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 FY22, the FDA did not have a trigger involving PWDs in the GS-1 to GS-10 cluster (18.33%) nor GS-11 (13.88%) of the workforce within these grade series identified as having a disability. However, FDA did have a trigger in the GS-12 to Senior Executive Service (SES) cluster. The data indicates that representation of PWDs steadily declines starting at GS-12 (8.12%), GS-13 (6.46%), followed by GS-14 (4.89%), GS-15 (2.89%), and finally SES (0%). This indicates a possible blocked pipeline where PWDs are encountering obstacles in grade levels prior to more senior-level grades. Note: the FDA does have other senior level positions of which PWDs represented 3.01% in FY22.

*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 FY22, the FDA did not have a trigger involving PWTDs in the GS-1 to GS-10 cluster (3.49%), GS-11 (3.49%), or GS-12 (2.24%) of the workforce within these grade series identified as having a targeted disability. However, FDA did have a trigger in the GS-13 to SES cluster. The data indicates that representation of PWTDs steadily declines starting at GS-13 (1.58%), GS-14 (1.45%), GS-15 (0.71%), and finally SES (0%). This indicates a possible blocked pipeline where PWTDs are encountering obstacles in grade levels prior to more senior-level grades. Note: the FDA does have other senior level positions of which PWDs represented 0.92% in FY22.

Grade Level Cluster(GS or Alternate Pay Planb)	Total	Reportable Disability		Targeted Disability	
	#	#	%	#	%
Numarical Goal	--	12%		2%	
Grades GS-1 to GS-10	739	144	19.49	19	2.57
Grades GS-11 to SES	15340	874	5.70	130	0.85

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

On August 16, 2022, the FDA's Deputy Commissioner for Operations/Chief Operating Officer released a joint communication (Office of Equal Employment Opportunity and the Office of Talent Solutions) to inform of FDA's hiring goals for individuals with disabilities, that is, 12% for persons with disabilities (PWD) and 2% for persons with targeted disabilities (PWTD) to FDA managers and supervisors. This communication informed of the following: As the Nation's largest employer, the Federal Government has a special responsibility to lead by example in including people with disabilities in the workforce. EEOC regulations (29 C.F.R. § 1614.203(d)(7)) require agencies to establish specific numerical goals for increasing the employment and advancement of persons with reportable and targeted disabilities in the federal government. The U.S. Food and Drug Administration (FDA) is committed to being a model employer of a diverse workforce that includes persons with disabilities and persons with targeted disabilities. The FDA Office of Equal Employment Opportunity (OEEO), in collaboration with the Office of Talent Solutions (OTS), is developing a strategy to consistently communicate the hiring goals for persons with disabilities (PWD) and persons with targeted disabilities (PWTD). This strategy supports the Diversity, Equity, Inclusion and Accessibility (DEIA) 2022-2025 Strategic Plan, specifically Objective 6, which seeks to improve accessibility across the agency. This strategy also supports the EEOC's Management Directive 715 (MD-715) Requirements. To meet this federal hiring goal, the FDA adopted 12% for PWD and 2% for PWTD as the participation rate. FDA's commitment to this numerical goal is expressed not only in its annual MD-715 reports but will be reiterated to FDA hiring managers and supervisors, management officials and recruiters as a reminder to hire PWD and PWTD. As a hiring manager, you can help the FDA reach its hiring goals for PWD and PWTD by: § Participating in a Talent Launch (pre-consultation) meeting with your OTS Human Resources (HR) Specialist and ensuring the Talent Launch (pre-consultation) checklist includes the Schedule A Hiring Authority; and § Reviewing the FDA Resume Repository for pre-qualified individuals, which may reduce the time to hire a talented candidate from this hiring tool. For your awareness, applicants with disabilities may be hired noncompetitively through the Schedule A Hiring Authority. They may also choose to apply to participate in the competitive hiring process. The Schedule A Hiring Authority is a regulation (5 C.F.R. §213.3102(u)) issued by the Office of Personnel Management (OPM) that gives managers the flexibility to hire qualified persons with disabilities or targeted disabilities without competition. Applicants with disabilities may apply to available job opportunities via USAJOBS or the FDA Resume Repository. As a result of this communication, the FDA will continue to monitor and evaluate its recruitment of PWDs and PWTDs to ensure the hiring goals are being met.

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

1. 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 2022, the RAO staff included seven FTEs, to include two full time Interpreting Services staff. The office is projected to add two additional FTEs during FY23.

2. 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	
Processing reasonable accommodation requests from applicants and employees	7	0	0	Tiffany Branch, Director, OEMS, Tiffany.Branch@fda.hhs.gc
Special Emphasis Program for PWD and PWTD	0	0	1	Tameka Bell, Acting DEIA Program Manager Office of Equal Employment Opportunity (OEEO), FDA, Tameka.bell@fda.hhs.gov
Section 508 Compliance	1	0	0	Rita Harrison, IT Specialist (Internet), OIMT, Rita.Harrison@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.
Architectural Barriers Act Compliance	1	0	0	Donald Demers, Director, OFEMS, Donald.Demers@fda.hhs.g

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 (RA) staff members received a minimum of eight hours of reasonable accommodation related

training. The RA Office (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 the OTS FY23 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 No

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 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 is 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.

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

Target Date	*Completion Date*	*Planned Activity*
Sep 30, 2022		In FY22, OEEO will recruit for several vacancies to continue to build the effective management of Special Emphasis Programs.
Sep 30, 2023		In FY23, OEEO will continue to recruit for several vacancies to continue to build the effective management of Special Emphasis Programs. The goal is to have at least two positions filled by the end of the FY.

Accomplishments

Fiscal Year	*Accomplishment*
2022	The FDA EEO office hired a Diversity Program Manager in FY21, who provided crucial support to all aspects of the overall EEO program; however, this person departed in spring of 2022, and the Agency began the process of hiring to fill this vacancy. In FY22, OEEO actively began recruitment and hiring several additional positions to support EEO and DEIA Programs in FY22 and FY23. Additionally, in FY22, OEEO leveraged Government detailee support to fill essential positions to assist with DEIA Implementation, MD-715 report management and preparation, and Special Emphasis Programs. As part of the seven vacancies OEEO is actively recruiting, we will hire a senior policy advisor that will support with coordinating between HHS on Final Agency Decisions (FADs) and FDA's AHP-CREW, ensuring we have sufficient legal resources. Contractor support is helping address deficiencies and outline standard operating procedures to be utilized in the future. OEEO is seeking FY23 funding for three additional positions to support EEO and DEIA Programs. 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. 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.
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.

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

Target Date	*Completion Date*	*Planned Activity*
Sep 30, 2022	May 15, 2022	OEEO will assist OHCM in the development of anti-harassment training materials and will include examples of disability-based harassment.

Accomplishments

Fiscal Year	*Accomplishment*
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.b.5. Does the agency process all initial accommodation requests, excluding ongoing interpretative services, within the time frame set forth in its reasonable accommodation procedures? [see MD-715, II(C)] If "no", please provide the percentage of timely-processed requests, excluding ongoing interpretative services, in the comments column.
Objective	To process all initial accommodation requests, excluding ongoing interpretative services, within the time frame set forth in FDA's reasonable accommodation procedures.
Target Date	Sep 30, 2023
Completion Date	

Planned Activities

Target Date	*Completion Date*	*Planned Activity*
Sep 30, 2023		RAO supervisor, or designee, will continue monitoring of processing timeframes within the RAO and elevate delays for resolution, as applicable.
Sep 30, 2023		RAO is projected to hire two (2) Reasonable Accommodation Specialists during FY23.

Accomplishments

Fiscal Year	*Accomplishment*
2022	During the first through third quarter of the reporting period, 81% of reasonable accommodation requests were processed according to the policy timeframe. However, during the fourth quarter, 63% reasonable accommodation requests were processed according to the policy timeframe due to Executive Order 14043. In FY22, the FDA Reasonable Accommodations Office (RAO) collaborated with Department of Health and Human Services Operating Divisions to establish an Agency workgroup to address relevant COVID-19 Executive Order 14043 and Business-Driven Hybrid Workplace guidelines and protocol related to reasonable accommodation. RAO accomplished the following additional activities: • Revamped and launched a new internal reasonable accommodation Dashboard. • Finalized Agency's Staff Manual Guide for reasonable accommodation and submitted to EEOC for review and endorsement. • Decreased processing timeframes for reasonable accommodation requests by 25%. • Increased reasonable accommodation training by 30%. • Established internal contract for Personal Assistance Services (PAS). (Previously under HHS) • Collaborated with OEEO, presenting at the first FDA DEIA L.E.A.D. Symposium.

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	***Target Date***	***Completion Date***	***Planned Activity***
	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	***Fiscal Year***	***Accomplishment***	
	2022	The PAS was updated in FY22 and added to the new reasonable accommodation procedures SMG 3130.2 that was endorsed by EEOC on 12/16/2022, which will be updated on the internal website and FDA's external website. They will be posted on the FDA public website at: https:// www.fda.gov/ about-fda/ officeoperations/ reasonableaccommodations in FY23.	

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.

In 2022, 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. The FDA advertised over 1,000 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 created a Resume Repository tool that is used to track, store, and share resumes of PWD and PWTD, including 30% or 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 ensure 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, 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 Special Placement Program Staff (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 Specialists 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 HIPAA 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.) requirements for the position to be filled. Once the individual is determined to the 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 turn, 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. This solution continued to be used in 2022.] Once all other preemployment clearances are completed and it is 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 is 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 FY22, 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. This training is provided on a case-by-case basis or as needed to new supervisors and as a refresher to supervisors who already attended the sessions and for purposes of informing of enhancements to the repository or changes in/to the program.

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 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 FY22, FDA was not able to fully analyze applicant flow data for new hires in the permanent workforce. FDA recognizes that there is a gap in data where more than 50% of PWD and PWTD do not disclose their disability status, and therefore the data is not sufficiently reliable for analysis. The FDA was able to review high-level applicant flow data for all new hires 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. Through the start of the barrier analysis process started in FY22 through Objective team 5, the data indicated that triggers existed overall for PWD and PWTD. In addition, through the data gap analysis that through Objective 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. In FY23, FDA will continue the barrier analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

New Hires	Total	Reportable Disability	Targeted Disability

	(#)	Permanent Workforce (%)	Temporary Workforce (%)	Permanent Workforce (%)	Temporary Workforce (%)
% of Total Applicants	6526	2.50	1.55	1.06	0.86
% of Qualified Applicants	4534	2.65	1.50	1.15	0.73
% of New Hires	76	1.32	0.00	1.32	0.00

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 FY22, FDA was not able to fully analyze applicant flow data for new hires. FDA recognizes that there is a gap in data where more than 50% of PWD and PWTD do not disclose their disability status, and therefore the data is not sufficiently reliable for analysis. The FDA 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. Through the start of the barrier analysis process started in FY22 through Objective team 5, the data indicated that triggers existed overall for PWD and PWTD. In addition, through the data gap analysis that through Objective 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. In FY23, FDA will continue the barrier analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

New Hires to Mission-Critical Occupations	Total (#)	Reportable Disability New Hires (%)	Targetable Disability New Hires (%)
Numerical Goal	--	12%	2%
0301 MISC ADMIN/PROGRAM	11	0.00	0.00
0343 MGMT ANALYSIS	0	0.00	0.00
0401 GEN BIOLOG SCI	8	0.00	0.00
0403 MICROBIOLOGY	6	0.00	0.00
0405 PHARMACOLOGY	3	0.00	0.00
0601 GEN HLTH SCI	1	0.00	0.00
0602 MEDICAL OFF	0	0.00	0.00
0696 CONSUMER SAF	7	14.29	14.29
0701 VET MED SCI	0	0.00	0.00
0858 BIOMEDICAL ENGINEERING	0	0.00	0.00
1320 CHEMISTRY	4	0.00	0.00
1529 MATH STATISTICIAN	2	0.00	0.00
1811 CRIMINAL INVESTIGATING	0	0.00	0.00
2210 INFORMATION TECHNOLOGY SPEC	7	0.00	0.00

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 FY22, FDA was not able to fully analyze applicant flow data for internal applicants. FDA recognizes that there is a gap in data where more than 50% of PWD and PWTD do not disclose their disability status, and therefore the data is not sufficiently reliable for analysis. The FDA 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. Through the start of the barrier analysis process in FY22 through Objective Team 5, the data indicated that triggers existed overall for PWD and PWTD. In addition, through the data gap analysis through Objective 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. In FY23, FDA will continue the barrier analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

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 FY22, FDA was not able to fully analyze applicant flow data for promotions because the Agency is unable to establish the qualified applicant benchmark. FDA recognizes that there is a gap in data where more than 50% of PWD and PWTD do not disclose their disability status, and therefore the data is not sufficiently reliable for analysis. The FDA 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. Through the start of the barrier analysis process in FY22 through Objective Team 5, the data indicated that triggers existed overall for PWD and PWTD. In addition, through the data gap analysis through Objective 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. In FY23, FDA will continue the barrier analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

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
Fellowship Programs	N/A	N/A	N/A	N/A	N/A	N/A
Mentoring 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	N/A
Coaching Programs	N/A	N/A	N/A	N/A	N/A	N/A
Training Programs	N/A	N/A	N/A	N/A	N/A	N/A
Other Career Development Programs	N/A	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 a centralized data collection process for PWD or PWTD applicants for fellowship, career development, coaching, training, or detail programs. We are looking at capturing this information in future reports. In addition, through the data gap analysis that through Objective Team 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps.

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 a centralized data collection process for PWD or PWTD applicants for fellowship, career development, coaching, training, or detail programs. We are looking at capturing this information in future reports. In addition, through the data

gap analysis that through Objective Team 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps.

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 FY22 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 20.19%, PWTD had an inclusion rate of 20.94% and non-PWD/PWTD had a 22.99% inclusion rate. However, PWD and PWTDs received time-off awards at a higher rate than non-PWD/PWTDs for the following time allotments: 11-20 hours, 21-30 hours. At 31-40 hour, PWTDs received a higher rate of awards, whereas PWD received a lower rate. At 41-80 hours, PWDs and 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 (only PWTD, PWD had a lower rate than PWOD) -$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 - $6000-$6999 - $8000-$8999 - $10000-$19999 - $20000-$20999.

Time-Off Awards	Total (#)	Reportable Disability %	Without Reportable Disability %	Targeted Disability %	Without Targeted Disability %
Time-Off Awards 1 - 10 hours: Awards Given	3277	18.62	20.00	22.22	18.00
Time-Off Awards 1 - 10 Hours: Total Hours	28497	157.61	173.83	192.16	151.59
Time-Off Awards 1 - 10 Hours: Average Hours	8	0.78	0.06	5.23	0.00
Time-Off Awards 11 - 20 hours: Awards Given	3840	24.73	23.22	26.80	24.37
Time-Off Awards 11 - 20 Hours: Total Hours	71979	449.08	436.37	467.32	445.90
Time-Off Awards 11 - 20 Hours: Average Hours	18	1.75	0.13	11.11	0.11
Time-Off Awards 21 - 30 hours: Awards Given	3216	20.66	19.37	22.88	20.27
Time-Off Awards 21 - 30 Hours: Total Hours	89021	571.19	536.88	585.62	568.68
Time-Off Awards 21 - 30 Hours: Average Hours	27	2.62	0.19	16.34	0.23
Time-Off Awards 31 - 40 hours: Awards Given	5181	30.65	31.48	30.72	30.64
Time-Off Awards 31 - 40 Hours: Total Hours	228027	1284.87	1391.88	1298.69	1282.46
Time-Off Awards 31 - 40 Hours: Average Hours	44	3.98	0.31	27.45	-0.11
Time-Off Awards 41 or more Hours: Awards Given	1	0.00	0.01	0.00	0.00
Time-Off Awards 41 or more Hours: Total Hours	48	0.00	0.33	0.00	0.00
Time-Off Awards 41 or more Hours: Average Hours	48	0.00	0.33	0.00	0.00

Cash Awards	Total (#)	Reportable Disability %	Without Reportable Disability %	Targeted Disability %	Without Targeted Disability %
Cash Awards: $501 - $999: Awards Given	4453	28.90	26.56	31.37	28.47
Cash Awards: $501 - $999: Total Amount	3298856	21686.03	19670.82	25155.56	21081.44
Cash Awards: $501 - $999: Average Amount	740	72.74	5.14	523.53	-5.81
Cash Awards: $1000 - $1999: Awards Given	6605	41.03	39.82	38.56	41.46
Cash Awards: $1000 - $1999: Total Amount	9195360	56666.54	55532.48	50918.30	57668.22
Cash Awards: $1000 - $1999: Average Amount	1392	133.95	9.68	862.75	6.95
Cash Awards: $2000 - $2999: Awards Given	4338	20.47	27.21	18.30	20.84
Cash Awards: $2000 - $2999: Total Amount	10676931	50080.02	67009.77	44782.35	51003.19
Cash Awards: $2000 - $2999: Average Amount	2461	237.34	17.10	1599.35	0.00
Cash Awards: $3000 - $3999: Awards Given	2901	11.45	18.60	11.11	11.50
Cash Awards: $3000 - $3999: Total Amount	10014130	39661.30	64226.32	39077.12	39763.10
Cash Awards: $3000 - $3999: Average Amount	3451	336.08	23.98	2298.04	-5.81
Cash Awards: $4000 - $4999: Awards Given	1043	3.49	6.72	3.27	3.53
Cash Awards: $4000 - $4999: Total Amount	4574091	15063.14	29490.43	14057.52	15238.38
Cash Awards: $4000 - $4999: Average Amount	4385	418.33	30.46	2811.11	1.37
Cash Awards: $5000 or more: Awards Given	657	1.26	4.30	1.31	1.25
Cash Awards: $5000 or more: Total Amount	6495638	13108.73	42548.46	8027.45	13994.19
Cash Awards: $5000 or more: Average Amount	9886	1008.34	68.73	4013.73	484.62

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

QSIs: PWDs and PWTDs received QSIs at a lower rate, PWD (3.70%) and PWTD (3.25%) than non-PWDs (4.78%). Performance-Based Pay Increases: PWDs and PWTDs received performance-based pay increases at a lower rate, PWD (0.09%) and PWTD (0.36%) than non-PWD (0.64%).

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, they are 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 Yes

        ii. Internal Selections (PWD) Answer Yes

    b. Grade GS-15

        i. Qualified Internal Applicants (PWD) Answer Yes

        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

In FY22, FDA was not able to conduct an accurate analysis for internal applicant and internal selections because the Agency is unable to establish the qualified applicant benchmark. In addition, FDA recognizes that there is a gap in data where more than 50% of PWD and PWTD do not disclose their disability status, and therefore the data is not sufficiently reliable for analysis. The FDA workforce in total is below the PWD 12% goal for GS-12 – SES and PWTD 2% goal for GS-13 – SES. This indicates that a glass wall exists for PWDs, which is a barrier preventing career advancement for qualified employees with a disability. Through the start of the barrier analysis process in FY22 through Objective Team 5, the data indicated that triggers existed for PWD and PWTD. In addition, through the data gap analysis through Objective 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. In FY23, FDA will continue the barrier analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

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

In FY22, FDA was not able to conduct an accurate analysis for internal applicant and internal selections because the Agency is unable to establish the qualified applicant benchmark. In addition, FDA recognizes that there is a gap in data where more than 50% of PWD and PWTD do not disclose their disability status, and therefore the data is not sufficiently reliable for analysis. The FDA workforce in total is below the PWD 12% goal for GS-12 – SES and PWTD 2% goal for GS-13 – SES. This indicates that a glass wall exists for PWDs, which is a barrier preventing career advancement for qualified employees with a disability. Through the start of the barrier analysis process in FY22 through Objective Team 5, the data indicated that triggers existed overall for PWD and PWTD. In addition, through the data gap analysis through Objective 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. In FY23, FDA will continue the barrier analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

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 FY22, FDA was not able to conduct an accurate analysis for new hires to the senior grade levels because the Agency is unable to establish the qualified applicant benchmark. In addition, FDA recognizes that there is a gap in data where more than 50% of PWD and PWTD do not disclose their disability status, and therefore the data is not sufficiently reliable for analysis. The FDA workforce in total is below the PWD 12% goal for GS-12 – SES and PWTD 2% goal for GS-13 – SES. Note: For new Hires, no data was available for the SES. This indicates that a blocked pipeline to senior grades exists for PWDs, which is a gap in the data for qualified employees with a disability. Through the start of the barrier analysis process in FY22 through Objective Team 5, the data indicated that triggers existed overall for PWD and PWTD. In addition, through the data gap analysis through Objective 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. In FY23, FDA will continue the barrier analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

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 FY22, FDA was not able to conduct an accurate analysis for new hires to the senior grade levels because the Agency is unable to establish the qualified applicant benchmark. In addition, FDA recognizes that there is a gap in data where more than 50% of PWD and PWTD do not disclose their disability status, and therefore the data is not sufficiently reliable for analysis. The FDA workforce in total is below the PWD 12% goal for GS-12 – SES and PWTD 2% goal for GS-13 – SES. Note: For new Hires, no data was available for the SES. This indicates that a blocked pipeline to senior grades exists for PWDs, which is a gap in the data for qualified employees with a disability. Through the start of the barrier analysis process in FY22 through Objective Team 5, the data indicated that triggers existed overall for PWD and PWTD. In addition, through the data gap analysis through Objective 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. In FY23, FDA will continue the barrier analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

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

FDA recognizes that there is a gap in data where more than 50% of PWD and PWTD do not disclose their disability status, and therefore the data is not sufficiently reliable for analysis. In FY22, 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. Using applicant flow aggregated data for Supervisors not compared to the benchmark, qualified internal applicants for PWD do not indicate that there is a trigger, however, for internal selections for PWD there appears to be a trigger. With the available data, we were able to identify a trigger in the internal selection for PWDs. 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. Through the start of the barrier analysis process in FY22 through Objective Team 5, the data indicated that triggers existed overall for PWD and PWTD. In addition, through the data gap analysis through Objective 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. In FY23, FDA will continue the barrier analysis to determine root cause and develop actions to overcome the barriers as well as continue to

work through resolving the data gaps.

6. Does your agency have a trigger involving PWTD 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 (PWTD) Answer N/A

        ii. Internal Selections (PWTD) Answer N/A

    b. Managers

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

        ii. Internal Selections (PWTD) Answer N/A

    c. Supervisors

        i. Qualified Internal Applicants (PWTD) Answer No

        ii. Internal Selections (PWTD) Answer No

FDA recognizes that there is a gap in data where more than 50% of PWD and PWTD do not disclose their disability status, and therefore the data is not sufficiently reliable for analysis. In FY22, 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. Using applicant flow aggregated data for Supervisors not compared to the benchmark, qualified internal applicants for PWTD, and for internal selections for PWTD there does not appear to be a trigger. With the available data, we were able to identify a trigger in the internal selection for PTWDs. 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. Through the start of the barrier analysis process in FY22 through Objective Team 5, the data indicated that triggers existed overall for PWD and PWTD. In addition, through the data gap analysis through Objective 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. In FY23, FDA will continue the barrier analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

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 FY22, FDA was not able to conduct an accurate analysis for new hires because the Agency is unable to establish the qualified applicant benchmark. FDA recognizes that there is a gap in data where more than 50% of PWD and PWTD do not disclose their disability status, and therefore the data is not sufficiently reliable for analysis. In FY22, 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. Using applicant flow aggregated data for Supervisors not compared to the benchmark, New Hires for PWD appears to be a trigger. With the available data, we were able to identify a trigger in the internal selection for PWDs. 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. Through the start of the barrier analysis process in FY22 through Objective Team 5, the data indicated that triggers existed overall for PWD and

PWTD. In addition, through the data gap analysis through Objective 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. In FY23, FDA will continue the barrier analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

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 No

In FY22, FDA was not able to conduct an accurate analysis for new hires because the Agency is unable to establish the qualified applicant benchmark. FDA recognizes that there is a gap in data where more than 50% of PWD and PWTD do not disclose their disability status, and therefore the data is not sufficiently reliable for analysis. In FY22, 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. Using applicant flow aggregated data for Supervisors not compared to the benchmark, New Hires for PWTD does not appear to be a trigger. With the available data, we were able to identify a trigger in the internal selection for PTWDs. 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. Through the start of the barrier analysis process in FY22 through Objective Team 5, the data indicated that triggers existed overall for PWD and PWTD. In addition, through the data gap analysis through Objective 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. In FY23, FDA will continue the barrier analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

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 FY22, the percentage of PWD among voluntary separations (5.32% Participation Rate) exceeded that of persons without disabilities (5.25% Participation Rate). Given the difference in the voluntary separations are ~.07% we do not detect a trigger, however, we will continuously monitor this metric to ensure PWDs are not being disparately separated voluntarily. The percentages of PWD among involuntary separations (1.53% Participation Rate) exceeded that of persons without disabilities (1.26% Participation Rate). We do see a trigger in the involuntary separation rates of PWDs which indicates we must look into specific nature of action codes as well as exit interview data to better understand the reasons why PWDs are leaving and why it's a higher rate than non-PWDs.

Seperations	Total #	Reportable Disabilities %	Without Reportable Disabilities %
Permanent Workforce: Reduction in Force	0	0.00	0.00
Permanent Workforce: Removal	11	0.19	0.06
Permanent Workforce: Resignation	316	1.86	1.82
Permanent Workforce: Retirement	430	2.60	2.47
Permanent Workforce: Other Separations	175	1.30	0.99
Permanent Workforce: Total Separations	932	5.94	5.33

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 FY22, the percentage of PWTD among voluntary separations (5.63% Participation Rate) exceeded that of persons without targeted disabilities (5.25% Participation Rate). The percentage of PWTD among involuntary separations (1.06% Participation Rate) did not exceed that of persons without disabilities (1.26% Participation Rate). We do see a trigger in the voluntary separation rates of PWTDs which indicated we must look into specific natures of action codes as 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	11	0.62	0.06
Permanent Workforce: Resignation	316	1.85	1.82
Permanent Workforce: Retirement	430	1.23	2.49
Permanent Workforce: Other Separations	175	0.62	1.01
Permanent Workforce: Total Separations	932	4.32	5.38

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 FY22 the top 5 reasons for leaving the FDA, as reflected in the nature of action codes, are as follows: 1) Retirement (48%), 2) Moving to Private Sector (20.5%), 3) Moving to New Federal agency (19%), 4) Other (7.7%) and 5) Expiration of Appointment

(1.4%) tied with Moving to Self-Employment (1.4%). The top reasons for leaving for non-PWD/PWTDs, as reflected in exit interviews, were Leaving to obtain a better salary (14.0%), Leaving for a career change (12.9%), Leaving for a promotion (12.9%), Leaving to obtain better professional development/training opportunities (5.1%), Leaving for another reason (5.1%), Leaving because of dissatisfaction with senior leaders/managers (4.9%, Leaving because of inadequate recognition for accomplishments (4.6%), Leaving because of dissatisfaction with work duties or responsibilities (4.2%). The top reasons for leaving for PWD and PWTDs, as reflected in exit interviews, were Leaving for a Promotion (16.4%), Leaving to obtain a better Salary (11.5%), Leaving for a career change (11.5%), Leaving for another reason (8.2%), Leaving because of dissatisfaction with senior leaders/managers (6.6%), Leaving because of dissatisfaction with work duties or responsibilities (6.6%), Leaving because of inadequate recognition for accomplishments (4.9%), Leaving because workload is too high (4.9%), Leaving because job is not challenging enough (4.9%), Leaving to have a better commute to work (4.9%). The main identified difference between PWD/PWTDs is how they do not cite dissatisfaction with organizational culture / work environment as one of the top 5 reasons for leaving, however non-PWD/PWTDs cite this as a reason land as #4/5 with 5.1% of the response rate vs 0.0% 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. In FY23, FDA will work on getting this posted as well as how to file a complaint on the 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 website 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 except for 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 FY22 was 23 business-days. The Agency's established timeframe for processing reasonable accommodation requests is 60 business days. Review of processing procedures, as well as timeframes, was completed during FY21 and implemented 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 FDA 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 25% decrease in recorded processing days from FY21 (FY22 – 23 days from FY20 – 30.5 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 FY22. RAO has developed and implemented presentations for the Agency's bi-weekly New Employee Orientation. During FY22, 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 FY22, 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 one FDA Center. During FY22, the RAO continues 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.

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. 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. The PAS was updated in FY22 and added to the Staff Manual Guide (SMG) 3130.2 that was endorsed by EEOC on 12/16/2022, which will be communicated Agency-wide in FY23 as well as posted on FDA internal and external websites.

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.

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:	***Barrier Group*** 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**	**Description of Policy, Procedure, or Practice**
	Low Entry of PWD and PWTDs to FDA	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 an 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	09/30/2023	

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		03/31/2022
09/30/2023	Complete the Barrier Analysis Toolkit, Objective 4 data gap analysis, and issuance of Objective 6 report: Accessibility Education and Communications Improvement Plan. Once the reports are completed, the Agency will prioritize initiatives, develop actions, and begin implementation of those actions.	Yes		

Report of Accomplishments	
Fiscal Year	**Accomplishment**
2022	In August 2022, a joint communication between OEEO and OHCM was issued to managers, supervisors, and executives regarding what the Agency PWD and PWTD 12% & 2% goals were and why these goals are important and how it could benefit the Agency. In addition, FDA conducted their inaugural DEIA L.E.A.D. Symposium in September 2022 for executives, managers, supervisors, and DEIA practitioners. During the all-day virtual symposium, there were two different breakout sessions around educating attendees on recruiting persons with disabilities as well as one on how to build a support system for persons with disabilities in striving to foster a more inclusive workplace. 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. 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. As we present in the FY21 MD-715, an estimated 125 Schedule A individuals were selected for employment opportunities via the FDA Resume Repository resource tool. 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. FDA leveraged their existing DEIA Workgroup, to establish series of working teams (Objective Teams) that will focus on implementing objectives outlined in the DEIA Strategic Plan. Specifically, Objective Team #5, which focused on establishing a barrier analysis process and began a barrier analysis to understand opportunities and recommend actions to enhance outreach, recruitment, and retention efforts to increase representation of underrepresented groups, and Objective Team #6, which focused on improving accessibility across the agency by ensuring processes around accessibility communications, reasonable accommodation, facility-related concerns etc. meet employee needs.
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.

Past planned activities were not a result of a true barrier analysis, thus measuring them is not feasible. FY20 – FY22 activities focused on establishing a holistic strategic approach to human capital/talent management (HC/TM), diversity, equity, inclusion, and accessibility (DEIA) and equal employment opportunity (EEO). To accomplish this, FDA is leveraging our forged partnership between the Office of Equal Employment Opportunity (OEEO), Office of Human Capital Management (OHCM), and Office of Talent Solutions (OTS) (formerly Office Human Resources), as well as other key stakeholders. In FY22, the FDA is reassessing its planned activities to address gaps in the disability 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 FDA now has greater alignment and coordination between OEEO, RAO, and OTS, all 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. Objective Team 5 established a barrier analysis a process consistent with the EEOC requirements and began conducting barrier analysis for three underrepresented populations to include Black/African American, Hispanic/Latino, and persons with disabilities and targeted disabilities. The barrier analysis will continue in FY23. The process includes quarterly self-assessments and in-depth workforce analysis to identify barriers throughout the employee lifecycle. The outcome of the work in FY23 from the DEIA Objective Teams during the implementation period will 1) develop a resource toolkit that will support the identification of triggers; 2) perform 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 FDA 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