

3. About your work

3.14 SCV REMUNERATION FOR PARTNERS POLICY

Policy details		
Policy Owner	Operations and Engagement, SCV	Owner: Manager, Partnering and Consumers
Effective from	06/02/2023	
Approved by	Chief Operating Officer	Name: Robyn Hudson
Review date	By February 2025	Review lead: Manager, Partnering and Consumers

PURPOSE OF POLICY

Safer Care Victoria (SCV) actively partners with individuals and organisations drawing on expertise from industry, health professions, consumers, carers and communities, government, business, and academia to fulfill its safety and quality improvement role for health system improvement in Victoria.

The purpose of this policy is to outline the SCV remuneration model for partners which sets out how SCV defines and remunerates the expertise of its various partners.

SCOPE

This policy includes roles, definitions and remuneration rates and categories for partnering activities and responsibilities. Remuneration refers to reimbursement of partners for their contribution to our work. The amount depends on the kind of engagement activity, considering time, role, and degree of accountability.

This policy is in line with the Department of Premier and Cabinet's *Appointment and remuneration guidelines (July 2022)*, (the DPC Guidelines) and the *Public Health and Wellbeing Regulations 2019* (the Regulations).

This document is accompanied by the SCV remuneration procedure (Appendix 1) that contains, role descriptors, standardised rates to use, clear processes for administering payments, key contacts for more information and help and important documents to support staff in the process.

All SCV employees are expected to abide by the provisions within this policy and the corresponding remuneration procedures document.

PRINCIPLES

SCV's key principles for remunerating partner expertise are as follows:

1. Partners are valued for contributing their knowledge, experience, and insights, which through a process of collaboration with us optimises outcomes and impact
2. Partners are appropriately remunerated to minimise any financial loss as a result off their engagement with us

3. Remuneration rates are transparent, fair, and consistent across similar functions, activities and requirements reflecting equal value for equal work (regardless of who performs the role)
4. Remuneration rates are based on and reflect the nature of the work; time commitment; degree of accountability and risk; complexity; responsibility; and the person's knowledge, skills, and experience
5. Remuneration models are organised into clear categories that are fit for purpose, and which reflect and support the range and diversity of our partnering work and functions
6. Remuneration guidance is clear, easy to understand and action.
7. Remuneration is recognised as one way that SCV can enable and acknowledge Partner contributions. Partners are also supported by a commitment from SCV to engage in ways that are meaningful and inclusive with a shared commitment to enhancing outcomes.

ROLES OF SAFER CARE VICTORIA PARTNERS

The term Partner refers to consumers, carers, healthcare workers and other health leaders, that work with SCV and provide expertise to deliver on our goals. The SCV partnering and remuneration model outlines four distinct roles that Partners can fulfill:

- Volunteers
- Participants
- Leads
- Ministerial Appointed Roles

A more detailed summary of these roles and associated remuneration is outlined in the remuneration procedure (**Appendix 1**).

VOLUNTEERS

Voluntary activities are not reimbursed. These activities include attending events that are open to anyone as an attendee or respondent. They are usually a one off or one day activity. They may include receiving, reading and considering project related information via an ad hoc or once off engagement. These activities do not require a specific appointment process.

A Volunteer role may include:

- Registering for and attending forums via an open invitation to public or the sector
- Responding to open surveys and online testing
- Voluntary feedback i.e., suggestion boxes

SCV acknowledges that some people may prefer not to receive a payment or may be paid (remunerated) for taking part by another organisation.

Participants

Participants contribute skills, expertise or lived experience on a sessional basis. They are generally invited to reflect, participate, offer individual suggestions using unique professional and/or lived experience. Activities are usually time limited.

Participants can include consumers, carers, people with lived experience, Improvement coaches, and healthcare workers who provide comment and offer individual and/or professional perspectives and experience. Healthcare workers may include nursing, medical, allied health, and General Practitioners.

A Participant role may include:

- direct participation in decision-making processes
- being interviewed and or participating in a focus group
- reviewing work on advisory panels or working groups
- providing general feedback or input (ad hoc)
- testing ideas or evaluating outcomes with others
- delivering a presentation to a forum or similar event (i.e. contributor to the event on behalf of SCV).

Leads

Leads are selected to provide ongoing advice and contribute their skills and experience to design and deliver work as a leading team member. The Leads may be either healthcare workers or consumers.

This role may include functions such as: Senior Clinical Advisor (SCA), course facilitator, faculty member, content expert and developer, consumer or clinical lead, coach and fellow. Leads are appointed as temporary members of the SCV team for the life of a project or program of work.

A lead role may include:

- creating solutions for SCV
- giving detailed reflective feedback or conducting research on a topic or proposals
- ongoing collaboration with SCV team: brainstorming, project tasks, self-management
- leading some activities for the team
- testing ideas or evaluating outcomes with others
- leading decision-making processes
- leading/contributing to case reviews
- recommendation and report writing
- design and delivery of training
- content expert.

Ministerial appointed roles

Ministerial appointed roles at Safer Care Victoria are:

- Voluntary Assisted Dying Review Board
- Consultative Council on Obstetric and Paediatric Mortality and Morbidity
- Victorian Perioperative Consultative Council

APPOINTMENT AND REMUNERATION OPTIONS

SCV can appoint Partners in different ways, depending on the type and duration of the work required, where the Partner is being recruited from, and the role that they are undertaking. The SCV partnering and remuneration model allows for a range of appointment and remuneration types. The following role and appointment-specific considerations apply:

Volunteer roles

Voluntary activities are not reimbursed.

Participant roles

Participants may contribute to committees or working groups, may be a sessional member or contribute to a once off or time limited engagement.

For Participants who are employed by a public health service:

Participants employed by a public health service, are not remunerated by SCV, as per DPC guidelines (DPC guidelines Section 7.21).

For Participants who are not employed by a public health service:

Participants not employed by a public health service are remunerated at a sessional rate as per DPC guidelines. This includes both HCW and consumers. A sessional rate refers to paying for a half day (for 1-4 hours) or full day (more than 4 hours). There are some situations where Participants do not require or opt-out of remuneration by SCV. Participants who are employed by a private health service and supported by their employer to use their salaried time to participate are not remunerated by SCV.

Lead roles

Lead roles at SCV are typically allocated a 0.2 fractional FTE, one day per week as a member of the work team.

For HCW Leads who are employed by public health sector:

For Health Care Worker (HCW) Leads, appointed with fractional FTE, remuneration is made through secondment, with the health service employer reimbursed for salary costs. Staff members at a health service, follow the Department of Health [process and procedure for a secondment](#). Department of Health [Employment and consultation Secondment policy](#)

For HCW Leads who are not employed by a public health service:

HCW Leads employed by the private sector, appointed with fractional FTE, are reimbursed at industry rates through a fixed term agreement. For example, General Practitioners will be paid at AMA rates if allocated FTE. Partners who are not allocated FTE, are not a lead and therefore, should be remunerated as a participant through sessional payments

For Consumer Leads:

Consumer Leads, appointed with fractional FTE are to be paid at VPS 5.1 rate on a fixed-term arrangement. For Consumer Leads remuneration in a FTE role, SCV pays them as a vendor (that is, Consumers invoice SCV, rather than remuneration going through payroll).

For Senior Clinical Advisors (SCA) who are employed by SCV to provide specialist clinical advice to programs of work associated with CCOPMM and VPCC, for case reviews, remuneration is based on sessional rates (Section 8, Part 3 of the Regulations) and is paid on a casual basis. This acknowledges the important and similar nature of work undertaken by SCAs and sub-committee members. This allows for a pool of experts to draw on (a flexible workforce), to conduct timely reviews identifying safety issues.

Ministerial appointed roles

Ministerial appointed roles that are legislated are remunerated as DPC Schedule C Band 1 (effective 1 July 2022) and Public Health and Wellbeing regulations 2019 (fee unit is set every year under the Monetary Units Act 2004 – for the Consultative Councils) regardless of employer. People are eligible for appointment outside of public sector role. Employers must accept the arrangement and there is no conflict of interest for an appointment. These rates are non-negotiable.

Existing contracts

Current arrangements will be honoured for those with existing contracts until the contract is due for renewal, at which point if a re-appointment is applicable, it will be as per this policy.

Gift card alternative

For exceptional and one-off circumstances, where it is not necessary or practical to set a Partner up as a vendor or recipient of sessional payments, it may be appropriate to offer Partners a gift card in recognition of the contribution they have made to SCV work.

The provision of gift cards is governed by the Department of Health *Gifts, Benefits and Hospitality Policy* which states that any gift, benefit or hospitality is provided for a business reason in that it furthers the conduct of official business or other legitimate organisational goals or promotes and supports government policy objectives and priorities.

Government protocols mean that gift cards cannot be used to purchase alcohol or tobacco and therefore there are limitations on the type of gift cards (and associated retailers) that can be offered.

OUT OF POCKET EXPENSES

In addition to payment, Participants and Leads are eligible for reimbursement of out-of-pocket expenses that are reasonably incurred while partnering with SCV work. The cost of these expenses must be agreed between the person and manager who recruited them upfront, and may include:

1. Public transport costs
2. Private transport and parking expenses
3. Claims for the use of private cars should be calculated in accordance with the Australian Taxation Office's Claiming motor vehicle expenses as a sole trader– Cents per kilometre policy. This rate is set at 78 cents per kilometre for from 1 July 2022 for the 2022–23 income year and is reviewed annually.
4. Meals (if not provided)
5. Accommodation
6. Training costs (including out of pocket expenses)
7. Printing expenses
8. Incidental costs (including costs associated with a pre-employment screening).

Preparation time

As per the DPC Guidelines, there is no additional payment for reading and preparation time, this is included in the half day or full day sessional rates.

ESTABLISHING AGREEMENTS WITH PARTNERS

Agreements between SCV and its Partners are role specific and determined by the SCV partnering and remuneration model. Partnering with SCV is different to employment. The precise nature of the duties (roles and responsibilities) of each Partner, and the relationship with SCV will be agreed upon from the outset and communicated in the following way(s):

- Information from SCV about opportunities to contribute
- Position descriptions or Terms of Reference outlining roles and responsibilities
- Letter of Engagement
- Secondment agreement

With the exception of secondees, volunteers and Ministerially Appointed Roles, Partners are required to provide SCV with a Vendor Invoice, that is consistent with the agreement in place and the SCV partnering and remuneration model. As Partnering with SCV does not constitute an employment arrangement, the Department of Health workers' compensation insurance is not applicable.

Casual recruitment grants appointees' access to:

- Employee Wellbeing & Support Program (Formerly EAP)
- SCV HR team
- IT Systems needed to carry our collaboration

REVIEW OF POLICY

This policy will be reviewed and re-presented for approval every 2 years or earlier if impacted by legislative or business change. Rates of remuneration will be adjusted as required in between policy reviews to ensure ongoing alignment to the DPC Guidelines

APPENDIX

1. SCV Remuneration Procedure