2022 College Performance Scorecard

No.	SP1	SP2	SP3	2021 Actual	BOARD MONITORED Key Performance Indicators and Milestones (M)	YTD Q1	YTD Q2	YTD Q3	YTD Q4	2022 Target
	Strategic Alignment					**2022 YTD (year-to-date)**				
					*Domain 1: Governance*					
1		✓	✓	n/a	*Impart the governance philosophy into a standardized committee orientation (M)*	(on track)	(on track)			09/30/22
2		✓	✓	n/a	*Review and amend the Board's skills inventory to improve objectivity (M)*	03/31/22	(completed)			03/31/22
					Domain 2: Resources					
3			✓	-5.7%	Variance of operating annual budget to year-end actuals	Annual Report January 2023				+/- 5%
4			✓	58%	Employee engagement (Culture subset)	Scheduled for June 2022				≥ 64%
					Domain 3: System Partner					
5	✓	✓		n/a	*Publicly report on pharmacy provider experience data (M)*	(on track)	(on track)			12/01/22
					Domain 4: Information Management					
6		✓	✓	n/a	*Launch of the data strategy for the organization (M)*	(on track)	(potential risk)			12/31/22
					Domain 5: Regulatory Policies					
7	✓		✓	82%	Rate of success of community pharmacists following Quality Assurance (QA) reassessment	77% (10/13)	83% (30/36)			≥ 82%
8	✓		✓	n/a	Prioritized practice documents (policies/guidelines/guidance) updated within target timeline	0% (0/8)	13% (1/8)			≥ 75%
9	✓	✓	✓	n/a	*Development of Equity, Diversity & Inclusion and Indigenous Cultural Competency Strategic Plan (M)*	(potential risk)	(on track)			12/31/22
					Domain 6: Suitability To Practice					
10		✓	✓	27%	High and Moderate risk Complaints disposed of within 150 days	19% (6/31)	16% (16/98)			≥ 30%
11		✓	✓	43%	High and Moderate risk Registrar's Inquiries disposed of within 365 days	50% (12/24)	57% (28/49)			≥ 46%
12		✓		87%	HPARB complaint Decisions confirmed (Decisions confirmed/Decisions submitted)	93% (14/15)	96% (23/24)			≥ 88%
13		✓		n/a	Judicial review applications dismissed by the courts	n/a	n/a			Collecting Baseline
14	✓	✓	✓	51%	Community pharmacies entering events on AIMS platform	23%	33%			≥ 80%
					Domain 7: Measurement, Reporting & Improvement					
15		✓	✓	n/a	*Risk appetite determination for two core regulatory activities (M)*	(potential risk)	(on track)			06/30/2022
16		✓	✓	n/a	Proportion of Board meeting time dedicated to oversight of College performance	39%	44%			Collecting Baseline

LEGEND

Strategic Alignment	Indicator Range	Milestone Range	Symbols
SP1: Enhance system and patient outcomes through collaboration & optimization of current scope of practice	Meets or Exceeds target	On Track (proceeding per plan)	n/a Not Avail.
SP2: Strengthen trust and confidence in the College's role as a patients-first regulator	Approaching Target ≤ 25%	Potential Risk	(M) Milestone
SP3: Enhance capacity to address emerging opportunities & advance quality & safe pharmacy practice & regulatory excellence	Beyond Target > 25%	Risk/Roadblock	Completed

Scorecard Measure	Q2 2022 Performance Summary / Improvement Strategies
#1 *Impart the governance philosophy into a standardized committee orientation (M)*	Proceeding as planned.
#2 Review and amend the Board's skills inventory to improve objectivity (M)	This milestone was completed in March 2022.
#3 % Variance of operating annual budget to year end actuals	Results will be available for Q4 reporting.
#4 % Employee engagement (culture subset)	Presentation of results will be made to the Board in September; results will be reflected on Q3 scorecard.
#5 *Publicly report on pharmacy provider experience data (M)*	This project is progressing as planned. Due to a staff departure, we have contracted external expertise to provide further research analysis while recruitment for new staff is in process.
#6 *Launch of the data strategy for the organization (M)*	This project is currently on hold, due to resourcing issues.
#7 Rate of success of community pharmacists following Quality Assurance (QA) reassessment	Meeting target.
#8 Prioritized practice documents (policies/guidelines/guidance) updated within target timeline	Trending to be below target at year end; due to the complexity and comprehensiveness of the practice topics (e.g., technology), other emergent policy work (e.g. vaccination for children under 5) and recruiting challenges for maternity leave contract.
#9 Development of Equity, Diversity & Inclusion, and Indigenous Cultural Competency Strategic Plan (M)	The completion of the EDI strategic plan development is progressing and amended to March 31st, 2023. By adopting a collaborative approach to information gathering and strategic plan development, which will include involvement and feedback from multiple internal and external stakeholders, there is an anticipated delay in achieving this milestone.
#10 High and Moderate risk Complaints disposed of within 150 days	There were 67 total high and moderate risk complaints disposed of by ICRC in Q2, 10 of which were disposed within 150 days (15%). More than double the number of complaints were disposed compared to Q1, but with an increased denominator of files older than 150 days, this KPI did not improve from Q1. This was expected due to staff turnover and high volumes; timelines are expected to improve towards Q3 and Q4 as staffing and caseloads are stabilized.

Scorecard Measure	Q2 2022 Performance Summary / Improvement Strategies
#11 High and Moderate risk Registrar's Inquiries disposed of within 365 days	Meeting target.
#12 HPARB complaint Decisions confirmed (Decisions confirmed/Decisions submitted)	Meeting target.
#13 Judicial review applications dismissed by the courts	New indicator, collecting baseline. (There were no applications in Q2)
#14 Community pharmacies entering events on AIMS platform	Achievement of target expected at year end.
#15 *Risk appetite determination for two core regulatory activities (M)*	Proceeding as amended, draft risk appetite statements for all risk categories will be presented to the Board in September.
#16 Proportion of Board meeting time dedicated to oversight of college performance	New indicator, collecting baseline.

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(M) represents measurement against a milestone	
Indicator Range	**Milestone Range**
Meets or Exceeds target	On Track (proceeding per plan)
Approaching Target ≤ 25%	Potential Risk
Beyond Target > 25%	Risk/Roadblock

2022 Indicator and Milestone Definitions

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
#1 *Impart the governance philosophy into a standardized committee orientation (M)*	This milestone measures the delivery of a standardized framework that imparts the governance philosophy into the committee orientation programs.	Milestone set based on timing for next board/committee year as set out in the by-laws.	Milestone is: 🟩 On Track 🟨 Potential Risk 🟥 Risk/Roadblock
#2 *Review and amend the Board's skill inventory to improve objectivity (M)*	This milestone measures the completion of the updating of the skills survey questions to improve objectivity.	Milestone set based on approved core initiative schedule.	Milestone is: 🟩 On Track 🟨 Potential Risk 🟥 Risk/Roadblock
#3 Variance of operating annual budget to year-end actuals	Indicator measures the variance of actual operating expenses against the annual budget. Achieving operating outcomes with additional efficiencies would exceed performance.	Target set based on acceptable variance of spend compared to budget.	% Variation is: 🟩 +/- 5% 🟨 +/- 5.1% – 6.0% 🟥 +/- 6.1% or more
#4 Employee engagement (Culture subset)	Indicator measures the % of staff engagement relating to the Culture section of the employee survey. Two pulse surveys planned for 2022; one just prior to start date for new Registrar/CEO to establish benchmark, one approx. six months after start date. Reporting of results will be dependent on hire date.	Target based on a 10% improvement over 2021 Culture subset survey result	% Engagement is: 🟩 ≥ 64% 🟨 48% - 63% 🟥 ≤ 47%
#5 *Publicly report on pharmacy provider experience data (M)*	This milestone measures the completion of the posting of pharmacy provider experience indicator data to OCP public website.	Milestone set based on approved core initiative schedule.	Milestone is: 🟩 On Track 🟨 Potential Risk 🟥 Risk/Roadblock
#6 *Launch of the data strategy for the organization (M)*	Implementation of data strategy for OCP to assist teams on why, what, who and where to access data.	Milestone set based on approved project schedule.	Milestone is: 🟩 On track 🟨 Potential Risk 🟥 Risk/Roadblock
#7 Rate of success of community pharmacists following Quality Assurance (QA) reassessment	Indicator measures the % of community pharmacists that pass the practice re-assessment, following peer coaching.	Maintain 2021 performance. New cut scores introduced in Q4 of 2020.	% Success is: 🟩 ≥ 82% 🟨 61% - 81% 🟥 ≤ 60%

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
#8 Prioritized practice documents (policies/guidelines/guidance) updated within target timeline	Indicator measures the completion rate of the review of (eight) selected practice documents by year end.	Target based on the current practice environment as it relates to the policy review process and supporting resources	% Completion is: 🟩 ≥ 75% 🟨 56% - 74% 🟥 ≤ 55%
#9 *Development of Equity, Diversity & Inclusion, and Indigenous Cultural Competency Strategic Plan (M)*	The milestone measures the completion of EDI focused data collection from registrants followed by the development of a strategic plan to be implemented in 2023 that may include training, policies, and practices to facilitate EDI competencies among registrants.	Milestone set based on approved project schedule.	Milestone is: 🟩 On Track 🟨 Potential Risk 🟥 Risk/Roadblock
#10 High and moderate risk complaints disposed of within 150 days.	Indicator measures the % of high and moderate risk complaints meeting the statutory requirement to dispose of all complaints within 150 days from date of filing to date the ICRC decision is sent.	Target based on a 11% improvement over 2021 performance	% Complaints are: 🟩 ≥ 30% 🟨 22% - 29% 🟥 21≤ %
#11 High and moderate risk Registrar's Inquiries disposed within 365 days.	Indicator measures the % of high and moderate risk Registrar's Inquiries (RI's) (s. 75(1) (a) investigations) disposed within 365 days from date of filing to date the ICRC decision is sent.	Target based on a 7% improvement over 2021 performance	% Registrar's Inquiries are: 🟩 ≥ 46% 🟨 34% - 45% 🟥 ≤ 34%
#12 % HPARB complaint decisions confirmed	Indicator measures the % of HPARB (Health Professions Appeal and Review Board) reviews of ICRC complaints investigations and decisions, requested by either party, that are confirmed by HPARB.	Target carried over from 2021 as performance was not achieved	% Complaints are: 🟩 ≥ 88% 🟨 66% - 87% 🟥 ≤ 65%
#13 Judicial review applications dismissed by the courts	This indicator measures the % of Judicial Reviews of Conduct related applications that were dismissed by the Divisional Court.	New indicator. Collecting baseline.	

2022 Indicator and Milestone Definitions

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
#14 Community pharmacies entering events on AIMS platform	Indicator measures the % of community pharmacies actively recording events (incidents & near misses) on the AIMS (Assurance & Improvement in Medication Safety) platform out of the total accredited pharmacies. Performance flag applies to % active at year end.	Target set to the terms in the contractual agreement with vendor.	% Pharmacies are: 🟩 ≥ 80% 🟨 60% - 79% 🟥 ≤ 59%
#15 *Risk appetite determination for two core regulatory activities (m)*	The milestone measures the Board's determination of risk appetite statement on two core regulatory activities linked to the 2022 risk register.	Milestone set based on approved project schedule.	Milestone is: 🟩 On track 🟨 Potential Risk 🟥 Risk/Roadblock
#16 Proportion of Board meeting time dedicated to oversight of college performance	Indicator measures the % of Board meeting time dedicated to oversight of college performance.	New indicator. Collecting baseline.	

LEGEND	
(M) represents measurement against a milestone	
Indicator Range	**Milestone Range**
Meets or Exceeds target	On Track (proceeding per plan)
Approaching Target ≤ 25%	Potential Risk
Beyond Target > 25%	Risk/Roadblock