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***Farmsafe Toolbox Talks – Transcript of Podcast #9
'The Royal Flying Doctors Service' with Lana Mitchell
Host: Dr Richard Franklin, James Cook University
Guest: Lana Mitchell, Royal Flying Doctor Service***

Voiceover:

“Welcome to Farmsafe Toolbox Talks. A podcast series focusing on farm culture, leading to a healthier and safer working, living and playing environment. Here's your host Richard Franklin.”

Dr Richard Franklin:

“Today's Toolbox Talk is brought to you by funding from the Australian Government Department for Agriculture, Water and the Environment.”

“Today I'm here to talk to Lana Mitchell, from the Royal Flying Doctor Service. I'm sure we all know about the Royal Flying Doctor Service, especially those of us that are old enough to remember the TV series The Flying Doctors. However, for those who do not know who the Royal Flying Doctors Service is, or RFDS, it's a national charitable health organisation delivering primary health care and 24 hour emergency services for those that live in rural or remote Australia.”

“Long known as one of the largest aeromedical organisations in the world, the RFDS delivers health care where mainstream health services are not available. Using the latest in aviation, medical and communication technology and a broad reaching ground service fleet supported by a vast number of volunteers and supporters, the RFDS provides a lifeline for those that live, work and travel in rural and remote Australia and has been doing so for nine decades.”

“So, Lana Mitchell is a Director of brand and communication of the Royal Flying Doctor Service of Australia and over the last eight years, she has been bringing real stories of patients and staff of the RFDS to a broader audience across many channels, including a podcast, digital and TV. They've been really interesting stories, and I think we'll talk a little bit more about those as we go through. And she's been working as a Communications and Events Manager also as a magazine editor. So super, super busy.”

“So, thanks for being here today, Lana, really appreciate you being on our podcast. As I said before, we've all heard about, you know, the Royal Flying Doctor Service. And we know they pick people up and take them to hospital. But can you tell us a little bit more about all of the things that are going on in the Royal Flying Doctor Service?”

Lana Mitchell:

Committed to keeping you safer on Australian Farms



“Hi, Richard. Look, I think the Flying Doctor has traditionally always been associated with emergency care. So if you get into a bit of a pickle, you're out on a road trip somewhere or you're on a farm or you're on a remote homestead somewhere or remote community and something goes wrong, it's the Royal Flying Doctor Service that will fly in to be able to then transport you to tertiary care.”

“But that's only about 30% of what we do. The remaining 70% is majorly these days taken up with primary health care provision. So that means we are the doctor, we are the nurse, we are the dentist or the mental health practitioner, allied health provider, and this is to people or places or locations or communities that are outside of the general normal health care system that we enjoy when we live in the city. So that's generally what we do.”

“This year is our 95th birthday. So we're getting very close now to our centennial. And over time, the Service continues to evolve and, I guess morph, to be able to really meet the needs of each individual community that it serves. So we have a very large national service footprint. But the role of our service is to essentially find what each community needs in terms of health care provision, and to try to provide tailored services to suit that need.”

Dr Richard Franklin:

“Yeah, sounds awesome. And I was amazed to find out that you're the third largest airline in Australia with what sort of nearly 80 planes that are running about taking people and moving services around. Really very exciting. And I think it was you that gave the comment to me about, you know, the biggest waiting room in the world is what you're servicing out there, which is really exciting and a large kind of workforce that are out there doing stuff.”

“So just talk me a little bit through so if I ring up, I would normally ring up 000 if I'm if it's sort of an emergency. But if I was wanting to do something with the Royal Flying Doctors and I ring up, what's the process, what happens and how do they figure out what plane comes to me and how all that works?”

Lana Mitchell:

“Well, essentially, we're part of the National Health Service. So, if you have an emergency you call triple zero and triple zero depending on your location, you will be transferred to specific call centers and if you're within our national footprint, you will end up talking to one of our doctors. Our doctors, similar to the way our hospital triages patients as they come into the emergency department, our doctors, when they take the phone call, will learn what's happened. They'll get the details about that accident, injury or illness or whatever it might be, and then they will triage that particular patient. And then within that control center, they'll coordinate and and they will work out with the resources that we have, how quickly they can be contacted and retrieved and taken to a tertiary hospital. But again, as I said, that's about 30% of what we do. It's, it's definitely the romantic side of the RFDS. It's what people like to hear about. It's the really gnarly stories and, and shock and awe kind of things that happen when people in rural and remote areas.”

“But there is a much more mundane, but I think even more critically important role, which is the provision of, of those



basic general practitioner services that you know, you're having a baby or you know, you know, you just, you've got arthritis, whatever it might be, and seeing, seeing the doctor and making sure that your own health is being managed."

Dr Richard Franklin:

"Yeah, I think that's great. I guess that also includes a sort of things like immunization for young kids as part of it."

Lana Mitchell:

"That's right."

Dr Richard Franklin:

"You know, the kind of the check ins that you do for new mums and bubs, and working through that. I mean, it's a massive service that that you guys are running and in, I guess, difficult conditions across Australia as you try and fly in different types of vehicles. You're mainly aeroplanes, is that right? Do you have any helicopters in the in the network at the moment?"

Lana Mitchell:

"We have two helicopters at the moment. And I think that there will be more helicopters. The main reason for us being majorly fixed wing airplanes is because we have long haul flights that we do. So we're traveling, I think we often forget how big this country is. But it's vast, and it's not uncommon for a remote station to be an eight hour drive from the closest Township. So when you are talking about distances like that helicopters just don't have the fuel capacity. But they are certainly very useful in regional areas that we service that have a lot of patient requirements or needs, within a small radius. But 79 aircraft currently, and that includes also some long haul jets. So we have, I think it's four or five jets, they're called Pilatus 24s, and those jets can actually land on a dirt strip, they don't need a bitumen runway. And they can require a much shorter runway as well. So you can get them in and out of remote places, and you can get them to hospital much faster."

Dr Richard Franklin:

"Well sort of, certainly exciting a lot of work, I guess, keeping them in the air and a lot of costs involved with doing that. So good luck with all that part of it. The other thing I just wanted to pick up on, which I don't think we talked about beforehand is the first aid kit, the Royal Flying Doctor first aid kit, you know, it's very iconic for those people that I work with, you know, where you've got the set up, so on the end of the phone, you can tell people where to go. Tell us a little bit more about that first aid kit and how it works."

Lana Mitchell:

“So, you're referring to the medical chest, correct?”

Dr Richard Franklin:

“Yes.”

Lana Mitchell:

“So, the medical chest program is funded by the Commonwealth Government. It's part of essentially making sure that pharmaceuticals are available to people where there is no chemist. So we have, I think, three and a half thousand medical chests located all around the country and they're under custodianship of trusted people within the community. It might be the post office Master, it might be the owner of the petrol station, it might be the manager of the station, it might be whoever, so each person that is granted custodianship of a medical chest is responsible for maintaining that chest, making sure that the all of the various pharmaceuticals that are in it are kept up to date. And we have a whole process to do that.

“Now I'll give you an example, Richard, how its works in real time. So let's say you're a mum, and you've got a young three year old and you're out on a remote station in South Australia, and your daughter has been running a fever and she's been running a fever for some time she's complaining of an earache. Now, this is not unusual earaches ear infections not unusual so that young mum can call the telehealth line can speak to the doctor can get advice on what to do and how to manage that. But if as that as that young child is being monitored, the doctor may say 'Look, the fever is not breaking, I'm worried about this, we really need to get her on to some antibiotics. It does sound like she's got an ear infection based on everything that we've gone over. Now I want you to get some antibiotics. I want you to go to the medical chest and the number for the antibiotics you need to take is number, let's say 16. I want you to..., the prescription is you know this amount at this time of the day.' And that Mum can then essentially access those pharmaceuticals to be able to care for her daughter.”

“So that's the medical chests really underlie, they're like a fundamental aspect of living, working and traveling in the bush and many people don't know they exist, but for anybody that that has lived in the bush for a long time, they are well aware of medical chests and it's always down to where's the closest one and even if that medical chest is an hour's drive away an hour's drive away is a lot closer than that, you know, major township could be where the chemist is located. So, when it comes to either accidents or illness or, or even lifesaving, you know, requirements, you know, for defibrillators and that sort of thing, having a medical chest is really, really key.”

Dr Richard Franklin:

“Yeah, fantastic initiative and great to see that it's still ongoing and out there in the community. And, again, I think, you know, people can jump on the website and have a bit more look at what that is, and whether they're eligible or not to be part of the medical chest process and have it out there. So.”

“So, let's talk a little bit more about the type of people that are part of RFDS. So I think, you know, we can work out, you've probably got some pilots floating around some doctors, some nurses... Who else makes up kind of this really strong 2400 people workforce?”

Lana Mitchell:

“As a unique organization that is both essentially a hospital health care organization, and also an aviation organization, we have lots of doctors and nurses, we have lots of pilots, we have engineers that keep our planes running. But we also have drivers, we have 185 road service vehicles that travel by road, not by air. We also have, of course, you know, your financial teams that keep everything running. We have, you know, our HR. We have our fundraising arm. We have all of those. So together, I think the last financial year ended, we had just under 2500 staff across the nation. And that's across seven different entities that serve within their specific state boundaries.”

Dr Richard Franklin:

“Yeah, wow, obviously, great organization to be part of lots of people to interact with and see across the country as people travel around and do that sort of work.”

“Now, I talked a little bit before about the podcast series that you set up and I've been really enjoying kind of just randomly going through some of the stories and some of them are a little bit tear wrenching as you kind of listen to them. Tell me a little bit more? How did it come into being, your podcast? And where can people get it? And what are you trying to achieve out of it?”

Lana Mitchell:

“Well, the podcast is called the Flying Doctor podcast, and it was started now about two and a half years ago. I'm the host. It was started because as a communicator, I found that we have so many stories that cross our desk, or that just occur every day that just never see the light of day. And as part of the work that I've done, I've been with the RFDS now for eight years. And as I've progressed along, it's become really apparent to me that there's a little bit of a divide between those that live in city and regional areas, and those that live further afield. And often there's just a lack of education or lack of understanding, or a lack of really, umm a reality, a lack of reality of what it's like to not be able to have health access, just you know, at your fingertips.”

“If you, if you break an arm, you or I, Richard, we would be very quickly down to the emergency department and have that arm sorted out. But if a Ringer broken arm falling off a horse, and that Ringer was on a remote property in Northern Territory, it's not quite so easy. So the podcast is all about bringing those stories to the fore and to give them a broader audience. And what I love about it is that I get to meet these really strong, courageous, funny, tenacious, I think is a good description of the people that I meet. These are people who it doesn't really quite matter what's been flung at them, they manage to get back on that horse and manage it.”

“And so, the stories are sometimes quite unbelievable, but true. And said through a lens of somebody who's experienced something that's quite traumatic, but has come out the other side of it and has some lessons learned, has some advice, and has just has grown in the process.”

“Now, for me as the host, I find it really fulfilling. It's always put things in perspective for me. It's easy as you go through life to say or, you know, ‘This is hard, or that's a problem’ or whatever. But you listen to these stories and you go, ‘I don't really have it that hard’ when some of these people, there's people who've just had things happen, they just go, oh, that's just, that's horrible. But they come out the other side and their attitude is just so amazingly inspirational. I'll give you an example. So I'm not just talking, you know? Yeah, I'll give you some real specifics.”

“So, there's a lovely man who lives in Packsaddle, New South Wales, and Leroy if you're hearing this, I'm talking about you yet again. So Leroy, a lovely bloke, works at the Roadhouse, there at Packsaddle, which is sort of like a campsite, caravans, caravan pub restaurant. It's you know, just outside of Broken Hill, very remote. Apparently Packsaddle is called Packsaddle because there's this creek that goes through it that at one point one of the you know, explorers from years gone by, lost his saddle into the creek. Now, things have must have changed a lot because there's.., I've never seen any water in that creek so we're talking a little township that's been around for a very long time!”

“Now Leroy, wonderful bloke was volunteering, they had a gymkhana and then they were having a Christmas party and all the locals from around had come together for a big Christmas hoody-ha and Santa was there and Christmas presents and everything. And Leroy was with some mates and they were cleaning up after this particular event. And they were putting some stuff away. They had a little buggy and they were driving along a dirt track to put some stuff away from this big event community events. They weren't hooning around. They weren't being silly. But this buggy flipped, and when it flipped, it hit some really, really like bull dust and the buggy flipped and it landed on Leroy's arm and just cut it off like, just you know, is in Leroy's... in Leroy's words that was hanging by a thread. And so Leroy took the lanyard that was around his neck and tied it around his arm and with his teeth, pulled it tight and stopped himself bleeding out. And then the two mates managed to get him back, get the buggy righted, and get him back to Packsaddle so that they could call the Flying Doctor.”

“Now, Leroy lost his arm. They weren't able to save it. And but he talks about and he says, ‘Well, actually, it was one of the best things that ever happened to me’, because now he's the ambulance driver, the sole ambulance driver of the sole ambulance that exists in Packsaddle. But he is so... the fact that people helped him save his life through knowing first aid, knowing what to do as a first responder. He was so inspired that he's become the first responder there in Packsaddle for the various and sundry weird and wonderful things that happened in remote Australia. And he says, ‘Yeah, my life is my life has changed. But for me, it's better’.”

“So that's an example of just one, one story on the podcast that you come through. And you say, well, wow, you know, it's a different perspective. Some people, as Leroy said, you know, some people have something bad happened to them, and they lay down and they just give up. And he said, or you can have the other option, which is to shake yourself off and say,

‘Get on with it. Life is different, but it's good. And I'm still here’. So I really enjoy bringing those sort of stories to a broader audience. And seeing and hearing their response really makes me happy.”

Dr Richard Franklin:

“Yeah, what a wonderful story. And obviously, with a semi happy ending as part of it. But I think that one of the take home messages from a lot of the stories is really about first aid and people knowing first aid and I, you know, I, I've taught first aid in the past. And I think it's an essential part of what we do. I mean, this podcast focuses a lot on prevention, but things go wrong, from time to time. And...”

Lana Mitchell:

“Absolutely.”

Dr Richard Franklin:

“...having first aid and being able to do it is really important. So again, whoever is out there listening, please get in and update your first aid, keep it up to date, if you haven't done it, get out and find a course. And there are lots of organizations that now deliver first aid training. And it can, as you say, save a life, and it may be your own life that you're saving as part of it.”

Lana Mitchell:

“Well, I think one of the things that we at the RFDS have really come to know and recognise and acknowledge regularly, is that we as a service can only be as good as the first responders. Because while we can come out to an accident, and we can do our best to help a victim of something that bad that's happened if there weren't or if there aren't, first responders there on the ground to be able to keep that person alive to stop them bleeding out or to deal with those critical burns or to manage that snake bite and know what to do. If you don't have those people there to be able to follow instructions and to be able to keep that person alive till, till clinical care arrives, then our service is useless. So I try to use the podcast as much as possible to illustrate how simple it is to learn how to save somebody's life, whether it's from a motor vehicle accident or falling off a horse or you know, major burns or whatever it might be a snake bite. If you know what to do in those circumstances, you cannot just prevent or change the outcome for somebody but you can save their life and that makes a huge difference.”

Dr Richard Franklin:

“Yeah, it's very empowering. And I think on that note, it's a great time to finish up the podcast to really say to people get out, get first aid, learn more about RFDS if you are out there in the bush, and it is a really vital service.”



“So, thank you very much for everything that you do. Lana, thank you very much for being here today and all the best to Royal Flying Doctor Service. For people that want to know more about it, jump on to the Royal Flying Doctor Service website, lots of really great information there, ways that you can also help them out in doing their work, but also things that you can learn about the activities that they've got going on. Such a wonderful service. Thank you for being here. Really appreciate your time and yes, to everybody out there, get in, learn your first aid and be ready in case something does go wrong.”

Lana Mitchell:

“Thanks Richard.”

Dr Richard Franklin:

“So, today's podcast is brought to you by Farmsafe. Australia under funding from the Australian Government Department for Agriculture, Water and the Environment. Thank you very much for listening to Toolbox Talks. I look forward to chatting to you in the future. I'm your host Richard Franklin.”

Voiceover:

“This has been a Farmsafe Toolbox Talks Podcast with your host, Richard Franklin, brought to you by Farmsafe Australia.”