

Position Statement – Health Consumer Payments

This Position Statement is intended as a guide for the health sector and organisations on the value and types of payments to be made to health consumers. All people who access or may access public, private and community health services, as well as their family and carers, are health consumers for the purposes of this Position Statement.

[National Safety and Quality Health Service \(NSQHS\) Standard 2](#)¹ requires leaders of a health service organisation to develop, implement and maintain systems to partner with consumers. These partnerships relate to the planning, design, delivery, measurement and evaluation of care.

Organisations engage consumer representatives in different ways and for different purposes, including to contribute to statutory bodies, committees, advisory groups, research projects, forums or focus groups, and participating in other forms of work, such as surveys.

By making payments to consumers, organisations remove financial barriers, support engagement and value the expertise, time, knowledge and contributions of consumers.

Disclaimer

This position statement provides Health Consumers Queensland's recommended rates about payments to health consumer representatives, including children and youth. This information does not imply legal or taxation advice. If you or your organisation has specific legal or taxation issues you should seek legal or taxation advice before deciding what to do.

¹ [Partnering with Consumers Standard | Australian Commission on Safety and Quality in Health Care](#)

Types of payments and rewards

Consumer representatives can receive payment or rewards in different forms and at different values. Sometimes these payments are called rewards, allowances, honorariums, participation payments, sitting fees or recognition of effort payments. These payments can be in cash, and sometimes they may be a voucher or other non-cash benefit.

The nature of the relationship between the organisation and the consumer representative is important as different legal entitlements and obligations can apply. For example, regular payments for ongoing effort may create an employment relationship whereas a one-off engagement for participation in an event planned by the organisation is more likely to be a volunteer payment.

Volunteer payments

Generally, health consumers are volunteers rather than employees of a health service or other organisation. Volunteers provide services on an 'ex-gratia' basis, which means that they do so voluntarily, without a legally enforceable obligation to do so and with no expectation of payment for work performed. Generally, there is no legally enforceable right to receive payments or benefits, and any agreement between the volunteer and the organisation (whether verbal or written) does not contain any evidence that the parties intended to enter into a legally binding contract in relation to the work being carried out.

Volunteers may receive payments like 'honoraria' or allowances, gifts or non-cash benefits such as free or reduced-price entry into an event. However, such payments or benefits may attract taxation obligations, and if regularly received and/or of considerable value, may add weight to an argument that the 'volunteer' is an employee or contractor. Volunteer arrangements can be brought to an end at any time, either by the volunteer or the organisation.

Reimbursements

Payments are different to reimbursements. Your organisation may reimburse a person for costs that are reasonably incurred in their capacity as a consumer representative. A reimbursement is not a 'payment' to a consumer representative for the purposes of this guide and will not generally give rise to the same considerations. Further information about Health Consumers Queensland's position on reimbursements can be found in the *Payment and reimbursement recommendations* section below.

Potential obligations of payments

It is important to note that if consumer payments are comparable to wages or a salary in disguise, then this may point to an employment relationship, and create legal obligations including tax payments and the payment of superannuation. Examples of where a payment or pattern of payments may be deemed to be a wage or payment for services include:

- if a payment is calculated with reference to hours worked
- if an allowance far exceeds the expenses actually incurred
- is paid on a regular or recurring basis, or
- a lump sum payment is made in exchange for services provided.

It is also important to note that even where no employee relationship is established, the payments may be taxable income for the health consumer and may also impact their Centrelink or Veterans' Affairs entitlements.

More information on legal obligations for organisations that make consumer payments can be found in the [Guide to consumer representative payments](#)²

² <https://content.nfplaw.org.au/wp-content/uploads/2024/08/Payments-to-consumer-representatives.pdf>

Recommended payment rates

Activity	Experience	Rate**
Sitting fees Consumer representatives engaged for ongoing, regular, and/or high-level committees <ul style="list-style-type: none"> Lead committee agenda items Initiate and contribute to committee discussions Form recommendations for the organisation or division's strategic direction and objectives Advise and inform outcomes to wider consumer networks Provide strategic advice to health system decision makers 	Representatives will be partners in decision-making teams and able to influence and shape decisions at a systemic level.	\$234* per meeting 4 hours and under \$469* per meeting over 4 hours <i>These two rates incorporate pre-reading required for each committee meeting and reasonable travel time (see Travel, meals and allowances at page 7)</i> <i>* Prices are fixed but will be increased annually in line with CPI to reflect inflationary changes.</i>
Host Community-Led Discussions (CLD) <ul style="list-style-type: none"> Host and facilitate Community-Led Discussions for health decision-makers (including Kitchen Table Discussions, and First Nations groups holding Yarning Circles) 		
Influence		
Consumer representatives engaged to influence projects and programs through the following: Short-term advisory committees or working groups <ul style="list-style-type: none"> Contribute to agenda items and discussion Represent other consumers through engagement with wider networks prior to and after meetings Influence recommendations and actions of the group or committee 	Representatives will be able to articulate their insights and experiences, and the perspectives of their wider networks, in relation to a project or research proposal. Representatives will be included and able to speak to their lived experience, lead discussions and represent the lived experiences of their wider communities.	\$100 hourly rate (or part hours in 15 min increments – i.e. \$25 for each 15 minutes)

<p>by representing consumer positions to decision makers</p> <p>Co-design activities</p> <ul style="list-style-type: none"> • Ongoing engagement in the planning, design, delivery and evaluation of health policies, research projects, frameworks, legislation and services • Engagement in the design, review and improvement of consumer resources <p>Health system improvements activities</p> <ul style="list-style-type: none"> • Influence health system decision making through engagement as a consumer representative on whole-of-system improvements projects or consultations 		
<p>Collaborate</p> <p>Health consumers will collaborate with organisations on projects or programs:</p> <p>One-off advisory committees and working groups</p> <ul style="list-style-type: none"> • Attend and participate in agenda item discussions and actions • Provide personal perspectives and views of wider consumer or community networks at meetings to inform recommendations of the group or committee • Share outcomes of projects and meetings with wider community (where possible) <p>Consumer resources</p> <ul style="list-style-type: none"> • Provide feedback on consumer resources such as websites, 	<p>Health consumers will be able to articulate their insights and experiences and the perspectives of their wider communities in relation to a project or research proposal.</p> <p>Health consumers will be included and able to speak to their lived experience and the lived experiences of their wider communities.</p>	<p>\$50 hourly rate (or part hours in 15 min increments – i.e. \$12.50 for each 15 minutes)</p>

brochures and training materials developed and managed by the organisation

Participate in Community-Led Discussions

- Support and participate in community-led discussions (including Kitchen Table Discussions, and First Nations groups holding Yarning Circles)

Participate

Consumers will participate* in processes with organisations to provide their personal perspectives on topics:

Surveys or polls

- Provide personal experiences and insights in online and written surveys

Forums and conferences

- Join a community or open forum, information session
- Attend a conference related to their consumer area of interest or position on a committee or working group

** This participation is voluntary in nature and not required or requested by Health Consumers Queensland, health service, community organisation or research institute.*

Consumers will provide qualitative responses to consultation questions, surveys or polls which will contribute to data and thematic analysis.

Consumers who have knowledge or experience of a specific topic or issue and elect to complete a public consultation survey or submission.

Consumers may choose to attend a conference or forum on a topic of interest to them.

** HCQ may promote these opportunities but is not expressly seeking or requiring health consumer participation.*

Remuneration or reward will depend on the level of consumer experience and engagement required.

Where payment is appropriate, a minimum value of \$25 (e.g. a gift card or similar) is recommended.

Where a person has elected to engage with an opportunity which is requested or required, this is not ordinarily remunerated unless arranged with individual organisation.

*** It is assumed that GST is not included in the payment totals. Sitting fees and gifts are generally not assessable for GST purposes. There may be GST implications for reimbursements or where the person is performing a service through a contract. If you or your organisation has specific taxation issues you should seek independent taxation advice.*

Payment and reimbursement recommendations

Health consumers are informed

Health Consumers Queensland recommends payment rates and reimbursements are included in all recruitment opportunities so health consumers can make an informed decision. Payment or reimbursement arrangements should be in place and explained prior to the beginning of consumer participation.

Payment and reimbursements should be made promptly, with all consumers made aware of when they will receive payment. For example, if an organisation's payment run is made fortnightly or monthly, you should advise consumers they will receive payment at the next payment run after receipt of their invoice. Consumers should not have to follow up with the organisation on their outstanding payments.

It may be important for some consumers to have travel expenses paid or arranged prior to attending the meeting or activity so as not to be financially disadvantaged. This could include providing *Cabcharge* vouchers or pre-paying travel. This should be discussed and agreed in advance with the health consumer before the commencement of the activity.

Reimbursement of participation costs

Consumers should be reimbursed for all associated costs related to participation in their engagement activities, such as:

- costs of a Police Check or Working with Children check (WwCC) if these are essential for the engagement activity³
- parking
- travel expenses
- printing costs
- childcare
- respite care.

Health Consumers Queensland strongly supports reimbursements of costs which would otherwise preclude some cohorts of consumer representatives from participating. For

³ Please refer to HCO's position statement *Police Checks & Working with Children Checks for Health Consumers (2025)*
<https://www.hcq.org.au/wp-content/uploads/2025/09/Position-statement-police-checks.pdf>

example, reimbursement of childcare costs ensures that working parents' views are included in consumer engagements without financial disadvantage.

Participation in technical committees, health service investigations or independent reviews

There may be occasions when health consumer representatives are required, invited or requested to be a member of a strategic or technical committee, health service or hospital investigation or as a panel member of an independent review. It is common that where health consumer representatives are involved, they bring specialised or technical skills (e.g. governance, IT/AI, investigative) that aid the committee's scope or terms of reference.

In these instances, HCQ recommends that these professional skills and experiences are remunerated at a rate that reflects contemporary, commercial rates applicable to all sitting members of the committee or review panel. These rates may be negotiated with the committee or panel chair, or authorised delegate and should be consistent with the rates payable to all committee members. Payments for these types of undertakings are likely to be assessable for the purposes of taxation and Health Consumers Queensland advises consumer representatives to seek independent financial advice when engaged in this activity.

Payments when engagement activities are postponed or cancelled

It is recommended that consumers not be out-of-pocket for cancellations or rescheduling of activities without sufficient notice. This could include travel costs for the event, some recognition of pre-reading of documents, or other inconvenience.

The organisation should cover all costs associated with access and participation for people living with disability or illness as outlined below.

Travel, meals and allowances

Travel requirements, payments and reimbursements should be discussed with consumers prior to engaging them in representative activities.

If an organisation requires face to face attendance by consumer representatives and driving a personal vehicle is the most appropriate form of transport, then the Australian Tax Office (ATO) travel rates should be paid in addition to the hourly rate. [Cents per kilometre method | Australian Taxation Office \(ato.gov.au\)](#)

At times, consumers may be required to undertake long distance travel⁴ for a face-to-face event or to participate in activities that require them to be away from their usual place of residence overnight.

For long distance travel and overnight accommodation, Health Consumers Queensland recommends that the organisation make bookings and pay for travel, accommodation, and meal allowances for consumers prior to the representative activities commencing.

Access and participation

Organisations should ensure all consumers are given the opportunity to provide advice on any accessibility needs they may have to support equitable participation.

All partnering activities must consider costs to support participation such as *Auslan* interpreter services or the use of assistive technology. Consumers should be asked to provide information about their need for support rather than being required to disclose any personal or medical information.

Legal and tax status of consumer engagement

Health Consumers Queensland does not provide legal or tax advice. Consumers should be made aware that accepting payments for participation may have an impact on their taxable income and/or Centrelink and Veterans' Affairs payments.

The Australian Tax Office (ATO) provides guidance on not-for-profit organisations reimbursing and remunerating volunteers. More information can be found on the ATO's website: <https://www.ato.gov.au/businesses-and-organisations/not-for-profit-organisations/types-of-not-for-profit-workers/not-for-profit-volunteers/paying-volunteers>

⁴ Health Consumers Queensland considers three or more hours of travel time for a single one-way trip, and any airline travel to be 'long distance'. Organisations may need to use an alternate definition of long-distance travel depending upon the needs of consumers, the availability of transport and each engagement activity to ensure travel is not a barrier to participation.

Recommendations for children and youth – under 18

Organisations must consider their internal policies, insurance and practices, and the relevant legislation to uphold safe engagement and duty of care for children and youth. The Queensland Family and Child Commission's issues paper [Young People Volunteering: Removing the barriers – Growing Up in Queensland, 2019](#) provides guidance for engaging school aged children and youth.

School aged children (under 16)

Health Consumers Queensland supports the [Australian Human Rights Commission recommendations](#) for children and young people under the age of 16 to obtain the consent of a parent or guardian before they participate in a survey.

Gaining the consent of a child's parent/s or legal guardian must be sought if organisations are seeking to engage school aged children in volunteering activities. All engagement activities must not interfere with children and youth enrolled in school.

Duty of Care

In addition to meeting organisation and state requirements when engaging youth, Health Consumers Queensland recommends a parent/s or guardian, trusted adult or independent and suitably trained employee to be included in health consumer engagement activities, alongside all children and youth under 18 to support their psychological safety.

Payments for children and youth

For the purposes of health consumer engagement, Health Consumers Queensland recommends the use of an honorarium for children and youth under 18 years old. The honorarium can be in the form of a physical gift card at a value amount which acknowledges the participation of a child and young person. Health Consumers Queensland is available to provide guidance to organisations about honorariums on a case-by-case basis.

For school aged children under 16 years old, the honorarium for the activity must be discussed with the parent/s or legal guardian and child before participation. This is also recommended for all youth under 18 where it may support access and participation and safety of the young person.