

## Task Force Patient Advisory Network Compensation Protocol

---

### Purpose

All members of the Task Force Patient Advisory Network (TF-PAN) will receive this document when joining TF-PAN. This document will explain the compensation policy and procedure at depth.

### Protocol

#### *Before Engagement*

- Members will receive a copy of this document and have an opportunity to ask questions.
- Members should understand and agree to payment offered to them before beginning their work.
- The minimum and maximum number of hours required for annual TF-PAN activities will be discussed and agreed upon in advance. Any changes to estimated hours will be discussed between TF-PAN members and the KT team.
- Members have the right to express any concerns about the payment being offered. Each concern will be reviewed and resolved by the KT team.
- Members should know that the payment received for their engagement *may* be subject to relevant tax laws and regulations issues by the Canada Revenue Agency, as well as the province in which they reside in. Refer to footnote for additional information on tax implications<sup>1</sup>.
- Compensation can be given in the form of a gift card to members as an alternative, if they prefer it.
- All members will have the option to waive the offered compensation.

#### *Payment Rates*

*All members of TF-PAN will be compensated at a rate of \$25 per hour. If any engagement requires less than one hour in duration, members will be compensated for the full hour.*

#### *Tracking Contribution and Processing Payment*

- All members are responsible to track and claim their own hours of contribution using the standardized form found below.
- All members will be compensated annually, after submitting all completed forms namely
  - the tracking document with logged hours filled in
  - Payable information
- All compensation will be mailed in the form of a cheque.

---

<sup>1</sup> *Additional information on tax implications, please review the following CRA guidelines:*

- [Employment Income \(includes honoraria\)](#)
- [Receiving Gifts](#)
- [Expenses incurred by volunteers](#)
- [Community Volunteer Income Tax Program](#)



## Compensation Form

As a member of TF-PAN, you will be compensated for your contribution and time. We value your commitment to the network, and are interested in providing compensation as our token of appreciation.

To ensure that your contributions are accurately logged, we kindly ask that you use the tracking sheet below to keep record of all of your engagement with TF-PAN. Please review the Compensation Protocol document for more details on payment rates and schedules.

Please submit the completed form to Suvabna Theivendrampillai ([Suvabna.Theivendrampillai@unityhealth.to](mailto:Suvabna.Theivendrampillai@unityhealth.to)) at the end of May and November every year. All cheques will be mailed to the address provided with your submission. Please be advised that it typically takes 4 weeks to process your payment.

Thank you for your support and contributions to TF-PAN. We truly appreciate your interest and contributions!

## Activity Log

<b>First and Last Name</b>	
<b>Duration of Engagement</b> <i>(Ex. January 2021 – May 2021)</i>	

## Engagement Record

<b>NAME OF ACTIVITY</b>	<b>DESCRIPTION</b> <i>(Optional)</i>	<b>DATE OF ACTIVITY</b>	<b>NUMBER OF HOURS</b>
<i>Example</i>  <i>Meet &amp; Greet</i>	<i>Meeting the TF-PAN team and other panel members</i>	<i>January 18, 2021</i>	<i>1</i>
<b>TOTAL HOURS CONTRIBUTED</b>			



## Privacy & Confidentiality

Information provided will only be used for payment purposes and will be stored securely on the St. Michael's Hospital network drive. Only the principal investigator, study team and office of research administration at St. Michael's Hospital will have access to this form. Should there be any breach of privacy, you will be notified immediately, but the chance of this occurring is unlikely.

First and Last Name:	
Mailing Address:	
Phone:	Email:
SIGNATURE:	DATE: