



SARRAH
Services for Australian Rural
and Remote Allied Health

Annual Report
2017-2018

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Welcome to SARRAH

Welcome to the 2017-18 annual report for Services for Australian Rural and Remote Allied Health (SARRAH).

It has been a challenging year filled with opportunity as we go back to basics to revitalise the organisation and move in a new direction.

SARRAH began 2018 with the appointment of a new CEO and expanded national office team, seeing a renewed focus on research, policy, engagement and building the SARRAH charity. 2017-18 has seen the development of many new initiatives which will continue to evolve throughout 2018-19 and become the focus of SARRAH's activities such as the ongoing development of the Allied Health Rural Generalist Pathway (AHRGP).

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. AHPs play a critical role in maintaining the health of Australians through the services they provide and are desperately needed across rural and remote Australia.

SARRAH's membership comprises the following allied health professions:

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

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



In 2017-18 and 2018-19 SARRAH is reforming its committee structures to lend greater voice for members who contribute to SARRAH's activities. The reforms will enhance member engagement and enable SARRAH to more effectively achieve its mission.

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 the healthcare puzzle and essential for supporting the health and wellbeing of all Australians.

The work of SARRAH focuses on health reform, identifying the most appropriate models of care, supports and professional development opportunities for AHPs. Through this work SARRAH aims to improve health outcomes for people who live throughout rural and remote Australia.

PRIMARY OBJECTIVE

SARRAH exists to improve health outcomes for people living in rural and remote Australian communities through supporting improved access to rural and remote allied health services.



VISION

SARRAH is the voice for rural and remote allied health and supports improved access to rural and remote allied health services by influencing health reform, developing innovative service models and programs that support rural and remote practicing allied health professionals.

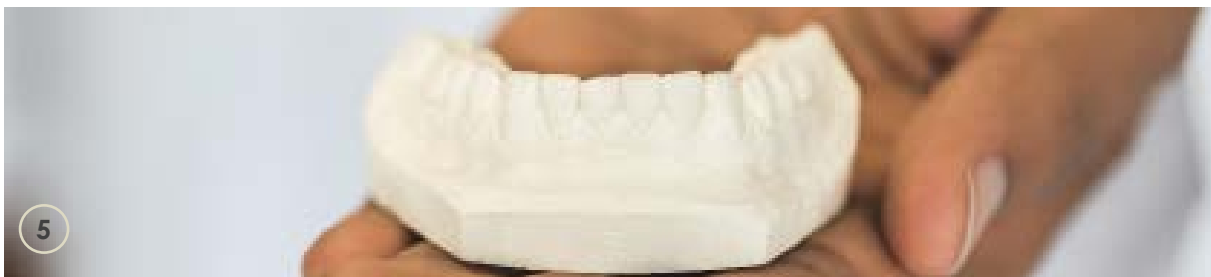
VALUES

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 to rural and remote communities. The ultimate goal of our consultative approach is to improve health outcomes.



'Our perspective' is demonstrated by qualities such as:

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

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

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.



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.

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.

President's Report



Rob Curry

After a transformational year for the organisation, I am pleased to present my report for 2017-18.

This year we have seen the appointment of Jeff House as the new SARRAH Chief Executive Officer with a mandate to reform the way we do business at SARRAH.

We have new funding challenges for our organisation which require a new and innovative approach. Yet there are a host of new opportunities to engage with various levels of government, sector stakeholders and kindred organisations to achieve our objectives.

We have a renewed focus on member engagement, both individual and corporate, in order to build member numbers and our core income. There is also a strong focus on identifying new allies in the field and stablishing productive partnerships to bring about necessary changes in rural healthcare.

The CEO has brought together a skilled National Office team that is strategically building the sustainability of the organisation for the coming years. This will boost the impact of SARRAH to support allied health service provision in rural and remote areas.

In 2017-18, SARRAH has fired up its engagement with organisations and stakeholders in the sector, held an inaugural rural allied health evidence forum, and progressed key elements of the allied health rural generalist pathway (AHRGP). This exciting realignment of priorities will continue in 2018-19 with many opportunities set to materialise over the coming 12 months.

SARRAH's achievements during 2017-18 include:

Rural Generalist Pathway: SARRAH received funding from Queensland Health, taking on the principle role in promoting and supporting the AHRGP project. This innovative program involves rural recruitment commitments, a formal training program and rural service innovations. It offers a great opportunity to build the competence and stability of the rural allied health workforce and will promote the essential roles of allied health in rural healthcare. SARRAH is proud to be the lead for the national development of this program.

AHRGP Training Accreditation: The Australian Health & Hospitals Association has explored arrangements for formal accreditation of the AHRGP training program currently being delivered by James Cook University. We are excited to be progressing work to source an appropriate accrediting entity to support expansion of the pathway across Australia.

Rural Allied Health Evidence Framework: For many years SARRAH has been concerned about the limited evidence available on value-for-money in investing in allied health interventions in rural healthcare. We commenced work to explore this issue with a pro bono project undertaken by Novartis in 2015 to pull existing cost-effectiveness evidence together in an accessible format. Earlier this year SARRAH held an Evidence Forum with the Board and several of our senior research-oriented members. We are now moving forward with plans to establish a function at SARRAH to promote necessary research and build an accessible evidence repository for our members and interested stakeholders.

Allied Health Leadership and Workforce: It is now increasingly clear that the limited rural and remote allied health workforce is compromising implementation in rural areas of a number of major Commonwealth health reforms. Without private allied health providers in particular, the goals of the National Disability Insurance Scheme (NDIS), My Aged Care (MAC), Medicare Benefits Schedule (MBS) Chronic Disease Management plans, and other programs will remain sub-optimal for people living in rural and remote areas.

However, through the Australian Allied Health Leadership Forum (AAHLF), where SARRAH is one of five member organisations, the Commonwealth has now invited active focus on allied health workforce issues at the Australian Health Ministers Advisory Council, a key forum of the Australian and state / territory governments. SARRAH will continue to work with our AAHLF partners and the Commonwealth to get the best possible workforce outcomes for rural Australia.

Rural Allied Health Hub Model: Given enduring allied health workforce deficiencies in rural Australia, and particularly in remote regions, SARRAH is working to develop a supported rural hub model for private allied health service provision at selected trial sites. The model's aim is to combine commissioning of private practitioners into programs such as NDIS and MAC along with the rural generalist model of practice. It has the capacity to establish viable hub practices of private allied health providers that have an increased capacity to meet the needs of targeted communities. To achieve strong model development and effective trialling, SARRAH is negotiating partnerships with a number of key rural stakeholder organisations to build a strong case for government consideration and support.

Aboriginal Health: Most of SARRAH's members in the field have Aboriginal clients and work to varying degrees with Indigenous communities. Achieving measurable improvements in Aboriginal health remains a key priority area for SARRAH and for rural allied health practitioners generally. To this end SARRAH continues to build closer ties with Indigenous Allied Health Australia (IAHA). SARRAH is seeking to receive guidance in program improvements for Indigenous Australians and embracing opportunities to form partnerships with IAHA and other Aboriginal organisations in efforts to close the gap in health outcomes.

Political Engagement: Not surprisingly the Federal Minister for Rural Health, Bridget McKenzie, is a rural resident herself. SARRAH has found the Minister highly receptive to the issues of rural communities in relation to allied health access. We are talking with the Minister about the AHRGP, and also on a range of rural health workforce issues affecting allied health service provision in the bush. We thank, Minister McKenzie who has agreed to present at the national SARARAH Conference in Darwin in September.

President's Report

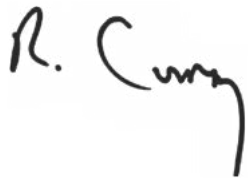
In order for SARRAH to support these activities, significant changes to business arrangements have occurred. Foremost among these changes is the imperative to source new income streams and the restructuring of our corporate membership is central to this goal. Addressing these challenges will be essential to meeting our vision to improve rural and remote health outcomes.

In addition, consideration is being given to separating the organisation into two arms – the peak body and a charitable foundation, as a means of building income through leveraging community and corporate support for better rural health services. Beyond fundraising there is a critical need to build partnerships with like-minded entities and make alliances with key stakeholders in the sector. This will drive innovative and collaborative projects to improve the quality of, and access to, allied healthcare for rural Australians. Ultimately this is what will invigorate our membership, draw public support and attract new allies to SARRAH's cause.

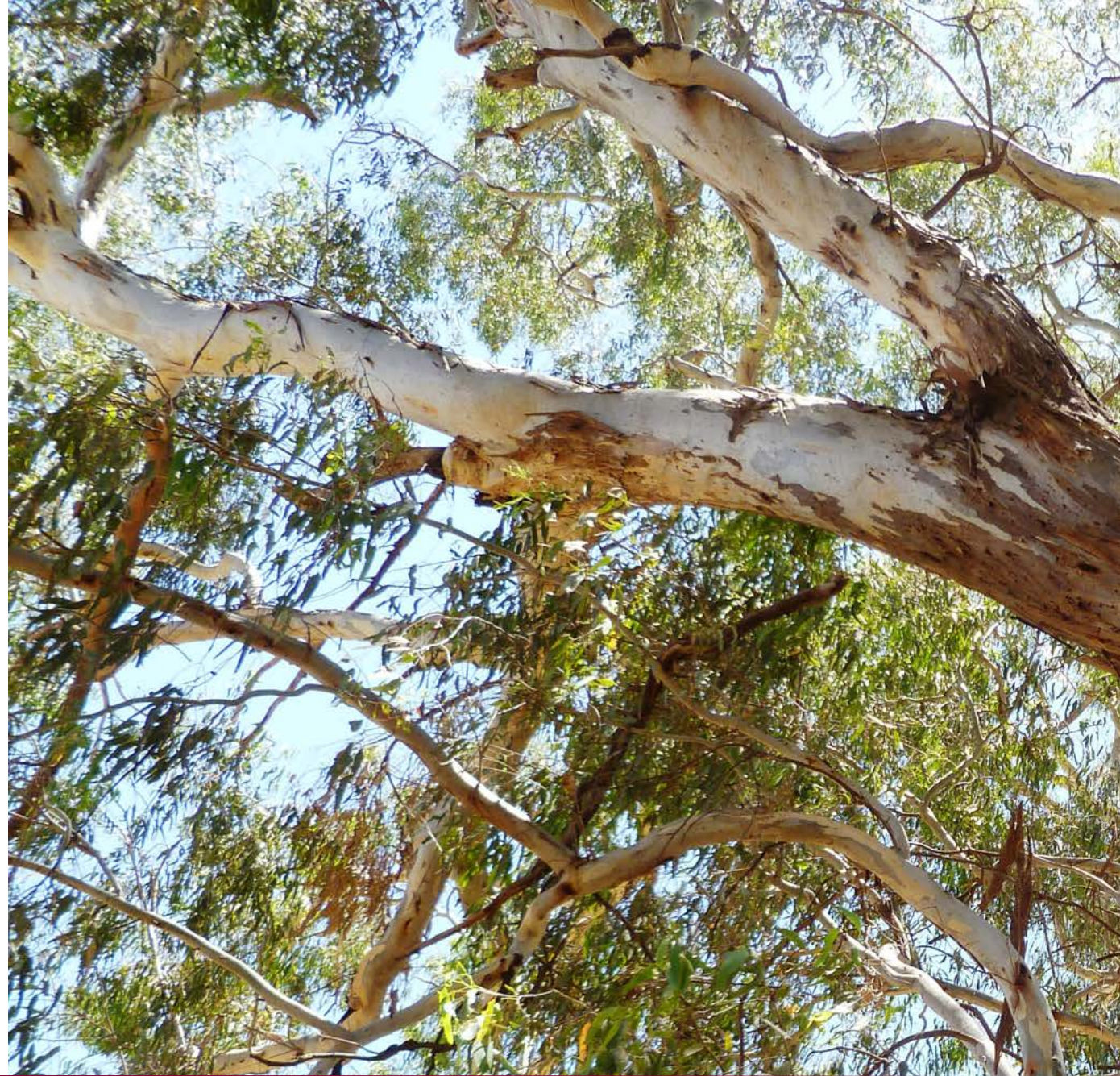
2017-18 has been challenging but exciting time for our Board. During this period Petra Boverly-Spencer, Gerry Gannon, and Hazel Harries-Jones have resigned as members of the Board. The Board along with the National Office acknowledge and thank each for their contribution, commitment and support over their several years of service to SARRAH. We hope they will remain engaged and influential in our efforts. There are now opportunities for significant renewal on the Board and I look forward to the nominations for vacant positions to be determined at the AGM in September.

I thank all members for your participation and contributions over the past 12 months, and invite you to continue or even to boost your involvement for the coming period.

Many hands make light work, and you, our membership, are the life blood for change.



Thank you to all SARRAH members - students, allied health professionals and organisations. It is only with the active support of all members that SARRAH can continue to represent and influence allied health reforms in rural and remote Australia.





Jeff House

It has been nine months since taking on the role of CEO at SARRAH and over this time we have worked with the board to implement a change agenda at SARRAH designed to improve our ability to both serve our members and advance the cause of increasing the availability of allied health professionals to people living in rural and remote communities.

SARRAH faces a number of significant challenges not just in terms of what we need to do to become a more effective advocate with expanded outreach and engagement but also internal challenges in the aftermath of the withdrawal of commonwealth funding for the Nursing and Allied Health Scholarship Support Scheme which SARRAH administered for a number of years.

The cessation of that funding had a significant impact on the organisation and a major priority since becoming CEO has been to identify new sources of revenue to sustain our operations into the future.

Inherent in this is an increased level of engagement with the private sector as a source of funding based on partnerships that deliver benefits to each. Targeted engagement with the private sector which is based on a partnership model and only with those entities that represent a good match and share our values can only be beneficial in terms of our outreach and engagement as well as our financial security.

Importantly we will ensure that our revenue is spread as evenly as possible across different sources so we never again become wholly reliant upon any one benefactor for our survival. Whilst the challenges are significant, I'm confident we will meet them and the future for SARRAH is very bright indeed.

We have been actively working on our achieving positive outcomes for our members throughout 2018.

Funding Rural and Remote Allied Health

We have been engaging with all levels of government to identify ways that we can increase funding for rural and remote allied health. Much of the activity focus has been on providing feedback to the federal government about the structure of MBS rebates for allied health services and securing support for the expansion of the allied health rural generalist pathway across the country.

Allied Health Rural Generalist Pathway

SARRAH has been working closely with the Allied Health Professions Office of Queensland and has been funded to develop a national strategy that will allow for allied health rural generalist positions across the sector. Allied health rural generalists operate under an expanded scope of practice that enables them to provide a comprehensive level of care that is adapted to rural and remote settings. They will no doubt become a critical component of rural allied healthcare over the coming decade.

Innovative Projects

The National Office has been working closely with the board and organisations in our space to work on a range of innovative projects including what we hope will be a revolutionary model of health service delivery. Details about these exciting initiatives will be revealed during the course of the 2018-19 financial year.

Engagement and Outreach

This year SARRAH has restructured the way it engages with rural allied health professionals and the sector more broadly. This has involved reshaping our corporate membership program, increasing our frequency of communication and opening up our newsletters to the public. We aim to create a stronger discourse around rural allied health service delivery that will ensure that allied health is firmly on the agenda of both state and federal governments in the coming years.

The SARRAH Charity

SARRAH has held its charity status for the past several years and whilst historically it has not been the focus of the organisation, work is now underway to build a strong charity arm that focuses on gaining support from donors with an interest in rural health. Our charity arm will convey a strong message about what it means to support the health of Australians living in the most remote corners of the country.

The National Office

This year the SARRAH Secretariat became the National Office and with that we have seen some changes within the organisation.

Long term NAHSSS manager, Sriyani Ranasinghe left SARRAH to pursue new challenges. I thank Sriyani for her work administering NAHSSS and her dedication to ensuring that scholars received their payments and were supported throughout their studies. Ann Short who supported Sriyani in administering the NAHSSS, also looked to other opportunities beyond SARRAH. Ann was diligent, focused and passionate about supporting scholars. I thank Ann for her contribution and wish her well into the future.

The change in the focus of the National Office saw the appointment of several staff over the period including Anne Thompson, Donna Jeremiah, Fiona Brooke and Nadia Vaughn. Anne Thompson was appointed as Manager, Charity and Engagement, Donna Jeremiah was appointed as Director, Strategy and Engagement, Fiona was appointed as Director, Policy and Evidence and Nadia Vaughn who left the organisation in June was appointed as Executive Officer.

Existing SARRAH staff were also appointed to new roles. Deslie was appointed as Deputy Chief Executive Officer and Terence Janssen was appointed as Manager, Policy and Rural Generalism.

Finally, whilst the organisation is currently facing a few head winds, the team is well on track to change the course of the organisation and ensure its future financial stability. The strategic direction of the organisation will continue to evolve to maximise our chances for success.

I would like to personally thank Rob Curry for his leadership and for being a tremendous source of wisdom and guidance. I look forward to continuing to work with him and the board into the future. I'd also like to thank my team in the National Office, particularly Deslie Rosevear (who notched up 10 years with the organisation this year) and Terence Janssen who both have served SARRAH exceptionally well prior to my arrival.

I look forward to continuing to work with our members, friends and supporters to continue the vitally important work we are charged with.



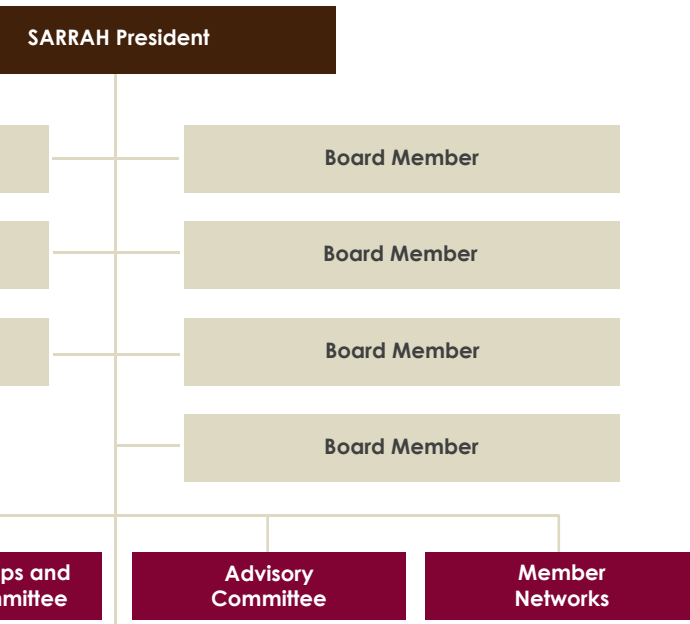
Support from the corporate sector enables SARRAH to achieve our goals in a way that is sustainable, including preserving the ability to consult broadly across the sectoral and grass-roots level. With the support of our corporate members we can continue to advocate for change at the local, state and federal levels.



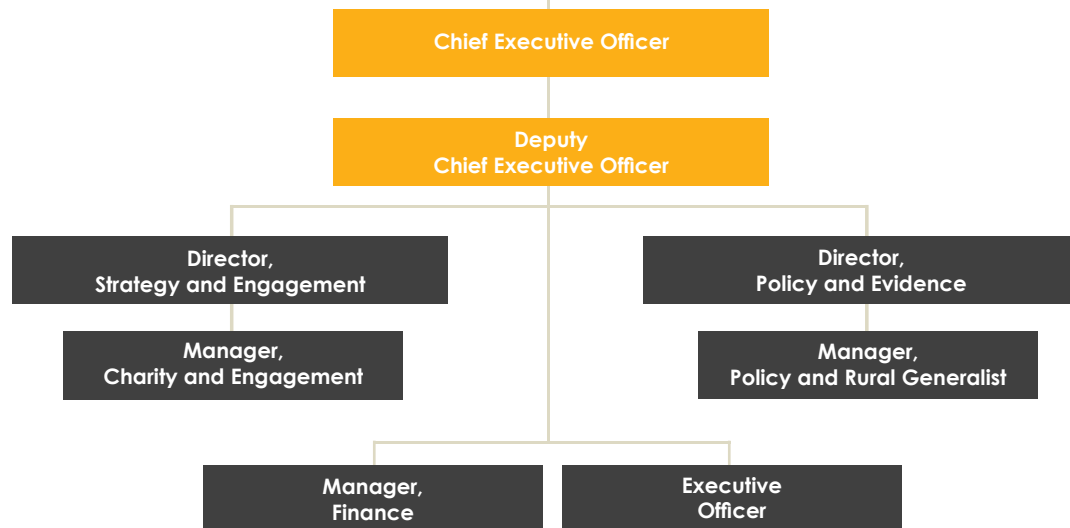
SARRAH is governed by the Board of Directors, supported by committees, working groups and the Secretariat, working together to achieve the strategic goals of the organisation.

Figure 1: Organisation Structure

SARRAH Board



SARRAH Secretariat Staff



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 2017-18 the Board membership was as follows:

Rob Curry	President	Appointed at 2016 AGM
Claire Salter	Deputy President	Appointed at 2017 AGM
Vacant	Honorary Secretary	
Narelle Campbell	Treasurer	Appointed at 2017 AGM
Cassandra Bonython	Board Member	Appointed at 2016 AGM
Kirriily Dear	Board Member	Appointed at 2017 AGM
Ed Johnson	Board Member	Appointed at 2016 AGM

Audit and Risk Committee

The Audit and Risk Committee helps assure accountability in assisting SARRAH to comply with obligations under the Constitution, and provides a forum for discussion about compliance, risk management and stakeholder reporting. The Audit and Risk Committee membership in 2017-18 was as follows:

Helen McGregor	Appointed in 2015	Resigned in 2017
Petra Boverly-Spencer	Appointed in 2014	Resigned in 2018
Ed Johnson	Appointed in 2017	
Deslie Rosevear	Appointed in 2017	
Lorraine Rae	Appointed in 2017	
Rod Wellington	Appointed in 2008	Resigned in 2017
Jeff House	Appointed in 2017	

Advisory Committee

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

The Network Coordinators as at 30 June 2018 were:

ACT Coordinator	Vacant
NSW Coordinator	Vacant
NT Coordinator	Vacant
QLD Coordinator	Selina Taylor
SA Coordinator	Jeanette Routley
TAS Coordinator	Vacant
VIC Coordinator	Vacant
WA Coordinator	Vacant
Audiology	Vacant
Australian Journal of Rural Health	Robyn Glynn
Dietetics and Nutrition	Katherine Cacavas
Exercise and Sports Science	Vacant
Medical Imaging	Vacant
Occupational Therapy	Janelle Amos
Optometry	Vacant
Oral Health	Leonard Crocombe
Paramedics	Levi Karschimkus
Pharmacy	Lindy Swain
Physiotherapy	Ellen McMaster
Podiatry	Leigh Hutchinson
Psychology	Vacant
Rural and Remote Allied Health Research Alliance	Vacant
Social Work	Rosalie Kennedy
Speech Pathology	Gail Rogers
National Rural Health Student Network Representative	Simon Whelan
Student Network Coordinator	Paige Chewter

2018 Conference Committee

The Conference Committee was formed in November 2016 to oversee the coordination of the 2018 SARRAH National Conference. The conference will take place in Darwin, Northern Territory from 12 - 14 September 2018. The members of this committee are:

Amanda O'Keefe	Kylie Stothers
Anna Morse	Liz Hafner
Annie Farthing	Narelle Campbell
Claire Salter	Paige Chewter
Donna Jeremiah	Renae Moore
Jeff House	Saravana Kumar

The committee, supported by Conference Design Pty Ltd, developed a conference program structured around the theme of 'Changing Landscapes, Changing Lives'. This approach is driven by the modern healthcare landscape undergoing massive and rapid changes that impact on both health professionals and the people who use the health system. Changes are driven by people's needs, technological development, research outcomes, workforce availability, political stances, policy frameworks and fiscal priorities. At the same time, health services in rural and remote areas are situated in ancient geographical landscapes that are ever changing as a result of human influence and natural events. The delivery of services by allied health professionals is underpinned by the drive to improve quality of life and quality of services.

Working Groups

SARRAH following a realignment of its strategic plan ran a number of working groups comprising members of the Board, Advisory Committee, National Office staff and SARRAH members. The working groups provided input into a range of projects and advocacy activities including determining SARRAH's position on the rollout of the National Disability Insurance Scheme, My Aged Care and Medicare Benefits Schedule reform. In addition the working groups have been tasked with structural reform of the organisation including the Advisory Committee, developing new programs and considering topics related to strategic direction of SARRAH including better articulating its mission, vision, values and achievements.

SARRAH National Office

The SARRAH National Office is a small team that supports the governance, membership and strategic direction of the organisation.

Organisation Year in Review

The SARRAH National Office has worked diligently on a range of priorities throughout 2017-18 making significant progress in leading the conversation on a range of rural and remote allied health issues.

In addition SARRAH has continued to work on a range of key programs and initiatives including:

- Leading the expansion of the Allied Health Rural Generalist Pathway (AHRGP).
- Finalising preparations for the 2018 SARRAH National Conference in Darwin.
- Expanding its communications and engagement activities.
- Revising SARRAH's individual and corporate membership processes.
- Administering of the Nursing and Allied Health Scholarship Student Scheme.
- Building SARRAH's policy and evidence platform, expanding contact with the sector through delivering a range of presentations and submissions.
- Building up the SARRAH Charity.

This work will continue to evolve throughout 2018-19 as other project such as the Rural Allied Health Hub continues to mature and other initiatives such as the establishment of an accrediting body to support the expansion AHRGP builds across the country.

Allied Health Rural Generalist Pathway

SARRAH has worked with the Allied Health Professions Office of Queensland (AHPOQ) during the course of 2017-18 to support the Project Governance Group that has been responsible for the development of the AHRGP. This has involved the development of resourcing and communication strategies to support nationalisation of the AHRGP as well proceeding with focused advocacy efforts with a view to encouraging jurisdictions beyond Queensland to adopt the pathway.

To date SARRAH has received approximately \$150,000 in funding from the AHPOQ to support development of the AHRGP including \$100,000 awarded late in the 2017-18 financial year.

Detailed planning in conjunction with reaching out to key stakeholders is well underway and in 2018-19 SARRAH expects to see increased interest and adoption of the AHRGP as a key workforce initiative in health services across rural and remote Australia.

Conference

Planning for the 2018 SARRAH National Conference is well advanced and is due to take place from 12 – 14 September 2018 at the Darwin Convention Centre (DCC) in the Northern Territory. The conference theme is 'Changing Landscapes, Changing Lives'. SARRAH invited abstracts that showcase and explore change in workforce, professional development, service delivery and clinical practice to name a few. Over 170 abstracts were received from 128 individuals.

The 2.5 day program will feature 9 keynote speeches, 1 panel discussion, 48 oral presentations, 54 lightning talks, 6 workshops, 36 e-Posters, 15 exhibition tables and 3 social functions including an exclusive tour of the Royal Flying Doctor Service (RFDS) Tourist Facility on Stokes Hill Wharf and experience the RFDS aeromedical simulator at the DCC.

The event offers learning and networking opportunities to more than 230 delegates from a wide cross-section of public and private sector healthcare service providers, allied health professionals, consumers, policy makers, students and researchers involved with rural and remote allied health.

SARRAH has planned a special meet and greet for allied health, allied health rural generalist and early career allied health professionals to share their experiences at the conference. SARRAH thanks the following organisations who worked with SARRAH to engage students, invite them to this event and give students the opportunity through scholarships to attend the conference:

James Cook University
Flinders University
NSW Rural Doctors Network
NT Primary Health Network

Rural Health West
Three Rivers UDRH
Charles Sturt University
Southern QLD Rural Health

Together with the National Rural Health Student Network (NRHSN), SARRAH also provided SARRAH student membership for one year and one full student member conference registration to a student from the NRHSN.

SARRAH also thanks the following sponsors and exhibitors for supporting the 2018 SARRAH National Conference:

Australian Medicines Handbook
Central Australian Rural Practitioners Association Inc.
EMHPrac e-Mental Health in Practice Project
Flinders University
Healthcare Australia
Health Workforce Queensland
Menzies School of Health Research
Northern Territory Health
Northern Territory PHN
Queensland Health

Palliative Care Education and Training
Queensland University of Technology
Roche Point-of-Care Solutions
Rural Locum Assistance Program
Rural Health West
The National Eating Disorders
Collaboration
The National Disability Insurance Scheme
Royal Australian College of General
Practitioners

Communication and Engagement

SARRAH has implemented a range of communication strategies to raise its profile and engage with members and sector stakeholders throughout 2017-18. SARRAH's communication and engagement activities focus on overcoming issues facing rural and remote AHPs.

In 2017-18, SARRAH:

Engaged with politicians and federal government representatives with a range of discussions and topics.

Published seven e-bulletins, two SARRAH Connected newsletters and board communiques.

Prepared submissions responding to federal health policy discussions such as patient safety and quality improvement in primary care, and accessibility and quality of mental health services.

Expanded its social media presence from Facebook and Twitter to now include LinkedIn, now reaching an audience of 7,508 in June 2018 compared to 4,704 people in June 2017.

Distributed media releases to a number of news outlets and received coverage on all occasions on topics such as the call for conference abstracts for Changing Landscapes, Changing Lives and the call for Government to address the critical rural allied health shortfall.

Published media articles in a range of print publications including The National Rural Health Alliance Partyline, and the National Rural Health Student Network Cooee magazine.

Prepared promotional material and resources for the SARRAH meetings with parliamentarians, health organisations and members.

Conducted media interviews with 98.9FM Brisbane Indigenous Media Association, and ABC South Australia.

Membership

In 2018, SARRAH revised its prospectus for corporate, individual and student membership. This is in line with our direction of building and maintaining strong long term relationships with organisations that share an interest in rural and remote allied health. The revised membership model is focused on forming collaborative partnerships, cultivating ongoing meaningful engagement and contributes to a shared vision of improving access to allied health services.

The membership program is a key pillar of SARRAH's collaborative approach to seeking increased funding for rural and remote allied health services and strengthens our voice and activities as we advocate for health reform across the sector.

It is the way we can genuinely make a difference and achieve both real and long lasting results that can close the healthcare gap.

Our members regularly share their expertise, knowledge and resources through the Advisory Committee, policy development processes, workshops and the SARRAH conference. We work to provide the means for members to share content with their peers and with SARRAH awards, acknowledge each other's outstanding contributions to allied health.

SARRAH thanks all individual and student members and the following organisations that have joined or renewed their membership with SARRAH in 2017-18:

Aspen Medical
Bond University
Central Queensland University
Charles Sturt University
Darling Downs and West Moreton PHN
Gidgee Healing
Griffith University
Hunter New England Local Health District
James Cook University
North and West Remote Health

Northern Queensland PHN
Northern Territory Health
Northern Territory PHN
Royal Flying Doctor Service
Rural Health West
Southern Cross University
University of Canberra
University of South Australia
University of Queensland
Western Queensland PHN

Nursing and Allied Health Scholarship Support Scheme

SARRAH has maintained administration of the allied health component of the NAHSSS scholarships during 2017-2018. SARRAH will continue to administer the program until 30 June 2019 when funding for the program will cease.

In the 2017-18 financial year no new scholarships were awarded.

SARRAH is currently administering ongoing scholar recipients across three scholarship streams, Undergraduate (Entry-Level), Postgraduate and Clinical Psychology. Continuing Professional Development and Clinical Placement streams concluded in 2016-17.

As at the 30 June 2018 there are a total of 188 active scholars across the 3 streams. The majority of these scholars will finalise their scholarships at the end of 2018, with an estimated 43 scholars continuing into 2019.

Policy and Evidence

There has been significant progress in the development of SARRAH's policy and research agenda throughout 2017-18. This has included the development of a research strategy, commencing with an inaugural evidence forum in Sydney on 13 April 2018. The forum invited delegates for the academic and health sectors.

Dr Kristine Battye and Dr Scott Davies, two consultants contracted by SARRAH, produced a report detailing the outcomes of the evidence forum and in 2018-19 will be producing a second report that will form the basis for SARRAH's research strategy and plan.

- Submission to the Joint Committee on the Accessibility and Quality of Mental Health Services: This submission outlined SARRAH's position that in rural and remote communities, access to appropriately qualified mental health professionals is limited and that this is compounded by limited access to the MBS by allied health professionals supporting people with mental health issues. This is further compounded by the rate of payment offered through the MBS, which does not adequately reflect the cost of providing services into remote and very remote communities.

Presentations

In 2017-18, representatives of SARRAH delivered a number of presentations. Two highlights include:

- CEO Jeff House delivering a presentation to the Australian Medical Council on the need for a greater commitment to allied health services in rural and remote communities where he provided data showing the potential impact possible by focussing on the role of allied health in multidisciplinary teams.
- Director, Policy and Evidence, Fiona Brooke delivering a presentation on adapting the focus of healthcare to meet the needs of indigenous Australians at the Indigenous Remote Health Conference in Brisbane.



The SARRAH Charity

SARRAH maintains that every Australian should have access to equitable health services wherever they live and that allied health professional services are basic and fundamental to the wellbeing of Australians.

SARRAH has maintained its tax deductible gift recipient status and charity accreditation with the Australian Charities and Not-For-Profits Commission over the past several years, however the organisation underutilised its charity status. The SARRAH Charity exists so that rural and remote Australian communities have allied health services that support equitable and sustainable health and well-being.

In 2017-18, SARRAH commenced work on building the foundations for the SARRAH Charity with the following activities completed:

1. Identifying individuals and corporate organisations to partner with the charity.
2. Fresh look for the donation webpage of the existing SARRAH website.
3. Identified new donor contribution tiers and levels of support.
4. Developing new support programs and charity activities.
5. Identifying patrons for the Charity organisation to become SARRAH Ambassadors to endorse SARRAH to the industry and wider community.

Through this effort, it has been identified many organisations have specific causes they support aligning specifically to their core values such as mental health, indigenous health, local communities etc. This means:

1. SARRAH will need to continue refining, tailoring and targeting its approach when engaging with organisations.
2. There is scope for the SARRAH Charity to implement more activities and programs that can build support and seek contributions for charity initiatives.

SARRAH is working towards building a strong profile for the Charity and driving greater donor engagement through charity activities.

Submissions

In 2017-18, SARRAH lodged three submissions which were informed by SARRAH members. The submissions are as follows:

- Submission to the Inquiry into Patient Safety and Quality Improvement in Primary Care conducted by the Australian Commission on Safety and Quality in Healthcare: This submission drew the link between the risks arising from an unsupported and insufficient workforce and the health and safety of professionals working in the field. The consequent and associated risks for patient safety were also a key element of the submission.
- Submission to the Senate Select Committee into the Obesity Epidemic in Australia: This submission focused on the role of allied health professionals in treating and managing the chronic diseases that are one of the results of overweight and obesity in rural and remote Australia.

Statement of Financial Position

Assets and liabilities as at 30 June 2018

Assets	2018 (\$)	2017 (\$)
Current Assets	5,964,477	9,786,547
Non-Current Assets	4,760	14,980
Total Assets	5,699,237	9,801,527
Liabilities		
Current Liabilities	191,225	191,964
Non-Current Liabilities	4,678	3,076
Total Liabilities	195,903	195,040
Net Assets	5,503,334	9,606,487

SARRAH had a cash surplus of \$5.5 million of which approximately 90% of the cash funds held as at 30 June 2018, either relates to scholarships that have been granted and for which future payments are required or scholarship funds that are unspent and will be returned to the Department of Health.



Revenue to 30 June 2018

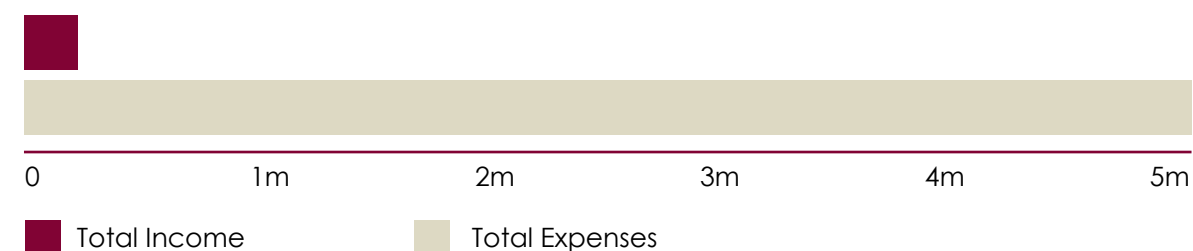
SARRAH received revenue of \$197,434 for 2017-18 and the following represent actual results through to 30 June 2018

Revenue	2018 (\$)	2017 (\$)
Department of Health Grants	121,977	1,867,673
Interest Income	27,646	147,406
Membership Fees	32,851	130,635
Conference Income	-	81,299
Other Income	14,960	23,461
Total Revenue	197,434	2,172,479

Expenses to 30 June 2018

SARRAH expenses were

Expense	2018 (\$)	2017 (\$)
Employee provisions expenses	593,974	607,877
Depreciation expenses	10,220	17,298
Rental expenses	54,995	98,327
Scholarship payments	3,415,326	6,471,455
Conference expenses	8,587	-
Other expenses	217,485	201,392
Total Expenses	4,300,587	7,396,349



Services for Australian Rural and Remote Allied Health
Incorporated (SARRAH)

ABN 92 088 913 517

Financial Report for the Year Ended
30 June 2018

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 2018.

Committee

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)
Claire Salter (Deputy President)
Narelle Campbell (Honorary Treasurer)
Kirrily Dear
Ed Johnson
Cassandra Bonython
Hazel Harries-Jones (resigned June 2018)
Gerry Gannon (resigned May 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

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 the Services for Australian Rural and Remote Allied Health Incorporated for the financial year amounted to \$4,103,153 (2017 deficit: \$5,223,870).

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


Board Member


Board Member

Dated the 12 day of November 2018.

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

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2018

	Note	2018 \$	2017 \$
Revenue	2	197,434	2,172,479
Employee provisions expense	3	(593,974)	(607,877)
Depreciation expense		(10,220)	(17,298)
Rental expense		(54,995)	(98,327)
Scholarship payments	3	(3,415,326)	(6,471,455)
Conference Expenses		(8,587)	-
Other expenses		(217,485)	(201,392)
Net current year (deficit)		(4,103,153)	(5,223,870)
Other comprehensive income		-	-
Total comprehensive income for the year		(4,103,153)	(5,223,870)

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 2018

	Note	2018 \$	2017 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	5,692,097	9,771,336
Trade and other receivables	6	1,593	13,390
Other current assets	7	787	1,821
TOTAL CURRENT ASSETS		5,694,477	9,786,547
NON-CURRENT ASSETS			
Plant and equipment	8	4,760	14,980
TOTAL NON-CURRENT ASSETS		4,760	14,980
TOTAL ASSETS		5,699,237	9,801,527
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	85,853	93,923
Provisions	10	27,705	57,400
Lease liability	11	1,426	4,277
Income Received in Advance	12	76,241	36,364
TOTAL CURRENT LIABILITIES		191,225	191,964
NON-CURRENT LIABILITIES			
Provisions	10	4,678	1,650
Lease liability	11	-	1,426
TOTAL NON-CURRENT LIABILITIES		4,678	3,076
TOTAL LIABILITIES		195,903	195,040
NET ASSETS		5,503,334	9,606,487
EQUITY			
Retained surplus		5,503,334	9,606,487
TOTAL EQUITY		5,503,334	9,606,487

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 2018

	Retained Surplus \$	Total \$
Balance at 1 July 2016	14,830,357	14,830,357
Comprehensive income		
Net (deficit) for the year	(5,223,870)	(5,223,870)
Balance at 30 June 2017	<u>9,606,487</u>	<u>9,606,487</u>
Comprehensive income		
Net (deficit) for the year	(4,103,153)	(4,103,153)
Balance at 30 June 2018	<u>5,503,334</u>	<u>5,503,334</u>

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

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2018

	Note	2018 \$	2017 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from government, members and customers		250,386	2,205,943
Interest received		27,646	66,646
Net GST (paid)		(14,020)	(4,535)
Payments to suppliers and employees		(4,338,974)	(7,364,799)
Net cash (used by) operating activities	17	<u>(4,074,962)</u>	<u>(5,096,745)</u>
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of borrowings		(4,277)	(4,276)
Net cash used in financing activities		<u>(4,277)</u>	<u>(4,276)</u>
Net (decrease) in cash held		(4,079,239)	(5,101,021)
Cash and cash equivalents at beginning of financial year		<u>9,771,336</u>	<u>14,872,357</u>
Cash and cash equivalents at end of financial year	5	<u>5,692,097</u>	<u>9,771,336</u>

The accompanying notes form part of these financial statements.

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements were authorised for issue on 13 November 2018 by the members of the committee.

Basis of Preparation

Services for Australian Rural and Remote Allied Health Incorporated (SARRAH) applies Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: *Application of Tiers of Australian Accounting Standards* and AASB 2010–2: *Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements* and other applicable Australian Accounting Standards – Reduced Disclosure Requirements.

The financial statements are general purpose financial statements and have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the *Associations Incorporation Act 2015 (WA)*. The association is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of the financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

Accounting Policies

a. **Income Tax**

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

b. **Plant and Equipment**

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

The cost of fixed assets constructed within the association includes the cost of materials, direct labour, borrowing costs and an appropriate proportion of fixed and variable overheads.

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

Depreciation

The depreciable amount of all fixed assets, is depreciated on a straight-line basis over the asset's useful life commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

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

b. **Plant and Equipment (cont'd)**

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

Class of Fixed Asset	Depreciation Rate
Office equipment	30-50%
Office furniture	8-20%

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 revalued assets are sold, amounts included in the revaluation relating to that asset are transferred to retained surplus.

c. **Leases**

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset (but not the legal ownership) are transferred to the association, are classified as finance leases.

Finance leases are capitalised by recognising an asset and a liability at the lower of the amount equal to the fair value of the leased property or the present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Leased assets are depreciated on a straight-line basis over their estimated useful lives where it is likely that the association will obtain ownership of the asset or ownership over the term of the lease.

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

d. **Financial instruments**

Initial recognition and measurement

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

Financial instruments are initially measured at fair value plus transaction costs, except where the instrument is classified "at fair value through profit or loss" in which case transaction costs are recognised immediately as expenses in profit or loss.

Classification and subsequent measurement

Financial instruments are subsequently measured at fair value, amortised cost using the effective interest method, or cost.

Amortised cost is calculated as the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction for impairment and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using the *effective interest method*.

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying amount with a consequential recognition of an income or expense item in profit or loss.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

d. **Financial instruments (cont'd)**

(i) *Financial assets at fair value through profit or loss*

Financial assets are classified at "fair value through profit or loss" when they are held for trading for the purpose of short-term profit taking, derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in carrying amount being included in profit or loss.

(ii) *Loans and receivables*

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

(iii) *Held-to-maturity investments*

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the association's intention to hold these investments to maturity. They are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

(iv) *Available-for-sale investments*

Available-for-sale investments are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

They are subsequently measured at fair value with any re-measurements other than impairment losses and foreign exchange gains and losses recognised in other comprehensive income. When the financial asset is derecognised, the cumulative gain or loss pertaining to that asset previously recognised in other comprehensive income is reclassified into profit or loss.

Available-for-sale financial assets are classified as non-current assets when they are expected to be sold within 12 months after the end of the reporting period. All other available-for-sale financial assets are classified as current assets.

(v) *Financial liabilities*

Non-derivative financial liabilities are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial liability is derecognised.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

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

d. **Financial instruments (cont'd)**

Impairment

At the end of each reporting period, the association assesses whether there is objective evidence that a financial asset has been impaired. A financial asset (or a group of financial assets) is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events (a "loss event") having occurred, which has an impact on the estimated future cash flows of the financial asset(s).

In the case of available-for-sale financial assets, a significant or prolonged decline in the market value of the instrument is considered to constitute a loss event. Impairment losses are recognised in profit or loss immediately. Also, any cumulative decline in fair value previously recognised in other comprehensive income is reclassified into profit or loss at this point.

In the case of financial assets carried at amortised cost, loss events may include: indications that the debtors or a group of debtors are experiencing significant financial difficulty, default or delinquency in interest or principal payments; indications that they will enter bankruptcy or other financial reorganisation; and changes in arrears or economic conditions that correlate with defaults.

When the terms of financial assets that would otherwise have been past due or impaired have been renegotiated, the association recognises the impairment for such financial assets by taking into account the original terms as if the terms have not been renegotiated so that the loss events that have occurred are duly considered.

Derecognition

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

e. **Impairment of Assets**

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

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

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

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

f. **Employee Benefits**

Short-term employee benefits

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

The association's obligation for short-term employee benefits are recognised as a part of current trade and other payable in the statement of financial position.

Other long-term employee benefits

Provision is made for employees' annual leave entitlements not expected to be paid within 12 months after the end of the annual reporting period in which the 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 include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts.

h. **Trade and Other Receivables**

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

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to Note 1(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.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

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

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.

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 are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

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.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 2: REVENUE	2018	2017
	\$	\$
Revenue		
Department of Health grants	121,977	1,867,673
Interest income	27,646	66,646
Membership fees	32,851	133,400
Conference income	-	81,299
Other income	14,960	23,461
Total revenue	197,434	2,172,479

NOTE 3: SURPLUS FOR THE YEAR	2018	2017
	\$	\$

Significant Revenue and Expenses

The following significant revenue and expense items are relevant in explaining the financial performance:

Department of Health grants	121,977	1,867,673
Employee benefits expense	(593,974)	(607,877)
Scholarship payments	(3,415,326)	(6,471,455)

NOTE 4: AUDITORS' REMUNERATION	2018	2017
	\$	\$
Remuneration of the auditor of the association for:		
- Auditing the financial report	13,000	13,000
- Other services	-	4,000
Total remuneration	13,000	17,000

NOTE 5: CASH AND CASH EQUIVALENTS	Note	2018	2017
		\$	\$
Cash at bank and on hand		5,692,097	9,771,336
	20	5,692,097	9,771,336

Reconciliation of cash

Cash at the end of the financial year as shown in the statement of cash flows is reconciled to items in the statement of financial position as follows:

Cash and cash equivalents	5,692,097	9,771,336
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Approximately 90% of the cash funds held as at 30 June 2018 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 2018

NOTE 6: TRADE AND OTHER RECEIVABLES	Note	2018	2017
		\$	\$
CURRENT			
Trade and other receivables		1,593	13,390
Total current trade and other receivables	20	1,593	13,390

NOTE 7: OTHER CURRENT ASSETS	2018	2017
	\$	\$
CURRENT		
Prepayments	787	1,821

NOTE 8: PLANT AND EQUIPMENT	2018	2017
	\$	\$
Office equipment:		
At cost	45,861	45,861
Accumulated depreciation	(44,367)	(38,443)
	1,494	7,418
Office furniture:		
At cost	24,452	24,452
Accumulated depreciation	(21,186)	(16,890)
	3,266	7,562
Total plant and equipment	4,760	14,980

Movements in carrying amounts

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

	Office Equipment	Office Furniture	Total
	\$	\$	\$
Balance at 1 July 2017	7,418	7,562	14,980
Depreciation expense	(5,924)	(4,296)	(10,220)
Carrying amount at 30 June 2018	1,494	3,266	4,760

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 9: ACCOUNTS PAYABLE AND OTHER PAYABLES	Note	2018 \$	2017 \$
CURRENT			
Trade payables		2,095	7,903
Wages and superannuation accrual		7,667	6,178
Provision for annual leave		36,284	50,468
Other payables		39,807	29,374
Total trade and other payables		85,853	93,923
a. Financial liabilities at amortised cost classified as accounts payable and other payables:			
Accounts payable and other payables		85,853	93,923
Less wages and superannuation accrual		(7,667)	(6,178)
Less provision for annual leave		(36,284)	(50,468)
Less other payables		(39,807)	(29,374)
Financial liabilities as trade and other payables	20	2,095	7,903

NOTE 10: PROVISIONS	2018 \$	2017 \$
CURRENT		
Current long service leave provision	27,705	57,400
NON-CURRENT		
Non-current long service leave provision	4,678	1,650
Total provisions	32,383	59,050

Analysis of long service leave provision

	\$
Opening balance at 1 July 2017	59,050
Additional provisions	15,863
Long service leave paid out	(42,530)
Closing balance at 30 June 2018	32,383

NOTE 11: LEASE LIABILITY	Note	2018 \$	2017 \$
Current		1,426	4,277
Non-current		-	1,426
Total lease liability	20	1,426	5,703

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 12: OTHER LIABILITIES	2018 \$	2017 \$
CURRENT		
Income received in advance	76,241	36,364
NOTE 13: CAPITAL AND LEASING COMMITMENTS		
a. Finance Lease Commitment		
Payable – minimum lease payments:		
– not later than 12 months	1,568	4,704
– between 12 months and five years	-	1,568
Minimum lease payments	1,568	6,272

The finance lease for the photocopier, which commenced in the 2016 financial year, is a 60-month lease, expiring in October 2018. Lease payments are payable monthly in advance.

b. Operating Lease Commitments		
Non-cancellable operating leases contracted for but not capitalised in the financial statements		
Payable – minimum lease payments:		
– not later than 12 months	70,944	-
– between 12 months and five years	277,749	-
Total operating lease commitments	348,693	-

SARRAH entered into a five-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
The Board is not aware of any significant events since the end of the reporting period.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 16: GOING CONCERN – MATERIAL UNCERTAINTY

The financial statements have been prepared on a going concern basis, which assumes that the association 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 past 30 June 2019. 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.

NOTE 17: RELATED PARTY TRANSACTIONS

	2018	2017
	\$	\$
Scholarships paid to related parties:		
- Cassandra Bonython	-	30,000

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

NOTE 18: CASH FLOW INFORMATION

	2018	2017
	\$	\$
Reconciliation of cash flow from operations with profit		
(Deficit)	(4,103,153)	(5,223,870)
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
- depreciation expense	10,220	17,298
- Loss on disposal of plant and equipment	-	37,187
Changes in assets and liabilities		
- decrease / (increase) in trade and other receivables	11,797	(759)
- decrease in other assets	1,034	8,419
- (decrease) / increase in trade and other payables	(8,070)	20,048
- increase in other liabilities	39,877	36,364
- (decrease) / increase in provisions	(26,667)	8,568
Total	(4,074,962)	(5,096,745)

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 19: KEY MANAGEMENT PERSONNEL COMPENSATION

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

	2018	2017
	\$	\$
Key management personnel compensation		
- Short-term benefits	190,165	182,641
- Post-employment benefits	12,660	17,351
	<u>202,825</u>	<u>199,992</u>

NOTE 20: FINANCIAL RISK MANAGEMENT

The association's financial instruments consist mainly of deposits with banks, local money market instruments, short-term investments, accounts receivable and payable, and leases.

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

	Note	2018	2017
		\$	\$
Financial assets			
Cash and cash equivalents	5	5,692,097	9,771,336
Trade and other receivables	6	1,593	13,390
Total financial assets		<u>5,693,690</u>	<u>9,784,726</u>
Financial liabilities			
Financial liabilities at amortised cost:			
- Trade and other payables	9	2,095	7,903
- Lease liability	11	1,426	5,703
Total financial liabilities		<u>3,521</u>	<u>13,606</u>

NOTE 21: 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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018


STATEMENT BY MEMBERS OF THE COMMITTEE

In the opinion of the committee, the financial report as set out on pages 2 to 17:

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 2018.
2. At the date of this statement, there are reasonable grounds go believe that Services for Australian Rural and Remote Allied Health Incorporated will be able to pay its debts as and when they fall due.

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

President  Rob Curry

Treasurer  Narelle Campbell

Dated this 12 day of November 2018



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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 (the association), which comprises the statement of financial position as at 30 June 2018, 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 directors' declaration.

In our opinion, the accompanying financial report of Services for Australian Rural and Remote Allied Health Incorporated is in accordance with Div 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) giving a true and fair view of the association's financial position as at 30 June 2018 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Div 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Emphasis of Matter

Without qualifying our opinion, we draw attention to Note 16 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.

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 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.

Responsibilities of the Committee for the Financial Report

The directors of the registered entity 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 committee determines 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 committee is responsible for assessing the ability of the registered entity to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the committee either intends to liquidate the registered entity or to cease operations, or has no realistic alternative but to do so.

Liability limited by a scheme approved under Professional Standards Legislation

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 on the basis of 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 the registered entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the committee.
- Conclude on the appropriateness of the committee'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 the registered entity'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 the registered entity 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 committee 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 12th day of November 2018

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