SARRAH
Services for Australian Rural and Remote Allied Health

ANNUAL REPORT 2019-2020

OFFICE ADDRESS
Services for Australian Rural and Remote Allied Health
Unit 4, 17 Napier Close, Deakin, ACT, 2600

MAILING ADDRESS
Services for Australian Rural and Remote Allied Health
PO Box 74, Deakin West, ACT, 2600

ABN: 92 088 913 517
Phone: 02 6285 4960
Toll-free: 1800 338 061
Email: sarrah@sarrah.org.au
Web: www.sarrah.org.au

Photography by:
Front cover Kaitlyn Anderson
Inside front cover Adrian Schoo

TABLE OF CONTENTS

WELCOME TO SARRAH

Welcome to the 2019-20 annual report for Services for Australian Rural and Remote Allied Health (SARRAH). It was a year defined by a pandemic and natural disasters full of challenges for every individual, community and organisation, SARRAH included. It also marked 25 years since SARRAH was established. It was perhaps fitting, then, that in 2019-20 SARRAH and our members demonstrated the capacity to not only cope with adverse circumstances, but strengthen our arguments in support of rural and remote communities and demonstrate in both practical and strategic terms the currency of SARRAHs purpose and approach.

This report summarises much of our effort and achievement over 2019-20. For many of us, what was achieved is more satisfying in retrospect, especially when drawn from the day-to-day challenge of securing better access to allied health services for rural and remote communities from systems characterised by competing priorities in which the value of allied health is not widely recognised. For these reasons, two things best represent SARRAHs sustained effort and purpose – the immediate and enthusiastic take-up of the Allied Health Rural Generalist Workforce and Education Scheme (AHRGWES) and the substance and direction of the National Rural Health Commissioner's report to Government on *Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia.*

SARRAH was established in 1995 to represent allied health professionals (AHPs) and students who work in rural and remote communities. We work on a range of programs and initiatives that enable its members to improve health outcomes for rural and remote Australians. SARRAH believes that every Australian has the right to have equitable access to health services regardless of where they live. This is a key component of a world-class health system and essential for supporting the health and wellbeing of all Australians.

SARRAH is committed to providing support for AHPs in all sectors. To achieve this objective, the organisation is focused on maintaining regional, state and national networks with which our members can engage to support their ongoing professional development.

SARRAH's membership comprises the following allied health professions:

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

Photography by: Debbie Hewson

SARRAH'S **STRATEGY**

We work to improve access to allied health services by influencing the actions of government, education and service organisations to develop and fund a fit-for-purpose allied health rural workforce to meet current and future needs of rural and remote Australia.

MISSION

SARRAH is committed to supporting allied health professionals and sustainable access to high quality allied health services to meet the needs of rural and remote Australians.

VISION

Rural and remote communities have allied health services that support equitable and sustainable health and well-being.

VALUES

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

INCLUSIVENESS

We value the perspectives and contributions of all people, respecting the principle of self-determination and the diverse cultural contexts in which communities thrive

FAIRNESS

We believe that all people have the right to be heard and to be equal partners in making decisions that affect them

EQUITY

We believe that no community should carry a greater burden in terms of health outcomes as a result of poor access to appropriate services

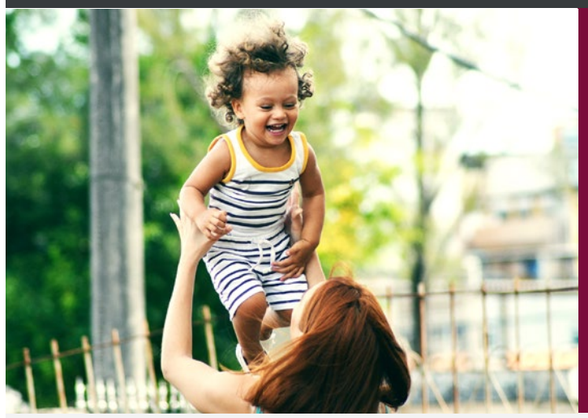
ADVOCACY

We exist to ensure that rural and remote allied health professionals have their voices heard on issues that are important to them

RESPECT

Everything we do, say and provide to others will sustain their dignity and reflect our regard for their welfare

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
- Broad consultation
- Achievement orientation.
- Connectedness to community
- Can-do attitude

***SARRAH** is a national, multidisciplinary member association, supporting allied health professionals to improve health outcomes in rural and remote communities throughout Australia.*

PRESIDENT'S **REPORT**

Rob Curry
President

To the members,

Where to begin a summary of 2019-20 – a tumultuous year indeed. I vividly recall in October last year looking out my lounge-room window on my bush-block on the Mid North Coast, NSW. Smoke filled the air covering a parched landscape, and on a not-too-distant hill the fire-front approached. My wife and I were preparing to evacuate – not much chance of fighting the fire with the river run dry. Unforgettable. Now as I look out the same window, soft green paddocks and the eucalypts healthy again with green leaf. I think I even heard a koala growling the other night.

And the Virus of course. It's been a devastating pandemic for the elderly and their families. It has impacted the whole community, putting great pressure on Australian businesses, including many allied health businesses. It has occupied much of the time of the SARRAH Office demanding our advocacy turn to ensuring access to allied health professionals as essential services, as the Australian public withdrew into lock-down and state borders were shut. We still have a way to go yet in 2020.

Despite all, there have been many positive developments for SARRAH. Our CEO, Cath Maloney, came on board in April 2019 and this marked the beginning of a much happier and more productive period for the organisation. Despite severe funding challenges, the Allied Health Rural Generalist Workforce & Education (AHRGWES) program kicked off bringing on two new staff, Gemma Tuxworth and Rhiannon Memery. Twelve months later this Program is now fully subscribed with over 40 early career trainees in rural workplaces around Australia fully engaged – congratulations to Cath, Gemma and Rhiannon. In August 2019 Cath brought on Allan Groth to work on policy and strategy and Dr Anna Moran as our Research Fellow. Again, two excellent professionals who have added enormously to SARRAH's capacity and our ability to get a strong rural allied health voice into the Canberra corridors and out into the field. With this great team we were able to conduct an excellent Rural Allied Health Summit in Canberra on 28 February 2020 with key stakeholders in attendance, including the Commonwealth Rural Health Minister and the National Rural Health Commissioner, who both presented and engaged energetically over the day.

Sadly, the onset of COVID-19 put paid to our biennial SARRAH Conference, scheduled for September in Townsville. This conference has been a feature of the rural health landscape for over 25 years – it's been such a disappointment not to have friends and colleagues from the bush come together to tell their stories of rural practice, glean information from speakers, to network, debrief, and to celebrate. I have every expectation the Conference will come back better than ever in 2022.

Perhaps the most potentially ground-changing development of the past 12 months has been the work we have done with the National Rural Health Commissioner, Professor Paul Worley, on rural allied health workforce. Paul listened well, developed a deep understanding and brought his knowledge and keen intellect to produce an important report to Government detailing a practical, integrated and sustainable approach to addressing chronic allied health workforce and service shortages in rural and remote Australia. His key recommendations represent great opportunities for improved rural healthcare - 'grow you own' health professionals in rural areas; support greater numbers of Indigenous Australians into allied health professional ranks; develop an effective national allied health workforce data base inclusive of the self-regulated professions; and trial Rural Allied Health Service and Learning Consortia models in areas of limited allied health workforce. SARRAH supports all of these proposals as significant steps in the right direction. But they are just proposals at the moment, and SARRAH will be working hard in the coming months with our partners and allies to ensure these and complementary initiatives gain substantive support in the May 2021 Federal Budget.

After four years as SARRAH President, I will not be re-nominating for a position on the Board. I reckon it's time for some new blood and some fresh ideas to take advantage of our opportunities. But I'm incredibly optimistic that the last 12 months has seen some important transformation, that the Commonwealth is now more receptive to our calls for a genuinely multi-disciplinary and integrated healthcare system in Australia. Accordingly, I have some aspirations for SARRAH, as follows:-

- That we continue to lead the development of the Allied Health Rural Generalist Pathway with our partners, with the States and the Commonwealth. This program has genuine potential to build and stabilise the rural allied health workforce, and to produce the rural allied health leaders of the future we so badly need.

- That we expand our efforts to promote necessary research and build the evidence for the essentiality of allied health professionals in the rural health workforce. With Dr Anna Moran as our Research Fellow we have commenced this work. We know the case is compelling. Now we need to go from strength to strength to make sure the case is recognised and understood.

- That we continue to engage the Commonwealth and convince them of both the vital contribution of allied health services, but also of the responsibility of the Commonwealth to ensure rural and remote Australians have necessary access to allied health professional services. The only authority with the capacity to address the market failure for allied health in rural Australia is the Commonwealth Government. We must get them to accept leadership on his point, so that one day we can enthuse about a system that enables universal 'health and wellbeing' and access to the range of services that deliver it.

- That, as an organisation, we continue to learn how to engage young and early career health professionals in order to build our membership and strengthen our validity as a clear and representative voice for better health care and outcomes for rural communities. As allied health professionals we constitute a substantial portion of the health workforce. Yet, the positive impacts in health and wellbeing that could be achieved are constrained by existing policy and funding mechanisms that limit access for many Australians. Now, as the peak body for rural allied health, we must work out the best ways to attract and retain membership from the field, and to inspire the necessary collective action to bring about change. We need to do this on behalf of the communities we serve.

Finally, as I bow out, I thank the Board of Directors for their expertise and commitment, and particular those directors who are moving on after excellent voluntary service – Kim Bulkeley and Matt Thomas. My heartfelt appreciation goes to Cath Maloney and the team at SARRAH for their great work and commitment over the past year. And a vote of thanks to staff members, Deslie Rosevear and Kata Andric, who have left us during the year. I commend the work of SARRAH to you, and ask that you all re-double efforts to work collectively for a better day.

To all, go well

Rob Curry
SARRAH President

I'm incredibly optimistic that the last 12 months has seen some important transformation, that the Commonwealth is now more receptive to our calls for a genuinely multi-disciplinary and integrated healthcare system in Australia

Photography by: Cath Maloney

CEO'S REPORT

Catherine Maloney
Chief Executive Officer

Despite the rolling crises arising from prolonged drought and a devastating summer of bushfires, followed directly by the onset of the COVID-19 pandemic in February, 2019-20 has been a year of consolidation and stabilisation for SARRAH. The board and executive team worked hard throughout the year to maintain a steady course during a period of heightened uncertainty. The year was also distinguished by the addition of people with the right skills to help us achieve our goals, strengthened relationships with stakeholders, and successful delivery of our objective to bolster the rural allied health workforce pipeline through the expansion of the Allied Health Rural Generalist Pathway. SARRAH has come a long way despite the challenges the year has thrown at us, and while we're not out of the woods yet, SARRAH's performance over the year gives us every reason to believe that our future is bright.

Mid-2019 saw us negotiate successfully with the Australian Department of Health to utilise unspent funds from the former Nursing and Allied Health Scholarship and Support Scheme to trial allied health rural generalist traineeships in the non-government and private sector. The Allied Health Rural Generalist Workforce and Education Scheme (AHRGWES) was launched formally by the Hon. Mark Coulton MP, Minister for Regional Health, in November 2019.

Minister Coulton and Cath Maloney speaking to the first group of Allied Health Rural Generalist trainees in Dubbo, November 2019

Seven months later, at the end of June 2020, 70% of available trainee packages were subscribed, well ahead of planned milestones and defying the adverse impacts that the COVID-19 pandemic has brought about for allied health service providers. This result has highlighted the strong demand for rural health workforce and much-needed professional support services offered by the scheme. Our project team, Gemma Tuxworth and Rhiannon Memery, has been a large part of the project's success, drawing on their experience as allied health professionals in providing expert advice and support to service providers and trainees alike.

The AHRGWES project team, Gemma Tuxworth (left) and Rhiannon Memery (right) , with Cath Maloney, CEO (centre), at Parliament House, January 2020

Alongside the traineeship scheme the team has been working on the structural requirements to sustain the Allied Health Rural Generalist Pathway in the long term, with the establishment of a national strategy group comprising stakeholders including members of the Australian Allied Health Leadership Forum (AAHLF), the education sector, state health services, federal government representation and the primary health care and disability sectors. This group provides important oversight to the development of requisite governance arrangements to uphold education standards and build systemic capacity that will sustain the Allied Health Rural Generalist Pathway well beyond the timelines for the current project.

Part of SARRAH's strategy in 2019-20 was to deliver improved member value and build capacity, beginning with two critical appointments in Allan Groth, Director Policy and Strategy, and SARRAH Research Fellow Dr Anna Moran. These two highly respected people bring deep experience in their fields, and both have had a significant impact on SARRAH since their commencement in mid-2019.

Allan Groth

Allan Groth's extensive experience in health workforce and broader policy in the Australian Government and the national non-government sector has helped bolster SARRAH's capacity to engage with government, partners and stakeholders. During 2019-20, we were able to contribute constructively to a broad range of parliamentary and governmental reviews, Royal Commissions and substantial policy development, planning and review processes, on primary care, preventive care, the NDIS, aged care, the National Rural Health Commissioner's consultation process, allied health education and training and pipeline issues, support, jobs in rural Australia and more. This breadth reflects the context and experience of our members and the communities they serve. SARRAH's message remains coherent and consistent, centred around the deep knowledge, experience and commitment SARRAH and its members offer in promoting practical improvements, access and equity for rural and remote communities.

Dr Anna Moran

Dr Moran's background as a health services researcher enables her to work with health professionals and health services to help them think differently about how they organise and deliver care. In 2019 Anna instigated our member webinar program, covering a range of topics that facilitate the active translation of evidence to practice. In the 2019-20 year we ran seven webinars accessed by a total of 380 people, with many others viewing the recordings after the event. In collaboration with Autism Spectrum Australia (Aspect), Anna also undertook a Rapid Evidence Review as part of a larger project which will appraise existing frameworks for the governance and delivery of therapy assistant models. Anna's current project involves implementing a seminar series aimed at transforming allied health service design and delivery. These educational offerings are a valuable resource for SARRAH members and contribute in a very practical way to our growing community of practice.

As an awareness of the potential impact of the COVID-19 pandemic was beginning to take hold, the SARRAH Summit was held on 28 February 2020 and brought together a broad cross-section of stakeholder agencies from Health, Disability and Social Services, Primary Health Networks, Rural Workforce Agencies and the education sector to hear rural allied health professionals speak about the challenges of providing services in rural Australia. The summit aimed to illuminate the issues facing service providers in rural and remote Australia, a sector with little information available to guide workforce and service planning, yet health, aged care and disability programs are dependent upon to deliver care to vulnerable populations.

Summit delegates: From left to right. Back row: Elaine Ashworth (SA), Prof. Paul Worley, Ellen McMaster (NSW), Luke Wakely (NSW); Middle row: Nicole Turner (Chair, IAHA), Hon. Mark Coulton MP, Holly Puckering (TAS), Lauren Hutchinson (NSW), Claire Salter (VIC); Front row: Cath Maloney (SARRAH CEO), Matt Smith (QLD), Rob Curry (SARRAH President)

Among many insights from the day, several points were identified as needing attention to improve access and equity of services, clustered around four key themes:

- Reviewing funding models for allied health services to ensure clients in need can access services.
- Improving access to care through telehealth (noting since that the pandemic has accelerated both patient and provider acceptance of the modality, and recognising that more work is required to improve the technical literacy needed by clients to utilise services delivered via telehealth).
- Workforce development and support, including ongoing expansion of the allied health rural generalist pathway, improving capacity for rural undergraduate clinical placements for allied health students, and improved engagement with disability and aged care systems to bolster rural workforce development.
- Cross-sector engagement and facilitation required between government, state health services, primary health networks and the private allied health sector to improve efficient regional service access arrangements and reduce administrative and cost burdens that constrain broad-based rural practice.

These themes align well with the National Rural Health Commissioner (NRHC)'s recommendations for the improvement in access, quality and distribution of the rural allied health workforce released in June. SARRAH was an active participant in the development of the Commissioner's report.

The Hon. Mark Coulton addressing the SARRAH Summit

Delegates attending the summit

Mark Coulton MP and Mia Swainson, Facilitator.

A couple of days after the summit, the Prime Minister announced the Australian government's COVID-19 pandemic response which was to become the focus for SARRAH over the ensuing months. Throughout the pandemic SARRAH was closely involved in government communications, participating in the Australian Government's COVID-19 Primary Care Implementation Group, the Rural Health Roundtable COVID-19 updates, and the NSW natural disaster response group facilitated by the NSW Rural Doctors Network. Through these meetings SARRAH provided consistent feedback to government on issues impacting rural allied health professionals and the communities they serve.

In particular we worked hard throughout the national lockdown to provide rural allied health professionals with the networks, information and resources they needed to stay up-to-date and shift to digital health modalities. One of the features of the health sector's response to the pandemic was the rapid shift to telepractice, and allied health professionals across the country proved themselves to be agile and adept at changing the way they delivered services in order to ensure continuity of care to their clients. The pandemic's impact on service delivery was unavoidable, however, with providers experiencing a significant downturn in activity over April, May and June – longer for our Victorian colleagues - and the poor connectivity experienced by clients in rural and remote locations point to the need for ongoing improvements in health consumer technical literacy and an effective broadband network as enablers of better access to health services for rural Australia.

Professor Paul Worley, former National Rural Health Commissioner, on the release of his interim report (February 2020)

Rural Health Roundtable 20 October 2019. Left to right: The Hon. Mark Coulton, Claire Hewit (CEO, Allied Health Professions Australia), Gabrielle O'Kane (CEO, National Rural Health Alliance), Cath Maloney (CEO, SARRAH)

At times the response by all levels of government to COVID-19 revealed important gaps in understanding of the role allied health professionals play across primary care, aged care and disability. SARRAH collaborated with our colleagues of AAHLF to work proactively and constructively with governments to ensure that allied health providers were treated as the essential services they are. The inclusion of the South Australian Chief Allied Health Officer, Catherine Turnbull, in her capacity as chair of AAHLF markedly improved the level of allied health input to COVID-19 stakeholder meetings and webinars. The appointment of the National Chief Allied Health Officer, Dr Anne-marie Boxall, followed shortly afterward, and SARRAH looks forward to consolidating our relationship with Dr Boxall over time.

Much work remains to be done. Together with our AAHLF colleagues, SARRAH will continue to raise awareness of the essential role allied health professionals play in a coordinated emergency response, particularly for rural communities that are likely to experience directly the impact of climate change and natural disasters . SARRAH, directly and through AAHLF, has emphasised to government that pre-existing risks to rural communities associated with lack of access to allied health workforce and services are only exacerbated by such disasters and the best responses must address the underlying service access and equity issues. Solutions are complex and require long-term approaches that involve the development of policy options and informed strategies to address demand for priority services targeting:

- System-level barriers to the effective use of primary care multidisciplinary workforce, including the allied health workforce, in response to natural disasters and emergencies, and
- Support for the identification, scale and spread of successful integrated service delivery models for targeted, comprehensive primary health care for vulnerable people.

The release of the NRHC's report in June 2020 was a culmination of two years of consultations with the Allied Health sector on issues and challenges impacting on access to services for rural and remote Australians, including close collaboration with the SARRAH team. The NRHC's four overarching recommendations included:

- The establishment of so-called "service and learning consortia" across rural and remote Australia, supported by new and existing program funding.
- The investment in strategies to increase the participation of Aboriginal and Torres Strait Islander people in the allied health workforce.
- The development of a National Allied Health Data Strategy, including building a geospatial Allied Health Minimum Dataset that incorporates comprehensive rural and remote allied health workforce data.
- The appointment of a dedicated full-time Chief Allied Health Officer (CAHO) to work across sectors and departments including health, mental health, disability, aged care, early childhood, education and training, justice, and social services.

At the time of this report the CAHO appointment has already been made, in part a response to AAHLF's persistent argument for it, accelerated by the need for expert allied health input to the COVID-19 response by the Australian Department of Health. SARRAH will continue to work with the Department of Health and others to implement the other important recommendations outlined in the NRHC's report.

Paul Worley visits the SARRAH office (Paul Worley, Cath Maloney, Jay Zanesko, and Allan Groth)

Our sincere thanks go to Professor Paul Worley who, in his role as the National Rural Health Commissioner, undertook the complex task of exploring rural allied health workforce issues in consultation with the sector over a two year period. The resultant report is founded on well-considered and solid principles, reflecting the deep commitment, care, attention to detail and preparedness to listen that Professor Worley brought to his consultations. As Professor Worley's tenure ended in June 2020 we are gratified that the NRHC's role has been made permanent, and look forward to working with his successor, Assoc. Prof. Ruth Stewart, to progress the recommendations of the NRHC's recommendations.

Our thanks also go to The Hon. Mark Coulton MP, whose welcome interest in rural allied health workforce issues was demonstrated by his announcement of the AHRGWES project in Dubbo last year, his participation in and address to the SARRAH summit in February, and his support for the NRHC's report, notably enabling its prompt release in June, at a time when the focus of government was very much on the pandemic.

There were some casualties of 2020, as may be expected. The most difficult decision of the year was to cancel SARRAH's conference slated for September 2020 in Townsville QLD. Months of planning by the local conference committee, along with plans to mark SARRAH's 25th anniversary year, needed to be set aside for the time being. Ultimately I believe this was the right decision, as the high impact of the SARRAH conference may have been lost to COVID and a switch to virtual delivery a poor substitute for the conference's tradition that is based on a strong sense of community and support of our network. Our heartfelt thanks go to the members of the conference organising committee who generously donated their time and expertise, and we look forward to picking up the threads of that conversation when we resume planning for the 2022 conference next year.

Deslie Rosevear

2020 saw some changing of the guard in the national office, with the resignation of long-time staff member and Deputy CEO, Deslie Rosevear in January. Over the previous 10 years Deslie supported many scholars accessing the former Nursing and Allied Health Scholarship And Support Scheme, and she held roles of increasing responsibility over that time, leading to her appointment to the Deputy CEO role in 2017. Deslie deserves our deepest appreciation and thanks for her dedication and support for SARRAH's objectives, and we wish her well in her future endeavours.

Kim Bulkeley, retiring Board Member

In conclusion, I'd like to thank the SARRAH board for their support and wise counsel over the 2019-20 year. They have been the steady hands at the wheel through a year marked by disruption. In particular, I'd like to acknowledge and thank outgoing board directors Kim Bulkeley and Matthew Thomas, who have each brought their personal experience of rural practice to SARRAH's board, and offered me support and advice in their respective areas of expertise.

And as Rob Curry steps down as SARRAH President this year, I pay tribute to his unswerving passion and advocacy for better access to allied health services for every person living rural and remote Australia. Rob has been a tireless and consistent voice for health system equity for thirty years, and SARRAH has benefitted immeasurably from his input and investment. On a personal level, Rob has been a significant support to me and together we played to each other's strengths with a shared vision for SARRAH's future. I hope SARRAH's ongoing work will serve as testament to Rob's lasting legacy and that we continue to benefit from his ongoing contribution as a highly esteemed member of our organisation.

Rob Curry

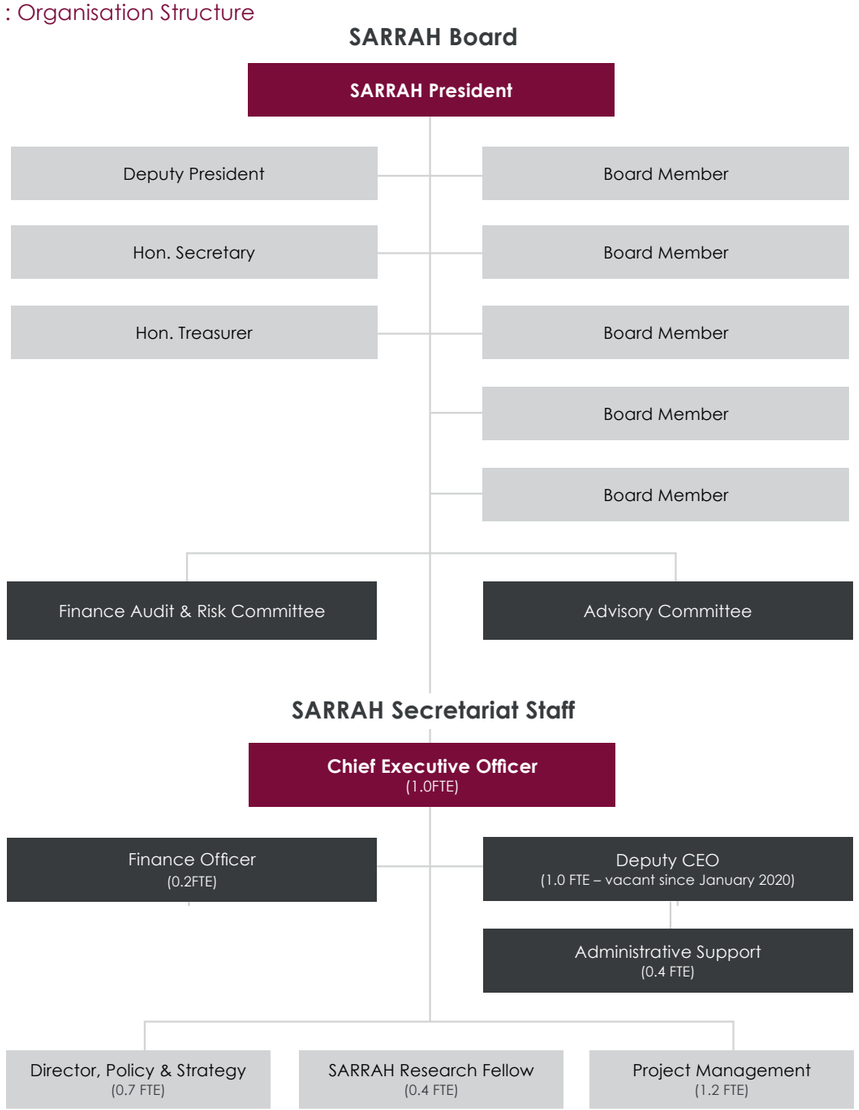
Catherine Maloney
Chief Executive Officer

CORPORATE GOVERNANCE

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



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 2019–20 the Board membership was as follows:

BOARD MEMBER	POSITION	DATE APPOINTED TO CURRENT POSITION	CONSECUTIVE TERMS IN CURRENT POSITION	END OF CURRENT TERM
Rob Curry	*President*	12/09/2018	2	26/11/2020
Narelle Campbell	*Honorary Treasurer*	21/10/2017	2	29/11/2021
Kim Bulkeley	*Member*	12/09/2018	2	26/11/2020
Matt Thomas	*Member*	12/09/2018	2	26/11/2020
Edward Johnson	*Member*	28/10/2018	2	26/11/2020
Lisa Baker	*Member*	29/11/2019	1	29/11/2021
Julie Hulcombe	*Member*	21/01/2019	1	29/11/2021
Lauren Gale	*Member*	21/01/2019	1	29/11/2021
Leigh Burton	*Member*	29/11/2019	1	29/11/2021

Rob Curry
President

Rob is a physio by training, born and raised in Victoria, but has spent most of working life in the Top End of the NT working in Aboriginal health and primary health care. He has been primarily concerned about allied health service access and equity for remote area and Indigenous Australians, and with this in mind was a foundation member of SARRAH back in 1995. Rob is the current President of SARRAH, and has previously been a board member of the Australian Physiotherapy Association and the National Rural Health Alliance. He is now semi-retired living on the Mid North Coast NSW hinterland, enjoying bush regeneration, the birds, the bush, and the peace and quiet.

Narelle Campbell

Narelle is a speech pathologist, a senior university academic and researcher, a rural and remote advocate, and an educator who is passionate about developing and supporting the remote and rural health workforce to benefit communities. Narelle lives and works in the Northern Territory where vast distances, insufficient workforce and cross cultural barriers impact on health outcomes for residents. Her PhD research investigated the personal traits that contributed to working successfully as a remote allied health professional. Narelle has been a SARRAH member for many years, convened the highly successful 2018 SARRAH national conference, and has served on the Board and in the role of treasurer since 2017.

Edward Johnson

Ed is a speech pathologist who has a variety of experience working in public and private practice, mental health, and disability. Ed is co-founder and clinical innovation advisor at Umbo (an online allied health service).

After serving on the SARRAH Advisory Committee, he has now sat as a director on the SARRAH Board for four years. Ed's a passionate cricketer, animal lover, and advocate for innovative public policy in the bush that gives everyone the same opportunities regardless of their postcode.

Kim Bulkeley

Kim is an occupational therapist with over 30 years experience in the community disability sector in front line, management, policy, teaching and research roles. Kim is currently a senior lecturer, teaching and research, at the University of Sydney with the Occupational Therapy Discipline at the Faculty of Medicine and Health.

Kim is the coordinator of the new interdisciplinary Disability and Participation Major, developing disability awareness and action in our university graduates including a range of health professionals. Kim is also passionate about her research work with rural and remote communities, increasing access to allied health services through action research methods to develop responsive service designs.

Lauren Gale

Having grown up in rural NSW, Lauren has a long held passion for rural health matters. Lauren believes that the improvement in the distribution, support for allied health professionals and innovation in service delivery is a critical element in seeking to improve the health of rural Australians.

Lauren is currently the Director of Policy & Programs for the Royal Flying Doctor Service of Australia, a position she has held since 2013. She previously held a range of policy adviser positions, primarily in the health portfolio, in the Department of Prime Minister & Cabinet. From these professional roles Lauren established a sound understanding of government processes, the role of not-for-profit organisations and the challenges of delivering health services in rural and remote areas.

Lauren's recent experience in the governance of not-for-profit organisations includes as the Chair of the Board of the Women's Centre for Health Matters (ACT) and as President of the Board of Netball ACT. She is also a current member of the ACT Ministerial Advisory Council on Women.

Julie Hulcombe

Julie Hulcombe PSM is an Accredited Practising Dietitian (APD), an Adjunct Associate Professor with QUT and presently a part-time doctoral student at the University of Queensland (UQ). She had an extensive career with QLD Health most recently as the Chief Allied Health Officer, Department of Health, Queensland. She is a past President of the Dietetic Association of Australia (DAA), and has been the Chair of the DAA Dietetic Credentialing Council and the National Allied Health Advisors Committee. She is the jurisdictional representative on the NDIA Pricing Reference Group.

Lisa Baker

Lisa is a rural speech pathologist rural allied and community health team leader living in Gayndah, Queensland. Lisa takes great pride in representing the rural allied health workforce and needs for rural consumers in her everyday role and sees a role in the SARRAH board member would extend this opportunity. Lisa has taken a leadership role from an early career stage as rural representative for QLD Speech Pathology Australia Branch and completion of a Masters in Remote Health management. She has been involved in telehealth research and managing allied health rural generalists. In Lisa's current role she manages allied health professions including dietetics, exercise physiology, occupational therapy, physiotherapy, psychology, podiatry, social work and speech pathologists, as well as allied health assistants, nursing, Aboriginal and Torres Strait Islander health workers. With this brings a solid understanding of challenges and opportunities faced across various professions.

Leigh Burton

Leigh has worked in the public sector as a Rural Physiotherapist for 8 years, and now represents a diverse professional and geographically challenged team of Rural Allied Health clinicians in QLD Health. Leigh works productively with Government, Private sector, PHN and other NGO agencies to collaborate and develop contemporary solutions to local service delivery and workforce challenges.

During his professional career Leigh has always worked to improve outcomes for Rural communities, by supporting and advocating for the amazing teams and professionals that deliver care to them.

Leigh is highly experienced in the development and implementation of initiatives to support and improve outcomes (such as Rural generalist training) and drives the adoption of innovative practices and concepts. His current focus is on resilient leadership in the Rural setting.

Matt Thomas

Matt is a qualified psychologist who has spent time providing transport for allied health staff including block funded services in psychology and NDIS allied health services all around remote communities of Western NSW. Matt has also spent time working for health service in NSW in mental health running pilot implementation of cognitive remediation for people with schizophrenia with the Ministry of Health grants.

The Board met on six occasions during the financial year 2019-20.

YEAR	DATE
2019	25 July 2019
	26 September 2019
	28 November 2019
2020	30 January 2020
	16 April 2020
	28 May 2020

Finance, Audit and Risk Committee

The Finance, 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 2019–20 was as follows:

BOARD MEMBER	POSITION	DATE APPOINTED TO CURRENT POSITION
Rob Curry	*President*	2018
Narelle Campbell	*Hon Treasurer*	2018
Catherine Maloney	*CEO*	2019
Kata Andric	*Finance Manager*	2018

The FARC met on 11 occasions during the financial year 2019-20

YEAR	DATE
2019	18 July 2019
	15 August 2019
	19 September 2019
	24 October 2019
	22 November 2019
	12 December 2019
2020	23 January 2020
	14 February 2020
	26 March 2020
	26 May 2020
	16 June 2020

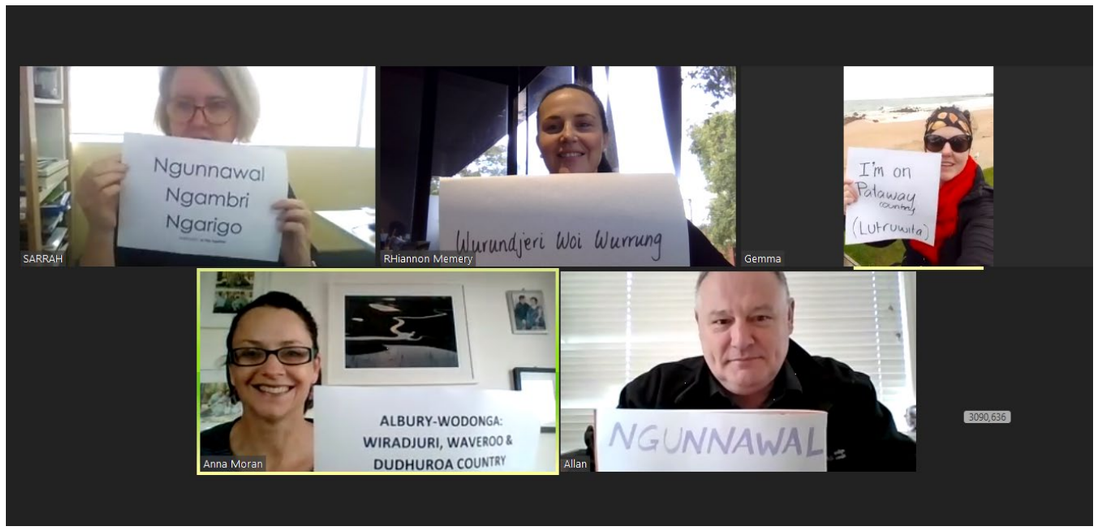
Advisory Committee

The functions of the Advisory Committee have been under review since 2018, when a working group undertook a review of its purpose and structure. Some propositions for restructuring the Advisory Committee were developed at that time, including reducing the size and changing the composition of the committee, and to more closely align the work of the committee with that of the national office. Due to restructuring of the SARRAH secretariat over the 2019-20 period, these propositions have not progressed. As SARRAH is about to undertake consultations with members on its constitution, the propositions will be held over until that process is complete. In the interim SARRAH members have continued to provide input to our policy work through participation in our Summit 2020, and through ad hoc communications on major focus areas where specific expertise was required. We thank all of our members for their ongoing support of SARRAH's work to inform policy development by governments that support improved access to allied health services for rural and remote Australians.

SARRAH National Office Staff

The secretariat is a small team, most of whom work part-time, supporting the objects of the organisation and working with our members to improve access to allied health services for rural and remote Australians.

- Chief Executive Officer
- Deputy CEO
- Finance Officer
- Director, Policy and Strategy
- SARRAH Research Fellow
- Principal Project Manager and Project Manager, Allied Health Rural Generalist Workforce and Education Scheme



The board and executive team worked hard throughout the year to maintain a steady course during a period of heightened uncertainty.

Photography by: Cath Maloney

ORGANISATION
YEAR IN REVIEW

As an organisation dedicated to improving access for people living in rural and remote Australia to much needed allied health services and the workforce to deliver 2019-20 offered a smorgasbord of opportunity: across every major service sector including health, disability services, aged care as well as in broader debates about how best to support rural and remote community capacity and renewal – including education pathways and jobs.

SARRAH continues to promote both a broadly-based and specific reform agenda to improve access to allied health services: the substance of SARRAH's message and the mounting evidence in support of it was, if anything, reinforced by the circumstances of 2019-20.

A major highlight of the year was the establishment of the Allied Health Rural Generalist Workforce and Employment Scheme (AHRGWES), utilising reallocated, unspent funds from the previous Nursing and Allied Health Scholarship and Support Scheme (NAHSSS).

Allied Health Rural Generalist (AHRG) Pathway in state health jurisdictions in Queensland, Northern Territory, New South Wales, Tasmania and South Australia provides an opportunity to test the implementation of the AHRG Pathway in private and non-government organisations.

Another highlight was the emerging development of SARRAHs enhanced on-line member engagement and support activities, which align well with SARRAHs research agenda (and advance SARRAHs capacity to realise needs and priorities identified in the 2018 SARRAH evidence forum) and our capacity to better understand and reflect SARRAH member interests and concerns in our discussions with and submissions to government and in key stakeholder forums.

Policy and Strategy update

Through 2019-20 SARRAH continued to promote its case for broad-based and specific reform to improve access to allied health services for people living in rural and remote Australia. The context in which we sought to do this was certainly broad and changeable but, in some ways, far better than "business as usual": the substance of SARRAHs message and the mounting evidence in support of it were, if anything, reinforced by the circumstances. Obviously, COVID-19 provided the backdrop to 2020. Climate impacts and challenges raised more questions about whether our health and related social systems are configured as well as they could be for current and emerging needs. The year was also marked by Government policy and systems review processes that directed some welcome light on the value and need for allied health services and the implications for peoples' health and wellbeing where these are not available and/or cannot be accessed. The chronic shortage in allied health workforce and services continued to be feature of Australia's health landscape, and despite some attention remains unaddressed. A coherent national strategy is required to enable the access to services required to deliver greater equity in access and outcomes in rural and remote Australia.

In this regard, the National Rural Health Commissioner's extensive inquiry into Access, Quality and Distribution of *Allied Health Services in Regional, Rural and Remote Australia*, released in June 2020 was a major and welcome highlight. Other prominent developments requiring contributions from SARRAH included the Aged Care Royal Commission, the continuing effort to encourage and support the NDIS and other services for people with disability to deliver in rural and remote Australia, development of Australia's Long-Term National Health Plan and the numerous associated national plans, notably the National Primary Health Care Plan and National Preventative Health Care Plan; all of which remain under development. In each case, and despite SARRAH's and our partner organisations' insistence, substantial engagement of allied health in the initial design and development stages is less than might be expected in a system that purports to focus on optimising health and wellbeing.

The following were among the many parliamentary and governmental reviews and policy-oriented activities SARRAH contributed to in 2019-20:

- **National Rural Health Commissioner's** extensive inquiry and the resulting report *Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia* – with extensive engagement throughout the process and including several formal submissions;
- Developed and hosted the **SARRAH Summit 2020**, which brought together a broad cross-section of government agencies from Health, Social Services, Primary Health Networks, Rural Workforce Agencies and the education sector to hear rural allied health professionals speak about the challenges of providing services in rural Australia. The Summit, which included Minister Mark Coulton and Rural Health Commissioner Paul Worley, is mentioned elsewhere in this report.

- **The National Rural Health Minister's Roundtable:** SARRAH continued to be an active and influential participant on the Roundtable throughout 2019-20, with advocacy that has demonstrably increased the profile of allied health;

- **Commonwealth National Health Planning processes:** In August 2019, the Commonwealth released the National Long-Term Health Plan, and commenced or continued detailed development work on a range of associated national plans, notably the National Primary Health Care Plan and the National Preventative Health Care Plan. SARRAH has contributed to these processes, including representation at workshops and contributing to presentations involving peak professional organisations and officials. While SARRAH and some other allied health representatives have been involved in these processes, the extent to which allied health have been engaged in the initial design, consultation and ongoing development remains disappointing and presents a risk that allied health continue to be more marginal to our core health and related systems than apparent community need or a strategy that focuses on health-enhancement and future cost-containment suggest should be the case.

- **National Disability Insurance Scheme:** During 2019-20, SARRAH provided submissions to and appeared before the Australian Parliament's Joint Standing Committee on the NDIS.
    - **NDIS Joint Standing Committee inquiry into NDIS Planning:** SARRAH provided a submission in June 2020 and was invited to appear before the Committee (represented by board member Dr Kim Bulkeley and Allan Groth on 21 November 2019).
    - **NDIS Joint Standing Committee inquiry into NDIS Workforce:** SARRAH provided a submission and was invited to appear before the Committee (represented by the CEO Cath Maloney and Allan Groth on 14 July 2020).
    - SARRAH also provided a submission to the Commonwealth Department of Social Services process inquiring into **NDIS Thin Markets**.

- **The Aged Care Royal Commission:** CEO Cath Maloney appeared as a witness at the Commission's hearings in Darwin in July 2019.

- **Evaluation of the Commonwealth Rural Multidisciplinary Training (RHMT) program**, , which is the overarching program which funds University Departments of Rural Health and Rural Clinical Schools among other among elements (undertaken by Kris Battye and Associates).

- **Jobs for the Future in Regional Areas:** Submission to the Senate Selection Committee Inquiry.

- Submission to the **Senate Select Committee Inquiry on the effectiveness of the Australian Government's Northern Australia agenda.**

- **2020-21 Pre-Budget Submission:** A submission was put to the Treasurer and Ministers in November 2019 ahead of the subsequently delayed 2010-21 Budget.

Other meetings and stakeholder engagement: SARRAH regularly engaged with political leaders, senior officials and other key stakeholders including Minister the Hon Mark Coulton MP and his office, Shadow Minister for Health, Hon Chris Bowen MP, the National Rural Health Commissioner, senior officials from the Departments of Health and Social Services, the National Disability Insurance Agency and the Australian Institute of Health and Welfare, professional bodies and health peak bodies, including numerous state and territory based organisations.

Australian Allied Health Leadership Forum (AAHLF): SARRAH remains an active member of AAHLF, with our partner organisations Indigenous Allied Health Australia (IAHA), Allied Health Professions Australia (AHPA), the National Allied Health Advisors and Chief Officer Committee (NAHAC) and the Australian Council of Deans of Health Sciences (ACDHS). During 2019-20 AAHLF continued to make progress, building greater focus and a strong shared agenda. AAHLF increased our joint representation and argument to prioritise and address system-wide issues impacting allied health services, professionals and peoples' capacity to access and benefit from them. Some notable contributions by AAHLF during 2019-20 include:

- Advice, assistance and support to government in relation to COVID-19, including detailed briefings on the potential contributions of allied health professions in averting, treating, managing health system capacity and flows, rehabilitation and more; included detailed advice to governments on probable rehabilitation pressures as early as February 2020.

- Joint contributions to the national planning and other priority processes identified in this report above.

- Argument for and in support of the Commonwealth appointment of an Australian Government Chief Allied Health officer (subsequently announced in July 2020);

- Regular engagement with senior Commonwealth officials on a broad range of standing issues of concern including primary health; preventive health; the need for greater coherence and coordination across health; disability services and aged care; Aboriginal; and Torres Strait Islander health and wellbeing; workforce development, mental health; responses to national disasters and more.

Other key areas of focus for AAHLF and our engagement with governments have included the establishment of comprehensive allied health workforce and associated service data, which continues to be a major impediment to national service planning and delivery, and development of shared position statements, such as that endorsed and in support of the Allied Health Rural Generalist Pathway.

We look forward to 2020-21 as a year when the groundwork to date delivers shared and genuine commitment to address long-standing, avoidable obstacles to Australians living in rural and remote Australia from enjoying the equitable access and outcomes benefits which so-called universal health and social service systems are meant to deliver. The evidence is clear and building, the examples of initiative, collaboration and will are inspiring and the contribution of SARRAH members to this purpose substantial, necessary and welcome.

SARRAH PROJECTS UPDATE

Nursing and Allied Health Scholarship and Support Scheme

The Nursing and Allied Health Scholarship Scheme (NAHSSS) was discontinued in 2017. SARRAH continues to administer the allied health component for remaining scholars of the NAHSSS under a contract with the Commonwealth until 31 October 2024. At the end of June 2020 there were seven active allied health scholars in receipt of NAHSSS scholarships, all of whom are expected to complete their studies by 2022.

In September 2019 SARRAH reached an agreement with the Australian Department of Health to utilise unallocated NAHSSS funds ($3.1 million) to implement the Allied Health Rural Generalist Workforce and Education Scheme (AHRGWES).

AHRGWES seeks to explore the applicability of the Allied Health Rural Generalist Pathway to non-government and private sector settings.

Allied Health Rural Generalist Workforce and Employment Scheme

In September 2019 SARRAH received approval to reallocate funds from the former Nursing and Allied Health Scholarship and Support Scheme into the Allied Health Rural Generalist Workforce and Employment Scheme (AHRGWES) (Picture 1). This project encompasses two streams of work, a pilot program and establishing supporting mechanisms. As the 2019-2020 year closed, the project was on track (see dashboard (page 27-28) and on budget.

Piloting ARHGWES in the private and non-government sector

Building on the success and learnings of implementing the Allied Health Rural Generalist (AHRG) Pathway in state health jurisdictions in Queensland, Northern Territory, New South Wales, Tasmania and South Australia; AHRGWES provides an opportunity to test the implementation of the AHRG Pathway in private and non-government organisations. This opportunity offered to any allied health providers in MMM2-7 areas across any sector (private, aged care, disability, Aboriginal health, or mixed). Through AHRGWES SARRAH would enable the establishment of 40 AHRG training positions by providing education funds and workplace training grants, and ongoing support to organisations.

COVID 19 saw the team rapidly and successfully pivot their marketing and communication plan from one based on face to face meetings, events and conferences to a purely digital campaign.

Through ARHGWES SARRAH is enabling organisations to undertake **service development projects** – a key component of the Pathway. Examples of these projects include:

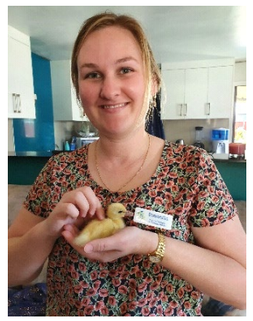
- Telehealth Paediatric Home Therapy Program (QLD);
- Regionally and culturally appropriate service delivery expansion (NT);
- Enhanced Therapy Assistant (NT);
- Allied Health in Schools E-Program (NT);
- Working with Allied Health Assistants (NSW);
- Telehealth Practice Package (NSW)

Establishing mechanisms and structures to support national sustainability of the ARHG

In addition to the pilot program, the project team at SARRAH has been working with stakeholders on strategies that will promote the AHRG Pathway nationally, and its sustainability beyond short project based funding cycles.

In April 2020 the first meeting of the National Strategy Group was held, bringing together stakeholders across sectors and jurisdiction to provide oversight on the development of the Pathway that is a nationally-recognised and accepted, sustainable and valuable option for rural allied health professionals.

In May 2020, a university expressed interest in becoming an accredited provider of AHRG education. This acted as a trigger point to commence the work to establish an Accreditation Council for the education component of the pathway. This work will continue in the 2020-2021 year.



"I am the rural generalist guinea pig for my organisation – I am really enjoying the opportunity so far"

Sam Barber, Occupational Therapist, Gladstone, QLD

Authors: Gemma Tuxworth (Principal Project Manager) and Rhiannon Memery (Project Manager)

ARHGWES Project Update

June 23 2020

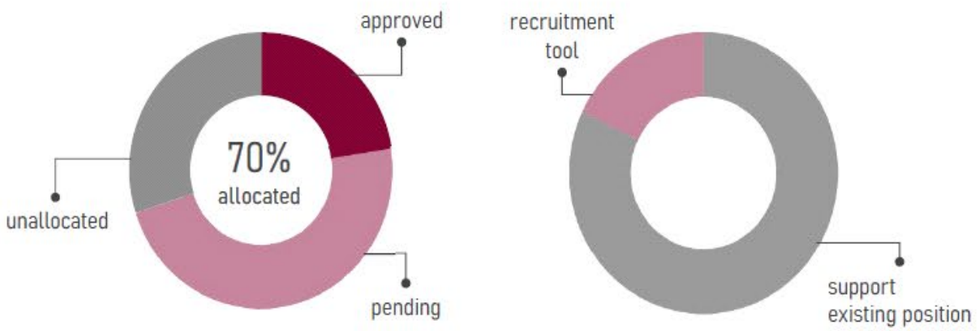
28 allocated training positions

8 organisations

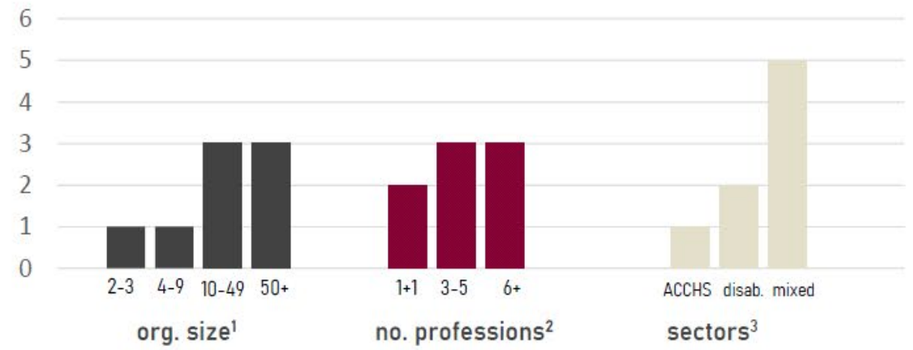
4 states & territories

36 percent budget allocated

Training positions



Organisation

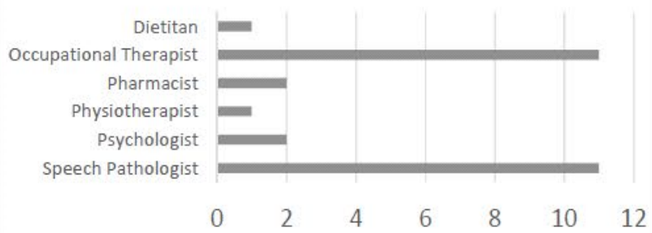


Education Program

LEVEL 1 fourteen

LEVEL 2 fourteen

Professions



Milestones

- ☑ Milestone A: Steering committee
- ☑ Milestone B: Project plan endorsed
- ☑ Milestone C: National Strategy Group

SARRAH
Services for Australian Rural and Remote Allied Health

[1]org. size - total number of employees within participating organisation
[2]no. professions – number of different types of allied health professionals within organisation, where 1+1 is one discipline + allied health assistant

[3]sectors – sector providing AH services to: ACCHS (Aboriginal Community Controlled Health Service provider); disab. – disability sector; mixed – across multiple sectors e.g. private, primary care, aged care, disability

SARRAH Research and Evidence

It has been a big year for evidence and research at SARRAH! In October 2019, SARRAH CEO Cath Maloney employed Dr Anna Moran as the SARRAH Research Fellow to undertake work to realise the below needs that were identified by the 2018 evidence forum:

- **Identify and gather evidence** that already exists;
- Identify and gather new evidence as it is produced;
- **Build the evidence base** around rural and remote models of care;
- Build the evidence base around rural and remote AH workforce strategies;
- **Promote and make available evidence** to the SARRAH membership; and
- **Use evidence** to inform policy and advocacy activities.

Here are some highlights for research and evidence around these areas of need.

Building the evidence base: informing the structure of the AHRGWES evaluation.

Alongside the AHRGWES team and CEO, Dr Moran used complexity and realist principles and a review of the evidence base to structure the AHRGWES evaluation expression of interest process. The AHRGWES evaluation team, KBC Australia, will be undertaking the AHRGWES evaluation to address current evidence gaps around rural allied health recruitment and retention.

Figure 1 – The 2018 evidence report that has informed the SARRAH research and evidence strategy


KBC Australia

Services for Australian Rural and Remote Health

Options for Building the Allied Health Evidence Base

August 2018

Building the evidence base: Developing & undertaking a scoping review of the evidence to inform good governance models of rural disability therapy support workers.

The SARRAH research fellow has collaborated with rural disability experts Dr Kim Bulkeley (the University of Sydney) and Dr Genevieve Johnson (ASPECT) to undertake an evidence review that will inform a governance framework for disability therapy support workers working in rural and remote settings.

Building the evidence base: Working with rural service providers to support research generation and to publish evidence around new models of care e.g. successful private-public partnerships.

Dr Moran co-supervised Emily Farquhar's research piece that examined the mechanisms for successful a private-public partnerships in rural areas [Figure 2]. CEO Cath Maloney during her time at Murrumbidgee Local Health District worked with Emily to establish a partnership with a regional based private physiotherapy provider to provide physiotherapy services to rural townships. Dr Moran assisted Emily to undertake research around the model of care and then to publish it. You can read the article here: https://www.rrh.org.au/journal/article/5668

Figure 2 – publication for SARRAH on private-public partnerships


rrh.

ABOUT
SUBMIT AN ARTICLE
VOLUMES & ISSUES
LINKS
SUPPORT RRH

ORIGINAL RESEARCH

Mechanisms to achieve a successful rural physiotherapy public-private partnership: a qualitative study

AUTHORS

Emily Farquhar[1] Ba App Sc (Physio) Hons, Physiotherapist in Charge *

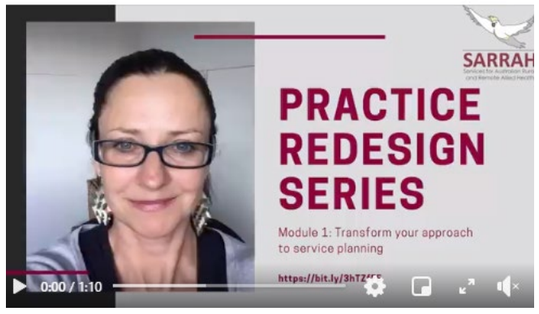
Anna Moran[2] PhD, Research Fellow, Services for Rural and Remote Allied Health (SARRAH)

David Schmidt[3] MPhysiotherapy, Senior Rural Research Program Manager

Promoting and making evidence available: Planning for the AHRGWES seminar series.

Working alongside the AHRGWES team, Dr Moran began planning for a series of training modules to support managers and supervisors involved in supporting AHRGWES trainees. The first in the series "Transform your approach to service planning (an introduction)" translates key learning from a significant body of research undertaken by Dr Moran and her academic colleagues over the past 15 years. The seminar series is planned to assist AHRGWES and other SARRAH member service managers to identify ways to ensure new models of care are successful. [Fig 3]

Figure 3 – Dr Anna Moran on camera to recruit to the AHRGWES seminar series



Promoting and making evidence available: Developing & executing a communications plan to distribute and promote evidence to our stakeholders using social media.

To ensure evidence gets to the SARRAH membership and stakeholders, Dr Moran led the development of a communications plan to inform the brokering of important evidence and knowledge to (and from) SARRAH stakeholders. The first theme on the communications plan for the month of June was telehealth. Evidence bytes and interviews were recorded and uploaded to SARRAH's social media channels. A huge success was Joseph Orlando's systematic review evidence byte that described patient and caregiver satisfaction around telehealth models of care. This post had almost 800 views on Twitter and reached a significant number of SARRAH followers and stakeholders via Facebook, LinkedIn and Instagram [Fig 4].

Figure 4 – Joseph Orlando's evidence byte on Facebook

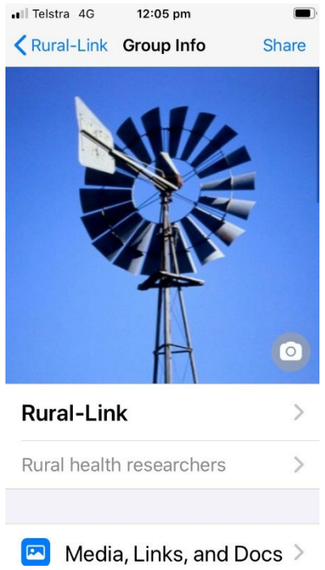

SARRAH is with University of South Australia.
June 19 ·

EVIDENCE BITE: Joseph Orlando discusses the results of a systematic review of patient and caregivers'satisfaction with #telehealth as a mode of service delivery #ruralhealth #alliedhealth #AHP2mintalks

Identifying and gathering evidence as it is produced: Developing relationships with key persons of interest.

Among other partnerships that have been developed, Dr Moran was invited to join a rural health researcher community of practice that was initiated by Dr Belinda O'Sullivan following her work with the Rural Health Commissioner. This community allows SARRAH to stay up to date with new and exciting rural health evidence as it is produced [Fig 5].

Figure 5 – Rural Health Researcher community of practice via WhatsApp



Use evidence to inform policy and advocacy activities at SARRAH: Involvement with AIHW.

CEO Cath Maloney and Dr Moran were invited to contribute to the Australian Institute of Health and Welfare's National Primary Health Care Data Asset project examining allied health data. Dr Moran's involvement with the Victorian Allied Health Workforce Research project enabled her to bring key data findings from the Victorian project to the AIHW's attention.

Use evidence to inform policy and advocacy activities at SARRAH: Contributing to the Rural Health Commissioner's review.

In her role as SARRAH research fellow, Dr Moran was able to bring her knowledge of the rural AH evidence base and understanding of evidence reviews to inform SARRAH's input into the Rural Health Commissioner's review of rural allied health.

SARRAH membership

Members contribute to improved health outcomes through advocacy and policy development. Members also benefit from the following services provided by SARRAH:

- Information and updates about development and support opportunities disseminated through the SARRAH website and communication channels, and by phone and email.
- Input to position papers, and submissions presented to local, state and federal parliaments, contributing to the rural and remote health policy discussion.
- Facilitation of communities of practice that aim to overcome geographic isolation.
- Updates on developments with respect to current rural and remote health issues and research.
- The biennial SARRAH National Conference.
- Access to exclusive content including webinars and weekly Newsletter.

The secretariat is considering new ways to engage SARRAH's membership base. In 2019-20 SARRAH identified a range of initiatives including increasing the availability of online continuing professional development and increasing the quality of content shared through social media.

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 corporate members or renewed their corporate membership in 2019–20.

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

Photography by: Ben Wilde "Drought Gauge"

FINANCIAL MANAGEMENT

bellchambers barrett

p (+61 2) 6239 5011
e admin@bellchambersbarrett.com.au
Level 3, 44 Sydney Avenue,
Forrest ACT 2603
PO Box 4390 Kingston ACT 2604
ABN 14 942 509 138
bellchambersbarrett.com.au

AUDITOR'S INDEPENDENCE DECLARATION UNDER S60-40 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012 TO THE BOARD MEMBERS OF SERVICES FOR AUSTRALIAN RURAL AND REMOTE ALLIED HEALTH INCORPORATED

As the lead auditor of Services for Australian Rural and Remote Allied Health Incorporated, I declare that, to the best of my knowledge and belief, during the year ended 30 June 2020 there have been no contraventions of:

i. the auditor independence requirements as set out in the *Australian Charities and Not-For-Profits Commission Act 2012* in relation to the audit; and

ii. any applicable code of professional conduct in relation to the audit.

Sart Spinks, CA
Partner
BellchambersBarrett

Canberra, ACT
Dated this 8th day of October 2020

SERVICES FOR AUSTRALIAN RURAL AND REMOTE ALLIED HEAH INCORPORATED

ABN 92 088 913 517

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2020

	Note	2020 $	2019 $
Revenue	2	695,305	244,898
Employee benefits expense	3	(569,127)	(554,831)
Depreciation expense		(1,550)	(4,760)
Rental expense		(65,641)	(64,742)
Scholarship payments	3	(178,969)	(761,718)
Advertising & promotion		(12,745)	-
Conference expenses		-	(4,836)
Other expenses		(188,757)	(208,393)
Net current year (deficit)		(321,484)	(1,354,382)
Other comprehensive income		-	-
Total comprehensive income for the year		(321,484)	(1,354,382)

The accompanying notes form part of these financial statements.

SERVICES FOR AUSTRALIAN RURAL AND REMOTE ALLIED HEAH INCORPORATED

ABN 92 088 913 517

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2020

	Note	2020 $	2019 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	3,366,827	4,227,134
Trade and other receivables	6	17,170	19,114
Other current assets	7	10,500	-
TOTAL CURRENT ASSETS		3,394,497	4,246,248
NON-CURRENT ASSETS			
Plant and equipment	8	7,245	-
TOTAL NON-CURRENT ASSETS		7,245	-
TOTAL ASSETS		3,401,742	4,246,248
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	46,246	24,185
Provisions	10	1,540	45,267
Income received in advance	11	2,607,402	27,844
TOTAL CURRENT LIABILITIES		2,655,188	97,296
NON-CURRENT LIABILITIES			
Provisions	10	19,086	-
TOTAL NON-CURRENT LIABILITIES		19,086	-
TOTAL LIABILITIES		2,674,274	97,296
NET ASSETS		727,468	4,148,952
EQUITY			
Retained surplus		727,468	4,148,952
TOTAL EQUITY		727,468	4,148,952

The accompanying notes form part of these financial statements.

SERVICES FOR AUSTRALIAN RURAL AND REMOTE ALLIED HEAH INCORPORATED

ABN 92 088 913 517

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2020

	Note	Retained Surplus $	Total $
Balance at 1 July 2018		5,503,334	5,503,334
Comprehensive income			
Net (deficit) for the year		(1,354,382)	(1,354,382)
Balance at 30 June 2019		4,148,952	4,148,952
Comprehensive income			
Net (deficit) for the year		(321,484)	(321,484)
Adoption of AASB 1058 using cumulative effect method	1p (ii)	(3,100,000)	(3,100,000)
Balance at 30 June 2020		727,468	727,468

The accompanying notes form part of these financial statements.

SERVICES FOR AUSTRALIAN RURAL AND REMOTE ALLIED HEAH INCORPORATED

ABN 92 088 913 517

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2020

	Note	2020	2019 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from government, members and customers		93,714	154,559
Subsidy received from Government		90,500	-
Interest received		5,445	16,819
Net GST received / (paid)		21,261	8,956
Payments to suppliers, employees and scholarship recipients		(1,062,432)	(1,643,871)
Net cash (used by) operating activities		(851,512)	(1,463,537)
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of equipment		(8,795)	-
Net cash (used by) investing activities		(8,795)	-
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of finance lease		-	(1,426)
Net cash (used in) financing activities		-	(1,426)
Net (decrease) in cash held		(860,307)	(1,464,963)
Cash and cash equivalents at beginning of financial year		4,227,134	5,692,097
Cash and cash equivalents at end of financial year	5	3,366,827	4,227,134

The accompanying notes form part of these financial statements.

SERVICES FOR AUSTRALIAN RURAL & REMOTE ALLIED HEALTH INCORPORATED

ABN 92 088 913 517

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Preparation

Services for Australian Rural & 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*.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the *Australian Charities and Not-for-profits Commission Act 2012*. SARRAH 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 these 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 accrual 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.

The financial statements were authorised for issues on 24 September 2020 by the Board of SARRAH.

Accounting Policies

a. Revenue

Revenue recognition

SARRAH has applied AASB 15: Revenue from Contracts with Customers (AASB 15) and AASB 1058: *Income of Not-for-Profit Entities* (AASB 1058) using the cumulative effective method of initially applying AASB 15 and AASB 1058 as an adjustment to the opening balance of equity at 1 July 2019. Therefore, the comparative information has not been restated and continues to be presented under AASB 118: *Revenue* and AASB 1004: *Contributions*. The details of accounting policies under AASB 118 and AASB 1004 are disclosed separately since they are different from those under AASB 15 and AASB 1058, and the impact of changes is disclosed in Note 1(o)(ii)

In the current year

Operating Grants and Donations

When SARRAH receives operating grant revenue and donations, it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance to AASB 15. When both these conditions are satisfied, SARRAH:

- identifies each performance obligation relating to the grant;
- recognises a contract liability for its obligations under the agreement; and
- recognises revenue as it satisfies its performance obligations.

Where the contract is not enforceable or does not have sufficiently specific performance obligations, SARRAH:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (for example AASB 9. AASB 16, AASB 116 and AASB 138);
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer); and
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount

If a contract liability is recognised as a related amount above, SARRAH recognises income in profit or loss when or as it satisfies its obligations under the contract.

SERVICES FOR AUSTRALIAN RURAL & REMOTE ALLIED HEALTH INCORPORATED

ABN 92 088 913 517

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

a. Revenue (continued)

Membership subscriptions

When SARRAH receives membership subscription income it records the revenue in the subscription year the income relates to in accordance with AASB 15. The subscription year goes from 1 July to 30 June. If income is received before 30 June relating to the next subscription year the deferred income is recognised as a liability in the financial statements.

Interest Income

Interest income is recognised using the effective interest method.

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

Donations 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 customer.

In the comparative period

Non-reciprocal grant revenue is recognised in profit or loss when SARRAH obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to SARRAH and the amount of the grant can be measured reliably. If conditions are attached to the grant which must be satisfied before SARRAH 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 SARRAH 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 state of financial position as a liability until the service has been delivered to the contributor; otherwise the grant is recognised as income on receipt.

b. Leases

The Entity as lessee

At inception of a contract, SARRAH assesses if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by SARRAH where SARRAH is a lessee. However all contracts that are classified as short-term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an operating expense on a straight-line basis over the term of the lease. SARRAH has elected to not apply AASB 16 as the remaining lease terms which belong to SARRAH are less than 12 months.

c. Plant and Equipment

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

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

SERVICES FOR AUSTRALIAN RURAL & REMOTE ALLIED HEALTH INCORPORATED

ABN 92 088 913 517

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

c. Plant and Equipment (continued)

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

Class of Fixed Asset	Depreciation Rate
Electronic equipment	30-40%
Computer software	30%
Furniture & fittings	20%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period. Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings

d. Financial Instruments

Initial recognition and measurement

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

Financial instruments (except for trade receivables) 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 expensed to profit or loss immediately. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain significant financing component or if the practical expedient was applied as specified in AASB 15: *Revenue from Contracts with Customers*.

Classification and subsequent measurement

Financial liabilities

Financial liabilities are subsequently measured at:

- amortised cost; or
- fair value through profit or loss.

A financial liability is measured at fair value through profit or loss if the financial liability is:

- a contingent consideration of an acquirer in a business combination to which AASB 3: Business Combinations applies;
- held for trading; or
- initially designated as at fair value through profit or loss.

All other financial liabilities are subsequently measured at amortised cost using the effective interest method. The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense over in profit or loss over the relevant period.

The effective interest rate is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition. A financial liability cannot be reclassified.

Financial assets

Financial assets are subsequently measured at amortised cost; fair value through other comprehensive income; or fair value through profit or loss. The initial designation of financial instruments at fair value through profit or loss is a one-time option.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

d. Financial Instruments (continued)

Derecognition

Derecognition refers to the removal of a previously recognised financial asset or financial liability from the statement date in accordance with SARRAH's accounting policy.

Derecognition of financial liabilities

A liability is derecognised when it is extinguished (i.e. when the obligation in the contract is discharged, cancelled or expires).

Derecognition of financial assets

A financial asset is derecognised when the holder's contractual rights to its cash flows expires, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

SARRAH recognises a loss allowance for expected credit losses on financial assets.

Loss allowance is not recognised for:

- financial assets measured at fair value through profit or loss; or
- equity instruments measured at fair value through other comprehensive income.

Expected credit losses are the probability-weighted estimate of credit losses over the expected life of a financial instrument. A credit loss is the difference between all contractual cash flows that are due and all cash flows expected to be received, all discounted at the original effective interest rate of the financial instrument.

e. Impairment of Assets

At the end of each reporting period, SARRAH reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in profit or loss.

Where the assets are not held primarily for their ability to generate net cash inflows – that is, they are specialised assets held for continuing use of their service capacity – the recoverable amounts are expected to be materially the same as fair value.

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

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

f. Employee Benefits

Short-term employee benefits

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

SARRAH's obligations for short-term employee benefits such as wages, salaries and sick leave are recognised as part of current trade and other payables in the statement of financial position.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

f. Employee Benefits (continued)

Other long-term employee benefits

SARRAH classifies employees' long service leave and annual leave entitlements as other long-term employee benefits as they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Provision is made for the SARRAH's obligation for other long-term employee benefits, which are measured at 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 high quality corporate bonds that have maturity dates that approximate the terms of the obligations. Any remeasurements for changes in assumptions of obligations for other long-term employee benefits are recognised in profit or loss in the periods in which the changes occur.

SARRAH's obligations for long-term employee benefits are presented as non-current liabilities in its statement of financial position, except where SARRAH does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current liabilities.

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.

h. Trade and Other Debtors

Trade and other debtors include amounts due from members. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to Note 1(e) for further discussion on the determination of impairment losses.

i. 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.

j. Income Tax

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

k. Intangible Assets - software

Software is initially recognised at cost. Where software is acquired at no cost, or for a nominal cost, the cost is its fair value, as at the date of acquisition. It has a finite life and is carried at cost less any accumulated amortisation and impairment losses. Software has an estimated useful life of between one and three years. It is assessed annually for impairment.

SERVICES FOR AUSTRALIAN RURAL & REMOTE ALLIED HEALTH INCORPORATED

ABN 92 088 913 517

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

l. Provisions

Provisions are recognised when SARRAH 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.

m. Comparative Figures

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

n. Economic Dependence

SARRAH is dependent on the Department of Health for the majority of its revenue used to operate the business. At the date of this report, the Board has no reason to believe the Department of Health will not continue to support SARRAH.

o. Critical Accounting Estimates and Judgements

The Board evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within SARRAH.

Key estimates

(i) Useful lives of plant and equipment

As described in Note 1(c), SARRAH reviews the estimated useful lives of plant and equipment at the end of each annual reporting period.

Key judgements

(ii) Performance obligations under AASB 15

To identify a performance obligation under AASB 15, the promise must be sufficiently specific to be able to determine when the obligation is satisfied. Management exercises judgement to determine whether the promise is sufficiently specific by taking into account any conditions specified in the arrangement, explicit or implicit, regarding the promised goods or services. In making this assessment, management includes the nature / type, cost / value, quantity and the period of transfer related to the goods or services promised.

SARRAH holds a funding agreement with Department of Health to administer the remaining Nursing and Allied Health Scholarship and Support Scheme (NAHSSS) and to administer the Allied Health Rural Generalist Workforce and Education Scheme (AHRGWES) which utilises unspent NAHSSS scholarship funds retained at bank by SARRAH. SARRAH recognises revenue as it satisfies its performance obligations of the contract with the Department of Health.

(iii) Employee benefits

For the purpose of measurement, AASB 119: *Employee Benefits* defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. As SARRAH expects that most employees will not use all of their annual leave entitlements in the same year in which they are earned or during the 12-month period that follows (despite an informal internal policy that requires annual leave to be used within 18 months), the Board believe that obligations for annual leave entitlements satisfy the definition of other long-term employee benefits are measured at the present value of the expected future payments.

SERVICES FOR AUSTRALIAN RURAL & REMOTE ALLIED HEALTH INCORPORATED

ABN 92 088 913 517

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

o. Critical Accounting Estimates and Judgements (continued)

Key judgements (continued)

(iv) COVID-19 impacts

The COVID-19 outbreak has impacted the way of life in Australia. This has affected the ability of SARRAH to continue operations as usual. In accordance with national guidelines, SARRAH has implemented remote working arrangements in response to government requirements and to ensure the wellbeing and safety of all employees and visitors.

It is not possible to reliably estimate the duration and severity of the impact of COVID-19, as well as the impact on the financial position and results of SARRAH for future periods. However, based on analysis of SARRAH's financial performance and position, the Board members have determined that COVID-19 has not had a material impact on SARRAH's operations and do not anticipate any significant impact in the foreseeable future. Refer to Note 19 for further discussion on going concern.

p. New and Amended Accounting Standards Adopted by the Entity

(i) Initial application of AASB 16

SARRAH qualifies for the AASB 16 recognition exemption as the underlying leases held are short-term in nature (less than 12 months). As SARRAH elected to not to apply the requirements of AASB 16, SARRAH shall recognise any lease payments associated with those leases as an expense on either a straight-line basis over the lease term or another systematic basis.

(ii) Initial application of AASB 15 and AASB 1058

SARRAH has applied AASB 15: *Revenue from Contracts with Customers* and AASB 1058: *Income of Not-for-Profit Entities* using the cumulative effective method of initially applying AASB 15 and AASB 1058 as an adjustment to the opening balance of equity at 1 July 2019 as a result of signing a new contract. Therefore, the comparative information has not been restated and continues to be presented under AASB 118: *Revenue* and AASB 1004: *Contributions*.

SARRAH has elected to apply AASB 1058 retrospectively only to contracts that are not completed contracts at the date of initial application. The adjustment to opening retained surplus on 1 July 2019 was a decrease of $3,100,000 with a corresponding increase in income received in advance liabilities.

The table below provides details of the significant changes and quantitative impact of these changes on initial date of application 1 July 2019:

	As presented on 30 June 2019	Application impact of AASB 15 and AASB 1058	As at 1 July 2019
	$	$	$
Statement of financial position			
CURRENT LIABILITIES			
Income received in advance	27,844	3,100,000	3,127,844
EQUITY			
Retained surplus	4,148,952	(3,100,000)	1,048,952

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 2: REVENUE	2020 $	2019 $
Revenue		
Department of Health grants	492,598	-
Interest income	5,445	16,819
Membership fees	82,952	100,226
Conference income	-	76,693
Rental income	9,200	4,600
Subsidy received from Government	90,500	-
Research activities	7,500	-
Other income	7,110	46,560
Total revenue and other income	695,305	244,898

Transaction price allocated to the remaining performance obligation

The table below-shows the grant revenue expected to be recognised in the future related to the performance obligations that are unsatisfied (partially unsatisfied) at the reporting date.

	Note	2020 $	2019 $
Revenue from government grants and other grants:	11	2,607,402	-

NOTE 3: SURPLUS FOR THE YEAR	2020 $	2019 $
Significant Revenue and Expenses		
Department of Health grants	492,598	-
Employee benefits expense	(569,127)	(554,831)
Scholarship payments	(178,969)	(761,718)

NOTE 4: AUDITORS' REMUNERATION	2020 $	2019 $
Auditing the financial report	14,300	13,500
Other services	1,210	6,525
Total remuneration	15,510	20,025

NOTE 5: CASH AND CASH EQUIVALENTS	Note	2020 $	2019 $
Cash at bank and on hand	17	3,366,827	4,227,134

SARRAH hold cash at bank as at 30 June 2020 that either relate to NAHSSS scholarships that have been granted and for which future payments are required or AHRGWES funds that are unspent and may be returned to the Department of Health. As at 30 June 2020, there was $323,751 remaining NAHSSS funding. *Note 11: Income received in advance* contains unexpended grant funding related to AHRGWES only.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 6: TRADE AND OTHER RECEIVABLES	Note	2020 $	2019 $
CURRENT			
Trade and other receivables		11,192	16,650
GST receivable		5,978	2,464
Total current trade and other receivables	17	17,170	19,114

The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short-term nature of the balances. The maximum exposure to credit risk at the reporting date is the fair value of each class of receivable in the financial statements.

NOTE 7: OTHER CURRENT ASSETS	2020 $	2019 $
CURRENT		
Prepayments	10,500	-

NOTE 8: PLANT AND EQUIPMENT	2020 $	2019 $
Computer software:		
At cost	9,092	9,092
Accumulated depreciation	(9,092)	(9,092)
	-	-
Furniture & fittings:		
At cost	24,452	24,452
Accumulated depreciation	(24,452)	(24,452)
	-	-
Electronic equipment		
At cost	45,564	36,769
Accumulated depreciation	(38,319)	(36,769)
	7,245	-
Total plant and equipment	7,245	-

(a) Movements in Carrying Amounts

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

	Computer Software $	Furniture & Fittings $	Electronic Equipment $	Total $
Year ended 30 June 2020				
Balance at the beginning of year	-	-	-	-
Additions	-	-	8,795	8,795
Depreciation expense	-	-	(1,550)	(1,550)
Balance at the end of the year	-	-	7,245	7,245

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 9: ACCOUNTS PAYABLE AND OTHER PAYABLES	Note	2020 $	2019 $
CURRENT			
Trade payables	17	11,123	1,481
PAYG Withheld		10,358	6,492
Superannuation payable		4,930	4,235
Accrued expenses and other payables		19,835	11,977
		46,246	24,185

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days.

NOTE 10: PROVISIONS	2020 $	2019 $
CURRENT		
Provision for long service leave	-	21,145
Provision for annual leave	1,540	24,122
	1,540	45,267
NON-CURRENT		
Provision for long service leave	19,086	-
	20,626	45,267

NOTE 11: OTHER LIABILITIES	2020 $	2019 $
CURRENT		
Income received in advance	2,607,402	27,844

Income received in advance relates to unexpended Allied Health Rural Generalist Workforce and Education Scheme (AHRGWES) grant funding.

NOTE 12: CAPITAL AND LEASING COMMITMENTS	2020 $	2019 $
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	46,627	73,620
– between 12 months and five years	-	46,627
Total operating lease commitments	46,627	120,247

SARRAH entered into a three-year office leasing arrangement which commenced on 1 March 2018. Rental payments are payable monthly in advance.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 13: CONTINGENT LIABILITIES AND CONTINGENT ASSETS

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

NOTE 14: EVENTS AFTER THE REPORTING PERIOD

No subsequent events have been identified for the period after the financial year ending 30 June 2020.

NOTE 15: RELATED PARTY TRANSACTIONS

No related party transactions were noted for the financial year ending 30 June 2020.

NOTE 16: KEY MANAGEMENT PERSONNEL COMPENSATION

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

	2020 $	2019 $
Key management personnel compensation		
- Short-term benefits	155,000	164,502
- Post-employment benefits	14,725	15,628
	169,725	180,130

NOTE 17: FINANCIAL RISK MANAGEMENT

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	2020 $	2019 $
Financial assets			
Cash and cash equivalents	5	3,366,827	4,227,134
Trade and other receivables	6	17,170	19,114
Total financial assets		3,383,997	4,246,248
Financial liabilities			
Financial liabilities at amortised cost:			
– Trade and other payables	9	11,123	1,481
Total financial liabilities		11,123	1,481

NOTE 18: ASSOCIATION DETAILS

The registered office and principal place of business of SARRAH is:

Services for Australian Rural and Remote Allied Health Incorporated
4/17 Napier Close, Deakin ACT 2600

SERVICES FOR AUSTRALIAN RURAL & REMOTE ALLIED HEALTH INCORPORATED

ABN 92 088 913 517

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 19: GOING CONCERN

The financial statements have been prepared on a going concern basis, which assumes that SARRAH will be able to meet its debts as and when they fall due and payable. SARRAH is dependent on the Department of Health (the Department) for the majority of its revenue.

SARRAH hold cash funds as at 30 June 2020 for the purpose of delivering on the contractual obligations of the NAHSSS agreement, including implementation of the AHRGWES project. Management has taken the necessary steps to ensure the organisation is in a position to meet all obligations relating to the NAHSSS agreement, including a transition-out plan as required under the terms of the contract with the Department of Health, through until June 2022.

Consequently, SARRAH has reviewed and will continue to assess its operating structure and monitor strategies to diversify its income sources. SARRAH's budgeted cashflow forecasts are sufficient to satisfy projected operating requirements and has reasonable expectation that the entity has adequate resources to continue operational existence for the foreseeable future.

SERVICES FOR AUSTRALIAN RURAL & REMOTE ALLIED HEALTH INCORPORATED

ABN 92 088 913 517

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

STATEMENT BY MEMBERS OF THE BOARD

In the opinion of the Board, the financial report as set out on pages 3 to 18:

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 2020.
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 Board and is signed for and on behalf of the Board by:

President – Rob Curry

Board Member – Edward Johnson

Dated this – 8 October 2020

p (+61 2) 6239 5011
e admin@bellchambersbarrett.com.au
Level 3, 44 Sydney Avenue,
Forrest ACT 2603
PO Box 4390 Kingston ACT 2604
ABN 14 942 509 138
bellchambersbarrett.com.au

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

Report on the Audit of the Financial Report

Opinion

We have audited the accompanying financial report of Services for Australian Rural and Remote Allied Health Incorporated (SARRAH), which comprises the statement of financial position as at 30 June 2020, the statement of profit or loss, statement of 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 Board declaration.

In our opinion, the accompanying financial report of SARRAH has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* (the *ACNC Act*):

(i) giving a true and fair view of SARRAH's financial position as at 30 June 2020 and of its financial performance for the year then ended; and

(ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of SARRAH in accordance with the *ACNC Act* and ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Emphasis of Matter – COVID-19

We draw attention to Note 1(o)(iv) of the financial report which notes the outbreak of COVID-19 as a global pandemic and how this has been considered by the directors in the preparation of the financial report. The impact of COVID-19 is an unprecedented event, which continues to cause a high level of uncertainty and volatility. As set out in the financial statements, no adjustments have been made to financial statements as at 30 June 2020 for the impacts of COVID-19. Our opinion is not modified in respect of this matter.

Emphasis of Matter – Economic Dependence

We draw attention to Note 1(n) and Note 19 in the financial report. SARRAH is dependent on the Department of Health for the majority of its revenue used to operate. SARRAH has reviewed and will continue to assess its operating structure and monitor strategies to diversify its income sources. The financial statements have been prepared on a going concern basis. Our opinion is not modified in respect of this matter.

Responsibilities of the Board for the Financial Report

The Board members of SARRAH 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 *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the Board determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Board is responsible for assessing the ability of SARRAH to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Board either intend to liquidate SARRAH or to cease operations, or has no realistic alternative but to do so. The Board is responsible for overseeing SARRAH's financial reporting process.

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

Auditor's Responsibility for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken based on this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 SARRAH's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board.
- Conclude on the appropriateness of the Board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on SARRAH's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause SARRAH to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Sart Spinks, CA
Partner
BellchambersBarrett

Canberra, ACT
Dated this 8th day of October 2020

Services for Australian Rural and Remote Allied Health

ABN: 92 088 913 517

T: 02 6285 4960
Toll-free: 1800 338 061
F: 02 6162 4094
E: sarrah@sarrah.org.au

Unit 4, 17 Napier Close, Deakin, ACT, 2600

www.sarrah.org.au

Photography by: Anna Moore