

The finest care.
Every 10 minutes.

Every 10 minutes the Royal Flying Doctor Service delivers the finest care to someone living, working or travelling in rural and remote South Australia and the Northern Territory.



9,568

Patients transported by aeromedical aircraft



5,669

Remote telehealth consultations



3,646

Mental health patient contacts



88

Patients transported by road ambulance



12,550

Face-to-face primary health consultations



956

Immunisations at remote clinics



502

Oral health consultations



136

Patients supported by Aboriginal Health Coordinator

RFDS Medl-Jet 24 departing North Well Station, via Kingoonya, Outback SA - the first dirt landing of a single-pilot aeromedical jet on Australian soil.
OUR COVER: Alice Springs Aboriginal Liaison Officer Levi Murray with a client in Central Australia.

OUR STORY >

The Royal Flying Doctor Service of Australia (RFDS) has been saving lives in rural and remote Australia for more than 90 years.

Using the latest in aviation, medical and communications technology, the RFDS delivers emergency aeromedical and essential primary health care services to people who live, work and travel throughout Australia, every day (and night) of the year.

Established in 1928 by the Reverend John Flynn, the RFDS has grown to become the world's largest and most comprehensive aeromedical organisation.

Nationally, its vital services are delivered via a fleet of 75 aircraft, through the operation of 24 aeromedical bases and six remote primary health facilities across the country.

Today the RFDS delivers more than 300,000 patient contacts across Australia every year – that's one person every two minutes.

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

RFDS Central Operations began in 1939 and delivers 24/7 emergency aeromedical and essential primary health care services throughout South Australia and the Northern Territory.

It operates four aeromedical bases in Adelaide, Alice Springs, Darwin and Port Augusta, as well as three remote primary health care facilities in Andamooka, Marla and Marree in outback South Australia.

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

Our Vision >

A mantle of health care services for improving and saving lives in rural, remote and regional South Australia and the Northern Territory.

Our Mission >

Providing excellence in aeromedical and primary health care across South Australia and the Northern Territory.

Our Promise > The furthest corner. The finest care.

Our Patrons >

Her Honour
the Honourable
Vicki O'Halloran AO,
Administrator of the
Northern Territory

His Excellency
The Honourable
Hieu Van Le AC,
Governor of
South Australia

Completion
of **Medical
Chest upgrade**
program

**RFDS
Medi-Jet 24**
commences
aeromedical
service

**Mental Health
care expansion** at
Port Augusta Base

Community
partnered
**Q Fever
vaccination**
program

**First three-way
emergency video-
health consultation**
between patient,
Psychologist and
Mental Health Nurse

**‘Flying
headspace’
launched**
to support
young adults

**Australia’s most
reputable charity**
for the eighth
year in a row

\$14.2 million
generated from
fundraising &
bequests

**Record-breaking
‘Wings for Life’
Gala Ball**

95,769 visitors
to RFDS tourist
facilities

**First oral
health clinic**
in the
Northern
Territory



"Our steadfast focus on patient-centred care continues to drive us."

Equal access to essential health care which supports healthier and happier communities remains at the forefront of everything we do, and I am delighted to report that RFDS Central Operations continues to do more for the people of South Australia and the Northern Territory.

I commend to you the case studies published later in this Annual Report (pages 18-37) which depict these health services, importantly through the personal experiences of patients we have cared for in the past, and will continue to care for into the future.

Our steadfast focus on patient-centred care continues to drive us, and provides the backbone of our new five-year Strategic Plan which was launched to our workforce and key stakeholders in May.

Our vision for our future (Strategic Plan 2019-2023) builds on the success of our previous strategic plan, including

- the five strategic pillars which will continue to underpin our growth and development:
- › Service Delivery – create new models of care to drive improvements in patient safety, outcomes and experience;
 - › Our People – take our workforce to the next level with the right support and culture;
 - › Reputation – be recognised as the most trusted and reputable aeromedical and primary health care provider in Australia;
 - › Financial Security – financial growth which contributes to cost-effective services that are developed with funders and consumers; and
 - › Future Development – define our role as a specialist provider of primary health care and aeromedical retrieval services.

The plan reflects our contemporary approach to health care; one which requires greater collaboration with consumers and communities, service-delivery partners and governments funders while, importantly, maintaining our exceptional operational efficiency and accountability to all.

One example of stronger collaboration with consumers was the Q Fever vaccination program undertaken this

year in outback SA. Following approach by a small group of pastoralists, our Port Augusta Primary Health Care Service subsequently co-designed and co-funded with the pastoralist community a series of fly-in Q Fever clinics which tested and vaccinated 113 pastoralists and staff for the disease.

In the same vein the team at Port Augusta Base has partnered with major outback community events to deliver requested health promotion in areas of men's health, women's health, chronic disease and stress management, all while administering over 470 flu vaccinations across all ages at these events.

Increased measurement and reporting of clinical outcomes will continue to flourish, which have already demonstrated significant achievements in the areas of chronic disease management and community midwifery.

Our team reports that over the past year 88 percent of patients suffering Type 2 Diabetes and under ongoing RFDS primary care have a chronic disease management plan in place. Of these, more than half have demonstrated a significant and sustainable decrease in their HbA1C levels, an indicator of effective diabetes control.

During 2018/19 we provided first trimester antenatal and midwifery care to 56 pregnant women in outback SA,

of whom 95 percent delivered babies with birthweights above 2.5 kilograms and less than two percent of mothers experienced intrauterine growth restriction and pre-term labour.

Again these measures are indicators of effective healthcare delivery.

As governments, service-delivery partners and our patients continue to place their trust in us, so does the wider community which continues to loyally support our advocacy, fundraising and corporate initiatives, which this year generated \$14.2 million at a cost of nine cents for every dollar raised.

These funds continue to be vital – firstly, to meet the shortfall in our operational deficit from the delivery of our health services and, secondly, the direct source of our overall surplus, which underpins our capital asset program for the on-going replacement of our aircraft, medical equipment and core infrastructure initiatives.

Our significant capital investment continued this year with the delivery of two new aircraft to the fleet and represents community contributions of the past and lives of those changed in the future:

- › 'November' – a new medically-equipped Pilatus PC-12 NG which commenced service in March and was unveiled with its Beach Energy badging in recognition of the company's long-standing and

increased corporate support as an organisation 'Major' Sponsor for the next three years; and

- › 'Papa' – our first aeromedical jet, the new Pilatus PC24 known to us as the *RFDS Medi-Jet 24*, which impressed all when it arrived from Switzerland in April and shortly after had its S. Kidman & Co badging unveiled by Mrs Gina Rinehart as our inaugural 'Jet' Sponsor.

Our signature and record-breaking 'Wings for Life' Gala Ball – *the CANDYLAND Ball* – was again a highlight on the calendar, and to what has been yet another successful year of fundraising and public advocacy.

We thank and acknowledge the expertise and dedication of our marketing and fundraising team, along with the selfless contribution of our volunteer Auxiliaries and Support Groups, community fundraisers, individual donors and our growing gallery of corporate partners for their unwavering support.

It was indeed a privilege to welcome Channel 7 Adelaide and IGA Supermarkets as new Major Sponsors to our growing corporate family; both will play an important role in amplifying our message within the community, while long-standing corporate BHP Olympic Dam renewed as Major Sponsor for another three-year term.

Tony Vaughan has made the successful transition to Chief Executive following the retirement of John Lynch in November, while we also farewelled three retiring Directors, Janet Chisholm, Glenise Coulthard and Brendan Eblen, all of whom have made significant contributions over their decades of volunteer service.

I continue to be so proud to be part of RFDS Central Operations, as we celebrate another year of delivering universal access to the finest emergency and primary health care to those who live, work and travel in rural and remote South Australia and the Northern Territory.




Loretta Reynolds
Chairman

Delivery of the finest care to someone every 10 minutes is a compelling statistic, one which we are all very proud of at RFDS Central Operations.

Delivery of this quantum of contemporary health care – at times in the most remote and harsh parts of our country – doesn't just happen.

It requires a professional team of highly-skilled and dedicated staff, the backing of committed government funders and service-delivery partners, and the steadfast support of the wider community to help finance our work and tell our story to keep the mighty Reverend John Flynn's legacy alive.

Flynn's vision was to provide a 'mantle of safety' to those brave enough to live and work in the outback. That's why

I am delighted to report that over this past year we delivered over 57,000 episodes of health care, including:

- 9,568 aeromedical evacuations;
- 5,669 telehealth consultations;
- 12,550 primary health consultations;
- 3,646 mental health consultations;
- 502 oral health consultations;
- 88 road ambulance transports; and
- 1,107 remote immunisations.

Together, these numbers reflect growth in our overall service output, but separately they provide evidence of our long-standing strategy to close the gap of disparity of access to essential health services in rural and remote Australia.

Patients transported by aeromedical aircraft has stabilised. In fact, this workload softened slightly in Central Australia due to a spike in seasonal disease among some communities the previous year, combined with strong signs that NT Health's new Medical Retrieval and Consultation Centre

(MRaCC) in Alice Springs is yielding more efficient tasking and movement of patients in the region.

Meanwhile, the deliberate expansion of primary health care services from our Port Augusta Base and the integration of our remote nurse clinics reflect significant growth in primary and preventative health care activity to target communities in Far North and North West SA.

With hard-won funding commitments from the Commonwealth Government and Country SA Primary Health Network our contemporary primary care model has been enhanced by the addition of a full-time registered psychologist to the mental health team.

Combined with a social worker and two mental health nurses, we now offer a full 'stepped model' continuum of care to outback residents, the younger of whom will benefit further when we consolidate the introduction of a headspace counsellor to the 'fly-in' clinic team when it visits Marree and Oodnadatta – two communities we

identified to require specialist services for adolescent and young adults.

Innovation and adoption of technology remains a focus, and we continue to provide a gold standard tele-health and video-health service via the ZOOM software platform and the reliable NBN Sky Muster satellite service installed in our remote clinics and vehicles under the stewardship of our specialist satellite internet provider Activ8me.

In addition to the enhanced training, safety and personal 'connectivity' for our remote staff, ZOOM conferencing is fast becoming an acceptable form of consultation by isolated patients when face-to-face consultations are not available, or as an additional support mechanism for patients between our scheduled fortnightly and monthly 'fly-in' clinics.

Consolidation of our once fledgling Remote Oral Health Care Program has been another highlight, including its expansion into Central Australia. Twice the team comprising a dentist, dental hygienist and dental assistant visited the remote community of Kintore on the edge of the Gibson Desert, over 500 kilometres west of Alice Springs near the WA border.

We acknowledge the collaborative support of the NT Health's Central Australia Health Service and the local Pintupi Homelands Health Service, which has been such a strong advocate

of the program within the community and hosts the fly-in dental team for an entire week at a time.

Of course, 6 June 2019 will be etched in our history books as the first aeromedical retrieval of a patient in the *RFDS Medi-Jet 24* – our first and the world's first purpose-built aeromedical jet – which almost halved the normal mission time of a medically-equipped PC-12 turbo-prop for a retrieval from Alice Springs to Melbourne.

The intensive care in the air remained the same, however a faster flight and seamless patient loading system meant that this critically-ill patient reached specialist care in half the time and with a narrowed window of clinical risk of an unexpected medical complication during a longer journey.

Five years in the making, and its purchase financed solely by our corporate sponsors, bequests and donations from the community, the *RFDS Medi-Jet 24* continues to live up to its promise – our promise – as a game changer in aeromedical care.

We too acknowledge SA Health and NT Health, along with our service-delivery partners, for embracing the introduction of the *RFDS Medi-Jet 24* with such enthusiasm and recognition of our innovation and tangible contribution to the SA and NT health systems.

"We have a long-standing strategy to close the gap of disparity of access to essential health services in rural and remote Australia."

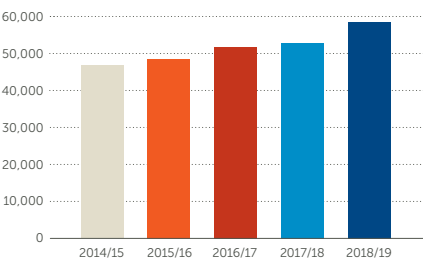
Finally, I want to thank the Board and our dedicated staff, hard-working volunteers and fundraisers, and corporate supporters and government funders for their unwavering support of our delivery of the finest care – every 10 minutes.



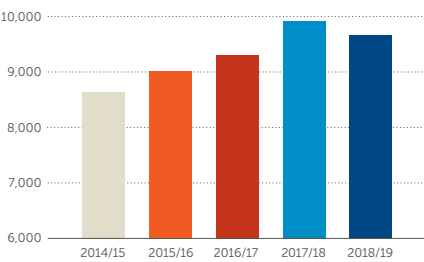
Tony Vaughan

Tony Vaughan ASM
Chief Executive

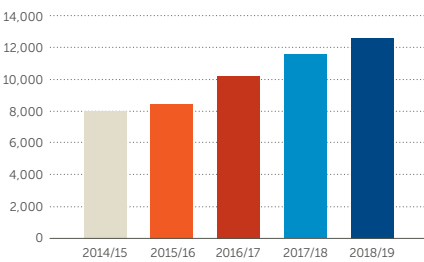
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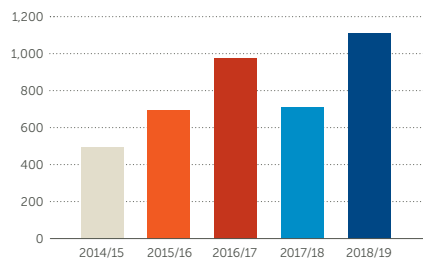
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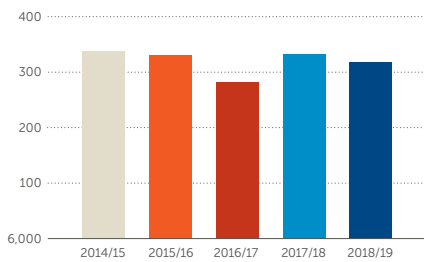
Primary Health Consultations >



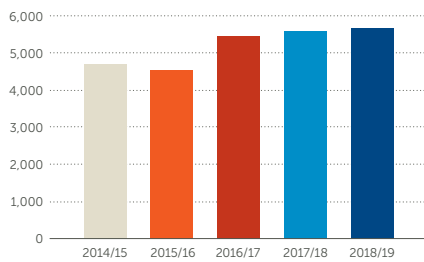
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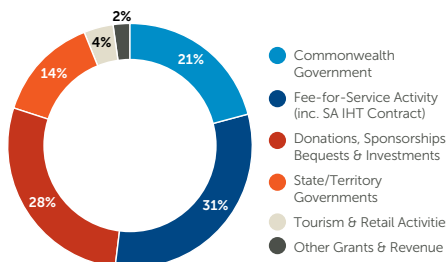
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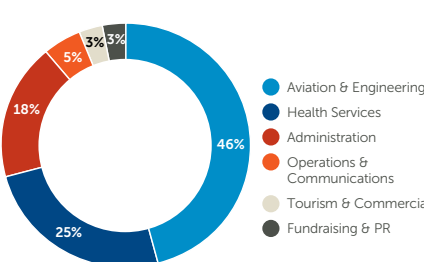
Telehealth >



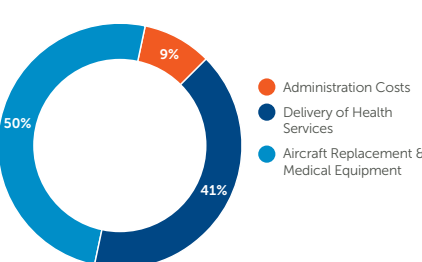
Source of Funds >



Application of Funds >



Where Fundraising is Applied >



- › Emergency aeromedical evacuations of critically-ill or injured patients from the outback.
- › Inter-hospital transfers of patients from a country hospital to a major hospital for life-saving care or specialist treatment.
- › Long-haul (interstate) transfers of critically-ill patients from one major hospital to another for life-saving surgery or specialist treatment.
- › Regular clinic flights to remote communities with doctors, nurses and mental health professionals.
- › Radio and telephone medical consultations with isolated patients.
- › The provision of medical chests to isolated people and communities
- › Operation of the Marree, Andamooka, and Marla Health Services.
- › Mental Health Outreach Program which provides specialist mental health care and support to remote communities in Central Australia.
- › Aboriginal Health Coordinator with a focus on service to support Aboriginal communities.
- › Remote Oral Health Care Program which delivers regular dental services and oral health education in communities without access to a permanent dentist.
- › NT Clinic Charter service which reliably and safely delivers health professionals to remote locations throughout the Northern Territory.
- › A Central Australian Retrieval Training Program which provides emergency medical skills training for use in remote locations.
- › A First Aid Training Program for people living in rural and remote communities.



RFDS Dentist Assistant Nicole Hearps, Dental Hygienist Kelly Fargher and Dentist Rodney Ferry perform an oral health consultation.

Aeromedical Bases & Tourist Facilities >

Alice Springs

A partner of the Central Australia Retrieval Service, 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 Elliot and Barkly Tableland in the Northern Territory, and beyond the border regions of Western Australia and Queensland. Crews also provide regular clinic charter services to NT Health for the transport of health professionals working throughout Central Australia. The Mental Health Services Rural & Remote Areas Program delivered by RFDS mental health clinicians is also based in Alice Springs.

Alice Springs is also home to our award-winning RFDS Alice Springs 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 Base also benefits from the Bill and Dawn Prior Village of 13 townhouses used as accommodation for staff and visiting clinicians.

Port Augusta

RFDS Central Operations' state-of-the-art Operations Communications Centre is located at Port Augusta Base, from which our Operations Coordinators receive emergency calls, plan and assign all 24-hour emergency retrieval and inter-hospital transfer flights from Adelaide, Alice Springs, Port Augusta and Darwin, whilst also providing after-hours back up for the Broken Hill Base (operated by South Eastern Section).

The Port Augusta Base is headquarters of the RFDS Primary Health Care Service which serves an area of 840,000 square kilometres, providing comprehensive primary health care services to residents in the far west and northern regions of SA. Services include 24-hour tele-health

consultations, remote fly-in primary health care clinics offering specialist chronic disease, mental health, oral health, maternal health, breast cancer and community health nurses/clinicians. In addition to our core of Doctors, Pilots, Flight Nurses, Engineers and Operations Coordinators, our Aboriginal Health Coordinator, Community Health Nurses, Lifestyle Advisor, Dentist, Dental Hygienist and Dental Assistant are based in Port Augusta enabling them to focus on serving people in isolated communities.

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 Sunraysia region of Victoria. The Adelaide Base is also home to our Engineering team which conducts heavy maintenance for the aircraft fleet situated across SA. A foundation tenant of the aeromedical precinct at the western end of Adelaide Airport, the Adelaide Base also houses the Executive, Corporate Services, Marketing, Stakeholder Relations, Fundraising, People & Culture and Health Services teams of the organisation.

Darwin

Darwin Base commenced operations in December 2017. The purpose-built facility enables the RFDS to fulfil its strategic goal of providing the finest care through the entire north-south corridor of the Northern Territory and South Australia. The Base provides 24-hour emergency evacuations and inter-hospital transfers in addition to regular clinic charter services to NT Health for the transport of health professionals delivering remote fly-in clinics throughout the Top End. Darwin is also home to the RFDS Darwin Tourist Facility at Stokes Hill Wharf – winner of the 2017 Brolga Northern Territory Tourism Award for New Tourism Business.

Remote Clinics >

The Marree Health Service, Andamooka Health Service and Marla Health Service are each staffed by two Remote Area Nurses who provide primary health care, home visiting, referrals, 24-hour medical consultation and 4WD emergency ambulance services. The Marree Health Service also provides a short-stay facility.

The remote clinics also provide a platform to promote and deliver other RFDS primary and preventative health programs such as oral health, chronic disease management and mental health care as an extension to the RFDS Port Augusta Primary Health Care Service.



RFDS Line Pilot Kellie Job at Alice Springs Base.

The Flying Doctor delivers the finest care to someone in South Australia and the Northern Territory every 10 minutes.

It's a compelling statistic that covers the broad spectrum of our work, from delivering oral health clinics in outback communities to performing emergency retrievals of the critically-ill or injured.

Day and night, our aeromedical crews and primary health care teams work tirelessly to provide the finest care for all those who live, work and travel in rural and remote Australia.

Read on to discover how John Flynn's vision for a 'mantle of safety' is brought to life every day from the perspectives of the people we have cared for in the past, and will continue to care for into the future.



57,868
episodes of health
care in 2018/19

The team at RFDS Central Operations attends to **more than 150 patients every day** across South Australia and Northern Territory.



Members of Titjikala community, Central Australia, with RFDS Mental Health Clinicians Barbara Meichelboeck and Mags Richardson, Alice Springs Base.

The finest care. Every 10 minutes.

CASE STUDY: PRIMARY EVACUATIONS >

The aeromedical retrieval of a critically-ill or injured patient from a remote location to a major hospital for emergency care.

Adelle Beu was enjoying the wonders of the South Australian outback with her partner and grandchildren when a freak accident turned their holiday upside down.

“I was messing around with the kids, balancing barefoot along the trunk of a fallen tree,” says Adelle, a Registered Nurse from Adelaide.

“I must have been about three metres up when I slipped and fell. My shoulder bore much of the impact,” she says.

Adelle landed face down. Her nursing background left her almost certain that she had fractured her wrist and the top of her humerus.

She was in significant pain – over 1,000 kilometres from Adelaide in the SA’s Far North near the Queensland border – and unable to move let alone be transported by road to the nearest township of Innamincka.

Instead, Adelle was airlifted to the Moomba Health Centre via the *Cooper Medivac 24* helicopter where she received initial care from the on-call Health Nurse.

Cooper Medivac 24 was developed and funded by RFDS Major Partners, Senex Energy and Beach Energy, to assist with local emergency response for residents, employees and tourists in the remote Cooper Basin.

“It was wonderful to be able to access some pain relief – I was most grateful for the green whistle!” Adele says.

Meanwhile, Operations Coordinators at RFDS Port Augusta Base were busy tasking an aircraft and aeromedical crew to airlift Adelle from Moomba to the Royal Adelaide Hospital for specialist medical treatment.

“When you live and work in the city, you don’t often stop to think about the challenges of accessing help in an emergency,”

– Adelle Beu

The 1,150-kilometre journey from Moomba to Adelaide takes over 13 hours by road, but a RFDS ‘flying intensive care unit’ covers this ground in just two hours.

“There was a great sense of relief when the Flying Doctor arrived,” says Adelle.

“Finding yourself injured in such a remote location really makes you appreciate the challenges posed by distance,” she said.



1,797

Primary evacuations in 2018/19

Alice Springs Base performs over **one-third of all primary evacuations** carried out by RFDS crews across Australia.



Adelle Beu (with partner Brian) was airlifted to the Royal Adelaide Hospital following a serious fall during her outback holiday.

The finest care. Every 10 minutes.

CASE STUDY: PRIMARY HEALTH CARE >

Regular ‘fly-in’ GP and Community Health Nurse Clinics – supported by Mental Health clinicians and a Community Midwife – to remote stations and isolated communities.

More than half of Type 2 Diabetes patients undergoing a RFDS chronic disease management plan demonstrate a significant and sustainable decrease in their HbA1C levels.

People living in rural and remote Australia are significantly more likely to develop diabetes than their city counterparts.

Whilst just 4.7 percent of those in Australia’s major cities have diabetes, this figure increases to 6.0 percent in inner regional areas and 6.7 percent in remote areas.

The RFDS Port Augusta Primary Health Care Service is working to close this gap by providing specialist diabetes care and education as part of its integrated health service offering in outback SA.

With a ‘waiting room’ covering the Flinders Ranges, Gawler Ranges, Birdsville Track and Far North in addition to the communities of Oak Valley and Yalata, the team prides itself on delivering best practice primary health care.

“Our team provides a combination of telephone consultations, scheduled ‘fly-in’ GP and Nurse clinics and station visits,” says Mandy Smallacombe, RFDS Primary Health Care Manager, who is also a specialist diabetes educator.

Patient Karen Smith lives in Yalata, some 200 kilometres west of Ceduna on SA’s Eyre Peninsula, and works in the local Tullawon Health Service as the Aboriginal Health Coordinator. She has Type 2 Diabetes and is one of many patients who rely on the Flying Doctor for regular specialist support.

The Port Augusta primary health care team flies to Yalata Community three times a month.

“It’s important to see patients with diabetes, such as Karen, on a regular basis to ensure optimal glycaemic control and to prevent potential complications, says Mandy.

“This includes regular feet assessment – people living in remote areas are at an increased risk of diabetes-related foot problems, which in turn can lead to more serious complications.”

On Mandy’s recommendation, Karen commenced taking Bydureon, a relatively new prescription medicine, from May 2018 to keep blood glucose levels at a safe level.

“Regular HbA1c tests have shown that Karen has experienced a dramatic decrease in average levels of blood glucose. For people without diabetes, the normal range for the HbA1c level is between 4.0 and 5.6%,” says Mandy.

“Since commencing on Bydureon, Karen’s levels have dropped from 8.7 percent to around 7 percent, which is optimal glycaemic control. This in turn lowers the risk of Karen suffering diabetes-related complications in the future.”

“I always look forward to Mandy coming across to Yalata. She always has an answer to any question I might have about my diabetes.”

– Karen Smith



12,550

Primary health consultations in 2018/19

Karen Smith, Yalata receives support from RFDS Primary Care Manager Mandy Smallacombe to manage her diabetes.

CASE STUDY: MENTAL HEALTH CARE >

A stepped model of preventative and early intervention mental health services which support happier and healthier communities.

RFDS research shows that remote Australians die by suicide on average at twice the rate of city people, yet are only able to access mental health services at a fifth of the rate of their city counterparts

“There’s no difference in prevalence of mental illness between the city and the bush,” says Dr Martin Laverty, RFDS Federation Chief Executive.

“Yet our research reveals dramatic differences in how sick people become. Poor service access, distance, cost, and continued reluctance to seek help all contribute to higher mental illness acuity,” Dr Laverty says.

The RFDS works to bridge this gap in access to mental health services by providing a stepped model of preventative and early intervention mental health services to the remote communities of South Australia and Central Australia.

The dedicated teams of RFDS mental health professionals visit remote towns and communities to provide a combination of face-to-face clinics with access to telehealth support, as well as education about mental health and wellbeing issues for individuals and community leaders.

The Alice Springs-based mental health team cares for residents of 20 remote communities in Central Australia, providing culturally appropriate infield treatment of mild to moderate diagnosable mental illness to residents where there is little or no other mental health service.

One such community is Titjikala, 130 kilometres south of Alice Springs, which the RFDS mental health team visit on a regular basis, offering emotional

and social wellbeing support to the community of around 200 residents. “It’s a preventative model of care,” says Barbara Meichelboeck, Mental Health Clinician, RFDS Alice Springs Base.

“We offer an accessible, responsive and culturally appropriate mental health service.”

“We know we can talk about anything to Barbara; having her here helps keep Titjikala healthy,”

– Janie Campbell

Community member Janie Campbell says the RFDS provides terrific support to her community.

“Barbara is fantastic. She’s welcome in our community,” Janie says.

“Barbara takes the time to sit with us, get to know us, have a yarn. We know we can talk about anything to Barbara; having her here helps keep Titjikala healthy,” she says.

Amandeep ‘Daisy’ Kaur, Titjikala’s Home Care Coordinator, agrees.

“Barbara has built a real rapport with community members. I can see they feel comfortable discussing their worries with her,” Amandeep says.

“Before the RFDS, no other organisation provided this kind of support.”



3,646

Mental health patient contacts in 2018/19



Remote Australians die by suicide on average at twice the rate of city people, yet can only access mental health services at a fifth of the rate of their city counterparts.

The finest care. **Every 10 minutes.**

CASE STUDY: INTER-HOSPITAL TRANSFERS >

The aeromedical transfer of patients from one hospital to another for life-saving care or specialist treatment.

Over 500 pregnant women are airlifted from rural and remote SA/NT to major regional and metropolitan hospitals every year.

When Shelley Hatch started going into labour at just 24 weeks into her pregnancy – 16 weeks premature – the sliding doors of time over the next few hours would determine whether her first child would survive.

Shelley was urgently admitted to the Mount Gambier Hospital, and whilst medication was temporarily slowing her labour, Shelley needed to give birth in a Neonatal Intensive Care Unit (NICU) – the nearest located 430 kilometres away in Adelaide’s Women’s and Children’s Hospital (WCH).

“I will be forever thankful to the Flying Doctor for being there on the scariest day of my life,”
– Shelley Hatch, Mt Gambier

For a baby born at just 24 weeks, there’s a 40 per cent chance that the baby will not survive. Of those who do, many experience significant health and developmental challenges.

“It was my first pregnancy. Everything had been progressing fairly normally, until my waters broke suddenly. I couldn’t stop crying – all I could think was my baby is going to die,” Shelley says.

The RFDS Adelaide Base was alerted, and within minutes a RFDS aeromedical team was on its way to airlift Shelley and her husband Patrick to Adelaide.

“Upon our arrival in Mount Gambier, Shelley’s contractions had increased in strength and frequency,” says RFDS Senior Flight Nurse Michael Penno.

“She was in significant pain. We quickly loaded Shelley onto the aircraft, determined to do all we could to give her unborn baby the best possible chance,” Michael says.

The journey from Mount Gambier to Adelaide takes four-and-a-half hours by road – but the Flying Doctor covers this ground in just 60 minutes.

“We reached the Women’s and Children’s just in the nick of time – Shelley’s cervix was fully dilated, she was ready to push, and the baby’s heart rate had dropped to a dangerously low level,” Michael recalls.

Weighing just over 600 grams – not much more than a small block of cheese – Shelley son was born less than an hour after they’d landed in Adelaide. Tiny Charlie spent his next few months in the NICU receiving specialist care from the WCH neonatal team.

Today, Charlie is a chubby one-year-old with big blue eyes, blonde curls and a bright smile. Had Charlie been born outside of the WCH without the specialist neonatal staff and facilities he so desperately needed, the outcome would have been very different.

RFDS Central Operations and SA Ambulance Service are service delivery partners. The inter-hospital transfer of public patients undertaken by the RFDS in South Australia are funded by the SA Government.



7,705

Inter-hospital transfers in 2018/19

CASE STUDY: TELEHEALTH CONSULTATIONS >

A 24/7 emergency or medical consultation with the on-call RFDS Doctor or Remote Area Nurse via telephone or video-conference.

It was the middle of the night when fourteen year-old Henry Cooper became severely-ill whilst visiting Arkaroola Wildlife Sanctuary in the heart of the Flinders Ranges.

Henry's mother Astrid, a doctor herself, was faced with treating Henry whilst facing the tyranny of distance – 600 kilometres north of Adelaide.

"Henry had been ill with a sore throat," says Astrid. "As his illness progressed, he developed a very high fever, accompanied by a rapid heart rate which he sustained for more than twelve hours."

"Henry was so unwell, I feared he would deteriorate and go into shock,"

– Astrid Arellano

"It was a frightening experience to be faced with having to treat my own son in a remote area with limited access to drugs and equipment," she says.

"I dialled the RFDS emergency number in the middle of the night and I was quickly speaking to the on-call Doctor, who was able to direct me to the RFDS Medical Chest located at the Arkaroola Village and prescribe the appropriate drugs."

Meanwhile, an Operations Coordinator at RFDS Port Augusta Base had tasked an aeromedical crew to airlift Henry and Astrid to Adelaide's Women's and Children's Hospital for further care.

RFDS Medical Practitioner, Dr Jo Lene Low recalls the telephone call she received that night.

"Henry's symptoms indicated a peritonsillar abscess, requiring urgent care at the Women's and Children's Hospital," Dr Low says.

"I was able to prescribe antibiotics from the village's RFDS Medical Chest, which would have begun working quickly to start fighting the infection and also provide Henry with some much needed pain relief – before our aeromedical crew arrived," Dr Low says.

Astrid says Henry made a full recovery.

"The RFDS is a first-class service, and I have only truly come to realise how lucky we are to have the RFDS after experiencing first-hand what they do," she says.



5,669

Telehealth consultations in 2018/19

Video-conferencing on the gold standard ZOOM platform has become an additional support mechanism for remote patients between our scheduled fly-in health clinics.

When Henry became unwell during a holiday in outback SA, the on-call RFDS Doctor prescribed antibiotics via telehealth call and airlifted Henry to Adelaide.

The finest care. Every 10 minutes.

CASE STUDY: REMOTE AREA NURSE CLINICS >

In-clinic primary health care and 24/7 emergency ambulance services to residents and tourists to the remote communities of Andamooka, Marla and Marree.

A severe attack of abdominal pain in the middle of the night while on an outback driving holiday put Stephen Daniel in a deadly race against time to survive – if only he had known it.

Stephen and his wife Rebecca had camped overnight at Cadney Park Homestead, 150 kilometres north of Coober Pedy in SA's outback, when he was woken by intense pain.

"I waited until morning, thinking the pain would go away," Stephen says.

"It didn't, so we talked to the park manager who recommended we drive to the nearest clinic 70 kilometres north, the RFDS Marla Health Service," he says.

During the drive to Marla, Stephen was increasingly uncomfortable and the pain soon became excruciating.

What he didn't know at the time was that his diaphragm had herniated – a fist-sized hole had developed at the top of his diaphragm. As a result, his small and large intestines were pushing through the hole into his heart and lung cavity which was causing immense pain and a dangerous threat to his life.

As soon as the Daniels arrived in Marla they were met by the RFDS Remote Area Nurses (RANs) who provided pain relief and, concerned at his worsening condition, quickly contacted the on-call RFDS Doctor at Port Augusta Base.

"The on-call Doctor confirmed the nurses' concerns and decided I should be airlifted to hospital in Adelaide," Stephen says.

On arrival in Adelaide, Stephen was taken to hospital where he underwent scans to confirm a diaphragmatic hernia which required emergency surgery. Within a week, Stephen was back home on the Yorke Peninsula on his farm recuperating.

"I didn't know it then, but I now know that this type of hernia is a rare and life-threatening condition – and your chances of survival worsen considerably if it's not diagnosed quickly and corrected by emergency surgery," Stephen says

"I hate to think what the outcome would have been if I hadn't been treated so professionally by the RFDS Nurses at the Marla Health Service,"

– Stephen Daniel



7,737

Patients attended by Remote Area Nurses in 2018/19

RAN clinics promote and co-deliver oral health, mental health and chronic disease management programs as **an extension to the RFDS Port Augusta Primary Health Care Service.**

CASE STUDY: MEDICAL CHESTS >

Medical Chests contain a range of pharmaceutical items which enable first-responders to administer emergency treatment under the guidance of the on-call RFDS Doctor.



When most people hear the word ‘remote’ images of red dirt-blue sky readily come to mind, but not by the Flying Doctor who extended its ‘mantle of safety’ to the white sand-blue waters of one of the country’s most sought after surf beaches.

The RFDS recently installed a RFDS Medical Chest – complete with an Automatic External Defibrillator (AED) – at Cactus Beach, a remote surf beach on South Australia’s Eyre Peninsula. Situated 850 kilometres west of Adelaide, Cactus Beach is a popular spot for local ‘salties’ of all ages and many a grey nomad crossing the Nullarbor to Perth. Complemented by a RFDS Medical Chest, the AED was installed by the RFDS at no cost to the community in response to a local campaign by Cactus Beach local Kiwi White. The Cactus Beach AED was one of over 100 AEDs added to RFDS Medical Chests throughout outback South Australia in 2018-19, funded

by donations from the community and RFDS National Partner, life insurer TAL. AEDs are designed for use by first-responders with little or no medical training. When applied to a collapsed patient, an AED automatically delivers an electrical current through the chest to shock the heart back into a normal rhythm, allowing it to pump again. “Sudden cardiac arrest can affect anyone at any time. Currently, only 10 per cent of Australians who suffer a cardiac arrest outside of a hospital survive – less in remote areas,” says Natalie Szabo, RFDS Executive General Manager Health Services Development. “AEDs save lives – they are proven to help keep someone alive until emergency services arrive,” Ms Szabo says.

“This is a great example of how local communities can rally together to identify local needs and work together with organisations such as the RFDS to solve them,”
– Natalie Szabo



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Medical Chests maintained in 2018/19

Remote Australians are 1.6 times more likely to be hospitalised for coronary heart disease than their city counterparts.

Natalie Szabo, RFDS Executive General Manager Health Services Development & Clinical Governance, and Kristina Childs, RFDS Health Services Administration Assistant, install an AED at Cactus Beach, SA.

CASE STUDY: ORAL HEALTH CARE >

A mobile dental service providing a suite of preventative, early intervention and treatment services ranging from simple check-ups, x-rays and hygiene services through to fillings and extractions.

RFDS research has confirmed that rural and remote residents have higher rates of tooth decay, gum disease and greater risk of having teeth extracted than their city counterparts.

The research quantified that over one-third (37%) of remote Australians have untreated tooth decay, citing reasons including limited opportunities to see a dentist coupled with greater prevalence of oral health risk factors.

The RFDS oral health team is responding to this need by delivering remote clinics via ‘fly-in’ clinics in the South Australia and the Northern Territory.

“We know that providing preventative oral health services leads to better overall health outcomes, as well as decreasing the need for emergency dentist visits – or aeromedical evacuations,” says Dr Vaibhav Garg, RFDS Senior Dentist.

The program, staffed by dentists, dental hygienists and dental assistants, offers a range of preventative, early intervention and treatment services ranging from simple check-ups, x-rays and hygiene services through to fillings and extractions.

“There is also a strong focus on educating and empowering patients to play an active role in their oral health,” says Vaibhav.

“We aim to empower and motivate residents in rural and remote communities towards good oral health and prevention of oral disease.”

The team is also fostering innovative partnerships to help residents of remote communities better their oral hygiene.

“There’s a strong focus on educating and empowering patients to play an active role in their oral health,”

– Dr Vaibhav Garg, Senior Dentist

One such partnership is that with Bamkiki, a manufacturer of biodegradable bamboo toothbrushes. The Australian-owned company has committed to supplying 100 toothbrushes free of charge every month for a year.

“Bamkiki generously made their first donation just in time for a trip to Kintore, NT – a remote community some 550 kilometres west of Alice Springs with a population of 450,” Dr Garg says.

Dr Garg and the team spent time engaging with the community, providing oral health education through simple games and colouring activities with the youngest children.



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Oral health consultations in 2018/19

The prevalence of untreated tooth decay increases as distance from a capital city increases, peaking at one-third of residents living in remote Australia.

The finest care. Every 10 minutes.

CASE STUDY: COMMUNITY MIDWIFERY >

Shared model of care between the RFDS Community Midwife, RFDS Doctors and tertiary hospitals to provide the finest ante- and post-natal care for pregnant women living in rural and remote areas.

Less than two percent of women undergoing Shared Care of a RFDS Community Midwife experienced intrauterine growth restriction and pre-term labour.

Research¹ reveals that geographical remoteness affects babies’ risk of adverse perinatal outcomes, such as being small for gestational age and fetal death.

The RFDS primary care team is working to bridge this gap by providing access to best practice maternity care to those living in rural and remote communities.

“We provide face-to-face and telehealth services to women who otherwise might encounter difficulty accessing traditional maternity care due to geographic isolation,” says Mandy Smallacombe, RFDS Primary Health Care Manager.

Antenatal and postnatal services are delivered to women in outback SA by the RFDS Primary Health Care Service, reducing the need for extensive travel for routine pregnancy care and allowing women to remain with their families and businesses until travelling to their birthing hospital in the late stage of pregnancy.

“I see the same RFDS Midwife every month, in my own home – the care is just fantastic,”

– Amy Cooper

“We deliver a shared model of care between the RFDS Community Midwife, RFDS GPs and birthing hospitals in Adelaide or one of our major regional centres,” explains Caitlyn Keller, RFDS Community Midwife.

The service delivers routine antenatal check-ups, blood tests, immunisations, education and support in addition to support for babies and their families once they return home after birth.

“Typically we see patients at their property or a local clinic on a fortnightly or monthly basis during regular fly-in clinics. We are also available outside of these times for telephone or video consultations,” says Caitlyn.

“Our low risk antenatal patients typically only need to travel to their birth care provider at around 20 weeks for a morphology ultrasound and consultation with an obstetrician.

“Otherwise, they can remain at home – where they often have work and family responsibilities – until much later in their pregnancy,” says Caitlyn.

Amy Cooper is very familiar with the model of care. Amy was supported by the RFDS during her second pregnancy and is currently receiving care in her third pregnancy.

Amy and her husband live on Millers Creek Station, 150 kilometres north of Roxby Downs, SA. In addition to the busy life of a station wife, Amy supervises her children, six-year-old Riley and five-year-old Indianna with their lessons via School of the Air.

RFDS midwifery care has enabled her to stay at home until 36 weeks’ gestation.

“I see Caitlyn every month during the regular RFDS clinic run,” says Amy. “Apart from my 20 week scan, I haven’t needed to travel to Adelaide at all during my pregnancy.”

“Without the RFDS, I’d need to make a four-hour round-trip on dirt roads into Roxby Downs every time I needed a check-up or blood test,” says Amy. “It just makes everything so easy.”

The model also ensures continuity of care wherever possible.

“Just like city folk, people in rural and remote areas are more likely to achieve better health outcomes when they are able to access health care from a trusted provider who understands their history and circumstance,” says Caitlyn.

“If I lived in the city, I would just see whichever midwife was on duty at the hospital at all my appointments,” says Amy. “But this way I generally see the same midwife every time, both for my antenatal care and once my baby is born.”



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Pregnant women cared by Community Midwife in 2018/19

Amy Cooper, Millers Creek Station via Roxby Downs, receives midwifery care from the RFDS Primary Health Care team under a Shared Care model.

¹ Abdel-Latif ME, Bajuk B, Oei J, et al. Does rural or urban residence make a difference to neonatal outcome in premature birth? A regional study in Australia. Arch Dis Child Fetal Neonatal Ed 2006; 91: F251-F256 and Roberts CL, Algert CS. The urban and rural divide for women giving birth in NSW, 1990-1997.

CASE STUDY: ABORIGINAL HEALTH COORDINATOR >

A dedicated cultural and social support service to Aboriginal patients during their admission to – and discharge from – the Port Augusta Hospital and Step-Down Unit.

Clients supported by the RFDS Aboriginal Health Coordinator achieved a **99 percent attendance at out-patient medical appointments** during their stay in Port Augusta.

Providing in-hospital cultural and social support to remote patients has reduced the rate of return to community prematurely and putting themselves at risk of return to ill-health and re-admission to hospital.

The ‘one-stop-shop’ health support service also ensures prescriptions are filled and has underpinned a near-perfect attendance rate of out-patient medical appointments by Aboriginal patients during their time in Port Augusta.

“Our RFDS Aboriginal Health Coordinator provides a critical role in following up on patient referrals to prevent outback residents falling through the cracks and, ultimately, returning to the health system as an acute patient,” says Mandy Smallacombe, RFDS Primary Care Manager.

“The Coordinator works in collaboration with our Doctors and Community Health Nurses as part of our ‘Shared Care’ model of care for remote patients of the RFDS Port Augusta Primary Health Care Service,” Mandy says.

A non-clinical role, the Aboriginal Health Coordinator is employed by the RFDS and funded by long-term corporate partner, Adelaide Airport Limited as part of its Community Investment Program.

In her role as Aboriginal Health Coordinator, Denise Martin supports outback patients during their treatment at Port Augusta Hospital or the hospital’s Step Down Unit (short-stay hostel).

Denise’s clients are not solely patients who have been airlifted by RFDS crews to the Port Augusta Hospital due to injury or illness. They include remote residents who need to travel and stay for a short or extended period at Port Augusta for medical treatment, most often women in their final month of pregnancy waiting to give birth.

Visiting clients daily, Denise provides access, advice and advocacy of the health system, with a particular focus on those who have the added burden of being in a totally foreign environment and dislocated from family support or community.

“Arriving from community, many clients find hospital a totally foreign environment and intimidating to say the least,” Denise says.

“There are distinct cultural differences, language and literacy barriers, all of which complicate the public systems of financial support through to the logistics of booking a bus ticket or transport home,” she says.

“My role is to support cultural safety, social well-being and encourage attendance of medical appointments.

“Often a barrier to medical care is ‘worry’ about leaving family members behind in community – even when it is at the expense of receiving medical treatment for themselves,”

– Denise Martin

“I also advocate the health system as a level of mistrust remains in health and support services due to the realistic fear and shame that their children may be taken away,” she says.

In 2018/19, Denise’s clients have achieved 99 percent attendance rate at out-patient medical appointments by clients during their stay in Port Augusta.

“Without support, encouragement and advocacy of the health system clients will often discharge themselves from hospital before the completion of essential medical treatment,” Mandy says.

“Culturally appropriate care involves time. Denise spends valuable time with clients and their families ‘yarning’ about their barriers to health care – this is a valuable resource, unseen in many medical fields,” she says.



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patients supported by Aboriginal Health Coordinator in 2018/19

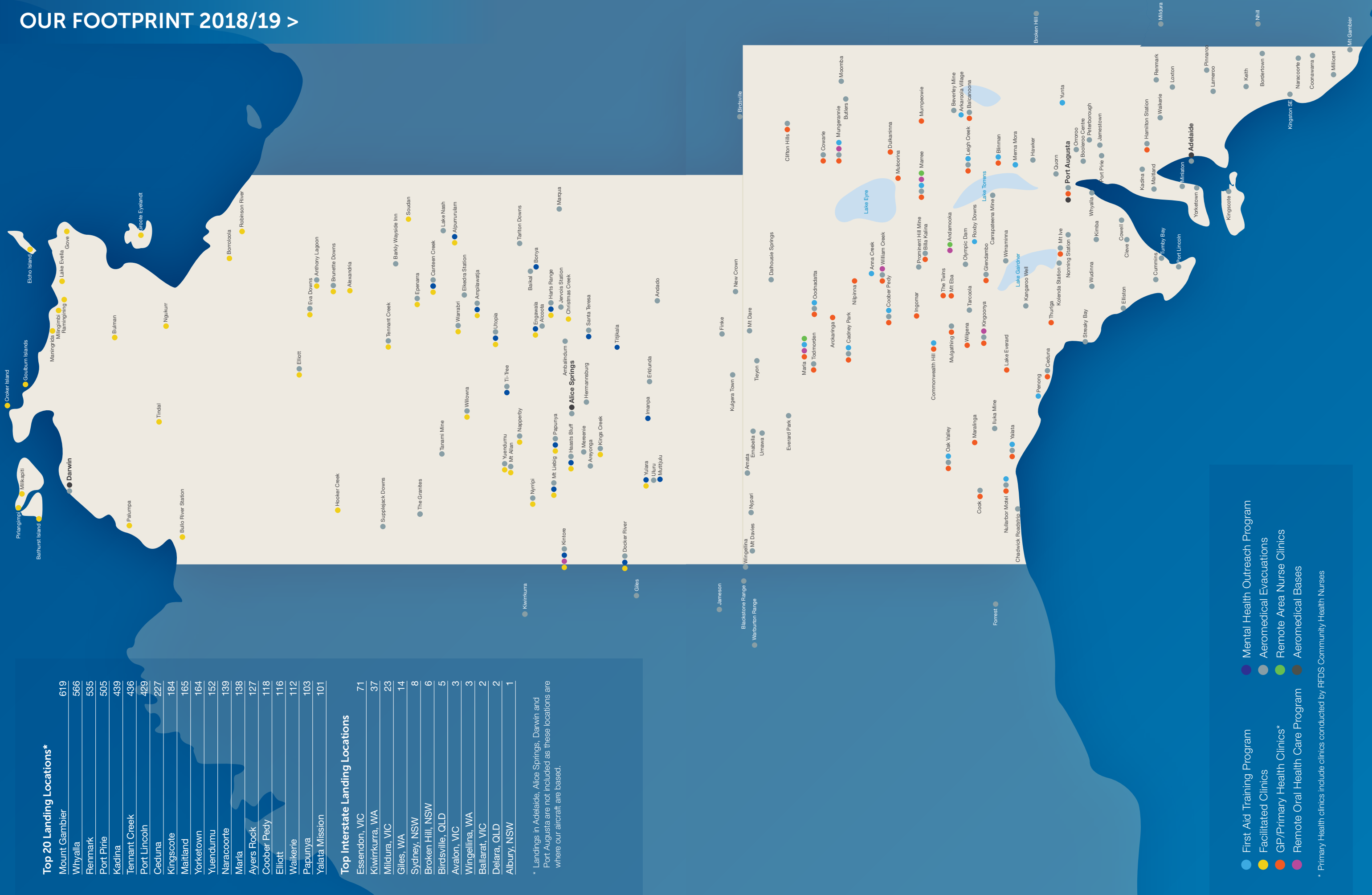
OUR FOOTPRINT 2018/19 >

Top 20 Landing Locations*

Mount Gambier	619
Whyalla	566
Renmark	535
Port Pirie	505
Kadina	439
Tennant Creek	436
Port Lincoln	429
Ceduna	227
Kingscote	184
Maitland	165
Yorke town	164
Yuendumu	152
Naracoorte	139
Marla	138
Ayers Rock	127
Coober Pedy	118
Elliott	116
Walkerie	112
Papunya	103
Yalata Mission	101

Top Interstate Landing Locations	
Essendon, VIC	71
Kiwirrkurra, WA	37
Mildura, VIC	23
Giles, WA	14
Sydney, NSW	8
Broken Hill, NSW	6
Birdsville, QLD	5
Avalon, VIC	3
Wingellina, WA	3
Ballarat, VIC	2
Delara, QLD	2
Albury, NSW	1

* Landings in Adelaide, Alice Springs, Darwin and Port Augusta are not included as these locations are where our aircraft are based.



- First Aid Training Program
- Facilitated Clinics
- GP/Primary Health Clinics*
- Remote Oral Health Care Program
- Mental Health Outreach Program
- Aeromedical Evacuations
- Remote Area Nurse Clinics
- Aeromedical Bases

* Primary Health clinics include clinics conducted by RFDs Community Health Nurses

OUR ACTIVITY 2018/19 >

Health >

	Northern Territory		South Australia					SA/NT
	Alice Springs	Darwin	Adelaide	Port Augusta	Andamooka Health Service	Marla Health Service	Marree Health Service	Total
Telehealth Consultations				4,713	227	231	498	5,669
Total number of Telehealth Consultations	-	-	-	4,713	227	231	498	5,669
Patients Attended								
RFDS General Practice (GP) Clinics	-	-	-	2,472	-	-	-	2,472
RFDS Nurse Clinics*	-	-	-	2,341	2,088	2,045	3,604	10,078
RFDS Facilitated Clinics**	12,963	12,746	-	-	-	-	-	25,709
Remote Mental Health Outreach Program	2,782	-	-	864	-	-	-	3,646
Remote Oral Health Care Program	63	-	-	439	-	-	-	502
Aboriginal Health Coordinator	-	-	-	136	-	-	-	136
Total Patients Attended	15,808	12,746	-	6,252	2,088	2,045	3,604	42,543
Patients Transported								
Primary Evacuations	1,555	-	55	187	-	-	-	1,797
Interhospital Transfers	881	-	4,804	2,020	-	-	-	7,705
Repatriations	28	-	30	8	-	-	-	66
Road Ambulance	-	-	-	-	23	35	30	88
Total Patients Transported	2,464	-	4,889	2,215	23	35	30	9,656
Total Patient Contacts	18,272	12,746	4,889	13,180	2,338	2,311	4,132	57,868
Immunisations								
Total Immunisations	-	-	-	683	96	122	55	956
Clinics Conducted								
RFDS General Practice (GP) Clinics	-	-	-	256	-	-	-	256
RFDS Nurse Clinics*	-	-	-	539	492	492	492	2,015
RFDS Facilitated Clinics**	1,257	1,236	-	-	-	-	-	2,493
RFDS Mental Health Outreach Clinics	345	-	-	72	-	-	-	417
RFDS Oral Health Outreach Clinics	1	-	-	22	-	-	-	23
Total Clinics Conducted	1,603	1,236	-	889	492	492	492	5,204
Health Program Participants								
Medical Chest Program	-	-	-	143	-	-	-	143
First Aid Training Program	-	-	276	-	-	-	-	276
Central Australian Retrieval Training	40	-	-	-	-	-	-	40
Total Health Program Participants	40	-	276	143	-	-	-	459

* RFDS Nurse Clinics include clinics conducted by RFDS Community Health Nurses & Remote Area Nurses.
** RFDS Facilitated Clinics utilise RFDS aircraft to transport non-RFDS health clinicians.

Aircraft Register >

Registration	Description	Year of Manufacture	Date of Acquisition	Dedication	Major/Jet Sponsor
VH-FMW*	Pilatus PC-12	1995	September 1995		
VH-FMZ*	Pilatus PC-12	1996	March 1996	Roy & Marjory Edwards^	
VH-FDE	Pilatus PC-12	2000	September 2000		
VH-FGR	Pilatus PC-12	2001	December 2001		
VH-FGS*	Pilatus PC-12	2001	December 2001		
VH-FGT*	Pilatus PC-12	2001	December 2001		
VH-FDK	Pilatus PC-12	2002	December 2003		
VH-FDJ	Pilatus PC-12	2007	January 2008	Beth Stewart Klugh^	
VH-FVA	Pilatus PC-12	2009	March 2010	Our Auxiliaries & Support Groups^	
VH-FVB	Pilatus PC-12	2010	April 2010		BHP
VH-FVD	Pilatus PC-12	2010	July 2010	Our Inaugural Doctors^	
VH-FVE	Pilatus PC-12	2010	September 2010	Our Pioneering Women^	IGA
VH-FVF	Pilatus PC-12	2010	October 2010	Barry Lodge OAM^	OZ Minerals
VH-FXJ	Pilatus PC-12	2015	August 2015		Hackett Foundation
VH-FXN	Pilatus PC-12	2016	June 2016		Senex Energy
VH-FXW	Pilatus PC-12	2016	October 2016		Elders Limited
VH-FXZ	Pilatus PC-12	2017	June 2017		7 NEWS
VH-JDN	Pilatus PC-12	2018	March 2019	John Schirmer^	Beach Energy
VH-FMP	Pilatus PC-24	2018	April 2019	John Francis Lynch^	S Kidman & Co

Registration *: Aircraft re-fitted to commuter configuration for delivery of remote health clinic services
Dedication ^: Badging remains in line with life of aircraft only
Dedication #: Badging remains forever
Major Sponsor: Badging remains for term of sponsorship
Jet Sponsor: Badging remains for term of sponsorship

Aviation >

	Northern Territory		South Australia		SA/NT
	Alice Springs Base	Darwin Base	Adelaide Base	Port Augusta Base	Central Operations Total
No. of Aircraft	7	2	6	4	19
No. of Landings	4,340	707	7,309	4,505	16,861
Kilometres	2,231,224	244,698	2,250,601	1,372,098	6,098,621
Block Time (hrs)	6,412	738	7,088	4,279	18,517

OUR BOARD & MANAGEMENT >



Loretta Reynolds
(BEc LLB SFFin FAICD)

- Chairman**
- › Commenced on Board – 2011
 - › Attended 8/9 meetings
 - › Chairman Executive Committee
 - › Member Finance Committee (to 18 October 2018)

Corporate Partner and Chairman of national law firm, Thomson Geer. Non-Executive Director, ASC Pty Ltd. Member RFDS Federation Board.

Paul Prestwich OAM
(BEc MBA FCPA FAICS FGIA FAICD RegTA Dip Fin Planning)

Deputy Chairman
(from 9 August 2018)

- Treasurer**
(to 18 October 2018)
- › Commenced on Board – 1995
 - › Attended 8/9 meetings
 - › Member Executive Committee
 - › Member Board SQR Sub-Committee (Chairman to 18 October 2018)
 - › Member Finance Committee (Chairman to 18 October 2018)

Principal of an accounting firm, company Director and management consultant in the areas of financial and management accounting, risk management, organisation review, investment and asset management, strategic planning and development. Former General Manager of a large pharmacy group and Chief Financial Officer with a significant South Australian member service organisation.

Peter de Cure
(BEc Adel FAICD FCA)

- Treasurer**
(from 18 October 2018)
- › Commenced on Board – June 2018
 - › Attended 9/9 meetings
 - › Member Executive Committee (from 18 October 2018)
 - › Chairman Finance Committee (from 18 October 2018)

An experienced non-executive director and Chairman, with strong technical skills in governance, finance, accounting, taxation, mergers, acquisitions and practical business knowledge across many industries. Chairman of the Australian-American Fulbright Commission. Director of Accord Property Holdings Pty Ltd, the Accord Property Development Fund, Accord SIA Storage Fund Pty Ltd. Chairman of Gifford Hill Joint Venture & Gifford Hill Pty Ltd. Board Member of the Tax Practitioner's Board. Director & Past Chairman, Variety "the Children's Charity". Advisory Board Chairman, Tim Adams Wines. Advisory Board Member, Peter Cochrane Transport. Fellow, Australian Institute of Company Directors. Fellow, Institute of Chartered Accountants Australia & New Zealand. Previously a Partner with KPMG.

Janet Chisholm
(BCom MAICD)

- › Commenced on Board – 1996
- › Attended 3/3 meetings
- › Member Executive Committee (to 18 October 2018)

Pastoralist, via Alice Springs with broad Board experience including 22 years' service to the RFDS, and a marketing career in Sydney specialising in advertising and strategic planning.

**Retired 18 October 2018*

Dr Tim Cooper AM
(MSc MD MBA FAICD)

- › Commenced on Board – 2005
- › Attended 7/9 meetings
- › Member Finance Committee (to 18 October 2018)
- › Member Health Advisory Committee (from 18 October 2018)

Managing Director, Coopers Brewery Ltd. Chairman, Premium Beverages Pty Ltd; Chairman, Morgan's Brewing Pty Ltd; Chairman, Coopers DIY, LLC (USA). President, Institute of Brewing & Distilling (UK). Director, Brewers Association of Australia Inc. Governor, Coopers Brewery Foundation Inc.

Glenise Coulthard

- › Commenced on Board – 1995
- › Attended 1/1 meetings
- › Member Health Advisory Committee (to 12 July 2018)

Churchill Fellow 1997. Manager, Aboriginal Health, Flinders & Upper North Region. Executive Member/Deputy Chair, Ninti One CRC-REP; Executive Member/Deputy Chair, Ikara-Flinders Ranges National Park Co-Management Board. Member, SA Arid Lands Natural Resource Management Board. Member of Parks & Wilderness Council. Broad Board experience with over 20 years' service to the RFDS.

**Retired 12 July 2018*



Brendan Eblen
(MAICD)

- › Commenced on Board – 1995
- › Attended 4/8 meetings
- › Member Board SQR Sub-Committee (to 18 October 2018)

Over 35 years' service to the RFDS and outback communities. Past Chairman RFDS Port Augusta Regional Committee. Past Chairman and Life Member William Creek Gymkhana Club. Consultant Wedgetails Tours providing travel planning, logistics and location services to the tourism industry in remote and isolated regions of Australia. Managing Proprietor B.M Eblen & Co a multi-award winning painting and decorating business, specialising in the restoration of older buildings.

**Leave of absence from 5 August 2018 to 4 November 2018 inclusive*
**Retired 9 May 2019*

Dr Ian Gould AM
(PhD DUniv FTSE FAusIMM)

- › Commenced on Board – 1998
- › Attended 7/9 meetings
- › Member Executive Committee (from 18 October 2018)
- › Member Board SQR Sub-Committee (to 18 October 2018)

Member & Past Chairman, South Australian Minerals and Petroleum Expert Group; Former Chancellor of the University of South Australia; Former Member, South Australian Premier's Science and Industry Council; Former Member, Economic Development Board; Former Managing Director, Normandy Mining Ltd; Former Managing Director, Rio Tinto – Australia. Past President, Australasian Institute of Mining and Metallurgy. Twenty-six years' service to the RFDS, including terms as an Independent Councillor and President RFDS Australian Council and Deputy Chairman RFDS Central Operations.

Hon Graham Gunn AM
(JP)

- › Commenced on Board – 2010
- › Attended 7/9 meetings
- › Member Finance Committee (from 18 October 2018)

Farmer and grazier at Mount Cooper on Eyre Peninsula. Councillor, District Council of Streaky Bay. Current Member, Commonwealth Parliamentary Association. Former Member, South Australian House of Assembly (1970-2010); Former Member, Parliamentary Natural Resources Committee. Former Speaker, House of Assembly and Deputy Speaker. Former Chairman, Economic & Finance Committee.

Dr Christine Lesnikowski
(FRACGP BMBS BSc Hons)

- › Commenced on Board – July 2018
- › Attended 8/8 meetings
- › Chairman Health Advisory Committee (from 18 October 2018)

Resides in Alice Springs. Is employed as a General Practitioner and a Medical Educator (HealthPathways Clinical Lead for Northern Territory Primary Health Network). Has a strong interest in primary health care for all across both rural and remote settings. Has lived, worked and trained in remote Central Australia and the Top End including Alice Springs, Katherine and Darwin in a variety of settings from public hospitals, private GP clinics and Central Australian remote community health clinics involving clinic visits and medical retrievals via NT Department of Health and RFDS Alice Springs. Fellow, Royal Australian College of General Practice.

Michael O'Neill
(BCom, Adv Dip HR Mgt, Dip Proj Mgt, FAICD MRMIA)

- › Commenced on Board – October 2018
- › Attended 6/6 meetings
- › Chairman Board SQR Sub-Committee (from 18 October 2018).

Fellow, Australian Institute of Company Directors; Fellow, Governors Leadership Foundation. Member, Risk Management Institute of Australasia; Member, Police Commissioned Officers Mess. Director, Police Health Group. Held senior positions in the field of risk and governance across a range of industry sectors including Mineral Resources, Defence, Professional Services, Tourism and Public Safety.

Peter Nottage (not pictured)
(FAICD)

- › Commenced on Board – June 2019
- › Attended 0/0 meetings

Current part owner/Director, LTM Aerospace Pty Ltd. Director, The Helicopter Company (operations based in Saudi Arabia). Served the aviation industry as President and Chief Executive Officer of Cobham Aviation Services global business (an aviation career spanning more than 30 years) with substantial experience in Government and Defence contracting and considerable exposure in managing large and complex projects in the industry.

**Appointed casual vacancy 14 June 2019*

MANAGEMENT > Executive Leadership team

- › **Tony Vaughan ASM** Chief Executive
- › **Stephen Batt** Chief Financial Officer
- › **Steve Cameron** Executive General Manager Operations
- › **Charlie Paterson** Executive General Manager Marketing & Stakeholder Relations
- › **Natalie Szabo** Executive General Manager Health Services Development & Clinical Governance
- › **Josie Vartuli** Executive General Manager People & Culture

OUR PEOPLE >

Staff Employed >

	Full Time	Part Time*
Management and Administration	32	10
Engineers / Engineering Support	19	1
Health Promotion	1	
Community Health Workers	3	1
Oral Health	1	4
Mental Health / Drug and Alcohol Workers	7	1
Medical Practitioners	2	1
Pilots	38	1
Fundraising	6	
Marketing and Communications	1	1
Operations Coordinators	13	1
Registered Nurses	34	26
Tourist Facilities / Merchandising / Other	2	14
General Hands		1
Total Staff	159	62

*Part Time staff includes Casual Staff

Milestones >

Staff, 30 years >
Cheryl Hewett , Cleaner, Port Augusta
Staff, 20 years >
Doug Briggs , Senior Base Engineer, Alice Springs
Andrew Smith , Pilot, Adelaide
Staff, 15 years >
Amanda Bell , Database Administrator, Adelaide
Judy Whitehead , Manager Remote Area Clinics, Adelaide
Staff, 10 years >
Mary Vanikiotis , Reception/Administration, Adelaide
Stephen Batt , Chief Financial Officer, Adelaide
Chris Beaver , Accounting Assistant, Port Augusta

Clinical Governance >

During 2018/19 significant internal reform of clinical governance arrangements for RFDS Central Operations have been progressing. Internal process changes have seen the establishment of the Clinical Governance Committee and supporting sub-committees for combined Clinical Leadership, Patient Safety & Quality, Clinical Training, Education & Credentialing, Medication Safety & Consumer Engagement.

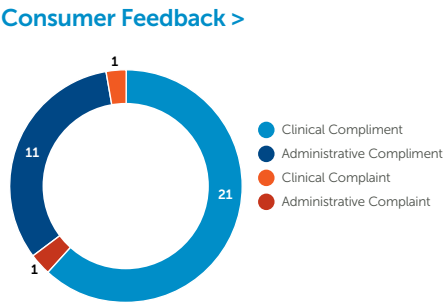
The newly established role of Executive General Manager Health Services Development & Clinical Governance is leading the clinical governance redesign work with the goal of accreditation with the National Safety & Quality Health Services Standards in 2019/20.

A significant investment during 2019/20 is planned in the area of partnering with consumers as part of a broader Stakeholder Engagement Strategy.

Consumer Feedback >

Consumer feedback is invaluable to RFDS and supports continuous quality improvement in service provision. Consumer feedback, both positive and critical, is presented to internal forums of RFDS such as the Health Advisory Committee to inform organisational decision making where it impacts on consumers' needs and service delivery requirements.

A summary of consumer feedback received in 2018/19 is outlined below.



RFDS Mental Health Clinicians Justine Cooney and Amy Canham O'Neil, RFDS Port Augusta Base.

OUR CORPORATE PARTNERS >

Major Partners



Health Partners



National Partners



Program Partner



Aircraft Partner



Community Partners



Supporting Partners



Media Partners



OUR FUNDRAISING >

The RFDS relies on bequests, sponsorships and donations to bridge the gap in its operational funding and to purchase its ‘flying intensive care units’ – at a cost of more than \$7 million each.

Our work is only possible with the philanthropic support of the community, and in 2018/19 we celebrated raising \$14.2 million to keep our Flying Doctor flying.

Funds were raised through the support of thousands of individuals, groups and organisations, including:

- › Our corporate partners;
- › Our 24 RFDS Auxiliaries and Support Groups;
- › Our community fundraisers and events where the RFDS was a beneficiary;
- › Bequestors who generously left a gift to the RFDS in their Will;
- › Individual donors and members of *Ground Crew* – our regular giving program; and
- › Major benefactors who fund scholarships and items of medical equipment.

We additionally raised funds in 2018/19 through our own special events including:

- › Badge Day;
- › ‘A Night at the Movies’; and
- › Halls Creek Trek, in partnership with Cheap as Chips.

Our ‘Wings for Life’ Gala Ball >

- › Thanks to our generous sponsors, guests, prize donors and volunteers, the annual ‘Wings for Life’ Gala Ball raised a record-breaking \$305,000 (net).
- › Themed ‘The CANDYLAND BALL - the sweetest event of the year’, 900 guests enjoyed an enchanting evening of dining, dancing and first-class entertainment.
- › The event featured a three-course meal, Dog Ridge wines and Coopers ales. Live entertainment was provided by 100% Kylie, Ding and Mr Buzzy.
- › Guests enjoyed a special presentation about the *RFDS Medi-Jet 24* and a poignant video about RFDS patient Charlie Hatch (see pages 24-25)
- › This year’s Major Event Sponsors were MGA Whittles Group of Companies, Iluka Resources, Ahrens, Beach Energy, S. Kidman & Co, SA Power Networks, Heathgate Resources and Channel 7 Adelaide, along with our Major Donor Raw Pearls.



OUR COMMUNITY PARTNERS >

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
Marree Support Group
Millicent & District Support Group
Mount Gambier Support Group
Naracoorte & District Support Group
Port Augusta Auxiliary
Port Lincoln Auxiliary
Port Pirie & District Support Group
Riverland Support Group
Roxby Downs Auxiliary
Southern Yorke Peninsula Support Group
Sunraysia Support Group
Tatiara Support Group
Whyalla Support Group

Photography >

Shane Reid, Fotonaut

Volunteers >

Badge Day Volunteers
Speaker Program Volunteers
Adelaide Office Volunteers
Wings for Life Gala Ball Volunteers
Simulator Volunteers
Operational Volunteers
Royal Adelaide Show Volunteers

Ambassador >

Jessica Adamson, Channel 7 Adelaide

Patrons >

His Excellency The Honourable Hieu Van Le AC, Governor of South Australia
Her Honour the Honourable Vicki O'Halloran AO, Administrator of the Northern Territory

Community Fundraisers >

Agribusiness Australia
Anna Villa Ram Sale
Arthur Brinsley
Australian Stud Sheep Breeders Assoc – Combined Sheep Breeders Auction
Australian Wagyu Association
Beach Energy Corporate Team
Belinda Currie, Tunarama Entrant
Bill Heycox Christmas Lights
Blinman Progress Association
Bordertown Golf Club
Border Village Roadhouse – Border Dash
Burra Picnic Races
Challenger Gold Mine Social Club
David Meyer (Car 150) Outback Car Trek
Elders Big BBQ
flydoc-australia e.v.
Funke's Ram Sale
Furner Speed Shear
Gawler Ranges Progress Association
Geoff Richmond Fundraising Dinner
Gloria Bristow-Miell
Graham Abbott BBQs
Henley & Grange Community Woodworkers
Keith RFDS Op Shop
Kingoonya Amateur Picnic Racing Club
Lewis Bruhn Memorial
Lions Club of Rostrevor Black Hill Challenge
Lock Health Centre Advisory Committee
Lower Lakes Stockmans Challenge & Bush Festival
Mick O'Brien Groovy Memorial Weekend
Millicent Friends of Meals on Wheels
Minlaton Music Muster
Mundulla Concert Committee
Murray Bridge Hangar Op Shop
Old Timers Mine Coober Pedy
Oodnadatta Racing & Horse Sports Inc
Petroleum Exploration Society of Australia (PESA) Golf Day
Piper Southern – Piper Aims for the Sky
Richard Ray & Associates Insurance
Rockleigh Uniting Church
Royal Adelaide Show Wool Exhibitors
Seymour College Boarders
Simpson Desert Bike Challenge
Southern Grassfed Carcass Classic
Stealth Tools
Strathalbyn Campdraft
SYP Community Shop Incorporated
Tea Tree Gardens Retirement Village
Team Skippy – Outback Air Race
Thiess Prominent Hill Social Club
The Wanderers Car Run
Torbreck Vintners Fish's Shiraz
Waikerie Pigeon Club
Welly's Poker Run
Wendy & Gary Kilsby, Kalangadoo
William Creek Gymkhana
Winery Engineers of Australia
William Creek Hotel

OUR COMMUNITY PARTNERS >

We are so grateful to the many individuals, organisations and community groups who fundraise, host events and volunteer for their Flying Doctor. Here are just a few of our community fundraisers...



Alice Springs Town Council Rangers, 'Pets on Parade' > \$6,425
Staff at Alice Springs Base were thrilled to receive a donation from the annual Pets on Parade event, an initiative of the Alice Springs Town Council Rangers to promote responsible pet ownership to the local community.



ANZ Community Ball > \$39,574
The inaugural ANZ Community Ball held in Adelaide in February was a huge success, raising almost \$40,000 for the Flying Doctor, one of five charity beneficiaries of the event.



Badge Day > \$31,322
Many thanks to our wonderful volunteers who spent a day in April collecting for the annual RFDS Badge Day at city and country locations all over South Australia.



City Bay Fun Run > \$12,389
An energetic team of 73 runners and walkers joined Team RFDS in the annual Westpac City-Bay Fun Run, presented by the Sunday Mail newspaper.



Istrian Social Club of SA > \$53,000
Members of the Istrian Social Club of SA proudly presented a \$53,000 donation to the Flying Doctor in support of the vital services provided to all Australians.



Lewis Bruhn Memorial Fund > \$9,851
We were honoured to accept a donation from Deb, Leon and Molly Bruhn in honour of their much loved late son and brother, Lewis; the result of the inaugural Lewis' Long Lunch fundraising event held in the Clare Valley.



OZ Outback Odyssey > \$153,500
This fantastic annual outback car rally of pre-1985 vehicles raised a record \$153,000. Thanks to all entrants, sponsors, organisers and officials (all volunteers) who made the 3,000-kilometre journey from Adelaide to the Sunshine Coast the best one yet.



Pembroke Bears >
Students at Adelaide's Pembroke School have made bears to donate to the RFDS since 1987. The bears are given to our youngest patients who may be in much need of a cuddly toy to bring comfort during their aeromedical flight.



Piper Southern > \$7,031
Naracoorte's Piper Southern is one of our youngest fundraisers. At just six years of age she embarked upon a fundraising campaign, 'Piper Aims for the Sky', to raise money for the RFDS in memory of her grandfather.



Tea Tree Gardens Retirement Village > \$2,500
Residents of the Tea Tree Gardens Retirement Village selected the RFDS as their charity for their annual fundraising day, with many residents embracing a day in costume as a Doctor or Pilot!



Australian Wagyu Association > \$6,425
Thank you to the Australian Wagyu Association and its members for their ongoing support, including a \$41,300 donation raised at the Association's annual charity auction held this year in Adelaide as part of its annual conference.



The Wanderers Car Run > \$70,000
We were delighted with the incredible \$70,000 raised by this annual 'muscle car' event which travelled from Adelaide to Broken Hill – and then straight back again!



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RFDS crew members prepare a critically-ill patient for an aeromedical flight in the RFDS Medi-Jet 24.

OUR FINANCIAL REPORT >

For the year ended 30 June 2019

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 2019 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 2019 of \$12.1 million (\$6.3 million in 2018)

The result excluding donations and sponsorship of \$6.5 million (\$5.8 million in 2018), legacies and bequests of \$7.8 million (\$8.2 million in 2018), net financial income of \$3.7 million (\$2.5 million in 2018) and capital grants of \$2.0 million (\$nil in 2018) is a deficit of \$7.9 million (\$10.2 million in 2018). This deficit represents the funding shortfall from operational activities.

The surplus generated from non-operational activity (donations and sponsorship of \$6.5 million, legacies and bequests of \$7.8 million and net financial income of \$3.7 million) has contributed to total investments of \$66.1 million (\$66.7 million in 2018). 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 \$72.3 million at current values including the purchase of a second medically-equipped twin engine Jet (PC-24), five medically-equipped PC-12s, together with medical, aviation and general equipment upgrades in excess of \$1.57 million per annum.

Date at Adelaide this 12th day of September 2019.

Signed in accordance with a resolution of the Board of Directors


L Reynolds
Chairman


P de Cure
Treasurer

Statement of Profit and Loss and Comprehensive Income >

For the year ended 30 June 2019

	2019	2018
	\$	\$
Revenue	43,663,394	37,112,431
Other income	18,769,017	16,226,579
	62,432,411	53,339,010
Employee expenditure	25,687,041	23,524,256
Aviation fuel	5,912,953	5,137,392
Aviation maintenance	3,145,369	2,391,574
Depreciation and amortisation	7,002,761	7,096,391
Amortisation of engine and propeller overhaul	2,232,932	2,070,575
Other expenses	10,128,461	9,311,314
	54,109,517	49,531,502
Surplus before financial income and expense	8,322,894	3,807,508
Financial income	3,736,800	2,509,668
	3,736,800	2,509,668
Surplus for the period	12,059,694	6,317,176
Other comprehensive income		
Items that will never be reclassified to profit or loss		
Revaluation of Land & Buildings	738,028	-
Net change in fair value of financial assets	206,500	833,020
	944,528	833,020
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD	13,004,222	7,150,196

SUMMARY FINANCIAL REPORT >

Statement of Changes in Equity >

For the year ended 30 June 2019

	Asset Revaluation Reserve	Asset Realisation Reserve	Capital Grant Reserve	Fair Value Reserve	Retained Earnings	Total Equity
	\$	\$	\$	\$	\$	\$
Balance at 1 July 2017	8,910,806	6,580,285	39,707,004	1,268,323	99,677,196	156,143,614
Total comprehensive income for the period						
Surplus for the period	-	-	-	-	6,317,176	6,317,176
Changes in fair value of financial assets	-	-	-	833,020	-	833,020
Total comprehensive income for the period	-	-	-	833,020	6,317,176	7,150,196
Total recognised income and expense	-	-	-	833,020	6,317,176	7,150,196
BALANCE AT 30 JUNE 2018	8,910,806	6,580,285	39,707,004	2,101,343	105,994,372	163,293,810
Balance at 1 July 2018	8,910,806	6,580,285	39,707,004	2,101,343	105,994,372	163,293,810
Total comprehensive income for the period						
Surplus for the period	-	-	-	-	12,059,694	12,059,694
Changes in fair value of financial assets	-	-	-	206,500	-	206,500
Change in fair value of land and buildings	738,028	-	-	-	-	738,028
Total comprehensive income for the period	738,028	-	-	206,500	12,059,694	13,004,222
Transfer (to)/from reserve	(6,796,170)	(6,580,285)	1,996,109	-	11,380,346	-
Total recognised income and expense	(6,058,142)	(6,580,285)	1,996,109	206,500	23,440,040	13,004,222
BALANCE AT 30 JUNE 2019	2,852,664	-	41,703,113	2,307,843	129,434,412	176,298,032

Balance Sheet >

For the year ended 30 June 2019

	2019	2018
	\$	\$
Current Assets		
Cash and cash equivalents	4,099,720	3,773,824
Trade and other receivables	2,845,856	3,434,415
Inventories	471,065	425,765
Investments	66,146,941	66,723,619
Total current assets	73,563,582	74,357,623
Non Current Assets		
Property, plant and equipment	113,743,516	96,869,077
Intangibles	220,612	265,538
Total non-current assets	113,964,128	97,134,615
Total assets	187,527,710	171,492,238
Current Liabilities		
Trade and other payables	5,352,441	2,251,977
Grant funding received in advance	1,405,419	1,331,025
Employee benefits	3,274,235	3,394,954
Total current liabilities	10,032,095	6,977,956
Non Current Liabilities		
Long service leave	1,197,583	1,220,472
Total non-current liabilities	1,197,583	1,220,472
Total liabilities	11,229,678	8,198,428
NET ASSETS	176,298,032	163,293,810
Equity		
Reserves	46,863,620	57,299,438
Retained earnings	129,434,412	105,994,372
TOTAL EQUITY ATTRIBUTABLE TO EQUITY HOLDER	176,298,032	163,293,810

SUMMARY FINANCIAL REPORT >

Statement of Cash Flows >

For the year ended 30 June 2019

	2019	2018
	\$	\$
Cash flows from operating activities		
Cash receipts from grants	24,834,034	20,374,640
Cash receipts from customers	20,326,837	17,335,017
Cash paid in the ordinary course of operations	(39,015,778)	(37,633,300)
Cash receipts from tourist activities	2,450,538	2,228,770
Cash receipts from donations, legacies and bequests	9,595,683	8,978,313
Cash paid for tourist activities	(1,833,405)	(1,759,066)
Cash paid for fundraising activities	(1,267,211)	(1,064,538)
Net cash from operating activities	15,090,698	8,459,836
Cash flows from investing activities		
Acquisition of property, plant and equipment and intangible assets	(22,172,149)	(4,023,723)
Acquisition of engine & propeller overhaul	(3,167,815)	(1,419,977)
Proceeds from sale of fixed assets	10,000	-
(Acquisition) / Proceeds of investments	8,355,011	(3,787,592)
Proceeds from capital grants	1,996,109	-
Interest received	62,472	46,763
Dividends received	109,443	84,419
Net cash (used) in investing activities	(14,806,929)	(9,100,110)
Net increase / (decrease) in cash and cash equivalents	283,769	(640,274)
Cash and cash equivalents at 1 July	3,773,824	4,387,030
Effect of movements in exchange rates on cash held	42,127	27,068
CASH AND CASH EQUIVALENTS AT 30 JUNE	4,099,720	3,773,824

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; and
- › 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.



Independent Auditor’s Report

To the members of Royal Flying Doctor Service of Australia Central Operations

Report on the Summary Financial Statements

Opinion

We report on the Summary Financial Statements of Royal Flying Doctor Service of Australia Central Operations (the Service) as at and for the year ended 30 June 2019. The Summary Financial Statements are derived from the audited financial report of Royal Flying Doctor Service of Australia Central Operations (the Audited Financial Report).

In our opinion, the accompanying Summary Financial Statements of Royal Flying Doctor Service of Australia Central Operations are consistent, in all material respects, with the Audited Financial Report, in accordance with the basis of preparation described in Note 1 to the Summary Financial Statements.

The Summary Financial Statements comprise:

- Balance sheet as at 30 June 2019;
- Statement of profit and loss and comprehensive income, Statement of changes in equity and Statement of cash flows for the year then ended; and
- Related notes.

Scope of the Summary Financial Statements

The Summary Financial Statements do not contain all the disclosures required by Australian Accounting Standards applied in the preparation of the Audited Financial Report. Reading the Summary Financial Statements and this Auditor’s Report thereon, therefore, is not a substitute for reading the Audited Financial Report and our auditor’s report thereon.

Emphasis of matter – basis of preparation and restriction on use

We draw attention to Note 1 to the Summary Financial Statements, which describes the basis of preparation.

The Summary Financial Statements have been prepared to assist the Directors of Royal Flying Doctor Service of Australia Central Operations for the purpose of fulfilling the Directors’ financial reporting responsibilities under the ACNC Act 2012. As a result, the Summary Financial Statements and this Auditor’s Report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

This Auditor’s Report is intended solely for the Directors of Royal Flying Doctor Service of Australia Central Operations and should not be used by parties other than the Directors of Royal Flying Doctor Service of Australia Central Operations. We disclaim any assumption of responsibility for any reliance on this Auditor’s Report, or on the Summary Financial Statements to which it relates, to any person other than the Directors of Royal Flying Doctor Service of Australia Central Operations or for any other purpose than that for which it was prepared.

Other information

Other Information is financial and non-financial information in Royal Flying Doctor Service of Australia Central operations’ annual reporting which is provided in addition to the Financial Report and the Auditor’s Report. The Directors are responsible for the Other Information.

Our opinion on the Financial Report does not cover the Other Information and, accordingly, we do not express any form of assurance conclusion thereon.

In connection with our audit of the Financial Report, our responsibility is to read the Other Information. In doing so, we consider whether the Other Information is materially inconsistent with the Financial Report or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

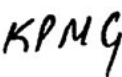
We are required to report if we conclude that there is a material misstatement of this Other Information, and based on the work we have performed on the Other Information that we obtained prior to the date of this Auditor’s Report we have nothing to report.

Responsibilities of the Directors for the Summary Financial Statements

The Directors are responsible for the preparation of the Summary Financial Statements in accordance with the basis of preparation described in Note 1 to the Summary Financial Statements, including their derivation from the Audited Financial Report of the Service as at and for the year ended 30 June 2019.

Auditor’s responsibilities for the Summary Financial Statements

Our responsibility is to express an opinion on whether the Summary Financial Statements are consistent, in all material respects, with the Audited Financial Report/Statements based on our procedures, which were conducted in accordance with Australian Auditing Standard ASA 810 Engagements to Report on Summary Financial Statements.



KPMG



Paul Cenko
Partner
Adelaide, 12 September 2019

KPMG, an Australian partnership and a member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative (“KPMG International”), a Swiss entity.

Liability limited by a scheme approved under Professional Standards Legislation.

How you can help >

Thanks to the kind support of individuals, corporations, governments and the community, the Royal Flying Doctor Service has proudly served Australia for over 90 years. Help us continue to deliver the finest care to the furthest corners of Australia.

- › Mail your donation to:
Royal Flying Doctor Service
PO Box 381
Marleston SA 5033
- › Call us on 1800 813 318
- › Email us at enquiries@flyingdoctor.net
- › Visit flyingdoctor.org.au/sant to make an online donation

 flyingdoctor.org.au/sant
 facebook.com/royalflyingdoctorservice
 [@RoyalFlyingDoc](https://twitter.com/RoyalFlyingDoc)
 instagram.com/royalflyingdoc
 linkedin.com/company/royal-flying-doctor-service-of-australia/

Where to find us >

Adelaide Base

1 Tower Road, Adelaide Airport SA 5950
t 08 8238 3333 f 08 8238 3395
e enquiries@flyingdoctor.net

Alice Springs Base

Alice Springs Airport, 28 Davis Drive,
Alice Springs NT 0870
t 08 8958 8400 f 08 8958 8680

Darwin Base

Darwin Airport, 10a Lancaster Road,
Eaton NT 0820
t 08 8998 9940 f 08 8998 9942

Port Augusta Base

Port Augusta Airport, Airport Road,
Port Augusta SA 5700
t 08 8648 9500 f 08 8648 9591

Andamooka Health Service

Hospital Road, Andamooka SA 5722
t 08 8672 7087 f 08 8672 7222

Marla Health Service

8 Cockatoo Crescent, Marla SA 5274
t 08 8670 7007 f 08 8672 7007

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 w rfdsalicesprings.com.au

Darwin Tourist Facility

39 Stokes Hill Road, Darwin NT 0800
t 08 8983 5700 w rfdsdarwin.com.au



Royal Flying Doctor Service
CENTRAL OPERATIONS