

ANNUAL REPORT

2024



Services for Australian Rural and Remote Allied Health

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

www.sarrah.org.au

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MESSAGE FROM THE PRESIDENT

2024 has certainly been a busy year for SARRAH! We have been delighted to work with new board members Jack Seaton and Laura Stuart who joined the board in November. In 2024 SARRAH has been heavily involved in key Commonwealth consultation including the commencement of work on the National Allied Health Workforce Strategy, championing the need for particular focus on the maldistribution of the workforce in rural and remote areas, and also as a stakeholder agency for the Medicare Incentives and Scope of Practice reviews. In November 2023 we held a national showcase at Parliament house highlighting the positive work being done in communities across Australia as part of the allied health rural generalist trainee positions supported by SARRAH, and in February were delighted to launch the revised Transition to Remote and Rural Allied Health Practice Toolkit to reflect contemporary practice, with a well supported approach utilising the new SARRAH circle.



It was with profound disappointment we learned of the Commonwealth Government's decision in May to discontinue funding The Allied Health Rural Generalist Education and Training Pathway (including allied health professions and allied health assistants), a cornerstone initiative aimed at improving service capacity of allied health practices in rural and remote Australia. Such a decision was difficult to comprehend at a time when health workforce shortages are critical in our communities, and ahead of the formal program evaluation scheduled for 2025. While some might have sat back, SARRAH remained resolute in our commitment to progress allied health generalism, with the board recognising not only the need to continue supporting current program participants but also the momentum for working together with governments, the sector and our members to explore opportunities to advance the Allied Health Rural Generalist Pathway and build capacity in rural and remote communities.





SARRAH has continued its dedicated approach to supporting the rural health sector, delivering sensible, scalable solutions to improve access to allied health services in rural and remote communities.

The Allied Health Rural Generalist Accreditation Council has progressed its work building a strong base for post graduate training program accreditation. A big thank you to the council - their passion and dedication is clear in this important work. Whilst Commonwealth government funding has ceased to support the Accreditation Council's work, the SARRAH board's ongoing commitment to continue the accreditation council's work is clear and the positive steps recognised with the first accreditation panel recently appointed.

Our strong relationship with the Office of the National Rural Health Commissioner continues, with SARRAH committed to leading the consultation regarding the concept of a college for rural and remote health, where SARRAH's work will continue in the 2024/2025 year ahead.

A big thank you to all of our board and team-, a big thank you to Cath our dedicated CEO and outgoing board members Julie Hulcombe and Lauren Gale who have completed their board terms - it is through their passion and unwavering commitment to driving policy and supporting solutions for our members that improve the access to services, and thus lives of those living in rural and remote communities that we will see real change.

Lisa Baker
President, SARRAH



Allied Health Rural Generalist Showcase, Parliament House, November 2023

SARRAH BOARD



Lisa Baker

President
First elected 29 November 2019



Lauren Gale

First elected 29 November 2019



Dr Ali Dymmott

Vice President
First elected 21 November 2021



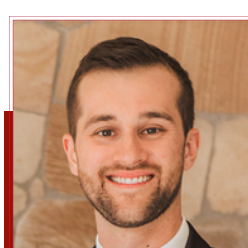
Scott Gibbing

First elected 16 November 2022



Michael Clarkson

Chair,
Finance Audit & Risk Committee
Appointed 22 February 2022



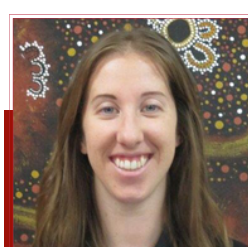
Jack Seaton

First elected 21 November 2023



Julie Hulcombe

First elected 29 November 2019



Laura Stuart

First elected 21 November 2023

Following the 2023 board election, SARRAH welcomed two new directors to the board: Jack Seaton (NSW) and Laura Stuart (NT). We thank all our Board for their valuable contributions over the year. In particular we acknowledge the outstanding support provided by two Board Directors who will step down at the 2024 AGM having served the maximum allowable 3 terms: Julie Hulcombe (QLD) and Lauren Gale (ACT).

SARRAH's success is founded upon the passion and dedication of our members, particularly those who are committed to serving in leadership roles. Board renewal underpins diversity of thought while providing opportunities for leadership development among our membership. Our thanks go to all SARRAH members who have nominated for board positions over the past three years.

MESSAGE FROM THE CEO

STAYING CONNECTED AND SOLUTION-FOCUSED

2023-24 has been a very active year for SARRAH as we cement our relationships with peer organisations and stakeholders across Australia.

From the 2023 National Allied Health Conference in Perth WA to the Gippsland Allied Health Symposium in Victoria and the 'Are You Remotely Interested?' conference in Mount Isa QLD; from rural workforce conferences and symposia in Sydney, Adelaide, Hobart and Ballarat to the IAHA Conference on the Sunshine Coast QLD, the SARRAH team has been criss-crossing the continent, leveraging our distributed locations, to stay connected with our members, colleagues and peers.



This means we bring a very granular lens to the table on allied health workforce issues in rural and remote Australia, critical to our representation in key policy consultations in which SARRAH has been invited to participate.

The NDIS Review, ANZSCO review, Working Better for Medicare, Scope of Practice Review, the review of General Practice Incentives and the first National Allied Health Workforce Strategy are just some of the reform processes SARRAH has contributed to over the year.

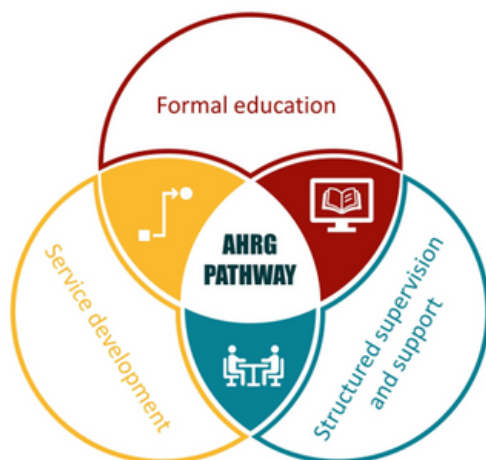
SARRAH has a unique perspective across all allied health professions that is focused purely on rural and remote issues. We have direct experience of delivering workforce development programs in a wide variety of clinical settings and locations. This means we have the capacity to look beyond the issues to focus on solutions.

Let's work together to ensure SARRAH's voice - your voice - is not lost as we enter the next phase of evolution for this singular organisation.

Cath Maloney
SARRAH CEO



ALLIED HEALTH RURAL GENERALIST PATHWAY NATIONAL STRATEGY GROUP



The Allied Health Rural Generalist Pathway National Strategy Group (NSG) is a multisectoral collaborative whose purpose is to provide oversight and collective advice to SARRAH to support the sustainability and growth of the AHRG Pathway nationally.

The NSG's role is to:

- Provide expert advice and oversight to support the successful development and implementation of the AHRG Pathway nationally;
- Provide oversight to establishing an accreditation council for the purpose of defining the coursework accreditation process
- Promote the AHRG Pathway so that allied health service providers, commissioning organisations, professional membership bodies and teaching institutions are engaged with the AHRG Pathway and aware of the purpose, benefits, and outcomes of the AHRG Pathway for the allied health professions and for rural communities.

In November 2023 the AHRG Pathway NSG formally endorsed SARRAH as the national lead organisation to support multijurisdictional cooperation and collaboration for the AHRG Pathway. The refreshed NSG terms of reference note “Regular communication of the AHRGP-NSG activities to the Commonwealth government ...will add visibility and a mechanism for information flow to jurisdiction governments.”

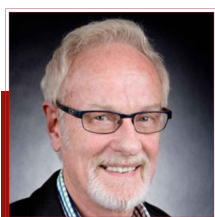
In late 2023 and under the guidance of the NSG, SARRAH commenced the development of a roadmap to inform the next steps to a sustainable AHRG Pathway. This road map will be a focus for SARRAH in the 2024-25 year.

ALLIED HEALTH RURAL GENERALIST ACCREDITATION COUNCIL

Established as an independent council under Services for Australian Rural and Remote Allied Health's (SARRAH's) corporate governance structure, the Allied Health Rural Generalist Accreditation Council (the Council) accredits post-professional education programs in rural generalist practice for allied health professions as part of the Allied Health Rural Generalist (AHRG) Pathway.

In the 2023-24 year the Council welcomed three new council members: Cory Paulson, Worimi man from the east coast of NSW, Tara Intapanya from the Northern Territory, and patient advocate Rachel Callander.

The Council commenced work on developing a process for accrediting university programs in rural generalist practice, and established a pool of suitably qualified assessors to review applications for accreditation. A training program for assessors had been developed, and James Cook University has been invited to apply for accreditation.



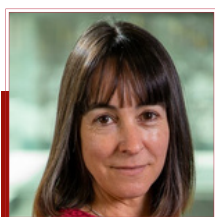
Prof David Prideaux



Dr Anthea Brand



Annie Farthing



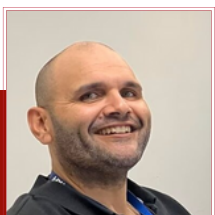
Dr Pam Harvey



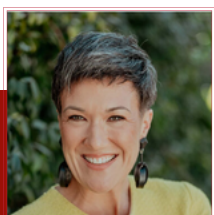
Dr Isabel Paton



Hannah Mann



Cory Paulson



Rachel Callander



Tara Intapanya

SARRAH'S RECONCILIATION ACTION PLAN

INNOVATE



RECONCILIATION
ACTION PLAN

INNOVATE

SARRAH's first "Innovate" Reconciliation Action Plan will be launched at the 15th National Conference for Rural and Remote Allied Health in Mildura on 22 October 2024.

Our sincere thanks to members of the working group (listed below) who came together over many months to draft the SARRAH RAP. Four members of the working group identify as First Nations People.

Name	Organisation	Membership role
Lauren Gale	RFDS	SARRAH Board Member
Hannah Johnston	NT Health	SARRAH Member
Aleka Freija	NT Health	SARRAH Member
Rob Curry	Consultant	SARRAH Member
Candice Liddy	NT Health	SARRAH Member, Aboriginal identified
Shari Fuller	NT Health	SARRAH Member, Aboriginal identified
Melinda Ingram	IAHA	IAHA rep, Aboriginal
Cath Maloney	SARRAH	Chair and RAP Champion
Allan Groth	SARRAH	SARRAH Staff
Sylvia Rosas	SARRAH	SARRAH Staff, Aboriginal identified
Gemma Tuxworth	SARRAH	SARRAH Staff
Melodie Bat	SARRAH	SARRAH Staff



THE YEAR **IN REVIEW**

“

For many people, including in rural and remote Australia, a job in the care and support workforce not only recognises a person's skills, abilities interests and life experiences, it provides opportunity and an entry point to earn and develop their skills without leaving the community where they are established, have other ties and those skills are in high demand.

Draft National Care and Support Economy Strategy 2023

“

The use of Allied Health Assistants in rural and remote organisations provides an opportunity to improve access and culturally appropriate service delivery in communities where Allied Health Professionals (AHPs) are few, or work on a fly-in-fly-out (FIFO) or drive-in drive-out (DIDO) capacity. An AHA may live in and work in a rural or remote community, anchoring an outreach service provided by AHPs on a FIFO or DIDO basis. This is advantageous because the AHA can carry out the therapeutic programs developed by the AHPs between visits, increasing the clinical contact and dosage of those therapeutic programs.

ANZSCO Review, August 2023



THE YEAR IN REVIEW



To be utilitarian, it will be important that a national skills and capabilities framework considers the broad range of services that occur in primary healthcare settings, including early childhood, mental health, disability and aged care.

Focusing on primary healthcare settings risks fragmentation of the health workforce across clinical settings, which has particular impacts in areas of thin market, and is particularly relevant for the allied health professions that typically work across several sectors.

Scope of Practice Review, May 2024



By comparison, the medical workforce has access to a range of post-graduate career development programs such as GP Rural Generalist training. If the Scope of Practice Review is to achieve its intended outcomes, workforce development programs such as the Allied Health Rural Generalist Pathway must be readily available, especially for those health professionals working in priority areas such as Aboriginal Health, Mental Health, Aged Care and, more broadly, Rural Health where they may be working across several of these areas.

Scope of Practice Review, May 2024



Anecdotal feedback provided to SARRAH from organisations participating in TAHRGETS indicates that trainees are staying longer in the job while undertaking the pathway than non-trainees, and this is regardless of whether they complete their training. In an operating environment where early-career health professionals are highly mobile and have lots of employment options, this is a promising trend.

...Service providers participating in TAHRGETS report that the entire service benefits from trainees' involvement in the pathway, with team members learning vicariously through the trainees' engagement with coursework and project development.

TAHRGETS Interim Report, May 2024



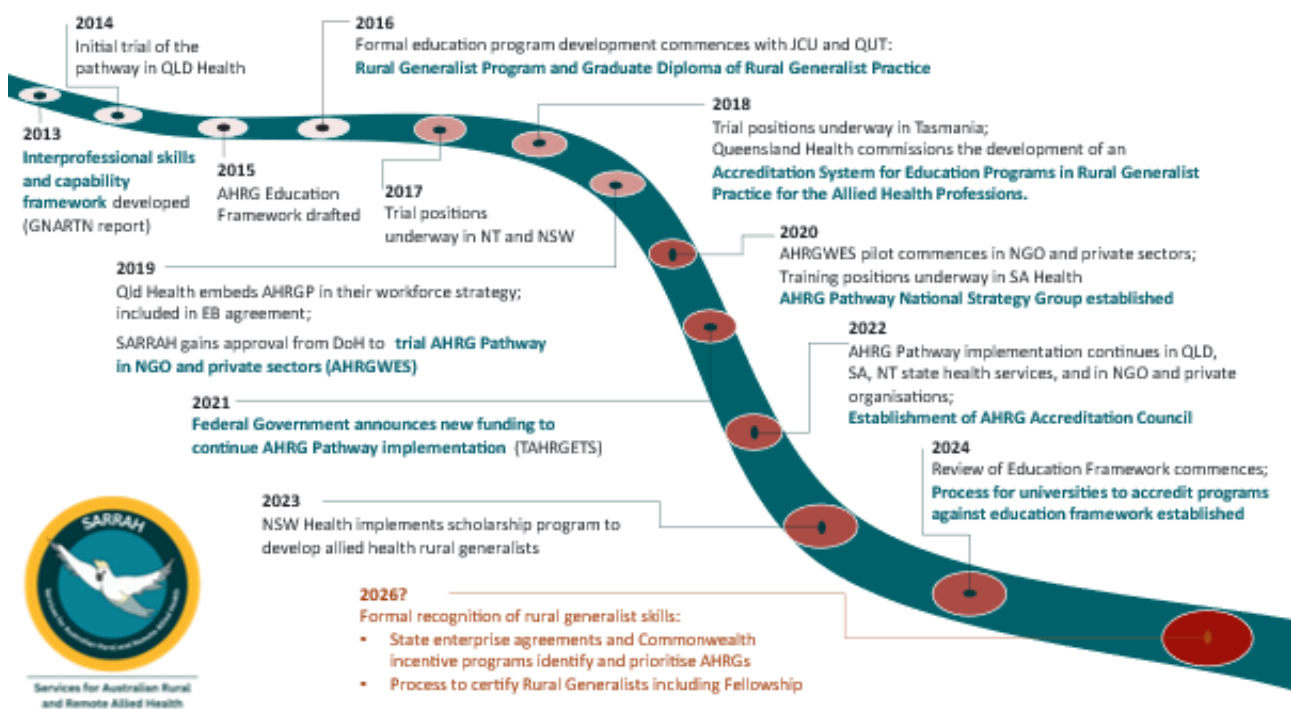
THE YEAR IN REVIEW

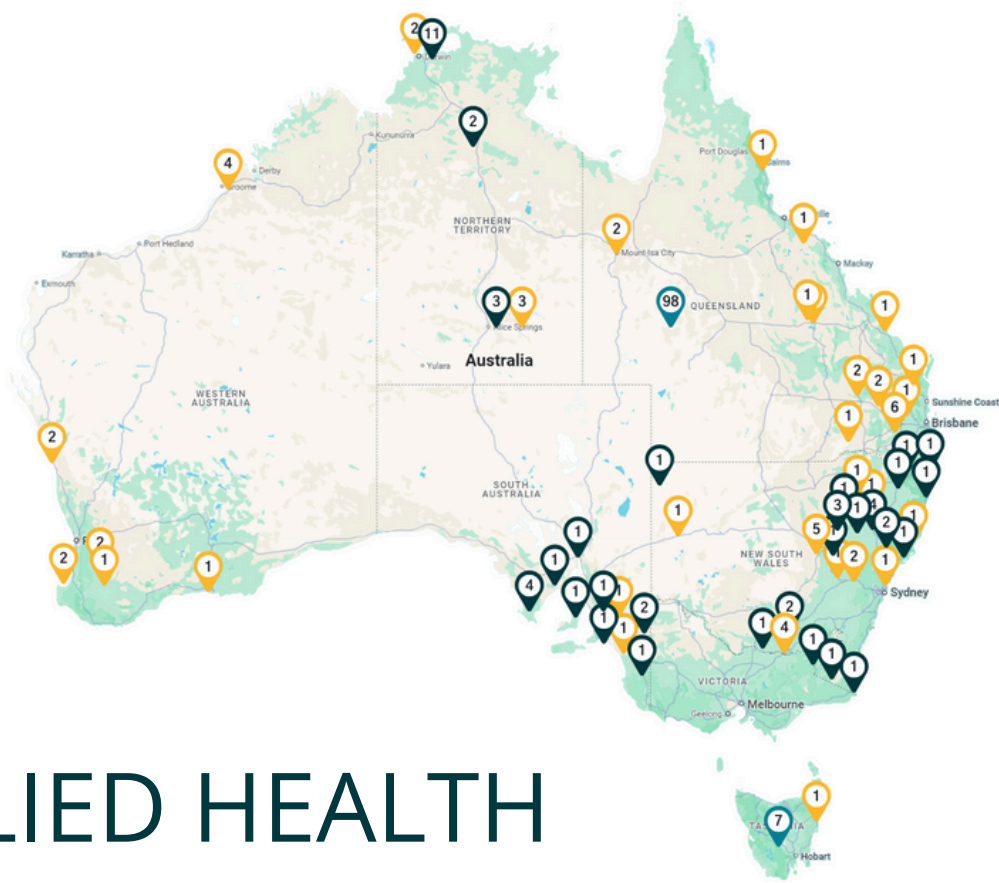


The priority placed on building a sustainable AHRG Pathway recognises the work undertaken since 2013 by many people to develop the AHRG Pathway to this point, and the evidence-based approach that has informed the development of the AHRG Pathway to address workforce shortages and maldistribution of the allied health workforce in rural and remote Australia.

The Road Map [to a sustainable AHRG Pathway] describes the system requirements needed to support the sustainability of the AHRG Pathway into the future. The Road Map builds on the evidence for growing a rural allied health workforce pipeline incorporates existing elements such as the formal education program, governance structures including the National Strategy Group and the Accreditation Council. It references where resources are required to support individual allied health professionals, employers, education providers and governments to collaborate toward a common goal in achieving and maintaining the highest standards of clinical practice, research and professional excellence in a rural allied health workforce.

Background to the AHRG Pathway, 2024





ALLIED HEALTH WORKFORCE DEVELOPMENT

Core to our Purpose, SARRAH delivers several workforce development initiatives

214+

allied health rural
generalists

training or completed

nationally since 2015

The Allied Health Rural Generalist Education and Training Scheme

Funded by the Commonwealth Department of Health and Aged Care. Aims to improve the capacity, quality, distribution and mix of the allied health workforce and deliver a sustainable and well-distributed health workforce through the AHRG Pathway

Building the Rural and Remote Allied Health Workforce

Funded by the Commonwealth Department of Health and Aged Care. Aims to support local allied health service capacity by developing an AHA workforce

Online learning program

Learning for purpose: SARRAH's online courses equip rural and remote allied health practitioners with the skills necessary to thrive in underserved communities.



TAHRGETS

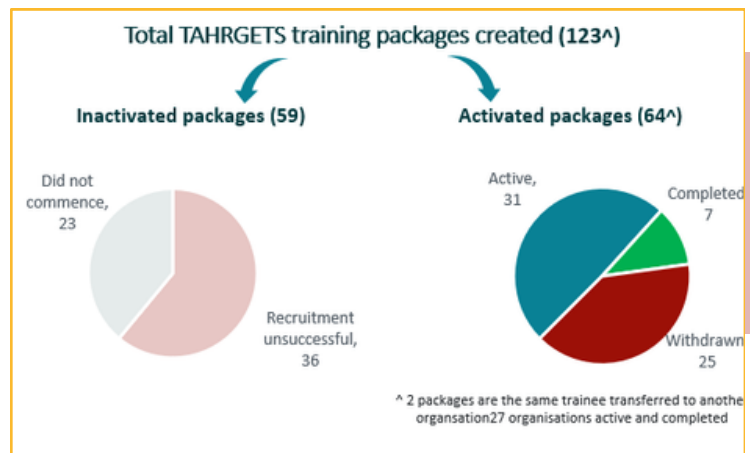
THE ALLIED HEALTH RURAL GENERALIST EDUCATION AND TRAINING SCHEME

Across this final year of the three-year TAHRGETS implementation, SARRAH has

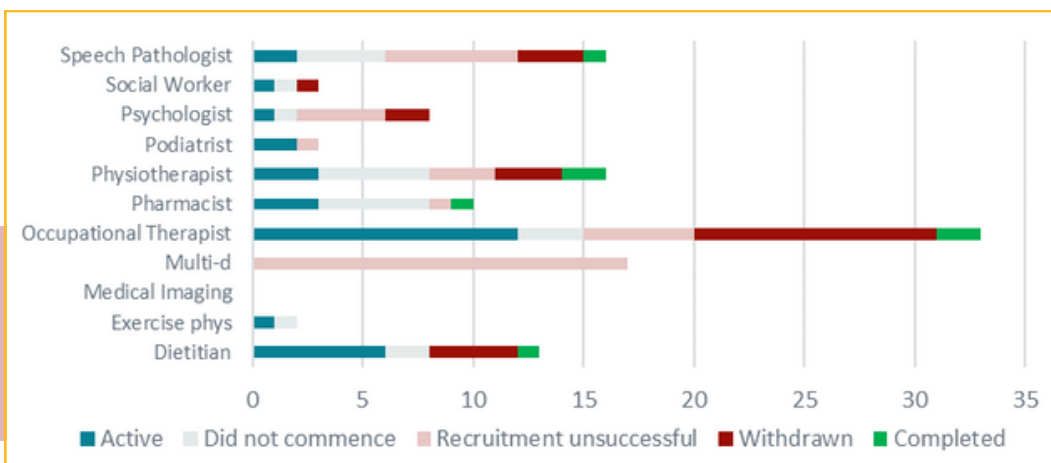
- onboarded the last new starters for the Level 1 Rural Generalist Program during this time (new Level 2 applicants were unable to commence due to program timelines);
- provided support to participating trainees and workplaces;
- worked closely with Flinders University on evaluation processes and data collection;
- continued the essential work of developing the infrastructure necessary for the sustainability of the pathway national i.e. the Allied Health Rural Generalist Accreditation Council and the National Strategy group.

Over the life of the program SARRAH has created 123 training packages over 9 professions. At the end of the 2023-24, 7 Allied Health Rural Generalists had completed their program, 31 trainees were still active and 25 had withdrawn.

Reasons for withdrawal include leaving the workplace, personal reasons, work-life balance, course relevance/satisfaction, stage of career and transferring pathway to another organisation.



Status of AHRG training packages as of 30 June 2024



Professional mix of allied health rural generalist trainees and training package

SARRAH will continue to support trainees and workplace while they complete the Pathway.

The evaluation is due for completion in January 2025.

TAHRGETSPOTLIGHT

A RECRUITMENT AND RETENTION SUCCESS!

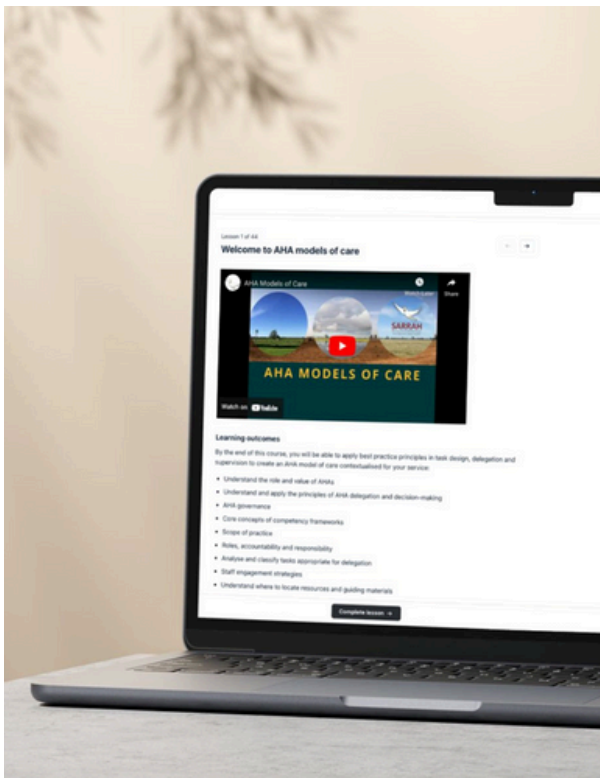
In 2020 Mary left the city and moved to the Kimberley, starting a new job as a pharmacist, and commencing the Allied Health Rural Generalist Pathway. With the support of a passionate manager, Mary undertook the AHRG pathway where her study was paid for, she had structured supervision and support, and dedicated time at work to study and work on service development. These factors, and peer support from fellow trainees in the workplace, were critical for her success. As part of her organisation's approach to implementing the pathway Mary rotated through various service delivery areas and sites within the Kimberley region.

Three years on, Mary is now a Rural Generalist Pharmacist, she has moved to a remote town (still in the Kimberley), married her partner she met in Fitzroy Crossing, and works across community, hospital, aged care and remote clinic pharmacy settings. It is the first time in many years that this town has had ready access to a pharmacist both in the community and the hospital, with the pathway facilitating the town to have two pharmacists.

This is the impact of the pathway at a community and service level. For Mary the impact looks slightly different. With a Graduate Diploma in Rural Generalism, she has a great addition to her CV and professional development. By completing the pathway, she has more confidence working to her fullest scope as a true member of a multidisciplinary team. More broadly, Mary was recently nominated for her work as part of the National Rural and Remote Health Awards.



Mary on her rounds



SARRAH develops an online learning package: AHA models of care

As of June 30 2024, 27 packages remain active, 1 had completed and 7 had withdrawn.

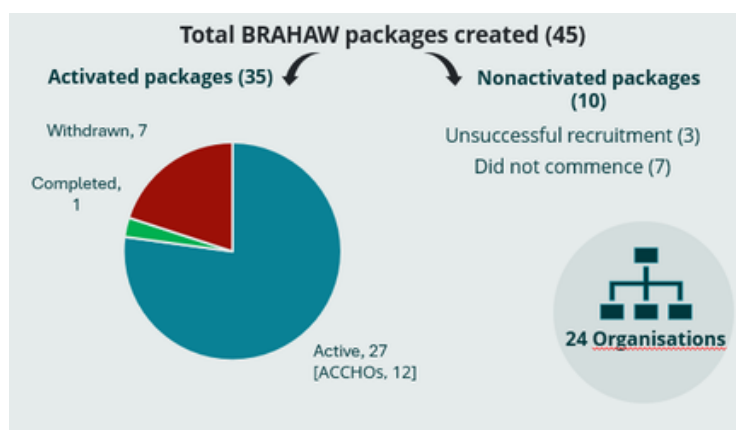
SARRAH has also been working with UQ Poche Centre for Indigenous Health who will be undertaking the external evaluation of BRAHAW. The evaluation is due January 31 2025.

BRAHAW

BUILDING THE RURAL AND REMOTE ALLIED HEALTH ASSISTANT WORKFORCE

Across this final year of BRAHAW implementation, SARRAH has

- Supported workplaces and AHAs to work through the BRAHAW handbook. Provided coaching and guidance as needed in the establishment of clinical governance and AHA service delivery models.
- Administered education funds and workplace training grants.
- Facilitated access to online resources and training packages



Status of BRAHAW training packages as of June 30 2024



Board member Dr Edward Johnson facilitates a table discussion on building and AHA workforce at the NAHC 2023

As part of BRAHAW implementation SARRAH has worked to translate the BRAHAW handbook to an online learning program.

SARRAH also used the BRAHAW handbook to facilitate a workshop on developing the rural and remote allied health assistant workforce at the National Allied Health Conference in August 2023

BRAHAW SPOTLIGHT

DID NOT ANTICIPATE THE DEMAND!

Angela is a physiotherapist and director of her private physiotherapy clinic that services the Limestone Coast across five dispersed locations. Angela was keen to explore establishing AHA provided services within her practice, and when she consulted her staff, found that they agreed – “using AHAs had great potential to improve the services they can provide, and improve the cost effectiveness of their service” for specific patient groups.

Angela and her team have been working through the BRAHAW handbook for developing their AHA service, establishing governance, identifying tasks and developing competency framework.

The demand for Rebecca’s time has been much greater than anticipated. Within 12 months their AHA, Rebecca, is now providing services three days a week across three sites in the aged care, NDIS, and primary care spaces (noting that Rebecca works the other 2 days in administration). Not only that, but patient satisfaction with the services also provided by Rebecca is high.

Angela is so pleased with the high utilisation and satisfaction of this AHA service model, that she wants to grow further, and has approached SARRAH regarding additional funding to train and establish a second AHA within the business.



Rebecca working with a client

A YEAR OF CHANGE AND GROWTH

A NEW TOOLKIT

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



RURAL WORKFORCE AGENCIES



EDUCATION PROGRAMS

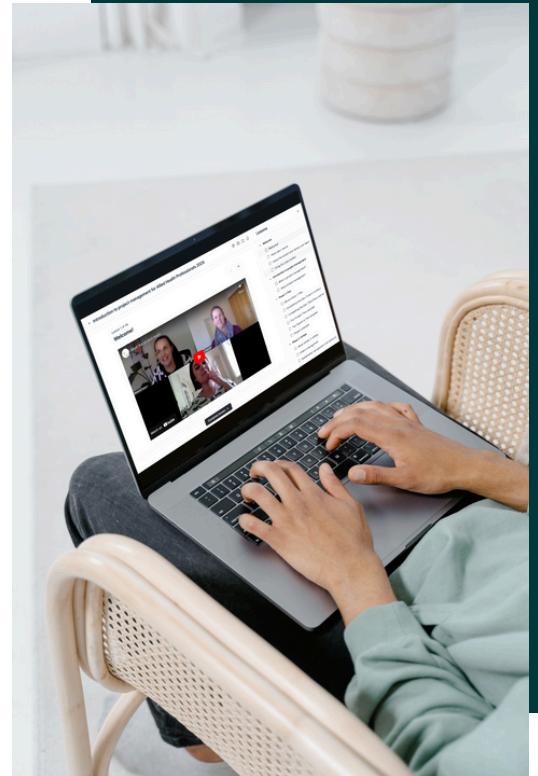
SELF-GUIDED COURSES

Project Management

This course equips allied health professionals with essential project management skills, tailored for rural and remote healthcare contexts. This course is designed to enhance the project management capabilities of our rural and remote allied health workforce, enabling more effective implementation of health initiatives and programs in their communities.

SARRAH Mentoring Program

SARRAH's innovative peer mentoring program offers a fresh perspective on professional development. Unlike traditional mentoring approaches, our program emphasises the value of the mentoring process itself, rather than relying on a single expert. We believe in the power of peer-to-peer connections and have designed this program to facilitate meaningful professional relationships among our members.



SARRAH LEADERSHIP PROGRAM

A facilitated course

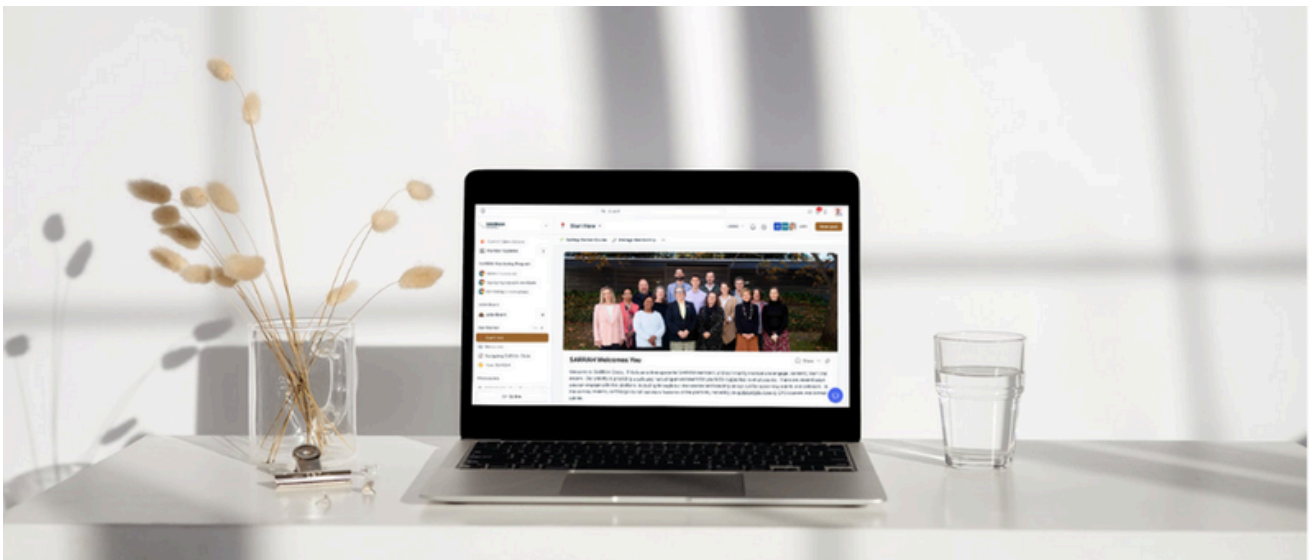
The SARRAH Leadership Program, developed in partnership with the Australian Rural Leadership Foundation, continues to be a cornerstone of our professional development offerings. Since its inception in 2021, this 7-week course has now guided over 200 allied health professionals on their leadership journeys. We facilitated two successful programs in the 2024 calendar year, with ongoing strong interest in this offering.

A NEW EDUCATION PLATFORM

INTRODUCING CIRCLE

We've revolutionised our members' learning experience by migrating all CPD offerings to Circle, our new membership engagement platform. This transition has significantly improved accessibility and interaction, fostering a more connected SARRAH community.

This platform is about more than just SARRAH's education offerings, but also about connecting members to job offerings, the latest news from SARRAH, and also to each other. Events such as webinars and SARRAH Conference will be run through this platform.



RECENT DEVELOPMENTS

We've developed the innovative Allied Health Assistant (AHA) Models of Care course, set to launch in the coming weeks. Drawing from battle-tested materials developed in the BRAHAW program, this course aims to enhance the capacity of rural and remote health services to implement effective AHA models, further strengthening our workforce. It will be available in both self-guided and facilitated offerings.

thank
you

SARRAH CORPORATE MEMBERS



Queensland
Corrective Services



Health
Hunter New England
Local Health District



Cerebral Palsy
ALLIANCE
RESEARCH INSTITUTE



UNIVERSITY CENTRE FOR
RURAL HEALTH
NORTHERN DIVIDES



South West
Hospital and Health Service



UNIVERSITY OF
CANBERRA



MAJARLIN
Kimberley Centre for Remote Health
THE UNIVERSITY OF NOTRE DAME AUSTRALIA



footprints
podiatry



Charles Sturt
University

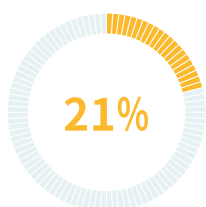
As of September 2024, SARRAH has 20 Corporate members. Their financial support provides SARRAH with the resources to advocate on their behalf and for AHPs working in rural and remote Australia. The employees of these organisations currently make up the majority (47.6%) of our membership, and while they are non-voting members, they contribute valuable feedback to us to help shape future policy reform in this key area of SARRAH's work.

SARRAH MEMBERSHIP

■ Voting (Individual members)
■ Non voting (Students)
■ Non voting (Active Corporate member Employees)

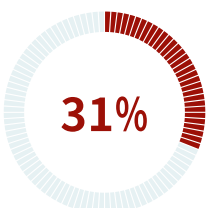


The 2023-24 year saw steady growth in individual (voting) memberships. Much of this can be attributed to our expanding member offerings including our suite of professional development courses. Our challenge, of course, will be to ensure we continue to provide value for our members' investment so that we retain this new membership. The use of our digital platform, Circle, has increased our engagement with our members.



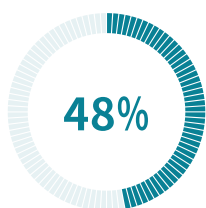
Individual members

have full voting rights and access member discounts to SARRAH's education program



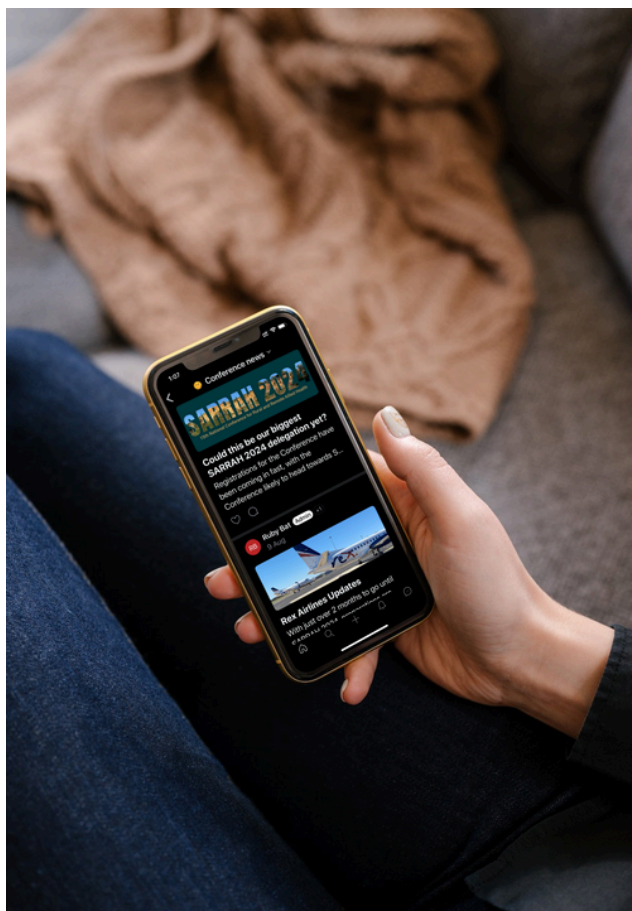
Students

are non-voting but have access to SARRAH's member benefits



Corporate employees

are counted when they have activated their accounts with SARRAH to access member benefits. They do not have voting rights.



SOCIAL MEDIA

AT A GLANCE



3000+ followers



2051 followers



1923 subscribers



1910 followers



310 followers

Connected



SARRAH's weekly **'Connected'** Newsletter remains our flagship communications platform where we share our policy position and jobs board. The 'Connected' Newsletter currently has 1923 subscribers. However, our social media has increased its reach and engagement over this past year!



Commonwealth commitment is required to build the rural allied health workforce.



Cath Maloney **Admin** **SARRAH Team** Sep 13

Last week I attended the annual Primary Care Conference here in Canberra, where we had an opportunity to hear some updates on several Commonwealth policy reform processes currently underway. Health Secretary Blair Coates outlined the priorities for the Department of Health and Aged Care in the coming year.

- Prevention and early intervention
 - Health equity
 - Technology (encompassing electronic health records, wearable devices, and the potential insights to be gained from the appropriate use of machine learning from those sources ...discuss)
 - System integration
- Maldistribution and thin markets were recurring themes in the discussion. Processes close to completion (but unfortunately not close to completion).

Talking For Purpose



Services for Australian Rural and Remote Allied Health

Our podcast **Talking for Purpose** continues to be a popular way of getting our message across - thank you to everyone who has contributed their viewpoints over the year!



Dr Phillip Webster and Brooke Shelly spoke to Cath about evolving GP Pharmacist roles

THANK YOU GOODBYE AND GOOD LUCK



Allan Groth

Allan joined SARRAH in 2019, adding substantial expertise to our policy and advocacy program. In early 2024, Al left us to take up a role with Western QLD PHN, where he will continue to advocate for better access to health services for people living in rural and remote Australia. We have learned so much by working alongside Al and we thank him sincerely for his contributions.



Sriyani Ranasinghe

Our longest-serving employee, many scholarship recipients will remember Sriyani from her time working in the NAHSSS program. After a short stint at Wounds Australia, Sriyani returned to SARRAH in 2020 as the Corporate Services Manager where she continued to be that helpful first point of contact. Sriyani departed in May 2024 to take up a position at the Department of Education, and we wish her well in her new post.



Dr Melodie Bat

Mel has been instrumental in transforming SARRAH's education program. Joining us in 2021 as the Education Program Manager, Mel also coordinated the refresh of the Transition to Rural Practice Toolkit, and brought together SARRAH's Reconciliation Action Plan working party to deliver SARRAH's first RAP. Mel retired in June 2024 to spend more time with her family.



Intention



Develop



Support



Share

THANK YOU GOODBYE AND GOOD LUCK



Michael Bishop

Widely known and loved by the SARRAH community, Michael rejoined SARRAH in 2022 as the Executive Officer to the AHRG Accreditation Council. Michael's understanding of and passion for rural health, together with his drive for advocacy has been an asset to us.

In the words of Council Deputy Chair, Anthea Brand: "Michael's passion and knowledge of rural and remote health and for rural generalism have guided the Council, especially in its establishment. His connections to rural practitioners have been integral in expanding the representation of the committee and its reach and communications."

Michael has left SARRAH to pursue a career in local government, and we know he will be an equally passionate advocate for his community in rural Queensland.



The SARRAH team took part in a cultural tour of Mount Majura in March 2024

Services for Australian Rural and Remote Allied Health Ltd

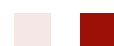
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Financial Statements

For the Year Ended 30 June 2024



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



Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Contents

For the Year Ended 30 June 2024

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Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Board Members' Report For the Year Ended 30 June 2024

The Board members present their report on Services for Australian Rural and Remote Allied Health Ltd for the financial year ended 30 June 2024.

General information

Board Members

The names of the directors in office at any time during, or since the end of, the year are:

Names	Position	Appointed/Resigned
Lisa Baker	President	Appointed 29/11/2019
Dr Alison Dymmott	Vice President	Appointed 29/11/2021
Michael Clarkson	Chair, Finance Audit & Risk	Appointed 22/02/2023
Julie Hulcombe	Board Member	Appointed 21/01/2019
Lauren Gale	Board Member	Appointed 21/01/2019
Scott Gibbings	Board Member	Appointed 16/11/2022
Jack Seaton	Board Member	Appointed 21/11/2023
Laura Stuart	Board Member	Appointed 21/11/2023
Leigh Burton	Board Member	Resigned 29/11/2023
Jeremy Carr	Board Member	Resigned 29/11/2023
Edward Johnson	Board Member	Resigned 29/11/2023

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

Members' guarantee

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

At 30 June 2024 the collective liability of members was \$ 1,016 (2023: \$ 1,016).

Principal activities

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

Operating results

The surplus of the Company for the financial year amounted to \$ 113,604(2023: \$ 166,912).

Significant changes in state of affairs

There have been no significant changes in the state of affairs of the Company during the year.

Board Members' Report For the Year Ended 30 June 2024

Matters or circumstances arising after the end of the year

The Company's contract with the Department of Health will end on 28 February 2025. As a result, this will cause a significant change in the company's operations. However at the time of this report the Company is in negotiations with the Department of Health regarding a possible variation to the contract which would enable the Company to continue activities and operations for the purpose of supporting trainees through to completion until the end of 2025.

Except for the above, no other matters or circumstances have arisen since the end of the financial year which significantly affected or could significantly affect the operations of the Company, the results of those operations or the state of affairs of the Company in future financial years.

Future developments

The Company expects to maintain the requisite level of operations to support its contractual obligations.

Auditor's independence declaration

The auditor's independence declaration in accordance with section 60 - 40 of the Charities and Not-for-profits Commission Act 2012 for the year ended 30 June 2024 has been received and can be found on page 3 of the financial report.

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

Director: 

Director: 

Dated 27 September 2024



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Liability limited by a scheme
approved under Professional
Standards Legislation

Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Auditor's Independence Declaration under Section 60-40 of the Charities and Not-for-profits Commission Act 2012 to the Directors of Services for Australian Rural and Remote Allied Health Ltd

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2024, there have been:

- (i) no contraventions of the auditor independence requirements as set out in section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Hardwickes
Chartered Accountants

Bhaumik Bumia CA
Partner

27 September 2024

Canberra



Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Statement of Profit or Loss and Other Comprehensive Income For the Year Ended 30 June 2024

		2024	2023
	Note	\$	\$
Revenue and other income	4	3,099,336	2,518,194
Advertising & promotion expense		(2,970)	(3,261)
Depreciation expense	5	(34,336)	(37,427)
Employee benefits expense	5	(1,014,583)	(998,755)
Project cost	5	(1,040,182)	(663,390)
Other expenses	5	(476,301)	(295,535)
Scholarship payments		(416,148)	(349,843)
Finance expenses on lease		(1,212)	(3,071)
Surplus/(Deficit) before income tax		113,604	166,912
Income tax expense	2(b)	-	-
Surplus/(Deficit) for the year		113,604	166,912
Other comprehensive income for the year		-	-
Total comprehensive income for the year		113,604	166,912

The accompanying notes form part of these financial statements.

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Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Statement of Financial Position

As At 30 June 2024

	Note	2024 \$	2023 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	6	3,690,849	5,120,421
Trade and other receivables	7	64,373	25,617
Other financial assets	8	1,046,100	1,000,000
Other assets	9	130,165	84,639
TOTAL CURRENT ASSETS		4,931,487	6,230,677
NON-CURRENT ASSETS			
Plant and equipment	10	1,892	3,107
Right-of-use assets	11	-	34,541
TOTAL NON-CURRENT ASSETS		1,892	37,648
TOTAL ASSETS		4,933,379	6,268,325
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	12	60,782	77,454
Lease liability	11	-	36,936
Employee benefits	14	35,227	55,815
Contract liabilities	13	3,997,801	5,376,774
TOTAL CURRENT LIABILITIES		4,093,810	5,546,979
NON-CURRENT LIABILITIES			
Employee benefits	14	29,151	24,532
TOTAL NON-CURRENT LIABILITIES		29,151	24,532
TOTAL LIABILITIES		4,122,961	5,571,511
NET ASSETS		810,418	696,814
EQUITY			
Retained earnings		810,418	696,814
TOTAL EQUITY		810,418	696,814

The accompanying notes form part of these financial statements.

Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Statement of Changes in Equity For the Year Ended 30 June 2024

2024

	Retained Earnings	Total
	\$	\$
Balance at 1 July 2023	696,814	696,814
Surplus for the year	113,604	113,604
Balance at 30 June 2024	810,418	810,418

2023

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

The accompanying notes form part of these financial statements.

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Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Statement of Cash Flows For the Year Ended 30 June 2024

	Note	2024 \$	2023 \$
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from customers		1,684,835	4,165,881
Payments to suppliers and employees		(3,182,960)	(2,476,097)
Interest received		151,381	34,478
Net cash (used in)/provided by operating activities		<u>(1,346,744)</u>	<u>1,724,262</u>
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of equipment	10(a)	-	(2,743)
Investment in term deposits		(46,100)	(1,000,000)
Net cash (used in) investing activities		<u>(46,100)</u>	<u>(1,002,743)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:			
Repayments of lease liabilities		(36,728)	(35,216)
Net cash (used in) financing activities		<u>(36,728)</u>	<u>(35,216)</u>
Net increase in cash and cash equivalents held		(1,429,572)	686,303
Cash and cash equivalents at beginning of year		5,120,421	4,434,118
Cash and cash equivalents at end of financial year	6	<u>3,690,849</u>	<u>5,120,421</u>

The accompanying notes form part of these financial statements.

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Notes to the Financial Statements

For the Year Ended 30 June 2024

The financial report covers Services for Australian Rural and Remote Allied Health Ltd (SARRAH) as an individual entity. Services for Australian Rural and Remote Allied Health Ltd is a not-for-profit Company, registered and domiciled in Australia.

The functional and presentation currency of Services for Australian Rural and Remote Allied Health Ltd is Australian dollars.

Comparatives are consistent with prior years, unless otherwise stated.

1 Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards - Simplified Disclosures and the *Australian Charities and Not-for-profits Commission Act 2012*.

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

Material accounting policy information relating to the preparation of these financial statements are presented below, and are consistent with prior reporting periods unless otherwise stated.

2 Material Accounting Policy Information

(a) Adoption of new and revised accounting standards

The Company has adopted all standards which became effective for the first time at 30 June 2024, the adoption of these standards has not caused any material adjustments to the reported financial position, performance or cash flow of the Company.

(b) Income Tax

The Company is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

(c) Revenue and other income

Revenue from contracts with customers

Revenue is recognised on a basis that reflects the transfer of control of promised goods or services to customers at an amount that reflects the consideration the Company expects to receive in exchange for those goods or services.

Generally the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

None of the revenue streams of the Company have any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

Notes to the Financial Statements

For the Year Ended 30 June 2024

2 Material Accounting Policy Information (continued)

(c) Revenue and other income (continued)

Specific revenue streams

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

Operating Grants

When the Company receives operating grant revenue, it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance to AASB 15.

When both these conditions are satisfied, the Company:

- identifies each performance obligation relating to the grant
- recognises a contract liability for its obligations under the agreement
- recognises revenue as it satisfies its performance obligations.

Where the contract is not enforceable or does not have sufficiently specific performance obligations, the Company

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (eg AASB 9, AASB 16, AASB 116 and AASB 138)
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer)
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

If a contract liability is recognised as a related amount above, the Company recognises income in profit or loss when or as it satisfies its obligations under the contract.

Membership subscriptions

When the Company receives membership subscription income it records the revenue in the subscription year the income relates to in accordance with AASB 15. The subscription year goes from 1 July to 30 June. If income is received before 30 June relating to the next subscription year the deferred income is recognised as a liability in the financial statements.

Interest income

Interest income is recognised using the effective interest method.



Notes to the Financial Statements
For the Year Ended 30 June 2024

2 Material Accounting Policy Information (continued)

(d) Plant and equipment

Each class of plant and equipment is carried at cost less, where applicable, any accumulated depreciation and impairment.

Depreciation

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

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

Fixed asset class	Depreciation rate
Electronic equipment	30-40%
Computer software	30%
Furniture & fittings	20%

(e) Financial instruments

Financial assets

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial assets.

Classification

On initial recognition, the Company classifies its financial assets into the following categories, those measured at:

- amortised cost
- fair value through profit or loss - FVTPL
- fair value through other comprehensive income - equity instrument (FVOCI - equity)

Amortised cost

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

Fair value through other comprehensive income - equity instruments

The Company does not have any assets that fall under this category.

Financial assets through profit or loss

The Company does not have any assets that fall under this category.

Notes to the Financial Statements

For the Year Ended 30 June 2024

2 Material Accounting Policy Information (continued)

(e) Financial instruments (continued)

Financial assets (continued)

Trade receivables

Impairment of trade receivables have been determined using the simplified approach in AASB 9 which uses an estimation of lifetime expected credit losses.

The amount of the impairment is recorded in a separate allowance account with the loss being recognised in finance expense. Once the receivable is determined to be uncollectable then the gross carrying amount is written off against the associated allowance.

Financial liabilities

The financial liabilities of the Company comprise trade payables.

(f) Impairment of non-financial assets

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

Where an indicator exists and regardless for indefinite life intangible assets and intangible assets not yet available for use, the recoverable amount of the asset is estimated.

(g) Leases

Lessee accounting

The non-lease components included in the lease agreement have been separated and are recognised as an expense as incurred.

(h) Economic dependence

Services for Australian Rural and Remote Allied Health Ltd is dependent on the Department of Health for the majority of its revenue used to operate the business. At the date of this report the Company is in negotiations with the Department of Health regarding a possible variation to the contract which would enable the Company to continue activities and operations for the purpose of supporting trainees through to completion until the end of 2025.

(i) Going concern

Notwithstanding the Company's surplus in net assets, the financial report has been prepared on the going concern basis. This basis has been adopted as the Company has advised it is in negotiations with the Department of Health regarding a possible variation to the contract which would enable the Company to continue activities and operations for the purpose of supporting trainees through to completion until the end of 2025.

Notes to the Financial Statements

For the Year Ended 30 June 2024

3 Critical Accounting Estimates and Judgments

The directors make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

Key estimates - impairment of plant and equipment

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

Key estimates - revenue recognition

When determining the nature, timing and amount of revenue to be recognised, the following critical estimates and judgements were applied and are considered to be those that have the most significant effect on revenue recognition.

Performance obligations under AASB 15

To identify a performance obligation under AASB 15, the promise must be sufficiently specific to be able to determine when the obligation is satisfied. Management exercises judgement to determine whether the promise is sufficiently specific by taking into account any conditions specified in the arrangement, explicit or implicit, regarding the promised goods or services. In making this assessment, management includes the nature/ type, cost/value, quantity and the period of transfer related to the goods or services promised.

Grants

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

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

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

Key estimates - receivables

The receivables at reporting date have been reviewed to determine whether there is any objective evidence that any of the receivables are impaired. An impairment provision is included for any receivable where the entire balance is not considered collectible. The impairment provision is based on the best information at the reporting date.

Notes to the Financial Statements

For the Year Ended 30 June 2024

3 Critical Accounting Estimates and Judgments (continued)

Key judgments - incremental borrowing rate

Where the interest rate implicit in a lease cannot be readily determined, an incremental borrowing rate is estimated to discount future lease payments to measure the present value of the lease liability at the lease commencement date. Such a rate is based on what the Association estimates it would have to pay a third party to borrow the funds necessary to obtain an asset of a similar value to the right of use asset, with similar terms, security and economic environment.

4 Revenue and Other Income

Revenue from continuing operations

	2024	2023
Note	\$	\$
Revenue from contracts with customers (AASB 15)		
- Grant income	2,774,087	2,177,022
- Membership fees	61,573	73,736
	<u>2,835,660</u>	<u>2,250,758</u>
Revenue recognised on receipt (not enforceable or no sufficiently specific performance obligations - AASB 1058)		
- Interest income	150,656	78,818
- other income	113,020	188,618
	<u>263,676</u>	<u>267,436</u>
Total Revenue and other income	<u>3,099,336</u>	<u>2,518,194</u>

(a) Government grants and other assistance

	2024	2023
	\$	\$
Commonwealth government		
Department of Health	2,774,087	2,136,455
	<u>2,774,087</u>	<u>2,136,455</u>
Others		
Foundation for rural and regional renewal	-	40,567
Total government grants and other assistance	<u>2,774,087</u>	<u>2,177,022</u>

Notes to the Financial Statements

For the Year Ended 30 June 2024

5 Result for the Year

The result for the year includes the following specific expenses:

		2024	2023
	Note	\$	\$
Employee benefits expense			
Salaries & wages		915,370	907,104
Superannuation contributions		99,213	91,651
Depreciation expenses			
Depreciation expense	10(a)	1,215	2,887
Depreciation expense - right of use	11(a)	33,121	34,542
Other expenses			
Evaluation fees		135,000	(10,000)
Travel cost		95,382	55,834
Membership fees		5,797	8,209
Consultant		41,485	41,922
Insurance		13,428	12,566
Legal expense		-	4,426
Finance manager		33,874	31,544
Project cost			
Employer implementation packages		1,040,182	663,390

6 Cash and Cash Equivalents

		2024	2023
	Note	\$	\$
Cash at bank and in hand		1,651,579	3,120,421
Short-term deposits		2,039,270	2,000,000
	15	<u>3,690,849</u>	<u>5,120,421</u>

7 Trade and Other Receivables

		2024	2023
	Note	\$	\$
CURRENT			
Trade receivables	15	63,591	23,210
GST receivable		782	2,407
		<u>64,373</u>	<u>25,617</u>

8 Other Financial Assets

		2024	2023
	Note	\$	\$
CURRENT			
Term deposit		1,046,100	1,000,000
	15	<u>1,046,100</u>	<u>1,000,000</u>

Notes to the Financial Statements

For the Year Ended 30 June 2024

9 Other assets

	2024	2023
	\$	\$
CURRENT		
Prepayments	86,550	40,299
Accrued income	43,615	44,340
	<u>130,165</u>	<u>84,639</u>

10 Plant and equipment

	2024	2023
	\$	\$
Furniture and fittings		
At cost	-	24,452
Accumulated depreciation	-	(24,452)
Total furniture and fittings	<u>-</u>	<u>-</u>
Electronic equipment		
At cost	49,616	49,616
Accumulated depreciation	(47,724)	(46,509)
Total electronic equipment	<u>1,892</u>	<u>3,107</u>
Computer software		
At cost	9,092	9,092
Accumulated depreciation	(9,092)	(9,092)
Total computer software	<u>-</u>	<u>-</u>
Total plant and equipment	<u>1,892</u>	<u>3,107</u>

(a) Movements in carrying amounts of plant and equipment

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

	Electronic equipment	Total
	\$	\$
Year ended 30 June 2024		
Balance at the beginning of year	3,107	3,107
Depreciation expense	(1,215)	(1,215)
Balance at the end of the year	<u>1,892</u>	<u>1,892</u>

Notes to the Financial Statements

For the Year Ended 30 June 2024

10 Plant and equipment (continued)

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

	Electronic equipment \$	Total \$
Year ended 30 June 2023		
Balance at the beginning of year	3,251	3,251
Additions	2,743	2,743
Depreciation expense	(2,887)	(2,887)
Balance at the end of the year	3,107	3,107

11 Leases

(a) Right-of-use assets

	Office premise \$	Total \$
Year ended 30 June 2024		
Balance at beginning of year	34,541	34,541
Reductions in right-of-use assets due to changes in lease liability	(1,420)	(1,420)
Depreciation charge	(33,121)	(33,121)
Balance at end of year	-	-

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

Notes to the Financial Statements

For the Year Ended 30 June 2024

11 Leases (continued)

(b) Lease liabilities

The maturity analysis of lease liabilities based on contractual undiscounted cash flows is shown in the table below:

	< 1 year	1 - 5 years	Total
	\$	\$	\$
2024			
Lease liabilities	-	-	-
2023			
Lease liabilities	36,936	-	-

The current lease on office premises ended on 30 June 2024. The Company is not intending to extend the lease in future periods.

12 Trade and Other Payables

	Note	2024 \$	2023 \$
CURRENT			
Trade payables	15	21,944	27,780
Accrued expense		27,894	32,857
Other payables		10,944	16,817
		<u>60,782</u>	<u>77,454</u>

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying value of trade and other payables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

13 Contract Liabilities

	2024 \$	2023 \$
CURRENT		
Amounts received in advance	3,997,801	5,376,774
Total	<u>3,997,801</u>	<u>5,376,774</u>

Notes to the Financial Statements

For the Year Ended 30 June 2024

14 Employee Benefits

	2024	2023
	\$	\$
CURRENT		
Provision for annual leave	35,227	55,815
	<u>35,227</u>	<u>55,815</u>
NON-CURRENT		
Long service leave	29,151	24,532
	<u>29,151</u>	<u>24,532</u>

15 Financial Risk Management

The Entity's financial instruments consist mainly of deposits with banks, accounts receivable and payables.

The totals for each category of financial instruments, measured in accordance with AASB 9: Financial Instruments as detailed in the accounting policies to these financial statements, are as follows:

		2024	2023
	Note	\$	\$
Financial assets			
Held at amortised cost			
Cash and cash equivalents	6	3,690,849	5,120,421
Trade and other receivables	7	63,591	23,210
Short term deposit	8	1,046,100	1,000,000
Total financial assets		<u>4,800,540</u>	<u>6,143,631</u>
Financial liabilities			
Financial liabilities at amortised cost			
Trade payables	12	21,944	27,780
Total financial liabilities		<u>21,944</u>	<u>27,780</u>

16 Members' Guarantee

The Company is registered with the *Australian Charities and Not-for-profits Commission Act 2012* and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$1 each towards meeting any outstanding obligations of the Company. At 30 June 2024 the number of members was 1,016 (2023: 1,016).

17 Key Management Personnel Remuneration

The remuneration paid to key management personnel of the Company is \$ 211,815 (2023: \$ 220,680).

Notes to the Financial Statements

For the Year Ended 30 June 2024

18 Auditors' Remuneration

	2024	2023
	\$	\$
Remuneration of the auditor Hardwicks Chartered Accountants, for:		
- auditing the financial statements	8,500	8,000
Total	8,500	8,000

19 Contingencies

In the opinion of the Directors, the Company did not have any contingencies at 30 June 2024 (30 June 2023:None).

20 Related Parties

Key management personnel - refer to Note 17.

Other related parties include close family members of key management personnel and entities that are controlled or significantly influenced by those key management personnel or their close family members.

The Company does not have any related party transactions during the year.

21 Events after the end of the Reporting Period

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Company, the results of those operations or the state of affairs of the Company in future financial years.

22 Statutory Information

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

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

Services for Australian Rural and Remote Allied Health Ltd

ABN: 92 088 913 517

Responsible Persons' Declaration

The responsible persons declare that in the responsible persons' opinion:

- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2022*.

Responsible person



Responsible person



Dated 27 September 2024

Services for Australian Rural and Remote Allied Health Ltd

Independent Audit Report to the members of Services for Australian Rural and Remote Allied Health Ltd

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Services for Australian Rural and Remote Allied Health Ltd, which comprises the statement of financial position as at 30 June 2024, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including material accounting policy information, and the responsible persons' declaration.

In our opinion the financial report of Services for Australian Rural and Remote Allied Health Ltd has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) giving a true and fair view of the Registered Entity's financial position as at 30 June 2024 and of its financial performance for the year ended; and
- (ii) complying with Australian Accounting Standards - Simplified Disclosures and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2022*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Registered Entity in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Other Information

The directors are responsible for the other information. The other information obtained at the date of this auditor's report is included in Board Members' Report, (but does not include the financial report and our auditor's report thereon).

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.



Services for Australian Rural and Remote Allied Health Ltd

Independent Audit Report to the members of Services for Australian Rural and Remote Allied Health Ltd

If, based on the work we have performed on the other information obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of Responsible Persons for the Financial Report

The responsible persons of the Registered Entity are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards - Simplified Disclosures and the ACNC Act, and for such internal control as the responsible persons determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Report

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

Hardwickses
Chartered Accountants



Bhaumik Bumia CA
Partner

Canberra
27 September 2024



OUR VISION

Rural and Remote Australian Communities have Allied Health services that support equitable and sustainable health and well-being

PURPOSE

To lead rural and remote Allied Health workforce and service development.

OUR VALUES

Transformative

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

Ethical

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

People and Culture

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

SARRAH acknowledges the Traditional Custodians across the lands, waters and seas where we work and live. We pay our respects to their Elders past, present and emerging, and thank them for their guidance and leadership.



PHOTO ACKNOWLEDGEMENTS:

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