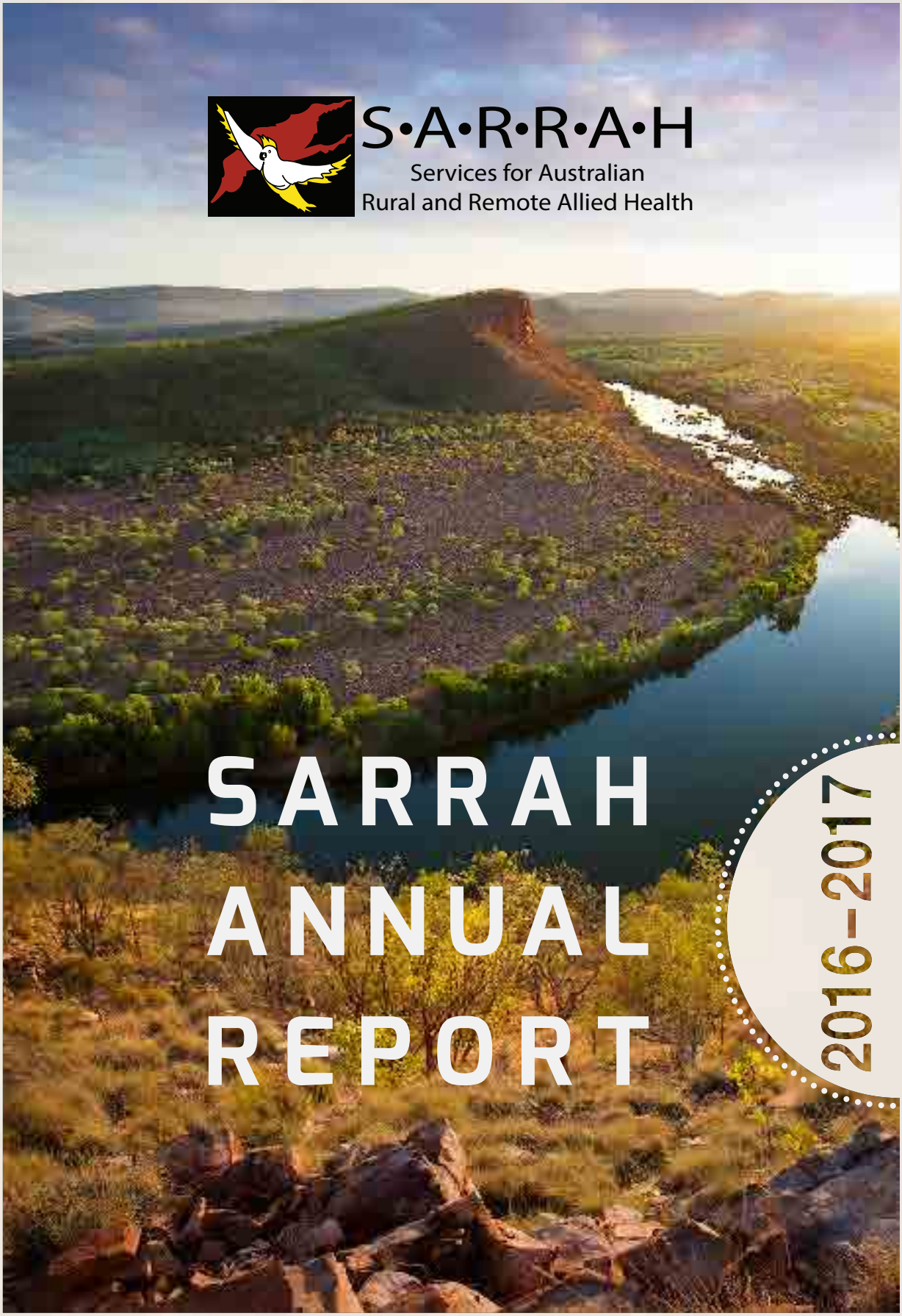
S·A·R·R·A·H

Services for Australian
Rural and Remote Allied Health



SARRAH ANNUAL REPORT

2016–2017

ANNUAL REPORT 2016-2017

BACKGROUND STORY

The approach for the design of the 2016-17 SARRAH Annual Report is strengthening SARRAH's strategic focus on the future sustainability of the organisation through supporting the rural and remote allied health professionals delivering services to health consumer living across rural and remote Australia.

Allied health professionals play a vital role in reducing the healthcare gap and contribute to the ongoing health and wellbeing of people across the country. The design of this annual report visually articulates the needs of people living and working in the bush.

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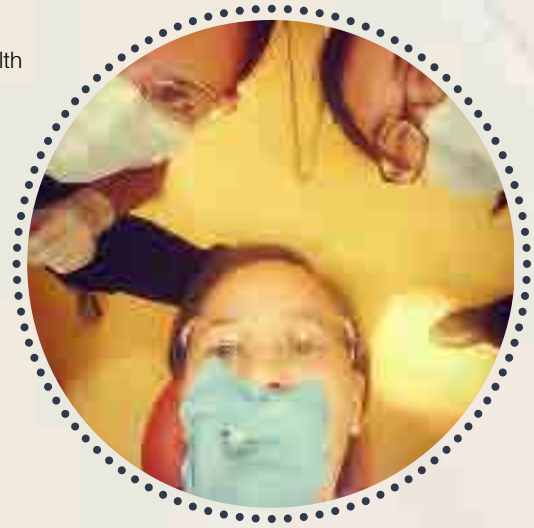
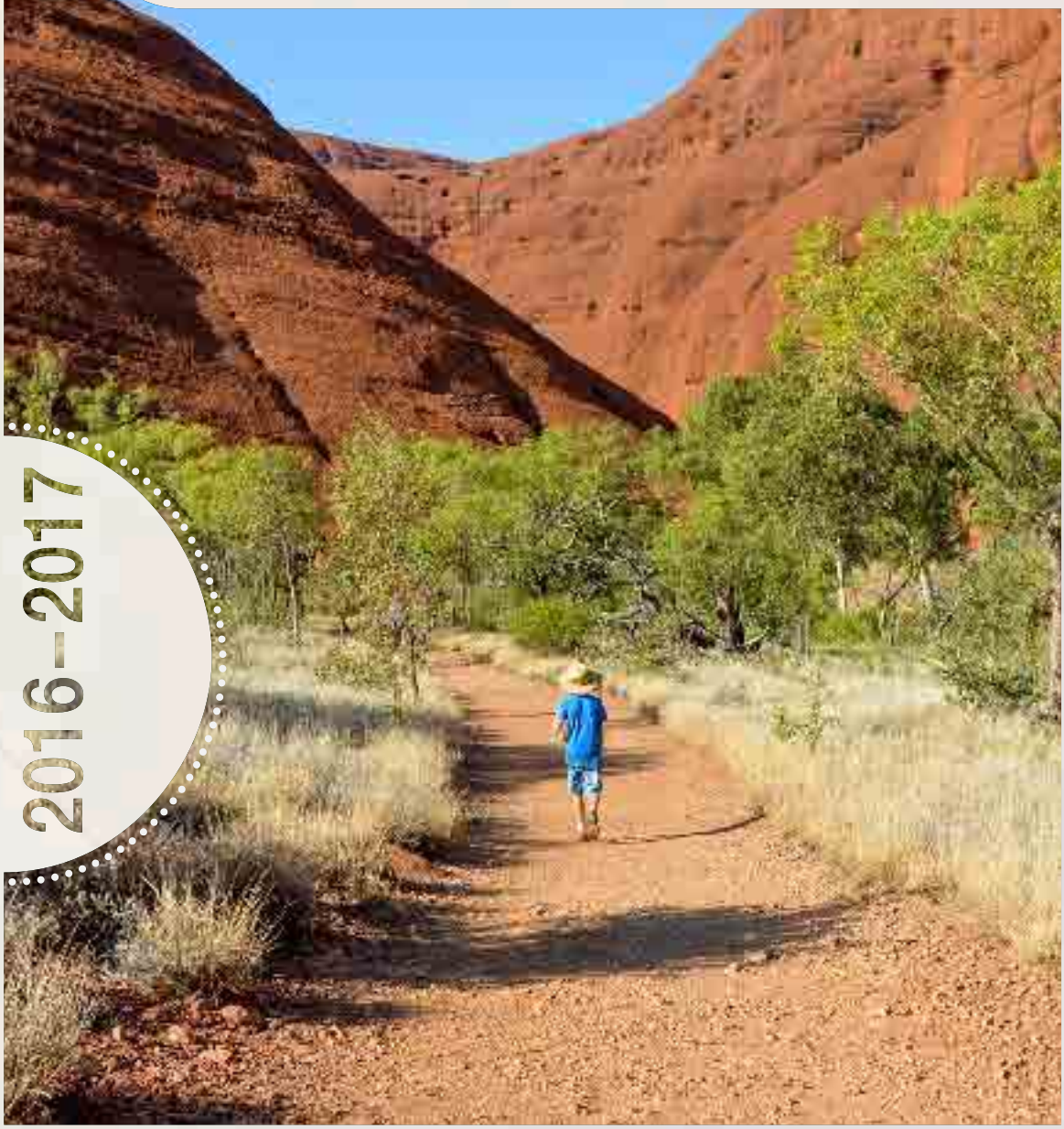


SERVICES FOR AUSTRALIAN RURAL AND REMOTE ALLIED HEALTH



2016–2017

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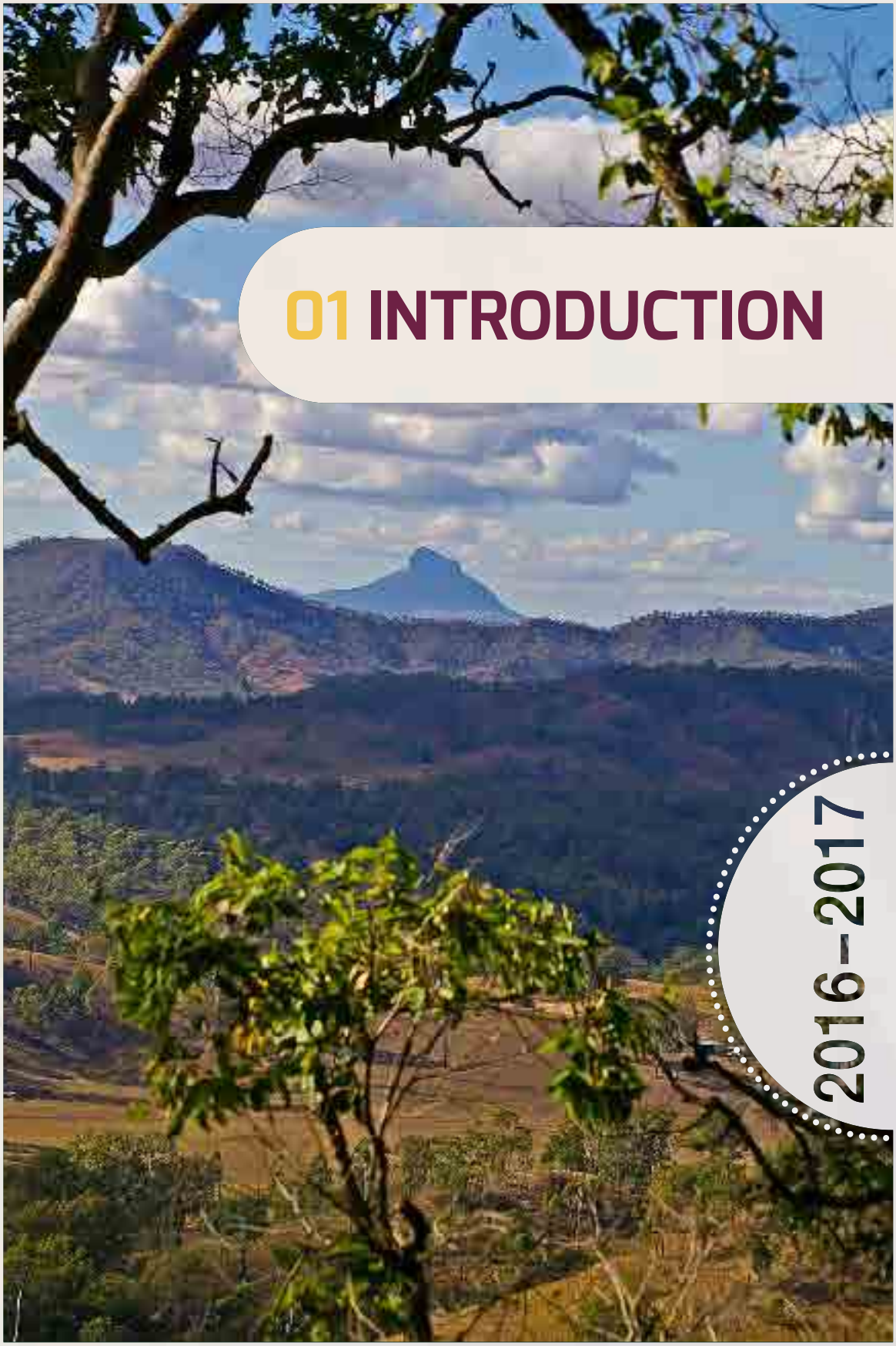


01 INTRODUCTION

2016–2017

WELCOME TO SARRAH

Welcome to the 2016-17 annual report for Services for Australian Rural and Remote Allied Health (SARRAH).

Throughout 2016–17 SARRAH advocated strongly for a continuation of the Nursing and Allied Health Scholarship Support Scheme (NAHSSS) and was successful in securing funding for the 2017 academic year following prolonged delays with the establishment of the Health Workforce Scholarship Program. The organisation also continued with strengthening and making more robust its corporate membership program, retaining the many members for a second year. The Board also commenced a strategic review process to guide SARRAH in a new direction following the loss of government funding and conclusion of the NAHSSS in 2019–20.

SARRAH was established in 1995 and is nationally recognised as the peak body representing rural and remote Allied Health Professionals (AHPs) who work in the public and private sector and students studying an allied health discipline. The organisation develops and provides services that enable its members to confidently and competently carry out their professional duties. AHPs deliver a range of clinical and health education services to people who reside in the bush.

SARRAH's membership comprises the following allied health professions:

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

SARRAH is committed to providing support for AHPs in all sectors. To achieve this objective, it has established an extensive regional, state and national network of AHPs, who live and work in rural and remote communities and encompass a broad spectrum of allied health services.

As the peak body representing AHPs in rural and remote practice, SARRAH recognises the tertiary qualifications of AHPs. SARRAH supports the application of their clinical skills to diagnose, assess, treat, manage and prevent illness and injury.

Every Australian has the right to access equitable health services regardless of where they live. SARRAH believes that access to allied health services is essential to support the wellbeing of all Australians and the future work of SARRAH will focus on securing access to these fundamental health services.

Primary Objective

SARRAH exists so that rural and remote Australian communities have allied health services that support equitable and sustainable health and wellbeing.

Vision

It is our vision that SARRAH is the voice for rural and remote allied health, influencing health reform to improve allied health services and providing support to Allied Health Professionals in rural and remote areas.

Values

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

This core values we call ***'our perspective'*** include:

- Inclusiveness
- Fairness
- Equity
- Advocacy
- Respect.

SARRAH provides individual rural and remote Allied Health Professionals with opportunities to inform and influence health care 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 grass roots Allied Health Professional
- Meeting community needs
- Broad consultation
- Achievement orientation.

PRESIDENTS REPORT

I am proud to present the SARRAH Annual Report for 2016–17. This year the organisation has taken significant steps to strengthen its strategic direction and renew its focus on serving members for the coming period.

SARRAH commenced the process of transforming its business in the face of funding cuts from the Commonwealth Government and new challenges for both rural health and Allied Health Professionals (AHPs) working beyond the cities. At the same time SARRAH has been able to maintain its effectiveness as an organisation as staffing levels within the secretariat have decreased. Member engagement and new programs in support of members have been the priority with much of this hard work set to come to fruition in 2017–18.

In 2016–17, the SARRAH Board worked with Chief Executive Officer (CEO) Rod Wellington to:

- Reorient the course of the organisation and provide more support for rural and remote allied health members.
- Respond to the loss of Commonwealth funding through judicious budget constraints.
- Worked with the SARRAH Advisory Committee to produce position papers on the rural generalist training pathway and models of rural and remote allied health care, and to develop a submission for a program to support rural and remote AHPs deliver effective services under the National Disability Insurance Scheme (NDIS).
- Focus on the need for more evidence of cost effectiveness of allied health services across rural and remote Australia.

This year SARRAH:

- Convened a successful SARRAH Conference at Port Lincoln in South Australia, with high quality presentations, a great collaborative atmosphere, and strong attendance numbers.
- Conducted a strategic meeting of the Board to re-shape the operations of SARRAH and set a new strategic direction for member engagement and support. The ultimate outcome of the meeting is a new Strategic Plan for 2017–20.
- Increased the number of corporate members to 27 members, expanding the influence of and generating core income for SARRAH.

At the 2016 Annual General Meeting in Port Lincoln two Board members relinquished their representative roles – our President, Tanya Lehmann, and Board member Professor Susan Nancarrow. We acknowledge Tanya for her leadership and her commitment to the cause over many years of service.

With their departure we have gained two new additions to the Board – Cassandra Bonython and Ed Johnson who bring youth, new skills and diversity to the Board. In February 2017 Kerstin McPherson resigned her Board position, leaving a vacancy. In May this casual vacancy was filled by Gerry Gannon who brings a vast experience in media and stakeholder engagement adding to our skills mix.

The new Strategic Plan for 2017–20 was signed off in July and focuses on a number of initiatives, including:

- Delivering support to members to take up business opportunities in rural and remote areas afforded by such national programs as the NDIS, My Aged Care, and Primary Health Network (PHN) service commissioning.
- Increasing marketing of SARRAH and its services to generate income and strengthen the SARRAH brand.
- Building robust and relevant continuing professional development (CPD) resources available to members through the SARRAH website.
- Establishing a SARRAH Research Framework in consultation with our membership and our university corporate members. The Framework will enable collaboration with our partners to promote research that illustrates the value of increasing access to rural and remote allied health services.

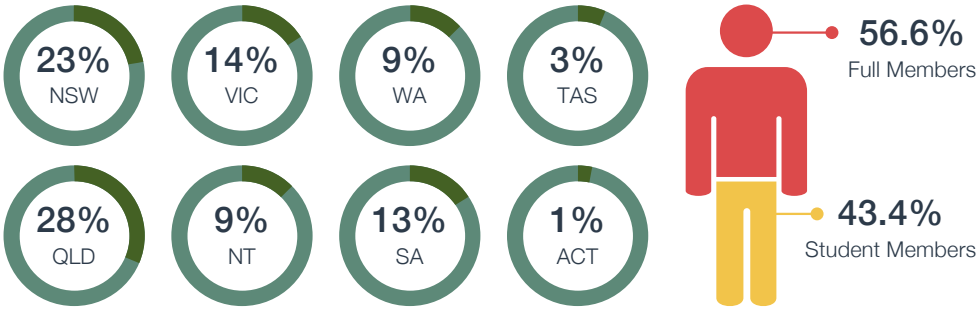
Finally, I would like to express my gratitude to the CEO and staff for maintaining their focus and commitment to the organisation through this period of funding cuts and reductions in staffing and internal capacity. It hasn't been easy.

Rob Curry
President

SARRAH ORGANISATION OVERVIEW INFOGRAPHICS

Member representation

Demographic profile of SARRAH's individual and corporate members in 2016-17



27 Allied health professions are represented by SARRAH

27 Health organisations were a corporate member of SARRAH

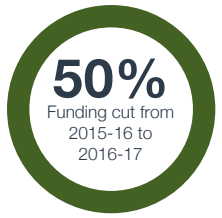
8 New organisations joined as a corporate member of SARRAH

Nursing and Allied Health Scholarship Support Scheme

Overview of scholarship program performance in 2016-17

2925 Applications received

275 Scholarships awarded



2016 SARRAH National Conference

Overview of 2016 SARRAH National Conference in Port Lincoln, South Australia

3 Day Conference

80+ Presentations

37 Recommendations over **7** strategic areas

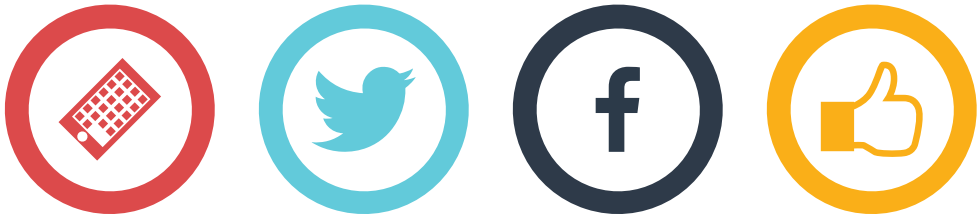
200+ Delegates attended

Research and Policy Development

Profile of the contribution made by SARRAH to rural and remote health reform in 2016-17

Social Media Engagement

Level of social media engagement through Facebook and Twitter in 2016-17



700+
Social media posts

1240
Twitter followers

3941
Average reach

2320
Facebook 'likes'

Community Engagement

Performance of email newsletter campaigns in 2016-17

Traditional Media Engagement

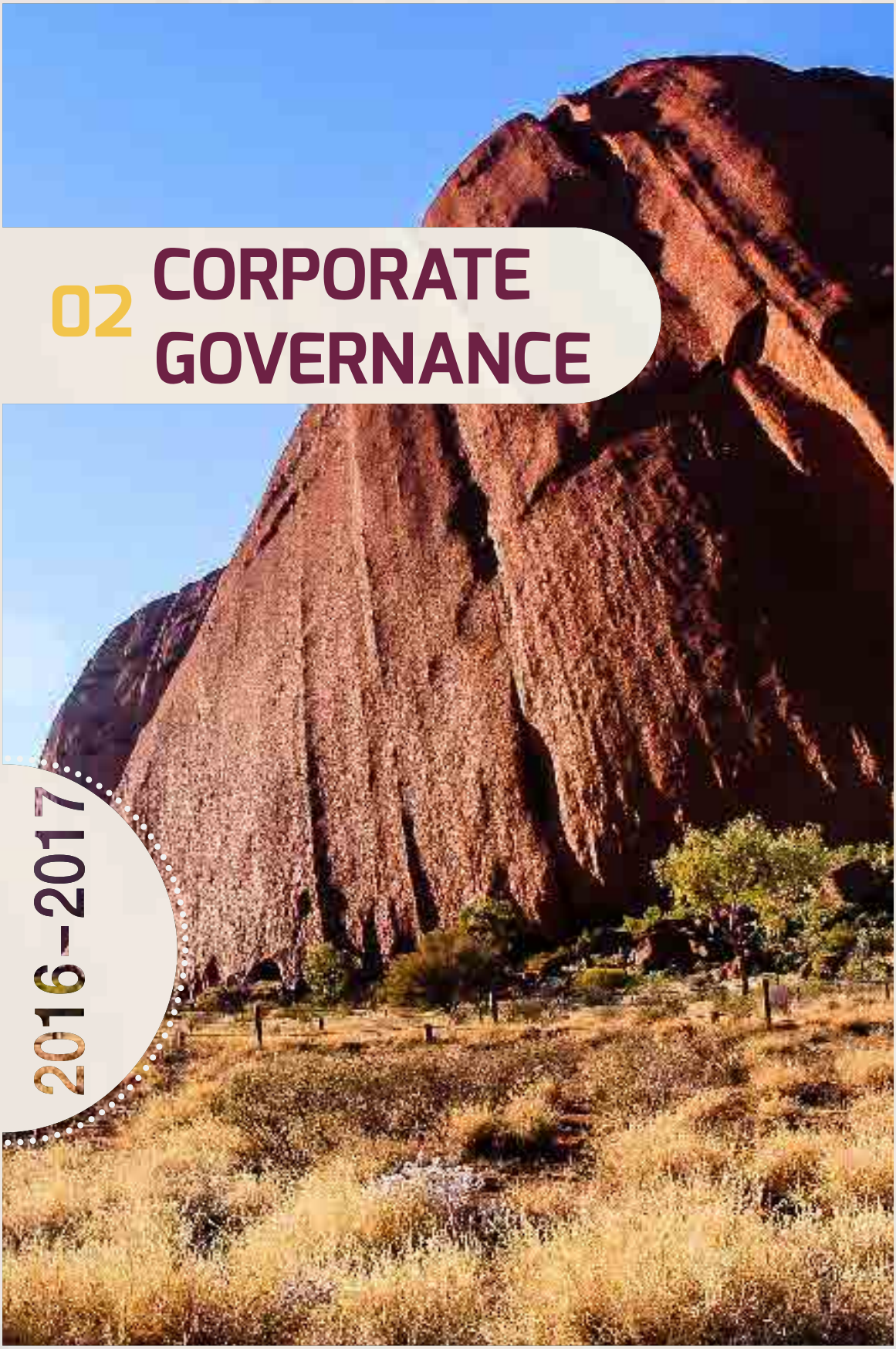
Performance of email newsletter campaigns in 2016-17

2
Media releases

7
News articles

4
CEO interviews

1
Television package



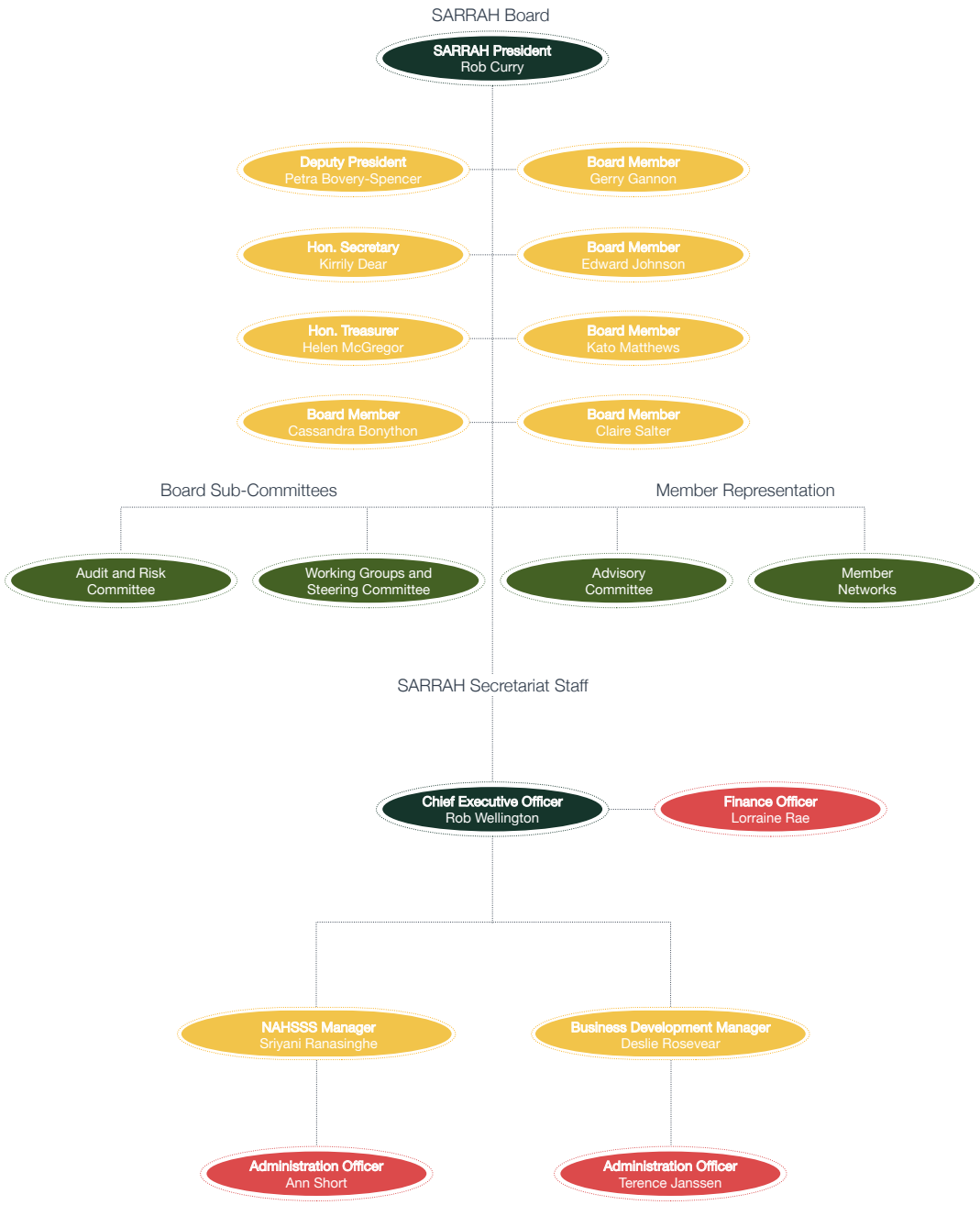
02 CORPORATE GOVERNANCE

2016–2017

ORGANISATION STRUCTURE

SARRAH is governed by a Board of Directors – supported by committees, working groups and the secretariat – working together to achieve the strategic goals of the organisation.

Figure 1: Organisation Structure



ORGANISATION STRUCTURE

SARRAH Board

The SARRAH Board provides governance and oversight for the affairs, property and funds of SARRAH. Members of the Board have the authority to interpret the meaning of the Constitution and any matter on which the Constitution is silent. The Board is also responsible for appointing the CEO and determining SARRAH's strategic direction. The SARRAH Board comprises nine members. In 2016–17 the Board membership was as follows:

Name	Position	Number of Consecutive Terms	End of Current Term	Appointed
Rob Curry	President	1	2018	2016 AGM
Petra Bovery-Spencer	Deputy President	1	2018	December 2017
Kirrily Dear	Honorary Secretary	1	2018	Appointed under Section 11.3 (b) in May 2017
Helen McGregor	Honorary Treasurer	1	2017	2015 AGM
Kersten McPherson	Board Member	1	Resigned 2017	2015 AGM
Cassandra Bonython	Board Member	1	2018	2016 AGM
Gerry Gannon	Board Member	1	2017	Appointed under Section 11.10 in April 2017
Ed Johnson	Board Member	1	2018	2016 AGM
Kato Matthews	Board Member	2	2018	2016 AGM
Claire Salter	Board Member	1	2017	2015 AGM

Audit and Risk Committee

The Audit and Risk Committee helps assure accountability in assisting SARRAH to comply with obligations under the Constitution, and provides a forum for discussion about compliance, risk management and stakeholder reporting. The Audit and Risk Committee membership in 2016–17 was as follows:

Name	Appointed
Helen McGregor (Chair)	2015
Petra Bovery-Spencer	2014
Edward Johnson	2017
Rod Wellington	2008
Lorraine Rae	2017

Advisory Committee

The Advisory Committee is an important part of SARRAH's structure. It provides input and advice to the Board on policy and long-term strategic objectives. It also provides a convenient and accessible forum in which the views of the members can be considered and shared with the Board. The Committee comprises the coordinators of each jurisdiction and discipline network. It is co-chaired by a member of the SARRAH Board and a Network Coordinator.

In 2016–17, the Advisory Committee met six times. SARRAH thanks Cassandra Bonython, Cathryn Carboon, David Gould, Edward Johnson, Heather Jensen, Kate Osborne, Kate Roberts, Luke Arkapaw and Vaughan Grigor for their contribution to the Advisory Committee.

Key achievements of the Advisory Committee in 2016–17 were:

- SARRAH Position Paper on Allied Health Professions and Rural Generalism
- SARRAH Position Paper on the National Digital Health Strategy
- Contribution to several SARRAH submissions.

The Network Coordinators as at 30 June 2017 are:

Position	Committee Member	Position	Committee Member
NSW Coordinator	Catherine Maloney	Occupational Therapy Coordinator	Janelle Amos
NT Coordinator	Annette Mikecz	Optometry Coordinator	Vacant
SA Coordinator	Jeanette Routley	Oral Health Coordinator	Leonard Crocombe
VIC Coordinator	Nicholas Hannah	Paramedics Coordinator	Levi Karshimkus
QLD Coordinator	Selina Taylor	Physiotherapy Coordinator	Ellen McMaster
TAS Coordinator	Vacant	Pharmacy Coordinator	Lindy Swain
ACT Coordinator	Vacant	Podiatry Coordinator	Leigh Hutchinson
WA Coordinator	Vacant	Psychology Coordinator	Vacant
Audiology / Audiometry Coordinator	Vacant	Rural and Remote Allied Health Research Alliance	Narelle Campbell
Australian Journal of Rural Health	Robyn Glynn	Social Work Coordinator	Rosalie Kennedy
Dietetics Coordinator	Katherine Cacavas	Speech Pathology Coordinator	Gail Rogers
Exercise and Sports Science Coordinator	Alex Lawrence	Student Network Coordinator - SARRAH Member Representative	Paige Chewter
Medical Imaging Coordinator	Hazel Harries-Jones	Student Network Coordinator – NRHSN Representative	Molly Wrench

2016 Conference Committee

SARRAH thanks the 2016 SARRAH National Conference Committee for overseeing the coordination of a highly successful conference in Port Lincoln, South Australia. The Conference Committee met regularly in the lead up to the conference and this significantly contributed to the conference's success. The members of the 2016 committee included:

Name	Name	Name	Name
Elaine Ashworth	Dr Saravana Kumar	Verity Paterson	Meredith Stewart
Anne Buck	Tanya Lehmann	Anna Patterson	Amy Trengrove
Holly Campbell	Dr Lucylynn Lizarondo	Deslie Rosevear	Bronwyn Venning
Hayley Colyer	Kate Osborne (Chair)	Michelle Schilling	Rod Wellington

The committee was supported by Conference Design Pty Ltd who assisted in organising the conference program structured around the theme of 'It takes a village to raise a child'. At the Conference, delegates had the opportunity to explore how this village approach can be applied to rural and remote outcomes.

2018 Conference Committee

Following the successful conference in 2016, SARRAH has decided to go to Darwin in 2018. This will mark the first time that SARRAH heads to a major Australian city for its conference. Conference Design Pty Ltd and a new conference organising committee will oversee and coordinate the development of the conference. The members of the 2018 committee include:

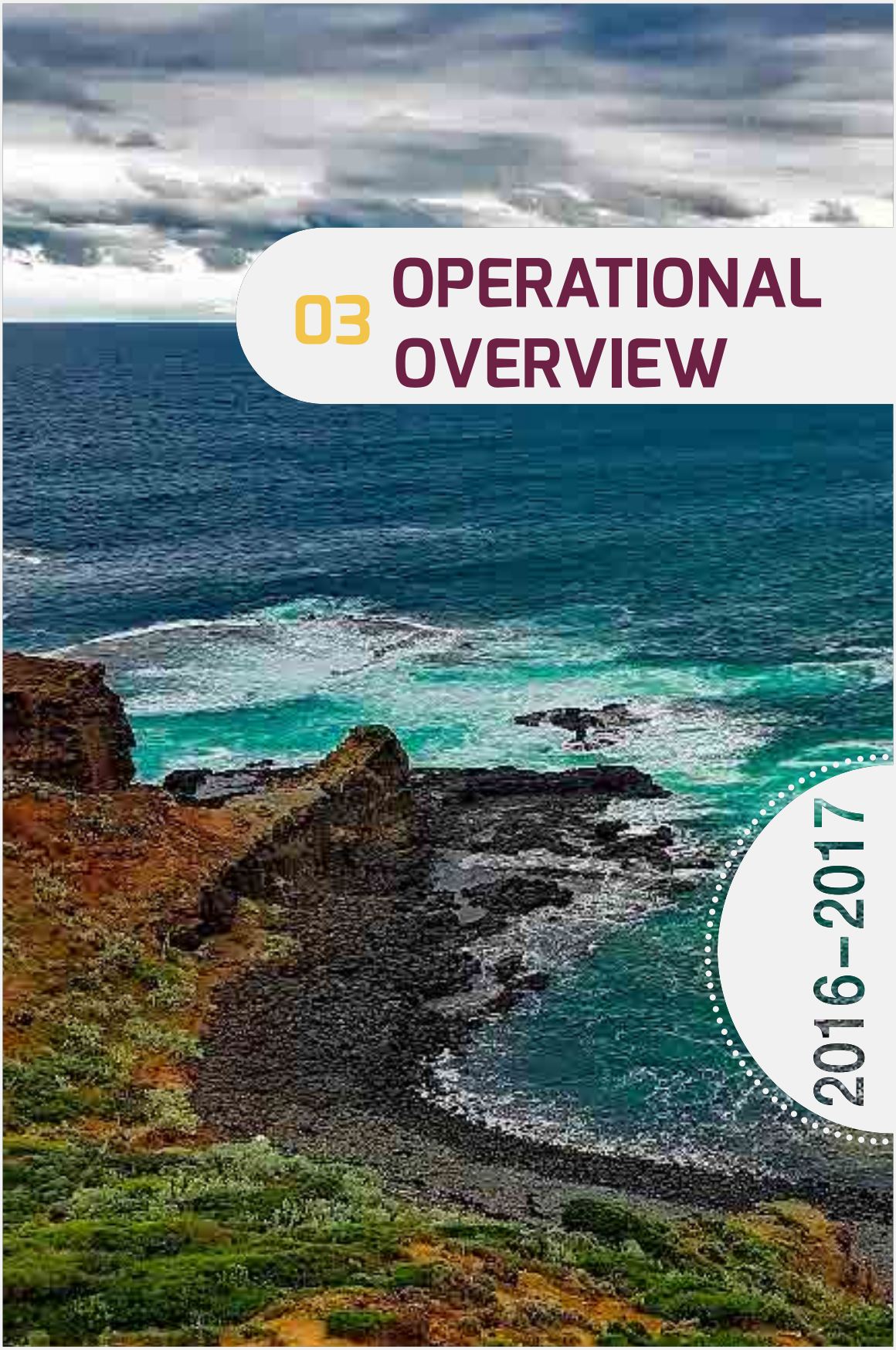
Name	Name	Name	Name
Narelle Campbell	Renae Moore	Anna Patterson	Kylie Stothers
Annie Farthing	Amanda Morse	Deslie Rosevear	Rod Wellington
Prashant Krishna	Amanda O'Keefe	Claire Salter	

Working groups

SARRAH established a range of working groups comprised of members from the Board and Advisory Committee, who provide input into various projects and activities. In 2016–17 working groups met to set a new strategic direction for the organisation and work on priorities such as social media engagement and communicating the story of SARRAH.

SARRAH Secretariat

The secretariat is a small team that supports the governance of the organisation. In 2016–17, SARRAH was unsuccessful in securing the tender to administer the Health Workforce Scholarships Program (HWSP). However, SARRAH did maintain the strength of its corporate membership program and took steps to realign its priorities in light of the HWSP tender outcome. Secretariat staff will begin coordinating and supporting the development of the Allied Health Rural Generalists Pathway commencing from June 2017.



03 OPERATIONAL OVERVIEW

2016–2017

CHIEF EXECUTIVE OFFICER'S REPORT

2016–17 has presented SARRAH with a number of opportunities to shape the direction of the organisation and maintain its status as the peak body that is focused on the many allied health disciplines working in rural and remote Australia.

SARRAH held its National Conference in October 2016 which saw in excess of 200 participants attending over 80 presentations over three days in Port Lincoln, South Australia. Out of the conference more than 35 recommendations were presented at the final day of the conference to identify how to improve rural and remote allied health outcomes. The recommendations have informed SARRAH's strategic planning and operations in 2016–17 and beyond.

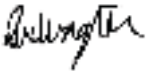
In November 2016, SARRAH pressed the Australian Government to provide funding for the allied health stream of the Nursing and Allied Health Scholarship Support Scheme (NAHSSS) for the 2017 academic year. This request was due to lengthy delays by the Department of Health in putting the Health Workforce Scholarship Program (HWSP) out to tender. Through SARRAH putting its case to various parliamentarians, the Department of Health and the minister responsible, $1.72 million in funding was secured for the 2017 academic year.

In 2016–17 SARRAH developed tenders and funding proposals that were presented to the Department of Health, Department of Social Services and the National Disability Insurance Scheme. Whilst a number of the tenders and proposals were unsuccessful, SARRAH was awarded the role to coordinate and support the development of the Allied Health Rural Generalists Pathway commencing in June 2017.

The HWSP was put out to closed tender in early 2017 with four organisations / consortia invited to submit a response to administer the program. SARRAH was unsuccessful in winning the tender, which was awarded to a consortium of Health Workforce Agencies. SARRAH will continue to administer on-going scholars under the NAHSSS until the program's conclusion in 2019–20. The HWSP will partially replace the NAHSSS as the program supporting health professionals undertaking postgraduate study and continuing professional development.

During 2017–18 SARRAH will work towards the goals and specific objectives identified in the 2017–20 strategic plan with a view to securing programs, building our membership base and ensuring that the organisation is sustainable for the long term.

Finally, I would like to thank the secretariat staff for their support and ongoing contribution over the past year as we continue to deal with the challenge of diversifying our income and building a more sustainable organisation.



Rod Wellington

Chief Executive Officer

SARRAH STRATEGIC DIRECTION AND ACHIEVEMENTS

Overview

The SARRAH Strategic Plan 2013–16 identifies three domains of focus: Stakeholders, Internal Business Practice; and People, Learning and Development. Goals were set within each domain to enable SARRAH to achieve its vision:

It is our vision that SARRAH is the voice for rural and remote allied health, influencing health reform to improve allied health services and providing support to Allied Health Professionals in rural and remote areas.

The Strategic Plan has guided SARRAH's activities and priorities over the three-year period and during 2015–16 SARRAH made significant progress towards the achievement of many identified goals.

Stakeholders

GOAL ONE: MEMBERS

SARRAH increases the number of members as well as those that actively participate in the organisation. Our achievements in 2016–17 include:

- SARRAH's corporate membership program retained the majority of its existing corporate members in 2016–17 whilst continuing to broaden its membership base. As at June 2017, SARRAH had 27 corporate members across four sectors. The corporate membership program has continued to evolve with the secretariat identifying a number of ways to increase engagement in the program.
- SARRAH has continued to increase its audience with members and other people interested in rural and remote allied health. This has been achieved using social media platforms during 2016–17. SARRAH's Facebook 'likes' increased from 1765 at 30 June 2016 to 2320 at 30 June 2017. Twitter followers increased from 877 at 30 June 2016 to 1240 as at 30 June 2017.
- The posts that received the greatest response were those relating to the delays in establishing the HWSP, updates on the 2016 SARRAH National Conference and the opening of the 2017 academic year scholarship round.

GOAL TWO: HEALTH REFORMS

SARRAH continues as a leader to advocate at all levels of government for reforms of health services, to improve health outcomes in rural and remote Australia. Our achievements in 2016–17 include:

- SARRAH actively influenced rural and remote health policy during 2016–17 through participation in a number of government and non-government committees discussing a range of topics such as hearing health, quality and safety standards in aged care and the NDIS.
- SARRAH provided submissions to two consultation processes, developed two position papers and participated in a large number of workshops, committees and consultation forums.

SARRAH STRATEGIC DIRECTION AND ACHIEVEMENTS

GOAL THREE: WORKFORCE

SARRAH represents a workforce that is essential to addressing health inequality for residents of rural and remote communities. Our achievements in 2016–17 include:

- Twenty-seven allied health professions located across all states and territories, and corporate member organisations across four sectors comprise SARRAH's membership base. Approximately 75% of SARRAH's membership operates in rural and remote Australia.
- SARRAH's individual and corporate members contribute to improving the health and wellbeing for rural and remote Australians. Members have the opportunity to participate in policy consultation processes, meetings with politicians, committees and working groups.
- The 2016 SARRAH National Conference took place 27–29 October 2016 and was attended by over 200 delegates. Delegates participated in SARRAH's biennial recommendation process, heard from diverse speakers and nurtured rural and remote practising AHP networks.
- The Board and secretariat identified and applied for program opportunities through the Australian Government Department of Health, the NDIS and state government agencies.

Internal business practices

GOAL FOUR: CORPORATE GOVERNANCE

SARRAH maintains mechanisms to support accountable and transparent governance procedures including planning, financial management and reporting. Ouc achievements in 2016–17 include:

- The secretariat provided effective support throughout 2016–17 to the SARRAH Board, Advisory Committee, sub-committees and working groups.
- SARRAH continued to maintain its corporate governance processes to a high standard throughout 2016–17 and was overseen by the SARRAH Audit and Risk Committee and the SARRAH Board.
- Corporate governance processes were updated to comply with changes introduced in Western Australia for not-for-profit associations.

GOAL FIVE: PROJECTS AND PROGRAMS

SARRAH maintains efficient administrative systems to effectively manage projects and programs. Our achievements in 2016–17 include:

- A comprehensive evaluation of the allied health component of the NAHSSS was completed in 2016–17. The evaluation went into extensive detail for each of the five scholarship streams and investigated demographics of recipients, retention in rural and remote Australia and program performance over time.
- SARRAH continued to support existing NAHSSS scholars in 2016–17 in addition to offering a final round of scholarships for the 2017 academic year. The scholarship team ensured that the maximum number of eligible scholars received support through the program.

People, learning and development

GOAL SIX: HUMAN RESOURCES

SARRAH recruits, fosters and values highly trained staff. Our achievements in 2016–17 include:

- The secretariat continued to streamline its operations following the departure of the Deputy CEO in November 2016. Throughout the period, SARRAH's operational staff of six continued to perform effectively in light of increased workload as a result of becoming a smaller organisation. Staff developed beyond their established skill set to support the organisation throughout 2016–17.

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. Our achievements in 2016-17 include:

- In 2016–17 SARRAH relocated to smaller premises and as a result significantly reduced its onsite holdings of paper records created through the administration of the NAHSSS.
- Records management procedures along with other administrative procedures continued to be refined and improved over the period to ensure that information and corporate knowledge was appropriately retained.

SARRAH MEMBERSHIP

Members contribute to improved health outcomes through advocacy and policy development, and share their knowledge through jurisdiction-based and discipline-based networks which are managed by volunteer Network Coordinators. SARRAH members can nominate and sit on the SARRAH Advisory Committee and provide input to SARRAH policy priorities and strategic direction. The SARRAH Advisory Committee relays information and advice between members and the SARRAH Board of Directors.

Members also benefit from the following services provided by SARRAH:

- Information and updates about development and support opportunities disseminated through the SARRAH website and bulletins, and by phone and email.
- Input to position papers, and submissions presented to local, state and federal parliaments, thus contributing to the rural and remote health policy discussion.
- Facilitation of collaborative opportunities that aim to overcome geographic isolation.
- Updates on developments with respect to current rural and remote health issues and research.
- Subscriptions to the *Australian Journal of Rural Health* and SARRAH publications.
- The biennial SARRAH National Conference, state-based member meetings and discussion groups.

The secretariat is continually identifying new ways to engage SARRAH's membership base; this is an ongoing priority. In 2016–17 SARRAH identified a range of initiatives including increasing the availability of online continuing professional development, managing a SARRAH Facebook Group and increasing the quality of content shared through social media and the monthly e-bulletin.

CORPORATE MEMBERS

SARRAH's corporate membership program recognises the value of partnering with the Australian healthcare sector as a key enabler for improving the health and wellbeing of people residing in rural and remote Australia. SARRAH would like to thank the organisations who joined as new corporate members or renewed their corporate membership in 2016–17.

Corporate Member Statistics

Demographic profile of SARRAHs corporate members in 2016-17

27
Corporate Members

4
Health Sectors

63,928
Employees

8
New Members

Universities

Primary Health Networks

Health Service Organisations

Local Health Districts

Corporate members serve a vital function in SARRAH by contributing their voices to discussions around developing rural and remote health policy, considering collaborative programs and shaping discussion around rural and remote allied health. Their financial support provides SARRAH with the resources to advocate on their behalf and also for AHPs working in the bush.

Organisations that share the goals of SARRAH are invited to meet and discuss opportunities to work together with SARRAH to close the health gap in rural and remote Australia.

COMMUNICATION AND ENGAGEMENT

SARRAH has refined its communication strategies to raise its profile, and engage with members and sector stakeholders throughout 2016–17. This has included updating the layout and style of the monthly e-bulletins, becoming more vocal about critical issues facing rural and remote allied health, creating structured engagement systems with corporate members and actively boosting the organisation's profile on two targeted social media platforms, Twitter and Facebook.

SARRAH's communication and engagement activities aim to create dialogue on issues facing rural and remote AHPs including workforce shortages, significant workloads, travel and poor infrastructure. During 2016–17, SARRAH:

- Applied for and was awarded a Google Ad Grants account enabling SARRAH to spend up to $10,000 per month on Google AdWords advertising.
- Managed advertising campaigns to publicise allied health scholarships, peak body status and business development opportunities such as corporate partnerships.
- Circulated two media releases to news outlets and received coverage on all occasions.
- Published four updates to members of the House of Representatives and the Senate, two Submissions and two Position Papers.
- Featured in the *Port Lincoln Times, Tasmanian Times* and *Southern Cross News* and *Croakey* concerning the 2016 SARRAH National Conference, the Kate Scanlon Award and allied health scholarships.
- Distributed 13 e-bulletins, eight calls to action, eight special broadcasts, five Board communiques – email and website.
- Continued to increase its audience with members and other people interested in rural and remote allied health, achieved by using social media platforms during 2016–17. SARRAH's Facebook 'likes' increased from 1765 at 30 June 2016 to 2320 at 30 June 2017. Twitter followers increased from 877 at 30 June 2016 to 1240 at 30 June 2017.
- Prepared promotional materials and resources for the 2016 SARRAH National Conference, parliamentary meetings and member recruitment.

FUTURE STRATEGIC DIRECTION

In March 2017 the SARRAH Board gathered to develop a strategic plan covering the organisation's direction from 2017 to 2020. The strategic plan was developed in the context of SARRAH losing ongoing secretariat funding from the Australian Government, and NAHSSS set to conclude in 2019–20. The new strategic plan identifies clear measurable goals to build ongoing income to support SARRAH and position it as an organisation that is no longer dependant on funding from state and/or federal governments. The 2017–20 Strategic Plan covers the following goals within three domains:

- Membership
  - Building membership
  - Member support
- Advocacy and Public Policy
  - Health Reforms
  - Building the Evidence for Allied Health
- Sustainability and Business Practice
  - Sustainability
  - Corporate Governance
  - Projects and Programs Management
  - Human Resources

SARRAH acknowledges through the strategic plan the value of its individual and corporate members in shaping the discussion on need for access to rural and remote allied health services. It specifies that SARRAH will need to increase its individual and corporate membership base over the next three years to strengthen its voice. The secretariat will continue to refine its member engagement strategy through creating and managing a range of working groups that will more closely engage its individual and corporate members.

There is also a focus on creating more tangible benefits for its members through a continuing professional development hub on the SARRAH website along with strong advocacy for health reforms and building an economic evidence base for rural and remote allied health.

In order to maintain SARRAH's sustainability in the long term, the organisation will focus on obtaining funding to run two major organisational projects and increase SARRAH's recurrent income to a minimum of $500,000 per annum. The income will be derived from corporate membership fees, individual membership fees, organisation sponsorships and other revenue streams for services provided to rural and remote focused organisations.

Moving forward SARRAH will ensure that it sustains highly competent staff to undertake the work of the organisation. The SARRAH Board will also consider the skills mix of the Board to ensure it has the expertise to acquire funding for the organisation and initiate invaluable rural and remote projects. The initiatives and revised strategic plan provide renewed focus for SARRAH and will ensure that the organisation remains effective in the coming years.

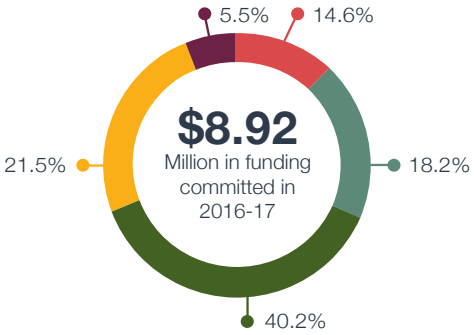
04 PROGRAMS & PROJECTS

2016–2017

NURSING AND ALLIED HEALTH SCHOLARSHIP SUPPORT SCHEME INFOGRAPHICS

Committment and Distribution of NAHSSS Scholarships

NAHSSS funding allocation and geographic distribution of scholarships in 2016-17



ASGC-RA 1 represents **70%** of the population

ASGC-RA 2 represents **18.2%** of the population

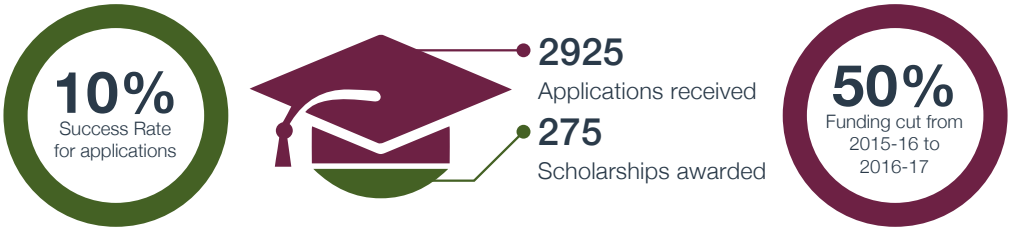
ASGC-RA 3 represents **8.8%** of the population

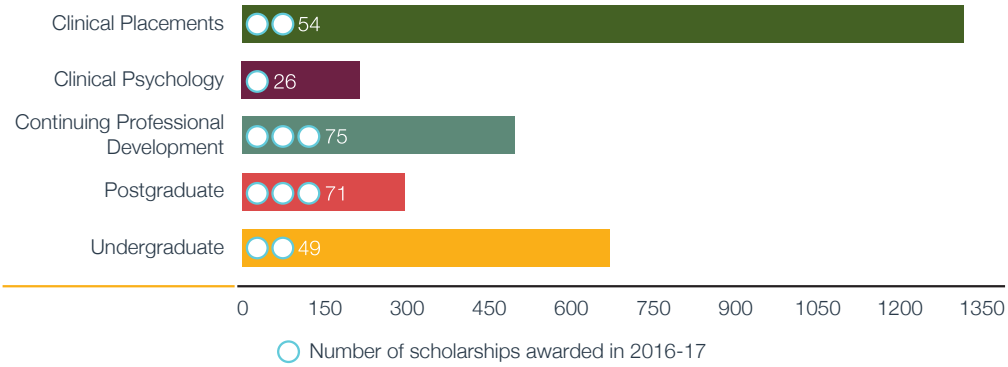
ASGC-RA 4 represents **1.4%** of the population

ASGC-RA 5 represents **0.9%** of the population

NAHSSS Scholarship Supply and Demand

Number of applications for scholarships vs scholarships awarded in 2016-17





769

people receiving support through NAHSSS scholarships as at 30 June 2017

NURSING AND ALLIED HEALTH SCHOLARSHIP SUPPORT SCHEME (NAHSSS)

During 2016–17, SARRAH continued administration of the allied health stream under the NAHSSS, funded by the Australian Government Department of Health (DoH). A limited round of scholarships applicable to the 2017 academic year were issued in the second half of the financial year.

From July 2017, SARRAH will continue to administer remaining scholarships awarded under NAHSSS until June 2019. New allied health scholarships will be issued through the Health Workforce Scholarship Program (HWSP) for postgraduate study and continuing professional development activities.

Over the lifetime of the NAHSSS, scholarships have supported practising Allied Health Professionals (AHPs) and students to obtain tertiary education qualifications in turn to practice in rural and remote areas of need.

The objectives of the NAHSSS are to:

- Build the health workforce and facilitate the entry of job seekers and young people interested in pursuing a career in allied health or nursing professions.
- Encourage people to pursue a career in health care professions and geographic areas where there are workforce shortages.
- Facilitate the continuing professional development of nurses and AHPs.

Allied health scholarships were available in the following streams:

- Undergraduate scholarships support students currently enrolled or intending to enrol in an accredited allied health discipline at an Australia-based university.
- Postgraduate scholarships support qualified AHPs who deliver services in rural and remote areas of Australia and are studying or seeking to study an accredited postgraduate qualification at a recognised university located in Australia.
- Clinical Psychology scholarships support psychology graduates seeking registration with the Psychology Board of Australia to become endorsed clinical psychologists. Only students studying Australian Psychology Accreditation Council (APAC) accredited courses are eligible to receive the scholarship.
- Continuing Professional Development scholarships support AHPs to maintain and improve their skills and knowledge in their clinical areas of practice by providing financial assistance to complete professional development activities.
- Clinical Placement scholarships support allied health students undertaking rural and remote clinical placements, who in turn choose to practice and contribute to a long term increase in rural and remote allied health workforce capacity.

Under the new HWSP, scholarships will not be issued for undergraduate study, clinical psychology or clinical placements. Funding may be available through other sources but not to the scale offered under the NAHSSS. This represents a cut in support for people living across rural and remote Australia seeking to build a career in allied health.

In 2014–15, scholarships were introduced that targeted specific areas of practice such as primary care, aged care, mental health and Indigenous health. A certain number of scholarships offered in the 2016–17 financial year were targeted to these specific areas of practice. Rurality was among several ranking tools used to create an order of merit which was used to award the scholarships. The Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) was used to determine the rurality status of the applicants.

NAHSSS commenced in July 2010. Since its inception, over 4750 scholarships have been awarded to allied health students and practising AHPs. As at 30 June 2017 the program had a total of 769 ongoing scholars across the Undergraduate, Postgraduate, Continuing Professional Development, Clinical Placement and Clinical Psychology streams.

Figure 2: Applications received and scholarships awarded 2011-17

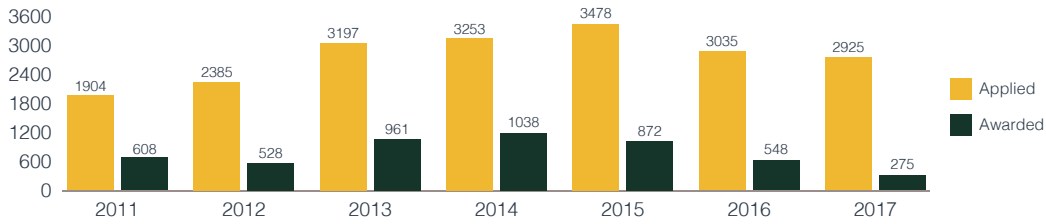


Table 1: Applications received and scholarships awarded in 2016 and 2017 academic years

	2016			2017		
	Applied	Awarded	Success rate %	Applied	Awarded	Success rate %
Clinical Placements	1164	96	8%	1310	54	4.1%
Clinical Psychology	225	44	20%	195	26	13.4%
CPD	561	108	20%	488	75	15.5%
Postgraduate	383	193	53%	303	71	25.4%
Undergraduate	702	107	17%	629	49	9.7%
Total	3035	548	19%	2925	275	10%
Note: Success rate calculation is based on the number of eligible applications awarded a scholarship.						

Table 2: Scholarship recipients at 30 June 2017

Scholarship program	Total
Clinical Placements	96
Clinical Psychology	44
CPD	108
Postgraduate	193
Undergraduate	107
Total scholars as at 30 June 2017	769

NURSING AND ALLIED HEALTH SCHOLARSHIP SUPPORT SCHEME (NAHSSS)

Aboriginal and Torres Strait Islander applicants

SARRAH has continued to encourage AHPs and students who identify as being from an Aboriginal or Torres Strait Islander (ATSI) background to apply for NAHSSS with ATSI applicants being given priority when awarding scholarships. The number of applications received from people identifying and being from an ATSI background was 52 across five scholarship streams in 2016–17.

2016 NAHSSS Evaluation Report

In 2016-17 SARRAH completed an evaluation report into the NAHSSS. The report found that outcomes against the objectives of the program were exceeded in terms of retention of Allied Health Professionals (AHPs) in rural and remote areas under Postgraduate and Continuing Professional Development (CPD) Scholarships. Scholarships issued through the Undergraduate and Clinical Placement streams also made a great impact in the recruitment of AHPs in rural and remote areas. At the time of the evaluation:

- 80 percent of Postgraduate and CPD scholars were practising in ASGC-RA areas 2–5.
- 60 percent of Undergraduate Scholars were practising in ASGC-RA areas 2–5.
- 39 percent of Clinical Placement Scholars were practising in ASGC-RA areas 2–5.
- Only 20 percent of Clinical Psychology scholars obtained an endorsement as a clinical psychologist.

The evaluation report highlights the need for continued funding for Undergraduate, Postgraduate, CPD and Clinical Placement scholarships to support, build and sustain the rural and remote allied health workforce servicing ASGC-RA areas 2–5.

NAHSSS Clinical Placement Scholarship

SARRAH has administered Clinical Placement Scholarships since 2008 and these scholarships are essential in helping allied health students experience the opportunities and challenges of rural and remote practice. Students receive a Clinical Placement Scholarship to support them to undertake a clinical placement in an eligible allied health profession. The NAHSSS Clinical Placements Scholarships prior to the 2017 round provided up to $11,000 for placements located in ASGC-RA areas 2–5 for a maximum duration of six weeks. However, in 2017 this amount was reduced to $5,000 due to a lack of funding to meet demand.

Figure 3: Placement completed by ASGC-RA - 2016 (full year) and 2017 (January to June)

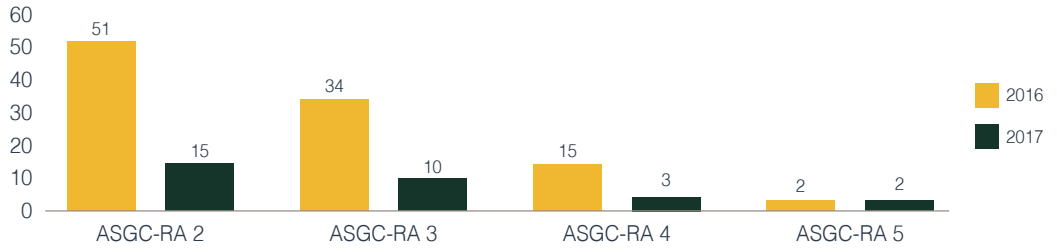


Table 3: Placement completed by ASGC-RA - 2016 (full year) and 2017 (January to June)

	ASGC-RA 1	ASGC-RA 2	ASGC-RA 3	ASGC-RA 4	ASGC-RA 5	Total
2016	N/A	51	34	15	2	102
2017	N/A	15	10	3	2	30

Note: As at 30 June 2017, 30 placements out of 54 were approved. The remaining 24 placements are scheduled to be completed in the 2017–18 financial year.

Figure 4: Placement completed by number of weeks - 2016 (full year) and 2017 (January to June)

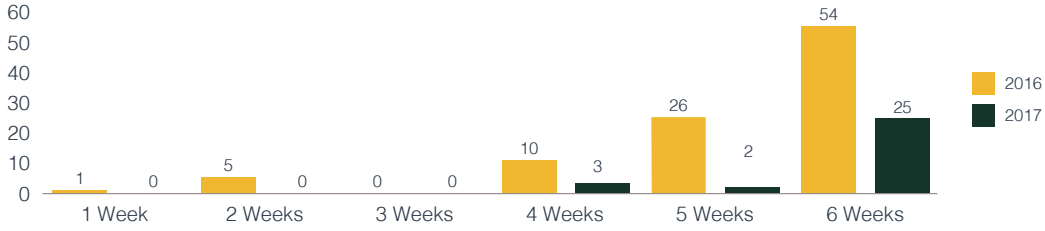


Table 4: Placement completed by number of weeks - 2016 (full year) and 2017 (January to June)

	1 Week	2 Weeks	3 Weeks	4 Weeks	5 Weeks	6 Weeks
2016	1	5	0	10	26	54
2017	0	0	0	3	2	25

Note: 24 scholars are scheduled to complete their clinical placement in the second half of 2017. The scholars have not been included in the statistics in Figure 4 and Table 4.

SCHOLAR STORY BY MADISON TURNER PRESKER

Bachelor of Occupational Therapy, University of Newcastle

For my third-year occupational therapy placement I was lucky enough to receive the SARRAH six-week clinical placement scholarship. I was very excited and relieved to have been a successful applicant for this scholarship as I was given the opportunity to complete my eight-week placement in a rural location. This scholarship ensured that I did not have to worry about the financial aspects of my rural placement and could focus solely on learning from my placement experience and enjoying my spare time.

My placement experience was informative, enriching and a lot of fun. I was fortunate enough to work alongside a supervisor who managed two completely different caseloads and was therefore able to learn about two different fields and meet plenty of unique patients. As always, placement had its challenges but I was supported by an amazing team of occupational therapists and the good experiences on this placement made the challenging ones worth it. I was able to further expand my knowledge about the role of occupational therapists in various caseloads as well as learn about my strengths and limitations as a practising student.

The community members and patients I met were welcoming and friendly. Another benefit of completing a rural placement is the support that university staff provide, whether it be in the form of extra tutorials to learn more knowledge and gain more experience or just having someone to talk to who can help with whatever you need. Due to this scholarship covering the cost of my travel, accommodation and weekly expenses for six weeks, I could relax on the weekends, visiting waterfalls, walking tracks and surrounding towns.

I am very grateful to the donors of this scholarship and all those involved in the application process and I would like to thank you for your generous contribution. I have had an amazing placement experience which has encouraged me to consider working in a rural location.

NURSING AND ALLIED HEALTH SCHOLARSHIP SUPPORT SCHEME (NAHSSS)

NAHSSS Clinical Psychology Scholarship

SARRAH has administered the Clinical Psychology Scholarships since 2010. The scholarships help increase the clinical psychology workforce in rural and remote areas, and provide support for students who are studying to obtain qualifications required to become endorsed as Clinical Psychologists. Scholars received up to $30,000 for full time study over two years prior to 2017 and $15,000 for one year in 2017 to help meet their study and living expenses.

Figure 5: Clinical Psychology Scholarships awarded by home ASGC-RA, 2016-17

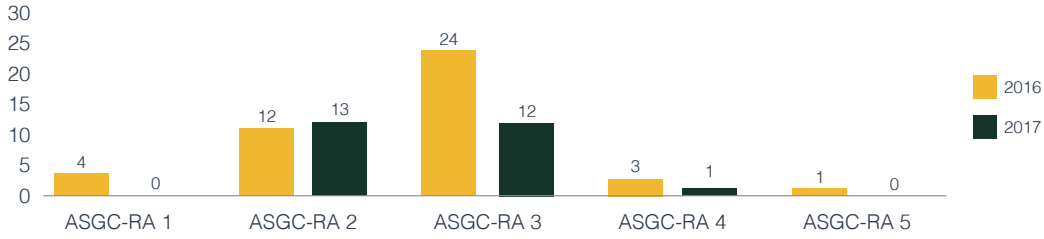


Table 5: Clinical Psychology Scholarships awarded by home ASGC-RA, 2016-17

	ASGC-RA 1	ASGC-RA 2	ASGC-RA 3	ASGC-RA 4	ASGC-RA 5	Total
2016	4	12	24	3	1	44
2017	0	13	12	1	0	26

Note: Scholarships awarded to ASGC-RA 1 are from ATSI Background

NAHSSS Continuing Professional Development Scholarship

SARRAH has administered the Continuing Professional Development (CPD) Scholarships since 2003 under various titles. CPD scholarships provide AHPs living and working in rural and remote areas with support to undertake CPD activities such as attending conferences, short courses and workshops. The NAHSSS CPD scholarships are open to AHPs practising across Australia. The rural and remote status of the applicant was used as a ranking tool in 2016–17 as the scholarship was oversubscribed. Successful applicants received up to $1,500 for course, registration, travel and/or accommodation costs.

Figure 6: Continuing Professional Development Scholarships awarded by home ASGC-RA, 2016–17

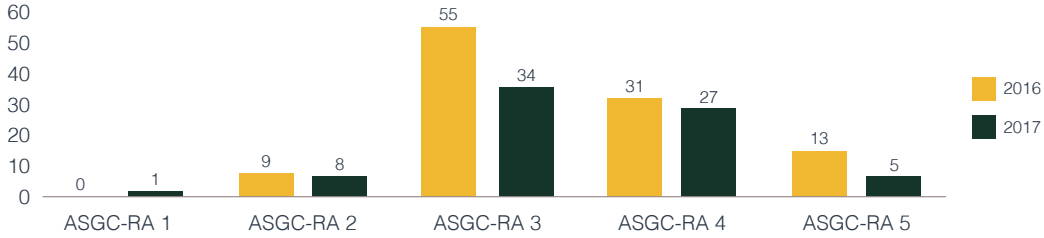


Table 6: Continuing Professional Development Scholarships awarded by home ASGC-RA, 2016–17

	ASGC-RA 1	ASGC-RA 2	ASGC-RA 3	ASGC-RA 4	ASGC-RA 5	Total
2016	0	9	55	31	13	108
2017	1	8	34	27	5	75
Note: Scholarships awarded to ASGC-RA 1 are from ATSI background						

Figure 7: Scholarships awarded by CPD activity type, 2016–17

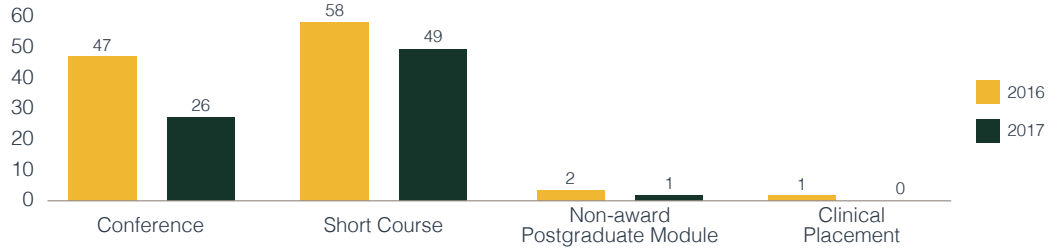


Table 7: Scholarships awarded by CPD activity type, 2016–17

	Conference	Short Course	Non-award Postgraduate Module	Clinical Placement	Total
2016	47	58	2	1	108
2017	25	49	1	0	75

SCHOLAR STORY BY REBECCA MCGRATH

Physiotherapist Working for Office of Disability, Northern Territory

My name is Rebecca McGrath and I am currently working in Katherine as a physiotherapist for the Office of Disability. I provide clinical services to clients with a disability or who are aged, living in surrounding rural and remote locations.

I received a scholarship this year to attend the 'Framing Indigenous Health' course through the Centre for Remote Health in Darwin. Without the scholarship I would not have been able to attend the course due to the high cost of travel, accommodation and course fees totalling $1,500. The high cost of living remotely also makes it very difficult to attend continuing professional development events that are often held in capital cities, especially when employers are unable to provide financial support towards the cost of such activities. One major disadvantage of working remotely is the lack of professional development opportunities available locally, which can have an impact on recruitment and retention of staff.

This course provided me with a foundation for working effectively in remote and Indigenous communities by broadening my knowledge on the social determinants of Indigenous health, the current health and wellbeing of Indigenous Australians and how they impact on my delivery of health services. Strategies to manage the stress associated with remote allied health practice were also developed. After participating in this course I felt highly motivated to continue to provide clinical services remotely.

As a result of this course I have been able to provide my work colleagues with valuable and very relevant knowledge, resources and network contacts to assist in their ongoing provision of remote clinical health practice.

NURSING AND ALLIED HEALTH SCHOLARSHIP SUPPORT SCHEME (NAHSSS)

NAHSSS Postgraduate Scholarship

SARRAH has administered the Postgraduate Scholarships to AHPs since 2003 under various titles. The scholarships provide funding to assist AHPs from rural and remote areas to undertake postgraduate study and improve their skills and ability to provide services to rural and remote communities. Similar to other scholarship streams the Postgraduate Scholarships were oversubscribed in 2016–17. To create the order of merit for awarding the scholarships, rural and remote status was used as a ranking tool. Scholars receive funding to assist with course fees and living expenses, with the amount of funding varying for different levels of qualifications. Scholars received up to $30,000 for full time study over two years prior to 2017 and $15,000 over one year in 2017.

Figure 8: Postgraduate Scholarships awarded by ASGC-RA, 2016–17

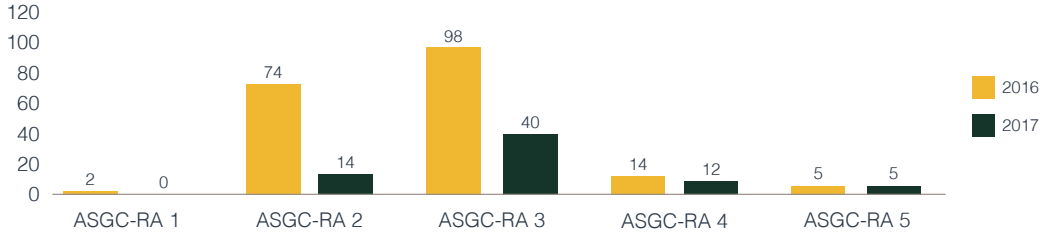


Table 8: Postgraduate Scholarships awarded by ASGC-RA, 2016–17

	ASGC-RA 1	ASGC-RA 2	ASGC-RA 3	ASGC-RA 4	ASGC-RA 5	Total
2016	2	74	98	14	5	193
2017	0	14	40	12	5	71
Note: Scholarships awarded to ASGC-RA 1 are from ATSI background						

Figure 9: Postgraduate Scholarships awarded by activity type, 2016–17

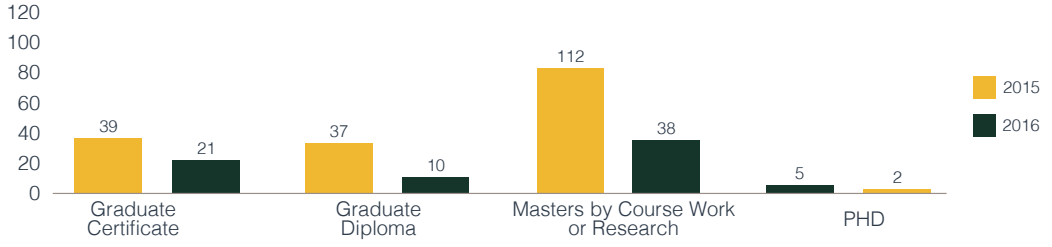


Table 9: Postgraduate Scholarships awarded by activity type, 2016–17

	Graduate Certificate	Graduate Diploma	Masters by Course Work / Research	PhD	Total
2016	39	37	112	5	193
2017	21	10	38	2	71

SCHOLAR STORY BY ADAM DELAINE

Master of Public Health, Flinders University

My name is Adam Delaine and I was fortunate enough to study the Master of Public Health in 2017 financially supported by Services for Australian Rural and Remote Allied Health (SARRAH), via their Nursing and Allied Health Scholarship and Support Scheme (NAHSSS).

I currently work in remote Central Australia as a Dietitian in very remote communities – hundreds of kilometres away from Alice Springs. Part of my role involves speaking with people about managing nutrition-related conditions such as diabetes and child growth.

The other part of my role is making healthy eating easier, such as through the availability of healthy foods in the only community store, improving the school menu and supporting local community members to address barriers they see.

My main motivation for studying the Master of Public Health is because there is a complicated network of factors contributing to poor health that are often outside the control of local community members and health workers. In the long term I hope to assist in creating a holistic supportive policy framework that makes health more achievable, particularly for those who are most disadvantaged in rural and remote settings.

The NAHSSS scholarship makes the price tag associated with university less confronting for those considering study. Personally, it has increased the chance for me to do further study in public policy in 10–15 years' time as there will be less of a cumulative price tag.

There are a disproportionate number of Indigenous people living in remote settings, and although I am not from this background myself, I particularly like how SARRAH has emphasis on supporting Indigenous people through study, as they are the ones who understand the complexities of remote health the most.

NURSING AND ALLIED HEALTH SCHOLARSHIP SUPPORT SCHEME (NAHSSS)

NAHSSS Undergraduate (Entry-level) Scholarship

SARRAH has administered the Undergraduate Scholarships since 2005 under various titles. The scholarships are targeted at students from a rural and remote background seeking to become AHPs through an eligible allied health course. Students receive scholarship funding of up to $10,000 per annum. The undergraduate scholarships are targeted to students from ASGC-RA 2–5 areas and a financial eligibility limit is also applied. Until the 2015 academic year scholarship funding was provided for the duration of the course. However, in 2016 academic year the scholarship was funded for a maximum of three years. In 2017 academic year the scholarship was funded for 12 months only.

Figure 10: NAHSSS Undergraduate (Entry-level) Scholarship awarded by ASGC-RA, 2016–17

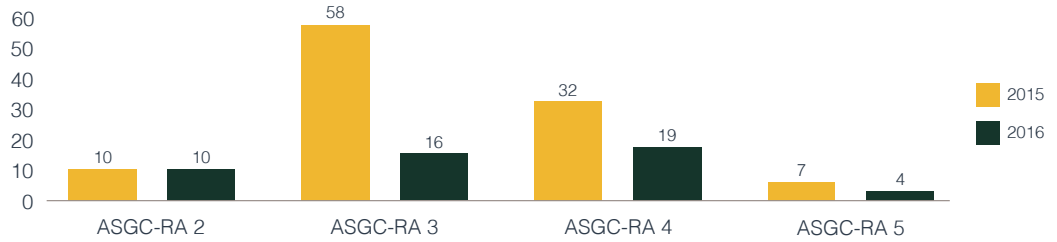
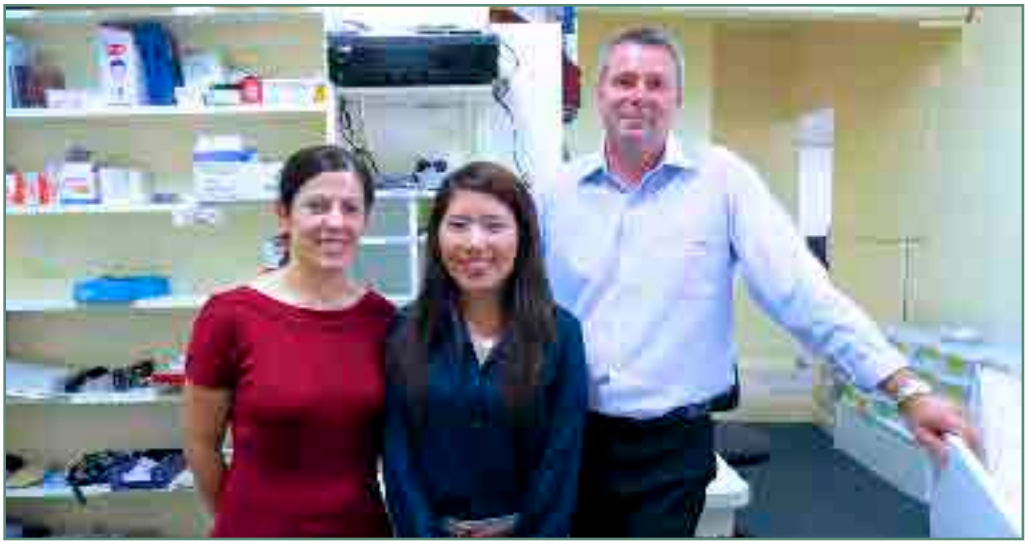


Table 10: NAHSSS Undergraduate (Entry-level) Scholarship awarded by ASGC-RA, 2016–17

	ASGC-RA 1	ASGC-RA 2	ASGC-RA 3	ASGC-RA 4	Total
2016	10	58	32	7	107
2017	10	16	19	4	49



2016 SARRAH NATIONAL CONFERENCE OVERVIEW

SARRAH National Conference Statistics

Response by delegates about the quality and value of the 2016 SARRAH National Conference

94%
Considered conference was relevant to AHPs

98%
Felt that the conference represented value for money

98%
Were happy with conference venue

92%
Were satisfied with quality of plenary sessions

Port Lincoln in South Australia was the host location of the 2016 SARRAH National Conference. The highly successful conference was attended by over 200 delegates. A diverse cohort of speakers presented at the conference and delegates connected with other rural and remote focused professionals.

Highlights of the conference included a keynote presentation by Debra Kay PSM on partnering with health consumers; a survival skills workshop to equip AHPs with establishing a successful practice; and 2015 Rural Woman of the Year, Sarah Powell, presented a talk on 'Revitalising rural communities through sporting leadership'.

The 2016 SARRAH National Conference featured several themes under the headline 'It takes a Village to raise a child' which gave insights into:

- Supporting vibrant economies
- Creating thriving communities
- Cultivating healthy people
- Practical real life solutions
- Working with consumers.

2016 SARRAH NATIONAL CONFERENCE OVERVIEW

Throughout the conference, delegates were able to network and share experiences with colleagues from Australia and abroad. SARRAH also invited delegates to identify core priorities as part of its biennial recommendations process. The recommendations concerned rural and remote consumers, workforce, service gaps, research, networks and partnerships, communication and funding.

Delegates came from a diverse range of backgrounds including:

- Members from a wide range of allied health professions
- Students studying an allied health discipline
- Experts in the field of policy and program planning
- Educators of Allied Health Professionals
- Organisational representatives with an interest in allied health.

SARRAH thanks its generous sponsors for supporting the conference and assisting delegates by keeping costs down for people attending.

Sponsors of the 2016 SARRAH National Conference Included			
Australian Government Department of Health	Health Education and Training Institute	Novartis	Victoria State Government Department of Health
Australian Rural Health Education Network	Country South Australia Primary Health Network	Queensland Government Department of Health	University of South Australia Department of Rural Health
Brentnalls - South Australia	Greater Northern Australia Regional Training Network	SA Health - Government of South Australia	

2016 SARRAH NATIONAL CONFERENCE EVALUATION AND RECOMMENDATIONS

2016 SARRAH National Conference delegates participated in a range of plenary sessions and through that process developed a set of recommendations to improve health outcomes for people living in rural and remote Australia. Thirty-seven recommendations over seven strategic areas were developed through the process and details follow.

Consumers

- Ensure commitment to the approach of engaging with communities to develop innovative allied health service delivery methods.
- Strengthen SARRAH consumer partnerships and advocacy functions in areas such as Board representation, strategic planning, joint advocacy, rural and remote program development and other activities.
- Meetings on a regular basis between the Board and the Australian Health Consumers Forum to discuss activities and approaches and receive feedback.
- Increase Indigenous representation and involvement of Indigenous Allied Health Australia and form partnerships to work on rural and remote allied health outcomes informed by an indigenous perspective.

Workforce

- Lobby state governments to increase their budgets for allied health service provision, with a particular focus on rural/remote service provision where access is so limited.
- Work with the National Disability Insurance Agency (NDIA) to build the allied health workforce in rural and remote disability care to improve access for people with disabilities.
- Play a leadership role in the development and uptake of the AHP rural generalist pathway.
- Advocate for jurisdictions and Primary Health Networks (PHNs) to participate in a 3-year trial.
- Commence work to position the organisation as the equivalent of Australian College of Rural and Remote Medicine (ACCRM) as organisation responsible for the accreditation of rural AHP generalist pathways.
- Invest effort in growing an Aboriginal Allied Health Workforce.
- Enhance partnerships and programs to provide cultural mentoring for clinicians supervising Aboriginal students or those AHP clinicians delivering services in Aboriginal committees.
- Promote remote practice through articles or case studies that illustrate the resourcefulness of remote practising AHPs and why it is rewarding working in remote communities.
- Advocate for more scholarships, rural clinical placements and Continuing Professional Development (CPD) funding support.
- Identify career pathways for new graduates and early career professionals.
- Develop proposals around relocation incentives.
- Create recruitment campaigns that are based on the work of SARRAH members and the impact of personality traits in the retention of rural AHPs.
- Consider ‘adaptive’ solutions in flexible or virtual workforce models (including support for a business case that can be taken to government).

2016 SARRAH NATIONAL CONFERENCE EVALUATION AND RECOMMENDATIONS

Service gaps

- Continue to lobby for reforms to the Medicare Benefits Schedule (MBS) to increase claimable items for AHPs for the purpose of improving access to allied health services for consumers, especially those living in rural and remote areas.
- Develop a position statement on mechanisms to improve access to AHP services and provide the Australian Government with solutions to NDIS and AHP access and an assessment of the impact of funding reforms.
- Negotiate with the NDIA to set up a unit at SARRAH focused on the support of AHPs providing disability services in rural and remote areas and explore solutions to the bigger issue of market failure for AHPs in rural Australia.
- Lobby PHNs in rural areas to commission allied health service provision to meet identified service gaps in rural and remote areas, whilst at the same time ensuring the states don't engage in cost shifting to avoid their responsibilities to their rural communities.

Research

- Advocate for funding research into the economic benefits of providing preventative dental treatment and early intervention in addressing tooth decay, to minimise preventable hospitalisation related to dental issues.
- Build linkages between SARRAH Research Alliance and SARRAH's corporate members, particularly the university members, to assist with collection and dissemination of research relevant to our members.
- Continue work similar to the Novartis project to build evidence for the efficacy and cost effectiveness of allied health services and interventions in the Australian healthcare system.
- Focus on applied research - what works in rural contexts to build evidence in practice (EIP).
- Market in clever ways the existing evidence, to both the government and communities.

Governance, networks and partnerships

- Profile SARRAH Board and SARRAH Advisory Committee members to increase the broader representation of these people and their governance roles.
- Develop mechanisms for including the corporate members' voice in SARRAH's governance structure.
- Develop a skills-based approach to election of SARRAH Board members.
- Promote and recognise achievements of members (awards).
- Strengthen SARRAH Networks, Advisory Committee and other mechanisms to maintain accountability and a regular connection with constituents and members.
- Link up more with policy conversations that cover the entirety of rural policy.
- Strengthen and leverage relationship with the National Rural Health Alliance through membership program including advocating for rural generalist pathways.

Communications

- Continue to consult younger members to establish the most effective, efficient and technologically amenable means of communication and information sharing amongst the SARRAH network.
- Develop a marketing campaign using stories from the field targeted at politicians.
- Develop information sheets for PHNs and NDIS about AHPs, and for AHPs about NDIS and PHNs.

Funding

- Advocate for funding for secretariat costs for organisations like SARRAH with established track records in providing assistance and support to AHPs.
- Approach government for funding to pay for tangible programs such as accreditation of Rural Generalist pathway, research on financial benefits and related programs.
- Continue to diversify income to reduce the reliance on government funding for secretariat functions.
- Explore appropriate corporate partners, philanthropic organisations and seek knowledge from other organisations that have taken steps toward being non-government funded.
- Consider engagement with pastoral or agricultural organisations as a potential avenue to broaden the funding base.

2016 KATE SCANLON AWARD

In 2016 the Kate Scanlon Award was presented to Hui-Yu Yao at the 2016 SARRAH National Conference. The Award was created in 2012 in memory of Kate Scanlon who was a NAHSSS recipient. Kate, aged 21, tragically passed away in a train disaster during 2011 when she was travelling to run a first aid course and physiotherapy clinic along with other students in India. Kate was from the Devonport region of Tasmania.

Hui-Yu used her $5000 award to integrate the 'My Journey, My Story' program in the John L Grove Rehabilitation Unit at the Launceston General Hospital. She introduced arts activities to connect with patients' physical, mental and emotional experience during rehabilitation to improve their overall wellbeing whilst undertaking rehabilitation.

Hui-Yu said, 'The success of two arts projects at the Acute Older Person Unit at the Royal Hobart Hospital inspired me to establish an arts project at the John L Grove Rehabilitation Unit at the Launceston General Hospital'.

The Kate Scanlon Award has provided Tasmanian scholarship recipients with an opportunity to pursue a project or activity that will improve allied health services for Tasmanians. Kate's parents said, 'Kate would be delighted with the thought that someone else was not only fulfilling their own dreams, but also encouraging other young people to take on the many opportunities life has to offer'.

BEYOND THE RANGE FUNDRAISING BALL 2017

In early 2017 SARRAH was approached by Ellen Murray and was invited to be one of two not-for-profit organisations supported through the inaugural Beyond the Range Gala event that took place in Toowoomba on 18 March 2017.

Ellen Murray approached SARRAH to be one of two beneficiaries of the first ever Beyond the Range Gala held at Inbound Brasserie at the Toowoomba Railway Station in Queensland.

The Gala raised $6000 which was shared between SARRAH and RACQ Life Flight Rescue. With the money raised by the event, SARRAH was able to support Seamus Delahunty and Tara Lesley Henning who missed out on a NAHSSS CPD Scholarship.

Seamus used the proceeds from his scholarship to attend APA Sports Level 2 training and Tara Lesley Henning attended Theraplay Level 1 and MIM Training with the support of her scholarship.

SARRAH thanks Ellen Murray and her dedicated team of organisers: Erin Pechey, William Sanson, Courtney Campbell, Megan Mansell and Kate Harris for supporting Seamus and Tara and supporting rural and remote allied health.

05 FINANCIAL MANAGEMENT

2016–2017

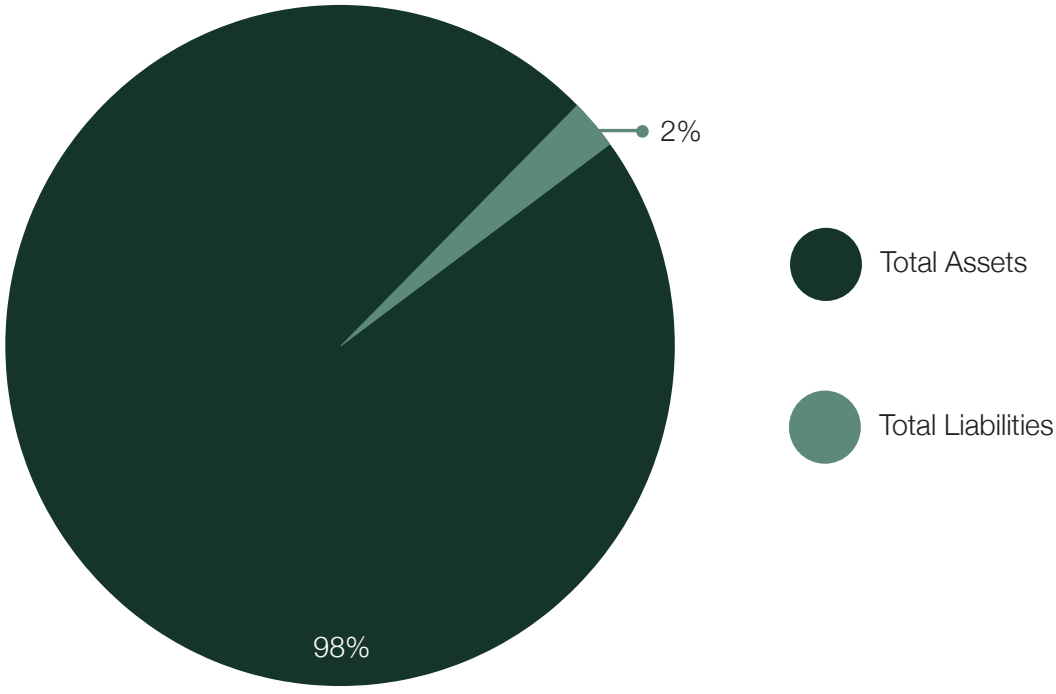
STATEMENT OF FINANCIAL POSITION

Assets and liabilities as at 30 June 2017

Assets	2017 ($)	2016 ($)
Current Assets	$9,786,550	$14,895,231
Non-Current Assets	$14,980	$69,645
Total Assets	$9,801,530	$14,964,696

Liabilities	2017 ($)	2016 ($)
Current Liabilities	$191,964	$118,355
Non-Current Liabilities	$3,076	$15,981
Total Liabilities	$195,040	$134,336
Net Assets	$9,606,490	$14,830,360

SARRAH had a cash surplus of $9.6 million of which approximately 93% of the cash funds held as at 30 June 2017, either relates to scholarships that have been granted and for which future payments are required or scholarship funds that are unspent and will be returned to the Department of Health.



Revenue to 30 June 2017

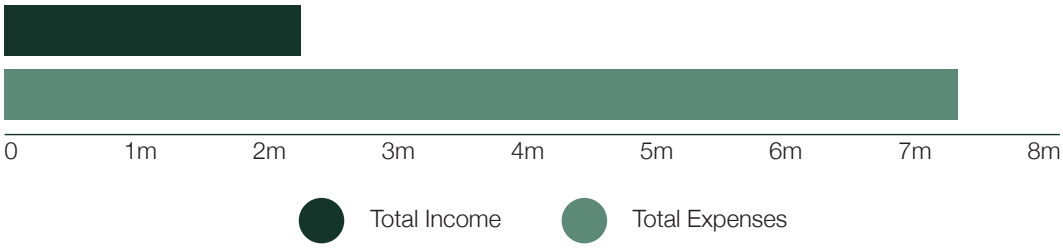
SARRAH received revenue of $2.17 million for 2016–17 and Table 12 represents actual results through to 30 June 2017.

Assets	2017 ($)	2016 ($)
Department of Health grants	$1,867,673	$9,722,180
Interest income	$66,646	$147,406
Membership fees	$133,400	$130,635
Conference income	$81,299	-
Other income	$23,461	$232,384
Total Revenue	$2,172,479	$10,232,605

Expenses to 30 June 2017

SARRAH's expenses were $7.39 million during 2016–17 and the table below presents actual results through to 30 June 2017.

Liabilities	2017 ($)	2016 ($)
Employee provisions expense	$607,877	$844,196
Depreciation expense	$17,298	$21,537
Rental expense	$98,327	$123,187
Scholarship payments	$6,471,455	$9,549,509
Mid North Coast Health Expenses	-	$2,934
Other expenses	$201,392	$466,988
Total Expenses	$7,396,349	$11,008,351



SERVICES FOR AUSTRALIAN RURAL AND REMOTE ALLIED HEALTH INCORPORATED (SARRAH)

ABN 92 088 913 517

FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2017

SERVICES FOR AUSTRALIAN RURAL AND REMOTE ALLIED HEALTH INCORPORATED

ABN 92 068 913 587

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2017

	Note	2017 $	2016 $
Revenue	2	2,172,479	10,232,905
Employee provisions expense	3	(607,877)	(844,196)
Depreciation expense		(17,208)	(21,537)
Rental expense		(106,327)	(123,187)
Scholarship payments	3	(1,641,455)	(9,549,909)
Mid North Coast Health expenses		-	(2,904)
Other expenses		(201,392)	(466,969)
Net current year (deficit)		(5,223,870)	(775,745)
Other comprehensive income		-	-
Total comprehensive income for the year		(5,223,870)	(775,745)

The accompanying notes form part of these financial statements.

SERVICES FOR AUSTRALIAN RURAL AND REMOTE ALLIED HEALTH INCORPORATED
ABN 92 088 915 517

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2017

	Note	2017 $	2016 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	2,771,395	14,872,387
Trade and other receivables	6	13,990	12,591
Other current assets	7	1,874	10,245
TOTAL CURRENT ASSETS		2,786,550	14,895,221
NON CURRENT ASSETS			
Plant and equipment	8	14,980	59,465
TOTAL NON-CURRENT ASSETS		14,980	59,465
TOTAL ASSETS		2,801,530	14,954,686
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	93,923	70,575
Provisions	10	87,400	60,265
Lease liability	11	4,277	4,277
Income Received in Advance	12	86,464	-
TOTAL CURRENT LIABILITIES		191,964	135,055
NON CURRENT LIABILITIES			
Provisions	10	1,050	10,279
Lease liability	11	1,426	5,702
TOTAL NON-CURRENT LIABILITIES		3,076	15,981
TOTAL LIABILITIES		195,040	124,336
NET ASSETS		2,606,490	14,830,350
EQUITY			
Retained surplus		2,606,490	14,830,350
TOTAL EQUITY		2,606,490	14,830,350

The accompanying notes form part of these financial statements.

SERVICES FOR AUSTRALIAN RURAL AND REMOTE ALLIED HEALTH INCORPORATED

ABN 92 089 913 517

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2017

	Retained Surplus $	Total $
Balance at 1 July 2015	15 606 106	15 606 106
Comprehensive income		
Net deficit for the year	(275 745)	(275 745)
Balance at 30 June 2016	14 330 360	14 330 360
Comprehensive income		
Net deficit for the year	(5 225 870)	(5 225 870)
Balance at 30 June 2017	9 605 490	9 605 490

The accompanying notes form part of these financial statements.

SERVICES FOR AUSTRALIAN RURAL AND REMOTE ALLIED HEALTH INCORPORATED

ABN 92 088 913 517

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2017

	Note	2017 $	2016 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from government, members and customers		9,705,963	10,446,453
Interest received		68,648	147,405
Net GST (paid)		(4,333)	(197,300)
Payments to suppliers and employees		(14,864,723)	(11,199,590)
Net cash (used by) operating activities	17	(5,096,745)	(782,032)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of borrowings		(4,276)	(4,277)
Net cash used in financing activities		(4,276)	(4,277)
Net (decrease) in cash held		(5,101,021)	(787,309)
Cash and cash equivalents at beginning of financial year		14,672,357	15,460,666
Cash and cash equivalents at end of financial year	5	9,571,336	14,672,357

The accompanying notes form part of these financial statements.

SERVICES FOR AUSTRALIAN RURAL & REMOTE ALLIED HEALTH INCORPORATED

ABN 92 089 913 517

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements were authorised for issue on 29 August 2017 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 and have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the *Associations Incorporation Act 2015 (WA)*. 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

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 as a revaluation decrease. The impairment losses are recognised against revalued assets. 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. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

b Plant and Equipment (cont'd)

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

Class of Fixed Asset	Depreciation Rate
Office equipment	30-50%
Office furniture	5-20%

The asset 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 arise. When revalued assets are sold, amounts included in the revaluation relating to that asset are transferred to retained earnings.

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 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 trading 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.

d Financial instruments (cont'd)

(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 remeasurements 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.

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

c Financial instruments (cont'd)

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 debtor 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.

Where 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.

SERVICES FOR AUSTRALIAN RURAL & REMOTE ALLIED HEALTH INCORPORATED

ABN 92 088 913 517

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

i 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 employees 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 period on government bonds that have maturity dates that approximate the terms of the obligations. Any re-measurement of obligations for other long-term employee benefits for changes in assumptions are recognised in profit or loss in the period 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(m) for further discussion on the determination of impairment losses.

i Trade and Other Payables

Trade 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.

j 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.

SERVICES FOR AUSTRALIAN RURAL & REMOTE ALLIED HEALTH INCORPORATED

ABN 92 088 913 517

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTD)

s 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.

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).

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.

t Comparative figures

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

u 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.

SERVICES FOR AUSTRALIAN RURAL & REMOTE ALLIED HEALTH INCORPORATED

ABN 92 088 919 517

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 2: REVENUE

	2017 $	2016 $
Revenue		
Department of Health grants	1,867,578	9,722,180
Interest income	65,643	147,403
Membership fees	185,400	180,585
Conference income	21,299	
Other income	33,451	232,384
Total revenue	2,172,479	10,282,505

NOTE 3: SURPLUS FOR THE YEAR

	2017 $	2016 $
Significant Revenue and Expenses		
The following significant revenue and expense items are relevant in explaining the financial performance:		
Department of Health grants	1,867,578	9,722,180
Employee benefits expense	(504,277)	(244,195)
Scholarship payments	(6,471,405)	(9,548,505)

NOTE 4: AUDITORS' REMUNERATION

	2017 $	2016 $
Remuneration of the auditor of the association for:		
- Auditing the financial report	15,000	8,000
Other services	4,000	6,813
Total remuneration	17,000	15,863

NOTE 5: CASH AND CASH EQUIVALENTS

	Note	2017 $	2016 $
Cash at bank and on hand		9,771,326	14,272,557
	19	9,771,326	14,272,557
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		9,771,326	14,272,557

Approximately 90% of the cash funds held as at 30 June 2017, either relates to scholarships that have been granted and for which future payments are required or scholarship funds that are unspent and will be returned to the Department of Health.

NOTE 6: TRADE AND OTHER RECEIVABLES	Note	2017 $	2016 $
CURRENT			
Trade and other receivables		12,390	1,330
GST receivable			11,311
Total current trade and other receivables	19	12,390	12,641

NOTE 7: OTHER CURRENT ASSETS	2017 $	2016 $
CURRENT		
Prepayments	1,924	10,243

NOTE 8: PLANT AND EQUIPMENT	2017 $	2016 $
Office equipment		
At cost	45,541	156,978
Accumulated depreciation	(38,443)	(130,637)
	7,098	26,341
Office furniture		
At cost	24,452	90,795
Accumulated depreciation	(16,950)	(66,641)
	7,502	43,114
Total plant and equipment	14,600	69,455

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 2016	26,351	43,114	69,465
Disposals	(5,537)	(30,655)	(37,187)
Depreciation expense	(13,356)	(4,957)	(17,208)
Carrying amount at 30 June 2017	7,418	7,502	14,920

SERVICES FOR AUSTRALIAN RURAL & REMOTE ALLIED HEALTH INCORPORATED
ABN 92 000 913 517

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 9: ACCOUNTS PAYABLE AND OTHER PAYABLES	Note	2017 $	2016 $
CURRENT			
Trade payables		7,903	1,657
Wages and superannuation accrual		6,176	8,650
Provision for annual leave		50,468	34,732
Other payables		29,374	28,836
Total trade and other payables		93,923	73,875
a Financial liabilities at amortised cost classified as accounts payable and other payables:			
Accounts payable and other payables		93,923	73,875
Less wages and superannuation accrual		(6,176)	(8,650)
Less provision for annual leave		(50,468)	(34,732)
Less other payables		(29,374)	(28,336)
Financial liabilities at trade and other payables	10	7,903	1,657

NOTE 10: PROVISIONS	2017 $	2016 $
CURRENT		
Current long service leave provision	37,400	40,703
NON CURRENT		
Non current long service leave provision	11,650	10,279
Total provisions	54,050	50,982

Analysis of long service leave provision

	$
Opening balance at 1 July 2016	50,982
Additional provisions	3,068
Closing balance at 30 June 2017	54,050

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 11: LEASE LIABILITY

	Note	2017 $	2016 $
Current		4,277	4,277
Non current		1,425	5,702
Total lease liability	19	5,702	9,979

NOTE 12: OTHER LIABILITIES

	2017 $	2016 $
CURRENT		
Conference income received in advance	35,364	-

NOTE 13: CAPITAL AND LEASING COMMITMENTS

		2017 $	2016 $
a	**Finance Lease Commitments**		
	Payable – minimum lease payments		
	– not later than 12 months	4,704	4,704
	– between 12 months and five years	1,569	6,273
	Minimum lease payments	6,273	10,977

The finance lease is for the photocopier which commenced in the 2016 financial year as a 60-month lease expiring in October 2018. 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	-	24,640
	Total operating lease commitments	-	24,640

SARRAH entered into a month-to-month office leasing arrangement which commenced on 1 September 2016.

NOTE 14: CONTINGENT LIABILITIES AND CONTINGENT ASSETS

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

SERVICES FOR AUSTRALIAN RURAL & REMOTE ALLIED HEALTH INCORPORATED

ABN 92 088 913 517

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 15 EVENTS AFTER THE REPORTING PERIOD

SARRAH will not receive additional scholarship funds from the government as at 30 June 2017. Consequently, SARRAH has reviewed and will continue to assess its operating structure and monitor strategies to diversify its income sources.

NOTE 16 RELATED PARTY TRANSACTIONS

	2017 $	2016 $
Scholarships paid to related parties		
- Cassandra Sonyhan	30 000	-

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 17 CASH FLOW INFORMATION

	2017 $	2016 $
Reconciliation of cash flow from operations with profit (loss)	(5 225 670)	(775 746)
Cash flows excluded from profit attributable to operating activities		
Non cash flows in profit		
- depreciation expense	17 290	21 507
- loss on disposal of plant and equipment	37 167	-
Changes in assets and liabilities		
- (increase) decrease in trade and other receivables	(750)	83 541
decrease in other assets	8 419	11 755
- increase (decrease) in trade and other payables	25 048	(122 524)
- increase in other liabilities	38 384	
- increase (decrease) in provisions	6 503	(11 404)
Total	(5 096 745)	(795 031)

NOTE 18 KEY MANAGEMENT PERSONNEL COMPENSATION

The totals of remuneration paid to key management personnel (KMP) of the association during the year are as follows:

	2017 $	2016 $
Key management personnel compensation		
- Short-term benefits	182 641	215 463
Post-employment benefits	17 351	20 564
	199 992	236 027

SERVICES FOR AUSTRALIAN RURAL & REMOTE ALLIED HEALTH INCORPORATED
ABN 92 088 913 517

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 19: 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	2017 $	2016 $
Financial assets			
Cash and cash equivalents	5	9,771,586	10,872,357
Trade and other receivables	6	13,200	12,631
Total financial assets		9,784,786	10,884,988
Financial liabilities			
Financial liabilities at amortised cost			
– Trade and other payables	9	7,903	1,557
– Lease liability	11	5,703	9,979
Total financial liabilities		13,606	11,536

NOTE 20: ASSOCIATION DETAILS

The registered office and principal place of business of the association is:

Services for Australian Rural and Remote Allied Health Incorporated
Level 6, 490 North Lobby, Avenue
Dickson ACT 2602

SERVICES FOR AUSTRALIAN RURAL & REMOTE ALLIED HEALTH INCORPORATED

ABN 92 088 913 517

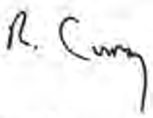
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

STATEMENT BY MEMBERS OF THE COMMITTEE

In the opinion of the committee, the financial report as set out on pages 1 to 16:

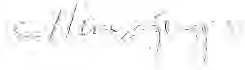
1. Give a true and fair view of the financial position of Services for Australian Rural and Remote Allied Health Incorporated during and at the end of the financial year of the association ending on 30 June 2017.
2. At the date of this statement, there are reasonable grounds go believe that Services for Australian Rural and Remote Allied Health Incorporated 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

Rob Curry



Treasurer

Helen McGregor

Dated this 29 August 2017

bellchambers barrett

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Level 6, 44 Market Street
Sydney NSW 2000
GPO Box 5390, Kingston ACT 2604
DX 5677 Canberra
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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF SERVICES FOR AUSTRALIAN RURAL AND REMOTE ALLIED HEALTH INCORPORATED

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 2017, 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 declaration by members of the Board on the annual statements giving a true and fair view of the financial position of the association.

Board Members Responsibility for the Financial Report

The Board Members of the association are 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 2015 (WA)* and for such internal control as the directors determine 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 directors, 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.

bellchambers barrett

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

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 2015 (WA)* including:

(i) giving a true and fair view of the association's financial position as 30 June 2017 and of its performance for the year ended on that date and the other matters required by the *Associations Incorporation Act 2015 (WA)*

(ii) we have obtained all the information and explanations required;

(iii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the *Associations Incorporation Act 2015 (WA)*; and

(iv) proper accounting records and other records have been kept by Services for Australian Rural and Remote Allied Health Incorporated as required by the *Associations Incorporation Act 2015 (WA)*.

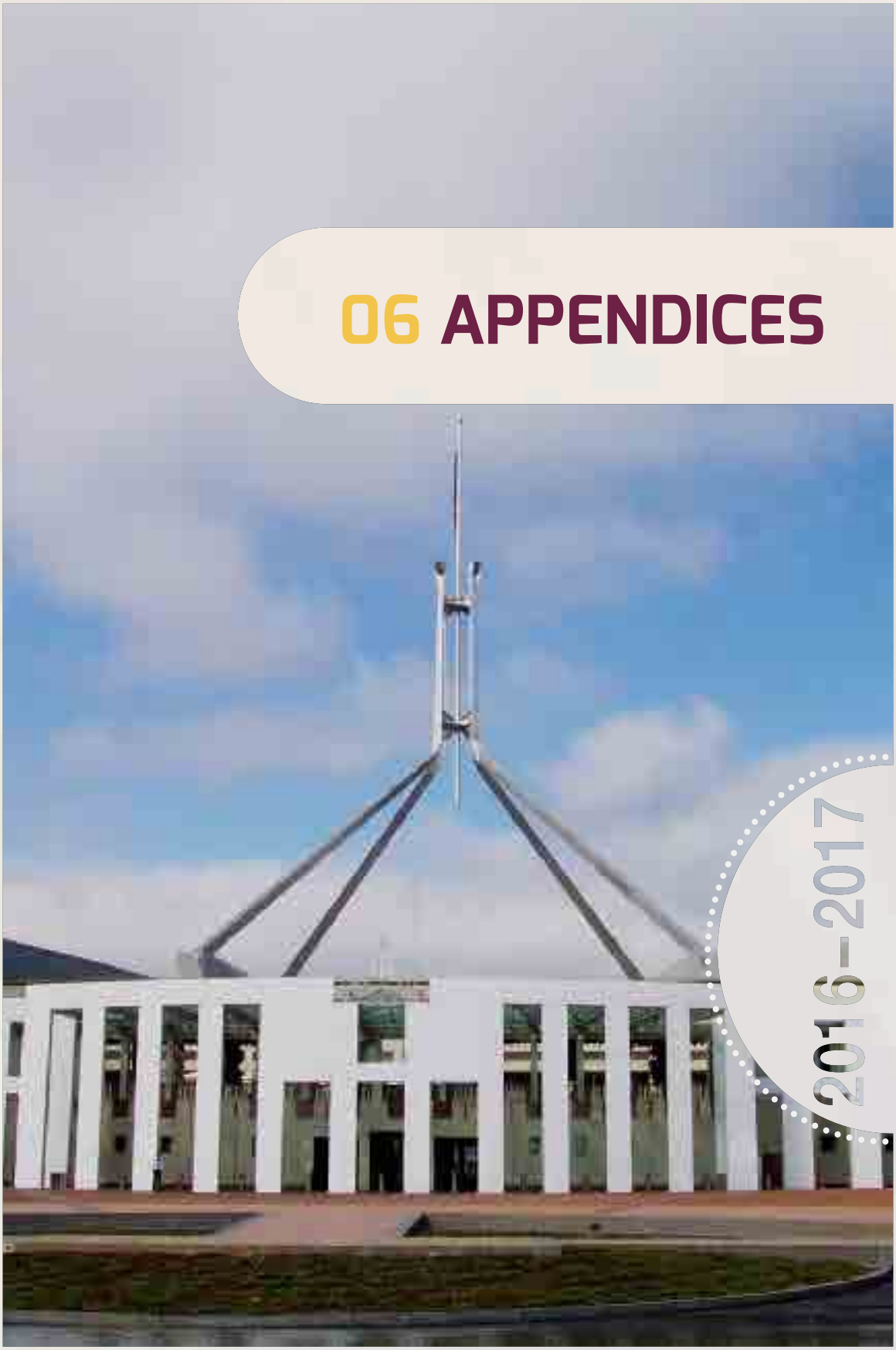
Emphasis of Matter

Without modifying our opinion we draw attention to Note 15 in the financial report. It should be noted the SARRAH will receive a additional scholarship funds from the government as at 30 June 2017. Consequently, SARRAH has reviewed and will continue to assess its operations and monitor strategies to diversify its revenue streams.

Shane Bellchambers FCA
Registered Company Auditor
BellchambersBarrett

Canberra, ACT
Dated this 29th day of August 2017

06 APPENDICES



2016–2017

APPENDIX A: SARRAH SUBMISSIONS

During the reporting period SARRAH provided submissions and discussion papers to the Department of Health, parliamentary committees and other organisations. In 2016–17 SARRAH made the following submissions:

- Position Paper on Allied Health Professions and Rural Generalism: 5/10/2016
- SARRAH Australian Government Budget Submission 2017–18: 18/12/2016
- Position Paper on National Digital Health Strategy: 30/1/2017
- Submission to the Joint Standing Committee on the NDIS – Hearing Services: 30/01/2017.

APPENDIX B: MEETINGS AND FORUMS

Australian Government departments and authorities

- **Australian Charities and Not-for-profits Commission: 2015 Charities Report Release:** 7/2/2017
- **Department of Health:** 6/7/2016, 9/5/2017, 14/6/2017, 23/6/2017
- **Department of Social Services:** 2/5/2017
- **Department of Veterans Affairs:** 28/7/2016, 3/8/2016, 27/10/2016, 17/5/2017
- **National Disability Insurance Agency / National Disability Insurance Scheme:** 13/7/2016, 15/11/2016, 12/12/2016
- **National Disability Insurance Scheme Working Group:** 5/9/2016, 17/10/2016
- **Medicare Stakeholder Consultative Group:** 2/11/2016, 25/5/17
- **Chair, MBS Review:** 6/7/2017.

Internal SARRAH meetings

- **Advisory Committee:** 21/7/2016, 22/9/2016, 24/11/2016, 2/2/17, 30/3/2017
- **Annual General Meeting:** 28/10/2016
- **Audit Committee:** 29/7/2016, 19/8/2016, 21/10/2016, 18/11/2016, 16/12/2016, 24/3/2017, 21/4/17, 18/5/17, 26/5/17, 16/6/17
- **Board:** 12/7/2016, 13/9/2016, 27/10/2016, 20/12/2016, 28/2/2017, 11/4/17, 27/6/17
- **Conference Organising Committee, 2016 SARRAH National Conference:** 27/7/2016, 24/8/2016, 30/8/2016, 7/9/2016, 5/10/2016, 12/10/2016
- **Conference Organising Committee, 2018 SARRAH National Conference:** 30/11/2016, 13/2/2017, 24/4/17, 15/5/17, 20/6/17
- **Secretariat Managers':** 12/7/2016, 26/7/2016, 23/8/2016, 6/9/2016, 4/10/2016, 17/10/2016 14/12/2016, 11/1/2017, 27/1/2017, 8/2/2017, 8/3/2017, 3/4/17, 19/4/17, 3/5/17, 30/5/17, 14/6/17, 28/6/17
- **National Disability Insurance Scheme Proposal:** 18/1/2017, 20/1/2017, 27/1/2017, 30/1/2017
- **Northern Territory Members' Meeting:** 14/10/2016, 9/12/2016, 9/2/2017, 7/4/17, 17/5/17, 2/6/17
- **Secretariat staff:** 19/7/2016, 10/8/2016, 15/9/2017, 5/10/2016, 21/3/2017, 29/3/2017
- **Strategic Planning Forum and preliminary discussions:** 12/1/2017, 20/1/2017, 17–18/3/2017.

APPENDIX B: MEETINGS AND FORUMS

Parliamentarians and committees

- **Aged Care Legislation Review Consultation Workshop:** 3/2/2017
- **Alex White – Bill Shorten's Social Policy advisor (Labor):** 11/10/2016
- **Andrew Wilkie MP (Independent):** 20/10/2016
- **Dianne Thomas - Cathy McGowan's Chief of Staff (Independent):** 11/10/2016
- **Linda Burney MP (Labor):** 10/11/2016
- **Lisa Chesters MP (Labor):** 11/10/2016
- **Senator Di Natale (Greens):** 20/10/2016
- **Senator Pauline Hanson (One Nation):** 11/10/2016
- **Senator Stirling Griff (Nick Xenophon Team):** 11/10/2016
- **Stephen Jones MP (Labor):** 20/10/2016
- **Tony Zappia MP (Labor):** 12/10/2016
- **Hon. Dr David Gillespie MP Assistant Minister for Rural Health:** 2/9/2016
- **Hon. Dr David Gillespie MP Assistant Minister for Rural Health: Ministerial Rural Health Stakeholder Roundtable:** 16/11/2016, 30/6/2017
- **Australian Labor Party National Health Policy Summit:** 3/3/2017
- **Medicare Benefits Schedule Review (Chair):** 6/7/2016
- **Private Health Ministerial Advisory Committee Workshop:** 12/12/2016
- **Senate Community Affairs Committee Aged Care Workforce public hearing:** 3/11/2016.

Primary Health Networks

- **Northern Queensland Primary Health Network:** 4/8/2017
- **Northern Territory Primary Health Network:** 18/11/2016
- **South Eastern NSW Primary Health Network:** 21/3/2017.

Service providers

- **Aspen Medical:** 12/10/16, 11/4/17
- **BOAB Health Services:** 23/11/2016
- **Royal Flying Doctor Service:** 29/5/2017.

State and territory government health services

- **Cairns and Hinterland Hospital and Health Service:** 4/4/17
- **Central Queensland Hospital and Health Service:** 8/6/17
- **Darling Downs Hospital and Health Service:** 3/11/2016
- **Far West Local Health District:** 18/8/2016
- **Hunter New England Local Health District:** 3/8/2016
- **Mackay Hospital and Health Service:** 3/5/17

APPENDIX B: MEETINGS AND FORUMS

State and territory government health services (Continued)

- **Mid North Coast Local Health District:** 30/9/2016
- **Murrumbidgee Local Health District:** 16/9/2016
- **North West Hospital and Health Service:** 28/2/2017
- **Northern NSW Local Health District:** 8/8/2016
- **Northern Territory PHN meeting:** 18/11/2016
- **Southern NSW Local Health District:** 13/10/2016
- **Top End Health:** 6/3/2017
- **Torres and Cape Hospital and Health Service:** 28/2/2017
- **WA Country Health Service – Great Southern Region:** 26/4/17
- **Western NSW Local Health District:** 26/8/2016.

Universities

- **Charles Sturt University:** 20/7/2016, 27/1/2017
- **Flinders University:** 16/5/17
- **Griffith University:** 15/12/2016, 24/1/2017
- **La Trobe University:** 20/7/2016
- **University of Canberra:** 15/12/2016, 5/6/2017
- **University of Melbourne:** 16/12/2016
- **University of Wollongong:** 7/12/2016.

Other meetings and forums

- **Aboriginal and Torres Strait Islander health workforce development needs and initiatives:** 9/11/2016
- **Allied Health Rural Generalist Education:** 4/8/2016
- **Allied Health Rural Generalists Pathway Project Governance Group:** 17/11/2016, 25/5/17, 19/6/17
- **Australian Allied Health Forum:** 12/12/2016, 1/3/2017, 19/7/2016, 23/9/2016, 22/6/17
- **Australian Charities and Not-for-profits Commission Information Event:** 24/8/2016
- **Australian Dental Association:** 11/10/2016
- **Australian Governance Summit:** 2–3/3/2017
- **Australian Indigenous Health InfoNet Canberra Roundtable:** 19/10/2016
- **Australian Institute of Company Directors:** 15/9/2016
- **Bellchambers Barrett Financial Services:** 10/2/2017
- **Beyond the Range Fundraising Ball:** 26/9/2016, 18/3/17
- **Community Council for Australia AGM:** 24/5/17
- **Community Care Smart Assistive Technology Collaborative Project:** 11/7/2016

Other meetings and forums (Continued)

- **Consumer Health Forum:** 21/6/17
- **Corporate Members Allied Health Rural Generalist:** 26/7/2016
- **Euthanasia and palliative care briefing:** 8/11/2016
- **Greater Northern Australia Regional Training Network:** 31/8/2016
- **Health Recruitment Plus Tasmania:** 29/3/2017
- **HESTA Employer Lunch:** 9/8/2016
- **Indigenous Health Documentary 'Take Heart' launch**: 12/10/2016
- **Information Linkages and Capacity Building Grants Workshop:** 3/2/2017
- **National Allied Health Conference 2017 Organising Committee:** 6/10/2016, 1/12/2016, 5/1/2017, 24/1/2017, 2/2/2017, 2/3/2017, 23/3/2017, 18/5/17, 15/6/17
- **National Press Club: Fixing Rural and Remote Health:** 22/11/2016
- **National Rural Health Alliance Council:** 15/8/2016, 1/2/2017, 22/5/2017
- **National Rural Health Alliance Councilfest:** 21–23/11/2016
- **National Strategy on Climate, Health and Wellbeing for Australia Roundtable Meeting:** 22/6/17
- **Pharmacy Guild Australia Parliamentary Dinner:** 22/11/2016
- **Philanthropy Australia National Conference:** 20–22/9/2016
- **Philanthropy Australia Members:** 25/10/2016
- **Rural Locum Assistance Program Steering Committee:** 24/11/2016, 11/5/2017
- **SARRAH National Conference Venue Familiarisation Visit:** 17–21/5/17
- **Social Determinants of Health Alliance:** 11/8/2016
- **The Pennington Institute:** 12/8/2016
- **Westpac:** 25/8/2016, 7/3/2017, 19/5/2017.

APPENDIX C: MEDIA RELEASES, MEDIA COVERAGE AND ARTICLES

Media releases

- **Health conference brings together rural allied health workforce:** 21/10/2016
- **Social worker with creative flair for rehabilitation wins rural health award:** 28/10/2016.

Television coverage

- **Southern Cross News television package – 2016 SARRAH National Conference:** 28/10/2016.

Radio coverage

- **ABC Eyre Peninsula:** 26/10/2016.

Interviews

- **Fairfax Media:** 27/10/2016
- **Southern Cross News:** 27/10/2016.

News articles

- **Croakey: Delays in scholarship program put rural allied health workforce at risk:** 25/10/2016
- **AHHA Healthcare in Brief: Delays in scholarship program put rural allied health workforce at risk:** 25/10/2016
- **Tasmanian Times: Article on Kate Scanlon Award winner:** 28/10/2016
- **Port Lincoln Times: Allied health workers meet in Lincoln:** 2/11/2016
- **Health Voices (Journal of the Consumers Health Forum of Australia): Rural health suffers as demand for allied health exceeds demand:** 23/11/2016
- **Northern Star: Health workforce scholarships to be open to our students:** 17/12/2016
- **Health Times: Major cuts to allied health scholarships:** 07/02/2017.

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S•A•R•R•A•H

Services for Australian
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