National Institutes of Health

NBS Workforce Transition Strategy

An approach to workforce planning and transition for the National Institutes of Health resulting from implementation of the National Institutes of Health Business System (NBS).

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1   Introduction

The implementation of an Enterprise Resource Planning (ERP) system at the National Institutes of Health (NIH) represents a significant shift in how work is accomplished in each of the NIH's Institutes and Centers (ICs) and across functional areas. Beyond being a basic automation effort, the National Institutes of Health Business System (NBS) seeks to combine the latest technology with proven best practices to provide a new level of support to research. Given that the new technology and business processes will require significant change in the way employees perform the functions of their job, NIH's workforce will undergo some level of transition in each impacted functional area. Accordingly, the NBS Workforce Transition Strategy (WTS) will provide an approach to accomplishing the following:

- Transitioning the workforce in a manner that is consistent with NIH policies and procedures.

- Identifying the appropriate job change and staffing alternatives available to the Office of the Director (OD) and the individual ICs.

- Identifying appropriate staffing and employment tools and other approaches that could be used to ensure a smooth transition for the OD and ICs, including end user training for each functional area. Detailed training plans for each functional area will be developed separately from the WTS.

- Communicating effectively about the impact, scope and timing of the transition. Communications plans for the NBS are being created separately from the WTS and include a variety of avenues for conveying messages to appropriate groups in the community.

- Giving consideration to other cultural changes and initiatives, which specific impacted groups and the larger community will be made aware of through a variety of communication vehicles.

- Ensuring fairness and equity throughout the transition process.

- Identifying the changes in position responsibility as related to the NBS and training staff accordingly.

- Identifying skill and competency gaps and recognizing the need for developmental opportunities to prepare staff for the possibility of new roles and responsibilities within the NBS functional activities.

In addition to the WTS, specific workforce transition recommendations will be developed for each functional area impacted by the implementation. The WTS will identify potential workforce issues and possible strategies for dealing with these issues, including such approaches as skills building, job restructuring, retraining, and reassignments.

2 Roles

This section describes the roles of key players in the NBS workforce transition effort.

2.1 Role of the Office of Strategic Management Planning

The Office of Strategic Management Planning (OSMP) will guide workforce transition activities throughout NIH. Given the corporate approach in place, impacts relative to the NBS implementation will be combined with other workforce impacts (e.g. consolidation, restructuring, A76, etc.) to build an agency-wide strategy. The OSMP will utilize a committee of NIH-wide leaders to collaborate on all NIH workforce transition activities stemming from these various initiatives. The OSMP will provide oversight and facilitation of workforce planning and transition activities and policy-making decisions. The OSMP will validate the workforce transition strategies identified in this document with existing NIH policies and procedures and develop other workforce transition related policies as necessary.

2.2 Role of the Change Management Team

The Workforce Transition Strategy will serve as a general guide for the OD and the ICs to transition the NIH workforce into the new NBS environment. The Change Management Team (CMT) has developed this document based on input from representatives from the NBS project team, OSMP, Office of Human Resources Management (OHRM), Office of Equal Opportunity and Diversity Management (OEODM), and OD/IC Equal Employment Opportunity representatives. As NBS implementation developments evolve that have NBS workforce transition strategy implications, the CMT will coordinate necessary changes to the WTS and communicate those changes to the OSMP.

An initial Organizational Impact Summary has been developed from feedback provided in an organizational impact assessment completed by the NBS functional teams. The CMT will also develop Workforce Transition Recommendations that offer a variety of transition options for each of the functional areas impacted by the NBS.

2.3 Role of OD Functional Managers and IC Directors

While the CMT will provide suggestions for transitioning the workforce, it is the role of OD Office Heads and IC Directors to determine how their workforce will be transitioned and to direct the execution of this transition in their respective organizations. It is recommended that the OD Office Heads and IC Directors work closely with OHRM to implement the appropriate workforce transition activities.

2.4 Leadership Roles

Leaders are critical to a successful and smooth workforce transition. During times of transition, employees in affected functional areas will depend on leaders to provide direction and communication. It is important to establish and communicate to the appropriate leadership the policies and procedures for executing workforce transition relative to the NBS implementation.

- At the NBS project level, the Project Manager, Functional Lead and Change Management Director must communicate workforce transition information and key messages to OHRM and OSMP, who in turn will coordinate with the OD and IC management teams. In addition, the NBS Functional Advisory Committees (FACs) and Resource Teams (RTs) for each functional area were created to provide subject matter expertise used to develop the proper direction at the project level. The FACs focus on the strategic direction of each area, while the RTs focus on the details of the systems being configured and tested. These groups serve as a resource identifying workforce transition issues resulting from the NBS implementation.

- At the NIH level, Administrative Management Systems Steering Committee (AMSSC) representatives, Executive Officers, Administrative Officers, Office Heads and IC Directors should reinforce the workforce transition strategy, as appropriate.

- Within the OD and ICs, it is the role of office heads and supervisors to implement guidelines and carry out workforce transition activities with fairness and efficiency.

2.5   Role of the Office of Equal Opportunity and Diversity Management

A key objective of the NBS and NIH is that workforce planning and transition is carried out with fairness and equity. In order to achieve this objective, the CMT communicated with representatives from the OEODM to ensure that this workforce transition strategy takes into consideration the full range of Equal Employment Opportunity (EEO) issues. Consistent communication will be achieved through frequent meetings between the CMT and the OEODM to discuss issues and/or changes.

When implementing workforce transition activities the OD and ICs should assess internal policies to determine if they support an equitable workforce transition effort before implementation of any workforce transition activity. These activities are intended to facilitate a smooth transition for the NIH.

2.6   Role of the Office of Human Resources Management

OHRM will execute the workforce transition activities in concert with the OSMP's guidance. OHRM will lead the communication effort of these strategies to the community and provide overall support to the OD/ICs in implementing workforce transition activities related to the NBS implementation.   It will be the responsibly of the OD/IC level management, however, to direct the actual implementation of the workforce transition activities.

2.7   Role of Unions

An initial assessment of the effect of the NBS implementation on NIH union employees indicates that, with less than 10 percent of NIH employees belonging to a bargaining unit, the impact of the NBS will probably be minimal for union employees. Minimal impact is expected for union employees because the bargaining units represented at NIH do not have direct responsibility for performing the administrative functions included in the scope of the NBS.

The CMT will contact the Workforce Performance and Measurement Division (WPMD), OHRM, as soon as specific workforce impacts are identified for each functional area should union employees be affected.

Based on the information provided the WPMD, OHRM, will be working with the applicable bargaining units to verify which employees could be impacted and what communication to these employees is required.

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3   Job Changes and Staffing Options

The NBS functional teams have completed designing processes in each functional area. Some of these new processes represent a significant change in how employees complete their work, while others represent only a minimal change. The CMT has summarized these changes in an initial Organizational Impact Summary. This document highlights the functional areas and organizational units in which implementation of the NBS might create the need for job and staffing changes and new skills. It is important to note that the changes identified in the Organizational Impact Summary that are beyond the operational processes of the NBS are issues considered to be out of the scope of what will be addressed in the NBS system training. For example, if a position requires an employee to perform business analysis as a result of the NBS implementation and that was not a skill previously required of that position, training for that skill will need to be completed independent of the NBS system training.

3.1   NIH-wide Impacts

When executing an organization-wide workforce transition effort, it is important that transition activities, communication and decisions are consistent with organizational policies and procedures. For this reason, the OSMP will coordinate all workforce transition policy relating to the NBS implementation, with the OD/ICs working with OHRM to implement the workforce transition activities. The CMT, working in concert with OHRM, will provide workforce transition recommendations to the OD/ICs to assist them in conducting the workforce transition activities. As stated in Section 2.1, the OSMP will monitor overall staffing and workforce planning to ensure general consistency and compliance with federal regulations.

3.1.1   Potential Workforce Planning Mechanisms

While the following are not all inclusive, they are examples of mechanisms that may be considered when implementing workforce transition activities NIH-wide:

- *Priority Placement Lists* – IC/OD offices could use priority placement lists that give impacted individuals priority consideration for positions in which they are qualified.

- *Hiring Freeze* – A freeze on new hires and transfers by occupational series as a means to control and manage impacted staff.

- *Early-out and Voluntary Separation Incentive Program (VSIP/Buyout)* – NIH may want to consider seeking Early-out or VSIP/Buyout authority if the situation and the number of impacted staff warrants the pursuit of these programs as a means to manage and facilitate potential workforce transition needs.

3.1.2   Management of the Impacts

The CMT will work with the OSMP, OHRM, and OEODM to identify and communicate impacts driven by the NBS implementation, but it is the responsibility of the OD/ICs to manage internal workforce planning and transition activities stemming from these impacts.

The OSMP will coordinate with OHRM, OD/ICs, and the OEODM to assess the impact of changes on the workforce that result in the need for placement or retraining of employees. If the number of such impacted employees is significant and if impacted employee groups cross ICs, it may be advisable to issue NIH-wide policies to promote consistency in handling workforce transition issues.   NIH-wide approaches to policy-making for workforce transition, such as the use of reassignments, details, and Priority Placement Lists, could also promote resource leveling across the NIH in cases of both excess positions and resource shortages resulting from the NBS implementation.

3.2   Fill Permanent Positions within an Organization Prior to Identifying Surplus Positions:

Implementation of an ERP often creates the potential for increased operational efficiencies in some functional areas. Efficiency, in turn, creates the opportunity to assess whether impacted employees can continue to perform value-added work in their current role or whether

they should be reassigned to fill a need in another part of the organization.

To ensure fairness and equity, NIH should utilize a systematic and defensible process for placing employees in appropriate positions. This is especially important in situations where there are multiple qualified internal candidates. Below are examples of mechanisms that could be considered, either alone or in combination with other methods.

3.2.1   Address Surplus Positions

This method will capture the needs of how to accommodate surplus positions, while subsequently eliminating the concerns of resource shortages. OHRM will work with the OD/ICs to coordinate their efforts to identify those positions that are surplus as a result of the NBS implementation, analyze the current skill set required for those positions, and make a determination as to where the surplus positions can be integrated into those presenting resource shortages. Where the skills sets can be integrated, the OD/ICs should strategize the best methods for transiting those positions.

NIH management should take special care to articulate the selection and transition process and why particular positions are considered surplus, as well as the importance of the transition into other positions presenting a resource shortage. OHRM and the OEODM should be consulted and included in communication meetings with the OD/ICs to assist with any potential issues.

3.2.2   Advertise All Positions Except when Unique Qualifications of the Incumbent Exist

Advertising all positions allows OD/IC current staff to compete for a smaller number of positions than currently exists. While this approach is labor intensive, it maximizes open competition for all positions and provides equal opportunities for candidates with appropriate qualifications to be considered for an open position.

In cases where an employee is performing a unique function not found anywhere else in the organization, that employee may be identified as being in a successor position and will not have to compete to remain in that position. However, this does not preclude that employee from applying for other positions.

3.3   Address Surplus Positions within an IC or OD office

Once one or more of the above mechanisms have been used to fill permanent positions, management will discover which positions are surplus. OHRM will fully engage NIH management to ensure equitable and fair processes are used to address workforce transition activities related to positions that have been identified as surplus. In conjunction with any NIH-wide policies, OD/ICs can refer to the following general guidelines for transitioning employees in surplus positions:

- Referral to Employee Assistance Programs, which are an important part of any workforce transition. They provide support for employees that can minimize the personal and professional disruption of a transition. Functional managers and other leaders should encourage employees to fully utilize career counseling and job placement services through the Family and Worklife Center and other resources.

- Placement on Priority Placement Lists if developed NIH-wide.

- Use of details and reassignments for positions internal and external to the organization for which the impacted employees qualify and have an interest.

- Use of Career Opportunity Training Agreement (COTA) positions as a means for career development in another position, occupation, or organization.

- Re-evaluate the need for temporary positions.

- Consider incumbent positions that would not need to be re-filled once the incumbent vacates the position.

3.4   Resource Shortages

Sometimes the implementation of an ERP will create the need for additional positions in some functional areas. Where resource shortages are the result of temporary workload increases that will decrease once the new system is set up and fully operative, temporary staffing should be considered. This will minimize the risk of creating a future excess situation. As with surplus positions, the process to address resource shortages will be managed at the OD/IC level.

3.4.1   Advertise new positions

Depending upon the skills that a new position demands and the availability of qualified candidates within an organization, vacancies may need to be advertised outside the OD/IC or outside the NIH altogether.   The OD/ICs will be responsible for making this determination. The OD/ICs will coordinate these efforts with OHRM and their EEO officer to ensure equitable consideration of all candidates. An organization may elect to advertise the vacancy as open only within the affected division or group. This method would have minimal impact to the OD/IC since there is less cost and fewer training requirements required for internal candidates. This would also allow employees with the appropriate skills to move internally into another position. The OD/IC would be responsible for any necessary training beyond NBS end-user training.

3.4.2   Alternative methods to fill vacancies

Alternative methods to fill vacancies include:

- Use of a temporary detail (to classified or unclassified duties) to fill the position quickly

- Lateral reassignment of an individual who is qualified for a position and who is currently at the same grade level

- Depending upon the grade level and nature of work, consideration might be given to designating a position as a COTA position

- Also, depending upon the grade level and nature of work, consideration might be given to the filling a vacancy with a Presidential Management Intern or Management Intern.

3.5   Classification Impact

Due to new or additional roles and responsibilities that an employee may assume in conjunction with implementation of the NBS system, opportunities may arise to restructure position classifications or possibly create new positions. In these cases, OHRM will work in conjunction with the OD/ICs to specify the new roles and responsibilities that are required. The OD/ICs will be responsible for working with OHRM to make the determination about whether

reclassification is required. Where it is, great care should be exercised to prevent adverse impacts on other position classifications.

4 Communication

Communication is the key to an integrated workforce transition effort. Employees who understand the impact of the implementation as well as their options will be more comfortable with the transition process. The NBS Communication Plan provides effective techniques that can be used to successfully disseminate NBS information to various groups in the NIH community. Detailed communication approaches are being developed for each functional community and are being implemented at the appropriate time relative to the phased NBS deployment.

In an effort to be most effective in the communication and transition efforts, the CMT and OHRM will provide the OD/ICs with the necessary strategy and planning guides to assist in their activities. However, it is the full responsibility of the OD/ICs to manage their organization's workforce transition relative to the NBS implementation.