Annual Report >

09/10
The Royal Flying Doctor Service delivers essential health care services to the people of rural, regional and remote Australia. We’re proud to be the lifeline to the bush, and we’re passionate about delivering health care to country communities.

Our Mission >
To provide excellence in aeromedical and primary health care across Australia.
Sir Nicholas and I are pleased to have continued in our roles as Joint Patrons of the Royal Flying Doctor Service (South Eastern Section) in 2009-10, an honour we have held since 2001.

Over the past nine years, it has been wonderful to watch the role of the Flying Doctor continue to grow with an increased focus on the provision of essential health care services to the people in rural, regional and remote areas.

In this year, Sir Nicholas and I have been indeed fortunate in seeing the work of the Flying Doctor first hand on two occasions, the first during a visit to the Broken Hill Base and the second on a visit to Lightning Ridge and Grawin with the RFDS Rural Women’s GP, Dr Meg Higgins.

These visits presented the opportunity to meet with the dedicated staff of the RFDS and to see the tangible difference that they make in helping people in remote communities.

From ensuring access to female GPs, to delivering mental health and dental services, and training the rural doctors of the future, the RFDS continues to achieve its mission of providing excellence in aeromedical and primary health care.

First and foremost, the Flying Doctor is about the people: the patients in need of assistance, the inspirational staff who take care where need is greatest, and the many donors, supporters and members who provide assistance to keep this great Australian service flying. They are a source of considerable pride to our nation.

Sir Nicholas and I extend our personal thanks to you all.

Marie R Bashir AC CVO
Governor of New South Wales

Sir Nicholas Shehadie AC OBE

These visits presented the opportunity to meet with the dedicated staff of the RFDS and to see the tangible difference that they make in helping people in remote communities.
When you think of the Royal Flying Doctor Service, you no doubt think of emergency rescues and retrievals in remote outback locations.

And that’s exactly how we started, 82 years ago, with a vision of the late Rev. John Flynn to ensure all Australians had access to emergency medical services. Today, the Royal Flying Doctor Service (RFDS) still provides emergency medical services to the people who live, work and travel in remote areas, but we also do much, much more.

The RFDS has grown to become the most comprehensive aeromedical organisation in the world, with flying doctors, nurses, specialists and allied health professionals taking essential health care services to country communities. The Flying Doctor is now the flying dentist, flying dietician and flying dermatologist service as well.

On any given day, our tireless team can be found performing GP clinics, remote consultations, inter-hospital patient transfers, dental services and mental health work. We also provide nursing and allied health services, health education, essential health care, emergency retrievals and training for the next generation of rural doctors.

Our goal is to assist those in need of emergency medical assistance, while also improving access to health care services to ensure that many emergencies are prevented in the first place.

The RFDS South Eastern Section increased its focus on the provision of essential health care services in 2009-10, helping to take health care to where it is needed most: country communities.

**Highlights & Year in Review**

- **16,000** visitors to Bruce Langford Visitors’ Centre since opening
- **3** new Beechcraft King Air B200C aircraft now in service
- **21st** annual Flying Doctor Outback Car Trek
- **6%** Total patients treated up 6 per cent. Total number of clinics up 5 per cent
- Dubbo Base refurbishment underway. Medical centre development complete, visitors’ centre nearing completion
- NSW Air Ambulance service contract retained at Mascot Base
Launceston Base celebrates 50 year anniversary

50th

Number of emergency retrievals up

54%

3 Fly Around Clinics take health care services to approximately 550 people in 19 remote locations

$9m
More than $9 million raised through fundraising thanks to donors and supporters

5.9m
kilometres flown; the same as flying from Sydney to Perth and back twice daily

78%
of RFDS work focused on treating patients at clinics & via remote consultations

ANNUAL REPORT > 2009/10

The RFDS South Eastern Section increased its focus on the provision 2009-10, helping to take health care to where it is needed most: country communities.
On behalf of the Board of the Royal Flying Doctor Service (South Eastern Section), I am pleased to present our Annual Report for the 2009-10 financial year.

This document not only sets out our financial status, but it also gives us the opportunity to present some of the highlights and achievements of the RFDS over the past year.

Our strategic direction has been one of growth, with an increased demand necessitating increased resources, infrastructure and an expansion of services. As the health needs of the people in country communities have continued to grow, so too have we, as outlined in the Executive Director’s report.

A very important part of Board discussions during the year has been to evaluate the challenges we face in coming years as health facilities in remote and rural areas continue to diminish. The Board is acutely aware that from planning to implementation, improvements in RFDS services take time and the bringing together of the appropriate human, physical and financial resources.

As the President of the Board, it is my privilege to chair a very talented group of people from all parts of the community, who together help steer the RFDS South Eastern Section, ensuring the maintenance of our high standards and giving important regard to the future of the Service.

The key priorities for the Board this year have been to ensure our corporate governance and financial reporting meet current standards, to develop a robust risk management system, to contribute to the Commonwealth Government’s health policy debate and to be involved in the national strategic review of the RFDS and in the setting of national policies and standards.

At the national level negotiations have commenced for the renewal of the Commonwealth funding agreement with all RFDS operational sections contributing to an agreed costing model. We have also continued with our Board renewal process and I would like to take this opportunity to sincerely thank the four Board members who have retired from their positions over the past year: the Hon Peter McMahon AM, Geoffrey Wise, David Honner and Dr Stuart Spring for their wise counsel and contribution.

I would like to welcome to the Board Professor Bruce Robinson MD MSc FRACP, Dean of the Sydney Medical School at the University of Sydney and Elizabeth Johnstone LLB MA(Hons) BA (Hons) FAIM, former partner of law firm Blake Dawson. Their appointments add to the expertise on the Board as we continue to meet the health needs of those who live and travel in rural and remote Australia.

The Board congratulates Board Directors Mitty Davies and John Milhinch on each receiving a Medal of the Order of Australia (OAM) in the Queen’s birthday honours last year.

Historically, the RFDS has led the way in utilising new technology, aviation and telecommunications to bring medical services to those in remote locations. In doing so, we help to overcome the challenges of distance and accessibility and clearly demonstrate the foresight of our founder, Rev. John Flynn. Today, as technologies become more sophisticated, we continue to seek and use the best to narrow the gap between city and country patients in access to health care services.

As a resident of a remote community myself, I know only too well the challenges facing those who live in isolated and outback areas, and the importance of the Royal Flying Doctor Service in providing essential health care services to the people in the bush.

On behalf of the Board of the RFDS South Eastern Section, I would like to thank all who make this possible, particularly the dedicated staff under the able and inspirational leadership of Executive Director Clyde Thomson and the senior management team.

I wish to thank all local members of Parliament, State and Commonwealth, and the respective Ministers who we deal with for their understanding of the issues we face and their support to assist us.

Most of all, I would like to thank the wonderful donors and supporters who remain committed to helping us take the finest care to the furthest corners.

Joan Treweeke
President
RFDS South Eastern Section
I am always pleased to compile the list of highlights for the year, as it is a reminder of all that we have achieved in improving health care services for the people in the bush.

This year has seen some significant advances for the RFDS South Eastern Section team. Demand for our services continued to grow, and we continued to expand as a consequence. Three new King Air B200C aeromedical aircraft are now operating in the South Eastern Section in response to this demand; one replacement aircraft at the Broken Hill Base, and one replacement aircraft and a new aircraft at the Dubbo Base, purchased through donor funds and with Commonwealth assistance.

A new medical facility has been completed at Dubbo and a visitors’ education centre at the Base is nearing completion. This follows the successful opening of the Clive Bishop Medical Centre and the Bruce Langford Visitors’ Centre at Broken Hill last year by our joint patrons, the Governor of NSW, Her Excellency Professor Marie Bashir AC CVO and Sir Nicholas Shehadie AC OBE, and philanthropist Sir Michael Bishop CBE.

More than 16,000 visitors have passed through the Visitors’ Centre doors since the official opening in April 2009, including the then Prime Minister Kevin Rudd and the Minister for Indigenous Health, Rural and Regional Health and Regional Services Delivery, Warren Snowden, who visited the Broken Hill Base in March 2010 to launch the Government’s national health reform policy.

While at the Base, Mr Rudd outlined his view that a more cohesive funding arrangement should be put into place for the RFDS across the South Eastern Section; something we have been working towards for some time, and will continue to work towards with the State and Federal Governments.

We also continue to work with the Government to ensure that recognition is granted to our primary health services under the national health reforms, ensuring that services to rural and remote communities are enhanced.

This year we have been successful in retaining the Ambulance Service of NSW contract to provide aircraft, pilots and engineering services to NSW Air Ambulance for a further 10 years from our Mascot Base. We are pleased to be continuing our relationship with the NSW Air Ambulance service and we acknowledge the support of the rural community in helping us to achieve this great result.

Regrettfully we have been unsuccessful in retaining the air ambulance contract for Victoria from mid-2011, but our services in Victoria will continue to grow with the establishment of an RFDS patient-transfer operation from the Essendon Base, the planning for which is currently underway. And, in Tasmania, the RFDS celebrated a major milestone in May with the Launceston Base reaching 50 years of providing aeromedical services.

We also continue our support of the AMREF Flying Doctor Service in Kenya, arranging a visit to Royal North Shore Hospital for AMREF surgeon Dr John Wachira. I would like to thank AusAid and Professor Bruce Robinson MD MSc FRACP for facilitating this training.

Of course, none of this would be possible without the continued dedication of our members, donors and supporters, and I would like to take this opportunity to thank you all for your dedication and generosity to the Flying Doctor.

With your help, we raised in excess of $9 million through fundraising this year, which contributed to the purchase of our three new King Air B200C aircraft. Overall, the Section has achieved a good result financially, maintaining our surplus to ensure that we appropriately plan for capital requirements in the future.

Our President has acknowledged the support given by all members of Parliament and I would particularly like to thank the Hon. Warren Snowden MP, Dawn Fardell MP, John Williams MP and Kevin Humphries MP for their assistance to the Flying Doctor during this time.

Finally, I would like to congratulate the people who make up the RFDS South Eastern Section team for their continued commitment and dedication to the RFDS.

Clyde S Thomson GM MBA FAIM MAP
Executive Director
RFDS South Eastern Section
Areas we serve >

No place is too far from the Flying Doctor pilots and health professionals overco m in vital health care services to the people
No place is too far from the Flying Doctor’s lifesaving reach. Every day, our pilots and health professionals overcome the tyrannies of distance to take vital health care services to the people who need them most.
Some people need to be rescued...

...others need a doctor.
All of them need our help.

The mantle of the Royal Flying Doctor Service is to provide medical care to the people who live, work and travel in regional and remote Australia.

The Flying Doctor has two major functions: responding to medical emergencies, and increasingly, helping to prevent the emergencies from occurring in the first place through the provision of essential health care services.

The need for the Flying Doctor continues to grow, with the total number of patients cared for by the RFDS in 2009-10 up six per cent from the previous year.
General health

The shortage of rural doctors is a major concern for country communities, with many towns and settlements not having access to their own doctor or health care services. A visit to the doctor for some people in regional and remote areas can mean a drive of many hours and many hundreds of kilometres.

The RFDS South Eastern Section seeks to address this by conducting GP Clinics in 36 locations across far western NSW, south western Queensland and north eastern South Australia on a weekly, fortnightly or monthly basis. RFDS clinics take place in small rural hospitals, in community halls and on station properties, ensuring that the local residents have access to regular health care and helping to address the high incidence of chronic diseases in remote areas.

While these clinics are known as GP clinics, they are not serviced by doctors alone. The RFDS has a team of allied health professionals, including two flying dentists, a psychologist, a mental health worker and a women’s health and early childhood nurse who visit clinics to offer specialised services and assistance for outback patients.

Over the past year, the number of clinics conducted from the Broken Hill Base has increased by four per cent, assisted by the introduction of a dedicated clinic aircraft. Fred McKay (call sign MSZ), the oldest aircraft in our fleet, has undergone a complete overhaul and is now flying clinic runs from the Broken Hill Base.

The general health services provided by our doctors and health care professionals at clinics across the South Eastern Section now account for 70 per cent of our annual work.

Fast facts

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Increase of 5 per cent

Patient profile > Lucy and Kayla

Lucy has brought her young daughter Kayla to the local RFDS clinic at Tibooburra for a check up with the Flying Doctor. Kayla, six, has a particularly nasty cough and mum Lucy is worried that this could be carried over from a bout of pneumonia twelve months earlier which saw Kayla flown out by the RFDS for treatment in Broken Hill hospital.

“We don’t have a doctor here in Tibooburra and our closest doctor is in Broken Hill, three and a half hours drive away,” Lucy says. “We’re grateful to have a clinic here every week, as the Flying Doctor really is the only option for the 150 or so people who live in the town and on the surrounding stations.”

Lucy and Kayla moved to Tibooburra, one of the most isolated towns in NSW, three years ago from Melbourne and are helping Lucy’s parents run the Tibooburra Hotel. Coming from an urban area, Lucy has a newfound appreciation for the Flying Doctor.

“Growing up in Melbourne, it was hard to imagine ever having a need to call on the Flying Doctor, but out here it becomes part of your life,” Lucy says. “It’s wonderful to have the Flying Doctor available in an emergency, but it’s one of these services you hope never to have to use. Kayla’s first flight on a plane was with the Flying Doctor, but I think we’d both be happy just to see them at the weekly clinics from now on.”
Growing up in Great Britain, Dr Elaine Powell never imagined that she would one day become one of Australia’s iconic flying doctors or that she would be responsible for treating patients over an area of 640,000 square kilometres – almost three times the size of her home country.

But after two years as a medical officer with the RFDS, one of a team of seven GPs based at Broken Hill, Elaine can’t imagine herself working anywhere else.

“Being a doctor with the RFDS is a great experience: every day is different and you get to make a real difference to the lives of the people who need you the most,” says Elaine.

Statistics show that people in regional and remote areas suffer worse health, receive less medical attention, have more accidents and die younger. And, with only 84 doctors for every 100,000 people in rural Australia, the RFDS is filling a vital need for people in the bush.

“For me, it’s the combination of essential health care and emergency work that makes the job both challenging and worthwhile.”

In addition to visiting as many outback towns and station homesteads as possible to conduct clinics, RFDS doctors are also on hand at all times to conduct patient consultations over the phone. These ‘remote consultations’ form an important part of our work; accounting for around eight per cent of patient contacts.

For people in the most remote locations, these consultations replace face-to-face GP consultations. RFDS doctors can do general check ups, diagnose illnesses and treat injuries over the phone using the ‘Where does it hurt?’ body chart (first created by RFDS nurse, Sister Lucy Garlick, in 1951 and still in use today) which helps the doctor pinpoint the exact location of any pain.

If the patient requires treatment that can be administered without a health care professional present, the doctor will prescribe medicine from the RFDS medical chest. There are 429 medical chests in outback locations across the South Eastern Section, at places such as parks, police stations, remote homesteads, hotels, roadhouses and outback schools.

The medicines contained in the chest are numbered and the doctor will advise the patient which medicine to use and in what dosage and provide them with the details of how replacement medicine can be ordered.

If a patient’s condition is serious or has the potential to become critical, the doctor will arrange an emergency evacuation via an RFDS aircraft.

Fast facts

| 08/09: 4,556 consultations |
| 09/10: 4,826 consultations |
| Increase of 6 per cent |
Emergency health is the most well-known of the RFDS health care services, yet it only accounts for two per cent of our annual workload. Our flying doctors, nurses and pilots are on call 24 hours a day, seven days a week to respond to emergency situations in the most remote and isolated of locations.

Over the past year, our doctors and flight nurses have responded to 925 patients suffering emergencies. The most frequent injuries and illnesses include chest pains, spinal injuries and fractures following motor vehicle and work accidents and respiratory illnesses such as bronchiolitis and pneumonia.

Our team are also tasked with conducting inter-hospital transfers of patients on behalf of the Ambulance Services of NSW, Victoria and Tasmania. Over the past year, over 11,000 critically ill patients have been transferred by the RFDS from rural hospitals to city hospitals, accounting for 20 per cent of our annual work.

The RFDS South Eastern Section has 13 doctors, 24 nurses and 56 pilots rostered to provide emergency and inter-hospital transfer care, aboard 16 emergency retrieval aircraft, or ‘flying intensive care units’.

The two new aircraft at Dubbo, MVX and MWK (affectionately known to the RFDS team as X-Ray and Kilo), and the new aircraft at Broken Hill, MWH (Hotel), have been custom designed to include a hydraulic lift for the stretcher, have oxygen and suction built into outlets on the walls, and have a separate battery to supply power for all medical equipment.

The aeromedical configuration aboard all the aircraft accommodates a pilot, two medical staff and two stretcher patients. In cases where only one stretcher is in use, there is also room to transport members of the patient’s family.

Providing emergency and critical care aboard an aircraft comes with its own challenges, which is why our staff are highly qualified and highly skilled. RFDS doctors and nurses are required to have high levels of education and experience before commencing with the RFDS, but they also have to complete ongoing training on the job. This year, RFDS medical staff completed advanced cardiac life support training and the flight nurses are progressing through an online competency training module.

The Flight Nurse > Brendon Kiley

As a registered nurse and midwife, Brendon Kiley spent the two years prior to joining the RFDS nursing team in obstetrics in metropolitan hospitals. Prior to that he had six years of experience in a wide variety of nursing settings including emergency, anaesthetics, recovery, medical and surgical, and has qualifications in critical care and aviation nursing.

Brendon is the senior flight nurse at Broken Hill, responsible for a team of five flight nurses. His extensive training makes him a “specialist generalist”, which is necessary for RFDS flight nurses who have to be prepared to treat patients suffering a wide variety of injuries and illnesses.

“There’s no such thing as a typical day with the RFDS,” says Brendon.

“On any given day, we could be flying to White Cliffs to retrieve someone with spinal injuries after falling off a horse or being involved in a motor vehicle accident, or transporting a patient to Adelaide for specialist care, or assisting a woman about to give birth on a station property near Tilpa” says Brendon.

“You learn to expect the unexpected: we work in a small confined space, 25,000 feet in the air with limited resources and, a lot of the time, no back up. We’re 100 per cent responsible for the care and safety of our patients.

“I grew up on the coast, but I’ve wanted to work for the RFDS since I began my nursing career. I’m a firm believer that people’s access to health care shouldn’t be disadvantaged just because they choose to live in the outback. I’m proud to be a part of the RFDS, helping to take health care to where it’s needed the most.”
Toowoomba resident Tony knows first hand how important the RFDS is for people travelling through remote Australia.

A serious motorbike accident during a recent holiday almost cost Tony his life. Quick action from the Flying Doctor team at the Moomba Base kept him alive.

“My mates and I were hoping to see Lake Eyre while it was in flood, so we headed off from QLD to SA on our motorbikes,” says Tony.

“We were heading for Birdsville, riding along a small dirt track northwest of Innamincka, and I was at the back of the group.

“Somehow I managed to lose control of my bike in the soft sand, and when I fell, I made a real mess of myself, breaking eight ribs and puncturing both my lungs. I didn’t know what kind of damage I’d done, only that I was in some serious pain.”

RFDS staff based at the Santos Ltd gas plant at Moomba were alerted to the accident and flown by a Santos helicopter to provide immediate assistance. Meanwhile, an RFDS King Air with a doctor and flight nurse onboard was despatched from Broken Hill to meet Tony and the team at Moomba.

The RFDS team who attended the emergency were able to stabilise Tony, but they knew his condition was serious. When the crew from Broken Hill arrived they had to conduct immediate surgery before Tony was well enough to be sent on to Adelaide.

A year on from his accident, Tony has thankfully made a full recovery and is now back at work.

“I can’t thank the Flying Doctor team enough for what they did for me, on what was one of the longest and most painful days of my life,” Tony says.

“My life was in their hands. I never thought I’d need to call on the RFDS, but now all I can say is thank God the Flying Doctor is there.”
Women living in regional and remote communities have limited access to female doctors and health care professionals. Only 33 per cent of the already limited rural GP workforce is female*, which means that women in regional and remote areas who prefer to see a female doctor may not always be able to.

The RFDS recognises the needs of women living in outback Australia and has national programs in place to improve access to health care services and information, including the Rural Women's GP Service (RWGPS), funded by the Commonwealth Government’s Department of Health and Ageing. The program is now entering its 10th year.

Under the RWGPS, the RFDS South Eastern Section facilitates the travel of 25 female GPs to communities in NSW, Victoria and Tasmania to conduct clinics. The female GPs visit the communities once every four to six weeks, depending on the size and needs of the community, and provide a full range of GP services.

The visits are in partnership with local GPs, who host the visiting doctor and provide the local infrastructure. The program is coordinated from the RFDS Base at Broken Hill and while it primarily aims to provide services for women, it is also available to the wider community.

The RWGPS allows women to see a female GP about a range of health and wellbeing issues, including pap smears, breast checks, contraception, sexual health, mental health, domestic violence, education and self help.

In the past year, patients have been seen at 452 RWGPS clinics across 38 locations in NSW, Victoria and Tasmania. The number of patients treated by RWGPS doctors has fallen slightly this year. This is due to the fact that two locations previously serviced by the RWGPS have been able to secure the services of fulltime female GPs who will provide vital health care services to the towns.

A meeting of the RWGPS doctors was held in Tasmania in May 2010, providing a rare opportunity for 20 of the 25 GPs to come together to discuss issues of relevance to the program.

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* Rural Doctors Association of Australia, Fact Sheet 2, February 2010.
Access to maternity and early childhood health care for families in rural and remote areas can be particularly challenging. Pregnant women often have to drive very long distances to have their babies and to access antenatal and postnatal care.

A recent report into maternity services found that the current support offered to women and children in rural and remote areas is inadequate, and that the only option for many communities is a fly-in fly-out service*.

This is why the RFDS South Eastern Section employs a nurse to specifically focus on the health care needs of mothers and their babies. The women’s and child family health nurse, Helen Freeman, is based at Broken Hill and provides services to families in 14 of the most remote and isolated locations. Our nurse saw over 550 clinic patients at 119 clinics in the past year, working in conjunction with midwifery services and a wide range of health care providers to deliver services including health surveillance of infants and children, childhood immunisation, counselling and support for parents and carers, management of child behavioural problems and nutrition counselling.

The women’s and child family health nurse also helps to deliver a range of education programs to families with young children, including a literacy program in conjunction with the NSW Department of Education and healthy eating practices in line with the NSW Health Childhood Obesity Prevention Strategy. The Nurse also collaborates with the Maari Ma Health Aboriginal Corporation on a Healthy Start program for infants to five year olds.

Fast facts

| 08/09  | 428 patients  |
| 09/10  | 557 patients  |
| Increase of 30 per cent |


Baby Lachlan has been brought in to the RFDS clinic in Tibooburra by his mum Marney to see the women’s and child family health nurse. Four month old Lachlan will soon be due for his immunisations, but for today it’s just a general check up for mum and bub.

Women’s and child family health nurse Helen Freeman, a registered nurse and midwife, is no stranger to the challenges facing outback families, having grown up in a remote town herself. She empathises with mums like Marney who are raising their families a long way from support services.

“Having a women’s and children’s nurse come to the town twice a month is such a relief for mums like me,” says Marney. “I’m a regular visitor to the RFDS clinic; I try and take the kids to see Helen at least once every six weeks.

“Lachlan is the youngest of my three kids, but like most mothers, I’m still learning things every day about children and about being a mum. It’s so reassuring to have a family nurse to talk to, someone to reassure me about any concerns and to check on my children’s development.

“It just gives me such peace of mind that Helen is there.”
Mental health issues such as depression and anxiety affect one in every five Australians, touching people in country communities as much as their urban counterparts. But for people in rural and remote areas, issues such as depression and anxiety are often exacerbated by isolation, financial hardship, drought and the difficulty in accessing services and support.

Suicide rates in rural and remote areas are significantly higher than the national average and very remote regions have suicide rates more than double that of major capital cities.

And, as rural men in particular are considered high risk, they are the focus of much of the work being done by the RFDS mental health team.

The RFDS mental health program is now entering its second year, and has experienced a great deal of growth during this time.

The services of the mental health team are becoming increasingly sought after as they continue to build trust and rapport with local communities. This year, 240 patients were counselled by the mental health team at 14 remote clinic locations, up from 13 locations the year before.

The program is funded by the Commonwealth Government’s Department of Health and Ageing and includes two full time mental health staff with backgrounds in mental health nursing and psychology.

The service operates out of the Broken Hill Base and works closely with RFDS GPs to provide a range of mental health and counselling services in a private and non-judgmental environment, allowing people to express and explore their concerns. The service provides information and strategies to help prevent, identify and resolve a wide range of social and emotional challenges and links to appropriate support in the community. The team has developed strong relationships with the Greater Western Area Health Service, Maari Ma Health Aboriginal Corporation and other non-government agencies within our region.

The team works with other agencies within rural communities and attends farm meetings, rural women’s groups and hosts ‘men’s nights’ in local pubs to get men talking about their health and welfare.

*DOHA, Fact Sheet 18: Suicide in rural and remote communities, 2007.

Fast facts

| 08/09: 63 clinics |
| 09/10: 122 clinics |
| Increase of 94 per cent |
The South Eastern Section employs the RFDS’ only flying dentists, providing a much needed dental service to the people of far western NSW, south western Queensland and north eastern South Australia.

Studies have shown that people who live in country areas often have to wait up to six weeks to see a dentist, with only 20 dentists per 100,000 people in remote locations, compared with 59 dentists for every 100,000 people in urban areas*. Our flying dentists aim to overcome issues of accessibility for remote areas by conducting clinics in 18 locations across the South Eastern Section, including clinics in Broken Hill at the Maari Ma Health Aboriginal Corporation, the Correctional Health Service and the Greater Western Area Health Service.

This year, the number of patients treated has increased to over 3,100, with the most common oral health services provided including restorations, extractions, dentures, root canal treatment, oral health promotion and school screening services.


The dental health team introduced a new initiative this year, aimed at improving dental health among young sportspeople in outback regions. Mouthguards in team colours were provided by the dentists to three local football teams in Broken Hill, Wilcannia and Menindee, allowing the dentists to provide oral treatment, protection and education. More than 50 mouthguards have been distributed this season and the program is set to continue next year.

The RFDS is also continuing to help to overcome the rural dentists’ shortage by offering dental students regular work placements as a way of encouraging them back to rural areas once they’ve graduated.

In 2010, ten students from Adelaide, Melbourne, Sydney, Glasgow and London undertook placements at the RFDS in conjunction with the University of Sydney’s Department of Rural Health.

In addition, a dental nurse from Tasmania undertook a two week placement at the Broken Hill Base thanks to a scholarship provided by RFDS Tasmania and Zonta International.

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In addition, a dental nurse from Tasmania undertook a two week placement at the Broken Hill Base thanks to a scholarship provided by RFDS Tasmania and Zonta International.

The RFDS is also continuing to help to overcome these difficulties by providing fly-in fly-out specialist services to 18 of the most remote locations. Eight doctors from a range of specialities including ear nose and throat, ophthalmology, dermatology and audiology spend one week per year visiting RFDS clinics in these locations.

This program has grown exponentially over the past year with 444 patients treated by the specialists during their visits, up 311 per cent on the previous year.

Dr Alison Blundell joined the RFDS dental health team in 2008 and hasn’t looked back since. She works with long-term RFDS dentist, Dr Lyn Mayne (the RFDS’ first flying dentist) to deliver dental services to outback patients.

“It’s hard to know where to begin in describing how this job is better than other dentist jobs,” says Alison.

“It’s such a unique experience. It can be very challenging at times due to the unusual ‘clinic’ settings; on bush clinics we often have to set up our surgeries in bedrooms or lounge rooms, or, on one memorable occasion at Innamincka Station, on an outdoor verandah!

“No two days are ever the same. One day we might be flying out to Marrapina or Monolon Stations, another day driving to Menindee and another day conducting a clinic in Broken Hill.

“"It’s a very rewarding job; the patients we treat are so appreciative of the care we provide, particularly in the bush. Often patients have travelled a long way to see us and when Lyn and I are able to provide the required treatment, for instance extracting a painful tooth, they are just so grateful.

“If we weren’t around they would have faced prolonged pain and of course a much, much longer journey to access dental care. We’re taking treatment to the people who need us the most, and that’s what makes this job so worthwhile.”
One reason for the large increase is the fact that three Fly Around Clinics were held during this year, including one that was originally scheduled to take place in 2008-09 but was postponed due to scheduling difficulties.

Fly Around Clinics (FAC) involve flying GPs and specialists out to remote areas for one week and conducting clinics in as many locations as possible during this time. In 2009-10, one FAC took place in October, one in April and another in May. In these three weeks, the RFDS medical team and visiting specialists took health care to approximately 550 people in 19 remote locations.

Rural areas also receive visits from medical specialists and allied health professionals under the Rural Aerial Health Service (RAHS). With funding provided by NSW Health, the RFDS provides the aircraft, pilots and engineering support for this program, with RAHS flights departing from Bankstown, Dubbo, Albury and Tamworth most weekdays, averaging around 37 flights a month.

This year, 222 medical specialists from more than 53 specialities, including cardiologists, paediatricians, endocrinologists, radiologists and surgeons visited 27 locations across the state as part of the RAHS program. Acute and preventative health care has been provided to more than 16,000 patients this year, up 32 per cent on 2008-09.

**The Flying Dermatologist > Dr Tony White**

This year marks the 15th year that Sydney dermatologist Dr Tony White and his wife Doffy, a dermatology nurse, have worked with the Flying Doctor from the Broken Hill Base. Tony and Doffy spend one week a year flying to remote locations with the RFDS to deliver dermatology services to outback communities.

“The work we do at RFDS clinics is pretty similar to the work we perform in our Sydney surgery,” says Tony. “It’s all about diagnosing and treating skin issues such as skin cancer, sun damage and rashes, while also providing education on skin disease prevention.

“People in the bush, particularly those who work outdoors, are generally better at skin cancer prevention; they’re good at wearing their hats and long sleeves to prevent sunburn. But they have less opportunity to see a dermatologist, which means skin diseases can sometimes go undetected or untreated,” Tony says. “Performing skin checks at remote stations is an interesting experience; you’re often checking people in homestead kitchens or on verandahs. The women find it very reassuring to have Doffy there, and she spends a lot of time talking to them about skin care and disease prevention.

“You can talk to anyone at a remote RFDS clinic and they’ll say the same thing: we wouldn’t be here if it weren’t for the Flying Doctor. And while specialist care certainly is an important service for outback communities, we’re just one piece of the RFDS health care jigsaw,” says Tony.

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**Fast facts**

<table>
<thead>
<tr>
<th>08/09:</th>
<th>108 remote patients treated by RFDS specialists</th>
<th>08/09:</th>
<th>12,630 rural patients treated by RAHS</th>
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<tbody>
<tr>
<td>09/10:</td>
<td>444 remote patients treated by RFDS specialists</td>
<td>09/10:</td>
<td>16,716 rural patients treated by RAHS</td>
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</table>

Increase of 311 per cent

Increase of 32 per cent
Training the next generation of doctors is a key priority for the RFDS South Eastern Section. The RFDS has a very strong partnership with the University of Sydney’s Department of Rural Health in Broken Hill and School of Rural Health in Dubbo and several RFDS medical officers hold joint teaching positions to help educate and train medical students.

This year has marked the first year of the Extended Clinical Placement Program in Broken Hill following its launch in June 2009. Under this program, medical students spent six to twelve months training in Broken Hill, a change in focus from short stay placements in previous years.

Students are hosted by a local general practice in Broken Hill and spend time working with the RFDS in remote communities in the region and in the local hospital setting. A total of 10 students from the University of Sydney, University of Wollongong and University of Adelaide took part in the first year of the program, three of whom spent 12 months in the region. The program operates as a formal collaboration between the three universities, with the University Department of Rural Health serving as host and manager. The program will continue to grow in the coming years.

The RFDS is also part of the Commonwealth funded John Flynn Placement Program which sees medical students spend eight weeks over the course of their studies in a rural setting. In the past 12 months, 18 students have visited the RFDS in Broken Hill as part of this program.

The combination of treating patients and teaching students makes his the best job in the world, says David. “It was always my dream to work for the Flying Doctor,” says David. “I love flying and I wanted to combine this with my work as a doctor. I’ve now been with the Service for six years, and it’s been a realisation of this dream.

This year the RFDS also secured funding to assist a mature age Indigenous student from Broken Hill relocate to Adelaide to study medicine at Flinders University. The Bennelong Foundation has provided the student with a scholarship of $15,000 per annum for four years to assist him and his family. Programmes that promote rural careers to future medical students are also a key part of the RFDS’ partnership with the Department of Rural Health.

Each year a group of undergraduate students at the University of Sydney involved in the pre-medical Pathways program spend one week in Dubbo or Broken Hill, including visits to the RFDS bases. Local secondary students with an interest in studying medicine also visit the RFDS Base at Broken Hill as part of the University Department of Rural Health’s Pipeline program.

In addition to medical student training, the RFDS also plays a part in nursing, dental and pharmacy student training programs.
Indigenous health >

Indigenous Australians experience significantly worse health than non-Indigenous Australians, which is why the RFDS places significant focus on providing health care services to Indigenous communities. Aboriginal and Torres Strait Islanders have a higher hospitalisation rate and are more likely to experience disability. Their average life expectancy is 17 years less than non-Indigenous Australians*.

Cardiovascular disease, mental health issues, chronic respiratory disease, diabetes and cancer are among the leading health care concerns for Indigenous people, and the areas that the RFDS is helping to address.

Of all patients treated by the Broken Hill Base in 2009-10, approximately 23 per cent were of Aboriginal and Torres Strait Islander heritage. The Flying Doctor also provides medical clinic services to the towns of Ivanhoe, Menindee and Wilcannia, all of which have significant Aboriginal populations. Programs available to patients include chronic disease care for illnesses like diabetes and vascular disease, smoking management and GP services.

Health care services in these communities, as well as educational and training sessions for staff, are delivered in conjunction with Maari Ma Health Aboriginal Corporation and the Greater Western Area Health Service.

The RFDS currently employs five GPs who work with registered nurses and health workers at Maari Ma in Broken Hill. These doctors will transfer from their role with the RFDS to become staff at Maari Ma over the next few years.

The RFDS partnership with Maari Ma will continue through the delivery of health care programs. The RFDS currently works with Maari Ma on the implementation of ‘Keeping Well’ checks in Menindee and Wilcannia for adults and the delivery of the ‘Healthy Start’ program for children and their families.

*AIHW, Australia’s Health 2008

Health partnerships >

The RFDS is one of many organisations dedicated to improving the provision and access to health care for people in rural, regional and remote communities. No single organisation can meet the health needs of people in the bush, which is why we work in partnership with these organisations to deliver the best health care services for our patients.

> Greater Southern Area Health Service
> Greater Western Area Health Service
> Hunter and New England Area Health Service
> Maari Ma Health Aboriginal Corporation
> Santos Ltd
> University of Sydney Department of Rural Health
> NSW Department of Health
> Tasmanian Department of Health and Human Services
> Victorian Department of Health.

2009-2010 Medical statistics

<table>
<thead>
<tr>
<th></th>
<th>Telehealth</th>
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<td>0</td>
<td>5,532</td>
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<td>19,606</td>
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Aviation and Engineering

The three new Beechcraft King Air B200C aircraft that were purchased by the South Eastern Section last year were introduced into active service this year, providing a substantial boost to the fleet and bringing the total number of aircraft across the Section to 18.

Two of the three new aircraft, MVX and MWK, are based at Dubbo, providing greater coverage to central and north western NSW. These aircraft operate under agreement with the Commonwealth and NSW Governments, providing inter-hospital transfer and primary retrieval services.

The third aircraft, MWH, is based at Broken Hill and has quickly become an indispensable part of our on-call operations. Meanwhile, our oldest aircraft, MSZ, has undergone an overhaul and is now a dedicated clinic aircraft at our Broken Hill Base.

All three of the new aircraft are outfitted with the latest aeromedical fit outs, including hydraulically operated cargo doors and overhead stretcher lifters to make transfers more comfortable for our patients and improve the working conditions for our staff.

To assist with the increase in operations in Dubbo, a new medical wing has been completed and became fully functional at the end of June. An extension to the tarmac has doubled the amount of space we have available, helping to ease the movement of our aircraft in and around the Base.

The South Eastern Section has retained the contract to provide air ambulance services in NSW for a further 10 years. As a result, we are upgrading our fleet with the purchase of three new Beechcraft King Air B200Cs and two new King Air B350Cs to replace the four aircraft currently in service at Mascot.

The five new aircraft will begin arriving in Australia in early 2011 before being fitted out with the latest medical interiors and better short-field performance modifications, giving them similar capabilities to the new aircraft at Dubbo and Broken Hill.

At our Bankstown Base, the workload for our dedicated specialist transfer aircraft continues to increase as the number of specialists we transport for the Rural Aerial Health Service increases.

In Victoria, we are entering into a partnership with the RFDS Victorian Section to supply inter-hospital transportation for non-emergency patients, particularly those who are too unwell to travel by regular transportation but can return to their local hospital after an operation or treatment in a city or large regional hospital. We are undertaking building works at our Essendon Base to ensure a smooth transfer into our aircraft for our patients.

In Tasmania, we are currently working with the Ambulance Service on the extension of our air ambulance contract to provide inter-hospital transfers for patients. We currently dedicate one aircraft, six pilots and one engineer at our Launceston Base to this work.

Technology continues to play a major role for the RFDS aviation and engineering teams. Six aircraft across the Section are now outfitted with Skytracker, a GPS tracking system that continually monitors the aircraft when they are away from our bases, and over time, all of our aircraft will have this technology.

Training has been a key focus for our pilots and engineers over the past year, with our 56 pilots undergoing training at the airline flight simulator centre in Melbourne. In addition, the centre is currently upgrading its simulator to allow us to train our pilots for the new B200C and B350C aircraft.

Our three apprentice engineers continue their training under our 26 qualified engineers, with one apprentice finishing his training and becoming a licensed aircraft maintenance engineer earlier this year.

2009-2010 Aviation statistics

<table>
<thead>
<tr>
<th></th>
<th>No of planes</th>
<th>No of landings</th>
<th>Kilometres flown</th>
<th>Block time</th>
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<tr>
<td></td>
<td></td>
<td>RFDS Charter Total</td>
<td>RFDS Charter Total</td>
<td>RFDS Charter Total</td>
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<tr>
<td>Broken Hill</td>
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<td>2,222 0 2,222</td>
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<tr>
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<td>5,708 – 5,708</td>
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<td>2,348,245 – 2,348,245</td>
<td>7,911 – 7,911</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
<td><strong>21,565 736 22,301</strong></td>
<td><strong>5,776,177 182,694 5,958,871</strong></td>
<td><strong>19,798 658 20,456</strong></td>
</tr>
</tbody>
</table>

The Broken Hill engineering team: Michael Grogan, Gabe Zummitt, Jasmine Wall, Georgie Seward, Daniel Hayes, Nick Mann, Blake Clare, Noel Passlow, Ross Symes and Jason Passlow.
The RFDS Engineer > Greg Foot

Keeping the RFDS Launceston aircraft airworthy and ready to fly is the job of one man, base engineer Greg Foot. Greg is one of 26 engineers who work for the RFDS South Eastern Section across NSW, Victoria and Tasmania, but he is the only one not based on the mainland.

Greg has worked for the RFDS for 13 years, but has been involved with the Flying Doctor for much longer.

“Even before I started working for the RFDS directly, I was helping to maintain RFDS aircraft,” says Greg.

“I worked for an airline in Tasmania that had a contract with the RFDS to provide aeromedical services to the region, and I used to be responsible for maintaining the aircraft. Then, in 1997 the RFDS introduced its own aircraft into Tasmania, so I started working for the South Eastern Section.

“Our aircraft at Launceston works under contract to Ambulance Tasmania providing inter-hospital transfers to patients and medical services to the Bass Strait Islands. Our busiest route is from Wynyard to Hobart, so we’re in the process of constructing a new drive-in drive-out hangar for the aircraft at Wynyard: just to make life a little bit more comfortable for the patients.

“Being the only engineer in Tasmania means I’m always on call, doing daily inspections and maintenance on the aircraft and being ready to respond to minor repairs and breakdowns.

“I work closely with the larger teams of engineers based at Essendon, Broken Hill and Mascot. When the aircraft needs a major overhaul, it is flown to one of the larger bases and a replacement aircraft is flown down to us. It means we’re never without an aircraft so that we can keep helping Ambulance Tasmania’s patients,” says Greg.

“The best thing about working for the Flying Doctor is knowing that the small role we all play individually is part of the bigger picture and that everything we do contributes to helping people in need. We all have our part to play, and by keeping the aircraft ready to go, I’m helping patients too. In Tasmania, it’s a team effort between the RFDS and Ambulance Tasmania, and it’s great to know that we’re all helping to do some good.”

Fast facts

- 49 x 100 hour inspections
- 62 x 200 hour inspections
- 2 x engine overhauls, 3 x new engines
- 2 x propeller overhauls, 6 x new propellers
- 5 x main landing gear overhauls, 3 x nose landing gear overhauls

The RFDS Pilot > Captain Craig Nethery

Bourke and Lightning Ridge are two of the locations in north western NSW that Captain Craig Nethery flies to most often in his role as base pilot with the RFDS at Dubbo. But in January 2009, Craig’s work with the Flying Doctor took him a little further afield: all the way to the USA.

Craig and two of his fellow RFDS Dubbo pilots, Captain Tim Griffiths and Captain Bligh Ridge, had the job of bringing home the three new King Air 200C aircraft, call signs MVX, MWH and MWK, from the Beechcraft base in Kansas. Flying via Canada, Greenland, Iceland, the Netherlands, Greece, Egypt, Oman, India, Indonesia, the Christmas Islands and Broome, it was a trip like no other for the Flying Doctor captain.

“Being a pilot with the RFDS is incredible. Every day is different. But the flight home in the new aircraft was something new altogether. I’ve been flying King Air aircraft for many years, and I always knew they were good, particularly for the aeromedical work we do, but this trip made me see the aircraft in a whole new light. It was sensational,” says Craig.

And Craig should know, he’s been flying the RFDS’ King Air aircraft for nine years.

“I originally joined the Flying Doctor in 1996, back when there were only two aircraft in the South Eastern Section and only six pilots. Today, 14 years later, we now have a fleet of 18 aircraft and 56 pilots, so we’ve grown a lot in this time.

“I worked for the RFDS for 18 months at first, then returned in 2003 and haven’t looked back since. I’ve worked at a number of the Bases, from Bankstown where I was the first pilot to work on the Rural Aerial Health Service work, then Broken Hill, Mascot and now Dubbo.

“The best thing about working for the RFDS is being able to use your skills as a pilot to accommodate the medical needs of our patients. To be able to use your skills to reduce turbulence for patients with spinal injuries, or for pregnant patients in early labour. Working for an airline is often about speed and schedule, whereas with the RFDS it’s about making sure that the needs of the patient are taken care of safely.

“It’s the people that make the job so interesting: my co-workers, the pilots, nurses, doctors, engineers and supporters, all working together to achieve a common cause. And, of course, the people who we help: the people who live in remote areas. It’s a privilege to serve them.”

RFDS engineer Greg Foot at the Launceston Base.
Broken Hill
The RFDS Broken Hill Base continued to grow in 2009-10 following the opening of the Clive Bishop Medical Centre and the Bruce Langford Visitors’ Centre in April 2009. A dedicated clinic aircraft joined the fleet at Broken Hill this year, helping to increase the essential health care services provided by the RFDS team. As a result, the total number of patients treated or transported by the Broken Hill team increased by three per cent on the previous year.

The Broken Hill Base is the corporate headquarters of the RFDS South Eastern Section and is the only RFDS head office based in the bush. The Base serves an area of 640,000 square kilometres, providing health care services to the people of far western NSW, south western Queensland and north eastern South Australia.

Dubbo
The Dubbo RFDS Base has expanded considerably in the past 12 months, with a new aircraft and medical wing coming into service in response to increased demand for our services. The first stage of the $1.5 million Base redevelopment is now complete, incorporating the medical wing and the larger apron to accommodate the two aircraft. Stage two of the redevelopment, including the construction of a new visitors’ education centre and auditorium, will be completed in the 2010-11 financial year.

The Dubbo Base provides 24 hour emergency response and inter-hospital transfers and is the coordination point for aircraft under the Rural Aerial Health Service (RAHS). The Base celebrated its tenth anniversary in 2009 and plans are underway to expand the service provision from the Dubbo Base, enabling the RFDS team to take a wide variety of essential health care services to the people of central and north-western NSW.

Bankstown
The RFDS Base at Bankstown is home to one pilot and one aircraft, a dedicated clinic aircraft that is tasked to the Rural Aerial Health Service (RAHS). Under this partnership, specialists are flown to 27 rural, regional and remote locations in NSW to provide health care services. Flights depart from the Bankstown Base each weekday, flying specialists to towns such as Armidale, Condobolin, Deniliquin, Griffith, Lake Cargelligo and Merimbula.

Mascot
The team at the RFDS Mascot Base work in conjunction with the Ambulance Service of NSW to provide air ambulance services to the people of NSW. The RFDS is currently in the sixth year of a seven year contract with the Ambulance Service of NSW, which will roll into a further 10 year contract from January 2012.

Under this contract, the RFDS supplies aircraft, engineers and pilots to the Ambulance Service. Our engineers keep the aircraft airworthy, while our pilots fly Ambulance Service flight nurses to rural airports across NSW to transport patients requiring medical assistance. The Mascot team continued to maintain a high level of contract compliance this year. Under the new contract, the RFDS will upgrade the Mascot fleet with five new aircraft to replace the four aircraft currently in service.
Launceston
The RFDS Base at Launceston is home to one aircraft that operates under contract to Ambulance Tasmania. Under this agreement, the RFDS provides aircraft, pilots and engineering support and works closely with the Ambulance Service medical teams to provide air ambulance services to the people of Tasmania. As of August 2010, the current contract has been extended to December 2011.

The RFDS also receives funding from the Commonwealth Government to provide medical services to the Bass Strait Islands. Under this arrangement, the RFDS works closely with the Tasmanian Department of Health and Human Services, Ambulance Tasmania and Launceston General Hospital to provide essential health care services to Flinders Island, King Island and Cape Barren Island.

The Base itself has undergone extensive renovations over the past year, following on from a review of facilities in previous years. A drive-through aircraft hangar at Wynyard Airport is nearing completion, a new satellite phone has been installed in the aircraft, and a contractor has been appointed to build an aeromedical simulator at the Base for staff training.

Essendon
The team at the RFDS Essendon Base continued to work with Ambulance Victoria during this financial year, providing pilots, engineers and aircraft for the Victorian air ambulance contract. More than 6,000 patients were transported by the RFDS team at Essendon during this year.

As the contract with Ambulance Victoria will come to an end in mid-2011, planning is underway for our Essendon team to provide non-emergency inter-hospital transfers for patients. Building works are planned for the Base in preparation for the new service, ensuring smooth transportation for patients into and out of our aircraft.

While the Broken Hill Base is the corporate headquarters of the RFDS South Eastern Section, the Essendon Base is the aviation headquarters, with all engineering and aviation services managed from this location.

Cooper Basin
The RFDS Base in the Cooper Basin is funded by Santos Ltd to provide essential health care services and 24 hour emergency assistance to the 1,200 Santos employees who work in the oil and gas fields at Moomba in South Australia and Ballera in Queensland.

Six full time and three part time clinical nurse specialists and flight nurses divide their time between Moomba and Ballera, providing comprehensive medical care to an area larger than Tasmania.

As part of this contract, the RFDS team members also provide medical services to residents living on the surrounding stations and to travellers and tourists who require medical help. This year the number of tourists needing the help of the Cooper Basin team increased due to flooding in the region.

Training and professional development has been a major priority for the Cooper Basin team in 2009-10, with all nurses achieving a midwifery update at Broken Hill Hospital and four team members undergoing pre-hospital trauma training. The Cooper Basin team leader, Chris Belshaw, has also achieved the status of Nurse Practitioner, becoming the first nurse to attain this qualification in the RFDS South Eastern Section.
Our people

The outstanding reputation of the RFDS is built on one thing: our people. From our hardworking staff to our wonderful volunteers and dedicated members and donors, people are the essence of the Flying Doctor.

Our staff
In addition to our doctors, nurses, health care professionals and pilots on the front line, there are many staff who work behind the scenes at the RFDS. Our engineers and engineering support staff keep our aircraft serviced and ready to fly while our radio staff monitor the airways ensuring we’re in constant contact with our patients. We also employ professionals in finance, human resources, marketing, tourism and administration who all work together to help keep the Flying Doctor flying.

Our volunteers
We couldn’t do what we do without the invaluable support of our army of dedicated helpers. Our volunteers get up in the middle of the night to light flares on emergency airstrips, chase cattle and kangaroos off landing strips, sweep out clinics, offer beds to our exhausted doctors, cook lunch for staff in remote clinics, take medicine to people who can’t get to a pharmacy and drive hundreds of kilometres to deliver medical chests and other supplies to people in desperate need.

Our volunteers also open mail, fold brochures, stuff envelopes, attend presentations, give speeches and help us in many other ways. What’s more, they do it without asking for reward or recognition. It’s estimated that this year, our city based volunteers alone contributed more than 3,200 hours of voluntary time to the RFDS. To all of our volunteers, a heartfelt thank you.

Our members and donors
Our members and donors give us the wings we need to fly our medical services to remote communities. The RFDS is built on a foundation of community support. It was a bequest from the philanthropist Hugh McKay, together with money raised by the Australian Inland Mission, that helped the Rev. John Flynn and the fledging Flying Doctor take flight back in 1928, and it is the support of our members and donors today that keeps us flying.

Each year, the support from our members and donors grows as more and more individuals, community groups and businesses choose to assist the Flying Doctor. All funds raised by the RFDS are invested in our aircraft, medical equipment and health services. This year, our members and donors helped us to raise in excess of $9 million. This funding has been put towards the capital cost of purchasing and medically outfitting our three new aircraft, and helping to extend our outreach services. We thank all of our members and donors for their valued assistance.
The RFDS South Eastern Section works in partnership with a wide range of individuals, corporations, organisations and governments to raise funds and awareness of our work. If people are the heart of the Flying Doctor, then partnerships form our backbone.

Flying Doctor Members
Members of the RFDS make regular financial donations and are frequently updated on our work. Membership provides the public with an opportunity to become more involved with the RFDS. There are four levels of membership – Friend, Custodian, Pilot Wing and Flying Doctor Society member. In this year, our members collectively donated more than $2.1 million to the RFDS, and we thank each member for their commitment and generosity. A full list of our Friend, Custodian, Pilot Wing and Flying Doctor Society members can be found on page 57 of this report.

Founding Friends of the RFDS
The Founding Friends of the RFDS are a group of influential business and community leaders who donate to the RFDS and utilise their professional networks to promote our work. Founded in 2005 to raise money for aircraft replacement, they today continue to raise funds and awareness on our behalf. This year, the Chair of the Friends of the RFDS, Michael Crouch AO, hosted a concert on Australia Day with the Symphony of Australia, in support of the RFDS. A list of the Founding Friends of the RFDS, including Patrons and Committee Members, can be found on page 56 of this report.

RFDS Friends in the UK
The RFDS Friends in the UK was founded in 2003 to mark the 75th anniversary of the first RFDS flight in Australia and to raise funds via events and appeals. The UK Friends consist of nine trustees who host one major fundraiser for the RFDS each year. A reception was held at Clarence House by the Patron of the RFDS Friends in the UK, His Royal Highness The Prince of Wales, in February 2009. In March 2010, HRH generously extended his patronage of the UK Friends for a further five years. Since inception, the RFDS Friends in the UK have raised more than £2.4 million for the RFDS and a further fundraiser is planned for late 2010. The current chair of the RFDS Friends in the UK is Marina Ritossa and a full list of the RFDS Friends in the UK Trustees can be found on page 56 of this report.

John Flynn Legion
The John Flynn Legion is a special group of people who have chosen to leave a bequest to the RFDS South Eastern Section in their Will. The 224 members of the John Flynn Legion honour the RFDS with a lasting legacy, and we are extremely grateful for their contribution. In the last financial year, we received over $1.4 million in bequests. As a mark of respect, the names of our John Flynn Legion members are not included in this report, but they are honoured every day in our work.

Supporting the African Flying Doctor Service
The RFDS South Eastern Section Executive Director Clyde Thomson GM has been assisting the African equivalent of the Flying Doctor Service, the African Medical and Research Foundation (AMREF) in its aeromedical and fundraising operations since 2004. As part of this continuing relationship, one of AMREF’s surgeons, Dr John Wachira, visited Sydney in June 2010 to undertake specialist training in surgery at the Royal North Shore Hospital. Dr Wachira also visited the RFDS Broken Hill Base.

Support Groups and Auxiliaries
The RFDS South Eastern Section is supported by the work of four fundraising bodies: the Dubbo Support Group, the Broken Hill Women’s Auxiliary, the White Cliffs Women’s Auxiliary and the Cooper Cup Auxiliary. The Dubbo Support Group continued its longstanding support of the RFDS in 2009–10, with a total of $350,000 raised during this financial year for the Dubbo Base redevelopment. This brings the total contribution of the Support Group to the redevelopment of the Base to $755,000, or half of the capital required by the RFDS to complete this work. We extend our sincere thanks to the Support Group on raising this extraordinary amount of money for the works. Fundraisers held by the Group during the year included the fourth annual hot climate wine show, raffles and the Base Open Day.

The Broken Hill Women’s Auxiliary also continued its support of the RFDS this year, with two fundraisers: the sale of Christmas puddings in December 2009 and the annual dinner dance in May 2010. Dubbed Operation Pudding, the ladies of the Auxiliary made and sold 2,016 Christmas puddings in December 2009, raising over $30,000 for the RFDS and bringing their annual fundraising total to over $68,000. Our thanks go to the Women’s Auxiliary members for their dedication and support.

The RFDS also received support from the White Cliffs Women’s Auxiliary and the Cooper Cup Auxiliary again this year. These two small groups are strong supporters of the Flying Doctor, and we thank all involved for their ongoing commitment.

Three generations of the Finch family await the arrival of the RFDS aircraft at Monolon Station.
Silver City Bush Treadlers Luke and Marie Wensing, June Files, Grace Plew and Max Beardwood at the Bankstown Base Open Day.

The Flying Doctor prides itself on being part of the community: both the communities that we serve in rural, regional and remote areas, and the wider public. Our marketing department works to raise awareness of the RFDS while also raising funds for essential and emergency health care services.

Thanks to the generous support of the community, our fundraising total exceeded $9.4 million this year. Funds raised by the RFDS help us maintain our medical equipment, replace expensive aircraft parts and provide preventative health programs.

We continue to maintain strict control over our fundraising expenditure. The minimum legal standard for fundraising to cost ratio is 40 per cent, and our goal is to maintain it below 20 per cent. During this financial year, our ratio is at an usually high 26 per cent, due to lower than average bequests and a marketing office restructure, but we continue to work to reduce this figure.

Raising awareness
Raising the profile of the RFDS underpins our fundraising efforts. We work with media to spread the word about the Flying Doctor, keeping journalists up to date with news, organising press trips to Bases, and arranging interviews with staff. We communicate with our members, donors and stakeholders four times a year via the South Eastern Flyer newsletter, and our staff weekly via our internal Weekly News. Our online presence achieved a major boost in late 2009 with the launch of our national website bringing together our members, donors and stakeholders four times a year via our national website bringing together our members, donors and stakeholders four times a year via the South Eastern Flyer newsletter, and our staff weekly via our internal Weekly News. Our online presence achieved a major boost in late 2009 with the launch of our national website bringing together our members, donors and stakeholders four times a year via our national website bringing together our members, donors and stakeholders four times a year via our national website bringing together our members, donors and stakeholders four times a year via our national website bringing together our members, donors and stakeholders four times a year via our national website bringing together our members, donors and stakeholders four times a year via our national website bringing together our members, donors and stakeholders four times a year via our national website bringing together our members, donors and stakeholders four times a year via our national website bringing together our members, donors and stakeholders four times a year via our national website bringing together our members, donors and stakeholders four times a year via our national website bringing together our members, donors and stakeholders four times a year via our national website bringing together our members, donors and stakeholders four times a year via our national website bringing together our members, donors and stakeholders four times a year via our national website bringing together our members, donors and stakeholders four times a year via our national website bringing together our members, donors and stakeholders four times a year via our national website bringing together our members, donors and stakeholders four times a year via our national website bringing together our members, donors and stakeholders four times a year via our national website bringing together our members, donors and stakeholders four times a year via our national website bringing together our members, donors and stakeholders four times a year via our national website bringing together our members, donors and stakeholders four times a year via the South Eastern Flyer newsletter, and our staff weekly via our internal Weekly News. Our online presence achieved a major boost in late 2009 with the launch of our national website bringing together the four operating sections of the RFDS under one banner for the first time.

This year, we continued to invite the public behind the scenes with the Flying Doctor at our annual Open Days, held at our Launceston, Dubbo and Bankstown Bases in May to mark the 82nd anniversary of our first flight, and the 50th anniversary of the opening of the Launceston Base. Almost 2,000 people visited the Bases on the three Open Days.

We also held our annual Flying Doctor Day in May to introduce primary school children to the work of the RFDS via education materials, and attended the Wings Over Illawarra airshow, giving the 30,000 attendees an opportunity to hop aboard one of our aeromedically equipped aircraft.

Raising funds
Many annual fundraising events are held throughout the year to raise funds for the RFDS, including the Flying Doctor Outback Car Trek; the Cooper Cup charity cricket match; the Silver City Bush Treadlers bicycle ride; the Macquarie Links ‘Lets play for a sheep station’ golf tournament and the World Flight Australia virtual round-the-world flight.

Collectively, these events raised in excess of $1.5 million for the RFDS in the past financial year and we thank all the organisers for their ongoing support and dedication to the Flying Doctor.

Our particular thanks to Outback Car Trekkers Bill Patrick and Stephen Knox, Cooper Cup organisers Brian Hall and Peter Lamb, Silver City Bush Treadler June Files, Macquarie Links golfers Frank and Val Bulluss and Graham Walker and virtual World Flight pilots Terry Scanlan and Matt Sheil.

In addition to these major fundraisers, 67 individuals, groups and organisations chose to fundraise for the RFDS during this financial year, raising over $216,000 for the Flying Doctor. From bake sales and bucket collecting to beach cricket and a bike ride across the Simpson Desert, these fundraisers all help contribute to the work of the RFDS.

Fundraisers of particular note for this year include the Revesby Workers Bill Bullard Charity Committee, the Tristate Management Conference, Operation Pelican; the 2009 Murray River Rowathon, the Country Women’s Association State Conference, the NAB Coobber Pedy Bike Ride, the WRF Club and the RFDS Rugby Union Dinner. Our thanks also go to our major government and corporate supporters, a full list of whom can be found at the back of this report.

Support also comes from overseas, particularly from Europe where the ‘Flying Doctor’ TV series encouraged a longstanding interest in the RFDS. Our German fan club, Flydoc Australia, is now entering its 15th year and has raised a total of $23,000 for the RFDS during this time, including $1,200 in this financial year. In addition, the third annual Australia Fair in the Netherlands raised $8,000 for us in this financial year.

To our German and Dutch supporters, we say ‘danke’ and ‘danku’.

As fundraising is governed by strict legislation, all RFDS fundraisers must agree to our fundraising guidelines, available from our website www.flyingdoctor.org.au.

Allocating funds
This year, a Wishlist Committee was created to seek funding for items of particular medical, dental, aviation or engineering need. The Committee identifies items or services that require funding, and then seeks this funding from trusts, foundations, private and corporate supporters. The Committee is also responsible for allocating large donations to specialised training and new health initiatives.

Since its establishment, the Wishlist Committee has achieved funding for 98 items, including full funding for the three Fly Around Clinics conducted this year, funding for the dental health mouthguard initiative, 10 clinic boxes containing basic diagnostic equipment for station clinics, three defibrillators, three vital sign monitors and one portable ultrasound machine. The Wishlist Committee is currently seeking funding for ten flight data recorders for our aircraft.
Maintaining the highest standards of quality is essential for the Flying Doctor in ensuring safe operations. Providing essential health care services and emergency aeromedical assistance can be challenging, particularly when staff have to operate alone in remote and unfamiliar areas, and often at night.

The RFDS South Eastern Section is committed to maintaining the highest levels of quality and safety possible. The quality assurance manager maintains an internal audit schedule that ensures each part of the business undergoes a quality and safety audit on a 12 monthly cycle. The audit ensures that we continue to comply with the governing regulations and requirements of the approvals and certifications held.

In addition, external audits are conducted twice-yearly to ensure appropriate ISO 9001:2008 standards are maintained in our aviation, engineering and health services departments. Our corporate services, business development and marketing departments are also subject to an external audit on a regular basis. Audits conducted in this financial year included visits to Essendon, Mascot, Broken Hill and Launceston with no corrective actions raised.

January 2010 saw the successful introduction of an internet based audit scheduling and control system. This had been designed with input from the quality assurance manager as an additional module to the existing Air Maestro Aviation Control package. The new system has streamlined the audit process using the internet and email systems to communicate, eliminating the need to maintain paper copies of audit reports.

Ensuring we comply with other regulations and requirements is also essential, with our medical, aviation and fundraising work governed by many different bodies. The Civil Aviation Safety Authority (CASA), the Australian General Practices Accreditation Ltd (AGPAL) and the NSW Office of Liquor, Gaming and Racing all set regulations with which our operations comply.

Occupational health and safety (OH&S) is also a priority for our quality assurance and human resources departments, with OH&S reporting taking place monthly and the OH&S committee continuing to meet every three months.

The guiding principal for our human resources department this year has been grassroots: going back to basics and investing time in developing policies and procedures for our team.

A nationally endorsed employee manual has been developed and distributed across the Section, providing guidelines for employment conditions and staff relations, in line with new employment legislations and best practice guidelines.

Recruitment remains a priority for the human resources department, with a worldwide shortage of qualified and experienced doctors also impacting on the RFDS. A significant effort was launched this year to attract doctors to the Flying Doctor from home and abroad, with an emphasis on Australian and British doctors. A recruitment campaign in both countries has resulted in a great deal of interest from health professionals wishing to work for the RFDS. In addition, a national initiative has been developed to streamline recruitment.

Closer to home, our human resources department has also worked to raise awareness of careers with the RFDS among students in towns where our Bases are located. In Broken Hill, flight nurses and apprentice engineers attended a career fair to raise awareness of local opportunities with the RFDS.

Training and development of our existing staff was also a key focus in this financial year, with training provided to up-skill staff in leadership and management. Frontline managers attended a training workshop in November 2009 focused on team management, while a future leader’s workshop was held in June 2010 to provide training on change management, project management and employment issues for staff identified as future leaders within the organisation.

Retention of our staff was a priority, with an employee rewards program established to recognise outstanding performance across the Section, and the existing employee benefits program expanded. Enterprise agreements were negotiated with engineers at four of our Bases, while agreements for pilots at Essendon, Mascot, Broken Hill and Dubbo are currently being negotiated.
Staff >

Executive
Clyde Thomson & Executive Director
Barbara Ellis Executive Assistant

Executive Services
Robyn Taylor
Reception/Administration Officer
Anika Molesworth
Reception/Administration Officer
Kimberley Hayes
Reception/Administration Officer

Dr Michael Nugent, Dr Peter Sanders

30 SOUTH EASTERN SECTION

Staff

Medical Services
Dr Anne Wakatama
General Manager Health Services
RN/RM Judith Whitehead
Nurse Manager

BROKEN HILL
Clive Bishop Medical Centre
Dr Michael Hill
Senior Medical Officer (Emergency)
Dr David Garne Senior Medical Officer (Education & Research)
Medical Officers: Dr Bill Hines, Dr Elaine Powell, Dr Katie Hargreaves, Dr Solange Costermans-Imseih, Dr Kylie Vuong.
Kerry Kelly Medical Secretary
Lisa McFayden
Business Manager Health Services

Maari Ma Services
Dr Victor Carroll
Senior Medical Officer (Maari Ma)
Medical Officers: Dr Katherine McNary, Dr Penelope Roberts-Thomson*, Dr Michael Nugent*, Dr Peter Sanders* Haley King
Alcohol & Other Drugs Worker.

Dental Services
Dr Lyn Mayne Senior Dental Officer
Dr Alison Blundell Dentist

Mental Health Services
RN Tracie Munro
Mental Health Professional
Denise Perkins
Mental Health Professional

Flight Nurses
RN/RM Brendon Kiley
Senior Base Nurse
Flight Nurses: RN/RM Keryn Boite, RN/RM Tracey King, RN/RM Susan Hines, RN/RM Kate Dickson
RN/RM Jacqueline Noble*
Women’s and Child Family Health Nurse
RN/RM Helen Freeman
Women’s and Child Family Health Nurse

DUBBO
Medical Officers
Dr Peter Brendt Senior Medical Officer
Medical Officers: Dr Gerald Chitsunge, Dr Marc Schnakenburger, Dr Randall Greenberg*, Dr Shaun Nugent*.

Flight Nurses
RN/RM Karen Barlow
Senior Flight Nurse

COOPER BASIN
RN/RM Chris Belshaw Team Leader

SPECIALISTS
Dr Michael Barnett
Ear, Nose and Throat Specialist
Dr Richard Rawson Ophthalmologist
Dr Ian McCrossin Dermatologist
Dr Robert Webb
Ear, Nose and Throat Specialist
Dr John Redhead
Ear, Nose and Throat Specialist
Dr Tony White* Dermatologist
Mrs Doffy White Dermatology Nurse
Jennifer Borrett Audiologist

RURAL WOMEN’S GP SERVICE
Sheree Quinn Administration Officer
Rural Women’s GPs: Dr Lynne Dowd, Dr Kathryn Hutt, Dr Helen Jenkins, Dr Jane Marr, Dr Penny Maynier, Dr Brenda Steedman, Dr Vivenne Whitechurch, Dr Jane Zimmerman, Dr Valerie Arnold, Dr Jill Carrier, Dr Claire Donnelly, Dr Jenny Geraghty, Dr Christine Hampshire, Dr Meg Higgins, Dr Sally Hildred, Dr Margaret Himmelhoch, Dr Sandra Hornsey, Dr Diana Jefferies, Dr Mary-Anne Lancaster, Dr Susan Lewis, Dr Barbara Moritz, Dr Beth Quin, Dr Jane Russell, Dr Libby Reekman, Dr Barbara Tink, Dr Lilon Bandler.

Aviation
Anthony Mathews Aviation Manager
BROKEN HILL
Capt Magnus Badger Senior Base Pilot
Pilots: Capt Daryl Sarles, Capt David Funnell, Capt Shane Brook, Capt Otto Peeters

DUBBO
Capt Ashley Myles Senior Base Pilot
Pilots: Capt Tim Griffiths, Capt Bligh Ridge, Capt Craig Netherly, Capt Ross Powell, Capt Daniel Compton, Capt Brett Croker

MASCOT
Capt Mark Woods Senior Base Pilot
Capt Stephen McLay
Check and Training Pilot
Capt Anthony Evans
Check and Training Pilot
Pilots: Capt Lachlan Burnett, Capt Anthony Coward, Capt David Currie, Capt Cameron Gibbs, Capt Scott Hogan, Capt Russell Ives, Capt Ian Lambert, Capt Michael Manning, Capt Donald Robey, Capt Tim Solomon, Capt David Stanley, Capt Andrew Thorley, Capt Peter Townsend, Capt Bud Walter, Capt Evan Alexander.

BANKSTOWN
Capt Graham Sorrenson
Rural Aerial Health Service Pilot

ESSENDON
Capt Darryl Brooks
Flight Operations Manager
Capt Tim Baker Flight Training Manager
Capt Frank Giovannetti Senior Base Pilot
Pilots: Capt Kym Anquetil, Capt Mark Biden, Capt Warren Brewster, Capt Gregory Browne, Capt Steven Ford, Capt Peter Ermel, Capt Jan Haak, Capt Robert Porter, Capt Trevor Salvado, Capt Adrian Wall, Capt Robert Welch, Capt Peter Baker, Capt Vaughan Bradshaw, Capt Michael Rogers, Capt Damian Burns, Capt Joseph Wiens* Eva Files Administration Officer Aviation

LAUNCESTON
Capt Stan Griffiths Senior Base Pilot
Pilots: Capt David Liddell, Capt David Swiggs, Capt Stephen Wood, Capt Andrew Roe, Capt Robert Walkinshaw
Staff employed as of 30 June 2010

<table>
<thead>
<tr>
<th>Category</th>
<th>Full time</th>
<th>Part time and Casual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>15</td>
<td>29</td>
</tr>
<tr>
<td>Medical Specialists</td>
<td>–</td>
<td>8</td>
</tr>
<tr>
<td>Dental</td>
<td>2</td>
<td>–</td>
</tr>
<tr>
<td>Nurses/Flight Sisters</td>
<td>20</td>
<td>4</td>
</tr>
<tr>
<td>Mental Health/Drug Alcohol</td>
<td>3</td>
<td>–</td>
</tr>
<tr>
<td>Pilots</td>
<td>55</td>
<td>1</td>
</tr>
<tr>
<td>Engineering</td>
<td>26</td>
<td>–</td>
</tr>
<tr>
<td>Engineering Support</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Radio Staff</td>
<td>2</td>
<td>–</td>
</tr>
<tr>
<td>Operational Coordinators</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>PR and Fundraising</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Administration</td>
<td>21</td>
<td>6</td>
</tr>
<tr>
<td>Merchandising and Other</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>159</strong></td>
<td><strong>62</strong></td>
</tr>
</tbody>
</table>
The RFDS South Eastern Section is committed to good corporate governance. Board positions are honorary and the Board meets every three months to discuss policy, strategy, operations and finance.

These meetings are rotated among the different Bases, allowing Board Directors to meet with staff in the medical, aviation, engineering and administration departments.

The Board Executive (the President, Vice President, Treasurer and Chairman, Regional Advisory Committee) meets every month.

The key role of the Board is to:

> Oversee the affairs of the SE Section, including control and accountability systems
> Appoint the executive director
> Ratify the appointment of the company secretary
> Approve and monitor financial and other reporting
> Implement and review systems of risk management and internal compliance and control, codes of conduct and legal compliance
> Review and improve the SE Section strategy and any performance objectives proposed by senior management
> Monitor senior management’s performance and implementation of strategy and ensure availability of appropriate resources
> Monitor and improve SE Section’s programs and services.

The Board also comprises the following sub-committees:

**Audit & Risk Management Committee**
Reviews financial reports and budgets, identifies risks and develops and implements strategies to mitigate those risks.

> Mr John Milhinch OAM *Chairman*
> Mrs Joan Treweweke
> Mr Michael Burgess
> Mr John Gall OAM
> Mr Clyde Thomson OAM
  (Executive Director, RFDS South Eastern Section)
> Mr David Peters (Corporate Services Manager, RFDS South Eastern Section)

**Regional Advisory Committee**
Advises the Board on service delivery.

> Mr John Gall OAM *Chairman*
> Mrs Mitty Davies OAM
> Mrs Coral Ford (former President of Broken Hill Women’s Auxiliary)
> Mrs Olwyn Reynolds (current President of Broken Hill Women’s Auxiliary)
> Mrs Kathryn Fargher
> Mrs Julie McClure
> Mr Bob Davis

**Medical Advisory Committee**
Advises the Board on matters of medical ethics and policy.

> Professor Bruce Robinson *Chairman*
> Dr Ken Abraham
> Dr David Sutherland
> Mrs Mitty Davies OAM
> Professor David Lyle
> Dr Anne Wakatama (General Manager Health Services, RFDS South Eastern Section)
> RN/RM Judith Whitehead (Nurse Manager, RFDS South Eastern Section)
Our Board

1. Joan Treweeke  
   LLB  
   President and member of the Board Executive  
   Elected 31.10.96  
   Attended 7/7  
   Resident SE Section Network area; Member, National Parks and Wildlife Service Northern Plains Advisory Committee; Chair, Yawarra Meamel Women’s Group Inc.

2. David Forsyth  
   BE (Aero), Grad Dip, FRAeS  
   Vice President and member of the Board Executive  
   Elected 12.9.02  
   Attended 5/7  
   Former Executive General Manager, Aircraft Operations, Qantas Airways Ltd; Chairman Airservices Australia; President Royal Aeronautical Society (Australian Division); Chairman of the Industry Advisory Panel for the UNSW School of Aviation; Chairman for ‘Safeskies’ Conferences; Senior Visiting Fellow UNSW.

3. Michael Burgess  
   B Ec (Adel) FCA  
   Treasurer and member of the Board Executive  
   Elected 3.11.00  
   Attended 7/7  
   Former Senior Partner of KPMG; Director, National Board of Institute of Chartered Accountants (representing SA and NT); Adjunct Professor, Division of Business, University of South Australia; Chairman, Advisory Committee Business School, University of South Australia; Director, Medical Defence SA Ltd; Director, Adelaide Entertainment Centre; Member, Financial Reporting Panel (Melbourne); Member, Cancer Council Foundation Finance Committee; Member, Flinders Medical Centre Audit Committee; Chairman of Directors, Seven Hill Winery, Clare SA.

4. John Gall  
   OAM  
   Chairman, Regional Advisory Committee and member of the Board Executive  
   Elected 6.5.82  
   Attended 6/7  
   Resident grazier in the SE Section Network area; Member, Broken Hill Land Board.

5. John Milhinch  
   OAM  
   Chairman, Audit and Risk Management Committee  
   Elected 29.07.86  
   Attended 6/7  
   Former President of the SE Section; Director, Europcar Asia Pacific; Chairman, RFDS National Superannuation Fund; Formerly General Manager Strategic Investments and Investor Relations, Accor Asia Pacific.

6. Terry Clark  
   Elected 1.11.07  
   Attended 7/7  
   Resident of the SE Section Network area; President, Dubbo Support Group RFDS since 2003; Past Director Dubbo Tourism Association; Former member Dubbo Tourism Advisory Committee.

7. Beatrice (Mitty) Davies  
   OAM  
   Elected 17.10.90  
   Attended 5/7  
   Resident of the SE Section Network area.

8. Christine Liddy  
   AO FAICD BA (UNSW)  
   Elected 29.10.85  
   Attended 6/7  
   Former President of the SE Section; Partner, Australian Plantscapes Group; Partner, All Purpose Indoor Plant Hire; Board Member, University of NSW Foundation Ltd.; Board Member, Australasian Gastro-intestinal Trials Group (AGITG); Member, The Committee for the Foundation Chair of Modern Irish Studies (UNSW); Director, Dame Pattie Menzies Foundation; Council Member, Friends of the Sydney International Piano Competition; Advisory Board Member, Mosman Art Gallery and Cultural Centre; Member, Women Chiefs of Enterprise International; Former Board Member, Frontline Defence Services (AFCANS); Former Board Member of the Art Gallery Society of NSW.

9. Professor Bruce Robinson  
   MD MSc FRACP  
   Elected 13.10.09  
   Attended 4/4  
   Dean, Sydney Medical School; Head, Cancer Genetics Laboratory, Kolling Institute; Chairman, Hoc Mai, the Australian Vietnam Medical Foundation; Fellow of the Australian Institute of Company Directors.

10. Elizabeth Johnstone  
    LLB MA (Hons) BA (Hons) FAIM  
    Elected 25.02.10  
    Attended 2/2  
    Former Partner and Practice Head (Company Law and Governance), Blake Dawson; Consultant, Blake Dawson; Member, Australian Press Council; BPW/QANTAS Business Woman of the Year; Director, Macquarie University Hospital; Director, Auditing and Assurance Standards Board; Director, Sydney Writers Festival; Fellow, Australian Institute of Company Directors; Former Member, Australian Press Council; Founding Member, Australian Compliance Institute; Former Associate, Australian Centre for Innovation and International Competitiveness; Former Director, Communications and Media Law Centre.
Financial Reports

For the financial year ended 30 June 2010
ABN 86 000 032 422

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**Funding and Expenditure**

### Where the money comes from
to 30 June 2010

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>2009/10 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Contracts</td>
<td>29,825,618</td>
</tr>
<tr>
<td>RFDS Generated Income</td>
<td>4,124,160</td>
</tr>
<tr>
<td>Donations &amp; Bequests</td>
<td>9,470,892</td>
</tr>
<tr>
<td>Other</td>
<td>71,332</td>
</tr>
<tr>
<td>State Grants</td>
<td>4,865,150</td>
</tr>
<tr>
<td>Other Health Contracts</td>
<td>1,565,712</td>
</tr>
<tr>
<td>Financial Income</td>
<td>2,922,598</td>
</tr>
<tr>
<td>Commonwealth Grants – Operating</td>
<td>9,995,446</td>
</tr>
<tr>
<td>Commonwealth Grants – Capital</td>
<td>6,614,091</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>69,454,999</strong></td>
</tr>
</tbody>
</table>

### How the money is spent
to 30 June 2010

<table>
<thead>
<tr>
<th>Expenditure Category</th>
<th>2009/10 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Evacuations</td>
<td>6,561,915</td>
</tr>
<tr>
<td>Dental</td>
<td>390,407</td>
</tr>
<tr>
<td>Inter Hospital Transfers</td>
<td>26,169,979</td>
</tr>
<tr>
<td>Primary Health Clinics</td>
<td>4,221,443</td>
</tr>
<tr>
<td>Medical Programs</td>
<td>5,132,962</td>
</tr>
<tr>
<td>Fundraising &amp; Merchandising</td>
<td>2,538,731</td>
</tr>
<tr>
<td>Medical Chests</td>
<td>121,514</td>
</tr>
<tr>
<td>Devaluation of Aircraft and Depreciation</td>
<td>10,607,526</td>
</tr>
<tr>
<td>Other</td>
<td>1,911,815</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>57,656,293</strong></td>
</tr>
</tbody>
</table>

### Source of gifts
to 30 June 2010

<table>
<thead>
<tr>
<th>Source</th>
<th>2009/10 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auxiliaries</td>
<td>357,569</td>
</tr>
<tr>
<td>Bequests</td>
<td>1,421,701</td>
</tr>
<tr>
<td>Capital appeal</td>
<td>333,556</td>
</tr>
<tr>
<td>Constitutional members</td>
<td>9,130</td>
</tr>
<tr>
<td>Donations</td>
<td>3,596,008</td>
</tr>
<tr>
<td>Membership</td>
<td>2,121,385</td>
</tr>
<tr>
<td>Special events</td>
<td>1,631,543</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9,470,892</strong></td>
</tr>
</tbody>
</table>
1. The Directors present their report together with the financial report of the Royal Flying Doctor Service of Australia (South Eastern Section), (“the Service”), for the financial year ended 30 June 2010 and the auditor’s report thereon.

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

- Mrs J H Treweeke
- Mr J Gall OAM
- Dr S R Spring
- Mr J R Milhinch OAM
- Mr M C H Burgess
- Mrs B M Davies OAM
- Mr D Forsyth
- Mr D R Honner
- Mrs C M Liddy AO
- Hon P McMahon AM
- Mr T Clark
- Mr G Wise
- Mr B G Robinson
- Mrs E M Johnstone

Particulars of Directors’ qualifications, experience and special responsibilities are set out on page 33 of the Annual Report.

2. The principal activity of the Service during the financial year was the provision of aeromedical services. There were no changes in the nature of the activities during the period.

3. The total profit for the year was $11,798,702 (2009 $23,585,056).

4. The Service is an institution not for gain, limited by guarantee.

5. Since the end of the financial year Directors are not aware of any matter or circumstances, not otherwise dealt with in this report or the accounts, that has significantly affected or may significantly affect the operations of the Service, the results of those operations or the state of affairs of the Service in subsequent financial years.

6. No Director of the Service since the end of the previous financial year has received or become entitled to receive a benefit by reason of a contract made by the Service or by a related corporation with the Director or with a firm of which they are a member or with a company in which they have a substantial financial interest.

7. There are currently no significant developments or changes to activities likely to affect the state of affairs of the service.


9. There are constant movements in the exchange rate between Australia and the USA. This movement has the impact of changing the valuation of the Aircraft.

10. The number of Directors’ meetings (including meetings of committees of Directors) and number of meetings attended by each of the Directors of the Service during the financial year are:

<table>
<thead>
<tr>
<th>Board Meetings</th>
<th>Attended/meetings held</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs Joan Treweeke</td>
<td>7/7</td>
</tr>
<tr>
<td>Mr John Gall OAM</td>
<td>6/7</td>
</tr>
<tr>
<td>Mr John Milhinch OAM</td>
<td>6/7</td>
</tr>
<tr>
<td>Dr Stuart Spring (Resigned 3 August 2009)</td>
<td>1/7</td>
</tr>
<tr>
<td>Mr Michael Burgess</td>
<td>7/7</td>
</tr>
<tr>
<td>Mrs Mitty Davies OAM</td>
<td>5/7</td>
</tr>
<tr>
<td>Mr David Forsyth</td>
<td>5/7</td>
</tr>
<tr>
<td>Mr David Honner (Resigned 25 February 2010)</td>
<td>2/7</td>
</tr>
<tr>
<td>Mrs Christine Liddy AO</td>
<td>6/7</td>
</tr>
<tr>
<td>Hon Peter McMahon AM (Resigned 31 December 2009)</td>
<td>3/7</td>
</tr>
<tr>
<td>Mr Terry Clark</td>
<td>7/7</td>
</tr>
<tr>
<td>Mr Geoffrey Wise (Resigned 31 December 2009)</td>
<td>2/7</td>
</tr>
<tr>
<td>Mr Bruce Robinson (Appointed 13 October 2009)</td>
<td>4/4</td>
</tr>
<tr>
<td>Mrs Elizabeth Johnstone (Appointed 25 February 2010)</td>
<td>2/2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Board Executive</th>
<th>Attended/meetings held</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs Joan Treweeke</td>
<td>6/6</td>
</tr>
<tr>
<td>Mr John Gall OAM</td>
<td>4/6</td>
</tr>
<tr>
<td>Mr Michael Burgess</td>
<td>6/6</td>
</tr>
<tr>
<td>Mr David Forsyth</td>
<td>6/6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Audit &amp; Risk Management Committee</th>
<th>Attended/meetings held</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Michael Burgess</td>
<td>2/2</td>
</tr>
<tr>
<td>Mrs Joan Treweeke</td>
<td>1/2</td>
</tr>
<tr>
<td>Mr John Gall OAM</td>
<td>1/2</td>
</tr>
<tr>
<td>Mr John Milhinch OAM</td>
<td>2/2</td>
</tr>
<tr>
<td>Mr Clyde Thomson GM</td>
<td>2/2</td>
</tr>
<tr>
<td>Mr David Peters</td>
<td>2/2</td>
</tr>
</tbody>
</table>

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

12. The Lead Auditor’s Independence Declaration is set out on page 37 and forms part of the directors report for the financial year ended 30 June 2010.

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

President
27th day of August 2010

Director
27th day of August 2010
under Section 307C of the Corporations Act 2001
To: the directors of the Royal Flying Doctor Service of Australia (South Eastern Section)
I declare that, to the best of my knowledge and belief, in relation to the audit for the financial year ended 30 June 2010 there have been:
(i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and 
(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Paul Cenko
Partner
Adelaide, 27 August 2010
### Statement of Comprehensive Income >

For the year ended 30 June 2010

<table>
<thead>
<tr>
<th>Note</th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>2</td>
<td>50,376,086</td>
</tr>
<tr>
<td>Other Income</td>
<td>2</td>
<td>16,156,315</td>
</tr>
<tr>
<td>Administration</td>
<td></td>
<td>3,915,047</td>
</tr>
<tr>
<td>Aviation Costs</td>
<td></td>
<td>16,212,852</td>
</tr>
<tr>
<td>Depreciation</td>
<td></td>
<td>3,249,967</td>
</tr>
<tr>
<td>Employment Costs</td>
<td>3</td>
<td>20,873,553</td>
</tr>
<tr>
<td>Facilities Costs</td>
<td></td>
<td>808,491</td>
</tr>
<tr>
<td>Marketing Expenses</td>
<td></td>
<td>1,235,655</td>
</tr>
<tr>
<td>Devaluation of Aircraft</td>
<td>10</td>
<td>7,357,559</td>
</tr>
<tr>
<td>Loss on disposal of property, plant and equipment</td>
<td></td>
<td>345,074</td>
</tr>
<tr>
<td>Impairment loss on trade receivables</td>
<td></td>
<td>667,559</td>
</tr>
<tr>
<td>Other Expenses</td>
<td></td>
<td>788,860</td>
</tr>
<tr>
<td><strong>Results from operating activities</strong></td>
<td></td>
<td><strong>11,077,784</strong></td>
</tr>
<tr>
<td>Financial Income</td>
<td></td>
<td>2,922,598</td>
</tr>
<tr>
<td>Financial Expenses</td>
<td></td>
<td>(2,201,680)</td>
</tr>
<tr>
<td><strong>Net financing income / (expense)</strong></td>
<td>5</td>
<td><strong>720,918</strong></td>
</tr>
<tr>
<td><strong>Profit for the Year</strong></td>
<td></td>
<td><strong>11,798,702</strong></td>
</tr>
<tr>
<td>Other Comprehensive Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in fair value of available for sale investments</td>
<td></td>
<td>811,749</td>
</tr>
<tr>
<td><strong>Total Recognised Income for the Year</strong></td>
<td></td>
<td><strong>12,610,451</strong></td>
</tr>
</tbody>
</table>

To be read in conjunction with the attached notes.
### Statement of Changes in Equity

For the year ended 30 June 2010

<table>
<thead>
<tr>
<th>Description</th>
<th>Revaluation Reserve</th>
<th>Fair value Reserve</th>
<th>Retained Earnings</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance at 1 July, 2008</strong></td>
<td>10,276,902</td>
<td>-</td>
<td>61,236,593</td>
<td>71,513,495</td>
</tr>
<tr>
<td>Change in fair value of available for sale investments</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Profit for the year</td>
<td>-</td>
<td>-</td>
<td>23,585,056</td>
<td>23,585,056</td>
</tr>
<tr>
<td>Total recognised income and expense</td>
<td>-</td>
<td>-</td>
<td>23,585,056</td>
<td>23,585,056</td>
</tr>
<tr>
<td><strong>Balance at 30 June, 2009</strong></td>
<td>10,276,902</td>
<td>-</td>
<td>84,821,649</td>
<td>95,098,551</td>
</tr>
<tr>
<td>Balance at 1 July, 2009</td>
<td>10,276,902</td>
<td>-</td>
<td>84,821,649</td>
<td>95,098,551</td>
</tr>
<tr>
<td>Change in fair value of available for sale investments</td>
<td>-</td>
<td>811,749</td>
<td>-</td>
<td>811,749</td>
</tr>
<tr>
<td>Profit for the year</td>
<td>-</td>
<td>-</td>
<td>11,798,702</td>
<td>11,798,702</td>
</tr>
<tr>
<td>Total recognised income and expense</td>
<td>-</td>
<td>811,749</td>
<td>11,798,702</td>
<td>12,610,451</td>
</tr>
<tr>
<td><strong>Balance at 30 June, 2010</strong></td>
<td>10,276,902</td>
<td>811,749</td>
<td>96,620,351</td>
<td>107,709,002</td>
</tr>
<tr>
<td></td>
<td>Note</td>
<td>2010</td>
<td>2009</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>------</td>
<td>-------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>6</td>
<td>20,231,633</td>
<td>23,680,544</td>
<td></td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>7</td>
<td>4,942,507</td>
<td>7,572,543</td>
<td></td>
</tr>
<tr>
<td>Financial Assets</td>
<td>8</td>
<td>1,799,912</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Inventories</td>
<td>9</td>
<td>1,510,967</td>
<td>1,501,793</td>
<td></td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td></td>
<td>28,485,019</td>
<td>32,754,880</td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>10</td>
<td>76,896,169</td>
<td>76,854,573</td>
<td></td>
</tr>
<tr>
<td>Investments</td>
<td>8</td>
<td>11,529,793</td>
<td>10,327,330</td>
<td></td>
</tr>
<tr>
<td><strong>Total Non Current Assets</strong></td>
<td></td>
<td>88,425,962</td>
<td>87,181,903</td>
<td></td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td></td>
<td>116,910,981</td>
<td>119,936,783</td>
<td></td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>11</td>
<td>2,698,601</td>
<td>2,091,643</td>
<td></td>
</tr>
<tr>
<td>Interest bearing loans and borrowings</td>
<td>12</td>
<td>-</td>
<td>17,156,060</td>
<td></td>
</tr>
<tr>
<td>Employee benefits</td>
<td>13</td>
<td>2,599,776</td>
<td>2,653,830</td>
<td></td>
</tr>
<tr>
<td>Deferred government grants</td>
<td></td>
<td>985,700</td>
<td>1,956,619</td>
<td></td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td></td>
<td>6,284,077</td>
<td>23,858,152</td>
<td></td>
</tr>
<tr>
<td>Employee benefits</td>
<td>13</td>
<td>1,350,555</td>
<td>980,080</td>
<td></td>
</tr>
<tr>
<td>Financial Liabilities</td>
<td></td>
<td>1,567,347</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td><strong>Total Non Current Liabilities</strong></td>
<td></td>
<td>2,917,902</td>
<td>980,080</td>
<td></td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td></td>
<td>9,201,979</td>
<td>24,838,232</td>
<td></td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td></td>
<td>107,709,002</td>
<td>95,098,551</td>
<td></td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserves</td>
<td></td>
<td>11,088,651</td>
<td>10,276,902</td>
<td></td>
</tr>
<tr>
<td>Retained earnings</td>
<td></td>
<td>96,620,351</td>
<td>84,821,649</td>
<td></td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td></td>
<td>107,709,002</td>
<td>95,098,551</td>
<td></td>
</tr>
</tbody>
</table>

To be read in conjunction with the attached notes.
## Cash Flow Statement >

For the year ended 30 June 2010

<table>
<thead>
<tr>
<th>Note</th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government Grants</td>
<td>15,222,461</td>
<td>14,752,143</td>
</tr>
<tr>
<td>Contracts</td>
<td>38,662,118</td>
<td>35,470,984</td>
</tr>
<tr>
<td>Receipts from Fundraising</td>
<td>9,470,892</td>
<td>10,832,848</td>
</tr>
<tr>
<td>Receipts from Customers</td>
<td>761,702</td>
<td>1,131,126</td>
</tr>
<tr>
<td>Payments to Suppliers/ATO</td>
<td>(44,636,319)</td>
<td>(46,234,289)</td>
</tr>
<tr>
<td><strong>Net cash flows from operating activities</strong></td>
<td>15</td>
<td><strong>19,480,854</strong></td>
</tr>
<tr>
<td><strong>Cash flows from investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest Received</td>
<td>641,526</td>
<td>1,043,990</td>
</tr>
<tr>
<td>Dividends Received</td>
<td>470,999</td>
<td>972,271</td>
</tr>
<tr>
<td>Capital Grant</td>
<td>6,614,091</td>
<td>8,207,302</td>
</tr>
<tr>
<td>Proceeds from Sale of Property, Plant and Equipment</td>
<td>309,915</td>
<td>592,616</td>
</tr>
<tr>
<td>Payments for Property, Plant and Equipment</td>
<td>(13,175,297)</td>
<td>(32,161,230)</td>
</tr>
<tr>
<td>Transfers (to)/from Investment Portfolio</td>
<td>-</td>
<td>(2,263,135)</td>
</tr>
<tr>
<td><strong>Net cash flows used in investing activities</strong></td>
<td>(5,138,766)</td>
<td>(23,608,186)</td>
</tr>
<tr>
<td><strong>Cash flows from financing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest expense</td>
<td>(634,939)</td>
<td>(1,328,891)</td>
</tr>
<tr>
<td>Repayment of Borrowings</td>
<td>(17,156,060)</td>
<td>(9,199,569)</td>
</tr>
<tr>
<td><strong>Net cash flows used in financing activities</strong></td>
<td>(17,790,999)</td>
<td>(10,528,460)</td>
</tr>
<tr>
<td><strong>Net increase/(decrease) in cash held</strong></td>
<td>(3,448,911)</td>
<td>(18,183,854)</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents at the beginning of the Year</strong></td>
<td>23,680,544</td>
<td>37,538,607</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents at the end of the Year</strong></td>
<td>20,231,633</td>
<td>23,680,544</td>
</tr>
</tbody>
</table>

To be read in conjunction with the attached notes.
Note 1 Significant Accounting Policies

(a) Reporting entity
The Royal Flying Doctor Service of Australia (South Eastern Section), (“the Service”), is domiciled in Australia. The address of the Service’s registered office is Broken Hill Airport, Broken Hill NSW 2880. The financial report of the Service is for the financial year ended 30 June 2010.

(b) Basis of preparation
(i) Statement of Compliance
“The financial report is a general purpose financial report, which has been prepared in accordance with Australian Accounting Standards (‘AASBs’) (including Australian Interpretations) adopted by the Australian Accounting Standards Board (‘AASB’) and the Corporations Act 2001.

The financial statements were approved by the Board of Directors on 27 August 2010.

(ii) Basis of preparation
“The financial statement has been prepared on the historical cost basis except for the following are stated at their fair value:

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

The preparation of a financial report in conformity with Australian Accounting Standards requires management to make judgements, estimates and assumptions that affect the application of policies and reported amounts of assets and liabilities, income and expenses. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgements about carrying values of assets and liabilities that are not readily apparent from other sources. Actual results may differ from these estimates. The accounting policies have been consistently applied by the Service. The estimates and underlying assumptions are reviewed on an on-going basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if revision affects both current and future periods. The accounting policies set out below have been applied consistently to all periods presented in the financial report.

(iii) Functional and presentation currency
The financial statement is presented in Australian dollars, which is the Service’s functional currency.

(c) Property, plant and equipment
(i) Owned assets
Items of property, plant and equipment are stated at cost less accumulated depreciation (see below) and impairment losses (see accounting policy 1(f)), with the exception of freehold land and buildings, aircraft hull and aircraft engines, which are stated at fair value.

(ii) Leased assets
Leases in terms of which the Service assumes substantially all the risks and rewards of ownership are classified as finance leases. Lease payments are accounted for as described in accounting policy 1(i).

(iii) Depreciation
With the exception of land, depreciation is charged to the income statement on a straight line basis over the estimated useful lives of each part of an item of property, plant and equipment. The estimated useful lives in the current and comparative periods are as follows:

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

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

(iv) Qualifying assets
In respect of borrowing costs relating to qualifying assets for which the commencement date for capitalisation is on or after 1 July 2009, the Service capitalises borrowing costs directly attributable to the acquisition, construction or production of a qualifying asset as part of the cost of that asset.

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

The fair value of financial instruments classified as available-for-sale is their quoted bid price at the balance sheet date. Financial instruments classified as available-for-sale investments are recognised/derecognised by the Service on the date it commits to purchase/sell the investments.

(e) Trade and other receivables
Trade and other receivables are stated at their amortised cost less impairment losses (see accounting policy 1(f)).

(f) Inventories
Inventories include aircraft spare parts and souvenirs. Inventories are valued at the lower of cost and current replacement cost. Inventory identified as obsolete is written off.

(g) Cash and cash equivalents
Cash and cash equivalents comprise cash on hand, call deposits and investments in money market instruments.

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

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

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

(i) Calculation of recoverable amount
The recoverable amount of the Service’s receivables carried at amortised cost
is calculated as the present value of estimated future cash flows, discounted at the original effective interest rate. Receivables with a short duration are not discounted. Impairment of receivables is not recognised until objective evidence is available that a loss event has occurred. Significant receivables are individually assessed for impairment.

(ii) Reversals of impairment
Impairment losses are reversed where there is an indication that the impairment loss may no longer exist and there has been a change in the estimate used to determine the recoverable amount. An impairment loss in respect of a receivable carried at amortised cost is reversed if the subsequent increase in recoverable amount can be related objectively to an event occurring after the impairment loss was recognised. An impairment loss in respect of an investment in an equity instrument classified as available-for-sale is not reversed through profit or loss. An impairment loss is reversed only to the extent that the asset’s carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised.

(iii) Derecognition of financial assets and liabilities
A financial asset is derecognised when:
> the rights to receive cash flows from the asset have expired;
> the Service retains the rights to receive cash flows from the asset, but has assumed an obligation to pay them in full to a third party; or
> the Service has transferred its rights to receive cash flows from the asset and either has transferred substantially all the risks and rewards of the asset or has transferred control of the asset.

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

(i) Interest bearing borrowings
Interest bearing borrowings are recognised initially at fair value less attributable transaction costs. Subsequent to initial recognition, interest bearing borrowings are stated at amortised cost with any difference between cost and redemption value being recognised in the income statement over the period of the borrowings on an effective interest basis.

(j) Employee benefits
(i) Defined contribution superannuation funds
Obligations for contributions to defined contribution superannuation funds are recognised as an expense in the income statement as incurred.

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

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

(k) Trade and other payables
Trade and other payables are stated at their amortised cost. Trade payables are non-interest bearing and are normally settled on 30 day terms.

(l) Income Tax
The Service is exempt from Income Tax.

(m) Revenue
(i) Services rendered
Revenue from services rendered is recognised in the income statement in proportion to the stage of completion of the transaction at the balance sheet date. No revenue is recognised if there are significant uncertainties regarding recovery of the consideration due or the costs incurred or to be incurred cannot be measured reliably.

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

(n) Expenses
(i) Operating lease payments
Payments made under operating leases are recognised in the income statement on a straight line basis over the term of the lease.

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

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

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

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

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

(p) Foreign Currency
(i) Foreign currency transactions
Transactions in foreign currencies are translated at the foreign exchange rate ruling at the date of the transaction. Monetary assets and liabilities demonstrated in foreign currencies at the balance sheet date are translated to Australian dollars at the foreign exchange rate ruling at that date. Foreign exchange differences arising on translation are recognised in the income statement. Non-monetary assets and liabilities that are measured in terms of historical cost in a foreign currency are
translated using the exchange rate at the date of the transaction.
Non monetary assets and liabilities denominated in foreign currencies that are stated at fair value are translated to Australian dollars at foreign exchange rates ruling at the dates the fair value was determined.

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

(iii) Derivative financial instruments
The Service uses derivative financial instruments to hedge its exposure to foreign exchange risks arising from operating, financing and investing activities.
Derivative financial instruments are recognised initially at fair value. Subsequent to initial recognition, derivative financial instruments are stated at fair value. The gain or loss on remeasurement to fair value is recognised immediately in profit or loss.

(q) Change in accounting policy
Presentation of financial statements
The Service applies revised AASB 101 Presentation of Financial Statements (2007), which became effective as of 1 January 2009. As a result, the Service presents in the statement of changes in equity all owner changes in equity, whereas all non-owner changes in equity are presented in the statement of comprehensive income.
Comparative information has been represented so that is also in conformity with the revised standard.

---

**Note 2 Revenue**

<table>
<thead>
<tr>
<th>Revenue</th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Grants - Commonwealth</td>
<td>9,995,446</td>
<td>8,311,605</td>
</tr>
<tr>
<td>Government Grants - State</td>
<td>4,865,150</td>
<td>5,111,561</td>
</tr>
<tr>
<td>Government Contracts</td>
<td>29,825,618</td>
<td>29,290,556</td>
</tr>
<tr>
<td>Other Health Contracts</td>
<td>1,565,712</td>
<td>1,174,082</td>
</tr>
<tr>
<td>Cost Recoveries</td>
<td>3,565,359</td>
<td>3,847,485</td>
</tr>
<tr>
<td>Merchandising</td>
<td>558,801</td>
<td>328,673</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td>50,376,086</td>
<td>48,063,962</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Income</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Grants - Commonwealth</td>
<td>6,614,091</td>
<td>8,207,302</td>
</tr>
<tr>
<td>Bequests</td>
<td>1,421,701</td>
<td>2,214,837</td>
</tr>
<tr>
<td>Donations</td>
<td>8,049,191</td>
<td>8,618,011</td>
</tr>
<tr>
<td>Other Income</td>
<td>71,332</td>
<td>76,162</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>16,156,315</td>
<td>19,116,312</td>
</tr>
</tbody>
</table>

**Total revenue**

<table>
<thead>
<tr>
<th></th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>66,532,401</td>
<td>67,180,274</td>
</tr>
</tbody>
</table>

---

**Note 3 Personnel Expenses**

| Wages and Salaries             | 16,484,618| 15,289,035|
| Other associated personnel expenses | 2,769,440| 1,809,542|
| Contributions to defined contribution superannuation funds | 1,329,854| 1,462,309|
| Increase/(Decrease) in liability for annual leave | 209,356| 349,426|
| Increase/(Decrease) in liability for long service leave | 80,285| 162,637|
| **Total**                      | 20,873,553| 19,072,949|

---

**Note 4 Auditor’s remuneration**

**Audit services**
Auditors of the Service

**KPMG Australia**

| Audit of financial report         | 54,000   | 53,000   |
| Other regulatory audit services   | 56,000   | 3,000    |
| **Total**                        | 110,000  | 56,000   |
Note 5  Net financing costs

<table>
<thead>
<tr>
<th></th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest income</td>
<td>641,526</td>
<td>1,043,690</td>
</tr>
<tr>
<td>Dividend income</td>
<td>390,818</td>
<td>825,470</td>
</tr>
<tr>
<td>Realised gain on foreign exchange</td>
<td>10,161</td>
<td>4,325,791</td>
</tr>
<tr>
<td>Unrealised gain on foreign exchange contracts</td>
<td>1,799,912</td>
<td>438,975</td>
</tr>
<tr>
<td>Imputation credits</td>
<td>80,181</td>
<td>147,101</td>
</tr>
<tr>
<td><strong>Financial income</strong></td>
<td><strong>2,922,598</strong></td>
<td><strong>6,781,027</strong></td>
</tr>
<tr>
<td>Interest expense</td>
<td>634,939</td>
<td>1,328,891</td>
</tr>
<tr>
<td>Unrealised loss on interest rate swap</td>
<td>-</td>
<td>1,782,335</td>
</tr>
<tr>
<td>Impairment of investments</td>
<td>-</td>
<td>1,782,335</td>
</tr>
<tr>
<td><strong>Financial expense</strong></td>
<td><strong>2,201,680</strong></td>
<td><strong>3,111,226</strong></td>
</tr>
<tr>
<td><strong>Net financing income / (expense)</strong></td>
<td><strong>720,918</strong></td>
<td><strong>3,669,801</strong></td>
</tr>
</tbody>
</table>

Note 6  Cash and Cash Equivalents

<table>
<thead>
<tr>
<th></th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on hand</td>
<td>2,071</td>
<td>2,250</td>
</tr>
<tr>
<td>Cash at bank</td>
<td>4,528,279</td>
<td>2,441,814</td>
</tr>
<tr>
<td>Term deposits</td>
<td>11,372,309</td>
<td>17,055,002</td>
</tr>
<tr>
<td>BT Investment Trust</td>
<td>4,328,975</td>
<td>4,181,478</td>
</tr>
<tr>
<td>Cash and cash equivalents in the cash flows statement</td>
<td><strong>20,231,633</strong></td>
<td><strong>23,680,544</strong></td>
</tr>
</tbody>
</table>

Note 7  Trade and other receivables

<table>
<thead>
<tr>
<th></th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade debtors</td>
<td>4,580,215</td>
<td>7,289,012</td>
</tr>
<tr>
<td>Other receivables &amp; prepayments</td>
<td>362,292</td>
<td>283,531</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,942,507</strong></td>
<td><strong>7,572,543</strong></td>
</tr>
</tbody>
</table>

Note 8  Investments

<table>
<thead>
<tr>
<th></th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreign Exchange Contract – at fair value</td>
<td>1,799,912</td>
<td>-</td>
</tr>
<tr>
<td>Non current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listed equity securities available for sale – at fair value</td>
<td>11,529,793</td>
<td>10,327,330</td>
</tr>
<tr>
<td></td>
<td><strong>13,329,705</strong></td>
<td><strong>10,327,330</strong></td>
</tr>
</tbody>
</table>

Note 9  Inventories

<table>
<thead>
<tr>
<th></th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aviation Stores</td>
<td>1,347,862</td>
<td>1,322,221</td>
</tr>
<tr>
<td>Marketing Stores</td>
<td>163,105</td>
<td>179,572</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,510,967</strong></td>
<td><strong>1,501,793</strong></td>
</tr>
</tbody>
</table>
### Note 10  Property, Plant and Equipment

#### 1. Property, Plant and Equipment at cost

<table>
<thead>
<tr>
<th>Description</th>
<th>1 July 2008</th>
<th>30 June 2009</th>
<th>1 July 2009</th>
<th>30 June 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Freehold Land and Buildings</strong></td>
<td>8,856,674</td>
<td>11,275,393</td>
<td>11,275,393</td>
<td>7,779,264</td>
</tr>
<tr>
<td><strong>Aircraft Hull</strong></td>
<td>2,146,773</td>
<td>2,146,773</td>
<td>2,146,773</td>
<td>7,779,264</td>
</tr>
<tr>
<td><strong>Aircraft Engines</strong></td>
<td>3,281,956</td>
<td>3,547,744</td>
<td>3,547,744</td>
<td>6,684,027</td>
</tr>
<tr>
<td><strong>Aircraft Fit Out</strong></td>
<td>2,918,837</td>
<td>6,261,391</td>
<td>6,261,391</td>
<td>1,462,936</td>
</tr>
<tr>
<td><strong>Plant and Equipment</strong></td>
<td>3,075,313</td>
<td>6,842,139</td>
<td>6,842,139</td>
<td>1,950,785</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>30,834,023</td>
<td>53,831,589</td>
<td>53,831,589</td>
<td>80,217,239</td>
</tr>
</tbody>
</table>

#### 2. Property, Plant and Equipment at fair value

<table>
<thead>
<tr>
<th>Description</th>
<th>1 July 2008</th>
<th>30 June 2009</th>
<th>1 July 2009</th>
<th>30 June 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Freehold Land and Buildings</strong></td>
<td>8,659,395</td>
<td>10,882,515</td>
<td>10,882,515</td>
<td>8,669,395</td>
</tr>
<tr>
<td><strong>Aircraft Hull</strong></td>
<td>2,146,773</td>
<td>1,691,072</td>
<td>1,691,072</td>
<td>2,146,773</td>
</tr>
<tr>
<td><strong>Aircraft Engines</strong></td>
<td>3,281,956</td>
<td>5,547,744</td>
<td>5,547,744</td>
<td>3,281,956</td>
</tr>
<tr>
<td><strong>Aircraft Fit Out</strong></td>
<td>2,918,837</td>
<td>6,261,391</td>
<td>6,261,391</td>
<td>2,918,837</td>
</tr>
<tr>
<td><strong>Plant and Equipment</strong></td>
<td>3,075,313</td>
<td>6,842,139</td>
<td>6,842,139</td>
<td>3,075,313</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>30,834,023</td>
<td>53,831,589</td>
<td>53,831,589</td>
<td>30,834,023</td>
</tr>
</tbody>
</table>

#### Depreciation

<table>
<thead>
<tr>
<th>Description</th>
<th>1 July 2008</th>
<th>30 June 2009</th>
<th>1 July 2009</th>
<th>30 June 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Freehold Land and Buildings</strong></td>
<td>1,492,473</td>
<td>2,146,773</td>
<td>2,146,773</td>
<td>1,492,473</td>
</tr>
<tr>
<td><strong>Aircraft Hull</strong></td>
<td>2,652,503</td>
<td>1,727,724</td>
<td>1,727,724</td>
<td>2,652,503</td>
</tr>
<tr>
<td><strong>Aircraft Engines</strong></td>
<td>4,964,333</td>
<td>3,075,313</td>
<td>3,075,313</td>
<td>4,964,333</td>
</tr>
<tr>
<td><strong>Aircraft Fit Out</strong></td>
<td>1,494,474</td>
<td>2,918,837</td>
<td>2,918,837</td>
<td>1,494,474</td>
</tr>
<tr>
<td><strong>Plant and Equipment</strong></td>
<td>3,075,313</td>
<td>6,842,139</td>
<td>6,842,139</td>
<td>3,075,313</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8,669,395</td>
<td>10,882,515</td>
<td>10,882,515</td>
<td>8,669,395</td>
</tr>
</tbody>
</table>

#### Carrying Amounts

<table>
<thead>
<tr>
<th>Description</th>
<th>1 July 2008</th>
<th>30 June 2009</th>
<th>1 July 2009</th>
<th>30 June 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Freehold Land and Buildings</strong></td>
<td>6,126,901</td>
<td>8,736,741</td>
<td>8,736,741</td>
<td>6,126,901</td>
</tr>
<tr>
<td><strong>Aircraft Hull</strong></td>
<td>1,691,072</td>
<td>1,691,072</td>
<td>1,691,072</td>
<td>1,691,072</td>
</tr>
<tr>
<td><strong>Aircraft Engines</strong></td>
<td>5,547,744</td>
<td>5,547,744</td>
<td>5,547,744</td>
<td>5,547,744</td>
</tr>
<tr>
<td><strong>Aircraft Fit Out</strong></td>
<td>2,918,837</td>
<td>2,918,837</td>
<td>2,918,837</td>
<td>2,918,837</td>
</tr>
<tr>
<td><strong>Plant and Equipment</strong></td>
<td>3,075,313</td>
<td>3,075,313</td>
<td>3,075,313</td>
<td>3,075,313</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>14,524,051</td>
<td>21,369,658</td>
<td>21,369,658</td>
<td>14,524,051</td>
</tr>
</tbody>
</table>

**Notes:**
- **Balance at 1 July 2008:** 8,856,674
- **Balance at 30 June 2009:** 11,275,393
- **Balance at 1 July 2009:** 11,275,393
- **Balance at 30 June 2010:** 7,779,264
- **Depreciation charge for the year:** 2,310,215
- **Carrying amounts:** 14,524,051
Note 10 Property, Plant and Equipment continued

(i) Land and Buildings under Construction
During the financial year ended 30 June 2010, the Service continued building extensions at Dubbo and Broken Hill. Refurbishment of the Broken Hill base was completed during the financial year.

(ii) Aircraft Work in Progress (WIP)
During the financial year ended 30 June 2010, the Service paid a deposit for Aircraft BL166, BL167, BL168, FM47 and FM49 to carry out Aeromedical Operations.

(iii) Freehold Land and Buildings Carried at Valuation
An independent valuation of the Service’s freehold land and buildings was performed by Broken Hill Valuers and Egan National valuers (NSW) to determine the fair value of the land and buildings. The valuation was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties at an arm’s length transaction. The valuation was based on independent assessments. The effective date of the valuation is 30 June 2007. The carrying amount that would have been recognised had the assets been carried at cost is $9,127,095. The Directors have reviewed the latest valuation, and believe that the valuation approximates the fair value of land and buildings at 30 June 2010.

(iv) Aircraft and Related Equipment Carried at Valuation
An independent valuation of the Service’s aircraft was performed by Charles Taylor Aviation to determine the fair value of the Aircraft. The valuation was based on the best estimates available as determined against the current market and the present exchange rates. The effective date of the valuation is 30 June 2010. This resulted in a decrease in the current value of the aircraft fleet of $7,357,559. The carrying amount that would have been recognised had the assets been carried under cost is $81,174,875.

AASB 116 Property, Plant and Equipment requires that if an asset’s carrying amount is decreased as a result of a revaluation, the decrease should be recognised in the income statement if there is no credit balance in the revaluation reserve in respect of that asset. Therefore the decrease in accounting value of the aircraft as referred to above, has been expensed in the income statement.

As Aircraft asset valuations are expressed in US dollars and there are constant fluctuations in the exchange rate, aircraft values may experience significant and volatile changes in fair value, thus necessitating annual revaluations. The Board has adopted the policy to revalue aircraft on an annual basis.

(v) Change in accounting policy
Previously, the fair value of Aircraft included all associated Aircraft fit out (i.e. Medical fit out) and engines. In the year ended 30 June 2010, Aircraft assets have been separated into three classes – Aircraft, Aircraft fit out and engines. All three asset classes have different useful lives. Aircraft and engines are carried at fair value, refer note 10 (iv) for further details. Aircraft fit out costs are carried at cost and depreciated over their useful life.

Note 11 Trade and other payables

<table>
<thead>
<tr>
<th></th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade payables</td>
<td>1,747,715</td>
<td>1,583,139</td>
</tr>
<tr>
<td>GST payable</td>
<td>594,525</td>
<td>316,222</td>
</tr>
<tr>
<td>Accrued expenses</td>
<td>356,362</td>
<td>192,282</td>
</tr>
<tr>
<td>Total</td>
<td>2,698,601</td>
<td>2,091,643</td>
</tr>
</tbody>
</table>

Note 12 Interest-bearing loans and borrowings

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current portion of interest-bearing loans and borrowings</td>
<td>-</td>
<td>17,156,060</td>
</tr>
<tr>
<td>Total</td>
<td>-</td>
<td>17,156,060</td>
</tr>
</tbody>
</table>

The bank loans are secured by a registered charge over the aircraft of the Service.
Notes to and forming part of the Financial Statements >

Note 13  Employee benefits

<table>
<thead>
<tr>
<th>Type</th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary and wages accrued</td>
<td>639,201</td>
<td>612,420</td>
</tr>
<tr>
<td>Liability for long service leave</td>
<td>89,732</td>
<td>379,922</td>
</tr>
<tr>
<td>Liability for annual leave</td>
<td>1,870,844</td>
<td>1,661,488</td>
</tr>
<tr>
<td>Total Current</td>
<td>2,599,776</td>
<td>2,653,830</td>
</tr>
<tr>
<td>Non current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liability for long service leave</td>
<td>1,350,555</td>
<td>980,080</td>
</tr>
<tr>
<td>Total</td>
<td>3,950,331</td>
<td>3,633,910</td>
</tr>
</tbody>
</table>

Defined contribution superannuation funds
The Service makes contributions to a defined contribution superannuation fund.
The amount recognised as expense was $1,329,854 for the financial year ended 30 June 2010 (2009: $1,462,309).

Note 14  Equity and Reserve

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

Fair value reserve
The fair value reserve includes the cumulative net change in the fair value of available-for-sale investments until the investment is derecognised through sale. Impairment losses are transferred to the income statement.

Note 15  Reconciliation of cash flows from operating activities

<table>
<thead>
<tr>
<th>Cash flows from operating activities</th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profit for the year</td>
<td>11,798,702</td>
<td>23,585,056</td>
</tr>
<tr>
<td>Adjustments for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amortisation of Aircraft Engine Overhaul</td>
<td>1,871,789</td>
<td>1,727,724</td>
</tr>
<tr>
<td>Devaluation of Aircraft</td>
<td>1,350,555</td>
<td>980,080</td>
</tr>
<tr>
<td>Loss/(Gain) on Sale of Fixed Assets</td>
<td>345,074</td>
<td>112,064</td>
</tr>
<tr>
<td>Rent income</td>
<td>(641,526)</td>
<td>(1,043,990)</td>
</tr>
<tr>
<td>Interest income</td>
<td>-</td>
<td>1,782,335</td>
</tr>
<tr>
<td>Impairment of investments</td>
<td>(470,999)</td>
<td>(972,271)</td>
</tr>
<tr>
<td>Capital grants classified as financing</td>
<td>(6,614,091)</td>
<td>(8,207,302)</td>
</tr>
<tr>
<td>Interest expense</td>
<td>634,939</td>
<td>1,328,891</td>
</tr>
<tr>
<td>Unrealised loss on interest rate swap</td>
<td>1,566,741</td>
<td>-</td>
</tr>
<tr>
<td>(Gain)/loss on foreign exchange realised</td>
<td>(10,161)</td>
<td>(4,764,766)</td>
</tr>
<tr>
<td>(Gain)/loss on foreign exchange contract unrealised</td>
<td>(1,799,912)</td>
<td>-</td>
</tr>
<tr>
<td>Operating profit before changes in working capital and provisions</td>
<td>17,288,082</td>
<td>17,227,161</td>
</tr>
<tr>
<td>Changes in Assets and Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase / (Decrease) in Deferred Government grants</td>
<td>(970,919)</td>
<td>330,619</td>
</tr>
<tr>
<td>Increase / (Decrease) in Payables</td>
<td>606,958</td>
<td>(845,994)</td>
</tr>
<tr>
<td>Increase / (Decrease) in Employee Benefits</td>
<td>316,421</td>
<td>950,446</td>
</tr>
<tr>
<td>Decrease / (Increase) in Receivables</td>
<td>2,249,485</td>
<td>(1,735,406)</td>
</tr>
<tr>
<td>Decrease / (Increase) in Inventories</td>
<td>(9,174)</td>
<td>25,986</td>
</tr>
<tr>
<td>Net cash from operating activities</td>
<td>19,480,854</td>
<td>15,952,812</td>
</tr>
</tbody>
</table>
Note 16 Operating Leases

Operating Leases

Leases as lessee

Non-cancellable operating lease rental are payable as follows:

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within One Year</td>
<td>181,921</td>
<td>139,353</td>
</tr>
<tr>
<td>Later than one year but not later than five years</td>
<td>281,923</td>
<td>276,149</td>
</tr>
<tr>
<td>Later than five years</td>
<td>310,721</td>
<td>304,102</td>
</tr>
<tr>
<td><strong>Total Lease Commitments</strong></td>
<td><strong>774,565</strong></td>
<td><strong>719,604</strong></td>
</tr>
</tbody>
</table>

The Service leases property under operating leases. These leases generally provide the Service with a right of renewal at which time terms are renegotiated. During the financial year ended 30 June 2010, $257,696 was recognised as an expense in the income statement in respect to operating leases (2009: $345,728)

Note 17 Risk Management

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

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

The Service has exposure to the following risks from its use of financial instruments:
- Credit risk
- Liquidity risk
- Market risk

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

Management of credit risk
The Service’s exposure to credit risk is influenced mainly by the individual characteristics of each customer and investment. The demographics of the Service’s customer base, including the default risk of the industry and country in which customers operate, has less of an influence on credit risk. Approximately 71 percent (2009: 76 percent) of the Service’s total revenue is attributable to Government Grants with a further 14 per cent (2009: 16 percent) attributable to bequests and donations. The Service is of the opinion the credit risk associated with this revenue is minimal.

Maximum Service credit exposures for financial assets are analysed below:

<table>
<thead>
<tr>
<th>Maximum Credit Risk Exposure</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on hand</td>
<td>2,071</td>
<td>2,250</td>
</tr>
<tr>
<td>Cash at bank</td>
<td>4,528,279</td>
<td>2,441,814</td>
</tr>
<tr>
<td>Term deposits</td>
<td>11,372,309</td>
<td>17,055,002</td>
</tr>
<tr>
<td>BT Investmen Trust</td>
<td>15,858,768</td>
<td>14,508,808</td>
</tr>
<tr>
<td>Foreign Exchange Contract – at fair value</td>
<td>1,799,912</td>
<td>-</td>
</tr>
<tr>
<td>Trade debtors</td>
<td>4,580,215</td>
<td>7,289,012</td>
</tr>
<tr>
<td>Other receivables &amp; prepayments</td>
<td>362,292</td>
<td>283,531</td>
</tr>
<tr>
<td><strong>Total Exposures</strong></td>
<td><strong>38,503,845</strong></td>
<td><strong>41,580,417</strong></td>
</tr>
</tbody>
</table>
(b) Credit risk  continued
Trade receivables are analysed as follows:

<table>
<thead>
<tr>
<th></th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Receivables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neither past due</td>
<td>4,469,942</td>
<td>6,391,720</td>
</tr>
<tr>
<td>Past due up to 3 months</td>
<td>777,832</td>
<td>897,292</td>
</tr>
<tr>
<td>Impaired</td>
<td>(667,559)</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>4,580,215</td>
<td>7,289,012</td>
</tr>
</tbody>
</table>

Impaired trade receivables
The Service establish an allowance for impairment that represents their estimate of incurred losses in respect of trade and other receivables and investments. The main components of this allowance are a specific loss component that relates individually significant exposures, and a collective loss component established for Services of similar assets in respect of losses that have been incurred but not yet identified. The collective loss allowance is determined based on historical data of payment statistics for similar financial assets. At 30 June 2010 an impairment loss of $667,559 was booked (2009: nil).

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

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

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

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

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

As at June 2010

<table>
<thead>
<tr>
<th>Carrying amount</th>
<th>Contractual cash flows</th>
<th>6 months or less</th>
<th>6 to 12 months</th>
<th>1 to 5 years</th>
<th>More than 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other liabilities (excluding non financial liabilities)</td>
<td>2,342,240</td>
<td>2,342,240</td>
<td>2,342,240</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Accruals and deferred income (excluding non financial liabilities)</td>
<td>356,362</td>
<td>356,362</td>
<td>356,362</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Financial Liability – Interest rate swap</td>
<td>1,566,741</td>
<td>1,566,741</td>
<td>-</td>
<td>-</td>
<td>1,566,741</td>
</tr>
</tbody>
</table>

As at June 2009

<table>
<thead>
<tr>
<th>Carrying amount</th>
<th>Contractual cash flows</th>
<th>6 months or less</th>
<th>6 to 12 months</th>
<th>1 to 5 years</th>
<th>More than 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other liabilities (excluding non financial liabilities)</td>
<td>1,899,361</td>
<td>1,899,361</td>
<td>1,899,361</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Accruals and deferred income (excluding non financial liabilities)</td>
<td>192,282</td>
<td>192,282</td>
<td>192,282</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Interest bearing loans and liabilities</td>
<td>17,156,060</td>
<td>17,791,005</td>
<td>17,791,005</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
(d) Market risk
Market risk is the risk that movements in interest rates, foreign exchange rates, equity prices or commodity prices will affect the Service’s profits. Market risk arises in both the Service’s trading portfolio and its acquisition of aircraft.

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed rate instruments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Assets</td>
<td>11,372,309</td>
<td>17,055,002</td>
</tr>
<tr>
<td>Financial liabilities</td>
<td>-</td>
<td>17,156,060</td>
</tr>
<tr>
<td></td>
<td>9,804,962</td>
<td>(101,058)</td>
</tr>
<tr>
<td><strong>Variable rate instruments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Assets</td>
<td>8,857,254</td>
<td>6,623,292</td>
</tr>
<tr>
<td>Financial liabilities</td>
<td>1,567,347</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>7,289,907</td>
<td>6,623,292</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th></th>
<th>100bp increase</th>
<th>100bp decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>30 June 2010</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variable rate instruments</td>
<td>1,820,571</td>
<td>(1,692,815)</td>
</tr>
<tr>
<td><strong>30 June 2009</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variable rate instruments</td>
<td>66,233</td>
<td>(66,233)</td>
</tr>
</tbody>
</table>

Management of interest rate risk
Interest rate risk is monitored by Management under guidelines and limits defined by the Board.

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

The entity uses forward exchange contracts to reduce its foreign currency risk. Most of the forward exchange contracts have maturities of less than one year after the balance sheet date.

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

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

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

Sensitivity analysis for foreign currency risk
A 10% strengthening of the Australian Dollar at reporting date against the United States Dollar would have increased (decreased) profit or loss by $3,459,307. This analysis assumes that all other variables, remain constant.
(e) Fair values
The fair value of financial assets and liabilities is equal to the carrying amounts show in the Service's balance sheet.

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

Sensitivity Analysis of Market Risks
(ii) Analysis of equity price risk

<table>
<thead>
<tr>
<th>Investment Securities</th>
<th>Value as at 30/6/10 $</th>
<th>Change in Unit Prices %</th>
<th>Impact on Income Statement $</th>
<th>Value as at 30/6/09 $</th>
<th>Change in Unit Prices %</th>
<th>Impact on Equity $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11,529,793</td>
<td>-2.5%</td>
<td>(288,245)</td>
<td>10,327,330</td>
<td>-2.5%</td>
<td>(258,183)</td>
<td></td>
</tr>
<tr>
<td>-5.0%</td>
<td>(576,490)</td>
<td>-5.0%</td>
<td></td>
<td>(516,367)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

(g) Fair value hierarchy
The table below analyses financial instruments carried at fair value, by valuation method. The different levels have been defined as follows:
> Level 1: quoted prices (unadjusted) in active markets for identical assets or liabilities
> Level 2: inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices).

<table>
<thead>
<tr>
<th>Available-for-sale financial assets</th>
<th>30 June 2010</th>
<th>30 June 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>Level 1</td>
<td>Level 2</td>
</tr>
<tr>
<td>11,529,793</td>
<td>-</td>
<td>11,529,793</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Financial assets designated as fair value through Income Statement</th>
<th>30 June 2010</th>
<th>30 June 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>Level 1</td>
<td>Level 2</td>
</tr>
<tr>
<td>11,529,793</td>
<td>1,799,912</td>
<td>1,799,912</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Financial liabilities designated as fair value through Income Statement</th>
<th>30 June 2010</th>
<th>30 June 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>Level 1</td>
<td>Level 2</td>
</tr>
<tr>
<td>11,529,793</td>
<td>(1,567,347)</td>
<td>(1,567,347)</td>
</tr>
</tbody>
</table>

(h) Capital Management
The Board’s policy is to maintain a strong capital base to sustain future development and to continue to enhance the services provided by the Service.

Note 18: Related Parties
Transactions with key management personnel
In addition to its salaries, the entity also provides non-cash benefits to key management personnel, and contributes to a post-employment defined contribution superannuation fund on their behalf.

Key management personnel compensation
The key management personnel compensation included in “personnel expenses” (see note 3) are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short term employee benefits</td>
<td>1,201,599</td>
<td>923,561</td>
</tr>
<tr>
<td>Long term employee benefits</td>
<td>107,930</td>
<td>258,005</td>
</tr>
<tr>
<td>Total</td>
<td>1,309,529</td>
<td>1,181,566</td>
</tr>
</tbody>
</table>

Other key management personnel transactions
The terms and conditions of the transactions with key management personnel were no more favourable than those available, or which might reasonably be expected to be available, on similar transactions to non-key management personnel related entities on an arm’s length basis.
Note 19 Controlled entities

<table>
<thead>
<tr>
<th>Parent entity</th>
<th>Country of Incorporation</th>
<th>Ownership interest 2010</th>
<th>Ownership interest 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royal Flying Doctor Service of Australia (SE Section)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subsidiary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Flying Doctor Service of Australia – Friends of the UK</td>
<td>United Kingdom</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Royal Flying Doctor Service of Australia (South Eastern Section) New South Wales Operations</td>
<td>Australia</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Royal Flying Doctor Service of Australia (South Eastern Section) Tasmanian Operations</td>
<td>Australia</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Royal Flying Doctor Service of Australia (South Eastern Section) Victorian Operations</td>
<td>Australia</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

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

Note 20 Information Required by Condition 7 3 (c) (Vi) of The Authority Conditions Pursuant To The Charitable Fundraising Act 1991

<table>
<thead>
<tr>
<th></th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross income from fundraising</td>
<td>8,049,191</td>
<td>8,618,011</td>
</tr>
<tr>
<td>Total cost of fundraising</td>
<td>2,130,731</td>
<td>2,051,967</td>
</tr>
<tr>
<td>Funds disbursed for Royal Flying Doctor projects</td>
<td>6,120,869</td>
<td>11,975,475</td>
</tr>
<tr>
<td>Excess/(shortfall) of total income from fundraising over funds disbursed</td>
<td>(202,409)</td>
<td>(5,409,431)</td>
</tr>
<tr>
<td>%</td>
<td>26</td>
<td>24</td>
</tr>
<tr>
<td>Total costs to gross income from fundraising</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net excess/(shortfall) to gross income from fundraising</td>
<td>(3)</td>
<td>(63)</td>
</tr>
<tr>
<td>Total disbursements for projects to total expenditure</td>
<td>287</td>
<td>584</td>
</tr>
<tr>
<td>Total disbursements for projects to total income received</td>
<td>76</td>
<td>139</td>
</tr>
</tbody>
</table>

Note 21 Commitments for Expenditure

<table>
<thead>
<tr>
<th></th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land and Buildings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contracted but not provided for and payable, and due with in 12 months</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Whilst not contracted for, the Board and management have determined to incur costs for the following amount within the next 12 months on the project:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contracted but not provided for and payable, and due within 12 months:</td>
<td>-</td>
<td>555,273</td>
</tr>
<tr>
<td>Forecast cost</td>
<td>4,555,000</td>
<td>953,865</td>
</tr>
<tr>
<td>Aircraft</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contracted but not provided for and payable, and due within 12 months:</td>
<td>38,146,367</td>
<td>1,225,934</td>
</tr>
<tr>
<td>Total</td>
<td>42,701,367</td>
<td>2,735,072</td>
</tr>
</tbody>
</table>
1. In the opinion of the directors of the Royal Flying Doctor Service of Australia (South Eastern Section)
(a) the financial statements and notes set out on pages 36 to 53, are in accordance with the Corporations Act 2001, including:
   (i) giving a true and fair view of the financial position of the Service as at 30 June 2010 and of its performance, as represented by the results of its operations and its cash flows, for the financial year ended on that date; and
   (ii) complying with Australian Accounting Standards and the Corporations Regulations 2001; and
(b) there are reasonable grounds to believe that the Service will be able to pay its debts as and when they become due and payable.

Dated the 27th day of August 2010
Signed in accordance with a resolution of the Directors

Joan Treweeke, President
27th day of August 2010

Declaration in respect of Fundraising Appeals

I, Joan Treweeke Chairman of the Board of Directors of the Royal Flying Doctor Service of Australia (South Eastern Section) declare that in my opinion:
(a) the financial report gives a true and fair view of the state of affairs with respect to fundraising appeals;
(b) the provisions of the Charitable Fundraising Act 1991 and the regulations under that Act and the conditions attached to the authority have been complied with; and
(c) the internal controls exercised by the Royal Flying Doctor Service of Australia (South Eastern Section) are appropriate and effective in accounting for all income received.

Joan Treweeke
27th day of August 2010
Independent Auditor’s Report

To the members of the Royal Flying Doctor Service of Australia (South Eastern Section)

We have audited the accompanying financial report of the Royal Flying Doctor Service of Australia (South Eastern Section) (the “Service”), which comprises the balance sheet as at 30 June 2010, and the income statement, statement of recognised income and expense and cash flow statement for the year ended on that date, a description of significant accounting policies and other explanatory notes 1 to 21 and the directors’ declaration.

Directors’ responsibility for the financial report
The directors of the Service are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Act 2001. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

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

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

We performed the procedures to assess whether in all material respects the financial report presents fairly, in accordance with the Corporations Act 2001 and Australian Accounting Standards (including the Australian Accounting Interpretations), a view which is consistent with our understanding of the Service’s financial position and of its performance.

In addition, our audit report has also been prepared for the members of the Service in accordance with Section 24(2) of the Charitable Fundraising (NSW) Act 1991. Accordingly we have performed additional work beyond that which is performed in our capacity as auditors pursuant to the Corporations Act 2001. These additional procedures including obtaining an understanding of the internal control structure for fundraising appeal activities and examination, on a test basis, of evidence supporting compliance with accounting and associated record keeping requirements for fundraising appeal activities pursuant to the Charitable Fundraising (NSW) Act 1991 and Regulations.

It should be noted the accounting records and data relied upon for reporting on fundraising appeal activities are not continuously audited and do not necessarily reflect after the event accounting adjustments and normal year end financial adjustments for such matters as accruals, prepayments, provisioning and valuations necessary for year end financial report preparation.

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

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

(i) giving a true and fair view of the Service’s financial position as at 30 June 2010 and of its performance for the ended on that date; and

(ii) complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Regulations 2001.

Audit opinion pursuant to the Charitable Fundraising (NSW) Act 1991
In our opinion:

a) The financial report gives a true and fair view of the financial result of fundraising appeal activities for the financial year ended 30 June 2010;

b) The financial report has been properly drawn up, and the associated records have been properly kept for the period 1 July 2009 to 30 June 2010, in accordance with the Charitable Fundraising (NSW) Act 1991 and Regulations;

c) Money received as a result of fundraising appeal activities conducted during the period from 1 July 2009 to 30 June 2010 has been properly accounted for and applied in accordance with the Charitable Fundraising (NSW) Act 1991 and Regulations; and

d) There are reasonable grounds to believe the Royal Flying Doctor Service of Australia (South Eastern Section) will be able to pay its debts as and when they fall due.

KPMG

Paul Cenko
Partner
Adelaide, 27 August 2010
In Appreciation

Our grateful thanks to all of the following who have helped support the RFDS in the past year, either by making a substantial donation of time, money, services, in kind support or general assistance.

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<table>
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<tr>
<th>Individuals Gifts $2,000+</th>
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<td>Mrs W E Atwood</td>
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<td>Mrs P H Beckett</td>
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<td>Mr S Bentwood</td>
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<td>Sir Michael Bishop CAE</td>
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<td>Mrs Edith A Burgess</td>
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<td>Mr Ken &amp; Mrs Judith Butt</td>
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<td>Mrs B B Cottee</td>
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<td>Mrs D Fawcett</td>
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