



Medical Council
OF NEW SOUTH WALES

Medical Council of NSW

Annual Financial Statements
year ended 30 June 2022

JOINT ANNUAL REPORT FOR THE 15 NEW SOUTH WALES HEALTH PROFESSIONAL COUNCILS
ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PRACTICE COUNCIL CHINESE MEDICINE COUNCIL
CHIROPRACTIC COUNCIL DENTAL COUNCIL MEDICAL COUNCIL MEDICAL RADIATION PRACTICE COUNCIL NURSING
AND MIDWIFERY COUNCIL OCCUPATIONAL THERAPY COUNCIL OPTOMETRY COUNCIL OSTEOPATHY COUNCIL
PARAMEDICINE COUNCIL PHARMACY COUNCIL PHYSIOTHERAPY COUNCIL PODIATRY COUNCIL PSYCHOLOGY COUNCIL



INDEPENDENT AUDITOR'S REPORT

Medical Council of New South Wales

To Members of the New South Wales Parliament

Opinion

I have audited the accompanying financial statements of the Medical Council of New South Wales (the Council), which comprise the Statement by the Members of the Council, the Statement of Comprehensive Income for the year ended 30 June 2022, the Statement of Financial Position as at 30 June 2022, the Statement of Changes in Equity and the Statement of Cash Flows, for the year then ended, notes comprising a Statement of Significant Accounting Policies, and other explanatory information.

In my opinion, the financial statements:

- have been prepared in accordance with Australian Accounting Standards and the applicable financial reporting requirements of the *Government Sector Finance Act 2018* (GSF Act), the *Government Sector Finance Regulation 2018* (GSF Regulation) and the Treasurer's Directions
- presents fairly the Council's financial position, financial performance and cash flows

My opinion should be read in conjunction with the rest of this report.

Basis for Opinion

I conducted my audit in accordance with Australian Auditing Standards. My responsibilities under the standards are described in the 'Auditor's Responsibilities for the Audit of the Financial Statements' section of my report.

I am independent of the Council in accordance with the requirements of the:

- Australian Auditing Standards
- Accounting Professional and Ethical Standards Board's APES 110 'Code of Ethics for Professional Accountants (including Independence Standards)' (APES 110).

I have fulfilled my other ethical responsibilities in accordance with APES 110.

Parliament promotes independence by ensuring the Auditor-General and the Audit Office of New South Wales are not compromised in their roles by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General
- mandating the Auditor-General as auditor of public sector agencies
- precluding the Auditor-General from providing non-audit services.

I believe the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

The Council's Responsibilities for the Financial Statements

The members of the Council are responsible for the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards, the GSF Act, GSF Regulation and Treasurer's Directions. The members of the Council's responsibility also includes such internal control as the members of the Council determine is necessary to enable the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the members of the Council are responsible for assessing the Council's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting.

Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to:

- obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error
- issue an Independent Auditor's Report including my opinion.

Reasonable assurance is a high level of assurance, but does not guarantee an audit conducted in accordance with Australian Auditing Standards will always detect material misstatements.

Misstatements can arise from fraud or error. Misstatements are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions users take based on the financial statements.

A description of my responsibilities for the audit of the financial statements is located at the Auditing and Assurance Standards Board website at: www.auasb.gov.au/auditors_responsibilities/ar4.pdf. The description forms part of my auditor's report.

The scope of my audit does not include, nor provide assurance:

- that the Council carried out its activities effectively, efficiently and economically
- about the security and controls over the electronic publication of the audited financial statements on any website where they may be presented
- about any other information which may have been hyperlinked to/from the financial statements.



Somaiya Ahmed
Director, Financial Audit Services

Delegate of the Auditor-General for New South Wales

20 October 2022
SYDNEY

Medical Council of New South Wales

Statement by the Members of the Council

for the year ended 30 June 2022



We state, pursuant to section 7.6(4) of the *Government Sector Finance Act 2018* ('GSF Act'):

1. The financial statements of the Medical Council of New South Wales for the year ended 30 June 2022 have been prepared in accordance with:
 - a. Australian Accounting Standards (AAS) (which include Australian Accounting Interpretations);
 - b. applicable requirements of the GSF Act, the Government Sector Finance Regulation 2018; and
 - c. NSW Treasurer's Directions issued under the GSF Act.
2. The financial statements present fairly the Medical Council of New South Wales financial position as at 30 June 2022 and the financial performance and cash flows for the year then ended; and
3. We are not aware of any circumstances which would render any particulars in the financial statements to be misleading or inaccurate.

A handwritten signature in black ink, appearing to read "J Kendrick".

Dr Jennifer Kendrick AM
President
19 October 2022

A handwritten signature in black ink, appearing to read "E Tompsett".

Dr Elizabeth Tompsett
Deputy President
19 October 2022

Medical Council of New South Wales

Statement of Comprehensive Income for the year ended 30 June 2022

	Notes	2022 \$	2021 \$
Continuing operations			
Expenses excluding losses			
Personnel services	2	9,412,268	8,127,168
Other operating expenses	3	8,603,191	9,625,900
Depreciation and amortisation	4	258,061	230,552
Finance costs	5	21,938	35,734
Grant expenses	6	50,000	37,500
Total expenses excluding losses		18,345,458	18,056,854
Revenue			
Acceptance by the Crown ¹ of personnel services	10	70,575	8,077
Registration fees	8	17,210,426	16,138,559
Investment revenue	9	30,087	29,723
Other income	11	145,700	56,640
Total revenue		17,456,788	16,232,999
Operating result		(888,670)	(1,823,855)
Gains / (losses) on disposal	12	115,836	-
Other gains / (losses)	13	-	6,810
Net result		(772,834)	(1,817,045)
Total other comprehensive income		-	-
TOTAL COMPREHENSIVE INCOME		(772,834)	(1,817,045)

¹ Crown represents 'The Crown in right of the State of New South Wales'

The accompanying notes form part of these financial statements.

Medical Council of New South Wales
Statement of Financial Position as at 30 June 2022

	Notes	2022 \$	2021 \$
ASSETS			
Current assets			
Cash and cash equivalents	14	15,343,205	14,990,777
Receivables	15	190,744	172,033
Total current assets		15,533,949	15,162,810
Non-current assets			
Property, plant & equipment			
- Plant and equipment		58,072	97,018
- Leasehold improvements		1,041,988	1,113,507
Total property, plant & equipment	16	1,100,060	1,210,525
Right-of-use assets	17	587,074	993,688
Intangible assets	18	-	-
Total non-current assets		1,687,134	2,204,213
Total assets		17,221,083	17,367,023
LIABILITIES			
Current liabilities			
Payables	19	1,938,678	1,068,394
Contract liabilities	20	4,581,138	4,315,912
Lease liabilities	21	22,731	107,326
Provisions	22	-	22,792
Total current liabilities		6,542,547	5,514,424
Non-current liabilities			
Lease liabilities	21	587,648	1,017,635
Provisions	22	28,758	-
Total non-current liabilities		616,406	1,017,635
Total liabilities		7,158,953	6,532,059
Net assets		10,062,130	10,834,964
EQUITY			
Accumulated funds		10,062,130	10,834,964
Total Equity		10,062,130	10,834,964

The accompanying notes form part of these financial statements.

Medical Council of New South Wales

Statement of Changes in Equity for the year ended 30 June 2022

	Notes	Accumulated Funds \$
Balance at 1 July 2021		10,834,964
Net result for the year		(772,834)
Balance at 30 June 2022		10,062,130

	Notes	Accumulated Funds \$
Balance at 1 July 2020		12,652,009
Net result for the year		(1,817,045)
Balance 30 June 2021		10,834,964

The accompanying notes form part of these financial statements.

Medical Council of New South Wales

Statement of Cash Flows for the year ended 30 June 2022

	Notes	2022 \$	2021 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Personnel services		(9,317,631)	(8,087,838)
Other		(7,789,838)	(9,736,115)
Grants expense		(50,000)	(37,500)
Finance costs		(21,938)	(35,733)
Total payments		(17,179,407)	(17,897,186)
Receipts			
Registration fees		17,474,917	16,392,442
Interest received		30,087	29,723
Other		137,800	164,139
Total receipts		17,642,804	16,586,304
NET CASH FLOWS FROM OPERATING ACTIVITIES	25	463,397	(1,310,882)
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchases of property, plant and equipment		-	(21,677)
NET CASH FLOWS FROM INVESTING ACTIVITIES		-	(21,677)
CASH FLOWS FROM FINANCING ACTIVITIES			
Payment of principal portion of lease liabilities		(110,969)	(109,954)
NET CASH FLOWS FROM FINANCING ACTIVITIES		(110,969)	(109,954)
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS		352,428	(1,442,513)
Opening cash and cash equivalents	14	14,990,777	16,433,290
CLOSING CASH AND CASH EQUIVALENTS	14	15,343,205	14,990,777

The accompanying notes form part of these financial statements.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements for the year ended 30 June 2022

1. Statement of Significant Accounting Policies

a) Reporting entity

The Medical Council of New South Wales (the Council) as a not-for-profit reporting entity with no cash generating units, performs the duties and functions contained in the *Health Practitioner Regulation National Law (NSW) No 86a of 2009*.

These financial statements for the year ended 30 June 2022 have been authorised for issue by the Council on 19 October 2022.

b) Basis of preparation

The Council's financial statements are general purpose financial statements which have been prepared on an accrual basis and in accordance with:

- * applicable Australian Accounting Standards (AAS) (which include Australian Accounting Interpretations);
- * the requirements of the *Health Services Act 1997* and its regulations (including observation of the Accounts and Audit Determination for Public Health Organisations);
- * NSW Treasurer's Directions issued under the *Government Sector Finance Act 2018*; and
- * The requirements of the *Government Sector Finance Act 2018*.

The financial statements of the Council have been prepared on a going concern basis.

Despite the impact of COVID-19, the going concern assumption remains appropriate. There has not been a significant impact on the Council and it is able to pay debts as and when they come due and payable.

The Council has determined that it is not probable a liability arises to pay superannuation on annual leave loading. This position has been formed based on current inquiries, other information currently available to management, and after considering the facts from a decision in the Federal Court of Australia: *Finance Sector Union of Australia v Commonwealth Bank of Australia [2022] FedCFamC2G 409*. That decision confirmed that, in relation to the industrial agreement considered in that case, annual leave loading did not form part of ordinary time earnings and therefore, did not require superannuation contributions to be made under superannuation guarantee legislation because the obligation to pay annual leave loading was not referable to ordinary hours of work or to ordinary rates of pay. Rather, it was paid by reference to the period of annual leave, and for the purpose of compensating employees for their loss of opportunity to work additional hours at higher rates during this period. This position will be re-assessed in future reporting periods as new information comes to light on this matter.

Judgements, key assumptions and estimations management have made are disclosed in the relevant notes to the financial statements.

All amounts are rounded to the nearest dollar and are expressed in Australian currency, which is the Council's presentation and functional currency.

Financial statement items are prepared in accordance with the historical cost convention except where specified otherwise.

c) Statement of Compliance

The financial statements and notes comply with Australian Accounting Standards which include Australian Accounting Interpretations.

d) Accounting for the Goods & Services Tax (GST)

Income, expenses and assets are recognised net of the amount of GST, except that the:

- * amount of GST incurred by the Council as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of an asset's cost of acquisition or as part of an item of expense; and
- * receivables and payables are stated with the amount of GST included.

Cash flows are included in the Statement of Cash Flows on a gross basis. However, the GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the Australian Taxation Office are classified as operating cash flows.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements for the year ended 30 June 2022

1. Statement of Significant Accounting Policies

e) Significant accounting judgements, estimates and assumptions

The agreed cost sharing arrangements for the distribution of pooled costs between Health Professional Councils were introduced effective 1 July 2012. Since 2012 some revisions have been made to the cost allocation methodology. The cost assumptions in the current year remain consistent with the prior year.

These indirect costs are shown as part of the Council's statement of comprehensive income and includes the following expense line items:

1. Personnel services
2. Other expenses
 - * Building expenses
 - * Contracted labour
 - * Information and communications technology
3. Depreciation and amortisation
4. Finance costs

f) Comparative Information

Except when an Australian Accounting Standard permits or requires otherwise, comparative information is disclosed in respect of the previous period for all amounts reported in the financial statements.

Certain comparative information has been reclassified to ensure consistency with current year presentation and classification.

g) Changes in accounting policy, including new or revised Australian Accounting Standards

(i) Effective for the first time in 2021-22

The accounting policies applied in 2021-22 are consistent with those of the previous financial year.

Several other amendments and interpretations apply for the first time in 2021-22, but do not have an impact on the financial statements of the Council.

(ii) Issued but not yet effective

NSW public sector entities are not permitted to early adopt new Australian Accounting Standards, unless NSW Treasury determines otherwise. The Council has assessed the potential impact of the new standards and interpretations issued but not yet effective and have determined they are unlikely to have a material impact on the financial statements of the Council.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements for the year ended 30 June 2022

2. Personnel services

	2022 \$	2021 \$
Salaries and wages (including annual leave)	7,992,272	6,841,318
Superannuation - defined contribution plans	771,666	634,102
Long service leave	73,119	8,621
Redundancies	-	86,434
Workers' compensation insurance	25,260	20,571
Payroll taxes	549,951	536,122
	9,412,268	8,127,168

Recognition and Measurement

The Council under section 41C(2) of the *Health Practitioner Regulation National Law (NSW)* cannot employ staff. Personnel services are acquired from the Ministry of Health.

Liabilities for salaries and wages (including non-monetary benefits), recreation leave and paid sick leave that are due to be settled within 12 months after the end of the period in which the employees render the service are recognised and measured in respect of employees' services up to the reporting date at undiscounted amounts based on the amounts expected to be paid when the liabilities are settled.

In accordance with NSWTC 21-03 'Accounting for Long Service Leave and Annual Leave', the Council's annual leave has been assessed as a short-term liability as these short-term benefits are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employee renders the related services. The Council's Annual Leave provision is assumed by the Ministry of Health and therefore is not shown in Provisions as a leave liability for the Council.

The Council's liability for Long Service Leave and defined benefit superannuation (State Authorities Superannuation Scheme and State Superannuation Scheme) are assumed by the Crown in right of New South Wales (Crown). In accordance with NSWTC15-07, the Council accounts for superannuation and LSL assumed by the Crown, as part of the personnel services expense and revenue as resources received free of charge.

The Council accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as 'Acceptance by the Crown of Personnel Services'.

Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.

The outstanding amounts of payroll tax and workers' compensation insurance premiums, which are consequential to employment, are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised.

All employees in defined contribution superannuation schemes receive the Superannuation Guarantee Levy contribution. Contributions are made by the Ministry of Health to an employee superannuation fund and are charged as an expense when incurred.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

3. Other operating expenses

	2022 \$	2021 \$
Advertising	1,455	1,074
Consultancies	13,764	9,490
Contractors	691,698	1,594,395
Domestic supplies and services	88,667	101,558
Food supplies	6,861	9,927
Fuel, light and power	18,964	38,337
Health assessments	606,618	675,521
Information management expenses	852,226	730,606
Insurance	6,387	1,044
Maintenance (see Note 3 (b))	157,600	356,286
Motor vehicle expenses	2,920	1,667
Postal and telephone costs	27,677	35,020
Printing and stationery	6,236	10,854
Rates and charges	10,357	9,854
Staff and Council related costs	47,246	17,565
Travel related costs	3,015	5,274
Sitting Fees	2,745,275	3,161,555
NSW Civil & Administrative Tribunal Variable Costs	1,973,363	1,662,502
NSW Civil & Administrative Tribunal Fixed Costs	379,323	340,769
Council Fees	370,568	362,903
Other (see Note 3 (a))	592,971	499,699
	8,603,191	9,625,900

	2022 \$	2021 \$
(a) Other		
Courier and freight	2	160
Legal services	451,130	248,766
Membership/professional fees	5,340	8,798
Security services	15,459	20,802
Auditor's Remuneration	26,860	29,557
General administration expenses	94,180	62,037
Refund to practitioners	-	129,579
	592,971	499,699

(b) Reconciliation of total maintenance		
Maintenance contracts	3,622	3,499
New / replacement equipment under \$5,000	73,577	196,530
Repairs maintenance / non contract	80,401	156,257
	157,600	356,286

Medical Council of New South Wales

Notes to and forming part of the Financial Statements for the year ended 30 June 2022

3. Other operating expenses (continued)

Recognition and Measurement

Operating expenses

Operating expenses generally represent the day-to-day running costs incurred in the normal operations of the Council. These costs are expensed as incurred.

Maintenance expense

Day-to-day servicing costs or maintenance are charged as expenses as incurred except where they relate to the replacement or enhancement of a part or component of an asset, in which case the costs are capitalised and depreciated.

Insurance

The Council's insurance activities are conducted through the NSW Treasury Managed Fund (TMF) Scheme of self-insurance for government entities. The expense / (premium) is determined by the fund manager based on past claims experience.

Refund to practitioners

The Council previously recovered costs associated with certain regulatory activities from practitioners, recognising amounts as Other Income. It was subsequently determined that the Council does not have the power to recover these costs. This practice has ceased and all reasonable steps have been taken to identify such transactions and return the money to the practitioners during FY2020-21.

In FY2021-22, the Council did not repay any additional refunds as no further claims were made by the practitioners. It was further determined by the Council that it was no longer probable that the refunds will be claimed and paid in the next 12 months. Accordingly, it was deemed appropriate to derecognise the provision for the refund against the other income.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

4. Depreciation and amortisation

	2022	2021
	\$	\$
Depreciation - leasehold improvements	96,922	96,615
Depreciation - plant and equipment	38,946	38,497
Depreciation - right-of-use buildings	122,193	93,814
Amortisation - intangible assets	-	1,626
	258,061	230,552

Refer to Note 16 Property, plant and equipment, Note 17 Leases, and Note 18 Intangible assets for recognition and measurement policies on depreciation and amortisation.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements for the year ended 30 June 2022

5. Finance costs

	2022 \$	2021 \$
Interest expense from lease liabilities	21,938	24,669
Other interest charges	-	11,065
	21,938	35,734

Recognition and Measurement

Finance costs consist of interest and other costs incurred in connection with the lease liabilities and interest incurred on refunds to practitioners. Finance costs are recognised as expenses in the period in which they are incurred.

6. Grant expenses

	2022 \$	2021 \$
Grant expenses	50,000	37,500
	50,000	37,500

Recognition and Measurement

Grant expenses comprised contributions in cash to the Medical Benevolent Association of NSW to support their health-related objectives and activities. The grants are expensed on the transfer of the cash.

In FY2021-22, the contribution of \$50,00 has been recorded as an expense within "Grant expenses" above.

7. Expenditure managed on behalf of the Council through the Ministry of Health

The Council's accounts are managed by the Health Administration Corporation (HAC), a controlled entity of the Ministry of Health (MoH). Executive and administrative support functions are provided by the Health Professional Councils Authority (HPCA), which is an executive agency of the MoH.

The Council under section 41C(2) of the *Health Practitioner Regulation National Law (NSW) No 86a of 2009* cannot employ staff. The HAC is the corporation which employs staff under the *Health Administration Act 1982*.

The MoH pays for the staff and associated oncosts. These costs are reimbursed by the Council to the MoH.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements for the year ended 30 June 2022

8. Registration fees

	2022	2021
	\$	\$
Registration fees	17,210,426	16,138,559
	17,210,426	16,138,559

Recognition and Measurement

The National Registration and Accreditation Scheme for all health professionals commenced on 1 July 2010. NSW opted out of the complaint handling component of the National scheme and the health professional Councils were established in NSW effective from 1 July 2010, with a further 4 Councils established on 1 July 2012 and another 1 Council established on 8 January 2018 to manage the complaints function in a co-regulatory arrangement with the NSW Health Care Complaints Commission (HCCC).

Under s 26A of the Law, the complaints element of the registration fees payable by NSW health practitioners was decided by the Council established for that profession subject to approval by the Minister for Health.

The Council, under the Law, receives fees on a monthly basis from the Australian Health Practitioner Regulation Agency (AHPRA) being the agreed NSW complaints element for the 2021 and 2022 registration fee.

Revenue from registration fees is recognised when the Council satisfies the performance obligation by transferring the promised services. Revenue is typically recognised as the annual registration period elapses. The registration period starts from 1 October and ends on 30 September each year.

The annual NSW Complaints Fee is set by the Council each year, based on the level of regulatory activities, and approved by the Minister for Health.

Refer to Note 20 for the disclosure of the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied (or partially unsatisfied) at the end of the reporting period, and when the Council expects to recognise the unsatisfied portion as revenue.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

9. Investment revenue

	2022 \$	2021 \$
Interest	30,087	29,723
	30,087	29,723

Recognition and Measurement

Interest income

Interest income is calculated by applying the effective interest rate to the gross carrying amount of a financial asset except for financial assets that subsequently become credit impaired. For financial assets that become credit impaired the effective interest rate is applied to the amortised cost of the financial asset (i.e. after deducting the loss allowance for expected credit losses).

Medical Council of New South Wales

Notes to and forming part of the Financial Statements for the year ended 30 June 2022

10. Acceptance by the Crown of personnel services

The following liabilities and / or expenses have been assumed by the Crown:

	2022	2021
	\$	\$
Long service leave provision	70,575	8,077
	70,575	8,077

Refer to Note 2 Personnel services for recognition and measurement policies on acceptance by the Crown of personnel services.

11. Other income

	2022	2021
	\$	\$
Bad debts recovered	-	400
Rental income	11,000	9,883
Legal fees recovered	111,763	45,656
Derecognition of refunds to practitioners	22,792	-
Other	145	701
	145,700	56,640

Recognition and Measurement

Other Income

Other income includes bad debts recovered, rental income and legal fees recovered.

The Council is allowed to recover legal costs incurred when pursuing cases against Practitioners when the NSW Civil and Administrative Tribunal rules in favour of the Council. In FY2021-22, the Tribunal awarded the Council \$111,763 (2021: \$45,656) in recoverable legal fees.

Derecognition of refunds to practitioners

The Council previously recovered costs associated with certain regulatory activities from practitioners, recognising amounts as Other Income. It was subsequently determined that the Council does not have the power to recover these costs. This practice has ceased and all reasonable steps have been taken to identify such transactions and return the money to the practitioners during FY2020-21.

In FY2021-22, the Council determined that unrefunded amounts of \$22,792 are unlikely to be ever repaid to the practitioners. In accordance with the AASB 137 Provisions, Contingent Liabilities and Contingent Assets, the Council decided to derecognise the provision for the refunds against Other Income.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

12. Gains / (losses) on disposal

	2022 \$	2021 \$
Right-of-use assets	1,066,508	-
Less: accumulated depreciation	255,614	-
Written down value	810,894	-
Less: proceeds from disposal	-	-
Less: lease liabilities extinguished	926,730	-
Gain / (Loss) on disposal of right-of-use assets*	115,836	-
Total gains / (losses) on disposal	115,836	-

* \$108,310 of the net gains / (losses) on disposal is a result of the termination of the old 477 Pitt Street 5 year office lease on 30 November 2021. \$7,526 of the net gains / (losses) on disposal is a result of the subsequent derecognition of the 477 Pitt Street right-of-use asset of \$446,441 and the lease liability of \$453,967 with Property NSW as at 30 June 2022. Please refer to Note 17 for further details on the termination.

13. Other gains / (losses)

	2022 \$	2021 \$
Impairment gains/ (losses) on financial assets	-	15,000
Impairment gains/ (losses) on right-of-use assets	-	(8,190)
	-	6,810

Recognition and Measurement

Impairment losses on non-financial assets

Impairment losses may arise on non-financial assets held by the entity from time to time. Accounting for impairment losses is dependent upon the individual asset (or group of assets) subject to impairment. Accounting Policies and events giving rise to impairment losses are disclosed in the following notes:

- Note 16 Property, plant and equipment
- Note 17 Leases
- Note 18 Intangible assets

Medical Council of New South Wales

Notes to and forming part of the Financial Statements for the year ended 30 June 2022

14. Cash and cash equivalents

	2022 \$	2021 \$
Cash at bank and on hand	2,722	2,717
Cash at bank - held by the HPCA*	15,340,483	14,988,060
	15,343,205	14,990,777

*This is cash held by the HPCA, an executive agency of the MoH, on behalf of the Council for its operating activities. It is an operational bank account that earns interest on daily bank balances at rates of approximately 0.10% - 0.85% in FY2021-22 and 0.10% - 0.25% in FY2020-21. Refer to Note 9 Investment revenue for the recognition and measurement policies on interest income.

For the purposes of the Statement of Cash Flows, cash and cash equivalents includes cash at bank, cash on hand, short-term deposits with original maturities of three months or less, which are subject to an insignificant risk of changes in value.

Cash and cash equivalent assets recognised in the Statement of Financial Position are reconciled at the end of the financial year to the Statement of Cash Flows as follows:

Cash and cash equivalents (per Statement of Financial Position)	15,343,205	14,990,777
Closing cash and cash equivalents (per Statement of Cash Flows)	15,343,205	14,990,777

The Council operates the bank accounts shown below:

Education and Research Account**	2,722	2,717
	2,722	2,717

**Managed by the HPCA, an executive agency of the MoH.

Refer to Note 26 for details regarding credit risk and market risk arising from financial instruments.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements for the year ended 30 June 2022

15. Receivables

	2022 \$	2021 \$
Current		
Trade receivables	30,304	21,915
Goods and Services Tax	73,521	95,717
Prepayments	86,919	54,401
	190,744	172,033

(a) * Movement in the allowance for expected credit losses

Trade receivables

Balance at the beginning of the year	-	(15,000)
(Increase) / decrease in allowance recognised in the net result ¹	-	15,000
Balance at the end of the year	-	-

¹ Includes impairment loss of \$Nil (2021: \$Nil) recognised on receivables from Trade receivables.

Details regarding credit risk, liquidity risk and market risk, including financial assets that are either past due or impaired are disclosed in Note 26.

Recognition and Measurement

All 'regular way' purchases are recognised and derecognised on a trade date basis. Regular way purchases are purchases that require delivery of assets within the time frame established by regulation or convention in the marketplace.

Trade receivables are initially recognised at fair value plus any directly attributable transaction costs. Trade receivables that do not contain a significant financing component are measured at the transaction price.

Subsequent measurement

The Council holds receivables with the objective to collect the contractual cash flows and therefore measures them at amortised cost using the effective interest method, less any impairment. Changes are recognised in the net result for the year when impaired, derecognised or through the amortisation process.

Impairment

The Council recognises an allowance for expected credit losses (ECLs) for all debt financial assets not held at fair value through profit or loss. ECLs are based on the difference between the contractual cash flows and the cash flows that the Council expects to receive, discounted at the original effective interest rate.

For trade receivables, the Council applies a simplified approach in calculating ECLs. The Council recognises a loss allowance based on lifetime ECLs at each reporting date. The Council has established a provision matrix based on its historical credit loss experience for trade receivables, adjusted for forward looking factors specific to the receivable.

The Council did not deem it necessary to recognise an allowance for impairment at 30 June 2022.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements for the year ended 30 June 2022

16. Property, plant and equipment

(a) Total property, plant and equipment

The Council has an interest in plant and equipment held by the HPCA on behalf of the Health Professional Councils. Plant and equipment is not owned individually by the Council. The amounts recognised in the financial statements have been calculated based on the benefits expected to be derived by the Council.

	Plant and Equipment \$	Leasehold Improvement \$	Total \$
At 1 July 2020 - fair value			
Gross carrying amount	279,772	4,244,775	4,524,547
Less: accumulated depreciation and impairment	158,379	3,042,208	3,200,587
Net carrying amount	121,393	1,202,567	1,323,960
Year ended 30 June 2021			
Net carrying amount at beginning of year	121,393	1,202,567	1,323,960
Additions	14,122	7,555	21,677
Depreciation expense	(38,497)	(96,615)	(135,112)
Net carrying amount at end of year	97,018	1,113,507	1,210,525
At 1 July 2021 - fair value			
Gross carrying amount	250,962	4,252,330	4,503,292
Less: accumulated depreciation and impairment	153,944	3,138,823	3,292,767
Net carrying amount	97,018	1,113,507	1,210,525
Year ended 30 June 2022			
Net carrying amount at beginning of year	97,018	1,113,507	1,210,525
Depreciation expense	(38,946)	(96,922)	(135,868)
Reclassification from right-of-use assets ¹	-	25,403	25,403
Net carrying amount at end of year	58,072	1,041,988	1,100,060
At 30 June 2022 - fair value			
Gross carrying amount	250,962	4,281,088	4,532,050
Less: accumulated depreciation and impairment	192,890	3,239,100	3,431,990
Net carrying amount	58,072	1,041,988	1,100,060

¹ In FY2021-22, upon derecognition of the lease as of 30 June 2022, the make good of \$25,403 was reclassified to the leasehold improvements.

(b) Property, plant and equipment held and used by the Council

The Council has no property, plant and equipment where it is the lessor under operating leases. All property, plant and equipment balances are for items held and used by the Council.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements for the year ended 30 June 2022

16. Property, plant and equipment (continued)

Recognition and Measurement

Acquisition of property, plant and equipment

Property, plant and equipment acquired are initially recognised at cost and subsequently revalued at fair value less accumulated depreciation and impairment. Cost is the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the requirements of other Australian Accounting Standards.

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at measurement date.

Where payment for an asset is deferred beyond normal credit terms, its cost is the cash price equivalent, i.e. the deferred payment amount is effectively discounted over the period of credit.

Capitalisation thresholds

Property, plant and equipment assets costing \$5,000 and above individually (or forming part of a network costing more than \$5,000) are capitalised. The Health Professional Councils Authority (HPCA) acquires all assets on behalf of the Council. These capitalised shared use assets are then allocated to the Council using an agreed allocation method.

Restoration costs

The present value of the expected cost for the restoration or cost of dismantling of an asset after its use is included in the cost of the respective asset if the recognition criteria for a provision are met.

Depreciation of property, plant and equipment

Depreciation is provided for on a straight-line basis so as to write off the depreciable amount of each asset as it is consumed over its useful life to the Council. All material identifiable components of assets are depreciated separately over their useful life.

Details of depreciation rates initially applied for major asset categories are as follows:

	Useful lives*
Plant and equipment	25%
Leasehold improvements	3.33% - 36.4%

*The useful lives estimates have remained unchanged in FY2021-22 compared to FY2020-21.

The estimated useful lives, residual values and depreciation methods are reviewed at the end of each reporting period and adjusted if appropriate.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements for the year ended 30 June 2022

16. Property, plant and equipment (continued)

Right-of-use assets acquired by lessees

AASB 16 Leases (AASB 16) requires a lessee to recognise a right-of-use asset for most leases. The Council has elected to present right-of-use assets separately in the Statement of Financial Position.

Further information on leases is contained in Note 17.

Revaluation of property, plant and equipment

There has been no revaluation of any of the Council's plant and equipment as they are non-specialised assets. Non-specialised assets with short useful lives are measured at depreciated historical cost as a surrogate for fair value.

Impairment of property, plant and equipment

As a not-for-profit entity with no cash generating units, impairment under AASB 136 Impairment of Assets is unlikely to arise. As property, plant and equipment is carried at fair value or an amount that approximates fair value, impairment can only arise in the rare circumstances such as where the costs of disposal are material. Specifically, impairment is unlikely for not-for-profit entities given that AASB 136 modifies the recoverable amount test for non-cash generating assets of not-for-profit entities to the higher of fair value less costs of disposal and depreciated replacement cost, where depreciated replacement cost is also fair value.

Derecognition of property, plant and equipment

Property, plant and equipment is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal. Gains and losses on disposals are determined by comparing the proceeds with the carrying amount of the asset and are included in the consolidated Statement of Comprehensive Income.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements for the year ended 30 June 2022

17. Leases

(a) Entity as a lessee

The Council leases properties across Greater Sydney. Lease contracts are made for fixed periods of 5 to 30 years, with extension options. Lease terms are negotiated on an individual basis and contain a wide range of different terms and conditions. The lease agreements do not impose any covenants but leased assets may not be used as security for borrowing purposes. The Council does not provide residual value guarantees in relation to leases.

Extension and termination options are included in a number of property leases. These terms are used to maximise operational flexibility in terms of managing contracts. The extension and termination options held are exercisable only by the Council and not by the respective lessor. In determining the lease term, management considers all facts and circumstances that create an economic incentive to exercise an extension option, or not exercise a termination option. Extension options (or periods after termination options) are only included in the lease term if the lease is reasonably certain to be extended (or not terminated).

The Council entered into two 30-year lease with the Ministry of Health for the use of two buildings at Gladesville. The lease contracts are significantly below market terms and conditions. The leased premises must be used by the Council. The buildings account for a small portion of the similar assets.

Potential future cash outflows of \$nil have not been included in the lease liability because it is not reasonably certain that the leases will be extended (or not terminated). The assessment is reviewed if a significant event or a significant change in circumstances occurs which affects this assessment and that is within the control of the lessee.

AASB 16 Leases (AASB 16) requires a lessee to recognise a right-of-use asset and a corresponding lease liability for most leases.

The Council has elected to recognise payments for short-term leases and low value leases as expenses on a straight line basis, instead of recognising a right-of-use asset and lease liability. Short-term leases are leases with a lease term of 12 months or less and low value assets are assets with a fair value of \$10,000 or less when new.

During the financial year ended 30 June 2022, the Ministry of Health, on behalf of the Council has accepted the changes in the office accommodation arrangements with Property NSW (PNSW). The main change is the introduction of the 'substitution right' clause for PNSW to relocate the Council during the term of the agreement. The clause provides PNSW with a substantive substitution right. Therefore, these agreements are no longer accounted for as a lease within the scope of AASB 16. The office accommodation agreement with PNSW is no longer accounted for as a lease from 30 June 2022. This change involves judgment that the 'substitution right' clause in the agreement provides PNSW with a substantive substitution right. Management has made a judgment that PNSW can obtain benefits from exercising the substitution right when it achieves office accommodation efficiency at the whole-of-government level and/or its other service objectives. It is also considered practical for PNSW to exercise the substitution right due to the general nature of the relevant office accommodation.

The corresponding right-of-use assets and lease liabilities have been derecognised on 30 June 2022, the effective date of the new clause. The net impact of the derecognition is recognised in 'Gains/(Losses) on disposal' (refer to Note 12). From 1 July 2022, the accommodation charges will be recognised as expenses when incurred over the agreement duration.

The Council continues to carry the responsibility to make good, and to control the fit-out during the remaining occupancy period as the Council receives the economic benefits via using the fit-out or expected compensation from PNSW upon relocation. Therefore, the Council's accounting treatment for make-good provision and fit-out costs in relation to the relevant accommodation remains unchanged.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

17. Leases (continued)

(a) Entity as a lessee

Right-of-use assets under leases

The following table presents right-of-use assets. There are no right-of-use assets that meet the definition of investment property.

	Buildings \$	Total \$
Balance at 1 July 2021	993,688	993,688
Additions ¹	534,164	534,164
Reassessments ²	17,712	17,712
Disposals ¹	(810,894)	(810,894)
Depreciation expense	(122,193)	(122,193)
Reclassification to leasehold improvements ³	(25,403)	(25,403)
Balance at 30 June 2022	587,074	587,074
Balance at 1 July 2020	1,175,598	1,175,598
Reassessments ⁴	(79,906)	(79,906)
Depreciation expense	(93,814)	(93,814)
Impairment losses (recognised in 'Other gains / (losses)')	(8,190)	(8,190)
Balance at 30 June 2021	993,688	993,688

¹ On 30 November 2021 the Council disposed of the old lease of \$364,453 and entered into a new 5 year lease of \$534,164 for the lease on 477 Pitt Street. On 30 June 2022, the Council subsequently derecognised the right-of-use asset as per the new arrangement with Property NSW (PNSW), with a substantive substitution right for PNSW, resulting in an additional disposal of \$446,441.

² In FY2021-22, the right-of-use asset balance on Gladesville lease and corresponding lease liability were reassessed for the yearly increase of the lease, in accordance with the signed lease agreement.

³ In FY2021-22, upon derecognition of the 477 Pitt Street lease as of 30 June 2022, the make good of \$25,403 was reclassified to the leasehold improvements.

⁴ In FY2020-21, the right-of-use asset balance and corresponding lease liability were reassessed in accordance with Property NSW's assessment of the Council's right-of-use assets.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements for the year ended 30 June 2022

17. Leases (continued)

(a) Entity as a lessee (continued)

Lease liabilities

The following table presents liabilities under leases.

	2022 \$	2021 \$
Balance at 1 July	1,124,961	1,314,821
Additions ¹	505,405	-
Interest expenses	21,938	24,669
Payments	(132,907)	(134,623)
Terminations ¹	(926,730)	-
Other adjustments ²	17,712	(79,906)
Balance at 30 June	610,379	1,124,961

¹ On 30 November 2021, the Council disposed of the old lease of \$472,763 and entered into a new 5 year lease of \$505,405 for the lease on 477 Pitt Street. On 30 June 2022, the Council subsequently derecognised the lease liability as per the new arrangement with Property NSW (PNSW), with a substantive substitution right for PNSW, resulting in an additional disposal of \$453,967.

² In FY2020-21, the right-of-use asset balance and corresponding lease liability were reassessed in accordance with Property NSW's assessment of the Council's right-of-use assets.

The following amounts were recognised in the Statement of Comprehensive Income during the period in respect of leases where the Council is the lessee:

	2022 \$	2021 \$
Depreciation expense of right-of-use assets	122,193	93,814
Interest expense on lease liabilities	21,938	24,669
(Gains) / losses on disposal*	(115,836)	-
Impairment losses on right-of-use assets	-	8,190
Total amount recognised in the statement of comprehensive income	28,295	126,673

* (Gains) / losses on disposal includes \$108,310 of net gains on disposal of the old 477 Pitt Street 5 year lease on 30 November 2021. An additional gain of \$7,526 is recorded as a result of the subsequent derecognition of the lease as at 30 June 2022 per the new arrangement with Property NSW (PNSW) with a substantive substitution right for PNSW.

The Council had total cash outflows for leases of \$132,907 for the year ended 30 June 2022 (2021: \$134,623).

Medical Council of New South Wales

Notes to and forming part of the Financial Statements for the year ended 30 June 2022

17. Leases (continued)

(a) Entity as a lessee (continued)

Recognition and Measurement

The Council assesses at contract inception whether a contract is, or contains, a lease. That is, if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration.

The Council recognises lease liabilities to make lease payments and right-of-use assets representing the right to use the underlying assets, except for short-term leases and leases of low-value assets.

i. Right-of-use assets

The Council recognises right-of-use assets at the commencement date of the lease (i.e. the date the underlying asset is available for use). Right-of-use assets are initially measured at the amount of initial measurement of the lease liability (refer (ii) below), adjusted by any lease payments made at or before the commencement date, lease incentives, any initial direct costs incurred, and estimated costs of dismantling and removing the asset or restoring the site.

The right-of-use assets are subsequently measured at cost. They are depreciated on a straight-line basis over the shorter of the lease term and the estimated useful lives of the assets, as follows:

	Useful lives
Buildings	5 to 30 years

If ownership of the leased asset transfers to the Council at the end of the lease term or the cost reflects the exercise of a purchase option, depreciation is calculated using the estimated useful life of the asset.

The right-of-use assets are also subject to impairment. The Council assesses, at each reporting date, whether there is an indication that an asset may be impaired. If any indication exists, or when annual impairment testing for an asset is required, the Council estimates the asset's recoverable amount. When the carrying amount of an asset exceeds its recoverable amount, the asset is considered impaired and is written down to its recoverable amount. After an impairment loss has been recognised, it is reversed only if there has been a change in the assumptions used to determine the asset's recoverable amount. The reversal is limited so that the carrying amount of the asset does not exceed its recoverable amount, nor exceed the carrying amount that would have been determined, net of depreciation, had no impairment loss been recognised for the asset in prior years. Such reversal is recognised in the net result.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements for the year ended 30 June 2022

17. Leases (continued)

(a) Entity as a lessee (continued)

ii. Lease liabilities

At the commencement date of the lease, the Council recognises lease liabilities measured at the present value of lease payments to be made over the lease term. Lease payments include:

- fixed payments (including in substance fixed payments) less any lease incentives receivable;
- variable lease payments that depend on an index or a rate;
- amounts expected to be paid under residual value guarantees;
- exercise price of a purchase option reasonably certain to be exercised by the Council; and
- payments of penalties for terminating the lease, if the lease term reflects the Council exercising the option to terminate.

Variable lease payments that do not depend on an index or a rate are recognised as expenses (unless they are incurred to produce inventories) in the period in which the event or condition that triggers the payment occurs.

The lease payments are discounted using the interest rate implicit in the lease. If that rate cannot be readily determined, which is generally the case for real estate leases, the incremental borrowing rate is used. The Council does not borrow funds in the market.

After the commencement date, the amount of lease liabilities is increased to reflect the accretion of interest and reduced for the lease payments made. In addition, the carrying amount of lease liabilities is remeasured if there is a modification, a change in the lease term, a change in the lease payments (e.g. changes to future payments resulting from a change in an index or rate used to determine such lease payments) or a change in the assessment of an option to purchase the underlying asset.

The Council's lease liabilities are included in Note 21.

iii. Short-term leases and leases of low-value assets

The Council applies the short-term lease recognition exemption to its short-term leases of buildings (i.e., those leases that have a lease term of 12 months or less from the commencement date and do not contain a purchase option). It also applies the lease of low-value assets recognition exemption to leases of office equipment that are considered to be low value being below \$10,000 asset value at commencement of lease. Lease payments on short-term leases and leases of low value assets are recognised as an expense on a straight-line basis over the lease term.

iv. Leases that have significantly below-market terms and conditions principally to enable the entity to further its objectives

The initial and subsequent measurement of right-of-use assets under leases at significantly below-market terms and conditions that are entered into principally to enable the Council to further its objectives is the same as normal right-of-use assets. They are measured at cost, subject to impairment.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

18. Intangible assets

The Council has an interest in intangible assets used by all health professional Councils. The assets are not owned individually by the Council. The amounts recognised in the financial statements have been calculated based on the benefits expected to be derived by the Council.

	Total \$
At 1 July 2020	
Cost (gross carrying amount)	46,208
Less: accumulated amortisation and impairment	44,582
Net carrying amount	1,626
Year ended 30 June 2021	
Net carrying amount at beginning of year	1,626
Amortisation (recognised in depreciation and amortisation)	(1,626)
Net carrying amount at end of year	-
	Total \$
At 1 July 2021	
Cost (gross carrying amount)	35,127
Less: accumulated amortisation and impairment	35,127
Net carrying amount	-
Year ended 30 June 2022	
Net carrying amount at beginning of year	-
Amortisation (recognised in depreciation and amortisation)	-
Net carrying amount at end of year	-
At 30 June 2022	
Cost (gross carrying amount)	35,127
Less: accumulated amortisation and impairment	35,127
Net carrying amount	-

Recognition and Measurement

The Council recognises intangible assets only if it is probable that future economic benefits will flow to the Council and the cost of the asset can be measured reliably. Intangible assets are measured initially at cost. Where an asset is acquired at no or nominal cost, the cost is its fair value as at the date of acquisition. Following initial recognition, intangible assets are subsequently measured at fair value only if there is an active market. As there is no active market for the Council's intangible assets, the assets are carried at cost less any accumulated amortisation and impairment losses.

All research costs are expensed. Development costs are only capitalised when certain criteria are met.

The useful lives of intangible assets are assessed to be finite.

The Council's intangible assets are amortised using the straight-line method over a period of four years.

Computer software developed or acquired by the Council are recognised as intangible assets. The amortisation period and the amortisation method for an intangible asset with a finite useful life are reviewed at least at the end of each reporting period.

Intangible assets are tested for impairment where an indicator of impairment exists. If the recoverable amount is less than its carrying amount, the carrying amount is reduced to recoverable amount and the reduction is recognised as an impairment loss.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

19. Payables

	2022 \$	2021 \$
Current		
Personnel Services - Ministry of Health	197,895	170,157
Taxation and payroll deductions	39,748	43,424
Creditors	967,705	75,518
Accrued Expenditure	733,330	779,295
	1,938,678	1,068,394
Aggregate Personnel Services and Related On-Costs		
Personnel Services - Ministry of Health	237,643	213,581
	237,643	213,581

Details regarding liquidity risk, including a maturity analysis of the above payables are disclosed in Note 26.

Recognition and Measurement

Payables represent liabilities for goods and services provided to the Council and other amounts. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

Payables are financial liabilities at amortised cost, initially measured at fair value, net of directly attributable transaction costs. These are subsequently measured at amortised cost using the effective interest method. Gains and losses are recognised in the net result when the liabilities are derecognised as well as through the amortisation process.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

20. Contract liabilities

	2022 \$	2021 \$
Current		
Contract liabilities - registration fees	4,581,138	4,315,912
	4,581,138	4,315,912

Recognition and Measurement

Contract liabilities relate to consideration received in advance from registrants. The balance of the contract liabilities at 30 June 2022 was impacted by the timing of payments received for registration fees. The satisfaction of the specific performance obligations within the contract have not been met at 30 June 2022 as the registration period starts from 1 October 2021 and ends on 30 September 2022.

Registration fees recognised as contract liabilities at 30 June 2022 will be recognised as revenue between 1 July 2022 and 30 September 2022 as the remaining registration period elapses.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

21. Lease liabilities

	2022 \$	2021 \$
Current		
Lease liabilities (see Note 17)	22,731	107,326
	22,731	107,326
Non-current		
Lease liabilities (see Note 17)	587,648	1,017,635
	587,648	1,017,635

In FY2021-22, the Council derecognised the 477 Pitt Street office right-of-use asset and corresponding lease liability as at 30 June 2022. This resulted in lease liabilities on 477 Pitt Street being NIL for the year.

Details regarding liquidity risk, including a maturity analysis of the above lease liabilities are disclosed in Note 26.

Recognition and Measurement

Refer to Note 17 Leases for recognition and measurement policies on lease liabilities.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

22. Provisions

	2022 \$	2021 \$
Current		
Other Provisions		
Provision of refund to practitioners ¹	-	22,792
Total current provisions	-	22,792
Non-current		
Other Provisions		
Make good provision	28,758	-
Total non-current provisions	28,758	-

¹ Refer to Note 3(a) Other expenses for refund to practitioners.

Movements in provisions

Movements in other provisions during the financial year are set out below:

	2022 \$	2021 \$
Make good provisions		
Carrying amount at beginning of period	-	-
- Unwinding / change in the discount rate	-	-
- Additional provisions recognised	28,758	-
Carrying amount at end of period	28,758	-
Other		
Carrying amount at beginning of period	22,792	-
- Unwinding / change in the discount rate	-	-
- Additional provisions recognised	-	22,792
- Unused amounts reversed	(22,792)	-
Carrying amount at end of period	-	22,792

Medical Council of New South Wales

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

22. Provisions (continued)

Recognition and Measurement

Provisions are recognised when: the Council has a present legal or constructive obligation as a result of a past event; it is probable that an outflow of resources will be required to settle the obligation; and a reliable estimate can be made of the amount of the obligation. When the Council expects some or all of a provision to be reimbursed, for example, under an insurance contract, the reimbursement is recognised as a separate asset, but only when the reimbursement is virtually certain. The expense relating to a provision is presented net of any reimbursement in the Statement of Comprehensive Income.

If the effect of the time value of money is material, provisions are discounted at a pre-tax rate that reflects the current market assessments of the time value of money and the risks specific to the liability. When discounting is used, the increase in the provision due to the passage of time (i.e. unwinding of discount rate) is recognised as a finance cost.

Provision of refund to practitioners

The Council previously recovered costs associated with certain regulatory activities from practitioners, recognising amounts as Other Income. It was subsequently determined that the Council does not have the power to recover these costs. This practice has ceased and all reasonable steps have been taken to identify such transactions and return the money to the practitioners during FY2020-21.

In FY2021-22, the Council determined that unrefunded amounts of \$22,792 are unlikely to be ever repaid to the practitioners. In accordance with the AASB 137 Provisions, Contingent Liabilities and Contingent Assets, the Council decided to derecognise the provision for the refunds against Other Income. Refer to Note 11 Other Income.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements for the year ended 30 June 2022

23. Commitments

There were no capital commitments which would have a material effect on the disclosures in these financial statements.

24. Contingent liabilities and contingent assets

There were no contingent liabilities or assets which would have a material effect on the disclosures in these financial statements.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

25. Reconciliation of cash flows from operating activities to net result

Reconciliation of cash flows from operating activities to the net result as reported in the Statement of Comprehensive Income as follows:

	2022	2021
	\$	\$
Net cash used on operating activities	463,397	(1,310,882)
Depreciation and amortisation expense	(258,061)	(230,552)
Allowance for impairment	-	15,000
Decrease / (increase) in provisions	22,792	(22,792)
Increase / (decrease) in prepayments and other assets	18,710	(82,155)
Decrease / (increase) in payables	(870,282)	169,773
Decrease / (increase) in contract liabilities	(265,226)	(347,247)
Impairment losses on right-of-use assets recognised in 'other gains / (losses)'	-	(8,190)
Net gain / (loss) on disposal of right-of-use assets	115,836	-
Net result	(772,834)	(1,817,045)

Medical Council of New South Wales

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

26. Financial instruments

The Council's principal financial instruments are outlined below. These financial instruments arise directly from the Council's operations or are required to finance its operations. The Council does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

The Council's main risks arising from financial instruments are outlined below, together with the Council's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout these financial statements.

Risk management policies are established to identify and analyse the risks faced by the Council, to set risk limits and controls and to monitor risks. Compliance with policies is reviewed on a continuous basis.

(a) Financial instrument categories

Class	Category	Carrying Amount 2022 \$	Carrying Amount 2021 \$
Financial assets			
Cash and cash equivalents (Note 14)	Amortised cost	15,343,205	14,990,777
Receivables (Note 15) ¹	Amortised cost	30,304	21,915
Total financial assets		15,373,509	15,012,692
Financial liabilities			
Lease Liabilities (Note 21)	Financial liabilities measured at amortised cost	610,379	1,124,961
Payables (Note 19) ²	Financial liabilities measured at amortised cost	1,898,930	1,024,970
Total financial liabilities		2,509,309	2,149,931

Notes

¹ Excludes statutory receivables and prepayments (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

² Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

The Council determines the classification of its financial assets and liabilities after initial recognition and, when allowed and appropriate, re-evaluates this at each financial year end.

(b) Derecognition of financial assets and financial liabilities

A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when the contractual rights to the cash flows from the financial assets expire; or if the entity transfers its rights to receive cash flows from the asset or has assumed an obligation to pay the received cash flows in full without material delay to a third party under a pass through arrangement and either:

- The Council has transferred substantially all the risks and rewards of the asset; or
- The Council has neither transferred nor retained substantially all the risks and rewards for the asset, but has transferred control.

When the Council has transferred its rights to receive cash flows from an asset or has entered into a pass through arrangement, it evaluates if, and to what extent, it has retained the risks and rewards of ownership. Where the Council has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset continues to be recognised to the extent of the Council's continuing involvement in the asset. In that case, the Council also recognises an associated liability. The transferred asset and the associated liability are measured on a basis that reflects the rights and obligations that the entity has retained.

A financial liability is derecognised when the obligation specified in the contract is discharged or cancelled or expires. When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as the derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised in the net result.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

26. Financial instruments (continued)

(c) Offsetting financial instruments

Financial assets and financial liabilities are offset and the net amount is reported in the Statement of Financial Position if there is a currently enforceable legal right to offset the recognised amounts and there is an intention to settle on a net basis, or to realise the assets and settle the liabilities simultaneously.

(d) Financial risk

i. Credit risk

Credit risk arises when there is the possibility that the counterparty will default on their contractual obligations, resulting in a financial loss to the Council. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for credit losses).

Credit risk arises from financial assets of the Council, including cash, receivables and authority deposits. No collateral is held by the Council. The Council has not granted any financial guarantees.

Cash and cash equivalents

Cash comprises cash on hand and bank balances deposited within the NSW Treasury banking system. Interest is earned on daily bank balances at rates of approximately from 0.10% to 0.85% in 2021-22 compared to 0.10% to 0.25% in the previous year.

Accounting policy for impairment of trade receivables and other financial assets

Receivables - trade receivables, other receivables and contract assets

Collectability of trade receivables, other receivables and contract assets is reviewed on an ongoing basis.

The Council applies the AASB 9 simplified approach to measuring expected credit losses which uses a lifetime expected loss allowance for all trade receivables, other receivables and contract assets.

To measure the expected credit losses, trade receivables, other receivables and contract assets have been grouped based on shared credit risk characteristics and the days past due.

The expected loss rates are based on historical observed loss rates. The historical loss rates are adjusted to reflect current and forward-looking information on macroeconomic factors affecting the ability of the customers to settle the receivables. The Council has identified relevant factors, and accordingly has adjusted the historical loss rates based on expected changes in these factors.

Trade receivables, other receivables and contract assets are written off when there is no reasonable expectation of recovery. Indicators that there is no reasonable expectation of recovery include, amongst others a failure to make contractual payments for a period of greater than 90 days past due.

The loss allowance for trade receivables, other receivables and contract assets as at 30 June 2022 and 30 June 2021 was determined as follows:

	Current	<30 days	30-60 days	61-90 days	>91 days	Total
30 June 2022	\$	\$	\$	\$	\$	\$
Expected credit loss rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Estimated total gross carrying amount	3,658	15,116	3,025	-	8,505	30,304
Expected credit loss	-	-	-	-	-	-
30 June 2021	Current	<30 days	30-60 days	61-90 days	>91 days	Total
	\$	\$	\$	\$	\$	\$
Expected credit loss rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Estimated total gross carrying amount	7,010	-	-	-	14,905	21,915
Expected credit loss	-	-	-	-	-	-

The Council is not materially exposed to concentrations of credit risk to a single trade debtor or group of debtors as at 30 June 2022 and 30 June 2021.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

26. Financial instruments (continued)

(d) Financial risk (continued)

ii. Liquidity risk

Liquidity risk is the risk that the Council will be unable to meet its payment obligations when they fall due. The Council continuously manages risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets. The objective is to maintain a balance between continuity of funding and flexibility through the use of loans and other advances.

Liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. Amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set by the Ministry of Health in accordance with NSW Treasury Circular 11/12. For small business suppliers, where terms are not specified, payment is made not later than 5 days from the date of receipt of a correctly rendered invoice. For other suppliers, if trade terms are not specified, payment is made no later than 30 days from the date of receipt of a correctly rendered invoice or a statement is received.

For small business suppliers, where payment is not made within the specified time period, simple interest must be paid automatically unless an existing contract specifies otherwise.

For other suppliers, where settlement cannot be affected in accordance with the above, e.g. due to short term liquidity constraints, contact is made with creditors and terms of payment are negotiated to the satisfaction of both parties.

Medical Council of New South Wales

Notes to and forming part of the Financial Statements for the year ended 30 June 2022

26. Financial instruments (continued)

(d) Financial risk (continued)

ii. Liquidity risk (continued)

The table below summarises the maturity profile of the Council's financial liabilities together with the interest rate exposure.

Maturity Analysis and interest rate exposure of financial liabilities

	Nominal Amount ¹	Interest Rate Exposure			Maturity Dates		
		Fixed Interest Rate	Variable Interest Rate	Non - Interest Bearing	< 1 Yr	1-5 Yr	> 5Yr
	\$	\$	\$	\$	\$	\$	\$
2022							
Payables:							
- Creditors ²	1,898,930	-	-	1,898,930	1,898,930	-	-
Borrowings:							
- Lease liabilities ³	803,843	-	-	803,843	37,848	156,379	609,616
	2,702,773	-	-	2,702,773	1,936,778	156,379	609,616
2021							
Payables:							
- Creditors ²	1,024,970	-	-	1,024,970	1,024,970	-	-
Borrowings:							
- Lease liabilities	1,355,451	-	-	1,355,451	131,363	549,971	674,117
	2,380,421	-	-	2,380,421	1,156,333	549,971	674,117

Notes:

¹ The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities based on the earliest date on which the Council can be required to pay. The tables include both interest and principal cash flows and therefore will not reconcile to the Statement of Financial Position.

² Excludes statutory payables and unearned revenue (i.e. not within scope of AASB7 Financial Instruments: Disclosures).

³ In 2021-22, the Ministry of Health (MoH) on behalf of the HPCA "opted-in" into the arrangement with Property NSW to eliminate the intra-Government sub-lease accounting obligations for the 477 Pitt Street office lease with the changes to be effective as at 30 June 2022. This removed the lease reporting requirements of AASB 16 Leases. Consequently, the Council derecognised the right-of-use asset and corresponding lease liability as at 30 June 2022 resulting in lease liability being NIL for the year for the 477 Pitt Street office. The outstanding lease liabilities is in relation to the Gladesville lease only.

Medical Council of New South Wales
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

26. Financial instruments (continued)

iii. Market risk

The Council does not have exposure to market risk on financial instruments.

Interest Rate Risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. Exposure to interest rate risk arises primarily through the Council's interest bearing liabilities. The funds held within the Treasury Banking System are sitting in an interest bearing bank account earning the Reserve Bank of Australia (RBA) Cash Rate. The RBA Cash Rate changed from 0.25% at 1 July 2020 to 0.85% at 30 June 2022.

The Council does not account for any fixed rate financial instruments at fair value through profit or loss or as at fair value through other comprehensive income. Therefore, for these financial instruments, a change in interest rates would not affect profit or loss or equity.

A reasonably possible change of +/- 1% is used, consistent with current trends in interest rates (based on official Reserve Bank of Australia interest rate volatility over the last five years). The basis will be reviewed annually and amended where there is a structural change in the level of interest rate volatility.

The following table demonstrates the sensitivity to a reasonably possible change in interest rates:

	2022		2021	
	\$		\$	
	-1%	1%	-1%	1%
Net result	(147,328)	147,328	(138,658)	138,658
Equity	(147,328)	147,328	(138,658)	138,658

Medical Council of New South Wales

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

27. Related party transactions

During the financial year, the Medical Council of New South Wales obtained key management personnel services from the Ministry of Health and incurred \$650,709 (2021: \$704,346) for these services.

28. Events after the reporting period

At the date of authorisation of the financial statements, the impact on the Council from the effects of the COVID-19 virus is not significant, however, the Council will continue to monitor and respond to developing situations.

No other matters have arisen subsequent to balance date that would require these financial statements to be amended.

END OF AUDITED FINANCIAL STATEMENTS