

## Corporate Performance Rating Pause in Bid Evaluation of Engineering Services (notice 000-0125)

# **Decision Summary**

Effective April 17, 2023, MTO will be pausing the use of the Corporate Performance Rating (CPR) from all bid evaluations for Engineering Services Assignments, including Planning, Engineering and Construction Administration specialties.

The following bid evaluations will be utilized:

- RFP Phase I will be evaluated with 100% Technical Score
- RFP Phase II will be evaluated with 80% Technical Score, 20% Price
- RFQ will be evaluated with 100% Price (future consideration may be given to staff evaluation).

In addition to new bid evaluations, MTO will specify a minimum CPR required to bid:

- A bidding firms' CPR must be 2.5 or higher to be eligible to bid. Firms receiving an appraisal rating below 3.0 will continue to be referred to Qualification Committee in accordance with the Qualification Committee Procedures.
- MTO will monitor and potentially revise the minimum CPR required to bid after every quarterly refresh.

Over a 2-3 year period, ongoing review and consultation will occur to develop an improved CPR and appraisal system, while the CPRs are 'naturally' reset/refreshed.

Along with implementation of new bid evaluations, MTO will publish updated documents, including all generic assignment documents, appraisal guidelines, Consultant Performance and Selection System (CPSS) guideline. MTO staff training on new RAQS processes will take place concurrently.

Following the implementation of the new bid evaluations and minimum CPR to bid, MTO will focus efforts on issuing appraisals for all assignments utilizing the streamlined appraisals for Engineering and Construction Administration. Ongoing communication and consultation with stakeholders will support the development of a revised CPR system. The CPR pause period will end when the new CPR system is implemented.



MTO reviewed the comments received from six (6) respondents and prepared the following responses to all comments. The above decisions have been made by considering all comments received.

Comments	Comments received by TCP							
Comment	Organization	Comment	Response					
253	Anonymous	I would suggest that the RFP weightings be adjusted to 80-85% Technical & 20-15% Financial - otherwise the differentiator on the RFP scoring will be unlikely to separate firms to the point that lowest price doesn't govern award.	Thank you for your comments. MTO has considered your comment related to RFP evaluation.					
	Anonymous	In addition to above /or instead of revising from 70/30, would the Ministry consider revising the Financial scoring such that of all the prices submitted that the firm closest to the average price scores highest and the firm furthest from the average scores the lowest?	MTO will be considering various options for procurement models during the pause of the CPR use in evaluations.					
255	Anonymous	Comments on the there are three main components of the plan are as follows:  1. Remove CPR from bid evaluation, resulting in new RFP and RFQ evaluation models We support the removal of the CPR from bid evaluation, resulting in new RFP and RFQ evaluation models, since the current scores, as stated by the Ministry, do not truly distinguish between excellent and poor performers.	Thank you for the comment and your support of the proposed CPR pause.					



	Issues include:  a. Not all contracts are of equal size, length of schedule and complexity. However, marking applies across the board per equal basis and methodology on all assignments.  b. Numerous smaller schedule contracts result in more frequent project performance scores. Some service providers may only have few larger contracts for longer periods of time. Although yearly interim evaluations are done, scoring remains natural distorted, especially as smaller contracts are easier to undertake and can score well quickly.	Comments a and b: The ministry will be reviewing opportunities to consider fair evaluations and application of CPRs for the various types of contracts. The pause period will provide the required time to consider all options. Your comments will be considered as part of this review.
Anonymous	<ul> <li>c. The Ministry continues to lag in evaluating contracts due to work pressures of their PMs.</li> <li>d. There are discrepancies in marking consistency between Regions or even PMs within a Region since by nature marking is a subjective activity especially with regards to 0-5 scale.</li> <li>e. Appeal processes can take considerable time and therefore poor performers can delay the effect of a poor score.</li> <li>f. Different consultants have different sensitivities to their scores and at which point they might appeal.</li> <li>g. Staff turnover in the engineering industry is at an all time high. As MTO projects generally have multi-year durations, scores often may not even apply to the firm / staff they were given to, as staff have moved on.</li> <li>2. Identify a minimum CPR to be eligible to bid</li> </ul>	Comments c – g: The ministry is implementing measures to improve the completion of performance appraisals, including adhering to timelines, completion rates, increased objectivity and providing training opportunities to drive consistency.  Thank you for the comment and
Anonymous	We believe that a client should have the right to eliminate a bidder with unacceptable performance and so a minimum CPR is warranted.  3. Perform or allow a CPR 'reset'	your support.  Comment 3:
Anonymous	3.1 CHOITH OF Allow & OF IX TESET	Comment 5.



		We do not support a CPR "reset" as it is almost impossible to create a fair system due to the large number of variables as previously explained. Only a minimum score should be applied.	Thank you for your comments. MTO has considered all comments and decided to allow for natural CPR reset.
		Additional Comment: We continue to note how difficult it is for new companies to enter the MTO market and the inability of a starter CPR to help bring new talent to the benefit MTO. Only very established multidisciplinary teams with specific and extensive MTO experience enjoy the ability to work for MTO. This has created monopoly pockets within the MTO market, giving well-established companies a clear advantage. Such companies are aware of their advantage and inflate pricing, knowing they have an edge with a well-established CPR score. This results in less true competition and value to the MTO, taking scoring away from innovation and pricing. Removal of the CPR rating system will allow bidders to be rated on what matters:	Additional Comment: The ministry will consider these comments when reviewing the calculation, the application of the CPR and the use of the starter CPR.
256	Anonymous	staff, technical ability, and pricing.  Thank you for the opportunity to comment on the ministry's proposal related to the suspension of CPR in the vendor selection process.  The Attached (4-page) file provides our comments (contents of file are below).  MTO Plan to Suspend CPR Preamble  Thank you for the opportunity to provide input into the above proposal to suspend the use of Consultant Performance Index (CPI) in the Procurement process for	



Engineering and Construction Contract Administration assignments.

The current process of utilizing the CPI has long been recognized as the method by which the ministry ensures value for money in the procurement process where price and performance is incorporated in addition to the technical submissions.

The Consultant Performance Rating (CPR) and the formulation of CPI promotes continuous improvement in the professional services provided to the ministry. It is recognized that the current system has evolved with two underlying challenges:

- Progressive CPR "creep" has raised the CPI across the province to a rating greater than 4.0 which indicates Outstanding performance as defined in the ministry's performance guideline.
- The spread of CPIs between firms has decreased to the point that Performance has become irrelevant in the procurement calculations.

The data analysis in your refence data set material indicated only 11% of RFQ procurements were impacted by performance. This statement is self evident given the evolution of CPR/CPI trends listed above.

In general, we feel that Performance is a fundamental component of procurement in order to:

- Promote continuous improvement of the firms.
- Provide value for money to the ministry in the delivery of services.
  - Any "premium" costs above the low bid is often re-invested into the staff training and development to improve the services to the ministry.



We also recognize the ministry's efforts to modernize the current CPR evaluation process which should improve the performance metric.

# 1. Remove CPR from bid evaluation, resulting in new RFP and RFQ evaluation models.

**Current Models** 

RFP 10% Price, 25% CPR, 65% Technical RFQ 50% Price, 50% CPR

**Proposed Model** 

RFP 30% Price, 70% Technical

RFQ 100% Price

## Commentary:

Elimination of the CPI performance component in the procurement process results in a low bid tender of professional services. The impact of low bid professional services results in:

- A progressive race to the "bottom" in pricing for engineering services.
- Reduction in the quality of services provided.
- Increased administrative burden by MTO staff to oversee projects.

Other models, such as Team member evaluation, to replace the CPI component in the procurement evaluation of RFQ lends itself to personal bias being incorporated into the evaluation, thus diminishing the transparency of the process.

The current RFQ and RFP models work fairly and transparently in the procurement process to provide the ministry with beneficial value-for-money in the delivery of the services provided.

### Conclusion:

# 1.Removing CPR from evaluation:

Thank you for your comment regarding your preference to keep the CPR in bid evaluation. The ministry has determined that the CPRs as currently distributed do not sufficiently distinguish between high and low performing service providers, therefore the current evaluation methods that consider performance do not work well as intended.

Application of new streamlined and improved Appraisals will result in changes to the variation in CPRs. Continuing to include CPR in the evaluation during this period of transition will lead to unfair advantages to some service providers, until all service providers have been evaluated using the new appraisals. For this reason, the CPR in evaluation requires a pause.



		We are not in favor of suspending the CPI in the bid evaluation process even for a short period of time. The current models work well, while recognizing that improvements are needed to better align the CPR and CPI values in accordance the ministry's performance guidelines.	
256	Anonymous	2. Identify a minimum CPR to be eligible to bid Commentary:  Minimum CPI Sustaining competition and encouraging new firms into the market should be the ministry's goal to ensure a sustainable, quality based industry. Current qualification procedures require firms to demonstrate appropriate experience and capability to perform the associated specialty. Establishing a minimum CPI in order to bid will not necessarily restrict poor performing firms from bidding as the threshold would likely be set to not unduly restrict poor performing firms ability to bid. In order to promote continuous improvement, individual CPR's or CPIs below a threshold in line with ministry performance definitions should be referred to the Qualification Committee to determine sanctions or performance improvement plans to promote improvement.  CPI for New Firms The current vendor selection process is a challenge for new firms trying to enter the market utilizing the current provincial average. Publication of the current provincial CPI average results in new firms having to "buy" jobs with unrealistic low bids in order to secure work. Conversely, established firms are able to strategically bid higher prices	2. Minimum CPR: The Qualification Procedures require that ESPs with Appraisal scores less than 3.0 be referred to the Qualification Committee for review and potential action.  3. Starter CPR  Thank you for your comment to regarding assigning starter CPRs. During the pause, the starter CPR is not necessary, however, MTO will consider various options for starter CPR values, and will consider your comments.



while preventing new firms from gaining access to the market.

A sensitivity analysis of the vendor selection illustrates that a new vendor must lower their price below the lowest bid competing firm by the same percentage of the variance in the CPI.

Example: Vendor 1 is a new firm.

	CPI Component			Price			CPI+\$	
	CPI							
Vendor 1	4.09	90.88	45.44		908,800	100.00	50.00	95.44
Vendor 2	4.50	100.00	50.00		1,000,000	90.88	45.44	95.44

In order to promote new firms into the industry without creating a need to "buy" the job with an unbalanced low bid, consideration should be given to utilizing the average CPI of those firms within the specific procurement. This is a limited time approach until the new firm secures a project and ultimately earns a CPR.

Example: Vendor 1 is a new firm

·	CPI	Average	CPI to be used in Vendor Selection
Vendor 1	??????		4.15
Vendor 2	3.80	4.15	3.80
Vendor 3	3.90		3.90
Vendor 3	4.40		4.40
Vendor 5	4.50		4.50

MTO intends to continue discussions and consultations with stakeholders.



It is recognized that this approach may provide a minor short term advantage to the new firm until it establishes a CPI.

#### Conclusion:

- Establish thresholds aligned with ministry performance definitions to refer individual CPR or CPIs to the Qualification Committee to improve performance.
- Starter CPRs or CPIs for new firms should not be published and should only be provided to new firms entering the market in order to promote new market entry at a fair and reasonable price.
- The ministry should work with industry to develop an effective model if minimum thresholds are to be considered and changes in the application of provincial averages.

## 3. Perform or allow a CPR 'reset'

## **Proposal Options**

- 1. Statistically applied 'reset' (set the Starter CPR to 3.0 and reset each firms' CPR to maintain position relative to the starter.
- 2. 'Naturally' applied reset (over time while appraisal improvements are implemented)
- 3. Other options, open for consideration

## Commentary:

A reset of the CPI is required.

There are a full range of options to achieve a reset of CPI's to ultimately reset the provincial average at 3.0 to align with the average performance definition in the ministry guidelines. These options are defined in the

### 3.CPR Reset:

Thank you for your comments and support of the applied CPR reset. The ministry has reviewed the potential to apply a forced reset. It would be very difficult to land on a fair and even reset for all firms. For this reason, the ministry will allow a natural reset to occur.



		proposal and may include other models for achieving a reset.  Over time the new CPR evaluation should result in a wider distribution of the CPR/CPI.  Conclusion:  • We support a reset of the Current CPI to adjust the average to 3.0 which is in line with the current ministry performance guidelines.  • Industry should be a partner in developing the model to achieve the CPI reset that does not unduly impact firms that have earned higher CPI Ratings.  • Performance should not be eliminated from Vendor Selection process even in the short term.  • As noted in Section 2, changes should be made for new vendors in the use of the current provincial CPI Average.	
258	ACEC-ON	Below is the response from the Association of Consulting Engineering Companies-Ontario (ACEC-Ontario), and its 140 member firms operating across the province to the Ministry of Transportation's (MTO) plan to pause the use of a Corporate Performance Rating (CPR) in bid evaluations for Request for Quotations and Proposals (RFQs and RFPs).  Contents of ACEC-ON Attachment (4 pages): ACEC-Ontario is very concerned that the ministry's decision to pause the use of corporate CPRs will result in	
		an immediate deterioration in the quality of Engineering and Contract Administration services, and an overall reduction in value-for-money for the ministry, the government, and taxpayers. As such, we recommend that	Thank you for your comment.



the current CPR system remain in place until the ministry, in consultation with ACEC-Ontario, has developed a new system (or adequate modifications to the existing system) that can be effectively implemented.

Service provider appraisals, when implemented and administered correctly, have the capability to reinforce positive performance and recognize a clear distinction between tiers of service providers. ACEC-Ontario believes it is vitally important that, when reviewing the CPR and by extension the overall evaluation criteria for procurement of service providers, we consider the full lifecycle cost of a project. Specifically, more experienced and innovative service providers produce improved designs, better manage and mitigate issues that inevitably arise during construction, keep projects on-schedule, improve safety to both the traveling public and construction workers, and better preserve the ministry's interests through analysis, innovation, and fact-based negotiations. These actions, along with others, result in overall savings for the ministry over the delivery and full life cycle of a capital project. We recognize the challenges with the current system, and we agree that changes need to be made to improve efficiencies. Over the years, ACEC-Ontario has repeatedly said that CPR needs to be considered in parallel with improved technical evaluation scores and appropriate weighting on value. We are certain ACEC-Ontario and MTO are undertaking similar research to identify best practices when it comes to bid evaluations.

As we have done for previous significant projects, both the ministry and ACEC-Ontario must unite resources and findings to help inform the development of the new CPR system. It is important that any removal of the quality-based CPR component from bid evaluations be replaced

MTO agrees that performance appraisals remain a high priority and MTO endeavours to complete appraisals on every project, to have the CPR completely reflect a firm's past performance and to encourage improvement where it is needed.

MTO has been completing a North American transportation jurisdictional scan on the use of past performance in bid evaluation and will consider the results when reviewing options during the CPR pause.

Thank you for your comment agreeing that changes need to be made and CPR changes need to be accompanied by improved technical evaluation



with other elements that promote a focus on quality. Indeed, these points should be reallocated to other quality-based components such as the Technical Score, in parallel with improved transparency of technical scoring and a focus on improving the ability to provide separation of scores during the evaluations.

With that said, ACEC-Ontario offers the following preliminary feedback, which is categorized based on the two procurement models (RFQ and RFP), as well as more general all-encompassing points.

## Request for Quotations (RFQs)

i. We do not support the implementation of an evaluation system that is 100% based on price. This elimination of all quality-based criteria will create an unbalanced environment wherein only those service providers focused on reducing costs and not on sustained quality will thrive. Indeed, the system should include an evaluation of the team / key individuals (e.g. PM, Design Leads, CA, etc.) listed in the Quotation. For example, the 50% previously allotted to the CPR could be split between price and an evaluation of the proposed team. This split could vary depending on the complexity of the project. Having such a system in place will ensure that, in addition to meeting minimum experience and qualification requirements for staff (which themselves are not a good differentiator for quality), the ministry has a mechanism to recognize the past-performance and expertise of key project personnel. In turn, this will encourage the industry to propose a team with experience aligned with project complexities, instead of encouraging the use of low-cost inexperienced teams, which have demonstrated to have considerable negative

scores and appropriate weight on value.

MTO agrees that best practices should be considered in developing a new CPR system.

MTO agrees that the ability to create a separation of scores is critical to the revised bid evaluation.

### **RFQ Comments:**

Thank you for your comment on the proposed RFQ model. MTO will consider options to evaluate teams and/or performance in the RFQ model, but will initially evaluate RFQs based on price only.



impacts on projects through scheduling challenges to budget and life cycle costs.

## Request for Proposals (RFPs)

i. We do not agree with a proposed split of 70% Technical Score and 30% price, given that most of the points that were previously rooted in a quality based metric are now being redirected to a cost-based approach. The data provided by the ministry demonstrates that this 70% / 30% distribution would have resulted in an overall reduction in value-for-money along with a considerable impact on changing past award results (23 of 100 or 23% having different outcomes).

This represents a significant change in procurement intended only to serve as an interim method while an improved system is developed.

ii. Instead, ACEC-Ontario proposes a distribution of 85% Technical Score (all former CPR points redistributed to another quality metric) and 15% Cost Based on MTO's own analysis of the data, the 85/15 formula change increases value for money (0.64%), increases technical score (which will in turn encourage experienced teams, innovation and quality), and had the least impact to overall change in award results. In other words, it is the only formula mix that addressed (or outperformed on) all three metrics assessed by MTO.

iii. ACEC-Ontario believes the 70 / 30 split will force firms to use price and effort cutting practices so they can submit bids with the lowest possible price. As a result, the ministry will be exposed to increased risks, see reduced value for money, and higher construction costs. For additional information on this issue, please refer to ACEC-

#### **RFP Comment:**

Thank you for your comment on the proposed 70/30 RFP model, and providing your preferred model of 85/15, and accompanying explanation. The ministry has reviewed and decided to use 80/20 for the RFP model during the pause which places more emphasis on both price and technical score.



Ontario's December 2019 briefing note (also attached to the ACEC-ON comment on TCP).

iv. ACEC-Ontario supports the provincial government's objectives regarding transparency. Towards this end, we had previously requested that the ministry post the Technical Score and Price of each proponent involved in an RFP procurement (without firm names to maintain confidentiality). This transparency would promote fairness and would provide firms with valuable information related to the range of scope interpretation that takes place as well as where they may need to improve to increase their competitiveness in the market, which will ultimately benefit MTO and the Ontario taxpayer.

### **General Feedback**

i. It is requested that the ministry provide clear timelines and milestone date targets for a revamped / restructured CPR system. We are concerned that without such measures in place that the pause will go beyond the ministry's projected two to three-year timeline. Moreover, these measures will enhance accountability and help lead to the successful implementation of a revamped CPR system. It is to our collective benefit to have a better system in place that meets our shared goals of objectivity, consistency, and simplicity.

ii. We recommend that improved guidelines be established for assessing which procurement model (RFQ versus RFP) will be used for each assignment, considering aspects such as project complexity, contract value and duration. It is our view that these guidelines promote an increased use of the RFP model, with the aim of continuing to reinforce a value-based selection model.

ACEC-Ontario would be pleased to work with the ministry on developing an ideal percentage for RFP usage.

Bid Publishing Comment: MTO will consider the suggestion and rationale of the benefits to bidding firms if MTO published an anonymous full bidders list for Engineering Services contracts.

Timeline/milestone Comment: The ministry agrees that setting targets is key in achieving goals. As this initiative moves forward, MTO will develop a project schedule to identify target dates for implementing the new CPR system (including start date and end date of the 'pause' period).

Procurement model selection Comment:

MTO will review our current guidelines and consider making improvements suggested, to



259	GHD	Finally, in relation to the proposed minimum corporate CPR of 2.5 to bid, we believe this number needs to be tied to the Starter CPR score for each category, which fluctuates in time and will be impacted by the CPR reset objectives. As a result, we propose that the minimum CPR be set at 70% of the Starter CPR score, and that the actual CPR minimum number be posted with the Starter CPR scores, and both be updated quarterly (similar to existing practices for the Starter scores, and corporate CPRs). It is also recommended that this minimum threshold be re-evaluated as part of any new system, following the reset.  ACEC-Ontario looks forward to further discussion with the ministry related to any of the points raised above. We strongly believe that a more fulsome review will lead to a better system for the ministry, the provincial government, and Ontario's taxpayers. The ACEC Ontario and its member firms are committed to providing the support and resources that the ministry needs to make this happen.  Can the Ministry please provide some indication of the target effective date for the CPR pause?  Once confirmed, will this CPR pause effective date just be shared through the TCP or will notice also be circulated via email to consultants?	help improve consistency and keep flexibility.  MTO appreciates ACEC-Ontario support to develop the new RFP model.  Minimum CPR to bid comment MTO will consider ACEC's proposed approach.  Further discussion comment: Thank you for your support of this review and subsequent discussions and consultations to come.  The target date for implementing CPR pause is provided above under Decision Summary. As this initiative moves forward, MTO will identify a target date for ending the 'pause' period.
260	GHD	Based on the draft updated appraisal tool that was posted to TCP in late 2022, there is a lot of variability within the appraisal tool depending on how the evaluator chooses to allocate scores for each category. How is the Ministry	There are two new appraisals (CA and Streamlined Engineering) and both include criteria definitions and



planning to address the appraisal variability as part of the CPR reset efforts?

The naturally applied reset over time (Option 2) will depend on a firms ability to win work, therefore a firm that wins more work will have greater opportunity for appraisals under the new system which may have either a positive or negative effect on their CPR (depending on complexity of work), whereas firms that win less work (for a number of reasons, including size of the firm and focus on project complexity and type) will have less opportunity for appraisals under the new system. A statistically applied reset (Option 1) may be a good compromise to allow firms to maintain relative position while still accounting for some natural reset during the CPR pause period. Under Option 1, what is the Ministry's plan to maintain relative scoring and can this be shared with consultants?

Is there an option to consider a blended CPR following the pause? As an example, take the average between the pre-pause CPR and the reset CPRs for a set period. A firm that undertakes a lot of low complexity design work will be more likely to receive frequent high appraisal scores, skewing the overall CPR but not necessarily accurately comparing to firms with higher complexity but less frequent design project work. Will the ministry account for complexity of assignments in determining the CPR scores?

Can the Ministry please provide some indication of the target effective date for the CPR pause? Once confirmed, will this CPR pause effective date just be shared through the TCP or will notice also be circulated via email to consultants?

instructions to the project manager on how to objectively and consistently appraise performance. MTO staff have also been trained on using the new appraisals.

#### **CPR Reset comment:**

Thank you for your comment on the CPR reset options, and your preference for the applied CPR reset. Removing the CPR from bid evaluation for up to 3 years should allow sufficient time for service providers to secure work and be appraised.

Blended CPR comment:
MTO will consider the approach
of blending CPRs however,
CPR will not be included in bid
evaluation, and is only being
used as a pre-qualification
score, so the impact of blending
CPRs or not will be minimal for
good performing firms.

The target date for implementing CPR pause is provided above under Decision Summary. As this initiative moves forward, MTO will identify target date for ending the 'pause' period). Pause period end comment:



appropriate time to end the CPR pause (low volatility, delta changes, new average score, etc.)? How do we	The CPR pause could end when appraisal completion rates are high, and CPR scores have appropriate spread (between firms).
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