

Consumer Advisor Remuneration	
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This document is relevant to all WH sites, including Bacchus Marsh, Melton and Caroline Springs	

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1. Overview

This procedure outlines Western Health’s process in remunerating consumer advisors on National Standard and Best Care committees.

2. Applicability

This procedure relates to the senior leadership team, including Executive Directors, Directors, Divisional Directors, and Managers who chair, co-chair committees; or secretaries for the National Standard and Best Care committees. A full list of committees that this procedure applies to is attached in [Appendix 1](#).

3. Responsibility

The Manager, Consumer Partnerships, has responsibility for ensuring that the procedure is followed, and this procedure is communicated to the senior leadership team at Western Health. The senior leadership team is responsible for ensuring that Western Health employees are informed about this procedure.

4. Authority

Exceptions to the processes described in this procedure can only be authorised by the Manager, Consumer Partnerships.

5. Associated Documentation

In support of this procedure, the following Manuals, Policies, Instructions and/or Guidelines apply:

Name

Consumer Advisor Engagement Requests

6. Credentialing Requirements

Not Applicable

7. Definitions and Abbreviations

Include here all definitions of terms or abbreviations used in the procedure. It is preferable that pre-existing definitions are used.

7.1 Definitions

For purposes of this procedure, unless otherwise stated, the following definitions shall apply:

Best Care Committees	Refers to Board Sub Committee, Executive Committee, Best Care Committees and Best Care Sub Committees
Board Sub Committee	Quality and Safety, Community Advisory Committee
Executive Committee	Best Care Steering
Best Care Committees	Clinical Council, Best Care Performance, Right Care, Co-ordinated Care, Safe Care, Person Centred Care, Patient First
Best Care Sub Committees	Infection Prevention, Medication Safety, Deteriorating Patient, Blood Management, Communicating for Safety, Pressure Injury, Nutrition, Falls Prevention, Contingence, Delirium, End of Life, Pain Management, Bariatric Care, Restrictive Practices, Health Equity, Health Literacy, Aboriginal Health Steering Committee, Disability Steering Committee, LGBTIQ+ Steering Committee.
Partnering with Consumers	Refers to health services actively working with people who use the healthcare system to ensure that care is safe, high quality and meet people’s needs. This can occur at: <ul style="list-style-type: none"> • The individual level, when patients and carers are involved in decisions about their care and treatment; • The service level when consumers are involved in service planning and delivery; and • The organisational level when consumers are involved in governance systems, policy development, implementation and evaluation.

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Honorariums	Refers to a payment made to honour an individual for their service to the organisation
Consumer Advisor	An individual who volunteers their time in participating on committees/projects. They add value by sharing their lived experiences as a patient/carer to improve health service delivery and planning.
Consumer Administration	Refers to the administration members of the Consumer Partnerships team
Committee Chair/Secretary	Refers to the Best Care Committee Chairs and Secretaries

7.2 Abbreviations

For purposes of this procedure, unless otherwise stated, the following abbreviations shall apply:

LGBTIQA+	Lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual and any other terms (such as non-binary and pansexual) that people use to describe their experiences of their gender, sexuality and physiological sex characteristics.
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8. Procedure Detail

8.1 Fee Structure

The remuneration amount offered to Consumer Advisors is based on hours per engagement.

Less than 2 hours	\$100 honorarium payment
Between 2-4 hours	\$200 honorarium payment
Greater than 5 hours	- additional \$50 per hour

Please note: payments are not an accumulative total (i.e., 2 hours over 3 days = \$100). Payments are calculated per engagement request (i.e., 3 engagements, each engagement is less than 1 hour = \$300).

8.2 Remuneration of Consumer Advisors who sit on Best Care and National Standard committees is guided by a process:

8.2a Process for Consumer Advisors

Step 1

Consumer Administration to email Consumer Advisors a Sitting Fee form (see appendix 2) with opt in/out consent for automatic payments.

Step 2

Consumer Advisors complete form for each committee they are members of, and email to Consumer Admin (consumers@wh.org.au) (See appendix 3 for an example of a completed form)

Step 3

Consumer Administration will save Consumer Advisors details in a locked file.

8.2b Process for Committee Chairs/Secretaries

Step 1

Committee Chair/Secretary invite Consumer Administration (consumers@wh.org.au) email address to all meetings. Consumer Administration will not attend meetings, invites will allow for easy tracking of when meetings occur.

Step 2

Committee Chair/Secretary will confirm the attendance/absence of Consumer Advisors via email to Consumers Administration within 24 hours of meeting.

Prompt notification of attendance allows for timely processing of remuneration

8.2c Process for Consumer Administration

Step 1

Confirm attendance/absence by:

- a. Email confirmation by Committee Chair/Secretary within 24 hours of meeting
- b. Consumer administration to follow up with Committee Chair/Secretary thereafter.

Step 2

Consumer administration to confirm Sitting Fee form and automatic payment consent form signed by respective Consumer Advisors

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Step 3

Consumer administration to auto populate the committee names and meetings and send to Consumer Partnerships Manager to review and sign.

Step 4

Process payment to AP Finance within 48hours of confirmation of attendance. BCC Consumer Advisor into email.

Step 5

Document invoices paid.

8.3 Remuneration of Consumer Advisors who sit on committees and projects (excluding Best Care and National Standard committees) is guided by a process:

Remuneration of Consumer Advisors outside of the Best Care and National Standard Committees comes out of the respective committee/projects cost centre. This process is optional and highly recommended. Consultation with the Consumer Partnership Manager is recommended.

8.3a Process for Consumer Advisors

Step 1

Consumer Administration to email Consumer Advisors a Sitting Fee form (see [appendix 2](#)) with opt in/out consent for automatic payments.

Step 2

Consumer Advisors complete form for each committee they are members of, and email to Consumer Administration (consumers@wh.org.au) (See [appendix 3](#) for an example of a completed form)

Step 3

Consumer Administration will save Consumer Advisors details in a locked file.

8.3b Process for Committee Chairs/Secretaries & Project Leads

Step 1

Committee Chair/Secretary or Project Leads are to complete the accounts section of the Consumer Advisor Sitting fee form. This includes; Entity, Campus, Cost Centre, Account, Sub Account and digital signature.

Step 2

Committee Chair/Secretary or Project Lead are to invite Consumer Administration (consumers@wh.org.au) email address to all meetings. Consumer Admin will not attend meetings, invites will allow for easy tracking of when meetings occur.

Step 3

Committee Chair/Secretary or Project Lead will confirm the attendance/absence of Consumer Advisors via email to Consumers Administration within 24hours of meeting.

Prompt notification of attendance allows for timely processing of remuneration

8.3c Process for Consumer Administration

Step 1

Confirm attendance/absence by:

- a. Email confirmation by Committee Chair/Secretary or Project Lead within 24 hours of meeting
- b. Consumer admin to follow up with Committee Chair/Secretary or Project Lead thereafter.

Step 2

Consumer administration to confirms Sitting Fee form and automatic payment consent form signed by respective Consumer Advisors

Step 3

Consumer administration to auto populate the committee names and meetings and send to Committee Chair/Secretary or Project lead to review and sign.

Step 4

Process payment to AP Finance within 48hours of confirmation of attendance. BCC Consumer Advisor and committee chair/project lead into email.

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Step 5
Document invoices paid.

9. Document History

Number of previous revisions: new document

Previous version dates: not applicable this version

Minor amendment: not applicable this version

10. References

Any reference to other policies, statutes, legislation or other sources that relate to this procedure should be listed in full detail here. Cross reference with External Accreditation Standards.

The external frameworks, standards & programs informing this procedure include:

- [Partnering with Consumers Standard - NSQHS](#)
- [Partnering in Healthcare Framework - SCV](#)
- [Appointment and Remuneration Guidelines – Vic Gov](#)
- [Working with Consumers and Carers – Department of Health](#)

11. Sponsor

Executive Director of Nursing and Midwifery

12. Authorisation Authority

Executive Director of Nursing and Midwifery

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Appendix 1: Committee List

Committee Type	Committee
Board Sub Committee	Quality and Safety Community Advisory Committee
Executive Committees	Best Care Steering Clinical Council * Best Care Performance * Serious Adverse Events *
Best Care Committees	Right Care Co-ordinated Care Safe Care Person Centred Care Consumer First
Best Care Sub Committees	Blood Management Deteriorating Patient Communicating for Safety Infection Prevention Medication Safety Pathology Pressure Injury Nutrition Falls Prevention Continence Delirium and Cognition End of Life Pain Management Self-Harm and Suicide Prevention Restrictive Practice Prevention Product Evaluation & New Technology Health Equity Health Literacy Aboriginal Health Disability LGBTIQA+

* the same consumer advisors by design, meetings held alternate months

Appendix 2: Consumer Advisor Remuneration Tax Invoice



Consumer Advisor Remuneration TAX INVOICE

First Name: _____ Last Name: _____

Contact No. /Mobile: _____

Email: _____

Date: _____ Committee Meeting: _____

Consumer Sitting Fees for **WH Consumer Engagement** to the amount of:

- Less than 2 hours: **\$100.00**
- More than 2 hours: **\$200.00**

Please provide you bank account details

Bank Name:(e.g., Commonwealth) _____

Branch Name: (Branch/Suburb where account opened) _____

BSB No: _____ Account No: _____

(Please state your bank account number from your bank statement NOT your credit/savings card)

Account Name: _____

Too be completed by WH staff						
Entity	Campus	Cost Centre	Account	Sub Account	Total Amount (GST Inclusive if applicable)	GST Y/N
					\$	
					\$	
					\$	
Dept				Total of A/c Breakdown		N
Signature			Print Name			
Date			Tel. No.			
Approved by:			Print Name:			

Opt out of Remuneration

I _____, herby consent/do not consent for Western Health to offer remuneration for each engagement in the *(list committee/project)* _____ based on the above agreed method and value.

Signed:

Date:

If a preferred payment of a E-gift card is the preferred way of payment, please leave bank account details blank and advise consumers@wh.org.au

Appendix 3: Example of completed Consumer Advisor Remuneration Tax Invoice



Consumer Advisor Remuneration TAX INVOICE

First Name: **Adam** Last Name: **Smith**
 Contact No. /Mobile: **0412 345 678**
 Email: **adam.s@yahoo**
 Date: **1/1/23** (date of consumer meeting attended)
 Committee meeting: **(name of meeting they attended)**
 Consumer Sitting Fees for **WH Consumer Engagement** to the amount of:

- Less than 2 hours: **\$100.00**
- More than 2 hours: **\$200.00**

Please provide you bank account details

Bank Name:(e.g., Commonwealth) **Commonwealth**
 Branch Name: (Branch/Suburb where account opened) **Melbourne**
 BSB No: **123 456** Account No: **123 456 7890**
 (Please state your bank account number from your bank statement NOT your credit/savings card)

Account Name: **Adam S**

Too be completed by WH staff							
Entity	Campus	Cost Centre	Account	Sub Account	Total Amount (GST inclusive if applicable)	GST Y/N	
WH001	WHS	XXXX	XXXX	XXX	\$100	N	
					\$		
					\$		
					\$		
Dept					Total of A/c Breakdown	\$ 100	N
Signature	Admin signature		Print Name	Admin			
Date	Date of signing		Tel. No.	Line manger mobile:			
Approved by:	Line manager signature		Print Name:	Line manger			

Opt out of Remuneration

I, **Adam Smith** herby consent/do not consent for Western Health to offer remuneration for each engagement in the (list committee/project) **Committee meeting they are attending** based on the above agreed method and value.

Signed: CA needs to date and sign
 Date:

If a preferred payment of a E-gift card is the preferred way of payment, please leave bank account details blank and advise consumers@wh.org.au