



SARRAH

Services for Australian Rural
and Remote Allied Health

**ANNUAL
REPORT**
2018-2019

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TABLE OF CONTENTS

WELCOME TO SARRAH	01
Primary Objective	03
Vision	03
Values	03
PRESIDENT'S REPORT	05
CEO'S REPORT	09
CORPORATE GOVERNANCE	13
Organisation Structure	14
SARRAH Board	14
Audit and Risk Committee	14
Advisory Committee	15
ORGANISATION YEAR IN REVIEW	16
2019 Conference Committee	16
Conference	18
Membership	21
Nursing and Allied Health Scholarship	21
FINANCIAL MANAGEMENT	23

WELCOME TO SARRAH

Welcome to the 2018-19 annual report for Services for Australian Rural and Remote Allied Health (SARRAH). It was a busy year that featured the National Rural Health Commissioner's investigation into the quality, access and distribution of allied health services in regional, rural and remote Australia, the ongoing work with stakeholders to promote the Allied Health Rural Generalist Pathway, and the publishing of a rapid review of strategies for increasing rural allied health recruitment and retention.

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

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

SARRAH's membership comprises the following allied health professions

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

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



PRIMARY OBJECTIVE

SARRAH exists so that rural and remote communities have allied health services that support equitable and sustainable health and well-being.



VISION

It is our VISION that SARRAH will be the recognised peak body representing and influencing reform in rural and remote allied health, with a supported and dynamic member network.

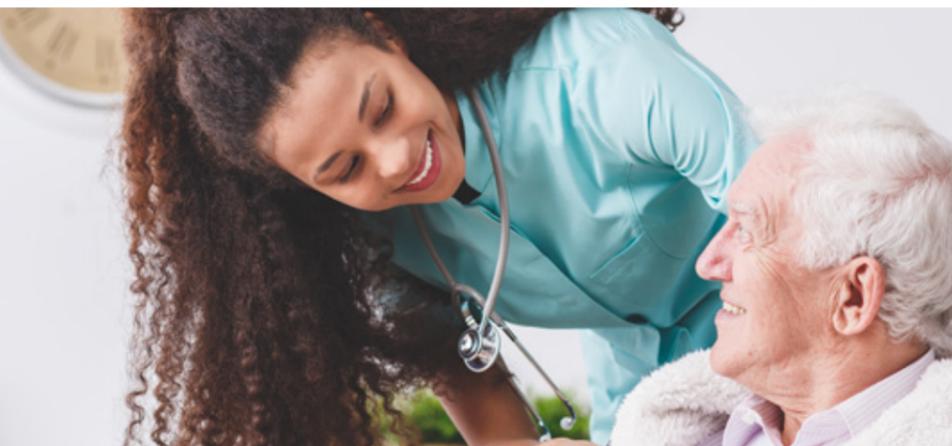
VALUES

We are distinguished by our values which are informed by our vision and primary objective. Our core values underpins the prioritisation of our organisational activities and resources.

The core values we call 'our perspective' include:

- Inclusiveness.
- Fairness.
- Equity.
- Advocacy.
- Respect.

SARRAH provides allied health professionals, service providers and the sector with a range of opportunities to inform and influence healthcare by contributing to policy and planning processes that govern service delivery contributing to policy and planning processes that govern service delivery to rural and remote communities. The ultimate goal of our consultative approach is to improve health outcomes.



SARRAH advocates on behalf of its individual and corporate members by meeting with parliamentarians at the local, state and federal levels to discuss issues of importance to its members.



'OUR PERSPECTIVE'

is demonstrated by qualities such as:

- Valuing the individual grass roots Allied Health Professional.
- Meeting community needs.
- Broad consultation.
- Achievement orientation.
- Connectedness to community.
- Can-do attitude.

SARRAH meets with individuals and organisations from across government and rural and remote allied health sector to discuss and address the need for access to equitable, sustainable and consistent allied health services. Through broad consultation, SARRAH aims to provide positions and proposals that are relevant and address the needs of people living in the bush.

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



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SARRAH has been operating for more than 20 years and is the only peak body to be full focused on rural and remote allied health working across all disciplines.

PRESIDENT'S REPORT

Rob Curry
President



2018-19 has been both challenging and exciting for SARRAH. Having lost our core Commonwealth funding in 2017, and with the winding down of our signature program – the Nursing & Allied Health Scholarship & Support Scheme – we have encountered significant challenges to financial viability as a non-profit organisation representing rural and remote allied health professionals and the communities they serve. In response the Board determined to revamp the organisational approach. We commissioned a new CEO, Jeff House, with business and entrepreneurial experience. Jeff brought a fresh perspective and strong energy as we sought to establish new relationships and rebuild a funding base to underpin our mission. Unfortunately, the new approach also brought relationship challenges for both Board and CEO, and there was a parting of ways in early 2019.

March 2019 saw the recruitment of Cath Maloney as Acting CEO. Cath brings hands-on clinical, executive management and governance expertise. She is an experienced and committed rural health professional with a deep knowledge of rural communities and their health needs. Cath also has a good grasp of our mission at SARRAH - to improve health care for rural and remote Australians who continue to get a raw deal from the Australian healthcare system, particularly regarding access to allied health services. The need for a clear representative voice from SARRAH is as pressing as ever, and it is great to have Cath Maloney at the helm of our office in Canberra.

New Opportunities

2019 saw numerous opportunities for SARRAH to make real progress in achieving equitable and quality allied health care for rural Australians. Two developments in particular hold great prospects:

- **Allied Health Rural Generalist Workforce and Education Scheme:** Over the past 24 months SARRAH has played an active role in supporting and promoting the AHRGP program for national application. SARRAH has recently been successful with a submission to the Commonwealth to further develop the Pathway and explore its application in private practice and NGO settings in addition to state health systems. We hold high expectations that the Allied Health Rural Generalist Workforce and Education Scheme (AHRGWES) will prove an important innovation in drawing AHPs to rural practice and sustaining them there in rewarding jobs based on confident, competent generalist service provision.

- **Allied Health focus from National Rural Health Commissioner (NRHC):** As a result of lobbying from SARRAH and our partners at the Federal Rural Health Minister's Roundtable meetings in Canberra, the focus of the newly created NRHC position has turned to the rural allied health workforce and its current deficiencies. Over recent months SARRAH has met regularly with the Commissioner, Professor Paul Worley, to hone his thinking on the challenges faced to ensure equitable and high-quality allied health access in rural communities. Our engagement with Professor Worley has been very positive and we are excited about the ideas and options he has drafted to take to the Rural Health Minister in October. In particular, Professor Worley is familiar with the AHRGP pathway model and is strong in his recommendation that this program receive additional and ongoing support from Canberra. He is also recommending that a new full-time position of national Chief Allied Health Officer (CAHO) be established in the Health Department, and that a key role of the CAHO would be to lead reforms to build rural allied health workforce. And critically, he has posited a model of Rural Allied Health Networks (RAHNs) for development under Commonwealth auspices in areas of significant allied health workforce shortage. We look forward to ongoing work with the Commissioner and Commonwealth to bring these ideas to full fruition.

Key Forums and Engagements

The last 12 months has seen strong development of the Australian Allied Health Leadership Forum (AAHLF), the principle national representative forum for the allied health professions comprising Indigenous Allied Health Australia, Allied Health Professions Australia, the National Allied Health Advisors Council, the Australian Council of Deans of Health Sciences, and SARRAH. AAHLF meets regularly in Canberra to consider allied health issues and engage the Commonwealth on these matters. Recently the AAHLF has been invited to raise allied health workforce issues at the Australian Health Ministers Advisory Council (AHMAC). This is the first time allied health has been asked to contribute at such a level, and we are hopeful our representations will bear fruit. A particular matter raised by AAHLF is the need for a comprehensive national system of allied health workforce data collection, inclusive of the self-regulating professions – no such coordinated data base currently exists, thus limiting capacity for coherent workforce planning.

MoU with Indigenous Allied Health Australia (IAHA)

At SARRAH we work closely with IAHA in acknowledgement of the pressing needs for better access to allied health services to help close the gap in Aboriginal life expectancy. IAHA of course takes the lead in many Aboriginal health initiatives, but in 2018 an MoU was signed between our two organisations to strengthen collaboration in improving Aboriginal access to allied health services, build the numbers of qualified Indigenous AHPs, and to ensure greater cultural safety of health care provision. The next 12 months will see practical effect given these priorities under our partnership.

Looking Forward

After an excellent SARRAH conference in Darwin last year we look forward to 'Sharing Stories, Shaping Success' in Townsville in 2020. We have an excellent Conference team working hard right now to produce something special for us in North Queensland.

AHRGWES is our priority project over the coming 24 months, building the rural generalist pathway into something game-changing for the rural allied health workforce. As a related measure, the CEO and Office are currently working to produce a Blue Print for the development of services at SARRAH to support the establishment of allied health businesses in rural and remote Australia, concurrent with the rural generalist initiative and in line with recommendations from the National Rural Health Commissioner to reform allied health access in the bush.

The year saw the departure of three Board members – Claire Salter, Kirrily Dear and Louise Bilato. We thank them for their great effort and commitment to SARRAH. In their place we welcomed Julie Hulcombe and Lauren Gale, both with great skills and rural experience.



Rob Curry
President

2019 saw numerous opportunities for SARRAH to make real progress in achieving equitable and quality allied health care for rural Australians.



CEO'S REPORT

Catherine Maloney
Chief Executive Officer



On April 11 2019 Prime Minister Scott Morrison called an election, a significant event that put the government into caretaker mode and sent the politicians on the campaign trail. It was also the day I started work at SARRAH as acting CEO.

Over the preceding months the National Office was tended by its two most loyal employees, Deslie Rosevear and Terence Janssen, who greeted me on my first day with a mixture of relief and exhaustion. SARRAH has much for which to thank Deslie and Terence, together with Rob and the Board, for navigating the organisation through some challenging times.

I'd like to begin my report by extending my thanks to the SARRAH President, Board and Secretariat for their diligence and commitment to SARRAH's objectives throughout the 2018-19 financial year. The strong support I received from the Board and the National Office team greatly helped make a smooth transition into the organisation. I'd also like to acknowledge the work of outgoing CEO Jeff House who brought some blue-sky thinking to the organisation and some interesting paths for SARRAH to explore.

It was a very busy time despite a caretaker government, as SARRAH was in the midst of consultations with the National Rural Health Commissioner on allied health workforce quality, access and distribution. SARRAH was closely engaged with Professor Worley, our colleagues and members of the Australian Allied Health Leadership Forum and other stakeholders to consult, debate and ultimately shape the Commissioner's recommendations to government. This is the most significant piece of work the allied health sector has seen in decades, and the timing of the Commissioner's report is noteworthy as the Commonwealth develops Australia's Long Term National Health Plan to build the world's best health system. Long-range planning could work in our sector's favour, with both cost impact and health impact of sustained investment in allied health services able to be planned and tracked. This makes for a favourable political climate where SARRAH's value proposition can be best appreciated.

Central to SARRAH's work in 2018-19 was the ongoing work to promote the Allied Health Rural Generalist Pathway (AHRGP). There are currently more than 60 trainees undertaking the pathway across five jurisdictions. The AHRGP provides support for early career AHPs starting out in rural Australia. Key features include discipline-specific supervision, quarantined professional development time, and effective rural practice skills development including delegation of work to allied health assistants, telehealth applications, and service development tailored to local community needs. SARRAH's next endeavour, the Allied Health Rural Generalist Workforce and Education Scheme (AHRGWES) will build on the AHRGP to explore opportunities for rural generalist trainee positions in private and non-government sectors. AHRGWES will implement grant packages inclusive of workplace-based training and supervision, scholarships and practical hands on support that will enable the testing, evaluation and ongoing development of the AHRGP, contributing to the ongoing sustainability of the initiative, and more broadly, strengthening the rural allied health workforce pipeline.

Along with these activities SARRAH has been reaching out to stakeholders and potential partners to bolster existing relationships and forge new ones. The 2018-19 year saw SARRAH welcome Pain Australia and the Consumer Health Forum as new stakeholder organisations. We look forward to developing these relationships in the year ahead.

SARRAH is grateful for the support of the Department of Health's Rural Access Branch throughout the year. We are appreciative of the investment that has been made in SARRAH to continue to support rural allied health workforce development; a cause that lies at the heart of SARRAH's mission.

The National Office

There has been some movement in the National Office over the past year, with some long-term SARRAH employees moving on to other opportunities, and some new faces coming on board. Lorraine Rae commenced with SARRAH in November 2009 as the finance manager, and was an integral part of the SARRAH national office for nine years. In October 2018 Lorraine made the decision to leave SARRAH for a full time position and we extend our thanks to Lorraine for her loyalty and dedication.

The vacancy left by Lorraine's departure brought Kata Andric to SARRAH. Kata is a Certified Practising Accountant and brings extensive experience in accounting and auditing to SARRAH.

June 2019 saw Terence Janssen, Policy and Projects Officer, leave SARRAH to pursue other interests. Terence's obvious passion for rural and remote health over the past five years has been an asset to SARRAH and will stand him in good stead for future career roles. We wish him every success. Recruitment to the vacancy left by Terence brought Allan Groth to SARRAH, together with his wealth of experience in policy, advocacy and government relations. Allan splits his time between his Policy and Advocacy role with SARRAH and a special projects role with Indigenous Allied Health Australia (IAHA). SARRAH has already benefitted greatly from Allan's deep understanding of government processes.

Filling the remaining part-time vacancy is Dr Anna Moran, Research Fellow, whom SARRAH shares with Albury Wodonga Health where she works as the Rural Health Academic Network (RHAN) Research Coordinator. The SARRAH Research Fellow was introduced to assist SARRAH to implement the outcomes of the SARRAH Evidence Forum held in April 2018. This is a developing role that will establish systematic processes to identify, gather and build the evidence base for rural and remote models of care and workforce strategies. This knowledge bank will be made available to the SARRAH membership and will be used to inform policy and advocacy activities.

The SARRAH team will grow in the 2019-20 year with the appointment of two project managers to implement the AHRGWES project, beginning in December 2019. Gemma Tuxworth and Rhiannon Memery are both experienced allied health professionals with strong project management skills. They will continue to work from their bases in regional Tasmania and Victoria respectively. I feel excited to be part of an assembly of

people with diverse experience and skills. I look forward to continuing to work with Rob, the SARRAH board and our regionally dispersed team to explore new opportunities for SARRAH over the coming year. I believe that SARRAH is in a strong position to forge new roles that will support rural allied health practitioners to continue a satisfying career trajectory while staying rural, and in turn enabling rural and remote Australians to have optimal health and wellbeing.



Catherine Maloney
Chief Executive Officer

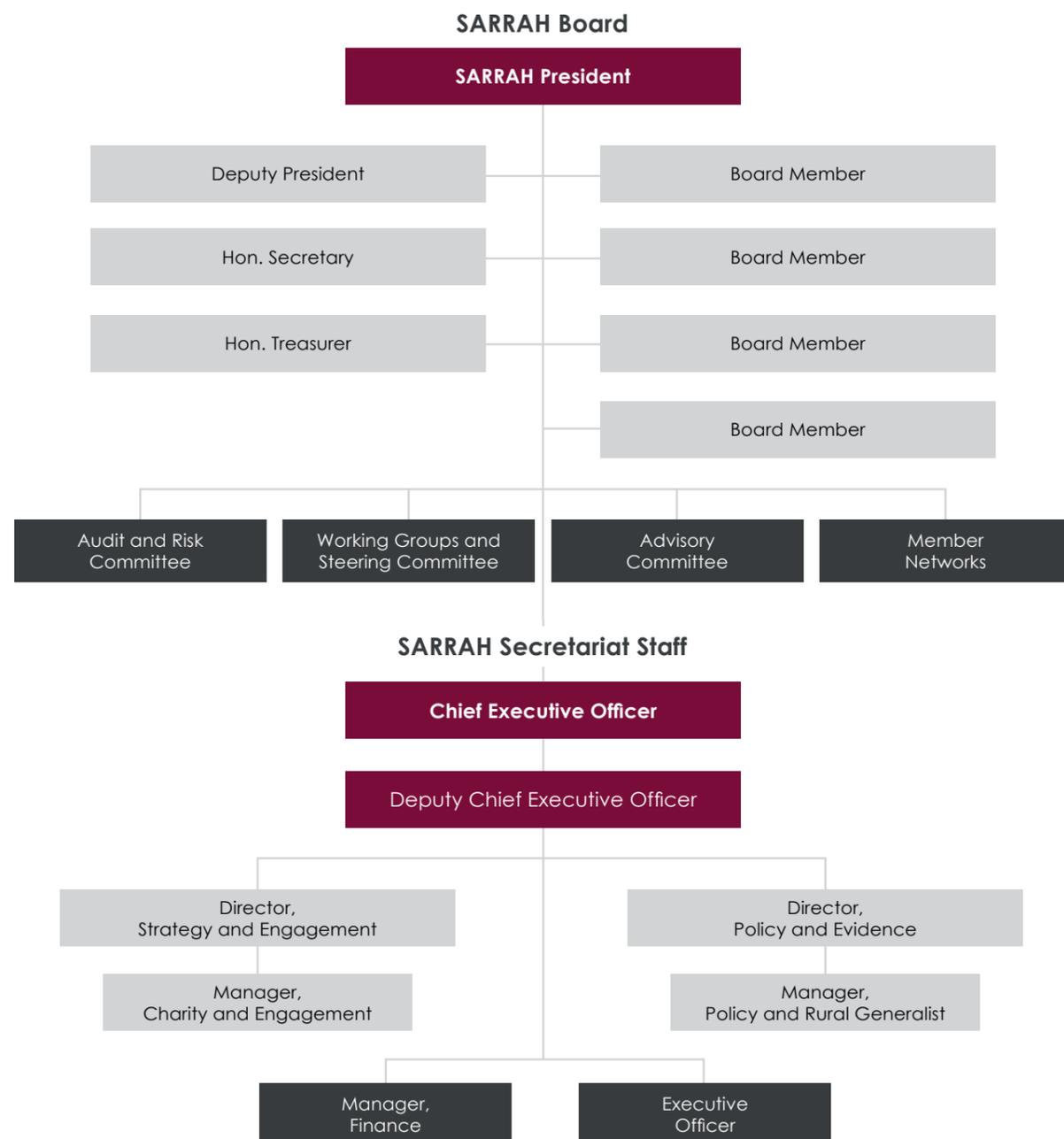
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CORPORATE GOVERNANCE

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

Figure 1: Organisation Structure



ORGANISATION STRUCTURE

SARRAH Board

The SARRAH Board provides governance and oversight over the affairs, property and funds of SARRAH. Members of the Board have the authority to interpret the meaning of the Constitution and any matter on which the Constitution is silent. The Board is also responsible for appointing the CEO and determining SARRAH's strategic direction.

The SARRAH Board comprises of seven members. In 2018-19 the Board membership was as follows:

Rob Curry	President	
Narelle Campbell	Honorary Treasurer	
Vacant	Honorary Secretary	
Ed Johnson		appointed 28 October 2018
Kim Bulkeley		appointed 10 August 2018
Matt Thomas		appointed 13 September 2018
Louise Bilato		appointed 21 September 2018
Julie Hulcombe		appointed 29 January 2019
Lauren Gale		appointed 28 January 2019
Claire Salter		resigned 21 February 2019
Kirrilly Dear		resigned 18 January 2019
Sharon Mickan		resigned 1 October 2018
Cassandra Bonython		resigned 28 August 2018

Audit and Risk Committee

The Audit and Risk Committee helps assure accountability in assisting SARRAH to comply with obligations under the Constitution, and provides a forum for discussion about compliance, risk management and stakeholder reporting.

The Audit and Risk Committee membership in 2018-19 was as follows:

Petra Boverly-Spencer	Appointed in 2014	resigned in 2018
Lorraine Rae	Appointed in 2017	resigned in October 2018
Jeff House	Appointed in 2017	resigned in February 2019
Rob Curry	Appointed in 2018	
Narelle Campbell	Appointed in 2018	
Cath Maloney	appointed in 2019	

Advisory Committee

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

During 2018-19 the Advisory committee went through a re structure process with a smaller working group tasked with working through this with regular updates provided to the full advisory committee throughout the process.

Key discussion areas for the working group were;

- Membership and structure of the SAC
- Role of SAC members
- SARRAH services, data and function
- Member and stakeholder communications
- Growing the research base

The working group met on 3 occasions;

- 11 July 2018
- 18 July 2018
- 27 August 2018

The final report from the working group to the full Advisory Committee recommended reducing the committee to seven (7) state jurisdiction representatives, and a student or early career representative. The working group also took into account the capacity of the national office (which has reduced capacity with staffing changes) to provide member supports.

It was also noted that the jurisdiction reps would need to be active and engaged and have the capacity and time to put into their role. It is also important for the reps to have support and assistance particularly relating to discipline specific issues that may arise.

SARRAH National Office Staff

Chief Executive Officer	resigned 2019
Acting Chief Executive Officer	
Deputy Chief Executive Officer	
Director, Strategy and Engagement	resigned 2018
Director, Policy and Evidence	resigned 2018
Manager, Policy and Rural Generalist	resigned 2019
Manager, Charity and Engagement	resigned 2019
Manager, Finance	resigned 2018
Executive Officer	resigned

ORGANISATION YEAR IN REVIEW

It was yet another a busy year for SARRAH, the highlight being the successful SARRAH conference held in Darwin in September 2018. In addition, a number of activities were finalised in the 2018-19 year, including:

A range of submissions including the National Disability Agreement Review, the Select Committee into the Obesity Epidemic In Australia, the MBS taskforce review and the NDIS Thin Markets Project

A statement to the Royal Commission into Aged Care Safety and Quality, resulting in an appearance before the Aged Care Commissioner in Darwin in July 2019

Continued administration of the remaining scholars of the Nursing and Allied Health Scholarship and Support Scheme

The Allied Health Professions Office of Queensland Project to expand the Allied Health Rural Generalist Pathway nationally. The final report was delivered in July 2019 and work will continue through the Allied Health Rural Generalist Workforce and Education Scheme (AHRGWES)

The NSW Health rapid review of strategies for increasing allied health recruitment and retention in rural Australia, conducted by KBC Consulting, culminating in a summit in Wagga Wagga in June 2019.

SARRAH Conference 2018: Changing Landscapes, Changing Lives

The conference was held over three days at the Darwin Convention Centre, this being the first time SARRAH has held their conference in a Capital City.

- Day one of the conference included the SARRAH Annual General Meeting, SARRAH Speed Networking Session for Students, Rural Generalists Trainees and Early Career Delegates & the Welcome Reception.
- Day two featured keynote presentations and a full program of presentations from the conference participants, day two concluded with an optional social evening at the Royal Flying Doctors Service Tourist Facility & Stokes Hill Wharf.
- The final day of the conference again feature keynote presentations and a full program from conference participants, followed by the 'A touch of the tropics' conference dinner on the stunning Skycity lawns.

There was a fabulous response to the Call for Abstracts with 179 submitted for review. Of these a total of 123 abstracts were presented, along with 9 keynote presentations.

A total of 284 delegates, including sponsors and exhibitors attended the conference, which far exceeded expectations.

The local organising committee consisted of:

- Associate Professor Narelle Campbell, Flinders Northern Territory
- Ms Renae Moore, Top End Health Service
- Ms Annie Farthing, Centre for remote Health
- Ms Amanda O'Keefe, Top End Health Service
- Ms Claire Salter, Going Rural Health – University of Melbourne
- Mrs Kylie Stothers, Indigenous Allied Health Australia
- Dr Saravana Kumar, University of South Australia

Flinders University were the Platinum Sponsor and the Queensland Government supported the conference as Gold Sponsors.

The Exhibition area sold out, with a total of 12 exhibitors participating in the conference.

REGISTERED	NUMBER
Sponsor and Exhibitor	45
Speaker/Presenter	72
Delegates	125
Student Delegates	42
Total	284

Conference Website

- The website was visited over **10,000 times**
- Over **29,000 individual page views** occurred
- The average time spent on a page was **2.20 minutes**
- The most visited page was the **conference program**, followed by the Registration, Presentation and Sponsorship pages
- **45.1%** of people accessed the website via a direct link & **40.4%** of people accessed the website via an organic search result.

Conference Feedback & Survey Results

The overall feedback from the post conference survey was very positive, with a majority of delegates happy with the conference organisation, networking opportunities, conference program and quality of the speakers.

SARRAH would like to thank the following sponsors and exhibitors for supporting the 2018 SARRAH National Conference:

SPONSORSHIP PACKAGE	ORGANISATION
Platinum Sponsor	Flinders University
Gold Sponsor	Queensland Health
Silver Sponsor	Northern Territory Government
Name Badge Sponsor	Health Education And Training Institute
Pocket Program Sponsor	CARPA
Trade Display	Rural Health West
Trade Display	Roche Diagnostics Australia
Trade Display	South Island District Health Boards
Trade Display	Rural Locum Assistance Programme
Trade Display	PHN Northern Territory
Trade Display	QUT's Supportive And Palliative Care Research Program
Trade Display	Australian Medicines Handbook
Trade Display	Healthcare Australia
Trade Display	National Disability Insurance Agency
Trade Display	Queensland University of Technology
Trade Display	National Eating Disorders Collaboration
Satchel Insert	Royal Australian College Of General Practitioners (racgp)
Satchel Insert	Menzies School Of Health Research
Satchel Insert	Sybella Health
Web ad with hotlink	Menzies School Of Health Research

SARRAH Conference 2020

Planning for the 2020 SARRAH National Conference is well advanced and will take place from 13 – 15 September 2020 at the Ville Townsville. The theme for the conference is "Sharing stories : shaping success", and SARRAH will also be celebrating our major milestone of 25 years.

Allied health rural generalist pathway

SARRAH continued to work with the Allied Health Professions Office of Queensland (AHPOQ) during the course of 2018-19 to support the ongoing development of the AHRGP. Over the life of the project there was an increase in the number of jurisdictions adopting the AHRGP and the number AHRG trainee positions. The AHRGP was also brought to the attention of key decision makers within the Commonwealth Government including high level representatives within the Department of Health, the National Rural Health Commissioner and Federal Government Ministers who have responsibility for regional, rural and remote health.

SARRAH made a submission for funding to the Commonwealth Department of Health to continue the national implementation of the AHRGP. The project entitled "Allied Health Rural Generalist Workforce and Education Scheme" (AHRGWES) was approved in September 2019.

AHRGWES will implement systems, support and infrastructure that will enable the testing, evaluation and ongoing development of Implementation Grant packages inclusive of scholarships and practical hands on support will contributing to the expansion of the AHRGP in private and non-government settings and ensure its ongoing sustainability.

Strategies for Increasing Allied Health Recruitment and Retention in Rural Australia: A Rapid Review

The NSW Ministry of health commissioned this rapid review to outline the evidence to address the overarching question:

What strategies have proven effective or ineffective for increasing the efficacy of allied health recruitment and retention in Australia?

The findings concluded the strongest evidence concerning recruitment of allied health professionals in rural and remote practice relates to:

- Rural background
- Curriculum that reflects rural health issues
- Quality rural placements

Factors that influence retention can be broadly categorised as professional and organisational, social (family and personal), and financial factors, including:

- Safe and supportive work environments
- Career development
- Nature of the work and outreach support
- Professional networks
- Public recognition of the role
- Appropriate financial incentives

Policy and Advocacy

SARRAH continues to amplify the voice of allied health professionals working in rural and remote Australia through its policy and advocacy program. Over the course of 2018-19 the following submissions were tabled:

Productivity Commission: National Disability Agreement Review

Key issues highlighted market stewardship; workforce development; the provision of disability services to people who are not eligible for the NDIS and not covered by continuity of support arrangements; and the way the NDIS interfaces with mainstream services.

Submission to the Select Committee into the Obesity Epidemic in Australia

Concluding remarks called for better access to multidisciplinary team-based care and support for training of health professionals to ensure they have the skills they need work with individuals and communities to achieve better health.

Medicare Benefits Schedule Review Taskforce: Final Report of the Allied Health Reference Group Consultation Response

SARRAH endorsed all recommendations contained in the report as a strong step towards improving access to allied health services. However, there were still a number of areas which require further attention. In particular, models of care based on telehealth, building an evidence base for allied health and improving data collection on the utilisation of allied health services across Australia.

The Royal Commission into Aged Care Quality and Safety

Based on consultations with SARRAH members working in aged care settings, the following recommendations were put to the Commission in a statement and followed up by an appearance before the Honorable Richard Tracey and Ms Lynelle Briggs in Darwin in July 2019:

- Resource measures that support healthy ageing and enable older Australians to remain at home and engaged with community for as long and as safely as possible.
- Design a funding mechanism that supports quality multidisciplinary care for older people with complex needs residing in aged care facilities. This should include flexibility for rural and remote aged care services to access allied health services by a range of mechanisms including telehealth.
- Recognise the higher cost of service provision in rural and remote settings. In particular review the arrangements for funding the cost of travel in the delivery of services to people who reside outside rural townships.
- adopt a skills-based approach to aged care workforce profiles. SARRAH believes that the future aged care workforce must be multidisciplinary, skilled in team based care, and able to support the older person's physical, mental, social and emotional wellbeing.
- Incentivise rural health professionals from all disciplines to specialise in aged care and gerontology through targeted scholarship programs.
- Enable timely access to allied health services by incorporating the cost of these services into funding models. This will reduce barriers to access created by confusion around mechanisms for payment of services.

- Prioritise and fund the leisure and lifestyle component of care in aged care facilities, emphasising the therapeutic value of meaningful, engaging leisure options and choices, and the cost effectiveness of this measure.
- Prioritise and fund maintenance rehabilitation as a means to sustaining a resident's level of function and quality of life.
- Remove low-value incentives from current funding models, particularly relating to complex care, to better reflect evidence-based care for people in pain.

Membership

Our membership program is an important part of SARRAH's collaborative approach in working together with our members and partners, in creating a united voice for rural and remote Australia.

SARRAH would like to thank all of our individual and student members for their continued support through the 2018-19 year, including North and West Remote Health who took out individual memberships for their staff. We also thank the following organisations who joined or renewed their membership in the period 2018-19:

- Aspen Medical
- Gidgee Healing
- Royal Flying Doctor Service
- Southern Cross University
- Rural Health West
- Darling Downs and West Moreton PHN
- Northern Territory Health
- University of Canberra
- Central Queensland University
- Hunter New England Local Health District
- Northern Territory PHN
- University of Queensland
- Charles Sturt University
- James Cook University
- Bond University

Nursing and Allied Health Scholarship Support Scheme

In June 2019 SARRAH signed a variation to the standard funding agreement schedule confirming that SARRAH will continue to administer the allied health component of the NAHSSS until 31 October 2024. All remaining scholarship recipients are expected to complete their studies in 2022.

As at the 30 June 2019 there are 15 Undergraduate (Entry-Level) scholars, 28 Postgraduate scholars and 3 Clinical Psychology 3 scholars, a total of 46 current scholars.

SARRAH would like to thank all of our individual and student members for their continued support through the 2018–19 year



FINANCIAL MANAGEMENT

STATEMENT OF FINANCIAL POSITION

Assets and Liabilities as at 30 June 2019

ASSETS	2019	2018
Current Assets	\$4,246,248	\$5,694,477
Non-Current Assets	\$-	\$4,760
Total Assets	\$4,246,248	\$5,699,237
LIABILITIES		
Current Liabilities	\$97,296	\$191,225
Non-Current Liabilities	\$-	\$4,678
Total Liabilities	\$97,296	\$195,903
NET ASSETS	\$4,148,952	\$5,503,334

SARRAH had a cash surplus of \$4.22m as at 30 June 2019, of which approximately 90% either relate to scholarships that have been granted and for which future payments are required or scholarship funds that are unspent and may be returned to the Department of Health.

On 20 September 2019, SARRAH obtained approval from Department of Health to utilise unspent funds from the Nursing and Allied Health Scholarship and Support Scheme (NAHSSS) to administer the Allied Health Rural Generalist Workforce & Education Scheme (AHRGWES), a two-year project aiming to increase uptake of Allied Health Rural Generalist trainee positions with an emphasis on private and non-government service providers.

Revenue to 30 June 2019

REVENUE	2019	2018
Department of Health Grants	\$-	\$121,977
Interest Income	\$16,819	\$27,646
Membership Fees	\$100,226	\$32,851
Conference Income	\$76,693	\$-
Rental Income	\$4,600	\$-
Other Income	\$46,560	\$14,960
Total Revenue	\$244,898	\$197,434

SARRAH will be seeking new funding opportunities in the 2019-20 financial year to improve revenue and expand service offerings.

Expenses to 30 June 2019

EXPENSES	2019	2018
Employee Benefits Expense	\$554,831	\$593,974
Depreciation Expense	\$4,760	\$10,220
Rental Expense	\$64,742	\$54,995
Scholarship Payments	\$761,718	\$3,415,326
Conference Expenses	\$4,836	\$8,587
Other Expenses	\$208,393	\$217,485
Total Expenses	\$1,599,280	\$4,300,587

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

ABN 92 088 913 517

**FINANCIAL REPORT FOR THE YEAR ENDED
30 JUNE 2019**

**SERVICES FOR AUSTRALIAN RURAL AND REMOTE ALLIED HEAH INCORPORATED
ABN 92 088 913 517**

BOARD MEMBERS' REPORT

Your Board members present this report on the association for the financial year ended 30 June 2019.

Board Members

The names of each person who has been a Board member during the year and to the date of this report are:

Rob Curry (President)
Narelle Campbell (Honorary Treasurer)
Ed Johnson
Kim Bulkeley (appointed 10 August 2018)
Matt Thomas (appointed 13 September 2018)
Louise Bilato (appointed 21 September 2018)
Julie Hulcombe (appointed 29 January 2019)
Lauren Gale (appointed 28 January 2019)
Claire Salter (resigned 21 February 2019)
Kirrily Dear (resigned 18 January 2019)
Sharon Mickan (resigned 1 October 2018)
Cassandra Bonython (resigned 28 August 2018)

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

Principal Activities

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

Significant Changes

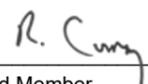
No significant changes in the nature of these activities occurred during the year.

Operating Result

The deficit of SARRAH for the financial year amounted to \$1,354,382 (2018 deficit: \$4,103,153).

The lead auditor's independence declaration in accordance with section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012*, for the year ended 30 June 2019 has been received and can be found on page 2 of the financial report.

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


Board Member


Board Member

Dated this 25th day of November 2019



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

As the lead auditor of Services for Australian Rural and Remote Allied Health Incorporated, I declare that, to the best of my knowledge and belief, during the year ended 30 June 2019 there have been no contraventions of:

- i. the auditor independence requirements as set out in the *Australian Charities and Not-For-Profits Commission Act 2012* in relation to the audit; and
- ii. any applicable code of professional conduct in relation to the audit.

Shane Bellchambers, FCA
 Registered Company Auditor
 BellchambersBarrett

Canberra, ACT
 Dated this 25th day of November 2019

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

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2019

	Note	2019 \$	2018 \$
Revenue	2	244,898	197,434
Employee benefits expense	3	(554,831)	(593,974)
Depreciation expense		(4,760)	(10,220)
Rental expense		(64,742)	(54,995)
Scholarship payments	3	(761,718)	(3,415,326)
Conference expenses		(4,836)	(8,587)
Other expenses		(208,393)	(217,485)
Net current year (deficit)		(1,354,382)	(4,103,153)
Other comprehensive income		-	-
Total comprehensive income for the year		(1,354,382)	(4,103,153)

The accompanying notes form part of these financial statements.

SERVICES FOR AUSTRALIAN RURAL AND REMOTE ALLIED HEAH INCORPORATED
ABN 92 088 913 517

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2019

	Note	2019 \$	2018 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	4,227,134	5,692,097
Trade and other receivables	6	19,114	1,593
Other current assets	7	-	787
		<u>4,246,248</u>	<u>5,694,477</u>
TOTAL CURRENT ASSETS			
NON-CURRENT ASSETS			
Plant and equipment	8	-	4,760
		<u>-</u>	<u>4,760</u>
TOTAL NON-CURRENT ASSETS			
		<u>4,246,248</u>	<u>5,699,237</u>
TOTAL ASSETS			
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	24,185	49,569
Provisions	10	45,267	63,989
Lease liability	11	-	1,426
Income received in advance	12	27,844	76,241
		<u>97,296</u>	<u>191,225</u>
TOTAL CURRENT LIABILITIES			
NON-CURRENT LIABILITIES			
Provisions	10	-	4,678
		<u>-</u>	<u>4,678</u>
TOTAL NON-CURRENT LIABILITIES			
		<u>97,296</u>	<u>195,903</u>
TOTAL LIABILITIES			
		<u>4,148,952</u>	<u>5,503,334</u>
NET ASSETS			
		<u>4,148,952</u>	<u>5,503,334</u>
EQUITY			
Retained surplus		<u>4,148,952</u>	<u>5,503,334</u>
		<u>4,148,952</u>	<u>5,503,334</u>
TOTAL EQUITY			

The accompanying notes form part of these financial statements.

SERVICES FOR AUSTRALIAN RURAL AND REMOTE ALLIED HEAH INCORPORATED
ABN 92 088 913 517

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2019

	Retained Surplus \$	Total \$
Balance at 1 July 2017	9,606,487	9,606,487
Comprehensive income		
Net (deficit) for the year	<u>(4,103,153)</u>	<u>(4,103,153)</u>
Balance at 30 June 2018	<u>5,503,334</u>	<u>5,503,334</u>
Comprehensive income		
Net (deficit) for the year	<u>(1,354,382)</u>	<u>(1,354,382)</u>
Balance at 30 June 2019	<u>4,148,952</u>	<u>4,148,952</u>

The accompanying notes form part of these financial statements.

SERVICES FOR AUSTRALIAN RURAL AND REMOTE ALLIED HEAH INCORPORATED
ABN 92 088 913 517

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2019

	Note	2019 \$	2018 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from government, members and customers		154,559	250,386
Interest received		16,819	27,646
Net GST received / (paid)		8,956	(14,020)
Payments to suppliers and employees		(1,643,871)	(4,338,974)
Net cash (used by) operating activities		(1,463,537)	(4,074,962)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of borrowings		(1,426)	(4,277)
Net cash (used in) financing activities		(1,426)	(4,277)
Net (decrease) in cash held		(1,464,963)	(4,079,239)
Cash and cash equivalents at beginning of financial year		5,692,097	9,771,336
Cash and cash equivalents at end of financial year	5	4,227,134	5,692,097

The accompanying notes form part of these financial statements.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements were authorised for issue on 25 November 2019 by the members of the Board.

Basis of Preparation

SARRAH applies Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: *Application of Tiers of Australian Accounting Standards* and AASB 2010–2: *Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements* and other applicable Australian Accounting Standards – Reduced Disclosure Requirements.

The financial statements are general purpose financial statements and have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the *Australian Charities and Not-for-profits Commission Act 2012*. The association is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Changes to Accounting Policy

Financial Instruments - Adoption of AASB 9

SARRAH has adopted AASB 9 *Financial Instruments* for the first time in the current year with a date of initial adoption of 1 July 2018.

Classification of financial assets and financial liabilities

The table below illustrates the classification and measurement of financial assets and liabilities under AASB and AASB 139 at the date of initial application.

	Classification under AASB 139	Classification under AASB 9
Trade and other receivables	Loans and receivables	Financial assets amortised cost
Total financial assets		
Trade and other payables	Other payables	Financial liabilities amortised cost
Total financial liabilities		

SARRAH has determined that adoption of AASB 9 has not impacted on the carrying amount of its financial instruments.

Accounting Policies

a. **Income Tax**

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

b. **Plant and Equipment**

Plant and equipment are measured using the cost model. Each class of plant and equipment is carried at cost less, where applicable, any accumulated depreciation and impairment.

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

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

b. **Plant and Equipment (continued)**

Depreciation

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

Leased assets and leasehold improvements are amortised over the shorter of either the unexpired period of the lease or their estimated useful life.

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

Class of Fixed Asset	Depreciation Rate
Office equipment	30-40%
Office furniture	20%

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

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

c. **Leases**

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

d. **Financial instruments**

Financial instruments are recognised initially on the date that SARRAH 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).

Impairment of Financial Assets

At the end of the reporting period SARRAH assesses whether there is any objective evidence that a financial asset or group of financial assets is impaired.

Impairment of Financial assets at amortised cost

If there is objective evidence that an impairment loss on financial assets carried at amortised cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of the estimated future cash flows discounted at the financial assets original effective interest rate.

Impairment on loans and receivables is reduced through the use of an allowance accounts, all other impairment losses on financial assets at amortised cost are taken directly to the asset.

Subsequent recoveries of amounts previously written off are credited against other expenses in profit or loss.

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, SARRAH classifies its financial assets as measured at amortised cost.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

d. **Financial instruments (continued)**

Amortised cost

Assets measured at amortised cost are financial assets where:

- the business model is to hold assets to collect contractual cash flows; and
- the contractual terms give rise on specified dates to cash flows are solely payments of principal and interest on the principal amount outstanding.

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

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

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

Derecognition

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

e. **Impairment of non-financial Assets**

At the end of each reporting period SARRAH determines whether there is an evidence of an impairment indicator for non-financial assets.

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

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

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

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

f. **Employee Benefits**

Short-term employee benefits

Provision is made for the association's liability for short-term employee benefits arising from services rendered by employees to the end of the reporting period. Short-term employee benefits that are expected to be wholly settled within 12 months have been measured at the amounts expected to be paid when the liability is settled.

The association's obligation for short-term employee benefits are recognised as a part of provisions in the statement of financial position.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

f. **Employee Benefits (continued)**

Other long-term employee benefits

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

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

g. **Cash and Cash Equivalents**

Cash and cash equivalents comprises cash on hand and term deposits, which are readily convertible to known amounts of cash with original maturities of three months or less.

h. **Trade and Other Receivables**

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

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

i. **Trade and Other Payables**

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

j. **Provisions**

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

k. **Revenue and Other Income**

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

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

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

k. **Revenue and Other Income (continued)**

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

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument.

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

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

l. **Goods and Services Tax (GST)**

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

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

Cash flows 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.

m. **Comparative Figures**

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

n. **Key Estimates**

(i) *Impairment – general*

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

(ii) *Employee benefits*

For the purpose of measurement, AASB 119: Employee Benefits defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after year end of the annual reporting period in which the employee render the related service. As SARRAH expects that all of its employees would use all of their annual leave entitlements earned during a reporting period before 12 months after the end of the reporting period, SARRAH believes that obligations for annual leave entitlements satisfy the definition of short-term employee benefits and, therefore, can be measured at the (undiscounted) amounts expected to be paid to employees when the obligations are settled.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

o. **Adoption of new and revised accounting-standards**

SARRAH has adopted all standards which became effective for the first time at 1 July 2018, the adoption of these standards has not caused any material adjustments to the reported financial position, performance or cash flow of SARRAH or refer to the Changes to Accounting Standards above for details of the changes due to standards adopted.

The AASB has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods. SARRAH has decided not to early adopt these Standards.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 2: REVENUE	2019	2018	
	\$	\$	
Revenue			
Department of Health grants	-	121,977	
Interest income	16,819	27,646	
Membership fees	100,226	32,851	
Conference income	76,693	-	
Rental income	4,600	-	
Other income	46,560	14,960	
Total revenue	244,898	197,434	
NOTE 3: SURPLUS FOR THE YEAR	2019	2018	
	\$	\$	
Significant Revenue and Expenses			
The following significant revenue and expense items are relevant in explaining the financial performance:			
Department of Health grants	-	121,977	
Employee benefits expense	(554,831)	(593,974)	
Scholarship payments	(761,718)	(3,415,326)	
NOTE 4: AUDITORS' REMUNERATION	2019	2018	
	\$	\$	
Remuneration of the auditor of the association for:			
- Auditing the financial report	13,500	13,000	
- Other services	6,525	-	
Total remuneration	20,025	13,000	
NOTE 5: CASH AND CASH EQUIVALENTS	Note	2019	2018
		\$	\$
Cash at bank and on hand		4,227,134	5,692,097
	18	4,227,134	5,692,097

Approximately 90% of the cash funds held as at 30 June 2019 either relate to scholarships that have been granted and for which future payments are required or scholarship funds that are unspent and may be returned to the Department of Health. As per the funding agreement with the Commonwealth, SARRAH uses NAHSSS funds to cover approximately 70 per cent of administrative costs including all salaries.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 6: TRADE AND OTHER RECEIVABLES	Note	2019 \$	2018 \$
CURRENT			
Trade and other receivables		16,650	1,593
GST receivable		2,464	-
Total current trade and other receivables	18	19,114	1,593

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

NOTE 7: OTHER CURRENT ASSETS		2019 \$	2018 \$
CURRENT			
Prepayments		-	787

NOTE 8: PLANT AND EQUIPMENT		2019 \$	2018 \$
Office equipment:			
At cost		45,861	45,861
Accumulated depreciation		(45,861)	(44,367)
		-	1,494
Office furniture:			
At cost		24,452	24,452
Accumulated depreciation		(24,452)	(21,186)
		-	3,266
Total plant and equipment		-	4,760

Movements in carrying amounts

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

	Office Equipment \$	Office Furniture \$	Total \$
Balance at 1 July 2018	1,494	3,266	4,760
Depreciation expense	(1,494)	(3,266)	(4,760)
Carrying amount at 30 June 2019	-	-	-

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 9: ACCOUNTS PAYABLE AND OTHER PAYABLES	Note	2019 \$	2018 \$
CURRENT			
Trade payables		1,481	2,095
Accrued wages		-	7,667
GST payable		-	8,686
PAYG Withheld		6,492	11,460
Superannuation payable		4,235	5,113
Accrued expenses and other payables		11,977	14,548

Total trade and other payables 24,185 49,569

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

a. Financial liabilities at amortised cost classified as accounts payable and other payables:			
Accounts payable and other payables		24,185	49,569
Less wages and superannuation accrual		-	(7,667)
Less GST payable		-	(8,686)
Less PAYG Withheld		(6,492)	(11,460)
Less Superannuation payable		(4,235)	(5,113)
Less Other payables		(11,977)	(14,548)

Financial liabilities as trade and other payables 18 1,481 2,095

NOTE 10: PROVISIONS		2019 \$	2018 \$
CURRENT			
Current long service leave provision		21,145	27,705
Provision for annual leave		24,122	36,284
Total current provisions		45,267	63,989
Non-current long service leave provision		-	4,678
Total provisions		45,267	68,667

NOTE 11: LEASE LIABILITY	Note	2019 \$	2018 \$
Total lease liability	18	-	1,426

The finance lease for the photocopier, commenced in 2016 and expired in October 2018.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 12: OTHER LIABILITIES	2019	2018
	\$	\$
CURRENT		
Income received in advance	27,844	76,241
	<hr/>	<hr/>
NOTE 13: CAPITAL AND LEASING COMMITMENTS	2019	2018
	\$	\$
a. Finance Lease Commitment		
Payable – minimum lease payments:		
– not later than 12 months	-	1,568
– between 12 months and five years	-	-
	<hr/>	<hr/>
Minimum lease payments	-	1,568
	<hr/>	<hr/>
The finance lease for the photocopier, which commenced in the 2016 financial year, is a 60-month lease, and expired in October 2018. Lease payments were payable monthly in advance.		
b. Operating Lease Commitments		
Non-cancellable operating leases contracted for but not capitalised in the financial statements		
Payable – minimum lease payments:		
– not later than 12 months	73,620	70,944
– between 12 months and five years	46,627	277,749
	<hr/>	<hr/>
Total operating lease commitments	120,247	348,693
	<hr/>	<hr/>

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

NOTE 14: CONTINGENT LIABILITIES AND CONTINGENT ASSETS

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

NOTE 15: EVENTS AFTER THE REPORTING PERIOD

On 20 September 2019, SARRAH obtained approval from Department of Health to utilise unspent funds from the Nursing and Allied Health Scholarship and Support Scheme (NAHSSS) to administer the Allied Health Rural Generalist Workforce & Education Scheme (AHRGWES), a two-year project aiming to increase uptake of Allied Health Rural Generalist trainee positions with an emphasis on private and non-government service providers. SARRAH will also be seeking new funding opportunities in the 2019-20 financial year to improve revenue and expand service offerings.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 16: RELATED PARTY TRANSACTIONS

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

NOTE 17: KEY MANAGEMENT PERSONNEL COMPENSATION

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

	2019	2018
	\$	\$
Key management personnel compensation		
- Short-term benefits	164,502	190,165
- Post-employment benefits	15,628	12,660
	<hr/>	<hr/>
	180,130	202,825
	<hr/>	<hr/>

NOTE 18: FINANCIAL RISK MANAGEMENT

The association's financial instruments consist mainly of deposits with banks, accounts receivable and payable, and leases.

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

	Note	2019	2018
		\$	\$
Financial assets			
Cash and cash equivalents	5	4,227,134	5,692,097
Trade and other receivables	6	19,114	1,593
		<hr/>	<hr/>
Total financial assets		4,246,248	5,693,690
		<hr/>	<hr/>
Financial liabilities			
Financial liabilities at amortised cost:			
- Trade and other payables	9	1,481	2,095
- Lease liability	11	-	1,426
		<hr/>	<hr/>
Total financial liabilities		1,481	3,521
		<hr/>	<hr/>

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 19: ASSOCIATION DETAILS

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

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

NOTE 20: GOING CONCERN – MATERIAL UNCERTAINTY

The financial statements have been prepared on a going concern basis, which assumes that SARRAH will be able to meet its debts as and when they fall due and payable.

SARRAH is currently dependent on the Department of Health for the majority of its revenue used to operate the business. Whilst SARRAH continues to develop alternative revenue streams, the revenue relating to the scholarship scheme SARRAH currently administers is unlikely to continue. These conditions indicate the existence of a material uncertainty which may cast significant doubt about the association's ability to continue as a going concern.

Consequently, SARRAH has reviewed and will continue to assess its operating structure and monitor strategies to diversify its income sources. Management believe these strategies will be sufficient to satisfy forecasted operating requirements and has reasonable expectation that the association has adequate resources to continue in operational existence for the foreseeable future.

SERVICES FOR AUSTRALIAN RURAL & REMOTE ALLIED HEALTH INCORPORATED
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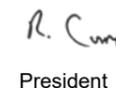
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

STATEMENT BY MEMBERS OF THE BOARD

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

1. Give a true and fair view of the financial position of Services for Australian Rural and Remote Allied Health Incorporated during and at the end of the financial year of the association ending on 30 June 2019.
2. At the date of this statement, there are reasonable grounds go believe that Services for Australian Rural and Remote Allied Health Incorporated will be able to pay its debts as and when they fall due.

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



President



Treasurer

Dated this 25th day of November 2019



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

Report on the Audit of the Financial Report

Opinion

We have audited the accompanying financial report of Services for Australian Rural and Remote Allied Health Incorporated (SARRAH), which comprises the statement of financial position as at 30 June 2019, the statement of profit or loss, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the Board declaration.

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

- (i) giving a true and fair view of SARRAH's financial position as at 30 June 2019 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

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

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

Material Uncertainty – Going Concern

Without qualifying our opinion, we draw attention to Note 20 in the financial report which indicates the existence of a material uncertainty which may cast significant doubt about the association's ability to continue as a going concern, and therefore the association may be unable to realise its assets and discharge its liabilities in the normal course of business.

Responsibilities of the Board for the Financial Report

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

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

The Board is responsible for overseeing SARRAH's financial reporting process.



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

Auditor's Responsibility for the Audit of the Financial Report

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

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

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

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

Shane Bellchambers, FCA
 Registered Company Auditor
 BellchambersBarrett

Canberra, ACT
 Dated this 25th day of November 2019



We provide advocacy, support and professional development for rural and remote allied health professionals.

Services for Australian Rural and Remote Allied Health

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