SARRAH
National Conference
Launceston - Tasmania
Rural and Remote Practice
TOTALLY WILD!
20th - 23rd September 2012

This event is sponsored by the
Australian Government Department of Health & Ageing
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SARRAH OVERVIEW

SARRAH ORGANISATION CHART
WHO WE ARE
MISSION, VISION & VALUES
SARRAH STAKEHOLDERS
BOARD & ADVISORY COMMITTEE
SARRAH BOARD
SARRAH SECRETARIAT
During 2010–2011 SARRAH’s Board and Advisory Committee both met separately on six (6) occasions. The Board & Advisory Committee generally meet every second month via teleconference, however there was a face to face Board meeting in October 2010.
**WHO WE ARE**

**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.

Professions may include, but are not limited to:

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

**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** is committed to providing support for allied health professionals in all sectors.

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

**SARRAH’s primary objective is to advocate for, 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 ongoing vision is to continue to assist with and enhance further development of a networked membership which is proud, passionate, valued 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;
- valued and recognised as a vital and necessary part of rural and remote health;
- connected to the 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 includes actions 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.
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 committees that SARRAH is a member of includes but is not limited to:

- Allied Health Professions Australia Board and Management Committee
- Associations Forum
- Australian Journal of Rural Health Board of Management and Editorial Board
- Australian Health Care Reform Alliance
- Bush Support Services Roundtable Panel
- Health Workforce Australia - Standing Advisory Group - Professions
- Health Workforce Australia - Council of Future Leaders
- Medical Specialist Outreach Assistance Program - Advisory Forums
- National Breast and Ovarian Cancer Centre - Rural Health Professional Advisory Network
- National Primary Health Care Partnership
- National Rural Health Alliance Council
- Nursing and Allied Health Scholarship Support Scheme Reference Group
- Medicare Australia Stakeholder Consultative Group
- Ministerial Rural Health Stakeholder Forum
- National Allied Health Clinical Education Network
- National Compact - Government and Third Sector
- Queensland Primary Healthcare Network
- Western Australia Medicare Local Transition Advisory Group.
The administration of the affairs, property and funds of SARRAH and the authority to interpret the meaning of the Constitution and any matter relating to SARRAH on which the Constitution is silent will be under the general control and management of the Board.

The Board comprised:

- **President**: Helen McGregor
- **Deputy President**: Tanya Lehmann
- **Hon Secretary**: Elaine Ashworth
- **Hon Treasurer**: Ruth Chalk
- **Member**: Rob Curry
- **Member**: Kathryn Fitzgerald
- **Member**: Tracy Leon
- **Member**: Daniel Mahony
- **Member**: Scott Wagner

The term of a Board Member elected at an Annual General Meeting (AGM) is two years.

Board Members elected to an Office may not hold the same Office for more than 3 consecutive terms unless the Members agree to the further term/s by Ordinary Resolution.

**THE ADVISORY COMMITTEE**

The Terms of Reference of the Advisory Committee is determined by the Board and may include such matters as:

1. Provide input and advice to the Board on policy and long-term strategic objectives of SARRAH.
2. Provide a convenient and accessible forum in which the view of the Members may be expressed and discussed and to better reflect those views for the Board.
3. Make recommendations in respect of matters on which the Board requests.
4. Meet biennially at the SARRAH Summit (or such event as may replace this) to recommend SARRAH’s long-term agenda, for implementation by the Board; and
5. Meet a minimum of four times per year to receive reports from the Board on implementation and provide feedback and consultation to the Board.

**ACT Network Co-ord**
- Brian Hill

**QLD Network Co-ord**
- Jeremy Hawke
- Cas Ingham

**NSW Network Co-ord**
- Liz Williams

**VIC Network Co-ord**
- Ruth Chalk

**TAS Network Co-ord**
- Karen Dixon

**SA Network Co-ord**
- Kathryn Fitzgerald
- Heather Jensen

**WA Network Co-ord**
- Inez Carter

**NT Network Co-ord**
- Nina Quinn
- Nicole Creaser
- Hazel Harries-Jones

**Aboriginal Health Worker**
- Rosie Kew
- Helen Summers
- Cathryn Carboon
- Lindy Swain
- Petra Bovery-Spencer
- Vacant
- Kerrie Kelly
- Sheila Keane
- Vacant
- Karen O’Rourke
- Ilana Jorgensen
SARRAH BOARD

Helen McGregor  
President

Elaine Ashworth  
Hon. Secretary

Tanya Lehmann  
Deputy President

Ruth Chalk  
Hon. Treasurer

Rob Curry  
Member

Kathryn Fitzgerald  
Member

Tracy Raymond (Nee Leon)  
Member

Daniel Mahony  
Member

Scott Wagner  
Member
SARRAH YEAR IN REVIEW

PRESIDENTS REPORT
STRATEGIC DIRECTIONS 2010-2011
ANNUAL OPERATIONAL PLAN (AOP) 2010-2011
AOP STAKEHOLDERS: MEMBERS
AOP STAKEHOLDERS: HEALTH REFORM
AOP STAKEHOLDERS: WORKFORCE
AOP STAKEHOLDERS: CORPORATE GOVERNANCE
AOP STAKEHOLDERS: PROJECTS & PROGRAMS
AOP STAKEHOLDERS: HUMAN RESOURCES
AOP STAKEHOLDERS: INFORMATION & KNOWLEDGE MANAGEMENT
FUTURE DIRECTIONS
It is with great pleasure that I present the SARRAH Annual Report 2010-2011 which outlines our activities and achievements for the year. The report also contains statements on our core values and principles, strategies adopted to achieve our goals developed from our strategic and operational plans, our audited financial statements and review of operations.

I would like to acknowledge at the outset that all of SARRAH’s achievements for 2010-2011 have been through the hard work of our secretariat staff and the wider membership who, as individuals and collegiate groups, contributed far beyond what we had expected to achieve.

I would like to acknowledge the work of Scott Wagner, who was the SARRAH President at the start of the year. During February 2011, I was happy to take up the role when other responsibilities meant that Scott could not continue as the SARRAH President. I would also like to thank the SARRAH CEO Rod Wellington and the Secretariat staff for their assistance and guidance to me, in taking on this important role and my fellow Board members and Advisory Committee members for their kind support.

A highlight for our members was our biennial conference held in Broome, Western Australia. The conference was very popular and the location was beautiful with 286 delegates attending which is our highest ever. I wish to thank the members of the Conference Organising Committee for convening such a memorable event.

We are quickly approaching our biennial 2011 SARRAH Summit which will be held in Canberra during 11th-14th September. The Summit will allow SARRAH to advocate to a number of political representatives for further support of rural and remote Allied Health Professionals.

Next year is the biennial 2012 National SARRAH Conference to be held during 20th-23rd September. I am looking forward to visiting Tasmania and attending a not to be missed conference in Launceston.

In reviewing the goals of our current strategic plan SARRAH has once again made remarkable progress in its achievements.

A key business item for SARRAH is administering, on behalf of the Commonwealth Government, the allied health streams of the Nursing and Allied Health Scholarship and Support Scheme (NAHSSS). Funding through this scheme provides assistance to some rural and remote allied health students and clinicians to fulfil their educational and practice skill training requirements. There continues to be a strong demand for each of the allied health scholarship streams with approximately 1,850 eligible applications received and 577 scholarships awarded during 2010-2011.
SARRAH has again been diligent in responding to a range of Commonwealth Government health reform discussion papers as well as attending meetings and consultations forums. On some occasions this activity has stretched our members’ time and resources, but resulted in an enhanced profile promoting our expertise in providing health care services to rural and remote Australian communities.

An area of extensive discussion resulting from last year’s member and non-member survey work has continued with a view to review and improve our membership services. I would like to thank the Capacity Building Working Group who continue to address multiple issues in member services. You will have seen the improvements so far to the SARRAH website and the revised formats of our member e-Bulletins which are now published monthly. Work continues on developing new member communication tools allowing members to more easily participate in SARRAH events and discussion forums.

Key priorities for the coming year will be to respond to the range of structural reforms proposed in health and the impacts on the health care landscape across rural and remote Australia. These include the development of revised health provider organisations both in public and private health care, and the evolution of health education and health workforce reforms. These reforms present opportunities to develop the capacity of our members and consumers, to advocate for equity in support for Allied Health Professionals practicing in rural and remote Australia.

SARRAH will continue to focus on consolidating and strengthening our profile as the nationally recognised peak body representing rural and remote Allied Health Professionals. SARRAH will also continue to actively participate and provide input into the governments health reform agenda, advocate for greater support of Allied Health Professionals practising in rural and remote settings and encourage membership participation across all of these key areas.

SARRAH will continue to demonstrate our continuing commitment to provide services for Allied Health Professionals to help them to best serve their communities and improve the health outcomes in rural and remote Australia.

Helen McGregor

President
STAKEHOLDERS

Goal One: Members
SARRAH increases the number of members as well as those that actively participate in the organisation.

Goal Two: Health Reforms
SARRAH continues as a leader to advocate at all levels of Government for reforms of health services to improve health outcomes in rural and remote Australia.

Goal Three: Workforce
SARRAH represents a workforce which is essential to addressing health inequality for residents of rural and remote communities.

INTERNAL BUSINESS PRACTICES

Goal Four: Corporate Governance
SARRAH maintains mechanisms to support accountable and transparent governance procedures including planning, financial management and reporting.

Goal Five: Projects and Programs
SARRAH maintains efficient administrative systems to effectively manage projects and programs.

PEOPLE, LEARNING & DEVELOPMENT

Goal Six: Human Resources
SARRAH recruits, fosters and values highly trained staff.

Goal Seven: Information and Knowledge Management
SARRAH maintains effective information technology and knowledge management systems to improve performance, retain corporate knowledge, and provide a resource for all stakeholders.
The SARRAH Annual Operational Plan (AOP) is reviewed annually and outlines the pursuit and resolution of three major key priorities (Stakeholders, Internal Business Practice and People, Learning and Development); in accordance with the SARRAH Mission, Vision and Values Statement.

The SARRAH AOP identifies and addresses seven key areas. These are:

- Members;
- Health Reform;
- Workforce;
- Corporate Governance;
- Projects and Programs;
- Human Resources; and
- Information and Knowledge Management.

BALANCED SCORECARD APPROACH

The balanced scorecard approach to strategy development and planning has been adopted to facilitate enhancement of SARRAH’s performance management system.

The balanced scorecard approach provides a focus on delivering results for stakeholders. Applied consistently, it also ensures that each level of planning contributes to the development and priorities of the next.

SARRAH has applied a balanced scorecard approach to implement the Strategic Plan for 2010-2013. The Strategic Plan was revised during 2010. To ensure effective integration of planned activity with SARRAH’s Strategic Plan, the balanced scorecard approach has been ‘cascaded’ to the 2010-2011 AOP. In turn, objectives and initiatives in the AOP shaped 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 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.
AOP STAKEHOLDERS: MEMBERS

OBJECTIVES

“SARRAH increases the number of members as well as those that actively participate in the organisation.”

ACHIEVEMENTS

1. Informed SARRAH members of activities and general information through the publication of 18 editions of eNewsletters and 12 Special Broadcasts.

2. Maintained the SARRAH website including posting SARRAH’s Quarterly Reports, as well as other publications/submissions.

3. Convened the 2010 SARRAH National Conference in Broome resulting in a record number of delegates attending and the highest amount of sponsorship funds raised for a SARRAH Conference.

4. Commenced Planning for the SARRAH Summit to be held during 11th - 14th September 2011, in Canberra.

5. As a result of the SARRAH Member and Non Member surveys conducted in early 2010, commenced work on responding to the key findings, including trialling the distribution of eNewsletters on a monthly basis from 1st October 2010.

6. Continued enhancements to the electronic SARRAH membership database including automatic member renewal reminders.

7. Released a revised edition of the SARRAH website and invited feedback from members.

8. Continued following up historical member lists in particular those members who have not renewed their 2010-2011 SARRAH membership.

DID YOU KNOW?

The World Health Organisation estimates there is currently a worldwide shortage of about two million Allied Health Professionals needed in order to meet global health needs.
AOP STAKEHOLDERS: HEALTH REFORMS

OBJECTIVES

“SARRAH continues as a leader to advocate at all levels of Government for reforms of health services to improve health outcomes in rural and remote Australia.”

ACHIEVEMENTS

1. Maintained contact with SARRAH’s other stakeholders including Minister Roxon’s office and Department of Health and Ageing (DoHA).
2. Distributed an Election Platform and Scorecard to the major political parties in particular Minister Snowdon with a copy to Minister Roxon, the Hon Peter Dutton and Senator Rachael Siewert.

AOP STAKEHOLDERS: WORKFORCE

OBJECTIVES

“SARRAH represents a workforce which is essential to addressing health inequality for residents of rural and remote communities.”

ACHIEVEMENTS

1. Monitored the proposal submitted to Health Workforce Australia (HWA) seeking funding to undertake research into the distribution and work characteristics of the Australian Allied Health Workforce.
2. Negotiated with HWA to establish an Allied Health Stakeholder Consultative Group to provide input into the HWA strategic directions and Annual Work Plan.
3. Also refer to comments in the above section ‘Health Reforms’.
AOP INTERNAL BUSINESS PRACTICES: CORPORATE GOVERNANCE

OBJECTIVES

“SARRAH maintains mechanisms to support accountable and transparent governance procedures including planning, financial management and reporting.”

ACHIEVEMENTS

1. Convened, reported and provided administrative support to 6 Board, 6 Advisory Committee (SAC) and 8 Audit Committee meetings. One of the meetings included a face-to-face meeting between the Board and SAC during the SARRAH 2010 National Conference.

2. Maintained SARRAH’s financial management and reporting systems.

3. Convened the 2010 Annual General Meeting (AGM) which included tabling the SARRAH 2009-2010 Annual Report. Following the AGM copies of the Annual Report were circulated to all SARRAH members and key stakeholders.

4. Finalised and circulated a set of recommendations arising from the SARRAH 2010 National Conference.

5. Amended and distributed the 2010-2011 SARRAH Induction Package to all Board members and the SAC Handbook to all SAC members.

6. Called for nominations and appointed to the SARRAH Advisory Committee members to fill the following positions:
   - Dietetics Network Coordinator
   - Medical Imaging Network Coordinator
   - South Australia State Network Coordinator
   - Speech Pathology Network Coordinator
   - Tasmanian State Network Coordinator
   - Western Australia State Network Coordinator
   - Australian Capital Territory Network Coordinator.

7. Following the resignation of Scott Wagner as President, the Board received nominations and appointed Helen McGregor as President, Tanya Lehmann as Deputy President and Ruth Chalk as Honorary Treasurer until the 2011 Annual General Meeting is convened.

8. Developed and finalised the SARRAH Annual Operational Plan 2010-2011.
ACHIEVEMENTS

1. Commenced administering the allied health stream of the Nursing and Allied Health Scholarship and Support Scheme (NAHSSS) and the Rural and Remote Health Stakeholder Support Scheme (RRHSSS).

2. Provided to DoHA SARRAH’s Annual Operational Plan 2011-2012 under the RRHSSS.

3. Submitted to DoHA an external evaluation report on Rounds 1 and 2 of the Clinical Placement Scholarship Scheme.

4. Finalised new scholarship offers for the following streams:
   - 123 Undergraduate;
   - 112 Clinical Psychology;
   - 240 Clinical Placements;
   - 80 Continuing Professional Development; and
   - 64 Postgraduate.

5. As of 30th June 2011 SARRAH administered 851 NAHSSS new and continuing scholars.
OBJECTIVES

“SARRAH recruits, fosters and values highly trained staff.”

ACHIEVEMENTS

1. The following staff movements occurred during the reporting period:
   
   • 9th August, Sriyani Ranasinghe commenced work as the Clinical Psychology Scholarship Stream Assistant (2 days per week). This was a new position.

   • 10th August, Shirley Singh commenced work as the Clinical Placement Scholarship Stream Manager. Shirley replaced Karen Baldwin who took up a position in the Commonwealth Public Service.

   • 16th August, Sriyani Ranasinghe commenced work as Clinical Placement Scholarship Stream Assistant (3 days per week). Sriyani replaced Dearne Smythe who finished work on 13th August.

   • 23rd August, Jessicah Mullins commenced work as the Administrative Assistant & Membership Support Officer. Jessicah replaced Fran Schiller who finished work on 27th August.

   • 17th January, Sophie McAllister commenced as the Administration Support Officer (membership services) replacing Jessicah Mullins who commenced assisting with the Clinical Placement Scholarship Stream.

2. Conducted full year staff appraisals in accordance with SARRAH’s Performance Management Guidelines.

3. Continued to develop staff in their roles and functions which included conducting a strategic planning workshop for all staff in December 2010.
INFORMATION & KNOWLEDGE MANAGEMENT

OBJECTIVES

“SARRAH maintains effective information technology and knowledge management systems to improve performance, retain corporate knowledge, and provide a resource for all stakeholders.”

ACHIEVEMENTS

1. Continued enhancing information resources through reviewing and amending existing information systems and databases.

DID YOU KNOW?

A prosthetic is an artificial device extension that replaces a missing body part. Prosthetics have been mentioned throughout history. The Egyptians were early pioneers of the idea and a wooden toe has been found on a mummified body. Functional prosthetics began to make an appearance in the 1500’s and iron, steel, copper and wood were used.

How do prosthetic limbs of today compare to those of the past? One major difference is the presence of newer materials such as advanced plastics and carbon-fiber composites which make a prosthetic limb lighter, stronger and more realistic. Electronic technologies make today’s prosthetics more controllable and capable of automatically changing their function during certain tasks such as gripping and walking.

Orthotics is a speciality within the medical field concerned with the design/manufacture and application of orthoses ie an orthopaedic device that supports or corrects the function of a limb or the torso.

Orthotics combines disciplines of study within the health and physical sciences, mathematics and materials engineering, gait analysis, anatomy and physiology, pathophysiology, biomechanics and psychology.

Orthotists are professionals in the field of orthotics.

Pedorthists are specialists in foot orthotics (pedorthics).
FUTURE DIRECTIONS

Stakeholders Current Business Issues

“Convene the Health Workforce Australia (HWA) Allied Health Stakeholder Consultative Group to provide input into the HWA strategic directions and Annual Work Plan.”

“Continue to respond to the SARRAH Member and Non-Member Surveys.”

“Convene further teleconferences for SARRAH representatives to discuss progress of the Medical Specialist Outreach Assistance Program.”

Stakeholders Future Milestones

1. Monitor outcomes from the proposed Commonwealth Government health and hospitals reforms, including responding to key policy statements.
3. Continue planning for the 2011 SARRAH Summit to be held in Canberra during September.
4. Continue planning for the 2012 SARRAH National Conference to be held in Launceston.
5. Develop a strategy to source funding from corporate Australia.

Internal Business Procedures Current Business Issues

“Continue enhancements to communications strategies including the electronic SARRAH membership database.”

Internal Business Procedures Future Milestones

1. Provide input and support, where possible, to SARRAH’s Working Groups.
2. Continue to administer the allied health streams of the Nursing and Allied Health Scholarship and Support Scheme and the Rural and Remote Health Stakeholder Support Scheme.
3. Continue enhancements to the SAPS (IT) functionality in particularly reporting capabilities used to support the administration of the allied health scholarship schemes.
People, Learning & Development Current Business Issues

“Monitor developments with the Government’s ‘Fair Work Bill’ in particular the new National Employment Standards (NES).”

People, Learning & Development Future Milestones

1. Continue to review SARRAH’s human resource policies ensuring alignment with the NES and private sector local labour market conditions.
2. Develop and implement the 2011-2012 Staff Training and Development Calendar.

DID YOU KNOW?

Radiologists use an array of imaging technologies such as x-ray radiography, ultrasound, computed tomography (CT), nuclear medicine, positron emission tomography (PET) and magnetic resonance imaging (MRI) to diagnose or treat diseases.
SARRAH REVIEW OF OPERATIONS

2010 SARRAH NATIONAL CONFERENCE
2010 ANNUAL GENERAL MEETING
NURSING & ALLIED HEALTH SCHOLARSHIP & SUPPORT SCHEME
STEERING COMMITTEES
WORKING GROUPS
SARRAH MEMBERSHIPS
COMMUNICATIONS
The 2010 SARRAH National Conference (the 9th National Rural & Remote Conference) was held at Cable Beach Club Resort and Spa, Broome Western Australia. The Conference was held between the 20th and 23rd October 2010.

The Conference Program included plenary and concurrent presentations, workshops and poster sessions. A range of pre-conference workshops were also made available to delegates.

The 2010 National SARRAH Conference was supported with financial assistance from:

- The Department of Health and Ageing (DoHA);
- The Kimberley Division of General Practice;
- MacMed Healthcare;
- Department of Human Services - State Government Victoria;
- Remote Area Health Corps;
- Australian Rural Health Education Network;
- National e-Health Transition Authority;
- Mede-Serve;
- Queensland Health - Work for Us Events;
- Greater Western Area Health Service;
- Headspace;
- Perth Convention Bureau; and
- South West Foot and Ankle Centre.

Those in attendance included:

- Members of the rural and remote allied health and oral health workforce and managers of these services.
- Allied health and oral health students preparing for a future remote or rural health career; workforce planners, developers and funders of health policy and programs relating to rural and remote allied health and oral health services.
- Educators of allied health and oral health professionals and consumers of these services who are interested in the dynamic developments in allied health and oral health services.
CONFERENCE EVALUATION

Delegates were asked to rate various aspects of the conference and its organisation. The elements were generally rated as ‘very good’ to ‘excellent’. There were a number of comments provided by delegates with regards to programming that will be useful for planning future SARRAH conferences.

The majority of respondents to the evaluation scored the conference as excellent or very good.

Respondents to the evaluation survey were asked whether the conference had met their expectations across a number of areas. Across each of the areas the conference met the expectations of the majority of participants with networking and gaining information on the direction of allied health scoring the highest. Solving recruitment issues scored the lowest reflecting the major issue in rural and remote Australia of trying to fill vacant positions. These results are similar to that of the 2008 conference.
Gerry Gannon - MC
SARRAH Board Members Tracy Leon and Tanya Lehmann
Delegates from the National Rural Health Student Network
Kate Seaton and Kate Hoskin - Physio Students
Conference Delegates
The 2010 Annual General Meeting was held at Cable Beach Club Resort and Spa, during the 2010 SARRAH National Conference.

Key points of the AGM were:

- The 2009-2010 Annual Report was presented.
- The President’s position on the Board was declared vacant and Scott Wagner as the only nominee was re-elected as President of the SARRAH Board.
- Six Board Member positions were declared vacant. Nominations were received for Deputy President Helen McGregor, Honorary Secretary Elaine Ashworth, Honorary Treasurer Helen McGregor, Member Kathryn Fitzgerald, Member Tracy Leon and Member Daniel Mahony. Consequently all nominees were elected to fill these positions.
- A Special Resolution to amend section 3.1 of the Constitution by inserting the words, ‘advocate for’, was tabled. Rob Curry moved that the proposed amendment to the 2009 Constitution be adopted which was seconded by Sue Fanning. All members present supported the resolution and there were no members who voted for the negative. The amendments to the Constitution were passed with effect immediately.

In Attendance:
Elaine Ashworth, Michael Bishop, Narelle Campbell, Cathryn Carboon, Inez Carter, Ruth Chalk, Maureen Chamberlain, Gail Cummins, Rob Curry, Sue Fanning, Kathryn Fitzgerald, Anna-Jane Gordon, Cas Ingham, Heather Jensen, Ilana Jorgensen, Sheila Keane, Rosie Kew, Tanya Lehmann, Tracy Leon, Libby Loneragan, Helen McGregor, Daniel Mahony, Jayne Moyle, Janet Struber, Lindy Swain, Dave Tarrant, Elizabeth Viner Smith, Scott Wagner (Chair) and Jason Warnock.

Staff Members:
Kirsten Lewis, Shelagh Lowe, Deslie Rosevear and Rod Wellington (CEO).

Noted Apologies:
Annie Farthing, Catherine Welsh, Chris Wigg, Debra Chambers, Glenys Cockfield, Helen Harris, Karen O’Rourke, Jeremy Hawke, Karen Murphy, Liz Williams and Owen Allen.
SARRAH commenced administering the Allied Health component of the NAHSSS, funded by DoHA, on 1st July 2010. The NAHSSS is a result of a 2009-2010 Budget measure which consolidates a range of existing programs and promotes access to tertiary education, professional development support and clinical placements for nurses and allied health students and professionals.

The Australian Governments purpose is to consolidate and build on workforce programs to ensure they better align with, and are able to respond to, the needs of health professionals to train and practise, particularly in clinical areas and locations of particular need.

SARRAH administers five allied health scholarship streams under the NAHSSS. These are the Clinical Placements Stream (formerly Allied Health Clinical Placement Scholarship [AHCPS]), the Undergraduate Stream (formerly Rural and Allied Health Undergraduate Scholarship [RAHUS]), the Postgraduate Stream (Formerly part of Australian Rural and Remote Health Professional Scholarship [ARRHPS]), the Continuing Professional Development Stream (formerly part of Australian Rural and Remote Health Professional scholarship [ARRHPS]) and the Clinical Psychology Stream (formerly administered by the Australian Psychological Society as the Mental Health Postgraduate Scholarship Scheme [MHPSSS]).

SARRAH received funding from DoHA to administer two projects during 2010-2011 including:

- Allied Health component of the NAHSSS.
- Rural and Remote Health Stakeholder Support Scheme (RRHSSS). This funding is provided to partially offset Secretariat costs.

The following tables show the allocated Administration and Scholarship budgets as funded by DoHA in 2009-2010 and 2010-2011.
Program Administration Budgets

<table>
<thead>
<tr>
<th>Detail</th>
<th>ARRHPS $</th>
<th>RAHUS $</th>
<th>AHCPS $</th>
<th>SECRETARIAT $</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009 - 2010</td>
<td>167,594</td>
<td>262,594</td>
<td>234,738</td>
<td>282,163</td>
</tr>
<tr>
<td>2010 - 2011</td>
<td></td>
<td></td>
<td>NAHSSS</td>
<td>RRHSS $</td>
</tr>
<tr>
<td>% INCREASE</td>
<td></td>
<td></td>
<td>817,000</td>
<td>307,869</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>23% (Note: includes funding for 1 new scholarship stream, Clinical Psychology, and the splitting of Postgraduate and Continuing Professional Development into two streams)</td>
<td>9%</td>
</tr>
</tbody>
</table>

Commencing 1st July 2010 until 30th June 2013 the SARRAH Secretariat will receive funding under the RRHSSS. This scheme has been established to provide a consistent approach to DoHA funding provided to six nominated rural and remote health stakeholder organisations. The objectives of the scheme are to:

- Ensure that stakeholders are able to contribute to the development of Australian Government rural health policy and programs; and
- Ensure the sustainability of rural and remote stakeholder organisations to enable ongoing representation of members’ views to the Australian Government.

From 1st July 2010 the Allied Health Component of the NAHSSS comprised of five scholarship streams, namely:

- Undergraduate Scholarship Stream;
- Clinical Placements Scholarship Stream;
- Postgraduate Scholarship Stream;
- Continuing Professional Development Scholarship Stream; and
- Clinical Psychology Development Stream.

Commencing 1st July 2010 until 30th June 2014, the total funded amount is $44,675,640 (GST exclusive).

Scholarship Budgets

<table>
<thead>
<tr>
<th>YEAR</th>
<th>ARRHPS $</th>
<th>RAHUS $</th>
<th>CLINICAL PLACEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009 - 2010</td>
<td>1,004,059</td>
<td>2,770,000</td>
<td>597,282</td>
</tr>
<tr>
<td>2010 - 2011</td>
<td></td>
<td></td>
<td>11,183,000</td>
</tr>
</tbody>
</table>

NOTE: This amount includes funding of awarded scholarships for the life of the scholarship (ie future commitments). Previously RAHUS funding was provided on a financial year by year basis only (ie no funding for future commitments only for actual yearly requirement).
SARRAH has administered Undergraduate Scholarships since 2005 under the RAHUS and NAHSSS schemes. This scholarship provides a maximum of $10,000 per annum to students undertaking an eligible allied health entry level qualification at an Australian university.

For the Scholarship round commencing in 2011, 647 applications were received and 123 scholarships awarded. At 30th June 2011 the Undergraduate Stream had 300 current and continuing scholars.

Undergraduate Scholars Accepted by Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Offered</th>
<th>Applied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>46</td>
<td>220</td>
</tr>
<tr>
<td>Male</td>
<td>28</td>
<td>168</td>
</tr>
</tbody>
</table>

Undergraduate Scholars Applied by State 2011

<table>
<thead>
<tr>
<th>State</th>
<th>Offered</th>
<th>Applied</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW</td>
<td>19</td>
<td>168</td>
</tr>
<tr>
<td>VIC</td>
<td>10</td>
<td>106</td>
</tr>
<tr>
<td>QLD</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>SA</td>
<td>10</td>
<td>81</td>
</tr>
<tr>
<td>NT</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>TAS</td>
<td>0</td>
<td>33</td>
</tr>
<tr>
<td>TOTAL</td>
<td>123</td>
<td>647</td>
</tr>
</tbody>
</table>
The Australian Standard Geographic Classification - Remoteness Areas (ASGC-RA) is a geographic classification system that was developed in 2001 by the Australian Bureau of statistics; as a statistical geography structure which allows quantitative comparisons between ‘city and country’ Australia.

The structure classifies data from Census collection districts into broad geographical categories called Remoteness Areas (RAIS) which define ‘remoteness’ i.e. the physical distance of a location from the nearest Urban Centre (access to goods and services) based on population size.

RA1 - Minor Cities of Australia
RA2 - Inner Regional Australia
RA3 - Outer Regional Australia
RA4 - Remote Australia
RA5 - Very Remote Australia

Undergraduate Applied and Offered 2006 - 2011
UNDERGRADUATE

Undergraduate Scholars by Discipline 2011

- Chiropractic
- Dentistry
- Dietetics & Nutrition
- Medical Radiation Science
- Occupational Therapy
- Optometry
- Oral Health
- Orthoptics
- Osteopathy
- Physiotherapy
- Podiatry
- Prosthetics & Orthotics
- Social Work
- Speech Pathology
SARRAH has administered Clinical Placement Scholarships since 2008 under the AHCPS and NAHSSS Schemes. This scholarship is aimed at increasing the number of allied health professionals practicing in rural and remote Australian communities by providing financial assistance and community contact support for student clinical placements in rural and remote areas.

For the 2010-2011 round there were 798 applications received and 240 scholarships awarded. In the Federal Budget of 2009-2010 funding for 100 additional Clinical Placement Scholarships for three years was allocated. This means a minimum of 200 scholarships must be offered in the 2009-2010; 2010-2011 and 2011-2012 financial years.
Clinical Placements:
Duration of Clinical Placements 2010-2011

Clinical Placements:
Applications Received/Offers Made & Accepted 2010-2011

Note: When going to press, Round 4 stats were not available
Clinical Placements

Clinical Placement - Offers by Home State: Rounds 1-4

Clinical Placement Percentage Distribution by ASGC-RA Classification 2010-2011
SARRAH has administered Postgraduate Scholarships since 2003 under various schemes. The scheme provides the rural and remote allied health workforce with scholarships to access postgraduate study.

For the scholarship round commencing in 2011, 173 eligible applications were received and 64 scholarships awarded. At 30\textsuperscript{th} June 2011 the Postgraduate Stream had 142 current and continuing scholars.
Postgraduate Total Applicants 2010 & 2011

Postgraduate Applied and Offered By State 2011
Postgraduate Distribution by ASGC-RA 2010

Postgraduate Distribution by ASGC-RA 2011
SARRAH has administered Clinical Psychology Scholarships under the NAHSSS since 1st July 2010. This scheme was previously the Mental Health Postgraduate Scholarship Support Scheme (MHPSSS) administered by the Australian Psychological Society (APS). This scheme aims to increase the number of clinical psychologists, particularly in rural and remote areas by providing financial support to undertake training to become an endorsed clinical psychologist.

For the scholarship round commencing in 2011, 274 eligible applications were received and 112 scholarships awarded. At 30th June 2011 the Clinical Psychology Stream had 191 current and continuing scholars.
Total Number of Applicants as at 31st January 2011

Aboriginal & Torres Strait Islander Applicants 2nd Round 2011

- Applied
- Offered
- Declined
- Accepted
CONTINUING PROFESSIONAL DEVELOPMENT

This Scholarship was until 30th June 2010 part of the Postgraduate Scholarship stream. This scheme provides the rural and remote allied health workforce with scholarships to access continuing professional development (CPD) courses (e.g. attend short-term postgraduate studies and conferences to upgrade clinical skills).

From 1st July 2010, under the NAHSSS, two scholarship rounds are offered per calendar year. The first round opens each August and covers CPD courses from 1st January - 30th June of the following year. The second round opens each April and covers CPD courses from 1st July - 31st December of that year.

For the two scholarship rounds commencing in 2011, a combined total of 186 eligible applications were received and 80 scholarships awarded. At 30th June 2011 the Continuing Professional Development Stream had 17 current and continuing approved scholars.

Continuing Professional Development Applications Rounds 1 and 2

Round One

- Total Ineligible: 11%
- Total Not Awarded: 30%
- Total Awarded: 59%

Round Two

- Total Ineligible: 16%
- Total Not Awarded: 27%
- Total Awarded: 57%

Continuing Professional Development Awarded for 2011 by Activity Type

- Conference Delegates: 24%
- Clinical Placement: 1%
- Conference Presenter: 2%
- Postgraduate Module: 4%
- Short Courses: 19%
- Total: 50%
Continuing Professional Development Scholarships Offered by State Rounds 1 and 2

Distribution by ASGC-RA Rounds 1 and 2

Round One

Round Two
STEERING COMMITTEES

During 2010-2011 SARRAH had five Working Groups/Steering Committees operating, these were:

- 2012 National SARRAH Conference.
- NAHSSS Reference Group.
- Capacity Building.
- Rural & Remote Allied Health Research Alliance (RRAHRA).
- Medicare Benefits Schedule and Enhanced Primary Care.

The members of the Groups/Committees, their objectives and a brief status report follows.

2012 National SARRAH Conference

The Chair of the Committee was Ruth Chalk (Speech Pathologist). The Committee Members were Michael Bishop (Occupational Therapy), Libby Beyerle, Cherie Hazlitt, Penny Archer (Conference Design), Rod Wellington, Ruth Hawkings, Shelagh Lowe and Kirsten Lewis (from the Secretariat).

The objective of the Committee is to oversee the arrangements for the 2012 SARRAH National Conference to be held from the 20th - 23rd September 2012 at the Grand Chancellor Hotel, Launceston Tasmania.

NAHSSS Reference Group

SARRAH was appointed by DoHA as the Administrators of the Allied Health component of the Nursing and Allied Health Scholarship and Support Scheme (NAHSSS) from 1st July 2010. As a consequence SARRAH established a Reference Group.

Role of the Reference Group:

- Assist in ensuring that the current processes to award scholarships meet the DoHA guidelines and are fair and equitable.
- Provide advice and recommendations on documentation changes if required.
- Review amendments to guidelines as requested.
- Provide advice and comment on issues that may arise under the NAHSSS.
- Provide input into a review of approved disciplines for scholarship purposes.
- Receive regular updates and reports from the SARRAH Scholarship Stream Managers.
The Reference Group representatives may include the following:

- Allied Health Professions
- Indigenous Communities
- Universities
- Australian Rural Health Education Network
- State Public Health systems
- Student Representative
- Other stakeholders as identified by DoHA.

Administrative arrangements:

- Meetings of the Reference group will be convened via teleconference at least quarterly.
- Minutes and meeting papers will be circulated electronically.
- Papers for discussion will be circulated with the agenda prior to the meeting.
- Secretariat support will be provided by the SARRAH Scholarship Stream Managers on a rotational basis.

Rural & Remote Allied Health Research Alliance Working Group

The Convenor was Sheila Keane (Northern Rivers UDRH/University of Sydney). Members included Adrian Schoo (Greater Green Triangle UDRG/Flinders University and Deakin University), Julia Coyle (Charles Sturt University - Albury), Karen Grimmer - Somers (University of SA) and Shelagh Lowe from the SARRAH Secretariat.

The objective of the RRAHRA was to promote partnerships and innovation in research and education in order to build an evidence base to inform policy and practice for rural and remote allied health.

DID YOU KNOW?

Exercise Physiologists are not ‘personal trainers’ but university-trained experts in therapy/rehabilitation designed to prevent or manage chronic disease, injury and disability.
WORKING GROUPS

CAPACITY BUILDING

The Executive Sponsor was Tanya Lehmann – Chair. The Working Group members were Cas Ingham (Physiotherapist), Cristen Fleming (Pharmacist), Heather Jensen (Academic), Rosie Kew (Occupational Therapist) and Rod Wellington from the Secretariat.

The objectives of the Group were to:

- Clarify SARAH’s “value proposition” to members and prospective members.
- Identify strengths and gaps in existing capacity to meet SARAH’s vision and primary objective (as outlined in the Strategic Plan 2010-2013).
- Develop recommendations for strengthening SARAH’s capacity.

The Group held its inaugural meeting during September 2009. During the first quarter of 2010 a member and non-member survey was conducted. Following the analysis of these survey results on the 21st June 2010, the Working Group submitted a report containing a set of recommendations for the Board to consider. The Board agreed to the recommendations and the Working Group continued to progress work during 2010-2011. It is expected that membership rates and categories will be revised and implemented during 2011-2012.

MEDICARE BENEFITS SCHEDULE (MBS) AND ENHANCED PRIMARY CARE (EPC) WORKING GROUP

The Executive Sponsor was Helen McGregor - Chair. The Working Group Members were Cas Ingham (Physiotherapist), Cindy Hollings (Occupational Therapist), Kathryn Fitzgerald (Speech Pathologist) and Shelagh Lowe from the Secretariat.

The objective of the group is to develop a SARAH position paper on the adequacy of the current MBS items for managing complex and chronic health conditions under the allied health access arrangements. The Working Group is reviewing the current access/allowances under the MBS and will develop a series of recommendations for further consultation by other allied health, rural health and government bodies.
SARRAH MEMBERSHIPS

SARRAH currently has five (5) types of membership categories available.

Membership is open to individuals who support SARRAH’s primary objective “...to develop and provide services that 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.”

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

   Entitlements:
   a. Full voting rights.
   b. Eligible for election to the Board & SARRAH Advisory Committee.
   c. Membership of the Friends of the National Rural Health Alliance.
   d. Subscription to the Australian Journal of Rural Health.
   e. Subscription to SARRAH publications.
   f. Access to the ‘Members only’ section of the SARRAH website.

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

   Entitlements:
   a. Membership of the Friends of the National Rural Health Alliance.
   b. Subscription to the Australian Journal of Rural Health.
   c. Subscription to SARRAH publications.
   d. Access to the ‘Members only’ section of the SARRAH website.
   e. Partnership with the State Network Coordinator who networks with SARRAH members in his/her State or Territory.

3. Semi-Professional Member
   (An individual who is an allied health assistant/support worker)

   Entitlements:
   a. Full voting rights.
   b. Eligible for election to the Board & SARRAH Advisory Committee.
   c. Membership of the Friends of the National Rural Health Alliance.
   d. Subscription to SARRAH publications.
   e. Access to the ‘Members only’ section of the SARRAH website.
   f. Partnership with the State Network Coordinator who networks with SARRAH members in his/her State or Territory.
4. **Student Member**  
(A student enrolled in an allied health profession course)

Entitlements:

- a. Full voting rights.
- b. Eligible for election to the Board & SARRAH Advisory Committee as the Student Network Coordinator.
- c. Membership of the Friends of the National Rural Health Alliance.
- d. Subscription to the Australian Journal of Rural Health.
- e. Subscription to SARRAH publications.
- f. Access to the ‘Members only’ section of the SARRAH website.
- g. Partnership with the Undergraduate Student Representative who networks with SARRAH student members.
- h. Partnership with the State Network Coordinator who networks with SARRAH members in his/her State or Territory.

5. **Scholar**  
(Holder of an Undergraduate Scholarship)

Entitlements:

- a. Subscription to SARRAH publications.
- b. Access to the ‘Members only’ section of the SARRAH website.
- c. Partnership with the Undergraduate Student Representative who networks with SARRAH student members.
- d. Partnership with the State Network Coordinator who networks with SARRAH members in his/her State or Territory.
- e. 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. Scholars are not entitled to:

- a. Vote.
- b. Stand for a SARRAH Advisory Committee position.
- c. Become a SARRAH representative.
- e. Be joined to the ‘Friends of the Alliance’ through their SARRAH membership.
MEMBERSHIP BENEFITS

There are many advantages to being a SARRAH Member. Our members enjoy the following benefits:

- Networking across regional, state, national, discipline and special interest areas.
- Share interests with others in rural and remote communities.
- 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:
  - The biennial National SARRAH Conference.
  - The biennial National SARRAH Summit.
- Includes annual subscription to:
  - SARRAH publications.
  - Friends of the Alliance – linked with the National Rural Health Alliance, receive mail outs, contribute to policy development.

The impact of being an active member of SARRAH can be summed up in the words of our 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;
- 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 be asked to participate in and contribute to meetings, workshops and reports, and participate in committees that you may never have known about otherwise.
### SARRAH Members by State 2011

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied Health Workers</td>
<td>3.6%</td>
</tr>
<tr>
<td>Associate Discipline</td>
<td>2.8%</td>
</tr>
<tr>
<td>Audiology</td>
<td>1.5%</td>
</tr>
<tr>
<td>Dental &amp; Oral Health</td>
<td>1.5%</td>
</tr>
<tr>
<td>Dietetics &amp; Nutrition</td>
<td>10.2%</td>
</tr>
<tr>
<td>Exercise Physiology</td>
<td>1.08%</td>
</tr>
<tr>
<td>Health Administration</td>
<td>1.8%</td>
</tr>
<tr>
<td>Medical Radiation</td>
<td>0.72%</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>20.93%</td>
</tr>
<tr>
<td>Optometry</td>
<td>1.08%</td>
</tr>
<tr>
<td>Paramedics</td>
<td>1.08%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>2.5%</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>23.46%</td>
</tr>
<tr>
<td>Podiatry</td>
<td>5.41%</td>
</tr>
<tr>
<td>Psychology</td>
<td>6.49%</td>
</tr>
<tr>
<td>Social Work</td>
<td>4.3%</td>
</tr>
<tr>
<td>Speech Pathology</td>
<td>11.55%</td>
</tr>
</tbody>
</table>
SARRAH is a Journal Associate to the Australian Journal of Rural Health (AJRH). Robyn Glynn continued her role in 2010-2011 as SARRAH’s representative on the AJRH Board of Management.

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

- Minister Roxon and staff
- DoHA
- Australian Health Care Reform Alliance
- National Rural Health Alliance
- National Primary Healthcare 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 to enhance SARRAH’s profile amongst parliamentarians and other stakeholders.

**SARRAH SECRETARIAT**

The SARRAH Secretariat is located on the ground floor of the Rural and Remote Health Building, 10-12 Campion Street, Deakin ACT 2600.

**CO-LOCATED BODIES**

The Secretariat for the Australian Rural Health Education Network (AHREN) Limited continues to sub-lease office space from SARRAH.

CRANAplus commenced sub-leasing an office in February 2011.
FINANCIAL OVERVIEW

FINANCIAL MANAGEMENT
SARRAH FINANCIAL STATEMENTS
SARRAH had net assets of $9.155 million as at 30th June 2011. An abbreviated SARRAH balance sheet presenting total assets and liabilities through to 30th June 2011 is presented in the table below. NOTE: The difference in funding arrangements under the NAHSSS has resulted in a reduction in liabilities.

<table>
<thead>
<tr>
<th></th>
<th>2010 $</th>
<th>2011 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Assets</td>
<td>4,324,470</td>
<td>9,290,137</td>
</tr>
<tr>
<td>Total Liabilities</td>
<td>4,046,583</td>
<td>135,556</td>
</tr>
<tr>
<td>Net Assets/Total Equity</td>
<td>277,887</td>
<td>9,154,581</td>
</tr>
</tbody>
</table>

SARRAH had a net cash surplus of $9.166 million, the table below represents the results through to 30th June 2011.

<table>
<thead>
<tr>
<th></th>
<th>2010 $</th>
<th>2011 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipts (government, members, customers and interest)</td>
<td>5,572,283</td>
<td>14,834,494</td>
</tr>
<tr>
<td>Payments (suppliers and employees)</td>
<td>(5,659,317)</td>
<td>(8,281,291)</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>623,317</td>
<td>5,087,551</td>
</tr>
<tr>
<td>Cash at the beginning of the financial year</td>
<td>3,512,797</td>
<td>4,102,800</td>
</tr>
<tr>
<td>Cash at the end of the financial year</td>
<td>4,102,800</td>
<td>9,166,297</td>
</tr>
</tbody>
</table>
SARRAH received revenue of $17.382 million for 2010-2011, the table below presents the actual results through to 30th June 2011.

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Revenue (DoHA)</td>
<td>4,918,824</td>
<td>16,058,360</td>
</tr>
<tr>
<td>Interest Received</td>
<td>75,155</td>
<td>181,925</td>
</tr>
<tr>
<td>Membership Fees</td>
<td>34,657</td>
<td>35,175</td>
</tr>
<tr>
<td>Conference Income</td>
<td>63,317</td>
<td>144,108</td>
</tr>
<tr>
<td>APS Scholarship Grant</td>
<td>867,843</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>38,354</td>
<td>98,101</td>
</tr>
<tr>
<td></td>
<td>5,130,307</td>
<td>17,381,877</td>
</tr>
</tbody>
</table>

SARRAH’s expenses were $8.505 million during 2010-2011 and the table below presents actual results through to 30th June 2011.

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Benefits Scheme</td>
<td>628,446</td>
<td>846,933</td>
</tr>
<tr>
<td>Depreciation and amortisation expenses</td>
<td>26,449</td>
<td>28,239</td>
</tr>
<tr>
<td>Asset write off expense</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Operating lease expenses</td>
<td>76,406</td>
<td>89,411</td>
</tr>
<tr>
<td>Scholarship payments</td>
<td>4,193,664</td>
<td>6,835,704</td>
</tr>
<tr>
<td>Conference expenses</td>
<td>65,119</td>
<td>173,187</td>
</tr>
<tr>
<td>Other expenses</td>
<td>63,256</td>
<td>531,709</td>
</tr>
<tr>
<td></td>
<td>5,053,365</td>
<td>8,505,183</td>
</tr>
</tbody>
</table>
### STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2011

<table>
<thead>
<tr>
<th>Note</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Revenue</td>
<td>2</td>
<td>17,381,877</td>
</tr>
<tr>
<td>Employee benefits expense</td>
<td>(846,933)</td>
<td>(628,446)</td>
</tr>
<tr>
<td>Depreciation and amortisation expense</td>
<td>(28,239)</td>
<td>(26,449)</td>
</tr>
<tr>
<td>Asset write-off expense</td>
<td>-</td>
<td>(25)</td>
</tr>
<tr>
<td>Operating lease expense</td>
<td>3</td>
<td>(89,411)</td>
</tr>
<tr>
<td>Scholarship Payments</td>
<td>3</td>
<td>(6,835,704)</td>
</tr>
<tr>
<td>Conference expenses</td>
<td>3</td>
<td>(173,187)</td>
</tr>
<tr>
<td>Other expenses</td>
<td>3</td>
<td>(531,709)</td>
</tr>
</tbody>
</table>

**Profit / (Loss) for the year**

8,876,694 76,942

**Other comprehensive income**

- -

**Total comprehensive income for the year**

8,876,694 76,942

The accompanying notes form part of these financial statements.
STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2011

<table>
<thead>
<tr>
<th>Note</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**ASSETS**

**CURRENT ASSETS**
- Cash and cash equivalents 6 9,166,797 4,102,800
- Trade and other receivables 7 24,697 25,899
- Other current assets 8 30,947 122,100

**TOTAL CURRENT ASSETS** 9,222,441 4,250,799

**NON-CURRENT ASSETS**
- Property, plant and equipment 9 67,696 73,671

**TOTAL NON-CURRENT ASSETS** 67,696 73,671

**TOTAL ASSETS** 9,290,137 4,324,470

**LIABILITIES**

**CURRENT LIABILITIES**
- Trade and other payables 10 116,222 4,034,841

**TOTAL CURRENT LIABILITIES** 116,222 4,034,841

**NON-CURRENT LIABILITIES**
- Provisions 11 19,334 11,742

**TOTAL NON-CURRENT LIABILITIES** 19,334 11,742

**TOTAL LIABILITIES** 135,556 4,046,583

**NET ASSETS** 9,154,581 277,887

**EQUITY**

- Retained earnings 9,154,581 277,887

**TOTAL EQUITY** 9,154,581 277,887

The accompanying notes form part of these financial statements.
STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2011

<table>
<thead>
<tr>
<th></th>
<th>Retained Earnings</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Balance at 1 July 2009</td>
<td>200,945</td>
<td>200,945</td>
</tr>
<tr>
<td><strong>Comprehensive income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Profit for the year</td>
<td>76,942</td>
<td>76,942</td>
</tr>
<tr>
<td>Balance at 30 June 2010</td>
<td>277,887</td>
<td>277,887</td>
</tr>
<tr>
<td><strong>Comprehensive income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Profit for the year</td>
<td>8,876,694</td>
<td>8,876,694</td>
</tr>
<tr>
<td>Balance at 30 June 2011</td>
<td><strong>9,154,581</strong></td>
<td><strong>9,154,581</strong></td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.

CASH FLOWS FROM OPERATING ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipts from government, members and customers</td>
<td>14,834,494</td>
<td>5,572,283</td>
</tr>
<tr>
<td>Interest received</td>
<td>181,925</td>
<td>75,155</td>
</tr>
<tr>
<td>Net GST received/(paid)</td>
<td>(1,647,577)</td>
<td>635,180</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(8,281,291)</td>
<td>(5,659,317)</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>16</td>
<td>5,087,551</td>
</tr>
</tbody>
</table>

CASH FLOWS FROM INVESTING ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase of property, plant and equipment</td>
<td>(24,054)</td>
<td>(33,298)</td>
</tr>
<tr>
<td>Net cash used in investing activities</td>
<td>(24,054)</td>
<td>(33,298)</td>
</tr>
</tbody>
</table>

Net increase in cash held    5,063,497   590,003
Cash and cash equivalents at beginning of financial year 4,102,800 3,512,797
Cash and cash equivalents at end of financial year 6 9,166,297 4,102,800

The accompanying notes form part of these financial statements.

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements cover Services for Australian Rural and Remote Allied Health Inc (SARRAH) as an individual entity. SARRAH is incorporated in Western Australia under the Associations Incorporation Act 1987 (WA).

**Basis of Preparation**

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards, (including Australian Accounting Interpretations) and the Associations Incorporation Act 1987 (WA).
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 to which they apply. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless otherwise stated.

The financial statements have been prepared on an accrual 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 financial statements were authorised for issue on 30th August 2011 by the members of the association.

**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. 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 is measured on the cost basis and is 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. 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 by SARRAH 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 SARRAH and the cost of the item can be measured reliably. All other repairs and maintenance are recognised in profit or loss during the financial period in which they are incurred.

**Depreciation**

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, is depreciated on a straight-line basis over the asset’s useful life commencing from the time the asset is available 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:

<table>
<thead>
<tr>
<th>Class of Fixed Asset</th>
<th>Depreciation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office equipment</td>
<td>25 - 67%</td>
</tr>
<tr>
<td>Office furniture</td>
<td>8 - 20%</td>
</tr>
</tbody>
</table>
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 included in the statement of comprehensive income. When revalued assets are sold, amounts included in the revaluation relating to that asset are transferred to retained earnings.

c. Leases
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. Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of 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 SARRAH commits itself to either purchase or sell the asset (ie 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 expensed to profit or loss immediately.

Classification and subsequent measurement
Financial instruments are subsequently measured at fair value, amortised cost using the effective interest rate method, or cost. Fair value represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is 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 rate method.

SARRAH does not designate any interests in subsidiaries, associates or joint venture entities as being subject to the requirements of Accounting Standards specifically applicable to financial instruments.

(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 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 fair value (ie gains and losses) recognised 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.

(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 SARRAH’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 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 changes in such fair value (ie gains or losses) recognised in other comprehensive income (except for impairment losses and foreign exchange gains and losses). 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.

(v) **Financial liabilities**

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost.

**Impairment**

At the end of each reporting period, SARRAH 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 immediately recognised in profit or loss. Also, any cumulative decline in fair value previously recognised in other comprehensive income is reclassified to profit or loss at this point.

**Derecognition**

Financial assets are derecognised where 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 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.
e. Impairment of Assets

At the end of each reporting period, SARRAH assesses whether there is any indication that an asset may be impaired. The assessment will consider both external and internal sources of information. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of that asset, being the higher of the asset’s fair value less costs to sell and its value-in-use, to the asset’s carrying amount. Any excess of the asset’s carrying amount over its recoverable amount is immediately recognised in profit or loss.

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

Impairment testing is performed annually for any goodwill and any intangible assets with indefinite lives.

f. Employee Benefits

Provision is made for SARRAH’s liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be 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. In determining the liability, consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements. Those cash outflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cash flows.

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 in the statement of financial position.

h. Revenue and Other Income

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed. Any consideration deferred is treated as the provision of finance and is discounted at a rate of interest that is generally accepted in the market for similar arrangements. The difference between the amount initially recognised and the amount ultimately received is interest revenue.

Revenue from the sale of goods is recognised at the point of delivery as this corresponds to the transfer of significant risks and rewards of ownership of the goods and the cessation of all involvement in those goods.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Revenue from the provision of membership subscriptions is recognised on a straight-line basis over the financial year.
Grant revenue is recognised in the Statement of Comprehensive Income when SARRAH obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to SARRAH and the amount of the grant can be measured reliably.

If conditions are attached to the grant that 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 SARRAH 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.

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 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.

j. Comparative Figures

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

Where SARRAH has retrospectively applied an accounting policy, made a retrospective restatement or reclassified items in its financial statements, an additional statement of financial position as at the beginning of the earliest comparative period will be disclosed.

k. Trade and Other Payables

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by SARRAH 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.

l. 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.
Key Estimates and Judgements

(i) Impairment

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

n. New Accounting Standards for Application in Future Periods

The Australian Accounting Standards Board has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods and which SARRAH has decided not to early adopt.
NOTE 2: REVENUE AND OTHER INCOME

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Department of Health and Ageing grants</td>
<td>16,058,360</td>
<td>4,918,824</td>
</tr>
<tr>
<td>Interest</td>
<td>181,925</td>
<td>75,155</td>
</tr>
<tr>
<td>Membership fees</td>
<td>35,175</td>
<td>34,657</td>
</tr>
<tr>
<td>Conference income</td>
<td>144,108</td>
<td>63,317</td>
</tr>
<tr>
<td>APS scholarship grant</td>
<td>867,843</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>94,466</td>
<td>38,354</td>
</tr>
<tr>
<td>Total revenue</td>
<td>17,381,877</td>
<td>5,130,307</td>
</tr>
</tbody>
</table>

NOTE 3: PROFIT FOR THE YEAR

a. Expenses
   Rental expense on operating leases 89,411 74,406

b. Significant Revenue and Expenses
   The following significant revenue and expense items are relevant in explaining the financial performance:
   Department of Health and Ageing grants – 2010-11 12,307,867 4,918,824
   Department of Health and Ageing grants – prior year unexpended 3,750,493 -
   APS scholarship grant 181,925 -
   Employee benefits expense (846,933) (628,446)
   Scholarship payments (6,835,704) (4,193,664)
   Conference expenses (173,187) (65,119)
   Other operating expenses (531,709) (63,256)

NOTE 4: KEY MANAGEMENT PERSONNEL COMPENSATION

Any person(s) having authority and responsibility for planning, directing and controlling the activities of SARRAH, directly or indirectly, including its committee members, is considered key management personnel (KMP). The totals of remuneration paid to KMP of SARRAH during the year are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term employee benefits</td>
<td>146,181</td>
<td>141,502</td>
</tr>
<tr>
<td>Post-employment benefits</td>
<td>13,156</td>
<td>12,735</td>
</tr>
<tr>
<td>Total remuneration</td>
<td>159,337</td>
<td>154,237</td>
</tr>
</tbody>
</table>
NOTE 5: AUDITORS’ REMUNERATION

Remuneration of the auditor of SARRAH for:
- auditing or reviewing the financial report 9,300 5,000
- other services 1,200 6,300

10,500 11,300

NOTE 6: CASH AND CASH EQUIVALENTS

Cash at bank and in hand 9,144,922 4,080,925
Short-term bank deposits 21,875 21,875

17 9,166,797 4,102,800

The effective interest rate on short-term bank deposits was 4.5% (2010: 4.5%).

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 9,166,797 4,102,800
Bank overdraft (500) -

9,166,297 4,102,800

NOTE 7: TRADE AND OTHER RECEIVABLES

CURRENT
Trade debtors 24,697 25,899

Total current trade and other receivables 17 24,697 25,899

Current trade receivables are non-interest bearing loans and are generally receivable 30 days. A provision for impairment is recognised against revenue where there is objective evidence that an individual trade receivable is impaired. No impairment was required at 30 June 2011 (2010: Nil).
Credit risk

SARRAH has no significant concentration of credit risk with respect to any single counterparty or group of counterparties. The main source of credit risk to SARRAH is considered to relate to the class of assets described as receivables.

The following table details SARRAH’s receivables exposed to credit risk with ageing analysis and impairment provided for thereon. Amounts are considered as ‘past due’ when the debt has not been settled within the terms and conditions agreed between SARRAH and the member or counterparty to the transaction. Receivables that are past due are assessed for impairment by ascertaining their willingness to pay and are provided for where there are specific circumstances indicating that the debt may not be fully repaid to SARRAH.

The balances of receivables that remain within initial terms (as detailed in the table) are considered to be of high credit quality.

<table>
<thead>
<tr>
<th></th>
<th>Gross Amount</th>
<th>Past Due and Impaired</th>
<th>Past Due but Not Impaired</th>
<th>Within Initial Trade Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt; 30</td>
<td>31–60</td>
<td>61–90</td>
<td>&gt; 90</td>
</tr>
<tr>
<td>Past Due and Impaired</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Past Due but Not Impaired</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Within Initial Trade Terms</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

2011
Trade and other receivables
Total

<table>
<thead>
<tr>
<th>Gross</th>
<th>Past Due and Impaired</th>
<th>Past Due but Not Impaired</th>
<th>Within Initial Trade Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt; 30</td>
<td>31–60</td>
<td>61–90</td>
</tr>
<tr>
<td>Gross Amount</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Past Due and Impaired</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Past Due but Not Impaired</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Within Initial Trade Terms</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

2010
Trade and other receivables
Total

SARRAH does not hold any financial assets whose terms have been renegotiated, but which would otherwise be past due or impaired.

Collateral held as security

No collateral is held as security for any of the trade and other receivable balances.

NOTE 8: OTHER CURRENT ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT Prepayments</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>30,947</td>
<td>122,100</td>
</tr>
</tbody>
</table>
NOTE 9: PROPERTY, PLANT AND EQUIPMENT

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Office equipment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>142,409</td>
<td>136,010</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(94,181)</td>
<td>(84,657)</td>
</tr>
<tr>
<td></td>
<td>48,228</td>
<td>51,353</td>
</tr>
<tr>
<td>Office furniture:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>33,132</td>
<td>29,954</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(13,664)</td>
<td>(7,636)</td>
</tr>
<tr>
<td></td>
<td>19,468</td>
<td>22,318</td>
</tr>
<tr>
<td>Total property, plant and equipment</td>
<td>67,696</td>
<td>73,671</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th></th>
<th>Office Equipment</th>
<th>Office furniture</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Balance at 1 July 2009</td>
<td>53,955</td>
<td>12,891</td>
<td>66,846</td>
</tr>
<tr>
<td>Additions</td>
<td>19,867</td>
<td>13,786</td>
<td>33,653</td>
</tr>
<tr>
<td>Disposals</td>
<td>(132)</td>
<td>(247)</td>
<td>(379)</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>(22,337)</td>
<td>(4,112)</td>
<td>(26,449)</td>
</tr>
<tr>
<td>Balance at 30 June 2010</td>
<td>51,353</td>
<td>22,318</td>
<td>73,671</td>
</tr>
<tr>
<td>Additions</td>
<td>22,437</td>
<td>1,617</td>
<td>24,054</td>
</tr>
<tr>
<td>Disposals</td>
<td>(1,790)</td>
<td>-</td>
<td>(1,790)</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>(23,772)</td>
<td>(4,467)</td>
<td>(28,239)</td>
</tr>
<tr>
<td>Carrying amount at 30 June 2011</td>
<td>48,228</td>
<td>19,468</td>
<td>67,696</td>
</tr>
</tbody>
</table>
NOTE 10: TRADE AND OTHER PAYABLES

Note 2011 2010
$ $ 
CURRENT
Unsecured liabilities:
Trade payables 12,159 23,528
Accrued expenses and other payables 26,221 212,733
Grant received in advance - 3,750,493
Employee benefits 57,952 48,087
Income in advance 19,890 -
10a 116,222 4,034,841

a. Financial liabilities at amortised cost classified as trade and other payables
Trade and other payables:
- total current 116,222 4,034,841
- total non-current - -

Less grants received in advance - 3,750,493
Less employee benefits 57,952 48,087
Less accrued expenses and other payables 26,221 212,733
Financial liabilities as trade and other payables 17 32,049 23,528

NOTE 11: PROVISIONS

NON-CURRENT
Long Service Leave 19,334 11,742
Total provisions 19,334 11,742

NOTE 12: CAPITAL AND LEASING COMMITMENTS

a. 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 42,477 83,320
- between 12 months and five years - 42,477
- greater than five years - -

42,477 125,797
NOTE 12: CAPITAL AND LEASING COMMITMENTS (CONT).

a. Operating Lease Commitments (cont.)

The property lease commitment is a non-cancellable operating lease with a three-year term, with rent payable monthly in advance.

Contingent rental provisions within the lease agreement require that the minimum lease payments shall be increased by 4% per annum.

An option exists to renew the lease at the end of the three-year term for an additional term of two years. The lease allows for subletting of all lease areas.

NOTE 13: CONTINGENT LIABILITIES AND CONTINGENT ASSETS

At balance date SARRAH has no know contingent liabilities or contingent assets.

NOTE 14: EVENTS AFTER THE REPORTING PERIOD

There were no events occurring after the reporting period that would significantly affect the ongoing structure or financial position of SARRAH.

NOTE 15: RELATED PARTY TRANSACTIONS

There were no related party transactions during the 2010-11 or 2009-10 financial year.

NOTE 16: CASH FLOW INFORMATION

<table>
<thead>
<tr>
<th>Reconciliation of cash flow from operations with profit</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profit</td>
<td>8,876,694</td>
<td>76,942</td>
</tr>
<tr>
<td>Cash flows excluded from profit attributable to operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-cash flows in profit:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- depreciation</td>
<td>28,239</td>
<td>26,499</td>
</tr>
<tr>
<td>- net gain on disposal of property, plant and equipment</td>
<td>1,790</td>
<td>(25)</td>
</tr>
<tr>
<td>Changes in assets and liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- increase in trade and term debtors and other receivables</td>
<td>1,202</td>
<td>22,302</td>
</tr>
<tr>
<td>- decrease in prepayments</td>
<td>91,153</td>
<td>(85,245)</td>
</tr>
<tr>
<td>- increase/(decrease) in trade and other payables</td>
<td>(3,919,119)</td>
<td>583,820</td>
</tr>
<tr>
<td>- Increase/(decrease) in provisions</td>
<td>7,592</td>
<td>(992)</td>
</tr>
<tr>
<td></td>
<td>5,087,551</td>
<td>623,301</td>
</tr>
</tbody>
</table>
NOTE 17: FINANCIAL RISK MANAGEMENT

SARRAH’s financial instruments consist mainly of deposits with banks, local money market instruments, investments in listed shares, accounts receivable and payable.

The totals 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:

<table>
<thead>
<tr>
<th>Financial assets</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$6</td>
<td>$4,102,800</td>
</tr>
<tr>
<td>Loans and receivables</td>
<td>$24,697</td>
<td>$25,899</td>
</tr>
<tr>
<td>Total financial assets</td>
<td>$9,191,494</td>
<td>$4,128,699</td>
</tr>
</tbody>
</table>

Financial liabilities

Financial liabilities at amortised cost:

<table>
<thead>
<tr>
<th>- trade and other payables</th>
<th>10</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$32,049</td>
<td>$23,528</td>
</tr>
</tbody>
</table>

Net Fair Values

The carrying values of financial assets and financial liabilities approximate their fair value.

Financial Risk Management Policies

SARRAH’s Committee is responsible for, among other issues, monitoring and managing financial risk exposures of the association. The Treasurer monitors SARRAH’s transactions and reviews the effectiveness of controls relating to credit risk, financial risk and interest rate risk.

The Committee’s overall risk management strategy seeks to ensure that SARRAH meets its financial targets, while minimising potential adverse effects of cash flow shortfalls.

Specific Financial Risk Exposures and Management

The main risks the association is exposed to through its financial instruments are interest rate risk, liquidity risk, credit risk and equity price risk.

a. Credit risk

Exposure to credit risk relating to financial assets arises from the potential non-performance by counterparties of contract obligations that could lead to a financial loss to SARRAH.

Credit risk is managed through maintaining procedures (such as the utilisation of systems for the approval, granting and removal of credit limits, regular monitoring of exposure against such limits and monitoring of the financial stability of significant customers and counterparties) ensuring, to the extent possible, that members and counterparties to transactions are of sound credit worthiness.

Risk is also minimised through investing surplus funds in financial institutions that maintain a high credit rating or in entities that the committee has otherwise cleared as being financially sound.

The maximum exposure to credit risk by class of recognised financial assets at the end of the reporting period is equivalent to the carrying value and classification of those financial assets (net of any provisions) as presented in the statement of financial position.
Credit risk exposures
There is no collateral held by SARRAH securing trade and other receivables.
Trade and other receivables that are neither past due nor impaired are considered to be of high credit quality. Aggregates of such amounts are as detailed at Note 7.
SARRAH has no significant concentrations of credit risk with any single counterparty or group of counterparties. Details with respect to credit risk of trade and other receivables are provided in Note 7.

b. Liquidity risk
Liquidity risk arises from the possibility that SARRAH might encounter difficulty in settling its debts or otherwise meeting its obligations related to financial liabilities. SARRAH manages this risk through the following mechanisms:
- preparing forward-looking cash flow analysis in relation to its operational, investing and financing activities;
- only investing surplus cash with major financial institutions; and
- proactively monitoring the recovery of unpaid receivables.
The table below reflects an undiscounted contractual maturity analysis for financial liabilities.
Cash flows realised from financial assets reflect management’s expectation as to the timing of realisation. Actual timing may therefore differ from that disclosed. The timing of cash flows presented in the table to settle financial liabilities reflects the earliest contractual settlement dates.

<table>
<thead>
<tr>
<th></th>
<th>Within 1 Year</th>
<th>1 to 5 Years</th>
<th>Over 5 Years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2011</td>
<td>2010</td>
<td>2011</td>
<td>2010</td>
</tr>
<tr>
<td>Financial liabilities due for payment</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>32,049</td>
<td>23,528</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total contractual outflows</td>
<td>32,049</td>
<td>23,528</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Total expected outflows

<table>
<thead>
<tr>
<th></th>
<th>Within 1 Year</th>
<th>1 to 5 Years</th>
<th>Over 5 Years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2011</td>
<td>2010</td>
<td>2011</td>
<td>2010</td>
</tr>
<tr>
<td>Financial assets — cash flows realisable</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>9,166,797</td>
<td>4,102,800</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>24,697</td>
<td>25,899</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total anticipated inflows</td>
<td>9,191,494</td>
<td>4,128,699</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Net (outflow)/inflow on financial instruments</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>9,159,445</td>
<td>4,105,171</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Financial assets pledged as collateral
No financial assets have been pledged as security for any financial liability.

c. Market risk

(i) Interest rate risk
Exposure to interest rate risk arises on financial assets and financial liabilities recognised at the end of the reporting period whereby a future change in interest rates will affect future cash flows.
(ii) Price risk
Price risk relates to the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices of securities held. SARRAH is not exposed to price risk.

(iii) Foreign currency risk
SARRAH is not exposed to foreign currency risk.

Sensitivity analysis
The following table illustrates sensitivities to SARRAH’s exposures to changes in interest rates and equity prices. The table indicates the impact on how profit and equity values reported at the end of the reporting period would have been affected by changes in the relevant risk variable that management considers to be reasonably possible. These sensitivities assume that the movement in a particular variable is independent of other variables.

<table>
<thead>
<tr>
<th>Year ended 30 June 2011</th>
<th>Profit</th>
<th>Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>+/- 1% in interest rates</td>
<td>91,668</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year ended 30 June 2010</th>
<th>Profit</th>
<th>Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>+/- 1% in interest rates</td>
<td>41,028</td>
<td>-</td>
</tr>
</tbody>
</table>

NOTE 18: ASSOCIATION DETAILS
The registered office of SARRAH is:

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

The principal place of business is:

Services for Australian Rural and Remote Allied Health Inc
10-12 Campion Street
DEAKIN ACT 2600
STATEMENT BY MEMBERS OF THE COMMITTEE

In the opinion of the committee the financial report as set out on pages 2 to 20:

1. Presents a true and fair view of the financial position of Services for Australian Rural and Remote Allied Health as at 30 June 2011 and its performance for the year ended on that date in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) 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 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………………………………………………………………………………………………………………..Helen McGregor

Dated this       day of August 2011

Auditor’s Opinion

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

i. giving a true and fair view of SARRAH’s financial position as at 30 June 2011 and of its performance for the year ended on that date; and

ii. complying with Australian Accounting Standards.

Shane Bellchambers
Partner
Price Waterhouse Coopers
Canberra, ACT
Dated this 2\(^{nd}\) day of September 2011
INDEPENDENT AUDITOR’S REPORT

TO THE MEMBERS OF SERVICES FOR AUSTRALIAN RURAL AND REMOTE ALLIED HEALTH INC

We have audited the accompanying general purpose financial report (financial report) of Services for Australian Rural and Remote Allied Health Inc (SARRAH) which comprises the statement of financial position as at 30 June 2011 and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the statement by members of the committee.

Committee’s Responsibility for the Financial Report
The committee of SARRAH is responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) and the Associations Incorporation Act 1987 WA and for such internal control as the committee determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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 judgment, 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 have complied with the independence requirements of Australian professional ethical pronouncements.
APPENDICES
During the reporting period SARRAH provided submissions and discussion papers to the Department of Health and Ageing and other organisations:

- Australian Health Ministers Advisory Council Consultation Paper: Options for regulation of unregistered health practitioners.
- DoHA on the Australia Government’s Concept of Operations: Introduction of a Personally Controlled Electronic Health Record.
- DoHA on papers which cover three new initiatives funded under the Fifth Community Pharmacy Agreement including the Supply & PBS Claiming from Medication Charts in RACF’s; Continued Dispensing of PBS Medicines in Defined Circumstances; Electronic Recording & Reporting of Controlled Drugs.
- 2011 Budget Submission to the Federal Treasurer.
- Access to Allied Psychological Services Discussion Paper: Flexible Care Packages for People with Severe Mental Illness.
- Potential Boundaries for Medicare Locals and Local Hospital Networks to DoHA.
During 2010-2011 SARRAH was represented at various forums including, but not restricted to:

- Bush Support Services Roundtable Panel meeting held in Alice Springs – 5.7.10.
- Allied Health Professions Australia Management Committee meetings via teleconference – 8.7, 12.8 & 9.9.10.
- Indigenous Allied Health Australia launch held in Melbourne – 8.7.10.
- National Universities of Rural Health Conference held in Alice Springs – 15 to 17.7.10.
- SARRAH Conference Organising Committee meetings via teleconference – 16.7, 6.8, 20.8, 3.9, 17.9, 1 & 14.10.10.
- Department of Health and Ageing and Australian Psychological Society meeting in Canberra to discuss the transition arrangements to SARRAH for the administration of the Clinical Psychology Scholarship – 20.7.10.
- Roundtable forum in Canberra convened by the Australian General Practice Network on the establishment of regional Primary Health Care Organisations (PHCOs) – 3.8.10.
- Rural Health Workforce Australia meeting in Canberra to discuss the possibility of submitting a joint tender for the upcoming Department of Health and Ageing Allied Health Workforce Rural Locum Program – 6.8.10.
- Consultation workshop held in Canberra convened by the Chair of the Rural Health Standing Committee, to discuss a confidential draft version of the National Strategic Framework for Rural and Remote Health – 6.8.10.
- SA Country Allied Health Advisory Group meeting via teleconference – 18.8.10.
- NT SARRAH members meetings via teleconference – 20.8, 8.10, 10.12, 11.2, 15.4 & 10.6.11.
- Breathe (Rural Health Club) Interprofessional Development Event held in Newcastle – 24.8.10.
- National Rural Health Alliance Councilfest held in Canberra – 27 to 31.8.10.
- Visited Launceston for a familiarisation visit of potential venues for the 2012 National Conference – 22 to 24.9.10.
- Stakeholder consultation meeting in Canberra to discuss the Commonwealth Rural Allied Health Locum Scheme – 7.10.10.
- Minister Roxon’s Advisor (Michael Cook) meetings in Canberra – 15.10 & 9.11.10.
- 2010 SARRAH National Conference in Broome – 20 to 23.10.10.
- National Allied Health Advisory Committee meeting in Broome – 21.10.10.
- 2010 SARRAH AGM in Broome – 21.10.10.
- SARRAH Board & Advisory Committee meeting held in Broome – 22.10.10.
- Stakeholder Consultation Workshop on the National Carer Strategy – 1.11.10.
- NehTA National Consultation Forum in Melbourne – 3.11.10.
- Australian Health Care Reform Alliance (Tony McBride) meeting in Canberra – 15.11.10.
- Allied Health Professions Australia Management Committee meetings via teleconference – 17.11, 9.12, 11.3 & 5.5.11.
Health Workforce Australia - Mapping Clinical Placements project (Stewart Munro - PwC) consultation in Canberra – 17.11.10.
National Aboriginal Community Controlled Health Organisations Members Dinner in Canberra – 17.11.10.
Aged Care Reform Consultation Forum in Canberra – 19.11.10.
Australian General Practice Network (David Butt) meeting in Canberra – 21.11.10.
Consumer Health Forum AGM in Canberra – 25.11.10.
Roundtable forum in Canberra convened by the Australian General Practice Network on the establishment of regional Primary Health Care Organisations (PHCOs) – 30.11.10.
Associations Forum meetings in Canberra – 30.11 & 12.5.11.
Northern Territory Local Hospital Network Consultation Forum in Katherine – 1.12.10.
APHCRI Workshop in Canberra - The management of chronic conditions in primary health care settings by multidisciplinary teams – 6.12.10.
Western Australia MSOAP Advisory Forum meeting in Perth – 9.12.10.
SARRAH Secretariat Strategic Planning Workshop in Canberra – 10.12.10.
National Rural Stakeholder Forum meeting in Melbourne with Minister Roxon – 16.12.10.
Indigenous Allied Health Australia meeting in Canberra – 16.12.10.
National Rural Health Alliance Aged Care Working Group teleconference – 17.12.10.
CRANAPlus meeting in Canberra – 20.12.10.
ACT Department of Health (Karen Murphy) meeting in Canberra – 20.12.10.
Industry Briefing in Canberra on the Benefits and Education Partner Request for Tender – 17.1.11
SARRAH Audit Committee meetings via teleconference – 14.7, 11.8, 29.9, 13.10, 19.1, 16.3, 11.5 & 15.6.11.
National Rural Health Alliance Aged Care Working Group meeting via teleconference – 20.1.11
Australian Health Care Reform Alliance Health Reform Summit in Canberra – 8 to 9.2.11.
SARRAH Board meetings via teleconference - 6.7, 17.8, 14.12, 15.2 & 19.4.11.
South Australia Country Allied Health Advisory Group meeting via teleconference – 16.2.11
National Rural Health Alliance Council meetings via teleconference – 16.10, 17.2, 6.6, & 27.6.11.
EPC/MBS SARRAH Working Group meeting via teleconference – 21.2.11.
Department of Health & Ageing Committee meeting in Canberra – 22.2.11
Rural Health Workforce Australia meeting in Canberra – 22.2.11
National Rural Health Alliance meeting in Canberra – 22 to 23.2.11
SARRAH Capacity Building Sub Committee Working Group meetings via teleconference – 12.7, 10.11, 28.2, 28.3, 4.4 & 2.5.11.
National Primary Healthcare Partnership meeting in Canberra – 1.3.11
- Australian Commission on Safety & Quality - Practice Level Indicators Focus Group meeting in Melbourne – 2.3.11.
- General Practice Victoria: Medicare Locals meeting in Melbourne – 3.3.11.
- e-Health Readiness of the Allied Health Sector meeting in Canberra – 8.3.11.
- Personally Controlled Electronic Health Records Roundtable meeting in Melbourne – 9.3.11
- Medicare Australia Stakeholder Consultative Group meeting in Canberra - 9.3.11.
- SARRAH Advisory Committee meetings via teleconference – 20.7, 21.9, 21.11, 15.3, & 31.5.11.
- National Allied Health Clinical Education Network meeting via teleconference – 16.3.11.
- Community Services & Health Industry Skills Council Decision Makers Forum in Canberra – 22.3.11.
- Medical Specialist Outreach Program - SARRAH representatives meeting via teleconference – 24.3.11.
- Health Workforce Australia meeting in Canberra – 25.3.11.
- 1st Gippsland Allied Health Symposium in Victoria – 30.3.11.
- Nehta Four-Cornered Roundtable Discussion Forum in Sydney – 30.3.11.
- Nursing and Allied Health Scholarship and Support Scheme (NAHSSS) Reference Group meetings via teleconference – 8.4 & 30.6.11.
- Health Workforce Australia Standing Advisory Committee for Health Professions meeting held in Adelaide – 11.4.11.
- Draft Aged Care Accreditation Standards Consultation meeting held in Canberra – 12.4.11.
- National Rural Health Student Network meetings held in Canberra – 20.4 & 22.6.11.
- ACT Network Coordinator meeting held in Canberra – 20.4.11.
- Rural Health Workforce Australia meeting held in Canberra – 20.4.11.
- Lead Clinicians Consultation via teleconference – 27 to 28.4.11.
- Lead Clinicians Consultation Forum held in Canberra – 2.5.11.
- National Health Workforce Innovation & Reform Strategic Framework - National Consultation held in Shepparton - 4.5.11.
- Australian Primary Health Care Research Institute Workshop held in Canberra – 5.5.11.
- Allied Health Professions Australia Planning Forum & AGM held in Melbourne – 6 to 7.5.11.
- Aspen Medical - Locum Program meeting held in Canberra - 9.5.11.
- Rural Health Workforce Australia meeting held in Melbourne – 10.5.11.
- 2011-12 Budget Community Briefing held in Canberra – 10.5.11.
- National Health Workforce Innovations & Reform Strategic Framework Consultation held in Alice Springs – 11.5.11.
- Indigenous Allied Health Australia (IAHA) Board & CEO meeting held in Canberra – 11.5.11.
- Post Budget Health Briefing held in Canberra – 12.5.11.
- NSW Medical Specialist Outreach Assistance Program - Indigenous Chronic Disease (MSOAP-ICD) Advisory Forum held via teleconference – 13.5.11.
- National Indigenous Health Equality Council (NIHEC) - 2nd Indigenous Health Workforce Forum held in Adelaide – 16 to 17.5.11.
- National Health Workforce Innovation & Reform Strategic Framework Consultation held in Darwin – 20.5.11.
- WA Medicare Local Transition Advisory Group meeting via teleconference – 23.5.11.
- National eHealth Transition Authority Information Session on the Draft Concept of Operations held in Melbourne – 25.5.11.
- Nursing & Allied Health Rural Locum Scheme Steering Committee meeting held in Canberra – 15.6.11.
- Medicare Australia Stakeholder Consultative Group meeting via teleconference – 22.6.11.
- AGPN Medicare Locals National Stakeholder Roundtable meeting held in Canberra – 29.6.11.
OFFICE ADDRESS
10-12 Campion St
DEAKIN ACT 2600

MAILING ADDRESS
Services for Australian Rural
and Remote Allied Health
PO Box 74
DEAKIN WEST ACT 2600

Phone: +61 2 6285 4960
Fax: +61 2 6162 4094
Email: sarrah@sarrah.org.au

You can find out more about SARRAH
at our official website:
www.sarrah.org.au

We are also interested in your
feedback. Please do not hesitate to
email us at the address above.

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Allied Health

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