



SPOR Evidence Alliance
Strategy for Patient-Oriented Research

**Alliance pour des données
probantes de la SRAP** 
Stratégie de recherche axée sur le patient

Strategy for Patient-Oriented Research

SPOR
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Patient and Public Partner Financial Compensation Policy and Protocol

SPOR Evidence Alliance

Date Updated: March 2025

Prepared by:

The SPOR Evidence Alliance Central Coordinating Office in collaboration with patient and public partners and members of the governance structure.

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Land Acknowledgement(s)

The SPOR Evidence Alliance is located on land now known as Toronto (Tkaronto). Tkaronto is the traditional territory of many groups, including the Mississaugas of the Credit and the Chippewa/ Ojibwe of the Anishnaabe Nations, the Haudenosaunee, and the Wendat. It is now home to many diverse First Nations, Inuit and Métis peoples. We respect the Treaties that were made on these territories; we acknowledge the harms of the past and present; and we dedicate ourselves to work with and listen to First Nations, Inuit and Métis communities in the spirit of reconciliation and partnership.

We are grateful to have this opportunity to work on this land and commit to caring for this land.

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Purpose

This document provides information on the policies and procedures established to recognize and compensate the time and effort of patient and public partners engaged in the Strategy for Patient-Oriented Research (SPOR) Evidence Alliance.

The SPOR Evidence Alliance Central Coordinating Office developed this document in close consultation with seven patient and public partners and members of the governance structure.

Scope

The guidelines outlined in this document should be followed when engaging patient and public partners in any activities related to the SPOR Evidence Alliance. Upon joining the SPOR Evidence Alliance, patient and public partners will be provided with a copy of this document to ensure they are well-informed.

As an initiative funded by the Canadian Institutes of Health Research (CIHR), we align to CIHR's position that patient and public partners should be offered appropriate financial compensation for their involvement in activities and also reimbursed for any eligible expenses incurred by their participation. We recognize and respect that not all individuals will wish to receive financial compensation and have also outlined steps to decline payments.

NOTE: Although other forms of showing appreciation are important to patient engagement activities, such as authorship and acknowledgement, this policy solely focuses on financial compensation.

Definitions

Key Term	Definition
Patient	An overarching term inclusive of individuals with personal experience with the health care system and informal caregivers, including family and friends. ¹
Public (Citizen)	A term that encompasses interested representatives of the general public, consumers of health services, patients, caregivers, advocates and representatives from affected community and voluntary health organizations. ²

¹ Available in the [Strategy for Patient-Oriented Research - Patient Engagement Framework](#).

² Available in the [Glossary of Funding-Related Terms](#).



Key Term	Definition
Partner	<p>A key collaborator in patient-oriented research, such as patients, researchers, policy makers, decision-makers, health organizations, provincial/territorial health authorities, academic institutions, charities.</p> <p>Patient partners in research should not be confused with research participants, otherwise known as study subjects.</p>
Patient and Public Engagement	<p>Meaningful and active collaboration in governance and strategic direction, research priority setting, conducting research and knowledge translation.¹</p>
Patient-Oriented Research	<p>Patient-oriented research refers to a continuum of research that engages patients (and members of the public) as partners, focuses on patient and public-identified priorities and improves patient outcomes. This research, conducted by multidisciplinary teams in partnership with relevant knowledge users, aims to apply the knowledge generated to improve healthcare systems and practices.¹</p>
Payment (compensation)	<p>An acknowledgement and compensation of time and effort of patient and public partners engaging in research-related activities. CIHR defines this as,</p> <p><i>“The act of awarding something to someone in exchange for a service. While this is often monetary compensation in the form of salary or stipends, it can also be in the form of services, honoraria, gifts or in-kind exchanges or incentives.”³</i></p>
Reimbursement	<p>Repayment of eligible out-of-pocket expenses incurred by patient and public partners related to their engagement in SPOR Evidence Alliance activities.</p> <p>Eligible expenses include child care, travel, accommodation, daily meal allowance as per the standard policies of the SPOR Evidence Alliance’s administrative (‘home’) institution: St. Michael’s Hospital, Unity Health Toronto).</p>

³ See CIHR’s article on [Considerations when paying patient partners in research.](#)



Patient and Public Partner Financial Compensation Policy

Guiding Principles

The SPOR Evidence Alliance's financial compensation policy aims to reflect **respect, flexibility, responsiveness, timeliness, fair and equitable payment rates, informed consent, choice, and transparency**.³ It is important to note that patient and public partners represent a diverse population, which may require the protocol to be adapted to different circumstances.

Knowledge base

We conducted an environmental scan of payment practices across the SPOR enterprise and organizations engaging patient and public partners in research across Canada to inform the development of our policy and guidelines. The payment rates and methods recommended here are consistent with current and best practices across the Canadian healthcare system.

To further refine our approach, we conducted focus group interviews with seven patient and public partners of the SPOR Evidence Alliance to understand their experiences with compensation and identify opportunities to improve our processes. Their insights helped shape our guidelines to ensure they are practical, transparent, and responsive to patient partners' needs. This guideline was then reviewed and approved by a number of key knowledge users, including patient and public partners. The following key sources formed our knowledge base:

- [CIHR's Strategy for Patient-Oriented Research - Patient Engagement Framework](#)
- [CIHR's Considerations When Paying Patient Partners in Research](#)
- [CIHR's Institute of Genetics' Patient Partner Compensation Guidelines](#)
- [CIHR's Institute of Musculoskeletal Health and Arthritis' Patient Compensation Guidelines \(PDF, 210 KB\)](#)
- [BC Mental Health and Substance Use Services' Paying Patient and Family Partners \(PDF, 1.32 MB\)](#)
- Compensation and reimbursement policies of [SPOR SUPPORT Units](#) and [SPOR Networks](#)

Payment Rate and Guidelines

Appendix 1 outlines the range of recommended payment rates and eligible expenses based on the type of work and level of engagement of the patient and public partners. This guideline pertains to compensating engagement work and is not intended to constitute part-time or temporary employment.

RECOMMENDED RATE

\$40.00/HR



How to Compensate

STEPS	RESPONSIBLE PARTY	TIMELINE
Determine the expected nature, extent and time commitment for the planned engagement	Engagement lead(s)	Prior to recruitment
Confirm and communicate available budget for compensation and expected reimbursement	Engagement lead(s)	Prior to recruitment
Review compensation policy with the patient/public partner(s), confirm method of compensation, and establish a point of contact*	Engagement lead(s)	After selection; During onboarding
Complete and sign <u>engagement intake form (appendix 2)</u>	Engagement lead(s) and patient and public partner(s)	During onboarding or first meeting
Record hours using the <u>compensation form (appendix 3)</u> and submit to the team for payment	Patient and public partner(s)	Per the payment schedule established.
Submit receipts and proof of eligible expenses incurred directly from the engagement	Patient and public partner(s)	Immediately after the expense incurred.
Prepare and process payments and/or reimbursements	Engagement lead(s)	Immediately following submission.



Payment Methods

There are several payment options for compensating patient and public partners. The options listed below are based on Unity Health Toronto policies, and may differ depending on the team's host institution. Research staff and engagement leads should discuss preferences for payment with the patient and public partner at the beginning of the project.

PAYMENT METHOD	PROCESSING TIME	NOTES
E-transfer	2 weeks	E-transfers must be accepted within 30 days or it will expire.
Gift cards	3 weeks	Can be provided through the patient and public partner's preferred vendor.
Direct deposit	3 weeks	Available upon request, but require a longer processing time. Please contact your engagement lead to discuss your preference for direct deposit payments, and to discuss any delays or concerns.
Cheque	45-60 business days, plus additional courier time	Same as above.
Declined payments	N/A	Patient and public partners can choose to decline payments. Declined payments will be kept for research and operating costs. The SPOR Evidence Alliance is unable to make donations to charities or non-profit organizations on behalf of patient and public partners.

Tax Implications

- Any form of cash payment totaling \$500 or more in a calendar year is considered taxable income and the host institution (i.e., the institution of the team you are directly working with and receiving payments from) will automatically issue a T4A for these



funds⁴. The SPOR Evidence Alliance is not able to answer tax-related questions. Please consult your municipal, provincial and federal authorities to learn more.

- Compensation payments may alter the benefits status for individuals on disability, pension, or other forms of income.
- To learn more about tax implications, please consider the following guidelines from the Canada Revenue Agency:
 - [Employment Income \(includes honoraria\)](#)
 - [Receiving Gifts](#)
 - [Gifts and Income Tax](#)
 - [Expenses incurred by volunteers](#)
 - [Community Volunteer Income Tax Program](#)

Tracking and reporting hours

- All payments will be recorded using the internal tracking system.
- It is the responsibility of patient and public partners to confirm their hours using the [standardized compensation form found on the SPOR Evidence Alliance website](#). This form should be **submitted to your designated engagement lead**.
- Reported hours that go unclaimed for longer than 1 year (from the first submission of the reported hours) will be nullified and redirected to the SPOR Evidence Alliance's operational budget.

Complaints Procedure

All complaints regarding this policy should be made to the SPOR Evidence Alliance Central Coordinating Office (SPOREA@smh.ca). The Central Coordinating Office will work with the patient or public partner and researcher (as applicable) to resolve the issue. If a resolution cannot be found, the nominated principal investigator of the SPOR Evidence Alliance, Dr. Andrea C. Tricco, will review the details of the circumstance and provide a final decision. In cases where the nominated principal investigator has a conflict of interest, they will be recused from the decision-making process and another co-principal investigator of the SPOR Evidence Alliance will be appointed.

Authorization

Reviewed by seven patient and public partners and members of the governance structure, and approved by Dr. Andrea C. Tricco on **March 31st, 2025**.

⁴ [Government of Canada: T4A slip – Information for payers](#).



Appendix 1: Payment Guidelines

ACTIVITY	RECOMMENDED APPRECIATION**	ELIGIBLE EXPENSES
<p>1. Meetings, Document Reviews or Other Advisory Roles</p> <p>Attending meetings, preparing for meetings, providing feedback on documents, and participating in a committee</p>	<p>\$40.00 CAD per hour</p> <p>If any engagement requires less than 0.5 hours or partial hours (e.g., 0.25 hours), we will round it up to 0.5 hours.</p> <p>A minimum and maximum number of hours required for the engagement will be discussed and agreed upon in advance.</p> <p>*IMPORTANT: It is the responsibility of the patient/public partner to inform the lead if they expect their hours to exceed the maximum.*</p>	<p>If in-person attendance is required, the following expense(s) will be covered:</p> <p>Travel - This includes economy class airfare, train fare, bus fare or mileage. Taxi fares are covered for short distances.</p> <p>3 hours of travel time will be covered for patients who spend the day before or after a meeting travelling. Recognizing this might be challenging for some participants, remote engagement arrangements will be available as well.⁵</p> <p>Overnight accommodation - If out-of-town, overnight stay at a nearby hotel will be covered.</p> <p>Meals - All reasonable out of pocket expenses for meals are covered for time spent away from home with original receipts. Alcohol charges are not covered.</p> <p>Dependent care allowance - Eligible to be reimbursed up to \$100 per day (with an invoice) or up to \$50 per day (without an invoice) for dependent care costs (e.g., childcare, elder care, family with differing abilities).</p>

⁵ [BC Centre for Disease Control: Peer Payment Standards \(PDF, 282 KB\).](#)



ACTIVITY	RECOMMENDED APPRECIATION**	ELIGIBLE EXPENSES
		For any questions regarding eligible expenses not listed, please contact your engagement lead for assistance.
2. Participating in a specific project as a team member	<p>\$40.00 CAD per hour</p> <p>If any engagement requires less than 0.5 hours or partial hours (e.g., 0.25 hours), we will round it up to 0.5 hours.</p> <p>A minimum and maximum number of hours required for the engagement should be discussed and agreed upon in advance of the activity commencing.</p> <p>IMPORTANT: It is the responsibility of the patient/public partner to inform the lead if they expect their hours to exceed the maximum.</p>	Same as above.
3. Co-lead on a knowledge synthesis, knowledge translation, or guideline development team	<p>\$40.00 CAD per hour</p> <p>If any engagement requires less than 0.5 hours or partial hours (e.g., 0.25 hours), we will round it up to 0.5 hours.</p> <p>A minimum and maximum number of hours required for the engagement should be discussed and agreed upon in advance of the activity commencing.</p>	Same as above.

Payment Guidelines



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ACTIVITY	RECOMMENDED APPRECIATION**	ELIGIBLE EXPENSES
	IMPORTANT: It is the responsibility of the patient/public partner to inform the lead if they expect their hours to exceed the maximum.	
4. Presentations Preparing formal presentations and materials (e.g., slides) and delivering presentations	\$40.00 CAD per hour If any engagement requires less than 0.5 hours or partial hours (e.g., 0.25 hours), we will round it up to 0.5 hours.	Same as above.
5. Panel/Facilitation Participating in a facilitated panel as a member or a facilitator	\$40.00 CAD per hour If any engagement requires less than 0.5 hours or partial hours (e.g., 0.25 hours), we will round it up to 0.5 hours.	Same as above.
6. External Events Representing the SPOR Evidence Alliance at an external event and reporting back to the SPOR Evidence Alliance Central Coordinating Office (e.g., SPOR Summit, conferences)	\$250.00 CAD for half day \$500.00 CAD for full day	Same as above.
7. Participating in Mandatory Trainings and Learning Events	A lump sum will be calculated based on predetermined number of hours at a rate of \$40/hr.	

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ACTIVITY	RECOMMENDED APPRECIATION**	ELIGIBLE EXPENSES
8. Participating in Optional SPOR Evidence Alliance Events Attending optional workshops, webinars or participating in courses	Not eligible for appreciation , unless the patient/public partner is responsible for presenting or co-facilitating the event or the event is mandatory for their specific involvement, in which case please see #1-7.	No costs will be covered unless the patient/public partner is responsible for presenting or co-facilitating the event or the event is mandatory for their specific involvement, in which case please see #1-7.
9. Specific Populations and Communities^{6,7}	It is recognized that these guidelines may need to be adapted to the culture or circumstances of specific populations and communities.	Indigenous partner compensation will be adapted to align with cultural preferences, including options such as honoraria, gifts, or other preferred methods, as determined in consultation with the partner. For more details, please refer to the <i>First Peoples' Cultural Council Guidelines on Working with Elders⁶</i> and the <i>University of Toronto's Payments to Indigenous Payees Guidelines⁷</i> . Other groups with specific cultural or community-based considerations will be evaluated individually to ensure appropriate and respectful compensation.

**The recommended compensation for each activity was determined by the type and complexity of work, learning curve required to understand the task and context, scale and scope of impact of the engagement, and in consultation with other appreciation policies.

⁶ [First Peoples' Cultural Council: Working with Elders \(PDF, 2.78 MB\)](#).

⁷ [University of Toronto: Payments to Indigenous Payees Guidelines \(PDF, 1000 KB\)](#)



Appendix 2: Patient and Public Partner Engagement Intake Form

Purpose: This form is to be completed by the team leading the engagement in discussion with the patient and public partner(s) to outline engagement details as part of the onboarding process.

1. Project Team Information

- **Project lead:** Click or tap here to enter text.
- **Project team members:** Click or tap here to enter text.
- **Point of contact for patient and public partners:** Click or tap here to enter text.

2. Project Details

- **Project topic:** Click or tap here to enter text.
- **Review type:** Click or tap here to enter text.
 - **Living Review? If so, how often is it updated?:** Click or tap here to enter text.
- **Project start date:** Click or tap to enter a date.
- **Project end date:** Click or tap to enter a date.
- **Project type:** Click or tap here to enter text.
- **Primary form of communication:** Choose an item.
 - Please enter details (email address, phone number): Click or tap here to enter text.
- **Frequency of updates:** Click or tap here to enter text.

3. Engagement Details

Intended degree of engagement⁸:

- ☐ **Level 1 Inform:** Receive easy to understand, objective, and balanced information.
- ☐ **Level 2 Consult:** Provide feedback on research direction, progress, outcomes, analysis and interpretation.
- ☐ **Level 3 Involve:** Two-way information exchange and conversations.
- ☐ **Level 4 Collaborate:** Engage in each aspect of the decision in research and research-related activities
- ☐ **Level 5 Empower:** Shared decision-making responsibilities

⁸ [NL SUPPORT: Patient and Public Management Planning Template \(PDF, 142 KB\).](#)

Patient and Public Partner Engagement Intake Form



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Steps during the project that patients and public partners will be engaged in (select all that apply):

- ☐ Identifying patient-driven research priorities
- ☐ Participating in the grant writing and review process
- ☐ Reviewing and developing the research question and research project outcomes
- ☐ Developing data collection tools and communication materials (e.g., flyers, emails)
- ☐ Contributing and guiding data analysis and interpretation of data
- ☐ Creating a plain language summary
- ☐ Reviewing conclusions and key messages
- ☐ Advising on dissemination strategies
- ☐ Developing and implementing interventions
- ☐ Evaluating the level of patient/public engagement during the project
- ☐ Other: Click or tap here to enter text.

Anticipated Time Commitment: *Please be as specific as possible. Number of hours for the entire engagement within a specific timeframe. For example, 2-3 hours per week from July 2nd to July 30th.*

Recognition of Involvement:

- ☐ Acknowledgement in the final report
- ☐ Acknowledgment in media and promotional materials (e.g., website, newsletters, social media posts)
- ☐ Acknowledgement in project presentations (e.g., conferences, webinars)
- ☐ Invitation to co-present findings
- ☐ Authorship in the manuscript⁹
- ☐ Other: Click or tap here to enter text.

4. Compensation Details

- Hourly compensation rate¹⁰:** Click or tap here to enter text.
- How often hours will be collected (i.e., payment frequency):** Click or tap here to enter text.
- Who to submit your hours to (Name, email):** Click or tap here to enter text.

⁹ [Guidance on Authorship with and Acknowledgement of Patient Partners in Patient-Oriented Research.](#)

¹⁰ As outlined in the [Patient Partner Compensation Guidelines](#), CIHR recommends an hourly compensation rate of \$40.00 per hour.

Patient and Public Partner Engagement Intake Form



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- **Where payments will be coming from (i.e., project team's host institution):** Click or tap here to enter text.
- **Format of payments offered (e.g., cash, cheque, or gift card):** Click or tap here to enter text.

5. Patient and Public Partner Signature

By signing below, you are acknowledging that you agree that have read the project, engagement, and compensation details above and agree to the terms listed above.

Patient and Public Partner Engagement Consent and Signature

First and Last Name:

Email:

SIGNATURE (e-signature is acceptable):

DATE:

Patient and Public Partner Compensation Form



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Appendix 3: Patient and Public Partner Compensation Form

As a valued patient or public partner of the SPOR Evidence Alliance, your contributions and time are important to us. To ensure your hours are accurately logged, we kindly ask that you use this tracking sheet to keep a record of all your activities conducted for the SPOR Evidence Alliance. For more details, including the payment options available to you, please review the **Patient and Public Partner Financial Compensation Policy**.

Timeline: We will collect your hours at the end of a high-volume patient and public partner engagement activity to make payments in a equitable and efficient manner.

Payment: We offer e-transfer as a payment option with an approximate processing time of 2 weeks. Payments will be issued on or around the 2nd or 4th Friday of the month that we receive your completed and signed form. The Central Coordinating Office will notify you of your expected payment date. We advise you to accept the e-transfer within 30 days as it will expire after this period. If the e-transfer expires, please email SPOREA@smh.ca for assistance.

Gift cards are also available as payment options. Once we receive your completed and signed form, we will contact you to confirm vendor options.

Thank you for your support and contribution to the SPOR Evidence Alliance. We are truly grateful to have your partnership!

Patient and Public Partner Engagement and Activity Log:

First and last name: Click or tap here to enter text.

Period of Engagement (E.g. January 2019-April 2019): Click or tap here to enter text.

ACTIVITY NAME (E.g., EC Meeting No. 1)	DESCRIPTION (optional) (E.g. Recurring meeting to discuss business)	DATE OF ACTIVITY (E.g. August 27, 2018)	NUMBER OF HOURS

Patient and Public Partner Compensation Form



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Description	Amount (Office Use Only)
Total Hours Contributed	
Alliance Honorarium	

Payment Consent

- ☐ I wish to accept payment via e-transfer.
- ☐ I wish to accept payment via gift card (we will contact you to discuss).
- ☐ I wish to discuss other forms of payment (we will contact you to discuss).
- ☐ I do not wish to receive any form of payment.

Privacy & Confidentiality

Information provided will be strictly used for payment purposes and will be stored securely in the St. Michael's Hospital network drive. They will be accessible only to the nominated principal investigator, study team and office of research administration at St. Michael's Hospital. Should there be any breach of privacy, you will be informed right away, but the chance that this information will be accidentally released is judged to be very small. If you would prefer to share personal information (e.g., social insurance number, banking details) over the phone, please email SPOREA@smh.ca and a member of the Central Coordinating Office will schedule a call with you.

By signing below, you are acknowledging that you completed the work above and agree to receive recognition in the preferred form of the payment selected above.

Payment Authorization and Contact Information
First and Last Name:
Mailing Address:
Phone:
Email: (E-transfer payment will be sent to the indicated email)

Patient and Public Partner Compensation Form



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Payment Authorization and Contact Information

SIGNATURE (*e-signature is acceptable*):

DATE: