Medicines & Healthcare products Regulatory Agency

Patient and Public Involvement and Engagement Payment Policy and Procedure

1 Introduction

This document sets out the MHRA's approach to the payment and reimbursement of patients and members of the public involved in MHRA-led patient and public engagement activity. It provides guidance on when and why payment may be offered, the principles that underpin payment, and the process for claiming payment and expenses.

The policy aims to support fair, transparent, and proportionate payment for involvement, recognising the time, expertise, and lived experience that contributors bring to MHRA work, while ensuring consistency with public sector governance and financial controls. Payment is offered to enable inclusive participation.

Payment is not mandatory and will always be dependent on the contributor's wishes, the MHRA requirements and individual circumstances or activity. Contributors may choose whether to claim payment and/or expenses, and this decision will not affect their ability to be involved in the MHRA activities.

MHRA staff with questions about the interpretation or application of this policy should contact the Patient and Public Involvement and Engagement (PPIE) team in the first instance, or the Finance team for advice on payment and reimbursement processes.

This policy applies to engagement activities taking place on or after the 16 June 2026. Claims relating to meetings held before this date will continue to be managed under any payment arrangements in place at the time the activity took place.

2 Scope

This policy applies to all MHRA staff who plan, commission, or deliver patient and public engagement or involvement activity as part of MHRA business and who are responsible for offering payment and/or reimbursement of expenses to patients and members of the public involved in that work. This policy does not apply to contractors.

It also applies to patients and members of the public who are invited to contribute to MHRA activity in an engagement capacity and who may be offered payment, reimbursement of expenses, or both.

This policy supports a fair, transparent, and consistent approach to how payment is offered for patient engagement and involvement. It recognises that individuals' financial and personal circumstances vary, and that payment for involvement may have different implications depending on factors such as employment status, receipt of benefits or tax position. The MHRA does not provide individual financial, tax or benefits advice.

Contributors are therefore strongly encouraged to seek independent advice relevant to their own circumstances before accepting payment.

In planning their PPIE activity, each MHRA business group or project lead should allocate an appropriate budget based on the current payment rates for PPIE activities. In most cases, the MHRA business group or project lead will hold the budget for the activity, unless it is a strategically driven initiative with a centrally allocated budget.

Given the wide range of ways in which the MHRA engages with patients and the public, this policy does not apply in all circumstances. To manage expectations clearly and fairly, the following exclusions apply:

This policy does not apply to:

- quarterly meetings of the Patient and Public Community (PPC), which serve as a key forum for providing updates and sharing information with PPC members[1].
- individuals taking part in research studies, surveys, public consultations and calls for evidence.
- individuals engaged through commercial contracts, consultancy arrangements, or procurement processes.
- individuals with formal employment arrangements with the MHRA
- activities where engagement is purely informal, observational, or informational, and no payment or expenses are offered.
- engagement delivered through external partners where payment arrangements are governed by the partner organisation's policies.
- charities and voluntary organisations

Any deviations from this policy will only be considered in exceptional circumstances and must be agreed in advance. Requests should be supported by the relevant business area and the PPIE team, with final approval provided by Deputy Director Patient, Public and Customer Engagement, or a senior member of the PPIE team acting under delegated authority.

[1] PPC members may be invited to additional engagement meetings, such as those held to inform the MHRA Five-Year Strategy. This policy covers PPC members taking part in these types of engagement activities.

3 Policy

3.1 Involvement and employment

Patient and public involvement and engagement is not employment, and payment offered for involvement is not a wage or salary and does not imply an employment relationship. MHRA will invite contributions from individuals based on their lived experience of health conditions, treatments, or the use of medicines and medical devices, or from their experience as members of specific communities. Contributors will be engaged on a voluntary, ad hoc basis and there is no obligation on any individual to accept an invitation to participate in an activity. There is also no expectation that the same individual will contribute to multiple activities. Where a contributor is unable to take part in a specific activity, MHRA will seek to identify a suitable alternative individual with relevant lived experience.

In some circumstances, individuals may be involved in research or engagement work through formal employment arrangements, either on a full-time or part-time basis. Where this is the case, those arrangements fall outside the scope of this policy and will be managed through appropriate employment or contractual processes.

Where individuals who receive benefits are offered payment for involvement, it is important that they understand how this may affect their personal circumstances. **The MHRA is unable to provide advice on benefits or taxation.** Contributors are therefore advised to seek independent, reliable benefits advice before accepting payment for involvement.

3.2 Payment for time, skills, and expertise

Payment rates for patient and public involvement vary across organisations. This reflects differences in remit, resources, and the nature of the activity. While there is no single mandated rate across the healthcare system, organisations are clear and transparent about what payment is offered and for which activities.

Payment for involvement in MHRA engagement and involvement opportunities is not a wage or salary and does not imply a contract. Payments are offered as a recognition of the time, skills, experience, and lived expertise that people contribute through their involvement in MHRA work.

Accepting payment for involvement is entirely optional. Contributors may choose whether to accept payment or decline payment altogether. Choosing not to accept payment will not affect a person’s ability to be involved in MHRA activities.

3.2.1 Payment rates

The MHRA uses two payment levels to reflect different types of involvement and levels of experience and expertise, while supporting fairness, transparency, and consistency.

These rates are consistent with the current MHRA Committee Fees Policy and other public sector organisations. It is recommended that the Business Group approaches the PPIE team initially, to discuss the appropriate payment levels for individual activities.

The total payment amount (without an hourly cost breakdown) and activity description must be agreed in writing, in advance of the activity taking place, with the contributor.

Level 1: **Standard involvement**	**Level 2:** **Enhanced and highly experienced involvement**
This rate applies to contributors who are contributing to activities that do not require specific expertise or understanding of the healthcare sector or regulatory decision making. • £27.50 for a small, discrete task (typically taking around one hour) Up to £200 per day (full-day rate) For example, a contributor is asked to review a short draft document online on the women's health plan. This task takes two hours, and no further involvement is needed thereafter. The contributor is paid £55.00[2].	This rate applies to contributors who are undertaking complex engagement roles that draw on a deeper understanding of MHRA processes, wider policy, or regulatory decision-making. For level two, seek approval from the Business Group Deputy Director and Deputy Director Patient, Public and Customer Engagement, or a senior member of the PPIE team acting under delegated authority. • £43.50 for a discrete task (typically taking around one hour) • Up to £325 per day (full-day rate) For example, a contributor may support the work of a committee by providing a patient perspective that complements clinical, scientific, and professional expertise and

[2] The payment offered for an activity will not be changed on an individual basis. Therefore, when deciding the time required, staff should recognise that different people may need different amounts of time to prepare for the same activity. This can reflect variations in experience, confidence, and working style, and may also be influenced by health conditions, disability, neurodiversity, or other protected characteristics. MHRA staff should encourage patients and members of the public to get in touch if they believe a task will take significantly longer than anticipated, to help avoid misunderstandings - for example about the level of detail expected.

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	helps ensure decisions reflect real world impact. The contributor is asked to review materials in advance and take part in a specific agenda item at a committee meeting. The activity takes approximately half a day, and the contributor is paid £162.50.

3.2.2 Activities that may be paid

Payment may be offered for activities including, but not limited to:

- reviewing documents, plans, or proposals
- attending focus groups or workshops
- preparation time, including reading papers or other materials.

The payment should be determined by the type of involvement and levels of experience and expertise required and the total amount must be agreed in writing with the contributor before starting the activity. Where a daily rate is applied, this includes recognition of preparation, reading, and correspondence before and after the activity.

While the payment rates set out above apply to the majority of MHRA patient and public involvement activity, some exceptions may apply. Certain roles or activities involve a higher level of responsibility, time commitment, or formal governance requirements, and are therefore subject to different payment arrangements. These roles are typically established through specific programmes, statutory committees, or formal advisory structures, and may operate under separate terms of reference or appointment processes.

3.3 Payment of expenses

3.3.1 Expenses and reimbursement

Reasonable expenses incurred because of involvement in MHRA activity may be eligible for reimbursement. This is to ensure that involvement is accessible and inclusive, and that people are not left out of MHRA work because of cost, disability, caring responsibilities, or financial circumstances. MHRA staff should ensure that contributors are provided with clear information in advance about what expenses can be claimed and how to claim them. MHRA staff are encouraged to check with the MHRA Finance team if they are unsure whether a particular expense will be covered.

Reimbursement of expenses is separate from payment for involvement and is offered regardless of whether a contributor chooses to accept a payment.

3.3.2 Types of expenses that may be reimbursed

Expenses will normally be reimbursed in line with the MHRA Travel and Expenses Policy for staff, with additional flexibility to reflect the needs of patient and public contributors.

Reasonable expenses must be agreed in advance and may include, but are not limited to:

- travel costs where receipts exist (including public transport, mileage, taxis, or other accessible transport where required). It is recommended that the MHRA book travel for the contributor through the MHRA travel provider.
- subsistence, such as food and drink, in line with MHRA staff guidance where receipts exist.
- childcare costs or the cost of replacement care where receipts exist.
- costs of a personal assistant, support worker, or companion where receipts exist.
- conference or event registration fees, where attendance has been agreed in advance and where receipts exist.
- flat fee of £5 for internet, printing, postage, and stationery where additional costs have been incurred due to their participation and where receipts exist.

3.3.3 Disability-related costs and reasonable adjustments

The MHRA is committed to making involvement accessible. Additional costs arising from disability, health conditions or access needs will be considered as part of reasonable adjustments. This may include specialist travel arrangements, additional support, or alternative formats.

Any such costs should be discussed with the MHRA contact in advance and agreed with the relevant Business Group and approval from Finance where appropriate. Decisions will be made on a case-by-case basis and will not be subject to means testing.

3.4 Payment of expenses in advance or direct to source

It is good practice for the MHRA to reimburse select expenses in advance, such as booking travel tickets, and paying costs directly to a personal assistant or replacement carer, where possible. Paying expenses in this way avoids contributors from being out of pocket before the payment occurs. Reimbursement of expenses can take up to 30 working days, and the MHRA contact should oversee the completion of necessary forms to enable prompt payment to the contributor.

3.5 Income tax and National Insurance

Public involvement is not classed as employment, so the MHRA does not deduct tax at source for public involvement payments. Patient and public contributors are responsible for assessing any personal tax implications from accepting these payments, including whether it creates a benefit in kind, and for seeking professional tax and national insurance advice if needed. The MHRA will not be liable or contribute towards any additional personal taxation costs arising from the receipt of participation fees or expenses.

3.6 Welfare and state benefits

Contributors who receive welfare benefits should seek expert, personalised advice before accepting payment for involvement. Further information can be found at the **Benefits Advice Service.**

The MHRA will pay fees and expenses by electronic transfer directly into contributor bank account (called BACS). It is common for payments to take up to 30 working days from approval of expenses to be received into contributor's bank account, due to the administrative processes involved.

3.7 Basis of involvement

Each involvement activity constitutes a discrete and standalone arrangement. Individuals are not retained on an ongoing or recurring basis, and there is no expectation of repeated or regular involvement beyond the specific activity agreed in advance.

4 Glossary

Term	Definition of term
Involvement	Involvement refers to individuals actively contributing as partners in shaping how work is designed, delivered, or evaluated - for example, informing policy development, codesigning processes, or providing expert lived experience input to guide decision-making.
Participation	Participation refers to individuals taking part in research studies, consultations, or surveys as subjects of that activity - providing data, responses, or feedback that is collected and analysed. The individual is the focus of the activity.
MHRA / agency	Medicines and Healthcare products Regulatory Agency, the UK regulator responsible for ensuring that medicines, medical devices, and blood components for transfusion meet appropriate standards of safety, quality, and effectiveness.
PPIE	Patient and Public Involvement and Engagement. A collective term used to describe the ways in which patients, members of the public, carers and communities are involved in, contribute to, and are engaged with the work of the MHRA.
Patient/ Patient Expert	A person with lived experience of a particular health condition, treatment, or use of a medicine or medical device. A patient expert may also have developed additional knowledge or experience through advocacy, research involvement, advisory roles or engagement with health and regulatory systems.
Lay Member	An individual who contributes to committees, panels or advisory groups from a non-professional perspective and does not represent a specific professional or organisational interest. Lay members provide independent public or patient perspectives to inform decision-making.

Patient and Public Contributor	A person who responds to ad hoc invitations to participate in MHRA involvement or engagement activities on the basis of relevant lived experience, views, or perspectives. Contributors are not engaged on a recurring, retainer or ongoing basis and may choose whether or not to participate in each individual activity.
Charity	A registered charitable organisation that represents supports or advocates for patients, carers, or communities, or works to advance health, research, or public benefit.
Carer	A person who provides unpaid care or support to a family member, partner or friend who has a health condition, disability, or care needs.
Citizen	A member of the public participating in engagement activities in a civic capacity rather than through a specific patient or professional role. The term is often used in deliberative engagement methods such as citizens' juries or assemblies.
Business Group	An organisation or representative body from the life sciences, pharmaceutical, medical device or healthcare sector that engages with the MHRA in a professional, commercial or industry capacity.
Payment for involvement	A payment offered in recognition of the time, experience, knowledge, and lived expertise contributed by patient and public contributors to MHRA work. These payments are not a wage or salary and do not constitute an employment relationship.
Expenses	Reasonable out-of-pocket costs incurred by patient and public contributors as a direct result of participating in MHRA involvement or engagement activities. These costs may be reimbursed in line with this policy and the MHRA Travel and Expenses Policy.
Contributor	A collective term used within this policy to describe patients, carers or members of the public who take part in MHRA involvement or engagement activities.

Involvement activity	Any activity in which patients, carers or members of the public actively contribute to MHRA work by sharing perspectives, reviewing materials, advising on policy, or participating in discussions intended to inform regulatory processes.
Preparation time	Time spent by a contributor reviewing documents, reading papers, or otherwise preparing in advance of an MHRA involvement activity.
Reasonable adjustments	Practical changes or additional support provided to enable people with disabilities, health conditions or specific access needs to participate fully in MHRA involvement or engagement activities.
Replacement care	Costs incurred for alternative care arrangements, such as childcare or support for a dependent adult, which enable a contributor to participate in MHRA activities.
Exceptional expenses	Costs related to involvement that fall outside standard reimbursable expenses and require prior approval from the relevant MHRA contact and Finance team.
BACS payment	A payment made by electronic bank transfer directly into a contributor’s nominated bank account.

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