

2022 College Performance Scorecard

No.	Strategic Alignment			2021 Actual	BOARD MONITORED Key Performance Indicators and Milestones (M)	2022 YTD (year-to-date)				2022 Target
	SP1	SP2	SP3			YTD Q1	YTD Q2	YTD Q3	YTD Q4	
Domain 1: Governance										
1		✓	✓	n/a	Impart the governance philosophy into a standardized committee orientation (M)					09/30/22
2		✓	✓	n/a	Review and amend the Board's skills inventory to improve objectivity (M)	03/31/22				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)					12/01/22
Domain 4: Information Management										
6		✓	✓	n/a	Launch of the data strategy for the organization (M)					12/31/22
Domain 5: Regulatory Policies										
7	✓		✓	82%	Rate of success of community pharmacists following Quality Assurance (QA) reassessment	77% (10/13)				≥ 82%
8	✓		✓	n/a	Prioritized practice documents (policies/guidelines/guidance) updated within target timeline	0% (0/8)				≥ 75%
9	✓	✓	✓	n/a	Development of Equity, Diversity & Inclusion and Indigenous Cultural Competency Strategic Plan (M)					12/31/22
Domain 6: Suitability To Practice										
10		✓	✓	27%	High and Moderate risk Complaints disposed of within 150 days	19% (6/31)				≥ 30%
11		✓	✓	43%	High and Moderate risk Registrar's Inquiries disposed of within 365 days	50% (12/24)				≥ 46%
12		✓		87%	HPARB complaint Decisions confirmed (Decisions confirmed/Decisions submitted)	93% (14/15)				≥ 88%
13		✓		n/a	Judicial review applications dismissed by the courts	n/a				Collecting Baseline
14	✓	✓	✓	51%	Community pharmacies entering events on AIMS platform	23%				≥ 80%
Domain 7: Measurement, Reporting & Improvement										
15		✓	✓	n/a	Risk appetite determination for two core regulatory activities (M)					06/30/2022
16		✓	✓	n/a	Proportion of Board meeting time dedicated to oversight of College performance	39%				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	Q1 2022 Performance Summary / Improvement Strategies
#1 <i>Impart the governance philosophy into a standardized committee orientation (M)</i>	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)	Results will be available for Q3 reporting.
#5 <i>Publicly report on pharmacy provider experience data (M)</i>	Proceeding as planned.
#6 <i>Launch of the data strategy for the organization (M)</i>	Proceeding as planned.
#7 Rate of success of community pharmacists following Quality Assurance (QA) reassessment	This KPI attempts to measure the College's impact of QA coaching on success of reassessments. Success on reassessments can be impacted by several factors, including a change in practice setting. In this quarter, two of the three pharmacists that were unsuccessful had practice disruptions or changes.
#8 Prioritized practice documents (policies/guidelines/guidance) updated within target timeline	Achievement of target expected at year end.
#9 Development of Equity, Diversity & Inclusion and Indigenous Cultural Competency Strategic Plan (M)	The completion of the EDI strategic plan is likely to be delayed to March 31 st , 2023. By adopting a collaborative approach during data collection 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 31 total high and moderate risk complaints disposed of by ICRC in Q1, 6 of them within 150 days (19%). Staff turnover and shortages on the Complaints Team led to a backlog of aging files at the complaints processing end due to large individual caseloads. This was expected for Q1 and is likely to continue into Q2. With full staffing recently in place, timelines should improve by Q3.

Scorecard Measure	Q1 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 Q1)
#14 Community pharmacies entering events on AIMS platform	Achievement of target expected at year end.
#15 <i>Risk appetite determination for two core regulatory activities (M)</i>	Based on input from an external consultant contracted to provide the Board Risk Appetite training, the training will commence at the June meeting and conclude at the September meeting as opposed to being completed in June.
#16 Proportion of Board meeting time dedicated to oversight of College performance	New indicator, collecting baseline.

LEGEND	
<i>(M) represents measurement against a milestone</i>	
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 <i>Impart the governance philosophy into a standardized committee orientation (M)</i>	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 <i>Review and amend the Board's skill inventory to improve objectivity (M)</i>	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 <i>Publicly report on pharmacy provider experience data (M)</i>	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 <i>Launch of the data strategy for the organization (M)</i>	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%

2022 Indicator and Milestone Definitions

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: <div> <div style="width: 75%; background-color: #92d050;"></div> ≥ 75% <div style="width: 60%; background-color: #ffff00;"></div> 56% - 74% <div style="width: 55%; background-color: #ff0000;"></div> ≤ 55% </div>
#9 <i>Development of Equity, Diversity & Inclusion, and Indigenous Cultural Competency Strategic Plan (M)</i>	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: <div> <div style="width: 100%; background-color: #92d050;"></div> On Track <div style="width: 80%; background-color: #ffff00;"></div> Potential Risk <div style="width: 60%; background-color: #ff0000;"></div> Risk/Roadblock </div>
#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: <div> <div style="width: 30%; background-color: #92d050;"></div> ≥ 30% <div style="width: 22%; background-color: #ffff00;"></div> 22% - 29% <div style="width: 21%; background-color: #ff0000;"></div> 21% ≤ </div>
#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: <div> <div style="width: 46%; background-color: #92d050;"></div> ≥ 46% <div style="width: 34%; background-color: #ffff00;"></div> 34% - 45% <div style="width: 34%; background-color: #ff0000;"></div> ≤ 34% </div>
#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: <div> <div style="width: 88%; background-color: #92d050;"></div> ≥ 88% <div style="width: 66%; background-color: #ffff00;"></div> 66% - 87% <div style="width: 65%; background-color: #ff0000;"></div> ≤ 65% </div>
#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 <i>Risk appetite determination for two core regulatory activities (m)</i>	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	
<i>(M) represents measurement against a milestone</i>	
Indicator Range	Milestone Range
Meets or Exceeds target	On Track (proceeding per plan)
Approaching Target ≤ 25%	Potential Risk
Beyond Target > 25%	Risk/Roadblock

Last revised: June 1, 2022