

Affirmative Action Plan for the Recruitment, Hiring, Advancement, and Retention of Persons with Disabilities

To capture agencies' affirmative action plan for persons with disabilities (PWD) and persons with targeted disabilities (PWTD), EEOC regulations (29 C.F.R. § 1614.203(e)) and MD-715 require agencies to describe how their affirmative action plan will improve the recruitment, hiring, advancement, and retention of applicants and employees with disabilities.

Section I: Efforts to Reach Regulatory Goals

EEOC regulations (29 CFR §1614.203(d)(7)) require agencies to establish specific numerical goals for increasing the participation of persons with disabilities and persons with targeted disabilities in the federal government

1. Using the goal of 12% as the benchmark, does your agency have a trigger involving PWD by grade level cluster in the permanent workforce? If "yes", describe the trigger(s) in the text box.

- a. Cluster GS-1 to GS-10 (PWD) Answer No
- b. Cluster GS-11 to SES (PWD) Answer Yes

In FY21, the FDA did not have a trigger involving PWDs in the GS-1 to GS-10 cluster as 14.67% of the workforce within these grade series identified as having a disability. However, FDA did have a trigger in the GS-11 to Senior Executive Service (SES) cluster, where 5.64% of the workforce within these series identified as having a disability. This indicates a possible blocked pipeline where PWDs are encountering obstacles in grade levels prior to more senior-level grades. The data indicates that representation of PWDs steadily declines starting at the GS-11 (11.72%), followed by GS-12 (7.66%), GS-13 (5.76%), GS-14 (4.52%), GS-15 (2.67%), and finally SES (0%). Note: the FDA does have other senior level positions of which PWDs represented 3.36% in FY21.

*For GS employees, please use two clusters: GS-1 to GS-10 and GS-11 to SES, as set forth in 29 C.F.R. § 1614.203(d)(7). For all other pay plans, please use the approximate grade clusters that are above or below GS-11 Step 1 in the Washington, DC metropolitan region.

2. Using the goal of 2% as the benchmark, does your agency have a trigger involving PWTD by grade level cluster in the permanent workforce? If "yes", describe the trigger(s) in the text box.

- a. Cluster GS-1 to GS-10 (PWTD) Answer No
- b. Cluster GS-11 to SES (PWTD) Answer Yes

In FY21, the FDA did not have a trigger involving PWTDs in the GS-1 to GS-10 cluster as 4.06% of the workforce within these grade series identified as having a targeted disability. However, FDA did have a trigger in the GS-11 to SES cluster, where 1.5% of the workforce within these series identified as having a targeted disability. This indicates a possible blocked pipeline where PWTDs are encountering obstacles in grade levels prior to more senior-level grades. The data indicates that representation of PWTDs steadily declines starting at the GS-13 (1.49%), GS-14 (1.36%), GS-15 (0.65%), and finally SES (0%). Note: the FDA does have other senior level positions of which PWDs represented 3.36% in FY21.

Grade Level Cluster(GS or Alternate Pay Plan)	Total	Reportable Disability		Targeted Disability	
	#	#	%	#	%
Numarical Goal	--	12%		2%	
Grades GS-1 to GS-10	983	135	13.73	27	2.75
Grades GS-11 to SES	14845	801	5.40	112	0.75

3. Describe how the agency has communicated the numerical goals to the hiring managers and/or recruiters.

In FY21, the FDA is launching its official Office of Patient-Centered Management (OPEM) and the Office of Talent Solutions (OETS) as marketing and training initiative that communicates the numerical goals. The FDA’s DEIA 2022-2025 Strategic Plan has objectives to enhance the collection, analysis, and reporting of demographic data (Objective 4); enhance outreach, recruitment, and retention efforts to increase representation of underrepresented groups (Objective 5) “Enhance outreach, recruitment, and retention efforts to increase representation of underrepresented groups” which directly speaks to understanding barriers to achieving representation that reflects the civilian workforce within each grade level and establishes targeted programs to remove those barriers across various stages of the employee lifecycle and to improve accessibility across the Agency (Objective 6). All objectives have working groups called Objective Teams to focus on these efforts for 2022-2025. The requirements of the MD-715 have been communicated to the Objective Teams for awareness, and incorporation into the assessment of the regulatory goals and data supporting PWDs and PWTDs. Objective Teams 4, 5, and 6 will incorporate PWDs and PWTDs into their work and explore specific recommendations as suggested by the EEOC. All objective teams will report implementation progress to the Equal Employment Opportunity Governance Council (EEOGC) on a quarterly basis and will complete an annual report at the end of each fiscal year to report progress. Specifically, the Agency has outlined a measurement approach in Objective 5 to monitor progress to the degree to which FDA’s workforce representation matches the Civilian Workforce within each grade level, including representation across PWD, and PWTD in line with Schedule A hiring authority. Additionally, to demonstrate leadership commitment, in FY21 every FDA Senior Executive is required in accordance with their performance plan’s “Leading People” section to support a minimum of three FDA DEIA objectives.”

Section II: Model Disability Program

Pursuant to 29 C.F.R. § 1614.203(d)(1), agencies must ensure sufficient staff, training and resources to recruit and hire persons with disabilities and persons with targeted disabilities, administer the reasonable accommodation program and special emphasis program, and oversee any other disability hiring and advancement program the agency has in place.

A. PLAN TO PROVIDE SUFFICIENT & COMPETENT STAFFING FOR THE DISABILITY PROGRAM

- Has the agency designated sufficient qualified personnel to implement its disability program during the reporting period? If “no”, describe the agency’s plan to improve the staffing for the upcoming year.

Answer No

As of September 2021, the RAO staff included six FTEs, to include two full time Interpreting Services staff. The office is projected to add one additional FTE in FY22 and two additional FTEs during FY23.

- Identify all staff responsible for implementing the agency's disability employment program by the office, staff employment status, and responsible official.

Disability Program Task	# of FTE Staff By Employment Status			Responsible Official (Name, Title, Office Email)
	Full Time	Part Time	Collateral Duty	
Processing applications from PWD and PWTD	4	0	5	

Disability Program Task	# of FTE Staff By Employment Status			Responsible Official (Name, Title, Office Email)
	Full Time	Part Time	Collateral Duty	
Processing reasonable accommodation requests from applicants and employees	6	0	0	Tiffany Branch, Director, OEMS, Tiffany.Branch@fda.hhs.gov
Special Emphasis Program for PWD and PWTB	0	0	1	cristina.bartolomei@fda.hhs.gov
Section 508 Compliance	1	0	0	Rita Harrison, IT Specialist (Internet), OIMT, Rita.Harrison@fda.hhs.gov
Architectural Barriers Act Compliance	1	0	0	Donald Demers, Director, OFEMS, Donald.Demers@fda.hhs.gov
Answering questions from the public about hiring authorities that take disability into account	4	0	5	OTS Special Placement Program Coordinators (from list above), OTS Policy Staff (5 employees), and all OTS Staff (HR Specialists) who posts job announcements.

3. Has the agency provided disability program staff with sufficient training to carry out their responsibilities during the reporting period? If “yes”, describe the training that disability program staff have received. If “no”, describe the training planned for the upcoming year.

Answer Yes

All reasonable accommodation staff members received a minimum of eight hours of reasonable accommodation related training. The RAO staff completed the following trainings: - National Employment Law Institute (NELI) ADA Workshop - Gilbert and Kaplan: Nuts and Bolts of Disability Law and Reasonable Accommodation To carry out its responsibilities regarding the disability program, the OTS Special Placement Program Coordinators will receive training to provide support and assistance to the disability program. Depending on OTS FY22 budget, the OTS plans to provide the Special Placement Program Staff training in the areas of reasonable accommodation, equal employment opportunity, other on-the-job training or other formal/informal training specific to the functional roles and responsibilities assigned to provide support and assistance to the Agency’s disability program.

B. PLAN TO ENSURE SUFFICIENT FUNDING FOR THE DISABILITY PROGRAM

Has the agency provided sufficient funding and other resources to successfully implement the disability program during the reporting period? If “no”, describe the agency’s plan to ensure all aspects of the disability program have sufficient funding and other resources.

Answer Yes

Section III: Program Deficiencies In The Disability Program

Brief Description of Program Deficiency	B.4.a.8. to effectively administer its special emphasis programs (such as, Federal Women’s Program, Hispanic Employment Program, and People with Disabilities Program Manager)? [5 USC § 7201; 38 USC § 4214; 5 CFR § 720.204; 5 CFR § 213.3102(t) and (u); 5 CFR § 315.709]		
Objective	Hire additional staff in various positions, including Special Emphasis Program Managers, EEO Specialists, and a Data Analyst to provide support to the Diversity and Compliance Staff.		
Target Date	Sep 30, 2022		
Completion Date			
Planned Activities	<u>Target Date</u>	<u>Completion Date</u>	<u>Planned Activity</u>
	Sep 30, 2022		In FY22, OEEO will recruit for several vacancies to continue to build the effective management of Special Emphasis Programs.
Accomplishments	<u>Fiscal Year</u>	<u>Accomplishment</u>	
	2021	In March 2021, the OEEO onboarded a Senior Program Manager for DEIA with collateral responsibilities to administer 7 Special Emphasis Programs. As a result, the OEEO effectively re-engaged with all FDA ERGs; conducted a strategic action planning session with the ERGs to align to FDA-wide DEIA objectives; hosted over a dozen Special Emphasis trainings and events, 5 of which included remarks from Acting Commissioner Janet Woodcock; and developed a user friendly internal website for employees to stay apprised with Special Emphasis news, trainings and events. However, the OEEO recognized the need for additional staff to ensure continuing and improved SEP operations.	
	2022	FDA has funded and is actively recruiting staff to support Special Emphasis and Disability programs. The Disability Program Manager will handle disability program related objectives, initiatives, and actions that arise during the application and selection processes and the Special Emphasis Program Managers will focus on DEIA implementation, Employee Resource Group (ERG) partnership, and MD-715 reporting. These positions will reside in OEEO but will work in partnership with HC/TM stakeholders. The FDA now has greater alignment and coordination between OEEO, RAO, and OTS, all of which support and engage PWDs and PWTDs. The coordinating efforts between these offices align the functions of the staff to further support the Agency’s goals and objectives toward PWDs and PWTDs. The FDA DEIA Strategic Plan, Objective 6, outlines improving accessibility across the agency to ensure effectiveness of practices utilized to provide accessibility across the Agency for FDA employees and prospective employees, including reasonable accommodations, workplace accessibility, and accessibility across information and communication technologies. The Advisory Committee for Employees with Disabilities (ACED) is an advisory board chartered by the Commissioner of the U.S. Food and Drug Administration (FDA) to provide advice on policies, issues, and concerns impacting employees with disabilities within FDA and those seeking employment by the agency. The ACED provides a communication channel between FDA employees and management. Although this group has existed since 2009 and referenced in previous MD-715 reports, OEEO is now leveraging ACED as a strategic partner to accomplish the DEIA Objectives and initiatives. OEEO joins the ACED meetings and the annual meeting with the Commissioner. The ACED Chair serves as the DEIA Objective Team 6 co-chair. One of ACED’s subcommittees is the Succession, Training, Awareness and Retention Subcommittee (STAR). The intent of this subcommittee is to enhance, recommend, and support training to increase knowledge and awareness of the recruitment, retention, and career development of persons with disabilities.	

Brief Description of Program Deficiency	C.2.a.6. Do the agency’s training materials on its anti-harassment policy include examples of disability-based harassment? [see 29 CFR §1614.203(d)(2)]		
Objective	Include examples of disability based harassment in FDA's anti-harassment policy training materials		
Target Date	Sep 30, 2022		
Completion Date	May 15, 2022		
Planned Activities	<u>Target Date</u>	<u>Completion Date</u>	<u>Planned Activity</u>
	Sep 30, 2022		OEEO will assist OHCM in the development of anti-harassment training materials and will include examples of disability-based harassment.
Accomplishments	<u>Fiscal Year</u>	<u>Accomplishment</u>	
	2021	Accomplishments will be included in the FY22 report.	
	2022	The FDA's Anti-harassment training was updated with examples of disability based harassment.	

Brief Description of Program Deficiency	C.2.c.1. Does the agency post its procedures for processing requests for Personal Assistance Services on its public website? [see 29 CFR §1614.203(d)(5)(v)] If “yes”, please provide the internet address in the comments column.		
Objective	Revise, submit, and get approval for the revised SMG for RA to EEOC for review which contains the procedures for Personal Assistance Services (PAS).		
Target Date	Sep 30, 2022		
Completion Date			
Planned Activities	<u>Target Date</u>	<u>Completion Date</u>	<u>Planned Activity</u>
	Sep 30, 2022		The FDA will revise the “Staff Manual Guide: Policy and Procedures for Providing Reasonable Accommodation for Individuals with Disabilities” (SMG for RA) which contains the procedures for PAS. The Agency will submit to EEOC for review and concurrence ensuring that the procedures meet EEOC guidance. When approved by EEOC, the SMG for RA including PAS procedures will be posted on the FDA public website at: https://www.fda.gov/about-fda/office-operations/reasonable-accommodations .
Accomplishments	<u>Fiscal Year</u>	<u>Accomplishment</u>	

Brief Description of Program Deficiency	D.4.a. Does the agency post its affirmative action plan on its public website? [see 29 CFR §1614.203(d)(4)] If yes, please provide the internet address in the comments.		
Objective	OEEO will work with FDA Office of Digital Transformation to post the FY20 Affirmative Action Plan to the public website. The website location will be: https://www.fda.gov/about-fda/jobs-and-training-fda/equal-employment-fda .		
Target Date	Sep 30, 2022		
Completion Date			
Planned Activities	<u>Target Date</u>	<u>Completion Date</u>	<u>Planned Activity</u>
Accomplishments	<u>Fiscal Year</u>	<u>Accomplishment</u>	

Section IV: Plan to Recruit and Hire Individuals with Disabilities

Pursuant to 29 C.F.R. §1614.203(d)(1)(i) and (ii), agencies must establish a plan to increase the recruitment and hiring of individuals with disabilities. The questions below are designed to identify outcomes of the agency’s recruitment program plan for PWD and PWTD

A. PLAN TO IDENTIFY JOB APPLICATIONS WITH DISABILITIES

1. Describe the programs and resources the agency uses to identify job applicants with disabilities, including individuals with targeted disabilities.

During 2021, the FDA utilized a variety of recruitment and outreach strategies (e.g., virtual job fairs, job opportunity announcements/advertisements including the Pathways Program, etc.) designed to increase the number of qualified applicants with disabilities and applicants with targeted disabilities, including disabled veterans. FDA continued to work with targeted groups supporting persons with disabilities including The Maryland Division of Rehabilitation Services (DORS), DC Department on Disability Services Rehabilitation Services Administration, Gallaudet University, and Walter Reed Wounded Warriors and Transitioning Warriors. FDA also began utilizing the Professional Diversity Network platform which includes posting on their job board to reach a broad range of diverse candidates which target people with disabilities, military and veterans. In addition, FDA actively engaged with Walter Reed Wounded Warriors and Transitioning Warriors to provide informational sessions on a monthly basis, connecting with over 50 veterans in FY21. In FY21, the FDA advertised approximately 1,471 job opportunity announcements (JOAs), which included language for persons with disabilities and persons with targeted disabilities, including disabled veterans and military spouses to apply. During this recruitment period, individuals with disabilities/targeted disabilities including disabled veterans had the discretion to apply under various hiring mechanisms, competitively or noncompetitively. The mechanisms included delegated examining, direct hire, merit promotion, Veterans Recruitment Appointment, Veterans Employment Opportunity Act of 1998, Pathways Program, and specific non-competitive hiring authorities, such as Schedule A, 30% or more disabled veterans, or military spouses. In addition, to maximize hiring of PWD and PWTD including veterans with a 30% or more disability FDA has created a Resume Repository tool that is used to track, store, and share resumes of PWD and PWTD including 30% of more disabled veterans who apply to positions at the FDA. All FDA managers and supervisors have access to this repository to view available, qualified candidates for their respective positions, and are encouraged to hire these candidates noncompetitively. To protect the integrity of the hiring and recruitment process, to include HIPPA laws, EEOC laws, etc., hiring/selecting officials are not provided a copy of the applicant's schedule A letter or the verification/certification by the medical/service provider, DD214 or other personally identifiable information.

2. Pursuant to 29 C.F.R. §1614.203(a)(3), describe the agency's use of hiring authorities that take disability into account (e.g., Schedule A) to recruit PWD and PWTD for positions in the permanent workforce

PWD or PWTD may apply to available opportunities within the FDA using a variety of hiring authorities, e.g., Title 5 (Schedule A, delegated examining, direct hire, merit promotion, VRA, VEOA, Pathways Program, etc.), Title 21 (21st Century Cures Act) and Title 42 (e.g., Special Consultants, Service Fellows, Advisory Committee Members/Consultants, Senior Biomedical Research and Biomedical Product Assessment Service), SL/ST and Senior Executive Service (SES). Sufficient outreach efforts are taken to assure that a diverse pool of potential candidates (e.g. minorities, women, and individuals with disabilities) are made aware of opportunities. When recruiting for vacant positions, the FDA includes the area of consideration – individuals with disabilities, and language in its JOAs to encourage PWD or PWTD including disabled veterans to apply. Job announcements include specific information on job duties, qualifications, how they will be evaluated, how to apply and required documentation required at time of application as well as appropriate reasonable accommodation and EEO statements and other pertinent information sufficient for a PWD or PWTD to apply for consideration. PWD or PWTD must meet eligibility and qualification requirements and other requirements identified in the job announcement or based on OPM's Qualifications Standards for the occupational series/positions they're interested in receiving consideration for. Additionally, PWD or PWTD may submit their application to the SPPS and have uploaded to the FDA Resume Repository and receive consideration under the schedule A hiring authority. Appointments under the Schedule A excepted service hiring authority may be temporary or non-temporary.

3. When individuals apply for a position under a hiring authority that takes disability into account (e.g., Schedule A), explain how the agency (1) determines if the individual is eligible for appointment under such authority; and, (2) forwards the individual's application to the relevant hiring officials with an explanation of how and when the individual may be appointed.

Individuals may apply to the Schedule A hiring authority via USAJOBS or directly to the FDA by contacting the SPPS. Individuals are informed of the following via USAJOBS or by the SPPS: § Required Documentation when applying under Schedule A, for example, Resume, Transcript or Credential Evaluation Report (CER) if education was obtained outside the United States and is being used for education qualifications, their Disability Letter (Schedule A) or Disability Letter (VA). Other acceptable information may be provided if the individual is a current Federal employee and seeking to apply for consideration under this hiring authority. § The FDA will provide reasonable accommodation to applicants with disabilities who are not able to apply online. If you need a reasonable accommodation for any part of the application process, please contact the Applicant Help Desk. Decisions on granting a

reasonable accommodation will be made on a case-by-case basis. Depending on the nature/severity of an individual’s disability (vision-impaired, hearing-impaired, or missing limbs), individuals may use TTY or a representative on their behalf to inquire about the process, time, requirements, etc. Whatever mechanism being used, the SPPS and servicing OTS HR Specialist provide the guidance, assistance and support to individuals with disabilities or targeted disabilities including disabled veterans to ensure they can properly apply for consideration and to address any issues/concerns they have regarding the application and selection processes. Individuals with disabilities/targeted disabilities including 30% or more disabled veterans who apply via positions advertised on USAJOBS are treated in the same/similar manner as other candidates who apply to the same position. Individuals with disabilities/targeted disabilities including 30% of more disabled veterans who apply via the FDA Resume Repository are handled differently. Application packages are uploaded to the repository, reviewed for qualifications and matching to 1 or more occupational series/positions. Individuals may be referred directly to the hiring official. All FDA managers and supervisors have access to this repository to view available, qualified candidates for their respective positions, and are encouraged to hire these candidates noncompetitively. To protect the integrity of the hiring and recruitment process, to include HIPPA laws, EEOC laws, etc., hiring/selecting officials are not provided a copy of the applicant’s schedule A letter or the verification/certification by the medical/service provider, DD214 or other personally identifiable information. Following receipt of an individual with a disability/targeted disability application package, the OTS reviews to ensure the individual meets the minimum qualifications (e.g., education and/or experience, certification, licensure, etc.) for the position to be filled. Once the individual is determined to meet the qualifications for the position, the individual is referred to the hiring official for consideration. Interviews are at the discretion of the hiring official. If selected for the position, the hiring official or designee conducts reference checks. A tentative offer of employment is made. During the tentative offer phase, the individual’s schedule A letter is verified with the respective medical or service provider that issued the letter. A template (form) letter was designed for this purpose. Upon receipt of the certification from the medical/service provider stating the letter is valid and issued by the medical/service provider, the servicing Schedule A Program Coordinator notifies the servicing OTS HR Specialist, who in turns, notifies the FDA Center/Program Office. [One significant win-win was the implementation of SPPS e-Fax solution in 2021 which allowed direct communication with the medical/service provider to reduce the time to receive certification.] Once all other pre-employment clearances are completed and determined the individual may be employed, a final offer is made to the individual and a mutual start/enter-on-duty date is agreed. The individual attends New Employee Orientation. At the request of the employee and based on their needs, a reasonable accommodation can be provided (e.g., interpreter, reader, personal assistant, TTY services, etc.) If the PWD and PWTD candidate is selected for the position, FDA encourages the manager to convert the applicant from noncompetitive to career conditional after two years. Note: The contents of an individual’s schedule A letter are not provided to the hiring official by a staff member of the OTS.

- 4. Has the agency provided training to all hiring managers on the use of hiring authorities that take disability into account (e.g., Schedule A)? If “yes”, describe the type(s) of training and frequency. If “no”, describe the agency’s plan to provide this training.

Answer Yes

In FY21, the SPPS continued to provide training on the various hiring programs, (e.g., Schedule A and 30% or more disabled veterans to hiring officials, human capital staff and OTS staff, as needed, or upon request. In October 2021, the FDA’s Advisory Committee for Employees with Disabilities (ACED) hosted a special roundtable event and invited the SPPS to attend and present on the Schedule A hiring authority and other hiring authorities that may be used for disabled veterans. The FDA plans to record a presentation regarding the ABCs of Schedule A and post to its FDA Hiring Managers Toolkit. Hiring officials may view this recorded presentation at their discretion to learn about the Schedule A hiring authority and resume repository to assist them in filling their vacant positions with qualified individuals.

B. PLAN TO ESTABLISH CONTACTS WITH DISABILITY EMPLOYMENT ORGANIZATIONS

Describe the agency’s efforts to establish and maintain contacts with organizations that assist PWD, including PWTD, in securing and maintaining employment.

The FDA OTS partners with various sources to include but not limited to the following: § FDA’s Advisory Committee for Employees with Disabilities (ACED), which is an advisory board chartered by the Commissioner, FDA to provide advice on policies, issues, and concerns impacting employees with disabilities within FDA and those seeking employment by the agency. § The ACED is a communication channel between FDA employees and management. The OTS SPPS collaborates with the ACED. § Department of Labor’s Workforce Recruitment Program (WRP) which is a recruitment and referral program that connects federal and private-sector employers nationwide with highly motivated college students and recent graduates with disabilities who are eager

to demonstrate their abilities in the workplace through summer or permanent jobs. The FDA also has various agreements with minority serving institutions and organizations, state vocational rehabilitation agencies and the DOL to assist with hiring PWD and PWTD for positions within the Agency. There is a Career and Student Profile System to recruit staff for PWD and PWTD for internships and career opportunities within the Agency. The OTS SPPS is also identified on OPM’s Special Placement Program Coordinator point of contact website. The FDA will continue its efforts to partner and collaborate with various organizations nationwide to assist in the recruitment, placement and retention of persons with disabilities or persons with targeted disabilities including disabled veterans.

C. PROGRESSION TOWARDS GOALS (RECRUITMENT AND HIRING)

1. Using the goals of 12% for PWD and 2% for PWTD as the benchmarks, do triggers exist for PWD and/or PWTD among the new hires in the permanent workforce? If “yes”, please describe the triggers below.

- a. New Hires for Permanent Workforce (PWD) Answer Yes
- b. New Hires for Permanent Workforce (PWTD) Answer Yes

In FY21, PWDs represented 6.07% of new hires to the FDA permanent workforce, which is below the 12% benchmark; PWTDs represented 1.65% of the new hires to the FDA permanent workforce which is below the 2% benchmark.

New Hires	Total (#)	Reportable Disability		Targeted Disability	
		Permanent Workforce (%)	Temporary Workforce (%)	Permanent Workforce (%)	Temporary Workforce (%)
% of Total Applicants					
% of Qualified Applicants					
% of New Hires					

2. Using the qualified applicant pool as the benchmark, do triggers exist for PWD and/or PWTD among the new hires for any of the mission- critical occupations (MCO)? If “yes”, please describe the triggers below. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

- a. New Hires for MCO (PWD) Answer Yes
- b. New Hires for MCO (PWTD) Answer Yes

In FY21, OEEO was not able to fully analyze applicant flow data for new hires. The OEEO was able to review high-level applicant flow data for all MCOs and determined there are triggers for both PWD and PWTDs in several mission critical occupations. Some occupations did not have any applicants who were PWD or PWTD, and others did have qualified applicants who identified as PWD or PWTD but either none were selected or the selection rates were low compared to the benchmark.

New Hires to Mission-Critical Occupations	Total (#)	Reportable Disability	Targetable Disability
		New Hires (%)	New Hires (%)
Numerical Goal	--	12%	2%

3. Using the relevant applicant pool as the benchmark, do triggers exist for PWD and/or PWTD among the qualified internal applicants for any of the mission-critical occupations (MCO)? If “yes”, please describe the triggers below. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

- a. Qualified Applicants for MCO (PWD) Answer Yes

b. Qualified Applicants for MCO (PWTD)

Answer Yes

In FY21, OEEO was not able to fully analyze applicant flow data for internal applicants. The OEEO was able to review high-level applicant flow data for all MCOs and determined there are triggers for qualified PWD and PWTD internal applicants in several mission critical occupations. Some occupations did not have any applicants who were PWD or PWTD, and others did have qualified applicants who identified as PWD or PWTD but either none were selected or the selection rates were low compared to the benchmark.

4. Using the qualified applicant pool as the benchmark, do triggers exist for PWD and/or PWTD among employees promoted to any of the mission- critical occupations (MCO)? If “yes”, please describe the triggers below. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. Promotions for MCO (PWD)

Answer Yes

b. Promotions for MCO (PWTD)

Answer Yes

In FY21, OEEO was not able to fully analyze applicant flow data for promotions. The OEEO was able to review high-level applicant flow data for all MCOs and determined there are triggers for qualified PWD and PWTD internal applicants for mission critical occupation promotions. Some occupations did not have any applicants who were PWD or PWTD, and others did have qualified applicants who identified as PWD or PWTD but either none were selected or the selection rates were low compared to the benchmark.

Section V: Plan to Ensure Advancement Opportunities for Employees with Disabilities

Pursuant to 29 C.F.R. §1614.203(d)(1)(iii), agencies are required to provide sufficient advancement opportunities for employees with disabilities. Such activities might include specialized training and mentoring programs, career development opportunities, awards programs, promotions, and similar programs that address advancement. In this section, agencies should identify, and provide data on programs designed to ensure advancement opportunities for employees with disabilities.

A. ADVANCEMENT PROGRAM PLAN

Describe the agency’s plan to ensure PWD, including PWTD, have sufficient opportunities for advancement.

FDA plans to provide opportunities and advancement for PWD and PWTD. The OEEO will work with the OTS and the OHCM to identify opportunities for training/mentoring, career development, awards, promotions, and similar programs for PWD and PWTD. The FDA’s DEIA 2022-2025 Strategic Plan has objectives to enhance equitable treatment of all employees (Objective 2), enhance the collection, analysis, and reporting of demographic data (Objective 4); enhance outreach, recruitment, and retention efforts to increase representation of underrepresented groups (Objective 5) and to improve accessibility across the Agency (Objective 6). FDA has several career development programs at the Center level; however, they do not track if participants are PWD or PWTD. Objective Team 4 is working to establish efficient, effective, and operationally feasible mechanisms to collect the workforce data (HC/TM lifecycle data) and Objective Team 5 will evaluate that data to support FDA’s plan to ensure PWD and PWTD will receive advancement opportunities. The outcome of the work from the DEIA Objective Teams during the implementation period, will 1) identify if there are triggers for recruitment and/or selection process for PWD and PWTD for hiring and promotion; 2) perform barrier analysis if there are triggers; and 3) establish a detailed plan on how the Agency will ensure that PWD and PWTD receive advancement opportunities. OEEO will work with the OTS and the OHCM to identify opportunities for training/mentoring, career development, awards, promotions, and similar programs for PWD and PWTD. FDA will also leverage ACED’s STAR to increase knowledge and awareness of the recruitment, retention, and career development of persons with disabilities.

B. CAREER DEVELOPMENT OPPORTUNITES

1. Please describe the career development opportunities that the agency provides to its employees.

FDA has several career development programs at the center level however they do not track if participants are PWD or PWTD. The

Agency is looking at centralizing all of the career development opportunities within the centers to provide that information on future MD 715 reports.

2. In the table below, please provide the data for career development opportunities that require competition and/or supervisory recommendation/ approval to participate.

Career Development Opportunities	Total Participants		PWD		PWTD	
	Applicants (#)	Selectees (#)	Applicants (%)	Selectees (%)	Applicants (%)	Selectees (%)
Detail Programs	N/A	N/A	N/A	N/A	N/A	N/A
Internship Programs	N/A		N/A	N/A	N/A	N/A
Fellowship Programs	N/A		N/A	N/A	N/A	N/A
Mentoring Programs	N/A		N/A	N/A	N/A	N/A
Coaching Programs	N/A		N/A	N/A	N/A	N/A
Training Programs	N/A		N/A	N/A	N/A	N/A
Other Career Development Programs	N/A		N/A	N/A	N/A	N/A

3. Do triggers exist for PWD among the applicants and/or selectees for any of the career development programs? (The appropriate benchmarks are the relevant applicant pool for the applicants and the applicant pool for selectees.) If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

- a. Applicants (PWD) Answer N/A
- b. Selections (PWD) Answer N/A

FDA does not have data for PWD or PWTD applicants for fellowship, career development, coaching, training, or detail programs. We are looking at capturing this information in future reports.

4. Do triggers exist for PWTD among the applicants and/or selectees for any of the career development programs? (The appropriate benchmarks are the relevant applicant pool for the applicants and the applicant pool for selectees.) If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

- a. Applicants (PWTD) Answer N/A
- b. Selections (PWTD) Answer N/A

FDA does not have data for PWD or PWTD applicants for fellowship, career development, coaching, training, or detail programs. We are looking at capturing this information in future reports.

C. AWARDS

1. Using the inclusion rate as the benchmark, does your agency have a trigger involving PWD and/or PWTD for any level of the time-off awards, bonuses, or other incentives? If “yes”, please describe the trigger(s) in the text box.

- a. Awards, Bonuses, & Incentives (PWD) Answer Yes
- b. Awards, Bonuses, & Incentives (PWTD) Answer Yes

Time Off: Using the Inclusion Rate, in FY21 both PWD and PWTDs received 1-10 hour time-off awards at a lower rate than non-

PWD/PWTDs. PWDs had an inclusion rate of 21.13%, PWTD had an inclusion rate of 20.8% and non-PWD/PWTD has a 24.54% inclusion rate. However, PWD and PWTDs received a time-off awards at a higher rate than non-PWD/PWTDs for the following time allotments: 10-20 hours, 21-30 hours and 31-40 hours. At 41-80 hours, PWDs received a higher rate of awards whereas PWTDs received a lower rate. Cash Awards: PWDs and PWTDs received cash awards at the same or a higher rate than non-PWD/PWTDs in the following categories: - \$501-\$999 - \$1000-\$1999 - \$7000-\$7999 -\$9000-\$9999 -\$30000-39999 PWDs and PWTDs received cash awards at a lower rate than non-PWD/PWTDs in the following categories: -\$500 and under -\$2000-\$2999 -\$3000-\$3999 -\$4000-\$4999 -\$5000-\$5999 (only PWDs, PWTDs had the same rate as non PWTDs) -\$6000-\$6999 -\$10000-\$10999 - \$20000-\$20999

Time-Off Awards	Total (#)	Reportable Disability %	Without Reportable Disability %	Targeted Disability %	Without Targeted Disability %
Time-Off Awards 1 - 10 hours: Awards Given	3394	18.02	20.83	19.72	17.72
Time-Off Awards 1 - 10 Hours: Total Hours	29917	158.80	183.13	162.68	158.12
Time-Off Awards 1 - 10 Hours: Average Hours	8	0.84	0.06	5.63	0.00
Time-Off Awards 11 - 20 hours: Awards Given	3401	22.97	20.57	23.24	22.92
Time-Off Awards 11 - 20 Hours: Total Hours	62506	412.01	379.15	395.07	414.99
Time-Off Awards 11 - 20 Hours: Average Hours	18	1.79	0.12	11.97	0.00
Time-Off Awards 21 - 30 hours: Awards Given	2558	16.44	15.37	13.38	16.98
Time-Off Awards 21 - 30 Hours: Total Hours	68462	440.15	412.41	349.30	456.13
Time-Off Awards 21 - 30 Hours: Average Hours	26	2.74	0.18	18.31	0.00
Time-Off Awards 31 - 40 hours: Awards Given	3766	22.55	23.03	22.54	22.55
Time-Off Awards 31 - 40 Hours: Total Hours	166836	1003.48	1019.07	1021.83	1000.25
Time-Off Awards 31 - 40 Hours: Average Hours	44	4.64	0.30	31.69	-0.12
Time-Off Awards 41 or more Hours: Awards Given	20	0.21	0.12	0.00	0.25
Time-Off Awards 41 or more Hours: Total Hours	1156	10.12	7.30	0.00	11.90
Time-Off Awards 41 or more Hours: Average Hours	57	5.06	0.40	0.00	5.95

Cash Awards	Total (#)	Reportable Disability %	Without Reportable Disability %	Targeted Disability %	Without Targeted Disability %
Cash Awards: \$501 - \$999: Awards Given	3730	25.92	22.30	26.06	25.90
Cash Awards: \$501 - \$999: Total Amount	2755114	19636.04	16426.23	19266.20	19701.12
Cash Awards: \$501 - \$999: Average Amount	738	79.77	5.07	520.42	2.23
Cash Awards: \$1000 - \$1999: Awards Given	7008	41.73	42.86	40.85	41.88
Cash Awards: \$1000 - \$1999: Total Amount	9915359	57534.25	60780.53	54135.21	58132.34
Cash Awards: \$1000 - \$1999: Average Amount	1414	145.21	9.76	933.10	6.57

Cash Awards	Total (#)	Reportable Disability %	Without Reportable Disability %	Targeted Disability %	Without Targeted Disability %
Cash Awards: \$2000 - \$2999: Awards Given	5105	25.82	32.12	21.13	26.64
Cash Awards: \$2000 - \$2999: Total Amount	12520810	62651.11	78850.90	51989.44	64527.14
Cash Awards: \$2000 - \$2999: Average Amount	2452	255.64	16.90	1732.39	-4.21
Cash Awards: \$3000 - \$3999: Awards Given	2519	12.43	15.98	10.56	12.76
Cash Awards: \$3000 - \$3999: Total Amount	8616643	42222.02	54683.52	35838.03	43345.35
Cash Awards: \$3000 - \$3999: Average Amount	3420	357.74	23.56	2388.73	0.37
Cash Awards: \$4000 - \$4999: Awards Given	754	2.32	4.92	1.41	2.48
Cash Awards: \$4000 - \$4999: Total Amount	3309421	10011.70	21615.33	5841.55	10745.48
Cash Awards: \$4000 - \$4999: Average Amount	4389	455.01	30.23	2920.42	21.19
Cash Awards: \$5000 or more: Awards Given	502	1.05	3.31	1.41	0.99
Cash Awards: \$5000 or more: Total Amount	4796522	11331.51	31771.61	8910.56	11757.50
Cash Awards: \$5000 or more: Average Amount	9554	1133.09	66.05	4454.93	548.57

2. Using the inclusion rate as the benchmark, does your agency have a trigger involving PWD and/or PWTD for quality step increases or performance-based pay increases? If “yes”, please describe the trigger(s) in the text box.

a. Pay Increases (PWD) Answer Yes

b. Pay Increases (PWTD) Answer Yes

QSI: PWDs received QSIs at a lower rate (3.37%) than non-PWDs (4.83%). PWTDs received awards at a higher rate (5.11%). Performance-Based Pay Increases: PWDs and PWTDs received performance-based pay increases at a lower rate, PWD (0.30%) and PWTD (0%), than non-PWD/PWTDs (0.50%).

Other Awards	Total (#)	Reportable Disability %	Without Reportable Disability %	Targeted Disability %	Without Targeted Disability %
Total Performance Based Pay Increases Awarded	0	0.00	0.00	0.00	0.00

3. If the agency has other types of employee recognition programs, are PWD and/or PWTD recognized disproportionately less than employees without disabilities? (The appropriate benchmark is the inclusion rate.) If “yes”, describe the employee recognition program and relevant data in the text box.

a. Other Types of Recognition (PWD) Answer N/A

b. Other Types of Recognition (PWTD) Answer N/A

The only awards that are calculated are the time-off awards, QSIs, Cash Awards and Performance-Based Pay Increases. If there are other types of recognition that the Agency is giving to PWD and PWTD is not currently being tracked. FDA is looking at ways to capture other types of recognition given to PWD and PWTD.

D. PROMOTIONS

1. Does your agency have a trigger involving PWD among the qualified internal applicants and/or selectees for promotions to the senior grade levels? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) For non-GS pay plans, please use the approximate senior grade levels. If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. SES

i. Qualified Internal Applicants (PWD) Answer N/A

ii. Internal Selections (PWD) Answer N/A

b. Grade GS-15

i. Qualified Internal Applicants (PWD) Answer No

ii. Internal Selections (PWD) Answer Yes

c. Grade GS-14

i. Qualified Internal Applicants (PWD) Answer Yes

ii. Internal Selections (PWD) Answer Yes

d. Grade GS-13

i. Qualified Internal Applicants (PWD) Answer Yes

ii. Internal Selections (PWD) Answer Yes

According to our available data, in FY21 there were no internal promotions to the SES level. There were triggers for PWD in internal selections for the GS-15, which was lower (0%) than the qualified pool of PWDs (3.45%). For the GS-14, qualified internal applicants were lower (1.73%) than the relevant applicant pool (5.76%) and internal selections were lower (0%) than the qualified applicant pool (1.73%). For the GS-13, qualified internal applicants were lower (2.91%) than the relevant applicant pool (7.66%) and internal selections were lower (0%) than the qualified applicant pool (2.91%). This indicates that a glass wall exists for PWDs, which is a barrier preventing career advancement for qualified employees with a disability.

2. Does your agency have a trigger involving PWTD among the qualified internal applicants and/or selectees for promotions to the senior grade levels? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) For non-GS pay plans, please use the approximate senior grade levels. If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. SES

i. Qualified Internal Applicants (PWTD) Answer Yes

ii. Internal Selections (PWTD) Answer Yes

b. Grade GS-15

i. Qualified Internal Applicants (PWTD) Answer Yes

ii. Internal Selections (PWTD) Answer Yes

c. Grade GS-14

i. Qualified Internal Applicants (PWTD) Answer Yes

ii. Internal Selections (PWTD) Answer Yes

d. Grade GS-13

- i. Qualified Internal Applicants (PWTD) Answer Yes
- ii. Internal Selections (PWTD) Answer Yes

According to our available applicant flow data, there were PWTDs that did not apply for internal promotions for any of the senior grade levels. This indicates that a glass wall exists, meaning there is a barrier preventing PWTDs either from moving to an occupation with a promotional ladder or being promoted in their current occupation.

3. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWD among the new hires to the senior grade levels? For non-GS pay plans, please use the approximate senior grade levels. If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

- a. New Hires to SES (PWD) Answer N/A
- b. New Hires to GS-15 (PWD) Answer Yes
- c. New Hires to GS-14 (PWD) Answer Yes
- d. New Hires to GS-13 (PWD) Answer Yes

In FY21, there were no applicants that self identified as having a disability for the GS-14 and GS-15 positions. For the GS-13, there were applicants with a disability (3.03%) but none were determined to be qualified (0%). No data was available for the SES. This indicates a blocked pipeline to senior grades for PWDs. Additional outreach resources need to be made available to ensure PWDs are applying to senior grade levels at the FDA.

4. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWTD among the new hires to the senior grade levels? For non-GS pay plans, please use the approximate senior grade levels. If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

- a. New Hires to SES (PWTD) Answer N/A
- b. New Hires to GS-15 (PWTD) Answer Yes
- c. New Hires to GS-14 (PWTD) Answer Yes
- d. New Hires to GS-13 (PWTD) Answer Yes

In FY21, there were no applicants that self identified as having a targeted disability at senior grade levels. No data was available for the SES. This indicates a blocked pipeline to senior grades for PWTDs. Additional outreach resources need to be made available to ensure PWTDs are applying to senior grade levels at the FDA.

5. Does your agency have a trigger involving PWD among the qualified internal applicants and/or selectees for promotions to supervisory positions? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

- a. Executives
 - i. Qualified Internal Applicants (PWD) Answer N/A
 - ii. Internal Selections (PWD) Answer N/A

b. Managers

i. Qualified Internal Applicants (PWD) Answer N/A

ii. Internal Selections (PWD) Answer N/A

c. Supervisors

i. Qualified Internal Applicants (PWD) Answer No

ii. Internal Selections (PWD) Answer Yes

In FY21, the FDA only had access to applicant flow data for promotions to supervisory positions in the aggregate, meaning we did not have access to disaggregated AFD on promotions to Executives and Managers. With the available data, we were able to identify a trigger in the internal selection for PWDs, where the qualified applicant pool was 5% yet 0% of the qualified applicants were selected for a supervisory promotion. There seems to be a glass ceiling preventing qualified PWDs from being selected to supervisory positions at the FDA. We need to investigate whether the barrier is institutional/structural (policy-related), attitudinal (biases or others), and/or physical.

6. Does your agency have a trigger involving PWTB among the qualified internal applicants and/or selectees for promotions to supervisory positions? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. Executives

i. Qualified Internal Applicants (PWTB) Answer N/A

ii. Internal Selections (PWTB) Answer N/A

b. Managers

i. Qualified Internal Applicants (PWTB) Answer N/A

ii. Internal Selections (PWTB) Answer N/A

c. Supervisors

i. Qualified Internal Applicants (PWTB) Answer Yes

ii. Internal Selections (PWTB) Answer Yes

In FY21, the FDA only had access to applicant flow data for promotions to supervisory positions in the aggregate, meaning we did not have access to disaggregated AFD on promotions to Executives and Managers. With the available data, we were able to identify a trigger in the internal selection for PWDs, where the qualified applicant pool was 5% yet 0% of the qualified applicants were selected for a supervisory promotion. There seems to be a glass ceiling preventing qualified PWDs from being selected to supervisory positions at the FDA. We need to investigate whether the barrier is institutional/structural (policy-related), attitudinal (biases or others), and/or physical.

7. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWD among the selectees for new hires to supervisory positions? If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

a. New Hires for Executives (PWD) Answer N/A

b. New Hires for Managers (PWD) Answer N/A

c. New Hires for Supervisors (PWD) Answer Yes

In FY21, the FDA only had access to applicant flow data for promotions to supervisory positions in the aggregate, meaning we did not have access to disaggregated AFD on promotions to Executives and Managers. With the available data, we were able to identify a trigger in the internal selection for PWDs, where the qualified applicant pool was 5% yet 0% of the qualified applicants were selected for a supervisory promotion. There seems to be a glass ceiling preventing qualified PWDs from being selected to supervisory positions at the FDA. We need to investigate whether the barrier is institutional/structural (policy-related), attitudinal (biases or others), and/or physical.

8. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWTD among the selectees for new hires to supervisory positions? If “yes”, describe the trigger(s) in the text box. Select “n/a” if the applicant data is not available for your agency, and describe your plan to provide the data in the text box.

- a. New Hires for Executives (PWTD) Answer N/A
- b. New Hires for Managers (PWTD) Answer N/A
- c. New Hires for Supervisors (PWTD) Answer Yes

In FY21, the FDA only had access to applicant flow data for promotions to supervisory positions in the aggregate, meaning we did not have access to disaggregated AFD on promotions to Executives and Managers. With the available data, we were able to identify a trigger in the internal selection for PWDs, where the qualified applicant pool was 5% yet 0% of the qualified applicants were selected for a supervisory promotion. There seems to be a glass ceiling preventing qualified PWDs from being selected to supervisory positions at the FDA. We need to investigate whether the barrier is institutional/structural (policy-related), attitudinal (biases or others), and/or physical.

Section VI: Plan to Improve Retention of Persons with Disabilities

To be model employer for persons with disabilities, agencies must have policies and programs in place to retain employees with disabilities. In this section, agencies should: (1) analyze workforce separation data to identify barriers retaining employees with disabilities; (2) describe efforts to ensure accessibility of technology and facilities; and (3) provide information on the reasonable accommodation program and workplace assistance services.

A. VOLUNTARY AND INVOLUNTARY SEPARATIONS

1. In this reporting period, did the agency convert all eligible Schedule A employees with a disability into the competitive service after two years of satisfactory service (5 C.F.R. § 213.3102(u)(6)(i))? If “no”, please explain why the agency did not convert all eligible Schedule A employees.

Answer No

In accordance with the EEOC guidance, specifically The ABCs of Schedule A Tips for Hiring Managers on using the Schedule A Appointing Authority, agencies are strongly encouraged to make permanent appointments unless there is a compelling reason to do otherwise. There is no mandatory requirement to convert. However, when the employee is performing satisfactorily, agencies are strongly urged to convert Schedule A appointees at the end of the two-year period for noncompetitive conversion. The intent behind Schedule A is to help people with disabilities attain "civil service competitive status." Civil service competitive status is obtained through conversion to the competitive service, rather than remaining in the excepted service. The FDA did not convert all eligible Schedule A employees with a disability into the competitive service after two years of satisfactory service for varying reasons, e.g., EEOC guidance, individuals may have separated prior to conversion date, etc. The FDA will monitor Schedule A appointments to determine when an employee is eligible to be converted and ensure the proper personnel action is taken to convert Schedule A employees who perform satisfactorily and those who do not perform satisfactorily. The FDA OTS is developing Schedule A guidance to align with statutory, regulatory, OPM and EEOC guidance; to provide guidance on converting individuals to a permanent position in the competitive status; and what to do when an individual is not performing satisfactorily or having conduct-related issues.

2. Using the inclusion rate as the benchmark, did the percentage of PWD among voluntary and involuntary separations exceed that of persons without disabilities? If “yes”, describe the trigger below.

- a. Voluntary Separations (PWD) Answer No
- b. Involuntary Separations (PWD) Answer Yes

In FY21, the percentage of PWD among voluntary separations (3.96% Inclusion Rate) did not exceed that of persons without disabilities (4.84% Inclusion Rate). However, the percentage of PWD among involuntary separations (0.20% Inclusion Rate) did slightly exceed that of persons without disabilities (0.13%). Given the differences in the involuntary separations are ~.07 we do not detect a trigger, however, we will continuously monitor this metric to ensure PWDs are not being disparately separated involuntarily.

Seperations	Total #	Reportable Disabilities %	Without Reportable Disabilities %
Permanent Workforce: Reduction in Force	0	0.00	0.00
Permanent Workforce: Removal	20	0.10	0.12
Permanent Workforce: Resignation	247	0.69	1.47
Permanent Workforce: Retirement	340	1.88	1.96
Permanent Workforce: Other Separations	147	0.69	0.86
Permanent Workforce: Total Separations	754	3.37	4.40

3. Using the inclusion rate as the benchmark, did the percentage of PWTD among voluntary and involuntary separations exceed that of persons without targeted disabilities? If “yes”, describe the trigger below.

- a. Voluntary Separations (PWTD) Answer Yes
- b. Involuntary Separations (PWTD) Answer No

In FY21, the percentage of PWTD among voluntary separations (5.10% Inclusion Rate) exceeded that of persons without disabilities (4.84% Inclusion Rate). The percentage of PWTD among involuntary separations (0% Inclusion Rate) did not exceed that of persons without disabilities (0.13%). We do see a trigger in the voluntary separation rates of PWTDs which indicates we must look into specific nature of action codes and well as exit interview data to better understand the reasons why PWTDs are leaving and why it's a higher rate than non-PWTDs.

Seperations	Total #	Targeted Disabilities %	Without Targeted Disabilities %
Permanent Workforce: Reduction in Force	0	0.00	0.00
Permanent Workforce: Removal	20	0.00	0.12
Permanent Workforce: Resignation	247	0.65	1.43
Permanent Workforce: Retirement	340	1.96	1.96
Permanent Workforce: Other Separations	147	0.00	0.85
Permanent Workforce: Total Separations	754	2.61	4.35

4. If a trigger exists involving the separation rate of PWD and/or PWTD, please explain why they left the agency using exit interview results and other data sources.

In FY21 the top 5 reasons for leaving the FDA, as reflected in the nature of action codes, are as follows: 1) Retirement (43%), 2) Moving to Private Sector (23.7%), 3) Moving to New Federal agency (18.28%), 4) Other (7.77%) and 5) Expiration of Appointment (1.9%). The reasons for PWD and PWTD leaving the FDA were as follows: 1) Retirement (40%), 2) Moving to New Federal Agency (27%), 3) Moving to Self Employment (6.7%), 4) Expiration of Appointment (6.7%) and 5) Other (6.7%). The top 5 reasons for leaving for non-PWD/PWTDs, as reflected in exit interviews, were 1) Leaving for a Career Change (12.8%), 2) Leaving to obtain a better salary (11.8%), 3) Leaving for a promotion (10.9%), 4) Leaving to obtain better professional development/training opportunities (7.4%), 5) Leaving because of organizational culture/work environment (7%). The top 5 reasons for leaving for PWD and PWTDs, as reflected in exit interviews, were 1) Leaving for a Promotion (14.9%), 2) Leaving because of dissatisfaction with senior leader/manager (10.6%), 3) Leaving for career change (10.6%), 4) Leaving for another reason (8.5%), 5) Leaving to obtain a better salary (8.5%). The main identified difference between PWD and PWTDs is how they cite dissatisfaction

with senior/leader manager as one of the top 5 reasons for leaving, however non-PWD/PWTDs also cite this as a reason but it lands as #7 with 6.2% of the response rate vs 10.6% for PWD/PWTDs.

B. ACCESSIBILITY OF TECHNOLOGY AND FACILITIES

Pursuant to 29 CFR §1614.203(d)(4), federal agencies are required to inform applicants and employees of their rights under Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. § 794(b), concerning the accessibility of agency technology, and the Architectural Barriers Act of 1968 (42 U.S.C. § 4151-4157), concerning the accessibility of agency facilities. In addition, agencies are required to inform individuals where to file complaints if other agencies are responsible for a violation.

1. Please provide the internet address on the agency's public website for its notice explaining employees' and applicants' rights under Section 508 of the Rehabilitation Act, including a description of how to file a complaint.

<https://www.fda.gov/about-fda/about-website/internet-accessibility> and <https://www.fda.gov/media/80908/download>

2. Please provide the internet address on the agency's public website for its notice explaining employees' and applicants' rights under the Architectural Barriers Act, including a description of how to file a complaint.

The Agency does not currently have an Architectural Barriers Act located on its public website.

3. Describe any programs, policies, or practices that the agency has undertaken, or plans on undertaking over the next fiscal year, designed to improve accessibility of agency facilities and/or technology.

The FDA, along with the Department of Health and Human Services, has a commitment to the accessibility and functionality of the web site content for all Americans. This commitment takes the form of a constantly evolving service of improving accessibility for our community of users. As the technology of the internet evolves, the FDA shares with its users the ongoing improvement of FDA websites and its services. For individuals with disabilities who are having problems accessing information on the FDA web site using assistive technology, they are encouraged to contact the FDA 508 Coordinator (FDA508Coordinator@fda.hhs.gov). The FDA is committed to making content accessible to everyone. For individuals submitting presentations or documents to the FDA, guidance for formatting documents properly and assisting FDA efforts in equivalent access and transparency is provided. At this time, virtually all FDA information is being made accessible via screen readers and other accessibility tools with the exception of some pre-2001 information, dockets, and some technical documents, which may not be available in accessible formats.

C. REASONABLE ACCOMMODATION PROGRAM

Pursuant to 29 C.F.R. § 1614.203(d)(3), agencies must adopt, post on their public website, and make available to all job applicants and employees, reasonable accommodation procedures.

1. Please provide the average time frame for processing initial requests for reasonable accommodations during the reporting period. (Please do not include previously approved requests with repetitive accommodations, such as interpreting services.)

The average time for processing reasonable accommodation requests during FY21 was 30.5 days. The Agency's established timeframe for processing reasonable accommodation requests is 60 days. Review of processing procedures, as well as timeframes, was completed during FY21 and revised projected to emulate best practices from other federal agencies best practices starting in FY22.

2. Describe the effectiveness of the policies, procedures, or practices to implement the agency's reasonable accommodation program. Some examples of an effective program include timely processing requests, timely providing approved accommodations, conducting training for managers and supervisors, and monitoring accommodation requests for trends.

The Agency is currently upgrading tracking procedures and has employed resources to accurately capture requests. System and

procedural changes, and one additional staff member, assisted with a 52% decrease in recorded processing days from FY20 (FY21 – 30.5 days from FY20 – 58.3 days). An adjustment of tracking processes allowed a more accurate view of request statuses, enabling subsequent prompt follow-up from the RAO to ensure timely determination and implementation of accommodation requests, as applicable. Continuance of Agency maximum telework posture trainings by the RAO were conducted virtually during FY21. RAO has developed and implemented presentations for the Agency’s bi-weekly New Employee Orientation. During FY21 around 600 supervisors and managers were provided with one to two hours of reasonable accommodation training through such venues as quarterly Office of Regulatory Affairs (ORA) Supervisory Personnel Practices for new supervisors and supervisory refreshers, in addition to FDA University Supervisory 101 and 201. Throughout FY21, the RAO continued to coordinate training offerings with FDA Centers/Offices for managers and supervisors on an ad-hoc basis, including executive and senior leadership from two FDA Centers. During FY21, the RAO to provide Executive Officers and senior officials of the agency with monthly status/trend reports of FDA and Center/Office specific reasonable accommodation requests. The reasonable accommodation workgroup established in FY19 completed the review and revision of the FDA reasonable accommodation policies and procedures during FY21. The revised policy has been submitted to the EEOC for review and endorsement. In FY22, the FDA submitted the revised “Staff Manual Guide: Policy and Procedures for Providing Reasonable Accommodation for Individuals with Disabilities” (SMG for RA) to EEOC for review which contains the procedures for PAS, as allowed by EEOC guidance. When approved by EEOC, the updated SMG for RA be updated on the FDA public website at: <https://www.fda.gov/about-fda/office-operations/reasonable-accommodations>.

D. PERSONAL ASSISTANCE SERVICES ALLOWING EMPLOYEES TO PARTICIPATE IN THE WORKPLACE

Pursuant to 29 CFR §1614.203(d)(5), federal agencies, as an aspect of affirmative action, are required to provide personal assistance services (PAS) to employees who need them because of a targeted disability, unless doing so would impose an undue hardship on the agency.

Describe the effectiveness of the policies, procedures, or practices to implement the PAS requirement. Some examples of an effective program include timely processing requests for PAS, timely providing approved services, conducting training for managers and supervisors, and monitoring PAS requests for trends.

FDA’s procedures for Personal Assistance Services (PAS) include processing of requests on a case-by-case basis. During FY21 we received one request for PAS which was later withdrawn. Requests for PAS are processed by the Reasonable Accommodation Office and may be submitted by the employee, a third party, and/or the supervisor. Information for submitting related requests can be found at: <https://fda.sharepoint.com/sites/OC-Intranet-OC-OO-OEMS-DCCP/SitePages/Reasonable-Accommodations.aspx> In FY22, the FDA submitted the revised “Staff Manual Guide: Policy and Procedures for Providing Reasonable Accommodation for Individuals with Disabilities” (SMG for RA) to EEOC for review which contains the procedures for Personal Assistance Services (PAS) procedure, as allowed by EEOC guidance. When approved by EEOC, the updated SMG for RA be updated on the FDA public website at: <https://www.fda>.

Section VII: EEO Complaint and Findings Data

A. EEO COMPLAINT DATA INVOLVING HARASSMENT

1. During the last fiscal year, did a higher percentage of PWD file a formal EEO complaint alleging harassment, as compared to the governmentwide average?

Answer No

2. During the last fiscal year, did any complaints alleging harassment based on disability status result in a finding of discrimination or a settlement agreement?

Answer Yes

3. If the agency had one or more findings of discrimination alleging harassment based on disability status during the last fiscal year, please describe the corrective measures taken by the agency.

There were no findings. Settlement agreement terms included attorney’s fees and lump sum payments to complainants.

B. EEO COMPLAINT DATA INVOLVING REASONABLE ACCOMMODATION

1. During the last fiscal year, did a higher percentage of PWD file a formal EEO complaint alleging failure to provide a reasonable accommodation, as compared to the government-wide average?

Answer No

2. During the last fiscal year, did any complaints alleging failure to provide reasonable accommodation result in a finding of discrimination or a settlement agreement?

Answer Yes

3. If the agency had one or more findings of discrimination involving the failure to provide a reasonable accommodation during the last fiscal year, please describe the corrective measures taken by the agency.

There were no findings. Settlement agreement terms included attorney's fees and lump sum payments to complainants.
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Section VIII: Identification and Removal of Barriers

Element D of MD-715 requires agencies to conduct a barrier analysis when a trigger suggests that a policy, procedure, or practice may be impeding the employment opportunities of a protected EEO group.

1. Has the agency identified any barriers (policies, procedures, and/or practices) that affect employment opportunities for PWD and/or PWTD?

Answer No

2. Has the agency established a plan to correct the barrier(s) involving PWD and/or PWTD?

Answer Yes

3. Identify each trigger and plan to remove the barrier(s), including the identified barrier(s), objective(s), responsible official(s), planned activities, and, where applicable, accomplishments

Source of the Trigger:		Workforce Data (if so identify the table)				
Specific Workforce Data Table:		Workforce Data Table - B1				
STATEMENT OF CONDITION THAT WAS A TRIGGER FOR A POTENTIAL BARRIER: Provide a brief narrative describing the condition at issue. How was the condition recognized as a potential barrier?		There's a trigger in the total representation of People with Disabilities (PWD) and People with Targeted Disabilities (PWTDs) in the permanent workforce.				
STATEMENT OF BARRIER GROUPS:		<i>Barrier Group</i> People with Disabilities People with Targeted Disabilities				
Barrier Analysis Process Completed?:		N				
Barrier(s) Identified?:		N				
STATEMENT OF IDENTIFIED BARRIER: Provide a succinct statement of the agency policy, procedure or practice that has been determined to be the barrier of the undesired condition.		Barrier Name Low Entry of PWD and PWTDs to FDA	Description of Policy, Procedure, or Practice We have not yet identified a specific policy, practice, or procedure that is directly impacting the low entry of PWD and PWTDs to the FDA workforce, however, we have theorized that the lack of a policy and practice of communicating our 12% and 2% goals in addition to lack of expanded Agency-wide training and education about the benefits of hiring PWDs and PWTDs might be contributing to this lack of representation. Further analysis needs to be done in order to objectively identify the cause or multiple causes.			
Objective(s) and Dates for EEO Plan						
Date Initiated	Target Date	Sufficient Funding / Staffing?	Date Modified	Date Completed	Objective Description	
09/30/2021	09/30/2025	Yes			To ensure the agency meets or exceeds EEOCs 12% and 2% regulatory goal for PWD and PWTDs.	
Responsible Official(s)						
Title		Name		Standards Address The Plan?		
Director, OEEO		LaKeisha McClendon		Yes		
Planned Activities Toward Completion of Objective						
Target Date	Planned Activities			Sufficient Staffing & Funding?	Modified Date	Completion Date
09/30/2022	OEEO and OHCM will establish a consistent method of communicating EEOCs 2% and 12% goals and tracking for increasing the representation of persons with disabilities and persons with targeted disabilities.			Yes		

Planned Activities Toward Completion of Objective				
Target Date	Planned Activities	Sufficient Staffing & Funding?	Modified Date	Completion Date
04/30/2022	The OEEO, via the DEIA Workgroup, will establish a series of working teams that will focus on implementing objectives outlined in the DEIA Strategic Plan. Specifically Objective #5, which focuses on running barrier analysis to understand opportunities and recommend actions to enhance outreach, recruitment, and retention efforts to increase representation of underrepresented groups, and Objective #6, which places particular focus on improving accessibility across the agency by ensuring processes around accessibility communications, reasonable accommodation, facility-related concerns etc. meet employee needs.	Yes		
Report of Accomplishments				
Fiscal Year	Accomplishment			
2021	Accomplishments will be reflected in the FY22 report.			

4. Please explain the factor(s) that prevented the agency from timely completing any of the planned activities.

The FDA is reassessing its planned activities to address gaps in the disability program. Past planned activities were not a result of a true barrier analysis, thus measuring them is not feasible. The OEEO will address this deficiency by conducting a gap analysis on the EEO program. The FDA’s DEIA 2022-2025 Strategic Plan has objectives to enhance the collection, analysis, and reporting of demographic data (Objective 4); enhance outreach, recruitment, and retention efforts to increase representation of underrepresented groups (Objective 5) and to improve accessibility across the Agency (Objective 6). As part of DEIA implementation, FDA has established a cross-agency Barrier Analysis team (Objective Team 5). This team includes Human Capital professionals, DEIA subject matter experts (SMEs), and other SMEs from across the Agency. FDA identified that there was a general lack of understanding of what barrier analysis is across the Agency. Due to the lack of institutional knowledge, there was a need to provide barrier analysis training. The barrier analysis training process began with FDA arranging through the EEOC to provide barrier analysis training to the DEIA Objective Team 5 on May 3, 2022. This training was recorded and made available to all the DEIA Objective Team co-chair for awareness. The intent of DEIA Objective 5 is to understand barriers to achieving representation that reflects the Civilian Workforce within each grade level and establish targeted programs to remove those barriers across various stages of the employee lifecycle. The Agency has established a measurement approach in Objective 5 to monitor progress to the degree to which FDA’s workforce representation matches the Civilian Workforce within each grade level, including representation across PWD, and PWTD in line with Schedule A hiring authority. Objective Team 5 will establish a process consistent with the EEOC requirements and will begin conducting barrier analysis, quarterly self-assessments, and in-depth workforce analysis to identify barriers throughout the employee lifecycle. The outcome of the work from the DEIA Objective Teams during the implementation period, will 1) develop a resource toolkit that will support the identification of triggers; 2) performing barrier analysis; 3) develop and implement actions plans to address each barrier; and 4) review the effectiveness of the plans. The Objective Team will report back to the EEOGC on a regular basis.

5. For the planned activities that were completed, please describe the actual impact of those activities toward eliminating the barrier(s).

N/A

6. If the planned activities did not correct the trigger(s) and/or barrier(s), please describe how the agency intends to improve the plan for the next fiscal year.

N/A