

# Q4 2021 College Performance Scorecard

No.	Strategic Alignment			2020 Actual	BOARD MONITORED Key Performance Indicators and Milestones (M)	2021 YTD (year-to-date)				2021 Target	
	SP1	SP2	SP3			YTD Q1	YTD Q2	YTD Q3	YTD Q4		
<i>Domain 1: Governance</i>											
1		✓	✓	n/a	<i>Implement new board orientation program centered on approved Board Policies (M)</i>			09/20/21		09/30/21	
<i>Domain 2: Resources</i>											
2		✓		-3%	% variance of operating annual budget to year end actuals	Annual Report January 2022				-5.7%	+/- 5%
3		✓		n/a	% Engagement drivers, Work Life Balance Subset	Scheduled for the fall				55%	≥ 62%
<i>Domain 3: System Partner</i>											
4		✓		n/a	<i>Implement diversity &amp; Indigenous cultural competency awareness strategies (M)</i>				12/01/21	12/01/21	
5	✓			n/a	<i>Community Practice Environmental Initiative implementation plan developed (M)</i>				11/30/2021	06/30/21	
<i>Domain 4: Information Management</i>											
6		✓		n/a	<i>Implementation of updated privacy &amp; information management protocols with training (M)</i>			08/09/21		08/06/21	
<i>Domain 5: Regulatory Policies</i>											
7	✓			n/a	<i>Development of Practice Support Tools for Minor Ailments (M)</i>				12/31/21	12/31/21	
8		✓	✓	n/a	<i>New regulation re COVID vaccine for BOD approval (M)</i>	01/22/21				01/31/21	
<i>Domain 6: Suitability To Practice</i>											
9		✓		371	90th percentile working days to dispose Complaints	362	438	404	399	≤ 352 days	
10		✓		18%	% of High and Moderate risk Complaints disposed of within 150 days	26% (11/43)	26% (32/123)	24% (44/188)	27% (61/227)	≥ 25%	
11		✓		744	90th percentile working days to dispose Registrar's Inquiries	706	687	672	657	≤ 707 days	
12		✓		33%	% of High and Moderate risk Registrar's Inquiries disposed of within 365 days	20% (8/40)	37% (33/90)	42% (52/124)	43% (64/148)	≥ 36%	
13		✓		88%	% HPARB complaint Decisions confirmed (Decisions confirmed/Decisions submitted)	100% (3/3)	90% (9/10)	89% (16/18)	87% (26/30)	≥ 88%	
14		✓		497	90th percentile working days to dispose uncontested hearings	513	513	502	491	≤ 497 days	
15		✓		80%	% of Decisions for uncontested hearings issued within 60 days	72% (8/11)	81% (17/21)	79% (19/24)	79% (22/28)	≥ 80%	
16		✓		n/a	90th percentile working days to dispose contested hearings	561	884	864	833	≤ 674 days	
17	✓			47%	% of Community pharmacies entering events on AIMS platform (year-end)	25%	34%	43%	51%	≥ 80%	
18	✓			n/a	% of Pharmacist practice assessments completed (year-end)	35% (299)	63% (543)	89% (764)	111% (964)	100% (861)	
19	✓			n/a	% of Pharmacy Technician practice assessments completed (year-end)	15% (46)	47% (140)	81% (242)	110% (332)	100% (300)	
<i>Domain 7: Measurement, Reporting &amp; Improvement</i>											
20	✓	✓	✓	n/a	<i>Risk management program Phase One - Governance and Reporting (M)</i>				12/31/21	12/31/2021	

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	Q4 2021 Performance Summary / Improvement Strategies
<b>#1</b> <i>Implement new board orientation program centered on approved Board Policies (M)</i>	This milestone was completed in September 2021.
<b>#2</b> % Variance of operating annual budget to year end actuals	As reported throughout the year, many initiatives planned for 2021 were deferred due to the pressures of the pandemic. Costs associated with on-site meeting attendance and limited business travel as well as significant staff shortages also contributed to the underrun in expenses compared to budget. Despite the reduced spending, the majority of performance targets were met.
<b>#3</b> % Engagement drivers, Work Life Balance (subset)	Work Life Balance survey result is 55% and below industry benchmark by 7% (benchmark is 62%). As a result of employee feedback, changes have been implemented in some programs to improve flexibility and operational plans and associated targets have been reviewed and adjusted. Review of programs and policies to address employee feedback continues.
<b>#4</b> <i>Implement diversity &amp; Indigenous cultural competency awareness strategies (M)</i>	This milestone is proceeding as planned.
<b>#5</b> <i>Community Practice Environment Initiative implementation plan developed (M)</i>	The milestone was completed in November 2021, with updates and changes being made as a result of a shifting community practice environment due to the pandemic. There is also an opportunity to include results from the provider experience indicator survey, which would inform and update the implementation plan.
<b>#6</b> <i>Implementation of updated privacy &amp; information management protocols with training (M)</i>	This milestone was completed in August 2021.
<b>#7</b> <i>Development of Practice Support Tools for Minor Ailments (M)</i>	This milestone was completed in December 2021.
<b>#8</b> <i>New regulation re COVID vaccine for BOD approval (M)</i>	This milestone was completed in January 2021.
<b>#9</b> 90 <sup>th</sup> percentile working days to dispose Complaints	The total number of complaints this represents in Q4 is 39. The decisions backlog was cleared entering into Q4, resulting in a lower average time for these decisions to be issued, though complaint investigation lengths and the volume of files ready to be disposed continues to be affected by staff turnover.
<b>#10</b> % of High and Moderate risk Complaints disposed of within 150 days	Meeting target.
<b>#11</b> 90 <sup>th</sup> percentile working	Meeting target.

days to dispose Registrar's Inquiries	
<b>#12</b> % of High and Moderate risk Registrar's Inquiries disposed of within 365 days	Meeting target.
<b>#13</b> % HPARB complaint Decisions confirmed (Decisions confirmed/Decisions submitted)	Meeting target.
<b>#14</b> 90th percentile working days to dispose uncontested hearings	Meeting Target
<b>#15</b> % of Decisions for uncontested hearing issued within 60 days (within 60/total hearings)	Three out of four decisions met the target in Q4, with an average of 34 days, which is well within the target. The decision that did not meet the target took significantly longer to be released and impacted the overall average for this quarter (99 days total average). As with the decisions in Q1 and Q3 that were outliers, this decision was delayed due to pandemic and other issues that affected the Panel. Despite some outliers, 78% of uncontested hearing decisions released in 2021 met the target.
<b>#16</b> 90th percentile working days to dispose contested hearings	Q4 YTD includes eight contested or partially contested hearings: Four in Q1, 1 in Q2, two in Q3, and one in Q4. These small numbers are greatly impacted by 1-2 outliers. The target of 674 days was met in Q1. In Q2, one fully-contested hearing exceeded 1000 days due to a pandemic-related delay and multiple motions. In Q3, one hearing took 618 days and another took 712 days to resolve due to multiple referrals being joined into a single hearing and scheduling challenges. The single hearing in Q4 took over 800 days and involved multiple referrals against the same member and time required to negotiate an ASF and allow all the referrals be joined.
<b>#17</b> % of Community pharmacies entering events on AIMS platform	Recording rates remain low however have improved 16% over last year ). Given the pandemic and added pressure on the profession, this may persist until the environment stabilizes. In December a dedicated staff resource was onboarded to support pharmacy engagement with the AIMS platform and attainment of the targets.
<b>#18</b> % of Pharmacist practice assessments completed	Meeting target.
<b>#19</b> % of Pharmacy Technician practice assessments completed (pending Regulation)	Meeting target.

<p><b>#20</b> <i>Risk management program: Phase One – Governance and Reporting (M)</i></p>	<p>This milestone was completed in December 2021.</p>
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LEGEND	
<i>(M) represents measurement against a milestone</i>	
Indicator Range	Milestone Range
Meets or Exceeds target	On Track (proceeding per plan)
Approaching Target $\leq$ 25%	Potential Risk
Beyond Target $>$ 25%	Risk/Roadblock
















## 2021 Indicator and Milestone Definitions

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
<p><b>#1</b> <i>Implement new board orientation program centered on approved Board Policies (M)</i></p>	<p>This measures progress against governance reform with the specific 2021 goal of implementation of the new Board Orientation Program that supports effective onboarding of new Board members and re-orientation of existing Board members.</p>	<p>Milestone set based on approved project schedule.</p>	<p>Milestone is:</p> <ul style="list-style-type: none"> <li><span style="color: green;">■</span> On Track</li> <li><span style="color: yellow;">■</span> Potential Risk</li> <li><span style="color: red;">■</span> Risk/Roadblock</li> </ul>
<p><b>#2</b> % Variance of operating annual budget to year end actuals</p>	<p>Indicator measures the variance of actual operating expenses against the annual budget. Achieving operating outcomes with additional efficiencies would exceed performance.</p>	<p>Target set based on acceptable variance of spend compared to budget.</p>	<p>+/- % Variation is:</p> <ul style="list-style-type: none"> <li><span style="color: green;">■</span> 0%- 5%</li> <li><span style="color: yellow;">■</span> 3.7% – 6.3%</li> <li><span style="color: red;">■</span> &lt;3.7% or &gt;6.3%</li> </ul>
<p><b>#3</b> % Engagement drivers, Work Life Balance (subset)</p>	<p>Indicator measures the % of staff engagement relating to the Work Life Balance section of the employee survey. This survey will be conducted in the fall with results available at year end.</p>	<p>McLean &amp; Company industry benchmark latest standard.</p>	<p>% Engagement is:</p> <ul style="list-style-type: none"> <li><span style="color: green;">■</span> ≥ 62%</li> <li><span style="color: yellow;">■</span> 46% - 61%</li> <li><span style="color: red;">■</span> ≤ 45%</li> </ul>
<p><b>#4</b> <i>Implement diversity &amp; Indigenous cultural competency awareness strategies amongst Board, staff &amp; registrants (M)</i></p>	<p>This milestone measures the implementation of the diversity and indigenous cultural competency awareness strategies for Board members, staff and registrants. Other major milestones include data collection, analysis and solution development.</p>	<p>Milestone set based on approved project schedule.</p>	<p>Milestone is:</p> <ul style="list-style-type: none"> <li><span style="color: green;">■</span> On Track</li> <li><span style="color: yellow;">■</span> Potential Risk</li> <li><span style="color: red;">■</span> Risk/Roadblock</li> </ul>
<p><b>#5</b> <i>Community Practice Environmental Initiative implementation plan developed (M)</i></p>	<p>This milestone measures the completion of the College's plan to implement guiding principles of a shared accountability model with community pharmacy organizations in consultation with the Community Practice Environment Advisory Group.</p>	<p>Milestone set based on approved project schedule.</p>	<p>Milestone is:</p> <ul style="list-style-type: none"> <li><span style="color: green;">■</span> On Track</li> <li><span style="color: yellow;">■</span> Potential Risk</li> <li><span style="color: red;">■</span> Risk/Roadblock</li> </ul>
<p><b>#6</b> <i>Implementation of updated privacy &amp; information management protocols with training (M)</i></p>	<p>This milestone measures the implementation of the updated privacy and management protocols and the completion of the associated mandatory staff training.</p>	<p>Milestone set based on approved project schedule.</p>	<p>Milestone is:</p> <ul style="list-style-type: none"> <li><span style="color: green;">■</span> On Track</li> <li><span style="color: yellow;">■</span> Potential Risk</li> <li><span style="color: red;">■</span> Risk/Roadblock</li> </ul>













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Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
<p><b>#7</b> <i>Development of Practice Support Tools for Minor Ailments (M)</i></p>	<p>This milestone measures the development of strategies that will support registrants with the expanded scope for minor ailment prescribing.</p>	<p>Milestone set based on approved project schedule.</p>	<p>Milestone is:</p> <ul style="list-style-type: none"> <li><span style="color: green;">■</span> On Track</li> <li><span style="color: yellow;">■</span> Potential Risk</li> <li><span style="color: red;">■</span> Risk/Roadblock</li> </ul>
<p><b>#8</b> <i>New regulation re: COVID vaccine for Board approval (M)</i></p>	<p>This milestone measured the approval of the regulatory authority for vaccine administration by all pharmacy professionals.</p>	<p>Milestone set based on approved project schedule.</p>	<p>Milestone is:</p> <ul style="list-style-type: none"> <li><span style="color: green;">■</span> On Track</li> <li><span style="color: yellow;">■</span> Potential Risk</li> <li><span style="color: red;">■</span> Risk/Roadblock</li> </ul>
<p><b>#9</b> 90th percentile working days to dispose complaints</p>	<p>Indicator measures the maximum amount of time (in working days) in which 9 out of 10 complaints are disposed, with only 1 out of the 10 taking longer.</p>	<p>New CPMF reporting indicator. Target set at 5% improvement to 2020.</p>	<p>Number of days is:</p> <ul style="list-style-type: none"> <li><span style="color: green;">■</span> ≤ 352</li> <li><span style="color: yellow;">■</span> 353 – 440</li> <li><span style="color: red;">■</span> ≥ 441</li> </ul>
<p><b>#10</b> % High and Moderate risk complaints disposed of within 150 days.</p>	<p>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. This change in focus from all complaints to high and moderate risk complaints is consistent with the ministry's CPMF mandate and risk-based regulation.</p> <p><i>(Note: Indicator revised since Dec 7<sup>th</sup>, 2020 board meeting)</i></p>	<p>Shifted focus to high and moderate risk complaints as per College's goal towards risk-based regulation.</p> <p>Target will be set based on 2019 performance data (as 2020 performance was affected by other factors, e.g., clearance of backlogs).</p>	<p>% Complaints is:</p> <ul style="list-style-type: none"> <li><span style="color: green;">■</span> ≥ 25%</li> <li><span style="color: yellow;">■</span> 19% – 24%</li> <li><span style="color: red;">■</span> ≤ 18%</li> </ul>
<p><b>#11</b> 90th percentile working days to dispose Registrar's inquiries</p>	<p>Indicator measures the maximum amount of time (in working days) in which 9 out of 10 Registrar's inquiries are disposed, with only 1 out of the 10 taking longer.</p>	<p>New CPMF reporting indicator. Target set at 5% improvement to 2020.</p>	<p>Number of days is:</p> <ul style="list-style-type: none"> <li><span style="color: green;">■</span> ≤ 707</li> <li><span style="color: yellow;">■</span> 708 – 883</li> <li><span style="color: red;">■</span> ≥ 884</li> </ul>

## 2021 Indicator and Milestone Definitions

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
<p><b>#12</b></p> <p>% high and moderate risk Registrar's inquiries (RI's) disposed within 365 days.</p>	<p>Indicator measures the % of high and moderate risk RI's (s. 75(1) (a) investigations) to dispose of all RI's within 365 days from date of filing to date the ICRC decision is sent. This change in focus from all RI's to high and moderate risk RI's is consistent with the ministry's CPMF mandate and risk-based regulation.</p> <p><i>(Note: Indicator revised since Dec 7<sup>th</sup>, 2020 board meeting)</i></p>	<p>Shifted focus to high and moderate risk RI's as per College's goal towards risk-based regulation.</p> <p>Target will be set based on 2019 performance data (as 2020 performance was affected by other factors, e.g., clearance of backlogs).</p>	<p>% Registrar's inquiries is:</p> <p> ≥ 36%</p> <p> 27% – 35%</p> <p> ≤ 26%</p>
<p><b>#13</b></p> <p>% HPARB complaint decisions confirmed</p>	<p>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.</p>	<p>Monitoring indicator. Target set to 2020 performance.</p>	<p>% Complaints is:</p> <p> ≥ 88%</p> <p> 66% – 87%</p> <p> ≤ 65%</p>
<p><b>#14</b></p> <p>90th percentile working days to dispose uncontested Hearings</p>	<p>Indicator measures the maximum amount of time (in working days) in which 9 out of 10 uncontested Hearings are disposed, with only 1 out of the 10 taking longer.</p>	<p>New CPMF reporting indicator. Target set to 2020 baseline. Monitor. No reductions expected in 2021 due to steadily increasing referrals and staffing, resource and panel constraints.</p>	<p>Number of days is :</p> <p> ≤ 497</p> <p> 498 – 621</p> <p> ≥ 622</p>
<p><b>#15</b></p> <p>% Decisions for uncontested hearings issued within 60 days</p>	<p>Indicator measures % of written "decisions" for uncontested hearings that are issued within 60 days of the hearing, beginning from the last day of the hearing to the day the written "decision" is released to the registrant and complainant. Total number of uncontested written "decisions" issued for the quarter is shown in brackets.</p>	<p>Monitoring indicator. Target set to 2020 performance.</p>	<p>% Decisions is:</p> <p> ≥ 80%</p> <p> 60% – 79%</p> <p> ≤ 59%</p>
<p><b>#16</b></p> <p>90th percentile working days to dispose contested Hearings</p>	<p>Indicator measures the maximum amount of time (in working days) in which 9 out of 10 contested Hearings are disposed (the day a written decision is released), with only 1 out of the 10 taking longer.</p>	<p>New CPMF reporting indicator. Target set to 2019 baseline. Monitor. No reductions expected in 2021 due to steadily increasing referrals and staffing, resource and panel constraints.</p>	<p>Number of days is:</p> <p> ≤ 674</p> <p> 675 – 843</p> <p> ≥ 844</p>

## 2021 Indicator and Milestone Definitions

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
<b>#17</b> % of Community pharmacies active on AIMS platform (year-end)	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.	% of pharmacies is:  ≥ 80%  60% – 79%  ≤ 59%
<b>#18</b> % of Pharmacist practice assessments completed (year-end)	Indicator measures the % of the 861 planned initial community and hospital pharmacist practice assessments completed. Note the introduction of a new assessment model (separation of practice and operational assessments) in 2018 resulted in smaller specialized teams and correspondingly fewer assessments compared to prior years.  Performance flag applies to number of completed assessments at year end.	Target set to 2021 planned assessments based on resource capacity and assessment complexity.	% of assessments is:  100% (861)  ≥ 75% (646 – 860)  < 75% (645 or less)
<b>#19</b> % of Pharmacy technician practice assessments completed (year-end)	Indicator measures the % of the 300 planned initial community and hospital pharmacy technician (voluntary) practice assessments completed.  Performance flag applies to number of completed assessments at year end.	Target set to 2021 planned assessments based on resource capacity and assessment complexity.	% of assessments is:  100% (300)  ≥ 75% (225 – 299)  < 75% (224 or less)
<b>#20</b> <i>Risk management program: Phase One - Governance and Reporting (M)</i>	This milestone measures the implementation of a structured review and reporting process for prospective risks and the education of the Board on their role on risk oversight.  <i>(Note: Nomenclature of the indicator changed from integrated risk management to risk management program since March 22<sup>nd</sup> Board meeting)</i>	Milestone set based on approved project schedule.	Milestone is:  On Track  Potential Risk  Risk/Roadblock

### 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