Remuneration and reimbursement of health consumers engaged in health services

Paid participation recognises the value of the expert contributions made by people who have a lived or living experience of being a health consumer.

Health Consumers NSW recommends that consumers invited to engage with health services, research institutions, or other health entities should be remunerated for their contribution and reimbursed for expenses. At the very least consumers should not be out of pocket for their involvement.

Key terms

Consumer

Consumers are people who use, have used or are potential users of health services including their family and carers.

Consumer Engagement

Engagement describes activities that involve people who use health services in health service decision-making, policy development, service delivery and evaluation. Consumer engagement activities may be in person or virtual.

Remuneration

Payment for the participation in and contribution to an engagement activity.

Reimbursement

The repayment of costs associated with participating in the engagement activity.

Remuneration of consumers in health services

The Health Consumers NSW recommended payment rates for health consumers in health services in NSW have been based on the Classification and Remuneration Framework for NSW Government Boards and Committees 2021i. Health Consumers NSW has reviewed this rate, with reference to consumer remuneration and policies in other states and at the federal level. ii

Consumers should be remunerated for every hour and part thereof. The minimum hour of remuneration payable is one (1) hour.

Health Consumers NSW recommends these rates should be increased annually in accordance with the consumer price index Australia (CPI).

Health Consumers NSW recommends the following ***2026-2027 payment rates*** for remuneration of health consumer representatives in NSW engaging with health services:

Level of consumer engagement	**Activity**	**Payment rate**	**Example**
Control	Consumer representatives leading or chairing a committee	$67.50 per hour	Mary is a consumer representative who has been elected the co-chair of the Consumer Advisory board. Mary is paid $67.50 per hour for chairing the committee
	Consumer involved in presenting training/education programs to health staff	$67.50 per hour	David is a consumer who is part of the presentation of orientation training to new health staff. David is paid $67.50 per hour for the presentation of training and any planning of the presentation.
Partner	Consumer representatives on ongoing, regular committees, such as safety and quality committees, consumer advisory committees, councils or Boards or consumers participating in selection panels	$56.50 per hour	Ramil is a consumer representative on the Patient and Safety committee at his local hospital. He is paid $56.50 per hour for his attendance on the committee. Amal is a consumer representative who is asked to sit on a recruitment section panel for a new position. Amal is paid $56.50 per hour for the preparation (reading) and attendance on the selection panel.
Consult	Consumers engaged in less formal ways e.g. focus groups, reviewing patient information brochures.	$45.50 per hour	Jaz is a consumer for an outpatient clinic. Jaz reviews documentation of brochures and takes part in focus groups about the service. They are paid $45.50 per hour for the time they give reviewing brochures or attending focus groups.
Inform	Ad hoc discussions, open forums	No payment	Consumers are invited to participate in a Town Hall public forum

Reimbursement for costs incurred

Consumers should also be reimbursed for any costs related to their engagement (such as):

- parking
- travel expenses
- printing costs
- childcare
- respite care

For example: Caroline attends a monthly meeting at her local hospital, which she drives to and parks in the parking station. Both Caroline and the committee agreed to arrange for Caroline to have the parking charge reimbursed by direct transfer within 30 days of the receipt.

Fees and reimbursements should also be paid when:

- consumers incur costs to attend meetings that are subsequently postponed or cancelled (such as costs involved in arranging respite or childcare).

- consumers arrive at the designated meeting place and have not been adequately informed of the postponement, cancellation, or change of location of the meeting.

- it is required that the consumer read a significant amount of pre-reading documentation prior to the meeting, which will form part of the meeting, then an amount of time for such reading should be agreed upon before commencement of the activity.

Consideration should be given to reduce barriers to engagement, such as reimbursement for consumers needing to use their personal data and internet expenses for engagement activities.

Good practice

- Payment or reimbursement arrangements need to be in place and explained to consumers prior to the beginning of their participation. This information needs to include the name and contact details of the staff member allocated to this task.

- That all consumers are remunerated and reimbursed at the same rate for the same tasks and contribution across a health service.

- It may be important for some consumers to receive their reimbursement for travel expenses prior to attending the meeting or activity, such as a Cabcharge. It is best to discuss this with them in advance and agree upon reimbursement before the commencement of the activity.

For example: Kim is part of a committee that meets monthly at her local hospital. To attend these meetings, Kim needs to book a wheelchair accessible taxi to and from the committee. Kim's committee contact has arranged for Cabcharge to be ordered and sent to Kim prior to the meetings.

- Payment and reimbursement need to be made promptly. Consumers should not have to follow up with the organisation on their outstanding reimbursement and payment.

- Consumers should be made aware that accepting payments for participation may have an impact on their tax and/or Centrelink payments.

Remuneration of First Nations health consumer representatives

Aboriginal and Torres Strait Islander people continue to experience significant social, economic and health inequities. Expecting people to contribute their time and expertise without payment can unintentionally reinforce these inequities.

Aboriginal and Torres Strait Islander people are frequently asked to educate others on cultural issues and share their experiences. This work can be emotionally demanding and time-consuming. Payment helps to avoid the burden of unpaid cultural labour and helps support meaningful contribution rather than tokenism.

Scenario 1: Aboriginal Health Consumer Representative is Remunerated

A health service is redesigning its emergency department to improve access and experiences for Aboriginal and Torres Strait Islander patients. Mary, an Aboriginal Health Consumer Representative, is invited to join the project working group.

From the beginning, the organisation offers remuneration for meeting attendance, preparation time, and community consultation activities. This enables Mary to dedicate time to reviewing documents, attending meetings, and speaking with Aboriginal community members about their experiences.

Because her contribution is recognised and supported, Mary is able to participate consistently throughout the project. She identifies issues that health service staff had overlooked, including concerns about culturally unsafe interactions, confusing communication processes, and barriers faced by families supporting patients.

When the changes are implemented, Aboriginal patient satisfaction improves and community trust in the service grows.

Scenario 2: Aboriginal Health Consumer Representative is Not Remunerated

A different health service undertakes a similar emergency department redesign. Greg, an Aboriginal Health Consumer Representative, is invited to participate.

Although his input is welcomed, no remuneration is offered. Greg is expected to attend meetings, review documents, and provide community perspectives voluntarily.

To participate, Greg must take time away from paid work and family responsibilities. He also spends unpaid time consulting with community members to ensure he is accurately representing their views.

The commitment becomes financially difficult to sustain. Greg begins missing meetings and eventually withdraws from the project.

Without consistent Aboriginal consumer input, the project team relies largely on assumptions about community needs. Important cultural considerations are not identified until after implementation, when feedback reveals that Aboriginal patients continue to experience barriers to accessing care.

The service later requires additional resources to address issues that could have been identified during the design phase.

In April 2023, NSW Health issued its Consumer, carer and community member remuneration Guideline. It sets out NSW Health's commitment to remuneration and reimbursement of consumers, carers and community members for their time and contributions to agreed engagement activities.

HCNSW welcomes these guidelines and encourages all health services to adopt them. We also recommend that consumer payments be indexed each year in line with CPI increases.

Consumers in research

In October 2022, HCNSW released remuneration and reimbursement guidelines for researchers, consumers, and organisations supporting or undertaking research activity that involves consumers and the community in health and medical research in NSW.
There are existing pay rates for consumers involved in health services, but none in NSW for health research. They were developed in partnership with Sydney Health Partners and in consultation with health consumers, researchers, and clinicians.

In July 2026, we have updated these guidelines in line with the consumer price index Australia (CPI).

Please download the HCNSW Remuneration and Reimbursement Guidelines for Consumer involvement in health and medical research HERE.

References

i NSW Government, Classification and Remuneration Guidelines for NSW Government Boards and Committees- Policy Guidelines (2021) https://www.psc.nsw.gov.au/sites/default/files/2021-04/Classification%20and%20Remuneration%20Framework%20Guidelines%20%20April%202021.pdf

ii Australian Government National Mental Health Commission (2019), Paid Participation Policy https://www.mentalhealthcommission.gov.au/getmedia/affffd63-8100-4457-90c7-8617f2d3c6d6/Paid-Participation-Policy-revised-March-2019

QLD government, Queensland Clinical Guidelines *Consumer payment and re-imbursement of expenses* https://www.health.qld.gov.au/__data/assets/pdf_file/0016/143350/o-consum-fees.pdf