



Frequently Asked Questions for Participating Programs

Global Bidding and Assignment Systems (GBAS) HHS Pilot Staffing Accelerator

GBAS STRUCTURE:

GBAS is a pilot program developed with support from the HHS Idea Lab, Ignite Program, and is being supported as a pilot out of the HHS Office of Global Affairs (OGA) and Assistant Secretary for Administration, Office of Human Resources (ASA/OHR), with additional staff assistance from participating HHS Agencies with global workforces. There is no dedicated staff for GBAS, and the supporting team members each work for OGA, CDC, FDA, HRSA, SAMHSA, and ASA/OHR. Once this 9 month pilot is completed, we will review implementation success, challenges, and make recommendation for possible expansion in the future, including needed resources. The structure of this pilot is also supported in the FY2016/2017 Global Health Workforce Initiative, currently being evaluated for funding this fiscal year by the Assistant Secretary for Financial Resources (ASFR).

Program Questions:

1. Do I need to contribute any funding to participate in GBAS?

Initially, no funding is required to list a vacancy within the GBAS pilot. However, when final vacancies are confirmed by GBAS to create the final bid list (November 16th for Round 1 and February 16th for Round 2) funding for medical and security clearances will be required. Each program that has a position will be required to pay for a security or medical clearance for at least 1.25 candidates, the surplus will cover additional **Cadre** member's costs, ensuring that each position will have at least a single candidate. The additional 0.25 cost of candidate clearances is to accept slightly more **Cadre** candidates than we have positions to ensure we have a pool of available candidates ready to deploy at the end of the process. However, the additional cost may not be needed as most Round 1 applicants and their families will already have medical and security clearances and many of the required trainings completed, or just need brief updates, so may not need to incur additional costs for clearances or training. In addition, no surplus funding will be collected from Programs.

The process for payment will be to directly align each Program with a single candidate who will receive the direct benefit from Program's support of a training or clearance process. There will be no advance payments or generic bill for the requested support costs from GBAS, as this is a

pilot program with no additional resources or capacity to directly pay. Therefore, when a candidate is ready to begin the process of clearances and needs a fund cite or Government Credit Card to register for training or eQUIP forms, the GBAS team will contact the POCs listed in the GBAS Position List to selectively process each individual charge per candidate. This process will avoid any surplus of funds and at no point will additional funds need to be collected from the Programs.

By the time candidates match to Program vacancies: January 11 to 27, 2016 for Round 1, and April 12 to 22, 2016 for Round 2, Programs will be asked to cover Permanent Change of Station (PCS) costs for the specific candidate matched to your position. However, these costs will be no higher than by filling vacancies through traditional recruitment systems. In addition, Programs will realize a cost-savings as salary for accepted GBAS candidates will continue to be covered by their home agency/Program until the sending/receiving agency or Program Agreement is finalized. In addition, since the losing Program will have 5 to 7 months advance notice before an employee will leave their current position for an international assignment, if there are sufficient resources (funding and FTE), you can hire a replacement so there is additional times for succession planning.

If you have employees who are invited and accept to join the **Global Health Cadre**, you would be covering the cost of their salaries until they are deployed on assignment with the international position in the GBAS pilot.

While this innovation is not new and possible with existing hiring and deployment practices within HHS, the GBAS pilot is evaluating these bundled innovations HHS-wide. At the conclusion of the 9 month pilot, we will evaluate the feasibility of developing additional guidance to expand what worked, and learn from what didn't, and make recommendations for amending HHS Instruction 301, developing additional guidance, and/or resource requirements for the future.

2. What are the differences/benefits/risk between Rounds 1 and 2?

The benefits of applying to GBAS in Round 1 is an expedited process to create a pool of highly qualified and experienced candidates that have completed at least 2 international tours. This experienced overseas pool will see the bid list first, by November 16th, 2015, and be able to match by January 11 to 27, 2016, for a summer deployment. This is far in advance than otherwise possible within the existing overseas hiring and deployment system. For Programs, this allows greater time for specialized training and orientation for each position, as well as succession planning for both the gaining and losing posts.

For Round 2, Programs have increased exposure and access to HHS wide recruitment mechanisms, broadening the pool of applicants for multiple international vacancies. In addition, each agency, CDC, FDA, OGA, HRSA, and SAMHSA, are publicizing agency specific recruitment and information sessions about the formation of a **Global Health Cadre**. By

increasing the diversity and breadth of the applicant pool, each individual Agency and Program recruitment effort can be greater than the whole.

Since there is no exclusive arrangement for GBAS, Programs can continue to use traditional means of recruitment to fill overseas vacancies as well. This will result in yet a broader application pool, and Programs can select the best possible applicant for each position.

However, using the traditional mechanisms of USAJOBS, for example the CDC Open Continuous Vacancy Announcement (OCV), when you receive a certificate, as a selecting official, you don't know which position the candidate may be interested in. You may need to contact each applicant individually, which can be very time consuming as it is not uncommon to have over 70 candidates on a specific certificate. Also, some candidates will leave themselves in the applicant pool even if they have jobs, as often overseas assignees in HHS need to be in constant job search mode when serving abroad.

In GBAS, candidates will rank positions, and selecting officials will rank candidates, thus focusing the candidates search greatly, saving time and energy for both program and administrative staff. In this way, GBAS has a great deal more specificity by listing each vacancy by country, agency, position, grade, and series, so you can target specific candidates for your jobs. If the Program does not use the OCV announcement, you would need to create a specific job announcement for each position vacancy, which is not time efficient, can take a year or more to staff, and could hinder applicant's ability to find your specific job.

With GBAS, each program will participate in the selection of the **Global Health Cadre**, as well as the bidding and paneling process for positions, ensuring that the special needs of each position are addressed in the process. GBAS provides earlier notice and feedback on position applications than USAJOBS and traditional methods. Panels will be able to make assignments between January 11 to 27, 2016 for Round 1, and from April 12 to April 22, 2016 for Round 2. Both the applicant and the selecting Program can use this additional time to prepare to meet the requirements of an international assignment.

GBAS also provides additional benefits including batching and front loading required clearances for the selected employees and their family, including initiating the security clearance process prior to the employee bidding cycle. This identifies 'no-go' countries earlier in the process for the applicant and the selecting official (i.e. appropriate matching for level of medical and security clearances) helping to further target an applicant's potential international position earlier than the routine process. This will also save salary money as the applicant will remain in their current position until all orientation, training, and clearances are completed, and they are ready for deployment.

One additional benefit of GBAS is the creation of a 'pool' of candidates who have been fully vetted and completed all necessary clearances and trainings for rapid deployment to fill unexpected long-term vacancies that may arise throughout the year.

Another benefit of the Round 1 and Round 2 of GBAS is that applicants accepted in the **Global Health Cadre** and matched into a position, with the help of participating HR offices in their respective agency, negotiate on the front end before deployment, the return rights to either their sending operating unit, program, or Agency, depending on each person's specific situation, prior to taking the international assignment. This manner allows both Programs and applicants to clarify what happens when the employee concludes their international assignment.

3. What is the assessment/interview process for the GBAS positions?

Applicants that are eligible will be offered an interview for Round 1, from November 2 to 10, 2015, and for Round 2, from November 16 to December 2, 2015. For both Round 1 and 2, applicants will have an online process, to include a short interview and writing sample, assessing candidates' competency for global service, as listed on the competency list within the GBAS application materials. The SMEs and POCs listed on the position submission tables to GBAS will participate to help develop and implement the process, as stated in the Memorandum of Understanding that accompanied the GBAS position submission table. Round 2 will also include an online small group exercise, as the assessment team evaluates candidate's ability to develop solutions to address complex public health challenges. The assessment team, drawn from the SMEs and POCs for the positions in GBAS, will rate and rank applicants for eventual selection into the **Global Health Cadre**. The total number of members in the cadre will be based on the total number of positions submitted as of November 6, 2015.

4. Can I post the same position on USAJOBS that I put into GBAS?

Yes, Programs can also list positions using their routine processes on USAJOBS that are included in the GBAS pilot. The GBAS pilot design was informed by in-depth discussion with Programs, Staff, and other key stakeholder to be a parallel recruitment system to augment Programs' capacity to recruit, interview, and select from a pool of competitive candidates. The timing of the GBAS assignments may be earlier than the routine methods of filling positions, as clearances and training are started much earlier in the process.

5. If I have a position listed with GBAS, can I withdraw it later?

Yes, a participating Program can remove a listing with GBAS at any time. However, final position vacancies will need to be confirmed by the Selecting Officials on the last day of the bidding open season: December 18, 2015 for Round 1, and April 1, 2016 for Round 2. If a vacancy is removed after these dates, then any applicants that have already bid on this position will need to resubmit their bid, drawing from only available positions which could delay the matching and deployment process.

6. Can I add positions to GBAS that I did not submit initially?

Yes, Program can add additional positions to the GBAS pilot at any time. However, if a position is added after open season starts for position bidding: November 16th for Round 1, or February 16th for Round 2, the new vacancy will need to be added to the bid list so candidates and selecting officials can learn about the position and participate in mutual interviews, which could delay the matching and deployment process.

The number of applicants ranked and accepted into the **Global Health Cadre** is based on the number of positions Programs submitted to the pilot as of November 6th 2015 for Round 1 and December 7th for Round 2. If additional vacancies are added after these dates, we will need to consider going back to the original ranked candidates and potentially inviting additional members into the **Global Health Cadre**. However, a Program adding a vacancy after these dates may risk delaying a summer cycle deployment, depending on how quickly the training and clearances can be processed for the assignee.

7. Can an employee currently abroad break their tour assignment early to participate in GBAS?

No, however, there is an exception. The employee must have supervisor approval to apply to GBAS. In addition, the employee cannot break his or her current tour assignment to take a GBAS position, unless he or she has a specific exception granted by the current Division Director/Supervisor.

8. What are the return rights of people from other Agencies or Programs within my Agency who fill positions in my Division?

Candidates from other agencies that fill one of the positions listed in the GBAS pilot will be returned to their Agency/Program of origin at the conclusion of the 2 year assignment, or the Agreement can be extended with the concurrence of all parties. Depending on the individual candidate and situation, Agreements used in GBAS may be detail, re-promotion, reassignment, or equivalent Commissioned Corps agreement.

When the GBAS bidding and assignment process is completed, the GBAS team, working with the HR office of the sending/receiving Agency or Program will process an Agreement between the respective operating units. The agreement stipulates that after the initial 2 years assignment, the employee will return to their original agency/program or origin, or the agreement may be amended with the concurrence of all parties.

8. Are there any recruitment incentives for ‘hard-to-fill’ posts included in the GBAS pilot?

Yes. When the list of positions submitted by the Programs are received and reviewed, if any locations qualify as a “hard-to-fill” incentive, given either previous recruitment efforts, or other agency practices (Department of State, USAID, etc.), the GBAS Team may suggest that the Program consider offering a Relocation Incentive (RI) for this specific position. The GBAS

team and respective HR staff will finalize the discussion with the Program for paying RIs by November 12, 2015 for Round 1, and February 13, 2016 for Round 2, so that this additional incentive can be included with the position on the final bid list and the Program can plan for the additional budgetary requirement of filling the position. This will ensure that the position will receive competitive bids from appropriate candidates.

9. After the selecting official and **Cadre** members submit their final bids, Panels will make final assignments. If two Programs have the same top ranking and a Panel cannot decide, how is this conflict resolved?

Each panel is grouped by Job Series and consists of implicated Program representatives (SMEs and POCs identified in the GBAS Position List) who will be asked to serve on the panel, along with representatives from the respective agency HR office and a 'Staff Advocate' – who serves as an impartial advocate for the employees being paneled (someone who has served abroad, and is familiar with the individual candidates).

These three entities, Program, HR, and Staff Advocate, need to balance the needs of the Program, Agency, Country, and Individual applicant in the final assignment. Since both Programs and **Cadre** members express a minimum number of preferences (depending on how many total positions we allocate through GBAS) most conflicts among Programs, countries, or agencies can be addressed at panel the same time, allowing for tradeoffs among competing programs.

If a conflict cannot be resolved during a convoked panel, or the position merits a higher level of review (i.e. Country Director, or other multi-agency or program responsibility) then the respective Program Senior Manager, or Program Director, will meet to resolve and make final assignments. If the conflict implicates several agencies, then the Assistant Secretary, for Global Affairs, or Deputy Assistant Secretary, can assist in making the final assignment.

10. Round 1 will match applicants accepted into the **Global Health Cadre** to international assignments by January 11 to 27th, 2016. This is significantly faster than the current system and significantly fast than Round 2. This level of advanced notice could benefit the entire workforce. Can we place all candidates into Round 1 and do away with Round 2?

Round 1 and 2 were created based on over 55 interviews and 10 agency briefings, including hundreds of hours' of analytic work, and is well supported by data. One of the chief findings of the interviews was to find methods to speed up the hiring and deployment process. Decoupling these two populations capitalizes on the fact that the hiring and deployment process can go much quicker for experienced candidates, than for candidates who have never served overseas.

Round 1 candidate have already served at least two consecutive tours abroad and will not need an extended assessment process – each will participate in a limited assessment, an interview and writing sample. However, Round 2 candidates most likely have never served abroad with HHS,

and as such, we need additional time with the Programs (POC, SMEs, and Selecting Officials) to assess their competency for global service, which will require an interview, writing sample, as well as observed performance within a small group while tackling a global health challenge.

In addition, Round 1 will most likely have completed their required trainings and clearances, which allows them to go through the process much quicker. If you group these more experienced candidates into a single bidding pool, you may have matches with people who later have medical or security reasons that prevent deployment, which will create a delay in the matching and deployment process. In addition, we conducted interviews with HR staff that are in charge of running bidding systems at USAID, FCS, and State, and all universally use a tiered approach to bidding, stratified by seniority. This allows your most experienced staff first access to the bidding list, which also helps to further align the positions required skills and experience with appropriate candidates.

Another reason we designed the pilot with Round 1 and 2 is to utilize a stepwise implementation method, allowing us to implement the 12 steps with a smaller group first, collect and review implementation data along the way, and use these data to make decisions to help inform the larger group implementation. This stepwise evaluation methodology permits us more time for implementation surveillance, allowing us to augment or pivot the process as needed, while still having time to make modifications along the way. This is a new pilot, being implemented with no new resources, and we need to be very sure we can document and learn along the way. Compressing the Rounds limits this design methodology.

Lastly, participating in Round 1 is a significant incentive for high performers. For a candidate that has experience from multiple overseas tours with HHS, having first access to a bid list is a significant advantage when trying to support a global health career where the majority of your time is spent moving from post to post in service of the Department, Agency, and/or Program. Being able to know by January for a summer deployment is very rare in HHS – but is standard practice for USAID, State, and all the Foreign Service Agencies. This allows for appropriate planning, both for succession of the losing and gaining programs, but also helps support families that need to matriculate children into school, and spouses that need to seek onward employment opportunities.

Combining Round 1 and 2 into one group would create new incentives for the workforce, ones that we have not sufficiently explored in our in our data collection. And while it is worthwhile to explore doing this in future pilots, we believe would hamper the ability of this pilot to be successful. The GBAS implementation team (with representatives from CDC, FDA, ASA/HRO and OGA) universally recommend not combining rounds as this pilot was designed. Also, combining rounds was not supported by the interview data, therefore the risks of doing so outweigh the benefits of leaving the rounds distinct to target experienced from non-experienced participants.