



Indigenous Allied Health Australia



MEMORANDUM OF UNDERSTANDING

Indigenous Allied Health Australia and
Services for Australian Rural and Remote Allied Health

Preamble

Recognising the shared goals, mutual interests and commonality of values of both organisations, and the distinct areas of expertise and capacity where each organization leads, Indigenous Allied Health Australia (IAHA) and Services for Australian Rural and Remote Allied Health (SARRAH) jointly resolve to form a partnership and affix their seal to this document.

Indigenous Allied Health Australia

Indigenous Allied Health Australia Ltd. (IAHA) is a national not for profit, member based Aboriginal and Torres Strait Islander allied health organisation. Formed in 2009 and becoming a registered company in 2013, IAHA is built on the principle that Aboriginal and Torres Strait Islander health professionals play a vital role in addressing the health and wellbeing of Australia's First Peoples. In order to close the gap in health outcomes, more Aboriginal and Torres Strait Islander people must be encouraged to consider, pursue and succeed in allied health careers. In addition, IAHA has a significant role in building and promoting the cultural safety of the health workforce and service system as a whole.

Services for Australian Rural and Remote Allied Health

Services for Australian Rural and Remote Allied Health (SARRAH) exists so that rural and remote Australian communities have allied health services that support equitable and sustainable health and well-being. Formed in 1995, SARRAH is the peak body representing rural and remote based allied health professionals, providing individual rural and remote allied health professionals with opportunities to inform and influence governments by contributing to policy and planning processes that govern service delivery to rural and remote communities with the ultimate goal being enhanced community health outcomes.

Purpose

IAHA and SARRAH are both member based organisations that actively seek to engage their members and represent members' views and aspirations.

IAHA and SARRAH note that both organisations have common shared goals and values as well as areas of distinct expertise and commit to work together collaboratively to address a range of agreed projects to benefit their members and progress their aspirations.

The impetus for developing this Memorandum of Understanding is the joint agreement by IAHA and SARRAH to advocate jointly to address several major systemic failures:

- the long-standing maldistribution of the health workforce that significantly disadvantages people living in rural and remote communities, particularly Aboriginal and Torres Strait Islander people.
- the lack of coherent funding and support mechanisms to enable allied health services to establish and operate sustainably in rural and remote communities, with consequent impacts on health care access and outcomes.
- the need for expanded services to support improved health and wellbeing through multidisciplinary teams supported through primary health care services.

The list of agreed projects may be amended from time to time with the written agreement of both parties.

Priorities

IAHA and SARRAH agree to focus the initial effort on four projects:

1. expansion of the allied health rural generalist pathway into a national training pathway to support the development and retention of allied health professionals with advanced skills to respond to community needs
2. development and trial of a new model of community led service delivery to address areas of currently unmet health need in remote communities
3. develop and support a culturally safe and responsive allied health workforce to improve access to high quality allied health to meet the needs of Aboriginal and Torres Strait Islander peoples and communities.
4. review and revise the SARRAH Transition Toolkit for allied health professionals in rural and remote communities to embed cultural responsiveness and safety into each element of the resource and develop additional resources to support the establishment of businesses that are fit for purpose for the communities they will serve.

In addition, IAHA and SARRAH will jointly develop an evaluation strategy of these four projects to track progress and achievements.

Reporting

While the specific details of the reporting schedule will be developed jointly as agreed by both parties.

Funding

Both IAHA and SARRAH will continue to operate as separate funding entities and this Memorandum of Understanding includes no mandated contribution of funding by either organization to enable its establishment.

IAHA and SARRAH note that from time to time, to progress agreed projects, it may become necessary to seek outside funding, in which case requests for funding will go out jointly, with both Chief Executive Officers' support.

Duration

This MOU is at-will and may be modified by mutual consent of authorized officials from IAHA and SARRAH.

This MOU shall become effective upon signature by the authorized officials from IAHA and SARRAH and will remain in effect until modified or terminated by any one of the partners by mutual consent. In the absence of mutual agreement by the authorized officials from IAHA and SARRAH, this MOU shall end on 30 June 2022.

Signatures of Parties

Partner: **Indigenous Allied Health Australia**

Partner representative: Nicole Turner.

Position: Chairperson.

Signature: [Handwritten Signature]

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

Partner representative: ROBERT CURRY

Position: PRESIDENT

Signature: [Handwritten Signature]