

## **Patient Partner Payment Policy**

## 1.0 Purpose

This policy outlines the activities for which Patient Partners are offered payment, and the amount and appropriate method for providing this payment.

## 2.0 Scope

This policy is applicable to any payments made to Patient Partners by the Ontario Institute for Cancer Research (OICR). Guidance for the reimbursement of expenses arising from related activities should be obtained from the Travel, Meal and Hospitality Expense Policy.

### 3.0 Definitions

**Employee:** an individual who has signed an employment contract and performs work for OICR for wages.

**Honorarium**: for the purposes of this policy, a non-routine, discretionary payment to an individual, who is not an Employee of OICR, in recognition of a special service or contribution of gratuitous services to OICR for which a fee is not legally or customarily required. OICR will offer payments to Patient Partners via a Patient Partnership Stipend, not an Honorarium.

Patient and Family Advisory Council (PFAC): an external advisory body composed of Patient Partners that provides OICR with insight, feedback, and expertise on issues regarding cancer research and patient partnership.

**Patient Partner:** an individual with lived experience as a cancer patient or caregiver/family member who collaborates with OICR and/or OICR-supported researchers to bring the patient perspective and insight to Institute priorities, programs, projects and processes. Patient Partners should not be confused with research participants. Activities that may be undertaken by a Patient Partner include but are not limited to: attending meetings or events, serving on a board or committee, co-developing the research methodology with a researcher, being consulted on survey design for a study, and assisting with knowledge translation. For the purposes of this policy, a Patient Partner is not an Employee.

**Patient Partner Stipend:** a payment provided to an individual serving as a Patient Partner to OICR or on an OICR-supported project in recognition of their expended time and accumulated expertise, insight and knowledge.

#### 4.0 Policy

Offering payment to Patient Partners who undertake this important work helps to recognize the value of their contribution and to make participation in Institute activities, including research, more equitable, diverse and inclusive by helping to remove barriers to participation. Patient Partners will receive payment for their contributions to OICR or to an OICR-supported project via a Patient Partner Stipend.

## **4.1 Guiding Principles**

- Payments made under this policy do not create an employer and Employee relationship between OICR and the Patient Partner.
- Payments are in addition to reimbursement for costs of involvement, as per the Travel, Meal and Hospitality Expense Policy.
- Payment amounts should be communicated in advance to potential Patient Partners before they have agreed to participate in the activity.
- Patient Partners are free to decline payment without their decision impacting their ability to act as a Patient Partner. Declined payments cannot be directed elsewhere, e.g., donated to another cause.
- If an engagement is small, an alternative form of recognition can be provided (e.g., gift card), if agreed upon with the Patient Partner.
- Patient Partners do not need to be offered payment when participating alongside other stakeholders who are neither paid for their participation nor are participating as part of a paid role.
- PFAC members that take on roles beyond their duties as PFAC members, as defined in the PFAC Terms of Reference, should be offered payment in accordance with the principles above.

# 4.2 Stipend Payment Guidelines

- Project Principal Investigator or equivalent staff member should determine payment in consultation with the Patient Partner(s) by estimating total hours of Patient Partner involvement required for an engagement and using an hourly rate of \$35 to arrive at total payment. The estimated time should account for time spent in preparation, document review, electronic communications, etc.
- Total actual hours contributed by Patient Partners do not need to be tracked.
- Patient Partner payments are an eligible expense for OICR-funded projects and should be accounted for in budgets. This expense is not overhead eligible. Projects funded prior to October 13, 2022 can request funds from a common pool.
- Payment recipients are responsible for their own tax remittances and may wish to obtain advice from an accounting professional regarding any obligations.

#### 4.3 Processes and Procedures

- 1. Patient Partner payment recipients must complete and submit Appendix A: Personal Data for all Patient Partner Payments to Accounts Payable (<u>Accounts.Payable@oicr.on.ca</u>). Patient Partner payment recipients must complete and submit Appendix B: Request for Patient Partner Payment to the project Principal Investigator or equivalent staff member for review. Appendix B, once validated, should then be submitted to the Lead, Patient Partnership and EDI for processing by OICR Finance. The following personal information is collected to ensure proper payment and to enable issuing of tax forms:
  - Name
  - Full address
  - Applicable tax identification number:
    - o Social Insurance Number (Canadian residents) or
    - o European Identification Card (EU residents) or
    - Social Security Number (US residents)

- Banking information
- 2. OICR Finance will ensure that payments are processed through payroll to ensure applicable taxes are determined, and tax forms are issued as follows:
  - For non-residents of Canada:
    - o 15 per cent withholding tax will be applied when contribution is completed in Canada.
    - T4A-NR will be issued for the calendar year (January December) in which the payment was made.
  - For Canadian residents:
    - T4A will be issued for the calendar year (January December) in which the payment was made.
- 3. Payments will be based in Canadian Dollars but may be converted into another currency for non-Canadian bank accounts.
- 4. Payments should be made from the issuing cost centre associated with the project or activity in which the Patient Partner is engaged. If there are insufficient funds to support the Patent Partner Stipend, a funding request can be made to the Lead, Patient Partnership and EDI to access funds from the common Patient Partner Stipend pool.
- 5. Payments will be made at the end of each quarter. Should an engagement take place over more than one quarter, overall payment amount will be divided and paid in quarterly installments throughout the engagement.

#### **5.0 Related Documents**

- Honorarium Policy
- Travel, Meal and Hospitality Expense Policy
- OICR Confidentiality Agreement
- Conflict of Interest Policy

#### 6.0 References

<u>Canadian Institutes of Health Research: Considerations when paying patient partners in research</u>

#### 7.0 Revision History

Modified Date (YYYY-MM-DD)	Level of Change	Revision Comments
Not Applicable	Not Applicable	New Document

Document Title:	Patient Partner Payment Policy				
Associated Form(s):	Personal Data for all Patient Partner Payments				
	Request for Patient Partner Payment				
Policy Type:	Finance	Page(s): 6			
Sponsor:	Senior Director, Finance				
Content	Senior Director, Strategy and	Review Period:	3 yrs.		
Reviewer(s):	Governance; Associate Director,				
	Scientific Secretariat; Lead, Patient				
	Partnership and EDI				
Issued By: Senior Vice President, Group Chief		Last Reviewed:	October 5, 2022		
	Financial Officer	Last Modified:	Not Applicable – New		
			Policy		
Approved By:	Executive Management	Approval Dates:	October 13, 2022		

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# **APPENDIX A: PERSONAL DATA FOR ALL PATIENT PARTNER PAYMENTS**

In filling out this form, you consent to OICR's collection, use and disclosure of your personal information for purposes associated with processing your payment.

Check <u>one:</u>	I am a new payee		I am already a payee who Payee I.D. #: wishes to change their current information					
(Please print clearly	')							
Ms. Mr.	Mx.	Dr.						
First name:	st name: Surname:							
Reason for paymer	nt:							
Date of the activity	/project:							
Cocial Incurance N								
Social Insurance Note 18 SIN begins with "S		/ida						
expiry date	picase prov	/IGC	Exp. Date:					
*If non-resident, plea	se provide S	ocial	Exp. Date.					
Security Number or		oolal						
Home address:	Tax ID							
Tiomic addicess.								
Email address:								
Telephone number:								
relephone number.								
<b>IMPORTANT</b> : Please the:	attach a void	l chequ	MICILED IN CANADA OR THE US e or pre-authorized deposit form that clearly states nsit Number, Bank Name and Branch					
	dress.	51, 11ai	ist ramber, bank rame and branen					
(if applicable) Attacl	h void cheque	here.						
DO NOT HAND-WRITE BANKING INFORMATION								
Signature:			Date:					

Return completed form to:

Accounts Payable via Accounts.Payable@oicr.on.ca



Amount:
Prepared By:

# **APPENDIX B: REQUEST FOR PATIENT PARTNER PAYMENT**

This form is to be used to request Patient Partner payments.

Name:				
Ma	iling Address:	Additional Contact information:		
	g	Telephone number:		
		Email address:		
Date Red	quest Submitted:			
REASON FOR F	PAYMENT			
Please specify:				
Activity/Project N	Name:			
Diago of the Acti	ivity (if appliable):			
Place of the Acti	ivity (if applicable):			
Date of the Activ	vitv/Project:			
Amount to be pa	aid:			
Please attach ar	ny relevant documents (e	e.g., invitation, agenda, etc.)		
Account to be 0	Charged	Authorized Signature (Approver)	Date	
Cost Centre:		, , ,		
Account Number	r:			

**Note:** Please note that a Personal Data for all Patient Partner Payments form will need to be completed by the payee prior to processing the payment.