ABOUT US

The Royal Flying Doctor Service of Australia (RFDS) takes the finest care to the furthest corners of our land.

Using the latest in aviation, medical and communications technology, the RFDS delivers a wide range of 24-hour emergency aeromedical and essential primary health care services to people who live, work and travel throughout Australia.

Established in 1928 by the Reverend John Flynn, the RFDS has grown into the largest and most comprehensive aeromedical organisation in the world. Nationally, its vital services are delivered via a fleet of 63 aircraft, through the operation of 22 aeromedical bases and four remote primary health facilities across the country.

Today the RFDS attends to more than 286,000 patients across Australia every year – that’s one person every two minutes.

Services are delivered on a day-to-day basis by five RFDS operating sections – Central Operations, Western Operations, Queensland Section, South Eastern Section and Victoria Section.

RFDS Central Operations began in 1939 and is responsible for delivering 24/7 emergency aeromedical and essential primary health care services throughout South Australia and the southern half of the Northern Territory.

It operates three aeromedical bases located in Adelaide, Port Augusta and Alice Springs, as well as a primary health care facility in Marree on the Birdsville Track.

The RFDS is a not-for-profit organisation. While supported by the Commonwealth, State and Territory governments, the RFDS depends on fundraising and donations to bridge the gap in operational funding, and to finance its capital-raising program for replacement aircraft, medical equipment and other major capital initiatives.

Our Vision

A mantle of health care services, improving and saving the lives of all in rural, remote and regional Australia.

Our Mission

Providing excellence in aeromedical and primary health care across Australia.

Our Values

Ensuring the safety, security and well-being of all RFDS personnel and their professional and personal development, including cultural awareness and understanding.

All RFDS representatives have a responsibility to demonstrate, embrace and participate in all quality initiatives and activities ethically, with courtesy and integrity.
2014/15 has been a year of exciting developments and achievement for RFDS Central Operations.

Construction commenced on our new $13 million Adelaide Base which will house all Adelaide-based functions and staff in one location off Tapleys Hill Road.

Due for completion in mid-2016, the new Adelaide Base is a major investment funded entirely by public donations and will position the RFDS as the foundation tenant of Adelaide Airport Limited’s (AAL) new aeromedical precinct.

After three years of planning, this is an exciting development in our history and will greatly benefit the well-being of all South Australians.

In other equally exciting news, the Board signalled the beginning of the jet age for RFDS Central Operations when on 11 February 2016 the Board granted approval for the RFDS 24 jet for delivery in 2017/18.

In alignment with this strategic investment, the Board has also approved a new Strategic Plan for the organisation to move forward from 2015 through to 2018.

In other welcome news, I’m delighted to report that the RFDS has been named Australia’s most reputable not-for-profit organisation for the fourth year in a row. This result comes from the annual study, the 2014 Charity Reputation Index, prepared by research group AMR in partnership with the Reputation Institute.

Fundraising remains the bedrock of our non-operational activities and in 2014/15 the Marketing & PR team delivered a remarkable return (exceeding budget) with a cost of 9.6 cents for every dollar raised.

Our fundraising efforts for the year included our signature events, Wilpena Under the Stars and the Wings for Life Gala Ball. Our annual Wings for Life Gala Ball entertained nearly 700 guests with a romantic A Night on the Riviera theme which saw the Adelaide Entertainment Centre festooned with nautical motifs including model yachts, life buoys, sand, striped towels and guests dressed to the nines. The event raised an outstanding $170,000.

Thanks to all of our corporate and community volunteers who helped ensure that both events were a great success.

While these events help our public profile, RFDS Central Operations in partnership with RFDS Western Operations also launched a major brand campaign in May 2015 aimed at raising awareness of the RFDS, particularly among the metropolitan audience.

The campaign will run for 18 months in SA, NT and Western Australia with the aim of reinforcing the message that the ‘Flying Doctor’ is a familiar face in a time of emergency and as an organisation that is at the forefront of innovation backed by decades of experience.

Each of the three TV commercials feature an innovative computer-generated RFDS PC-12 ‘wrapping’ itself around an injured patient, taking them from the scene of their accident or trauma to a stretcher on the aircraft surrounded by medical staff and equipment.

RFDS Central Operations has continued its collaboration with the University of South Australia aimed at improving midwifery and rural nursing education.

UniSA launched in May 2015 a training simulation which involved RFDS education staff and several Flight Nurses.

We also had the pleasure of the first visit to our Adelaide Base of the new Governor of South Australia His Excellency Hieu Van Le, and Mrs Van Le, who has accepted the invitation to be Patron of RFDS Central Operations in SA.

Thanks are due to Mr Le’s predecessor, Rear Admiral Kevin Scarce, for his service and support as Patron of RFDS Central Operations until his retirement as Governor in September 2014.

It has been a great year for the RFDS and I would like to thank all staff for their commitment to the organisation and the important work it conducts.

Thank you to our supporters and volunteers for their tremendous efforts.

Thanks are also due to our CEO John Lynch for his strong leadership in contributing to the direction of RFDS Central Operations and also our national agenda as advocated through our Federation Office.

Finally, I would like to thank my fellow Board Members, all of whom are continuing their roles, giving their time generously in providing wise counsel to the organisation.

On behalf of RFDS Central Operations, I thank our government partners at Commonwealth, State and Territory levels, and our many corporate supporters, countless public donors, volunteers and staff.

David Hills
Chairman

The Board has earmarked $82 million of capital expenditure over the next five years for replacement of aircraft, medical equipment and enhanced operational facilities.
Often our people are the familiar face in a time of emergency; we are part of the community we serve.

Our staff are recognised as leaders in their field, demonstrating excellence in the delivery of essential primary health care and 24/7 aeromedical services to people living, working and travelling in rural and remote Australia. Often our people are the familiar face in a time of emergency; we are part of the community we serve.

We are always striving to improve our service delivery in everything we do – our leadership and innovation stretches beyond our core aeromedical and primary health care programs to fields of health education, health workforce training, advocacy and outback tourism (see our cover story, page 14).

Some highlights of our activity in this past year include:
- 8,619 patients aeromedically evacuated to specialist care;
- 6,192 mental health consultations conducted in Central Australia;
- 1,146 enrolments in health education and emergency training programs;
- Launch of a life-size hologram of Rev John Flynn at our Alice Springs Tourist Facility; and
- $12.3 million generated from fundraising at a cost of 9.8 cents for every dollar raised.

During 2014/15 we successfully completed the review of our Port Augusta Primary Health Care Service, and are implementing those recommendations which included the appointment of a Senior Medical Practitioner and a new position of Practice Manager. Both roles are Port Augusta-based.

Following the retirement of Dr John Setchell in July 2015 after 15 years’ service to RFDS Central Operations, we are pleased to welcome our new General Manager Health Services, Dr John Woodall. We look forward to Dr Woodall’s contribution to our health service delivery.

We also pay tribute to one of our long-serving staff members, Dr Alistair Miller, who served as a Medical Practitioner at Port Augusta Base for 25 years. Sadly, Dr Miller passed away in February 2015 after a brief illness.

We were also greatly saddened with the passing of Tim McNaughton who was employed as an apprentice engineer at our Alice Springs Base and his father Greg, who was previously a pilot at our Port Augusta Base.

From a service delivery perspective, I am pleased to report:
- in Central Australia, funding for services under the Mental Health Services in Rural & Remote Areas Program to the east and west of Alice Springs was confirmed for another year (to 30 June 2016) with funding from the Commonwealth Government and NT Primary Health Network, respectively. These programs have demonstrated increasing benefits for participants resulting in fewer hospital admissions for mental illness.
- in South Australia, Adelaide Airport Limited (AAL) has committed funding for the next three years of our Remote Oral Health Care Program, which provides essential dental services and oral health education to remote communities in conjunction with the University of Adelaide’s School of Dentistry.

On a sad note however, our highly successful delivery of the Rural Women’s GP Service (RWGPS) drew to a close on 30 June 2015 when it was transferred from the RFDS to Commonwealth-nominated state-based Rural Health Outreach Fund (RHOF) organisations.

We wish to acknowledge our partnership with the Commonwealth Government for the provision of funding, the visiting female GPs for the wonderful services they provided and special thanks to the local general practitioners who hosted our visits in the areas that qualified for this service.

The RWGPS is a significant program that has been very dear to our hearts for more than a decade. It provided outstanding benefits to many women who previously had no choice regarding consulting with a female GP. We wish RHOF holders, the Rural Doctors Workforce Agency in SA and the NT Department of Health, every success with the program in the future.

During the year there were significant developments at the Commonwealth level with two funding announcements in the May Federal Budget providing the RFDS nationally with an additional $20 million over two years for the delivery of health services across the country.

The second funding announcement was $33.7 million in new capital funding over four years for remote airstrip improvements, many of which we access. These were both welcome announcements.

The Commonwealth Department of Health advised the RFDS Federation Office that our current Commonwealth funding agreement is completed in 2017, the next agreement will allow for contestability in the services we provide.

These are all challenges the RFDS will strive to meet in the coming year. Our Federation CEO Martin Lavery has led the development of the Federation Office in Canberra, and its engagement both at a political level and with the health bureaucracy, further strengthening the RFDS’s role as an advocate for rural and remote health.

For RFDS Central Operations we have developed and will release in the second half of 2015 our new Strategic Plan 2015-2019, which includes the following five goals:
- Service Delivery – optimising patient outcomes and client needs with flexible innovative high performance services;
- Our People – growing and developing our staff and enhancing connectivity to our purpose;
- Reputation – being the first choice for best practice service delivery models in Australia;
- Financial Security – operating efficiently with financial accountability and sustainability; and
- Business Development – growing and advancing our services and capability within a responsive company structure.

Finally, I would like to extend my thanks to all of our staff for their exceptional contribution throughout the year in whatever role you play, in the delivery of care to others. Thanks are also due to the families of our staff who recognise that at times there is a need for their loved ones to sacrifice their time to get the job done.

Your support and understanding is greatly appreciated. We also thank our Commonwealth, South Australian and Northern Territory Governments for their continued support and encouragement along with the outstanding contributions from our Corporate Partners and Donors and Volunteers, as without your efforts we could not deliver all that we do.

I commend our 23 volunteer Auxiliaries and Support Groups who continue to maintain awareness of our work and this year alone combined to raise a magnificent $900,000 – they are the backbone of our community support in the regions.

In closing, I acknowledge our Board Members for their vision, passion, commitment and support to us all as we move into a future planned for expansion and capable of delivering.
46,232 patient contacts

$12.3 million generated from donations and fundraising

Extension of mental health clinics in NT

Launch of Rev John Flynn hologram

Construction begins on New Adelaide Base

PC-24 aeromedical jet on order

Launch of RFDS brand campaign

Port Augusta Primary Health Care Review

RFDS named most reputable not-for-profit organisation
A SNAPSHOT OF THE SERVICES WE PROVIDE

> Emergency flights for victims of accident or illness.
> Clinic flights to remote communities with doctors, nurses and allied health professionals.
> Provision of medical chests to isolated people and communities.
> Radio and telephone medical consultations with isolated patients.
> Operation of the Marree Health Service.
> Rural Women’s General Practitioner Service providing gender choice to patients.
> Healthy Living Program aimed at helping communities adopt exercise and diet principles that prevent onset of chronic illness related to diabetes and cardiovascular disease.
> Aboriginal Health Coordinator with a focus on service to Aboriginal communities.
> Remote Oral Health Care Program which delivers regular dental services and oral health education in communities.
> Inter-hospital transfer of patients both within SA and the NT and interstate for specialist treatment or life-saving treatment.
> Primary Care Outreach Program where we provide fly-in health clinics by physiotherapists, occupational therapists, diabetic educators, mental health workers and speech pathologists to remote communities.
> Mental Health Outreach Program that enables Mental Health Clinicians to make regular visits to remote communities.
> NT Clinic Charter service which reliably and safely delivers health professionals to remote settings throughout Central Australia.
> Rural Emergency Skills Program for rural and remote doctors, nurses and other health professionals.
> First Aid Training Program for people living in rural and remote communities.

AEROMEDICAL BASES

Alice Springs

The Alice Springs Base provides 24-hour emergency evacuations and inter-hospital transfers by our team of Pilots, Flight Nurses and Engineers. It serves an area of approximately 1.25 million square kilometres from Marla in northern South Australia to Newcastle Waters in the Northern Territory, and beyond the border regions of Western Australia and Queensland. We also provide regular charter services to NT Health for the transport of health professionals working throughout Central Australia. The Mental Health Services Rural and Remote Areas Program delivered by mental health clinicians is also based in Alice Springs. Alice Springs is also home to our award-winning tourist facility, which in recent years has undergone a major redevelopment to enhance its presence and improve the tourist experience for locals and visitors from all over the world. The RFDS Alice Springs Tourist Facility – the most significant RFDS tourism attraction in Australia – makes an important financial contribution to our capital-raising program, whilst also helping increase awareness and understanding of the RFDS around the globe. RFDS Alice Springs Base also benefits from the Bill and Dawn Prior Village which provides accommodation for staff and visiting clinicians.

Port Augusta

RFDS Central Operations’ state-of-the-art Communications Centre is located at our Port Augusta Base, from which our Operations Coordinators receive emergency calls, plan and assign all emergency evacuation and inter-hospital transfer flights from Adelaide, Alice Springs and Port Augusta, whilst providing after-hours back up for the Broken Hill Base (operated by RFDS South Eastern Section). The Port Augusta Base serves an area of 840,000 square kilometres, providing comprehensive health services to people in the far west and northern regions of SA. Services include 24-hour emergency retrievals and telehealth consultations, inter-hospital transfers and remote fly-in primary health care clinics.

Adelaide

The Adelaide Base and its team of Pilots and Flight Nurses provide 24-hour emergency retrievals and inter-hospital transfers, serving all regions of South Australia, as well as the Gunbarrel, Pilbara and Kimberley regions of Western Australia and Queensland. Services include rural and remote fly-in health clinics. In addition to our core of Doctors, Pilots, Flight Nurses, Engineers and Operations Coordinators, our Aboriginal Health Coordinator and Community Health Nurse are based in Port Augusta enabling them to focus on serving people in isolated communities.

HEALTH FACILITY

Marree

The Marree Health Service provides a Registered Nurse out-patient service, home visiting service, referral service and short-stay facility. It also provides a platform to promote and deliver other RFDS health and education programs such as our Healthy Living Program and Remote Oral Health Care Program.
The kettle’s on, there’s a cake baking in the oven and a sense of anticipation hangs over the house as they wait for the doctor.

Soon after mid-morning an engine roars in the distance and the kids and dogs jump into the four-wheel-drive with mum and head the kilometre down to the airstrip to meet the Flying Doctor.

Ingomar Station, as the crow flies, is about 800km north-west of Adelaide on the way to Coober Pedy in South Australia’s North-West Pastoral District.

It is one of a number of cattle stations in the district. Deborah and Hamish, and their younger siblings, babies George and Maddison, are due for some immunisations and their parents, Letisha McKenzie, and Rinnah Ward and Lachie Bayley, a check-up.

On a fortnightly basis, RFDS fly-in GP and Community Health Nurse clinics visit remote stations and communities up and down the Birdsville Track, the North West Pastoral, the Gawler Ranges and the far west of SA to stations and remote Aboriginal communities of Yalata and Oak Valley.

While they are hundreds of kilometres away physically, in reality they are like a community, with the Flying Doctor the glue that links them all together.

Both of the Bayley babies are due for immunisations and check-ups from Community Health Nurse Cheryl Boles and Dr Betsy Williams, both of whom have cared for the Bayley children since they were born.

“The RFDS clinic team can actually come every two weeks if we really need it,” Letisha says. It’s very personal because we know the doctors and the kids get excited to see the plane arrive.”

Rinnah Ward, mother of Hamish and Maddison, says it would be difficult being a first-time mum in the outback without the RFDS on hand 24/7 for advice and care.

It’s peace of mind knowing there’s a doctor on the end of the telephone or coming out on a regular clinic flight to reassure you on a lot of things,” Rinnah says.

These remote clinics are an enduring part of the work of the RFDS in its delivery of primary health services to people living, working and travelling in the outback – the ‘mantle of safety’ envisioned by RFDS founder the Reverend John Flynn almost nine decades ago.

Since its foundation the RFDS has grown to become the world’s largest aeromedical organisation, and its a leading advocate of health needs in the bush in Australia.

COVER STORY
Five-year-old cousins Deborah and Hamish Bayley have finished School of the Air for the day while the mustering has been paused for a day so everyone can catch up on odd jobs around the homestead.
Less than 12 hours after suffering a terrifying heart attack on the remote Oodnadatta Track, Darryl ‘Fuzz’ Hucks was recovering in the Royal Adelaide Hospital after emergency heart surgery which saved his life.

Just how he got there involves a remarkable combination of teamwork from his work mates which kept Fuzz alive for long enough to be treated with life-saving clot-busting drugs before aeromedical evacuation to Adelaide for heart surgery.

Fuzz, 51, has worked on road gangs in and around outback South Australia for 30 years including time as a regular volunteer for his local Yunta ambulance brigade.

Early that December morning as he and his workmates readied for work, Fuzz knew the pain he felt in the middle of his back was the start of a heart attack.

“I just felt like someone was trying to push a crowbar through my shoulder blade,” Fuzz recalls.

“I told the guys and they put the AED (Automatic External Defibrillator) on me and I lay down on the ground.”

The RFDS Port Augusta Base was called and his work mates organised to transport Fuzz to meet the plane at William Creek, just 25 kilometres away.

After a slow journey on the back of a flat-bed truck, Fuzz was met by the RFDS aeromedical team of Dr Stephen Ballard and Flight Nurse Jo Edwards and stabilised with clot-busting drugs before the 700-kilometre flight to Adelaide and the Royal Adelaide Hospital (RAH).

“I actually died on the way to William Creek, I was unconscious and they zapped me with the AED,” Fuzz says.

Fuzz was sitting up in his RAH hospital bed by late afternoon having had a stent inserted to keep his artery open.

“Our bit was easy,” says Dr Ballard.

“If it hadn’t been for the team effort by his work mates in deploying the AED, then using it and backing it up physically, we would not have had a patient to work on.”

In 2014/15 RFDS Central Operations conducted 8,619 aeromedical evacuations of the critically-ill or injured – 1,682 of these primary evacuations from remote airstrips on stations and communities in the outback South and Central Australia.

Within hours of what had been a major heart attack, Darryl had been administered with clot-busting drugs and stabilised for his 700-kilometre flight to Adelaide.
Megan and David Henderson of Mt Vivian Station, North West Pastoral, SA.

On any given day the RFDS will provide assistance to around 100 patients in South and Central Australia – many via ‘fly-in’ GP, Community Health Nurse or allied health clinics to isolated communities, mines or station homesteads.

“If we didn’t have the RFDS come to us we’d need to add a visit to the doctor or dentist to all the other jobs the next time we go to town in Port Augusta,” Megan Henderson says.

That means a road trip of around six hours for the Hendersons who run 20,000 sheep and 300 cattle on Mount Vivian and Kokatha Stations, which they manage with their son Will.

“One of the great things is that we have the same doctors come to visit, there’s a continuity of care from the RFDS,” Megan says.

“It’s also great having a female doctor; we don’t always have that choice out here.”

RFDS Central Operations conducted 255 ‘fly-in’ GP clinics in 2014/15 and attended to 2,255 patients, many of them station people just like the Hendersons. Like people living in the city, the RFDS service means they have their own community doctors and nurses.

Operating from the Port Augusta Base, the RFDS ‘fly-in’ clinic team comprising a Doctor, Community Health Nurse, and often a Mental Health Nurse, visit on a weekly, fortnightly or monthly schedule. They cover the vast upper reaches of SA, spanning from Coober Pedy in the far west to the Birdsville Track and beyond the Flinders Ranges in the east and cattle stations on the fringe of the NT border.

From immunisations, health check-ups, referrals or management of chronic conditions such as diabetes, cardiovascular illness and general lifestyle issues, the RFDS clinics mean there is regular medical assistance when needed for people living and working in remote Australia.

In the NT, the RFDS conducts the clinic charter service on behalf of the NT Government where medical and health professionals are flown regularly to remote locations for day-long clinics. A 2014/15 consumer review of Primary Care Services provided by RFDS Central Operations found the traditional services provided, including telehealth consultations, visiting GP and community health nurse clinics, medical chests and emergency aeromedical evacuations, remain as vital and relevant today as they have ever been.

While technology has made health services more attainable for people in remote areas there is one thing, according to Dr John Setchell, General Manager Health Services, that will never change.

“I think there will always be a need, particularly in areas where the access to a doctor might be once a month, once a fortnight, or at best over the phone, a need to maintain some form of human, face to face contact,” Dr Setchell says.

For Dave and Megan Henderson a visit from the Flying Doctor means the difference between taking precious time off, often an entire day or two, to go to town to see the doctor.

One of the great things is that we have the same doctors come to visit, there’s a continuity of care by the RFDS.

Megan Henderson, Mt Vivian Station.
Elke Kerin, 5, North Well Station, has her teeth checked.

Central Operations 2014/15

Final-year dental students, under the supervision of their tutor, are conducting routine dental examinations and oral hygiene instruction for adults and children living on surrounding stations and communities on the Birdsville Track.

Flown in by the RFDS, these students are taking part in a rural placement elective provided by the University of Adelaide Dental School’s Centre for Oral Health in Whyalla which delivers two-day dental clinics twice a year to four outback locations – Mungerannie, Kingooyna, Mintabie and Marla.

Funded by Adelaide Airport Limited, the RFDS Remote Oral Health Care Program (ROHCP) plays an important role in providing oral health education to people for whom a visit to the dentist can involve taking several days off work and traveling hundreds of kilometres to the nearest major town for an appointment.

A key element of the work, conducted under the supervision of a tutor who is also a practicing dentist, is oral hygiene education for adults and children alike which includes basic tooth brushing techniques, flossing and general dental care.

Similar to the RFDS Healthy Living Program (HLP) the aim is to provide health prevention services and education to people living in rural and remote Australia where access to basic health services is often non-existent.

Good oral hygiene, like regular exercise and a healthy diet, can work towards preventing the onset of chronic illness including diabetes and cardiovascular disease.

An evaluation of the pilot of the ROHCP in 2014 revealed that children living in outback SA were almost twice as likely to have a cavity, missing, or filled teeth compared to their city counterparts.

RFDS General Manager Health Services, Dr John Setchell, says the program has made inroads in addressing serious shortcomings in basic dental health among people living remotely.

“The pilot program uncovered serious problems and even worse potential health issues created by a lack of regular oral care services, with as many as two in three school-age children and three quarters of adults having at least one cavity,” Dr Setchell said.

“A significant proportion of patients who received dental examinations under the Remote Oral Health Care Program and treatment during their first visit showed significant improvements in oral health at subsequent visits.”

The students at Mungerannie examined 26 patients completing many temporary fillings, plaque removal and preventative dental work including application of a fluoride gel or a fissure sealant which prevents future cavities.

“A significant proportion of patients who received dental examinations and treatment during their first visit showed significant improvements in oral health at subsequent visits.”

Dr John Setchell, General Manager Health Services.

Health Education

It’s a dental surgery unlike any other – the dining room of the Mungerannie Hotel – hundreds of kilometres from the nearest town in any direction with a practising dentist.
CENTRAL OPERATIONS 2014/15

TOURISM

Every tourist destination has its must-see sights, be it a natural wonder or a place rich in Australian history you just shouldn’t miss.

In Central Australia, the RFDS Alice Springs Tourist Facility is one of those. In March 2015 the facility was significantly enhanced with the launch of an innovative new interpretive display which brings RFDS founder Reverend John Flynn back to life as a hologram.

The ‘live’ John Flynn takes visitors on a journey of discovery from the beginnings of the Flying Doctor in 1928 through to its development into the world’s leading aeromedical organisation.

Visitors learn about Flynn’s vision of the “Mantle of Safety” where every person living or working in rural and remote Australia would have access to medical help when needed.

The leading technology further enhances the RFDS Alice Springs Tourist Facility as one of the Red Centre’s most popular tourist destinations, with almost 60,000 visitors from all over the world every year.

Innovation

The Royal Flying Doctor Service is a much-loved and necessary feature of Territory life, and we celebrate the opportunity for visitors and locals alike to learn more about the valuable service the RFDS provides.

“The Royal Flying Doctor Service is a much-loved and necessary feature of Territory life, and we celebrate the opportunity for visitors and locals alike to learn more about the valuable service the RFDS provides,” NT Chief Minister Adam Giles said at the launch.

The RFDS Alice Springs Tourist Facility plays an important role in building public awareness, while also raising vital funds for the RFDS capital-raising program to finance replacement of aircraft and medical equipment.

Located on the same precinct as the original RFDS Alice Springs Base and manager’s residence built in 1939, the RFDS Alice Springs Tourist Facility was redeveloped in 2012 resulting in a 12% increase in visitor numbers and a corresponding 30% increase in its net contribution to fundraising.

The RFDS has had a long presence in Central Australia, and the RFDS aeromedical base and tourist facility contribute significantly to the local Alice Springs tourism economy.

NT Chief Minister Adam Giles
For many years Registered Nurse Jessica McInnes harboured an ambition to broaden her skills so that she could join the Royal Flying Doctor Service as a Flight Nurse.

After working in Haematology/Oncology/Bone Marrow Transplant, Jessica successfully applied for the RFDS Midwifery Scholarship and came top of her class at the University of Western Sydney.

“I always admired RFDS Flight Nurses and secretly dreamed of being one,” says Jessica, who began her own Flight Nurse career at RFDS Alice Springs Base in February 2015.

“Alice Springs evoked images of flying over never-ending red dirt and landing on isolated dusty boiling hot airstrips – I must say I was not far off – except in winter it is freezing cold and at night the stars are spectacular,” Jessica says.

“The sheer variety of clinical needs our patients have is challenging but also rewarding, albeit a steep learning curve in new skills and knowledge,” she says.

Jessica is one of four RFDS Midwifery Scholarship recipients currently working for RFDS Central Operations.

As a leader in the provision of primary health and aeromedical emergency services to rural and remote Australia, the RFDS has always supported the training and education of health professionals who will serve isolated Australians for years to come.

For undergraduate medical, nursing and allied health students the RFDS offers:

- The RFDS Ride-along Program where students can spend a weekend ‘on-shift’ with aeromedical crews at Adelaide and Port Augusta bases;
- Electives for medical and nursing students to take part in regular GP clinic visits or aeromedical evacuations from Port Augusta Base;
- Final-year dental students a chance to take part in a two-day Remote Oral Health Care Program clinic in a remote community.

For junior clinical staff, training opportunities include RFDS Midwifery Scholarships and a GP Registrar position with the RFDS Port Augusta Primary Care team as a six- or 12-month placement offered by the Royal Australian College of General Practitioners.

There is also the Rural Emergency Skills Program for rural and remote area GPs to maintain their clinical skills needed to manage acutely sick or critically injured patients in country hospitals.

In the Northern Territory, in collaboration with the Alice Springs Hospital, the RFDS provides the Central Australian Retrieval Training (CART) Course where staff deliver retrieval training specific to the requirements of remote locations where rapid access to tertiary hospital facilities is not possible.

For residents of remote locations, the RFDS also provides First Aid training to assist them as early responders to emergencies.
Since 2007 the RFDS has been actively encouraging – and supporting – people living in remote Australia to improve their well-being and prevent the onset of chronic disease.

Described as a program ahead of its time when it was launched in South Australia, the RFDS Healthy Living Program (HLP) has provided tangible results in improving the well-being of its participants through education and behavioural change in exercise and healthy eating.

“The evidence that we’re collecting now is clearly demonstrating that it works; if you do something as simple as getting people to not put as much on their plate each time they eat, a lot of the complex chronic disease problems seem to be addressed,” says Dr John Setchell, General Manager Health Services.

Backed by a decade of funding by the Li Ka Shing foundation, the HLP is based on well-established research that a healthy diet and regular exercise can reduce the risk of developing chronic illness such as diabetes and cardiovascular disease.

While not a research program in itself, the HLP epitomises the benefits of research outcomes into primary health care delivery and how it can benefit people living in the bush who have restricted access to health services compared to city dwellers.

The role of the RFDS in delivering primary health services to rural and remote areas gives it a unique and valuable insight into the health challenges facing Australians living outside of our major cities.

Through a research partnership established in 2012 with UniSA’s Sansom Institute for Health Research, RFDS has been able to build on its commitment to advancing the health care interests of rural and remote Australians.

Research topics have focused on chronic disease among remote communities, different models of primary health care and linking these to care processes, intermediate clinical measures and health outcomes.

This includes investigation of community and health service-based strategies such as obesity prevention and nutrition improvement to prevent the onset of chronic diseases such as diabetes, renal and cardiovascular disease.

“The partnership has created opportunities to develop innovative ideas while providing access to the best minds working on the considerable challenges facing rural and remote health,” Dr Setchell says.

“Our aim has been to capture some of our best health care practice and share it with researchers and policy analysts.”

A separate research partnership – the Centre for Research Excellence in Remote Primary Care – linking UniSA, RFDS, James Cook University and the Aboriginal Health Councils of SA makes use of RFDS’ unique access to health data gathered from rural and remote populations in SA and the NT.
It might not be the first thing that comes to mind when you imagine the work of the Flying Doctor. But keeping the country’s key decision makers aware of the higher rates of ill-health and mortality among remote Australians – and the vital role the RFDS plays in improving health and well-being – is an increasingly important element of the work of those RFDS staff who normally work behind the scenes.

For over 87 years the RFDS has developed a deep and long-standing connection with Australians who live and work in the bush. Woven into that connection is an understanding of the unique health challenges they face. Research by the Centre for International Economics (CIE) finds that people living in very remote areas receive barely half of the GP services funded under Medicare compared to those living in our cities.

As well as aeromedical evacuations, the RFDS provides a range of services to rural and remote communities including primary health GP and nurse fly-in clinics, allied health clinics, telehealth services, oral and mental health services, and health prevention and education.

"Communities cannot exist without access to primary health care, making these fly-in clinics essential to the social and economic infrastructure of the communities they serve," the CIE report says.

"By providing care where Medicare-funded services cannot be accessed, the RFDS is helping to meet the national priority of universal access to primary health care across Australia."

Through its work with outback communities, the RFDS is well placed to provide our policy and decision makers with an insight into the health challenges faced by people living in the bush.

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Through its work with outback communities, the RFDS is well placed to provide our policy and decision makers with an insight into the health challenges faced by people living in the bush.

The RFDS also plays an advocacy role in speaking at public and private forums about rural and remote health issues, and was a key sponsor and participant in the 2015 National Rural Health Conference in Darwin which was attended by 1,100 delegates.

In the meantime, RFDS commissioned the CIE to examine the gap in health care for Australians living remotely and it found that death rates in very remote areas are 35% higher than in cities. The report also found:

- remote and rural communities cannot exist without access to primary health care;
- mental health services are accessed in very remote areas at only 38% the rate of city residents;
- life expectancy of Aboriginal children is 10 years lower than for non-Aboriginal children; and
- Aboriginal Australians are 3.3 times more likely to have diabetes and five times more likely to die from endocrine conditions.

An early morning invitation to our MPs to visit staff at the RFDS flight simulator outside Parliament House and learn a little about the Flying Doctor is all a part of this important work.

Dawn breaks on a cold Canberra autumn day and there’s a small group of people keeping warm busyng themselves in preparation for a day of educating politicians and their advisers about the health needs of rural Australia.

For over 87 years the RFDS has developed a deep and long-standing connection with Australians who live and work in the bush. Woven into that connection is an understanding of the unique health challenges they face. Research by the Centre for International Economics (CIE) finds that people living in very remote areas receive barely half of the GP services funded under Medicare compared to those living in our cities.
In 2014/15 RFDS teams assisted 46,232 patients – that’s one person every 11 minutes.
## HEALTH

<table>
<thead>
<tr>
<th>NORTHERN TERRITORY</th>
<th>SOUTH AUSTRALIA</th>
<th>SA/NT</th>
<th>Central Operations Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Springs</td>
<td>Adelaide</td>
<td>Port Augusta</td>
<td>Maree Health Service</td>
</tr>
<tr>
<td>Total number of Telehealth Consultations</td>
<td>3,835</td>
<td>833</td>
<td>4,668</td>
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<tr>
<td><strong>TELEHEALTH CONSULTATIONS</strong></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>PATIENTS ATTENDED</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RFDS General Practice (GP) clinics</td>
<td>2,255</td>
<td>2,255</td>
<td></td>
</tr>
<tr>
<td>RFDS other clinics **</td>
<td>1,040</td>
<td>2,864</td>
<td>3,904</td>
</tr>
<tr>
<td>RFDS facilitated clinics ****</td>
<td>14,840**</td>
<td>3,387*</td>
<td>18,634</td>
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<tr>
<td>Rural Women’s GP Service</td>
<td>1,843</td>
<td>1,843</td>
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<tr>
<td>Mental Health Outreach Program</td>
<td>6,192</td>
<td>6,192</td>
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<tr>
<td>Remote Oral Health Care Program</td>
<td>117</td>
<td>117</td>
<td></td>
</tr>
<tr>
<td>Total number of Patients Attended</td>
<td>21,032</td>
<td>1,960</td>
<td>6,682</td>
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</table>

<table>
<thead>
<tr>
<th>PATIENTS TRANSPORTED</th>
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</thead>
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<tr>
<td>Primary evacuations</td>
<td>1,550</td>
<td>25</td>
<td>107</td>
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<tr>
<td>Inter-hospital transfers</td>
<td>971</td>
<td>4,193</td>
<td>1,693</td>
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<tr>
<td>Repatriations</td>
<td>30</td>
<td>40</td>
<td>10</td>
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<tr>
<td>Total number of Patients Transported</td>
<td>2,551</td>
<td>4,258</td>
<td>1,810</td>
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<table>
<thead>
<tr>
<th>IMMUNISATIONS</th>
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<tbody>
<tr>
<td>Total number of Immunisations provided</td>
<td>472</td>
<td>20</td>
<td>492</td>
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<table>
<thead>
<tr>
<th>CLINICS CONDUCTED</th>
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</thead>
<tbody>
<tr>
<td>RFDS General Practice (GP) clinics</td>
<td>255</td>
<td>255</td>
<td></td>
</tr>
<tr>
<td>RFDS other clinics **</td>
<td>203</td>
<td>504</td>
<td>707</td>
</tr>
<tr>
<td>RFDS facilitated clinics ****</td>
<td>1,235**</td>
<td>601*</td>
<td>50</td>
</tr>
<tr>
<td>Rural Women’s GP Service</td>
<td>200</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>Total number of Clinics Conducted</td>
<td>1,235</td>
<td>200</td>
<td>1,059</td>
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<table>
<thead>
<tr>
<th>HEALTH PROGRAM PARTICIPANTS</th>
<th></th>
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<tbody>
<tr>
<td>Healthy Living Program</td>
<td>811</td>
<td>811</td>
<td></td>
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<tr>
<td>Medical Chest Program</td>
<td>152</td>
<td>152</td>
<td></td>
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<tr>
<td>Rural Emergency Skills Program</td>
<td>158</td>
<td>158</td>
<td></td>
</tr>
<tr>
<td>First Aid Training Program</td>
<td>177</td>
<td>177</td>
<td></td>
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<tr>
<td>Total Health Program Participants</td>
<td>1,146</td>
<td>152</td>
<td>-</td>
</tr>
</tbody>
</table>

* Data for Port Augusta facilitated clinics is collected and provided to RFDS by Port Augusta Hospital and Regional Health Service.

** Data for Alice Springs facilitated clinics is collected and provided by NT Department of Health, Remote Health Branch Alice Springs.

*** RFDS other clinics include clinics conducted by RFDS Community Health Nurses.

**** RFDS facilitated clinics utilise RFDS aircraft to transport non-RFDS Health clinicians.

## AVIATION

<table>
<thead>
<tr>
<th>NORTHERN TERRITORY</th>
<th>SOUTH AUSTRALIA</th>
<th>SA/NT</th>
<th>Central Operations Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Springs Base</td>
<td>Adelaide Base</td>
<td>Port Augusta Base</td>
<td>Central Operations Total</td>
</tr>
<tr>
<td>NO. OF AIRCRAFT</td>
<td>7</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>NO. OF LANDINGS</td>
<td>4,822</td>
<td>6,367</td>
<td>4,159</td>
</tr>
<tr>
<td>KILOMETRES</td>
<td>2,318,833</td>
<td>1,887,399</td>
<td>1,245,321</td>
</tr>
<tr>
<td>BLOCK TIME (HRS)</td>
<td>6,771</td>
<td>6,076</td>
<td>3,823</td>
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## AIRCRAFT REGISTER

<table>
<thead>
<tr>
<th>REGISTRATION</th>
<th>DESCRIPTION</th>
<th>YEAR OF MANUFACTURE</th>
<th>DATE OF ACQUISITION</th>
<th>DEDICATION</th>
<th>MAJOR SPONSOR</th>
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<tbody>
<tr>
<td>VH-FDE</td>
<td>Pilatus PC-12</td>
<td>2000</td>
<td>September 2000</td>
<td>Barry Lodge OAM OZ Minerals</td>
<td>BHP Billiton</td>
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<tr>
<td>VH-FGR</td>
<td>Pilatus PC-12</td>
<td>2001</td>
<td>December 2001</td>
<td>Barry Lodge OAM OZ Minerals</td>
<td>Li Ka Shing Foundation</td>
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<tr>
<td>VH-FGS</td>
<td>Pilatus PC-12</td>
<td>2001</td>
<td>December 2001</td>
<td>Barry Lodge OAM OZ Minerals</td>
<td>Barry Lodge OAM OZ Minerals</td>
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<tr>
<td>VH-FGT</td>
<td>Pilatus PC-12</td>
<td>2001</td>
<td>December 2001</td>
<td>Barry Lodge OAM OZ Minerals</td>
<td>Barry Lodge OAM OZ Minerals</td>
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<tr>
<td>VH-FDJ</td>
<td>Pilatus PC-12</td>
<td>2002</td>
<td>December 2003</td>
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<tr>
<td>VH-FHA</td>
<td>Pilatus PC-12</td>
<td>2009</td>
<td>March 2010</td>
<td>Barry Lodge OAM OZ Minerals</td>
<td>Barry Lodge OAM OZ Minerals</td>
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<tr>
<td>VH-FBV</td>
<td>Pilatus PC-12</td>
<td>2010</td>
<td>April 2010</td>
<td>Barry Lodge OAM OZ Minerals</td>
<td>Barry Lodge OAM OZ Minerals</td>
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<tr>
<td>VH-FVD</td>
<td>Pilatus PC-12</td>
<td>2010</td>
<td>July 2010</td>
<td>Barry Lodge OAM OZ Minerals</td>
<td>Barry Lodge OAM OZ Minerals</td>
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<tr>
<td>VH-FVE</td>
<td>Pilatus PC-12</td>
<td>2010</td>
<td>September 2010</td>
<td>Barry Lodge OAM OZ Minerals</td>
<td>Barry Lodge OAM OZ Minerals</td>
</tr>
<tr>
<td>VH-FVF</td>
<td>Pilatus PC-12</td>
<td>2010</td>
<td>October 2010</td>
<td>Barry Lodge OAM OZ Minerals</td>
<td>Barry Lodge OAM OZ Minerals</td>
</tr>
</tbody>
</table>

* Aircraft re-fitted to commuter configuration for delivery of remote health clinic services.

** Data for Port Augusta facilitated clinics is collected and provided to RFDS by Port Augusta Hospital and Regional Health Service.

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### STAFF EMPLOYED

<table>
<thead>
<tr>
<th>Position</th>
<th>Full Time</th>
<th>Part Time*</th>
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</thead>
<tbody>
<tr>
<td>Management &amp; Administration</td>
<td>28</td>
<td>5</td>
</tr>
<tr>
<td>Engineers / Engineering Support</td>
<td>18</td>
<td>2</td>
</tr>
<tr>
<td>Health Promotion</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Community Health Workers</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Mental Health / Drug &amp; Alcohol Workers</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Medical Practitioners</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Pilots</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>Fundraising</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Marketing Communications</td>
<td>2</td>
<td></td>
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<tr>
<td>Operations Coordinators</td>
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<td>4</td>
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<tr>
<td>Registered Nurses</td>
<td>29</td>
<td>15</td>
</tr>
<tr>
<td>Tourist Facilities / Merchandising / Other</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td>General Hands</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Total Staff</strong></td>
<td><strong>138</strong></td>
<td><strong>55</strong></td>
</tr>
</tbody>
</table>

* Part-Time Staff includes Casual Staff.

### STAFF MILESTONES

**Staff, 30 years >**
- Adam Andrews
  - Senior Base Engineer, Alice Springs Base

**Staff, 25 years >**
- Ray Mundy
  - Pilot, Adelaide Base

**Staff, 20 years >**
- Dr Steve Ballard
  - Medical Practitioner, Port Augusta Base
- Steve Davis
  - Senior Base Pilot, Adelaide Base

**Staff, 10 years >**
- Matthew Cosier
  - Flight Training & Standards Manager, Adelaide Base
- Belinda Curran
  - Cafe Assistant, Alice Springs Tourist Facility
- Kate Guerin
  - Human Resources Coordinator, Adelaide Office
- Robynne Hall
  - General Manager, Human Resources, Adelaide Office
- Helen McLachlan
  - Receptionist/Administration Assistant, Port Augusta Base
- Mary Pavlich
  - Front Desk Administrator, Adelaide Office
- Jodie Powell
  - Executive Assistant to CEO, Adelaide Office
PATIENTS HIGHEST PRIORITY FOR DR MILLER

Dr Alistair Miller was always a strong advocate for General Practice and primary care as the cornerstone of good medicine and healthy communities.

Dr Miller marked 25 years as a Medical Practitioner with RFDS Central Operations during 2014-15 having carved out a reputation as a family doctor in some of the remotest parts of South Australia.

Sadly, Dr Miller passed away on 18 February 2015 after a brief illness. Originally from Scotland, Dr Miller trained in medicine at the University of Edinburgh Medical School, graduating in 1985. He began working with RFDS Central Operations Port Augusta Base in 1989 after a stint at Auburn District Hospital in western Sydney where he was an Accident and Emergency Registrar.

For many of his patients, Dr Miller had been more like a family GP, leaving his mark on all who worked with him or saw him as their doctor often treating more than one generation of the same family. ‘Al’, as he was known to his colleagues, embodied the quintessential old-style family GP always with the well-being of the patient as his highest priority.

In addition to his medical work, Dr Miller has proudly represented the RFDS in many ways including guest speaking spots and became well known within the RFDS Port Augusta Base community for his sense of humour, his musical talents and ability to party. Throughout his 25 years of service with the RFDS, Dr Miller had not only been a doctor to the bush families and communities but something of a friend and counsellor – many of whom he delivered as babies and continued to care for as they grew up.

Continuity of care and physical presence of clinicians are two critical areas of health service delivery the RFDS can’t overlook as they are at the core of what we do.

Dr John Setchell, General Manager Health Services.

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RURAL HEALTH ADVOCATE CLOSES CHAPTER WITH RFDS

In retirement, Dr John Setchell will remain a passionate advocate for a healthier rural and remote Australia.

Retired in July 2015, Dr Setchell was at the helm of RFDS Central Operations health services for 15 years after a lengthy career in health services and General Practice including a two-year stint in a remote region of Papua New Guinea as the only doctor on a sugar plantation.

Soon after graduating from Flinders University Medical School he worked for a number of years in General Practice in Adelaide, and then at the University of Adelaide in charge of the Health and Emergency Medical Counselling Service.

Dr Setchell joined RFDS Central Operations in 1999 in the new role of General Manager Health Services, where he was able to develop primary health services aimed at closing gaps in healthcare for people who live and work in rural and remote South and Central Australia.

He singles out the RFDS’ successful Rural Women’s GP Service, the Healthy Living Program and the Mental Health Services Rural & Remote Areas (MHSRRA) program as particular achievements, as well as training and education programs aimed at encouraging medical and nursing students to take up a career in rural health.

“The Healthy Living Program was ahead of its time, particularly in rural and remote Australia, in addressing causes of illnesses like diabetes and cardiovascular disease through lifestyle modification,” Dr Setchell said.

While technology had made medicine more attainable for people in remote areas there is one thing, he says, that will never change.

“I think there will always be a need, particularly in areas where the access to a doctor might be once a month, once a fortnight, or at best over the phone, a need to maintain some form of human contact,” Dr Setchell said.

“Continuity of care and physical presence of clinicians are two critical areas of health service delivery the RFDS can’t overlook as they are at the core of what we do.”
Through the outstanding generosity of our Corporate and Community Partners, Donors, Bequestors, Volunteers and Staff we raised $12.3 million in 2014/15 – a truly outstanding result which has been used to meet the shortfall in operational funding and applied to our capital-raising for replacement of aircraft, medical equipment and enhanced operational facilities.

Auxiliaries & Support Groups
- Adelaide Auxiliary
- Alice Springs Auxiliary
- Ceduna Support Group
- Clare Support Group
- Copper Coast & District Support Group
- Cowell & District Support Group
- Fleurieu Support Group
- Gawler & District Support Group
- Jamestown & District Support Group
- Kangaroo Island Support Group
- Kingston & District Support Group
- Mallee Support Group
- Millicent & District Support Group
- Mt Gambier Support Group
- Naracoorte & District Support Group
- Port Augusta Auxiliary
- Port Lincoln Auxiliary
- Riverland Support Group
- Roxby Downs Auxiliary
- Southern Yorke Peninsula Support Group
- Tatiara Support Group
- Whyalla Support Group

Community Fundraisers
- Arkarooa Sanctuary
- Artum Mining
- Barley Stacks Wines Gourmet Day
- Beachport Fisherman’s Ball
- Bill Heycox Christmas Lights
- Blinman Cook Out Back
- Blinman Progress Association
- Bunyip Ute Muster
- Campbeltown Rotary Outback Experience
- Combined Sheep Breeders Social Function
- Cummins Bowling Club
- CWA Andamooka
- Drop Bears Mongol Rally
- flydoc-australia e.v.
- Four Dudes and a Desert
- Gibb River Challenge
- Hangar Op Shop, Murray Bridge
- Innamincka Hotel
- Jo Rasche Motivational Speaker
- Kingpoyna Racing Club
- Lewis Bruhn Memorial
- Lincoln College Club
- Lions Club of Rostrevor Black Hill Challenge
- Lower Lakes Stockman’s Challenge
- M&I Convoy and Musters
- Mick Keogh’s Caterpillar Trek
- Nutarbar Roadhouse
- Old Timers Mine-Cooker Pedy
- Oodnadatta Racing & Horse Sports
- Pastoralist Ball Port Augusta
- Petroleum Exploration Society of Australia
- Point Turton Fundraiser
- Port Augusta City Council
- Royal Adelaide Show Wool Exhibitors
- Seymour College Boarders
- Shave an Angel
- Simpson Desert Bike Challenge
- South Australian Rural Women’s Gathering
- Southern Grassfed Carcase Classic
- St Kilda Beach Hotel Patrons
- Streaky Bay Hotel Motel
- Tantaian Hotel Tunarama Entrance
- The McGurgan family
- Thess Prominent Hill Social Club
- Torbreck Vyners Fish’s Shearz
- Toyota Landcruiser Club of Aust (SIA)
- Walford Anglican School for Girls
- Welly’s Fun Poker Run
- William Creek Gymkhana Committee
- William Creek Hotel

Photography
- SA - Shane Reid, Fotonaut
- NT - Grenville Turner, The Right Image

Volunteers
- Badge Day Volunteers
- Speaker Program Volunteers
- Adelaide Office Volunteers
- Wilpena Under the Stars Committee
- Wings for Life Ball Committee
**Directors**

**Janet Chisholm**  
(BCom, MAICD)  
Committed on Board – 1995  
Attended 10/11 meetings  
Member Health Advisory Committee;  
Chairman Marketing Advisory Committee.  
Pastoralist at Napperby Station,  
via Alice Springs with broad Board experience including 18 years’ service  
to the RFDS, and a marketing career  
in Sydney specialising in advertising  
and strategic planning.

**Dr Tim Cooper AM**  
(BSc, MD, MBA)  
Committed on Board – 1995  
Attended 11/11 meetings  
Member Finance Committee.  
Managing Director of Coopers Brewery  
Ltd. Former Managing Director  
Normandy Mining Ltd; former Managing  
Director Rio Tinto – Australia. Past  
Manager of Aboriginal Health, Port Augusta Hospital.  
Broad Board experience including 19 years’ service to the RFDS.  
Executive Member/Deputy Chair Ninti One CRC-REP (formerly Desert Knowledge  
Cooperative Research Centre); Non-  
Executive Director Flinders Ranges National  
Park Co-Management Board; Director  
Australian Hearing Services Board.

**Glenise Coulthard**  
(MSc, MD, MBA)  
Committed on Board – 1998  
Attended 11/11 meetings  
Member Board SQR Management  
Committee; Member Board Aviation  
Resource Committee.

**Brendan Eblen**  
(MCom)  
Committed on Board – 1995  
Attended 6/11 meetings  
Member Board SQR Management Committee;  
Member Marketing Advisory Committee.  
Owner and operator of outback tour  
company Wedgetails Tours and Charter.  
Managing proprietor of B.M Eblen &  
Co., multi-award winning painting and  
decorating business. Over 35 years’ service  
to the RFDS and outback communities. Past Chairman RFDS Port  
Augusta Regional Committee (1979–1985); Past  
Chairman (1981–1985) and Life  
Member William Creek Gymkhana Club.  
"Leave of absence from July to September 2014 inclusive  
and May to June 2015 inclusive.

**Hon Graham Gunn AM**  
(JP)  
Committed on Board – 2010  
Attended 10/11 meetings  
Member Marketing Advisory Committee;  
Member Board Aviation Resource Committee.  
Farmer and grazier at Mount Cooper  
on the Eyre Peninsula. Former Member  
South Australian House of Assembly (1970–  
2010); former Speaker House of Assembly  
and former Deputy Speaker. Former  
Chairman Economic & Finance Committee;  
Former Member Parliamentary Natural  
Resources Committee. Current Member  
Commonwealth Parliamentary Association  
and the South Australian Cricket  
Association.
Royal Flying Doctor Service of Australia Central Operations

Statement by the Board

The financial statements and other specific disclosures are a summary of and have been derived from the Royal Flying Doctor Service of Australia Central Operations full financial report for the financial year. Other information included in the summary financial report is consistent with the Service’s full financial report.

The summary financial report does not, and cannot be expected to, provide as full an understanding of the financial performance, financial position and financing and investing activities of the Service as the full financial report.

A copy of the Service’s 2015 Annual Financial Report, including the independent audit report, is available to all members, and will be sent to members without charge upon request.

Review of Operations and Results

The Directors report that the Service recorded a surplus for the period ended 30 June 2015 of $13.8 million ($5.0 million in 2014).

The result excluding Donations and Sponsorship of $5.1 million ($4.8 million in 2014), Legacies and Bequests of $7.2 million ($1.9 million in 2014), Interest and Dividends of $3.1 million ($2.7 million in 2014), and a Commonwealth Capital Grant of $2.7 million ($0 in 2014) is a deficit of $4.3 million ($4.6 million in 2014). This deficit represents the funding shortfall from operational activities.

The surplus generated from non-operational activity (Donations and Sponsorship of $5.1 million, Legacies and Bequests of $7.2 million, Interest and Dividends of $3.1 million, Commonwealth Capital Grant of $2.7 million), has enabled the growth in investments to $75.0 million ($71.8 million in 2014). The Service requires this level of investment holdings to support its capital replacement program.

In the next five years it is anticipated the capital replacement program will require $82.6 million at current values including the completion of a new Base at Adelaide Airport, to accommodate all our Adelaide based Operations and Administration staff under one roof, and the purchase of medically equipped aircraft including the purchase of a PC-24 and the option on a second PC-24, together with medical, aviation and general equipment upgrades in excess of $1 million per annum.

Date at Adelaide this 10th day of September 2015.

Signed in accordance with a resolution of the Board of Directors

D G W Hills
Chairman
PR Prestwich
Treasurer

Statement of Profit and Loss and Comprehensive Income

FOR THE YEAR ENDED 30 JUNE 2015

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>35,544,629</td>
<td>33,754,520</td>
</tr>
<tr>
<td>Other income</td>
<td>16,443,905</td>
<td>8,200,542</td>
</tr>
<tr>
<td></td>
<td>51,988,534</td>
<td>41,955,062</td>
</tr>
<tr>
<td>Surplus before financial income and expense</td>
<td>10,785,893</td>
<td>2,273,050</td>
</tr>
<tr>
<td>Employee expenditure</td>
<td>20,235,017</td>
<td>18,610,358</td>
</tr>
<tr>
<td>Aviation fuel</td>
<td>4,810,334</td>
<td>5,259,447</td>
</tr>
<tr>
<td>Aviation maintenance</td>
<td>2,606,410</td>
<td>2,625,104</td>
</tr>
<tr>
<td>Insurance</td>
<td>505,033</td>
<td>567,142</td>
</tr>
<tr>
<td>Depreciation and amortisation</td>
<td>4,641,619</td>
<td>4,002,109</td>
</tr>
<tr>
<td>Amortisation of engine overhaul</td>
<td>1,290,839</td>
<td>1,002,818</td>
</tr>
<tr>
<td>Other expenses</td>
<td>6,913,389</td>
<td>6,925,034</td>
</tr>
<tr>
<td></td>
<td>41,202,641</td>
<td>39,682,012</td>
</tr>
<tr>
<td>Surplus for the period</td>
<td>13,847,477</td>
<td>4,958,460</td>
</tr>
<tr>
<td>Financial income</td>
<td>3,061,584</td>
<td>2,685,410</td>
</tr>
<tr>
<td>Surplus before financial income and expense</td>
<td>15,785,893</td>
<td>2,273,050</td>
</tr>
<tr>
<td>Financial income</td>
<td>3,061,584</td>
<td>2,685,410</td>
</tr>
<tr>
<td>Surplus for the period</td>
<td>13,847,477</td>
<td>4,958,460</td>
</tr>
</tbody>
</table>

Other comprehensive income

Items that will not be reclassified to profit and or loss

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revaluation of land and buildings</td>
<td>(56,333)</td>
<td>(2,608,154)</td>
</tr>
<tr>
<td>Net change in fair value of financial assets</td>
<td>(381,286)</td>
<td>548,210</td>
</tr>
<tr>
<td></td>
<td>(437,619)</td>
<td>(2,059,944)</td>
</tr>
<tr>
<td>TOTAL COMPREHENSIVE INCOME FOR THE PERIOD</td>
<td>13,409,858</td>
<td>2,898,516</td>
</tr>
</tbody>
</table>
### Balance Sheet >

**FOR THE YEAR ENDED 30 JUNE 2015**

<table>
<thead>
<tr>
<th>Asset Reserve</th>
<th>Asset Realisation Reserve</th>
<th>Capital Reserve</th>
<th>Fair Reserve</th>
<th>Retained Earnings</th>
<th>Total Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Current Assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>3,732,087</td>
<td>4,859,313</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>4,810,219</td>
<td>2,129,242</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventories</td>
<td>75,010,366</td>
<td>71,816,865</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Total current assets</td>
<td>83,786,319</td>
<td>79,013,200</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Current Assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>74,261,555</td>
<td>64,766,011</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangibles</td>
<td>635,945</td>
<td>359,283</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total non-current assets</td>
<td>74,897,500</td>
<td>65,125,294</td>
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<tr>
<td>Total assets</td>
<td>158,683,819</td>
<td>144,138,494</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Current Liabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>5,769,621</td>
<td>4,794,753</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee benefits</td>
<td>233,647</td>
<td>207,780</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total current liabilities</td>
<td>6,003,268</td>
<td>4,992,533</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Current Liabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee benefits</td>
<td>1,013,822</td>
<td>927,322</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total non-current liabilities</td>
<td>1,013,822</td>
<td>927,322</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total liabilities</td>
<td>7,017,090</td>
<td>5,919,855</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NET ASSETS</td>
<td>148,774,726</td>
<td>138,218,639</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserves</td>
<td>52,586,475</td>
<td>50,279,680</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained earnings</td>
<td>96,188,101</td>
<td>85,085,058</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL EQUITY ATTRIBUTABLE TO EQUITY HOLDER</td>
<td>148,774,726</td>
<td>135,364,718</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Statement of Changes in Equity >

**FOR THE YEAR ENDED 30 JUNE 2015**

<table>
<thead>
<tr>
<th>Asset Reserve</th>
<th>Asset Realisation Reserve</th>
<th>Capital Grant Reserve</th>
<th>Fair Reserve</th>
<th>Retained Earnings</th>
<th>Total Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Balance at 1 July 2013</td>
<td>12,162,709</td>
<td>6,580,285</td>
<td>32,962,570</td>
<td>614,040</td>
<td>80,126,598</td>
</tr>
<tr>
<td>Total comprehensive income for the period</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surplus for the period</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>4,958,460</td>
</tr>
<tr>
<td>Changes in fair value of financial assets</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>548,210</td>
<td>-</td>
</tr>
<tr>
<td>Change in fair value of land and buildings</td>
<td>(2,608,154)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total comprehensive income for the period</td>
<td>(2,608,154)</td>
<td>-</td>
<td>-</td>
<td>548,210</td>
<td>4,958,460</td>
</tr>
<tr>
<td>Total recognised income and expense</td>
<td>(2,608,154)</td>
<td>-</td>
<td>-</td>
<td>548,210</td>
<td>4,958,460</td>
</tr>
<tr>
<td>BALANCE AT 30 JUNE 2014</td>
<td>9,574,555</td>
<td>6,580,285</td>
<td>32,962,570</td>
<td>1,162,230</td>
<td>85,085,058</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Asset Reserve</th>
<th>Asset Realisation Reserve</th>
<th>Capital Grant Reserve</th>
<th>Fair Reserve</th>
<th>Retained Earnings</th>
<th>Total Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Balance at 1 July 2014</td>
<td>9,574,555</td>
<td>6,580,285</td>
<td>32,962,570</td>
<td>1,162,230</td>
<td>85,085,058</td>
</tr>
<tr>
<td>Total comprehensive income for the period</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surplus for the period</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>13,847,477</td>
</tr>
<tr>
<td>Changes in fair value of financial assets</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(381,286)</td>
<td>-</td>
</tr>
<tr>
<td>Change in fair value of land and buildings</td>
<td>(56,333)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total comprehensive income for the period</td>
<td>(56,333)</td>
<td>-</td>
<td>-</td>
<td>(381,286)</td>
<td>13,847,477</td>
</tr>
<tr>
<td>Transfer (to)/from reserve</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Transfer (to)/from retained earnings</td>
<td>-</td>
<td>2,744,434</td>
<td>-</td>
<td>(381,286)</td>
<td>11,103,043</td>
</tr>
<tr>
<td>Total recognised income and expense</td>
<td>(56,333)</td>
<td>2,744,434</td>
<td>(381,286)</td>
<td>11,103,043</td>
<td>148,774,576</td>
</tr>
<tr>
<td>BALANCE AT 30 JUNE 2015</td>
<td>9,518,222</td>
<td>6,580,285</td>
<td>35,707,004</td>
<td>780,964</td>
<td>96,188,101</td>
</tr>
</tbody>
</table>
Statement of Cash Flows >

FOR THE YEAR ENDED 30 JUNE 2015

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash flows from operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash receipts from grants</td>
<td>22,899,368</td>
<td>25,850,097</td>
</tr>
<tr>
<td>Cash receipts from customers</td>
<td>16,082,204</td>
<td>13,664,067</td>
</tr>
<tr>
<td>Cash paid in the ordinary course of operations</td>
<td>(35,418,757)</td>
<td>(37,507,300)</td>
</tr>
<tr>
<td>Cash receipts from tourist activities</td>
<td>1,533,754</td>
<td>1,638,365</td>
</tr>
<tr>
<td>Cash receipts from donations, legacies and bequests</td>
<td>7,122,600</td>
<td>7,012,275</td>
</tr>
<tr>
<td>Cash paid for tourist activities</td>
<td>(1,113,703)</td>
<td>(1,123,344)</td>
</tr>
<tr>
<td>Cash paid for fundraising activities</td>
<td>(1,274,420)</td>
<td>(1,008,634)</td>
</tr>
<tr>
<td><strong>Net cash from operating activities</strong></td>
<td>9,851,046</td>
<td>8,525,526</td>
</tr>
<tr>
<td>Cash flows from investing activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acquisition of property, plant and equipment and intangible assets</td>
<td>(12,396,762)</td>
<td>(7,307,382)</td>
</tr>
<tr>
<td>Acquisition of engine overhaul</td>
<td>(3,377,695)</td>
<td>(1,566,788)</td>
</tr>
<tr>
<td>Proceeds from sale of fixed assets</td>
<td>29,091</td>
<td>-</td>
</tr>
<tr>
<td>Acquisition of investments</td>
<td>-</td>
<td>(2,106,292)</td>
</tr>
<tr>
<td>Proceeds from investments</td>
<td>4,608,425</td>
<td>-</td>
</tr>
<tr>
<td>Interest received</td>
<td>73,812</td>
<td>2,225,574</td>
</tr>
<tr>
<td>Dividends received</td>
<td>84,857</td>
<td>85,738</td>
</tr>
<tr>
<td><strong>Net cash (used) in investing activities</strong></td>
<td>(10,978,272)</td>
<td>(8,669,150)</td>
</tr>
<tr>
<td>Net decrease in cash and cash equivalents</td>
<td>(1,127,226)</td>
<td>(143,624)</td>
</tr>
<tr>
<td>Cash and cash equivalents at 1 July 2014</td>
<td>4,859,313</td>
<td>5,002,937</td>
</tr>
<tr>
<td><strong>CASH AND CASH EQUIVALENTS AT 30 JUNE 2015</strong></td>
<td>3,732,087</td>
<td>4,859,313</td>
</tr>
</tbody>
</table>

Note 1 Basis of preparation of the summary financial report >

The summary financial report has been prepared based on the Service’s full financial report. Other information included in the summary financial report is consistent with the Service’s full financial report. The summary financial report does not, and cannot be expected to, provide as full an understanding of the financial performance, financial position and financing and investing activities of the Service as the full financial report.

The financial report is prepared on an historical costs basis except for the following:

- Land and buildings are stated at fair value;
- Investments are stated at fair value;
- Liabilities for defined benefit obligation.

A full description of the accounting policies adopted by the Service may be found in the Service’s full financial report. The accounting policies have been applied consistently to all periods presented in the financial report.

The financial report is presented in Australian dollars, which is the Service’s functional currency.
Thanks to the kind support of individuals, corporations, the government and the community, the Royal Flying Doctor Service has proudly served Australia for 87 years. Help us continue to be there in the future. To help us deliver the finest care to the furthest corners of Australia you can:

> Send your donation to Royal Flying Doctor Service, 71 Henley Beach Road, Mile End SA 5031

> Phone us on 1300 669 569

> Visit flyingdoctor.org.au to make an online donation

flyingdoctor.org.au
facebook.com/royalflyingdoctorservice
@RoyalFlyingDoc

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71 Henley Beach Road
Mile End SA 5031
T 08 8238 3333
F 08 8238 3395
E enquiries@flyingdoctor.net

Port Augusta Base
Port Augusta Airport
Port Augusta SA 5700
T 08 8648 9500
F 08 8648 9591

Alice Springs Base
Alice Springs Airport
Alice Springs NT 0870
T 08 8958 8400
F 08 8958 8680

Adelaide Base
James Schofield Drive
Adelaide Airport SA 5950
T 08 8150 1300
F 08 8150 1393

Marree Health Service
First Street
Marree SA 5733
T 08 8675 8345
F 08 8675 8385

Alice Springs
Tourist Facility
8-10 Stuart Terrace
Alice Springs NT 0870
T 08 8958 8411
F 08 8958 8490

ABN 81 108 409 735