The Changing Face of the RFDS in Queensland: Seven Years on from “The Best for the Bush”

Geoff King, Brenda Masutti, Robert Williams, Estelle Con Goo

6th National Rural Health Conference
Canberra, Australian Capital Territory, 4-7 March 2001
The changing face of the RFDS in Queensland: seven years on from “The Best for the Bush”

Geoff King, Brenda Masutti, Robert Williams, Estelle Con Goo, Royal Flying Doctor Service of Australia, Queensland Section

INTRODUCTION

The Royal Flying Doctor Service (RFDS) began its service as the Aerial Medical Service under the Australian Inland Mission in 1928. From its humble beginnings, the vision of the Reverend John Flynn has grown to become a national organisation composed of four operational sections, creating a “mantle of safety” for those who live, work and visit the vast Australian outback.

The RFDS is well known for its emergency services. The popular perception of the RFDS is of the flight crew being woken in the middle of the night, flying to a remote location to retrieve an injured person and transporting them back to a larger regional or city hospital.

Emergency services remain an integral part of RFDS work and exciting developments have occurred in this area over recent years. Three new RFDS bases have opened at Brisbane (1995), Rockhampton (1996) and Townsville (1996) and collaborative practice models have been implemented whereby advanced practice of nurses, and the practice of Indigenous health workers, is recognised in rural and remote facilities. Emergency services are still very important, however at the dawn of the new millennium, the RFDS has a very changed face with an expanding non-emergency component to service delivery.

In Queensland, regular general practice medical services have been delivered to remote clinic locations since the 1960s and child health nursing services since the early 1990s. In the 1990s, however, there have been a number of complex changes both within the RFDS and in the wider social and political environment it serves. These changes have led to a new era in the RFDS and a new health agenda based firmly on a primary health care philosophy.

This paper examines some of the influences which have led to this new direction and discusses the report, “The Best for the Bush”¹ which heralded the new health agenda. The paper also describes a number of its new health initiatives.

RFDS HISTORICAL OVERVIEW

1928 – 1990

The first official flight of the Flying Doctor Service (as the Aerial Medical Service) was made from Cloncurry, Queensland on 17 May 1928. During the 1930s, bases for the
Service were established across Australia with the Queensland Section becoming a legal entity in 1939. The Service’s early history was faced with the real challenges of establishing reliable communications across vast distances and finding reliable aircraft up to the task. Even when on the ground the challenges were enormous:\(^2\)

On another flight, to Dunbar station on Cape York Peninsula, the country was so deeply flooded that Donaldson had to choose a landing spot on top of a ridge. With amazing skill, he set the aircraft down safely, he and Vickers splashing and wading their way across country to the station. At nightfall, they could see the station but it lay across the Mitchell River, 25 metres wide, more than a metre deep and running strongly. They stripped and as they waded across they had the jitters each time they spotted a piece of dead wood floating in the stream, fearing it to be a crocodile!

The Flying Doctor Service was given its “Royal” prefix in 1955 and the service continued to develop and expand through the succeeding decades. New RFDS bases were established and Dr Tim O’leary gave 27 years of service with the RFDS commencing in Charters Towers. New technologies in communications, aviation and medicine were absorbed into RFDS operations and at the start of the 1990s medical officers, flight nurses, pilots, radio operators and administrative staff offered a range of emergency, general practice and child health services to people living in remote Australia.

1990 – 1993

It is difficult to pinpoint the catalyst which heralded the change within the RFDS during the period 1990 to 1993, however, possible contributing influences included:

♦ changes within the organisational structure of the RFDS at both a national and sectional level;

♦ changes in the social and political landscape both nationally and internationally; and

♦ various key reports, all of which emphasised the need for change in the RFDS.

Changes in the RFDS

At a national level there were changes in the corporate governance of the RFDS with the formation of the Australian Council in 1991. This change heralded a shift in direction of the Service to a greater emphasis on health, particularly in the area of non-emergency services. At a sectional level, RFDS Queensland formed a Board of 15 members, replacing an original Council of nearly 40 members, and strengthened the leadership of its medical arm to provide greater direction within its health sector.

There were also significant changes in technology during this period with radio communications being all but relegated to the RFDS museum and superseded by the telephone.

The influential reports

There were a number of key reports released during, or just before, this period which altered the direction of health services Australia wide.
The National Aboriginal Health Strategy, 1989 (NAHS report) highlighted the fact that the health of Indigenous Australians was of a standard considerably lower than that of non-Indigenous Australians: 3

Aboriginals have the worst health of any identifiable group in Australia, they carry a burden of poor health and mortality far in excess of that expected from the proportion they comprise of the total Australian population.

The report urged the need to improve the health of Aboriginal Australians, one of the most disadvantaged groups in the country.

In April 1992 the Health Ministers of the Commonwealth, States and Territories released the National Mental Health Policy4 which set a clear direction for the future development of mental health services within Australia. The policy aimed to ensure that all Australians would receive equal access to specialist mental health services, wherever they lived, and overall the policy emphasised civil and human rights.

In 1993 the newly formed Australian Council of the RFDS conducted a national survey of all client and patient contacts with the RFDS and consulted a diverse range of individuals and organisations. A defining document was produced which outlined a national health strategy to guide the RFDS for the remainder of the 1990s and into the next century. The document was entitled “The Best for the Bush”1 and included many strategies from the above mentioned reports.

Wider influences
An analysis of the wider political and international context in which the RFDS changes took place is beyond the scope of this paper. Social reforms such as the women’s movement, a growing focus on civil and human rights, the beginnings of reconciliation with Australia’s Indigenous inhabitants and the rise of the social justice movement no doubt all contributed.

Whatever the critical causes of change, the RFDS moving forward from 1993 was certainly a different organisation from that leading up to the beginning of this decade.

1993 – 2001
With “The Best for the Bush” guiding the strategic direction to be taken by the RFDS, it was a question of seeking and seizing opportunities to realise the strategic aims. While “The Best for the Bush” contained recommendations to maintain and refine the well-established emergency services of the RFDS, it was in the area of non-emergency services that major new initiatives were proposed. Within the report, the main areas for future development were identified as:

♦ work-related health problems (with a particular focus on health promotion activities);
♦ Aboriginal and Torres Strait Islander health;
♦ mental health;
♦ women’s health; and
♦ child and adolescent health.
The overall philosophical vehicle in which these developments would occur was the primary health care approach.

THE RFDS IN THE NEW MILLENNIUM

Indigenous health

Liaison officers

In September 1995, RFDS Queensland employed two Indigenous Health Liaison Officers to join the health teams at the Cairns and Mt Isa Bases. Mining company Rio Tinto initially funded the positions. The appointments were seen as vital for several reasons:

♦ 40% of patients cared for by the RFDS in Queensland were of Aboriginal or Torres Strait Islander descent;
♦ Indigenous people continued to experience unacceptably poor health in relation to other Australians; and
♦ State and National policy recommendations.

The NAHS report 3 recommended that:

The States/Territories, as a matter of urgency expand, and where necessary introduce, Aboriginal hospital liaison staff in areas where Aboriginal utilisation of services is high, or where there is a specific need in an Aboriginal community.

Recommendation 42 from “The Best for the Bush” report1 stated:

Within those RFDS Sections with significant Aboriginal and Torres Strait Islander populations, Aboriginal and Torres Strait Islander health liaison officers should be employed or utilised with individuals and communities on health issues.

The primary role of the liaison officers is to provide a link between RFDS staff, Indigenous patients, their families and communities and the community’s health centre staff. The role has become an integral part of the RFDS health team, fulfilling its function as a link person between Indigenous patients and the RFDS as well as an education and advocacy resource.

The aims and objectives that have guided the development of the roles within the RFDS are:

♦ to promote cultural insight, knowledge and skills in RFDS staff;
♦ to maintain an admission and discharge system suitable for effective planning and follow-up of Indigenous clients;
♦ to maintain profiles on communities with high Indigenous populations in order to facilitate increased knowledge of both RFDS staff and other service providers; and
♦ to act as an acceptable and informed advocate for Aboriginal and Torres Strait Islander people.
For the future of this initiative there is a need to consolidate funding for the positions and to expand the liaison roles into an Indigenous health program with a wider focus on all Indigenous health services within the RFDS.

**Medical services**

In January 1998, the RFDS commenced the Rural and Remote Medical Benefits Project in partnership with the Commonwealth Government, Health Insurance Commission and Queensland Health. The aim of the project was to increase the presence of RFDS medical officers in five communities of Cape York, four Indigenous and one rural support town with a large Indigenous population.

Since the introduction of the project, medical officer services to the five Cape York communities have increased significantly as outlined below:

- Kowanyama community: from two half days per week to a resident full-time medical officer;
- Aurukun community: from half a day to three days per week;
- Pormpuraaw community: from half a day to two days per week;
- Lockhart River community: from half a day to two days per week; and
- Coen township: from half a day to one day per week.

Medical officers stay overnight in the communities and are able to provide a more comprehensive primary medical service due to less time constraints. The increased services have been well received by the communities.

The introduction of Indigenous Health Liaison and the Rural and Remote Medical Benefits projects have broadened the health services of RFDS Queensland to Indigenous Australians. Both initiatives have become core business of the RFDS, ensuring that staff are more receptive to the needs of Indigenous people and more understanding of their culture.

**Mental health**

In May 1995, a psychologist was employed to conduct a feasibility study under the National Mental Health Strategy. The study confirmed that mental health issues were prevalent in remote communities, that there was poor access to specialist mental health services and that the RFDS had a valid role to play in mental health service provision.

The feasibility study led to the introduction of a Mental Health Program within RFDS Queensland and the continued employment of a psychologist with the service. The program, spanning three years, aimed to implement the core recommendations of the feasibility study. The recommendations fell under four main headings: education, support, service delivery and research. Over the three years the education and support recommendations have led to the production of an educational CD-ROM, a self-directed learning package for health professionals covering the most commonly occurring mental health presentations in remote communities and a Critical Incident Management Program for RFDS staff. A comprehensive service directory, also in CD-ROM format, has been compiled of mental health services for remote communities.
throughout Queensland. A clinical psychology service has been provided to selected communities from the Cairns RFDS base.

The educational CD-ROM entitled “Psychological First Aid Kit” \(^6\) has been distributed widely throughout Australia. The CD-ROM contains text, video footage, Internet links, key references, skills practice sections and educational quizzes to inform, advise, question, challenge and reward the user. It provides a stimulating and informative learning experience.

The service directory of mental health services to rural and remote Queensland, also in electronic form, has evolved into an extended project to develop a more comprehensive directory of all specialist services for use by RFDS and other rural and remote health staff.

The RFDS Queensland Mental Health Program in the year 2000 has received significant Commonwealth funding to expand the clinical service arm and extend innovative project work. A new full-time psychologist will provide clinical services to remote communities in the Cairns catchment area. A further project will be undertaken to build directly on the electronic CD-ROM Psychological First Aid Kit resource, by skilling remote area residents in self recognition, management and help seeking behaviour.

The RFDS Queensland mental health wing of the service continues to grow and develop to meet the challenges of providing mental health services to people who live and work in remote communities.

**Women’s health**

The Rural and Remote Women’s Health Program (R&RWHS) has provided health services to women living in rural and remote Queensland since October 1994. Management of the program in Queensland was transferred to the RFDS in July 1999 with funding provided by both the Commonwealth and State Governments. The Program is overseen by the RFDS in partnership with Queensland Health (represented by Women’s Cancer Screening Services), the Commonwealth Department of Health and Aged Care (represented by the Health Branch, Qld) and the Queensland Divisions of General Practice. A Memorandum of Understanding (MoU) was signed in January 2000 to formalise the partnership, define responsibilities of partner members and establish key principles and processes for conjoint planning, strategy development and service delivery aspects of the program. \(^8\)

The overall goal of the R&RWHP is to improve access to preventative health services for women living in rural and remote areas of Queensland. To achieve this the program aims to: \(^9\)

- provide female General Practitioner services to those communities with little or no access to a resident female General Practitioner;
- co-operate with and complement existing local and visiting primary health care services;
♦ focus service delivery on preventative health care, in particular cervical and breast screening;

♦ deliver services in such a way as to ensure continuity of patient care;

♦ consider cultural diversity within communities and its influence on service delivery; and

♦ regularly review service provision to ensure that services are being appropriately allocated to communities of greatest need.

Since taking on management of the program, the RFDS has consulted widely with key stakeholders. External consultations have taken place with community members and organisations, local Councils, Queensland Health service providers, Divisions of General Practice and local General Practitioners (GPs).

Currently the Queensland program provides women’s health clinics to 37 communities throughout the State with a further five communities set to receive the Program in the coming year. GPs are employed on a casual basis and are sourced from the Private Sector, Queensland Health, Aboriginal and Torres Strait Islander Health Services and the RFDS. Fourteen GPs are currently involved in service delivery.

GPs provide a range of primary and secondary prevention services including screening for cervical, breast and skin cancer, sexual and reproductive health, psychosocial health, adult immunisation and screening and interventions for cardiovascular disease, diabetes and menopause. They also provide health education and advice on aspects of health related to smoking, diet and exercise.

Clinics are conducted in a variety of settings including private GP surgeries, Queensland Health hospitals and health centres and community halls. Frequency of clinics occur at intervals of two to four months depending on community size and need. In the period July 1999 to June 2000, 162 clinics took place with 1928 clients seen. Of these clients, 28% were of Aboriginal and Torres Strait Islander descent, 16.6% were from non-English speaking backgrounds and 5.2% had never before participated in cervical screening.

The Rural and Remote Women’s Health Program has significantly expanded the role of the RFDS in rural and remote Queensland and greatly enhanced the range of services provided to its consumers.

Health promotion

The need to incorporate health promotion and illness prevention activities within RFDS health services was strongly identified by staff at its 1998 health planning workshop. Whether the discussion centred on emergency services or primary health care services staff were keen to find ways of intervening early to prevent the occurrence of illness or reduce its severity through a focus on promoting healthy lifestyles.

To harness the ideas that came from the workshop, a Health Promotion Working Party was formed to oversee this new direction in health service delivery. The working party
has met on a regular basis since and has been responsible for the following achievements.

♦ The review and collation of information from health needs assessments previously conducted in Queensland by the Rural Divisions of General Practice with assistance from the RFDS).

♦ The formulation of a health promotion strategic plan to drive the implementation forward.

♦ The collection of current and relevant health promotion resources for use and distribution at remote clinic locations.

♦ The trial introduction of a Patient Prevention Questionnaire to assist doctors and nurses to focus more on health promotion interventions during clinical consultations.

♦ The distribution of health promotion materials in line with the three major national health weeks of Heart Health, Diabetes and Mental Health.

♦ The introduction of health promotion stalls at several outback rodeos and country races which complement the existing emergency services already being provided by the RFDS.

The service is currently recruiting a full-time Health Promotion Officer whose role will be to facilitate and support the ongoing development of quality health promotion and prevention programs within RFDS Queensland. The permanent presence of this position will ensure that health promotion and illness prevention activities remain a focus of RFDS health services into the future.

CONCLUSION

This paper gives a brief historical overview of the RFDS and charts the rapid changes which the service has made since the early 1990s. The strategic direction of the service was set by the report “The Best for the Bush” published in 1993. The changes focused on in this paper have been in the non-emergency branch of the service with developments in the fields of Indigenous health, mental health, women’s health and health promotion. The developments have had the following implications for those who live in the bush:

♦ a greater choice of health services for remote residents;

♦ a greater access to multi-disciplinary health services, in particular allied health services;

♦ a more culturally appropriate and gender specific service; and

♦ an access to health services more equitable with metropolitan areas.

The changes in both the emergency and non-emergency wings of the service move forward the RFDS Queensland mission statement:
To provide and support primary health care in rural and remote areas and to be the pre-eminent provider of aero-medical services throughout Queensland.

As the RFDS Queensland flies into the new millennium it will continue to follow the mission and be both innovative and pragmatic just as the Reverend John Flynn was in 1928.

REFERENCES


5. Williams R. “Breaking the mind barrier”: the feasibility of providing mental health services in conjunction with the Royal Flying Doctor Service. Commonwealth Department of Health and Aged Care, Canberra, 1995


7. Williams R. Service directory of mental health services to rural and remote Queensland. CD-ROM. RFDS (Queensland Section), Cairns, 1999.


AUTHORS

Brenda Masutti is employed as the Executive Officer – Health at the Queensland Section of the Royal Flying Doctor Service of Australia (RFDS). She has a health background with qualifications in general, midwifery and child health nursing. More recently she has undertaken and completed a Masters in Business Administration. Brenda joined the RFDS in 1996 and is involved in many areas of the organisation’s health operations, including strategic planning, medical workforce, quality certification, data management, women’s health, e-health and health promotion. Prior to joining the RFDS, Brenda worked as a public health nurse in both Mt Isa and Doomadgee Aboriginal Community and as a remote area trainer with the Aboriginal and Islander Health Worker Education Program in Cairns.

Robert Williams qualified as a clinical psychologist in 1985 and has worked in the field of mental health, primarily in rural Australia, since that time. He has held positions in Beechworth, Victoria, Alice Springs in the Northern Territory and Cairns, in far north Queensland. In 1995 he carried out a federally funded project to look at the feasibility of providing mental health services in conjunction with the Royal Flying Doctor Service (RFDS). This was a unique project, which charted new territory and resulted in the RFDS (Queensland Section) creating a position for a psychologist, a first in Australia.

As the RFDS psychologist Robert was involved in staff education, staff support, service delivery to remote locations and service research and development. He was responsible for carrying out various projects, including the production of an interactive education CD-ROM to train rural and remote health practitioners in psychological skills and the development of an electronic mental health service database.

Since July 2000 Robert has held the position of Senior Allied Health Officer with the RFDS, being responsible for developing and overseeing a range of allied health programs, including mental health, Indigenous health liaison and health promotion.