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You can find out more about **SARRAH** at our website:

www.sarrah.org.au

Who we are

Services for Australian Rural and Remote Allied Health (SARRAH) is nationally recognised as the peak body representing rural and remote allied health professionals.

SARRAH, established in 1995, is a 'grassroots' organisation, able to address the very particular needs of the individual rural and remote allied health professional.

Allied health professions include:

- Audiology
- Chinese Medicine
- Chiropractics
- Dental and Oral Health
  - Dentistry
  - Dental Hygiene
  - Dental Therapy
  - Dental Prosthetics
- Dietetics and Nutrition
- Diabetes Education
- Exercise Physiology
- Genetic Counselling
- Health Promotion
- Medical Radiation Science
  - Medical Imaging
  - Nuclear Medicine Technology
  - Radiation Therapy
- Occupational Therapy
- Optometry
- Orthoptics
- Osteopathy
- Paramedics
- Pharmacy
- Physiotherapy
- Podiatry
- Prosthetics and Orthotics
- Psychology
- Social Work
- Speech Pathology
- Sonography

SARRAH recognises rural and remote Australia as a continuum of communities outside major metropolitan centres.

SARRAH has established an extensive Regional, State and National network of allied health professionals living and working in rural and remote Australia, encompassing the broad spectrum of health services provided.

SARRAH is committed to providing support for allied health professionals in all sectors.

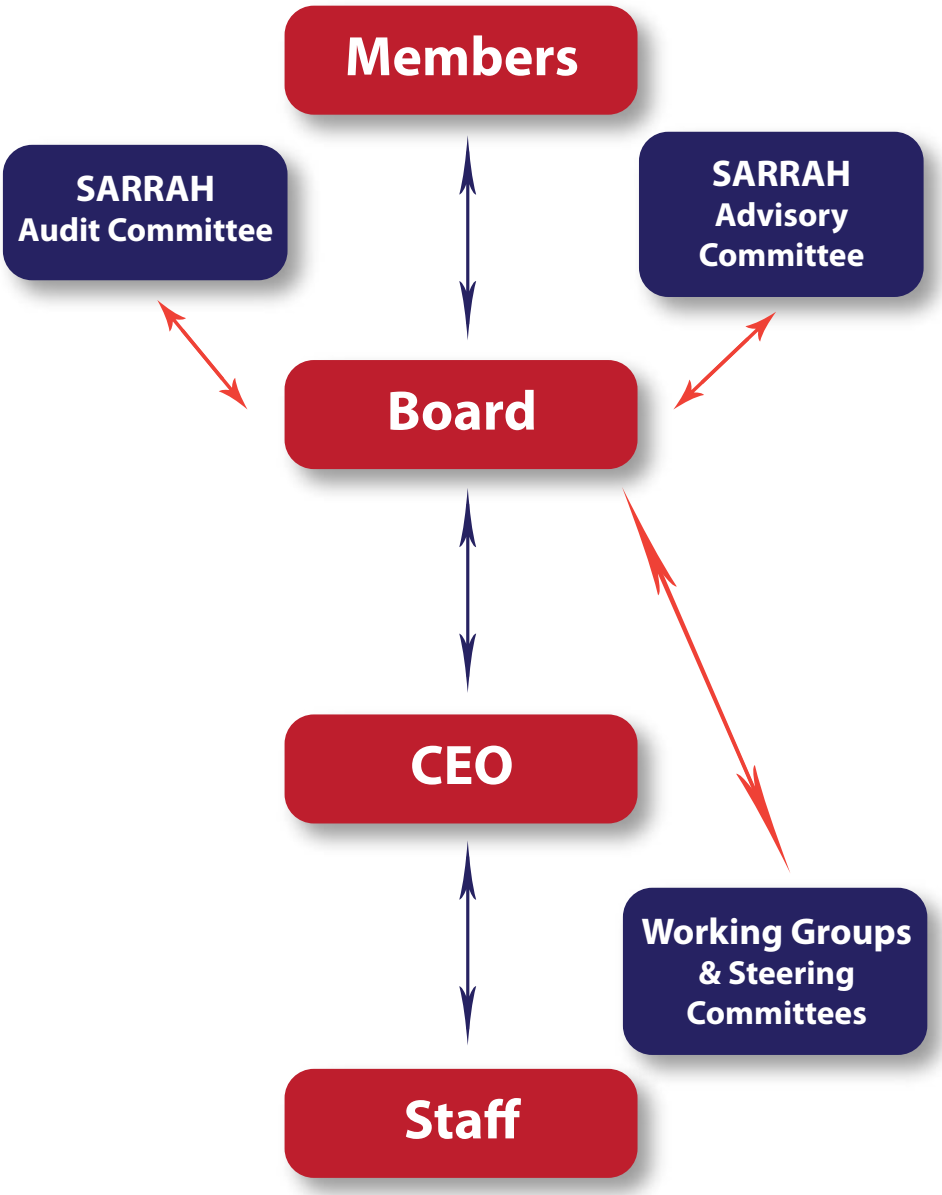
SARRAH advocates for rural and remote allied health professionals, allied health students and allied health practice on local, state and national levels.

Contents

SARRAH Overview

- Organisational chart
- Mission, Vision and Values
- Achievements
- Stakeholder Forums
- Board & Advisory Committee
- SARRAH Board
- SARRAH Secretariat

SARRAH Organisational Chart



During 2013-14, SARRAH's Board and Advisory Committee both met separately on six and five occasions respectively. The Board and Advisory Committee generally meet every second month via teleconference, however there was a face-to-face Board meeting in Canberra on 27 October 2013.

Mission, Vision & Values

Mission

SARRAH's primary health objective is to advocate for, develop and provide services to enable allied health professionals who live and work in rural and remote areas of Australia to confidently and competently carry out their professional duties in providing a variety of health services to rural and remote Australia.

Vision

SARRAH's ongoing vision is to continue to assist with and enhance further development of a networked membership which is proud, passionate, valued and connected with their communities and partnerships, and through this become recognised and influential in policy development and service delivery.

SARRAH's vision is of an association whose members are:

- proud to be allied health professionals
- passionate about rural and remote health
- valued and recognised as a vital and neccessary part of rural and remote health
- connected to the communities they serve and that they
    - are influential on health policy
    - collaborate with other organisations in pursuit of the primary objective.

Values

The articulation of the fundamental values that distinguish SARRAH as an organisation is important to underpin the achievement of SARRAH's primary objective and the prioritisation of organisational activities and resource allocation.

This articulation of values we call 'our' perspective includes actions such as:

- Inclusiveness
- Fairness
- Equity.
- Advocacy
- Respect

SARRAH provides individual rural and remote allied health professionals and students with opportunities to inform and influence by contributing 'our' perspective to policy and planning processes that govern service delivery to rural and remote communities with the ultimate goal being enhanced community health outcomes.

'Our' perspective is demonstrated by qualities such as:

- Valuing the individual grassroots allied health professional
- Consultation
- Achievement orientation
- Connectedness to community
- Can-do attitude.

SARRAH Achievements

SARRAH successfully advocated for Australia's first Parliamentary Friendship Group for Rural & Remote Allied Health, which was registered in March 2014 to act as a forum for Parliamentarians to hear the latest issues affecting the sector and support the health professionals who provide clinical and educational services in rural and remote locations of Australia.

SARRAH awarded $11.5 million in allied health scholarships under the NAHSSS. A total of 1051 scholars benefited from financial assistance to undertake their studies or professional development.

SARRAH increased its Facebook following over the financial year, attracting 750 followers since the page was launched in August 2013. This has greatly extended SARRAH's reach to professionals, students and rural communities who share our passion for improving health services in the bush.

SARRAH Achievements

SARRAH prepared seven submissions to government and other agencies to support the interests of allied health professionals. These included the "Review of Medicare Locals" and "Prevalence of different types of speech, language and communication disorders and speech pathology services in Australia".

Since the launch of the NRRSS program, 480 early intervention allied health therapists have registered, giving them access to tools such as mentoring support, professional forums and webinars.

The 2013 Summit was a great success, with delegates taking their personal stories to a wide mix of parliamentarians including Assistant Health Minister Fiona Nash and independents Andrew Wilkie and Nick Xenophon, who agreed to assist and support the work of SARRAH.

Board & Advisory Committee

The Board

The administration of the affairs, property and funds of SARRAH and the authority to interpret the meaning of the Constitution and any matter relating to SARRAH on which the Constitution is silent will be under the general control and management of the Board.

The Board 2013 - 14

President	Tanya Lehmann	**Member**	Ros Jackson
Deputy President	Rob Curry	**Member**	Sheila Keane
Hon Secretary	Helen McGregor	**Member**	Daniel Mahony
Hon Treasurer	Ruth Chalk	**Member**	Kate Osborne
Member	Kathryn Fitzgerald	**Member**	Tracy Raymond

The term of a Board Member elected at an Annual General Meeting (AGM) is two years.

Board Members elected to an office may not hold the same office for more than three consecutive terms unless the Members agree to the further term/s by Ordinary Resolution.

The Advisory Committee

The Terms of Reference of the Advisory Committee is determined by the Board and may include such matters as:

1. Provide input and advice to the Board on policy and long-term strategic objectives of SARRAH
2. Provide a convenient and accessible forum in which the view of the Members may be expressed and discussed and to better reflect those views for the Board
3. Make recommendations on matters requested by the Board
4. Meet biennially at the SARRAH Summit (or such events as may replace this) to recommend SARRAH's long-term agenda, for implementation by the Board
5. Meet a minimum of four times a year to receive reports from the Board on implementation and provide feedback and consultation to the Board.

A list of SARRAH Network Coordinators as at 30.6.2014 follows:

NSW	Catherine Maloney	Northern Territory	Heather Jensen
Queensland	Patrick Wells	South Australia	Jo Lawson
Tasmania	Susan Ballard	Victoria	Petra Bovery-Spencer
Western Australia	Maeva Hall	Audiology	Vaughan Grigor
Dietetics	Ilana Jorgensen	Exercise & Sports	Gregg Orphin
Medical Imaging	Hazel Harries-Jones	Optometry	Luke Arkapaw
Oral Health	Cathryn Carboon	Pharmacy	Lindy Swain
Physiotherapy	Kerstin McPherson	Podiatry	Cassandra Bonython
Psychology	Kerrie Kelly	Social Work	Rosalie Kennedy
Speech Pathology	Claire Salter	Student Coordinator	Annie Nichols
Rural and Remote Allied Health Research Alliance	Tim Carey		

SARRAH Board

Tanya Lehmann
President

Rob Curry
Deputy President

Helen McGregor
Hon. Secretary

Ruth Chalk
Hon. Treasurer

Kathryn Fitzgerald
Board Member

Rosalyn Jackson
Board Member

Sheila Keane
Board Member

Daniel Mahony
Board Member

Kate Osborne
Board Member

Tracy Raymond
Board Member

SARRAH Secretariat

Rod Wellington
Chief Executive Officer

Ruth Hawkings
Business Manager

Louise Pemble
Communications Officer

Cate Patrick
Administration Officer

Lorraine Rae
Finance Officer

Sriyani Ranasinghe
Stream Manager

Ann Short
Stream Assistant

Shirley Singh
Stream Manager

Deslie Rosevear
Stream Manager

Kirsten Buchan
Stream Assistant

Cecilia Moar
Program Manager

SARRAH Stakeholder Forums

SARRAH is committed to supporting allied health professionals and students to provide primary health care services to communities in rural and remote Australia.

SARRAH is a member of a number of national and state committees and actively provides input and participates in developing health policies for Australia.

A list of organisations and committees that SARRAH is a member of includes:

- Associations Forum
- Australian Allied Health Forum
- Australian Health Care Reform Alliance
- Australian Indigenous Health Info Net
- Australian Journal of Rural Health Board of Management and Editorial Board
- Better Start for Children with Disability Expert Reference Group
- Bush Support Services Roundtable Panel
- Children of Parents with a Mental Illness Reference Group
- Climate and Health Alliance
- Community Council Australia
- CPD Works
- CRANAplus Research Sub-Committee
- Department of Veterans' Affairs Allied Health Advisory Committee
- Health Workforce Australia - Allied Health Consultative Group
- Health Workforce Australia - Future Leaders Group
- Health Workforce Australia - Standing Advisory Group - Professions
- Independent Hospital Pricing Authority/Small Rural Hospital Working Group
- Medical Specialist Outreach Assistance Program - Indigenous Chronic Disease
- Medical Specialist Outreach Assistance Program - Maternity Services
- Medicare Australia Stakeholder Consultative Group
- Medicare Locals (17)
- Ministerial Rural Health Stakeholder Forum
- National Aboriginal and Torres Straight Islander Health Worker Association
- National Allied Health Clinical Education Network
- National Breast and Ovarian Cancer Centre - Rural Health Professional Advisory Network
- National Compact - Government and Third Sector
- National Primary Health Care Partnership
- National Rural Health Alliance Council
- Nursing and Allied Health Scholarship Support Scheme Reference Group
- National e-Health Transition Authority (NEHTA) Stakeholder Reference Forum
- Nursing and Allied Health Rural Locum Scheme
- Queensland Primary Healthcare Network
- Social Determinants of Health Alliance
- SCRAPtheCAP Alliance
- Tasmanian Allied Health Professional Advancement Committee.

SARRAH Year in Review

- President's Report
- Strategic Directions 2013-14
- Annual Operational Plan (AOP) 2013-14
- AOP Stakeholders: Members
- AOP Stakeholders: Health Reforms
- AOP Stakeholders: Workforce
- AOP Internal Business Practices: Corporate Governance
- AOP Internal Business Practices: Projects & Programs
- AOP People, Learning & Development: Human Resources
- AOP People, Learning & Developments: Information & Knowledge Management
- Future Directions

President's Report

I am proud to present the SARRAH annual report for 2013-14, a year of many highlights. This year we:

- Expanded our political influence through the 2013 SARRAH Summit, production of a federal election scorecard, establishment of a Parliamentary Friendship Group for Rural and Remote Allied Health, and preparation of a number of high quality submission to Senate Enquiries and Departmental Reviews.
- Strengthened collaboration across the allied health and rural health sectors, with SARRAH taking the lead role of Chair of the recently formed Australian Allied Health Forum (a collaboration of the peak bodies for Allied Health - Indigenous Allied Health Australia , Allied Health Professions Australia, the National Allied Health Advisors Committee, and continuing our active involvement in the National Rural Health Alliance.
- Listened to and amplified the voices of our members through a nationwide survey of SARRAH members and by strengthening the SARRAH Advisory Committee.
- Continued to support allied health professionals and students to learn and thrive in rural and remote communities, by administering 1051 undergraduate, post-graduate and clinical placement scholarships on behalf of the federal government, by expanding our online training resources, and by continuing our support of the Australian Journal of Rural Health.
- Increased our media and social media presence, launched our SARRAH Facebook page in August 2013 and commenced upgrades to the SARRAH website.

This year, the SARRAH Board has continued to apply our learning from the Australian Institute of Company Directors course and work on strengthening our governance and strategy as an organisation. In July 2013 the Board enacted provisions within our Constitution to appoint a Board member from outside the membership, when we welcomed Roslyn Jackson and her noteworthy financial accounting expertise to the Board. Ros has already made a significant contribution, and I am very grateful for all the voluntary hours she has contributed. The Board and CEO have been working on diversifying SARRAH's income so that our core business can be sustained into the future. Seeking to leverage off our Tax Deductible Recipient Status, we are developing a prospectus for sponsors and are introducing a Corporate Membership category. This, combined with a membership drive to attract more allied health professionals to SARRAH, will be a key focus of the organisation over the coming years.

The Federal election provided SARRAH with an opportunity to scrutinise health policies. We sent four key questions to The Greens, the Australian Labor Party, the Coalition, Bob Katter and four independents to gauge their support of SARRAH's main advocacy concerns. The highest score was given to candidates who provided a fully costed policy relevant to the issue. Our questions centred around rural-proofing of health policies, improving allied health workforce data, strengthening workforce incentive and scholarship schemes, and reforming Medicare to increase provision for allied health interventions for chronic conditions. Senator Madigan, Mr. Wilkie and Mr. Thompson scored the highest, with The Greens outperforming all the major parties for support of SARRAH's policies.

The success of National SARRAH Summit, held in Canberra in October 2013, was a tribute to the hard work of our CEO Rod Wellington and secretariat staff, as well as the passion of the delegates. The aim is to allow allied health professionals and students to meet key parliamentarians and

highlight the impact of gaps in services in rural and remote Australia. The timing of the election caused a last minute flurry of activity. SARRAH rose to the challenge of organising meetings with Ministers just a few weeks after they had been officially sworn into office, including face-to-face meetings with the new Assistant Health Minister, Senator Fiona Nash, Independents Andrew Wilkie, Senator Nick Xenophon and Senator John Madigan.

While we at SARRAH know the personal cost of rural health shortages, it was telling to see many politicians become visibly moved by the stories they heard from delegates. Delegates spoke frankly of how government policies affect those without access to services that city people take for granted. It reinforced for me the power of taking real stories to politicians. In response to delegates' powerful messages, Andrew Wilkie agreed to host a Parliamentary Friendship Group for Rural and Remote Allied Health, which was established in early 2014 with 24 members of Parliament signing up as 'friends'. This gives SARRAH ongoing access to the policy and law makers of Australia, and is a remarkable achievement for an organisation the size of SARRAH.

Using our social media platforms of Twitter and Facebook, we circulated the responses widely in the weeks prior to the election. Our election scorecard was also picked up by mainstream media after SARRAH issued a media release headed: "Greens and Independents fair dinkum on rural health". This exercise was important in letting Federal politicians know that SARRAH will use our networks to identify those candidates who support rural voters.

Advocacy such as this is highly valued by SARRAH members. In the SARRAH member survey of July 2013, 63.5% of respondents rated SARRAH's advocacy and support functions as most valuable. The results of this survey, which are outlined in greater detail later in the report, provide clear direction for SARRAH moving forward. We listened and will continue to act on these findings.

On a personal note, I want to thank the SARRAH Board and SARRAH Advisory Committee Members, for being a passionate bunch of people who give up countless hours of their time to serve SARRAH. Finally, I want to acknowledge and thank the allied health professionals of rural and remote Australia. With the Federal Government's focus on health budgets, the allied health workforce is already feeling the brunt of funding cut-backs. As ever, your presence in the rural and remote communities of Australia is critical to keeping people well and out of hospital, to restoring their function, maximising their independence, setting and achieving goals that matter to them, self-managing their chronic conditions, supporting them to grow and develop healthily or die with dignity and much more. As a SARRAH member, I urge you to keep working with us to influence the health system so it is more responsive - and responsible - toward the communities you serve.

Tanya Lehmann
President

Strategic Directions 2013-14

Stakeholders

Goal One: Members

SARRAH increases the number of members as well as those who actively participate in the organisation.

Goal Two: Health Reforms

SARRAH continues as a leader to advocate at all levels of Government and with other key stakeholders for reforms of health services to improve health outcomes in rural and remote Australia.

Goal Three: Workforce

SARRAH supports a workforce which is essential to addressing health inequality for residents of rural and remote communities.

Internal Business Practices

Goal Four: Corporate Governance

SARRAH maintains mechanisms to support accountable and transparent governance procedures including planning, financial management and reporting.

Goal Five: Projects and Programs

SARRAH maintains efficient administrative systems to effectively manage projects and programs.

People, Learning and Development

Goal Six: Human Resources

SARRAH recruits, fosters and values highly trained staff.

Goal Seven: Information and Knowledge Management

SARRAH maintains effective information technology and knowledge management systems to improve performance, retain corporate knowledge, and provide a resource for all stakeholders.

Annual Operational Plan (AOP) 2013-14

The SARRAH AOP is reviewed annually and outlines the pursuit and resolution of three major key priorities (Stakeholders, Internal Business Practice and People, Learning and Development) in accordance with the SARRAH Mission, Vision and Values Statements.

The SARRAH AOP identifies and addresses seven key areas. These are:

- Members
- Health Reform
- Workforce
- Corporate Governance
- Projects and Programs
- Human Resources
- Information and Knowledge Management.

AOP Stakeholders: *Members*

Objective

SARRAH increases the number of members as well as those who actively participate in the organisation.

Achievements

1. Informed SARRAH members of activities and general information through the publication of ten monthly editions of the SARRAH e-Bulletin, as well as one Christmas edition, ten Special Broadcasts and three Board meeting Communiqués.
2. Maintained the SARRAH website including uploading the 2012-13 Annual SARRAH Report, SARRAH's Constitution, SARRAH's 2013-14 Annual Operational Plan, SARRAH's Quarterly Reports, as well as position papers, submissions and other publications.
3. Convened and evaluated the 2013 SARRAH Summit held in Canberra.
4. Continued following up on outcomes of the 2013 SARRAH Summit.
5. Established and maintained five internal working groups that include Membership Recruitment and Marketing, Member Engagement, Financial Diversification, Strategic Alliance Building and Priorities and Strategies.
6. Commenced work on a new SARRAH website.
7. Followed up members who had not renewed 2012-13 SARRAH membership.
8. Continued planning for the 2014 SARRAH National Conference in Kingscliff, Northern NSW.
9. Established a new Facebook page for members and students to socially engage, which has resulted in engagement from over 700 stakeholders.

AOP Stakeholders: *Health Reforms*

Objective

SARRAH continues as a leader to advocate at all levels of Government and with other key stakeholders for reforms of health services to improve outcomes in rural and remote Australia.

Achievements

1. Maintained contact with SARRAH's stakeholders including the Minister for Health's Office (Minister Peter Dutton), Assistant Minister for Health's Office (Minister Fiona Nash) and Department of Health (DoH).
2. Developed a Federal Election Scorecard and distributed to relevant election candidates.
3. Provided submissions to various stakeholders and details can be found at Appendix A.
4. Developed a 2013 SARRAH achievements document.
5. Attended meetings and forums which are listed at Appendix B.
6. Convened a press conference at Parliament House Canberra which aired live on ABC News 24 on 29.5.2014.
7. Three interviews were conducted with:
   - ABC Radio Canberra during the SARRAH Summit on 28.10.2013.
   - ABC Radio Rural Hour nationally on 31.12.2013.
   - ABC Radio Bega NSW on 7.5.2014.
8. Developed and distributed 17 media releases on the following:
   - ***'University scholarships have a big impact on rural Australia'*** - 4.7.2013.
   - ***'Have scholarship, will go bush - survey finds'*** - 5.8.2013.
   - ***'Funds boost for rural students'*** - 14.8.2013.
   - ***'Greens and Independents fair dinkum about rural health'*** - 29.8.2013.
   - '***Rural health placement scholarships now open for allied health students***' - 2.9.2013.
   - '***Scholarships now open to study allied health in 2014***' - 2.9.2013.
   - '***University scholarships target rural students'*** - 4.9.2013.
   - '***Labor joins The Greens and Independents in supporting rural and allied health***' - 5.9.2013.
   - '***Tasmanian student wins rural health award***' - 25.10.2013.
   - '***Summit draws new Parliament's attention to health gaps***' - 27.10.2013.
   - '***SARRAH launches project for children with disabilities in the bush***' - 10.12.2013.
   - '***Big rise in university health scholarships as rural demand soars***'- 20.12.2013.
   - ***Undergraduate Scholarships - joint media release between Darling Downs South West Queensland Medicare Local and SARRAH*** - 17.2.2014.
   - ***'Rural students off to study in 2014'*** - 20.3.2014.
   - '***Horror Budget for rural and remote Australians***' - 13.5.2014.
   - '***SARRAH launches program to boost services for rural children with disabilities***' - 13.5.2014.
   - '***New Parliamentary group will highlight rural allied health gaps'*** - 29.5.2014.

AOP Stakeholders: *Workforce*

Objective

SARRAH supports a workforce that is essential to addressing inequity for residents of rural and remote communities.

Achievements

1. Attended meetings which are listed at Appendix B.
2. The Rural Health Continuing Education 2 Project met three times to develop modules for the SARRAH Transition to Rural and Remote Practice Training Toolkit for the training website. The project was completed in early 2014 and four additional e-learning modules were posted on the website.
3. Registration of 480 early intervention therapists through the NRRSS program.

AOP Internal Business Practices: *Corporate Governance*

Objective

SARRAH maintains mechanisms to support accountable and transparent governance procedures including planning, financial management and reporting.

Achievements

1. Convened, reported and provided administrative support to seven Board, five Advisory Committee and seven Audit Committee meetings.
2. Held eight SARRAH staff meetings.
3. Maintained SARRAH's financial management and reporting systems.
4. Completed Board and CEO performance evaluations in September 2013 with feedback in October 2013.
5. Commenced reviewing the Corporate Governance Charter and completed an amended version on 10 September 2013.
6. Developed the 2013-16 Strategic Plan in September 2013.
7. Developed the 2013-14 Annual Operational Plan in September 2013.
8. Conducted staff evaluations for 2012-13 and 2013-14 Workplan reviews were completed by 31 August 2013.
9. Convened the 2013 Annual General Meeting (AGM) which included tabling the SARRAH 2012-13 Annual Report. Following the AGM, copies of the Annual Report were circulated to all SARRAH members and key stakeholders, including those not present at the AGM.
10. Established five working groups to progress priorities arising from the 2013 Summit:
    - Membership Recruitment and Marketing Sub-Committee
    - Financial Diversification Sub-Committee
    - Membership Engagement Sub-Committee
    - Strategic Alliance Building Sub-Committee
    - Priorities and Strategies Sub-Committee.
11. Called for nominations on the SARRAH Advisory Committee and appointed the:

- Advisory Committee Chair
- Audiology Network Coordinator
- Occupational Therapy Network Coordinator
- Queensland Network Coordinator.

AOP Internal Business Practices: *Projects & Programs*

Objective

SARRAH maintains efficient administrative systems to effectively manage projects and programs.

Achievements

1. Continued administering the five allied health streams of the NAHSSS.
2. Opened and closed the 2014 scholarship round for the allied health NAHSSS streams.
3. Convened the 2013 SARRAH Summit which included holding the 2013 AGM and the tabling of the SARRAH 2012-13 Annual Report.
4. Submitted a Work Plan to administer the National Rural and Remote Support Scheme (NRRSS) program.
5. Provided SARRAH's AOP 2013-14 to DoH.
6. Provided NAHSSS Quarterly Reports to DoH.
7. Provided NAHSSS and Secretariat Progress Reports to DoH.
8. Provided NRRSS Quarterly Reports to the Department of Social Services (DSS).
9. Produced two evaluation reports and two accompanying media releases on results from surveys on completing Undergraduate (Entry-Level) and Clinical Placement Scholars including information on their return to work in rural and/or remote settings.
10. Continued planning the SARRAH National Conference 2014.
11. Provided a Communications Project Progress and Final Report to DoH.

AOP People, Learning & Development: *Human Resources*

Objective

SARRAH recruits, fosters and values highly trained staff.

Achievements

1. SARRAH achieved an annual staff retention rate of 78.5%. The following staff movements occurred during the reporting period:
    a. Jessie Wang resigned as the Clinical Psychology Scholarship Stream Assistant on 31.1.2014.
    b. Kathleen Fisher commenced work as the Clinical Psychology Scholarship Stream Assistant on 26.2.2014.
    c. Cecilia Moar commenced work as the NRRSS Manager on 6.4.2014 whilst Shelagh Lowe is on 6 months leave.
    d. Kelly Cole resigned from the position of NRRSS Project Assistant on 18.6.2014.
    e. Alex Short ceased work as the Clinical Placement Scholarship Stream Assistant on 30.6.2014.

f. Terence Janssen commenced work as the NRRSS Stream Assistant on 23.6.2014.

2. The 2013-14 perfomance management reviews were conducted in June 2014 and the 2013-14 Staff Training and Development Calendar was updated.
3. Continued to develop staff in their roles and functions.
4. Arranged for staff to attend at least one training activity during the financial year.
5. Reviewed SARRAH's Human Resource Policy.
6. Developed the 2014-15 staff Work Plans.

AOP People, Learning & Development: *Information & Knowledge Management*

Objective

SARRAH maintains effective information technology and knowledge management systems to improve performance, retain corporate knowledge, and provide a resource for all stakeholders.

Achievements

1. Continued enhancing information resources through reviewing and amending existing information systems and databases.
2. All IT system software was upgraded as new versions became available.
3. Procedure manuals updated as needed.
4. Commenced work on a new SARRAH website.

Did you know?

Occupational Therapy (OT) is quickly becoming the most popular allied health course chosen by undergraduate scholars across rural Australia. Since 2011, OT students have started overtaking Physiotherapy students as SARRAH's largest category of undergraduate scholars. Physiotherapy has held the number one position since 2007, but four years ago a trend started to emerge showing OTs quickly catching up.

Occupational Therapy scholars vs Physiotherapy scholars (undergraduate)

Year	Occupational Therapy Scholars	Physiotherapy Scholars	Total Undergraduate Scholars
2011	32	28	123
2012	28	20	127
2013	28	28	182
2014	36	38	208

Future Directions

Stakeholders: *Current Business Issues*

1. Diversify SARRAH's income sources.
2. Continue working with Westpac identifying private sector funding sources through their corporate networks to support SARRAH activities.
3. Increase SARRAH's membership base including corporate members.
4. Continue enhancements to the electronic SARRAH membership database.
5. Continue planning for the 2014 SARRAH National Conference, including the AGM, being held at Kingscliff NSW.

Stakeholders: *Future Milestones*

1. Monitor outcomes from the 2014 Federal Budget and the National Commission of Audit.
2. Continue to assist States and the NT to coordinate meetings and other activities.

Internal Business Procedures: *Current Business Issues*

1. Develop strategies to promote and receive funds as an Australian Taxation Office Deductible Gift Recipient.
2. New premises at 40 Thesiger Ct Deakin ACT.

Internal Business Procedures: *Future Milestones*

1. Respond to SARRAH's Corporate Governance strategic priorities raised at the Australian Institute of Company Directors Course.
2. Respond to key recommendations arising from the 2014 SARRAH Conference.
3. Provide input and support, where possible, to SARRAH's Working Groups.
4. Continue to administer the allied health streams of the NAHSSS and the Secretariat as well as the NRRSS.
5. Continue enhancing the SAPS (IT) functionality in particular reporting capabilities used to support the administration of the allied health scholarship schemes.

People, Learning and Development: *Current Business Issues*

1. Monitor developments with the Government's 'Fair Work Bill' in particular the National Employment Standards (NES).

People, Learning and Development: *Future Milestones*

1. Continue to review SARRAH's human resource policies ensuring alignment with the NES and private sector local labor market conditions.
2. Implement the 2014-15 Staff Training and Development Calendar.

SARRAH Review of Operations

- 2013 SARRAH National Summit
- 2013 Annual General Meeting
- Steering Committees/Working Groups
- Environmentally Sustainable Workplace
- SARRAH Membership
- Communications

2013 SARRAH Summit

Twenty delegates from every state and territory, representing a wide range of allied health professions, attended the 2013 SARRAH Summit held at The Brassey Hotel in Canberra from 27 to 30 October.

The Summit's main purpose was to bring SARRAH members face-to-face with key Parliamentarians to highlight the neglect of allied health services across Australia. This included the Assistant Health Minister, Senator Fiona Nash, independents Andrew Wilkie, Senator Nick Xenophon, Senator John Madigan and advisor to Social Services Minister Kevin Andrews, Kathy Casey.

SARRAH Delegates personally presented their own case studies that highlighted the impact of under resourcing of allied health on people in the bush. In some meetings, politicians were visibly moved by the stories they heard from the delegates, especially in the mental health and childhood disability areas.

Many delegates also took part in a communication workshop on effective key messages, which they were able to put into practice when meeting with politicians over the next three days.

Key highlights of the Summit are outlined below.

New Assistant Health Minister agrees to work with SARRAH

A lunch meeting with the new Assistant Health Minister, Senator Fiona Nash (left), gave delegates confidence in a positive working relationship with the new Australian Government. Senator Nash's own rural background brought an instant level of understanding about the gaps in allied health services across Australia. Senator Nash took the time to ask each delegate to introduce themselves and which part of Australia they came from before showing great interest in the case studies they presented. She indicated that she was willing to work with SARRAH to progress our vision.

Award winner thanks SARRAH for the chance to help children with disabilities

SARRAH presented the 2014 Kate Scanlon Award to Madeline Davey (holding certificate, right), a speech pathology student from Bridport in Tasmania. Madeline flew in especially for the day and thanked SARRAH for the opportunity to further her new career with her prize money. She plans to use her $5,000 prize to work with children with disabilities at the St Giles centre in Launceston in 2014.

In consultation with the NAHSSS Reference Group and Kate's Parents, SARRAH initiated the award (for Tasmanian scholars only) in memory of an undergraduate scholar from Tasmania, Kate Scanlon, who died in an overseas accident in 2011.

The inaugural Kate Scanlon Award was presented at the 2012 SARRAH National Conference in Launceston, Tasmania.

The Kate Scanlon Award honours the memory of a young Tasmanian woman, tragically killed in a train disaster in India whilst on her way to work voluntarily in a local orphanage.

She relished and created opportunties to share her story as a physiotherapy student with younger students, particularly in the Devonport area. She thrived on all aspects of university life; the academic challenge, the social scene, the physiotherapy-related opportunities wherever possible.

It is through this award that we honour Kate and show appreciation to those who look at life and study in the same way she did.

Two key independents offer to support SARRAH

SARRAH has two new friends in the Senate and House of Representatives - South Australian Independent Senator, Nick Xenophon and Independent Member for Denison, Andrew Wilkie, both agreed to work with SARRAH in the new Parliament. Senator Xenophon was very interested in SARRAH's case studies showing the failed business model that exists for many rural and remote private practitioners who want to run financially viable clinics. Mr. Wilkie was also interested in the case studies and offered to play an active role in SARRAH's plan to launch a Parliamentary Friendship Group for rural allied health (see next item below).

Parliamentary Friendship Group to boost profile

The Summit delegates discussed the concept of establishing a Parliamentary Friendship Group to raise the profile of rural allied health as well as improving the health and well-being of people in the bush. Similar groups exist for health issues such as diabetes and palliative care. Independent Member for Denison, Andrew Wilkie, agreed to host a group to promote the aims of SARRAH, and this group is now registered with the first meeting held in March 2014.

SARRAH managed funds of $13.5 million last year

The tabling of the SARRAH annual report showed that SARRAH managed a total revenue stream of $13.5 million in 2012-13. Of that, $9.2 million was directed towards scholarship funding. For the 2013 academic year, SARRAH awarded 869 scholarships for all five allied health streams of the NAHSSS. However, demand still outstrips supply - 3,287 allied health students and professionals applied for a scholarship in 2013-14.

Australia needs an allied health workforce study

The recommendations of SARRAH's 2012 Conference were prioritised by the Summit delegates to pinpoint SARRAH's key messages and advocacy priorities for the coming year. It was agreed that the number one priority should be the call for government to fund a national allied health database to identify service gaps across Australia and to assist with workforce planning into the future. A submission to carry out this study was unsuccessful in gaining funding through the 2013-14 Federal Budget.

HWA outlines workforce reform and new models of care

Health Workforce Australia Executive Director, Etienne Scheepers, outlined his team's project for a national program of workforce innovation and reform that aims to encourage the development of new models of healthcare delivery and facilitate inter-professional practice. Dr Scheepers also agreed to follow-up on a suggestion that SARRAH membership fees be automatically deducted from Rural Health Professionals Program funds for allied health professionals to become a SARRAH member.

SARRAH membership branding gets a makeover

A recent survey of members provided the starting point for talks into SARRAH's future role. Does SARRAH exist primarily to support rural and remote professionals and students? Or is it an advocacy body to influence government decisions regarding allied health? The Board will continue discussions on this matter over the coming months, based on the responses to these issues raised at the Summit.

Conclusion

This was a highly successful Summit that gave politicians great insights into the reason SARRAH exists. It has directly led to the establishment of a Parliamentary Friendship Group for Rural and Remote Allied Health to raise awareness of SARRAH's priorities among members of the Australian Senate and House of Representatives. This new group, co-chaired by Andrew Wilkie and Dr Andrew Southcott, has the goal of raising awareness of the health needs of Australians living in rural and remote communities, and of recognising and supporting the allied health professionals who provide clinical and educational services that address these needs. This will ensure that SARRAH's ability to raise the profile of allied health in regional, rural and remote Australia can continue, but now with greater support from those within the national Parliament.

Delegates from the 2013 SARRAH Summit

2013 Annual General Meeting

The 2013 AGM was held at The Brassey Hotel in Canberra on 27 October. Key points of the AGM were:

- The 2012-13 Annual Report was presented, which included an audited set of 2012-13 financial statements.

Key SARRAH achievements were noted and they were:

- Participated in and was successful in lobbying for the creation of a Chief Allied Health Officer position
- Convened the 2012 SARRAH Conference in Launceston with delegates identifying critical new strategies to support the attraction, retention and support of allied health professionals working across Australia
- Awarded a $450,000 contract to manage the NRRSS
- Delivered 11 submissions and discussion papers to government and other agencies to support the interests of allied health professionals
- Noted that three SARRAH members were elected to Medicare Local Boards in areas with large rural and remote geographical coverage
- Secured funding for SARRAH for at least 10 members to attend Corporate Governance Training, attend extra stakeholder meetings and to employ a part-time Communications Officer.

Election of office bearers

- Board members are elected for two years with a maximum of three consecutive terms.
- The meeting was advised that there was one Board vacancy - that of Honorary Treasurer.
- Tanya Lehmann advised the meeting that Ruth Chalk was the only nominee for the Honorary Treasurer's position and in accordance with the Constitution 2012, she was duly elected.

In Attendance

Luke Arkapaw, Elaine Ashworth, Heidi Beames, Rosalie Boyce, Ruth Chalk, Leonard Crocombe, Rob Curry, Kathryn Fitzgerald, Christine Franklin, Hazel Harries-Jones, Ros Jackson, Sheila Keane, Tanya Lehmann, Daniel Mahony, Kerstin McPherson, Annie Nichols, Kate Osborne, Tracy Raymond, Sarah Rheinberger, Claire Salter and Phillip Stacey.

Staff Members

Rod Wellington, Ruth Hawkings, Shelagh Lowe and Cate Patrick.

Noted Apologies

No noted apologies.

Steering Committees / Working Groups

During 2013-14 SARRAH convened five steering committees/working groups. These were:

- 2014 National SARRAH Conference Organising Committee
- Nursing and Allied Health Scholarship and Support Scheme (NAHSSS) Reference Group
- National Rural and Remote Support Service (NRRSS) Expert Reference Group
- Membership Recruitment and Marketing sub-committee
- Member Engagement sub-committee
- SARRAH Financial Diversification sub-committee.

The members, their objective and a brief status report follows.

2014 National SARRAH Conference Organising Committee

The Chair of the Committee and Convenor of the 2014 National SARRAH Conference is Lindy Swain. The Committee Members are:

- Lindy Swain, Helen McGregor, Luke Schultz, Annie Nichols (SARRAH Members)
- Rod Wellington, Ruth Hawkings and Cate Patrick (Secretariat)
- Anna Boyes (Conference Design).

The objective of the Committee is to oversee the arrangements for the 2014 SARRAH National Conference.

NAHSSS Reference Group

SARRAH was appointed by DoH as the administrator of the allied health component of the NAHSSS from 1 July 2010.

Role of the Reference Group

- Assist in ensuring the current processes to award scholarships meet the NAHSSS guidelines and are fair and equitable
- Provide advice and recommendations on documentation changes if required
- Review amendments to guidelines as requested
- Provide advice and comment on issues that may arise under the NAHSSS
- Provide input into a review of approved disciplines for scholarship purposes
- Receive regular updates/reports from the Scholarship Stream Managers.

The Reference Group representatives include members from the following areas:

- Allied Health
- Consumers
- Indigenous Community
- Psychology
- DoHA.
- SARRAH
- State Public Health
- Students
- University Department of Rural Health

NRRSS Expert Reference Group

The NRRSS has been established to support qualified and experienced Early Childhood Intervention (ECI) specialists to provide therapy serivces to children with a disability or developmental delay and their families in rural Australia. Funding for the program commenced in July 2013 and is provided by the Australia Government Department of Social Services (DSS).

Role of the Reference Group

- Share experiences with delivering rural ECI services under the DSS funded Better Start for Children with a Disability (Better Start) initiative and the Helping Children with Autism (HCWA) package
- Provide advice and recommendations on the role of the NRRSS to support therapists to register as Early Intervention Panel providers with DSS
- Contribute to the development of the NRRSS program.

The Expert Reference Group includes members from the following areas:

- Cerebral Palsy Alliance
- Physiotherapy
- Speech Pathology
- Occupational Therapy
- Special Education
- SARRAH

and from the following organisations:

- Autism Advisor Program
- Department of Social Services
- Carers Australia

Member Engagement Sub-Committee

The Chair of the Committee is Tracy Raymond. The SARRAH members are:

- Annie Nichols, Christine Franklin, Claire Salter (members).

The objective of the Sub-Committee is to improve ways of keeping members informed and proactive in their membership.

Membership Recruitment and Marketing Sub-Committee

The Chair of the Sub-Committee is Sheila Keane. The SARRAH members are:

- Heidi Beams, Luke Arkapaw (members)
- Louise Pemble and Cate Patrick (Secretariat).

The objective of the Sub-Committee is to promote SARRAH membership and increase membership numbers.

SARRAH Financial Diversification Sub-Committee

The Chair of the Sub-Committee is Daniel Mahony. The SARRAH members are:

- Tanya Lehmann (member)
- Ruth Hawkings, Louise Pemble and Cate Patrick (Secretariat).

The objective of the Sub-Committee is to promote SARRAH to organisations in order to seek ongoing financial support.

Environmentally Sustainable Workplace

The SARRAH Secretariat continues to work towards reducing its carbon footprint through implementing environmentally sustainable policies and strategies for the use of electricity, water, paper and recycling such as:

1. **Electricity**
    - Powering off computers, printers, photocopiers and other office equipment at the end of each working day
    - Ensuring all computers/monitors are set to their most energy efficient setting.
2. **Water**
    - Turning on the dishwasher only when it is full
    - Producing filtered drinking water from tap water
    - Repairing dripping taps immediately.
3. **Paper**
    - Circulating agendas, minutes and other meeting related material electronically
    - Storing documents, records and reports electronically
    - Maintaining an electronic management system to administer all scholarship schemes
    - Printing double sided documents.
4. **Recycling**
    - Gathering waste paper, cardboard, plastics, cans and printer cartridges to recycle
    - Collecting and sending used stamps to the Royal Guide Dogs
    - Providing biological scraps such as tea bags, coffee grinds, bread, fruit and vegetables, cakes and biscuits to feed a worm farm

"The feedback report also includes the results of the very first audit that I have done of all global warming clients. SARRAH was one of the few clients that had zero contamination during the audit week - an excellent result. Thanks to all of your staff for continuing to put the right things in the bin i.e. worm food only."

SARRAH Membership Benefits

There are many advantages to being a SARRAH member. Our members enjoy the following benefits:

- Network across regional, state, national, discipline and special interest areas
- Share interests with others in rural and remote communities
- Have **I**nfluence through the opportunity to **I**nform, exchange **I**nformation and have **I**nput (the Quadruple "I" member benefit)
- Promote rural and remote allied health
- Give and receive support
- Overcome isolation
- Find a sense of 'belonging'
- Contribute to position papers and submissions made by SARRAH
- Participate in state based meetings of SARRAH members
- Participate in discussion groups
- Be part of a national, multidisciplinary organisation
- Gain awareness regarding rural and remote allied health services and policy
- Develop and gain confidence and competence in aspects of lobbying and advocacy, policy development and implementation, writing for publication, communication and networking skills
- Participate in:
    - The biennial National SARRAH Conference
    - The biennial National SARRAH Summit.
- Gain annual subscription to:
    - *Australian Journal of Rural Health*
    - SARRAH publications.

The impact of being an active member of SARRAH is summed up in the words of our members:

"Develop confidence in providing your point of view."

"Learn about organisational management and governance."

"Learn about finances, committee structure, constitution, running meetings and reporting processes."

"It's great to be a part of an organisation that is* DOING *something for others."

"Learn how to prepare submissions, reports and proposals."

"Learn how to work from a common allied health perspective, feel supported by like minded people, gain direction and a positive way of contributing, networking and providing information."

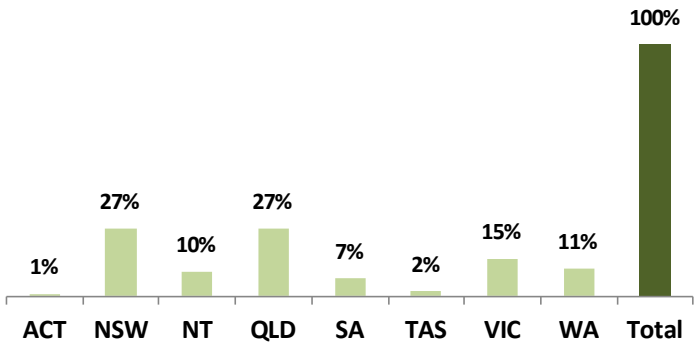
"Learn how to think outside the square, become known and be asked to participate in and contribute to meetings, workshops and reports, and participate in committees that you may never have known about otherwise."

SARRAH Membership Statistics as at 30 June 2014

SARRAH Members by Profession

Profession	Members
Allied Health Workers	0.5%
Audiology	2%
Chiropractic	0.5%
Dental & Oral Health	3%
Dietetics & Nutrition	9%
Exercise Physiology	1%
Health Administration	0.5%
Medical Radiation	2%
Occupational Therapy	18.5%
Optometry	2%
Paramedics	2%
Pharmacy	1%
Physiotherapy	23%
Podiatry	4%
Prosthetics & Orthotics	0.5%
Psychology	10.5%
Social Work	6%
Speech Pathology	14%

SARRAH Members by State



SARRAH 2013 Member Survey Results

"The grassroots to politicians and back to member collaboration is significant."

From September to October 2013, SARRAH surveyed its membership to gather feedback on current services and benefits. A total of 52 responses were received.

Key findings

Advocacy of the allied health profession was the most valued role the organisation performs for members, according to results of the survey. It found 63.5% of respondents included the terms "advocacy" and "lobbying" in their responses to a question on the organisation's perceived strengths. Other strengths included the people involved in the organisation (their "support" and "passion" for the sector), education and the multi-disciplinary nature of the organisation.

On the other hand, respondents saw opportunities for SARRAH to help improve:

- The low public profile and community awareness of allied health
- The low level of engagement of members due to isolation and lack of time
- The lack of gains made in terms of improving rural and remote workforce and service issues
- The cost of membership.

"SARRAH provides support for rural allied health students and new graduates. It provides funding for professional development and conference attendance."

Respondents nominated their most valued member benefits and services as:

- Members discounts on conference registrations (e.g. SARRAH conference, National Rural Health Alliance conference)
- The biennial SARRAH conference.

The study also asked members to nominate the issues of most interest to them. They were:

- Rural health issues (55.8%)
- Allied health support, e.g. clinical supervision and mentorship (51.9%)
- Remote health issues (40.8%)
- Models of care (34.6%).

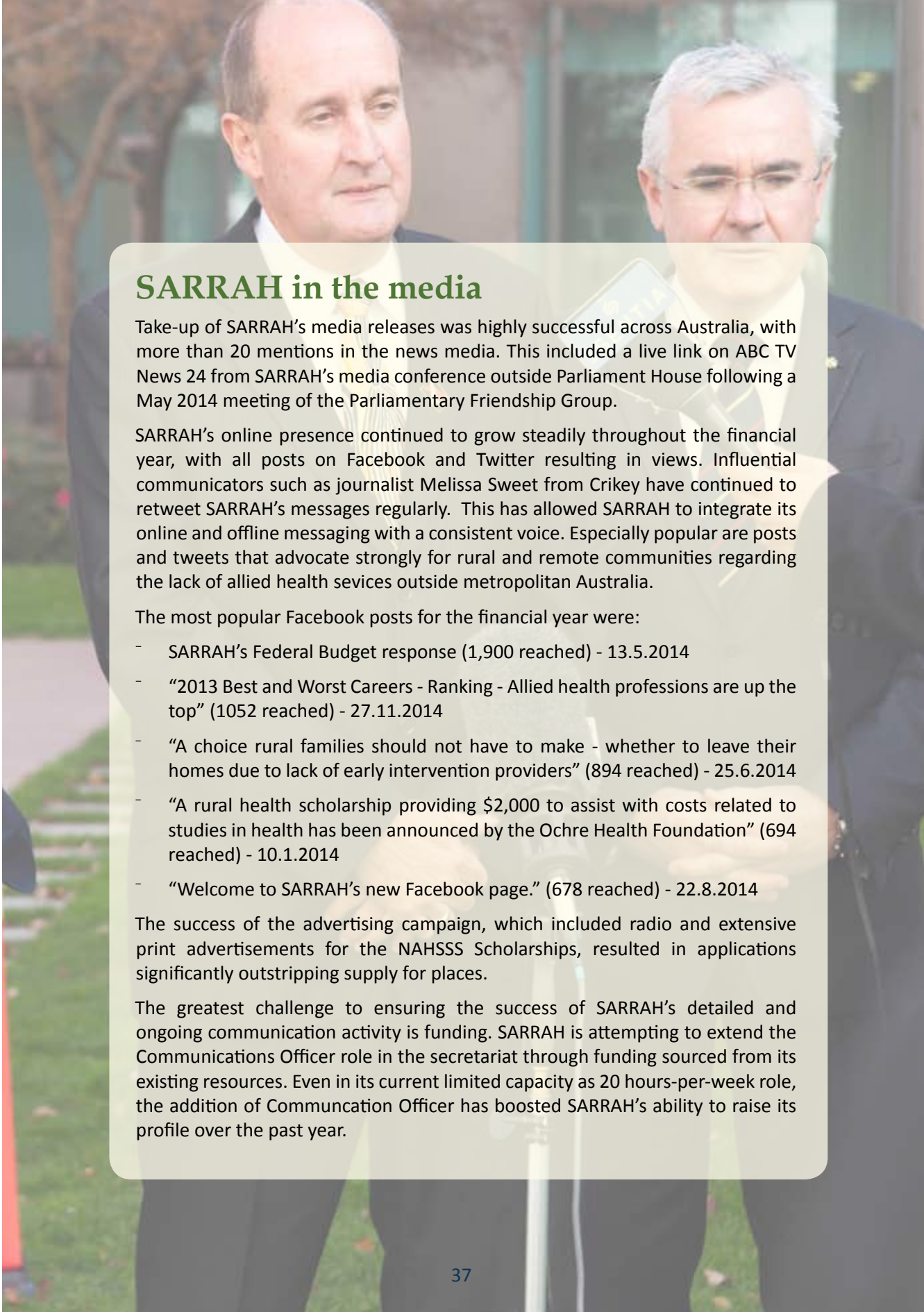
"We punch well above our weight!"

Communications

SARRAH's communications activities continued to promote the brand and raise the profile of the organisation and its projects over the 2013-14 financial year.

The SARRAH Communication Plan provides a roadmap for engaging with all stakeholder groups including members, government, universities and industry groups. The roll-out of this plan over the 2013-14 year has included:

- Preparation of 17 media releases promoting the work of SARRAH during 2013-14, with all releases resulting in take-up by the news media.
- Preparation of three articles published in the magazine of the National Rural Health Alliance, *Partyline*, to publicise the 2013 SARRAH Summit (November 2013), the appointment of the Chief Allied Health Officer (July 2013) and the Parliamentary Friendship Group (June 2014).
- Two articles in industry magazine *The Health Scoop* to promote the NAHSSS program through a human interest story about a rural placement scholar in Orange NSW (8.7.2014) and the opening of the scholarships program for 2014 (16.9.2014).
- Proactive media liaison with key health journalists, which resulted in a live link on ABC TV of SARRAH's media conference following a meeting of the Parliamentary Friends of Rural and Remote Allied Health. This group was formed after Andrew Wilkie MP attended the 2013 SARRAH Summit and pledged his support.
- Upgrading of the SARRAH website, including the addition of a Scholar of the Month series.
- Launch of the SARRAH Facebook page, which by June 2014 was routinely receiving 700 to 900 likes per week, with some posts receiving very high reach including 1,900 people who saw SARRAH's 2014 budget response and 893 who viewed a post on the lack of rural early intervention services (25.6.2014).
- A series of articles in the '*My Career*' section of the Sydney Morning Herald and The Age to highlight students and professionals opting for allied health careers, for example 'Student eyes post in regional setting' (SMH 19 to 20.4.2014.)
- Input into SARRAH policy statements and position papers in response to government inquiries and committees.
- Preparation of copy for the SARRAH Annual Report, brochures and flyers including SARRAH's participation in university Open Days.
- Management of the advertising campaign to publicise the application process for study in 2014.



SARRAH in the media

Take-up of SARRAH's media releases was highly successful across Australia, with more than 20 mentions in the news media. This included a live link on ABC TV News 24 from SARRAH's media conference outside Parliament House following a May 2014 meeting of the Parliamentary Friendship Group.

SARRAH's online presence continued to grow steadily throughout the financial year, with all posts on Facebook and Twitter resulting in views. Influential communicators such as journalist Melissa Sweet from Crikey have continued to retweet SARRAH's messages regularly. This has allowed SARRAH to integrate its online and offline messaging with a consistent voice. Especially popular are posts and tweets that advocate strongly for rural and remote communities regarding the lack of allied health sevices outside metropolitan Australia.

The most popular Facebook posts for the financial year were:

- SARRAH's Federal Budget response (1,900 reached) - 13.5.2014
- "2013 Best and Worst Careers - Ranking - Allied health professions are up the top" (1052 reached) - 27.11.2014
- "A choice rural families should not have to make - whether to leave their homes due to lack of early intervention providers" (894 reached) - 25.6.2014
- "A rural health scholarship providing $2,000 to assist with costs related to studies in health has been announced by the Ochre Health Foundation" (694 reached) - 10.1.2014
- "Welcome to SARRAH's new Facebook page." (678 reached) - 22.8.2014

The success of the advertising campaign, which included radio and extensive print advertisements for the NAHSSS Scholarships, resulted in applications significantly outstripping supply for places.

The greatest challenge to ensuring the success of SARRAH's detailed and ongoing communication activity is funding. SARRAH is attempting to extend the Communications Officer role in the secretariat through funding sourced from its existing resources. Even in its current limited capacity as 20 hours-per-week role, the addition of Communcation Officer has boosted SARRAH's ability to raise its profile over the past year.

SARRAH Media Releases

1. ***'University scholarships have a big impact on rural Australia'*** - 4.7.2013.
2. ***'Have scholarship, will go bush: survey finds'*** - 5.8.2013.
3. ***'Funds boost for rural students'*** - 14.8.2013.
4. ***'Greens and Independents fair dinkum on rural health'*** - 29.8.2013.
5. ***'Rural placement scholarships open for allied health students'*** - 2.9.2013.
6. ***'Scholarships now open to study allied health in 2014'*** - 2.9.2013.
7. ***'University scholarships target rural students'*** - 4.9.2013.
8. ***'Labor joins The Greens and Independents to support rural allied health'*** - 5.9.2013.
9. ***'Tasmanian student wins rural health award'*** - 25.10.2013.
10. ***'Summit to draw Parliament's attention to health gaps'*** - 27.10.2013.
11. '***SARRAH launches project for children with disabilities in the bush***' - 10.12.2013.
12. ***'Big rise in university health scholarships as rural demand soars'*** - 20.12.2013.
13. ***Joint media release between Darling Downs South-West Queensland Medical Local and SARRAH*** - 17.2.2014.
14. ***'Rural students off to study in 2014'*** - 20.4.2014.
15. ***'Horror budget for rural and remote Australians'*** - 13.5.2014.
16. ***'SARRAH launches program to boost services for rural children with disabilities'*** - 13.5.2014.
17. ***'New Parliamentary group will highlight rural allied health gaps'*** - 29.5.2014.

Media coverage

The following examples of media coverage occurred as a direct result of media outlets receiving SARRAH media releases or story leads from the Communication Officer:

- ***'New Parliamentary group will highlight rural allied health gaps'*** (ABC TV News 24 live link at 11.40am, TasmanianTimes.com 29/5/14, Central Telegraph 29.5.14, Farmonline.com.au 29.5.14)
- ***'More therapy services needed'*** (Bay Post, ABC South East NSW, 8.5.14)
- ***'Boost for rural and remote health'*** (ABC Country Hour, ABC Goldfields, 31.12.2013)
- ***SARRAH Summit interview with SARRAH Chair Tanya Lehmann*** (666 ABC radio, 28.10.2013)
- ***'Stepping out of the comfort zone'*** (The Sydney Morning Herald 17.8.2013)
- ***'Putting Health on the agenda'*** (Transforming the nation's healthcare, 1.8.2013)
- ***'New disability program for regional communities'*** (National Indigenous Radio Service, 4.7.2013)
- ***'Boost for rural and remote health'*** (ABC Rural 31.12.14)

- ***'Student eyes post in regional setting'*** (Sydney Morning Herald, 19-20.4.14)
- ***Interview with SARRAH CEO Rod Wellington*** (ABC radio Midwest-Wheatbelt 26.7.13)

Health sector magazine articles

SARRAH produced five articles that were published in health sector magazines:

1. ***'Surveys find rural scholarships prove their worth'*** (*The Health Scoop*, 8.7.2013)
2. ***'Chief Allied Health Officer: a fairer go for rural and remote patients'*** (*Partyline*, July 2013)
3. ***'Rural placement is key to boosting aged care workforce'*** (*The Health Scoop*, 5.8.2013)
4. ***'Scholarship applications are now open'*** (*The Health Scoop*, 16.9.2013)
5. ***'New government asked to address allied health shortages in the bush'*** (*Partyline*, November 2013).


Rural/Remote Healthcare

Orange Health Service
Bloomfield Campus

Services for Australian Rural and Remote Allied Health
Surveys find rural scholarships prove their worth

Offering university scholarships to country kids is paying off – a new survey shows 61% of scholars who recently completed an undergraduate allied health course are now working in rural Australia.

The survey of 165 graduates, conducted in April by Services for Australian Rural and Remote Allied Health (SARRAH), found that:

- 61% are working in rural and remote settings
- 31% are working in a metropolitan area
- 7% who are working in metropolitan areas say they will be returning to a rural area
- 64% are working in their home state or territory
- 34% were employed in a rural hospital setting
- 25% were employed in a community health/welfare facility
- 4% had started their own business

This survey was run concurrently with research on a second cohort showing that 25% of allied health students who completed a rural placement are now working in rural and remote Australia. For these findings, SARRAH conducted an email and telephone survey of 161 graduates who completed a Clinical Placement Scholarship between 2009 and 2012.

The results are a major boost to the argument that exposure to rural practice as a student gives health providers a more positive outlook towards future careers

"As I arrived to work on the first day of my placement, I was immediately impressed and astonished by the appearance of the hospital – the facade was modern and sleek and this was just a taste for what was to come during my time here.

"Orange Health Service boasts state of the art technology, including 2 linear accelerator machines that are used for cancer treatment allowing patients in surrounding towns to avoid having to travel to Sydney for treatment. Additionally, some wards even have an Apple Mac computer by the patient's bed that you can document patient notes directly onto."

The SARRAH Allied Health Scholarship took the stress and burden out of Grace's transition to rural placement.

"This scholarship allowed me to stay in my own apartment giving me personal space to study effectively when home in the evening.

"The scholarship also significantly eased the financial burden of living away from home. While in Orange, I was unable to have a casual job so the assistance provided by SARRAH was extremely appreciated."

For Grace, financial assistance from SARRAH went towards uniform requirements, petrol to get to and from work, groceries, stationery requirements and internet and phone connection.

"Without this assistance, my time would have been significantly impacted. I believe financial worries and stress would have negatively affected my performance during my placement as less time would have been spent studying."

Applications for the latest round of NAHSSS scholarships open in August. See the SARRAH website www.sarrah.org.au for more details.

S·A·R·R·A·H

*'**Surveys find rural scholarships prove their worth**' - The Health Scoop, 8 July 2013*

'Snapshot' of allied health workforce in 2012

A report by the Australian Institute of Health and Welfare into 11 allied health professions found 126,788 practitioners were registered across Australia in 2012. This study does not include all self-regulated allied health professions e.g. Dietitians, Social Workers or Speech Pathologists.

The 11 allied health professions included in the study were:

- Psychologists 29,387 (23.2%)
- Pharmacists 27,025 (21.3%)
- Physiotherapists 23,934 (18.9%)
- Occupational therapists 14,307 (11.3%)
- Medical radiation practitioners 13,376 (10.5%)
- Optometrists 4,564 (3.6%)
- Chiropractors 4,533 (3.6%)
- Chinese medical practitioners 3,885 (3.1%)
- Podiatrists 3,783 (3.1%)
- Osteopaths 1,729 (1.4%)
- Aboriginal and Torres Strait Islander health practitioners 265 (0.2%)

All but one of the allied health professions has the highest rate of practitioners working in major cities. The exception was Aboriginal and Torres Strait Islander health practitioners, where the highest rate was in remote/very remote areas.

The professions with the highest proportion of women were occuptational therapists (91.5%), psychologists (76.7%) and Aboriginal and Torres Strait Islander health practitioners (71.9%). Chiropractors and optometrists had the lowest proportion of women (34.8% and 48.2% women respectively).

Source: **Australian Institute of Health and Welfare report, *Allied Health Workforce 2012*, published 10 September 2012.**

SARRAH Scholarships & Programs

- Government funded schemes
- Nursing and Allied Health Scholarship and Support Scheme (NAHSSS)
- National Rural and Remote Support Service (NRRSS)

Government Funded Schemes

SARRAH received funding from the Department of Health (DoH) and the Department of Social Services (DSS) to administer four projects during 2013-2014 including:

- The allied health component of the Nursing and Allied Health Scholarship and Support Scheme (NAHSSS) - **DoH**
- The Health System Capacity Development Fund, Rural Community Organisations - Secretariat Support. This funding is provided to partially offset Secretariat costs - **DoH**
- The Health System Capacity Development Fund, SARRAH Communications. This funding extended the current activities of a part-time Communications Officer to further support the CEO in representing SARRAH to governments, industry groups and other stakeholders as well as enhancing SARRAH member services - **DoH**
- The National Rural and Remote Support Service (NRRSS) - **DSS**.

The following table show the allocated budgets to administer the schemes funded by DoH and DSS in 2012-13 and 2013-14.

Program Administration Budgets

Year	Secretariat ($) *(DoH)*	Communications Project ($) *(DoH)*	NAHSSS ($) *(DoH)*	NRRSS ($) *(DSS)*
2012-13	319,789	250,000	919,577	150,000
2013-14	319,789	60,000	954,923	150,000

SARRAH Secretariat and Communications

This initiative is designed to support activities that strengthen the capacity and understanding of the Australian health care system. The Program's primary objective is to build an understanding of population groups and approaches to addressing those needs that strengthen primary prevention in Australia.

Funding was provided to SARRAH to undertake the following:

- Provide submissions and/or position papers to the Commonwealth and State or Territory governments on health reforms
- Seek opportunities and provide input into Australia's health system and allied health workforce planning
- Review SARRAH's current communication tools and activities
- Increase SARRAH's membership base
- Provide learning and development opportunities for rural and remote allied health workforce
- Identify best practice governance benchmarks, assess SARRAH's processes and implement a continuous improvement regime
- Recruit, foster and value highly trained staff
- Enhance information resources through maintenance and upgrades to information communication technology systems.

NRRSS Administration

SARRAH continued administering the NRRSS, funded by DSS. The NRRSS program supports the delivery of Early Childhood Intervention (ECI) services to children with a disability across rural and remote Australia.

NAHSSS Administration

SARRAH continued administering the allied health component of the NAHSSS, funded by DoH. The purpose of the NAHSSS is to provide support to allied health professionals practising, and wishing to practise, in rural and remote Australia.

The five allied health scholarship streams under the NAHSSS are:

- Clinical Placements Stream
- Clinical Psychology Stream
- Continuing Professional Development Stream
- Postgraduate Stream
- Undergraduate (Entry-Level) Stream.

In the 2012 Federal Budget the Australian Government announced specific funding to support the Tasmania Health system. This included additional scholarships for allied health professionals in Tasmania. In 2014, 11 Postgraduate, 11 Clinical Placement and 11 Continuing Professional Scholarships were specifically awarded for allied health professionals practising in Tasmania or undertaking a clinical placement in Tasmania, with this additional funding.

Scholarship Budgets

Year	NAHSSS ($)
2012-13	11,309,333
2013-14	11,547,987

Further information about the five NAHSSS Scholarship streams follows with additional statistical information available on the SARRAH website at www.sarrah.org.au.

Certain criteria, including rurality, are used as ranking tools where scholarship places are oversubscribed. Rurality is determined by the use of the ASGC-RA (Australian Standard Geographic Classification - Remoteness Areas).

The ASGC-RA is a geographic classification system that was developed in 2001 by the Australian Bureau of Statistics as a statistical geography structure which allows quantitative comparisons between 'city and country' Australia.

The structure classifies data from Census collection districts into broad geographical categories called Remoteness Areas (RAs) which define 'remoteness' i.e. the physical distance of a location from the nearest urban centre (access to goods and services) based on population size.

RA1 - Minor Cities of Australia
RA2 - Inner Regional Australia
RA3 - Outer Regional Australia
RA4 - Remote Australia
RA5 - Very Remote Australia.

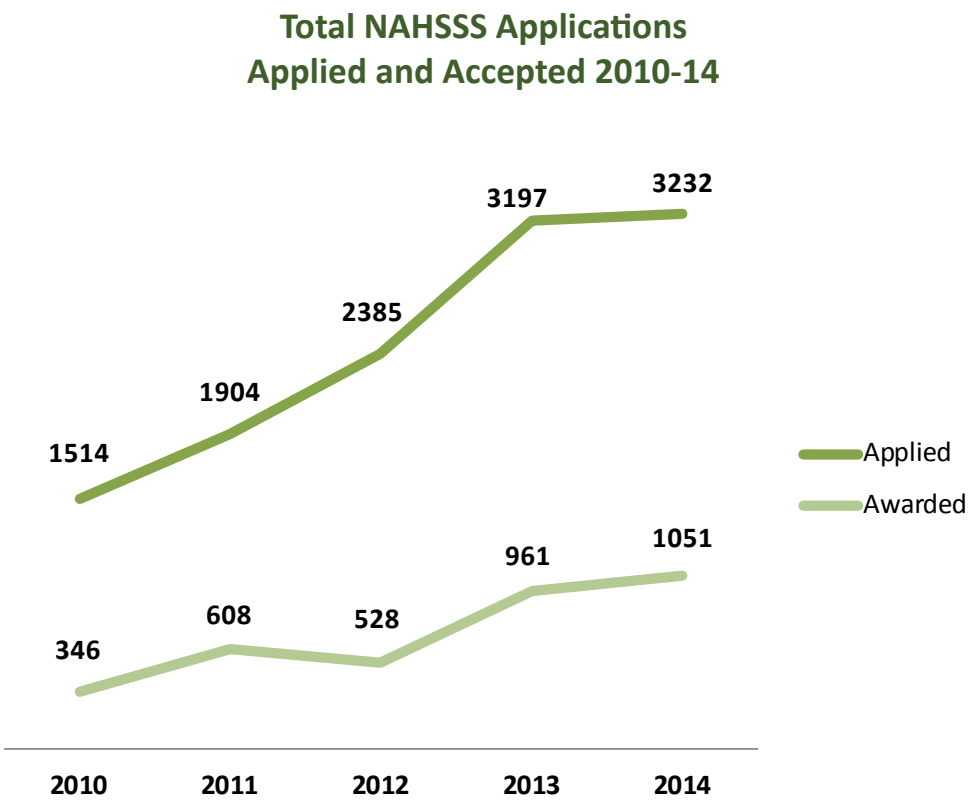
Nursing and Allied Health Scholarship and Support Stream (NAHSSS)

For the 2014 academic year, SARRAH awarded 1,051 scholarships for all five allied health streams of the NAHSSS as follows:

- 305 Clinical Placements (DoH minimum is 205)
- 126 Clinical Psychology (DoH minimum is 40)
- 210 Continuing Professional Development (DoH minimum is 46)
- 202 Postgraduate (DoH minimum is 68)
- 208 Undergraduate (DoH minimum is 99).

Aboriginal and Torres Strait Islander Applicants

SARRAH is committed to supporting the Aboriginal and Torres Strait Islander allied health workforce are encouraged to apply for scholarships.



Clinical Placements

SARRAH has administered the Clinical Placement Scholarships since 2008 under various schemes. This scholarship is aimed at increasing the number of allied health professionals practising in rural and remote Australian communities by providing financial assistance for student clinical placements in rural and remote areas, to a maximum of six weeks in length and $11,000 in funding.

Scholar Story

Nikolce Tasevski

Exercise Physiology student

Broken Hill, NSW

The idea of attaining a rural placement scholarship provided through SARRAH inspired me. It was an avenue to pursue something unique, something challenging, something rewarding and something that I felt was worthwhile and important down to my core. Needless to say I ended up receiving the scholarship and I was absolutely blown away.

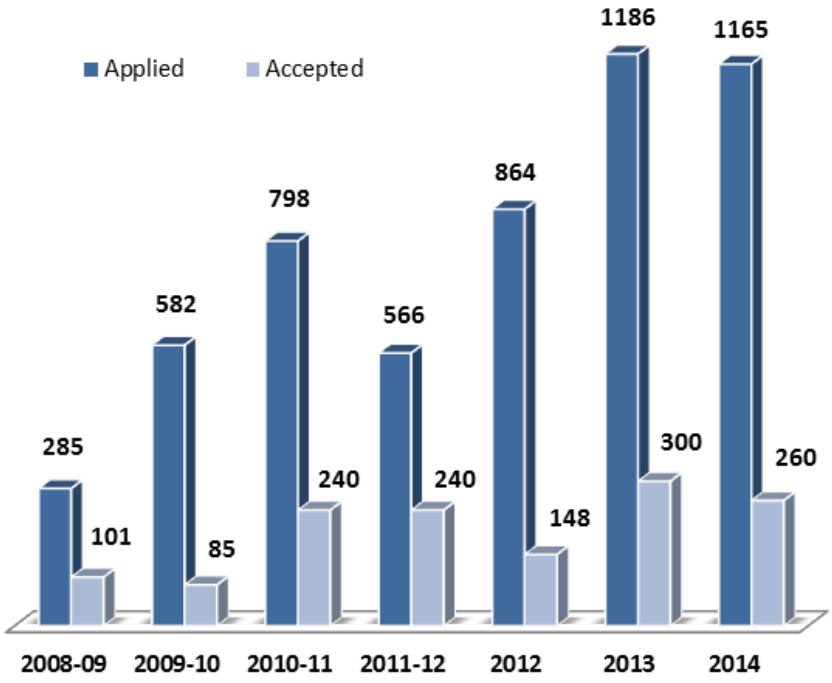
The scholarship gave me a tangible and immediate goal and reward to focus on and it provided the financial means and an opportunity to stop work in order to experience something that I have always wanted. The gratitude I felt was overwhelming.

The University of Sydney had never sent an exercise physiology student to Broken Hill before and the Broken Hill Hospital had never had an exercise physiology department or even any exercise physiology students, so we were trail blazing and it all came about from the scholarship.

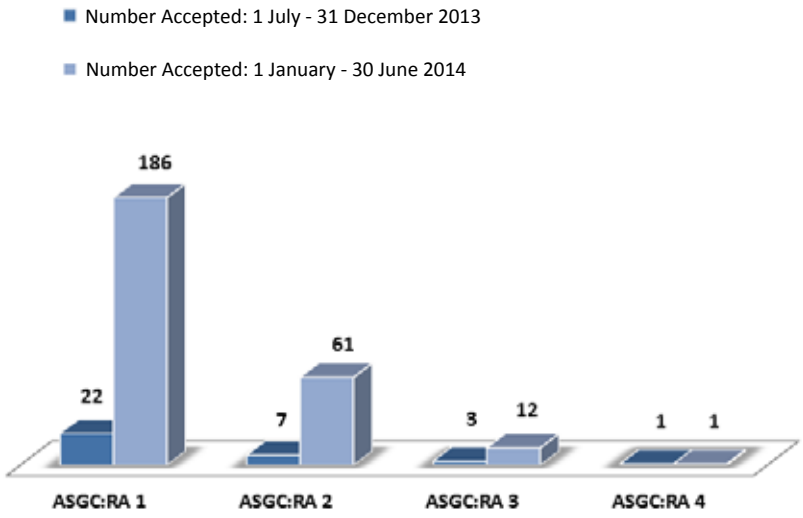
So my recommendations for other students and scholarship applicants is to choose a destination as far outside of your comfort zone and as different to the regular city based clinical practice sites as possible. The bigger the change the better the challenge and the greater the reward when you emerge from the other side. Also remember that things have a tendency to work differently in under-staffed and under-funded rural clinics so try not get overwhelmed, hold on to the maxim 'everything will be fine in the end, if it is not fine then it is not the end' and just keep chipping away at it. Your clinical site will most probably be more demanding and less organised and you will have to be more independent. However, in time you will develop your own unique competencies and lateral skills created by the difficulties and problems faced almost daily. Lastly and most importantly of all enjoy it, it will go by very quickly. Take the time to appreciate the town, the people, local attractions, the surrounding country and the rural lifestyle.

It really is an experience that I am very thankful for and one that I will hold on to for a lifetime. My time in Broken Hill has definitely provided me with unique clinical skills, enhanced professional values and a deeper personal awareness.

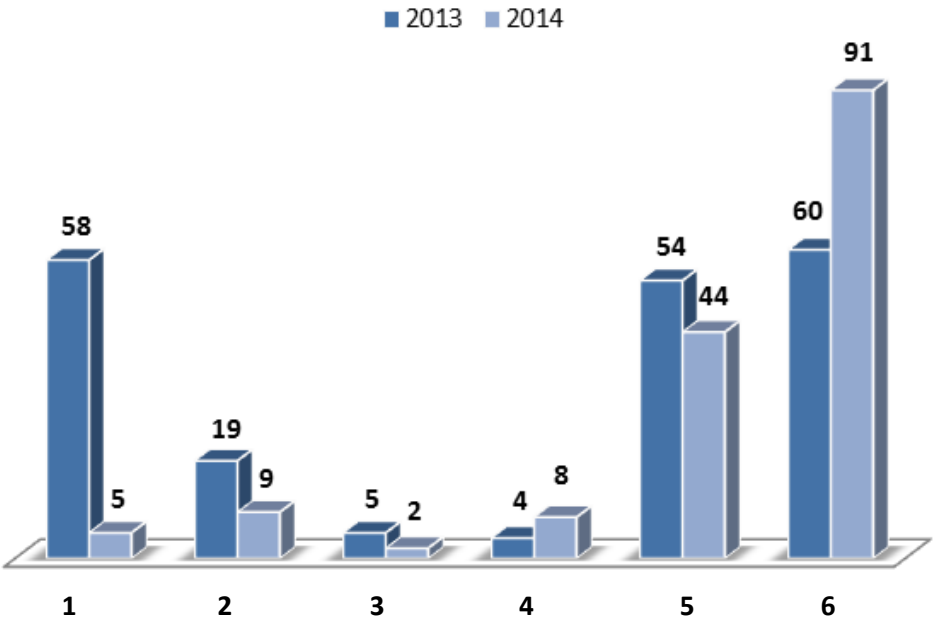
Clinical Placements
Applications Applied and Accepted 2008-14



Clinical Placements
Scholarships Accepted by Home ASGC-RA 2013-14



Clinical Placements
Duration of Clinical Placements 2013-14



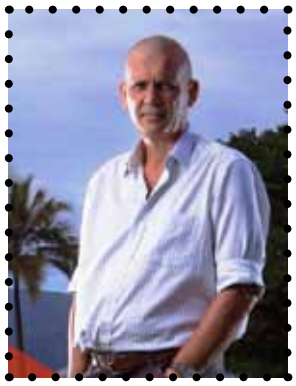
Number of weeeks

Clinical Psychology

SARRAH has administered Clinical Psychology Scholarships under the NAHSSS since 1 July 2010. This scheme aims to increase the number of practising clinical psychologists, particularly in rural and remote areas, by providing financial support to a maximum of $15,000 per year for two years, to undertake training towards becoming an endorsed clinical psychologist.

Scholar Story

Jeffrey Nelson
Clinical Psychologist
Mt Isa, Queensland



My name is Jeff Nelson and a recipient of SARRAH's Clinical Psychology Scholarship which assisted me to complete my training at James Cook University and to have a funded placement in Mt Isa (central Queensland). My motivation to complete the Masters Program is probably different to most in that I had already gained a PhD in Psychology and was working in academia. I wanted Aboriginal and Torres Strait Islander people to benefit from service provision and to enjoy a happy longer life. To do this I advocated for the use of best practice; that being the use of evidence-based assessment and intervention by suitably qualified practitioners. I had previously worked as a member of teams practising in Western Australia and the Northern Territory with terribly damaged children and young people who achieved positive outcomes using standard evidence-based practices.

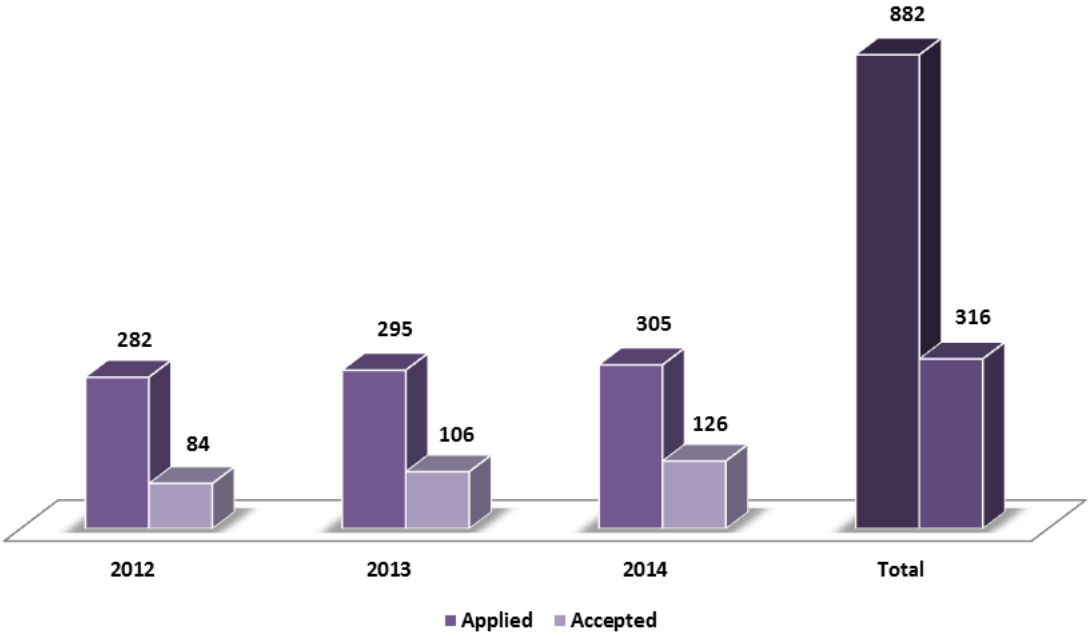
I have a role that is, while challenging, personally meaningful and fulfilling. I have the opportunity to offer best-practice services to a cohort who had been refused access for so long because of cultural reasons and a protectionist approach.

I am now in the process of applying to complete my Clinical Psychology internship and to move to the next stage of my development. One of the problems that come with living remotely or in a regional town is the shortage of psychologists who are able to supervise at this level. This problem is acute in Far North Queensland. I am fortunate enough to have gained the services of a supervisor who will not only mentor me but who will also challenge me to justify my decisions and to discuss outcomes as they emerge. My proposed supervisor supports my use of evidence-based practices with Aboriginal and Torres Strait Islander clients believing that psychological recovery should not be impeded by philosophy or populist opinion.

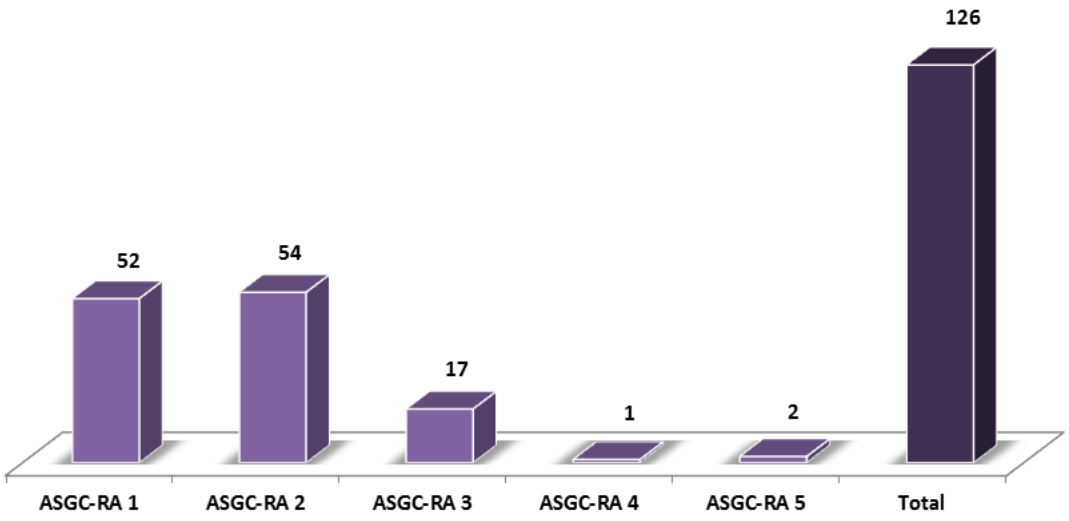
By the way, I am an Aboriginal Psychologist and this stuff does matter to me!

A big thanks to SARRAH for their past and hopefully future support.

Clinical Psychology Scholarships Applied and Accepted 2012-14



Clinical Psychology Scholarships Accepted by ASGC-RA 2014



Clinical Psychology Scholarships
Applied and Accepted by Gender 2014

Continuing Professional Development (CPD)

SARRAH has administered CPD Scholarships since 2003 under various schemes. This scheme provides practising allied health professionals in rural and remote Australia with access to funding of up to $3,000, for CPD activities (including attendance at conferences, short courses, clinical placements and non-award post-graduate modules) to upgrade clinical skills.

Two scholarship rounds are offered per calendar year. The first round opens each August and covers CPD courses from 1st January - 30th June of the following year. The second round opens each April and covers CPD courses from 1st July - 31st December of that year.

Scholar Story

Christina Tyacke

Speech Pathologist

Primary Health Services, Mid North Coast Local Health District

Having graduated 12 years ago and not having attended a conference in eight years, I was very much looking forward to a comprehensive professional top-up.

In one presenter's discussion on our clients' sense of self, I found myself feeling more challenged to work out how I can do more to help parents help their children maximise opportunities for social relationships, thinking how can I help this four-year-old better enjoy playing with his friends at preschool, or help that five-year-old feel more confident to participate in group time; I felt challenged to take communication further than I do into a social interaction framework.

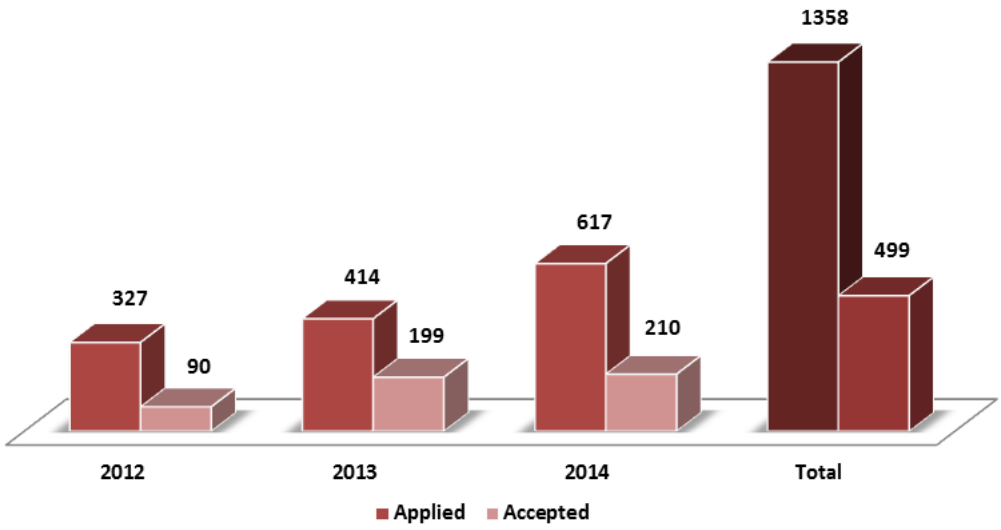
After the module on pediatric feeding I felt reassured that it is okay to use an eclectic mix of clinical approaches, that one can still be a good clinician despite not having attended all the big – and costly – specialist training packages in this field.

It was interesting talking between presentations with other delegates. One particular conversation with a private practitioner related to the principles of motor learning and her use of an iPad. It left me curious to delve more into the use of tablets and apps, to maximize clinical outcomes and client motivation when working with speech sound difficulties. It dawned on me that this push for technology is not a gimmick, but does hold sound rationale for enhancing clinical outcomes.

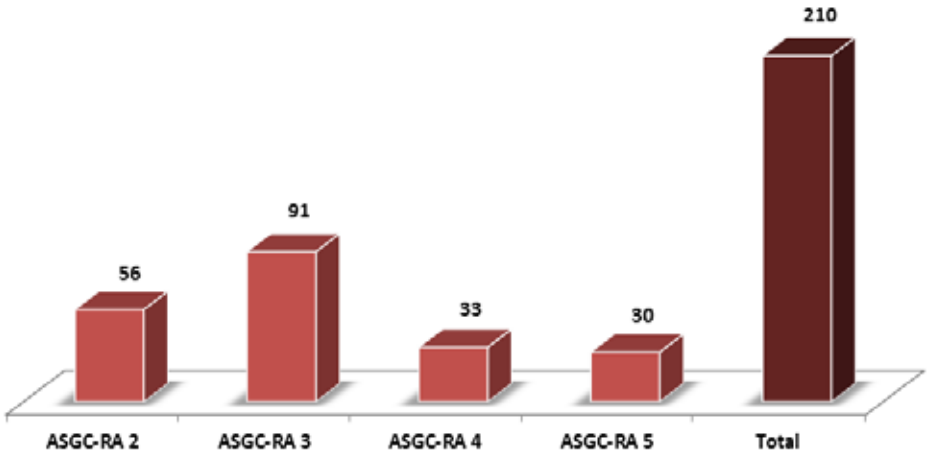
I was enlightened to consider the National Disability Insurance Scheme in more depth, a service now so frequently in the headlines. One speaker mentioned that the NDIS requires a functional evaluation to determine eligibility, not a diagnosis or impairment-based information. Although this in and of itself makes complete sense I was struck – frustrated – that we still need reminders to operate with a functional mindset. I feel inspired to be better at asking and answering the question of why this is important for this child tonight at home, tomorrow at preschool.

I feel privileged to have had the financial support from SARRAH, administrative support from local management, and family support in order to attend this event. Following a low-point in my career in recent times, I certainly feel inspired now to have reconnected with others from near and far afield, and motivated having reconnected within myself as an allied health professional.

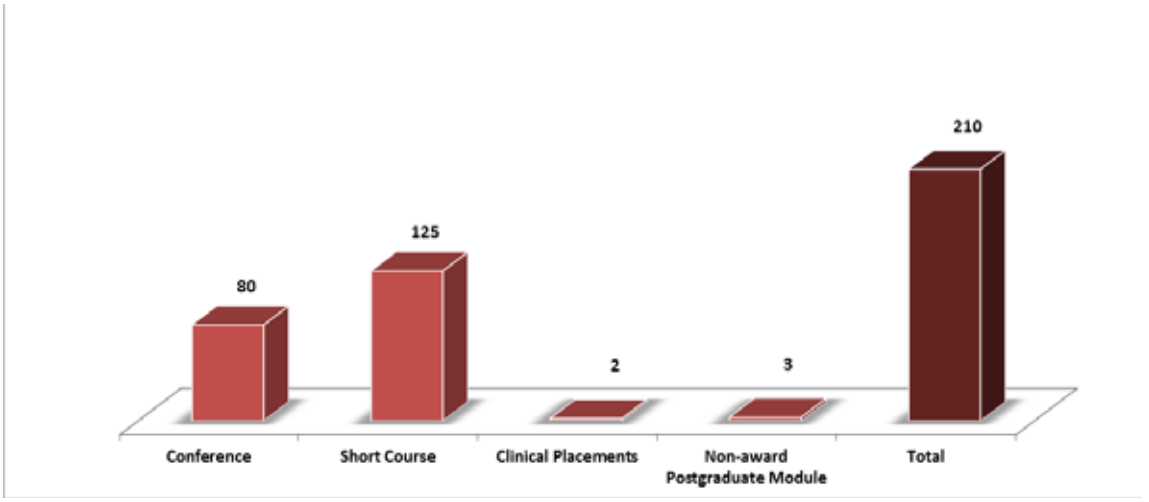
CPD Scholarships Applied and Accepted 2012-14



CPD Scholarships Accepted by ASGC-RA 2014



CPD Scholarships Accepted by Activity Type 2014



Postgraduate

SARRAH has administered Postgraduate Scholarships since 2003 under various schemes. The scheme provides allied health professionals who deliver clinical services in rural and remote Australia to access funding to a maximum of $15,000 per year to undertake postgraduate studies.

Scholar Story

Pippa Blackburn

Social Worker

Bunbury, NSW

Pippa Blackburn is studying towards a Doctor of Philosophy (PhD) degree at Griffith University, with the help of a Postgraduate Scholarship awarded by SARRAH.

Pippa's interest in bereavement was sparked by a death in her family, and by her day job as a palliative care social worker in the South-West of Western Australia, where she works closely with patients facing the end of their lives. She noticed that rural and remote palliative care was challenged by a lack of resources and outdated models of bereavement support.

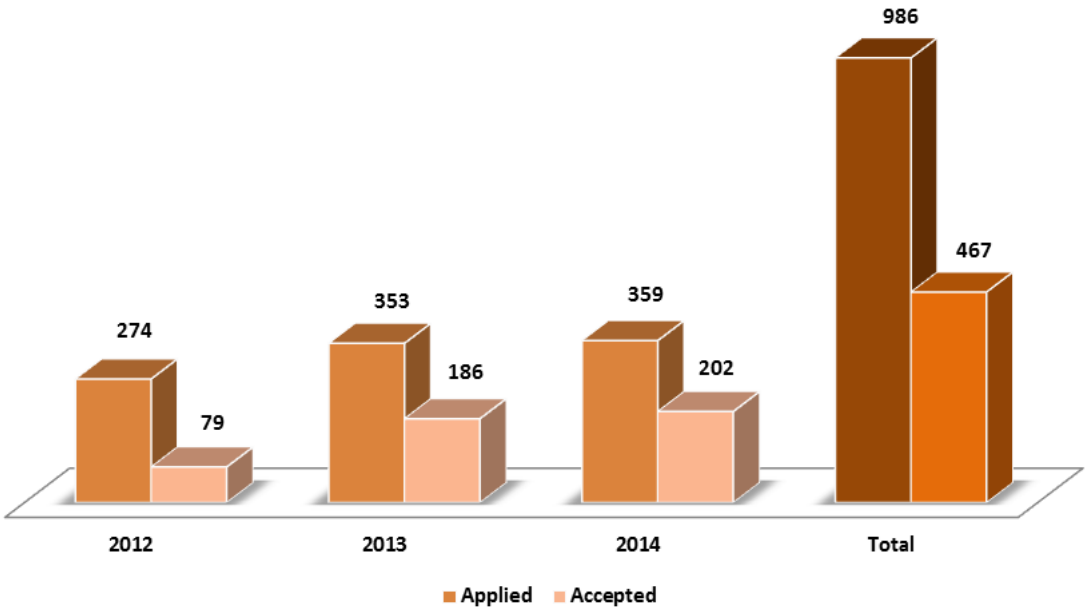
She hopes to bring to rural practice the benefit of her studies into new approaches to bereavement, including normalising the grief experience, building resilience in bereaved family members and post traumatic growth.

"I want to translate global research into something practical and useful for rural palliative care nurses and allied health providers," she said.

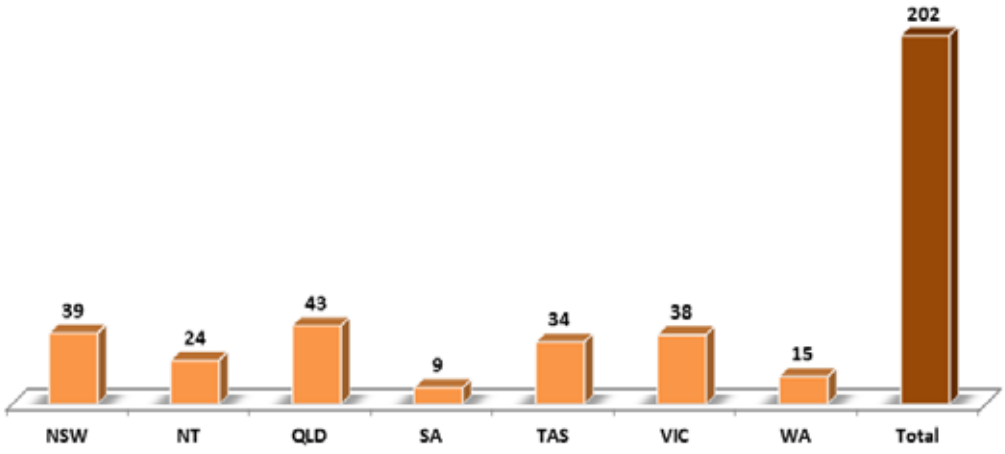
"A lot of my referrals are young parents who are dying. Social work is a profession that has a particular skill set around bereavement because we can work with the families to get the supports they need by linking them into the whole system early to lessen the psychological, legal, financial and social impacts later on."

Pippa was awarded a Postgraduate Scholarship valued at $30,000 over two years.

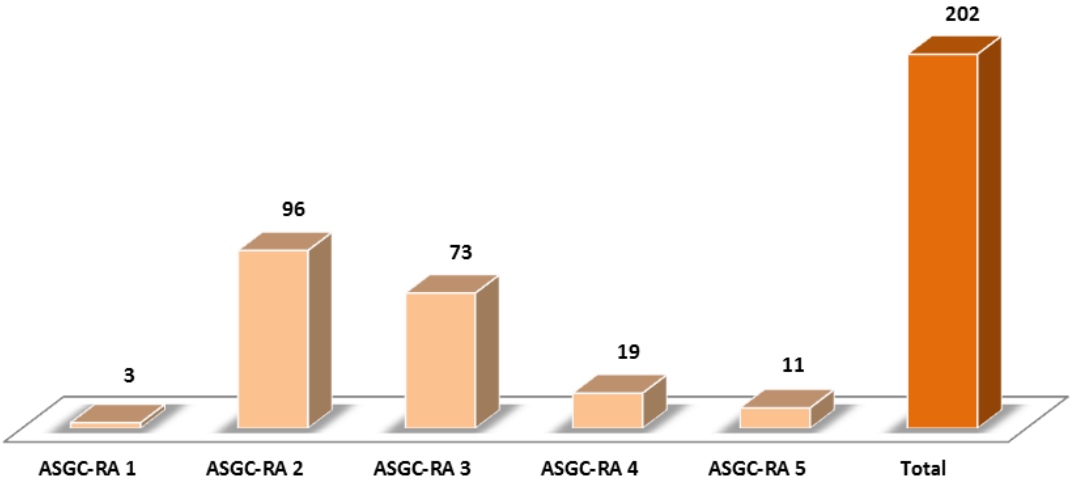
Postgraduate Scholarships Applied and Accepted from 2012-14



Postgraduate Scholarships Accepted by State 2014



Postgraduate Scholarships Accepted by ASGC-RA 2014



Undergraduate (Entry-Level)

SARRAH has administered Undergraduate (Entry-Level) Scholarships since 2005 under various schemes. This scholarship provides a maximum of $10,000 per annum to students undertaking an eligible allied health entry level qualification at an Australian university.

Scholar Story

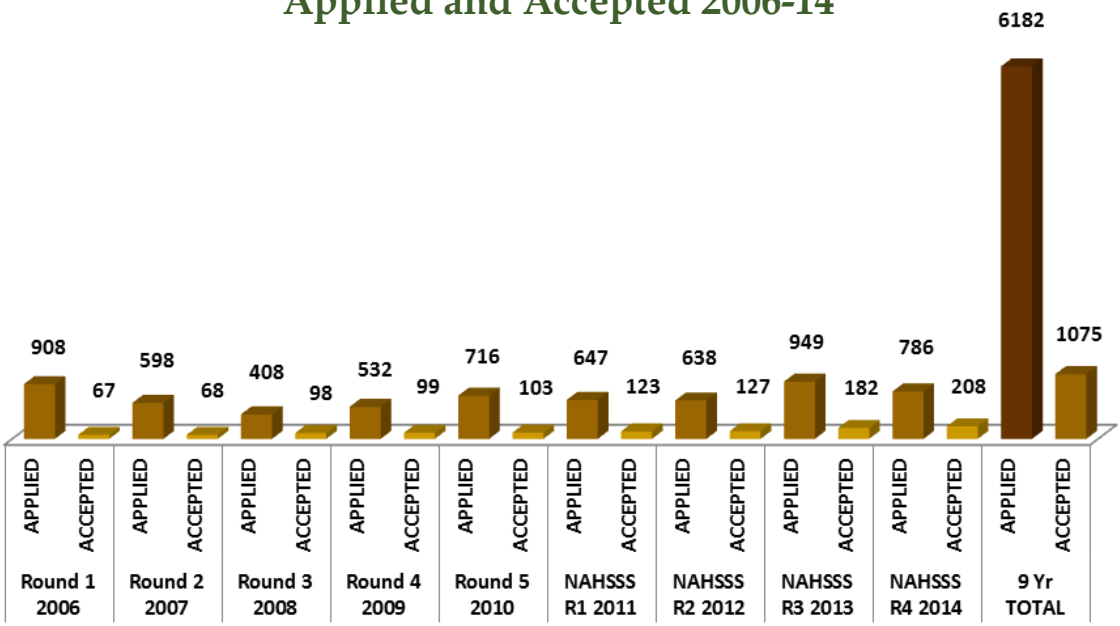
Ebony Hicks

Occupational Therapy Student

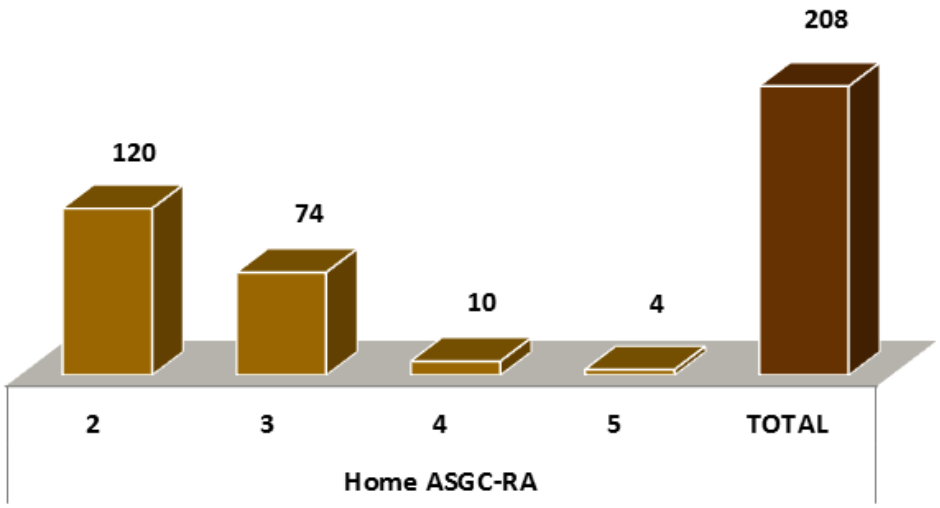
Kingaroy, Queensland

"This is my third year studying Occupational Therapy at Townsville, which is 1200km from my home. In my first two years I lived in a share house of five. I was ineligible for Centrelink payments, so my parents offered to support me. This meant my mum had to increase her working hours. It wtas hard hearing from my family, as they have found finances harder hese years. I often have to choose between eating meat or veggies. I don't know another breakfast cereal besides Weetbix and I once had to split a 30 cent ice cream cone with a friend. This scholarship is such a blessing to not only me, but my whole family! It is covering things my Dad supported me in, which means he gets to keep his dollars! I am looking forward to eating nutritiously and not stressing about the finances required to come home. Many thanks to the SARRAH team."

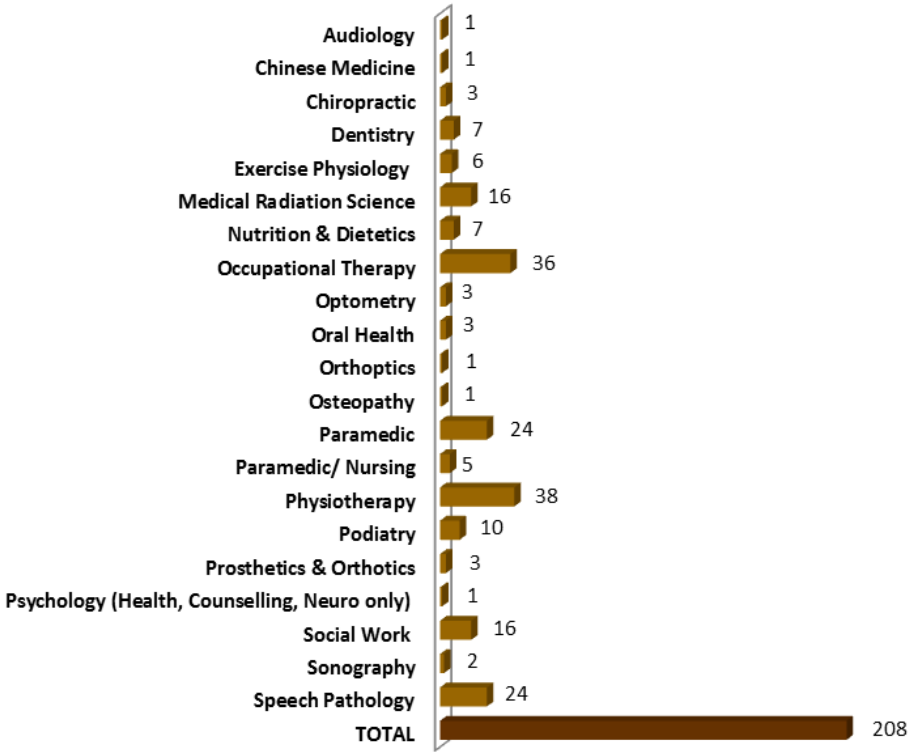
Undergraduate (Entry-Level) Scholarships Applied and Accepted 2006-14



Undergraduate (Entry-Level) Scholarships Accepted by ASGC-RA 2014



Undergraduate (Entry-Level) Scholarships by Discipline 2014



National Rural and Remote Support Service

Photo by Bay Post. Pictured are members of an Early Intervention playgroup at the launch of the NRRSS program.

SARRAH administers the NRRSS program which aims to extend early intervention services into those areas of Australia where access is a challenge. The NRRSS program supports the delivery of Early Childhood Intervention (ECI) services to children with a disability across rural and remote Australia. The NRRSS encourages therapists to register as Panel providers with the Australian Government Department of Social Services (DSS) accessing funding under the following programs:

- Better Start for Children with a Disability (Better Start) initiative
- Helping Children with Autism (HCWA) program.

The primary objective of the NRRSS is to support ECI therapists and encourage innovative models of service delivery in rural and remote communities. Children who are diagnosed with a disability, developmental delay or autism are entitled to a range of services under the DSS funded Better Start and HCWA programs. By registering as a Panel provider with the DSS, therapists help families with the cost of early intervention services for their child. ECI therapists can offer intervention services which will prepare the children with disability or developmental delay for school.

Since the beginning of the program in June 2013 the NRRSS has created a range of tools and strategies to reduce professional and social isolation of ECI therapists providing services in rural areas of Australia. Members of the NRRSS have access to the Peer-to-Peer (P2P) Mentoring Program and the SARRAH-developed Transition to Rural and Remote Practice Toolkit. The NRRSS researches effective models of service delivery in rural areas and shares the results. The team works collaboratively with Carers Australia and Autism Associations to map ECI service coverage in rural and remote areas. Gaps in ECI services are identified and the information shared with all stakeholders. Best-practice ways of using technology to provide services and professional

development are modelled and discussed. Early intervention professionals are supported and encouraged to register as early intervention service provider Panel members with the DSS.

The program has established an Expert Reference Group (ERG) who are experienced ECI therapists providing services across all areas of Australia. Members' expertise ranges from physiotherapy to speech pathology and occupational therapy. Representatives from DSS, Carers Australia and Autism Associations make up the complement. Members of the ERG regularly share their extensive experience and insight into the challenges of delivering early intervention services in areas of Australia where there are fewer services and supports for families with children who experience disability and developmental delay.

Five hundred members of the NRRSS access the newsletter and website which contains relevant links and resources. A brochure has been circulated to rural councils, professional associations, Medicare Locals and child health nurses across Australia. The first NRRSS hosted webinar was attended by 78 therapists from around Australia. Future webinar topics include 'Outreach services: What works and what doesn't,' and 'Alternative models of therapy delivery.' Therapists from all geographic areas have responded enthusiastically to the webinar concept. Ongoing discussion of the topics between colleagues who are geographically dispersed is encouraged through web based forums and Twitter discussion groups.

The webpage provides access to mentoring support, webinar broadcasts and professional forums to 480 early intervention allied health therapists who have registered since the inception of the NRRSS.

Did you know?

SARRAH has its own dedicated Facebook page, with over 700 friends and reaching many more across Australia.

There were 167 posts uploaded over the financial year, with all receiving some degree of viewing. The most popular posts were ones that advocated for the needs of rural communities, such as the SARRAH budget response media release, which was seen by 1875 people. Also popular were articles ranking allied health professions, the opening of scholarship applications and an article of rural families forced to consider leaving home due to lack of early intervention for their children.

To keep informed on SARRAH's advocacy, projects, scholarships and other activites, join our Facebook community so we can continue strengthen our voice for rural and remote health services.

Find us on Facebook **www.facebook.com/sarrahealth**

SARRAH Financial Overview

- Financial Management
- Financial Statements

Financial Management

SARRAH had net assets of $16.35 million as at 30 June 2014.

An abbreviated SARRAH balance sheet presenting total assets and liabilities through to 30 June 2014 is presented in the table below.

	2014 ($)	2013 ($)
Total Assets	16,654,793	15,549,932
Total Liabilities	307,770	272,275
Net Assets/Total Equity	**16,347,023**	**15,277,657**

SARRAH had a net cash surplus of $16.48 million and the table below represents the results through to 30 June 2014.

	2014 ($)	2013 ($)
Receipts (government, members, customers and interest)	13,622,444	14,579,125
Payments (suppliers and employees)	(12,477,858)	(10,927,529)
Net cash provided by operating activities	1,082,494	2,688,694
Cash at the beginning of the financial year	15,450,489	12,776,438
Cash at the end of the financial year	16,478,747	15,450,489

Note: For 2014, 99% of the cash surplus is commited to scholarships.

SARRAH received revenue of $13.45 million for 2013-14 and the table below represents the actual results through to 30 June 2014.

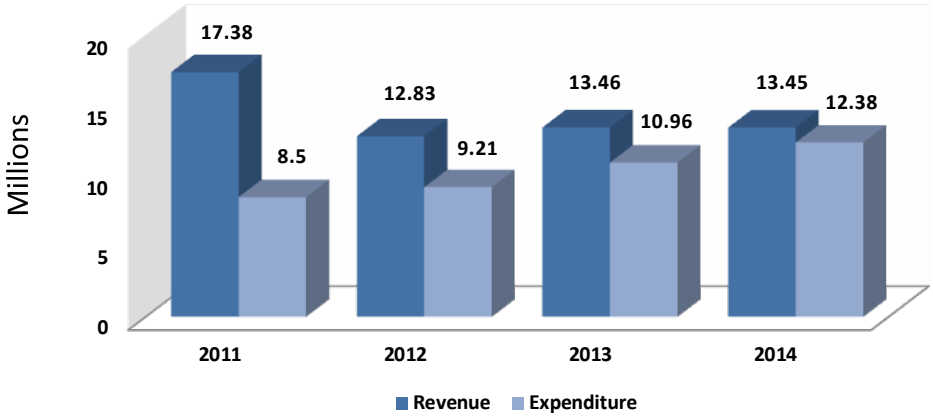
	2014 ($)	2013 ($)
Grant Revenue (DoH)	12,850,054	12,753,699
Interest Received	216,149	295,590
Membership Fees	26,073	34,419
Conference Income	10,000	52,085
Other	188,614	124,535
RHCE2 Income	5,950	53,550
NRRSS Income	150,000	150,000
Total	**13,446,840**	**13,462,878**

SARRAH's expenses were $12.38 million during 2013-14 and the table below presents actual results through to 30 June 2014.

	2014 ($)	2013 ($)
Employee Benefits Expense	1,070,053	968,635
Depreciation and amortisation expenses	21,818	16,136
Asset write off expense	0	20
Operating lease expenses	134,030	110,059
Scholarship payments	10,399,939	9,148,701
Conference expenses	38,230	135,674
Other expenses	713,409	577,245
Total	**12,377,479**	**10,956,470**

SARRAH Revenue and Expenses

2011 - 14



SARRAH

FINANCIAL REPORT
FOR THE YEAR ENDED

30 JUNE 2014

SERVICES FOR AUSTRALIAN RURAL AND REMOTE ALLIED HEALTH INCORPORATED

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2014

	Note	2014	2013
		$	$
Revenue	2	13,446,840	13,462,878
Employee provisions expense		(1,070,053)	(968,635)
Depreciation expense		(21,818)	(16,136)
Asset write-off expense		-	(20)
Rental expense	3	(134,030)	(110,059)
Scholarship payments	3	(10,399,934)	(9,148,701)
Conference expenses	3	(38,230)	(135,674)
Other expenses	3	(713,409)	(577,245)
Net current year surplus		1,069,366	2,506,408
Other comprehensive income		-	-
Total comprehensive income for the year		1,069,366	2,506,408

The accompanying notes form part of these financial statements.

SERVICES FOR AUSTRALIAN RURAL AND REMOTE ALLIED HEALTH INCORPORATED

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2014

	Note	2014 $	2013 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	16,478,747	15,450,489
Trade and other receivables	6	26,686	10,824
Other current assets	7	52,206	42,416
TOTAL CURRENT ASSETS		16,557,639	15,503,729
NON-CURRENT ASSETS			
Plant and equipment	8	97,154	46,203
TOTAL NON-CURRENT ASSETS		97,154	46,203
TOTAL ASSETS		16,654,793	15,549,932
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	222,025	223,284
Provisions	10	24,949	14,603
Lease liability	11	4,277	-
TOTAL CURRENT LIABILITIES		251,251	237,887
NON-CURRENT LIABILITIES			
Provisions	10	42,263	34,388
Lease liability	11	14,256	-
TOTAL NON-CURRENT LIABILITIES		56,519	34,388
TOTAL LIABILITIES		307,770	272,275
NET ASSETS		16,347,023	15,277,657
EQUITY			
Retained surplus		16,347,023	15,277,657
TOTAL EQUITY		16,347,023	15,277,657

The accompanying notes form part of these financial statements.

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2014

	Retained Surplus $	Total $
Balance at 1 July 2012	12,771,249	12,771,249
Comprehensive income		
Net surplus for the year	2,506,408	2,506,408
Balance at 30 June 2013	15,277,657	15,277,657
Comprehensive income		
Net surplus for the year	1,069,366	1,069,366
Balance at 30 June 2014	16,347,023	16,347,023

The accompanying notes form part of these financial statements.

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2014

	Note	2014 $	2013 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from government, members and customers		13,622,444	14,579,125
Interest received		216,149	294,590
Net GST received/(paid)		(318,241)	(1,257,492)
Payments to suppliers and employees		(12,477,858)	(10,927,529)
Net cash provided from operating activities	16	1,082,494	2,688,694
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of plant and equipment		(51,385)	(14,643)
Net cash used in investing activities		(51,385)	(14,643)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of borrowings		(2,851)	-
Net cash used in financing activities		(2,851)	-
Net increase in cash held		1,028,258	2,674,051
Cash and cash equivalents at beginning of financial year		15,450,489	12,776,438
Cash and cash equivalents at end of financial year	5	16,478,747	15,450,489

The accompanying notes form part of these financial statements.

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements were authorised for issue on 26 August 2014 by the members of the committee.

Basis of Preparation

Services for Australian Rural and Remote Allied Health Incorporated (SARRAH) applies Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: Application of Tiers of Australian Accounting Standards and AASB 2010–2: Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements and other applicable Australian Accounting Standards – Reduced Disclosure Requirements.

The financial statements are general purpose financial statements have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the Associations Incorporation Act 1987. The association is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of the financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

Accounting Policies

a. Income Tax

No provision for income tax has been raised as SARRAH is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

b. Plant and Equipment

Each class of plant and equipment is carried at cost or fair value as indicated less, where applicable, any accumulated depreciation and any impairment losses.

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount and impairment losses recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(e) for details of impairment).

The cost of fixed assets constructed within the association includes the cost of materials, direct labour, borrowing costs and an appropriate proportion of fixed and variable overheads.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the association and the cost of the item can be measured reliably. All other repairs and maintenance are recognised as expenses in profit or loss during the financial period in which they are incurred.

Depreciation

The depreciable amount of all fixed assets, is depreciated on a straight-line basis over the asset's useful life commencing from the time the asset is held ready for use. Lease hold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
Office equipment	25-67%
Office furniture	8-20%

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are recognised in profit or loss in the period in which they occur. When re-valued assets are sold, amounts included in the revaluation relating to that asset are transferred to retained surplus.

c. Leases

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset (but not the legal ownership) are transferred to the association, are classified as finance leases.

Finance leases are capitalised by recognising an asset and a liability at the lower of the amount equal to the fair value of the leased property or the present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Leased assets are depreciated on a straight-line basis over their estimated useful lives where it is likely that the association will obtain ownership of the asset or ownership over the term of the lease.

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are recognised as expenses on a straight-line basis over the lease term.

d. Financial instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the association commits itself to either purchase or sell the asset (i.e. trade date accounting is adopted).

Financial instruments are initially measured at fair value plus transaction costs, except where the instrument is classified "at fair value through profit or loss" in which case transaction costs are recognised immediately as expenses in profit or loss.

Classification and subsequent measurement

Financial instruments are subsequently measured at fair value, amortised cost using the effective interest method, or cost.

Amortised cost is calculated as the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction

for impairment, and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using the *effective interest method*.

The *effective interest method* is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying amount with a consequential recognition of an income or expense item in profit or loss.

(i) *Financial assets at fair value through profit or loss*

Financial assets are classified at "fair value through profit or loss" when they are held for trading for the purpose of short-term profit taking, derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in carrying amount being included in profit or loss.

(ii) *Loans and receivables*

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

(iii) *Held-to-maturity investments*

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the association's intention to hold these investments to maturity. They are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

(iv) *Available-for-sale investments*

Available-for-sale investments are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

They are subsequently measured at fair value with any re-measurements other than impairment losses and foreign exchange gains and losses recognised in other comprehensive income. When the financial asset is derecognised, the cumulative gain or loss pertaining to that asset previously recognised in other comprehensive income is reclassified into profit or loss.

Available-for-sale financial assets are classified as non-current assets when they are expected to be sold within 12 months after the end of the reporting period.

All other available-for-sale financial assets are classified as current assets.

(v) *Financial liabilities*

Non-derivative financial liabilities are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial liability is derecognised.

Impairment

At the end of each reporting period, the association assesses whether there is objective evidence that a financial asset has been impaired. A financial asset (or a group of financial assets) is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events (a "loss event") having occurred, which has an impact on the estimated future cash flows of the financial asset(s).

In the case of available-for-sale financial assets, a significant or prolonged decline in the market value of the instrument is considered to constitute a loss event. Impairment losses are recognised in profit or loss immediately. Also, any cumulative decline in fair value previously recognised in other comprehensive income is reclassified into profit or loss at this point.

In the case of financial assets carried at amortised cost, loss events may include: indications that the debtors or a group of debtors are experiencing significant financial difficulty, default or delinquency in interest or principal payments; indications that they will enter bankruptcy or other financial reorganisation; and changes in arrears or economic conditions that correlate with defaults.

When the terms of financial assets that would otherwise have been past due or impaired have been renegotiated, the association recognises the impairment for such financial assets by taking into account the original terms as if the terms have not been renegotiated so that the loss events that have occurred are duly considered.

Derecognition

Financial assets are derecognised when the contractual right to receipt of cash flows expires or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised when the related obligations are discharged or cancelled, or have expired. The difference between the carrying amount of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

e. Impairment of Assets

At the end of each reporting period, the association assesses whether there is any indication that an asset may be impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in profit or loss, unless the asset is carried at a revalued amount in accordance with another Standard (eg in accordance with the revaluation model in AASB 116). Any impairment loss of a revalued asset is treated as a revaluation decrease in accordance with that other Standard.

Where it is not possible to estimate the recoverable amount of an individual asset, the association estimates the recoverable amount of the cash-generating unit to which the

asset belongs.

Where the future economic benefits of the asset are not primarily dependent upon the asset's ability to generate net cash inflows and when the entity would, if deprived of the asset, replace its remaining future economic benefits, value in use is determined as the depreciated replacement cost of an asset.

Where an impairment loss on a revalued asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

f. Employee Benefits

Short-term employee benefits

Provision is made for the association's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service, including wages and salaries. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

The association's obligation for short-term employee benefits are recognised as a part of current trade and other payable in the statement of financial position.

Other long-term employee benefits

Provision is made for employees' annual leave entitlements not expected to be paid within 12 months after the end of the annual reporting period in which the employee render the related service. Other long-term employee benefits are measured as the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting periods on government bonds that have maturity dates that approximate the terms of the obligations. Any remeasurement of obligations for other long-term employee benefits for changes in assumptions are recognised in profit or loss in the periods in which the changes occur.

The association's obligations for long-term employee benefits are presented as non-current provisions in its statement of financial position, except where the association doesn't not have an unconditional right to defer settlement for at least 12 months after the reporting date, in which case the obligations are presented as current provisions.

g. Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts.

h. Trade and other receivables

Trade and other receivables include amounts due from members as well as amounts receivable from customers for goods sold or services provided in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at

amortised cost using the effective interest method, less any provision for impairment. Refer to Note 1(e) for further discussion on the determination of impairment losses.

i. Revenue and Other Income

Non-reciprocal grant revenue is recognised in profit or loss when the association obtains control of the grant, it is probable that the economic benefits gained from the grant will flow to the association and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the association incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

The association receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in profit or loss.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

All revenue is stated net of the amount of goods and services tax (GST).

j. Borrowing Costs

Borrowing costs directly attributable to the acquisition, construction or production of assets that necessarily take a substantial period of time to prepare for their intended use or sale are added to the cost of those assets, until such time as the assets are substantially ready for their intended use or sale.

All other borrowing costs are recognised as expenses in the period in which they are incurred.

k. Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

l. Comparative Figures

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

m. Trade and other payables

Accounts payable and other payables represent the liabilities outstanding at the end of the reporting period for goods and services received by the association during the reporting period that remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

n. Provisions

Provisions are recognised when the association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

o. Key Estimates

(i) *Impairment - general*

The association assesses impairment at the end of each reporting period by evaluation of conditions and events specific to the association that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

NOTE 2: REVENUE	2014 $	2013 $
Revenue		
Department of Health and Ageing Grants	12,850,054	12,753,699
Interest	216,149	294,590
Membership fees	26,073	34,419
Conference income	10,000	52,085
Other income	188,614	124,535
RHCE2 income	5,950	53,550
NRRSS income	150,000	150,000
Total revenue	13,446,840	13,462,878

NOTE 3: SURPLUS FOR THE YEAR	2014 $	2013 $
a. **Expenses**		
Rental expense on operating leases:	(134,030)	(110,059)
b. **Significant Revenue and Expenses**		
The following significant revenue and expense items are relevant in explaining the financial performance:		
Department of Health and Ageing grants	12,850,054	12,753,699
Employee benefits expense	(1,070,053)	(968,635)
Scholarship payments	(10,399,939)	(9,148,701)
Conference expenses	(38,230)	(135,674)
Other operating expenses	(713,409)	(577,245)

NOTE 4: AUDITORS' REMUNERATION	2014 $	2013 $
Remuneration of the auditor of the association for:		
- Auditing the financial report	8,182	16,000
- Other services	2,727	-
Total remuneration	10,909	16,000

NOTE 5: CASH AND CASH EQUIVALENTS	Note	2014 $	2013 $
Cash at bank and on hand		16,478,747	15,450,489
	15	16,478,747	15,450,489

The effective interest rate on short-term bank deposits was 2.83% (2013: 1.9%)

Reconciliation of cash

Cash at the end of the financial year as shown in the statement of cash flows is reconciled to items in the statement of financial position as follows:

Cash and cash equivalents		16,478,747	15,450,489

Approximately 99% of the cash funds held as at 30 June 2014 relate to scholarship streams that have been granted for which future payments are required.

NOTE 6: TRADE AND OTHER RECEIVABLES	Note	2014 $	2013 $
CURRENT			
Trade and other receivables		797	10,824
GST receivable		25,889	-
Total current trade and other receivables	16	26,686	10,824

NOTE 7: OTHER CURRENT ASSETS	2014 $	2013 $
CURRENT		
Prepayments	52,206	42,416

NOTE 8: PLANT AND EQUIPMENT	2014 $	2013 $
Office equipment:		
At cost	139,765	130,674
Accumulated depreciation	(109,690)	(98,573)
	30,075	32,101
Office furniture:		
At cost	98,755	35,077
Accumulated depreciation	(31,676)	(20,975)
	67,079	14,102
Total plant and equipment	97,154	46,203

Movements in carrying amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Office Equipment $	Office Furniture $	Total $
Balance at 1 July 2013	32,101	14,102	46,203
Additions	9,091	63,678	72,769
Disposals	-	-	-
Depreciation expense	(11,117)	(10,701)	(21,818)
Carrying amount at 30 June 2014	30,075	67,079	97,154

NOTE 9: ACCOUNTS PAYABLE AND OTHER PAYABLES		2014 $	2013 $
CURRENT			
Trade payables		23,613	14,483
Wages and superannuation accrual		56,543	39,647
Provision for annual leave		65,349	63,308
Income in advance		52,410	60,000
Other payables		24,110	45,846
Total trade and other payables		222,025	223,284
a. Financial liabilities at amortised cost classified as accounts payable and other payables			
Accounts payable and other payables:		222,025	223,284
Less wages and superannuation accrual		(56,543)	(39,647)
Less provision for annual leave		(65,349)	(63,308)
Less income received in advance		(52,410)	(60,000)
Less other payables		(24,110)	(45,846)
Financial liabilities as trade and other payables	15	23,613	14,483

NOTE 10: PROVISIONS	2014 $	2013 $
CURRENT		
Current long service leave provision	24,949	14,603
NON-CURRENT		
Non-current long service leave provision	42,263	34,388
Total provisions	67,212	48,991

Analysis of long service leave provision	
Opening balance at 1 July 2013	48,991
Additional provisions	21,745
Amounts used	(3,524)
Total provisions	67,212

NOTE 11: LEASE LIABILITY	2014 $	2013 $
Current	4,277	-
Non-current	14,256	-
Total lease liability	18,533	-

NOTE 12: CAPITAL AND LEASING COMMITMENTS		2014 $	2013 $
a.	**Finance Lease Commitment**		
	Payable – minimum lease payments:		
	– not later than 12 months	4,277	-
	– between 12 months and five years	14,256	-
	– later than five years	-	-
	Minimum lease payments	18,533	-

The finance lease for the photocopier, which commenced in the 2014 financial year, is a 60 month lease. Lease payments are payable monthly in advance.

b.	**Operating Lease Commitments**		
	Non-cancellable operating leases contracted for but not capitalised in the financial statements		
	Payable – minimum lease payments:		
	– not later than 12 months	115,454	50,680
	– between 12 months and five years	365,590	105,414
	– later than five years	-	-
	Total operating lease commitments	481,044	156,094

The property lease commitment is a non-cancellable operating lease with a three-year term, with rent payable monthly in advance.

Contingent rental provisions within the lease agreement require that the minimum lease payments shall be increased by the lower of the change in the consumer price index or 4% per annum.

NOTE 13: CONTINGENT LIABILITIES AND CONTINGENT ASSETS

The committee is not aware of any contingent liabilities or contingent assets.

NOTE 14: EVENTS AFTER THE REPORTING PERIOD

The committee is not aware of any significant events since the end of the reporting period.

NOTE 15: RELATED PARTY TRANSACTIONS

	2014 $	2013 $
a. Key Management Personnel		
Any person(s) having authority and responsibility for planning, directing and controlling the activities of the association, directly or indirectly, including its committee members, is considered key management personnel.		
Key management personnel compensation:		
- Short-term benefits	182,324	166,220
- Post-employment benefits	16,865	14,960
Total key management personnel compensation	199,189	181,180
b. Other related party transactions		
Scholarships paid to related parties		
- Daniel Mahony	-	15,000
- Kathryn Fitzgerald	22,500	-

Transactions between related parties are on normal scholarship terms and under conditions no more favourable than those available to other persons unless otherwise stated. Although SARRAH administers the NAHSSS scholarships, scholarship applications are externally assessed and neither the SARRAH Secretariat nor the Board are involved in the selection process.

NOTE 16: CASH FLOW INFORMATION

	2014 $	2013 $
Reconciliation of cash flow from operations with profit		
Profit	1,069,366	2,506,408
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
- depreciation expense	21,818	16,136
- net loss on disposal of property, plant and equipment	-	20
Changes in assets and liabilities		
- (increase)/decrease in trade and other receivables	(15,862)	68,056
- (increase)/decrease in other assets	(9,790)	(3,182)
- increase/(decrease) in trade and other payables	6,331	23,621
- (decrease) in other liabilities	(7,590)	60,000
- increase/(decrease) in provisions	18,221	17,635
Total	1,082,494	2,688,694

NOTE 17: FINANCIAL RISK MANAGEMENT

The association's financial instruments consist mainly of deposits with banks, local money market instruments, short-term investments, accounts receivable and payable, and leases.

The carrying amounts for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

	Note	2014 $	2013 $
Financial assets			
Cash and cash equivalents	5	16,478,747	15,450,489
Trade and other receivables	6	26,686	10,824
Total financial assets		16,505,433	15,461,313
Financial liabilities			
Financial liabilities at amortised cost:			
– Trade and other payables	9	23,613	14,483
– Lease liability	11	18,533	-
Total financial liabilities		42,146	14,483

NOTE 18: ASSOCIATION DETAILS

The registered office and principal place of business of the association is:
Services for Australian Rural and Remote Allied Health Incorporated
Ground Floor, 40 Thesiger Court
Deakin, ACT 2600

STATEMENT BY MEMBERS OF THE COMMITTEE

SERVICES FOR AUSTRALIAN RURAL & REMOTE ALLIED HEALTH INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2014

STATEMENT BY MEMBERS OF THE COMMITTEE

In the opinion of the committee, the financial report as set out on pages 1 to 18:

1. Give a true and fair view of the financial position of Services for Australian Rural and Remote Allied Health Inc during and at the end of the financial year of the association ending on 30 June 2014.
2. At the date of this statement, there are reasonable grounds go believe that Services for Australian Rural and Remote Allied Health Inc will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the committee and is signed for and on behalf of the committee by:

President .....

Tanya Lehmann

Treasurer .....

Ruth Chalk

Dated this second day of September 2014

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF SERVICES FOR AUSTRALIAN RURAL AND REMOTE ALLIED HEALTH INC

Report on the Financial Report

We have audited the accompanying financial report of Services for Australian Rural and Remote Allied Health Incorporated (the association), which comprises the statement of financial position as at 30 June 2014, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the certification by members of the committee on the annual statements giving a true and fair view of the financial position of the association.

Committee's Responsibility for the Financial Report

The committee of the association is responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Associations Incorporation Act 1987 (WA)* and for such internal control as the committee determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial report of Services for Australian Rural and Remote Allied Health Incorporated is in accordance with the *Associations Incorporation Act 1987 (WA)*, including:

(i) giving a true and fair view of the association's financial position as at 30 June 2014 and of its performance for the year ended on that date; and

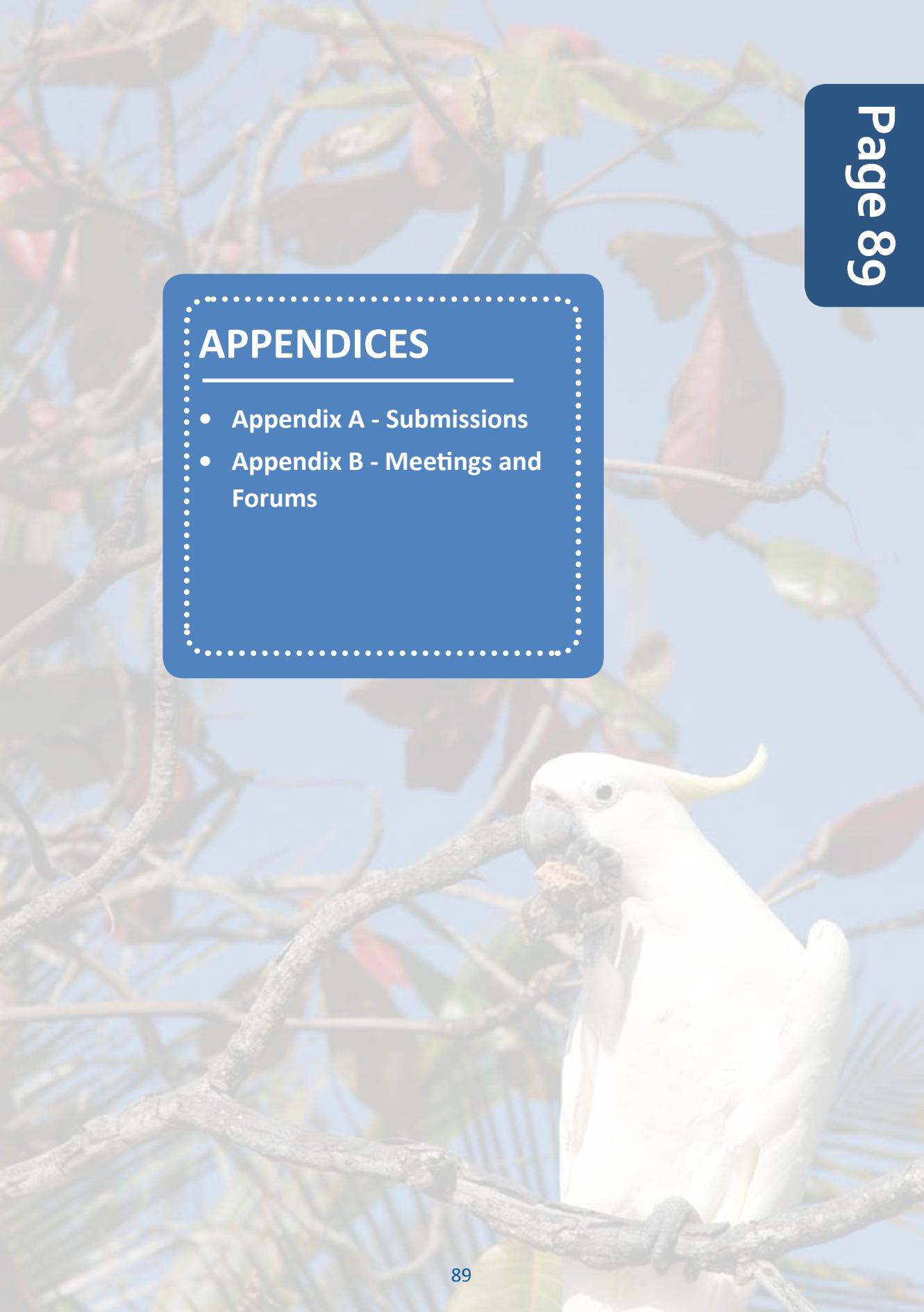
(ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements.

Shane Bellchambers, FCA
Registered Company Auditor
BellchambersBarrett

Canberra, ACT
Dated this 9 day of September 2014

APPENDICES

- Appendix A - Submissions
- Appendix B - Meetings and Forums



Appendix A - SARRAH Submissions

During the reporting period SARRAH provided submissions and discussion papers to the Department of Health, Senate Committees and other organisations. A list of submissions follows:

- '***Against the elements of the Terms of Reference***' to the National Commission of Audit.
- '***Review panel on the Personally Controlled Electronic Health Record***' to DoH.
- '***Federal Budget 2014-15***' to the Treasurer.
- '***Review of the Medicare Locals***' to the Department of Health.
- '***Review of Strategic Plan***' to the National Disability Insurance Agency.
- '***Prevalence of different types of speech, language and communication disorders and speech pathology services in Australia***' to the Community Affairs Senate Inquiry.
- '***Development of northern Australia***' to the Joint Select Committee.

Appendix B - Meetings & Forums

During 2013-14, SARRAH was represented at various forums including:

INTERNAL

- **SARRAH Board meetings via teleconference** – 29.07.2013, 27.08.2013, 17.12.2013, 25.02.2014 & 22.04.2014 with 27.10.2013 being a face-to-face meeting in Canberra.
- **SARRAH Audit Committee meetings via teleconference** – 16.08.2013, 14.10.2013, 15.11.2013, 21.03.2014, 11.04.2014, 16.05.2014 & 20.06.2014.
- **SARRAH Advisory Committee meetings via teleconference** – 25.07.2013, 26.09.2013, 23.01.2014, 27.03.2014 & 22.05.2014.
- **SARRAH Conference Organising Committee 2012 meetings via teleconference** - 01.07.2013, 05.08.2013, 02.08.2013, 04.11.2013, 09.12.2013, 20.01.2014, 17.02.2014, 03.03.2014, 07.04.2014, 05.05.2014 & 02.06.2014.
- **SARRAH Member Engagement Sub-Committee meetings via teleconference** - 08.11.2013, 09.12.2013 & 07.02.2014.
- **SARRAH Financial Diversification Sub-Committee meetings via teleconference** - 05.03.2014, 08.04.2014, & 06.05.2014.
- **SARRAH Membership Recruitment and Marketing Sub-Committee meetings via teleconference** - 19.05.2014 & 26.05.2014.
- **SARRAH Staff Strategic Planning Forum 2014 in Canberra** - 19.06.2014.
- **SARRAH 2013 Summit (including the AGM)** - 27 to 30.10.2013.
- **SARRAH NT Member meetings via teleconference** - 12.07.2013, 13.09.2013, 28.02.2014 & 26.06.2014.

ALLIED HEALTH

- **National Rural and Remote Support Services meetings -** 15.7.2013 (Canberra), 17.3.2014 (teleconference) & 28.5.2014 (teleconference).
- **National Allied Health eHealth Collaborative meeting via teleconference** - 18.7.2013.
- **Australian Physiotherapy Association National Advisory Council meeting in Canberra** - 17.08.2013.
- **Australian Allied Health Forums via teleconference** - 30.8.2013, 06.02.2014, 18.03.2014, 16.4.2014 & 2.6.2014 (Canberra).
- **National Allied Health Conference in Brisbane** - 17.10.2013.
- **Allied Health Care Reform Alliance and Allied Rural Health Education Network meeting in Canberra** - 24.10.2013.
- **NAHSSS Reference Group meetings via teleconference** – 31.10.2013, 27.03.2014 & 26.06.2014.
- **NRRSS Autism Advisor meeting via teleconference** - 18.11.2013.
- **Pharmacy Guild of Australia Dinner in Canberra** - 19.11.2013.
- **Indigenous Allied Health Conference** – 26 to 27.11.2013.
- **NRRSS Stakeholder meeting via teleconference** - 28.11.2013
- **Autism CRC Official Launch in Canberra** - 06.03.2014.

- **2015 National Allied Health Conference meeting via teleconference** - 24.03.2014.
- **NRRSS Launch in Bateman's Bay NSW** - 8.05.2014.
- **NRRSS - Providing Positive Behaviour Support to Children with a Disability via webinar** - 23.05.2014.

PARLIAMENTARIANS

- **Election 2013 Health Debate: Tanya Plibersek vs. Peter Dutton in Canberra** – 27.08.2013.
- **Senator Fiona Nash meeting at the SARRAH Summit in Canberra -** 28.10.2013.
- **Advisor to Minister Kevin Andrews, Kathy Casey meeting at the Summit in Canberra** - 29.10.2013.
- **Senator John Madigan meeting at the SARRAH Summit in Canberra** - 29.10.2013.
- **Andrew Wilkie MP (Member for Denison) meeting at the SARRAH Summit in Canberra** - 29.10.2013.
- **Senator Nick Xenophon meeting at the SARRAH Summit in Canberra** - 30.10.2013.
- **Minister Nash's Advisor meeting in Canberra** - 07.11.2013.
- **Stephen Jones MP, Shadow Assistant Minister for Health (Member for Throsby) meeting in Canberra** - 30.04.2014.
- **NRRSS and Minister Kevin Andrews' Policy Officer and Departmental Staff meeting in Canberra** - 16.06.2014.

PARLIAMENTARY COMMITTEES

- **Ministerial Rural and Remote Stakeholder Round Table meeting in Canberra** - 08.07.2013.
- **Appeared as a witness before the Senate Community Affairs Committee Inquiry on Speech Pathology in Canberra** – 20.06.2014.

AUSTRALIAN GOVERNMENT DEPARTMENTS/AUTHORITIES

- **Medicare Australia Stakeholder Consultative Group meetings in Canberra** - 03.07.2013, 07.11.2013 & 23.06.2014.
- **Department of Health meetings -** 24.07.2013 (teleconference), 29.07.2013 (teleconference), 12.11.2013 (teleconference) & 02.04.2014 (Canberra).
- **Department of Health ASGC-RA Technical Committee meeting in Canberra** - 25.07.2013.
- **Health Workforce Australia (HWA) Allied Health Stakeholder Consultative Group meetings via teleconference** - 30.7.2013, 17.9.2013 & 04.12.2013.
- **HWA Rural & Remote Generalist Allied Health Steering Committee meetings via teleconference** - 8.8.2013 & 18.9.2013 (Project Advisory Committee in Adelaide).
- **HWA Conference in Adelaide** - 18 to 20.11.2013.
- **HWA Standing Advisory Committee for Health Professions meeting in Adelaide** - 10.12.2013.
- **Department of Health Dental Relocation and Infrastructure Scheme Steering Committee meetings via teleconference** - 16.12.2013, 12.02.2014 & 19.05.2014.
- **Department of Veterans' Affairs Allied Health Advisory Committee meeting in Melbourne** - 24.02.2014.
- **Department of Health Federal Budget 2014 briefing in Canberra** - 13.05.2014.
- **Department of Social Services Grants Briefing via teleconference** - 26.05.2014.

MEDICARE LOCALS

- **Australian Medicare Local Alliance meetings** - 19.8.2013 (Canberra) & 17.12.2013 (teleconference).
- **Country South SA Medicare Local meetings** - 18.07.2013 (Medicare Nominations and Appraisals Committee) 05.09.2013 (teleconference) & 23.10.2013 (AGM).
- **Allied Health Medicare Local Symposium in North Coast NSW** - 18.09.2013.
- **Southern NSW Medicare Local Allied Health meetings** - 26.09.2013 (network meeting in Merimbula) & 28.03.2014 (forum in Mogo).
- **Murrumbidgee Medicare Local meetings in Wagga Wagga** - 10.10.2014 (AGM) & 20.03.2014 (update dinner).
- **NSW Medicare Local Allied Health Network meeting in Cooma** - 15.10.2014.
- **Country North SA Medicare Local meeting in Canberra** - 04.11.2013.

STATE & TERRITORY

- **Queensland Primary Health Care Network meetings** - 15.08.2013 & 7.11.2013.
- **Victorian Rural Health Outreach Fund & Medical Outreach Indigenous Chronic Disease Program Advisory forum via teleconference** - 11.09.2013 & 17.10.2013.
- **Safe Applicable Healthcare for Rural and Remote Areas of Queensland Key Stakeholder workshop in Brisbane** - 24.09.2013.
- **Queensland Health Ombudsman meeting via teleconference** - 06.05.2014.

OTHER MEETINGS & FORUMS

- **Australian Institute of Company Directors Course in Canberra** - 17 to 21.07.2013.
- **National Rural Health Alliance Council meetings via teleconference** - 22.07.2013, 19.08.2013, 21.10.2013, 02.12.2013, 17.02.2014 & 16.06.2014.
- **Carers Australia meetings in Canberra** - 24.07.2013 & 20.08.2013.
- **ABC Radio Kalgoorlie interview via telephone** - 29.07.2013.
- **SCRAPtheCAP Alliance meeting in Canberra** - 30.07.2013.
- **Curtin University Open Day in Perth** - 04.08.2013.
- **Aged Care: The People's Forum in Canberra** - 13.08.2013.
- **National Rural Health Alliance Election Policy launch in Canberra** - 14.08.2013.
- **National Lead Clinicians Group Stakeholder Engagement meetings** - 16.08.2013 (Adelaide) & 12.09.2013 (Cairns).
- **NextGen National Rural Health Student Network Conference in Canberra** - 16 to 17.08.2013.
- **Newcastle University Open Days in Newcastle** - 23 to 24.08.2013.
- **Westpac meetings in Canberra** - 29.08.2013 & 13.02.2014.
- **ECSS Steering Committee meetings via teleconference** - 2.09.2013 & 4.12.2013.
- **Independent Hospital Pricing Authority Project meetings in Canberra** - 09.09.2013 & 24.10.2013 (Sydney).
- **Small Rural Hospital Working Group meetings via teleconference** - 11.09.2013 & 25.11.2013.

- **CRANAPlus Research Committee meeting via teleconference** - 23.09.2013.
- **Rural Health Continuing Education meeting via teleconference** - 24.09.2013.
- **Rural Women's Award Lunch & Dinner in Canberra** - 16.10.2013.
- **Shared Electronic Health Record Stream Business Reference Group meeting via teleconference** - 24.10.2013.
- **Consumer Health Forum Australia AGM in Canberra** - 31.10.2013.
- **National Rural Health Alliance Councilfest in Canberra** - 22 to 26.11.2013.
- **PricewaterhouseCoopers meeting in Canberra** - 26.11.2013.
- **Associations Forum meeting in Canberra** - 26.11.2013.
- **Australian Allied Health Forum Chair/Secretary handover meeting via teleconference** - 24.01.2014.
- **Australian Health Review meeting in Canberra** - 04.02.2014.
- **Ian Potter Foundation meeting via teleconference** - 11.02.2014.
- **PaRROT Content Review (Remote Projects) meeting via teleconference** - 13.02.2014.
- **National Rural Health Student Network Face-to-Face meeting in Melbourne** - 27.02.2014.
- **NintiNetworks Event in Canberra** - 04.03.2014.
- **Philanthropy Australia meeting in Canberra** - 18.03.2014.
- **Australian Health Care Reform Alliance Parliamentary Delegation meeting in Canberra** - 18.03.2014.
- **Rural Health Workforce Australia meetings in Canberra** - 31.03.2014 & 14.05.2014.
- **National Aboriginal Community Controlled Health Organisation National Press Club Address in Canberra** - 02.04.2014.
- **Consumer Health Forum meeting in Canberra** - 08.04.2014.
- **ABC Radio Bega NSW interview via telephone** - 07.05.2014.
- **2014 Union and Community Sector Budget meeting in Canberra** - 13.05.2014.
- **Community Council for Australia Post Budget Policy briefing in Canberra** - 14.05.2014.
- **Westpac's Federal Budget announcement dinner in Canberra** - 19.05.2014.
- **Meltwater Industry News meeting via teleconference** - 05.06.2014.
- **Environmental Scan of the AgriFood Industry in Canberra** - 23.06.2014.

Text and Editing
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