



















2023 College Performance Scorecard

No.	Strategic Alignment			2022 Actual	BOARD MONITORED Key Performance Indicators and Milestones (M)	2023 YTD (year-to-date)				2023 Target
	SP1	SP2	SP3			YTD Q1	YTD Q2	YTD Q3	YTD Q4	
<i>Domain 1: Governance</i>										
1			✓	95%	Percentage of Board Directors voluntarily contributing at each Board Meeting					≥95%
2			✓	87%	Percentage of Board Directors completing evaluation surveys					100%
<i>Domain 2: Resources</i>										
3			✓	-6.0%	Variance of year-end actuals to annual operating budget	Annual Report January 2024				+/- 5%
4			✓	78%	Percentage of employee engagement (Inclusion survey subset)	Scheduled for June 2023				≥78%
5			✓	62%	Percentage of employee engagement (Culture survey subset)	Scheduled for June 2023				≥70.5%
6			✓	n/a	Acquisition and initial implementation of new Customer Relationship Management (CRM) system on time in keeping with benchmarks(M)					12/31/23
<i>Domain 3: System Partner</i>										
7	✓	✓		n/a	Develop and implement a stakeholder engagement strategy on the expansion of scope of practice (M)					12/31/23
<i>Domain 4: Information Management</i>										
8			✓	n/a	SharePoint Online implementation for Corporate Service & Quality Division on time in keeping with benchmarks (M)					12/31/23
<i>Domain 5: Regulatory Policies</i>										
9	✓		✓	82%	Percentage of community pharmacists passing quality assurance (QA) re-assessment					≥82%
10	✓		✓	25%	Prioritized practice documents (policies/guidelines/guidance) updated within target timeline					≥50%
11	✓	✓	✓	n/a	Introduction of Equity, Diversity & Inclusion strategy (EDI) and initial implementation of action plan in keeping with benchmarks (M)					12/31/23
<i>Domain 6: Suitability To Practice</i>										
12		✓	✓	27%	Percentage of high and moderate risk complaints disposed of within 150 days					≥30%
13		✓	✓	58%	Percentage of high and moderate risk registrar's inquiries disposed of within 365 days					≥50%
14		✓		96%	Percentage of HPARB complaint decisions confirmed					≥88%
15	✓			582	Cycle time in average days from previous assessment to most recent assessment for community pharmacies in highest risk category					≤365 days
16	✓	✓	✓	51%	Percentage of community pharmacies entering events on AIMS platform					≥80%
<i>Domain 7: Measurement, Reporting & Improvement</i>										
17			✓	98%	Percentage of Board Directors receiving appropriate info. to exercise oversight role					≥95%
18			✓	n/a	Percentage of Board Directors indicating availability to sit on a Discipline Committee (DC) contested or uncontested hearing panel					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



















2023 Scorecard Measure Definitions

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
#1 Percentage of Board Directors voluntarily contributing at each Board Meeting.	This indicator measures the % of Board Directors providing input without being called upon individually during all Board meetings (quarterly & emergency).	Demonstrate governance principles relating to preparedness, expertise, and inclusion.	% Performance is:  ≥ 95.0%  71.3 – 94.9%  ≤ 71.2%
#2 Percentage of Board Directors completing evaluation surveys.	This indicator measures the % of Board Directors that complete the evaluation following quarterly board meetings.	High performing boards are conscientious about self-assessment, which is used as a basis for continuing quality improvement.	% Performance is:  100%  75.0 – 99.9%  ≤ 74.9%
#3 Variance of year-end actuals to annual operating budget.	This indicator measures the variance of actual operating expenses against the annual budget.	Accurate forecasting is essential to balancing cost containment against mandate achievement.	% Variation is:  +/- 5.0%  +/- 6.0 – 25.0%  +/- 25.1% or more
#4 Percentage of employee engagement (Inclusion survey subset).	This indicator measures staff perception of inclusion, as measured by certain questions in the annual survey.	Achievement of the target will demonstrate the impact of our internal HR Equity, Diversity, and Inclusion initiative. The target is based on McLean's industry benchmark.	% Engagement is:  ≥ 78.0%  58.5 - 77.9%  ≤ 58.4%
#5 Percentage of employee engagement (Culture survey subset).	This indicator measures staff's evaluation of the college's culture.	Achievement of the target will demonstrate the impact of efforts to improve college culture. The target is based on McLean's industry benchmark.	% Engagement is:  ≥ 70.5%  52.9 – 70.4%  ≤ 52.8%
#6 <i>Acquisition and initial implementation of new Customer Relationship Management (CRM) system on time in keeping with benchmarks (M).</i>	This milestone-based measure tracks progress on modernization of the college's information technology infrastructure.	Milestones will be established based on a project schedule and will include completion of the signed contract, project initiation and planning phases by December 2023.	Milestone is:  On Track  Potential Risk  Risk/Roadblock

2023 Scorecard Measure Definitions

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
<p>#7</p> <p><i>Develop and implement a stakeholder engagement strategy on the expansion of scope of practice (M).</i></p>	<p>Through the development and implementation of a stakeholder engagement strategy, this milestone tracks planned stakeholder activities related to recent and potentially new expanded scope of practice with health system stakeholders that are impacted by expanded scope.</p>	<p>Achievement of this milestone will be based on the creation and implementation of the stakeholder engagement strategy by December 2023.</p>	<p>Milestone is:</p> <ul style="list-style-type: none"> ■ On track ■ Potential Risk ■ Risk/Roadblock
<p>#8</p> <p><i>SharePoint Online implementation for Corporate Service & Quality Division on time in keeping with benchmarks (M).</i></p>	<p>This milestone measures the completion of SharePoint software in Corporate Service & Quality Division, key to modernizing the college's information technology infrastructure, which includes a transition of all college documents from the current platform to the cloud-based SharePoint.</p>	<p>Milestones set based on approved project schedule. Milestones will include migration of documents, staff training and skill levels, and adequate staff access to create, access and update documents in accordance with privacy protocols by December 2023.</p>	<p>Milestone is:</p> <ul style="list-style-type: none"> ■ On track ■ Potential Risk ■ Risk/Roadblock
<p>#9</p> <p>Percentage of community pharmacists passing Quality Assurance (QA) re-assessment.</p>	<p>This indicator measures the % of community pharmacists that pass the practice re-assessment following peer coaching.</p>	<p>Maintain 2022 target and performance.</p>	<p>% Success is:</p> <ul style="list-style-type: none"> ■ ≥ 82.0% ■ 61.5 – 81.9% ■ ≤ 61.4%
<p>#10</p> <p>Prioritized practice documents (policies/guidelines/guidance) updated within target timeline.</p>	<p>This indicator measures the completion rate of the review of selected practice documents by year end.</p>	<p>Target based on completing 3 out of 6 practice documents in 2023. Success will depend on the current practice environment as it relates to the policy review process and supporting resources.</p>	<p>% Completion is:</p> <ul style="list-style-type: none"> ■ ≥ 50% ■ 37.5% - 49.9% ■ ≤ 37.4%
<p>#11</p> <p><i>Introduction of Equity, Diversity & Inclusion strategy (EDI) and initial implementation of action plan in keeping benchmarks (M).</i></p>	<p>This milestone-based measure tracks progress on developing an EDI strategy that encompasses the Colleges' programs, policy and governance functions, and the implementation of the first prioritized action plan.</p>	<p>Milestones will be based on approved project schedule and will include engagement with relevant external & internal stakeholders.</p>	<p>Milestone is:</p> <ul style="list-style-type: none"> ■ On Track ■ Potential Risk ■ Risk/Roadblock

2023 Scorecard Measure Definitions

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
#12 Percentage of high and moderate risk complaints disposed of within 150 days.	This 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.	2022 target performance not met. Continue with same target for 2023.	% Complaints are:  ≥ 30.0%  22.5 – 29.9%  ≤ 22.4%
#13 Percentage of high and moderate risk Registrar's Inquiries disposed within 365 days.	This 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.	2022 performance exceeded target. Target set to maintain performance at 50%.	% Registrar's Inquiries are:  ≥ 50.0%  37.5 – 49.9%  ≤ 37.4%
#14 Percentage of HPARB complaint decisions confirmed.	This 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.	Maintain 2022 performance. Keep same target for 2023.	% Complaints are:  ≥ 88.0%  66.0 – 87.9%  ≤ 65.9%
#15 Cycle time in average days from previous assessment to most recent assessment for community pharmacies in highest risk category.	This indicator measures the average days between assessments (cycle time) from the previous assessment date to the most recent assessment date. The subset category is the highest-risk sites in community pharmacies.	Target based on best practice and available resources.	Average days are:  ≤ 365  366 – 456  ≥ 457
#16 Percentage of community pharmacies entering events on AIMS platform.	This 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:  ≥ 80.0%  60.0 – 79.9%  ≤ 59.9%
#17 Percentage of Board Directors receiving appropriate info. to exercise oversight role.	This indicator measures the % of Board Directors indicating their level of satisfaction in response to an information package (meeting materials)	Maintain an acceptable level of performance.	% Performance is:  ≥ 95.0%  71.0 – 94.9%  ≤ 70.9%

2023 Scorecard Measure Definitions

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
<p>#18 Percentage of Board Directors indicating availability to sit on a Discipline Committee (DC) contested or uncontested hearing panel.</p>	<p>This indicator measures the % of Board Directors indicating their availability to sit on a DC hearing panel on all dates scheduled for the hearing.</p>	<p>New indicator. Collecting baseline.</p>	

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