



Diabetes Action Canada

Preventing complications. Transforming lives.

FINANCIAL COMPENSATION POLICY FOR COMMUNITY HEALTH CARE PRACTITIONER VOLUNTEERS

DRAFT: April 6, 2018

Diabetes Action Canada would like to ensure that health care practitioners, such as community physicians, dietitians, physiotherapists, nutritionist, kinesiologists, pharmacists, etc. who are volunteering to participate in activities required to implement research projects are compensated appropriately for their professional time. Since participating in Diabetes Action Canada projects, such as serving on our Diabetes Action Canada governing committees, can take health care practitioners away from their practice duties and result in lost billing hours and loss of revenue to maintain business operations, financial compensation is offered to demonstrate recognition of the value of their time and expertise. Compensation is also offered to enable participation of these individuals who would not normally be able to participate in Network activities because of obligations associated with their clinical practice. By offering compensation we seek to acknowledge the professional time lost by health care practitioner volunteers; however, Diabetes Action Canada expects that their participation in our research activities is strictly volunteer and does not result in personal gains. We expect that health care practitioner engagement in Diabetes Action Canada activities will be mutually beneficial as we endeavor define clear health care paths and remove barriers of care these individuals encounter in their treatment of people living with diabetes.

Who is eligible to receive compensation

Diabetes Action Canada, a CIHR Strategic Patient Oriented Research Network, will follow the eligibility criteria for administering additional compensation as outlined by the Tri-Council Policy.

Health care practitioners who volunteer their expertise towards non-research activities, necessary to conduct the research projects of Diabetes Action Canada are eligible to receive compensation. Activities should enable research, such as Diabetes Action Canada Repository Research Governing Committee membership, but should not include conducting actual research. The health care practitioners is to represent the broader primary care community and provide advice and guidance on strategic research direction and feasibility of knowledge translation into clinical practice for

diabetes care. These individuals can hold a university appointment, but must not receive compensation for research activities conducted at the university, from academic practice plans, or from hospital-based research institutes. Health care practitioner volunteer's compensation is to incentivize participation and can be declined.

If these health care practitioners also holds an academic appointment with a University, they must consult with their University Department to determine whether receiving CIHR funds through Diabetes Action Canada as a volunteer presents any risk related to current or future CIHR grant funding.

Types of contributions by Health Care Practitioners

Diabetes Action Canada recognizes the importance of integrating the front-line health care practitioner's perspective into research activities that affect models of health care. This perspective is very important in determining the limitations and feasibility of proposed actions in implementing applied health research (i.e., recruiting patients, collecting data, evaluating results, and disseminating knowledge). We expect that health care practitioner involvement will be primarily as consultants to the research, education and knowledge translation investigators of Diabetes Action Canada, as our Network has already engaged a wide variety of clinicians and physicians with University appointments to conduct these activities.

We also recognize that to prepare health care practitioner volunteers to participate in Diabetes Action Canada research projects that they may be offered compensation for time spent in orientation (training, learning activities). We also expect that compensation rates be determined based on loss of clinic time and the impact this will have on the operation of individuals businesses. This rate will need to be negotiated by the Goal Group Leads to understand what is feasible to engage these individuals into research activities. This could include determining different rates for different engagement levels and adjusting the rate based participation in-person versus remotely. Compensation ranges for health care practitioners can be found below in Table 1. Compensation rates should not exceed the maximums indicated in Table 1. Table 1 also outlines travel and accommodation reimbursement as well as the different eligible expenses.

Table 1: Eligible expenses and compensation rates for health care practitioner volunteers of the Network

	ACTIVITY	DESCRIPTION	\$\$\$	half-day (\$)²	full-day (\$)³
ELIGIBLE EXPENSES	Travel	Travel costs for any involvement are covered. This includes economy class airfare, train fare, bus fare or mileage. Taxi fares are reimbursed for short distances. Car rental may also be reimbursed with advance approval.	Reimbursement or covered directly¹	n/a	n/a
		<u>Car travel:</u> \$0.54 per kilometer.	Reimbursement	n/a	n/a
	Overnight accommodation	The health care practitioner volunteer may need overnight accommodation (hotel, motel, bed & breakfast, lodge or other) if travelling some distance to take part in an involvement activity such as training or meetings.	Reimbursement or covered directly¹	n/a	n/a
		Overnight accommodation -private residence-	\$30/night	n/a	n/a
	Subsistence	Subsistence costs are for time spent away from home. The maximum per diem amount that can be covered is \$55 per day (breakfast: \$11 lunch: \$17, dinner: \$27).	Reimbursement or covered directly¹	n/a	n/a
	Personal assistants	Some disabled people may have a personal assistant to support them to get actively involved as health care practitioners volunteers.	Reimbursement or covered directly¹	n/a	n/a
Childcare	Some people may need childcare support to be fully involved as a Health care practitioners volunteer.	Reimbursement or covered directly¹	n/a	n/a	
COMPENSATION	Training and leaning	The health care practitioner volunteer attends a training event (i.e. Workshop, conference, online training course, etc.).	\$25-200/hr	\$75-500	\$150-1000
	Consultant role	The health care practitioner volunteer offers his/her opinion, advice or feedback (i.e. Research Governance Committee meetings).	\$25-200hr	\$75-500	\$150-1000
	Strategic role	The health care practitioner volunteer plays a strategic role in the Network's governance. (N.B. Compensated only at the request of health care practitioners volunteers for whom it would be difficult to	\$25-200/hr	\$75-500	\$150-1000
	Health care practitioners	The consultant provides specific expertise, or works to improve a particular component of the Diabetes Action Canada projects.	\$25-200/hr	\$75-500	\$150-1000

¹ The travel costs will be reimbursed or covered directly, for example by booking tickets via a travel agency.

² Half-day compensation at 4 hours.

³ Full-day compensation starts at 7 hours.

Considerations for Health Care Practitioner volunteers

- Health care practitioner volunteers should be aware of the items that are covered and the upper limits on expenditures (e.g., per diem amounts), listed in Table 1.
- Health care practitioner volunteers should be aware of the compensation rates for their engagement and that remuneration is to recuperate costs lost by their participation and not for personal gain.
- All expenses are subject to institutional approval from the host institution that holds the research funding. Travel plans and appointing a personal assistant should therefore be discussed with the Diabetes Action Canada Administration ahead of time to ensure that all expenses incurred are able to be reimbursed.
- The per diem amounts are daily allowances to cover meals when traveling for the Network. The health care practitioner volunteers are required to show receipts for meals to receive the per diem amounts listed in Table 1. Group meals beyond this may be covered; these cases should be planned in advance and be part of the budget for the event.
- When participating in a Diabetes Action Canada sponsored event, it is possible for a health care practitioner volunteer to extend his/her stay after or before the event. However, the price of the plane ticket will have to be equal or cheaper than the price of the ticket with true event dates (with reservations made at least 14 days in advance). If the price of the ticket with extended dates is more expensive, then the health care practitioner volunteer will have to buy his/her ticket and Diabetes Action Canada will reimburse the price of the ticket with true event dates. In other words, the health care practitioner volunteer will pay the difference in price.
- When travelling by car to an event, kilometers are reimbursed according to the rate indicated in Table 1. The distance travelled is calculated using Google Maps from the address of residence to the event location.
- Reimbursement for expenses is generally not subject to tax as it is not counted as income.
- Other options for compensation can be explored.
- Health care practitioner volunteers may decline compensation. If compensation is declined, the funds will be used by Diabetes Action Canada for other activities.

Procedures for health care practitioner volunteers who are members of Diabetes Action Canada's Research Governing Committee or Data Provider Advisory Group

The compensation rate range is defined in Table 1 of this document. It is important that before each involvement, the number of hours of collaboration expected, the role and responsibilities of the health care practitioner volunteers be clearly defined.

- 1) Health care practitioner volunteers will be asked to submit their hours to the Research Project Coordinator. If time on a Research Governance Committee exceed the time estimate, it is up to the health care practitioner volunteer to let the Project team and**

Diabetes Action Canada administrative team know. It is the responsibility of the health care practitioner volunteers to help keep track of actual time spent in order to ensure that time estimates are reasonable. Due to budget limits, there may not always be additional funds available to compensate health care practitioner volunteers beyond the originally planned time commitment. If time exceeds the originally budgeted commitment, it is up to health care practitioner volunteer to decide whether to stop or continue collaboration (without compensation).

Health care practitioner volunteers will be compensated via T4A income and can choose to receive compensation at the conclusion of each research activity, e.g., Diabetes Repository Research Governing Committee event or at the end of the collaboration (not exceeding one year).

Receiving Compensation

Whether attending a training event or consulting with a research team, claims for compensation should be made following the steps below (steps 1 and 2 do not need to be repeated for subsequent compensation claims):

- 1) Email the following information to Diabetes Action Canada Administration (name, address, phone number, date of birth, social insurance number). Note this information is confidential and encrypted within the Diabetes Action Canada email system.**
- 2) Send hours to Research Project Coordinator**
- 3) Payment will be issued as an honorarium and will come as a check mailed directly to the Health care practitioners home address**
- 4) Follow approval procedure (via Email).**

Obtaining reimbursement for travel expenses (for all health care practitioner volunteers)

Ideally, expenses (e.g. plane ticket, overnight accommodation, etc.) will be paid directly by the Network on behalf of the health care practitioner volunteer involved in the activity. The reason for this is to incur the least amount of out-of-pocket expenses to the person involved in the activity. In some cases, it may also be possible to issue advances; however, some expenses may have to be reimbursed after the event.

Original receipts and in some cases boarding passes (please see details in statement 3 below), are required for reimbursement of expenses. Scans of original receipts cannot be accepted. Acceptable receipts show details of the items paid for and the mode of payment.

Please send all original receipts by mail to this address:

**Diabetes Action Canada
c/o Mildred Lim
Toronto General Hospital
200 Elizabeth St.**

**Eaton Building, Room 12EN242
Toronto ON, M5G2C4**

- 1. Claims for reimbursement should be made within 30 days of return from travel or the date the expense was incurred. If an advance was issued, receipts must be submitted to the Diabetes Action Canada within 30 days.**
- 2. Health care practitioner volunteers should be aware of the three weeks' minimum delay between the moment the claim is received and the reimbursement. Delay may unfortunately sometimes be longer due to University Health Network schedules.**

Claims for reimbursement of travel (plane, train, bus or boat) PURCHASED DIRECTLY by the health care practitioner volunteer, should include printed round-trip boarding passes as proof of travel. If the travel expense was paid directly by the Network, health care practitioner volunteers do not need to save boarding passes.

Whom to contact:

Please contact

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