2022 College Performance Scorecard

No.	Strategic Alignment SP1	SP2	SP3	2021 Actual	BOARD MONITORED Key Performance Indicators and Milestones (M)	2022 YTD (year-to-date) YTD Q1	YTD Q2	YTD Q3	YTD Q4	2022 Target
					Domain 1: Governance					
1		✓	✓	n/a	*Impart the governance philosophy into a standardized committee orientation (M)*				Oct-22	09/30/22
2		✓	✓	n/a	*Review and amend the Board's skills inventory to improve objectivity (M)*	Mar-22				03/31/22
					Domain 2: Resources					
3			✓	-5.7%	Variance of operating annual budget to year-end actuals	Annual Report January 2023			-6.0%	+/- 5%
4			✓	58%	Employee engagement (Culture subset)	Scheduled for June 2022		62%	n/a	≥ 64%
					Domain 3: System Partner					
5	✓	✓		n/a	*Publicly report on pharmacy provider experience data (M)*				Jan-23	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)	83% (30/36)	83% (52/63)	85% (67/79)	≥ 82%
8	✓		✓	n/a	Prioritized practice documents (policies/guidelines/guidance) updated within target timeline	0% (0/8)	13% (1/8)	25% (2/8)	25% (2/8)	≥ 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)	16% (16/98)	32% (51/157)	27% (61/225)	≥ 30%
11		✓	✓	43%	High and Moderate risk Registrar's Inquiries disposed of within 365 days	50% (12/24)	57% (28/49)	64% (41/64)	58% (57/98)	≥ 46%
12		✓		87%	HPARB complaint Decisions confirmed (Decisions confirmed/Decisions submitted)	93% (14/15)	96% (23/24)	95% (36/38)	96% (54/56)	≥ 88%
13		✓		n/a	Judicial review applications dismissed by the courts	n/a	n/a	0%	0%	Collecting Baseline
14	✓	✓	✓	51%	Community pharmacies entering events on AIMS platform	23%	33%	40%	43%	≥ 80%
					Domain 7: Measurement, Reporting & Improvement					
15		✓	✓	n/a	*Risk appetite determination for two core regulatory activities (M)*			Sep-22		06/30/22
16		✓	✓	n/a	Proportion of Board meeting time dedicated to oversight of College performance	39%	44%	55%	49%	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	Q4 2022 Performance Summary / Improvement Strategies
#1 Impart the governance philosophy into a standardized committee orientation (M)	This milestone was completed October 2022.
#2 Review and amend the Board's skills inventory to improve objectivity (M)	This milestone was completed March 2022.
#3 % Variance of operating annual budget to year end actuals	Audited financial results are very close to target: variance was -6.0% (1% beyond target).
#4 % Employee engagement (culture subset)	This is an annual measurement. The June 2022 report established a baseline. The next survey will be conducted in June 2023 and reported at the September Board meeting. Board members may be interested to consider the interim measure referred to in the Registrar's report for additional information.
#5 Publicly report on pharmacy provider experience data (M)	This milestone was completed January 2023.
#6 Launch of the data strategy for the organization (M)	The original strategy requires revisiting per the Registrar and after staffing changes. We anticipate development of an updated strategy early this spring.
#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	The year-to-date result fell below our objective of completing 6 of 8 prioritized practice documents. The unanticipated comprehensiveness and complexity of the practice topics under review in 2022 contributed to this year's challenges. Other factors included recruitment obstacles and emergent policy work prescribed by the Ministry (i.e. covid vaccination for children) and prompted a shift in work priorities. In 2023, staff will revise work prioritization with an objective that balances available resources with minimal risk.
#9 Development of Equity, Diversity & Inclusion, and Indigenous Cultural Competency Strategic Plan (M)	See the Registrar's report for additional detail. An internal plan was developed, and implementation is under way. The external-facing plan is under reconsideration to ensure that it is sufficiently broad and well-designed to ensure the maximum impact on registrant and patient well-being.

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Scorecard Measure	Q4 2022 Performance Summary / Improvement Strategies
#10 High and Moderate risk Complaints disposed of within 150 days	Volumes in this department are governed by factors outside of College control and can lead to slow downs. The team had a slower start in Q1 and Q2 due to high volumes and staffing/resource constraints (through 2021/22) but increased its throughput of moderate- and high-risk complaints in Q3 and Q4 with a total of 127 files disposed. The overall YTD KPI performance of 27% was just under the target of 30%. As the team clears the remaining backlog, we anticipate that timelines will continue to improve assuming staffing remains stable.
#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	In 2022, there were no judicial review applications that courts dismissed. Staff will determine the value of continued monitoring of this measure for 2023.
#14 Community pharmacies entering events on AIMS platform	Recording rates remain low. Staff understand this to be partially outside our control, given the continuing and growing pressure on the profession with additional scope and volume and no significant additions to staffing volumes in pharmacies. The College will endeavor to improve the reporting rate by improving the functionality of the AIMS platform. This is anticipated to be delivered in late 2023. This low uptake rate may persist.
#15 Risk appetite determination for two core regulatory activities (M)	The milestone was completed in September 2022.
#16 Proportion of Board meeting time dedicated to oversight of college performance	New measure, collecting baseline. This measure is trending in the positive direction. Staff will determine the value to continue monitoring this measure in 2023.

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
Collecting baseline, n/a not available	
Completed	

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% – 25% 🟥 +/- 25.1% 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%

#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%

Scorecard Measure	**Indicator or Milestone Definition**	**Target Justification**	**Performance**
#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.	

#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