



## Consumer Sitting Fees and Cost Reimbursement

As the peak health organisation in the state, the Health Consumers Alliance of South Australia (HCASA) calls on health, research and other organisations and services to respectfully and effectively plan for, implement and monitor fair and reasonable payment for work and reimbursement of costs for consumer advocates and representatives working on committees, projects and programs.

This position statement outlines HCASA's position in relation to sitting fees and cost reimbursement.

Sitting fees provide a measure of the value people bring to committee work. They are a measure of the time, effort and significant contributions made and, in the case of consumers, the knowledge, skills and lived experience that is not generally within the shared knowledge or perspective of health or community service employees.

Sitting fees comprise a fee for service ie the work is valued and remunerated and should be comparable against community standards. Sitting fees should be 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 fees<sup>1</sup>.

Many consumers often forego paid employment or negotiate unpaid leave, and/or pay childcare fees, to prepare for and attend commitments as a consumer advocate. Sitting fees should also apply to lost income and/or additional costs that arise from their participation.

Reimbursement is payment to cover costs incurred to participate (eg parking, transport, carer fees). Reimbursement is based on receipts submitted in line with the organisational policy. Reimbursement ensures that costs to consumers do not create artificial barriers to participation.

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. 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, an under-funded or self-funded organisation or group might negotiate for consumer – and other – contributors to receive lower or no payment and also offer them to attend a training program for free.

Payment of sitting fees and reimbursements should provide a standardised approach and mechanism to better enable consumers to actively engage with health and community services in codesign and shared decision-making and supports health services to meet their obligations under the;

- *Health Care Act SA 2008 (Governance) Amendment 2018*<sup>ii</sup>
  - to meet the responsibilities of Governing Boards engagement strategies which include promoting consultation with health consumers and members of the community about health services in a way that is accessible to them.
- *Statewide Consumer and Community Engagement Strategic Framework (Department for Health and Wellbeing)*<sup>iii</sup>
  - which ensures there are mechanisms in place to actively engage with consumers and the community in order to meet their needs preferences and values and develop appropriate services. The principles values recognise the importance of partnering with consumers and the community and maintaining high quality and efficient health services.
- *National Safety & Quality Health Service Standards 2019 (Australia Commission on Safety and Quality in Health Care)*<sup>iv</sup>
  - Which aims to protect the public from harm and to improve the quality of health service provision. In particular Standard 1 describes the systems and strategies to use clinical governance systems to improve safety and quality improvement and partner with consumers to set these priorities. Standard 2 describes the systems and strategies to create a consumer-centred health system by including consumers in the development and codesign of quality health care.

## **HCASA recommends the following structure for payment of sitting fees**

### **Payment of sitting fees should apply**

Consumers who are invited to participate in an activity as a systemic role:

- through an Expression of Interest or other selection process
- who, as part of a membership through Terms of Reference, has shared responsibility for decision-making; a monitoring and/or review process; data analysis and/or review; provision of formal recommendations or feedback such as on policy/procedure
- as a member of a governance of other oversight committee such as an Advisory Committee, Safety and Quality Committee, Consumer Complaints and/or Adverse Events Review Committee; Research or Policy Advisory/Oversight Committees.

Sitting fee rates of payment for this category should be the same for consumers and non-consumers members ie irrespective of position/level of education or usual salary: if every member of the committee/group works under the same terms of reference they and come to the table with the same accountabilities - then the sitting fee should be the same.

Consumers, and other external parties, should not be able to obtain an income from two different sources ie if they contribute/ participate as part of paid employment then the sitting fee should not be paid. Arguably who pays reimbursement of their costs would be determined at the outset.

### **Payment of sitting fees may apply**

Consumers who are invited to participate in a once off/consultation activity:

- Such as a broad consultation process for consumer and community feedback/input
- But who do not have shared responsibility for decision-making about the outcomes of the activity
- to provide generalise comment/feedback such as satisfaction surveys; patient experience surveys; general service evaluation at point of care; draft consumer resources (eg brochures)

Reimbursement of costs (eg travel) should be considerate of significant, access barriers that would prohibit vulnerable individuals and communities from participating such as rural and remote communities, people with access support needs, disadvantaged communities. A small token of appreciation of the individuals' commitment and contribution may be considered.

### **HCASA Representation**

HCASA member on a committee or advisory body does not constitute nor act as a substitute for consumer advocates. Sitting fees for HCASA is representative of a consultancy fee and demonstrates the commitment of health services to promoting and strengthening the voices, wellbeing, rights and leadership of health consumers and having the peak body for health consumers in South Australia at the table. As such HCASA fees are not reflected in the *SA Health Sitting Fees and Reimbursements for External Parties Policy Directive*.

### **Health Consumers Alliance of SA Inc (HCASA)**

#### **Vision:**

Consumers at the centre of health in South Australia

#### **Mission:**

To engage consumers and health services to achieve high quality, safe, consumer-centred care for all South Australians. We promote and strengthen the voices, wellbeing, rights and leadership of health consumers.

HCASA is the peak body for health consumers in South Australia. Since 2002, HCASA has worked in partnership with individual consumers, carers and advocates; with consumer groups and committees; with communities; and with a rich and diverse range of partners to fulfil our mission.

Together, we advocate at the system level to embed consumer engagement policy and practice across the SA health system. This includes public, private and non-government health and community service providers.

## See also

### HCASA

- Working with Health Consumer Advocates and Representatives
- Consumer and Community Engagement in Health Care
- Consumer Centred Health Care in South Australia

## Refer

- National Safety and Quality Health Service Standards second edition Australian Commission for Safety and Quality in Health Care 2019
- HCSCC Charter of Health and Community Services Rights in South Australia 2011
- Australian Charter of Healthcare Rights Australian Commission for Safety and Quality in Health Care August 2019
- The National Health and Medical Research Council and Consumers Health Forum of Australia Statement on Consumer and Community Involvement in Research

## August 2019

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<sup>i</sup> 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>

<sup>ii</sup> Health Care Act 2008 (Governance) Amendment 2019

<sup>iii</sup> Department for Health and Wellbeing Statewide Consumer and Community Engagement Strategic Framework 2019

<sup>iv</sup> Australian Commission for Safety and Quality in Health Care National Safety and Quality Health Service Standards second edition 2019

<sup>v</sup> Department for Health and Wellbeing Sitting Fees and Reimbursements for External Parties Policy Directive 2019