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

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

Section I: Efforts to Reach Regulatory Goals

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

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

   a. Cluster GS-1 to GS-10 (PWD) Answer No

   b. Cluster GS-11 to SES (PWD) Answer No

In FY23, the FDA did not have a trigger involving PWDs in the GS-1 to GS-10 cluster (28.34%) nor GS-11 to SES cluster (12.58%). However, FDA did have a trigger in the GS-14, GS-15, and Senior Executive Service (SES) grades. The data indicates that representation of PWDs steadily declines from GS-11 (21.11%) to GS-12 (16.21%), GS-13 (12.72%), GS-14 (10.19%), GS-15 (8.84%), and finally SES (6.67%). This indicates a possible blocked pipeline where PWDs are encountering obstacles in grade levels prior to more senior-level grades. Note: FDA resurveyed its workforce in FY23; compared to FY22, a higher percentage of the workforce disclosed their disability status and a higher percentage reported a disability.

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

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

   a. Cluster GS-1 to GS-10 (PWTD) Answer No

   b. Cluster GS-11 to SES (PWTD) Answer No

In FY23, the FDA did not have a trigger involving PWTDs in the GS-1 to GS-10 cluster (5.31%) nor GS-11 to SES cluster (2.18%). However, FDA did have a trigger in the GS-14, GS-15, and Senior Executive Service (SES) grades. The data indicates that representation of PWDs steadily declines from GS-11 (3.49%) to GS-12 (3.19%), GS-13 (2.14%), GS-14 (1.78%), GS-15 (1.17%), and finally SES (0%). This indicates a possible blocked pipeline where PWTDs are encountering obstacles in grade levels prior to more senior-level grades. Note: FDA resurveyed its workforce in FY23; compared to FY22, a higher percentage of the workforce disclosed their disability status and a higher percentage reported a disability.

Grade Level Cluster(GS or Alternate Pay Planb)	Total	Reportable Disability		Targeted Disability	
	#	#	%	#	%
Numarical Goal	--	12%		2%	
Grades GS-11 to SES	16120	1865	11.57	254	1.58
Grades GS-1 to GS-10	636	192	30.19	33	5.19

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

In FY23, FDA accomplished the following in support of communicating FDA's hiring goals for individuals with disabilities, that is, 12% for persons with disabilities (PWD) and 2% for persons with targeted disabilities (PWTD): As required by EEOC's Management Directive 715 (MD-715), FDA's EEO Director presented the "State of the agency" briefing to the Head of the Agency. This briefing stated the hiring goals for individuals with disabilities, the current state of disability representation at FDA, and progress toward the hiring goals by comparing year-over-year representation rates. In addition, the EEO Director also conducted follow-up briefings with the EEOGC regarding disability hiring goals and FDA's progress toward meeting those goals. In support of Objective 1—"Increase inclusion of diverse groups by investing in community building and education"—in FDA's Diversity, Equity, Inclusion and Accessibility (DEIA) 2022-2025 Strategic Plan, FDA conducted their second annual L.E.A.D. Symposium, which was open to the entire workforce. This symposium offered training in support of recruiting PWD and PWTD through the course titled, "Discovering Talent: Recruiting Persons with Disabilities". Every year, the Federal Employment Viewpoint Survey (FEVS) is administered each summer across the Federal Government by the Office of Personnel Management (OPM). In FY22, FEVS introduced a DEIA Index to baseline and track employee viewpoints on diversity, equity, inclusion, and accessibility. In alignment with the DEIA 2022 – 2025 Strategic Plan as well as the requirement to share FEVS results with employees at the lowest organizational/work-unit level for which they are available, FDA created an annual report titled, "FDA FEVS Overview and DEIA Results". Since the survey is administered in the summer, the raw data is not received until the following fiscal year. Thus, the report completed in FY23 reflects the FY22 data. The FDA FEVS Overview and DEIA Results report contains workforce data on disability status and a comparison of DEIA Index scores between PWD, FDA employees, and Federal employees. The results from the DEIA Index as well as the disability workforce representation data are being used to inform FDA's action plans to achieve FDA's hiring goals for individuals with disabilities. The FDA continues to monitor and evaluate its recruitment of PWDs and PWTDs to ensure the hiring goals are being met.

Section II: Model Disability Program

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

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

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

Answer No

As of September 2023, the Reasonable Accommodation Office (RAO) staff included 8 FTEs, to include 2 full time Interpreting Services staff. The RAO office is projected to add 3 additional FTEs during FY23. In addition, the OEEO staff includes 1 FTE that supports the Disability Program.

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

Disability Program Task	# of FTE Staff By Employment Status			Responsible Official (Name, Title, Office Email)
	Full Time	Part Time	Collateral Duty	
Processing reasonable accommodation requests from applicants and employees	8	0	0	Darryl Patterson, Director, Division of Compliance and Conflict Prevention, Darryl.Patterson@fdsa.hhs.
Special Emphasis Program for PWD and PWTD	0	0	1	Tameka Bell, Senior Management Official and DEIA Program Manager, Tameka.Bell@fda.hhs.gov

Disability Program Task	# of FTE Staff By Employment Status			Responsible Official (Name, Title, Office Email)
	Full Time	Part Time	Collateral Duty	
Answering questions from the public about hiring authorities that take disability into account	4	0	4	OTS Special Placement Program Coordinators (from list above), OTS Policy Staff (5 employees), and all OTS Staff (HR Specialists) who posts job announcements.
Processing applications from PWD and PWTD	4	0	4	Wendy Hackley, Director, PPAS, Wendy.Hackley@fda.hhs.g (backup as needed)
Section 508 Compliance	1	0	0	Rita Harrison, IT Specialist (Internet), OIMT, Rita.Harrison@fda.hhs.gov
Architectural Barriers Act Compliance	2	0	0	

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

Answer Yes

All reasonable accommodation (RA) staff members received a minimum of eight hours of reasonable accommodation related training. The RA Office (RAO) staff completed the following trainings: FDR National Conference, Reasonable Accommodation and EEO Track and What’s New With Pregnancy and New Mothers Accommodations: What Advocates and Employers Need to Know. To carry out its responsibilities regarding the disability program, the OTS Special Placement Program Coordinators will receive training to provide support and assistance to the disability program. Depending on the OTS FY23 budget, the OTS plans to provide the Special Placement Program Staff training in the areas of reasonable accommodation, equal employment opportunity, other on-the-job training, or other formal/informal training specific to the functional roles and responsibilities assigned to provide support and assistance to the Agency’s disability program.

B. PLAN TO ENSURE SUFFICIENT FUNDING FOR THE DISABILITY PROGRAM

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

Answer Yes

FDA hired two full time Diversity team employees, including a Disability Program Manager, to support Special Emphasis and Diversity Programs. special emphasis programs (SEPs). The Disability Program Manager handles disability program-related objectives, initiatives, and actions that arise during the application and selection processes and the Special Emphasis Program Managers focus on DEIA implementation, Employee Resource Group (ERG) partnership, and MD-715 reporting. These positions reside in OEEO but will work in partnership with HC/TM stakeholders. The FDA now has greater alignment and coordination between OEEO, RAO, and OTS, all which support and engage PWDs and PWTDs. The coordinating efforts between these offices align the functions of the staff to further support the Agency's goals and objectives toward PWDs and PWTDs. The FDA DEIA Strategic Plan, Objective 6, outlines improving accessibility across the agency to ensure effectiveness of practices utilized to provide accessibility across the Agency for FDA employees and prospective employees, including reasonable accommodations, workplace accessibility, and accessibility across information and communication technologies. The Advisory Committee for Employees with Disabilities (ACED) is an advisory board chartered by the Commissioner of the U.S. Food and Drug Administration (FDA) to provide advice on policies, issues, and concerns impacting employees with disabilities within FDA and those seeking employment by the agency. The ACED provides a communication channel between FDA employees and management. Although this group has existed since 2009 and is referenced in previous MD-715 reports, OEEO is now leveraging ACED as a strategic partner to accomplish the DEIA Objectives and initiatives. OEEO joins the ACED meetings and the annual meeting with the Commissioner. The ACED Chair serves as the DEIA Objective Team 6 co-chair. One of ACED's subcommittees is the Succession, Training, Awareness and Retention Subcommittee (STAR). The intent of this subcommittee is to enhance, recommend, and support training to increase knowledge and awareness of the recruitment, retention, and career development of persons with disabilities.

Section III: Program Deficiencies In The Disability Program

Brief Description of Program Deficiency	C.2.b.5. Does the agency process all initial accommodation requests, excluding ongoing interpretative services, within the time frame set forth in its reasonable accommodation procedures? [see MD-715, II(C)] If "no", please provide the percentage of timely-processed requests, excluding ongoing interpretative services, in the comments column.
Objective	To process all initial accommodation requests, excluding ongoing interpretative services, within the time frame set forth in FDA's reasonable accommodation procedures.
Target Date	Sep 30, 2023
Completion Date	
Planned Activities	***Target Date*** ***Completion Date*** ***Planned Activity***

Accomplishments

Fiscal Year	***Accomplishment***
2022	During the first through third quarter of the reporting period, 81% of reasonable accommodation requests were processed according to the policy timeframe. However, during the fourth quarter, 63% reasonable accommodation requests were processed according to the policy timeframe due to Executive Order 14043. In FY22, the FDA Reasonable Accommodations Office (RAO) collaborated with Department of Health and Human Services Operating Divisions to establish an Agency workgroup to address relevant COVID-19 Executive Order 14043 and Business-Driven Hybrid Workplace guidelines and protocol related to reasonable accommodation. RAO accomplished the following additional activities: • Revamped and launched a new internal reasonable accommodation Dashboard. • Finalized Agency's Staff Manual Guide for reasonable accommodation and submitted to EEOC for review and endorsement. • Decreased processing timeframes for reasonable accommodation requests by 25%. • Increased reasonable accommodation training by 30%. • Established internal contract for Personal Assistance Services (PAS). (Previously under HHS) • Collaborated with OEEO, presenting at the first FDA DEIA L.E.A.D. Symposium.
2023	• Published Agency's Staff Manual Guide for reasonable accommodation and posted on Agency's internal and external websites. • Revamped internal reasonable accommodation Dashboard. • Decreased processing timeframes for reasonable accommodation requests by 25%. • Increased reasonable accommodation training by 15%. • Expanded reasonable accommodation training to include non-supervisory employees. • Collaborated with EEOC Focus Group Pregnancy Related Accommodations. • Established interim process to comply with Pregnant Workers Fairness Act (PWFA), enacted in June 2023. (Pending EEOC guidance on process requirements.) • Collaborated with Agency's Employee Resource Groups and Center/Office level DEIA committees on presentation of reasonable accommodation process overview.

Brief Description of Program Deficiency	C.2.c.1. Does the agency post its procedures for processing requests for Personal Assistance Services on its public website? [see 29 CFR §1614.203(d)(5)(v)] If "yes", please provide the internet address in the comments column.
Objective	Revise, submit, and get approval for the revised SMG for RA to EEOC for review which contains the procedures for Personal Assistance Services (PAS).
Target Date	Sep 30, 2022
Completion Date	Sep 26, 2023
Planned Activities	***Target Date*** ***Completion Date*** ***Planned Activity***
Accomplishments	***Fiscal Year*** ***Accomplishment***
	2022 The PAS was updated in FY22 and added to the new reasonable accommodation procedures SMG 3130.2 that was endorsed by EEOC on 12/16/2022, which will be updated on the internal website and FDA's external website. They will be posted on the FDA public website at: https:// www.fda.gov/ about-fda/ officeoperations/ reasonableaccommodations in FY23.
	2023 The Staff Manual Guide (SMG) for Reasonable Accommodations (RA) 3130.2, which includes the Agency's Personal Assistance Procedure, was updated & published on the Agency's public website on 9/26/23 at: https://www.fda.gov/ media/80899/download.

Section IV: Plan to Recruit and Hire Individuals with Disabilities

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

A. PLAN TO IDENTIFY JOB APPLICATIONS WITH DISABILITIES

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

In 2023, the FDA utilized a variety of recruitment and outreach strategies (e.g., virtual job fairs, job opportunity announcements/ advertisements including the Pathways Program, etc.) designed to increase the number of qualified applicants with disabilities and applicants with targeted disabilities, including disabled veterans. The FDA advertised over 1,000 job opportunity announcements (JOAs), which included language for persons with disabilities including disabled veterans to apply. During this timeframe, individuals with disabilities/targeted disabilities, including disabled veterans, had the discretion/opportunity to apply under various hiring mechanisms, competitively or noncompetitively. The FDA has various hiring authorities to which applicants may seek to be considered. They are Title 5, Title 21, and Title 42. Specific hiring mechanisms include but are not limited to delegated examining, direct hire, merit promotion, Veterans Recruitment Appointment, Veterans Employment Opportunity Act of 1998, Pathways Program, and specific non-competitive hiring authorities, such as Schedule A, 30% or more disabled veterans, or military spouses. To support the FDA's Diversity, Equity, Inclusion and Accessibility (DEIA) objectives, initiatives and/or efforts, the following language was included in various standard operating procedures, e.g., delegated examining, direct hire, merit promotion, FDA's Service Fellowship Plan, Title 21 Alternative Personnel and Pay System: To ensure the FDA is meeting its Diversity, Equity, Inclusion and Accessibility (DEIA) objectives, sufficient outreach must be taken to assure that a diverse pool of potential candidates (e.g., minorities, women, and individuals with disabilities including disabled veterans) are made aware of employment opportunities. Additionally, the FDA must provide reasonable accommodation to applicants with disabilities where appropriate and applicants requiring reasonable accommodation for any part of the application process should follow the instructions in the job opportunity announcement or advertisement. To support the FDA's mission, in April 2019, the FDA Resume Repository was implemented as an effective management tool to streamline the hiring of individuals with disabilities, including 30% or more disabled veterans seeking employment opportunities. This tool considers the applicable laws/statutes/Acts, executive orders, regulations and other guidance to ensure adherence and compliance. Hiring managers have access to more than 1,000 qualified applicants and are encouraged to use this tool as an alternative or in addition to other sources such as HireNow and certificates issued by their respective servicing HR Specialist via USAJOBS. To protect the integrity of the hiring and recruitment process, to include HIPPA laws, EEOC laws, etc., hiring/selecting officials are not provided a copy of the applicant's Schedule A letter or the verification/certification by the medical/service provider, DD214 or other personally identifiable information.

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

PWD or PWTD may apply to available opportunities within the FDA using a variety of hiring authorities, e.g., Title 5 (Schedule A, delegated examining, direct hire, merit promotion, VRA, VEOA, Pathways Program, etc.), Title 21 (21st Century Cures Act) and Title 42 (e.g., Special Consultants, Service Fellows, Advisory Committee Members/Consultants, Senior Biomedical Research and Biomedical Product Assessment Service), SL/ST and Senior Executive Service (SES). Sufficient outreach efforts are taken to ensure that a diverse pool of potential candidates (e.g. minorities, women, and individuals with disabilities) are made aware of opportunities. When recruiting for vacant positions, the FDA includes the area of consideration – individuals with disabilities, and language in its JOAs to encourage PWD or PWTD, including disabled veterans, to apply. Job announcements include specific information on job duties, qualifications, how they will be evaluated, how to apply and required documentation required at time of application, as well as appropriate reasonable accommodation, EEO statements and other pertinent information sufficient for a PWD or PWTD to apply for consideration. PWD or PWTD must meet eligibility and qualification requirements and other requirements identified in the job announcement or based on OPM's Qualifications Standards for the occupational series/positions they're interested in receiving consideration for. Additionally, PWD or PWTD may submit their application to the Special Placement Program Staff (SPPS) and have uploaded to the FDA Resume Repository and receive consideration under the Schedule A hiring authority or the 30% or more disabled veterans hiring authority. Appointments under the Schedule A excepted service hiring authority may be temporary or non-temporary.

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

Individuals may apply to the Schedule A Hiring Authority via USAJOBS or directly to the FDA by contacting the SPPS. Individuals are informed of the following via USAJOBS or by the SPPS: Required Documentation when applying under Schedule A, for example, Resume, Transcript or Credential Evaluation Report (CER) if education was obtained outside the United States and is being used for education qualifications, their Disability Letter (Schedule A) or Disability Letter (VA). Other acceptable information may be provided if the individual is a current Federal employee and seeking to apply for consideration under this hiring authority. The FDA will provide reasonable accommodation to applicants with disabilities who are not able to apply online. If you need a reasonable accommodation for any part of the application process, please contact the Applicant Help Desk. Decisions on granting a reasonable accommodation will be made on a case-by-case basis. Depending on the nature/severity of an individual's disability (vision-impaired, hearing-impaired, or missing limbs), individuals may use TTY or a representative on their behalf to inquire about the process, time, requirements, etc. Whatever mechanism being used, the SPPS and servicing OTS HR Specialists provide the guidance, assistance and support to individuals with disabilities or targeted disabilities, including disabled veterans, to ensure they can properly apply for consideration and to address any issues/concerns they have regarding the application and selection processes. Individuals with disabilities/targeted disabilities, including 30% or more disabled veterans, who apply via positions advertised on USAJOBS are treated in the same/similar manner as other candidates who apply to the same position. Individuals with disabilities/targeted disabilities, including 30% of more disabled veterans, who apply via the FDA Resume Repository are handled differently. Application packages are uploaded to the repository, reviewed for qualifications, and matching to 1 or more occupational series/positions. Individuals may be referred directly to the hiring official. All FDA managers and supervisors have access to this repository to view available, qualified candidates for their respective positions, and are encouraged to hire these candidates noncompetitively. To protect the integrity of the hiring and recruitment process, to include HIPAA laws, EEOC laws, etc., hiring/selecting officials are not provided a copy of the applicant's Schedule A letter or the verification/ certification by the medical/service provider, DD214 or other personally identifiable information. Following receipt of an individual with a disability/targeted disability application package, the OTS reviews to ensure the individual meets the minimum qualifications (e.g., education and/or experience, certification, licensure, etc.) requirements for the position to be filled. Once the individual is determined to the meet the qualifications for the position, the individual is referred to the hiring official for consideration. Interviews are at the discretion of the hiring official. If selected for the position, the hiring official or designee conducts reference checks. A tentative offer of employment is made. During the tentative offer phase, the individual's Schedule A letter is verified with the respective medical or service provider that issued the letter. A template (form) letter was designed for this purpose. Upon receipt of the certification from the medical/service provider stating the letter is valid and issued by the medical/service provider, the servicing Schedule A Program Coordinator notifies the servicing OTS HR Specialist, who in turn, notifies the FDA Center/Program Office. [One significant win-win was the implementation of SPPS e-Fax solution in 2021, which allowed direct communication with the medical/service provider to reduce the time to receive certification. This solution continued to be used in 2023 as it is the best solution for medical providers.] Once all other preemployment clearances are completed and it is determined the individual

may be employed, a final offer is made to the individual, and a mutual start/enter-on-duty date is agreed. The individual attends New Employee Orientation. At the request of the employee and based on their needs, a reasonable accommodation can be provided (e.g., interpreter, reader, personal assistant, TTY services, etc.) If the PWD and PWTD candidate is selected for the position, FDA encourages the manager to convert the applicant from noncompetitive to career conditional after two years. Note: The contents of an individual's Schedule A letter is not provided to the hiring official by a staff member of the OTS.

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

Answer Yes

In FY23, the SPPS continued to provide training on the various hiring programs, (e.g., Schedule A and 30% or more disabled veterans) to hiring officials, human capital staff and OTS staff, as needed, or upon request, and as it pertained to the FDA Resume Repository. For example, in 2022 and 2023, as part of the FDA's DEIA strategy, the OTS SPPS presented to various FDA stakeholders the following two topics: Discovering Talent: Recruiting Persons with Disabilities and Discovering Talent: Special Appointing Authorities for Individuals with Disabilities and Veterans. Both presentations sought to debunk myths, provide information on hiring individuals with disabilities, including disabled veterans, and ways these individuals may be hired. The Advisory Committee for Employees with Disabilities (ACED) invites the OTS SPPS to attend their special roundtable events and present on the Schedule A hiring authority and other hiring authorities that may be used for individuals with disabilities including disabled veterans. In FY24 or later, the OTS SPPS plans to record and/or post a presentation regarding the FDA's resume repository, Schedule A and 30% more disabled hiring authorities, the EEOC's ABCs of Schedule A and other trainings/demos to the FDA Hiring Managers Toolkit. Hiring officials may view any of these recorded presentations at their discretion to learn about the Schedule A Hiring Authority and resume repository to assist them in filling their vacant positions with qualified individuals. This training will continue to be provided on a case-by-case basis or as needed to new supervisors and as a refresher to current supervisors who already attend the sessions and for purposes of informing of enhancements to the repository or changes in/to the program.

B. PLAN TO ESTABLISH CONTACTS WITH DISABILITY EMPLOYMENT ORGANIZATIONS

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

The FDA OTS partners with various sources to include but not limited to the following: FDA's Advisory Committee for Employees with Disabilities (ACED), which is an advisory board chartered by the Commissioner, FDA to provide advice on policies, issues, and concerns impacting employees with disabilities within FDA and those seeking employment by the agency. The ACED is a communication channel between FDA employees and management. The OTS SPPS collaborates with the Department of Labor's Workforce Recruitment Program (WRP), which is a recruitment and referral program that connects federal and private-sector employers nationwide with highly motivated college students and recent graduates with disabilities who are eager to demonstrate their abilities in the workplace through summer or permanent jobs. The FDA also has various agreements with minority serving institutions and organizations, state vocational rehabilitation agencies and the DOL to assist with hiring PWD and PWTD for positions within the Agency. There is a Career and Student Profile System to recruit staff for PWD and PWTD for internships and career opportunities within the Agency. The OTS SPPS is also identified on OPM's Special Placement Program Coordinator point of contact website. The FDA will continue its efforts to partner and collaborate with various organizations nationwide to assist in the recruitment, placement, and retention of persons with disabilities or persons with targeted disabilities, including disabled veterans.

C. PROGRESSION TOWARDS GOALS (RECRUITMENT AND HIRING)

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

a. New Hires for Permanent Workforce (PWD) Answer No

b. New Hires for Permanent Workforce (PWTD) Answer No

In FY23, 14.91% of new hires in the permanent FDA workforce were PWDs—above the 12% benchmark—indicating no trigger. Slightly more than 2% of new hires in the permanent FDA workforce were PWTDs (2.06%), indicating no trigger. Note: 25.96% of selected permanent hires at FDA did not disclose their disability status. Through the establishment of a Barrier Analysis Toolkit established in FY23 under DEIA Objective team 5, the FDA has an established process to begin conducting barrier analysis for additional underrepresented populations to include Veterans PWD and PWTD and other identified populations. These additional barrier analyses will begin in FY24 and continue into FY25 to determine root cause and develop actions to overcome the barriers. Lastly, in FY24, FDA is establishing a OneFDA holistic approach to the workforce lifecycle. This approach will begin with establishing a Steering Committee that will focus on priorities around outreach, recruitment, hiring, retention, and promotion.

New Hires	Total	Reportable Disability		Targeted Disability	
		Permanent Workforce	Temporary Workforce	Permanent Workforce	Temporary Workforce
	(#)	(%)	(%)	(%)	(%)
% of Total Applicants	3520	8.18	0.00	4.49	0.00
% of Qualified Applicants	2794	7.91	0.00	3.79	0.00
% of New Hires	34	8.82	0.00	2.94	0.00

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

   a. New Hires for MCO (PWD) Answer Yes

   b. New Hires for MCO (PWTD) Answer Yes

In FY23, the percent of applicants with disabilities selected for permanent position announcements was lower the percent of qualified applicants with disabilities for 7 MCOs, indicating triggers for those occupations: 401, 403, 415, 601, 696, 801, and 1320. In FY23, the percent of applicants with targeted disabilities selected for permanent position announcements was lower the percent of qualified applicants with targeted disabilities for 8 MCOs, indicating triggers for those occupations: 303, 343, 401, 403, 601, 696, 801, and 1320. Note: Because FDA only has applicant flow data for positions announced on USA Staffing, these data do not include applicant flow data for all FDA vacancy announcements. Through the start of the barrier analysis process in FY22 and FY23 through Objective Team 5, the data indicated that triggers existed overall for PWD and PWTD. In addition, through the data gap analysis through Objective 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. In FY24, FDA will continue the barrier analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

New Hires to Mission-Critical Occupations	Total	Reportable Disability	Targetable Disability
		New Hires	New Hires
	(#)	(%)	(%)
Numerical Goal	--	12%	2%
0301 MISC ADMIN/PROGRAM	5	20.00	20.00
0303 MISC CLERK AND ASSISTANT	4	25.00	0.00
0343 MGMT ANALYSIS	2	50.00	0.00
0401 GEN BIOLOG SCI	4	0.00	0.00
0403 MICROBIOLOGY	1	0.00	0.00
0415 TOXICOLOGIST	1	0.00	0.00
0601 GEN HLTH SCI	2	0.00	0.00
0696 CONSUMER SAF	7	0.00	0.00

New Hires to Mission-Critical Occupations	Total (#)	Reportable Disability New Hires (%)	Targetable Disability New Hires (%)
Numerical Goal	--	12%	2%
0801 GEN ENG	1	0.00	0.00
1320 CHEMISTRY	7	0.00	0.00

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

   a. Qualified Applicants for MCO (PWD) Answer Yes

   b. Qualified Applicants for MCO (PWTD) Answer Yes

In FY23, the percent of qualified internal applicants with disabilities for permanent position announcements was lower the percent of internal applicants with disabilities for 2 MCOs, indicating triggers for those occupations: 601 and 1811. In FY23, the percent of qualified internal applicants with targeted disabilities for permanent position announcements was lower the percent of internal applicants with targeted disabilities for 4 MCOs, indicating triggers for those occupations: 303, 601, 1862, and 2210. Note: Because FDA only has applicant flow data for positions announced on USA Staffing, these data do not include applicant flow data for all FDA vacancy announcements. For this prompt, we used the Internal Applications % as the relevant applicant benchmark for Qualified Internal Applications percent. Through the start of the barrier analysis process in FY22 and FY23 through Objective Team 5, the data indicated that triggers existed overall for PWD and PWTD. In addition, through the data gap analysis through Objective 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. In FY24, FDA will continue the barrier analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

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

   a. Promotions for MCO (PWD) Answer Yes

   b. Promotions for MCO (PWTD) Answer Yes

In FY23, the percent of applicants with disabilities promoted for permanent position announcements was lower the percent of qualified applicants with disabilities for 5 MCOs, indicating triggers for those occupations: 201, 301, 303, 343, and 696. In FY23, the percent of applicants with targeted disabilities promoted for permanent position announcements was lower the percent of qualified applicants with targeted disabilities for 4 MCOs, indicating triggers for those occupations: 201, 301, 343, and 696. Note: Because FDA only has applicant flow data for positions announced on USA Staffing, these data do not include applicant flow data for all FDA vacancy announcements. Through the start of the barrier analysis process in FY22 and FY23 through Objective Team 5, the data indicated that triggers existed overall for PWD and PWTD. In addition, through the data gap analysis through Objective 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. In FY24, FDA will continue the barrier analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

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

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

A. ADVANCEMENT PROGRAM PLAN

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

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

B. CAREER DEVELOPMENT OPPORTUNITES

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

FDA has several career development programs at the Center/Office level; however, they do not track if participants are PWD or PWTD. In FY23, the Objective Team 4 identified a list of FDA data gaps to performing barrier analysis, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. One of the data gaps included leadership development and training. To address the gap, tentative next steps include developing a comprehensive change management strategy for using the HHS Learning Management System (LMS) to track training across the Agency, integrating external training SF-182s with the HHS LMS, and aligning on flagship FDA career development programs across FDA most critical to track. In FY24, FDA will continue the barrier analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

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

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

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

a. Applicants (PWD) Answer N/A

b. Selections (PWD) Answer N/A

FDA does not have a centralized data collection process for PWD or PWTD applicants for fellowship, career development, coaching, training, or detail programs. We are looking at capturing this information in future reports. In FY23, the Objective Team 4 identified a list of FDA data gaps to performing barrier analysis, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. One of the data gaps included leadership development and training. To address the gap, tentative next steps include developing a comprehensive change management strategy for using the HHS Learning Management System (LMS) to track training across the Agency, integrating external training SF-182s with the HHS LMS, and aligning on flagship FDA career development programs across FDA most critical to track. In FY24, FDA will continue the barrier analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

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

   a. Applicants (PWTD) Answer N/A

   b. Selections (PWTD) Answer N/A

FDA does not have a centralized data collection process for PWD or PWTD applicants for fellowship, career development, coaching, training, or detail programs. We are looking at capturing this information in future reports. In FY23, the Objective Team 4 identified a list of FDA data gaps to performing barrier analysis, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. One of the data gaps included leadership development and training. To address the gap, tentative next steps include developing a comprehensive change management strategy for using the HHS Learning Management System (LMS) to track training across the Agency, integrating external training SF-182s with the HHS LMS, and aligning on flagship FDA career development programs across FDA most critical to track. In FY24, FDA will continue the barrier analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

C. AWARDS

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

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

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

Time Off: In FY23, there were no triggers for PWDs or PWTDs for time off incentives in the 1 – 10, 21 – 30, or 31 – 40 ranges. However, there was a trigger for PWDs (23.81%) and PWTDs (22.07%) compared to PWODs (23.84%) and PWOTDs (23.88%), respectively, in the 11 – 20 hour range. In the 41 – 80 hour range, there was a trigger for PWTDs (0.84%) compared to PWOTDs (1.04%). Cash Awards: PWDs received cash awards at a lower rate than PWODs in the following categories: $3000 - $3999, $4000 - $4999, $5000 - $5999, $6000 - $6999, $7000 - $7999, $8000 - $8999, and $10000 - 19999. PWTDs received cash awards at a lower rate than PWOTDs in the following categories: $1000 - $1999, $3000 - $3999, $4000 - $4999, $5000 - $5999, $6000 - $6999, $7000 - $7999, $8000 - $8999, $10000 - 19999, and $20000 - 29999.

Time-Off Awards	Total (#)	Reportable Disability %	Without Reportable Disability %	Targeted Disability %	Without Targeted Disability %
Time-Off Awards 1 - 10 hours: Awards Given	3574	21.43	20.76	24.91	20.86
Time-Off Awards 1 - 10 Hours: Total Hours	31791	189.86	184.52	219.45	185.01
Time-Off Awards 1 - 10 Hours: Average Hours	8	0.38	0.06	2.73	0.00
Time-Off Awards 11 - 20 hours: Awards Given	3546	20.86	20.76	18.77	21.20

Time-Off Awards	Total (#)	Reportable Disability %	Without Reportable Disability %	Targeted Disability %	Without Targeted Disability %
Time-Off Awards 11 - 20 Hours: Total Hours	66578	390.92	390.72	344.71	398.49
Time-Off Awards 11 - 20 Hours: Average Hours	18	0.86	0.13	6.14	0.00
Time-Off Awards 21 - 30 hours: Awards Given	3592	24.75	20.19	22.53	25.11
Time-Off Awards 21 - 30 Hours: Total Hours	100458	694.19	567.17	596.25	710.23
Time-Off Awards 21 - 30 Hours: Average Hours	27	1.35	0.21	8.87	0.11
Time-Off Awards 31 - 40 hours: Awards Given	6127	37.39	35.81	34.47	37.86
Time-Off Awards 31 - 40 Hours: Total Hours	275024	1688.42	1610.92	1537.54	1713.14
Time-Off Awards 31 - 40 Hours: Average Hours	44	2.16	0.33	15.02	0.06
Time-Off Awards 41 or more Hours: Awards Given	180	1.20	1.05	1.02	1.23
Time-Off Awards 41 or more Hours: Total Hours	10565	66.41	62.27	62.80	67.00
Time-Off Awards 41 or more Hours: Average Hours	58	2.64	0.44	20.82	-0.34

Cash Awards	Total (#)	Reportable Disability %	Without Reportable Disability %	Targeted Disability %	Without Targeted Disability %
Cash Awards: $501 - $999: Awards Given	4134	25.66	23.69	27.30	25.39
Cash Awards: $501 - $999: Total Amount	3127896	19591.59	17923.01	21111.60	19342.51
Cash Awards: $501 - $999: Average Amount	756	36.67	5.59	263.82	-0.56
Cash Awards: $1000 - $1999: Awards Given	6877	43.83	40.00	40.61	44.35
Cash Awards: $1000 - $1999: Total Amount	9311018	59576.45	54015.72	56281.57	60116.39
Cash Awards: $1000 - $1999: Average Amount	1353	65.31	9.98	472.70	-1.45
Cash Awards: $2000 - $2999: Awards Given	4006	22.87	23.70	20.82	23.21
Cash Awards: $2000 - $2999: Total Amount	9683035	55441.66	57232.62	51009.22	56168.01
Cash Awards: $2000 - $2999: Average Amount	2417	116.43	17.84	836.18	-1.51
Cash Awards: $3000 - $3999: Awards Given	2992	14.46	18.26	13.31	14.65
Cash Awards: $3000 - $3999: Total Amount	10491513	50415.71	64131.77	46154.95	51113.93
Cash Awards: $3000 - $3999: Average Amount	3506	167.47	25.96	1183.28	1.01
Cash Awards: $4000 - $4999: Awards Given	2781	11.68	17.56	10.58	11.86
Cash Awards: $4000 - $4999: Total Amount	12435737	51785.92	78570.15	46206.48	52700.22
Cash Awards: $4000 - $4999: Average Amount	4471	213.07	33.06	1490.44	3.75
Cash Awards: $5000 or more: Awards Given	2587	10.14	16.56	8.53	10.40

Cash Awards	Total (#)	Reportable Disability %	Without Reportable Disability %	Targeted Disability %	Without Targeted Disability %
Cash Awards: $5000 or more: Total Amount	18552313	69921.29	118852.82	49309.56	73298.94
Cash Awards: $5000 or more: Average Amount	7171	331.38	53.06	1972.35	62.47

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

   a. Pay Increases (PWD) Answer Yes

   b. Pay Increases (PWTD) Answer Yes

Quality Step Increases (QSIs): In FY23, PWDs (4.16%) and PWTDs (5.59%) had higher inclusion rates than PWODs (4.11%) and PWOTDs (4.09%), respectively. Performance-Based Pay Increases: In FY23, PWDs (0.66%) and PWTDs (0%) had lower inclusion rates than PWODs (1.43%) and PWOTDs (1.36%), respectively.

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

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

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

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

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

D. PROMOTIONS

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

   a. SES

      i. Qualified Internal Applicants (PWD) Answer No

      ii. Internal Selections (PWD) Answer No

   b. Grade GS-15

      i. Qualified Internal Applicants (PWD) Answer No

      ii. Internal Selections (PWD) Answer Yes

   c. Grade GS-14

      i. Qualified Internal Applicants (PWD) Answer No

ii. Internal Selections (PWD) Answer Yes

d. Grade GS-13

i. Qualified Internal Applicants (PWD) Answer No

ii. Internal Selections (PWD) Answer Yes

For the purposes of this prompt, the relevant applicant pool is the total FDA participation rate for the preceding grade. For example, the relevant applicant pool benchmark for the qualified internal applicants with disabilities to GS-15 vacancies would be the total percentage of GS-14 employees with disabilities at FDA. FDA was not able to conduct a more accurate analysis of qualified internal applicant triggers because the Agency is unable to establish the true relevant applicant pool benchmark. Note: Because FDA only has applicant flow data for positions announced on USA Staffing, these data do not include applicant flow data for all FDA vacancy announcements. Through the start of the barrier analysis process in FY22 and FY23 through Objective Team 5, the data indicated that triggers existed overall for PWD and PWTD. In addition, through the data gap analysis through Objective 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. In FY24, FDA will continue the barrier analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

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

a. SES

i. Qualified Internal Applicants (PWTD) Answer No

ii. Internal Selections (PWTD) Answer No

b. Grade GS-15

i. Qualified Internal Applicants (PWTD) Answer No

ii. Internal Selections (PWTD) Answer Yes

c. Grade GS-14

i. Qualified Internal Applicants (PWTD) Answer No

ii. Internal Selections (PWTD) Answer Yes

d. Grade GS-13

i. Qualified Internal Applicants (PWTD) Answer No

ii. Internal Selections (PWTD) Answer No

or the purposes of this prompt, the relevant applicant pool is the total FDA participation rate for the preceding grade. For example, the relevant applicant pool benchmark for the qualified internal applicants with targeted disabilities to GS-15 vacancies would be the total percentage of GS-14 employees with targeted disabilities at FDA. FDA was not able to conduct a more accurate analysis of qualified internal applicant triggers because the Agency is unable to establish the true relevant applicant pool benchmark. Note: Because FDA only has applicant flow data for positions announced on USA Staffing, these data do not include applicant flow data for all FDA vacancy announcements. Through the start of the barrier analysis process in FY22 and FY23 through Objective Team 5, the data indicated that triggers existed overall for PWD and PWTD. In addition, through the data gap analysis through Objective 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. In FY24, FDA will continue the barrier

analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

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

a. New Hires to SES (PWD)	Answer	No
b. New Hires to GS-15 (PWD)	Answer	No
c. New Hires to GS-14 (PWD)	Answer	Yes
d. New Hires to GS-13 (PWD)	Answer	Yes

Note: Because FDA only has applicant flow data for positions announced on USA Staffing, these data do not include applicant flow data for all FDA vacancy announcements. Through the start of the barrier analysis process in FY22 and FY23 through Objective Team 5, the data indicated that triggers existed overall for PWD and PWTD. In addition, through the data gap analysis through Objective 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. In FY24, FDA will continue the barrier analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

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

a. New Hires to SES (PWTD)	Answer	No
b. New Hires to GS-15 (PWTD)	Answer	No
c. New Hires to GS-14 (PWTD)	Answer	Yes
d. New Hires to GS-13 (PWTD)	Answer	Yes

Note: Because FDA only has applicant flow data for positions announced on USA Staffing, these data do not include applicant flow data for all FDA vacancy announcements. Through the start of the barrier analysis process in FY22 and FY23 through Objective Team 5, the data indicated that triggers existed overall for PWD and PWTD. In addition, through the data gap analysis through Objective 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. In FY24, FDA will continue the barrier analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

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

a. Executives

i. Qualified Internal Applicants (PWD)	Answer	No
ii. Internal Selections (PWD)	Answer	No

b. Managers

i. Qualified Internal Applicants (PWD) Answer No

ii. Internal Selections (PWD) Answer No

c. Supervisors

i. Qualified Internal Applicants (PWD) Answer No

ii. Internal Selections (PWD) Answer Yes

In FY23, the FDA only had access to applicant flow data for promotions to SES and supervisory positions in the aggregate, meaning we did not have access to supervisory positions broken out by Manager or Supervisor positions. Following HHS practice, we analyze Manager and Supervisor applicant flow data together under the Supervisor category. For the purposes of this prompt, the relevant applicant pool is the Internal Applications %. FDA was not able to conduct a more accurate analysis of qualified internal applicant triggers because the Agency is unable to establish the true relevant applicant pool benchmark. Note: Because FDA only has applicant flow data for positions announced on USA Staffing, these data do not include applicant flow data for all FDA vacancy announcements. Through the start of the barrier analysis process in FY22 and FY23 through Objective Team 5, the data indicated that triggers existed overall for PWD and PWTD. In addition, through the data gap analysis through Objective 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. In FY24, FDA will continue the barrier analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

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

a. Executives

i. Qualified Internal Applicants (PWTD) Answer No

ii. Internal Selections (PWTD) Answer No

b. Managers

i. Qualified Internal Applicants (PWTD) Answer No

ii. Internal Selections (PWTD) Answer No

c. Supervisors

i. Qualified Internal Applicants (PWTD) Answer No

ii. Internal Selections (PWTD) Answer Yes

In FY23, the FDA only had access to applicant flow data for promotions to SES and supervisory positions in the aggregate, meaning we did not have access to supervisory positions broken out by Manager or Supervisor positions. Following HHS practice, we analyze Manager and Supervisor applicant flow data together under the Supervisor category. For the purposes of this prompt, the relevant applicant pool is the Internal Applications %. FDA was not able to conduct a more accurate analysis of qualified internal applicant triggers because the Agency is unable to establish the true relevant applicant pool benchmark. Note: Because FDA only has applicant flow data for positions announced on USA Staffing, these data do not include applicant flow data for all FDA vacancy announcements. Through the start of the barrier analysis process in FY22 and FY23 through Objective Team 5, the data indicated that triggers existed overall for PWD and PWTD. In addition, through the data gap analysis through Objective 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. In FY24, FDA will continue the barrier

analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

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

a. New Hires for Executives (PWD)	Answer	No
b. New Hires for Managers (PWD)	Answer	No
c. New Hires for Supervisors (PWD)	Answer	No

In FY23, the FDA only had access to applicant flow data for promotions to SES and supervisory positions in the aggregate, meaning we did not have access to supervisory positions broken out by Manager or Supervisor positions. Following HHS practice, we analyze Manager and Supervisor applicant flow data together under the Supervisor category. Note: Because FDA only has applicant flow data for positions announced on USA Staffing, these data do not include applicant flow data for all FDA vacancy announcements. Through the start of the barrier analysis process in FY22 and FY23 through Objective Team 5, the data indicated that triggers existed overall for PWD and PWTD. In addition, through the data gap analysis through Objective 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. In FY24, FDA will continue the barrier analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

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

a. New Hires for Executives (PWTD)	Answer	No
b. New Hires for Managers (PWTD)	Answer	No
c. New Hires for Supervisors (PWTD)	Answer	No

In FY23, the FDA only had access to applicant flow data for promotions to SES and supervisory positions in the aggregate, meaning we did not have access to supervisory positions broken out by Manager or Supervisor positions. Following HHS practice, we analyze Manager and Supervisor applicant flow data together under the Supervisor category. Note: Because FDA only has applicant flow data for positions announced on USA Staffing, these data do not include applicant flow data for all FDA vacancy announcements. Through the start of the barrier analysis process in FY22 and FY23 through Objective Team 5, the data indicated that triggers existed overall for PWD and PWTD. In addition, through the data gap analysis through Objective 4, FDA has identified a list of data gaps, identified key stakeholders internal and external to the Agency that are needed to resolve the data gaps, and is working on a short- and long-term action plan to resolve the data gaps. In FY24, FDA will continue the barrier analysis to determine root cause and develop actions to overcome the barriers as well as continue to work through resolving the data gaps.

Section VI: Plan to Improve Retention of Persons with Disabilities

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

A. VOLUNTARY AND INVOLUNTARY SEPARATIONS

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

Answer No

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

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

   a.Voluntary Separations (PWD) Answer Yes

   b.Involuntary Separations (PWD) Answer Yes

Voluntary Separations: In FY23, PWDs (0.99%) had lower inclusion rates for resignations than PWODs (1.46%). PWDs (1.04%) had higher inclusion rates for retirements than PWODs (1.07%). Involuntary Separations: In FY23, PWDs (0.19%) had higher inclusion rates for removals than PWODs (0.07%). There were no reductions in force in FY23.

Seperations	Total #	Reportable Disabilities %	Without Reportable Disabilities %
Permanent Workforce: Reduction in Force	0	0.00	0.00
Permanent Workforce: Removal	11	0.14	0.05
Permanent Workforce: Resignation	219	0.84	1.26
Permanent Workforce: Retirement	333	1.95	1.83
Permanent Workforce: Other Separations	187	1.07	1.03
Permanent Workforce: Total Separations	750	3.99	4.18

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

   a.Voluntary Separations (PWTD) Answer Yes

   b.Involuntary Separations (PWTD) Answer Yes

Voluntary Separations: In FY23, PWTDs (2.23%) had higher inclusion rates for resignations than PWOTDs (1.39%). PWTDs (1.68%) had higher inclusion rates for retirements than PWOTDs (1.05%). Involuntary Separations: In FY23, PWTDs (0.84%) had higher inclusion rates for removals than PWOTDs (0.07%). There were no reductions in force in FY23.

Seperations	Total #	Targeted Disabilities %	Without Targeted Disabilities %
Permanent Workforce: Reduction in Force	0	0.00	0.00
Permanent Workforce: Removal	11	0.99	0.05
Permanent Workforce: Resignation	219	1.99	1.20
Permanent Workforce: Retirement	333	0.66	1.87
Permanent Workforce: Other Separations	187	1.66	1.03

Seperations	Total #	Targeted Disabilities %	Without Targeted Disabilities %
Permanent Workforce: Total Separations	750	5.30	4.14

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

The top 3 reasons PWDs left FDA were "Leaving for another reason" (16%), "Leaving because of dissatisfaction with senior leaders/managers" (11%), and "Leaving because of unfairness/favoritism in the workplace" (11%). These 3 reasons accounted for 40% of PWD separations but only 15% of non-PWD separations at FDA. Among non-PWD separations, only 6% reported "Leaving for another reason", only 7% reported "Leaving because of dissatisfaction with senior leaders/managers" (11%), and only 2% reported "Leaving because of unfairness/favoritism in the workplace" (11%). Other reasons for leaving reported by PWDs in higher numbers compared to non-PWDs included "Leaving for an opportunity that is 100% remote/telework" (7% compared to 3%), "Leaving to care for family (for example, care of child or elder adult)" (5% compared to 2%), and "Leaving because of FDA ethics requirements and financial disclosure policy" (2% compared to 0%).

B. ACCESSIBILITY OF TECHNOLOGY AND FACILITIES

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

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

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

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

The Agency did not have a notice explaining employees' and applicants' rights under the Architectural Barriers Act in FY23. This was addressed in January 2024 and the information now resides on the following external FDA webpage: https://www.fda.gov/about-fda/jobs-and-training-fda/equal-employment-fda.

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

The FDA requires contract architects and engineers to certify compliance of design and construction projects with Architectural Barriers Act Standards to ensure that construction projects improve accessibility of Agency facilities. Information regarding Agency facilities and related mission-support services provided to the workforce and/or posted on internet and intranet sites is FDA 508 compliant to ensure the content is accessible to everyone. For centrally managed conference-support services within facilities, appropriate technology solutions are provided to support accessibility.

C. REASONABLE ACCOMMODATION PROGRAM

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

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

The average time for processing reasonable accommodation requests during FY23 was 16 business-days. The Agency's established

timeframe for processing reasonable accommodation requests is 60 business days for FY23. In alignment with EEOC and DDHS guidance, revision of the Staff Manual Guide (SMG) 3130 directs modification of FY23 timeframes and will change to 45 calendar days starting in FY24.

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

The FDA updated tracking procedures and employs resources to accurately capture requests. System and procedural changes, and 2 additional staff members, assisted with a 25% decrease in recorded processing days from FY22 (FY22 – 23 days to FY23 – 16 days). Additionally, in FY23, the final percentage of processed accommodation requests within the established timeframe increased to 98% from 83% in FY22. An adjustment of tracking processes allowed a more accurate view of request statuses, enabling subsequent prompt follow-up from the RAO to ensure timely determination and implementation of accommodation requests, as applicable. During reporting period, the RAO resumed in-person training, adhering to a hybrid model to also include virtual sessions throughout FY 23 including bi-weekly New Employee Orientation and Nonemployee Scientists sessions. During FY23, around 600 supervisors and managers were provided with 1-2 hours of reasonable accommodation training through such venues as quarterly Office of Regulatory Affairs (ORA) Supervisory Personnel Practices for new supervisors and supervisory refreshers, in addition to FDA University Supervisory 101 and 201. Throughout FY23, the RAO continued to coordinate training offerings with FDA Centers/Offices for managers and supervisors on an ad-hoc basis, including executive and senior leadership from one FDA Center. In addition, in collaboration with OEEO, Center/Office level DEIA programs, and employee resource groups (ERG), ad-hoc training was expanded to include non-supervisory employees. During FY23, the RAO continues to provide Executive Officers and senior officials of the agency with monthly data reports for reasonable accommodation. Dashboard enhancements enable the RAO to monitor related trends and alert Executive Officers on FDA Center/Office-specific reasonable accommodation requests. Following endorsement from the EEOC and DHHS of FDA reasonable accommodation policies and procedures, the revised Staff Manual Guide (SMG) 3130.2 was published and posted on FDA internal and public websites on September 29, 2023. Brown bag sessions throughout FY24 will be utilized to inform and educate FDA workforce on process updates and changes.

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

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

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

FDA's procedures for Personal Assistance Services (PAS) include processing of requests on a case-by-case basis. Requests for PAS are processed by the Reasonable Accommodation Office and may be submitted by the employee, a third party, and/or the supervisor. Information for submitting related requests can be found at: https://fda.sharepoint.com/sites/OC-Intranet-OC-OO-OEMS-DCCP/SitePages/Reasonable-Accommodations.aspx. The PAS procedures are updated, included on the Staff Manual Guide (SMG) 3130.2 published on September 29, 2023, and posted on FDA internal and external websites.

Section VII: EEO Complaint and Findings Data

A. EEO COMPLAINT DATA INVOLVING HARASSMENT

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

Answer No

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

Answer Yes

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

There were no findings of discrimination in FY23. The settlement agreements for complaints that alleged harassment based on disability, consisted of terms which included: attorney's fees and lump sum payments to Complainants.

B. EEO COMPLAINT DATA INVOLVING REASONABLE ACCOMMODATION

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

Answer No

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

Answer Yes

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

There were no findings of discrimination in FY23. The settlement agreements for complaints that alleged failure to provide a reasonable accommodation, consisted of terms which included: attorney's fees and lump sum payments to Complainants.

Section VIII: Identification and Removal of Barriers

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

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

Answer No

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

Answer No

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

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

This section is still under development for FY23 and will be updated before submitting to EEOC Past planned activities were not a result of a true barrier analysis, thus measuring them is not feasible. FY20 – FY22 activities focused on establishing a holistic strategic approach to human capital/talent management (HC/TM), diversity, equity, inclusion, and accessibility (DEIA) and equal employment opportunity (EEO). To accomplish this, FDA is leveraging our forged partnership between the Office of Equal Employment Opportunity (OEEO), Office of Human Capital Management (OHCM), and Office of Talent Solutions (OTS) (formerly Office Human Resources), as well as other key stakeholders. In FY22, the FDA is reassessing its planned activities to address gaps in the disability program. The FDA's DEIA 2022-2025 Strategic Plan has objectives to enhance the collection, analysis, and reporting of demographic data (Objective 4); enhance outreach, recruitment, and retention efforts to increase representation of underrepresented groups (Objective 5) and to improve accessibility across the Agency (Objective 6). As part of DEIA implementation, FDA has established a cross-agency Barrier Analysis team (Objective Team 5). This team includes Human

Capital professionals, DEIA subject matter experts (SMEs), and other SMEs from across the Agency. FDA identified that there was a general lack of understanding of what barrier analysis is across the Agency. Due to the lack of institutional knowledge, there was a need to provide barrier analysis training. The barrier analysis training process began with FDA arranging through the EEOC to provide barrier analysis training to the DEIA Objective Team 5 on May 3, 2022. This training was recorded and made available to all the DEIA Objective Team co-chair for awareness. The intent of DEIA Objective 5 is to understand barriers to achieving representation that reflects the Civilian Workforce within each grade level and establish targeted programs to remove those barriers across various stages of the employee lifecycle. The FDA now has greater alignment and coordination between OEEO, RAO, and OTS, all which support and engage PWDs and PWTDs. The coordinating efforts between these offices align the functions of the staff to further support the Agency's goals and objectives toward PWDs and PWTDs. The FDA DEIA Strategic Plan, Objective 6, outlines improving accessibility across the agency to ensure effectiveness of practices utilized to provide accessibility across the Agency for FDA employees and prospective employees, including reasonable accommodations, workplace accessibility, and accessibility across information and communication technologies. Objective Team 5 established a barrier analysis a process consistent with the EEOC requirements and began conducting barrier analysis for three underrepresented populations to include Black/African American, Hispanic/Latino, and persons with disabilities and targeted disabilities. The barrier analysis will continue in FY23. The process includes quarterly self-assessments and in-depth workforce analysis to identify barriers throughout the employee lifecycle. The outcome of the work in FY23 from the DEIA Objective Teams during the implementation period will 1) develop a resource toolkit that will support the identification of triggers; 2) perform barrier analysis; 3) develop and implement actions plans to address each barrier; and 4) review the effectiveness of the plans. The Objective Team will report back to the FDA EEOGC on a regular basis.

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

This section is still under development for FY23 and will be updated before submitting to EEOC

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

This section is still under development for FY23 and will be updated before submitting to EEOC