

Services for Australian Rural and Remote Allied Health Limited

Annual Report

2022-23



29
years

SARRAH

Services for Australian Rural and
Remote Allied Health

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PHOTO ACKNOWLEDGEMENTS:

In this Annual Report, SARRAH draws from photos received for the SARRAH Photo competition. We thank all the photographers who gave their permission to use them in SARRAH communication channels.

WELCOME TO SARRAH'S ANNUAL REPORT 2022-23

Welcome to the 2022-23 annual report for Services for Australian Rural and Remote Allied Health (SARRAH). This year we continued to implement two significant allied health workforce development programs.

TAHRGETS - The Allied Health Rural Generalist Education and Training Scheme (TAHRGETS), which further progresses the 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 (BRAHAW). This 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 promote the viability and reach of their practices.

These programs align well with community needs and state and federal policy priorities. In the reporting period the programs have attracted increasing interest from a wide range of service providers looking to expand service capacity and improve viability in rural and remote settings. More information on progress is detailed later in the report.

Complementing these initiatives, SARRAH has actively expanded our online education, training, and other supports, informed by the feedback of members and the emerging needs of the sector. We contributed to a number of stakeholder committees and consultative processes, continuing the work of representing and supporting the interests of members and allied health service access and needs in rural and remote Australia.

SARRAH is proud to share our successes with you through this report.



SARRAH'S STRATEGIC PLAN

SARRAH exists so that Rural and Remote Australian communities have Allied Health services that support equitable and sustainable health and wellbeing

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.



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



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



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

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



Financial Sustainability

By 2025 SARRAH is financially sustainable

Value for members

By 2025 SARRAH has a strong and growing membership base





Well it's been another great year for SARRAH - as always, our association punches above our weight in terms of advocacy, project reach, impact and benefits to members and our remote and rural communities.

Earlier this year the Board met in Canberra to work on SARRAH's strategic plan, with a key focus on advocacy and promoting the success stories of the various programs and supports we provide, and further enhancing member engagement opportunities.

A key milestone this year was the commencement of the Allied Health Rural Generalist Pathway Accreditation Council in November - the Council works independently of the SARRAH team and Board. It has been positive to receive reports from the Accreditation Council's work throughout this initial year. In another big step for SARRAH, the new and improved website, and the new engagement platform, Circle, offer new opportunities to connect and share. SARRAH's CPD offerings have continued to grow this year; the Leadership program in particular has supported participants to learn and grow together with budding and experienced rural and remote leaders. Significant work has gone into the revised Transition to Allied Health Remote and Rural Practice Toolkit, so be sure to keep a look out for the launch as it is another pivotal piece of SARRAH's support.

This year, we took great joy from promoting and sharing SARRAH success stories- with Cath and the team connecting with state and federal ministers at the SARRAH Fernvale Community Town Hall meeting with local Member for Blair, the Hon, Shayne Neumann MP, and the upcoming Allied Health Rural Generalist Pathway Parliament House Showcase. The showcase event provides a wonderful opportunity for the Board, Accreditation Council and the SARRAH team to share stories, promote the positive outcomes of the Allied Health Rural Generalist program and advocate for continued support in this space.

If you've been reading the SARRAH Connected newsletter or listening to the Talking for Purpose podcast you will have heard about the strong voice and advocacy work that SARRAH has maintained throughout the year on key topics such as Allied Health Assistant workforce. As the recognised peak body for rural and remote allied health practitioners, SARRAH has responded to consultations such as the Independent capability review of the Aged Care Quality and Safety Commission, and the Strengthening Medicare Taskforce recommendations. In particular, a big thanks to CEO Cath Maloney and Allan Groth for their commitment to this advocacy work.



I would like to take this opportunity to thank all of our current Board members Alison Dymmott, Lauren Gale, Scott Gibbings, Dr Edward Johnson, Dr Julie Hulcombe, Michael Clarkson and Leigh Burton for their contribution this year. SARRAH is fortunate to have such a passionate and collegiate Board to support the SARRAH team and provide direction for our future focused grassroots organisation which continues to strive for access to allied health services which support equitable and sustainable health and well-being. A big thank you also to the ongoing hard work of the SARRAH team - it has been a big year and thire efforts were showcased through their National Allied Health Conference workshops and presentations - every member of the team provides real value to our members and communities every day.

Looking forward, we are excited by plans to come together again as a SARRAH family at the 15th National Conference for Rural and Remote Allied Health in Mildura 21-23 October next year and we encourage you to start thinking about this opportunity share your stories, recharge, and enjoy the region with others passionate about strong, connected allied health in rural and remote areas. Meanwhile, if you haven't yet connected through the SARRAH website and Learning Circles take the time to link in and say hi, and as always, 'stay connected'.

Lisa Baker
President





Allied health professionals committed to providing services to remote and rural Australians deserve to be celebrated.

Those allied health professionals who have remained in rural and remote communities throughout the pandemic years face ongoing challenges in terms of workforce shortages, professional isolation as health workforce numbers dwindle, and increased risk of mental health issues. These stalwarts, these pillars of community, deserve respect and recognition for their dedication to the provision of high-quality healthcare that meets the needs of rural and remote Australia.

They also deserve to be supported equally with their medical and nursing colleagues, through the provision of a suite of programs that aim to grow the number of rural and remote health professionals, and also reward their commitment through a range of vocational, undergraduate and post-graduate programs that enable allied health professionals to build highly visible and respected rural career pathways.

I'd like to think that in the past year SARRAH has contributed substantially to that vision. SARRAH's work is contributing tangible outcomes in terms of health workforce growth and the development of supportive infrastructure for long-term sustainability. This is especially important in the context of the 2023 federal budget provisions regarding multidisciplinary primary healthcare.

It's been pleasing to see how our workforce development programs have expanded and developed over the year. Our Projects team, led by Projects Director Gemma Tuxworth, has worked hard to develop supportive relationships with program participants – service providers and their employees - across the country. That we now have over 70 active allied health rural generalists and trainees, and more than 30 allied health assistant trainees, is testament to the efforts of these four committed people.

Project activities have been embellished through the development of resources that support organisations and individuals to sustain and expand viable services focused on meeting the needs of rural and remote communities. In particular, SARRAH's leadership program was established to create opportunities for allied health professionals to step away from their frontline work, take time for self-care, reflect on their achievements, and build the confidence to take the next step in their career. We are growing a network of allied health professionals with a deep understanding of and capability to transform rural health.

Achieving professional recognition for allied health rural generalists is a step closer with the establishment of the Allied Health Rural Generalist Accreditation Council. Enabling a greater number of universities to deliver allied health rural generalist programs is good for building a fit-for-purpose rural health workforce and aligns very well with key government priorities.

SARRAH's involvement in various government reference groups and consultative committees means that our understanding of the operating environments of service providers and individual health professionals with whom we work is contributing directly to shape future policy and programs.

CEO'S REPORT

There have been several highlights over the year that I think reflect SARRAH's heart and soul, having arisen from our collaborative work with members and friends.

In August 2022 our paper "Co-design with Aboriginal and Torres Strait Islander Communities – A Journey" was published in the Australian Journal of Rural Health. Authored by a group of SARRAH members and staff, the paper drew on the experience of the group to explore the principles of co-design with Aboriginal and Torres Strait Islander communities.



COMMENTARY

Co-design with aboriginal and torres strait islander communities: A journey

Nathaniel Tamwoy BOT, Sylvia Rosas AHW, Scott Davis PhD, Annie Farthing MRIH, Caitlin Houghton MPH, Hannah Johnston MPH, Catherine Maloney MSc, Nicole Samulkiewicz MPH, Jack Seaton B.Physio (Hons), Gemma Tuxworth MPH, Melodie Bat PhD ... See fewer authors ^

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Our sincere thanks to Nathaniel Tamwoy, Sylvia Rosas, Dr Scott Davis, Annie Farthing, Caitlin Houghton, Hannah Johnston, Nicole Samulkiewicz, Jack Seaton, Gemma Tuxworth and Dr Melodie Bat for giving their time and expertise to bring this work together. It has deepened our understanding of the importance of valuing different knowledge systems and building trusting relationships to establish authentic partnerships with Aboriginal and Torres Strait Islander communities – critical capabilities for the work we do.

At the same time, a sub-Board working party has been working on SARRAH's Reconciliation Action Plan. The plan outlines SARRAH's commitment "to actively working in partnership with Aboriginal and Torres Strait Islander peoples, leaders and organisations to enable a sustained increase in Aboriginal and Torres Strait Islander people working in allied health professional or assistant roles, and in leadership positions".

The RAP has been reviewed by Reconciliation Australia and we are continuing to amend and refine the plan based on their feedback and guidance. We thank Mel Ingram, Rob Curry, Hannah Johnston, Candice Liddy, Aleka Freijah and Shari Fuller, who have contributed substantially to this work alongside the SARRAH team and Board members.



And in the latter months of the 2022-23 year the SARRAH Board endorsed our membership of Allies for Uluru in support of the Voice to Parliament. While we were deeply disappointed by the ensuing referendum outcome, we remain committed to building on this body of work to support justice for Aboriginal and Torres Strait Islander peoples.

Thank you to all our members for your ongoing support and contributions. I hope this annual report is a reflection of the commitment you have shown us over the past year.

Cath Maloney
Chief Executive Officer

CORPORATE GOVERNANCE

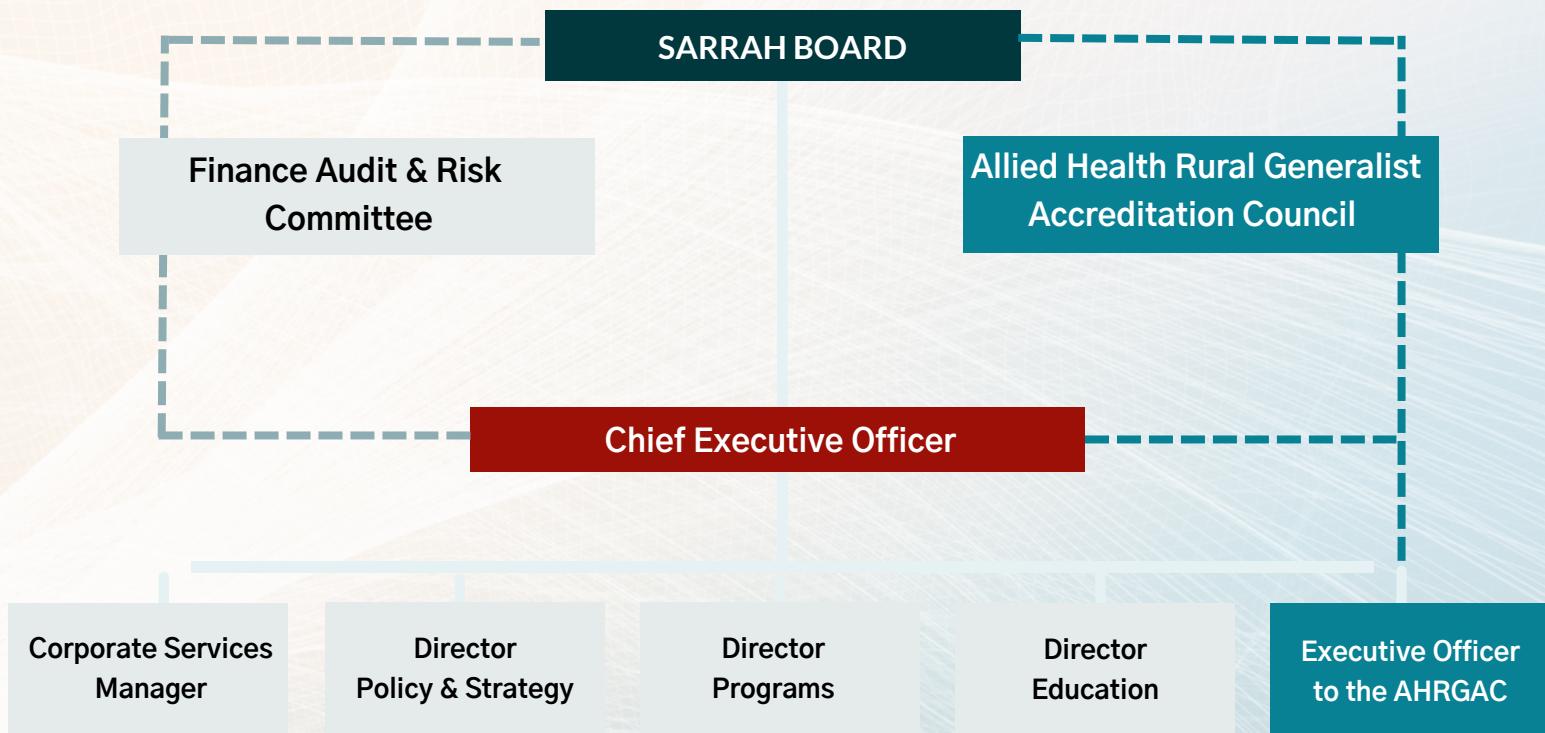
In accordance with the constitution, SARRAH is governed by a Board of Directors, comprising up to nine members (seven elected members and two appointed members), including the office bearing positions of President, Vice-President and Chair of the Finance Audit and Risk Committee.

The Allied Health Rural Generalist Accreditation Council is an independent committee of the Board, operating under the constitution and its by-laws, and in accordance with the Council's terms of reference.

Financial oversight is provided by the Finance Audit and Risk Committee, and in line with its terms of reference, comprises three to four board members and SARRAH's CEO and Finance Manager as invitees.

From time to time the board may appoint ad hoc committees and working groups to collaborate on matters of strategic importance to the organisation. In this reporting period, the Board established a working party to develop SARRAH's Reconciliation Plan and work is ongoing.

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 numbered eight members following the Annual General Meeting held on 16 November 2022 as follows:

Board Member	Position	Date appointed to current position	Consecutive Terms in current position	End of current term
Lisa Baker	President	November 2022	1	November 2024
Alison Dymmott	Vice President	November 2022	1	November 2024
Edward Johnson	Board Member	October 2016	3	November 2023
Julie Hulcombe	Board Member	January 2019	2	November 2023
Lauren Gale	Board Member	January 2019	2	November 2023
Leigh Burton	Board Member	November 2019	2	November 2023
Scott Gibbings	Board Member	November 2022	1	November 2024
Michael Clarkson	Board Member	February 2023	2	February 2025

The Board met on six occasions during the financial year 2022-2023

Year	Dates of the meetings		
2022	28 July	29 September	24 November
2023	31 January	23 March	25 May



SARRAH BOARD



Lisa Baker
President

Lisa is a certified practising speech pathologist with experience as a leader of rural allied health professionals. Lisa's current position is a conjoint role with Queensland Health's South West Hospital and Health Service and the region's rural university department health, Southern Queensland Rural Health as the allied health interprofessional clinical educator.

Lisa has a Masters in Remote Health Management and a clinical Graduate Certificate in Rural Health. She has been involved in telehealth research, managing allied health rural generalists and building capacity for our future workforce. Living and working in rural areas, Lisa is passionate about innovative approaches to make a difference for rural and remote allied health professionals and through them, the communities we strive to serve.

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.



Alison Dymmott
Vice-President



Julie Hulcombe
Board Member

Julie Hulcombe PSM is an Accredited Practising Dietitian (APD), and a part-time doctoral student at the University of Queensland. She had an extensive career with Queensland Health (QH) and was the Chief Allied Health Officer, Department of Health, Queensland for 11 years until September 2018. During her time in this position Julie led workforce projects to improve rural and remote services including the Allied Health Rural Generalist Pathway in QH and has been a long-time supporter of SARRAH.

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. Julie has been a SARRAH Board Director since January 2019. She is presently the jurisdictional representative on the National Disability Insurance Agency, Pricing Reference Group.

SARRAH BOARD



Edward Johnson
Board Member

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, Ed has now sat as a director on the SARRAH Board for six years. Ed is a passionate cricketer, animal lover, and advocate for innovative public policy in the bush that gives everyone the same opportunities regardless of their postcode.

In this his seventh year as a member of the SARRAH board, including serving two years as SARRAH's President from 2020-2022, Ed has decided that at the 2023 AGM he will step down to focus on his many other passions. The Board is indebted to Ed for his contributions and commitment to SARRAH and wish him ongoing success.

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.



Lauren Gale
Board Member



Leigh Burton
Board Member

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.

SARRAH BOARD



Michael Clarkson
Chair, Finance Audit & Risk Committee

Michael is a driven and experienced Accounting and Finance professional, who is currently working in Deloitte's Financial Advisory division in Perth, WA. With over 10 years' of professional services experience, Michael excels in fostering relationships with executive leadership teams and boards in complex and dynamic periods for their organisation, in order to help drive them towards their intended goals.

Michael specialises in organisational strategy, financial performance and program management. He has delivered a number of significant transactions, supporting separation/ integration program planning, management and execution, strategy development and operational improvement. Michael has worked with broad range of clients (including ASX listed entities, multinational organisations and government), across a variety of industry sectors.

Michael grew up in regional Western Australia, and regular spends time back in rural areas visiting family. He is passionate in advocating that those in rural and regional parts of Australia are afforded fair and reasonable access to high quality Allied Health services, similar to their counterparts in Australia's metropolitan areas.

Michael is a Chartered Accountant, holds a Bachelor of Commerce from the University of Western Australia, and is a professional member of both ARITA and Chartered Accountants Australia and New Zealand.

Scott is a Physiotherapist with 12 years of professional experience, predominantly spent in the acute hospital setting in Perth, WA. He is now based in Launceston, working with the Tasmanian Health Service as the Statewide Consultant – Allied Health Workforce Recruitment & Development. The role acknowledges that having skilled and supported staff in situ is a critical factor in improving healthcare accessibility and outcomes for our rural and remote populations. In this role he works with the Allied Health leaders across the state public health services to improve Allied Health services through the optimisation of position occupancy and staff growth and development. Prior to this, Scott served as the Physiotherapy Services Manager at a large sub-tertiary hospital in Perth's Northern Suburbs.

Scott was born and raised in a small dairy and beef farming community in South-West WA, where his parents are still based. Never short on advice, they provide additional perspectives on the contemporary issues faced by the rural population, and what should be done about them! Scott seeks out that connection to community in both his professional and personal life and strives to improve the lives of those around him, especially those who experience disadvantage. He has completed a Master of Health Management at UNSW, and a Graduate Certificate in Mental Health at Monash University.



Scott Gibbings
Board Member

Meet the Council



EMERITUS PROFESSOR DAVID PRIDEAUX

An educator by background with expertise in curriculum development, assessment and evaluation. His roles included curriculum design, assessment, evaluation and staff development for the medical course at Flinders including a pivotal role in the foundation of the new graduate-entry and problem-based learning medical course in 1996. He is the Director and Chair of Assessment Committee at the Australian Medical Council



DR ANTHEA BRAND

An Accredited Practising Dietitian with significant experience working in community and primary health care settings across rural and remote Australia. Senior Lecturer College of Medicine and Public Health at Flinders University where she contributes to health professional education and to the Remote Primary Health Care Manuals which are integral in shaping primary health care health service provision in remote and Indigenous communities.



MS ANNIE FARTHING

Living and working as a physiotherapist in Central Australia since 1992, in urban community health, rehabilitation, remote allied health practice and aged care. She has taught in the Context of Remote and Indigenous health, Recognising and responding to dementia in remote and Indigenous communities, Working with people with disabilities in remote and Indigenous contexts, and is currently involved in further research on assessment and case management with Indigenous people.



DR PAMELA HARVEY

With a background in physiotherapy and health professions education, Pam works at Monash Rural Health as the Rural Nursing and Allied Health lead. Her role includes enabling rural clinical placements for health professional students in hospitals and extended healthcare settings, professional development for clinical educators, and development of clinical placement models.



MS HANNAH MANN

Hannah Mann is an experienced community pharmacist in the Kimberley with responsibilities across several communities. She is a practitioner member of and Chair of the Pharmacy Board of Australia. She is on the AHRG Accreditation Council and has dedicated much of her time to improve the cultural safety and cultural responsiveness of pharmacy services in Australia.



DR ISABEL PATON

A rural generalist physiotherapist, Isabel has also worked in healthcare management, overseeing community care programs for NSW and Victorian health organisations. Isabel serves as a Board Director for Beechworth Health Service and is a member of the exam writing panel for the Australian Physiotherapy Council. Isabel has been awarded a Senior Fellow of the Higher Education Academy (UK) as recognition of her leadership and influence in higher education practice.



MS EDWINA POWE

Edwina Powe is a proud palawa woman from North Eastern lutruwita and a pelvic health physiotherapist. With post-graduate qualifications in public health and clinical service redesign, Edwina was responsible for the establishment of a multidisciplinary Aboriginal and Torres Strait Islander women's health service that endeavours to provide culturally responsive care to Aboriginal and Torres Strait Islander women residing in the greater Brisbane area.

Following an Expression of Interest and interview process conducted by a SARRAH Board committee, the Allied Health Rural Generalist Accreditation Council was established and held its first meeting in December 2022.

The SARRAH Board appointed Emeritus Professor David Prideaux as Council Chair.

The Council subsequently recommended the appointment of Mr Michael Bishop as Executive Officer to the Accreditation Council in February 2023, and Dr Anthea Brand as Deputy Chair in April 2023.

SARRAH is in the process of arranging a license agreement with Queensland Health for the use of the Allied Health Rural Generalist Education Framework.

Since its establishment, the AHRG Accreditation Council has met each month. A review of the Education Framework developed by Queensland Health was completed and a targeted, national consultation process regarding the Education Framework was undertaken whilst negotiations between SARRAH and Queensland Health continued.

Ms Edwina Powe resigned in June 2023 due to competing workload commitments.

Michael Bishop
Executive Officer
AHRG Accreditation Council



THE SARRAH TEAM

The secretariat is a small team possessing incredible depth and breadth of knowledge and expertise, supporting the implementation of SARRAH's workforce development projects. Our skills base is founded on a core of qualified allied health team members with lived experience of working in rural and remote communities across Australia, backed up by highly experienced professionals in education, policy and corporate services.



Cath Maloney
CEO



Sriyani Ranasinghe
Corporate Services



Gemma Tuxworth
Projects



Sylvia Rosas
Projects



Shemah Appleton
Projects



Bonnie Collins
Projects

SARRAH operates on the principle of geographic equity, with team members currently located in Queensland, New South Wales, the Australian Capital Territory and Tasmania (we have previously also engaged people from Western Australia and Victoria). This distributed workforce model enables us to recruit the best candidates irrespective of their location and, leveraging contemporary technology, expands our footprint to support service providers across the country.

This combination of skills, capabilities and ways of working means we engage with stakeholders from the perspective of grass roots allied health professionals. We connect our services and suite of resources with practices and organisations across all clinical settings, to help them develop a highly skilled and culturally competent workforce that meets the needs of rural and remote Australian communities.



Michael Bishop
EO, AHRGAC



Dr Melodie Bat
Education

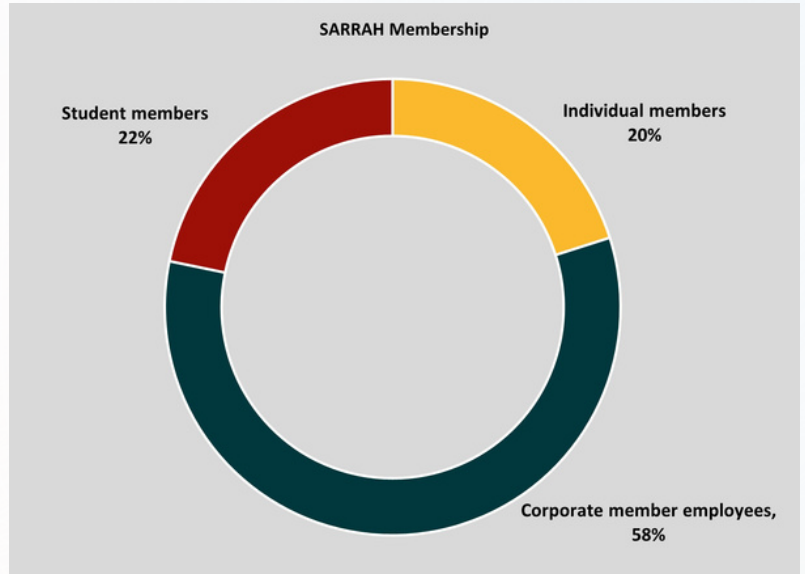


Allan Groth
Policy & Strategy



SARRAH MEMBERSHIP

The 2022-23 year saw steady growth in individual (voting) memberships, increasing by 22% since June 2022. Much of this can be attributed to our expanding member offerings including our suite of professional development courses. Our challenge, of course, will be to ensure we continue to provide value for our members' investment so that we retain this new membership. Our new digital platform, in development at the time of the report, and our upcoming mentorship program will provide plenty of value for members in the year ahead.



Corporate memberships also grew with a total of 27 corporate members as at June 2023. Their financial support provides SARRAH with the resources to advocate on their behalf and for AHPs working in rural and remote Australia. The employees of these organisations currently make up the majority (58%) of our membership, and while they are non-voting members, they contribute valuable feedback to us to help shape future policy reform in this key area of SARRAH's work.



COMMUNICATIONS AND MEDIA

During 2022-23 SARRAH issued ten **media releases**, covering rural workforce shortages, commentary on the federal budget, women driving health equity, elder abuse and Reconciliation Week 2023.

SARRAH's platform is based on calling for concerted action across three key areas to address the structural impediments to successful rural and remote service provision and outcomes:

1. Sustainable Resourcing
2. Workforce Development
3. Service Design Principles



Our podcast **Talking for Purpose** continues to be a popular way of getting our message across - thank you to everyone who has contributed their viewpoints over the year: Ainsleigh Whelan and Rebecca Woodland, Sarah Gallagher, Jaimee Dutton and Kalee Dodd, Nerida Volker, Scott Gibings, Richard Nankervis and Sarah Waters. And of course, our own Allan Groth for putting his astute lens over policy developments and making it digestible!

SARRAH social media at a glance

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



2060 followers



3070 followers



1500 followers



2300 followers



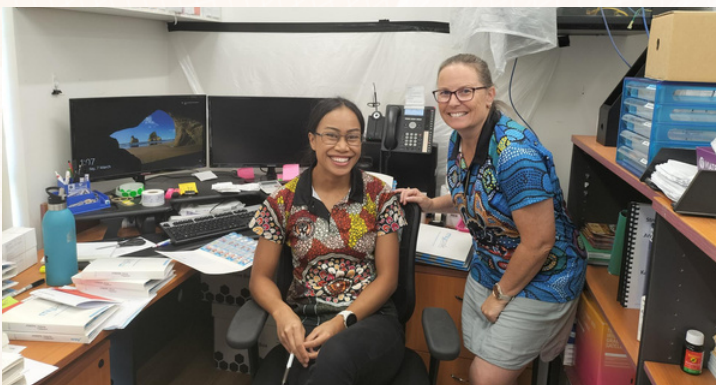
The Allied Health Rural Generalist Education & Training Scheme (TAHRGETS)

This, the second of the three-year TAHRGETS implementation has seen SARRAH continue to work with mainstream workplaces and Aboriginal Community Controlled Health Organisations (ACHHOs) to establish AHRG training positions.

From July 2022, the number of allocated positions increased so that by February 2023 103% (62/60) of mainstream workplace training grants were allocated. As of 2022, 78% (47/60) positions were allocated – 45 to support existing positions and 2 for vacant positions pending recruitment.



Program Director Gemma Tuxworth at the SARRAH Strategic Planning Session



Rural Generalist trainee Glory-Anne Leaupepe and manager Kerry-Anne Casanova in Kimberley Pharmacy Service, Broome WA.

In response to difficulties allocating training positions within ACCHOs, SARRAH undertook an extensive engagement process with ACCHOs around Australia. SARRAH heard that many ACCHOs indicated a need to focus on establishing a sustainable allied health workforce within their workplace first, before workforce development initiatives such as TAHRGETS could be considered.

SARRAH continues to work with stakeholders on alternative ways to improve access to allied health services for First Nations communities.

The TAHRGETS dashboard on page 20 provides further information on training positions and organisations profiles as of June 30, 2022

A decrease experienced over the February to June period was predominantly due to workforce shortages impacting recruitment to vacant positions, leaving many training positions unfilled. A significant number of vacancies (30%) were unable to be filled, indicative of critical health workforce shortages seen across rural and remote Australia.

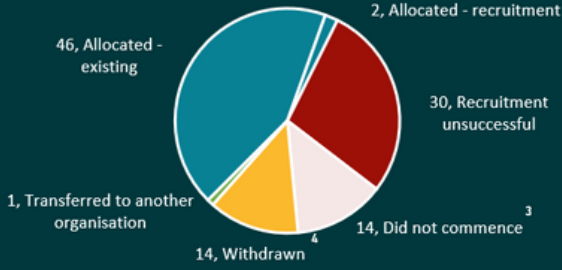
A process for reviewing ongoing vacancies and, where necessary, reallocating training packages, has assisted the program to keep moving forward in the face of ongoing recruitment and retention challenges.



The Podiatry Team from the Central Australian Aboriginal Congress, Alice Springs NT

ALLIED HEALTH WORKFORCE DEVELOPMENT PROGRAMS

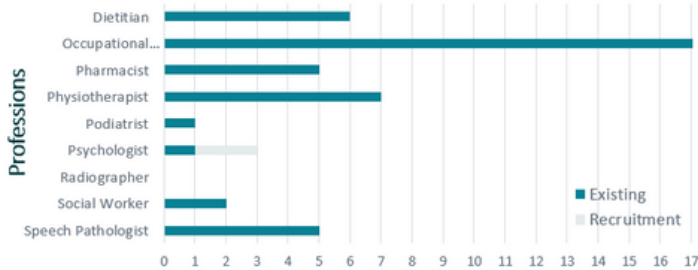
Total TAHRGETS training positions allocated over implementation period (107)



Training position profiles - June 30 2023



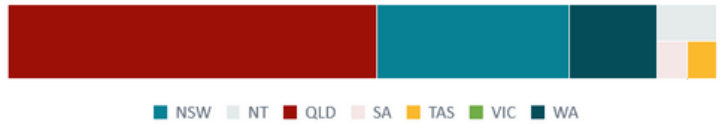
		Exist. ¹	Recr. ²	Sub total
ACCHOs (30)	L1	0	0	0
	L2	1	0	1
Mainstream (60)	L1	17	0	17
	L2	28	2	30
Sub total		46	2	48



Organisation profiles - June 30 2023



Organisation Distribution



¹ Existing Positions: the position are 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. Existing positions also includes Recruitment Successful where a training position that was pending recruitment has been filled

² Pending Recruitment means that a contract has been awarded to an employer who is using the AHRG pathway as part of an incentive package to enhance recruitment to a vacant position.

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

⁵ org. size - total number of employees within participating organisation

⁶ no. professions - number of different types of allied health professionals within organisation, where AHA = allied health assistant

⁷ sectors - sector providing AH services to: ACCHO (Aboriginal Community Controlled Health Organisation); disab. - disability sector; mixed - across multiple sectors e.g. private, primary care, aged care, disability

⁸ locations(MMM) - the MMM classification of the organisation location, or where the organisation is an MMM1, where the trainee is located



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

This year saw all 15 AHA training positions within mainstream organisation allocated after only just three weeks of applications. An additional waiting list for over 70 AHA training positions demonstrated just how in demand this program is.

The 15 AHA training positions within ACCHOs were filled in the early months of 2023.



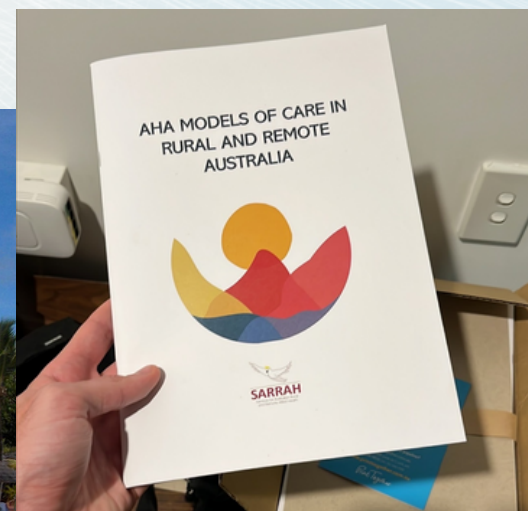
Palm Island Community Company (PICC) engage three new Allied Health Assistants through the Building the Rural and Remote Allied Health Assistant Workforce (BRAHAW) Program.



Visiting Yalata in South Australia to discuss the BRAHAW and TARHGETS programs.

SARRAH is supporting workplaces to establish allied health assistant models of care in their workplace with assistance for the AHA to access certification, and assistance for the workplace to establish governance and supervision requirements.

To aid this process SARRAH has developed a range of resources including training in service redesign and a handbook for organisations to follow .



SARRAH CONFERENCE 2022

The 14th National Rural and Remote Allied Health Conference was held in a fully online format from 15 – 16 November 2022 and was themed 'People, Purpose, Passion: Pathways to Success'.

Conference sub-themes reflected our sector's priorities:

- Growing and Sustaining the Rural Allied Health Workforce
- Strengthening Partnerships
- Leading Change

The conference program featured 42 oral presentations, 20 lightning presentations, 10 seminars and 6 keynote presentations, as well as a mixture of ePoster presentations from various disciplines of allied health and organisational settings. The conference was delivered over two days and was attended by 268 delegates.

The conference was also a financial success, returning a surplus of \$35,623. This money will be re-invested into the next conference to be held in Mildura in October 2024.



Assistant Minister
Emma McBride



Dr Kate Charlesworth



Dr Anne-marie Boxall



Adjunct Professor
Ruth Stewart



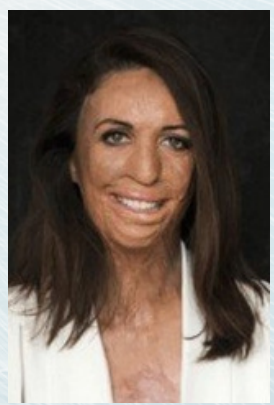
Associate Professor
Dr Faye McMillan AM



Matt Linnegar



Nicole Turner



Turia Pitt

People, Purpose, Passion:
Pathways to success.



Thank you to our Sponsors and Committees

SARRAH thanks all committee members for their time and expertise in delivering a high-quality program. Feedback from delegates regarding the program content was universally positive.

SARRAH also thanks our valued sponsors without whom we could not have delivered this conference. SARRAH does not receive Commonwealth funding for our conference, making your contributions all the more significant.

PLATINUM PARTNER



Queensland Government

GOLD SPONSOR



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EXHIBITORS



SARRAH 2022 National Rural and Remote Allied Health Conference



Dr Alison Dymott



Dr Robyn Adams



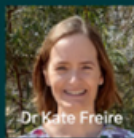
Kerstin McPherson



Joan Van Rotterdam



Nanthol Kanthan



Dr Kate Freire



Hayley Johns



Dr Werner Vogels



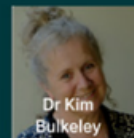
Annie Farthing



Robyn Fitzroy



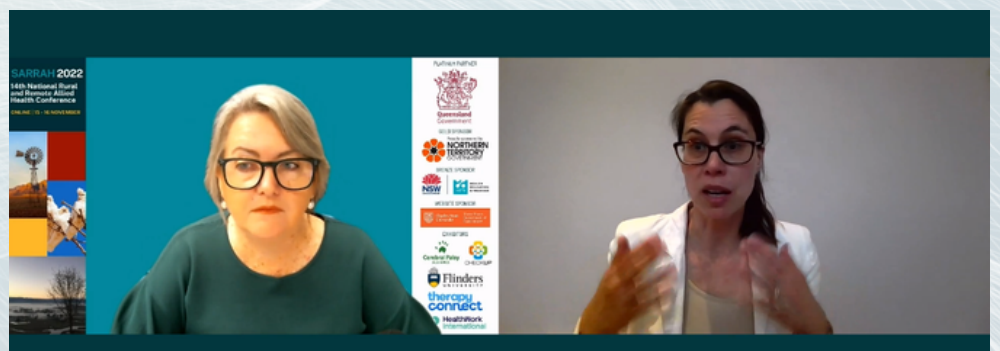
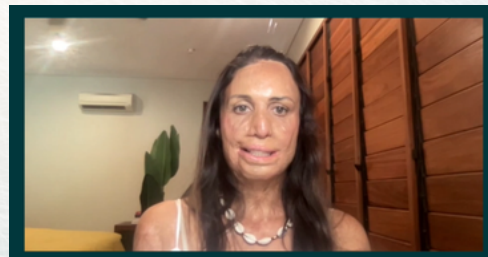
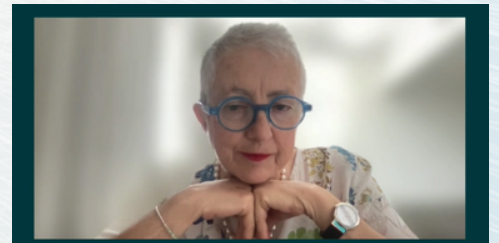
Daniel Baker



Dr Kim Bulkeley



Karen Hayes



SARRAH EDUCATION PROGRAMS

LEARNING FOR PURPOSE

SARRAH continues to grow the learning engagement that we offer members and the broader network. This year was a year of consolidating the existing programs and preparing to expand our digital capability, based on our “Learning for Purpose” model, below.



Intention

Identify intention:

- Course requirements
- Workplace needs
- Workplace project



Develop

Develop skills and knowledge:

- Engage in SARRAH program
- Apply in workplace



Support

Seek support:

- Supervisors
- Peer support
- Project resources



Share

Share the journey:

- Present your learnings
- Share a story
- Publish



Intention

People come to SARRAH because they are looking for professional development that is specific to rural and remote allied health contexts – and is not typically found in their professional associations. We provide opportunities for people to be able to learn across geographical areas, discipline areas and sectors.

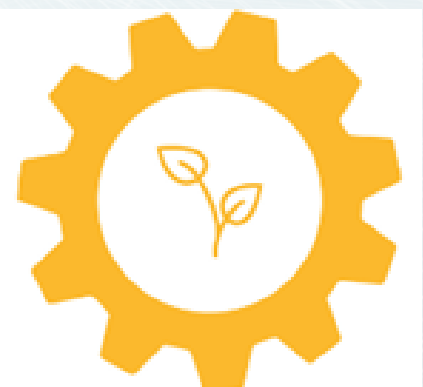
Some of our learners are engaged in workforce development projects with SARRAH, most are members, and some are external – their common thread is a desire to make a change in their own professional practice, in their organisation, in their community, or even across the whole sector.

Participants were offered a range of programs where they could develop their skills and knowledge. These included SARRAH online courses, facilitated programs, communities of practice, webinars, and forums.



SARRAH's online programs

We continued to offer self-directed programs where participants could engage at their own time, in their own pace. In Total, we had 407 enrolments in our programs for the 2022-23 financial year.



Develop

SARRAH EDUCATION PROGRAMS

Self-directed course offerings include:

Designing and implementing successful AHA models of care in rural settings



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

Introduction to Project Management

- Demonstrate an understanding of management language and project management cycle
- Populate objective tree/problem tree to clearly define their project objectives and outcomes
- Develop a project plan using a structural project approach
- Develop project risk, stakeholder and governance plan



SARRAH partnered with the Australian Rural Leadership Foundation in 2021 to develop the SARRAH Leadership Program, a short (7-week) course based on the principles of the ARLF's 15-month immersive leadership program.

By June 2023 the Leadership Program has helped to shape the leadership journeys of more than one hundred participants across the country.

From this location map you can see how SARRAH is building a network of rural and remote allied health leaders!



SARRAH EDUCATION PROGRAMS

Transition to Remote and Rural Practice Toolkit



SARRAH TOOLKIT

A major resource that is in development, to be launched in January 2024 is the SARRAH Transition to Remote and Rural Allied Health Practice Toolkit.

The SARRAH Toolkit has been a heavily used resource available to early career and other health practitioners commencing or contemplating rural or remote practice. It has also been used extensively by AH students as well as university and other teachers to introduce and build understanding of and potential preparedness to undertake a career in rural health.

The Toolkit has been a major resource for allied (and other) health students and practitioners making future practice decisions. The Toolkit is being refreshed to reflect practice advances and sector changes, and to make better use of contemporary technologies. The Toolkit is being updated with the support of sponsors who are undertaking this targeted investment in a proven quality resource, with national, multi-professional and multi-sector reach and relevance.

Proudly sponsored by

RURAL WORKFORCE AGENCIES



A number of programs have Communities of Practice set up as Facebook groups to facilitate peer support, and to share resources, events and ongoing learning opportunities.



Support

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 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 EDUCATION PROGRAMS

SARRAH MENTORING



SARRAH is working on a range of new digital solutions to support members and stakeholders to be able to support each other. This includes a new mentoring program that will launch in October 2023.

A well-received addition to the leadership program this year has been the offering of a “Wellbeing for Allied Health Leaders” session run by CRANaplus. This program continues to expand, with a new general session now being run for SARRAH members.



Share

Participants share with each other through their course, community of practice, or through presentations.

The capacity to share will be greatly expanded by the new digital platform: SARRAH Circle, launching in September 2023. This platform will host discussion forums, networks, and a place to capture those stories of success that inspire those coming after us.

STORYTELLING FOR IMPACT

The SARRAH Storytelling for Impact workshop was facilitated by Tanya Lehmann, a Leadership, Resilience and Change Consultant and introduced participants to the art and science of storytelling for impact, and explored the practical application of storytelling to advocacy, change leadership and influencing decision makers.



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 2022-23 was as follows:

Committee Member	Position	Active Period
Steve Patterson	Chair	01/07/2022 - 16/11/2022
Michael Clarkson	Chair	01/02/2023- 30/06/2023
Lisa Baker	Committee Member	01/12/2023 -30/06/2023
Edward Johnson	Committee Member	1/07/2022 - 30/06/2022
Lauren Gale	Committee Member	01/07/2022 - 30/06/2023
Catherine Maloney	CEO (guest)	01/07/2022 - 30/06/2023
Angela Lane	Finance Manager (guest)	01/07/2022 - 30/06/2023

The Finance, Audit and Risk Committee met 6 occasions during the financial year 2022-23

Year	Meeting dates		
2022	25 August	20 October	15 December
2023	23 February	27 April	22 June



FINANCIAL STATEMENTS

Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

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FINANCIAL STATEMENTS

Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Board Members' Report For the Year Ended 30 June 2023

The Board members present their report on Services for Australian Rural and Remote Allied Health Ltd for the financial year ended 30 June 2023.

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
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 Barker	Board Member	Appointed 29/11/2019
Leigh Burton	Board Member	Appointed 29/11/2019
Michael Clarkson	Board Member	Appointed 22/02/2023
Scott Gibbings	Board Member	Appointed 16/11/2022
Steve Patterson	Treasurer	Resigned 16/11/2022
Jeremy Carr	Board Member	Resigned 16/11/2022

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

Members' guarantee

Services for Australian Rural and Remote Allied Health Ltd is a company limited by guarantee. In the event of, and for the purpose of winding up of the company, the amount capable of being called up from each member and any person or association who ceased to be a member in the year prior to the winding up, is limited to \$ 1 for members that are corporations and \$ 1 for all other members, subject to the provisions of the company's constitution.

At 30 June 2023 the collective liability of members was \$ 1,016 (2022: \$ 1,016).

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 surplus of the Company for the financial year amounted to \$ 166,912(2022: \$ (49,853)).

FINANCIAL STATEMENTS

Services for Australian Rural and Remote Allied Health Ltd


ABN: 92 088 913 517


Board Members' Report For the Year Ended 30 June 2023

Auditor's independence declaration

The auditor's independence declaration in accordance with section 60 - 40 of the of the Charities and Not-for-profits Commission Act 2012 for the year ended 30 June 2023 has been received and can be found on page 3 of the financial report.

Signed in accordance with a resolution of the Board of Directors:

Director: 

Director:  Lisa Baker (No 1, 2023 15:20 GMT+10)

Dated 01/11/2023

FINANCIAL STATEMENTS



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Hardwickes Partners Pty Ltd
ABN 21 008 401 536

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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 2023, 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

FINANCIAL STATEMENTS

Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2023

		2023	2022
	Note	\$	\$
Revenue and other income	4	2,518,194	1,762,443
Advertising & promotion expense		(3,261)	(723)
Depreciation expense	5	(37,427)	(36,966)
Employee benefits expense	5	(1,030,299)	(798,313)
Project cost	5	(663,390)	(304,100)
Other expenses	5	(263,991)	(352,251)
Scholarship payments		(349,843)	(319,033)
Finance expenses on lease		(3,071)	(910)
Surplus/(Deficit) before income tax		166,912	(49,853)
Income tax expense	2(a)	-	-
Surplus/(Deficit) for the year		166,912	(49,853)
Other comprehensive income for the year		-	-
Total comprehensive income for the year		166,912	(49,853)

The accompanying notes form part of these financial statements.

FINANCIAL STATEMENTS

Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Statement of Financial Position

As At 30 June 2023

	Note	2023 \$	2022 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	6	5,120,421	4,434,118
Trade and other receivables	7	25,617	19,198
Other financial assets	8	1,000,000	-
Other assets	9	84,639	19,952
TOTAL CURRENT ASSETS		6,230,677	4,473,268
NON-CURRENT ASSETS			
Plant and equipment	10	3,107	3,251
Right-of-use assets	11	34,541	-
TOTAL NON-CURRENT ASSETS		37,648	3,251
TOTAL ASSETS		6,268,325	4,476,519
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	12	77,454	221,115
Lease liability	11	36,936	-
Employee benefits	14	55,815	33,225
Contract liabilities	13	5,376,774	3,680,456
TOTAL CURRENT LIABILITIES		5,546,979	3,934,796
NON-CURRENT LIABILITIES			
Employee benefits	14	24,532	11,821
TOTAL NON-CURRENT LIABILITIES		24,532	11,821
TOTAL LIABILITIES		5,571,511	3,946,617
NET ASSETS		696,814	529,902
EQUITY			
Retained earnings		696,814	529,902
TOTAL EQUITY		696,814	529,902

The accompanying notes form part of these financial statements.

FINANCIAL STATEMENTS

Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Statement of Changes in Equity For the Year Ended 30 June 2023

2023

	Retained Earnings	Total
	\$	\$
Balance at 1 July 2022	529,902	529,902
Surplus for the year	166,912	166,912
Balance at 30 June 2023	<u>696,814</u>	<u>696,814</u>

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	<u>529,902</u>	<u>529,902</u>

The accompanying notes form part of these financial statements.

FINANCIAL STATEMENTS

Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Statement of Cash Flows For the Year Ended 30 June 2023

	2023	2022
Note	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES:		
Receipts from customers	4,165,881	4,266,623
Payments to suppliers and employees	(2,476,097)	(1,618,332)
Interest received	34,478	419
Net cash provided by operating activities	21 <u>1,724,262</u>	<u>2,648,710</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of equipment	10(a) (2,743)	(1,309)
Purchase for investments	8 <u>(1,000,000)</u>	-
Net cash (used in) investing activities	<u>(1,002,743)</u>	<u>(1,309)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Repayments of lease liabilities	<u>(35,216)</u>	<u>(28,000)</u>
Net cash (used in) financing activities	<u>(35,216)</u>	<u>(28,000)</u>
Net increase in cash and cash equivalents held	686,303	2,619,401
Cash and cash equivalents at beginning of year	<u>4,434,118</u>	<u>1,814,717</u>
Cash and cash equivalents at end of financial year	6 <u>5,120,421</u>	<u>4,434,118</u>

The accompanying notes form part of these financial statements.

FINANCIAL STATEMENTS

Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Notes to the Financial Statements

For the Year Ended 30 June 2023

The financial report covers Services for Australian Rural and Remote Allied Health Ltd (SARRAH) as an individual entity. Services for Australian Rural and Remote Allied Health Ltd is a not-for-profit Company, 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 Summary of Significant Accounting Policies

(a) Income Tax

The Company 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 Company 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 Company have any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

Specific revenue streams

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

Operating Grants

When SARRAH receives operating grant revenue, 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 Company:

FINANCIAL STATEMENTS

Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Notes to the Financial Statements For the Year Ended 30 June 2023

2 Summary of Significant Accounting Policies (continued)

(b) Revenue and other income (continued)

Specific revenue streams (continued)

- 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 Company

- 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 Company 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.

(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.

FINANCIAL STATEMENTS

Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Notes to the Financial Statements

For the Year Ended 30 June 2023

2 Summary of Significant Accounting Policies (continued)

(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 Company, 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.

(e) Financial instruments

Financial instruments are recognised initially on the date that the Company 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 STATEMENTS

Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Notes to the Financial Statements

For the Year Ended 30 June 2023

2 Summary of Significant Accounting Policies (continued)

(e) Financial instruments (continued)

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 Company 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 Company changes its business model for managing financial assets.

Amortised cost

The Company'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 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 Company 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.

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

FINANCIAL STATEMENTS

Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Notes to the Financial Statements

For the Year Ended 30 June 2023

2 Summary of Significant Accounting Policies (continued)

(e) Financial instruments (continued)

Financial assets (continued)

When determining whether the credit risk of a financial assets has increased significantly since initial recognition and when estimating ECL, the Company 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 Company's historical experience and informed credit assessment and including forward looking information.

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

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

- the other party is unlikely to pay its credit obligations to the Company in full, without recourse to the Company 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 Company 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 Company 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 Company 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 months is recognised. Where the asset has experienced significant increase in credit risk then the lifetime losses are estimated and recognised.

Financial liabilities

The Company 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.

FINANCIAL STATEMENTS

Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Notes to the Financial Statements

For the Year Ended 30 June 2023

2 Summary of Significant Accounting Policies (continued)

(e) Financial instruments (continued)

Financial liabilities (continued)

The financial liabilities of the Company 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 Company assesses whether a lease exists.

Right-of-use asset

At the lease commencement, the Company recognises a right-of-use asset and associated lease liability for the lease term. The lease term includes extension periods where the Company 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.

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.

FINANCIAL STATEMENTS

Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Notes to the Financial Statements

For the Year Ended 30 June 2023

2 Summary of Significant Accounting Policies (continued)

(h) Leases (continued)

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 Company'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 Company'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.

(i) Employee benefits

Provision is made for the Company'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 Ltd 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 Ltd. 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.

FINANCIAL STATEMENTS

Services for Australian Rural and Remote Allied Health Ltd

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Notes to the Financial Statements

For the Year Ended 30 June 2023

2 Summary of Significant Accounting Policies (continued)

(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 Company has decided not to early adopt these Standards. The following table summarises those future requirements, and their impact on the Company 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	30 June 2024	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 2021-2: Amendments to Australian Accounting Standards – Disclosure of Accounting Policies and Definition of Accounting Estimates	30 June 2024	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.

3 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 plant and equipment

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

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

FINANCIAL STATEMENTS

Services for Australian Rural and Remote Allied Health Ltd

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Notes to the Financial Statements

For the Year Ended 30 June 2023

3 Critical Accounting Estimates and Judgments (continued)

Key estimates - revenue recognition (continued)

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.

Grants

For many of the grant agreements received, the determination of whether the contract includes sufficiently specific performance obligations was a significant judgement involving discussions with a number of parties at the Company, review of the proposal documents prepared during the grant application phase and consideration of the terms and conditions.

Grants received by the Company have been accounted for under both AASB 15 and AASB 1058 depending on the terms and conditions and decisions made.

If this determination was changed then the revenue recognition pattern would be different from that recognised in these financial statements

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 - 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.

FINANCIAL STATEMENTS

Services for Australian Rural and Remote Allied Health Ltd

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Notes to the Financial Statements For the Year Ended 30 June 2023

4 Revenue and Other Income

Revenue from continuing operations

	2023	2022
Note	\$	\$
Revenue from contracts with customers (AASB 15)		
- Grant income	2,177,022	1,608,460
- Membership fees	73,736	64,318
	<u>2,250,758</u>	<u>1,672,778</u>
Revenue recognised on receipt (not enforceable or no sufficiently specific performance obligations - AASB 1058)		
- Interest income	78,818	419
- other income	188,618	89,246
	<u>267,436</u>	<u>89,665</u>
Total Revenue and other income	<u><u>2,518,194</u></u>	<u><u>1,762,443</u></u>

(a) Government grants and other assistance

	2023	2022
	\$	\$
Commonwealth government		
Department of Health	2,136,455	1,563,863
	<u>2,136,455</u>	<u>1,563,863</u>
Others		
Foundation for rural and regional renewal	40,567	44,597
	<u>40,567</u>	<u>44,597</u>
Total government grants and other assistance	<u><u>2,177,022</u></u>	<u><u>1,608,460</u></u>

FINANCIAL STATEMENTS

Services for Australian Rural and Remote Allied Health Ltd

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Notes to the Financial Statements

For the Year Ended 30 June 2023

5 Result for the Year

The result for the year includes the following specific expenses:

	2023	2022
Note	\$	\$
Employee benefits expense		
Salaries & wages	938,648	730,393
Superannuation contributions	91,651	67,920
Depreciation expenses		
Depreciation expense	10(a) 2,887	2,664
Depreciation expense - right of use	11(a) 34,542	34,302
Other expenses		
Evaluation Fees	(10,000)	94,040
Travel cost	55,834	26,332
Membership fees	8,209	17,829
Consultant	41,922	56,768
Insurance	12,566	19,241
Legal expense	4,426	10,038
Project cost		
Employer implementation packages	663,390	304,100

6 Cash and Cash Equivalents

	2023	2022
Note	\$	\$
Cash at bank and in hand	3,120,421	4,434,118
Short-term deposits	2,000,000	-
15	<u>5,120,421</u>	<u>4,434,118</u>

7 Trade and Other Receivables

	2023	2022
Note	\$	\$
CURRENT		
Trade receivables	15 23,210	10,051
GST receivable	2,407	9,147
	<u>25,617</u>	<u>19,198</u>

8 Other Financial Assets

	2023	2022
	\$	\$
CURRENT		
Term Deposit	1,000,000	-
	<u>1,000,000</u>	<u>-</u>

FINANCIAL STATEMENTS

Services for Australian Rural and Remote Allied Health Ltd

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Notes to the Financial Statements

For the Year Ended 30 June 2023

9 Other assets

	2023	2022
	\$	\$
CURRENT		
Prepayments	40,299	19,952
Accrued income	44,340	-
	<u>84,639</u>	<u>19,952</u>

10 Plant and equipment

	2023	2022
	\$	\$
Furniture and fittings		
At cost	24,452	24,452
Accumulated depreciation	(24,452)	(24,452)
Total furniture and fittings	<u>-</u>	<u>-</u>
Electronic equipment		
At cost	49,616	46,873
Accumulated depreciation	(46,509)	(43,622)
Total electronic equipment	<u>3,107</u>	<u>3,251</u>
Computer software		
At cost	9,092	9,092
Accumulated depreciation	(9,092)	(9,092)
Total computer software	<u>-</u>	<u>-</u>
Total plant and equipment	<u>3,107</u>	<u>3,251</u>

(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 2023		
Balance at the beginning of year	3,251	3,251
Additions	2,743	2,743
Depreciation expense	(2,887)	(2,887)
Balance at the end of the year	<u>3,107</u>	<u>3,107</u>

FINANCIAL STATEMENTS

Services for Australian Rural and Remote Allied Health Ltd

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Notes to the Financial Statements

For the Year Ended 30 June 2023

10 Plant and equipment (continued)

(a) Movements in carrying amounts of plant and equipment (continued)

	Electronic equipment \$	Total \$
Year ended 30 June 2022		
Balance at the beginning 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

11 Leases

(a) Right-of-use assets

	Office premise \$	Total \$
Year ended 30 June 2023		
Balance at beginning of year	69,083	69,083
Depreciation charge	(34,542)	(34,542)
Balance at end of year	34,541	34,541

	Office premise \$	Total \$
Year ended 30 June 2022		
Balance at beginning of year	48,595	48,595
Depreciation charge	(48,595)	(48,595)
Balance at end of year	-	-

FINANCIAL STATEMENTS

Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Notes to the Financial Statements

For the Year Ended 30 June 2023

11 Leases (continued)

(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	Total
	\$	\$	\$
2023			
Lease liabilities	36,936	-	36,936
2022			
Lease liabilities	-	-	-

The current lease on office premises ended on 30 June 2024. The lease is for the period of 24 months.

12 Trade and Other Payables

	Note	2023	2022
		\$	\$
CURRENT			
Trade payables	15	27,780	178,506
Accrued expense		32,857	21,404
Other payables		16,817	21,205
		<u>77,454</u>	<u>221,115</u>

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

	2023	2022
	\$	\$
CURRENT		
Amounts received in advance	<u>5,376,774</u>	<u>3,680,456</u>
Total	<u>5,376,774</u>	<u>3,680,456</u>

FINANCIAL STATEMENTS

Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Notes to the Financial Statements For the Year Ended 30 June 2023

14 Employee Benefits

	2023	2022
	\$	\$
CURRENT		
Provision for annual leave	55,815	33,225
	<u>55,815</u>	<u>33,225</u>
NON-CURRENT		
Long service leave	24,532	11,821
	<u>24,532</u>	<u>11,821</u>

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:

	2023	2022
Note	\$	\$
Financial assets		
Held at amortised cost		
Cash and cash equivalents	6 5,120,421	4,434,118
Trade and other receivables		
Trade receivables	23,210	10,051
	<u>23,210</u>	<u>10,051</u>
	7 <u>5,143,631</u>	4,444,169
Total financial assets		
Financial liabilities		
Financial liabilities at fair value		
Trade payables	12 27,780	178,506
Total financial liabilities		
	<u>27,780</u>	<u>178,506</u>

16 Members' Guarantee

The Company is registered with the *Australian Charities and Not-for-profits Commission Act 2012* and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$ 1,016 each towards meeting any outstanding obligations of the Company. At 30 June 2023 the number of members was 1,016 (2022: 1,016).

17 Key Management Personnel Remuneration

The remuneration paid to key management personnel of the Company is \$ 220,680 (2022: \$ 178,716).

FINANCIAL STATEMENTS

Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Notes to the Financial Statements For the Year Ended 30 June 2023

18 Auditors' Remuneration

	2023	2022
	\$	\$
Remuneration of the auditor Hardwickes Chartered Accountants, for:		
- auditing or reviewing the financial statements	8,000	7,500
Total	8,000	7,500

19 Contingencies

In the opinion of the Directors, the Company did not have any contingencies at 30 June 2023 (30 June 2022:None).

20 Related Parties

Key management personnel - refer to Note 17.

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.

21 Cash Flow Information

(a) Reconciliation of result for the year to cashflows from operating activities

	2023	2022
	\$	\$
Surplus for the year	166,912	(49,853)
Non-cash flows in surplus:		
- depreciation	37,427	36,966
- Lease reassessment	-	(7,583)
- Finance cost	3,071	910
Changes in assets and liabilities:		
- (increase) in trade and other receivables	(50,759)	(543)
- (increase) in prepayments	(20,347)	(2,456)
- increase in income in advance	1,696,318	2,476,119
- (decrease)/increase in trade and other payables	(155,114)	173,792
- increase in accruals	11,453	3,782
- increase in employee benefits	35,301	17,576
Cashflows from operations	1,724,262	2,648,710

22 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 Company, the results of those operations or the state of affairs of the Company in future financial years.

FINANCIAL STATEMENTS

Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Notes to the Financial Statements

For the Year Ended 30 June 2023

23 Statutory Information

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

Services for Australian Rural and Remote Allied Health Ltd
Level 2, 53 Blackall Street
Barton ACT 2600

FINANCIAL STATEMENTS

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 
Lisa Baker (No 1, 2023 15:20 GMT+10)

Dated 01/11/2023

FINANCIAL STATEMENTS



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Liability limited by a scheme
approved under Professional
Standards Legislation

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, which comprises the statement of financial position as at 30 June 2023, 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 Registered Entity's financial position as at 30 June 2023 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 Registered Entity 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 Persons for the Financial Report

The responsible persons of the Registered Entity 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 persons 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 Registered Entity'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 persons either intends to liquidate the Registered Entity or to cease operations, or has no realistic alternative but to do so.

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



FINANCIAL STATEMENTS



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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

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 Accountants

B Bumia

Bhaumik Bumia CA
Partner

02/11/2023
Canberra



**Services for Australian Rural
and Remote Allied Health Ltd**

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