Policy

Sitting Fees and Reimbursement for External Individuals

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Policy Owner	Domain Custodian for the Clinical Governance and Safety and Quality Policy Domain
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Document history

Version	Date approved	Approved by	Amendment notes
V1.0	11/09/2015	Porfilio Executive	New Policy
V1.1	20/10/2015	Director, Safety and Quality	1.13 Medical practitioners information. Removal of Clause 9.10
V2.0	26/10/2021	Deputy Chief Executive, Commissioning and Performance	Formally reviewed in line with 1-5 year scheduled timeline for review.
V3.0	17/07/2026	Chief Executive, DHW	Consumers - increase in hourly rate and tiered consumer engagement activity schedule for reimbursements. External individuals- fees negotiated within Industrial Agreements.
V3.1	24/08/2026	Executive Director, Safety and Quality as Domain Custodian	Medical Practitioner / General Practitioner (GP) rates included. Carers definition in accordance with Carers Recognition Act 2005 enacted on 1 July 2026.
V3.2	01/10/2026	Executive Director, Safety and Quality as Domain Custodian	**Correction to hourly rate allocation within Tabe 2**

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1. Name of Policy

Sitting Fees and Reimbursement for External Individuals

2. Policy Statement

This policy recognises the significant contribution in knowledge, experience and skills made by consumer, carer and community representative(s) and external individuals, and mandates requirements for the provision of sitting fees and reimbursements. It is framed within SA Health's broader commitment to robust consumer, carer and community engagement and is aligned with the SA Health Consumer, Carer and Community Engagement Strategic Framework.

3. Applicability

This policy applies to all employees and contracted staff of SA Health; Department for Health and Wellbeing (DHW), Local Health Networks (LHNs) including state-wide services aligned with those Networks and SA Ambulance Service (SAAS) to implement the reimbursement process for external individuals.

Out of scope

This policy is not applicable to:

- Ministerially appointed boards including LHN Governing Boards and committees that are subject to the Premier and Cabinet (DPC) Circular PC016 – Boards and Committees: Remuneration, Governance and Diversity and in accordance with the *Health Care Act 2008*.
- People who are volunteering for SA Health, LHNs or health services.

4. Policy Principles

SA Health's approach to the Sitting Fees and Reimbursement for External Individuals Policy is underpinned by the following principles:

- We are committed to seeking representatives with the appropriate skills, knowledge and experience through our partnerships in service planning, developing models of care, measuring service and evaluating systems of care.
- We acknowledge and deeply value the cultural knowledge, lived experience and expertise of cultural leaders, recognising their vital contribution to shaping inclusive and culturally safe services, ie Aboriginal elders and Community leaders.
- We align with the National Agreement on Closing the Gap, supporting shared decision-making and stronger partnerships with Aboriginal communities. We recognise Aboriginal cultural knowledge, community leadership and lived experience as expertise equal to clinical and system expertise.
- We embed an open and transparent state-wide standardised provision of sitting fees and reimbursement to deliver consistency.
- We recognise that the contribution of consumers, carers, community and external individuals is essential for improving patient health outcomes and experiences for South Australian people and improving the performance of health service organisations and ensure they are not financially disadvantaged as a result of their participation.
- We value and respect the time and effort of participating individuals. Sitting fees and reimbursement are provided as a honorarium in recognition and appreciation for their participation.
- We engage with individuals as equal partners and acknowledge their role to influence decision making and share their experiences and perspectives to improve health systems, resources and the safety and quality of health care.

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5. Policy Requirements

SA Health must:

- Comply with Appendix 1: Sitting Fees and Reimbursement for External Individuals Mandatory Instruction and reimbursement schedules.
- Ensure consumer, carer and community representatives actively participate in committee meetings and/or activities.
- Ensure all consumer, carer and community perspectives are incorporated into discussions and decision making, with individuals encouraged to share knowledge and lived experience, and voice collective perspectives inclusive of Aboriginal and/or Torres Strait Islander communities.
- Ensure participation processes are culturally safe, accessible and inclusive, including for regional and remote participants, and provide appropriate support where needed.
- Ensure external individuals actively participate in committee meetings and/or activities and provide external professional expertise and advice in discussions and decision making.

DHW must:

- Ensure consumer, carer, and community and external individual engagement occurs within SA Health in the development of strategic and system-wide health care policy, planning and service delivery.
- Provide state-wide guidance of best practice to engage and reimburse consumer, carer and community representatives and external individuals.

LHNs, SCSS and SAAS must:

- Implement an approved consumer, carer and community engagement strategy to support participation in committees, meetings and activities.
- Ensure approval is sought within local governance processes for committees and/or activities eligible for sitting fees and reimbursement.

Activities

Activities must be part of an approved governance structure within SA Health and approved by the delegated SA Health staff.

Activities must include membership on:

- SA Health Committee or Advisory Group,
- Department for Health and Wellbeing Committee or Advisory Group,
- LHN / health service Consumer and Community Advisory Committee (or similar), or
- Local health service committee or group.

Or participation in activities including:

- A short term, once-off activity contributing to health service operations, such as an interview selection panel,
- A workshop or forum contributing to the co-design, development or presentation of information,
- A time-limited or informal working group contributing to health service operations, or
- The induction, orientation or professional development of staff.

Activities must not include:

- Attendance at seminars, lectures, conferences or other passive activities as attendance does not meet the policy requirement for significant contribution.
- Volunteering activities.
- Ad hoc or informal conversations / comments from community members in public locations

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Schedule of Sitting Fees and Reimbursement

- The schedule of sitting fees and reimbursement must be actioned in accordance with Appendix 1: Sitting Fees and Reimbursement for External Individuals Mandatory Instruction.
- Additional payments outside and above allocations within this policy must be negotiated and agreed upon at the sole discretion of the appropriate SA Health delegate.
- Reimbursement options must be discussed and agreed prior to participation, ie. whether reimbursement will be provided via sitting fees or, where preferred, a store value card.

Reimbursement Submission

Reimbursement claims must:

- Comply with relevant financial policies, i.e. Financial Information Policy. Processes should be clear, simple and supported to enable timely reimbursement.
- Complete all reimbursement is accordance with Appendix 1: Sitting Fees and Reimbursement for External Individuals Mandatory Instruction.

6. Mandatory related documents

The following documents must be complied with under this Policy, to the extent that they are relevant:

- Agreement to sitting fees and reimbursement letter
- Code of Ethics for the South Australian Public Sector
- Consumer reimbursement claim form
- Financial Information Policy
- *Health Care Act 2008*
- National Agreement on Closing the Gap
- Oracle Chart of Accounts
- Partnering with Carers Policy
- Payments Policy
- Purchase and Store Value Card Policy
- Requisition, Purchase Order and Invoice Management Policy
- SA Health Consumer, Carer and Community Engagement Guide and Resources
- SA Health Consumer, Carer and Community Engagement Strategic Framework
- SA Health Consumer, Carer and Community Feedback and Complaints Management Strategic Framework, Guide and Resources
- Vendor creation or amendment form (formerly supplier creation / maintenance form

7. Supporting information

- Better Together: Principles of Engagement
- Co-design for engagement with Aboriginal and Torres Strait Islander peoples
- Consumer Sitting Fee and Reimbursement Claim Form Frequently Asked Questions
- Financial Information (Oracle Corporate System) Procedure
- National Safety and Quality Health Service Standards.
- South Australian Health and Wellbeing Strategy
- Taxation Factsheet 3 – Sitting Fees Paid to Board or Committee Members

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8. Definitions

- **Activities**: means an activity undertaken by a consumer, carer and/or community representative to partner and participate in the design and governance of health care services.
- **An individual:** For the purpose of this policy the term 'individual(s)' is used as a 'collective term' to refer to consumers, carers, community representatives and external subject matter experts.
- **Carer:** means, under the *Carers Recognition Act 2005*, a Carer is in a care relationship with another person, if they provide personal care, support or assistance to the other person who has a disability; is experiencing mental ill health; has a medical condition (including a terminal or chronic illness, or dementia); is frail due to age or is experiencing alcohol or other drug dependence.
  Carers can include parents, children and young people, siblings, grandparents or other family members including kinship relations, a friend or neighbour. Some but not all Carers are legal guardians. An individual is not a carer merely because of a familial relationship and/or live with the person they care for.
  In the context of Aboriginal communities and kinship systems, caring is a collaborative act with many people helping care for a single person. Because of this, people looking after family and friends often do not recognise themselves as Carers.
  Carers are not part of the paid workforce. Unpaid Carers may receive an allowance and access services that support them in their caring role.
- **Co-design:** means a focused service improvement approach of consumer centred planning, decision making, production and design; where new services or service reviews are determined in partnership with consumers who use them and may be affected by them. Co-design must be done in a way where Aboriginal and Torres Strait Islander people have a leadership role in the design and conduct of engagements, know the purpose and fully understand what is being proposed, know what feedback is provided and however governments take this into account when making decisions, and are able to assess whether the engagements have been fair, transparent and open.
- **Community:** means any collective group of people generally or that represents or brings a collective voice of the interests of health consumers or specific affected communities.
- **Community engagement**: means the processes and connections between government, communities and consumers in the development and implementation of policies, programs, services and projects. It encompasses a wide variety of government-community interactions ranging from information sharing to community consultation and in some instances, active participation in government decision making. It incorporates public participation, with people being empowered to contribute to decisions affecting their lives, through the acquisition of skills, knowledge and experience.
- **Consumer**: means a person who has used, or may potentially use, health services, and includes family and carers. A health care consumer may also act as a consumer advocate or representative to provide a consumer perspective, contribute to consumer experiences, advocate for the interests of current and potential health service users, and take part in decision-making processes.

  In mental health, a consumer refers to the user or potential user of health services and does not include their family, carer or other support persons.

  Consumers are commonly identified by health services as patients, clients, participants or service users at point of care.
- **Consumer, carer and community representative:** means a person who voices collective perspectives and takes part in decision making as a representative of those consumers and communities.

  Representatives may be nominated and given authority by an organisation or group and be accountable to them. They have a responsibility to remain informed by and inform the organisation or group of discussions and issues arising from the representation.

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- **External individual** means an individual such as a clinician or subject matter expert who does not work in SA Health, but has the skills, experience, knowledge and expertise on the decision or outcome.
- **Honorarium:** means a honorary gesture made to recognise an individual's contribution, time and efforts. Honorarium payments are non-assessable income as outlined by the Australian Taxation Office.
- **State-wide services**: means State-wide Clinical Support Services, Prison Health, SA Dental Service, BreastScreen SA and any other state-wide services that fall under the governance of the Local Health Networks.

9. Compliance

This policy is binding on those to whom it applies or relates. Implementation at a local level may be subject to audit/assessment. The Domain Custodian must work towards the establishment of systems which demonstrate compliance with this policy, in accordance with the requirements of the Risk Management, Integrated Compliance and Internal Audit Policy.

Any instance of non-compliance with this policy must be reported to the Domain Custodian for the Clinical Governance, Safety and Quality Policy Domain and the Domain Custodian for the Risk, Compliance and Audit Policy Domain.

10. Appendices

1. *Sitting Fees and Reimbursement for External Individuals Policy Mandatory Instruction*

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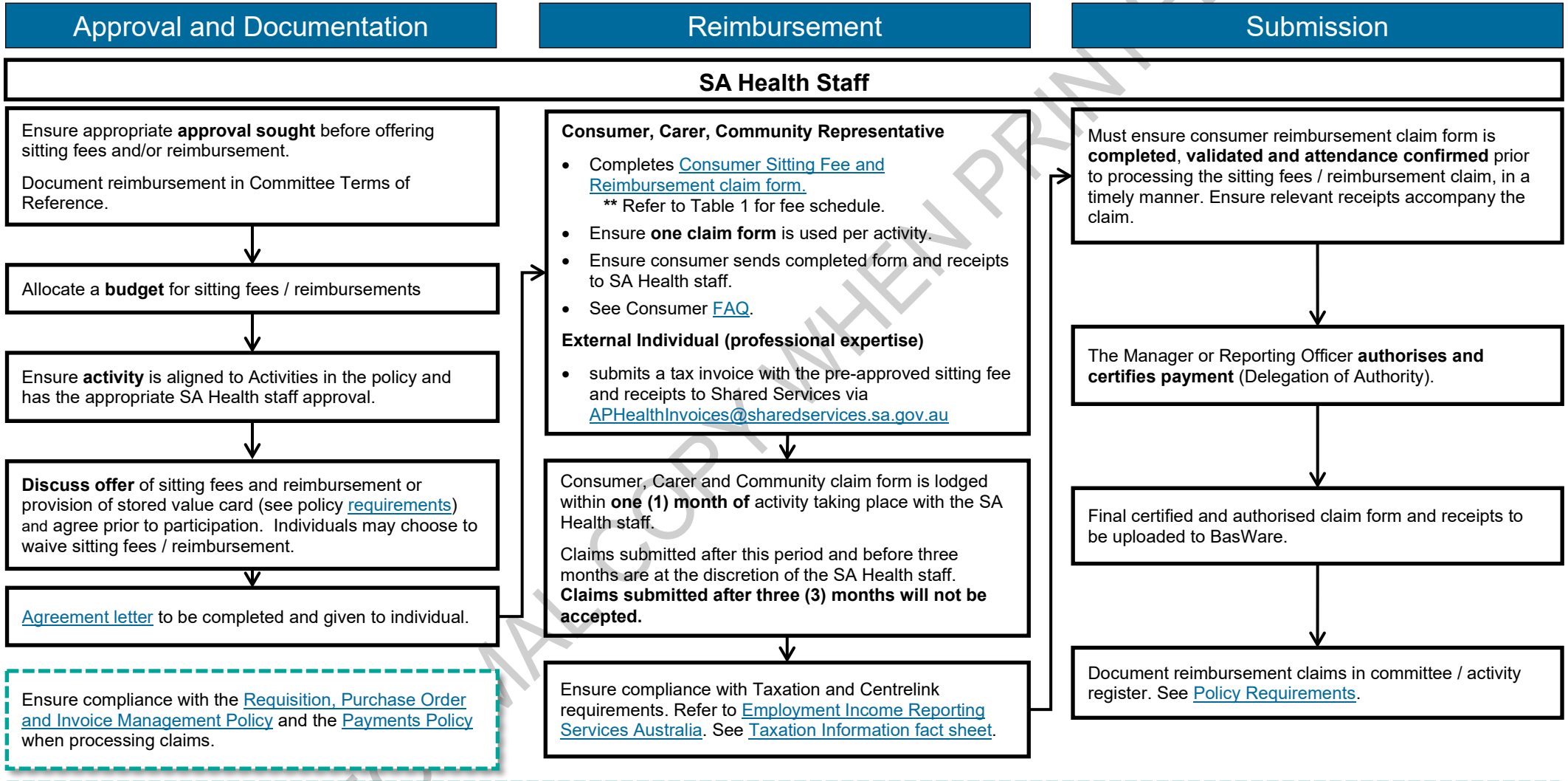
Appendix 1: Sitting Fees and Reimbursement for External Individuals Mandatory Instruction

The following Instruction must be complied with to meet the requirements of this policy.



** A consumer's signature is **mandatory** for auditing purposes. It is a legal requirement to sign the claim form. The declaration certifies:
a) The information is true and correct,
b) The Claimant (consumer, carer or community representative) has authorised the Certifying Officer and the Manager or Reporting Officer to lodge the claim form,
c) SA Health staff **cannot sign on behalf** of the Claimant. This makes the declaration false. In other words, it can be understood to be providing misleading information. See Section 140 – Dishonest dealings with documents *Criminal Law Consolidation Act 1935*.

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Table 1. Consumer, Carer and Community Representative Schedule

	Participation	Leadership	Community Leader
Rate:**	**$45.00 / hour**	**$65.00 / hour**	**$65.00 / hour**
Engagement Level	Participation / Partnership	Leadership	Expert Advisory
Primary Contribution	Personal lived experience	Chair / Co-Chair of Committee or Work Group	Cultural authority and/or specialist community and lived experience and expertise
Role Summary	Provides **individual consumer, family, carer or community perspective** to inform service improvement and decision-making Committee / Working group member Conducting patient surveys / conversations to understand the patient experience	Provides a **broader consumer perspective**, and as Chair / Co-Chair facilitates to **co-design, governance and decision-making** Chair / Co-Chair and/or leads improvement projects Sitting member on a Tier 1 Strategic Committee	Provides **recognised cultural leadership and expertise**, ensuring engagement and decision-making are culturally safe, appropriate and responsive
Focus of Contribution	Own experience (with occasional informal reflection of others)	Synthesised views of broader consumer / community groups	Community and cultural knowledge with recognised authority
Typical Engagement Activities	Focus groups, workshops, consultations Reviewing resources Providing feedback on services, policies or models of care Patient surveys Recruitment panel member Quality Improvement Team member	Co-design of models of care, strategies and frameworks Facilitating consultations or workshops Advising on policy / program development	Cultural advisory roles in governance or policy Participation in recruitment / review panels Co-design involving priority populations Advising on culturally appropriate service delivery and engagement approaches
Complexity & Responsibility	Time-limited Minimal preparation No formal representation responsibilities	Requires preparation and consultation Ongoing involvement Shared responsibility for outcomes	Significant responsibility for cultural integrity Recognised authority within community Influence on process and outcomes
Capability & Experience	Lived experience, ability to contribute constructively in discussions	Strong system understanding, representation skills, facilitation, influence and governance experience	Deep cultural knowledge, community leadership and recognised authority
Reimbursement Positioning	Reflects time, lived experience contribution and participation effort	Reflects expertise, preparation, representation responsibilities and influence	Reflects specialist expertise, cultural authority, community standing and system influence

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* Community Leaders include Aboriginal elders and other community leaders, particularly from priority population groups. A respected person that, is recognised for their cultural knowledge, life experience and leadership in their community. They share knowledge about culture, traditions, lore and language. They provide guidance and advice to others in their community. A role model and teach recognised by community. This extends to include community leaders from all priority populations.

Rate:

** The minimum payment time is one (1) hour, and maximum payment time is limited to seven and half (7.5) hours in any one day.

- On occasion there are 30-minute activities to support consumers to review a one (1) page consumer information sheet, or support a consumer chair/co-chair in preparation for meetings.
- Consumer reimbursement claim form is to be completed with 0.5 hourly rate (ie 30 minutes), with automated rate adjusted on the claim form.
- Hourly rate is paid for each scheduled hour eg a two (2) hour scheduled meeting will attract sitting fees for two hours. This is independent of whether the meeting finishes on time or early.

Preparation:

Preparation time is one (1) hour for each meeting i.e. reading agenda papers, email and/or liaise with SA Health employees. On occasion, it may be necessary to negotiate extending the preparation time due to the volume of papers that need to be reviewed.

Other reimbursements:

- Public transport, taxi fare, car parking, child care and respite care (upon presentation of receipt)
- Private vehicle transport / mileage is based on the Statement Government Public Sector Determination 3.2 Employment Conditions – Renumeration – Allowances and Reimbursements
- Airfare / accommodation to be discussed and negotiated with SA Health delegated authority and appropriate arrangements and documentation submitted for reimbursement.

No reimbursements will be provided for:

- Printing costs associated with SA Health meetings and/or activities
  - SA Health staff to provide papers via email, or print and post to consumers, carers and community representatives, and external individuals, if there is a specific need for hard copies.
- Telephone, mobile or internet data costs
  - SA Health staff will initiate calls or use MS Teams or videoconferencing, as appropriate
- Parking fines or other traffic infringements.

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Definitions

Participation:

A Consumer is invited to contribute their **individual lived experience and perspective** to inform discussion, design, and decision-making. They provide insight grounded in personal experience and may, where appropriate, reflect the views of others with similar experiences.

Role in Engagement
Primarily contributes at a **participation and consultation level**, ensuring services, resources and initiatives are informed by real consumer experiences.

Key Expectations

- Identify as a consumer, family member, carer or community member
- Bring **lived experience relevant to the topic**
- Listen respectfully and contribute constructively in group settings
- Share personal perspectives to inform planning, improvement and decision-making
- May informally reflect or seek input from others with similar experiences where appropriate

Typical Capabilities

- Foundational understanding of the health system from a user perspective
- Ability to articulate personal experiences and insights clearly
- Willingness to engage collaboratively

Common Engagement Examples

- Participation / sitting on committees, working groups, focus groups or advisory groups to reflect the consumer voice and patient experience and focused on service-level improvement
- Providing feedback on consumer-facing resources
- Contributing to consultations on access, navigation or patient experience
- Participating in workshops to inform models of care
- Reviewing draft policies, frameworks or strategies

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Leadership

A Consumer is engaged to provide an **informed, system-level consumer perspective**, representing and integrating the views of broader consumer, family, carer or community groups. Advocates contribute beyond individual experience to **co-design, influence and shape decisions**.

Role in Engagement
As Chair / Co-Chair operates at a **collaboration and partnership level**, contributing to governance, strategy, and co-design processes, often with shared responsibility for outcomes.

Key Expectations

- Ability to **integrate lived experience with broader system knowledge**
- Actively represent the views, priorities and concerns of others
- Consult with and maintain links to relevant consumer/community networks
- Contribute to **objective, balanced and informed decision-making**
- Engage confidently with clinicians, executives and system stakeholders

Typical Capabilities

- Strong understanding of the health system across contexts
- Well-developed interpersonal and influencing skills (e.g. negotiation, facilitation, collaboration)
- Experience contributing to committees, governance processes or policy development
- Skills in areas such as facilitation, presentation, project work, research or training
- Ability to synthesise diverse perspectives into constructive input

Common Engagement Examples

- Chair or Co-Chair of committees, working groups or advisory bodies
- Co-designing models of care, frameworks, strategies or system priorities
- Facilitating consultations, workshops or focus groups
- Sitting member on a Tier 1 Strategic Committee
- Supporting development and delivery of training or education initiatives
- Leading or contributing to consumer engagement activities at scale

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Community Leader

(Aboriginal and Torres Strait Islander Elders, and other recognised community leaders including Cultural and Linguistically Diverse (CALD), and other Community leaders)

A Cultural Authority and Community Leader is recognised for their **cultural authority, community leadership and specialised knowledge**, providing critical insight to ensure engagement, decision-making and service design are culturally safe, appropriate and responsive.

Role in Engagement
Provides **expert cultural and community guidance**, often at a **partnership or advisory level**, with influence on both process and outcomes.

Key Expectations

- Recognised standing as an **Aboriginal and/or Torres Strait Islander Elder and/or community leader**, or **leader within a culturally and linguistically diverse community or other community groups / sectors**
- Provide **cultural knowledge, advice and leadership** relevant to the context
- Guide culturally safe practices in engagement, decision-making and service design
- Ensure community perspectives are **accurately and respectfully represented**
- May advise on appropriate engagement approaches, protocols and communication

Typical Capabilities

- Deep cultural knowledge and authority recognised by their community
- Experience in community leadership, advocacy or advisory roles
- Ability to bridge community and system perspectives
- Similar engagement capabilities to Participant and Advocate tiers, applied through a cultural expertise lens

Common Engagement Examples

- Providing cultural advice to committees, programs or policy development processes
- Participation in recruitment, governance or review panels where cultural oversight is required
- Contributing to co-design processes involving Aboriginal or CALD communities, or other community groups / sectors
- Advising on culturally appropriate models of care, engagement approaches or service delivery
- Acting as a cultural authority within consultation processes

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Table 2. External individual– Professional Expertise Schedule

External individual who provides professional expertise

Reimbursement for	Description	Fee / requirements
Meeting or engagement activity.	Negotiated hourly rate relevant to professional expertise will be paid for attending, participating and contributing to SA Health activities. Loss of income*	Fee negotiated with reference to hourly rates within published Industrial Agreements, and approved by authorised staff. Where an industrial agreement is not available, advice should be sought as to the appropriate hourly rate. Medical Practitioner / General Practitioner (GP) hourly rate at the time of publishing this policy is $256.00/hour.
Preparation time	One (1) hour for each meeting or activity, to read agenda papers, or engage in relevant communication with SA Health employees outside of the meeting or activity. On occasion, it may be necessary to negotiate extending the preparation time, e.g. large volume of papers to be reviewed.	Fee negotiated with reference to hourly rates within published Industrial Agreements, and approved by authorised staff. Where an industrial agreement is not available, advice should be sought as to the appropriate hourly rate. Medical Practitioner / General Practitioner (GP) hourly rate at the time of publishing this policy is $256.00/hour.
Leadership	Negotiated with individuals on a case-by-case basis to undertake leadership activities, such as chairing a committee.	Hourly rate to be negotiated and approved by authorised staff on a case-by-case basis.
Other reimbursements: • Public transport, taxi fare, car parking, child care and respite care (upon presentation of receipt) • Private vehicle transport – based on State Government Public Sector Employment, Determination 3.2: Employment Conditions – Remuneration – Allowances and Reimbursements • Airfare / accommodation travel to be discussed and negotiated with SA Health delegated authority and appropriate documentation submitted for reimbursement.		
Natural Account Code: 71845 – Clinical Engagement Activity		

No reimbursements will be provided for:

- Meetings or engagement activities where the individual is being paid by another agency or workplace for the same time.
- Printing costs associated with SA Health meetings and/or activities
  - SA Health staff to provide meeting agenda papers via email or print and post to external individuals, if there is a specific need for hard copies.
- Telephone, mobile or internet data costs
  - SA Health staff will initiate calls or use a MS Teams or videoconferencing, as appropriate.
- Parking fines or other traffic infringements.

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