MaRS Centre
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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 through a Patient Partnership Stipend, not an Honorarium.

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

Patients are essential partners in research, helping to shape research priorities, study design and outputs. Offering payment to Patient Partners who undertake this important work helps to recognize the value of their contribution. It can also help 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 through 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.

4.2 Stipend Payment Guidelines

- The project Principal Investigator or an Employee who has been designated responsible for the engagement with a Patient Partner should determine the payment to be provided in consultation with the Patient Partner(s) by estimating the total hours of Patient Partner involvement required for an engagement and using an hourly rate of $35 CAD to calculate the total payment amount. The estimated time should account for time spent in preparation, document review, electronic communications, etc. If the total actual hours contributed by the Patient Partner for the activity differs significantly from the original estimate, it may be appropriate to provide a revised payment amount to reflect the actual hours contributed.
- Total actual hours contributed by Patient Partners do not need to be tracked. The project Principal Investigator or Employee who has been designated responsible for the engagement with a Patient Partner must document the work performed for audit purposes.
- Patient Partner payments are an eligible expense for OICR-funded projects and should be accounted for in the project budget.
- Payment recipients are responsible for ensuring taxes are appropriately paid, and may wish to obtain advice from an accounting professional regarding any obligations (See section 4.3.2).
- Patient Partners on a Scientific Advisory Committee (SAC) will receive the standard $35 CAD hourly rate plus an additional hourly top-up, defined in the respective SAC 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 Employee who has been designated responsible for the engagement with a Patient Partner must complete and submit Appendix B: Patient Partner Honoraria Request Form to Finance for processing.

2. 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.

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
- Travel, Meal and Hospitality Expense Policy

6.0 References

- Canadian Institutes of Health Research: Considerations when paying patient partners in research

Approved By:	Patient Partnership and New Initiatives Lead	Last Approval Date:	August 13, 2026

OICR
Ontario Institute for Cancer Research

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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):
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

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

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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

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Patient Partner Honoraria Request Form

First Name:	Surname:
Mailing Address: Email:	Telephone:

Reason for Payment:

Include a brief summary of the specific activities performed and the associated time or effort spent (to the nearest hour). This record can be used for audit purposes. Retain any additional supporting documentation, where available, to ensure proof of work can be established.

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: Account #: Amount:	Signature: Prepared By:	

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Last Modified: August 4, 2026