



NATIONAL RURAL
HEALTH
ALLIANCE INC.



Yearbook 2007-08

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



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Yearbook 2007–08

Equal health by 2020



National Rural Health Alliance 2009
Yearbook 2007–08

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The National Rural Health Alliance Inc.

The National Rural Health Alliance is Australia's peak non-government organisation for rural and remote health. It brings together disparate voices from around Australia for the purpose of improving the health of people who live and work in country areas. Its office is in Canberra.

The Alliance is currently comprised of 28 Member Bodies, each of which is a national organisation. They include consumer groups (such as the Country Women's Association of Australia), representation from the Indigenous health sector, health profession organisations (representing doctors, nurses, physiotherapists and other allied health professionals, dentists, pharmacists, ambulance officers, health students and health service managers) and service providers (such as the Royal Flying Doctor Service, the Rural Hospitals Forum of Catholic Health Australia and Frontier Services of the Uniting Church in Australia).

With such a broad representative base, the Alliance is in a unique position to collect and disseminate information, determine the key issues affecting health and wellbeing in rural and remote areas, and provide a broad and coherent view on them to governments, educational and research institutions, and other professional bodies.

Among its regular contributions to rural and remote health are management of the biennial National Rural Health Conference and the *Australian Journal of Rural Health*, and production of position papers, submissions, media releases and newsletters. The Alliance is also the

national management agency for the Rural Australia Medical Undergraduate Scholarship (RAMUS) Scheme.

The Alliance's vision is good health and wellbeing in rural and remote Australia. Fundamental to the Alliance's work is the belief that all Australians, wherever they live, should have the opportunity for equivalent health outcomes, and access to comprehensive, high-quality, accessible and appropriate health services.

The Alliance takes a broad view of health and a long-term view of the development of rural Australia. It supports initiatives that will help the diverse communities of rural and remote Australia to be sustainable, healthy and health-promoting places in which to live and work.

It is a collaborative organisation that places a high value on partnerships among individuals, groups, organisations and governments for improved health for people in non-metropolitan areas.

Core support for the Alliance is provided by the Department of Health and Ageing.



Council members with Minister Roxon



Members

The 28 Member Bodies of the National Rural Health Alliance (June 2008) are:

- Australian College of Health Service Executives (ACHSE)
- 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 Federation (rural members) (ANF)
- Australian Physiotherapy Association – Rural Member Network (APA – RMN)
- Australian Rural Health Education Network Limited (ARHEN)
- Australian Rural Nurses and Midwives (ARNM)
- Australian Rural and Remote Workforce Agencies Group (ARRWAG)
- Council of Ambulance Authorities – Rural and Remote Group (CAA – RRG)
- Council of Remote Area Nurses of Australia Inc (CRANA)
- Catholic Rural Hospitals Forum of Catholic Health Australia (CRHF)
- Country Women's Association of Australia (CWAA)
- Frontier Services of the Uniting Church in Australia (FS)
- Health Consumers of Rural and Remote Australia (HCRRA)
- Isolated Children's Parents' Association (ICPA)
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- National Rural Faculty of the Royal Australian College of General Practitioners (RACGP – NRF)
- National Rural Health Students' Network (NRHSN)
- Rural Doctors' Association of Australia (RDAA)
- Royal Flying Doctor Service of Australia (RFDS)
- Regional and General Paediatric Society (RGPS)
- Rural Dentists Network of the Australian Dental Association (ADA – RDN)
- Rural Health Workforce Australia (RHWA)
- Rural Indigenous and Health Interest Group of the Chiropractors' Association of Australia (RIHG of CAA)
- Rural Pharmacists Australia (RPA)—the Special Interest Group of the Pharmacy Guild of Australia, the Pharmaceutical Society of Australia and the Society of Hospital Pharmacists of Australia
- Services for Australian Rural and Remote Allied Health (SARRAH)

Website

Information about the Alliance, all its publications, and transcripts from the Alliance's public seminars and National Rural Health Conferences are available on our website at www.ruralhealth.org.au





PART 1
YEARBOOK

Reports



Professor John Wakerman is a public health medicine specialist and general practitioner who has lived and worked in Alice Springs for the past 18 years. He has a background in the provision of remote primary health care services, both as a practitioner and senior manager. He is the inaugural Director of the Centre for Remote Health, his current position. He is active in health services research, teaches management and is a general practitioner in Alice Springs.

Chairperson's report

Over the past year, the Alliance has worked effectively to keep rural and remote health on the national agenda. Our activities were significantly shaped by the November 2007 Federal election. Preparatory work at CouncilFest created solid policy positions that underpinned the Alliance's Election Charter, and follow-up activity was instrumental in keeping rural health visible despite the congested election campaign agenda.

Because of the ambitious health reform agenda of the new Government, the second half of the year was both busy and challenging. The work was punctuated by a number of specific opportunities. They included the rural health workforce audit and the subsequent establishment of the Office of Rural Health and its review of rural health programs, the 2008 Federal Budget, the Australia 2020 Summit, the meetings and announcements of COAG, the work of the National Health and Hospitals Reform Commission (on both the AHCAs and the wider health reform challenge), release of the *Beyond the Blame Game* report, the development of a National Primary Health Care policy, the Preventative Health Taskforce and a range of other inquiries.

The Alliance continued to focus on solutions and to engage constructively with politicians and the public service. It is still not clear where all of the review activities will lead, how they will be integrated and where the subsequent political process will take them. A great deal of evidence has been accumulated and continues to expand. Expectations are high and it is vital that these processes are transformed into tangible and useful outcomes for rural and remote Australians. There are encouraging signs that the results of these reviews will be made publicly available so that informed discussion will be the basis of policy implementation.

The Alliance has also been active in the review of *Healthy Horizons* and supports the view that the current framework should be revised and reinvigorated as a national rural health plan.

Improvement of Indigenous health remains a crucial and urgent objective of Australia's health policy. Regardless of its merit or otherwise, the Australian Government's Indigenous health initiative targeting the Northern Territory displayed what is possible when there is political will and the resources to bring about change. While it is too early to judge the outcomes of the intervention, the Alliance hopes to see sensible, sustainable initiatives that will improve access to health and other services. It is imperative that these changes take



place with the full engagement of those people affected by them, and that these improvements are implemented in all jurisdictions, not just the NT.

As a participant in the Close the Gap Summit in March 2008, the Alliance was pleased to note the bipartisan support for this initiative. Some 80 to 100 people discussed and helped to map the pathways to meeting the very ambitious aim of closing the life expectancy gap for Aboriginal and Torres Strait Islander Australians within a generation. The interim health targets and strategies formulated at that Summit were presented to the Prime Minister. Again, expectations are high that the Government's commitment will be sustained.

For the past two to three years the Alliance has maintained a strong interest in the sustainability of small rural and remote communities. Community sustainability and access to adequate health services are inextricably linked. There is uncertainty about the nation's expectations for small rural and remote communities, and about the Government's policy approach to life and work in them. This is an area where there is a wide range of options and a similarly wide range of potential outcomes for people on the ground.

If developments are left entirely to the market there will continue to be enormous variations in the life opportunities, incomes and services available to people in smaller communities and more remote areas. The sustainability of remote Indigenous communities has been specifically called into question without a reasoned appraisal of the associated social and economic costs and benefits. The Alliance will continue to seek the views of its constituents and support more explicit consideration of these matters.

The external evaluation of the Alliance is nearing completion and will provide both evidence of how the Alliance is regarded and ideas for the future.

The decision by the new Government to review all rural health programs precluded the extension of the Alliance's funding agreement for longer than 12

months. This has meant that a number of our plans for the future, including employing an additional policy person to work on the remote and rural health 'grey literature', have been put on hold.

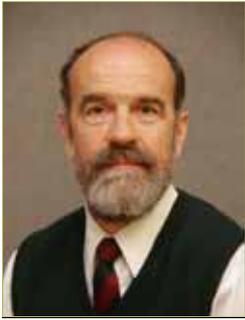
What had been the Executive became a formal Board and had its inaugural face-to-face meeting in March 2008. The Board is focused on its governance responsibilities and setting in place the necessary processes to ensure that sufficient information is available to demonstrate that the Alliance is performing legally, prudently and effectively. The financial reporting system is working well and the Finance Subcommittee, under the leadership of our Treasurer, Pauline Wardle, is proving to be very effective. The reports the Board receives are clear and inform its considerations. The Board has also developed a Risk Management Plan. During the year there has been discussion about succession planning and strategies that will help reduce the risks related to it. The Board is very pleased with staff performance.

Finally, as this is my last Chairperson's Report, I would like express my sincere thanks to Board members, to colleagues on Council and to staff for their work and support, particularly over the past three years. It has been a privilege to work with such enthusiastic and talented staff, and with such passionate colleagues. The Alliance remains a unique and extremely effective advocacy body. It has the respect of consumers and practitioners, of politicians and public servants, and is the envy of rural health practitioners and academics in other countries. We all need to continue to appreciate and sustain it.



John Wakerman
Chairperson





Executive Director's report

The Alliance was well prepared for the Federal election and acquitted itself well in the campaign. As well as running its own activities relating to the election, the Alliance participated in events such as the AHCRA Health Reform Summit in July 2007, the AMA Rural Health Crisis Summit in September and the RDAA Rural Health Workforce Summit in February 2008.

Following the election, as the new Government moved to implement its election promises, the Alliance was well placed to prepare input for such things as the rural health workforce audit and reviews on primary care, preventative health care, Medicare and the targeted rural programs. The Alliance itself became part of this last-named activity with the result that, for the first time in over nine years, for the financial year 2008–09 we will temporarily be back to annual funding.

The Alliance participated in the 2020 Summit and made submissions to a number of inquiries such as those conducted by DEEWR on the expansion of Commonwealth scholarships; by the House of Representatives into obesity in Australia and into a new regional development funding program; and by the Senate into regional and remote Indigenous communities.

The Alliance made a detailed submission to the National Health and Hospitals Reform Commission, reflecting the potential importance to the future of health services and health outcomes in rural and remote Australia of the Commission's challenging work.

The Alliance also kept promoting the importance of improved patients' accommodation and travel schemes, and was pleased with the report handed down from the Senate Inquiry in September 2007. It is to be hoped that action will follow from the report's recommendations.

The most public face of the Alliance appears when it has an agreed position on a piece of the rural and remote health jigsaw. Council and staff place great importance on coordinating the activities of Member Bodies to this end. Without the views and the backing of its Member Bodies the Alliance's job would be impossible. For this reason we continue to be grateful to members of Council for providing valuable input about the issues on which we work.

The Alliance does a large amount of collecting, organising and disseminating of information, and although the term has never been formally applied, it is a de facto clearinghouse for information relating to the health and wellbeing of people who live and work in rural and remote areas. The extent to which it succeeds at this task depends on the effectiveness of its communications. There is a range of means by which the Alliance communicates, but increasingly the website has become a crucial tool for providing open access to the various policy outputs developed in the course of our work, and for



communicating with us. We remain very aware that its effectiveness depends on people's capacity to access it, on their habits and preferences, and on the time they have available.

As John Wakerman has reported, the continuing focus on achieving equal health for Indigenous Australians remains a high policy priority for the Alliance. We look to our two Indigenous Member Bodies for leadership and guidance on the matter. Making a real and ongoing contribution in the area is a challenge for the organisation, which retains the view that Indigenous health is everyone's business.

The Alliance places high value on its capacity to provide intellectual, informational and political support for policies and programs that promote good rural health and a sustainable rural health workforce. Examples of this include the organisation's continual promotion of an equivalent level of workforce support for all professions and its agitation for a better evidence base to be provided on rural and remote health inputs, outputs and outcomes.

National management of the Rural Australia Medical Undergraduate Scholarship (RAMUS) Scheme continues to be a major commitment undertaken very effectively by the Alliance. Managing RAMUS requires regular and functional contact with many students and GPs, as well as universities and public sector agencies, including the Department of Health and Ageing, and is a useful adjunct to our policy work.

The Alliance and its work have been very well served over the past three years by John Wakerman in his position as Chairperson. I would like to add my personal thanks to John for the skill, patience and effort he has brought to the job.

I want also to extend thanks to all other members of Council and would like to make special mention of those who have served, with John Wakerman, on the Board. In particular, Pauline Wardle, Treasurer, and Jenny May, Deputy Chairperson, have frequently responded to our requests for guidance and input to an extent well beyond the call of duty.

The capacity of staff owes much to the continuing contributions of those who have been with the Alliance for extended periods (we now have five members of staff who have done 10 years or so), but also to those who have recently joined. In the latter category, particular mention should be made of three. Pam Watson, Finance Manager, has not only done what needs to be done but has improved the systems in place for doing so. Marshall Wilson has brought with him experience and contacts, and one of the results is an improved media profile for the organisation. Andrew Phillips has brought an unprecedented level of research expertise to bear on the organisation's policy work. Every silver lining has a dark cloud, however, and we were very sad to lose Andrew Waters to a challenging new job in Western Australia.

Our staff team has performed at a consistently high level during the year and I was particularly grateful that they did this unabated, sharing extra work, when I was on leave for five weeks in early 2008.

Continuing to work as a close team, those who lead the Alliance's work—its Board and Council and the Member Bodies they represent, its *friends*, the staff and the Health Departments—have some unprecedented opportunities over the next year to move towards the stated vision of good health and wellbeing in rural and remote Australia.

For many people, rural and remote Australia already contains the best places in the world in which to live. Through strong leadership, good governance, a little inspiration and much old-fashioned hard work, the NRHA will remain an important contributor to the lifestyle and reputation of the bush—an institution to be proud of and deserving of the continued support of all of those interested in rural and remote health and wellbeing.



Gordon Gregory
Executive Director



Core business

Policy and communications

In its first year, the Rudd Government announced details of a broad health reform agenda, with great potential impacts on rural and remote health services and outcomes. It includes:

- the work of the National Health and Hospitals Reform Commission;
- activity led by the National Preventative Health Care Taskforce;
- the development of a National Primary Health Care Plan;
- agreement with the states and territories on a successor to *Healthy Horizons*;
- reform of the Australian Health Care Agreements;
- the Maternity Services Review;
- the National Arts and Disability Strategy;
- the review of rurality classifications;
- the review of 'targeted rural health programs';
- work on national registration and accreditation of ten health professions; and
- the National Health Workforce Taskforce.

One of the Alliance's challenges for this financial year (and for the next) was to bring rural and remote issues to bear on all of these important activities. To do this has required the Alliance to establish, whenever possible, the agreed views of its 28 Member Bodies and to make these views widely known in the right quarters.

The organisation's information dissemination, policy and communications work in the period has included the following:

- **submissions**

- to the Senate on cost of living pressures on older Australians
- to the NSW Legislative Council Standing Committee on Social Issues for its inquiry into *Closing the Gap—overcoming Indigenous disadvantage*
- on the 2008 Budget
- to the Department of Health and Ageing related to its review of rural and remote health service programs
- to the Department of Health and Ageing's audit of the rural and remote health workforce (the Alliance submission is *Improving the rural and remote health workforce*)
- to the Parliament of Victoria's inquiry into geographical differences in the rate at which Victorian students participate in higher education
- to the Australia 2020 Summit on a long-term national health strategy
- to the National Health and Hospitals Reform Commission on performance measures and the Australian Health Care Agreements
- to the National Health and Hospitals Reform Commission on its major review (the Alliance submission is *Equal health through systemic reform*)
- to the Department of Education, Employment and Workplace Relations on the expansion of the Commonwealth Scholarships Program
- to the Senate Select Committee on Regional and Remote Indigenous Communities



- to the House of Representatives Standing Committee on Health and Ageing Inquiry into Obesity in Australia
- to the House of Representatives Inquiry into a New Regional Development Funding Program (the Alliance submission is *Healthy regions, healthy people*)
- to the Department of Health and Ageing on base level/optimal health services for rural and remote populations;
- **Federal election activity**
 - 2007 Election Charter
 - 2007 Election Scorecard;
- **media activity**
 - In July 2007, the Alliance appointed its first media adviser. Media activity was undertaken throughout the reporting period to promote potential improvements in rural and remote health outcomes, to maintain a high profile for rural health issues on the political and public agendas, and to provide a rural response to ad hoc government initiatives and policy announcements likely to impact on rural health.
- The Alliance's Election Scorecard campaign in the lead-up to the Federal election in November 2007 was supported by weekly media announcements; and
- **presentations**
 - to the Rural Education Forum of Australia (REFA) in July 2007
 - to the Council of Ambulance Authorities in Townsville in September 2007
 - to the 10th Australian Financial Review Health Conference in Sydney in February 2008
 - to a Forum to establish a Men's Health Australia Longitudinal Study, in Melbourne in June 2008
 - to the annual conference of Our Community in Melbourne in June 2008
 - to the Conference of the Australian Institute of Health and Welfare in June 2008.



(L to R): Senator Judith Adams, Marshall Wilson and John Wakerman at NRHA Election Priorities Launch, September 2007



10th National Rural Health Conference

During the year in review, planning began for the 10th National Rural Health Conference to be held in Cairns in May 2009. The Conference Advisory Committee was formed in February 2008 and held its first meeting on 27 March 2008.



The focus for the 10th National Rural Health Conference is Rural health: the place to be, and five themes were agreed. The call for abstracts opened in June 2008.

Australian Journal of Rural Health



The *Australian Journal of Rural Health* (AJRH) entered its 16th year of publication in a strong position. A major highlight of the year was the achievement of listing in the Thomson ISI database as a prelude to the allocation of a highly sought after impact factor. Frequently used as a measure of the standing of a journal, it is expected that the impact factor will be formally allocated during 2010.

Underpinning this success has been strong editorial performance, led by Professor James Dunbar, and highly effective publishing and marketing services provided by Wiley Blackwell.

Continuing its series of themed issues, in April 2008 the AJRH presented a special issue on public health. A major innovation was the creation and publication of two virtual issues of the journal, one focusing on Indigenous health (January 2008) and the other on mental health (April 2008). These are compilations of previously published articles on a single theme assembled into a readily accessible on-line resource.

General media awareness of the AJRH was strengthened during the year through targeted activities to promote interest in journal articles of topical interest. Articles on climate change and the Northern Territory intervention attracted particular interest.

Information technology and communications

The Alliance continued to develop its IT capability as a key component of its management information and communications systems. The website continued to play an important role as an information hub for rural and remote communities, the media, Member Bodies and government agencies with an interest in rural and remote health policy. It also served as a useful communications medium with the RAMUS student and alumnus networks.

Two issues of Partyline were published during the year and mailed to over 10 000 people in the rural health sector. *E-forum*, an electronic newsletter that publicises current developments and news affecting rural health, was produced fortnightly and distributed to subscribers. A monthly email newsletter was implemented to highlight Alliance activities and policy work and to provide progress reports on conference planning, and has been distributed to people with an interest in rural health.



Collaboration and networking

CouncilFest

The annual face-to-face meeting of Council was held from 5–10 August 2007 in Canberra. Members used this extended meeting as an opportunity to discuss key ideas and emerging issues important to the state of rural health. Policy positions guiding the work of the Alliance were decided and the important work of prioritising the issues to be highlighted in a day of advocacy to Federal members of Parliament was completed.

Meetings were held between small groups of councillors and nearly 40 members and senators to exchange views on ideas and initiatives to improve health in rural and remote areas. Priority issues included the sustainability of rural and remote communities, a national health policy, Indigenous health, rural oral health services and improved training opportunities in rural areas for health students.

Separate meetings were held with the Minister for Health and Ageing and the Shadow Minister, as well as the Caucus Committee on Indigenous Affairs. A media briefing was arranged.

Listening with compassion; responding with respect was the theme of the public seminar convened as part of CouncilFest 2007. Focusing on the health and wellbeing of refugees in rural and remote Australia, the seminar attracted considerable attention and interest from Canberra-based policy makers, officials of government and NGO agencies and the general public. Speakers included:

- Dr Sundram Sivamalai, Regional Chair, Federation of Ethnic Communities Councils of Australia (FECCA);



Dr Sundram Sivamalai, FECCA, at the Public Seminar, August 2007

- Daniel Boyer, Department of Immigration and Citizenship;
- Dr Mitchell Smith, Member of the Royal Australasian College of Physicians Working Party on Refugee Health;
- Dr Geraldine Duncan, general practitioner, Wagga Wagga; and
- Dr Penny Vine, trauma counsellor, Albury.

CouncilFest also included useful meetings with staff of the Department of Health and Ageing and the ever-popular annual networking dinner.

In addition, Council members reviewed the organisation's key activities including the *Australian Journal of Rural Health*, administration of the Rural Australian Medical Undergraduate Scholarship Scheme, preparatory work for the 10th National Rural Health Conference, *friends* of the Alliance and *Partyline*. Because of its topicality, members were pleased to receive a briefing on the proposed Access Card. Health reform was also a major theme running through CouncilFest discussions.

Evaluations showed that CouncilFest continues to be valued as an opportunity for members of Council to meet together and with others to inform, inspire and



promote solutions to current and emerging challenges in rural and remote health.

The 16th Annual General Meeting was held on 10 August 2007. The principal item of business was the election of office bearers for the period until the next AGM. These were:

- Chairperson: John Wakerman;
- Deputy Chairperson: Jenny May;
- Secretary: Owen Allen;
- Treasurer: Pauline Wardle;
- Board members: Sophie Heathcote, Irene Mills, Lesley Young; and
- Immediate Past Chairperson: Sue McAlpin.

At a subsequent meeting Beth Rodgers and Lana Prout were appointed as Moderators to the Board.

Departmental meetings

Alliance staff maintained a close relationship with officers of the Department of Health and Ageing, including with the Rural Health Branch whose staff are responsible for managing the Alliance's contract.

Meetings and reports during the year related to arrangements for the support of the Alliance, management of RAMUS and the tracking project, follow-up of recommendations from the 9th Conference and early preparation for the 10th, and the emergence of the new health reform agenda.

External evaluation

Work continued on the evaluation of the Alliance's functions and services commissioned from Urbis with assistance from the Department of Health and Ageing. Preliminary findings indicated positive outcomes and were integrated as appropriate into operations and strategic planning as they became available. Further work will be undertaken on receipt of the final report.

Alliance membership in other organisations

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 Research Alliance for Children and Youth;
- Mental Health Council of Australia;
- National Oral Health Alliance;
- National Rural Women's Coalition;
- Public Health Association of Australia;
- Rural Education Forum Australia; and
- Suicide Prevention Australia.

Alliance representation on committees

In addition to its attendance at meetings of the above organisations, the Alliance was also represented on a number of research and advisory bodies, including the following:

- Australian Rural and Remote Health Professionals Scholarship Scheme—Alison Aylott, Andrew Waters (alternate);
- Australian Health Care Reform Alliance—Gordon Gregory, John Wakerman (alternate);
- Board of Mental Health Council of Australia—Jeff Fuller, Robert Williams (alternate);
- Commonwealth Aged Care Nursing Scholarship Scheme Advisory Group—Pauline Wardle;
- DoTaRS judging panel for NALG Local Government Health Awards—Irene Mills;



- National Rural Women's Coalition—Irene Mills and Jo McCubbin;
- Rural Education Forum of Australia—Gordon Gregory, Donna Lennon (alternate);
- Population Health Resource Kit Project, Community Services and Health Industry Skills Council Ltd—Sue McAlpin;
- Advisory Group for the Australian Knowledge Network in palliative care, Flinders University—Pauline Wardle;
- Selection Advisory Committee for the Australian Psychological Society's Mental Health Postgraduate Scholarship Scheme in Clinical Psychology—Jeff Fuller;
- National Breast Cancer Centre Implementation Advisory Group—Jenny May;
- National Adaptation Research Plan—Human Health—Jo McCubbin;
- Centre for Cancer and Palliative Care Reference Group—Gordon Gregory;
- Community Social Welfare meeting for drought communities—Irene Mills; and
- Academic Advisory Committee for the medical course at Deakin University—Lyn Holden.

friends of the Alliance

friends of the Alliance maintained a steady membership base during the 2007–08 period.

As at 30 June 2008 there were 540 members of *friends of the Alliance*—83 organisations and 457 individuals. Included in this figure are members of Services for Australian Rural and Remote Allied Health (SARRAH) who receive the journal as part of SARRAH membership.



friends of the Alliance actively contributed to the Alliance's 2007 Federal election initiatives, served on the *Partyline* Editorial Committee and were frequent contributors of articles and photos for *Partyline*. Irene Mills, as Chair of *friends*, was a member of Council of the Alliance, and was able to represent *friends* in the development of policy responses and the formulation of key positions.

In June 2008 a new *friends* Advisory Committee was elected. Members of the new Committee are:

- Alicia Eaton (Vic);
- John Ferguson (Qld);
- Jane Fisher (ACT);
- Janet Fletcher (NT);
- Pauline Glover (SA);
- Nigel Jefford (WA);
- Marie Lally (SA);
- Suzanne Little (Qld);
- Irene Mills (WA);
- Beth Smith (Tas);
- Janie Smith (NSW);
- Janet Struber (NT);
- David Templeman (ACT);
- David Thompson (Vic); and
- Robin Toohey (NSW).

The Committee is an impressive and diverse group of rural and remote advocates with experience gained across the width and breadth of Australia.



People

Council

Council is made up 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 once a year face to face and every second month by teleconference.



Jackie Ah Kit

Co-opted
Director, Aboriginal Health,
SA



Owen Allen

SARRAH
NRHA Secretary,
Physiotherapist, Atherton,
Qld



Fiona Armstrong

ANF
RN, Journalist,
Professional and Policy
Team Leader, ANF
National Office



Alison Aylott

RPA
NRHA Treasurer, Rural
Locum Pharmacist,
Dorrigo, NSW



Bev Cook

HCRRA
Consumer and Farmer,
Nandaly, Vic



Liz Dodd

ACRRM
Rural Doctor, Griffith, NSW



Jeff Fuller

AHA
Director of Education,
Northern Rivers University
Department of Rural
Health



Jane Gloster

ICPA
Nairne, SA



Mary Guthrie

AIDA
Policy and Projects
Manager, AIDA



Bruce Harris

RACGP
Program Coordinator,
School of Rural Health,
Dubbo, NSW



Sophie Heathcote

CRANA
Remote Area Nurse,
Dubbo, NSW



Michael Jonas

RDN
Dentist, Gunnedah, NSW



Donna Lennon

ARNM
Communications
Coordinator, NSW Health,
Wagga Wagga



Elaine Lomas

NACCHO
Operations Manager,
NACCHO



Jenny May

RDAA
NRHA Deputy Chair; Rural
Doctor, Tamworth, NSW





Sue McAlpin
ACHSE
Immediate Past Chair;
Course Co-ordinator,
Nutrition and Dietetics,
CSU, Wagga Wagga, NSW



Jo McCubbin
RGPS
Paediatrician, Sale, Vic



Matthew McLindon
RIHG
Chiropractor, Echuca, Vic



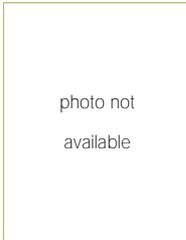
Irene Mills
friends
NRHA Board Member;
Farmer, Dalwallinu, WA



Romlie Mokak
AIDA
Chief Executive Officer,
AIDA



Karen Morrissey
ICPA
Farmer, Mount Magnet,
WA



Teresa Ong
AHPARR
Consultant Medical
Imaging, WA Country
Health



Nicole O'Reilly
AHPARR
Occupational Therapist,
Darwin NT



Lyn Pearson
CAA
Executive Director, CAA,
SA



Lana Prout
NRHSN
Medical Student, Monash
University, Vic



Bruce Simmons
RDN
Dentist, Alice Springs, NT



Beth Rogers
APA
Physiotherapist, Tom
Price, WA



Lynne Sheehan
CHA
Secretary NRHA; Chief
Executive Officer, Mater
Misericordiae Hospital,
Rockhampton, Qld



Brenda Tait
AGPN
Chief Executive Officer,
Southern Queensland
Rural Division of General
Practice Toowoomba, Qld



John Wakerman
ARHEN
NRHA Chair; Director,
Centre for Remote Health,
a joint Centre of Flinders &
Charles Darwin
Universities; General
Practitioner, Alice Springs,
NT



Pauline Wardle
FS
NRHA Board Member,
Assistant Regional
Manager NT, Frontier
Services



Kim Webber
ARRWAG
Chief Executive Officer,
ARRWAG



Robert Williams
RFDS
National Health Program
Manager, RFDS National
Office, Sydney



Lesley Young
CWAA
President, CWAA,
Sassafras, Tas



Council meeting attendance 2007–08

The following table lists Council members during the period of this report, the organisation they represent and their (or their proxy's) attendance at meetings during 2007–08.

Member Body	Delegate to Council	Period on Council	Meetings	
			Eligible to attend	Attended
ACHSE	Sue McAlpin	Full year	7	5
ACRRM	Elizabeth Dodd	Full year	7	3
AGPN	Brenda Tait	Full year	7	5
AHHA	Jeff Fuller	Full year	7	4
AHPARR	Teresa Ong Nicole O'Reilly	Jul 07 – Feb 08	5	2
		Mar – Jun 08	2	2
AIDA	Romlie Mokak Mary Guthrie	Jul 07 – Mar 08	5	2
		Apr – Jun 08	2	2
ANF	Fiona Armstrong	Full year	7	5
APA-RMN	Beth Rogers	Full year	7	7
ARHEN	John Wakerman	Full year	7	6
ARNM	Donna Lennon	Full year	7	6
CAA	Neil Kirby Lyn Pearson	Jul – Aug 07	2	1
		Sep 07 – Jun 08	5	2
CHA	Lynne Sheehan	Full year	7	3
Co-opted	Jackie Ah Kit	Full year	3	0
CRANA	Sophie Heathcote	Full year	7	4
CWAA	Lesley Young	Full year	7	5
friends	Irene Mills	Full year	7	5
FS	Pauline Wardle	Full year	7	5
HCRRA	Bev Cook	Full year	7	4
ICPA	Karen Morrissey Jane Gloster	Jul 07 – Jan 08	4	0
		Feb – Jun 08	3	0
NACCHO	Elaine Lomas	Full year	7	3
NRF of RACGP	Bruce Harris	Full year	7	1
NRHSN	Lana Prout	Full year	7	7
RDAA	Jenny May	Full year	7	7
RDN	Michael Jonas Bruce Simmons	Jul – Aug 07	2	0
		Sep 07 – Jun 08	5	5
RFDS	Robert Williams	Full year	7	5
RGPS	Jo McCubbin	Full year	7	7
RHWA	Kim Webber	Full year	7	7
RIHG	Matthew McLindon	From Jun 08	1	1
RPA	Alison Aylott	Full year	7	3
SARRAH	Owen Allen	Full year	7	6



Board

Board members are appointed at the Annual General Meeting and hold office for one year. The Board met every second month by teleconference.

Board meeting attendance 2007–08

The table below lists Board members during the period of this report, their Board responsibilities and their attendance at meetings during 2007–08.

Name		Meetings	
		Eligible to attend	Attended
John Wakerman	Chairperson	6	5
Jenny May	Deputy Chair	6	6
Owen Allen	Ordinary Member Jul 07 – Aug 07, Secretary from Sep 07	6	6
Pauline Wardle	Ordinary Member Jul 07 – Aug 07, Treasurer from Sep 07	6	6
Lynne Sheehan	Secretary Jul 07 – Aug 07	1	0
Alison Aylott	Treasurer Jul 07 – Aug 07	1	1
Stephen Gough	Ordinary Member Jul 07 – Aug 07	1	0
Sophie Heathcote	Ordinary Member	6	6
Sue McAlpin	Immediate Past Chair	6	4
Irene Mills	Ordinary Member	6	6
Lana Prout	Moderator from Nov 07	4	4
Beth Rogers	Moderator from Nov 07	4	3
Leslie Young	Ordinary Member from Sep 07	5	4



(L to R): Andrew Waters, Rob Bain, Jenny May, Marshall Wilson, John Wakerman



Staff of the Alliance



Gordon Gregory
Executive Director



Peter Brown
Manager, AJRH and
RAMUS Tracking



Leanne Coleman
Office Manager



Denisse Dimatatac
Project Officer, RAMUS/IT
(until April 2008)



Lyn Eiszele
Conference Manager



Jan Izzard
Finance Manager
(until September 2007)



Paulina Leko
Conference Coordinator



Susan Magnay
Manager, RAMUS



Justin Neale
IT Manager



Carol Palce
Senior Project Officer,
RAMUS



Andrew Phillips
Policy Adviser
(from May 2008)



Ann Short
Administration Officer



Lexia Smallwood
Editor, *Partylne* and
Council Business Manager



Janine Snowie
Project Officer, RAMUS



Pam Watson
Finance Manager
(from October 2007)



Andrew Waters
Manager, Policy and
Communications
(until September 2007)



Marshall Wilson
Media Adviser



Consultants to the NRHA

- Rob Bain (Policy Writing);
- Yvonne Cramer (Policy Writing);
- Marilyn Gendek (Nursing Policy);
- Jim Groves (eforum Moderator);
- George Neale (Evaluations); and
- Debbie Phillips (Publications).

Co-located bodies

One of the Alliance's Members, Health Consumers of Rural and Remote Australia (HCRRRA), continues to be co-located in the Alliance office. This allows the Alliance to work closely with HCRRRA through its Project Officer, Jeff Wearne.

Services for Australian Rural and Remote Allied Health (SARRAH) was co-located with the Alliance for part of the financial year. In December 2007 SARRAH re-located its secretariat to an adjacent office.



(L to R): Owen Allen, Lexia Smallwood, Brenda Tait, the Hon Alex Somlyay, MP



Managed projects

RAMUS

The Alliance continued as the national manager for the Rural Australia Medical Undergraduate Scholarships (RAMUS) Scheme. In 2007–08 the Scheme funded scholarships for 550 medical students from rural and remote areas.

At the end of 2007, 115 scholars graduated from university and completed their scholarship. Over 470 applications were received in the 2008 application round and 142 new scholarships were awarded.

In late 2007, current scholars were surveyed about their perceptions of RAMUS and their career and training preferences. Overall, respondents demonstrated strong support for RAMUS and a high level of commitment to training and working in rural and remote areas.

Rural Doctor Mentor Program

All RAMUS scholars must have a rural doctor as a mentor. There were 439 current mentors at the end of the financial year (some rural doctors mentor more than one RAMUS scholar), with the mentors for some new 2008 scholars yet to be finalised.

Dr Mark Henschke of Armidale, NSW, and Dr John Kramer of Woolgoolga, NSW, received RAMUS Mentor Awards for 2007. These annual awards recognise the contribution of outstanding and inspirational RAMUS mentors.

Tracking project

The report of the 2006–07 RAMUS Tracking project was completed and submitted to the Department in October 2007. The project targeted RAMUS graduates from 2000 to 2006 who were surveyed about their career and training intentions, their workforce

experiences and their perceptions of RAMUS. Mentors were also surveyed about their perceptions of the Scheme. The survey results showed that scholars and mentors share a strong level of support for the RAMUS Scheme and that scholars had a high level of interest in and commitment to practising in rural areas.

Conference Placement Program

The RAMUS Conference Placement Program provides grants for RAMUS scholars and former scholars who are members of the RAMUS Alumnus to attend selected conferences that either have a rural and remote health context or will enhance clinical skills for rural practice. In 2007–08, 64 applications were received and 53 scholars and Alumnus members attended conferences with the support of the Program. Reports on the conferences attended are available through the Alliance's website.

RAMUS Alumnus Program

A trial was conducted of an incentives package for 2007 completing scholars to acquit their scholarship and to join the RAMUS Alumnus. The package included a one-off completion payment of \$200 for completing scholars who met all acquittal requirements and new benefits for those who joined the Alumnus Program including one year's free access to the *Australian Journal of Rural Health* and the opportunity to be included in a register of former scholars interested in becoming RAMUS mentors at an appropriate stage in their career. Over 75 per cent of scholars who completed in 2007 fulfilled the acquittal requirements and received the completion payment and 47 of them joined the RAMUS Alumnus.



Conference services

The Alliance provided logistical and organisational support to conferences for other organisations throughout the year. These included:

- National Nutrition Networks Conference (NNNC 08), Alice Springs, March 2008;
- the Inaugural Rural and Remote Health Scientific Symposium, Brisbane, July 2008; and
- the 2008 National SARRAH Conference, Yeppoon, August 2008.



(L to R): Sharon Laurence, Jo Stanford and Jane Judd at NNC, Alice Springs, March 2008



Ann Short and Janine Snowie at NRHA Election Priorities Launch, September 2007



(L to R): Nicola Roxon, Shadow Minister for Health, Claire Seiffert, John Wakeman, The Hon Tony Abbott, Minister for Health and Ageing, Gordon Gregory, Senator Judith Adams, Senator Lyn Allison and Elizabeth Leprince at NRHA Election Priorities Launch, September 2007





PART 2
ANNUAL REPORT

Financial reporting

NATIONAL RURAL HEALTH ALLIANCE INCORPORATED
ABN 68 480 848 412

Directors' report

Your directors present their report on the National Rural Health Alliance Incorporated for the financial year ended 30 June 2008.

Directors

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

- John Wakerman (Chairperson);
- Jenny May (Deputy Chair);
- Owen Allen (Secretary);
- Pauline Wardle (Treasurer);
- Lynne Sheehan (Secretary);
- Alison Aylott;
- Stephen Gough;
- Sophie Heathcote;
- Sue McAlpin;
- Irene Mills;
- Lana Prout;
- Beth Rogers; and
- Lesley Young.

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

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.

Operating results

The final result for the year was a deficit of (\$41,009) (2007: \$113,221 surplus).

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 and Ageing), 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' benefits

No director has become entitled to receive, during or since the financial year, a benefit because of a contract made by the NRHA, or a related body corporate with a director, a firm of which a director is a member or an entity in which a director has a substantial financial interest.

Meetings of directors

During the year six meetings of directors were held. Attendances were

	Board meetings	
	Number eligible to attend	Number attended
John Wakerman (Chairperson)	6	5
Jenny May (Deputy Chair)	6	6
Owen Allen (Secretary)	6	6
Pauline Wardle (Treasurer)	6	6
Lynne Sheehan (Secretary)	1	0
Alison Aylott	1	1
Stephen Gough	1	0
Sophie Heathcote	6	6
Sue McAlpin	6	4
Irene Mills	6	6
Lana Prout	4	4
Beth Rogers	4	3
Lesley Young	5	4

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.



John Wakerman, Chair

Dated this 16th day of September 2009.



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 outlines in Note 1 to the financial statements.

In the opinion of the directors the financial report

- presents a true and fair view of the balance sheet of National Rural Health Alliance Incorporated as at 30 June 2008 and its income statement for the year ended on that date; and
- at the date of this statement, there are reasonable grounds to believe that the National Rural Health Alliance Inc. 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:



John Wakerman, Chair



Pauline Wardle, Treasurer

Dated this 16th day of September 2009.



Financial statements

The accompanying notes form part of these financial statements.

Income statement for the year ended 30 June 2008

	Note	2008 \$	2007 \$
Revenue			
Government grants		1,432,889	1,502,956
Conference		158,780	748,775
Fees		178,057	294,671
Other operations		130,297	101,220
	2	<u>1,900,023</u>	<u>2,647,622</u>
Expenditure			
Conference		208,345	703,374
Employee benefits		929,066	777,922
Project administration		216,953	328,099
Publication and communication		165,562	215,935
Other expenses		421,106	509,071
		<u>1,941,032</u>	<u>2,534,401</u>
Surplus / (deficit) from ordinary activities		<u>(41,009)</u>	<u>113,221</u>

Balance sheet as at 30 June 2008

	Note	2008 \$	2007 \$
Current assets			
Cash and cash equivalents	3	1,178,319	2,194,147
Trade and other receivables	4	8,425	3,402,078
Other assets	5	20,429	38,974
Total current assets		<u>1,207,173</u>	<u>5,635,199</u>
Non-current assets			
Plant and equipment	6	145,064	-
Total non-current assets		<u>145,064</u>	<u>-</u>
Total assets		<u>1,352,237</u>	<u>5,635,199</u>
Current liabilities			
Trade and other payables	7	34,497	271,832
Deferred revenue—government grants	8	72,095	349,984
Deferred revenue—scholarships	9	239,912	3,874,220
Provisions	10	171,015	148,757
Other liabilities	11	161,126	434,226
Total current liabilities		<u>678,645</u>	<u>5,079,019</u>
Non-current liabilities			
Provisions	10	1,690	-
Total non-current liabilities		<u>1,690</u>	<u>-</u>
Total liabilities		<u>680,335</u>	<u>5,079,019</u>
Net assets		<u>671,902</u>	<u>556,180</u>
Equity			
Retained earnings		712,911	442,958
Current year surplus / (deficit)		(41,009)	113,222
Total equity		<u>671,902</u>	<u>556,180</u>



Notes to the financial statements for the year ended 30 June 2008

Note 1: Statement of significant accounting policies

The financial report is a special purpose financial report prepared for use by directors and members of the NRHA. 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; and
- 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 specific 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	4–10 years
Motor vehicle	8 years
Software	4 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).

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 collectability 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 on behalf of the Commonwealth of Australia. At 30 June 2008, the unexpended amount of these funds received was \$239,912 (2007: \$3,874,220). The NRHA reports the deferred revenue of the scholarship scheme as part of these financial statements.

l. Other liabilities

This liability relates to the RIST NT DHCS holding account. In this account are funds that are held in the Alliance's bank account on behalf of the Department of Health and Community Services. As these funds are not grant income, they have been shown as a liability.

m. Changes in accounting policies

The NRHA in the previous financial year determined that all assets should be expensed in the year of purchase. The basis of this decision was to provide the accounts that are more understandable, and provide a more accurate picture of the financial situation. However during 2008 it was determined that a change in accounting policy was required in order for the Alliance to comply with AASB 116 *Property, plant and equipment*. As at 1 July 2007 all property, plant and equipment was reinstated on the balance sheet of the Alliance.

The application of this accounting standard was not applied retrospectively; this was due to it being impracticable to determine the opening balance of property, plant and equipment as at 1 July 2006.

n. Economic dependence

The NRHA is reliant on the support of the Australian Government (Department of Health and Ageing) to provide grant funding to fund operational activities and the RAMUS scholarship scheme and mentor program. The current funding agreements expire at 30 June 2009. At the date of signing the financial statements the funding agreement has not been renewed. The NRHA has in place a contingency plan and budget for managed wind-up over a 12-month period if required.



	2008 \$	2007 \$
Note 2: Revenue for ordinary activities		
Government grants	1,432,889	1,502,956
Conference	158,780	748,775
Fees	178,057	294,671
<i>Australian Journal of Rural Health</i>	44,945	34,182
Other operations	7,661	581
Interest received	77,691	66,458
	<u>1,900,023</u>	<u>2,647,623</u>

Note 3: Cash and cash equivalents

Bank guarantee	15,229	15,229
Westpac term deposit	20,000	20,000
Max-I direct account	912,874	1,395,485
Westpac NRHA account	(9,696)	4,962
RAMUS scholarship CMA	135,210	622,616
RAMUS mentor CMA	96,561	111,398
RAMUS scholarship cheque	5,559	22,905
RAMUS mentor cheque	2,582	1,552
	<u>1,178,319</u>	<u>2,194,147</u>

Note 4: Trade and other receivables

Trade receivables	8,425	3,402,078
	<u>8,425</u>	<u>3,402,078</u>

Note 5: Other assets

Prepayments—insurance	11,782	30,327
Deposits paid—10 NRHC	8,647	8,647
	<u>20,429</u>	<u>38,974</u>

Note 6: Property, plant and equipment

Plant and equipment	197,658	-
Less accumulated depreciation	(84,796)	-
	<u>112,862</u>	<u>-</u>

Motor vehicle	28,240	-
Less accumulated depreciation	(3,824)	-
	<u>24,416</u>	<u>-</u>

Software	66,761	-
Less accumulated amortisation	(58,975)	-
	<u>7,786</u>	<u>-</u>

Note 7: Payables

Trade creditors	-	194,418
Accrued audit fee	12,000	-
GST collected	(4,420)	59,389
PAYG withholding	15,586	10,972
Accrued wages	6,455	-
FBT payable	1,953	1,953
Other creditors	2,923	5,100
	<u>34,497</u>	<u>271,832</u>

Note 8: Deferred revenue—unspent grants

AHCRA Summit	-	7,650
NRHA administration	52,660	8,545
Nutrition Networks Conference	-	34,091
RAMUS administration	-	200,000
RAMUS Conference Placement Program	19,435	88,200
RIST administration	-	11,498
	<u>72,095</u>	<u>349,984</u>

Note 9: Deferred revenue—scholarships

Scholarship funds payable	140,768	3,670,520
Mentor funds payable	99,144	203,700
	<u>239,912</u>	<u>3,874,220</u>

Note 10: Provisions

Annual leave	93,536	68,780
Long service leave	79,167	79,976
	<u>172,703</u>	<u>148,756</u>

(a) Analysis of total provisions

Current	171,013	148,756
Non-current	1,690	-
	<u>172,703</u>	<u>148,756</u>

Note 11: Other liabilities

RIST NT DHCS holding account	161,126	434,227
	<u>161,126</u>	<u>434,227</u>



Independent auditor's report

RSM Bird Cameron
Chartered Accountants



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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 the National Rural Health Alliance Incorporated, which comprises the balance sheet as at 30 June 2008, and the income statement, statement for the year then ended, a summary of significant accounting policies, other explanatory notes and the Director's declaration.

The Directors' Responsibility for the Financial Report

The Directors' of the National Rural Health Alliance Incorporated are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the needs of the members. The Directors' responsibility also includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

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

The financial report has been prepared for use by the Directors' and members of the National Rural Health Alliance Incorporated. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

Liability limited by a
scheme approved under
Professional Standards
Legislation

Birdanco Nominees Pty Ltd
ABN 33 009 321 377
Practising as
RSM Bird Cameron
ABN 65 319 362 479

Major Offices in:
Perth, Sydney,
Melbourne, Adelaide
and Canberra

RSM Bird Cameron is an independent
member firm of RSM International, an
affiliation of independent accounting and
consulting firms.



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.

Auditor's Opinion

In our opinion, the financial report presents fairly, in all material respects, the financial position of the National Rural Health Alliance Incorporated as at 30 June 2008 and its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

RSM BIRD CAMERON
Chartered Accountants



G STENHOUSE
Director

Canberra, ACT
Dated: 17 September 2008

