



Consumer Sitting Fees and Reimbursement

Health Consumer Advocacy Network of South Australia

The Health Consumer Advocacy Network of South Australia (Health CAN SA- the Network) is a group of health consumers who believe the people, who pay for, fund and use health services in South Australia should be able to inform and influence how those services are designed and delivered.

The Network provides an independent health consumer voice in South Australia to inform government, service providers and policy makers about the experiences, issues and concerns of health consumers and contribute to shared planning and problem solving. Since the closure of HCASA in October 2020 the Network is committed to ensuring independent health consumer advocacy continues in South Australia.

Health CAN SA acknowledges and supports the HCASA Position Statement Sitting Fees and Cost Reimbursement originally developed by Health Consumer Alliance of SA and endorses this updated Statement.

Our Position

Health CAN SA calls on government, health and community service providers, researchers and other key organisations demonstrate their commitment and obligations to partnering with consumers through appropriate payment of sitting fees and cost reimbursements that is fair, equitable and accessible.

The cost associated with consumer participation in government, health and community service and research must be factored into budgets, grants and funding agreements to ensure and enable meaningful consumer partnerships in co-design.

Payment of consumer sitting fee provides a measure of recognition of the time, effort and positive contribution that consumers make through their lived experience, knowledge and skills. Reimbursement ensures that costs incurred by consumers do not create financial barriers that may prohibit consumer participation and ensures that consumers are not in the position of having to outlay their own funds to participate.

This position statement outlines the Health CAN SA position in relation to payment of consumer sitting fees and reimbursement to ensure a standardised monetary mechanism to better enable consumers to actively engage with health and community services in codesign and shared decision-making.

Sitting fees and reimbursements should include;

1. A sitting fee should be paid at an hourly, or set time duration rate that is commensurate (in proportion) with the;
 - level of responsibility of the activity and
 - salaried and other consultative fees of other members at the table
 - The consumer sitting fees are in proportion to their level of skills, knowledge and contribution as an equal and expert partner in decision-making with the other experts in their field.
2. Sitting fees are inclusive of preparation and other out of session time (including but not limited to reading of minutes/papers, responding to emails, phone calls, and requests for feedback or input into policies etc) and travel time. This position is supported by State and Commonwealth Tribunals determinations on sitting feesⁱ.
3. Consumers are provided with information about sitting fees and reimbursements as part of consumer recruitment and selection processes, (including in initial calls for expressions of interest) so that they can determine their interest based on all factors including receipt of payment.
4. Reimbursements are determined by the recognised out of pocket costs and expenses made by consumers who are not able to have these costs met by an employer or recouped through business expenses and taxation.
5. Consideration of payment of reimbursements must include whether not reimbursing these costs would limit a proportion of consumers who would not otherwise be able to participate. It should also recognise that some consumers may incur additional costs or loss of income associated with participating in engagement activities. Some consumers may require up front reimbursement (in the form of vouchers) to pay for such costs that means they do not have to outlay costs from their own resources.

This may include but is not limited to consumers/carers;

- a. On pensions, support payments, low income (limited ability to outlay costs without impacting their costs of living)
- b. From rural and remote locations (eg extended travel, accommodation, meal allowances costs)
- c. Having to use respite support to participate (payment of carer respite care fees)
- d. Having to use childcare to participate (childcare fees)
- e. Losing income to participate (due to lost salary or having to take annual or unpaid leave)
- f. Requiring assisted access support to participate (payment of carer fees, access cabs etc)
- g. With limited access to technology to engage online (cost of computer/smart device use, printing, home office, etc)

6. Although payment of sitting fees is within the capacity of properly funded organisations/ projects and research grants (eg large nongovernment bodies, research advisory groups) it may not always be possible for small not-for-profit organisations to accommodate such fees. It is appropriate in these circumstances for a principle of *mutual benefit* to be negotiated by the organisation and the consumers sitting on committees.

For example,

- A small self-funded or voluntary organisation or group might negotiate for consumer, and other contributors to receive lower or no payment. It may also offer other support in kind such as access to free training. A token of appreciation and or recognition of the individuals' commitment and contribution may be considered.

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ⁱ Remuneration Tribunal Determination 2018: Remuneration and Allowances for Holders of Part –Time Public Office can be found on the Remuneration Tribunal: <http://www.remtribunal.gov.au/offices/part-time-offices>