SARRAH
Services for Australian Rural and Remote Allied Health

ANNUAL REPORT 2021-2022

OFFICE ADDRESS

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WELCOME TO SARRAH

Welcome to the 2021-22 annual report for Services for Australian Rural and Remote Allied Health (SARRAH).

2021-22 was another big and challenging year for SARRAH. Our main activity and focus, apart from representing and supporting the interests of members and allied health service access and needs in rural and remote Australia generally, has been to implement the innovative allied health workforce development project announced as part of the May 2021 Federal Budget. The project has two distinct, but complementary elements:

TARGHETS - The AHRG Education and Training Scheme: which further progresses expansion of the Allied Health Rural Generalist (AHRG) Pathway into private and community-based settings, and builds on the groundwork of our pilot project, the *Allied Health Rural Generalist Workforce and Education Scheme* (ARGHWES).

BRAHAW - Building the rural and remote Allied Health Assistant workforce: which assists rural and remote AHPs working in private and non-government organisations to build their allied health assistant workforce, roles, and models of service delivery and to promote viability and reach of their practices.

These initiatives align well with community need and over 2021-22 have attracted increased interest from a wide range of service providers looking to increase service capacity and viability in rural and remote settings. More information on progress is detailed in the report.

Complementing these initiatives, SARRAH has actively increased our on-line education, training, and other supports, informed by the feedback of members and the emerging needs of the sector. Our work is progressing, and engagement levels and feedback have been encouraging. 2021-22 also saw an increase in engagement through our various communications channels and a solid increase in membership. More information about our progress in these areas is included in this report.

The need for tailored and flexible workforce development approaches such as *TARGHETS* and *BRAHAW* is as great now as it has been since SARRAH was established in 1995. Over that time allied health professions have developed and evolved, as have best practice models of person-centred and team-based, multidisciplinary care. Unfortunately, policy and service systems rarely keep pace with best practice, so securing support for innovative models and demonstrating their impact is crucial.

Over the same period, the allied health workforce has also grown, driven by many factors, including clinical factors, our changing burden of disease and community demand, not to mention developments like the NDIS. Despite substantial growth, however, available data tells us allied health workforce supply is not keeping up with demand, and mal-distribution of allied health professionals (on a proportionate basis) may be becoming even more concentrated in our major cities, exacerbating the differential access to services that disadvantage people in rural and remote Australia.

We continue to work on a range of programs and initiatives to enable our members and their colleagues to improve health outcomes for rural and remote Australians. We aim to improve the operating environments in which we work – with regulatory, policy, funding, networks, professional supports, and recognition – so Australians can enjoy comparable health, well-being, and opportunity. SARRAH believes that every Australian has the right to have equitable access to services regardless of where they live. This is a key component of world-class health and social support systems and essential for supporting the health and well-being of all Australians. SARRAH remains committed to providing support for AHPs in all sectors. To achieve this objective, the organisation is focused on engaging our members and supporting their ongoing professional development. SARRAH is your organisation.

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

SARRAH'S
STRATEGIC PLAN

VISION

Rural and Remote Australian communities have Allied Health services that support equitable and sustainable health and well-being.

PURPOSE

To lead rural and remote allied health workforce and service development.

WAYS OF WORKING

TRANSFORMATIVE

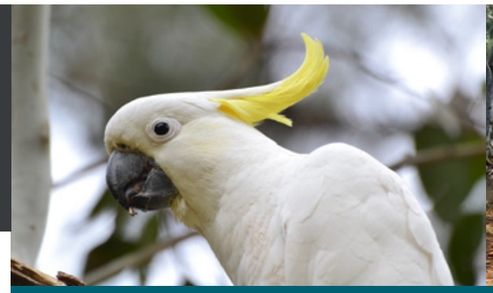
SARRAH instigates and engages in conversations that have impact and bring about change

PEOPLE AND CULTURE

SARRAH is an employer of choice, providing a supportive, flexible enviroment and best practice employee benefits

ETHICAL

SARRAH operates in ways that include, nurture and support the communities we serve



SARRAH exists so that Rural and Remote Australian communities have Allied Health services that support equitable and sustainable health and well-being.

2022 – 2025

GROW OUR IMPACT

By 2025 SARRAH is actively engaged in projects and advocacy that improve access to allied health services for all Australians

EFFECTIVE PARTNERSHIPS

By 2025 SARRAH is a partner of choice for organisations working to improve quality of life for rural and remote Australians

VALUE FOR MEMBERS

By 2025 SARRAH has a strong and growing membership base

FINANCIAL SUSTAINABILITY

By 2025 SARRAH is financially sustainable

PRESIDENT'S **REPORT**

The past year has been a successful one for SARRAH. The May 2021 Federal budget saw the most significant investment in allied health workforce development in recent times, and in September 2021, SARRAH signed on the dotted line to deliver on the $9.5m Allied Health Rural Generalist Training and Education Scheme over the next 3 years. This result was only possible because of the incredible team we have at SARRAH, and the unwavering commitment each of them shows to bettering the lives of people living in bush communities.

Earlier this year, the board met in Brisbane to work on SARRAH's strategic plan, and because of our increasingly secure financial position on the back of the rural generalist funding, we were able to focus on planning not just for the next 12 months, but for the next 3 years ahead, which is a luxury we have not had in some time. This certainty in funding has also allowed us to offer a new 3-year contract to Cath Maloney to continue as CEO and deliver on the rural generalist program. The board believes that this will provide for robust and secure leadership into the 3 crucial years ahead.

On the board front, we welcomed Ali Dymott as a director at the last AGM. Her experience in researching the allied health rural generalist pathway has been particularly helpful as the project team continues to deliver the Scheme nationally, and she has made valuable contributions to the SARRAH conference committee.

At the AGM this year, director Stephen Patterson will step down as a Director and Chair of the Finance, Audit, and Risk Committee. Steve has brought a calm and caring nature to his role, along with infinite amounts of strategic financial and accounting wisdom – the board wishes Steve all the best for future, and we thank him for his contributions to SARRAH over the past 2 years. I would also like to thank all of our current board members, Lisa Baker, Leigh Burton, Jeremy Carr, Lauren Gale, Julie Hulcombe, (and Ali and Stephen) for their contributions this year. SARRAH is fortunate to have such a committed and collegiate group of professionals to help steer us in the right direction.

In the National Office, Cath and her team, as always, have shown great talent and commitment to delivering on SARRAH's educational offerings, the rural generalist program, and our advocacy efforts. It is in no small measure due to the prudent financial management of the SARRAH National Office that we find ourselves in such a sound financial position this year following the transition between old and new government contracts, and the Office continues to develop and maintain an excellent workplace culture which fosters such care and dedication in all our staff, to whom the board offers their sincere thanks.

This year I've been particularly engaged by the new SARRAH podcast, so if you haven't already done so, I'd encourage you to have a listen. If you're more of a reader, make sure to have a look at the weekly SARRAH newsletter – "Connected" to keep up with how SARRAH is engaging with the big issues in rural and remote allied health, as we continue to do our best to serve our members and our bush communities over the next 12 months.

Dr Edward Johnson
President

CEO'S REPORT

Among the highs and lows the year has brought, there's a lot to be proud about.

The projects team commenced delivering the next phase of the Allied Health Rural Generalist Pathway through two related programs – The Allied Health Rural Generalist Pathway Education and Training Scheme (TAHRGETS) and Building the Rural Allied Health Assistant Workforce (BRAHAW). Both these projects support and recognise the importance of building and sustaining rural and remote allied health workforce training capacity while acknowledging the difficulties many service providers face in recruiting workforce due to pervasive shortages.

To have carriage of two important programs such as these is at once daunting and exciting. My thanks go to Gemma Tuxworth and her team Sylvia Rosas and Shem Appleton for the strong relationships they continue to build with providers and health professionals alike, and for their ability to respond to the many and varied challenges that naturally arise when working in a "green field" where issues emerge that few people have had to consider before. I also wish to thank former project team members Caitlin Houghton and Nicole Samulkiewicz who left us this year to pursue other endeavours.

Caption: CEO Catherine Maloney listens to Level 2 trainees Alexandra Murrell and Sarah McGuire (from Carpentaria Disability Services in the Northern Territory) as they talk about their service development project 'Vocational Profiling Assessment (VPA)'

In collaboration with the Australian Rural Leadership Foundation, SARRAH launched a brand new leadership program in July 2021 especially designed for allied health professionals. Since our first cohort started in July 2021, we have seen 52 emerging and established allied health leaders complete the program. The feedback has been great, and demand for all our education program courses remains strong, making this one of the success stories of the year. My deep gratitude goes to our sector leaders who contributed their time, expertise and personal experience to take part in the panel discussions that have been so valued by course participants: Dr Faye McMillan, Dr Scott Davis, Donna Markham, Tanya Lehmann, Catherine Marriott and Elizabeth Brennan. My thanks also go to our colleagues at the Australian Rural Leadership Foundation, Matt Linnegar, Philippa Woodhill and Lockie McDonald, who took a punt on us and tried something a bit different which turned out to be a winner. And last, but by no means least, thanks to SARRAH's Director of Education Dr Melodie Bat, and our Corporate Services Manager Sriyani Ranasinghe, for the work they do to develop, promote and administer our education program. None of it would have happened if not for these two.

Early 2022 saw us take the plunge into the world of podcasts – because everybody has a podcast these days, right? What started as an experiment (and hours of time of an evening spent learning how to use the sound deck and software – it's become something of a hobby for me) has turned out to be a very efficient way for SARRAH to engage with our audience. Talking For Purpose is very accessible (so our listeners tell us), and we have even used some of the podcasts in our Ministerial engagement as an easily-digested way to cover a topic. My thanks go to all of the guests we have hosted on Talking For Purpose over the year, and to our Director of Policy and Strategy Allan Groth for his entertaining and learned contributions to the podcasts, for his patience in sitting through endless audio checks, and for enduring being the crash test dummy for numerous technical glitches.

These developments must be striking a chord with our membership because we have seen substantial growth over the year. Individual memberships have grown by a whopping 34% in the 2021-22 year, complemented by a smaller but significant growth in corporate memberships. An interesting feature of our corporate member profile is the increasing number of small- to medium-sized regional and rural businesses who have expressed an interest and desire to support SARRAH's advocacy work. The operating environment for these essential service providers has been tough in recent years, made worse by the now critical workforce shortages impacting access to services across rural and remote communities. It is gratifying that these providers see value in SARRAH's advocacy that, in turn, supports their work. Thank you to all our corporate members; your advice and feedback help us stay on track.

Perhaps the most significant result in the 2021-22 financial year has been our financial performance. Of course, being on the receiving end of a significant Commonwealth grant program helps, but we have also been busy behind the scenes improving our back-of-house systems and looking for efficiencies. When comparing the end-of year results with the previous year, consider for a moment that in 2020-21 we were in receipt of JobKeeper payments and in the 2021-22 financial year we were ineligible for these supports. A huge thank you to Steve Patterson, Chair of SARRAH's Finance Audit and Risk Committee, who has volunteered his time and expertise to help improve our financial reporting and position. As Steve is stepping down from the Board this year, we wish him well in his next phase of life. Thanks to our finance officer Angela Lane, and our auditors Hardwicke Accountants, for their ongoing advice and support – much of it after-hours.

We are a lean and agile organisation; we achieve a lot with the few resources we have at hand. Without a strong workplace culture we wouldn't be where we are today. My last vote of thanks goes to the SARRAH Board of Directors who give their time pro bono to set our strategy and organisational culture. Thank you for your ongoing stewardship and support.

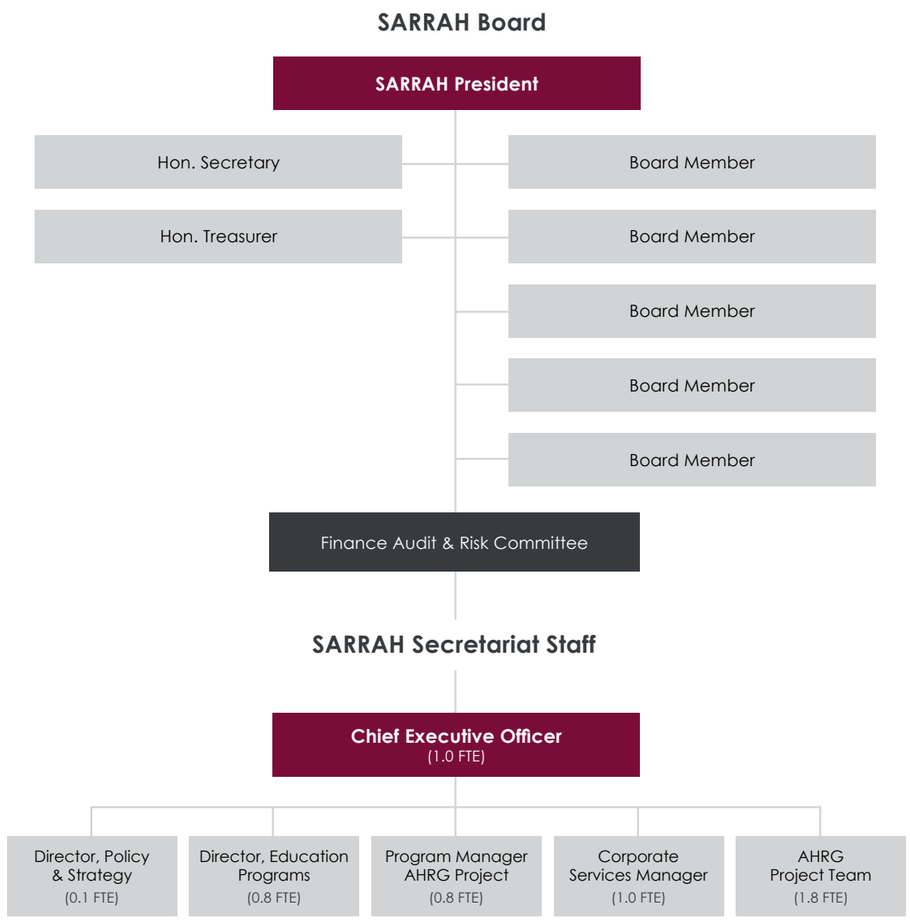
Catherine Maloney
SARRAH CEO

CORPORATE GOVERNANCE

ORGANISATION STRUCTURE

SARRAH is governed by a Board of Directors – supported by the Finance Audit and Risk Committee, ad hoc committees and 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 comprised eight members following the Annual General Meeting held on 26 November 2021 as follows:

BOARD MEMBER	POSITION	DATE APPOINTED TO CURRENT POSITION	CONSECUTIVE TERMS IN CURRENT POSITION	END OF CURRENT TERM
Edward Johnson	*President*	28/10/2020	1	26/11/2022
Alison Dymmott	*Member*	26/11/2021	1	26/11/2023
Lisa Baker	*Member*	29/11/2021	2	29/11/2023
Julie Hulcombe	*Member*	21/01/2021	2	29/11/2023
Lauren Gale	*Member*	21/01/2021	2	29/11/2023
Leigh Burton	*Member*	29/11/2021	2	29/11/2023
Jeremy Carr	*Member*	29/11/2020	1	26/11/2022
Steve Patterson	*Member (appointed)*	20/08/2020	1	20/08/2022

Edward Johnson

President

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.

Alison Dymmott

Alison Dymmott is an occupational therapy lecturer, placement education coordinator and researcher at Flinders University. She has predominantly worked clinically in rural areas of South Australia in a range of leadership roles including state-wide project management and policy development. She has specialist skills in rural generalism, paediatrics, rehabilitation and acute care. Alison's research interests are in rural health workforce and occupational therapy evidence-based practice. She is currently undertaking her PhD in conjunction with SA Health around rural allied health workforce strategies, specifically the impact of the rural generalist pathway. She has extensive experience educating occupational therapy students and supporting students and educators on placement, she is particularly passionate about co-designing clinical placements that are mutually beneficial for all stakeholders.

Lauren Gale

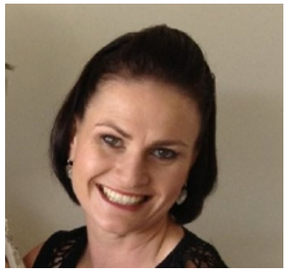
Having grown up in rural NSW, Lauren has a long-held passion for rural health matters. Lauren believes that the improvement in the distribution, support for allied health professionals and innovation in service delivery is a critical element in seeking to improve the health of rural Australians.

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 of 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.

Jeremy Carr

Jeremy Carr is a Charles Sturt University (Albury) Physiotherapy graduate (2005, a Physiotherapist for 15 years with greater than 12 years working in rural and regional Australia. His wife Carly is also a Physiotherapist and have predominantly worked in Private practice. They opened their own private practice in 2011. Their service now operates in the Southern Murrumbidgee region of NSW which includes locations such as Corowa, Albury, Finley, Berrigan, Urana and Jerilderie.

Jeremy has been fortunate to be involved in a public/private partnership with both the Murrumbidgee Primary Health Network and Murrumbidgee Local Health District, to develop innovative ways to deliver Physiotherapy and other Allied Health services in locations that struggle to have access to Allied Health Services.

Our experience in these partnerships and communities has focused our attention and reinforced our commitment to do our part to bring services to people in regional and rural Australia.

Stephen Patterson

Stephen has a Bachelor of Commerce Degree from the University of NSW and is a Fellow of the Society of Certified Practicing Accountants (FCPA) and a qualified Company Secretary. He has completed the Global Strategic Management Program at Harvard Business School. Stephen was the Chief Financial Officer for the Australian Medical Association - NSW and a member of the NSW Government Audit Committee for the Land Service Council. Stephen has significant corporate finance and secretarial experience both in Australian and in the Asia Pacific region. He has held senior finance roles with a number of large Australian listed organisations such as Australian National Industries, Optus Communications and Goodman Fielder. This experience has been both at corporate head office level and on an Australian and international divisional basis with considerable involvement in acquisitions and restructuring covering a broad range of industry segments such as media and communications, heavy engineering and the food and beverage industries.

Stephen has further government and not-for-profit experiences, initially working for Australian Hearing as Chief Financial Officer and a winner of the Australian Financial Review CFO award for the Government sector. Stephen was then promoted to Chief Operating Officer directly responsible for a number of large scale projects including the National Support Office relocation to the Australian Hearing Hub at Macquarie University, as well as the negotiation and tendering of the Hearing Aid and Earmould contracts, which are the largest tenders of their type in the Southern Hemisphere and recognised as one of the largest tenders globally.

The Board met on six occasions during the financial year 2021-2022 including the board meeting held after the AGM.

YEAR	DATE
2021	29 July 2021
	30 September 2021
	26 November 2021
2022	24 January 2022
	7 April 2022
	25 May 2022

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 Finance, Audit and Risk Committee membership in 2021-22 was as follows:

BOARD MEMBER	POSITION	ACTIVE PERIOD
Ed Johnson	*President*	29/11/2020 – 30/06/2022
Steve Patterson	*Director*	20/08/2020 – 30/06/2022
Catherine Maloney	*CEO*	01/07/2020 – 30/06/2022
Angela Lane	*Finance Manager*	01/07/2020 – 30/06/2021

The FARC met 8 occasions during the financial year 2021-22

YEAR	DATE
2021	22 July 2021
	26 August 2021
	24 September 2021
	21 October 2021
	16 December 2021
2022	17 February 2022
	21 April 2022
	23 June 2022

SARRAH SECRETARIAT

The secretariat is a small team that supports the operations of the organisation.

Caption: Back Row - Gemma Tuxworth, Catherine Maloney, Jeremy Carr, Edward Johnson, Alison Dymmott, Rachel Doonan (IAHA), Steve Patterson

Front Row – Lisa Baker, Leigh Burton, Sylvia Rosas, Melodie Batt, Sriyani Ranasinghe

- Chief Executive Officer
- Director, Policy and Strategy
- Director, Education Programs
- Director, Projects (Allied Health Rural Generalist Pathway)
- Project Officers (2.2 FTE) (Allied Health Rural Generalist Pathway)
- Corporate Services Manager

SARRAH is fortunate to have such a committed and collegiate group of professionals to help steer us in the right direction.

ORGANISATION
YEAR IN REVIEW

POLICY AND STRATEGY

From a policy and advocacy perspective the predominant event during 2021-22 was the Federal Election held in May 2022 and the protracted process of positioning, debate and priority-setting that dominates events prior to the official Election campaign period. Embedded in and overlaying this was the continuing focus and changing impacts of COVID-19, which set the backdrop to most of our activities. Nonetheless, broader policy challenges, public budgetary pressures and political cycles reclaimed some spotlight and almost a sense of normality to events.

The focus on health service capacity and pressures intensified with the impacts of the pandemic, with the related and consequent impacts in the aged care and disability sectors leading to a necessary focus on two structural issues: the size and distribution of health and related care workforces; and the interaction and coherence (or lack of) between our public and private systems and across the health, disability and aged care sectors. Both issues have been raised repeatedly by State and Territory leaders (across the political spectrum) and were identified as priorities for National Cabinet consideration following the May Federal Election. Several States and the Federal Parliament conducted substantial parliamentary inquiries into these issues, laying the groundwork for what we hope will develop into a major national, collaborative, investment and outcomes focussed reform agenda over coming years.

Despite much increased attention on these issues, the role of allied health in providing essential and enabling services continued to be under-recognised and few specific commitments were made to address what remains a major gap in our health and social services systems, especially in rural and remote Australia.

The predominant foci of workforce policy attention investment were general practitioners, nurses and the care workforce, all of which deserve strong support. Notwithstanding positive developments (such as amendments to some MBS provisions), the reluctance to commit to embedding supported and accessible allied health, beyond statements encouraging comprehensive, team-based care, enablement and so on, have yet to see major tangible, system-wide attention. The South Australian State Election and debate across jurisdictions concentrated on issues such as hospital ramping and surgery waiting lists, but with little attention to strategies to reduce demand for and avoid hospitalisations or the need for surgery.

The National Skills Commission released updated data showing employment growth in the five years to November 2026 would (again) be led by the Health and Social Assistance sector, with demand for allied health professions in many cases double or even triple that of the workforce as a whole. The Commission also undertook a major study into the care workforce labour market, reflecting growing awareness nationally we have not developed the workforce or service capacity and models to meet growing demand.

The pandemic intensified internal population trends which saw more (young) people moving to regional and rural population centres (reversing previous trends), while existing concerns about access to health and education services and opportunities in rural and remote locations were again noted.

Community concern about the efficacy of the MBS as a means of enabling universal health care, especially in rural and remote, gained momentum with widespread support from health stakeholder groups on the need for systemic reform. The incoming Federal Government announced it would establish a Strengthening Medicare Taskforce, to be chaired by The Hon Mark Butler MP, Minister for Health (which was established in July 2022), and work is underway to review the current Stronger Rural Health Strategy (which predominantly supports medical workforce but includes the expansion of the Allied Health Rural Generalist pathway) and is a welcome development.

Obviously, COVID-19 does need specific mention: SARRAH continued to participate in regular Commonwealth meetings and highlighted issues of access and capacity in rural areas and vulnerable populations, and the potential role of AHPs. We expect this work will be ongoing.

SARRAH continued to participate in a wide range of representational groups, advisory committees and steering groups. The need to represent rural and remote allied health interests and advocate for them is no less necessary now than when SARRAH was first formed. Continuing maldistribution of allied health services and workforce require broad and systemic reforms to promote policies and approaches that reflect the needs of rural and remote Australia and secure quality of care and outcomes that are comparable to those enjoyed by other Australians. There is a welcome increase in awareness of the importance of allied health in, but this has yet to translate into a level of priority or commitment at the senior political and policy making levels that is commensurate with the need. The interests of allied health - and rural and remote allied health - need to be involved in national health strategy design, oversight, governance and consultation and ongoing development of integrated policy, program and service design mechanisms. The service gaps, demographic and population health trends and the challenging budgetary situation nationally presents the situation for SARRAH to focus on the value of innovative allied health developments that improve service access and health and wellbeing outcomes, enhance the viability of rural practice and contribute to long term national productivity and service sustainability goals, by enabling people and containing demand on service systems in the future.

During 2021-22 SARRAH provided **Submissions** on:

- The Draft recommendations of the Primary Health Reform Steering Group for the 10 Year National Health Care Plan
- The Care Workforce Labour Market Study: Discussion Paper- undertaken by the National Skills Commission
- The Commonwealth Department of Health Serious Incident Response Scheme for Commonwealth funded in-home aged care services
- The Joint Standing Committee of the NDIS: Inquiry into the NDIS Workforce
- Audiology Australia's Teleaudiology Guidelines
- The Draft National Mental Health Workforce Plan
- The Senate Community Affairs References Committee Inquiry into the provision of GP and related primary health services to outer metropolitan, rural, and regional Australians
- The Senate Inquiry into the Aged Care and Other Legislation Amendment (Royal Commission Response No. 2) Bill 2021
- The Commonwealth Department of Health Draft Care and Support Sector Code of Conduct
- The Commonwealth Department of Health Nurse Practitioner 10 Year Plan
- The Australian Commission on Safety and Quality in Health Care: Review and update of Guiding principles to achieve continuity in medication management
- The Queensland Parliament Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system
- The South Australian Government's Health Services Programs Outpatient Redesign Project proposed Clinical Prioritisation Criteria.
- The Queensland Parliament inquiry into the Health and Other Legislation Amendment Bill 2021
- The Medical Radiation Practice Board of Australia Revised supervised practice arrangements for the medical radiation practice profession
- The Commonwealth 2022-23 Pre-Budget Submission process
- The Draft National Medicines Policy
- The Australian Cancer Plan 2023-2033
- The National Tobacco Strategy 2022-2030

SARRAH appeared as witnesses, providing **evidence at hearings of four** parliamentary inquiries:

- The Joint Standing Committee on the NDIS: NDIS Workforce Plan
- NSW parliamentary inquiry into 'Health outcomes and access to health and hospital services in rural, regional and remote New South Wales'
- The Queensland Parliamentary Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system
- The Senate Community Affairs Affairs References Committee Inquiry into the provision of GP and related primary health services to outer metropolitan, rural, and regional Australians

OTHER MEETINGS AND STAKEHOLDER ENGAGEMENT

SARRAH engaged with political leaders, senior officials and other key stakeholders including then Minister for Regional Health, The Hon David Gillespie MP, the National Rural Health Commissioner, the National Rural Education Commissioner, the office of the NSW Regional Health Minister and senior officials from the Departments of Health (and Ageing) and Social Services and State and Territory jurisdictions, professional bodies and health peak bodies, including numerous state and territory based organisations.

SARRAH continued to be involved strongly in **representational and advisory roles**, through the following committees and stakeholder meetings that met (often regularly) over 2021-22:

- Rural Health Roundtable (hosted by the commonwealth minister for Regional Health – under the Coalition Government until April 2022)
- National Rural Health Commissioner – as part of the Commissioner's National advisory group and in individual meetings with SARRAH
- Commonwealth Chief Allied Health Officer (CAHOs) – as a member of the CAHOs Allied Health Industry Reference Group and in separate meetings with SARRAH
- Department of Health Primary Health Care COVID-19 response group
- Australian Allied Health Leadership Alliance
- Charles Sturt University Physiotherapy External Advisory Committee
- Telehealth Community of Practice
- Independent Hospital Pricing Authority - Small rural hospitals working group
- NSW Rural Doctors Network Natural Disaster and Emergency Response Stakeholder Group
- Allied Health Rural Generalist Pathway Implementation Network
- Climate and Health Alliance
- National Rural Health Alliance Council
- Southwest QLD Allied Health Workforce Collaborative
- Northwest QLD Allied Health Workforce Collaborative
- Consumer Health Forum, Primary Health Care Special Interest Group
- Department of Health National rural and remote mental health strategy working group
- Department Veterans Affairs Health Provider Partnership Forum
- Department Health Rural and Remote COVID-19 Vaccine stakeholder roundtable
- Services Australia Stakeholder consultative group meeting
- National Safety and Quality Primary Healthcare standards advisory committee
- Health Provider Partnership Forum
- FRRR Project Advisory Group
- Allied Health Rural Generalist Pathway National Strategy Group
- Allied Health Rural Generalist Pathway Implementation Network
- The Stronger Rural Health Strategy Evaluation Stakeholder Reference Group
- The Department of Health MBS Review Allied Health Implementation Liaison Group
- Rural Workforce Agency Victoria (RWAV) Outreach Advisory Forum & Health Workforce Stakeholder Group (Gippsland)
- Mental Health, Nursing and Allied Health Scholarship Advisory Group
- The Department of Health's Indigenous Aged Care Governance Group
- Northern Territory Health Workforce Policy Network
- The Rural Locum Assistance Program Steering Committee

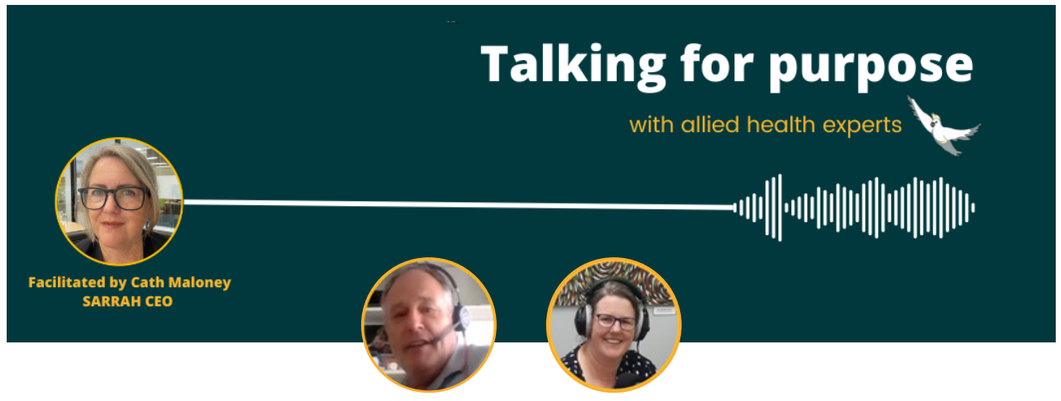
AUSTRALIAN ALLIED HEALTH LEADERSHIP ALLIANCE (AAHLA)

Formerly the Australian Allied health Leadership Forum, AAHLF: SARRAH continued to support and work with AAHLA 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). SARRAH CEO, Cath Maloney, continued as AAHLF Chair until late 2021 and the transition to AAHLA. SARRAH also provided secretariat support for AAHLF until that time. AAHLA continues to meet as a group and engages closely with the Commonwealth CAHO.

SARRAH COMMUNICATIONS AND MEDIA

During 2021-22 SARRAH issued six media releases. SARRAHs purpose in providing media releases is to inform and raise awareness among the media and broader public about rural and remote allied health benefits, challenges and opportunities, and hopefully influence public discourse and influence decision-making. Our 2021-22 media releases included, the innovative Attract, Connect, Stay project funded by the Foundation for Rural & Regional Renewal (FRRR); acknowledging Allied Health Professions Day, and the contribution allied health makes in improving the lives of millions of Australians; calling on politicians to prioritise access to the 'universal health care' many people cannot access; advocating for minimum standards of allied health care to be introduced with the Australian National Aged Care Classification (AN-ACC); highlighting that demand for allied health professions is leading projected jobs growth, but rural and remote Australia faces severe shortages already and Australia has yet to have national allied health workforce plan; and highlighting the social, economic, productivity and budgetary benefits of allied health and related interventions.

SARRAH Podcasts – Talking for purpose



SARRAH's regular podcast, "Talking For Purpose" features a range of views and perspectives, from the joys and challenges of delivering services in rural and remote communities, to the policy and political machinations that enable or hinder access to services. Talking For Purpose provides opportunities for SARRAH's stakeholders to hear inspiring stories from their peers, why health policy needs to better reflect allied health demand and delivery and how they can help that happen. SARRAH has delivered more than 25 podcasts during the FY 21-22. SARRAH Policy and Strategy Director Allan Groth and Principal Project Manager Gemma Tuxworth co-facilitated the SARRAH Podcasts.

ALLIED HEALTH WORKFORCE DEVELOPMENT PROJECTS

Over 2021/2022 the projects team continued activities for the existing *Allied Health Rural Generalist Workforce and Education Scheme (AHRGWES)* existing projects, as well as commencing new projects *The Allied Health Rural Generalist Education and Training Scheme (TAHRGETS)* and *Building the Rural and Remote Allied Health Assistant Workforce (BRAHAW)*.

Allied Health Rural Generalist Workforce and Education Scheme (ARHGWES)

Although the project funding and timeline for AHRGWES ceased June 2021, several trainees and organisations remained on the pathway. Over the 2021/2022 financial year the project team continued to support existing trainees and organisations and celebrate their successes as they completed their project and the pathway.

As of June 30 2022, eight participants were completed with 13 continuing with the pathway.

Evaluation of AHRGWES

In June 2022 the external evaluation of AHRGWES was completed by KBC Consulting. The recommendations from this evaluation may be grouped into:

- Recommendations regarding implementing the program, with considerations given to timing and flexibility of program delivery
- Recommendations regarding knowledge and understanding of the AHRG pathway for organisations and allied health professionals
- Recommendations relative to the growth and recognition of the AHRG pathway at a national and strategic level

SARRAH hopes to be able to make this evaluation report available to the public in the near future.

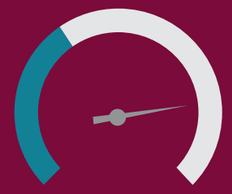
The Allied Health Rural Generalist Workforce and Employment Scheme (TAHRGETS)

This initiative builds on ARHGWES with continued implementation of AHRG pathway in the private and non-government settings. From 2021 until 2024 SARRAH will assist Aboriginal and Community controlled health organisations (AHHCOs) implement 30 AHRG training positions, and mainstream allied health organisations implement 60 training positions. The new grant agreement with the Commonwealth was executed in September 2021, and from that point much of the year was devoted to transitioning the trainees continuing their pathway activities from the former AHRGWES initiative, and growing the project team to support the program. Marketing and promotion commenced and the first cohort of trainees was onboarded in February/March 2022.

At June 30 2022, 34 positions had been allocated in the first intake onto pathway. The second round of applications was being finalised, with applications received for 41 additional training positions.

For an update on TAHRGETS See Figure 2 *TAHRGETS Implementation Summary dashboard*.

TAHRGETS training position allocations

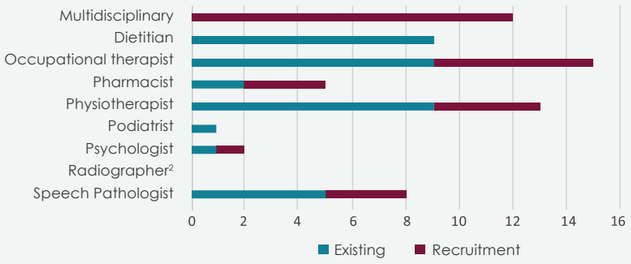


Total allocated (34) (38%)
Unallocated (56)

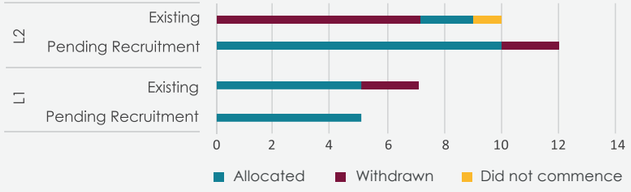
		Exist.[1]	Recr.[2]	Subtotal
ACCHOs (30)	L1	-	-	0
	L2	2	3	5
Mainstream (60)	L1	7	5	12
	L2	8	9	17
Subtotal		17	17	**34**

34 trainging positions across 15 organisations

Professions



Status



Reasons for withdrawl include: personal reasons, leaving the organisation, perception of course relevance.

Education Program

Level 1 — Twelve

Level 2 — Twenty two

Intention

- to support existing position, **55%**
- as a recruitment tool, **45%**

Round 2 applications

The applications for second intake were open 25th April to 8th July 2022.

Applications were received from 16 organisations for 41 training positions. At time of report applications were being assessed and allocated.

- 18 applications for level; 23 applications for level 2
- 25 applications for existing training positions; 16 applications for recruitment
- No applications received from ACCHOs

Notable

- SARRAH continues to work with Indigenous Allied Health Australia and other stakeholders on engagement strategy for ACCHOs
- Coffee moments online networking space opened for trainees

AHRGWES Update

- 8 participants completed - project presentations pending
- 13 participants continue
- SARRAH formulating response plan to evaluation

1. **Existing Positions:** means the position was filled at the time the contract was awarded to the employer and the incumbent has commenced the *pathway*, noting that some new starters may not commence their formal studies until the next academic period. In this report **Existing position**s also includes **Recruitment Successful** where a training position that was pending recruitment has been filled and the new starter has commenced the *pathway* and is enrolled or working towards enrolment for the next academic period.
2. **Pending Recruitment:** means that a contract has been awarded to an employer who is using the AHRG pathway as a part of an incentive package to enhance recruitment to a vacant position. Please note that no payments are made to the employer until the position is filled and the new starter has agreed to participate in the scheme. A process has been established to review the status of recruitment after 3 months to assess whether the package should be released to another employer on the wait list.
3. **Did not commence:** are training positions that were under contract however withdrew before commencement of the formal education component of the pathway.
4. **Withdrawn:** those training positions who withdrew from the pathway after commencing the formal study component.

Figure 2 *TAHRGETS Implementation Summary dashboard*

Building the Rural and Remote Allied Health Assistant Workforce (BRAHAW).

Following contact execution in September 2021, this exciting initiative saw the project team undertake project planning and establishment activities in the first half of the year. This component of the program aims to establish 30 allied health assistant (AHA) training positions and allied health service delivery models within private and non government allied health service providers. Of these positions, 15 are for mainstream organisations and 15 are for ACCHOs.

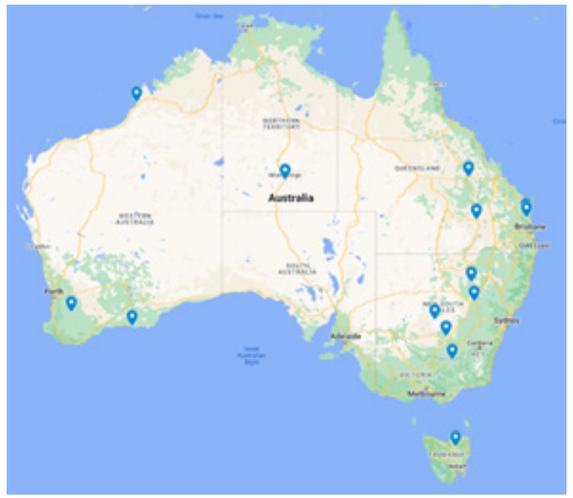


Figure 3: Geographic location of rural generalist trainees

SARRAH will provide support to AHA trainees and organisations through:

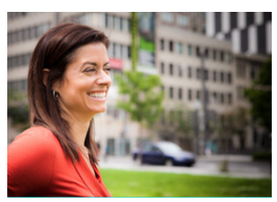
- the provision of education funds for the trainee to undertake formal qualification in Certificate IV Allied Health Assistance
- workplace training grants to the organisation to support them in the training and development of their AHA workforce
- guidance and resources for the development of business and governance supports within the organisation that enable a quality and safe allied health assistant service delivery.

As part of informing this process the project team undertook a consultation process with members and friends of SARRAH to deepen our understanding of what organisations might want from their AHAs, what is needed to establish AHA service delivery models, what resources might be required, and perceptions of barriers and enablers. Figure 4 shows some of the key themes that participants in the consultation identified as being important at a policy level for allied health assistants.

Figure 4: Caption: *for one key message they would wish for SHARRAH to communicate with stakeholders such as the Rural Health Commissioner, Department of Health or NDIA?*

At June 30, the applications for BRAHAW had been open for three weeks with strong interest demonstrated within sector.

Nursing and Allied Health Scholarship and Support Scheme (NAHSSS)



Since the discontinuation of the NAHSSS program in 2016, SARRAH has continued to administer the allied health component of the NAHSSS to support ongoing scholarship recipients to complete their studies. At the end of June 2022 there was one scholar remaining in the undergraduate scholarship program, due to complete their studies at the end of the academic year. This signals the end of an era for SARRAH and the 4,500+ scholars the program has supported over a 12-year period.

As part of the transition arrangements to the new grant agreement, the NAHSSS final evaluation report was completed in December 2021 by AHP Workforce. The evaluation demonstrated that the NAHSSS made a positive impact on the supply and retention of Allied Health professionals in rural areas, contributing to offsetting a general trend for allied health professionals to be concentrated in metropolitan areas. The report recommended that the success of the NAHSSS could be further enhanced by targeting the supply of allied health professionals to specific, identified areas of need. This can only happen if both the supply and geographic distribution of the allied health workforce are known and can be compared to identified areas of community need. The evaluation report will be published on the SARRAH website, pending approvals by the Department of Health and Aged Care.

The NAHSSS scholarship recipients very much appreciated the support extended by the Commonwealth to pursue their studies, during the interviews, a scholar stated that:

> *"I'm actually feeling emotional just talking about this. Because when I got those funds released throughout the two years, it was just phenomenal how much relief that gave me to know that I could go through the next phase and just took so much pressure off, so I just have so much appreciation for the [NAHSSS] Scholarship. And I can't express just how much that meant to me. My life has changed because I was able to complete that pathway that I was passionate about. And I've got the jobs that I'm interested in. I've got doors that are open that I wanted and felt supported by so it's meant a heck of a lot. So just thank you to that program."*

SARRAH COMMUNITIES OF PRACTICE PROGRAM

As part of the strategy to develop continuing professional develop and foster our members sense of community and engagement Communities of Practice have been developed throughout 2022. Over the year SARRAH supported four active Communities of Practice related to specific memberships or interests.

Telehealth Community of Practice

The SARRAH Telehealth CoP was an established group, formed during 2019. The group was specifically interested in sharing and learning about innovative Telehealth service delivery models, new technology and incorporation of Telehealth into the training of Allied Health Professionals. This CoP has now been discontinued, having come to a natural end, in line with changing need.

Allied Health Rural Generalist Community of Practice

The Allied Health Rural Generalist Community of Practice is a closed member community for Allied Health Rural Generalist trainees. This community of practice has 25 members from the Level 1 and Level 2 streams of the Allied Health Rural Generalist Pathway. The online forum provides opportunities for members share resources, network and share their experiences of the pathway. This community also has the opportunity to meet each university semester via video conferencing.

SARRAH Student Ambassador Program

This program provides opportunities for outstanding rural student members to provide leadership to our student membership and for promoting SARRAH amongst our student networks. The student ambassadors work closely with our team to continue to develop the SARRAH Students Community of Practice to become a thriving online learning space for rural and remote allied health students. The student ambassadors are Hayley Johns, Grace Hatch, Laura Balfour and Bridie Reid.

SARRAH Student Ambassadors

HAYLEY

GRACE

LAURA

BRIDIE

SARRAH Online Courses Communities of Practice

SARRAH has established Facebook groups to act as points of connection for people who are engaging in SARRAH's online courses, including:

- Leadership
- Designing and Implementing Successful AHA Models of Care
- Introduction to Project Management

SARRAH continues to review our networking arrangements to ensure they are meeting the needs of members.

SARRAH ONLINE PROGRAMS

Webinars continue to be an effective tool to reach allied health professionals working in all service settings in rural and remote areas. In 2021-22 SARRAH ran 3 well-attended webinars designed to engage with stakeholders and allied health professionals working in rural and remote areas to present contemporary allied health sector policy and advocacy positions.

SARRAH Webinars

Rural Allied Health Workforce – clearing a path and joining up dots

26 November 2021

This Discussion Forum brought SARRAH members and stakeholders together to develop a shared set of priorities to promote ahead of the election. The forum focused on NDIS and shared ideas, what works on the ground and what doesn't: innovative practice, collaborative service models and ways of building, attracting, supporting, and retaining a workforce.

Leading with Purpose in Rural and Remote Allied Health

16 February 2022

Facilitated by CEO Cath Maloney, this webinar brought together a panel of experienced SARRAH members in Ed Johnson (SARRAH President), Dr Scott Davis (Development Practice Leader and Board Director), and Jodie May (Project Lead, SA Health, and SARRAH Leadership Program graduate). The webinar explored panel members' leadership journeys and what they have learned along the way in terms of the meaning of purposeful and ethical leadership.

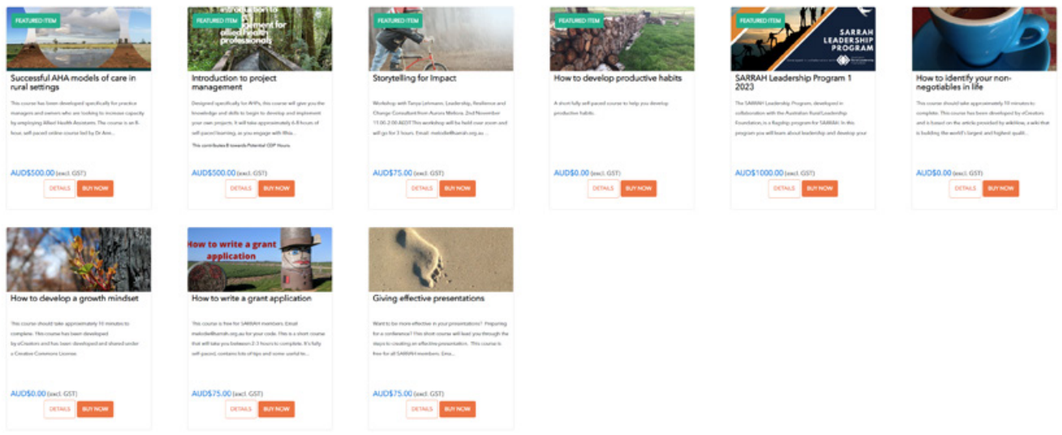
A universal health system: do we have one?

13 April 2022

In the run-up to the May '22 Federal Election, SARRAH hosted a forum with guest speakers Leanne Wells (Consumers Health Forum) and Kylie Woolcock (Australian Healthcare and Hospitals Association) to ask the question: "How universal is our health system?". The panel engaged in discussions across a wide range of pressing issues, including:

- What does universal health care mean in Australia today?
- Is accessible and equitable health care still a priority? Should it be?
- Are our established systems up to delivering it?
- Why change things: What's the risk if we don't reform?
- If substantial reform is needed, what can we do about it?

The forum is available on SARRAH's podcast platform "Talking For Purpose".



SARRAH Online Education Programs – Learning for Purpose

SARRAH continues to build a range of online courses designed for allied health professionals working in regional, rural and remote areas with an interest in developing their leadership and management potential. Courses are offered in a combination of live, contemporaneous on-line sessions and self-paced coursework, with the principle of accessibility being a priority for participants.

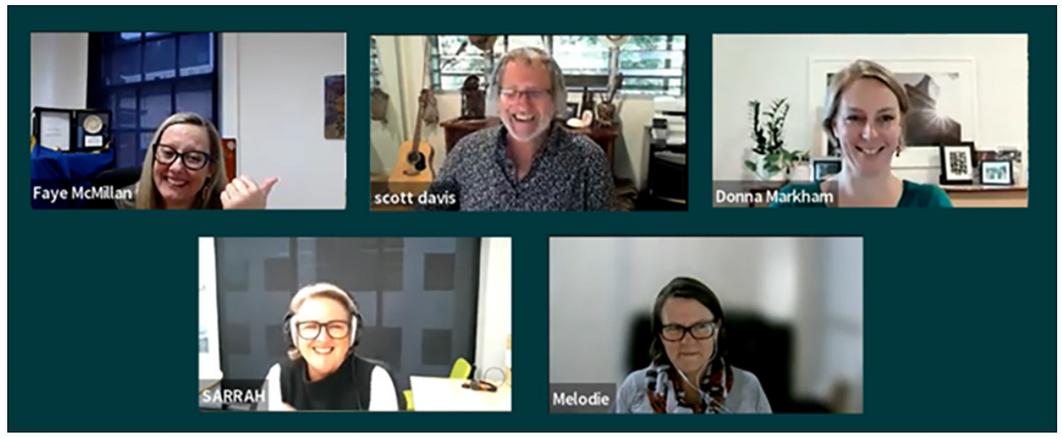
CEO Cath Maloney, with ARLF CEO, Matt Linnegar

SARRAH Leadership Program

As health professionals living and working in rural and remote communities we can be called upon in our professional capacity to lead. To support allied health professionals engage productively in these leadership conversations, we saw an opportunity to develop a short course tailored for allied health professionals. We sought the expertise and advice of our colleagues at the Australian Rural Leadership Foundation (ARLF), and so SARRAH's leadership program was born. The seven-week program explores concepts of leadership with a unique focus on the rural context, for those allied health professionals with a genuine commitment to the prosperity and well-being of their communities. The program covers:

- exploring the concept of leadership as distinct from management.
- exploring strengths in relation to leadership and discover areas for development; and
- exploring how to build a network and create opportunities to promote the broader industry while achieving positive outcomes for community.

The program has been offered on two occasions in 2021-22, with plans to offer the program twice-yearly in future years. A total of 52 emerging leaders in rural and remote allied health have participated in this popular program to date.



Designing and Implementing Successful Allied Health Assistant Models of Care

Originally delivered in a live format by Dr Anna Moran, this course has been modified as a self-paced learning module to:

- Outline the key steps required to design and implement AHA models of care in rural settings
- Outline the core principles of workforce redesign
- Design a model of AHA care to fit your individual setting
- Generate an implementation plan for your new AHA model of care
- Develop strategies to ensure that your AHA model of care is successful

SARRAH National Rural and Remote Allied Health Conference

15-16 November 2022

Planning for the 14th National Rural and Remote Allied Health Conference commenced in 2021. In view of the ongoing volatility of the pandemic and associated public health orders at the time decisions needed to be made, the Organising Committee agreed to deliver the conference in a virtual format. One up-side of this decision is to leverage the increased accessibility of the on-line format.

The conference theme – People, Purpose Passion: Pathways to Success will provide collaborative opportunities for allied health professionals who live and work in rural and remote areas the chance to share knowledge, perspectives and best practice.

The Scientific Committee received an excellent response to its call for abstracts, and the resulting program is one that as members of the rural and remote allied health community we can all be proud of.

The SARRAH Board thanks the Organising and Scientific Committees for their support of the SARRAH 2022 conference.

SARRAH MEMBERSHIP

Members contribute to improved health outcomes for rural and remote Australians through their support of SARRAH's 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, thus contributing to the rural and remote health policy discussion.
- Facilitation of collaborative opportunities that aim to overcome geographic isolation.
- Updates on developments with respect to current rural and remote health issues and research.
- The biennial SARRAH National Conference, state-based member meetings and discussion groups.
- Access to exclusive contents including webinars and weekly Newsletter.

The secretariat is considering new ways to engage SARRAH's membership base. In 2021-22 SARRAH identified a range of initiatives including increasing the availability of online continuing professional development, managing a SARRAH Facebook Group and increasing the quality of content shared through social media. Figure 5 below shows SARRAH Membership growth in the 2021-22 period.

Figure 5 below shows SARRAH Membership growth in the 2021-22 period.

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 2021–22.

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 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.

SARRAH social media at a glance

The 'Connected' Newsletter remains our flagship communications platform where we share our policy position, member updates, external news and events, and our ever-growing jobs board. The newsletter attracts many comments from readers – all positive – for the contribution it makes to ensuring our members and friends remain… connected.

2090 Twitter followers

1050 LinkedIn followers

2900 Facebook page likes

2678 Mail Chimp contacts

FINANCIAL MANAGEMENT

Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Board Members' Report
For the Year Ended 30 June 2022

The Board members present their report on Services for Australian Rural and Remote Allied Health Ltd for the financial year ended 30 June 2022.

General information

Board Members

The names of the directors in office at any time during, or since the end of, the year are:

Names	Position	Appointed/Resigned
Edward Johnson	President	Appointed 26/11/2020
Steve Patterson	Chair, Finance Audit & Risk Committee	Appointed 29/07/2021
Julie Hulcombe	Board Member	Appointed 21/01/2019
Lauren Gale	Board Member	Appointed 21/01/2019
Alison Dymmott	Board Member	Appointed 26/11/2021
Lisa Baker	Board Member	Appointed 29/11/2019
Jeremy Carr	Board Member	Appointed 26/11/2020
Leigh Burton	Board Member	Appointed 29/11/2019

Board members have been in office since the start of the financial year to the date of this report unless otherwise stated.

Principal activities

Services for Australian Rural and Remote Allied Health Ltd (SARRAH) exists so that rural and remote Australian communities have allied health services that support equitable and sustainable health and well-being

Operating results

The deficit of the Association for the financial year amounted to $ (49,853) (2021: $ (147,712)).

Signed in accordance with a resolution of the Members of the Committee:

Board member: .....
Edward Johnson - SARRAH President

Board member: .....
Steve Patterson - Chair, Finance,Audit and Risk Committee

Dated 7 October 2022

Hardwickes
more than accounting

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E info@hardwickes.com.au

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Hardwickes
ABN 35 973 938 183

Hardwickes Partners Pty Ltd
ABN 21 008 401 536

Liability limited by a scheme approved under Professional Standards Legislation

Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Auditor's Independence Declaration under Section 60-40 of the Charities and Not-for-profits Commission Act 2012 to the Directors of Services for Australian Rural and Remote Allied Health Ltd

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2022, there have been:

(i) no contraventions of the auditor independence requirements as set out in section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Hardwickes
Chartered Accountants

Bhaumik Bumia CA
Partner

Canberra
7 October 2022

CHARTERED ACCOUNTANTS
AUSTRALIA + NEW ZEALAND

Services for Australian Rural and Remote Allied Health

ABN: 92 088 913 517

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2022

	Note	2022 $	2021 $
Revenue and other income	5	**1,762,443**	1,749,905
Advertising & promotion expense		**(723)**	(1,351)
Depreciation expense	6	**(36,966)**	(16,932)
Employee benefits expense	6	**(798,313)**	(699,115)
Employer implementation packages		**(304,100)**	(521,281)
Other expenses	6	**(352,251)**	(318,385)
Rental expenses		**-**	(48,243)
Scholarship payments		**(319,033)**	(291,650)
Finance expenses on lease		**(910)**	(661)
(Deficit) before income tax		**(49,853)**	(147,713)
Income tax expense	3(a)	**-**	-
(Deficit) for the year		**(49,853)**	(147,713)
Other comprehensive income for the year		**-**	-
Total comprehensive income for the year		**(49,853)**	(147,713)

The accompanying notes form part of these financial statements.

Services for Australian Rural and Remote Allied Health

ABN: 92 088 913 517

Statement of Financial Position

As At 30 June 2022

	Note	2022 $	2021 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	7	**4,434,118**	1,814,717
Trade and other receivables	8	**19,198**	18,655
Other assets	9	**19,952**	17,496
TOTAL CURRENT ASSETS		**4,473,268**	1,850,868
NON-CURRENT ASSETS			
Plant and equipment	10	**3,251**	4,606
Right-of-use assets	11	**-**	34,302
TOTAL NON-CURRENT ASSETS		**3,251**	38,908
TOTAL ASSETS		**4,476,519**	1,889,776
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	12	**221,115**	43,541
Lease liability	11	**-**	31,652
Employee benefits	14	**33,225**	23,062
Contract liabilities	13	**3,680,456**	1,204,337
TOTAL CURRENT LIABILITIES		**3,934,796**	1,302,592
NON-CURRENT LIABILITIES			
Lease liability	11	**-**	3,021
Employee benefits	14	**11,821**	4,408
TOTAL NON-CURRENT LIABILITIES		**11,821**	7,429
TOTAL LIABILITIES		**3,946,617**	1,310,021
NET ASSETS		**529,902**	579,755
EQUITY			
Retained earnings		**529,902**	579,755
TOTAL EQUITY		**529,902**	579,755

The accompanying notes form part of these financial statements.

Services for Australian Rural and Remote Allied Health

ABN: 92 088 913 517

Statement of Changes in Equity
For the Year Ended 30 June 2022

2022

	Retained Earnings	Total
	$	$
Balance at 1 July 2021	**579,755**	**579,755**
(Deficit) for the year	**(49,853)**	**(49,853)**
Balance at 30 June 2022	**529,902**	**529,902**

2021

	Retained Earnings	Total
	$	$
Balance at 1 July 2020	727,468	727,468
(Deficit) for the year	(147,713)	(147,713)
Balance at 30 June 2021	579,755	579,755

The accompanying notes form part of these financial statements.

Services for Australian Rural and Remote Allied Health

ABN: 92 088 913 517

Statement of Cash Flows
For the Year Ended 30 June 2022

	Note	2022 $	2021 $
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from customers		**4,266,623**	244,520
Payments to suppliers and employees		**(1,618,332)**	(1,932,329)
Subsidy received from grant		**-**	149,000
Interest received		**419**	1,282
Net cash provided by/(used in) operating activities		**2,648,710**	(1,537,527)
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of equipment	10(a)	**(1,309)**	-
Net cash (used in) investing activities		**(1,309)**	-
CASH FLOWS FROM FINANCING ACTIVITIES:			
Repayments of lease liabilities		**(28,000)**	(14,583)
Net cash (used in) financing activities		**(28,000)**	(14,583)
Net increase/(decrease) in cash and cash equivalents held		**2,619,401**	(1,552,110)
Cash and cash equivalents at beginning of year		**1,814,717**	3,366,827
Cash and cash equivalents at end of financial year	7	**4,434,118**	1,814,717

The accompanying notes form part of these financial statements.

Services for Australian Rural and Remote Allied Health

ABN: 92 088 913 517

Notes to the Financial Statements
For the Year Ended 30 June 2022

The financial report covers Services for Australian Rural and Remote Allied Health Ltd as an individual entity. Services for Australian Rural and Remote Allied Health Ltd is a not-for-profit Association, registered and domiciled in Australia.

The functional and presentation currency of Services for Australian Rural and Remote Allied Health Ltd is Australian dollars.

Comparatives are consistent with prior years, unless otherwise stated.

1 Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards - Simplified Disclosures and the *Australian Charities and Not-for-profits Commission Act 2012*.

The financial statements have been prepared on an accruals basis and are based on historical costs modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

Significant accounting policies adopted in the preparation of these financial statements are presented below and are consistent with prior reporting periods unless otherwise stated.

2 New and Amended Accounting Policies Adopted

Transition to General Purpose - Simplified Disclosure Standard (SDS) reporting

The Association previously prepared general purpose financial statements - Reduced Disclosure Requirements following the recognition and measurements requirements of all applicable Australian Accounting Standards. Accordingly, the application of Australian Accounting Standards - Simplified Disclosures has not affected the reported financial position, financial performance and cash flows of the entity, but has impacted the disclosures included in these financial statements.

3 Summary of Significant Accounting Policies

(a) Income Tax

The Association is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

(b) Revenue and other income

Revenue from contracts with customers

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the Association expects to receive in exchange for those goods or services.

Generally the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

None of the revenue streams of the Association have any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

Services for Australian Rural and Remote Allied Health

ABN: 92 088 913 517

Notes to the Financial Statements
For the Year Ended 30 June 2022

3 Summary of Significant Accounting Policies

(b) Revenue and other income

Specific revenue streams

The revenue recognition policies for the principal revenue streams of the Association are:

Operating Grants

When SARRAH receives operating grant revenu, it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance to AASB 15.

When both these conditions are satisfied, the Association:

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

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

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (eg 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)
- 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, the Association recognises income in profit or loss when or as it satisfies its obligations under the contract.

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.

Services for Australian Rural and Remote Allied Health

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Notes to the Financial Statements

For the Year Ended 30 June 2022

3 Summary of Significant Accounting Policies

(c) Goods and services tax (GST)

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

Receivables and payables are stated inclusive of GST.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

(d) Plant and equipment

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

Plant and equipment

Plant and equipment are measured using the cost model.

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.

Depreciation

Plant and equipment is depreciated on a straight-line basis over the assets useful life to the Association, commencing when the asset is ready for use.

The depreciation rates used for each class of depreciable asset are shown below:

Fixed asset class	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 surplus.

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

Services for Australian Rural and Remote Allied Health

ABN: 92 088 913 517

Notes to the Financial Statements

For the Year Ended 30 June 2022

3 Summary of Significant Accounting Policies

(e) Financial instruments

Financial instruments are recognised initially on the date that the Association becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

Financial assets

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial assets.

Classification

On initial recognition, the Association classifies its financial assets into the following categories, those measured at:

- amortised cost
- fair value through profit or loss - FVTPL
- fair value through other comprehensive income - equity instrument (FVOCI - equity)

Financial assets are not reclassified subsequent to their initial recognition unless the Association changes its business model for managing financial assets.

Amortised cost

The Association's financial assets measured at amortised cost comprise trade and other receivables and cash and cash equivalents in the statement of financial position.

Subsequent to initial recognition, these assets are carried at amortised cost using the effective interest rate method less provision for impairment.

Interest income, foreign exchange gains or losses and impairment are recognised in profit or loss. Gain or loss on derecognition is recognised in profit or loss.

Fair value through other comprehensive income

Equity instruments

The Association has no investments in listed and unlisted entities.

Financial assets through profit or loss

All financial assets not classified as measured at amortised cost or fair value through other comprehensive income as described above are measured at FVTPL.

Services for Australian Rural and Remote Allied Health

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Notes to the Financial Statements
For the Year Ended 30 June 2022

3 Summary of Significant Accounting Policies

(e) Financial instruments

Financial assets

The Association has no assets that falls into this category.

Impairment of financial assets

Impairment of financial assets is recognised on an expected credit loss (ECL) basis for the following assets:

- financial assets measured at amortised cost

When determining whether the credit risk of a financial assets has increased significantly since initial recognition and when estimating ECL, the Association considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis based on the Association's historical experience and informed credit assessment and including forward looking information.

The Association uses the presumption that an asset which is more than 30 days past due has seen a significant increase in credit risk.

The Association uses the presumption that a financial asset is in default when:

- the other party is unlikely to pay its credit obligations to the Association in full, without recourse to the Association to actions such as realising security (if any is held); or

- the financial assets is more than 90 days past due.

Credit losses are measured as the present value of the difference between the cash flows due to the Association in accordance with the contract and the cash flows expected to be received. This is applied using a probability weighted approach.

Trade receivables

Impairment of trade receivables have been determined using the simplified approach in AASB 9 which uses an estimation of lifetime expected credit losses. The Association has determined the probability of non-payment of the receivable and multiplied this by the amount of the expected loss arising from default.

The amount of the impairment is recorded in a separate allowance account with the loss being recognised in finance expense. Once the receivable is determined to be uncollectable then the gross carrying amount is written off against the associated allowance.

Where the Association renegotiates the terms of trade receivables due from certain customers, the new expected cash flows are discounted at the original effective interest rate and any resulting difference to the carrying value is recognised in profit or loss.

Other financial assets measured at amortised cost

Impairment of other financial assets measured at amortised cost are determined using the expected credit loss model in AASB 9. On initial recognition of the asset, an estimate of the expected credit losses for the next 12

Services for Australian Rural and Remote Allied Health

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Notes to the Financial Statements
For the Year Ended 30 June 2022

3 Summary of Significant Accounting Policies

(e) Financial instruments

Financial assets
months is recognised. Where the asset has experienced significant increase in credit risk then the lifetime losses are estimated and recognised.

Financial liabilities

The Association measures all financial liabilities initially at fair value less transaction costs, subsequently financial liabilities are measured at amortised cost using the effective interest rate method.

The financial liabilities of the Association comprise trade payables.

(f) Impairment of assets

At the end of each reporting period, SARRAH reviews the carrying amounts of its tangible 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.

(g) Cash and cash equivalents

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

(h) Leases

At inception of a contract, the Association assesses whether a lease exists.

Right-of-use asset

At the lease commencement, the Association recognises a right-of-use asset and associated lease liability for the lease term. The lease term includes extension periods where the Association believes it is reasonably certain that the option will be exercised.

The right-of-use asset is measured using the cost model where cost on initial recognition comprises of the lease liability, initial direct costs, prepaid lease payments, estimated cost of removal and restoration less any lease incentives received.

Services for Australian Rural and Remote Allied Health

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Notes to the Financial Statements
For the Year Ended 30 June 2022

3 Summary of Significant Accounting Policies

(h) Leases

Right-of-use asset

The right-of-use asset is depreciated over the lease term on a straight line basis and assessed for impairment in accordance with the impairment of assets accounting policy.

Lease liability

The lease liability is initially measured at the present value of the remaining lease payments at the commencement of the lease. The discount rate is the rate implicit in the lease, however where this cannot be readily determined then the Association's incremental borrowing rate is used.

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest rate method. The lease liability is remeasured whether there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (e.g. CPI) or a change in the Association's assessment of lease term.

Where the lease liability is remeasured, the right-of-use asset is adjusted to reflect the remeasurement or is recorded in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero.

Exceptions to lease accounting

The Association has elected to apply the exceptions to lease accounting for both short-term leases (i.e. leases with a term of less than or equal to 12 months) and leases of low-value assets. The Association recognises the payments associated with these leases as an expense on a straight-line basis over the lease term.

(i) Employee benefits

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits expected to be settled more than one year after the end of the reporting period have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Cashflows are discounted using market yields on high quality corporate bond rates incorporating bonds rated AAA or AA by credit agencies, with terms to maturity that match the expected timing of cashflows. Changes in the measurement of the liability are recognised in profit or loss.

(j) Economic dependence

Services for Australian Rural and Remote Allied Health Inc 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 Services for Australian Rural and Remote Allied Health Inc. A 3-year funding agreement, with a total value of $9.51M was executed on 14 September 2021. The funding agreements runs from 1 July 2021 to 30 June 2024.

Services for Australian Rural and Remote Allied Health

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Notes to the Financial Statements
For the Year Ended 30 June 2022

3 Summary of Significant Accounting Policies

(k) New Accounting Standards and Interpretations

The AASB has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods. The Association has decided not to early adopt these Standards. The following table summarises those future requirements, and their impact on the Association where the standard is relevant:

Standard Name	Effective date for entity	Requirements	Impact
AASB 2020-1: Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-current	1 July 2023	The amendment amends AASB 101 to clarify whether a liability should be presented as current or non-current.	The amendment is not expected to have a material impact on the financial statements once adopted.
AASB 2020-3: Amendments to Australian Accounting Standards – Annual Improvements 2018–2020 and Other Amendments	1 July 2022	amends AASB 1, AASB 3, AASB 9, AASB 116, AASB 137 and AASB 141.	The impact of the initial application is not yet known.
AASB 2021-2: Amendments to Australian Accounting Standards – Disclosure of Accounting Policies and Definition of Accounting Estimates	1 July 2022	The amendment amends AASB 7, AASB 101, AASB 108, AASB 134 and AASB Practice Statement 2. These amendments arise from the issuance by the IASB of the following International Financial Reporting Standards: Disclosure of Accounting Policies (Amendments to IAS 1 and IFRS Practice Statement 2) and Definition of Accounting Estimates (Amendments to IAS 8).	The impact of the initial application is not yet known.

4 Critical Accounting Estimates and Judgments

The directors make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

Key estimates - impairment of property, plant and equipment

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

Services for Australian Rural and Remote Allied Health

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Notes to the Financial Statements

For the Year Ended 30 June 2022

4 Critical Accounting Estimates and Judgments

Key estimates - revenue recognition

When determining the nature, timing and amount of revenue to be recognised, the following critical estimates and judgements were applied and are considered to be those that have the most significant effect on revenue recognition.

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.

Key estimates - receivables

The receivables at reporting date have been reviewed to determine whether there is any objective evidence that any of the receivables are impaired. An impairment provision is included for any receivable where the entire balance is not considered collectible. The impairment provision is based on the best information at the reporting date.

Key judgments - COVID 19

Judgement has been exercised in considering the impacts that the COVID19 pandemic has had, or may have, on the Association based on known information. The consideration extends to the nature of the products and services offered, customers, supply chain and staffing. Other than as addressed in specific notes, there does not currently appear to be either significant impact on the financial statements or any significant uncertainties with respect to events or conditions which may impact the Association unfavourably as at the reporting date or subsequently as a result of the COVID19 pandemic.

Key judgments - incremental borrowing rate

Where the interest rate implicit in a lease cannot be readily determined, an incremental borrowing rate is estimated to discount future lease payments to measure the present value of the lease liability at the lease commencement date. Such a rate is based on what the Association estimates it would have to pay a third party to borrow the funds necessary to obtain an asset of a similar value to the right of use asset, with similar terms, security and economic environment.

Services for Australian Rural and Remote Allied Health

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Notes to the Financial Statements

For the Year Ended 30 June 2022

5 Revenue and Other Income

Revenue from continuing operations

	Note	2022 $	2021 $
Revenue from contracts with customers (AASB 15)			
- Grant income	5(a)	**1,608,460**	1,500,483
- Membership fees		**64,318**	60,795
		1,672,778	1,561,278
Revenue recognised on receipt (not enforceable or no sufficiently specific performance obligations - AASB 1058)			
- Interest income		**419**	1,282
- other income		**89,246**	38,345
- Cash boost & Jobkeeper received from Government		**-**	149,000
		89,665	188,627
Total Revenue and other income		**1,762,443**	1,749,905

(a) Government grants and other assistance

	2022 $	2021 $
Commonwealth government		
Department of Health	**1,563,863**	1,445,468
	1,563,863	1,445,468
Others		
Foundation for rural and regional renewal	**44,597**	55,015
Cash boost & Jobkeeper received from Government	**-**	149,000
	44,597	204,015
Total government grants and other assistance	**1,608,460**	1,649,483

Services for Australian Rural and Remote Allied Health

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Notes to the Financial Statements
For the Year Ended 30 June 2022

6 Result for the Year

The result for the year includes the following specific expenses:

	Note	2022 $	2021 $
Employee benefits expense			
Salaries & wages		**730,393**	641,314
Superannuation contributions		**67,920**	57,801
Depreciation expenses			
Depreciation expense	10(a)	**2,664**	2,639
Depreciation expense - right of use	11(a)	**34,302**	14,293
Other expenses			
- Evaluation Fees		**94,040**	22,000
- Travel cost		**26,332**	17,475
- Membership fees		**17,829**	4,467
- Consultant		**56,768**	128,060
- Insurance		**19,241**	11,666
- Legal expense		**10,038**	120

7 Cash and Cash Equivalents

	Note	2022 $	2021 $
Cash at bank and in hand	15	**4,434,118**	1,814,717
		4,434,118	1,814,717

8 Trade and Other Receivables

	Note	2022 $	2021 $
CURRENT			
Trade receivables	15	**10,051**	4,150
GST receivable		**9,147**	14,505
		19,198	18,655

9 Other assets

	2022 $	2021 $
CURRENT		
Prepayments	**19,952**	17,496
	19,952	17,496

Services for Australian Rural and Remote Allied Health

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Notes to the Financial Statements
For the Year Ended 30 June 2022

10 Plant and equipment

	2022 $	2021 $
Furniture and fittings		
At cost	**24,452**	24,452
Accumulated depreciation	**(24,452)**	(24,452)
Total furniture and fittings	**-**	-
Electronic equipment		
At cost	**46,873**	45,564
Accumulated depreciation	**(43,622)**	(40,958)
Total electronic equipment	**3,251**	4,606
Computer software		
At cost	**9,092**	9,092
Accumulated depreciation	**(9,092)**	(9,092)
Total computer software	**-**	-
Total plant and equipment	**3,251**	4,606

(a) Movements in carrying amounts of plant and equipment

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

	Electronic equipment $	Total $
Year ended 30 June 2022		
Balance at the begining of year	**4,606**	**4,606**
Additions	**1,309**	**1,309**
Depreciation expense	**(2,664)**	**(2,664)**
Balance at the end of the year	**3,251**	**3,251**

	Electronic equipment $	Total $
Year ended 30 June 2021		
Balance at the begining of year	7,245	7,245
Depreciation expense	(2,639)	(2,639)
Balance at the end of the year	4,606	4,606

Services for Australian Rural and Remote Allied Health

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Notes to the Financial Statements

For the Year Ended 30 June 2022

11 Leases

(a) Right-of-use assets

	Office premise $	Total $
Year ended 30 June 2022		
Balance at beginning of year	**34,302**	**34,302**
Depreciation charge	**(34,302)**	**(34,302)**
Balance at end of year	**-**	**-**

	Office premise $	Total $
Year ended 30 June 2021		
Balance at beginning of year	48,595	48,595
Depreciation charge	(14,293)	(14,293)
Balance at end of year	34,302	34,302

(b) Lease liabilities

The maturity analysis of lease liabilities based on contractual undiscounted cash flows is shown in the table below:

	< 1 year $	1 - 5 years $
2022		
Lease liabilities	-	-
2021		
Lease liabilities	31,651	3,021

The current lease on office premises ended on 30 June 2022. The new lease is for the period of 12 months.

The Association has elected to apply the exceptions to lease accounting for both short-term leases (i.e. leases with a term of less than or equal to 12 months). The Association recognises the payments associated with these leases as an expense on a straight-line basis over the lease term

Services for Australian Rural and Remote Allied Health

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Notes to the Financial Statements

For the Year Ended 30 June 2022

12 Trade and Other Payables

	Note	2022 $	2021 $
CURRENT			
Trade payables	15	**178,506**	13,519
Accrued expense		**21,404**	17,622
Other payables		**21,205**	12,400
		221,115	43,541

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying value of trade and other payables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

13 Contract Liabilities

	2022 $	2021 $
CURRENT		
Amounts received in advance	**3,680,456**	1,204,337
Total	**3,680,456**	1,204,337

14 Employee Benefits

	2022 $	2021 $
Current liabilities		
Provision for annual leave	**33,225**	23,062
	33,225	23,062

	2022 $	2021 $
Non-current liabilities		
Long service leave	**11,821**	4,408
	11,821	4,408

Services for Australian Rural and Remote Allied Health

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Notes to the Financial Statements
For the Year Ended 30 June 2022

15 Financial Risk Management

The Entity's financial instruments consist mainly of deposits with banks, accounts receivable and payables.

The totals for each category of financial instruments, measured in accordance with AASB 9: Financial Instruments as detailed in the accounting policies to these financial statements, are as follows:

	Note	2022 $	2021 $
Financial assets			
Held at amortised cost			
Cash and cash equivalents	7	**4,434,118**	1,814,717
Trade and other receivables	8	**10,051**	4,150
Total financial assets		**4,444,169**	1,818,867
Financial liabilities			
Financial liabilities at fair value			
Trade payables	12	**178,506**	13,519
Total financial liabilities		**178,506**	13,519

16 Key Management Personnel Remuneration

The remuneration paid to key management personnel of the Association is $ 178,716 (2021: $ 172,190).

17 Auditors' Remuneration

	2022 $	2021 $
Remuneration of the auditor [Hardwickes Chartered Accountants], for:)		
- auditing or reviewing the financial statements	**8,100**	8,100
Total	**8,100**	8,100

18 Contingencies

In the opinion of the Directors, the Association did not have any contingencies at 30 June 2022 (30 June 2021:None).

19 Related Parties

Key management personnel - refer to Note 16.

Other related parties include close family members of key management personnel and entities that are controlled or significantly influenced by those key management personnel or their close family members.

20 Events after the end of the Reporting Period

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Association, the results of those operations or the state of affairs of the Association in future financial years.

Services for Australian Rural and Remote Allied Health

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Notes to the Financial Statements
For the Year Ended 30 June 2022

21 Statutory Information

The registered office and principal place of business of the company is:
Services for Australian Rural and Remote Allied Health
Level 2, 53 Blackall Street
Barton ACT 2600

Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Responsible Persons' Declaration

The responsible persons declare that in the responsible persons' opinion:

- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2013*.

Responsible person ..... Responsible person .....

Edward Johnson - SARRAH President

Steve Patterson - Chair, Finance,Audit and Risk Committee

Dated 7 October 2022

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more than accounting

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Services for Australian Rural and Remote Allied Health Ltd

Independent Audit Report to the members of Services for Australian Rural and Remote Allied Health Ltd

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Services for Australian Rural and Remote Allied Health Ltd (the Association), which comprises the statement of financial position as at 30 June 2022, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the responsible persons' declaration.

In our opinion the financial report of Services for Australian Rural and Remote Allied Health Ltd has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

(i) giving a true and fair view of the Association's financial position as at 30 June 2022 and of its financial performance for the year ended; and

(ii) complying with Australian Accounting Standards - Simplified Disclosures 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 the Association in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (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.

Responsibilities of Responsible Entities for the Financial Report

The responsible persons of the Association are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards - Simplified Disclosures and the ACNC Act, and for such internal control as the responsible entities determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the responsible persons are responsible for assessing the Association's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the responsible entities either intends to liquidate the Association or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Association's financial reporting process.

CHARTERED ACCOUNTANTS
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Services for Australian Rural and Remote Allied Health Inc

Independent Audit Report to the members of Services for Australian Rural and Remote Allied Health Inc

Auditor's Responsibilities 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 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 on the basis of the financial report.

Hardwickes
Hardwickes
Chartered Accountant

BBaumie
Bhaumik Bumia CA
Partner

Canberra
7 October 2022

CHARTERED ACCOUNTANTS 25
AUSTRALIA · NEW ZEALAND

BACK COVER PHOTO STORY

"Madeline Ellis' photo is of Bruce Burrawanga from Galiwin'ku, an island off the coast of Arnhem Land in the Northern Territory. The photo was taken at East Point in Darwin, when Bruce took a break from the rehab ward to play guitar and spear fish on his 70th birthday. Bruce had a stroke and has difficulty moving his right arm, so required some assistance to strum the guitar."

SARRAH believes that every Australian has the right to have equitable access to health services regardless of where they live

Services for Australian Rural and Remote Allied Health

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