NATIONAL RURAL HEALTH ALLIANCE INC.

YEARBOOK & ANNUAL REPORT 2013-14

...good health and wellbeing in rural and remote Australia.

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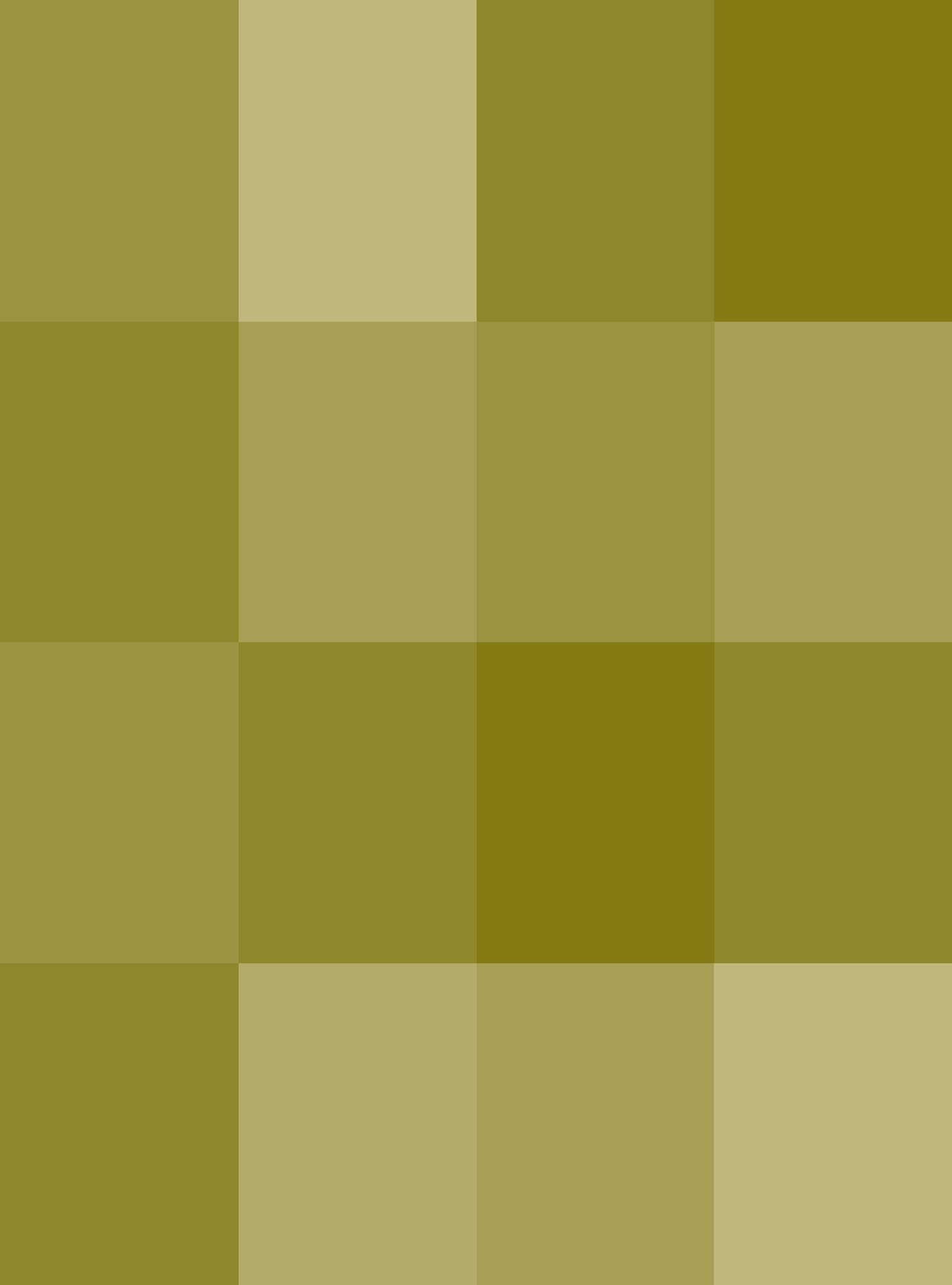

NATIONAL RURAL HEALTH ALLIANCE INC.

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Good health and wellbeing in
rural and remote Australia.

NATIONAL RURAL HEALTH ALLIANCE INC.

Yearbook and Annual Report 2013–14

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YEARBOOK

ANNUAL REPORT

The National Rural Health Alliance Inc.

The National Rural Health Alliance (the Alliance) is Australia's peak non-government organisation for rural and remote health. Our vision is good health and wellbeing in rural and remote Australia.

Thanks to the commitment of our Member Bodies and the consistent support of the Australian Department of Health, the Alliance is now mature and confident in its work as a respected voice for the more than 6.7 million people of rural and remote Australia.

Fundamental to the work of the Alliance is the belief that, wherever they live, everyone in Australia should have the opportunity for healthy, safe and productive lives. This should include equivalent health status and fair access to high-quality, appropriate and affordable health services.

The rural and remote communities of Australia offer a quality of life unmatched anywhere else in the world. The evidence about the extent to which rural and remote people miss out on quality of life, health and access to services is measured in averages. On average, the people of rural and remote areas have lower incomes, fewer years of completed education, a greater proportion of disability and exposure to greater health risk factors. But this should never blind us to the fact that many rural communities offer a lifestyle which is rich even by the standards of our very rich and affluent nation.

Many of the smaller settlements of rural and remote Australia also offer a stronger sense of community than is commonly found in major cities. This should be recognised and celebrated, but never used as a reason to cease efforts to provide essential services locally in rural and remote areas wherever and whenever it can reasonably be done.

We must achieve good wellbeing and fair access to services by accepting and working around the realities of distance, even though the distinct demographics of non-metropolitan areas mean that some of the essential services usually expected for good quality of life will not be available close to where some people live.

In the period covered by this report the Alliance experienced net growth from 34 to 37 Member Bodies. Every one of the 37 is a national rural or remote organisation, including those that are rural/remote interest groups of national bodies. This means that there is a large mass of rural and remote lived experience in the Alliance, and therefore a strong authenticity to its views and understanding.

The Member Bodies represent rural and remote consumers and citizens, rural and remote health service providers, and rural and remote professional bodies. The Aboriginal and Torres Strait Islander health sector is represented in the Alliance by three Member Bodies.

Council of the Alliance is comprised of one representative from each member body, the Chair of friends of the Alliance and up to three co-opted individuals.

With such a broad representative base, the Alliance is in a unique position to represent the views of country people and to report regularly on both the benefits and challenges of life in rural and remote areas of Australia.

The four goals of the Alliance's strategic plan for 2013-16 are outlined in more detail on pages 22-23. They are:

1. improve knowledge and understanding of relevant evidence;
2. using that evidence, advocate for improved rural/remote wellbeing;
3. work collaboratively with others, particularly our Member Bodies; and
4. sustain the organisation.

Information about the Alliance and its work is available on the website at **www.ruralhealth.org.au**

Our members

The 37 Member Bodies of the National Rural Health Alliance at July 2014 were:

Australasian College for Emergency Medicine (Rural, Regional and Remote Committee) (ACEM RRRC)

Australasian College of Health Service Management (ACHSM)

Australian College of Midwives (Rural and Remote Advisory Committee) (ACM RRAC)

Australian College of Nursing (Rural Nursing and Midwifery Community of Interest) (ACN RNMCI)

Australian College of Rural and Remote Medicine (ACRRM)

Australian General Practice Network (AGPN)

Australian Healthcare and Hospitals Association (AHHA)

Allied Health Professions Australia Rural and Remote (AHPARR)

Australian Indigenous Doctors' Association (AIDA)

Australian Nursing and Midwifery Federation (rural members) (ANMF)

Australian Physiotherapy Association (Rural Members Network) (APA RMN)

Australian Paediatric Society (APS)

Australian Psychological Society (Rural and Remote Psychology Interest Group) (APS RRPIG)

Australian Rural Health Education Network Limited (ARHEN)

Council of Ambulance Authorities (Rural and Remote Group) (CAA RRG)

CRANAplus - the professional body for all remote health

Country Women's Association of Australia (CWAA)

Exercise and Sports Science Australia (National Rural and Remote Committee) (ESSA NRRC)

Federation of Rural Australian Medical Educators (FRAME)

Frontier Services of the Uniting Church in Australia (FS)

Health Consumers of Rural and Remote Australia (HCRRA)

Indigenous Allied Health Australia (IAHA)

Isolated Children's Parents' Association (ICPA)

National Aboriginal Community Controlled Health Organisation (NACCHO)

The National Rural Faculty of the Royal Australian College of General Practitioners (NRF of RACGP)

National Rural Health Students' Network (NRHSN)

Paramedics Australia (Rural and Remote Special Interest Group) (PA RRSIG)

Rural Special Interest Group of Pharmaceutical Society of Australia (PSA RSIG)

Rural Doctors' Association of Australia (RDAA)

Rural Dentists' Network of the Australian Dental Association (RDN of ADA)

Australian Council of the Royal Flying Doctor Service of Australia (RFDS)

Rural Health Workforce Australia (RHWA)

Rural and Indigenous Health-Interest Group of the Chiropractors' Association of Australia (RIHG of CAA)

Rural Optometry Group of the Optometrists Association of Australia (ROG of OAA)

Rural Pharmacists Australia (RPA)

Services for Australian Rural and Remote Allied Health (SARRAH)

Speech Pathology Australia (Rural and Remote Member Community) (SPA RRMC)

CHAIRPERSON'S REPORT

I have great pleasure in providing the Chairperson's report for 2013/14. It is a privilege to work with the Alliance, to serve on Council and, in particular, to be in the Chair.

The last 12 months have seen substantial changes in our landscape. The most important part of that landscape is the health and wellbeing of the people of rural and remote Australia and, regrettably, in that respect very little has changed.

This is highlighted in particular in the health of Aboriginal and Torres Strait Islander people. Positive beginnings, such as small improvements in educational outcomes, were highlighted in Prime Minister Abbott's *Closing the Gap* address. Unfortunately, however, the May Budget saw cuts of over $500 million from the Indigenous affairs budget, including reduced support for the National Congress of Australia's First Peoples. Indigenous Australians will also be disproportionately hit by cuts to mainstream services in health and education.

The Alliance has continued to advocate for health service access and equity for all rural and remote Australians. Examples include our support for access to fast broadband for the 3 per cent of Australians, most of them in remote areas, who actually need it the most; and our efforts to have governments recognise and act on the social determinants of health. In our entire advocacy we take care to distinguish between rural areas, where the majority of our constituents live, and remote areas where people face the most serious and intractable challenges.

Using the core support we receive from it, we have continued to provide the Australian Government - as well as all other interested parties - with advice about the impact of its policies and of other factors on the wellbeing of those who live in rural and remote areas. The potential changes to access to care caused by copayments for GP services, pathology and radiology, as well as other Budget measures that would impact on those who are already disadvantaged, are examples of policy changes that would have adverse consequences for rural and remote health.

The Alliance itself has continued to grow and change. We said farewell to Catholic Health Australia and also to the Rural Health Education Foundation which, for some 20 years, supported clinicians and patients, especially in more remote areas, through the provision of educational broadcasts and resource materials. Testament to the value of their work is the number of phone calls the Alliance receives requesting continuing access to RHEF resources.

On the other side of the membership ledger, in November 2013 the Alliance welcomed Indigenous Allied Health Australia (IAHA) and the Federation of Rural Australian Medical Educators (FRAME). Then, in February 2014, we welcomed the rural and remote interest groups of the Australasian College of Emergency Medicine, the Australian College of Midwives, and Speech Pathology Australia.

These changes mean that the Alliance now has 37 national organisations as members.

Dr Tim Kelly has been a procedural rural GP in South Australia's Mid North, and is now the Chief Executive Officer at Adelaide to Outback GP Training Program. He still undertakes rural GP Obstetric locums and is Treasurer of the ACRRM Board. Tim is interested in evolving models of primary care and innovative delivery of training to support rural and remote clinicians. He grew up on a mixed farming property on Kangaroo Island, but being the youngest of three sons, felt the need to pursue an alternative career. After commencing medical studies, he had dreamed of buying a farm or joining the professional golf tour in his mid-forties; unfortunately these two eventualities are yet to occur.

Its strength, as ever, is founded on the shared commitment of those members to good health and wellbeing in rural and remote Australia.

This year the Board has taken the opportunity to focus on strengthening and building on the excellent working relationship with the Executive Director, the office and Council. The Board has taken seriously its responsibility to ensure that, as the organisation grows and changes, and in the ever-changing environment in which the Alliance works, we have the very best governance systems and processes in place to manage risk and strategy.

I would like to thank Gordon Gregory for his ongoing commitment to the organisation, its work and values. His willingness to lead and adapt to change will make an important contribution to the Alliance's continued success. He leads a team in the office who are equally committed to working together to achieving the goals of the Alliance, highlighted by the number of long-serving staff who tolerate his ways.

My colleagues on the Board have provided strong support to me personally and to the Alliance more broadly again this year. I would particularly like to acknowledge our Immediate Past Chair, Lesley Barclay, and thank her for her support and advice. Nicole O'Reilly has continued as Treasurer and leads a Finance and Audit Advisory Committee who give their time and expertise to improve and protect the financial position of the Alliance. I appreciate the contribution of all of these people.

For all of us associated with the Alliance, the 'bottom line' is the wellbeing of the people in Australia's rural and remote communities. Our Member Bodies seek to serve the interests of those people in all corners of the country. On behalf of all in the Alliance, I commend this Yearbook to you and look forward to working with you in the future.

Tim Kelly
Chair

EXECUTIVE DIRECTOR'S REPORT

Having prevailed over his colleagues, on 26 June 2013 Kevin Rudd returned to the Prime Ministership. His new Ministry was sworn in on 1 July 2013. In retrospect we can see that as an omen of a year of change. Tony Abbott became Prime Minister Elect at around 6.04pm SST (Stephen Smith Time) on 7 September and Peter Dutton was sworn in as Health Minister on 19 September.

At the 22nd AGM of the NRHA, held on 23 November, its Council elected a new Board, with Tim Kelly as Chairperson. In January 2014 the Bureau of Meteorology confirmed that the weather is changing too: 2013 was the hottest year on record.

On 14 February NRHA staff farewelled Lexia Smallwood. This was a change not to be wished for. Lexia was Editor of 29 of the first 50 issues of Partyline, and the contributions she made through management and minutes of Board, Council and CouncilFest meetings were even more demanding and meritorious.

May 2014 saw publication of the final reports from the Council of Australian Governments (COAG), including one on the wellbeing of Aboriginal and Torres Strait Islander people. As our Chairperson has written above, there was some good news on Indigenous education but a widening gap for Indigenous people on employment, and little progress in health and life expectancy.

The COAG report on healthcare outcomes by remoteness - what a boon they have been! - confirmed some of the essential reasons for the Alliance's very existence. Life expectancy is higher in major cities and inner regional areas than in outer regional and remote areas. Mortality rates, including child death rates, are higher outside major cities. The proportion of low birthweight babies increases with remoteness. Adult overweight and obesity, smoking and risky drinking are all more prevalent outside major cities. Rates of lung cancer and cervical cancer increase with remoteness. People living outside major cities were more likely to have a long wait to see a GP, to delay seeing a GP due to cost and to be hospitalised with a preventable condition.

The loss of our colleagues at the Alcohol and Other Drugs Council of Australia (ADCA) and our long-term friends at the Rural Health Education Foundation was keenly felt by the Alliance and those for whom it works.

One thing that did not change during the year was the generous core support provided for the Alliance by the Department of Health. Our new triennium began on 1 July 2013.

Between Kevin Rudd's new Ministry on 1 July and Mt Isa on 26 June there were plenty of opportunities for the Alliance to use its assembled evidence to advocate for improved rural health and wellbeing. Many of the resultant submissions and other published documents are mentioned on later pages of this Yearbook. An overview of many of them can be found in *Shining a light on rural and remote health*, the 2013 Election Charter (launched on 14 August), and *Better in the Bush* (2 December), the result of policy work at CouncilFest 2013.

Following our discussion paper on access to medicines and professional pharmacy services in rural and remote areas, we are now looking to work with others to make an unimpeachable case for action to meet the challenges in this area.

A snapshot of poverty in rural and regional Australia, produced and published in conjunction with the Australian Council of Social Service, tells it like it is for the social determinants of health. It has evidence of a number of characteristics outside the health sector which result in many people in rural and remote areas being more vulnerable than their city cousins.

The Alliance became more heavily involved this year with the National Disability Insurance Scheme (NDIS). Our purpose in this matter is the same as in all others: to ensure that the NDIS is engineered and rolled out in such a way as to allow it to work well in more remote areas. John Franze and Denis Ginnivan

Gordon Gregory, Executive Director of the Alliance

#loverural

provided important input to this work. On 26 June we joined with the National Disability and Career Alliance in a forum on disability care in Mt Isa.

The information, data and views expressed by the Alliance depend absolutely on the input from people with lived experience in rural and remote areas. Our Council leads on this and my sincere thanks go to them and all others who from time to time provide their views to help the work we do.

The best place to go for information about the Alliance and its publications is our website (www.ruralhealth.org.au). Led by Millie Brewer and Michael Wearne, almost all members of staff have played a role in ensuring that, with its interactive capabilities, it is 'the place to go' for anyone interested in the health and wellbeing of people in Australia's rural and remote communities.

I am grateful to my colleagues for their commitment to the Alliance's work and for making our Secretariat a pleasant community in which to spend time. My special thanks to Audrey Clarke who has had to 'look after me' - and to Lexia Smallwood who used to but who found it all too much after just seventeen years and went to look after Mothers of Preschoolers Australia instead.

The mainstay of our policy team and of much more has been Helen Hopkins, without whom little would have been properly published. Helen has represented the Alliance in a number of forums, and provided support to Beth Johnston, Dane Morling and Geri Badham in their policy work. Andrew Phillips has continued to lead the data mining and analysis work to great effect.

Many thanks to Leanne Coleman for continuing to lead the Conference team, and to Kellie Sydlarczuk for in effect being that team for some of the time.

The Alliance continues to manage the Rural Australia Medical Undergraduate Scholarship (RAMUS) scheme for the Australian Government, as well as stream 2 of the Rural Health Continuing Education program. Both of these recognise the greater difficulty and higher costs involved for people from rural and remote areas in obtaining tertiary education and continuing professional development.

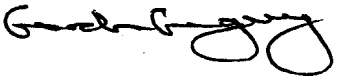
Susan Magnay retired during the year from her position as Manager of RAMUS and will be much missed. Lesley Crompton has now taken the reins as RAMUS Manager and Janine Snowie just keeps on giving, including as staff chairperson. Wendy Downs continues to manage RHCE2 with passion and devotion. And Jim Groves is out of sight but not of mind.

Penny Hanley left for more Churchillian activity, leaving only the dutiful and caring Peter Brown in that pod. It has been a pleasure to welcome Sue Pagura, Madeleine Mason, Catherine Neilson and Alice Sisley as new members of our team.

Led by the wisdom of David Zerman, we have worked on a more strategic approach to seeking support and sponsorship for the Alliance and its work. Friends of the Alliance has benefited first and perhaps is a piece of relatively low hanging fruit; I would commend to you a piece or two of this should you be able to reach **www.ruralhealth.org.au/friends**

As this Yearbook goes to press the Federal Budget is still casting a pall over the wellbeing of many of those facing social and economic challenges. But the other half of the sky is lightening and brightening in anticipation of the 13th National Rural Health Conference. It's in Darwin next May (24-27) **www.ruralhealth.org.au/conferences**

You should see attendance at the Conference as more low hanging fruit and pick yourself some.



Gordon Gregory
Executive Director

CORE BUSINESS

Knowledge

GOAL ONE:
Improve knowledge and understanding of matters relating to health and wellbeing in rural and remote areas

Progress towards this Goal is measured by reference to the timeliness, volume and reach of the Alliance's communication materials, and by perceptions of the value, currency and accuracy of those materials.

At the heart of the Alliance's work is the two-way exchange of information about rural and remote health and wellbeing. A large volume of tangible and intangible material passes through the Alliance office, which could perhaps be regarded as an information clearinghouse.

The information that comes into the office provides the basis for determining which issues are of priority importance and for agreeing a position on those issues. The most important opinions are those expressed by the Alliance's Member Bodies, usually through their representative on Council. Other valuable views are received from Friends of the Alliance and, ad hoc, from any other individuals or organisations expressing a view on rural and remote health.

The treasure trove of information received is converted by staff, largely through interaction with members of Council, into knowledge and understanding. There are daily exchanges by e-mail with Member Bodies and a range of other stakeholders about current and emerging issues that are likely to be relevant to rural and remote health.

Bi-monthly meetings of the Alliance Council are held by teleconference, with one face-to-face meeting each year held in the spring.

In these ways, knowledge and understanding is collated from people experiencing daily life in rural and remote areas and providing regular health and related services there. To this is added information gleaned by Alliance staff from national, state and lower-level data series. The Alliance is expert in searching for and utilising data relating to populations in rural and remote areas. It has good working relationships with relevant national agencies such as the Australian Bureau of Statistics, the Australian Institute of Health and Welfare, the Australian Health Practitioner Regulation Agency, and the National Health Performance Authority.

The reach of the Alliance's communications materials is extensive, thanks mainly to information and communications technology. The bulk of communications are effected through email, the website, a fortnightly eForum, a monthly eNews and ad hoc sends to those on the database. The Alliance also uses Twitter and Facebook.

A range of publications is produced and published on the Alliance website, with the most widely used being Fact Sheets and news items. Other, more targeted, communication of the knowledge gathered is achieved through such things as submissions to Parliamentary Inquiries on specific matters, and input to meetings to which the Alliance is invited.

The Alliance's understanding of many matters is greatly enhanced through the biennial National Rural Health Conference, which also a great opportunity for a wide range of interested parties to exchange views and build their communications network. The Conference is a key element of the Alliance's core business and its recommendations help set the agenda in each two-year period for the Alliance and the rural and remote health sector as a whole. The biennial National Rural Health Conference has a high reputation and is one of the ways in which the Alliance can demonstrate the value of its communications.

The Australian Journal of Rural Health (AJRH) is published six times a year and provides a high quality peer-reviewed forum for the communication of knowledge and understanding of matters relating to health and wellbeing in rural and remote areas. Like other areas of the Alliance's work, the AJRH's contents cover a wide range of current issues affecting rural health, including rural and remote health workforce issues and the social determinants of health.

The Alliance's other flagship publication is Partyline, the quarterly magazine published

both in hard copy and on-line. With around 11,000 hard copies circulated, Partyline makes a major contribution to the timeliness, volume and reach of the Alliance's communications.

These several products mean there is a constant flow of information from the Alliance, with a particularly wide reach to those who are regular correspondents as well as to ad hoc recipients such as those who listen to the ABC's regional radio stations. Overall the Alliance has a good reputation for the currency, accuracy and reasonableness of the knowledge and understanding it promotes.

Advocacy

GOAL TWO:
Strengthen our advocacy for people who live in rural and remote communities

Performance towards this goal is measured by reference to the satisfaction of the Member Bodies with the quality of advocacy, the number of other organisations and individuals involved with the Alliance's policy work, and the extent to which proposed ideas are taken up by those in a position to act on them.

In all of its work of the Alliance maintains a strong focus on what might be called its 'constituency bottom line': the health and wellbeing of people in rural and remote communities. Much of its work is focused directly on this. Some, however, such as advocacy on workforce policy and programs (distribution, terms and conditions, scopes of practice etc) or on health service systems and funding, become priorities because they are means to the desirable end.

Listening directly to the concerns of country people, including through its Member Bodies, is a key principle of the Alliance's day-to-day work.

Members of the Council represent the Member Bodies of the Alliance and provide expert voices across all areas of health and wellbeing in rural and remote communities. The Alliance's policy processes ensure that Council has input to submissions and position papers throughout the year. CouncilFest provides an important opportunity for member body representatives to inform directions for policy development and to present the views of the people in rural and remote communities with whom they live and work.

The advocacy in which the Alliance engages is done through communicating facts, ideas, issues and proposals for change to all of those in a position to bring about such change, as well as to the public. This last is an important part of advocacy because it has the potential to provide the circumstances in which a desirable change is more likely to be agreed by the powers that be. Whenever possible the Alliance's advocacy is based on proposing remedies or mediation to challenges that exist, rather than merely reminding people of the deficits in rural and remote areas.

The strength of this advocacy is a function of its accuracy, its volume, those it targets and the style or culture with which it is effected. Over many years the Alliance has honed these aspects of its work so that it is now confident of its capacity to advocate strongly and effectively.

The re-accreditation process recently undertaken, as well as considerable feedback at meetings and ad hoc, has demonstrated that Member Bodies (http://ruralhealth.org.au/about/memberbodies) are generally very happy with the quality of advocacy undertaken.

The Alliance's reputation means that it is widely sought to lend its voice and involve its networks in the work of other organisations and individuals involved with rural and remote health. Joint meetings, major events and publications have been a significant element of the Alliance's advocacy for health and wellbeing in rural and remote Australia.

Also significant has been Alliance representation requested to other organisations or enquiries and the contribution this wider involvement makes to our efforts to improve health and wellbeing for rural people. Those who undertake these representative duties, usually members of Council or staff, provide reports at bi-monthly Council teleconferences and there is further consideration of these matters at CouncilFest.

The Alliance keeps the Government, Opposition and Department informed about the advocacy work undertaken - and its content - through a range of formal and informal meetings and reports.

The Alliance's advocacy can also be strengthened through its direct contact with agencies that have a direct role in the rural and remote health sector, whether as data providers, regulators or managers. In 2013-14 the Alliance had numerous such contacts.

The Alliance is conscious of the importance of the social determinants of health in all of its work. It refers to those determinants either explicitly or implicitly in most of its policy work, including in position papers, submissions and events. The Social determinants of health are one of the five Current Focus Areas for our policy work through a dedicated page on the website. The page includes links to relevant submissions, stakeholders and events. The Alliance is a member of the Social Determinants of Health Alliance and is represented on its management committee.

Despite the volume and strength of the Alliance's advocacy activities, it remains difficult to judge the extent to which positive changes in the circumstances of rural and remote people are due directly or indirectly to that work. Even more difficult is to assess what further disadvantages might be visited upon the people of rural and remote areas if it were not for the consistent voice being heard on their behalf.

But what ultimately matters is the effect of the work on improved wellbeing, so the Alliance will continue to monitor its advocacy and related developments to see what direct connections can be made.

Collaboration

GOAL THREE:
Strengthen and build collaborative relationships with Member Bodies and other key stakeholders

Performance towards this goal is measured by reference to the number and impact of collaborative activities and the perceptions of such activities by those involved.

Conceptually and constitutionally, the Alliance is comprised of its Member Bodies. Regular, ongoing and detailed collaborative relationships with them are therefore the essence of both the Alliance's existence and of the work it does.

The Alliance also collaborated in the period covered by this report through a range of meetings and events with a large number of other stakeholders including public, private and non-government agencies. In addition to meetings with the Department of Health, there were meetings with such bodies as Health Workforce Australia, the Independent Hospitals Pricing Authority, the National Mental Health Commission, Pain Australia, Palliative Care Australia and Arthritis Australia - to name a few.

The Alliance values the views of rural health consumers and Aboriginal and Torres Strait Islander people and has in its membership three Indigenous organisations:

- National Aboriginal Community Controlled Health Organisation (NACCHO);
- Australian Indigenous Doctors Association (AIDA); and
- Indigenous Allied Health Australia (IAHA).

The work on disability care in rural and remote areas included significant contact with the

National Disability and Carer Alliance, Carers Australia, the Australian Federation of Disability Organisations, National Disability Services and the National Disability Insurance Agency.

The Alliance has benefited from sharing views with a wide range of other key stakeholders at collaborative meetings including with the Primary Health Care Research & Information Service, Indigenous Health Infonet, Public Health Association of Australia, The George Institute, Australian Primary Health Care Research Institute, Primary Industries Health and Safety Collaboration, Australian National Preventive Health Agency, Rural Health Education Foundation, Public Health Information Development Unit, Foundation for Alcohol Research and Education, Fred Hollows Foundation, Catholic Social Services Australia, Australian Medicare Local Alliance and the Heart Foundation.

A key part of the Alliance's ongoing collaboration with key stakeholders in the rural and remote health sector was CouncilFest 2013, held in November. Representatives of the Australian Institute of Health and Welfare (AIHW), Council of Australian Governments (COAG) Reform Council, National Health Performance Authority (NHPA), National Health and Medical Research Council (NHMRC) and officers of the Department of Health's Workforce, Mental Health and Drug Treatment, and Primary and Ambulatory Care Divisions met in person with Council members. These and other key stakeholders were represented at the Alliance's Annual Dinner.

Council and staff of the Alliance have reported nothing but positive feedback from all of these meetings. Those involved in these collaborative activities hopefully share the view of the Alliance itself: that the rural and remote health sector is a positive, constructive and reasonable interest group with which to relate.

The Alliance closely monitors requests for information from agencies and media outlets to ensure a timely response.

Overall, the Alliance has a plethora of collaborative relationships and as far as it is aware perceptions of its activities in this space are entirely positive.

Secretariat

GOAL FOUR:
Maintain a dynamic, sustainable and resilient organisation with the capacity to achieve its Vision

Performance towards this goal is measured by reference to best practice standards of governance and other procedural matters, and by reference to the financial and other resources available to its Secretariat.

The year in review saw the Board leading some important work to evolve the Alliance's governance systems and structures to ensure that they remain best practice. Catherine Neilson was appointed Governance Liaison Officer in February 2014 to support the Board in this work. The Alliance remains committed to consultative and inclusive processes that support effective, transparent and ethical operations and governance.

Board teleconferences were held in July and September 2013. All Board members were offered support to undertake appropriate governance training. The Alliance Constitution was reviewed for consistency with model rules and updated in October 2013.

The Strategic Plan for 2013-16 was endorsed and adopted following a consultative process involving Council and staff. The Yearbook & Annual Report for 2012-2013 was published in November 2013.

The Alliance's financial statements for 2012-2013 received an unqualified audit report and were presented and adopted at the AGM in November 2013. Following their election at that AGM, the new Board met face-to-face in Canberra in November 2013 and then by teleconference in January, March and May 2014.

The Finance and Audit Advisory Committee (a subcommittee of the Board) met with staff each month to review financial reports and to support Nicole O'Reilly, our Honorary Treasurer, in preparing financial reports to the Board. The Treasurer provided Council with a general financial update at each Council meeting.

During the year covered by this report the Alliance obtained health promotion charity status which will result in additional collaborative opportunities for organisations and individuals that support our vision. Following the receipt of professional advice on building relationships and support for its work, a more strategic approach was adopted to the development of Friends of the Alliance and the identification of key partners and sponsors. Work is in train to consider options for further enhancing the financial sustainability of the Alliance.

A report against the Risk Management Plan was presented to the Board at its January 2014 meeting. A review of the Plan is conducted every six months, and a Revised Risk Management Plan based on that review was prepared for discussion by the Board at its July 2014 meeting.

The Alliance faces increasing demands on its representational time, communications and information dissemination, and policy capacity. This is being closely monitored through existing risk management processes.

Staff numbers and roles continue to change as necessary and practicable - the main constraint being the personnel budget. The Alliance currently has 18 members of staff, 9 full-time and 9 part-time. Individual staff contracts were renewed and implemented for the period beginning 1 July 2014. To the extent permitted by budgetary constraints, staff members have undergone professional development during the period.

All staff are covered by a Workplace Agreement outlining the terms and conditions of their employment. Agreements generally cover the term of the NRHA's current funding agreement with the Department of Health. Position descriptions are reviewed annually for consistency and clarity.

Employees are encouraged to raise ideas, issues and concerns to ensure that the Alliance Secretariat continues to be a fair, safe and rewarding workplace.

Staffing at the Alliance continues to reflect best practice in terms of workplace gender equity and in terms of flexibility of hours and duties. Alliance policies relating to privacy and workplace bullying were updated during this reporting period to reflect recent changes in Commonwealth legislation.

& PROGRAMS PROJECTS

Public Meeting and Report launch Rural poverty: time to face the facts

Tamworth, 14 October 2013

In conjunction with Anti-Poverty Week the Alliance held a public meeting in Tamworth on 14 October 2013. The meeting was attended by around 50 local people concerned with the issue of poverty in rural Australia.

At the meeting the NRHA and ACOSS released their joint report 'A snapshot of poverty in rural and regional Australia'.

The program included a Welcome to Country from Kamileroi Elder, Aunty Yvonne Kent. Speakers included Jenny May, Tamworth GP and NRHA Councillor; Rosemary Young, life-member of Friends of the Alliance; Tessa Boyd-Caine of the Australian Council of Social Service; and David Briggs, Chairman of the New England Medicare Local. There were also presentations from JobLink Plus, Tamworth Family Support Service, Richmond PRA and the Country Women's Association about local challenges in housing, employment and community services.

Getting to Grips with the NDIS in more remote areas

A public information forum for people in more remote areas

Mount Isa Centre for Rural and Remote Health, Mount Isa, Queensland 26 June 2014

On 26 June 2014 the National Rural Health Alliance and the National Disability and Carer Alliance jointly hosted a public forum at the Mount Isa Centre for Rural and Remote Health. The Forum was attended by some 50 local, regional and national participants.

The program included a Welcome to Country from Karen West, and speakers including Ara Cresswell, CEO of Carers Australia, Mary Hawkins from the National Disability Insurance Agency, and Roland Naufal of the National Disability and Carer Alliance. Other presentations were by Hugh Heggie, A/Chief Rural Medical Practitioner with NT Health; Jennifer Cullen, CEO of Synapse; Liz Ruck from the Mental Health Council of Australia; and Sabina Knight, Director of the Mt Isa Centre for Rural and Remote Health and a previous Chair of the NRHA.

The Forum was part of a project funded by the National Disability Insurance Agency.

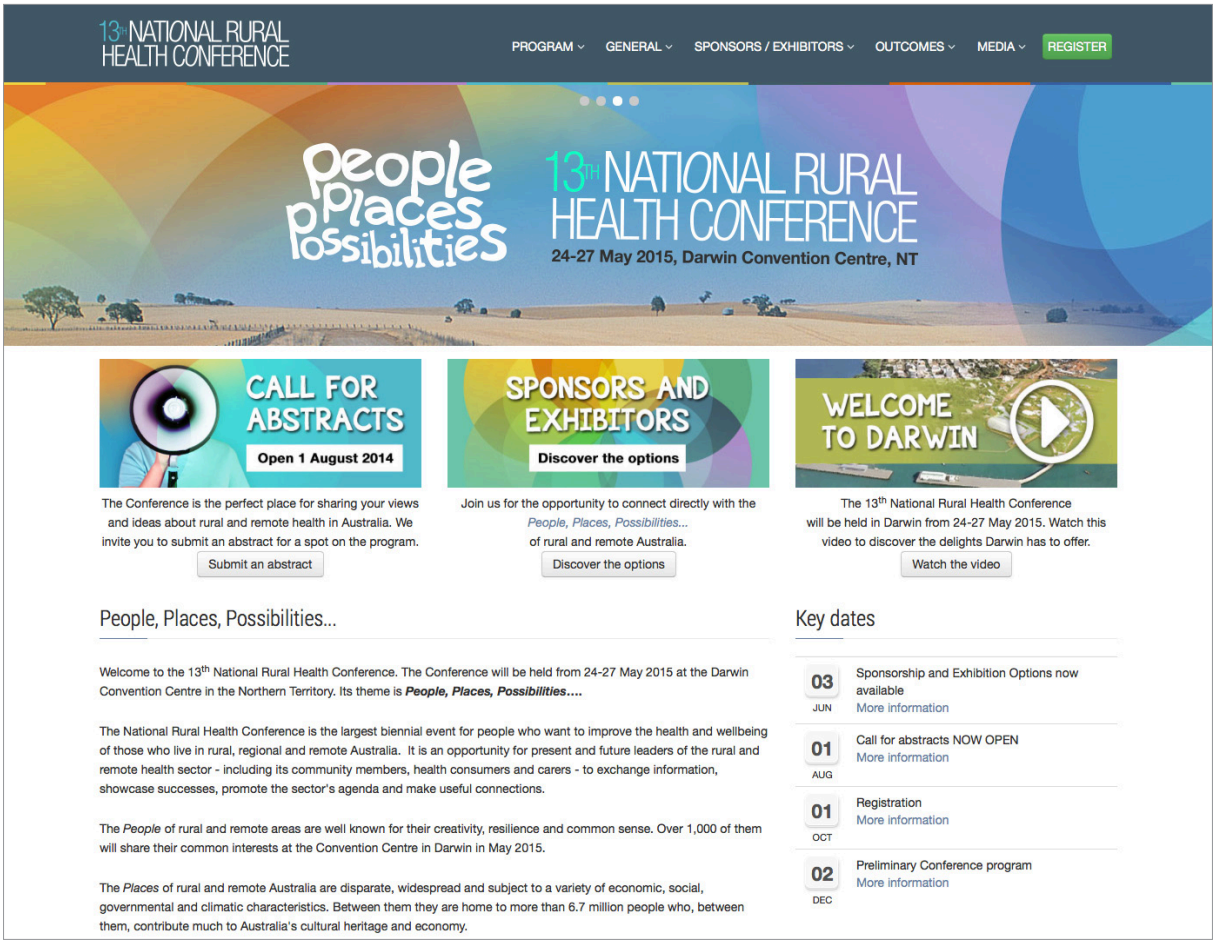
13th National RuralHealth Conference
People, Places, Possibilites…

Darwin, 24-27 May 2015

Planning for the 13th National Rural Health Conference, to be held in Darwin, 24-27 May 2015, commenced in the financial year covered by this report.

A Conference Advisory Committee was formed and met by teleconference on 21 April and 17 June 2014. The Advisory Committee agreed on a range of topics that must be covered at the Conference, including several with a strong focus on the social determinants of health. These include the relationship between health care, aged care and those living with a disability; health and wellbeing in multicultural and Aboriginal and Torres Strait Islander communities; and health leadership beyond health professionals and the health sector.

The Conference website went live on 7 April 2014 with exhibition and sponsorship options being available from June 2014.



4th Rural and Remote Health Scientific Symposium

Canberra, 2-3 September 2014

Planning started during 2013-2014 for the 4th Rural and Remote Health Scientific Symposium (Canberra, 2-3 September 2014).

The Symposium is being developed jointly with the Australian Primary Health Care Research Institute (APHCRI), Primary Health Care Research & Information Service (PCHRIS), Australian Rural Health Education Network (ARHEN) and NRHA. The Symposium will bring together local health service providers, community members, rural and remote health researchers and national health data agencies. The evidence gleaned from the last of these forms the basis for many of the decisions about programs and policy approaches made by health funders and policy makers. Discussion at the Symposium will cover the availability and use of national data, including the new National Health Survey biomarkers. The event will help to strengthen the relationship between rural and remote health researchers, service providers and national health data agencies.

4TH RURAL AND REMOTE HEALTH SCIENTIFIC SYMPOSIUM

Conference Awards

The National Rural Health Alliance won two ACT Meetings and Events Australia (MEA) Awards this year.

We won the In-House Meeting Member Corporate Social Responsibility (CSR) Award and, jointly with the Trucking Association of Australia, the Education Award. The Alliance is very conscious of its Corporate Social Responsibility, both in relation to the planning of the biennial National Rural Health Conferences and in the activity of its Secretariat in Canberra. It is honoured to be recognised for its commitment to reducing the environmental and social impacts of decisions made in relation to managing such a large event as the National Rural Health Conference.

The Education Award is recognition of the opportunities for all Alliance staff to attend training courses, conferences and other professional development opportunities. The Alliance values its staff and is committed to providing professional development opportunities to ensure a highly skilled and motivated team.

The 12th National Rural Health Conference held in Adelaide in April 2013 was also a Finalist in the ACT 2013 Association/ Government Meeting of the Year Award.

ACTSmart Business Recycling Program

The Alliance is an active participant in the ACTSmart Business Recycling program. It is a fully-accredited recycler and has been awarded a certificate, trophy and collateral to acknowledge its achievements.

This year the Alliance has decreased its waste to landfill by 23 per cent and its organic matter, around 3.9 kilograms per week, is put to good use by Global Worming (globalworming@mail.com).

Friends of the Alliance

In the year under review, the Alliance invested in a Friends Development Program under Goal 3 of the NRHA Strategic Plan 2013-16: Strengthen and build collaborative relationships with Member Bodies and other key stakeholders. Expert advice and backing for this work was provided by David Zerman, Consultant.

We conducted a strategic membership acquisition plan seeking support from our Partyline readership for the wellbeing of the more than 6.7 million people of rural and remote Australia through inviting them to join Friends of the Alliance. We exceeded our target of a ten percent increase in membership by the end of 2013-14.

At that time there were 420 members of Friends, 75 per cent of them individuals, the others being small and large organisational members. The increase in numbers, associated with modest increase in annual membership fees as part of the transition from calendar year to financial year membership, contributed to a net growth in Friends revenue for the financial year.

The Development Program continues, with planning to develop further opportunities for Friends to stay connected with like-minded people and keep informed about the work of the Alliance as revenue increases in future years. Attendance at the biennial Conference remains a major drawcard, with a number of special Friends events and opportunities. But we are now taking a more strategic approach, in which engagement and support is seen as a triennial matter in which there is a variety of potential relationships maintained and a mix of services and products available.

This increased engagement with Friends provides important grassroots connections for the Alliance, validation of our policy work, and extends the reach of our health promotion and advocacy work. The Friends Advisory Committee (FAC) met throughout the year by teleconference, usually in the days after each Council meeting. It provides guidance and support for the Friends development program.

Some of the members of the Friends Advisory Committee are also helping the Alliance by serving on the Advisory Committee for the 13th Conference in Darwin.

In the new financial year this work will encompass other areas of potential support, assisted by the Alliance's status as a health promotion charity.

NATIONAL RURAL HEALTH ALLIANCE INC.

Friends OF THE ALLIANCE

AJRH

AJRH continued to play a leading role as a research forum for rural and remote health. Usage statistics grew, with over 160,000 full text downloads in calendar 2013 - an increase of 5 per cent over 2012. Australian users accounted for over 62 per cent of these downloads, with another 24 per cent being in the USA, the United Kingdom and Canada. Downloads in China accounted for 3 per cent of the total.

Professor David Perkins, Centre for Rural and Remote Mental Health, the University of Newcastle, continued to lead the editorial team. In his position as Honorary Editor of AJRH David is an inspiring and assiduous leader. His vision and clarity of thought, as well as the amount of time he commits to the Journal, are the sorts of contributions that are made by only a few of the best leaders of research and publication. The AJRH is very fortunate to have David in this position.

He is well supported in his work by the Deputy Editors: John Humphreys, Prasuna Reddy, Jeff Fuller, David Lyle, Erica Bell and Chris Roberts. In June 2014, we welcomed two new Deputy Editors: Jane Mills, from the School of Nursing, Midwifery and Nutrition at James Cook University, and Andrew Bonney from the Graduate School of Medicine at the University of Wollongong. The Alliance acknowledges with gratitude the generous commitment of expertise, time and energy by these people.

The Journal continued to be published under an agreement with Wiley Blackwell. The Alliance values this connection not least for the on-going trouble free production and distribution which it delivers. In addition, Wiley's advice and support has ensured that AJRH has kept pace with the rapidly changing developments affecting the publishing world.

The Alliance particularly acknowledges the support of two of its Member Bodies, Services for Australian Rural and Remote Allied Health (SARRAH) and CRANAplus, which have maintained their status as Journal Associates. Other Member Bodies have supported AJRH as Journal Affiliates. Opportunities for closer engagement with AJRH for all Member Bodies of the Alliance are being pursued.

NSW Regional Dentistry Scholarship

The Alliance continued to manage the NSW Regional Dentistry Scholarship on behalf of the scholarship's sponsor, Senator John Williams, Nationals Senator for NSW. This is a one-year scholarship valued at $4800, awarded annually to a student from regional New South Wales who is commencing dentistry studies.

The Alliance holds the scholarship funds on behalf of Senator Williams and pays them to the scholarship holder and also administers the annual application and selection process.

The 2014 scholarship was awarded to Jarrod Brice from Euston NSW, who is studying Dentistry at The University of Adelaide.

Information Technology and Communications

Information Technology

The Alliance's main server infrastructure is now approximately halfway through its expected life and performing well. Several pieces of networking infrastructure are approaching ten years old and may need to be replaced soon.

Customisation of CRM software for the day-to-day operation of RAMUS is complete and alternate solutions for the aging RAMUS application portal are being considered. We hope to have a new solution for the 2015 RAMUS application round.

Website

The new Alliance website is now well-established and is being widely used by those interested in rural and remote health. We now consider our website to be the public face of the organisation and have been paying great attention to keeping it up-to-date with our latest news and advocacy work. Usage statistics indicate that the Alliance Fact Sheets are the most used content, followed by News items.

The website's dedicated section to highlight the Current Focus Areas in the Alliance's policy and advocacy work is also proving popular. This section provides a one-stop hub for current rural and remote health advocacy issues, pulling together relevant policy documents, news items, external reports, websites and media releases related to a particular current priority area.

Evidence to support the growing popularity of the Alliance website can be found both in the growing visitor numbers (averaging 3,700 visitors per month in July 2014 compared with 2,000 visitors per month in August 2013), and in search engine rankings on key search terms, such as 'rural health' (ranked #1).

Infographics

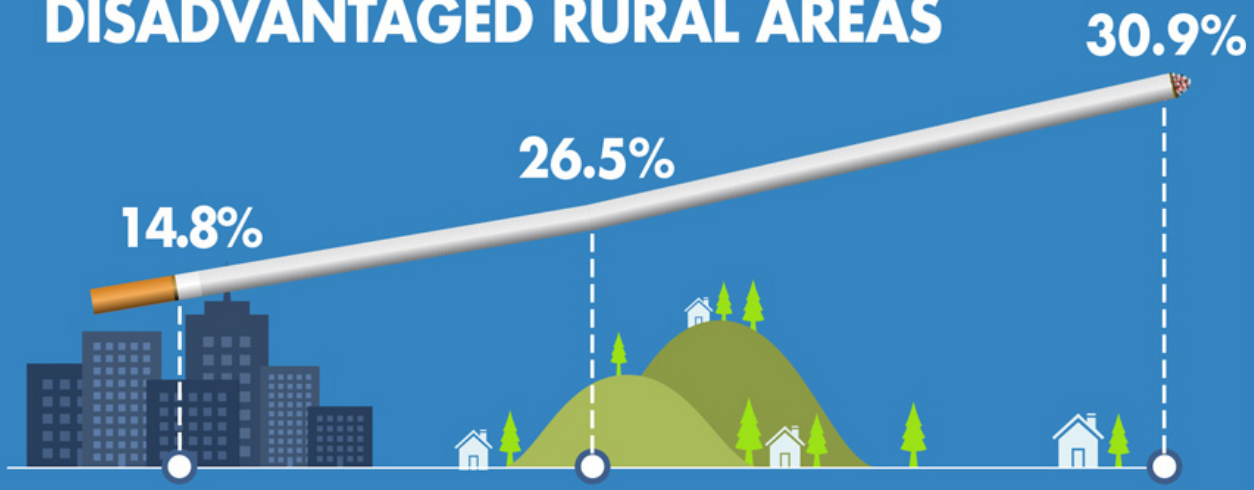
A series of infographics is being developed to visually represent complex data and information quickly and clearly. Infographics on smoking rates (opposite) and alcohol consumption were published on the back cover of *Partyline* magazine, and on the Alliance website.

The Alliance infographics have shown to be a useful tool to disseminate information on rural and remote health. Through the power of social media, the Alliance's infographics have also led to greater engagemnet from the public.

DAILY SMOKERS

PERCENTAGE OF PEOPLE IN MAJOR CITIES VS PERCENTAGE OF PEOPLE IN REMOTE AREAS

THE HIGHEST RATE OF ALL IS IN THE MOST DISADVANTAGED RURAL AREAS



DEATHS DUE TO SMOKING-RELATED CAUSES ARE UP TO 2.5 TIMES HIGHER IN VERY REMOTE AREAS

RAMUS
RURAL AUSTRALIA MEDICAL UNDERGRADUATE SCHOLARSHIP

Rural Australia Medical Undergraduate Scholarship Scheme

The Alliance continued to manage the Rural Australia Medical Undergraduate Scholarship (RAMUS) Scheme under a funding agreement with the Department of Health.

The number of scholarship places supported by the RAMUS Scheme remained at 587 for 2013 and 2014. In the 2014 application round, 702 eligible applications were received and 169 scholarships were awarded.

At the end of calendar 2013, 166 scholars graduated from university and completed their scholarship. More than 1,550 RAMUS scholarship holders have now graduated since the Scheme started in 2000.

An evaluation of RAMUS scholars was conducted in late 2013 and a report on the survey was submitted to the Department in April 2014. The results of the survey were in line with those of previous surveys; for most scholars, participation in the RAMUS Scheme has increased their intention and commitment to practise medicine in rural and remote Australia.

Rural Doctor Mentor Program

All RAMUS scholars must have a rural doctor as a mentor. There were 513 current mentors at the end of 2013-14. Some mentors support more than one scholar.

Dr Jacqueline Boyd and, in a joint nomination, Associate Professor Robert French and his wife Dr Margaret Barrow, received RAMUS Mentor of the Year Awards for 2013. The annual mentor awards are based on nominations by RAMUS scholars and recognise the contribution of outstanding and inspirational RAMUS mentors.

Conference Placement Program

The RAMUS Conference Placement Program continued to provide grants for RAMUS scholars and former scholars to attend selected conferences that have a rural or remote context and/or will enhance clinical skills in rural practice. In 2013-14, 84 scholars and alumni (from 157 applications) attended conferences with the support of the Program.

RAMUS Alumnus Program

During 2013-14 membership of the RAMUS Alumnus Program grew to 774 former scholars and 182 mentors. Over 559 scholar alumni have registered their interest in being a RAMUS mentor in the future and, of these, 20 are either currently mentoring or have previously mentored a scholar.

The RAMUS Alumnus program supported the attendance of former scholar, Dr Anna Hart, at the TRAIL (Training Rural Australians in Leadership) program for emerging rural leaders presented by the Australian Rural Leadership Foundation in March 2014.

RHCE2
RURAL HEALTH CONTINUING EDUCATION STREAM TWO

Rural Health Continuing Education (Stream 2)

The Alliance continued to manage Stream 2 of the Rural Health Continuing Education program (RHCE2) for the Department of Health. The program provides grants on a competitive basis to support health care professionals working in rural and remote Australia to obtain continuing professional development (CPD) as individuals or as members of multidisciplinary teams.

The program encourages increased collaboration between stakeholders involved in the provision of CPD. Priority is given to covering gaps in existing arrangements and supporting initiatives that are demonstrated by evidence-based research as needing urgent intervention.

Details of the funded projects can be found on the RHCE2 website, **www.rhce.ruralhealth.org.au/grant-allocation**

In 2013-14, 64 applications were received, with 26 being shortlisted (using the published criteria at **www.rhce.ruralhealth.org.au/about-rhce2**) and considered by an Independent Assessment Panel whose members were involved in the two previous rounds, thus giving continuity and consistency to the assessment processes

Successful projects in 2013-14 involve people from over 30 health professional groups, including Aboriginal Health Workers or Practitioners, aged and palliative care workers, and podiatrists, dieticians and nutritionists.

Participants' feedback has demonstrated the value of the program and the great unmet demand in more remote areas for CPD and support for developing and accessing it.

"This project has provided high-quality CPD to health professionals in outback North West Queensland. It has leveraged cooperation between two University Departments of Rural Health and broadened the reach of continuing professional development in the region. It has built the capacity of a younger and less experienced pharmacy academic, buddying her with the CRH remote experienced academic delivering the program with the RAN educator and chronic disease physician."

RHCE2 was subject to an independent evaluation by Bond University's Faculty of Health Sciences and Medicine. A copy of the report, published in December 2013, is at **www.rhce.ruralhealth.org.au/rhce2-evaluation-report**

The conclusions of the independent evaluation were very positive, including:

"The RHCE2 program was seen as effective, efficient and great value for money for the amount the funds spent. However there is significant demand for the program funds with 627 applications for 73 funded projects, which leaves many meritorious applications unfunded, and many credible professional development opportunities missed. While it partly meets a gap, a widening gap exists as do opportunities for collaboration and innovation."

& GOVERNANCE PEOPLE

Council and Board

The Alliance Council is comprised of one delegate from each Member Body of the Alliance, the Chairperson of Friends of the Alliance and up to three co-opted individuals. Council meets face-to-face once a year and every second month by teleconference. Council appoints the Board, which meets in the alternate months.

At its 22nd Annual General Meeting held on 26 November 2013, the following office bearers were elected:

- Chairperson: Tim Kelly
- Deputy Chairperson: Lesley Barclay
- Secretary: Lisa McInerney
- Treasurer: Nicole O'Reilly

Ordinary members of the Board are:

- Phil Anderton
- Geri Malone
- Greg Mundy
- Lyndon Seys
- Gordon Stacey
- Lynne Strathie

Council Members

The following were members of Council during 2013-2014.
(†) indicates members of the Board during 2013-2014.

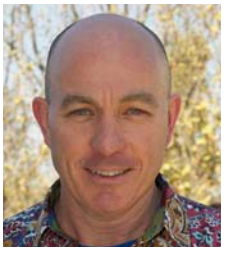
Phil Anderton †
ROG of OAA
Optometrist, Manilla NSW

Lesley Barclay †
ARHEN
Head of Department, Sydney University Centre for Rural Health, Lismore NSW

Terry Battalis
RPA
Pharmacist, Woolner NT

Anne Bousfield
ACM-RRAC
Midwifery Unit Manager, Toowoomba QLD

Julianne Bryce
ANF
Senior Professional Officer, Melbourne VIC



Tim Carey †
APS (RRIG)
Mental Health Academic, Alice Springs NT

Sam Crossman
AIDA
Manager Policy and Programs, Manuka ACT

Rob Curry †
APA (RMN)
Programs Manager, AMSANT, Darwin NT

Craig Dukes
Co-opted Member
Director, Ngunnawal Centre, Canberra ACT

Lauren Gale
RFDS
National Manager of Health Policy, Sydney NSW

Joanna Gibson
ICPA
Federal Councillor, Tarcoola SA

Pauline Glover
Friends of the Alliance
Chair, Dover Gardens SA

Council Members (cont)

(†) indicates members of the Board during 2013-2014.

Judith Gullifer
APS RRPIG
Mental Health Academic, Bathurst NSW

Angela Hubbard
APA (RMN)
Physiotherapist, Orange NSW

Tim Kelly †
ACRRM
CEO, Adelaide To Outback GP Training Program, Adelaide SA

Kathryn Kirkpatrick †
NRF of the RACGP
Rural GP, Dalby QLD

Tanya Lehmann
SARRAH
Principal Consultant, Allied Health, Country Health SA, Loxton SA

Noela MacLeod
CWAA
National President, Keilor East VIC

Geri Malone †
CRANAplus
National Coordinator of Professional Services, Canberra ACT

Jenny May
RDAA
Rural GP and Academic, Tamworth NSW

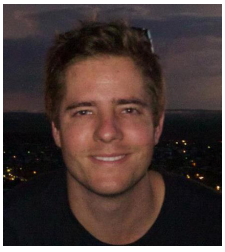
Ruth McConigley
ACN
Nurse academic, Denmark WA

Jo McCubbin
APS
Pediatrician, Sale VIC

Lisa McInerney †
RIHG of the CAA
Chiropractor, Wangaratta VIC

Neil McIntyre
ACN
Nurse Practitioner, NT

Trish McKenzie
Co-opted
Grazier, then
ICPA
Federal Councillor, Cunnamulla QLD



David Molhoek
NRHSN
Senior representative, National Rural Health Students' Network

Greg Mundy †
CAA (RRG)
CEO, The Council of Ambulance Authorities, Melbourne VIC

Tara Naige
NRHSN
Co-chair, National Rural Health Students' Network

Amanda O'Keefe
SPA
Speeth Pathologist, TIWI NT

Joseph O'Malley
RPA
Pharmacist, Ulverstone TAS

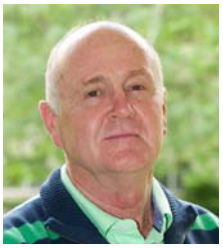
Nicole O'Reilly †
AHPARR
Occupational Therapist, Territory Health, Darwin NT

John Richardson
PA (RRSIG)
Paramedic, Ulverstone TAS

Greg Rochford
RFDS
CEO, Sydney NSW

Moya Sandow
HCRRA
Rural health consumer, Gayndah QLD

Lyndon Seys †
AHHA
CEO, Alpine Health, Bright VIC



Simon Sheed
RDN of the ADA
Dentist, Maryborough VIC

Niall Small
ACEM-RRC
Chair, West Melbourne VIC

Leila Smith
AIDA
Policy and Programs Manager, Canberra ACT

Gordon Stacey †
ACHSM
Health Management Consultant, North Perth WA

Kylie Stothers
IAHA
Social Worker, Katherine NT

Lynne Strathie †
Co-opted member
Carer and Consumer Advocate, Jingili NT

Lindy Swain
PSA (RSIG)
Pharmacy Academic, Sydney University Centre for Rural Health, Lismore NSW

Brenda Tait
AGPN
Wide Bay Medicare Local, Toowoomba QLD

Todd Teakle
ESSA (NRRC)
Exercise Physiologist, Geraldton WA

Judi Walker
FRAME
Head, School of Rural Health, Monash University, Clayton VIC

Pauline Wardle
FS
Manager, Community Care, Alice Springs NT

David Waters
CAA (RRG)
General Manager, Melbourne VIC

Staff

The following were members of staff during 2013-2014.

Gordon Gregory
Executive Director

#loverural

Geri Badham
Policy Officer
from January 2014

Diane Bennett
Finance Manager
until July 2013

Peter Brown
AJRH Manager and
Project Officer

Audrey Clarke
Office Manager

Millie Clery
Graphic Designer

Leanne Coleman
Conference Manager

Wendy Downs
RHCE2 Manager

John Franze
Policy Officer
until July 2013

Penny Hanley
Media and
Communications Manager
until June 2014

Helen Hopkins
Policy Adviser

Lesley Jandric
RAMUS Project Officer, until May 2014

RAMUS Manager from June 2014

Beth Johnston
Policy Adviser until July 2013

Susan Magnay
RAMUS Manager until June 2014

Madeleine Mason
RAMUS Project Officer from May 2014

Dane Morling
Project Officer, until November 2013

Policy Officer, from December 2013

Catherine Neilson
Governance and Liaison Officer, from January 2014

Sue Pagura
Finance Officer

Alice Sisley
Events Liaison Officer, from June 2014

Lexia Smallwood
Publications Editor and Council Business Manager, until February 2014

Janine Snowie
RAMUS Assistant Project Officer and Staff Chairperson

Kellie Sydlarczuk
Conference Coordinator and *Friends* Manager

Stephen Watt
Operations Manager, from September to December 2013

Michael Wearne
IT Manager

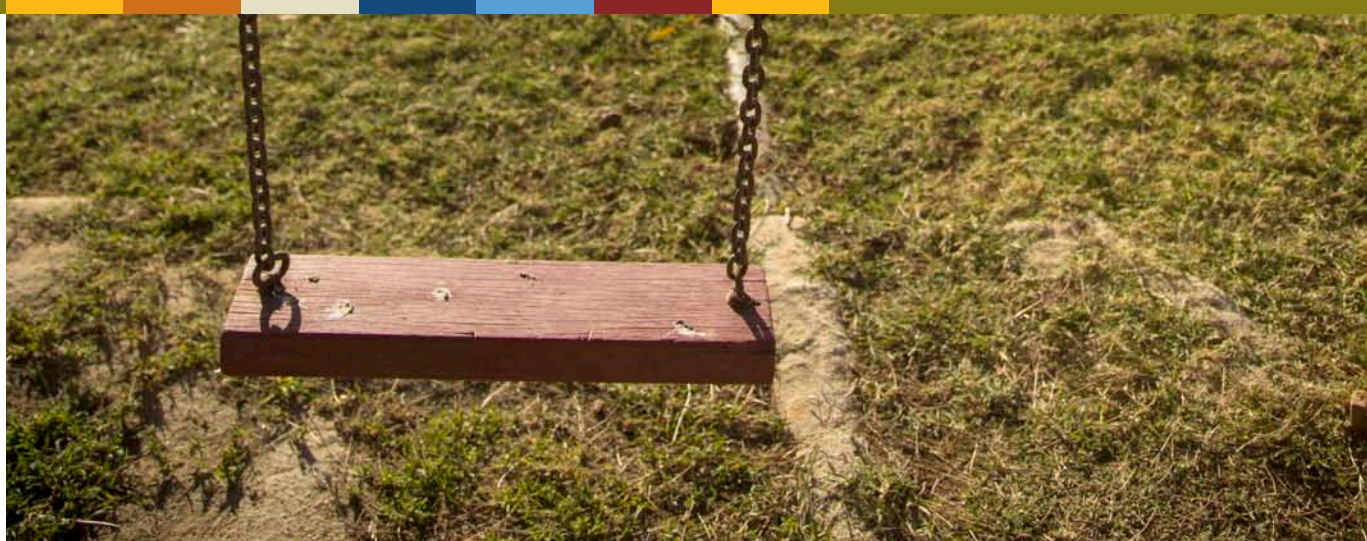
Consultants

Jim Groves	eForum Moderator
Andrew Phillips	Policy Officer
David Zerman	Revenue Generation Strategy Consultant

Friends of the Alliance Advisory Committee 2013 -2014

State/Territory	*Friends* Advisory Committee Representative
ACT	Russell McGowan Camilla Rowland
NSW	Kristine Battye Robin Toohey
NT	Janet Fletcher Robyn Williams
QLD	Alison Fairleigh Chris Franklin
SA	Pauline Glover (Chair) Pam Pratt
TAS	Ruth Chalk Robynne Rankin
VIC	Lisa Bourke John Smith
WA	Irene Mills Trish Thomson Andrew Waters
Council Members	Greg Mundy Lynne Strathie

APPENDICES



Council meeting attendance 2013-2014

Member Body	Delegate	Period on Council	Eligible	Attended
ACEM (RRC)	Without a delegate	(1 meeting)	n/a	n/a
	Niall Small	from Feb 2014	3	0
ACHSM	Gordon Stacey	Full year	8	8
ACM (RRAC)	Without a delegate	(1 meeting)	n/a	n/a
	Anne Bousfield		3	3
ACN	Neil McIntyre	June 2013-April 2014	4	0
	Ruth McConigley	from June 2014	1	1
	Ruth McConigley	Proxy	2	2
	Without delegate	(1 meeting)	n/a	n/a
ACRRM	Tim Kelly	Full year	8	8
AGPN	Brenda Tait	Full year	8	1
AHHA	Lyndon Seys	Full year	8	8
AHPARR	Nicole O'Reilly	Full year	8	5
AIDA	Leila Smith	until Oct 2013	1	1
	Sam Crossman	from Oct 2013	7	5
ANF	Julianne Bryce	Full year	8	8
APA (RMN)	Rob Curry	Full year	8	7
APS	Jo McCubbin	Full year	8	7
APS (RRPIG)	Tim Carey	to Oct 2013	1	1
	Judith Gullifer	from Oct 2013	7	7
ARHEN	Lesley Barclay	Full year	8	4
CAA (RRG)	Greg Mundy	to Jun 2013	7	7
	Without a delegate	(1 meeting)	n/a	n/a
CHA	Robert Walsh	to Feb 2014	5	0
CRANAplus	Geri Malone	Full year	8	6
CWAA	Noela MacLeod	Full year	8	4
ESSA (NRRC)	Todd Teakle	Full year	6	1
	John Dennehy	Proxy	2	2
FRAME	Without delegate	(1 meeting)	n/a	n/a
	Judi Walker	from Nov 2013	5	4
FS	Pauline Wardle	Full year	8	6
HCRRA	Moya Sandow	Full year	8	7

Member Body	Delegate	Period on Council	Eligible	Attended
IAHA	Kylie Stothers	from Nov 2013	5	5
	Donna Murray	Proxy	1	1
ICPA	Trish McKenzie	to Feb 2014	5	5
	Joanna Gibson	from Feb 2014	3	1
NACCHO	Without delegate	Full year	8	0
NRF of the RACGP	Kathryn Kirkpatrick	Full year	8	7
NRHSN	Mitch Milanovic	to Feb 2014	5	5
	David Molhoek	from Feb 2014	3	3
	Sophie Alpen	Proxy	2	2
	Tony Wells	Proxy	1	1
PA (RRSIG)	John Richardson	Full year	6	1
	Peter O'Meara	Proxy	2	2
PSA (RSIG)	Lindy Swain	Full year	8	6
RDAA	Jenny May	Full year	8	5
RDN of the ADA	Simon Sheed	Full year	8	1
RFDS	Greg Rochford	to Feb 2014	5	3
	Lauren Gale	from Feb 2014	3	3
RHEF	Brian Bowring	to Feb 2014	5	1
RHWA	Melissa Cameron	to Oct 2013	1	1
	Greg Sam	Oct 2013 to Feb 2014	2	1
	Joanne Chapman	Feb 2014 to Jun 2014	2	1
	Greg Mundy	from Jun 2014	1	1
	Tony Wells	Proxy	1	1
RIHG of the CAA	Lisa McInerney	Full year	8	6
ROG of OAA	Phil Anderton	Full year	8	8
RPA	Terry Battalis	to Apr 2014	5	2
	Helen Bowden	Proxy	1	1
	Joe O'Malley	from Apr 2014	2	2
SARRAH	Tanya Lehmann	Full year	8	8
Friends of the Alliance	Pauline Glover	Full year	7	6
Co-opted member	Lynne Strathie	Full year	8	8
	Craig Dukes	Full year	8	1
	Trish McKenzie	from Feb 2014	3	3

Board meeting attendance 2013-2014

Name	Position	Eligible	Attended
Phil Anderton	Ordinary member from 26 Nov 2013	6	5
Lesley Barclay	Chair to 26 Nov 2013 Deputy Chair from 26 Nov 2013	6	4
Tim Carey	Ordinary member to 26 Nov 2013	2	0
Rob Curry	Ordinary member to 26 Nov 2013	2	2
Tim Kelly	Secretary to 16 Sep 2013 Chair from 26 Nov 2013	6	6
Kathryn Kirkpatrick	Deputy Chair to 26 Nov 2013	2	2
Geri Malone	Ordinary member from 26 Nov 2013	4	4
Lisa McInerney	Ordinary member to 26 Nov 2013 Secretary from Sep 2012	6	6
Greg Mundy	Ordinary member	6	5
Nicole O'Reilly	Treasurer	6	4
Lyndon Seys	Ordinary member from 26 Nov 2013	4	4
Gordon Stacey	Ordinary member from 26 Nov 2013	4	4
Lynne Strathie	Ordinary member	6	5

Submissions to government inquiries 2013 - 2014

- Submission to National Commission of Audit.
- Submission to the Review of the Personally Controlled Electronic Health Record (PCEHR).
- Submission to the Review of Medicare Locals.
- Submission to Senate Select Committee Inquiry into the Abbott Government's Commission of Audit.
- Submission to the Senate Community Affairs Committee Inquiry on the Prevalence of different types of speech, language and communication disorders and speech pathology services in Australia.
- Submission to the Joint Select Committee on Northern Australia on The Development of Northern Australia.
- Submission to the House of Representatives Standing Committee on Health re Skin Cancer in Australia: awareness, early diagnosis and management.
- Submission to National Mental Health Commission on the Review of Mental Health Services and Programmes.
- Submission to the Senate Community Affairs References Committee on the Inquiry into the out-of-pocket costs in Australian healthcare.
- Submission to the Treasury on National Injury Insurance Scheme: Motor Vehicle Accidents.

Alliance membership in other organisations 2013-2014

The Alliance maintained membership in the following organisations:

- Alcohol and Other Drugs Council of Australia
- Australian Council of Social Service
- Australian Health Care Reform Alliance
- Australian Healthcare and Hospitals Association
- Croakey
- Health Consumers of Rural and Remote Australia
- Meetings and Events Australia
- Social Determinants of Health Alliance
- Mental Health Council of Australia
- National Rural Women's Coalition
- Public Health Association of Australia
- National Alliance for Action on Alcohol

Alliance representation to external agencies 2013-2014

Agency	Representative
ACRRM National Telehealth Advisory Committee	Tim Kelly
Australian Healthcare & Hospitals Association	Greg Mundy
AJRH Journal Advisory Committee	Gordon Gregory and Jo McCubbin
ANMAC Midwifery Review Forums	Geri Malone
ASGC-RA Technical Advisory Group	Andrew Phillips Tanya Lehmann
Australian Commission on Safety and Quality in Health Care (ACSQiHC)'s Clinical Care Standards Advisory Committee	Lynne Strathie Moya Sandow
Australian Health Care Reform Alliance	Gordon Gregory
Australian Longitudinal Study on Male Health	Dr Gary Misan
Board of Mental Health Council of Australia	Jo McCubbin
Consumer representative on NHMRC committee (Reference Group) to guide work surrounding wind farms and human health.	Jo McCubbin
Council representation on friends Advisory Committee	Lynne Strathie Greg Mundy
Department of Health and Ageing Medical Specialist Outreach Assistance Program Eye Health Teams for Rural Australia National Committee	Phil Anderton
Health Industry Pathways Roundtable - Wheatbelt Western Australia	Tim Kelly
HWA's Standing Advisory Committee for the NGOs and Private Sector	Rob Curry (Alternate: Kathy Kirkpatrick)
Health Workforce Australia Project Advisory Group for the Allied Health Professions – Rural and Remote Generalist Project	Moya Sandow
Health Workforce Australia Standing Advisory Committee for the Higher Education and Training Sector	Lesley Barclay
Health Workforce Australia Expert Reference Group (Nursing and Midwifery) Graduate Employment Demand Study	Geri Malone
HWA's International Health Professionals – Building Capacity, Improving Distribution	Tim Kelly
National Carer Strategy Implementation Reference Group	Lynne Strathie

Agency	Representative
National Consultations to the Linking Service for the Aged Care Gateway	Lynne Strathie
National Committee advising the taskforce of the Australian Society of Ophthalmologists (ASO) / DOHA IRIS (Indigenous and Remote Eye Health Service) outreach program.	Phil Anderton
National Rural Law and Justice Alliance Board	Gordon Stacey
National Rural Women's Coalition	Irene Mills Lisa McInerney
NEHTA Stakeholder Product Consultation Group	Jenny May (Alternative: Geri Malone)
NHMRC Community Observers	Phil Anderton Kathy Kirkpatrick Gordon Stacey
Nursing & Allied Health Rural Locum Scheme (NAHRLS) Steering Committee	Nicole O'Reilly
Oral Health Project Advisory Group	Simon Sheed
Project Reference Group for rural and remote specialist neurological nurse educator – 2 year pilot project	Gordon Gregory
Rural Health Standing Committee of the Australian Health Ministers' Advisory Council (AHMAC)	Chair and Executive Director
Rural Health Workforce Australia Dental Relocation and Infrastructure Support Scheme (DRISS)	Hugh Burke (RFDS)
Rural Medical Generalist Project Advisory Group	Tim Kelly
Small Rural Hospitals Working Group Independent Hospital Pricing Authority	Lyndon Seys
Stakeholder Advisory Committee (SAC) to the Interim Independent Hospital Pricing Authority	Lyndon Seys
The Gateway Advisory Group of the National Aged Care Alliance (NACA) and the Department of Health and Ageing	Pauline Wardle
The Home Support Program Advisory Group of NACA (National Council on the Ageing)	Pauline Wardle
The Pharmacy Guild of Australia Advisory Panel for the Rural Pharmacy Workforce project	Terry Battalis Joe O'Malley
Therapeutic Goods Administration	Geri Malone
TnT reference group Flinders University	Jenny May

ANNUAL REPORT

NATIONAL RURAL HEALTH ALLIANCE INCORPORATED

A.B.N. 68 480 848 412

SPECIAL PURPOSE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2014

Directors' report

The directors present this report on the National Rural Health Alliance Incorporated for the financial year ended 30 June 2014.

DIRECTORS

Phil Anderton	Ordinary member from 26/11/2013
Lesley Barclay	Chair to 26/11/2013
Tim Carey	Deputy Chair from 26/11/2013 Ordinary member from 24/09/2012 to 26/11/2013
Rob Curry	Ordinary member from 19/09/2011 to 26/11/2013
Tim Kelly	Secretary to 26/11/2013, Chair from 26/11/2013
Kathryn Kirkpatrick	Deputy Chair to 26/11/2013
Geri Malone	Ordinary member from 26/11/2013
Lisa McInerney	Ordinary member from 26/09/2011, Secretary from 26/11/2013
Greg Mundy	Ordinary member from 24/09/2012
Nicole O'Reilly	Treasurer
Lyndon Seys	Ordinary member from 26/11/2013
Gordon Stacey	Ordinary member from 26/11/2013
Lynne Strathie	Ordinary member from 24/09/2012

Unless otherwise stated, directors were in office for the whole of the financial year.

PRINCIPAL ACTIVITY

The principal activities of the National Rural Health Alliance Incorporated (NRHA) during the financial year were information dissemination, advocacy, policy development, communication and administration to improve the health of people in rural and remote areas of Australia. There were no significant changes in the activities of the NRHA during the year. The NRHA Inc was endorsed by the Australian Taxation Office as a Health Promotion Charity and a Deductible Gift Recipient (DGR) on 14 November 2013.

OPERATING RESULTS

The final result for the year was a loss of $233,031(2013: surplus $14,504).

DIVIDENDS PAID OR RECOMMENDED

The NRHA did not pay any dividends during the financial year as it is precluded from doing so by its Constitution.

REVIEW OF OPERATIONS

The NRHA's operational funds for the financial year were in the form of grants from the Australian Government (Department of Health), project income, membership fees, fees for service and co-location fees. The expenditures of the NRHA were on its information dissemination, advocacy, policy development, communication and administrative activities, and projects, including on the staffing and operation of its Office in Canberra and meetings of its Board of Directors and its Council.

SIGNIFICANT CHANGES IN STATE OF AFFAIRS

There were no significant changes in the state of affairs of the NRHA during the financial year.

AFTER BALANCE DATE EVENTS

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

FUTURE DEVELOPMENTS

The directors will continue to operate the NRHA in the best interests of the members.

Directors' report (cont)

MEETINGS OF DIRECTORS

During the year six meetings of directors were held. Attendances were as follows:

Board Member	Board Meetings	
Name	Number eligible to attend	Number attended
Phil Anderton	6	5
Lesley Barclay	6	4
Tim Carey	2	0
Rob Curry	2	2
Tim Kelly	6	6
Kathryn Kirkpatrick	2	2
Geri Malone	4	4
Lisa McInerney	6	6
Greg Mundy	6	5
Nicole O'Reilly	6	4
Lyndon Seys	4	4
Gordon Stacey	4	4
Lynne Strathie	6	5

INDEMNIFYING OFFICERS

The NRHA maintains Associations Liability Insurance for professional indemnity for directors and members of staff.

PROCEEDINGS ON BEHALF OF THE INCORPORATION

No person has applied for leave of Court to bring proceedings on behalf of the Incorporation, or intervene in any proceedings to which the Incorporation is a party for the purpose of taking responsibility on behalf of the Incorporation for all or any part of those proceedings.

The Incorporation was not a party to any such proceedings during the year.

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

Tim Kelly
Chair
11 September 2014

Nicole O'Reilly
Treasurer
11 September 2014

Directors' declaration

The directors have determined that the NRHA is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the directors, the financial report

1. presents a true and fair view of the balance sheet of National Rural Health Alliance Incorporated as at 30 June 2014 and its income statement for the year ended on that date; and
2. at the date of this statement, there are reasonable grounds to believe that the National Rural Health Alliance Incorporated will be able to pay its debts as and when they fall due.

The statement is made in accordance with a resolution of the directors and is signed for and on behalf of the Directors by:

Tim Kelly
Chair
11 September 2014

Nicole O'Reilly
Treasurer
11 September 2014

Statement of comprehensive income for the year ended 30 June 2014

	Note	2014 $	2013 $
Revenue			
Government grants		1,745,016	1,578,998
Conferences		-	956,833
Fees		349,594	337,095
Other operations		70,085	274,258
	2	**2,164,695**	**3,147,184**
Expenditure			
Conferences		-	813,485
Employee benefits		1,359,158	1,356,857
Project administration		160,539	154,319
Publication and Communication		256,935	325,714
Other expenses		621,094	482,305
		2,397,726	3,132,680
Surplus / (Deficit) from ordinary activities		(233,031)	14,504
Other comprehensive income		-	-
Comprehensive Income Attributable to Members		**(233,031)**	**14,504**

The accompanying notes form part of these financial statements.

Balance sheet as at 30 June 2014

	Note	2014 $	2013 $
CURRENT ASSETS			
Short term investments	3	44,588	732,960
Cash and cash equivalents	4	1,252,950	4,939,787
Trade and other receivables	5	2,127	9,091
Other assets	6	110,505	73,213
TOTAL CURRENT ASSETS		**1,410,170**	**5,755,051**
NON-CURRENT ASSETS			
Plant & Equipment	7	68,394	98,145
TOTAL NON-CURRENT ASSETS		**68,394**	**98,145**
TOTAL ASSETS		**1,478,564**	**5,853,196**
CURRENT LIABILITIES			
Trade and other payables	8	71,309	83,694
Deferred Revenue – Government grants	9	34,416	36,754
Deferred Revenue - Scholarships	10	570,677	4,593,423
Provisions	11	366,796	324,082
Other liabilities	12	36,958	159,752
TOTAL CURRENT LIABILITIES		**1,080,156**	**5,197,705**
NON-CURRENT LIABILITIES			
Provisions	11	11,141	15,170
TOTAL NON-CURRENT LIABILITIES		**11,141**	**15,170**
TOTAL LIABILITIES		**1,091,297**	**5,212,875**
NET ASSETS		**387,267**	**640,321**
EQUITY			
Retained earnings		565,321	625,817
Reserve – Policy, Research & Development		75,000	-
Current year surplus / (Deficit)		(233,031)	14,504
TOTAL EQUITY		**407,290**	**640,321**

The accompanying notes form part of these financial statements.

Notes to the financial statements for the year ended 30 June 2014

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of theAssociations Incorporation ACT NSW andAustralian Charities and Not-for-Profits Commission Act 2012. The directors have determined that the NRHA is not a reporting entity.

The financial report has been prepared in accordance with the requirements of the following Australian Accounting Standards:

AASB 1031: Materiality

AASB 110: Events after the Balance Sheet Date

No other Australian Accounting Standards, Australian Interpretations or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The financial report is prepared on an accruals basis and is based on historic costs and does not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

The following significant accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this report:

a. Property, Plant and Equipment
Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation.

Plant and equipment
Plant and equipment are measured on the cost basis. The carrying amount of property, plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows which will be received from the assets' employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

Software
Software is measured on a cost basis.The carrying amount of software is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows which will be received from the assets' employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

Depreciation
The depreciable amount of all fixed assets is depreciated on a straight-line basis over their useful lives to the entity, commencing from the time the asset is held ready for use. The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Useful Life
Plant and equipment	3 – 10 years
Motor Vehicle	8 years
Software	2.5 years

b. Employee Benefits
Provision is made for the entity's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled, plus related on-costs. 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. Contributions are made by the entity to employee superannuation funds and are charged as expenses when incurred

c. 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 short-term borrowings in current liabilities on the balance sheet.

d. Revenue
Revenue from the sale of goods is recognised upon the delivery of goods to customers. Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets. Government grant income is deferred until conditions required by the funding agreements are met. All revenue is stated net of the amount of goods and services tax (GST).

Notes to the financial statements for the year ended 30 June 2014 (cont)

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont)

e. Goods and Services Tax (GST)
Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

f. Income tax
The Association is exempt from income tax under Section 50-5 of the Income Tax Assessment Act 1997.

g. Trade Receivables
Trade debtors are to be settled within 30 days and are carried at amounts due. The collectablility of debts is assessed at balance date and specific provision is made for any doubtful accounts..

h. Trade Payables
Liabilities are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the company. Trade accounts payable are normally settled within 60 days.

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

j. Deferred Income
Income from special consultancies and grants is deferred until the associated expenditure is brought to account in the profit and loss.

k. Scholarship Scheme
The operating activities of the NRHA involve the administration of a scholarship scheme and a grants scheme on behalf of the Commonwealth of Australia. At 30 June 2014, the unexpended amount of these funds received was $570,677 (2013: $4,593,423). The NRHA reports the deferred revenue of the scholarship scheme as part of these financial statements.

l. Other Liabilities
The NSW Rural Dentistry Scholarship is a fund set up to pay one rural NSW student with a scholarship to study dentistry. NRHA holds the funds on behalf of the scholarship sponsor and distributes the scholarship funds on a regular basis to the scholar.

The profit from the Third Rural and Remote Health Scientific Symposium is being held by the Alliance on behalf of the Australian Primary Health Care Research Institute, Primary Health Care Research and Information Service, Australian Rural Health Education Network and the Alliance. These funds are held in trust against planning and administration of a fourth such Symposium to be held in September 2014.

m. Economic Dependence
The NRHA is reliant on the support of the Australian Government (Department of Health) to provide grant funding for its core operational activities. The current funding agreement expires at 30 June 2016.

The NRHA is also reliant on grant funding from the Australian Government (Department of Health) for the work it does on RAMUS. The current funding agreement for national management of RAMUS expires at 31 December 2014.

The NRHA is also reliant on grant funding from the Australian Government (Department of Health) for the work it does on the Rural Health Continuing Education Program Stream 2 (RHCE2). The current funding agreement for national management of RHCE2 expires at 31 December 2014.

n. New standards and interpretations issued but not yet effective
The AASB has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods. The company has decided against early adoption of these Standards. The following table summarises those future requirements, and their impact on the company:

Reference	Title	Summary	Application date (financial year beginning)	Expected Impact
AASB 9	Financial Instruments	Replaces the requirements of AASB 139 for the classification and measurement of financial assets. This is the result of the first part of Phase 1 of the IASB's project to replace IAS 39.	1 January 2015 (Changed to 1 January 2017 by AASB 2013-9C	Minimal impact expected.
2009-11	Amendments to Australian Accounting Standards arising from AASB 9	Amends AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 121, 127, 128, 131, 132, 136, 139, 1023 and 1038 and Interpretations 10 and 12 as a result of the issuance of AASB 9.	1 January 2015	Minimal impact expected.
2010-7	Amendments to Australian Accounting Standards arising from AASB 9 (December 2010)	Amends AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 & 1038 and Interpretations 2, 5, 10, 12, 19 & 127 for amendments to AASB 9 in December 2010.	1 January 2015	Minimal impact expected.
2014-1B	Amendments to Australian Accounting Standards	Part B of AASB 2014-1 makes amendments to AASB 119 Employee Benefits in relation to the requirements for contributions from employees or third parties that are linked to service.	1 July 2014	Minimal impact expected.
AASB 1031	Materiality	Re-issuance of AASB 1031	1 January 2014	No expected impact

	2014 $	2013 $
NOTE 2: Revenue for Ordinary Activities		
Government grants	1,745,016	1,578,998
Conference	-	956,833
Fees	293,498	337,095
Australian Journal of Rural Health	56,096	72,962
Other operations	31,845	147,780
Interest received	38,240	53,516
	2,164,695	**3,147,184**
NOTE 3: Short term investments		
Bank guarantee TD1*	24,588	24,588
Westpac Security Deposit TD2**	20,000	20,000
Term Deposit TD3- AL Provn	-	178,718
Term Deposit TD4- LSL Provn	-	159,654
Term Deposit – 22-7659	-	100,000
Term Deposit – 31-4703	-	50,000
Term Deposit – 31-4081	-	50,000
IMB Term Deposit - 38408	-	150,000
	44,588	**732,960**

* Bank guarantee of $24,588 is used as security for rent in accordance with the lease agreement
**The security deposit amount of $20,000 is used as security for the Visa credit card.

	2014 $	2013 $
NOTE 4: Cash and cash equivalents		
Business Cash Reserve	660,785	336,784
Community Solutions Cheque	21,489	9,580
RAMUS Scholarship CMA	229,036	3,540,245
RAMUS Mentor CMA	140,696	236,512
RAMUS Scholarship Cheque	1,138	5,099
RAMUS Mentor Cheque	360	4,545
RAMUS Conference Placement Program Cheque	1,734	2,708
RAMUS Conference Placement Program CMA	9,097	67,434
RHCE Everyday Account	3,405	6,596
RHCE On Line Account	185,210	730,284
	1,252,950	**4,939,787**
NOTE 5: Trade and other receivables		
Trade receivables	1,581	2,039
Interest Receivable	-	6,710
Accrued Income	546	342
	2,127	**9,091**
NOTE 6: Other assets		
Prepayments – Insurance	9,615	12,022
Prepayments – Expenses	13,042	11,767
Deposits Paid	65,752	-
GST, FBT and Salary Sacrifice Receivable	19,341	49,424
Other Deposits	2,755	-
	110,505	**73,213**
NOTE 7: Property, Plant and Equipment		
Plant & Equipment	251,212	236,771
Less accumulated depreciation	(192,878)	(154,016)
	58,334	**82,755**
Motor Vehicle	26,977	26,977
Less accumulated depreciation	(16,917)	(13,545)
	10,060	**13,432**
Software	10,326	10,326
Less accumulated amortisation	(10,326)	(8,368)
	-	**1,958**
Total Property, Plant and Equipment	**68,394**	**98,145**

	2014 $	2013 $
NOTE 8: Payables		
Trade Creditors	14,268	10,804
Accrued Expenses	12,527	-
Accrued Audit Fee	18,590	17,185
Accrued Wages	-	22,894
PAYG (W)	25,924	22,826
Superannuation Payable	-	9,985
	71,309	**83,694**
NOTE 9: Deferred Revenue – Unspent Grants		
RAMUS Administration	34,416	36,754
	34,416	**36,754**
NOTE 10: Deferred Revenue - Scholarships		
Scholarship funds payable	230,175	3,545,345
Mentor funds payable	10,831	242,556
Conference Placement Program funds payable	141,056	68,642
RHCE funds payable	188,615	736,880
	570,677	4,593,423
NOTE 11: Provisions		
Annual Leave	135,198	178,718
Long Service Leave	191,682	160,534
Maternity Leave	51,057	-
	377,937	**339,252**
(a) Analysis of Total Provisions		
Current	366,796	324,082
Non-Current	11,141	15,170
	377,937	**339,252**
NOTE 12: Other Liabilities		
NSW Rural Dentistry Scholarship	880	880
Rural & Remote Science Symposium	19,427	19,427
Oral Health Funds	2,829	2,829
Payments Received in Advance	12,150	136,616
AHCRA Summit	1,650	-
HCRRA	22	-
	36,958	**159,752**

Auditor's report

RSM Bird Cameron

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INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF

NATIONAL RURAL HEALTH ALLIANCE INCORPORATED

We have audited the accompanying financial report, being a special purpose financial report, of National Rural Health Alliance Incorporated which comprises the balance sheet as at 30 June 2014, the statement of comprehensive income, a summary of significant accounting policies and other explanatory information, and the Directors' declaration.

Directors' Responsibility for the Financial Report

The Directors of National Rural Health Alliance Incorporated are responsible for the preparation of the financial report, and have determined that the basis of preparation described in Note 1, is appropriate to meet the needs of the members. The Directors' responsibility also includes such internal control as the Directors determine is necessary to enable the preparation of a 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 and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Committee, as well as evaluating the overall presentation of the financial report.

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

Independence

In conducting our audit, we have complied with the independence requirements of the Australian professional accounting bodies.

RSM Bird Cameron

Opinion

In our opinion, the financial report presents fairly, in all material respects, the financial position of National Rural Health Alliance Incorporated as of 30 June 2014 and its financial performance for the year then ended in accordance with accounting policies described in Note 1 to the financial statements.

Basis of accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist National Rural Health Alliance Incorporated to meet its financial reporting requirements. As a result, the financial report may not be suitable for another purpose.

RSM Bird Cameron

Canberra, Australian Capital Territory
Dated: 12 September 2014

G M STENHOUSE
Director

NATIONAL RURAL
HEALTH ALLIANCE INC.

YEARBOOK & ANNUAL REPORT 2013-14

...good health and wellbeing in
rural and remote Australia

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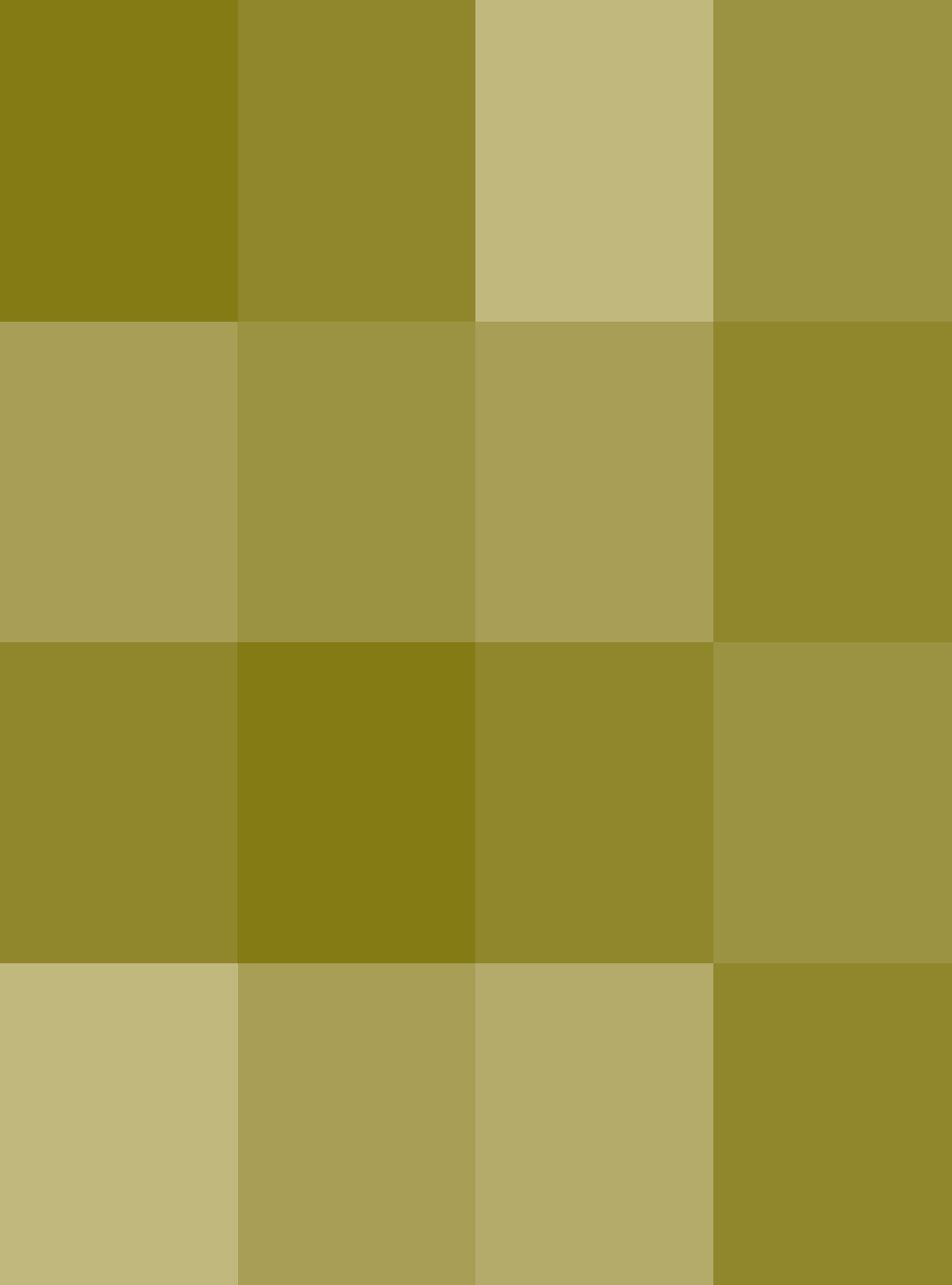
NATIONAL RURAL HEALTH ALLIANCE INC.



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