



# Annual Report

## 2007- 08



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# SARRAH - Who We are

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**Services for Australian Rural and Remote Allied Health (SARRAH)** is nationally recognised as a peak body representing rural and remote allied health professionals.

**SARRAH**, established in 1995, is a “grassroots” organisation able to address the very particular needs of the individual rural and remote allied health professional.

**SARRAH** recognises that allied health professionals are - Tertiary qualified health professionals who apply their skills and knowledge to diagnose, restore and maintain optimal physical, sensory, psychological, cognitive and social function. They are aligned with each other and their clients.

Professions may include, but are not limited to:

- Audiology;
- Nutrition & Dietetics;
- Exercise Physiology;
- Occupational Therapy;
- Optometry;
- Orthoptics;
- Orthotics;
- Medical Radiation Science (Diagnostic and Therapeutic Radiography, Nuclear Medicine);
- Pharmacy;
- Physiotherapy;
- Podiatry;
- Psychology;
- Social Work; and
- Speech Pathology.

**SARRAH** recognises rural and remote Australia as a continuum of communities outside major metropolitan centres.

**SARRAH** has established an extensive Regional, State and National network of allied health professionals living and working in rural and remote Australia, encompassing the broad spectrum of health services provided.

**SARRAH** provides support for allied health practitioners working in all sectors.

**SARRAH** advocates for rural and remote allied health professionals and allied health practice on local, state and national levels.

# Overview of SARRAH

## Mission (Primary Objective)

The primary objective for which SARRAH is established is to develop and provide services to enable Allied Health Professionals who live and work in rural and remote areas of Australia to confidently and competently carry out their professional duties in providing a variety of health services.

## Vision

SARRAH's vision is to continue to assist the development of a networked membership which is valued, passionate and connected with their communities and partnerships, and through this become recognised and influential in policy development and service delivery.

SARRAH's vision is of an association whose members are:

- proud to be allied health professionals;
- passionate about rural and remote health;
- recognised as a vital and necessary part of rural and remote health;
- connected to communities they serve;
- and that:
- is influential on health policy; and
- collaborates with other organisations in pursuit of the primary objective.

## Values

The articulation of the fundamental values that distinguish SARRAH as an organisation is important to underpin the achievement of SARRAH's primary objective and the prioritisation of organisational activities and resource allocation.

This articulation of values we call "*our*" perspective.

"our" perspective stems from values such as:

- **Inclusiveness;**
- **Fairness;**
- **Equity;**
- **Advocacy;** and
- **Respect.**

SARRAH provides individual rural and remote allied health professionals with opportunities to inform and influence by contributing "*our*" perspective to policy and planning processes that govern service delivery to rural and remote communities with the ultimate goal being enhanced community health outcomes

"our" perspective is demonstrated by *qualities* such as:

- **Valuing the individual grass roots allied health professional;**
- **Consultation;**
- **Achievement orientation;**
- **Connectedness to community;** and
- **Can-do attitude.**

# Stakeholders

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SARRAH is committed to supporting allied health professionals to provide primary health care to communities in rural and remote Australia.

SARRAH is a member of a number of National and State committees and actively provides input and participates in policy formulation activities.

A list of organisations and/or committees that SARRAH is a member of includes but is not limited to:

- Allied Health Clinical Placement Scholarship Scheme Advisory Committee
- Allied Health Professions Australia
- Australian Health Care Reform Alliance
- Australian Journal of Rural Health Associates Network
- Australian Journal of Rural Health Board of Management and Editorial Board
- Australian Rural Allied Health Scholarship Scheme Reference Group
- Australian Rural and Remote Health Professional Scholarship Scheme Advisory and Selection Committee
- Bush Crisis Line and Support Group Steering Committee
- Community Services and Health Industry Skills Council — Competencies for Community Based Rehabilitation Worker Reference Group
- National Allied Health Conference Organising Committee
- National Health Workforce Forum
- National Primary Health Care Partnership
- National Rural Health Alliance
- National Rural Health Workforce Roundtable
- Northern Territory Emergency Response Health Expert Panel
- Primary Health Care Research Evaluation and Development state based Reference Committees

## Vision Statement

In 2009 SARRAH is respected as a leader and partner in health reform, whose activities reflect the knowledge, skills and aspirations of the rural and remote Allied Health workforce.

### Goal 1 Membership

In 2009 SARRAH supports more members who actively participate in the organisation and ensure that:

- a) Support strategies are prioritised annually in consultation with members.
- b) SARRAH increases the number of active members annually.

### Goal 2 Policy & Partnerships

In 2009 SARRAH is acknowledged as a leader in health service reform to improve health outcomes in rural and remote Australia. As a peak body, SARRAH is recognised for:

- a) Effectively engaging communities and partners.
- b) Identifying and pursuing strategic areas for action.
- c) Representing a workforce which is essential to addressing health inequality for rural and remote residents and communities.

### Goal 3 Governance and Management

In 2009 SARRAH has in place mechanisms to ensure accountable and transparent governance including:

- a) Effective internal and external communication strategies.
- b) Effective, efficient, accountable management systems.
- c) Regular planning and review.

## Balanced Scorecard Approach

A 'Balanced Scorecard Approach' provides a framework that incorporates an organisation's vision and strategic plan along with historical financial information to determine the future objectives, measures, targets and initiatives of the organisation.

SARRAH has applied a 'Balanced Scorecard Approach' to implement the Strategic Plan for 2004-2009. The Strategic Plan was revised during 2007.

To ensure effective integration of planned activity with SARRAH's Strategic Plan, the 'Balanced Scorecard Approach' has been cascaded to the 2007-08 and 2008-09 Annual Operational Plans (AOP). In turn, objectives and initiatives in the AOP shape team and individual staff work plans.

At the operational level, the Balanced Scorecard methodology recognises:

- the importance of identifying the value, benefits and results that SARRAH aims to achieve for its stakeholders;
- the internal business processes at which SARRAH must meet to achieve desired outcomes; and
- the organisational elements of people, learning and development that support the internal business processes.

Taken together, the strategic direction and operational objectives are aimed at delivering SARRAH's primary objective.

## Summary of AOP Priority Activities for 2007-08 and 2008-09

### STAKEHOLDERS

#### Objective

1. Consult and communicate effectively with stakeholders and improve stakeholder awareness and understanding of SARRAH's role, responsibilities and performance (links to Strategic Directions - Goal 1a, 1b, 2a & 3a).

ACTIONS REQUIRED/STRATEGY	KEY PERFORMANCE INDICATOR/ACCOUNTABILITIES
i. Review SARRAH's current communication tools and activities.	Developed and implemented a SARRAH Communication Strategy.
ii. Develop a strategy to source funding for SARRAH from corporate Australia.	Implemented a Fund Raising Strategy.

### INTERNAL BUSINESS PROCESSES

#### Objectives

2. Improve the administrative efficiency of the Australian Rural and Remote Health Professional Scholarship (ARRHPS) and Rural Allied Health Undergraduate Scholarship (RAHUS) Schemes and other externally funded projects (links to Strategic Directions - Goal 2a, 2b & 2c).
3. Improve corporate governance processes including planning, financial management and reporting (links to Strategic Directions - Goal 2b, 3b & 3c).

ACTIONS REQUIRED/STRATEGY	KEY PERFORMANCE INDICATOR/ACCOUNTABILITIES
2. Oversee and improve the implementation of existing projects including Commonwealth Government Scholarship Schemes and develop new projects.	Increased efficiency through refined systems and produced reports as per Funding Agreements.
3. Identify best practice benchmarks, Assess SARRAH processes and implement a continuous improvement regime.	Increased SARRAH's performance against best practice processes.

# Summary of AOP Priority Activities for 2007-08 and 2008-09

## PEOPLE, LEARNING AND DEVELOPMENT

### Objectives

4. Recruit, foster and value highly trained people (links to Strategic Directions - Goal 2b, 3b, & 3c).
5. Build a strong team environment (links to Strategic Directions - Goal 2b & 3b).
6. Maintain effective information technology and knowledge management systems to improve performance and retain corporate knowledge (links to Strategic Directions - Goal 3a & 3b).

ACTIONS REQUIRED/STRATEGY	KEY PERFORMANCE INDICATOR/ACCOUNTABILITIES
4. Implement a Performance Management Framework.	Developed training and development plans for all staff.
5. Increase individual and team understanding of the role, responsibilities and activities of SARRAH.	Increased individual and organisational performance management results.
6. Enhance information resources through maintenance and upgrades to information communication technology systems.	Increased performance through improved access to relevant systems and staff training.



SARRAH Summit delegates outside Parliament House, Canberra

## President's Report

Since I joined the SARRAH Executive at the SARRAH Summit in 2007, the pace of change and volume of work the organisation has achieved to support rural and remote allied health professionals has been inspiring. I thank the Management Committee, the Executive, the CEO and Secretariat Staff for their contribution to this great effort.

The 2007 SARRAH Summit saw representatives from each state and the Northern Territory reaffirm our vision, goals and objectives, and meet with 64 Federal parliamentarians. Issues discussed were funding and support for clinical education including rural placements, scholarships, allied health data collection and Medicare.

I became President in January of this year, when the executive met in Melbourne. We met at that time with the new Minister for Health and Ageing Nicola Roxon about reforms necessary for advancing rural health, and allied health service provision. At the Minister's request SARRAH provided a list of 10 short term high impact strategies for rural and remote Australian communities which should be implemented by the Federal government. SARRAH has now been invited as one of six primary organisations to advise the new Office of Rural Health over the coming year.

This relationship with the Australian Government Department of Health and Ageing (DoHA) is important, as SARRAH administers the RAHUS and ARRHPS schemes for future and existing allied health professionals. From next year, the Allied Health Clinical Placement Scholarship Scheme will see allied health students across Australia receive \$2.5M in assistance over three years to make their rural or remote placements easier.

This year SARRAH has formed working groups to get this volume of business done. Each working group has Executive members, and provides a way for other members to contribute and learn. The Clinical Placement Scholarship working group has prepared SARRAH and the secretariat for the increase in workload to administer this scheme.

The Executive and Management Structures group now puts before you a new constitution to consider at the 2008 Annual General Meeting to take SARRAH into the future. The new Board structure proposed should allow SARRAH to grow in its effectiveness and advocacy.

The Remote Communities working group has produced an important position paper, and has a seat at the table in the NT Intervention.

The Communications Strategy working group has contributed to the production of a wonderful edition of RAIN, and will continue to work on all the vital links between all of us, including *Droplets*, the weekly email news, and the website.

Of course, the first and the busiest 'working group', the Conference Organising Committee should be commended as they have worked tirelessly since Albury to bring us together once again, in Yeppoon.

This time of great possibilities brings a need as an advocacy organisation, for us to respond quickly and professionally to issues as they arise. SARRAH has responded formally to initiatives such as:

- GP SuperClinics;
- National Health Workforce Taskforce Workplan;
- Rural Health Audit;
- Northern Territory Intervention;
- National Registration and Accreditation system for health professionals; and
- Report on the Audit of Health Workforce in Rural and Remote Australia.

SARRAH continued to participate in a number of key forums and meetings and at a national level enhanced its working relationships with a range of partners.

The last year has seen many changes in SARRAH, not all painless. Our processes and our resilience have improved, as has our relevance and the impact that we can have. It is true that much of SARRAH's influence has occurred at the federal level, yet many or most of our members are employed by states or territories. So the challenge for SARRAH over the next two years is to build on what has been achieved, to talk with and listen to each other more effectively, and to extend our influence into every workplace of every allied health professional in rural and remote Australia.

Rural and proud,



Scott Wagner



Information on all of the SARRAH projects can be found on the SARRAH website at [www.sarrah.org.au](http://www.sarrah.org.au)

## National Biennial SARRAH Conference

The 2008 SARRAH National Conference will be held during 27-30 August 2008 in Yeppoon, Queensland. During 2007-08 the Conference Organising Committee, led by conveners Peter Bothams and Kerrie-Anne Frakes, was the key group organising the conference. A substantial proportion of SARRAH's time and other resources during the financial year was spent preparing for this major event.

The Conference provides a forum for rural and remote allied health professionals, service providers and purchasers. Recommendations from the conference are used as an input into SARRAH developing future strategic directions and policy positions.

## National Biennial SARRAH Summit (SARRAH members only)

The 2007 National SARRAH Summit was held during 11-14 August 2007 in Canberra. The Summit provides an opportunity for SARRAH Members to participate in SARRAH's strategic planning process creating a shared vision for allied health professionals in rural and remote communities.

The Summit program included an advocacy day in Parliament House where SARRAH members met, in small groups, with in excess of 60 Members of Parliament in individual meetings.

## National SARRAH Annual General Meeting (SARRAH members only)

The 2007 Annual General Meeting was also held during the course of the Summit on the 14 August 2007. Michael Bishop was elected President of SARRAH. Scott Wagner was elected as Deputy President; Glenys Cockfield as Honorary Treasurer, Elaine Ashworth as Honorary Secretary and Owen Allen as the National Rural Health Alliance representative.

At a subsequent meeting Tracy Leon was selected as the Management Committee representative to the Executive Committee.

On 13 January 2008, at an Executive Committee meeting held in Melbourne, Michael Bishop resigned as the SARRAH President due to other business commitments. He advised the Executive Committee members that he wished to remain on the Executive. Executive Committee members accepted Michael Bishop's resignation and agreed that Scott Wagner would be the incoming SARRAH President effective on 14 January 2008.

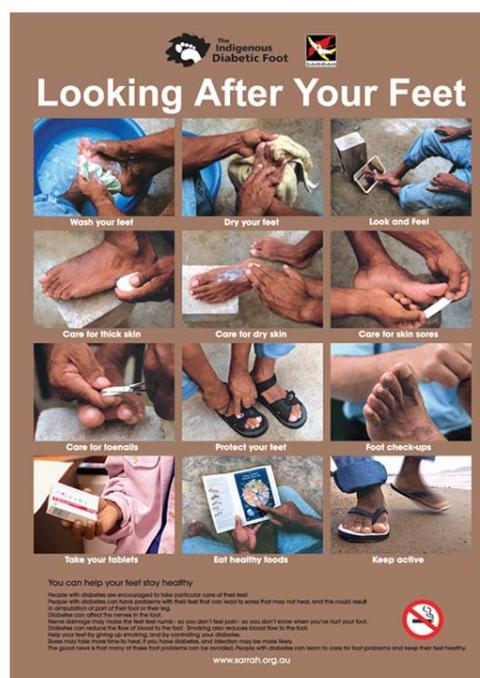
On 14 May 2008, Gail Cummins was elected as a/g Deputy President until the 2008 Annual General Meeting.

## Indigenous Diabetic Foot Program

SARRAH originally auspiced and continues to support the Indigenous Diabetic Foot Program which is a strategy with supporting resources for the care and management by Indigenous Health Workers of diabetic foot.

The program resources have a significant value in other rural and remote settings where podiatry services are lacking or infrequent and where there are people with diabetes.

The program also provides "Train the trainer" workshops with podiatrists across Australia to enable them to train the local health workforce.

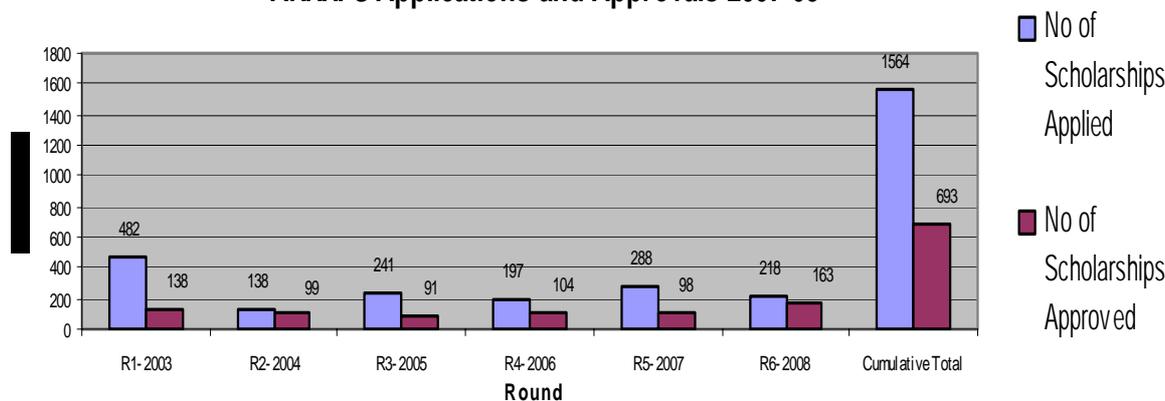


## Australian Rural and Remote Health Professional Scholarship [ARRHPS] Scheme

SARRAH continued to administer the ARRHPS Scheme funded by the Australian Government Department of Health and Ageing (DoHA). The ARRHPS Scheme provides the rural and remote allied health workforce with scholarships to access continuing professional development courses (e.g. attend short-term postgraduate studies and conferences to upgrade clinical skills).

The Secretariat received 218 applications which were assessed and considered by the selection committee on 19 November 2007. 163 applicants were offered scholarships and all applicants were advised of the results by 31 December 2007.

### ARRHPS Applications and Approvals 2007-08

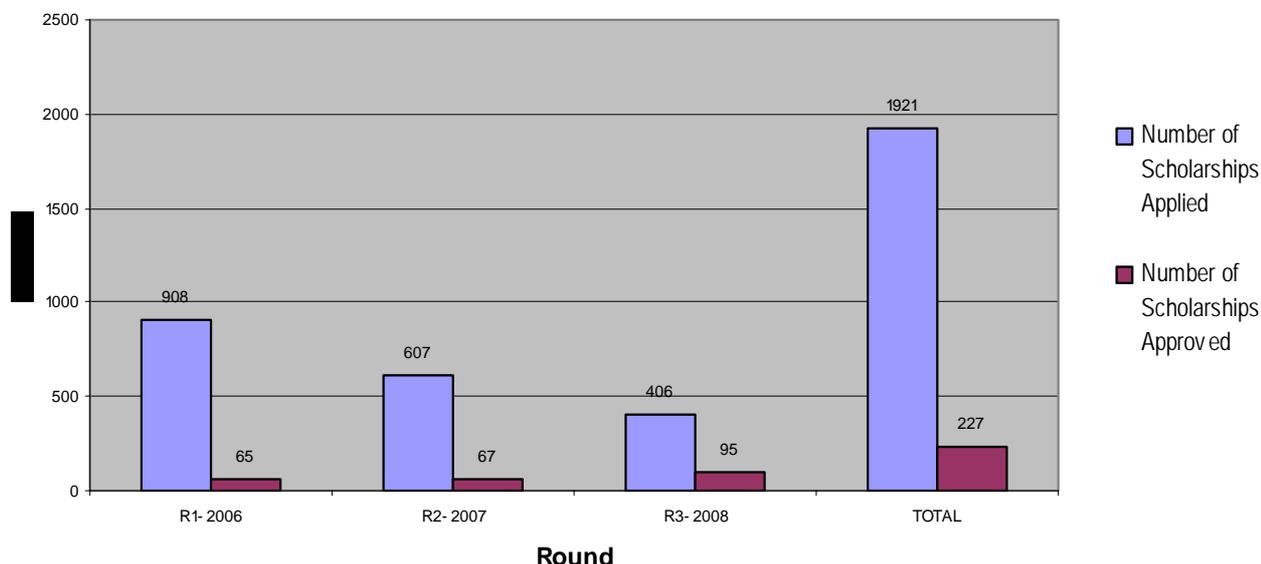


## Rural Allied Health Undergraduate Scholarship [RAHUS] Scheme

SARRAH also continued to administer the RAHUS Scheme funded by the DoHA. The RAHUS Scheme provides \$10,000 per annum to students undertaking an eligible entry allied or oral health level qualification at an Australian University.

In 2007 the Secretariat received 406 applications for the 2008 academic year for an original funding allocation of 65 scholarships. Due to 30 existing scholars completing their courses in 2007, the Secretariat were able to increase the number of scholarships available to 95 in 2008, which included 10 successful appeals.

### RAHUS Applications and Approvals 2007-08



# SARRAH Working Groups

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During 2008, SARRAH established six Working Groups to focus on:

- Clinical Placement Scholarship Scheme;
- Communication;
- Executive and Management Structures;
- Remote Communities;
- Showcase; and
- Workforce.

## Clinical Placement Scholarship Scheme

The Executive Sponsors are Elaine Ashworth – Chair and Glenys Cockfield – Chair's proxy. The Working Group members are Lee McGovern (Govt Allied Health Advisor), Heather Jensen (Academic), Catherine Welsh (Physiotherapist) and Narelle Campbell (Academic) and Shelagh Lowe from the Secretariat.

- Kate Gray and Cristen Fleming from the National Rural Health Student Network and Dee Whiteford (Academic) joined the Working Group during May/June 2008.
- Karen Baldwin from the Secretariat joined the Working Group late June 2008.

The objective of the Working Group is to assist in the development and implementation of a Clinical Placement Scholarship Scheme. Applications for the scheme will be called during September and October 2008 and will commence from early 2009.

## Communication

The Executive Sponsors are Scott Wagner – Chair and Michael Bishop – Chair's proxy. The Working Group members are Cas Ingham (NSW - Physiotherapist), Peter Bothams (QLD - Occupational Therapist), Cathryn Carboon (VIC - Dental Hygienist), Jason Warnock (QLD - Podiatrist), Robyn Glynn (QLD - Occupational Therapist) and Catherine Young (NT - Physiotherapist).

The objective of the Working Group is to assist:

- in prioritising and implementing the short, medium and long-term strategies contained in the Communications Report; and
- developing a plan for allocating funds received from SARRAH Membership fees.

## Executive and Management Structures (Constitution)

The Executive Sponsors are Scott Wagner – Chair and Owen Allen – Chair's proxy. Rod Wellington from the Secretariat is also a member of the Working Group.

The objective of the Working Group is to review the organisational efficiency and effectiveness of the Executive and Management Structures and recommend appropriate changes. A draft Constitution establishing a Board and an Advisory Committee will be considered at the 2008 SARRAH Annual General Meeting to be held in August.

## Remote Communities

The Executive Sponsors are Tracy Leon – Chair and Scott Wagner – Chair's proxy. The Working Group members are Claire Salter (Speech Pathologist), Kerrie Kelly (Psychologist), Margaret Massey (Social Worker), Heather Jensen (Academic), Lizzie Bayly (Occupational Therapist), Gail Cummins (Dietetic), Janet Struber (Physiotherapist) and Claire Vanderplank (Occupational Therapist).

The objective of the Working Group is to develop a position paper on Allied Health service delivery to Australian regional and remote Aboriginal and Torres Strait Islander communities. A paper has been developed and will be launched shortly.

# SARRAH Working Groups

## Showcase

The Executive Sponsors are Michael Bishop – Chair and Owen Allen – Chair's proxy.

The objective of the Working Group is to oversight and assist in the delivery of the Showcase to increase Federal politicians and the wider communities' knowledge and understanding of allied health services in rural and remote Australia.

This Working Group has not been convened as a formal decision has not been made by either Minister Roxon or the Department of Health and Ageing (DoHA) to fund this project.

## Workforce

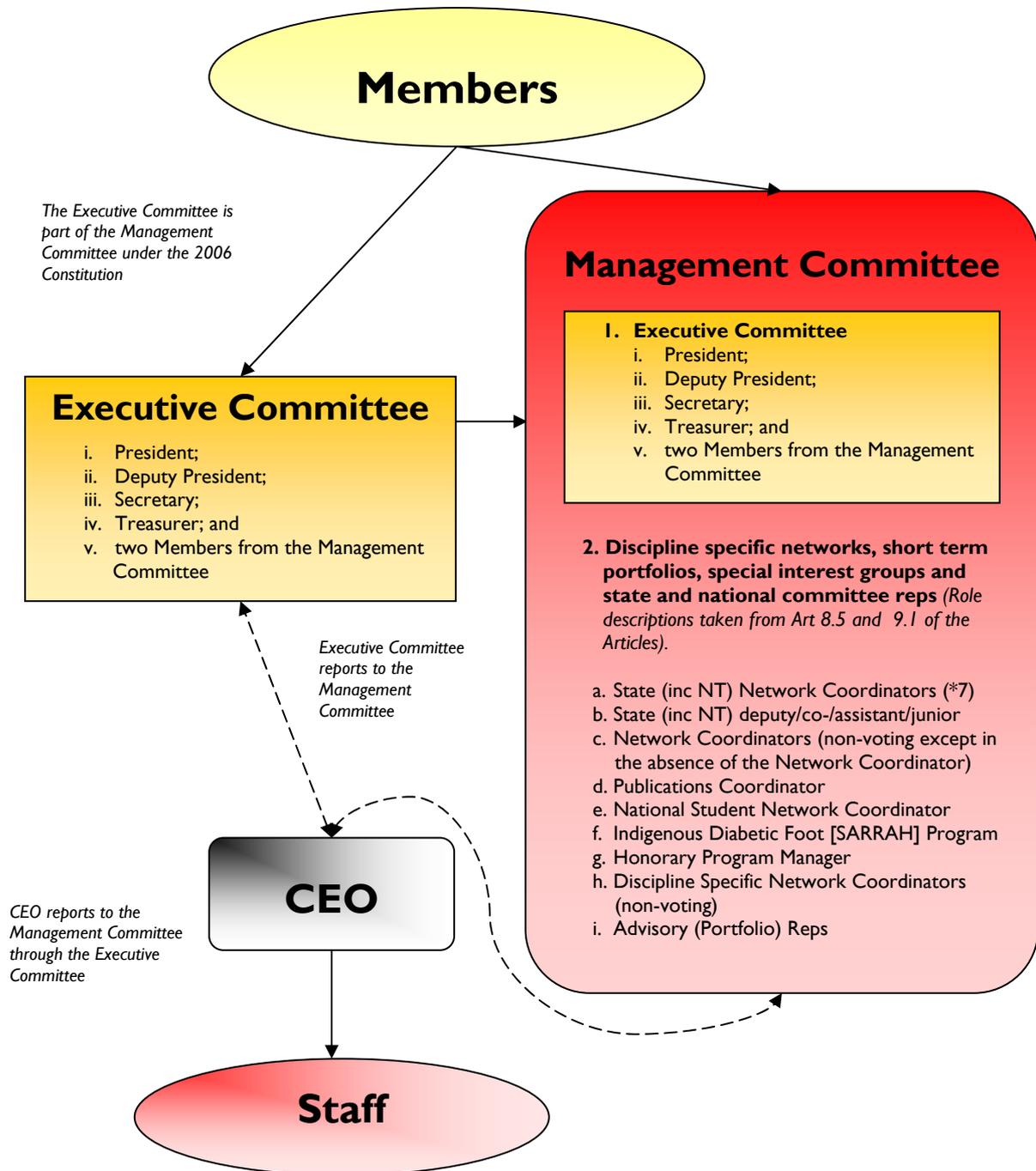
The Executive Sponsors are Glenys Cockfield – Chair and Elaine Ashworth – Chair's proxy. The Working Group members are Lee McGovern (Govt Allied Health Advisor), Ivan Lin (Physiotherapist), Renae Moore (Govt Advisor), Janet Struber (Physiotherapist) and Suzanne Spitz (Govt Allied Health Advisor).

The objective of the Working Group is to improve the data and information about the distribution of the allied health workforce in rural and remote Australia, building on the information contained within the 2004 reports.

It is expected that the Working Group will hold its inaugural meeting during the 2008 National SARRAH Conference to be held in August.



Allied Health patients in remote communities



## SARRAH has four forms of membership

### 1. Full Member (An individual who has an allied health profession qualification)

#### Entitlements:

- Full voting rights.
- Eligible for election to the Management Committee.
- Membership of the *Friends of the National Rural Health Alliance*.
- Subscription to the Australian Journal of Rural Health.
- Subscription to the Rural Allied Health Information Newsletter [RAIN].
- Access to the 'Members only' section of the SARRAH website.
- Receipt of regular e-news bulletins/publications.
- Partnership with the State Network Coordinator who networks with SARRAH members in his/her State or Territory.
- Partnership with the Network Coordinator who networks all SARRAH members nationally with the specific allied health discipline.

### 2. Associate Member (An individual who is not an allied health professional)

#### Entitlements:

- Membership of the *Friends of the National Rural Health Alliance*.
- Subscription to the Australian Journal of Rural Health.
- Subscription to the Rural Allied Health Information newsletter [RAIN].
- Access to the 'Members only' section of the SARRAH website.
- Receipt of regular e-news bulletins/publications.
- Partnership with the State Network Coordinator who networks with SARRAH members in his/her State or Territory.
- No voting rights and not eligible for election to Management Committee.

### 3. Student Member (A student enrolled in an allied health profession course)

#### Entitlements:

- Full voting rights.
- Eligible for election to the Management Committee as the Student Network Coordinator.
- Membership of the *Friends of the National Rural Health Alliance*.
- Subscription to the Australian Journal of Rural Health.

- Subscription to the Rural Allied Health Information Newsletter [RAIN].
- Access to the 'Members only' section of the SARRAH website.
- Receipt of regular e-news bulletins/publications.
- Partnership with the Undergraduate Student Representative who networks with SARRAH student members.
- Partnership with the State Network Coordinator who networks with SARRAH members in his/her State or Territory.

### 4. Scholar (Holder of a Rural Allied Health Undergraduate Scholarship)

#### Entitlements:

- Subscription to the Rural Allied Health Information Newsletter Access to the 'Members only' section of the SARRAH website.
- Receipt of regular e-news bulletins/publications.
- Partnership with the Undergraduate Student Representative who networks with SARRAH student members.
- Partnership with the State Network Coordinator who networks with SARRAH members in his/her State or Territory.
- Partnership with the Network Coordinator who networks all SARRAH members nationally with the specific allied health discipline.
- A representative of the scholar group may be invited to attend the SARRAH Summit.

#### Are not entitled to:

- Vote.
- Stand for a Management Committee position.
- Become a SARRAH representative.
- Subscription of the Australian Journal of Rural Health.
- Be joined to the 'Friends of the Alliance' through their SARRAH membership.

**Please Note:** The category of "Associate Institution" has been withdrawn. However, individuals of such organisations are welcome to apply for Full Member or Associate Member status.

## Benefits of being a SARRAH Member

- Networking across regional, state, national, discipline and special interest areas.
- Share interests with others in rural and remote communities.
- Have Influence – through the opportunity to Inform; exchange Information and have Input (the *Quadruple “I”* member benefit).
- Exchange Information.
- Promote rural and remote allied health.
- Give and receive support.
- Overcome isolation.
- Find a sense of 'belonging'.
- Contribute to position papers and submissions made by SARRAH.
- Participate in state based meetings of SARRAH members.
- Participate in discussion groups.
- Be part of a national, multidisciplinary organisation.
- Gain awareness regarding rural and remote allied health services and policy.
- Tell your 'story' on your own home page section of the SARRAH website.
- Develop and gain confidence and competence in aspects of lobbying and advocacy, policy development and implementation, writing for publication, communication and networking skills.
- Participate in:
  - The biennial National SARRAH Conference.
  - The biennial National SARRAH Summit.
- Includes annual subscription to:
  - Australian Journal of Rural Health.
  - RAIN (Rural Allied Health Information Network) quarterly newsletter.
  - RAINdrops - e-newsletter distributed when a topic of national interest requires SARRAH member input.
  - droplets - weekly e-bulletin.
  - 'Friends of the Alliance' – linked with the
  - National Rural Health Alliance, receive mail outs, contribute to policy development.

### The impact of being a member of SARRAH is summed up in the words of a few members:

- *develop confidence in providing your point of view;*
- *develop the ability to write a proposal and get the funding to make a difference;*
- *learn about organisational management and governance and how to run an organisation;*
- *learn about finances, committee structure, constitution, running meetings, reporting processes;*
- *learn how to represent rural and remote communities at Parliament House;*
- *learn how to prepare political and departmental submissions and reports; and*
- *learn how to work from a common allied health perspective, feel supported by like minded people, gain direction and a positive way of contributing, networking and providing information; and learn how to think outside the square, become known and have been asked to participate in and contribute to meetings, workshops and reports, and participate in committees that you may never have known about otherwise.*

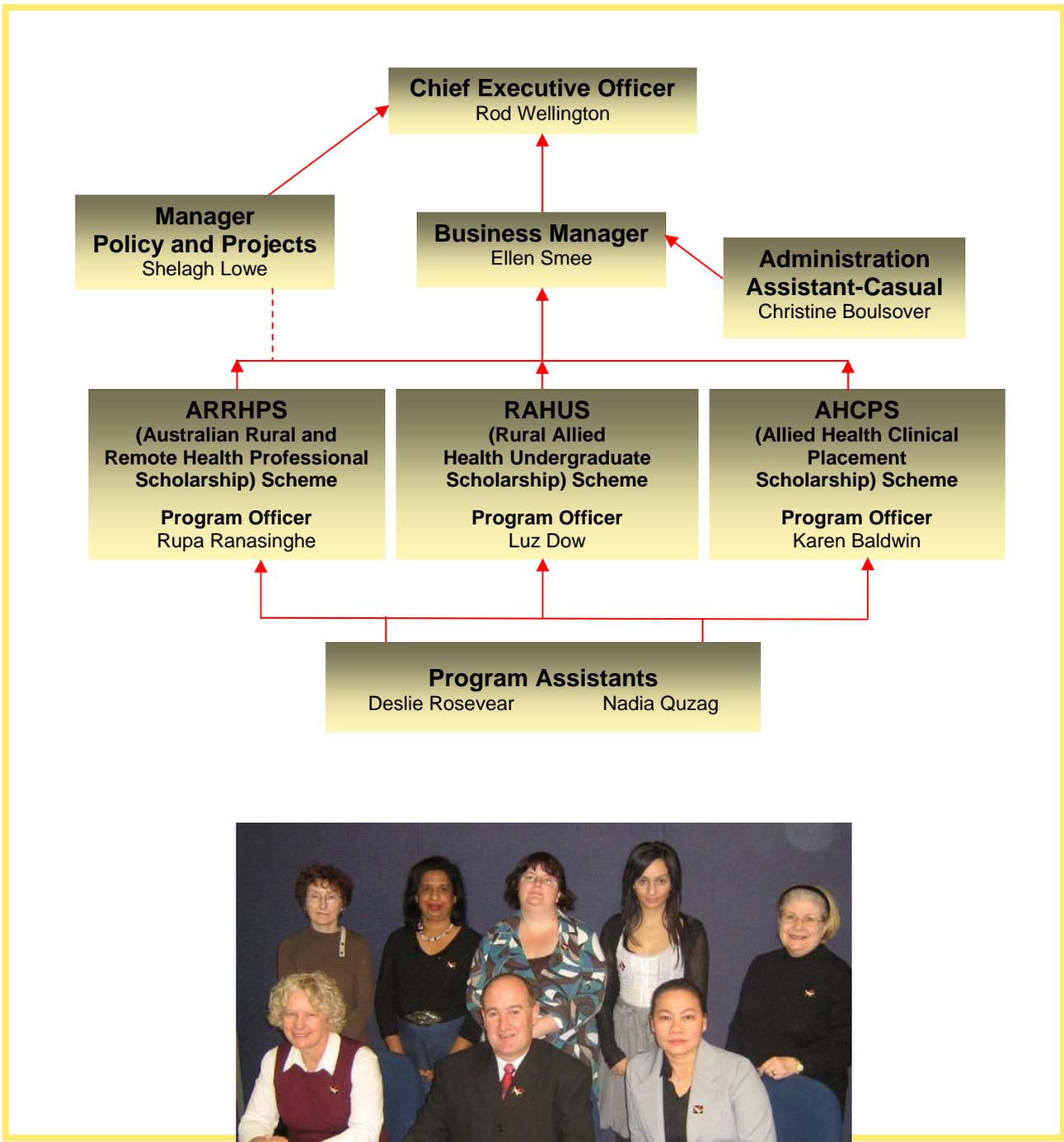


## 2007-08 SARRAH Management Committee

EXECUTIVE COMMITTEE	
President	Scott Wagner
Deputy President	Gail Cummins (acting)
Honorary Secretary	Elaine Ashworth
Honorary Treasurer	Glenys Cockfield
Immediate Past President	Michael Bishop
NRHA representative	Owen Allen
Management Committee representative	Tracy Leon
NETWORK COORDINATORS	
NSW Network Coordinator	Cas Ingham
NT Network Coordinator	Heather Jensen
QLD Network Coordinator	Peter Bothams
SA Network Coordinator	Lyn Atkinson
TAS Network Coordinator	Ruth Chalk
VIC Network Coordinator	Liz Williams
WA Network Coordinator	Tracy Leon
Student Network Coordinator	Steven Myers
Aboriginal Health Worker Network Coordinator	Inez Carter
Audiology Network Coordinator	Rebecca Matthews
Dietetics Network Coordinator	Gail Cummins
Medical Imaging Network Coordinator	Tony Smith
Occupational Therapy Network Coordinator	Claire Vanderplank
Optometry Network Coordinator	Helen Summers
Oral Health Network Coordinator	Cathryn Carboon
Pharmacy Network Coordinator	<b>Vacant</b>
Physiotherapy Network Coordinator	Deb Wright
Podiatry Network Coordinator	Helen McGregor
Psychology Network Coordinator	Kerrie Kelly
Social Work Network Coordinator	Margaret Massey
Speech Pathology Network Coordinator	Rachael Byrne
Publications Coordinator - RAIN editor/AJRH	Robyn Glynn

During 2007-08 SARRAH's Management Committee met on seven occasions and the Executive Committee met on nine occasions. The Management and Executive Committees generally meet on alternate months via teleconference however there were two face-to-face Executive Committee meetings held during August 2007 and January 2008.

# SARRAH Secretariat Organisational Chart



**SARRAH Secretariat Staff**  
 Back row: Chris Boulsover, Rupa Ranasinghe, Karen Baldwin, Nadia Quzag, Ellen Smee.  
 Front row: Deslie Rosevear, Rod Wellington and Luz Dow.  
 Shelagh Lowe who is absent from this photograph works out of Tasmania.

## SARRAH Financial Management

SARRAH had net assets of \$1.744 million as at 30 June 2008. An abbreviated SARRAH Balance Sheet with total assets and liabilities through to 30 June 2008 is presented in the table below.

	2008	2007
Total Assets	3,222,358	3,071,162
Total Liabilities	1,478,514	1,255,650
Net Assets/Total Equity	1,743,844	1,815,512

SARRAH budgeted for a cash surplus of \$2.908 million for 2007-08. The actual result was a cash surplus of \$3.092 million and the table below presents the results through to 30 June 2008.

Receipts (government, members, customers and interest)	4,616,359	3,095,312
Payments (suppliers and employees)	(3,833,232)	(2,406,714)
Net cash provided by operating activities	783,127	688,598
Cash at the beginning of the financial year	2,308,747	1,620,149
Cash at the end of the financial year	3,091,874	2,308,747

SARRAH budgeted for revenue of \$3.388 million for 2007-08. SARRAH actually received \$3.438 million during 2007-08 and the table below presents actual results through to 30 June 2008.

Grant revenue (DoHA)	3,194,695	1,861,078
Interest received	124,070	101,089
Indigenous Diabetic Foot income	68,757	30,073
Membership fees	28,231	18,930
Conference income	20,862	103,850
Other income	997	909
	<b>3,437,612</b>	<b>2,115,929</b>

SARRAH budgeted for expenses of \$4.178 million as at 2007-08. SARRAH actually expended \$3.509 million during 2007-08 and the table below presents actual results through to 30 June 2008

Employee benefits expense	414,529	321,522
Depreciation and amortisation expenses	17,578	11,077
Bad debts	4,634	-
Interest expense	-	1,870
ARRHPSS scholarship payments	814,466	620,247
RAHUS scholarship payments	1,787,400	897,418
Indigenous Diabetic Foot expenses	93,905	9,675
Other operating expenses	376,768	366,297
	<b>3,509,280</b>	<b>2,228,106</b>

# SARRAH Financial Management

## Grant Revenue

During January 2008, the CEO commenced discussions with the Australian Government Department of Health and Ageing (DoHA) on the funding arrangements for the administration of three existing DoHA projects post 30 June 2008.

On 30 April 2008, the Health Minister, the Hon. Nicola Roxon delivered a speech and made the following statement:

*'The new Office of Rural Health - over the next twelve months, in consultation with stakeholders - will closely examine the sixty-odd workforce programs that exist now to ensure that they are streamlined, not working at cross purposes and are properly targeted, so that the most needy communities are supported the most'.*

In the first half of June 2008, SARRAH received, signed and returned to the DoHA, *Deeds of Variation* to extend the funding for a further year until 30 June 2009 to administer the existing projects including:

- Australian Rural and Remote Health Professional Scholarship (ARRHPS) Scheme;
- Rural Allied Health Undergraduate Scholarship (RAHUS) Scheme; and
- National Secretariat (SEC).

Late June 2008, SARRAH received from the DoHA, a *Deed of Contract* to develop and administer the new Allied Health Clinical Placement Scholarship (AHCPS) Scheme. The *Deed* was signed and returned to DoHA in July 2008.

The funds available for allocation to ARRHPS and RAHUS scholars remain unchanged from 2007-08. Funds available for allocation to AHCPS scholars will be approximately \$600,000 per annum over 3 years.

The table below outlines the funding available to administer the projects for 2008-09 and the percentage increase against 2007-08.

Detail	ARRHPS \$	RAHUS \$	SEC \$	AHCPS \$
2007-08	150,000	228,000	250,000	N/A
2008-09	167,594	262,644	282,163	234,738
% increase	11.7	15.2	12.9	N/A

# Communications

## Forums/Meetings

During 2007-08 SARRAH continued to participate in a number of key forums and meetings which included but were not restricted to, the following:

DATE	STAKEHOLDER CONTACT	LOCATION
18-20 July 2007	7th National Allied Health Conference	Hobart
20 July 2007	National Allied Health Advisors Committee	Hobart
30-31 July 2007	National Summit on Reform in the Australian Health Sector	Canberra
19 September 2007	Aged Care Panel Workshop	Canberra
4-7 October 2007	Royal College of General Practitioners Conference	Sydney
17-19 October 2007	3rd NSW Rural Allied Health Conference	Dubbo
28 October-5 November 2007	National Rural Health Action Week	Canberra
15-18 November 2007	Australian General Practice Network Forum	Hobart
29 November 2007	National Allied Health Advisors Committee	Perth
11 January 2008	Health Minister, the Hon Nicola Roxon at face to face meeting with the Executive	Melbourne
11 January 2008	Executive Officer of the National Health Workforce Taskforce, Peter Carver at face to face meeting with the Executive	Melbourne
19 February 2008	National Rural Health Workforce Roundtable	Canberra
21-22 February 2008	Home and Community Care Forum	Melbourne
5 March 2008	Primary Health Care Research Evaluation and Development Showcase	Brisbane
14-15 March 2008	Dental Hygienists Association of Australia National Symposium	Hobart
16-18 March 2008	National Rural Health Alliance Board Meeting	Canberra
18 March 2008	Australian Health Care Reform Alliance (AHCRA) Workshop	Canberra
27-29 March 2008	World Congress of Health Professions	Perth
29 March 2008	National Allied Health Advisors Committee	Perth
3-5 April 2008	National University Rural Health Conference	Launceston
12 May 2008	National Rural Health Workforce Roundtable	Canberra
21 May 2008	Canberra Rural Allied Health and Nursing Collective Meeting	Canberra
3 June 2008	National Allied Health Council Meeting	Sydney
4 June 2008	National Health and Workforce Forum	Sydney
Various	Community Service and Health Industry Skills Council Industry Reference Group Meetings	Sydney
Various	Northern Territory Emergency Response Health Expert Panel Meetings	Sydney & NT

On 30 January 2008, a Media and Public Affairs consultant was engaged to complete a project to review SARRAH's membership strategies, in particular:

- the recruitment and retention of SARRAH members;
- SARRAH's member and non-member communication approaches; and
- the services and benefits available to SARRAH members.

A report was developed and included a list of short, medium and long-term strategies for SARRAH to consider. To assist in implementing the recommendations contained in the report and in accordance with progressing other SARRAH projects the Communications Working Group was established.

The objectives of the Working Group are outlined on page 12 of this report. During 2008-09, it is anticipated that the Working Group will, in consultation with SARRAH Members, review existing communication tools including the website, RAIN and droplets.

The review will assist in determining if the communication tools are meeting their objective in terms content and providing input into establishing future communication strategies.

SARRAH continues to be a Journal Associate to The Australian Journal of Rural Health (AJHA). Robyn Glynn was SARRAH's representative on AHJA Board of Management.

At a national level SARRAH continued to enhance its working relationships with a range of stakeholders including:

- Minister Roxon and her staff.
- Australian Government Department of Health and Ageing.
- National Rural Health Alliance.
- Rural Workforce Roundtable.
- Australian Health Care Reform Alliance.
- National Primary Health Care Partnership.
- Australian General Practice Network.
- Australian Rural Health Education Network.
- University Departments of Rural Health.
- National Rural Health Students' Network.
- Allied Health Professions Australia.

SARRAH will continue to work hard as the voice for rural and remote allied health professionals and to enhance SARRAH's profile amongst parliamentarians and other stakeholders.

## SARRAH Secretariat

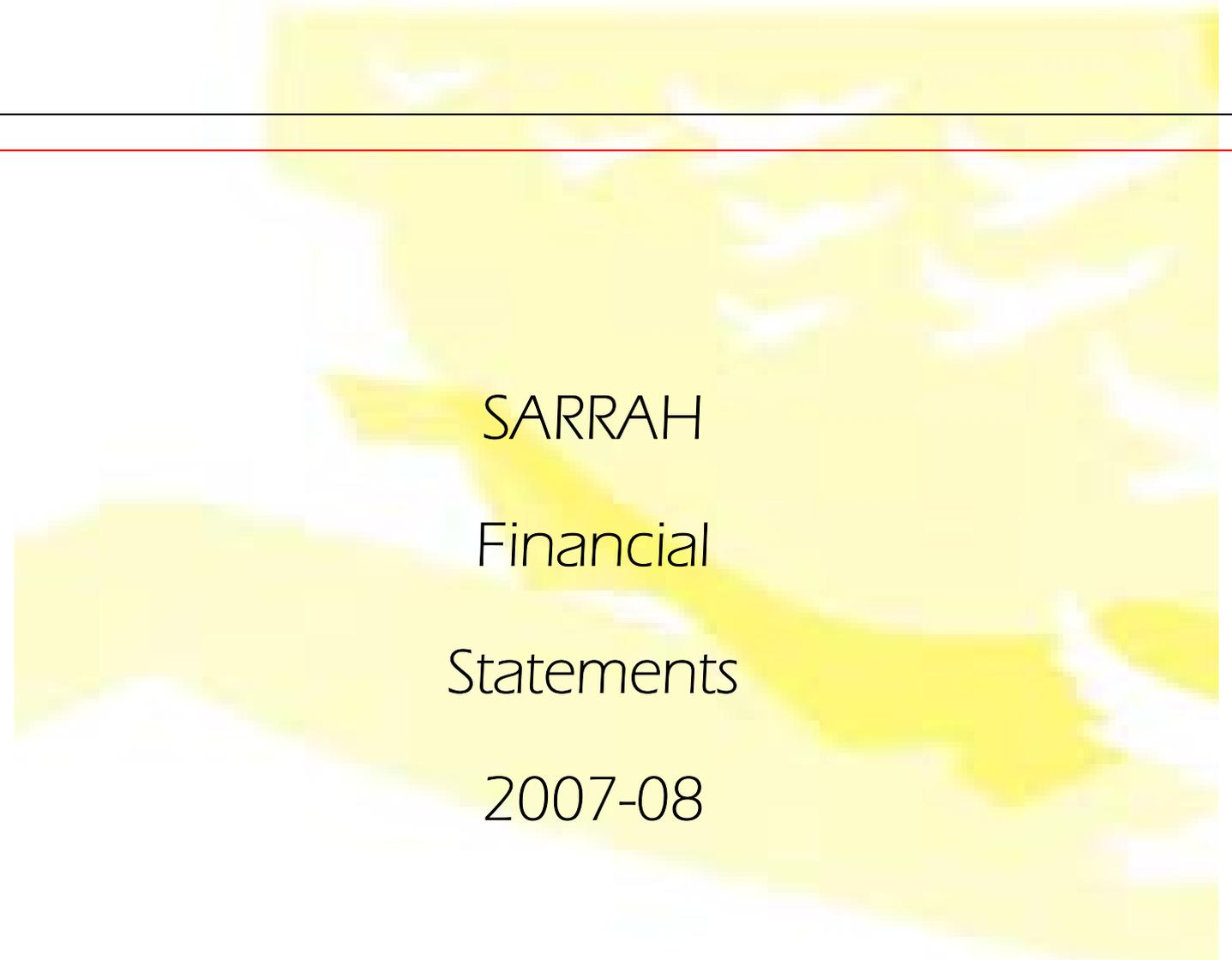
On 12 December 2007, the SARRAH Secretariat relocated its office to the ground floor of the AIIA Building, 10-12 Champion Street, Deakin ACT.

The SARRAH Secretariat was co-located with the Australian Information Industry Association (AIIA) until 1 May 2008 when AIIA moved to other premises. The National Rural Health Alliance continues to be located on the 1<sup>st</sup> floor of the AIIA Building.

## Co-Located Bodies

On 2 June 2008, the Secretariat for the Australian Rural Health Education Network (AHREN) Limited sub-leased office space from SARRAH and moved into the ground floor of the AIIA Building.

Negotiations are continuing with other potential tenants to sub-lease further office space from SARRAH.



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SARRAH  
Financial  
Statements  
2007-08



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

### Report on the Financial Report

We have audited the accompanying financial report of Services for Australian Rural and Remote Allied Health Inc (the Association), which comprises the balance sheet as at 30 June 2008, and the Income statement, statement of recognised income and expenditure and cash flow statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the statement by members of the committee.

#### Committee's Responsibility for the Financial Report

The committee of the Association is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the *Associations Incorporation Act 1987 (WA)*. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

#### Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial report.

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

#### Independence

In conducting our audit, we followed the independence requirements of Australian professional ethical pronouncements.

#### Auditor's Opinion:

In our opinion the financial report of Services for Australian Rural and Remote Allied Health Inc is in accordance with the *Associations Incorporation Act 1987 (WA)*, including:

- (a) giving a true and fair view of the Association's financial position as at 30 June 2008 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the *Associations Incorporation Act 1987 (WA)*.

Stephen Holmes  
Chartered Accountant  
Registered Company Auditor  
WalterTurnbull

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Canberra, ACT  
11 August 2008

## SERVICES FOR AUSTRALIAN RURAL AND REMOTE ALLIED HEALTH INC

### STATEMENT BY MEMBERS OF THE COMMITTEE

In the opinion of the Committee the financial report as set out on pages 4 to 19:

1. Presents a true and fair view of the financial position of Services for Australian Rural and Remote Allied Health Inc as at 30 June 2008 and its performance for the year ended on that date in accordance with Australian Accounting Standards, mandatory professional reporting requirements and other authoritative pronouncements of the Australian Accounting Standards Board.
2. At the date of this statement, there are reasonable grounds to believe that Services for Australian Rural and Remote Allied Health Inc 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 .....   
SCOTT WAGNER

Treasurer .....  6/8/08  
GLENYS COCKFIELD

## INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2008

	Note	2008 \$	2007 \$
Revenue	2	3,437,612	2,115,929
Employee benefits expense	3	(414,529)	(321,522)
Depreciation and amortisation expenses	3	(17,578)	(11,077)
Finance costs	3	(4,634)	(1,870)
Other expenses		(3,072,539)	(1,893,637)
Loss from operations		<u>(71,668)</u>	<u>(112,177)</u>

# SARRAH Financial Statements

## BALANCE SHEET AS AT 30 JUNE 2008

	Note	2008 \$	2007 \$
<b>ASSETS</b>			
CURRENT ASSETS			
Cash and cash equivalents	6	3,091,874	2,308,747
Trade and other receivables	7	8,190	732,693
Other current assets	8	<u>30,562</u>	-
<b>TOTAL CURRENT ASSETS</b>		<u><b>3,130,626</b></u>	<u><b>3,041,440</b></u>
NON-CURRENT ASSETS			
Property, plant and equipment	9	<u>91,732</u>	<u>29,722</u>
<b>TOTAL NON-CURRENT ASSETS</b>		<u><b>91,732</b></u>	<u><b>29,722</b></u>
<b>TOTAL ASSETS</b>		<u><b>3,222,358</b></u>	<u><b>3,071,162</b></u>
<b>LIABILITIES</b>			
CURRENT LIABILITIES			
Trade and other payables	10	255,233	151,389
Other current liabilities	11	<u>1,214,871</u>	<u>1,104,261</u>
<b>TOTAL CURRENT LIABILITIES</b>		<u><b>1,470,104</b></u>	<u><b>1,255,650</b></u>
NON-CURRENT LIABILITIES			
Provisions		<u>8,410</u>	-
<b>TOTAL NON-CURRENT LIABILITIES</b>		<u><b>8,410</b></u>	-
<b>TOTAL LIABILITIES</b>		<b>1,478,514</b>	<b>1,255,650</b>
<b>NET ASSETS</b>		<u><b>1,743,844</b></u>	<u><b>1,815,512</b></u>
<b>EQUITY</b>			
Retained earnings		<u>1,743,844</u>	<u>1,815,512</u>
<b>TOTAL EQUITY</b>		<u><b>1,743,844</b></u>	<u><b>1,815,512</b></u>

## STATEMENT OF RECOGNISED INCOME AND EXPENDITURE FOR THE YEAR ENDED 30 JUNE 2008

	Retained Earnings	Total
<b>Balance at 1 July 2006</b>	1,927,689	1,927,689
Loss from operations	(112,177)	(112,177)
<b>Balance at 30 June 2007</b>	<u>1,815,512</u>	<u>1,815,512</u>
Loss from operations	(71,668)	(71,668)
<b>Balance at 30 June 2008</b>	<u>\$1,743,844</u>	<u>\$1,743,844</u>

## CASH FLOW STATEMENT FOR THE YEAR ENDED 30 JUNE 2008

	Note	2008	2007
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts from govt, members and customers		4,492,617	2,994,223
Interest received		123,742	101,089
Payments to suppliers and employees		(3,753,404)	(2,386,845)
Interest paid		-	(1,870)
Net cash provided by operating activities	<b>16</b>	<u>862,955</u>	<u>706,597</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchase of property, plant and equipment		(79,828)	(17,999)
Net cash used in investing activities		<u>(79,828)</u>	<u>(17,999)</u>
Net increase in cash held		783,127	688,598
Cash at the beginning of the financial year		2,308,747	1,620,149
Cash at the end of the financial year	<b>6</b>	<u>3,091,874</u>	<u>2,308,747</u>

# Notes to the Financial Statements

## Note 1: Statement of Significant Accounting Policies

This financial report covers Services for Australian Rural and Remote Allied Health Inc (the Association) as an individual entity. The Association is incorporated in Western Australia under the *Associations Incorporation Act 1987 (WA)*.

### Basis of Preparation

The financial report is a general purpose financial report that has been prepared in accordance with Australian Accounting Standards, Australian Accounting Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board and the *Associations Incorporation Act 1987 (WA)*.

Australian Accounting Standards set out accounting policies that the Australian Accounting Standards Board has concluded would result in a financial report containing relevant and reliable information about transactions, events and conditions to which they apply. Compliance with Australian Accounting Standards ensures that the financial statements and notes also comply with International Financial Reporting Standards. Material accounting policies adopted in the preparation of this financial report are presented below. They have been consistently applied unless otherwise stated.

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

#### (a) Income Tax

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

#### (b) Property, Plant and Equipment

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

#### Plant and equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses.

The carrying amount of plant and equipment is reviewed annually by Senior Management of the Secretariat to ensure it is not in excess of the recoverable amount from these assets.

The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets' employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

### Depreciation

The depreciable amount of all fixed assets is depreciated on a diminishing value 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.

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

<i>Class of Fixed Asset</i>	<i>Depreciation Rate</i>
Computer equipment	25 - 67%
Office furniture	8 - 20%

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at each balance date.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the income statement.

#### (c) Leases

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

# Notes to the Financial Statements

## (d) Financial Instruments

### Recognition and initial measurement

Financial instruments, incorporating financial assets and financial liabilities, are recognised when the Association becomes a party to the contractual provisions of the instrument. Financial instruments are initially measured at fair value plus transactions costs where the instrument is not classified as at fair value through profit or loss. Transaction costs related to instruments classified as at fair value through profit or loss are expensed to profit or loss immediately. Financial instruments are classified and measured as set out below.

### Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expires or the asset is transferred to another party whereby the Association no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expire. The difference between the carrying value 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.

### Classification and subsequent measurement

#### (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, where they are derivatives not held for hedging purposes, or 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. Realised and unrealised gains and losses arising from changes in fair value are included in profit or loss in the period in which they arise.

#### (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 using the effective interest rate method.

#### (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 using the effective interest rate method.

#### (iv) *Available-for-sale financial assets*

Available-for-sale financial assets are non-derivative financial assets that are either designated as such or that are not classified in any of the other categories. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

#### (v) *Financial liabilities*

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost using the effective interest rate method.

### Impairment

At each reporting date, the Association assesses whether there is objective evidence that a financial instrument has been impaired. In the case of available-for-sale financial instruments, a prolonged decline in the value of the instrument is considered to determine whether an impairment has arisen. Impairment losses are recognised in the income statement.

### (e) Impairment of Assets

At each reporting date, the Association reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value-in-use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the income statement.

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.

## Notes to the Financial Statements

### (f) Employee Benefits

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

Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

### (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. Bank overdrafts are shown within borrowings in current liabilities on the balance sheet.

### (h) Revenue and Other Income

Grant revenue is recognised in the income statement when it is controlled. When there are conditions attached grant revenue relating to the use of those grants for specific purposes it is recognised in the balance sheet as a liability until such conditions are met or services provided.

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

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

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

### (i) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense.

Receivables and payables in the balance sheet are shown inclusive of GST.

Cash flows are presented in the cash flow statement on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

### (j) Comparative Figures

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

## Notes to the Financial Statements

### Critical accounting estimates and judgments

The Committee members evaluate estimates and judgments incorporated into the financial report based on historical knowledge and best available current information.

Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the association.

The Association assesses impairment at each reporting date by evaluating conditions specific to the Association that may lead to impairment of assets. Where an impairment trigger exists, the recoverable amount of the asset is determined. Value-in-use calculations performed in assessing recoverable amounts incorporate a number of key estimates.

The financial report was authorised for issue on 28 August 2008.

	2008	2007
<b>Note 2: Revenue</b>		
Grant revenue	3,194,695	1,861,078
Interest received	124,070	101,089
Indigenous Diabetic Foot income	68,757	30,073
Membership fees	28,231	18,930
Conference income	20,862	103,850
Other income	997	909
	<u>\$3,437,612</u>	<u>\$2,115,929</u>

### Note 3: Profit

The following significant expenses are relevant in explaining the financial performance:

Employee benefits expense	414,529	321,522
Depreciation and amortisation expenses	17,578	11,077
Bad debts	4,634	-
Interest expense	-	1,870
ARRHPSS scholarship payments	814,466	620,247
RAHUS scholarship payments	1,787,400	897,418
Indigenous Diabetic Foot expenses	93,905	9,675
Other operating expenses	376,768	366,297
	<u>\$3,509,280</u>	<u>\$2,228,106</u>

# Notes to the Financial Statements

## Note 4: Key Management Personnel Compensation

	Short Term Benefit	Post Employment Benefit	Total
	\$	\$	\$
<b>2008</b> Total compensation	83,139	7,483	90,622
<b>2007</b> Total compensation	76,185	6,857	83,042
		<b>2008</b>	<b>2007</b>
		\$	\$

## Note 5: Auditor's Remuneration

Remuneration of the auditor of the Association for:

Auditing or reviewing the financial report	5,000	4,750
Other services	4,000	-
	9,000	4,750

## Note 6: Cash and Cash Equivalents

Cash at bank and on hand	3,091,874	2,308,747
--------------------------	-----------	-----------

The effective interest rate on cash at bank was 4.6% (2007: 5.1%); this cash was at call.

### Reconciliation of cash

Cash at the end of the financial year as shown in the cash flow statement is reconciled to items in the balance sheet as follows:

Cash at bank and on hand	3,091,874	2,308,747
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## Note 7: Trade and Other Receivables

Trade debtors	7,862	732,693
Accrued revenue	328	-
	8,190	732,693

## Note 8: Other Current Assets

Prepayments	30,562	-
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## Notes to the Financial Statements

	2008 \$	2007 \$
<b>Note 9: Property, Plant and Equipment</b>		
Computer equipment at cost	105,747	56,202
Accumulated depreciation	(29,908)	(29,546)
	<u>75,839</u>	<u>26,656</u>
Office furniture at cost	18,259	3,759
Accumulated depreciation	(2,366)	(693)
	<u>15,893</u>	<u>3,066</u>
Total property, plant and equipment	<u>91,732</u>	<u>29,722</u>

### 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:

	<b>Computer Equipment</b>	<b>Office Furniture</b>	<b>Total</b>
	\$	\$	\$
<b>Balance at 1 July 2006</b>	20,833	1,967	22,800
Additions	16,490	1,509	17,999
Depreciation expense	(10,667)	(410)	(11,077)
<b>Balance at 30 June 2007</b>	26,656	3,066	29,722
Additions	65,328	14,500	79,828
Disposals at cost	(15,783)	-	(15,783)
Depreciation writeback on disposals	15,543	-	15,543
Depreciation expense	(15,905)	(1,673)	(17,578)
<b>Balance at 30 June 2008</b>	75,839	15,893	91,732

## Notes to the Financial Statements

	<b>2008</b>	<b>2007</b>
	<b>\$</b>	<b>\$</b>
<b>Note 10: Trade and Other Payables</b>		
Trade creditors	2,540	526
Accrued expenses and other payables	197,336	129,687
Accrued employee entitlements	55,357	21,176
	<u>255,233</u>	<u>151,389</u>

### **Note 11: Other Current Liabilities**

Unexpended grants	1,084,352	1,083,400
Income received in advance	130,519	20,861
	<u>1,214,871</u>	<u>1,104,261</u>

### **Note 12: Provisions**

Provision for long service leave	8,410	-
	<u>8,410</u>	<u>-</u>

### **Note 13: Contingent Liabilities and Contingent Assets**

There are no known contingent liabilities or contingent assets at balance date.

### **Note 14: Events After the Balance Sheet Date**

There were no events after the balance sheet date that require disclosure in the financial report.

### **Note 15: Related Party Transactions**

There were no related party transactions during the financial year.

### **Note 16: Cash Flow Information**

#### **Reconciliation of cash flow from operating activities with loss from operations**

Loss from operations	(71,668)	(112,177)
Non-cash flows in operating loss		
- Depreciation and amortisation	17,578	11,077
- Net loss on disposal of property, plant and equipment	240	-
Changes in assets and liabilities		
- Decrease / (increase) in trade and other receivables	724,503	(298,645)
- (Increase) in other current assets	(30,562)	-
- Increase in trade and other payables	103,844	29,798
- Increase in other current liabilities	110,610	1,076,544
- Increase in provisions	8,410	-
	<u>862,955</u>	<u>706,597</u>
Net cash provided by operating activities	<u>862,955</u>	<u>706,597</u>

# Notes to the Financial Statements

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## **Note 17: Financial Risk Management**

### **(a) Financial Risk Management Policies**

The Association's financial instruments consist mainly of deposits with banks, accounts receivable and payable. The association does not have any derivative instruments at 30 June 2008.

#### *(i) Treasury risk management*

The Committee members meet on a regular basis to analyse financial risk exposure and to evaluate treasury management strategies in the context of the most recent economic conditions and forecasts.

The Committee's overall risk management strategy seeks to assist the Association in meeting its financial targets, whilst minimising potential adverse effects on financial performance.

Risk management policies are developed and reviewed by the Committee on a regular basis. These includes the use of credit risk policies and future cash flow requirements.

#### *(ii) Financial risk exposures and management*

The Association has not borrowed funds during the 2007-08 reporting period nor does it plan to do so in the future. The main risks the Association is exposed to through its financial instruments are interest rate risk and liquidity risk.

##### *Interest rate risk*

The Association does not have any material interest bearing debt.

##### *Foreign currency risk*

The Association is not exposed to fluctuations in foreign currencies.

##### *Liquidity risk*

The Association manages liquidity risk by monitoring forecast cash flows and ensuring that adequate cash reserves are maintained.

##### *Credit risk*

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets, is the carrying amount, net of any provisions for impairment of those assets, as disclosed in the balance sheet and notes to the financial statements.

There are no material amounts of collateral held as security at 30 June 2008.

Credit risk is managed and reviewed regularly by the Senior Management of the Secretariat. It arises from exposures to customers and deposits with financial institutions.

At year end the Association does not have any material credit risk exposure to any single receivable or group of receivables under financial instruments entered into by the Association.

##### *Price risk*

The association is not exposed to any material commodity price risk.

# Notes to the Financial Statements

## Note 17: Financial Risk Management (continued)

### (b) Financial Instrument Composition and Maturity Analysis

The table below reflects the undiscounted contractual settlement terms for financial instruments of a fixed period of maturity, as well as management's expectations of the settlement period for all other financial instruments. As such, the amounts may not reconcile to the balance sheet.

	Weighted Average Effective Interest Rate		Floating Interest Rate		Non Interest Bearing		Total	
	2008	2007	2008	2007	2008	2007	2008	2007
	%	%	\$	\$	\$	\$	\$	\$
Cash at bank and on hand			3,091,874	2,308,747	-	-	3,091,874	2,308,747
Trade and other receivables			-	-	7,862	732,693	7,862	732,693
<b>Total financial assets</b>			3,091,874	2,308,747	7,862	732,693	3,099,736	3,041,440

#### Financial liabilities

Trade and other payables	-	-	2,540	526	2,540	526
<b>Total financial liabilities</b>	-	-	2,540	526	2,540	526

Trade and other payables are expected to be paid as follows:

	2008	2007
	\$	\$
Less than 6 months	2,540	526

### (c) Net Fair Values

The net fair value of assets and liabilities approximates their carrying value. No financial assets and financial liabilities are readily traded on organised markets in standardised form other than listed investments.

The aggregate net fair values and carrying amounts of financial assets and financial liabilities are disclosed in the balance sheet and in the notes to the financial statements.

## Notes to the Financial Statements

### (c) Net Fair Values (continued)

Aggregate net fair values and carrying amounts of financial assets and financial liabilities at balance date

	2008		2007	
	Carrying Amount \$	Net Fair Value \$	Carrying Amount \$	Net Fair Value \$
<b>Financial Assets</b>				
Cash and cash equivalents	3,091,874	3,091,874	2,308,747	2,308,747
Trade and other receivables	7,862	7,862	732,693	732,693
	3,099,736	3,099,736	3,041,440	3,041,440
<b>Financial Liabilities</b>				
Trade and other payables	2,540	2,540	526	526

Fair values are materially in line with carrying values.

### Sensitivity analysis

#### *Interest rate risk*

The Association has performed a sensitivity analysis relating to its exposure to interest rate risk at balance date. This sensitivity analysis demonstrates the effect on current year results and equity which could result from a change in this risk.

As at 30 June 2008, the effect on profit and equity as a result of changes in the interest rate, with all other variables remaining constant would be as follows:

	2008	2007
Change in profit:	\$	\$
- Increase in interest rate by 2%	61,837	46,175
- Decrease in interest rate by 2%	(61,837)	(46,175)
Change in equity:	-	-

This sensitivity analysis has been performed on the assumption that all other variables remain unchanged. No sensitivity analysis has been performed on foreign currency risk as the Association is not exposed to foreign currency fluctuations.

### **Note 18: Capital Management**

The Committee members control the capital of the Association in order to maintain a conservative debt-to-equity ratio and to ensure that the Association can fund its operations and continue as a going concern.

The Association's debt and capital includes financial liabilities, supported by financial assets.

## Notes to the Financial Statements

### Note 18: Capital Management (continued)

There are no externally imposed capital requirements.

The Committee members effectively manage the Association's capital by assessing the Association's financial risks and adjusting its capital structure in response to changes in these risks and in the market. These responses include the management of debt levels.

There have been no changes in the strategy adopted by management to control the capital of the Association since the prior year. This strategy is to ensure that there is sufficient cash to meet trade and sundry payables and borrowings.

### Note 19: Accounting Policy Amendments

The following Accounting Standards issued or amended are applicable to the Association but not yet effective and have not been adopted in preparation of the financial statements at reporting date.

AASB Amendment	Standards Affected	Outline of Amendment	Application Date of Standard	Application Date for Entity
AASB 2007-8 Amendments to Australian Accounting Standards	AASB 101 Presentation of Financial Statements	The revised AASB 101: Presentation of Financial Statements issued in September 2007 requires the presentation of a statement of comprehensive income and makes changes to the statement of recognised income and expenditure.	1.1.2009	1.7.2009
AASB 101	AASB 101 Presentation of Financial Statements	As above	1.1.2009	1.7.2009

### Note 20: Association Details

The principal place of business is:

Services for Australian Rural and Remote Allied Health Inc.  
10-12 Campion Street  
DEAKIN ACT 2600

### Note 21: Segment Reporting

The Association operates primarily in one business segment from its principal place of business. The business activities involve providing support to allied health professionals in rural and remote areas across Australia.



**S·A·R·R·A·H**  
Services for Australian  
Rural and Remote Allied Health

**SARRAH Secretariat**

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