balances at 1 July, 2013		5,187,426	712,318	138,030,180	143,929,924
Change in fair value of available-for-sale investments		-	354,640	-	354,640
Surplus for the year		-	-	7,923,773	7,923,773
Total comprehensive income for the year		-	354,640	7,923,773	8,278,413
Balances at 30 June, 2014	13,14	5,187,426	1,066,958	145,953,953	152,208,337

Statement of financial position

AS AT 30 JUNE 2014

	Note	2014 \$	2013 \$
Assets			
Cash and cash equivalents	6	36,647,331	24,613,551
Trade receivables and other receivables	7	6,225,987	8,179,807
Financial assets	8	-	27,738
Inventories	9	3,855,979	2,089,049
Total current assets		46,729,297	34,910,145
Property, plant and equipment	10	108,744,538	112,190,974
Investments	8	6,102,036	5,532,120
Total non current assets		114,846,574	117,723,094
Total assets		161,575,871	152,633,239
Liabilities			
Trade and other payables	11	4,185,164	4,163,131
Employee benefits	12	4,665,575	3,795,008
Unearned income		-	212,522
Total current liabilities		8,850,739	8,170,661
Employee benefits	12	516,795	532,654
Total non current liabilities		516,795	532,654
Total liabilities		9,367,534	8,703,315
Net assets		152,208,337	143,929,924
Equity			
Reserves	13	6,254,384	5,899,744
Retained earnings	14	145,953,953	138,030,180
Total equity		152,208,337	143,929,924

Cash flow statement

FOR THE YEAR ENDED 30 JUNE 2014

	Note	2014 \$	2013 \$
Cash flows from operating activities			
Receipts from government grants (inclusive of GST)		18,355,540	17,042,169
Receipts from contracts (inclusive of GST)		35,138,676	32,193,270
Receipts from fundraising		10,126,008	12,680,136
Receipts from customers (inclusive of GST)		726,081	1,465,357
Payments to employees and suppliers (inclusive of GST)		(49,282,637)	(47,908,412)
Net cash flows from operating activities	15	15,063,668	15,472,520
Cash flows from investing activities			
Receipts from capital grants		864,431	178,608
Proceeds from sale of property, plant and equipment		232,614	1,296,690
Payments for property, plant and equipment		(4,940,936)	(11,785,192)
Interest received		881,177	854,375
Dividends received		238,017	143,216
Transfers (to) / from investment portfolio		(119,137)	(1,346,606)
Settlement of foreign exchange contracts		(186,054)	131,944
Net cash flows used in investing activities		(3,029,888)	(10,526,965)
Cash flows from financing activities			
Interest expense		-	-
Net cash flows used in financing activities		-	-
Net increase in cash held		12,033,780	4,945,555
Cash and cash equivalents at the beginning of the year		24,613,551	19,667,996
Cash and cash equivalents at the end of the year	6	36,647,331	24,613,551

Notes to and forming the financial statements

FOR THE YEAR ENDING 30 JUNE 2014

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 2014. The Service is a company 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 *ACNC Act 2012*. 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 2014.

(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 for which the Service assumes substantially all the risks and rewards of ownership are classified as finance leases. Leases for 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
Aircraft rotables	5 to 10 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 the Statement of Comprehensive Income.

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 the financial statements

FOR THE YEAR ENDING 30 JUNE 2014

(ii) Government grants

Government grants are recognised in the Statement of Financial Position 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 the 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 statement of financial position.

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

Certain new standards and interpretations have been published that are not mandatory for 30 June 2014 reporting periods and have not been adopted early by the entity.

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.

(q) New and amended standards adopted by the service

The Service has applied the following standards and amendments for the first time for the annual reporting period commencing 1 July 2013:

AASB 2012-15 Amendments to Australian Accounting Standards arising from Annual Improvements 2009-11 cycle

The adoption of AASB 2012-5 resulted in changes in accounting policies and adjustments to the amounts recognised in the Financial Statements. These are explained and summarised below.

(i) Property, plant and equipment

The adoption of amended AASB 116 Property, Plant and Equipment requires classification of items such as spare parts, stand-by equipment and servicing equipment as property, plant and equipment when they meet the definition of property, plant and equipment. As a result of the change, the entity has reclassified \$536,148 inventory items to Aircraft Rotables in property, plant and equipment in 2014 (\$nil 2013).

2. Revenue

	2014 \$	2013 \$
Revenue		
Government grants – Commonwealth	10,486,622	10,842,181
Government grants – state	6,137,505	5,987,466
Government contracts	26,035,556	25,157,423
Other health contracts	2,062,847	1,417,486
Cost recoveries	3,208,060	2,643,964
Merchandising	613,073	480,414
	48,543,663	46,528,934
Other income		
Capital grants – Commonwealth	174,431	178,608
Capital grants – state	690,000	-
Bequests	2,106,633	4,939,424
Donations	8,487,776	8,139,359
Net gain of disposal of property, plant and equipment	13,059	233,060
Other income	47,001	374,366
	11,518,900	13,864,817
Total revenue	60,062,563	60,393,751

3. Employment costs

	2014 \$	2013 \$
Wages and salaries	20,001,470	18,152,620
Other associated personnel expenses	2,394,984	2,927,269
Contributions to defined contribution superannuation funds	1,780,233	1,590,244
Increase in provisions for employee leave entitlements	313,705	186,092
Total	24,490,392	22,856,225

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.

	2014 \$	2013 \$
Audit services		
Auditors of the service		
Audit of financial report – PwC	40,902	39,550
Audit of income and expenditure statements requiring an acquittal opinion – PwC	15,912	15,450
Assurance services for tenders	12,648	-
Total	69,462	55,000

5. Net financing income / (expense)

	2014 \$	2013 \$
Interest income	881,177	854,375
Dividend income	204,553	120,873
Imputation credits	33,464	22,343
Gain on interest rate swap	-	10,677
Realised gain on foreign exchange	-	131,944
Financial income	1,119,194	1,140,212
Realised loss on foreign exchange	186,054	-
Financial expense	186,054	-
Net financing income	933,140	1,140,212

Notes to and forming the financial statements

FOR THE YEAR ENDING 30 JUNE 2014

6. Cash and cash equivalents

	2014 \$	2013 \$
Cash on hand	2,700	2,350
Cash at bank	10,959,626	7,414,247
Term deposits	25,360,934	16,995,240
BT investment trust	324,071	201,714
Cash and cash equivalents in the statement of cash flows	36,647,331	24,613,551

7. Trade and other receivables

	2014 \$	2013 \$
Trade debtors	3,400,430	6,717,231
Provision for doubtful debt	-	(385,871)
Other receivables and prepayments	2,825,557	1,848,447
Total	6,225,987	8,179,807

8. Financial assets

	2014 \$	2013 \$
Current		
Foreign exchange contract – at fair value	-	27,738
Non current		
Term deposits	2,111,000	2,046,000
Listed equity securities available for sale – at fair value	3,991,035	3,486,120
	6,102,035	5,532,120
Total	6,102,035	5,559,858

9. Inventories

	2014 \$	2013 \$
Aviation stores	3,661,494	1,905,397
Marketing stores	194,485	183,652
Total	3,855,979	2,089,049

Change in accounting policy

Following the relocation of aviation management from Essendon to Mascot, the Service undertook a full stocktake of all inventory. In addition, the Service determined to recognise the cost of all consumable inventory. Previously, only purchases of consumables greater than \$1,000 had been recognised as inventory. As a result of the stocktake and the recognition of all consumable items, the value of inventory increased by \$1,690,217. The Service further considered the age of some inventory items, and, taking into consideration the proposed sale of aircraft, a provision for obsolete stock of \$271,000 has been made. With the adoption of AASB 116 (revised), aircraft rotables of \$536,148 were reclassified to fixed assets resulting in a net increase in inventory of \$883,069. The benefit of this review resulted in a decrease in aviation costs of \$1,419,217. It is impracticable due to system issues (now resolved), to determine the financial effect at 30 June 2013, and, consequently, the impact of both the stocktake and change in accounting policy has been reflected in the current year's results.

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 rotables at cost	Aircraft WIP at cost	Plant and equipment at cost	Land and buildings WIP at cost	Total
Assets at cost										
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
Balance at 1 July 2013	10,154,943	7,813,278	103,660,095	17,551,335	20,948,168	-	-	6,570,413	292,093	166,990,325
Transfers	134,653	157,440	-	-	-	536,148	-	-	(292,093)	536,148
Acquisitions	441,194	1,735,499	1,329,758	838,220	434,499	-	-	1,153,789	8,519	5,941,478
Disposals	-	-	-	(870,923)	-	-	-	(457,585)	-	(1,328,508)
Balance at 30 June 2014	10,730,790	9,706,217	104,989,853	17,518,632	21,382,667	536,148	-	7,266,617	8,519	172,139,443
Depreciation										
Balance at 1 July 2012	-	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)
Balance at 30 June 2013	253,874	1,617,585	39,323,518	6,594,311	3,988,653	-	-	3,021,410	-	54,799,351
Balance at 1 July 2013	253,874	1,617,585	39,323,518	6,594,311	3,988,653	-	-	3,021,410	-	54,799,351
Transfers	-	-	-	-	-	-	-	-	-	-
Amortisation charge for the year	-	-	-	2,089,161	-	-	-	-	-	2,089,161
Depreciation charge for the year	257,295	195,028	4,250,521	-	2,119,205	-	-	760,104	-	7,582,153
Disposals	-	-	-	(870,923)	-	-	-	(204,837)	-	(1,075,760)
Balance at 30 June 2014	511,169	1,812,613	43,574,039	7,812,549	6,107,858	-	-	3,576,677	-	63,394,905
Carrying amounts										
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
At 1 July 2013	9,901,069	6,195,693	64,336,577	10,957,024	16,959,515	-	-	3,549,003	292,093	112,190,974
At 30 June 2014	10,219,621	7,893,604	61,415,814	9,706,083	15,274,809	536,148	-	3,689,940	8,519	108,744,538

Notes to and forming the financial statements

FOR THE YEAR ENDING 30 JUNE 2014

10. Property, plant and equipment

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

During the financial year ended 30 June 2014, the service relocated aviation management from Essendon in Melbourne to Mascot in Sydney. This resulted in some minor works being undertaken in the new leased premises in O'Riordan St.

In Broken Hill, the Clive Bishop Medical Centre was refurbished to accommodate additional consulting rooms for health services and administration was relocated to a building adjacent to the hangar which also required refurbishment.

Building works in both Sydney and Broken Hill are now complete.

(ii) Aircraft (WIP)

During the financial year ended 30 June 2014, the increased gross weight project was completed and two engines were overhauled. The final aircraft BL-171 is due into Australia in July. This will standardise the configuration of aircraft across bases to allow greater flexibility. The service is yet to take delivery of the aircraft, the deposit paid on this aircraft is recorded as a prepayment.

The new category of Aircraft Rotables is a result of the inventory review undertaken during 2013/14. Aircraft rotables are items that can be overhauled.

(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.

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 effective date of the valuation is 30 June 2012.

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.

The Board has determined to revalue freehold land and buildings every five years.

(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. No aircraft have been sold during the financial year.

(v) Aircraft rotables

During the financial year, the Service reviewed its inventory policy and determined to reclassify aircraft rotables to non-current assets. Aircraft rotables will be depreciated between five and ten years.

11. Trade and other payables

	2014 \$	2013 \$
Trade payables	2,011,733	1,714,260
GST payable	498,192	559,492
Accrued expenses	1,675,239	1,889,379
Total	4,185,164	4,163,131

12. Employee benefits

	2014 \$	2013 \$
Current		
Salary and wages accrued	968,577	498,514
Liability for long service leave	1,643,416	1,418,480
Liability for annual leave	2,053,582	1,878,014
	4,665,575	3,795,008
Non-current		
Liability for long service leave	516,795	532,654
Total	5,182,370	4,327,662

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 amount of the provision of \$1,643,416 (2013 - \$1,418,480) 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.

	2014 \$	2013 \$
Current leave obligations expected to be settled after 12 months	1,457,124	1,655,622

13. Reserves

Revaluation reserve

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.

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 2014 are set out in note 16.

15. Reconciliation of cash flows from operating activities

	2014 \$	2013 \$
Cash flows from operating activities		
Surplus for the year	7,923,773	8,969,243
Adjustments for		
Depreciation	7,582,153	7,347,220
Amortisation of aircraft engine overhaul	2,089,161	2,093,164
(Gain) / loss on sale of fixed assets	(13,059)	(233,060)
Reclassification of assets expensed	-	45,839
Interest income classified as investing	(881,177)	(854,375)
Dividend income classified as investing	(238,017)	(143,216)
Capital grants classified as investing	(864,431)	(178,608)
Bequests of investments	(468,400)	(398,647)
(Gain) / loss on foreign exchange realised	186,054	(131,944)
Loss on foreign exchange contract unrealised	-	(10,677)
Operating surplus before changes in working capital and provisions	15,316,057	16,504,939
Changes in assets and liabilities		
Increase / (decrease) in deferred government grants	(212,522)	212,522
Increase / (decrease) in payables	22,034	(1,779,627)
Increase in employee benefits	854,708	232,998
Decrease in receivables and other assets	850,321	525,100
(Increase) in inventories	(1,766,930)	(223,412)
Net cash from operating activities	15,063,668	15,472,520

Notes to and forming the financial statements

FOR THE YEAR ENDING 30 JUNE 2014

16. Commitments for expenditure

	2014 \$	2013 \$
Operating leases		
Leases as lessee		
Non-cancellable operating lease rental is payable as follows:		
Within one year	223,848	243,274
Later than one year but not later than five years	560,788	602,222
Later than five years	102,463	652,586
Total lease commitments	887,099	1,498,082

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 2014, \$235,848 was recognised as an expense in the Statement of Comprehensive Income in respect to operating leases (2013: \$221,502).

Capital commitments

	2014 \$	2013 \$
Land and buildings		
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	490,000	2,900,000
Aircraft		
Contracted but not provided for and payable, and due within 12 months	13,372,488	15,212,488
Plant and equipment		
Contracted but not provided for and payable, and due within 12 months	1,849,500	1,603,700
Total capital commitments	15,711,988	20,431,188

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 72 per cent (2013: 70 per cent) of the Service's total revenue is attributable to Government grants and Government contracts with a further 18 per cent (2013: 22 per cent) 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:

	2014 \$	2013 \$
Cash on hand	2,700	2,350
Cash at bank	10,959,626	7,414,247
Term deposits	27,471,934	19,041,240
BT investment trust	4,315,106	3,687,834
Foreign exchange contract – at fair value	-	27,738
Trade debtors	3,400,430	6,331,360
Other receivables and prepayments	2,825,557	1,848,447
Total exposures	48,975,353	38,353,216

Trade receivables are analysed as follows:

	2014 \$	2013 \$
Gross receivables		
Not past due	3,291,329	6,194,280
Past due up to 3 months	109,101	522,951
Impaired	-	(385,871)
Total	3,400,430	6,331,360

Impaired trade receivables

The Service establishes an allowance for impairment that represents the estimate of incurred losses in respect of trade and other receivables and investments. No allowance has been necessary in 2014 (2013).

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 \$
As at June 2014						
Other liabilities (excluding non financial liabilities)	2,509,925	2,509,925	2,509,925	-	-	-
Accruals and deferred income (excluding non financial liabilities)	1,675,239	1,675,239	1,675,239	-	-	-
As at June 2013						
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	-	-	-

Notes to and forming the financial statements

FOR THE YEAR ENDING 30 JUNE 2014

(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:

	2014 \$	2013 \$
Fixed rate instruments		
Financial assets	25,360,934	16,995,240
Financial liabilities	-	-
	25,360,934	16,995,240
Variable rate instruments		
Financial assets	11,283,697	7,615,961
Financial liabilities	-	-
	11,283,697	7,615,961

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
30-Jun-14		
Variable rate instruments	112,837	(112,837)
30-Jun-13		
Variable rate instruments	76,160	(76,160)

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 US 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 per cent strengthening of the Australian Dollar against the United States Dollar would have increased (decreased) profit or loss by \$553,752. 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 30/6/14 \$	Change in unit prices \$	Impact on income statement \$	Value as at 30/6/13 \$	Change in unit prices \$	Impact on equity \$
	3,991,035	-2.5%	(99,776)	3,486,120	-2.5%	(87,153)
		-5.0%	(199,552)		-5.0%	(174,306)

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 2014			30 June 2013		
	Level 1	Level 2	Total	Level 1	Level 2	Total
Land and buildings at fair value		10,219,621	10,219,621		9,901,069	9,901,069
Available-for-sale financial assets	3,991,035	-	3,991,035	3,486,120	-	3,486,120
Financial assets designated as fair value through income statement	-	-	-	-	27,738	27,738
	3,991,035	10,219,621	14,210,656	3,486,120	9,928,807	13,414,927
Financial liabilities designated as fair value through income statement	-	-	-	-	-	-
	3,991,035	10,219,621	14,210,656	3,486,120	9,928,807	13,414,927

(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 funds on their behalf.

Key management personnel compensation

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

	2014 \$	2013 \$
Short term employee benefits	1,808,791	1,914,136
Long term employee benefits	130,146	120,199
	1,938,937	2,034,335

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 the financial statements

FOR THE YEAR ENDING 30 JUNE 2014

19. Controlled entities

	Country of incorporation	Ownership interest	
		2014 %	2013 %
Parent entity			
Royal Flying Doctor Service of Australia (SE Section)			
Subsidiary			
Royal Flying Doctor Service of Australia – Friends in 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

20. Information required by the *Charitable Fundraising Act*

	2014 \$	2013 \$
Gross income from fundraising	8,058,499	7,671,734
Total cost of fundraising	2,600,494	2,200,500
Funds disbursed for Royal Flying Doctor projects	5,583,101	11,149,626
Excess/(shortfall) of total income from fundraising over funds disbursed	(125,096)	(5,678,392)
	%	%
Total costs to gross income from fundraising	32	29
Net excess/(shortfall) to gross income from fundraising	(2)	(74)
Total disbursements for projects to total expenditure	215	507
Total disbursements for projects to total income received	69	145

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 2014, the number of constitutional members was 130 (2013:134).

22. Contingent liabilities and contingent assets

There are no contingent liabilities or contingent assets as at 30 June 2014.

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 37 to 54, are in accordance with the *ACNC Act 2012*, including:

(i) giving a true and fair view of the financial position of the Service as at 30 June 2014 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 including the Australian Accounting Interpretation; 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 2014

Signed in accordance with a resolution of the Directors



John Milhinch
President
29 August 2014



Anthony MacRae
Director
29 August 2014

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 2014



Anthony MacRae
Director
29 August 2014

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 2014, 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 Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act 2012) 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.

Auditor's opinion

In our opinion, the financial report of Royal Flying Doctor Service of Australia (South Eastern Section) is in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:

- giving a true and fair view of the company's financial position as at 30 June 2014 and of its performance for the year ended on that date; and
- complying with Australian Accounting Standards including the Australian Accounting Interpretations.

Emphasis of matter

We draw your attention to Note 9 of the financial report which describes a change in accounting policy for inventories applied only in the current financial year. The Service determined to recognise the cost of all consumable inventories. The impact of the change in accounting policy has not been applied to the comparative information as it is impractical to do so due to system issues. Our opinion is not qualified in respect of this matter.

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.

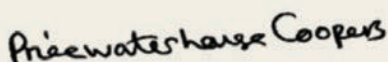
Auditor's opinion

In our opinion:

(a) The financial report and associated records have been properly kept, during the financial year ended 30 June 2014, in accordance with:

- sections 20(1), 22(1-2) and 24(1-3) of the NSW Charitable Fundraising Act 1991; and
- 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 2014 has been properly accounted for and applied in accordance with the above mentioned Act and Regulations.



PricewaterhouseCoopers



Kevin Reid

Partner
Adelaide
28th August 2014

Government and corporate supporters



Community supporters

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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 Australians for 86 years. Help us continue to be there well into the future.

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

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

 flyingdoctor.org.au

 facebook.com/royalflyingdoctorservice

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Broken Hill Base and Visitors' Centre

Hangar 2, Airport
Broken Hill NSW 2880
T 08 8080 3737

Sydney Office

GPO Box 3537
Sydney NSW 2001
T 02 9941 8888
E enquiries@rfdse.org.au

Dubbo Base and Education Centre

RFDS Dubbo Hangar,
9R Cooreena Road
Dubbo NSW 2830
T 02 6841 2555

Essendon Base

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

Bankstown Base

Hangar 276, Airport Ave
Bankstown Airport
NSW 2200
T 02 9791 1199

Launceston Base

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

Mascot Base

Cnr Ross Smith Ave &
Eleventh St, Sydney Airport
Mascot NSW 2020
T 02 8374 2400



Royal Flying Doctor Service

The furthest corner. The finest care.

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