

## 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' or 'Institute'). 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 CAD 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.
- Patient Partners on PFAC will be paid as per the PFAC Terms of Reference.

#### **4.3 Processes and Procedures**

1. Patient Partner payment recipients must complete Appendix A: Patient Partner Payment Information Form and submit Appendix A using the link indicated on the form. After the initial submission of Appendix A, this form is only required to be completed again when the information needs to be updated. The following personal information is collected and administered in accordance with the OICR Privacy Policy in order to ensure proper payment and to enable issuing of tax forms:

- Name
- Full address
- Applicable tax identification number:
  - Social Insurance Number (Canadian residents) or
  - European Identification Card (EU residents) or
  - Social Security Number (US residents)

- Banking information

The project Principal Investigator or equivalent staff member must complete and submit Appendix B: Patient Partner Honoraria Request Form to OICR Finance for processing.

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:
    - 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 if the total amount exceeds \$500 CAD
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 Patient Partner Stipend, a funding request can be made to the Patient Partnership and New Initiatives Lead to access funds from the common Patient Partner Stipend pool
5. If an engagement takes place over fewer than two quarters, the total payment will be processed at the end of the engagement. If an engagement takes place over more than two quarters, the payment amount will be processed semi-annually throughout the engagement.

## 5.0 Related Documents

- Conflict of Interest Policy
- Honorarium Policy
- OICR Confidentiality Agreement
- OICR Privacy Policy
- Patient and Family Advisory Council Terms of Reference
- Travel, Meal and Hospitality Expense Policy

## 6.0 References

- [Canadian Institutes of Health Research: Considerations when paying patient partners in research](#)

Approved By:	Senior Director, Finance	Last Approval Date:	October 10, 2024
--------------	--------------------------	---------------------	------------------

© Ontario Institute for Cancer Research (OICR). All Rights Reserved. This document is specific to OICR internal activities. OICR does not accept responsibility for use of this material by any person or organization not associated with OICR. No part of this document should be used for publication without permission and acknowledgement. A printed copy of this document may not reflect the current electronic version on the OICR Intranet.

**Appendix A:**

**Patient Partner Payment Information Form**

**Payee I.D #:**  
(For internal use only)

**Check One:**

**I am a new payee**

**I am a current payee and would like to update my information**

First Name:	Surname:
Meeting / Event or Function:	Date:
Reason for Payment:	
Social Insurance Number (SIN): <i>If your SIN # begins with "9" please provide the Expiry date If you are a non-resident, please provide SSN or a Tax ID – A Tax receipt will be issued</i>	
Exp. Date (if applicable):	
Mailing Address:	
Email:	Telephone:

**FOR DOMESTIC PAYMENTS – IN CANADA OR THE U.S.:**

Please attach a void cheque OR fill out the attached EFT form.

**FOR INTERNATIONAL PAYMENTS – OUTSIDE OF CANADA OR THE U.S.:**

Please fill out the attached EFT form.

**Date:**

**Signature:**

**Return this completed form to:** <https://transfer.oicr.on.ca/filedrop/FinanceHonoraria>

## Electronic Funds Transfer (EFT) Request Form (or provide a Void Cheque)

First Name:	Surname:
Payee Address - (P.O. BOX addresses are not accepted):	
Bank Name:	
Bank Address:	
Bank Account Number:	
Bank Transit Number - (5 digits for Canada, 9 digits for U.S.):	
Bank Code - (3 digits in Canada, N/A for U.S.):	
Email Address for Remittance Advice:	
Completed By - Name, Title:	

**Date:**

**Signature:**

Return this completed form to: <https://transfer.oicr.on.ca/filedrop/FinanceHonoraria>

**Appendix B:**

**Patient Partner Honoraria Request Form**

First Name:	Surname:	
Mailing Address:		
Email:	Telephone:	
Reason for Payment:		
Event Name, (if applicable)	*Attach any relevant documents (e.g., invitation, agenda).	
Event Location:		
Event Date(s):	Start Date:	End Date:
Amount and Currency:		

**For Internal Use Only**

ACCOUNT TO BE CHARGED:	AUTHORIZED SIGNATURE:	DATE:
Cost Center:	Signature:	
Account #:	Prepared by:	
Amount:		

**Note: Please send the completed Patient Partner Honoraria Request Form to :**  
[honoraria.info@oicr.on.ca](mailto:honoraria.info@oicr.on.ca)