



APRIL/MAY 2014

A joint publication of the Orange Aero Club
and Orange Flight Training.
Published more or less monthly!



WARBIRDS OVER WANAKA

Six Orange Aero Club members made the trip across the ditch to visit the biennial Easter airshow, known as “Warbirds over Wanaka.”

They’ve just returned as this issue is being put together. Maybe someone will write an article for the next one?

Pity David was too tight to get Kerri a “Gold Club” cap!

Flightsafety australia

“Topical, technical, but reader-friendly, articles cover all the key aviation safety issues – safety management systems, maintenance, runway safety, human factors, airspace, training, aviation medicine – and more.”

That’s the blurb that goes with CASA’s new website, <http://www.flightsafetyaustralia.com/> which is basically an expanded version of the popular Aviation Safety Digest, or “Crash Comics” as it used to be known.

Since those bad ol’ days, its become much, much more than a critique of the aviation accidents and incidents.

It’s now chocca with interesting stories and articles with a lot of valuable tips which can enhance awareness and safety for everyone associated with aircraft.

You can register for a free subscription, and it’s also available as an App for tablets from the usual sources—both Apple and Google Play.

Simon Coleman with NATFLY 2014

Hi there, Simon Coleman here with a little write up about our trip to NATFLY at Temora. Allan Brown and I set off in his JAB J230 8747 Friday morning, had a 10-15 knot head wind. Beautiful and smooth, flight level 65 was spectacular, could have had a cuppa on the dash

watched the aerobatics with the Pitts, watched the Spitfire display. Maybe top that with the SABRE? That didn’t happen! Damn!

For the organisers; please more flying displays and get the manufacturers to show off their aircraft in the air, not just static displays. Most impressive aircraft for me was the LSA Sling, beautifully built and looked very smart.

So we left mid afternoon, backtracked 18, line up 23 and departed overhead to Orange FL 55. Not as smooth, but 100 knots indicated 125-130 ground speed. Took 50 minutes or so. Thanks Allan, I had a ball and your JAB is always a pleasure to fly, myself flying return.

Over and Out.



top. Very interesting and good experience for me as I have done limited Nav’s. Allan showed me the workings of OZ Runways which was brilliant. Using this, plus GPS and occasionally looking at the WAC Chart (nah, just kidding).

So a little about our NATFLY experience. Got a coffee and walked around. Got a coffee and





JULIAN BARSON LEARNED TO FLY WITH OFT LAST YEAR, WHILE A MED STUDENT WORKING IN ORANGE. HE RECENTLY SPENT A MONTH WITH RFDS AT BROKEN HILL. THIS IS HIS STORY



To those members who frequent the Orange aerodrome or the surrounding skies, the sight of a Royal Flying Doctor Service aircraft parked at the terminal would not be an unfamiliar one. Many people might have visited one of the RFDS bases around the country and some might have even been lucky enough to poke their heads into one of the King Airs or PC-12s that the RFDS have in service. Even fewer have had the privilege of a ride along, but in February of this year I was lucky enough to spend a month with the RFDS in Broken Hill.

I am now in the final year of my medical degree at the University of Sydney. As part of my studies I spent 2013 in Orange attached to the base hospital and during that time I trained with Ken Pidcock and John McKenzie in Orange Flight Training's Jabiru aircraft. Late in 2013 I was awarded my RA-Aus pilot certificate.

On a day with the "clinic plane" a sunrise departure from Broken Hill would see us setting up a regular GP clinic from around 9am in a small town such as Tibooburra or White Cliffs. This clinic might also include a dentist, psychologist and other allied health professionals. The aircraft would often then refuel (occasionally by hand pumping JetA1 from 44gal drums) to carry a second doctor to a more distant site. What struck me about this arrangement was how such an exciting experience for me could be a routine and normal workday for the staff on board; instead of catching a train or driving to work, these people were chartered by air!



Clinics would usually be run from a NSW health site that was staffed by resident senior nurses. Smaller towns might see us setting up in the local community centre with a 'waiting room' outside under the gum trees. More often than not we would arrive to a morning tea prepared by local volunteers. The same volunteers would also transport us to and from the local airfield and do the 'roo-run' to clear any kangaroos from the path of our B-200 doing 100 knots at touchdown. The residents rely on the RFDS for medical services and everyone knew what it would mean to lose regular medical services.

The other side of the RFDS was with the base doctor on call. This meant a combination of regular GP patients, phone consultations and medical evacuations. Many of the phone consultations were to do with injuries consistent with working the land, but the phone would ring and it could be anything from a cold that wouldn't go away to someone who had just col-



In early 2014 as part of my elective term I was attached to the RFDS in Broken Hill. This base serves as the primary medical provider to an area of Australia that is roughly the size of France, and has been operating continuously since 1936. Nationwide the RFDS will assist around 300,000 patients per year with a mixture of regular GP services, phone consults and the more glamorous evacuations. Broken Hill base operates 4 Beechcraft B-200 aircraft, has a doctor on call for medical advice and evacuations 24 hours a day, and operates GP services to a huge number of small and remote towns whose residents would otherwise be forced to travel long distances by road to see a doctor.



Orange Flight Training News and Events



Congratulations to Orange's newest Pilot Certificate holder, Angus McIntosh.

Angus is a 16 yo Kinross student who's been learning for a couple of years—problem being he has to fit flying training in with everything else! He's well on the way to

his Passenger Endorsement, which will allow him to carry someone else within the 25 nm radius.

Jack Ford, the young guy from Parkes, has taken his First Solo flight!

It took him by surprise, when the instructor stepped out and sent him off alone, and even with 10 kts of wind he pulled off a text book landing on the first circuit. Two more circuits completed his session. An excellent First Solo. Well done Jack!

Unfortunately, the weather hasn't been too kind on the weekends since...



Diego Cavieres — everyone will remember him! He learned to fly with OFT when he was a student teacher at Orange High. He continued flying training at Camden, and it looks like he might be flying commercially.



Send us an email Diego, and let your fans know what you're up to! (He looks like John Travolta in this pic!!)

Welcome to two new students—Mark Pierce and Lochie Hazelton.

Mark works in IT in Sydney, lives in Orange, so can only train week-ends, which means he's missed out a bit lately! Pic next time?



Lochie (pictured) is one of the next generation of Hazelton pilots. He's only just started formal training, but with Avgas in his veins, we're expecting great things of him.

WHATEVER HAPPENED TO ...

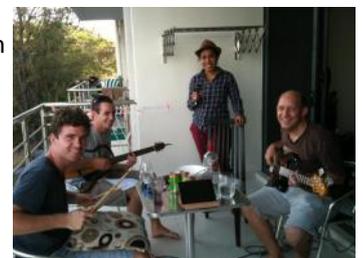
HERE'S SOME OF OUR PAST STUDENTS WHO'VE TAKEN UP FLYING AS A CAREER. HOW ABOUT AN UPDATE GUYS? AND ANY OTHERS WHO'VE GONE DOWN A SIMILAR PATH—WE'D LOVE TO HEAR FROM YOU!



Zac Burge and Luke Eberle are still at school—this time its at Australian Wings Academy at Coolangatta in Queensland.

They're both doing their CPL with add-ons—twin endorsement, CIR etc.

Steve Ridgewell we hear from from time to time. Right now, he should be in USA doing a Citation endorsement! When he's not flying, he's jamming with some of his fellow fliers in PNG.



Liam Keniry is well into his ATPL with CTC Wings in New Zealand. He gained a cadetship with Jetstar NZ starting early last year. CTC Wings is an organisation which trains pilots specifically for airlines.

Continued From Page 2

lapsed at home. One of the more difficult aspects of treating over the phone was relying on another person to assess the medical situation. Often this was a nurse calling from a remote site who could confidently relay information in medical terminology that comes with training, but it could also be someone who could not describe what they were seeing. Sometimes they volunteered to email photographs to assist in diagnosis.



When the situation called for a pickup the pilot was informed and would prepare a flight plan. Often the flight did not call for a doctor and a senior flight nurse would be briefed and sent, leaving the doctor on base to continue fielding calls and if necessary assemble another crew to respond to an emergency while the primary crew was off base. In cases calling for urgency it was rare to depart less than 30 minutes after deciding to 'go'. Aircraft were always fully fueled, but packing equipment, run-ups, and things like taxiing were inescapable sources of delay. Weather en-route or over an airfield was always something to expect, especially in the thunderstorm season of an outback summer.

The rescue aircraft were fitted out with 2 rear facing seats for medical staff and 2 stretchers for patients. The B-200 is extensively modified after purchase providing it with on-board patient oxygen and the ever important winch system to load



Royal Flying Doctor Service

The furthest corner. The finest care.

stretcher-borne patients onto the aircraft among other modifications. One aspect that escapes attention is the value of pressurizing an aircraft in medical applications. A patient who is critically short of breath can be flown at a lower cabin altitude, with the trade off being a limitation in altitude en-route. This was employed on several trips I accompanied.



In all this was an experience that I will carry for many years to come. I have a much greater understanding and respect of what the RFDS does for the communities of the remote places of our country. It is a lifeline to many people and a service that is an indispensable part of our national healthcare scheme. Around ¼ of the annual RFDS budget needs to come from philanthropic and benevolent donations in order to maintain the high level of service that it currently provides. Consider what this means to you next time you are driving on a dirt road at night 2 hours from the nearest town.

Julian Barson

