Report to Congress

Strategic Workforce Plan

FYs 2023 to 2027

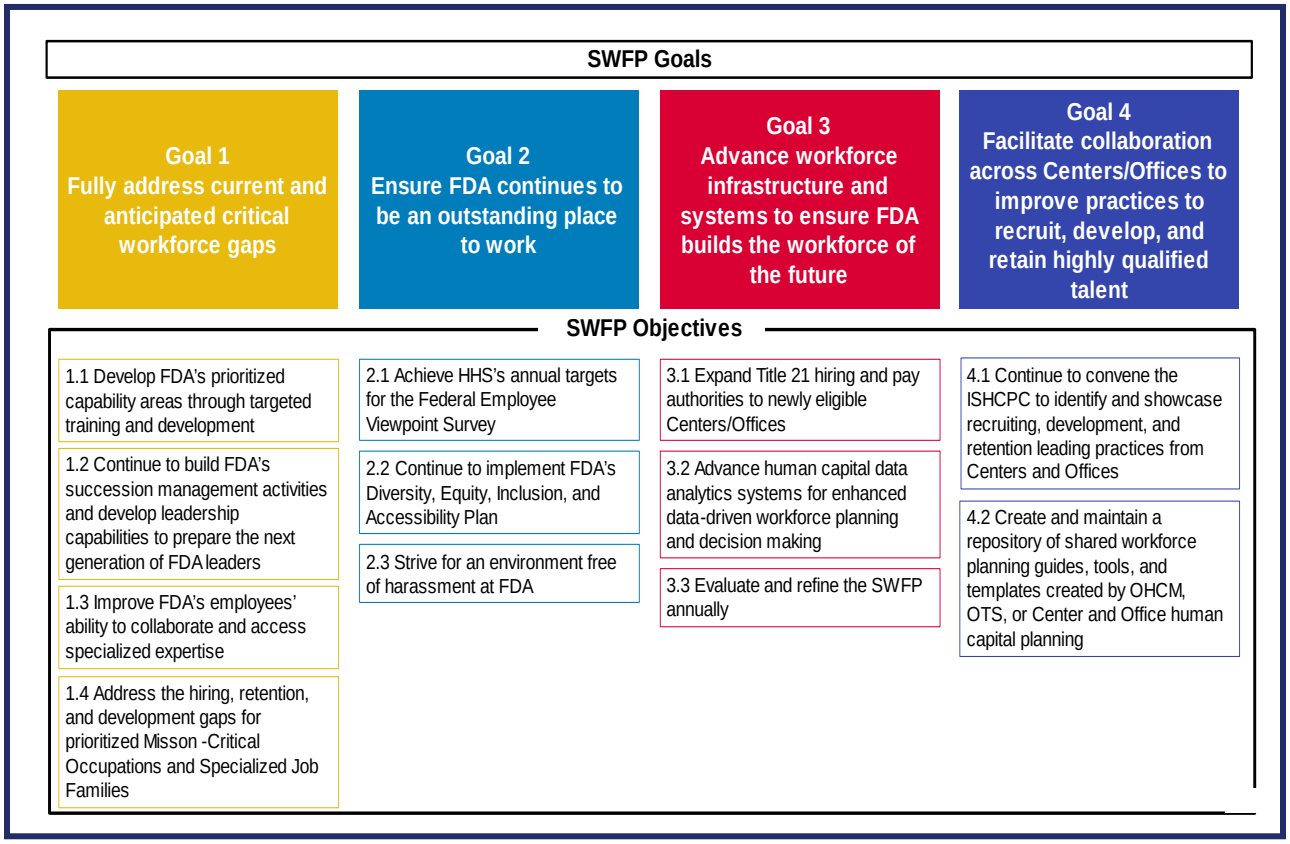
Submitted per the
Consolidated Appropriations Act, 2023
(P. L. 117-328)

Executive Summary

The overall goal of the Food and Drug Administration (FDA) Strategic Workforce Plan (SWFP) is to ensure the agency has the right talent in place at the right time to meet its mission to protect and promote the public health. In accordance with the Office of Personnel Management guidance[1] and strategic human capital planning best practices, this SWFP was developed to align with existing strategic goals and priorities, and to help advance key objectives and outcomes at both the FDA and Health and Human Services (HHS) levels. Diversity, equity, inclusion, and accessibility (DEIA) are integral to FDA's strategic workforce planning. To that end, we have dedicated strategic objective 2.2.2 of this plan to further reinforce FDA's commitment to building a diverse, equitable, inclusive, and accessible workplace where mission delivery and personal achievement coexist.

The goals and priorities of this plan are outlined in Figure ES-1.

Figure ES-1. SWFP Goals and Objectives.



[1] https://chcoc.gov/sites/default/files/Workforce%20Planning%20Guide_0.pdf.

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Acronym List

AG	Affinity Group
AI	Artificial Intelligence
ATLAS	Applicant Tracking Lifecycle Analysis Solution
BIAI	Belief in Action Indicator
CBER	Center for Biologics Evaluation and Research
CDER	Center for Drug Evaluation and Research
CDRH	Center for Devices and Radiological Health
CERSI	Centers of Excellence in Regulatory Science and Innovation
CFSAN	Center for Food Safety and Applied Nutrition
CTP	Center for Tobacco Products
CVM	Center for Veterinary Medicine
DEIA	Diversity, Equity, Inclusion, and Accessibility
EEI	Employee Engagement Index
EOSH	Environmental, Occupational, Safety, and Health
ePMAP	Electronic Performance Management Appraisal Program
ERG	Employee Resource Group
FDA	Food and Drug Administration
FDAU	FDA University
FEVS	Federal Employment Viewpoint Survey
FY	Fiscal Year
GS	General Schedule
GSI	Global Satisfaction Index
HESA	Hazard Exposure Self-Assessment
HHS	Department of Health and Human Services
HR	Human Resources
ISHCPC	Integrated Strategic Human Capital Planning Council
JIFSAN	Joint Institute for Food Safety and Applied Nutrition
LDC	Learning and Development Committee
LDP	Leadership Development Program
MCO	Mission-Critical Occupation
OC	Office of the Commissioner
OCS	Office of the Chief Scientist
ODT	Office of Digital Transformation
OEEO	Office of Equal Employment Opportunity

OHCM	Office of Human Capital Management
OLS	Office of Laboratory Safety
OPM	Office of Personnel Management
ORA	Office of Regulatory Affairs
ORISE	Oak Ridge Institute for Science and Education Research Program
OTS	Office of Talent Solutions
SCOT	Strengths, Challenges, Opportunities, and Threats
SJF	Specialized Job Family
STEM	Science, Technology, Engineering, and Mathematics
SWFP	Strategic Workforce Plan

I. Introduction

The overall goal of the Strategic Workforce Plan (SWFP) of the Food and Drug Administration (FDA or Agency) is to ensure FDA has the right talent in place at the right time to meet its mission. FDA's mission statement is displayed in Figure 1.

Figure 1. FDA's Mission Statement.

The FDA is responsible for protecting the public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices; and by ensuring the safety of our nation's food supply, cosmetics, and products that emit radiation.

FDA also has responsibility for regulating the manufacturing, marketing, and distribution of tobacco products to protect the public health and to reduce tobacco use by minors.

FDA is responsible for advancing the public health by helping to speed innovations that make medical products more effective, safer, and more affordable and by helping the public get the accurate, science-based information they need to use medical products and foods to maintain and improve their health.

FDA also plays a significant role in the nation's counterterrorism capability. FDA fulfills this responsibility by ensuring the security of the food supply and by fostering development of medical products to respond to deliberate and naturally emerging public health threats.

To create this strategic plan, FDA took a data-driven approach to:

- Identify current and future workforce challenges to be resolved to meet the organization's mission
- Focus on occupations and job families that are most critical to the mission's success
- Develop a comprehensive picture showing where gaps exist between the Agency's current workforce and its future workforce
- Identify and implement action strategies to close these gaps
- Overcome internal and external barriers to accomplishing goals
- Scale model programs at the Center and Office levels across the agency

This plan meets (1) the recommendations laid out in the January 2023 Government Accountability Office report titled *FDA Workforce: Agency-Wide Workforce Planning*

Needed to Ensure Medical Product Staff Meet Current and Future Needs[2] and (2) the requirement in section 3623 of the Consolidated Appropriations Act, 2023 (P.L. 117-328)[3] to submit a strategic workforce plan to Congress by September 30, 2023. In addition, this plan aligns with the Office of Management and Budget's (OMB's) Memo M-23-15, titled *Measuring, Monitoring, and Improving Organizational Health and Organizational Performance in the Context of Evolving Agency Work Environments*,[4] which recommends that agencies assess their organizational health, including their ability to recruit and retain top talent.

This plan includes the following sections:

- **Strategic Alignment**

  This section describes FDA's goals and objectives that are aligned with the agency's strategic workforce planning goals and the strategic goals of the Department of Health and Human Services (HHS).

- **Overview of Workforce Planning Approach**

  This section includes an FDA-adopted repeatable methodology that aligns with the Office of Personnel Management's (OPM's) Workforce Planning guidance.[5]

- **Current State of FDA's Workforce**

  This section summarizes the current state of FDA's workforce, shows the impact of COVID-19 on this workforce, and provides an environmental scan that highlights enterprise-wide strengths, challenges, threats, and opportunities related to FDA's workforce recruitment, development, and retention efforts.

- **2023 Gap Analysis and Prioritization**

  This section identifies and highlights occupations, specialized job families, and capabilities that are priorities for action.

- **SWFP Goals and Objectives**

  This section summarizes, through a chart, the goals, and objectives for fiscal year (FY) 2024 to 2027.

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[2] https://www.gao.gov/products/gao-22-104791.

[3] https://www.congress.gov/bill/117th-congress/house-bill/2617/text.

[4] https://www.whitehouse.gov/wp-content/uploads/2023/04/M-23-15.pdf.

[5] https://chcoc.gov/sites/default/files/Workforce%20Planning%20Guide_0.pdf.

- **2023 Action Plans**

  This section outlines the actions FDA will take under each objective. This section will update annually and provide a pathway to measurable success.

- **Roadmap for Evaluating Progress and Future Planning**

  This section outlines the process to refine and evaluate future plans.

- **Challenges and Risks of Implementing an SWFP**

  This section summarizes programmatic and operational risks across the enterprise in implementing this plan.

- **Appendices**

  These appendices provide detailed data about FDA's workforce.

II. Strategic Alignment

In accordance with OPM's Workforce Planning Guide and strategic human capital planning best practices, the SWFP was developed for several purposes, including (1) to ensure alignment with FDA's strategic goals and priorities, as well as HHS's strategic goals and priorities and (2) to help advance FDA's and HHS's key objectives and outcomes. Although the SWFP goals focus specifically on human capital and related requirements, the SWFP also supports the broader objectives of HHS and the FDA.

Table 1 illustrates the alignment of the SWFP's goals and HHS's strategic priorities. At the Agency level, multiple SWFP human capital objectives align with and directly support Agency priorities and support the Agency's mission success. In addition, he SWFP's goals are fully aligned with the 2022 government-wide Federal Workforce Priorities (https://www.opm.gov/policy-data-oversight/human-capital-management/federal-workforce-priorities-report/2022-federal-workforce-priorities-report.pdf), as documented in Appendix A.

Table 1. Alignment of FDA's SWFP Goals and HHS's Strategic Priorities.

HHS's Strategic Priorities	Goal 1: Fully Address Current and Anticipated Critical Workforce Gaps	Goal 2: Ensure FDA Continues To Be an Outstanding Place to Work	Goal 3: Advance FDA's Workforce Infrastructure and Systems to Ensure It Builds a Workforce of the Future	Goal 4: Facilitate Collaboration Across Centers/Offices to Improve Practices to Recruit, Develop, and Retain Highly Qualified Talent
Priority 1: Protect and Strengthen Equitable Access to High-Quality and Affordable Healthcare	(Not aligned to FDA's mission)			
Priority 2: Safeguard and Improve National and Global Health Conditions and Outcomes	■			■
Priority 3: Strengthen Social Well-Being, Equity, and Economic Resilience	■			■
Priority 4: Restore Trust and Accelerate Advancements in Science and Research for All	■	■	■	■
Priority 5: Advance Strategic Management to Build Trust, Transparency, and Accountability	■	■	■	■

III. Overview of FDA's Workforce Planning Approach

FDA's workforce planning approach was developed and implemented under the auspices of the Agency's Integrated Strategic Human Capital Planning Council (ISHCPC). FDA established the ISHCPC to support and guide the Office of Human Capital Management (OHCM) in designing and implementing a comprehensive, sustainable, and efficient workforce planning process at FDA. The ISHCPC serves as the focal point for ongoing integrated human capital planning at the enterprise level and ensures that Center- and Office-specific planning efforts are informed by and aligned with the Agency's overall workforce goals and priorities.

FDA created a governance structure and adopted a planning methodology aligned with OPM's Workforce Planning Guide. The ISHCPC includes representatives from all FDA Centers and Offices, with the Deputy Commissioner for Operations serving as the Executive Champion and the Director of OHCM serving as the Chair. The ISHCPC provides members with the opportunity for a meaningful exchange of information and collaborative approaches to meet common challenges related to workforce planning. The ISHCPC will conduct an annual review of the SWFP and ensure that revisions or updates to it are implemented as required.

The ISHCPC adopted FDA's Integrated Human Capital Planning Framework, which is depicted in Figure 2. The framework is a 6-phase model that guides FDA through its strategic workforce planning process. The model for the SWFP is consistent with OPM's strategic workforce planning cycle and related Workforce Planning Guide. This framework grounds the Agency's efforts in a proven, repeatable process that FDA will continue to refine and build to full maturity in future years.

Each of the following six phases of the framework, depicted in Figure 2, includes design features tailored to meet the specific needs of the Agency and its dynamic operational environment:

Support Function: FDA created a workforce planning support function and governance bodies to facilitate, on an ongoing basis, the workforce planning process. Although this is not a step in the OPM strategic workforce planning cycle, it has been a crucial investment in ensuring that the appropriate infrastructure is in place to create, implement, and evaluate the SWFP.

Strategic Direction: FDA examined federal strategic priorities, as well as HHS's and its own strategic priorities, and identified the requirements that the SWFP would need to cover to ensure strategic alignment at all levels.

Research and Analysis: The OHCM project team conducted an extensive environmental scan, surveying and interviewing staff at the Centers/Offices and examining data from a variety of sources to understand the strengths,

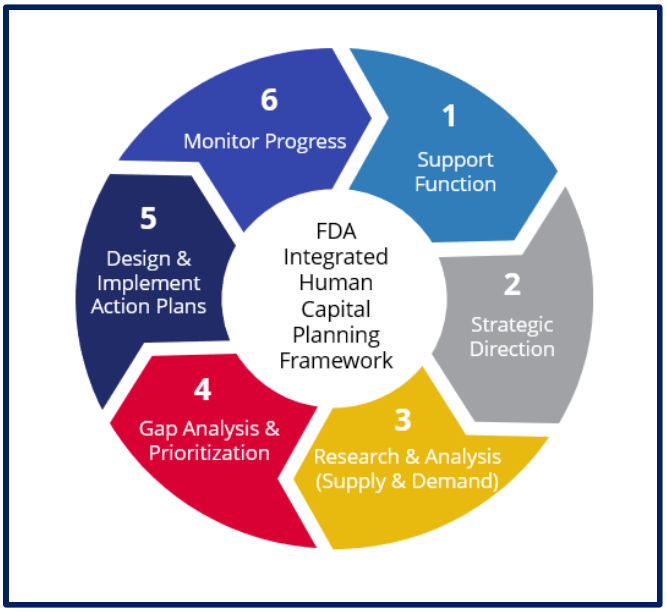
challenges, opportunities, and threats FDA faces regarding its hiring, recruiting, and development. A supply-and-demand analysis examined key occupations, job families, and critical capabilities to identify specific mission-critical areas of expertise.

Gap Analysis and Prioritization: Using the data collected in the Research and Analysis phase, FDA prioritized the key occupations, job families, and capability areas to be addressed in the action plans.

Design and Implement Action Plans: The ISHCPC identified four goals and 12 objectives. Each objective has an action plan with defined activities and outcome-based performance objectives.

Monitor Progress: The ISHCPC will continue to meet to advance and evaluate action plans, annually refine the action plans, and refresh the goals and objectives every 4 years.

Figure 2. FDA's Integrated Human Capital Planning Framework.

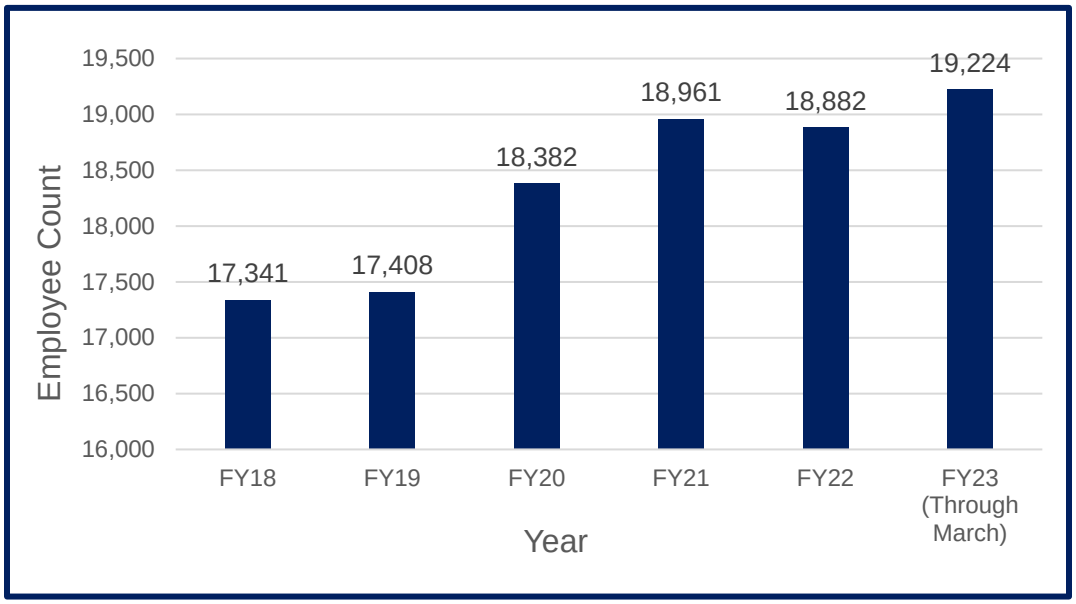


IV. Current State of FDA's Workforce

FDA's workforce has proved incredibly engaged, resilient, and committed to the Agency's mission, even throughout the COVID-19 pandemic. Recently, employers experienced the "Great Resignation,"[6] which accelerated attrition and levels of employee disengagement (or "quiet quitting"). In addition, rising turnover has been anticipated due to the "Silver Tsunami"—the resignations of the Baby Boomer generation.[7]

Despite these negative workforce trends, FDA's engagement has increased steadily in the past few years, while overall turnover has risen only slightly. FDA's overall employee count has remained relatively steady, with a slight dip from FY 2021 to FY 2022. Based on data as of March 2023, an overall staff increase is expected through the end of FY 2023 compared with FY 2022. See Figure 3 for the trend from FY 2018 through March 2023.

Figure 3. FDA's Employee Count, FY 2018 Through March 2023.



Evidence of FDA's strong employee engagement and commitment is found in its overall Federal Employee Viewpoint Survey (FEVS) scores. The FEVS results show that employees perceive FDA as a place to improve their skills, receive support from their supervisors for their development, and advance in the Agency. Over the past few years, the Agency's Employee Engagement Index (EEI); Global Satisfaction Index

[6] See, e.g., https://www.gallup.com/workplace/351545/great-resignation-really-great-discontent.aspx.

[7] See, e.g., https://www.forbes.com/sites/deborahwince-smith/2022/02/25/bracing-for-the-silver-tsunami/?sh=46c8448833e4.

(GSI); and Diversity, Equity, Inclusion, and Accessibility (DEIA) Index scores have all been higher than the overall federal government index scores (+10.1 percentage points, +11.8 percentage points, and +9.8 percentage points, respectively). FDA's EEI scores since 2018 have increased steadily year over year and have been significantly higher than the federal government. Although the GSI dipped 3.4 percentage points from 2020 to 2022, that drop was not as much of a decrease as the one for the overall federal government's GSI, which fell 7.0 percentage points during the same period. See Appendix section B2 for detailed FEVS trends and analysis.

At FDA, turnover decreased from FY 2019 to FY 2020; however, turnover has risen since FY 2020, as shown in Table 2, with retirements driving between 38 and 41 percent of these turnovers. Other than leaving based on retirement, the top reasons cited for leaving in exit surveys have been the lack of career growth opportunities and pay. Notably, though, career growth opportunities as a factor in leaving runs contrary to FDA's FEVS scores that show overall employee satisfaction in that area. More recent surveys have indicated that the uncertainty of telework status may be another contributing factor to this turnover.

Table 2. FDA's Workforce Trends, FY 2018 Through FY 2022.

Year	Retirements	Resignations	Transfers Out	Total Voluntary Losses	Turnover Rate
FY 2018	365	448	152	965	6.0%
FY 2019	331	399	189	919	5.3%
FY 2020	301	265	205	771	4.8%
FY 2021	381	361	185	927	5.5%
FY 2022	465	462	197	1124	6.5%

Pay arises as an issue along with workload in both FEVS results and interviews conducted for the SWFP effort. In fact, employee satisfaction with pay is one of the few areas with a downward 5-year trend in FEVS scores. The expansion of Title 21 to more Centers/Offices within FDA may be able to mitigate some of the pay concerns, though even Title 21 pay rates have a significant gap compared with market rates for many occupations and areas of expertise. Table 3 provides examples of mission-critical occupations or specialized job families for which the Title 21 pay for positions (Bands C and D) is lagging the market median. Bands C and D of Title 21 are equivalent to General Schedule (GS)-13 and GS-14, respectively.

Table 3. Percentage Difference of Title 21 Median Pay to Market Rates Per Occupation or Specialized Job Family in FY 2023.

Occupation or Specialized Job Family	Percentage Difference of Title 21 Median Pay Compared with Market Median for GS-13 and 14 Equivalents (in FY 2023)
Pharmaceutical Scientist	-20.76%
Pharmacokineticist	-17.02%
0405 Pharmacology	-16.03%
1529 Mathematical Statistics	-13.46%
1530 Statistics	-13.36%
1560 Data Science	-11.50%

A. Impact of the COVID-19 Pandemic

Overall, FDA rose to the hiring, retention, and development challenges posed by COVID-19, coming out even stronger with a highly engaged workforce and improved hiring processes. In 2022, FDA automated hiring which decreased hiring time by 63 percent across all hiring authorities to an Agency average of 45 days.

On March 17, 2020, FDA successfully shifted to a maximum telework posture to ensure the health, safety, and well-being of the FDA community in response to the COVID-19 pandemic. All mission-critical functions and essential support activities remained open and functioning across all operations. FDA developed a comprehensive strategy to reduce the transmission of the virus and maintain a safe work environment. FDA identified essential staff that worked onsite in FDA's facilities throughout the pandemic and established safety protocols, contact tracing procedures, and safe distancing measures at all its facilities. The Agency developed extensive guidance for supervisors and employees to guide them throughout the pandemic. Communications from leadership, town halls, and the weekly Telework Thrive Newsletter were available to inform FDA employees about resources and information to support their well-being and safety.

To address hiring and retention and other workforce challenges that continued throughout the pandemic and beyond, FDA developed a "Business-Driven Hybrid Workplace model" that allowed FDA to recruit and hire highly qualified and skilled employees who might not have applied for positions at FDA had there not been the opportunity to leverage workplace flexibilities. The model expanded workplace flexibilities, including telework and remote work based on the business needs of each center and office and the job duties of each position. Telework positions involve a portion of work, but not all work, that either must be completed at an Agency facility or requires access to specialized equipment, classified information, or in-person collaboration. Remote work positions involve portable work that can be completed away from Agency facilities without the need for access to specialized equipment, classified information, or in-person interaction.

The Agency now has a blueprint and plan for similar public health emergencies, as well as a comprehensive Continuity of Operations Plan for other types of emergencies. In addition, active threat awareness training and emergency instructions and guidance are available on FDA's intranet. The Alert FDA System, an enterprise-wide emergency notification system, allows FDA's Office of Security and Emergency Management to keep staff better informed by sending notifications to all FDA staff, nationwide. Alert FDA is an integrated platform that has the capability to send desktop alerts, email (personal and work) alerts, and mobile texts in the event of an emergency.

To better lay the groundwork for workforce planning efforts, FDA conducted an analysis of its current state, with a special focus on workforce hiring, development, and retention. The analysis included conducting an environmental scan of what current workforce planning efforts, outside of human resources (HR), were occurring across the Agency; identifying COVID-19's effects on the FDA workforce; and understanding the programmatic and operational risks of developing and implementing a SWFP.

As FDA planned to return to facilities, Agency leadership remained focused on the health and well-being of the workforce and recognized the need to continue to embrace flexibilities to support FDA's critical public health mission. The accomplishments the Agency achieved in accelerating COVID vaccine approvals and conducting all other regulatory functions while operating as a predominantly remote organization throughout the pandemic were monumental.

B. Strengths, Challenges, Opportunities, and Threats Analysis

FDA conducted a Strengths, Challenges, Opportunities, and Threats (SCOT) analysis of its enterprise-wide hiring, retention, and development efforts. Using a variety of qualitative and quantitative data sources, FDA outlined the key strengths and challenges it faces regarding its recruitment, development, and retention, as shown in Figure 4. Opportunities and threats to these efforts emerged through the lens of social, technical, and economic factors, as shown in Figure 5.

Figure 4. Strengths and Challenges in Recruitment, Development, and Retention

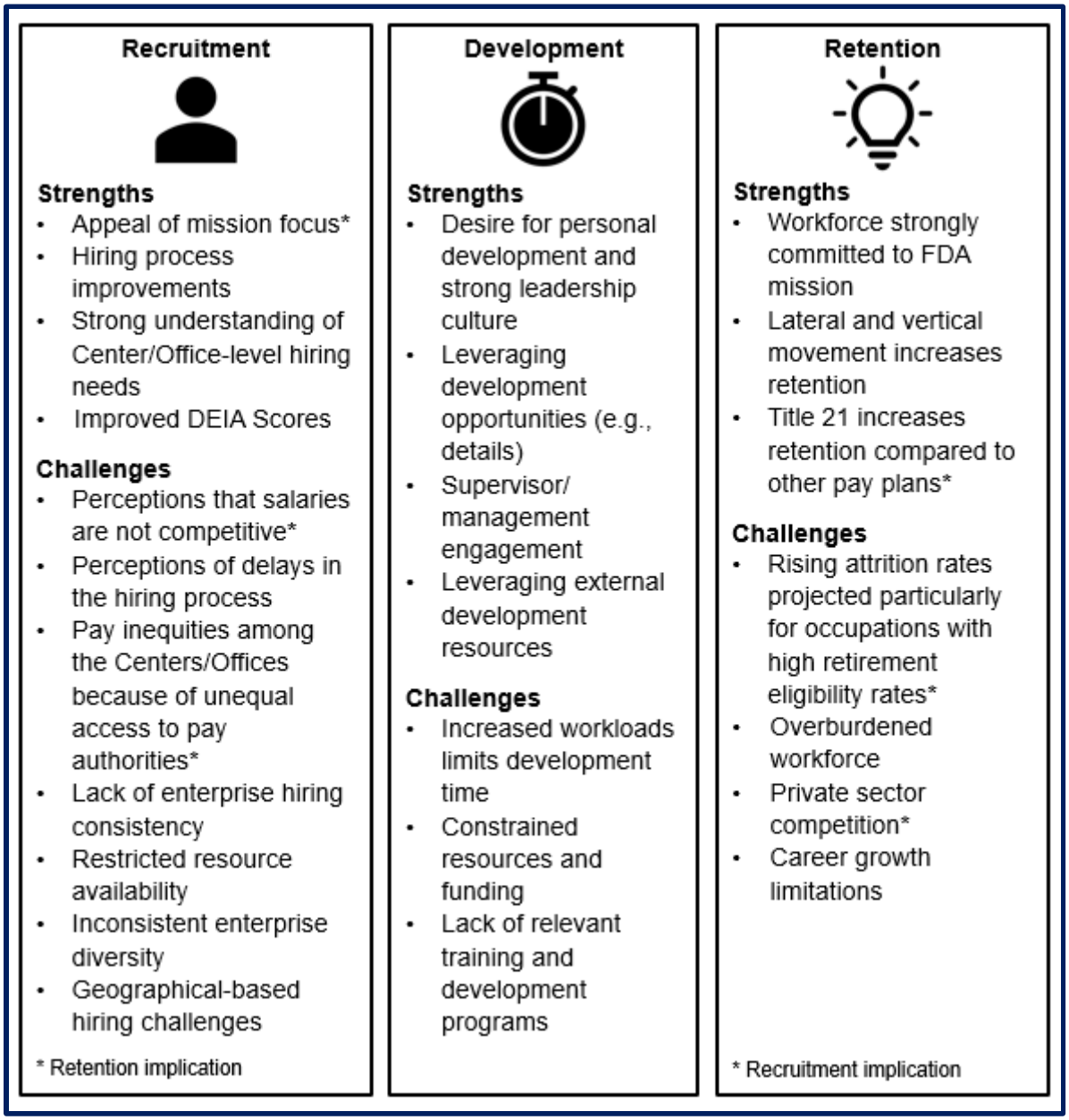
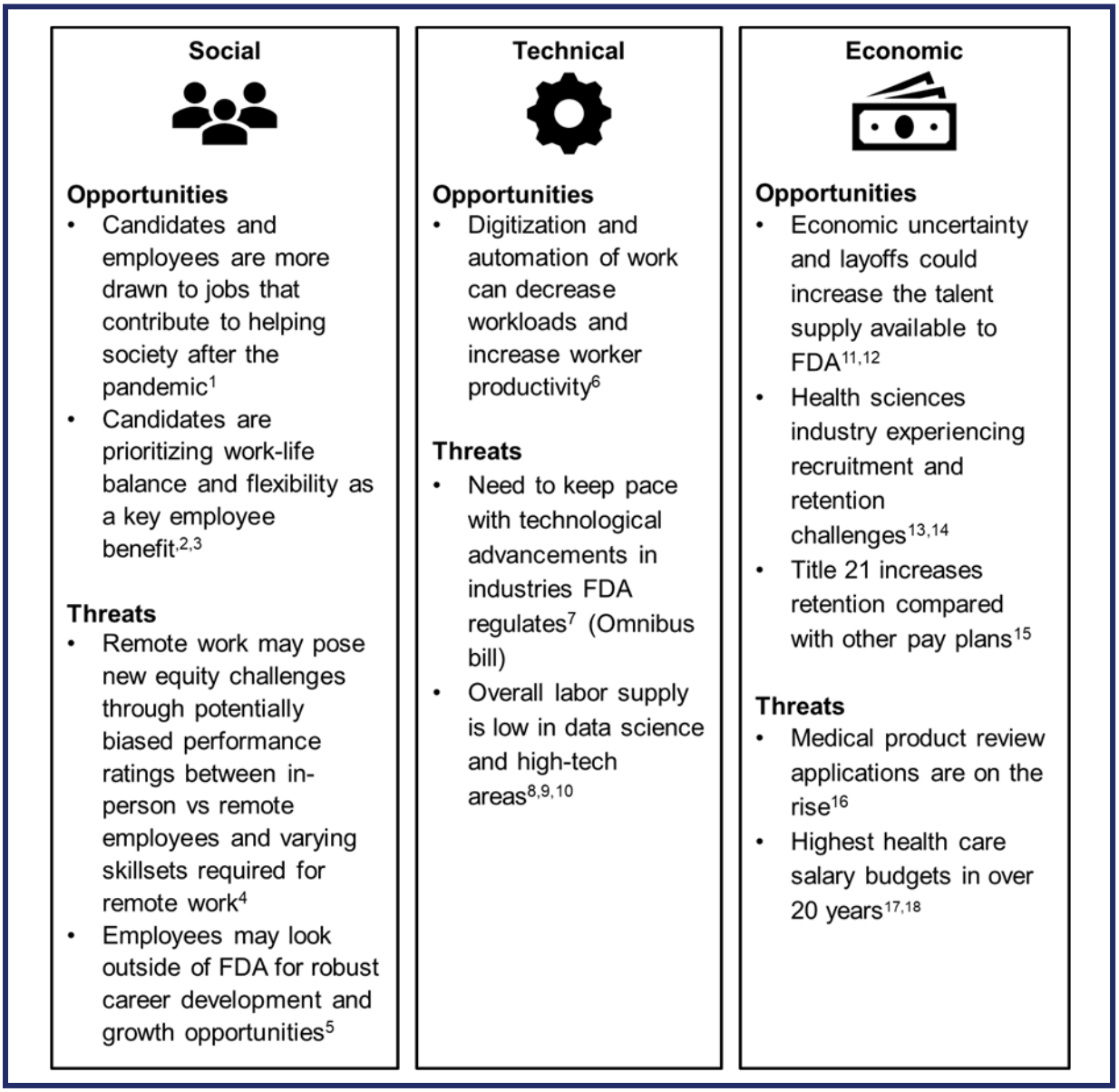


Figure 5. Threats and Opportunities to Hiring, Retention, and Development.



1 https://www.gartner.com/en/articles/employees-seek-personal-value-and-purpose-at-work-be-prepared-to-deliver.
2 https://www.mckinsey.com/capabilities/people-and-organizational-performance/our-insights/the-organization-blog/three-types-of-modern-flexibility-todays-workers-demand.
3 https://www.flexjobs.com/blog/post/flexjobs-survey-finds-employees-want-remote-work-post-pandemic/.
4 https://employerportal.aarp.org/age-inclusive-workforce/provide-flexibility-and-accessibility/article-4-ways-to-bridge-the-equity-gap-in-a-hybrid-workforce.
5 Ibid.
6 https://www.forbes.com/sites/michaelhorn/2022/10/20/employers-helping-employees-make-career-progress-can-combat-quiet-quitting/?sh=2ab745cf4011.
7 https://www.cnbc.com/2023/04/25/stanford-and-mit-study-ai-boosted-worker-productivity-by-14percent.html.
8 https://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf.
9 https://www.cbsnews.com/news/these-are-the-industries-with-the-biggest-labor-shortages/.

10 https://www.indeed.com/career-advice/finding-a-job/why-data-science-jobs-are-in-high-demand.
11 https://www.mckinsey.com/capabilities/people-and-organizational-performance/our-insights/the-organization-blog/shorter-for-longer-navigating-the-taut-talent-tightrope-amid-economic-uncertainty.
12 https://www.nextgov.com/people/2023/01/opm-pushes-rebrand-government-and-capitalize-tech-layoffs/381873/
13 https://time.com/6256070/no-more-mr-nice-boss/.
14 https://www.wtwco.com/en-US/Insights/2022/12/2023-pay-trends-in-the-pharmaceutical-and-health-sciences-industry.
15 https://www.wtwco.com/en-US/Insights/2022/12/2023-pay-trends-in-the-us-health-care-industry.
16 Internal FDA analysis
17 https://www.gao.gov/assets/gao-22-104791.pdf.
18 https://www.wtwco.com/en-US/Insights/2022/12/2023-pay-trends-in-the-pharmaceutical-and-health-sciences-industry.

V. Gap Analysis and Prioritization in 2023

Talent management challenges are particularly difficult in the science, technology, engineering, and mathematics (STEM) professions, which are critical to the development, regulation, and review of the products that FDA regulates. The National Science Board calls the shortage of STEM talent "urgent," with jobs increasing faster than the supply of talent qualified to fill those jobs.[8] STEM occupations are estimated to grow at 11 percent by 2031, compared with 5 percent for all occupations between 2021 and 2031.[9] Certain STEM occupations critical to FDA, such as the data science, epidemiology, and medical science occupations, are estimated to experience particularly high demand in the coming years, as shown in Table 4. The government faces an even greater disadvantage due to the citizenship requirement for most government positions and a steady decline of U.S. students in STEM majors.[10] In addition, these alarming forecasts do not account for the new demand in technological and data science jobs that the Creating Helpful Incentives to Produce Semiconductors and Science Act[11,] and the Infrastructure Investment Jobs Act may further exacerbate.[12]

Table 4. STEM and Non-STEM Employee Projections, 2021 to 2031 (in Thousands)

Occupation Category	Employment Change Estimated from 2021 to 2031
All Occupations	+5%
STEM Occupations	+11%
Data Science	+36%
Epidemiology	+26%
Medical Scientist (includes Toxicology and Pharmacology)	+17%

In addition to STEM shortages, FDA faces its own talent challenges. Many research, regulatory, and review positions require up to 3 years for someone with deep expertise in a STEM field to become fully trained in FDA's methods and processes. In addition to STEM talent, FDA needs to maintain its cadre of highly qualified Consumer Safety Officers and Investigators working on the front lines to ensure the health and safety of the American public. This SWFP gives these STEM and regulatory areas of expertise its highest priority. To examine internal gaps in FDA's workforce, FDA's supply-and-demand analysis focused on the following three areas: (1) mission-critical occupations

[8] https://www.nsf.gov/nsb/publications/2020/nsb202015.pdf.

[9] https://www.bls.gov/emp/tables/stem-employment.htm.

[10] https://www.bls.gov/opub/mlr/2015/article/stem-crisis-or-stem-surplus-yes-and-yes.htm.

[11] See https://www.mckinsey.com/industries/public-and-social-sector/our-insights/the-chips-and-science-act-heres-whats-in-it.

[12] https://www2.deloitte.com/us/en/insights/industry/public-sector/future-of-infrastructure.html.

(MCOs), (2) FDA-wide specialized job families (SJFs), and (3) FDA's capabilities. By using these three perspectives to examine FDA's talent supply and demand, FDA can leverage the rich data available, applying the categorization of occupational series defined by OPM, while also drawing attention and action to areas of expertise specific to FDA—both current and emerging—that do not fit into OPM's existing occupational series. Table 5 defines the terms used in this section.

Table 5. Supply and Demand Analysis Definitions.

Term	Source	Definition
Occupational Series	OPM's Occupational Handbook[13]	"Positions similar as to [a] specialized line of work and qualification requirements."[14] OPM organizes occupational series into occupational groups.
FDA-Wide MCO	FDA, using OPM's Workforce Planning Guide model	FDA tracks and acts on select OPM occupational groups and series at the enterprise level deemed crucial to delivering FDA's mission commitments and priorities. Centers/Offices also have their own MCOs not included in this analysis.
FDA's SJFs	FDA	Similar to OPM's occupational series, these are groupings (or families) of positions in specialized disciplines with an FDA-defined profile that are tracked by FDA at the enterprise level. These families have no directly equivalent OPM occupation. Appendix A includes a list of the families and their descriptions.

A. FDA-Wide Mission-Critical Occupations and SJFs

FDA has prioritized five MCOs and one SJF for action. Annual updates of this workforce plan may result in adding or removing MCOs and/or SJFs from this priority action list. In addition, Centers/Offices maintain their own list of MCOs and SJFs. SJFs allow FDA to track mission-critical areas of expertise that are either subsets of other series or multi-disciplinary and categorized under several related occupations. In 2022, FDA began formally defining SJFs, analyzing market data, and working with

[13] https://www.opm.gov/policy-data-oversight/classification-qualifications/classifying-general-schedule-positions/occupationalhandbook.pdf.

[14] Id. at 4.

subject-matter experts to craft the profile descriptions, which are modified OPM qualification standards.

B. Defining Enterprise-Wide MCOs and SJFs

The ISHCPC evaluated FDA's occupations and a wider list of SJFs on three criteria to define which are considered "mission critical" and should be addressed in the SWFP. These three criteria to determine mission-critical status are a modified version of OPM's criteria that assess the impact of underserved positions and other occupations outlined in OPM's Workforce Planning Guide. However, based on the ISHCPC's feedback, the OPM criteria evolved into the following three factors to determine mission-critical priority:

- Would cause serious difficulties in delivering FDA's mission commitments and priorities (including legislative and/or regulatory requirements)
- Would cause serious difficulties in achieving operational and strategic goals/priorities
- Would be detrimental to the health, safety, or security of the public and stakeholders served by FDA

Table 6 shows the MCOs and SJFs that FDA currently identifies, from an enterprise perspective, as mission critical.

Table 6. MCOs and SJFs at the Enterprise Level.

MCOs	SJFs
0401 Biologist	Business Informatics
0403 Microbiologist	Health Informatics
0405 Pharmacologist	Digital Health
0415 Toxicologist	Epidemiology
0602 Physician	General Health Scientist
0696 Consumer Safety Officer	Government Information Specialist
0800 Engineering Group	Pharmaceutical Scientist
1320 Chemist	Regulatory Policy Analyst
1500 Data Sciences Group	Regulatory Counsel
2210 IT Specialist	Regulatory Health Project Manager

C. Prioritization Analysis Supply Factors

The ISHCPC considered the following supply and demand factors to determine FDA's highest risks of talent supply shortages:

Supply Factors

- ISHCPC MCOs and SJFs ratings on hard-to-hire, hard-to-retain, and hard-to-develop positions, and the willingness of Centers/Offices to dedicate resources to address hiring, development, and retention issues for MCOs and SJFs (using a Likert scale of 1-4).

- FY 2022's attrition rate

- FY 2022's staff retirement eligibility

- Two-year retention rate (in years)

- FEVS's EEI

- FEVS's GSI

- Time to hire

- FDA versus market median salary comparison (Mercer data analysis)

Demand Factors

- Center/Office projections on the current and future needs for each MCO and SJF

- Projected occupational increase in market demand (based on data from the U.S. Department of Labor and the Bureau of Labor Statistics)

FDA's leadership has prioritized for action the MCOs and SJFs listed in Table 7. Note that the entire OPM 1500 Mathematical Science Group was prioritized as one area for action because the lines between these occupations in that series are beginning to merge. The current OPM occupational classification system makes distinctions based largely on the degrees people have earned, whereas industry is moving more toward distinguishing occupations based on the data science knowledge, skills, and abilities needed for a position.

Table 7. Prioritized MCOs and Job Families.

		Supply Risk			
	MCOs and SJFs	Hard-to-Retain Risk	Hard-to-Hire Risk	Hard-to-Develop Risk	Demand Risk
MCO	0602 Physician	Medium	High	High	High
MCOs	1500 Data Sciences Group	Low	High	High	High
MCO	0696 Consumer Safety Officer	Low	High	High	High
SJF	General Health Scientist	High	Medium	Medium	High

D. Capabilities

FDA has invested in enterprise-wide capability development and upskilling in the following areas, which are described in more detail in Appendix D:

- Leadership (Leadership Development Program and other offerings)
- Data analytics (DataForward)
- Laboratory safety (Environmental, Occupational, Safety, and Health (EOSH))

The plans to maintain or expand these development programs are reflected in the 2023 Action Plans described in section VII of this document. FDA plans to expand its digital skills training for employees and to expand its UpTech program for information technology across FDA. UpTech is a series of curated learning paths and courses to support the development of information technology skills. Courses for UpTech are launched through the FDA Academy, which is run by FDA's Office of Digital Transformation (ODT). In addition to these capabilities, FDA provides access to online learning through LinkedIn Learning, which provides training on a wide range of capabilities, including project management and soft skills.

The ISHCPC identified and ranked other capabilities from FDA's strategic priorities and from FDA's own Center- and Office-specific needs. Data analytics ranked as the top capability to prioritize. Table 8 lists the other capability areas of strategic importance to FDA.

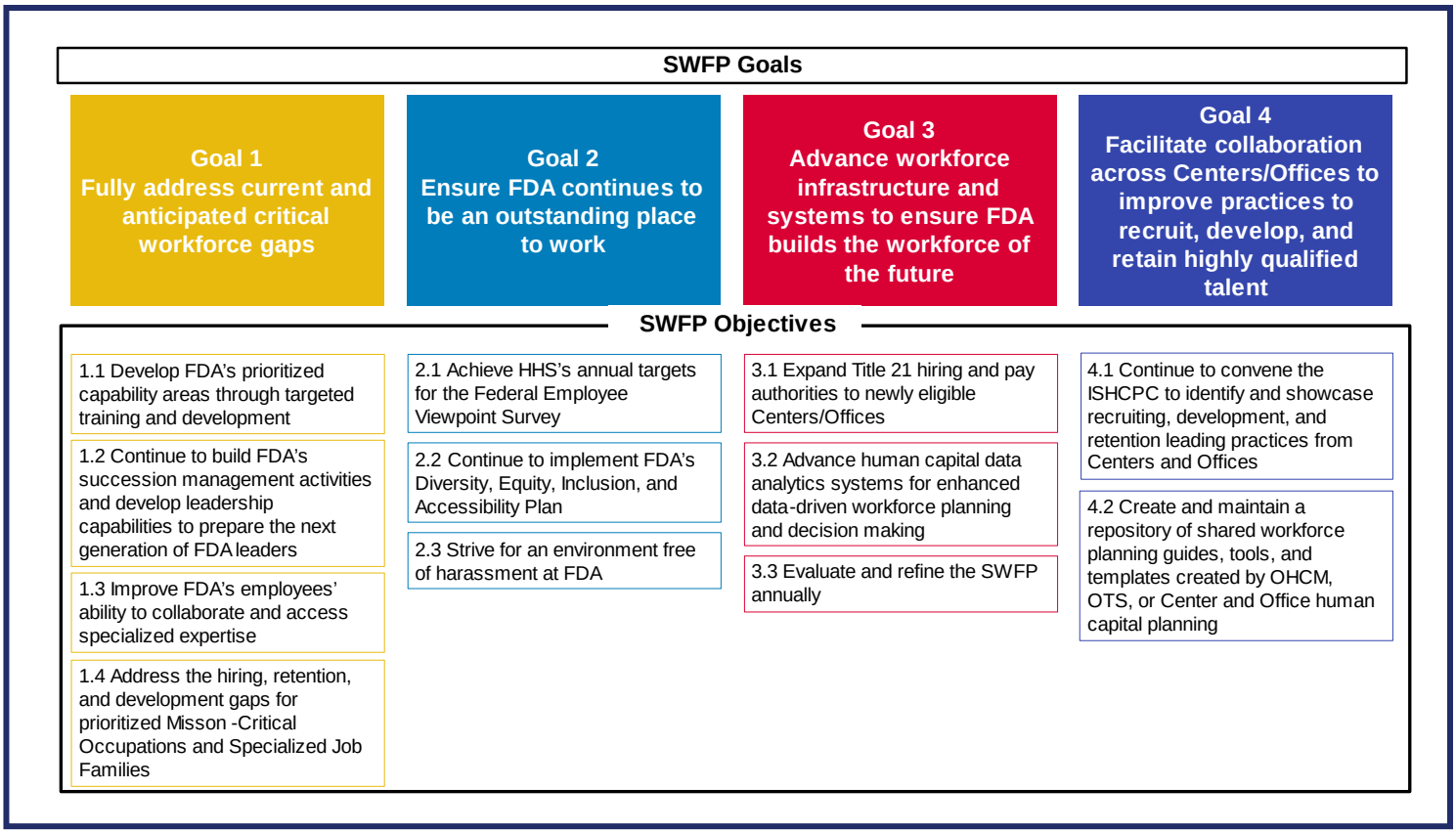
Table 8. FDA's Needed Capabilities.

Capability
Data Analytics (top priority)
Acquisitions
Artificial Intelligence (AI) and Machine Learning
Budgeting
Cybersecurity
Handling Misinformation
Human Capital and Talent Management
Informatics
Inspections
Interdisciplinary Sciences
Laboratory Safety
Predictive Toxicology and Emerging Toxicological Issues
Preparedness and Resilience
Project Management
Scientific Risk
Strategic Foresight
Supply Chain Management

VI. SWFP Goals and Objectives

Figure 6 outlines each SWFP goal and its corresponding objectives. The goals and objectives will remain largely consistent throughout the plan period (FY 2024 to 2027), with a possibility of slight refinements as needed when the action plans are annually updated.

Figure 6. Goals and Objectives of the SWFP.



VII. Action Plans for 2023

The ISHCPC developed action plans for each of the 12 objectives. The action plans will be reported to the FDA Executive Committee on a quarterly basis and annually updated.

Goal 1: Fully Address Current and Anticipated Critical Workforce Gaps

Objective 1.1: Develop FDA's prioritized capability areas through targeted training and development	
Expected Outcome	FDA keeps pace with new biomedical, technological, and scientific advancements and ensures safety of FDA-regulated products through increased staff expertise in mission-critical capability areas
Approach	Continue to offer robust development programs for FDA's mission-critical capability areas
Outcome Performance Measures	Increased internal pipeline of available candidates for internal vacancies

Action Items	Responsible	Action Item Measures	Anticipated Completion Date
Expand the UpTech Program to upskill FDA staff on information technology capabilities	ODT	20 competency-based learning paths for the top 20 technology roles created; and ODT's instructor-led course and certification offerings increased by 25%	3/31/2024
Establish information technology learning and employment opportunities for students by completing inaugural cohorts of the ODT Summer Scholars and aimHI Summer Incubator Programs	ODT	25 participants attended and provided positive evaluations of offerings	3/31/2024
Expand EOSH training program to promote lab safety	Office of Laboratory Safety	Two new courses on Hazard Communication and Safety Data Sheets launched	3/31/2024
Maintain the DataForward program to upskill FDA staff on data science and data analytics by completing three cohorts of Data Scientist training courses	ODT	At least 30 participants attended and provided positive evaluations of offerings	9/30/2024
Expand usage of the FDA Academy to increase access to skills-based training for FDA employees	ODT	Activated users increased by 10% (baseline: 6,929), completed courses increased by 10% (baseline: 5,824), and learning paths increased by	9/30/2024

		10% (baseline 70)	
Establish the Digital Leaders Program to strengthen the digital leadership capabilities of FDA's technology workforce	ODT	At least 20 participants attended and provided positive evaluations of offerings	12/31/2024

Objective 1.2: Continue to build FDA's succession management activities and develop leadership capabilities to prepare the next generation of FDA leaders	
Expected Outcome	Next generation of FDA's supervisory/managerial candidates acquire the requisite leadership capabilities through the continued development and enhancement of the Agency's succession management activities
Approach	Continue to engage the Intra-Agency Succession Planning Work Group to enhance succession planning across FDA; continue the Agency's leadership development program
Outcome Performance Measures	Annually increased number of individuals prepared to fill leadership positions; the succession and leadership development activities rated effective, as assessed in SWFP evaluations

Action Items	Responsible	Action Item Measures	Anticipated Completion Date
Continue the Intra-Agency Succession Planning Work Group and expanded activities, including rolling out Center/Office report templates to identify successor pools and other succession data	Intra-Agency Succession Planning Work Group	Succession management report templates annually completed by all Centers/Offices	6/30/2024
Continue FDA's Leadership Development Program (LDP) for GS-14s and GS-15s aspiring to be leaders	OHCM	Between 20 to 25 participants graduated from LDP; positive program evaluations provided from both participants and supervisors	9/30/2024
Explore the relaunch of an enterprise-wide leadership development program for GS-9s through GS-12s	OHCM	Decision to launch or not launch the program and funding secured	9/30/2024
Update FDA's Succession Management Plan	Intra-Agency Succession Planning Work Group	Plan updated and finalized	09/30/2024

Objective 1.3: Improve FDA's employees' ability to collaborate and access specialized expertise			
Expected Outcome	Virtual and geographically dispersed teams perform as productively and effectively as in-person work units through improved management and collaboration		
Approach	Increase and promote training offerings for virtual collaboration for both employees and supervisors		
Outcome Performance Measures	Activities rated effective, as assessed in SWFP evaluations		
Action Items	**Responsible**	**Action Item Measures**	**Anticipated Completion Date**
Offer new courses and other training opportunities that support the productivity and engagement of a geographically dispersed workforce	OHCM	Courses launched and promoted, and an 80% satisfaction rate received	9/30/2024
Expand the number of FDA Team Engagement Program offerings to support supervisors with team building and team engagement	OHCM	At least 25 teams annually engaged	9/30/2024
Expand usage of the Expertise and Research Portal to all FDA employees to provide access to FDA's critical capabilities and areas of expertise	ODT	Four Centers/Offices integrated into the portal's workflow so new publications flow into it; 15% of FDA's authors included in the AI harvesting process	9/30/2024

Objective 1.4: Address the hiring, retention, and development gaps for prioritized MCOs and SJFs			
Expected Outcome	Centers/Offices achieve and maintain target quantitative and qualitative staffing levels for all MCOs and SJFs designated as high risk		
Approach	Use a wide variety of hiring, retention, and development strategies to address high-risk MCOs and SJFs		
Outcome Performance Measures	Decreased attrition rates or increased 2-year retention rate and increased EEI and GSI indices by MCOs (note: FEVS data cannot be tracked by SFJ)		
Action Items	**Responsible**	**Action Item Measures**	**Anticipated Completion Date**
Expand Title 21 job families to define FDA-specific areas of expertise in additional mission-critical areas	Intra-Agency Title 21 Work Group; Title 21 Compensation Review Board	New job families created as needed, targeted to the regulation and review of food products for the first year of this plan	12/31/2023
Revalidate existing Title 21 job families with newly eligible Title 21 Centers/Offices	Intra-Agency Title 21 Work Group; Title 21 Compensation and Review Board	Existing job families revalidated	12/31/2023
Develop career pathing for Consumer Safety Officer-related positions (e.g., Investigators, Regulatory Specialists)	Office of Talent Solutions (OTS), in collaboration with Office of Regulatory Affairs (ORA) and Centers/Offices	Career paths created	12/31/2023
Continue to assess and offer competitive pay, including maximizing recruiting and retention flexibilities when available while still ensuring equity across FDA	OTS	Annual market analysis and evaluation of use of recruiting and retention flexibilities completed and presented to inform updates to Title 21 pay tables and policy	3/31/2024
Continue to build talent pipelines through maximum use of STEM fellowships, traineeships, and other partnerships	Office of the Chief Scientist (OCS)	20% of scientists from all Agency training programs are retained at FDA after completing their training program	9/30/2024
Launch new FDA Research and Science Traineeship Program with outreach to Historically Black Colleges and Universities, Minority Serving Institutions and	OCS	Program launched by 6/1/2023	9/30/2024

Tribal Colleges and Universities to reach underrepresented groups, e.g., Black or African American, Asian, Native Hawaiian/Pacific Islander and American Indian/Alaska Native.			
Expand training and development for high-risk MCOs and SJFs Consumer Safety Officer-related positions (e.g., Investigators and Regulatory Specialists) as top priority	OTS, in collaboration with ORA and Centers/Offices supported by OHCM	Approach to training/development needs and/or changes defined	9/30/2025
For FY 2025 legislation, submit for consideration a proposal to amend section 746(b) of the Federal Food, Drug, and Cosmetic Act so that eligible trainees may be converted to employees after completing the Traineeship Program	OCS	If act amended, implementation plan will be created	9/30/2026

Goal 2: Ensure FDA Continues to Be an Outstanding Place to Work

Objective 2.1: Strive to achieve HHS's annual targets for the FEVS			
Expected Outcome	FDA makes significant progress toward achieving HHS target scores on selected FEVS questions related to employee satisfaction, engagement, and belief in action		
Approach	Share lessons learned and leading practices across Centers/Offices, particularly those with higher-than-average FDA scores; conduct a root-cause analysis of issues found in the FEVS analysis; and grow and formalize Employee Resource Groups (ERGs) to foster belonging		
Outcome Performance Measures	Met or exceeded the 2024 HHS FEVS targets of a 73% response rate, 87% GSI, 81% EEI, and 70% Belief in Action Indicator		
Action Items	**Responsible**	**Action Item Measures**	**Anticipated Completion Date**
Conduct targeted analyses of key question/issue areas (e.g., biggest current response deficits) to better understand and address Agency-specific challenges	OHCM	Analysis completed	9/30/2024

Continue to build community and foster belonging by growing, formalizing, and increasing participation in ERGs	Office of Equal Employment Opportunity (OEEO)	Number of ERGs created, and participation rates increased	9/30/2024
Continue to share leading practices across Centers/Offices through an updated FEVS Activity Catalog; implement FEVS action plans	OHCM	the 2023 FEVS Activity Catalog bi-annually refreshed	6/30/2025

Objective 2.2: Continue implementation of FDA's DEIA Plan	
Expected Outcome	Through OEEO's DEIA strategic plan FDA provides direction and guidance to leaders making critical personnel and other decisions—related to outreach, recruitment, hiring, and retention—on behalf of the Agency to increase diversity in recruitment, hiring, retention, and promotion
Approach	Continue to implement a robust DEIA strategic plan—of which its key action items are highlighted in this SWFP —using a multi-pronged, data-driven approach to increase diversity in recruitment, hiring, retention, and promotion; the DEIA strategic plan (1) identifies and addresses workforce data gaps, barriers to the hiring and advancement of high-priority underrepresented populations, and employee DEIA education and awareness needs and (2) emphasizes the importance of accessibility.
Outcome Performance Measures	OEEO's DEIA strategic plan is fully implemented; FDA complied with Management Directive 715

Action Items	Responsible	Action Item Measures	Anticipated Completion Date
Continue to use a holistic data-driven approach to establish profiles of FDA's underrepresented populations and develop action plans with measurable goals to achieve a more equitable and diverse workforce at all levels	OEEO	Action plans completed	9/30/2024
Create a comprehensive outreach and recruitment strategy to address recruitment of underrepresented populations in the Agency	OEEO and OTS	Strategies completed	9/30/2024
Address DEIA-related barriers to outreach, recruitment, hiring, retention, and promotion	OEEO	Barrier analysis completed	9/30/2024

Increase DEIA awareness and understanding by providing Agency-wide DEIA training for all employees and expand FDA's DEIA Symposium to include all employees	OEEO	Training conducted and positive evaluations received	9/30/2024

Objective 2.3: Strive for an environment free of harassment at FDA			
Expected Outcome	FDA makes significant progress toward achieving a harassment-free environment through ongoing training and updates to programs and policies		
Approach	Continue the Anti-Harassment Program		
Outcome Performance Measures	Decreased number of harassment complaints and investigations resulting in substantiated findings		
Action Items	**Responsible**	**Action Item Measures**	**Anticipated Completion Date**
Continue the Anti-Harassment Program to support the work environment and ensure reported issues are addressed at the appropriate level	OHCM	Training conducted, increased participation rates, and positive evaluations received	9/30/2024
Evaluate updates required for the Anti-Harassment programming and policies	OHCM	Evaluation completed	9/30/2024

Goal 3: Advance Workforce Infrastructure and Systems to Ensure FDA Builds the Workforce of the Future

Objective 3.1: Expand Title 21 hiring and pay authorities to newly eligible Centers/Offices			
Expected Outcome	FDA broadens and enhances its ability to manage its workforce strategically, effectively, and equitably through fully leveraging the expanded Title 21 authority		
Approach	Strategically increase the use of Title 21 across all eligible Centers/Offices to improve hiring and retention		
Outcome Performance Measures	Achieved higher retention rates for Title 21 compared with other authorities; increased speed to hire for Title 21; increased number/quality of applicants; and secured positive hiring satisfaction with candidates/processes, as assessed in SWFP evaluations		
Action Items	**Responsible**	**Action Item Measures**	**Anticipated Completion Date**
Continue to evaluate and monitor the effectiveness of the Title 21 pay authority and its impact on pay equity across FDA	OTS-led Intra-Agency Title 21 Working Group and Title 21 Compensation Review Board	Annual evaluation completed	9/30/2024

Expand Title 21 alternative pay program	OTS-led Intra-Agency Title 21 Working Group and Title 21 Compensation Review Board	Number of new Title 21 hires increased, food and cosmetic staff positions converted into Title 21, and other FDA cross-cutting staff positions converted into Title 21.	2024–2026

Objective 3.2: Advance human capital data analytics systems for enhanced data-driven workforce planning and decision making			
Expected Outcome	FDA's workforce planning and human capital decision making are fully informed by comprehensive FDA-wide workforce data and supporting analytic capabilities		
Approach	Expand or deploy the use of commercial off-the-shelf systems for FDA to aggregate, access, and analyze human capital data		
Outcome Performance Measures	Achieved higher satisfaction levels with reporting functionality and dashboards; Centers/Offices used and relied on human capital data/analytics for decision making, as assessed in SWFP evaluations		
Action Items	**Responsible**	**Action Item Measures**	**Anticipated Completion Date**
Expand functionality of Workforce Profiles Online to support the human capital dashboard for decision making about strategic workforce planning	OHCM	To facilitate HR's decision making, standardized reporting and dashboards provided to Centers/Offices increased	9/30/2024
Build and implement a list of recommendations to close DEIA data gaps and improve the collection of data required for annual reporting	OEEO	Recommendations created and implemented	9/30/2024
Launch OneHR to provide employee self-servic**e** access to data and improve data remediation efforts	OHCM	System launched	12/31/2024

Objective 3.3: Evaluate and refine the SWFP annually			
Expected Outcome	FDA proactively identifies and responds to changes in its strategic workforce requirements and priorities on an ongoing basis		
Approach	Keep the ISHCPC active to implement, evaluate, and refine the SWFP		
Outcome Performance Measures	Received positive overall results, as assessed in SWFP evaluations; completed goal of 90% of action items		
Action Items	**Responsible**	**Action Item Measures**	**Anticipated Completion Date**
Document SWFP processes	OHCM	Documentation completed and posted to shared repository	12/31/2023
Evaluate and refine SWFP through ISHCPC	ISHCPC	Evaluation deployed and used to refine next iteration of plan	9/30/2024

Goal 4: Facilitate Collaboration Across Centers/Offices to Improve Practices to Recruit, Develop, and Retain Highly Qualified Talent

Objective 4.1: Continue to convene the ISHCPC to identify and showcase leading recruiting, development, and retention practices from Centers/Offices	
Expected Outcome	FDA's workforce management and human capital practices are more consistent, efficient, and effective across FDA Centers/Offices
Approach	Sharing leading practices through the ISHCPC
Outcome Performance Measures	Achieved greater commonality in approaches through the adoption/adaptation of leading practices across Centers and Offices, as assessed in SWFP evaluations; increased collaboration between and among Centers/Offices in workforce and human capital management activities, as assessed in SWFP evaluations

Action Items	Responsible	Action Item Measures	Anticipated Completion Date
Compile and implement a list of leading recruiting, development, and retention practices from Centers/Offices and convene working sessions for Centers/Offices to share the practices for scaling across FDA	ISHCPC and Human Resources Advisory Council	Number of practices compiled and shared	9/30/2024

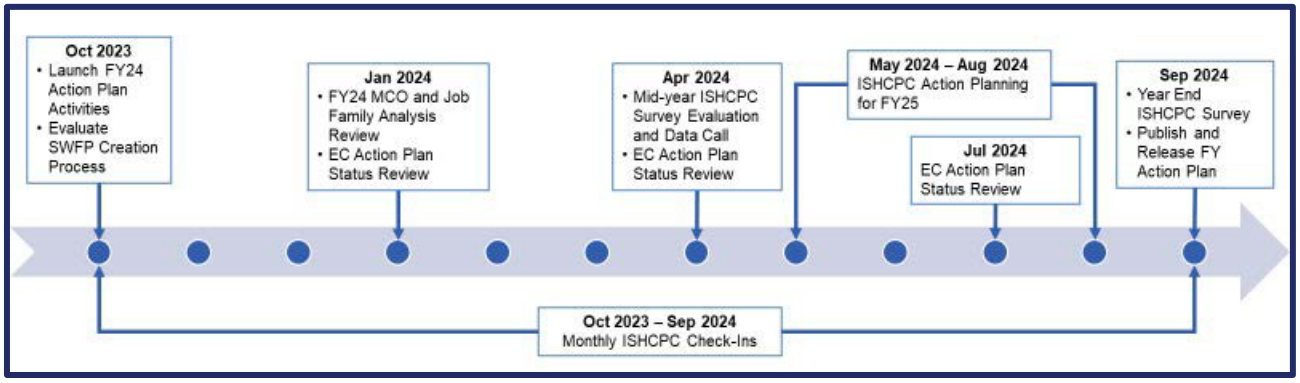
Objective 4.2: Create and maintain a repository of shared workforce planning guides, tools, and templates to support ongoing integrated strategic human capital planning	
Expected Outcome	FDA's workforce planning processes are more consistent, efficient, and effective across FDA Centers/Offices
Approach	Create a centralized repository of human capital knowledge for Centers/Offices to access and use
Outcome Performance Measures	Improved workforce planning quality/effectiveness across Centers/Offices, as assessed in SWFP evaluations

Action Items	Responsible	Action Item Measures	Anticipated Completion Date
Use ISHCPC meetings to request new resources and showcase new additions	OHCM	Resources highlighted on a quarterly basis	9/30/2024
Create a repository on the ISHCPC SharePoint site	OHCM	Repository created and content updated and/or added on a quarterly basis	12/31/2024

VIII. Roadmap for Evaluating Progress and Future Planning

FDA will monitor the action plan items, refine the SWFP, and make improvements to the overall strategic workforce planning process. Figure 7 illustrates the FY2024 timeline that will be repeated annually.

Figure 7. Workforce Evaluation Cycle.



IX. Challenges and Risks of Implementing a SWFP

The SWFP supports FDA in better managing its programmatic and operational risks across the enterprise by focusing its attention and specific strategies on better recruiting, hiring, developing, reskilling, and retaining personnel in MCOs and capabilities who significantly contribute to delivering on the Agency's public health priorities and objectives. Collectively, the articulated strategies are intended to better anticipate, manage, and, when possible, reduce the overall risks previously referenced to ensure that FDA's most significant public health priorities do not remain in jeopardy. FDA will implement the SWFP using a combination of major initiatives, including:

- Investing in new training courses for critical areas, better leveraging external training and development resources, upskilling, or reskilling in targeted areas, launching, and promoting new and enhanced leadership activities, and improving succession planning resources

- Aiming to expand and revalidate Title 21 job families, better assess market pay, and better use of FDA's flexibilities

- Developing a more sophisticated understanding of why talent leaves, especially in high-demand areas, and significantly improving knowledge transfer tools or modes

- Considerably maturing FDA's data analytics to enhance its ability to forecast, plan, and make data-driven, thoughtful decisions

- Increasing intentional integrated strategic planning and collaboration across Centers/Offices to improve and share best practices

These and other initiatives aim to position FDA to take proactive steps to address cross-cutting risks and challenges in managing STEM talent constraints, such as by casting a wider net for talent and investing heavily in growing in-house talent through upskilling, reskilling, and creating meaningful career paths. More broadly, in better supporting FDA's current and future workforce, these initiatives aim to address risks related to shortages in key occupations, enable FDA to better keep pace with technological advancements and understand industry trends and advancements, and ensure FDA's workforce can continue to deliver high-quality work in support of its public health mission.

Appendix A: Objective Alignment with Federal Workforce Priorities

Table A-1. Alignment of the Food and Drug Administration's Human Capital Objectives with Federal Workforce Priorities.

2022 Federal Workforce Priorities	Supporting FDA's Human Capital Objectives
Leveraging Technology & Modernizing IT Processes	**1.3** Improve FDA employees' ability to manage and collaborate across specialized expertise **4.2** Create and maintain a repository of shared workforce planning guides, tools, and templates to support ongoing integrated strategic human capital planning
Recruitment, Succession Planning, and Knowledge Transfer	**1.2** Continue to build FDA's succession management activities and develop leadership capabilities to prepare the next generation of FDA leaders **2.1** Strive to achieve the Department of Health and Human Services' (HHS's) annual targets for the Federal Employee Viewpoint Survey (FEVS) **3.1** Expand Title 21 hiring and pay authorities to newly eligible Centers/Offices
Enhancing Employee Experience, Fostering Employee Well-Being, and Building a Diverse and Inclusive Workforce	**2.1** Strive to achieve HHS's annual targets for the FEVS **2.2** Continue implementation of FDA's Diversity, Equity, Inclusion, and Accessibility Plan **2.3** Strive for an environment free of harassment at FDA
Fostering an Agile Organization and the Growth Mindset	**1.1** Develop FDA's prioritized capability areas through targeted training and development **1.2** Continue to build FDA's succession management activities and develop leadership capabilities to prepare the next generation of FDA leaders **1.3** Improve FDA employees' ability to manage and collaborate across specialized expertise **4.1** Continue to convene the Integrated Strategic Human Capital Planning Council (ISHCPC) to identify and showcase leading recruiting, development, and retention practices from Centers/Offices
Enhancing Customer Experience	If employees are viewed as an internal customer, then this priority aligns to the following: **2.1** Strive to achieve HHS's annual targets for the FEVS **2.3** Strive for an environment free of harassment at FDA
Leveraging Data as a Strategic Asset	**3.2** Advance human capital data analytics systems for enhanced data-driven workforce planning and decision making

2022 Federal Workforce Priorities	Supporting FDA's Human Capital Objectives
Preparedness and Resilience	**3.3** Evaluate and refine the Strategic Workforce Plan annually
Developing an Agency Foresight Capability	**1.4** Address the hiring, retention, and development gaps for prioritized MCOs and SJFs

Appendix B: Workforce Data

This appendix provides the Food and Drug Administration's (FDA's) workforce statistics and data points as required by Congress in the Consolidated Appropriations Act, 2023 (P.L. 117-328).[15] In particular, the Consolidated Appropriations Act, 2023, requests that FDA provide its workforce data covering six key areas of interest, spanning retirement eligibility rates, occupation vacancy and turnover rates, Federal Employee Viewpoint Survey (FEVS) results for key measures and indices, rates of pay differences, hiring authority time-to-hire differences, and other relevant workforce statistics. Each key area is detailed below.

B1. Retirement Levels

Retirement eligibility has become a rising concern within the federal government due to its impact on workforce planning efforts. High rates of retirement can affect knowledge sharing, succession planning, and other workforce planning activities. Table B-1 and Figure B-1 depict FDA's retirement eligible population by pay plan and grade level when applicable, including, for instance, the GS pay level, the Title 21 pay level, the Title 21 (Cures Act or "Cures") pay level, and the Title 42 (Senior Biomedical Research and Biomedical Product Assessment Service (SBRBPAS)) pay level, and the Senior Executive Service (SES) pay level. Table B-2 and Figure B-2 show the retirement eligible population by Center and Office. Table B-3 and Figure B-3 show the retirement eligible population by critical occupations and job families.

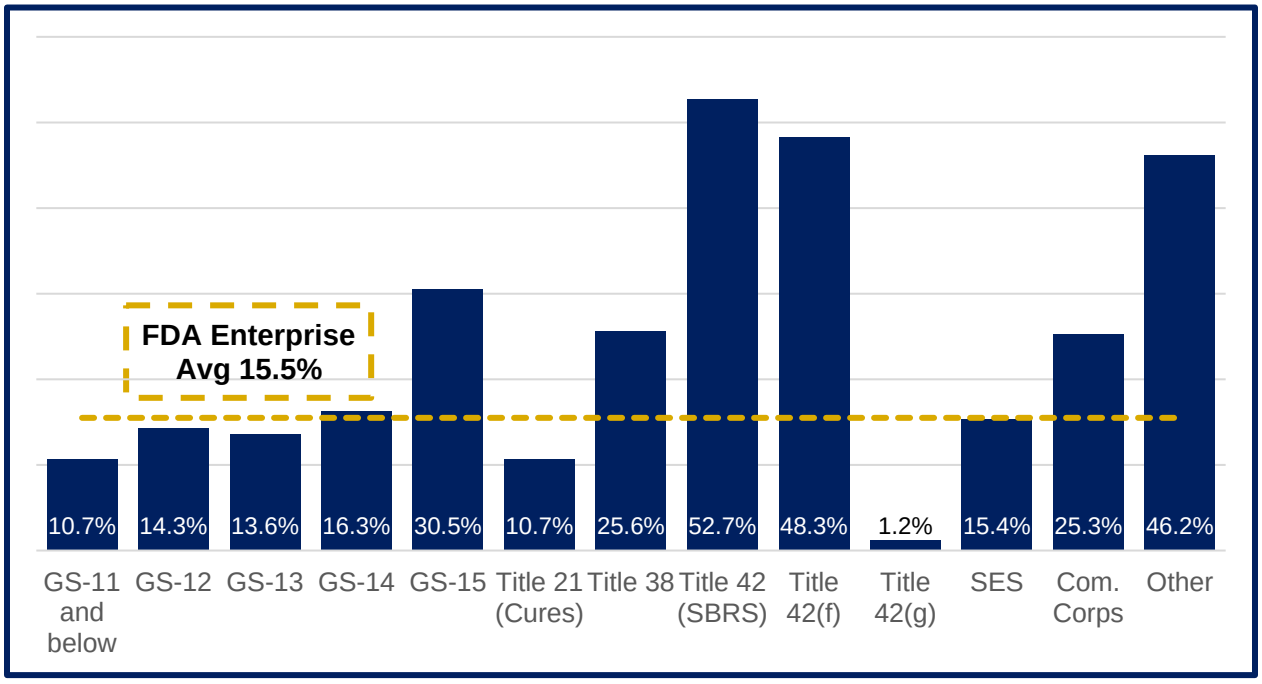
Table B-1. FDA's 2022 Retirement Eligible Populations.

Pay Plan Level	Percentage Retirement Eligible	Difference: 2022 Pay Plan vs FDA
FDA-Wide	**15.5%**	**-**
GS-11 and below	10.7%	-4.8
GS-12	14.3%	-1.2
GS-13	13.6%	-1.9
GS-14	16.3%	+0.8
GS-15	30.5%	+15.0
Title 21 (Cures)	10.7%	-4.8
Title 38	25.6%	+10.1
Title 42 (SBRBPAS)	52.7%	+37.2
Title 42(f)	48.3%	+32.8
Title 42(g)	1.2%	-14.3
SES	15.4%	-0.1
Commissioned Corps	25.3%	+9.8

[15] https://www.appropriations.senate.gov/imo/media/doc/JRQ121922.PDF.

Pay Plan Level	Percentage Retirement Eligible	Difference: 2022 Pay Plan vs FDA
Other	46.2%	+30.7

Figure B-1. FDA's 2022 Retirement Eligible Population by Pay Plan Level.

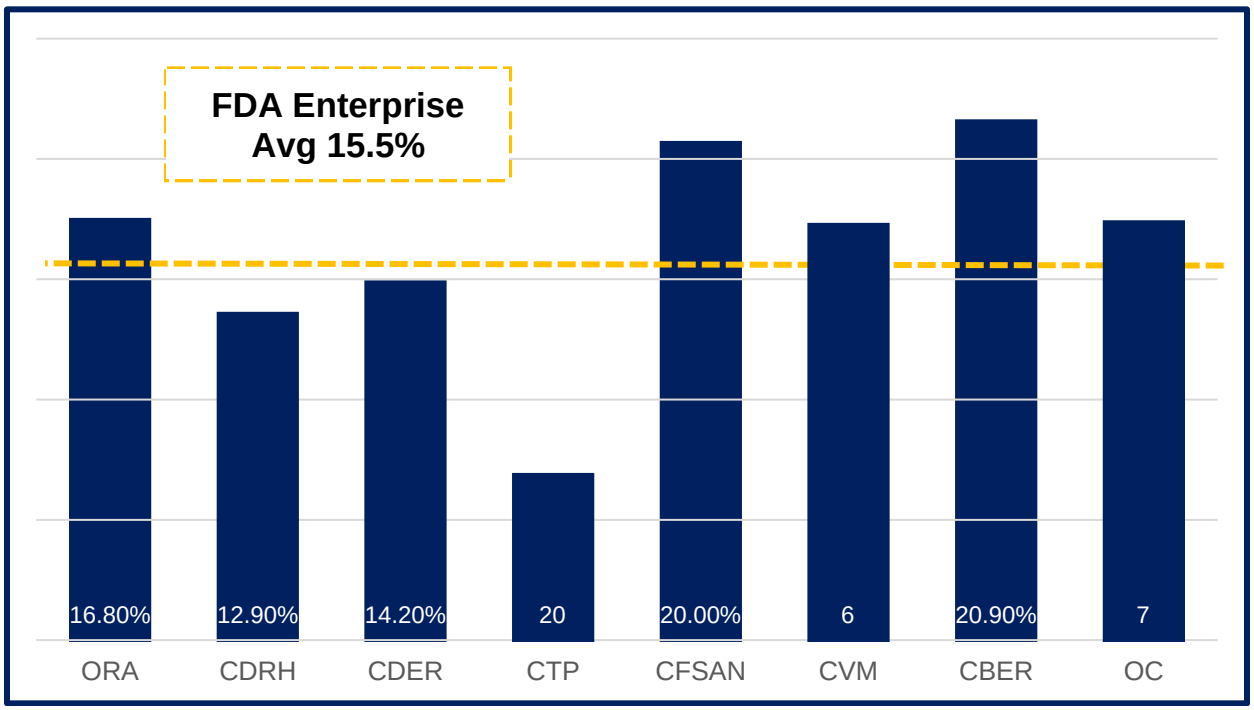


Across the pay plan and grade levels within FDA, a wide distribution of staff are eligible for retirement. Most notably, GS-15, Title 38, Title 42 (SBRBPAS), Title 42(f), Commissioned Corps, and the other pay plans have significantly higher rates of retirement eligible staff populations (+15.0, +10.1, +37.2, +32.8, +9.8, and +30.7 percentage points, respectively) than the FDA average. These six pay plan categories, particularly Title 42 (SBRBPAS) and Title 42(f), should be the target areas of succession planning activities and potential hiring initiatives.

Table B-2. FDA's 2022 Retirement Eligible Population by Center/Office.

Center/Office	Percentage Retirement Eligible Population	Difference: 2022 Center/Office vs FDA
FDA-Wide	**15.5%**	**-**
Office of Regulatory Affairs (ORA)	16.8%	+1.3
Center for Devices and Radiological Health (CDRH)	12.9%	-2.6
Center for Drug Evaluation and Research (CDER)	14.2%	-1.3
Center for Tobacco Products (CTP)	6.2%	-9.3
Center for Food Safety and Applied Nutrition (CFSAN)	20.0%	+4.5
Center for Veterinary Medicine (CVM)	16.6%	+1.1
Center for Biologics Evaluation and Research (CBER)	20.9%	+5.4
Office of the Commissioner (OC)	17.1%	+1.6

Figure B-2. FDA's 2022 Retirement Eligible Population by Center and Office.



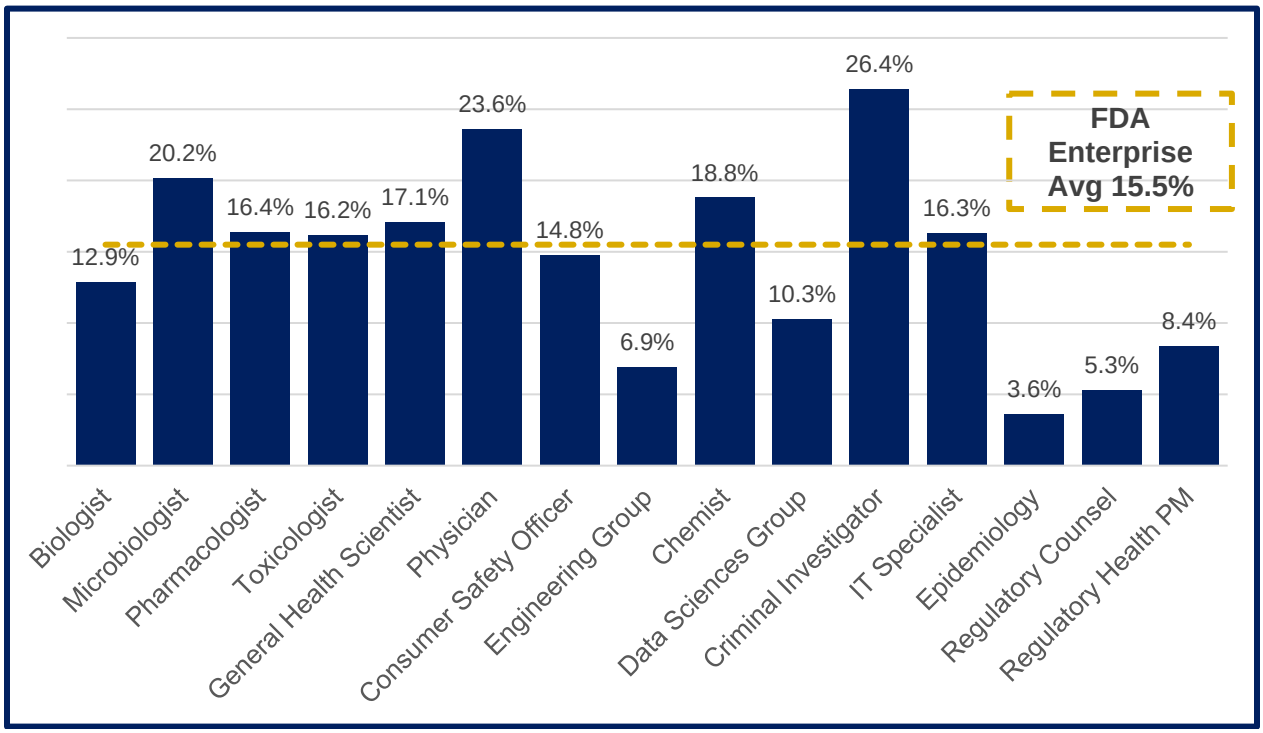
Overall, the retirement eligible populations in FDA's Centers and Offices remain centered around the FDA enterprise average of 15.5 percent. However, CFSAN and CBER have differences equal to or larger than +1.5 percentage points when compared with the FDA's average (+4.5 and +5.4, respectively). These two Centers should be considered target areas for focusing on succession planning and hiring

efforts to replace the aging population. CTP's retirement eligible population remains significantly lower than the other Centers/Offices, at 6.2 percent.

Table B-3. FDA's 2022 Retirement Eligible Population by Mission-Critical Occupations (MCOs) and Specialized Job Families (SJFs).

Type	Occupation or Job Family	Percentage Retirement Eligible Population	Difference: 2022 MCO/SJF vs FDA
-	**FDA-Wide**	**15.5%**	**-**
MCO	0401 Biologist	12.9%	-2.6
MCO	0403 Microbiologist	20.2%	+4.7
MCO	0405 Pharmacologist	16.4%	+0.9
MCO	0415 Toxicologist	16.2%	+0.7
MCO	0602 Physician	23.6%	+8.1
MCO	0696 Consumer Safety Officer	14.8%	-0.7
MC Group	0800 Engineering Group	6.9%	-8.6
MCO	1320 Chemist	18.8%	+3.3
MC Group	1500 Data Sciences Group	10.3%	-5.2
MCO	Criminal Investigator	26.4%	+10.9%
MCO	2210 IT Specialist	16.3%	+0.8
Job Family	Epidemiology	3.6%	-11.9
Job Family	General Health Scientist	17.1%	1.6%
Job Family	Regulatory Counsel	5.3%	-10.1
Job Family	Regulatory Health Project Manager (PM)	8.4%	-7.1

Figure B-3. FDA's 2022 Retirement Eligible Population by Critical Occupations and Job Families.



In 2022, most of the critical occupations and job family retirement eligibility populations have remained around the same average as the FDA enterprise (15.5 percent). However, Microbiologist, General Health Scientist, Physician, Chemist, and Criminal Investigator have differences larger than 1.5 percentage points when compared with FDA's average (+4.7, +1.6, +8.1, +3.3, and +10.9 respectively), with Criminal Investigator having the largest difference. These five critical occupations and job families should be considered target areas for focusing on succession planning and hiring efforts to replace the aging population. It should be noted that some identified critical occupations and job families do not have data to track retirement eligible populations and should be considered areas to track moving forward.

B2. Vacancy and Turnover Rates

Vacancy and turnover rates provide information to understand key areas to focus recruitment and retention efforts within a workforce. FDA's vacancy and turnover rates by Center/Office and critical occupations and job families can be found in Table B-4 and Table B-6, respectively. Turnover is calculated by dividing the voluntary departures from FDA by the average onboard count for the fiscal year.

Table B-4. FDA's FY 2022 Vacancy and Turnover Rate by Center and Office.

Note: The Center/Office turnover rates include losses to other Centers/Offices within FDA, while the FDA-wide rate does not.

Center/Office	Vacancy Rate FY 2022	Turnover Rate FY 2022
FDA-Wide	**7.7%**	**6.5%**
ORA	5.27%	8.7%
CDRH	9.77%	10.6%
CDER	10.15%	7.1%
CTP	19.48%	10.2%
CFSAN	11.07%	7.5%
CVM	3.13%	6.6%
CBER	6.15%	7.7%
OC	11.05%	11.9%

Table B-5. FDA's Vacancy and Turnover Trends, FY 2019 to FY 2022.

	FY 2019	FY 2020	FY 2021	FY 2022
Vacancy Rate	7.3%	11.4%	10.1%	6.9%
Turnover Rate	5.3%	4.8%	5.5%	6.5%

Table B-6. FDA's FY 2022 Turnover Rate by Critical Occupations and Job Families.

Type	Occupation or Job Family	Turnover Rate FY 2022
-	**FDA-Wide**	**6.50%**
MCO	0401 Biologist	5.40%
MCO	0403 Microbiologist	4.70%
MCO	0405 Pharmacologist	4.90%
MCO	0415 Toxicologist	4.10%
Job Family	General Health Scientist	8.90%
MCO	0602 Physician	4.90%
MCO	0696 Consumer Safety Officer	4.90%

Type	Occupation or Job Family	Turnover Rate FY 2022
MC Group	0800 Engineering Group 0801 – General Engineering 0806 – Materials Engineering 0830 – Mechanical Engineering 0850 – Electrical Engineering 0855 – Electronics Engineering 0858 – Bioengineering & Biomedical Engineering 0893 – Chemical Engineering	7.20%
MCO	1320 Chemist	4.60%
MC Group	1500 Data Sciences Group 1515 – Operations Research 1529 – Mathematical Statistics 1530 – Statistics 1550 – Computer Science 1560 – Data Science	7.50%
MCO	1811 – Criminal Investigator	11.10%
MCO	2210 IT Specialist	7.40%
Job Family	Business Informatics	Not tracked
Job Family	Health Informatics	Not tracked
Job Family	Digital Health	Not tracked
Job Family	Epidemiology	12.50%
Job Family	Government Information Specialist	Not tracked
Job Family	Pharmaceutical Scientist	Not tracked
Job Family	Regulatory Policy Analyst	Not tracked
Job Family	Regulatory Counsel	4.20%
Job Family	Regulatory Health Project Manager	3.41%

B3. Results of the FEVS Analysis

The FEVS provides an avenue for employees to anonymously share experiences and perceptions related to their organization's work conditions, leadership, and goals. Data from the FEVS allow federal organizations to understand their staff's perception of how well their organization displays successful organizational characteristics.

The FEVS questions that were selected for analysis relate to workforce recruitment and hiring, training and development, and retention. The sources referenced in these questions include Office of Personnel Management's (OPM's) 2022 FEVS *Governmentwide Management Report*,[16] a recent meta-analysis of turnover predictors

[16] https://www.opm.gov/fevs/reports/governmentwide-reports/governmentwide-reports/governmentwide-management-report/2022/2022-governmentwide-management-report.pdf.

for public service employees,[17] and a Pew Research Center survey.[18] The major reasons that the employees cited for retention include opportunities for advancement, work role clarity, supervisor support, involvement in decision making, and pay. Reasons for attrition, the inverse of retention, include job exhaustion (i.e., burnout) due to unsustainable workloads and the opposite of the previously mentioned causes for retention (e.g., no perceived advancement opportunities). Table B-7 summarizes the rationale for the FEVS results of the key indices and questions that were identified as related to strategic workforce planning and that have been referenced throughout this report.

Table B-7 Rationale for Inclusion of FEVS Indices and Questions.

Type or 2022 Q#	FEVS's 2022 Index or Question	Rationale for Inclusion of the Index or Questions
Index	Employee Engagement Index (EEI)	OPM measures conditions that are conducive to employee engagement. Overall engagement relates to employee motivation.
Sub-Index	EEI – Leaders Lead	This sub-index reflects employees' perception of the integrity of leadership and leadership behaviors, such as communication and workforce motivation. This sub-index is based on FEVS questions 55, 56, 57, 59, and 60.
Sub-Index	EEI – Supervisors	This sub-index reflects the interpersonal relationship between worker and supervisor, including trust, respect, and support. This sub-index is based on FEVS questions 46, 48, 49, 50, and 52.
Sub-Index	EEI – Intrinsic Work Experience	This sub-index reflects employee feelings of motivation and competency related to their roles in the workplace. This sub-index is based on FEVS questions 2, 3, 4, 6, and 7.
Index	Global Satisfaction Index (GSI)	This index measures employee satisfaction based on the following four aspects related to their work: job, pay, organization, and whether they would recommend their organization as a good place to work. This index is based on FEVS questions 43, 68, 69, and 70. Understanding employee satisfaction along these four dimensions is

[17] https://onlinelibrary.wiley.com/doi/10.1111/puar.13601.

[18] https://www.pewresearch.org/fact-tank/2022/03/09/majority-of-workers-who-quit-a-job-in-2021-cite-low-pay-no-opportunities-for-advancement-feeling-disrespected/.

Type or 2022 Q#	FEVS's 2022 Index or Question	Rationale for Inclusion of the Index or Questions
		important for agencies in the long run. Satisfied employees are more likely to stay in their jobs, thus reducing turnover. This index also includes three questions (namely, questions 43, 68, and 70) from the Partnership for Public Service's Best Places to Work in the Federal Government.[19]
Index	Diversity, Equity, Inclusion, and Accessibility (DEIA)	To align with government priorities and current research, OPM developed the new DEIA Index for the 2022 FEVS. This index was specifically designed to align with Executive Order 14035, which features the following four distinct factors: diversity, equity, inclusion, and accessibility, included as sub-indices in the FEVS
Q1	I am given a real opportunity to improve my skills in my organization.	Employees' perception of the advancement opportunities that are available with their employer is an enduring reason for employees to remain with or leave their employer.
Q4	I know what is expected of me on the job.	Work role clarity and consistency are critically important to retention.
Q5	My workload is reasonable.	An unsustainable workload is a primary reason for employee burnout, which can contribute to job exhaustion and motivate employees to leave their employer.
Q10	I receive the training I need to do my job well.	The level of satisfaction for individual job-relevant training can indicate that training needs are either met or insufficient.
Q18	My work unit has the job-relevant knowledge and skills necessary to accomplish organizational goals.	This response can indicate that employee development needs are either met or insufficient.
Q23	New hires in my work unit (i.e., hired in the past year) have the right skills to do their jobs.	This response can indicate the quality of new hires and/or the training/development needs.
Q24	I can influence decisions in my work unit.	Public sector employees value meaningful involvement in decision-making processes, as well as communication on how their feedback is incorporated into decisions.

[19] https://bestplacestowork.org/.

Type or 2022 Q#	FEVS's 2022 Index or Question	Rationale for Inclusion of the Index or Questions
Q43	I recommend my organization as a good place to work.	[See GSI above.]
Q44	Belief in Action Indicator (BIAI): I believe the results of this survey will be used to make my agency a better place to work.	The Department of Health and Human Services developed this index.[20] This index is related to the degree that employees believe the FEVS results are considered by their agency to improve their workplace. This index is considered a retention metric because employees are more likely to remain in their workplace when they perceive that their voices are being considered in their agency's decision-making process.
Q46	Supervisors in my work unit support employee development.	Employees value their supervisor's support, particularly for development opportunities, as both support and development are major reasons that employees either remain with their current employer or seek a change.
Q52	Overall, how good a job do you feel is being done by your immediate supervisor?	Immediate supervisors have a strong influence on an employee's job satisfaction and reasons for either remaining in the current job or seeking employment elsewhere.
Q64	Management involves employees in decisions that affect their work.	Public sector employees value meaningful involvement in their management's decision-making processes, as well as communication on how their feedback is incorporated into management decisions that directly affect them.
Q65	How satisfied are you with your involvement in decisions that affect your work?	Public sector employees value meaningful involvement in decision-making processes, as well as communication on how their feedback is incorporated into decisions that directly affect them.
Q68	Considering everything, how satisfied are you with your job?	[See GSI above.]
Q69	Considering everything, how satisfied are you with your pay?	[See GSI above.]
Q70	Considering everything, how satisfied are you with your organization?	[See GSI above.]

20 https://www.opm.gov/wiki/uploads/docs/Wiki/OPM/training/EmployeeEngagementForum/HHS%20FEVS%20Indexes%20Overview%20-%20April%202019.pdf.

Type or 2022 Q#	FEVS's 2022 Index or Question	Rationale for Inclusion of the Index or Questions
Q73	I have similar access to advancement opportunities (e.g., promotion, career development, training) as others in my work unit.	Employees' perception of opportunities for advancement is a primary reason that they either remain with their current employer or seek employment elsewhere.
Q88	I identify with the mission of my organization.	Employees' commitment to the organization and emotional attachment to its mission are primary reasons for employees to either remain with their current employer or seek other employment opportunities.
N/A	Are you considering leaving your organization withing the next year, and if so, why?	This demographic question can provide an indication of employees' intentions to either remain in the job within the next year or seek employment elsewhere.

Table B-8 provides a stoplight-colored heatmap key to more easily understand the differences in scores displayed throughout tables included in this section of the appendix.

Table B-8. FEVS Scoring Key.

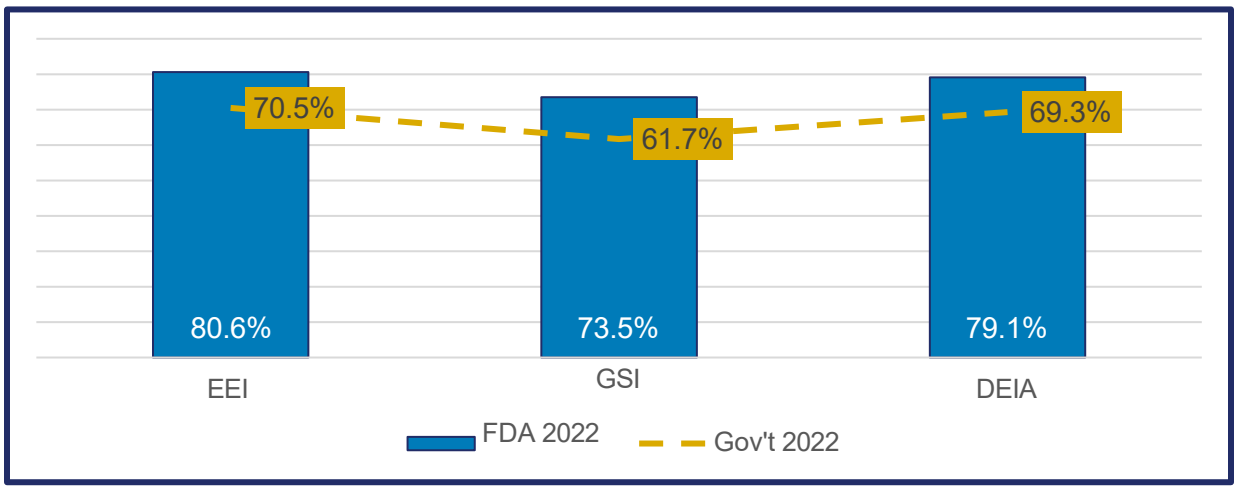
Key:	Over +10.0	+5.0 to +10.0	0 to +5.0	-0.1 to -5.0	-5.0 to -10.0	Under -10.0

An index is a composite statistic with a measure that is determined based on multiple indicators or data points. Table B-9 shows trended data for the EEI, GSI, and DEIA Index from 2018 through 2022. Figure B-4 shows FDA's 2022 scores for key indices compared with government-wide averages. Please note that OPM's margin of error for FEVS results is plus or minus 1 percent (-/+1%).

Table B-9. Trended FDA FEVS Indices, 2018 Through 2022.

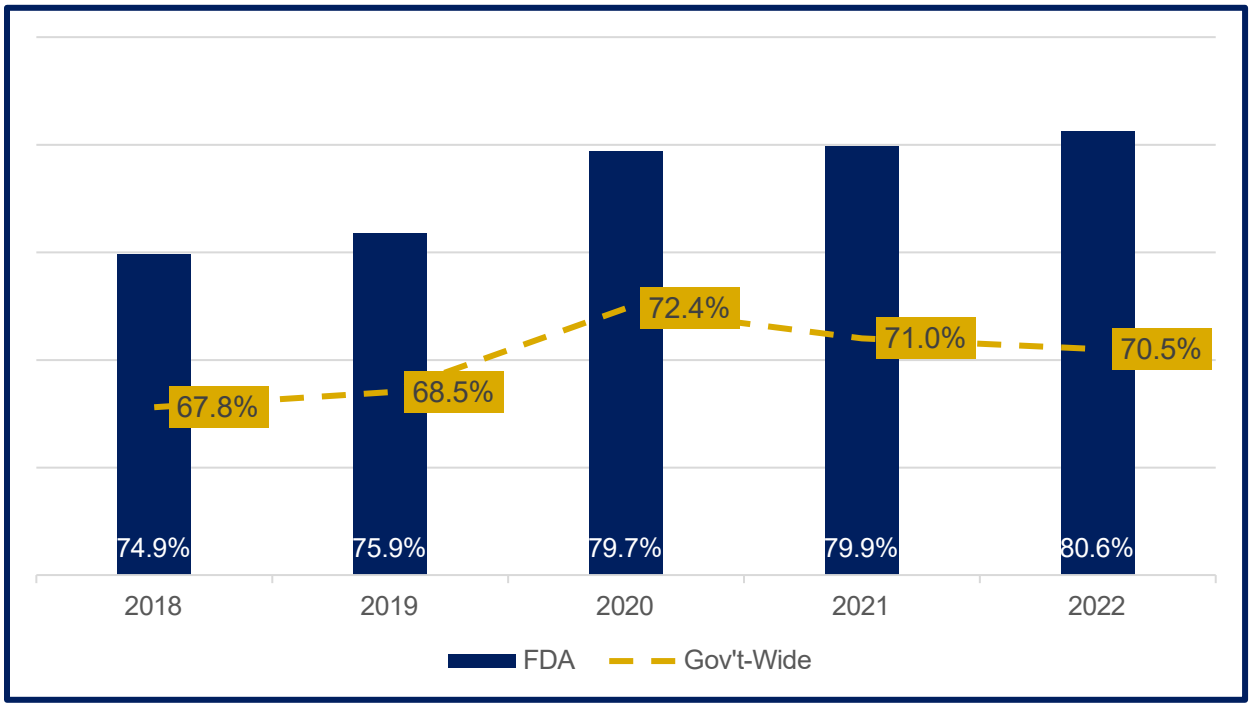
Question Type	2022 Question	2018	2019	2020	2021	2022	Difference: 2018 to 2022	2022 Gov't-Wide Score	Difference: 2022 FDA vs Gov't-Wide
Index	EEI	74.9%	75.9%	79.7%	79.9%	80.6%	+5.7	70.5%	+10.1
Sub-Index	EEI – Leaders Lead	66.4%	68.0%	71.6%	72.7%	72.7%	+6.3	59.2%	+13.5
Sub-Index	EEI – Supervisors	81.1%	82.0%	86.0%	85.9%	87.8%	+6.7	79.7%	+8.1
Sub-Index	EEI – Intrinsic Work Experience	77.1%	77.8%	81.4%	81.2%	81.4%	+4.3	72.7%	+8.7
Index	GSI	73.6%	73.5%	76.9%	75.2%	73.5%	-0.1	61.7%	+11.8
Index	DEIA	-	-	-	-	79.1%	-	69.3%	+9.8

Figure B-4. Key 2022 FEVS Index Comparison with Government-Wide Averages.



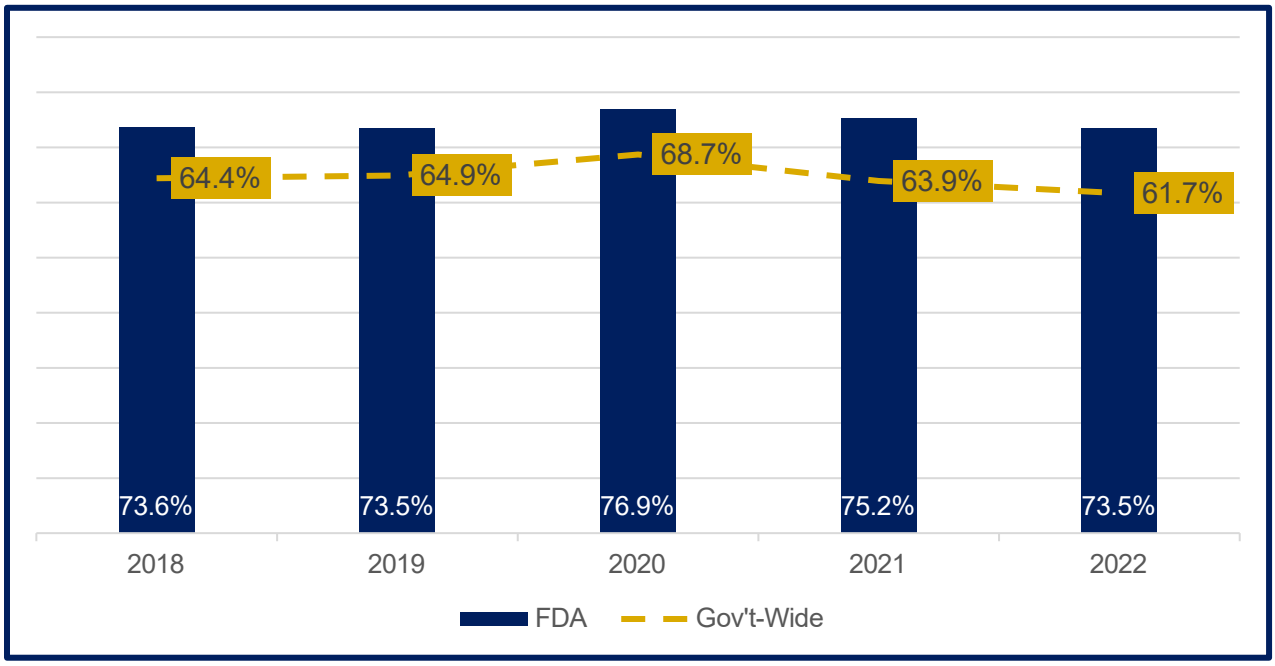
In 2022, FDA remained ahead of the government-wide average for all indices, including EEI (+10.1 percentage points), GSI (+11.8 percentage points), and DEIA (+9.8 percentage points). Trended data from 2018 through 2022 for FDA's EEI and GSI results, compared with government-wide averages, can be found in Figure B-5 and Figure B-6, respectively.

Figure B-5. Trended EEI Comparison with Government-Wide Averages.



FDA's EEI score steadily increased throughout the past 5 years, for a total increase of +5.7 percentage points, while the government-wide average peaked in 2020 (72.4 percent) and decreased in the last 2 years. All of FDA's EEI scores from the past 5 years have margins of +7.1 to +10.1 percentage points higher than government-wide scores.

Figure B-6. Trended GSI Comparison with Government-Wide Averages.



FDA's GSI scores have remained stable throughout the past 5 years, with a +11.8-percentage point margin compared with the 2022 government-wide average. FDA's trended results from 2018 through 2022 for selected workforce planning questions, as well as the areas of interest for each question (recruitment, development, or retention), can be found in Table B-10.

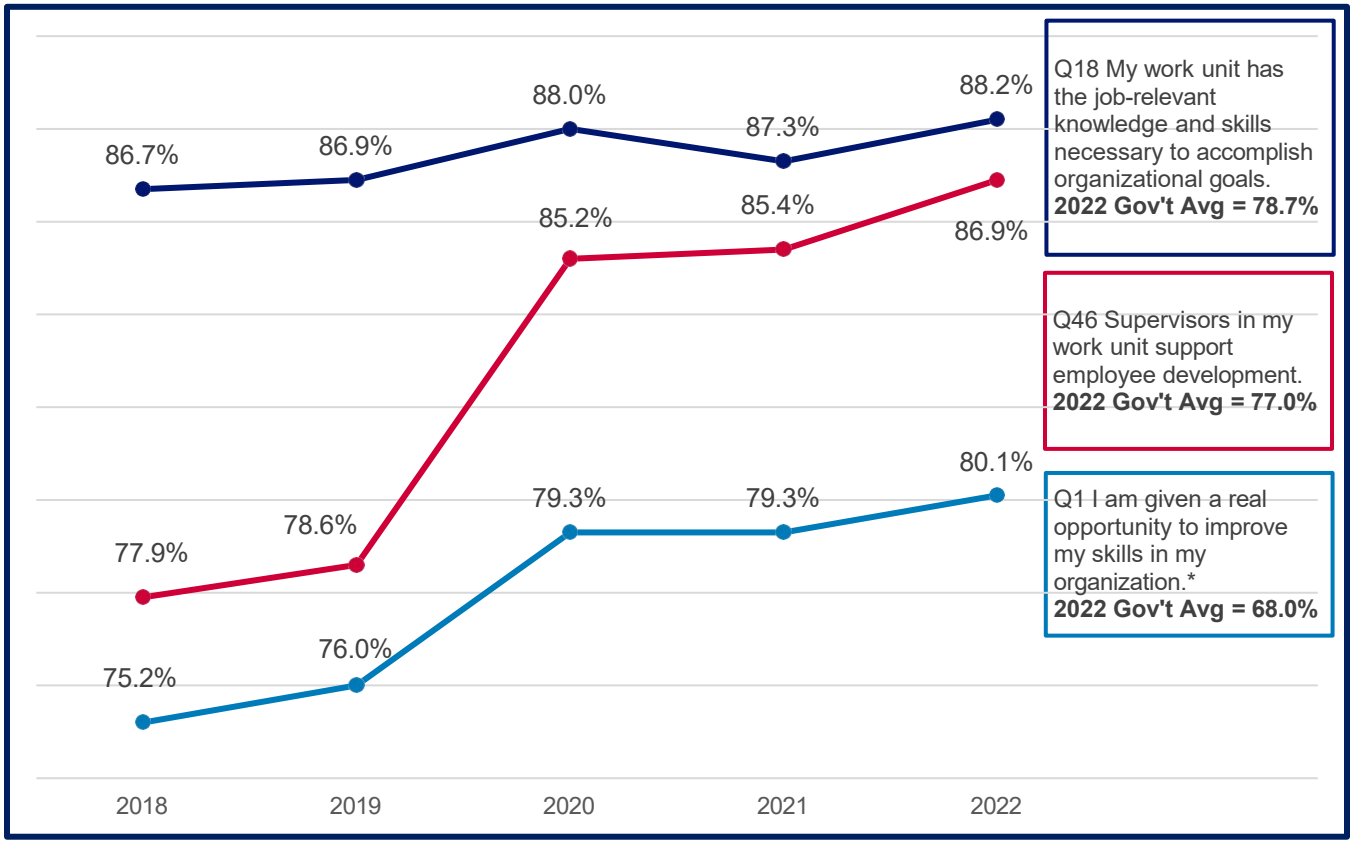
Table B-10. Trended FDA FEVS Questions, 2018 Through 2022.

2022 Q#	2022 Question	Area of Interest	2018	2019	2020	2021	2022	2018 vs 2022	2022 Gov't-Wide Score	2022 FDA vs Gov't-Wide
23	New hires in my work unit (i.e., hired in the past year) have the right skills to do their jobs.	Recruitment Development	-	-	-	-	72.5%	-	57.7%	+14.8
10	I receive the training I need to do my job well.	Development	-	-	-	-	77.6%	-	64.7%	+12.9
18	My work unit has the job-relevant knowledge and skills necessary to accomplish organizational goals.	Development	86.7%	86.9%	88.0%	87.3%	88.2%	+1.5	78.7%	+9.5
46	Supervisors in my work unit support employee development.	Development	77.9%	78.6%	85.2%	85.4%	86.9%	+9.0	77.0%	+9.9
1	I am given a real opportunity to improve my skills in my organization.	Development Retention	75.2%	76.0%	79.3%	79.3%	80.1%	+4.9	68.0%	+12.1
73	I have similar access to advancement opportunities (e.g., promotion, career development, training) as others in my work unit.	Development Retention	-	-	-	-	72.5%	-	65.0%	+7.5
4	I know what is expected of me on the job.	Retention	83.4%	83.5%	87.4%	87.2%	87.6%	+4.2	81.3%	+6.3
5	My workload is reasonable.	Retention	62.0%	61.7%	66.2%	59.4%	63.9%	+1.9	61.4%	+2.5

2022 Q#	2022 Question	Area of Interest	2018	2019	2020	2021	2022	2018 vs 2022	2022 Gov't-Wide Score	2022 FDA vs Gov't-Wide
24	I can influence decisions in my work unit.	Retention	-	-	-	-	70.1%	-	63.1%	+7.0
44	BIAI: I believe the results of this survey will be used to make my agency a better place to work.	Retention	57.0%	56.9%	60.8%	60.6%	63.6%	+6.6	42.9%	+20.7
52	Overall, how good a job do you feel is being done by your immediate supervisor?	Retention	79.3%	80.5%	84.9%	84.6%	86.5%	+7.2	77.6%	+8.9
64	Management involves employees in decisions that affect their work.	Retention	-	-	-	-	56.3%	-	43.3%	+13.0
65	How satisfied are you with your involvement in decisions that affect your work?	Retention	61.8%	62.2%	66.2%	64.7%	61.5%	-0.3	50.0%	+11.5
68	Considering everything, how satisfied are you with your job?	Retention	76.0%	75.8%	79.1%	77.1%	77.6%	+1.6	66.2%	+11.4
69	Considering everything, how satisfied are you with your pay?	Retention	64.5%	64.4%	67.8%	64.7%	60.8%	-3.7	55.9%	+4.9
70	Considering everything, how satisfied are you with your organization?	Retention	73.4%	73.3%	77.1%	76.9%	75.7%	+2.3	60.2%	+15.5
88	I identify with the mission of my organization.	Retention	-	-	-	-	88.7%	-	77.0%	+11.7

The trended results of development-focused questions, micro/individual-focused retention questions, and macro/organizational-focused retention questions are displayed in Figures B-7, B-8, and B-10, respectively. The FEVS questions included in the Partnership for Public Service's Best Places to Work in the Federal Government ranking calculation are displayed in Figure B-12.

Figure B-7. Trended Development Questions.

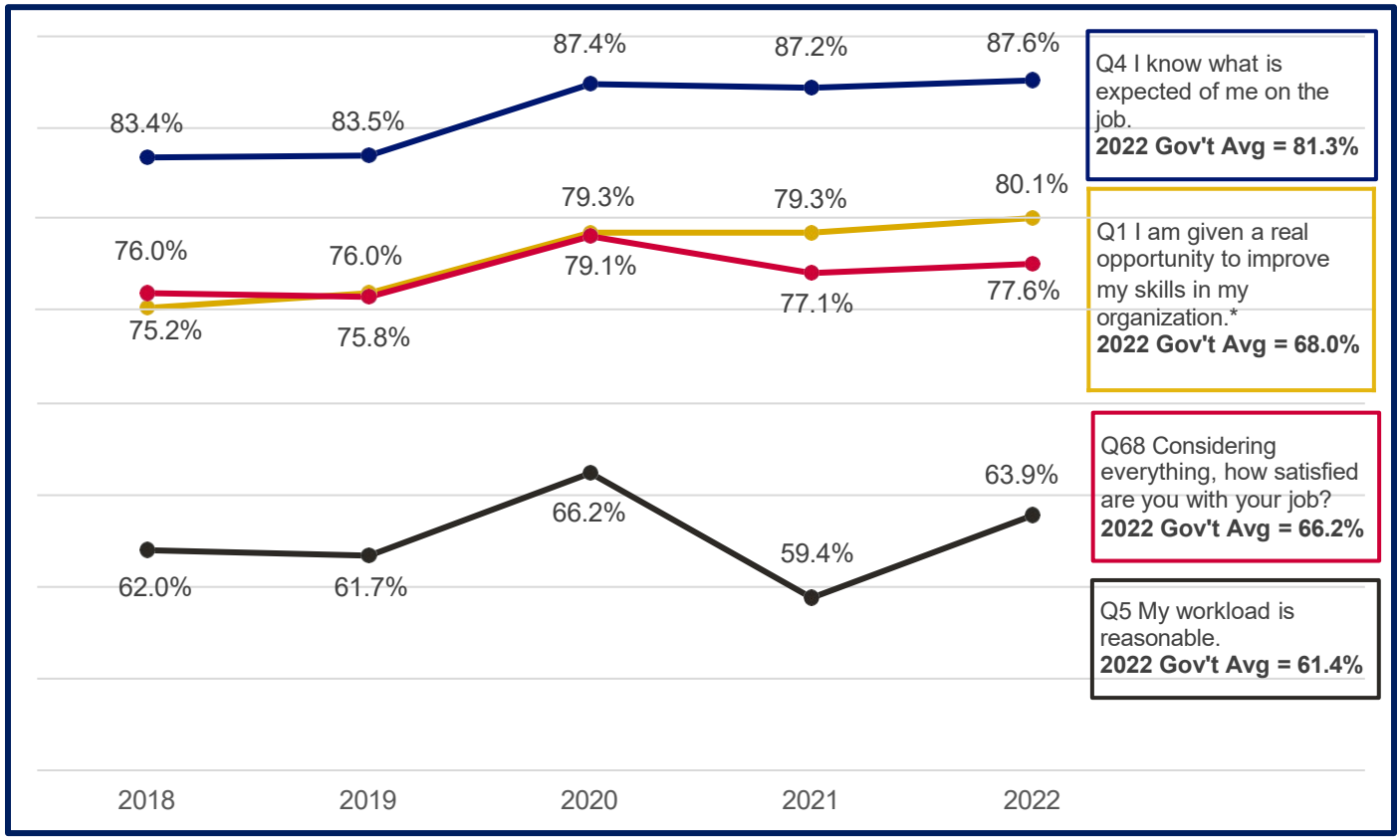


* Indicates questions that are also considered retention metrics.

FDA's training and development-focused FEVS results are strong, both in terms of increases over the past 5 years and relative to government-wide averages. Employee perception that their work units have the knowledge and skills necessary to accomplish organizational goals (Question 18) has retained a relatively flat trend over the past 5 years (+1.5 percentage points); however, the question received its highest score of 88.2 percent in 2022. FDA also received substantially higher-than-government-wide averages (+9.5 percentage points) for 2022 regarding this question. Employees' perception that their work unit's supervisors support employee development (Question 46) has significantly increased over the past 5 years (+9.0 percentage points) and remained ahead of the 2022 government-wide average by +9.9 percentage points. Employee perception that they are given a real opportunity to improve their skills within the organization (Question1) has seen a steady increase in scores since 2018 (+4.9 percentage points) and remains significantly higher than the

2022 government-wide average (by +12.1 percentage points). Overall, FDA employees perceive ample opportunities to improve their skills, receive support from their supervisor for their development, and have the ability to advance in the agency.

Figure B-8. Trended Individual-Focused Retention Questions.

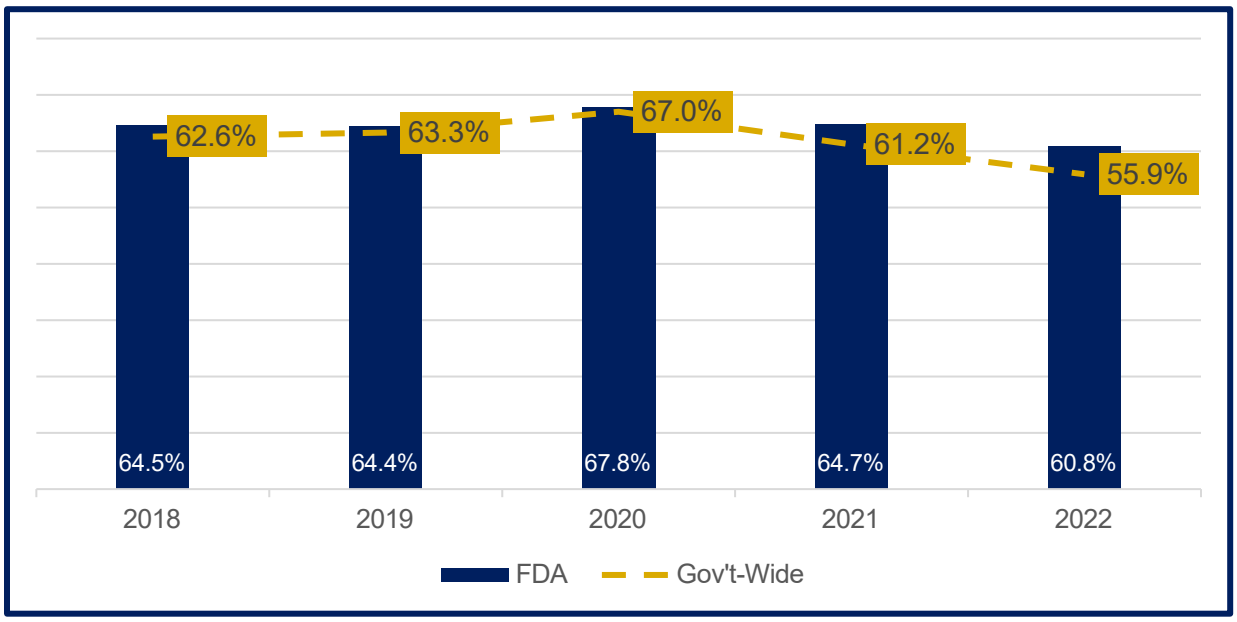


* Indicates questions that are also considered development metrics.

Retention-related questions were divided into two categories: one for perceptions at the individual job level (e.g., job related) and one at the organizational level. At the individual job level, there have been modest increases over the past 5 years, with results that significantly exceed the government-wide averages. There is only one notable exception, namely a decrease in pay satisfaction (see Figure B-9), which may be attributed in part to the availability of Title 21 to only some Agency positions. Employees' perception that they are given a real opportunity to improve their skills within the organization (Question 1) has seen a steady increase in scores since 2018 (+4.9 percentage points) and has far exceeded the government-wide average for 2022 (+12.1 percentage points). Employees' satisfaction with their job (Question 68) and perception that their workload is reasonable (Question 5) have experienced fluctuations over the past 5 years, both with an increase in 2020 followed by a decrease in 2021. However, the 5-year difference from 2018 to 2022 is a nominal increase that is above the government-wide average for 2022 (+2.5 and +11.4 percentage points, respectively). Employees' perception that they know what is

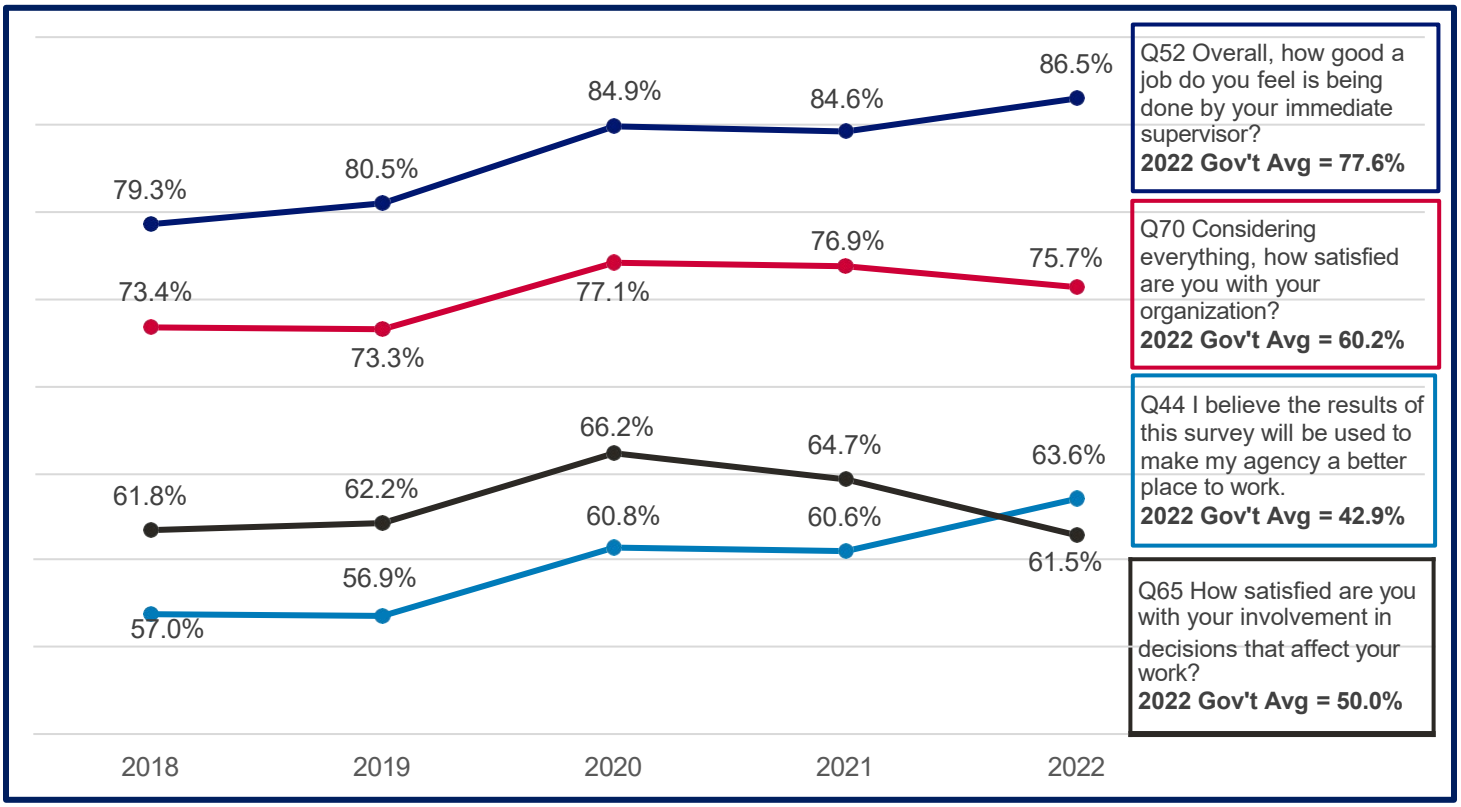
expected of them on the job (Question 4) has also seen a nominal increase over 5 years, yet the responses received high scores (87.6 percent in 2022) and are +9.5 percentage points higher than the government average.

Figure B-9. Trended Pay Satisfaction.



Employees' satisfaction with their pay (Question 69) is the only exception to the 5-year increase trend within the individual-focused retention question subset. Although scores peaked in 2020 (67.8 percent), they have since decreased and resulted in a notable negative 5-year trend (-3.7 percentage points) that may be attributed in part to the availability of Title 21 for only some positions. However, the response rate remains higher than the 2022 government-wide average (+4.9 percentage points).

Figure B-10. Trended Organization-Focused Retention Questions.



Employees' perceptions of their organization have increased moderately over the past 5 years, with one exception related to their involvement in decisions that affect their work (Q65), and all responses for this question significantly exceed the 2022 government averages. Employees' perception of how good a job they feel is being done by their immediate supervisor (Question 52) saw a substantial 5-year increase (+7.2 percentage points) and is considerably higher than the 2022 government-wide average (+8.9 percentage points). Employees' satisfaction with their organization (Question 70) has remained relatively stable over the past 5 years, with a modest 5-year increase (+2.3 percentage points), but the 2022 response is tremendously higher than the government-wide average (+15.5 percentage points). Employees' belief that results from this survey will be used to make their agency a better place to work (Question 44) has steadily increased over the past 5 years (+6.6 percentage points) and overwhelmingly exceeds the 2022 government-wide average (+20.7 percentage points). This commendable result, combined with the impressive high response rate and survey participation (66.9 percent, which is almost double the government-wide response rate of 35.3 percent), indicates that employees are highly engaged and trust their leaders to act on their feedback. An in-depth look at the BIAI can be found in Figure B-11. Employees' satisfaction with their involvement in decisions affecting their work (Question 65) has seen negligible 5-year differences, after a noteworthy peak in 2020. However, the 2022 response is substantially higher than the government-wide average (+11.5 points). Overall, the satisfaction of FDA's employees with their organization, except for their decision involvement, also climbed modestly.

Figure B-11. Trended BIAI Comparison with Government-Wide Averages.

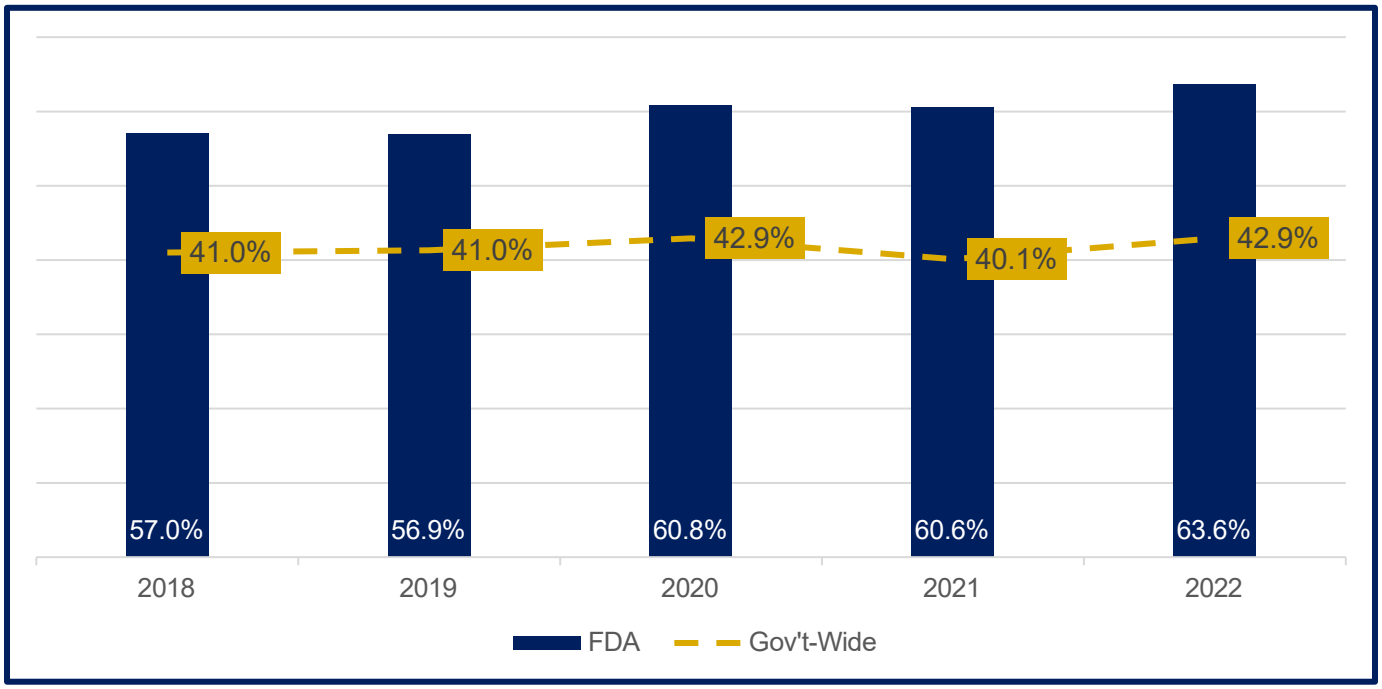


Figure B-12. Trended Best Places to Work Questions.

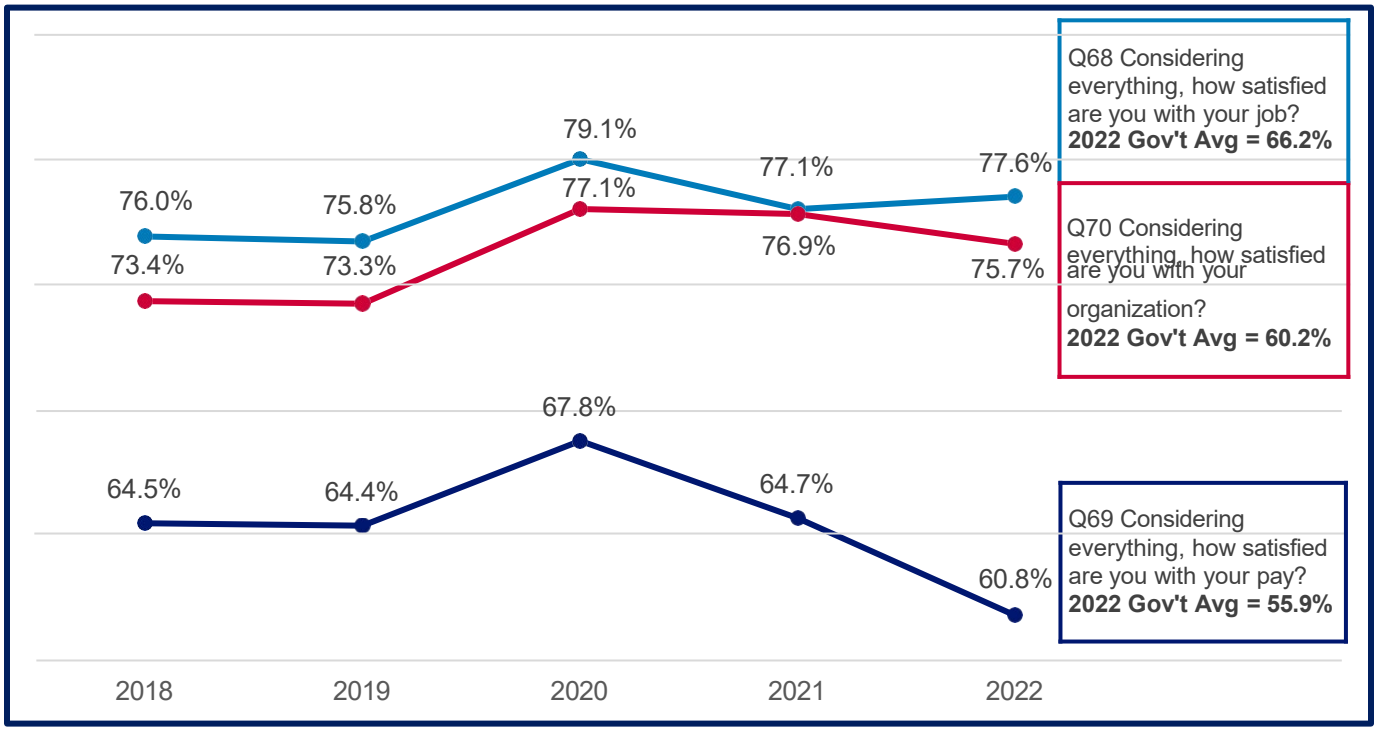


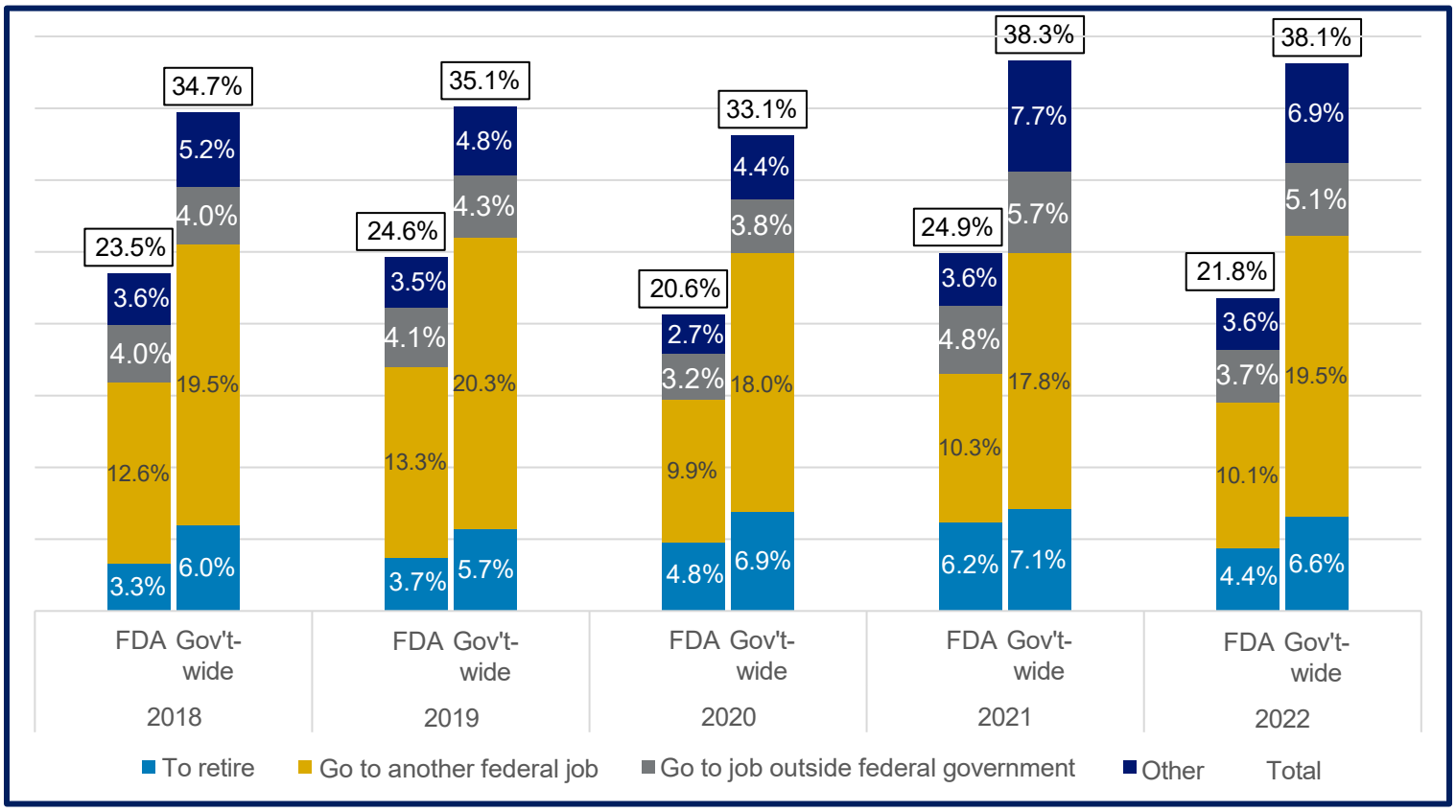
Table B-11 displays the trended results based on the response type for the demographic FEVS question that asked staff, “Are you considering leaving your

organization within the next year, and if so, why?" Figure B-13 outlines the trended results of the responses to this question, comparing FDA's results with the government-wide averages.

Table B-11. Trended Intent-to-Leave-Within-the-Next-Year Response Breakdown for FDA, 2018 Through 2022.

Intent-to-Leave-Within-the-Next-Year Response	2018	2019	2020	2021	2022	Difference: 2018 to 2022	2022 Gov't-Wide Score	Difference: 2022 FDA vs Gov't-Wide
No	76.5%	75.3%	79.3%	75.0%	78.2%	+1.7	61.8%	+16.4
Yes, to retire	3.3%	3.7%	4.8%	6.2%	4.4%	+1.1	6.6%	-2.2
Yes, to take another job with the Federal Government	12.6%	13.3%	9.9%	10.3%	10.1%	-2.5	19.5%	-9.4
Yes, to take another job outside of the Federal Government	4.0%	4.1%	3.2%	4.8%	3.7%	-0.3	5.1%	-1.4
Yes, other	3.6%	3.5%	2.7%	3.6%	3.6%	+0.0	6.9%	-3.3

Figure B-13. Intent-to-Leave-Within-the-Next-Year Reasoning, Comparing FDA to Government-Wide Averages.



FDA has much lower scores than the government-wide average, indicating fewer staff are planning to leave the Agency within the next year than the rest of the government; on average, FDA's scores remained at least -10.0 percentage points lower than those of the government-wide averages over the past 5 years. Of the employees who state that they are planning to leave their agency, both within FDA as well as throughout the government, the largest portion indicate that their plan is to remain within the federal government workforce rather than moving to the private sector. FDA's intent-to leave within-the-next-year score has remained relatively stable over the past 5 years (-1.7 - percentage point difference) and remains significantly lower than the federal government average.

B4. Rates of Pay

Rates of pay affect a workforce's ability to recruit and retain its staff. Pay rate differences by authority can be found in Table B-12, which includes differences in pay by occupation and job family under Title 21. Title 38 and Title 21 allow pay differentiation within the same field based on the medical specialization. Table B-13 shows the Title 38 medical specialization pay tables issued by the U.S. Veterans Administration and used by FDA. Table B-14 shows the Title 21 medical

specialization tables allowing for higher pay justifications when setting the employee's initial pay.

Table B-12. FDA's Rates of Pay.

Pay Authority	Pay Range (as of Jan. 1, 2023)
Title 5 GS (base pay)	$20,999 – $152,771
Title 5 SES (base pay)	$141-022 – $212,100
Title 38	$163,508 – $400,000
Title 42 (f)	$117,518 – $400,000
Title 42 (g)	$49,028 – $152,771
Senior Level, Scientific Professional	$141,022 – $195,000
SBRBPAS	$117,518 – $400,000
Title 21	
Table 1 Non-Executive	$78,592 – $254,661
Table 2 Non-Executive: Economist, Pharmacologist, Toxicologist, Mathematical Statisticians/Statisticians, Cybersecurity Specialist, Data Scientist, Digital Health Specialist, Regulatory Counsel, Pharmacokineticist	$78,592 – $279,907
Table 3 Non-Executive: Physicians, Dentists, Podiatrists	$165,000 – $325,066
Executive Pay	$213,491 – $400,000
Commission Corps	$79,000 – $331,561

Table B-13. FDA's Rates of Pay by Title 38 Medical Specialty.

Final Approved Pay Ranges for Physicians, Dentists, and Podiatrists
Effective January 1, 2023

Pay Table 1	Specialty/Assignment	Pay Table 2	Specialty/Assignment
Tier 1: **$115,587** - 243,000 Tier 2: $115,587 - 252,720 Tier 3: $120,000 - 280,340	Endocrinology Endodontics General Practice – Dentistry Geriatrics Infectious Diseases Internal Medicine/Primary Care/Family Practice Palliative Care Periodontics Podiatry (General) Podiatry (Surgery-Forefoot, Rearfoot/Ankle, Advanced Rearfoot/Ankle) Preventive Medicine Prosthodontics Rheumatology w All other specialties or assignments not requiring a specific specialty training or certification	Tier 1: **$115,587** - 282,480 Tier 2: $115,587 - 306,600 Tier 3: $130,000 - 336,000	Allergy and Immunology Hospitalist Nephrology Neurology Pathology PM&R / SCI Psychiatry
Pay Table 3	**Specialty/Assignment**	**Pay Table 4**	**Specialty/Assignment**
Tier 1: **$115,587** - 348,000 Tier 2: $120,000 - 365,000 Tier 3: $135,000 - 385,000	Pain Management (Interventional and Non-Operating Room (OR) Anesthesiology) Cardiology (Non-Invasive) Emergency Medicine Gynecology Hematology – Oncology Nuclear Medicine Ophthalmology Oral Surgery Pulmonary	Tier 1: **$115,587** - 400,000 Tier 2: $125,000 - 400,000	Anesthesiology Cardiology (Invasive/Non-Interventional) Cardio-Thoracic Surgery Critical Care Dermatology Dermatology MOHS Gastroenterology General Surgery Interventional Cardiology Interventional Radiology Neurosurgery Orthopedic Surgery Otolaryngology Plastic Surgery Radiology (Diagnostic) Radiation Oncology Urology Vascular Surgery
Pay Table 5	**Specialty/Assignment**	**Pay Table 6**	**Specialty/Assignment**
Tier 1: $150,000 - 350,000 Tier 2: $147,000 - 325,000 Tier 3: $145,000 - 300,000 Tier 4: $140,000 - 285,000	VHA Chiefs of Staff and Network Chief Medical Officers – Tier assignments are based on published facility complexity level Tier 1 – Network Chief Medical Officer; Chief of Staff - Complexity Levels 1a & 1b Tier 2 – Chief of Staff - Complexity Level 1c & 2 Tier 3 – Chief of Staff - Complexity Level 3 and facilities with no designated level; Tier 4 – Deputy Network Chief Medical Officer; All Deputy Chiefs of Staff	Tier 1: $145,000 - 304,750 Tier 2: $145,000 - 249,900 Tier 3: $130,000 - 235,000	Tier 1 – Principal Deputy; other Deputy Under Secretaries for Health; Chief Officers; Network Directors; Medical Center Directors; Tier 2 – Executive Directors; other Assistant Under Secretaries for Health; VACO Chief Consultants; National Directors; National Program Managers Tier 3 – All VACO physicians or dentists not otherwise defined

Minimum annual rates of pay for Tier 1 on Pay Tables 1 through 4 adjusted to reflect increase made to the Physician, Dentist, and Podiatrist Base and Longevity Pay Schedule effective January 1, 2023

Table B-14. Title 21 Medical Specialty Initial Pay Setting Guidance.

Low Specialty for FDA	Middle Specialty for FDA	High Specialty for FDA
• Endocrinology • Family Practice • Geriatrics • Internal Medicine • Pediatrics • Psychiatry • Public Health and General Preventive Medicine • Rheumatology	• Allergy and Immunology • Emergency Medicine • General Dentistry • Gynecology • Infectious Diseases • Neonatal-Perinatal Medicine • Neurology • Pathology • Physical Medicine & Rehabilitation (PM&R)	• Anesthesiology • Cardiology • Dermatology • Diagnostic Imaging/Nuclear Medicine • Diagnostic Radiology • Gastroenterology • Hematology • Medical Oncology • Nephrology • Obstetrics and Gynecology • Ophthalmology • Otolaryngology • Pulmonary and Critical Care • Radiation Oncology • Reproductive Endocrinology • Surgery (General Surgery and all surgical sub-specialties) • Urology
Policy: Physicians with more than one specialty will be paid under the higher specialty.		

B5. Time to Hire

Table B-15 outlines the average time to hire for available FDA hiring authorities from the new Application Tracking Lifecycle Analysis Solution (ATLAS) system. Every Center/Office began processing all hiring authorities—except Title 38 Merit Promotion, Title 42 (f), and SES—in ATLAS by June 27, 2022. These data will serve as a baseline to compare all hiring actions in FY 2023. The many hiring authorities available to FDA have varying hiring processes, leading to fluctuating times to hire. Overall, FDA's hiring times are significantly faster when Title 5 delegated examining system, which averages 98 days, is not used.

Table B-15. FDA's FY 2022 Time-to-Hire Averages by Hiring Authority.

Hiring Authority Type	Average Time to Hire (in days)
FDA's Average	**45**
21st Century Cures: Non-Executive/Non-Physician	45
21st Century Cures: Physician	17
21st Century Cures: Executive	34
Title 42(g)	29
Title 5: Merit Promotion	68
Title 5: Direct Hire	60
Title 5: Delegated Examining	98
Title 5: Non-Competitive	22
Title 38: Direct Hire	19

Appendix C: The Scope and Structure of the Integrated Strategic Human Capital Planning Council

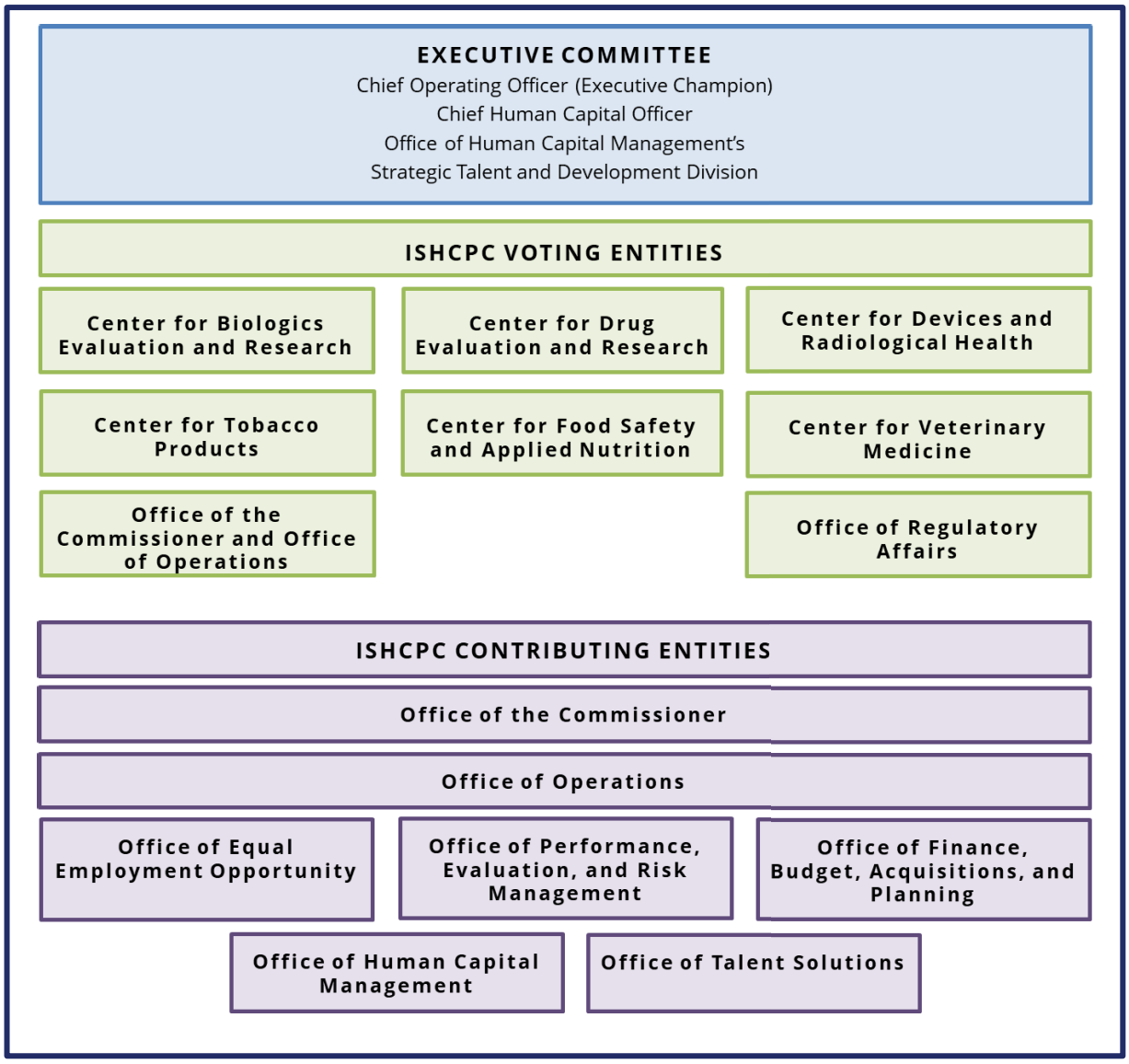
The Integrated Strategic Human Capital Planning Council (ISHCPC) is responsible not only for addressing internal and external workforce requirements while ensuring Center and Office collaboration but also promoting successful Center and Office workforce planning efforts. The ISHCPC has the following three goals: (1) evaluate data covering the Food and Drug Administration's (FDA's or Agency's) current state and based on the results of that evaluation, establish goals and objectives for the Agency's future state, (2) institutionalize Agency-level integrated human capital planning, and (3) cultivate consensus on ongoing integrated planning. The ISHCPC addressed each goal by pulling from Center-, Office-, and Agency-level input and expertise.

As shown in Figure C-1, the ISHCPC consists of the following three bodies: (1) the executive sponsor, (2) the voting entities, and (3) the contributing entities. The executive sponsor oversees the ISHCPC's efforts by providing overall strategic direction, by creating and finalizing deliverables, and by ensuring that the ISHCPC's objectives are addressed within their designated timeframe and scope.

The ISHCPC voting entities consist of Center and Office representatives who inform the ISHCPC on Center/Office workforce planning initiatives. The ISHCPC's contributing entities do not vote on the ISHCPC's propositions; instead, they inform its members of ongoing Agency initiatives and offer guidance in developing strategies. Each contributing entity collectively fulfills the following objectives:

- Establish strategic goals and objectives for human capital management
- Provide direction-setting for ongoing human capital planning around functional areas
- Convene ad hoc, specialized subcommittees comprised of subject-matter experts in diverse disciplines, as needed
- Develop an integrated strategic human capital plan
- Monitor progress, including ensuring alignment and compliance with:
    - Agency priorities and goals
    - Federal and legislative mandates
    - Agency hiring goals and recruitment efforts

Figure C-1. ISHCPC's Structure.



Appendix D: Highlights of Current Hiring, Development, and Retention Efforts

The following highlights provide a sample of the many efforts that the Food and Drug Administration (FDA) has undertaken to improve its hiring, build talent pipelines, develop leaders, engage employees, and improve human capital technology.

D1. Hiring Improvements

a. Title 21 Efforts

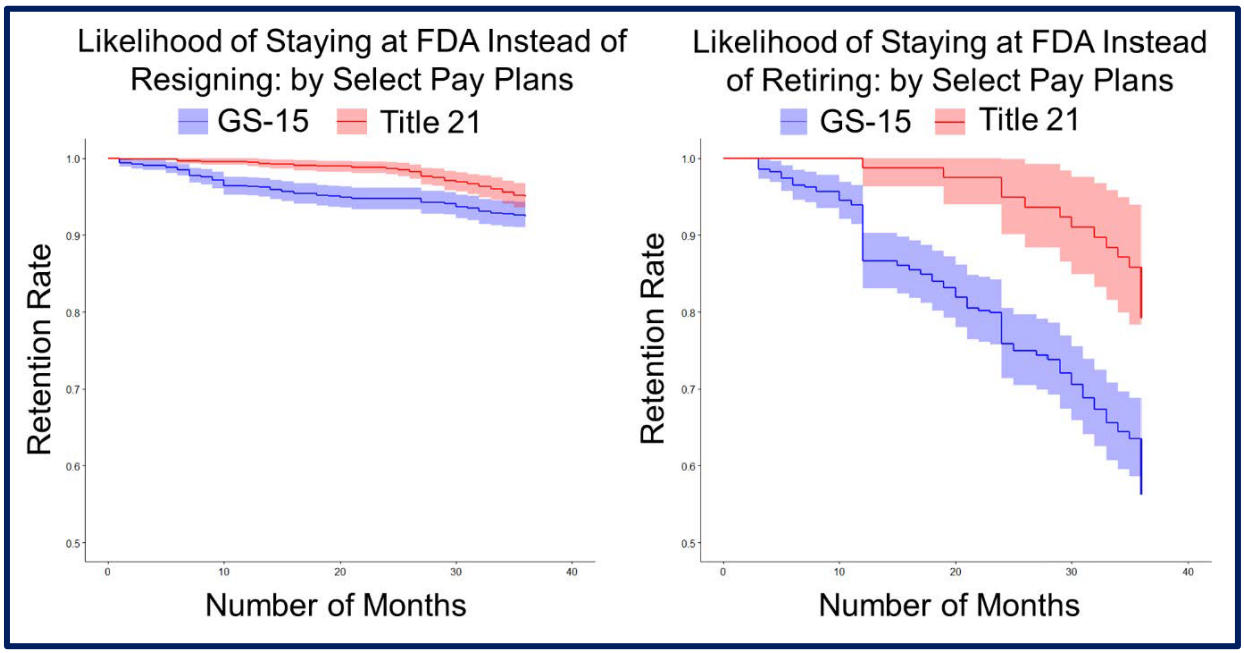
Title 21 is the hiring and pay authority granted, in December 2016, to FDA under the 21st Century Cures Act. After extensive research and planning, FDA began widely using this authority in early 2018 after piloting the program on hard-to-fill and hard-to-retain positions and then learning from these pilots. By March 2023, 13 percent of FDA's staff were on the Title 21 pay plan. Originally, Title 21 was limited to employees who "support[ed] the development, review, and regulation of medical products."[21] The fiscal year 2023 Food and Drug Omnibus Reform Act expanded this authority, further amending Title 21 to apply to positions, including cross-cutting operational positions, that support the development review and regulation of food and cosmetics, as well as medical products.[22]

A third party analyzed Title 21 retention data from January 2019 to December 2021 and found that Title 21 employees, compared with General Schedule (GS)-15 employees, are more likely to stay at FDA instead of resigning or leaving after becoming eligible for retirement (see Figure D-1).

[21] https://www.congress.gov/bill/114th-congress/house-bill/34.

[22] https://www.govinfo.gov/content/pkg/USCODE-2021-title21/html/USCODE-2021-title21-chap9-subchapVII-partA-sec379d-3a.htm.

Figure D-1. Retention Rates by Select Pay Plans, 2017 to 2022.



b. Hiring Improvements

In the past few years, the Office of Talent Solutions (OTS) has launched several efforts to improve FDA's hiring process. OTS meets annually with each Center/Office to develop its Fiscal Year Talent Acquisition Plan. Once finalized, the plan is used to track hiring. FDA monitors and adjusts the plans as needed. FDA's hiring goals are measured against these plans.

Quarterly Talent Community Forums are held with the human capital community, including hiring managers to enhance communication, transparency, and collaboration regarding hiring at FDA. During these forums, hiring managers received training on the resumé repository to facilitate the use of FDA's Special Hiring programs and to encourage the use of hiring candidates with disabilities.

The Title 5 Classification Optimization initiative to strengthen compliance and efficiency led to the elimination of the classification backlog that plagued the Agency for years. The launch of the Application Tracking Lifecycle Analysis Solution (ATLAS) system has automated much of the hiring process, resulting in a 62 percent decrease in the time to hire. ATLAS is described more in the Human Capital Technology Improvements section below.

c. Updating the FDA Brand

In 2018, FDA created a branding campaign and redesigned its outfacing jobs website to emphasize the appeal of helping fulfill FDA's mission. In addition to an improved layout and distinctive look, the site added features such as "A Look at FDA's Culture through Our Employees page" (https://www.fda.gov/about-fda/look-fdas-culture-through-our-employees) which highlights certain FDA employees, including recent graduates, non-U.S. citizens, and U.S. Public Health Service Commissioned Corps. The "Veterans Viewpoint" page (https://www.fda.gov/about-fda/jobs-and-training-fda/veterans-viewpoint-veterans-employment-and-jobseekers-disabilities) provides tools and information to streamline veterans' job search and assist veterans with their career search.

d. Social Media Strategies

FDA consolidated its social media presence to fill hard-to-hire and critical positions by leveraging multiple technologies that actively identified and recruited promising, highly qualified candidates. The FDA LinkedIn page has more than 600,000 followers who can keep track of new job postings. More recently, FDA developed the FDA Recruitment Network, FDA's new LinkedIn-affiliated page to share updates, information on the recruitment process, and job announcements. One of the Agency's handles on X (formerly Twitter), @FDAjobs, has over 4,000 followers.

FDA's presence on both LinkedIn and X has resulted in a higher level of exposure for the Agency and an increased viewership of posted job positions. In addition to using these two social media platforms, FDA uses Google Ads to increase traffic of teleworking STEM professionals to the Agency's website, thereby bolstering FDA's hiring efforts.

e. Recruiting Tools and Partnerships

FDA uses tools like Handshake and Symplicity and posts jobs to expand its reach with collegiate communities and their alumni. Handshake and Symplicity allow FDA to connect with highly educated candidates who are eager to begin their careers in the federal government by may have otherwise missed FDA's openings.

FDA also uses tools like Professional Diversity Network, Hispanic/Latino Professionals Associations, and AARP to connect with targeted diversity, equity, inclusion, and accessibility (DEIA) populations. For example, the AARP Job Board allows the Agency to fill high-level positions and connect with seasoned professionals with valuable experience, embrace FDA's commitment to an age-diverse workforce, and meet the requirements for higher-level positions.

To date, FDA has established more than 275 partnerships with academic institutions, government entities, and professional STEM associations and organizations to promote careers at FDA. One of the many ways FDA stays actively engaged with these partnerships is the distribution of FDA's quarterly outreach newsletter. FDA's partners can request specific topics to be featured in the next newsletter and stay abreast of upcoming events and hiring initiatives.

D2. Building Talent Pipelines

a. Targeted Recruiting Activities

To support recruitment, FDA, working through its Centers/Offices, conducts outreach to fill positions in STEM by participating in career fairs, annual conferences (such as the Biomedical Research Conference for Minoritized Scientists), festivals (such as the U.S. Science and Engineering Festival), and meetings (such as for the national and local chapters of the Regulatory Affairs for Professional Society, the Society for the Advancement of Chicanos/Hispanic Professional Engineers, the Society of Hispanic Professional Engineers, the American Association for the Advancement of Science, the Society of Toxicology, and the Joint Statistical Meetings). These events support consistent FDA exposure to specific STEM professionals for mission-critical occupations.

Annually, FDA hosts 15 to 20 virtual and in-person academic visits to FDA campuses for students and fellows, which results in reaching more than 1,500 STEM candidates, including over 500 potential DEIA targeted candidates, which include underrepresented minority STEM candidates. The goal of these visits is to provide information on FDA and job opportunities to STEM professionals.

As of 2021, FDA also organized two major annual DEIA recruitment and outreach session to attract STEM professionals, including (1) the Minority Serving Institutions Student and Alumni Informational Session and (2) the Bridges to Biotech Informational Session. These sessions combined yielded more than 1,000 participants.

Through various events and strategic partnerships, FDA continues to build its pipeline of STEM candidates to support mission-critical hiring efforts.

b. Academic Programs and Fellowships

FDA supports student and fellowship programs that are vital to the strategic recruitment of the Agency's workforce. For instance, FDA uses the Oak Ridge Institute for Science and Education Research Program (ORISE), which on an annual basis appoints more than 800 undergraduate students, graduate degree students, and post-doctoral fellows.

The following programs are available to undergraduate and graduate students:

- Veterinary Clerkship Program
- Federal Information Privacy Internship Program
- Interdisciplinary Toxicology Program
- Student Volunteer Service Program
- Medical Device Fellowship Internship Program
- Oncology Center of Excellence Summer Scholars Program
- Office of Policy Internship
- ORISE Research Program
- Pharmacy Student Experiential Program
- Visiting Pediatric Pharmacology Fellows Rotation Program

The following post-graduate opportunities provide exposure to FDA's career opportunities, contributing to FDA's pipeline for STEM professionals to support mission-critical occupations:

- Inter-Agency Oncology Task Force Joint Fellowship Program
- Medical Device Fellowship Program
- Recent Graduates Program under the Pathways Program
- Post-Graduate Research Program
- Regulatory Pharmaceutical Fellowship
- Service Fellowship Plan
- Tobacco Regulatory Science Fellowship
- Translational Science Interagency Fellowship

c. Pathways Programs

FDA is working to expand its talent pipeline by leveraging special appointment authorities under the Office of Personnel Management's (OPM's) Pathways Program. Since 2018, FDA has used OPM's Recent Graduates Program to hire more than 215 recent graduates and FDA's Internship Program to hire more than 300 students. These programs help fill mission-critical gaps and help create a new, younger cadre of future employees who will be prepared to fill essential gaps as FDA's retirement eligible workforce prepares to leave. FDA will continue to use the Pathways Program to develop a diverse talent pipeline while also leveraging the Student Volunteer Employment Program, for students seeking unpaid work experience or education-related training opportunities, to build a robust and diverse group of students and graduates.

d. Centers of Excellence Talent Programs

FDA has Centers of Excellence and networks that partake in talent development activities with different universities. Two such examples are the Center of Excellence in Regulatory Science and Innovation (CERSI) and the Joint Institute for Food Safety and Applied Nutrition (JIFSAN). The Centers of Excellence Talent Programs equip FDA staff and the broader public with the necessary knowledge and skills to adapt to changes in cutting-edge technology, as well as educate students and the public about current undertakings within regulatory science and its challenges and opportunities. The programs achieve their goals through a variety of activities, such as workshops, training courses, lectures, webinars, scholars' programs, and even competitions called America's Got Regulatory Science Talent and the Regulatory Science Writing Competition. JIFSAN includes an undergraduate internship program that supports the science and research programs at CFSAN. Each CERSI initiative broadens FDA's exposure to current and future regulatory science talent.

D3. Leadership and Development Programs

a. FDA University

FDA University (FDAU) offers a variety of Agency-wide trainings to close technical skills and competency gaps and to improve organizational performance. These trainings complement and supplement the trainings offered by Centers/Offices. FDAU's offerings and programs are related to leadership and employee development, and engagement. Along with its individual offerings such as emotional intelligence and plain language. FDAU also manages the Agency-wide New Supervisor Training, Project Management Certification, and the Team Engagement Program.

b. Leadership Development Programs

FDA has a wide range of leadership development program opportunities for aspiring leaders. The programs are part of FDA's succession management strategy for creating a pipeline of candidates to backfill positions vacated by departing and retiring senior executives and equivalents.

First, the FDA Leadership Development Program (LDP) is designed to develop GS-14s and 15s and equivalent grades who are interested in executive leadership and aspire to build their careers at FDA, by strengthening their leadership skills and preparing them for future career opportunities with greater responsibility. The LDP was designed using benchmarked elements of executive development outlined by OPM and was modeled both after the former FDA Leadership Development Program and existing, successful programs, such as the President's Management Council Interagency Rotation Program. The LDP is intended to provide aspiring leaders the opportunity to participate in

competency building, 360 assessments, coaching, job rotational assignments for experiential learning, and networking opportunities.

To strengthen its talent pipeline, FDA also leverages multiple federal inter-agency programs sponsored by the Executive Office of the President, such as the President's Management Council Interagency Rotation Program (for GS-13s to 15s and equivalents) and the White House Leadership Development Program (for GS-15s and equivalents).

Additionally, FDA sends select employees (open to GS-15s, SES, and equivalents) to the Federal Executive Institute's Leadership for a Democratic Society Program as another avenue to train its senior leaders. Candidates are selected by their Centers/Offices to participate in this intensive residential program. FDA's Centers/Offices also offer leadership development programs for executives, managers, supervisors, team leads, and those aspiring to transition from being individual contributors to managers.

c. Learning and Development Committee

FDA's Learning and Development Committee (LDC) is dedicated to FDA's mission to protect the public health through the design and delivery of learning and development opportunities for the Agency's workforce. The Center/Office Staff Colleges specifically offer training and development for their specialized areas of expertise. The LDC brings training staff from Offices/Centers to align learning resources and foster a culture of learning that supports productivity and engagement through employee development.

d. FDA Mentoring Program

The FDA Mentoring Program is an Agency-level program designed to foster and promote mentoring at all levels of FDA. The vision for this program is to build a culture that values and supports professional growth and development through mentoring partnerships and activities. The mentoring program supports OPM's and the Agency's succession planning initiatives by providing employees with opportunities to work on their career and personal developmental goals through mentoring.

e. DataForward

DataForward is a data analytics upskilling program through which staff are trained in data skill areas. The cohort-based program has participants take classes, receive mentorship, and then apply their newly learned skills through a project working to solve real-world data challenges at FDA. This program began as a pilot in 2022 with two cohorts of six people each. The pilot teams worked with a Center/Office to develop a program in the R programming language to ingest more than 7,000 data files, clean the data, and apply various clustering analysis methods to gain valuable insights.

Participants learned valuable new skills while providing lessons learned and data strategies to streamline future data processing needs within the pilot Center.

f. UpTech

Project UpTech bridges the gap between FDA's new technology capabilities and FDA employees' digital literacy skills. This initiative for technology upskilling and reskilling builds FDA's technology workforce of the future. In 2022, FDA's Office of Digital Transformation (ODT) began launching new initiatives to reach information technology staff across FDA, including new offerings to upskill staff in a variety of learning paths through LinkedIn Learning. Work is underway to expand ODT's training program to include IT certifications, "smart skills" training, applied learning, and immersive rotations.

g. Environmental and Occupational Safety and Health Training Program

The Environmental and Occupational Safety and Health (EOSH) Training Program, hosted by FDA's Office of Laboratory Safety (OLS), provides standardized Agency-wide safety training to promote knowledge and awareness of workplace hazards that may be encountered at FDA and aims to ensure the health and well-being of all FDA employees and the surrounding environment. The OLS Safety Portal features the Hazard Exposure Self-Assessment (HESA) and hosts more than 24 online, self-paced training courses that are aligned based on self-identified hazards in the HESA. The portal aims to eliminate unnecessary redundancy in training and assesses Agency-wide compliance and training requirements. Two additional courses on Hazard Communication and Safety Data Sheets are planned for FY2024. OLS is considering adding 17 laboratory safety courses in the future. The HESA has identified approximately 2,500 personnel whose work includes performing laboratory work, supervising others who perform laboratory work, or routinely entering laboratories as support personnel.

D4. Employee Engagement

a. Diversity, Equity, Inclusion, and Accessibility Initiatives

DEIA initiatives help FDA proactively promote DEIA and address workforce underrepresentation of targeted groups. These initiatives use data as the foundation of its findings and recommendations that are related to understanding and enhancing the prospective and current employee experience. FDA will also continue to promote a more equitable, inclusive, and accessible workplace as it focuses on ensuring DEIA is interwoven into the fabric of FDA while partnering with Centers/Offices, Employee Resource Groups (ERGs), and Center/Office DEIA program managers across the Agency. FDA's current DEIA efforts employ a comprehensive outreach and recruitment strategy to address underrepresented populations in the Agency; identify and reduce

DEIA-related barriers to outreach, recruitment, hiring, retention, and promotion; train employees to increase DEIA awareness; and actively engage Affinity Groups (AGs) and/or ERGs.[23]

The FDA-wide AGs and/or ERGs, which work together to support and enhance diversity and inclusion at FDA and foster collaboration to promote the hiring, retention, and career development of underrepresented groups, are as follows:

- Advisory Committee for Employees with Disabilities
- Asian Pacific American Network
- Blacks in Government
- Federal Asian Pacific American Council
- Federally Employed Women
- Gay, Lesbian, Bisexual, Transgender Employees of the Federal Government
- Hispanic/Latino Organization for Leadership and Advancement
- FDA Interfaith Insight Group
- Military Veterans Advisory Group

b. FEVS Workforce Engagement Action Plan and Activity Catalog

FDA has prepared the FDA Workforce Engagement Plan, which outlines the Agency's efforts to promote and support employee engagement and meet workforce engagement targets set by HHS. Also, FDA has prepared the Employee Engagement Promising Practices Activity Catalog, which fulfills at least three purposes. First, it serves as a resource to showcase and recognize innovative and effective practices that are intended to boost engagement across FDA's Centers/Offices. Second, the catalog is designed to promote ideas, share best practices, and drive creativity across organizational boundaries for leaders at all levels who are interested in bringing effective employee engagement practices to their work units and teams. Third, this catalog is intended to promote the effectiveness of the annual Federal Employee Viewpoint Survey (FEVS) and to build confidence that the results of the survey are used to make the FDA a better place to work. The catalog is organized into the following three sections: (1) an overview of the FDA-wide workforce engagement activities, (2) Center/Office Promising Practices (a collection of effective and creative engagement actions described in a Background, Challenge, Action, and Results format with points of contact, webpage references, and other resources), and (3) a collection of additional employee engagement practices that are applied across many FDA organizations.

[23] ERGs are internally developed employee groups at FDA and chartered to support FDA's DEIA strategic goals and objectives. AGs are part of external non-profit organizations or internal groups/chapters that are not chartered with FDA. Both ERGs and AGs consist of members with common backgrounds and interests and serve as resource groups for FDA employees.

c. Return to Workplace Efforts

In April 2022, FDA launched a 6-month Workplace Flexibilities Pilot to enable it to embrace a hybrid workforce model that would ensure that it continued to successfully support its public health mission and remain competitive with public and private sector workforce trends. This pilot was managed by the Workforce Flexibilities Pilot Board, which was composed of representatives across Centers/Offices to find a consistent approach to identify positions eligible for remote work. Every FDA position was placed into one of the following three categories:

Remote Eligible: Positions involving portable work that can be completed away from Agency facilities without the need for access to specialized equipment, classified information, or frequent in-person interaction

Telework Eligible: Positions either requiring a portion of work to be completed at an Agency facility or requiring access to specialized equipment, classified information, or in-person collaboration

Non-Portable: Positions requiring all work to be performed at an Agency facility due to the nature of the work, the need for specialized equipment, or the need for in-person interaction

FDA utilized the Workplace Flexibilities Pilot Board (WFBP) with representatives from FDA Centers/Offices. The WFPB determined metrics and measures for success and worked to support a consistent approach to offering workplace flexibilities across the agency during the Pilot. The WFPB served as a recommending body that reported directly to FDA's Executive Committee. WFBP evaluated the pilot by analyzing its hiring, attrition, and internal transfer rates; collected employee and supervisor feedback through surveys, polls, and forums; collected member feedback; and analyzed workforce modeling. Centers/Offices have refreshed position designations for their positions to meet their business needs while continuing to leverage maximum workplace flexibility.

FDA continues to evaluate its available technology and tools to ensure a consistent, collaborative environment for remote and teleworking staff to limit work disruptions and mirror the experience of onsite employees. In addition, FDA regularly monitors the use of owned and leased facility spaces and modifies real estate holdings as required.

D5. Human Capital Technology Improvements

The Agency uses, as well as invests in automating, several of its human capital technology services, which reduces costs and redundant systems across FDA; increase FDA's efficiency; streamline human resources (HR) processes, data, and reporting; and help FDA remain compliant with congressional regulations. The automated services listed below are some of many noteworthy examples.

a. Automated Workforce Profiles

In 2019, FDA launched a human capital business intelligence system that pulls data from the human capital systems of record and provides an easy-to-use interface for Centers/Offices to pull their own workforce profiles. These data are refreshed monthly. Access to the data in table and graphical formats allows Centers/Offices to see trends and make more informed, data-driven human capital decisions.

b. Applicant Tracking Lifecycle Analysis Solution

As part of FDA's reimagined hiring initiative to modernize technology, increase transparency, and reduce the overall time to hire, OTS deployed ATLAS, a tracking system, in January 2022, with Title 5 and Title 21 hiring workflows deployed in April 2022. Through this tracking system, which more than 3,000 members of the human capital community use across the enterprise, FDA now has accountability and insight into its pipeline of recruitment and hiring activities. FDA has fulfilled over 3,000 vacancies with a 45-day time-to-hire average across all hiring authorities. This average is a 62-percent decrease in the average time to hire before ATLAS.

c. Electronic Classification System

The Electronic Classification System, or eClass, is an FDA web-based application for position description (PD) creation, maintenance, and storage. It enables automated, comprehensive, and accurate documentation of PDs for the entire agency. Automating PD management reduces the Agency's time to hire and furthers the goal of providing quality, comprehensive HR services to the FDA workforce.

d. Electronic Performance Management Appraisal Program

The electronic Performance Management Appraisal Program (ePMAP) automates the workflow of FDA's performance management system and process. ePMAP is automated tool that facilitates and streamlines the implementation of FDA's five-tier employee performance appraisal rating system through on-demand and real-time reporting capabilities. It guides users through the performance management process, from the initial goal development through the mid-year and end-of-year reviews. The program can support summary rating calculation and identify award payout preference, as well as support consistent records management and documentation integrity for the performance management program.

e. FDA Workplace Thrives Tool

This tool, also known as FDA-WTT, fully automates the development, review, and approval processes for telework agreements. FDA-WTT ensures visibility, continuity, and punctuality during the entire telework agreement process for the whole enterprise.

f. eMedcred

eMedcred automates the verification of medical certifications and credentials of FDA's physicians.

g. eIncentive

eIncentive automates the award nomination development, submission, review, and approval processes to aid in a supervisor's ability to give cash, time-off, and ceremonial awards to employees. The automated processes include a digital signature capability and the immediate deployment of an email to employees to ensure their visibility into their award nomination status.

i. OneHR (In Development)

Over the past 2 years, FDA has worked to develop a self-service employee portal called OneHR. This portal will provide a one-stop shop for the latest news, employee information, FDA's human capital policies and procedures, and detailed information for each area of HR. OneHR will help identify issues, such as incorrect data, and will offer an easy way for employees to report errors for correction. By implementing effective data remediation and governance practices, FDA will help ensure that HR data is high quality and well managed, providing a solid foundation for making data-driven decisions. This foundation will help FDA leaders avoid costly mistakes and make more accurate and informed decisions based on reliable data. If employees have questions requiring subject-matter expert input, the OneHR Support Help Center also in development will aid in directing users to the appropriate staff for assistance.

It is FDA's intent to represent the next level of HR management in a consistent, transparent, and user-friendly administration of employee data. Within the past year, all HR specialists have been provided with training to navigate and manage the ticketing module of OneHR in preparation to respond to HR inquiries. As FDA awaits the decision to move forward with the OneHR implementation, efforts have continued to enhance the application, incorporating feedback received from the ticketing training as well as other features. The system is expected to launch in 2024.

This report was prepared by FDA's Office of Human Capital Management. For information on obtaining additional copies, please contact:

U.S. Food and Drug Administration
10903 New Hampshire Ave.
Silver Spring, MD 20993-0002