Royal Flying Doctor Service
SOUTH EASTERN SECTION

Year in Review 2025-2026

MORE THAN A FLYING DOCTOR



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Acknowledgement of Country

Royal Flying Doctor Service (South Eastern Section) acknowledges Traditional Owners of Country throughout Australia and recognises the continuing connection to lands, waters and communities.
We pay our respect to Aboriginal and Torres Strait Islander cultures; and to Elders past and present.


CROZIER
CONTRACTING



Where we work

Map for illustrative purposes only

Across NSW and beyond, we deliver a range of health clinics and services, respond to medical emergencies and transfer patients with life-threatening conditions.

The South Eastern Section collaborates in service delivery with RFDS sections across state borders, in particular with RFDS Queensland, Central Operations, Victoria and Tasmania.

Primary Health Clinic

We provide early intervention, prevention, health information and screening, as well as chronic disease management services. We also provide visiting specialist clinics with medical consultants including ear, nose and throat specialists, dermatologists, eye specialists and a specialist cancer care nurse (with the McGrath Foundation), who supports patients from diagnosis, and throughout treatment.

Remote Area Nurses on site

Remote Area Nurses work from a fixed location 24/7, providing the community with reliable access to vital primary and emergency healthcare services.

GP Medical Practices

Our GP practices provide non-emergency healthcare including immunisations and children's health checks, men's and women's health, chronic disease management, wound care, skin checks and minor surgical procedures.

Dental and Oral Health

We deliver regular, vital dental and oral health services through our specialist dental van and fly-in fly-out (FIFO) clinics.

Mental Health and Alcohol and Other Drugs support services

Our mental health team provides direct clinical services to people living in remote communities to improve their overall health and wellbeing.

Wellbeing Places

Our Mental Health, Alcohol and Other Drugs team operate in these locations, providing a range of services from clinical treatment to educational workshops and programs to enhance wellbeing.

We've Got Your Back (WGYB) – Far West Region

In partnership with Lifeline, we provide a mental health peer support program that engages people in the topic of mental health, provides advocacy for people impacted by drought and illness, and links people to services in their community.

Guiding Rural Outback Wellbeing (GROW)

The RFDS GROW (Guiding Rural and Outback Wellbeing) Program is a wellbeing engagement platform servicing schools and communities in rural and remote areas across Western NSW. The GROW Aquaponics Program supports schools with GROW Units that assist with STEM outcomes, sustainable food production, healthy lifestyle choices and early education and intervention for Mental Health, Alcohol and Other Drugs. The GROW Community Program provides wellbeing education, support pathways and facilitates events to bring health and wellbeing services to isolated communities.

Emergency retrieval service – provided to all regions within the state of NSW

Our specialist doctors and flight nurses are on call 24/7 to provide emergency aeromedical retrievals (also called primary evacuations) for patients who are experiencing a medical emergency. These patients are provided with lifesaving medical care and are immediately transported, in our specially fitted-out medical aircraft and vehicles, to hospital for continued emergency treatment.

We also provide more than 400 medical chests with emergency pharmaceuticals and medical supplies in remote locations across the network.

Inter-hospital transfers including Air Ambulance locations

This service is delivered from our bases in NSW. Transporting critically ill patients by air to the specialist, lifesaving care they need, when they need it.

Our highly qualified medical teams are on call 24/7 to provide vital healthcare and transfer severely unwell (acute) patients, where there is a need for lifesaving, specialised care or equipment that is available at another hospital.

Non-Emergency Patient Transfers (NEPT)

We transfer patients to and from the state capitals' world-class hospitals or to their home to recover long-term.

Rural Aerial Health Service (RAHS)

We improve access to healthcare for people in these communities by flying visiting doctors and medical specialists in and out on a regular, rostered basis.

Contracted Aeromedical Service Delivery

We provide aircraft, pilots and engineers who work in partnership with healthcare personnel from Ambulance Tasmania, RFDS Tasmania, RFDS Victoria and the Ministry of Health.

Launceston – Our team of pilots and engineers based at Launceston are primarily responsible for delivering 24/7 aviation support to RFDS Tasmania and Ambulance Tasmania, who provide medical teams supporting communities across Tasmania and the Bass Strait Islands.

Essendon – From this facility, our team is contracted to support RFDS Victoria in the provision of weekly aeromedical NEPT services, including transportation of neonatal and paediatric patients.

South Eastern Section Bases

We fly and drive out of our bases, delivering healthcare to people living in rural, remote and regional NSW. Our bases in Dubbo and Broken Hill are also home to our state-of-the-art tourism Visitor Experience centres.

Support Office

Our Support Office provides a range of services that support the RFDS operations, such as Fundraising and IT.

Message from our CEO

In 1936, the Royal Flying Doctor Service began operating from Broken Hill because communities believed access to healthcare should not be determined by geography. During 2026 we celebrated ninety years of operations with our staff, communities and supporters, without whom we could not have continued to meet the growing needs of rural and remote communities.

We held milestone events through the year including being hosted at NSW Parliament House, a state-wide commemorative runway flare tour, and events recognising the contribution of our staff, volunteers, donors and community partners. We particularly thank the NSW Government, Member for Barwon Roy Bulter MP, and all our supporters for their ongoing support.

The Flying Doctor is, and always has been, an organisation defined by its relationship with the community. We are entrusted with the responsibility of delivering services that meet real needs and improve lives, and we never lose sight of that obligation. We do this is an ever changing and complex service and funding environment. We are also committed to ensuring our services and operations remain based within rural communities which enables us to be very much a part of community, to provide employment and economic benefits to regions and to plan our services with community. It also brings challenges of cost pressures to maintain service levels, this year was notable in the impact of cost of living and rising fuel prices.

Aircraft have become faster, medical technology has advanced, and our services have grown far beyond anything our founders could have imagined. Today, the Flying Doctor delivers emergency retrievals, primary healthcare, mental health and oral health services, specialist outreach across some of Australia's most geographically dispersed communities. In 2025-26 we provided 103,596 occasions of care and we continue to build upon the foundations of the services we provide. Our aircraft have flown more than 2,900,000 kms.



In spending time in communities across New South Wales, meeting with community leaders, patients and local organisations discussing the challenges they face, two themes emerge consistently, access to quality care remains a challenge, and the Flying Doctor is needed more than ever.

2025-26 was the end of our current Reconciliation Action Plan. Our new Reconciliation Plan has been endorsed by Reconciliation Australia and is underway, which I look forward to reporting on in the future.

To the entire RFDS SE team, past and present, thank you for your commitment, compassion and professionalism. Whether working with our aircraft, clinics, medical centres, hangars or offices, our staff carry forward a legacy built over 90 years of service.

I want to acknowledge our supporters, volunteers, donors and advocates. Your generosity of time, energy and resources is a powerful endorsement of the Flying Doctor and the trust placed in us.

Our founders could not have imagined the aircraft we fly or the services we now deliver – but they would recognise the reason we still show up. As we move towards our national centenary in 2028, that's what we will carry forward: not just what we've built, but why we built it. Communities gave the Flying Doctor its start in 1936. Ninety years later, they're still the reason we're here.



Greg Sam
Chief Executive Officer
Royal Flying Doctor Service (South Eastern Section)

BOARD OF DIRECTORS



Dr Saranne Cooke
(Chair)



David Ryan
(Deputy Chair)



Andrew Monaghan



Sanchia Treloar



Sam Maroulis

Message from our Chair

It is with a sense of great pride that through this year we have recognised and celebrated ninety years of continuous service to rural and remote communities in New South Wales.

This milestone has allowed to reflect on our substantial history and importantly, look to our future as an essential service that is able to understand and meet the needs of the communities that rely on us for their care. This remains our ongoing purpose as it has for nine decades.

Delivering quality healthcare within our operating environment is increasingly complex. As a Board, we have set a strategy that pre-empts changing needs, rapidly evolving technologies and more effective ways of engaging with communities to ensure our services continue to have impact and value.

We recognise that with increasing complexity in our operating, regulatory and governance environment, we need a broad range of skills and experience across our board and executive teams to deliver on the strategy in the provision of quality care to those that rely on us. This approach aligns with the expectations of those who support us, our generous donors, our many volunteers, and our government funders who invest in us as a reliable, effective service partner.

The value we provide to rural and remote communities was recognised this year through the NSW Government providing a further $15 million to support services and operations from our Broken Hill and Dubbo bases. This investment recognised our RFDS bases and the services they provide as critical rural infrastructure and an important part of the health system across New South Wales. I would like to thank the NSW Government for their ongoing support.



I would also like to acknowledge our interstate RFDS section partners in Victoria and Tasmania for another successful year in providing aeromedical support, including the successful renewal of a 10 year contract for emergency aeromedical services with Ambulance Tasmania. This year has seen the retirement of Professor David Lyle following 12 years of service to the Board and Mr John Baird after a term of four years, and we thank them for their significant contributions. During the year we welcomed new Directors Dr Nigel Lyons and Ms Jennifer Gibb who bring significant expertise and experience across health, fundraising and governance.

To our staff, partners, supporters, volunteers and advocates, thank you for the confidence you continue to place in this organisation and commitment to our service.

As we approach our national centenary in 2028, the Board's focus remains on improving access to quality health services. That's the legacy that we, this generation of custodians owes the next.



Dr Saranne Cooke
Chair
Royal Flying Doctor Service (South Eastern Section)



Leanne Heywood



Dr Nigel Lyons
(appointed July 2026)



Jennifer Gibb
(appointed July 2026)



Professor David Lyle
(retired July 2026)



John Baird (retired
September 2026)

GOVERNMENT HOUSE
SYDNEY

Message from

Her Excellency the Honourable Margaret Beazley AC KC
Governor of New South Wales
and Mr Dennis Wilson

As Patrons of the Royal Flying Doctor Service South Eastern Section (RFDS SE), it is a great pleasure for Dennis and I to provide this 90th anniversary message for the 2025-26 RFDS SE Year in Review. We join you in celebrating this remarkable milestone and Flying Doctor's outstanding – indeed lifesaving – legacy in providing the best of healthcare to regional, rural and remote NSW.

The RFDS South Eastern story is an extraordinary one - a bold idea, carried out by dedicated individuals, leading to generational improvements in healthcare. From May 1936 when the Section was formed with the aim to bring faster medical assistance to people in the remote Broken Hill region, and the first aeromedical flight in a de Havilland 83 Fox Moth, to today's comprehensive suite of health services, the Section has grown and evolved to respond to changing community needs.

Across NSW, RFDS SE provides emergency air retrievals and hospital transfers, on the ground GP and nurse appointments, dental care, mental health care, alcohol and drug counselling, vaccinations, chronic disease management, and telehealth, enabling people to access care closer to home, no matter where they live, and delivering tangible improvements in health outcomes.

Last year's flooding which 'cut off' the western NSW community of Wanaaring and the ongoing fuel crises which impact heavily on rural communities reinforce an important reality: the Flying Doctor is uniquely positioned to deliver care when communities face isolation and disruption.

Gilgandra RFDS Medical Services and the proposed Gilgandra Region RFDS Health Hub is another example of RFDS' practical commitment to providing health care in regional New South Wales. Dennis and I were delighted to visit the Gilgandra service in June where we met with staff and learned of the impact the service already has and the enhanced services that will be available when the Hub is fully operational.

In the last financial year, RFDS provided more than 103,000 occasions of care and continued to develop strong partnerships with the Country Mayors Association, the Country Women's Association of NSW, local councils, universities and community leaders. Once again, RFDS has resoundingly demonstrated the strength and significance of its commitment to take 'the finest care to the furthest corner'. To all at the Royal Flying Doctor Service South Eastern and generous supporters and donors, thank you for your unwavering dedication to the health of NSW regional and rural families and communities.

Margaret Beazley

Her Excellency the Honourable Margaret Beazley AC KC
Governor of New South Wales

Mr Dennis Wilson

Government House, Macquarie Street, Sydney NSW 2000
telephone: 02 9228 4111 | website: www.governor.nsw.gov.au

Where our funding comes from

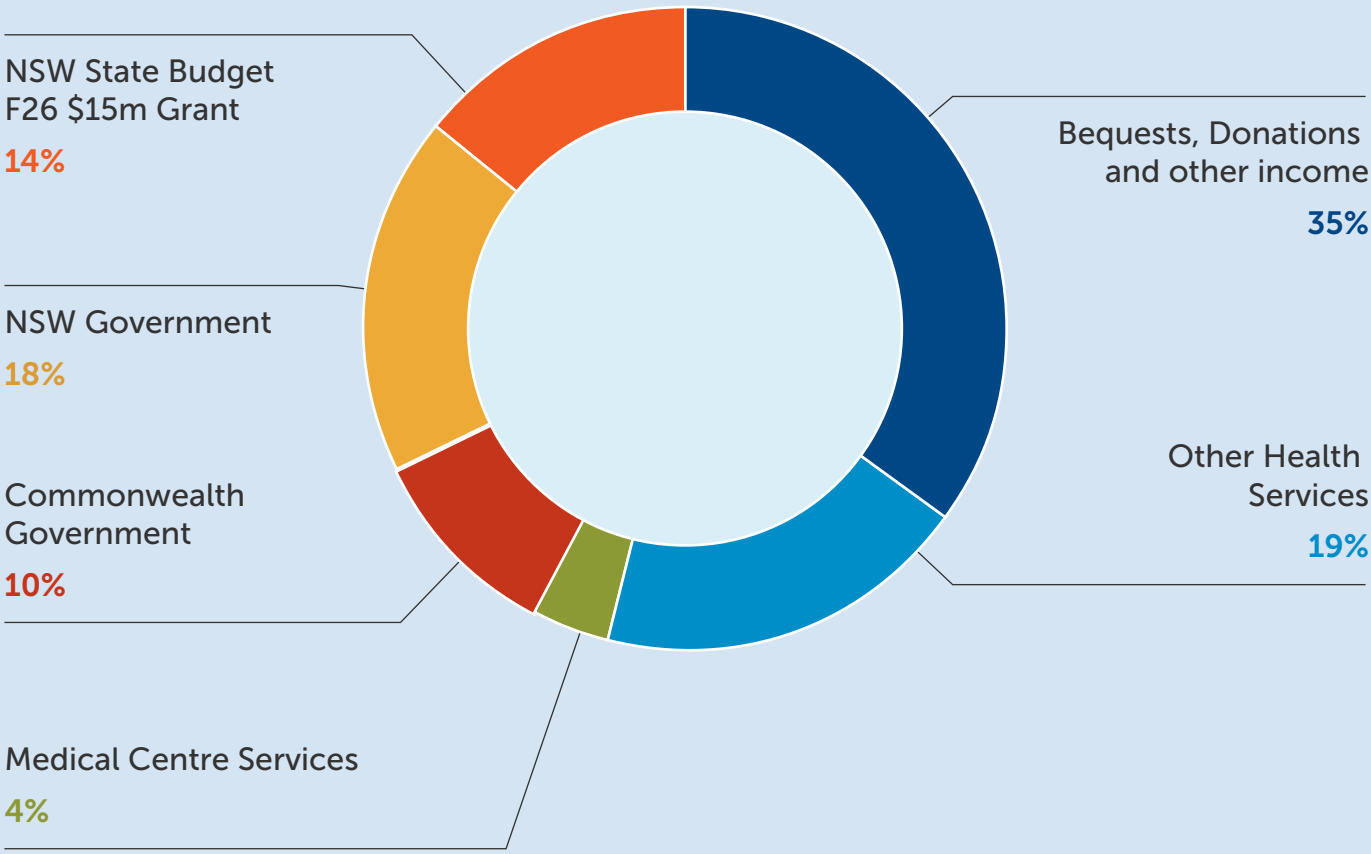
Across regional, rural and remote New South Wales, the Royal Flying Doctor Service provides a broad range of essential healthcare services, from aeromedical retrievals and patient transport to primary healthcare, mental health, dental services and First Nations health programs. For many communities, there would be no local health service without the RFDS.

Our work is funded through a combination of health service contracts, philanthropic donations and corporate partners, bequests, fundraising activities, government funding, and other income sources, enabling us to deliver essential healthcare services to communities across regional, rural and remote New South Wales.

We are grateful to the NSW Government for providing a much needed $15 million funding contribution, announced during the year. This investment has enabled us to maintain continuity of care and continue delivering essential services across the state this year. We also acknowledge NSW Minister for Health Ryan Park and Member for Barwon Roy Butler for their support and advocacy.

Without this contribution, approximately half of our income comes from donations, bequests, fundraising activities and other income sources. The generosity of our supporters remains critical to sustaining the services we deliver every day and ensuring healthcare remains accessible in communities that might otherwise go without care.

WHERE THE FUNDING COMES FROM



2025-26 Snapshot of our year

We provided

103,596 occasions of care throughout 2025-26

Including:

70,000
GP / nurse occasions of primary healthcare

5,284
mental health consultations

2,613
Telehealth consultations

1,351
remote clinics

2,132
aeromedical primary evacuations and inter-hospital transfers of patients

3,124
dental consultations

949
non-emergency patient transports

24/7
Our specialist doctors and flight nurses provide emergency aeromedical retrievals

The RFDSSE provided essential healthcare to over

85
rural and remote communities

4
medical centres in Broken Hill, Condobolin, Gilgandra and Warren

Our MHAoD team visited over

40
locations as part of their outreach program

Our dental team delivered oral healthcare services to

28
locations

We transported nearly

1,300
specialists to regional towns through our Rural Aerial Health Service (RAHS) program

60+
specialist clinic buildings, hangars and key worker accommodation sites across regional and rural NSW

Employed

400 people

across Broken Hill, Cobar, Condobolin, Dubbo, Bankstown, Essendon, Gilgandra, Launceston, Lightning Ridge, Warren, Wanaaring and Sydney, including

49 GPs and Medical Registrars

31 registered nurses with a midwifery qualification

27 registered nurses

13 mental health, alcohol and other drugs clinicians

20 dental health practitioners

43 pilots

24 engineers



58 fundraisers and visitor experience specialists

135 support services

Voted as Australia's Most Trusted Charity by Reader's Digest for the sixth consecutive year

66
RFDS road vehicles across our regional locations



50%
of our registered nurses are qualified midwives

58% female **42%** male
Gender split of our employees

2.5%
of employees identify as First Nations

More than
3/4
of our workforce are regionally based



Our Visitor Experience centres in Broken Hill and Dubbo welcomed almost

50,000 visitors



14 aircraft have flown more than

2,985,945 km





Staff across all locations celebrated the RFDS 90th anniversary

90 years in NSW

The communities that built the Flying Doctor

In 1936, communities across western New South Wales faced a simple but confronting reality: access to healthcare was never guaranteed.

Distance, weather and isolation often determined whether people could reach a doctor, specialist care or urgent treatment. Rather than accept those barriers, communities came together to change them.

Supported by volunteers, fundraisers, local champions and community leaders, the Royal Flying Doctor Service established its New South Wales base in Broken Hill. What followed was one of Australia's most remarkable healthcare stories: a service built for the bush, by the bush, delivering care where traditional healthcare models could not.

While aircraft, technology and healthcare have evolved dramatically over the past 90 years, many of the challenges facing rural and remote communities remain. Distance, workforce shortages and access to care continue to shape health outcomes across regional NSW.

That is why the Flying Doctor's 90th anniversary was about more than reflecting on the past. It was an opportunity to recognise the communities that built the service and the partnerships that will shape its future.

Throughout the year, communities across NSW welcomed the 90th Anniversary Flare Tour, shared stories of the Flying Doctor's impact and celebrated the role the service continues to play in rural and remote life.

Across every celebration, one message emerged consistently: the Flying Doctor has never been sustained by aircraft alone.

It has been sustained by communities.





A milestone marked at Parliament House

The 90-year milestone was formally recognised at NSW Parliament House in March, where RFDSSE brought the story of rural and remote healthcare to the heart of government.

The event was attended by NSW Premier Chris Minns, Minister for Health Ryan Park, Member for Barwon Roy Butler, Member for Wagga Wagga Dr Joe McGirr and other Members of Parliament, reflecting strong bipartisan recognition of the Flying Doctor's role in New South Wales.

While the occasion celebrated ninety years of service, it also highlighted the role RFDS plays today as a frontline healthcare provider, trusted government partner, critical component of the NSW health system and emergency care network and essential provider of community-based primary care in rural communities.

"And the truth of the matter is we need you. We need you out there every day of the year doing work that can't be easy in sometimes the most difficult of circumstances.

"Always being on call, landing in tough or rough terrain, giving life-and-death care hundreds of kilometres from a doctor or a hospital."

Chris Minns
Premier of New South Wales



NSW Premier Chris Minns and Minister for Health Ryan Park with Pilot Tamlyn Gresser and Dr Jonathan Storrar at 90th Celebrations in Sydney

As part of the anniversary, independent economic modelling by Marsden Jacob Associates reinforced the value of RFDSSE's work. The Early Insights Report estimated the present value of avoided mortality and morbidity benefits from RFDS aeromedical services at $11 billion over ten years, demonstrating the significant social and economic return created by the RFDSSE.

The report confirmed what communities have long known: when the Flying Doctor reaches people quickly, it can change lives and deliver significant value for NSW.



Member for Orange, Phil Donato, learns about our specialist equipment with Flight Nurse Michael "Cookie" Cook

$11 billion

Ten-year value of avoided mortality and morbidity benefits from RFDS aeromedical services (Marsden Jacob Associates Early Insights Report).

Back where it began: Broken Hill

It was fitting that the anniversary journey led back to Broken Hill.

For RFDSSE, Broken Hill is more than a base. It is where the New South Wales story began.

Since 1936, Broken Hill has been central to the organisation's development and service delivery. The first RFDS building opened on Wilcannia Road in 1938, housing radio equipment and the operator's residence. In 1988, the base moved to its current location adjacent to Broken Hill Airport, with further expansion in 2009 adding medical rooms, teaching facilities and offices.

Today, the base supports 24/7 aeromedical retrievals and patient transfers while also providing primary healthcare services including general practice, women's, child and family health, dental, mental health and drug and alcohol counselling, alongside specialist clinics.





The Broken Hill Base from 1941 compared to the Broken Hill Base today (historic image courtesy of State Library of NSW)

Visitors to the Royal Flying Doctor Service Outback Heritage Experience can explore stories from the service's past and present, while learning about the realities of delivering healthcare across one of the largest service areas in the country.

Broken Hill is also home to many important milestones in Flying Doctor history. In 1942, the Broken Hill radio network became the first in Australia to provide a 24-hour service, including a direct telephone link to the doctor's residence. In 1945, Myra Blanch became Australia's first Flying Sister, marking an important step in the development of nursing support for remote communities.

Those early innovations reflect a principle that continues to guide the Flying Doctor today: when distance creates a challenge, innovation helps bridge the gap.

Learn more about the unique history of the RFDS in NSW

Lighting the way across NSW

To recognise 90 years of RFDS in NSW, three commemorative remote airstrip flares began a journey from Sydney to Broken Hill, shining a light on the communities the Flying Doctor has supported across generations.

The remote airstrip flare was a fitting symbol. Used to illuminate remote airstrips during emergency medical retrievals, it represents safety, connection and the reassurance that help is on its way.

One leg of the relay was carried by Member for Barwon Roy Butler, who travelled more than 1,300 kilometres from Sydney to Broken Hill by motorbike.

Stopping in regional and remote communities along the journey, Roy helped bring the anniversary celebrations directly to the people who know the value of the Flying Doctor better than most.



Greg Sam and Roy Butler at the end of the Roy's Road Trip at AgFair in Broken Hill



Roy Butler on his flare tour with the RFDS team in Lightning Ridge

Join Roy Butler, Member for Barwon, as he takes one flare on an epic journey from Bankstown to Broken Hill.

The journey became a rolling conversation about rural healthcare. Community members shared stories of emergency retrievals, clinic visits and moments when the Flying Doctor had been there when it mattered most. At every stop, supporters signed messages, welcomed the convoy and reflected on what the service has meant to their towns across generations.

Accompanying the relay, the RFDS Mobile Education Unit, a life-size replica of an RFDS King Air B200 fuselage, gave visitors the opportunity to experience the environment where doctors and nurses deliver care in flight. For many, it was their first insight into the skill and teamwork required to provide hospital-level care in the air.

While the flare travelled thousands of kilometres, the journey was ultimately about connection. It celebrated the communities that built the Flying Doctor, the people who continue to sustain it and the partnerships that will help shape its future.





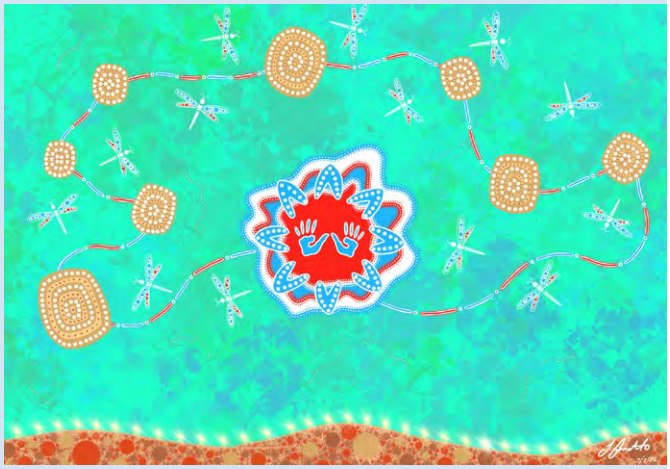


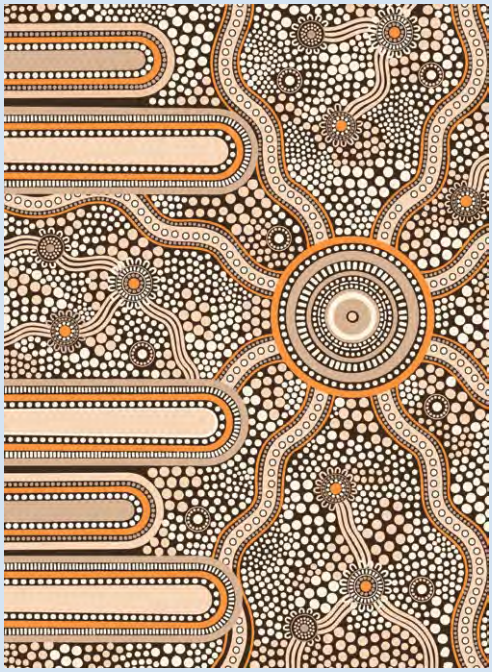
The flare tour caused quite a stir in the communities it stopped in

Three Aboriginal artworks accompanied the RFDS Flare Tour, representing the values of Hope, Heart and Trust while telling stories of connection, healing, community and Country.

Hope Over the Horizon

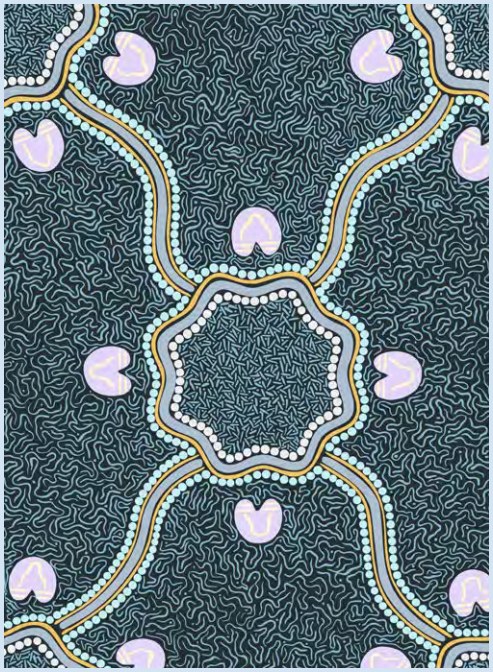
Created by Wiradjuri artist Jordan Amatto, this artwork symbolises the connection between healthcare, community and Country. Dragonflies represent RFDS aircraft travelling vast distances, while Elders' wisdom, community connections and the promise of help on the horizon reflect the hope the Flying Doctor brings to rural and remote communities.





Connected to Country

Created by Wiradjuri artist Keira-Leigh Newman, this artwork celebrates the enduring connection between people, community and Country. Pathways, meeting places and ancestral symbols tell a story of belonging, shared knowledge and the cultural strength that continues to guide and connect communities.



Healing Place

Created by Wilyakali artist Clinton Kemp, this artwork tells the story of travelling across Country to reach a place of healing. Journey lines, gathering places and people coming together symbolise care, connection and the trust built through supporting one another across great distances.

From emergency lifeline to everyday care



One of the clearest themes of the 90th anniversary was how the Flying Doctor has evolved.

Established to provide urgent medical care to people isolated by distance, RFDSSE's emergency retrieval role remains central to who we are. Today, however, the Flying Doctor delivers far more than emergency care.

Across NSW, RFDSSE provides primary healthcare, GP and nurse-led clinics, dental services, mental health and alcohol and other drug support, specialist outreach, telehealth, medical chests and non-emergency patient transport. Our work now spans prevention, early intervention, emergency response, recovery and ongoing care.

As rural healthcare challenges have changed, so too has the Flying Doctor.

Yet one thing remains constant: our services succeed because they are built on trust, local knowledge and strong community partnerships. Whether it's a clinic, a telehealth consultation, a medical chest or an emergency retrieval, people working together make care possible.

After 90 years, RFDSSE is more than a healthcare provider. It is part of the fabric of rural and remote communities across New South Wales.

The people behind the milestone

The story of 90 years in NSW is ultimately a story about people. It is the pilots, doctors, nurses, engineers, operations teams and healthcare professionals who have delivered care wherever it is needed, from aircraft cabins and station homesteads to rural hospitals and community clinics.

It is also the communities themselves. The station owners who maintain airstrips. The Medical Chest Custodians who provide support in an emergency. The volunteers, donors and fundraisers who help keep services running. The local leaders, councils, community groups and advocates who continue to champion healthcare in the bush.

The Flying Doctor has always been a partnership between skilled professionals and determined communities.

That partnership is why a service established in Broken Hill in 1936 continues to grow, adapt and remain relevant ninety years later.



Merawyn Townsend completes a roo run for the RFDS in Tibooburra



Clinic Coordinator Sharon Junk with a community member and our dental assistants in Louth



President of the Glengarry Grawin Sheepyard Miners Association, Marty Maxwell, helped to bring RFDS to the community



Left to right: Warren, Condobolin and Gilgandra Medical Services have brought greater access to healthcare to their communities

RFDS: A critical part of the NSW health system

More than a Flying Doctor

When Condobolin's only full-time GP closed their books in 2023, the impact was felt quickly.

Routine appointments became harder to secure. Patients faced longer waits or the prospect of travelling to another town for care. Preventative health checks, chronic disease management and follow-up appointments became more difficult to access.

The Royal Flying Doctor Service South Eastern Section stepped in.

Working with the community, RFDSSE opened a permanent clinic staffed by doctors, nurses and support staff. In its first year, the Condobolin clinic cared for more than 1,300 patients, achieved Australian General Practice Accreditation Limited (AGPAL) accreditation and helped restore reliable access to local healthcare. One patient described the impact simply: "The Flying Doctor has given our town hope again."





It is a story that reflects the changing role of the Flying Doctor.

For many Australians, the RFDS is still best known for our aircraft and emergency specialists who arrive when everything has gone wrong. Those emergency retrievals remain central to who we are. But across regional, rural and remote New South Wales, RFDSSE is also delivering the healthcare people rely on every day.

Our services include primary healthcare, GP and nurse-led clinics, mental health and alcohol and other drug support, dental care, specialist outreach, telehealth, medical chests and non-emergency patient transport.

In some communities, we are a critical part of the healthcare network.

In others, we are the only healthcare provider.

That is what it means to be a critical health system partner.

Medical Services in Condobolin, Gilgandra and Warren delivered

42,720

occasions of care, up from 35,000 last year.

Built for places where traditional models struggle

The Condobolin story is not unique. Across rural and remote New South Wales, workforce shortages, ageing populations, chronic disease and limited access to specialist care continue to place pressure on local health services. Recruiting healthcare professionals can be difficult, and retaining them can be harder still.

These are the environments health economists describe as thin or failed markets: places where traditional service models cannot reliably or sustainably meet community need. Many communities served by RFDSSE experience limited or no access to alternative healthcare services, entrenched disadvantage, persistent workforce shortages and poorer health outcomes, including higher rates of preventable hospitalisation and avoidable early death.

The Flying Doctor was built for these realities. RFDSSE keeps healthcare in rural and remote NSW, where people live. Through aircraft, road vehicles, permanent medical centres, remote clinics, telehealth and specialist outreach, we deliver care across more than 80 communities in New South Wales.

But access is about more than the presence of a service. When a community knows it can see a GP, speak to a nurse, be welcomed by a receptionist who understands the town and rely on a service that intends to stay, healthcare feels closer and more manageable. People are more likely to seek help early, return for follow-up and build trusted relationships that support their long-term health.

That continuity is one of the greatest strengths of the RFDS model. We are embedded in communities, work alongside local providers and build the trust that allows healthcare to become part of community life.

"If we didn't fly in once a week or twice a week, some of the communities we visit simply would not have access to a GP."

Dr Bernadette Hunt
RFDSSE General Practitioner



General Practitioner Dr Bernadette Hunt



Full waiting room in White Cliffs



Patient getting a skin check in White Cliffs

A model of care designed around rural life

This year, RFDSSE released *Hope on the Horizon: The RFDS Model of Care*, outlining how the organisation delivers integrated, community-based healthcare across rural and remote New South Wales.

The model extends beyond emergency retrievals to include primary healthcare, mental health and wellbeing programs, oral health services, home visits, telehealth, specialist outreach and health promotion.

It recognises a simple but important reality: access to healthcare in rural NSW requires a unique, integrated and embedded community-centred approach.

Key to the RFDSSE's model is its rural aeromedical bases, health infrastructure and local staff – all of which are integrated and leveraged to provide maximum value to rural communities across NSW.

Genuine access also depends on whether that service is available when needed, whether patients can reach it, whether the workforce is stable, whether the provider understands the community, whether care is culturally safe and whether people feel comfortable asking for help.

A patient may first connect with RFDS through a remote clinic, then later need dental care, mental health support, a specialist referral, telehealth advice, non-emergency transport or emergency retrieval. A family may rely on RFDS services across many stages of life, from pregnancy and childhood to chronic disease management, injury and ageing.

Rural healthcare rarely fits neatly into one category. A person's health journey may move between prevention, primary care, acute care, recovery and ongoing support. By connecting these services, RFDSSE helps make care easier to access, navigate and sustain over time.

RFDSSE works closely with NSW Health, Local Health Districts, Primary Health Networks, local councils and community organisations to strengthen these connections.

This is about delivering comprehensive care in a way that is high quality and valued by communities, as well as being efficient and sustainable.



Hope on the Horizon – the RFDS Model of Care

When a script is a 600km round trip

For many Australians, collecting a prescription means a quick trip to the local pharmacy.

In Milparinka, around 300 kilometres north of Broken Hill, it can be a very different story.

Rebecca Young, Medical Chest Custodian in Milparinka says: "If we didn't have a Medical Chest here, that would mean not just 300 kilometres into Broken Hill, but 300 kilometres back. It's a 600-kilometre round trip."

Distance is only part of the challenge.

"If it rains, the road is closed."

"And there's wildlife to deal with on the road too. Kangaroos, cattle."

Working alongside RFDS doctors, Medical Chest Custodians help ensure people living in some of Australia's most remote communities can access healthcare advice, medications and support closer to home.



Rebecca Young with her Medical Chest in Milparinka

This year, RFDSSE clinicians handled 638 calls supporting Medical Chest Custodians and community members, helping extend healthcare access far beyond the reach of traditional health infrastructure.



Milparinka

Supporting hospitals, clinicians and patients

In rural healthcare, the challenge is not always getting a patient to hospital. Sometimes it is ensuring a small hospital has the support it needs to care for that patient safely.

In many small hospitals and multipurpose services, local clinicians care for patients with complex needs while working with limited staff and specialist support. When a patient deteriorates, the decisions can be serious and the available options limited.

RFDS doctors provide clinical advice to remote health professionals. Aeromedical crews retrieve patients who require specialist or higher-level care. Operations teams coordinate aircraft, crews, vehicles, hospitals and transfers to help patients move safely through the health system.

This support is critical in emergencies, but it is equally valuable in everyday care.

Whether helping a rural hospital determine the right treatment pathway, providing specialist advice or coordinating a transfer, RFDSSE helps clinicians deliver the right care in the right place.

Sometimes that means launching an aircraft. Sometimes it means helping a patient remain closer to home. Both outcomes strengthen the health system by ensuring patients are provided with access to the care they need, when they need it.



Mahalya Shaw and daughter during an appointment in Tibooburra



Registered Nurses are connected to RFDS doctors for emergency advice 24/7.

Measuring the value of care that reaches people

This year, independent economic analysis helped quantify some of the economic value RFDSSE delivers for New South Wales.

The Marsden Jacob Associates Early Insights Report found that many of the communities RFDSSE serves face limited access to alternative healthcare, entrenched disadvantage and poorer health outcomes – the kind of thin or failed markets where traditional service models struggle to operate.

Within that context, the report estimated that RFDS aeromedical services alone, generate around $1 billion each year in avoided mortality and approximately $300 million each year in reduced morbidity under conservative assumptions, with a ten-year present value of approximately $11 billion.



Patient being transferred by the RFDS to Dubbo Base Hospital (image courtesy of ACCRM)



Local workers taking a break in Packsaddle



Leroy Henderson was saved by the RFDS in late 2015

80+

communities

RFDSSE delivers care across more than 80 communities in New South Wales

These figures are significant, but their meaning is human.

They represent patients who reach care in time. Families spared the worst possible outcome. People who recover with fewer long-term complications. Rural clinicians backed by specialist advice. Communities that retain access to care when other models struggle to operate.

The report also highlighted that improvements in access, timeliness and clinical capability can deliver significant social and economic returns in remote communities where services are thin or absent.

It reflects what RFDSSE sees every day. When care is available earlier, closer to home and from providers people trust, the benefits extend well beyond a single appointment or flight. They include reduced deterioration, stronger local services, less unnecessary travel and greater continuity of care.

This is the value of a healthcare model built for distance.

Keeping care accessible when communities are under pressure

Access to healthcare can be affected by more than workforce shortages and distance.

During the year, fuel supply disruptions across western New South Wales affected households, businesses and essential services. For many people already travelling significant distances for healthcare, the additional cost and uncertainty created another barrier to attending appointments and seeking care.

RFDSSE had seen this before. During the COVID-19 pandemic, we learned that when communities come under pressure, people often delay healthcare. Check-ups are postponed. Follow-up appointments are missed. Conversations about wellbeing are put off for another day.

Over time, those decisions can have serious consequences.

In response, RFDSSE remained committed to maintaining services in community while also expanding alternatives for people unable to travel.



Primary care nurse Abbey Barrett and patients at the Grawin clinic

Telehealth consultations helped patients stay connected to care, while clinicians worked closely with communities to ensure people continued receiving support during a challenging period.

A critical partner in the future of rural healthcare

A critical health system partner is not self-appointed. That role is built through decades of trust, reliability and the willingness of others to work together.

RFDSSE partners with governments, healthcare providers, Local Health Districts, Primary Health Networks, councils and community organisations to deliver services that might otherwise be unavailable or difficult to sustain.

Government funding and health service contracts play a critical role in maintaining essential care. Stability and certainty are essential – allowing providers to plan services, retain skilled people and give communities greater confidence that care will remain available.

Philanthropy, fundraising and community support continues to play a central role in supporting the work of the RFDSSE. Our donors and supporters enable RFDSSE to innovate, respond to emerging needs, invest in equipment and extend programs beyond the limits of traditional funding models.

In practice, a government partnership can sustain a core service. A philanthropic gift can help test a new approach. A local support group can fund equipment that improves care. Community generosity can help services reach further and respond more flexibly.

Together, these partnerships create a healthcare model that is practical, trusted and connected to the communities it serves.

Workforce shortages, increasing demand, chronic disease and pressure on local health infrastructure cannot be addressed through short-term responses alone. Communities need services that can plan for the future, retain skilled clinicians and remain present for the long term.

For ninety years, RFDSSE has helped bridge the distance between people and healthcare.

Today, we are helping shape what accessible, sustainable and community-centred healthcare can look like for the next generation of rural and remote Australians.

Strong voices for rural health

In 2026, two of regional NSW's most influential community organisations publicly backed the RFDS's call for ongoing funding certainty. At its State Conference, the Country Women's Association of NSW passed an urgency motion advocating for at least $15 million in ongoing annual NSW Government funding for the RFDS. Days later, the Country Mayors Association of NSW also unanimously endorsed a motion supporting continued annual funding, representing councils across rural, regional and remote NSW.

Together, these powerful demonstrations of support highlighted the trust communities place in the Flying Doctor and reinforced the vital role we play in keeping rural and remote Australians connected to healthcare.





Thank you to the Country Women's Association and Country Mayor's Association for your support of the RFDS and accessible healthcare for regional, rural and remote communities



James Jones from the remote town of Louth



Rachel Crozier and son at the Tibooburra clinic

Primary healthcare close to home

Healthcare that comes to you

In Tibooburra, even a routine dental appointment can involve an 800-kilometre round trip.

For Rachel Crozier and her family, that makes access to local healthcare more than a convenience. It makes it possible to stay connected to care without leaving the community.

Living in one of New South Wales' most remote communities means a routine appointment can involve hundreds of kilometres of travel, time away from home and careful planning around weather and road conditions.

"We are actually really lucky in Tibooburra to have them," Rachel says of the Royal Flying Doctor Service. "When the Flying Doctor comes it's great because we don't have to do that trip to access healthcare."

For families like Rachel's, healthcare is not simply about accessing a doctor. It is about accessing care without leaving the community, disrupting family life or spending hours on the road.

Across regional, rural and remote New South Wales, thousands of people face similar challenges. Around Australia, an estimated half a million people live in so-called "GP deserts", receiving significantly fewer GP services than the national average, while rural and remote communities continue to experience poorer access to healthcare and higher burdens of chronic disease.

This is why primary healthcare delivered close to home matters.

While aircraft remain one of the most visible symbols of RFDSSE, much of our impact occurs on the ground through permanent medical centres, remote clinics, nurse-led services, specialist outreach, women's health programs and chronic disease management. The goal is simple: to bring healthcare closer to the communities that need it most.



For Rachel, that access provides more than convenience.

"It makes you feel like it's okay to live out here because you have that service right there, and you have that backup," she said. "You can call them any time, any day and they are there."

Her story reflects something we hear often across our service area. When healthcare comes to the community, people are more likely to access it. Preventative health checks become easier. Chronic conditions can be managed more consistently. Families spend less time travelling and more time focusing on their health and wellbeing.

11,063

Occasions of care delivered across 20 remote clinic locations

Prevention before crisis

While the Flying Doctor is best known for responding to emergencies, much of our work is focused on preventing people from becoming emergency patients in the first place.

Every early diagnosis, preventative screening, vaccination and chronic disease management plan has the potential to improve quality of life and reduce the need for more intensive healthcare later.

Throughout the year, RFDSSE continued to invest in preventative healthcare through women's health programs, immunisation services, chronic disease management and Q Fever vaccination programs, helping people stay healthy and reducing the need for more intensive care later.

For Marie, that work became deeply personal.

Living in Angledool, 45 kilometres from Lightning Ridge, her nearest major hospital was hundreds of kilometres away in Dubbo. After learning about an RFDSSE clinic in nearby Hebel, she booked an appointment. Blood tests and an urgent colonoscopy followed within days, uncovering bowel cancer early enough for immediate treatment.

Marie now attends the Hebel clinic fortnightly for ongoing care.

"I never thought I would use the Flying Doctor," she said. "You never know when you're going to use it."

Her story is a reminder that prevention is rarely dramatic. It looks like a clinic day in a small community, a doctor who follows through, and a patient who picked up the phone.

Marie with her granddaughter





Small community, big impact

Surrounded by stations and properties, Louth demonstrates why flexible healthcare models matter.

This year, RFDSSE introduced two-doctor clinics – and prevention depends on exactly this kind of access. A shorter wait means a symptom gets checked before it becomes urgent. More doctors at clinic means more opportunities for residents and surrounding property holders to come in.

For Louth and the properties around it, greater access isn't just convenience – it's the difference between catching something early and catching it too late.


Louth

Building trust through continuity

One of the greatest strengths of primary healthcare is continuity.

Over time, clinicians become familiar faces. They build relationships with patients and develop an understanding of local challenges, family circumstances and community priorities. Trust grows through regular visits, conversations and shared experiences.

This is particularly important in rural and remote communities, where people may have experienced barriers to accessing care or be hesitant to seek help.

A patient who knows their doctor is more likely to attend follow-up appointments. A parent who trusts their local clinic is more likely to bring their child in early. A person managing a chronic condition is more likely to stay engaged with their healthcare when that care is delivered by people they know.

It is a powerful statement, but for many communities it is also a simple reality.

Lots of love for the RFDS at the Annabranch Q-Fever Clinic and Community Day





The Flying Doctor provides cervical screening, chronic disease care, antenatal appointments, preventative health checks, health education and the ongoing relationships that underpin good health.

Without these services, many people would simply have fewer opportunities to access care.



"In many communities, the Flying Doctor isn't just supporting the healthcare system – we are the healthcare system"

Dr Nici Williams
Clinical Director of Primary Care

Quality care communities can rely on



Dr Megan Pate at the Menindee Clinic

This year, the Clive Bishop Medical Centre was successfully reaccredited through AGPAL against the Royal Australian College of General Practitioners (RACGP) Standards for General Practices – the same benchmark used to assess general practices in Sydney or Melbourne. For a patient in Broken Hill, that means walking into a consultation with the same confidence a city patient takes for granted: that the care they receive has been checked, tested and held to the national standard, not a rural exception to it.

It also means something for the next generation of rural doctors. As an accredited training practice with both RACGP and Australian College of Rural and Remote Medicine (ACRRM), the Clive Bishop Medical Centre, alongside our Medical Services in Condobolin, Warren and Gilgandra, gives GP registrars a place to train to full national standard while working right across the region it serves.

For registrar Dr Megan Pate, that has meant running clinics several times a week – sometimes driving, sometimes flying in, sometimes holding clinic in even more remote locations.

"I think RFDS is a really vital part of the community out here," she says. "We provide a really good service for those that wouldn't otherwise have access to healthcare... if there was no clinic here it would be a real challenge for some of them."

Without easy access to specialists or same-day test results, Dr Pate says the role sharpens exactly the skills rural medicine depends on. "Your clinical judgement and your bedside diagnostics become central," she says, and the relationships that come with it are "more of a throwback to GP as we used to know it... you get to know them quite well." It's also building skills she couldn't develop as easily in a city training placement – minor skin excisions, point-of-care ultrasound, the breadth that comes from often being the only doctor a patient will see.

Accreditation largely happens behind the scenes. But it's the quiet structure that lets a registrar like Dr Pate build both a rural patient's trust and her own clinical confidence at the same time.

Watch Dr Megan Pate share her story while practicing out of Menindee

Emergency care when it matters most

Help is on the way

For people living in cities, emergency care is often measured in minutes.

For people living in rural and remote Australia, it can be measured in kilometres.

When a serious accident occurs on a remote property, country road or isolated community, distance quickly becomes part of the emergency itself. Every minute counts, and the ability to bring advanced medical care directly to the patient can change the outcome entirely.

For nearly 100 years, the Royal Flying Doctor Service has existed to overcome that challenge.

Every day and night, our doctors, flight nurses, pilots, engineers and operations teams stand ready to respond when communities need help most. While aircraft are the most visible part of that response, emergency care begins long before a plane leaves the runway and continues long after a patient reaches hospital.

Behind every mission is a person, a family and a community hoping help will arrive in time. A patient in pain. A worried family member. A rural clinician seeking support. A small community waiting for news.

This year, that commitment was reflected in hundreds of retrievals, thousands of telehealth consultations and the dedicated work of teams operating across some of Australia's most geographically challenging regions.

Chief Pilot Paul Martin says geography shapes almost every aspect of healthcare delivery in the far west.

"To drive from Broken Hill to Louth would take about five and a half hours in a motor car. It took us fifty minutes to fly there."

Paul Martin
Chief Pilot

Tony's story: when seconds count

One ordinary day can change a life forever.

For Tony, a workplace accident quickly became a fight for survival.

Living and working in remote New South Wales, specialist trauma care was hundreds of kilometres away. In the critical moments following his injury, time became one of the most important factors in his treatment.

The Flying Doctor responded.

A highly trained retrieval team brought advanced medical care directly to Tony, stabilising him before transporting him for specialist treatment. What followed was a coordinated response involving local responders, clinicians, flight crews and hospital staff, all working together to give him the best possible chance of recovery.

For Tony and his family, the retrieval was a defining moment.

For RFDSSE, it was another reminder of why aeromedical services remain so essential across rural Australia.



Tony is doing well after multiple surgeries and physiotherapy

Watch Tony's story on YouTube

Not every emergency looks the same

Emergency medicine in the bush is not only about major trauma.

Contract musterer Patrick “Paddy” Blomfields was riding back to a homestead near Ivanhoe after a long day’s work when an eastern grey kangaroo crashed into the side of his motorbike, breaking his leg. Knowing specialist care was hours away, Paddy’s first thought was simple: “Get the RFDS. I’ve busted my leg.”

With support from an RFDS doctor via a Medical Chest and a retrieval team flying from Broken Hill, Paddy was transported via Ivanhoe Hospital to Adelaide for treatment. It was the first time he had ever flown in an aircraft and not quite the introduction he had imagined. Surgeons later repaired fractures to both his tibia and fibula with a titanium rod that will remain in his leg for life.

Despite a long recovery and months of rehabilitation ahead, Paddy remains grateful for the network of people who helped him, from local responders and hospital staff through to the Flying Doctor team that got him to specialist care.

Paddy’s experience highlights a reality familiar to people living and working in rural Australia: accidents happen, often far from hospitals, and situations that might be relatively straightforward in metropolitan areas can become far more complex when distance is involved.



Paddy’s first flight was with the RFDS

What it takes to get there

Paddy’s retrieval involved much more than an aircraft. Local responders, paramedics, hospital staff, retrieval clinicians and an RFDS doctor guiding treatment through a Medical Chest all played a role in getting him safely to specialist care.

“We’re dealing with weather, animals, hazards and the realities of remote Australia. Corrugated roads, kangaroos, goats, sheep, cattle, emus, horses and camels are all part of life out here.”

Paul Martin
Chief Pilot

Those connections are central to how emergency healthcare works across rural and remote New South Wales. While aircraft are often the most visible symbol of the Flying Doctor, they are only one part of a broader network supporting patients, clinicians and communities every day.

When people see a Flying Doctor aircraft land on a remote airstrip, they are witnessing the visible part of a much larger system. Behind every retrieval sits a network of clinicians, pilots, engineers and operations staff coordinating safe and effective patient care.

Calls must be assessed. Medical advice may be provided immediately. Crews are assembled, aircraft prepared and receiving hospitals contacted. Patient information is shared, treatment pathways determined and logistics coordinated. Much of this work happens before an aircraft even leaves the ground.

By the time a retrieval team arrives, an entire network has already mobilised to support the patient.

1,972

Telehealth calls supporting local hospitals this year

Preparing for the unexpected

People often see the outcome of an emergency response. They rarely see the preparation.

Throughout the year, RFDSSE continued investing heavily in training and simulation to prepare emergency doctors and flight nurses for the realities of rural and remote medicine. A key part of that preparation is the organisation's immersive Farm Day program, where clinicians are challenged with highly realistic scenarios based on real cases encountered across regional and remote Australia.

Conducted on a working rural property, Farm Day brings together volunteers and partner organisations, including NSW Ambulance, to recreate the complexities of emergency retrievals as realistically as possible. From the moment a team steps off the aircraft, they are immersed in a dynamic environment that mirrors the conditions they may encounter during a real response.

The training is about far more than clinical care. Participants must communicate with partner agencies, assess risks, make decisions in unfamiliar environments and work through the human realities that accompany any emergency. They may be required to support distressed family members, manage anxious bystanders, de-escalate conflict, gather information from multiple sources and keep patients calm during what may be one of the most difficult days of their lives. These are the skills that help transform technical expertise into effective emergency care.

The goal is not simply technical competence. It is building the judgement, adaptability and teamwork needed to operate in remote environments where resources may be limited and every decision matters. The more realistic the training, the better prepared crews are when a real person's life depends on it.





Our emergency doctors and flight nurses are trained to deal with any crisis in the bush

When it matters most

Tony's workplace accident and Patrick's encounter with a kangaroo could not have been more different.

One involved life-threatening trauma.

The other began with a freak accident on a remote property.

Yet both stories highlight the same reality.

When healthcare is hours away, distance quickly becomes part of the emergency.

For nearly 100 years, the Royal Flying Doctor Service has existed to overcome that challenge, bringing emergency medical expertise, specialist care and reassurance to communities across rural and remote New South Wales.

Whether responding to a critical injury, supporting a rural hospital, transferring a patient to specialist treatment or maintaining services during times of disruption, our teams remain focused on one objective: ensuring people can access the care they need, when they need it most.

Because in an emergency, nothing matters more than knowing help is on the way.

2,132

Primary evacuations and inter-hospital transfers completed this year

"We've had stories of men with tears running down their faces when they see the aircraft come over the top. They're just so relieved because they know help has arrived."

Paul Martin
Chief Pilot

Mental health beyond the consulting room



Wanaaring

What Wanaaring needed most

When floodwaters cut Wanaaring off from surrounding communities, the challenges were not limited to roads and transport.

Weeks of isolation affect a community in ways that are not always visible.

Children miss seeing their friends. Families become cut off from one another. Routine interactions disappear. Conversations become less frequent. The sense of connection that helps communities thrive begins to fray.

When RFDSSE's mental health team visited Wanaaring following the extended isolation, they recognised that what the community needed most was not another appointment.

It was an opportunity to come together.

A community event built around food, conversation, play and connection gave residents a chance to see one another again, reconnect after weeks apart and spend time together as a community. For children, it was a chance to play. For parents, a chance to talk. For carers and families, a chance to share experiences and reconnect.

The impact was immediate. What might have looked like a simple community gathering became something much more meaningful: a reminder that wellbeing is often built through connection.

That lesson sits at the heart of the Flying Doctor's approach to mental health.



Wanaaring clinic

Across western and far western New South Wales, mental health support looks different because the challenges look different. Distance, isolation, drought, natural disasters, workforce shortages and social disconnection all shape wellbeing in unique ways. Supporting mental health means understanding these realities and working alongside communities to strengthen resilience before people reach crisis point.

That network now reaches well beyond one town. RFDSSE's Wellbeing Places operate in Broken Hill, Dubbo, Cobar and Lightning Ridge, each shaped by the community it serves.

"I'm not going anywhere"

Rachael Davis is Cobar's alcohol and other drugs clinician – and a local her whole life. Building trust, she says, starts with putting the laptop away. "I let them know that I've been a local in this area my whole life, and that I'm not going anywhere. Anything they say in here stays in here."

For First Nations clients, part of that trust means reconnecting with culture as part of recovery – a walk to the river, fishing, watching the birds. "It really helps them to connect back to culture," she says. Clients who've stayed drug-free for up to eighteen months describe getting their car back on the road, their licence back, their family back.

Rachael's own connection to RFDS runs deeper still. Twenty-two years ago, the Flying Doctor flew her daughter – born three weeks early – to Dubbo to save her life. "It's always been on my heart," she says. Today, her daughter has a five-year-old son of her own. And Rachael spends her days doing for others what RFDS once did for her family.



Rachael Davis hosting a telehealth appointment in Cobar



Cobar

A place called the Wellbeing Place



Broken Hill

In Broken Hill, that network has its longest-standing home. For many people, the Wellbeing Place is their first interaction with RFDS mental health services. Others arrive through community activities, support groups, educational programs or referrals from family and friends.

For contract musterer Bella Pratt, it was a country retrieval that led her there. After a workplace accident left her with a serious knee injury and a long road to recovery, she found herself needing support but unsure where to turn.

"I walked into the Wellbeing Place actually expecting to be told I didn't fit their criteria," she says. "But they opened their arms and took me straight in. I've been going back ever since."

What she discovered was something that felt different from traditional healthcare.

The Wellbeing Place does not only provide counselling and clinical support.

It provides connection.

People attend workshops, group sessions, wellbeing activities and community events. They meet others facing similar challenges. They build relationships. They discover pathways to support.

For Bella, that connection has stayed with her. "I'm forever grateful for those two ladies who welcomed me in and sat me down," she says – advice she now passes on to others working rural and remote, often far from home: "There's always someone to reach out to. If you're really struggling, or just need someone to talk to, they're always waiting to listen."

The Flying Doctor PODCAST

Listen to Bella on the RFDS Podcast





Bella was retrieved by the RFDS in 2025 after a mustering accident

That same openness extends into harm minimisation work. RFDS clinician Ian Harvey says the Wellbeing Place is increasingly where the community turns for drug and alcohol support too, not just mental health.

"We're always listening to what the community are asking for, and we try to deliver that," he says.



Ian Harvey at the mental health clinic in Menindee

Programs like the take-home naloxone initiative – providing overdose-reversal medication to people using opioids – reflect that same approach: not judgement, but keeping people safe and alive. "I get to see clients who are actively using," Ian says, "and I can see a reduction in their use. To me, that's a positive thing."

As the service expanded this year, so too did its ability to support people across the Far West.

The growth reflects an important belief: mental wellbeing deserves the same investment, accessibility and community focus as physical healthcare.

Because in rural communities, connection is not a luxury. It is often part of the treatment.

Growing more than vegetables

At first glance, an aquaponics system might not look like a mental health initiative.

Students learn about food production. Schools grow vegetables and fish. Communities develop practical skills and create new opportunities to engage with one another.

For Year 12 student Chase Quigley, four years in the GROW program changed the direction of his life. “When I first started, I didn’t actually have a clear idea of where I wanted to go,” he says. “The GROW program really helped me get on that straight and narrow.” He’s now considering university, weighing options from graphic design to social work – even a future with RFDS itself. “I’m waking up in the morning a lot more positive than I used to,” he says. “It’s made me a more positive person inside.”

His teachers have watched the shift too. “With one of our senior students, he’s just transformed over time,” says Trangie Central School teacher Troy Jones.

“It’s changed his mindset and led him into being a leader and a mentor to the younger generation behind him.”

As GROW’s Matt March puts it: “It’s not what we grow, but it’s how we grow it.”

Yet the success of the program demonstrates something broader: wellbeing is often strengthened when people have opportunities to learn, connect and contribute.

Thanks to visionary seed funding from The Tenix Foundation, and ongoing philanthropic support from Soul Patts Foundation, and a generous group of individual philanthropists and Foundations, GROW brings together students, teachers, families, service providers and communities through activities that combine education, wellbeing and resilience-building.

The program has become one of the most successful examples of prevention-focused mental health work in the region because it starts with people rather than problems.

By creating opportunities for connection and participation, it helps build the protective factors that support positive mental health long before someone needs clinical intervention.





Kids at Trangie Public School learn about aquaponics and aquaculture

9

Community GROW Days

With approximately 1000 community members in attendance





GROW Days bring whole communities together to learn about local services and connect

Learn more about the GROW program

Connection looks different out here

Mental health support in rural and remote communities does not always happen in a counselling room.

For Beth Kerville, a mental health professional at the Cobar Wellbeing Place, one recent session took place while walking through a small western NSW town. “We walked for an hour and had our session outside in the bush,” she says. “We saw a dead snake and a stock truck, and that was it.”

In Lightning Ridge, connection can be even simpler than a session at all. “People are able to walk in and have a cuppa and have a chat if that’s what they need for the day, or they can book an appointment,” says psychologist Jess Vayro. Some days, the conversation is the appointment.



Beth Kerville and Rachael Davis with a community member at the Cobar Wellbeing Place

Trust is rarely built in a single appointment.

The counsellor who returns every month. The clinician who remembers previous conversations. The support worker who becomes a familiar face.

“Mental health support in rural and remote communities does not always happen in a counselling room. We walked for an hour and had our session outside in the bush. We saw a dead snake and a stock truck and that was it.”

Beth Kerville
Mental Health Professional,
Cobar Wellbeing Place



Jess Vayro with a patient in Lightning Ridge



Keira Boxsell arriving at the mental health clinic in White Cliffs

40+

Locations visited by the MHAoD team across the region last financial year

For Rachel Crozier, 60 kilometres out of Tibooburra, connection has meant something different again: knowing support is reachable even when a visit in person isn’t possible. “Even when they can’t make it, you can call or Zoom,” she says. “They always make sure you’re feeling okay before you leave.”

For some people, familiar surroundings can feel far more comfortable than a clinical setting. For others, it’s an open door with no appointment needed. For others still, it’s simply knowing the team is reachable, however far away they are. Trust is rarely built in a single appointment.

The counsellor who returns every month. The clinician who remembers previous conversations. The support worker who becomes a familiar face. Whether that connection happens on a bush walk, over a cup of tea or across a screen, what matters is that it keeps happening.

Powered by community

A legacy of enduring gratitude

For some supporters, their connection to the Flying Doctor extends across a lifetime.

The late SGT William 'Bill' David Angus Harley was one of those remarkably kind-hearted people.

Bill served 25 years in the Australian Army, including active duty in Vietnam, before retiring to Dubbo in the late 1980s. He was also a talented chef, earning several culinary awards during his military career. In later years, he became a familiar and respected figure in the Dubbo community and an active member of the South Dubbo Vietnam Veterans Association – and, following health challenges related to his Army service, an RFDS patient himself.

To show his gratitude for the care he received during his lifetime, Bill named RFDSSE as the sole beneficiary of his estate – a bequest of more than $552,000 that will support the people, training and equipment that let RFDSSE continue caring for patients across rural and remote Australia for years to come.

In April, staff, supporters and members of the South Dubbo Vietnam Veterans Association gathered at RFDSSE's Dubbo Base for a Remembrance Morning Tea in Bill's honour, where guests viewed his carefully kept scrapbook – a life of service and connection, documented in his own hand – and afterwards those closest to Bill were given a personal behind the scenes tour of the training facilities his legacy will help sustain. They were incredibly touched to know that his bequest will make such a huge impact across the Dubbo region.

The day also brought its own quiet reunion: among the guests was Beverley Sparkes, Bill's dear friend and estate executor and a retired Dubbo Hospital nurse who, over a 52-year career, once trained RFDSSE's own Senior Nurse, Karen Barlow.

Gifts in Wills are deeply personal decisions. More often, they reflect years, sometimes decades, of connection to an organisation and the values it represents.

We are profoundly grateful that Bill chose to place that trust in us, and to his loved ones who honoured his wishes with such care.



A beautiful Remembrance Morning Tea was held in SGT Bill Harley's honour in Dubbo



Eric Tanner, partner Christine Jacobs and Cristina Caamano in Broken Hill

Honouring those that chose to make a difference

This year, RFDSSE debuted the Outback Guardian Honour Wall at the Royal Flying Doctor Outback Heritage Experience in Broken Hill, a permanent space recognising our compassionate supporters who have chosen to leave a gift in their Will to the Royal Flying Doctor Service (South Eastern Section).

For long-term supporter Eric Tanner, that decision followed a morning that changed his life. One morning a few years back, Eric woke up tingling all over and was rushed to hospital in Orange, where a specialist told him he needed to get to Sydney immediately. An RFDS aircraft flew him in, connected to medical equipment with a nurse by his side, for open-heart surgery and a quadruple bypass. "I'm here today because of the Flying Doctor Service," he says. "If it hadn't been for that flight, I wouldn't be here."

In the years since, Eric – a former teacher and volunteer fire captain – has travelled thousands of kilometres driving across the Far West, taking bushwalking groups out to experience the region firsthand. "It gives people some feeling of what life is still like out in those places," he says.

"You can be hundreds of kilometres from anywhere... it's the Flying Doctor Service that makes it possible for those people to live normal lives."

That understanding is part of what led Eric to extend his gratitude and become an Outback Guardian, by choosing to leave a gift in his Will to RFDSSE. "It's not just the people in isolation in the outback," he says. "It's also saving people in western towns. It gives a mantle of safety – it's for all Australian people."

For Cristina Caamano, who stewards our Outback Guardian supporters, the Honour Wall is a special and unique way of making extraordinary generosity visible. "Being able to share stories like his is my greatest privilege," she says of Eric's story.

The Outback Guardian Honour Wall now share the heartfelt stories of supporter Eric Tanner and the late SGT Bill Harley: a reminder that behind every gift in a Will is a benevolent supporter who believed far reaching communities living in the bush deserve the same access to healthcare as everyone else, long into the future.

Seventy-five years of standing beside the Flying Doctor

For the Broken Hill Women's Auxiliary, support for the Flying Doctor is measured not only in dollars raised, but in decades of visionary commitment.

This year, the Auxiliary celebrated 75 years of supporting the Royal Flying Doctor Service, a remarkable milestone that reflects both the history of the organisation and the enduring connection between the Flying Doctor and the communities it serves.

For more than seven decades, the Broken Hill Women's Auxiliary has turned community spirit into practical support for the RFDS, and its annual Ball remains one of the most important ways members raise funds to keep the Flying Doctor flying.



We were proud to celebrate 75 years of the Broken Hill Women's Auxiliary this year – image credit 'With Love Photography'

This year's event in May welcomed 350 guests having sold out in record time, reaffirming its place as one of the region's most anticipated nights. More than a social occasion, the Ball is a powerful expression of the community's commitment to rural and remote healthcare.

The evening celebrated the Auxiliary's remarkable legacy with elegance, generosity and unmistakable Broken Hill warmth. Guests enjoyed fine dining, dancing and a lively auction that sparked spirited bidding and plenty of good-natured competition, all in support of the RFDS.

"We're so lucky in Broken Hill to have the RFDS," says Auxiliary President Marg Symes - Broken Hill born and bred, and married to RFDS engineer Ross – "because of the distances to get anywhere. If you're really injured, they can take you to Adelaide or Dubbo, wherever you need to go."

What makes the Auxiliary's story particularly special is its continuity.

Generations of volunteers have contributed their time, passion and support to the Auxiliary. Along the way, Life Memberships have been earned and celebrated as a mark of outstanding service and enduring commitment. Friendships have been forged, communities have evolved and healthcare has transformed, yet the steadfast dedication to supporting the Flying Doctor has remained constant.

The organisation the Broken Hill Women's Auxiliary first supported looks very different today. What began primarily as an aeromedical service has evolved into a comprehensive healthcare provider delivering emergency retrievals, primary healthcare, mental health programs, dental services and specialist outreach across regional, rural and remote New South Wales.

Yet the principle that inspired the Auxiliary 75 years ago remains unchanged: people living in the bush deserve access to quality healthcare.

As RFDSSE celebrated ninety years of service in New South Wales, the Broken Hill Women's Auxiliary celebrated 75 years of helping make that service possible.

It is a partnership that spans much of the Flying Doctor's history in NSW and a reminder that behind every flight, clinic and patient story are people who quietly continue supporting the communities they care about.

A pudding fit for a King

Jenny Treloar has dedicated more than 30 years to the Broken Hill Women's Auxiliary, and is perhaps best known for her tireless contribution to producing its legendary Christmas puddings. Hand made in batches of up to 2,000 each year, the puddings are hung and dried before being enjoyed at Christmas tables as far as England – all to raise vital funds for RFDS Two have even reached royalty: King Charles III and Princess Mary have each received one. Asked for the secret to a perfect pudding, Jenny isn't giving anything away. "A perfect Christmas pudding has the perfect ingredients, of course."



Christmas puddings for sale at the Wellbeing Place in Broken Hill

The stories that travel with us

When the Outback Car Trek crossed Bass Strait and headed to Tasmania in 2026, participants were embarking on a new adventure. It was the first time in the Trek's long history that the route had ventured into Tasmania, and the first Trek delivered under RFDS stewardship.

The event has never really been about the vehicles. It has always been about the people.

This year's Trek carried Trekkers from Albury, through Victoria's Mallee region, across Bass Strait and on to Launceston – generating upwards of $75,000 in local economic activity for the towns it passed through on an average day. For Matt Tosolini, RFDSSE's Head of Motoring Events, the route itself is the point. "To sit across the table from community members who rely on the Flying Doctor, and to come home understanding in their bones why this work matters, is our reason why," he says.

Spend time with Trekkers and it quickly becomes clear that very few are there simply because they enjoy a road trip. Some have been patients themselves. Others have watched a family member's life change through an emergency retrieval.

2026 Outback Car Trek: impact by numbers

171

participants, volunteers and officials

78

Trek and support vehicles

26

new Trekkers in 2026

$1,222,686.41

Raised in donations



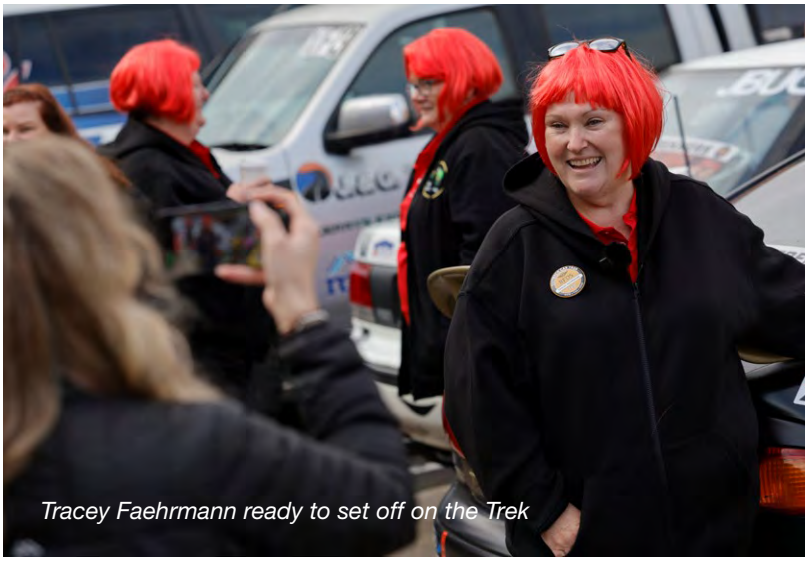
Three generations of Meyers

Some grew up in regional communities where an RFDS aircraft overhead was a reassuring, familiar sight. Others have spent their working lives in agriculture, mining or regional industries and understand what access to healthcare really means out there.

For the Meyer family, that connection has become a running tally across three generations. Jeremy's father first joined the Trek in 2012; Jeremy and his brother followed the year after, and the family crew has kept growing since, now including nephews, cousins and a wider circle of friends. Over the years, Jeremy's father has personally raised more than $1 million for RFDS – this year, the family's team raised around $140,000 alone. "You get to see all these regional communities," Jeremy says, "and you get to hang out with a lot of people... sit around a campfire, sleep in a swag. It's a lot of fun."

For Tracey Faehrmann, who's done around 10 Treks with her all-female team from South Australia's Riverland region, the cause is close to home in the most literal sense – the RFDS plane flies over her community up to four times a day, transporting patients between the regional hospital and Adelaide. A member of the Riverland RFDS support committee, and someone whose own family has relied on the service, Tracey doesn't take the cause lightly – but she doesn't take herself too seriously either. "The spirit of this is just joy," she says. "It's being sane but having a great time. We love this family – it's amazing."

By the time the final vehicle crosses the finish line, participants have travelled thousands of kilometres. More importantly, they leave with a stronger appreciation of the communities they've supported – and a renewed commitment to ensuring healthcare remains within reach for people living in the bush.



Tracey Faehrmann ready to set off on the Trek

A home for healing, built by generosity

In November 2025, RFDSSE celebrated the official opening of the newly renovated Wellbeing Place in Broken Hill, creating a welcoming and culturally safe space where people can access expanded mental health, wellbeing, and alcohol and other drug support closer to home. The enhanced service strengthens opportunities for individuals, families and communities in one of Australia's most remote regions to access the care and support they need to thrive.

The renovation was made possible by the extraordinary generosity of John B Fairfax AO through the Jibb Foundation, The G&A Kent Charitable Trust, and the RFDS Broken Hill Women's Auxiliary. Their combined investment supported a purpose-designed therapeutic environment with additional consultation rooms with enhanced privacy, dedicated spaces to support staff wellbeing and retention, and climate control to keep services running through the region's extreme temperatures.

Originally established in 2020 from a temporary location, the Wellbeing Place provided Broken Hill with a dedicated wellbeing service focused on prevention, early intervention and connection. As demand grew, so did the need for a permanent home.





The new Wellbeing Place in Broken Hill is a welcoming haven for patients and community

Following this major renovation and restoration, the Wellbeing Place now stands as a permanent home for mental health, wellbeing, and alcohol and other drug services in the Far West. The Wellbeing Place now serves as the hub of a regional outreach network reaching more than 18 remote communities, including Wilcannia, Menindee, White Cliffs, Tibooburra, Ivanhoe and Louth. When travel is not possible, telehealth ensures continuity of care.

Importantly, this investment was never simply about renovating a building. It was about creating a place where people feel welcome. A place where stigma is reduced. A place where support can be accessed with dignity and confidence. It represents a shared commitment to ensuring people living in regional and remote communities can access support that is welcoming, accessible and community-centred.

"I understand what it's like"

Jane Martin's connection to the Wellbeing Place began the day everything felt like too much. Mustering sheep on remote Tandou Station, not long after her youngest child left for boarding school, she found herself in tears on her motorbike and couldn't explain why. "My world just opened up and I cried and cried and cried," she says.

Isolated, hundreds of kilometres from family and friends, Jane went to her GP, who referred her to one of RFDSSE's mental health clinicians. "Everything changed," she says.

That experience became a turning point. Jane went on to study clinical hypnotherapy, psychotherapy and mental health first aid, and for a time worked helping run the very type of clinic that once helped her.



Jane Martin has a special connection to the Wellbeing Place

Modernising the Clive Bishop Medical Centre



Broken Hill

For more than a decade, the Clive Bishop Medical Centre in Broken Hill has stood as a tribute to a man who valued community, care and connection. Opened in 2014 through a partnership between Lord Glendonbrook (Sir Michael Bishop CBE AM) and the Federal Government, and named in honour of Sir Michael's late father, the centre delivered more than 2,800 occasions of care in its first year.

This year, Lord Glendonbrook reaffirmed his commitment to regional and remote healthcare with a significant new contribution through the Glendonbrook Foundation. His generosity was matched by an equally transformative philanthropic gift, creating a powerful partnership that will secure the future of the centre.

Together, these visionary investments will fund a major renovation of the Clive Bishop Medical Centre, including extensive upgrades to reception, administration and telehealth facilities to meet growing demand for virtual healthcare services. With construction commencing in September 2026, the redevelopment will enhance the patient experience, improve service delivery and strengthen the centre's capacity to provide high-quality, accessible healthcare for communities across the Far West.

"We extend our sincere gratitude to the Glendonbrook Foundation and our matching philanthropic donor for their shared commitment to the Clive Bishop Medical Centre," said RFDSSE CEO Greg Sam.

"Their extraordinary generosity builds on a proud legacy of care and will ensure this vital service continues to deliver exceptional healthcare to families in Broken Hill and across the Far West for generations to come."

Greg Sam
RFDSSE CEO



Last year the CBMC saw almost

22,000

occasions of care

The renovation will provide:

- Improved accessibility
- Enhanced privacy and security
- Expanded telehealth capacity, including dedicated spaces for confidential consultations with RFDS clinicians and visiting specialists
- More efficient workflows to help reduce waiting times
- Upgraded technology and data systems
- A comfortable, modern environment for all patients and visitors

The helpers behind the scenes

Some of the most important contributors to the Flying Doctor are people most Australians will never meet.

Vicki Hemley is one of them. She's run Packsaddle Station, 179 kilometres north of Broken Hill, for the last two years – a 101,000-acre property that's also home to one of the region's day-and-night airstrips. "It's just like, thank goodness we've got help," she says of watching an RFDS aircraft land, whether it's day or night. Vicki and her community also help fund the service directly, running bush Gymkhanas to raise money for RFDS. "We really appreciate all the money that comes here," she says, "because sometimes we think we're forgotten about in the bush."

Lesley Baker has coordinated the Grawin clinic for RFDSSE for years, ever since the building she once worked in as a miners' association employee was chosen as the town's clinic site. She opens, keeps it clean, and is often the first person residents turn to. "A lot of people here are not very savvy with their mobile phone," she says. "They come to me and say, can you get me an appointment?"

Across remote Australia, others like Vicky and Lesley maintain airstrips, hold Medical Chest supplies or give up their time to keep local clinics running. These roles rarely attract attention. Yet they form part of the network that has sustained the Flying Doctor for generations – reminders that its greatest strength has always been the people who stand behind it.



Vicki Hemley in Packsaddle



Lesley Baker out the front of the Grawin clinic



Chris running Sydney Marathon

Running to give back

Chris's journey from patient to fundraiser began in an emergency department in Dubbo. A high voltage electrician and experienced marathon and Ironman competitor, Chris had always assumed he had a healthy heart. Then, on a job in Dubbo, he felt breathless with a tight chest. Doctors found an abnormal heart rhythm caused by an underlying genetic heart condition, and Chris needed emergency retrieval by RFDSSE to specialist care in Sydney.

"The Flight Nurse escorted me from my bed and stayed right by my side throughout the flight," he said. "The service was there to get me closer to family, friends and medical assistance – I felt really relieved."

With a defibrillator fitted and back in strong health, Chris wanted to give something back. Just months after surgery, he committed to running the elite global TCS Sydney Marathon, fundraising for the organisation that helped him.

"I keep myself fit at all times. This was an eye-opener, just how essential it is for everyday Australians," he said. "What better charity than the Royal Flying Doctor Service."

Chris's story is a reminder that RFDSSE's supporters are not only people who have heard about the Flying Doctor. Increasingly, they are people the Flying Doctor has helped, choosing to carry that story forward on their own terms.


VH-XYR
RFDS

Building the future rural workforce

From Germany to the Outback

When Dr David Kuehn first heard about the Royal Flying Doctor Service, he was in specialty training in Germany. "I saw an ad for the Royal Flying Doctor several years back," he says, "and thought, that's something I've got to do." He went into aeromedical work in his hometown, flying helicopters for four years, before finally sending RFDS an application two years ago. After a lengthy licensing process, he joined the RFDSSE team in Dubbo and Broken Hill this year.

The reality has matched the ambition. "We get to fly to places other people don't get to see," he says – landing on airfields that are little more than "a round stretch of dirt somewhere in the middle of nowhere." What's struck him most is the difference in how communities respond. "In big cities, most people take healthcare for granted. Out in the villages, there's a lot of gratitude... I had random people coming up to me thanking the RFDS for the service. It's a great feeling."

His journey reflects something important about the future of rural healthcare. The future of healthcare in the bush depends on people choosing it.

Across Australia, communities are facing growing challenges attracting and retaining healthcare professionals. The demand for doctors, nurses and allied health professionals continues to increase, particularly in rural and remote areas where workforce shortages have existed for decades. Rural communities often experience poorer health outcomes, higher rates of chronic disease and greater barriers to accessing healthcare, yet they must do so with a smaller and less stable workforce.

For RFDSSE, the question is not simply how to recruit clinicians today. It is how to ensure rural communities still have access to healthcare tomorrow.

400 staff

Including 49 medical practitioners, 58 registered nurses, 43 pilots and 24 engineers





Dr David Kuehn has made the transition from Germany to outback NSW

The workforce challenge facing rural Australia

Workforce shortages are now recognised as one of the most significant challenges facing rural healthcare.

Communities across western and far western New South Wales compete for a limited pool of doctors, nurses and allied health professionals, while the complexity and demand for healthcare services continues to grow. The challenge is particularly acute in geographically isolated areas, where recruiting clinicians can be difficult. National workforce strategies continue to identify workforce maldistribution as a major barrier to equitable healthcare access for people living outside metropolitan Australia.

The consequences are felt every day.

A vacant position can lead to longer waiting times, increased pressure on hospitals, fewer appointment options and reduced continuity of care. Communities may spend years working to secure a healthcare professional, only to face renewed uncertainty when that person leaves. In some cases, services are reduced or disappear entirely.

For patients, these workforce shortages often translate into difficult choices: delaying care, travelling long distances, taking time away from work or family, or attempting to manage health concerns until they become impossible to ignore.

The challenge is not simply finding more clinicians.

It is creating a sustainable workforce prepared to build careers in the communities that need them most.

Inspiring the next generation of rural clinicians

The future of rural healthcare depends on attracting talented clinicians to the communities where they are needed most. In early 2026, RFDSSE and the Charles Sturt University School of Rural Medicine launched the RFDS Clinical School, welcoming our first students into immersive placements across our services. By providing meaningful exposure to the realities and rewards of rural and remote healthcare, the program helps build the workforce pipeline, challenges perceptions of rural practice and positions RFDSSE as a leader in rural clinical education.



Dr Paul Lunney with Medical Student George Smith in Grawin

Why workforce matters

For many of the communities served by RFDSSE, workforce challenges have immediate consequences.

Many of RFDSSE's communities sit in what the RFDS Model of Care describes as thin or failed healthcare markets, where population, workforce and distance make traditional models unsustainable.

In some communities, the Flying Doctor is not simply supplementing existing services. We are the service.

That's precisely what led RFDSSE to establish permanent medical centres in Condobolin, Gilgandra and Warren – three communities where the loss of a local GP meant the loss of reliable healthcare altogether, until RFDSSE stepped in to fill the gap.

Our doctors provide primary healthcare. Our nurses deliver essential care and health education. Our mental health teams support wellbeing. Our retrieval clinicians respond to emergencies. Our dentists and oral health professionals bring care directly into communities that might otherwise go without.

As you'll read elsewhere in this report, in many communities the Flying Doctor isn't just supporting the healthcare system – we are the healthcare system. That reality gives workforce development particular urgency.

Every clinician who chooses to work in rural healthcare makes a tangible difference to healthcare access. Every student who develops an interest in rural medicine strengthens the future pipeline.

Every healthcare professional who builds a long-term career in regional Australia helps ensure communities can continue accessing care close to home.

When RFDSSE invests in workforce development, it is ultimately investing in healthcare access.

A stable workforce means shorter waiting times, greater continuity of care and greater confidence in local services – the relationship between workforce and health outcomes is direct.



Creating the next generation of rural clinicians

One of the greatest opportunities in workforce development is helping people experience rural healthcare before they make career decisions.

Many students and junior clinicians have limited exposure to rural and remote medicine during their training. They may understand the concept of rural practice, but have little appreciation for its breadth, complexity and impact.

RFDSSE is helping change that.

Throughout the year, students, junior doctors, registrars and educators visited our bases, participated in workshops and experienced firsthand what healthcare delivery looks like across regional, rural and remote New South Wales. These experiences provide a realistic understanding of rural practice and help challenge outdated assumptions about careers outside metropolitan centres.

Importantly, they demonstrate that rural healthcare is not a narrower version of medicine.

In many ways, it is broader.

A rural clinician may move between preventative health, chronic disease management, mental health support, emergency care and community outreach in a single week. The variety, autonomy and continuity of practice available in rural settings can be difficult to replicate elsewhere.

For registrar Dr Megan Pate, seen earlier in this report treating patients out of Menindee Hospital, that exposure has been the difference between a placement and a plan. Her training at the Clive Bishop Medical Centre has pushed her clinical judgement, broadened her scope of practice, and shown her a version of medicine she now actively seeks out rather than merely tolerates.

For many participants, these experiences become the first step towards a future rural healthcare career.



Dr Nici Williams and Mark Muchiri, Workforce Manager, speaking to resident mental officers in Hunter New England LHD about careers in rural generalism



USyd medical student Emily Turnbull in Louth

10

Registrars and Resident Medical Officers training with RFDS

5

Medical students educated and clinically supported through the RFDS Clinical School and Charles Sturt University School of Rural Medicine partnership.

100+

Students were involved in rural immersion workshops and base tours at both Dubbo and Broken Hill

55

Clinical student placements supported through RFDSSE's clinical services this year

25

Cadets spent weekends learning emergency lifesaving skills

Building partnerships that create pathways

A sustainable workforce cannot be built by one organisation acting alone.

It requires collaboration between healthcare providers, universities, professional colleges and health services committed to strengthening rural healthcare access.

Throughout the year, RFDSSE continued its partnership with the Australian College of Rural and Remote Medicine (ACRRM), helping promote rural generalist careers and training pathways. A recent RFDS–ACRRM engagement at Belmont Hospital brought together resident medical officers, junior doctors and educators to explore careers in rural generalism and remote practice. Strong attendance highlighted the growing interest in rural healthcare careers and the importance of creating clear pathways for clinicians interested in working outside metropolitan settings.



Our team work alongside the FWLHD in many locations, including Tibooburra





We have a permanent Registered Nurse in Wanaaring to support our primary healthcare teams on clinic days

That same philosophy shapes RFDSSE's day-to-day partnership with the Far West Local Health District. "We don't see this as a partnership," says Nick Minns, the LHD's General Manager for Remote Health Services. "We see our remote communities see RFDS and Far West as one team." Whether it's sharing a dental chair and dentist between the two organisations, or flying LHD staff out on an RFDS clinic day, the goal is simple: never duplicate, always complement.

Nick's own path into health began exactly the way this section argues pathways should. As a 15-year-old in a remote community, he asked his local health service if he could volunteer, just to see if it might be for him. "Little did I know that didn't happen back then," he says.

"But I had somebody in my corner who was able to advocate... I think if I had not had that opportunity, where I would have headed would have been very different." He's now spent nine years back in the region he grew up in, leading remote health services across the Far West.

The impact of these partnerships is already emerging. Previous ACRRM attendees have gone on to apply for rural generalist training, explore registrar positions with RFDS and pursue future fellowship pathways.

These outcomes reinforce an important lesson.

People cannot choose careers they have never seen.

By creating opportunities to engage with rural healthcare professionals, RFDSSE is helping future clinicians understand both the realities and rewards of practice in rural and remote Australia.

Listen to Dr Nici Williams and Nick Minns talk about healthcare in the outback

Learning from the frontline

Building a workforce is not only about attracting people.

It is also about preparing them.

This year's new doctors came from across Australia and around the world, including the United Kingdom, Germany and Norway – a reminder of both the international reputation of the Flying Doctor and the pull of Australian rural medicine.

Onboarding is intensive by design. New recruits take part in rescue simulations, helicopter operations familiarisation and immersive rural emergency scenarios through the RFDS Farm Day program – the same program used for ongoing crew training, now adapted as a proving ground for new arrivals. Training scenarios range from cardiac emergencies and drownings to severe farm injuries, replicating situations retrieval teams may encounter in the field.





Our doctors and flight nurses undergo training with partners like NSW Ambulance to ensure we are ready for any kind of emergency in the outback

The goal is not only technical competence.

It is preparation for environments where clinicians must make critical decisions with limited resources and no immediate backup.

As workforce shortages place additional pressure on rural health services, ensuring clinicians are equipped for these realities becomes increasingly important.





Our pilots are amongst the best trained in the world, with regular training in our simulator, as well as immersive emergency procedures training

Creating careers that last

Recruitment is only one side of the workforce equation.

Retention matters just as much.

Attracting talented clinicians to rural healthcare achieves little if they do not have opportunities to grow, develop and build satisfying long-term careers.

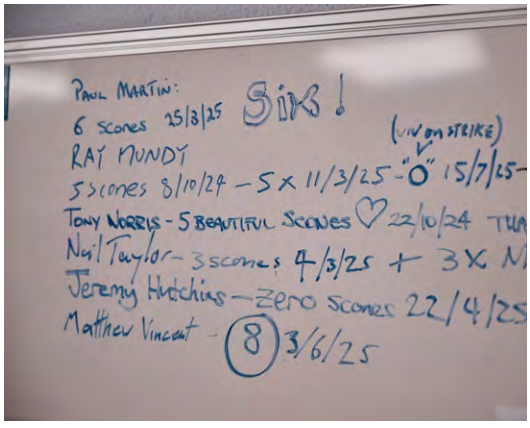
For RFDSSE, creating careers that last means providing clinicians with broad scopes of practice, supportive multidisciplinary teams, meaningful professional development opportunities and strong community connections. It means creating environments where healthcare professionals can continue learning while making a visible contribution to local communities.

Dr Nici Williams has been a strong advocate for developing sustainable pathways that allow clinicians to build rewarding careers in rural healthcare. For her, the biggest myth about rural practice is the one about isolation. “There’s often this preconceived idea, almost a fear, that you are quite isolated,” she says. “My experience is that it’s the complete opposite. Because you lean on your team in such a unique way... I’ve never felt more supported in my career than I do – which is in stark contrast to friends and colleagues who work in metropolitan areas, where they probably feel far more isolated.”



Pilot Paul Martin and Mental Health Worker Ian Harvey work while enjoying scones in Tibooburra

Sometimes that support looks like nothing more than ten minutes and a plate of scones. Before a full clinic day in Tibooburra, Nici recalls the team gathering around Viv’s homemade scones – RFDS and LHD nurses, pilots and the mental health team, all together before the day’s work began. “It was just one of those moments where you look around and go, gosh, this is really special,” she says. “That sense of camaraderie and partnership is what makes this job so meaningful.”



Viv’s scones are in hot demand by our pilots

Through broad clinical exposure, mentorship and professional development opportunities, RFDSSE is helping people see rural practice not as a temporary placement, but as a long-term career choice.

This approach benefits both clinicians and communities.

Healthcare professionals gain diverse experience and meaningful work. Communities benefit from continuity, stronger relationships and more stable access to care.


Royal Flying Doctor Service
King Air

Our people

Choosing a different path

3,124

Dental occasions of care

Delivered in 28 locations by RFDSSE's dental team this year



The dental team in front of the dental van with George the Dental Dragon

At 7am, the RFDS dental team is already preparing for the day.

By 7.30am, they are often in the air or on the road, travelling to communities where the nearest dentist may otherwise be a full day's drive away. Ahead of them lies a day of six to eight patients, school visits, oral health education and, in the most remote locations, an overnight motel stay before doing it all again.

"Working in rural and remote communities often requires adaptability, resourcefulness, and the ability to make sound clinical decisions with limited resources," says Lead Dental Assistant Megan Kingham, with RFDS since 2024. "I have learned to think on my feet and improvise."

Dentist Sam Lawton, says that same distance forces a broader scope of practice than most city dentists ever need. "Specialists are often expensive and located far away," he says. However, our experienced general dentists are well placed to conduct routine procedures to avoid the need for travel or to provide vital relief for patients until they see a specialist. For Sam, an Australian working holidaymaker, it's become one of the highlights of his career. "By far it's the most interesting experience of my dental career, and something I'll cherish for the rest of my life."

Dubbo-based Oral Health Therapist Xiaochuan Yang takes prevention directly into remote schools – regularly reaching Lightning Ridge, Collarenebri and Bourke, with harder-to-reach communities like Tilpa and Louth visited up to four times a year. "We talk with children, sometimes with their parents together, about brushing, diet, oral hygiene routines," she says, seeing up to 30 students in a single school day. Sam agrees education is the long game: "Some older patients aren't aware of how often they should brush their teeth. That's why educating children from a young age is so important."

Their experiences capture something important about the Flying Doctor.



Xiao Yang

People rarely choose this work because it is easy.

They choose it because it is meaningful.

Ask any of the three what sticks with them, and it's rarely the technical work – it's the roo runs before take-off, homemade ANZAC biscuits shared with patients, and the occasional motorbike parked outside the clinic door because that's how the patient rode in. "Knowing that my work could have a lasting impact on the health and wellbeing of individuals and communities is what makes working for the RFDS so meaningful to me," Megan says. For Xiaochuan, it's the gap the service closes: "It is rewarding to know that the work can reduce the burden on families who might otherwise have to travel a long way for dental treatment."

Across RFDSSE, people arrive from different backgrounds and different professions. Some grew up in rural communities. Others built careers in major cities before heading west. Some came from overseas, attracted by opportunities unlike anything available in their home countries.

What connects them is not where they came from.

It is a shared decision to build careers supporting communities where healthcare cannot be taken for granted.

The people behind every flight

When people think about the Flying Doctor, they usually picture pilots, doctors and flight nurses.

Few people think first about engineers.

Yet every aircraft, every retrieval and every clinic relies on teams working behind hangar doors long before an aircraft takes off.

For Broken Hill-based Apprentice Aircraft Maintenance Engineer Ben Morrison, the role combines technical skill with the realities of working in regional Australia. “Weather and freight delays inevitably impact maintenance schedules,” he says. “It reinforces the importance of keeping aircraft serviceable before small issues become larger ones.” Every 400 flight hours, aircraft are dismantled to a bare shell for inspection – cracks, corrosion, wear all checked and repaired in-house before returning to service. “It keeps them reliable, safe and available for patients and our teams who depend on them,” Ben says. “Every day is challenging but very rewarding.”



Ben Morrison in Broken Hill



Harry Gresham in Dubbo

For Dubbo-based apprentice Harry Gresham, an RFDS apprenticeship offered a path into aviation engineering without leaving regional NSW. He’d originally been offered a course that meant moving away; instead, he found RFDS and, as he puts it, “the rest is history.” “I have not actually worked in a large city,” he says, “and to be honest I hope I never have to.” Asked to explain the work simply, Harry reaches for something everyone understands: “It’s the equivalent of your car’s oil change between major services” – except, as he’s quick to add, a plane can’t pull over mid-flight.

More than 1,000 kilometres south, Base Engineer Greg Foot works from RFDS’s Launceston base, where Tasmania’s climate brings its own demands. Asked his advice for working further south, Greg jokes: “Warm woollen clothing.” But for Greg, one memory outweighs every winter shift: seeing his own twin grandsons arrive safely aboard an RFDS aircraft in a humidicrib, following a neonatal transfer. It reinforced what every RFDS engineer already knows – the aircraft they maintain are far more than machines. They carry patients, families and futures.

Keeping the fleet flight-ready

200-hour inspections

roughly every four months – checking aircraft systems and structures in detail

400

flight hours between full-shell examinations – aircraft dismantled to check for cracks, corrosion and wear before returning to service

1,000+ km

between RFDSSE’s northernmost and southernmost engineering bases, from Broken Hill to Launceston

Investing in people

The Flying Doctor asks a lot of its people.

Clinicians work across vast distances and complex presentations. Pilots operate in challenging environments. Engineers maintain high-performing aircraft that communities depend upon. Mental health teams support people through some of life's most difficult moments.

Supporting these teams requires ongoing investment in learning and development.

Clinical onboarding is one part of this story – but the same investment in preparation runs across every part of the organisation. RFDSSE pilots complete extensive supervised flying with an experienced training captain before taking on the unique challenges of delivering healthcare across the outback, from remote property airstrips to unexpected changes in a mission.

For Supervisory Pilot Matthew Fuge, that investment paid off after a career most pilots would call complete.

After 35 years flying for the airlines, Matt and his family chose RFDS for its country bases – landing the posting in Dubbo, close to his own rural roots.

The work looks nothing like his old rostered airline days. "We do dental clinics, non-emergency patient transfers, air ambulance," he says. "One day it's Wanaaring, the next it's Sydney Mascot." Night landings on remote strips bring their own lessons: no instrument approach to guide the way in, just the basics, done properly. "You've got to go back to basics in a big way."



Pilot Matt Fuge

What's stayed with him most are the patients he's carried to safety. "You've made a difference when you carry these people into places like Adelaide or Sydney and they've got full care and made a full recovery," he says. "We are a flying emergency hospital. We can be there within an hour and a half, two hours, and deliver a high standard of care and save people's lives."

It's a team effort in the truest sense. "The flight nurse is always the boss," Matt says of RFDS retrievals – doctor, nurse and pilot working in close coordination, headsets on, "so anything that happens, we all know about it."

Professional development extends across the organisation. Grand Rounds, mentoring, clinical education programs and ongoing training opportunities help staff continue building skills throughout their careers – whether they're just starting out, or, like Matt, bringing three decades of experience to a second career entirely.

This investment reflects a simple principle: communities deserve access to highly skilled people who continue learning, developing and improving throughout their careers.

Stronger together

Working for the Flying Doctor is unlike working in a single hospital, clinic or office.

Teams are spread across multiple states and territories. Some work in aircraft. Others travel regularly between communities. Many spend significant time away from home supporting the people and places that rely on RFDS services.

Maintaining strong connections across such a dispersed workforce requires deliberate effort.

Throughout the year, staff came together through professional development activities, leadership programs, recognition awards, cultural initiatives and organisational events. This year also saw the launch of the First Nations Community Advisory Group, alongside continued staff enthusiasm for the First Nations shirt initiative.

These opportunities help build trust, strengthen relationships and remind people that they are part of something bigger than their individual role.

That sense of connection matters because healthcare is ultimately a team sport.

Every retrieval, clinic, community program and patient interaction relies on people supporting one another.







140+ staff

requested a First Nations shirt this year, worn across bases, clinics, hangars and offices in support of reconciliation and recognition of Aboriginal and Torres Strait Islander peoples.







RFDSSE's largest bases by staff headcount

Dubbo
150

Broken Hill
108

Sydney
80



Our people come together to connect, celebrate and learn across all our bases

A career that helped shape the Flying Doctor



For more than 26 years, Karen Barlow has been a familiar and reassuring presence for patients, families and communities across western New South Wales. One of the foundation flight nurses at the Dubbo Base, Karen joined the RFDS in 1999 when the operation consisted of a single aircraft and a small team working from rented offices at Dubbo Airport. Throughout her career, she has cared for thousands of patients and witnessed the extraordinary growth of the Flying Doctor across aeromedical retrieval, primary healthcare and community services.

Reflecting on her time with the organisation, Karen says,

"The RFDS has had so much support from country people. People become invested in it because they trust it. It's a pleasure and an honour to work for an organisation that means so much to the communities it serves."



As she prepares to retire at the end of 2026, Karen leaves a legacy defined by professionalism, compassion and an unwavering commitment to rural and remote Australians, while embodying the enduring spirit that has shaped the Flying Doctor for generations.

"It's a pleasure and an honour to work for it, to be part of that process because people love what you do."



Karen Barlow over the years

The team whole communities can rely on

Ask around Hebel or Grawin who keeps their community's healthcare running, and one answer comes up again and again: Paul and Abbey.

For provisional psychologist Jess Vayro, who grew up partly on her family's farm near Hebel before joining RFDS herself, Paul is simply the local GP. "I have had the chance to meet Paul and Abbey, who are our primary health team in Hebel," she says. "Everybody loves them, and says what an awesome service they provide."

In Grawin, more than 150 kilometres away, clinic coordinator Lesley Baker says exactly the same thing. "Paul and Abby are just the best we've ever had," she says of the RFDS team that now visits her town weekly.

For Primary Health Nurse Abbey Barrett, that reputation comes down to showing up prepared, wherever the clinic happens to be. "We bring everything with us to run that service," she says. "Blood pressure machines, ECG machines, pathology supplies, educational materials, computers – whatever we need to run the clinic as effectively as we can."

It's a small detail, repeated across towns that will likely never compare notes: sometimes the biggest difference a workforce makes isn't measured in a stat box. It's a GP and a nurse two communities can't imagine being without.



GP Dr Paul Lunney and Primary care nurse Abbey Barrett in Grawin



Carrying the legacy forward

As RFDSSE celebrated ninety years of service in New South Wales, it was impossible not to reflect on the generations of people who have shaped the organisation.

The pilots who flew before GPS.

The nurses who travelled vast distances by road to reach patients.

The engineers who kept aircraft flying.

The many supporters, volunteers, business and community organisations who helped us carry out our critical work.

And the dedicated people working across the organisation today who continue that legacy.

Doctors and clinicians like Megan Pate, David Kuehn, Nici Williams, Bernadette Hunt, Ian Harvey, Rachael Davis, Beth Kerville and Jess Vayro, caring for patients across the region. Megan, Sam and Xiaochuan, bringing dental care to the state's far corners. Ben, Harry and Greg, keeping aircraft flying from Broken Hill to Launceston. Matthew, choosing a second career flying retrievals after 35 years in the airlines. Abbey, the primary health nurse whose communities rely on her. Matt March, guiding young people through GROW. And behind the scenes, Cristina Caamano and Matt Tosolini, turning generosity and adventure into lasting support. Countless others besides, whose names may never appear in a newspaper headline, but whose work touches communities every day.



Vicki Hemley hugs Annette Ohlsen, Community Engagement Lead





They represent different professions, different backgrounds and different stories.

What they share is a commitment to ensuring healthcare remains within reach for the communities that rely on it.

Ninety years after the Flying Doctor first began serving New South Wales, that commitment remains one of our greatest strengths.

Thank you to all our supporters

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We would like to thank the many regional, rural and remote communities that regularly fundraise and support the RFDS. Our thanks also extend to:

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We warmly acknowledge the important role of donors in supporting the work of the Royal Flying Doctor Service (South Eastern Section). With support like yours we have proudly served outback Australian for almost 100 years. You can help us continue our vital work well into the future by making a donation today.

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